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National Best Practice Unit –  
Tackling Indigenous Smoking  
**NORTHERN TERRITORY &  
QUEENSLAND  
JURISDICTIONAL  
WORKSHOP REPORT**

28-29 April 2022

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June 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 to June 2022, it has been agreed with the Australian Government Department of Health 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 Northern Territory & Queensland Jurisdictional Workshop

The Northern Territory & Queensland Jurisdictional Workshop was held face-to-face in Cairns over two days (28 to 29 April 2022).

### 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.

### DAY 1

#### **1. Update on National Best Practice Unit (NBPU) TIS current projects and priorities (Eileen van Iersel, Manager NBPU TIS)**

For the benefit of new TIS team members, Eileen introduced the NBPU Team and Consortium Partners and described their roles. Despite the distractions of COVID, she said that the NBPU would continue to support TIS teams to deliver services in community – information on methods including how other TIS teams approach this task can be seen through the TIS Yarning Page and TIS website.

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<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/>.

Eileen also mentioned the Performance Reporting process and the need for teams to make sure all their great work was included into their reports. She also let teams know of the upcoming workshops and reminded them 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 AO)

Professor Tom gave a strategic overview of the future for TIS, and how teams need to extend reach in their jurisdictions, especially as (despite positive changes in urban areas between 2001 to 2018/19) the number of current daily smokers in remote regions hasn't changed. Professor Tom shared with teams the overall reduction in smoking prevalence among Aboriginal and Torres Strait Islander people between 2004 and 2019 of 9.8%, but concluded with sharing a story about the dangers of vaping.

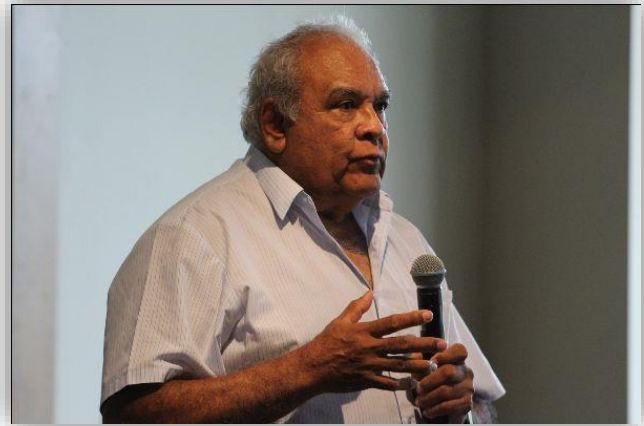


Figure 1: Professor Tom Calma addressing the workshop

## 3. TIS program extension - Improving TIS coverage and reducing smoking rates in remote communities (Ben Mudaliar and Katherine McHugh, Australian Government Department of Health)

Ben and Katherine presented on the Government announcement of TIS Program extension and how it will look like moving forward. The key responsibilities post June 2022 will be National TIS Coverage; a Focus on Priority Groups; and a Focus on Population Health Approaches.

They also covered the TIS Program components and funding for the future, describing the procedures and steps for Grant Recipients for the extension for the next 12 months, and funding post June 2023.

## 4. TIS program evaluation – highlights and key findings (Lena Etuk, Manager Research & Evaluation, CIRCA)

Lena presented on the TIS program evaluation highlights and key findings.

## 5. TIS impact evaluation and related research – highlights and key findings (Dr Raglan Maddox, Study Director for Tackling Indigenous Smoking Australian National University)

Raglan presented TIS impact evaluation and related research – highlights and key findings

## 6. Q & A session (Department of Health, TIS National Coordinator, Australian National University and CIRCA)

Participants had the opportunity to ask and discuss key questions about the TIS program as it exists and going forward. Topics discussed included:

- Whether there are plans for a National TIS Workers Conference
- Appropriateness of IREG boundaries, especially in relation to remote regions
- The lack of a standard wage for TIS workers and career progression
- Features of a successful program and examples of innovation
- NRTs not funded under the TIS program
- The Grant Recipient performance template
- Whether Quit groups are supported under TIS
- Whether and when Grant Recipients can apply for rollover of underspent funds
- The rationale behind extension of existing contracts rather than new contracts
- Whether there would be any changes with KPIs
- Tendering process timeline for new contracts

#### **7. Aboriginal Quitline Update and Evaluation Findings (Joanne Isbel, Queensland Government Health Promotions, and Sarah White, Director Quit Victoria)**

Sarah, with the online assistance of Jamara Maza (Aboriginal Quitline Worker), updated participants on the latest Quitline data for the Northern Territory and the Aboriginal Quitline Facebook Page.

Joanne presented Quitline data from Queensland and spoke about the NRT available through the intensive quit support and spoke about maintaining good stakeholder engagement.

#### **8. Pregnancy and Smoking (Interactive Session, Concurrent)**

Shavaun Wells (Australian National University) and Penney Upton (NBPU) co-facilitated this interactive session which considered effective tobacco control activities focused on pregnant women and families. The session started by highlighting the good news that change is happening for this priority group:

- According to ABS data in 2019 43% of Aboriginal and Torres Strait islander women smoked in pregnancy, down from 50% in 2009;
- According to recent research pregnant women want to quit and 93% of women changed their smoking behaviour in pregnancy;

Participants were also reminded of the findings from Dr Michelle Kennedy's community-led project "Which Way?" that highlighted the importance of:

- 'busting the myths' surrounding smoking and pregnancy;
- Aboriginal and Torres Strait Islander women's call for culturally appropriate care including support groups and cultural programs.

