



Evaluate and Prepare for 2027- 31 Funding Bid - Who's up for the challenge?

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National Coordinator Tackling Indigenous Smoking



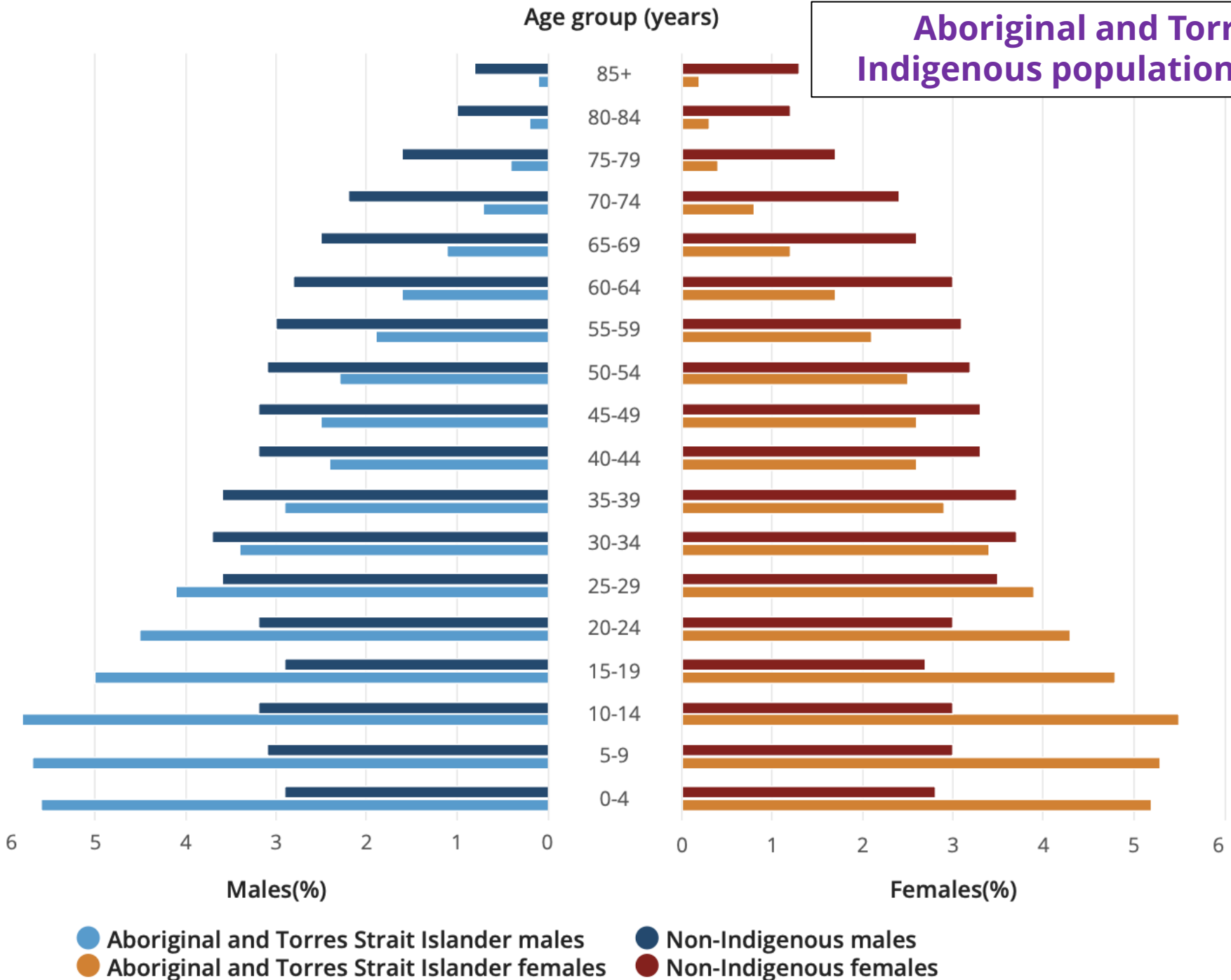
I recognise the
Gadigal
People of the
Eora Nations
and ***all***
Aboriginal and
Torres Strait
Islander
Peoples in
attendance
today

Evaluate and Prepare for 2027- 31 Funding Bid

Who's up for the challenge?

- Recap on the TIS Program
 - Genesis
 - Environment
 - Structure
 - Achievements to date
 - Challenges
- Innovation
- Impact
- The ASK!

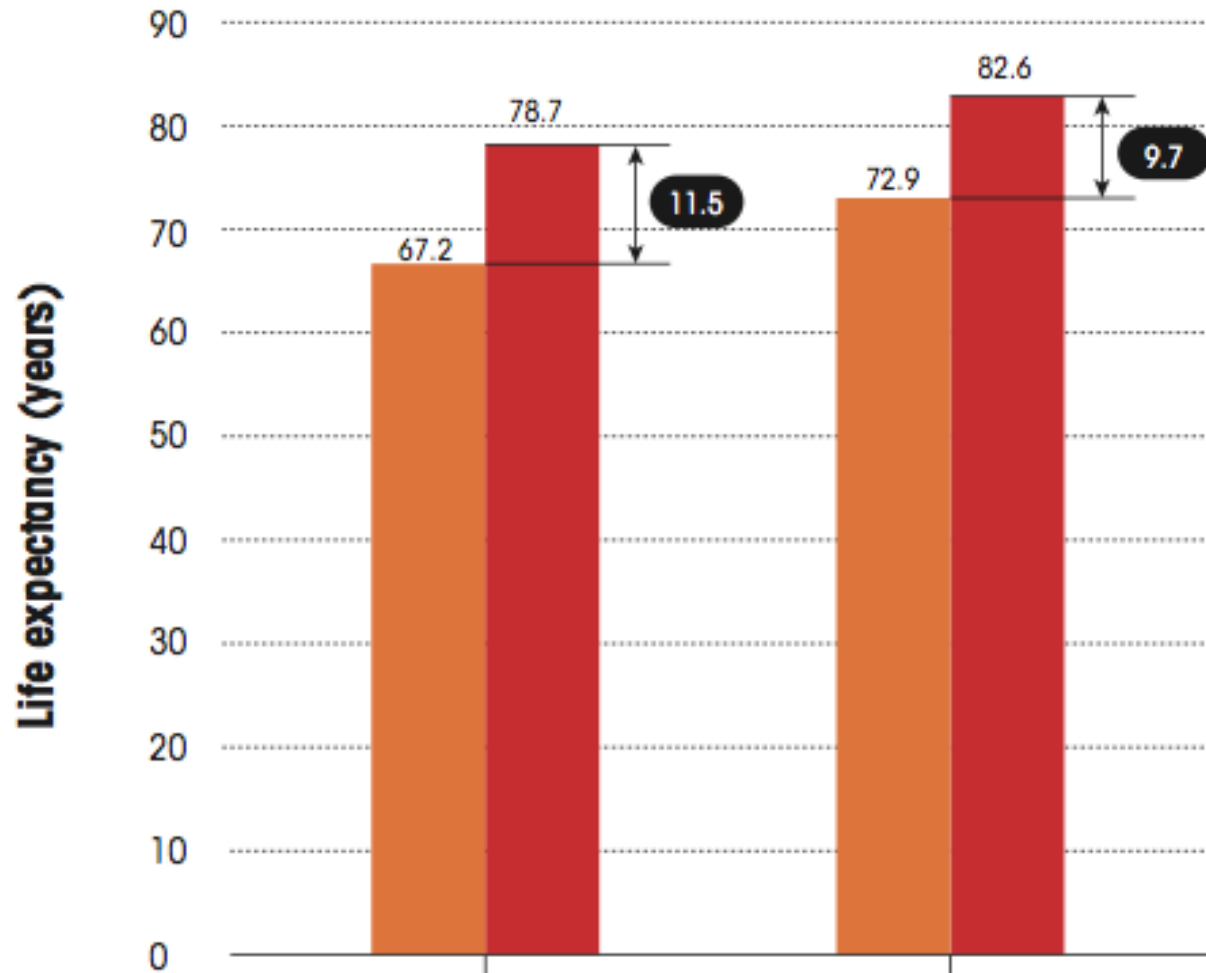
Aboriginal and Torres Strait Islander and non-Indigenous populations by age groups – 30 June 2021



The Aboriginal and Torres Strait Islander population had a younger age structure than the non-Indigenous population, with both **larger proportions of young people** and **smaller proportions of older people**. This reflects higher birth rates and lower life expectancy in the Aboriginal and Torres Strait Islander population compared with that in the non-Indigenous population.

