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

Mid-Term report (July 2023 – December 2025)

15 June 2026

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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.

Indigenous Cultural and Intellectual Property (ICIP) Rights Clause:

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

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- 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.

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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 2025
- Telephone or online interviews with TIS coordinators facilitated between September and December 2025
- In-person or online focus groups with TIS staff facilitated between September and December 2025
- Online surveys with TIS CEOs and TIS staff conducted between September and November 2025
- Analysis of 34 Activity Work Plans (AWPs) submitted by TIS teams in July 2025, with comparisons being made with the data from the AWPs submitted in July 2023 and July 2024
- Analysis of 34 Performance Reports (PRs) submitted by TIS teams for the Jan – Jun 2025 reporting period, with comparisons being made with the data from the PRs for the Jul – Dec 2023 period, and the Jan – Jun 2024 reporting period
- Analysis of the NBPU progress reports

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?

- Nearly all TIS teams planned to reach at least 50% of the communities (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 in the period of Jan – Jun 2025, TIS teams reported reaching 74% of all LGAs across Australia. There has been a steady increase in the reach of LGAs over time by TIS teams, starting from 42% in the Jul – Dec 2023 period.
- On average, for each activity, TIS teams reached 21% of all Aboriginal and Torres Strait Islander peoples living in the IREGs.
- On average, for each activity, TIS teams reached 4% to 6% of all Aboriginal and Torres Strait Islander people who represent priority groups in each IREG. This also represents a steady increase over time, as previously TIS teams reached less than 1% of the priority group population with each activity.
- 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 nearly half of TIS activities were reported to reach people who do not attend ACCHOs.
- TIS teams identified the following barriers to achieving full reach:
  - Limited staff capacity
  - Navigating challenges that emerge when delivering in-person activities and messages
  - Difficulty crafting messages that will reach and resonate with diverse Aboriginal and Torres Strait Islander peoples
  - Working with challenging partners

- We found that the following enablers helped TIS teams maximise their reach:
  - Strong partnerships
  - Strategic and evidence-based planning
  - Delivery through multiple platforms, modes, and channels
  - Having adequate staff capacity
  - Focusing on building and maintaining relationships with community members
  - Deploying desirable, culturally appropriate, interactive, fun, and enjoyable activities, resources and programs
  - Having support from organisation leadership

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?

- Strong partnerships continue to 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 or co-design with priority 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.
- The TIS team staff and the depth of their relationships with local communities, external organisations, community members, and services can pose significant enablers or barriers to their engagement with each other.

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?

- 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 tailoring programs and activities towards each Aboriginal and/or Torres Strait Islander cohort they were engaging, consulting with community, following cultural protocols when engaging each community, building relationships with community, and incorporating local cultural elements into activities and messages.
- Our assessment indicates that nearly 100% of TIS activities are evidence-based.
- The majority of TIS coordinators and staff we talked to demonstrated confident and effective use of evidence in their activities. TIS teams actively gathered evidence and data through different ways such as seeking feedback, consulting with people and observing people during activities. TIS teams also acquired evidence from NBPU, TISRIC and other TIS teams.
- Enablers to TIS teams implementing culturally safe activities were identified as: having Aboriginal and Torres Strait Islander staff, having access to a cultural review group, having Aboriginal and Torres Strait Islander peoples involved in the TIS program – at a national and local level, having time and capacity to build relationships and trust in the community, and being able to access local cultural knowledge holders (e.g., Elders, artists, performers).
- Barriers to the implementation of culturally safe activities were identified as: having to navigate push-back or gatekeeping by the TIS lead organisations (inadequate deployment of funding), community politics, being short-staffed, and having to manage time-consuming logistics.
- Enablers to TIS teams implementing evidence-based activities were identified as: staff having prior experience doing similar work to TIS, having TIS staff with strong

research or evidence backgrounds in the team and the 'learning' mindset, having systems in place to gather community feedback, having regular team meetings, being reminded to use evidence by the National Support Stakeholders, and having access to resources including TIS-related (NBPU, ANU, TISRIC) and non-TIS related resources (e.g., ABS).

- Barriers to implementing evidence-based activities were discussed as: challenges getting access to the most up-to-date data about smoking and vaping prevalence, as well as the most up-to-date information about best practices for e-cigarette control.

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 many 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.
- TIS teams found NBPU resources and support, jurisdictional workshops and TIS national conferences, as well as the TISRIC website the top three, most effective supports. Evidence suggests that NBPU is offering a range of supports, which TIS teams found effective.
- National Supports had a positive impact on the knowledge of TIS CEOs about eligible activities, expenditure requirements and permittable spending, appropriate partnership arrangements, population health approaches, but a lesser impact on knowledge about permittable staffing arrangements. National Supports also had a positive impact on TIS CEO's intentions to take a leadership role in tobacco and e-cigarette control.
- Overall, National Supports also had a positive impact on the administrative performance of TIS teams.
- TIS Coordinators and staff suggested some improvements to the supports provided by National Supports:
  - Improving TIS teams' access to other teams, trainings, latest data and evidence, such as information about vaping, data about the prevalence of vaping at local levels, changes to legislation, and health effects of smoking and vaping.

  - More help with adapting activities and messages to their communities.
  - More in-person site visits from NBPU so NBPU can better understand their contexts and circumstances
  - Subcontracted TIS teams getting better access to support, evidence, and data provided by NBPU
  - Ensuring all National Support entities (DSS, DHDA, and NBPU) are in agreement and are well-informed so they can provide consistent advice to teams. In general, TIS teams felt supported by their organisations with the flexibility to accommodate their TIS work.
- TIS Coordinators and staff suggested several improvements to the support they are provided by their organisations to do their work effectively, including:
  - 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 each 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.

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 good success in changing knowledge and attitudes towards tobacco and e-cigarette control, with TIS teams reporting that 70% to 75% of their activities produced a positive change in people's knowledge and attitudes.
- TIS teams used a wide range of activity types—some activities seemed more successful at targeting domains of knowledge and attitudes than others.
- There seems to be a discrepancy between what TIS teams think are the most successful (as discussed in the focus groups with TIS teams) and what was reported in the Performance Reports as most successful.

  - In the focus groups, TIS teams identified community education in particular as impactful as TIS teams can tailor their messages in real time and over time, to reach different types of audience. Community education is often delivered in schools or other settings with regular attendees – so being able to regularly deliver sessions enabled TIS teams to have an impact.
  - TIS teams also identified interactive and fun activities as having an impact, in addition to referrals to quit supports and including community successful quit stories in TIS messaging.
- Overall, while TIS teams faced several challenges in changing knowledge and attitudes, they overcame these by being persistent and consistent with activities and messages, improving the use of evidence and evaluation, and being creative and flexible.

Implications & Recommendations

Overall, findings suggest that the TIS program continues to perform strongly, with cultural safety remaining a key strength and evidence-based approaches guiding program delivery. TIS teams have continued to expand their reach and are contributing to positive changes in knowledge and attitudes. Despite the inherent challenges of this work, teams have demonstrated persistence and adaptability, consistently engaging communities and finding creative ways to deliver TIS messages.

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

Reach of the TIS program

- TIS teams should continue to build and strengthen partnerships to expand their reach across communities and priority cohorts. While many teams are already actively pursuing partnerships, additional support may be needed for them to establish new relationships and navigate more complex partnerships.
- TIS teams should continue using a range of communication methods, including social media, mass media, community education, events, and stalls, to maximise exposure and engagement.

- Most TIS teams are already consulting with community in various ways, but all teams should continue to be encouraged to consult with communities and do research, to ensure that activities and messaging are relevant and effective.
- Workforce challenges, particularly staff turnover and periods of understaffing, continue to impact reach. When teams experience staffing shortages, targeted and timely support might help mitigate disruptions to program delivery. This may include support to prioritise activities, adapt or adopt resources from other teams, maintain key partnerships, and access short-term staffing support for events.
- There should continue to be stable funding for the TIS program, to ensure that TIS can maintain its presence in communities and that relationships remain intact. TIS teams' relationships with communities are key enablers of wide reach.

Use of culturally safe and evidence-based approaches

- The current structure of the TIS program, with Aboriginal and Torres Strait Islander representation and leadership at all levels, should be maintained as it underpins culturally safe practice.
- Efforts should also continue to ensure TIS teams have access to the most up-to-date data and evidence, including information on smoking and vaping prevalence, and best practices regarding e-cigarette control.
- TIS teams should continue to recruit staff with research and evidence skills, experience, or mindsets into their teams.

Support for TIS teams

- The program currently provides a broad range of supports to TIS teams that are appropriate and effective, and these should be maintained.
- A refresher on permissible staffing arrangements from National Support Stakeholders to CEOs and grant recipient organisation administrative staff might be beneficial. For instance, reminders that TIS team staff will need to travel for TIS activities and might need to work outside of normal hours.
- TIS teams need to be adequately staffed to ensure effective program delivery, but steady, consistent and adequate staffing continues to be a challenge experienced by many teams. Therefore, it may be necessary for grant recipient organisations and

National Support Stakeholders to focus on ways they can support teams to overcome this challenge.

- While this has improved over time, TIS staff continue to need clear access to information regarding funding allocations available to their organisations for TIS activities.
- NBPU should continue to promote to TIS teams the types of supports that NBPU offers, how to access supports, and that the support is clearly coming from the NBPU. NBPU might consider providing more supports to TIS teams in the following domains – and if these supports already exist, continue to highlight to TIS teams how they can access such supports:
  - More trainings on the harms of vaping and smoking, benefits of quitting, and harms of second-hand smoke and aerosol – especially for new TIS team staff. Trainings for TIS workers should continue to get updated regularly as new data and best practice evidence come out.
  - More information about vaping, data about the prevalence of vaping at local levels, changes to legislation (e-cigarettes and illicit tobacco), and health effects of smoking and vaping.
  - More help and guidance with adapting activities and messages to their communities.
- In addition, National Support stakeholders may wish to consider the suggestions offered by teams in interviews and focus groups for ways support might be improved.
- TIS lead organisations should also continue to ensure that TIS teams at subcontracted organisations receive appropriate supports. This includes:
  - Serving as a conduit between NBPU and subcontractors, passing on guidance, resources, and other information to subcontracted TIS teams that do not have direct access to NBPU support (ensuring it is clear that the information came from NBPU).
  - Providing training and support to subcontractors
  - Taking an active role in managing the performance of subcontractors

Changes in knowledge and attitudes

- TIS teams are demonstrating good progress in increasing knowledge and attitudes towards tobacco and e-cigarettes.
- It is apparent that some activities are better than others at yielding measurable impacts on community members' knowledge and intentions. Teams should be encouraged to pursue these activities, as appropriate for their communities.
- To navigate challenges changing community members' knowledge and attitudes, TIS teams should continue persistently and consistently showing up and delivering their messages, and creating opportunities for people to engage, if and when they are ready.

Promotion of the successes of the TIS program

- Given the impact of the TIS program, its successes should continue to be made public. This will contribute to the evidence base of the public health discipline and Indigenous-led community change.

List of acronyms

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled 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
TISRIC	Tackling Indigenous Smoking Resource and Information Centre
WAAHEC	Western Australia Aboriginal Health Ethics Committee

2. Introduction

2.1 Background

Tobacco use is one of the leading causes of death among Aboriginal and Torres Strait Islander peoples in Australia[1]. 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[2]. 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[3].

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[4].

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

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[1] 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.

[2] 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.

[3] Australian Bureau of Statistics. (2019). National Aboriginal and Torres Strait Islander Health Survey, 2018-19. Canberra: Australian Bureau of Statistics.

[4] 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.

- 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
- developing a local Aboriginal and Torres Strait Islander workforce to deliver health promotion services[5].

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".[6] 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"[6].

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:

[5] 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

[6] Calma, T. (2011). Tackling Indigenous Smoking. Of Substance. Vol 9. No 2. p.29.

- 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 that support the achievement of the TIS program's aims and priorities by funding time-limited 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]).

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 evaluations 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.[7]

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.
- IREGs are based on the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Map of Indigenous Australia[8], 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

[7] 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.

[8] 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

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.
- 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 Wave 2 (Mid-Term), and is based on data from AWPs and PRs, grant acquittal data, qualitative data from focus groups and interviews, quantitative data from online surveys, and document analysis.

See the column Wave 2 in Table 1 for details.

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

a. Primary data collection

Data sources	Preliminary Wave 1	Full Wave 1	Wave 2	Wave 3
Organisational staff and grant recipient organisations	NA (due to delays with obtaining ethics approval)	- **Telephone interviews** (60 minutes) with 37 TIS coordinators/Managers - **Online survey** of all TIS staff - **Online survey** of all TIS Grant Recipient CEOs	- **Telephone interviews** (60 minutes) with 37 TIS coordinators/Managers - **Online survey** of all TIS staff - **Online survey** of all TIS Grant Recipient CEOs - **In person and online focus group discussions** (90 minutes) with 37 TIS teams	None
National Support partners	- **Telephone/ online interview** (60 minutes) with National Coordinator - **Telephone/ online interview** (60 minutes) with Assistant Secretary of Department of Health, Disability and Ageing - **Online focus group discussion** (90 minutes) with NBPU staff - **Online focus group discussion** (90 minutes) with Department of Health, Disability and Ageing staff	- **Telephone/online interview** (60 minutes) with National Coordinator - **Telephone/online interview** (60 minutes) with Assistant Secretary of Department of Health, Disability and Ageing - **Online focus group discussion** (90 minutes) with NBPU staff - **Online focus group discussion** (90 minutes) with Department of Health, Disability and Ageing staff	- **Telephone/online interview** (60 minutes) with National Coordinator - **Online focus group discussion** (90 minutes) with NBPU staff - **Online focus group discussion** (90 minutes) with Department of Health, Disability and Ageing staff	None

b. Secondary data collection

Data sources	Preliminary Wave 1	Full Wave 1	Wave 2	Wave 3
Organisational staff and grant recipient organisations	- Activity Work Plans - Performance Reports	- Activity Work Plans - Performance reports	- Activity Work Plans - Performance reports	- Activity Work Plans - Performance reports
National Support partners	- 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 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 AWPs should be available, corresponding to 37 IREGs.

A total of 37 AWPs were submitted for the 1 July 2025 – 30 June 2026 period. Three organisations servicing three IREGs did not consent to participate in CIRCA's evaluation, therefore 34 AWPs 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 2025 – 30 June 2025 period, 37 PRs were submitted. Three organisations did not consent to participate in CIRCA's evaluation; therefore, 34 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 2024-25 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 Jun – Oct 2024, Nov 2024 – Apr 2025, and May – October 2025 period.

The NBPU progress reports were 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 an in-depth interview over Zoom with the National Coordinator, in late 2025. 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 Guide for further details on topics covered in the interview.

3.2.6 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 2025. 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 one interview were conducted in 2025, resulting in a total of 6 individual participants. The focus groups and interviews were held between 23 October 2025 and 13 November 2025. Each interview lasted approximately 60 minutes, and the focus groups lasted approximately 90 minutes.

The focus groups and interview 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
07/11/2025	Department of Health, Disability and Ageing	Focus Group	Staff	2
13/11/2025	Department of Health, Disability and Ageing	Interview	National Coordinator	1
23/10/2025	National Best Practice Unit	Focus Group	Staff	3

Total number of participants: 6

3.2.7 Interviews with TIS coordinators

We conducted one-on-one interviews over the phone or Zoom with TIS coordinators at organisations that consented to be part of the evaluation. We contacted TIS coordinators representing 32 IREGs, and ultimately, TIS coordinators representing 25 IREGs participated in the interviews, for an 81% 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 Guide for further details on topics covered in the interview.

3.2.8 Focus groups with TIS staff

We conducted focus groups with TIS staff (including staff at both RTCG organisations and subcontracted organisations). We contacted TIS staff representing 33 IREGs, and ultimately, TIS staff representing 21 IREGs participated in the focus groups, representing an 64% response rate. The focus groups captured information about:

- Staff roles in the TIS team, and how staff work together and with the community.
- How community knowledge and culture is embedded within TIS programs.
- How TIS teams work with other organisations to promote smoking cessation in the community

- How TIS teams feel the TIS program is going in reaching priority groups (i.e., pregnant mums, youth)
- What changes TIS teams have seen in community because of the TIS program
- The support they get from the NBPU, the Department of Health, Disability and Ageing, the National Coordinator, and the Community Grants Hub.

Each focus group lasted around 90 minutes. The focus groups were conducted by CIRCA's Aboriginal and Torres Strait Islander Research Consultants. See Appendix 3: Discussion Guide for further details on topics covered in the focus groups.

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 2025 to 31 October 2025. 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 should be treated with caution.

The median completion time was 12.3 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. It should be noted that the TIS Evaluation Advisory Group for Western Australia recommended including a definition of evidence-based and cultural safety in all research materials. While CIRCA was able to accommodate this for qualitative discussion guides, we opted to not do this for the surveys with CEOs and staff to preserve quantitative comparability between Wave 1 and Wave 2 reports.

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 33 consenting IREGs to ask for the contact details of all TIS staff servicing the IREGs. We reached out a maximum of three times; in very few cases of no reply, we could not send out the survey links. We received contact details of 231 TIS staff from 67 organisations, including RTCG organisations and their subcontractors.

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 as we received their contact details. The Qualtrics survey was designed to accommodate a range of devices, including

computers and mobile phones. The survey was open from 1 September 2025 to 16 December 2025. 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, 231 unique links were distributed to TIS staff, and 139 completed the survey, resulting in a response rate of 60.2%, which is a very high response rate. The median completion time was 15.2 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 34 AWPs submitted by RTCG recipients. The AWPs captured planned activities from 1 July 2025 to 30 June 2026.

The analysis of the AWPs 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 AWPs 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 AWPs for the 1 July 2025 – 30 June 2026 period with those for the 1 July 2023 – 30 June 2024 period, and for the 1 July 2024 – 30 June 2025 to identify changes in the TIS program.

3.3.3 Performance Reports

For this report, we analysed 34 PRs submitted by RTCG recipients. The PRs captured activities that happened from 1 Jan 2025 to 30 Jun 2025.

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 2025, 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 2024-25 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.

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. A staff member then coded the NBPU progress report in NVivo.

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 139 responses, seven were invalid because they said they were not TIS staff. Thus, their responses were removed from the dataset prior to analysis.
- Of the remaining 132 responses, one participant was identified as giving an inattentive response to one question. Thus, their response to that question was removed. However, as the rest of their answers were valid, no further data were removed from their response.
- 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	139
Total number of respondents removed due to invalid data	0	7*
Final number of respondents used in analysis	10	132

*One participant was identified as giving an inattentive response to one question. Thus, their response to that question was removed. However, as the rest of their answers were valid, no further data were removed from their response, and they were not counted towards the seven respondents removed.

3.3.8 Comparative analysis

We undertook a comparative analysis of quantitative data, to assess the extent to which the implementation of the TIS grants is affected by various factors, such as the remoteness and size of the IREG that TIS teams service, the size and composition of TIS teams, RTCG organisations' previous history of involvement in TIS etc.

We first created a dataset with data about implementation outcomes (i.e., reach, the use of evidence-based, cultural safety), the key factors identified, and other attributes of grant recipients that may relate to implementation outcomes, which include:

- the degree of remoteness (urban/regional/remote) and the geographical size of the IREG,
- whether the IREG is serviced by a RTCG organisation with partners
- the size of the TIS teams that service the IREG and the % of staff and leadership who are Aboriginal and/or Torres Strait Islander
- Whether the IREG is serviced by a RTCG organisation that is funded to deliver the TIS program across multiple IREGs
- Whether the IREG is serviced by a RTCG organisation that is new to the TIS program

These attributes were identified in consultation with the Department and based on previous evaluation findings. The data were pulled from data provided to CIRCA by the ANU team, the Department and data available in the surveys and PRs.

To explore how different factors impact implementation outcomes, generalised linear models were used, as they allow for the analysis of the relationship between a numerical dependent variable and different independent variables. The significance level for all statistical tests was set at $p<.05$, which means that there was only a 5% chance of observing such an extreme value by chance.

The following table summarises all statistical models that were computed.

Model number	Implementation outcome	How the outcome was measured	**Independent variables** (factors that can potentially influence the outcome variable)
1	The extent to which the TIS program is **reaching** all communities	LGA coverage: The % of LGAs in each IREG that are reached by TIS activities	◖ Remoteness of the IREG; ◖ Geographic Size of IREG; ◖ Size of TIS team; ◖ Whether the IREG is serviced by a RTCG organisation with partners ◖ Whether the IREG is serviced by a RTCG organisation that is new to the TIS program ◖ Whether the IREG is serviced by a RTCG organisation that is funded to service multiple IREGs ◖ The level of LGAs coverage in 2023

Model number	Implementation outcome	How the outcome was measured	**Independent variables** (factors that can potentially influence the outcome variable)
2	The extent to which the TIS program is **reaching** priority groups	% of TIS activities delivered in community not through or with the AMS/ACCHO	◖ Size of TIS team; ◖ Whether the IREG is serviced by a RTCG organisation with partners ◖ Whether the IREG is serviced by a RTCG organisation that is new to the TIS program ◖ Whether the IREG is serviced by a RTCG organisation that is funded to deliver the TIS program across multiple IREGs
3	The extent to which the TIS program is **reaching** priority groups	% of TIS staff who reported that they are very likely and likely to target priority groups when designing activities since talking to or receiving support from the NBPU and the National Coordinator	◖ Size of TIS team; ◖ Geographic size of IREG; ◖ Whether the IREG is serviced by a RTCG organisation with partners ◖ Whether the IREG is serviced by a RTCG organisation that is new to the TIS program ◖ Whether the IREG is serviced by a RTCG organisation that is funded to deliver the TIS program across multiple IREGs

Model number	Implementation outcome	How the outcome was measured	**Independent variables** (factors that can potentially influence the outcome variable)
4	The extent to which TIS teams are using **evidence-based** population health approaches	% of TIS staff who reported that they are very likely or likely to use evidence-based population health promotion approaches in **tobacco control** activities since talking to or receiving support from the NBPU and the National Coordinator	◖ Whether the IREG is serviced by a RTCG organisation that is new to the TIS program ◖ Size of TIS teams; ◖ % of TIS staff in the IREG that said they understood where to find information about evidence-based approaches to tobacco control
5	The extent to which TIS teams are using **evidence-based** population health approaches	% of TIS staff who reported that they are very likely or likely to use evidence-based population health promotion approaches in **e-cigarette control** activities since talking to or receiving support from the NBPU and the National Coordinator	◖ Whether the IREG is serviced by a RTCG organisation that is new to the TIS program ◖ Size of TIS teams; ◖ % of TIS staff in the IREG that said they understood where to find information about evidence-based approaches to e-cigarette control

Model number	Implementation outcome	How the outcome was measured	**Independent variables** (factors that can potentially influence the outcome variable)
6	The extent to which TIS activities and messaging are **culturally safe**	% of Aboriginal and Torres Strait Islander TIS staff who report their traditions/culture are respected in the day-to-day practices of TIS teams all the time or most of the time	◖ % of TIS staff who are Aboriginal and/or Torres Strait Islander; ◖ % of TIS leaders who are Aboriginal and/or Torres Strait Islander
7	The extent to which TIS activities and messaging are **culturally safe**	% of Aboriginal and Torres Strait Islander TIS staff who report that TIS messaging and activities use local Aboriginal and Torres Strait Islander languages, knowledge, networks or art appropriately all the time or most of the time	◖ % TIS staff who are Aboriginal and/or Torres Strait Islander; ◖ Remoteness of the IREG; ◖ Geographic size of the IREG

3.4 Limitations

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

- In some IREGs, 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.

We also note that non-participation from TIS coordinators and TIS staff in the surveys and/or interviews and focus groups may be non-random. People who did not participate may have different behaviours, perspectives, or experiences than the people who did participate, thus our sample may be biased in some way. We do not know if this is the case, however, or the extent of any differences between participants and non-participants.

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 two and a half years of the four-year funding round) identifies the following key findings. Please note that throughout this report, we only discuss differences or changes throughout time if there have been substantial changes between this report (Wave 2) and the Wave 1 report[9].

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?

- Nearly all TIS teams planned to reach at least 50% of the communities (LGAs) in their IREGs and planned to reach all Aboriginal and Torres Strait Islander peoples living in the IREGs, priority groups, and people who do not attend ACCHOs.
- We found that in the period of Jan – Jun 2025, TIS teams reported reaching 74% of all LGAs across Australia. There has been a steady increase in the reach of LGAs over time, by TIS teams, starting from 42% in Jul – Dec 2023.

[9] Our Wave 1 report can be accessed here: https://www.circaresearch.com.au/circas-evaluation-of-the-tackling-indigenous-smoking-program/

- On average, for each activity, TIS teams reached 21% of Aboriginal and Torres Strait Islander peoples living in the IREGs.
- On average, for each activity, TIS teams reached 4% to 6% of priority groups in each IREG. This represents a steady increase over time where in the previous year, TIS teams reached less than 1% of priority groups for each activity.
- 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 nearly 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?

- TIS teams identified the following barriers to achieving full reach:
  - Limited staff capacity
  - Navigating challenges that emerge when delivering in-person activities and messages
  - Difficulty crafting messages that will reach and resonate with diverse Aboriginal and Torres Strait Islander peoples
  - Working with challenging partners
- We found that the following enablers helped TIS teams in achieving full reach:
  - Strong partnerships
  - Strategic and evidence-based planning
  - Delivery through multiple platforms, modes, and channels
  - Having adequate staff capacity
  - Focusing on building and maintaining relationships with community members
  - Deploying desirable, culturally appropriate, interactive, fun, and enjoyable activities, resources and programs
  - Having support from organisational leadership

4.1.1 To what extent are TIS teams' planned activities designed to reach all the individuals and communities they are supposed to?

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.

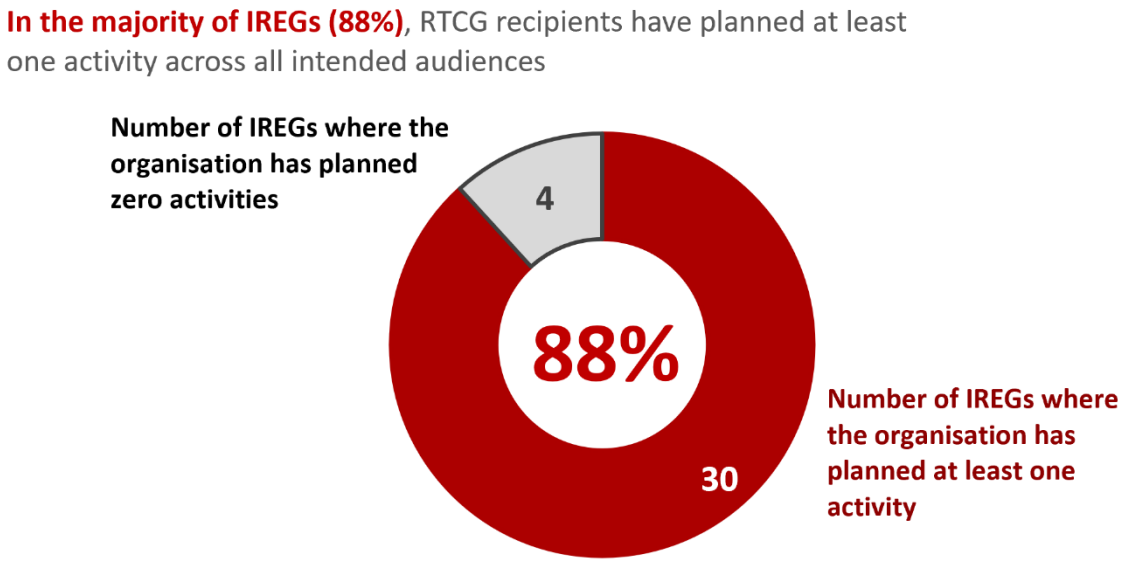
As outlined in Figure 1, in the majority of IREGs (88.2%, 30/34), TIS teams have planned at least one activity across all six intended audience groups (where applicable)[10], that is:

1. Aboriginal and Torres Strait Islander men;
2. Aboriginal and Torres Strait Islander women;
3. Aboriginal and Torres Strait Islander pregnant women[11] and their families;
4. Aboriginal and Torres Strait Islander young peoples, aged 12 to 24;
5. Aboriginal and Torres Strait Islander peoples residing in remote areas (where applicable); and
6. Aboriginal and Torres Strait Islander peoples who do not attend ACCHOs/AMS.

[10] In two IREGs, there are a very small number of Aboriginal and Torres Strait Islander peoples living in remote areas. For these two IREGs, we have assessed them as having have reached all intended audience groups, if they reported reaching the other five groups (except people in remote areas).

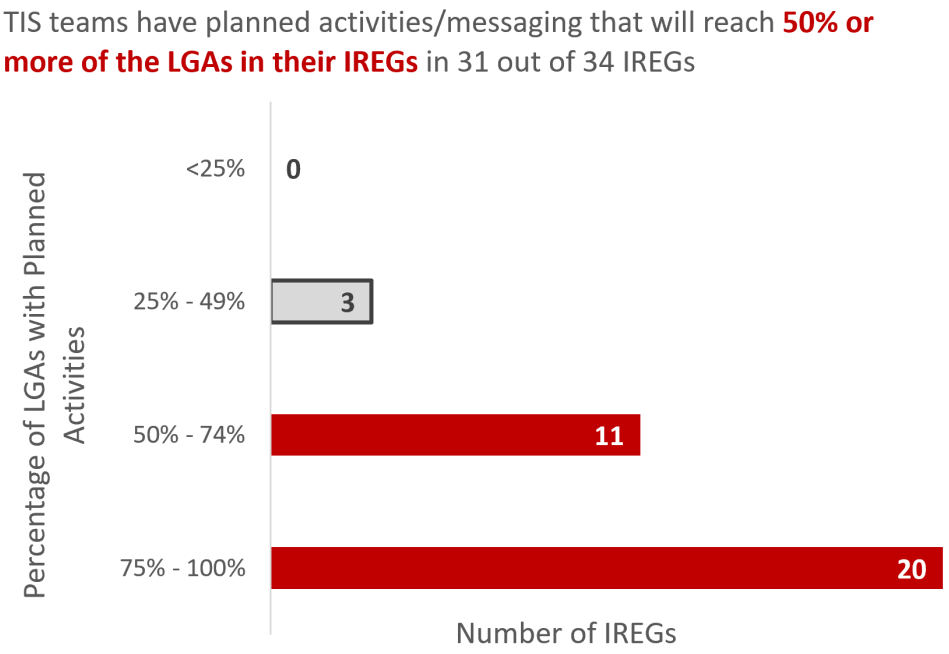
[11] Please note, while the term generally used in the AWP and PR templates is 'pregnant people', the Department of Health, Disability and Ageing has requested the term 'pregnant women' be used when reporting these data to align with the Department's TIS guidelines and the convention of policy areas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

Figure 1: Number of IREGs where the organisation has planned at least one activity across all intended audiences (July 2025 – June 2026 Activity Work Plans, n=34)



Across more than 90% of IREGs (31/34), TIS teams have planned activities/messaging that would reach 50% or more of the LGAs in their IREG. Notably, in nearly 60% of IREGs, TIS teams planned to reach at least 75% of LGAs (See Figure 2).

Figure 2: Number of IREGs by % of LGAs in the IREG where TIS activities/messaging are planned (July 2025 – June 2026 Activity Work Plans, n=34)



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?

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 an 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 an 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 engaged with TIS activity/messaging
  - Estimated % of Aboriginal and Torres Strait Islander peoples from priority groups who engaged with TIS activity/messaging

It is important to keep the following in mind when reviewing findings relating to target audience exposure and engagement:

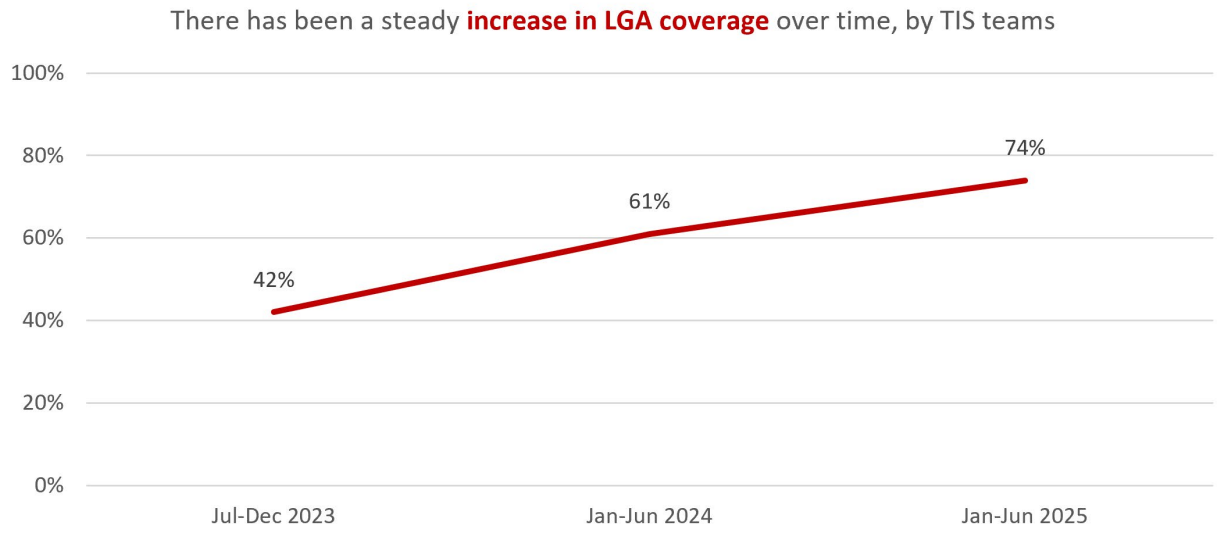
- In their Performance Reports, the TIS teams were asked to report the number of Aboriginal and Torres Strait Islander peoples exposed to or who engaged with individual activities. These figures were then divided by the number of Aboriginal and Torres Strait Islander peoples living in each IREG/from 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.

IREG coverage of TIS activities and messaging

According to PR data, by June 2025, 74% (424/573) of LGAs across Australia were reached via TIS activity/messaging[12]. This represents a consistent increase in LGA coverage from 2023 to 2025. As a point of reference, during the Jul – Dec 2023 period, 42% of all LGAs were reached, and during the Jan – Jun 2024, 61% of LGAs were reached (see Figure 3).

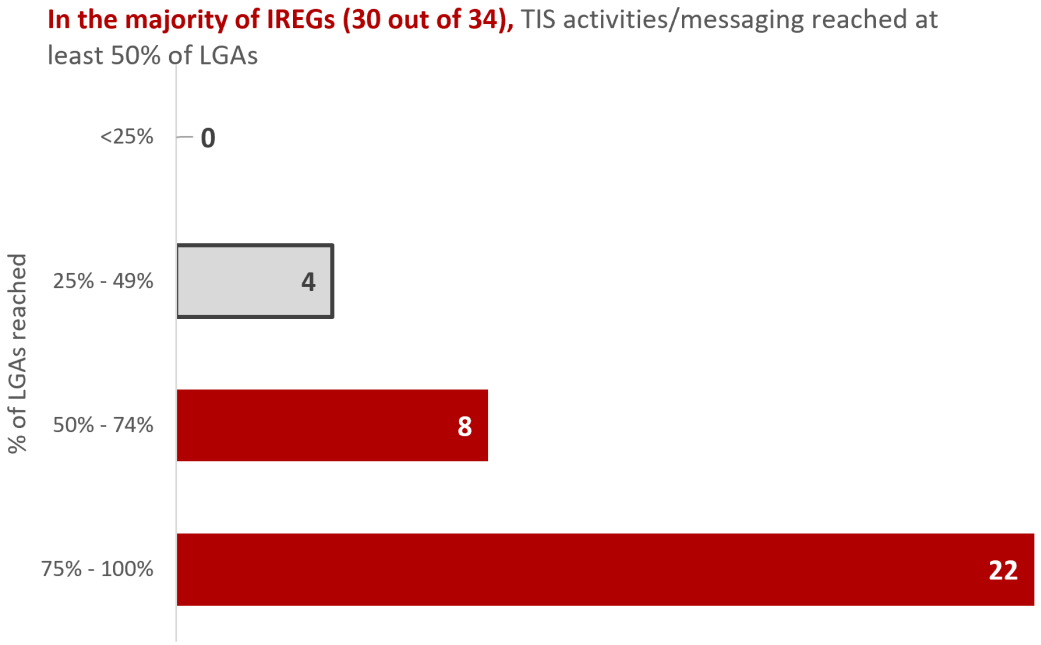
Figure 3: % of LGAs reached by TIS teams 2023-2025 (Performance Reports)



In the majority of IREGs (30/34, 88%), TIS teams reached at least 50% of LGAs (see Figure 4). In more than 60% of IREGs (22/34), TIS teams reached between 75% and 100% of the LGAs. In 13 IREGs, TIS teams reached 100% of their LGAs.

[12] 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.

Figure 4: Number of IREGs by the percentage of LGAs reached by TIS activities/messaging (Jan-Jun 2025 Performance Reports, n=34)



These findings are supported by the qualitative data collected from TIS coordinators, TIS staff, and National Stakeholders toward the end of 2025. While there was variation across IREGs and teams, most reports were that teams were making good progress reaching all the communities in their IREGs.

Teams that reported making a lot of progress attributed their success to having full teams (adequate staffing), good partnerships with organisations, solid strategies to reach all the communities in the IREG, being committed to reaching all the communities no matter what, and utilising a variety of methods to have a presence in every community (e.g., permanent stalls or TIS displays, mass media campaigns, social media campaigns, and in-person community education). The following quotes describe these enablers to extensive reach.

