Population Health Promotion

The Tackling Indigenous Smoking (TIS) program uses population health promotion activities to reduce the prevalence of smoking in Aboriginal and Torres Strait Islander communities. TIS is a tobacco control program, not a smoking cessation program. It aims to reduce smoking prevalence by preventing the uptake of smoking, as well as encouraging people who smoke to quit. Regional Tobacco Control Grant (RTCG) funded teams are funded to provide community outreach, rather than clinical individual level action to improve the health and wellbeing of all Aboriginal and Torres Strait Islander people.

What are population health promotion activities for tackling smoking?

TIS activities should be designed to inform and support people in their decisions not to smoke or to quit smoking. Key actions typically used to achieve change at community level include:

· Systems change (e.g., build capacity and develop partnerships);
· Policy change (e.g., state and federal policy, organisational policy);
· Environmental change (e.g., smoke free cars, homes and events);
· Health communication (e.g., social marketing, social media);
· Health education (e.g., community groups, schools, events).

Activities should be underpinned by the following principles of practice. These principles should guide all your TIS work. This includes designing activities that focus on priority groups such as pregnant women and families.

Activities are evidence-based

Evidence comes from four sources:

· Global research evidence (information summarised on the TIS website);
· Local evidence (from monitoring and evaluating activities);
· The values and preferences of the population (gathered through community consultation);
  · Your professional experience.

The science of evidence-based practice lies in knowing what the global and local evidence says, whilst the art lies in the interpretation of that information for your community. This gives us wise practice. Wise practice is tailored for a local context and carried out by knowledgeable and thoughtful professionals who show understanding and respect for the community's traditions, values and knowledge. It is inclusive practice that considers the strengths of the community and provides a way of moving forward together. It also prioritises Aboriginal and Torres Strait Islander specific evidence. For example, the research evidence provided on the TIS website uses the following hierarchy:

· Aboriginal and Torres Strait Islander generated research evidence;
· Indigenous specific research from other First Nations researchers;
· Non-Indigenous Australian generated research;
· Non-Indigenous research from other counties.

Remember that you generate your own evidence too through monitoring and evaluation. This is the principle of Continuous Quality Improvement (CQI). You produce your own evidence and feed that back into your activities.

Activities include community engagement

Community engagement is a key process, not just an outcome for TIS activities. Consultation with whole of community, and the involvement of local leaders is essential when planning any activities because:

· Co-designed activities are the most effective way of enabling change;
· Engaging the community gives people ownership of the program which increases effectiveness and reach;
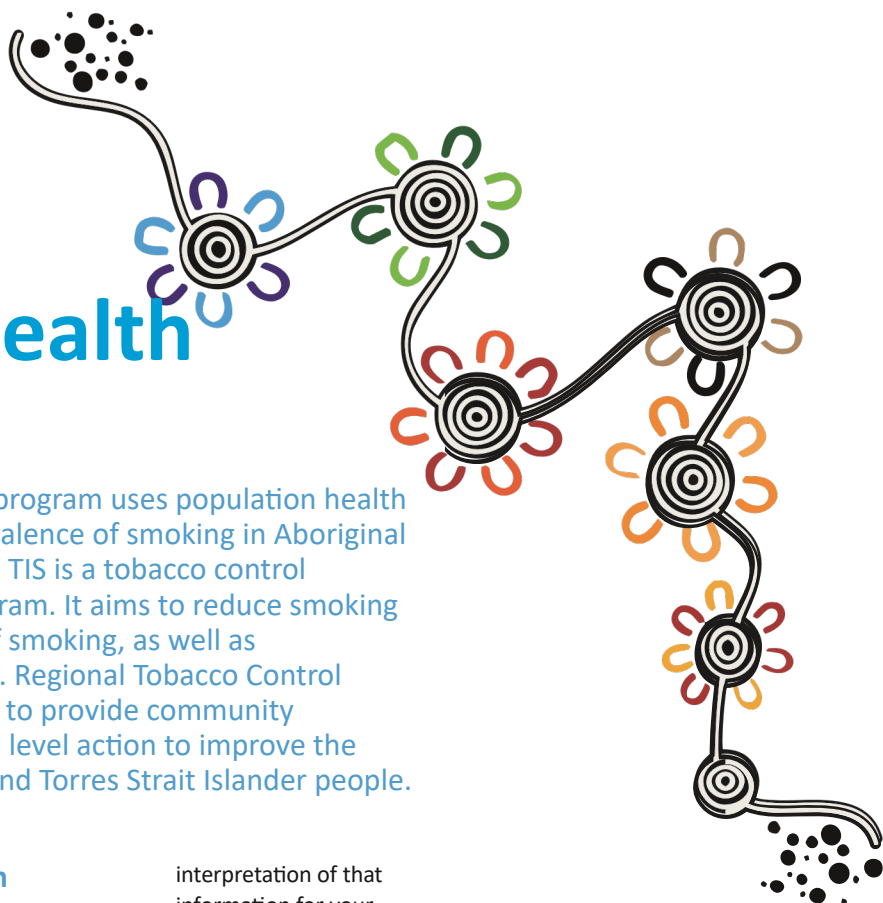
· The endorsement of community leaders gives the program credibility and increases effectiveness and reach;
· Local activities which include local champions and leaders are more effective because people can relate to them;
· Evidence shows that for change to be longterm, it must be driven by the community (in other words, they have to want change).

