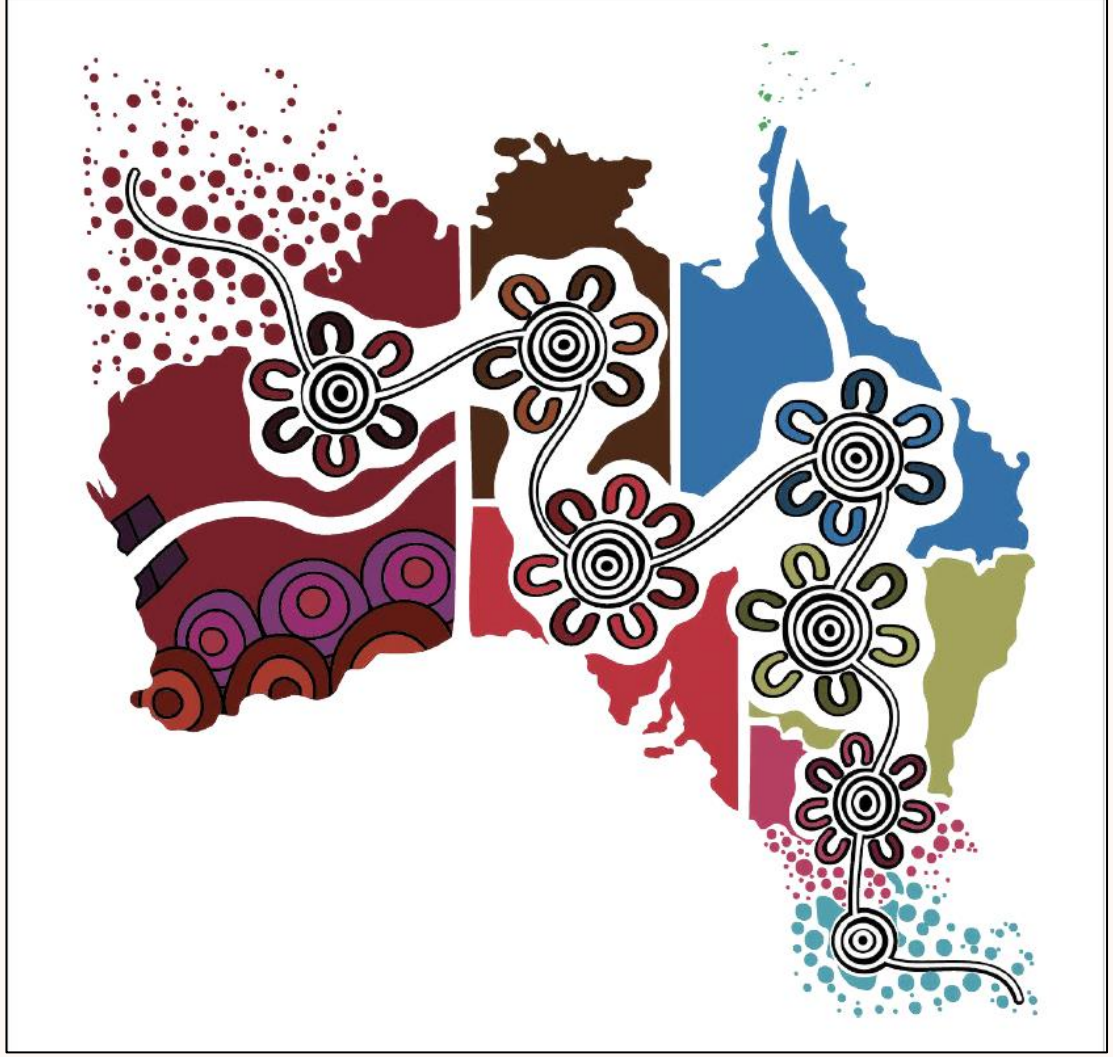






National TIS CEO Workshop

Canberra

8 September 2026

Sharing Voices for the 2027- 31 Funding Bid – Sharing & Celebrating?

Prof Tom Calma AO

National Coordinator Tackling Indigenous Smoking



I recognise the **Ngunnawal and other groups with cultural links to the ACT region** and ***all*** *Aboriginal and Torres Strait Islander and Indigenous Peoples* in attendance today

Evaluate, Celebrate and Prepare for 2027- 31 Funding Bid

Who's up for the challenge?

- Recap on the TIS Program – evolution to best practice
- Innovation
- Impact
- Jurisdictional Workshops
- Challenges for next 9 months

- CELEBRATION

- **Don't slow down** – keep up your good work

Back to where we started 16 years ago

- 2010 Population Health Division
- 2015 First Nations Health Division
- 2026 Population Health Division