> We [reach all the communities] really well. When we're a full team, we do it really well […] [Our] service partner with their two staff is able to be situated up there [and] just travel out to all five communities in driving distance. They're able to cover that region well […] and when we have a full team, we've only got 10 communities and five employees, so we're able to cover biweekly each

community travelling up and back and that. So we're able to cover it really well when we have a full team, but we just have two vacancies at the moment that we need to fill. – TIS Coordinator

I think we do fairly well. We have workers in all of our seven communities. – TIS Coordinator

We still make it, I guess is the only thing that I can say. We might not have the budget and I've explained that already, but we still make it happen. I'm too stubborn of a person not to get there. So whether that be […] jumping on the van with someone else and they use their budget for the fuel, we still manage to get there. – TIS staff

I think we do pretty well at that. We deliver programs based on population, but we also try and spread across the region as a whole. We do ensure for the places we don't get to for example, that our TV ads are shown there, or the billboards are spread out, or there's been some pockets where we've run some radio ads just to ensure, yeah, we're hitting that spot. It may not necessarily be with a face-to-face program but they're still getting a message. And we send information packs out as well across the region -- posters of community champions. So we try and through mail we can hit a few extra spots as well. Yep. We've got our Facebook, our Instagram, our reach on our Facebook is crazy. – TIS Coordinator

Teams that reported making less progress reaching all LGAs in their IREG by this point in the grant period attributed their success to similar things but also identified challenges reaching all communities. The challenges they identified included lack of interest or communication from prospective partners in communities, limited trust some communities have with their team, not having enough staff to cover all the area, and needing to build up coverage slowly and methodically across the IREG. The following quotes illustrate these challenges.

So mainly I've only done schools in [a particular community]. I'm trying to get into [one community] and I'm trying to get into [another community], which I find really hard to get into. I just don't get no emails back when I email the school. – TIS Staff

The previous team didn't have a good reputation in the community because they weren't doing what they were meant to be doing, basically. And they weren't doing community engagement programs or any of that stuff. Since myself and the team I've managed now are on board, we've got a really good reputation in community. Everyone's reaching out to us, wanting us to be involved in their schools, their events. […] But it all comes down to […] staffing. Yeah, resources, staffing, like making sure that they go out. Because you want to utilise your time. You want to make sure they're out there for two days to make sure that they target the schools, they stay overnight. But unfortunately, it just comes down to budgeting and stuff as well. – TIS Coordinator

A1: We're doing all right [with reach].

A2: I just don't think we get out as many times as we should.

A1: Yeah, I reckon it's hard to get out into the remote areas given it's just us two and we've got one vehicle. – TIS Staff

But now we've got more money, more resources to go out and do different schools and programs and events and that sort of thing. But I do definitely feel like there are a lot of areas in our region that aren't being reached, and that's probably more just due to the fact of time. Like for instance, [one person on our team] only works two days a week. I only work three days a week. So like it's not a lot of time to reach the whole of the southwest, if that makes sense. So you sort of got to do what you can and build. – TIS staff

So we're in a region where there's been very little tobacco control activity until we received this funding. So we're sort of like slowly building stuff up. Obviously, we focus on the larger places first. And we go to where people have the best relationships because that's where it's going to work best. And we slowly build up with those relationships and partnerships. - TIS Coordinator

To explore factors that may influence LGA coverage, from a statistical perspective, a generalised linear model was used. The implementation outcome variable is the % of LGAs in the IREG that are reached by TIS activities. Table 4 summarises the estimated coefficients, standard errors, and p-values for the model. Essentially, it was found that no factors significantly explain the variability of LGA coverage across IREGs. In inspecting LGA coverage, it is also found that there is little variability in terms coverage across IREGs; and for whatever variability exists –these factors do not explain such variability by themselves.

Table 4: Generalised Linear Model – Exploring factors that associated with LGA coverage in 2025

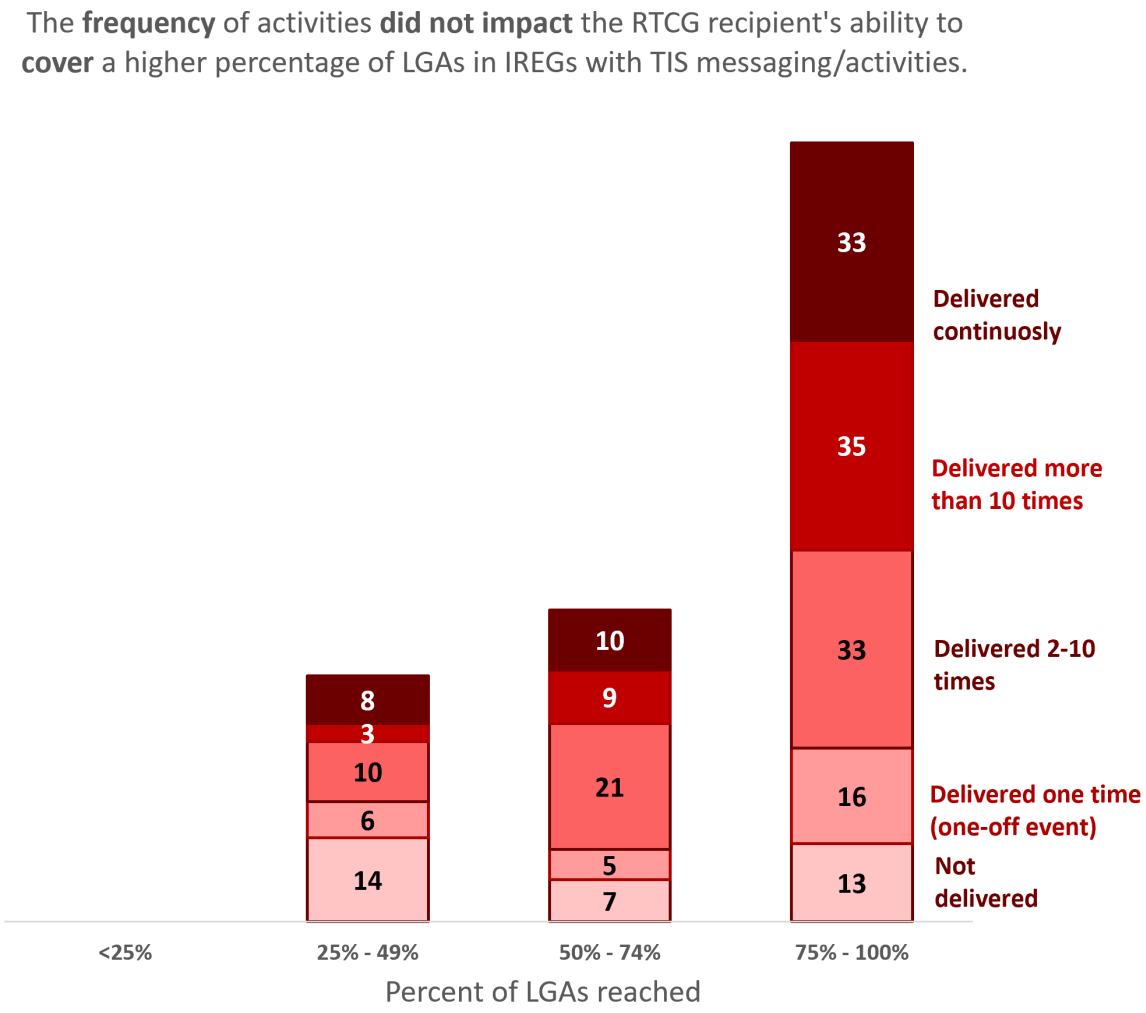
Attributes	Estimate	Standard error	p-value
Intercept	1.37	1.23	.28
Size of TIS team	-0.04	0.09	.66
Geographic size of the IREG	0.00	0.00	.66
The remoteness of the IREG – regional (reference level: urban)	-0.06	0.997	.95
The remoteness of the IREG – remote (reference level: urban)	-1.14	1.07	.30
Whether the IREG is serviced by a RTCG organisation with partners - Yes	0.54	0.83	.52
Whether the IREG is serviced by a RTCG organisation who is new to the TIS program – Yes	0.87	0.12	.47
Whether the IREG is serviced by a RTCG organisation that has to service multiple IREGs – Yes	-0.71	7.0	.32
The level of LGAs coverage in 2023	1.61	0.87	0.08

n = 31 IREGs; IREGs with missing values have been excluded; McFadden's rho-squared: 0.25

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 while achieving a good coverage of LGAs in the IREGs (see Figure 5).

Figure 5: Number of times activities were delivered by percentage of LGAs reached in IREGs (Jan-Jun 2025 Performance Reports, n=34)



Exposure to TIS activities and messages

In the Jan – Jun 2025 period, the exposure of TIS has continued to increase, compared to the July – December 2023 period. This suggests that TIS teams have successfully pivoted from activity planning to activity delivery.

According to PR data, of the 189 activities delivered during the Jan – Jun 2025 period, nearly all activities (188/189) were exposed to Aboriginal and Torres Strait Islander peoples.

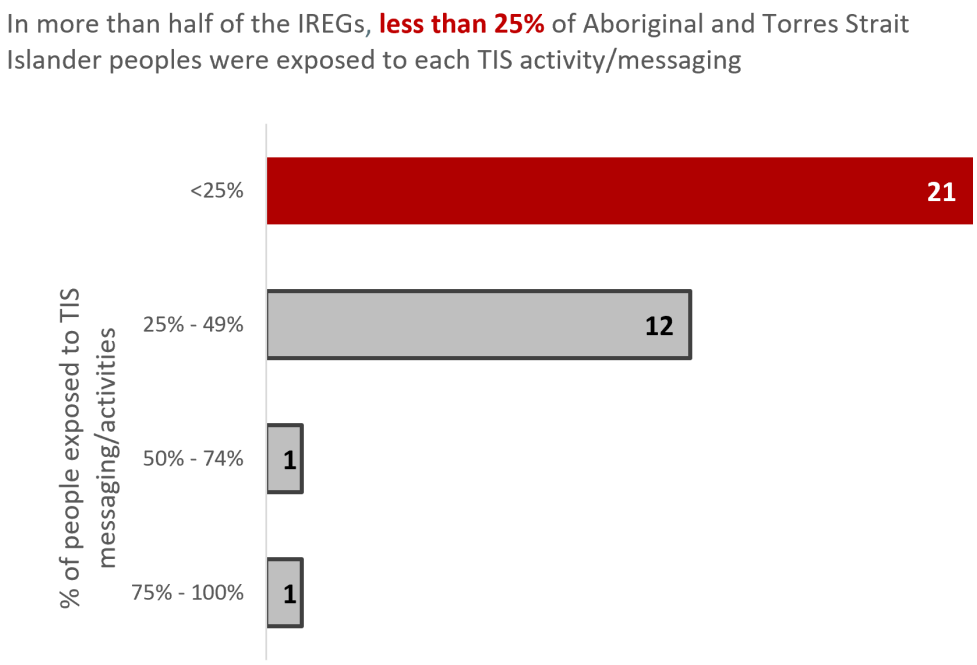
Additionally, nearly all TIS activities during the Jan – Jun 2025 period were exposed to priority groups:

- 94% (178/189) of activities were exposed to Aboriginal and Torres Strait Islander pregnant women and their families.
- 96% (182/189) of activities were exposed to Aboriginal and Torres Strait Islander youth aged 12 – 24 years.
- 96% (181/189) of activities were exposed to Aboriginal and Torres Strait Islander peoples living in remote areas.
- Overall, this indicates a large increase in activities with exposure to priority groups compared to the Jul – Dec 2023 period and the Jan – Jun 2024 period. For reference, in Jul – Dec 2023, less than 30% of activities were exposed to these groups, and in Jan – Jan 2024, between roughly 50% to 65% of activities were exposed to these groups.

We also estimated the percentage of people exposed by activity. We found that:

- On average, for each activity, 21% of Aboriginal and Torres Strait Islander peoples in an IREG were exposed to TIS. This represented an increase from Jul – Dec 2023 period, where 15% of Aboriginal and Torres Strait Islander peoples in an IREG were exposed to TIS.

Figure 6: Estimated percentage of Aboriginal and Torres Strait Islander peoples across the service area exposed to TIS activity/messaging (Jan-Jun 2025 Performance Reports, n=34)



- In terms of priority groups, during Jan – Jun 2025, each activity was exposed to:
  - 4% of pregnant women and their families.
  - 6% of youth (aged 12 – 24 years[13]).
  - 6% of people living in remote areas.
  - These represent a large increase from the same period in 2024, as less than 1% of priority groups were exposed to TIS by each activity.
  - There was great variability across IREGs:
    - In 19 out of 34 (56%) IREGs, no pregnant women and their families were exposed to TIS.
    - In 12 out of 34 (35%) IREGs, no youth aged 12-24 years were exposed to TIS.

[13] In addition to doing activities with youth aged 12-24 years old, TIS teams also reported doing activities with children less than 12 years old.

- In 16 out of 32(50%) IREGs, no people living in remote areas were exposed to TIS[14] .
- Overall, this suggests that TIS teams seemed most successful in reaching youth, and reaching pregnant women and people in remote areas continues to require ongoing efforts.

The qualitative data echo these quantitative findings. The vast majority of TIS teams we spoke with reported making a lot of progress exposing people to TIS messages. Still the majority, but not all, reported making a lot of progress getting people to engage with TIS messages. More importantly, however, the interviews and focus groups with TIS teams reveal the enablers and barriers to exposure and engagement.

TIS coordinators and staff identified the following enablers to maximising the number of Aboriginal and Torres Strait Islander people exposed to TIS activities and messages:

- Disseminating messages in partnership with community groups, organisations, and community members

> But you do form relationships through what you do and then it is quite often just really leaning into those relationships and inviting people to come along. And I think we're always trying to run activities that the community want to genuinely be a part of. So just meeting people and then having their families come down. I don't think we have set individuals. It's just a very collective approach to it. And I think when there are differing groups within one community trying to always be mindful and still involve everyone within that community and not single out different family groups, we really want to have that collective approach. Yeah. So coming back to that relationship building. – TIS staff
>
> A1: I think every time we do events or community events, school stuff, the goal is to always collab with other people just to make it more special and stuff. For example, we just did the colour fun run. We help and we collaborate with the [local] Football Club. So I think that's what you mean, yeah. We did a part with

[14] In 2 IREGs there is no Aboriginal and/or Torres Strait Islander peoples living in remote areas, therefore, they were excluded from the calculation.

them, […] and we put together a big colour fun run and that helped spread the word and get the message out more.

A2: Also, partnering up with our men's groups to hold information sessions. We've done a couple, well, since I've been here anyway. Attend a couple of those and I think it's beneficial for the groups given what we do. So yeah, the men's groups will be a big thing come next year. And so I think that's about it. – TIS staff

- Disseminating messages through different platforms, modes, and channels, but being sure to spread messages via social and mass media, as well as community events.

Yes. I feel like since we've done this social marketing project with [a creative agency], our exposure through our social media page has really skyrocketed. So I would say that our ability to bring exposure to a lot of our messaging and call to actions and things like that has been really, really good. – TIS Coordinator

Yeah, I think so. It helps. We have a dedicated social media or marketing comms team. So we have our own videographer/photographer, a creative designer, and then we have our own social media guru. So obviously social media is a big one. Especially, to reach obviously younger audiences on TikTok and Snapchat and all that stuff. So I think we do pretty good in trying to get our reach out to everyone and then with our campaigns, with our events, we try to have events in each of those, north east, south west. And then with our campaign rollout, we had billboards and public transport and stuff in all the shopping centres around. So I think we did pretty good to reach a large cohort of our mob. – TIS Coordinator

Yeah, the team travels a lot. So I think our region is [a very large number of] square kilometres that we cover. So the team spends 50 to 75 percent of their time traveling to the remote communities. We focus a lot on youth, and we are focusing a lot on pregnant women. And then to try and really increase the reach and intensity of our program, we are doing a lot on social media, and we are doing mass media campaigns as well. So we were really fortunate that we were able to run some TV commercials that were filmed in the local communities.

> We've just finished our second batch of filming and those are some of the first mass media campaigns that have been created in community and are airing in [the region] in quite some time. And we are really hoping that those localised messages can increase the reach that we're having with those cohorts. And our social media as well, I think in our previous reporting period, we had nearly 1.5 million impressions on our social media. So that's people viewing our content and interacting with it. And that's one way that we are really trying to drive the reach and intensity to those priority cohorts as well as the team being on the road as much as possible. – TIS staff

- Being strategic by developing plans and using data insights to maximise exposure

> Yeah. So I always check the analytics, the stats, and that - around what time people are most active on social media and it gives a snapshot of what age groups are up at what times. The youth are up around the 6.00 pm mark. So I know if I'm posting something youthful, I always post it around 5.00 o'clock, an hour before they become most active. So it's when they're scrolling, it's going to pop up in their newsfeeds. And again, it depends on where they are too because if they're in [the capital city] areas, then most likely they'll be active a bit later after traveling home from work because it takes a lot longer from travel home from work and whatnot. So I guess we just try and play what we're trying to get the message where we're trying to campaign the message too. – TIS Staff
>
> So every month, one member of the team will take a project for advertisement that month and we'll run it towards never smoking, vaping second hand and third hand, pregnancy, or something like that. And then we target it directly using [our media buyer] saying we need to have second hand or third hand [harm messages] within hospitals, aged care facilities, anyone that's driving. So if they're on Spotify we also have an ad via [our media buyer] running in audio so they can also hear them there. Like, “Don't smoke in your car because it can harm bub […].” So I feel like we're doing very well and we're actually hitting our targets that we need to hit within our IREG. – TIS Coordinator

- In places that are diverse, exposing Aboriginal and Torres Strait Islander as well as non-Indigenous community members.

A1: Like, I've done a few schools where the black kids won't attend because their group is – like, they have a group with white friends. And we'll never be like, no, you can't do that. Like, you can't come into the session. We'll say, you're more than welcome to join the session if that's going to get […] the young black fellas in the room. If that's going to get as many of them as we can. Like, we'll tell them, "Just bring your friends along". And like, I did it out in a school […] and it was good. Like, the little white kids, they were getting involved. And they weren't mucking around either. Like, they were just sitting there listening, and they'd ask questions. – TIS Staff

Every event that we do is inclusive for everyone. Like [my colleague] was saying, it is focused on Aboriginal and Torres Strait Islander people, but we want everyone to be involved. Yeah, I think for us that shows that we want to involve everyone, and we want everyone to be a part of [tobacco control]. It's not just an Aboriginal and Torres Strait Islander issue, it's everyone's issue, it's everyone's business. And I think that's, yeah. And people appreciate that, that we involve everyone. Community appreciates that. Especially with our colour run it's not just us, but everyone's. So I think we get some good feedback when we include everyone. – TIS Staff

- Tailoring messaging to all the different audiences TIS is trying to reach

Q: And how are you going with getting the TIS message out to the different groups of people you're trying to reach? For example, what's helping getting the message out to many different cohorts that you have, for example school teenagers, mums and bubs, Elders.

A1: I think just changing the message, making it relatable for that age group, appropriate for the age. Yeah. Age appropriate, something like that. Just understanding who you're talking to and you are not going to go to a little kid and use big words and you just got to simplify it for the kids. Yeah. – TIS Staff regional

- Being a stable TIS team, that the community knows will always be there and has built a connection to.

Q: And what's been helping you get the message out to as many different cohorts as you have?

A1: I think just being around. We've got the clinic here in [community], which is good, but our toilets are directly through the clinic. So you have no choice but to walk through. So most times you touch base with everybody. Walk through, and say, “Hey, how're you going? What's happening?” And people stop and they'll talk to you. But all the programs too that are here, we all work pretty closely together. So we have the […] playgroup here. So we've got the kids there. We've got a good relationship with the schools now. […] And the ACCOs there all have a really good relationship with us. So it's getting that information out. Some of it goes out through the [app that] parents use for their kids to get school notices and things like that. But it's just about touching base with everybody. It doesn't need to be, I guess, a big conversation, but the more people are comfortable with you and the more that our rapport is built, the more they're going to come to things, where you can get that information out. Not only that. You can say, "Come on. I'll come out here and I talk to you every time. The least you could do is put a dot on the chart for us and tell us what." So get a little bit of a cheeky in it, but yeah, that's how we've always done it. We just stay in touch with people just very informally, but that's been the best way to work it, I think. – TIS Staff

TIS coordinators and staff also identified the following challenges exposing all Aboriginal and Torres Strait Islander peoples to TIS activities and messages:

- Limited staff capacity.
- Difficulty crafting messages to reach the diversity of people across the IREG.
- Challenges related to deploying social media.
- Challenges related to in-person methods being the most appropriate for some communities and cohorts.
- Challenges partnering with organisations that can spread the messages.

With respect to limited staff capacity, TIS coordinators and staff and National Support Stakeholders explained that not having a fully staffed team hindered their progress

getting TIS activities and messages to all people. Some also mentioned that progress could be hindered if staff were new to population health promotion approaches and might not have much experience developing strategies to reach all audiences.

> Going back to our team […] we're like a really new group. There was four of us who started in February. One is no longer with us. He's moved on and went on leave. So it just makes it hard that we can't reach some places. – TIS Coordinator

> So like community engagement, mass media, social media activities and just explaining that to all the teams and breaking down whatever questions they have about that if they need to. Just making sure they're aware of the different types of eligible activities over there because some of them don't know to think outside the box. They're just so used to doing certain amount of activities. – National Support Stakeholder

TIS coordinators and staff also pointed to difficulty crafting messages to reach the diversity of people across the IREG. This was a challenge that most understood and were happy to take on, but it meant they needed time to figure out what the messages should be for each audience and develop them.

> Well, the suggestions that the team has been putting out [for changes we could make to the program to help our team expose more people to TIS messages] is that, how would I say it? I think they would want us to just be more – because a lot of the TIS information is a whole lot of words and stuff, which is correct. They have what we're supposed to know, but I think they know how the community is. They want something short, sharp, something that grabs their attention, then conversation starters. So that's been like our suggestion in trying to do our posters or do our presentations that work that way. So the team is still working on it, we're still going through it and seeing into that. Right now we are just using the NBPU one. But we're hoping that once we've sorted that out and it's created for our community, we're able to have a better outreach. – TIS Coordinator

Challenges related to deploying social media also came up in interviews and focus groups with TIS teams. As social media is a tool that many TIS teams use to reach a

large number of people, some coordinators and staff were quick to identify barriers they faced or would be soon facing spreading TIS messages and information about activities via social media. In particular, a couple of teams raised that they were anticipating challenges reaching young people in light of the social media ban for under 16-year-olds that came into effect in December 2025. Other teams were challenged because their organisations did not allow them to use certain social media platforms. And some teams identified that limited staff experience producing social media content presented them with a challenge to being active in the social media space.

> Yeah. It's a shame because we know people are on TikTok and that's probably one of the better social media platforms. But even with [our AMS], we can't use TikTok. So it is mainly Facebook and Instagram and YouTube that we can use. – TIS staff

> That'll be the next challenge with this youth social media ban is, yeah, the agency we've been working with had just put a lot of time and effort into Snapchat and TikTok knowing that's where like those younger teens are. But now, yeah, those relationships he has with the high schools are going to be more important than ever, because we're not going to be reaching them in ways that I've been used to reaching that age group throughout my career. So it's kind of like, what do we do next sort of thing? – TIS staff

TIS coordinators and staff spoke of challenges related to in-person methods being the most appropriate for some communities and cohorts. Here, TIS staff and coordinators spoke of difficulty finding places to host activities in some communities and difficulty getting people to show up to events. Some teams also spoke about the time it takes for them to gain the trust of community members and to build relationships, because their team is not yet known by community members. And other teams spoke of accessibility challenges due to the remoteness of some communities. TIS teams with whom we spoke indicated a willingness and commitment to navigate these challenges, but these are challenges that will always be present in the TIS program due to its commitment to culturally appropriate delivery.

> So where we have the funding, that's not a problem. It's the people here, people don't want you at the front of their stores. They don't want you. It's very hard to get that. Like, we're lucky enough that the bank and the chemist are fine with us doing stuff at the front of their place because we all on the same side. But like to go do a stall at the shopping centre, it costs you 300-and-something dollars, and then you have to have all this extra on top. You know, you can't just go set up at the shopping centre. You can't just – there's so many different factors out here. But for our crew in [another town], they can walk down the road and just set up wherever they want. They can do whatever, because it's such a smaller town. – TIS Coordinator

In interviews and focus groups, TIS staff and coordinators highlighted challenges they have had partnering with organisations that can spread the messages. TIS teams understand that key to exposing as many Aboriginal and Torres Strait Islander peoples as possible is partnering with others who can spread TIS messages and host TIS activities for their constituents. Partnerships are not perfect or instantaneous, however, and when teams encountered challenges partnering with schools or with partners who wound up being unreliable their ability to expose many people was hindered.

> When I came to [this TIS team], I asked the same question, ["If we're doing a school session, should we only have Indigenous kids"?] Is that what you want to do? […] And they said we want to make sure it's just Indigenous kids. So at that rate when we started, we were only averaging around two or three schools for like six months. I found ultimately that if we contact the school and say it's open to everyone, they're more inclined to invite you in. They're not going to separate the kids into a class at a random time just so you can come talk for an hour. So our sessions, we average around 110 schools a year now. […] And that's been since the end of 2023. Up until now, we're looking at nearly 140 schools for our jurisdiction this year. And that's by the fact that we are more open to do an entire school than just four or five kids. – TIS Coordinator
>
> Sometimes we're dependent on sending things to organisations, so if they don't share it or they're not putting the posters of the champions up in their buildings, we have a bit of dependency on them in that regard. And sometimes we don't

> have a way to check unless we physically travel to the site so that can be a challenge. – TIS Coordinator

Regarding exposing people who do not attend ACCHOs to TIS messages, 41% of TIS activities (111/189) were delivered in the community without partnering with or going through an AMS/ACCHO. There was, however, great variability across all IREGs:

- Thirteen IREGs (38%, 13/34) had 0 activities delivered in community not through or with an AMS/ACCHO.
- In 4 IREGs, 100% of activities were delivered in community not through or with an AMS/ACCHO.

To explore factors that may influence the extent to which the TIS program is reaching people who do not attend an AMS, a generalised linear model was used. The implementation outcome variable is the % of TIS activities delivered in community not through or with an AMS/ACCHO. Table 5 summarises the estimated coefficients, standard errors, and p-values for the model. Essentially, it was found that no factors significantly explain the variability in the reach to people who do not attend an AMS. In inspecting LGA coverage, it is also found that there is little variability in terms coverage across IREGs; and for whatever variability exists –these factors do not explain such variability by themselves.

Table 5: Generalised Linear Model – Exploring factors that might be associated with the extent to which TIS teams reach people who do not attend AMS

Attributes	Estimate	Standard error	p-value
Intercept	0.68	0.79	.39
Size of TIS team	-0.19	0.10	.08
Whether the IREG is serviced by a RTCG organisation with partners - Yes	-0.14	0.73	.85
Whether the IREG is serviced by a RTCG organisation that has to service multiple IREGs – Yes	0.53	0.67	.44

n = 34 IREGs; McFadden's rho-squared: 0.16

Engagement with TIS activities and messages

Engagement with TIS has also increased over time. According to PR data, of the 189 activities delivered during the Jan – Jun 2025 period, nearly all activities (188/189) yielded engagement with Aboriginal and Torres Strait Islander peoples.

Over 95% of activities yielded engagement with priority groups:

- Aboriginal and Torres Strait Islander pregnant women and their families engaged with 95% (179/189) of activities[15].
- Aboriginal and Torres Strait Islander youth engaged with 96% (182/189) of activities.
- Aboriginal and Torres Strait Islander peoples living in remote areas engaged with 96% (182/189) of activities.
- Overall, this shows a continuing upward trend: in the July–December 2023 period, fewer than 30% of activities engaged these groups, whereas in January–June 2024, this increased to almost two-thirds of activities.

TIS coordinators and staff identified the following strategies encouraged engagement of people with TIS activities and messages:

- Delivering interactive, fun, and enjoyable activities

> I think so. Like, again, the school, I think because we make the activities more engaging where they've got to be up and moving and doing things. So I think we're getting engagement really well with the schools. And then same with our groups, because I try to bring something interactive in. Like one week would be paint your own smoke- or vape-free sign. So then even if they're not listening along as I'm talking, that least they're all doing an activity that's relevant to the topic that I'm talking about. – TIS staff

[15] Please note that the number of activities with engagement with pregnant women and their families was reported to be smaller than the number of activities with no exposure with this same group. 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

I guess I can talk on the social media posts. Like I was saying before, we are finding that people are engaging with the photos of community and photos of families. When we put up myth busters and stuff like that, people aren't really too engaging with it, whether that's because it's too confronting, the information, or they just switch off as soon as they see our messaging. Which is why I've been trying to hide facts and messaging inside the events photos... So when they scroll through, it just pops up in the middle of an album or something. – TIS staff

- Enticing people to engage by giving out incentives

When we're out at events and we're trying to get people to engage with us at our stall, we utilise a pledge, which we say it's just a little promise to yourself to either never smoke or vape, to attempt to quit, or to try and create smoke and vape-free spaces. So they're the three options we give people on a pledge and we ask them to choose one of those. And we haven't always had good success in getting people to sign up to the pledge. So people will have the yarn, but then do you want to take a pledge? No. It's just a little promise to yourself. No. But in the last three months, we've got a basketball and a football designed in our artwork and at every community engagement event, we now raffle one football and one basketball. And to get a ticket to go in the draw for if you are the basketball, you have to complete a pledge. So it's like a little bribe, I guess, but it's working and we're getting lots and lots of pledges now. – TIS Coordinator

- Using evidence to drive engagement

He's really very, very savvy at what he does. And so he creates content for us and he drives our social media based on metadata and traffic. He knows when our target audiences are going to be online the most, when they're most receptive, when they're likely to be looking at posts and he targets our posts to appear at the right time. – TIS Coordinator

And one of the other things we did, we thought about how we could make this more appealing to kids. We don't want to go in and just do a PowerPoint presentation or we take the different models in and talk about them and stuff like

that. And we've got some videos that we made with local people that we use. But one of the other things we did was we got a series of puppets. So when we do our TIS presentations, we always end with about the last 10, 15 minutes of them doing a puppet show about what they've learned. So it's a way of us working out whether they've understood it, but it's also a fun thing and we video it and sometimes we use it on Facebook and that kids have it in the class as well, and they can look back at it. – TIS Staff

We used to just run a competition and say, “Like and share.” But we realised we weren't getting much engagement from that, we were just getting the clicks. So now we know, ask a question or get them to tell us why or something, to get that extra step. – TIS Coordinator

- Focusing on building connections and relationships with people through activities

Yes. I'll just talk about my observation. So I'll talk about just one space, which is our TV commercials. It’s just the consistency, but so heading out to these communities to scout and then heading out to film, and then going back out to show these TV commercials to the talent, for their feedback. And when it's been edited, we head back to community to launch these TV commercials. So it's that consistency of just getting out to the community. So I think people are starting to, I guess be familiar that we are there, we are the TIS team. But also that builds onto our next projects, which is working there about trying to get their spaces smoke free. So it's an easier conversation because they've seen us in previous events and engagement. Yeah. – TIS Staff

- Developing programs and activities targeted to each specific community

Because you've got to cater…down the road is [a town], that's an artsy town without Aboriginal youth, right? They love the arts, they love dancing, they love painting. But you switch over opposite to [another town], it's sports, it's footy, it's netball, it's basketball. So you've got to adapt your activity to the town. – TIS Coordinator

A critical enabler for these strategies was having TIS team staff who were knowledgeable about how to engage with community members, knew the communities, and had the tenacity to not give up.

> And we don't give up, too. You might see someone like 10 times, but you're still going to try to spin a yarn and say hello to them every time. Where there's other mob that just once they get shut down once by someone, by community, they shut down themselves and don't want to worry about them anymore. But we care. – TIS staff

TIS teams also identified several challenges getting people to truly engage with TIS messages and activities:

- Limited staff capacity, for instance not having enough staff, having high staff turnover, having staff with limited availability to travel, and not having staff permanently or 'long enough' in communities.

> Q: So, what challenges do you face in getting people to really engage with this?
>
> A: I think just when we're out in the community, it's just them coming up and having a yarn for a couple of minutes, but then we're gone.
>
> Q: So, the length of time.
>
> A: Yeah. Length of time – TIS Coordinator

- If the messaging does not resonate with community, teams spoke about struggling to get community members to engage. TIS teams spoke about the challenges of getting engagement if community members are not interested in tobacco control or quitting, if the branding of the TIS team is stale (or seen that way), if activities or messages do not quite hit the mark with particular cohorts, or if they are not able to get the message across without seeming judgemental.

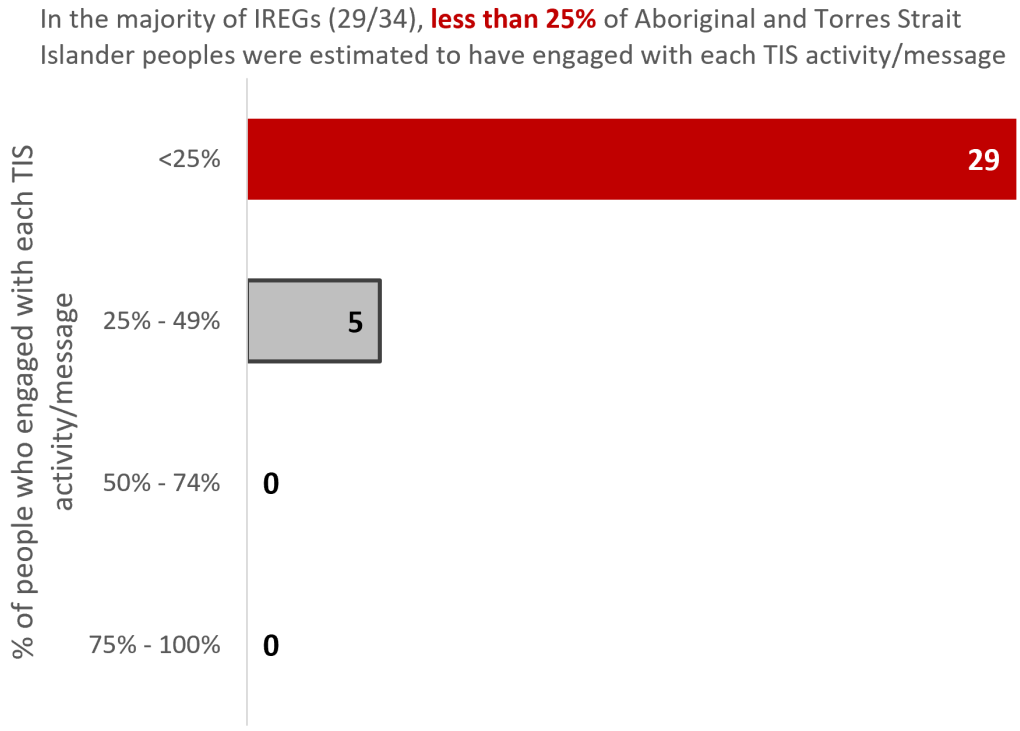
> I think a lot of times people they're like, "I don't smoke." So they're just like, "I don't smoke," and they walk or whatever. But we try to explain to them that you

> don't have to be a smoker to be engaged and that, but I think it's just more just communities stubbornness or how do I explain it. They're just like, "No, I don't care," and they just walk past. They're some of the challenges when you try to, say establish conversation and they're just like, "No, I don't want to hear about it," and they walk away. So it's like, okay - yeah. – TIS staff

Regarding engagement, we found that during Jan – Jun 2025:

- On average, for each activity, 11% of Aboriginal and Torres Strait Islander peoples in an IREG engaged with TIS. This is an increase from the same period in 2024 where less than 4% engaged.

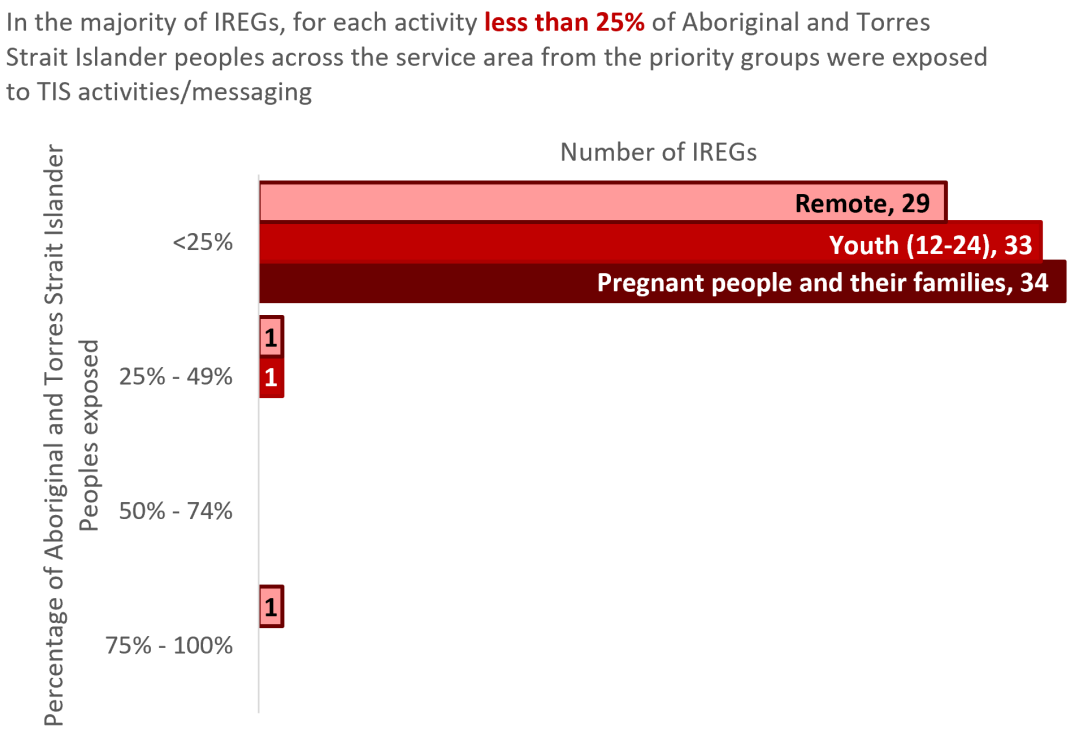
Figure 7: Estimated percentage of Aboriginal and Torres Strait Islander peoples who engaged with TIS activity/messaging (Jan-Jun 2025 Performance Reports, n=34)



- In terms of priority groups, during Jan – Jun 2025, each activity had engaged:
  - 5% of pregnant women and their families.
  - 4% of youth (aged 12 – 24 years).
  - 4% of people living in remote areas.

– These represent a large increase from the same period in 2024, as less than 1% of priority groups engaged with TIS by each activity.

Figure 8: Estimated percentage of Aboriginal and Torres Strait Islander peoples across the service area from the priority group who engaged with TIS activity/messaging (Jan-Jun 2025 Performance Reports, n=34)



In addition, there were some points of missing data, which made it difficult to estimate exposure and engagement as a result of the program.

