



# Department of Health

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**Tackling Indigenous Smoking Program evaluation**

**Preliminary evaluation report**

13 June 2017





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We would also like to thank the Department of Health and the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) for their valuable partnership in this evaluation.

# List of Abbreviations

ACCHS	Aboriginal Community Controlled Health Service
AMS	Aboriginal Medical Service
ASGS	Australian Statistical Geography Standard
CIRCA	Cultural and Indigenous Research Centre Australia
HSN	Health Services Network
IAHP	Indigenous Australians' Health Programme
IUIH	Institute for Urban Indigenous Health
M&E	Monitoring and Evaluation
NBPU TIS	National Best Practice Unit TIS
NRT	Nicotine Replacement Therapy
PCYC	Police-Citizens Youth Clubs
PHN	Primary Health Network
SLAT	Student Leadership Action Team
TIS	Tackling Indigenous Smoking
TISRIC	Tackling Indigenous Smoking Resource and Information Centre

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# Executive summary

## Introduction

The overall goal of the national Tackling Indigenous Smoking (TIS) program is to improve the health of Aboriginal and Torres Strait Islander peoples through local population specific efforts to reduce harm from tobacco. The program is population health focused, implemented through grants to 36 ACCHS and one private health provider, and other components, and is supplementary to broader tobacco control measures such as plain packaging and excise duties.

The Cultural and Indigenous Research Centre Australia (CIRCA) has been contracted to conduct an evaluation of the TIS program, in collaboration with the Incus Group, Renee Williams and Professor Shane Hearn (University of Adelaide). The purpose of this preliminary report is to provide a mid-term evaluation of progress to date in implementing the first year of the three year (2015-2018) TIS program. The final evaluation of the TIS program (due April 2018) will assess the short term outputs and progress towards medium term outcomes of the program. In so doing, the national evaluation will assess the contribution of the TIS program towards the long-term reduction of smoking rates among Aboriginal and Torres Strait peoples at a national level.

## TIS Program background

Between 2010 and 2015, Commonwealth action to address Aboriginal and Torres Strait Islander smoking was delivered through a multi-component Tackling Indigenous Smoking and Healthy Lifestyle (TIS&HL) program, a key element of which were regional grants to establish a dedicated workforce to reduce Indigenous smoking rates and increase healthy behaviours. The TIS&HL program was revised following a review of the program in 2014<sup>1</sup> and incorporates the following key performance areas: the use of multi-component tobacco control strategies, using and promoting best practice approaches to tobacco control, and building partnerships and collaborations to support innovation, capacity-building and behaviour change. Thirty-seven organisations (grant recipients) have been provided three-year funding to undertake multi-level approaches to tobacco control, which combine a range of evidence-based tobacco control activities with a focus on measurable outcomes for reducing smoking prevalence. The third year of funding is contingent on this evaluation.

Additionally, under the revised TIS program:

- the National Best Practice Unit TIS (NBPU TIS) has been established to support grant recipients to plan and implement evidence-based, outcomes-focused approaches to reduce smoking prevalence among Aboriginal and Torres Strait Islander peoples;

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<sup>1</sup> Faculty of Health University of Canberra, *Tackling Indigenous Smoking and Healthy Lifestyle Program Review: Stakeholder Consultation*, 2014

- the National Coordinator for TIS provides high-level advice and insights, support and leadership to assist in the shaping of policy and program approach and engagement with regional grant recipients;
- Innovation Grants support intensive smoking prevention and cessation activities coupled with research and evaluation targeting priority groups;
- Indigenous Quitline Enhancement Project grants enhance the capacity of Quitline services to provide accessible and appropriate services to Aboriginal and Torres Strait Islander people; and
- Quitskills is available to provide brief intervention and motivational training aimed at building the capacity of professionals working with Aboriginal and Torres Strait Islander smokers and their communities.

## Mid-term evaluation approach

The national evaluation has several critical areas for investigation, including the fit between the TIS program and the needs of local communities and other stakeholders and the policy context (appropriateness), and the level of change that the TIS program has brought about including systems capacity<sup>2</sup> development facilitated through the TIS program (effectiveness). This mid-term evaluation looks at progress to date of the TIS program, particularly in terms of regional grants delivering localised Indigenous tobacco interventions. It does not look at long-term impact in relation to a reduction of smoking rates at a national level.

A mixed methods approach was used to evaluate the TIS program, including:

- Analysis of grant recipients routinely collected monitoring data and information on their TIS activities, and secondary analysis of state and national data collected by Quitline organisations and evaluation of data collected by Cancer Council South Australia for the Quitskills training between January to December 2016;
- Qualitative consultations with representatives from all 37 regional tobacco control grant recipient organisations, including 132 TIS Program staff; 43 primary stakeholders (e.g. non-TIS staff and board members from the grant recipient organisations, staff from other health services, teachers, sport and recreation workers, youth and Alcohol and Other Drug workers, staff from other community-based organisations and community leaders); 14 secondary stakeholders including NBPU TIS staff; Quitline representatives from each state and territory; the National Coordinator TIS; and the Department of Health (department); and 71 Aboriginal and Torres Strait Islander community members across eight grant recipient sites;

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<sup>2</sup> By delivering multi-faceted health promotion approaches (including social marketing, community education, quit support groups, nutrition and physical activity programs), developing partnerships to both build on these activities and enhance referral processes and quit support, and strengthening internal processes, a tobacco control 'system' across regions is fostered.

- Online surveys with both grant recipients and primary stakeholders.

Data was broadly analysed at a national level, where variation occurs, grant recipients and stakeholders have been classified, based on the postcode of their main office, into three categories per the Australian Statistical Geography Standard (ASGS) Remoteness Structure: Remote (includes 'Very Remote' and 'Remote' Australia); Rural (includes 'Outer Regional' and 'Inner Regional' Australia); and Urban (includes 'Major Cities' of Australia).

## Findings

### Shift to TIS

Since the implementation of the TIS program, all grant recipients are primarily focused on planning for, and/or delivering, targeted and tailored activities that directly address reduction of smoking prevalence within communities. For some grant recipients, broader health promotion activities without a clear link to tobacco reduction have dropped off significantly as a result of the shift to TIS, whilst for others the integration of healthy lifestyle and tobacco control strategies has been successful. There are varying degrees of clarity among grant recipients about the extent to which there is flexibility to tap into healthy lifestyle activities under the new guidelines.

### Community engagement and partnerships

Community engagement and involvement in the design and planning of localised TIS programs is a key priority for grant recipients, and a key indicator of successful TIS activities. While challenges were identified in terms of handling competing priorities in community, adhering to cultural protocols, and the change in focus of the TIS program and uncertainty about ongoing funding, in the main, grant recipients have demonstrated substantial progress in involving community in design and planning and garnering support for TIS activities. This is evidenced by the popularity of community events hosted/attended by the TIS team and the proactivity of local community and Elders in advocating for tobacco control.

The success of the TIS program and the capacity for grant recipients to operate as a multi-level population health program in their region is highly dependent upon the quality and reach of partnerships between grant recipients and other agencies/organisations. Whilst challenges to regional collaborations were reported, overall there has been a noticeable increase in the reporting of grant recipient collaboration and partnerships, representing an important shift to both a wider regional focus and wider community approach to tobacco reduction.

### Localised health promotion

At the local level, a range of multi-component health promotion activities around tobacco control are being undertaken by grant recipients, in collaboration with external stakeholders. Local partnerships are crucial to the successful implementation of localised health promotion activities through facilitating access to priority populations, supporting capacity-building and enabling a broader population reach to achieve awareness and understanding of the health impacts of smoking and quitting pathways.

Increased levels of community support and ownership for local solutions to tackling Indigenous smoking are being seen across the TIS sites.

### Community education

Community education, is being undertaken by all grant recipients. This manifests in a range of ways, including health promotion activities at community/sporting events, drama shows and comedy and social marketing. The involvement of local champions and Elders in local education and awareness raising events and activities is recognised as central to tobacco control messages resonating with target audiences. It has also been recognised that targeting priority groups, such as young people and pregnant women, requires the adaptation of messages so that they resonate with those groups. Grant recipients are partnering with key local organisations (e.g. schools, other AMS etc.) to overcome some of the challenges around access to these priority groups.

Many grant recipients have established or showed progress in establishing social marketing campaigns to supplement other health promotion activities. Campaigns are developed largely through a strength-based approach, with 'local faces and local places' taking precedence. Grant recipients have acknowledged the challenges in measuring the impact of social marketing campaigns although some are demonstrating a commitment to collecting data on awareness, and influences on motivations and attempts to quit.

### Smoke-free environments

An area that has been recognised by grant recipients as requiring attention is the promotion and establishment of smoke-free environments, particularly in rural and remote locations. Modelling smoke-free environments within the grant recipients' own workplace is one way in which this issue is being addressed, with some evidence of success. Challenges to the implementation of smoke-free workplaces include getting support from senior leaders or Board members who smoke, and organisations where tobacco control is not the main priority. Monitoring the compliance of smoke-free environments presented an additional challenge to grant recipients. Some external organisations have requested support to become smoke-free, and successful examples of smoke-free environments including smoke-free community events are evident. Shifting attitudes around second-hand smoke (e.g. smoking indoors and in cars) and some evidence of behaviour change were reported by grant recipients and community members.

### Access to quit support

TIS funded organisations are encouraged to take a systems approach to activity planning. The TIS program is part of a larger preventive health care system, all connected in different ways such as through referral pathways, and client appointments. A key component of the TIS program is therefore enhancement of referral pathways and promoting access to quit support. Grant recipients have developed a range of opportunities for community members to achieve smoking cessation, with referral pathways having been established in two key areas: clinic-based referrals within their organisation and referrals made during localised TIS health promotion activities. For some, successful referral pathways are dependent upon grant recipients partnering with external organisations.

Improving access to culturally appropriate support to quit has been a key focus of the grant recipients over the past 12 months.

Quitline enhancements are a component of the TIS program and data suggests that referrals to Quitline are higher in urban and some rural areas. Continuing to build strong partnerships between grant recipients and Quitline will be key to increasing referrals from local TIS programs into Quitline where appropriate. Another key focus for grant recipients has been in increasing the skills of TIS workers and other professionals in contact with Aboriginal and Torres Strait Islander people to provide smoking cessation education and brief interventions. Quitskills training, and other smoking cessation education programs, have been accessed to support this goal.

### Contribution to evidence base

The shift to delivering activities based in evidence and focusing more on outcomes than outputs has been welcomed by grant recipients, in the main, and has provided greater direction for activities and a goal to work towards. A range of activities were undertaken by grant recipients to develop or strengthen their evidence base and work towards measurable outcomes. Collecting data remained challenging for some remote grant recipients operating in contexts with low literacy levels and where English is not the first language. Health service grant recipients wanting to collect population level data was also challenging when services are operating on different databases within a region and where there was an unwillingness to share data. Overall, grant recipients expressed a willingness to focus on outcomes, and the confidence and capability to obtain data, although interpreting and reporting on data was presented as a challenge.

### NBPU support & TIS portal

Advice and guidance around monitoring, measuring and further improving local TIS programs is provided to grant recipients through the NBPU TIS. Grant recipients have indicated that they value the support and advice provided through the NBPU TIS and this has aided in building their confidence and capacity to undertake monitoring and evaluation activities. Some grant recipients reported that an additional level of support from NBPU TIS was needed. Resistance to change is common in any business when new processes are set in place. NBPU TIS therefore expected, and has witnessed, some resistance to this change. However, it continues to engage with grant recipients and support significant processes of change, not just reporting and compliance.

Another component of the work of the NBPU TIS is the development and ongoing maintenance and improvement of the Tackling Indigenous Smoking Resource and Information Centre (TISRIC) and its home, the TIS Portal (hosted by Australian Indigenous Health/InfoNet). Information and resources to support grant recipients in planning, monitoring, and evaluating activities, as well as information on workforce development is provided through the TIS Portal. In addition, the Portal hosts an online forum (TIS Yarning Place) that enables grant recipients from across the country to share information and ask questions. Evaluation findings suggest that, whilst grant recipients are utilising the TIS Portal, some grant recipients have identified opportunities to enhance the useability of the TIS Portal.

## Governance and communication

Various components of support are provided to grant recipients by the department and the NBPU TIS regarding the new focus and priorities and expectations of the TIS program. To ensure consistent program messaging, and to enhance performance reporting, a range of initiatives were undertaken in the latter half of 2016 to clarify the roles and responsibilities of the various 'players' in the national TIS program.

The loss of experienced staff due to funding uncertainty has represented a significant challenge for several grant recipients in their planning and implementing activities. Particularly in remote areas, recruitment has been an issue for many grant recipients due to the mix of skills demanded of TIS staff. Grant recipients report continued issues attracting and retaining staff with only short term contracts under the new TIS program.

Despite these concerns, indications are that providing grant recipients are given sufficient time and support to execute their Action Plans, they are on track for achieving stated tobacco reduction outcomes. The key risk to this is workforce stability, which would be mitigated by timely advice about the outcome of ongoing funding arrangements.

## Recommendations

A number of key recommendations have emerged out of the evaluation findings:

### Overall recommendations

1. **Department:** The TIS program in its current form should be continued, with a move away from short-term funding cycles.
2. **Department:** Provide immediate advice about the funding of TIS from June 2017 to end of current funding cycle.

### Shift to TIS

3. **Department:** Provide clarity around what is allowable in relation to healthy lifestyle activities within the current iteration of the TIS program

### Community engagement and partnerships

4. **Grant recipients:** Continue to broker partnerships and leverage relationships.
5. **NBPU TIS:** Continue to build capability of grant recipients to broker partnerships and leverage relationships through the distribution and promotion of relevant resources.

### Community education and awareness

6. **Grant recipients:** Continue to identify and prioritise key groups, especially pregnant women.
7. **Grant recipients:** Ensure evidence-based best practice community education models (including monitoring and evaluation approaches) are sought and adopted where appropriate.
8. **NBPU TIS:** Ensure the evidence-based best practice community education models (including monitoring and evaluation approaches) are available, particularly for priority target groups such as pregnant women and activities around social marketing.

### **Smoke-free environments**

9. **Grant recipients:** Continue to explore implementing smoke-free workplaces and enhance support for smoke-free public spaces.
10. **National Coordinator:** Lead a dialogue between regional leaders, including CEOs, Board members of TIS and non-TIS funded organisations around establishing smoke-free environments.

### **Access to quitting support**

11. **Grant recipients:** Continue to strengthen partnerships with Quitline and other quit support structures where appropriate.

### **Contribution to larger evidence base**

12. **Grant recipients:** Build on routine and existing data sources to reduce data collection burden.

### **National support**

13. **Grant recipients:** Continue to seek feedback from NBPU TIS regarding M&E activities where required.
14. **NBPU TIS:** Continue to respond to feedback from GRs around M&E needs and TIS portal content and useability.
15. **Department:** Articulate the role of the National Coordinator in the context that the program has evolved and as such his role has evolved.

### **Governance and communication**

16. **Department:** Provide greater clarification of TIS funding parameters, especially in terms of incorporation of healthy lifestyle activities and one-on-one smoking cessation support.

# BACKGROUND

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# 1. Introduction

Tobacco is one of the leading contributors to the burden of disease among Aboriginal and Torres Strait Islander peoples. The overall goal of the Tackling Indigenous Smoking (TIS) program is to improve the health of Aboriginal and Torres Strait Islander peoples through local population specific efforts to reduce harm from tobacco. The program is an adjunct to primary health care and is supplementary to broader measures for tobacco control such as plain packaging and excise duties.

The Cultural and Indigenous Research Centre Australia (CIRCA) has been contracted to conduct an evaluation of the national TIS program, in collaboration with the Incus Group, Renee Williams and Professor Shane Hearn (University of Adelaide). The TIS program consists of several components, including grant funding for regional tobacco control activities, a range of national supports for implementation, performance monitoring and evaluation, enhanced Quitlines, training and leadership and coordination and innovative projects. The purpose of this preliminary report is to provide a mid-term evaluation of progress to date of the TIS program.

Under the TIS program, grant funding is provided for regional tobacco control activities that utilise a locally tailored population health approach as a supplementary effort to broader national tobacco control measures to reduce the high smoking rates among Aboriginal and Torres Strait Islander people. The final national evaluation of the TIS program (due April 2018) will assess this approach in terms of:

- level of change that has occurred through the TIS program (effectiveness)
- fit between the TIS program and the needs of Aboriginal and Torres Strait Islander communities (appropriateness)
- how well the TIS program is progressing towards achieving the long-term outcomes

The national evaluation is not focused on the long-term impact in relation to a reduction of smoking rates at the national level. This level of impact cannot be measured within the timeframe of this evaluation due to several factors including 1) the lack of baseline data, 2) the absence of population health surveys in the timeframe of the evaluation, 3) lack of time for population level behaviour change to occur and 4) difficulties in attribution. The national evaluation is instead focusing on the short and medium term impact of the TIS program. In so doing, the national evaluation will assess the progress made by the TIS program towards achieving the long-term outcomes.

The purpose of this preliminary report is to review the processes embedded and infrastructures established under the TIS program in its first year. While the TIS program is funded for three years, this mid-term review only considers data from the first year. As the program is in fact only in its infancy, with many grant recipients transitioning to the redesigned TIS program, demonstration of short-term outcomes will be limited. Instead, this report will focus on **outputs and process outcomes** and **progress towards** short and medium term outcomes around tobacco reduction.

## 2. Context

The TIS program operates in a complex, multi-faceted environment. This section provides context on behaviours and attitudes towards smoking in Aboriginal and Torres Strait Islander communities, discusses the broader range of tobacco control measures occurring at local and national levels of which the TIS program is one component, and investigates the rationale for the TIS program.

This section was developed with reference to the 2015 Talking About The Smokes study led by Associate Professor David Thomas, Menzies School of Health Research; the University of Canberra 2014 Tackling Indigenous Smoking and Healthy Lifestyle Program review; available literature of Aboriginal and Torres Strait Islander smoking attitudes and behaviours, and qualitative consultations with grant recipients, stakeholders and community members.

### 2.1 Aboriginal and Torres Strait Islander peoples smoking attitudes and behaviour

For Aboriginal and Torres Strait Islander people, tobacco smoking is the most preventable cause of ill health and early death, and responsible for around one in five deaths (Vos, Barker, Stanley, & Lopez, 2009). In 2014-15, 39% of Aboriginal and Torres Strait Islander people aged 15 years and over reported being a current daily smoker. Whilst this is a 10% decline since 2002, and is accompanied by an increase in the proportion of Aboriginal and Torres Strait Islander people who have never smoked, the gap in smoking rates between Indigenous and non-Indigenous Australians remains. Aboriginal and Torres Strait Islander Australians are almost three times as likely to smoke as non-Indigenous Australians to smoke (ABS, NATSISS, 2014-15, 2016). Aboriginal and Torres Strait Islander women are four times as likely to smoke during pregnancy as non-Indigenous women (AIHW, 2014) with 39% reported having smoked or chewed tobacco during pregnancy. In 2014-15 an estimated 57% of Aboriginal and Torres Strait Islander children (0-14 years) lived in households with a current daily smoker, decreasing from 63% in 2008 (ABS, NATSISS, 2014-15, 2016). Aboriginal males were more likely than females to be daily smokers (42% compared with 36%), and people in remote areas were more likely than those in non-remote areas to smoke on a daily basis (47% compared with 37%) (ABS, NATSISS 2014-15, 2016).

The social determinants of health are the circumstances, including the health system, in which people are born, live, age and work, and these situations depend on the allocation of wealth, resources and power at local, national and global levels (World Health Organization, n.d.). Aboriginal Australians experience one of the highest levels of health inequality in contemporary society (Walter & Siggers, 2007) and it is apparent that a variety of structural factors influence the lives of Aboriginal people, and that poor health is deeply connected to historical, cultural and political circumstances (Mitchell, 2007).

For Aboriginal and Torres Strait Islander peoples, poor health, and the high prevalence of smoking, is understood in the context of macro-social influences including the ongoing effects of colonisation and dispossession, normalisation of smoking, socioeconomic inequalities and a lack of access to services that support quitting (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015). Smoking is also associated with high rates of psychological distress, experiences of racism and binge drinking among

Aboriginal and Torres Strait Islander peoples (Paradies, 2006) (ABS, 2008): 'Where and how these factors influence the pathway to smoking and quitting has important implications for tobacco control interventions' (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015).

During qualitative consultations, several stakeholders recognised the health impacts of tobacco consumption on the health of Aboriginal and Torres Strait Islander people and the need to reduce smoking rates to curb smoking related morbidity and mortality.

