

# WA – SA – NT & ACT TIS Jurisdictional Workshop

Fremantle WA  
12 – 13 March 2024

**Prof Tom Calma AO**

National Coordinator Tackling Indigenous Smoking

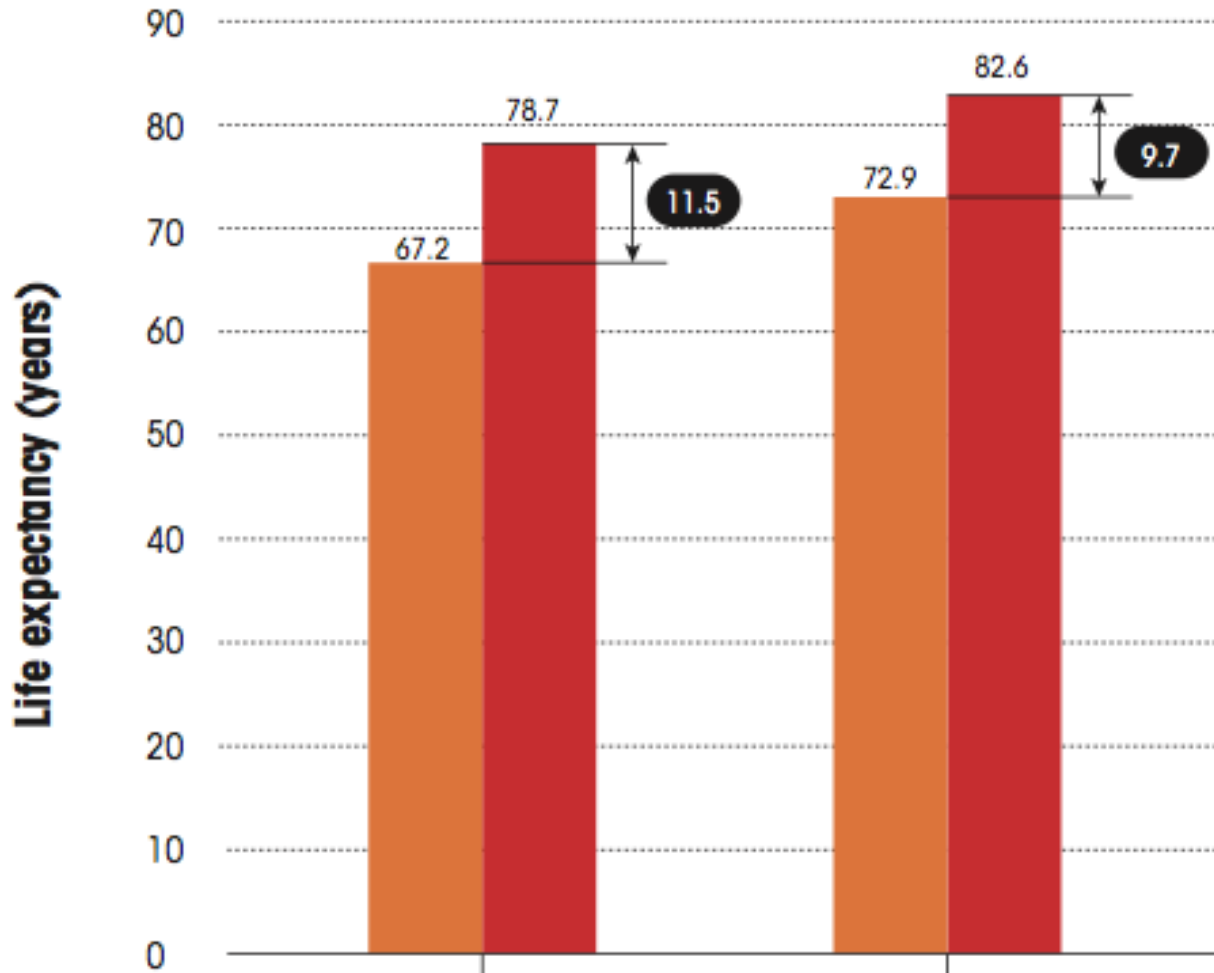




I recognise the  
**Noongar**  
**Boodjar**  
peoples and  
**all** Aboriginal  
and Torres  
Strait Islander  
Peoples in  
attendance  
today

# Objective of TIS – to save lives

Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



The life expectancy of indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data

→ In order to achieve this target, the gap needs to be reduced to zero by 2031

Indigenous children born today can expect to live shorter lives - 11.5 years shorter if they are Indigenous males and 9.7 years shorter if they are Indigenous females

Indigenous  
Non-Indigenous

# Why do we need an Indigenous specific program?

- Smoking causes **almost twice** as many deaths **as we previously realised**.
- Smoking causes more than **one-third** of all Aboriginal and Torres Strait Islander deaths at any age
- **> 10,000 deaths** among Aboriginal and Torres Strait Islander peoples in the **last ten yrs**
- Focusing on older adults, we see that **smoking causes half** of Aboriginal and Torres Strait Islander **deaths at age 45 years and over**.
- The deadly news is that there is even **more potential** than we realised **to improve health outcomes** by reducing tobacco use.

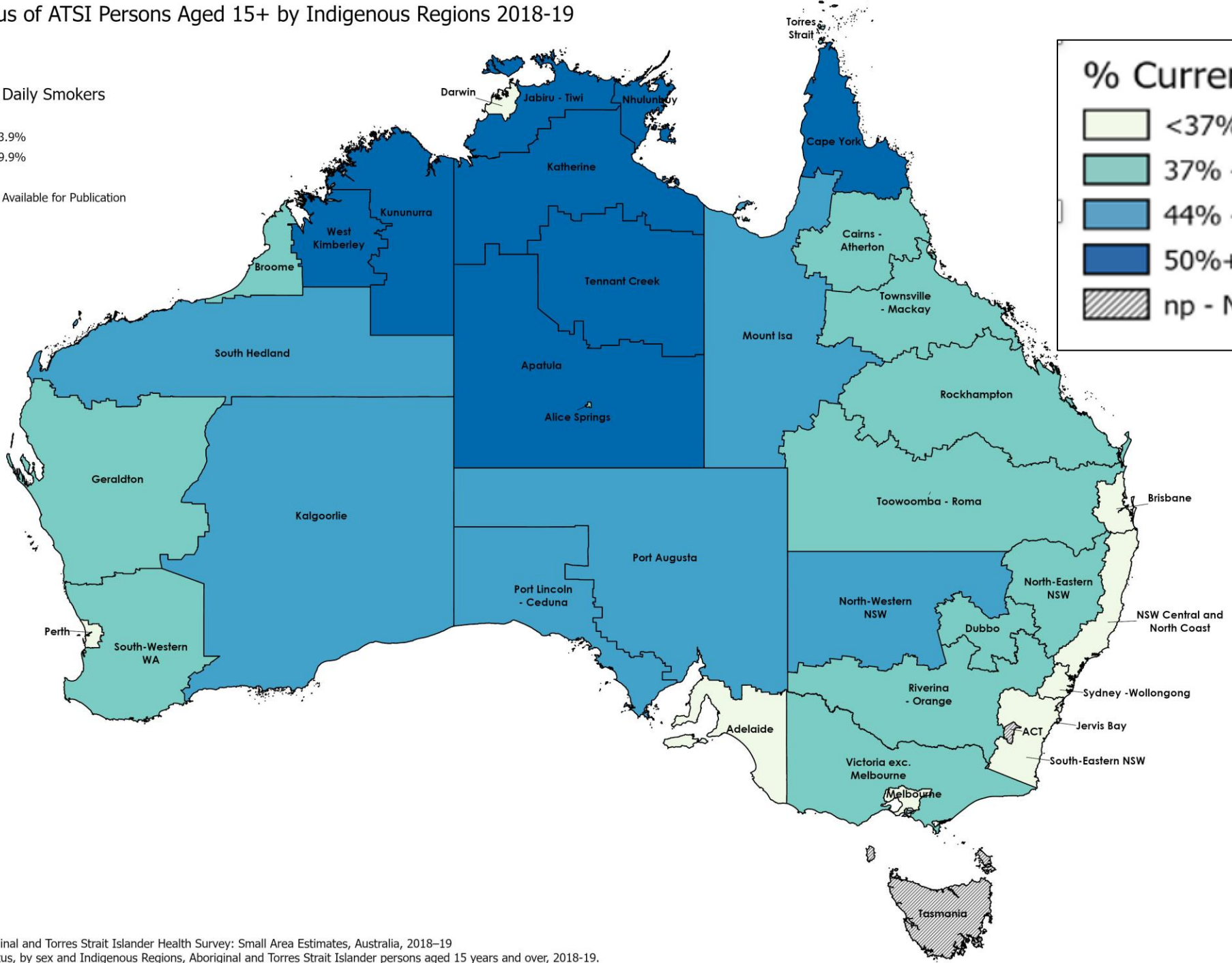
Smoker Status of ATSI Persons Aged 15+ by Indigenous Regions 2018-19

% Current Daily Smokers

- <37%
- 37% - 43.9%
- 44% - 49.9%
- 50%+
- np - Not Available for Publication

% Current Daily Smokers

- <37%
- 37% - 43.9%
- 44% - 49.9%
- 50%+
- np - Not Available for Publication



IREG  
Boundaries  
from  
1 July 2023

Source: ABS  
4715.0 National Aboriginal and Torres Strait Islander Health Survey: Small Area Estimates, Australia, 2018-19  
Table 44.1 Smoker status, by sex and Indigenous Regions, Aboriginal and Torres Strait Islander persons aged 15 years and over, 2018-19.

