



# Evaluation of the Tackling Indigenous Smoking Program 2023- 24 to 2026-27

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**Full Wave 1 Report (July 2023 – December 2024)**

30 May 2025



# ACKNOWLEDGEMENTS

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## **Acknowledgment of Country:**

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters in which we work and the knowledge-holders of the oldest continuous cultures in the world. We pay our respects to Elders past and present.

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- control the recording of cultural customs, expressions and language that may be intrinsic to cultural identity, knowledge, skill and teaching of culture
- publish their research results.

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## LIST OF ACRONYMS

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ANU	Australian National University
AWP	Activity Work Plan
CIRCA	Culturally Inclusive Research Centre Australia
DSS	Department of Social Services
FAM	Funding Agreement Manager
GOG	Grant Opportunity Guideline
IREG	Indigenous Region
LGA	Local Government Area
NBPU	National Best Practice Unit
NSW AHMRC	New South Wales Aboriginal Health & Medical Research Centre
PR	Performance Report
RTCG	Regional Tobacco Control Grant
SA AHREC	South Australia Aboriginal Health Research Ethics Committee
TIS	Tackling Indigenous Smoking
TIS TAG	TIS Technical Advisory Group
WAAHEC	Western Australia Aboriginal Health Ethics Committee

# 1. EXECUTIVE SUMMARY

The Tackling Indigenous Smoking (TIS) program is a national evidence-based population health program designed to reduce the prevalence of smoking and e-cigarette use amongst Aboriginal and Torres Strait Islander peoples.

CIRCA has been commissioned to evaluate the 2023-24 to 2026-27 iteration of the TIS program. The purpose of CIRCA's evaluation of this iteration of the program is to:

- assess the extent to which the conditions have been met for the TIS program to achieve its objectives,
- capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and
- determine where program improvements can be made.

This report communicates findings from:

- Interviews and focus groups with TIS National Support stakeholders undertaken between October and November 2024
- Telephone or online interviews with TIS Coordinators facilitated between August and December 2024
- Online surveys with TIS CEOs and TIS staff conducted between September and December 2024
- Analysis of 33 Activity Work Plans (AWPs) submitted by TIS teams in July 2024, with comparisons being made with the data from the AWP submitted in July 2023
- Analysis of 33 Performance Reports (PRs) submitted by TIS teams for the Jan – Jun 2024 reporting period, with comparisons being made with the data from the PRs for the Jul – Dec 2023 period
- Analysis of the NBPU progress report

Below are the key findings from our research.

**Evaluation question A: To what extent have the conditions been created for the TIS program to achieve its objectives?**

**Sub-question A1:** *To what extent are TIS teams reaching all communities within the IREGs, all Aboriginal and Torres Strait Islander peoples living within the IREGs, priority groups, and people who do not attend ACCHOs? What are the barriers and enablers to TIS teams being able to achieve full reach and what could be improved?*

- We found that by June 2024, TIS teams reported **reaching 61% of all communities** (LGAs) in the IREGs, up from 42% in the six months prior.
- TIS teams also reported **reaching roughly 15% of all Aboriginal and Torres Strait Islander peoples** living within the IREGs.
- Across most IREGs, TIS teams reported **reaching 0 to 24% of people in priority groups**.
- Due to a lack of data, we were unable to provide an estimate for the percentage of people reached who do not attend ACCHOs; however, we used a proxy measure and found that **more than half** of TIS activities were reported to **reach people who do not attend ACCHOs**.
- We found that TIS teams identified the following **enablers** to achieving full reach:
  - **Building and maintaining relationships** with the communities, community organisations and other stakeholders, which was supported by having TIS staff who are well connected to their own communities
  - **Connecting TIS events and messages to significant cultural or community events**
  - Using **multiple platforms, modes, and channels to promote** TIS messages or events
  - **Developing interactive and engaging activities**, as well as incentivising participation
  - **Tailoring** programs and activities to the target communities
  - **Co-designing** activities with the target communities
  - **Applying lessons on what boosts engagement** when designing programs and activities
  - **Strategic planning of the logistics** of TIS events or messages
- TIS teams identified the following barriers to achieving full reach: **environmental factors such as geographic barriers and weather, the process of establishing partnerships** with other organisations to deliver TIS activities or messages, and **difficulties in hiring and retaining appropriately skilled staff**.
- TIS teams provided multiple suggestions for improving the reach of the TIS program in their jurisdictions. Most suggestions included **activating the enablers** discussed above, such as strategically planning logistics, building partnerships, developing interactive materials/activities, and effectively promoting TIS activities or events. In addition, TIS Coordinators and staff identified other suggestions, including:
  - Having access to more funds for TIS teams, increasing staffing, and resources



- Having access to appropriate and accessible training for TIS staff
- Tailoring programs to various target communities

**Sub-question A2:** *To what extent do TIS teams engage with local communities and services? What are the barriers and enablers to engagement between TIS teams and local communities and services?*

- We found that one year into the TIS funding period, **strong partnerships exist between TIS teams and local quit support services** as a large number of partnerships and referrals were being made.
- TIS teams **frequently engaged** external organisations and community members in the design and delivery of their activities, most often through **consultations, yarning or focus groups**.
- External organisations and individuals were more likely to provide **support to TIS teams than to lead or advocate** for tobacco and e-cigarette control activities.
- **The level of support and leadership** for TIS from communities and services **varied significantly across different IREGs**. This suggests that **while some regions have strong local engagement, in other IREGs, engagement with organisations or community members can be improved**.
- **TIS team staff and their relationships** with local communities and organisations represent the most significant enablers and barriers to engagement between TIS teams and local communities, external organisations, community members, and services.

**Sub-question A3:** *To what extent are TIS teams implementing culturally safe and evidence-based activities about the harms of tobacco and e-cigarette use, the benefits of never smoking, quitting smoking, and reducing exposure to second-hand smoke and/or aerosol? What are the barriers and enablers to TIS teams implementing culturally safe and evidence-based activities?*

- We found **strong evidence of the cultural safety of the TIS program**, with the majority of TIS activities being culturally grounded in local ideas and languages.
- TIS teams embedded cultural safety in their activities by **tailoring TIS activities to meet the cultural and contextual needs of each of their target communities**. TIS teams ensured cultural safety by seeking community feedback when designing and delivering TIS activities, using resources produced by local community members, and providing cultural training and resources to TIS teams.
- However, **most TIS teams did not share the data** on program outputs and outcomes **with the community**. This is one of the only aspects of cultural safety that the TIS teams need to improve on, by sharing data with the community.

- The few TIS teams that shared data used various channels to do so, such as yarnning sessions, community representatives, social media, summary sheets, as well as in other ways appropriate for the respective communities.
- The **majority (97%) of TIS activities delivered were evidence-based.**
- Both TIS teams and National Support stakeholders acknowledged that **TIS teams are not just using evidence, but also actively expanding the evidence base** by conducting their own consultations and research to understand what works for the communities.
- The **involvement of Aboriginal and Torres Strait Islander staff**, especially those from the target communities, was identified as a **major enabler of cultural safety**. **Barriers** to TIS teams implementing culturally safe activities were **difficulty recruiting Aboriginal and Torres Strait Islander staff from the target communities and difficulty meeting the diverse cultural needs of different Aboriginal and Torres Strait Islander communities.**
- **Enablers** to TIS teams implementing **evidence-based** activities included **access to resources as well as learnings from NBPU and other TIS teams**. **Barriers** to using evidence-based approaches in TIS activities were **high staff turnover and lack of appropriate training for TIS staff.**
- According to TIS Coordinators, there is a **need for inter-organisational sharing of information** to support more evidence-based activities. TIS Coordinators suggested that organisations working in similar contexts, i.e., remote, regional, or metro should be supported to collaborate and interact more effectively to share what works and what does not.

***Sub-question A4:** To what extent are TIS teams supported by their organisations and the National Supports to do their work effectively? What have been the most effective forms of support and what could be improved?*

- TIS teams received **various forms of support** from the National Supports to do their work effectively. The **most frequently used** forms of support were **jurisdictional workshops** and the **TISRIC website**.
- Nearly a quarter of TIS staff survey respondents said they have not had any communication with, or support from the National Support stakeholders since the start of the TIS program.
- TIS Coordinators and staff found the **most effective forms of support** to be the **jurisdictional workshops, assistance with AWP and PRs, the NBPU newsletter, and updates from the National Coordinator**.
- National Supports had a **positive impact on the knowledge** of TIS CEOs about eligible activities, expenditure requirements, appropriate partnership arrangements, permissible spending,

population health approaches, but a **lesser impact on knowledge about permissible staffing arrangements.**

- Overall, National Supports also had a **positive impact on the administrative performance** of TIS teams. Administrative performance of TIS teams refers to: undertaking only eligible activities, producing AWP, monitoring and learning from activities and outcomes, using all allocated TIS budget, using TIS budget only for TIS activities, staffing and managing the TIS team appropriately, and effectively managing partnerships with sub-contracted organisations.
- TIS Coordinators and staff suggested several things to improve the support from National Support stakeholders and their organisations, including:
  - **Better promotion of support** provided by the NBPU,
  - **Better sharing** of information and NBPU resources **between the TIS lead organisations and their subcontracted organisations**, and
  - Greater **transparency for TIS staff regarding the funding** available to the organisation for TIS activities.

**Evaluation question B: To what extent do TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level? What do TIS teams think have been the most successful activities and why? What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?**

- TIS teams reported **greatest success in:**
  - **increasing knowledge** about the harms of using tobacco and e-cigarettes, and the **benefits of not using tobacco and e-cigarettes**, with more than 75% of activities yielding changes in these knowledge domains.
- TIS teams reported **moderate success in:**
  - **increasing knowledge** about the benefits of quitting smoking and the **benefits of smoke-free spaces**,
  - **increasing intentions** to stop tobacco or e-cigarette use and to **create smoke- or aerosol-free environment**, and
  - **decreasing intentions** to use tobacco or vapes, with around 60% of activities yielding positive changes in these three domains.
- TIS teams had **less success in increasing people's intentions to:**
  - **avoid second-hand smoke or aerosol**, or

- **attend smoke-free spaces and events.**

- Across activity types, TIS teams reported the **development of interactive promotional resources** to be the **most successful** in changing knowledge and intentions to avoid second-hand smoke or aerosol and avoid smoke-free spaces and events.
- TIS teams reported that **their biggest challenge** to changing knowledge and attitudes has arisen when working with communities where **smoking was widespread and there was resistance to change**. One **effective** approach to countering this resistance was **integrating anti-smoking messages into cultural or community events**, which helped demonstrate that cultural traditions and health initiatives can coexist.

## Implications/Recommendations

### Reach of the TIS program

- While **exposure and engagement** with TIS activities and messages **have increased**, there remains room for improvement. This suggests that TIS teams need **additional support to increase exposure and engagement with their activities and messaging**.
- To improve reach, TIS teams need additional support in **establishing partnerships and hiring and retaining appropriately skilled staff**.

### Engagement with local communities and services

- While the majority of TIS teams worked collaboratively with other non-TIS funded organisations and communities, there was **great variability across IREGs; TIS teams in some IREGs reported more local engagement than others**. So, the Department of Health, Disability and Ageing and NBPU should **continue to encourage and support TIS teams to better engage with local communities and services**.

### Use of culturally safe and evidence-based approaches

- **Cultural safety** is a **strength** of the TIS program. However, TIS teams need support with identifying **the most culturally appropriate ways to collect and share data**.
- At meetings with all TIS teams, **organisations should have more opportunities to connect with others operating in similar geographic contexts** (e.g., metro, regional, remote), for example, by setting roundtables or group discussions. Since approaches to program implementation and community engagement can significantly differ between these settings, **grouping similar organisations together can allow for more relevant discussions and meaningful exchange of information**, especially about what works and what doesn't—when implementing evidence-based approaches.

### Support for TIS teams

- **Information about NBPU support needs to be better promoted** to TIS teams, including the types of support that NBPU provides, the support it does not provide, and how to access the available support.
- **Regional Tobacco Control Grant (RTCG) recipients should create better channels for sharing advice and support received from NBPU with their subcontracted organisations.**
- TIS staff would like **greater transparency about the funding available** to their organisations for TIS activities.
- TIS teams and CEOs would **benefit from a refresher on permissible staffing arrangements.**
- **To enable strong partnerships and to facilitate sharing of information and resources** across their IREGs, all RTCG recipients should be encouraged to **take a lead in managing subcontractors and holding regular check-ins with them.**

#### Changing knowledge and attitudes towards tobacco and e-cigarette control at the community level

- While it might be easier for TIS teams to influence shifts in knowledge, it is harder to influence changes in intentions and behaviours. Thus, TIS teams might continue to **need support from National Supports to better influence behaviour changes in the communities.** It is also possible that more time is required to observe changes in intentions and behaviours, and therefore, we should be able to see if there are increases in changes in intentions as the program continues to mature.
- TIS teams reported that **their biggest challenge** was working with communities where **smoking was widespread and there was resistance to change.** This suggests that when smoking is deeply ingrained in a community, TIS teams need additional support to shift knowledge and attitudes. One **effective** approach was **integrating anti-smoking messages into cultural or community events.** This helped demonstrate that cultural traditions and health initiatives can coexist, and that addressing tobacco use can be a step towards addressing historical injustices faced by Aboriginal and Torres Strait Islander peoples. TIS teams who are struggling to shift ingrained attitudes might want to consider this approach in future TIS activities.

## 2. INTRODUCTION

### 2.1 Background

Tobacco use is one of the leading causes of death among Aboriginal and Torres Strait Islander peoples in Australia<sup>1</sup>. It contributes to 37% of all Aboriginal and Torres Strait Islander deaths, and to half of Aboriginal and Torres Strait Islander deaths at 45 and over<sup>2</sup>. Therefore, reducing the rates of tobacco and e-cigarette use among Aboriginal and Torres Strait Islander peoples is important.

Efforts to reduce tobacco use have made a difference. From 2004-06 to 2018-19, there was a 9.8% reduction in the prevalence of daily smoking among adult Aboriginal and Torres Strait Islander peoples<sup>3</sup>.

However, recent research suggests that an increased use of vapes among Aboriginal and Torres Strait Islander peoples could potentially undermine these impressive gains. Analysis of the 2018-19 National Aboriginal and Torres Strait Islander Health Survey shows that among Aboriginal and Torres Strait Islander peoples, young men in urban areas are highly likely to vape<sup>4</sup>.

Effective approaches to promoting smoking and e-cigarette cessation within Aboriginal and Torres Strait Islander communities that have been recommended in the literature include:

- having Aboriginal and Torres Strait Islander leadership drive the development and deployment of interventions that are culturally appropriate,
- taking a holistic approach to health promotion, and

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<sup>1</sup> Australian Institute of Health and Welfare (2022) *Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018*. Australian Burden of Disease Study series no. 26, catalogue number BOD 32, AIHW, Australian Government.

<sup>2</sup> Thurber K, Banks E, Joshy G, Soga K, Marmor A, Benton G, et al. (2021) Tobacco smoking and mortality among Aboriginal and Torres Strait Islander adults in Australia. *Int J Epidemiol*;50(3):942–54.

<sup>3</sup> Australian Bureau of Statistics. (2019). *National Aboriginal and Torres Strait Islander Health Survey, 2018-19*. Canberra: Australian Bureau of Statistics.

<sup>4</sup> Thurber, K.A., Walker, J., Maddox, R., Marmor, A., Heris, C., Banks, E., Lovett, R. (2020). A review of evidence on the prevalence of and trends in cigarette and e-cigarette use by Aboriginal and Torres Strait Islander youth and adults. Canberra: National Centre for Epidemiology and Population Health.

- developing a local Aboriginal and Torres Strait Islander workforce to deliver health promotion services<sup>5</sup>.

## 2.2 The Tackling Indigenous Smoking Program

The Tackling Indigenous Smoking (TIS) program is a national, evidence-based, population health promotion program designed to reduce the prevalence of smoking and e-cigarette use among Aboriginal and Torres Strait Islander peoples. Funded by the Department of Health, Disability and Ageing (the Department), the program began in 2010 and is currently in its fourth delivery period. Previous iterations of the program were run from 2010 to 2015, 2015-16 to 2017-18 and 2018-2019 to 2021-22.

The program draws on evidence-based best practices in population health for Aboriginal and Torres Strait Islander communities. A key characteristic of the program from the outset was that it was grounded in the “recognition that each region is different and [...] different mechanisms work in different regions”.<sup>6</sup> Consequently, the TIS program has been driven by the principles of being “flexible, [able to] support innovation and tailored to meet the needs of local communities”.<sup>6</sup>

The current round of TIS has been allocated \$60 million per year over five years from 2022-23 to 2026-27, where the first fiscal year period (2022-23) represented an extension of the prior TIS funding round. The key components of the current TIS funding round include:

- Regional Tobacco Control Grants (RTCG) to organisations to undertake evidence-based regional tobacco and e-cigarette control activities designed to meet local needs.
- The National Best Practice Unit (NBPU) to support RTCG recipients in planning and implementing evidence-based, outcomes-focused approaches, and in developing their monitoring and evaluation capabilities.
- A National Coordinator who provides high-level advice and insights, support, and leadership to assist in the shaping of policy and program approaches, and engagement with RTCG recipients.
- National reach and priority projects.
- Evaluation of the implementation of the national program (implemented by CIRCA).
- Impact and outcome assessment of the national program (implemented by the Australian National University [ANU]).

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<sup>5</sup> Chamberlain, C., Perlen, S., Brennan, S., Rychetnik, L., Thomas, D., Maddox, R., et al (2017). Evidence for a comprehensive approach to Aboriginal tobacco control to maintain the decline in smoking: an overview of reviews among Indigenous peoples. Systematic Reviews, 6. Retrieved from: <https://doi.org/10.1186/s13643-017-0520-9>

<sup>6</sup> Calma, T. (2011). Tackling Indigenous Smoking. Of Substance. Vol 9. No 2. p.29.

The objectives of the TIS Program are to:

- Reduce smoking rates among Aboriginal and Torres Strait Islander peoples by preventing the uptake of smoking and e-cigarettes and by promoting smoking and/or e-cigarette cessation.
- Reduce exposure to second-hand smoke and/or aerosol in homes, workplaces, cars, public spaces, and events for all Aboriginal and Torres Strait Islander peoples.

It is important to note that there are a large number of national, state/territory, regional and local initiatives that target smoking cessation in Aboriginal and Torres Strait Islander communities, and the TIS program operates within this broader environment. This is a key consideration for the national evaluation of the TIS program in relation to attributing change to TIS where other variables may impact on outcomes.

### Geographic reach of the program

In order to expand its coverage, the 2023-24 to 2026-27 round of the TIS program has shifted to aligning with the 37 ABS Indigenous Regions (IREGs). The rationale for this alignment was founded on evidence from the evaluation conducted by ANU and CIRCA (Evaluation 2018-19 to 2021-22). The ANU evaluation demonstrated that the TIS program had a positive impact on community attitudes and behaviours towards smoking, compared to areas where there was no TIS presence. The ANU evaluation also found gaps in TIS coverage. These included gaps in coverage of specific geographic areas as well as some of the Aboriginal and Torres Strait Islander population. The CIRCA evaluation likewise found beneficial aspects of the TIS program; however, this evaluation only examined areas serviced by TIS teams.

Based on these evaluation findings, in July 2021, the TIS Technical Advisory Group (TIS TAG) formulated advice to the Department of Health, Disability and Ageing about extending the program, which laid the foundation for aligning the service delivery regions with IREGs.<sup>7</sup>

Aligning TIS service regions with IREGs addresses these gaps for several reasons:

- Under the previous arrangements, TIS teams defined their own service regions. With this approach, there was a risk of the program not reaching Aboriginal and Torres Strait Islander peoples who did not use Aboriginal Community Controlled Health Services or those who lived outside the areas serviced by TIS teams. Using IREGs mitigates these problems by offering a systematic approach to defining service areas to ensure national coverage.

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<sup>7</sup> Tackling Indigenous Smoking Technical Advisory Group. Continued support for Tackling Indigenous Smoking (TIS): A policy paper prepared by the Tackling Indigenous Smoking Technical Advisory Group (TIS TAG). July 2021.



- IREGs are based on the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Map of Indigenous Australia<sup>8</sup>, reflecting historical boundaries and thus ensuring that the program respects and acknowledges traditional lands and communities.

In practice, this shift to IREG has meant that some recipients of RTCG now need to service a larger geographic area than they were servicing in previous rounds of the program. For many organisations, the size of the geographic area they are required to service means that they likely need to work in partnership with other organisations in the IREG.

### Regional Tobacco Control Grants

The Department of Health, Disability and Ageing funded a total of 26 organisations to deliver the 2023-24 to 2026-27 TIS program. These organisations and the IREGs which they are responsible to service are listed in Appendix 1: Regional Tobacco Control Grant Recipients. Of these 26 organisations, five were new to the TIS program, while the remaining 21 had been part of it in previous funding rounds.

## 2.3 Purpose and structure of the evaluation

The purpose of CIRCA's evaluation of the 2023-24 to 2026-27 TIS program is to:

- Assess the extent to which the conditions have been met for the TIS program to achieve its objectives.
- Capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes.
- Determine where program improvements can be made.

The evaluation will incorporate both formative (program improvement) and summative (program judgement) components. Formative evaluation will identify process or implementation findings that may contribute to ongoing refinement of the TIS program, assess barriers and enablers for effective implementation across the program, and identify opportunities for improvement. Summative evaluation will consider the extent to which the TIS program has met the anticipated short and medium-term program outcomes outlined in the program logic and seek to make an overall judgement about the suitability of the TIS program for continuation.

The approach for CIRCA's evaluation draws on both quantitative and qualitative data and will provide important information from stakeholders involved in implementing TIS about:

- Their experience of the implementation of the program.

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<sup>8</sup> Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). Map of Indigenous Australia. Accessed on 12 Mar 2025: <https://aiatsis.gov.au/explore/map-indigenous-australia>

- The extent to which the program is being implemented as intended.
- Their perceptions of progress towards achievements of program outcomes.

Rigorous and objective measurement of long-term outcomes and impact of the program (e.g. reduction in smoking and/or e-cigarette rates) is outside the scope of this part of the evaluation. Such measurements of long-term outcomes will be the focus of the evaluation that the ANU 'RTCG Impact and Outcomes Assessment' team undertakes. CIRCA's part of the evaluation will focus on the short-, medium- and long-term outcomes of the implementation of the TIS program.

## 2.4 Evaluation Questions

The following core questions guided CIRCA's evaluation:

- A. To what extent have the conditions been created for the TIS program to achieve its objectives?  
We will answer this question by focussing on these sub-questions:
  - 1) To what extent are TIS teams reaching all communities within the IREGs, all Aboriginal and Torres Strait Islander peoples living within the IREGs, priority groups, and people who do not attend ACCHOs? What are the barriers and enablers to TIS teams being able to achieve full reach and what could be improved?
  - 2) To what extent do TIS teams engage with local communities and services? What are the barriers and enablers to engagement between TIS teams and local communities and services?
  - 3) To what extent are TIS teams implementing culturally safe and evidence-based activities about the harms of tobacco and e-cigarette use, the benefits of never smoking, quitting smoking, and reducing exposure to second-hand smoke and/or aerosol? What are the barriers and enablers to TIS teams implementing culturally safe and evidence-based activities?
  - 4) To what extent are TIS teams supported by their organisations and the National Supports to do their work effectively? What have been the most effective forms of support and what could be improved?
- B. To what extent do TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level? What do TIS teams think have been the most successful activities and why? What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?

Each of these questions is supported by a series of sub-questions, outlined in Appendix 2: Evaluation Questions.

### 3. METHODOLOGY

Data collection for this evaluation will occur over three waves. This report is for Full Wave 1, and is based on data from AWP's and PRs, grant acquittal data, qualitative data from focus groups and interviews, quantitative data from online surveys, and document analysis.

See the column Full Wave 1 in Table 1 for details.

Table 1: Data collection methods for the TIS 2023-24 to 2026-27 program evaluation

	Preliminary Wave 1	Full Wave 1	Wave 2	Wave 3
Data sources	Primary data collection			
<b>Organisational staff and grant recipient organisations</b>	NA (due to delays with obtaining ethics approval)	<ul style="list-style-type: none"> <li>- <b>Telephone interviews</b> (60 minutes) with 37 TIS Coordinators/Managers</li> <li>- <b>Online survey</b> of all TIS staff</li> <li>- <b>Online survey</b> of all TIS Grant Recipient CEOs</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Telephone interviews</b> (60 minutes) with 37 TIS Coordinators/Managers</li> <li>- <b>Online survey</b> of all TIS staff</li> <li>- <b>Online survey</b> of all TIS Grant Recipient CEOs</li> <li>- <b>In person focus group discussions</b> (90 minutes) with 15 TIS teams (focused on areas with poor network connectivity)</li> <li>- <b>Online focus group discussions</b> (90 minutes) with 22 TIS teams</li> </ul>	None
<b>National Support partners</b>	<ul style="list-style-type: none"> <li>- <b>Telephone/ online interview</b> (60 minutes) with National Coordinator</li> <li>- <b>Telephone/ online interview</b> (60 minutes) with Assistant Secretary of Department of Health, Disability and Ageing</li> <li>- <b>Online focus group discussion</b> (90 minutes) with</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Telephone/online interview</b> (60 minutes) with National Coordinator</li> <li>- <b>Telephone/online interview</b> (60 minutes) with Assistant Secretary of Department of Health, Disability and Ageing</li> <li>- <b>Online focus group discussion</b> (90 minutes) with</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Telephone/online interview</b> (60 minutes) with National Coordinator</li> <li>- <b>Telephone/online interview</b> (60 minutes) with Assistant Secretary of Department of Health, Disability and Ageing</li> <li>- <b>Online focus group discussion</b> (90 minutes) with</li> </ul>	None

	NBPU staff - <b>Online focus group discussion</b> (90 minutes) with Department of Health, Disability and Ageing staff	NBPU staff - <b>Online focus group discussion</b> (90 minutes) with Department of Health, Disability and Ageing staff	NBPU staff - <b>Online focus group discussion</b> (90 minutes) with Department of Health, Disability and Ageing staff	
<b>Data sources</b>	<b>Secondary data collection</b>			
<b>Organisational staff and grant recipient organisations</b>	- Activity Work Plans - Performance Reports	- Activity Work Plans - Performance reports	- Activity Work Plans - Performance reports	- Activity Work Plans - Performance reports
<b>National Support partners</b>	- NBPU Progress Reports - Information from Department of Health, Disability and Ageing (e.g., IREG Coverage)	- Grant acquittal analysis - NBPU Progress Reports - Information from Department of Health, Disability and Ageing (e.g., IREG Coverage)	- Grant acquittal analysis - NBPU Progress Reports - Information from Department of Health, Disability and Ageing (e.g., IREG Coverage)	- Grant acquittal analysis - NBPU Progress Reports - Information from Department of Health, Disability and Ageing (e.g., IREG Coverage)

### 3.1 Ethics approval

To satisfy local requirements for Aboriginal community control of research, CIRCA was required to get ethics approval from four ethics committees: Western Australia Aboriginal Health Ethics Committee (WAAHEC), NSW Aboriginal Health & Medical Research Centre Ethics Committee (NSW AHMRC), South Australia Aboriginal Health Research Ethics Committee (SA AHREC), and the Human Research Ethics Committee of NT Health and Menzies School of Health Research (Menzies). Following each committee's unique requirements and procedures, we received approval from all four.

As part of ethics requirements, we sought consent to participate from all 26 RTCG recipients. Three organisations did not consent to participate in the evaluation and therefore, their data are not included in this report. These three organisations serviced three IREGs. In addition to getting organisational consent, we also sought consent from each individual who was invited to participate in the surveys, focus groups, and interviews.

### 3.2 Data collection methods

#### 3.2.1 Activity Work Plans

All RTCG recipients are required to produce an Activity Work Plan (AWP) for each IREG they serve at the commencement of their grant, and then annually for the duration of the grant. The AWP details their

population health approach and planned activities. This means that each year, a total of 37 AWP should be available, corresponding to 37 IREGs.

A total of 36 AWP were submitted for the 1 July 2024 – 30 June 2025 period. Three organisations servicing three IREGs did not consent to participate in CIRCA's evaluation, therefore 33 AWP were analysed for this report.

### 3.2.2 Performance Reports

All RTCG recipients are required to produce a Performance Report (PR) for each IREG they serve every six months for the duration of the grant. The PR details their activities in the prior six months, including the design, partnership, delivery and the composition of TIS teams. This means that at each round of reporting, a total of 37 PRs should be submitted. For the 1 January 2024 – 30 June 2024 period, 36 PRs were submitted. Three organisations did not consent to participate in CIRCA's evaluation; therefore, 33 PRs were analysed for this report.

### 3.2.3 Grant acquittal data

Every financial year, all RTCG recipients are required to submit a report detailing the expenditure of TIS grant for each IREG they serve. For this Wave of the evaluation, the Department of Health, Disability and Ageing provided CIRCA with the grant acquittal data for the 2023-24 financial year. These data outlined whether the RTCG recipient servicing an IREG had over- or under-spent their budget, and by how much. CIRCA used these data to assess the extent to which RTCG recipients were fully expending their allocated budget.

### 3.2.4 NBPU progress reports

The NBPU is required to submit six-monthly progress reports to the Department of Health, Disability and Ageing. Each NBPU Progress Report provides an overview of progress made against each of the NBPU deliverables during the reporting period. For this evaluation report, we analysed the NBPU progress report for the Dec 2023 – May 2024 period.

The NBPU progress report was analysed for information about:

- The number and type of supports provided to RTCG recipients by the NBPU.
- NBPU's support to TIS teams about evidence-based population health approaches; achieving reach; eligible activities; using local knowledge; and other forms of support for TIS teams.
- NBPU's contribution to creating an enabling environment for TIS teams to deliver their programs.

### 3.2.5 Interviews with National Coordinator

We conducted two in-depth interviews over Zoom with the National Coordinator, one in late 2023 and in late 2024. This report includes data from the 2024 interview only. The interview captured information on:

- The intensity of engagement between the National Coordinator and the RTCG recipient organisations and other national stakeholders.
- The National Coordinator's perspective on the extent to which RTCG recipients are implementing the program as intended and acting as leaders and advocates for tobacco and e-cigarette control in their communities and beyond.
- Other National Coordinator activities relating to the TIS program, particularly those that contribute to creating an enabling environment for TIS teams to deliver their programs.

See Appendix 3: Discussion Guides for further details on topics covered in the interview.

### 3.2.6 Interview with the Assistant Secretary of the Department of Health, Disability and Ageing

We conducted two interviews over Zoom with the Assistant Secretary of the Department of Health, Disability and Ageing, one in late 2023 and in late 2024; this report includes data from the 2024 interview only. This interview gathered qualitative data from a national perspective, which focussed on:

- The relationship between the Department and TIS grant recipient organisations.
- TIS teams' use of evidence-based population health promotion approaches.
- TIS teams' use of culturally safe approaches.
- Changes in awareness and behaviour of RTCG recipient organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

See Appendix 3: Discussion Guides for further details on topics covered in the interview.

### 3.2.7 Focus group discussions with NBPU and the Department of Health, Disability and Ageing staff

We conducted separate online focus group discussions with representatives from the Department of Health, Disability and Ageing and NBPU TIS in late 2023 and in late 2024, with the data in this report coming from the focus groups in 2024. These focus groups gathered qualitative data from a national perspective that focussed on:

- Their relationship with RTCG recipient organisations.

- The supports they provide to TIS teams to help them use evidence-based population health approaches, reach target audiences, focus on eligible activities, and draw on local knowledge in developing their activities.
- The extent to which TIS teams are implementing the grant appropriately (in terms of eligible activities).
- Their perspective on TIS teams' use of evidence-based population health promotion approaches.
- The challenges and barriers TIS teams face achieving full reach (reaching all priority groups, all Aboriginal and Torres Strait Islander communities within their IREG and all people who do not attend ACCHOs)
- Their perspective on TIS teams' use of culturally safe approaches.
- Observed changes in awareness and behaviour of RTCG recipient organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

As Table 2 shows, a total of two focus groups and two interviews were conducted in 2024, resulting in a total of 10 individual participants. The focus groups and interviews were held between 11 October 2024 and 15 November 2024. Each interview lasted approximately 60 minutes, and the focus groups lasted approximately 90 minutes.

The focus groups and interviews were facilitated in English by members of the core CIRCA team. The research participants were provided with copies of the Participant Information Statement (see Appendix 4: Participant Information Statements). Once participants had read and indicated they understood the study and their role in it, and all their questions were answered, they were then asked to verbally confirm their consent.

Table 2: Sample of participants

Date	Organisation	Method	Cohort	Number of participants
29/10/2024	Department of Health, Disability and Ageing	Focus Group	Staff	2
11/10/2024	Department of Health, Disability and Ageing	Interview	National Coordinator	1
15/11/2024	Department of Health, Disability and Ageing	Interview	Assistant Secretary	1

Date	Organisation	Method	Cohort	Number of participants
15/10/2024	National Best Practice Unit	Focus Group	Staff	6
<b>TOTAL</b>				<b>10</b>

### 3.2.8 Interviews with TIS Coordinators

We conducted one-on-one interviews over phone or Zoom with TIS Coordinators at organisations that consented to be part of the evaluation. We contacted TIS Coordinators representing 34 IREGs, and ultimately, the TIS Coordinators representing 30 IREGs participated in the interviews, representing an 88% response rate. The interviews captured information about:

- Staffing, budget and partnership arrangements associated with the TIS grant.
- Collaborations with other (non-TIS funded) organisations and with members of the community.
- How TIS teams incorporate Aboriginal and Torres Strait Islander culture and traditions into their work.
- How TIS teams use evidence when they design, run and plan TIS activities.
- How TIS teams are going with the reach of their TIS activities/messages
- How the organisation is going in its leadership and advocacy role.
- The support they get from the NBPU, the Department of Health, Disability and Ageing, the National Coordinator, and the Community Grants Hub.

Each interview lasted around 60 minutes. The interviews were conducted by CIRCA's Aboriginal and Torres Strait Islander Research Consultants. See Appendix 3: Discussion Guides for further details on topics covered in the interview.

### 3.2.9 Surveys with CEOs of RTCG recipient organisations

An online Qualtrics survey was open to CEOs of all RTCG recipient organisations that consented to be part of the evaluation. The Qualtrics survey was designed to accommodate a range of devices, including computers and mobile phones.

We first obtained a contact list of CEOs of RTCG funded organisations from the Department of Health, Disability and Ageing. To encourage survey response, the CIRCA Director sent out an email to all CEOs to



inform them that the survey was forthcoming, and to ensure that the contact details that CIRCA had were accurate; these individuals were asked to nominate alternative contact details in case they were not in a CEO (or equivalent) role. In instances where the initial contact email bounced or was undelivered, a CIRCA staff member contacted the TIS Coordinator of the organisation to obtain the most up-to-date contact information.

Subsequently, a unique link for each CEO was generated in Qualtrics, and an email with the unique survey link was sent to each individual CEO. The survey was open from 1 October 2024 to 25 November 2024. Two reminders were sent to CEOs to prompt them to complete the survey: the first reminder was sent one week after the initial survey links were sent, and the second reminder was sent one week before the survey closed. In total, 22 unique links were distributed to TIS CEOs, and 10 completed the survey, resulting in a response rate of 45.5%. While this is a relatively high response rate, given the small number of responses (i.e., 10), percentages and results presented in the Findings section should be treated with caution. Additionally, out of the 10 survey participants, two responded only to the first four survey questions. Finally, the all-Aboriginal membership of the TIS Evaluation Advisory Group for Western Australia would like noted that they were “concerned that participation in the evaluation was not taken up by more CEOs at RTCG recipient organisations, which are major ACCOs across the country”.

The median completion time was 12.9 minutes.

The survey examined the following from the perspectives of the CEOs:

- The information that National Support stakeholders have given them about eligible TIS activities, appropriate staff requirements, expenditure requirements, appropriate partnership arrangements, and how TIS funding can be spent; and the impact the information had on their awareness.
- Reports of expenditure on activities not eligible under or covered by TIS, and why.
- Meetings that CEOs had with the National Support stakeholders in the prior six months.
- CEOs’ awareness of the importance of, and intentions in taking a leadership role in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

See Appendix 5: Surveys for further details on topics covered in the survey.

### 3.2.10 Surveys with TIS staff

An online Qualtrics survey was open to TIS staff from RTCG recipient organisations as well as partner/sub-contracting organisations. In order to construct a comprehensive list of all TIS staff for us to send the survey links to, we first obtained a list of TIS Coordinators from the Department of Health, Disability and Ageing. We also supplemented this list from our own knowledge and previous interactions with RTCG organisations. A CIRCA staff member then reached out to TIS Coordinators from the 23 consenting organisations to ask for the contact details of all TIS staff servicing the corresponding IREGs.

We received contact details of 197 TIS staff from 20 RTCG organisations and 33 sub-contracted organisations.

A unique survey link for each TIS staff member was generated in Qualtrics, and emails with the unique links were then sent out to TIS staff. The Qualtrics survey was designed to accommodate a range of devices, including computers and mobile phones. The survey was open from 1 September 2024 to 14 December 2024. Two reminders were sent to prompt TIS staff to complete the survey: the first reminder was sent one to two weeks after the initial survey links were sent, and the second reminder was sent one week before the survey closed. In total, 197 unique links were distributed to TIS staff, and 137 completed the survey, resulting in a response rate of 69.5%, which is a very high response rate. The median completion time was 16.7 minutes.

The survey examined the following from the perspectives of TIS staff:

- The supports they received from National Support stakeholders and their organisations.
- How TIS staff engaged with these supports.
- The impact these supports have on TIS staff knowledge, attitudes, behaviours, and on the administrative performance of TIS teams.
- TIS teams' engagement with local quit support services.
- The extent to which TIS teams' activities are culturally safe.
- Their organisational culture.

See Appendix 5: Surveys for further details on topics covered in the survey.

### 3.3 Data analysis

#### 3.3.1 Development of a coding framework for the analysis of qualitative data

A coding framework based on the evaluation questions was developed by a CIRCA staff member. This coding framework was reviewed and approved by the CIRCA Research Director. Following this, two CIRCA staff members coded the same three data points, reviewing their alignment and discrepancies to reach a consensus. The codes and code definitions were then refined accordingly. One staff member then used this coding framework to code the data from the focus groups, interviews, open-ended PR responses and the NBPU progress report.

#### 3.3.2 Activity Work Plans

For this report, we analysed 33 AWP submitted by RTCG recipients. The AWP captured planned activities from 1 July 2024 to 30 June 2025.

The analysis of the AWP data was done using Excel, with data cleaning being done prior. The data cleaning process involved:

- Identifying and correcting inaccurate entries, such as where more than one option was selected for single select multiple choice questions.
- Data standardisation, that is, converting answers to open-ended questions to a consistent format.

All changes, the rationale for the changes, and the raw data were recorded in a Data Decision Log.

The data from the AWP data were used to determine:

- The number of TIS teams that comply with requirements to plan their activities.
- The proportion of TIS teams that proposed eligible activities.
- The percentage of activities proposed that are eligible.
- The extent to which planned activities are likely to reach all intended audiences.

Additionally, we also compared the percentage of eligible activities planned in the AWP data for the 1 July 2024 – 30 June 2025 period with those for the 1 July 2023 – 30 June 2024 period to identify changes in the TIS program.

### 3.3.3 Performance Reports

For this report, we analysed 33 PRs submitted by RCTG recipients. The PRs captured activities that happened from 1 Jan 2024 to 30 Jun 2024.

The quantitative analysis of PRs was done using Excel, while open-ended responses were analysed in NVivo using the approved coding framework. The quantitative data from the PRs were used to determine:

- TIS teams' estimate of the intensity of the reach of TIS activities and messaging.
- TIS teams' engagement with local communities and services.
- TIS teams' use of culturally safe and evidence-based approaches.
- The extent to which TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level.

Similar to the AWP data, the quantitative PR data underwent a cleaning process prior to analysis.

Additionally, to understand changes in the reach of the TIS activities, we also compared reach measures from the PRs for the 1 Jan – 30 Jun 2024 period and the 1 Jul – 31 Dec 2023 period.

Open-ended PR responses were analysed to understand TIS teams' perceptions on the barriers and enablers to achieving full reach and their suggestions to better achieve full reach.

### 3.3.4 Grant acquittal data

For this report, the grant acquittal data for the 2023-24 financial year from 20 out of 37 IREGs were available for analysis. Data analysis was conducted in Excel. We used a margin of \$1,000 as a cut-off for 'near' perfect spending. This means that if an RTCG recipient in an IREG overspent or underspent by less than \$1,000, we considered that this RTCG recipient had effectively spent all their allocated TIS budget for that IREG in that financial year. This decision was made because a small amount of over or underspend does not necessarily indicate ineffective spending or financial management by the organisation.

Additionally, the Department of Health, Disability and Ageing noted a higher-than-usual level of underspend for the 2023–24 financial year. This was likely due to the allocation of anti-vaping funds towards the end of that financial year. RTCG recipients were informed they could roll over these funds into the next financial year. To ensure that the reported figures reflect the actual level of over or underspend on tobacco control and cessation activities, CIRCA excluded the anti-vaping payments from the calculations.

We reported on:

- The percentage of IREGs where RTCG recipients reported underspending their budget
- The percentage of IREGs where RTCG recipients reported overspending their budget
- The median dollar amount of overspend or underspend amongst organisations that reported over or underspend.

### 3.3.5 Interviews and focus groups

Interviews and focus groups were audio-recorded and transcribed verbatim. The transcripts of the focus groups and interviews were analysed using the developed coding framework in NVivo.

### 3.3.6 NBPU reports

The reports from NBPU were analysed in NVivo using the approved coding framework to analyse the focus group and interview transcripts. Additionally, a second coding framework was developed to extract data about the number of times the NBPU provided different types of support to RTCG recipients. This second coding framework was developed by a staff member and reviewed by the CIRCA

Director. The staff member then coded the NBPU progress report in NVivo, which was then reviewed again by the CIRCA Director.

### 3.3.7 Surveys with TIS CEOs and TIS staff

The quantitative analysis of surveys was undertaken in R and Qualtrics. Prior to the analysis, all survey responses were validated to ensure the eligibility of participants, and to identify and remove (if needed) fraudulent or inattentive responses. To validate the eligibility of participants, the survey included questions about job title, IREG that the TIS team serviced, and the state/territory in which the participants worked.

To identify fraudulent and inattentive participants, we implemented a number of methods in the survey, such as:

- Including open-ended questions.
- Including questions that include multiple response items with low probability. For example, in response to the question *“As far as you are aware, what are appropriate partnership (sub-contracting) arrangements for TIS? Select all that apply”*, we included an option *“Partners who are written into the grant, are allowed to do activities that are unrelated to the grant but paid with TIS funding”*.
- Including both positively and negatively worded questions/statements that measure the same indicator.

A CIRCA staff member went through each response to validate participants' identities and identify fraudulent or inattentive responses. No invalid responses for the CEO survey were found.

For the staff surveys, the following were identified during the validation process:

- Out of 137 respondents, eight were invalid because the participants were not TIS staff. These eight participants were removed from the dataset prior to analysis.
- Of the remaining 129 respondents, 18 were identified as giving inattentive responses and therefore, were removed from the dataset prior to analysis. Table 3 outlines the number of survey responses and valid responses after checks.

Data analysis was undertaken after data validation. Quantitative data from the CEO survey were analysed to examine:

- Supports provided to TIS teams and RTCG recipient organisations.
- The impact these supports had on the knowledge and attitude of RTCG recipient organisations' CEOs.

Quantitative data from the TIS staff survey were analysed to examine the following from TIS staff’s perspectives:

- Cultural safety of TIS messaging and activities.
- TIS staff’s access to supports from National Support stakeholders and the impact of these supports on their knowledge, attitude and behaviours.
- Whether the team structure is appropriate for the work that needs to be done, and whether the TIS staff are able to work in ways that accommodate and appropriate to the needs of the program.

Table 3: Overview of survey response and data validity checks

	TIS CEO survey TIS staff survey	
Total number of respondents	10	137
Total number of respondents removed due to invalid data	0	26
Final number of respondents used in analysis	10	111

### 3.4 Limitations

There are some issues with the quality of the data from the AWP’s and PR’s, and thus findings from AWP’s and PR’s must be interpreted with caution, with certain caveats borne in mind:

- Despite some activities being reported as ‘was not delivered’ in the PR’s, the number of people being reached was still reported. In these instances, the number of people reached was not included in the calculation. This has been identified as an issue of the online PR reporting form and will be rectified in future PR rounds i.e., if an activity was reported as ‘not delivered’, questions about the delivery, reach and evaluation will not show up for that activity.
- In some IREG’s, the reported number of Aboriginal and Torres Strait Islander peoples reached by the activities was larger than the population of Aboriginal and Torres Strait Islander peoples residing in that IREG according to ABS data. In consultation with the Department of Health, Disability and Ageing, in these instances, we capped the percentage of people reached at 100%.
- Throughout the report, caveats have been added in relation to specific measures.

Qualitative research has the ability to provide rich descriptions of how people experience and feel about a given research issue. In this evaluation, the qualitative data collected—from interviews and focus groups with National Support stakeholders and TIS Coordinators, open-ended survey responses, and open-ended responses on PR forms—offers a comprehensive understanding of the subject. While qualitative findings are generally not intended to be representative of the entire target population, the breadth of data sources in this evaluation enhances the credibility and relevance of the insights. Additionally, qualitative methods allow for the integration of non-verbal cues, interactions, and observations, adding further depth and meaning to the results.

## 4. FINDINGS

### 4.1 Reach of the TIS program (Question A1)

This section seeks to answer the following evaluation question:

*To what extent are TIS teams reaching all communities within the IREGs, all Aboriginal and Torres Strait Islander peoples living within the IREGs, priority groups, and people who do not attend ACCHOs? What are the barriers and enablers to TIS teams being able to achieve full reach and what could be improved?*

Our evaluation of the data collected about the program to this point (the first year and a half of the four-year funding round) identifies the following key findings.

#### Key findings

*To what extent are TIS teams reaching all communities within the IREGs, all Aboriginal and Torres Strait Islander peoples living within the IREGs, priority groups, and people who do not attend ACCHOs?*

- The **majority** of TIS teams **planned to reach at least 50% of the total LGAs in their IREGs, and all Aboriginal and Torres Strait Islander peoples living in the IREGs, priority groups, and people who do not attend ACCHOs.**
- We found that by Jun 2024, TIS teams reported **reaching 61% of all communities** (LGAs) in the IREGs, up from 42% in the six months prior.
- TIS teams also reported **reaching roughly 15% of all Aboriginal and Torres Strait Islander peoples** living within the IREGs.
- Across most IREGs, TIS teams reported **reaching 0 to 24% of people in priority groups.**
- Due to a lack of data, we were unable to provide an estimate for the percentage of people reached who do not attend ACCHOs. However, we used a proxy measure and found that **more than half of TIS activities** were reported to **reach people who do not attend ACCHOs.**

*What are the barriers and enablers to TIS teams being able to achieve full reach and what could be improved?*

- We found that the following **enablers** helped TIS teams **in achieving full reach:**
  - **Building and maintaining relationships** with the communities, community organisations and other stakeholders, which can be **supported by having TIS staff who are well connected to their own communities**



- **Connecting** TIS events and messages to **significant cultural or community events**
  - Using **multiple platforms, modes, and channels** to promote TIS messages or events
  - Developing **interactive and engaging activities**, including incentivising participation
  - **Tailoring** programs and activities to the target communities
  - **Co-designing activities** with the target communities
  - **Applying lessons on what boosts engagement** into designing programs and activities
  - **Strategic planning of the logistics** of TIS events or messages
- TIS teams identified the following **barriers** to achieving full reach: **environmental factors such as geographic barriers and weather, the process of establishing partnerships** with other organisations to deliver TIS activities or messages, and **difficulties in hiring and retaining appropriately skilled staff**.