This was followed by more 'good news' that according to data from TIS team's performance reports, there are 8 key activities with strong evidence of effectiveness in this area:

1. Education program/support group for pregnant women
2. Education/support for pregnant women and partners
3. Traditional social Marketing (TV and radio ads, posters)
4. Non-traditional social marketing (e.g., bus wraps)
5. Collateral for pregnant mums and babies
6. Pregnant mums' information packs



7. Partnering with maternity/early years program (e.g., MESCH, ANFPP)
8. Targeted social media campaign (e.g Facebook)

Participants worked in small groups to discuss these 8 activities, guided by the following questions:

- Is this a current or past activity? (Y/N)
- What was the reach and effectiveness of this activity?
- What were the challenges? Ways to improve?
- Will this be a future activity? (Y/N)

A handout was provided to allow participants to capture this information and take their learning away to use for future planning. Key discussions in groups included:

- The importance of partnering with clinical organisations so that they can share TIS messaging (and collateral) as a part of routine care;
- Use of innovative collateral such as towels for babies, bibs etc with team branding and TIS messaging to share the message widely;
- Including partners and other family members in discussions. It was noted that in some communities women are able to get more traction for change in smoking behaviours in their household when they are supported by health professionals.

Feedback in the room highlighted the positive learning experience of discussing activities with other teams. A number of participants stated that they had some new ideas to take home and try in their communities.

## **9. Men's Yarning Circle (Interactive Session, Concurrent)**

Running in parallel to the session on pregnancy and smoking, NBPU TIS offered a men's yarning circle to allow male workshop participants the opportunity to reflect in a culturally safe way on men's role in supporting smoke-free pregnancy, a time traditionally viewed as women's business. This was offered to facilitate male participants to reflect on how they could play a supportive role to women in their families and communities to ensure a smoke free pregnancy. Participants described how men's involvement in their wives' pregnancy was a recent phenomenon, meaning younger men are more likely to be involved. They felt this gave an opportunity for the TIS program to focus on activities targeting the husbands of pregnant women to address issues such as tobacco and alcohol use in a holistic manner. It was agreed that educating men on the woman's experience during pregnancy would improve men's understanding. For example, a program focused on two key factors would help to engage men more effectively in supporting a smokefree pregnancy, namely:

- Why you should not smoke when your wife is pregnant
- What does smoking (directly or second and third hand smoke) do to your wife /partner and the unborn child

A lack of structured support/education to show men with a pregnant wife how best to support a smoke-free and healthy pregnancy was also noted. Existing programs such as the school based 'Core of Life' were described as useful, but limited because they:

- focus primarily on sexual health and preventing unsafe pregnancies;
- are delivered many years before men are married and expecting children.

A similar program, using a culturally safe approach, but addressing issues such as smoking, alcohol use and domestic violence would have a positive impact on men's ability to support a healthy and smokefree pregnancy. Participants felt that the focus of this program should be on men who were married or had partners who were pregnant. To make it effective they felt that the delivery of the program should be around the time when women were pregnant. Programs conducted in school were too early and a lot of time had elapsed by the time men had partners who were pregnant.

Participants agreed TIS teams needed resources to support men to play a nurturing role and support a smoke-free and healthy pregnancy. However these resources needed to be tailored to the local context – for example remote community requirements are different from urban community needs .

**10.Choosing your words wisely:  
how to write the best success  
story ever – (Penney Upton,  
NBPU TIS)**

Penney Upton facilitated a 45min interactive session which focused on the importance of well written success stories for demonstrating impact of TIS activities. Workshop participants were reminded that good success stories:

- are an essential part of demonstrating the impact of TIS activities in 6 monthly performance reports (adding to the program evaluation), as well as a way to celebrate this impact in the NBPU newsletter and on the TIS website. Adding stories to the website also exposes the effectiveness of TIS to a broader audience;
- start at the activity planning stage as decisions about outcomes and how these will be measured (M&E) determine whether or not evidence of impact is captured.



**Figure 2: Garry James from Anyinginyi Health Aboriginal Corporation addresses the workshop**

Participants were provided with simulated data from the fictional 'Stop Tobacco Use Now' (STUN) TIS Team's bus wrap marketing campaign, and were asked to complete a success story template, taking a particular focus on:

- Why did the team choose this activity?
- What were the benefits and challenges of this activity?
- How was the activity implemented?
- What did the team do well and what could they do better?

Participants from TIS teams were allocated to different groups for this activity to increase interactions and learning opportunities between teams. This was in response to feedback from the workforce development day which indicated that participants had appreciated and benefited from the opportunity to interact with staff from other TIS teams.

The plenary discussion that followed the group activity covered:

- the importance of strong local branding for TIS message recall and recognition;
- the importance of including a call to action in marketing activities;
- the challenge of using numerical and conversational data in the best way to tell an accurate but engaging story;
- the power of words and stories for social change.