Objective of TIS – to save lives

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



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

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

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



Indigenous



Non-Indigenous

Estimated population, Indigenous status – 30 June 2021
983,700 people, **3.8%** of the **Australian** population

| | Aboriginal only (no.) | Torres Strait Islander only (no.) | Both Aboriginal and Torres Strait Islander (no.) | Total Aboriginal and/or Torres Strait Islander (no.) | Non- Indigenous (no.) | Total (no.) |
|--------------|--------------------------|--|---|---|-----------------------------|-------------|
| NSW | 326,927 | 5,971 | 6,812 | 339,710 | 7,757,352 | 8,097,062 |
| Vic. | 74,263 | 2,463 | 1,970 | 78,696 | 6,469,126 | 6,547,822 |
| Qld | 222,309 | 25,169 | 25,641 | 273,119 | 4,942,695 | 5,215,814 |
| SA | 49,721 | 1,195 | 1,153 | 52,069 | 1,750,532 | 1,802,601 |
| WA | 114,995 | 2,213 | 2,798 | 120,006 | 2,629,359 | 2,749,365 |
| Tas. | 31,140 | 1,361 | 1,356 | 33,857 | 533,382 | 567,239 |
| NT | 73,101 | 917 | 2,469 | 76,487 | 171,664 | 248,151 |
| ACT | 8,971 | 241 | 313 | 9,525 | 442,983 | 452,508 |
| Aust. (a) | 901,655 | 39,538 | 42,516 | 983,709 | 24,701,703 | 25,685,412 |

a. Includes Other Territories.

Age and sex structure

The Aboriginal and Torres Strait Islander population had a **younger age structure than the non-Indigenous population**, with both **larger proportions of young people** and **smaller proportions of older people**. This reflects higher birth rates and lower life expectancy in the Aboriginal and Torres Strait Islander population compared with that in the non-Indigenous population.

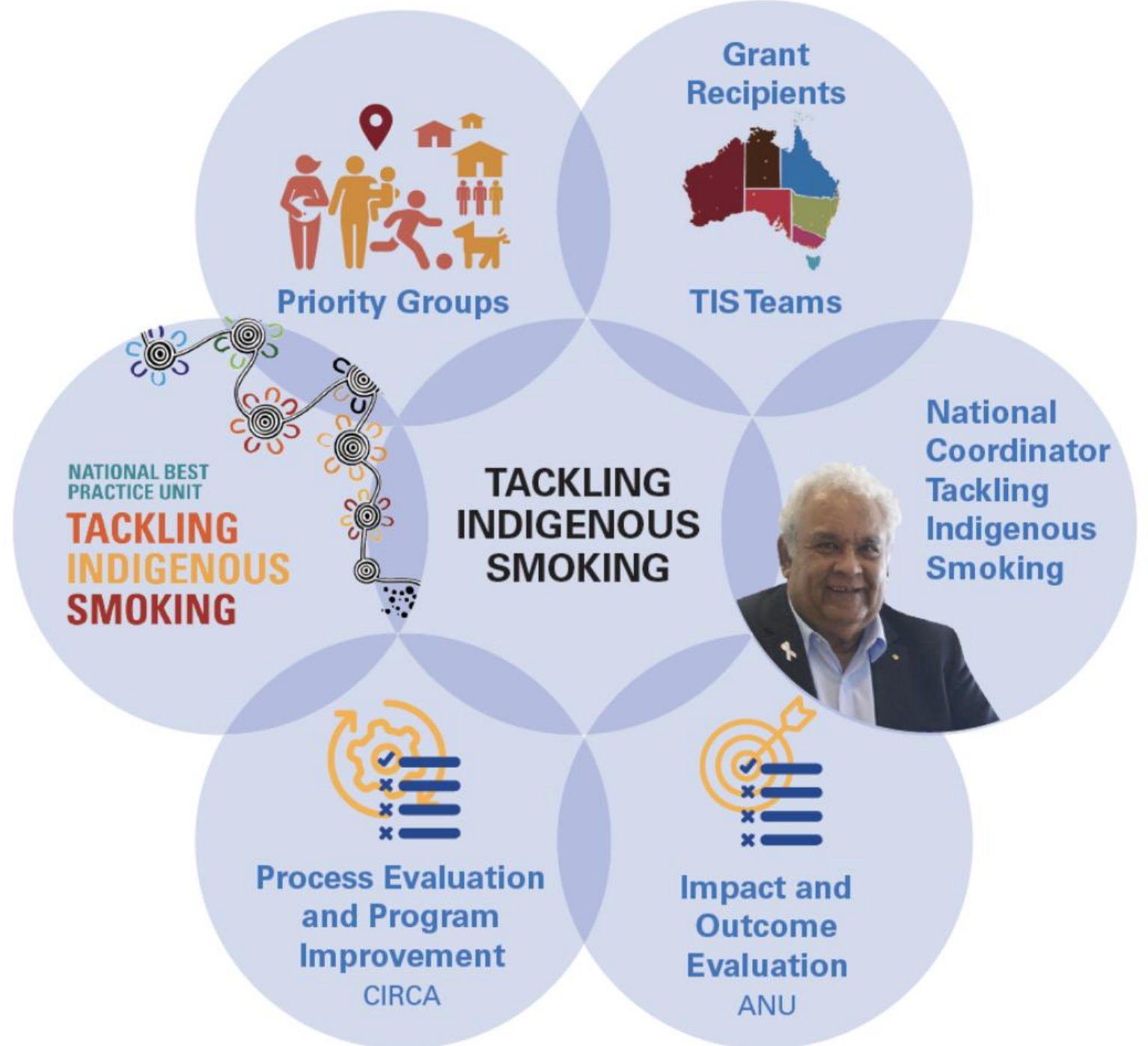
- The **median age** of the Aboriginal and Torres Strait Islander population was **24.0 years**.
- **One-third (33.1%)** of Aboriginal and Torres Strait Islander Australians were **aged under 15 years** **compared with 17.9% of non-Indigenous people**
- People aged **65 years and over** comprised **5.4%** of the Aboriginal and Torres Strait Islander population **compared with 17.2%** of the non-Indigenous population.
- Females outnumbered males in age groups **over 35 years**.

Why do we need an Indigenous specific program?

- Smoking causes **almost twice** as many deaths **as we previously realised**.
- Smoking causes **more than one-third of all** Aboriginal and Torres Strait Islander deaths at any age
- **> 10,000 deaths** among Aboriginal and Torres Strait Islander peoples in the **last 10 yrs**
- Focusing on older adults, we see that **smoking causes half of Aboriginal and Torres Strait Islander deaths at age 45 years and over.**
- The deadly news is that there is even **more potential than we realised to improve health outcomes** by reducing tobacco use.
- Most smokers **want to give up** or have tried to give up.
- Many smokers **are not addicted** but are social smokers.
- **Health, Economic** impacts and **Environmental** impacts

The TIS Family

- TIS commenced in Jan 2010
- Maintained funding and growth under successive governments
- Consistent leadership NCTIS – 10 days per month
- Supported by a National Best Practices Unit
- 2 discrete evaluation system - CQI
- Population Health Program – do not run programs
- Clear Grant Operational Guidelines (GOGs)