- Out of 34 IREGs, 8 IREGs (24%) had at least one activity where TIS teams were not able to provide an estimate for exposure.
- Out of 34 IREGs, 9 IREGs (26%) had at least one activity where TIS teams were not able to provide an estimate for engagement.

In interviews and focus groups, TIS teams highlighted challenges they had engaging two priority groups, namely pregnant women and young people. Their challenges centred on difficulties overcoming stigma among pregnant women and their families to open up in group education settings, and difficulties adapting communication approaches for young people with more limited attention spans.

> Speaking to some challenges encountered by TIS staff in school settings, a team reported: “Managing disruptive student behaviour and large class sizes. Some students needed to be separated due to excessive talking.” – TIS Performance Report

To explore factors that would influence the likelihood of TIS staff targeting priority groups when designing their activities, a generalised linear model was used. The implementation outcome variable is the % of TIS staff who reported that they are very likely and likely to target priority groups when designing activities since talking to or receiving support from the NBPU and the National Coordinator. Table 6summarises the estimated coefficients, standard errors, and p-values for the model. Essentially, it was found that no factors significantly explain the variability in the likelihood of TIS staff targeting priority groups.

Table 6: Generalised Linear Model – Exploring factors that might be associated with the likelihood of TIS staff targeting priority groups when designing their activities

Attributes	Estimate	Standard error	p-value
Intercept	3.36	1.25	.02*
Size of TIS team	-0.04	0.08	.63
Whether the IREG is serviced by a RTCG organisation with partners - Yes	-0.09	1.04	.93
Whether the IREG is serviced by a RTCG organisation that has to service multiple IREGs – Yes	-1.45	1.09	.20
Whether the IREG is serviced by a RTCG organisation who is new to the TIS program – Yes	-0.16	1.62	.92
Geographic size of the IREG	0.00	0.00	.42

n = 33 IREGs; 1 IREG with missing value was excluded from the analysis; McFadden's rho-squared: 0.17

4.1.3 What are the barriers and enablers to TIS teams being able to achieve full reach?

Looking across the qualitative data from Performance Reports, interviews with TIS coordinators, and focus groups with TIS staff about barriers to reaching all communities within IREGs, exposing all Aboriginal and Torres Strait Islander peoples to TIS messages, and getting people to engage with activities and messages reveal the following key challenges:

- Limited staff capacity
- Navigating challenges that emerge when delivering in-person activities and messages
- Difficulty crafting messages that will reach and resonate with diverse Aboriginal and Torres Strait Islander peoples
- Working with challenging partners

When teams lack staff capacity, they report this as the number one factor that limits their ability to achieve full reach. Limited staff capacity looks different for different teams, and it fluctuates over time. But it includes times when teams do not have enough staff members, when a full staff team has limited availability to travel, when staff retention is low and turnover is high, and when staff are new to the topic area or may not have much experience reaching particular audiences. This challenge takes a lot of time to overcome, and thus has a big impact on teams.

Another key barrier to achieving full reach is related to the fact that TIS teams must strike a balance between media-based and in-person methods for reaching people with activities and messages. What that balance looks like in a particular place or with a particular cohort differs depending on the preferences of community members and the availability of media-based channels. Across all IREGs there will be some need for in-person methods, but in some IREGs in-person methods are going to be the main or only option. The need for in-person methods thus creates the opportunity for place-based challenges to emerge. Teams are adept at navigating these challenges, however, but they do take a bit of time to overcome and thus impact on teams' abilities to guarantee full reach at all times. The following challenges are those that teams navigate regularly, so that they can deliver in-person activities and messages.

- Fluctuating availability of communities due to Sorry Business, Men's or Women's Business, or community conflict. Teams are adept at navigating this barrier, however, and are accustomed to rescheduling and communicating regularly with communities about these issues when they come up.
- Physical barriers accessing and delivering in some communities, including distance, adverse weather events affecting travel and phone lines, lack of accommodation in communities, limited transport capacity for community members to attend or participate in events, lack of suitable spaces to hold community education events, limited availability of audio/visual equipment in communities

> Practical barriers impacted attendance. For example, limited transport capacity ("We are limited to small numbers because we only have one car") restricted group sizes, especially for bush trips. – TIS Performance Report

- Limited access to a suitable vehicle or enough suitable vehicles for travel provided by the team's organisation
- Lack of existing or prior rapport with certain communities due to historical community politics or lack of TIS presence, which takes time to build

Another key challenge faced by teams, but again, one that they tend to navigate fairly quickly is difficulty they can encounter crafting messages that appeal to the diversity of Aboriginal and Torres Strait Islander people across the IREG. This particularly impacts on teams' ability to get people to engage with TIS activities and messages. This challenge emerges when teams find that community members are not interested in tobacco control or quitting, the branding of their TIS team or efforts are perceived as stale, or when they realise their activities or messages do not resonate with particular cohorts. When these barriers are encountered by teams, they generally recognise the need to act quickly to adapt the activities or messages, but it takes time to develop and deploy new messages, activities, branding, or approaches.

The final key challenge teams encounter that limits their ability to achieve full reach emerges from the program's reliance on partnerships. While good, reliable, and effective partnerships can enable extensive reach of TIS messages, when TIS teams encounter poor, unreliable, or ineffective partnerships it significantly impedes their ability to achieve full reach. Challenges working in partnerships include difficulty establishing

and maintaining partnerships with organisations through which TIS can be delivered, difficulty establishing and maintaining good partnerships with subcontracted organisations, and engaging partner organisations who wind up being unreliable. When encountered, these barriers take a lot of time and effort to overcome, so can have a sizeable impact on a team's ability to achieve full reach.

Looking across the qualitative data from Performance Reports, interviews with TIS coordinators, and focus groups with TIS staff about factors that enable teams to reach all communities within IREGs, expose all Aboriginal and Torres Strait Islander peoples to TIS messages, and get people to engage with activities and messages, we found the following key enablers:

- Strong partnerships
- Strategic and evidence-based planning
- Delivery through multiple platforms, modes, and channels
- Having adequate staff capacity
- Focussing on building and maintaining relationships with community members
- Deploying desirable, culturally appropriate, interactive, fun, and enjoyable activities, resources and programs
- Having support from organisational leadership

As mentioned earlier, partnerships can either make or break a TIS team's ability to achieve full reach. Strong partnerships with community organisations through which TIS teams deliver activities and messages (like schools, clinics, non-profits) but also between lead RTCG recipients and their subcontractors are critical to enabling a team to reach all communities and expose all cohorts.

> Our team also achieved this outcome through strong relationships with current stakeholders; we were able to build great partnerships that led to ongoing invitations to hold stalls at their events every year. These established connections significantly expanded our reach and contributed to higher community participation and engagement. – TIS Performance Report

> And without those partnerships, we would have struggled to deliver the TIS program in those regions. We need those partnerships to provide us historical knowledge, community knowledge, and system knowledge in order to achieve the outcomes of the TIS program. – TIS Coordinator

Strategic planning is also a critical factor that enables teams to achieve their reach targets. Teams plan differently, and it can include doing targeted outreach to particular cohorts or organisational partners, using research insights to decide where to run messages and activities to maximise the number of people who will be exposed, using census data to figure out which communities to target, and determining which platforms, modes, and channels to use for activities based on information about and understanding target cohorts' behaviours and preferences. Strategic planning also can include involving community in the design of activities and messages.

> Yeah, [the social media ban for under sixteens] will [have an impact on our ability to reach young people]. In terms of that broad messaging, we will have to divert to make sure we're doing more youth focused TV ads, with different types of messaging to reach that audience. – TIS Coordinator

Another key enabler for teams as they work to achieve full reach is delivering TIS activities and messages through multiple platforms, modes, and channels, often concurrently for the same message.

> The [TIS] team delivered a total of 30 [community] education sessions across [two hospitals]. To extend the reach of our messages beyond face-to-face interactions, we handed out approximately 4,500 brochures and educational materials at both hospital sites. This includes materials distributed at the stall as well as brochures strategically placed on wards, ensuring that even those who could not visit our team directly were still able to access important information about the harms of smoking and vaping and how to get help. – TIS Performance Report
>
> I think the main reason the expected outcomes were exceeded was due to the fact that we moved from just a social media and community event presence to

> billboards, greatly increasing our reach as well as interactions. – TIS Performance Report

Not surprisingly, a key enabler for teams is having an adequately sized, stable and skilled team. But also, a team of staff who are willing to travel, are flexible, and are tenacious. Having a stable TIS team means that the community knows they will always be there, and relationships can be built and maintained.

That focus on relationships is another enabler. TIS teams identified that focusing on building connections and relationships with people through their activities is critical to their ability to get TIS embedded into community and TIS messages across to community members.

> The informal nature of the yarns with women meant that health information could be communicated in an engaging and interactive way. Having some time before the event started for the TIS worker to move around the group and introduce herself and meet the women attending, made it easier to build connections with the women, before launching into sharing TIS messaging. – TIS Performance Report

> We don't attend all of those funerals, but we certainly go to the ones of really important people or people we have a relationship with or people that have helped our program. And I think even by being there in our efforts and representing our program actually helps with that relationship building and being seen not as separate from the community, as part of the community and being approachable. So sometimes you've planned things and they don't happen because of funerals and sometimes your attendance at that funeral, despite the fact that maybe the event didn't happen, is very important actually for the program continuing and having the buy-in from the community. – TIS Staff

Deploying desirable, culturally appropriate, interactive, fun, and enjoyable activities, resources and programs that partners want to help teams deliver and that community members want to engage with was another critical enabler to reaching all communities and people. Teams spoke about the importance of tailoring messaging to all the

different audiences TIS is trying to reach and engage and enticing people to engage by giving out incentives.

> The parts of this activity that continue to work well are the branded material and merchandise for pregnant mums and their families. The merchandise and material are engaging and useful for mothers, including baby bibs, nappy bags and other items, which are highly functional and appealing to the target audience with a vibrant colourful design. – TIS Performance Report
>
> Success was enabled by the trusted relationships between the TIS team and local families, the use of culturally appropriate messaging, and the integration of the activity into an existing, well-attended program. The relaxed and supportive environment encouraged open conversations, while the inclusion of visual resources and storytelling made the smokefree message more relatable and impactful. Additionally, the presence of children created a natural opportunity to discuss the importance of protecting future generations from the harms of smoking, which resonated deeply with participants. – TIS Performance Report

TIS coordinators and staff also identified that supportive leaders in their organisations, who let their TIS teams do what they need to do and who allow grant funds to be deployed as necessary, help them spread the messages and help them navigate challenges like being short-staffed or needing to travel long distances to reach communities.

> But I think we also want to give props to [our AMS] clinic and managers and stuff, and our CEO because they allow us to be able to do what we need to do. I know other teams are very restricted with their AMS's, their clinics, just in some of the stuff that they can and can’t do – so we are very fortunate that we've got a really good working relationship with the clinic. – TIS Coordinator
>
> Sometimes [my TIS team colleague] can't come with me to other communities because of family commitments and stuff. So what we do in those circumstances, well either I do it by myself or I work with the [our AMS] health staff and borrow some of their ALOs [Aboriginal Liaison Officers] to assist. – TIS staff

4.1.4 In what ways can the TIS program be improved to better achieve full reach?

Based on the interviews, focus groups, Performance Report, and survey responses we received from TIS teams, there are some ways the program could be improved to better achieve full reach.

- Continue encouraging teams to build effective partnerships to help them reach all communities and cohorts. Many teams already know this and are pursuing partnerships, but they still identify new partnerships they want to make to reach further into communities and some need help navigating difficult partnerships.
- Continue encouraging teams to develop engaging social media campaigns
- Continue encouraging teams to consult with community and do research to find out what works to get people to see, hear, and engage with messages and activities
- Help teams navigate staff turnover and extended periods of being short-staffed
  - It seems like once a team is inadequately staffed there is a stagnation that sets in, for obvious reasons, and it becomes mentally and logistically challenging for them to overcome and move past. So, perhaps when staffing starts becoming inadequate for a team, there could be an opportunity for NBPU or the lead RTCG to offer immediate triage and support to that team so they can talk through what to prioritize and how to deliver with limited capacity. Such as:
    - Talk about how to take other TIS teams' activities and resources and adapt them to the community or just implement them in the community.
    - Talk about how to make sure existing partnerships and relationships stay active.
    - Talk about if or how the lead RTCG could help staff events or activities on an ad hoc basis
    - Talk about how to get the host organisation to support with staff from other units (who could then be paid off TIS) while the search for TIS staff is ongoing
- Continue encouraging teams to utilise different methods for getting messages out into community, including social media, mass media, community education, events, and stalls.

- Continue providing teams training and information resources about vaping, tobacco, and effective communication in group settings.
- Continue prioritising stable funding so that TIS maintains its presence in communities and relationships remain intact. These relationships are key enablers of exposure and engagement.

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?

- Strong partnerships continue to 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, or co-design.
- 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?

We found evidence for strong partnerships between TIS teams and local quit support services in the Jan - Jun 2025 period, with a large number of partnerships and referrals being made. Staff who are knowledgeable about and have relationships with the services was identified as a key enabler for strong partnerships.

Jan - Jun 2025 Performance Report data revealed that:

- A total of 96 partnerships were formed between TIS teams and quit support services across 34 IREGs during the Jan - Jun 2025 reporting period. On average, three partnerships were formed per IREG.
- A total of 103 partnerships were formed between TIS teams and services that refer to quit supports across 34 IREGs. On average, three partnerships were formed per IREG.
- Quit support information was distributed or displayed at 97% of TIS community education or community engagement activities (149/153 activities) delivered across 34 IREGs. Notably, in 88% of IREGs (30/34), quit support information was present at all (100%) of their community education or engagement activities.
- A total of 105 referral pathways were established between TIS teams and quit supports across 34 IREGs. On average, three referral pathways were established per IREG.

Qualitative insights support evidence of strong partnerships with local quit support services, with staff who are knowledgeable about and have relationships with the services being a key enabler.

According to TIS coordinators and TIS staff, teams had strong partnerships with organisations that refer to or provide quit support, such as Quitline, local hospitals, General Practitioners (GPs), Quitline, ACCHOs, and AMSs.

> And we all refer on to other Quit Support Services, including Quit Line, and the Which Way Quit Packs. And then there's also some partnerships or some referral pathways that we've identified through other Aboriginal community-controlled organisations or non-Aboriginal community-controlled organisations that might run alcohol and other drug type services. And some of those are now providing nicotine replacement therapies as they're considering either nicotine a drug and therefore, they can support with NRT. So that's been really valuable. – TIS Coordinator

Having knowledgeable staff, with relationships with quit support services was a key enabler. Teams that prioritise finding out about the most appropriate quit supports, feel ready to support community members who might be ready to quit.

> Yeah. Pretty good, recently just had some more meetings with [the] Aboriginal Quitline. So how we can better refer people to them, because we probably were lacking a little bit at the start in terms of resources or support. We would just say, “Yeah, go call the AMS or Quitline.” But we didn't have anything physical, to give them the number. So over the last couple of months, we've started to get the ball rolling a bit better with that space of supporting people to go to quit supports. – TIS Coordinator

> When we go to different communities we try to identify if there's a quit support program around. If not, we’ll directly sort of let them know they can call Quitline, they can visit their GP who can help, et cetera. […] And we do know the ones that we do engage with, we know that they really support people. We probably won't say that unless we know for sure, because we don't really want to refer people to different services without knowing they're going to be fully supported. So we do have probably a handful, but that's because they've built their reputation up to know we can send them to that program and they would then take over that Quit journey support. – TIS staff

4.2.2 What impact has the relationship with local quit support services had on TIS teams' likelihood to refer on to these services?

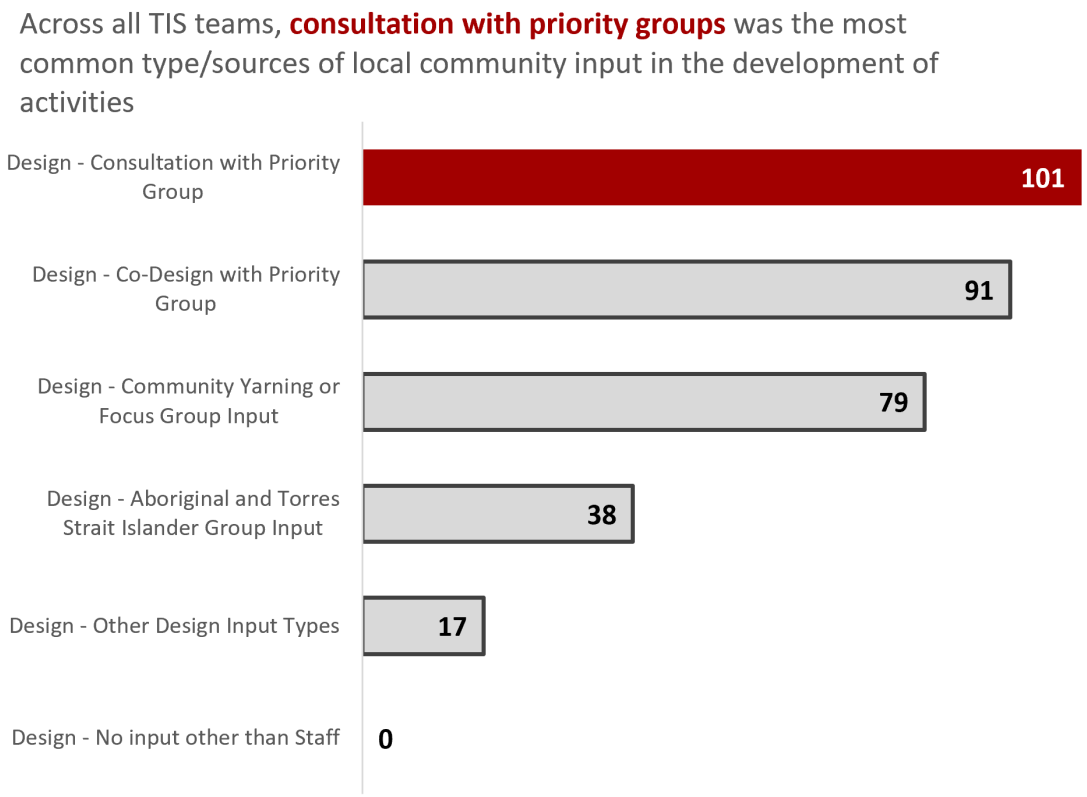
- Over 90% of TIS staff survey respondents reported feeling very confident (72/110, 65.5%) or confident (29/110, 26.4%) about knowing who to refer community members to if they want quit support.
- Over 80% of TIS staff survey respondents reported that they were very likely (83/110, 75.5%) or likely (8/110, 7.3%) to refer community members to quit supports. Only two TIS staff survey respondents (1.8%) said they were unlikely to refer people to quit supports.

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?

Using Performance Report data, we were able to identify TIS teams that worked with external organisations or community members in the design and delivery of activities.

With respect to engaging with others in the design of activities, we found that during the Jan - Jun 2025 period, TIS teams developed nearly 80% of their activities (177/223 activities) with input from local community members. This represents an increase compared to the same period in 2024, where half of TIS activities were developed with input from local community members. TIS teams most frequently engaged with community members through consultation or co-design with priority groups (See Figure 9).

Figure 9: Distribution of the different types of input from the local community used in the development of activities across all TIS teams (Jan-Jun 2025 Performance Reports, n=34)



The qualitative data support this finding. TIS coordinators and staff spoke about getting input from community members via yarning circles and focus groups, co-design, feedback after an activity, and from Aboriginal and Torres Strait Islander reference groups within their organization and in the community. Many teams got input in multiple ways, to suit the community.

> So aside from the cultural advisory we have, we also do community consultations, where we get feedback from community before rolling out the program, so that they could add to what the programs and the activities could look like. – TIS Staff

> When we get to activities, the kids will tell us what to do or the adults will tell us what to do. So we involve them in that sense. […] None of our mob want to come and tell us how to run our delivery other than when we get there. Well, at

> least I struggle finding things that we can do before we get to the activities, but as soon as we get to the site of an activity, we immediately get input. But if we ask, “Hey, do you want to tell us what we should be doing before these activities?” They’re like, “Nah, I don't want to be associated with that.” [So we do that, and] then obviously what I mentioned earlier with the cultural input [from our Aboriginal board].” – TIS staff

The interviews and focus groups also showed that input on the design of activities came from individual community members but also community organisations.

> We always check if we're doing a community event with the organisers or the community to see what they think might be most appropriate or how best to deliver the education messages. – TIS staff
>
> We don't just walk into other communities that aren't our own and pretend like we know what's going on. We usually engage with another program out there that we can work with. Because at the end of the day, just like we know our community, they will know their community and what works best for them. – TIS staff

With respect to engagement of community members and external organisations in the delivery of tobacco and e-cigarette control activities, we were also able to gain insight from the PR data and qualitative interviews and focus groups.

From the PR data, 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 organization or entity. We found that during the Jan – Jun 2025 period, all (100%) TIS teams in 34 IREGs worked collaboratively with external organisations or community members on at least one activity. This represents an increase from the Jan – Jun 2024 period where 94% of TIS teams worked collaboratively with an external stakeholder on at least one activity. TIS teams collaborated with external organisations or community members on 71% (135/189) of the activities.

The qualitative data support this finding as well. TIS coordinators and staff reported in the interviews and focus groups that they have strong partnerships with other organisations for delivery. Most of the organizational partnerships were with

AMSs/ACCHOs, schools, mainstream health services and districts, Cancer Councils, Lands Councils, non-profits that run carnivals or community physical activity events, and local sports clubs. These partnerships for delivery typically took the form of TIS teams being invited to regularly speak to the organisation's clients, learners, or members in group settings, but also took the form of co-locating at community events so that they could support each other's messages (this was most typical for partnerships with health organisations).

> We'll run a bit of an information session with the […] mums and bubs groups that come around the region, but we'll also link in with the maternal health teams at hospitals and the Aboriginal maternal health workers there, because it's a bit hard when you hit a community to know who's pregnant, it's a bit too specific. So yeah, if we link with them, then we'll give them a pack and a heap of info, and they'll give us back some data as well around, oh well, we gave it to this many pregnant mums. This one's contacted Quitline. They'll capture a bit of that for us as well. – TIS Staff

> Every year at the beginning of the year we do something called speed networking. And we run it as a TIS event. And the reason we do that is because all the new organisations or other organisations that maybe have had a changeover in staff that are around the region, we hit them up whether they need policy, help like for smoke free policies and areas. We hit them up for education sessions and also to offer advice on pathways where they can send potential clients that are Aboriginal Torres Strait Islander who can or need the support to quit smoking, but it's always been a good way for us to build partnerships with other organisations and then they can come support us at some events. We come support them at events and it just works better that they know then what we're trying to do and why it's such a big thing for our community. So for us, that's how we reach into those and work with other organisations, I guess. – TIS Staff

> And then we look for opportunities to partner with Aboriginal groups that are doing good things or that might be able to help us promote our message to our target audience. So particularly young people, we've recently partnered with [a local] Aboriginal Legal Service to run a touch football carnival […] We've got a

> colour run coming up shortly where we've partnered with [a] Runners program, which is an Aboriginal-based marathon running project to conduct a colour run. So we share client groups and bases. – TIS Coordinator

Sometimes, these partnerships for delivery involved external organisations contributing funding or other resources to support delivery.

> By chance, we met the CEO of [a Foundation], and he was like, I want to work with you. Basically, he is obviously aware of the statistics and how much I guess lung-related illness and disease and smoking and vaping go hand in hand for black fellas, especially at a higher rate than a normal Australian person. So I think he had some money to come up with a resource. And from there we […] came up with these three animations. […] We've [also] collaborated with [a local football club] to create a vaping advertisement using some of their players. I'm pretty sure they're Indigenous players. – TIS staff

> it might be like we are doing something like World No Tobacco Day, for example, we did a sports thing in the afternoon with a display, and then we had a barbecue, and then we had a disco, and we got Night patrol. They actually came and cooked the barbecue for us and then organised the music and everything for the disco! – TIS staff

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?

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 that 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 828 organisations outside of TIS teams were reported providing support for TIS tobacco and e-cigarette control across 34 IREGs. On average, 24 organisations per IREG provided support. There was variability across IREGs with the minimum number of organisations providing support being 3 in one IREG, and the maximum number being 150.
- Between Jan and Jun 2025, a total of 943 people outside of TIS teams were reported to have provided support for TIS tobacco and e-cigarette control across 34 IREGs. The median number of people who provided support was 11, meaning that in half of the IREGs, the number of people who provided support was fewer than 11. There was great variability across IREGs with the number of people who provided support ranging from 0 to 300.
- A total of 380 organisations were reported as leading or advocating for tobacco and e-cigarette control activities across 34 IREGs. The median number of organisations leading or advocating was five, meaning that in half of the IREGs, more than five 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 120.

A total of 259 community members were reported as leading or advocating for tobacco and e-cigarette control activities across 34 IREGs. The reported number of community members ranged from 0 to 70.

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?

- 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 tailoring programs and activities towards each Aboriginal and/or Torres Strait Islander cohort they were engaging, consulting with community, following cultural protocols when engaging each community, building relationships with community, and incorporating local cultural elements into activities and messages.
- Many TIS coordinators and staff acknowledged that they did not share data with the community, for multiple reasons, including not thinking of it before, being challenged to get good data and not being asked for it. 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.
- Nearly 100% of TIS activities are evidence-based.

- The majority of TIS coordinators and staff we talked to demonstrated confident and effective use of evidence in their activities. TIS teams actively gathered evidence and data through different ways such as seeking feedback, consulting with people and observing people during activities. TIS teams also acquired evidence from NBPU, TISRIC and other TIS teams.

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

- **Enablers** to TIS teams implementing **culturally safe** activities were identified as: having Aboriginal and Torres Strait Islander staff, having access to a cultural review group, having Aboriginal and Torres Strait Islander peoples involved in the TIS program – at a national and local level, having time and capacity to build relationships and trust in the community, being able to access local cultural knowledge holders (e.g., Elders, artists, performers).
- **Barriers** to the implementation of **culturally safe** activities were identified as: having to navigate push-back or gatekeeping by the TIS lead organisations (inadequate deployment of funding), community politics, being short-staffed and time-consuming logistics.
- **Enablers** to TIS teams implementing **evidence-based** activities were identified as: staff having prior experience doing similar work to TIS, having TIS staff with strong research or evidence backgrounds in the team and the 'learning' mindset, having systems in place for gather community feedback, having regular team meetings, being reminded to use evidence by the National Stakeholders, having access to resources including TIS-related (NBPU, ANU, TISRIC) and non-TIS related resources (e.g., ABS).
- **Barriers** to implementing **evidence-based** activities were discussed as: getting access to the most up-to-date data about smoking and vaping prevalence, and information about best practices for e-cigarette control.

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)?

We used the Jan-Jun 2025 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

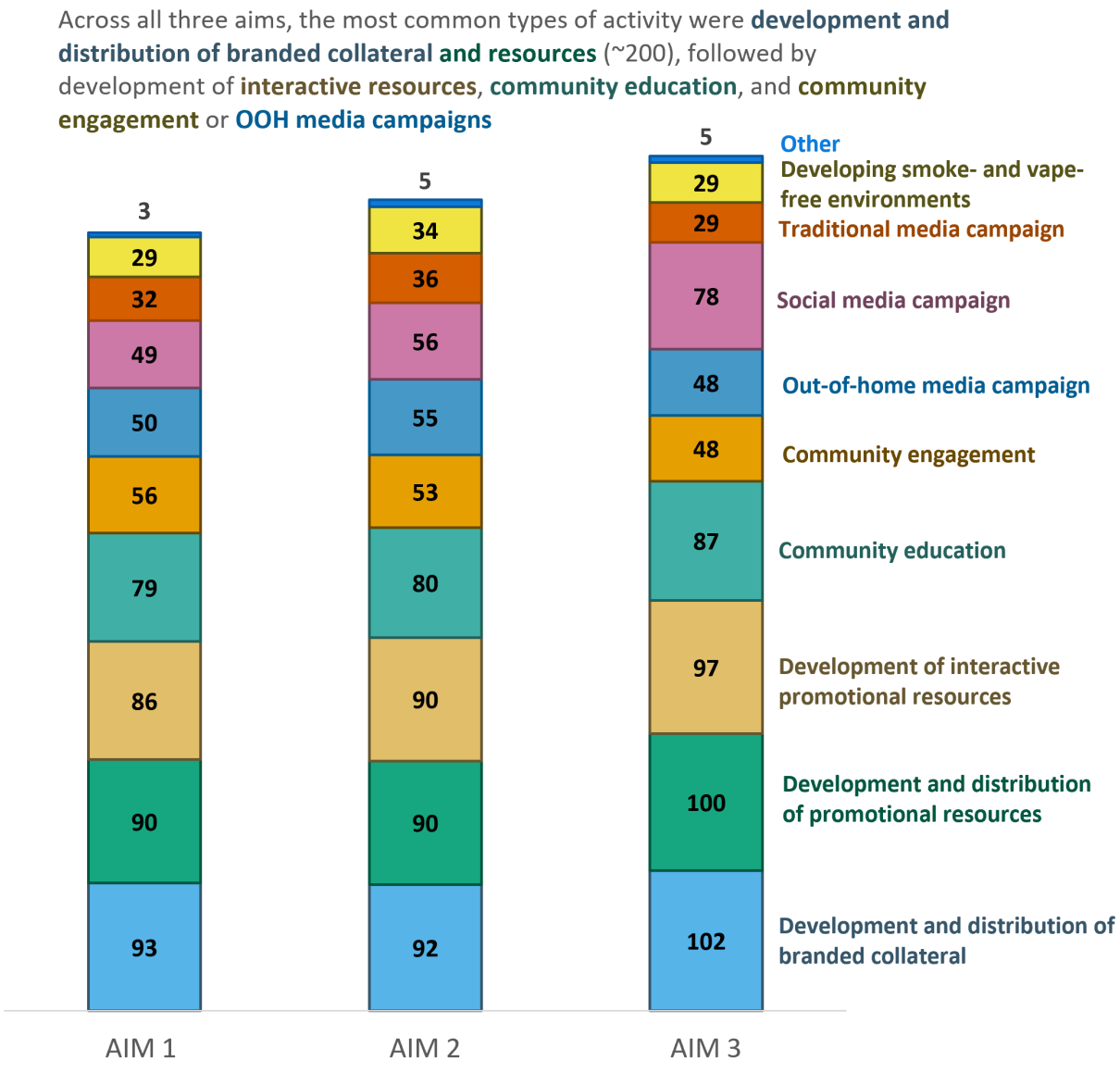
Of the 184 activities delivered during the Jan – Jun 2025 period:

- 73% (138/189) of activities had the aim of reducing uptake (Aim 1).
- 72% (137/189) of activities had the aim of increasing cessation (Aim 2).
- 74% (140/189) of activities had the aim of reducing second hand smoke or vape aerosol (Aim 3).

The data indicate that TIS teams' activities are largely covering each of the content areas.

Across all three aims, the most common types of activities were development and distribution of branded collateral, followed by development and distribution of promotional resources, development of interactive promotional resources, community education, and then either community engagement or out-of-home (OOH) media campaigns (depending on the Aim) (see Figure 10).

Figure 10: The most common types of activity across Aim 1 (reduce uptake), 2 (increase cessation), and 3 (reduce exposure to second hand smoke/aerosol) (Jan-Jun 2025 Performance Reports, n=34)



4.3.2 To what extent are TIS teams' activities culturally safe?

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 tailoring programs and activities towards each Aboriginal and/or Torres Strait Islander cohort they were engaging, consulting with community when designing and delivering TIS activities, following cultural protocols

when engaging each community, building relationships with community, and incorporating local language, culture, art, and knowledge into activities and messages.

> So, all of our activities and events are Aboriginal and they're all culturally appropriate. Yeah. So, all of our team members are Aboriginal. They're from this region. And we adapt to each community. So, we're respecting each community -- what they want and how they do things. – TIS Coordinator

Indeed, examination of PR data shows that TIS teams are staffed and led by Aboriginal and Torres Strait Islander peoples. Specifically:

- The majority of TIS team staff (73%, 177 out of 244 TIS-funded full-time equivalent [FTE] positions) were Aboriginal or Torres Strait Islander. It is important to note, however, that only 84% of TIS funded FTE were filled in the Jan - Jun 2025 period. In six IREGs, 100% of positions were filled by Aboriginal or Torres Strait Islander peoples.
- The majority of TIS teams (94%) 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.
- Across 34 IREGs, 80% of TIS funded leadership or management roles (32 out of 48 FTE) were filled by Aboriginal and/or Torres Strait Islander peoples. In only 2 REGs, there were no Aboriginal or Torres Strait Islander peoples in leadership or management roles. In 24 IREGs, 100% of leadership or management roles were filled by Aboriginal and/or Torres Strait Islander peoples.

We also found that:

- All TIS teams reported using local Aboriginal or Torres Strait Islander ideas, concepts, protocols, or languages in designs and content of at least one activity. On average, 97% of activities were developed using local ideas, concepts, protocols or languages. In 29 IREGs, 100% of activities were developed using local elements.
- All TIS teams 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 Jan - Jun 2025 period. On average, 94% of activities involved Aboriginal and Torres Strait Islander staff in the design.

Similarly, the qualitative data indicated strong evidence of cultural safety, as TIS coordinators and TIS Staff often talked about Aboriginal and Torres Strait Islander community members being excited for them to come back to put on an activity or event, telling them they appreciated the way culture is embedded in the program, giving positive feedback about cultural safety during consultations, inviting the TIS team back into community, being happy to be associated with the TIS program, and growing their cultural pride as a result of being exposed to positive culture in TIS.

> And I feel that we connect with them because we are appropriate on a cultural level as well as just a personal level as well. We keep it very culturally appropriate, and we try not to overstep boundaries. Like [other participant] was saying, the males to deal with male staff, females to deal with female staff. [I know it's working, because] well, they're excited for us to come back. They ask the leaders. […] "Is it, are they doing it this week? Are they here today or is it tomorrow?" So I'm finding that they're excited for us to be there which means that they're enjoying it and it's good. – TIS staff
>
> I think the fact that people come to us in the community and ask us to do things, that they're really happy with how we do things. – TIS staff
>
> Well, I would say that we do have a pretty good reputation within community around our program and engaging with Aboriginal community within our region. So I would say that it extends pretty far and it's well received by community just because of the fact that we do hear that feedback around we love having you here. Thank you so much for coming. When can you guys come back next time? All those little bits and pieces from different organisations and stakeholders and community members makes us feel like we are definitely – our everything that we say we are in the sense of an Aboriginal and Torres Strait Islander program for mob. – TIS staff

> And we got some really great feedback around, the kids are really taking the messaging home and talking to their parents about second-hand smoke, thirdhand smoke, the health impacts, designated areas in the house to smoke. We are getting that education across around that. And also the cultural component, the kids are having more pride in their culture and more – when they have their [TIS branded, with cultural art] shirts, for example, or we give out incentive prizes. […] And we've gotten really good feedback. The kids wear their shirts with pride. And some of the other kids or non-Indigenous kids at school ask them how come they got their shirt or why, and then they'll explain, oh, […] we got it because we're Aboriginal and Torres Strait Islander, and this is part of our culture. – TIS staff

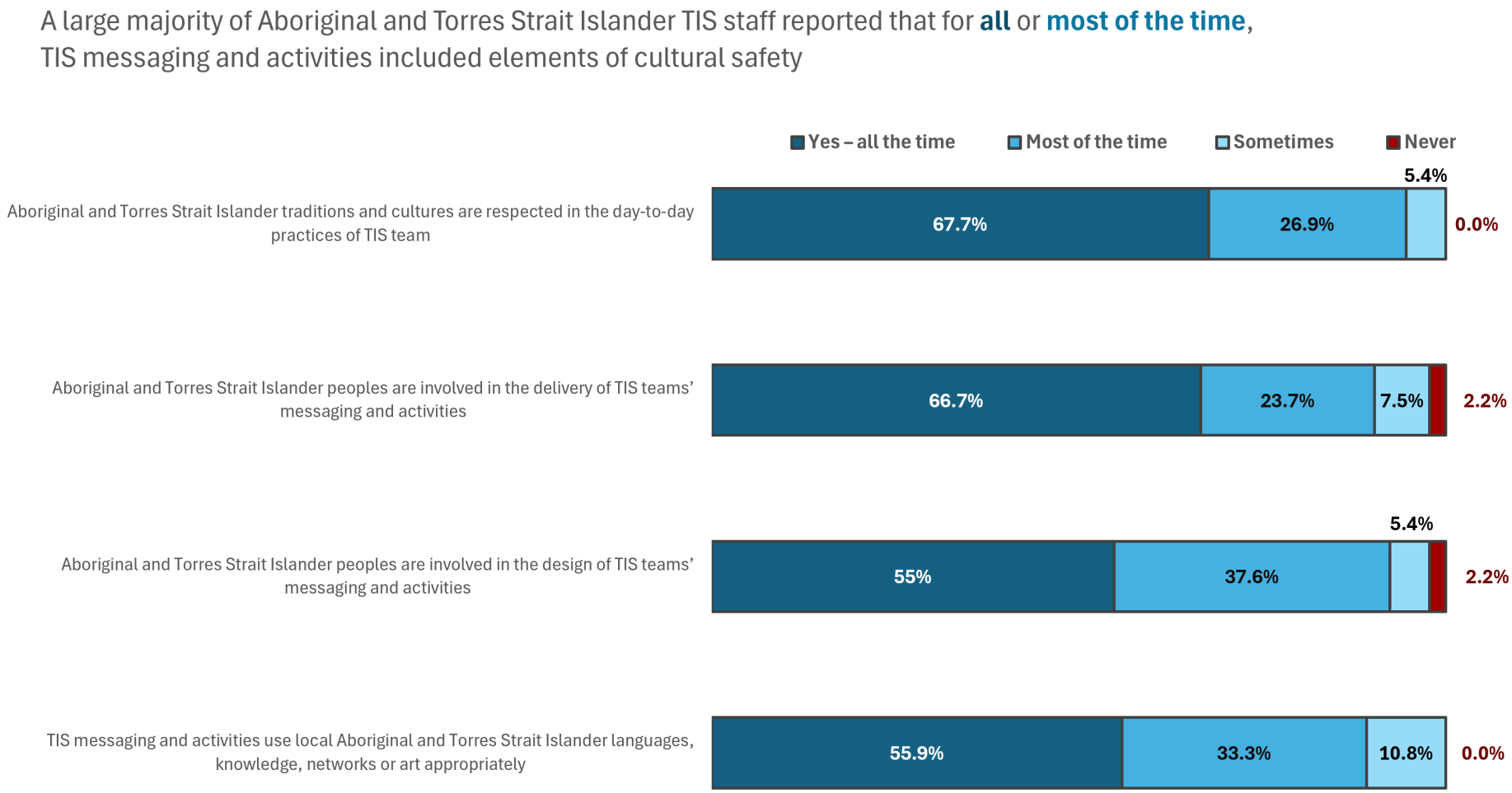
The majority of Aboriginal and Torres Strait Islander TIS staff (around 89% - 95%, n=93) who responded to our survey reported that for all or most of the time (See Table 7 and Figure 11):

- 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.
- Compared to Wave 1 findings, all of these suggest a strengthening of cultural safety in what is already a strong culturally safe TIS program.
- A small number of TIS staff survey respondents (10.8%) reported that their TIS teams' messaging and activities sometimes used elements of local cultures appropriately (See Table 7). Overall, this suggests the presence of strong cultural safety in the TIS program, which has continued to increase over time; however, there is room for improvement, particularly in ensuring that TIS messaging and activities use local cultures appropriately.