Too many of our mob are dying too young. How many of the aunties and uncles have passed away this year, and 90% of them died of chronic diseases, and a lot from smoking related disease. Primary stakeholder, rural

The number one factor contributing to the gap in the Indigenous health outcomes is smoking, so if we can make a dent in that then you make a similar improvement in all of the spinoff health things, the diabetic or not diabetic, cardiovascular disease, and we've got three times the rates of diabetes in the mob, so the outcomes are much worse if they smoke. Primary stakeholder, urban

### 2.1.1 Importance of social and community Influences

The most significant drivers of smoking in an Aboriginal and Torres Strait Islander context relate to the 'normative nature of smoking and the entrenchment of the behaviour through the exchange and sharing of tobacco' (Johnston & Thomas, 2008) because of the role that sharing has in reinforcing and strengthening social relationships. Smoking for many Indigenous people, is not only an important 'social lubricator' (Lindorff, 2002) but is also used as an 'aid to social cohesion' (Roche & Ober, 1997) to uphold social obligations to participate in reciprocal social exchange. Non-participation may lead people to feel isolated and marginalised in their communities and may lead to friction within relationships (Johnston & Thomas, 2008). Compared with daily smokers in the general Australian population, Aboriginal and Torres Strait Islander daily smokers were less likely to report that mainstream society disapproves of smoking (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015). This difference is likely to be a product of higher smoking prevalence and reinforced attitudes. Personal attitudes towards smoking such as: regretting starting to smoke, perceiving it to be too expensive, enjoying it, seeing it as an important part of life and smoking for stress management, don't appear to be driving differences in quitting (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015). This further supports the argument that social norms are more influential in collectivist societies where behaviour is shaped to a greater extent by societal than personal needs (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015).

These findings are supported by qualitative consultations with Aboriginal and Torres Strait Islander community members. Several community members and other stakeholders discussed the normalisation of smoking in Aboriginal and Torres Strait Islander communities. This included intergenerational smoking patterns and the impact of family members smoking on young people's smoking behaviours.

When I was a kid growing up everybody smoked. We'd run around and buy the smokes for all the family...We used to think it looked so cool, all our parents and Aunties and Uncles, so we wanted to be like them. And often I'd say to my mum or my sister, can I light that for you? And that gives you the taste and gets you happy. Community member, urban

A lot of us have had our parents or our grandparents smoking, so we've grown up with it, I grew up with it, both my parents were smokers so we had the smoke in the house constantly, in the car constantly...constantly around us. Primary stakeholder, rural

Many also felt intergenerational smoking behaviours together with complex trauma and grief experienced by some Aboriginal and Torres Strait Islander people were key barriers to smoking cessation, making it difficult to break the cycle. In addition, community members, grant recipients and stakeholders also reported the complex nature of some Aboriginal and Torres Strait Islander people's lives can make smoking cessation challenging. Peer pressure was also identified as another possible contributing factor to reduced self-efficacy to quit.

I think when it comes to the social aspects, people understand the health issues, people understand it's not good for them. But I guess a lot of people in these places, the will, the desire, grief and loss for our people. They come in and try to stop smoking, but a week later somebody dies and self ambition goes out the window. Grant recipient, rural

When there is unemployment, poverty, alcoholism, smoking is just another vice that helps to relieve the stress of other issues in a person's life. Primary stakeholder, remote

I guess for me it's peer pressure, other people smoking around me. My partner smokes, my mum smokes and they are around me every day. They are smoking and when I tried to do that delay stuff...they are giving me the urge to smoke when I am trying to delay my cigarette. Community member, remote

## 2.1.2 Awareness of the impacts of smoking and pathways to quit

A large proportion of the community understand now the harmful effects of smoking, with the new rules and the regulations that have come out, they're aware they shouldn't be smoking in the car or how many metres from a public space. But it's getting to the right mind space to be able to get it one step further and actually start to commit to quitting cigarettes and not smoking. Grant recipient, urban

Lack of knowledge about the health effects of tobacco does not appear to be a major factor contributing to the higher prevalence of tobacco use by Aboriginal and Torres Strait Islander people (Briggs, Lindorff, & Ivers, 2003). Most Aboriginal and Torres Strait Islanders participating in the Talking about the Smokes survey (Nicholson A. , Borland, Couzos, Stevens, & Thomas, 2015) who were daily smokers demonstrated knowledge that smoking causes lung cancer (94%), heart disease (89%) and low birthweight (82%), but fewer were aware that it makes diabetes worse (68%). Similarly, almost all daily smokers knew of the harms of second-hand smoke: that it is dangerous to non-smokers (90%) and children (95%) and that it causes asthma in children (91%). Levels of knowledge among daily smokers were lower than among non-daily smokers, ex-smokers and never-smokers. Among smokers, greater knowledge of second-hand smoke harms was associated with health worry, wanting to quit and having attempted to quit in the past year, but knowledge of direct harms of smoking was not.

During qualitative consultations with community members and other stakeholders the general shift in Aboriginal and Torres Strait islander community members' attitudes regarding smoking, including negative perceptions associated with being a smoker was discussed. In addition, many considered that

Aboriginal and Torres Strait Islander people overall now have greater knowledge of the health impacts of smoking.

I'm a smoker, but I've been told off by some elders, you know, they have got a good understanding that smoking is not good.' Primary stakeholder, urban

Social norms are very much changing where maybe the older people aren't as comfortable at being you know associated as a smoker and – and that's enough to you know make them want to make some changes to not feel that way. Secondary stakeholder, Quitline

Despite apparent adequate knowledge about the potential health effects of tobacco use, Aboriginal and Torres Strait Islander people have generally not identified tobacco as a health issue that should be given priority, for example, compared with alcohol. The effects of tobacco use are 'invisible' and chronic; they are not obvious (Briggs, Lindorff, & Ivers, 2003). The main gap in knowledge, that was identified in the Talking about the Smokes survey, concerned the role of smoking in worsening diabetes (Nicholson A. , Borland, Couzos, Stevens, & Thomas, 2015). The survey also identified a need to build knowledge that smoking causes low birthweight, which was either denied or not known by 18% of daily smokers.

Thus, lack of basic knowledge about the health consequences of smoking is not an important barrier to trying to quit for Aboriginal and Torres Strait Islander smokers (Nicholson A. , Borland, Couzos, Stevens, & Thomas, 2015). Rather, a lack of availability and access to culturally appropriate health services for Aboriginal and Torres Strait Islander people is likely to have contributed to the high prevalence of tobacco use (Council, 1996). Framing new messages about the negative health effects of smoking in ways that encompass the health of others is likely to contribute to goal setting and prioritising quitting among Aboriginal and Torres Strait Islander people (Nicholson A. , Borland, Couzos, Stevens, & Thomas, 2015). It is notable that targeted and local advertising was associated with higher levels of motivation to quit (Nicholson A. , et al., 2015). In particular, the following areas should be addressed while preparing anti-smoking material and education campaigns: lack of personal salience, disassociation, denial, intangibility of effects, limited understanding of casualty (Wood, Eades, & Slack-Smith, 2008).

There are many barriers for Aboriginal and Torres Strait Islander people when accessing preventive and curative health services. Compared with other daily Australian smokers, lower proportions of Aboriginal and Torres Strait Islander daily smokers had ever used any nicotine replacement therapies (NRTs) or other smoking cessation medications (Thomas, et al., 2015). Some of the barriers to use, including cost, are being overcome, but further improvements are possible which can be addressed through more appropriate messaging of utilisation regimes and importance of sustaining use. This is consistent with research in various countries that has found that smokers from more disadvantaged groups are less likely to use these medicines (Briggs, Lindorff, & Ivers, 2003).

### 2.1.3 Smoking cessation

As a young person, everybody smoked. Now, there's a lot more that don't. There's still a lot to do of course but people are actually thinking about it.' Community member, urban

Encouragingly, there was a decrease in the prevalence of daily smoking from 2012–2013, from 49% to 42% in those aged 15 years or older (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015). The 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) found that 62% of smokers had either cut down or attempted to quit smoking in the previous year, (ABS, The health and welfare of Australia's Aboriginal and Torres Strait Islander People, 2010) indicating high levels of motivation to quit (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015). It is an encouraging trend that most Aboriginal and Torres Strait Islander smokers said they want to quit (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015). While the daily smoking rates for Aboriginal and Torres Strait Islander people aged 15 years and over have been declining in both non-remote and remote areas, most of the change has occurred in non-remote areas. The proportion of daily smokers in non-remote areas decreased from 48% in 2002 to 37% in 2014–15 (11 percentage points). In comparison, there has been a decrease of three percentage points in remote areas, from 50% to 47% over the same period (ABS, NATSISS 2014-15, 2016).

A study within the Talking about Smokes project looking at predictors of wanting to quit smoking found that a wide range of factors such as attitudes towards smoking, social normative beliefs, dependence-related measures, other contextual factors and exposure to a range of tobacco control interventions were crucial. This diverse range of influences highlights the importance adopting a comprehensive approach to tobacco control, through strategies that target the individual, the community and broader aspects of society (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015). The study also suggests differences in smoking prevalence between the general population and Aboriginal and Torres Strait Islander smokers may be due to the challenges of quitting successfully for these smokers, not lack of motivation (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015).

There is a growing body of evidence that protecting others provides strong motivation for Aboriginal and Torres Strait Islander peoples to quit (Johnston & Thomas, 2008) (Gould, Munn, & Avuri, 2013) reflected in the results in the Talking about the Smokes report where people believed non-smokers set a good example to children (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015). For those who work in comprehensive primary health care settings, messages framed in ways that emphasise protecting others are likely to motivate quitting for Aboriginal and Torres Strait Islander peoples who smoke (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015).

Findings in the Talking about the Smokes report that quitting among Aboriginal and Torres Strait Islander smokers appears to be more influenced by their perceptions that local community leaders disapprove of smoking than by disapproval by mainstream society is important (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015). In other settings, norms from immediate family are more influential on cigarette consumption and motivation to quit than are mainstream societal norms. In this Aboriginal and Torres Strait Islander context, significant others may include distant relatives and respected community leaders, 'who have been described as influential in decisions about starting to smoke among Aboriginal and Torres Strait Islander youth' (Lindorff, 2002) (Johnston & Thomas, 2008). This offers one explanation for the motivational effect of local Aboriginal and Torres Strait Islander leaders (Nicholson A. , Borland, Bennet, Stevens, & Thomas, 2015).

Qualitative consultations with community members similarly revealed a range of contextual factors that motivate desire to quit, including the health impacts of smoking and the desire to be a good role model for their family and children.

I quit smoking a long time ago. I stopped because it was too expensive, bad for my health. I gave it up and went cold turkey, I didn't like the patches...I wanted to show my kids that you don't have to smoke. Community consultation, urban.

[I quit smoking because] I want to be alive to see my granddaughter get married. Community consultation, rural

## 2.2 Tobacco control context

The TIS program operates in a context of declining smoking rates in both Indigenous and non-Indigenous populations and is designed to provide the right intervention at the right time for Indigenous communities, with a clear understanding of the social determinants of health, the ongoing impacts of colonisation and normalisation of smoking (Nicholson A. , et al., 2015) and the importance of adopting a comprehensive approach to tobacco control (Nicolson, Borland, Davey, Stevens & Thomas 2015; Penman 2006).

The TIS program also operates within a broader range of tobacco control initiatives occurring at local and national levels, including smoke-free policies and plain packaging, tobacco sales, tax increases, Quitline, and national smoking reduction campaigns including Indigenous specific campaigns. These are briefly discussed below.

### 2.2.1 Smoke-free policies and plain packaging

Smoking is banned in most enclosed public places in Australia, with more than 92% of Australian smokers and ex-smokers reporting that smoking was not allowed in any indoor area at their workplace in 2010–2011 (ABS, Australian Aboriginal and Torres Strait Islander Health Survey: updated results, 2014). Evidence presented by several studies has shown that smoke-free policies are associated with decreases in second-hand smoke exposure and tobacco use among young people and adults (Callinan & Clarke, 2010). However, tobacco regulations are less likely to be strictly enforced in rural and remote areas thus increasing the importance of building evidence around the extent to which tobacco legislation has been enforced in non-urban Indigenous Australian communities and the efficacy of such policies for reducing tobacco use (Upton, et al., 2014).

Research has also revealed that many smokers have become 'immune' to the 'shock' of 'graphic ads' that show disease imagery (Eil, Abel, & Pedic, 2013). Communications need to show smokers what it means to have the diseases associated with smoking. Guilt is a powerful emotion to instil in a smoker, but some smokers are resentful of the continual use of guilt in advertising.

Good quit rates have however, been achieved in contexts where locally agreed smoke-free legislation has been combined with support to quit. A good example is that of Neami Psychosocial Services (Fairer Health Victoria, 2009) where 12% of service users who were smokers had successfully quit

approximately a year after the introduction of a smoke-free environment policy along with quit support services.

Whilst this legislation has meant that the smoking environment is changing in recent years, this has also led to smokers feeling persecuted and becoming more defensive potentially providing another reason not to quit. Consultation with the workforce regarding these on-site policies is vital in avoiding situations where smokers feeling persecuted (Upton, et al., 2014).

### 2.2.2 Tobacco Sales to Minors

Restrictions on sales to minors can only be effective for younger smokers if enforced by retailers (Ogilvie, Gruer, & Haw, 2005). Since some younger smokers will obtain their cigarettes from other sources, this needs to be combined with other controls that influence consumption and attitudes such as restrictions in schools, health warnings and media campaigns (Thomas, McLellan, & Perera, 2013).

Compliance with legislation with regards to selling tobacco to minors in the Indigenous Australian context was found to be more difficult to enforce in remote areas (Ivers, Castro, Parfitt, Bailie, & D'Abbs, 2006). Interventions to enforce legislation through community stores will only be effective if staff are trained in the legalities surrounding tobacco sales as has been used in nutrition interventions (Upton, et al., 2014).

### 2.2.3 Tax Increases

There is some evidence from Indigenous Australian communities that price increases do affect tobacco purchases though this is subject to statistically insignificant evidence (Upton, et al., 2014). A study by Thomas et al (2012) found a 2.2% average reduction in total tobacco sold in stores in remote Indigenous communities after a rise in tobacco excise. The key finding of the study however, actually provided evidence that smokers had changed their approach to getting tobacco through an 'increased reliance on social and family obligations to share cigarettes, suggesting that the burden of price increases may have been borne by those individuals with greater disposable income' (Thomas, Ferguson, Johnston, & Brimblecombe, 2012).

### 2.2.4 Quitline

Quitlines are an efficient, easy to access and cost effective means of delivering evidence-based treatment, support and information to large numbers of tobacco users. Indigenous Australians may be reluctant to use the mainstream Quitline due to a negative perception of non-Indigenous counsellors (Upton, et al., 2014).

Since 2010, the department has provided funding under the TIS&HL and TIS programs to seven jurisdictions (with NSW Quitline providing services to the ACT population and SA Quitline also servicing NT) to enhance the capability of Quitline to deliver appropriate and culturally sensitive services and to develop partnerships with Indigenous communities to promote Quitline usage (Upton, et al., 2014). Reports from organisations indicate success in terms of capacity building with most staff having undertaken training, and an increase in referrals to Quitline being seen across sites.

Whilst uptake of services has clearly benefited from this approach, the evidence to support the effectiveness of Quitline for supporting cessation attempts in this population is still lacking (Upton, et al., 2014).

### 2.2.5 National Campaigns

The National Tobacco Campaign (NTC) targets all smokers, particularly Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, regional and rural communities as well as pregnant women and their partners. Advertisements focus on the negative health effects of smoking as well as promoting the benefits of quitting smoking. The NTC features television, radio, print, outdoor and online advertising and has included Quit for You, Quit for Two, Health Benefits, Break The Chain, and the Cough campaign.

In May 2016 the department launched the NTC's Don't Make Smokes Your Story - an Indigenous focused anti-smoking campaign. The campaign contributes to the department's overall goal of halving Indigenous smoking rates by 2018 and is intended to build on the success of the previous Indigenous focussed anti-smoking campaign Break the Chain. In contrast to previous tobacco campaigns, Don't Make Smokes Your Story has a positive tone which focuses on the benefits of quitting, rather than just the consequences of smoking.

# 3. Tackling Indigenous Smoking Program background

## 3.1 Rationale for TIS program

Tackling Indigenous Smoking was delivered through a regional grants program to fund Tackling Smoking and Healthy Lifestyle Teams from 2010 - 2015. A review of the program was commissioned by the department.<sup>3</sup> The review was undertaken by the University of Canberra in 2014 and included stakeholder input in various forms. The review recommended developing the evidence base that underpins the program, channelling advice to program teams about the types of activities that are effective, and integrating a reporting and evaluation framework into future iterations of the TIS program.

The key performance areas for the revised TIS program are the use of multi-component tobacco control strategies, using and promoting best practice approaches to tobacco control, and building partnerships and collaborations to support innovation, capacity-building and behaviour change. Rather than continuing a program that ties funding to salaries, the current TIS program offers flexibility in how the activities are delivered, with a focus on the outcomes to be achieved, rather than being prescriptive in relation to the activities to be delivered.

Furthermore, as a result of the review of TIS activity, a decision was taken to shift funding through the TIS program away from dedicated healthy lifestyles workers delivering broader healthy lifestyle activities, toward funding for programs and activities that have a primary focus on tobacco reduction outcomes. Organisations involved in rolling out the TIS program have the flexibility to select evidence-based mechanisms and tools to reduce tobacco use within their region, that suit the local context and utilise their strengths.

The redesigned TIS program aims to achieve:

- Outcomes-based approaches that ensures expected outcomes are defined, while the means of achieving the outcomes can vary
- Place-based approaches that include local planning and ownership of solutions, and tailoring flexible programs that are responsive to local needs, and are population based
- Promotion and use of evidence-based activities
- An enhanced service system for Indigenous tobacco control across local/regional and national areas, and between clinical/non-clinical services; and sharing of information/resources so there is seamless service provision for individuals

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<sup>3</sup> Faculty of Health University of Canberra, *Tackling Indigenous Smoking and Healthy Lifestyle Programme Review: Stakeholder Consultation*, 2014

- Population reach through targeted approaches for specific population and age groups, different communities/locations and families across regions
- Modelling of the message, through smoke-free workplace policies including community events, smoke-free homes policies, smoke-free and alcohol-free sporting and cultural events, and promotion of local role models/ambassadors
- Monitoring and measuring with Monitoring and Evaluation built into activity planning; performance measures that are linked to activity objectives and outcomes; and stages of progress that are measured and reported in a nationally consistent format.

As discussed above, there are a large number of local and national tobacco control initiatives 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 the program, as other variables impact on outcomes.

## 3.2 The delivery of the TIS program

The importance of adopting a comprehensive approach to tobacco control among the Aboriginal and Torres Strait Islander population, through strategies that target the individual, the community and broader aspects of society is well understood (Nicolson, Borland, Davey, Stevens & Thomas 2015; Penman 2006). In particular, the importance of programs that involve the leadership and participation of local community leaders and included strategies that emphasise protection of others.

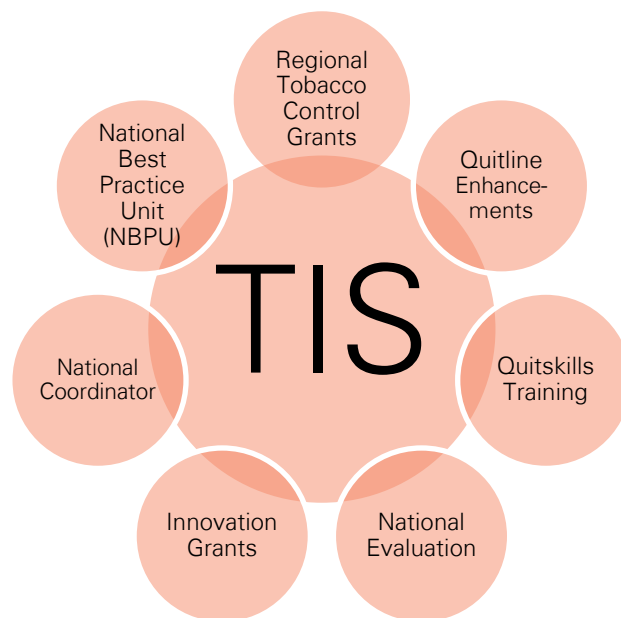
The TIS Program is an Australian Government funded three-year national program administered by the department, designed to reduce tobacco smoking in Aboriginal and Torres Strait Islander communities through a locally tailored population health approach. The TIS Program budget is \$116.8 million over 3 years with a significant proportion of the funding (\$93.4m) allocated to regional grants. The TIS program consists of a number of complementary components, including grant funding for regional tobacco control activities, a range of national supports for implementation, performance monitoring and evaluation, enhanced Quitlines, training and leadership and coordination.

Each of the key components of the TIS program are outlined below:

- Regional tobacco control grants (grant recipients): 37 organisations have been provided funding to undertake multi-level approaches to tobacco control, which combine a range of evidence-based tobacco control activities with a focus on measurable outcomes for reducing smoking rates. Organisations involved in rolling out the program have flexibility to select evidence-based mechanisms and tools to reduce tobacco use within their region, that suit the local context and utilise their strengths.
- National Best Practice Unit TIS (NBPU TIS): The objective of the NBPU TIS is to support grant recipients to plan and implement an evidence-based, outcomes-focused approach to reduce smoking by Aboriginal and Torres Strait Islander peoples. Support from the NBPU TIS is being provided from project planning through to generating evidence that

feeds into delivery and outcome improvements to maximise the effectiveness of the TIS program.