**Figure 3: Halona Blanch from Mulungu Aboriginal Corporation Primary Health Care Health Service speaks to participants**

It was agreed at the end of this discussion that participants would find it useful if NBPU could provide an exemplar success story using this data, as this would show clearly how different types of data could be best used to tell an effective success story.

## DAY 2

### 11. ORIC Project update (Deb Booker, NBPU Senior Project Officer)

Deborah reported on progress the Pilot project – Promoting a Smoke-Free Workplace. This is a 12-month funded project to implement Smoke-Free Workplace policies and culturally tailored training resources to various ORIC and non-ORIC organisations from 5 States and Territories. This project will link the TIS teams in the relevant regions of participating organisations to co-design training resources for the organisations and to then develop a final training program to be embedded in ORIC’s training schedule.

### 12. RTCGR/ TIS Team Shared Success Stories (Queensland)

Each Queensland TIS team was invited to brief the workshop about their approach to tackling smoking in the Aboriginal and Torres Strait Islander communities in which they live and serve about their successes and challenges. Presentations were made by the following teams:

- Institute for Urban Indigenous Health
- Apunipima Cape York Health Council
- Carbal Medical Centre
- North Coast Aboriginal Corporation for Community Health

- Torres Health Indigenous Corporation

### 13. RTCGR/ TIS Team Shared Success Stories (Queensland)

Each Northern Territory TIS team was invited to brief the workshop about their approach to tackling smoking in the Aboriginal and Torres Strait Islander communities in which they live and serve about their successes and challenges. Presentations were made by the following teams:

- Miwatj Health Aboriginal Corporation
- Central Australian Aboriginal Congress
- Wurlli-Wurlinjang Health Service
- Sunrise Health Service
- Anyinginyi Health Aboriginal Corporation
- Nganampa Health Council Inc

### 14. Building together: using partnerships to strengthen TIS program outcomes (Sunil George, NBP Unit)

This interactive session facilitated by Sunil George focused on how working in partnerships can strengthen TIS program outcomes

The session began with a real-life example from Sunil's own work in India among Indigenous communities of how partnerships can achieve social change. Participants were then reminded about why the TIS program emphasizes partnerships as a key strategy. This was followed by a small group activity in which participants worked on a TIS goal of their choosing to identify:

- a. who they could partner with to achieve their goal;
- b. challenges and opportunities related to developing these partnerships.

Feedback from this activity identified a number of **benefits** from partnership working including:

- Increased access to resources/services for community;
- Extended reach into community;
- Maximised achievement (outcomes);
- Building relationships;

**Challenges** to partnership working were also discussed:

- Staff turnover;
- Travel, logistics and weather;
- Accessing the right people in the organisation;
- Covid19 restrictions;
- Community politics;



Figure 4: Daniel Bromot, Miwatj Health Aboriginal Corporation, takes part in the 'Building Together' session



- Obtaining community support;

Following this, participants engaged in a second group activity where they identified an existing partnership which they felt was effective and discussed:

- a. How they knew it was a good partnership;
- b. How did the partnership happen;
- c. What do they do to maintain it.

Feedback from this activity highlighted the following:

- **Features of a good partnership:**
  - Good outcomes and community are happy;
  - Exploring solutions together;
  - Mutual benefits and increased access to resources for both;
  - Respectful of each other.
- **Making good partnerships happen:**
  - Reach out to potential partners;
  - Be clear on what you can offer;
  - Identify common goals and values;
  - Build mutually beneficial programs.
- **Maintaining good partnerships:**
  - Consistent engagement and open communication;
  - Mutual transparency;
  - Having an MoU and formal structure;
  - Being open to change and flexible.

The session concluded with a reminder about the five different stages needed to build effective partnerships (Explore, Scope, Build, Plan and Implement) and the importance of building a CQI plan across each stage. Participants were also provided with a hard copy of the 'Strength of partnerships' assessment tool to use as part of their CQI process (also available on the TIS website).

### **15. Investing in the future: best-practice approaches to preventing smoking and vaping uptake by young people (Penney Upton, NBPU TIS)**

This session was delivered via Mentimeter's interactive presentation software. The evidence supporting best practice approaches to working with youth around tobacco control was shared using an innovative approach, whereby teams answered questions about their current practice with youth, before the evidence was presented to them. The purpose of employing this tactic was twofold:

- This was the last session of Day 2 and it was felt that this novel approach would help refocus participants and keep them interested and on task;
- Starting with what people already do (but in an anonymised fashion) is a good way to demonstrate that TIS activities are appropriate and evidence-based, thereby increasing confidence in activity choice.

Questions and responses are displayed in full in the accompanying document '*Investing in the future NT\_QLD.*' The session included a lot of discussion and sharing of ideas particularly around:

- The role of social media;
- Active learning;
- Strengths based messaging;
- Role models and champions;
- How work with youth fits into a multicomponent, multilevel population health promotion approach (smoke free homes);
- Impact of peer pressure;
- Smoking determinants including how lack of opportunity impacts on young people and encourages them to smoke/drink;
- The importance of self-esteem and a strong sense of self-worth and identity as a gateway to staying smokefree;
- Using sport as a way to explain the benefits of smokefree to youth;
- Recognition that understanding and attitudes are influenced by our experiences and personal history;
- Cultural connections.

