Connie the Clever Cockie Presents

Tobacco Control News

Research Roundup August 2024

Strengthening Health Promotion to Tackle Indigenous Smoking

Hi TIS Teams!

Welcome to this month's research roundup on strengthening health promotion to tackle Indigenous smoking.
I am excited to share five papers that show how using 'systems thinking' and prioritising community engagement can improve health equity in tobacco control.

The first paper (Canuto et al., 2021) reviews Aboriginal and Torres Strait Islander health promotion programs aimed at reducing chronic disease risk factors. These factors include tobacco smoking, nutrition, alcohol consumption, physical activity, and social and emotional wellbeing. The review found 71 health promotion programs, including 23 programs targeting tobacco use. Most programs focused on building personal skills and creating supportive environments.

The second paper (Mills et al., 2023) describes how individual, environmental and other factors influence cigarette smoking in priority groups in the USA. The researchers identified 24 factors related to cigarette smoking which they present as a 'causal loop diagram' (CLD). They used this CLD to explore the potential impact of three tobacco control policies (smoke-free policies in public housing, menthol cigarette bans and pricing) on cigarette smoking.

The third paper (Schlechter et al., 2021) explains how community engagement helped improve the reach and impact of an evidence-based tobacco cessation treatment run by Quitline in Utah, USA. This study shows how important it is to build trust and partnerships with community, adapt activities to meet their needs, and provide ongoing support and resources.

I have also included two commentary papers in this update. A commentary paper provides expert insights and opinion on a topic. The first paper (Souter et al., 2022) looks at ways to improve health promotion for Aboriginal and Torres Strait Islander men in remote and rural areas of Australia. The second paper (Tan et al., 2022) suggests ways to improve tobacco control research to achieve health equity.

You can read my more in-depth reviews of these papers below.

What is "systems thinking"?

Systems thinking helps us understand how society is organised and how health and social care services can work together for tobacco control in different contexts. The TIS program is part of a larger system that includes:

- National and local tobacco control actions (e.g., plain packaging, advertising bans, smoke-free laws)
- Preventative and primary healthcare services (e.g., smoking cessation clinics, Quitline, health checks, maternity care)
- Educational and social services (e.g., schools, housing associations, wellbeing services)

Systems thinking helps us understand how society is organised and how health and social care services can work together for tobacco control in different contexts.

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In-depth Paper Reviews:

Canuto, K. J., Aromataris, E., Burgess, T., Davy, C., McKivett, A., Schwartzkopff, K., Canuto, K., Tufanaru, C., Lockwood, C., & Brown, A. (2021). A scoping review of Aboriginal and Torres Strait Islander health promotion programs focused on modifying chronic disease risk factors. Health Promotion Journal of Australia, 32(1), 46- 74. https://doi.org/https://doi.org/10.1002/hpja.307

This paper reviews Aboriginal and Torres Strait Islander health promotion programs that address key risk factors for chronic disease: tobacco smoking, poor nutrition, alcohol consumption, physical inactivity and social and emotional wellbeing. The review found 83 published articles, which described 71 unique health promotion programs, including 23 focused on tobacco use. These programs are run in various health and community settings across all states and territories in Australia, from major cities to remote communities.

Take Home Message:
Changing complex behaviours like smoking, needs a coordinated health promotion effort. 'Systems thinking' helps us understand these behaviours by showing how different factors are connected, including our environment, social influences, and financial situation. Considering social, historical and cultural influences on smoking helps us develop better strategies to promote behaviour change. Using the five key action areas and three strategies of the Ottawa Charter can further strengthen our efforts to reduce chronic disease in the community.

Key Findings:
- Most programs are based in Queensland and delivered in community settings
- 23 programs focused on preventing or reducing smoking in the community
- Half of the programs address more than one risk factor, mainly tobacco smoking and nutrition
- Of the key action areas of the Ottawa Charter:
  - Most programs focused on building 'personal skills', mainly through education
  - 'Creating supportive environments' was an important part of programs that also aimed to be culturally appropriate
  - Very few programs reported strategies to 'empower the community', 'develop healthy p ublic policy' or 'reorient health services'
- Most programs used a multi-disciplinary approach. For example, delivering a program through an Aboriginal Community Controlled Health Organisation (ACCHO). Because ACCHOs are community-owned and controlled primary health care services, they can create a supportive environment that encourages community involvement and empowerment.
- Monitoring and evaluating programs are important for sharing results and lessons learned, including strategies that may not have worked.