#### 4.1.1 To what extent are TIS teams' planned activities designed to reach all the individuals and communities they are supposed to? [Sub-question 1.1]

To assess the extent to which the TIS teams' planned activities were designed to reach all the individuals and communities they are supposed to, we considered two statistics:

- The number of IREGs where the RTCG recipients had planned at least one activity across all intended audiences.
- The proportion of LGAs in each IREG that would be covered by RTCG recipients' planned activities.

As outlined in Figure 1, in **the majority of IREGs<sup>9</sup> (87.9%, 29/33)**, TIS teams have **planned at least one activity across all six intended audience groups**, that is:

1. Aboriginal and Torres Strait Islander men;
2. Aboriginal and Torres Strait Islander women;
3. Aboriginal and Torres Strait Islander pregnant women<sup>10</sup> and their families;

<sup>9</sup> 34 Activity Work Plans from 37 IREGs were available to us at the time of writing this report. However, the activities for one IREG were reported using the wrong template and therefore the data for that IREG was not included in the calculations.

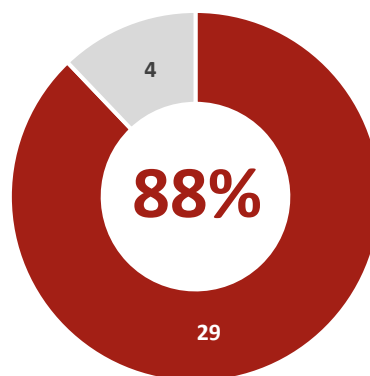
<sup>10</sup> Please note, while the term generally used in the AWP and PR templates is 'pregnant people', the Department of Health, Disability and Ageing has requested the term 'pregnant women' be used when reporting these data to align with the Department's TIS guidelines and the convention of policy areas within the Family, Chronic Disease & Preventive Health branch.

4. Aboriginal and Torres Strait Islander young peoples, aged 12 to 24;
5. Aboriginal and Torres Strait Islander peoples residing in remote areas; and
6. Aboriginal and Torres Strait Islander peoples who do not attend ACCHOs/AMS.

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Figure 1: The percentage of IREGs where the TIS teams have planned at least one activity across all intended audiences

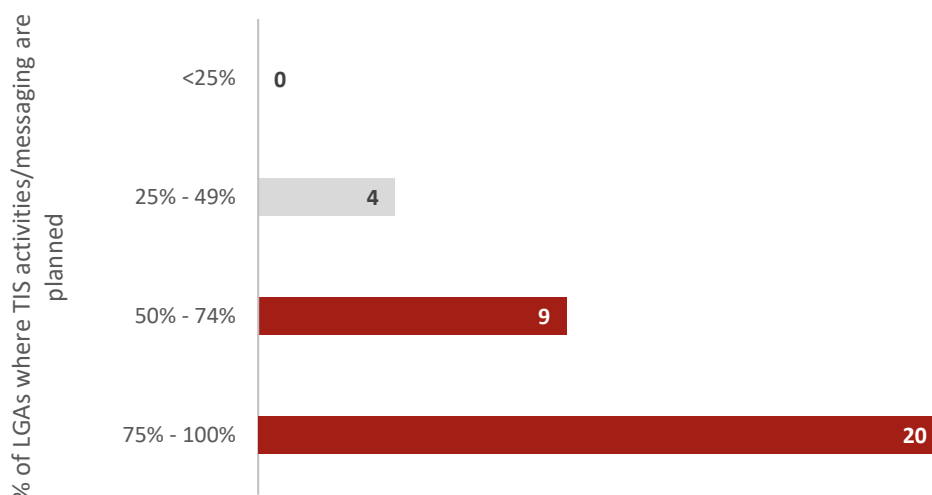
**In the majority of IREGs (88%),** RTCG recipients have planned at least one activity across all intended audiences



Across most IREGs (29 out of 33), TIS teams have planned activities/messaging that would reach 50% or more of the LGAs in their IREG. A small number (4 out of 33) are planning activities that will target 50% or fewer of the LGAs in the IREG (See Figure 2). Section 4.1.2 and Figure 3 went into detail about the % of LGAs actually reached by TIS activities or messaging.

Figure 2: Number of IREGs by percentage of LGAs in the IREG where TIS activities/messaging are planned

TIS teams have planned activities/messaging that will reach **50% or more of the LGAs** in 29 out of 33 IREGs



#### 4.1.2 What are the TIS teams' and National Supports' estimates of the intensity of the reach (coverage, frequency, exposure and engagement) of TIS teams' activities and messaging? [Sub-question 1.2]

To examine the intensity of the reach of TIS teams' activities and messaging, we broke the concept down into four dimensions: IREG coverage, frequency of activities, extent of exposure across the target audience, and extent of engagement by the target audience.

##### IREG Coverage:

- The % of LGAs in each IREG reached by TIS activities/messaging

##### Frequency of activities:

- Examined via the number of times activities were delivered by the percentage of LGAs reached

##### Target audience exposure:

- Estimated % of Aboriginal and Torres Strait Islander peoples across the service area who were exposed to TIS activity/messaging
- Estimated % of Aboriginal and Torres Strait Islander peoples from priority groups who were exposed to TIS activity/messaging. Priority groups are defined by the Department of Health, Disability and Ageing as: a) Aboriginal and/or Torres Strait Islander pregnant women and their

families, b) Aboriginal and/or Torres Strait Islander young people (aged 12-24), and c) Aboriginal and/or Torres Strait Islander peoples residing in remote areas.

- % of TIS activities delivered in community, without partnering with the AMS/ACCHO. We are unable to estimate the percentage of people who do not attend ACCHOs and were exposed to TIS, as we do not have data on the total number of Aboriginal and Torres Strait Islander peoples who do not use ACCHO. As a result, this measure serves as a proxy to estimate the reach of TIS activities to those not engaged with ACCHOs.

● Target audience engagement:

- Estimated % of Aboriginal and Torres Strait Islander peoples across the service area who were engaged with TIS activity/messaging
- Estimated % of Aboriginal and Torres Strait Islander peoples from priority groups who were engaged with TIS activity/messaging

Findings relating to target audience exposure and engagement need to be interpreted with caution for two reasons:

- Firstly, in their Performance Reports, the TIS teams were asked to report the number of Aboriginal and Torres Strait Islander peoples exposed to or who engaged with individual activities. These figures were then divided by the number of Aboriginal and Torres Strait Islander peoples living in each IREG/from priority groups (based on the Census 2021 data) to get the percentage of Aboriginal and Torres Strait Islander peoples in the IREG exposed to or who engaged with individual activities. The measure was calculated this way to account for the fact that the same people may have attended multiple events. Additionally, in the Performance Reports, TIS teams were also instructed to report on the number of people exposed or engaged, not the number of times people were exposed or engaged – this was done to ensure that the numbers of people exposed or engaged were not inflated.
- Secondly, as the instructions in the PR form required TIS teams to input "0" if they did not know the number of people exposed to or who engaged with TIS activities (including from priority groups), this measure may be an underestimate. This is a known issue with the online PR system that will be rectified in the future.

### IREG coverage of TIS activities and messaging

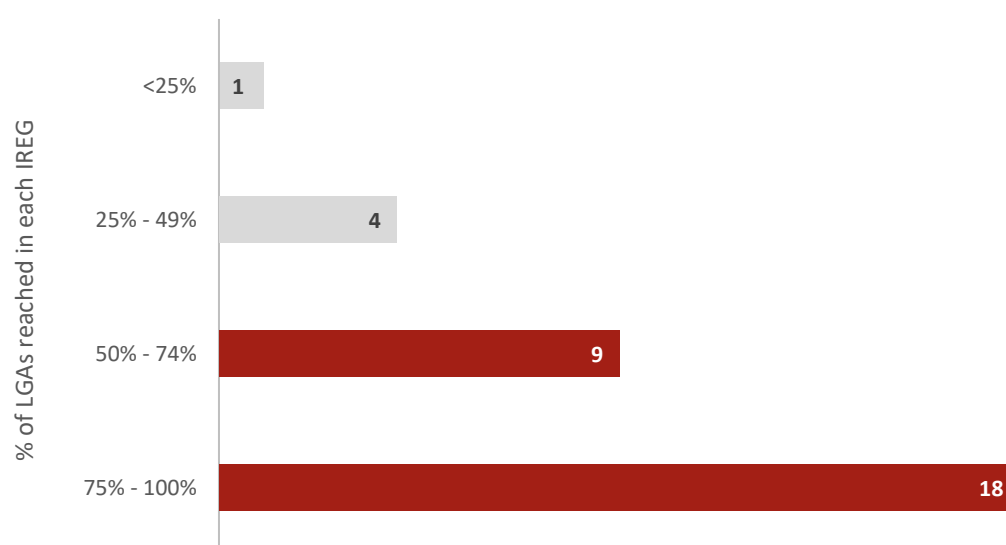
The PR data revealed that the extent of **IREG coverage** of TIS activities and messaging **increased during the Jan-Jun 2024 period**, compared to the six months prior. **While some TIS teams achieved significant progress** in covering their whole IREGs between those two time points, **most teams reported making only some progress with the coverage.**

According to PR data, by June 2024, 61% (368/600) of LGAs across Australia were reached via TIS activity/messaging<sup>11</sup>. This is an increase from the Jul – Dec 2023 period where 42% of all LGAs were reached.

In the majority of IREGs (27/33, 81%), TIS teams reached at least 50% of LGAs (see Figure 3). In more than half of the IREGs (18/33), TIS teams reached between 75% and 100% of the LGAs.

Figure 3: Number of IREGs by the percentage of LGAs **reached** by TIS activities/messaging

**In the majority of IREGs (27 out of 33),** TIS activities/messaging reached at least 50% of LGAs



This finding is supported by the qualitative data, with **some TIS Coordinators reporting that their teams were doing well with coverage. While TIS Coordinators were keen on achieving better coverage, they also spoke about challenges arising from large geographic regions and a lack of staff capacity.**

“Yeah, we’re way down on [coverage]. We have a broader TIS messaging that our team does, like radio messages, and obviously, that is broadcast throughout the [IREG] and has coverage, but as far as direct activity [in every part of the IREG], we’re nowhere near achieving that. And that is our big focus. We are looking at how we can be a bit different in approaching [coverage] here. So yes, that’s our huge work area due to such a vast geographical landscape.” – TIS Coordinator

“Most of our messaging is on Facebook, TV with the ads, and our website. We’ve got our vaping ads and all that stuff. I think it’s every month we’ve got a TVC going up on Facebook about smoking.

<sup>11</sup> An LGA is considered to have been reached by TIS activity/messaging if there was at least one activity delivered there during the reporting period.

However, we haven't been out for a while for face-to-face activities due to the low team numbers.”  
– TIS Coordinator

Among those interviewed, a small number of TIS Coordinators expressed that they had **achieved significant progress in covering their IREG(s)** with TIS activities and messaging. To achieve this progress, these TIS teams used a variety of strategies, including using **multiple channels for information dissemination**, and **building and fostering partnerships** with local communities and organisations.

“We use a variety of mechanisms to capture the wider area. So, things like social media, buses, and billboards in the more remote areas. And the staff spend quite a bit of time on the road, and we've got a map of that reach. I think the main point is, the reach is good.” – TIS Coordinator

“Within our area, we're able to get everywhere. We do lots of planning and collaborative work with the team, organisations, and community groups — remote and towns. We've been able to confirm and deliver to all of our remote communities that we said we would. As of last week, we've been able to get that done.” – TIS Coordinator

### Frequency of TIS activities and messaging

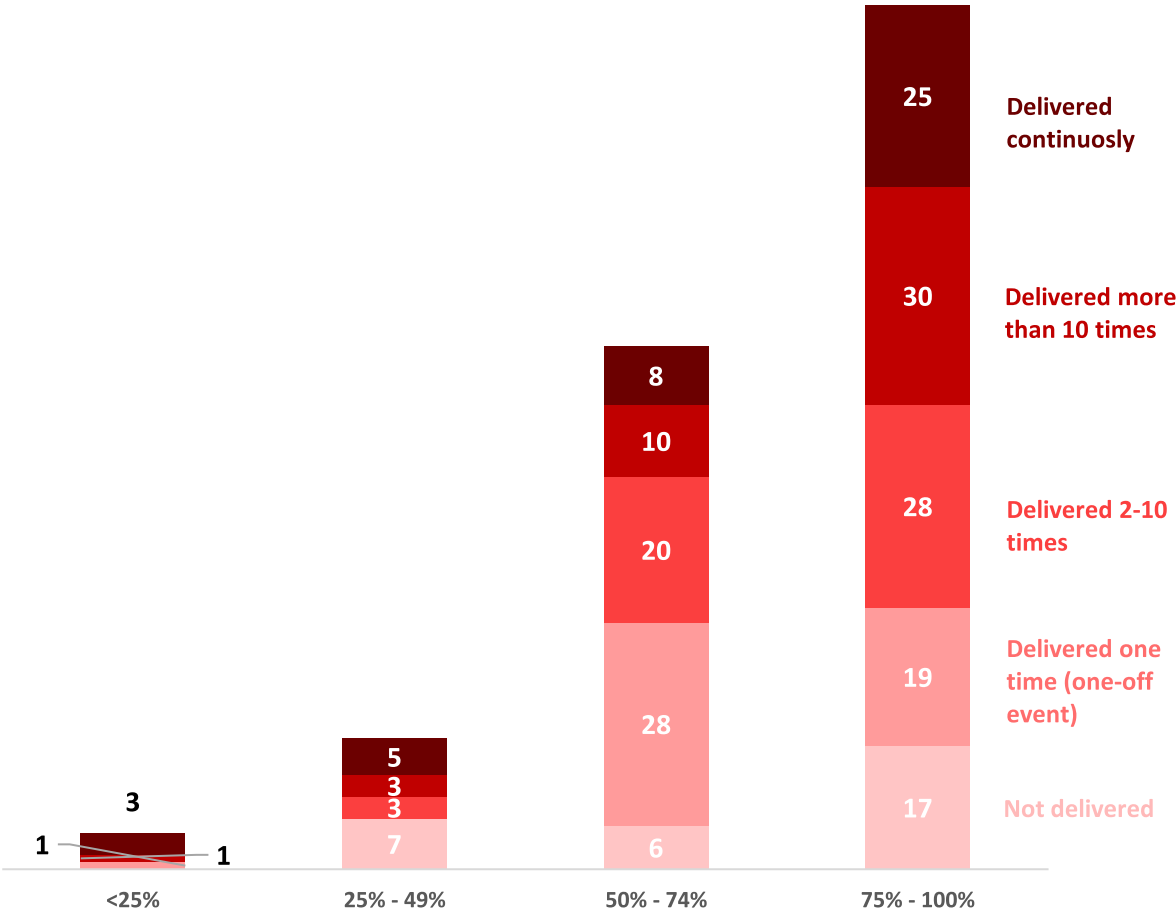
The frequency of TIS activities and messaging were measured via PR data, and we found **that TIS teams did not have to sacrifice frequency for coverage** i.e., TIS teams were still able to deliver activities frequently<sup>12</sup> while achieving a good coverage of LGAs in the IREGs (see Figure 4).

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<sup>12</sup> We measured frequency of activities that were delivered in the Jan – Jun 2024 period. The type of activities delivered by TIS teams were diverse, including activity types such as social media, recruitment of community ambassadors etc.

Figure 4: Number of times activities were delivered by the percentage of LGAs reached in IREGs

The **frequency** of activities **did not impact** the RTCG recipient's ability to **cover** a higher percentage of LGAs in IREGs with TIS messaging/activities.



### Exposure to and engagement with TIS activities/messaging

In the Jan – Jun 2024 period, the **number of activities that had engagement with or exposure to Aboriginal and Torres Strait Islander peoples and priority groups increased** compared to the July – December 2023 period. This suggests that TIS teams have **successfully pivoted from activity planning to activity delivery**. According to TIS teams, the **enablers** of strong exposure and engagement were **strategic planning, disseminating information across multiple channels, having good partnerships with local organisations, and having staff capacity**. **Difficulties in recruiting and retaining staff** were cited by TIS teams as a **barrier** to increasing exposure.

According to PR data, of the 184 activities delivered during the **Jan – Jun 2024 period, 99% (182/184) of activities yielded exposure to or engagement** with Aboriginal and Torres Strait Islander peoples. This was an **increase** from the **Jul-Dec 2023 period**, where 95% of activities yielded exposure, and 91% yielded engagement.

Regarding **exposure to people who do not attend ACCHOs, more than half of TIS activities (59%, 109/184) were delivered in the community**, without partnering with or going through an AMS/ACCHO. There was, however, **great variability across all IREGs**:

- Seven IREGs (21%, 7/33) had 0 activities delivered in community not through or with an AMS/ACCHO.
- In 11 IREGs (34%), 100% of activities were delivered in community not through or with an AMS/ACCHO.

**Between half and two-thirds of activities** during the Jan – Jun 2024 period **had exposure to priority groups**:

- 48% (88/184) of activities yielded exposure to Aboriginal and Torres Strait Islander pregnant women and their families (Figure 5).
- 65% (120/184) of activities yielded exposure to Aboriginal and Torres Strait Islander youth.
- 47% (86/184) of activities yielded exposure to Aboriginal and Torres Strait Islander peoples living in remote areas.
- Overall, this indicates an **increase in activities with exposure to priority groups compared to the Jul – Dec 2023 period**, where less than 30% of activities had exposure to these groups.

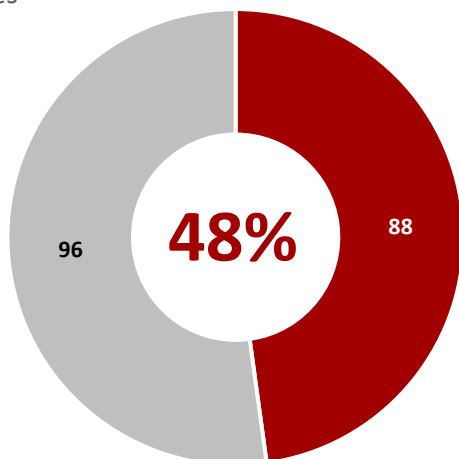
**Over half of activities yielded engagement with priority groups:**



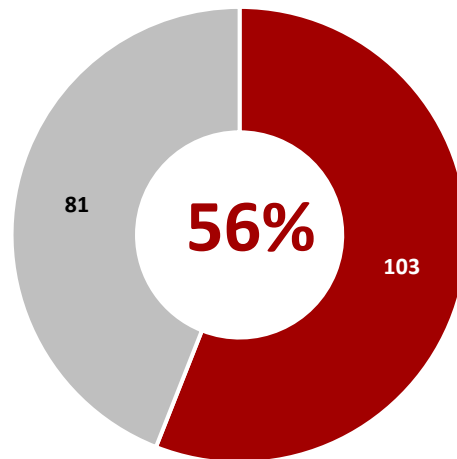
- 56% (103/184) of activities yielded engagement with Aboriginal and Torres Strait Islander pregnant women and their families<sup>13</sup>.
- 66% (122/184) of activities yielded engagement with Aboriginal and Torres Strait Islander youth.
- 59% (109/184) of activities yielded engagement with Aboriginal and Torres Strait Islander peoples living in remote areas<sup>13</sup>.
- Overall, this indicates **an increase in activities with engagement with priority groups compared to the Jul – Dec 2023 period**, where less than 30% of activities had engagement with these groups.

Figure 5: Percentage of activities with exposure to and engagement with Aboriginal and Torres Strait Islander pregnant women and their families

**48% of activities were reported to have exposure** to Aboriginal and Torres Strait Islander pregnant women and their families



**56% of activities were reported to have engagement** with Aboriginal and Torres Strait Islander pregnant women and their families

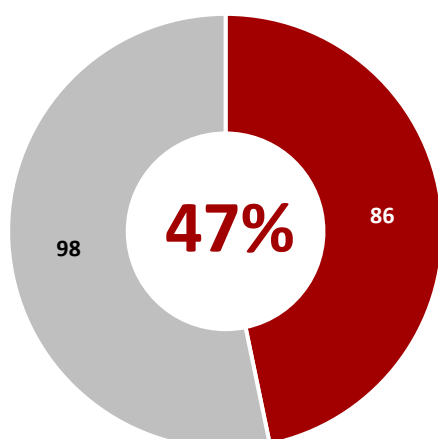


<sup>13</sup> These two figures should be treated with caution as the numbers of activities with no engagement are smaller than the number of activities with no exposure. This is conflicting as if in theory, an activity that had no exposure to a certain group would automatically mean that there was no engagement with this group. Overall, this indicates that TIS Teams need support to better understand and report on exposure and engagement.

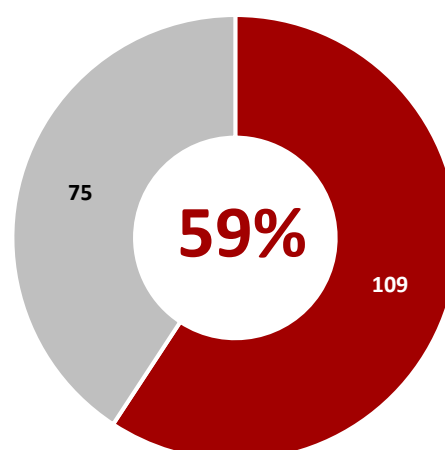
- 47% (86/184) of activities yielded exposure to Aboriginal and Torres Strait Islander peoples living in remote areas; 59% produced engagement with this priority group (see Figure 6).

Figure 6: Percentage of activities with exposure to and engagement with Aboriginal and Torres Strait Islander peoples living in remote areas

**47% of activities were reported to have exposure** to Aboriginal and Torres Strait Islander peoples living in remote areas



**59% of activities were reported to have engagement** with Aboriginal and Torres Strait Islander peoples living in remote areas



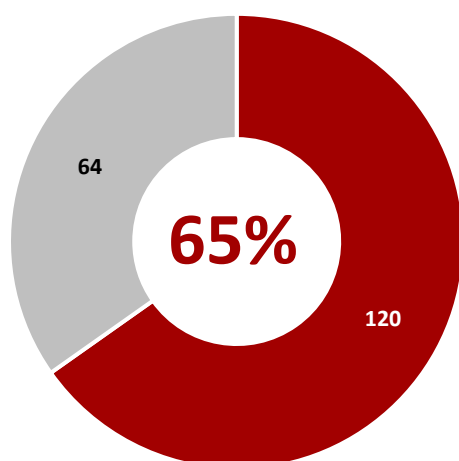
- 65% (120/184) of activities yielded exposure to Aboriginal and Torres Strait Islander young peoples (aged 12 to 24 years); 66% produced engagement with this priority group (see Figure 7).<sup>14</sup>

<sup>14</sup> It is important to contextualise the findings regarding engagement and exposure to Aboriginal and Torres Strait Islander young peoples. While several TIS teams reported running school-based activities, this did not necessarily mean that TIS teams could reach 100% of youth in an IREG. Possible reasons are:

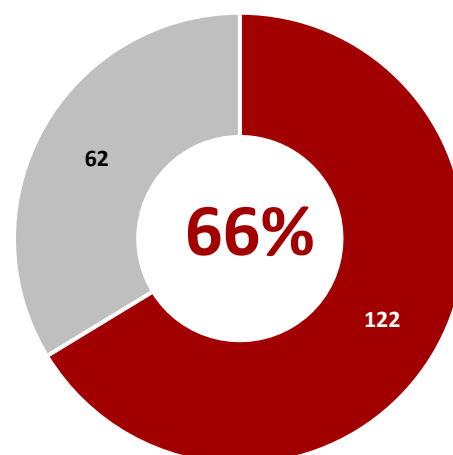
- TIS teams could only go to a few schools, but not all schools in an IREG.
- Not all youth are at schools and therefore, not all can be reached via school-based activities.
- Our data are about youth aged 12 to 24, and some school-based activities that TIS teams did might only include children in primary schools who are in a younger age group.

Figure 7: Percentage of activities with exposure to and engagement with Aboriginal and Torres Strait Islander young peoples (aged 12 to 24 years)

**65% of activities were reported to have exposure** to Aboriginal and Torres Strait Islander youth



**66% of activities were reported to have engagement** with Aboriginal and Torres Strait Islander youth



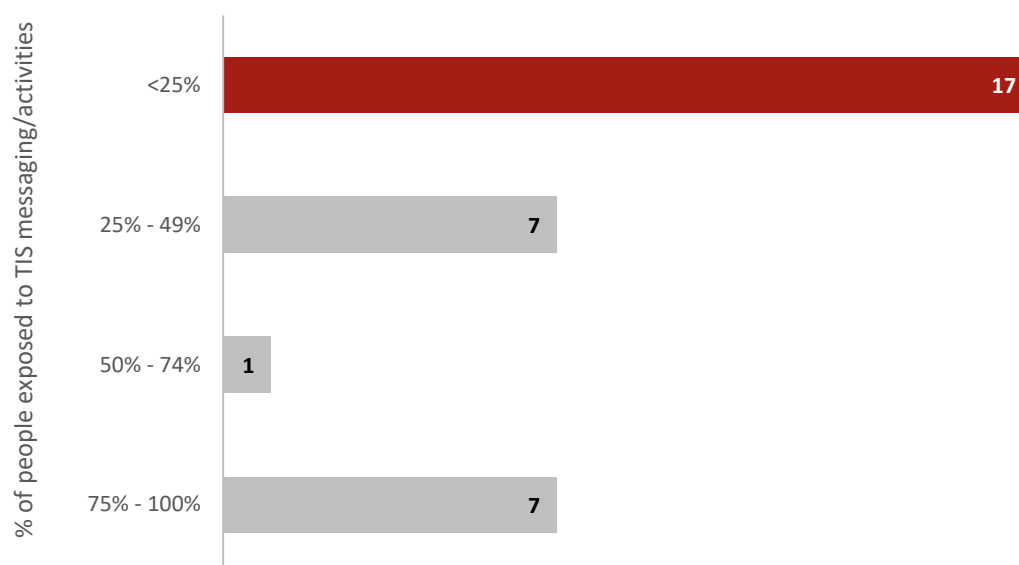
#### Exposure was low across most IREGs:

In nearly half of IREGs (17 out of 33<sup>15</sup>), 0 to 24% of Aboriginal and Torres Strait Islander peoples across the service area were estimated to have been exposed to TIS activities delivered between Jul and Dec 2023 (see Figure 8).

<sup>15</sup> Please note: of the 32 IREGs in which activities were delivered during the period, five had an estimated number of Aboriginal and Torres Strait Islander peoples exposed to TIS activities/messaging greater than the Aboriginal and Torres Strait Islander peoples' population in their IREG. For these IREGs, it is considered that 100% of Aboriginal and Torres Strait Islander peoples were exposed. This decision was made in consultation with the Department of Health, Disability and Ageing.

Figure 8: Estimated percentage of Aboriginal and Torres Strait Islander peoples across the service area exposed to TIS activity/messaging

In nearly half of IREGs, **less than 25%** of Aboriginal and Torres Strait Islander peoples were exposed to TIS activity/messaging



- The estimated exposure level varied significantly, ranging from 0 to 97%.
- The median percentage of Aboriginal and Torres Strait Islander peoples exposed to TIS activities/messaging was 15%, meaning that in half of the IREGs, less than 15% of Aboriginal and Torres Strait Islander peoples were exposed to TIS activities/messaging.

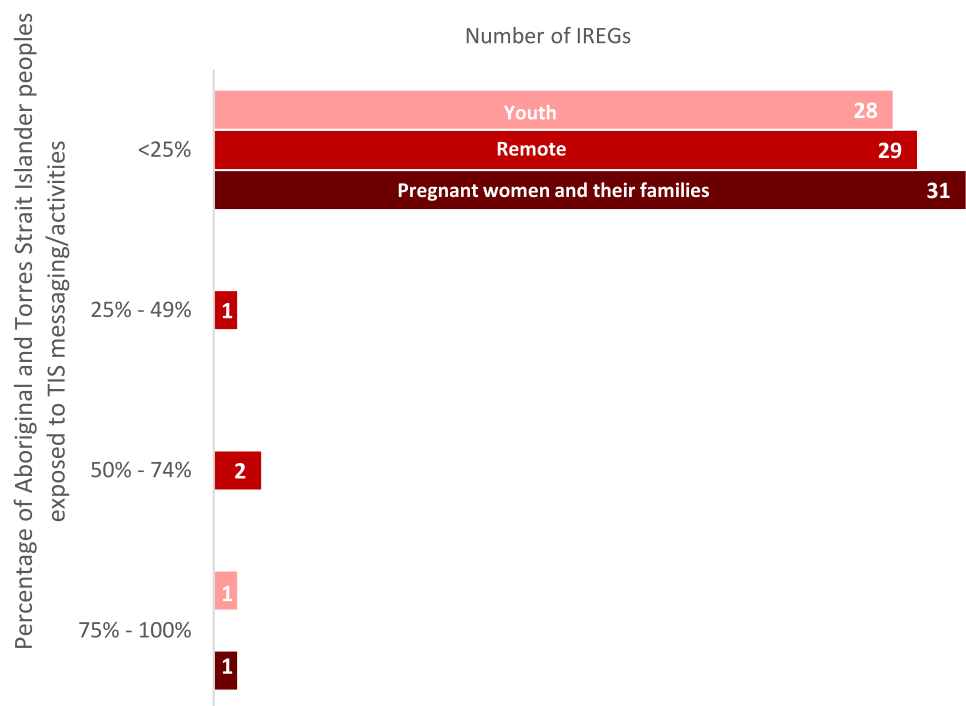
Similarly, **reported exposure to all priority groups was low:**

- In **31 out of 32 IREGs, 0 to 24%** of Aboriginal and Torres Strait Islander **pregnant women and their families** were **estimated to have been exposed** to TIS activity/messaging. Indeed, in 21 IREGs, none were exposed; the median of the estimated percentage of pregnant women and their families exposed to TIS was 0%. The highest exposure in an IREG was 98% (see Figure 9).
- In **29 of 32 (91%) IREGs, 0 to 24%** of Aboriginal and Torres Strait Islander **young peoples** were **estimated to have been exposed** to TIS activity/messaging. In 14 IREGs (44%), no young people were exposed, while the highest exposure in an IREG was 65%. The median of the estimated percentage of young people reached was 1%.

- In all but one IREG (27/28)<sup>16</sup>, 0 to 24% of Aboriginal and Torres Strait Islander peoples living in remote areas were estimated to have been exposed to TIS activity/messaging. In 19 IREGs (68%), no Aboriginal and Torres Strait Islander peoples living in remote areas were exposed; the highest exposure level was 100% in one IREG. The overall median estimated percentage of people living in remote areas who were exposed to TIS was 0%. However, when focusing only on the activities delivered by TIS teams based in IREGs classified as "remote," the median exposure was slightly higher at 0.4%. This suggests that TIS teams based/operating in remote IREGs were more effective at reaching people in remote areas than those based/working in urban or regional IREGs.
- It is important to note that these figures regarding exposure of the program to priority groups may reflect the early stages of the TIS program, when teams were likely more focused on reaching all people rather than specifically targeting priority groups. This could potentially explain the low overall exposure levels, especially among those priority populations.

Figure 9: Estimated percentage of Aboriginal and Torres Strait Islander peoples across the service area from the priority group exposed to TIS activities/messaging

In the majority of IREGs, **less than 25%** of Aboriginal and Torres Strait Islander peoples across the service area from the priority groups were exposed to TIS activities/messaging



<sup>16</sup> Of the 33 IREGs that delivered activities during the period, five had no people living in remote areas and were therefore excluded from this calculation

Qualitative data supported these findings, with **most TIS Coordinators reporting some progress with the exposure** of TIS messaging to the target communities. **Difficulties in recruiting and retaining staff** were identified as the **key reason for the relatively low progress with exposure**.

“It hasn't been as good as I would like. We haven't been as proactive as we should be. Again, it's about not putting too much pressure on one employee because we've just had two leave, and now we've got to recruit two more as of Monday. It has been a big struggle getting out there [with our messaging].” – TIS Coordinator

“I think just based on where the team's at and where the team's come from, we've definitely had a lot of success in reaching youth and young people as a priority population. One area we've really struggled with is pregnant women; we haven't had a lot of success recruiting Aboriginal women into the team, so our coordinator's an Aboriginal woman and we had another Aboriginal woman in the team who was going to be leading out in that space but has then left the role. So, it's quite interesting because in this industry, normally, it's hard to find Aboriginal men. Still, we seem to have them coming out of our ears, so it's finding an Aboriginal woman to lead that work [that is challenging].” – TIS Coordinator

On the other hand, a small number of TIS Coordinators reported **significant success with the exposure they are achieving with their TIS messaging**. They attributed this to **strategic planning to identify and address issues, using multiple channels for information dissemination, having good partnerships with local organisations, and having staff capacity**.

“I think [the exposure is] going well. Every month, I check in with the program coordinators, and we go through the activities that they've done. And I plot that on a graph, and then we look at what activities were not achievable, and then we plan to do those in the following months. So, if we do miss priority groups, we make sure we cover them in the weeks ahead.” – TIS Coordinator

“I feel like the brand has worked hard in itself to the point where we have a high demand. So, I feel like, for us, it's not really us reaching out to the community for our program. It's the community asking for us, and I feel like we've done that through networking and partnerships, especially the high-profile ones with NRL, netball, AFL.” – TIS Coordinator

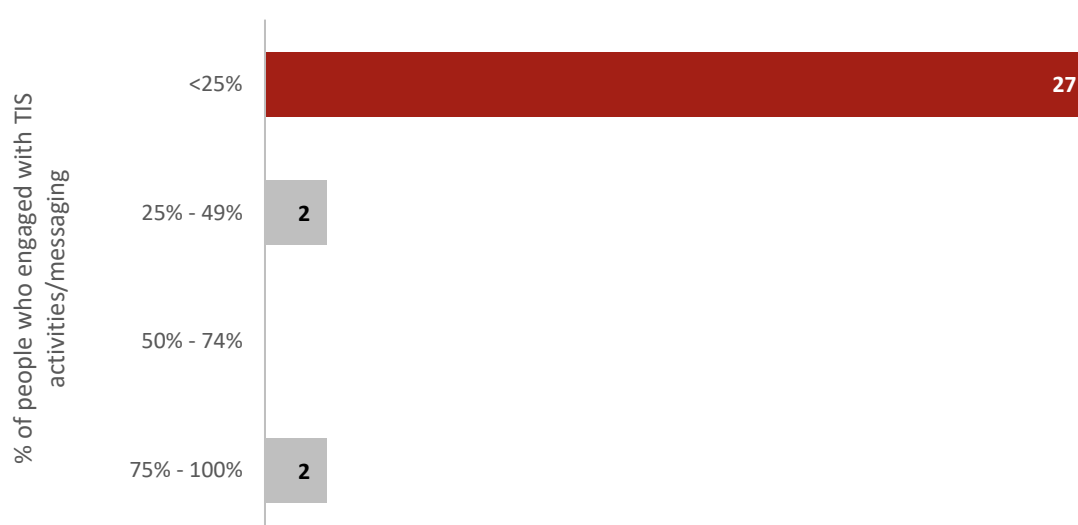
“We've had a good complement of staff, which really allows more capacity to travel to remote communities to deliver TIS. And that, in turn, obviously increases the number of deliveries. So, we've been doing really well [with exposure] the last couple of months because we have more capacity, because we have more staff. Also, we are doing great in terms of exposure. We use a wide range of communication channels such as social media, community events, weekly stalls, targeted campaigns, and workshops, as well as local media like [radio channel name].” – TIS Coordinator

**Similarly to exposure, engagement with TIS activity/messaging was low.**

- In 84% (27/32) of IREGs, TIS teams estimated that 0 to 24% of Aboriginal and Torres Strait Islander peoples engaged with TIS activities/messaging delivered between Jan and Jun 2024 (see Figure 10). The median percentage of Aboriginal and Torres Strait Islander peoples who engaged with TIS activities/messaging was 4%, meaning in half of the IREGs, teams estimated that less than 4% of Aboriginal and Torres Strait Islander peoples engaged with their activities/messaging.**

Figure 10: Estimated percentage of Aboriginal and Torres Strait Islander peoples who engaged with TIS activities/messaging

In a majority (27/32) of IREGs, **less than 25%** of Aboriginal and Torres Strait Islander peoples were estimated to have engaged with TIS activities/messaging



Similarly, engagement was low amongst priority groups:

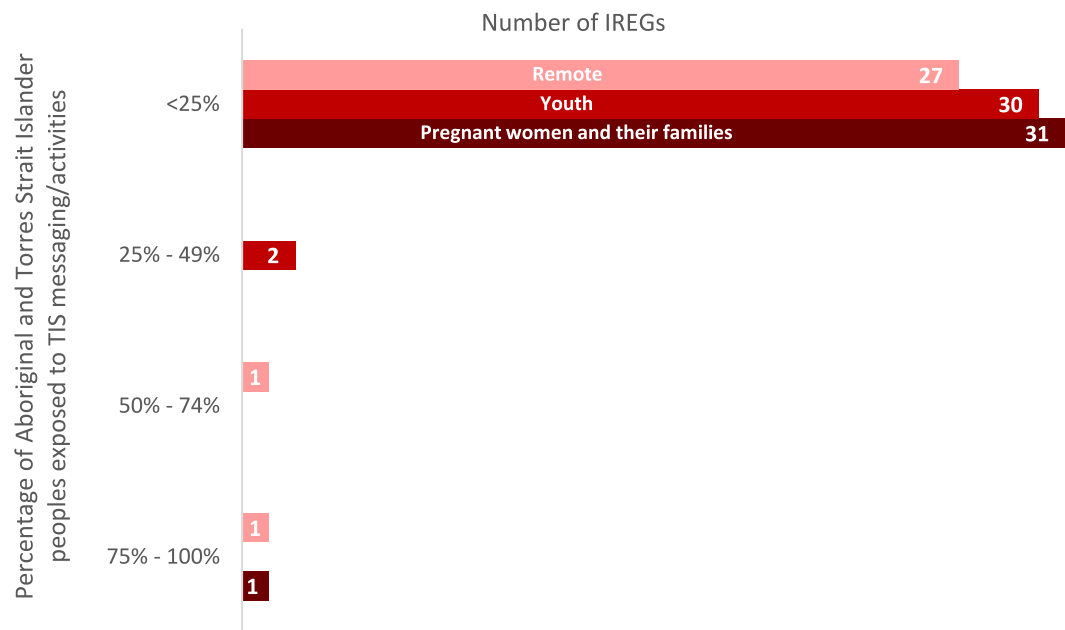
- In 31 out of 32 IREGs, 0 to 24% of Aboriginal and Torres Strait Islander pregnant women and their families** were estimated to have **engaged with TIS activity/messaging**. In 19 IREGs, none were engaged; the median percentage of pregnant women and their families engaged with TIS was 0%. The highest engagement in an IREG was 4% (see Figure 11).
- In 30 of 32 (94%) IREGs, 0 to 24% of Aboriginal and Torres Strait Islander young people** were estimated to have **engaged with TIS activity/messaging**. The median engagement level was 1%, indicating that half of the IREGs had engagement levels below this. In 13 IREGs (41%), no young people were engaged, while the highest engagement in an IREG was 36%.
- In 27 of 29 (93%) IREGs<sup>17</sup>, 0 to 24% of Aboriginal and Torres Strait Islander peoples living in remote areas** were estimated to have **engaged with TIS activity/messaging**. In 16 IREGs (55% of IREGs), no

<sup>17</sup> Of the 32 IREGs that delivered activities during the period, four had no people living in remote areas and were therefore excluded from this calculation.

Aboriginal and Torres Strait Islander peoples living in remote areas were engaged; the median engagement level was 0%. The highest engagement level was 100% in one IREG.

Figure 11: Estimated percentage of Aboriginal and Torres Strait Islander peoples across the service area from the priority groups who engaged with TIS activities/messaging

In a majority of IREGs, **less than 25%** of Aboriginal and Torres Strait Islander peoples from the priority groups were estimated to have engaged with TIS activities/messaging



The difficulties in increasing engagement, especially with some groups of communities were highlighted in the interviews with TIS Coordinators.

“I’m going to say no, not much progress with engagement. That’s something [our TIS-funded organisation] doesn’t do at the moment as we don’t have a communications team. So, we haven’t been putting out information on our social media pages. It’s mostly just word of mouth.” – TIS Coordinator

“The gap remains in the older community — they’re not a priority population. And, of course, the other difficulty is men; engaging men has proven to be challenging.” – TIS Coordinator

4.1.3 What are the barriers and enablers to TIS teams being able to achieve full reach? [sub-question 1.3.]

Qualitative data from the PR and interviews with TIS Coordinators revealed deeper insights into the enablers and barriers to increasing reach. As per the data, the key enablers to achieving full reach are:



- **Building and maintaining relationships** with the communities, community organisations and other stakeholders, which can be **supported by having TIS staff who are well connected to their own communities**
- **Connecting TIS events and messages to significant cultural or community events**
- Using **multiple platforms, modes, and channels** to promote TIS messages or events
- Developing **interactive and engaging activities**, including **incentivising participation**
- **Tailoring programs and activities** to the target communities<sup>18</sup>
- **Co-designing activities** with the target communities
- **Applying lessons on factors boosting engagement** to the design of programs and activities
- **Strategic planning of the logistics** of TIS events or messages

Across these enablers, **building and maintaining community relationships** through local partnerships, and community-based TIS staff were **key factors in strengthening reach**.

- Building **relationships and collaboration with other stakeholders**, such as local health services, community organisations, local councils, and schools, were seen as important enablers in achieving full reach. These relationships allowed TIS teams to collaborate to design resources and deliver activities to increase coverage, exposure, and engagement.

“We are currently working across our consortium organisations with the antenatal maternal family service programs and identifying how we can be collaborating together, where we can be sharing resources and working together around activities and what a campaign could look like in the future.” – TIS Coordinator

- Having **TIS staff that belong to the target communities** was another key enabler in increasing reach for organisations. Community-based TIS staff helped TIS teams build and maintain relationships with the target communities.

“We have a strong relationship with the community members through current resources that we have. And that has been really useful for us in reaching those communities. So, the team members in TIS, in some way, are kind of leaders of the community. And they have got very

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<sup>18</sup> Tailoring means adapting the activities or program to fit the specific needs, preferences, or context of a particular group or setting. Meanwhile, co-design is a collaborative process where stakeholders (e.g., TIS teams and the local community members) work together to design a solution. Codesign is about creating new solutions while tailoring is about changing or adapting existing solutions.

strong relationships and networks that have been really helpful in reaching the communities in towns and outside.” – TIS Coordinator

“For me, it's also employing local people who are connected to the community, who are well known so they can have that easy connection as well. And this is just my point of view; I don't think it's strategically smart to employ someone outside of your community to try and do community engagement work. I think you've got to employ someone local, someone that is also respected and someone with an open personality, that isn't shy to talk to people, isn't shy to engage with people.” – TIS Coordinator

- TIS teams noted that **in order to build and maintain relationships, they needed to consistently engage with the communities**, for example, by establishing a schedule for delivering TIS activities and by undertaking regular TIS activities in the community. TIS teams also noted the **importance of using culturally appropriate ways to build relationships**, such as through yarning, and doing activities on Country.

“Our team has established regular sessions in schools across the [part of the IREG], offering fortnightly or monthly sessions to ensure ongoing education and reinforcement. This consistent programming has effectively maintained student interest and enhanced information retention.” – Performance Report

“Yarning groups are great because it is a safe space to talk about their personal experiences, observations and learnings. We have had clients from the yarning groups contact us at a later date for help with finding quitting support pathways.” – Performance Report

- TIS teams identified that **connecting TIS messages or events with cultural or community events** was an effective method to expand reach, for several reasons. Firstly, this conveyed that addressing tobacco use is a step towards addressing historical injustices. Secondly, it reinforced that cultural traditions and health initiatives are not in conflict. Thirdly, it made anti-smoking messages more impactful and relatable.

“Sorry Day is a significant event that resonates deeply with [this community]. Integrating TIS into this event allowed for a seamless connection between acknowledging past injustices and promoting present-day health initiatives. The event's emotional significance helped draw attention and foster a sense of unity. By addressing smoking and vaping within this context, the message was delivered with greater impact and relevance, appealing to the community's shared experiences and values.” – Performance Report

“The NAIDOC Day event highlighted the importance of merging cultural celebration with health promotion. By combining traditional festivities with a focused effort on ‘Tackling Indigenous Smoking’, the event reinforced that cultural pride and health go hand in hand. The celebration

demonstrated that maintaining our cultural heritage can coexist with efforts to improve community health.” – Performance Report

“By incorporating smoking prevention into the rugby round, the event effectively leveraged the sport's popularity to reach a wide audience. Half-time presentations and player testimonials underscored the importance of quitting smoking and vaping, making the message more impactful and relatable.” – Performance Report

- **Using multiple platforms, modes, and channels** (i.e., TV, social media, community and sports events, and billboards) **to promote TIS messages and events** has helped teams cover a wider area within their IREGs, including the less accessible regions. However, TIS teams also highlighted the importance of developing strategies when employing these channels. For example, when using social media, TIS teams noted the importance of posting a question and photos to generate more engagement rather than just likes, and timing the posts during cultural or community events.

“We do a variety of programs. So, we do community ones. We do school-based programs. We just do stalls, and that focuses on the broader population. As I've mentioned, we've just attended the [event name], so a lot of the health promotion activity. We also do a lot of ads on TV, radio, and newspapers, just because our region's big and it's an easy way to help cover all the areas. And this year, we moved into utilising billboards on key highways throughout our region. We have social media and a lot of activity on there. We try to increase our interactions and followers with competitions and things like that, just so that that regular messaging is getting out.” – TIS Coordinator

“We've got a wide range of communication channels that we rely on. So, for example, we've got social media, community events, weekly stalls, and targeted campaigns and workshops. We also use local media like [radio name]. So, we use these communication channels to transfer the message to the community and ask them to join this program” – TIS Coordinator

“It was helpful to stay active, sharing relevant and significant content during busy times of the year (NAIDOC, Survival Day, Reconciliation Week etc.). This also keeps the audience neutral and organically engaged. Posting strictly about smoking and vaping can be overwhelming and may deter people from engaging with our content.” – Performance Report

- TIS teams' development and **use of interactive and engaging activities** such as competitions or visual materials was considered **very important for engagement**. Providing an incentive, such as the TIS-branded merchandise can help drive participation in TIS activities.