Table 7: Elements of cultural safety in TIS teams' practices, as reported by Aboriginal and Torres Strait Islander TIS staff in the TIS staff survey (n=93)

Elements of cultural safety	Yes – all the time (n, %)	Most of the time (n, %)	Sometimes (n, %)	Never (n, %)
Aboriginal and Torres Strait Islander traditions and cultures are respected in the day-to-day practices of TIS team	63/93 (67.7%)	25/93 (26.9%)	5/93 (5.4%)	0
Aboriginal and Torres Strait Islander peoples are involved in the delivery of TIS teams' messaging and activities	62/93 (66.7%)	22/93 (23.7%)	7/93 (7.5%)	2/93 (2.2%)
TIS messaging and activities use local Aboriginal and Torres Strait Islander languages, knowledge, networks or art appropriately	52/93 (55.9%)	31/93 (33.3%)	10/93 (10.8%)	0
Aboriginal and Torres Strait Islander peoples are involved in the design of TIS teams' messaging and activities	51/93 (54.8%)	35/93 (37.6%)	5/93 (5.4%)	2/93 (2.2%)

Figure 11: Elements of cultural safety in TIS teams' practices (TIS Staff Survey, n=93)



To further explore factors that would influence the cultural safety of TIS activities, two generalised linear models were used:

- For the first model (Table 8), the implementation outcome variable is the % of Aboriginal and Torres Strait Islander staff who felt that their cultures are respected in the practices of TIS teams. Essentially, it was found that no factors significantly explain the variability in this implementation outcome.
- For the second model (Table 9), the implementation outcome variable is the % of Aboriginal and Torres Strait Islander staff who reported that TIS activities use local cultural elements appropriately. Essentially, it was found that no factors significantly explain the variability in this implementation outcome.

Table 8: Generalised Linear Model – Exploring factors that are associated with the % of Aboriginal and Torres Strait Islander staff who felt that their cultures are respected in the practices of TIS teams

Attributes	Estimate	Standard error	p-value
Intercept	82.65	15792	.996
% of TIS staff who are Aboriginal and/or Torres Strait Islander	-3.58	3.98	.38
% of TIS leaders who are Aboriginal and/or Torres Strait Islander	-75.5	15792	.996

n = 30 IREGs; IREGs with missing values have been excluded; McFadden's rho-squared: 0.13

Table 9: Generalised Linear Model – Exploring factors that are associated with the % of Aboriginal and Torres Strait Islander staff who reported that TIS activities use local cultural elements appropriately

Attributes	Estimate	Standard error	p-value
Intercept	7.31	2.67	.02
% of TIS staff who are Aboriginal and/or Torres Strait Islander	-6.37	3.17	.05
The remoteness of the IREG – regional (reference level: urban)	0.49	1.00	.64
The remoteness of the IREG – remote (reference level: urban)	0.98	1.12	.39
Geographical size of the IREG	0.00	0.00	.86

n = 32 IREGs; IREGs with missing values have been excluded; McFadden's rho-squared: 0.26

Qualitative data provided an opportunity to uncover various enablers of cultural safety.

According to the TIS coordinators, TIS staff, and National Support stakeholders, the involvement of Aboriginal and Torres Strait Islander staff, especially those from the communities they are reaching, was a major enabler of incorporating cultural safety and culturally appropriate approaches into TIS. As the Aboriginal and Torres Strait Islander staff have a deep understanding and lived experience of navigating cultural protocols, they ensure that TIS activities and events are conducted in a culturally safe manner.

> With that I feel like automatically when you go out and you do a stall, you're not treating them, how do you put it? Not treating them like a client. I don't know. I treat a lot of the community member like family, respect. Automatically I say where I come from if they don't know me, if they're new and they don't know me, I'll say where I'm from, where I've been and whatnot. And it's just I don't know. With me it's just being Indigenous. The kids will call me Auntie or Nana or something, but culture is a big thing. So I can always use it. – TIS staff

> Plain English is the easiest form of contact. But then out in community and especially with our resources, because we are using plain English, we try to make sure that the language isn't too complex and very easy to understand so that someone, their first language is [name of language] or another. If their first language is a native language it's very easy for them to understand the wording and this is both in speech and in writing. But then you also have me and [other TIS worker] who are both indigenous to the […] region. And we both grew up in [community], so we have a fair bit of knowledge about the different dialects of [the language] across the region. And then also within the [advisory] group and within our board members, they're always making sure that all language is appropriate and easy to understand. – TIS Staff

Additional key enablers were:

- Having access to an internal or external Aboriginal and Torres Strait Islander cultural review group.

> So for us here in [location] we have [an Elders group], another team within our organisation do aqua aerobics where we attend activities. So whenever we are thinking of doing something in terms of language or art or anything like that, we go through a bit like cultural governance just to make sure that we are all doing the right thing. I think before all this, they might not have had someone from the community. So I'm lucky that [the TIS coordinator] will come to me and go, "This is where I'm from, in this community." So she'll say, "What do you think about this?" And I'm, "Yeah, but let's go ask [the Elders group] and in our community as well, so that we do the right thing." So I think in that aspect, it's all in messaging. Yeah. So we did a TV commercial at the start of the year. We had a script written out by the film people. And we took that to our program, said, "Look, this is what we're thinking of putting in our TV commercial. What do you guys think? Is the messaging, are we saying the right things in terms of your kids or your grandkids or all of you in particular?" So I think for us here, we've got that strong connection with our Elders in our community that we can go and make sure we're doing the right thing in terms of the culture aspect. – TIS staff

> We have a cultural advisory committee that oversees whatever we are going to, in terms of resources, be it questions, questionnaires, or images we are putting on our social media. So we try to make it as much as culturally appropriate for all our communities and before putting it out there and that's why it's been structured like that for them to oversee and have a look at it, approve it before we're going to use it. – TIS Staff

- Having Aboriginal and Torres Strait Islander peoples involved all across the TIS program, locally and nationally. This sets the tone for the expectation of continued involvement and respect for culture.

> Having [TIS staff member] here, because previously, our social media stuff was contracted out to a – what do they call them? A PR company or whatever. And the difference of having [staff member] doing it in house is night and day. Before you could tell it was written by a white fellow. I remember someone said to me. Whereas now [staff member] is doing it, the language is local, the pictures are local. It just makes such a difference. – TIS staff
>
> Yeah, I feel [cultural safety is] on the forefront of everything [teams] do. Like, I haven't seen one issue where that hasn't been the number one priority first before they run any programs. And that's the important thing about having community running this program. It's second nature to every team. – National Stakeholder

- Having time and capacity to build relationships and trust in community, but also staff who are dedicated to that relationship-building.

> I think it's because of how much we care about it. I feel like that kind of plays a factor. Like, realistically, you can kind of tell if people don't care and if they're not passionate about what they're doing, it's kind of pretty obvious. So personally, that's what I think helps a lot with that kind of stuff. Yeah, we do run through all the checks that you need to run through when you're in different communities, and we make sure we're not doing anything incorrect or anything that would offend certain groups and this and that. But that's kind of just – that happens kind of from the start. Like, if you go and talk to organisations, that's kind of like

> the first thing that you just chat about when you trying to set up workshops or events and stuff like that. That's the first thing that kind of gets discussed. And then from there on out, it's kind of more, like I said, I guess caring about, not just the work, but their outcomes as well. I think that kind of, for me, is probably all I can say. – TIS staff

- Having access to local cultural knowledge holders, like language centres, artists, performers, and Elders.

> And just make sure, one, that it's the way that communities speak and language that they would use in their everyday life and that sort of stuff as well. We're pretty lucky down here to have a digital dictionary. So that's of use for me as well. – TIS Staff

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. Many TIS coordinators and staff acknowledged that their teams did not share data with the community. There were multiple reasons for this, including not having thought of it prior to being asked about it in the interview or focus group, finding it challenging to get good data, and not being asked for it.

> No, we don't share data with locals but it's there if needed. We put data into our reports. – TIS Coordinator
>
> We haven't had an opportunity to really share some real quality thing data because it’s been limited engagement in terms of survey or feedback in a formal manner. And that's where our program is trying to build upon that thing to where we're able to. – TIS Coordinator

For organisations not sharing data with the community, TIS coordinators and staff acknowledged that the data would be shared if requested by the community.

> Q: If someone did ask what the data was, are you guys free to share some of that?

A: Absolutely. We are not intentionally not sharing it. I hadn't really considered it as something we should be doing, but now that you've put it, now that I've had that question, I'm going, "Yeah, actually, it's probably really valuable for mob to know and understand where we were, where we are now, and where we hope to get to." – TIS Coordinator

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

- Community Representatives

We certainly share output like our television commercials, our research. So we're doing some research currently on our school-based education program. And so we have an Aboriginal program reference group. They will end up with all the data and the crunchy numbers as well. – TIS Coordinator

Our Colour Fun Run, even though it's a big family fun day, we still get that information out and let everyone know that, "Hey, this year we actually got a bigger number than we thought we did. All the feedback that we've got, it's been bigger and it's better." So we do, when we get any information, we share it back to that specific group [we worked with]. – TIS Coordinator

- Yarning Sessions

So when we do get the data and results back from – because we do reporting every quarter. If community or staff, or kids in their programs, we talk about the data that we collect, it’s because we get it back from [the TIS lead organisation], their data and evaluation team. Because when we get that back, we feed that back to the community, because we want them to know that we are making a difference in the trends of our health promotion and what we do in community. And when we do our regional events too, we talk about the messaging around tobacco and vaping, and the data that we do collect from that. Because at the end of the day, we talk about like the national data, but we want that localised

data too. And that's why I think it's important we give that messaging back to the community. – TIS Coordinator

A couple of our team members, they're really good on doing their research. So they collect all the data, especially for these, we've had a couple of schools where there's been kids who have been suspended due to smoking or vaping at school. So then they're really good at collecting that information and then sharing and so then it becomes realistic to the young kids. It's not just like a presentation on the board and stuff like that. They think and relate back to it and say, "Well this is actually what's happening and this is why we're here help you to stop." Yeah, so they're really good at their job. – TIS Coordinator

- Social media

In the broader community, we probably don't share numbers per se, except maybe on our social media, they might be able to see our reach, the numbers of people that we engage with or that view our site or see our ad. – TIS Coordinator

I mean, what we do share with the community is positive sort of stories – success stories even. So I guess it is kind of data on social media – of activities that have run well; that have had positive outcomes. – TIS Coordinator

- Reports and Summary Sheets

So that when it's with the contact groups and if it's the males doing it then they'll even at the end have a bit of a game with them and stuff like that. And then before we do a bit of a questionnaire, "Well, did your knowledge improve today." The teacher will complete a survey and evaluation based upon their thoughts. And then we put all that into our school's report and that's it. – TIS Coordinator

"And as a result, the TIS team came along and shared information with [the community advisory group] that we had around lung cancers and throat cancers and things like that. The effects of smoking, vaping. What it looks like in terms of the population here in the [region] because we can only speak to [that region] with this group. And how many in community are at risk of maybe getting cancer

through their smoking and things like that? […] We [present it in] a dashboard, so it's in dashboard. Because we're still fairly new in the space, we don't have a lot of numbers stuff to share, but we have a lot of anecdotal stuff. And so it's the storytelling, the experiences that we get to share stories people have shared with us about their experiences with smoking, especially Elders who have smoked and still smoke and the way they talk about how they don't want that for their children, their grandchildren, their great-grandchildren. So that's the qualitative data we've been able to share with the group." – TIS Coordinator

TIS teams did not report any barriers or challenges to embedding cultural safety or respect into their work, but they did report some barriers trying to embed cultural elements, like community consultation, language, or art, into the design and delivery of their activities. They talked about having to navigate push-back or gatekeeping by their host organisation (inadequate deployment of funding), community politics, being short staffed, and time-consuming logistics.

- Push-back or gatekeeping by host organisation

I reckon it'd be good to have more Elders come into our program. To let the Elders talk about their journey of maybe smoking and what its effects have been on them. But sometimes the thing is like what you're saying. […] sometimes they want money, they don't want to do anything for free, they don't want to just volunteer their time. So sometimes that plays a part in [getting local culture into TIS design and delivery] -- money wise, depending how much they want or whether your organisation is willing to pay […] for their time. – TIS Staff

So when we put a proposal through [to spend time in community to find out what they want], at least meet us halfway instead of put that barrier where we get cut off all the time. […] And I think too, it's not being explained to us if it's being said no. It's not being explained properly. They're just going. "can't do that", and not telling us why we can't do that. And that doesn't really help because then we're sitting there trying to change it to make it fit, but we're just taking shots in the dark to see what sticks. – TIS Staff

We'd like to do a lot more on Country activity. The organisation is holding us back. – TIS Coordinator

- Community Politics

> Down here, there's a little bit of politics going on, if you like, and some gatekeeping happening of the language being used. […] Yeah, to use any kind of language in anything. We need to get it fully approved by the [Language] Centre down here. So that's a little bit difficult but it is what it is, I guess. – TIS staff
>
> I would love to see for [our community] more Elders [involved], but it's very hard for our community. We're very, I wouldn't say divided, but there's a lot of conflict in the community. But I would love to see more culture come with us and more Elders, and their stories and their knowledge of their personal experiences. – TIS Staff
>
> What we've found is, so families and traditional owners have different ideas and opinions on what something should be. For example, like language. There's some language that is essentially lost, but there's a lot of discourse on what it is in community and someone has a different opinion to the other. And it's about navigating that. And how you move forward, making sure that everybody's happy, if that makes sense. – TIS Staff

- Being short staffed

> Q: What would you like to be doing more of to embed local Aboriginal and Torres Strait Islander language, knowledge, art, culture into your TIS materials that you're not able to do now? Is there anything holding you back?
>
> A: Having a team I think is the short answer. – TIS staff

- Time-consuming logistics

> I think in the past, what we said when we wanted to develop posters, it comes back to a previous question you asked about artwork we use because, you see my shirt, this is pretty standardised artwork, but ideally used to travel more localised, like we've done with videos. Included language and videos. I think that

sometimes with the logistics of getting things developed, I think that might be a bit of a hindrance. – TIS Staff

It'd be great to do maybe a workshop or something with the language centre because that's sort of like a community hub there. It's just been difficult to try and find the time to do outsourcing workshops and stuff. But that would be really good just to look at the language and then maybe even say draft something that we could use with information that they'd like to see the community have their messaging. – TIS Staff

4.3.3 To what extent are TIS teams' activities evidence-based?

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)[16]. 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[16].

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 AWPs. 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;

[16] 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.

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;

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.[17]

Based on this definition, the majority of planned activities for Jul 2025 – Jun 2026 (97%, 213/219) across the 34 IREGs were evidence-based. This is at the same level as the period Jul 2024 – Jun 2025. The percentage of evidence-based activities planned for priority groups across all AWPs, however, increased slightly to 98% in Jul 2025 – it was previously at from 95% in July 2023, and 97% 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

[17] 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 AWPs 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.

suggests that close to 100% of planned activities in Jul 2025 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 was supported by the qualitative data, with most TIS coordinators demonstrating a good understanding of what is considered evidence-based.

> "So, I think I said before, everything that we do, all the activities, all our programs have to be evidence based. Make sure we have references to back up what we're saying using correct websites, studies, all that stuff before we just run our program, make sure it's backed up and we have got all our ducks aligned before it goes through to final production. Then we started rolling out with the communication." – TIS Coordinator

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%, 197/223) delivered between Jan and Jun 2025 were eligible and thus, evidence-based. Analysis of the descriptions provided for activities categorised as 'Other' suggest that all of them could be categorised within the eligible activity types listed. This suggests that close to 100% of activities delivered between Jan – Jun 2025 were evidence-based.
- Nearly 100% (220/223) of activities delivered to priority groups in the Jan – Jun 2025 period were eligible.

In addition, most TIS coordinators and staff with whom we spoke demonstrated confident and effective use of evidence in their activities. They talked about using evidence in their conversations with community members about the **harms** of smoking and vaping and the prevalence of smoking and vaping in the community, but they also talked about using evidence to **decide how to structure** their activities in community. Here, they talked about gathering input and feedback from community members to

figure out how to frame messages best for different audiences, what types of activities they should be delivering in each community, the length and timing of activities for particular groups, what topics to cover in each community, what merchandise to develop and distribute as incentives, and which communities to target. Teams reported **gathering this evidence in different ways** including from surveys, informal conversations with people during or after activities, observing participants during activities, getting feedback from host organisations (like teachers or clinicians), and other creative ways. Teams also got evidence from NBPU, TISRIC, and other TIS teams. The following quotes illustrate some of these points.

> A lot of the programs I've seen that the teams do in school programs and teaching the kids, they always have the sort of latest sort of information that's up on a slide to interact them with what the current – how many people are smoking or vaping at the moment, how much it costs, regarding how many kids in a certain age group are smoking now compared to before. – National Stakeholder
>
> So when we do our events and stuff, we get a lot of feedback from the community. So that helps us know what they want. And when we do our surveys, we asked questions, like, “what do you want the TIS team to do in your community?” And we usually have options there, like, “more school education, more community education, focus groups or support groups for men or women or a mums and bubs group, community cook ups or barbecues, or [other types of] community engagement”. – TIS Coordinator
>
> So we also have an annual […] Regional TIS workshop, and that's when we meet up and we actually review together with the teams, the feedback that we're getting like from our reporting and that might be – I'm just trying to think off the top of my head. […] It might be a lot of adults in the more further away communities didn't actually know much about second and third hand smoking until they spoke to the team. So then we might focus on those topics next time. They also get feedback on all the merch and resources. So all of our TIS props that we use, we usually get good feedback on that. Sometimes we need to make new merch. So getting community feedback as well, like, “what would you like to see next time?” – TIS Coordinator

> And we've identified places where our mob are predominantly living and shop. […So] we've reached out to the Woolworth's in those places […and] we've reached out to the shopping centres there [to set up stalls there]. – TIS Coordinator
>
> So the pre-survey just gives us knowledge of what they know already. And then the post, obviously, what they have learned throughout the program. So we can actually see like where they've – how much we – or what they've taken on from the program. – TIS Coordinator
>
> So what we did is we went out to outer regions and put up study displays, just tools of our resources and all that stuff. So then we'd leave it there. We'd count how much whatever we had. And then we could track to see how much [was taken]. […] It gives us an idea of what they're leaning towards, what they're interested in, actually seeing information about or what's weighing on their mind. Some places we might see that more of the pregnancy and smoking ones have gone. So we know then or there might be a bit more mums and bubs that need to be in that area targeted. And other places we might see that more of the smoking in cars and homes might be more of an issue. And we see that a lot more of those resources go. And that gives us an idea of what to drive in those communities that are outer. And it gives us an in, like we say, we're coming out to do an information session on that. Well, we know that there's interest because they've taken those flyers, so are the stickers. You know what I mean? – TIS Staff

As TIS teams use various methods for collecting data about knowledge and intention change in the community, it may be helpful for teams to share information with each other about the variety of methods used and what tends to be most effective at capturing change. This could further enhance the evidence-base across the program.

To explore factors that would influence the extent to which TIS teams are using evidence-based approaches, from a statistical perspective, two generalised linear models were used:

- For the first model (Table 10), the implementation outcome variable is the % of TIS staff who reported that they are very likely/likely to use evidence-based approaches in **tobacco** control activities.
- For the second model (Table 11), the implementation outcome variable is the % of TIS staff who reported that they are very likely/likely to use evidence-based approaches in **e-cigarette** control activities.
- Essentially, in both models, we found that staff's knowledge of where to find evidence-based information was significantly associated with their likelihood to use evidence-based information.

Table 10: Generalised Linear Model – Exploring factors that are associated with the likelihood of using evidence-based approaches for tobacco control amongst TIS staff

Attributes	Estimate	Standard error	p-value
Intercept	-1.33	1.63	.42
Whether the IREG is serviced by a RTCG organisation who is new to the TIS program	0.59	1.53	.70
Size of TIS teams	-0.13	0.10	.21
% of TIS staff in the IREG that said they understood where to find information about evidence-based approaches to tobacco control	5.40	2.03	.01*

n = 33 IREGs; IREGs with missing values have been excluded; McFadden's rho-squared: 0.35;
* denotes significant factor.

Table 11: Generalised Linear Model – Exploring factors that are associated with the likelihood of using evidence-based for e-cigarette control amongst TIS staff

Attributes	Estimate	Standard error	p-value
Intercept	1.71	0.79	.04*
Whether the IREG is serviced by a RTCG organisation who is new to the TIS program	0.19	1.23	.88
Size of TIS teams	-0.15	0.08	.07
% of TIS staff in the IREG that said they understood where to find information about evidence-based approaches to tobacco control	2.34	1.14	.049*

n = 33 IREGs; IREGs with missing values have been excluded; McFadden's rho-squared: 0.17; * denotes significant factor.

Qualitative data from interviews and focus groups also shed light on the enablers and barriers to using evidence.

We found the following enablers:

- Having prior experience doing similar work, running TIS activities, or working with the community, and being able to apply learnings to further iterations or the development of new TIS activities

> Q: When you're planning, designing or running TIS activities, to what extent do you draw on your own experience of activities that have worked?
>
> A: Yeah, I think we do that pretty good. I think early days it was a lot of – when we went from a TIS team into the statewide. A lot of that came from [the TIS Lead Organisation] down, but now we've got a subgroup and working groups across the whole state where everyone has their own collaborative approach, our input, sorry. So we've all trialled stuff and made mistakes before. So we've learned from the past, which helps us plan new activities. So that didn't quite work or it still worked, but we could have done this differently to make it work

better. So I think yeah, we do draw on the past here as internally but then across the state as well. – TIS Coordinator

I guess we often draw on our own experience. We know when certain things work or don't. For example, our […] program which is just a community information centre for people thinking about quitting, wanting links to referral pathways and that stuff, we saw that was lagging a bit just from our own experience, numbers were dwindling. So we looked at why that might be and we decided, well, it could be because a lot of people are working through the day. Let's try some afternoon sessions as well and we can get those workers. We know the bigger activities work better in school holidays if you want to hit that bigger target audience, everyone's looking for something to do. We know the bigger stuff captures and gets the big numbers for the data. So TV commercials, billboard campaigns we use those as well. Well, it's just a quick hit of a message. We know in conjunction with the other things we do, it's a good way to put a message out to the whole community. – TIS Coordinator

Well, I'm an ex-smoker of 20 years, so I use that as part of my experience to help be a draw in, shows an ex-smoker as well. So it helps having that in, I think knowing most of the people that come to our stores and activities, it makes it a lot easier too because you have that connection be in a small town. – TIS Coordinator

- Having TIS staff with strong research or evidence backgrounds in the team, and mindsets that recognise the need to learn, adapt, and tailor

I guess when it comes to everything that we do, there is a level of where – I guess we got the luxury of, we have a youth service that runs out of our [organisation] and everything kind of gets tested first through programs from our own community which then provides us with more than enough feedback around delivery. Did kids enjoy it […] So it's like a process of we'll develop the session, we'll develop the content, we'll develop all obviously things that are through Cancer Council, [state health department], et cetera. So everything that we're delivering is already researched and evidence based and then it's trying to find the way that we can engage with community with that information. So we

will then deliver it to our community which we will then get feedback around anything from, our delivery, to the information provided, to the way that we're running it. Did that make any changes if needed? However, with every single workshop we do […] there will always be an evaluation form. [Like,] one that's more for the kids, which is more about what info did they pick up? Like did they remember what we were teaching them? […] So we know that what we're teaching them, they're remembering. Then with teachers and parents and or community orgs like the workers, it's around that feedback of how we went with delivery of the program. – TIS Coordinator

And then we conduct our own research via the internet and what's happening with policy law reforms. We have one staff member based in [location]. She's been with or TIS program the longest. We affectionately call her our brains trust. She fact checks us on every level and is very, very strict with us on making sure we don't give any misinformation out to the public. – TIS Coordinator

We have two health promotion officers in the wider engagement team. One works to the TIS program, one works on a cancer program, and we leverage off their ability to research and things like that to ensure that what we are sharing is what's considered the latest evidence based research. – TIS Coordinator

But also their continuous like reflections in their performance report as well because they're they always reflecting on is this working? Are they meeting their targets? That constant kind of every six months they're reflecting on whether it's working or not and what are people saying? – National Stakeholder

And I mean we are always open to feedback. This is something that we do a lot, when we are collaborating with programs and also when we are running our own programs, if we do receive any feedback at all, we make sure that we can jot that down or at least remember it because we're going to put that into our evaluation. Continuous quality improvement is a big part of our whole evaluation process. – TIS Staff

- Having systems in place for gathering community feedback

> We're always evaluating our activities and seeing the wins, and looking at that reach and engagement: what worked and what didn't? And we're always CQI-ing our activities. You know, there's a few activities that have been re-occurring because they are doing so great. – TIS Coordinator

> So at the start of a program, we do a pre-survey first. So it's literally just to gauge what the kids already know. And then at the end of the last session, we do the post-survey. And then that helps us identify what the kids are retaining from that program and the barriers and successes. – TIS Coordinator

> We're always trying to figure out better ways to track our evaluation data. So we might do info stalls where we've talked to 100 people, and it's been really good. But by the end of that activity, we forgot to tally up who gave us the answers for the evaluation data. So it's something that we did this year was we made big corflute boards up for the teams. And they've got the key evaluation questions on them in like four different sections. And we've said to the teams when you do, especially community events where lots of people coming up to you, when they finish chatting to you, ask them to get a sticker dot and then they can put it on the box. So by the end of it you would have all these dots on each question and there's your tally. So that's something, yeah, that we've had to change over time. – TIS Coordinator

> When we do the groups they complete an evaluation at the end. So every program we have there's a survey or questionnaire with things. Have you increased your knowledge of the harms of smoking. Has it made you think about quitting, that stuff. – TIS Coordinator

- Having regular team meetings

> So we do a state-wide – what is it called? State-wide, like this meeting, with all the coordinators. We get together. And that's where we have yarns about what's working well, what's not, how we can improve on things. And it's good because we get the program and development team to come in, and then we get the data and training mob. So if there's anything that needs to be updated, we all get together and discuss. – TIS Coordinator

> We have regular CQI meetings with all our project partners and keep people - we are quite clear when we're doing something that for which there isn't much evidence or where there is evidence and obviously focusing on the stuff for which there is evidence. – TIS Coordinator

- Being reminded to use evidence by the National Stakeholders

> He [the National Coordinator] guides our approach and he's there at every workshop, at every opportunity to talk to his teams telling us, "Get out there and spend your budget. Don't be sending it back. Make sure that you're doing work that works for your community and that we were always working hand in hand with our community." And having worked in other areas of Aboriginal health, I think doing with and not for is really important. – TIS Coordinator

- Having access to resources, data, evidence, and information from other TIS teams, NBPU, ANU, TISRIC, other non-TIS experts in tobacco control, and the ABS.

> One of the biggest things that we done was research in the different areas exactly where Aboriginal and Torres Strait Islander people, according to the census, are living. And what areas within our area are high population of Aboriginal and Torres Strait Islander people. And I think that's where we really went, okay, let's target those. – TIS Coordinator
>
> One key aspect is the existence of the National Best Practice Unit, because they actually work actively with teams to share best practice and share information about what the evidence is. Also, the Indigenous tobacco website. Sorry. The Tackling Smoking website, which is also managed by the National Best Practice Unit, has a whole range of pages and publications, which really summarises what's the current evidence, what's the data telling us, what's the emerging, I'll say, research or campaign activity happening around youth vaping. So they actually are a really great resource in terms of what is the current evidence base and anything new and emerging? They've also got a research and publications page on that website. And then they've also got experts actually engaged through National Best Practice Unit or its consortium

partners. […] So that also provides good input into the evidence-base that sits underneath. – National Stakeholder

We will use the National Best Practice Unit to find any information that we can. That's why they have the TISRIC. But we find that the TISRIC is a little bit dated in the information that they provide. So we will search through every Australian government document that we can find and read through. So we'll spend weeks just searching. We make sure that everything that we're reading is Australian based, so we don't want to give information out that is for a different country. Where we find some of the other teams for us are actually just grabbing whatever information they can find on Google. So we've really gone down that route. We also use Cancer Council quite a lot and the ACOSH as well to try and get that information before we put anything out. So we use a booklet that we use with every kid when we go to schools. The booklet has gone through Cancer Council, ACOSH and it's gone through the Department of Health for us as well. And it's gone through the National Best Practice Unit before we even went to print. – TIS Coordinator

When asked about barriers to using evidence in TIS activities, at this point in the program TIS staff and coordinators identified getting access to the most up to date data about smoking and vaping prevalence and information about best practice for e-cigarette control as the biggest challenges. While more up to date data about smoking and vaping may not be available, teams are faced with community members who want to see it and may not trust older statistics.

A: Some of the teams see the years of the actual data like what it was recorded from for like up to 2019 or whatever. And they think it's irrelevant in a sense sort of thing, like it's just something that sort of mentioned.

Q: Lack of up-to-date data?

A: Yeah. Yeah. It's like they want the most latest data, which is probably a bit harder to get, but it's from what I've seen the data that's there is like it's a close accurate description of what's happening. – TIS National Stakeholder

> We haven't really got [the evidence about vaping]. Like, nobody has told us how to do it in a remote setting. Like, how do you tackle [vaping] when maybe the prevalence isn't as high as it is in urban and cities down south? What's the best approach when there isn't a strong uptake? – TIS Coordinator

They did identify some challenges associated with making sure evidence and gathering evidence is accessible to all TIS team staff, namely barriers to access associated with language barriers among staff and limited knowledge about how to collect data. But these were secondary.

> I think maybe just finding our way on collecting it. I think on top of already you're there, you're doing the session. You're engaging with people like youth or pregnant women or you're already trying, you're already engaging with them about a topic that some people either think is boring or don't want to hear about. So then it's like actually having that data itself. Hey, can you now just fill out a survey or can you now just – so I guess trying to find ways on getting them to do that to collect the data. And then yeah, I think with the kids we've went from trying to get them to fill out a survey to now, what did you enjoy about the session? Is there something you didn't like? And it's not as formal, but we always try and make – we make a note of it now through our data collection. Qualtrics is what we use. We make a note of it ourselves as what the kids enjoyed as part of our own reporting. And then we have obviously the teachers or the youth worker or whatever who does the survey. – TIS Coordinator
>
> Just to add to that language too. So I work with a few very remote teams where English might be fourth, fifth or sixth, like it's not their first language. So that can be a bit of a bit of a barrier. And we've seen that a little bit at the National Workshop with delivering some of the presentation that I think I had 20 or 30 people from a few of my remote teams where it was a little bit hard for them to sort of keep up with that. Yeah, that's probably one of the main things I've seen so far. – TIS National 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?

- TIS teams received many forms of support from the National Supports to do their work effectively. The most frequently used forms of support were jurisdictional workshops[18] and the TISRIC website.
- 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.
- In general, TIS teams felt supported by their organisations with flexibility to accommodate their TIS work.

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

- TIS teams found NBPU resources and support, Jurisdictional workshops and TIS national conferences, as well as the TISRIC website the top three, most effective supports. Evidence suggests that NBPU is offering a range of supports, which TIS teams found effective.

[18] Jurisdictional workshops are one to two-day sessions where NBPU 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.

- National Supports had a positive impact on the knowledge of TIS CEOs about eligible activities, expenditure requirements and permittable spending, appropriate partnership arrangements population health approaches, but a lesser impact on knowledge about permittable staffing arrangements. National Supports also had a positive impact on TIS CEO's intentions to take a leadership role in tobacco and e-cigarette control.
- Overall, National Supports also had a positive impact on the administrative performance of TIS teams.
- TIS Coordinators and staff suggested several improvements to supports offered by their organisations, including:
  - 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 each 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.
- TIS teams suggested several improvements to supports offered by National Supports, including:
  - Improving TIS teams' access to other teams, trainings, latest data and evidence, such as information about vaping, data about the prevalence of vaping at local levels, changes to legislation, and health effects of smoking and vaping.
  - More help with adapting activities and messages to their communities.
  - More in-person site visits from NBPU so NBPU can better understand their contexts and circumstances
  - Subcontracted TIS teams getting better access to support, evidence, and data provided by NBPU
  - Ensuring all National Support entities (DSS, DHDA, and NBPU) are in agreement and are well-informed so they can provide consistent advice to teams.

4.4.1 What supports are provided to TIS teams?

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 planning, monitoring and evaluation, support related to drawing on local knowledge, as well as general guidance and leadership.

Interviews and focus groups with TIS coordinators and staff, as well as National Stakeholders shed light on the types of support provided to teams. The most frequent supports provided included online resources via the TISRIC website hosted by HealthInfoNet at Edith Cowan University and populated by the NBPU, TIS Jurisdictional workshops and national TIS Conferences put on by the NBPU, guidance and training provided by the NBPU via email, on the phone, in-person, or virtually, input and feedback on TIS teams' Activity Work Plans and Performance Reports from the NBPU, support from TIS teams at other organisations, and, for sub-contracted TIS teams, support from their TIS lead grant recipient.

> So, [NBPU has] offered support in, they review all our reports, our six-month [Performance] reports. So, we do our reports, we send it away to them, they review it and make any notes for us to change anything that needs to be changed, or to give more information. They've offered training. So, marketing training for social media, and how to monitor and report properly. What else? They're giving us some resources on how to report, how to collect that data. – TIS Coordinator

> I mean, I've never reached out personally [to the NBPU], but I think maybe the crew in [the TIS lead organisation] would be on a more probably one-on-one relationship [with NBPU]. Because like I said, we get a lot of support from the mob in [the TIS lead organisation]. – TIS Coordinator

Additional supports provided to TIS teams included guidance and advocacy from the National Coordinator and staff at the Department of Health, Disability and Ageing. Guidance from these National Stakeholders was typically delivered at the TIS

Jurisdictional workshops and national TIS Conferences, but was also occasionally delivered via one-on-one phone calls, visits or emails with TIS team members. The National Coordinator and the Department also support teams by advocating for continued funding and recognition of the TIS program at the national level. Teams identified this as important structural support for them.

> [The National Coordinator] is very supportive. So he's always very supportive of us. So it's great to have somebody in that position that's always advocating for the teams. […] Overall knowing that there's funding coming on a regular basis and over a period of time, like five years or whatever, is a really important thing for any program, not just TIS. […] So I think the benefits of having ongoing funding and having somebody like [The National Coordinator] advocating for that and pushing for it is really, really important. – TIS Staff

The NBPU is the National Support stakeholder with the most responsibility for providing support to TIS teams, so Table 12 and Table 13 provide a detailed breakdown of the types of advice and support that NBPU provided, based on information in the May to October 2025 NBPU progress report.

Table 12: Support for TIS teams provided by NBPU by topic area, according to the NBPU progress report for the May 2025 – October 2025 period

Area	Type of support
Evidence-based population health approaches, including for priority groups	Training; Providing information and relevant resources via the NBPU TIS Newsletter, TISRIC, the TIS Workers Yarning page, the Connie the Clever Cockatoo Tobacco Control News Summaries, and the Substack blog; Jurisdictional workshops and conferences
Reaching target audiences	Trainings; Providing information and relevant resources via the Substack blog and factsheets; Jurisdictional workshops and conferences
Drawing on local knowledge when developing activities	Providing information and relevant resources via TISRIC; tailored one-on-one support; Jurisdictional workshops and conferences

Eligible activities	Trainings; Providing information and relevant resources via TISRIC; Jurisdictional workshops and conferences
Planning, monitoring and reporting on activities and outcomes	Trainings; phone- or email-based support; providing information and relevant resources via TISRIC; Review of AWPs and PRs; Jurisdictional workshops and conferences

Table 13: NBPU support for TIS teams by number and type of support, according to the NBPU progress report for the May 2025 – October 2025 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	1	0	4	2	18
Evidence-based population health approaches for priority populations	1	0	0	3	2
Achieving coverage	1	0	2	0	0
Achieving exposure	1	0	1	0	8
Achieving engagement	1	0	0	0	0
Focusing on eligible activities	1	0	1	1	0
Drawing on local knowledge in developing activities	1	0	0	1	1
Reporting	0	2	2	1	60 (site visits or online meetings) + 37 (AWPs reviewed) + 37 (PRs reviewed) = 134
Monitoring and Evaluation	1	0	12	4	62
Topic not specified	1	671	0	1	2

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?

TIS teams most frequently engaged with the jurisdictional workshops and the TISRIC website (see Table 14 and Figure 12, below). Sixteen percent (19/119, 16%) 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. This may be due to a range of factors:

- The survey was open to all TIS staff, including those from sub-contracted organisations who do not have direct access to National Supports.
- The survey included 22 TIS staff who have been in their role for less than 6 months, which meant that they might not have had the opportunity to engage with supports yet.

In interviews and focus groups with TIS team members, they spoke about the Jurisdictional workshops and national TIS conferences giving them an opportunity to learn from other teams and get ideas about activities, how to gather data, and how to improve.