First Nations Health
Melinda Turner

Primary Health Care & Community Control
Ben Barratt

Policy, Partnerships & Performance
Melissa Lyngstad A/g

Targeted Health Programs
Thomas Lester

National Mental Health Commission
David McGrath

National Suicide Prevention Office
Alex Hains A/g

Prevention, Primary Care & Medicare
Dr. Liz Develin

Population Health
Helen Grinbergs

Prevention & Equity
Rhiannon Box

Alcohol, Other Drugs & Food
Ben Mudaliar

Tobacco & E-Cigarette Control
Karlie Brown

Estimated population, Indigenous status – 30 June 2021

983,700 people, 3.8% of the Australian population

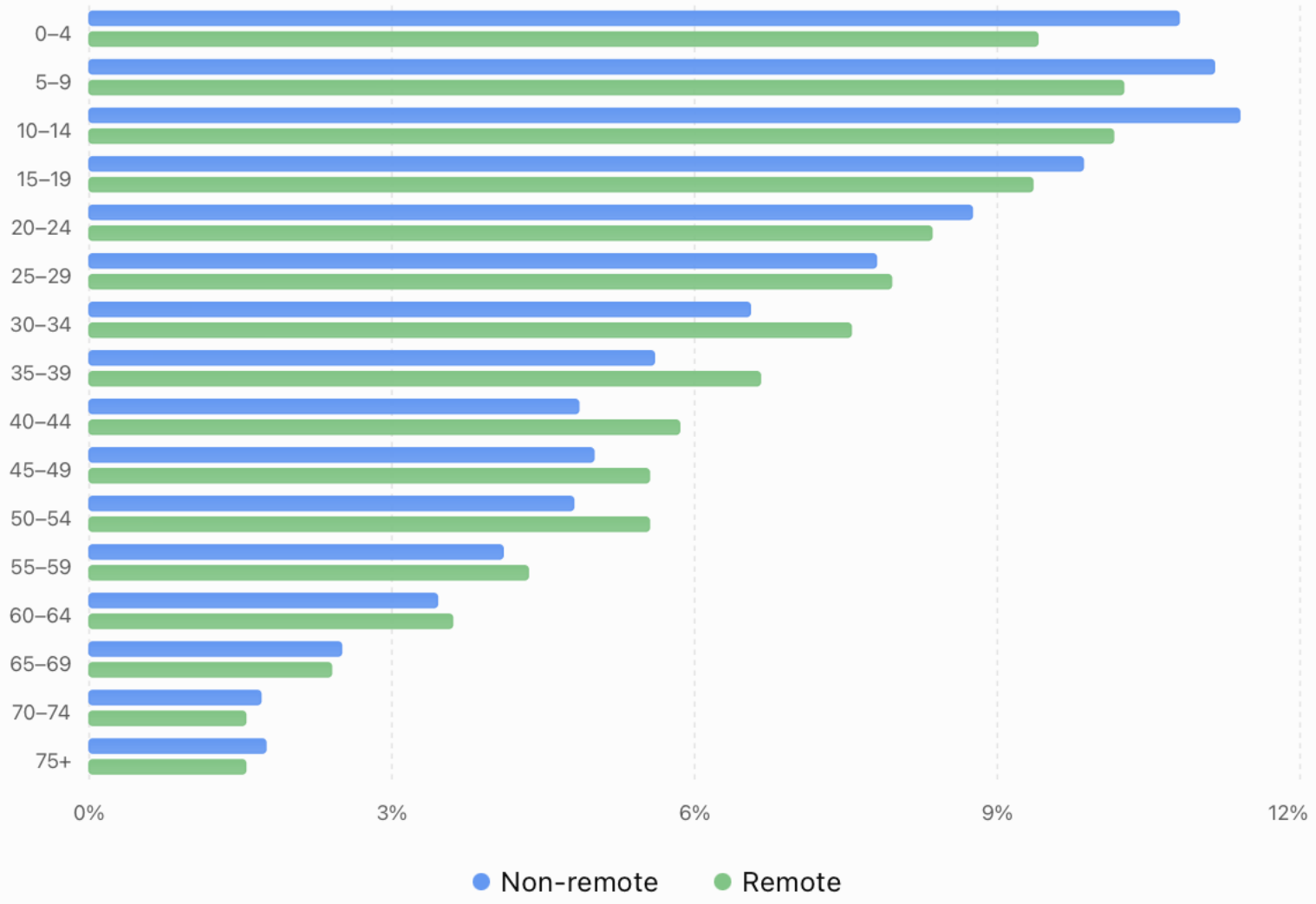
	Aboriginal only (no.)	Torres Strait Islander only (no.)	Both Aboriginal and Torres Strait Islander (no.)	Total Aboriginal and/or Torres Strait Islander (no.)	Non-Indigenous (no.)	Total (no.)
NSW	326,927	5,971	6,812	339,710	7,757,352	8,097,062
Vic.	74,263	2,463	1,970	78,696	6,469,126	6,547,822
Qld	222,309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

a. Includes Other Territories.

2026 ABS projection of Aboriginal and Torres Strait Islander peoples **1.08 million**

Age distribution differs between remote and non-remote Australia

Aboriginal and Torres Strait Islander population by age and remoteness, 2021. Percentages combine males and females using the ABS age-by-sex distribution.



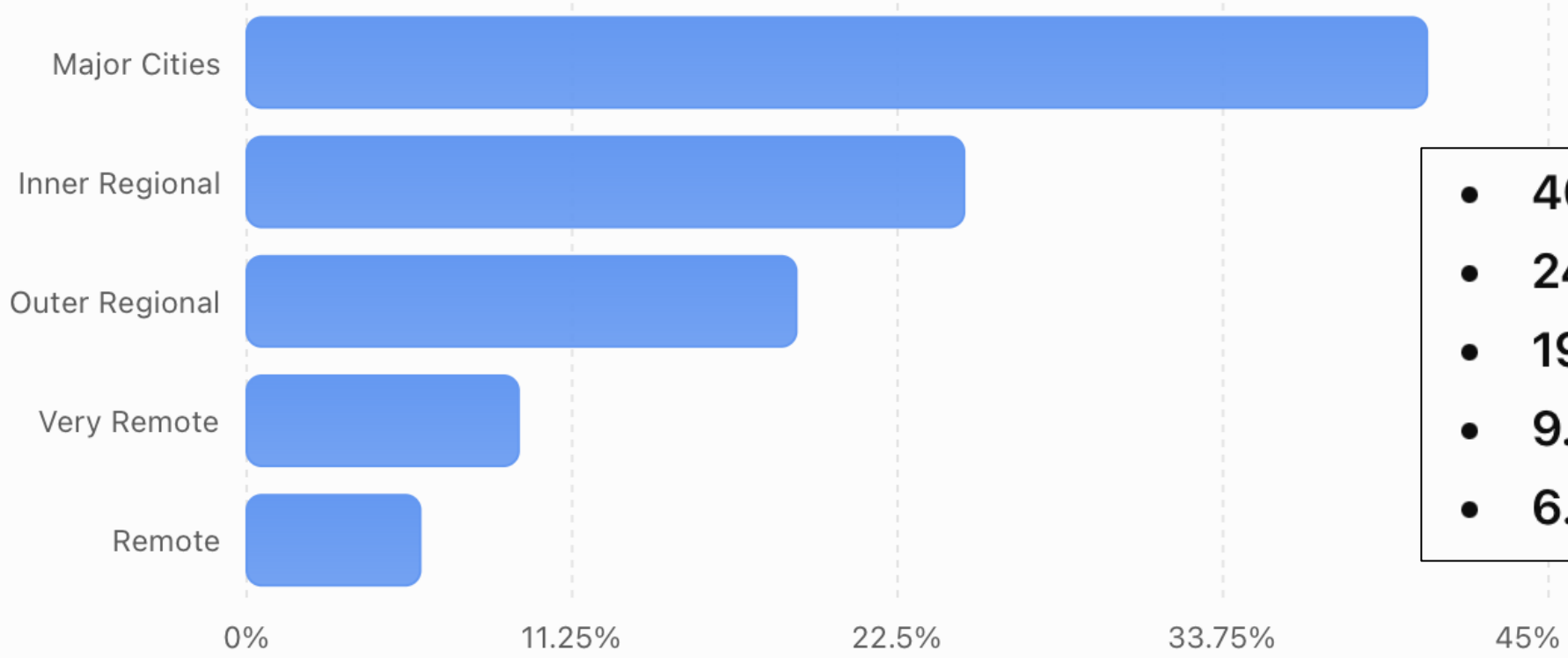
Source: Australian Bureau of Statistics, Census of Population and Housing 2021, Graph 24: Population distribution by Age and Sex by Remoteness.

The ABS analysis shows:

- **Under 25: 51.9%** of the non-remote First Nations population versus **47.5% in remote areas.**
- **25–64: 42.1%** non-remote versus **46.9% remote.**
- **Median age: 22** years for **males** and **24** for females in non-remote areas, compared with **25 and 27 years respectively in remote areas.**

Aboriginal and Torres Strait Islander population by remoteness

Estimated resident population by ABS Remoteness Area, Australia, 30 June 2021.