“A lot of the focus has been on having TIS information stalls at events and festivals, and yeah, the level of engagement has been surprising for us - we're getting great engagement. I think that comes down to the activities that we have on offer at our stores. There's a bit of a

competition; there are engaging activities; a bit of a photo booth. I think that's what really drives engagement. And then in terms of their social media, we've created an Instagram filter, and we use that as a competition, and then drawing people in to use it and share it on their platform, and hopefully that would increase exposure of our social media and hopefully more engagement." – TIS Coordinator

"So, all of our merchandise is branded with the TIS campaign. And the exclusivity of these merchandise is that people or the community who understands that they can't get our merch unless they've done a TIS activity in return. So, from an exposure point of view, if we see community members with certain TIS merchandise, there's only one way they could have got it, it's through a TIS activity. We just don't hand them out for the sake of handing them out. There is a return investment for us is that we will get people to engage with a TIS activity to access that." – TIS Coordinator

"We do those community events where we've got those engaging activities, whether we've got little surveys on the iPads. The kids love them. We try and make them interactive. But as well, the spinning wheel with different questions and the merchandise as, you know, the drawcard for them, the carrot that hangs there. They love that, but they can't get any of that merchandise and things unless they've answered questions. They've had a yarn with us. And they engage in our activities. Same goes with when we do any sort of session, whoever's been engaging in there, we will always make sure they get something." - TIS Coordinator

"We have enhanced our interactive resources by acquiring additional variety of tobacco education models to boost engagement at our stalls. These resources include:

1. 'Mr Gross Mouth': This model vividly depicts conditions such as gingivitis, carcinomas, and tooth decay, providing a visually impactful way to explain the reasons for avoiding tobacco.
2. 'Smokey Eyes Goggles': These goggles simulate the effects of serious diseases caused by smoking, emphasizing the importance of choosing not to smoke.
3. 'Tobacco Ingredients Display': This display reveals some of the many harmful chemicals found in tobacco smoke. The models inside the large cigarette aim to increase engagement by highlighting just a few of the more than 7,000 chemicals smokers expose themselves to when they inhale tobacco smoke." – Performance Report

- **Tailoring** programs and activities to the target communities was credited with increasing engagement by various TIS Coordinators. Effective tailoring of programs included using local languages, collaborating with local champions or ambassadors, and a consideration of socio-economic, cultural, and geographic differences between each community.

“And I think the key strength [of school programs] is the fact that this education is being delivered in language. Which is also just in contrast to a lot of the school set ups where a lot of the school teachers ... speak in English. Having educators that are speaking in fluent [community language] is a real strength of the program.” – TIS Coordinator

“Our coverage and outreach strategies align with the uniqueness of the communities. So, we have various strategies, that includes – like the partnerships that we built and established with different stakeholders in different communities. And also, we've got targeted campaigns to engage residents in different areas. And these targeted campaigns, they have been really useful for us. We rely on our own existing relationships, and we always try to expand it. So those relationships and networks that we have, they have been really useful in community reach and engagement. So, answering your question, the strategies and coverage depend on the uniqueness of the communities – including geographical distance from the town.” – TIS Coordinator

“So, it's really good to be able to utilise the things that we do have in the program for the community, like our partners and our ambassadors that come out to the community if we've got events and all that sort of thing. I think it's quite a draw card. Yeah, people love seeing the ambassadors come out.” – TIS Coordinator

“The TIS teams are always reflecting on their performance reports about who they're reaching. And I think that's a real blessing in disguise because they're constantly trying to improve their processes, where they're going, and what works in their community. So even though they're unable to reach them, it'll take time. And they're recognising those challenges as they go and developing their next AWP to work with the community needs. So, I think it's just like a cycle, isn't it?” – National Support stakeholder

- **Co-designing activities** with the target cohort was another major factor contributing to strong engagement with the TIS activities. The co-designing process helped TIS teams ensure that the activities and programs would connect with the target audiences and influence engagement.

“If you want to engage people, you have to do exactly that - co-design and co-create, because then people have ownership.” – TIS Coordinator

“It's all community-designed, developed, and run. So, we know where we're going to get the engagement. If we're going to get people turning up and we've got that audience, then, you know, it's really easy to engage with them if they want to be there for something else. Generally, if you've got food and you've got an activity they want to do, they'll hang around. So, yeah, that's a real big thing for us.” – TIS Coordinator

- Some TIS Coordinators highlighted **the importance of applying lessons they have learnt on what drives or hinders engagement, and redesigning their activities accordingly**. This is also an example of how TIS teams contribute to growing the evidence base.

“Not everyone watches the social network or television or the radio ads that we target. So, I think for this year-round, we might swap a little bit. We'll go with a different radio station and try that way or change our tactics when we do our social post to try and target an older group or a younger group. I think it's just about trying to find that balance of what really works for you. And so far, social works for us really well for the [region name]. Obviously, it's a digital era that we're in and there's so much of it in [region name].” – TIS Coordinator

“We look at if kids were actually engaged in [TIS activities]. Did they find us engaging? If not, when we return for a second session with the boys, will we change it slightly. Will we send one of the girls and one of the boys from the team or will we send two of the boys? It just depends.” - TIS Coordinator

- TIS teams also reported that **strategically planning the logistics of TIS activities** acted as **an enabler for increasing reach**.

“Location & timing of the stalls- Our TIS teams strategically set up stalls in areas with high foot traffic including outside the [...] shops and inside the [school] gym during volleyball and basketball games in [the region]. This ensured that our target groups had direct access to TIS educational materials and resources, thereby increasing exposure. The timing of the stalls also played a significant role in increasing engagement. Most teams set up stalls during mid-morning when shops were most frequented or after school hours. For instance, a stall was set up after school hours in Sport & Rec Hall during the "back-to-school" event organised by [the school]. Although the team initially targeted the djamarri [the children], the timing allowed both parents and children to attend, expanding our educational reach beyond our initial target audience. The strategic location and timing resulted in a total of 45 participants visiting the stall, including 10 from our target demographics.” – Performance Report

Qualitative data from the PRs and interviews with TIS Coordinators suggest that the key barriers to achieving full reach are:

- Environmental factors** such as geographic barriers and weather.
- The process of establishing partnerships** with other organisations to deliver TIS activities and messages.
- Difficulties in hiring and retaining appropriately skilled staff.**

Across these challenges, **geographic barriers**, including remoteness, the size of the IREGs (distances between locations), and weather events were the common obstacles facing organisations in achieving full coverage.

- The **geographically remote locations** of some communities made it difficult for many TIS teams to reach them.

“Some remote communities are harder to reach, and they will be disadvantaged in some sense. There are lots of reasons behind that. What can we do to include them and involve them in activities? That's something that we need to look into in future programs. So, the geographic barrier is a factor to consider.” – TIS Coordinator

- The **size of the IREGs and distances between locations** made it difficult for organisations with limited resources and personnel to reach all communities.

“Staff travel is a challenge. So, whilst for a lot of people, [IREG name] might seem small, to travel from the head office to [another part of the IREG] is probably a three-hour drive. FEA [Fiscal Employment Agreement] has policies about how many hours people can spend in the car. And whether they travel on their own or that they don't travel on their own.” – TIS Coordinator

“Look, for the work we do and the resources that we have, it just costs too much to be able to put people in each area. We essentially need a team together that can deliver the programs and the activities and the events and that sort of thing. And I think the region is spread out too thinly for two teams that have a couple of program officers in each one. And another big thing up here is recruitment, so I think our capacity for staffing is around five program officers. We're currently at four. But even then, that's over two different teams. So that would be three in one place, and two in another, or something like that. Yeah, it's quite stretched and then, like I was saying, those other areas in the region that I think are just way too far for us to even service, I'm not sure why they're even included in the [region] like that. I don't think it's realistic.” – TIS Coordinator

- **Weather events** such as the wet season and flooding have created obstacles for TIS teams in accessing certain regions in their IREGs.

“Over the past few years, we've had a bit of challenges. We had a few floods in our region, so the roads weren't great, and we had to resort to doing a few Zooms and stuff like that or just sending out info packs across the region.” – TIS Coordinator

“There are still a few communities we just can't get into, though. Whether that be the wet season or complex issues that are happening almost every time we try to get out there. We

had a TIS crew go up the [region name], they ran off the road and had an accident and couldn't make a community that we've wanted to go to for quite a while. So, of course, then the car's got to go down to [city name], get fixed up and then come up here. So, there's a range of issues that stops us from getting to places." – TIS Coordinator

- **Establishing partnerships** with organisations was highlighted as an obstacle to achieving full reach by multiple TIS Coordinators as well as one of the National Support stakeholders.

"I think there is still a long way to go for some, and really two years in, some teams still don't have a partner to service regions." – National Support stakeholder

"We haven't been able to get a subcontract by [organisation name] yet, and so we haven't been able to start very much there." – TIS Coordinator

- **Difficulties in hiring and retaining appropriately skilled staff** reduced many TIS teams' ability to service some regions under their IREGs.

"I think part of the reality of working in the [region] and in remote areas is that we do find we have staff coming and going in that they're leaving the organisation to move back to [other parts of Australia]. Or, if they live in the community, they have various cultural responsibilities and events to attend. So, we are constantly juggling staff shortages." – TIS Coordinator

"I think the biggest one is staffing to manage the programs. Because I've only got four staff members, so that's why, yeah, it's just hard to try. [...] You've got to meet your KPIs, and you don't want to burn your staff out. So, it's those sorts of things. Like I think at this point in time, [the major challenge is] just staffing." – TIS Coordinator

"Yeah, I think it'd be easier if we had a Program Officer for each region. But, in saying that, we cut a position because salaries were so low. So, to be able to maintain the good staff that we have, we had to cut that position to compensate for the staff we have." – TIS Coordinator

#### 4.1.4 In what ways can the TIS program be improved to better achieve full reach? [Sub-question 1.4]

TIS teams had multiple suggestions for improving the reach of the TIS program in their jurisdiction. Many **suggestions included** activating the enablers discussed above such as **strategically planning logistics, building partnerships, developing interactive materials/activities, and effectively promoting TIS activities or events**. TIS Coordinators and staff also identified other suggestions, including:

- **Having access to more funds for TIS teams, increasing staffing, and resources**
- **Appropriate and accessible training for TIS staff**
- **Tailoring programs to various target communities**



One of the most suggested solutions for improving the TIS program's ability to achieve full reach was **increased funding, staffing, and resources**. This suggestion corresponds to some of the challenges identified by the TIS Coordinators.

- **Increased funding, staffing, and resources** were considered important in achieving full reach as this would allow organisations to hire and retain staff and reach multiple locations concurrently and regularly. Some TIS Coordinators mentioned that because they were servicing rural and remote IREGs the cost of travel was high and they would like to have more funding to cover such costs.

"It would be good to have enough funding to fund another staff member, but then also to be able to offer them more. Because if then they lose motivation halfway through the term because they're not getting a good pay and then just completely run off their feet. So that would be staff retention and salary would be massive help. Because that's all that's said it's an awesome job. It's really rewarding, but for what you're expected to do and in the amount of effort you've put into it, you don't get a good pay out of it." – TIS Coordinator

"I don't mean to sound bad, but I think when you've increased the budget or more staffing. I think we need more staffing. We need more budget, because the travel costs so much more out here and it takes more time. [TIS] needs more people." – TIS Coordinator

"And the other thing is we need to make sure we've got appropriate and enough resources. So, resource allocation is also an important factor. And we need to make sure we've got appropriate and enough number of staffs that can access the community members and seek their advice and gather information from them about the program and how it works. To be honest, funds are also an important factor. So, we need to have more funds." – TIS Coordinator

- **Appropriate and accessible training for TIS staff** was another major suggestion made by the TIS Coordinators for improving their ability to achieve full reach.

"So many of these workforce training opportunities we find just aren't appropriate for our workforce because they are so targeted at people that can already access university institutions. It's just the barriers getting to get our staff to be able to one, just go to that training, but to really meaningfully participate in that training in a way that is appropriate for them is just such a big challenge. And even just computer literacy skills, I think it can be really hard to fully explain the challenges for our remote workforce for people that haven't experienced it themselves." – TIS Coordinator

"Similar to a lot of our non-clinical Aboriginal community workforce, these established training pathways don't exist, and it does present challenges for how can we encourage career progression? How can we encourage independence and leadership within our location-based teams? At the moment, the structure of our team is very reliant on Fly-in Fly-out, which is

hugely expensive for the organisation and our team. And also not the best long-term sustainable model and I don't know necessarily what help you guys could provide there, but I think there is a whole piece of work that could be done around workforce development that is more specific to our really remote teams where English literacy is really low and the strength of culture, which is a huge positive, is so alive and well that it means there are sometimes these other challenges that come with remote living.” – TIS Coordinator

“One of the things that we've been focusing on quite a bit is communication training. Because to be a TIS worker, you need to be a good communicator, and that's communicating at all levels. So, we're trying to bring that to the table a little bit because we know that there are some people who are quite shy to stand in front of a large group, like a bunch of youth and talk through the TIS message. There are also people who are quite shy to have that one-on-one conversation. So, we've been doing things around in communication.” – TIS Coordinator

- To improve engagement and reach, TIS Coordinators considered it important to **tailor programs to cater to the unique needs and cultural nuances of the various target communities**. One suggested way to achieve this was to involve community members when designing activities.

“We need to make sure the program delivery is tailored to what the community needs and wants. We can't simply design a program and say, ‘Hey, this is what works for everyone.’ So, it should be culturally appropriate and flexible in terms of scheduling.” – TIS Coordinator

“Regarding how we reach those targeted audiences, and potentially, I think we fall back on doing the same thing. So, we take the same resources, and we take the same pamphlets, and we have the same messaging probably needs to be looked at in a way that we need to be smarter around the redevelopment of those. And a lot of that falls back into that community consultation and that engagement with our community to find out what is important to them, what messaging is going to have an impact on them to rethink about whether they're going to smoke or quit or vape or quit.” – TIS Coordinator

## 4.2 TIS teams' engagement with local communities and services

### [Question A2]

This section seeks to answer evaluation question A2: *To what extent do TIS teams engage with local communities and services? What are the barriers and enablers to engagement between TIS teams and local communities and services?*

#### Key findings

*To what extent do TIS teams engage with local communities and services?*

- We found that one year into the TIS funding period, **strong partnerships exist between TIS teams and local quit support services**, with a large number of partnerships and referrals being made.
- TIS teams **frequently engaged** external organisations and community members in the design and delivery of their activities, most often through **consultations, yarning or focus groups**.
- External organisations and individuals were more likely to provide **support to TIS teams than to lead or advocate** for tobacco and e-cigarette control activities.
- **The level of support and leadership** from communities and services for TIS **varied significantly across different IREGs**. This suggests that **while some regions have strong local engagement, in other IREGs, engagement with organisations or community members can be improved**.

*What are the barriers and enablers to engagement between TIS teams and local communities and services?*

- **The TIS team staff and the depth of their relationship with local communities, external organisations, community members, and services** can pose significant enablers or barriers to their engagement with each other.

#### 4.2.1 What is the relationship between TIS teams and local quit support services? [sub-question 2.1]

We found evidence for **strong partnerships between TIS teams and local quit support services in the Jan-Jun 2024 period**, with a large number of partnerships and referrals being made. **TIS team staff and the depth of their relationship with local communities and services** were identified as **influential drivers of engagement between the two**.

Jan-Jun 2024 Performance Report data revealed that:

- A total of 95 partnerships were formed between TIS teams and quit support services across 33 IREGs during the Jan - Jun 2024 reporting period. On average, three partnerships were formed per IREG.
- A total of 113 partnerships were formed between TIS teams and services that refer to quit supports across 33 IREGs. On average, three partnerships were formed per IREG.
- Quit support information was distributed or displayed at 98% of TIS community education or community engagement activities (141/144 activities) delivered across 31 IREGs. The percentage of activities featuring quit support information varied between 50% and 100% across the IREGs. Notably, 28 IREGs (90%) ensured quit support information was present at all (100%) of their community education or engagement activities.

- A total of 99 referral pathways were established between TIS teams and quit supports across 33 IREGs. On average, three referral pathways were established per IREG.

**Qualitative insights support evidence of strong partnerships with local quit support services, with knowledgeable and trained staff being a key enabler.**

According to most TIS Coordinators, their TIS teams had **strong partnerships** with other **organisations that support tobacco and e-cigarette control** as well as **organisations that refer to or provide quit support**, such as Quitline, local hospitals, General Practitioners (GPs), Quitline, ACCHOs, AMSs.

“We've got multiple partnerships with Aboriginal Medical Service across regional [State Name]. Part of our work is that we refer people to utilise their local Aboriginal Medical Service for any form of medical support, which also includes ‘quit support’ for smoking or vaping, but that's our main referral link for people to access their local Aboriginal Medical Service to seek that professional and medical support. Also, the partnerships are quite sound and quite strong because we formulate a state-wide approach in this space, and the majority of the Aboriginal Medical Services are all on board as a referral pathway for mob to access” – TIS Coordinator

“We also work with AMSs, not just within our area, but outside our hosts. So, we have access to referral pathways to doctors and things like that. We have worked with Quitline as recently as in [event name]. So, we have a path with them and take the referral forms wherever we go. We also offer an incentive if people attend some of our community programs and want to be referred to Quitline.” – TIS Coordinator

“I think we've done quite well. We've jumped into hospitals that have picked up no smoking and no vaping. That's because of our team. We're mainly focused towards second-hand and thirdhand smoke in those areas. We've also partnered with football organisations such as [name] Football Club, and they went smoke-free and vape-free within their club and made sure that the grounds were also smoke-free and vape-free, and that a message was sent out every 15 minutes within a game.” – TIS Coordinator

The TIS Coordinators believed that **having knowledgeable and experienced staff** was a **key enabler** in partnerships with organisations that support tobacco and e-cigarette control and quit support services.

“So, the team - I'm very lucky to have staff members who have been in TIS for several years, so their knowledge [of the Quitlines or smoking cessation support services] is very good. Whether it be a health clinic or other, and whether they're local, whether they're national and having access, whether it's by telephone or actually going into an office or a building, or a clinic, or a site, so I'd say, ‘they're very good’.” – TIS Coordinator

Similarly, a **lack of knowledgeable or trained staff** was considered a **hurdle** to achieving strong partnerships with organisations that support tobacco, and e-cigarette control and those that refer to or provide quit support services.

“I’ve just come into the [TIS] program in April in this role and we’ve had a lot of staff turnover. I’ve finally got a full team, and we’re doing a lot of training like they’ve done in Brisbane. So, a lot of the training is around making quit referrals to Quitline and doing more community-based stalls. But yeah, I think Quitline is the main one that we’ve utilised. But because I’ve got such a fresh team, they’re still getting trained, they’re still working up to be able to ask the question, but, you know, not a lot of them want to do quit support, like as in the Quitline referrals. But yeah, we do have some good conversations and yarns around quitting and why it’s good to go to Quitline. But yeah, as I said, that’s something that we’ve got to as a team, and we’re working within the clinic to make it better for our patients that come through because we have identified people that smoke, they want to quit, but like getting that better education from our health workers. So, many conversations are happening within the space here at [organisation] about getting our health workers trained up and supporting them in referring people to the GP.” – TIS Coordinator

#### 4.2.2 What impact has the relationship with local quit support services had on TIS teams’ likelihood to refer on to these services? [sub-question 2.2]

Though we were unable to directly measure the impact of TIS teams’ relationships with local quit support services, we have evidence that **the majority of TIS staff** reported **feeling confident about knowing who to refer community members to** if they want quit support. **Additionally, TIS staff** also reported that they are **likely to refer community members to quit supports**. We found subsequent evidence of **a large number of referrals being made**, as reported by teams in Performance Reports.

Specifically:

- **Over 90%** of TIS staff survey respondents reported **feeling very confident** (64/117, 54.7%) or **confident** (43/117, 36.8%) about **knowing who to refer** community members to if they want quit support.
- **Over 80%** of TIS staff survey respondents reported that they were **very likely** (81/116, 69.8%) or **likely** (16/116, 13.8%) **to refer community members to quit supports**. Only two TIS staff survey respondents (1.7%) said they were unlikely to refer people to quit supports.
- Over the Jan to Jun 2024 period, TIS teams reported making a total of **6,426 referrals to Quitline or local quit support** across 33 IREGs. This is **an increase** from the Jul – Dec 2023 period where **a total of 2,370 referrals were made**.

- **There was great variability across different IREGs with the number of referrals ranging from 0 in six IREGs to 4,325 in one IREG.** The median number of referrals was 20, meaning that teams in half of the IREGs made a smaller number of referrals.

#### 4.2.3 To what extent have TIS teams engaged external organisations and community members in the design and delivery of tobacco and e-cigarette control activities? [sub-question 2.3]

TIS teams **frequently engaged external organisations and community** members in the design and delivery of their activities. The most common form of input from local community members was via consultations, yarning, or focus groups. The different forms of community engagement have allowed organisations to tailor their resources and services to meet the needs of their target cohorts while also embedding cultural safety.

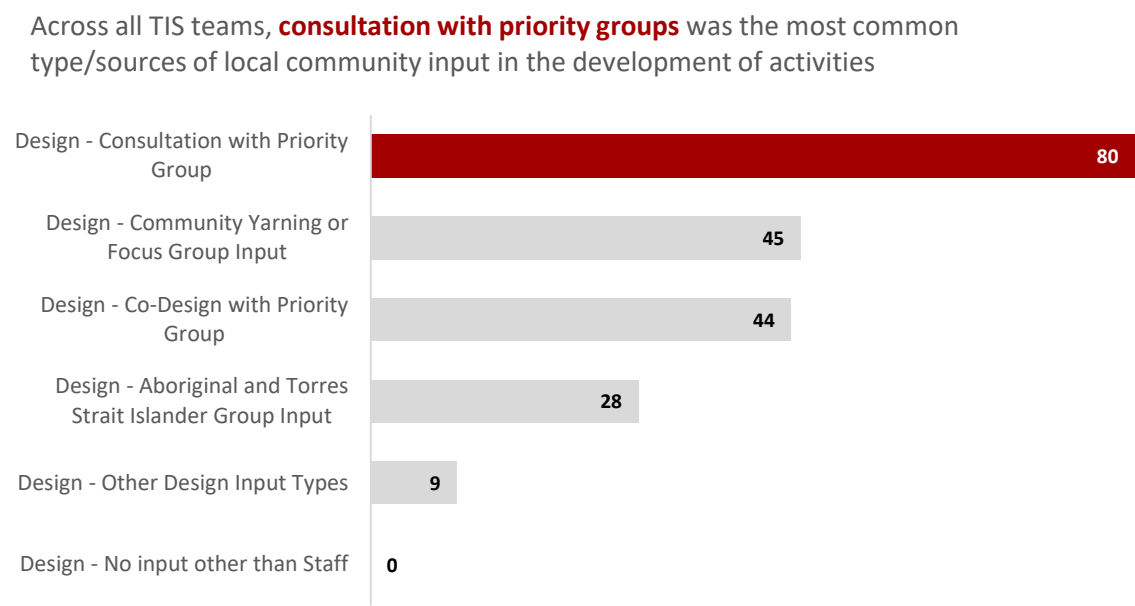
Using Performance Report data, we were able to identify TIS teams that worked collaboratively with external organisations/community members. Specifically, teams were deemed collaborative if at least one of the activities they delivered in the IREG during the period was delivered in partnership with a non-TIS organisation/entity.

We found that:

- In **all but two IREGs** that delivered an activity (30/32, 94%), TIS teams **worked collaboratively** with external organisations or community members on at least one activity. TIS teams **collaborated with** external organisations or community members **on 71%** of the activities.

According to the Jan - Jun 2024 PRs, TIS teams **developed over half** of their tobacco and e-cigarette control activities (124/217 activities) **with input from local community members**. TIS teams most frequently engaged with community members through consultation or co-design with priority groups, or through yarning and focus groups (See Figure 12).

Figure 12: Distribution of the different types of input from the local community used in the development of activities across all TIS teams



In the interviews, TIS Coordinators discussed in detail how the different forms of **community consultations** have **allowed organisations to tailor their resources and services to meet the needs of the target cohort while also embedding cultural safety.**

“We took a lot of time in the beginning to do a lot of co-design work with the community. We got some very clear, very loud and very coherent messaging from the community that they didn’t want to see negative images of Aboriginal people. They didn’t want to see blame. They wanted to see culture embedded into everything that we do with TIS. They didn’t want to see another NRL star on their screens. They wanted to see local heroes. We used those core concepts to design all of our strategies, this is the only smoking we do, which is all around using smoking ceremonies, getting back to culture, and healing. If you’re sick, the Country is sick. So, it’s really central to our strategy that the programs are guided by not only Elders but young people as well.” – TIS Coordinator

“We try to deliver extensive community consultations to ensure that the work that is being produced is what the community actually wants to see and then trying to incorporate local language and stuff like that, to really make sure that we’re encapsulating, that this is not just some generic thing targeted at the whole of Australia. Even when we partner with state or national campaigns and stuff like that, we’ve delivered focus groups and stuff throughout the various communities to try and find ways to localise a lot of the content and stuff we deliver. So, I would say that we try to do our best to represent Aboriginal and Torres Strait Islander culture and customs when it comes to how we deliver our program.” – TIS Coordinator

#### 4.2.4 What impact has building these relationships had on the engagement and participation of external organisations and community members in the design and delivery of tobacco and e-cigarette control activities? [sub-question 2.4]

We found a **large number of external organisations and community members provided support** to TIS teams in the design and delivery of tobacco and e-cigarette control activities. However, **the level of support** for TIS from communities and services **varied significantly across different IREGs**. This suggests that **while some regions have strong local engagement, in other IREGs, engagement with organisations or community members can be improved**.

To examine the impact of TIS teams' relationships with local communities and services on the engagement and participation of external organisations and community members, we examined the following statistics from the Performance Reports:

- The number of organisations outside of TIS teams that provide support for TIS tobacco and e-cigarette control by providing or sharing their time, materials, space, or access to their networks.
- The number of people (as individuals, not representing organisations) outside of TIS teams who provide support for TIS tobacco and e-cigarette control by providing their time, materials, space, or access to their networks (e.g. Local Ambassadors or Champions).
- The number of organisations leading or advocating for tobacco and e-cigarette control activities.
- The number of community members (as individuals, not representing organisations) leading or advocating for tobacco and e-cigarette control activities.

We found that:

- A total of **631 organisations** outside of TIS teams were reported providing support for TIS tobacco and e-cigarette control across 33 IREGs. On average, **19 organisations per IREG provided support**. TIS teams in two IREGs reported that no organisations provided support, while the highest number of organisations reported to have provided support in an IREG was 100.
- Between Jan and Jun 2024, a total of **7,833 people** outside of TIS teams were reported to have provided support for TIS tobacco and e-cigarette control across 33 IREGs. **The median number of people who provided support was 12**, meaning that in half of the IREGs, the number of people who provided support was fewer than 12. There was **great variability across IREGs** with the number of people who provided support **ranging from 0 to 7,258**.
- A total of **236 organisations** were reported as **leading or advocating** for tobacco and e-cigarette control activities across 33 IREGs. The median number of organisations leading or advocating was three, meaning that **in half of the IREGs, more than three organisations led or advocated for**



**tobacco or e-cigarette control.** Once again, there was **great variability across IREGs**, with this number ranging from 0 to 48.

- A total of **369 community members** were reported as leading or advocating for tobacco and e-cigarette control activities across 33 IREGs. The reported number of community members **ranged from 0 to 200.**

### 4.3 Use of culturally safe and evidence-based approaches (Question A3)

This section seeks to answer the following evaluation question:

*To what extent are TIS teams implementing culturally safe, evidence-based activities about the harms of tobacco and e-cigarette use, the benefits of reducing uptake and cessation and the benefits of reducing exposure to second-hand smoke and/or aerosol? What are the barriers and enablers to TIS teams implementing culturally safe and evidence-based activities?*

#### Key findings

*To what extent are TIS teams implementing culturally safe, evidence-based activities about the harms of tobacco and e-cigarette use, the benefits of reducing uptake and cessation and the benefits of reducing exposure to second-hand smoke and/or aerosol?*

- We found **strong evidence of cultural safety** in TIS program, with the majority of **TIS activities being culturally grounded** in local ideas and languages.
- TIS teams embedded **cultural safety in their activities by tailoring TIS activities** to meet the cultural and contextual needs of each of their target communities. TIS teams ensured cultural safety by **seeking community feedback** when designing and delivering TIS activities, using **resources produced by local community members**, and by providing **cultural training and resources to TIS teams.**
- However, a **majority of TIS teams did not share the data on program outputs and outcomes with the community.** This is one of the only aspects of **cultural safety that the TIS teams need to improve** on by sharing data with the community. The few TIS teams that **shared the data used various channels** to do so, such as yarning sessions, community representatives, social media, summary sheets, as well as using other ways appropriate for the respective communities.
- The **majority of TIS activities** delivered were **evidence-based.**

- Both TIS teams and National Support stakeholders acknowledged that **TIS teams are not just using evidence, but also actively expanding the evidence base** by conducting their own consultations and research to understand what works for the communities.

*What are the barriers and enablers to TIS teams implementing culturally safe and evidence-based activities?*

- The involvement of Aboriginal and Torres Strait Islander staff**, especially those from the target communities, was identified as a **major enabler** of cultural safety. **Barriers** to TIS teams implementing culturally safe activities were **difficulty recruiting Aboriginal and Torres Strait Islander staff** from the target communities and **difficulty meeting the diverse cultural needs of different communities**.
- Enablers** to TIS teams implementing evidence-based activities were **having resources and learning from NBPU and other TIS teams**. **Barriers** to using evidence-based approaches in TIS activities are **high staff turnover, and lack of appropriate training**.
- To support more evidence-based activities, TIS Coordinators said there is **a need for inter-organisational sharing of information**. According to them, **organisations working in similar contexts**, i.e., remote, regional, or metro, should be supported to **collaborate and interact more effectively** to share what works and what does not.

4.3.1 To what extent are TIS teams' activities covering each of the content areas (harms of tobacco and e-cigarette use, the benefits of reducing uptake, the benefits of quitting and sustained cessation, and the benefits of reducing exposure to second-hand smoke and/or aerosol)? [sub-question 3.1]

TIS teams' **activities were largely covering each of the content areas**. The most common types of TIS activities were development and distribution of branded collateral, followed by community education, development and distribution of promotional resources, and community engagement.

We used the Jan-Jun 2024 PR data to examine the number of activities that occurred in relation to each of the three content areas, by type of activity. The three content areas were:

- Aim 1:** Reduce uptake of smoking or recreational use of vapes
  - This covers the harms of tobacco and e-cigarette use, and the benefits of reducing uptake
- Aim 2:** Increase smoking or recreational vape cessation
  - This covers the benefits of quitting and sustained cessation
- Aim 3:** Reduce exposure to second hand smoke or vape aerosol

- This covers the benefits of reducing exposure to second-hand smoke and/or aerosol

Of the 184 activities delivered during the Jan to Jun 2024 period<sup>19</sup>:

- 69% (127/184) of activities had the aim of reducing uptake (Aim 1).
- 61% (113/184) of activities had the aim of increasing cessation (Aim 2).
- 55% (101/184) of activities had the aim of reducing second hand smoke or vape aerosol (Aim 3).

The data indicates that TIS teams' activities are largely covering each of the content areas, but reducing uptake is a more popular aim of activities than reducing exposure to second hand smoke or aerosol.

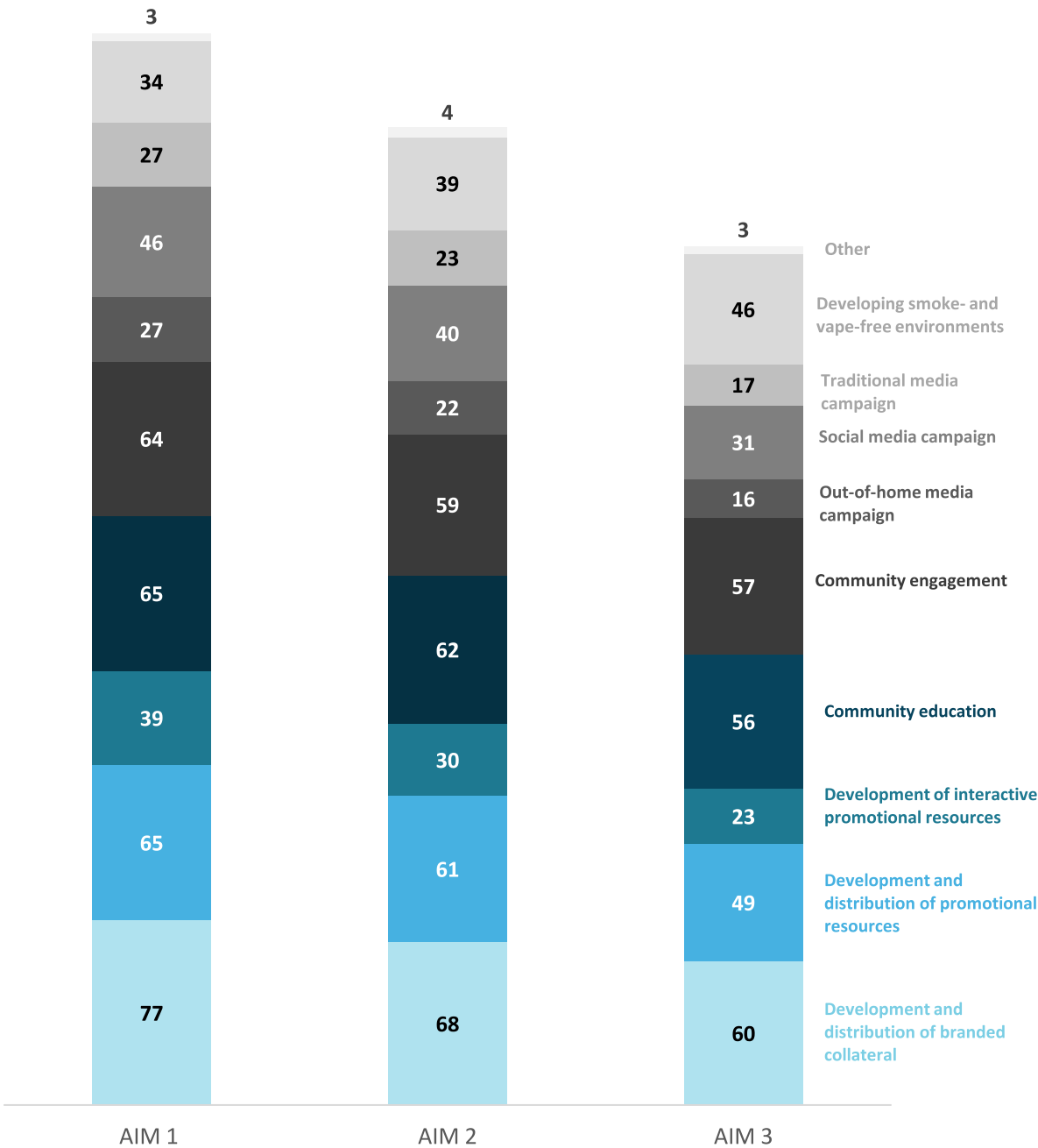
Across all three aims, the **most common** types of activities were development and distribution of **branded collateral**, followed by **community education**, development and distribution of **promotional resources**, and **community engagement** (See Figure 13).

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<sup>19</sup> Activities could have more than one aim. Not all IREGs had activities across all three aims.

Figure 13: The most common types of activity across Aim 1 (reduce uptake), 2 (increase cessation), and 3 (reduce exposure to second hand smoke/aerosol)

Across all three aims, the most common types of activity were **development and distribution of branded collateral (60)**, followed by **community education (56)**, **development and distribution of promotional resources (49)**, and **community engagement (57)**



#### 4.3.2 To what extent are TIS teams' activities culturally safe? [sub-question 3.2]

There is **strong evidence of cultural safety in the TIS program**. TIS teams' activities were culturally grounded in local ideas and languages, and TIS teams were led by Aboriginal and Torres Strait Islander peoples. TIS teams used **various strategies to embed cultural safety and traditions in their activities**, including seeking community feedback when designing and delivering TIS activities, using resources produced by local community members, and providing cultural training and resources to TIS teams.

**TIS teams are staffed and led by Aboriginal and Torres Strait Islander peoples.** Specifically:

- ❶ **The majority of TIS team staff** (70%, 166 of 183 TIS-funded full-time equivalent [FTE] positions) **were Aboriginal or Torres Strait Islander**. It is important to note, however, that only 183 of the 237 (77%) TIS funded FTE were filled in the Jan - Jun 2024 period. In only one IREG, there were no Aboriginal or Torres Strait Islander staff. In six IREGs, 100% of positions were filled by Aboriginal or Torres Strait Islander peoples.
- ❷ **The majority of TIS teams (77%) were led/managed by Aboriginal and Torres Strait Islander peoples**. An IREG was assessed to have a TIS team led/managed by Aboriginal and Torres Strait Islander peoples if they reported having any TIS funded leadership or management roles filled by Aboriginal and/or Torres Strait Islander peoples.
- ❸ Across 33 IREGs, **70% of TIS funded leadership or management roles** (32 out of 48 FTE) **were filled by Aboriginal and/or Torres Strait Islander peoples**. In seven IREGs, there were no Aboriginal or Torres Strait Islander peoples in leadership or management roles. In 26 IREGs, 100% of leadership or management roles were filled by Aboriginal and/or Torres Strait Islander peoples.

**TIS teams' activities were culturally grounded and involved Aboriginal and Torres Strait Islander staff in the design. The majority of TIS staff survey respondents felt that TIS activities respected their cultures.** Specifically:

- ❹ **All TIS teams<sup>20</sup> reported using local Aboriginal or Torres Strait Islander ideas, concepts, protocols, or languages in designs and content of at least one activity**. On average, 93% of activities were developed using local ideas, concepts, protocols or languages. In 25 IREGs, 100% of activities were developed using local elements.
- ❺ **All but one TIS team (97%, 32/33) involved Aboriginal and Torres Strait Islander staff** in the design of TIS activities. An IREG was assessed to have a TIS team that involved Aboriginal and Torres Strait Islander staff in the design of TIS activities if Aboriginal and Torres Strait Islander staff provided direct input and/or led the development or modification of at least one activity developed in the

<sup>20</sup> This statistic was available for 33 IREGs.

Jan - Jun 2024 period. On average, **90% of activities involved Aboriginal and Torres Strait Islander staff in the design.**

- According to the TIS Coordinators and National Support stakeholders, the **involvement of Aboriginal and Torres Strait Islander staff**, especially those from the target communities, was a **major enabler** of incorporating cultural safety and traditions into the TIS programs and resources. Considering that the Aboriginal and Torres Strait Islander staff had a deep understanding and lived experience of navigating cultural protocols they could ensure that TIS activities and events were conducted in a culturally safe manner.

“The resources and content we developed are very culturally safe because they’ve been developed by a predominantly Aboriginal workforce. So, they understand from a cultural point of view, in a cultural sensitivity point of view, of what is culturally safe to put out a message around anti-smoking or anti-vaping.” – TIS Coordinator

“Well, as an Indigenous woman myself, [cultural safety] is always the main priority for me. Like even when we go out, I always introduce [myself and which mob I belong to]. I let them know which region I'm from because it just gets to show that respect - that we're respecting them in their country. But culture plays a big part in it. When we conduct our activities, we also seek permission first. For example, if I'm going out to one of the communities here, we try to get one of the Elders from there to say, 'Okay, we don't mind you coming out and setting up your stuff'. If there is Sorry Business, we don't worry about it and wait until things are finished.” – TIS Coordinator

“I think one of the cornerstones of TIS is that we've got such a large proportion of First Nations people in our workforce. I don't know the latest numbers, but I know from the last iteration of the program that the program employed at least 220 First Nations people, most of them local. So, if they're in a region, they're employing local people to deliver the program to their local communities. What that does in practical terms is it's a trusted person who can speak the language if needed. They probably know the local cultural considerations and, again, be able to deliver it in the local language if they need to.” – National Support stakeholder

- The **majority** of Aboriginal and Torres Strait Islander TIS staff (around 88% - 92%, n=91) who responded to our survey **reported that for all or most of the time** (See Table 4 and Figure 14):
  - TIS messaging and activities used local cultural elements appropriately.
  - Aboriginal and Torres Strait Islander peoples were involved in the design and delivery of TIS messaging and activities.
  - Their cultures were respected in the day-to-day practices of their TIS teams.

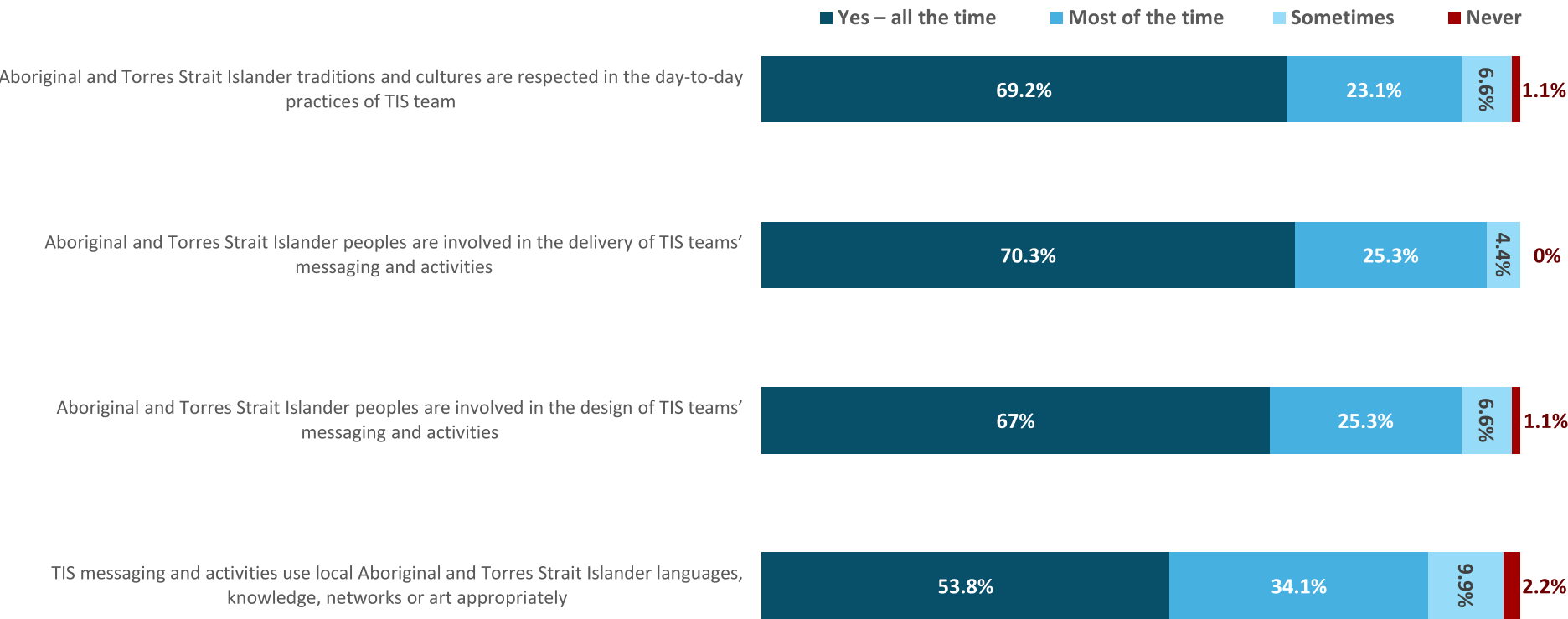
- A small number of TIS staff survey respondents reported that these elements of cultural safety only happened sometimes or never happened (See Table 4). Particularly, 12.1% of TIS staff survey respondents (11/91) reported that their TIS teams' messaging and activities never or only sometimes used elements of local cultures. Overall, this **suggests the presence of strong cultural safety in the TIS program; however, there is room for improvement, particularly in ensuring that TIS messaging and activities use local cultures appropriately.**

Table 4: Elements of cultural safety in TIS teams' practices, as reported by Aboriginal and Torres Strait Islander TIS staff in the TIS staff survey, n=91

Elements of cultural safety	Yes – all the time (n, %)	Most of the time (n, %)	Sometimes (n, %)	Never (n, %)
Aboriginal and Torres Strait Islander peoples are involved in the delivery of TIS teams' messaging and activities	64/91 (70.3%)	23/91 (25.3%)	4/91 (4.4%)	0/91 (0%)
Aboriginal and Torres Strait Islander traditions and cultures are respected in the day-to-day practices of TIS team	63/91 (69.2%)	21/91 (23.1%)	6/91 (6.6%)	1/91 (1.1%)
Aboriginal and Torres Strait Islander peoples are involved in the design of TIS teams' messaging and activities	61/91 (67.0%)	23/91 (25.3%)	6/91 (6.6%)	1/91 (1.1%)
TIS messaging and activities use local Aboriginal and Torres Strait Islander languages, knowledge, networks or art appropriately	49/91 (53.8%)	31/91 (34.1%)	9/91 (9.9%)	2/91 (2.2%)

Figure 14: Elements of cultural safety in TIS teams' practices

A large majority of Aboriginal and Torres Strait Islander TIS staff reported that for **all** or **most of the time**, TIS messaging and activities included elements of cultural safety





Similarly, the qualitative data indicated **strong evidence of cultural safety**, as the majority of TIS Coordinators interviewed mentioned that they have received **positive feedback about the cultural safety of their TIS activities and resources**.

“We maintain cultural awareness or are observant of cultural approaches to events we go to. So, we are respectful of where we go and what we do. An example might be a Women's Health Day. So, we're quite aware that activities for men and women are approached differently, and we are responsive to those cultural practices when delivering activities.” – TIS Coordinator

“I think [the target communities] are welcoming. They welcome what they see when we go to an event. We present our activities with a consideration of cultural safety. I think some of the language we use and resources we share with the community are welcomed. And it's really driven by the team on what those resources look like, which is really good that we try not to hand out too much mainstream information or resources because some of that isn't culturally appropriate. But [target community name] fellows want to see resources that reflect their culture and their identity, or else the message doesn't get through.” – TIS Coordinator

Qualitative data provided an opportunity to uncover various enablers of cultural safety. In the interviews, the TIS Coordinators mentioned that their teams **tailored TIS activities and programs** to meet the cultural and contextual needs of each of their target communities, thus allowing them to **embed cultural safety and traditions in their activities**. They highlighted **three key strategies** used by TIS teams to tailor their activities, which included **seeking community feedback** when designing and delivering TIS activities, using **resources produced by local community members**, and providing **cultural training and resources to TIS teams**.

- Coordinators indicated that **seeking community feedback** when designing and delivering TIS activities helped TIS teams understand the unique needs and preferences of various communities, thus allowing the TIS teams to **incorporate specific cultural elements** (i.e., language, visuals, etc) in their TIS programs and activities **tailored to those communities**.

“I would say as an Aboriginal Community-Controlled Health Organisation, part of how we work is really prioritising community solutions for community problems.” – TIS Coordinator

“I feel like our team does [incorporation of culture and traditions in TIS activities] fairly well. We try to deliver extensive community consultation to ensure that the work that is being produced is what the community actually wants to see and then trying to incorporate local language and stuff like that, to really make sure that we're encapsulating, and that this is not just some generic thing targeted at the whole of Australia.” – TIS Coordinator

“We hold focus groups with the community, and we test trial the activities before they come to life and are implemented in the community. A part of our philosophy is making sure that [TIS

activities] are culturally safe, but also the fact that our mob can actually connect to the content and the way the content has been delivered. We want to make sure that the content is appreciated, but approachable as well.” – TIS Coordinator

“It's all community-led and driven. So, we don't do or run any activity unless there's been a focus group or consultation previously. So, we ask [target communities] what they want to do. There's no point in us going into the community and saying we will run a basketball competition. Instead, we ask them. Each community is different here in the [IREG name], and much like all over Australia, but we don't run anything unless [the community] approves it. And usually, they tell us what they want to do. So, we know that they're doing something they want to do, and it's easier for us then to engage with them and have those discussions around smoking cessation and smoke-free homes and things like that. So, it's all community-led and driven.” – TIS Coordinator

- TIS Coordinators explained that **using artwork, resources, and materials produced by local community members** also helped build cultural safety in TIS messages.