- National Coordinator Tackling Indigenous Smoking: The National Coordinator role includes providing high-level advice and insights to assist in the shaping of policy and approach for the TIS program, and providing practical leadership and advocacy in the national implementation of the program, having regard for traditional culture and values.
- Innovation Grants: The Innovation Grants support innovative and intense activities to reduce smoking prevalence in remote areas, for pregnant women and for young people vulnerable to entrenched cultural norms of smoking, through collaborative partnerships between research organisations and service providers. The aim is to increase the evidence-base on the implementation of effective tobacco control activities in regions or sub-populations requiring special attention, and enable intense work in these areas of need.
- Quitline enhancements: The Indigenous Quitline enhancement grants aim to improve the capacity of Quitline services to provide accessible and appropriate services to Indigenous people, including young people, pregnant women and new mothers. The funds support employment of Indigenous staff, as well as training and resources for all Quitline staff.
- Quitskills training: Brief intervention and motivational training in best-practice intervention methods aimed at increasing the number of suitably trained and qualified professionals working with Aboriginal and Torres Strait Islander smokers and their communities.



**Figure 1.** *The TIS program 2016-2018*

## 3.3 TIS program objectives

The principles of the redesigned TIS program provide the rationale for the TIS program objectives, as follows.

### Overall objectives of the TIS program

1. Reduce gap in prevalence of smoking among Aboriginal and Torres Strait Islander people compared to that among non-Indigenous people, through accelerated reductions in the uptake of smoking and an increase in sustained cessation
2. Reduce exposure to second-hand smoke in cars, homes, workplaces, community areas and events

### Component/immediate objectives of the TIS program

#### Population health tobacco control initiatives

3. Increase community involvement and support for tobacco control initiatives by including communities in the design and delivery of programs
4. Increase use of a multi-component and evidence-based intervention approach that includes elements such as community education, quit support groups, and youth based interventions
5. Build positive attitudes and social norms around reducing tobacco use
6. Increase understanding of health impacts of smoking and pathways to quitting
7. Increase quitting intentions and number of quit attempts among Aboriginal and Torres Strait Islander people, especially among pregnant women
8. Reduce exposure to second-hand tobacco smoke

#### Access to quit support

9. Increase uptake of services supporting quitting through partnerships and collaborations built through TIS
10. Increase in specific skills among those professionals in contact with Aboriginal and Torres Strait Islander people

#### Capacity development for tobacco control initiatives

11. Improve capacity and capability of local services to provide accessible and appropriate tobacco control support and services

#### Use and promotion of innovation and best practice

12. Identify and promote use of evidence to enhance quality and relevance of tobacco control approaches
13. Promote innovation in tobacco control initiatives and contribute to evidence base

#### Coordination, Leadership and Advocacy

14. Improve leadership and advocacy in tobacco control at the national and regional level

## 4. Monitoring and evaluation framework

The development of the Monitoring & Evaluation (M&E) Framework was underpinned by the evidence-base on tobacco control programs, the TIS program design and feedback from key stakeholders on the evidence for, and design of, the TIS program. These sources were utilised to develop a theory of change and program logic for the national TIS program. The program logic was used to frame key evaluation questions, indicators and data sources, including monitoring and evaluation data sources.

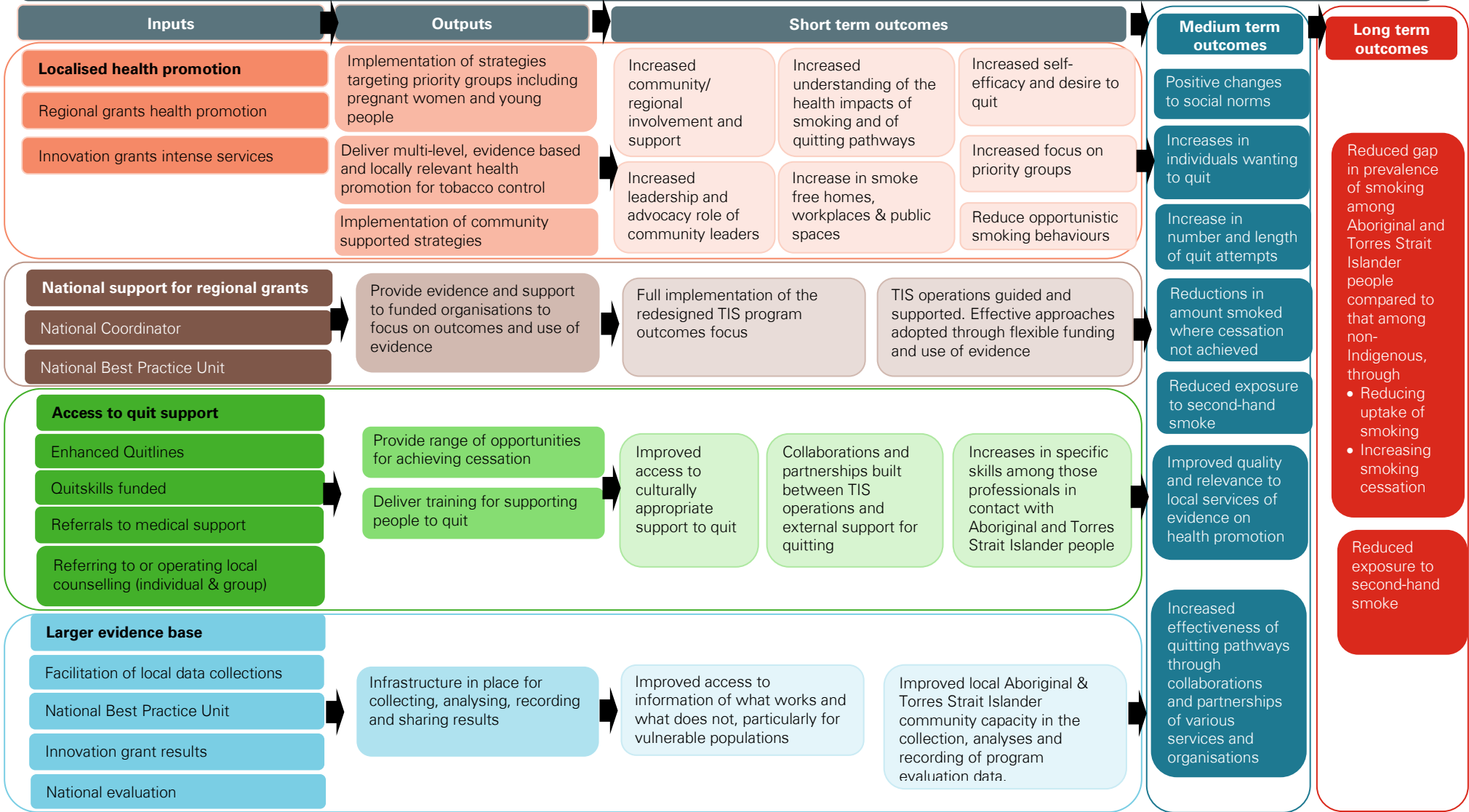
This M&E Framework provides overall guidance and context for the monitoring and evaluation activities conducted by the 37 regional tobacco control grant recipients, insofar as it provides:

- the basis for the development of nationally consistent performance indicators (TIS Performance Indicators) that are based on the objectives of the TIS program, used by grant recipients for compliance and continuous improvement, and which can be used to answer evaluation questions.
- guidance for grant recipients when developing additional indicators with outcome measures for informing their practice and which could also be used for the national evaluation.

The M&E Framework identifies the questions to be answered by the national evaluation, and the data sources that can be used to answer these questions, including data collected periodically by CIRCA, and monitoring data collected on an ongoing basis by grant recipients.

There are several factors that have influenced the TIS program's basic design and revision elements, reflecting the complexity of the context of tobacco smoking among Aboriginal and Torres Strait Islander communities. The TIS Program Logic represents the intended outcomes of the TIS program, including the various activities and outputs which will lead to the proposed outcomes in the short, medium and longer term (see program logic below). The outcomes for Aboriginal and Torres Strait Islander individuals and communities and at the service system level have been identified, to reflect the broad focus of the TIS program. This fits within the overarching logic for the Indigenous Australians' Health Programme (IAHP).

**Contextual factors:** State and territory tobacco control activities, previous TIS activities, existing service infrastructure, location and population profile variations, regional population coverage, National Tobacco Campaign



- PROGRAM DESIGN ELEMENTS**
- Tobacco action as primary focus
  - Flexible and responsive
  - Population health approach
  - Modelling the message
  - Place-based
  - Evidence based
  - Targeted approaches for specific groups
  - Effective monitoring & evaluation
  - Outcomes-based
  - System building
  - Sharing best practice

## 4.1 Evaluation questions

The national evaluation has a number of critical areas for investigation, including fit between the TIS program and the needs of local communities and other stakeholders and the policy context (appropriateness); the level of change that the TIS program has brought about including the level of systems capacity and capability development facilitated from the TIS program (effectiveness). As noted earlier, the national evaluation does not look at long-term impact in relation to a reduction of smoking rates at a national level, although the evaluation does assess the likelihood that the TIS program is making a contribution to these long-term goals.

**Table 1.** *Evaluation Questions*

<b>Evaluation domain</b>	<b>Key evaluation question</b>
<b>Appropriateness</b>	1. Is the local population health approach appropriate as a supplementary effort to reduce the high smoking rates among Aboriginal and Torres Strait Islander people
<b>Effectiveness</b> <b>Localised health promotion</b>	2. To what extent did the grants approach meet its objectives?  3. How effective were the changes to the grants in implementing successful strategies?
<b>Effectiveness</b> <b>National support for regional grants</b>	4. To what extent did the support of the NBPU TIS and the coordinator enhance the effectiveness of the program?
<b>Effectiveness</b> <b>Access to quit support</b>	5. How effectively were regional grants able to increase access through the range of possible services?
<b>Effectiveness</b> <b>Improved evidence base</b>	6. To what extent are grant recipients using evidence to improve program design and/or implementation?
<b>Effectiveness</b> <b>Overarching TIS program</b>	7. Is the program as implemented worth maintaining?

## 4.2 National TIS Performance Indicators

The M&E Framework is the basis for the five nationally consistent TIS Performance Indicators finalised through consultation with all regional grant recipients. The process involved consideration of a range of outcome metrics used to measure performance towards the potential outcomes identified and captured in the program logic. The national TIS Performance Indicators are used by grant recipients in Action Plans and performance reports for IAHP funding.

Grant recipient reporting on the national performance indicators aims to:

- enhance consistency in information from one report to another and between grant recipients
- document progress throughout the life of the grant
- encourage measurement for an outcomes focus (to show what changes have been achieved).

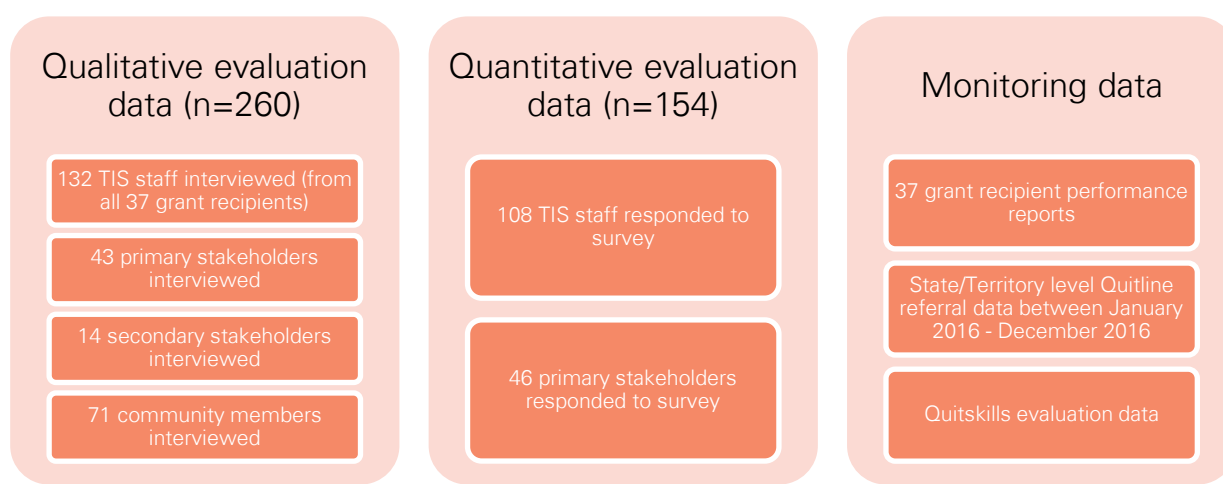
**Table 2.** National performance indicators for TIS Program

Performance indicator	Outcome area related to indicator
<b>Indicator 1:</b>	
<b>Quality and reach of community engagement</b>	<p>Increased community/regional involvement and support</p> <p>Increased leadership and advocacy role of community leaders in tobacco cessation</p> <p>Increased focus on priority groups</p> <p>Increased understanding by the community of the health impacts of smoking</p> <p>Increased understanding by the community of quitting pathways</p>
<b>Indicator 2:</b>	
<p><b>Organisations involved in tobacco reduction in the region</b></p> <p>(proxy for stronger relationships)</p>	<p>Improved access to culturally appropriate support to quit.</p> <p>Collaborations and partnerships built between TIS operations and external support for quitting</p>
<b>Indicator 3:</b>	
<b>Building capacity to support quitting</b>	Increases in skills among those professionals in contact with Aboriginal and Torres Strait Islander people
<b>Indicator 4:</b>	
<p><b>Referrals to appropriate quitting support</b></p> <p>(proxy for improved access to quitting support)</p>	Improved access to culturally appropriate support to quit.
<b>Indicator 5:</b>	
<p><b>Supporting smoke-free environments</b></p> <p>(proxy for environmental tobacco smoke)</p>	Increase in smoke free homes, workplaces and public spaces.

# 5. Methodology

## 5.1 Data sources and analysis approach

A mixed methods approach was used to evaluate the TIS program. A combination of monitoring data (data collected routinely as part of TIS program monitoring) and evaluation data (data collected specifically as part of the evaluation) have been used in the evaluation. In total, 104 qualitative consultations were conducted with 260 participants and 154 participants responded to two online surveys (see Figure 2). Monitoring data and evaluation data (includes qualitative and quantitative data sources) were synthesised to consolidate key evaluation findings. Table 3 provides a summary of the monitoring and evaluation data that has and will continue to be used and collected as part of the evaluation and the approach to analysis.



**Figure 2.** Summary of data sources for preliminary evaluation of the TIS program.

Qualitative evaluation data formed the basis of the findings and was supplemented by concurrent triangulation of quantitative evaluation (survey) data and monitoring data. The purpose of this approach is to overcome the weaknesses of using one method, with the strengths of another, and to ensure the breadth of perspective and data sources are used to inform valid, robust and credible analysis.

Data was broadly analysed at a national level, where variation occurs, grant recipients and stakeholders have been classified, based on the postcode of their main office, into three categories per the Australian Statistical Geography Standard (ASGS) Remoteness Structure: Remote (includes 'Very Remote' and 'Remote' Australia); Rural (includes 'Outer Regional' and 'Inner Regional' Australia); and Urban (includes 'Major Cities' of Australia).

The purpose of this system of classification is to illustrate the varied experiences of grant recipients from a geographical perspective, without identifying individual grant recipients as per the ethical requirements of the Human Research Ethics Committees listed in section 5.1. We acknowledge that these classifications do not necessarily reflect the reach and various contexts in which grant recipients operate (see Appendix 1 for catchment areas covered by grant recipients). However, this will be explored throughout this report. Where grant recipients are identified in the report, through case studies and vignettes, permission has been sought from the relevant grant recipient for their inclusion.

**Table 3.** Description of data sources and analysis approach used in the preliminary evaluation of the TIS program.

Data source	Description & method of collection	Analysis approach	Participants
<b>Evaluation data</b>			
<p><b>Qualitative consultations with representatives from all grant recipients</b></p>	<p>Representatives from <u>all 37</u> regional tobacco control grant recipient organisations, including TIS program staff (managers and coordinators) were invited to participate in a qualitative consultation in late 2016 (see Appendix 2: Demographics of qualitative consultations).</p> <p>29 x 60-90 minute in-depth interviews were conducted by telephone or face-to-face individually or part of a small group. Interviews explored how grant recipients responded to the re-designed TIS program, challenges and enablers to delivering TIS activities and key successes to date.</p> <p>Eight grant recipients were selected for a 3-5 day site visit. A mixture of remote (n=3), rural (n=2) and urban (n=3) grant recipients from each state and territory (with the exception of ACT and Tasmania which will be visited in phase 2 of the evaluation) were selected for a site visit to ensure balanced representation across the country and in terms of remoteness index. These intensive site visits were intended to allow for observation of TIS activities and consultations with TIS team members, staff of the grant recipient organisation, external stakeholders and community members through in-depth interviews and focus group discussions.</p>	<p>Thematic analysis of the qualitative research findings was conducted in order to identify themes across the qualitative interviews and group discussions and provide an answer to the evaluation questions. Data was coded and analysed using qualitative software package NVivo. This involved a process of data familiarisation, data coding, and theme development and revision. This enabled the identification of key themes to emerge and the richness of the qualitative data to be explored.</p>	<p><b>52 grant recipient consultations = 132 TIS employed staff</b></p>
<p><b>Qualitative consultations with primary stakeholders</b></p>	<p>During the eight site visits conducted, grant recipients identified and provided contact details for relevant stakeholders within their region who have been involved in local TIS programs, and were invited to participate in the evaluation. These interviews were conducted face-to-face or by telephone after the site visit and individually or part of a small group (see Appendix 2: Demographics of qualitative consultations).</p>		<p><b>27 primary stakeholder consultations = 43 primary stakeholders</b></p>

Data source	Description & method of collection	Analysis approach	Participants
	<p>Stakeholders included: staff and board members from the grant recipient organisations, staff from other health services, teachers, sport and recreation workers, youth and Alcohol and Other Drug workers, staff from other community-based organisations and community leaders.</p>		
<p><b>Qualitative consultations with secondary stakeholders</b></p>	<p>A range of secondary stakeholders were interviewed, including NBPU TIS staff (n=4); representatives from state/territory Quitline bodies (n=9); and the National Coordinator TIS (n=1).</p> <p>The department provided a written response to questions around the appropriateness and effectiveness of the TIS program.</p>		<p><b>7 secondary stakeholder consultations = 14 secondary stakeholders</b> (excluding the department)</p>
<p><b>Qualitative consultations with Aboriginal and Torres Strait Islander community members</b></p>	<p>Aboriginal and Torres Strait Islander community members, including clients of grant recipient organisations and members of the community in which grant recipient organisations service were invited to participate in qualitative consultations (see Appendix 2: Demographics of qualitative consultations).</p> <p>CIRCA worked closely with the grant recipients to design a recruitment approach for each of the 8 site visits to ensure an approach that considered cultural sensitivities, avoided duplication, and supplemented the data already being collected by grant recipients. These interviews were conducted face-to-face during site visits either individually or part of a group.</p>		<p><b>18 community consultations = 71 community members</b></p>
<p><b>Quantitative survey with grant recipients</b></p>	<p>TIS staff from all 37 grant recipient organisations were invited to take part in an anonymous online survey. While individual grant recipients were not identifiable, demographic analysis revealed representation across urban,</p>	<p>Descriptive analysis of the survey results was conducted. The results are reported at the national level.</p>	<p><b>108 grant recipient respondents</b></p>

Data source	Description & method of collection	Analysis approach	Participants
<p><b>Quantitative survey with primary stakeholders</b></p>	<p>rural, and remote regions and representation from all states and territories (see Appendix 3: Demographics of survey data)</p> <p>Grant recipients were asked to nominate primary stakeholders for the survey. Primary stakeholders were invited to take part in an anonymous online survey. Demographic analysis revealed representation across urban, rural and remote contexts. Analysis by state/territory indicated variability in terms of representation, with NSW over-represented in the sample. A separate analysis of the NSW sample (n=24) yielded comparable results to the sample excluding NSW (n=22) (see Appendix 3: Demographics of survey data).</p>		<p><b>46 primary stakeholder respondents</b></p>
<p><b>Monitoring data</b></p>			
<p><b>Grant recipient monitoring data</b></p>	<p>Regional tobacco control grant recipients routinely collect monitoring data and information on their TIS activities. A range of monitoring data was collected (including both qualitative and quantitative data), and this varied depending on the activities conducted and the monitoring systems of the 37 grant recipients. Grant recipients reported monitoring data within performance reports. Performance reports for the 2015-16 Financial Year were provided to CIRCA by the department (with the knowledge of all grant recipients).</p>	<p>Performance report monitoring data was coded against the five performance indicators and categorised by remoteness index within a matrix. Performance report data was triangulated and used to supplement analysis of qualitative consultations.</p>	<p>N/A</p>
<p><b>Secondary analysis of other monitoring and evaluation data</b></p>	<p>Data collected by state and territory Quitline services and evaluation data collected by Quitskills between January to December 2016 was provided to CIRCA by the department.</p>	<p>Descriptive analysis was conducted. The results of all analyses are reported at the national level, and where relevant, at the state and territory level.</p>	<p>N/A</p>

## 5.2 Ethics approval process

CIRCA submitted ethics applications to ten Human Research Ethics Committees and four research sub-committees (Table 4). Ethics approval was provided by all Committees and sub-committees.