Finally participants were reminded about the best places to find resources on the TIS website for work with youth. The session ended with Prof Tom Calma's video message about the dangers of nicotine vapes.



**Figure 5: Kimberley Hunt (IUIH) and Celestino Mayor (Torres Health)**

### **16. Reflections on the messages from the workshop (Prof. Tom Calma AO, National Co-ordinator TIS)**

Professor Tom thanked participants for travelling long distances to attend the workshop, and the many presenters for their informative and inspiring presentations. He reminded TIS Teams to keep using the Yarning Place to connect with other teams. He also noted that tenders for the new funding period are expected to out around late May-June and for TIS teams to make sure they feed back that information to their senior managers and to read the criteria carefully as they may not be the same as in previous years.

He also reminded teams to 'get on the front foot' for events with World no Tobacco Day (31 May), NAIDOC Week (3 to 10 July), Reconciliation Week (27 May to 3 June) and World Environment Day (5 June). Environment Day is important as the World no Tobacco Day message this year is around threats to our environment, and for Aboriginal and Torres Strait Islander peoples connection to country is fundamental to wellbeing.

## Attendance

The workshop was attended by 64 participants, including 41 representatives from Grant recipients (six from the Northern Territory and 7 from Queensland). See [Attachment B](#) for a list of participants.

## Participant Evaluation

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



**Figure 6: Departing Congress Health Promotion Manager Jenna Pauli with Prof Tom Calma**

Participant evaluation feedback was collected using an online survey platform (Qualtrics).

A total of 37 TIS team participants attended day 1 and 36 attended day 2. We received 28 responses to the evaluation on both Day 1 and Day 2, giving a response rate of 76% and 78% respectively.

In general, the workshop sessions were rated as either useful or very useful across the two days (see [Figure 7](#) and [Figure 8](#)) with positive feedback received for Day 1:

*The workshop was good because we had to know what other T.I.S workers are doing and we learn with other team members. It's chance to learn more about Tackling indigenous smoking workers and other workers and resources;*

*Good session. Good information and stories from everyone;*

*Good program;*

*The session was very straight forward.*

and Day 2:

*I just wanted to say - what an amazing workshop! I am so impressed. After being away from the TIS space for a few years and coming back now, I am just blown away by the professionalism, support, warmth and passion shown by NBPU. Having worked with other funding bodies and commissioning agencies the past few years, I am so impressed by the skills and know-how of NBPU. Well done! I would also like to add that I was thoroughly impressed by the DoH and Ben - very professional, approachable and the way that Ben intently watched each Teams presentation and the respect provided to each team was amazing. Fantastic approach to have DoH at these workshops. Absolutely amazing workshop, well done to all.*

*Excellent can't wait for the next one*

*I found all presentations very valuable and interesting/useful, as it is the second time around for me the more I attend these workshops the more better*

*understanding I have of what the Tackling Indigenous Program needs to deliver & report back!! I am so looking so forward to the next one, thank you for having us!!!*

*Great workshop! Good timing of sessions - not too long .. kept me engaged.*

*Was good overall*

Comments (and feedback in the room) suggested teams enjoyed the opportunity to mix with staff from other jurisdictions:

*It was great to have QLD and NT teams in attendance*

Constructive feedback was also provided around the format of the workshop with one participant suggesting that:

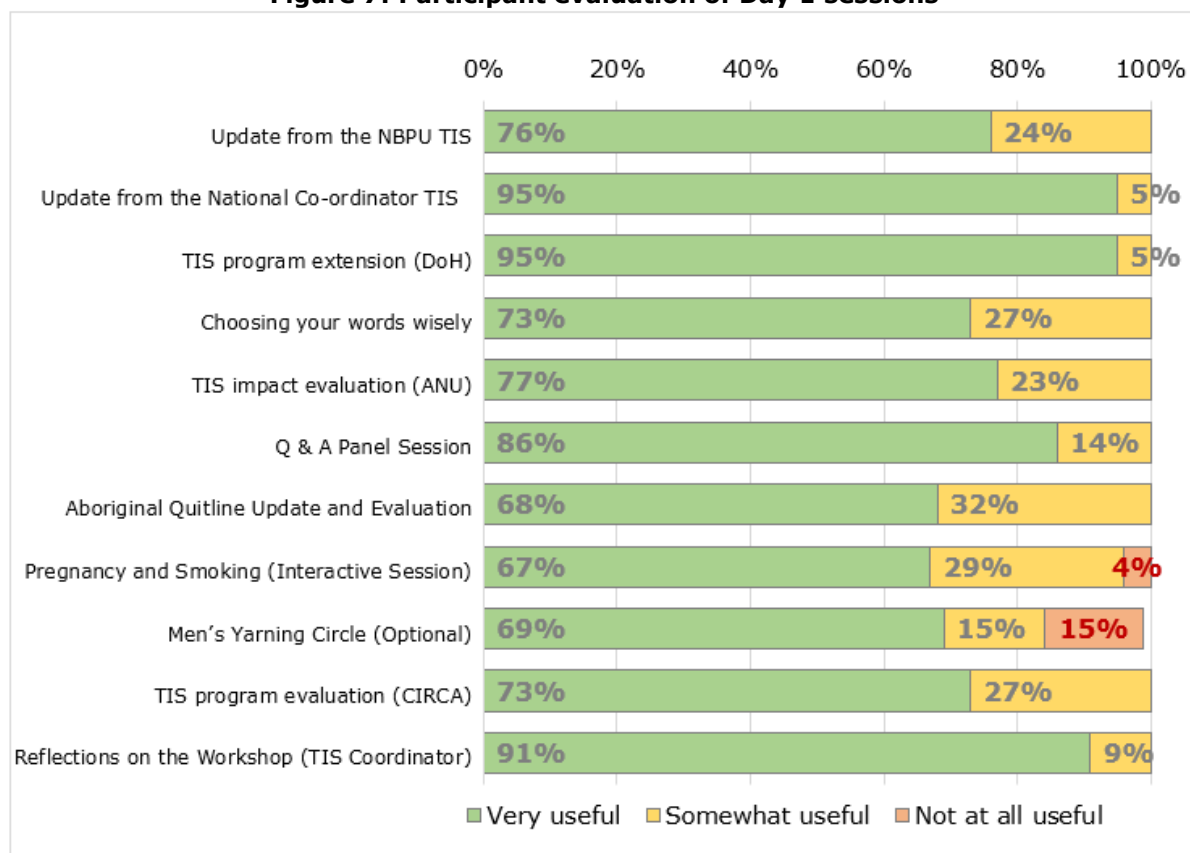
*...think you could split workers and coordinators up at some sections to make it more relevant. More interactive sessions would be good too.*