# Overview of TIS Program processes

## NATIONAL EVALUATION PERFORMANCE INDICATORS FOR TIS

National Evaluators  
(Part A: CIRCA  
Part B: ANU)

**NATIONAL COORDINATOR FOR TIS (NCTIS)**



Leadership, strategic direction and advice to support the effectiveness of the Program

**NBPU-TIS**



Enabling access of TIS Teams to high-quality information, knowledge, advice and support for their work

**TIS TEAMS**

Community action, engagement and advocacy

Designing, delivering, monitoring, evaluating and continually improving a range of tobacco population health promotion activities as defined by an agreed Action Plan

**TIS PROGRAM REGIONAL GRANT RECIPIENTS**



Supporting TIS teams and workers to:

- achieve their objectives
- build and maintain their skills and knowledge and
- attend key workshops and other events organised by NBPU-TIS

Grant administration and compliance

**Community Grants Hub**  
Improving your grant experience

Performance reporting



Partnership working



National evaluation

Continuous Improvement Cycle

Policy and Program

**Commonwealth Government**

**State and Territory Departments of Health**

Relationship

**Tackling Indigenous Smoking Structure and ecosystem**

# BUDGET 2023-24 TIS, vaping and cancer outcomes

**\$141.2m**

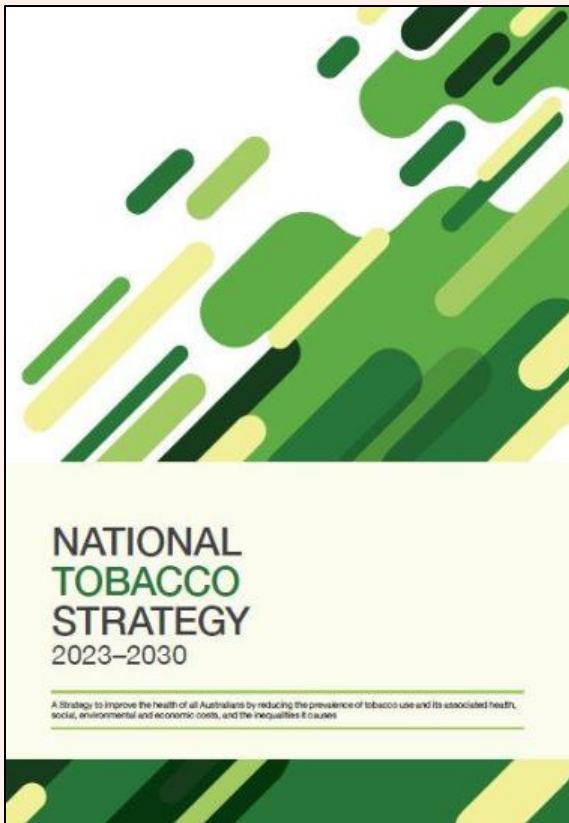
**Tackling Indigenous Smoking**  
(over 4 years)

**\$29.5m**

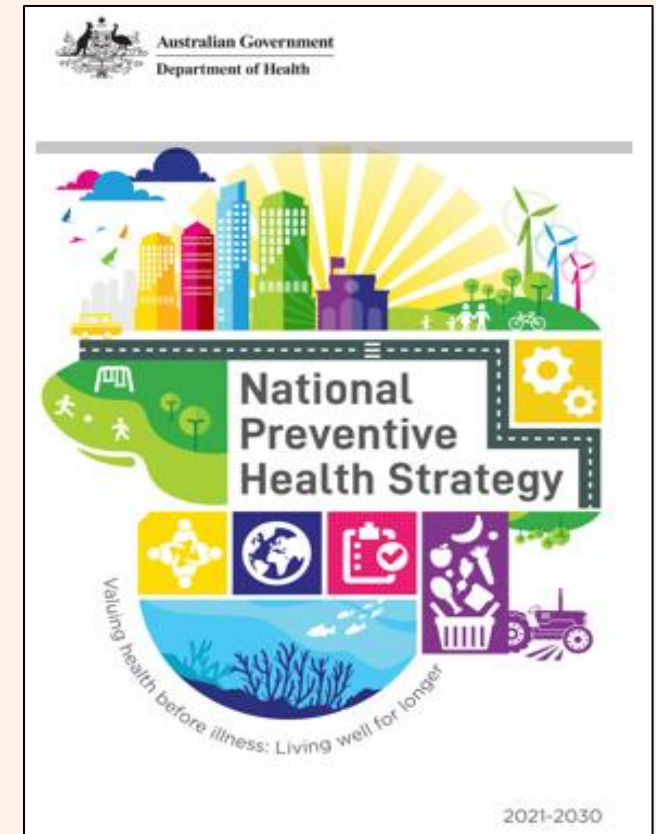
**Support smoking & vaping cessation**  
(over 4 years)

**\$263.8m**

**Lung Cancer Screening**  
(over 4 years)



The **National Tobacco Strategy** aims to achieve a national daily smoking prevalence of **less than 10% by 2025** and **5% or less by 2030** in Australia and reduce the daily smoking rate among **First Nations people to 27% or less by 2030.**



## National Tobacco Strategy 2023–2030

- The costs of tobacco use borne by the Australian community in 2015–16 were estimated to be \$137 billion.<sup>33</sup> Tobacco use also remains the **biggest contributor to Australia’s preventable health burden**, contributing 8.6% of the total burden of disease in Australia in 2018<sup>34</sup> and **12% of the total preventable health burden for First Nations people**.<sup>35</sup>
- This Strategy aims to achieve a national daily smoking prevalence (for non Indigenous people) of **less than 10% by 2025** and **5% or less by 2030** in Australia.



# The National Preventive Health Strategy 2021 to 2031

## **(National Preventive Health Strategy)**

- *reducing smoking rates among First Nations people **to 27 percent or less** by 2030. This sets an ambitious target of reducing First Nations smoking rates **by 10 percent within 10 years** (2030).*
- 

The **key priorities** of the TIS RTCG Program (2023-24 to 2025-26) are to:

- achieve **national coverage** of the TIS RTCG Program through an expanded service delivery model
- maintain a **focus on priority groups**, including **remote communities**, **youth**, and **pregnant women**
- begin steps to **reduce smoking rates** among First Nations people **to 27 percent or less by 2030**
- strengthen the **focus on population health activities**

# Tackling Indigenous Smoking program 2023 - 2026 @ 1/7/2023

- Thirty Seven (37) teams funded nationally for 3 + 1 (**4**) years
- Annual **budget** to TIS Teams will increase to undertake additional duties
- Current funding **to 30 June 2026 plus one year**
- Increased funding to **tackle vaping** with priority for urban areas
- **National Reach and Priority Projects (NRPP)**
- Reset past practices clearly strategizing what's needed for next 4 years
- **Funding of TIS** from 1 July 2025 **from tobacco excise.**

## **5. What the grant money can be used for**

### **5.1 Eligible grant activities**

To be eligible, your grant activity must:

- be delivered with a **preventive population health approach** that effectively achieves the required reach to all First Nations people within the IREG for which you are applying.
- **directly relate to the TIS RTCG Program**, which include:
  - community education and engagement (training, social activities, and events)
  - developing smoke free policies in social settings (workplaces, cars, homes, sporting, and community events)
  - mass media/social media campaigns (television, radio, print media, social media)
  - promotional resources (posters, pamphlets, smoke free signage)
  - community events (World No Tobacco Day, NAIDOC, fun runs)
  - anti-vaping and e-cigarette activities.

### **Eligible grant activities include:**

- TIS Program workshop and intervention materials.
- TIS Program marketing, promotional activities and merchandise.
- **in-person attendance at NBPU training sessions** and **TIS Program workshops for the jurisdiction** where your nominated ABS IREG is geographically located.

## **Ineligible grant activities include:**

- **wages, training, and travel costs for non-TIS Program staff**
- **sporting team sponsorships**
- purchase of land
- major capital expenditure including vehicle purchase, major construction, capital works and temporary buildings
- retrospective costs of TIS RTCG Program activities
- costs incurred in the preparation of a grant application or related documentation
- **Nicotine Replacement Therapies (NRTs) or other smoking cessation products or services**
- **direct or indirect delivery of smoking cessation services**
- international travel
- activities for which other Commonwealth, state, territory, or local government bodies **have primary responsibility**, including **smoking cessation supports in correctional settings**
- activities **not** directly related to the TIS RTCG Program.

# Targeted approaches for tobacco and vaping control

## Smokefree policies

1. Smokefree workplaces
2. Smokefree cars
3. Smokefree homes
4. Smokefree sport and community events

## Mass media/social media campaigns

5. TV media campaigns
6. Radio media campaigns
7. Print media campaigns
8. Facebook social media campaigns
9. Instagram social media campaigns
10. Twitter social media campaigns