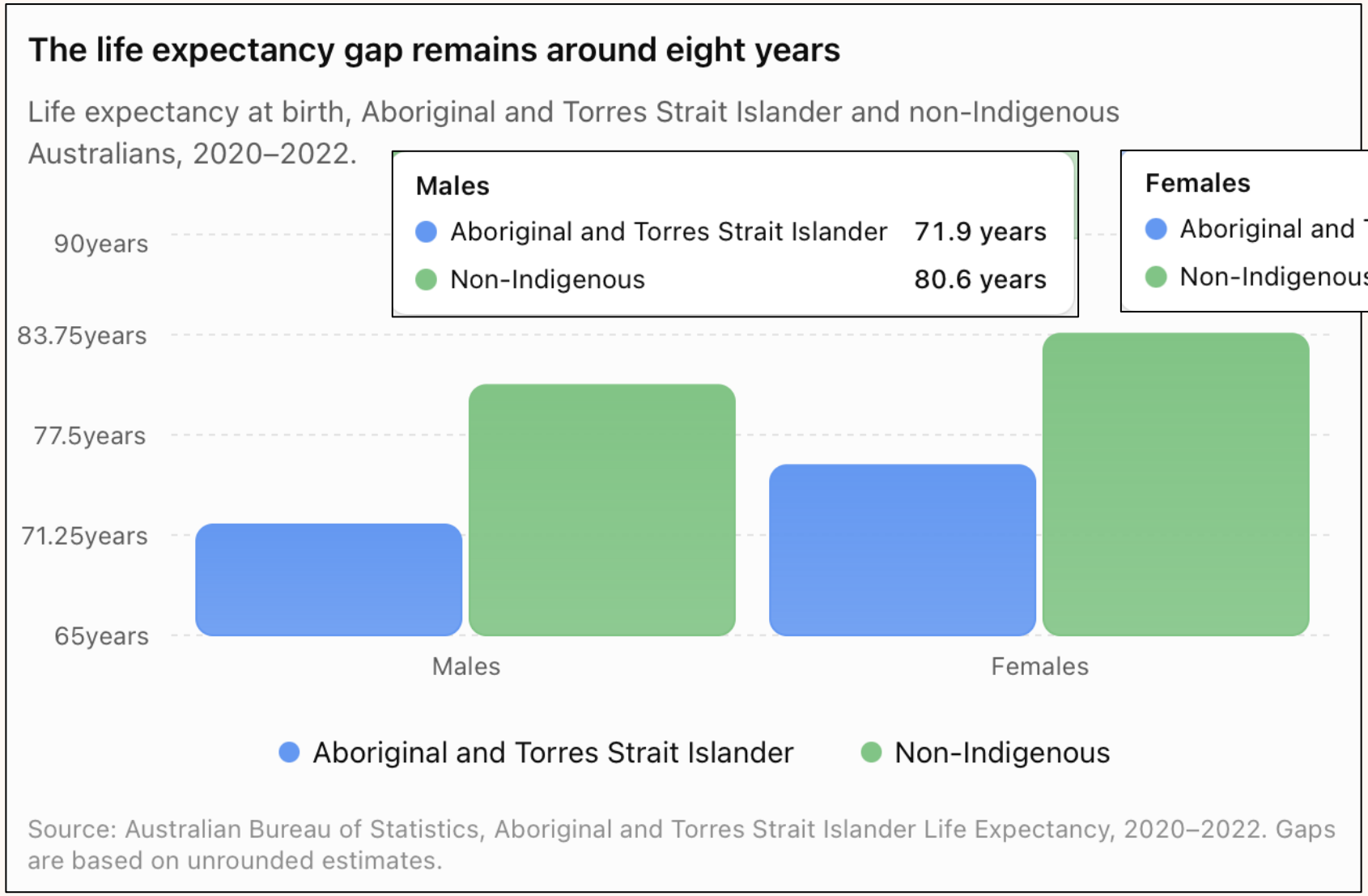


- **40.8%** — Major Cities
- **24.8%** — Inner Regional
- **19.0%** — Outer Regional
- **9.4%** — Very Remote
- **6.0%** — Remote

Source: Australian Bureau of Statistics, Estimates of Aboriginal and Torres Strait Islander Australians, 30 June 2021.