**Table 4.** *List of ethics committees*

<b>HREC Committee</b>	<b>Jurisdiction</b>
Department of Health	National
Far North QLD HREC	Cape/North QLD
Aboriginal Health and Medical Research Council of NSW (AH&MRC)	NSW
Western Australian Aboriginal Health Ethics Committee (WAAHEC)	WA
Aboriginal Health Council of South Australia (AHREC)	SA
NT Dept of Health/Menzies Committee	NT Top End
Central Australian Committee (CAHREC)	NT Southern and Barkley
UTAS Social Sciences HREC	Tas
St Vincents HREC	VIC
Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	ACT

<b>Research sub-committee</b>	<b>Jurisdiction</b>
Institute for Urban Indigenous Health (IUHI)	South QLD
Central Australia Aboriginal Congress	NT - Alice Springs
Nunukuwarrin Yunti	SA
Kimberley Aboriginal Health Planning Forum (KAHPF)	WA - Kimberley

# EVALUATION FINDINGS

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## 6. Shift to Tackling Indigenous Smoking

Qualitative consultations with grant recipients, primary stakeholders and the NBPU TIS, and the department feedback, together with analysis of grant recipients' Action Plans and performance reports, suggest that a noticeable change, i.e. the prioritisation of tobacco reduction, has taken place for most grant recipients since January 2016. Feedback from the department suggests that this is a significant shift from the previous program which was 'less targeted, with organisations delivering a broader range of 'healthy lifestyles' activities which in some cases did not address smoking, and with fewer activities in tobacco reduction'. This was reiterated by the NBPU TIS.

Overall, grant recipients are now delivering more targeted and tailored activities to directly address smoking within their communities. Several grant recipients emphasised that the shift allowed them to be more focused on tobacco reduction and to contribute to measurable tobacco-related outcomes.

Now that we're primarily focused towards smoking and helping people with their outcomes, I think it's a good approach ...I think it's good in that sense that it helps to give a focus to the team, and talking to people about the program and the role and function of the workers, and what we're trying to achieve. Rather than trying to do too many things, achieve too many outcomes. Grant recipient, remote

Some grant recipients have responded to the shift away from healthy lifestyles to more focused tobacco reduction activities by more proactively reaching populations that smoke. Consequently, some grant recipients feel that, while their reach may not be as wide, it is more targeted.

I think there's less people [exposed] because there is a whole range of activities that you're not able to run... Are you reaching more people that smoke? Yes. But are you reaching more people? No. Grant recipient, rural

While it is evident that there is an increased focus on tobacco reduction, some organisations noted that the requirement to achieve tobacco reduction outcomes has been at the cost of delivering broader health promotion work. These sentiments were more keenly expressed by urban grant recipients, where broader localised health promotion is considered an important tool for accessing more dispersed Aboriginal and Torres Strait Islander population than in some rural and remote settings, where Aboriginal and Torres Strait Islander communities may be more concentrated and accessible.

Some grant recipients noted that isolating tobacco compromised a holistic model of care which is central to engaging with Aboriginal and Torres Strait Islander communities on health issues, and consistent with a strengths-based approach to health promotion activities. The importance of a holistic approach to health care in Aboriginal communities has also been noted in the literature (NSW Ministry of Health, 2002). Grant recipients consistently made a link between stress, social isolation and smoking and the benefits of tapping into broader healthy lifestyle activities to address this link.

I think for me, the distinction is difficult because the message is don't smoke, but what are we going to replace that with? So, that's why the healthy lifestyle approach to me makes sense just from a practical

program implementation point of view, and wellbeing, if we're not providing these opportunities then what are we replacing them with? Grant recipient, urban

Furthermore, a few grant recipients reported that healthy lifestyle messages functioned as a positive lead-in to initiate a dialogue around smoking, as one urban grant recipient expressed, 'it is hard to get through to people if you are only talking to them about smoking. We need to be able to connect it to other parts of their lives to make it relevant to them, especially when they already know it's bad for them.' Grant recipients, particularly in urban areas, noted that they would 'lose their audience straight away' if they used a deficit-based approach because 'people are feeling guilty and bad about it already'.

It should also be noted that in some jurisdictions, especially remote and some rural areas, there is no other healthy lifestyle activities to tap into, and the removal of the healthy lifestyle funding has meant programs that were popular and seen to be delivering broader health and social outcomes are no longer operating. This has had repercussions on the community with some grant recipients receiving criticism from community members about discontinuing programs that were well received and seen to be achieving results.

A lot of community were part of our [name of program] which was funded specifically from healthy lifestyles element and through that we were able to run two healthy lifestyle activities per week with qualified personal trainers out in the park. We were doing smoking and fitness at the same time. The [social activities] were the place to be, people got to actually be together but it wasn't at the pub. It was actually about fitness and health, people loved it. There were lots of really great health outcomes, people who were massively obese were losing weight ... had about 15 regular clients going to this boot camp each week, and about 12 or 13 smokers who had stopped smoking from that ... and it was intergenerational. There was a lot of backlash when we had to pull back on that. A lot of community were really upset with us, not understanding what our parameters were. Grant recipient, rural

Several grant recipients discussed the importance of explaining the change in focus of the TIS program to community members and other services with whom they have relationships, and the lengthiness of this process in some cases.

There are always challenges within the community whenever there is a shift in program, everyone previously knew what to expect whereas this time is now more about awareness, getting community involved in promoting the awareness of smoking and the effects it has on their health and it takes a while to get that out in the community is not just something that happens overnight you have to work on it...you have to reintroduce the program, got to spend time with community explaining the change and that is a slow process. Grant recipient, rural

While some organisations have stopped running healthy lifestyle activities entirely others have continued successfully running these programs, shifting the focus around tobacco reduction or incorporating healthy lifestyle components into their TIS activities (see VAHS Activity Case Study below).

Because it was healthy lifestyles, there was a focus on getting fit and quitting as part of that whereas now it's more about smoking and preventing smoking and then incorporating you know you will be much fitter as opposed to getting fit and then quit... Still incorporating healthy lifestyle by focusing on not taking up and quitting, rather than let's get to it [primarily through fitness] and then focus on quitting. Grant recipient, rural

Ultimately, findings suggest that there appears to be a range of interpretations of the new guidelines, and the extent to which tobacco reduction initiatives funded under TIS program can be positioned within healthy lifestyle activities.

We get told from some people that you can, and some people say 'no, you can't' ... there's a mixed rhetoric around: you know, 'it has to have a tobacco focus', and 'it can't be the old programs'. But we also get messages that you know, 'if it's working and its engaging people around tobacco, you can keep on doing it'. Grant recipient, urban

These issues and uncertainty around funding parameters have been raised by grant recipients in various NBPU workshops, and the department has responded with a message that there is still flexibility to tap into healthy lifestyle activities that may be run by the organisation, or participate in sporting events, so long as the focus is on tobacco reduction and the TIS program funding is allocated to this. However, further clarity through consistent messaging from the NBPU, National Coordinator and the department may be required moving forward.

## Case study: VAHS reaching more smokers through healthy lifestyle program

### The Six Week Challenge

The Victorian Aboriginal Health Service (VAHS) Tackling Indigenous Smoking (TIS) Team is delivering healthy lifestyle programs with a focus on tobacco reduction, fitness and good nutrition. VAHS delivered two Six-Week Challenge programs in the first reporting period, engaging over 110 community members with an 80% retention rate. Initially attracting 38 community participants, the program has grown to 96 registrations in the latest Challenge.

Challenge participants attend six weekly community education and health and fitness sessions at a gym within VAHS. The Challenge promotes the benefits of being smoke-free, and has embedded tobacco control messaging throughout the sessions which motivate participants to live healthier lives; eat more fruit and vegetables; drink more water; avoid foods high in fats, sugar and salt; and participate in daily physical activity.

The programs are an opportunity to collect health information data, track participant progress and support people to achieve their health and smoking cessation goals. VAHS collects smoking status data from participants and uses this information to start conversations on quit support and if necessary refer them to other services including; the VAHS doctors, Quitline and local Community Health Tobacco Cessation Specialists. Challenge participants reported that they appreciate opportunities to see how giving up smoking impacts on health rather than just hearing about it.

*'People feel safe to participate ... word gets around that it's fun ... conservative people start off just because they've been told to but then stay on because it's interesting ... they come in pre-contemplative and leave contemplative. When the TIS team saw someone who had quit start up again they went to her and asked "what was it that made you start again" in a nice way then talked her through what to do about it. They are always on the positive. If people quit, you can see the impact in the gym.'*

## Overview

### The need

Engaging Community to deliver education to support smoking cessation.

### The solution

Using interactive healthy lifestyle programs to initiate a dialogue about smoking while promoting a healthy lifestyle and celebrating local Community quit stories.

### The benefit

Evidence of individuals quitting and simultaneously engaging in healthy lifestyle activities. Current smokers receive peer support from ex-smokers.



Source: Victorian Aboriginal Health Service

### Supporting smokers on their quitting journey

A partnership between Diabetes Victoria and VAHS has provided additional resources and funding. . The Challenge includes a combination of smokers (35%), non-smokers (22%) and ex-smokers (33%) and the Team reported that the non-smokers and recent quitters act as role models and provide peer support, helping smokers on their quitting journey.

The Challenge celebrates community role models who quit smoking through social media and on a Quit Smoking Wall of Fame which highlights why the individual quit, how they quit and how much money they have saved. This initiative is growing with 20 members on the wall which is reproduced at other VAHS sites.

## KEY FINDINGS: SHIFT TO TIS

All grant recipients are now primarily focused on tobacco reduction and are planning for, or delivering, more targeted and tailored activities to directly address smoking within their communities. For many grant recipients, this represents a significant shift and has been at the cost of delivering broader health promotion activities, particularly those who had previous funding to employ a dedicated healthy lifestyle and tobacco action workforce.

Some grant recipients are leveraging TIS activities off broader healthy lifestyle activities to maximise reach and effectiveness, allowing them to be responsive to local communities and based around appropriate community engagement. However, others have not been able to achieve this because either necessary partnerships and collaborations are still being negotiated, or broader health promotion funding across the region does not exist,

There are varying degrees of clarity among grant recipients about the extent to which there is flexibility to tap into healthy lifestyle activities under the new guidelines.

### Recommendations<sup>4</sup>

- 3. Department:** Provide clarity around what is allowable in relation to healthy lifestyle activities within the current iteration of the TIS program.

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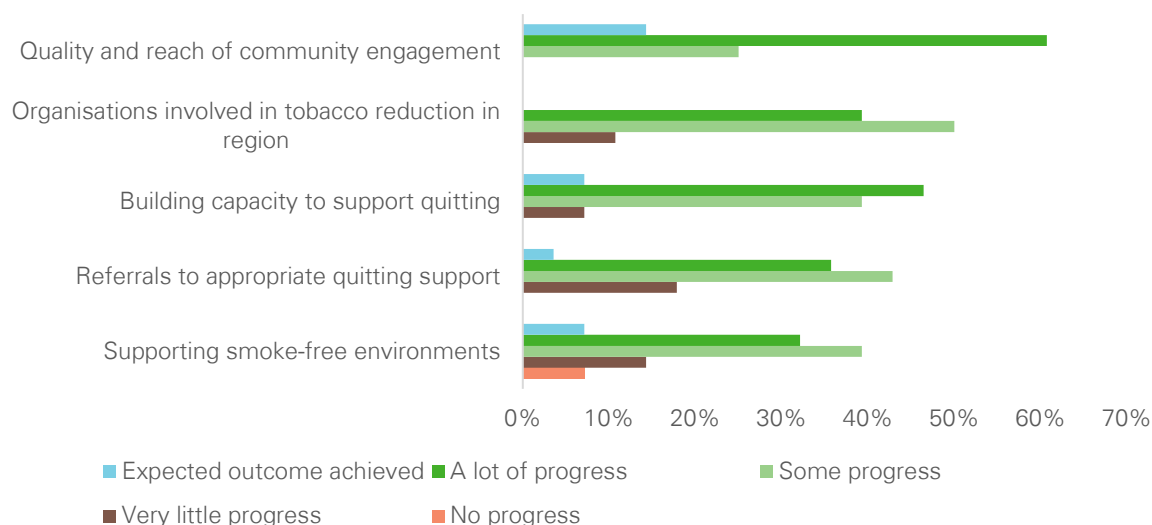
<sup>4</sup> Recommendations 1 and 2 relate to overall preliminary evaluation findings and can be found in the Executive Summary and Section 12 of this report.

# 7. Community engagement and partnerships

This section discusses how grant recipients are engaging community in local planning and delivery of TIS activities as well as the establishment of internal and external partnerships to broaden the reach of localised TIS activities.

## 7.1 Community engagement

Many grant recipients indicated that the basis of all TIS activities is strong community engagement. Overall, grant recipients have emphasised that the approach is to work with the community to ultimately facilitate community ownership of tobacco control, as one rural grant recipient expressed, 'we are all about our own community speaking to our own community.' The prioritisation of community engagement was reinforced in the grant recipient survey which demonstrated that regional coordinators and managers ranked Indicator 1 – quality and reach of community engagement above all other indicators in terms of resource and budget allocation. Furthermore, 75% of regional coordinators and managers also indicated that for the past 6-months either the 'expected outcome was achieved' (14%) or 'a lot of progress' (61%) was made on this indicator (see Figure 3).



**Figure 3.** Managers and Regional Coordinators perception of progress on each performance indicator, 2016.

Numerous grant recipients noted that community trust and support was a necessary requirement for successful community engagement. This is especially true for communities where shifts in TIS program funding have resulted in constant fluctuations in program delivery and staff (see section 11.4.3 Recruitment and retention).

Events have been a crucial opportunity to demonstrate consistency and build trust with community. This is especially evident in rural and some urban contexts, as one rural grant recipient expressed, 'it

shows them that you're still there for community, despite what's going on in your workforce.' During qualitative consultations, grant recipients and primary stakeholders indicated that responses to community events have been positive and supportive. This is demonstrated by the high attendance observed by grant recipients at events such as World No Tobacco Day, Closing the Gap Day, World Cancer Day and NAIDOC week events. In addition, performance report data reveals that events are a key opportunity to reach a wide population, with some grant recipients reporting figures in the hundreds and at times thousands in terms of direct interactions or participants at community events. For example, one urban grant recipient reported hosting several events including a Sorry bridge walk (3,000 participants), World No Tobacco Day (200) and a Holistic health day (1,000). Evidence of community support is bolstered by grant recipient and primary stakeholders survey data which demonstrated that 88% (95/108) and 83% (39/46) respectively felt that there has been increased community support for tobacco control initiatives.

While there is evidence to suggest strong community support for localised TIS programs, grant recipients (predominantly in remote and some rural contexts) noted that other existing issues in the community such as drug and alcohol misuse or the death of a community member can take precedence. These complex issues and events can cause delays in the delivery of TIS activities and pose challenges to making tobacco control a priority.

We've had a few significant elders pass away this year which has put a dent in our activities. When they did pass away we haven't been able to do any community groups because people weren't available, or it's just not appropriate...so culturally for us we have to wait at least 4 or 5 weeks, and even then, it's difficult to go out and have conversations...because they did pass away from chronic illness so you don't want to talk to them about smoking. Grant recipient, rural

While challenges remain, grant recipients demonstrate a deep understanding of local community context as well as a high level of pride, enthusiasm and passion for their community which should not be underestimated in regards to the quality and reach of community engagement.

You live in the community, you grow up in it. So, when things don't work you feel the pressure. You watch young guys you grow up with them, you read about the statistics and the statistics are real to us. Grant recipient, rural

## LOCAL CHAMPION

Simone\* coaches a young women's basketball team in a remote community.

As a non-smoker, Simone uses her coaching role to advocate healthy lifestyles and promote smoke-free messages to the young women in her team: 'I just try to get them really active. Really keep their fitness up and be healthy.'

At the start of the year many of the girls were smoking but Simone educated them on the health impacts of smoking: 'The more I push them into playing basketball the more they like feeling themselves really active and healthy and when they do they get really puffed and slack but yeah ever since I got them to play basketball they didn't look forward to having another smoke.'

As a result of Simone advocating healthy choices, many of the girls in the team are now smoke-free, despite high levels of young people smoking in the community.

\* Name changed

Many TIS teams are comprised of individuals from the community where they deliver TIS activities, which not only lends credibility but facilitates access to Elders with whom they have personal relationships. This in turn, makes it easier to broach sensitive issues such as smoking. Such meaningful relationships are demonstrated by the successful implementations of some TIS activities within communities. For instance, one rural grant recipient discussed a successful example of a plan to conduct TIS activities as part of an outreach program:

I was talking with one of our team members, he said can we plan an outreach program next month...Yesterday afternoon he rang all the communities, and this morning he said it was all finalised, all the bookings done. He will be visiting six communities, and schools, as well as youth centres. So, imagine how quick is that, because community want us to go there and speak with them. It's the relationship they [TIS workers] have with the communities. Grant recipient, rural

Consultation with community is a core part of many grant recipient's TIS activities. Grant recipient and primary stakeholder survey data indicates that 79% (85/108) and 78% (37/46) of respondents respectively feel that there has been increased community involvement in tobacco control initiatives in their regions. Evidence of community involvement in the design and planning of TIS activities, including the development of community reference groups, focus groups with Elders and young people, youth leadership groups and participation in key regional advisory groups, is illustrated throughout section 8 of this report.

We spent 10 days travelling around the community with focus groups, surveys, conversations, to find out what community said would work to build the social marketing campaigns. We've just continued to utilise that evidence, to continually build on our campaign. Grant recipient, rural

We always talk to the community first...we had done five focus groups with the community...we had a good informal chat about what the community wants us to do. Grant recipient, urban

Some grant recipients have been targeted in their approach to community involvement, prioritising engagement with Elders and other community leaders. There is recognition among grant recipients that these community leaders are supportive of local TIS programs and in some cases, actively promote TIS activities at community events and through social marketing campaigns (see section 8.1.4 Social marketing campaigns). This is reiterated by the grant recipient survey which reveals that 68% (73/108) of respondents either agreed (38%) or strongly agreed (30%) that TIS activities have led to enhanced leadership and advocacy roles of community leaders in tobacco cessation.

Similarly, members of the community have been sought out by some grant recipients and have simultaneously come forward to serve as 'community champions'. These local champions are predominantly people who have quit smoking and wish to share their quitting journey, much like Elders, through public outlets.

What we're seeing more and more of now is people that do want to come forward and act as those change champions...who either want to be interviewed and want a story written about their story or

who actually are submitting stories for us to publish, so they want to write it in their own words. Grant recipient, urban

This proactivity from the community indicates a level of support and ownership for tackling smoking rates in the region. This community ownership is beneficial for the sustainability of TIS activities and for influencing positive changes to social norms (Robertson, Pointing, Stevenson, & Clough, 2013).

It's good when you've got community people promoting the program because a lot of the community know these people and they're going to be listening carefully, and wanting to be involved. Grant recipient, rural

## Partnership case study: Grant recipient partners with rural community to jointly fund community event

### Bowraville Memorial Cup and Youth Expo

In November 2016, Galambila Aboriginal Health Service's TIS team, Ready Mob, based in Coffs Harbour, Kempsey and Port Macquarie NSW, worked in partnership with the Bowraville rural community to design and deliver a two-day community event, the Bowraville Memorial Cup and Youth Expo. The event is held in memory of three young people from the community and to respond to a need to provide programs for local youth. Through this community event, Ready Mob sought to raise the profile of its tobacco control activities and campaigns among young people and the broader community.

### Pooling resources

To overcome geographical and funding challenges and meet the needs of the community, Ready Mob worked closely with community members and other services to implement the smoke-free event, which included pooling resources and funding across services. This partnership approach involved Ready Mob setting up and chairing a community planning group which had regular meetings with the community and other event sponsors. The planning group developed guidelines for sponsors involved in the event and community members were involved in decision-making and planning, as one TIS worker expressed, 'the whole approach was trying to create this partnership with the community.'

Ready Mob was able to raise \$15,000 from the 16 other services involved in the event. What started as a \$3,500 Youth Expo had turned into a 2-day event and costs were spread across a range of services working with youth in the community. The first day of the event attracted 320 students from various schools and involved a mix of activities including sport and education sessions. The children rotated through the various activities during the day. Ready Mob led a smoking education session and smoke-free messages were communicated through the PA system by the TIS coordinator throughout the day. The second day included a touch football tournament



with over 100 student players and over 700 supporters from the community. Ready Mob ran a smoking stall, delivering brief interventions and collecting referrals.

By pooling resources, organisations involved were able to increase the reach of the event and Ready Mob were able to broaden the impact of their local TIS activities. While some of the services were initially reluctant to pool resources, the culture of working together is continuing with many of the same organisations planning to share resources and funds for the Youth Week in April 2017.

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*'we have Youth Week coming up in April and straight away everyone was like, I guess that culture of, what can everyone pitch in for this? And how can we work together? So we have set up a youth planning group and are using a similar process.'*

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## KEY FINDINGS: COMMUNITY ENGAGEMENT

Qualitative consultations with grant recipients, performance report data and survey data indicates that community engagement is a key priority. While challenges were identified in terms of handling competing priorities in community, adhering to cultural protocols, and the change in focus of the TIS program and uncertainty about ongoing funding, in the main, grant recipients have demonstrated substantial progress in involving community in design and planning and garnering support for TIS activities. This is evidenced by the popularity of community events hosted/attended by the TIS team and the proactivity of local community and Elders in advocating for tobacco control.