## Promotional resources

11. Promotional posters
12. Promotional pamphlets
13. Promotional smokefree signs and branded vehicles

## Community education & engagement

14. Community education and training
15. Community engagement, social activities and events

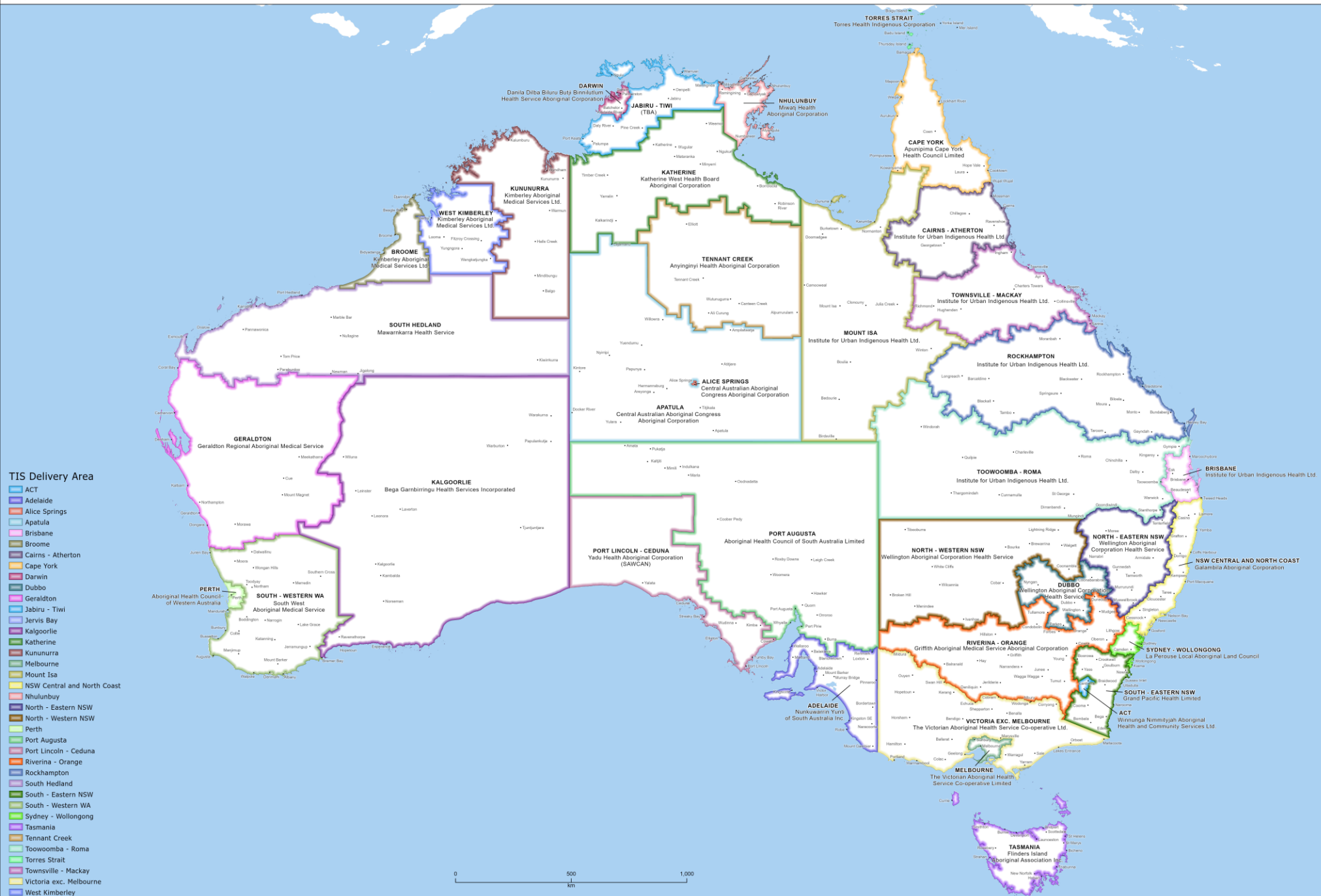
## Events

16. World No Tobacco Day
17. NAIDOC
18. Fun runs

## Other

19. Anti e-cigarette/anti-vaping activities