This is something that NBPU will take into consideration when planning future workshops.

### Feedback on Day 1 sessions

Participant evaluation of the sessions of Day 1 was very positive, with between 67% and 95% being rated by participants as 'very useful' depending on the session (average 79%). See Figure 7.

**Figure 7: Participant evaluation of Day 1 sessions**



Comments provided suggested Q&A session on Day 1 was very welcome:

*Was good to have an opportunity to ask questions of key players!*

However, a comment from one person suggested they were not completely satisfied with the discussion about the process for the next funding period:

*More transparency regarding 2023-2026 grants. Without more clear details it can breed uncertainty.*

A constructive comment from another participant suggested that having pre-prepared questions would open up the discussion:

*The Q&A was a bit quiet, possibly have some questions already written so to open questioning up. Once one person asks a few questions others will follow.*

This is an interesting observation, as NBPU had worked with participants to prepare questions during the work force development day (the day before the Jurisdictional Workshop) and these were presented to the panel by NBPU staff. It may be that asking TIS workers to read the questions would be a better way to encourage participation from the floor and this should be considered for future workshops.

Appreciation was also shown for the presentation from ANU on the Impact Evaluation:

*Enjoyed hearing the data from Raglan.*

and for the wrap up session provided by the National Coordinator, where he noted the drop in participation towards the end of the day:

*It was great that Prof Tom was straight to participants about their attendance and to utilise the Workshop to address any concerns and/or issues that they had as the Workshops were held for the participants. In particular attending the workshop that participants should ensure that they are present for the entire workshop not here and there.*

One verbal piece of feedback not recorded in the evaluation data was provided by a participant from a remote services team who sought out the facilitator to tell them that they had found the success stories session very useful and 'what I need for my work'.

The only sessions rated as not at all useful on Day 1 were the parallel sessions for men (n=2) and women (n=1) focused on pregnancy and smoking. No comments were provided on these sessions specifically, meaning it is difficult to know why these participants didn't find the sessions useful. However in general, comments on the afternoon sessions were positive:

*Good to learn about very in the training*

*Good*

Although one person did note that:

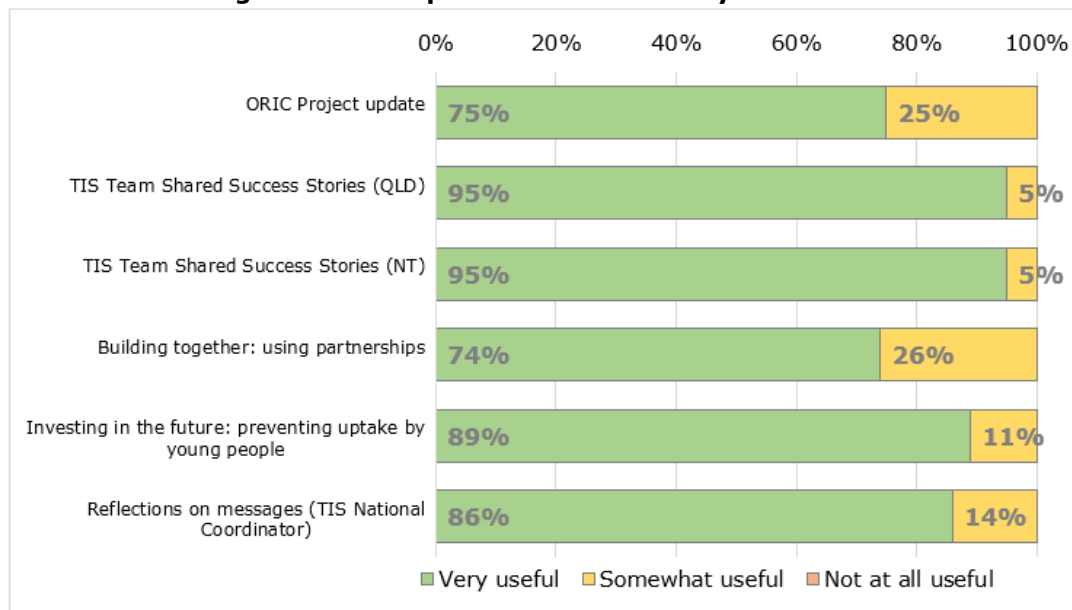
*The Quitline sessions are always a bit dry!*