## 7.2 Supporting the TIS program through partnerships

To fulfil the requirement of the redesigned TIS program to operate as a multi-level population health program, grant recipients are required to engage and coordinate with other services in their regions. Collaboration with organisations across TIS regions is fundamental to the success of the TIS program, and is aimed at enhancing engagement opportunities, raising awareness and support for the TIS program, advocating for smoking reduction activities and improving or establishing referral pathways.

Most grant recipients are primary health services and engaging and coordinating across regions takes considerable time, planning and consistent effort, especially where such collaborations are not supported by organisational culture and established ways of working. It can also require a change in approaches for service delivery, for example, undertaking broader localised health promotion activities instead of clinical work.

Feedback from Health Services Network (HSN) grant officers is that there has been a noticeable increase in the reporting of grant recipient collaboration and partnerships, and this is reflected in grant recipients' performance reports and Action Plans. Relationships are being developed and strengthened with a range of organisations, both Indigenous and non-Indigenous to design TIS activities appropriate to the region. Performance reports are showing there has been a shift to a more regional focus and wider community approach including non-TIS funded ACCHSs/AMS, Primary Health Networks (PHNs), hospitals, mainstream General Practice clinics, schools, sporting clubs and institutions, local health/social services non-government providers and local workplaces. This analysis corresponds with findings from the primary stakeholder survey. Grant recipient survey data indicates that grant recipients considered developing relationships and partnerships with other organisations among their most significant achievements to date.

While some grant recipients at this stage are focussing on their service populations and in the communities where they operate clinical services, as the TIS program becomes more established, it can be reasonably anticipated that all grant recipients will progressively broaden the reach of their activities to cover the population in their region.

Cross regional collaboration and coordination presents a range of challenges for grant recipients, including:

- Localised TIS programs sometimes being the only form of smoking cessation support in the regions.
- Influential senior Aboriginal management and Board members within both grant recipient and non-grant recipient organisations who may be smokers and reluctant to advocate strongly for tobacco control measures such as smoke-free environments; and some TIS workers hesitant to address senior community members about smoking.
- Competing priorities, with the TIS program being one of many health and wellbeing program responsibilities for managers in grant recipient organisations, creating competing priorities.

- Reluctance to seek collaboration in communities where other non-grant recipient funded Aboriginal Community Controlled Health Services operate, some organisations may be reluctant to collaborate.
- Dispersed populations of Aboriginal and Torres Strait Islander people in urban locations, who do not necessarily attend grant recipient organisations or other ACCHSs/AMS', creating a need for grant recipients to connect with a range of mainstream organisations to find their regional Aboriginal and Torres Strait Islander populations.

These strategic-level challenges have been identified and discussed by NBPU TIS, and several ideas are being pursued to support the work of grant recipients to implement the TIS program as intended. These include working to: improve links and synergies with state and territory Indigenous tobacco control efforts; promote the TIS program in jurisdictional and national forums to foster collaboration; build capacity of grant recipients to broker partnerships and collaboration; and assist advocacy at a local level for tobacco control measures.

Examples throughout the report highlight the range of collaborations and partnerships being developed as part of the national TIS program, and to showcase some of the successful partnership initiatives that are underway.



**Partnering with a regional advisory group to broaden population reach and strengthen leadership support and advocacy**

The Tasmanian Aboriginal Health Reference Group (TAHRG), of which TIS grant recipient Flinders Island Aboriginal Association Inc (FIAAI) is a part, is a peak body made up of five Aboriginal organisations in Tasmania operating in the health and wellbeing space. FIAAI's engagement with the TAHRG assists the TIS team to effectively meet National Indicators 1 (Quality and reach of community engagement) and 2 (Organisations involved in Tobacco reduction in the region) for the program at a high level.

FIAAI consult with TAHRG on a regular basis, with the group functioning as an advisory role for TIS. Meetings are used as a forum to share resources and information with other Aboriginal organisations, for joint planning and priority setting. FIAAI reported that TAHRG has facilitated access to communities and other organisations and they have 'managed to, from those meetings, organise and plan events that

have already happened or are in the pipeline with all those organisations...' In doing so, FIAAI has effectively increased the geographical reach of the program. This is especially pertinent for FIAAI, whose catchment area for TIS is state-wide. Moreover, FIAAI highlighted the importance of having five organisational champions advocating for TIS activities and spreading tobacco control messages across the state.

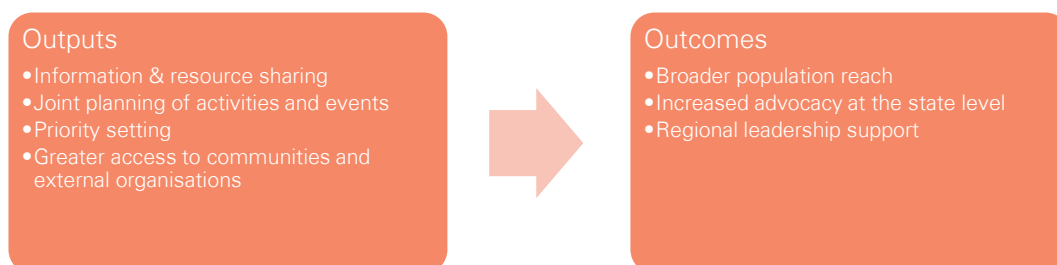
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*'TAHRG spreads ownership of the [TIS] program' – FIAAI employee*

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In addition, through TAHRG, FIAAI has had the opportunity to meet with senior levels of state government and key state tobacco control bodies to advocate for TIS support, these include the State Tobacco Coalition, Department of Health and Human Services, Tobacco Cessation Priority Population Advisory Group, and Primary Health Tasmania.

As a result of these networks, the FIAAI TIS Coordinator is now a member of the State Tobacco Coalition, accessing policy and planning structures to ensure Aboriginal smoking cessation remains high on the health agenda across Tasmania.



## KEY FINDINGS: PARTNERSHIPS

Collaboration with organisations across TIS regions is fundamental to the success of the TIS program and the capacity for grant recipients to operate as a multi-level population health program in their regions. There has been a noticeable increase in the reporting of grant recipient collaboration and partnerships, with evidence of relationships being developed and strengthened with a range of organisations, both Indigenous and non-Indigenous. This represents a shift to a more regional focus and wider community approach to tobacco reduction.

Challenges to cross regional collaboration include lack of senior level engagement, lack of skills in advocacy, prioritisation and willingness to collaborate. Urban locations can face challenges of dispersed populations and needing to connect with a wide range of mainstream organisations while in remote and some rural locations the grant recipient organisation may be the only form of smoking cessation support available.

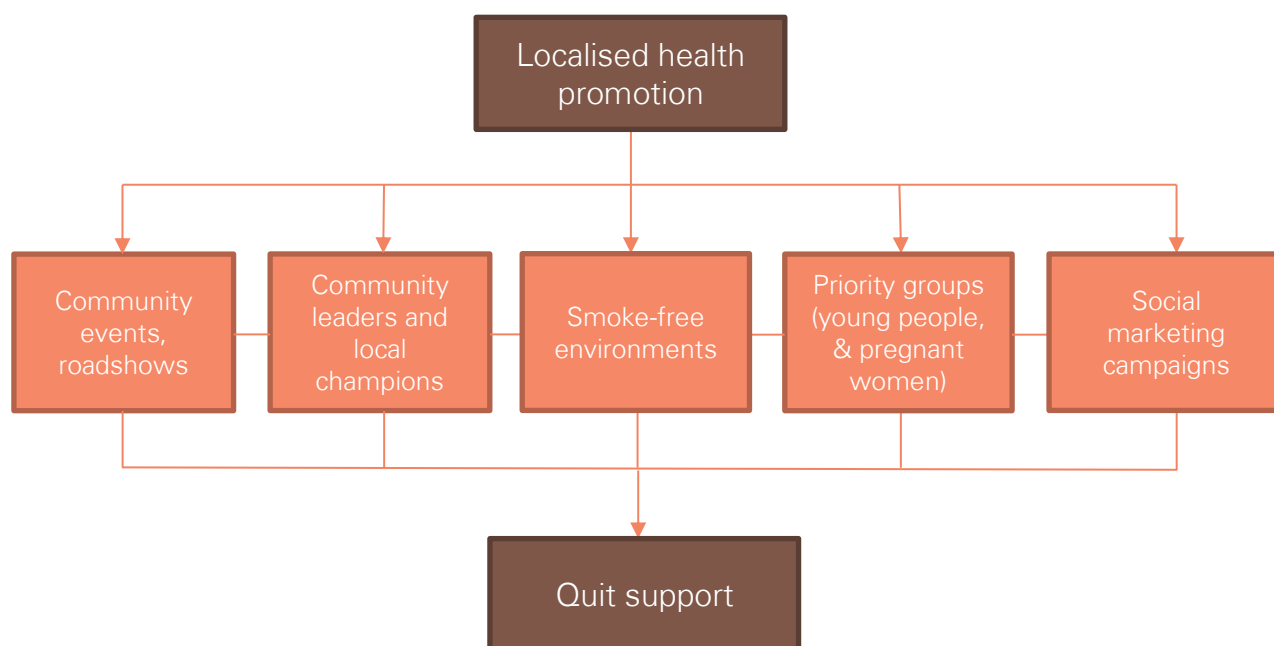
### **Recommendations:**

- 4. Grant recipients:** Continue to broker partnerships and leverage relationships.
- 5. NBPU TIS:** Continue to build capability of grant recipients to broker partnerships and leverage relationships through the distribution and promotion of relevant resources.

## 8. Localised health promotion

TIS is the only funding that has that focus i.e. health promotion, community development, and community engagement. No other programs have that opportunity. It allows opportunities for innovation, for example engagement with online activities. Grant recipient, urban

The delivery of multi-level, evidence-based and locally relevant health promotion for tobacco control is a core component of grant recipient activities. This section explores the development of place-based approaches and the pivotal role community plays in local planning and ownership of solutions. A number of key interconnected areas will be discussed including, community engagement and education around tobacco control together with the use of community leaders and local champions, targeted approaches for priority populations (i.e. pregnant women, young people), social marketing campaigns, and modelling and establishing smoke-free environments (see Figure 4). Such activities are not possible without extensive collaboration and partnerships both internally and with external organisations.



**Figure 4.** Key localised health promotion activities undertaken by grant recipients around tobacco control.

### 8.1 Community education and awareness

In the main, all grant recipients are undertaking some form of community education. Many grant recipients across all contexts reported that the attendance of the TIS team at community events was a crucial part of their approach to garnering community support, promoting awareness of their activities

and educating the community as aforementioned. It was also acknowledged that events created a pathway to initiate an organic dialogue about tobacco control.

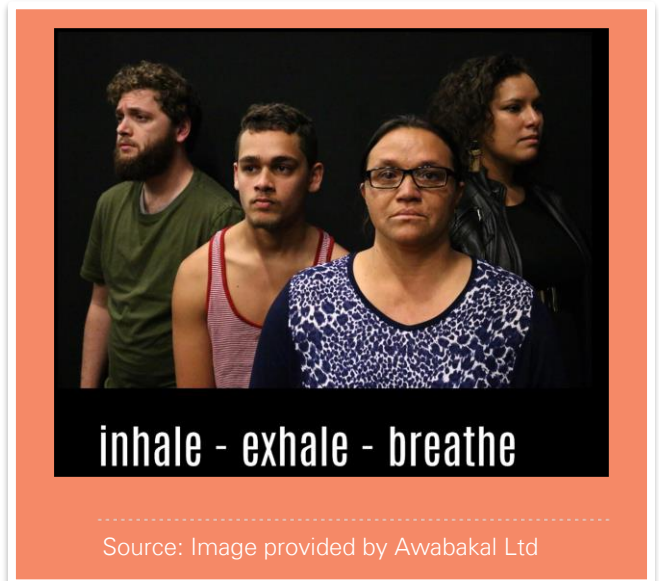
I think community is becoming a little bit more receptive and comfortable in having the discussion and realising that it's not an attack approach and that if anything we're attacking your smokes and it's the smokes versus the people...Trying to really get away from finger pointing and telling people what to do. Grant recipient, urban

Grant recipients reported setting up stalls with props and educational materials as well as resources such as smokerlyzers<sup>5</sup> to monitor carbon monoxide levels in the body. It was noted that these resources were often used as incentives for people to engage in a dialogue about smoking or receive brief intervention. In some instances, grant recipients have capitalised on this to obtain referrals to their own internal quit support program or to Quitline through community events (see section 9.1 Referral pathways for further information).

We bring down promotional materials, smokerlyzer, education resources, conduct Brief Interventions...it's the foot in the door type of thing and notify about our clinic streams as well. Grant recipient, rural

In addition to events, some grant recipients have used creative mediums and other entertainment platforms such as drama to develop locally relevant health promotion messages around tobacco control, prioritising the use of local talents (see Figure 5). Qualitative consultations with community and primary stakeholders indicated that these approaches were perceived to be less pedagogical and more engaging, as one urban primary stakeholder observed, the messages are 'drummed into your senses in a good way, not preaching.' This is supported by the grant recipient and primary stakeholder survey data which revealed that 90% (97/108) and 87% (39/45) of respondents respectively agreed that TIS activities have led to increased community understanding of the health impacts of smoking and of quitting pathways.

I love their work in the community and if it wasn't for them, the community would not necessarily know or understand the benefits of quitting. Primary stakeholder, survey respondent



**Figure 5.** Using drama for community education. Awabakal Ltd in partnership with Ngarrama productions developed the drug education piece *Inhale – exhale - breathe* highlighting the risks associated with smoking tobacco and ICE use. The cast is predominantly local Aboriginal people. The drama was performed in community including tours at local high schools.

<sup>5</sup> A smokerlyzer is an instrument which measures the amounts of carbon monoxide (CO) in exhaled breath. CO is absorbed into the blood through the lungs when cigarette smoke is inhaled. The more one smokes, the higher the CO reading will be.

### 8.1.1 Pregnant women

Many grant recipients have identified groups that require more targeted support in terms of their TIS activities. In the main, grant recipients identified pregnant women and young mothers as a key target group. Grant recipients, largely in rural contexts, reported tapping into existing bodies such as Mums and Bubs groups, antenatal sessions, playgroups, and other women's groups, while some remote grant recipients were mainly in the process of setting up arrangements to deliver education into these groups. Such activities were reported to a lesser extent in an urban context.

Access to these groups were facilitated by both strong internal and external partnerships (see section 7.2 Partnerships).

I think anything that we do there is a very strong link and because we're all dealing with the same clientele, in some way or another, if the person is dealing with pregnancy but they do have smoking issues, we are all wanting to work as one big component, we are all on the same page. Grant recipient, rural

Cultural factors can also influence access to women's groups. For example, one remote grant recipient noted that male TIS workers would not be permitted into a women's group. This proved challenging as the team lacked female staff at the time. To overcome this barrier, the TIS team is working with the Aboriginal Midwives to increase their capacity to provide brief intervention to pregnant women. Where access is granted, the delivery of smoking education is a consistent theme, with the use of video material showing the effects of smoking especially popular. This education is supplemented with the distribution of resources including brochures about the harms of second-hand smoke. There is evidence to suggest that tapping into these can facilitate access to quit support as some grant recipients, largely in rural areas, reported obtaining referrals mainly for face-to-face, one-on-one support with a TIS worker (see section 9.1 Referral pathways and networks).

### 8.1.2 Young people

Overwhelmingly, grant recipients recognised the importance of prioritising young people in shifting social norms regarding smoking. This is supported by the performance report data which indicates that grant recipients across all contexts are conducting health promotion activities with young people. Community members similarly reiterated the need to prioritise the education of young people around the dangers of smoking. During qualitative

## TARGETING PRIORITY GROUPS

### Observation of women's group:

The women's group comprised of 10-12 Aboriginal women with varying ages (20s-60s) from a rural community. Close to half of the group smoked, including one pregnant woman.

The group provided an opportunity for these women to come together in a shared leisure activity (in this case prepare a meal).

During food preparation, the TIS worker provided education about the harms of smoking in a culturally appropriate and non-judgemental manner, seamlessly integrating these messages into general discussion.

Following completion of the education session, the TIS worker received the contact details of all the women that smoked in the group and made a commitment to contact them for an appointment for one-on-one quit support within a week.

All the women demonstrated a willingness to receive counselling support.

consultations, some grant recipients reported that their TIS activities with local youth is where they are having the most impact.

Many grant recipients reported that the school environment was a suitable avenue to reach this target population. One grant recipient based in an urban location noted in their 12-month performance report that they expanded to 89 schools, reaching 1150 students, effectively broadening their population reach. Similar output data was reported by other grant recipients in both performance reports and qualitative consultations.

We do an Amazing Race and the kids get really excited...we see about 2,000 kids through 22 schools...those kinds of things are a great example of raising awareness of what we do. Grant recipient, rural

Additionally, grant recipients were strategic in their approach to schools, targeting schools with high numbers of Aboriginal and Torres Strait Islander students and specialised institutions such as the Clontarf Academy<sup>6</sup>. The content of the sessions is largely around educating young people about the chemicals inside a cigarette and the harms they can cause to one's own health and others. To capitalise on this captive audience, some grant recipients chose to incorporate healthy lifestyle choices such as good nutrition and exercise into their sessions as well. The delivery of school-based sessions is often entertaining and interactive, with TIS workers integrating games, comedy and props.

While there is evidence of successful partnerships with schools, high staff turnover and truancy is recognised as a key issue in remote areas and some rural contexts which has repercussions on TIS activities.

When we try to work with the local school it is difficult as they are always in a state of change...We have to work to develop relationships with the school staff but this is constantly renegotiated due to the high staff turnover at the school. This delays the delivery of TIS activities. Grant recipient, remote

Furthermore, grant recipients have noted that young people at-risk and disengaged youth can be a hard group to access through school-based interventions as many don't attend. As such, reaching this population requires significant adaptation, with grant recipients acknowledging that a hands-on approach is necessary, as one rural grant recipient expressed, 'getting back to those ground levels, relating to those kids as much as possible and understanding the situations that they're coming from.'

Similar to broader community education measures discussed previously, grant recipients are adopting creative methods to develop educational messages for young people outside the school setting, such as art and graffiti, YouTube videos, and comics (see Figure 6). Grant recipients acknowledged that many young people are aware of the harms of smoking, thus, interactive and culturally appropriate resources are required for messages to resonate.

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<sup>6</sup>Clontarf Academies use football as a school-engagement mechanism for many at-risk students who would otherwise not attend or have low school attendance. The programs are delivered through a network of football academies established in partnership with local schools. Source: <<http://www.clontarf.org.au/about/>>

They are thirsty for culture...these boys have innate sense of country even if they are not quite sure what it is, they are incredibly spiritual and cultural...I would think cultural programs must work hand in glove with no smoking...the more culture you feed them the less inclined they are to stray...programs should have a major cultural component to give them that sense of identity and self which they don't otherwise have. Primary stakeholder, teacher, rural

These programs and resources are often developed in conjunction with local youth or are youth led, as one urban grant recipient expressed, 'we can come up with all this great messaging, but if it's not made by young people the effectiveness is going to be quite slim.' As such, some grant recipients have involved young people in concept testing and have developed youth advisory groups to monitor the efficacy and appropriateness of their programs. One rural grant recipient is currently developing a Student Leadership Action Team (SLAT) comprised of a group of young leaders from the community. In so doing, this grant recipient is assigning the responsibility to the local youth and building their capacity to deliver tobacco control initiatives.



**Figure 6.** Comic strip illustrating the impact of smoking and drinking on a young man's sporting dreams.

We want to establish a group of young leaders in our community to start critically thinking about situations arising in community. We want to develop local health ambassadors...to start thinking about initiatives that they can try to implement to try to tackle smoking in their community. Grant recipient, rural

Grant recipients have also demonstrated indirect approaches to appealing to young people, capitalising on existing interests in sporting activities and hip hop. TIS teams have been making themselves visible in spaces such as the PCYC and public basketball courts and football fields to seamlessly enter a dialogue with young people about smoking and its related harms. Additionally, education in these spaces simultaneously allows for the encouragement of exercise and promotion of broader healthy choices. Some grant recipients have also partnered with sporting clubs to introduce young people to local sporting heroes and high profile sporting athletes who serve as role models to these young people. These sporting ambassadors are also often incorporated in social marketing campaigns to deliver tobacco control messages (see section 8.1.4 Social marketing campaigns).

One thing that gets through to the kids a lot is that they're really into their sport and into their rap music, if you can link it into something they have an interest in or somebody that's a role model, they think it's pretty cool. Primary Stakeholder, Teacher, rural

As grant recipients are in the early stages of implementing their TIS activities with young people, outcomes reporting is limited. Despite this, consultations with community, primary stakeholders and grant recipients indicated that progress is being made in terms of the recall of smoking messages.