20. Other TIS related population health activities

# Tackling Indigenous Smoking (TIS) - Program Delivery Areas from 1 July 2023

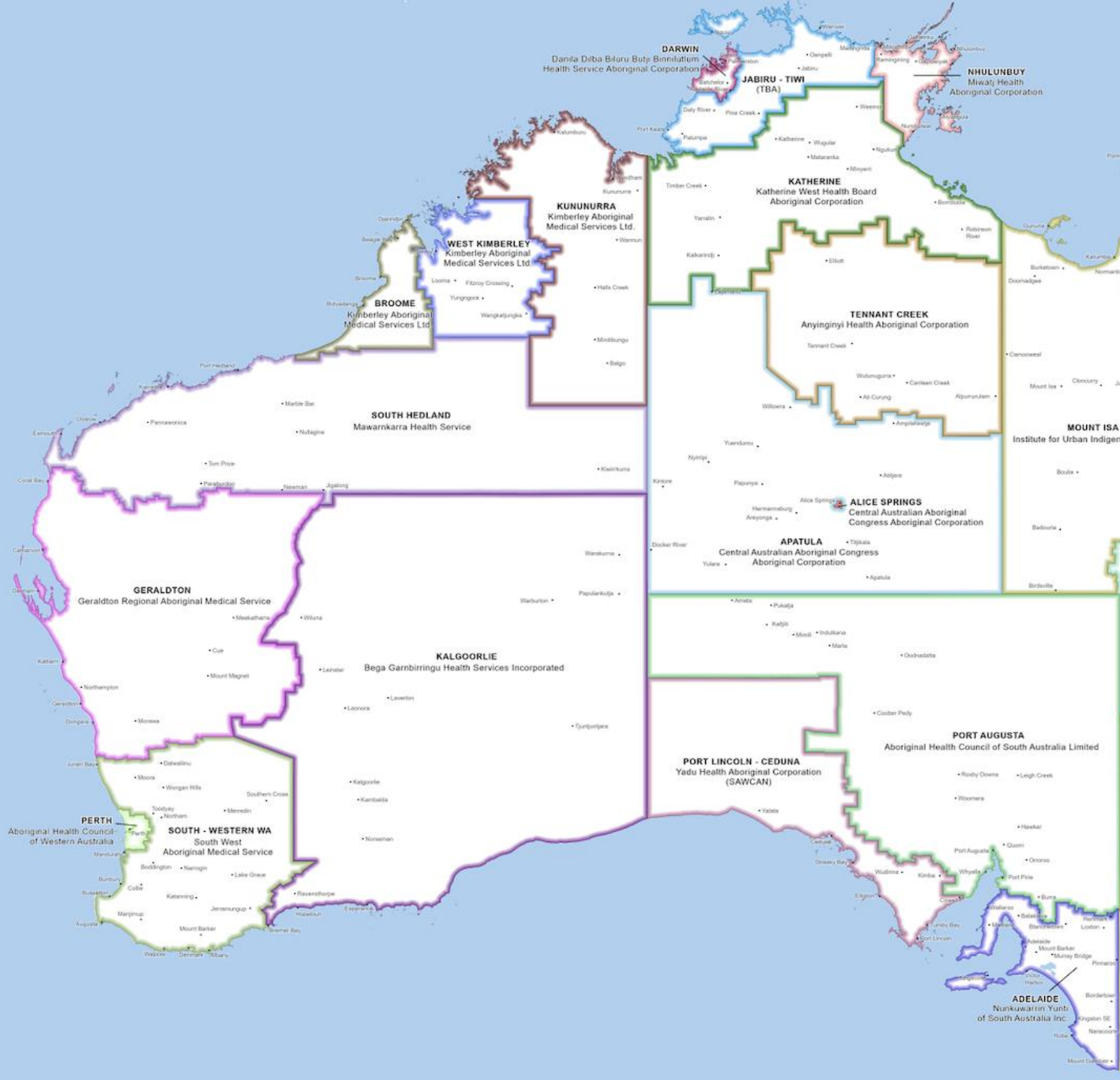


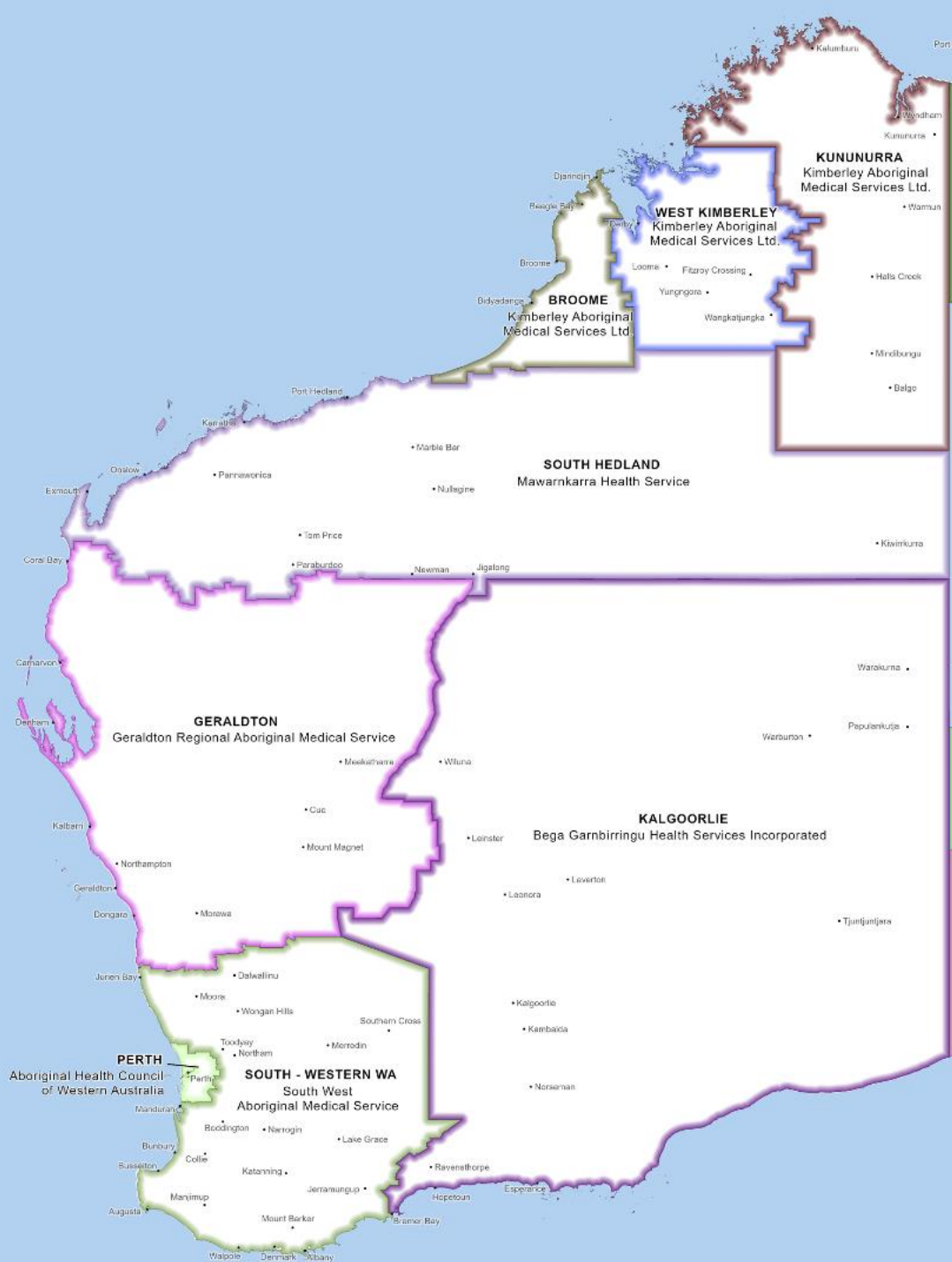
**37 TIS**  
Regions

**26 TIS**  
Providers

**?? TIS**  
Contract partners

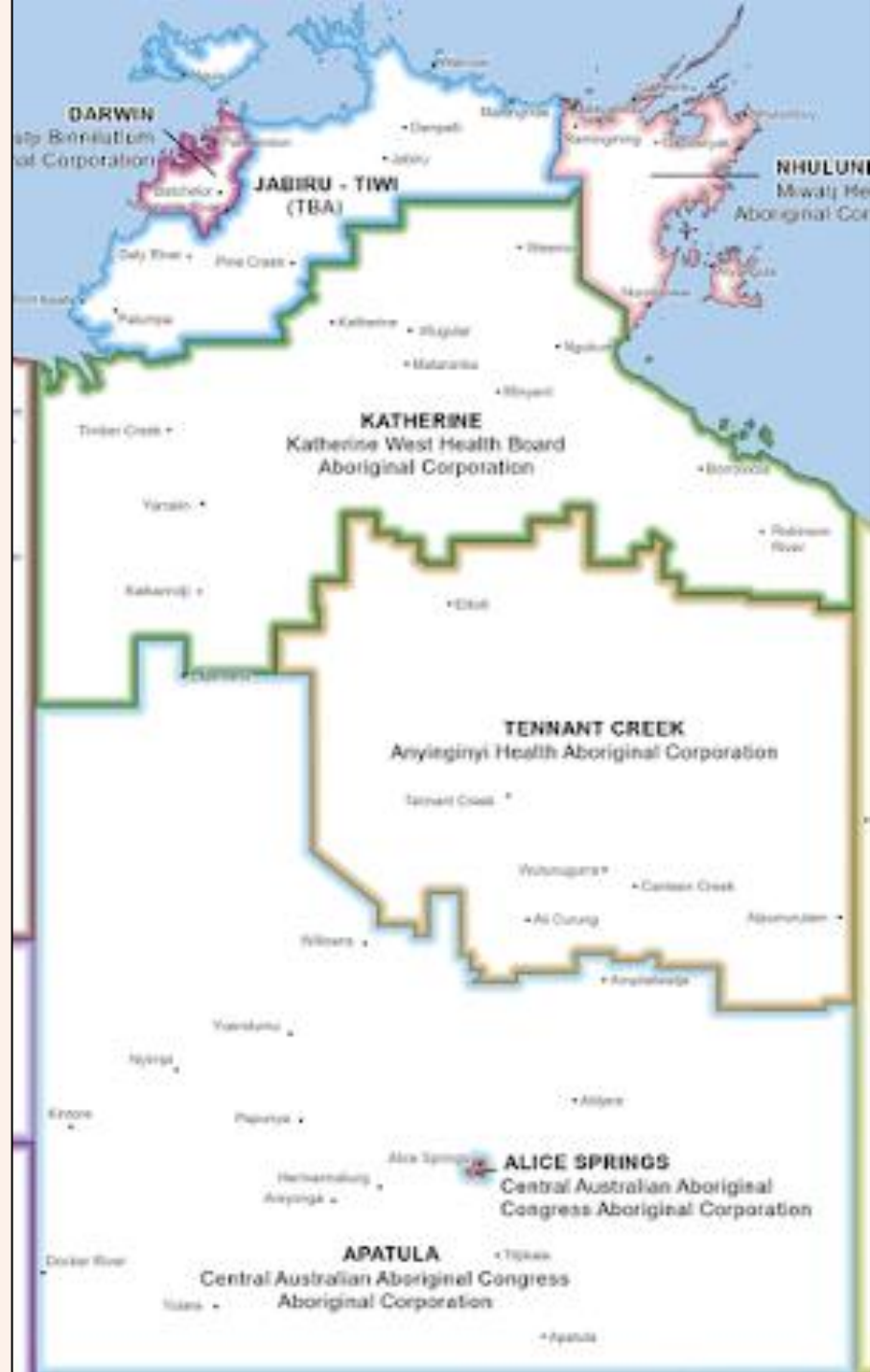
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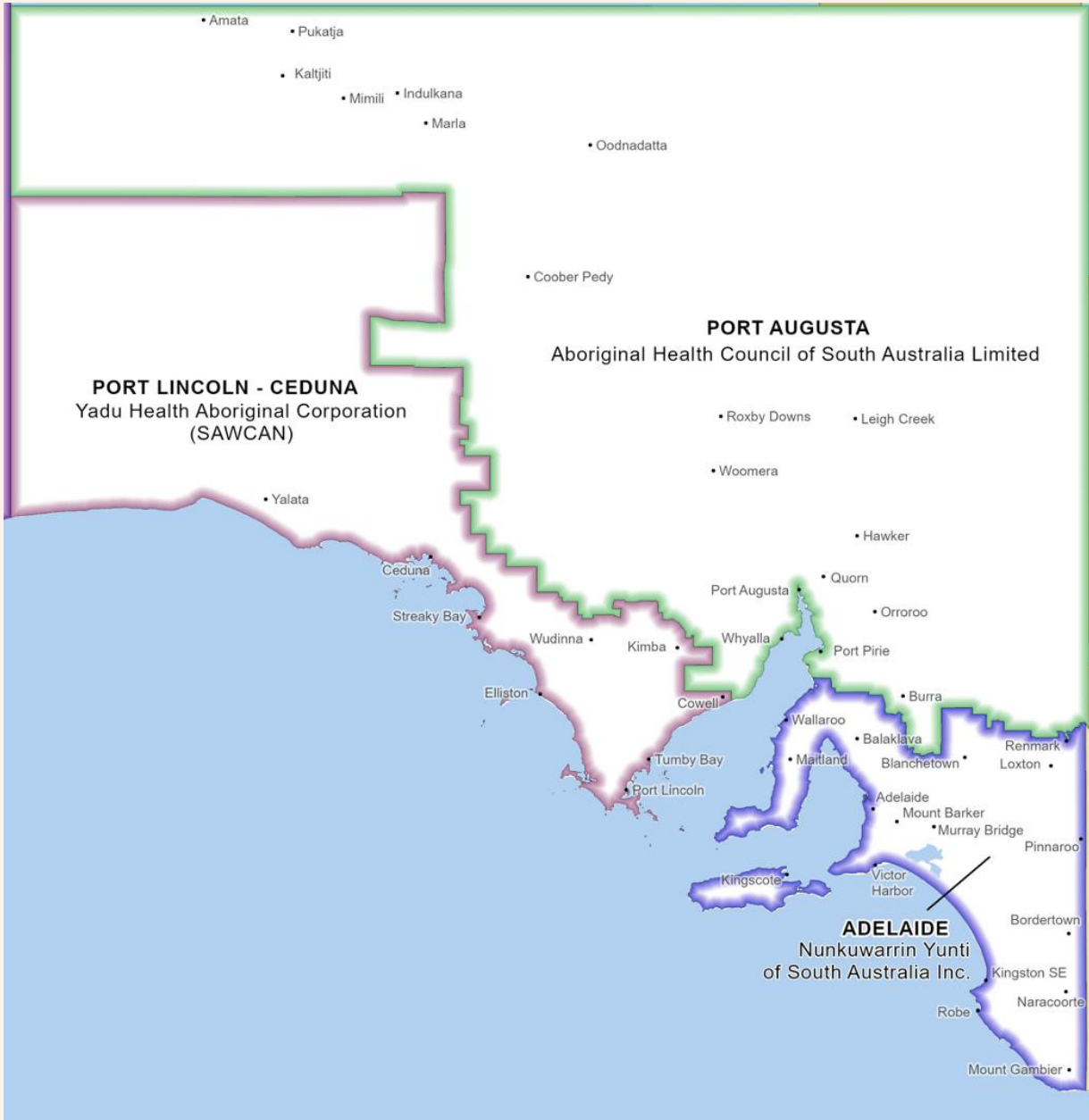