Study Limitation:
- Several health promotion programs are not published in the research literature and therefore were not included in this review.
- Health promotion programs published in the research literature after June 2015 were not included in this review.
- Many of the programs reviewed did not prioritise monitoring and evaluation, which makes it harder to measure their impact in Aboriginal and Torres Strait Islander communities.

American Research

Mills, S. D., Golden, S. D., O'Leary, M. C., Logan, P., & Hassmiller Lich, K. (2023). Using systems science to advance health equity in tobacco control: a causal loop diagram of smoking. Tob Control, 32(3), 287-295. https://doi.org/10.1136/tobaccocontrol-2021-056695

This study developed a 'causal loop diagram' (CLD see text box), to understand the factors influencing cigarette smoking among racial/ethnic minority groups and low-income adults in the USA. To create this CLD, the researchers reviewed existing literature and interviewed 19 tobacco control stakeholders to identify key factors related to cigarette smoking. The factors were grouped into three categories – individual, environmental, and fundamental (or root cause). By identifying these factors, the researchers could test their potential impact on three tobacco control policies – smoke-free policies in public housing, menthol cigarette bans and pricing.

Take Home Message:
Smoking behaviours are part of a complex system affected by different individual, environmental and fundamental (root cause) factors. Understanding how these factors interact in your local environment is important for tobacco control. By working with local stakeholders and community members, you can identify the challenges and opportunities unique to your service area. This knowledge can help guide the development and evaluation of your TIS activities and may lead to new ways of addressing smoking and vaping in the communities you work in.

Key Findings:
24 factors were found in the CLD for cigarette smoking. For example:

Individual Factors
- **Addiction and cravings:** Smoking is very addictive, and cravings make it hard to quit. Helping people manage these can increase their chances of stopping.
- **Stress and anxiety:** People often smoke to cope with stress. Reducing stress can make quitting easier.
- **Feeling in control:** When people feel confident and in control, they're more likely to succeed in quitting.

Environmental Factors
- **Normalisation of smoking:** If smoking is common and accepted in a community, it's harder for people to quit. Changing this view helps.
- **Family and friends who smoke:** If people are around others who smoke, they're more likely to smoke too. Having non-smoking role models can help.
- **Smoke-free places:** Making homes and workplaces smoke-free supports people in quitting and reduces exposure to smoke.
- **Access to quit programs:** Having easy access to support and programs to quit smoking is crucial.

Fundamental Factors
- **Targeted tobacco marketing:** Tobacco companies often target specific groups with their advertising. Recognising and fighting against this helps prevent smoking.
- **Culturally relevant healthcare:** It's important to offer quit services that respect and meet the needs of different communities.
- **Systemic racism and discrimination:** Racism and discrimination are factors that can lead to higher smoking rates, addressing these issues is important to helping people quit.

'Structural racism' and 'tobacco companies' profit maximisation efforts' had the most influence on uptake of smoking.

Stress and anxiety, normalisation of smoking, and product and flavour availability were also found to be significant in influencing smoking prevalence.

Study Limitation:
- This CLD was developed for the general American context so may not apply to other contexts.
- Although the CLD identifies several factors related to cigarette smoking, it does not cover all potential factors. It should be used as a starting point for exploring smoking-related factors in specific communities.
- The CLD was developed with feedback from a small group of stakeholders. Getting input from more people who smoke, local community members, and other organisations working outside of tobacco control could make it more useful.

What is a 'causal loop diagram'?
A causal loop diagram is a tool used in systems thinking to show how different factors (variables) in a system influence each other. It helps to visualise how these factors are connected and how changes in one factor can affect others over time. In this diagram, you'll find:

Variables: These represent the different factors in the system.

Arrows: These indicate how one factor affects another.

Loops: These show feedback, which can be either reinforcing (positive) or balancing (negative).

This diagram is useful for understanding the complex dynamics of a system by illustrating how factors interact and how feedback processes impact overall behaviour, such as smoking. For more information about causal loop diagrams, click here.