Tackling Indigenous Smoking 2023-26 Program Logic

| Input | Activities | Outputs | OUTCOMES | | |
|---|--|--|---|---|---|
| | | | Short-term Outcomes | Medium-term Outcomes | Long-term Outcomes |
| Regional Grants Population Health Promotion | TIS Teams run evidence-based, population health tobacco and vape control activities | All intended audiences are reached by evidence-based information or messages about: <ul style="list-style-type: none"> harms of tobacco and e-cigarette use benefits of resisting uptake benefits of quitting benefits of smoke free environments | All intended audiences have greater knowledge about: <ul style="list-style-type: none"> harms of tobacco and e-cigarette use benefits of resisting uptake benefits of quitting benefits of smoke free environments | All intended audiences intend to: <ul style="list-style-type: none"> avoid uptake of tobacco and/or e-cigarettes take steps towards cessation of tobacco and/or e-cigarettes avoid second smoke and create smoke free environments | In the Aboriginal and Torres Strait Islander population there will be: <ul style="list-style-type: none"> Reductions in the uptake of tobacco and e-cigarettes Increases in the number and length of quit attempts Increases in the number of smokefree environments |
| | TIS Teams build partnerships with other providers | Strong partnerships between TIS Teams and other stakeholders | Organisations/individuals understand the TIS program and how they can engage with TIS teams to support tobacco and e-cigarette control | Organisations/individuals are motivated/intend to engage with TIS teams to support tobacco and e-cigarette control | Organisations/individuals provide support for TIS tobacco and e-cigarette control |
| | TIS Teams support advocacy | Involvement of organisations outside of TIS team consortiums in TIS leadership or advocacy in tobacco and e-cigarette control | Organisations/community members understand how to take a leadership role in and advocate for tobacco and/or e-cigarette control | Organisations/community members are motivated/intend to lead and advocate for tobacco and/or e-cigarette control | Organisations/community members lead and advocate for tobacco and/or e-cigarette control |
| | TIS Teams work with communities | Co-designed activities that reflect input from the community | Community members recognise that their input has shaped TIS tobacco and/or e-cigarette control activities | The community is motivated to participate in TIS tobacco and/or e-cigarette control activities | The community participates in and feels ownership of TIS population health promotion activities |
| Access to Quit Support | TIS Teams promote quit support | All intended audiences receive information about quit support | All intended audiences have increased awareness of quit support | All intended audiences have increased motivation to access quit support | Aboriginal and Torres Strait Islander peoples use quit support more frequently |
| | TIS Teams build partnerships with quit support providers | Referral pathways are established | All members of TIS teams have awareness of referral pathways to quit support | All TIS team members intend to use referral pathways to quit support | TIS teams refer community members to quit support |
| National Supports (National Best Practice Unit, National Coordinator, Department of Health and Aged Care and Community Grants Hub) | NBPU, National Coordinator and Health support TIS Teams to: <ul style="list-style-type: none"> use evidence achieve full reach use local knowledge monitor and evaluate their work | TIS Teams are exposed to information about: <ul style="list-style-type: none"> evidence-based population health promotion approaches how to target all intended audiences eligible and ineligible activities how to monitor and evaluate their activities how and why to draw on local knowledge when designing activities | TIS Teams know more about: <ul style="list-style-type: none"> evidence-based population health promotion approaches how to target all intended audiences eligible and ineligible activities how to monitor and evaluate their activities how and why to draw on local knowledge when designing activities | TIS Teams intend to: <ul style="list-style-type: none"> use evidence-based population health promotion approaches target all intended audiences only implement eligible activities monitor and evaluate their activities draw on local knowledge when designing activities | TIS Teams: <ul style="list-style-type: none"> apply evidence-based population health promotion approaches target all intended audiences only implement eligible activities monitor and evaluate their activities draw on local knowledge when designing activities |
| | NBPU, National Coordinator and Health provide support and leadership to TIS Grant Recipients | Regular and frequent contact between TIS Teams and National Supports | TIS Grant recipient organisations understand: <ul style="list-style-type: none"> how to implement their grants appropriately the importance of leadership and advocacy for tobacco and/or e-cigarette control population health promotion approaches | TIS Grant recipient organisations are motivated to: <ul style="list-style-type: none"> implement their grants appropriately lead and advocate for tobacco and e-cigarette control use population health promotion approaches | TIS Grant recipient organisations: <ul style="list-style-type: none"> implement their grants appropriately lead and advocate for tobacco and e-cigarette control use population health promotion approaches |
| | National Coordinator provides leadership and advocacy in tobacco control | National and state stakeholders are exposed to information about the need for tobacco and e-cigarette control measures and policies that reflect Aboriginal and Torres Strait Islander culture and values | National and state stakeholders are aware of the need for tobacco and e-cigarette control measures and policies that reflect Aboriginal and Torres Strait Islander culture and values | National and state stakeholders are motivated to lead and support tobacco and e-cigarette control measures and policies that reflect Aboriginal and Torres Strait Islander culture and values | National and state stakeholders lead and support tobacco and e-cigarette control measures and policies that reflect Aboriginal and Torres Strait Islander culture and values |

Stakeholders key:

○ Organisations or community members outside of TIS Teams

▲ All Aboriginal and Torres Strait Islander peoples

■ TIS teams

★ National and state stakeholders

A national evaluation of the overall program

The evaluation of the TIS program is a two-part process:

- **a process and program improvement evaluation** is being carried out by the Culturally Inclusive Research Centre Australia **(CIRCA)**
- **an impact and outcome evaluation** is being carried out by the Australian National University **(ANU)**.

Data is critical for future funding and planning – it is **not a discretionary activity.**

5. What the grant money can be used for

Grant Operation Guidelines - GOGs

5.1 Eligible grant activities

To be eligible, your grant activity must:

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

Eligible grant activities include:

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

Ineligible grant activities include:

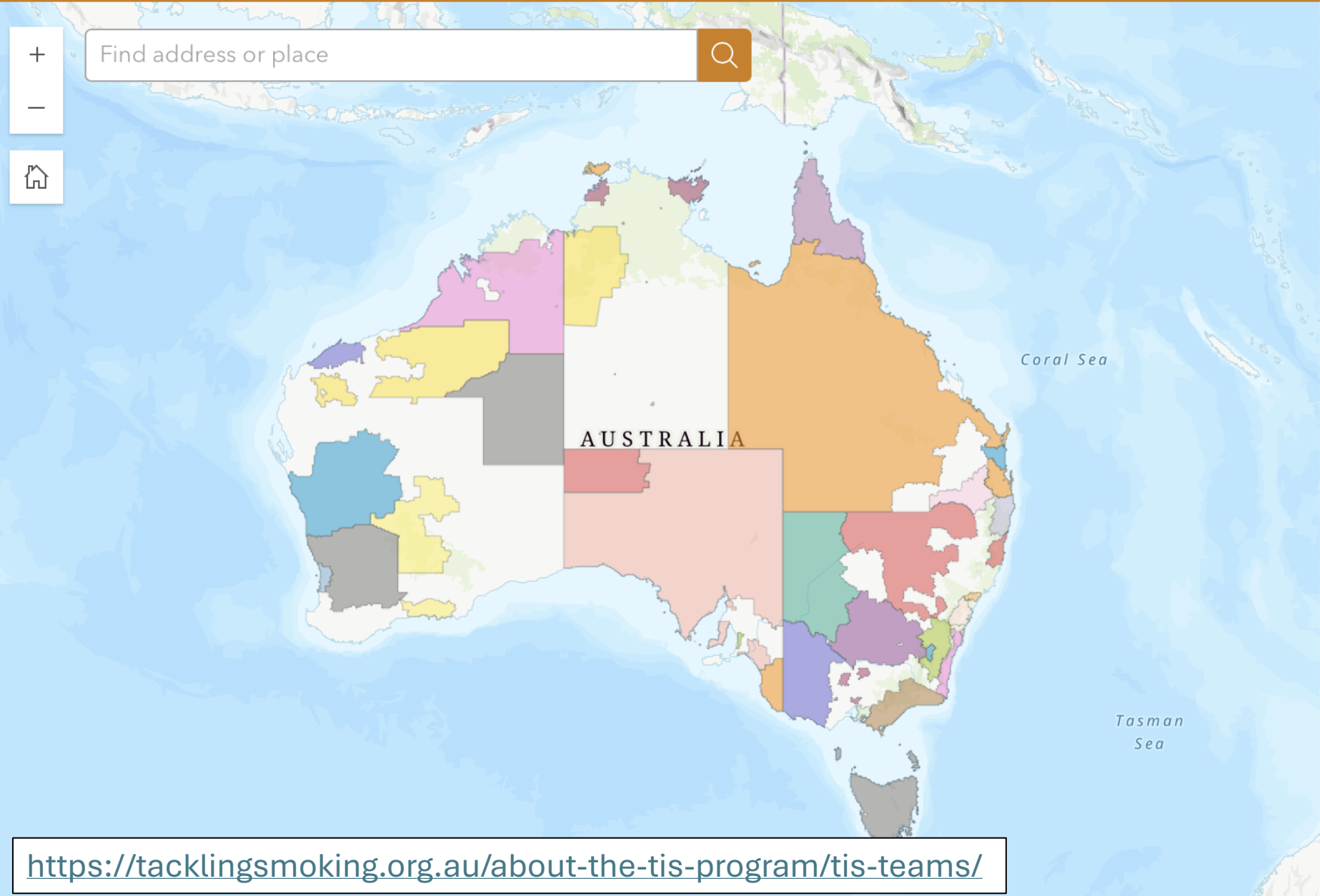
Grant Operation Guidelines - GOGs

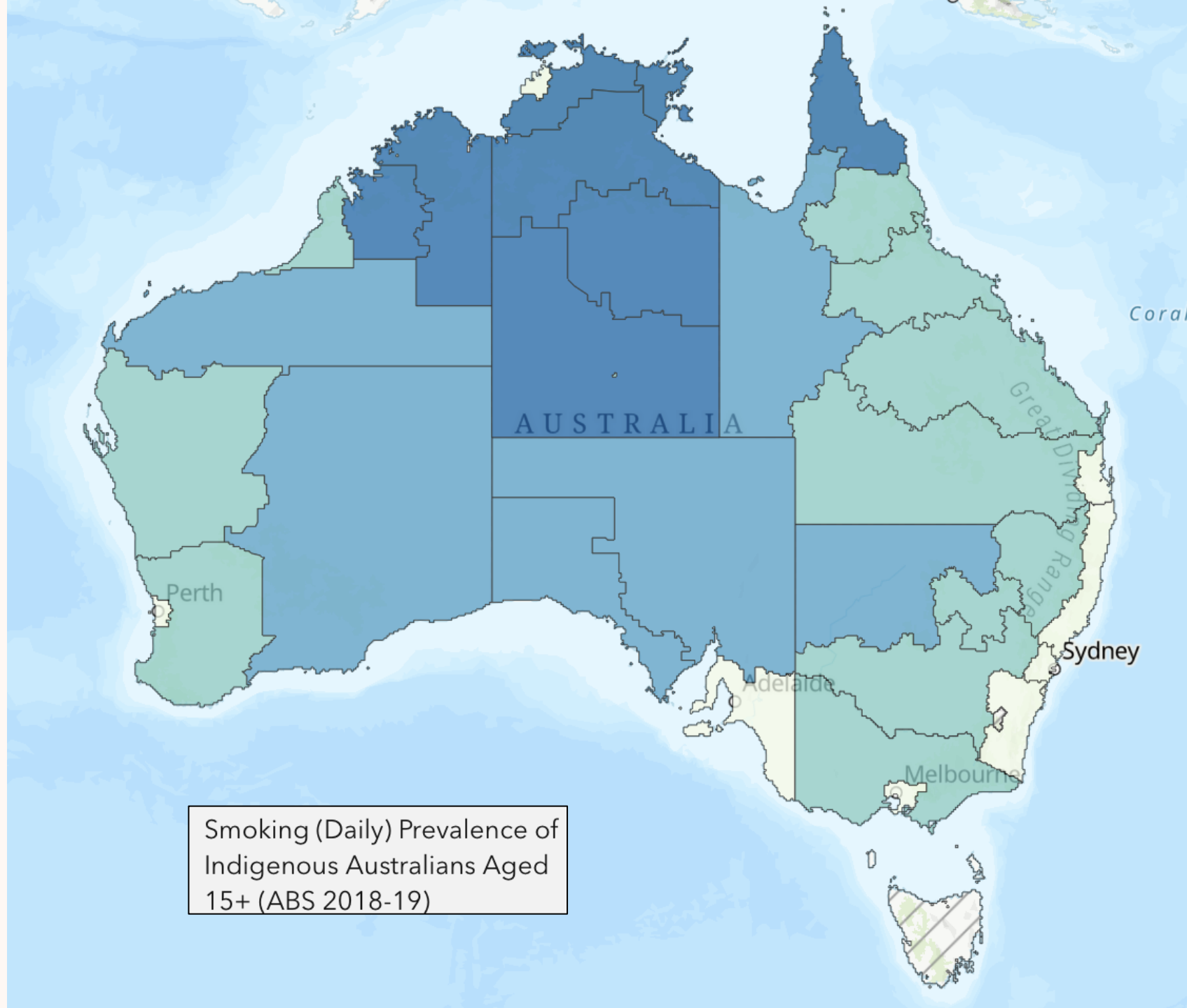
- wages, training, and travel costs for non-TIS Program staff
- sporting team sponsorships
- purchase of land
- major capital expenditure including vehicle purchase, major construction, capital works and temporary buildings
- retrospective costs of TIS RTCG Program activities
- costs incurred in the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



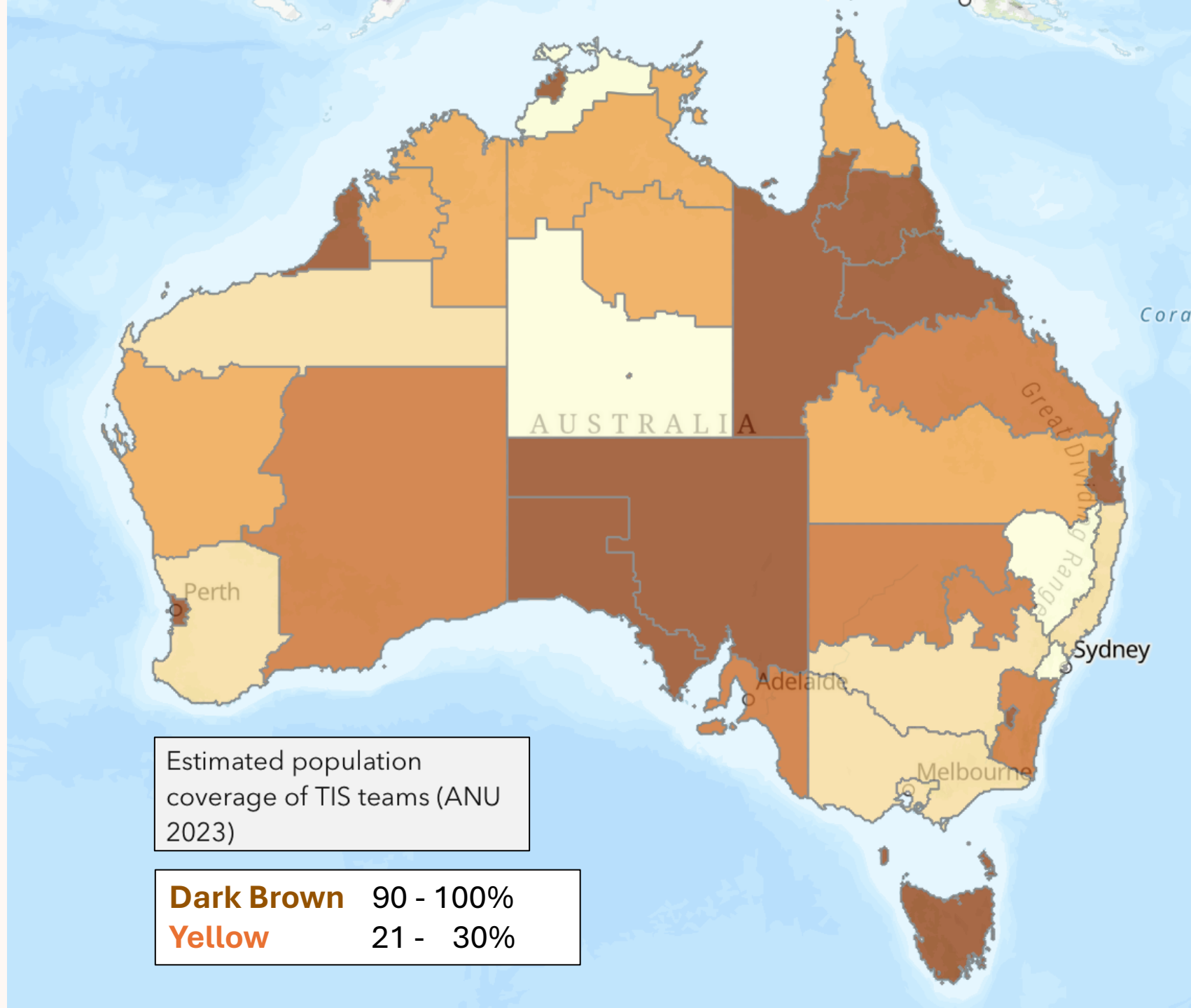
Map Layers

- ☐ Indigenous Australians' Health Programme (IAHP) Funded Services (Feb 2025)
- ☐ TIS Service Areas (2023)
- ☐ Primary Health Networks (2023)
- ☐ Local Government Areas (ABS 2025)
- ☐ Indigenous Areas (ABS 2021)
- ☐ Indigenous Regions (ABS 2021)
- ☐ Postal Areas (ABS 2021)
- ☐ Smoking (Daily) Prevalence of Indigenous Australians Aged 15+ (ABS 2018-19)
- ☒ TIS Service Areas (2018 - 2022)
- ☐ Indigenous Australians population (ERP June 2021)