The life expectancy gap remains around eight years

TIS saves lives and contributes to closing the gap

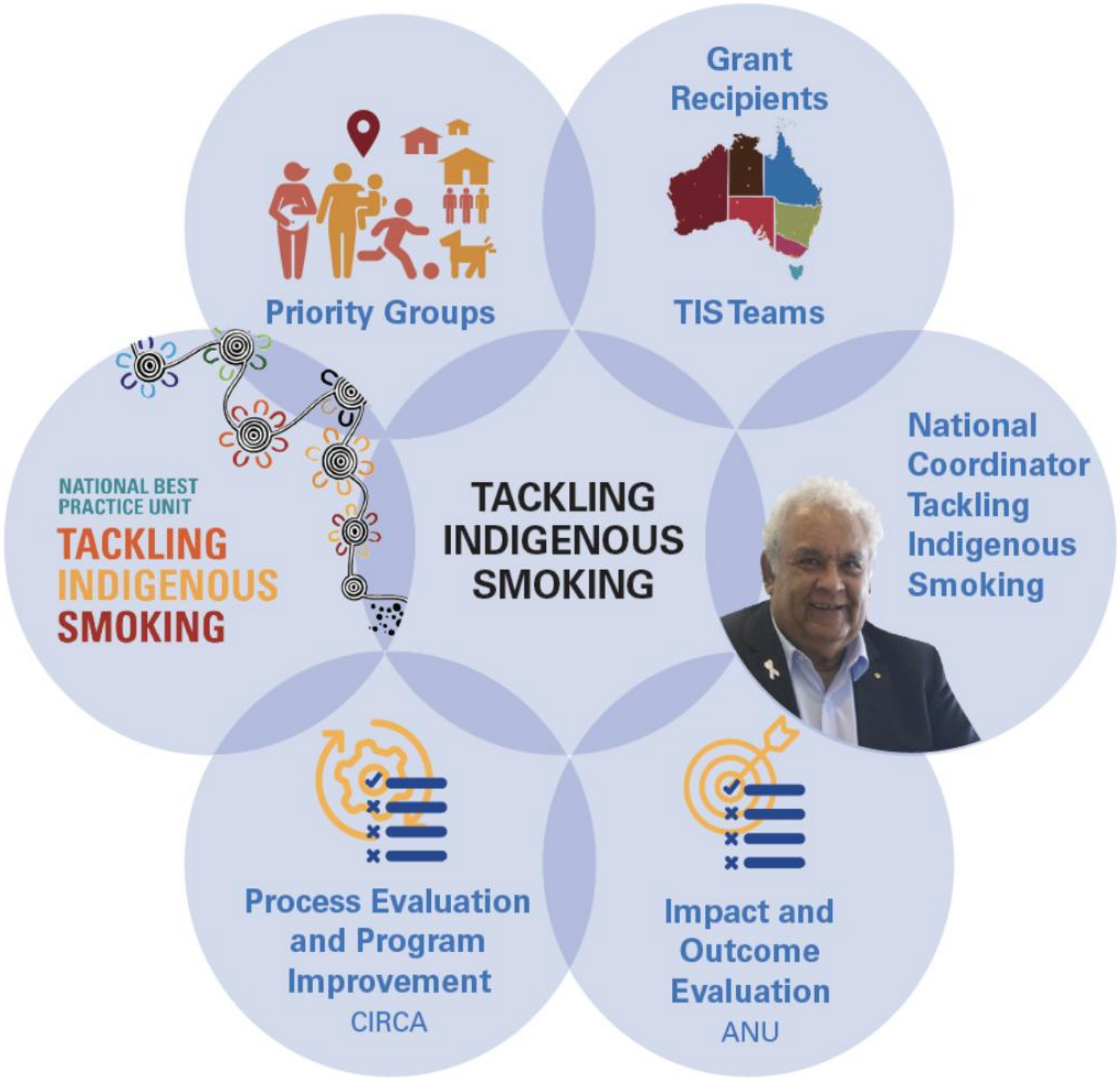


ABS life-expectancy period **2010–2012**

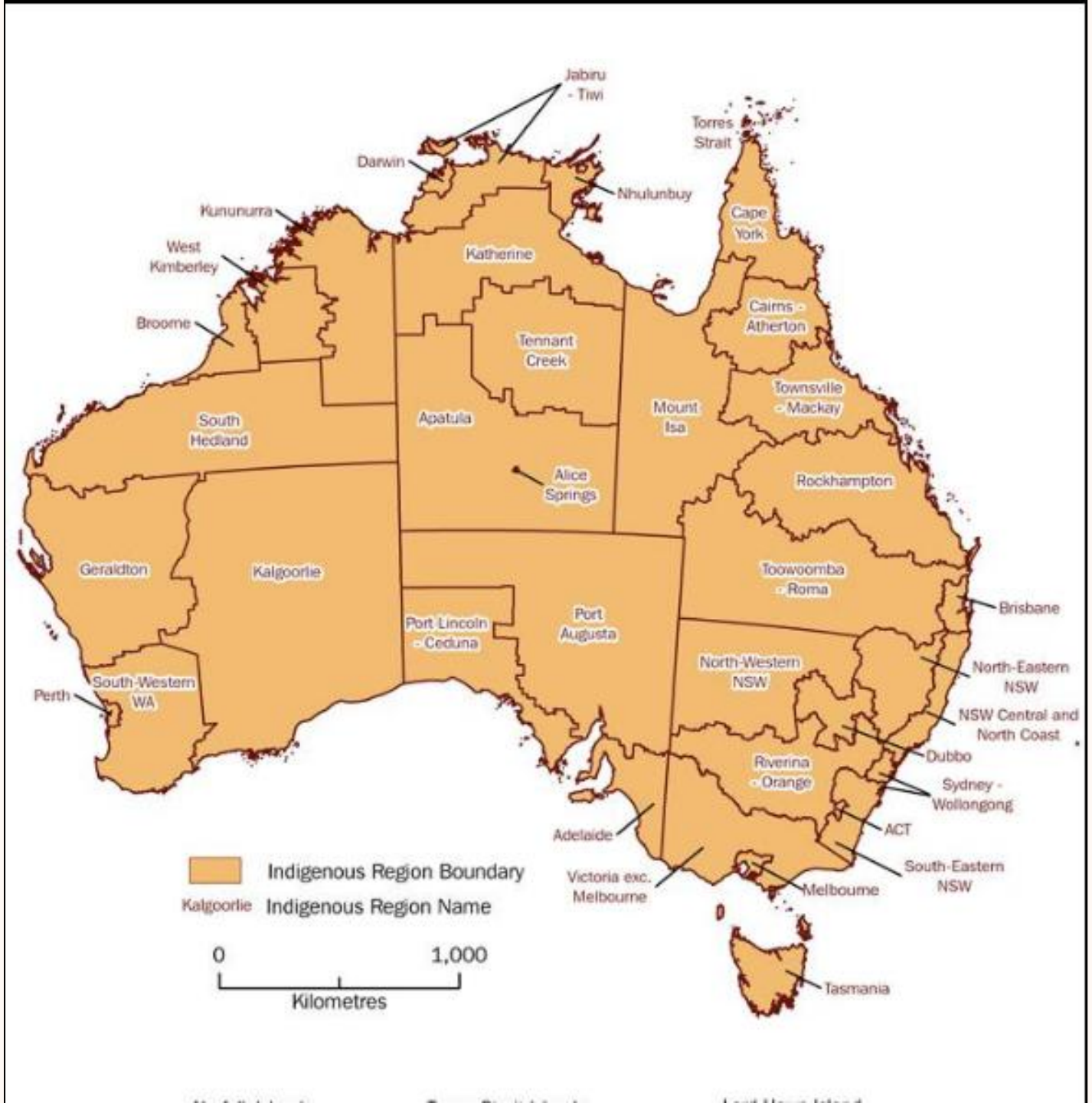
	ATSI	Non-ATSI	Gap
Male	69.1 years	79.7 years	**10.6 years**
Female	73.7 years	83.1 years	**9.5 years**

The TIS Eco-system

- TIS commenced in Jan 2010
- Maintained funding and growth under successive governments
- Consistent leadership NCTIS – 10 days per month
- Supported by a National Best Practices Unit
- 2 discrete evaluation system - CQI
- Population Health Program – do not run programs – **we educate and empower the community to direct success**
- Clear Grant Operational Guidelines (GOGs)
- **16 July 2026 TIS moved to mainstream Tobacco & E-cigarette Control Branch**



ABS Indigenous Regions - IREGs



37 Regions – 26 providers

Regional TIS Coverage by State

- **Western Australia (WA):** 8 regions (e.g., Broome, West Kimberley, Kununurra, Halls Creek)
- **Northern Territory (NT):** 7 regions (e.g., Darwin, Nhulunbuy, Tennant Creek, Apatula)
- **Queensland (QLD):** 7 regions (e.g., Rockhampton, Toowoomba-Roma, Torres Strait, Cairns-Atherton, Townsville-Mackay)
- **New South Wales / ACT (NSW/ACT):** 6 regions (e.g., Dubbo, North-Eastern NSW, North-Western NSW, NSW Central and North Coast, Riverina-Orange)
- **South Australia (SA):** 5 regions (e.g., Adelaide, Port Augusta, Port Lincoln)
- **Victoria (VIC):** 2 regions (Melbourne and Regional Victoria)
- **Tasmania (TAS):** 1 region (Statewide coverage) Edith Cowan Uni... +4

5. What the grant money can be used for

Grant Operation Guidelines - GOGs

5.1 Eligible grant activities

To be eligible, your grant activity must:

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

Eligible grant activities include:

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

Ineligible grant activities include:

Grant Operation Guidelines - GOGs

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



The National Agreement on Closing the Gap, which came into effect on 27 July 2020, sets out how governments and the Coalition of Peaks will work together to improve the lives of Aboriginal and Torres Strait Islander people.