We were able to get them [TIS team] to come to our last grad and the TIS worker said a few words, he asked the kids about four questions...those four questions those kids recalled like that the answers and he came about 10 weeks ago...it goes to show the kind of impact they can make because the kids can recall that information which was powerful to me, we know the messages are going home. Primary Stakeholder, Project Manager community organisation, rural

During qualitative consultations with grant recipients and community members, some noted the impact of localised health promotion activities on increasing a dialogue between young people and adults on smoking related harms. Community members discussed children as policing adult smokers. One rural community member expressed, one of her children makes 'smart little remarks, like "give up smoking", or "if you don't buy four packets of smokes a week, you could have this much money."' Grant recipients facilitate this discussion through the dissemination of targeted messages around the dangers of second-hand smoke and smoking around young children and the distribution of resources, as one rural grant recipient noted, 'we give show bags so they'll be able to have a conversation with the families when they go home.'

The best reactions that we get is from the parents themselves. They come and complain to us about their children putting pressure on them to give up smoking. We get a lot of that. Grant recipient, urban

### 8.1.3 Other priority groups

In addition to young people and pregnant women, grant recipients predominantly in rural and some remote

## ENGAGING YOUTH THROUGH HIP HOP

Broome Aboriginal Medical Service (BRAMS) as part of the KAMS TIS consortia, partnered with the local council to deliver a Hip Hop workshop for disengaged young people. Up to 16 young people took part in the workshop, which focused on the importance of creating and living a healthy lifestyle, including the health benefits of not smoking.

As well as engaging kids to write their own music and songs promoting healthy living, the kids were also introduced to the foundation of hip-hop culture and its emphasis on the importance of a healthy mind and healthy body.

When asked what they had learned from the workshop, many of the kids repeated the campaign slogan 'Nuff of the Puff' and living a healthy lifestyle.

A documentary video was made of the workshop and premiered at a special movie night for the whole community. Commercials were embedded throughout the documentary to promote the Nuff of the Puff smoking cessation campaign.

Overall, the workshop and movie night were seen as positive steps towards successful integration of healthy lifestyle and tobacco control strategies targeting the whole community, including disenfranchised young people, through the partnership between the funder and the community Council.



areas have prioritised men's groups and Aboriginal and Torres Strait Islander people in prisons and Juvenile Justice. However, grant recipients have acknowledged that access into these institutions can require considerable investment in establishing partnerships and rapport building. Despite this, one grant recipient reported some evidence of early wins:

We started off by running an information session for any prisoners that were interested in quitting smoking or had family members that might be interested in quitting. From that, we had 23 people that signed up...We talk to them about triggers and cravings and getting through those tough times, and we also put them onto the Aboriginal Quitline...a lot of them have said they will come and see us once they're released so it definitely leaves that option of communication with them when they've been released. Grant recipient, rural

#### 8.1.4 Social marketing campaigns

Social marketing and mass media campaigns around tobacco control seek to reduce smoking rates through shifting attitudes and beliefs around tobacco use and ultimately smoking-related behaviours. In the main, many grant recipients have established or showed progress in establishing social marketing campaigns to supplement other TIS activities.

The importance of incorporating 'local faces for local places' in social marketing campaigns was a resounding theme across all contexts. Overall, there is a perception among grant recipients that locally, place-based and culturally relevant social marketing campaigns will have greater resonance with community in comparison to mainstream mass media campaigns. This is supported by the literature which indicates that local advertising in Aboriginal and Torres Strait Islander communities is associated with higher levels of motivation to quit (Nicholson A., Borland, Davey, Stevens, & Thomas, 2015).

The stories are good because they are local people and the community know their voices. It is a true story for the community, not a department ad with an actor. People respond better to local ads over government

## BRAND AWARENESS T-SHIRTS

Many grant recipients have developed their own t-shirts to represent the TIS team or grant recipient organisation. These shirts are often used as an incentive for community members to participate in TIS activities.

Anecdotal evidence suggests that the shirts instil a sense of pride in community as they often incorporate Indigenous artwork designed by local artists. As such, there is a high demand from the community to obtain the shirt, as indicated by one urban community member: 'The deadly shirts they give to you after a health check make you feel proud to have your health check because you know you're healthy.'

Some grant recipients have applied conditions to obtaining a shirt, such as completing a health check or local TIS program, or as a reward for quitting smoking.



Source: <http://www.deadlychoices.com.au/cms/>

ads. Grant recipient, remote

[Name of grant recipient] has engaged about a dozen ambassadors who over time have appeared on billboards and buses...and in this survey that we did, people said they were very proud to see places and faces that they could identify with and show that smoking is not a part of our culture. Grant recipient, rural

Some grant recipients reported greater recall from community for campaigns with local people. Grant recipients also acknowledged that when community members recognise themselves or others in their local community this may in turn lead to increased engagement and a greater sense of pride and community ownership of the issue.

We find that when it comes to mainstream television it's too often, there's not enough of our people on television. Once they see it, our community own that ad. It's a community initiative. Grant recipient, rural

Moreover, in the development and implementation of social marketing campaigns, grant recipients reported a deviation from a deficit model, promoting instead a strengths-based approach with an emphasis on healthy choices and the endorsement of positive stories. One urban grant recipient observed a greater response from community when social media posts were framed with positive language.

I'm trying not to share too much about harms...When I share posts about stats, like, 95% of young people between this and this age choose not smoke, there's an overwhelming response to Likes for those kinds of posts. Grant recipient, urban

For some grant recipients, stories of community members quitting smoking formed the basis of their campaigns, effectively transforming community members into local champions (for further information on local champions see section 7.1 Community engagement). This approach is supported by an American study which has shown that emotive personal testimonials have been found to influence intentions to quit in mainstream populations (Farrelly et al., 2012).

They seem to be quite powerful when we do use those stories. We seem to get a lot of interest from the public through those stories...other people might find that inspiring. You can't underestimate the power of someone telling their stories. Grant recipient, urban

In addition to these personal stories, popular messages included the promotion of healthy lifestyle choices, protecting young children from second-hand smoke and disassociating smoking with Aboriginal culture. These messages are distributed to the community through a variety of channels including television commercials, social media (Facebook, YouTube, Twitter), websites, posters, newspapers and newsletters. Local radio or Aboriginal radio was especially popular in rural and remote contexts with some urban grant recipients noting mainstream radio stations as a key avenue for broad promotion. Importantly, grant recipients have partnered with various organisations including other

AMS'/ACCHSs, local Council, schools and hospitals to display and promote campaign material, thus broadening their reach.

We have newsletters that we distribute to the community, but we also try to get into other community organisation newsletters as well, to promote our services. Through our general practices, we've got about 70 on board, and we send out the smoking posts to them. They put it into their waiting area as well. Grant recipient, urban

Qualitative consultations with grant recipients, primary stakeholders and community members suggests that there is recognition and awareness of TIS social marketing campaigns, this is especially evident in communities where the use of high profile ambassadors (e.g. sporting athletes, Elders, mascots) is popular (see Figure 7). Branding was further enhanced through the distribution of resources such as t-shirts, caps and water bottles which simultaneously functioned as incentives and rewards for community participating in TIS activities.



**Figure 7.** Local community member presenting as Deadly Dan in promotional video for TIS team. Source: Galambila Aboriginal Health Service.

You can go right across this region and I guarantee nearly every Indigenous kid knows who [name of ambassador] is, knows his saying. It's recognisable...you ask them what [name of ambassador] says they can repeat it. Grant recipient, rural

I've seen the ads on TV and heard them on Aboriginal radio. I am on Facebook and I've seen the [name of local TIS program] on here too. The ads work for me because they are Aboriginal people who don't smoke and are healthy. Our kids see them and they want to be like them. You know, we see them [ambassadors and TIS staff] at NAIDOC and big sports days, this is positive. Community member, urban

High-profile ambassadors such as sporting athletes were identified as valuable in role-modelling positive behaviour and shifting the social norms around smoking, particularly among young people. This featured predominantly in urban areas where grant recipients are at the stage of forming partnerships with sporting clubs and where elite sporting athletes are more accessible.

I've seen the [campaign] TV ads, they are good because they show strong role models who don't smoke and look after themselves...Our children and young people see them and I think they want to be strong and healthy and not smoke like them. Community member, urban

While there is recognition of awareness, demonstrating and attributing changes in smoking behaviour as a result of social marketing campaigns is challenging for grant recipients (see section 8.1.4 Social marketing campaigns). This is consistent with the literature, where evidence regarding the effectiveness of mass media and social marketing campaigns in reducing smoking rates among

Indigenous Australians is limited (Wakefield et al., 2010, Durkin et al., 2012). Despite this, analysis of performance report data indicates that in addition to awareness, some grant recipients are collecting data on campaigns influencing motivations to quit and attempts to quit through surveys. Some grant recipients have also reported setting up reference groups to continuously monitor the effectiveness of social marketing campaigns.

## Partnership case study: Linking with schools and Aboriginal Medical Services

### Deadly Choices Education Program

The Institute for Urban Indigenous Health (IUIH) school education program, known as the *Deadly Choices Education Program* is a well-recognised program within South East Queensland (SEQ). TIS funding has enabled IUIH to partner with Aboriginal Medical Services across Queensland to expand its *Deadly Choices Education Program*, whilst also continuing to expand its tobacco control strategies and programs in SEQ.

The *Deadly Choices Education Program* is a health education and capacity development program aimed at supporting students, with particular emphasis on Indigenous students, to be positive role models and mentors for their family, peer group and community by leading a healthy lifestyle. The 8-week program covers a range of topics including tobacco cessation, nutrition, and physical activity. Upon completion of the *Deadly Choices* program, students are rewarded with *Deadly Choices* merchandise. The criteria for rewards includes: full attendance at the *Deadly Choices* program, good behaviour, and school attendance.



the eight-week program during the period (2015-16 Financial Year). Furthermore, TIS workers noted that schools are requesting them to deliver the program to their students.



### Positive impacts on knowledge

Data collected from the Program (pre and post evaluations) continues to demonstrate its effectiveness in increasing the knowledge of the dangers of tobacco smoking and other risk factors for chronic disease and positively impacting on the attitudes/behaviours of young Aboriginal and Torres Strait Islander peoples in relation to smoking.

Recently, the IUIH developed and commenced delivery of a specialised *Deadly Choices Youth Tobacco Program* to secondary schools across SEQ, including the Brisbane Youth Detention Centre. Aimed at preventing uptake of smoking among young Aboriginal and Torres Strait Islander peoples, the Program was delivered to 9 schools and 86 students aged 12-17 years. Results from pre and post surveys demonstrate positive impacts on knowledge, attitudes and confidence of young peoples to not take-up smoking or quit smoking. All participants completed a Health Check during the program, with 18 students requiring referral for follow-up clinical care. Delivery of the *Deadly Choices Youth Tobacco Program* will be expanded to other Regional Teams in 2016/2017.

One of the biggest learnings identified by the grant recipient was the importance of building and establishing partnerships when working with schools and where possible leveraging off established relationships such as those with Community Education Counsellors: *'it's all relationship based, the biggest learning we have found is to just knock on all the doors of the schools and introduce ourselves and have your resources ready to go to show them what we have to offer and what the outcomes will be'*.



expanded to 89 schools

reaching 1,150 Indigenous students



Increased knowledge of health impacts of smoking

The program also involves a routine health check and developing links with the local Aboriginal Medical Service or health centre. Through TIS funding, the IUIH and Aboriginal Medical Services expanded delivery of the program to 89 primary and secondary schools across the *Deadly Choices* TIS Region/s, with almost 1,150 Indigenous students completing

## KEY FINDINGS: COMMUNITY EDUCATION AND AWARENESS

All grant recipients are engaging in some form of community education. This is manifested in a range of ways, including health promotion activities at community/sporting events, drama shows and comedy and social marketing. Involvement of community through local champions and Elders is central to resonating with target audiences.

Grant recipients recognise that there are groups such as young people and pregnant women that require prioritisation and have partnered with key bodies to access these target populations, adapting their messages to resonate with their audience. TIS activities with young people were frequently reported, with grant recipients providing some evidence of recall of tobacco control messages and young people transferring these messages into the home. In contrast, education of pregnant women was reported to a lesser extent, with some grant recipients reporting challenges in terms of access to this target group.

Many grant recipients have established or showed progress in establishing social marketing campaigns to supplement other health promotion activities. Campaigns are developed largely through a strength-based approach, with 'local faces and local places' taking precedence. Grant recipients have acknowledged the challenges in measuring the impact of social marketing campaigns although some are demonstrating a commitment to collecting data in terms of awareness, and influences on motivations and attempts to quit.

### Recommendations:

6. **Grant recipients:** Continue to identify and prioritise key groups, especially pregnant women.
7. **Grant recipients:** Ensure evidence-based best practice community education models (including monitoring and evaluation approaches) are sought and adopted where appropriate.
8. **NBPU TIS:** Ensure the evidence-based best practice community education models (including monitoring and evaluation approaches) are available, particularly for priority target groups such as pregnant women and activities around social marketing.

## 8.2 Smoke-free environments

Existing evidence shows smoke-free policies are associated with decreases not only in second-hand smoke exposure, but also in tobacco use prevalence among young people and adults in mainstream populations (Callinan et al., 2010). The establishment of smoke-free environments is a consistent theme among grant recipients predominantly in a rural and remote context. This is reiterated through performance report data which demonstrates a higher level of activity under Indicator 5 – supporting smoke-free environments by rural and remote grant recipients. Although there is activity occurring in this area, grant recipient survey data indicates that regional coordinators and managers determined that progress on this indicator is not as advanced relative to other indicators, with more than half of respondents reporting some progress (39%) or very little progress (14%) on this indicator (see Figure 3). This is not surprising given the considerable investment in building relationships and communication

required to successfully implement smoke-free environments. Despite this, grant recipients have provided early examples of successful smoke-free environments and have indicated a movement towards shifting attitudes towards smoking indoors (homes and cars) and around young people with some evidence of behaviour change.

### 8.2.1 Smoke-free workplaces

Smoke-free workplaces has been identified as a key priority for many grant recipients. In the first instance, grant recipients have been focusing on ensuring that their own organisation is smoke-free. The focus on ensuring the internal organisation is smoke-free is driven by a desire to lead by example and not appear hypocritical when approaching other organisations, as noted by one rural grant recipient, 'it's a bit hard to convince other people to become smoke-free when you're not smoke-free yourself.' Qualitative consultations suggest that progress is being made in this area, with some grant recipients noting that their workplace is now smoke-free or has been smoke-free for some time. In addition, primary stakeholder data revealed that 87% (39/45) of respondents strongly agreed (62%) or agreed (25%) that the TIS program is actively supporting establishing, maintaining or improving smoke-free policies in workplaces/organisations, at community events and public areas.

Used to say just go outside, now you have to go 5 metres out. They [TIS team] led that conversation. There was some pushback from staff, but they have been persistent, and it's now accepted. Primary stakeholder, grant recipient employee, urban

Approaches to implementing smoke-free workplaces vary across grant recipients. Where designated smoking areas are not available within the organisation, staff members are required to walk outside the premises of the building. Issues have been identified with this approach, with grant recipients and community noting that seeing staff members smoke in uniform undermines efforts to promote staff as positive role models. To mitigate this, some grant recipients have implemented policies such as not smoking in uniform and designated areas for smoking. Where designated areas exist, TIS teams have ensured that there is ample smoke-free signage and education materials to support staff that smoke.

Some grant recipients have indicated that they have approached external organisations to become smoke-free and have simultaneously received requests from external organisations for resources and support in implementing smoke-free policies in the workplace, with one remote grant recipient reporting requests from 17 organisations wanting to become smoke-free. When approaching external organisations, grant recipients have noted that they will be targeted in their approach, working with organisations and in regions where the Aboriginal and Torres Strait Islander population is most concentrated. In the main, grant recipients are prioritising working with other Aboriginal health and non-health organisations, with some indicating that they have also approached mainstream organisations. Shopping centres, supermarkets, sporting clubs, and hostels were also frequently mentioned as environments and workplaces of priority.

Gaining community and local leadership support was identified as a crucial factor in easing the implementation of smoke-free policies in these environments. This is supported by studies in Aboriginal

and Torres Strait Islander communities, which indicate that smoke-free policies are more likely to be successfully implemented and sustained where there is local ownership and community participation in their development (Fairer Health Victoria, 2009; Fletcher et al., 2011; Thomas et al., 2010; Robertson et al. 2013). Many grant recipients have demonstrated a commitment to establishing leadership support through voicing their concerns and strategies in Board meetings, Advisory groups, and local Council and community meetings and using their CEOs to communicate with other CEOs. Some grant recipients indicated engaging community leaders was a useful way of ensuring that the community takes ownership of becoming smoke-free rather than it being imposed upon them.

I'm attending the tobacco management plan meeting in [name of place], and that was in conjunction with the [state-level] government. So, it's our first big hit with trying to make a smoke-free community...we took it to the meetings and they said yes. So, we did a trial period on that, and it worked really well. It didn't come from us, it came from local authority members...It's funny because even the whole community looks cleaner and tidier. Grant recipient, remote

Grant recipients noted that challenges to setting up smoke-free workplaces were exacerbated when the CEO or Board were smokers themselves and were unwilling to change. This is partly because some TIS teams see themselves as quite low level in the health hierarchy and would therefore benefit from senior level leadership within their organisations to help them persuade other organisations of the need for better policies in this area. However, there were some examples of organisations making progress despite having people who smoke in leadership positions.

The Board has several smokers who sit on it. In addition, the CEO of the org smokes...it is hard to get the mind set to change within the organisation but they have had success with reducing where people can smoke within the orgs boundary. Grant recipient, remote

Challenges to implementing smoke-free workplaces were largely related to monitoring compliance, reluctance to implement due to other priorities taking precedence, and lack of knowledge and skills in how to implement smoke-free policies. Policing smoke-free environments is a significant challenge for TIS workers as they reported not having the authority to reprimand staff or community members. In addition, grant recipients expressed uncertainty around who was responsible for monitoring

## SUPPORTING SMOKE-FREE WORKPLACES

Sam\* is a part of the TIS team at a remote ACCHS.

Sam works with local organisations to support them becoming smoke-free. He uses an assessment form and a follow up form to document how they are going after 6 months.

Sam stays in regular contact with these organisations and does the formal follow up at 6 months.

Many of these organisations also take part in the Brief Intervention training and smoking cessation education run by the TIS team, and refer clients (and sometimes staff) into the TIS program.

*\*Name replaced*

compliance. This was reiterated by community members who noted that since ‘no one is going to charge you’, the efficacy of smoke-free signage is diminished.

Unless we’re standing there watching people we’re never going to know, there’s those limits. We can work with the stores to make sure any outdoor eating areas have signage up to say they’re smoke-free, but we can’t police it on their behalf. Grant recipient, remote

While grant recipients have expressed challenges in monitoring compliance, some have developed tools such as surveys and assessment forms to measure adherence to smoke-free policies. Some grant recipients have also indicated that lack of skills around developing policies has hindered their ability to set up effective workplace policies, as one rural grant recipient noted, ‘we are very motivated to work with Aboriginal organisations to help them implement their own policies but at the moment we don’t have that skill set.’ In response to this, this grant recipient is partnering with the Cancer Council to utilise their structures and ‘culturally sensitise it so that it’s an effective tool for our Aboriginal communities.’ Guidance on setting up smoke-free workplaces has been uploaded online through the TIS portal. Consideration should be given to increasing the promotion of these resources to ensure grant recipients are aware of their availability.

In addition to these challenges, there is some indication by grant recipients that working with external organisations can be problematic due to other issues taking precedence. For organisations focused on issues such as family violence and alcohol and drug misuse for example, grant recipients reported that there is a sense that banning smoking poses a risk to their clients as it may potentially exacerbate stress and anxiety for clients already experiencing complex issues.

There has been some resistance from orgs they have approached...reluctant to go smoke free because they felt they didn’t want to take that away from their clients who are already dealing with drug and alcohol issues. In the end though the org sent two workers to the Quitskills training organised by [TIS team] so that staff were equipped to offer support to clients who wanted to quit. Grant recipient, remote

In terms of smoke-free policies within workplaces, a few community members spoke about the impact the introduction of these policies have had on their own smoking behaviours, including delaying the next cigarette and reducing the number of cigarettes smoked over the work day.

In a way, it’s a good thing because you think na I won’t have a smoke because I don’t want to walk outside, so you delay it which is good.’ Community member, remote

## 8.2.2 Smoke-free events and spaces

Planning and implementation of smoke-free events has been noted across all contexts. In the main, grant recipients capitalised on community events, sporting days and specific dates such as NAIDOC week and World No Tobacco Day to conduct smoke-free events.

Analysis of performance report data indicates that considerable activity is going towards ensuring the availability of smoke-free signage at events and in public spaces, with grant recipients reporting on the

distribution of resources including Quitline stickers and smoke-free signs for homes and cars. These health promotion efforts, coupled with the introduction of designated smoke-free areas at events has been a useful approach for some grant recipients in the process of de-normalising smoking behaviours in their community.

You can see the signs (smoke-free) everywhere...You can't miss them. I just started work as a cleaner at the school and I see the signs there too. They tell smokers that your smoke is bad for other people and you aren't allowed to smoke near non-smokers. Some of my friends don't smoke near me because they know I am giving up. Community member, urban

While compliance is still a persistent issue, the response from the community to smoke-free events has been mostly positive. In the main, community members noted an increase in the number of smoke-free community events and spaces, and recognised their value in supporting people to quit and shifting attitudes.