### **Feedback on Day 2 sessions**

Participant evaluation of the sessions of Day 1 was very positive, with between 74% and 95% being rated by participants as 'very useful' depending on the session (average 86%).



**Figure 8: Participant evaluation of Day 2 sessions**



Feedback from Day 2 focused particularly on the TIS team shared success stories which were the main part of the day's sessions (and very well received):

*Loved hearing from teams especially the really remote mob*

*The team stories were fantastic. Great to see everyone's programs at that ground level.*

*Loved hearing from the teams - especially acknowledging what doesn't work well as well as what did*

*Great energy from all the teams!*

Some participants provided constructive feedback on the timing and structure of the sessions, suggesting that they would have been better placed on day one, with time allowed for discussion of the shared activities:

*May have also been a good idea to have these sessions on Day 1 to better understand the current programs, this may have allowed participants to have more in depth conversations from the start as I noticed a lot of chatter and follow up questions between the Teams, after the presentations had occurred*

*Felt the success story's from TIS teams should have been held on the first day as it opened up teams to each other and made a connection. Following the success story's allowed teams to talk to teams about their projects and workload.*

*May have been better to have these on day 1 to better understand the teams and their regions?*

There were also some critical comments from a number of participants regarding the fact that the Deadly Choices delivered a second presentation later in the day, following an invitation from the National Coordinator to provide further details of their program:

*I'm not sure why DC was asked to get up for a second time. I think it's a bit of a kick in the guts for other Tis staff who are doing wonderful things in very different settings. A lot of what DC do doesn't fall under TIS.*

*Why did one team get a second opportunity to another presentation?*

*All TIS programs have successes! Recognition for all not just one! What is successful for an urban area may not be able to be replicated or suitable for or in regional, remote areas!*

Two participants also commented on the success story template which NBPU provided to the teams to structure presentations:

*It was also disappointing to be told our presentation had to be in the format of a success story but then get there and see other teams didn't follow this. Maybe next time it would be better not to be so restrictive and let the teams structure the presentation how they like.*

*The template limited the presentations.*

The aim of providing the template (which followed the same structure as a success story for performance reporting) was to encourage a focused presentation on team activities and outcomes. Providing a template has proved very successful in the past, enabling teams to stay within the time limits and purpose of the workshops. The aim is not to limit the presentations as such and we would be keen to see a range of presentational approaches, not just PowerPoint presentations. NBPU will revisit the template and discuss possible modifications, including better advice around how to structure presentations and potentially providing examples of different formats for the team presentations.

Other feedback on Day 2 focused on some of the more interactive sessions:

*LOVED Penney's session - well done!*

*More of Penney please!! Penney, Raglan and Sunil made the workshop in terms of engagement and helping teams to think broader*

### **Feedback on the venue**

The majority of participants rated the venue positively (see Table 5), and some positive comments were received:

*Excellent venue 10/10*

*It's good because it's central*

*Venue is fantastic there did seem to be some mould and water leaking from the ceiling though, onto participants*

However, there were some issues with access, particularly for less mobile participants:

*The venue wasn't suited for all participants and was hard to find and access - in particular the elderly.*

*Initially hard to find the room*

*Difficulty with access as I cannot use stairs, used the lift to come up then when time to leave the building i was told by Venue staff the lift can only come up so had to go down the stairs! Also when I came up by lift this morning (Day 2)the entrance doors were locked and only that someone walking past heard me trying to open the door so they let me in!!*

*Rooms...too much walking difficult to get to meeting room and back.*

*Please do not book venue with stairs. Our elders have trouble walking up and down stairs.*

*Venue needs to have easy access to getting to the conference room. Example no stairs as some people find it very hard to use the stairs.*

*Venue- access was a huge issue, lifts not suitable, difficult to locate Events Area General -smells musty and damp!*

*Hard to find the venue. Should have more signage*

*Too difficult to get to and from events room*

*Qld venue/room last year was better*

This was the second year NBPU has booked this venue, rebooking based on the good feedback from the previous year. However as noted in the feedback above, in 2021 we were in a different events area in the venue which had excellent access via the hotel lifts. The room was also airy, bright and well laid out. NBPU was not aware that there was an alternative events space and that we had been allocated to this very different area prior to arriving. Whilst there was lift access to the venue this was from the adjacent shopping mall not the hotel, and access via a door that had to be unlocked by staff. We apologise for the difficulties this caused and will check venue access more thoroughly in future. Other comments on the venue concerned the poorly regulated temperature in the room and the positioning of display screens in the room:

*The temperature needs to be monitored - very cold today unbearable (Day 1)*

*More natural air.*

*Room layout to be improved. Sore back/neck*

We also apologise to the participant who experienced the following treatment from hotel staff:

*On Wednesday morning I asked at the Front Reception for the National Best Practice Unit Workshop - I was asked 'ohh the Aboriginal thing' 🙄*

We will of course provide feedback to the hotel in regard to this.