Smoking (Daily) Prevalence of Indigenous Australians Aged 15+ (ABS 2018-19)

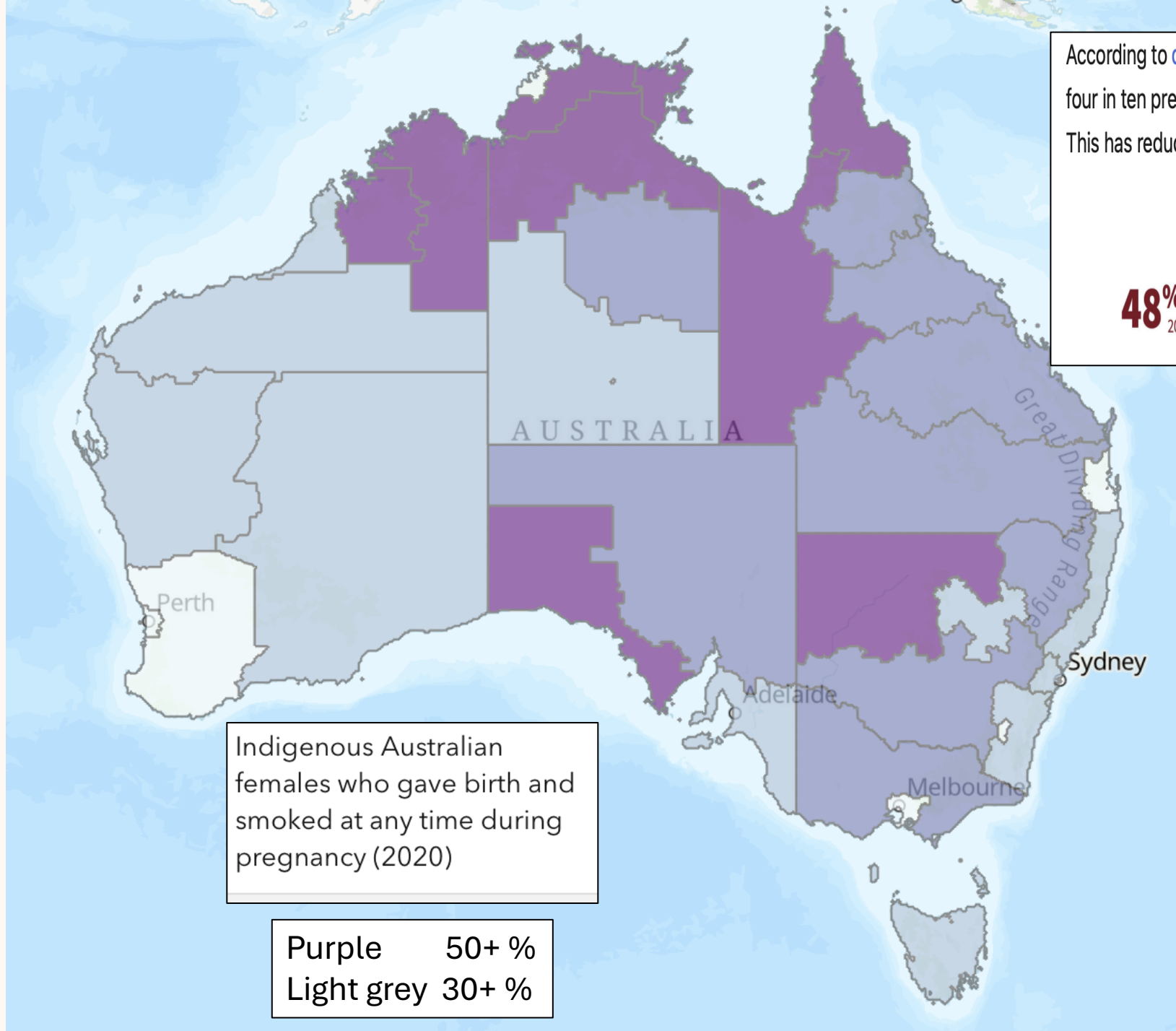


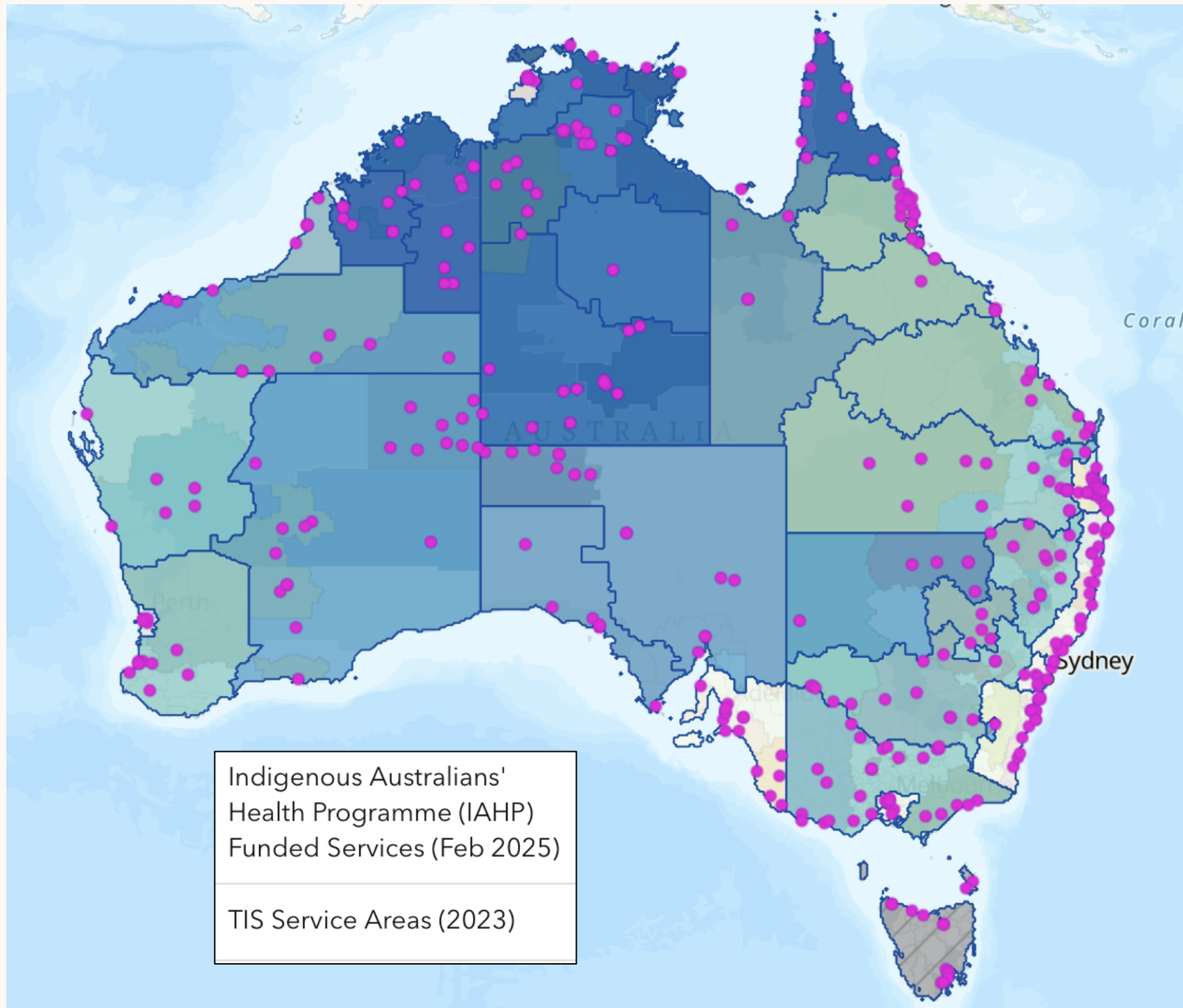
According to [data from the Australian Institute of Health and Welfare \(AIHW\)](#), four in ten pregnant Aboriginal and Torres Strait Islander women smoke (40%). This has reduced from 48% in 2012.