Events are now becoming smoke-free events, which is helping in the campaign to get people to quit. This is good because now you can take your kids to events and not worry that they will inhale second-hand smoke. Community member, urban

You go to any event and there is either [TIS team] right around or no smoking signs around...we have to go right outside, far away just to light up a cigarette. In a way, it's good thing because you think nah, I won't have a smoke because I don't want to walk outside, so you delay it which is good...It's helping them delay and reduce the number they smoke. Community member, remote

Moreover, community members indicated that the perceptions around people who smoke have shifted partly due to the introduction of smoke-free events and areas. Some community members disclosed feeling ostracised as a result of the introduction of smoke free policies, such as the banning of smoking in pubs and restaurants.

Smokers are treated badly, they are outcasts...sent outside pubs and sports. You can't even watch your kids play sport if you want to smoke at a footy ground. Community member, urban

### 8.2.3 Smoke-free homes and cars

Kids are everything to us, grandchildren, there's nothing you wouldn't do for your kids. I think the education for the parents about second-hand smoke and what it does, what it can do to your kids, has been beneficial. I knew about it, but the education and awareness what the harms do to your kids. I think if that message can get out more to the community too, you know not smoking in cars, and not affecting the kids. The black fellas they won't do nothing to harm their kids. Just for that. My papa smoked up until he's 50, when they said your smoking won't just affect you it'll affect them too, he quit on that day and bang, never touched a smoke again for the rest of his life. Community member, urban

Many grant recipients have demonstrated activity in promoting smoke-free homes and cars, largely through community events and social marketing campaigns. Data from the primary stakeholder survey

revealed that 89% (40/45) of respondents strongly agreed (65%) or agreed (24%) that TIS activities are promoting the benefits of smoke-free homes and cars.

Resources distributed throughout community include home support packages and pledge packs to support people in making their home and car smoke-free. Overall, activities and signage are centred around respecting others and building pride in having a smoke-free home and car. These activities are reinforced through social media campaigns. Such campaigns tend to emphasise the dangers of second-hand smoke and the importance of protecting children from second-hand smoke.

I think it's definitely increased the awareness of [the] importance of having that smoke-free homes...There has been a number of smokers who have quit, but the smokers who still do smoke a majority of them can actually recognise now that the smoking can damage their children and since then they've adopted to having smoke-free homes, to minimise the impact.  
Grant recipient, urban

Community response to smoke-free homes and cars is encouraging, with many community members recognising that smoking can affect others. Community members acknowledged that there are benefits of having smoke-free homes and cars and there is an awareness of the health impacts of second-hand smoke with particular concern for young children. The positive impact of smoke-free policies and laws on protecting young children's exposure to second-hand smoke was also acknowledged.

The government have laws that ban smoking in cars when kids are inside; this is good because it protects our kids. Community member, urban

Many community members suggested the shift in attitude regarding smoke free environments in Aboriginal and Torres Strait Islander communities has also resulted in a change to smoking behaviours, including a decrease in the number of people who smoke inside (houses and cars) and around young children.

In my family, we have changed smoking around the kids as we don't want to damage their health.  
Community member, rural

I don't smoke in the house but I smoke outside. So, I have a smoke free house. Even in the morning when I am having my cup of tea sitting there with my wife and the kids will come to us so we try not to smoke around the especially when we are sitting there with them. Community member, remote

## IMPACT OF SMOKE-FREE ENVIRONMENTS

Sarah\* is a clinical nurse at a remote ACCHS.

When a 6-month-old baby was brought into the clinic with health issues, Sarah identified exposure to second-hand smoke as a contributing factor to the baby's ill-health.

After speaking with the parents, it was identified that the baby was exposed to second-hand smoke while in the care of an extend family member during the day.

Sarah advised the parents to avoid exposing their baby to second-hand cigarette smoke. Since this visit the parents have made alternative childcare arrangements and the baby's health has improved.

\* Name changed

## KEY FINDINGS: SMOKE-FREE ENVIRONMENTS

The promotion and establishment of smoke-free environments is recognised by grant recipients as an area that requires attention. This is especially evident in a rural and remote context. Grant recipients have prioritised modelling smoke-free environments within their own organisation first, with some evidence of success.

While there is recognition of priority, progress made in establishing smoke-free environments is not as advanced relative to other localised health promotion activities. Challenges remain in garnering support for smoke-free workplaces where senior leaders or Board members smoke and within organisations where tobacco control is not the main priority. Monitoring the compliance of smoke-free environments presented an additional challenge to grant recipients.

Despite this, some grant recipients have provided examples of successful smoke-free events and requests from external organisations for support to become smoke-free. Moreover, qualitative consultations with grant recipients and community members indicated a movement towards shifting attitudes towards smoking indoors (homes and cars) and around young people with some evidence of behaviour change.

### **Recommendations:**

- 9. Grant recipients:** Continue to explore implementing smoke-free workplaces and enhance support for smoke-free public spaces.
- 10. National Coordinator:** Lead a dialogue between regional leaders, including CEOs, Board members of TIS and non-TIS funded organisations around establishing smoke-free environments.

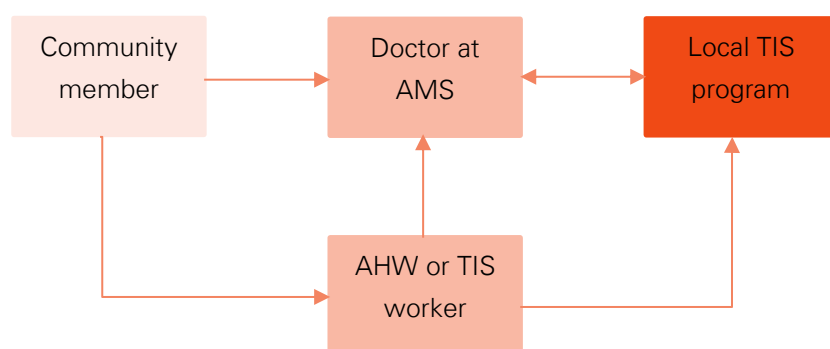
## 9. Access to quit support

TIS funded organisations are encouraged to take a systems approach to activity planning. The TIS program is part of a larger preventive health care system, all connected in different ways such as through referral pathways, and client appointments. A key component of the TIS program is therefore enhancement of referral pathways and promoting access to quit support. This section explores the work grant recipients have done to establish referral pathways and networks and provide smoking cessation support to Aboriginal and Torres Strait Islander community members. The Quitline enhancement model is discussed and facilitators and barriers to the uptake of Quitline services is explored. The final section discusses workforce development and the uptake of smoking cessation training by TIS staff, with a particular focus on Quitskills training.

### 9.1 Referral pathways and networks

Enhancing referral pathways is designed to improve Aboriginal and Torres Strait Islander communities access to culturally appropriate quit support. Qualitative consultations with grant recipients together with data from the performance reports, suggest that the development and establishment of referral pathways and networks has been a strong focus of the work of grant recipients over the past 12 months. The main referral pathways developed by grant recipients fall into two broad groups: clinic based referral and referrals made during localised TIS health promotion activities.

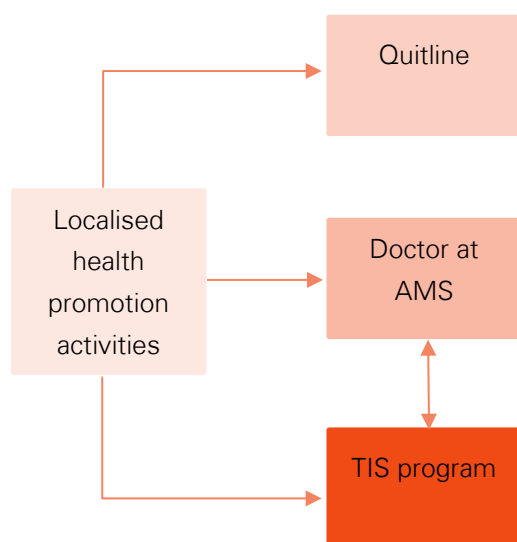
Clinic based referral pathways are utilised by most grant recipients in rural and remote areas as well as some in urban areas. While this pathway into local TIS programs can vary between ACCHSs/AMS', typically it includes an Aboriginal or Torres Strait Islander community member doing one or more of the following: a) self-referring into the clinic for a smoking related issue; b) visiting the doctor for a non-smoking related issue; c) undertaking an Aboriginal Health Check; and d) completing a smoking history assessment with an Aboriginal Health Worker or TIS worker (see Figure 8). When referrals are made by an ACCHSs/AMS doctor or Aboriginal Health Worker, patient details (smoking history, whether NRTs have been prescribed etc.) are forwarded onto the TIS team.



**Figure 8.** Clinical referral pathways into localised TIS program

I think at a community level [internal referrals] show community that the organisation is actually listening. Because when it comes to smoking relationships, you work around a lot of the issues, a lot of the lifestyle choices made. It's really good to be able to refer them to ourselves, back to our clinic.  
Grant recipient, rural

Some grant recipients in addition to having a clinic based referral pathway also facilitate referrals into their local TIS program through health promotion activities. This includes referrals through: smoking cessation stalls at community events and outside ACCHSs/AMS', existing health lifestyle programs run by TIS teams, education programs and social media campaigns. This often includes the TIS team undertaking a smoking history assessment or brief intervention and then referring interested community members to the ACCHSs/AMS clinic or straight into the local TIS program. Analysis of performance reports indicates several grant recipients are reporting on the number of brief interventions conducted with community members. This includes, for example, one urban grant recipient who reported delivering 1140 brief interventions and referrals to Aboriginal and Torres Strait Islander smokers between July 2015 and June 2016. For grant recipients that do not have a clinical referral pathway, community members interested in quitting are referred onto Quitline or their local ACCHS/AMS. This predominately takes place in urban and some rural areas (see Figure 9).



**Figure 9.** Localised health promotion referral pathways for smoking cessation support

Once referred into a local TIS program, clients are contacted by the TIS team and receive support to quit smoking in a variety of ways (one-one-one support, group support, referral to Quitline etc.), which is discussed in more detail below. The TIS team may also refer clients back into the clinic to see a doctor if they express a desire to use NRTs.

In addition to building internal referral pathways to increase community members access to quit support, many grant recipients are building partnerships with external organisations to increase the number of referral access points. As part of a wider strategy to increase the reach of TIS activities and number of organisations involved in tobacco reduction, grant recipients are partnering with organisations to promote referral pathways and TIS activities. This includes, partnerships with other

AMS', allied health providers, other Aboriginal organisations, hospitals, Primary Health Networks and Local Health Districts. For example, one urban grant recipient has a service agreement with pharmacies in their area to provide brief intervention to clients who come into the service for NRTs. As suggested by a grant recipient in a rural area, these partnerships are designed to increase Aboriginal and Torres Strait Islander community knowledge of the smoking cessation support available to them: 'for us it's about everyone knowing that there is support available.' A broader discussion about partnerships can be found in section 7.2.

During qualitative consultations, grant recipients discussed some challenges to implementing referral pathways. This included limited uptake of local TIS program support by community members referred through clinical pathways and low referral rates by some doctors into the local TIS program. Building relationships between clinical staff and TIS teams was considered central to reducing barriers to referral pathways going forward. As the 'Quality improvement: Access to quit support' vignette highlights, quality improvement approaches within local TIS programs are being utilised by grant recipients to increase the uptake of quit support. A few grant recipients also noted challenges relating to engaging with clients newly referred into their local TIS program. This included low response rates to phone calls made by TIS staff. To address this issues, some grant recipients opt to visit the client at their home or community and attempt to catch them in person.

A lot of the challenges that we encounter with individual clients is we get the referral but by that time they've left the building and gone back into the community. We follow up with phone calls, but they don't always answer. There's not a high percentage of people who answer the calls. Grant recipient, rural.

It has been a lot easier to get referral to TIS staff now. Before doctor would just look for me but now more streamlined. Grant recipient, remote.

Analysis of performance report data indicates a few grant recipients are reporting on the number of clients that have been referred into their local TIS program as well as the number of referrals made to Quitline. This includes, for example, one remote grant recipient who reported referring 31 clients through their medical clinic (54% from general practitioners and 39% from Child and Maternal Health program) into their local TIS program.

## QUALITY IMPROVEMENT: ACCESS TO QUIT SUPPORT

Poor uptake from clients referred through clinical pathways into the TIS program prompted one remote grant recipient to change their approach to engaging with Aboriginal and Torres Strait Islander community members. In addition to clinical referral pathways through the medical centre, a drop-in smoking cessation support service is being trialled for a few hours twice a week at the medical centre reception area. This will provide community members with direct access to TIS staff. It is anticipated that this service will reduce the loss of clients from referrals to follow up and allow the TIS team to provide brief intervention and schedule support sessions immediately.

## 9.2 Types of quit support

I believe there's nothing better than talking face-to-face. I guess that's a strong thing in Indigenous communities, we all sit around and yarn around the table, around the fire, out the front. I believe our clinics are a strong support for those who want to give up smoking. Grant recipient, rural

Qualitative consultations with grant recipients and analysis of performance reports suggest there is a range of quit support options available to Aboriginal and Torres Strait Islander community members through local TIS program activities, including one-one-one support and to a lesser extent group support. One-one-one and group support is provided in conjunction with other local TIS program activities, such as health promotion activities (education programs, social media campaigns and stall at community events etc.).

The provision of one-on-one support for smoking cessation is delivered predominately by grant recipients in rural and remote areas and some urban areas. Referrals into local TIS programs are followed up by a telephone call or visit to a client's home. One-on-one support can involve discussion of cessation options, goal setting, counselling, yarning about quit journey and follow up regarding NRTs. One-one-one support continues throughout a client's quit journey and in some cases, will continue for a period after the client has successfully quit.

It's my role to follow up with them and see how they're doing. We don't just leave it there once we passed on the piece of paper [referral to doctor]. The support is ongoing. Grant recipient, remote

In very remote areas, one-on-one support and visiting community members is key to local TIS program activities due to the isolation of communities, and consequently limited access to mobile phones and internet coverage.

The provision of one-one-one support was considered by many grant recipients during qualitative consultations as integral to the success of reducing smoking rates in Aboriginal and Torres Strait Islander communities. One-on-one support allows grant recipients to invest long-term in a client's quit journey by providing continual, face-to-face tailored support, which is considered by these grant recipients as a culturally appropriate way to provide smoking cessation support to Aboriginal and Torres Strait Islander community members.

When you look at the structure of the Aboriginal Quitline [and] how many people...actually like talking over the phone when it comes to our elders and our people...at the end of the day, they've got someone they can speak to face-to-face with [one-on-one support through TIS program], they can actually feel like they've been heard. That's the benefit of the clinics...Having that one-on-one support, having that time to go through that process...to have that conversation. Most of clients that have had that extra time in the clinic are my biggest successes. Grant recipient, rural

The ability to build strong relationships and trust with community members was also seen by grant recipients as a valuable outcome of one-on-one smoking cessation support. Community members also spoke about the value of one-on-one support, which they felt aided in their quit attempts through

providing continual encouragement and the opportunity to yarn about successes and challenges with TIS staff.

It's a continual support for them, so we're implementing a quit program so they get rewarded, so they have to keep in contact with us as well. Building that rapport, so they trust us, that we're there for them. Grant recipient, remote

Despite the wide utilisation of one-on-one support, there was confusion among some grant recipients as to whether this type of support was allowed under the current TIS program funding. This has led to a few grant recipients ceasing to deliver one-on-one support as part of their local TIS program, which in turn, has impacted their reach within their community. Providing clarity to grant recipients as to the types of quit support allowed under the current TIS program funding would help to reduce this confusion.

[We were told] you couldn't do one-on-ones [support] it had to be health promotion type stuff. We found the program wasn't as effective so then we had to look at more innovative ways to get those people back and interested. It's been a struggle... I think our clinical teams have been very proactive about it. It's just that the referral pathways have broken down. People really do like the one-on-one [support]. They don't like groups, they want that individual person ringing them up, someone they can identify with. Grant recipient, rural

The delivery of group support for smoking cessation is provided by some grant recipients in urban and rural areas, and to a lesser extent remote areas. Evidence of activity in this area was also conveyed in grant recipient's performance reports. For example, one urban grant recipient reported delivering 47 smoking cessation support groups over a 12-month period. These support groups take on several forms including women's and men's groups, walking groups and healthy lifestyle group. These groups include a smoking cessation angle where smoke-free messages, smoking cessation education and referrals are provided. However, instead of establishing their own smoking cessation support group, most grant recipients are opting instead to build relationships with existing community groups and provide smoking cessation education and information on referral pathways through these groups. The delivery of TIS activities through existing community groups is discussed in more detail in section 8.1.

Some grant recipients reported that community members valued the opportunity to discuss their quit journey as part of a wider group of Aboriginal and Torres Strait Islander people attempting to quit.

Some of the stuff that's come out of the quit group is that they've...enjoyed listening to each other's stories and how they have made quit attempts over the years. Grant recipient, urban

However, other grant recipients discussed challenges to utilising smoking cessation groups as part of their local TIS program, including limited uptake of group support and a preference of Aboriginal and Torres Strait Islander community members for one-on-one support.

I found that the quit support groups have been good in a sense, but it hasn't necessarily gotten people to come. They want support in their community, they want one-on-one support a lot more. The uptake

hasn't been good with regards to come and let's talk about quit smoking [in a group setting]. Grant recipient, rural

We used to have a smoking cessation group for people to come along to and just offer that extra support, but no one really took us up on that so we stopped it. Grant recipient, urban

Findings from the grant recipient survey suggest that grant recipients are facilitating access to quit support for Aboriginal and Torres Strait Islander people, with 88% (95/108) of respondents either agreed (30%) or strongly agreed (58%) that TIS activities have improved community members access to culturally appropriate support to quit. Seventy-nine per cent (22/28) of TIS Managers/Regional Coordinators in the grant recipient survey also indicated a lot of progress (36%) or some progress (43%) has been made in this area.

Given the nature of health promotion activities and the associated challenges attributing cause and effect, evidence of TIS activities resulting in Aboriginal and Torres Strait Islander people quitting smoking is limited and will remain so in the short to medium term. However, during qualitative consultations grant recipients and primary stakeholders shared stories of community members who have quit or reduced the number of cigarettes they smoke daily as a result of participating in local TIS activities. This includes one client from a rural grant recipient who reduced the number of cigarettes they smoke a day from 30 down to four.

Since I've been on we've got 16 people on NRTs, and of those 3 have been smoke-free for a month now. Grant recipient, remote

I know [name of child], he got to go on the [name of youth program] and it just has changed his whole family. He's told me his aunt's quit smoking because he's just been at her like a little pup – just all over her. Yeah, he's changed the way he eats; he comes to school with a healthy lunch now instead of packets and packets of stuff. Primary stakeholder, urban

Similarly, a few grant recipients were also able to provide examples of quit attempts and successful smoking cessation in their performance reports. For example, one remote grant recipient reported that 59% (22/37) of clients in their local TIS program have quit or are in the process of quitting (defined by reducing number of cigarettes, engagement in counselling and use of NRT) over the last 12 months. In another example, one urban grant recipient delivering an intensive tobacco cessation program to pregnant women reported a reduction in smoking rates from 36% at first antenatal visit to 24% at time of discharge from the time of discharge from the program.

Community members also spoke about the impact of TIS activities on assisting in their quit journey during qualitative consultations. Access to one-on-one support from TIS staff to support smoking cessation was particularly valued.

I wasn't smoking as much after [name of local TIS program] and I thought I could quit if I tried hard. I spoke to [TIS staff member] and he helped me stop smoking. The [name of TIS program] has helped me stop smoking, I'm not on patches or anything (NRTs) and I haven't smoked in five weeks. I don't miss it either. Community member, urban

I found that the strategies that [name of TIS worker] program gave me was really helpful. Talking about the 3 or 4 D's. You know, delay, have a drink, distract yourself. Every time I wanted a smoke I could hear his voice. I thought this isn't going to work, but it did. I thought about it, I'd distract myself, it didn't work so I'd have a drink or something...They would ring me randomly and not talk about smoking, [name of TIS worker] would say 'how's it going?' And I'd say 'good'. And I'd feel good...They're some of those things that that program gave me, that I thought was really good.  
Community member, urban

In addition, there is some evidence to suggest TIS staff are also accessing quit support through localised TIS programs. During qualitative consultations, a few TIS staff members disclosed they had quit smoking or are attempting to quit because of support from their TIS colleagues. This was also echoed by a few respondents in the grant recipient survey and the primary stakeholder survey.

I haven't smoked for 12 months now. The previous [TIS] coordinator always encouraged [me]. That's what worked the continuous encouragement and when I gave up there was support after. Grant recipient, rural

I am a smoker of 39 years in the process of quitting and being a part of the TIS program is assisting me to do that with the support that I need. Grant recipient survey respondent

In addition, 75% (81/108) of grant recipient survey respondents indicated that the TIS program had changed their attitude or behaviour towards smoking. This includes knowledge of the harmful effects of smoking, the impact of second-hand smoke (especially on children), the addictive nature of tobacco and the challenges and barriers to quitting faced by Aboriginal and Torres Strait Islander people. Some primary stakeholder survey respondents also reported a similar shift in knowledge and attitudes regarding the health impacts of smoking.