“All of our materials and everything incorporates language and visual aids including artwork and stuff that's produced by local Aboriginal people. So, I guess with that in mind, I would like to think that, to a high degree, we're able to sort of achieve that goal of cultural safety.” – TIS Coordinator

- Coordinators felt that providing **cultural training and resources to TIS teams** equipped their teams with the cultural knowledge necessary to tailor their approach and activities to meet the unique cultural and contextual needs of various target communities.

“When we go to communities, especially far out there in different remote regions, we do cultural awareness training, and we learn about different protocols in each area. So, we always alter programs if they need to be. We've had programs where we went to a group where there was a sister-in-law in the same group as a brother-in-law, and she couldn't be in the same room as him. So, we made sure that we delivered the program [in a culturally safe way]. We found a different space for her, for someone privately to deliver the program, just because they couldn't be in that same area together due to protocol. So everywhere we go, we try and alter [TIS programs and activities] in that sort of way.” – TIS Coordinator

Some Coordinators mentioned that their **TIS teams had not used these strategies, but recognised the importance** of embedding cultural safety and traditions in TIS activities. Specifically, some TIS Coordinators wanted to conduct community consultations and cultural awareness training for their TIS staff but felt unable to do it.

“I think some more if it's cultural training. I'm only saying that because if we've got non-Indigenous staff in our team, we as a whole organisation probably need to include those cultural awareness training, which I don't see happening since I've been here at [organisation name] for a year. There hasn't been an all-staff cultural awareness training. I would like to see more of the cultural awareness training workshops in the organisation.” – TIS Coordinator

“I think our TIS program needs a massive overhaul regarding consultations with our community members and understanding their culture. The delivery of the program is very rigid at the moment. We may be missing or not fully understanding why people smoke or what their desires are around wanting to change and wanting to stop smoking. But I don't feel that there is that ability at the moment within the program's deliverables. So, I guess we need more community consultation to make the [TIS activities] very reflective of our regions and the people we serve.” – TIS Coordinator

Qualitative data also allowed us to explore a unique aspect of cultural safety i.e., whether TIS teams shared program output or outcome data with the communities. **Most TIS Coordinators acknowledged that their teams did not share data with the community.** There were multiple reasons for this, including a lack of understanding of the most appropriate ways of sharing data, staffing issues, and the need to work out a culturally appropriate way to collect data.

“I don't think that's something we do very well. So, we will share data around smoking rates and all that health-type stuff, but in terms of probing data, it doesn't go back to the community that much. But all the smoking rates and stuff like that, we like to use as an example of you can quit too sort of thing.” – TIS Coordinator

“No, currently, we haven't. This is due to my lack of knowledge about how to do it and our under-staffing.” – TIS Coordinator

“We haven't shared a lot [of data], but we haven't collected much either. And the question about how we distribute that information with our partners in the communities is something we'll work towards and find out the best way to do that when we get there.” – TIS Coordinator

“I think there are definitely other opportunities for us to be sharing and reporting back to the community. But we previously found that the pre- and post-survey that other TIS-funded organisations seem to use are not culturally appropriate with [community name]. Previously, we've used surveys to test improvements in knowledge of the harms of tobacco smoking before and after an education session. When we asked the same set of questions, the feedback we received was, ‘You just asked me those questions; why are you trying to trick me?’ So, we haven't used pre- and post-surveys. We haven't fed back that information. So, no, we are not really communicating back to the community about the data collected about them relating to smoking.” – TIS Coordinator

For organisations **not sharing data with the community**, their TIS Coordinators acknowledged that the **data would be shared if requested** by the community.

“Absolutely, yeah, and we would make sure [the data] was presented in a culturally appropriate way, it suits health literacy needs. Definitely.” – TIS Coordinator

“Yes, as long as we thought it was meaningful data.” – TIS Coordinator

“Generally, not just because of a bit of a privacy act, but it depends on what data they want to know. If they want to know the smoking numbers, we're happy to share those or the vaping numbers, we're happy to share that. It just depends on what data they want to know specifically.” – TIS Coordinator

On the other hand, **TIS teams that shared data used various channels** to do so, such as yarning sessions, community representatives, social media, summary sheets, as well as other ways appropriate for the respective communities.

### Yarning Sessions

“If there's anything we share, it's in those weekly men's and women's yarning sessions. We talk about and share whatever findings we have with them. If new alarming stats are coming out in this space, we might talk to them about it. We bring out sheets and surveys and things like that, and people run.” – TIS Coordinator

### Community Representatives

“Most of the time, data would be presented to the community through our health action team, which was made up of local individuals from the community with various health backgrounds and just community backgrounds and stuff like that. So, our community development team would have community profiles, where they would look at data relevant to each individual community and communicate that with the health action team to identify priority health issues and stuff like that for them to focus on.” – TIS Coordinator

“The first channel of feeding back the findings of what we do is happening through the [organisation name] board, which includes representatives of the communities, who are kind of a link between [organisation name] as a service and the broader community. So, in the first instance, the findings on a regular basis are communicated to the [organisation name].” – TIS Coordinator

“We don't share TIS data directly with the community. Instead, we share TIS data with the ACCHO Board members across the IREG, who are also community members. Therefore, we do share TIS data in an indirect way.” – TIS Coordinator

## Social media

“We just put [the data] on a public forum such as social media. We publish our organisations’ annual reports. So obviously, it goes to those publications, but we don’t waste our time thinking, ‘Who gets access to this?’ We try to make them as public as possible, and social media is probably the best way to achieve public awareness. So, we publish the reports on our other social media channels, and it’s there for public viewing.” – TIS Coordinator

“Yes, we don’t share the data all the time, but there is an opportunity where we highlight the number of people we engage with, and we mainly highlight them through social media posts.” – TIS Coordinator

## Reports and Summary Sheets

“Yes, we share data if it is relevant to the public interest. Our data is in a very dashboard format, giving our engagement numbers. And if there were any interesting outcomes based on that engagement, we’ll sometimes publish those reports just for transparency and to build community buy-in. We feel that, particularly as Aboriginal people working in Aboriginal organisations, data sovereignty is big for us; ensuring that we own the data and that the community actually owns the data is important. So, if we’re engaging with the community, if we’re getting the data from our community members, we feel like it is our responsibility to be very transparent on the data rather than just collecting data because we’re required to. Data can tell a story of the work that you’re trying to do, and part of that storytelling is sharing your evaluations with the community, which we’re very open and transparent about doing. We feel we’re an open book, and we should always be an open book because technically, we’re community workers, and we should be as transparent, but also accountable as possible as well.” – TIS Coordinator

“Where relevant, raw data is presented [to the community members] as well. But in some cases, we have to synthesise the data to make it easier for them to understand. That could be in the form of a quantitative presentation using charts, tables, and rates. In some instances where we collect qualitative data, we present using a qualitative approach, i.e., when it comes to sharing the feelings of the community, we can’t put a figure attached to that. So, when it comes to changes in lifestyle, changes in behaviour, yes, we’ve got a mix of quantitative and qualitative methods to feedback these results to the community members.” – TIS Coordinator

TIS teams also reported **barriers** when trying to embed cultural safety and traditions in the design and delivery of their activities. The **two key challenges** included **difficulty recruiting Aboriginal and Torres Strait Islander staff** from the target communities and **tailoring TIS activities** to meet the unique cultural needs of each target community.

- **Difficulty recruiting Aboriginal and Torres Strait Islander peoples from the target communities** for TIS-funded positions. As discussed above, the involvement of Aboriginal and Torres Strait Islander peoples, especially from the target communities, in TIS-funded positions helped with the design and delivery of programs in a culturally safe way. However, without the participation of local community-based staff, the TIS teams faced various barriers, including challenges in engaging community members when delivering TIS activities.

“I think engaging on an individual level with communities, not just with the services, would improve that cultural connection. And a barrier to doing that is being able to recruit Aboriginal staff. We have ongoing vacancies but struggle with recruiting people from the community. So, I think a key barrier is being able to employ community members in the TIS team.” – TIS Coordinator

“Sometimes we don't have Indigenous staff members standing in front of a community, and that's quite noticeable. We struggle if we have to go out and present and do community work when we don't have a balance of numbers in terms of the Aboriginal and Torres Strait Islander peoples in our team. And I think that just goes back to recruiting; we can't have Aboriginal and Torres Strait Islander-specific positions advertised anymore. And we find it very hard here in – I know, here, since I've been here recruiting Aboriginal and Torres Strait Islander staff who you want and you want them to hit the ground running when they get in the position, it's very hard. Our talent pool here in [state name] is not very big. And I've really struggled to get people that we want. But I really think that we need to have a fellow [from the community] in the TIS program.” – TIS Coordinator

“I think one is relationships. We're a fairly new program to a big region, so not having those relationships first to understand how we can better align the program to community needs is a barrier. Not having a strong Aboriginal and Torres Strait Islander workforce within the program is a barrier.” – TIS Coordinator

- **Difficulty tailoring TIS activities to meet the unique cultural needs of each target community** was identified as another barrier to cultural safety. Due to the immense diversity among Aboriginal and Torres Strait Islander communities, some TIS teams struggled to tailor their TIS resources and activities for each individual community.

“[IREG name] is home to a wide range of Aboriginal groups with different languages, cultures and traditions, and designing one size fits all TIS program won't work - it's ineffective. And with the number of resources that we have, we can't have targeted activities for every single group, and that is a challenge for us.” – TIS Coordinator

“We don't do a lot in [cultural safety] because of all the different cultures here. So, the TIS team went up to [region name] at one time, and they had their banner up. But they had to

change the name [on the banner] because it was a different saying and in a different language. The community members pointed out that the phrasing of the sentence was wrong.” – TIS Coordinator

#### 4.3.3 To what extent are TIS teams’ activities evidence-based? [sub-question 3.3]

The Grant Opportunity Guidelines (GOGs) for this round of TIS funding outline the types of activities that are eligible. These eligible activities are considered evidence-based by the Department of Health, Disability and Ageing as they are supported by the findings from the TIS program Impact Evaluation (conducted by the ANU team 2018-2022), and the TIS program Process Evaluation (conducted by the CIRCA team 2015-2022)<sup>21</sup>. The listed activities are population health promotion activities which are:

- Supported by academic literature and/or have previously been implemented successfully with Aboriginal and Torres Strait Islander communities by TIS teams;
- Designed to reach groups or communities, not individuals on a one-to-one basis;
- Able to reach all Aboriginal and Torres Strait Islander peoples within the allocated geographic region, not just current service-users<sup>21</sup>.

To assess the extent of evidence-base in the activities planned by TIS team’s, we analysed the type of activities they reported in their AWP’s. Activity types that TIS teams could select reflected the eligibility criteria outlined in the GOGs, and included:

- 1) Developing smoke and vape free environments;
- 2) Traditional media campaign;
- 3) Social media campaign;
- 4) Out-of-home media campaign;
- 5) Development and/or distribution of promotional resources;
- 6) Development and/or distribution of branded collateral;
- 7) Development and/or distribution of interactive promotional resources/branded collateral;
- 8) Community education;

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<sup>21</sup> National Best Practice Unit for Tackling Indigenous Smoking (2024). NBPU TIS guide to activities for the Tackling Indigenous Smoking (TIS) Program July 2024-2027. Perth: National Best Practice Unit for Tackling Indigenous Smoking.

9) Community engagement; and

10) Other.

TIS teams could select more than one activity type for each reported activity. If 'Other' was selected, a description of the activity was requested.

As long as activity types 1 to 9 were selected, they were counted as evidence based and eligible activities, as identified in the Grant Opportunity Guidelines. Activities were considered not evidence-based if 'Other' was selected as an activity type, regardless of whether the rest of the options were selected.<sup>22</sup> For 26 activities, information regarding activity type 'Other' was either missing or inaccurate (i.e. activity type 'Other' was not selected but a description was provided) and therefore excluded from the calculations.

Based on this definition, **the majority of planned activities** in July 2024 (97%, 211/218) across the 33 IREGs were **evidence-based**. This is a **small increase from 94%** in Jul 2023. **In Jul 2024, activities that were not evidence-based were planned in only 15% (5/33) of IREGs**, which indicates a **large reduction** compared to the AWP data from Jul 2023, where nearly **half of the IREGs (16/33) had an activity that was not evidence-based**. The percentage of evidence-based activities planned for priority groups across all AWP also increased slightly over time from 95% (388/408) in July 2023 to 97% (208/215) in July 2024.

Analysis of the descriptions provided for activities categorised as 'Other' suggest that all of them could potentially be categorised within the eligible activity types listed. This suggests that **close to 100% of planned activities in Jul 2024 were evidence-based**. The fact that some teams selected 'Other' even though activities could be listed in one of the existing categories indicates that the wording or the guidance in the AWP related to this question may still be confusing to some teams. However, a reduction in the reporting of 'Other' activities that could be classified within the existing eligible categories indicates that overall, compared to 2023, **teams have a better understanding of the question and how to classify activities**.

This finding is supported by the qualitative data, with **most TIS Coordinators demonstrating a good understanding of what is considered evidence-based**.

"Everything that we deliver and do is designed by our program development team, and that's all evidence-based research. So, I'm pretty confident that the material and stuff that we deliver is evidence-based." – TIS Coordinator

<sup>22</sup> We made this choice to accommodate the possibility of a team choosing an eligible activity and combining it with an 'Other' activity that deemed the activity ineligible. It turned out that in the AWP analysed for this report, this did not occur. We will be able to provide a more nuanced discussion of eligibility in future reports when we have access to a fuller data set.



We also examined Performance Report data to understand the extent to which the delivered TIS activities were evidence-based, and found that:

- **The majority of activities** (97%, 211/217) delivered between Jan and Jun 2024 were eligible and thus, **evidence-based**. This is a small **increase from the Jul – Dec 2023 period where 95% of delivered activities were eligible**. In 25 out of 33 IREGs, 100% of activities delivered between Jan and Jun 2024 were evidence-based.
- TIS teams in **15% of IREGs (5 out of 33)** reported delivering at least one ineligible activity. This is a **decrease from the Jul – Dec 2023 period where 24% (8 out of 34)** reported at least one ineligible activity.
- The **percentage of eligible activities delivered to priority groups increased from 95% (185/194)** in the Jul – Dec 2023 period, **to 98% (205/210)** in the Jan – Jun 2024 period.

The qualitative data provided more in-depth insights into the ways TIS teams are using evidence in their activities. Notably, **both the TIS teams and National Support stakeholders acknowledged that TIS teams** were not just using but also **actively expanding the evidence base** by conducting their own consultations and research to understand what works for the communities.

“We collect feedback from the surveys we do. So, at our events and health days we do at the clinic, we ask the clients what they want to see TIS do more in the community. And from that data, we create activities and programs and stuff from what we collect. And with the resources, we just observe what the community takes more or less of, and we go from there.”  
– TIS Coordinator

“One of the things we feel is that the program is at a stage of maturity where it's not just a case of people using an existing evidence-base, it's also really contributing to the evidence base. [...] There are some teams doing some posters and presentations, and we'd like to see more of that grow. We'd like to see some academic papers coming from the teams as well, just describing their practice and what works and why it works. [TIS] is a very successful program and therefore I think we need to show why it's so successful. And that comes ultimately from the Aboriginal leadership. So, it should be Aboriginal leadership developing those pieces of evidence as well.” – National stakeholder

“Every activity we evaluate, and, if we were going to do that activity again, we would look at lessons learned and make modifications to that. We're quite reflective in what we do, but also reflective of community feedback and through observations, what worked and what didn't work.” – TIS Coordinator

TIS Coordinators discussed **strategies** that their teams used to develop and deliver evidence-based activities, which included **having team brainstorming sessions** and **using evidence from other teams**

**and the NBPU.** When **learning from the evidence from other teams**, TIS teams **emphasised the importance of tailoring** the activities or messages to the local communities.

“We have open discussions in our weekly team meetings about general aspects of our program and look at what's currently working and what's not. I think six-month reviews of our programs are very useful as well. We have a six-month review and see if the current model and the content are still appropriate. Otherwise, we have to make changes. Also, we rely on our gut feeling as well.” – TIS Coordinator

“We reached out to a few of the other teams when we started to try and see what they were doing and what worked for their regions. We have tried [activities and programs done by other teams], and a few worked, but we changed them slightly to adapt more for the Metro area. And then there were a few that failed. They don't work for the Metro, but it's all trial and error.” – TIS Coordinator

“It's really good going to those jurisdictional workshops because you get to see what other people are doing and get great ideas from just yarning with the other teams. You know, ‘Oh, did that work? Yeah, it worked really well. But you know, next time we're going to do this.’ So, we always find out what are good activities, but we also find out what would work better, you know, next time [TIS teams] try it, which is good too. But, yeah, it's all trial and error, isn't it?” – TIS Coordinator

Notably, some TIS Coordinators believed that there is more scope for **inter-organisational sharing of information** and that **organisations working in similar contexts**, i.e., remote, regional, or metro, **should collaborate and interact more effectively**.

“We go to the conferences; people display what they're doing. We reach out to them again and say, ‘Hey, what activities do you have? Are you happy to share this with me? We have [activity name], and we're happy to send that up for some of your events. You're more than welcome to use it.’ I think TIS should be about sharing, not being held off and blocked away.” – TIS Coordinator

“We've acknowledged that some concepts [from other TIS teams] could work, but we would need a lot of tweaking to ensure they are suitable for our region and culturally appropriate. I feel like the TIS program could do better in sharing resources and probably getting teams together that work in the same context instead of joining the remote mob with the urban mob, keeping, I guess, us remote mob together because we work in the same space, and there are quite some similarities in that space. Yeah, we would love to share more.” – TIS Coordinator

Even for the **TIS teams who did not use evidence from other organisations**, their **TIS Coordinators acknowledged the need to do so** to improve their TIS programs and activities.

“It’s something that we’re wanting to do more of. And particularly with the new subcontracting partnerships with the rezoning, we’ve definitely had more exposure to what other similar services are doing. One thing we’d love to be able to do is the TV commercials that have just been done by our subcontracting partner [organisation name]. We don’t know what the outcome and reach of those will be at this point in time. Still, it was definitely something that really excited a number of our community workers being able to develop these videos around someone who’s a really important role model in that community being an ambassador of the TIS program.” – TIS Coordinator

“Based on the feedback from our TIS team, when they have gone to conferences or planning days where there are other jurisdictions, I think they potentially aren’t as active in the conversation to find out what people are doing. It’s more just sitting back and listening. So, I don’t think we’ve utilised those sorts of events well to our advantage. And we haven’t really brought any take home messages as such from any of those. So, I think at this stage, it is an area that we definitely need to develop on and potentially get some counterparty buddies from other jurisdictions that we can touch base with regularly and sort of see what they are finding, what’s working and what isn’t working for them.” – TIS Coordinator

At least half of the TIS Coordinators alluded to **using evidence from NBPU**, especially for priority groups. The **TISRIC website** was one of the **most common sources** from which TIS teams sought **evidence from the NBPU**.

“Yeah, we do [use evidence from NBPU]. It’s probably something we’re getting stronger at. So, for pretty much everything we do now, we’ll talk to NBPU; we’ll talk to the Department; we’ll talk to our project officer. We really want to engage with the NBPU more.” – TIS Coordinator

“I get evidence from the NBPU. I get most of my information from the website. With everything that I do with my programs, I get [information/guidance] from [TISRIC], or I get from my previous role working with [organisation name].” – TIS Coordinator

“We draw on information from the TIS website - the Tackling Indigenous Smoking portal. We try to go on that website and see what sort of information is relevant to our IREG and our communities. We try to figure out how we can adapt the different activities or things that have been delivered in other areas that are shared on that website and try and implement those things.” – TIS Coordinator

For those **TIS Coordinators who did not use evidence from the NBPU**, they either **did not seem to be aware** of the available resources or **believed other forms of evidence-seeking**, e.g., community consultations, **were more appropriate** for their regions.

“No, I haven't had an opportunity to do that. Again, my priorities have been elsewhere since I've been in this role. I know what our target groups are. We've been doing a lot of community engagement and education.” – TIS Coordinator

“We don't necessarily use the tools on the NBPU website because the community tells us what they want.” – TIS Coordinator

When asked about **barriers** to using **evidence-based approaches** in TIS activities, most TIS Coordinators talked about **challenges with high staff turnover, retention, and training**.

- A **lack of appropriate training for TIS staff** was considered a major barrier by TIS Coordinators in their use of evidence-based approaches.

“The team could probably use a little bit more training, and I think that's a bit of a downfall for the TIS program. There's not really any training available. So, they've all tried to learn from me, and obviously, you can only pick up so much stuff at a time as you're going through your events and so many people coming up.” – TIS Coordinator

“I think if there was a really relevant local example, then we would be very willing to try out a new activity. However, one of the difficulties that we face is upskilling the Aboriginal workforce in program delivery. Introducing change in a context does take a long time to get people upskilled and confident in the work that they're currently doing.” – TIS Coordinator

- **High staff turnover** also impacted TIS teams' capacity to collect and use evidence in TIS activities. In particular, TIS Coordinators talked about being stuck in a perpetual loop of training staff, only for them to switch jobs, thus requiring the TIS Coordinators to hire and train new staff.

“The only thing I struggle with is a very high staff turnover. I'm probably the longest staff member, but no one really stays over a year and a half. You get good people that come in, and they know what they're talking about, they've done all the training, they build that confidence, they know how to yarn to the community, they know what they're talking about, and then they leave. Just the main factor is salary. It's a very poor salary for the work that we do.” – TIS Coordinator

“We've identified that staff turnover has always been an issue with the TIS program, but it's not limited to TIS. It's probably a feature of Indigenous health more generally. It's hard to attract and retain people, especially in more remote areas. So, we're a national program, so, particularly in remote areas, it's hard to fill all the positions that we could potentially fill.” – TIS Coordinator

Notably, **National Support stakeholders have also recognised the importance of providing training to TIS staff**, which they aim to address in the next iteration of the TIS program.

“The NPBU's employing a more dedicated kind of HR person to focus on workforce issues. [...] They're going to be exploring options around how TIS teams can get more formal accreditation or what sort of certificate courses might be possible or whether they partner with an RTO – a Registered Training Organisation, to develop up some modules and so on. So, I think there's a move to encourage more formalised training, but having training that's relevant to TIS, so that focus on prevention. [...]” - National Support stakeholder

## 4.4 Support for TIS teams (Question A4)

This section seeks to answer the following evaluation question:

*To what extent are TIS teams supported by their organisations and the National Supports to do their work effectively? What have been the most effective forms of support and what could be improved?*

### Key findings

*To what extent are TIS teams supported by their organisations and the National Supports to do their work effectively?*

- ❶ TIS teams **received various forms of support** from the National Supports to do their work effectively. The **most frequently used** forms of support were **jurisdictional workshops<sup>23</sup>** and the **TISRIC website**.
- ❷ The National Coordinator and the NPBU engaged in activities at international, national, and state levels to shape the environment in which RTCG recipients operate.
- ❸ **Nearly a quarter of TIS staff** survey respondents said they **have not had any communication with or support from National Support stakeholders** since the start of the TIS program.

*What have been the most effective forms of support and what could be improved?*

- ❶ TIS Coordinators and staff found the **most effective forms of support** to be the **jurisdictional workshops, assistance with AWP and PRs**, and the **NPBU newsletter** and the **update from the National Coordinator**.
- ❷ National Supports had a **positive impact on the knowledge** of TIS CEOs about eligible activities, expenditure requirements, appropriate partnership arrangements, permissible spending,

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<sup>23</sup> Jurisdictional workshops are one to two-day sessions where NPBU brings together the TIS teams from at least one jurisdiction (state/territory) to discuss the TIS program with the National Support stakeholders and the evaluators of the TIS program.

population health approaches, but a **lesser impact on knowledge about permissible staffing arrangements.**

- Overall, National Supports also had a **positive impact on the administrative performance** of TIS teams.
- TIS Coordinators and staff suggested several **improvements**, including:
  - **Better promotion of support** provided by the NBPU.
  - **Better sharing of information** and NBPU resources between the **TIS lead organisations and their subcontracted organisations.**
  - Greater **transparency of information about funding** available to the organisations for TIS staff in that organisation.

#### 4.4.1 What supports are provided to TIS teams? [sub-question 4.1]

TIS teams **received various forms of support from the National Supports for facilitating the design, delivery, and dissemination of TIS activities and resources.** Specifically, TIS teams received support related to evidence-based population health promotion approaches, support to improve the reach of TIS activities and messaging, support related to eligible activities, support related to drawing on local knowledge, as well as general guidance and leadership.

Qualitative data allowed an opportunity to explore what these supports are and how they were provided. An important role of **NBPU** is to **facilitate opportunities for knowledge exchange and collaboration between TIS teams**, especially regarding how to **draw on local knowledge** for developing TIS activities. This was done through the Yarning Facebook page as well as jurisdictional workshops for TIS teams to collaborate and network with each other.

“Some teams have bigger areas to cover; for instance, [name of RCTG] has the whole state. So, there are different things that [the teams] do to get local information, which is like forums that are held quarterly with the [state name] government, Cancer Councils, and all of the different key players who can provide advice on what's going on in their own respective areas and programs, which the TIS teams can take a look at and see what's working. Also, the teams hold regional workshops where they collaborate, network, and talk about different things occurring. And that really works into a TIS ecosystem of who plays what and where.” – National Support stakeholder

“The TIS teams do not always come to NBPU for support and information. Sometimes, it's actually much better for them to network with each other. So [it's about] providing them

opportunities through the yarnning group, through workshops where [they can] network and talk about the things they're doing.” – National Support stakeholder

Additionally, TIS teams received the following types of support from National Supports:

● **One-on-one conversations** between TIS teams and National Support staff about:

- specific resources they have or are planning to develop
- how to extend the reach of their messaging
- eligibility of their planned activities
- the importance of the reporting systems and other topics as required

“[TIS teams] can email [NBPU] their questions or concerns, and [NBPU] then follows up with them.” – National Support stakeholder

“Site visits are supplemented with regular email and phone contact with TIS teams by NBPU TIS Project Officers and other staff. NBPU TIS staff maintain a contact log to monitor engagement with TIS organisations. The log records all key email or phone contacts with each organisation by the NBPU TIS team, categorized by main subject matter.” – NBPU Progress Report

● **Yarning page**, a Facebook peer-to-peer support page moderated by the NBPU specifically for TIS team staff. It is used as a space for TIS teams to ask questions, share ideas, and discuss activities with each other and with the NBPU staff.

“Through the yarnning group [NBPU] shares the latest resources information in the space and also encourage the teams to share their best practice with one another and connect with each other in that sense.” – National Support stakeholder

● The **TIS website (TISRIC)** containing evidence-based resources, resources about eligible activities, resources about co-design with community, resources about reporting.

“[NBPU] shares relevant resources through updates on the website and new information that comes through. And that's usually that evidence-based practice stuff. And those usually enhance those TIS activities; it helps [TIS teams] with those tools that they need.” – National Support stakeholder

● **Access to subject-matter experts**, who could be external stakeholders or TIS team members.

“[NBPU] brings in experts in the field. And that could be at workshops, that could be bespoke training sessions. [NBPU] goes to people that [they] know are experts and sometimes those

experts are actually in the [TIS teams] already. It doesn't have to be somebody in academia.” – National Support stakeholder

- **Training and professional development** in areas TIS teams identify as being important. The NBPU tailored the training and professional development activities to the needs of the TIS teams.
- **Support with filling out and reviewing AWP’s and PR’s.**

“Practically, the [NBPU] team have been helpful, in terms of helping us with the reporting side of things – so the [activity work] plans and [performance] reports...” – TIS Coordinator

- **Surveys with TIS teams about their experience** engaging with different aspects of NBPU’s support.

Table 5 and Table 6 provide a more detailed breakdown of the types of advice and support that NBPU provided to TIS teams, based on the data from the NBPU progress report.

Table 5: Support for TIS teams provided by NBPU by topic area, according to the NBPU progress report for the Dec 2023 – May 2024 period

Area	Type of support
Evidence-based population health approaches, including for priority groups	Training; providing information and relevant resources; jurisdictional workshops and conferences; informal conversations through site visits and phone- calls
Reaching target audiences	Training; site visits; jurisdictional workshop; informal conversation; phone-based support; online resources
Drawing on local knowledge when developing activities	National Supports facilitated opportunities for knowledge exchange between different TIS teams, such as through the Yarning page or jurisdictional workshops
Eligible activities	Training; informal conversations; phone-based support; providing information and relevant resources; site visits
Planning, monitoring and reporting on activities and outcomes	Training; providing information and relevant resources; jurisdictional workshops; phone-based support; site visits



Table 6: NBP support for TIS teams by number and type of support, according to the NBP progress report for the Dec 2023 – May 2024 period

Support related to:	# of jurisdictional workshops/national workshops for TIS teams/Coordinators	# of phone-based support calls/emails	# of trainings delivered	# of TISRIC resources	Other forms of support
Evidence-based population health approaches	2	0	5	15	24
Evidence-based population health approaches for <u>priority populations</u>	0	0	0	5	1
Achieving coverage	1	0	4	1	0
Achieving exposure	0	0	0	0	0
Achieving engagement	0	0	0	1	21
Focusing on eligible activities	0	0	0	1	0
Drawing on local knowledge in developing activities	0	0	0	0	0
Reporting	0	0	0	5	21 (site visits) + 31 (AWPs reviewed) + 36 (PRs reviewed) + 1 (other support) = 89
Monitoring and Evaluation	1	0	4	4	21
Topic not specified	0	848	0	0	1

**Note:** For the number of trainings delivered, only the in-person or live online trainings were counted separately. In comparison, a pre-recorded online course was counted as one unit of support regardless of the number of TIS teams/organisations undertaking it.

#### 4.4.2 How do TIS staff engage with these supports? [sub-question 4.2]

TIS teams **most frequently engaged with the jurisdictional workshops and the TISRIC website**. It is noteworthy, however, that nearly **a quarter** of TIS staff survey respondents indicated they **have not had any communication with or support** from National Support stakeholders since the start of the TIS program. TIS Coordinators said that they engaged with **NBPU** to get **support with AWP and PRs**, and used information from **TISRIC to plan their activities and monitoring methods**.

- TIS staff survey participants **most frequently** attended **jurisdictional workshops** and **visited the TISRIC website**, with 61% and 55.9% of TIS staff survey respondents (n=118) accessing these supports, respectively.
  - According to some TIS Coordinators, the key reasons for their enjoyment of and interest in going to the jurisdictional workshops was the opportunity to learn from other organisations and improve their own practices.

“I would like to see more of the [jurisdictional workshops]. Mainly for our new staff and even for myself too. I do like attending these jurisdictional workshops and whatnot; we get to take away a lot of information. I really enjoy seeing other teams' work and everything, and I always get ideas from them.” – TIS Coordinator

- Some TIS Coordinators also mentioned that they accessed the TISRIC website to help plan their activities and work out how to monitor them. On the other hand, some mentioned that they developed their own monitoring tools through their internal processes and did not use the NBPU resources.

“They have a TISRIC website with lots of info, ways to evaluate your program, and stuff like that, which we've used a fair bit.” – TIS Coordinator

“I think [we use] most of [the NBPU website] because when we do an activity, it has guides there of how to plan and monitor our activities, how to collect data and stuff like that.” – TIS Coordinator

“We've got access to the [NBPU] website. We get to see a lot of the activities that they're promoting through there. That's been really good.” – TIS Coordinator

“No, because we've been doing the program for quite a while, we've developed our own [tools].” – TIS Coordinator

“No, we are not really using any tools from the NBPU. The TIS team brainstorms together as a collective, as workers, to not only develop the program but also the evaluation concept. So,

we've got to look at the tools of how we collect the data based on this activity and we brainstorm together what's the best approach to collect data.” – TIS Coordinator

- Most TIS Coordinators mentioned seeking NBPU support with completing AWP's and PR's. TIS Coordinators considered the **reporting requirements to be cumbersome and a barrier**. Therefore, the review and feedback from NBPU helped TIS teams ensure that their AWP's and PR's match the reporting requirements of the grant.

“Our main interaction with NBPU is through the reporting when issues arise. And if I'm honest, we've been telling NBPU for many years that reporting is a major concern for us. I don't know if they've advocated on behalf of us previously, but it would just be a real relief if that changed. The health data portal, and maybe it's not the portal itself, but just the structure of those forms and all of the information we're required to put there, it's just burdensome, and we're not learning from what we're putting in there. And everyone is really guessing that those numbers are put in.” – TIS Coordinator

“I would say, respectfully, very little [support from National Support], and the only type of engagement that we have with them is when they review our activity work plans and performance reports.” – TIS Coordinator

“The [NBPU] team have been helpful in terms of helping us with the reporting side of things. So, the [activity work] plans and [performance] reports are a nightmare. They're an absolute nightmare, as you probably have heard before. So that [support with reporting] has been helpful. If I go back and think, the reporting stuff around the planning and the reports is probably one of the biggest barriers.” – TIS Coordinator

- Nearly a quarter** of TIS staff survey respondents (23.7%, 28/118) said that they **have not had any communication with or support from National Supports since the start** of the TIS program in July 2023. This may be due to a range of factors, including internal organisational changes unrelated to TIS, or a perceived lack of need for additional support. Notably, the survey was open to all TIS staff, including those from sub-contracted organisations who do not have direct access to National Supports. Additionally, response options included attending jurisdictional workshops, visiting the TISRIC website, contacting the NBPU, attending NBPU training, other types of communication or support, and “have not had communication or support.” It is also possible that some staff accessed unlisted forms of support but selected the “no support” option.

“They may not be engaged for all sorts of reasons. And those are usually organisational regions [...]. It's not about the program, it's not necessarily about them not wanting to do the right thing, but if there's a lot going on in an organisation if they have whether it's challenges with staffing for the program, or [...] for some organisations their CEO comes and goes quite

regularly, then I think it makes it much harder for them to be engaged in [using National Supports].” – National Support stakeholder

“Sometimes, they feel like they know everything and don't want to communicate as often as we would like them to communicate with us, even though we may communicate more often than what we receive back. So, if we send an email, we might not hear back from, say, 10 emails, we receive one email back. So sometimes it's a little bit hard getting that information provided to us so then we can provide them with support that we're here to provide. But majority of the time, it's not like that, but on occasion, that can occur.” – National Support stakeholder

- **Other forms of support** mentioned by TIS staff survey respondents and TIS Coordinators were **emails, meetings, and trainings with NBPU.**

“We’ve had site visits from the best practice unit, where we ran over a day or two workshops around how to particularly look at monitoring and evaluation about activities. They send out regular emails, and they guide us to information. I’ve had multiple teleconferences with members of that unit, particularly in relation to completing our documentation and the AWP.” – TIS Coordinator

Table 7 and Figure 15 provide a summary of how TIS staff survey respondents engaged with the above supports.

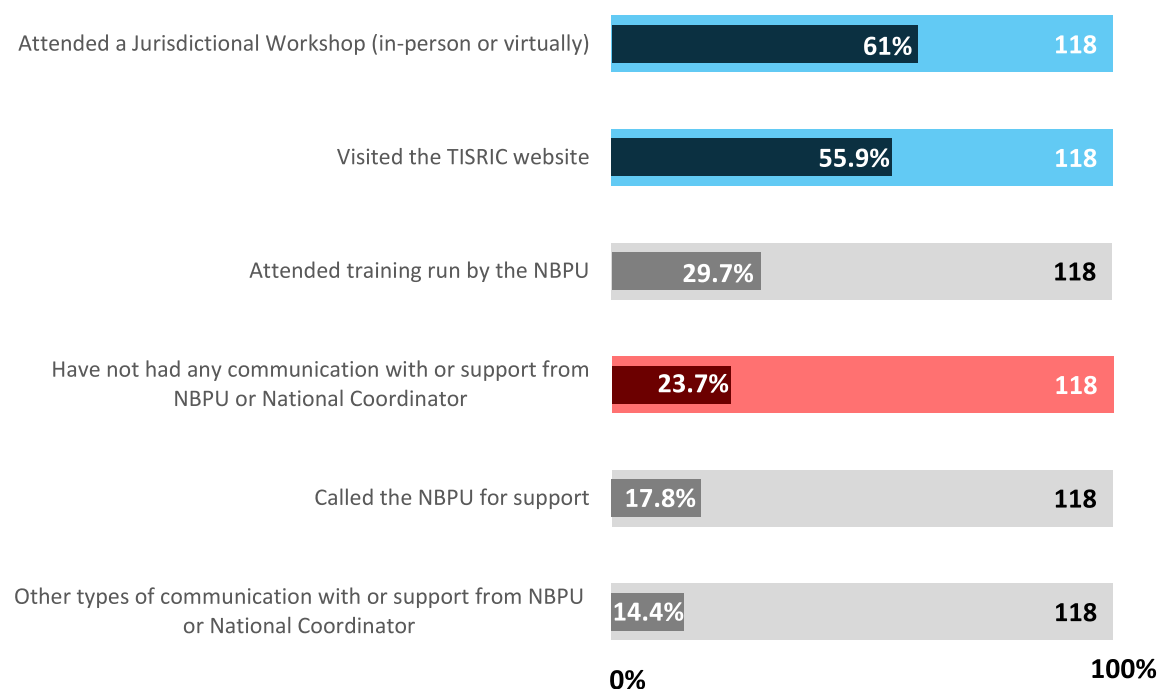
Table 7: TIS staff's engagement with National Supports (TIS Staff Survey, n=118)

Forms of support	Number of surveyed TIS staff who engaged with the support <sup>a</sup>	% of surveyed TIS staff who engaged with the support <sup>b</sup>
Attended a Jurisdictional Workshop (in-person or virtually)	72	61%
Visited the TISRIC website	66	55.9%
Attended training run by the NBPU	35	29.7%
Called the NBPU for support	21	17.8%
Other types of communication with or support from NBPU or National Coordinator	17	14.4%
Have not had any communication with or support from NBPU or National Coordinator	28	23.7%

<sup>a</sup> The total number of TIS staff who responded to the question was 118; <sup>b</sup> Percentages do not add to 100% as TIS staff can access multiple forms of support.

Figure 15: TIS staff's engagement with National Supports (TIS staff survey, n=118)

While those who engaged with National Supports mainly used the **TISRIC website** and **jurisdictional workshops**, nearly a quarter of TIS staff reported **not engaging with the National Supports at all**



#### 4.4.3 What impact do these supports have on TIS staff knowledge, attitudes, and behaviours? [sub-question 4.3]

As a result of the interactions with National Supports, a **third of TIS staff reported increased understanding and intentions** to implement culturally safe, evidence-based approaches in their TIS program. However, around **50% to 60% of TIS staff** survey respondents **reported no changes in knowledge or intentions** even after receiving support from National Supports.

Data from the survey with TIS staff revealed that:

- Across most knowledge domains, around **30% to 40% (n=83) of TIS staff** survey respondents **reported increased understanding** after talking to or receiving support from the NBPU or National Coordinator, while around **53% to 68% reported no change in their understanding** (See Table 8 and Figure 16).
- Across all domains, the **percentage of participants who reported reduced knowledge** after talking to the NBPU or National Coordinator **is consistently low** (See Table 8). Notably, 6% of TIS staff survey respondents (n=83) reported reduced understanding about the following topics:

- Evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups.
- How to design activities that target particular priority groups.
- How to design activities that target people who do not attend ACCHOs.
- How to draw on local knowledge when developing tobacco and/or e-cigarette control activities.

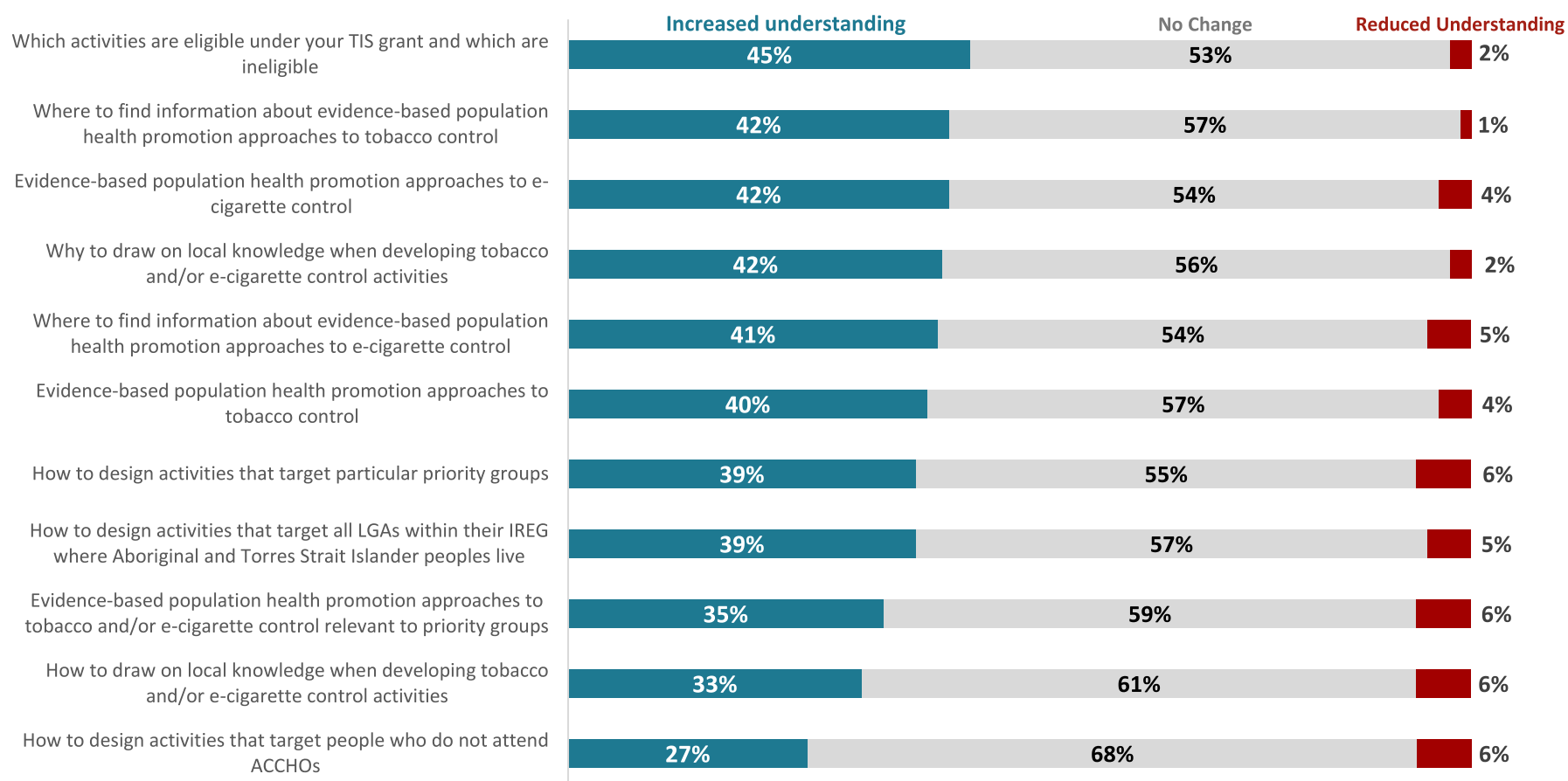
Table 8: Changes in TIS staff survey respondents' understanding of different topics after engaging with National Support stakeholders (TIS staff survey, n=83)

Knowledge domain	Increased understanding (n, %)	No change in understanding (n, %)	Reduced understanding (n, %)
Which activities are eligible under your TIS grant and which are ineligible	37/83 (44.6%)	44/83 (53%)	2/83 (2.4%)
Evidence-based population health promotion approaches to e-cigarette control	35/83 (42.2%)	45/83 (54.2%)	3/83 (3.6%)
Where to find information about evidence-based population health promotion approaches to tobacco control	35/83 (42.2%)	47/83 (56.6%)	1/83 (1.2%)
Where to find information about evidence-based population health promotion approaches to e-cigarette control	34/83 (40.96%)	45/83 (54.2%)	4/83 (4.8%)
Why to draw on local knowledge when developing tobacco and/or e-cigarette control activities	34/82 (41.5%)	46/82 (56.1%)	2/82 (2.4%)
Evidence-based population health promotion approaches to tobacco control	33/83 (39.8%)	47/83 (56.6%)	3/83 (3.6%)
How to design activities that target all LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live	32/83 (38.5%)	47/83 (56.6%)	4/83 (4.8%)
How to design activities that target particular priority groups	32/83 (38.5%)	46/83 (55.4%)	5/83 (6%)
Evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	29/83 (34.9%)	49/83 (59%)	5/83 (6%)
How to draw on local knowledge when developing tobacco and/or e-cigarette control activities	27/83 (32.5%)	51/83 (61.4%)	5/83 (6%)

How to design activities that target people who do not attend ACCHOs	22/83 (26.5%)	56/83 (67.5%)	5/83 (6%)
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Figure 16: Changes in TIS staff survey respondents' understanding of different topics after engaging with National Support stakeholders

Across all topics, between **53%-68% of staff** reported no change in understanding, **27%-45% of staff reported increased understanding**, while **less than 6% reported reduced understanding**





- Similar to changes in knowledge, over a **third of TIS staff** survey respondents **reported increased intentions to take actions in different areas**. The areas with the biggest increase in intentions are targeting particular priority groups when designing activities (43% staff increased intentions, n=76), and drawing on local knowledge when developing tobacco and/or e-cigarette control activities (48%) (see Table 9 and Figure 17).
- Around **50% to 60% of TIS staff** survey respondents (n=76) **reported no change in intentions** to take actions in different areas after engaging with National Support stakeholders (see Table 9).
- A small number of TIS staff reported reduced intention to take actions (see Table 9). Most notably, 5% of TIS staff survey respondents (n=76) reported a decrease in intentions to:
  - Use evidence-based population health promotion approaches to tobacco control.
  - Consider the eligibility of activities when developing plans.
  - Draw on local knowledge when developing tobacco and/or e-cigarette control activities.