> Jurisdictional workshops have provided an opportunity for team members to hear and learn from other team's examples of their work, and see what is working well in other regions. – TIS Coordinator
>
> Yeah, I know we as a team went to – what's that place? Where did we go? Darwin this year in June? Yep. That was the conference. Yeah. That was a really big eye-opener. Especially for how we can gather a lot of our stats and our data, and how we can bring some of that stuff back to improve our team. Yeah, I really enjoyed that. – TIS Coordinator

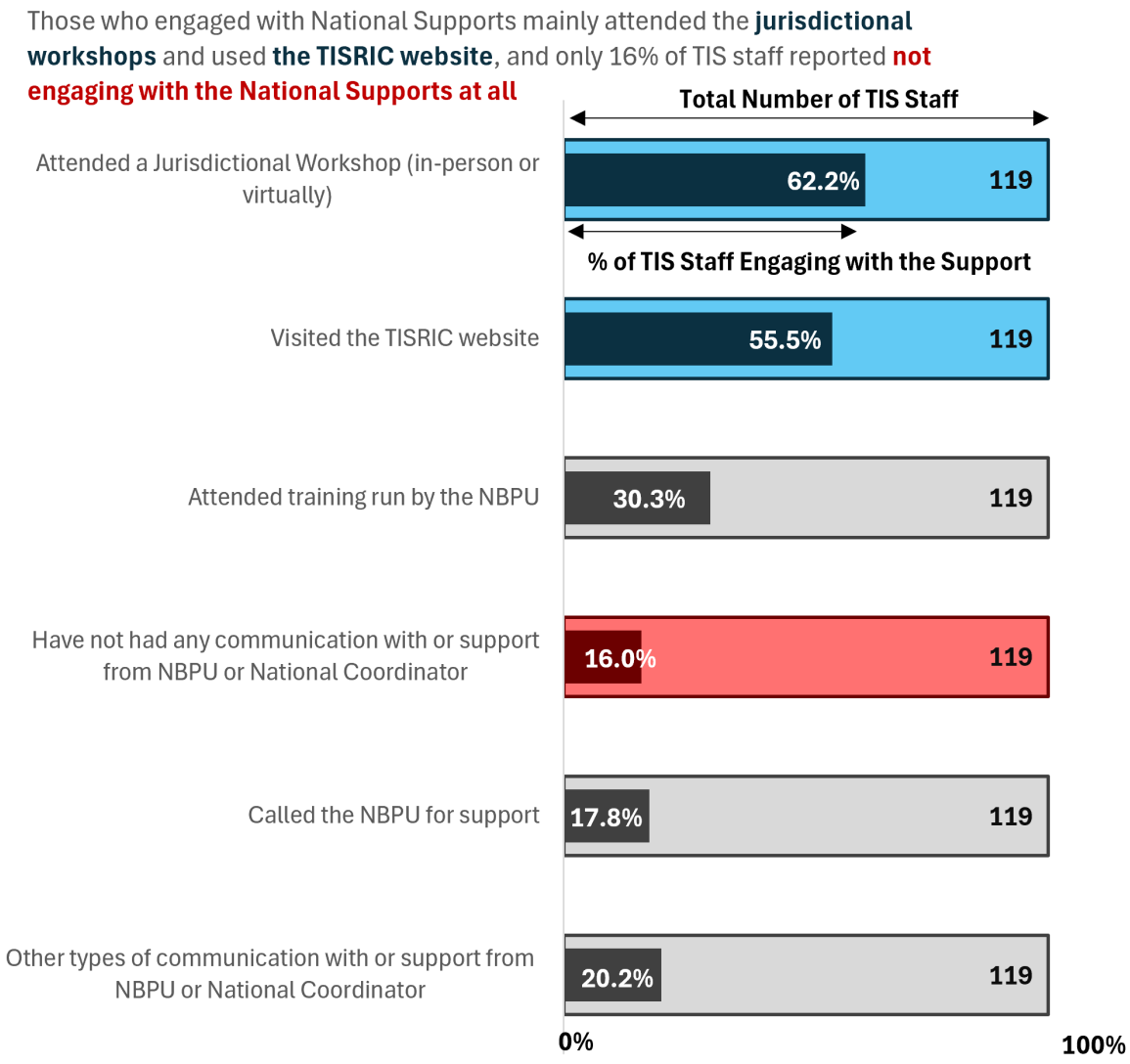
Other forms of support mentioned by TIS staff survey respondents were meetings and phone calls with National Supports.

Table 14: TIS staff's engagement with National Supports (TIS Staff Survey, n=119)

Forms of support	Number of surveyed TIS staff who engaged with the support [a]	% of surveyed TIS staff who engaged with the support [b]
Attended a Jurisdictional Workshop (in-person or virtually)	74	62.2%
Visited the TISRIC website	66	55.5%
Attended training run by the NBPU	36	30.3%
Called the NBPU for support	21	17.6%
Other types of communication with or support from NBPU or National Coordinator	24	20.2%
Have not had any communication with or support from NBPU or National Coordinator	19	16%

[a] The total number of TIS staff who responded to the question was 119; [b] Percentages do not add to 100% as TIS staff can access multiple forms of support.

Figure 12: TIS staff's engagement with National Supports (TIS staff survey, n=119)



In the interviews and focus groups with TIS staff and coordinators, as well as with the National Support Stakeholders, it was clear that most often meetings and phone calls or video calls with National Supports were to enable teams to plan, monitor, report, and evaluate. And many people with whom we spoke felt this support was useful and positive.

> So if we do get stuck, we will reach out [to NBPU] and that's mainly around – probably where we lack is around some of the data and evaluation monitoring stuff from events. Everything else I think we're pretty good. – TIS Coordinator
>
> If [TIS teams] want a new challenge or they want to try something else or they've seen something that another team has done, can they do it? How do they go about it? They always touch base [with NBPU] and just kind of talk about it first. – National Support Stakeholder
>
> Honestly, coming on, [our NBPU Program Officer] has been very much hands on just with everything. When I said, "Oh, we're struggling. We don't really understand what we're doing or what we're sharing." They organised the team to come down and run training sessions with us. And every time I reach out, [the NBPU PO] sends new information, saying "Hey, read up on this". That sort of thing. So with NBPU, I definitely feel that there is a good relationship there. I know that if I reach out for anything they're able to provide as much help as they can. So, I think that's okay there. – TIS Coordinator

4.4.3 What impact do these supports have on TIS staff knowledge, attitudes, and behaviours?

Data from the survey with TIS staff revealed that:

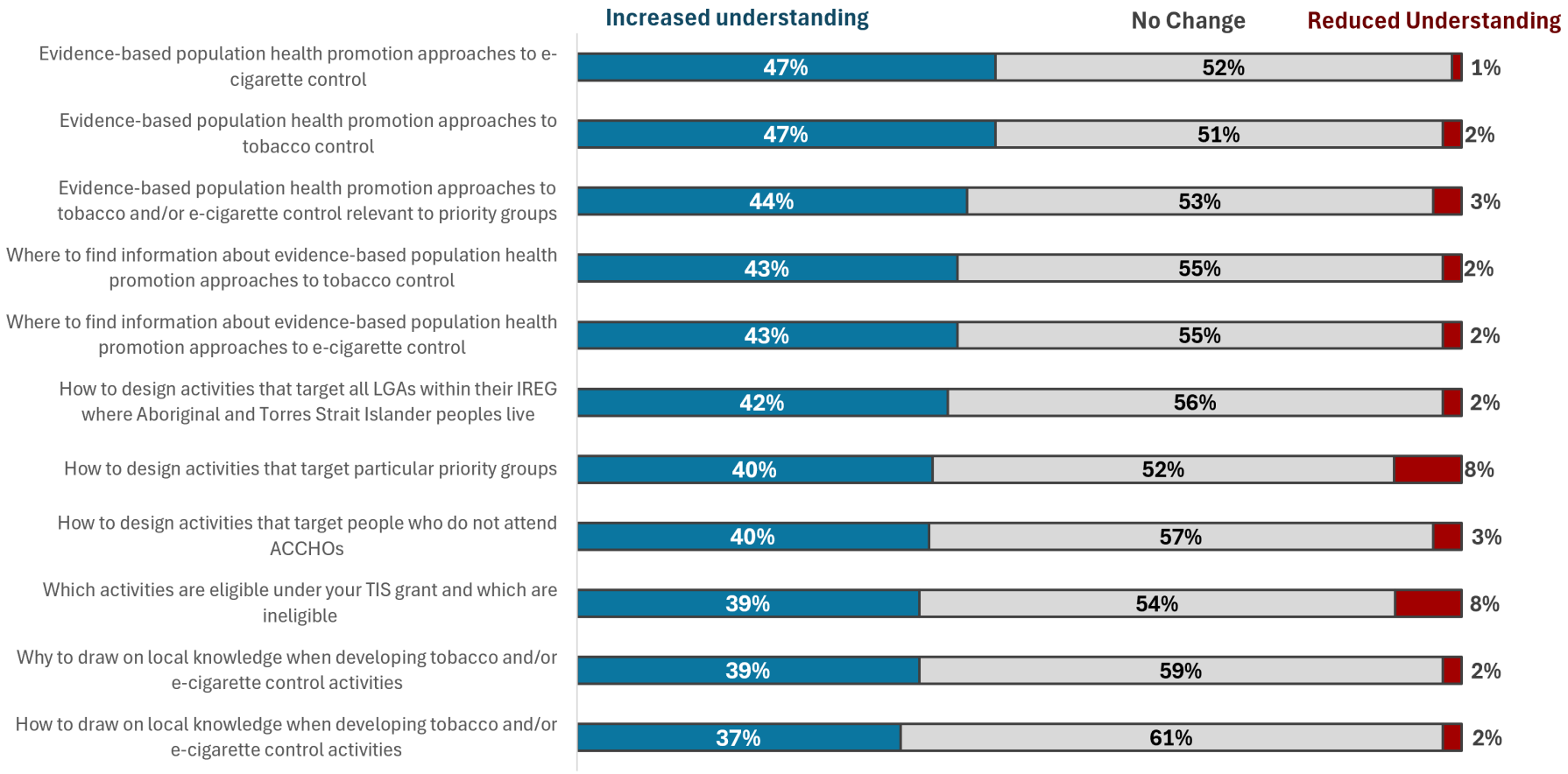
- Across most knowledge domains, around 36% to 47% (n=83) of TIS staff survey respondents reported increased understanding after talking to or receiving support from the NBPU or National Coordinator, while around 51% to 61% reported no change in their understanding (See Table 15 and Figure 13).
- Across all domains, the percentage of participants who reported reduced knowledge after talking to the NBPU or National Coordinator is consistently low (See Table 15). Notably, over 7% of TIS staff survey respondents (n=93) reported reduced understanding about the following topics:
  - How to design activities that target all LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live
  - How to design activities that target people who do not attend ACCHOs.

Table 15: Changes in TIS staff survey respondents' understanding of different topics after engaging with National Support stakeholders (TIS Staff Survey, n=93)

Knowledge domain	Increased understanding (n, %)	No change in understanding (n, %)	Reduced understanding (n, %)
Evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	44/93 (47.3%)	47/93 (50.5%)	2/93 (2.2%)
Which activities are eligible under your TIS grant and which are ineligible	44/93 (47.3%)	48/93 (51.6%)	1/93 (1.1%)
Evidence-based population health promotion approaches to tobacco control	41/93 (44.1%)	49/93 (52.7%)	3/93 (3.2%)
Why draw on local knowledge when developing tobacco and/or e-cigarette control activities	40/93 (43.0%)	51/93 (54.8%)	2/93 (2.2%)
How to draw on local knowledge when developing tobacco and/or e-cigarette control activities	40/93 (43.0%)	51/93 (54.8%)	2/93 (2.2%)
Evidence-based population health promotion approaches to e-cigarette control	39/93 (41.9%)	52/93 (55.9%)	2/93 (2.2%)
How to design activities that target people who do not attend ACCHOs	37/92 (40.2%)	48/92 (52.2%)	7/92 (7.6%)
How to design activities that target particular priority groups	37/93 (39.8%)	53/93 (57.0%)	3/93 (3.2%)
How to design activities that target all LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live	36/93 (38.7%)	50/93 (53.8%)	7/93 (7.5%)
Where to find information about evidence-based population health promotion approaches to tobacco control	36/93 (38.7%)	55/93 (59.1%)	2/93 (2.2%)
Where to find information about evidence-based population health promotion approaches to e-cigarette control	34/93 (36.6%)	57/93 (61.3%)	2/93 (2.2%)

Figure 13: Changes in TIS staff survey respondents' understanding of different topics after engaging with National Support stakeholders (TIS staff survey, n=93)

Across all topics, between **51%-61% of staff reported no change in understanding**, **37%-47% if staff reported increased understanding**, while **less than 9% reported reduced understanding**



- Over 31% to 44% of TIS staff survey respondents reported increased intentions to take actions in different areas. The areas with the biggest increase in intentions are using evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups and using evidence-based approaches to tobacco control (see Table 16 and Figure 14).
- Around 50% to 60% of TIS staff survey respondents reported no change in intentions to take actions in different areas after engaging with National Support stakeholders (see Table 16).
- A small number of TIS staff reported reduced intention to take actions (see Table 16). Most notably, 7% of TIS staff survey respondents (n=81) reported a decrease in intentions to draw on local knowledge when developing tobacco and/or e-cigarette control activities.

Table 16: Changes in TIS staff survey respondents' intentions to take actions in different areas after engaging with National Supports (TIS staff survey, n=80 to 86*)

Whether TIS staff intend to…	Increased intentions (n, %)	No change in intentions (n, %)	Reduced intentions (n, %)
Use evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	38/86 (44.2%)	46/86 (53.5%)	2/86 (2.3%)
Use evidence-based population health promotion approaches to tobacco control	37/86 (43.0%)	45/86 (52.3%)	4/86 (4.7%)
Use evidence-based population health promotion approaches to e-cigarette control	34/86 (39.5%)	51/86 (59.3%)	1/86 (1.2%)
Target LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	31/82 (37.8%)	47/82 (57.3%)	4/82 (4.9%)
Target particular priority groups when designing activities	30/81 (37.0%)	47/81 (58.0%)	4/81 (4.9%)
Consider the eligibility of activities when developing plans	30/84 (35.7%)	50/84 (59.5%)	4/84 (4.8%)
Draw on local knowledge when developing tobacco and/or e-cigarette control activities	29/81 (35.8%)	46/81 (56.8%)	6/81 (7.4%)
Target people who do not attend ACCHOs when designing activities	25/80 (31.3%)	50/80 (62.5%)	5/80 (6.3%)

*__Note__: Total responses per question ranged from 80 to 86, as participation was voluntary and not all respondents answered every item.

- Similar patterns can be observed in TIS staff's reports on the impact of National Supports on their intentions to take actions (see Table 17). 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 17).

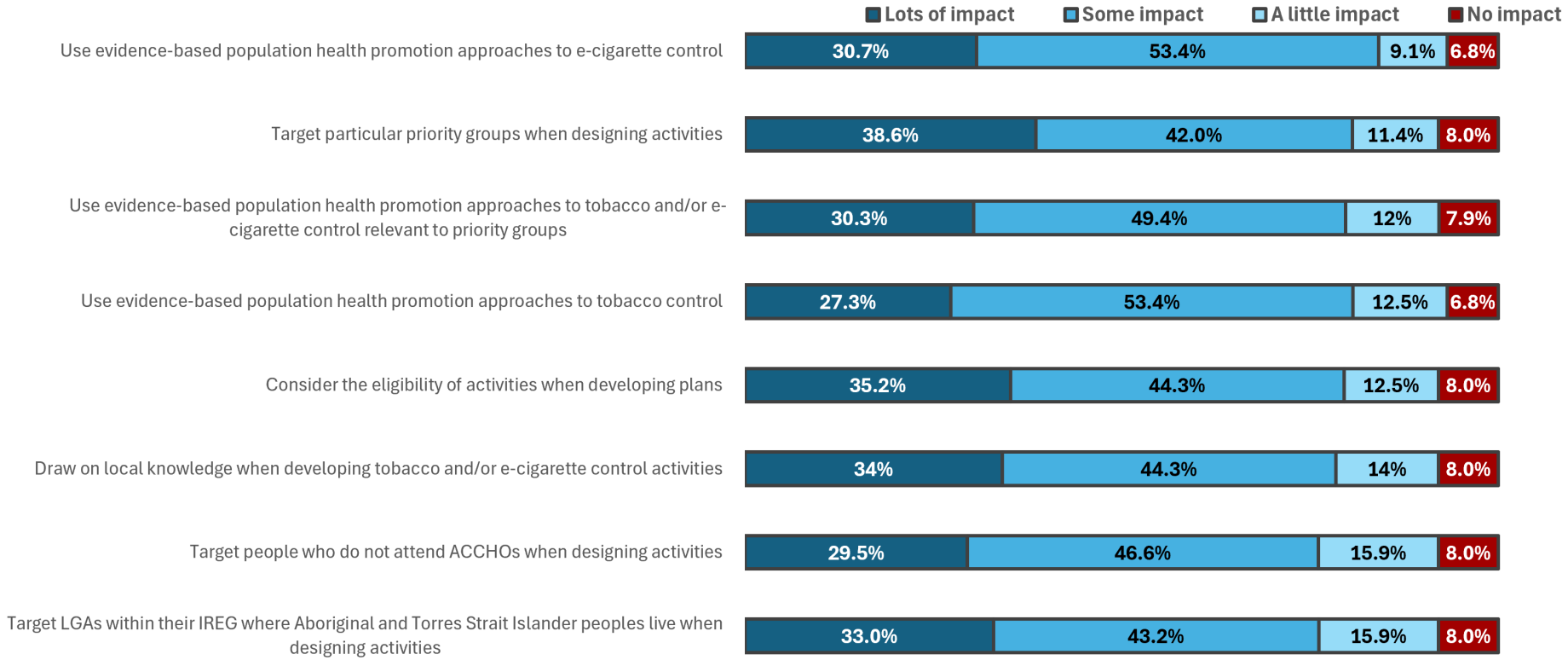
- Around 9% to 16% of TIS staff survey respondents (n=88) reported that National Supports had 'a little impact' on their intentions, and around 7% to 8% reported no impact (see Table 17).
- Overall, this suggests that:
  - National Supports had a large influence on the intentions of around one third of TIS staff, and some influence over half of TIS staff.
  - However, a small percentage of TIS staff survey respondents reported no influence on their intentions to take actions after engaging with National Supports.

Table 17: Impact of National supports on TIS staff survey respondents' intentions to take actions in different areas (TIS staff survey, n=88)

Whether TIS staff intend to…	Lots of impact (n, %)	Some impact (n, %)	A little impact (n, %)	No impact (n, %)
Target particular priority groups when designing activities	34/88 (38.6%)	37/88 (42.0%)	10/88 (11.4%)	7/88 (8.0%)
Consider the eligibility of activities when developing plans	31/88 (35.2%)	39/88 (44.3%)	11/88 (12.5%)	7/88 (8.0%)
Draw on local knowledge when developing tobacco and/or e-cigarette control activities	30/88 (34.1%)	39/88 (44.3%)	12/88 (13.6%)	7/88 (8.0%)
Target LGAs within their IREG where Aboriginal and Torres Strait Islander peoples live when designing activities	29/88 (33.0%)	38/88 (43.2%)	14/88 (15.9%)	7/88 (8.0%)
Use evidence-based population health promotion approaches to tobacco and/or e-cigarette control relevant to priority groups	27/89 (30.3%)	44/89 (49.4%)	11/89 (12.4%)	7/89 (7.9%)
Use evidence-based population health promotion approaches to e-cigarette control	27/88 (30.7%)	47/88 (53.4%)	8/88 (9.1%)	6/88 (6.8%)
Target people who do not attend ACCHOs when designing activities	26/88 (29.5%)	41/88 (46.6%)	14/88 (15.9%)	7/88 (8.0%)
Use evidence-based population health promotion approaches to tobacco control	24/88 (27.3%)	47/88 (53.4%)	11/88 (12.5%)	6/88 (6.8%)

Figure 14: Impact of National Supports on TIS staff's intentions to take actions in different areas (TIS Staff Survey, n=88)

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



4.4.4 How effective do TIS staff think these supports have been? Where do they think improvements could be made?

Interviews and focus groups with TIS staff and coordinators at the end of 2025 indicate they found NBPU resources and support, Jurisdictional workshops and TIS national conferences, as well as the TISRIC website the top three, most effective supports.

TIS staff and coordinators identified a broad range of resources and support they found most effective from the NBPU. This indicates that NBPU is offering the right spectrum of support to teams.

> I would say NBPU [is the most useful in providing support to our team]. Just because they obviously have a little bit more communication with them, having program officers that oversee a certain amount of teams within different regions and stuff like that. So communicating with them about upcoming events, communicating with them about site visits and things that we could work on together when those site visits take place, if we need any additional support and monitoring and evaluation, and things like that. And then obviously they run the jurisdictional workshops, and national workshops as well. – TIS Coordinator

Some TIS staff and coordinators also spoke about finding the Department's support with reporting, guidance and support from ANU, and support from their lead RTCG the most effective for them. While technically, the lead RTCG overseeing subcontracted organisations is not considered part of the TIS National Supports structure, they do provide a critical function for that structure – passing along insights, methodologies, and guidance from the NBPU, National Coordinator, and the Department on to their subcontractors.

> Every time it's coming up to a reporting period, we have online sessions for the portal. [The Health Data Portal team], they have online sessions with any updates. So, it's better for us to navigate the reporting portal. Yeah. And any changes to the reporting, we have a Teams meeting with everyone, every other TIS team and that makes it easier for us to understand on how to report properly. – TIS Coordinator

A2: ANU, I reckon. ANU as well.

A3: Yeah, ANU. Australia National University in Canberra.

Q: So why do you think they were really useful?

A2: They come from a research background and they have a lot of experience with working in the program. And their practices around surveys for example, they've already been tested so they have a lot of knowledge and experience with working with teams and then giving us the space to workshop ideas as well and give us guidance and they're qualified. – TIS Staff

Probably ours would just be the [resources from our TIS lead organisation, the grant recipient]. Basically, everything that we use for TIS and to run our programs comes from [them]. – TIS Coordinator

Interviews and focus groups with TIS staff and coordinators at the end of 2025 also shed light on areas for improvement with supports.

TIS teams with whom we spoke suggested getting access to more trainings on the harms of vaping and smoking, benefits of quitting, and harms of second-hand smoke and aerosol. Particularly for new TIS team staff, to supplement the induction pack that they felt just provides an orientation to the TISRIC website.

What if there was like a TIS unit or like a training thing for – I know there's an induction … on the TIS website. But what if there was actually a training thing that goes over the harms of cigarettes, harms of vapes? …So what if it was in one place so it makes it easier for the educator to start instead of spending two weeks trying to find all that information? – TIS Staff

Other TIS staff and coordinators suggested having more small-scale jurisdictional workshops would be a good way to improve support from the national level. None seemed to be implying discontinuing the larger-scale workshops, they appeared to be suggesting some supplementary workshops be held throughout the year. Some suggested state-/territory-based workshops, others suggested urban-, regional-, and remote-based workshops, and others were not specific but simply suggested offering more opportunities for TIS teams to come together and share with one another.

Another suggestion for improving national supports was to provide access to more recent research and data that TIS teams can use for their educational sessions in community. Some staff and coordinators were not specific about the type of research or data they wished to have access to, but others mentioned wanting more information about vaping, data about the prevalence of vaping at local levels, changes to legislation (e-cigarettes and illicit tobacco), and health effects of smoking and vaping.

Some TIS staff and coordinators explained it can sometimes be challenging to be assigned an NBPU Program Officer with less experience in TIS than they have. They explained this can sometimes lead to the Program Officer going to the TIS team for guidance and support when they felt the relationship was supposed to be the other way around, or the Program Officer providing feedback that is not helpful or reflective of best practice within the program.

> Someone will get put into that role in the NBPU where they're responsible for us, but they actually know less about the TIS program than we do because we've been working in it for a while. And so, you send off something and then they'll make all these comments that you think, well no, I don't agree with that. And that's because they haven't been immersed in the program for very long, they come straight in. – TIS Staff

In these instances, staff and coordinators suggested they be given more leeway by the Program Officers with less experience or that they be referred to NBPU staff with more experience. While it is not clear if these suggestions can be implemented by NBPU or if they would work, there is evidence that some improvements could be made to the onboarding and supports provided to NBPU Program Officers who are new to the TIS program, to ensure they are best positioned to support the TIS teams they have been assigned.

Other suggestions TIS staff and coordinators made for improvements to supports included:

- Developing and providing standardised trainings for all TIS workers including induction training and training on cigarettes and vapes that gets updated regularly as new data and best practice comes out

- Providing TIS teams with more help adapting activities or messages to their communities
- NBPU doing more in-person site visits to TIS teams, so they can better understand their contexts and circumstances
- Providing TIS teams with easier access to the resources developed by other TIS teams (for instance via the App that NBPU has been developing)
- Subcontracted TIS teams getting direct access to support, evidence, and data provided by NBPU
- Streamlining supports so there is just one person or entity TIS teams interact with, instead of DSS, DHDA, and NBPU separately, or ensuring all entities are in agreement and are well-informed so they can provide consistent advice to teams

4.4.5 What supports are provided to TIS Grant Recipient Organisations?

TIS CEOs surveyed said they most frequently met with DHDA. Specifically, eight CEOs surveyed (8/10) met with DHDA at least once in the last 6 months (see Table 18). Six out of 10 CEOs surveyed said they met with the National Coordinator at least once in the last 6 months (see Table 18).

Table 18: 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	5/10	0/10	1/10
NBPU	5/10	4/10	1/10	0/10
Community Grants Hub staff	5/10	3/10	2/10	0/10
Department of Health, Disability and Ageing	2/10	3/10	3/10	2/10

Interviews and focus groups with National Supports clarified what these meetings looked like. Typically, they were either ad hoc meetings to build relationships or they were meetings to discuss and resolve administration or performance issues.

> For example, when the department has meetings with stakeholders, [a CEO from a TIS-funded organisation] might be coming to do a meet and greet to maintain their relationship with the department. […] but then we [as a TIS

National Support Stakeholder] will also meet them [then]. […] So we would also take the opportunity to connect with them at those opportunities. – National Support Stakeholder

When issues around service delivery warrant a significant escalation, we [as a TIS National Support Stakeholder] will be involved because it's important that they hear from a [TIS program] perspective why these risks are needing to be discussed and addressed. […] Sometimes [we'll meet because] it's good practice partnership building and other times [we'll meet because] the organisation would benefit from additional understanding of the [TIS program context] to help move an issue forward. That's when we tend to get involved. – National Support Stakeholder

Most CEOs surveyed agreed that they received clear information about the TIS program from National Supports. Survey responses indicated that information about eligible activities was the clearest, while guidance on appropriate partnership arrangements and population health approaches was less clear. Table 19 below provides the specific breakdown of responses.

Table 19: CEOs' agreement with clarity of National Supports' information about the TIS program (TIS CEO survey, n=10)

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)	Disagree (n)
Eligible activities in the TIS program	2/10	8/10	0	0
Allowed staffing arrangements under the TIS grant	3/10	6/10	1/10	0
The expenditure requirements for the TIS grant	3/10	6/10	1/10	0
How funding received through TIS can be spent	3/10	6/10	1/10	0
Appropriate partnership arrangements for TIS	3/10	4/10	2/10	1/10
Population health approaches	2/10	5/10	2/10	1/10

4.4.6 What impact do these supports have on the knowledge and attitude of TIS grant recipient organisations' CEOs?

National Supports had a positive impact on the knowledge of TIS CEOs about permittable spending, eligibility of activities, appropriate partnership arrangements, but a lesser impact on knowledge about permittable staffing arrangements. While most CEOs surveyed understood the importance of population health approaches, a few organisations indicated that they might need extra support to actually implement these approaches.

- All surveyed CEOs (10/10) understood that the TIS grant can only be spent on TIS activities.
- Most CEOs surveyed were able to identify eligible activities; however, 3 out of 10 incorrectly identified one-on-one coaching as an eligible activity.
- The majority of CEOs surveyed (8/10) were able to correctly identify what are considered appropriate partnership arrangements.
- While most CEOs surveyed were able to identify some aspects of permittable staffing arrangements, 3 out of 10 incorrectly identified that it is permittable to have staff who are 100% funded by TIS work on TIS and other projects.
- Most CEO survey respondents could correctly identify what are considered population health approaches; however, a small number said they did not understand the importance of a population health approach. Specifically:
  - All CEO survey respondents (10/10) correctly identified 'education program at a school about the harms of tobacco' as a population health approach. Six (6/10) correctly identified 'designing and funding a bus wrap promoting a local quit support service' as a population health approach, which is an improvement from Wave 1 results.
  - While the majority of surveyed CEOs (8/10) agreed that they understand the importance of a population health approach, two CEOs (2/10) strongly disagreed that they understand this importance, suggesting that a small number of CEOs might need extra support in this area.
- The majority of surveyed CEOs (7/10) strongly agreed that their organisations have systems in place to support staff to use a population health approach, three

disagreed. Nearly half (4/10) said it is challenging to integrate a population health approach into their organisational practice. Taken together, this suggests that while many organisations might feel structurally prepared, a significant number still experience practical difficulties when trying to apply a population health approach in practice.

National Supports also seemed to have a positive impact on 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 majority of CEOs surveyed agreed that it is important for their organisation and for them to take a leadership role. All but one surveyed CEOs (9/10) reported that they are likely to take a leadership role.

Indeed, interviews and focus groups with TIS coordinators and staff illustrated ways that the CEOs at TIS-funded organisations are taking up this leadership role. Some talked about seeing this manifest in support for TIS teams, by CEOs granting teams the freedom to get on with their work and by promoting their messages and activities.

> So, our CEO and chairperson and board members, they're very supportive of the TIS team. They've given us access to a lot of our budget and very supportive of our activities. […] They promote our events, they show up to events. We get them to speak at our events. And they're always looking out for [opportunities for us] – [because] they're part of other organisations on the boards for other things. So, they're always promoting us and getting us to attend different events in the community. That helps us to get more exposure for TIS. – TIS Coordinator

Others talked about seeing CEOs step up in the tobacco and e-cigarette control space, outside of TIS.

> Our CEO, […], is even talking about working with [the TIS lead grant recipient] to implement a plan or a program to help our staff quit smoking. So that's something that [our CEO] is wanting. That's on the radar to yarn about. – TIS Coordinator
>
> [A] TIS-funded organisation is being consulted by state government to make sure that there's appropriate coordination and cultural consideration being given

to any tobacco campaign activity that they're doing or tobacco policy as well. – National Support Stakeholder

I think there'd be several organisations in TIS that have a level of influence over some of the work that's happening with their Cancer Council because they're on shared discussion forums. And the one that stands out for me is [in a particular state]. I know that there's a regular group that [the TIS-funded organisation] is involved with, which brings state government, the Quitline and the other Indigenous health providers all together. And so they [the TIS-funded organisation] have an opportunity to also influence what's happening in the broader Indigenous health and tobacco control space. – National Support Stakeholder

4.4.7 What impact do these supports have on the administrative performance of TIS teams?

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

- Only undertaking eligible activities.
- Producing AWPs, 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.

From interviews and focus groups we learned this was supported by the review and oversight of activities by the NBPU and the FAMs at DSS.

> So [ineligibility of activities is] picked up by the FAMs or it's picked up by NBPU. And NBPU through the reports, might have a comment on it and they'll go back and say, "Well, you can't do that under this program." Like one of the [teams would] like to … be able to buy NRTs, [but they] can't do it. But if they then go ahead and do it, that's when the FAMs will pick it up because they look at the detail of the funding […]. [NBPU] provides guidance on the work plan, but the compliance is what the FAMs look at. – National Support Stakeholder

- Monitoring and evaluation approaches: Nearly 100% of TIS teams (33/34) monitored all their activities and outcomes and applied lessons learnt from monitoring. On average, 99% of activities were monitored. In all but 1 IREG, 100% activities were monitored; in that IREG, 88% of their activities were monitored.
- Using all TIS allocated budget: The analysis of the grant acquittal data for the 2024-25 financial year revealed that:
  - RTCG recipients servicing 25% of IREGs (5/20) had a perfect or 'near' perfect spend. This means that in 25% of IREGs, RTCG recipients did not over-or underspend by more than $1,000.
  - No RTCG recipients reported an overspend.
  - In 75% of IREGs (15/20), RTCG recipients reported an underspend. The median amount of underspent was around $206,000 ($206,422.00, to be exact), indicating that half of the recipients underspent by $206,000 or less.
  - Overall, this shows that RTCG recipients serving 25% of IREGs (5/20) used all their TIS allocated budgets. Compared to the 2023-2024 financial year, 2024-25 had a higher level of underspend. This could be due to several reasons, such as the additional vaping funding still taking some time to be spent or due to staff turnover and challenges in recruiting, especially in more remote regions.
- Staffing of TIS teams:
  - Content analysis of the job titles of TIS staff survey respondents indicates that their job titles appropriately indicate their roles. Some examples of job titles reported included: TIS Worker, Health Promotion Officer, and Community Engagement Officer.

  - Regarding the length of employment, 60.3% (n=121) of TIS staff survey respondents have been in the role for at least one year. Nearly a fifth (18.2%, n=121) reported that they have been in their role for less than six months, and a fifth (21.5%) reported they have been in their role for between six to 12 months.

- The majority of TIS staff survey respondents (around 85%, n=108) 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 20).

Interviews and focus groups supported this finding, with details about how staff have flexibility, and indications that flexibility has improved over time in the program.

> We just go out. It's not restricted. We just go out and set up stalls in each community, where the shops and bus stops are, wherever we can get people and that. We go out and set up stalls and yeah. – TIS Staff

> Look, I was very, very encouraged by the last CEO meeting, to see the enthusiasm and interest by the CEOs. […] They've become more flexible in allowing people to work outside of normal working hours. And there was always this restriction [the CEOs cited], “You couldn't do it because our enterprise agreement doesn't allow for it, et cetera”. […] but also, I think the CEOs are having more confidence now and allowing staff to go and talk to other stakeholders, whereas they were very restricted before. And that was part of the issue that we had to resolve. – National Support Stakeholder

Some interviews and focus groups identified areas for improvement, however, as some organisations did not grant their TIS teams enough freedom.

> Where we don't have free rein […] is I think from higher in the organisation. So for example, as you would be aware, we are pretty generously funded. But [our TIS Coordinator] doesn't have the freedom to use our grant in the way necessarily that [they] want to. And in particular, that's in terms of paying the staff what they're worth. …. And I think part of the reason we can't attract the staff we need is because we are not offering enough within. And then even

within that, it's other things like having the equipment we want. For example, we're a health promotion program, we'd love to have say, iPads to take to events to do pledges and stuff whereas our organisation says, "No, you can't have iPads, we don't do Apple, Mac stuff, we have to have Android stuff." So we can't have or even having a designated TIS car for that sort of thing. "No, you can't have that. You have to use the pool car." So that […] frustrates […] all of us. – TIS Staff

They [the organisational managers] think that you got to sit around in the office all the time. You're supposed to be out and promoting stuff, but then when you go out there, they're like, "Where you've been, what you're doing"? Questioning you. I don't know, you can't win. And then you sit here all day in office twiddling your thumbs, how are you supposed to get out there and do your job if you're stuck in an office? That's not our job. – TIS Staff

- Over a third of TIS staff survey respondents (38%, 41/108) did not feel that 'there are enough people in the team to do the work well' (see Table 20).

Interviews and focus groups with TIS staff and coordinators illustrated why they felt understaffed but also ways they navigated that challenge.

Probably, I guess we would need another worker. We struggle sometimes trying to do our job as well as promote awareness around smoking and it would be good to have that extra worker to assist with that. – TIS Staff

It might be also a good time to mention that we do have quite a nice pool of casuals. Especially in that time that we were missing three project officers, we did have quite a bit of casual work. And it's just probably around between […] five or 10 people; that you would be able to be like, "hey, we need some support at an event or at a workshop, are you available?" So we definitely have a nice little consistent group that are familiar with the content, familiar with what we do, and how we work. And we pull on them when we need to. Because we were under capacity for a little while. But also, we just can't be in three places at once around NAIDOC, and when we've got one event in [one region], one [in another region], and one in [a third region]. So that's probably a good thing to mention in

terms of team dynamic; we definitely really pull on those casuals as well. – TIS Staff

- A quarter (25%, 27/108) of TIS staff survey respondents said that they did not have access to information about the funding available to their organisations (see Table 20).
- 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 each 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 20: TIS staff's perspectives about the arrangements of the TIS program at their organisations (TIS staff survey, n=108)

The extent to which TIS staff survey respondents agreed with the following statements	Strongly agree	Agree	Disagree	Strongly disagree
There is funding and flexibility for me to travel and stay overnight for TIS activities when needed.	45/108 (41.7%)	56/108 (51.9%)	4/108 (3.7%)	3/108 (2.8%)
There is funding and flexibility for me to travel for TIS activities when needed.	41/108 (38.0%)	60/108 (55.6%)	4/108 (3.7%)	3/108 (2.8%)
I am able to work over-time to accomplish my TIS work, if needed.	34/108 (31.5%)	59/108 (54.6%)	8/108 (7.4%)	7/108 (6.5%)
I am given flexibility to work outside of normal work hours to accomplish my TIS work, if needed.	33/108 (30.6%)	59/108 (54.6%)	12/108 (11.1%)	4/108 (3.7%)
Our team is currently staffed with people who have the right skills to do the work required of our team.	30/108 (27.8%)	61/108 (56.5%)	13/108 (12.0%)	4/108 (3.7%)
Information about the funding available for my organisations' TIS activities is easily available to me.	25/108 (23.1%)	56/108 (51.9%)	22/108 (20.4%)	5/108 (4.6%)
There are currently enough people in our team to do our work well.	20/108 (18.5%)	47/108 (43.5%)	29/108 (26.9%)	12/108 (11.1%)

- Partnerships: According to data provided by the Department of Health, Disability and Ageing in December 2025, formal partnerships had been confirmed in 26 out of 34 IREGs.

Among the TIS coordinators with whom we spoke about partnerships, most indicated their subcontractors were performing as expected and the relationships were strong. Some coordinators and staff indicated, however, that their subcontractors were underperforming, and the partnership was fairly strained.