**WA**  
**8** regions

**NT**  
**7** regions







SA has 3 Regions

ACT has one



# Reforms to the regulation of vapes

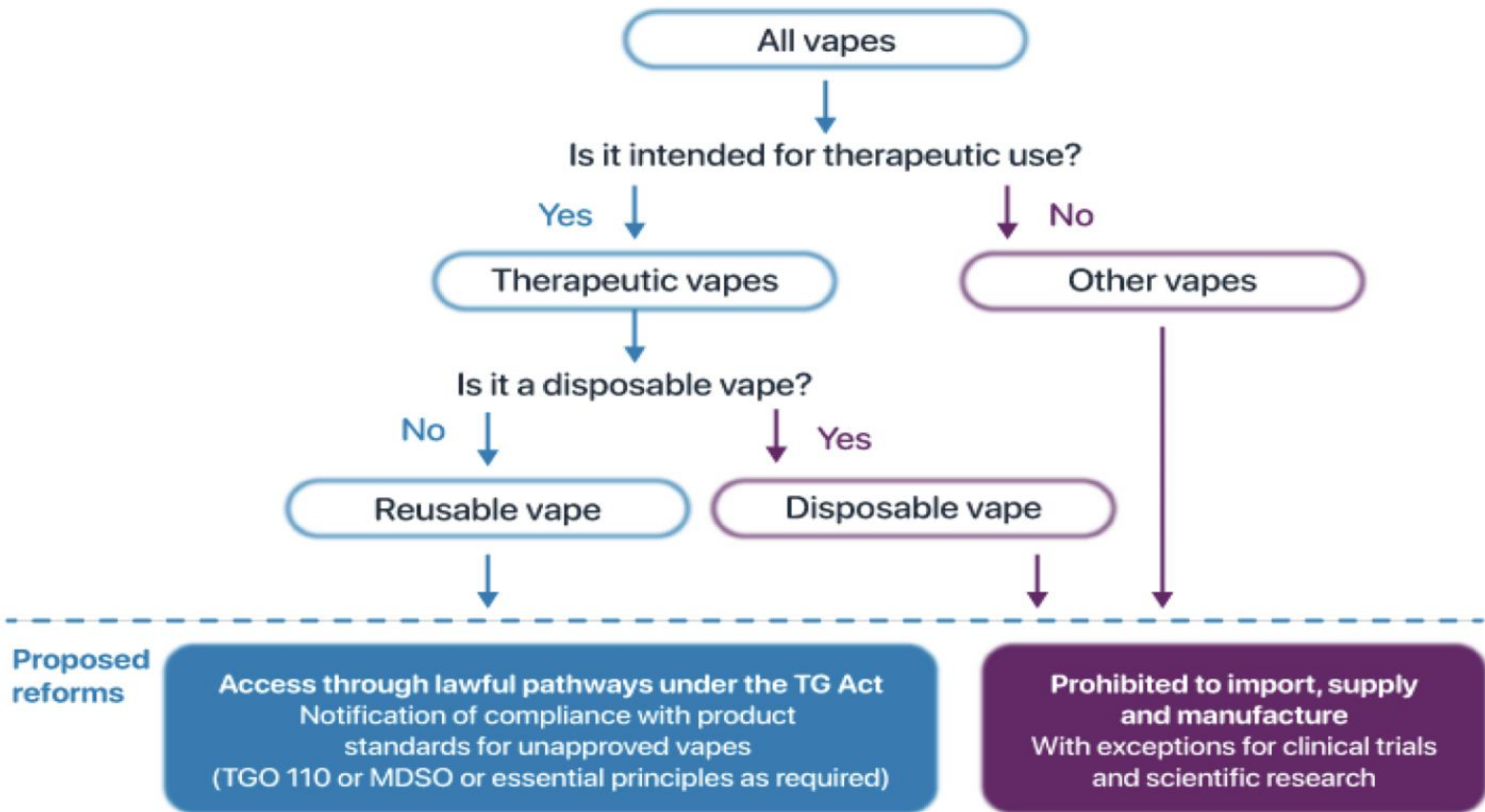
From **1 January 2024**:

- the importation of all disposable vapes is banned, with very limited exceptions
- the Special Access Scheme C (SAS C) pathway, is available to facilitate legitimate patient access to therapeutic vapes, for smoking cessation and the management of nicotine dependence
- a form for importers and manufacturers of therapeutic vapes is available to notify the TGA about compliance with the relevant product standards prior to importation into Australia, or release for supply of vapes manufactured domestically (notices are required for goods imported or released for supply on or after **1 March 2024**)
- an application form for therapeutic vape importers is available to apply for licences and permits for importing therapeutic vapes (licences and permits are required for goods imported on or after **1 March 2024**).

# Vaping Reforms - 2024

From **1 March 2024**:

- the importation of all vapes is banned unless importers have an import licence and permit from the [Office of Drug Control](#) 
- therapeutic vape importers and manufacturers are required to notify the TGA about compliance with the relevant product standards before importation to Australia or release for supply in Australia
- the Personal Importation Scheme for vapes is closed
- travellers may bring a small quantity of vapes into Australia
- some changes to the quality requirements for therapeutic vapes for smoking cessation and the management of nicotine dependence, including restrictions on flavours to mint, menthol and tobacco
- a new medical device standard applies to therapeutic vaping devices that were previously excluded from the therapeutic goods framework.



## Key Facts About E-Cigarettes

### What are e-cigarettes?



### What are the risks of vaping?

Evidence is emerging of a possible link between the use of e-cigarettes and severe lung disease and an increased risk of heart attack.



Studies have shown that vapers are exposed to heavy metals such as chromium, nickel and lead in greater quantities than in conventional cigarettes.

We know that e-cigarettes are popular with youth and there is a strong link between vaping and smoking.

Nicotine in e-cigarettes can negatively affect adolescent brain development.



### NBPU Stance

NBPU supports Australia's precautionary approach to the use of e-cigarettes. Use of e-cigarettes should not be encouraged but can be used as a point of discussion around the available best practice quit methods. Smokers or vapers attempting to quit should use evidence-based treatments including cold turkey, NRT, other prescription medications such as Champix®, and quit smoking counselling.

## Key Facts About E-Cigarettes

According to the Talking About the Smoke survey, 21% of Aboriginal and Torres Strait Islander smokers have tried e-cigarettes. Those who have were daily smokers, living in non-remote areas, and younger.

### What are e-cigarettes?

E-cigarettes are devices that heat a liquid to make a vapour that users breathe in (vaping). E-cigarettes are also called e-cigs, electronic nicotine delivery systems (ENDS), or alternative nicotine delivery systems (ANDS). They are battery operated and come in range of shapes and sizes. Some look like tobacco products such as cigarettes or cigars. Others resemble everyday items like pens, lipsticks or memory sticks. E-cigarettes contain a range of chemicals including flavourings. They may or may not contain nicotine. They are sometimes marketed as a way to help people quit smoking.

### Can vaping help someone to quit?

The Therapeutic Goods Administration (TGA) has not approved any e-cigarette product as a smoking cessation aid. Overall there is not enough evidence to show e-cigarettes are an effective method for smoking cessation:

- many vapers carry on vaping on a long-term basis
- vapers often carry on smoking tobacco as well as vaping (dual use)
- dual users often smoke more conventional cigarettes than people who only smoke conventional cigarettes
- dual users rarely quit
- e-cigarettes are no more effective than established approaches such as Nicotine Replacement Therapy, Champix®, going cold turkey.

The Royal Australian College of General Practitioners (RACGP) guidelines on smoking cessation include information about e-cigarettes as a possible second-line treatment to support quitting, but only in very specific circumstances. E-cigarettes containing nicotine can be prescribed by a registered doctor, but only under a special access scheme and on a case-by-case basis. Further information can be found at <https://www.racgp.org.au/getatachment/00100c0e-441b-45a6-b6d1-d93c71943cd>

Supporting smoking cessation: A guide to health professionals' apps



### Vaping and the law

The sale of e-cigarettes containing nicotine is illegal in Australia. E-cigarette use is also covered by state and territory tobacco control laws. For example, it is illegal to use e-cigarettes in legislated smoke-free areas. The Australian Government has also proposed new legislation to limit the import of nicotine for use in e-cigarettes. Under the proposal a valid prescription would be needed to import e-cigarettes containing nicotine and nicotine refills. This includes from an online store, or when travelling to Australia from overseas. More information can be found at <https://www.tga.gov.au/community-qa/electronic-cigarettes>

### What are the risks of vaping?

Using e-cigarettes may be less harmful than smoking conventional cigarettes, but it is not harm free. The liquids used in e-cigarettes contain a range of toxic chemicals. Because e-cigarettes are relatively new products, we don't really know how harmful vaping might be:

- e-cigarettes have not been around long enough for all the effects to show
- not enough research looking at health effects has been completed
- vapers are usually former smokers or dual users, so it can be difficult to separate the effects of e-cigarettes from tobacco use.

### Emerging evidence suggests vaping may:

- result in severe lung disease
- increase the risk of heart attack
- impact on oral health as much as conventional cigarettes

Some of these harms are caused by the flavourings that are added to e-cigarettes. Studies have also shown that vapers are exposed to heavy metals such as chromium, nickel and lead in greater quantities than in conventional cigarettes. High concentrations of these heavy metals have been linked to health problems such as cardiovascular disease, brain damage, and cancer.



### What are the risks to passive bystanders?

The vapour produced by e-cigarettes contains toxins. Exposure to some toxins (such as heavy metals) may be greater than in conventional cigarettes. The World Health Organisation states that exposure to these substances should be avoided. Passive exposure to e-cigarette vapour can aggravate existing chronic health conditions such as asthma or COPD. Although vapour produced by e-cigarettes is probably less harmful to bystanders than cigarette smoke, it is not completely harm free.

### Vaping and youth

Access to e-cigarettes may create a new pathway into harmful behaviours for the next generation. E-cigarettes are popular with youth and there is a strong link between vaping and smoking. Recent evidence from the USA shows:

- a 76% increase in the number of teenagers vaping
- increasingly younger initiation of e-cigarette use (from 14 years of age)
- when young people increase their vaping, they often increase tobacco smoking as well

E-cigarette use by youth is a problem because nicotine in e-cigarettes can negatively affect adolescent brain development and non-nicotine e-cigarettes still contain toxic chemicals and so pose a potential harm to health. Australia's precautionary approach to e-cigarettes helps protect our youth from the harms of vaping.

### NBPU Stance

NBPU supports Australia's precautionary approach to the use of e-cigarettes. Use of e-cigarettes should not be encouraged but can be used as a point of discussion around the available best practice quit methods. Smokers or vapers attempting to quit should use evidence-based treatments including cold turkey, NRT, other prescription medications such as Champix®, and quit smoking counselling.