Table 9: Changes in TIS staff survey respondents' intentions to take actions in different areas after engaging with National Supports (TIS staff survey, n=76)

Whether TIS staff intend to...	Increased intention (n, %)	No change in intention (n, %)	Reduced intention (n, %)
Draw on local knowledge when developing tobacco and/or e-cigarette control activities	37/77 (48.1%)	36/77 (46.8%)	4/77 (5.2%)
Target particular priority groups when designing activities	34/78 (43.6%)	43/78 (55.1%)	1/78 (1.3%)
Use evidence-based population health promotion approaches to e-cigarette control	30/76 (39.5%)	43/76 (56.6%)	3/76 (3.9%)
Use evidence-based population health promotion approaches to tobacco control	29/76 (38.2%)	43/76 (56.6%)	4/76 (5.3%)
Target LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	29/76 (38.2%)	44/76 (57.9%)	3/76 (3.9%)
Consider the eligibility of activities when developing plans	28/76 (36.8%)	44/76 (57.9%)	4/76 (5.3%)
Use evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	26/74 (35.1%)	45/74 (60.8%)	3/74 (4.1%)

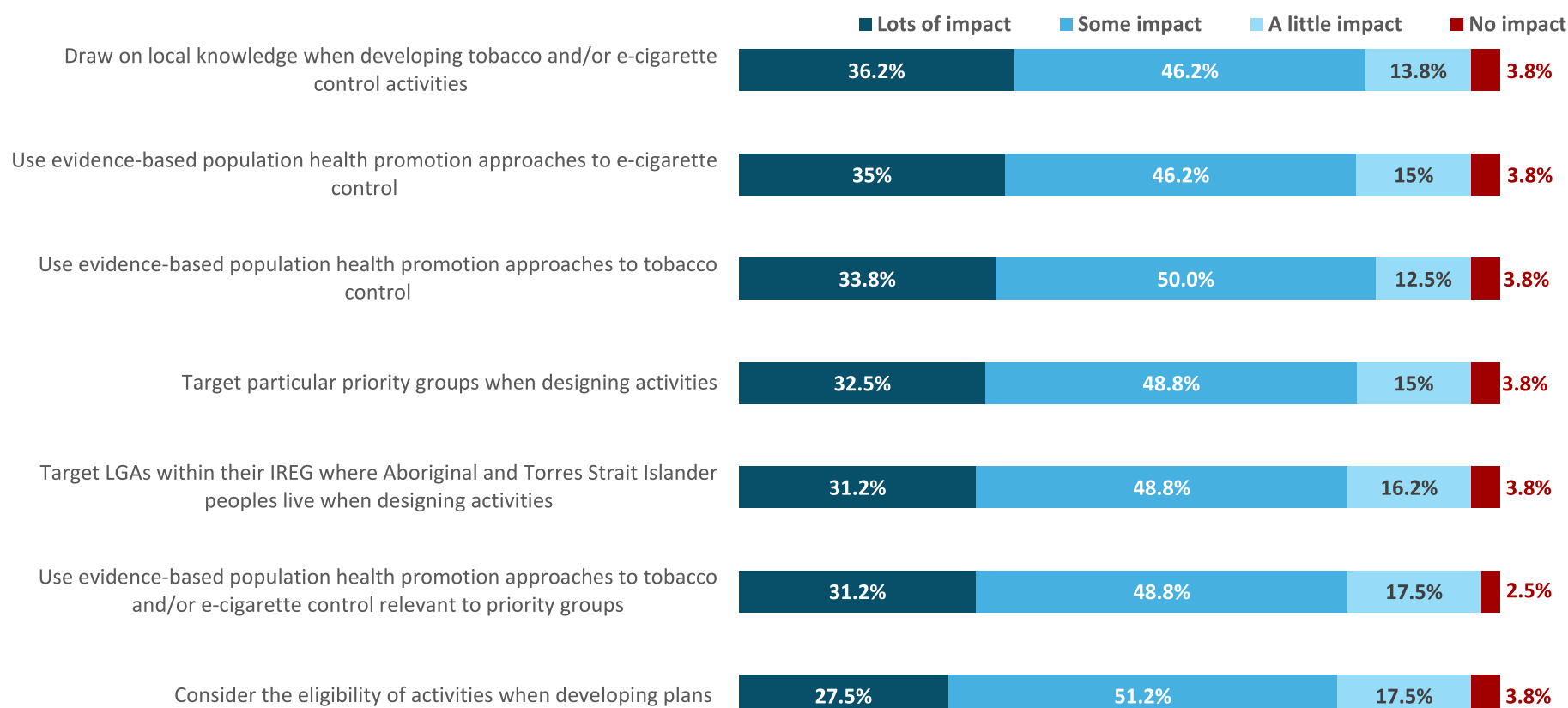
- Similar patterns can be observed in TIS staff's reports on the impact of National Supports on their intentions to take actions (see Table 10). Across all domains, around a third of TIS staff survey respondents reported that National Supports had a lot of impact on their intentions; and around half of TIS staff survey respondents reported some impact (see Table 10).
- Around 12% to 15% of TIS staff survey respondents (n=80) reported that National Supports had 'a little impact' on their intentions, and around 3% to 4% reported no impact (see Table 10).
- Overall, this suggests that:
  - **National Supports had a large influence on the intentions of around one third of TIS staff, and some influence over half of TIS staff.**
  - However, **less than 5% of TIS staff** survey respondents **reported no influence, or likely a negative influence on their intentions to take actions after engaging with National Supports.**

Table 10: Impact of National supports on TIS staff survey respondents' intentions to take actions in different areas (TIS staff survey, n=80)

Whether TIS staff intend to...	Lots of impact (n, %)	Some impact (n, %)	A little impact (n, %)	No impact (n, %)
Draw on local knowledge when developing tobacco and/or e-cigarette control activities	29/80 (36.2%)	37/80 (46.2%)	11/80 (13.8%)	3/80 (3.8%)
Use evidence-based population health promotion approaches to e-cigarette control	28/80 (35.0%)	37/80 (46.2%)	12/80 (15.0%)	3/80 (3.8%)
Use evidence-based population health promotion approaches to tobacco control	27/80 (33.8%)	40/80 (50.0%)	10/80 (12.5%)	3/80 (3.8%)
Target priority groups when designing activities	26/80 (32.5%)	39/80 (48.8%)	12/80 (15.0%)	3/80 (3.8%)
Use evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	25/80 (31.2%)	39/80 (48.8%)	14/80 (17.5%)	2/80 (2.5%)
Target LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	25/80 (31.2%)	39/80 (48.8%)	13/80 (16.2%)	3/80 (3.8%)
Consider the eligibility of activities when developing plans	22/80 (27.5%)	41/80 (51.2%)	14/80 (17.5%)	3/80 (3.8%)

Figure 17: Impact of National Supports on TIS staff's intentions to take actions in different areas

Across all domains, approximately **one third of TIS staff reported lots of impact on their intentions**, **around half of TIS staff reported some impact**, and **less than 20% reported a little impact on their intentions** due to National Supports



Regarding the domain of planning, monitoring and evaluating, **most TIS Coordinators** told us in the interviews that they **created their own tools and resources** to plan and evaluate their activities, which signalled their understanding of the importance of planning and monitoring. TIS Coordinators also noted that they needed to develop tools and resources that are suitable for their regions and target communities, and not solely rely on the NBPU resources.

“I've read [NBPU resources] and used them myself to gain information, but I certainly haven't used them in the community.” – TIS Coordinator


“We use different tools and platforms to help us [with planning and monitoring]. So, for example, one of them could be access to evidence through the online libraries that we have, to find evidence-based interventions to see what works and what does not. We've got some kind of monitoring and evaluation frameworks in place; we've got a list of KPIs for us to see how the TIS program is working. We've got our own design — like surveys and these sort of feedback tools that we can use to learn from our experiences. In addition, we do our best to make sure there are professional development and training activities in place for staff members. We've done our best to make sure staff members can take advantage of the learning and development workshop as much as possible.” – TIS Coordinator

“I know that there's plenty of tools on the TIS website. But I find they're not very effective for our region. And I've had to create all my templates for planning and evaluating activities; even for our subcontract arrangements, we've had to create our own templates to be able to report against the key requirements effectively.” – TIS Coordinator

“We've got our own [resources]. We make sure that they're suited to the [IREG name]. Some [NBPU] tools are not relevant or appropriate for the region. So, we [develop the resources] in consultation with our guys.” – TIS Coordinator

#### 4.4.4 How effective do TIS staff think these supports have been? Where do they think improvements could be made? [sub-question 4.4]

TIS Coordinators found the **jurisdictional workshops, assistance with AWP and PRs, the NBPU newsletter and the update from the National Coordinator** to be the **most effective forms of support**. A few TIS Coordinators **did not find the support effective**, especially **TIS teams in subcontracted organisations**, who were less likely to get direct access to the National Supports. Suggested improvements from the perspective of TIS Coordinators were **better promotion of support provided by the NBPU with easier access for the subcontracted organisations** and **facilitating inter-organisational sharing of information**.

-  A few TIS staff reported feeling supported as they felt that National Supports cared about their TIS activities and provided useful support.

“Whether it’s an email, a phone call, or coffee catch-ups with the funding manager, we feel really supported. We feel that the funding agreement manager cares about what we’re doing and is really vested and interested.” – TIS Coordinator

“The implementation of the TIS program has evolved over years as has the role of NBPU. The NBPU are providing useful, practical, and evidence-informed support to the TIS programs.” – TIS staff

- Most TIS Coordinators considered the **jurisdictional workshops** an **important platform** as they provided TIS teams with opportunities for networking and information sharing, subsequently assisting them in refining their own activities and messaging.

“I think having that workshop that they had was good for being able to come and meet everybody. Like not just from [state name] but from all around Australia. Understanding how they are tackling tobacco and vaping in their communities and how they're relating it more to their communities definitely gave us inspiration and more ideas as well.” – TIS Coordinator

“I just went to one of the jurisdictional workshops, which was really good at supporting and going through things. It was good for a new starter. I’m not sure about people who have been in the program for a long time, about how they would have responded to the sessions on the website, the sessions on the data and the information. But our team members, who’ve been in the program a long time, also got a lot out of it. So, the jurisdictional workshops are probably the [most effective].” – TIS Coordinator

- Some TIS coordinators considered the **NBPU review of PRs and AWP**s an **important form of support**. According to the TIS Coordinators, the NBPU review and feedback process would ensure that their reports are accurate and align with reporting requirements.

“The NPBU is good for providing feedback and comments on performance reports before we submit them to the Commonwealth. I think that's very useful. Just a good set of extra eyes on our reports and ensuring we're putting the right information in their reports. I think that's really useful.” – TIS Coordinator

“It's good to have the National Best Practice Unit reviewing our Performance Reports and Activity Work Plans before they go to the department for review and approval. I think that's a great process to ensure that what we're putting in there aligns with the funding agreement outcomes and that we are evaluating correctly.” – TIS Coordinator

- Information and resources from the National Supports, specifically the **NBPU Newsletter** and **updates from the National Coordinator**, were **important support** for some TIS Coordinators and their teams.

“We'll get our newsletter every month from NBPU. It's got updates from [the National Coordinator]. They've got training stuff on there for any of the teams that want to do training.”  
– TIS Coordinator

“The newsletter from the National Coordinator is well received, as is his attendance at national and jurisdictional workshops.” – TIS Coordinator

- Notably, a few TIS Coordinators **did not find the support effective**. This scenario was more common among the TIS teams of subcontracted organisations, who were less likely to get direct access to the National Supports.

“I'm going to say none because I haven't heard from anyone at [National Supports]. And yeah, I don't think any [activities were most effective].” – TIS Coordinator

“No, we don't find [National Supports] that supportive. Probably the most supportive is our linkages with [name of another RTCG], which is, they've got their own tobacco control program, and we link in with one of the key team members there. But we don't find NBPU or the Department useful in terms of supporting our TIS program.” – TIS Coordinator

- Suggestions for improvement included **better promotion of support provided by the NBPU with easier access for the subcontracted organisations and platforms mainly focused on inter-organisational sharing of information**.
  - Some TIS Coordinators, including those of subcontracted organisations, requested **better promotion of support** provided by the NBPU so that teams have a clear understanding of what support NBPU provides and how to access them. There also seemed to be confusion about the scope of NBPU support—some people expected to use NBPU resources directly and were disappointed that the resources were not tailored to their specific regions.

“Currently, the only support I get from NPBU is when they provide feedback on our performance reports, which I find very useful. And I think that's the only support I'm requesting from NPBU. It's not like I'm always ringing up, asking for their feedback or support. But maybe I'm underutilising NPBU. So, I need to find out how useful NPBU will be. What are the benefits of using NPBU? And I think they need to promote that a lot better.” – TIS Coordinator

“A more structured or clearer understanding and expectations of the role of NBPU and some accountability around the delivery of those things would be good.” – TIS Coordinator

- TIS Coordinators at **subcontracted organisations** wanted **direct access to NBPU**, instead of relying on the RTCG lead organisations.

“I feel really annoyed that it’s been put to us (not a lead organisation but a TIS team) that we can’t contact the NBPU if needed but must go via our lead agency... This seems really offensive and almost as though our input, activities and needs for support from the NBPU are not valued. We as a team for 8 years have been able to contact the NBPU for advice and now [because] we are not a lead organisation, we are not allowed to do this?” - TIS staff

“I feel like if [the lead RCTG] is getting that information, it needs to be provided to us.” – TIS Coordinator

- Some TIS Coordinators suggested that National Supports can **better facilitate information exchange** by grouping organisations with similar geographic contexts together (e.g., regional versus metro areas).

“They lump all the TIS teams together when geographically we’re not as similar. When I talk about my problems in a metro setting, someone from a rural or regional area cannot relate. So, if [NBPU] really wants to be proactive regarding real outcomes and shared experiences, why don’t they get all the metro teams around Australia together? We all have pretty much the same resources in the metro settings. Similarly, [NBPU] should put all the people from remote or rural areas together in one room because they’ll have a lot in common.” – TIS Coordinator

“So, I think there needs to be a lot of work from [NBPU’s] end to support us. Also, they need to get us all together according to our regions, to talk about what we’re doing and how we can do things differently and learn from each other. This is what we’re all needing.” – TIS Coordinator

“The jurisdictional workshops are below average and often don’t provide meaningful learnings for our team, particularly working in the remote context. It was really disappointing to see that the [region name] jurisdictional workshop no longer exists, and now we’re lumped with urban and regional TIS teams. So, it’s quite hard for us remote mob to connect and understand what can work for our region.” – TIS Coordinator

- Some TIS Coordinators also mentioned that they would prefer **less lecture-style talks, and more engagement and interactions with other TIS organisations at the jurisdictional workshops**.

“I’ve been to many of these jurisdictional workshops, and I feel that they’re very repetitive. It’s always the same, mainly the Department talking first. There aren’t many workshops or discussions on more innovative, creative concepts of community engagements. If I’m going to these jurisdictional workshops, I want to see what the new and exciting approaches in community engagement are, especially in this digital age of [smart]phones.” – TIS Coordinator

“Regarding the workshops, less talk from the bureaucrats, more opportunities for TIS teams to present and interact with one another. Maximise the opportunity you have right now, which is

two days with heaps of Aboriginal and Torres Strait Islander peoples from all four corners of this country. Maximise the potential of having an open discussion about the barriers and the solutions. And maybe break [the organisations] up based on their locations because they'll probably have an equal identity of their gaps and all that stuff. But also, you need to inspire these TIS teams to realise the potential of what they can do because I feel like a lot of them are lost in terms of a sense of guidance and direction. And I think there are more opportunities for freedom, luxuries, and advantages that TIS can offer at the moment because you can have a lot of creative freedom with the TIS program. But I feel like those teams will not explore the opportunities until they understand the potential of what can be done. And I think having more interactions with other organisational will help more than interactions with the heavyweights from Canberra.” – TIS Coordinator

#### 4.4.5 What supports are provided to TIS Grant Recipient Organisations? [sub-question 4.5]

TIS Grant Recipient Organisations **received information and support to implement eligible, evidence-based population health approaches, and to appropriately implement the TIS program**. TIS Grant Recipient Organisations received **different types of support from different National Support stakeholders**, which reflects the different roles each stakeholder plays.

Among all the National Support stakeholders, the TIS funded organisations have the **most contact with NBPU through various channels**, including site visits, newsletters, phone calls, or emails. They also have **direct contact with the Community Grants Hub staff**, i.e., the Funding Agreement Managers (FAMs), who ensure that the organisations are meeting their obligations under the funding agreement. The **National Coordinator** also provides support to TIS teams, with **less frequency than NBPU**. On the other hand, the Department of Health, Disability and Ageing staff oversee the program and rely on the other stakeholders to provide support. The Department staff tend to engage with TIS Grant Recipient Organisations if there is an issue, or ad-hoc at conferences and workshops.

These findings are reflected in both quantitative and qualitative data. TIS CEOs surveyed said they **most frequently met with the NBPU**. Specifically, half of the CEOs surveyed (5/10) met with the NBPU in the last six months (see Table 11). Four out of 10 surveyed CEOs said they did not meet with the National Coordinator or the Department of Health, Disability and Ageing in the six months prior to the survey (see Table 11). Two out of 10 CEO survey respondents reported meeting with the National Support stakeholders at least three times in the last six months (see Table 11). One CEO observed that the NBPU and the Department of Health, Disability and Ageing work directly with the TIS Coordinators, rather than with the Executive and CEOs, and that the knowledge this CEO had about the TIS program was driven by their own learnings and actions, rather than the support from the NBPU and the Department.

“The NBPU and Department of Health work directly with the TIS Coordinator rather than through the Executive and CEO. This can be a problem when the Department and NBPU expect the Executive and CEO to be fully apprised of the program. The knowledge I have about the



program is determined by my own learnings and actions rather than support by the NBPU and Department of Health.” - TIS CEO survey

Table 11: Frequency of meetings between TIS CEOs and different National Support stakeholders in the last six months (TIS CEO survey, n=10)

Meetings in the prior six months between CEOs of RTCG organisations and	Never (n)	Once (n)	Twice (n)	3+ times (n)
National Coordinator	4/10	4/10	0/10	2/10
NBPU	2/10	5/10	0/10	2/10
Community Grants Hub staff	3/10	3/10	2/10	2/10
Department of Health, Disability and Ageing	4/10	1/10	3/10	2/10

The majority of CEOs surveyed **agreed or strongly agreed** that the National Supports (i.e., NBPU, National Coordinator and the Department of Health, Disability and Ageing) had **provided clear information** about:

- Activities that are considered eligible as part of the TIS program.
- Staffing arrangements that are allowed as part of the TIS grant.
- The expenditure requirements for the TIS grant.
- Partnership arrangements that are appropriate within the TIS program.
- How RTCG recipient organisations can spend the funding received through TIS.
- Activities that are considered population health approaches.

Table 12 below provides the specific breakdown of responses.

Table 12: CEOs' agreement with clarity of National Supports' information about the TIS program (TIS CEO survey, n=8)

The extent to which CEO agreed that they/their organisations have received clear information about	Strongly agree (n, %)	Agree (n, %)	Neither agree nor disagree (n, %)
Eligible activities in the TIS program	4/8	3/8	1/8
Allowed staffing arrangements under the TIS grant	2/8	4/8	2/8
The expenditure requirements for the TIS grant	4/8	3/8	1/8
How funding received through TIS can be spent	4/8	2/8	2/8

Appropriate partnership arrangements for TIS	3/8	4/8	1/8
Population health approaches	3/8	3/8	2/8

TIS Coordinators discussed in the interviews that they have different levels of interactions with different National Support stakeholders. Each stakeholder used specific communication channels and had different levels of engagement with the organisations depending on their relationship and tasks.

- The National Best Practice Unit (NBPU)**, as the first point of contact, was the **most involved** in directly supporting and engaging with the grant recipient organisations. The NBPU used various methods and channels of engagement, including site visits, newsletters, phone calls, and emails.

“[NBPU] develop a tailored support plan annually. NBPU identifies how many face-to-face visits we do. The involvement isn't just from the TIS teams but the whole organisation. So, during those visits, NBPU ensures that senior managers and CEOs are also aware that we will be visiting to ensure they can come in and meet. And the engagement is not just during a site visit. NBPU might be attending one of the team's community events, and a CEO might happen to be there and come up and approach us and just have that yarn there and then. So, [the engagement happens at] those opportunistic moments also.” – National Support stakeholder

“NBPU also has the newsletter, for communication, which goes to everyone.” – National Support stakeholder

“The more operational management happens through either DSS from a grant management perspective or NPBU in terms of their support role.” – National Support stakeholder

- The National Coordinator** had **some level of direct engagement** with TIS teams. While the National Coordinator mostly communicated with TIS teams through the NBPU newsletter, conferences, and workshops, he directly engaged with them only when needed or was requested to.

“The NBPU or the Department reach out to [the National Coordinator] when they need some higher power to come in. People might not respond to [the Department] or NBPU. In contrast, they're more likely to respond to [the National Coordinator].” – National Support stakeholder

- The Department of Health, Disability and Ageing** staff had the **least direct contact and engagement** with the TIS teams and their organisations. When direct contact or engagement occurred, it was either ad-hoc at conferences and workshops, or due to an escalation of issues with/by the grant recipient organisation.

“There will be occasions when [the Department] is engaging directly with the organisation. [That] tends to arise more when an issue has gone through the initial engagement with the Community Grants Hub or NBPU and is being escalated further. It might be that the CEO is

raising concerns about the way in which the grant is being managed at our end and what issues might be arising. And then there'll be that series of escalated discussions.” – National Support stakeholder

“Typically, direct engagement with the teams happens either at the CEO's workshop or at a jurisdictional workshop. And in those contexts, it's very kind of opportunity-focused and recognition-focused.” – National Support stakeholder

- **The Community Grants Hub**, specifically the funding agreement managers (FAMs) in the Department of Social Services (DSS) had **more direct contact** with the grant recipient organisations. Allocated to each grant recipient organisation, the FAM ensures that the grant recipient meets its obligations under the funding agreement and can withhold the organisations' payments in cases of agreement breach. FAMs also ensure that the organisations report according to the Department's requirements and in a timely manner. According to one of the National Support stakeholders', a FAM understands local socio-politics, has good cultural knowledge and understanding, and can inform the Department of Health, Disability and Ageing of risks and sensitivities.

“The basic structure of the DSS is they have an Indigenous health delivery lead, which is like a nationally coordinated function. Two main people have oversight of a national network of funding agreement managers. [...] A FAM is allocated to each of our TIS lead organisations, and they are a national network. FAMs ensure that the grant recipients meet their obligations under the funding agreements. So, things like developing their activity work plan to the standard expected by the Commonwealth and the same for performance reports. [...] FAMs also ensure that the reports are sufficient and delivered on time and in accordance with any relevant guidelines. So, because they're looking after multiple Indigenous health programs, the FAM officers would know if a grant recipient is also receiving primary care services or any other grants. So, they have that extra bit of corporate knowledge around the regional providers, which also benefits us. They also manage financial and program delivery risks. [...]. [FAMS] know the risks and the sensitivities. They know and understand some local politics that can also impact service delivery. Also, they're very culturally trained, and they have that cultural awareness so that they can deal appropriately, in a culturally appropriate manner, with our providers and their staff as well. And they manage compliance actions for us as well. So, if someone is not delivering a performance report, DSS can actually withhold a payment to the service.” – National Support Stakeholder

#### 4.4.6 What impact do these supports have on the knowledge and attitude of TIS grant recipient organisations' CEOs? [sub-question 4.6]

National supports had a **positive impact on the knowledge** of TIS CEOs **about eligible activities, expenditure requirements, appropriate partnership arrangements, permissible spending, population health approaches, but a lesser impact** on knowledge about **permissible staffing arrangements**.

National Supports also **increased TIS CEO's intentions to take a leadership role** in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

- The support from National Supports appeared to have a **positive impact on the knowledge of TIS CEOs about the eligibility of activities** and the **expenditure requirements** for the TIS grant. All 8 CEO survey respondents correctly identified eligible activities and expenditure requirements under the TIS program.
- National Supports appeared to have a **lesser impact on the knowledge of TIS CEOs about permissible staffing arrangements in TIS**:
  - Positively, all eight CEOs who answered the survey question correctly identified that using and posting on Facebook and Instagram by staff for work is appropriate. The majority correctly identified it is permissible for staff to work over-time and outside of normal working hours, and to travel long distance and stay overnight.
  - Two CEOs surveyed correctly identified that it is permissible for staff to work part-time on TIS and part-time on other projects.
  - Three CEOs surveyed incorrectly identified that it is permissible for staff who are 100% funded by TIS to work on TIS as well as other projects.
  - While it is permissible for staff to use the TIS budget on interpreters and translations, only two CEOs were able to correctly identify so.
- The support from National Supports also seemed to have a **positive impact on the knowledge of appropriate partnership arrangements** for TIS. All CEOs who responded to the survey (8/8) correctly identified that partners who are written into the grant are held accountable to deliver the proposed activities. All but one CEO (7/8) correctly identified that partners who are written into the grant are paid according to their contract agreement. National Support stakeholders also discussed that they have consistently promoted the establishment of formal partnerships, which has had positive results.

“The Department has been consistently and actively promoting the establishment of formal partnerships. This is an area where, particularly in some regions, the more senior levels of the organisation have been more actively involved in identifying and establishing strategic partnerships through those formal arrangements. This helped them expand the program's reach into communities where previously ACCHOs might have been bound by their service delivery footprint. [The Department] has been actively promoting working in partnership for the last 18 months to reach communities [the TIS teams] haven't reached so far. We're starting to see how that manifests.” – National Support Stakeholder

- Surveyed CEOs also had a good knowledge of how their organisations can spend the TIS funding. None of the CEOs reported spending TIS budget on non-TIS activities.
- **Most CEO** survey respondents could **correctly identify what are considered population health approaches**; however, **a few strongly disagreed that they understood the importance of a population health approach**. Specifically:
  - All CEO survey respondents (8/8) correctly identified ‘education program at a school about the harms of tobacco’ as a population health approach. All but one CEO (7/8, 88%) correctly identified ‘designing and funding a bus wrap promoting a local quit support service’ as a population health approach.
  - While more than half of surveyed CEOs (5/8) strongly agreed that they understand the importance of a population health approach, three CEOs (3/8) strongly disagreed that they understand this importance, suggesting that some CEOs might need extra support in this area.
- **The majority** of surveyed CEOs (6/8) **strongly agreed that their organisations have systems in place to support staff to use a population health approach**; two CEOs strongly disagreed. All CEOs, however, **disagreed that it is challenging to integrate a population health approach into their organisational practice**. These two findings suggest that while it is **achievable for organisations to integrate a population health approach** into their practices, **a small number of organisations need extra support** to actually put in place systems to support staff to use a population health approach.
- **All but one CEO (7/8) agreed that it is important for their organisation and for them to take a leadership role** in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control. **All surveyed CEOs (8/8) reported that they are likely to take a leadership role** in advocating for culturally safe, evidence-based tobacco and e-cigarette control. Notably, the majority (6/8) reported that they are ‘very likely’ to do so. This finding is **also reflected in consultations with National Support stakeholders and TIS Coordinators**, as they observed an increase in **TIS Grant Recipient Organisations’ and CEOs’ awareness of the importance of taking a leadership role** in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

“These messages have been reinforced by the Department, the National Coordinator, and NBPU. So, I think their awareness level has increased. When I look at the demonstrated impact, if I look at what people are doing and how they're doing it differently, I can see that they understand it because they are making significant impacts and taking action. And it's not just limited to their region; they are thinking strategically and influencing more strategically.” – National Support stakeholder

“I think there is a high level of turnover amongst CEOs, which means some of the CEOs are quite actively engaged and will prioritise their leadership of the TIS program, and they will help

the TIS team more actively in meeting their objectives, for example, establishing strategic partnerships.” – National Support stakeholder

“The [Executive teams are] really supportive of the TIS program and its objectives. So, the advocacy for TIS is quite good. We're a smoke-free, vape-free organisation. So, they make sure that the existing policy is valid and that the message is loud and clear across the organisation about our smoke and vape free policy. Also, they have relationships with other community stakeholders and link the TIS team to other organisations based on their community meetings.”  
– TIS Coordinator

#### 4.4.7 What impact do these supports have on the administrative performance of TIS teams? [sub-question 4.7]

Administrative performance of a TIS team refers to the following factors:

- Only undertaking eligible activities.
- Producing AWP, monitoring and learning from activities and outcomes.
- Using all allocated TIS budget.
- Using TIS budget only for TIS activities.
- Staffing the TIS team appropriately.
- Allowing TIS staff to work in ways that accommodate and are appropriate to the needs of the program.
- Effectively managing partnerships with sub-contracted organisations.

We found that:

- **Eligibility of TIS activities:** As outlined in section 4.3.3, **the majority of activities planned and delivered were eligible.** NBPU also observed that ineligible activities were very rare, and that they had a mechanism to initiate conversations with TIS teams to help them revise activities to align with eligibility guidelines.

“I don't think anyone deliberately steps outside the guidelines, but of course, as things have gradually changed over time, there's that residual memory of how we used to do things. Nevertheless, it's important to acknowledge, and it only happens rarely, but every now and then, you find someone who has undertaken an activity that's not within the grant opportunity guidelines. So, at that point, [NBPU] would try and have a conversation with the team around what it was they were doing, what they wanted to achieve, and try and help redirect them to a

more appropriate activity that would perhaps get them the same outcomes. If the outcomes they're trying to achieve aren't appropriate, then [NBPU]'d have a conversation around maybe what they should be working towards. So, [NBPU] takes a very supportive approach to help them change their activities.” – National Support stakeholder

- **Monitoring and evaluation approaches:** The **majority of TIS teams monitored their activities and outcomes and applied lessons learnt from monitoring.** Specifically, TIS teams in 78% of IREGs (25/32) that delivered activities during the Jan – Jun 2024 period reported monitoring their activities and outcomes and applied lessons learnt from monitoring. On average, 93% of activities were monitored. In 25 IREGs, 100% activities were monitored; while the lowest proportion of activities that were monitored in an IREG was 50%.
- **Using all TIS allocated budget:** The analysis of the grant acquittal data for the 2023-24 financial year revealed that:

  - RTCG recipients servicing 14% of IREGs (3/21) had a perfect or ‘near’ perfect spend. This means that in 14% of IREGs, RTCG recipients did not over- or underspend by more than \$1,000.
  - In **38% of IREGs** (8/21), RTCG recipients reported an **overspend**. The median amount of overspent was around \$6,000 (\$6,326.50, to be exact), meaning that half of the recipients overspent by \$6,000 or more.
  - In **48% of IREGs** (10/21), RTCG recipients reported an **underspend**. The median amount of underspent was around \$140,000 (\$138,984.00, to be exact), indicating that half of the recipients underspent by \$140,000 or less.
  - Overall, this shows that RTCG recipients serving **52% of IREGs (11/21) used all of their TIS allocated budgets.**
- **Using TIS budget only for TIS activities:** In the interviews, the **majority of TIS Coordinators reported spending all of their TIS funding only on TIS activities.**

“A 100% of the funding is towards TIS-related resources and expenditures. So that includes staffing, merchandising, events, promotional materials, administration, and vehicles to get around to do the jobs. But yeah, 100% of the funding is dedicated to TIS expenditures only.” – TIS Coordinator

“All of [the funding] goes to TIS. We desperately need every dollar in order to increase our reach and intensity across the region.” – TIS Coordinator

- A few **TIS Coordinators were unaware or unsure of the TIS funding expenditures.** This was either because they did not have access to TIS finances, or they had yet to analyse their finances.

“Currently, I don't have access to this programme's finances. We only had our programme meeting this morning, and they asked us what we would like to do better next year. I said I'd like to have access to our budget. I said that way I could know what we could spend.” – TIS Coordinator

“Our finance team handles all the finances. I do not have access to those.” – TIS Coordinator

“I couldn't tell you that. I haven't sat down and analysed the budget in that much detail.” – TIS Coordinator

### Staffing of TIS teams:

- Content analysis of job title of TIS staff survey respondents indicates **that their job titles appropriately indicate their roles**. Some examples of job titles included were TIS Worker, Health Promotion Officer, Community Engagement Officer etc.
- Regarding the length of employment, **more than half** of TIS staff survey respondents have **been in the role for at least one year**. Nearly a third (28.7%, n=122) reported that they have been in their role for less than six months, and a fifth (22.1%) reported they have been in their role for between six to 12 months.
- **Nearly a third of TIS staff** survey respondents (32.5%, 38/117) **disagreed with the statement that ‘there are enough people in the team’** (see Table 13).
- **Nearly 90%** of TIS staff survey respondents (n=117) **agreed or strongly agreed** that **their teams had people with the right skills to do the work required** (see Table 13).
- **The majority of TIS staff** survey respondents felt that **there is flexibility to accommodate their TIS work** – namely, they can work overtime if needed, they are given the flexibility to work outside of normal work hours to accomplish TIS work, and there is funding and flexibility for them to travel for TIS activities (see Table 13). Data from PR and the interviews with TIS Coordinators also supported this, as one team highlighted:

“TIS teams had noted during the previous reporting period that the stalls had become a bit ‘stale’ and needed a new and refreshing approach. As a result, [the] Operational Manager gave TIS teams flexibility and autonomy to deliver stalls in a way that they believed most appropriate for their relevant communities. This approach has proven to be a success. For example, TIS teams explored other locations outside clinic settings to deliver stalls e.g. football games.” – Performance Report

- **A quarter** of TIS staff survey respondents said that they **did not** have access to **information about the funding** available to their organisations (see Table 13).



- Overall, this suggests that **while most TIS staff felt that they were able to work in ways that accommodate and were appropriate to the needs of the program, there are some areas for improvement:**
  - TIS teams need to be adequately staffed to carry out TIS activities.
  - Information about funding available to the organisations for TIS activities should be made clearer to TIS staff in that organisation.
  - In a small number of organisations, there should be improved flexibility for TIS staff to work outside of normal hours if needed and to travel for TIS activities.

Table 13: TIS staff's perspectives about the arrangements of the TIS program at their organisations (TIS staff survey, n=117)

The extent to which TIS staff survey respondents agreed with the following statements	Strongly agree (n, %)	Agree (n, %)	Disagree (n, %)	Strongly disagree (n, %)
"There are currently enough people in our team to do our work well."	16/117 (13.7%)	59/117 (50.4%)	38/117 (32.5%)	4/117 (3.4%)
"Our team is currently staffed with people who have the right skills to do the work required of our team."	31/116 (26.7%)	71/116 (61.2%)	11/116 (9.5%)	3/116 (2.6%)
"I am able to work over-time to accomplish my TIS work, if needed."	34/117 (29.1%)	66/117 (56.4%)	10/117 (8.5%)	7/117 (6.0%)
"I am given flexibility to work outside of normal work hours to accomplish my TIS work, if needed."	44/117 (37.6%)	58/117 (49.6%)	12/117 (10.3%)	3/117 (2.6%)
"There is funding and flexibility for me to travel for TIS activities when needed."	45/117 (38.5%)	58/117 (49.6%)	8/117 (6.8%)	6/117 (5.1%)
"There is funding and flexibility for me to travel and stay overnight for TIS activities when needed."	46/117 (39.3%)	57/117 (48.7%)	7/117 (6.0%)	7/117 (6.0%)
"Information about the funding available for my organisations' TIS activities is easily available to me."	35/117 (29.9%)	52/117 (44.4%)	17/117 (14.5%)	13/117 (11.1%)

- **Partnerships:** According to data provided by the Department of Health, Disability and Ageing in November 2024, formal partnerships had been confirmed for 14 RTCG recipients<sup>24</sup> across 24 IREGs. Of the remaining 10 IREGs, eight reported no partners. RTCGs servicing the remaining two IREGS were in the process of establishing formal partnerships.
- **Most** TIS Coordinators reported that **the partner organisations performed as contracted**, with a few reporting strong relationships.

“We have one subcontract arrangement across our IREG, and they are doing what is required, but maybe at a smaller capacity than us.” – TIS Coordinator

“I would say our partnership is pretty strong, even though it’s only new. So, I think the service agreement has been in place for about a year now. The subcontracted organisation services communities in [region name] and delivers everything that’s submitted as part of our activity workplans. So, from our education programs to social marketing, they deliver it all. I would say that our partnerships are fairly strong.” – TIS Coordinator

“[The subcontracted organisation staff] is so excited to work with us and deliver the Tackling Indigenous Smoking Program in their communities and their homelands because they know it's an issue. So, there is definitely goodwill there. There's definitely that real excitement and enthusiasm to be able to do the work.” – TIS Coordinator

“We've got really strong relationships with our partners and stakeholders. We've been working with them for a very long time in this space, and not just in tobacco or smoking cessation, but many other programs.” – TIS Coordinator

- According to the TIS Coordinators and National Supports, **enablers** of strong partnerships included **the RTCG recipient taking a lead in managing their subcontractor(s), holding regular check-ins and workshops, and sharing information and resources inter-organisationally.**
  - The **grant recipient organisation's leadership in managing their subcontractor enabled a productive partnership** as the subcontractor could focus more on service delivery. The grant recipient also managed the design and development of resources and activities as well as the evaluation, reducing the subcontractor’s responsibilities.

“What works really well is that we've taken a lot of the responsibilities of these mob around [state name] because, as a grant recipient, we take the lead more around the state-wide strategic approach, the state-wide resource development, marketing aspects and evaluation-wise. So, it's less responsibility for our subcontractors. All our main responsibilities are making sure that [the subcontractors have] employed a person for the role to cater for that particular

<sup>24</sup> We only included data from RTCG organisations who have consented to be part of the evaluation.

footprint and that they abide by the action plan that we have implemented across the state. They can't go rogue, which a lot of them don't. So, I think that works really well for them. It's less reporting and budget management for them as well.” – TIS Coordinator

“As a lead agency in this area, the [RTCG name] has taken the ownership and leadership of developing the action plans and resources for the subcontracted organisations. So, basically, the sub-contractor isn't wasting their time developing resources or an action plan, which is our responsibility. For us, it's about trying to build a very streamlined process for our subcontractors so it minimises their workload and they can focus more on boots on the ground, having existing resources ready to develop and for their workers to implement those resources and activities within their communities.” – TIS Coordinator

- Holding **regular check-ins and workshops** enabled TIS teams to identify challenges encountered by their subcontractors and provide the necessary support in tackling those challenges. This, in turn, contributed to a productive working partnership between the organisations.

“What works well is having monthly check-ins with our subcontracted partners to ensure that activities are getting done as required. We workshop and identify what support they need from our team to get the activities done. We do a lot of continuous quality improvement around the activities together, including improving sharing of resources.” – TIS Coordinator

“We have meetings and our get-togethers where we come together and show each other what we've been doing. And for our outreach trips, I wanted us to observe how each of us does things. So, we watch how they deliver a session on something, and observe the difference between how we deliver it. So, then they get ideas and things like that.” – TIS Coordinator

- The **inter-organisational sharing of information and resources** enabled the grant recipient organisations to foster and maintain good working relationships with their subcontractors.

“We've assisted [our subcontractor] by sending out our incentive merchandise resources, quite a few boxes to help their staff. Incentivise like baby bags with TIS branding, water bottles, caps, etc. Yeah, they are going as well as can be.” – TIS Coordinator

“With [subcontractor name], they've only one [TIS] staff member. So, I said, ‘Whenever you've got a big major event, we can also come down with our resources and help support you at your big events’. So, [sharing of information and resources] is a big focus.” – TIS Coordinator

- **Barriers to productive partnerships** included staffing issues of subcontracted organisations and the difficulty faced by grant recipient organisations in prioritising and managing tasks.

- According to TIS Coordinators, **staffing issues of subcontracted organisations** were one of the **biggest barriers to a successful partnership**. Specifically, a lack of adequate staff impacted the

subcontractors' ability to deliver services in their regions. Furthermore, a high staff turnover created communication gaps that impacted the engagement levels between the organisations.

"[The subcontractor] really struggled with the [lack of] workforce, so we're stuck in a planning stage and trying to do some workarounds." – TIS Coordinator

"Probably the most important challenge would be resource limitations, specifically around employment and retention. We've got a high turnover of staff in subcontracted organisations, which impacts our communication. Because the staff members are changing frequently, we face communication gaps. That makes our engagement level inconsistent. And similarly, that influences the monitoring and evaluation for us because we cannot consistently record the activities and the performance. So, these are the challenges that are linked to each other." – TIS Coordinator

"At the beginning of [TIS] contract, we looked at partnering with [organisation name] to cover the [region name] because we weren't really previously allowed to go into that area. That fell over after a consultation of over 12 months. And it fell over only because of staffing issues. They didn't have the staff to probably help us out with what we wanted to do, like the activities that we needed to get done." – TIS Coordinator

- Furthermore, according to one of the National Support stakeholders, some of the grant recipient organisations faced **difficulties in managing and prioritising partnerships and subcontracting** as they had multiple projects ongoing concurrently.

"I think the [lack of] capacity of the lead organisation, not the TIS teams [that's a barrier for successful partnerships]. The lead organisations are managing multiple programs of varying natures. And the CEOs are telling me that they just can't cope with all the new programs that they're getting into and are struggling to prioritise subcontracting and partnerships." – National Support stakeholder

#### 4.4.8 How are National Supports helping shape the environments in which TIS teams operate? [sub-question 4.8]

The National Coordinator and the NBPU engage in activities at international, national and state levels to influence different stakeholders' understanding of the importance of tobacco and e-cigarette control initiatives for Aboriginal and Torres Strait Islander communities.

- The **National Coordinator played an advocacy and guidance role** through various channels, including speeches at conferences and workshops, site visits to some grant recipient organisations, and the monthly NBPU newsletter.

“[The National Coordinator’s tasks involve] providing advice to the government on the Tackling Indigenous Smoking program, and that’s extended to mainstream tobacco also and particularly around the work that went into the consultation leading up to, and then through the passage for the vaping legislation.” – National Support stakeholder

“The National Coordinator also works with other parties involved [in TIS], including the NBPU. Such as compiling the monthly NBPU newsletter, talking about issues across the nation, with experiences of various teams.” – National Support stakeholder

- The National Coordinator engaged **stakeholders at various levels—local, state, and national**—to promote anti-smoking and anti-vaping messages, focusing on the importance of co-design.

“Firstly, [national level stakeholders] like to hear [the National Coordinator] talk, and that’s a big plus. And then because [the National Coordinator] can talk about a whole range of things, but [the National Coordinator] also brings in the anti-smoking and anti-vaping topics and just inform them about good practices. Collaboratively, if you work and engage in a co-design process with the community, you can achieve. So that’s beyond smoking and vaping. That’s about all engagements, particularly with non-Indigenous parties, in their engagement with Aboriginal and Torres Strait Islander organisations.” – National Support stakeholder

- The National Coordinator encouraged **national and other stakeholders to understand the importance of tobacco and e-cigarette control and how it should reflect Aboriginal and Torres Strait Islander culture and values**. The National Coordinator used various conferences to share this message.

“So, there’s a lot of promotion happening outside of the TIS program specifically, but [the National Coordinator] will play a role there for most of the peak body conferences.” – National Support stakeholder

“[The National Coordinator] was the opening keynote for an Indigenous Housing Conference. Even though it was about housing, it has a big focus on smoke-free and vape-free homes and cars. So, that was reaching a new audience and getting all the Directors and officials in these organisations to consider ways in which they can work with [TIS stakeholders] to promote smoke-free homes in all the homes that they manage, and that’s both in urban and in regional.” – National Support stakeholder

- The **NBPU** has also **developed strategic plans and promoted information** about evidence-based approaches to tobacco control Aboriginal and Torres Strait Islander communities through various channels, including conferences and workshops, academic publications, social media. The NBPU has also **promoted the TIS program widely**, through providing a six-monthly report to a list of

stakeholders about TIS achievements, data and development, as well as working on the NBPU TIS Calendar.

“The NBPU TIS seeks to promote evidence-based approaches to Aboriginal and Torres Strait Islander tobacco control and share the effectiveness of the TIS Program within the broader health sector by presenting at conferences and workshops whenever appropriate.” – NBPU Progress Report

“The NBPU TIS has a comprehensive strategy to promote evidence-based approaches to tobacco control for Aboriginal and Torres Strait Islander communities with key stakeholders. A Communications and Engagement Plan was developed and submitted to the Department as part of the Annual Action Plan for 2022-23.” – NBPU Progress Report

## 4.5 The extent to which TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level [Question B]

This section seeks to answer the evaluation question B:

*To what extent do TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level?*

Data from TIS Coordinators interviews also help us understand: *What do TIS teams think have been the most successful activities and why? What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?*

These questions will be explored more in Wave 2 of data collection, via focus groups with TIS staff.

### Key findings

*To what extent do TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level?*

- TIS teams reported **greatest success in increasing knowledge about the harm of using tobacco and e-cigarette**, and the **benefits of not using tobacco and e-cigarette use**, with **more than 75% of activities resulting in changes** in these knowledge domains.
- TIS teams reported **moderate success in increasing knowledge about the benefits of quitting and the benefits of smoke-free spaces**, in **increasing intentions to stop tobacco or e-cigarette use or to create smoke- or aerosol-free environment**, and in **decreasing intentions to use tobacco or vape**, with **around 60% of activities resulting in positive changes** in these domains.

- TIS teams had **less success in increasing intentions to avoid second-hand smoke or aerosol, or to attend smoke-free spaces and events.**
- The TIS teams reported that, across activity types, **development of interactive promotional resources** was the **most successful** in changing knowledge and intentions.
- TIS teams have **continued to support organisations** in reviewing or adopting smoke—or aerosol-free policies, organising smoke—or aerosol-free events, or assisting homes in becoming or pledging to become smoke—or aerosol-free. However, there was **great variability in terms of impact across IREGs, with some IREGs having better/wider creation and enforcement of smoke-free environments than others.**

4.5.1 To what extent do TIS teams think their activities have changed **knowledge** about the harms of tobacco and e-cigarette use, the benefits of resisting their uptake, the benefits of quitting and the benefits of reducing exposure through the creating and enforcement of smoke-free spaces? [sub-question B1.1]

To answer this question, we used information from the Jan – Jun 2024 Performance Reports to specifically observe changes in knowledge reported by TIS teams.