> Yeah. They're doing a great job. No real challenges other than weather affecting events that come to mind. [Subcontracted organisation] has been delivering loads of different TIS activities. They're a little bit more restricted by having a smaller team and a larger area to cover. But they're still delivering their activities as they agreed to and having a great impact on their communities. Same with [our other subcontracted organisation]. – TIS Coordinator
>
> One we have, I'm not sure we have yet, but I think we're about to rip up a contract with one of them just because it's been three years and they haven't even advertised a worker. And they've been taking the subcontract money. Besides them, for the most part [our other subcontractors have] been pretty good and the partnerships have been great. – TIS Coordinator
>
> We are supposed to be in a partnership with [a subcontracted organisation]. And that has proved to be very difficult. […] [our TIS Coordinator] is meant to have a meeting with them every month or so and they keep putting it off. We invite them to things, but they don't come. […] Even with our brand guidelines of the logo and our artwork and stuff, they just went off rogue really and just suddenly developed their own shirts and were giving them out to community members that were meant to be […] just for staff. We're supposed to collaborate on things or at least communicate as to who's doing what. […] they're putting messages out to the community that probably aren't really right. And so instead of working with us, we've felt that they're working against us. – TIS Staff

Interviews and focus groups identified two main enablers to good partnerships with subcontracted organisations:

- providing training and support to subcontractors
- taking an active role in managing the performance of subcontractors

TIS Coordinators and staff identified that providing training and support to subcontractors to onboard new staff, for activity and message development, and for reporting has really helped partnerships flourish. Some lead organisations develop materials that get passed on to their subcontractors, while others just check the materials their subcontractors develop. In these areas, the lead TIS-funded organisations almost become a mini-NBPU for their subcontractors.

> At the start we had a little bit of a staff turnover for [one of our subcontractors]. And that happened a couple of times. So we started getting them down here and doing a full week with them before they really start in their position. […] Yeah. What we do, is say, “Come watch the existing staff deliver so you know what to do.” And then after that we've handheld on a couple for their first few goes and then they've been able to go and do their own thing. But I link in with their managers as well. - TIS Coordinator
>
> [The lead organisation is] more established than we are. So [the TIS Coordinator at the lead organisation] down there is amazing and helping us find our feet sort of thing and guiding us with what looks good and what not, and what we should do, but like proposing stuff on how to grab the attention of our communities and our school kids. – TIS Coordinator
>
> So this year, I think we're very fortunate […] because when it comes to World No-Tobacco Day or like tobacco and vaping specific informational days, or activities or events that we – the team based in [the lead TIS-funded organisation], they support us and they give us the content and what we need to do. We come up with ideas ourselves, but we're very fortunate that they take the lead and they support and supply us with all of the ideas. – TIS Coordinator
>
> What is working well is that we have good collaboration, and [we build in] support mechanisms. For example, we have a Program Development team that offers training and support, and site visits. This is especially important with subcontractors in remote areas who have high staff turnover. The Program

> Development team also reviews content of TIS materials to make sure that they are up to date with best practice. – TIS Coordinator

Another key enabler is that the lead RTCG takes an active role in managing the performance of subcontractors. This means setting up systems and structures that foster communication and team building. It also means that if underperformance becomes apparent, the lead steps in and tries to work with the subcontracted organisation to work out a solution and path forward. This level of management is only possible, however, when the lead RTCG has identified this as a role and funded their TIS team accordingly because it does take time and effort.

> […] You're just working with people. I mean obviously it's a little bit harder to coordinate activities with people in other organisations than in your own organisation. You're not physically co-located. You're not - don't have the same manager and all that sort of thing. So it necessarily makes supporting the workers harder. So the way the program has been structured necessarily creates challenges for supporting the workers on the ground. Now we've invested a lot of time in that by having regular meetings, setting up regular meetings with them. But it's the nature of the program that we've designed. – TIS Coordinator
>
> We gave another [subcontractor] one warning. […] So we'd line all the managers and higher ups, gave them a talking to just to say, “If you don't employ someone, we’re going to terminate the contract”. [But for others, we’ve said,] “If you haven't done the work so far. You've had workers, but the workers have been slack, we're not going to just rip the contract off you. We want to make sure that's the last thing you want to do. We just want to make sure you get your workers and get them out and about doing more stuff. We’ll give you 12 months to see improvement.” Then it's not just hanging off you because, yeah, that doesn't really help anyone, really. The community misses out. – TIS Coordinator

Interviews and focus groups identified two main challenges to partnerships with subcontracted organisations:

- Poor communication
- Lack of staff capacity within the subcontracted organisation

Poor communication was a critical challenge and barrier to effective partnerships. This manifested sometimes as just a lack of communication between organisations, but other times as more serious disagreements between organisations about money, branding, or eligibility of activities. Unfortunately, in some instances the poor communication was the result of negative relationships between the organisations or people within the organisations. Other times the poor communication seemed to be the result of onerous structures and limited experience in management or leadership by the lead TIS team.

> But [one of our TIS team members] previously worked with [our subcontractor] and he had his IP stolen there. And then for him to be working with us and then to see [the subcontractor] do it again with our artwork, it just really [upset him] and he was very, very disappointed. – TIS Coordinator
>
> So [our subcontracted organisation] turned up to a planning day in January last year that I wasn't at. I [heard] the CEO or the head of that [organisation] walked in and said, "We're just here to steal your ideas," at the planning day that we were all meant to be at together. So that set the tone for the whole relationship. – TIS Staff
>
> In terms of challenges working with subcontractors, the TIS Coordinator referred to the way in which the subcontracted TIS staff report to their line managers, i.e. not the TIS Manager. Therefore, for example, if the TIS Manager is looking to arrange training for TIS staff, approval must first be sought by respective line managers before training dates can be locked in. Although this wasn’t described as a barrier to the way the team operates, this was described as an additional administrative task for the TIS Manager. – Researcher field notes from an interview with a TIS Coordinator

Lack of staff capacity within the subcontracted organisation was another critical barrier, because it prevented the organisation from delivering on its promises. High staff turnover and inexperienced staff within the subcontracted organisations were identified most often by TIS coordinators, as the cause of this challenge. It was apparent from

interviews and focus groups that in some instances, the inexperienced staff within the subcontracted organisations went on to struggle prioritising competing demands from their lead TIS organisation and their host organisation.

> Unfortunately, it's been really difficult for [our subcontractor] to recruit to the TIS position. It's difficult to recruit anywhere in [that region] and so it's been [up to us to spread out team across that region] because even though we're subcontracting someone, they don't have anyone to do the work. – TIS Coordinator
>
> We've had two workers [in two of our subcontracted organisations who] just took the piss. I don't know really any other way to say it. One of them […] ran the social media. Another was an Aboriginal health practitioner, who ran men's groups and did everything, but didn't do any work. Had all these titles but didn't do any work. […] So that was hard because then – yeah, like you can't force them to work. You can't manage them [from here, the lead RTCG recipient]. That has to come from there, that organisation, to sort this out. – TIS Coordinator
>
> My honest opinion, the transition over has not been smooth. So because we follow – we come under two directions: one from [the lead TIS-funded organisation] and one from [our] health service. We're following two different directives, and it's a mess. It can be messy. So we're getting told – instructed we can do this, but then the other mob is saying we can't. There's a lot of pushbacks. – TIS Staff

4.4.8 How are National Supports helping shape the environments in which TIS teams operate?

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

The National Coordinator continues to play an advocacy and guidance role through various channels, including speeches at international and national conferences and

workshops, site visits to some grant recipient organisations, and the monthly NBPU newsletter.

> Equally, the ongoing promotion of the TIS program. And just as an example, […] the Centre of Excellence in Indigenous Futures, the advisory body for that […] had their international conference last week. And quite a number of times whenever there was a reference to smoking, people would say, "[the National Coordinator]'s here. We're going to make sure that we do this and we do that." And so that starts the discussion around [TIS and tobacco and e-cigarette control]. – National Support Stakeholder
>
> Then we get down to the monthly production of the NBPU newsletter, which [the National Coordinator has] a column on, the opening column to that. And so that brings in a lot of reporting back to the community, which is so important about some of the big issues that are taking place across governments. And that's both at the federal and the state and territory level to help elevate the understanding and enabling our staff to gain an appreciation of why we do what we do. And how it's all interrelated. […And] wherever possible, [the National Coordinator tries to] link up with the local team in the region and have a chat to them, but the key thing is [to not] trip over what NBPU's role is. So that people understand that [NBPU is] the prime interface on the TIS program, and [the National Coordinator is] there to provide high level support. – National Support Stakeholder

At the national level the National Coordinator works with the other National Support Stakeholders (the Department, NBPU, and the evaluators) to coordinate the overall program at a national level, so it fits with policy changes, the broader tobacco and e-cigarette control, and the community landscape. In addition, his role is to provide insights to NBPU that may help them with on-the-ground support to TIS teams. His national role also includes working across government agencies to problem solve and identify opportunities to maximise the impact and benefit of the TIS program. Finally, his role is also to promote the TIS program and awareness of tobacco and e-cigarette control among Aboriginal and Torres Strait Islander communities to diverse stakeholders. The aim of these activities is to help enable the success of the TIS

program and the work of TIS teams. The following quote illustrates an example of how he does this work.

> [In the National Coordinator's] interactions with other agencies, government agencies, as well as with politicians, [it's possible to] just try and identify if there's any issues or any opportunities mainly that might come up. And what [the National Coordinator's] able to bring is how to de-silo some of the organisations and get the maximum benefit out of the work that we do. And just as an example through other work that [the National Coordinator's] been doing [with a community and one of the universities, has opened up the opportunity to…] look at recycling materials up in [this remote community]. But as part of that project, [the National Coordinator's] also got [the university centre] to start doing some work on recycling vapes because there's no recycling facility in Australia or globally really for vapes in a way. So they're doing the analysis of all the chemicals that are in it. How do you break it down, what can be used and what can't be used and so forth. So that's just one of the types of spinoffs that [the program] gets that [the National Coordinator's] able to bring to these fora. – National Support Stakeholder

As the Department of Health, Disability and Ageing's role is to work with state and territory governments on tobacco and e-cigarette, at the state and territory level the National Coordinator's role is more focused on TIS teams. Here, his focus is on providing broad, high-level leadership to teams, like encouraging expenditure of TIS budgets on eligible activities, encouraging teams to be evidence- and community-based in their activities, providing them insight into changes in tobacco and vape consumption nationally among Aboriginal and Torres Strait Islander peoples, and encouraging teams to promote TIS when they have the opportunity in relevant state or territory forums.

> [The National Coordinator] guides our approach and he's there at every workshop, at every opportunity to talk to TIS teams telling us, "Get out there and spend your budget. Don't be sending it back. Make sure that you're doing work that works for your community and that we were always working hand in hand with our community." – TIS Coordinator

The NBPU also continues to play a role at national and state/territory levels by promoting the TIS program and evidence-based approaches to tobacco and e-cigarette control among Aboriginal and Torres Strait Islander communities. First and foremost, their role is to provide TIS teams access to evidence-based approaches, which they do through the avenues previously outlined in this report. In addition, NBPU promotes these approaches to the broader sector through presentations at conferences and workshops. Between May and October 2025, the NBPU presented at the Australian Public Health Conference. In this period NBPU representatives also served on four external working groups and committees to shape the tobacco and e-cigarette control landscape, to make it easier for TIS teams to do their own work and realise impact.

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 following evaluation question:

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?

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 good success in changing knowledge and attitudes towards tobacco and e-cigarette control. They reported that between 44% and 75% of all their activities delivered in the Jan-Jun 2025 period improved people's knowledge and attitudes.

What do TIS teams think have been the most successful activities and why?

- TIS teams used a wide range of activity types—some activities seemed more successful at targeting domains of knowledge and attitudes than others. Development and distribution of interactive promotional resources, traditional media campaigns, and developing smoke- and vape-free environments appeared most successful, according to data in Performance Reports.
- While some TIS teams also reported in interviews and focus groups that those activities were impactful, many reported thinking that community education was the most successful.
- In the focus groups, TIS teams identified community education as impactful because TIS teams can tailor their messages in real time and over time, to reach different types of audience. Community education is often delivered in schools or other settings with regular attendees – so

being able to regularly deliver sessions enabled TIS teams to have an impact.

- TIS teams also identified interactive and fun activities as having an impact, in addition to referrals to quit supports and including community successful quit stories in TIS messaging.

What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?

Overall, while TIS teams faced several challenges in changing knowledge and attitudes, they overcame these by being persistent and consistent with activities and messages, improving the use of evidence and evaluation, and being creative and flexible.

- Challenges that TIS teams faced in changing knowledge:
  - Individuals being resistant to messages or information. TIS teams navigated this with persistence and consistency – continuing to show up and repeating the messages, using different means to get people to engage.
  - Difficulty getting people exposed to information and determining if exposure had an impact on knowledge. TIS teams countered this with preparation, flexibility, and improved evaluation and measurement.
  - The existence of confusing information about vapes, native tobacco and illicit tobacco. TIS teams are still working out how to navigate this, especially as information about vapes and illicit tobacco is still emerging. Teams recognise that they can overcome this with persistent, high quality, evidence-based information dissemination.
- The challenges that TIS teams faced in changing attitudes:
  - Low readiness to quit. TIS teams identified consistency and persistence as ways to encounter this.
  - Limited access to quit support in the community. TIS teams do what they can to refer people to available quit supports.

- Difficulty navigating conversations about quitting. TIS teams try to overcome this by avoiding confrontation and trying to create opportunities for people to engage, if and when they are ready.

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 creation and enforcement of smoke-free spaces?

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 75% of all activities (104/138) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's knowledge about the harms of tobacco and e-cigarette use as a result of delivering the activities.

- Development and distribution of branded collateral was the most commonly used activity type, as reported in Performance Reports. And this quote illustrates its impact.

> The aim of the TIS program is really around improving the knowledge of smoking-related harms. And I think our branding has been really successful, and we have a huge footprint with schools and most stakeholders in community. And so many people can repeat back to us the education that is provided to them. So I'd say, yeah, certainly in improving people's awareness of the harms of tobacco smoking, the program is successful. – TIS Coordinator

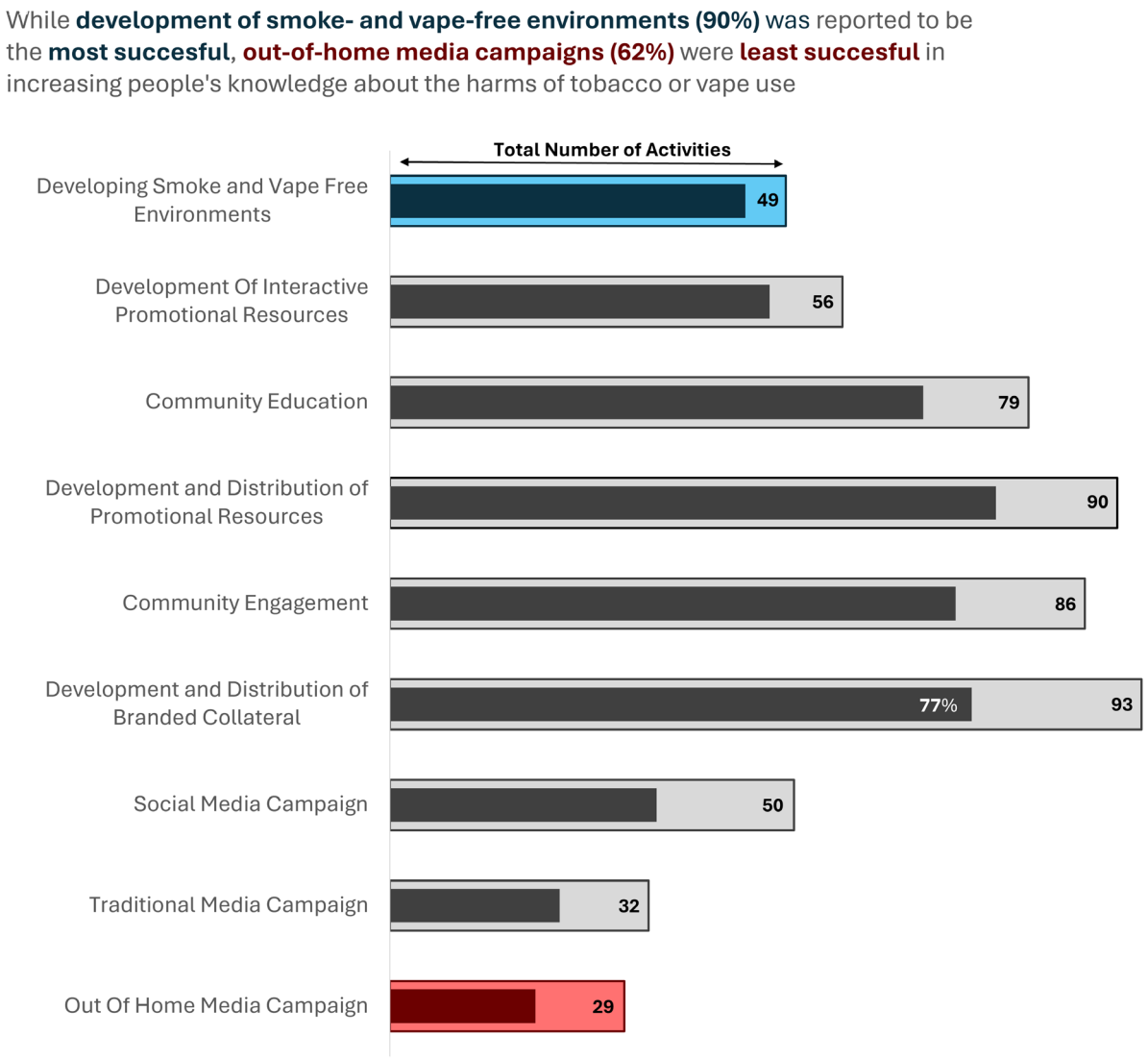
- Developing smoke and vape free environments, however, appeared to be the most successful in increasing people's knowledge about the harms of tobacco and e-cigarettes. Teams reported that 90% of all activities they did in the Jan-Jun 2025 period to help people and organisations develop smoke and vape free environments

increased peoples' knowledge. This quote illustrates one of the mechanisms for that knowledge gain – through children and young people.

> The kids are really taking the messaging home and talking to their parents about second-hand smoke, third-hand smoke, the health impacts, designated areas in the house to smoke. We are getting that education across around that. – TIS Coordinator

- For the other activity types, TIS teams reported that between 62% and 84% of these activities yielded increases to people's knowledge about tobacco and vape harms.

Figure 15: Percentage of activities by activity type that increased people's knowledge about the harms of tobacco or vape use (Jan-Jun 2025 Performance Reports, n=34)



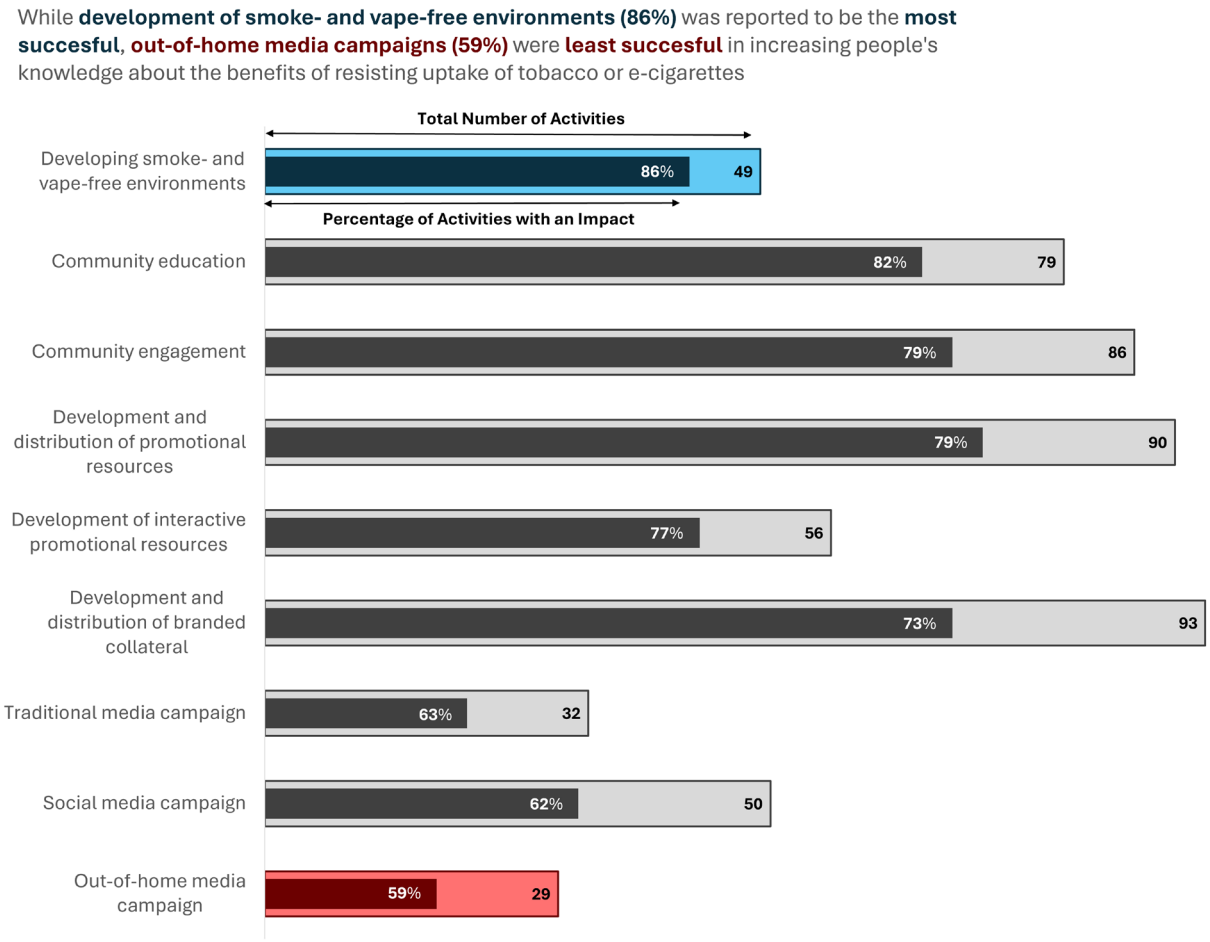
Knowledge about benefits of resisting uptake

For 72% of all activities (100/138) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's knowledge about the benefits of not using tobacco or vapes as a result of delivering the activities.

- Development and distribution of branded collateral was the most commonly used activity type. And teams reported that 73% of all activities they delivered in the Jan-Jun 2025 period to develop and distribute branded collateral increased people's knowledge about the benefits of resisting uptake.

- Developing smoke and vape free environments, again appeared to be the most successful in increasing people's knowledge about the benefits of not using tobacco or e-cigarettes. Teams reported that 86% of all activities they did in the Jan-Jun 2025 period to help people and organisations develop smoke and vape free environments increased peoples' knowledge about the benefits of resisting uptake. Delivering this type of activity, however, was not hugely widespread.
- Out-of-home media campaigns appeared to be the least successful, with TIS teams reportedly observing people's knowledge increase as a result of only 59% of out-of-home media campaigns. It is possible, however, that this lower reported impact is largely because it is harder to collect data and observe a change in knowledge via media campaigns than other types of activities.
- For most of the other activity types, TIS teams reported that around 70% to 80% of these activities yielded increases to peoples' knowledge.

Figure 16: Percentage of activities by activity type that increased people's knowledge of the benefits of not using tobacco or vapes (Jan-Jun 2025 Performance Reports, n=34)



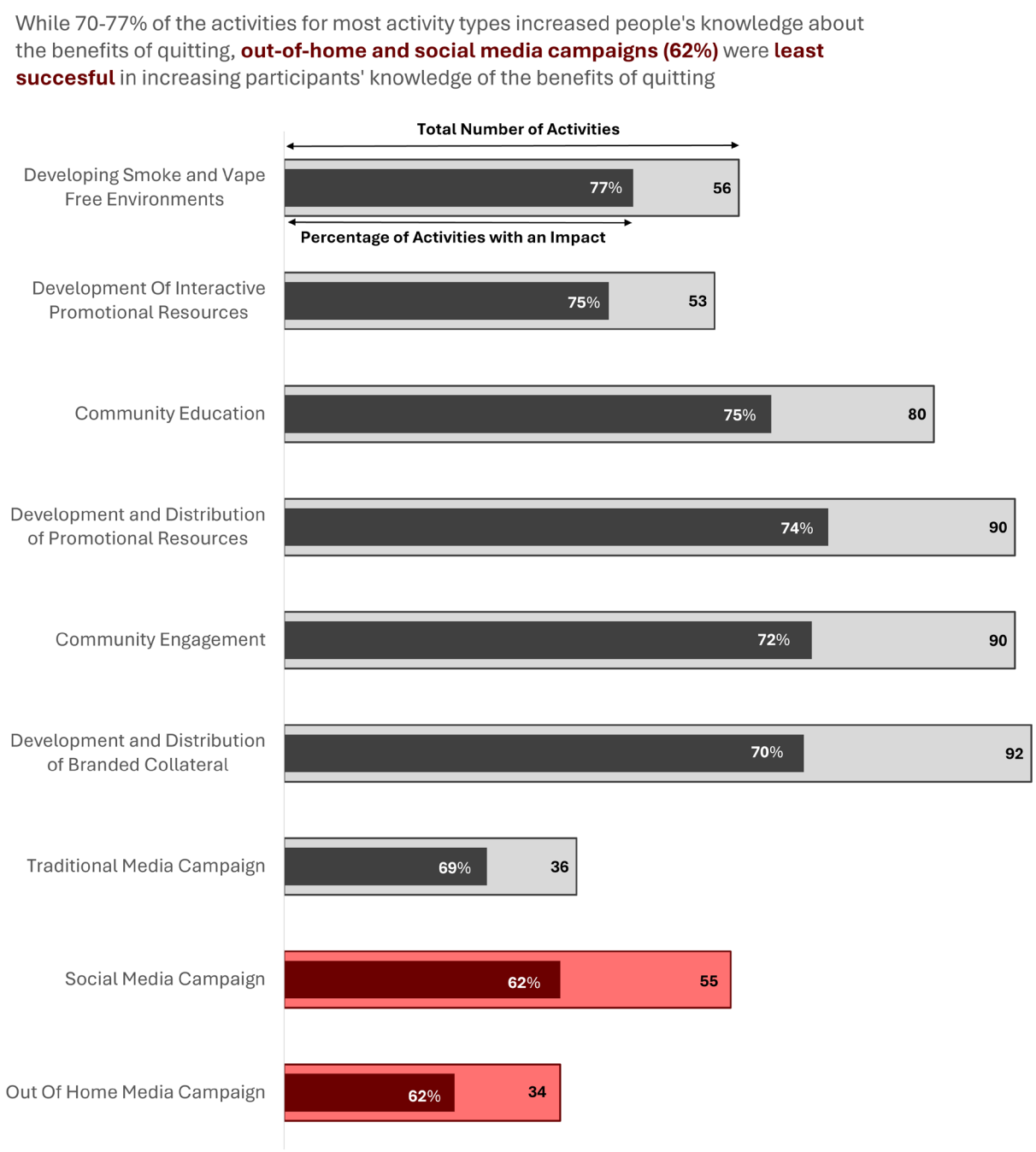
4.5.1.2 TIS teams' reports of how their work has changed their intended audience's knowledge about the benefits of quitting

For 69% of all activities (94/137) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's knowledge about the benefits of quitting as a result.

- Development and distribution of branded collateral was the most commonly used activity type. And teams reported that 70% of all activities they delivered in the Jan-Jun 2025 period to develop and distribute branded collateral increased people's knowledge about the benefits of quitting.

- TIS teams reported that around 60% to 80% of activities yielded increases to people's knowledge about the benefits of quitting. There were no activity types that stood out as 'most successful', as at least 70% of the activities of most activity types yielded increases to knowledge, except for social media and out-of-home media campaigns where only 62% of these campaigns appeared to yield an increase in people's knowledge about quitting. But again, this lower impact may be due to challenges TIS teams have with measurement.

Figure 17: Percentage of activities by activity type that increased people's knowledge of benefits of quitting tobacco or vapes (Jan-Jun 2025 Performance Reports, n=34)

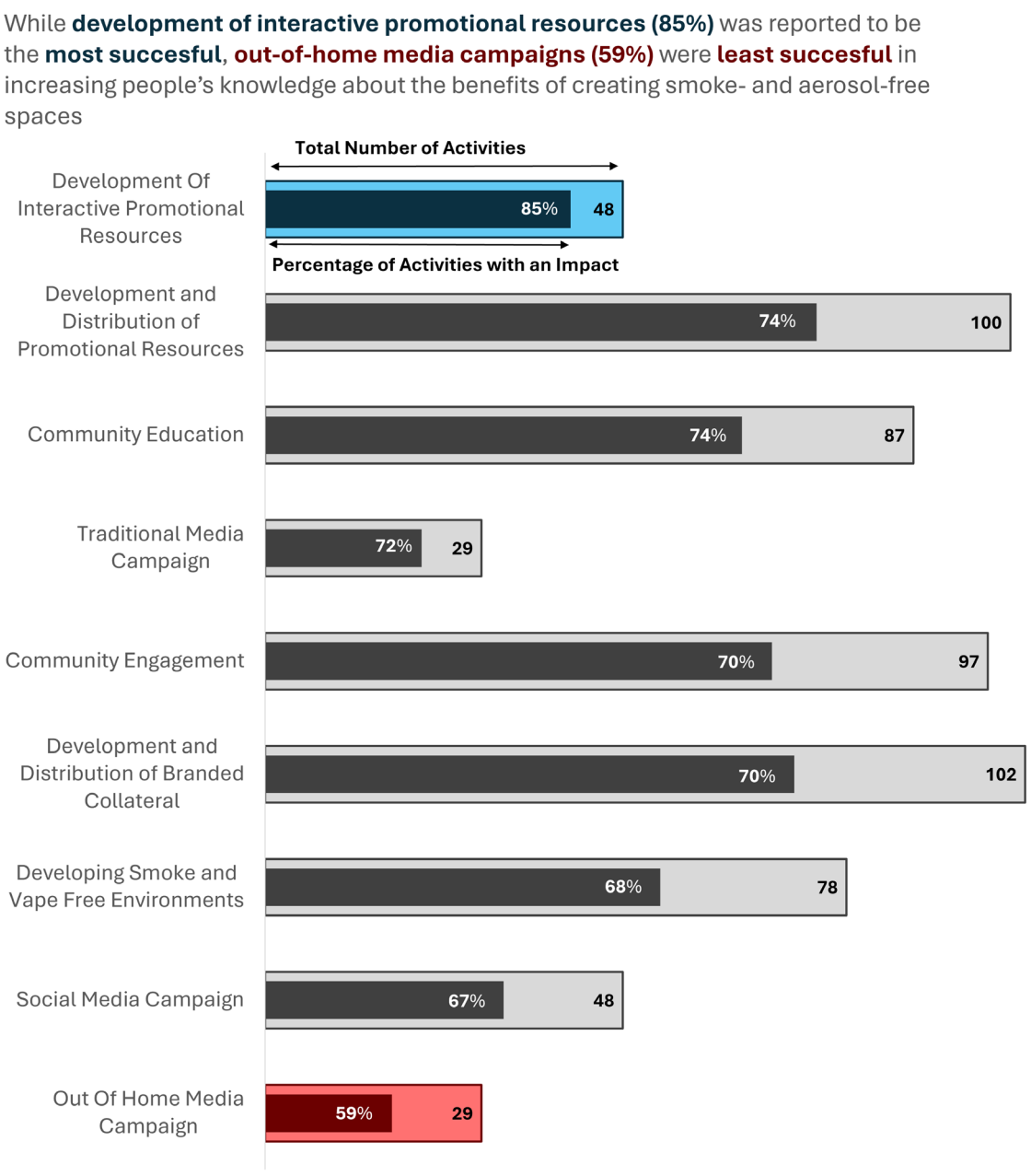


4.5.1.3 TIS teams' reports of how their work has changed their intended audience's knowledge about the benefits of reducing exposure through creation and maintenance of smoke- and/or aerosol-free spaces

For 66% of all activities (93/140) delivered in the January to June 2025 period, TIS teams reported increasing people's knowledge about the benefits of creating smoke- and aerosol-free spaces as a result of delivering the activities.

- Development and distribution of branded collateral and development and distribution of promotional resources were the most commonly used activity types, to increase people's knowledge about the benefits of creating smoke- and aerosol-free spaces. And teams reported that 70% of all these activities they delivered in the Jan-Jun 2025 period increased people's knowledge about the benefits of creating smoke- and aerosol-free spaces.
- Development and distribution of interactive promotional resources, however, appeared to be the most successful at increasing people's knowledge about the benefits of creating smoke- and aerosol-free spaces. Teams reported that 85% of all the interactive promotional resource activities they delivered in the Jan-Jun 2025 period increased people's knowledge about the benefits of creating smoke- and aerosol-free spaces.
- Out-of-home media campaigns appeared to be less successful with less than 60% of these activities yielding an increase in people's knowledge. But again, this may be due to the difficulty of measuring knowledge change among consumers of mass media.

Figure 18: Percentage of activities by activity type that increased people's knowledge of benefits of creating smoke- and/or aerosol-free spaces (Jan-Jun 2025 Performance Reports, n=34)



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?

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

For 66% of all activities (91/138) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's intentions to avoid uptake of tobacco or e-cigarettes as a result.

- Development and distribution of branded collateral and development and distribution of promotional resources were the most commonly used activity types, to encourage people to avoid uptake of tobacco or e-cigarettes. And teams reported that 68% and 76% of all these activities (respectively) that they delivered in the Jan-Jun 2025 period increased people's intentions to avoid uptake of tobacco or e-cigarettes.
- TIS teams reported that around 70% to 80% of activities increased people's intentions to avoid uptake of tobacco or e-cigarettes. There were no activity types that appeared to be 'most successful', as at least 70% of most activity types yielded decreases to intentions.
  - The exceptions were all types of media campaigns, however, including traditional, social and out-of-home, where less than 60% of these activities were reported to yield a change in people's intentions.

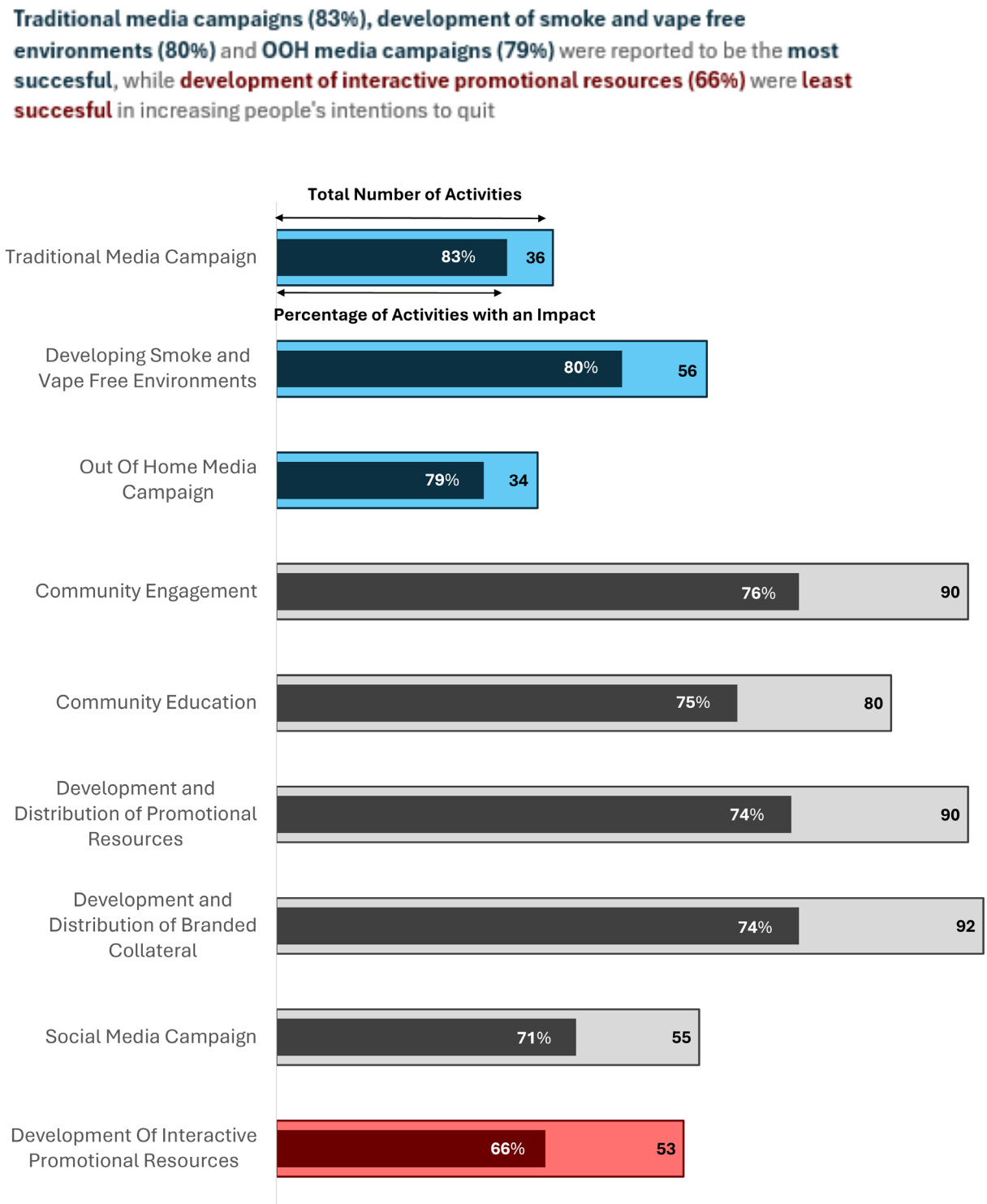
Figure 19: Percentage of activities by activity type that increased people's intentions to avoid uptake of tobacco or e-cigarettes (Jan-Jun 2025 Performance Reports, n=34)

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

For 69% of all activities (94/137) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's intentions to quit tobacco or e-cigarettes as a result.

- Development and distribution of branded collateral, development and distribution of promotional resources, and community engagement were the most commonly used activity types.
- Traditional media campaigns, developing smoke- and vape-free environments, and out-of-home media campaigns appeared to be most successful at encouraging people to quit.
- Across the rest of the activity types, TIS teams reported that between 71% and 76% of their activities yielded increases to peoples' intentions to quit.
- Development of interactive promotional resources appeared to be 'least successful' at increasing people's intentions to quit tobacco or e-cigarettes. However, teams still reported that 66% of these activities increased people's intentions to quit tobacco or e-cigarettes.