https://www.coalitionofpeaks.org.au/home

Health and Wellbeing

OUTCOMES

1. Aboriginal and Torres Strait Islander people **enjoy long and healthy lives**
2. Aboriginal and Torres Strait Islander children **are born healthy and strong**
14. Aboriginal and Torres Strait Islander people **enjoy high levels of social and emotional wellbeing**

TARGETS

- Close the Gap in **life expectancy** within a generation, by 2031
- By 2031, increase the proportion of Aboriginal and Torres Strait Islander **babies with a healthy birthweight to 91%**
- Significant and sustained **reduction in suicide** of Aboriginal and Torres Strait Islander people towards zero

Closing the Gap Targets for Health and Wellbeing

Target 1 – Life Expectancy

Status - Not on track

Commentary

Life expectancy continues to **slowly improve** but the rate of improvement **is insufficient to close the gap by 2031**

Reasons

- High burden of chronic disease
- Preventable illness
- Persistent smoking rates
- Poor access to culturally safe health care
- Housing overcrowding
- Food insecurity
- Mental health impacts

Life expectancy is influenced by almost every other Closing the Gap target.

Target 2 – Healthy Birthweight

Status: Improving but insufficient.

Reasons

- Better maternal health services
- Growth of Aboriginal Community Controlled Health Organisations (ACCHOs)

However, the following continue to limit improvement.

- smoking in pregnancy
- diabetes
- remoteness
- antenatal access

Leading Causes of Aboriginal and Torres Strait Islander Peoples Death

Coronary heart disease: The top individual specific cause, accounting for roughly 11% of all First Nations deaths.

Diabetes: A major specific driver, ranking particularly high as a cause of death for First Nations females.

Chronic obstructive pulmonary disease (COPD): A leading chronic respiratory condition impacting mortality.

Lung cancer: The most common specific type of cancer leading to death in this population.

Intentional self-harm (suicide): A significant leading cause, particularly affecting younger age groups and males. [1, 2, 3]

https://www.health.gov.au/topics/smoking-vaping-and-tobacco/about-smoking/effects

Major Causes of Smoking-Related Death

Lung Cancer: Smokers face an up to 18-times higher risk of dying from lung cancer compared to non-smoker peers. It remains the top cancer killer driven by tobacco. [1, 2]

Ischaemic (Coronary) Heart Disease: Smoking damages blood vessels and doubles the risk of fatal heart attacks, making cardiovascular disease a leading overall category for tobacco mortality. [1, 2, 3]

Chronic Obstructive Pulmonary Disease (COPD): Encompassing emphysema and chronic bronchitis, current smokers have been shown to have vastly multiplied relative risks of dying from chronic lung disease. [1, 2]

Stroke (Cerebrovascular Disease): Smoking doubles a person's risk of suffering a fatal or disabling stroke by promoting blood clots and arterial blockages. [1, 2]

Dementia (including Alzheimer's Disease): Contemporary Australian data links long-term tobacco use to a significantly elevated (roughly 60%) increased risk of death from dementia-related conditions. [1, 2]

Overall anti-smoking attitudes, knowledges and beliefs

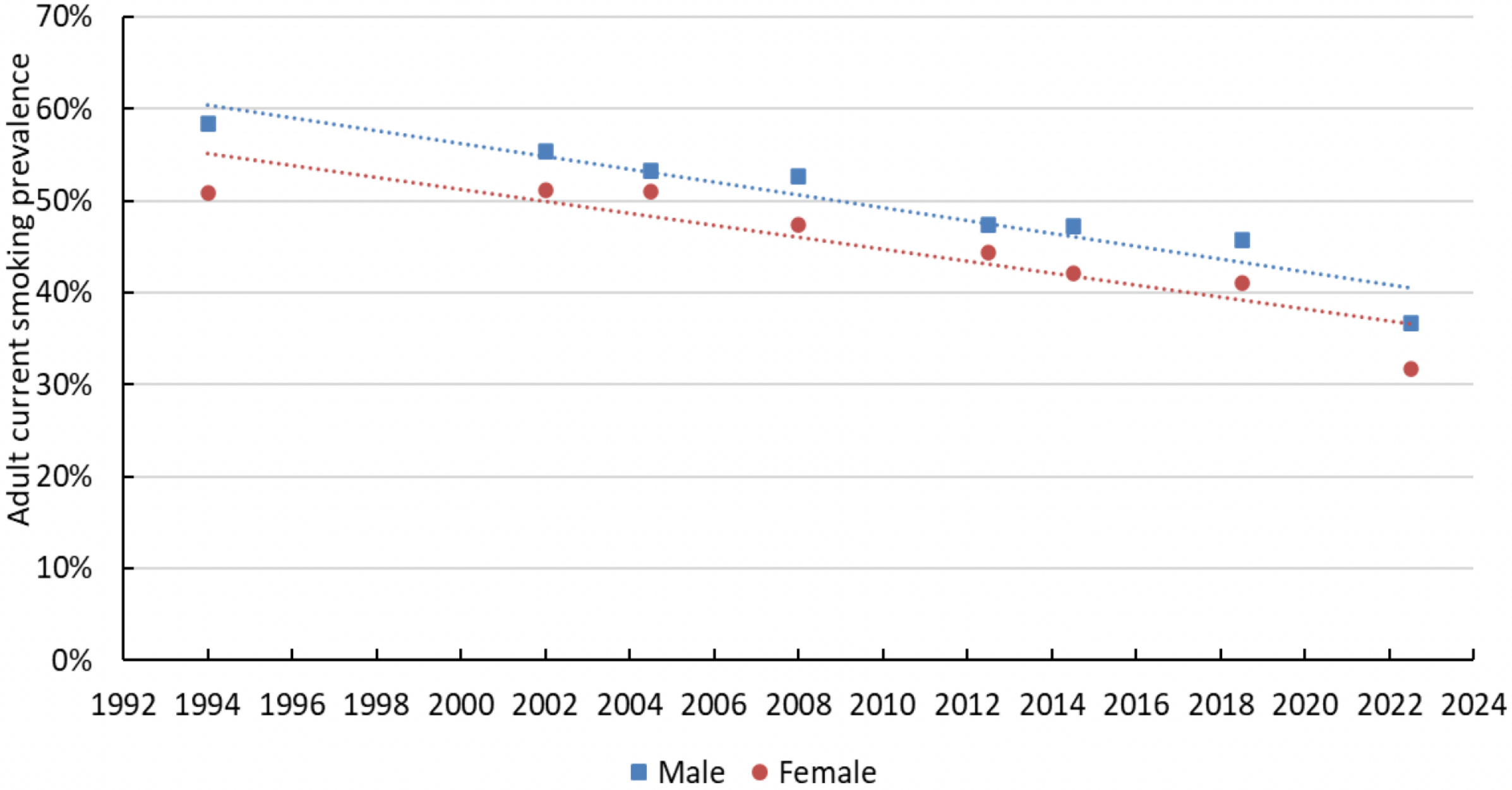
76% current Aboriginal and Torres Strait Islander people who smoke **want to quit**