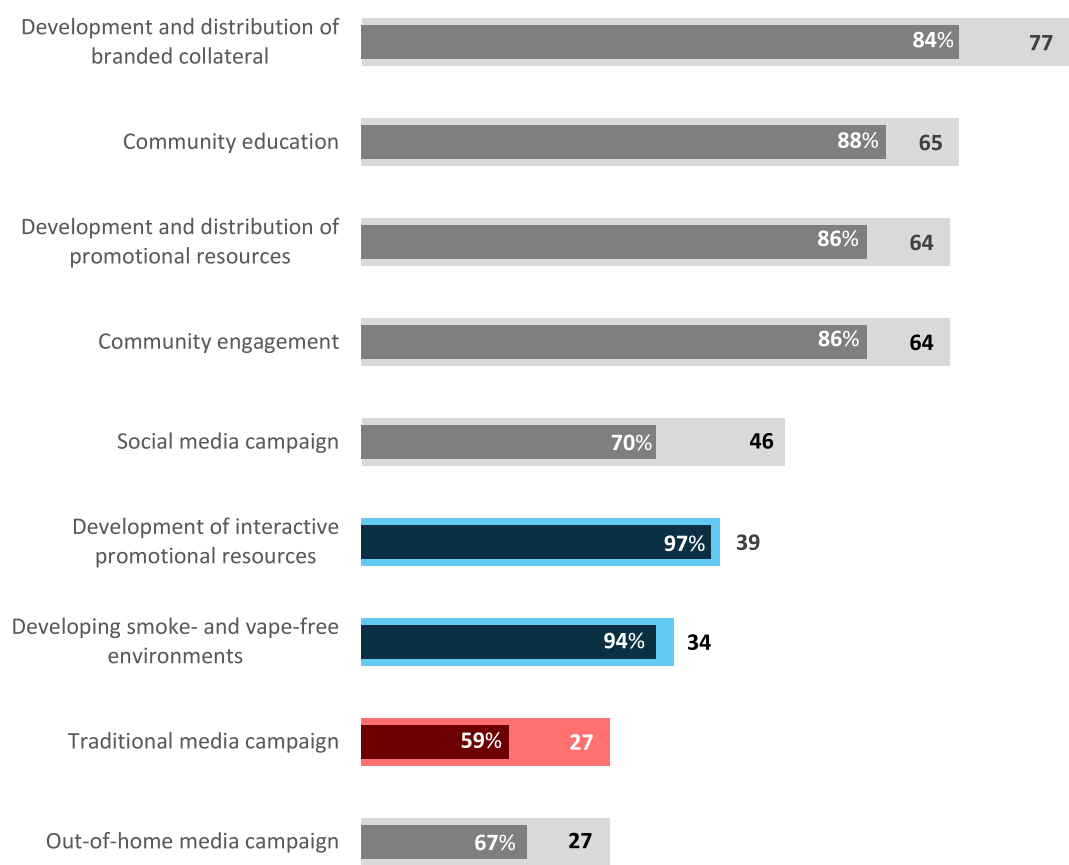
4.5.1.1 TIS teams' reports of how their work has changed their intended audience's knowledge about the harms of tobacco and e-cigarette use and benefits of resisting uptake

#### *Knowledge about harms of tobacco and e-cigarette use*

- For the **majority of activities** (80%, 102/127), TIS teams reported **increasing participants' knowledge about the harms of tobacco and e-cigarette use.**
- Development and distribution of branded collateral was the most commonly used activity type.
- **Two activity types**, i.e., development of interactive promotional resources, and developing smoke and vape free environments **appeared to be the most successful in increasing knowledge about the harms of tobacco and e-cigarettes:** Teams reported that 97% of their activities with interactive promotional resources increased peoples' knowledge and 94% of their activities about developing smoke and vape free environments increased peoples' knowledge (see Figure 18).
- **Traditional media campaigns were the least successful** (see Figure 18), with TIS teams reportedly observing peoples' knowledge increase for only 59% of social media activities. It is, however, possible that it is harder to collect data and observe a change in knowledge via media campaigns than other types of activities.
- For the other activity types, TIS teams reported that around 70% to 80% of these activities yielded increases to peoples' knowledge.

Figure 18: Percentage of activities by activity type that increased participants’ knowledge about the harms of tobacco or vape use

While **development of interactive promotional resources (97%)** and **smoke- and vape-free environments (94%)** were reported to be the **most successful**, **traditional media campaign (59%)** was **least successful** in increasing participants' knowledge about the harms o



*Knowledge about benefits of resisting uptake*

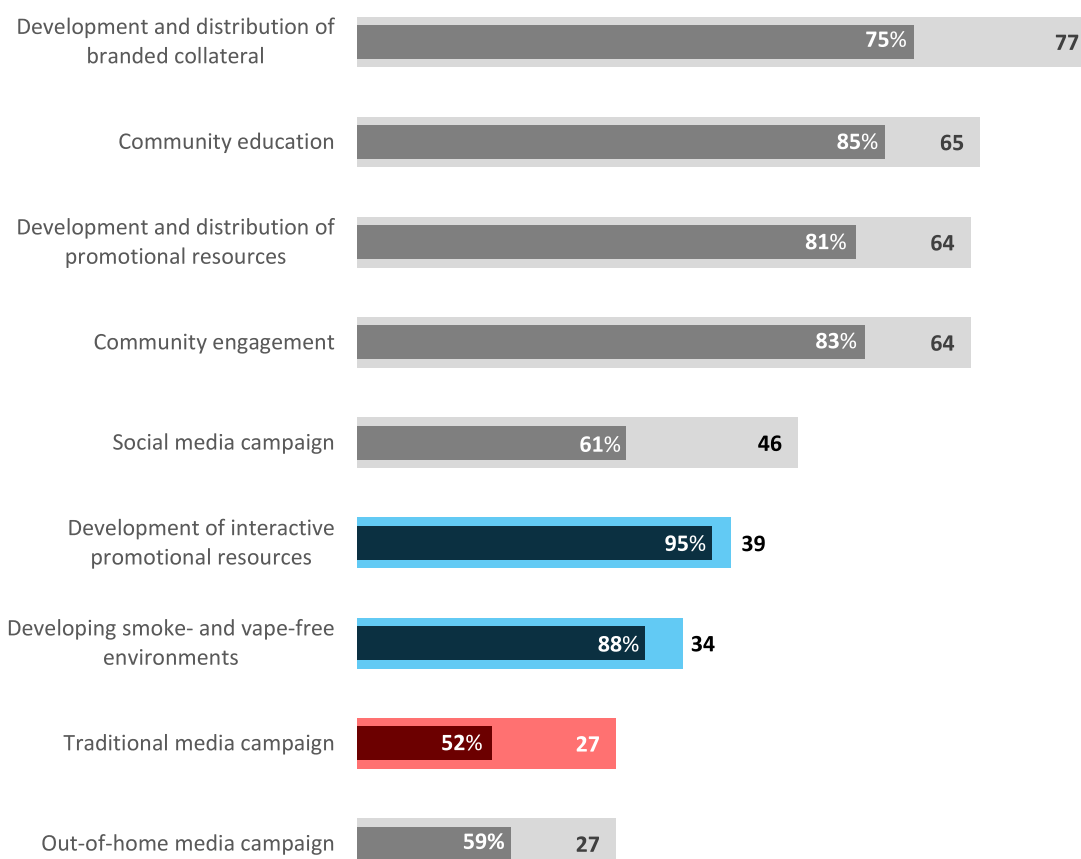
- In **76% (96/127)** of activities, **TIS teams observed an increase in participants’ knowledge of the benefits of not using tobacco or vapes.**

Activities involving **development of interactive promotional resources** appeared to be the most successful in increasing knowledge of the benefits of not using tobacco or vapes (see Figure 19).



Figure 19: Percentage of activities by activity type that increased participant's knowledge of benefits of not using tobacco or vapes

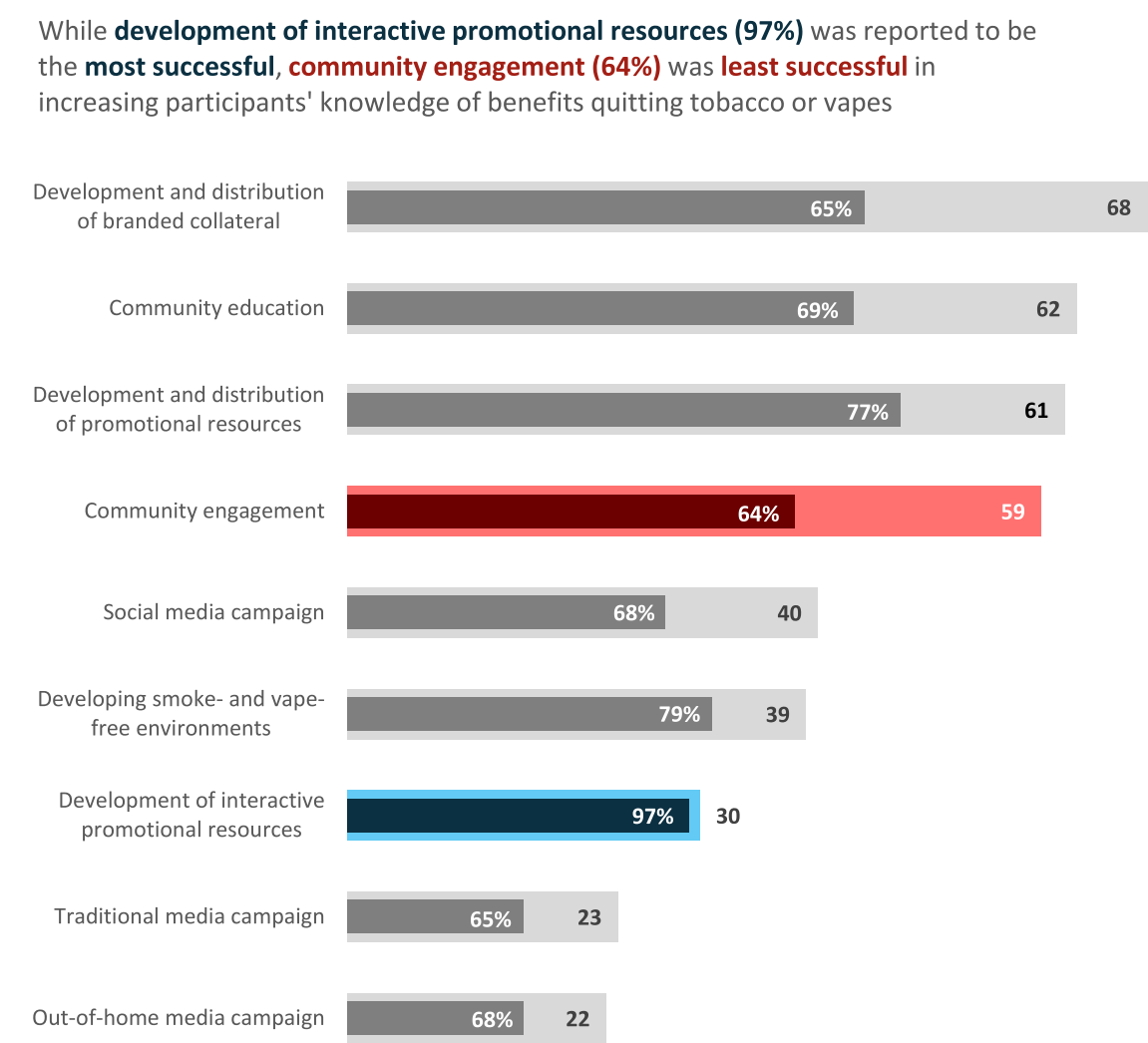
While **development of interactive promotional resources (95%)** and **smoke- and vape-free environments (88%)** were reported to be the **most successful**, **traditional media campaign (52%)** was **least successful** in increasing participants' knowledge of benefits of no



#### 4.5.1.2 TIS teams' reports of how their work has changed their intended audience's knowledge about the benefits of quitting

- For **65% (74/113)** of activities, **TIS teams observed an increase in participants' knowledge about the benefits of quitting.**
- Development of interactive promotional resources** appeared to be the **most successful** in increasing knowledge about the benefits of quitting: TIS teams reported that 97% of their activities with interactive promotional resources increased peoples' knowledge (see Figure 20).
- For the other activity types, around 60% to 70% of these activities resulted in increasing peoples' knowledge about the benefits of quitting.

Figure 20: Percentage of activities by activity type that increased participant’s knowledge of benefits of quitting tobacco or vapes

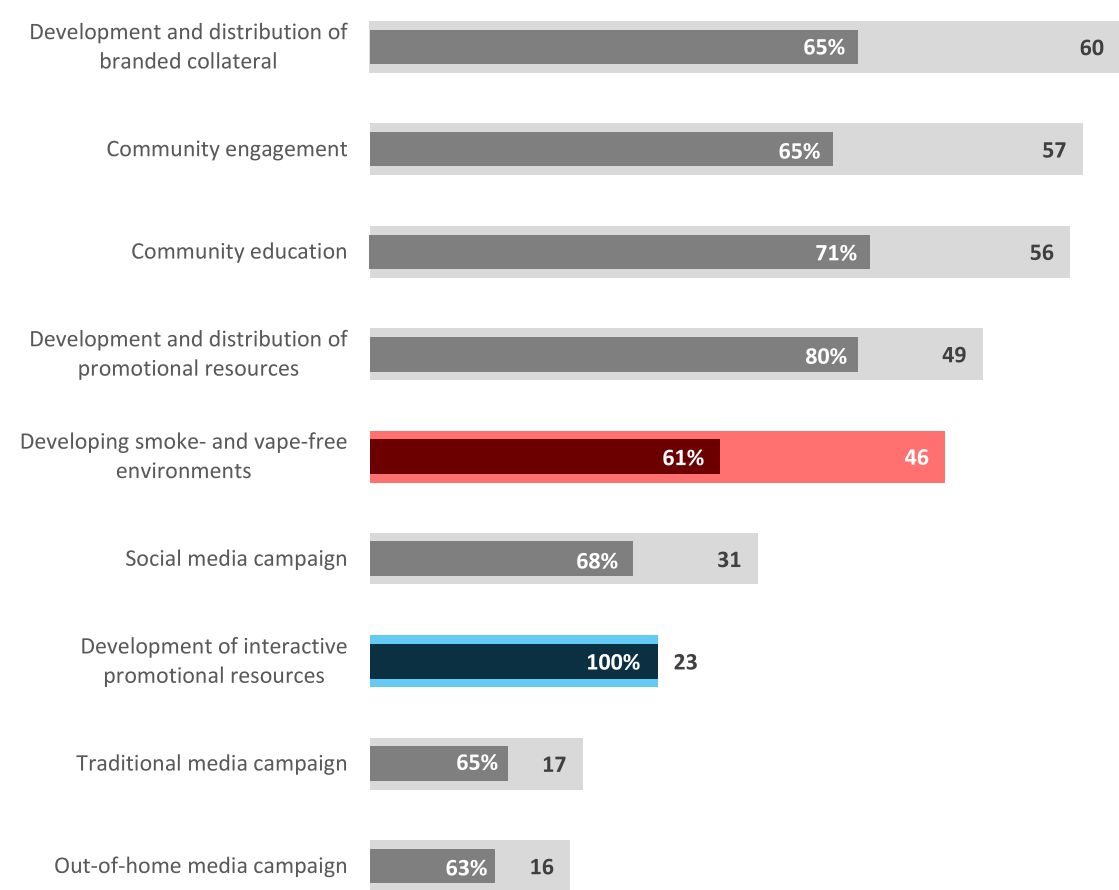


**4.5.1.3** TIS teams' reports of how their work has changed their intended audience's knowledge about the benefits of reducing exposure through creation and maintenance of smoke- and/or aerosol-free spaces

- For **63%** (64/101) of activities, **TIS teams observed an increase in participants’ knowledge about the benefits of creating and maintaining smoke-free spaces.**
- Development and distribution of branded collateral, community engagement, and community education were the top three most commonly used activity types.
- Development of interactive promotional materials was most successful** in increasing knowledge about the benefits of smoke-free spaces, with TIS teams reporting that 100% of these activities increased peoples’ knowledge (see Figure 21).

Figure 21: Percentage of activities by activity type that increased participant’s knowledge of benefits of creating smoke-free spaces

While **development of interactive promotional resources (100%)** was reported to be the **most successful**, **development of smoke- and vape-free environments (61%)** was **least successful** in increasing participants' knowledge of benefits creating smoke-free spaces



4.5.2 To what extent do TIS teams think their activities have changed community members’ **intentions to** avoid uptake of, quit, or reduce exposure to tobacco, e-cigarettes, and second-hand smoke and/or aerosol? [sub-question B1.2]

4.5.2.1 TIS teams' reports of how their work has changed their intended audience's intentions to avoid uptake of tobacco or e-cigarettes

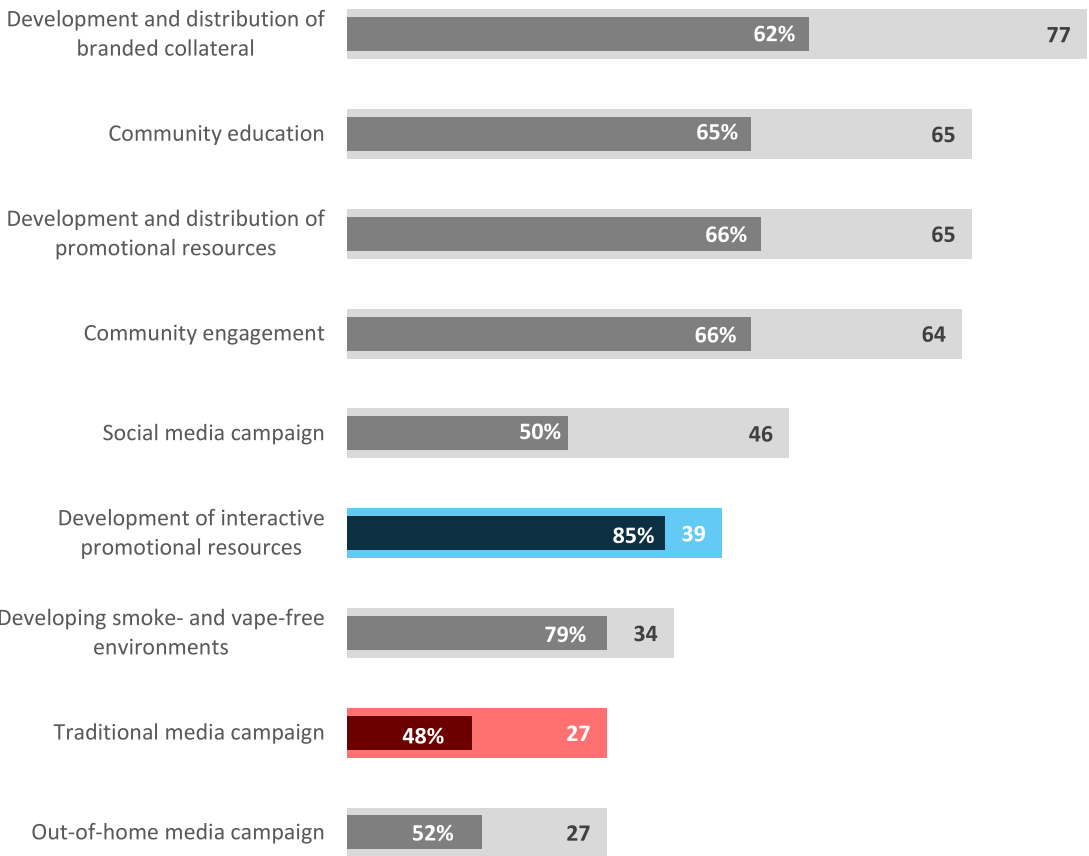
- For **60%** (76/127) of activities, **TIS teams observed a decrease in participants’ intentions to use tobacco or vapes.**
- While development and distribution of branded collateral was the most commonly used activity type, **development of interactive promotional resources was the most successful in decreasing**

peoples’ intentions to use tobacco or vapes (see Figure 22). Meanwhile, **traditional media campaigns were the least successful**, with TIS teams reporting that only 48% of these activities yielded decreased intentions to use tobacco or vapes among their audiences.

- For other activity types, around 50% to 60% of these activities led to a decrease in peoples’ intentions to use tobacco or vapes.

Figure 22: Percentage of activities by activity type that increased participant’s intention to avoid uptake of tobacco or vapes

The **development of interactive promotional resources (85%)** was reported to be the **most successful**, while **traditional media campaign (48%)** was **least successful** in increasing participants' intention to avoid uptake of tobacco or vapes

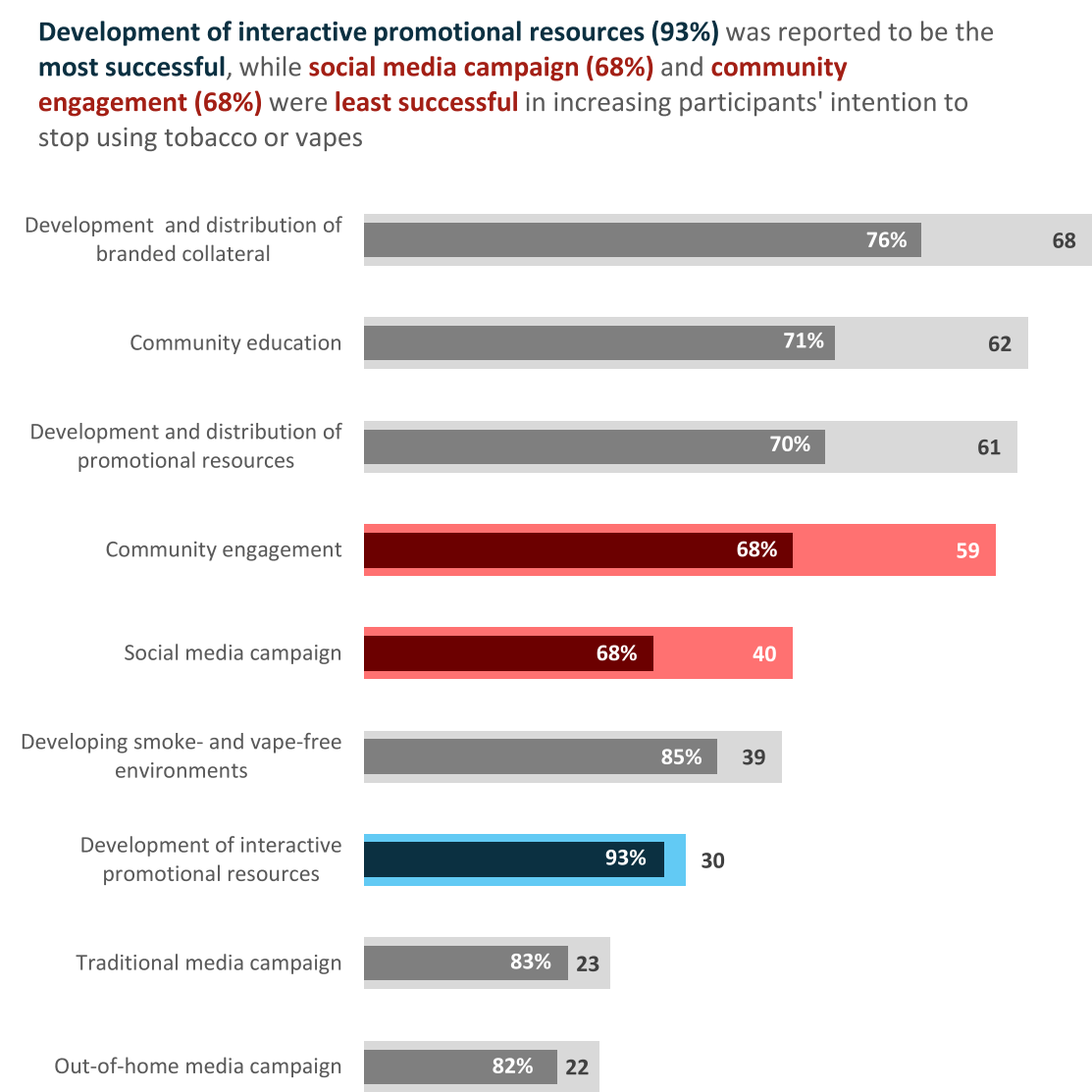


4.5.2.2 TIS teams' reports of how their work has changed their intended audience's intentions to take steps towards cessation of tobacco or e-cigarette use

- For **65% (74/113)** of activities, **TIS teams observed an increase in participants’ intentions to take steps towards cessation of tobacco or e-cigarette use.**

- Development and distribution of branded collateral was the most commonly used activity type.
- Development of interactive promotional resources appeared to be the most successful in increasing intentions to stop tobacco or e-cigarette use** (see Figure 23), with TIS teams reporting that 93% of their interactive promotional resource activities increased peoples’ intentions to quit.

Figure 23: Percentage of activities by activity type that increased participant’s intention to stop using tobacco or vapes



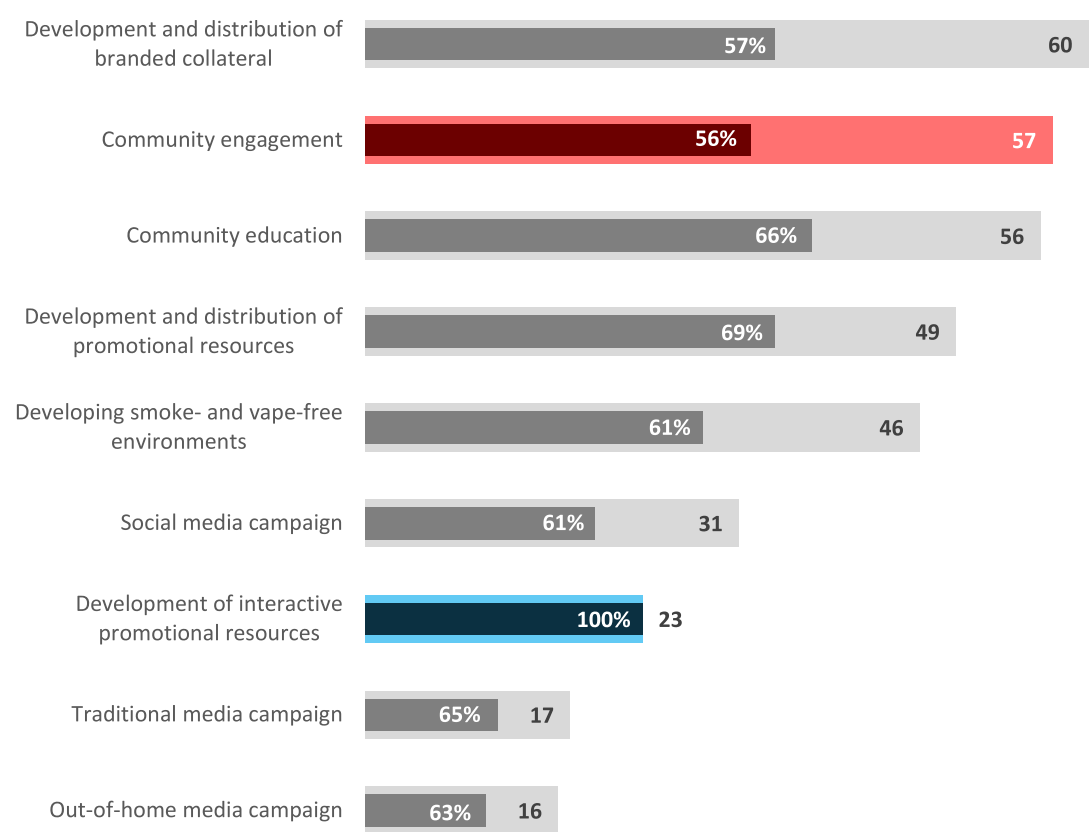
**4.5.2.3** TIS teams' reports of how their work has changed their intended audience's intentions to avoid second-hand smoke and/or aerosol, create smoke and/or aerosol-free environments and stop smoking or vaping in their homes, workplaces, cars, public spaces, and at events

*Intentions to avoid second-hand smoke and/or aerosol*

- In **over half** (55%, 56/101) of activities, TIS teams observed an increase in participants’ intentions to avoid second-hand smoke and/or aerosol.
- **Development of interactive promotional resources** appeared to be the **most successful** in increasing intentions to avoid second-hand smoke or aerosol, with 100% of these activity types resulting in an increase in intentions (see Figure 24).
- For all other activity types, more than half resulted in an increase in intentions to avoid second-hand smoke or aerosol.

Figure 24: Percentage of activities by activity type that increased participant’s intention to avoid second-hand smoke or aerosol

**Development of interactive promotional resources (100%)** was reported to be the **most successful**, while **community engagement (56%)** was **least successful** in increasing participants' intention to avoid second-hand smoke or aerosol



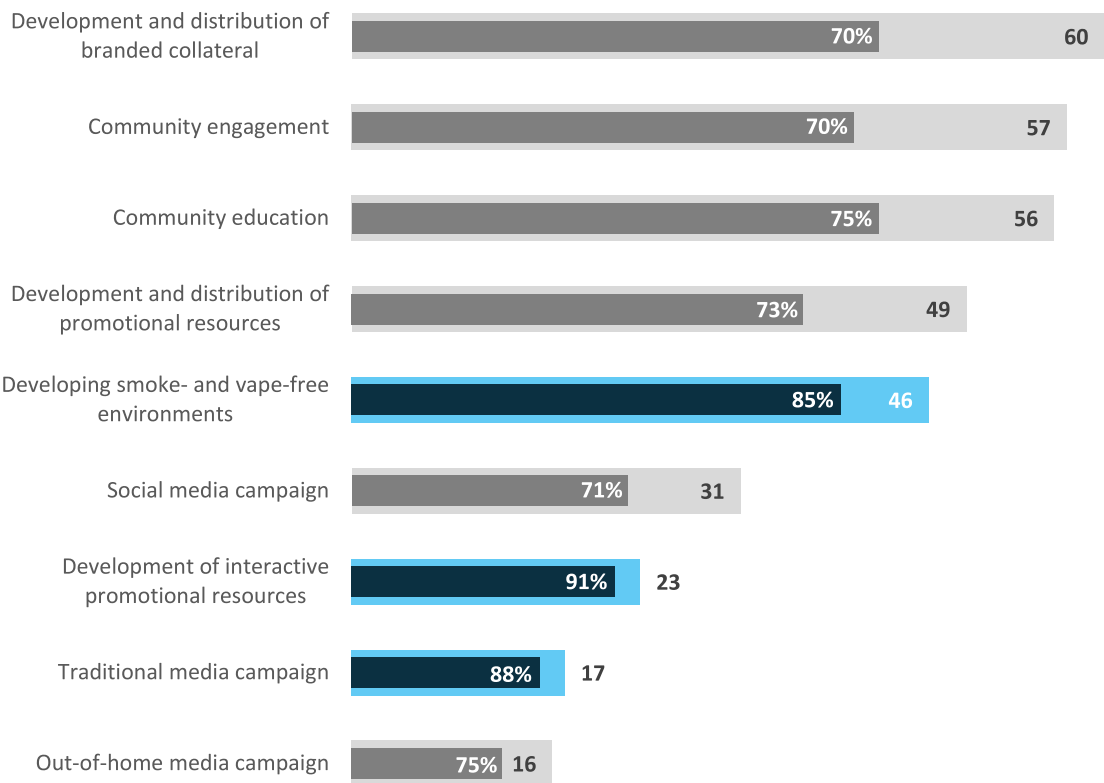
*Intentions to create smoke and/or aerosol-free environments*

- For nearly two-third of activities (67%, 68/101), TIS teams observed an increase in participants’ intentions to create smoke and/or aerosol-free environments. The **most successful activity types**

appeared to be **development of interactive promotional resources, traditional media campaigns, and developing smoke and vape free environments** (see Figure 25).

Figure 25: Percentage of activities by activity type that increased participant’s intention to create smoke-free spaces

According to the TIS staff, **development of interactive promotional resources (91%), traditional media campaign (88%) and developing smoke and vape free environments (85%)** were **most successful** in increasing participant's intention to create smoke-free spac



*Intentions to stop smoking or vaping in their homes, workplaces, cars, public spaces, and at events*

- It is important to note that while this measure is about intentions to stop smoking or vaping in public and private spaces, the PR did not directly measure these intentions, but instead, used “intention to attend smoke free spaces and events” as a proxy measure.
- For only 42% of activities (42/101), TIS teams observed an increase in participants’ intentions to attend smoke-free public spaces and events. It is, however, possible that this low impact is driven by low prevalence of smoke free events in communities.

- Across all activity types, **development of interactive promotional materials** and **traditional media campaigns appeared to be the most successful** in increasing peoples’ intentions to attend smoke-free spaces and events (see Figure 26).

Figure 26: Percentage of activities by activity type that increased participants’ intentions to attend smoke-free spaces and events

**Development of interactive promotional resources (78%)** was reported to be the **most successful**, while **development and distribution of branded collateral (40%)** was **least successful** in increasing participants' intentions to attend smoke-free spaces and event

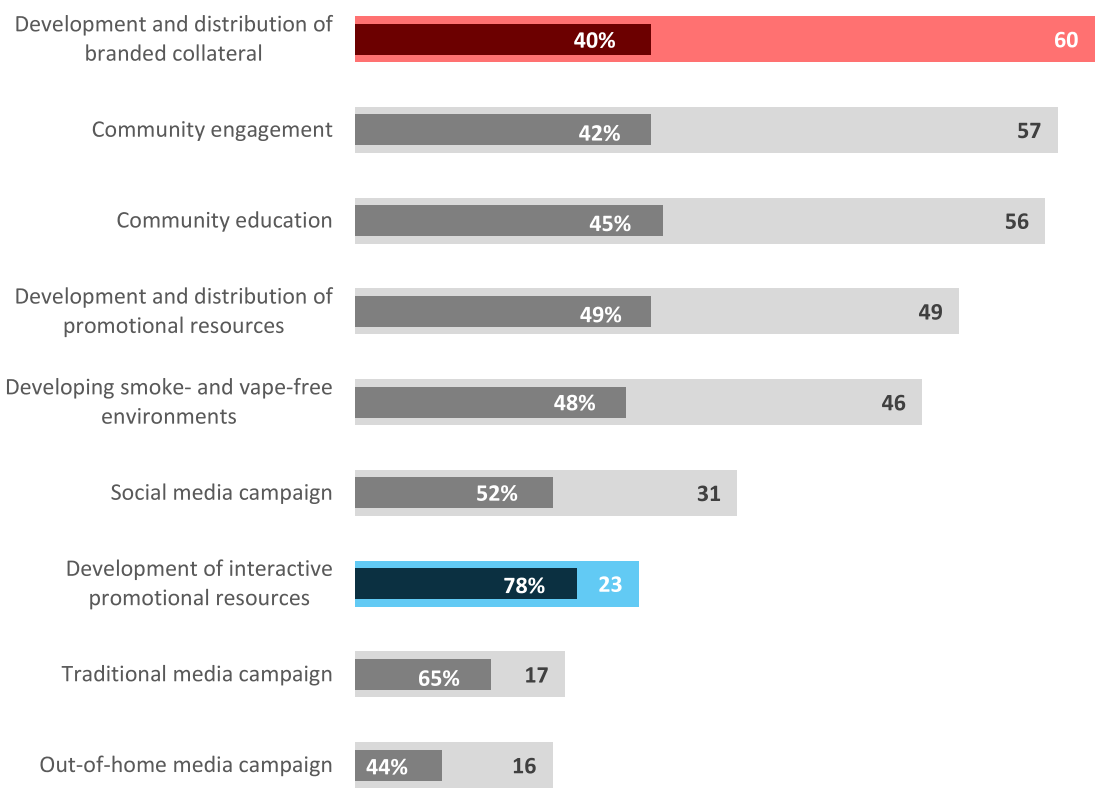


Table 14 summarises the changes in knowledge and intentions, the most commonly used activity types, and the most successful activity types, as reported in the Jan – Jul 2024 PR data.



Table 14: TIS teams' reports on changes in knowledge and intentions, Jan – Jul 2024 PR

Changes in knowledge or intentions	% of activities where positive changes were reported	Most commonly used activity type	Most successful activity types as reported by TIS teams in PR
<b>Knowledge domains</b>			
↑ knowledge about the harms of tobacco and e-cigarettes	80%	Development and distribution of branded collateral	Development of interactive promotional resources; Developing smoke and vape free environments
↑ knowledge about the benefits of not using tobacco or e-cigarettes	76%	Development and distribution of branded collateral	Development of interactive promotional resources
↑ knowledge about the benefits of quitting	65%	Development and distribution of promotional resources	Development of interactive promotional resources
↑ knowledge about the benefits of smoke-free spaces	63%	Community education, Development and distribution of promotional resources, Development and distribution of branded collateral	Development of interactive promotional resources
<b>Intention domains</b>			
↑ intentions to create smoke- or aerosol-free environments	67%	Development and distribution of branded collateral, Community education	Development of interactive promotional resources; Traditional media campaigns; Developing smoke and vape free environments
↑ intentions to stop tobacco or e-cigarette use	65%	Development and distribution of branded collateral	Development of interactive promotional resources
↓ intentions to use tobacco or e-cigarette	60%	Development and distribution of branded collateral	Development of interactive promotional resources
↑ intentions to avoid second-hand smoke or aerosol	55%	Community education	Development of interactive promotional resources
↑ intentions to attend smoke-free spaces and events	42%	Community education	Development of interactive promotional resources; Traditional media campaign

In the interviews, TIS Coordinators also discussed the enablers and barriers to changing attitudes. Some TIS Coordinators **noticed behaviour and attitude changes** among their target cohorts due to their TIS activities. Particularly, **community education sessions** about the harmful contents of vapes and their environmental impacts were credited with attitude change among children and young people.

“We are seeing changes in knowledge, attitude and behaviours [towards smoking]. It's difficult to monitor smoking rates. For our outcome measures, we include things like the number of pledges we can get at different events. So, we get a physical number of people who either say they're not going to smoke or that they're not going to smoke inside their house or car. So that's a really big one for current smokers to try and reduce the impact of second-hand, third-hand smoke. Furthermore, we are seeing a change in attitude in young people from before, during, and after events. We use a tool to receive and monitor real-time feedback from kids about their attitudes toward smoking. So, particularly when they hear about the chemicals in some of the vapes and the potential environmental impact of just discarded vapes, I think that's where we're seeing positive [outcomes].” – TIS Coordinator

According to TIS Coordinators, a **major barrier** to changing knowledge and behaviour was the **unwillingness of the community members to stop or reduce smoking**. This was either because the whole community smoked, or because community members did not believe smoking was harmful.

“I think one of the biggest barriers to building evidence is the willingness of the community members themselves to stop smoking. So, we run lots of activities and relevant programs about attacking smoking in the region. Community members attend, and then you see after a certain period of time the change in the behaviour; I mean, the smoking behaviour may not be kind of that visible, and my understanding is there are lots of other factors that at the same time contribute to that kind of behaviour. So, this will limit us in the activities that we are running. So, we need to see the whole picture with lots of elements in that picture that can work together to make that change happen.” – TIS Coordinator

“We have a community that we find really difficult to engage with. And we can't get anyone from the community working for us because they all smoke. So, everyone smokes, and no one wants to give up. So, we just continue to go there and have smoke-free events and things like that. But it's really difficult to get someone there to work, really difficult.” – TIS Coordinator

#### 4.5.3 To what extent have TIS teams been able to capture information about behaviour change in relation to the creation and enforcement of smoke-free environments? [sub-question B1.3]

To answer this question, we examined the following statistics from the Performance Reports:

- Number of smoke- and/or aerosol-free policies adopted and/or reviewed by relevant organisations.
- Number of local events organised to be smoke- and/or aerosol-free.

- Number of organisations supported to establish, maintain, or improve a smoke and/or aerosol-free policy.
- Number of smoke- and/or aerosol-free homes and/or pledges to keep homes smoke- and/or aerosol-free.

We found that:

- Across 33 IREGs, a total of **101 smoke- and/or aerosol-free policies were adopted and/or reviewed** by relevant organisations during the Jan – Jun 2024 period. There was great variability across IREGs. In nearly **half of the IREGs (15/33)**, **no organisations reviewed or adopted smoke- or aerosol-free policies**. The highest number of policies being reviewed or adopted in a single IREG was 30.
- A total of **407 local events organised to be smoke- and/or aerosol-free were reported**. The median number of smoke- or aerosol-free events was six, meaning that half of the IREGs had less than six smoke- or aerosol-free events. The number of these events in each IREG varied widely, from 0 events in 7 IREGs to 100 events in one IREG.
- A total of **88 organisations were supported to implement an existing smoke and/or aerosol-free policy**. In nearly half of IREGs (15/33), **no organisation was supported to do this**. In one IREG, 20 organisations were supported.
- A total of **8,763 homes were assisted to become or pledged to become smoke- and/or aerosol-free**. **There was great variability across IREGs**. The number of homes assisted or pledged to become smoke- and/or aerosol-free ranged from 0 in 10 IREGs to 3,114 in one IREG. The median number of homes assisted was 52, meaning that TIS teams in half of the IREGs assisted more than 52 homes.

## 5. IMPLICATIONS AND RECOMMENDATIONS

Overall, findings suggest that the TIS program continues to perform well, with **cultural safety being a key strength** and the **use of evidence-based approaches helping to guide activities**. Over time, TIS teams have **expanded their reach**, increasing coverage, frequency, exposure, and engagement. **Staffing plays a critical role in the success of TIS** — teams with knowledgeable staff were reported to have better reach and engagement with local communities. However, a **common challenge** to achieving full reach and using evidence-based approaches was **the lack of appropriately trained staff**. TIS Coordinators discussed that low salaries, workforce mobility, and perceptions of limited budgets made it difficult to attract and retain experienced personnel, which impacted on the continuity of TIS teams' activities. TIS teams might want to consider tracking the drivers of staff retention (e.g., why people stay in their teams and at their organisations) to help guide decisions and policies to retain staff. Furthermore, TIS teams could also consider sharing information about factors influencing staff retention so that other TIS teams could learn from each other. While some factors related to staffing, such as lack of regional workforce availability, are outside the Department of Health, Disability and Ageing's control, targeted support could help mitigate some of the other issues. **Ensuring that large IREGs are adequately funded and staffed** could help address this. Additionally, **strengthening staff retention through training, improving access to NBPU support, and fostering connections between TIS teams operating in similar geographic contexts** (e.g., metro, regional, remote) could help improve the implementation of the program. Finally, **increasing TIS Coordinators' awareness of available funding, and providing direct access/improving access to NBPU support for subcontracted organisations** would help TIS teams better implement evidence-based, culturally safe interventions.

What follows are implications and recommendations related to different aspects of the TIS program.

### Reach of the TIS program

- Compared to the Jul – Dec 2023 period, TIS teams **have increased their reach** (including coverage, frequency, exposure and engagement) in the Jan – Jun 2024 period. They are now **reaching 61% of LGAs across the nation**.
- **While exposure and engagement** of TIS activities and messaging **has improved**, TIS teams continue to need **additional support to increase exposure and engagement of their activities and messaging**.
- **Barriers** to achieving full reach include **difficulties establishing partnerships and hiring and retaining appropriately skilled staff**, suggesting that TIS teams need additional support in these areas.

### Engagement with local communities and services

- The **majority of TIS teams have worked collaboratively** with external organisations, community members, and quit support services. Having **knowledgeable staff** has been a huge driver of these relationships.
- There is **great variability across IREGs, with teams in some IREGs doing more local engagement than others**. This suggests that the Department of Health, Disability and Ageing and NBPU should **continue to encourage and support TIS teams to better engage with local communities and services**.

### Use of culturally safe and evidence-based approaches

- There continues to be strong evidence pointing to the presence of cultural safety in the TIS program. The frequent use of local ideas, protocols, and languages in TIS activities and messaging, and the leadership of Aboriginal and Torres Strait Islander peoples in TIS teams suggest that **cultural safety is a strong aspect of the TIS program. The involvement of Aboriginal and Torres Strait Islander staff, especially from the target local communities, was seen as a major enabler of cultural safety**.
- **Most TIS teams did not share the data they collected about TIS activities with the community** and appeared to need support to identify **the most culturally appropriate ways to collect and share data**.
- To support the design and implementation of evidence-based activities, there needs to be **more opportunities for information sharing amongst similar organisations**. To learn from one another, TIS teams have expressed that they would like to **meet and connect with organisations operating in similar contexts** (e.g., metro, regional, remote).

### Support for TIS teams

- **Information about the available NBPU support needs to be better promoted** to TIS teams. Based on the data, there seems to be some limitations in TIS staff's knowledge and understanding of the types of support that NBPU provides and how to access them.
- RTCG recipients should **improve the sharing of NBPU advice and support with their subcontracted organisations** and facilitate their access to NBPU.
- **TIS staff requested greater transparency and access to information about the funding** available to their organisations for TIS activities.

### The extent to which TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level

- At this point in the program (one year into the four-year period), TIS teams seem to be achieving **good success in increasing knowledge** about tobacco and e-cigarette control, and **less success in increasing intentions** to stop tobacco or e-cigarette use or intentions to avoid second-hand smoke

or aerosol. Overall, this suggests that while **it might be easier for TIS teams to influence knowledge, it is harder to influence intentions and behaviours**. Thus, TIS teams might **need support in the domain of influencing behaviour change**. It is also possible that more time is needed for TIS teams to observe changes in intentions and behaviours. To that end, we should be able to see if there are changes in intentions as the program continues to mature.

- The TIS teams need to work extra hard to shift knowledge and attitudes when smoking is deeply ingrained in a community. One **effective** approach reported by some TIS teams was **integrating anti-smoking messages into cultural or community events**. This helped demonstrate that cultural traditions and health initiatives can coexist, and that reducing tobacco use can be a step toward addressing historical injustices faced by Aboriginal and Torres Strait Islander peoples. TIS teams who are struggling to shift ingrained attitudes might want to consider this approach for their future TIS activities.

## 6. APPENDIX 1: REGIONAL TOBACCO CONTROL GRANT RECIPIENTS

Table 15: TIS Regional Tobacco Control Grant Recipients

Organisation Name	State	IREG Name	IREG Code	Previous TIS Grant recipient
Wellington Aboriginal Corporation Health Service	NSW	Dubbo	101	Y
Wellington Aboriginal Corporation Health Service	NSW	North-Eastern NSW	102	Y
Wellington Aboriginal Corporation Health Service	NSW	North-Western NSW	103	Y
Galambila Aboriginal Health Service	NSW	NSW Central and North Coast	104	Y
Griffith Aboriginal Medical Service Aboriginal Corporation	NSW	Riverina-Orange	105	Y
Grand Pacific Health Limited	NSW	South-Eastern NSW	106	Y
La Perouse Local Aboriginal Land Council	NSW	Sydney-Wollongong	107	Y
The Victorian Aboriginal Health Service Co-operative Limited	VIC	Melbourne	201	Y
The Victorian Aboriginal Health Service Co-operative Limited	VIC	Victoria, excluding Melbourne	202	Y
Institute for Urban Indigenous Health	QLD	Brisbane	301	Y
Apunipima Cape York Health Council	QLD	Cape York	303	Y
Institute for Urban Indigenous Health	QLD	Mount Isa	304	Y

Organisation Name	State	IREG Name	IREG Code	Previous TIS Grant recipient
Institute for Urban Indigenous Health	QLD	Rockhampton	305	Y
Institute for Urban Indigenous Health	QLD	Toowoomba - Roma	306	Y
Torres Health Indigenous Corporation	QLD	Torres Strait	307	Y
Institute for Urban Indigenous Health	QLD	Cairns-Atherton	309	Y
Institute for Urban Indigenous Health	QLD	Townsville-Mackay	310	Y
Nunkuwarrin Yunti of South Australia Incorporated	SA	Adelaide	401	Y
Aboriginal Health Council of South Australia Limited	SA	Port Augusta	402	Y
Yadu Health Aboriginal Corporation (SAWCAN)	SA	Port Lincoln - Ceduna	403	N
Kimberley Aboriginal Medical Services Limited	WA	Broome	501	Y
Geraldton Regional Aboriginal Medical Service	WA	Geraldton	502	Y
Bega Garbiringu Health Services Incorporated	WA	Kalgoorlie	503	Y
Kimberley Aboriginal Medical Services Limited	WA	Kununurra	504	Y
Aboriginal Health Council of Western Australia	WA	Perth	505	Y
Mawarnkarra Health Service	WA	South Hedland	506	Y
South West Aboriginal Medical Service	WA	South-Western WA	507	N
Kimberley Aboriginal Medical Services Limited	WA	West Kimberley	508	Y



Organisation Name	State	IREG Name	IREG Code	Previous TIS Grant recipient
Flinders Island Aboriginal Association Incorporated	TAS	Tasmania	601	Y
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	NT	Darwin	703	Y
Aboriginal Medical Services Alliance Northern Territory (AMSANT)	NT	Jabiru-Tiwi	704	Y
Katherine West Health Board Aboriginal Corporation	NT	Katherine	705	Y
Miwatj Health Aboriginal Corporation	NT	Nhulunbuy	706	Y
Anyinginyi Health Aboriginal Corp.	NT	Tennant Creek	707	Y
Central Australian Aboriginal Congress Aboriginal Corporation	NT	Alice Springs	708	Y
Central Australian Aboriginal Congress Aboriginal Corporation	NT	Apatula	709	Y
Winnunga Nimmityjah Aboriginal Health and Community Services Ltd.	ACT	ACT	801	Y

## 7. APPENDIX 2: EVALUATION QUESTIONS

Outlined below are the evaluation questions followed up tables which outline the associated sub-questions and the data sources we have used/plan to use to answer the questions.