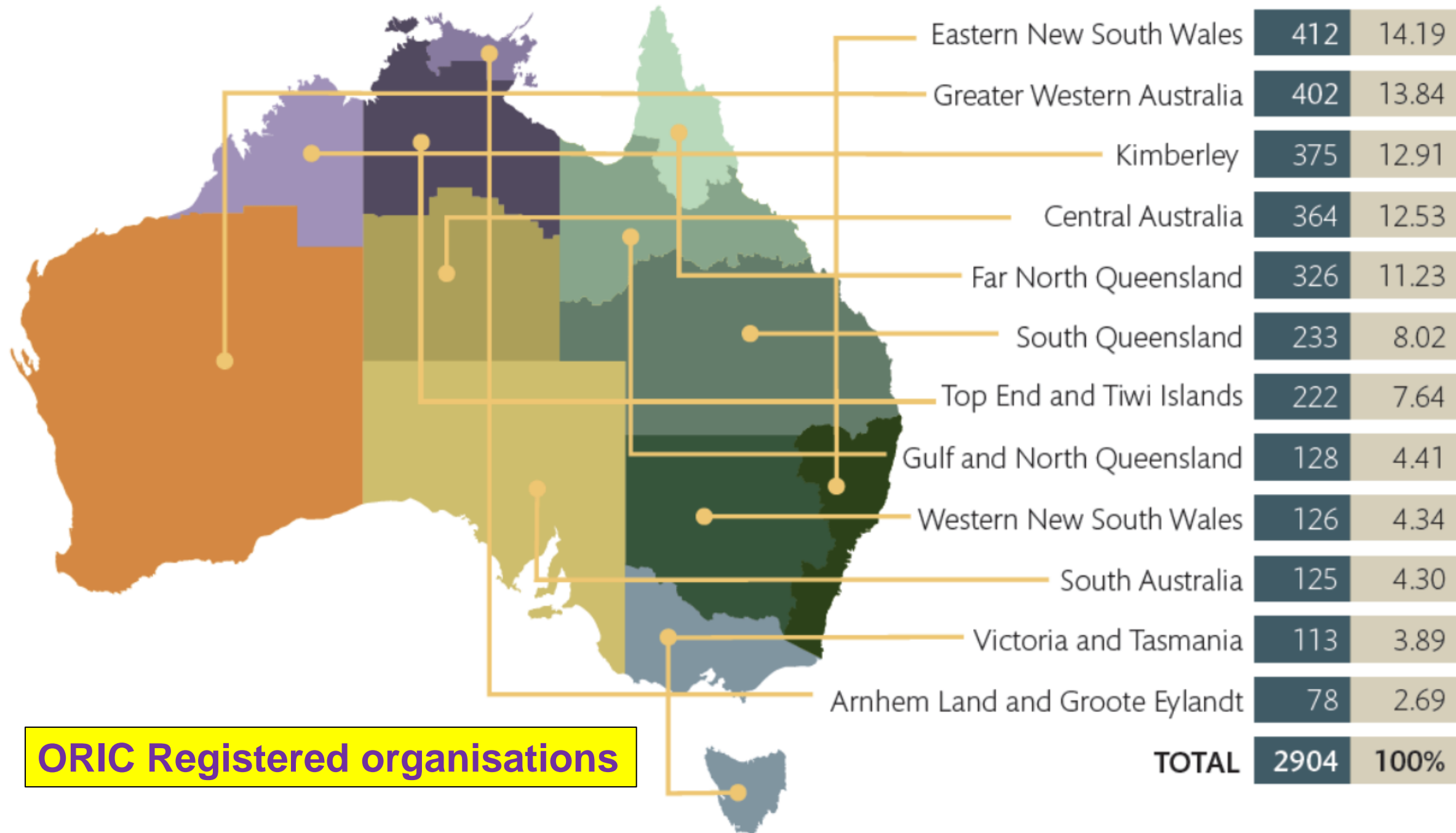


Indigenous Australian females who gave birth and smoked at any time during pregnancy (2020)

| | |
|------------|-------|
| Purple | 50+ % |
| Light grey | 30+ % |







BUDGET 2023-24 TIS, vaping and cancer outcomes

\$141.2m

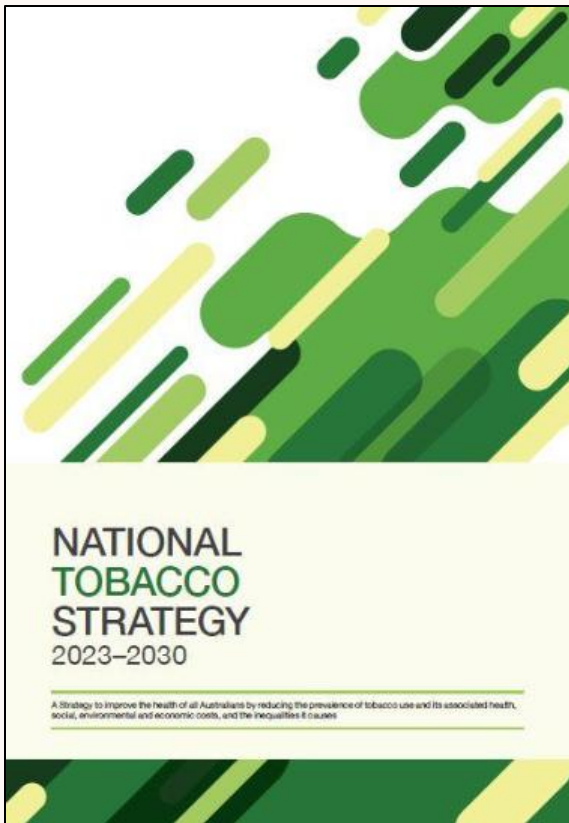
Tackling Indigenous Smoking
(over 4 years)

\$29.5m

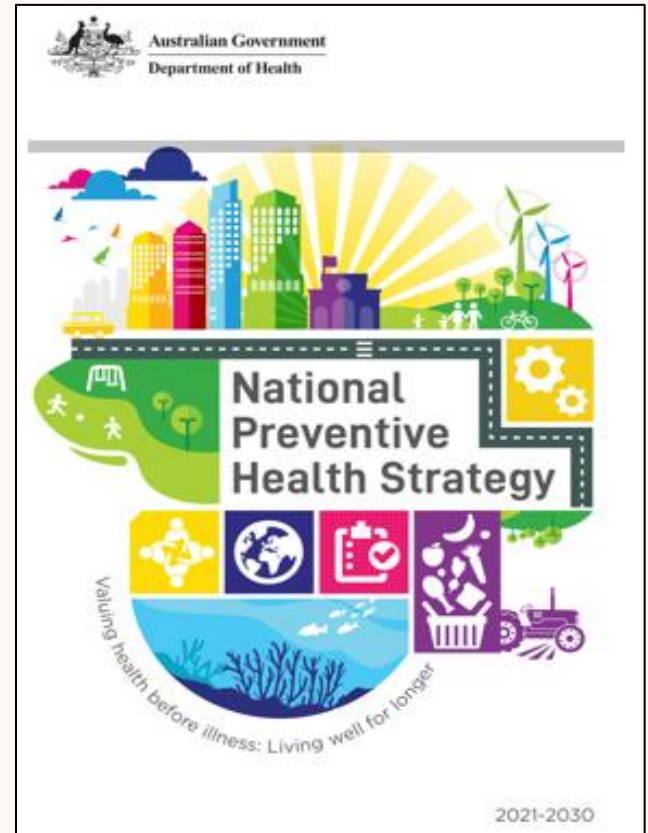
Support smoking & vaping cessation
(over 4 years)

\$263.8m

Lung Cancer Screening
(over 4 years)



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



Cancer mortality post peak smoking by population group

There is a long delay between smoking and its associated cancer mortality; even when the prevalence of smoking begins to decline, smoking-attributable mortality continues to increase, reflecting the smoking behaviours of up to three decades earlier.¹

| Cancer Mortality | | | |
|------------------|--------------|--------------------------|--------------------------|
| | Peak Smoking | 2012 22 yrs post peak | 2015 25 yrs post peak |
| Non-Indigenous | 1990 | Down 10% | Down 13% |
| | | | |
| | | 2012 10 yrs post peak | 2015 13 yrs post peak |
| Indigenous | 2002 | Up 16% | Up 23% |

¹Lovett, R., Thurber, KA., Maddox, R. 2017, *The Aboriginal and Torres Strait Islander smoking epidemic: what stage are we at, and what does it mean?*, vol. 27, issue 4, Public Health Research and Practice, Canberra,

Why is TIS considered successful?