70% **wish they never took it up**

60% reported community disapproval of smoking

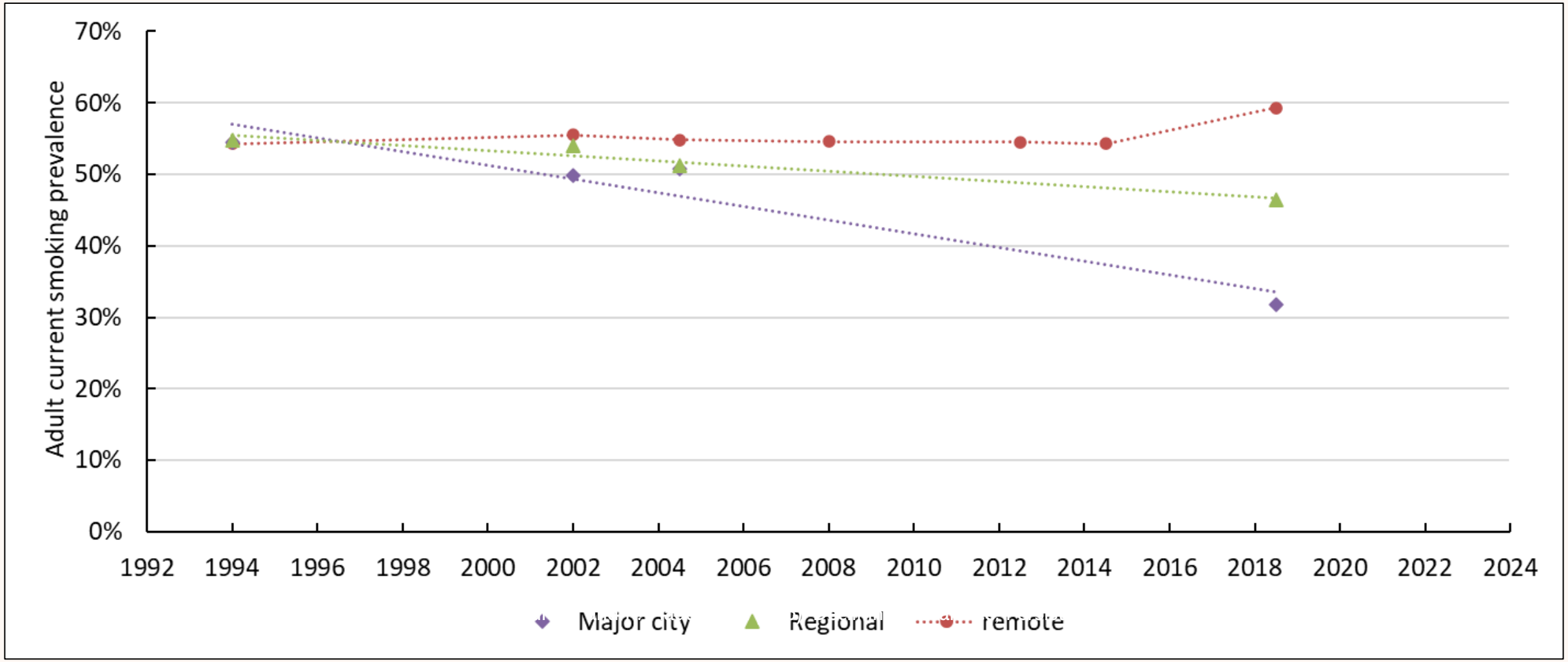
Reasons to quit: **personal health**, **cost**, and **health of family**

Source: Cohen et al. 2021. Tobacco Related Attitudes and Behaviours in Relation to Exposure to the Tackling Indigenous Smoking Program: Evidence from the Mayi



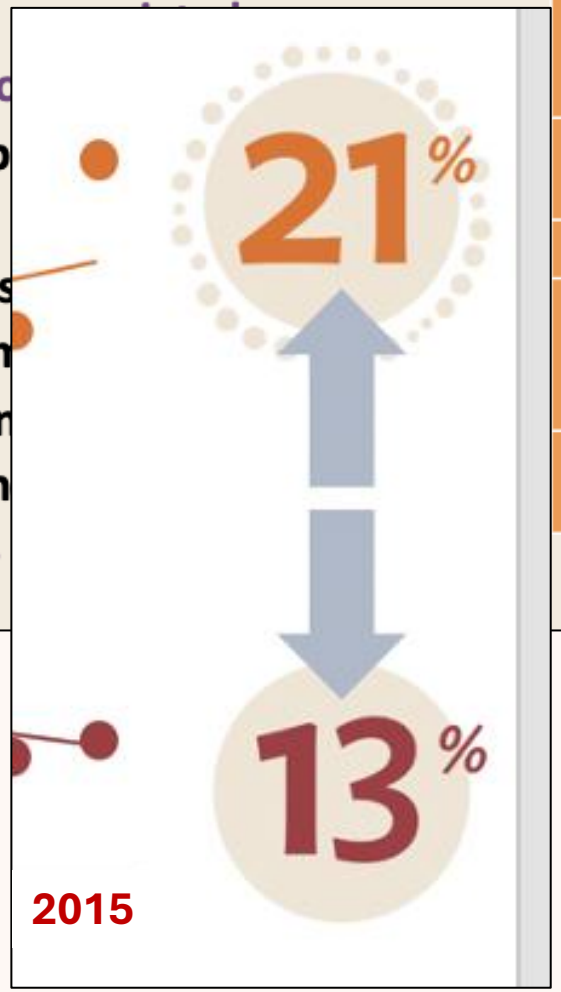
Source: Diaz, A., L. Whop, R. Lovett, K.A Thurber, and R. Maddox. (in prep). Declining Prevalence, Persistent Harm: Rethinking Tobacco Epidemic Models.