**Evaluation Question A1: To what extent are TIS teams reaching all communities within the IREGs, all Aboriginal and Torres Strait Islander peoples living within the IREGs, priority groups, and people who do not attend ACCHOs? What are the barriers and enablers to TIS teams being able to achieve full reach and what could be improved?**

Table 16: Evaluation Question A1

Sub-questions	Data Source
1.1. To what extent are TIS teams' planned activities designed to reach all the individuals and communities they are supposed to?	Activity Work Plans
1.2. What are the TIS teams' and National Supports' estimates of the intensity of the reach (coverage, frequency, exposure and engagement) of TIS teams' activities and messaging?	National Coordinator Interviews Performance Reports
1.3. What are the barriers and enablers to TIS teams being able to achieve full reach?	NBPU Focus Group Performance Report (Open-ended sections) TIS Coordinator Interview TIS Staff Focus Group
1.4 In what ways can the TIS program be improved to better achieve full reach?	NBPU Focus Group Performance Report (Open-ended sections) TIS Coordinator Interview TIS Staff Focus Group

**Evaluation Question A2: To what extent do TIS teams engage with local communities and services? What are the barriers and enablers to engagement between TIS teams and local communities and services?**

Table 17: Evaluation Question A2

Sub-questions	Data Sources
2.1 What is the relationship between TIS teams and local quit support services?	<ul style="list-style-type: none"> <li>• Performance Reports</li> <li>• TIS Coordinator Interviews</li> </ul>
2.2. What impact has the relationship with local quit support services had on TIS teams' likelihood to refer on to these services?	<ul style="list-style-type: none"> <li>• Performance Reports</li> <li>• TIS Staff Online Survey</li> </ul>
2.3. To what extent have TIS teams engaged external organisations and community members in the design and delivery of tobacco and e-cigarette control activities?	<ul style="list-style-type: none"> <li>• Performance Reports</li> <li>• TIS Coordinator Interviews</li> <li>• TIS team Focus Group</li> </ul>

Sub-questions	Data Sources
2.4. What impact has building these relationships had on the engagement and participation of external organisations and community members in the design and delivery of tobacco and e-cigarette control activities?	<ul style="list-style-type: none"> <li>• Performance Reports</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Focus Groups</li> </ul>

**Evaluation Question A3: To what extent are TIS teams implementing culturally safe, evidence-based activities about the harms of tobacco and e-cigarette use, the benefits of reducing uptake and cessation and the benefits of reducing exposure to second-hand smoke and/or aerosol? What are the barriers and enablers to TIS teams implementing culturally safe and evidence-based activities?**

Table 18: Evaluation Question A3

Sub-questions	Data Sources
3.1. To what extent are TIS teams' activities covering each of the content areas (harms of tobacco and e-cigarette use, the benefits of reducing uptake, the benefits of quitting and sustained cessation, and the benefits of reducing exposure to second-hand smoke and/or aerosol)?	<ul style="list-style-type: none"> <li>• Performance Reports</li> </ul>
3.2. To what extent are TIS teams' activities culturally safe?	<ul style="list-style-type: none"> <li>• Assistant Secretary DOH Interview</li> <li>• DOH Focus Group</li> <li>• National Coordinator Interview</li> <li>• NBPU Focus Group</li> <li>• Performance Reports</li> <li>• Performance Report (Open-ended sections)</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Focus Groups</li> <li>• TIS Staff Online Survey</li> </ul>
3.3. To what extent are TIS teams' activities evidence-based?	<ul style="list-style-type: none"> <li>• Activity Work Plans</li> <li>• DOH Focus Group</li> <li>• National Coordinator Interview</li> <li>• NBPU Focus Group</li> <li>• Performance Reports</li> <li>• TIS Coordinator Interviews</li> </ul>

**Evaluation Question A4: To what extent are TIS teams supported by their organisations and the National Supports to do their work effectively? What have been the most effective forms of support and what could be improved?**

Table 19: Evaluation Question A4

Sub-questions	Data sources
4.1. What supports are provided to TIS teams? <sup>25</sup>	<ul style="list-style-type: none"> <li>• NBPU Focus Group</li> <li>• NBPU Progress Reports (or other mechanism)</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Grant Recipient CEO Survey</li> </ul>
4.2. How do TIS staff engage with these supports?	<ul style="list-style-type: none"> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Online Survey</li> </ul>
4.3. What impact do these supports have on TIS staff knowledge, attitudes, and behaviours?	<ul style="list-style-type: none"> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Online Survey</li> </ul>
4.4. How effective do TIS staff think these supports have been? Where do they think improvements could be made?	<ul style="list-style-type: none"> <li>• NBPU Focus Group</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Focus Groups</li> </ul>
4.5. What supports are provided to TIS Grant Recipient Organisations?	<ul style="list-style-type: none"> <li>• Assistant Secretary DOH Interview</li> <li>• DOH Focus Groups</li> <li>• National Coordinator Interviews</li> <li>• NBPU Focus Groups</li> <li>• TIS Grant Recipient CEO Survey</li> </ul>
4.6. What impact do these supports have on the knowledge and attitude of TIS grant recipient organisations' CEOs?	<ul style="list-style-type: none"> <li>• Assistant Secretary DOH Interviews</li> <li>• DOH Focus Groups</li> <li>• National Coordinator Interviews</li> <li>• NBPU Focus Groups</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Grant Recipient CEO Survey</li> </ul>
4.7. What impact do these supports have on the administrative performance of TIS teams?	<ul style="list-style-type: none"> <li>• Activity Work Plans</li> <li>• Assistant Secretary DOH Interview</li> <li>• DOH Focus Groups</li> <li>• Grant Acquittals (FAMS)</li> <li>• National Coordinator Interviews</li> <li>• NBPU Focus Groups</li> <li>• NBPU Progress Reports</li> <li>• Performance Reports</li> <li>• TIS Coordinator Interviews</li> <li>• TIS Staff Focus Group</li> <li>• TIS Staff Online Survey</li> </ul>
4.8. How are National Supports helping shape the environments in which TIS teams operate?	<ul style="list-style-type: none"> <li>• National Coordinator Interviews</li> <li>• NBPU Focus Groups</li> <li>• NBPU Progress Reports</li> </ul>

<sup>25</sup> We will be reporting on the coverage of supports delivered by information category to understand the breadth of support provided, noting that some of these supports may not be needed all the time.

**Evaluation Question B: To what extent do TIS teams think the program has changed knowledge and attitudes towards tobacco and e-cigarette control at the community level? What do TIS teams think have been the most successful activities and why? What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?**

Table 20: Evaluation Question B

Sub-questions	Data Source
1.1. To what extent do TIS teams think their activities have changed <b>knowledge</b> about the harms of tobacco and e-cigarette use, the benefits of resisting their uptake, the benefits of quitting and the benefits of reducing exposure through the creating and enforcement of smoke-free spaces?	<ul style="list-style-type: none"> <li>• Performance Reports</li> <li>• TIS Staff Focus Group</li> </ul>
1.2. To what extent do TIS teams think their activities have changed community members' <b>intentions to</b> avoid uptake of, quit, or reduce exposure to tobacco, e-cigarettes, and second-hand smoke and/or aerosol?	<ul style="list-style-type: none"> <li>• Performance Report (Open-ended sections)</li> <li>• TIS Staff Focus Group</li> </ul>
1.3 To what extent have TIS teams been able to capture information about behaviour change in relation to the creation and enforcement of smoke-free environments?	<ul style="list-style-type: none"> <li>• Performance Report</li> </ul>
1.4. What do TIS teams think have been the most successful interventions and why?	<ul style="list-style-type: none"> <li>• TIS Staff Focus Group</li> </ul>
1.5. What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?	<ul style="list-style-type: none"> <li>• TIS Staff Focus Group</li> </ul>

## 8. APPENDIX 3: DISCUSSION GUIDES

### TIS 2022-2026 Discussion Guide: DOH Assistant Secretary Interview

19 April 2023

*(To be read aloud to interview participants at start of interview)*

#### **Introduce Yourself**

I am from the Cultural and Indigenous Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health and Aged Care.

#### **Acknowledgement of Country**

I'd like to acknowledge the Traditional Owners/Custodians of the land we're meeting on today: the ... people. I pay my respects to their Elders past and present, and acknowledge their continuing connection to land, waters, and culture.

#### **The Study**

CIRCA has been engaged by the Department of Health and Aged Care to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2025-26. The aim of the evaluation is to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. The results of the study will be used to track the progress of the program and help inform future decisions about the program.

#### **Your Participation**

Participation in this interview is voluntary and you can choose not to participate in all or part of the interview. You can also choose to withdraw your participation before, during or immediately after the interview. Any data you have provided up to the point of withdrawal is retained.

If you don't want to or can't answer any question, we will move on to another question. All comments are welcome – there are no right or wrong answers.

#### **Confidentiality**

Your personal information will remain confidential. Your name/identity will never be used by CIRCA in any written or verbal reports to The Department of Health and Aged Care or anyone else outside of the CIRCA research team. We also ask all interview participants to not share anything they hear from other participants with anyone outside this interview.

#### **Audio recording**

To ensure that we capture all the points that you raise, we would like to audio-record the discussion. However, our discussion will be kept confidential. The recording will be transferred on to CIRCA's computers but will be destroyed once we have made notes and completed an issues-based report. I will ask you in a moment if you consent to recording this conversation.

### Avenue for addressing concerns

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au)

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au)

### Questions

Do you have any questions about this interview or our evaluation? *(If Yes, answer questions)*

Now that I've explained the study and answered any questions you had, in just a moment I'll ask you if you agree to do the interview. Before I do that though, I'll start the audio recording just to document your consent or refusal, and I'll stop the audio recording if you decide not to do the interview or do not wish to be recorded.

### Record consent

(start the audio-recording)

Do you agree to do this interview? Yes/No

Are you happy for the interview to be audio-recorded? Yes/No If no, I will take notes.

If yes, continue recording

If no, stop recording and take notes instead

### ! Field researcher to check:

- ☐ Phone or online: Audio-recorded consent obtained from participants
- ☐ Participants each have a copy of the Participant Information Sheet

## **Tackling Indigenous Smoking – Assistant Secretary of the Department of Health and Aged Care Interview Discussion Guide**

OBJECTIVE: Getting to know participants and breaking the ice.

**A. Could you please tell me a little about what interaction you have with the TIS program in your role?**

- i. PROMPT: How long have you personally been overseeing the TIS Program?

OBJECTIVE: To understand the relationship between the DOH and TIS Grant recipient organisations

**These first few questions are about the relationship between the Department and TIS teams and Grant Recipient Organisations, but also the relationship between Community Grants Hub and Teams and Organisations.**

**B. Tell me a bit about how the Department generally engages and interacts with TIS teams -- just TIS teams, not grant recipient organisations.**

**C. Now, let's talk about the TIS grant recipient organisations. How does the Department interact or communicate with TIS grant recipient organisations?**

- i. PROMPT, if necessary: With whom within the organisations does the Department generally communicate? How often are you in communication? How do you communicate with them - like online, phone, visits etc? What's the purpose, most often?
- ii. PROBE, if not mentioned already:
  - i) Do you feel the way the Department interacts with grant recipient organisations is effective and fruitful? Anything that maybe should be done differently?
  - ii) Since the start of the grant, in July 2023, have there been any changes in the way the Department interacts with grant recipient organisations over time? What's changed and why?

OBJECTIVE: To understand DOH's perspective on TIS teams' use of evidence-based population health promotion approaches, enablers and barriers to teams using evidence-based population health promotion approaches, and suggestions for how to improve use of evidence-based population health promotion approaches by TIS teams

**Now, I'd like to get your views on the use of evidence-based population health promotion approaches across TIS teams.**

**D. From your observations, at this point in the program, how are TIS teams doing with using evidence-based population health promotion approaches?**



- i. PROMPT, if necessary: Is there enough use of evidence? Are teams focused well enough on population health approaches?
- ii. PROBE:
  - i) At this point in the program, what's helping them use evidence-based population health approaches? Any changes in what's been helping, over time?
  - ii) What barriers are they facing at this point in using evidence-based population health promotion approaches in their work? Any changes in those barriers, over time?
  - iii) Have you seen any change over time in their use of evidence-based population health promotion approaches? What's changed and why?

**E. What suggestions do you have for improving TIS teams' use of evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: For example, are there changes you think could be made within TIS teams themselves, changes the NBPU could make, or changes that the Department or other stakeholders could make?

OBJECTIVE: To understand the DOH's perspective on TIS teams' use of culturally safe approaches, enablers and barriers to deploying a culturally safe approach, and suggestions for how to improve deploying a culturally safe approach

**Now, I'd like to get your views on the use of culturally safe approaches across TIS teams.**

**F. At this point in the program, how do you see TIS teams embedding cultural safety in their work?**

- i. PROMPT, if necessary: What are some strategies they're using to make their activities with the community culturally safe?
- ii. PROBE:
  - i) From your observations, what barriers get in the way of TIS teams using a culturally safe approach in their work?
  - ii) What factors help TIS teams use culturally safe approaches in their work?
  - iii) Have you seen any change over time in the cultural safety of the program, or the approach TIS teams take to cultural safety? What's changed and how? What factors have contributed to that change?

**G. What suggestions do you have for improving TIS teams' use of culturally safe approaches?**

- i. PROMPT, if necessary: Are there any things you think they could be doing more of, or less of?

OBJECTIVE: To understand any changes in awareness and behaviour of TIS Grant Recipient Organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

**Now let's talk about your views on the role TIS Grant Recipient Organisations are playing as leaders in tobacco and e-cigarette control.**

**H. At this point in the program, have you seen or heard of any TIS Grant Recipient Organisations taking a leadership role in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control? If so, which ones and what did they do?**

- i. PROBE:
  - i) Have you seen any change over time in the role grant recipient organisations are taking as leaders or advocates in this space? What's changed and how? What factors have contributed to that change?

**I. Since the start of the grant in July 2023, have you observed any change in TIS Grant Recipient Organisations' awareness of the importance of taking a leadership role in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control? If so, what changes have you seen?**

- i. PROBE:
  - i) To what extent do you think these changes are a result of the Department's or Community Grants Hub's engagement with them? Have the NBPU or the National Coordinator played a role here at all, in changing their awareness?
  - ii) What other factors may be influencing TIS Grant Recipient Organisations' awareness of the role they play in leadership and advocacy for tobacco and e-cigarette control?

OBJECTIVE: Wrap up

**Thanks so much for that conversation and those insights. Now, let's just wrap up with any closing thoughts you might have.**

**J. Do you have any final comments or observations about the progress of the TIS program to date?**

Thank you so much for your time today.

## TIS 2022-2026 Discussion Guide: National Coordinator Interview

19 April 2023

*(To be read aloud to interview participants at start of interview)*

### **Introduce Yourself**

I am from the Cultural and Indigenous Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health and Aged Care.

### **Acknowledgement of Country**

I'd like to acknowledge the Traditional Owners/Custodians of the land we're meeting on today: the ... people. I pay my respects to their Elders past and present, and acknowledge their continuing connection to land, waters, and culture.

### **The Study**

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### **Your Participation**

Participation in this interview is voluntary and you can choose not to participate in all or part of the interview. You can also choose to withdraw your participation before, during or immediately after the interview. Any data you have provided up to the point of withdrawal is retained.

If you don't want to or can't answer any question, we will move on to another question. All comments are welcome – there are no right or wrong answers.

### **Confidentiality**

Your personal information will remain confidential. Your name/identity will never be used by CIRCA in any written or verbal reports to The Department of Health and Aged Care or anyone else outside of the CIRCA research team.

### **Audio recording**

To ensure that we capture all the points that you raise, we would like to audio-record the discussion. However, our discussion will be kept confidential. The recording will be transferred on to CIRCA's

computers but will be destroyed once we have made notes and completed an issues-based report. I will ask you in a moment if you consent to recording this conversation.

### Avenue for addressing concerns

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au)

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au)

### Questions

Do you have any questions about this interview or our evaluation? *(If Yes, answer questions)*

Now that I've explained the study and answered any questions you had, in just a moment I'll ask you if you agree to do the interview. Before I do that though, I'll start the audio recording just to document your consent or refusal, and I'll stop the audio recording if you decide not to do the interview or do not wish to be recorded.

### Record consent

(start the audio-recording)

Do you agree to do this interview? Yes/No

Are you happy for the interview to be audio-recorded? Yes/No If no, I will take notes.

If yes, continue recording

If no, stop recording and take notes instead

### ! Field researcher to check:

- ☐ Audio-recorded consent obtained from participants
- ☐ Participants each have a copy of the Participant Information Sheet

## **Tackling Indigenous Smoking – National Coordinator Interview Discussion Guide**

OBJECTIVE: Getting to know participants and breaking the ice.

**A. Tell me a little about your latest visit with a TIS Grant Recipient organisation.**

- i. PROMPT: What is something that really stood out for you on this visit?

OBJECTIVE: To understand the scope of the National Coordinator's role

**This first set of questions are related to your role and the kinds of things you do as the National Coordinator.**

**B. Could you tell me all the different activities related to TIS that you are involved in?**

- i. PROMPT, if necessary:
- i) What things do you do at the national level?
  - ii) What activities do you do at the state level?
  - iii) What do you do with TIS teams?
  - iv) Are there other things that you do for the TIS program?

OBJECTIVE: To understand exactly how the National Coordinator has been engaging with national, state and other stakeholders to help them understand the importance of tobacco and e-cigarette control and how it should reflect Aboriginal culture and values

**Now I would like to ask you a few more questions about the way you help stakeholders at the national and state levels, and elsewhere, to understand tobacco and e-cigarette control.**

**C. What do you do with people or organisations at the national level to help them understand the importance of tobacco and e-cigarette control?**

- i. PROMPT:
- i) Who are these people/organisations that you interact with at the national level?
  - ii) Are there some that are easier to convince than others?
  - iii) What strategies work best with these stakeholders?
- ii. PROBE:

- i) What strategies do you use to help these people/organisations understand that it is important that tobacco and e-cigarette control reflects Aboriginal culture and values?
- iii. PROBE, if not mentioned already (and collect numbers):
  - i) About how many presentations have you made targeting national stakeholders about tobacco control so far?

**D. I am also interested in the work you do at the state level. What do you do with people/organisations at the state level to help them understand the importance of tobacco and e-cigarette control?**

- i. PROMPT:
  - i) Who are these people/organisations that you interact with at the state level?
  - ii) Are there some that are easier to convince than others?
  - iii) What strategies work best with these stakeholders?
- ii. PROBE:
  - i) What strategies do you use to help these people/organisations understand that it is important that tobacco and e-cigarette control reflects Aboriginal culture and values?
- iii. PROBE, if not mentioned already (and collect numbers):
  - i) About how many presentations have you made targeting national stakeholders about tobacco control so far?

**E. I am also interested in how you bring national and state stakeholders together. What do you do to bring together national and state stakeholders involved in tobacco and e-cigarette control?**

- i. PROMPT, if not mentioned already (and collect numbers): Could you tell me how many meetings you have been part of that bring together national and state stakeholders for tobacco control together?

**F. Finally, what about other stakeholders? Who are the other stakeholders you interact with and how do you help them understand the importance of tobacco and e-cigarette control?**

- i. PROBE:
  - i) Are there some that are easier to convince than others?

- ii) What strategies work best with these stakeholders?
- iii) What strategies do you use to help these people/organisations understand that it is important that tobacco and e-cigarette control reflects Aboriginal culture and values?

OBJECTIVE: To understand the relationship between the National Coordinator and TIS Grant recipient organisations, including any changes in awareness and behaviour of TIS Grant Recipient Organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control

**This next set of questions is about TIS Grant recipient organisations.**

**G. Tell me about your relationship with TIS grant recipient organisations. How do you interact with or communicate with them?**

- i. PROMPT, if not mentioned:
  - i) How often do you communicate with each organisation?
  - ii) How do you communicate with them – for example, is it online, over the phone, visits etc?
  - iii) What is the purpose of your interaction with them?

**H. One of the expectations of TIS Grant Recipient Organisations' is that they take a leadership role in tobacco and e-cigarette control. Is this something you have seen these organisations doing?**

- i. PROMPT:
  - i) What types of things have you seen TIS Grant Recipient Organisations do that show they are aware of their responsibility to be leaders in tobacco and e-cigarette control?

**I. Over the course of the TIS Program, have you seen any changes in TIS Grant Recipient Organisations' awareness of their leadership responsibilities?**

- i. PROMPT:
  - i) What are some of the changes you have seen?
- ii. PROBE:
  - i) How much do you think these changes are a result of your interaction with them? Have the NBPU, the Department of Health or the Community Grants Hub played a role here?



- ii) What other factors may be influencing TIS Grant Recipient Organisations' awareness of the role they play in leadership and advocacy for tobacco and e-cigarette control?

OBJECTIVE: To understand the extent to which TIS teams are implementing the grant appropriately (in terms of budget expenditure and on eligible activities)

**I also want to know your thoughts on whether TIS teams are implementing their grants appropriately.**

**J. From what you have seen, how are TIS teams going reaching all Aboriginal and/or Torres Strait Islander peoples in their IREG with their activities?**

**i. PROBE, if necessary:**

- i) What strategies are TIS teams using to try to reach all the relevant communities in their IREG?
- ii) To what extent are TIS teams achieving the target of reaching all LGAs in each IREG?
- iii) What gaps are there in their coverage? What is contributing to these gaps?

**K. From what you have seen, are Grant Recipient Organisations using their TIS grant exclusively on TIS activities, or are there cases where they spend TIS funding on non-TIS activities?**

**i. PROBE, if the TIS Budget has been used for other activities:**

- i) What have you seen them spend their money on?
- ii) What factors may have led TIS teams to use their budget in this way?

**L. From what you have seen, to how well are Grant Recipient lead organisations working with their sub-contracted partner organisations?**

**i. PROBE:**

- i) What factors have contributed to effective partnerships?
- ii) What barriers have grant recipient lead organisations faced collaborating with their sub-contracted partner organisations?

**M. From what you have seen, to what extent do TIS teams focus on eligible activities?**

**i. PROBE:**

- i) What types of ineligible activities have you observed TIS teams running?
- ii) What factors have contributed to them running these ineligible activities?

OBJECTIVE: To understand the National Coordinator's perspective on TIS teams' use of evidence-based population health promotion approaches, enablers and barriers to teams using evidence-based population health promotion approaches, and suggestions for how to improve use of evidence-based population health promotion approaches by TIS teams

**The next few questions focus on the way TIS teams use evidence-based population health promotion approaches.**

**N. In general terms, how well do you think TIS teams use evidence-based population health promotion approaches?**

i. PROBE:

- i) From what you have seen, what makes it difficult for TIS teams to use evidence-based population health promotion approaches?
- ii) What factors make it easier for TIS teams to use evidence-based population health promotion approaches?

**O. What suggestions do you have for improving the way TIS teams use evidence-based population health promotion approaches?**

OBJECTIVE: To understand the National Coordinator's perspective on TIS teams' use of culturally safe approaches, enablers and barriers to deploying a culturally safe approach, and suggestions for how to improve deploying a culturally safe approach

**I also want to understand your views on whether TIS teams are using culturally safe approaches.**

**P. At this point in the program, how do you see TIS teams embedding cultural safety in their work?**

- i. PROMPT, if necessary: What are some strategies they're using to make their activities with the community culturally safe?
- ii. PROBE:
  - i) From what you have seen, what gets in the way of TIS teams using culturally safe approaches in their work?
  - ii) What factors help TIS teams use culturally safe approaches?
  - iii) Have you seen any change over time in the cultural safety of the program, or the approach TIS Teams take to cultural safety? What has changed and how? What factors have contributed to that change?

**Q. What suggestions do you have for improving TIS teams' use of culturally safe approaches?**

- i. PROMPT, if necessary: Are there any things you think they could be doing more of, or less of?

OBJECTIVE: Wrap up

**Thanks so much for that conversation and those insights. Now, let's just wrap up with any closing thoughts you might have.**

**R. Do you have any final comments or observations about the progress of the TIS program to date?**

*Thank you so much for your time today.*

## TIS 2022-2026 Discussion Guide:

### Department of Health, Disability and Ageing Focus Group

19 April 2019

*(To be read aloud to Focus Group participants at start of focus group)*

#### **Introduce Yourself**

I am from the Cultural and Indigenous Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health and Aged Care.

#### **Acknowledgement of Country**

I'd like to acknowledge the Traditional Owners/Custodians of the land we're meeting on today: the ... people. I pay my respects to their Elders past and present, and acknowledge their continuing connection to land, waters, and culture.

#### **The Study**

CIRCA has been engaged by the Department of Health and Aged Care to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2025-26. The aim of the evaluation is to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. The results of the study will be used to track the progress of the program and help inform future decisions about the program.

#### **Your Participation**

Participation in this focus group is voluntary and you can choose not to participate in all or part of the focus group. You can also choose to withdraw your participation before, during or immediately after the focus group. Any data you have provided up to the point of withdrawal is retained.

If you don't want to or can't answer any question, we will move on to another question. All comments are welcome – there are no right or wrong answers.

#### **Confidentiality**

Your personal information will remain confidential. Your name/identity will never be used by CIRCA in any written or verbal reports to The Department of Health and Aged Care or anyone else outside of the CIRCA research team. We also ask all focus group participants to not share anything they hear from other participants with anyone outside this focus group.

#### **Audio recording**

To ensure that we capture all the points that you raise, we would like to audio-record the discussion. However, our discussion will be kept confidential. The recording will be transferred on to CIRCA's

computers but will be destroyed once we have made notes and completed an issues-based report. I will ask you in a moment if you consent to recording this conversation.

### Avenue for addressing concerns

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au)

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au)

### Questions

Do you have any questions about this focus group or our evaluation? *(If Yes, answer questions)*

Now that I've explained the study and answered any questions you had, in just a moment I'll ask you if you agree to do the focus group. Before I do that though, I'll start the audio recording just to document your consent or refusal, and I'll stop the audio recording if you decide not to do the focus group or do not wish to be recorded.

### Record consent

(start the audio-recording)

Do you agree to do this focus group? Yes/No

Are you happy for the focus group to be audio-recorded? Yes/No If no, I will take notes.

If yes, continue recording

If no, stop recording and take notes instead

### ! Field researcher to check:

- ☐ Phone or online: Audio-recorded consent obtained from participants
- ☐ Participants each have a copy of the Participant Information Sheet

## Tackling Indigenous Smoking – Department of Health and Aged Care Focus Group Discussion Guide

OBJECTIVE: Getting to know participants and breaking the ice.

- A. Let's start by introducing ourselves – name, job title, role in the TIS program and how long you have been working on the TIS program.**

OBJECTIVE: To understand the relationship between the DOH and TIS Grant recipient organisations, and Community Grants Hub staff's engagement with TIS grant recipient organisations

These first few questions are about the relationship between the Department and TIS teams and Grant Recipient Organisations, but also the relationship between Community Grants Hub and Teams and Organisations.

- B. Tell me a bit about how the Department generally engages and interacts with TIS teams -- just TIS teams, not grant recipient organisations.**
- C. Now, let's talk about the TIS grant recipient organisations. How does the Department interact or communicate with TIS grant recipient organisations?**
- i. PROMPT, if necessary: With whom within the organisations does the Department generally communicate? How often are you in communication? How do you communicate with them - like online, phone, visits etc? What's the purpose, most often?
  - ii. PROBE, if not mentioned already:
    - i) Do you feel the way the Department interacts with grant recipient organisations is effective and fruitful? Anything that maybe should be done differently?
    - ii) Since the start of the grant, in July 2023, have there been any changes in the way the Department interacts with grant recipient organisations over time? What's changed and why?
- D. How about the Community Grants Hub? How do they interact with TIS grant recipient organisations?**
- i. PROMPT: With whom within the organisations? How often? How do they communicate? What's the purpose of their interactions?
  - ii. PROBE:

- i) Do you feel the way Community Grants Hub interacts with grant recipient organisations is effective and fruitful? Anything that maybe should be done differently?
- ii) Since the start of the grant, in July 2023, have there been any changes in the way Community Grants Hub interacts with grant recipient organisations over time? What's changed and why?

OBJECTIVE: To understand DOH's perspective on TIS teams' use of evidence-based population health promotion approaches, enablers and barriers to teams using evidence-based population health promotion approaches, and suggestions for how to improve use of evidence-based population health promotion approaches by TIS teams

**Now, I'd like to get your views on the use of evidence-based population health promotion approaches across TIS teams.**

**E. From your observations, at this point in the program, how are TIS teams doing with using evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: Is there enough use of evidence? Are teams focused well enough on population health approaches?
- ii. PROBE:
  - i) At this point in the program, what's helping them use evidence-based population health approaches? Any changes in what's been helping, over time?
  - ii) What barriers are they facing at this point in using evidence-based population health promotion approaches in their work? Any changes in those barriers, over time?
  - iii) Have you seen any change over time in their use of evidence-based population health promotion approaches? What's changed and why?

**F. What suggestions do you have for improving TIS teams' use of evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: For example, are there changes you think could be made within TIS teams themselves, changes the NBPU could make, or changes that the Department or other stakeholders could make?

OBJECTIVE: To understand the DOH's perspective on TIS teams' use of culturally safe approaches, enablers and barriers to deploying a culturally safe approach, and suggestions for how to improve deploying a culturally safe approach

**Now, I'd like to get your views on the use of culturally safe approaches across TIS teams.**

**G. At this point in the program, how do you see TIS teams embedding cultural safety in their work?**

- i. PROMPT, if necessary: What are some strategies they're using to make their activities with the community culturally safe?
- ii. PROBE:
  - i) From your observations, what barriers get in the way of TIS teams using a culturally safe approach in their work?
  - ii) What factors help TIS teams use culturally safe approaches in their work?
  - iii) Have you seen any change over time in the cultural safety of the program, or the approach TIS teams take to cultural safety? What's changed and how? What factors have contributed to that change?

**H. What suggestions do you have for improving TIS teams' use of culturally safe approaches?**

- i. PROMPT, if necessary: Are there any things you think they could be doing more of, or less of?

OBJECTIVE: To understand any changes in awareness and behaviour of TIS Grant Recipient Organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control.

**Now let's talk about your views on the role TIS Grant Recipient Organisations are playing as leaders in tobacco and e-cigarette control.**

**I. At this point in the program, have you seen or heard of any TIS Grant Recipient Organisations taking a leadership role in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control? If so, which ones and what did they do?**

- i. PROBE:
  - i) Have you seen any change over time in the role grant recipient organisations are taking as leaders or advocates in this space? What's changed and how? What factors have contributed to that change?

**J. Since the start of the grant in July 2023, have you observed any change in TIS Grant Recipient Organisations' awareness of the importance of taking a leadership role in advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control? If so, what changes have you seen?**



i. PROBE:

- i) To what extent do you think these changes are a result of the Department's or Community Grants Hub's engagement with them? Have the NBPU or the National Coordinator played a role here at all, in changing their awareness?
- ii) What other factors may be influencing TIS Grant Recipient Organisations' awareness of the role they play in leadership and advocacy for tobacco and e-cigarette control?

OBJECTIVE: Wrap up

**Thanks so much for that conversation and those insights. Now, let's just wrap up with any closing thoughts you might have.**

- K. Do you have any final comments or observations about the progress of the TIS program to date?**

Thank you so much for your time today.

## TIS 2022-2026 Discussion Guide: NBP Focus Group

19 April 2023

*(To be read aloud to Focus Group participants at start of focus group)*

### **Introduce Yourself**

I am from the Cultural and Indigenous Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health and Aged Care.

### **Acknowledgement of Country**

I'd like to acknowledge the Traditional Owners/Custodians of the land we're meeting on today: the ... people. I pay my respects to their Elders past and present, and acknowledge their continuing connection to land, waters, and culture.

### **The Study**

CIRCA has been engaged by the Department of Health and Aged Care to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2025-26. The aim of the evaluation is to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. The results of the study will be used to track the progress of the program and help inform future decisions about the program.

### **Your Participation**

Participation in the focus group is voluntary and you can choose not to participate in all or part of the focus group. You can also choose to withdraw your participation before, during or immediately after the focus group. Any data you have provided up to the point of withdrawal is retained.

If you don't want to or can't answer any question, we will move on to another question. All comments are welcome – there are no right or wrong answers.

### **Confidentiality**

Your personal information will remain confidential. Your name/identity will never be used by CIRCA in any written or verbal reports to The Department of Health and Aged Care or anyone else outside of the CIRCA research team. We also ask all focus group participants to not share anything they hear from other participants with anyone outside this focus group.

### **Audio recording**

To ensure that we capture all the points that you raise, we would like to audio-record the discussion. However, our discussion will be kept confidential. The recording will be transferred on to CIRCA's

computers but will be destroyed once we have made notes and completed an issues-based report. I will ask you in a moment if you consent to recording this conversation.

### Avenue for addressing concerns

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au)

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au)

### Questions

Do you have any questions about this focus group or our evaluation? *(If Yes, answer questions)*

Now that I've explained the study and answered any questions you had, in just a moment I'll ask you if you agree to do the focus group. Before I do that though, I'll start the audio recording just to document your consent or refusal, and I'll stop the audio recording if you decide not to do the focus group or do not wish to be recorded.

### Record consent

(start the audio-recording)

Do you agree to do this focus group? Yes/No

Are you happy for the focus group to be audio-recorded? Yes/No If no, I will take notes.

If yes, continue recording

If no, stop recording and take notes instead

### ! Field researcher to check:

- ☐ Audio-recorded consent obtained from participants
- ☐ Participants each have a copy of the Participant Information Sheet

## Tackling Indigenous Smoking – NBPU Focus Group Discussion Guide

OBJECTIVE: Getting to know participants and breaking the ice.

- A. Let's start by me getting to know you all a little bit. Can you please tell me your name, job title, role in the TIS program and how long you have been working on the TIS program?**

OBJECTIVE: To understand the relationship between the NBPU and TIS Grant recipient organisations

**These first few questions are about the relationship between NBPU and TIS teams and Grant Recipient Organisations.**

- B. Tell me a bit about how the NBPU generally engages and interacts with TIS teams -- just TIS teams, not grant recipient organisations.**
- C. Could you please describe the approach the NBPU is using to build capacity within TIS teams for evidence-based population health promotion?**
- i. PROBE:
- i) How did you arrive at that approach?
  - ii) How is it working?
  - iii) What changes, if any, are you considering to build capacity within TIS teams?
  - iv) What aspects do you feel are strengths?
- D. Now, let's talk about the TIS grant recipient organisations. How does the NBPU interact or communicate with TIS grant recipient organisations?**
- i. PROMPT, if necessary: With whom within the organisations does the NBPU generally communicate? How often are you in communication? How do you communicate with them - like online, phone, visits etc? What's the purpose, most often?
- ii. PROBE, if not mentioned already:
- i) Do you feel the way the NBPU interacts with grant recipient organisations is effective and fruitful? Anything that maybe should be done differently?
  - ii) Since the start of the grant, in July 2023, have there been any changes in the way the NBPU interacts with grant recipient organisations over time? What's changed and why?

OBJECTIVE: To understand the supports NBPU provides to TIS teams to help teams use evidence-based population health approaches, reach target audiences, focus on eligible activities, and draw on local knowledge in developing their activities

The next set of questions relate to the kinds of support that you provide to the TIS teams. This slide lists six areas where the NBPU may have provided support to the TIS teams.

**E. [Show slide: J0568\_TIS23-26\_Stimulus2\_NBPU] This slide lists six areas where the NBPU may have provided support to the TIS teams. Let's consider each area. In what way do you provide support to TIS teams in relation to this area?**

i. PROMPT:

- i) Let's consider the first area: "Guidance and leadership to TIS teams". What do you provide to TIS Teams in relation to this area?
- ii) Looking at the second area: "Support related to using evidence-based population health approaches". What support do you provide to TIS Teams in relation to this area?
- iii) Now let's consider the third area, "Support related to evidence-based population health approaches for priority groups". In what way do you provide support to TIS teams in relation to this area?
- iv) Now thinking about the fourth area, "Support related to reaching target audiences (coverage, exposure and engagement)". In what way do you provide support to TIS teams in relation to this area?
- v) Looking at the fifth areas "Support related to eligible activities". In what way do you provide support to TIS teams in relation to this area?
- vi) And finally, in relation to the last area "Support related to drawing on local knowledge to develop activities". In what way do you provide support to TIS Teams in relation to this area?

**F. In what other ways does the NBPU provide support to TIS teams that we have not yet discussed?**

OBJECTIVE: To understand which supports have been most effective and how to improve supports

Now I would like to ask some questions about what types of support have been most helpful for TIS teams

**G. What activities do you think have been best at providing support to TIS teams to plan, monitor and learn from their activities and outcomes?**

i. PROBE:

- i) What is it about these activities that have made them work well?
- ii) What types of activities have been less successful?

**H. Are there any changes you have been considering to the way NBPU provides support to TIS teams?**

i. PROMPT, if necessary: What, and why?

OBJECTIVE: To understand the extent to which TIS teams are implementing the grant appropriately (in terms of eligible activities)

The next set of questions relates to how TIS teams are going delivering activities that are eligible, according to the Grant Opportunity Guidelines.

**I. From what you have seen, to what extent do TIS teams focus on eligible activities?**

- i. PROBE: What types of ineligible activities have you observed TIS Teams running? What factors have contributed to them running these ineligible activities?

OBJECTIVE: To understand NBPU's perspective on TIS Teams' use of evidence-based population health promotion approaches, enablers and barriers to teams using evidence-based population health promotion approaches, and suggestions for how to improve use of evidence-based population health promotion approaches by TIS teams.

Now, I'd like to get your views on the use of evidence-based population health promotion approaches across TIS teams.

**J. From your observations, at this point in the program, how are TIS teams doing with using evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: Is there enough use of evidence? Are teams focused well enough on population health approaches?
- ii. PROBE:
  - i) At this point in the program, what's helping them use evidence-based population health approaches? Any changes in what's been helping, over time?
  - ii) What barriers are they facing at this point in using evidence-based population health promotion approaches in their work? Any changes in those barriers, over time?

- iii) Have you seen any change over time in their use of evidence-based population health promotion approaches? What's changed and why?

**K. What suggestions do you have for improving TIS teams' use of evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: For example, are there changes you think could be made within TIS teams themselves, changes the NBPU could make, or changes that the Department or other stakeholders could make?

OBJECTIVE: To understand NBPU's perspective on the challenges and barriers TIS Teams face achieving full reach (reaching all priority groups, all Aboriginal and Torres Strait Islander communities within their IREG and all people who do not attend ACCHOs)

**Next, let's talk about how the TIS Teams are going in reaching all of their intended audiences across their Indigenous Region (IREG).**

**L. How are TIS Teams going with coverage – reaching all the cities, regional towns and remote communities across their IREG? Are they able to get everywhere?**

- i. PROBE:
  - i) What strategies do TIS Teams use to try to reach all relevant communities?
  - ii) What's been helping TIS Teams reach as far as they have across the IREG?
  - iii) What challenges have they been facing covering the whole IREG?
  - iv) In the TIS Performance Report, TIS Teams have to report activities by LGA. From your perspective what are the benefits of teams reporting in this way? What are the limitations? What information is not captured by reporting activities in this way?
  - v) What suggestions do you have for what TIS Teams could do, or what changes could be made to the program, to help TIS Teams cover all the cities, towns and remote communities in the IREG?

**M. How are TIS Teams going with exposure – getting their TIS messages out to all the different cohorts they are trying to reach? Have they been able to get their messages out to everyone?**

- i. PROBE:
  - i) What's been helping TIS Teams get their message out to as many different cohorts as they have?

- ii) What challenges have they faced getting the message out to everyone?
- iii) What suggestions do you have for what TIS Teams could do, or what changes could be made to the program, to help TIS Teams expose more people to TIS messages?

**N. How are TIS Teams going with engagement – getting people to really interact with the messages, like talk to them at events, engage with social media posts, and other things like that? From what you have seen, have TIS Teams been getting a good amount of engagement?**

- i. PROBE:
  - i) What's been helping TIS Teams get people to engage with TIS messages and activities?
  - ii) What challenges have they faced getting people to really engage with their TIS messages and activities?
  - iii) What suggestions do you have for what TIS Teams could do, or what changes could be made to the program, to help TIS Teams get people to engage with their messages and activities?

OBJECTIVE: To understand the NBPU's perspective on TIS Teams' use of culturally safe approaches, enablers and barriers to deploying a culturally safe approach, and suggestions for how to improve deploying a culturally safe approach

**Now, I'd like to get your views on the use of culturally safe approaches across TIS teams.**

**O. At this point in the program, how do you see TIS teams embedding cultural safety in their work?**

- i. PROMPT, if necessary: What are some strategies they're using to make their activities with the community culturally safe?
- ii. PROBE:
  - i) From your observations, what barriers get in the way of TIS teams using a culturally safe approach in their work?
  - ii) What factors help TIS teams use culturally safe approaches in their work?
  - iii) Have you seen any change over time in the cultural safety of the program, or the approach TIS teams take to cultural safety? What's changed and how? What factors have contributed to that change?

**P. What suggestions do you have for improving TIS teams' use of culturally safe approaches?**



- i. PROMPT, if necessary: Are there any things you think they could be doing more of, or less of?

OBJECTIVE: To understand any changes in awareness and behaviour of TIS Grant Recipient Organisations in relation to their role as leaders and advocates for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control

**I also want to understand your views on how TIS Grant Recipient Organisations are going in their leadership and advocacy roles.**

**Q. As you know, one of the expectations of TIS Grant Recipient Organisations' is that they take a leadership role in tobacco and e-cigarette control. Is this something you have seen these organisations doing?**

- i. PROMPT: What types of things have you seen TIS Grant Recipient Organisations do that show they are aware of their responsibility to be leaders in tobacco and e-cigarette control?

**R. Over the course of the TIS Program, have you seen any changes in TIS Grant Recipient Organisations' awareness of their leadership responsibilities?**

- i. PROMPT: What are some of the changes you have seen?
- ii. PROBE:
  - i) How much do you think these changes are a result of your interaction with them?
  - ii) Have the NBPU, the Department of Health or the Community Grants Hub played a role here?
  - iii) What other factors may be influencing TIS Grant Recipient Organisations' awareness of the role they play in leadership and advocacy for tobacco and e-cigarette control?

OBJECTIVE: Wrap up

**Thanks so much for that conversation and those insights. Now, let's just wrap up with any closing thoughts you might have.**

**S. Do you have any final comments or observations about the progress of the TIS program to date?**

*Thank you so much for your time today.*

## TIS 2022-2027 Discussion Guide: TIS Coordinator Interview

29 June 2025

*(To be read aloud to interview or Focus Group participants at start of interview or focus group)*

### Who am I?

I am [your name], and I am a [name your mob/clan], working with the Cultural and Indigenous Research Centre Australia (CIRCA). We are conducting research on behalf of the Department of Health and Aged Care. Introduce Yourself

### Acknowledgement of Country

I'd like to acknowledge the Traditional Owners/Custodians of the land we're meeting on today: the ... people. I pay my respects to their Elders past and present, and acknowledge their continuing connection to land, waters, and culture.

### The Evaluation

CIRCA has been asked by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2026-7. The purpose of this evaluation is to learn about

- Whether the TIS program is being run in a way that will actually reduce smoking rates amongst Aboriginal and Torres Strait Islander peoples
- Whether TIS teams think the program is doing what it is supposed to, and
- To work out how to make the TIS program better

The findings from this evaluation will be used to track how the program is going and help inform future decisions about the program.

### What will we be talking about?

- Staffing, budget and partnership arrangements associated with your TIS grant
- Collaborations with other organisations and with members of the community.
- How you and your team incorporate Aboriginal and Torres Strait Islander culture and traditions into your TIS work
- How you and your team use evidence when you design, run and plan your TIS activities.
- How your team is going reaching everyone you are supposed to with your TIS messaging and activities.

- How your organisation is going in its leadership and advocacy role.
- The support you get from the NBPU, the Department, the National Coordinator, and the Community Grants Hub

### **Your Participation**

Participation in this interview is voluntary and you can choose not to participate in all or part of the interview. You can also choose to withdraw before, during or immediately after the interview. Any data you have provided up to the point of withdrawal is retained.

If you don't want to or can't answer any question, we will move on to another question. All comments are welcome – there are no right or wrong answers.

### **Confidentiality**

Your personal information will remain confidential. Your name/identity will never be used by CIRCA in any written or verbal reports to The Department of Health and Aged Care or anyone else outside of the CIRCA research team.

### **Audio recording**

To ensure that we capture all the points that you raise, we would like to audio-record the discussion. However, our discussion will be kept confidential. The recording will be transferred on to CIRCA's computers but will be destroyed once we have made notes and completed an issues-based report. I will ask you in a moment if you consent to recording this conversation.

### **Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au)

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au)

### **Questions**

Do you have any questions about this interview or our evaluation? *(If Yes, answer questions)*

[If audio-recording consent for phone or videoconference based interviews or focus groups, include this paragraph:] Now that I've explained the study and answered any questions you had, in just a moment I'll ask you if you agree to do the interview. Before I do that though, I'll start the audio recording just to document your consent or refusal, and I'll stop the audio recording if you decide not to do the interview or do not wish to be recorded.

### **Record consent**

[If audio-recording consent for phone or videoconference-based interviews or focus groups, include this instruction:] (start the audio-recording)

Do you agree to do this interview? Yes/No

Are you happy for the interview to be audio-recorded? Yes/No If no, I will take notes.

If yes, continue recording

If no, stop recording and take notes instead

### **Distribute cash incentives**

If online or phone: Ask for their bank details or PayID, and send the payment now

BSB: \_\_\_\_\_ & Account #: \_\_\_\_\_

PayID #: \_\_\_\_\_

### **! Field researcher to check:**

- ☐ [Phone or online] Audio-recorded consent obtained from participants
- ☐ Participants each have a copy of the Participant Information Sheet
- ☐ Participants have received their cash incentive

### **Tackling Indigenous Smoking – TIS Coordinator Interview Discussion Guide**

OBJECTIVE: Get to know participant, break the ice, and understand jobs/classification and length of time in role

- A. Let's start with me getting to know a little about you. Could you please tell me your name, job title, role in the TIS program, and how long you have been working on the TIS program.**
- B. How many IREGs (Indigenous Regions) does your TIS Coordinator role cover?**
  - i. PROBE, if necessary:
    - i) Which IREG's, exactly?
    - ii) If your role doesn't cover all of the IREGs that your TIS grant covers, who covers the other IREG(s) as TIS Coordinator?

OBJECTIVE: To understand the strength of TIS teams' partnerships

For the rest of the interview, we're going to be speaking about the IREG or IREGs that your TIS Coordinator role covers.

First, I'm interested in understanding a bit more about your collaborations with other organisations and with members of the community across [that IREG/those IREGs].