2010 – 50+%

Challenge still remains Regional and Remote and very remote residents

2018/9 – 37%

15 years of bi-partisan support and for the past 8 years Funding and Policy stability

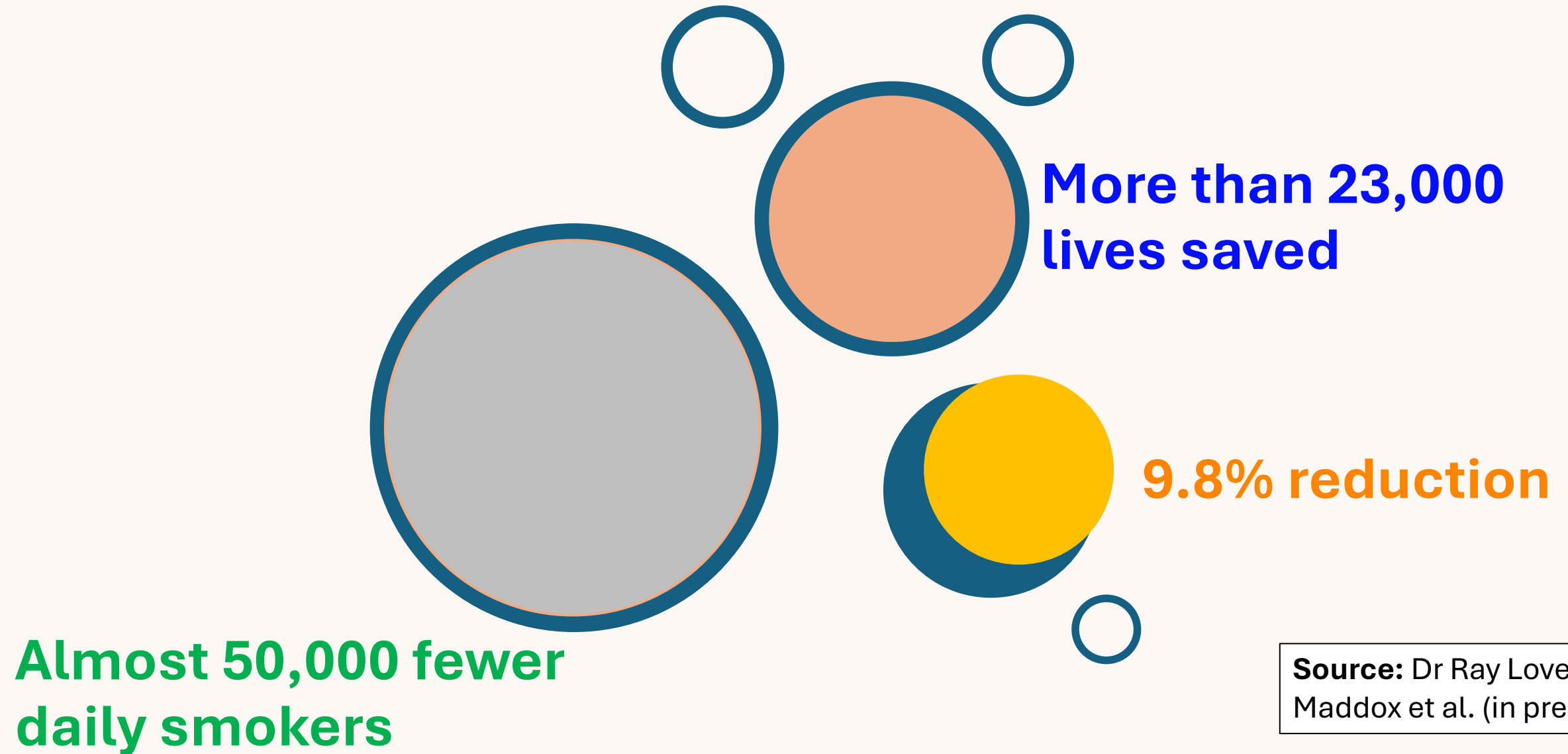
2030 – 27% Target

Population health and referral practice

2024 – 29%

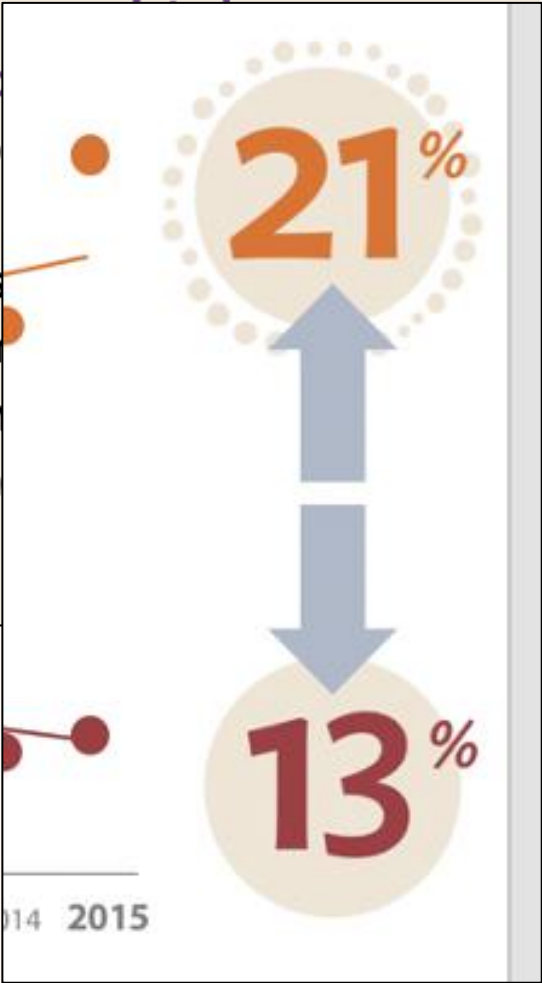
Ongoing **evaluations** and building the **capacity** of and **empowering** local communities **to come up with the messaging and strategies** that suit them.