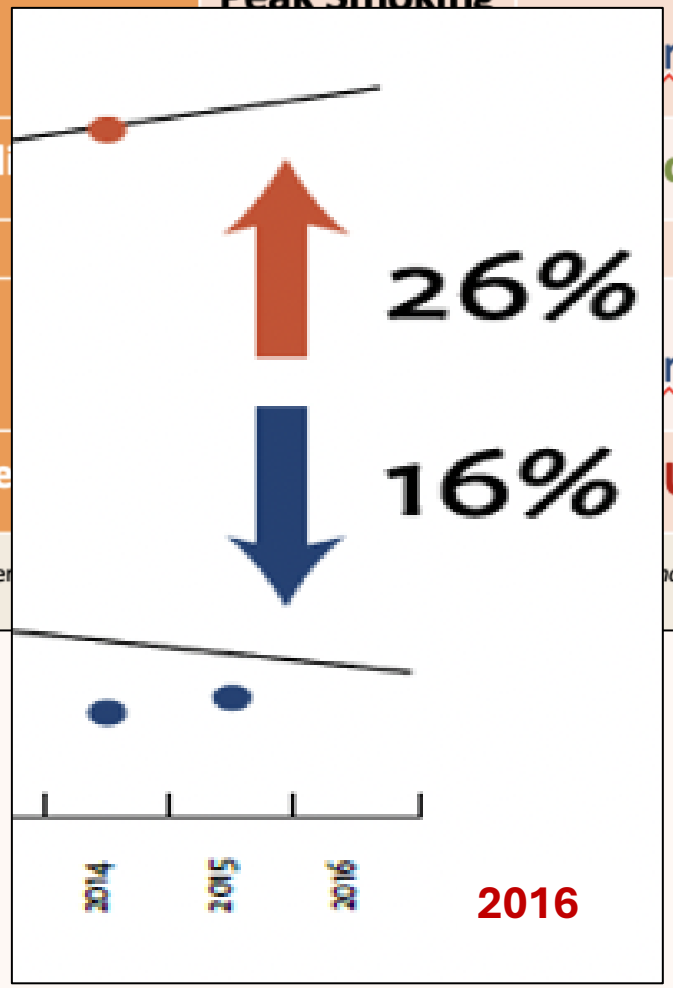
Aboriginal and Torres Strait Islander Peoples smoking incidence by geographic region

