**Health Data Portal**

**TIS 2024-25 Activity Work Plan Template**

# Key

|  |  |
| --- | --- |
| **Symbol** | **Instructions** |
| **\*** | Questions marked with an asterisk are *mandatory* questions |
| 🛈 | Text marked with an information symbol has available help text. Hover your mouse over the symbol to reveal the help text.  |
| [ ]  | Please select *all* square check boxes that apply to a question. |
| [ ]  | Please select *one* circle option per question. |

# Organisation Details

|  |  |
| --- | --- |
| **Name of your organisation\*** |  |
| **Organisation ABN\*** |  |

# Reporting Contact

The reporting contact for your organisation for the Tackling Indigenous Smoking Activity Work Plan is the person who may be contacted by your DSS Funding Agreement Manager (FAM) if any part of your submission needs further discussion.

|  |
| --- |
| **Who is your organisation’s contact for the TIS AWP?** |
| **First Name\*** |  |
| **Last Name\*** |  |
| **Email address\*** |  |
| Phone |  |
| Mobile |  |
| Current user Status |  |

# TIS Program Information

Please enter your TIS program name, IREG code, partner organisations and the date you are completing the plan.

|  |  |
| --- | --- |
| **Name of your TIS Program\*** |  |
| **IREG 2021 Code and Name\*** 🛈 |  |
| **List partner organisations\*** 🛈 |  |
| **Date this plan was completed** | Click or tap to enter a date. |

# Budget

Please attach your health service’s budget (and any other supporting documents as needed) when submitting your TIS AWP.

# Section 1 Activity Reporting

Provide detailed information about each of the activities you plan to run in the six-month reporting period covered by this report. For each activity, you will be required to provide an activity description, as well as information about the design of the activity, delivery of the activity and monitoring and evaluation of the activity.

When completing this section of your TIS AWP, please keep in mind that the activity could be delivered to different groups and communities.

**For each additional activity, please duplicate the Activity Reporting table below and paste it before Section 2. Fill in required details for each activity.**

## Activity name: \_\_\_\_\_\_\*

|  |
| --- |
| Activity Type |
| **Activity name\*** |  |
| **Activity details\*** 🛈 |  |
| **Activity Type(s)\*** 🛈 | [ ]  Developing smoke and vape free environments (workplaces, cars, homes, sporting, and community events)[ ]  Traditional media campaign (TV, radio, newspapers, other print media)[ ]  Social media campaign (e.g., Facebook, Instagram, TikTok, Twitter, etc.)[ ]  Out-of-home media campaign (e.g., bus wraps, billboards, bus stand posters, videos in clinics, posters at schools or in workplaces, etc.)[ ]  Development and/or distribution of Promotional Resources (e.g., posters/ pamphlets/ factsheets/ brochures) | [ ]  Development and/or distribution of branded collateral (e.g., clothing, bags, key chains, water bottles, smoke and vape free signs etc.)[ ]  Development and/or distribution of interactive promotional resources/branded collateral (e.g., games)[ ]  Community education (e.g., in schools, at mums and bubs groups etc.)[ ]  Community engagement, including social activities and events (e.g., fun runs, local sports events, World No Tobacco Day, NAIDOC, etc.)[ ]  Other type of activity. *Please list below.** *Name of Other Type of Campaign Activity*: \_\_\_\_\_\_
 |
| **Will this activity incorporate anti-vaping messages?\*** 🛈 | [ ]  Yes [ ]  No |
| **Aim(s) of Activity\*** 🛈 | [ ]  Aim 1: Reduce uptake of smoking or recreational use of vapes[ ]  Aim 2: Increase smoking or recreational vape cessation[ ]  Aim 3: Reduce exposure to second hand smoke or vape aerosol |
| **What is your call to action for this activity?** 🛈🛈 [Examples](https://www.healthyads.com/articles/call-to-action-examples/) |  |
| **Who is/are the intended target audience(s) of this activity?\*** 🛈🛈 If you are targeting a priority group other than those listed here | [ ]  Aboriginal and/or Torres Strait Islander men[ ]  Aboriginal and/or Torres Strait Islander women[ ]  Priority group: Aboriginal and/or Torres Strait Islander pregnant people and their families[ ]  Priority group: Aboriginal and/or Torres Strait Islander young people (aged 12-24)[ ]  Priority group: Aboriginal and/or Torres Strait Islander people residing in remote areas[ ]  Aboriginal and/or Torres Strait Islander people who do not attend ACCHOs/AMS[ ]  Other* *If Other, please specify:* \_\_\_\_\_
 |
| **Start Date** 🛈 | Click or tap to enter a date. |
| **Expected Activity Finish Date** 🛈 | Click or tap to enter a date. |
| **Number of times activity will run between the start and expected finish dates.\*** 🛈Please focus your answer on how many times the activity happened in the IREG you are reporting on, and in the six-month period you are reporting on. | [ ]  Activity will be developed, but not delivered to target audience during this time period.[ ]  Activity will be delivered to target audience one time (one-off event) during this time period.[ ]  Activity will be delivered to target audience 2-10 times during this time period.[ ]  Activity will be delivered to target audience more than 10 times during this time period.[ ]  Activity will be accessible to the target audience continuously during this time period. 🛈 |
| Activity Design |
| **Will any type of input from the local community be used in the development of this activity?\*** 🛈 | [ ]  Yes [ ]  No |
| If you selected **Yes,****What type(s) of input from the local community will be or has been used in the development of this activity?\*** 🛈 🛈 If you plan to consult with people or groups from the local community that are not listed | [ ]  TIS program Aboriginal and/or Torres Strait Islander reference group[ ]  Community yarning or focus group[ ]  Consultation with priority group (e.g., we shared ideas and drafts with priority group members to comment on)[ ]  Co-design with priority group (e.g., priority group members were involved side-by-side with the TIS team in designing and creating aspects of this activity)[ ]  Other* *If Other, please specify Other Type of Input:* \_\_\_\_\_\_
 |
| Partnerships |
| **Will your TIS Team work with external organisations or community members to deliver this activity?\*** 🛈 | [ ]  Yes [ ]  No |
| If you selected **Yes,****What type(s) of organisations/services or community members will you work with in the delivery of this particular activity?\*** 🛈🛈 If you are planning to partner with an individual not listed🛈 If there are other entities you are planning to partner with | [ ]  Local Government department[ ]  State Government department[ ]  Federal Government department[ ]  AMS/ACCHO[ ]  Mainstream health service[ ]  Community organisations[ ]  Sporting club[ ]  Network/interagency group | [ ]  Schools[ ]  Ambassadors/champions[ ]  Non-TIS funded services within your organisation[ ]  Non-TIS funded services within your sub-contracted partner organisations[ ]  Other types of individual community members* *If Other types of individual community members, please specify:* \_\_\_\_\_\_