The catering also received mixed reviews with the food variously described as good, average and not nice:

*Good maybe could be a little healthier*

*Healthier foods at lunch and afternoon tea*

*Food was terrible*

*Bad food*

*Food- 2nd rate compared to previous workshop held here!*

*I found the food not nice.*

*The food was very average and did not suit the diet of the participants.*

The quantity of food provided also meant there was a great deal of wastage:

*Feel bad about all that wasted food 😞*

One suggestion to overcome this issue was that:

*Following breaks food to be left so participants can continue to pick throughout the workshop.*

However as one participant note break are an important part of the workshop allowing for more informal networking:

*it's was good to have this catering feel goods when we have breaks. it's good to know every one while we have breaks to talk and getting know each other.*

There was even the suggestion that this informal networking could be extended outside of the workshop day:

*Perhaps a welcome dinner? Just to break the ice/prompt a little more interaction between participants.*

Including more social events is something that can also be given further consideration in planning for future workshops.

# Attachment A: Program

## NT/QLD TIS Jurisdictional Workshop Program

DAY 1 Thursday 28<sup>th</sup> April 2022

Shangri-La The Marina Cairns – Pier Point Rd, Cairns City  
QLD 4870



Duration	Session	Facilitators/Speakers
9:00 am	Introduction & Housekeeping	Glenn Clarke & Yvonne Buza NBPU Project Officer
9:15 am	Welcome to Country	Gavin Singleton Dawul Wuru Aboriginal Corporation
9:35 am	Update on National Best Practice Unit (NBPU) TIS current projects and priorities	Maxine Turner NBPU TIS Senior Project Officer
9:45 am	Update from the TIS National Coordinator	Prof. Tom Calma AO TIS National Co-ordinator
10:05 am	TIS program extension - Improving TIS coverage and reducing smoking rates in remote communities	Ben Mudaliar, Katherine McHugh Department of Health
Morning Tea Break 10:40 am		
10:55 am	TIS program evaluation – highlights and key findings	Lena Etuk Manager, Research & Evaluation CIRCA
11:25 am	TIS impact evaluation and related research – highlights and key findings	Dr Raglan Maddox Study Director for Tackling Indigenous Smoking Australian National University
11:55 am	Q & A Panel Session	Dept. of Health National Coordinator Australian National University CIRCA
Lunch Break 12:40 pm (Special Guest)		
1:40 pm	Aboriginal Quitline Update and Evaluation Findings	Claudine Regan-Knights Qld Gov (Health Promotions Officer) Sarah L. White, Ph.D. Director Quit Victoria
2:40 pm	Pregnancy and Smoking (Interactive Session) CONCURRENT SESSION Men's Yarning Circle (Optional)	Shavaun Wells Australian National University Penney Upton NBPU TIS Glenn Clarke NBPU TIS Project Officer
Afternoon Tea Break 3:10 pm		
3:25 pm	'Choosing your words wisely: how to write the best success story ever'	Penney Upton NBPU TIS
4:10 pm	National Co-ordinator Reflections on the messages from the workshop	Prof. Tom Calma AO National Co-ordinator TIS
Workshop close 4:30 pm		



## NT/QLD TIS Jurisdictional Workshop Program

**DAY 2 Friday 29<sup>th</sup> April 2022**  
Shangri-La The Marina Cairns – Pier Point Rd,  
Cairns City QLD 4870



Duration	Session	Facilitators/Speakers
9:00 am	Introduction & Housekeeping	Glenn Clarke & Yvonne Buza NBPU Project Officers
9:15 am	ORIC Project update	Deb Booker NBPU Senior Project Officer
9:25 am	RTCGR/ TIS Team Shared Success Story <ul style="list-style-type: none"> <li>• Institute for Urban Indigenous Health</li> <li>• Apunipima Cape York Health Council</li> <li>• Carbal Medical Centre</li> <li>• North Coast Aboriginal Corporation for Community Health</li> <li>• Torres Health Indigenous Corporation</li> </ul>	Glenn Clarke & Yvonne Buza NBPU TIS Project Officers
Morning Tea Break 10:40 am		
10:55 am	RTCGR/ TIS Team Shared Success Story <ul style="list-style-type: none"> <li>• Miwatj Health Aboriginal Corporation</li> <li>• Central Australian Aboriginal Congress</li> <li>• Wurlji-Wurlinjang Health Service</li> <li>• Sunrise Health Service</li> <li>• Anyinginyi Health Aboriginal Corporation</li> <li>• Nganampa Health Council Inc.</li> </ul>	Glenn Clarke & Yvonne Buza NBPU TIS Project Officers
Lunch Break 12:25 pm		
1:25pm	Building together: using partnerships to strengthen TIS program outcomes	Dr Sunil George NBPU TIS
2:10pm	Investing in the future: best-practice approaches to preventing smoking and vaping uptake by young people	Dr Penney Upton NBPU TIS
Afternoon Tea Break 3:10 pm		
3:25 pm	<b>National Co-ordinator</b> Reflections on the messages from the workshop	Prof. Tom Calma AO National Co-ordinator TIS
Workshop close 3:45 pm		