Schlechter, C. R., Del Fiol, G., Lam, C. Y., Fernandez, M. E., Greene, T., Yack, M., Schulthies, S., Nelson, M., Bohner, C., Pruhs, A., Siaperas, T., Kawamoto, K., Gibson, B., Nahum-Shani, I., Walker, T. J., & Wetter, D. W. (2021). Application of community-engaged dissemination and implementation science to improve health equity. Prev Med Rep, 24, 101620. https://doi.org/10.1016/j.pmedr.2021.101620

This paper describes the community engagement process used to develop and implement a research project called "community-engaged dissemination and implementation research" (CEDI). This approach brings together stakeholders with diverse perspectives, experience, and skills – for example, community members, practitioners, and community organisations. Their input provides valuable knowledge about the local context, priorities, needs, and resources. The goal of this project was to increase the reach and impact of a tobacco cessation treatment delivered by Quitlines, among patients at Community Health Centres (CHCs) across Utah, USA. The community engagement process followed the nine principles of community engagement (see text box) from the Centre for Disease Control and Prevention and the National Institutes of Health.

Take Home Message:

Partnerships based on shared goals, mutual respect, and the sharing of resources and data make health promotion efforts more effective and sustainable. If you haven't done so already, consider planning a community engagement strategy. It's important to know when and how to involve community stakeholders and partners and to clearly define their roles. Documenting these processes helps create local evidence and supports the development of best practices for health promotion in Aboriginal and Torres Strait Islander communities.

Key Findings:

Researchers formed partnerships between Utah's Primary Care Association, 32 clinics in 11 CHCs, the Utah Department of Health, and an academic research centre to bring together diverse skills and knowledge.

A key part of the partnership was a 'CHC Liaison' who connected everyone and shared valuable experience and knowledge during the community engagement process.

Three main community engagement activities were:

1. Creating patient and study advisory committees.
2. Working with CHC clinic staff to review the processes used to address tobacco use by patients (including referrals to Quitline)
3. Adapting strategies to promote the tobacco cessation treatment based on local context, feedback from community partners, and the review of CHC clinical processes.

The success of these partnerships was due to:

1. Shared goals
2. Mutual respect
3. Sharing resources and data

Nine Principles of Community Engagement for TIS:

**Before engaging with the community:**

1. Be clear about the goals of your TIS program and the communities you want to work with.

2. Learn about the community's strengths, culture, local networks, values, and history. Understand their experiences with similar programs and how their views on smoking and vaping.

While engaging with the community:

3. Connect with the community, build strong relationships, and work with known community leaders. Encourage their involvement and commitment to reducing smoking and vaping in the community.

4. Support the community's right to make its own decisions about smoking and vaping. Empower them to protect their communities from the harm of smoking and vaping.

For effective community engagement:

5. Work together with the community to drive positive change and improve health.

6. Respect the community's diversity in all aspects of your program. Be mindful of different cultures and strengths when planning and running your TIS activities.

7. Keep engagement going by building on the community's existing strengths and resources. Help them strengthen their ability make healthier choices.

8. Share leadership with the community and be flexible to meet their needs.

9. Commit to a long-term partnership with the community and your organisation's partners.
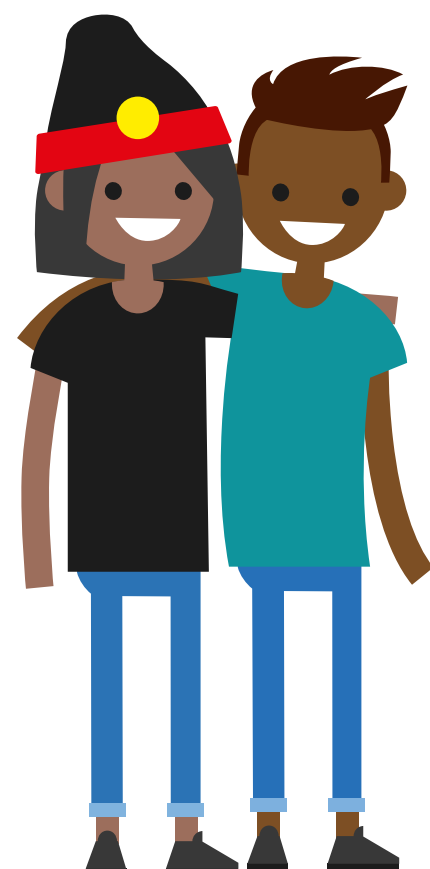
Souter, J., Smith, J. A., Canuto, K., & Gupta, H. (2022). Strengthening health promotion development with Aboriginal and Torres Strait Islander males in remote Australia: A Northern Territory perspective. Australian Journal of Rural Health, 30(4), 540-543. https://doi.org/https://doi.org/10.1111/ajr.12878