[ ]  Other types of organisations* *If Other types of organisations, please specify:* \_\_\_\_\_\_
 |
| Activity Delivery |
| [**Coverage: Please select the Local Government Areas (LGAs) within your IREG that will be reached by this activity.\*** 🛈](https://tacklingsmoking.org.au/about-the-tis-program/tis-teams/) |  |
| **Coverage: Please list the names of the communities within your IREG that will be reached by this activity.\*** |  |
| **Exposure: How many people do you expect will be exposed to the TIS message during the timeframe covered by this plan?\*** 🛈 | Number of Aboriginal and/or Torres Strait Islander people: \_\_\_ |
| **Engagement:** **How many people do you expect to engage with this activity?\*** 🛈 | Number of Aboriginal and/or Torres Strait Islander people: \_\_\_ |
| Monitoring & Evaluation Outcomes |
| **What outcomes do you expect to achieve as a result of this activity?\*** 🛈 |
| If you indicated earlier that this activity is linked to **Aim 1** – Reduce uptake of smoking or recreational use of vapes**:** **Please fill in the following expected results** 🛈 | Percentage of activity participants who will increase their knowledge about harms of tobacco and vape use: |  |
| Percentage of activity participants who will increase their knowledge of the benefits of not using tobacco or vapes: |  |
| Percentage of activity participants who will decrease their intention to use tobacco or vapes: |  |
| Percentage of activity participants who will achieve other usage outcomes: |  |
| If you indicated earlier that this activity is linked to **Aim 2** – Increase smoking or recreational vape cessation: **Please fill in the following expected results** 🛈 | Percentage of activity participants who will increase their knowledge about the benefits of quitting: |  |
| Percentage of activity participants who will increase their intentions to take steps towards cessation of tobacco or vape use: |  |
| Percentage of activity participants who will achieve other cessation outcomes: |  |
| If you indicated earlier that this activity is linked to **Aim 3** – Reduce exposure to second-hand smoke or vape aerosol: **Please fill in the following expected results** 🛈 | Percentage of activity participants who will increase their knowledge about the benefits of creating and maintaining smoke-free spaces: |  |
| Percentage of activity participants who will increase their intentions to avoid second hand smoke: |  |
| Percentage of activity participants who will increase their intentions to create smoke-free environments (e.g. homes, workplaces, cars): |  |
| Percentage of activity participants who will increase their intentions to attend smoke-free public spaces and events: |  |
| Percentage of activity participants who will achieve other exposure outcomes: |  |
| **Which method(s) did you use to measure all outcomes from this activity, in this 6-month period?\*** 🛈 | [ ]  Online or in-person survey[ ]  Informal chats with some activity participants/attendees[ ]  Interviews[ ]  Focus Groups[ ]  Observation | [ ]  Yarning circles[ ]  Collected smoke-free pledges[ ]  Data counts (for example, number of attendees, social media metrics, etc.)[ ]  Other* *If other, then please specify*: \_\_\_\_\_\_
 |

## For each additional activity, please duplicate the above table and paste it below. Fill in required details for each activity.

## Activity name: \_\_\_\_\_\_\*

Copy table and paste here.

## Activity name: \_\_\_\_\_\_\*

Copy table and paste here.

## Activity name: \_\_\_\_\_\_\*

Copy table and paste here.

## Activity name: \_\_\_\_\_\_\*

Copy table and paste here.

## Activity name: \_\_\_\_\_\_\*

Copy table and paste here.

# Section 2 Supporting Smoke Free Environments

This section requires you to provide information about the number of environments you will help make smoke-free.

## Smoke-Free Organisations

|  |  |
| --- | --- |
| **How many organisations do you plan to assist to establish a smoke-free or vape-free policy?\*** 🛈 |  |
| **How many organisations do you plan to assist to review an existing smoke-free or vape-free policy?\*** 🛈 |  |
| **How many organisations do you plan to help implement an existing smoke-free or vape-free policy?\*** 🛈🛈 Examples |  |

## Smoke-Free Public Spaces and Homes

|  |  |
| --- | --- |
| **How many events do you plan to assist to be smoke-free or vape-free?\*** 🛈 |  |
| **How many homes do you plan to support to become smoke-free or vape-free?\*** 🛈🛈 Examples |  |
| **How many pledges to keep homes smoke-free and vape-free do you plan to support?\*** 🛈 |  |