Figure 20: Percentage of activities by activity type that have increased people's intentions to quit tobacco or vapes (Jan-Jun 2025 Performance Reports, n=34)



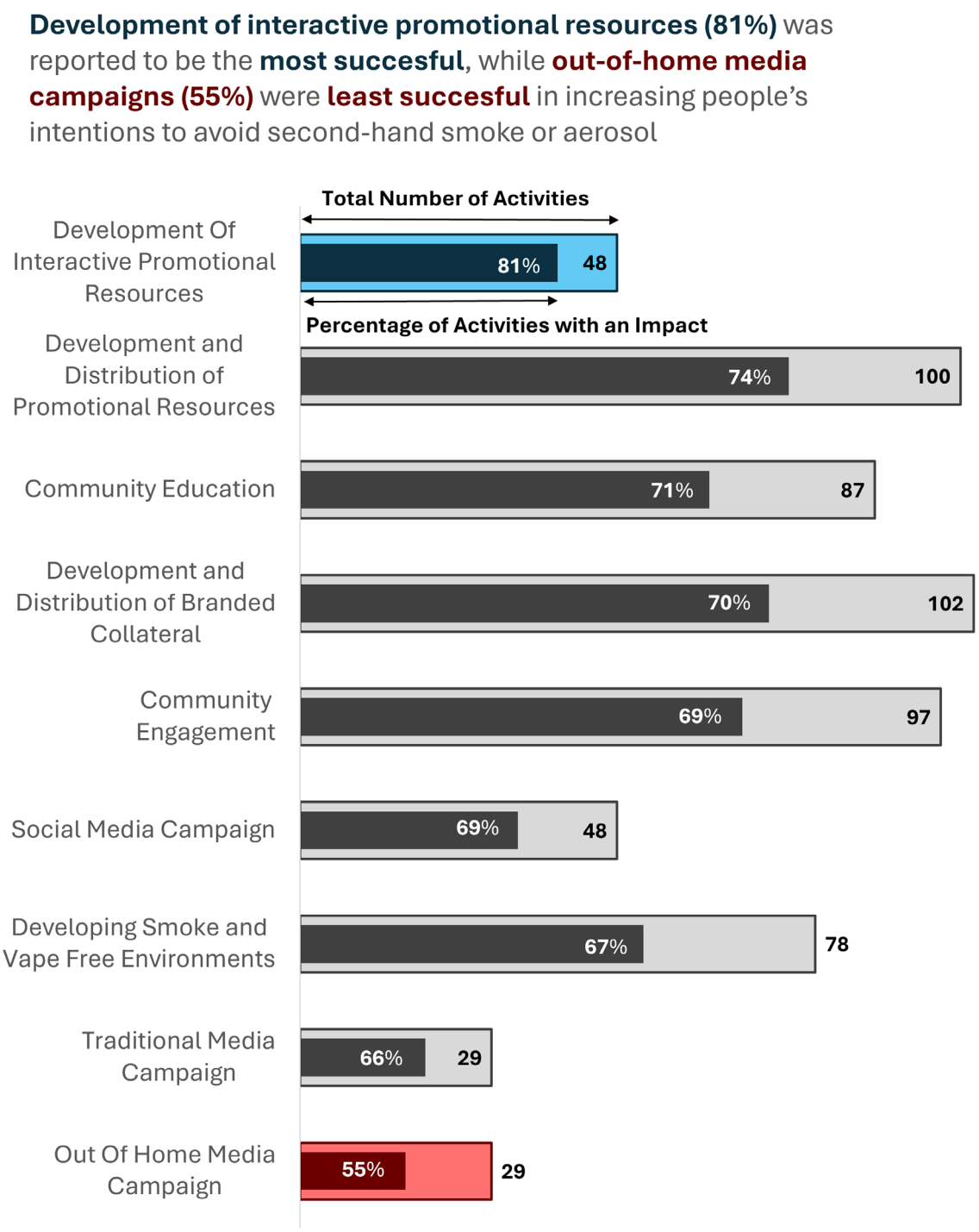
4.5.2.3 TIS teams' reports of how their work has changed their intended audience's intentions to avoid second-hand smoke and/or aerosol, create smoke and/or aerosol-free environments and stop smoking or vaping in their homes, workplaces, cars, public spaces, and at events

Intentions to avoid second-hand smoke or aerosol

For 63% of all activities (88/140) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's intentions to avoid second-hand smoke or aerosol as a result. This is a slight uptick from Wave 1, when TIS teams reported 55% of all their activities increased people's intentions to avoid second-hand smoke or aerosol.

- Development and distribution of branded collateral and development and distribution of promotional resources were the most commonly used activity types to achieve this aim. And teams reported that 70% of all activities they delivered in the Jan-Jun 2025 period to develop and distribute branded collateral increased people's intentions to avoid second-hand smoke or aerosol.
- Developing interactive promotional resources, however, appeared to be the most successful in increasing people's intentions to avoid second-hand smoke or aerosol. Teams reported that 81% of all interactive promotional resources they developed in the Jan-Jun 2025 period increased peoples' intentions to avoid second-hand smoke or aerosol. Doing this type of activity to achieve this aim, however, was not hugely widespread across teams.
- Across most other activity types, TIS teams reported that between 66% and 74% of all activities yielded increases to peoples' intentions to avoid second-hand smoke or aerosol.
- Out-of-home media campaigns appeared to be less successful, however, with only 55% of these activities yielding observed and reported changes in intentions.

Figure 21: Percentage of activities by activity type that increased people's intentions to avoid second-hand smoke or aerosol (Jan-Jun 2025 Performance Reports, n=34)

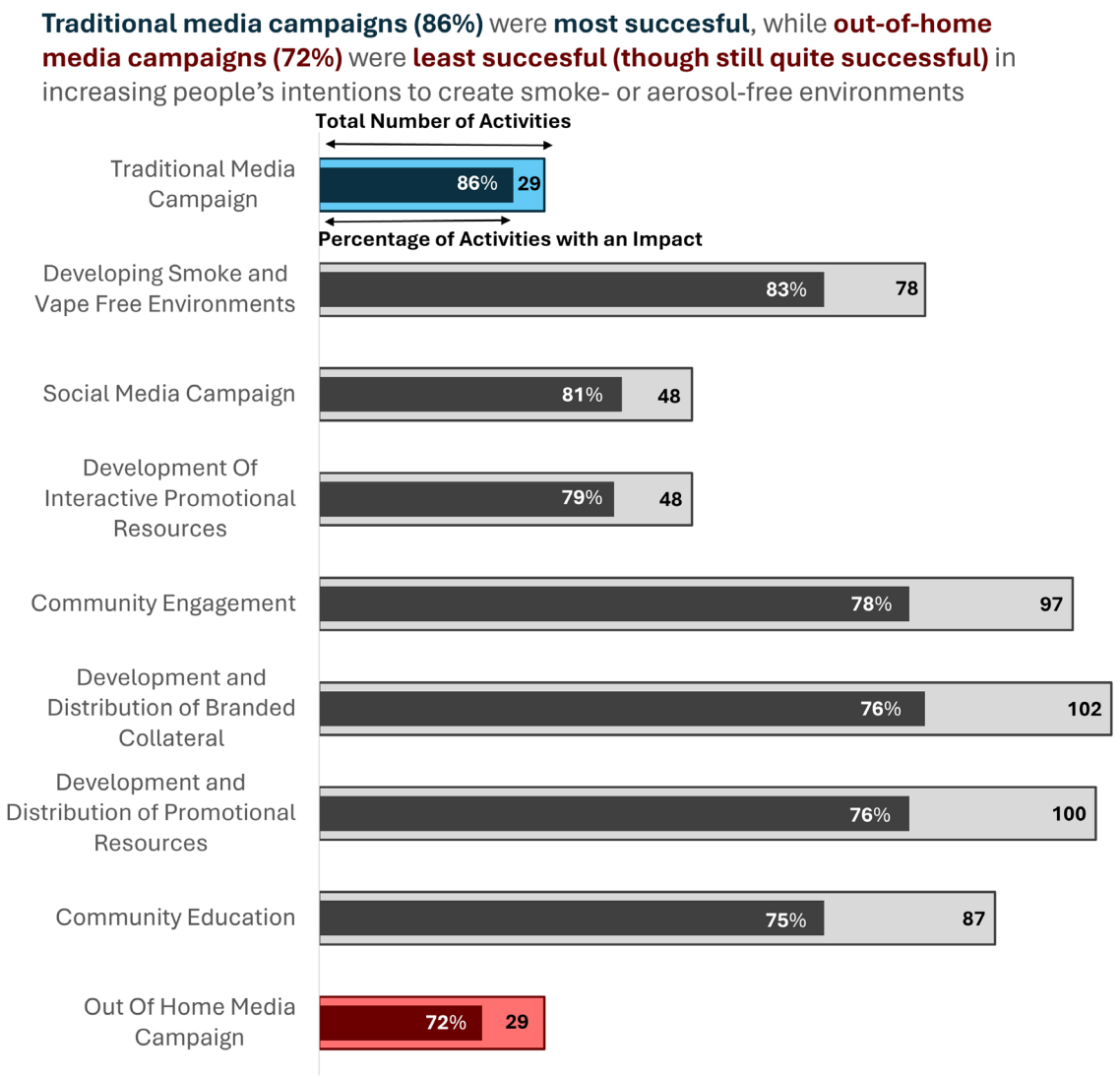


Intentions to create smoke- or aerosol-free environments

For 74% of all activities (103/140) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's intentions to create smoke- or aerosol-free environments as a result.

- Development and distribution of branded collateral and development and distribution of promotional resources were the most commonly used activities to influence people's intentions to create smoke- or aerosol-free environments. And teams reported that 76% of all activities they delivered in the Jan-Jun 2025 period to develop and distribute branded collateral or promotional resources increased people's intentions to create smoke- or aerosol-free environments.
- Traditional media campaigns appear the most successful, however, at increasing people's intentions to create smoke- or aerosol-free environments. Teams reported that 86% of all the traditional media campaigns they delivered in the Jan-Jun 2025 period increased peoples' intentions to create smoke- or aerosol-free environments. Doing this type of activity to achieve this aim, however, was not hugely widespread across teams.
- Across most activity types, TIS teams reported that at least 70% of activities yielded observed increases to peoples' intentions.

Figure 22: Percentage of activities by activity type that increased people's intentions to create smoke- or aerosol-free spaces (Jan-Jun 2025 Performance Reports, n=34)



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 or aerosol free spaces and events" as a proxy measure.

For 44% of all activities (62/140) delivered in the Jan-Jun 2025 period, TIS teams reported increasing people's intentions to attend smoke- or aerosol-free spaces and

events as a result. It is possible that this low impact is driven by low prevalence of smoke- and aerosol-free events in communities.

- Development and distribution of branded collateral, and development and distribution of promotional resources were the most commonly used activity types to achieve this aim. And teams reported only 47% and 50% of these activities (respectively) increased people's intentions to attend smoke- or aerosol-free spaces and events.
- Development of interactive promotional resources appeared to be the most successful at increasing people's intentions to attend smoke- or aerosol-free spaces and events. Out-of-home media campaigns appeared to be least successful, however, with only 31% of these activities yielding changes in people's intentions.

Figure 23: Percentage of activities by activity type that increased people's intentions to attend smoke- or aerosol-free spaces and events (Jan-Jun 2025 Performance Reports, n=34)

Table 21 summarises the changes in knowledge and intentions, the most commonly used activity types, and the most successful activity types, as reported in the Jan – Jun 2025 Performance Reports.

Table 21: TIS teams' reports on changes in knowledge and intentions, Jan – Jun 2025 PR

a. Knowledge domains

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
↑ knowledge about the harms of tobacco and e-cigarettes	75%	Development and distribution of branded collateral	Developing smoke- and vape-free environments
↑ knowledge about the benefits of resisting uptakes	72%	Development and distribution of branded collateral	Developing smoke- and vape-free environments
↑ knowledge about the benefits of quitting	69%	Development and distribution of branded collateral	No particular activity types stood out as more successful than others
↑ knowledge about the benefits of smoke-free spaces	66%	Development and distribution of branded collateral; Development and distribution of promotional resources	Development and distribution of interactive promotional resources

b. Intention domains

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
↑ intentions to create smoke- or aerosol-free environments	74%	Development and distribution of branded collateral; Development and distribution of promotional resources	Traditional media campaigns
↑ intentions to stop tobacco or e-cigarette use	69%	Development and distribution of branded collateral; Development and distribution of promotional resources	Traditional media campaigns; Developing smoke- and vape-free environments; and Out-of-Home media campaigns
↑ intentions to avoid uptake of tobacco or e-cigarette	66%	Development and distribution of branded collateral; Development and distribution of promotional resources	No particular activity types stood out as more successful than others

↑ intentions to avoid second-hand smoke or aerosol	63%	Development and distribution of branded collateral; Development and distribution of promotional resources	Development and distribution of interactive promotional resources
↑ intentions to attend smoke-free spaces and events	44%	Development and distribution of branded collateral; Development and distribution of promotional resources	Development and distribution of interactive promotional resources

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?

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 34 IREGs, a total of 161 smoke- and/or aerosol-free policies were adopted and/or reviewed by relevant organisations during the Jan – Jun 2025 period. There was great variability across IREG: in 9 out of 34 IREGs, 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 482 local events organised to be smoke- and/or aerosol-free were reported. The median number of smoke- or aerosol-free events was seven, meaning that half of the IREGs had fewer than seven smoke- or aerosol-free events. The number of these events in each IREG varied widely, from 0 event in 2 IREGs to 120 events in one IREG.

- A total of 81 organisations were supported to implement an existing smoke and/or aerosol-free policy. In nearly 30% of IREGs (10/34), no organisation was funded to do this. In one IREG, 10 organisations were supported.
- A total of 11,723 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 6 IREGs to 3,166 in one IREG. The median number of homes assisted was 157, meaning that TIS teams in half of the IREGs assisted more than 157 homes.

Indeed, in interviews and focus groups TIS coordinators and staff often identified examples of people quitting and creating smoke- and vape-free spaces as a result of their activities.

> We've actually had a few teachers quit smoking since we've been doing our education sessions. Who's been smoking for a long, long time. – TIS Staff
>
> A3: And the same goes with kids in our high schools and stuff like that. They might have a vape every single day, or they'll go to the toilet and the bathroom and do it, or they'll come back after [our TIS programming]. They'll come back a year later and they have stopped smoking or they've quit over 12 months ago.
>
> A2: Not even a year. Sometimes you see them at school holiday and they'll be like, "Hey, look! I don't vape anymore."
>
> A3: They'll be real proud of it. – TIS Staff
>
> So we do tell them about the fact that it's illegal to have kids in car, smoking; you should never be smoking in cars. And a lot of the kids go, oh, my mum sometimes does that. And then the next week they'll come and say: we told our mum and she hasn't smoked in the car since. So just letting them know. So it is good. It's one of those jobs where you always are surprised, I suppose, but so happy that a little yarn goes a long way. – TIS Coordinator
>
> Residential, like rehab, and I have one program out there and one of the boys actually, like, physically just got up and, like, slammed his vape in the bin. I said,

> "You just put the show on?", and he goes, "Nah, I'm being legit. Like I'm learning all this. Like I'm going to stay clear". And I said, "All right, I'll check up on you in the next two or 3 weeks". And the workers are actually telling me the whole time he was there like in three months, that period time, they said he didn't even touch up, touch a cigarette or a vape. He just, like, completely just stopped. So I mean, that's a change. But yeah, I think community are getting the message and they are changing. Yeah. As well, yeah. Even some of the young girls at [a local College], they said, "I vape" and I said, "Well, maybe just go have a chat to one of your teachers or just support each other and get off it." And they're like, "Yeah, we will". And then we went back and then one of the girls said, like, "I've stopped it now. And I actually feel a lot better physically and emotionally and spiritually as well". – TIS Staff

4.5.4 What do TIS teams think have been the most successful interventions and why?

While our analysis of the Performance Report data suggests that development of smoke- and vape-free environments, the development and distribution of interactive promotional resources, and traditional media campaigns tend to be the most successful at changing people's knowledge and intentions, in interviews and focus groups TIS teams identified slightly different interventions. Specifically, they identified community education in school-based settings as particularly impactful, as well as referrals to quit supports and including community quit stories in their messaging as being the best at changing people's knowledge and intentions. While some TIS staff and coordinators also mentioned development of smoke- and vape-free environments, the development and distribution of interactive promotional resources, and traditional media campaigns as impactful, it is apparent that the perceptions of TIS teams about the impact of community education appears to outweigh the impact teams are documenting and reporting in their Performance Reports.

Interview and focus group participants explained how and why they felt community education, referrals to quit supports and including community quit stories in their messaging were the most successful at changing people's knowledge and intentions in communities.

With respect to community education, teams talked about the way they are able to tailor their messages in real time and over time, to reach all the different types of people who attend. Community education is often delivered in schools or other settings with regular attendees, so teams are able to deliver sessions over multiple weeks and this enables them to have an impact.

> I think with our high school kids as well, once we talk about the chemicals that are actually involved within a vape and a cigarette like formaldehyde, for example, and you tell them that formaldehyde is actually used on dead bodies in the morgue to preserve their bodies, [...] I think it's a bit of a wakeup call for them. They see all the chemicals that are actually in a shampoo. Some kids freak out when they find out shampoos and cigarettes and battery acid and stuff like that. – TIS staff

> I think that the main thing I see is kids that are like, they're too cool or they don't care. Like, they're like, whatever, I don't care. Like I don't care what's happening. I'm not going to stop just because you're telling me to. I'm not going to stop because you want me to do it, I'm not going to do it. And a big way around that is, especially with those kids, like that's why at the start of our sessions we say like, I'm not going to tell you what to do if you vape. Yep, cool. Whatever. Like, that's not for me to tell you what to do here to give you information. And they know they're addicted too when they talk, they're like, yeah, but whatever. And that's the whole point. Especially young black fellas are the ones being targeted by the tobacco industry. […] That's the trap. Like it's not us telling you not to do it, it's them telling you to do it and you're doing it. Like it's them against you and you're losing basically. And that's probably my biggest way around those people. Like that's the solution. It's like you tell them like you're falling for the trap. Like you're literally doing exactly what these big multi-billion dollar companies are telling you to do. But it's like don't listen to me, that's fine. And then they get a bit like, oh, that does make sense. So you just got to find a way around I guess what they're trying to put up. So I'd say that. – TIS Staff

> But I have the same feelings, with the kids every visit, it seems like they are retaining a lot of the knowledge of what we or [another program] has delivered regarding tobacco and vaping education. – TIS Staff

In line with the PR data findings, TIS coordinators and staff also spoke about the powerful impact interactive and fun activities distributed via community education sessions, events, and stalls in communities can have on knowledge and intentions.

> So what I did is I got the Smokelyser. They didn't know I was going to do it, and I made them blow in there and write on a little sticky note pad. And they had these numbers, but they didn't know what these numbers were for. And at the end of the session I said, “I'll tell you what these numbers mean”. So I pulled the chart out at the end because I was really desperate, wanted to know what these charts mean. So I pulled the thing out chart and showed it to them. And one of the kids had said to the teachers here, he doesn't vape and to smoke because he plays footy, like wants to play footy […] and sure enough he was in the high range of vaping. And then he came up to me on the weekend at footy and he said to me, “I'm trying my best to quit”. So, seeing their numbers on this chart actually made a difference. – TIS Staff
>
> And we even had a lady start the year, probably at Term 2, they seen us do a stall at the front. And me and her had a really good yarn. She was an older lady. And she was on her quit journey. So she started. Then I probably seen her about a month later at event that we had for TIS. And she seen me and then she had a yarn to me and said she actually followed through with it. – TIS staff

Also, in line with the PR findings, TIS coordinators and staff identified supporting the creation of smoke- and vape-free environments as activities that are highly successful at changing knowledge and intentions.

> Q: What's worked best for you to change people's knowledge?
>
> A1: Again, I think it's just making the activities fun. Another one that I want to bring in is actually a plan. So if you've got a smoke and vape-free space, a plan that they can highlight where they want it to go on the map, where they

> want to put their signs, and then a little piece next to it which is explaining how to keep your home smoke and vape-free. So yeah, just something that's engaging and meaningful to them. – TIS Staff

TIS coordinators and staff identified referring community members to quit supports as an intervention critical to changing people's intentions and behaviours.

> I think smoking can be quite normalised in our communities. Sometimes it's seen as part of growing up a little bit, sometimes young people taking up smoking. I think we are making change though, slow and steady to that. And I think being able to have that wraparound support because we can't do that one-on-one quit support. So we are doing a lot of work out and about to have these conversations about tobacco and then we are directing them to the clinic to get that one-on-one support. – TIS Staff

Finally, TIS coordinators and staff spoke about including community quit stories in their messaging as being a highly successful way to change people's knowledge and intentions.

> It has been having yarns about strength-based stories, which is where our TVCs have been really successful with that. I've even had people outside of our region […]. There was a couple of fellows in that army reserve recruit course […] and they were talking about how they have seen the TVCs and they've been having yarns with the people that are in the TVCs, when they've seen them in [the community]. And it has then been motivating them to quit. And then in yarns with people at communities, at events, whenever the conversations come up, either I would or they would eventually mention a strength-based story that they know and talking about that they want to do. Something like that and they think that it's quite inspiring how that person quit, the things they did, the challenges they overcame, and that it's been very motivating for them. – TIS Staff

4.5.5 What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?

Challenges changing people's knowledge

TIS teams encounter challenges changing people's knowledge, which they told us about during interviews and focus groups, and they explained in their Performance Reports. Challenges included:

- individuals being resistant to messages or information
- difficulties teams face getting people exposed to the information and finding out if exposure has had an impact on their knowledge
- confusing messages regarding vapes, native tobacco, and illicit tobacco

They also shared insight into how they navigate these challenges, and opportunities for improvement.

The most fundamental challenge teams face is when individuals are resistant to messages or information about the harms of smoking or vaping and the benefits of quitting or resisting uptake. This may be because they are set in their ways, particularly if they are older smokers, or because smoking or vaping is highly normalised across the community, or even because they are desensitised to information about the harms. TIS teams talked about navigating this challenge with persistence, consistency and tenacity. They recognise the need to continue showing up and repeating the messages, using whatever means necessary to get people to engage.

> A1: I think sometimes the main thing that I have trouble with is when we're at community events and probably all the TIS workers know this one. It's like, when someone walks past and says, "Oh no, I don't need to watch that. I've been a smoker for how long? I'm not going to quit now". And you say, "Well, maybe you should watch that. You haven't watched this before. It might change your mind". So I think that's a minor challenge. But when you've got the carrot dangling in front of their face with merchandise. Yeah. It's like a free feed type of thing, you know?
>
> A2: Yeah. I think resistance is always going to be a reality. And preventative health. Like the older ones that are a bit stubborn. Yeah. But yeah, the merch helps. We are generating conversation in community, which is really great to see. And that knowledge is really building and the attitudes are shifting,

acknowledging it takes time. We've got a really high smoking rate in our region, but I think slowly and steadily we are shifting and de-normalising. – TIS Staff

One of the challenges is getting 'trust' from the local community. We noticed many community members attending, who did smoke, were a long way away from our stall - which is a good thing - but there was hesitation in engaging with some members of the public. Ongoing and regular engagement would be a way to increase engagement and potentially improve outcomes. – TIS Performance Report

As the team now have a lot of new TIS staff, the team will also review how to develop their communication and interpersonal skills to be able to ask prompting questions which encourage community members to engage with TIS. This can be done at the upcoming New TIS Staff Induction in July and the […] workshop in August, both being facilitated by [the lead RTCG recipient]. – TIS Performance Report

Another challenge teams faced changing people's knowledge stemmed from the challenges teams face getting people exposed to the information and finding out if it has had an impact on their knowledge. Teams identified the ways to address these challenges include preparation, flexibility, improved evaluation and measurement, and creativity.

This activity was partially achieved due to low participation, and lack of interest from target audience. Lack of remote trips done within the last 6 months because of a busy schedule in [our regional town centre] leaving staff burnt out. Due to lack of TIS community events the team were unable to capture the data and measure community knowledge and intentions for this reporting period. – TIS Performance Report

In areas where outcomes were only partially achieved, barriers included limited transport options for some families, which affected attendance, and competing priorities for young mothers, such as childcare and work commitments. In some cases, the depth of engagement varied depending on individual readiness to discuss smoking-related issues, highlighting the need for ongoing support and

> follow-up. Addressing these barriers through mobile outreach, flexible scheduling, and continued relationship-building will help strengthen future outcomes and ensure the activity remains inclusive and effective. – TIS Performance Report

Another challenge to changing people's knowledge that TIS teams mentioned was connected to confusing messages regarding vapes, native tobacco, and illicit tobacco. Teams are still working out how to navigate this challenge, particularly as information about vapes and illicit tobacco is still emerging. Generally, though, teams recognise that they can overcome this challenge through persistent, high quality, evidence-based information dissemination.

> One thing that I've actually just anecdotally I'm starting to notice, certainly we're going to schools because you just put it out there – "Who thinks vaping is safer than smoking? Who thinks vaping's worse? Who doesn't know?" Two years ago or three years ago, it was probably more people going, yeah, vaping's not as bad. Now the majority are going, putting their hand up vaping's worse. Which is almost, and I'm saying, well actually if you don't know, that's probably where we're at. Because what's worrying me a little bit and we know smoking levels are starting to rise again in young people or is that the message that they're hearing, it's not coming from us but they're getting in the community or whatever. And I hear it from my friends at my age, they're going that vaping's even worse than smoking, I reckon. Is that they're choosing to smoke maybe instead of vaping. If that's the message they're getting, they may choose to smoke instead of vaping, which is a bloody catastrophe. Yeah. So just been thinking about that in the last few weeks and think it's definitely and the people that come to the schools with me, I don't know if you've noticed, but I say, I've been doing these programs now for at least three and a half years and I reckon that's something that's starting to change and that's not necessarily a good thing. – TIS Staff
>
> I think probably for me, the hardest thing is […] native tobacco, which people chew. And getting people to recognise that it's actually a type of tobacco. And they think of it as different to cigarette and they said, "Well, we've always used it." And I think culturally people used it because it keeps your mouth moist, you

salivate a lot. It stopped you from being thirsty and it gave you that bit of a buzz. It allowed you to walk 100 kilometres or collecting bush foods, whatever. So people's understanding that it has harmful effects and it's not good for children to use and not good in pregnancy. I mean, the younger people do get it, but the older people just don't listen or just think, "No, no, we've always done this. It's nothing wrong with it. It's natural." So that's a really hard thing. – TIS Staff

I think it's mixed messages too where you can still – although that's illegal to sell vapes with nicotine, even understanding the legislation was a bit tricky. The idea that you can go to the shop and buy one, it must be confusing for people because on one hand it's not supposed to be allowed but you can freely buy them from a shop or online. So I think it's confusing for people. – TIS Staff

Tobacco surveys are delivered as part of our online engagement however these surveys are delivered as one-off activities, making it difficult to highlight knowledge shifts. – TIS Performance Report

Challenges changing people's attitudes and intentions

TIS teams identified challenges to changing community members' intentions to avoid uptake, quit, and create smoke- or aerosol-free spaces in interviews, focus groups, and Performance Reports. Challenges included:

- low readiness among community members to quit
- limited access to quit support in the community
- difficulty navigating conversations about quitting

For the most part they also identified ways to navigate those challenges, but for some, the way through these challenges was yet unclear.

One challenge identified by teams is the low readiness among community members to quit. This was related to the challenge some teams also mentioned that it is difficult for TIS teams and community members themselves to change the factors driving people to smoke or vape, like access to illicit tobacco or vapes, the high prevalence and normalisation of smoking within the community, peer pressure, and stress. TIS teams largely identified the need for consistent follow-up, continued provision of information

about quit supports, and regular presence in communities as the key to navigating this challenge.

> We've got a lot of people who engage with us, but it's just their readiness to quit or not. […] Most of the people that we see from the last six years, they know who we are and what we do, but they're just not ready. We do have a lot of people coming up to us and saying, "Oh, yeah, I remember you from last time. I'm still smoking and yeah." […But] We've had a few community members that have seen us years ago and they've come up and said, "Oh I've just only quit" or "I've slowed down on smoking", and stuff like that. Yeah, I think it's just they need that constant support. So, we just give them the places where they can go for that support like Quitline and stuff like that. Yeah. – TIS Coordinator
>
> They're old people waiting. And a lot of our mob, they've only just come out of the desert. They're happy to die with the way that they're doing it and they've made it perfectly clear to us that they don't want us young people or us old people telling them to stop it. But they'll happily try and improve the health of the next generations. But they've made it perfectly clear that they're willing to die with their cigarettes and we don't tell them otherwise. Because well, they are the old people and that's the way that we work. – TIS Staff
>
> So it makes it incredibly hard because it isn't that consistent normal perhaps. And they see people who they want to fit in with, doing this stuff responsibly, and then they take that as, "Hey, I need to do this excessively to try and fit in or feel at home". […] They might see their dad or their grandpa, who might not treat them respectfully, sipping on a cigarette or alcohol and that stuff. And they will see that as their way for that person to like them or love them and to treat them better. – TIS Staff
>
> The quality of our merchandise and information, the passion of our team to engage with community members, the respect they show towards elders. Our approach is resonating with community, we are acknowledging the difficulties and helping people reflect on their journey to be smoke or vape free. We are asking for small steps such as making your car or home smoke and vape free or for young people to declare their bedrooms smoke and vape free zones. We are

providing relevant support service information, making it local and accessible. – TIS Performance Report

Established plans to increase outreach to communities where smoke-free home messages were less delivered in the past six months. Include a follow up plan to offer support with other people who have received packs in the past, if those individuals have faced any challenges in implementing measures to keep their homes and cars smoke and vape free. – TIS Performance Report

Another important challenge to changing people's intentions that TIS teams identified was limited access to quit support in the community. Teams do what they can to refer community members on to other available quit supports, but they sometimes find that community members do not want to access those supports.

Currently, there are no specific "quit support groups," leaving clinics that provide nicotine replacement therapy (NRT) as the sole option for many individuals. This is an issue for communities as there is a need for increased support within communities for those seeking to quit. Due to this, TIS messaging must be continued to keep raising awareness, but community members also need increased clinical quitting services available as well to help increase long term smoking/vaping quitting rates. TIS will workshop ways of obtaining quit support information from the Aboriginal Quitline and fact sheets from the Tackling Indigenous Smoking website, to provide to communities during these activities. – TIS Performance Report

A1: A lot of our mob, we come out there and obviously in simple terms, we tell them smoking's bad, as an example. However, they want actionable things. They know that it's bad, but we can only refer. We've got Quitline there. We've got the cancer services, we've got a clinic, but they don't want that. If we're going to come there and say, "Hey, smoking is bad," they want something that we can immediately do for them that can help them not. I've looked into our funding, we can't buy NRTs and we can't provide NRT. But they want something, whether small or large, that can help them quit. Because everyone knows that smoking is bad for them and we reinforce that messaging, but they are wanting a response to it, they want something practical hands on that they

can do to reduce or to quit fully or to give to that auntie who they think would benefit because they're pregnant. […]

A2: Especially when people live in a lot of remote areas, up there alone. No one's going to drive hours to go and get NRT.

A1: And it's like, go see the doctor. But they're like, "I'm going to have to travel 10 hours to get to your clinic, why would I do that? That's 900 bucks! That's 20 packs of ciggies that I can buy there. Why would I do that?" – TIS Staff

Another challenge mentioned by some TIS teams was difficulty navigating conversations about quitting with people in a non-judgemental and motivating way, particularly if they are older adults. Teams seem to overcome this challenge by avoiding confrontation, but creating opportunities for people to engage if and when they are ready.

The challenge more is – I find the hardest one is when we're talking about quitting and you're trying to be non-judgmental when you are – we're not judgmental, but the one is you're saying like this is what you can do is trying to word it so it's not coming across as offensive and stuff. That's one of the challenges because sometimes I could mention about Quitline or what quit support is available and some people just sort of shut down. And it's not an attack on them, it's just sort of like, if you are ready to quit, here's some options available, but it's okay if you're not. No pressure. – TIS staff

A1: But they've made it perfectly clear that they're willing to die with their cigarettes and we don't tell them otherwise. Because well, they are the old people and that's the way that we work.

A2: That's correct what you said […] I would find it being disrespectful if I go up and tell the old person, "I don't think you should be smoking."

A3: Yeah, I agree with that. I wouldn't be doing the same.

A2: But they get curious and with all our displays they ask what it is and when they agree they'll say, "our children are our future," so we best to educate them while they're young. – TIS Staff

5. Implications and recommendations

Overall, findings suggest that the TIS program continues to perform strongly, with cultural safety remaining a key strength and evidence-based approaches guiding program delivery. TIS teams have continued to expand their reach and are contributing to positive changes in knowledge and attitudes. Despite the inherent challenges of this work, teams have demonstrated persistence and adaptability, consistently engaging communities and finding creative ways to deliver TIS messages.

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

Reach of the TIS program

- TIS teams should continue to build and strengthen partnerships to expand their reach across communities and priority cohorts. While many teams are already actively pursuing partnerships, additional support may be needed for them to establish new relationships and navigate more complex partnerships.
- TIS teams should continue using a range of communication methods, including social media, mass media, community education, events, and stalls, to maximise exposure and engagement.
- Most TIS teams are already consulting with community in various ways, but all teams should continue to be encouraged to consult with communities and do research, to ensure that activities and messaging are relevant and effective.
- Workforce challenges, particularly staff turnover and periods of understaffing, continue to impact reach. When teams experience staffing shortages, targeted and timely support might help mitigate disruptions to program delivery. This may include support to prioritise activities, adapt or adopt resources from other teams, maintain key partnerships, and access short-term staffing support for events.
- There should continue to be stable funding for the TIS program, to ensure that TIS can maintain its presence in communities and that relationships remain intact. TIS teams' relationships with communities are key enablers of wide reach.

Use of culturally safe and evidence-based approaches

- The current structure of the TIS program, with Aboriginal and Torres Strait Islander representation and leadership at all levels, should be maintained as it underpins culturally safe practice.
- Efforts should also continue to ensure TIS teams have access to the most up-to-date data and evidence, including information on smoking and vaping prevalence, and best practices regarding e-cigarette control.
- TIS teams should continue to recruit staff with research and evidence skills, experience, or mindsets into their teams.

Support for TIS teams

- The program currently provides a broad range of supports to TIS teams that are appropriate and effective, and these should be maintained.
- A refresher on permissible staffing arrangements from National Support Stakeholders to CEOs and grant recipient organisation administrative staff might be beneficial. For instance, reminders that TIS team staff will need to travel for TIS activities and might need to work outside of normal hours.
- TIS teams need to be adequately staffed to ensure effective program delivery, but steady, consistent and adequate staffing continues to be a challenge experienced by many teams. Therefore, it may be necessary for grant recipient organisations and National Support Stakeholders to focus on ways they can support teams to overcome this challenge.
- While this has improved over time, TIS staff continue to need clear access to information regarding funding allocations available to their organisations for TIS activities.
- NBPU should continue to promote to TIS teams the types of supports that NBPU offers, how to access supports, and that the support is clearly coming from the NBPU. NBPU might consider providing more supports to TIS teams in the following domains – and if these supports already exist, continue to highlight to TIS teams how they can access such supports:
  - More trainings on the harms of vaping and smoking, benefits of quitting, and harms of second-hand smoke and aerosol – especially for new TIS team staff. Trainings

for TIS workers should continue to get updated regularly as new data and best practice evidence come out.

  - More information about vaping, data about the prevalence of vaping at local levels, changes to legislation (e-cigarettes and illicit tobacco), and health effects of smoking and vaping.
  - More help and guidance with adapting activities and messages to their communities.

- In addition, National Support stakeholders may wish to consider the suggestions offered by teams in interviews and focus groups for ways support might be improved.
- TIS lead organisations should also continue to ensure that TIS teams at subcontracted organisations receive appropriate supports. This includes:
  - Serving as a conduit between NBPU and subcontractors, passing on guidance, resources, and other information to subcontracted TIS teams that do not have direct access to NBPU support (ensuring it is clear that the information came from NBPU).
  - Providing training and support to subcontractors
  - Taking an active role in managing the performance of subcontractors

Changes in knowledge and attitudes

- TIS teams are demonstrating good progress in increasing knowledge and attitudes towards tobacco and e-cigarettes.
- It is apparent that some activities are better than others at yielding measurable impacts on community members' knowledge and intentions. Teams should be encouraged to pursue these activities, as appropriate for their communities.
- To navigate challenges changing community members' knowledge and attitudes, TIS teams should continue persistently and consistently showing up and delivering their messages, and creating opportunities for people to engage, if and when they are ready.

Promotion of the successes of the TIS program

- Given the impact of the TIS program, its successes should continue to be made public. This will contribute to the evidence base of the public health discipline and Indigenous-led community change.

6. Appendix 1: Regional Tobacco Control Grant Recipients

Table 22: 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	Victora, excluding Melbourne	202	Y
Institute for Urban Indigenous Health	QLD	Brisbane	301	Y

Organisation Name	State	IREG Name	IREG Code	Previous TIS Grant recipient
Apunipima Cape York Health Council	QLD	Cape York	303	Y
Institute for Urban Indigenous Health	QLD	Mount Isa	304	Y
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 Garnbirringu Health Services Incorporated	WA	Kalgoorlie	503	Y
Kimberley Aboriginal Medical Services Limited	WA	Kununurra	504	Y

Organisation Name	State	IREG Name	IREG Code	Previous TIS Grant recipient
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
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 23: 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 24: Evaluation Question A2

Sub-questions	Data Sources
2.1 What is the relationship between TIS teams and local quit support services?	• Performance Reports • TIS Coordinator Interviews

Sub-questions	Data Sources
2.2. What impact has the relationship with local quit support services had on TIS teams' likelihood to refer on to these services?	• Performance Reports • TIS Staff Online Survey
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?	• Performance Reports • TIS Coordinator Interviews • TIS team Focus Group
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?	• Performance Reports • TIS Coordinator Interviews • TIS Staff Focus Groups

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 25: 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)?	• Performance Reports
3.2. To what extent are TIS teams' activities culturally safe?	• Assistant Secretary DOH Interview • DOH Focus Group • National Coordinator Interview • NBPU Focus Group • Performance Reports • Performance Report (Open-ended sections) • TIS Coordinator Interviews • TIS Staff Focus Groups • TIS Staff Online Survey
3.3. To what extent are TIS teams' activities evidence-based?	• Activity Work Plans • DOH Focus Group • National Coordinator Interview • NBPU Focus Group • Performance Reports • TIS Coordinator Interviews

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 26: Evaluation Question A4

Sub-questions	Data sources
4.1. What supports are provided to TIS teams?[19]	• NBPU Focus Group • NBPU Progress Reports (or other mechanism) • TIS Coordinator Interviews • TIS Grant Recipient CEO Survey
4.2. How do TIS staff engage with these supports?	• TIS Coordinator Interviews • TIS Staff Online Survey
4.3. What impact do these supports have on TIS staff knowledge, attitudes, and behaviours?	• TIS Coordinator Interviews • TIS Staff Online Survey
4.4. How effective do TIS staff think these supports have been? Where do they think improvements could be made?	• NBPU Focus Group • TIS Coordinator Interviews • TIS Staff Focus Groups
4.5. What supports are provided to TIS Grant Recipient Organisations?	• Assistant Secretary DOH Interview • DOH Focus Groups • National Coordinator Interviews • NBPU Focus Groups • TIS Grant Recipient CEO Survey
4.6. What impact do these supports have on the knowledge and attitude of TIS grant recipient organisations' CEOs?	• Assistant Secretary DOH Interviews • DOH Focus Groups • National Coordinator Interviews • NBPU Focus Groups • TIS Coordinator Interviews • TIS Grant Recipient CEO Survey

[19] 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.