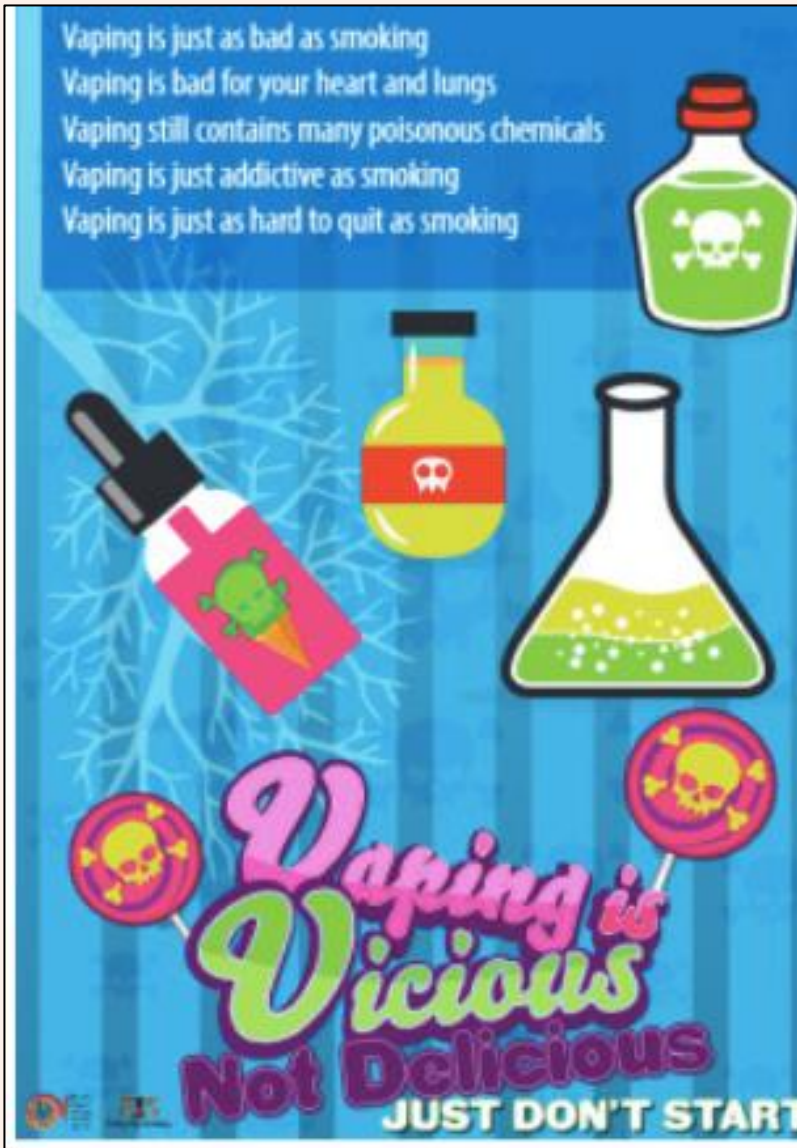


# National Best Practice Unit Resources (TISRIC)

<https://tacklingsmoking.org.au/e-cigarettes/>



# TIS Team Resources - TISRIC



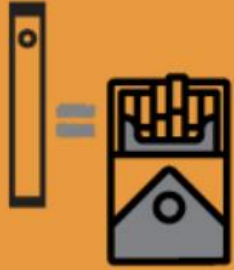
<https://drive.google.com/file/d/1va0Q9c7Gc0SGdLwyigvBc709mLgdWhBm/view>

# SAY NO

**E-CIGARETTES ARE NOT GOOD FOR YOUR HEALTH.  
SAY NO TO VAPING AND NO TO ITS HEALTH RISKS.**



**Health**  
Central Coast  
Local Health District



A single STIG can contain the **SAME AMOUNT OF NICOTINE** as an entire pack of cigarettes, making them **HIGHLY ADDICTIVE.**

Nicotine found in e-cigarettes can **AFFECT BRAIN DEVELOPMENT** in teens, impacting their learning, concentration and mood, causing **ANXIETY AND DEPRESSION.**



They contain **HARMFUL CHEMICALS** that can cause serious **LUNG DAMAGE AND CANCER.**

**#SayNoToVaping**

Research shows kids who vape are much **MORE LIKELY TO START SMOKING CIGARETTES.**



Companies are **TARGETING YOUNG PEOPLE** to get them hooked – **DON'T BE A PUPPET!**

# Local and Regional Voice

These guide Local and Regional Voices, government arrangements, and the partnership interface arrangements.

## ★ Empowerment

Aboriginal and Torres Strait Islander Australians have greater control and voice in their own affairs – a self-determination approach. Governments shift to an enabling role. Arrangements are culturally safe.

## ★ Inclusive Participation

All have the opportunity to have a say, including traditional owners and historical residents. Arrangements are broad-based and support respectful engagement across a diversity of voices – individuals, communities and organisations.

## ★ Cultural Leadership

Voice arrangements strongly connect to cultural leaders in a way that is appropriate for each community and region. Communities determine how this principle interacts with the Inclusive Participation principle in their context.

## ★ Community-led Design

Voice arrangements are determined by communities according to local context, history and culture. Community ownership gives authorisation and mandate to voice structures. Communities determine implementation pace; governments support and enable this.

## ★ Non-duplication and Links with Existing Bodies

Voice structures build on and leverage existing approaches wherever possible, with some adaptation and evolution as needed to improve the arrangements. Voices will link to other existing bodies, not duplicate or undermine their roles.

## ★ Respectful Long-term Partnerships

Governments and voices commit to mutually respectful and enduring partnership, supported by structured interface. Governments are responsive and proactive. Governments support building capacity and expertise of voice structures and implement system changes.

## ★ Transparency and Accountability

Governments and voice structures adhere to clear protocols and share responsibility and accountability, including downward to communities.

## ★ Capability Driven

Voice arrangements match the unique capabilities and strengths of each community and region. Governments and communities both build their capability to work in partnership and support local leadership development.

## ★ Data and Evidence-based Decision Making

Data is shared between governments and communities to enable evidence based advice and shared decision making. Communities are supported to collect and manage their own data.

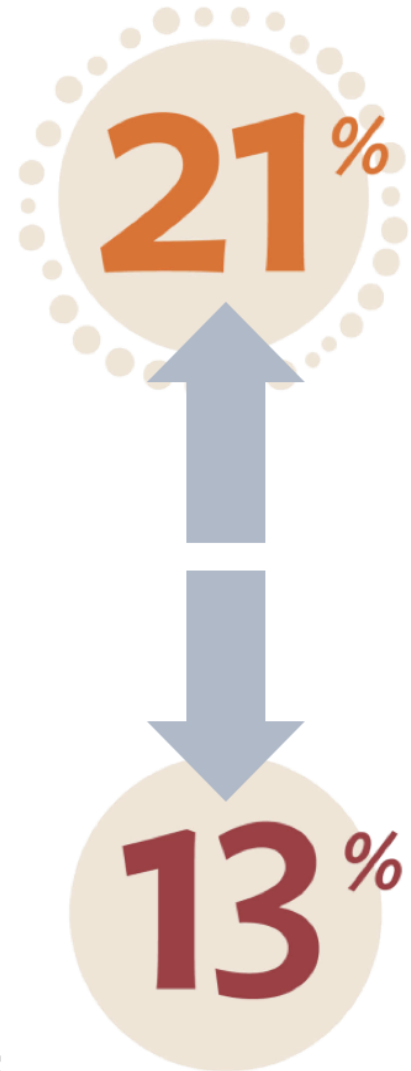
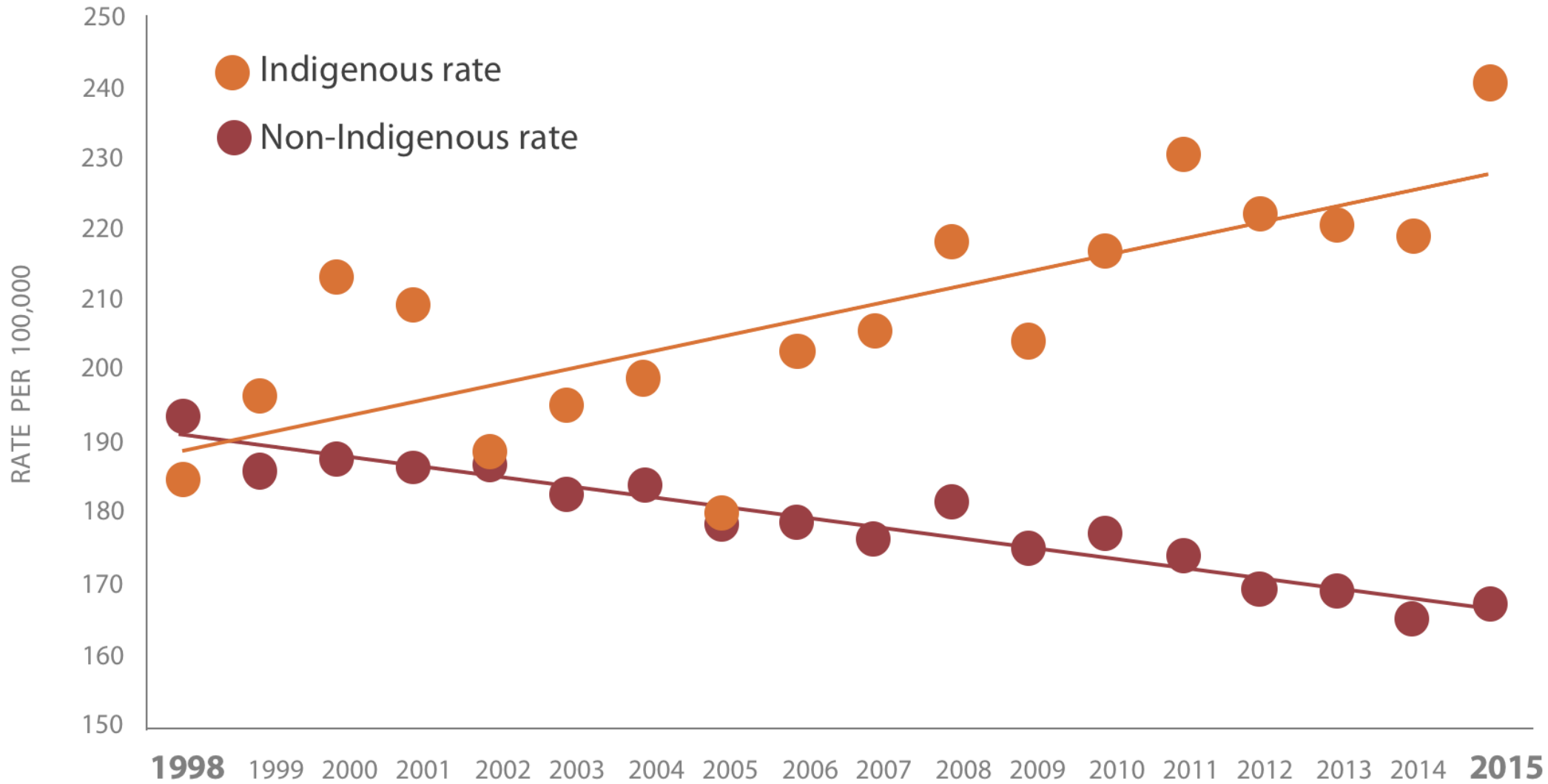