- C. How strong are the partnerships your team has with other organisations that support tobacco and e-cigarette control (not those who are working with you in the delivery of your TIS program, and getting TIS grant funding)?**
- D. How strong are the partnerships your team has with services that refer to quit supports?**

OBJECTIVE: To understand TIS Coordinators' perspectives on TIS Teams' use of culturally safe approaches, enablers and barriers to deploying a culturally safe approach, and suggestions for how to improve deploying a culturally safe approach.

Next, let's talk about how you and your team incorporate Aboriginal (and Torres Strait Islander) culture and traditions into your TIS work.

- E. From what you have seen and heard from community members who participate in your activities and are exposed to your TIS messages, to what extent do you think participants feel that TIS activities are designed and delivered in a way that acknowledges and respects their Aboriginal (and Torres Strait Islander) traditions and culture?**
  - i. PROBE:

- i) How have you been gauging that? How have you been getting a sense of that?
- ii) What do you think has contributed to TIS participants feeling that way?
- iii) Is there anything you'd like to be doing more of to make sure local Aboriginal and Torres Strait Islander community members feel their traditions and culture are respected by the team's TIS activities? If so, what, and what's holding you back?

OBJECTIVE: To understand what mechanisms exist for TIS Teams to help communities retain access to their data (which is an element of cultural safety).

**Now I want to ask a few questions about your experience of collecting and sharing data with the community as part of the TIS program.**

**F. Does your TIS team ever share data you collect about the community with the community?**

- i. PROMPT: For instance, if you run a focus group with community members, do you share the results of the focus group with them? If you run an online survey with the community, do you share the results with them?
- ii. PROBE:
  - i) If you do share data, in what ways do you share it? Do you provide raw data? Presentations? Summary sheets? Something else?
  - ii) If you do share data, how do you decide who to provide it to?
  - iii) If you currently do not share any data, if you were asked by a community member for data that you had collected about them, would you be in a position to provide it if asked?

OBJECTIVE: To understand TIS Coordinator's perspective on their team's use of evidence-based population health promotion approaches – drawing on evidence they produce or is produced by other TIS teams, evidence provided by NBPU or National Coordinator. To understand enablers and barriers to using evidence-based population health promotion approaches, suggestions for how to improve use of evidence-based population health promotion approaches.

**The next set of questions are all about the way you and your team use evidence when you design, run and plan your TIS activities.**

**G. From your observations, at this point in the program, how are you and your team doing with using evidence-based population health promotion approaches?**

- i. PROBE:

- i) At this point in the program, what's helping you use evidence-based population health approaches? Any changes in what's been helping, over time?
  - ii) What barriers are you facing at this point in using evidence-based population health promotion approaches in their work? Any changes in those barriers, over time?
  - iii) Has there been any change over time in your use of evidence-based population health promotion approaches? What's changed and why?
- ii. PROMPT, if necessary: How are is your team going using evidence-based population health promotion approaches in relation to e-cigarette and/or vaping?

**H. When you are planning, designing or running TIS activities, to what extent do you draw on your own experiences of activities that have worked?**

- i. PROMPT:
  - i) Can you provide an example of an activity that you developed that was based on a previous activity that worked for you?
  - ii) Can you provide an example of an activity for a priority group that you developed based on a previous activity that work for you?

**I. Do you ever draw on examples of activities that have worked for other TIS Teams?**

- i. PROMPT:
  - i) Can you provide an example of an activity that was developed based on an example of an activity that worked for another TIS Team?
  - ii) Can you provide an example of an activity for priority groups that was developed based on an example that worked for another TIS Team?
- ii. PROBE:
  - i) How did you learn about that activity? What made you decide that it would be suitable for the people you were working with?

**J. When you are planning, designing or running your TIS activities, do you ever draw on information about the priority groups shared with you by NBPU, the National Coordinator, or the Department of Health & Aged Care?**

- i. PROMPT:

- i) Can you provide an example of an activity developed based on information about the priority groups shared with you by NBPU, the National Coordinator, or the Department of Health & Aged Care?
- ii. PROBE:
  - i) How did you learn about that activity? What made you decide that it would be suitable for the people you were working with?

**K. What suggestions do you have for improving your teams' use of evidence-based population health promotion approaches?**

- i. PROMPT, if necessary: For example, are there changes you think could be made within TIS teams themselves, changes the NBPU could make, or changes that the Department or other stakeholders could make?

OBJECTIVE: To understand the TIS Coordinator's perspective on the enablers and barriers their team encounters trying to reach all of their intended audiences with their activities: all priority groups, all Aboriginal and Torres Strait Islander communities within their IREG and all people who do not attend ACCHOs. Unearth suggestions for improvements to the program or other factors that would ensure full reach.

Now I would like to ask about how your team is going reaching everyone you are supposed to with your TIS messaging and activities.

**L. How is your team going with coverage – reaching all the cities, towns, villages, and suburbs across your IREG/IREGs? Are you able to get everywhere?**

- i. PROBE:
  - i) What strategies do you use to try to reach all the relevant communities in your IREG?
  - ii) What's been helping your team reach as far as you have across the IREG?
  - iii) What challenges have you faced covering the whole IREG?
  - iv) In the TIS Performance Report, you have to report activities by LGA. From your perspective what are the benefits to reporting on your activities in this way? What are the limitations? What information is not captured by reporting activities in this way?
  - v) What suggestions do you have for what your team could do, or what changes could be made to the program, to help your team cover all the communities in the IREG?



**M. How is your team going with exposure – getting your TIS messages out to all the different cohorts they are trying to reach? Have you been able to get your messages out to everyone?**

i. PROBE:

- i) What's been helping your team get their message out to as many different cohorts as you have?
- ii) What challenges have you faced getting the message out to everyone?
- iii) What suggestions do you have for what your team could do, or what changes could be made to the program, to help your team expose more people to TIS messages?

**N. How is your team going with engagement – getting people to really interact with the messages, like talk to them at events, engage with social media posts, and other things like that? From what you have seen, has your TIS Team been getting a good amount of engagement?**

i. PROBE:

- i) What's been helping your team get people to engage with TIS messages and activities?
- ii) What challenges have you faced getting people to really engage with your TIS messages and activities?
- iii) What suggestions do you have for what your team could do, or what changes could be made to the program, to help your team to get people to engage with their messages and activities?

OBJECTIVE: To provide insight into whether the TIS grant is being administered appropriately, with respect to budget expenditure and sub-contractor arrangements.

Now I have a few questions about the partnership arrangements and budget associated with your TIS grant.

**O. How many sub-contracted partner organisations are involved with delivery of TIS with you across your IREG/IREGs? Are they doing their work as required and expected?**

i. PROMPT, if necessary:

- i) What is working well?

- ii) What challenges has your TIS team faced with sub-contracted partners? How have they been dealt with?

**P. About how much of the budget allocated to the TIS program in your organisation is used for TIS activities? Please think about staff time, one-off purchases, any on-going spending, and any other types of expenditure.**

- i. PROMPT, if any TIS Budget is being used for non-TIS activities: What types of non-TIS activities are being run using TIS funding? Do you know what has led to the decision to spend the TIS budget in this way?

OBJECTIVE: To understand TIS Coordinator's perspective of their organisations' involvement in leadership and advocacy for culturally safe, evidence-based, population health approaches to tobacco and e-cigarette control

I also want to understand your views on how your organisation is going in its leadership and advocacy role.

**Q. As far as you are aware, has the CEO/Executive of your organisation or any CEOs/Executives of the other organisations on your TIS grant ever taken a leadership role in advocating for culturally safe, evidence-based, population health approaches to tobacco and e-cigarette control?**

- i. PROMPT: What types of things have you seen the CEO or executives do that shows they are aware of their responsibility to be leaders in tobacco control?
- ii. PROMPT: What types of things have you seen the CEO or executives do that shows they are aware of their responsibility to be leaders in e-cigarette control?

OBJECTIVE: To understand TIS coordinator's awareness and use of tools and supports from the NBPU and National Coordinator to help them plan, monitor and learn from their activities and outcomes, and to learn about the most effective National Support (especially, NBPU) activities and areas for improvement.

Now let's talk about the support you get from the NBPU, the Department, the National Coordinator, and the Community Grants Hub.

**R. What type of support have you received from NBPU to help you plan, monitor and learn from your activities and outcomes?**

- i. PROBE:

- i) About how many jurisdictional workshops have been focused on helping you plan, monitor and learn from your activities and outcomes?
- ii) About how many phone-based support calls have you had focused on helping you plan, monitor and learn from your activities and outcomes?
- iii) About how many trainings have been delivered that were focused on helping you plan, monitor and learn from your activities and outcomes?
- iv) About how many resources from the TIS website have you made use of related to planning, monitoring and learning?

**S. Are you aware of any tools that are available to help you plan, monitor, and learn from your activities and outcomes?**

- i. PROBE, if aware:
  - i) What are some examples of these tools? Where did you find out about these from?
  - ii) What do you think about these tools? What aspects of these tools work for you/your team? What elements make them challenging for you/your team to use?
  - iii) How likely are you to use these tools to plan, monitor and learn from your activities and outcomes? Are you currently using them?
- ii. PROBE, if not aware of any tools:
  - i) Do you think tools to help you plan, monitor, and learn from your activities and outcomes would be useful to your TIS work? Why or why not?
  - ii) How would you go about finding them?
- iii. PROBE, if aware but not using any tools
  - i) What is stopping you from using these tools?

**T. Which NBPU or other National Support activities from the National Coordinator, the Department of Health, or from Community Grants Hub have you found most useful in providing support to your TIS Team?**

- i. PROBE:
  - i) What improvements could be made to NBPU or National Supports from the National Coordinator, the Department of Health, or from Community Grants Hub to make them more useful for supporting your team?

OBJECTIVE: Wrap up

Thanks so much for that conversation and those insights. Now, let's just wrap up with any closing thoughts you might have.

- U.** Do you have any final comments or observations about the progress of the TIS program to date?

*Thank you so much for your time today.*

## 9. APPENDIX 4: PARTICIPANT INFORMATION STATEMENTS

### Participant Information Statement – National Coordinator

#### What is this research about?

The Cultural and Indigenous Research Centre Australia (CIRCA) has been engaged by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking Program 2023-2026. The research will be undertaken from July 2023 – December 2026.

The information collected through this evaluation will be used to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS Teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. Your identity will NOT be disclosed in CIRCA's report. CIRCA takes the confidentiality of its evaluation participants seriously.

#### Who is taking part?

As part of this evaluation, CIRCA will be interviewing the TIS National Coordinator.

#### What does it involve?

Participation in the evaluation will involve a telephone interview.

To ensure that we capture all the points that you raise, we will ask you permission to audio-record the discussion. If you agree to the audio-recording, we will not share your audio-recording with anyone outside of CIRCA. The recording will be transferred on to CIRCA's computers and will be destroyed once we have made notes and completed an issues-based report.

#### How long will it take?

The phone interview will take around 60 minutes to complete.

#### Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use through population health promotion activities. As a large national program, it is important that the program stakeholders and funders understand how the program is being implemented and whether it is achieving its goals. By participating in this interview, you will be providing information that will help improve and strengthen the program.

#### Do I have to participate?

You do not have to participate if you don't want to. Participation in this evaluation is completely voluntary. If you decide not to participate, there will be no negative impact on your relationship with the Department of Health and Aged Care.

We will ask you some initial questions on consent and identity. We require you to respond to these questions. However, if there are any topic specific questions that you cannot or do not want to answer, we will progress to the next question. You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

### **Will I be compensated for my time?**

There is no monetary compensation for completion of this interview.

### **How will my personal information be treated?**

Your personal information will remain confidential. Your name/identity will not be used by CIRCA in any written or verbal reports to the Department of Health and Aged Care or anyone else outside of the CIRCA research team.

### **Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au).

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au).

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC). If you have any complaints or reservations about any ethical aspect of your participation in this research, you can contact the Committee through The Chairperson AH&MRC Ethics Committee (35 Harvey Street Little Bay, NSW, 2012) Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au).

## Participant Information Statement - NBP

### What is this research about?

The Cultural and Indigenous Research Centre Australia (CIRCA) has been engaged by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking Program 2023-2026. The research will be undertaken from July 2023 – December 2026.

The information collected through this evaluation will be used to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS Teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. Your identity will NOT be disclosed in CIRCA's report. CIRCA takes the confidentiality of its evaluation participants seriously.

### Who is taking part?

As part of this evaluation, CIRCA will be facilitating two focus groups with staff members from the TIS National Best Practice Unit.

### What does it involve?

Participation in the evaluation will involve participating in an online focus group discussion.

To ensure that we capture all the points that you raise, we will ask you permission to audio-record the discussion. If you agree to the audio-recording, we will not share your audio-recording with anyone outside of CIRCA. The recording will be transferred on to CIRCA's computers and will be destroyed once we have made notes and completed an issues-based report.

### How long will it take?

The focus group will take around 90 minutes to complete.

### Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use through population health promotion activities. As a large national program, it is important that the program stakeholders and funders understand how the program is being implemented and whether it is achieving its goals. By participating in this interview, you will be providing information that will help improve and strengthen the program.

### Do I have to participate?

You do not have to participate if you don't want to. Participation in this evaluation is completely voluntary. If you decide not to participate, there will be no negative impact on your relationship with the Department of Health and Aged Care.

We will ask you some initial questions on consent and identity. We require you to respond to these questions. However, if there are any topic specific questions that you cannot or do not want to answer, we will progress to the next question. You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

**Will I be compensated for my time?**

There is no monetary compensation for participation in this focus group.

**How will my personal information be treated?**

Your personal information will remain confidential. Your name/identity will not be used by CIRCA in any written or verbal reports to the Department of Health and Aged Care or anyone else outside of the CIRCA research team. We also ask all focus group participants to not share anything they hear from other participants with anyone outside the focus group.

**Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au).

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au).

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC). If you have any complaints or reservations about any ethical aspect of your participation in this research, you can contact the Committee through The Chairperson AH&MRC Ethics Committee (35 Harvey Street Little Bay, NSW, 2012) Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au).



## Participant Information Statement - Health

### What is this research about?

The Cultural and Indigenous Research Centre Australia (CIRCA) has been engaged by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking Program 2023-2026. The research will be undertaken from July 2023 – December 2026.

The information collected through this evaluation will be used to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS Teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. Your identity will NOT be disclosed in CIRCA's report. CIRCA takes the confidentiality of its evaluation participants seriously.

### Who is taking part?

As part of this evaluation, CIRCA will be facilitating 2 focus groups with the Department of Health and Aged Care's TIS Team.

### What does it involve?

Participation in the evaluation will involve participating in an online focus-group discussion.

To ensure that we capture all the points that you raise, we will ask you permission to audio-record the discussion. If you agree to the audio-recording, we will not share your audio-recording with anyone outside of CIRCA. The recording will be transferred on to CIRCA's computers and will be destroyed once we have made notes and completed an issues-based report.

### How long will it take?

The focus group will take around 90 minutes to complete.

### Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use through population health promotion activities. As a large national program, it is important that the program stakeholders and funders understand how the program is being implemented and whether it is achieving its goals. By participating in this interview, you will be providing information that will help improve and strengthen the program.

### Do I have to participate?

You do not have to participate if you don't want to. Participation in this evaluation is completely voluntary. If you decide not to participate, there will be no negative impact on your relationship with the Department of Health and Aged Care.

We will ask you some initial questions on consent and identity. We require you to respond to these questions. However, if there are any topic specific questions that you cannot or do not want to answer, we will progress to the next question. You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

**Will I be compensated for my time?**

There is no monetary compensation for participation in this focus group.

**How will my personal information be treated?**

Your personal information will remain confidential. Your name/identity will not be used by CIRCA in any written or verbal reports to the Department of Health and Aged Care or anyone else outside of the CIRCA research team. We also ask all focus group participants to not share anything they hear from other participants with anyone outside the focus group.

**Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au).

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au).

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC). If you have any complaints or reservations about any ethical aspect of your participation in this research, you can contact the Committee through The Chairperson AH&MRC Ethics Committee (35 Harvey Street Little Bay, NSW, 2012) Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au).

## Participant Information Statement – Assistant Secretary

### What is this research about?

The Cultural and Indigenous Research Centre Australia (CIRCA) has been engaged by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking Program 2023-2026. The research will be undertaken from July 2023 – December 2026.

The information collected through this evaluation will be used to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS Teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. Your identity will NOT be disclosed in CIRCA's report. CIRCA takes the confidentiality of its evaluation participants seriously.

### Who is taking part?

As part of this evaluation, CIRCA will be interviewing the Assistant Secretary, Family, Chronic Disease & Preventative Health of the Department of Health and Aged Care.

### What does it involve?

Participation in the evaluation will involve participating in an interview via phone or online.

To ensure that we capture all the points that you raise, we will ask you permission to audio-record the discussion. If you agree to the audio-recording, we will not share your audio-recording with anyone outside of CIRCA. The recording will be transferred on to CIRCA's computers and will be destroyed once we have made notes and completed an issues-based report.

### How long will it take?

The interview will take around 60 minutes to complete.

### Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use through population health promotion activities. As a large national program, it is important that the program stakeholders and funders understand how the program is being implemented and whether it is achieving its goals. By participating in this interview, you will be providing information that will help improve and strengthen the program.

### Do I have to participate?

You do not have to participate if you don't want to. Participation in this evaluation is completely voluntary. If you decide not to participate, there will be no negative impact on your relationship with the Department of Health and Aged Care.

We will ask you some initial questions on consent and identity. We require you to respond to these questions. However, if there are any topic specific questions that you cannot or do not want to answer, we will progress to the next question. You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

**Will I be compensated for my time?**

There is no monetary compensation for completion of this interview.

**How will my personal information be treated?**

Your personal information will remain confidential. Your name/identity will not be used by CIRCA in any written or verbal reports to the Department of Health and Aged Care or anyone else outside of the CIRCA research team.

**Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au).

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au).

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC). If you have any complaints or reservations about any ethical aspect of your participation in this research, you can contact the Committee through The Chairperson AH&MRC Ethics Committee (35 Harvey Street Little Bay, NSW, 2012) Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au).

## Participant Information Statement - TIS Coordinators

### What is this research about?

The Cultural and Indigenous Research Centre Australia (CIRCA) has been engaged by the Department of Health and Aged Care to evaluate the Tackling Indigenous Smoking Program 2023-2027. The research will be undertaken from July 2023 – March 2027.

The information collected through this evaluation will be used to assess the extent to which the conditions have been met for the TIS Program to achieve its objectives, to capture the perspectives of TIS teams regarding the extent to which the program is achieving its outcomes, and to determine where program improvements can be made. Your identity will NOT be disclosed in CIRCA's report. CIRCA takes the confidentiality of its evaluation participants seriously.

### Who is taking part?

As part of this evaluation, CIRCA will be interviewing all Managers or Coordinators of TIS Teams.

### What does it involve?

Participation in the evaluation will involve a telephone interview.

To ensure that we capture all the points that you raise, we will ask you permission to audio-record the discussion. If you agree to the audio-recording, we will not share your audio-recording with anyone outside of CIRCA. The recording will be transferred on to CIRCA's computers and will be destroyed once we have made notes and completed an issues-based report.

### How long will it take?

The phone interview will take around 60 minutes to complete.

### Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco and e-cigarette use through population health promotion activities. As a large national program, it is important that the program stakeholders and funders understand how the program is being implemented and whether it is achieving its goals. By participating in this interview, you will be providing information that will help improve and strengthen the program.

### Do I have to participate?

You do not have to participate if you don't want to. Participation in this evaluation is completely voluntary. If you decide not to participate, there will be no negative impact on your relationship with the Department of Health and Aged Care.

We will ask you some initial questions on consent and identity. We require you to respond to these questions. However, if there are any topic specific questions that you cannot or do not want to answer, we will progress to the next question. You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

### **Will I be compensated for my time?**

To thank you for the time you have taken to participate in the research, we will provide an incentive of either \$80 cash in hand or by Electronic Funds Transfer/or a charitable donation to your organisations (if the interview takes place during work time)/or other culturally appropriate incentives, as determined in consultation with the Aboriginal Community Controlled Organisations.

### **How will my personal information be treated?**

Your personal information will remain confidential. Your name/identity will not be used by CIRCA in any written or verbal reports to the Department of Health and Aged Care or anyone else outside of the CIRCA research team.

### **Avenue for addressing concerns**

If you have any concerns about the research, please raise them with any member of the CIRCA research team in the first instance, and we will be happy to try and address them for you. We can be reached on (02) 8585 1353 or via e-mail: [info@circaresearch.com.au](mailto:info@circaresearch.com.au).

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, [lena@circaresearch.com.au](mailto:lena@circaresearch.com.au).

The ethical aspects of this research project have been approved by the Aboriginal Health and Medical Research Council (AH&MRC). If you have any complaints or reservations about any ethical aspect of your participation in this research, you can contact the Committee through The Chairperson AH&MRC Ethics Committee (35 Harvey Street Little Bay, NSW, 2012) Email: [ethics@ahmrc.org.au](mailto:ethics@ahmrc.org.au).

## 10. APPENDIX 5: SURVEYS

### Tackling Indigenous Smoking 2022-27 Evaluation Online Survey for TIS CEOs

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#### Start of Block: Survey introduction

##### Survey introduction

You are being asked to fill in a survey about how the Tackling Indigenous Smoking program is being run in your organisation.

You are being invited to do this survey because you are directly involved in running the TIS program in your community.

This survey is being conducted by the Cultural and Indigenous Research Centre Australia (CIRCA), on behalf of Department of Health and Aged Care.

We want to know your thoughts and experiences regarding how effectively the TIS program has been running in your organisation, the barriers and enablers to the program achieving its desired implementation outcomes, and the impact the program is having on your community.

**Please fill in the survey below. It will take 15-20 minutes to complete.**

Even though your thoughts and experiences are important to us, you do not have to complete the survey if you do not want to, and you can withdraw at any time with no consequences for your relationship with the Department of Health and Aged Care or any other TIS Stakeholders.

If you do fill in the survey, your anonymity will be preserved and any personal details you do provide will be kept strictly confidential. Any information you give will only be used by CIRCA and the Department of Health and Aged Care to improve its programs.

Please complete the survey online. The survey will close on **31/10/2024**. For any questions about the survey, please contact: - Ishan Abhisheki (E: [ishan@circaresearch.com.au](mailto:ishan@circaresearch.com.au); T: 02 8585 1326) at CIRCA; or - Ly Tong (E: [ly@circaresearch.com.au](mailto:ly@circaresearch.com.au); T: 02 8585 1323) at CIRCA.

#### End of Block: Survey introduction

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#### Start of Block: Eligibility

Are you eighteen (18) years or older?

☐ Yes (1)

☐ No (2)

*Skip To: End of Survey If Are you eighteen (18) years or older? = No*

---

Are you the CEO or Executive Director of an organisation which has been awarded an RTCG?

☐ Yes (1)

☐ No (2)

*Skip To: End of Survey If Are you the CEO or Executive Director of an organisation which has been awarded an RTCG? = No*

**End of Block: Eligibility**

---

**Start of Block: Consent**

**Consent declaration by participant:**

I acknowledge that the nature, purpose and risks of the research project have been fully explained to my satisfaction.

I have read, or have had read to me in a language that is spoken and understood by me, and I understand the Participant Information Sheet.

I agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.

I understand that my involvement in this study may not be of any direct benefit to me. I understand I can leave the discussion at any time and pull out of the research project. Any data I have provided up to the point of withdrawal is retained.

I am 18 years of age or over.

I declare that all my questions have been answered to my satisfaction.

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Do you agree to participate in this survey?

☐ Yes, I agree to participate in this survey (1)

☐ No, I do not want to participate in this survey (2)

*Skip To: End of Survey If Do you agree to participate in this survey? = No, I do not want to participate in this survey*

**End of Block: Consent**

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**Start of Block: Participant details**

What is your job title?

\_\_\_\_\_

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Which IREG (Indigenous Region) does your TIS team service? (check all that apply)

- ☐ Dubbo (101) (1)
- ☐ North-Eastern NSW (102) (2)
- ☐ North-Western NSW (103) (3)
- ☐ NSW Central and North Coast (104) (4)
- ☐ Riverina - Orange (105) (5)
- ☐ South-Eastern NSW (106) (6)
- ☐ Sydney - Wollongong (107) (7)
- ☐ Melbourne (201) (8)
- ☐ Victoria exc. Melbourne (202) (9)
- ☐ Brisbane (301) (10)
- ☐ Cape York (303) (11)
- ☐ Mount Isa (304) (12)
- ☐ Rockhampton (305) (13)
- ☐ Toowoomba - Roma (306) (14)
- ☐ Torres Strait (307) (15)
- ☐ Cairns - Atherton (309) (16)
- ☐ Townsville - Mackay (310) (17)
- ☐ Adelaide (401) (18)
- ☐ Port Augusta (402) (19)

- ☐ Port Lincoln - Ceduna (403) (20)
  - ☐ Broome (501) (21)
  - ☐ Geraldton (502) (22)
  - ☐ Kalgoorlie (503) (23)
  - ☐ Kununurra (504) (24)
  - ☐ Perth (505) (25)
  - ☐ South Hedland (506) (26)
  - ☐ South-Western WA (507) (27)
  - ☐ West Kimberley (508) (28)
  - ☐ Tasmania (601) (29)
  - ☐ Darwin (703) (30)
  - ☐ Jabiru - Tiwi (704) (31)
  - ☐ Katherine (705) (32)
  - ☐ Nhulunbuy (706) (33)
  - ☐ Tennant Creek (707) (34)
  - ☐ Alice Springs (708) (35)
  - ☐ Apatula (709) (36)
  - ☐ ACT (801) (37)
-

Which IREG (Indigenous Region) does your TIS team service? (check all that apply)

- ☐ Dubbo (101) (1)
- ☐ North-Eastern NSW (102) (2)
- ☐ North-Western NSW (103) (3)
- ☐ NSW Central and North Coast (104) (4)
- ☐ Riverina - Orange (105) (5)
- ☐ South-Eastern NSW (106) (6)
- ☐ Sydney - Wollongong (107) (7)
- ☐ Melbourne (201) (8)
- ☐ Victoria exc. Melbourne (202) (9)
- ☐ Brisbane (301) (10)
- ☐ Cairns - Atherton (302) (16)
- ☐ Cape York (303) (11)
- ☐ Mount Isa (304) (12)
- ☐ Rockhampton (305) (13)
- ☐ Toowoomba - Roma (306) (14)
- ☐ Torres Strait (307) (15)
- ☐ Townsville - Mackay (308) (17)
- ☐ Adelaide (401) (18)
- ☐ Port Augusta (402) (19)

- ☐ Port Lincoln - Ceduna (403) (20)
  - ☐ Broome (501) (21)
  - ☐ Geraldton (502) (22)
  - ☐ Kalgoorlie (503) (23)
  - ☐ Kununurra (504) (24)
  - ☐ Perth (505) (25)
  - ☐ South Hedland (506) (26)
  - ☐ South-Western WA (507) (27)
  - ☐ West Kimberley (508) (28)
  - ☐ Tasmania (601) (29)
  - ☐ Alice Springs (701) (35)
  - ☐ Apatula (702) (36)
  - ☐ Darwin (703) (30)
  - ☐ Jabiru - Tiwi (704) (31)
  - ☐ Katherine (705) (32)
  - ☐ Nhulunbuy (706) (33)
  - ☐ Tennant Creek (707) (34)
  - ☐ ACT (801) (37)
-

In what state or territory do you work?

- ☐ Australian Capital Territory (1)
- ☐ New South Wales (2)
- ☐ Queensland (3)
- ☐ Northern Territory (4)
- ☐ Western Australia (5)
- ☐ South Australia (6)
- ☐ Victoria (7)
- ☐ Tasmania (8)

**End of Block: Participant details**

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**Start of Block: Survey questions**

In the past six months, how many times have you met with the **TIS National Coordinator** (via phone, in-person, videoconference, or conference, etc.)?

- ☐ Never (1)
  - ☐ Once (2)
  - ☐ Twice (3)
  - ☐ 3+ times (4)
-

In the past six months, how many times have you met with the **National Best Practice Unit (NBPU)** (via phone, in-person, videoconference, or conference, etc.)?

- ☐ Never (1)
- ☐ Once (2)
- ☐ Twice (3)
- ☐ 3+ times (4)
- 

In the past six months, how many times have you met with the **Community Grants Hub Staff** (via phone, in-person, videoconference, or conference, etc.)?

- ☐ Never (1)
- ☐ Once (2)
- ☐ Twice (3)
- ☐ 3+ times (4)
- 

In the past six months, how many times have you met with the **Department of Health and Aged Care** (via phone, in-person, videoconference, or conference, etc.)?

- ☐ Never (1)
- ☐ Once (2)
- ☐ Twice (3)
- ☐ 3+ times (4)

**End of Block: Survey questions**

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**Start of Block: Block 5**

*The following questions will explore your understanding of certain aspects of how the TIS grant is supposed to be administered. Your answers will help us understand if information has been shared effectively by the NBPU, National Coordinator, the Department of Health & Aged Care and other*

*stakeholders with grant recipient organisations, and where the NBPU, National Coordinator, the Department of Health & Aged Care and other stakeholders need to improve their communications. Your answers to this survey will be kept strictly confidential, so your responses to these questions will not be linked back to your organisation. This section is not about you, it's about how the TIS grant is being communicated and administered at a national level.*

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How much do you agree with this statement: **The NBPU, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about what activities are eligible as part of the TIS program.**

- ☐ I strongly agree (1)
  - ☐ I agree (2)
  - ☐ I neither agree nor disagree (3)
  - ☐ I disagree (4)
  - ☐ I strongly disagree (5)
- 

As far as you are aware, which of the following are eligible TIS activities? (Select all that apply.)

- ☐ Community education and engagement (1)
  - ☐ Developing smoke free policies in social settings (2)
  - ☐ One-on-one coaching to encourage an individual to quit smoking (3)
  - ☐ Mass media/social media campaigns (4)
  - ☐ Developing promotional resources (5)
  - ☐ Running community events (6)
  - ☐ Anti-vaping and e-cigarette activities (7)
-

How much do you agree with this statement: **The NBP, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about the staffing arrangements allowed as part of the TIS grant.**

- ☐ I strongly agree (1)
- ☐ I agree (2)
- ☐ I neither agree nor disagree (3)
- ☐ I disagree (4)
- ☐ I strongly disagree (5)
- 

As far as you are aware, which of the following are permissible within the TIS program? (Select all that apply)

- ☐ Staff working over-time (1)
- ☐ Staff working outside of 9-5, Monday-Friday (2)
- ☐ Staff travelling long distances and staying overnight (3)
- ☐ Staff using and posting on Facebook and Instagram for work (4)
- ☐ Having staff who work part-time on TIS and part-time on other projects (5)
- ☐ Having staff who are 100% funded by the TIS grant working on TIS and other projects (6)
- ☐ Staff using TIS budget on interpreters and translations (7)
-



How much do you agree with this statement: **The NBPU, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about the expenditure requirements for the TIS grant.**

- ☐ I strongly agree (1)
- ☐ I agree (2)
- ☐ I neither agree nor disagree (3)
- ☐ I disagree (4)
- ☐ I strongly disagree (5)
- 

As far as you are aware, what are the expenditure requirements for the TIS grant?

- ☐ Spending all TIS dollars on TIS activities and staff (1)
- ☐ Spending most of TIS dollars on TIS, but using some of the money on other projects (2)
- ☐ Distributing TIS funding across all projects within the organisation as the organisation deems fit (3)
- 

How much do you agree with this statement: **The NBPU, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about partnership arrangements that are appropriate within the TIS program.**

- ☐ I strongly agree (1)
- ☐ I agree (2)
- ☐ I neither agree nor disagree (3)
- ☐ I disagree (4)
- ☐ I strongly disagree (5)
-

As far as you are aware, what are appropriate partnership (sub-contracting) arrangements for TIS?  
(Select all that apply)

☐

(1)

Partners who are written into the grant are paid according to their contract agreement

☐

proposed (2)

Partners who are written into the grant are held accountable to deliver the activities

☐

awarded (3)

Partners who are written into the grant, are not required to deliver once the grant is

☐

to the grant but paid with TIS funding (4)

Partners who are written into the grant, are allowed to do activities that are unrelated

---

How much do you agree with this statement: **The NBPU, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about how our organisation can spend the funding we have received through TIS.**

☐

I strongly agree (1)

☐

I agree (2)

☐

I neither agree nor disagree (3)

☐

I disagree (4)

☐

I strongly disagree (5)

As far as you are aware, how much of your TIS budget is spent on non-TIS activities across your organisation?

- ☐ 0% (1)
- ☐ 1-10% (2)
- ☐ 11-20% (3)
- ☐ 21-50% (4)
- ☐ 51%+ (5)

---

*Display This Question:*

*If As far as you are aware, how much of your TIS budget is spent on non-TIS activities across your o... != 0%*

What factors contributed to the decision to spend the TIS budget on non-TIS activities?

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How much do you agree with this statement: **The NBPU, National Coordinator and/or the Department of Health & Aged Care have provided my organisation with clear information about population health approaches.**

- ☐ I strongly agree (1)
- ☐ I agree (2)
- ☐ I neither agree nor disagree (3)
- ☐ I disagree (4)
- ☐ I strongly disagree (5)
-

As far as you are aware, which of the following approaches to controlling tobacco and/or e-cigarettes is a population health approach?

- ☐ Education program at a school about the harms of tobacco (1)
- ☐ One on one counselling (2)
- ☐ Designing and funding a bus wrap promoting a local quit support service (3)

How strongly do you agree or disagree with the following statements?

		Strongly disagree	Disagree	Agree	Strongly agree
1.	"I understand the importance of a population health approach"	1	2	3	4
2.	"My organisation has systems in place to support staff to use a population health approach."	1	2	3	4
3.	"It is a challenge to integrate a population health approach into our organisational practice."	1	2	3	4
4.	"I think it is very important for my organisation to take a leadership role advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control."	1	2	3	4
5.	"I think it is very important for me to take a leadership role advocating for culturally safe, evidence-based population health approaches to tobacco and e-cigarette control."	1	2	3	4

In the next six months, how likely are you to take a leadership role in advocating for culturally safe, evidence-based **tobacco** control?

- ☐ Very likely (1)
- ☐ Likely (2)
- ☐ Somewhat likely (3)
- ☐ Unlikely (4)

In the next six months, how likely are you to take a leadership role in advocating for culturally safe, evidence-based **e-cigarette** control?

- ☐ Very likely (1)
  - ☐ Likely (2)
  - ☐ Somewhat likely (3)
  - ☐ Unlikely (4)
- 

Are there any other thoughts or experiences you would like to share about your work on the TIS program?

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End of Block: Block 5

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## Tackling Indigenous Smoking 2022-27 Evaluation TIS Staff Online Survey

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### Start of Block: Survey introduction

#### Survey introduction

You are being asked to fill in a survey about how the Tackling Indigenous Smoking (TIS) program is being run in your organisation.

You are being invited to do this survey because you are directly involved in running the TIS program in your community.

This survey is being conducted by the Cultural and Indigenous Research Centre Australia (CIRCA), on behalf of Department of Health and Aged Care. We want to know your thoughts and experiences regarding how effectively the TIS program has been running in your organisation, the barriers and enablers to the program achieving its desired implementation outcomes, and the impact the program is having on your community.

**Please fill in the survey below. It will take 15-20 minutes to complete.**

Even though your thoughts and experiences are important to us, you do not have to complete the survey if you do not want to, and you can withdraw at any time with no consequences for your relationship with the Department of Health and Aged Care or any other TIS Stakeholders.

If you do fill in the survey, your anonymity will be preserved and any personal details you do provide will be kept strictly confidential. Any information you give will only be used by CIRCA and the Department of Health and Aged Care to improve its programs. Please complete the survey online. The survey will close on **30/11/2024**. For any questions about the survey, please contact: - Ishan Abhisheki (E: ishan@circaresearch.com.au; T: 02 8585 1326) at CIRCA; or - Ly Tong (E: ly@circaresearch.com.au; T: 02 8585 1323) at CIRCA.

### End of Block: Survey introduction

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### Start of Block: Eligibility

Are you eighteen (18) years or older?

☐ Yes (1)

☐ No (2)

*Skip To: End of Survey If Are you eighteen (18) years or older? = No*

---

Are you a TIS staff member implementing TIS program activities?

☐ Yes (1)

☐ No (2)

*Skip To: End of Survey If Are you a TIS staff member implementing TIS program activities? = No*

**End of Block: Eligibility**

---

**Start of Block: Consent**

**Consent declaration by participant:**

I acknowledge that the nature, purpose and risks of the research project have been fully explained to my satisfaction.

I have read, or have had read to me in a language that is spoken and understood by me, and I understand the Participant Information Sheet.

I agree to participate in this research project according to the conditions in the Participant Information Sheet which I confirm has been provided to me.

I understand that my involvement in this study may not be of any direct benefit to me.

I understand I can leave the discussion at any time and pull out of the research project. Any data I have provided up to the point of withdrawal is retained.

I am 18 years of age or over.

I declare that all my questions have been answered to my satisfaction.

-----

Do you agree to participate in this survey?

☐ Yes, I agree to participate in this survey (1)

☐ No, I do not want to participate in this survey (2)

*Skip To: End of Survey If Do you agree to participate in this survey? = No, I do not want to participate in this survey*

**End of Block: Consent**

---

**Start of Block: Participant details**

What is your job title?

\_\_\_\_\_

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What is your job classification?

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Do you set the direction for the TIS team and/or make the decisions about what activities are done for the TIS team?

☐ Yes (4)

☐ No (5)

How long have you been in this role?

☐ 0-5 months (5)

☐ 6-12 months (7)

☐ 13-24 months (8)

☐ 24 + months (9)



Which IREG (Indigenous Region) does your TIS team service? (check all that apply)

- ☐ Dubbo (101) (1)
- ☐ North-Eastern NSW (102) (2)
- ☐ North-Western NSW (103) (3)
- ☐ NSW Central and North Coast (104) (4)
- ☐ Riverina - Orange (105) (5)
- ☐ South-Eastern NSW (106) (6)
- ☐ Sydney - Wollongong (107) (7)
- ☐ Melbourne (201) (8)
- ☐ Victoria exc. Melbourne (202) (9)
- ☐ Brisbane (301) (10)
- ☐ Cape York (303) (11)
- ☐ Mount Isa (304) (12)
- ☐ Rockhampton (305) (13)
- ☐ Toowoomba - Roma (306) (14)
- ☐ Torres Strait (307) (15)
- ☐ Cairns - Atherton (309) (16)
- ☐ Townsville - Mackay (310) (17)
- ☐ Adelaide (401) (18)
- ☐ Port Augusta (402) (19)

- ☐ Port Lincoln - Ceduna (403) (20)
  - ☐ Broome (501) (21)
  - ☐ Geraldton (502) (22)
  - ☐ Kalgoorlie (503) (23)
  - ☐ Kununurra (504) (24)
  - ☐ Perth (505) (25)
  - ☐ South Hedland (506) (26)
  - ☐ South-Western WA (507) (27)
  - ☐ West Kimberley (508) (28)
  - ☐ Tasmania (601) (29)
  - ☐ Darwin (703) (30)
  - ☐ Jabiru-Tiwi (704) (31)
  - ☐ Katherine (705) (32)
  - ☐ Nhulunbuy (706) (33)
  - ☐ Tennant Creek (707) (34)
  - ☐ Alice Springs (708) (35)
  - ☐ Apatula (709) (36)
  - ☐ ACT (801) (37)
-

In what state or territory do you work?

- ☐ Australian Capital Territory (1)
  - ☐ New South Wales (2)
  - ☐ Queensland (3)
  - ☐ Northern Territory (4)
  - ☐ Western Australia (5)
  - ☐ South Australia (6)
  - ☐ Victoria (7)
  - ☐ Tasmania (8)
- 

Are you

- ☐ Aboriginal (1)
- ☐ Torres Strait Islander (4)
- ☐ Aboriginal and Torres Strait Islander (5)
- ☐ Neither Aboriginal nor Torres Strait Islander (6)

**End of Block: Participant details**

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**Start of Block: Block 4**

Since the start of the TIS program (1 July 2023), which forms of support from the NBPU or the National Coordinator have you used? Select all that apply.

- ☐ Attended a Jurisdictional Workshop (in-person or virtually) (1)
- ☐ Visited the TISRIC website (4)
- ☐ Called the NBPU for support (5)
- ☐ Attended training run by the NBPU (6)
- ☐ Other types of communication with or support from NBPU or National Coordinator - please specify (7) \_\_\_\_\_
- ☐ Have not had any communication with or support from NBPU or National Coordinator (8)

*Skip To: End of Block If Since the start of the TIS program (1 July 2023), which forms of support from the NBPU or the Nat... = Have not had any communication with or support from NBPU or National Coordinator*

SINCE you talked to or received support from the NBPU or National Coordinator, how well do you understand the following?

		Don't understand	Somewhat Understand	Understand	Deeply understand
1.	Evidence-based population health promotion approaches to tobacco control	1	2	3	4
2.	Evidence-based population health promotion approaches to e-cigarette control	1	2	3	4
3.	Evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	1	2	3	4
4.	Where to find information about evidence-based population health promotion approaches to tobacco control	1	2	3	4
5.	Where to find information about evidence-based population health promotion approaches to e-cigarette control	1	2	3	4

5.	How to design activities that target all LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live	1	2	3	4
6.	How to design activities that target particular priority groups	1	2	3	4
7.	How to design activities that target people who do not attend ACCHOs	1	2	3	4
8.	Which activities are eligible under your TIS grant and which are ineligible	1	2	3	4
9.	Why to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4
10.	How to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4

BEFORE you talked to or received support from the NBPU or National Coordinator, how well did you understand the following?

		Didn't understand	Somewhat Understood	Understood	Deeply understood
1.	Evidence-based population health promotion approaches to <u>tobacco</u> control	1	2	3	4
2.	Evidence-based population health promotion approaches to <u>e-cigarette</u> control	1	2	3	4
3.	Evidence-based population health promotion approaches to tobacco and e-cigarette control <u>relevant to priority groups</u>	1	2	3	4
4.	Where to find information about evidence-based population health promotion approaches to tobacco and e-cigarette control	1	2	3	4
5.	How to design activities that target all LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live	1	2	3	4
6.	How to design activities that target particular priority groups	1	2	3	4
7.	How to design activities that target people who do not attend ACCHOs	1	2	3	4

8.	Which activities are eligible under your TIS grant and which are ineligible	1	2	3	4
9.	Why to draw on local knowledge when developing tobacco or e-cigarette control activities	1	2	3	4
10.	How to draw on local knowledge when developing tobacco or e-cigarette control activities	1	2	3	4

SINCE you talked to or received support from the NBPU or the National Coordinator, how likely are you to ...?

		Unlikely	Somewhat Likely	Likely	Very Likely
1.	Use evidence-based population health promotion approaches in your <u>tobacco</u> control activities	1	2	3	4
2.	Use evidence-based population health promotion approaches in your <u>e-cigarette</u> control activities	1	2	3	4
3.	Use evidence-based population health promotion approaches in your tobacco and e-cigarette control activities relevant to priority groups	1	2	3	4
4.	Target LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	1	2	3	4
5.	Target priority groups when designing activities	1	2	3	4
6.	Target people who do not attend ACCHOs when designing activities	1	2	3	4
7.	Consider the eligibility of activities when developing plans	1	2	3	4
8.	Draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4

BEFORE you talked to or received support from the NBPU or the National Coordinator, how likely were you ...?

		Unlikely	Somewhat Likely	Likely	Very Likely
1.	Use evidence-based population health promotion approaches in your <u>tobacco</u> control activities	1	2	3	4
2.	Use evidence-based population health promotion approaches in your <u>e-cigarette</u> control activities	1	2	3	4
3.	Use evidence-based population health promotion approaches in your tobacco and/or e-cigarette control activities <u>relevant to priority groups</u>	1	2	3	4

4.	Target LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	1	2	3	4
5.	Target priority groups when designing activities	1	2	3	4
6.	Target people who do not attend ACCHOs when designing activities	1	2	3	4
7.	Consider the eligibility of activities when developing plans	1	2	3	4
8.	Draw on local knowledge when developing tobacco and e-cigarette control activities	1	2	3	4

How much impact has talking to or receiving support from the NBPU or the National Coordinator had on your intentions to...?

		No impact	A little impact	Some impact	Lots of impact
1.	Use evidence-based population health promotion approaches to <u>tobacco</u> control	1	2	3	4
2.	Use evidence-based population health promotion approaches to <u>e-cigarette</u> control	1	2	3	4
3.	Use evidence-based population health promotion approaches to tobacco and e-cigarette control relevant to priority groups	1	2	3	4
4.	Target LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	1	2	3	4
5.	Target priority groups when designing activities	1	2	3	4
6.	Target people who do not attend ACCHOs when designing activities	1	2	3	4
7.	Consider the eligibility of activities when developing plans	1	2	3	4
8.	Draw on local knowledge when developing tobacco and e-cigarette control activities	1	2	3	4

#### End of Block: Block 4

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#### Start of Block: Quit support referrals

How confident are you about knowing who to refer community members to, if they want quit support?

- ☐ Very confident (1)
  - ☐ Confident (10)
  - ☐ Somewhat confident (11)
  - ☐ Not at all confident (12)
- 

How likely are you to refer community members to quit supports?

- ☐ Very likely (1)
- ☐ Somewhat likely (4)
- ☐ Likely (5)
- ☐ Unlikely (6)

#### End of Block: Quit support referrals

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#### Start of Block: Cultural Safety

Do you think that TIS messaging and activities use local Aboriginal and Torres Strait Islander languages, knowledge, networks, or art appropriately?

- ☐ Yes – all the time (1)
  - ☐ Most of the time (4)
  - ☐ Sometimes (5)
  - ☐ Never (6)
-



Are Aboriginal and Torres Strait Islander peoples involved in the design of your TIS teams messaging and activities?

- ☐ Yes – all the time (1)
- ☐ Most of the time (4)
- ☐ Sometimes (5)
- ☐ Never (6)
- 

Are Aboriginal and Torres Strait Islander peoples involved in the delivery of your TIS teams messaging and activities?

- ☐ Yes – all the time (1)
- ☐ Most of the time (4)
- ☐ Sometimes (5)
- ☐ Never (6)
- 

Do you feel that your Aboriginal and Torres Strait Islander traditions/culture are respected within the day-to-day practices of your TIS team?

- ☐ Yes – all the time (1)
- ☐ Most of the time (4)
- ☐ Sometimes (5)
- ☐ Never (6)
- ☐ Not applicable - I am not Aboriginal or Torres Strait Islander (7)

**End of Block: Cultural Safety**

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**Start of Block: Organisational culture**

How strongly do you agree or disagree with the following statements?

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
"There are currently enough people in our team to do our work well." (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Our team is currently staffed with people who have the right skills to do the work required of our team." (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I am able to work over-time to accomplish my TIS work, if needed." (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I am given flexibility to work outside of normal work hours to accomplish my TIS work, if needed." (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"There is funding and flexibility for me to travel for TIS activities when needed." (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"There is funding and flexibility for me to travel and stay overnight for TIS activities when needed." (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Information about the funding available for my organisations' TIS activities is easily available to me." (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Organisational culture

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Start of Block: Block 8

Are there any other thoughts or experiences you would like to share about your work on the TIS program?

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End of Block: Block 8

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