This article outlines strategies to improve health promotion for Aboriginal and Torres Strait Islander men in rural and remote communities. Key recommendations include:

• Recognise that there are different views on what it means to be an Aboriginal and Torres Strait Islander man, and that traditional views can influence how men see their health.
• Use a strengths-based approach that values leadership, sport, music, and art.
• Deliver health promotion in places that are meaningful like sports clubs or on country.
• Aboriginal and Torres Strait Islander men are more likely to engage with male health professionals they trust, and building that trust takes time.
• Cultural competence training and learning the local language should be mandatory for health professionals working in rural and remote communities.
• Support self-determination by involving Aboriginal and Torres Strait Islander communities in planning and delivering health promotion.

Take Home Message:

To better connect with Aboriginal and Torres Strait Islander men, especially in remote areas of the Northern Territory, health promotion should be in partnership with the community and delivered in places that are relevant to them. Building trust, respecting cultural values, and supporting self-determination are key to effective health promotion.

Tan, A. S. L., Hinds, J. T., Smith, P. H., Antin, T., Lee, J. P., Ostroff, J. S., Patten, C., Rose, S. W., Sheffer, C. E., & Fagan, P. (2022). Incorporating Intersectionality as a Framework for Equity-Minded Tobacco Control Research: A Call for Collective Action Toward a Paradigm Shift. Nicotine & Tobacco Research, 25(1), 73-76. https://doi.org/10.1093/ntr/ntac110

This article explains why 'intersectionality' is important for tobacco control research. Intersectionality, a concept developed by Kimberlé Crenshaw in the late 1980s, helps us understand why some people are more affected by tobacco use than others. Intersectionality recognises that people's lives are shaped their experiences and opportunities related to characteristics such as race, class, gender, sexuality, age and (dis)ability. Studies of tobacco use often treat these characteristics separately. For example, they might describe smoking prevalence in men, women and non-binary people, or consider smoking rates in low-income vs higher income social groups. According to intersectionality we need to think about how differences in smoking behaviours are influenced by all these characteristics together, not separately. In particular, we need to consider how discrimination – racism, sexism, ageism etc – shapes a person's experiences and leads to health inequities. The authors recommend various strategies at different levels to address these differences. Key actions to consider include:

• Recognise that issues like racism and power imbalances shape a person's lived experience and can contribute to the harm caused by commercial tobacco use.
• Work with communities at all stages, from planning to evaluating health promotion activities.
• Consider cultural and language needs in your activities and resources.
• Understand the difference between commercial and traditional tobacco use.
• Use person-first language, like 'people who smoke,' to show respect and support.

Take Home Message:

Using these actions can make health promotion more effective and inclusive for everyone in the community.

Take Home Message for TIS Teams

Health promotion programs, like TIS, are essential for improving the health and wellbeing of Aboriginal and Torres Strait Islander communities. Tobacco control is complex but using a 'systems thinking' approach can make a real difference. To strengthen health promotion to tackle Indigenous smoking, it is important to collaborate closely with local communities from the very beginning. This means working together in the planning, development, and evaluation of your program. Ongoing engagement with community members and partners at every stage is key to the success of the TIS program. By understanding local needs and respecting cultural values, you can create programs that truly connect with the community. Plan and run activities in places that are familiar and meaningful to the community to ensure they are relevant and effective. Supporting self-determination is also important. By valuing and including the leadership of Aboriginal and Torres Strait Islander communities, the TIS Program can make significant progress in reducing smoking and vaping across Australia.