As an RTCG team, you play a major role in this process by educating the community in culturally sensitive ways about

means presenting the same information in different ways.

Population health promotion activities should therefore take place at many different levels, for example:

· Whole of population (plain packaging, tobacco taxes);
· Local community (RTCG/RPGG team activities);
· Individual (Aboriginal Quitline, clinical smoking cessation support).

This is because all of these activities work together to move people who smoke towards deciding to quit, and then

the benefits of being smoke free and providing relevant information so that change is informed by the evidence. Consultation and collaboration with community should be ongoing, not simply an activity carried out at the start of a funded program. If your TIS population health promotion activities are working, then as community knowledge about the benefits of being smoke free grows, values and attitudes towards smoking will also change. As already described, knowing community values and preferences is a part of the evidence base. Keeping this knowledge up to date through ongoing community engagement promotes wise practice.

Activities are multi-level

Population health promotion activities aim to have a small effect on as many people who smoke in a population as possible. The activities and information should be repeated so that the small effect increases over time. Evidence shows that repeating activities and information can be very effective in motivating people to stop harmful behaviours such as smoking. Often this

support them to give up and stay off the smokes. At the same time these activities remind people who don't smoke why they should not take up smoking.

As an RTCG team you have a community outreach focus and as a part of this, you should also be aware of what is happening at State/Territory level and nationally. This includes mainstream tobacco control initiatives and policies as well as those programs with an Aboriginal and Torres Strait Islander focus. This is part of the systems approach to changing behaviour and fits with the health promotion principle that smoking is everybody's business. Being aware of programs and activities that may seem to sit outside of tobacco control can also be helpful. Be ready to take any opportunity to build capacity for change by engaging other

Activities include a range of methods

As well as happening at all levels, messaging should also be shared through a range of methods. This will ensure that the messages reach the whole of population. It is also an important part of the strategy of repeating information so

that the small effect increases over time (but without losing relevance and community interest). RTCG and RPGG teams should co-design activities that:

· Are locally relevant and culturally appropriate;
· Work together, using the same messaging and branding to build recognition and recall;
· Include evidence-based approaches such as social marketing and community events;
· Are strengths based and celebrate local assets and community resources;
· Involve partnerships with local groups and organisations.

Activities have an outcome focus

Activity outcomes should be clearly linked to the community outreach activities that your team carries out. This means that even though the ultimate aim of the TIS program is to see a reduction in smoking behaviours, measuring the number of people who smoke in community may not be a useful indicator of your success. This broad population level change takes time and should be seen as a long-term program outcome. This is best measured by the program's impact evaluators (Australian National University). RTCG team activities are focused on the short and medium term changes that are necessary for this longer term change to take place. This includes important outcomes such as:

· Changes in knowledge (e.g., knowledge of benefits of quitting, awareness of where to go for quit support);
· Changes in attitude (e.g., smoking no longer seen as cool, or as a good response to stress);
· Changes in social norms and behaviours (e.g., no more smoking in public places);
· Changes in intentions (e.g., pledges to quit/ go smoke free/never take up smoking);

Outcomes provided in the Performance Reporting template under each aim align to these short- and medium-term outcomes. Outcomes under each aim should be chosen to align with an activity during the planning phase.

Activities have monitoring and evaluation (M&E) built in

M&E is a key part of the TIS activity process as it is one source of local evidence for the effectiveness of what you do as an RTCG team. M&E methods should be chosen carefully to align with the planned activity and chosen outcomes. Both monitoring and evaluation are important but serve different purposes for CQI. Monitoring methods should focus on the process of your activity by measuring outputs.

For example:

· Were activities delivered on time;
· Were activities delivered as intended, if not why not;
· How many people engaged with the activity.

Evaluation methods focus on activity outcomes. For example, if your activity is designed to increase knowledge of the benefits of never smoking to youth, you should include a measure of this knowledge. A pre and post assessment of knowledge will tell you if you have achieved this outcome. If you are not seeing any change then you need to ask why not. The data from activity monitoring may provide some answers - for example, if the activity was not delivered as planned. Reflecting on this information and planning ways to improve your activity closes the loop, as you are once again using the evidence to develop your wise practice.

Reporting M&E data also provides evidence to the evaluator that the TIS program is working and demonstrates the value of the program to the Australian Government Department of Health and Aged Care. It is therefore important that this data is reported accurately and in full. Completing your performance report carefully and providing sufficient detail of your TIS activities, their development and outcomes is your main opportunity to provide the substantial evidence that is needed to influence ongoing investment in TIS. Also remember that where activities link with other non-TIS programs, the focus of your reporting should be TIS, not other lifestyle changes. Finally, remember that data comes in many forms. As well as numerical data, you will need to record and report conversational data such as community feedback on your activities. Together the numbers and conversations help you to tell the story of community change.