*Cancer is a leading cause of death in Australia and affects the lives of many Australians.<sup>1</sup>*

*It is estimated that **145,483 people were diagnosed with cancer in Australia in 2020.**<sup>2</sup> Australia ranks well globally in terms of cancer survival rates and has seen **increasing survival rates across most cancer types.**<sup>2,3</sup>*

***Despite this, there remain disparities in cancer outcomes across population groups.***

# Cancer mortality over time



Australian Institute of Health and Welfare analysis of the National Mortality Database. Data obtained from NSW, QLD, WA, SA and NT.

# Australian Cancer Plan

Strategic Objectives and 10-year ambitions

## Maximising Cancer Prevention and Early Detection

A cancer control system that seeks to eliminate racism, proactively reduces cancer risk and supports all Australians to access personalised, evidence-based cancer prevention and early detection strategies

## Enhanced Consumer Experience

People affected by cancer are partners in culturally safe, equitable and responsive cancer care, and health services and systems are trusted and supported for optimal experience, quality of life and cancer outcomes

## World Class Health Systems for Optimal Care

Integrated, coordinated, data-driven, high-quality health service systems that consistently deliver optimal cancer care and excellence in outcomes

## Strong and Dynamic Foundations

A modern, fit for purpose cancer control infrastructure, advanced by the innovative application of technology, research and data to improve Australia's cancer outcomes

## Workforce to Transform the Delivery of Cancer Care

An engaged, capable and future-focused cancer workforce that is culturally safe and responsive, well-equipped, well-supported and driven by collaboration, continuous improvement and diversity to enable the best care for all Australians affected by cancer

## Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People

Supporting Aboriginal and Torres Strait Islander knowledge, strength and sovereignty in a health system that achieves equity for Aboriginal and Torres Strait Islander people affected by cancer

5-year goals and actions

Culturally safe prevention and screening approaches to reduce cancer risk are embedded, and evidence-based and personalised cancer prevention and early detection strategies are incorporated into standard of care

Strengthen the policy and regulatory environment to address known modifiable lifestyle factors and social, cultural, commercial and environmental determinants of health

Expand access to culturally safe and responsive immunisation programs to reduce risk of cancers, including in partnership with Aboriginal Community Controlled Health Services and community-led priority population groups

Implement new, and improve existing, evidence-based, risk-stratified cancer screening programs

Develop a policy framework for genomics in cancer control across the cancer care continuum

Increase access to and uptake of health assessments through Medicare for cancer prevention and early detection for Aboriginal and Torres Strait Islander people

Personalised models of navigation in cancer care are widely available to all Australians affected by cancer – engaging consumers in culturally safe, equitable and responsive cancer care, and driving re-orientation of health service systems, including training and distribution of cancer health workforce

Evaluate, adapt and scale nationally integrated care navigation models across the cancer care continuum

Require health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers

Ensure multidisciplinary cancer care teams for Aboriginal and Torres Strait Islander people are trauma-aware and healing-informed

Networked high-quality comprehensive cancer care systems that deliver optimal cancer care and better outcomes

Integrate Optimal Care Pathways (OCPs) as routine cancer care using a monitoring and evaluation system that links the implementation of OCPs to patient outcomes and experience

Establish an Australian Comprehensive Cancer Network (ACCN) to ensure connectivity and sharing of expertise between Comprehensive Cancer Centres, other cancer services, regional hospitals, community and primary care. The establishment of an ACCN will increase equity of access across services for all patients, deliver cancer care close to home, and monitor evidence-based system performance

Improve equitable access to evidence-based, innovative models of integrated multidisciplinary care across the cancer continuum

Implement sustainable approaches to improve access to accepted, traditional healing practitioners within cancer services to enable an integrated, trauma-aware, healing-informed oncology approach for Aboriginal and Torres Strait Islander people

A national cancer data ecosystem supporting evidence-based, innovative models of care which incorporate national uptake of advanced technology and infrastructure, underpinned by world-class research and a clinical trials landscape in which all Australians have equal access

Design and embed patient reported experience and patient reported outcomes into national performance monitoring and reporting for all providers, to assess services for all population groups and establish an evidence base

Expand access to digitally enabled cancer care to improve equity and access to quality cancer care, particularly in regional, rural and remote areas

Explore and test innovative approaches to health service funding models to address areas of need, and system improvement, in cancer care

Expand the use of technology and virtual care to increase access for Aboriginal and Torres Strait Islander people and to support communities across the cancer care continuum

Strategies implemented to enable a culturally safe, responsive, and capable multidisciplinary workforce that is working at the top of their scope of practice and ability to deliver high-quality cancer care

Implement a cancer care workforce pipeline that meets demand for optimal cancer care, with diversity measures in training, recruitment and talent management to ensure the cancer workforce represents the diversity of patient populations

Assist the sector to support all cancer care practitioners to work at the top of their scope of practice, increase retention and ensure ongoing access to continuing professional development

Routinely integrate cultural safety training programs for cancer service providers, including through community-based partnerships with priority population groups

Support national coordination and implementation of a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce

Priority is given to accountability for the delivery of culturally safe services by all health professionals; training opportunities and support programs are established for Aboriginal and Torres Strait Islander health professionals in the cancer sector

Establish ongoing place-based engagement with Aboriginal and Torres Strait Islander people to understand emerging needs across the cancer care continuum

Implement strategies to embed culturally safe care within cancer-related services for Aboriginal and Torres Strait Islander people

2-year goals and actions

Access to culturally safe prevention and screening approaches to reduce cancer risk is improved, and evidence-based and personalised cancer risk assessment strategies are identified

Deliver cancer prevention and health promotion activities, including healthy lifestyles, immunisation, and population screening participation, co-designed and tailored to a range of settings

Strengthen cancer prevention in broader health strategies and public health partnerships

Promote translational research on the impact of social, cultural, commercial and environmental determinants of health on cancer outcomes for priority populations to inform policy and practice

Undertake ongoing assessment of the evidence for risk-based, cost-effective population cancer screening

Strengthen health literacy for Aboriginal and Torres Strait Islander people through co-designed health promotion and lifestyle strategies for cancer prevention

Person-centred models of integrated navigation in cancer care are nationally defined, co-designed, developed and tested with consumers, to incorporate culturally safe cancer care

Develop a national framework for and implement integrated multi-channel, multi-disciplined navigation models that ensure the right support at the right time for every consumer across the cancer continuum

Improve availability of co-designed, tailored information and care for consumers to improve health literacy and reduce cancer-related stigma

Support health services to provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers

Frameworks for high-quality comprehensive health service systems established to deliver better cancer care and improved outcomes

Develop and implement a national framework that standardises the development, update, evaluation and uptake of Optimal Care Pathways (OCPs), including for priority population groups

Develop a national framework for networked, distributed comprehensive cancer care, to facilitate provision of services as close as safely possible to where patients live. This will include the role of Comprehensive Cancer Centres to enhance patient outcomes, strengthen transparency and accountability, and drive continuous improvements for all patients across the network regardless of where the care is provided

Implement innovative, evidence-based and cost-effective models of care for people living with and beyond cancer

Develop and refine integrated care models to maximise access to high-quality, timely and evidence-based palliative and end-of-life care, including voluntary assisted dying

Lead a national approach to identifying and reporting Indigenous status in cancer care

Nationally agreed frameworks for collection and reporting of comprehensive cancer data, and implementation of new technologies into routine cancer care, with a focus on research priorities that drive innovation and fast-track opening of cancer clinical trials in Australia

Develop an agreed national cancer data framework to improve accessibility, consistency and comprehensiveness of integrated data assets

Ensure targeted and innovative research investment into areas of unmet and emerging need; and improve clinical trial design and equitable access

Identify opportunities to improve equitable cancer care through the digital health ecosystem

Establish Aboriginal and Torres Strait Islander-led initiatives which strengthen Indigenous Data Sovereignty and governance of cancer data

National strategies developed to enhance clinical and cultural safety training and accreditation processes, build workforce diversity, expand multidisciplinary roles and determine retention strategies

Identify current and emerging workforce undersupply in line with cancer workforce modelling and other national health workforce strategies, and initiate planning with the sector towards building future workforce capacity and capability

Build on existing capability of the primary care workforce to collaboratively and sustainably support the needs of consumers

Evaluate and extend cultural safety training programs to cancer service providers, including through community-based partnerships with priority population groups

Identify priority areas of need for Aboriginal and Torres Strait Islander cancer care workforce and develop a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce

Collaborative partnership and cross-sector approaches are developed and enhanced at the system, service and individual level; individual and institutional racism and discrimination across cancer services are identified and addressed

Embed Aboriginal and Torres Strait Islander voices in policymaking on cancer prevention, care delivery and standards through leadership, collaboration and co-design processes

Strengthen collaboration with service providers, regulatory authorities and the Aboriginal and Torres Strait Islander cancer workforce to establish clear accountability for culturally safe care and compliance with national standards