## Attachment B: Attendance

	<b>Name</b>	<b>Organisation</b>	<b>S/T</b>
1.	Tom Calma AO	TIS National Coordinator	
2.	Modhar Al Miqdadi	Anyinginyi Health Aboriginal Corp.	NT
3.	Garry James	Anyinginyi Health Aboriginal Corp.	NT
4.	Martin Braun	Central Australian Aboriginal Congress	NT
5.	Doreena Hansen	Central Australian Aboriginal Congress	NT
6.	Montanna Hudson	Central Australian Aboriginal Congress	NT
7.	Jenna Pauli	Central Australian Aboriginal Congress	NT
8.	Deakyn Rennie	Central Australian Aboriginal Congress	NT
9.	Daniel Bromot	Miwatj Health Aboriginal Corporation	NT
10.	Marshall Gambley	Miwatj Health Aboriginal Corporation	NT
11.	Madelyn Hay	Miwatj Health Aboriginal Corporation	NT
12.	Leila Hudson-Dunn	Miwatj Health Aboriginal Corporation	NT
13.	Burrkitj Ngurruwurrthun	Miwatj Health Aboriginal Corporation	NT
14.	Trudy Wunungmurra	Miwatj Health Aboriginal Corporation	NT
15.	Cyndi Cole	Nganampa Health Council Inc.	NT
16.	Lee Lawrie	Nganampa Health Council Inc.	NT
17.	Cecilia Johns	Sunrise Health	NT
18.	Peter Gazey	Wurli-Wurlinjang Health Service	NT
19.	Tawhio Mckay	Wurli-Wurlinjang Health Service	NT
20.	Jana Booy	Apunipima Cape York Health Council	QLD
21.	Kurtis Gibson	Apunipima Cape York Health Council	QLD
22.	Carrie Rofe	Apunipima Cape York Health Council	QLD
23.	Clara Saleh	Apunipima Cape York Health Council	QLD
24.	Verhonda Smith-Robins	Apunipima Cape York Health Council	QLD
25.	Tamika Campbell	Carbal Medical Centre	QLD
26.	Davin Crampton	Institute for Urban Indigenous Health	QLD
27.	Luke Dumas	Institute for Urban Indigenous Health	QLD
28.	Kimberley Hunt	Institute for Urban Indigenous Health	QLD
29.	Dallas Leon	Institute for Urban Indigenous Health	QLD
30.	Natkisha Patterson	Institute for Urban Indigenous Health	QLD
31.	Indianna Tillett	Institute for Urban Indigenous Health	QLD
32.	Ena Waianga	Institute for Urban Indigenous Health	QLD
33.	Renita Brown	Mamu Health Serices Limited	QLD
34.	Terell Mara	Mamu Health Service Limited	QLD
35.	Damien Grogan	Mulungu Aboriginal Corporation Primary Health Care Service	QLD
36.	Darryl Gutchen	Mulungu Aboriginal Corporation Primary Health Care Service	QLD

	Name	Organisation	S/T
37.	Halona Blanch	Mulungu Aboriginal Corporation Primary Health Care Service	QLD
38.	David Roberts	Mulungu Aboriginal Corporation Primary Health Care Service	QLD
39.	Alana Haymes	North Coast Aboriginal Corporation for Community Health	QLD
40.	Karen Kairupan	North Coast Aboriginal Corporation for Community Health	QLD
41.	Joanna Dorante	Torres Health Indigenous Corporation	QLD
42.	Celestino Mayor	Torres Health Indigenous Corporation	QLD
43.	Clayton Irwin	Department of Health	
44.	Ben Mudaliar	Department of Health	
45.	Katherine McHugh	Department of Health	
46.	Jamara Maza	Aboriginal Quitline (NT/SA/WA/Vic)	
47.	Sarah White	Aboriginal Quitline (NT/SA/WA/Vic)	
48.	Lena Etuk	CIRCA	
49.	Trudy Campbell	Department of Social Services	
50.	Lisa Bai	Department of Social Services	
51.	Claudine Reagen-Knight	Queensland Health	
52.	Rebecca Whitehead	Queensland Health	
53.	Joanne Isbel	Quitline, Queensland Health	
54.	Raglan Maddox	Australian National University	
55.	Shevaun Wells	Australian National University	
56.	Eileen Van Iersel	NBPU TIS	
57.	Sunil George	NBPU TIS	
58.	Scott McLennan	NBPU TIS	
59.	Kelly Franklin	NBPU TIS	
60.	Kureisha Wilson	NBPU TIS	
61.	Deborah Booker	NBPU TIS	
62.	Glenn Clarke	NBPU TIS	
63.	Yvonne Buza	NBPU TIS	
64.	Penney Upton	NBPU TIS	