Why is TIS considered successful? From 2004 – 2018/19

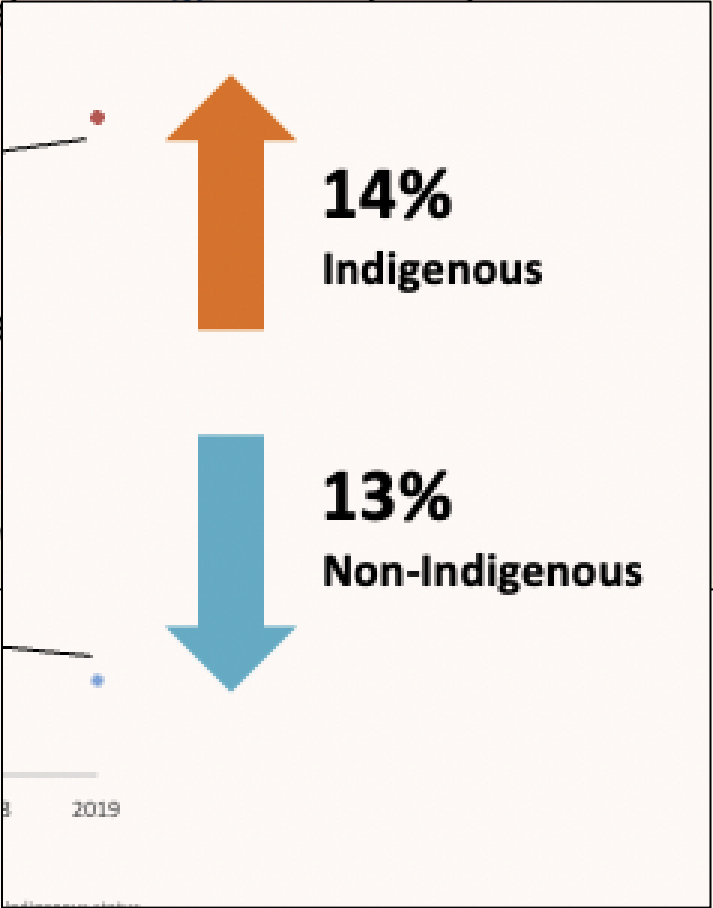
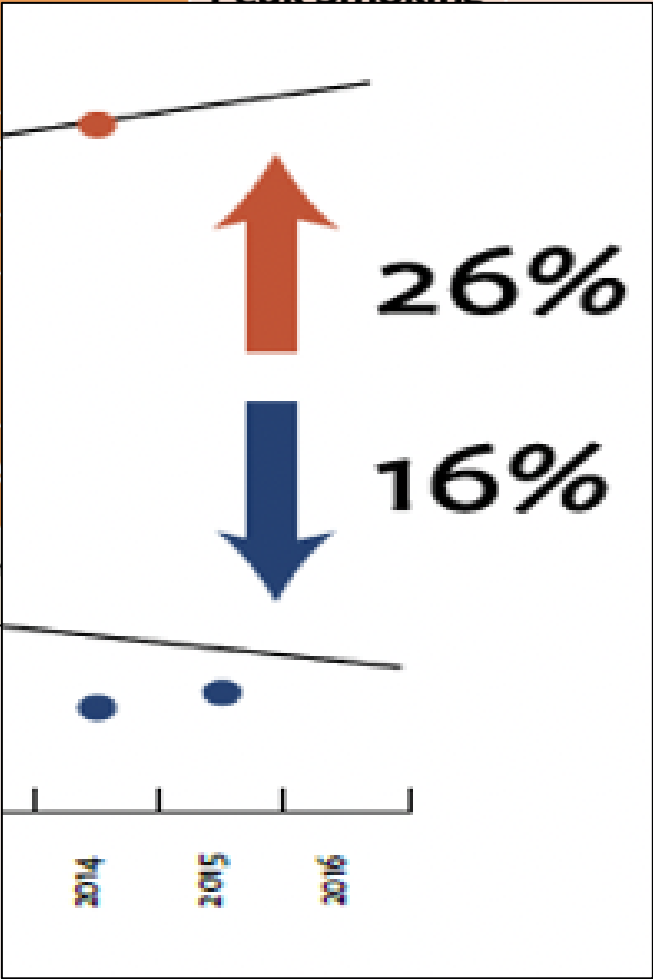


Cancer mortality post peak smoking by population group

There is a long delay
between smoking and its



| Cancer Mortality | | | |
|------------------|--------------|----------|------|
| | Peak Smoking | 2012 | 2015 |
| Non-Indigenous | | Down 10% | |
| Indigenous | | Up 16% | |



Challenges

Maintain the momentum - build on successes & celebrate success

Be innovative - work with your community to get the messages across that they can understand

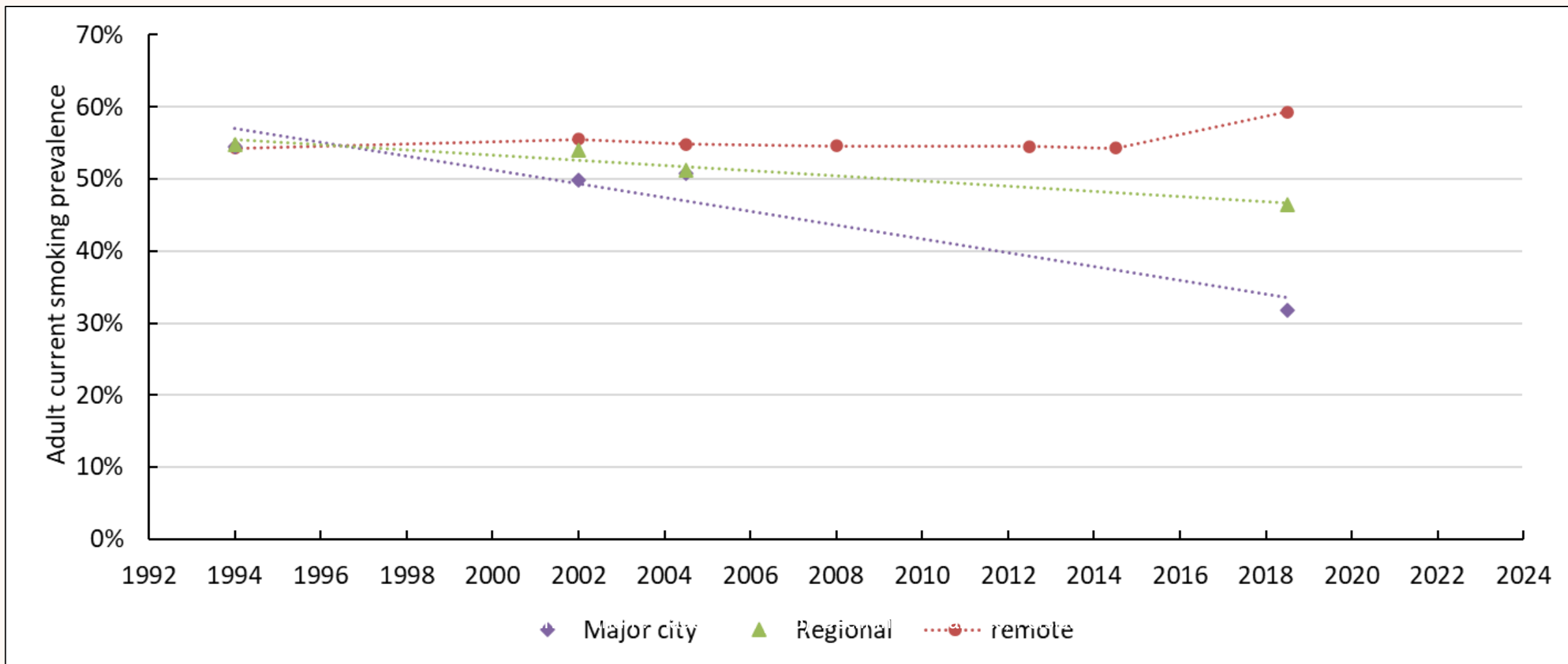
Partner with other agencies and people - environmental health workers

Get into schools or other areas where kids and youth congregate

Target homes, shops and common areas

Spend your money - but do it wisely and in conformance with the GOGS – no prize for not spending and ***a loss for Aboriginal and Torres Strait Islander Peoples***

Aboriginal and Torres Strait Islander Peoples smoking incidence by geographic region



Tobacco excise

- In 2025-26, the Australian government anticipates tobacco excise revenue of approximately **\$7.4 billion, a significant drop from previous years**. This decline *is attributed to reduced smoking rates and a growing black market for tobacco*. The government **projects a shortfall of \$6.9 billion over the next four years** compared to initial forecasts.
- **More excise money to be spent on prevention programs starting with TIS** and the **National Lung Cancer Screening program** from 1 July 2025.



Innovation: National Reach and Priority Projects (NRPP)

Round 1 - 2024

1. Expand the reach of tobacco- and vape-free programs.
2. Serve **regional, remote, and very remote communities**, with a focus on:
 - **Young Indigenous people** (including vaping-related programs).
 - **Pregnant Indigenous women**, their families, and women of childbearing age

Round 2 - 2025

Expanding reach in **regional, remote** and **very remote areas**

1. Target population – youth (including vaping) in regional, remote and very remote areas
2. Target population – pregnant women in regional, remote and very remote areas

The ASK!

- CEOs and TIS Coordinators **critically review your operations**
- Give TIS Coordinators **access to their budgets** and ensure they have **ready access to the NBPU**
- **Complete work plans and reports** on time and **review the feedback**
- CEOs and TIS Coordinators **diligently participate in both evaluation processes**
- Inform the community-controlled sector to **treat smoking and vaping interventions as a priority**
- **Be innovative and partner** especially in outer regional, remote and very remote regions
- Reach out to **NBPU and NCTIS for support**
- **Use this forum to ask questions among friends**

TIS Family 2019



TIS Family 2023



TIS Family 2025