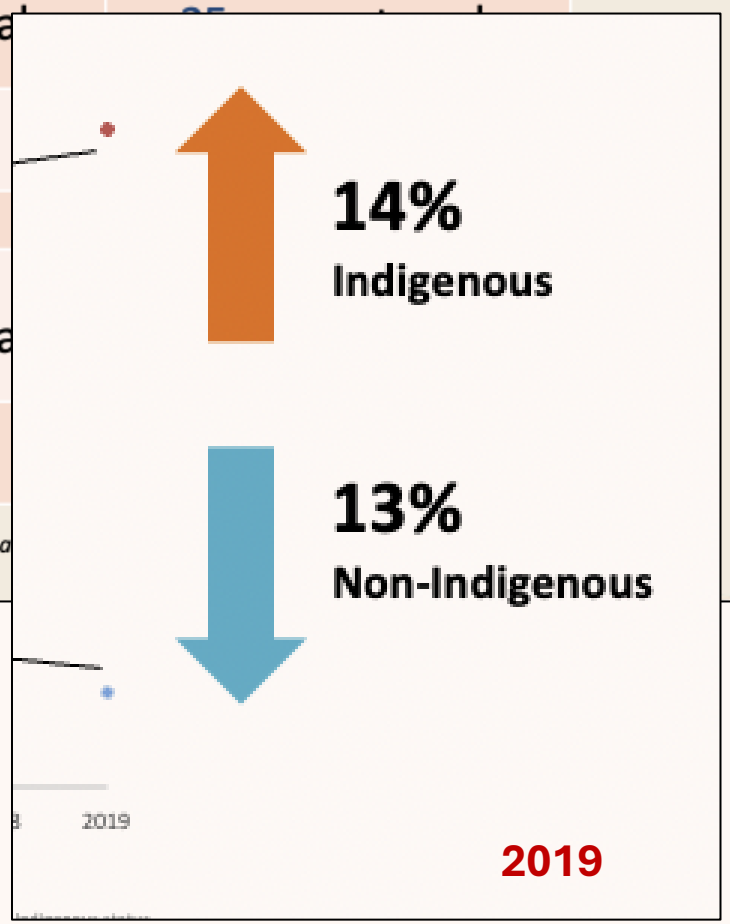


Cancer mortality post peak smoking by population group

There is a long delay between smoking and its







Cancer Mortality

Peak Smoking

2012

2015

Non-Indi

Indige

rs post pea

own 10%

2012

rs post pea

Up 16%

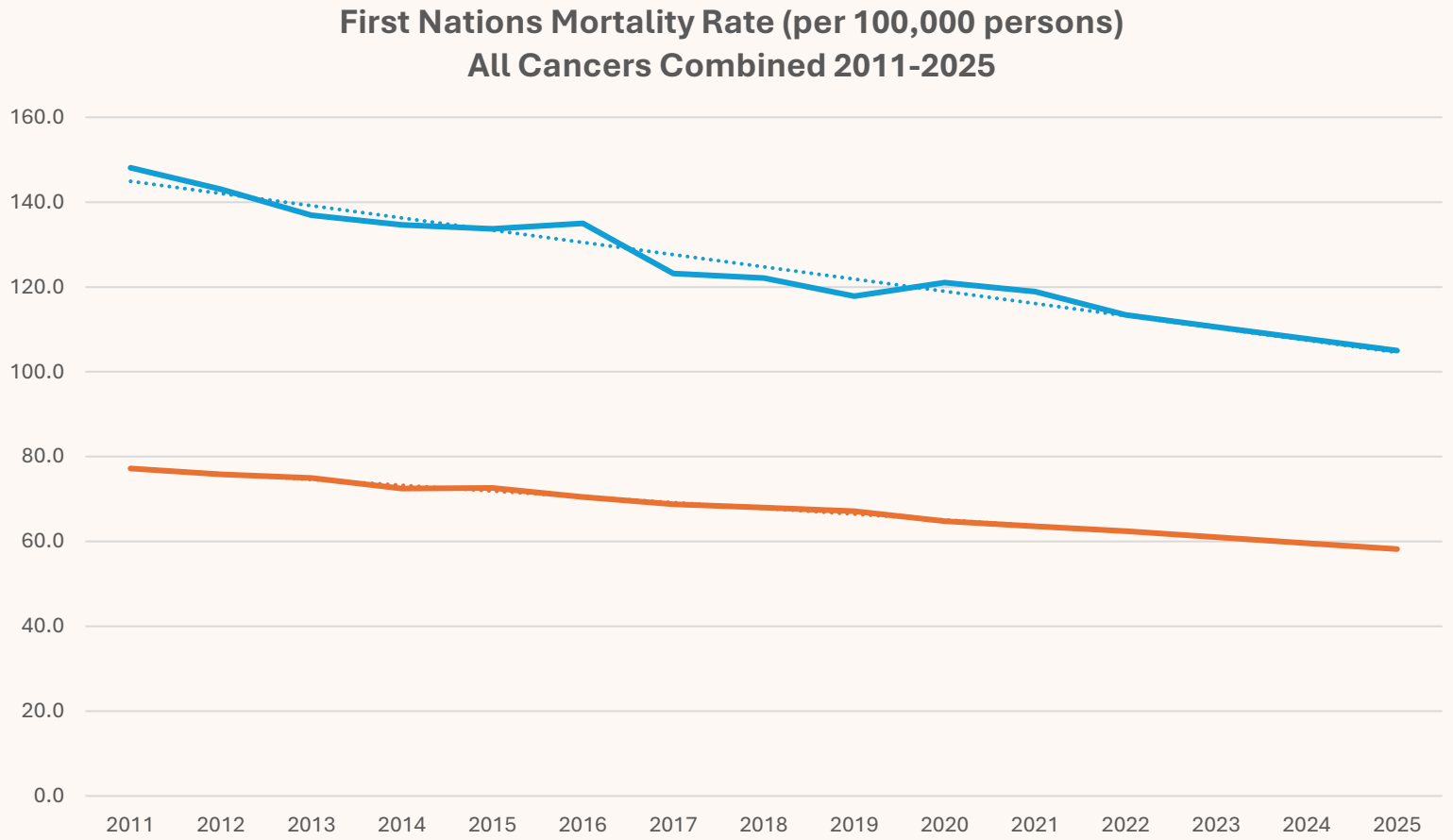
[1]Lovett, R., Thurber

oking epidemic: who

Mortality rate declining

Australian Government
Cancer Australia

Cancer in Aboriginal and Torres Strait Islander people



29%
First Nations Peoples

25%
Non-Indigenous

Age-standardised to the 2021 First Nations Census Population.
Australian Institute of Health and Welfare Cancer Data in Australia, Updated 14 Jul 26, Accessed 27 Aug 26.
https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/first-nations-cancer-incidence-mortality-and-survi
*Non-Indigenous peoples' mortality rate may be lower than other estimates due to the age distribution of non-Indigenous peoples in Australia.
For more information see Cancer data in Australia, A guide to using the First Nations Cancer data - Australian Institute of Health and Welfare

Why TIS is considered successful?

2010 – 50+%

2018/9 – 37%

2030 – **27%** Target

2024 – 29%

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

Challenge still remains for Regional and Remote and very remote residents

Population health and referral practice – those who **do not use** an ACCHO

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

The **Tackling Indigenous Smoking (TIS) Program** is **widely regarded as one of Australia's most successful Aboriginal and Torres Strait Islander public health initiatives** because it combines **community leadership, evidence-based tobacco control, culturally appropriate health promotion, and sustained national investment**. It has contributed to one of the most significant improvements in Aboriginal and Torres Strait Islander health over the past two decades.

Successful TIS campaigns frames quitting positively and increasingly focus on:

- protecting children;
- strengthening families;
- cultural responsibility;
- healthy Elders; pride; and community leadership.

This strengths-based approach resonates more effectively than messages centred solely on disease or fear.

Challenges still remain

Maintain the momentum - build on successes & celebrate success

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

Partner with other agencies and people - environmental health workers

Get into schools or other areas where kids and youth congregate

Target homes, shops and common areas

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

UNIVERSITY OF CANBERRA

Future students Research Give On campus About UC

Digital repository

Tackling Indigenous Smoking



Home / About UC / Faculties / Faculty of Health / Tackling Indigenous Smoking

https://www.canberra.edu.au/about-uc/faculties/health/tackling-indigenous-smoking

TIS Family 2019



TIS Family 2023



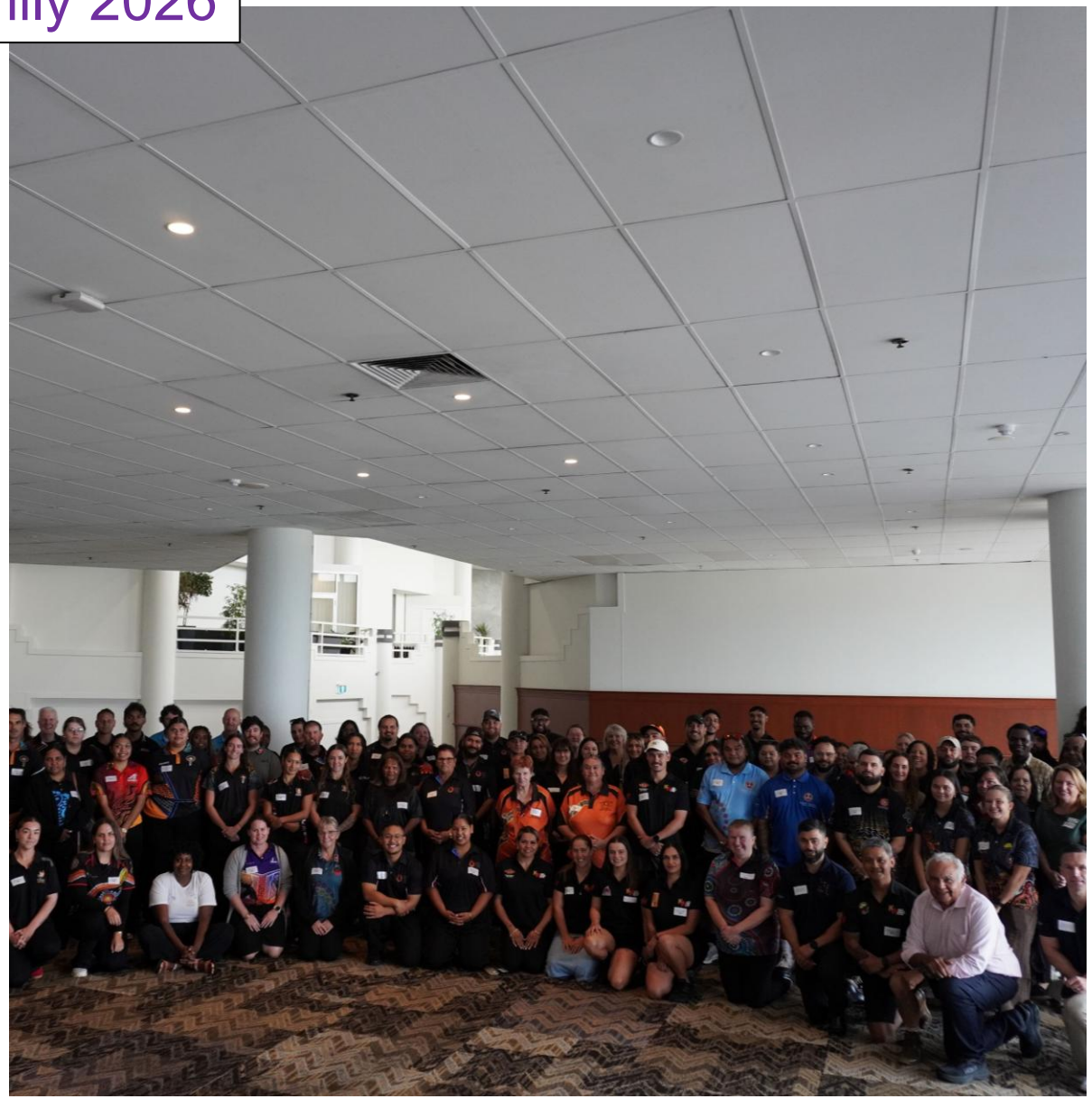
TIS Family 2025



TIS Family 2026



Gold Coast July 2026



Perth March 2026

Questions to ponder:

- How knowledgeable are you about your TIS staff roles and operating practices?
- Are you contributing to their success?
- What do you want to know that hasn't been covered or you need further explanation on?
- Do all of your staff understand their role in tobacco control?
- Share a good practice with colleagues over the breaks **or in this afternoon's Q & A panel.**