Sub-questions	Data sources
4.7. What impact do these supports have on the administrative performance of TIS teams?	• Activity Work Plans • Assistant Secretary DOH Interview • DOH Focus Groups • Grant Acquittals (FAMS) • National Coordinator Interviews • NBPU Focus Groups • NBPU Progress Reports • Performance Reports • TIS Coordinator Interviews • TIS Staff Focus Group • TIS Staff Online Survey
4.8. How are National Supports helping shape the environments in which TIS teams operate?	• National Coordinator Interviews • NBPU Focus Groups • NBPU Progress Reports

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 27: Evaluation Question B

Sub-questions	Data Source
1.1. 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?	• Performance Reports • TIS Staff Focus Group
1.2. 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?	• Performance Report (Open-ended sections) • TIS Staff Focus Group
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?	• Performance Report
1.4. What do TIS teams think have been the most successful interventions and why?	• TIS Staff Focus Group
1.5. What challenges have TIS teams faced in changing knowledge and attitudes, and how have they dealt with them?	• TIS Staff Focus Group

8. Appendix 3: Discussion Guides

TIS 2022-2027 Discussion Guide: National Coordinator Interview

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

Introduce Yourself

I am from the Culturally Inclusive Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health, Disability and Ageing.

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, Disability and Ageing to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2026-27. 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 and the organisation you work in will never be used by CIRCA in any written or verbal reports to

the Department of Health, Disability and Ageing 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 5 years after the close of the project. 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

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

1. **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.

2. **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.

3. **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. PROMPT:

i) Who are the people or organisations that you target at the national level when discussing e-cigarette control specifically?

ii) What has your experience talking to these stakeholders about e-cigarette control been?

iii) How does the approach you use to talk about e-cigarette control compared to the approach you use to talk about tobacco control more generally?

iii. 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?

iv. PROBE, if not mentioned already (and collect numbers):

i) About how many presentations have you made targeting national stakeholders about tobacco control so far?

ii) And about how many presentations have you made targeting national stakeholders about e-cigarette control so far?

4. **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. PROMPT:

i) Who are the people or organisations that you target at the state level when discussing e-cigarette control specifically?

ii) What has your experience been talking to these stakeholders about e-cigarette control?

iii) How does the approach you use to talk about e-cigarette control compare to the approach you use to talk about tobacco control more generally?

iii. 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?

iv. PROBE, if not mentioned already (and collect numbers):

i) About how many presentations have you made targeting state stakeholders about tobacco control so far?

ii) And about how many presentations have you made targeting state stakeholders about e-cigarette control so far?

5. **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?

ii. 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 e-cigarette control together?

6. **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?

ii. PROMPT, if not mentioned already: How does the approach you use to talk about e-cigarette control compared to the approach you use to talk about tobacco control more generally?

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.

7. **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?

8. **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 control?

ii) What types of things have you seen TIS Grant Recipient Organisations do that show they are aware of their responsibility to be leaders in e-cigarette control?

9. **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, Disability and Ageing 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.

10. **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?

11. **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?

12. **From what you have seen, 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?

13. **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. When we talk about evidence-based, what we mean is using the best available evidence from multiple sources to inform approaches or decisions.

14. **In general terms, how well do you think TIS teams use evidence-based population health promotion approaches?**

i. PROMPT, if necessary: How are teams going using evidence-based population health promotion approaches in relation to e-cigarette and/or vaping?

ii. 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?

15. **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. When we talk about cultural safety, we mean creating an environment where Aboriginal and Torres Strait Islander peoples feel safe and respected. In the context of the TIS program, we look at things like whether Aboriginal and Torres Strait Islander:

- **traditions and cultures are respected,**
- **local ideas or languages are used in TIS materials or activities,**
- **data are shared with community members.**

16. **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?

17. **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.

18. **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: Department of Health, Disability and Ageing Focus Group

(To be read aloud to Focus Group participants at start of focus group)

Introduce Yourself

I am from the Culturally Inclusive Research Centre Australia (CIRCA) and we are conducting research on behalf of the Department of Health, Disability and Ageing.

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, Disability and Ageing to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2026-27. 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 and the organisation you work in will never be used by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing 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 5 years after the close of the project. 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

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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, Disability and Ageing Focus Group Discussion Guide

OBJECTIVE: Getting to know participants and breaking the ice.

1. **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 Department 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.

2. **Tell me a bit about how the Department generally engages and interacts with TIS teams -- just TIS teams, not grant recipient organisations.**

3. **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?

4. **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 the Departments' 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. When we talk about evidence-based, what we mean is using the best available evidence from multiple sources to inform approaches or decisions.

5. **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?

iii. PROMPT, if necessary: How are teams going using evidence-based population health promotion approaches in relation to e-cigarette and/or vape use?

6. **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 Departments' 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. When we talk about cultural safety, we mean creating an environment where Aboriginal and Torres Strait Islander peoples feel safe and respected. In the context of the TIS program, we look at things like whether Aboriginal and Torres Strait Islander:

- **traditions and cultures are respected,**
- **local ideas or languages are used in TIS materials or activities,**
- **data are shared with community members.**

7. **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?

8. **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.

9. **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 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?

10. **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 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?

11. **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/or 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.

12. **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: NBPU Focus Group

(To be read aloud to Focus Group participants at start of focus group)

Introduce Yourself

I am from the Culturally Inclusive 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, Disability and Ageing to conduct an evaluation of the Tackling Indigenous Smoking (TIS) Program from 2022-23 to 2026-27. 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 and the organisation you work in will never be used by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing 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

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Avenue for addressing concerns

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In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

19. **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.

20. **Tell me a bit about how the NBPU generally engages and interacts with TIS teams -- just TIS teams, not grant recipient organisations.**

21. **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?

    ii. PROMPT, if not mentioned already: Are there any specific approaches you have used to build TIS teams' capacity to use evidence-based population health promotion approaches related to e-cigarette control?

22. **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.

23. **[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 are?

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, frequency, 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?

24. **In what other ways does the NBPU provide support to TIS Teams that we have not yet discussed?**

i. PROMPT (if necessary): Is there specific support you have provided to TIS Teams in relation to e-cigarette control?

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

25. **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?

26. **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.

27. **From what you have seen, to what extend 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. When we talk about evidence-based, what we mean is using the best available evidence from multiple sources to inform approaches or decisions.

28. **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?

    iii. PROMPT, if necessary: How are teams going using evidence-based population health promotion approaches in relation to e-cigarette and/or vaping?

29. **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).

30. **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?

31. **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?

32. **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. When we talk about cultural safety, we mean creating an environment where Aboriginal and Torres Strait Islander peoples feel safe and respected. In the context of the TIS program, we look at things like whether Aboriginal and Torres Strait Islander:

- **traditions and cultures are respected,**
- **local ideas or languages are used in TIS materials or activities,**
- **data are shared with community members.**

33. **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?

34. **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.

35. **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?

36. **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, Disability and Ageing 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.

37. **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

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

Who am I?

I am [your name], and I am a [name your mob/clan], working with the Culturally Inclusive Research Centre Australia (CIRCA). We are conducting research on behalf of the Department of Health, Disability and Ageing. 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, Disability and Ageing 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. CIRCA will not reveal any potentially identifying information, such as your name, the organisation you work in, or the Indigenous Regions (IREG) your team services, in any written or verbal reports to the Department of Health, Disability and Ageing 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 5 years after the close of the project. 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

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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

38. **Let's start with me getting to know a little about you. Could you please tell me you name, job title, role in the TIS program, and how long you have been working on the TIS program.**

39. **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].

40. **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)?**

41. **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.

42. **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.

43. **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.

44. **From your observations, at this point in the program, how are you and your team doing with using evidence-based population health promotion approaches? When we talk about evidence-based, what we mean is using the best available evidence from multiple sources to inform your approaches or decision.**

    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?

45. **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?

46. **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?

47. **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, Disability and Ageing?**

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, Disability and Ageing?

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?

48. **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.

49. **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?

50. **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?

51. **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.

52. **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?

53. **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.

54. **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.

55. **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?

56. **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?

57. **Which NBPU or other National Support activities from the National Coordinator, the Department of Health, Disability and Ageing, 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, Disability and Ageing, 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.

58. 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 Staff Focus Group Discussion Guide

(To be read aloud to Focus Group participants at start of focus group)

Who am I?

I am [your name], and I am a [name your mob/clan], working with the Culturally Inclusive Research Centre Australia (CIRCA). We are conducting research on behalf of the Department of Health, Disability and Ageing.

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, Disability and Ageing 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 reduce smoking and e-cigarette use 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?

- Your role in the TIS team, and how you work together and with the community.
- How community knowledge and culture is embedded within TIS programs.
- How your team works with other organisations to promote and support mob to quit smoking in the community
- How your team feels the TIS program is going in reaching priority groups (i.e., pregnant mums, youth)

- What changes you have seen in your community because of the TIS program
- The support you get, or don't get, from the NPBU, the Department

Your Participation

Participation in our chat today is voluntary and you can choose not to participate in all or part of it. 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. CIRCA will not reveal any potentially identifying information, such as your name, the organisation you work in, or the Indigenous Regions (IREG) your team services, in any written or verbal reports to the Department of Health, Disability and Ageing or anyone else outside of the CIRCA research team. We also ask everyone here not to share anything they hear from other participants with anyone outside this 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 5 years after the close of the project. I will ask you in a moment if you consent to recording this conversation.

What if you have any concerns about this evaluation?

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

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, lena@circaresearch.com.au

Questions

Do you have any questions about the chat we are going to have today or about our evaluation? (If Yes, answer questions)

If audio-recording consent for phone or videoconference based focus groups: 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 be part of this conversation. 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 you do not want to be part of this discussion or do not wish to be recorded.

Record consent

If audio-recording consent for phone or videoconference-based focus groups: (start the audio-recording)

Do you agree to do this focus group? Yes/No

If obtaining written consent: If yes, have participant(s) sign the consent form. If no, ask participant(s) to leave the focus group.

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

Distribute cash incentives

If in-person: hand cash to participants

If online or phone: Ask for their bank details or PayID, and send the payment now

BSB: _____ & Account #: _____

PayID #: _____

! Field researcher to check:

☐ [In-person] Sign off sheet has been signed by the participants and retained by Researcher
☐ [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 Staff Focus Group Discussion Guide

OBJECTIVE: Get to know participants, break the ice, and understand their jobs/classification and length of time in role, and the geographical and organisational composition of the focus-group.

NOTE FOR RESEARCHERS (not to be read aloud) – there are 26 organisations funded by the Department of Health, Disability and Ageing to deliver TIS. Some of these organisations have developed partnerships with other organisations to deliver their activities. Participants in this focus group may be individuals from the main organisation, or from partner organisations.

1. **Let's start with me getting to know a little about each of you. Can you please tell me your name, job title, role in the TIS project and how long you have been working on the TIS project?**
2. **How many IREGs (Indigenous Regions) does your TIS grant cover?**
    i. PROBE:
        i) Which IREGs, exactly?
        ii) If more than one IREG is covered by their TIS grant, how many IREGs do you cover with your roles?
3. **How many organisations does your TIS Grant fund?**
    i. PROBE:
        i) Which organisations are you each from?
        ii) (If more than one organisations represented in the group) How frequently do you all meet together?

OBJECTIVE: To provide insight into whether the TIS grant is being administered appropriately, to see how TIS teams feel about the structure of their team and if it is appropriate for the work that needs to be done, and to understand whether TIS staff feel they can work in ways that accommodate and are appropriate to the needs of the program.

4. **How many total staff are in your TIS team?**

    i. PROMPT, if necessary:

        i) That could be the total number of staff in your organisation's TIS team, or it could be the total number of staff in your consortium's TIS team (across sub-contracted organisations as well as the lead organisation).

    ii. PROBE:

        i) How many people? in your team are Aboriginal or Torres Strait Islander?

5. **Who does what types of activities across the team/consortium?**

    i. PROBE:

        i) What things work well within your team?

        ii) What changes, if any, would make it easier for your team to do your job better?

6. **How much freedom do you have to work in the way that best meets the needs of the program and the community?**

    i. PROMPT, if necessary: For instance, are you able to travel to the communities you need to, attend the events you need to be at, get the budget you need to pay for media buys or other big ticket items, etc?

    ii. Are you supported to respond to the cultural needs of the community?

    iii. PROBE:

        i) Does your organisation have rules, regulations or expectations that limit how you work? If so, what and how do you navigate them?

OBJECTIVE: To understand TIS Teams' perspectives on how local languages, knowledge, networks, art, and other local assets are used in TIS materials, messages, and collateral; on the extent to which participants in TIS activities feel like their traditions/culture are respected; on the enablers and barriers to deploying a culturally safe approach; and, on how to improve deploying a culturally safe approach.

For the rest of this chat, we're going to be speaking about the IREG or IREGs that your roles cover.

Next, let's talk about how you incorporate Aboriginal (and Torres Strait Islander) culture and traditions into your TIS work

7. **Can you give me some examples of how local Aboriginal (and Torres Strait Islander) languages, knowledge, networks, art or other local things are used in your TIS materials and messages for the community?**

    i. PROBE:

        i) How did you go about getting those things, like [name things identified], into your materials and messages?

        ii) What helped you get those things into your materials and messages?

        iii) What challenges, if any, have you faced getting those things embedded into your materials and messages?

        iv) What would you like to be doing more of, to embed local Aboriginal (and Torres Strait Islander) language, knowledge, art, culture, etc into your TIS materials, that you're not able to? What is holding you back?

8. **From what you have seen and heard from people who participate in your activities, 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 which community members were involved in the co-design process and to understand what TIS Teams felt were the barriers and enablers to collaborating with other organisations and community members.

Now, let's talk about how your team has been working with partner organisations and community members in designing and implementing TIS activities.

9. **How are you collaborating with other organisations in the delivery of your TIS program? (Not including organisations that are working with you in the delivery of your TIS program, and getting TIS grant funding)**

    i. PROMPT, if necessary: What kinds of organisations are you partnering with, for example: schools, events, workplaces, clinics? Are you working with other programs within your organisation?

    ii. PROBE:

        i) What challenges have you faced, when collaborating with other organisations?

        ii) What's helped make collaboration with other organisations work well?

10. **How have you involved community members in the process of designing your TIS activities?**

    i. PROMPT, if necessary: For instance, involving them in testing out messages you've been designing, consulting with Elders before you start designing an activity, community yarning, taking advice from an Aboriginal and Torres Strait Islander reference group

    ii. PROBE, if not mentioned:

        i) What types of community members were involved? For example, Elders, young people?

11. **How are you collaborating with individual community members in the delivery of your TIS program?**

    i. PROMPT, if necessary: For instance, as Ambassadors or Community Champions, or collaborating with people to craft messaging

ii. PROBE:

i) What challenges have you faced, when collaborating with individual community members?

ii) What's helped make collaboration with individual community members successful?

OBJECTIVE: To understand TIS Teams' perspectives on the enablers and barriers to reaching all of their intended audiences with their activities, and their suggestions on how to improve the program to ensure full reach.

Next, let's talk about how your team is going about reaching all of your intended audiences across your Indigenous Region (IREG)

12. **How are you going with reaching all the cities, regional towns and remote communities across your IREG(s)? Are you able to get everywhere?**

i. PROBE:

i) What's been helping you reach as far as you have across the IREG?

ii) What challenges have you been facing covering the whole IREG?

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 cover all the communities in the IREG?

13. **How are you going with getting your TIS messages out to all the different cohorts you're trying to reach? Have you been able to get your messages out to everyone?**

i. PROBE:

i) What's been helping you get the message out to as many different cohorts as you have?

ii) What challenges have you been facing 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?

14. **How are you going with engagement – getting people to really interact with your messages, like talk to you at events, engage with social media posts, and other things like that? Have you been getting a good amount of engagement?**

    i. PROBE:

    i) What's been helping you get people to engage with TIS messages and activities?

    ii) What challenges have you been facing 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 get people to engage with your TIS messages and activities?

OBJECTIVE:

- To gain insight into the TIS Teams' perceptions of:
  - how their activities contributed to **changing the knowledge** of activity participants about the harms of tobacco and e-cigarette use and benefits of resisting their uptake, the benefits of quitting and the benefits of reducing exposure through creation and maintenance of smoke-free spaces;
  - which activities were most successful at changing participants' knowledge and why;
  - the challenges they faced changing participants' knowledge about these issues and how they managed these challenges.
- To gain insight into the TIS Teams' perceptions of:
  - how their activities contributed to **changing activity participants' intentions:**
    - to avoid uptake of tobacco or e-cigarettes,
    - to take steps towards cessation of tobacco or e-cigarette and to avoid second hand smoke,
    - to create smoke free environments and stop smoking or vaping in their homes, workplaces, cars, public spaces, and at events;
  - which activities were most successful at changing participants' intentions and why; and
  - the challenges they faced changing participants' intentions about these issues and how they managed these challenges.

Now, I'd like us to talk about some of the changes you may have seen in the community as a result of the TIS program.

Show Stimulus 1, with text boxes corresponding to resisting uptake, benefits of quitting, and smoke-free spaces.

15. **Thinking about the Aboriginal (and Torres Strait Islander) people in the communities you have worked with since the start of the TIS program in July 2023, have you seen any changes in their knowledge about tobacco, smoking, or e-cigarettes?**

    i. PROMPT, if necessary: For instance, knowledge about the benefits of resisting uptake of tobacco and e-cigarettes, benefits of quitting, and benefits of smoke-free spaces?

    ii. PROBE:

        i) What knowledge have you seen change? Can you give some specific examples?

        ii) What's worked best for you to change peoples' knowledge?

        iii) What's been the hardest thing for your team to change in peoples' knowledge? How have you been dealing with that?

    iii. PROMPT, if necessary: Are there any specific changes you have observed in relation to the use of e-cigarettes?

16. **Still thinking about the Aboriginal (and Torres Strait Islander) people in the communities you have worked with since the start of the TIS program in July 2023, have you seen any changes in their intentions to quit or stay away from tobacco, smoking, or e-cigarettes?**

    i. PROMPT, if necessary: For instance, intentions to not take up smoking, intentions to quit, and intentions to keep spaces smoke-free

    ii. PROBE:

        i) What intentions have you seen change? Can you give some specific examples?

        ii) What's worked best for you to change peoples' intentions?

        iii) What's been the hardest thing for your team to change about peoples' intentions? How have you been dealing with that?

iii. PROMPT, if necessary: Are there any specific changes in intention you have observed in relation to the use of e-cigarettes?

OBJECTIVE: To understand TIS teams' awareness and use of tools and supports from the NBPU and National Coordinator, and to find out what TIS Teams think are the most effective National Support (especially, NBPU) activities and where there are areas for improvement.

a)

Now let's talk about the support you get from the NBPU, the Department, the National Coordinator, and the Community Grants Hub

17. **Which supports from the NBPU, National Coordinator, the Department of Health, Disability and Ageing, or from Community Grants Hub have you found most useful in providing support to your TIS Team?**

    i. PROBE:

        i) Why were they really useful?

18. **What improvements could be made to NBPU or National Supports from the National Coordinator, the Department of Health, Disability and Ageing, 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.

19. **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 – Department of Health, Disability and Ageing

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 facilitating 3 focus groups with the Department of Health, Disability and Ageing's TIS team.

What does it involve?

Participation in the evaluation at this stage 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 5 years after the close of the project.

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 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, Disability and Ageing.

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. CIRCA will not reveal any potentially identifying information, such as your name or the organisation you work for in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement – TIS Grant Recipient CEOs

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 conducting a short online survey with CEOs/Executive Directors of the organisations who were awarded the **Regional Tobacco Control Grants (RTCGs)** to deliver the TIS program.

What does it involve?

Participation in the evaluation will involve completion of a short online survey.

How long will it take?

The survey will take approximately 15-20 minutes to complete.

Why is it important?

The Tackling Indigenous Smoking Program aims to improve the health of Aboriginal and Torres Strait Islander peoples 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 survey, 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, Disability and Ageing.

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 in the online survey, you will be able to leave it and 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 survey.

How will my personal information be treated?

Your personal information will remain confidential. We will not ask for your name or your organisation in the survey. Any other potentially identifying information you share, such as the Indigenous Regions (IREG) your team services, will not be revealed by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement – National Coordinator

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 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 5 years after the close of the project.

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, Disability and Ageing.

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. CIRCA will not reveal any potentially identifying information, such as your name or the organisation you work for, in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement - NBPU

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 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 5 years after the close of the project.

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 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, Disability and Ageing.

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. CIRCA will not reveal any potentially identifying information, such as your name or the organisation you work for, in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement TIS Coordinator Interview

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 5 years after the close of the project.

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, Disability and Ageing.

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. CIRCA will not reveal any potentially identifying information, such as your name, the organisation you work for, or the Indigenous Regions (IREG) your team services, in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement – TIS Staff Focus Group

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 facilitating focus groups with staff who currently work at each of the TIS grant recipient sites.

What does it involve?

Participation in the evaluation will involve participation in a 90-minute focus group. One focus group each will be held with staff implementing the TIS program in each of the 37 Indigenous Regions. Of the 37 focus groups, 15 will be conducted in-person and 22 online. We will prioritise doing in-person focus group discussions with TIS staff who work in organisations in more remote areas with poorer access to the internet.

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 5 years after the close of the project.

How long will it take?

The focus group will run for approximately 90 minutes.

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 the focus group, 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, Disability and Ageing.

You may withdraw before, during, or immediately after your participation. Any data you have provided up to the point of withdrawal will be retained.

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

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 focus group 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. CIRCA will not reveal any potentially identifying information, such as your name, the organisation you work for, or the Indigenous Regions (IREG) your team services, in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

Participant Information Statement – TIS Staff Survey

What is this research about?

The Culturally Inclusive Research Centre Australia (CIRCA) has been engaged by the Department of Health, Disability and Ageing 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 conducting a short online survey with staff who currently work at each of the TIS grant recipient sites.

What does it involve?

Participation in the evaluation will involve completion of a short online survey.

How long will it take?

The survey will take approximately 20 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 the online survey 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, Disability and Ageing.

If there is any question that you cannot or do not want to answer in the online survey, you will be able to leave it and 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 survey.

How will my personal information be treated?

If you fill in the survey, any personal details you provide will be kept strictly confidential. We will not ask for your name or your organisation in the survey. Any other potentially identifying information you share, such as the Indigenous Regions (IREG) your team services, will not be revealed by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing 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.

In case of any serious concerns, please contact Lena Etuk, Research & Evaluation Director at CIRCA: (02) 8585 1330, 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.

10. Appendix 5: Surveys

Tackling Indigenous Smoking 2023-2027 Evaluation Online Survey for TIS CEOs

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 Culturally Inclusive Research Centre Australia (CIRCA), on behalf of Department of Health, Disability and Ageing. For more information, please see the Participant Information Statement.

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, Disability and Ageing or any other TIS Stakeholders.

If you fill in the survey, any personal details you provide will be kept strictly confidential. We will not ask for your name or your organisation in the survey. Any other potentially identifying information you share, such as the Indigenous Regions (IREG) your team services, will not be revealed by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing or anyone else outside of the CIRCA research team.

This survey is part of a broader evaluation CIRCA is doing on behalf of the Department of Health, Disability and Ageing, which helps inform future planning of the TIS program.

Please complete the survey online. The survey will close on **xx/xx/xxxx**

For any questions about the survey, please contact: XXX at CIRCA.

Eligibility

Are you eighteen (18) years or older? (Please tick one box below) *(mandatory)

☐ Yes (proceed) ☐ No (thank participant and end/exit survey)

Are you the CEO or Executive Director of an organisation which has been awarded an RTCG? (Please tick one box below) *(mandatory)

☐ Yes (proceed) ☐ No (thank participant and end/exit survey)

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? (Please tick one box below) *(mandatory)

☐ Yes, I agree to participate in this survey (proceed)

☐ No, I do not want to participate in this survey (thank participant and end/exit survey)

SURVEY

Participant details

1. What is your job title?
2. Which IREG (Indigenous Region) does your TIS team service? (check all that apply)
    a. [we will include the list from 21/03/2023 release of Indigenous Regions on the ABS website]
3. In what state or territory do you work?
    a. Australian Capital Territory
    b. New South Wales
    c. Queensland
    d. Northern Territory
    e. Western Australia
    f. South Australia
    g. Victoria
    h. Tasmania

Survey Questions

4. In the past six months, how many times have you met with the **TIS National Coordinator** (via phone, in-person, videoconference, or conference, etc.):
    i. Never
    ii. Once
    iii. Twice
    iv. 3+ times

5. In the past six months, how many times have you met with the **National Best Practice Unit** (via phone, in-person, videoconference, or conference, etc.):
    a. Never
    b. Once
    c. Twice
    d. 3+ times
6. 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.):
    a. Never
    b. Once
    c. Twice
    d. 3+ times
7. In the past six months, how many times have you met with the **Department of Health, Disability and Ageing** (via phone, in-person, videoconference, or conference, etc.):
    a. Never
    b. Once
    c. Twice
    d. 3+ times

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, Disability and Ageing and other stakeholders with grant recipient organisations, and where the NBPU, National Coordinator, the Department of Health, Disability and Ageing 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.

8. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about what activities are eligible as part of the TIS program.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree
9. As far as you are aware, which of the following are eligible TIS activities? (Select all that apply.)
    a. Community education and engagement
    b. Developing smoke free policies in social settings
    c. One-on-one coaching to encourage an individual to quit smoking
    d. Mass media/social media campaigns
    e. Developing promotional resources
    f. Running community events
    g. Anti-vaping and e-cigarette activities
10. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about the staffing arrangements allowed as part of the TIS grant.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree

11. As far as you are aware, which of the following are permittable within the TIS program? (Select all that apply)
    a. Staff working over-time
    b. Staff working outside of 9-5, Monday-Friday
    c. Staff travelling long distances and staying overnight
    d. Staff using and posting on Facebook and Instagram for work
    e. Having staff who work part-time on TIS and part-time on other projects
    f. Having staff who are 100% funded by the TIS grant working on TIS and other projects
    g. Staff using TIS budget on interpreters and translations
12. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about the expenditure requirements for the TIS grant.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree
13. As far as you are aware, what are the expenditure requirements for the TIS grant?
    a. Spending all TIS dollars on TIS activities and staff
    b. Spending most of TIS dollars on TIS, but using some of the money on other projects
    c. Distributing TIS funding across all projects within the organisation as the organisation deems fit

14. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about partnership arrangements that are appropriate within the TIS program.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree
15. As far as you are aware, what are appropriate partnership (sub-contracting) arrangements for TIS? (Select all that apply)
    a. Partners who are written into the grant are paid according to their contract agreement
    b. Partners who are written into the grant are held accountable to deliver the activities proposed
    c. Partners who are written into the grant, are not required to deliver once the grant is awarded
    d. Partners who are written into the grant, are allowed to do activities that are unrelated to the grant but paid with TIS funding
16. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about how our organisation can spend the funding we have received through TIS.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree

17. As far as you are aware, how much of your TIS budget is spent on non-TIS activities across your organisation?
    a. 0%
    b. 1-10%
    c. 11-20%
    d. 21-50%
    e. 51%+
18. [If response to question 17 was NOT a] What factors contributed to the decision to spend the TIS budget on non-TIS activities?
    a. _____
19. How much do you agree with this statement: The NBPU, National Coordinator and/or the Department of Health, Disability and Ageing have provided my organisation with clear information about population health approaches.
    a. I strongly agree
    b. I agree
    c. I neither agree nor disagree
    d. I disagree
    e. I strongly disagree
20. As far as you are aware, which of the following approaches to controlling tobacco and/or e-cigarettes is a population health approach?
    a. Education program at a school about the harms of tobacco
    b. One on one counselling
    c. Designing and funding a bus wrap promoting a local quit support service

21. How strongly do you agree or disagree with the following statements?

Directions: Please indicate how strongly you agree or disagree with the following statements. Scale: 1=Strongly Disagree, 2= Disagree, 3=Agree, 4=Strongly Agree					
		Choose one response only			
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**

22. In the next six months, how likely are you to take a leadership role in advocating for culturally safe, evidence-based tobacco control?

a. Very Likely

b. Likely

c. Somewhat likely

d. Unlikely

23. In the next six months, how likely are you to take a leadership role in advocating for culturally safe, evidence-based e-cigarette control?

    a. Very Likely

    b. Likely

    c. Somewhat likely

    d. Unlikely

24. Are there any other thoughts or experiences you would like to share about your work on the TIS program?

    _____

    _____

    _____

Thank you for taking our survey! Your feedback is important and will help us track how the program is going and help inform future decisions about the program.

Tackling Indigenous Smoking 2022-26 Evaluation TIS Staff Online Survey

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 Culturally Inclusive Research Centre Australia (CIRCA), on behalf of Department of Health, Disability and Ageing. For more information, please see the Participant Information Statement.

We want to know your thoughts and experiences regarding how effectively the TIS program has been running in your organisation, and the impact it is having on your community.

Please fill in the survey below. It will take about 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.

If you fill in the survey, any personal details you provide will be kept strictly confidential. We will not ask for your name or your organisation in the survey. Any other potentially identifying information you share, such as the Indigenous Regions (IREG) your team services, will not be revealed by CIRCA in any written or verbal reports to the Department of Health, Disability and Ageing or anyone else outside of the CIRCA research team.

This survey is part of a broader evaluation CIRCA is doing on behalf of the Department of Health, Disability and Ageing, which helps inform future planning of the TIS program.

Please complete the survey online. The survey will close on **xx/xx/xxxx**

For any questions about the survey, please contact: XXXX at CIRCA.

Eligibility

Are you eighteen (18) years or older? (Please tick one box below)* (mandatory)

☐ Yes (proceed) ☐ No (thank participant and end/exit survey)

Are you a TIS staff member implementing TIS program activities? (Please tick one box below)* (mandatory)

☐ Yes (proceed) ☐ No (thank participant and end/exit survey)

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? (Please tick one box below) *(mandatory)

☐ Yes, I agree to participate in this survey (proceed)

☐ No, I do not want to participate in this survey (thank participant and end/exit survey)

SURVEY

Participant details

1. What is your job title?

2. What is your job classification?

3. Do you set the direction for the TIS team and/or make the decisions about what activities are done for the TIS team?

    i) Yes

    ii) No

4. How long have you been in this role?

    a. 0-5months

    b. 6-12 months

    c. 13-24 months

    d. 24 + months

5. Which IREG (Indigenous Region) does your TIS team service? (check all that apply)

    i) [we will include the list from 21/03/2023 release of Indigenous Regions on the ABS website]

6. In what state or territory do you work?

    a. Australian Capital Territory

    b. New South Wales

    c. Queensland

    d. Northern Territory

    e. Western Australia

    f. South Australia

    g. Victoria

    h. Tasmania

7. Are you

a. Aboriginal

b. Torres Strait Islander

c. Aboriginal and Torres Strait Islander

d. Neither Aboriginal nor Torres Strait Islander

Survey Questions

Skills and knowledge gained from engagement with NBPU and/or National Coordinator

8. 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):

a. Attended a Jurisdictional Workshop (in-person or virtually)

b. Visited the TISRIC website

c. Called the NBPU for support

d. Attended training run by the NBPU

e. Other types of communication with or support from NBPU or National Coordinator

f. Have not had any communication with or support from NBPU or National Coordinator [SKIP TO QUESTION 14]

9. SINCE you talked to or received support from the NBPU or National Coordinator, how well do you understand the following?

Directions: Please indicate how much you understand the following SINCE you talked to or received support from the NBPU or the National Coordinator. Scale: 1= Don't understand, 2=Somewhat Understand, 3=Understand, 4=Deeply understand	
	Choose one response only

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
6.	How to design activities that target all LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live	1	2	3	4
7.	How to design activities that target particular priority groups	1	2	3	4
8.	How to design activities that target people who do not attend ACCHOs	1	2	3	4
9.	Which activities are eligible under your TIS grant and which are ineligible	1	2	3	4
10.	Why to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4
11.	How to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4

10. BEFORE you talked to or received support from the NBPU or National Coordinator, how well did you understand the following?

Directions: Please indicate how much you understood the following issues BEFORE you had talked to or received support from the NBPU or National Coordinator.

Scale: 1= Didn't understand, 2=Somewhat Understood, 3=Understood, 4=Deeply understood

		Choose one response only			
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
6.	How to design activities that target all LGAs within your IREG where Aboriginal and Torres Strait Islander peoples live	1	2	3	4
7.	How to design activities that target particular priority groups	1	2	3	4

8.	How to design activities that target people who do not attend ACCHOs	1	2	3	4
9.	Which activities are eligible under your TIS grant and which are ineligible	1	2	3	4
10.	Why to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4
11.	How to draw on local knowledge when developing tobacco and/or e-cigarette control activities	1	2	3	4

11. SINCE you talked to or received support from the NBPU or the National Coordinator, how likely are you to …?

Directions: Please indicate how likely you are to take the following actions, SINCE talking to or receiving support from the NBPU or National Coordinator. Scale: 1=Unlikely, 2= Somewhat Likely, 3=Likely, 4=Very Likely					
		Choose one response only			
1.	Use evidence-based population health promotion approaches in your tobacco control activities	**1**	**2**	**3**	**4**
2.	Use evidence-based population health promotion approaches in your e-cigarette 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**

12. BEFORE you talked to or received support from the NBPU or the National Coordinator, how likely were you …?

Directions: Please indicate how likely you were to take the following action BEFORE you talked to or received support from the NBPU or National Coordinator. Scale: 1=Unlikely, 2= Somewhat Likely, 3=Likely, 4=Very Likely					
		Choose one response only			
1.	Use evidence-based population health promotion approaches in your tobacco control activities	**1**	**2**	**3**	**4**
2.	Use evidence-based population health promotion approaches in your e-cigarette 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

13. How much impact has talking to or receiving support from the NBPU or the National Coordinator had on your intentions to…?

Directions: Please indicate how much impact talking to or receiving support from the NBPU or National Coordinator has had on your intention to do the following activities.

Scale: 1= No impact, 2= A little impact, 3=Some impact, 4= Lots of impact

		Choose one response only			
1.	Use evidence-based population health promotion approaches in your tobacco control activities	1	2	3	4
2.	Use evidence-based population health promotion approaches in your e-cigarette 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**

Quit support referrals

14. How confident are you about knowing who to refer community members to, if they want quit support?

a. Very confident

b. Confident

c. Somewhat confident

d. Not at all confident

15. How likely are you to refer community members to quit supports?

a. Very likely

b. Somewhat likely

c. Likely

d. Unlikely

Cultural Safety

b)

16. [Asked of all participants, but we will only track results of staff who report being Aboriginal or Torres Strait Islander] Do you think that TIS messaging and activities use local Aboriginal (and Torres Strait Islander) languages, knowledge, networks, or art appropriately?

a. Yes – all the time

b. Most of the time

c. Sometimes

d. Never

17. [Asked of all participants, but we will only track results of staff who report being Aboriginal or Torres Strait Islander] Are Aboriginal and Torres Strait Islander peoples involved in the design of your TIS teams messaging and activities?

a. Yes – all the time
b. Most of the time
c. Sometimes
d. Never

18. [Asked of all participants, but we will only track results of staff who report being Aboriginal or Torres Strait Islander] Are Aboriginal and Torres Strait Islander peoples involved in the delivery of your TIS Teams' messaging and activities?

a. Yes – all the time
b. Most of the time
c. Sometimes
d. Never

19. Do you feel that your Aboriginal and Torres Strait Islander traditions/culture are respected within the day-to-day practices of your TIS team?

a. Yes – all the time
b. Most of the time
c. Sometimes
d. Never
e. Not applicable - I am not Aboriginal or Torres Strait Islander

Organisational culture

20. How strongly do you agree or disagree with the following statements?

Directions: Please indicate how strongly you agree or disagree with the following statements. Scale: 1=Strongly Disagree, 2= Disagree, 3=Agree, 4=Strongly Agree					
		Choose one response only			
1.	"There are currently enough people in our team to do our work well."	**1**	**2**	**3**	**4**
2.	"Our team is currently staffed with people who have the right skills to do the work required of our team."	**1**	**2**	**3**	**4**
3.	“I am able to work over-time to accomplish my TIS work, if needed.”	**1**	**2**	**3**	**4**
4.	“I am given flexibility to work outside of normal work hours to accomplish my TIS work, if needed.”	**1**	**2**	**3**	**4**
5.	“There is funding and flexibility for me to travel for TIS activities when needed.”	**1**	**2**	**3**	**4**
6.	“There is funding and flexibility for me to travel and stay overnight for TIS activities when needed.”	**1**	**2**	**3**	**4**
7.	“Information about the funding available for my organisations’ TIS activities is easily available to me.”	**1**	**2**	**3**	**4**

21. Are there any other thoughts or experiences you would like to share about your work on the TIS program?

_____

_____

_____

Thank you for taking our survey! Your feedback is important and will help us track how the program is going and help inform future decisions about the program.

For further information about this survey, please contact Lena Etuk at CIRCA: lena@circaresearch.com.au, 02 8585 1330.

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