Establish and enhance collaborative partnerships with communities and Aboriginal and Torres Strait Islander-led organisations



Australian Government  
Cancer Australia

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[https://www.canceraustralia.gov.au/sites/default/files/publications/pdf/2023\\_ACP%20Summary%20Report%20DIGITAL\\_V9.pdf](https://www.canceraustralia.gov.au/sites/default/files/publications/pdf/2023_ACP%20Summary%20Report%20DIGITAL_V9.pdf)

# Our Mob and Cancer

What are you looking for?

finding it early



**Cancer in our  
Mob**



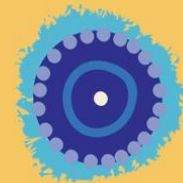
**Men's  
Business**



**Women's  
Business**



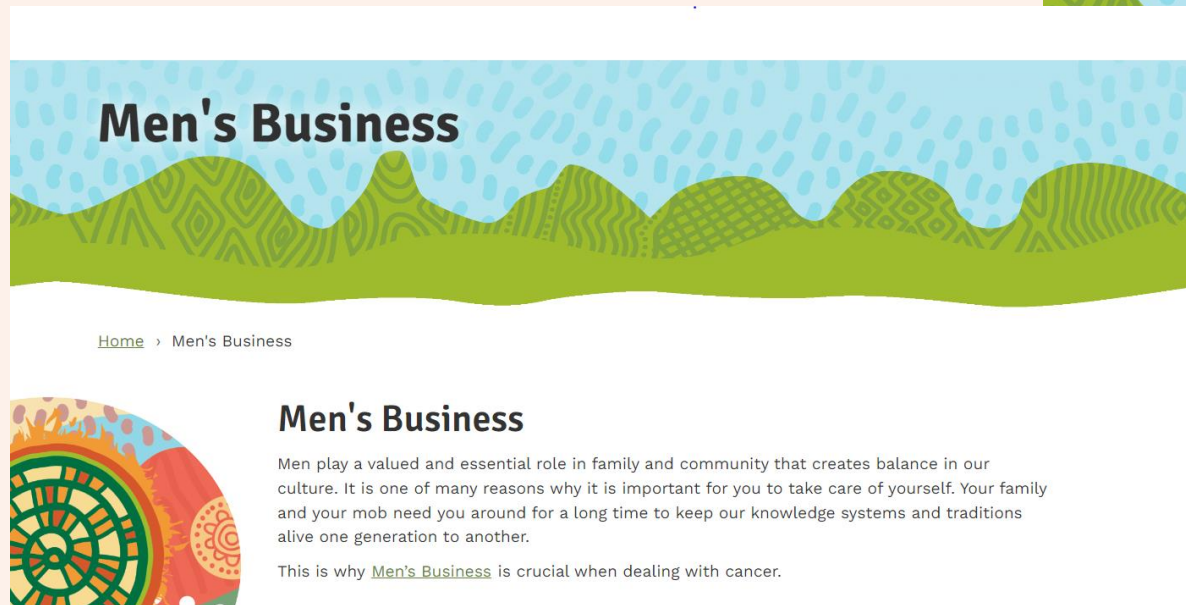
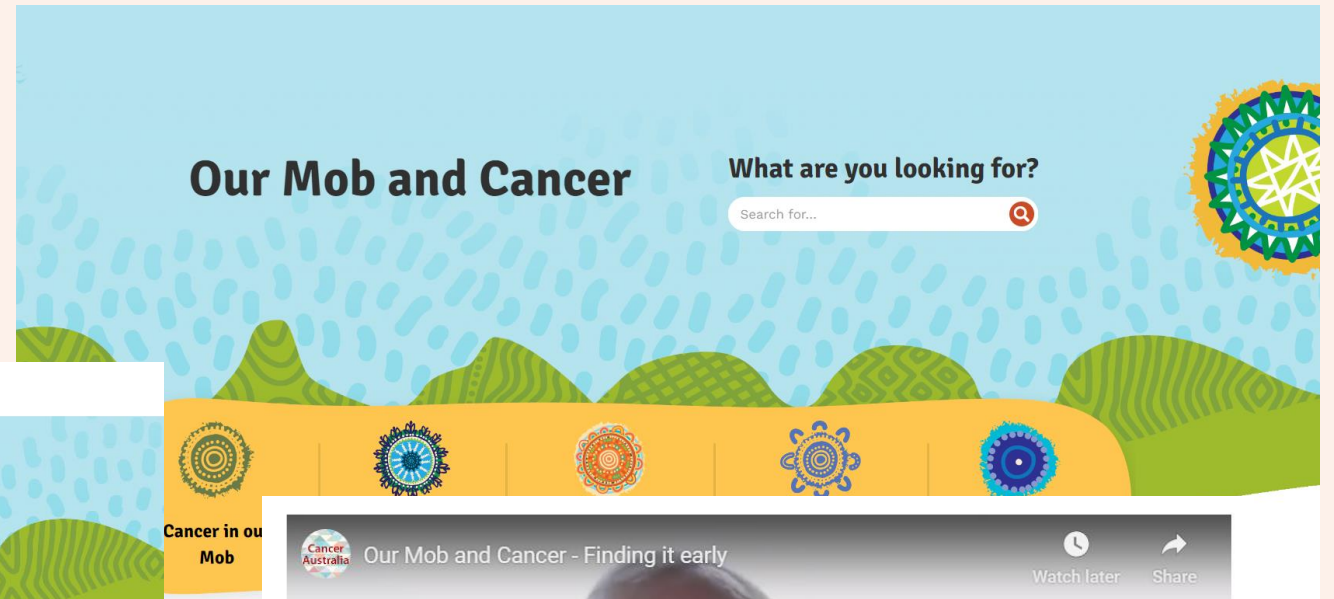
**Where can I  
get help and  
support**





**Sorry  
Business**

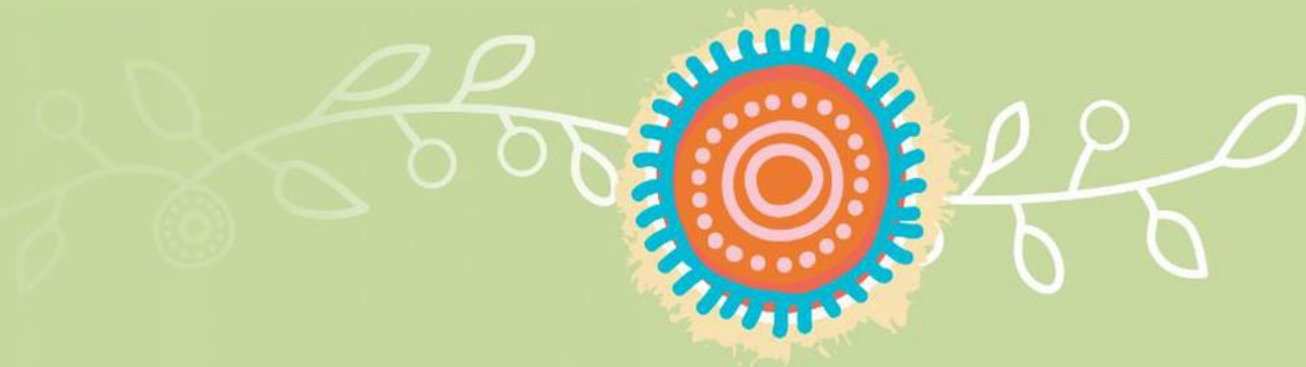
<https://www.ourmobandcancer.gov.au>

# Men's Business



Feeling worried, or know someone who is feeling no good?  **13YARN** Find out more 

# Screening for cancer





[www.ourmobandcancer.gov.au](http://www.ourmobandcancer.gov.au)

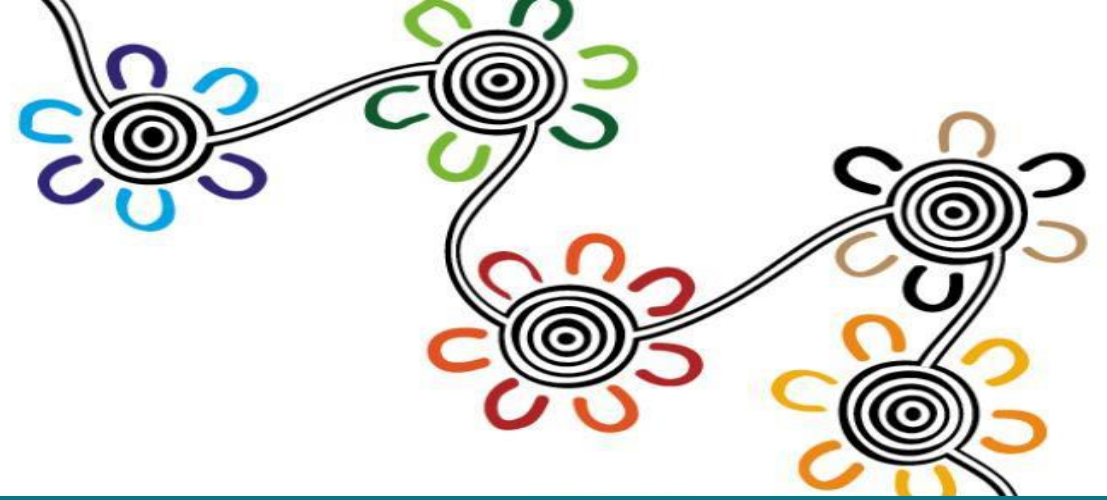
# TIS Family 2023





NATIONAL BEST  
PRACTICE UNIT

**TACKLING  
INDIGENOUS  
SMOKING**



Thank you for listening and over  
to you.....

**A pack a day for a month  
experiment**



[https://www.youtube.com/watch?v=HD\\_\\_r66sFjk](https://www.youtube.com/watch?v=HD__r66sFjk)

# **Smoking vs Vaping for a month experiment**

# smoking vs vaping



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<https://www.youtube.com/watch?v=0Pwj6BuS8Ds>