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

Full Wave 1 Report (July 2023 – December 2024): Executive Summary

30 May 2025

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ACKNOWLEDGEMENTS

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.

Intellectual and Industrial Property (ICIP) Rights Clause:

Throughout this project CIRCA has adhered to Indigenous Cultural and Intellectual Property (ICIP) Rights of Indigenous peoples to:

◖ own, control and maintain their ICIP

◖ ensure that any means of protecting ICIP is based on the principle of self-determination

◖ be recognised as the primary guardians and interpreters of their cultures

◖ authorise or refuse the use of ICIP according to their own law

◖ maintain the secrecy of Indigenous knowledge and other cultural practices

◖ guard the cultural integrity of their ICIP

◖ be given full and proper attribution for sharing their cultural heritage

◖ 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.

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 AWPs 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 yarning 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 AWPs 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, permittable spending, population health approaches, but a **lesser impact on knowledge about permittable 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 AWPs, 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:**

– <u>**increasing knowledge**</u> 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:**

– <u>**increasing knowledge**</u> about the benefits of quitting smoking and the **benefits of smoke-free spaces**,

– <u>**increasing intentions**</u> to stop tobacco or e-cigarette use and to **create smoke- or aerosol-free environment**, and

– <u>**decreasing intentions**</u> **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 **permittable 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.