I have become increasingly aware of the effects of 2nd and 3rd hand smoke on children. I am no longer

## TOM'S\* QUIT JOURNEY

After 30 years as a smoker Tom began experiencing regular chest pain and decided it was time to quit. Tom opted to quit cold turkey.

A week after his last cigarette Tom began experiencing pain in his arms, neck and chest so he visited his local hospital. Whilst in the waiting room, Tom was approached by members of the TIS team from his local remote AMS. Tom explained his recent decision to quit and the TIS team referred him into their program. Tom began seeing a TIS team member once a week to have a yarn and to learn strategies to reduce his cravings: 'They gave me tools to help, to take my mind of smoking'. For Tom, the TIS team became a support system which he could turn to during the first few months of quitting: 'They were a bonus. [They] helped me get through quitting. A support, someone there if needed'.

Tom has now been smoke-free for eight months. He drops in to see the TIS team every now and then for a yarn. He has also recently become a local champion for their social marketing campaign. Tom hopes sharing his story will inspire others to quit and 'show the community that it's easy to give up!'

*\*Name changed*

complacent towards smoking, I am an advocate and supporter for people quitting both in the workplace and in my personal life. Grant recipient survey respondent

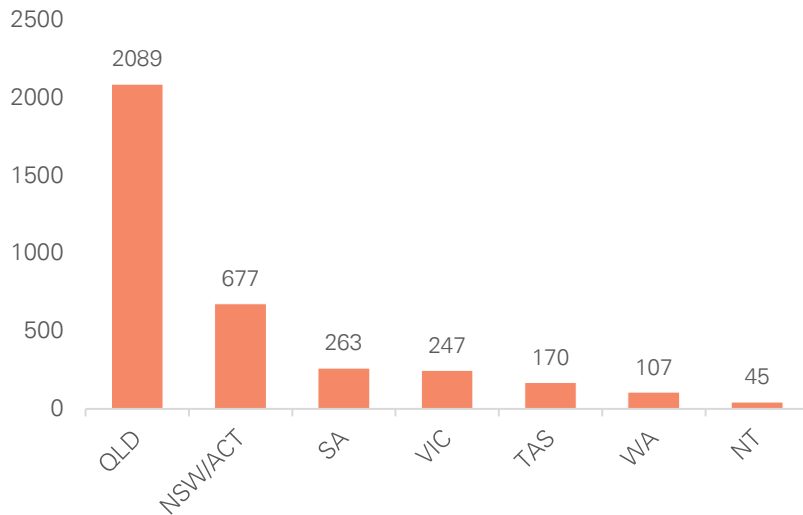
I am a non-smoker, but being better informed of smoking and its effects has made me understand the barriers and issues a smoker will face when attempting to quit. Primary stakeholder survey respondent

## 9.3 Quitline

Quitline is a telephone helpline service that provides support to people who would like to quit smoking. Aboriginal Quitline services are available in some States and provide counsellors that have specialist training to assist Aboriginal and Torres Strait Islander people with smoking cessation in a culturally appropriate way. Callers are provided with information on different quitting methods and products, available resources and a plan for quitting is tailored to their individual needs. Quitline employs nine Aboriginal and/or Torres Strait Islander counsellors across Australia. The value of employing Aboriginal and Torres Strait Islander people in counselling roles to support community members quit journey was widely recognised by grant recipients and Quitline staff during qualitative consultations.

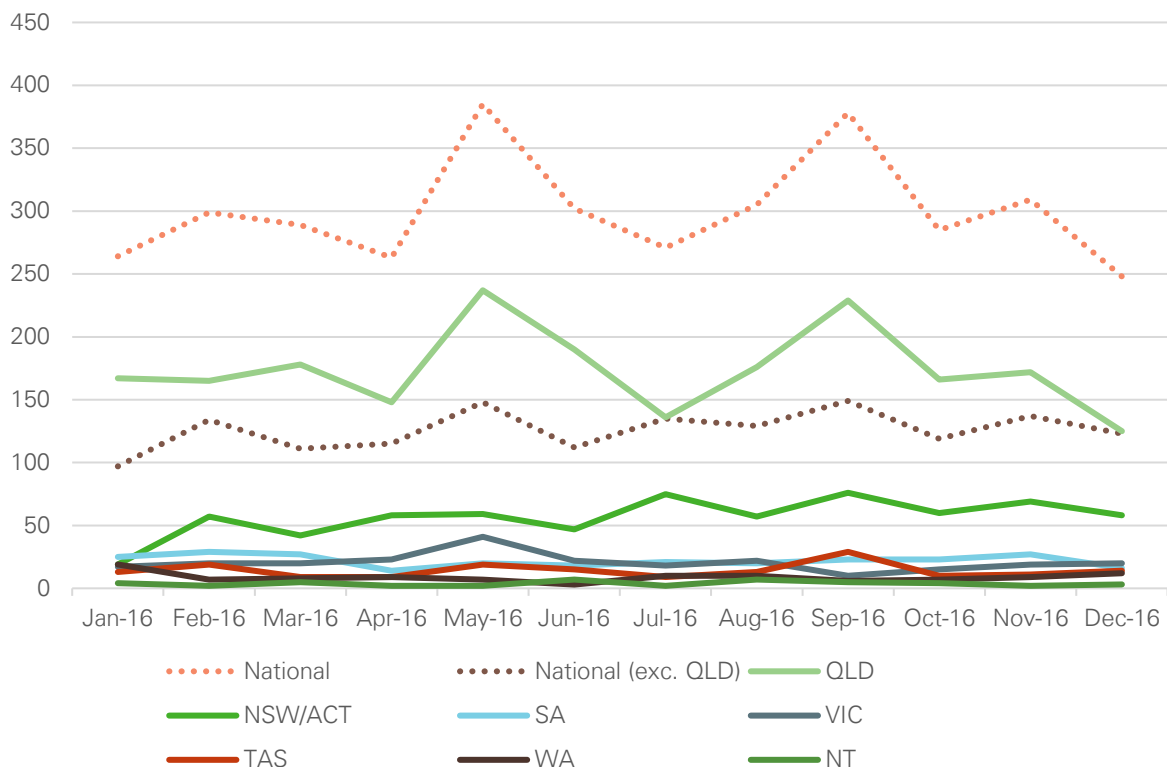
Qualitative consultations with grant recipients suggest referrals to Quitline are higher in urban and some rural areas, with less referrals in remote areas. This is not overly surprising given the stronger focus on health promotion activities and limited one-on-one support provided by grant recipients in urban areas. In addition, infrastructure and language barriers in remote areas may also reduce grant recipient's inclination to refer clients onto Quitline (see below). Qualitative consultations with Quitline staff across Australia similarly indicated that referrals to Quitline appear to be much higher among grant recipients in urban areas, which is reiterated in the Quitline data for January to December 2016 discussed below. Analysis of the performance reports indicates some grant recipients in urban and rural areas are reporting on referrals to Quitline.

Nationally, a total of 3,598 Aboriginal and/or Torres Strait Islander people were referred to Quitline between January to December 2016. Of these, overwhelmingly 58% were referred from Queensland, followed by NSW (19%), South Australia (7%) and Victoria (7%) (see Figure 10). This is not surprising given that these states contain Australia's largest metropolitan cities. Furthermore, there are four grant recipients operating in Queensland, one of which is the Institute of Urban Indigenous Health (IUIH) which covers a broad catchment area throughout urban and regional Queensland and has a well-established program that includes consistent referrals to Quitline. This may explain the higher referral rates in this state. It should be noted however that total referrals to Quitline cannot be attributed to the TIS program alone and should be interpreted with respect to a broad range of tobacco control initiatives occurring at local and national levels. Further, lack of consistency around referral source and location of referral (e.g. postcode) limited the ability to attribute referral patterns to grant recipient activities. Ensuring consistent data is collected and reported by Quitline would be beneficial going forward.



**Figure 10.** Total number of referrals for Aboriginal and Torres Strait Islander people between Jan – Dec 2016 by state/territory.

Over the course of the 2016 calendar year, referrals for Aboriginal and Torres Strait Islander did not show significant change, with slight peaks in May and September 2016 (see Figure 11). This may be correlated with World No Tobacco Day (May 31) and the tobacco tax increase in September.



**Figure 11.** Number of referrals each month for Aboriginal and Torres Strait Islander people between January 2016 to December 2016 across each state and territory.

Quitline staff acknowledged the importance of engaging and building strong relationships with grant recipients (especially in rural and remote areas) and adapting service delivery to ensure it is culturally appropriate and meet the needs of Aboriginal and Torres Strait Islander people as key to increasing referrals into Quitline. The existence of several strong partnerships between Quitline and grant recipients were discussed during qualitative consultations. These partnerships often involve site exchanges, shared-care approaches and attending TIS health promotion activities and support groups on a regular basis.

Since being out in community and meeting so many different people, meeting the workers who often have that key relationship with community, for them to be able to say look we have met someone from Quitline, this is what they do, I think that is helping build the relationships a little bit more.' Quitline staff member

Just adding onto that remote area side of things. I think that is an area we should improve on...connecting with communities out in those regions a lot of feedback I have received is that people change phone numbers, people share phones. In a family, you might have one phone for five people. So, it is about us being able to adapt our service delivery when we engage clients in those areas'. Quitline staff member

Grant recipients refer community members onto Quitline during health promotion activities (community events, smoking cessation education etc.) or as an additional support network when one-on-one or group support is being provided. Doctors working in a grant recipient organisation with a clinical arm may also refer clients directly onto Quitline.

During qualitative consultations, some grant recipients spoke positively about Quitline and the services they offer to Aboriginal and Torres Strait Islander communities, especially the provision of Aboriginal counsellors. The resources provided by Quitline was also noted as valuable. One urban grant recipient discussed the recent establishment of an MOU with Quitline which will allow for the easy sharing of referral data between the organisations.

## PARTNERING WITH QUITLINE FOR A SHARED CARE APPROACH

Lakes Entrance Aboriginal Health Association (LEAHA) in partnership with Quit Victoria are trialling a 'shared care' approach to supporting Aboriginal and Torres Strait Islander people from the Gippsland region of Victoria to quit smoking.

LEAHA covers a large geographical area and has limited capacity to provide smoking cessation support to individual community members. Quit Victoria was receiving limited calls from Aboriginal people in the region and Aboriginal clients were rarely 'opting in' for Quitline support on the sign-up form through their local TIS program.

As a result, LEAHA and Quit Victoria are now trialling an 'opt out' approach. This will involve TIS workers actively promoting Quitline during initial contact with community members entering the local TIS program. Paperwork has been re-designed so clients will automatically receive support from Quitline with their informed consent. This approach allows an Aboriginal smoking cessation counsellor, employed by Quit Victoria, and LEAHA to communicate regularly and share the responsibility of the client's care.

It is anticipated that this shared care approach will increase the capacity of LEAHA to reach and support more community members across the region.

Early findings suggest there has been an increase in referrals during the initial stages of this initiative. As the shared care approach is embedded, data will be closely monitored to determine referral rates and uptake.

Having the confidence, now referring people to Quitline knowing that they're going to get that Aboriginal support there as well [is important]. And all our resources, we have not developed any new resource in terms of quit smoking. We utilise everything that the Quitline Aboriginal liaison team has developed. Grant recipient, urban.

In addition, some community members in urban areas discussed positive experiences utilising Quitline services, including the encouragement and support they received from Aboriginal counsellors on their quit journey.

[name of TIS worker] put me onto Quitline. They are good and I spoke to an Aboriginal worker there. They call me every week to encourage me to stay away from smokes. But I'm doing well and I don't miss smoking'. Community member, urban

Despite the positive response to Quitline, during the qualitative consultations many grant recipients in rural and remote (and some urban) areas discussed the shortcomings of this model of smoking cessation support for Aboriginal and Torres Strait Islander people in their region. Several grant recipients reported that referral of clients to Quitline was low because clients disclosed that they preferred to speak to a familiar person face-to-face and were unwilling to talk about smoking over the phone. Grant recipients in remote areas discussed additional challenges to utilising Quitline as part of their local TIS program, including language barriers and community members limited access to phones and phone credit.

Our clients don't like Quitline. They don't think it's culturally friendly that you ring someone up and tell them [about your smoking]. Grant recipient, rural

I found with referring someone to the Quitline for example, a lot of community would rather talk to us, than over the phone. They'd rather talk to someone one-on-one.' Grant recipient, urban

A few community members also spoke about their aversion of Quitline services and their preference for one-on-one and face-to-face smoking cessation support.

I called Quitline three times. Every time the person was a non-smoker. They didn't understand, it didn't work for me. Community member, rural

They annoy me. I think because they remind me that I'm trying to keep off cigarettes. You know I'd be doing the dishes, not thinking about it. Then they'd phone me and I'd be like now I want a cigarette because they're talking about it. I was fine a second ago.' Community member, urban

During qualitative consultations with Quitline staff, it was also acknowledged that Quitline services may not be an appropriate support service for all Aboriginal and Torres Strait Islander community members seeking quit support. Similar to conversations with grant recipients, it was also recognised that community members (especially in remote areas) may be reluctant to talk to an unknown person over the phone about smoking cessation or have limited access to a phone to make or receive calls to/from Quitline.

I think I'm quite realistic about you know who Quitline is for and who it might not be for. It is a very unique service. A specific service that you'd have to agree to it being something that works for you or something that you feel comfortable doing. So, I get that it might not be the right thing for some people. Quitline staff member

Quitline is not always an appropriate service for Aboriginal clients or mainstream clients. There are a certain group of people who are comfortable with speaking over the phone to an anonymous counsellor and there are others for whom that is not appropriate. Quitline staff member

In response to these challenges, Quitline staff suggested that Quitline should not be considered an alternative to local TIS programs but rather should be considered a supplementary support service that can complement the work of local TIS programs.

Whilst the face-to-face work [of TIS teams] is so vital for our communities, we are an extra support system that can be there for after hours, weekends, public holidays when their face-to-face workers may not be available for community...it's not about us taking away from their work, it's about us supporting the work they are already doing. Quitline staff member

## 9.4 Workforce development including Quitskills training

The Cancer Council SA runs Quitskills across Australia for people working with Aboriginal and Torres Strait Islander communities. There are three parts to the Quitskills program: the main Quitskills Training Course (undertaken over three days); a one-day Quitskills Refresher Course; and Quitskills Motivational Interviewing Training (undertaken over two days). A key function of Quitskills is to increase the knowledge, skills and capacity of professionals in contact with Aboriginal and Torres Strait Islander people to deliver smoking cessation information and support. A few other smoking cessation courses are run throughout Australia, some of which are discussed below.

Between February 2012 and May 2016, 102 Quitskills Training (879 participants), four Quitskills Refresher (24 participants) and seven Motivational Interviewing (39 participants) courses were delivered across Australia (see Figure 12) (SAHMRI, 2016). An evaluation of Quitskills programs was conducted by the South Australian Health and Medical Research Institute (SAHMRI) in July 2016 to investigate the effectiveness of Quitskills training in increasing the knowledge, skills and confidence of Aboriginal Health Workers to support Aboriginal and Torres Strait Islander people to quit smoking, some of these evaluation findings are presented below.



**Figure 12.** Map of QuitSkills sessions delivered in each Australian jurisdiction between February 2012 and May 2016.

Qualitative consultations with grant recipients, grant recipient survey data and analysis of performance reports suggest most TIS staff have undergone QuitSkills training, apart from some newer staff. Several also disclosed that TIS staff had completed the QuitSkills Brief Intervention and Motivational Interviewing training. Training of new staff and refresher courses for existing staff has been scheduled by several grant recipients for early 2017. In addition to TIS staff completing QuitSkills training, several grant recipients disclosed that they extend the opportunity to other staff (clinical and non-clinical) within their organisation as well as stakeholders from other organisations to participate in QuitSkills training. Many grant recipients discussed the benefit of their clinical and non-clinical staff participating in QuitSkills training for increasing their confidence and capacity to provide brief intervention to clients. Upskilling and training of TIS staff was reported as one of the most significant achievements of local TIS programs in the last six months by participants in the grant recipient survey. In addition, many TIS Managers/Coordinators ranked Performance Indicator 3: Building capacity to support quitting, high in terms of both resource and budget allocation in the same survey.

We've got a lot of Aboriginal Health Workers who completed QuitSkills as well, which is really important because they're the first point of call for our clients when they come in for a doctor's appointment. But they are all aware of brief interventions and the referral process that the team can put in place so...in every way, shape or form that they come in, they're covered with how they can best help them. Grant recipient, rural

We will be planning to work with everyone. At the clinic level, for the staff that haven't done the QuitSkills, get them trained up. And the people who have been we'll be offering Motivational

Interviewing training as well, with the TIS team. With our population health overall plan...we're going to make sure that tobacco information is integrated into everybody's programs. Grant recipient, remote

During the qualitative consultations, grant recipients were overwhelmingly positive about Quitskills programs and their relevance to the Aboriginal and Torres Strait Islander health workforce. In particular, education regarding NRTs and the informal approach used to deliver Quitskills training was highly valued. Findings from the SAHMRI evaluation of Quitskills training similarly reported positive feedback from workshop participants, including the cultural relevance of the training (the use of Aboriginal and Torres Strait Islander facilitators and elders and story-telling as a key element) and its usefulness for workplace and practice (SAHMRI, 2016). The evaluation reported a significant increase in participant's knowledge to assist clients with tobacco related issues (53.3% to 98.1%) and confidence in ability to address tobacco use (55.8% to 98.0%) after the completion of the Quitskills training. In addition, 83.7% of participants from the Quitskills training reported that they use their knowledge gained at least weekly (with 30.5% using it daily) and 10.8% less than weekly since they attended the course (SAHMRI, 2016).

Grant recipients also reported that the Brief Intervention and Motivation Interviewing course was beneficial in increasing their technical skills and capacity to deliver smoking cessation advice and support. In relation to the Motivational Interviewing course, the SAHMRI evaluation noted significant increases in confidence of Aboriginal Health Workers post workshop in four areas: a) using their acquired counselling skills (54.6% to 93.8%); b) using their Motivational Interviewing skills (54.6% to 100%); c) identifying and responding to change talk (54.6% to 93.7%) and; c) undertaking brief interventions (69.7% to 96.9%) (SAHMRI, 2016).

Quitskills workshop style [is] more approachable and targeted more for our community...I found the motivational interviewing the most supportive area in that training because a lot of our staff don't have counselling skills... the Quitskills really covers all the elements we are coming up against. Grant recipient, rural

I think it helped them [TIS staff] with feeling more confident with smoking cessation stuff. Quitskills was really good, they're a great team and the way they deliver. There were a few of us who had a lot more experience in terms of tobacco and there were the ones that had very little. They were able to tailor it to suit. Grant recipient, remote

In addition to Quitskills training, several TIS staff within grant recipient's organisations discussed participating in other smoking cessation courses. This includes the No Smokes Flipchart training; Deadly Choices training; Smoking Cessation Facilitator's course at the Alfred Hospital; and the Fresh Start Cancer Council training. A few grant recipients have also developed their own brief intervention and smoking cessation training, which they deliver internally to clinical and non-clinical staff and stakeholders from external organisations. For example, a rural grant recipient building the capacity of frontline staff to provide brief intervention and referrals into the TIS program reported delivering 26 education sessions with 117 staff in their performance report.

I think with the brief intervention package that we've just developed and we're starting to deliver that we're really ticking off on what we see are key footprint that we can leave behind, is that up-skilling of our health worker staff. Grant recipient, remote

Findings from the primary stakeholder survey indicate that stakeholders are valuing this capacity building and upskilling. Seventy-four per cent (35/47) of respondents agreed or strongly agreed with the statement: the TIS team are building capacity to help support people to quit smoking in my organisation. In addition, during qualitative consultations, two non-TIS staff from a remote grant recipient organisation discussed the impact the brief intervention delivered by their organisations TIS team has had on the information and support they now provide to clients who smoke. This includes asking more relevant questions and providing more in-depth information about available smoking cessation support.

Before I did the course, I was just asking people if they were a smoker and they would say yes and I would say would you like a bit of support to give up ...[and] I just told them we have a TIS team here that can offer you all sorts of information and nicotine replacement therapy...but now [after] doing the course [it] showed more depth of what we can ask...with this course it [provides] an understanding of how we can help them and ask better questions. Primary stakeholder, remote.

## Partnering with Aboriginal Controlled Health Services to build capacity of health professionals to support quitting



TIS grant recipient, Kimberley Aboriginal Medical Services (KAMS) is the peak body for Aboriginal Community Controlled Health Services (ACCHS) across the Kimberley region of Western Australia. KAMS is working in partnership with its member services to deliver the TIS program.

KAMS have developed a TIS specific service level agreement (SLA) with each member service to guide the delivery of the TIS program. The TIS SLA outlines each party's roles and responsibilities in delivering the TIS program and in meeting key outcome measures. Broadly speaking, member services are responsible for the day to day delivery of the TIS program across their region and KAMS, via the TIS Manager, is responsible for ensuring the program is regionally consistent, quality focussed, and capable of demonstrating outcomes. Within the SLA is a commitment to improving the number of smoking assessments that are completed at each of the ACCHS across the Kimberley by 10% per financial year.

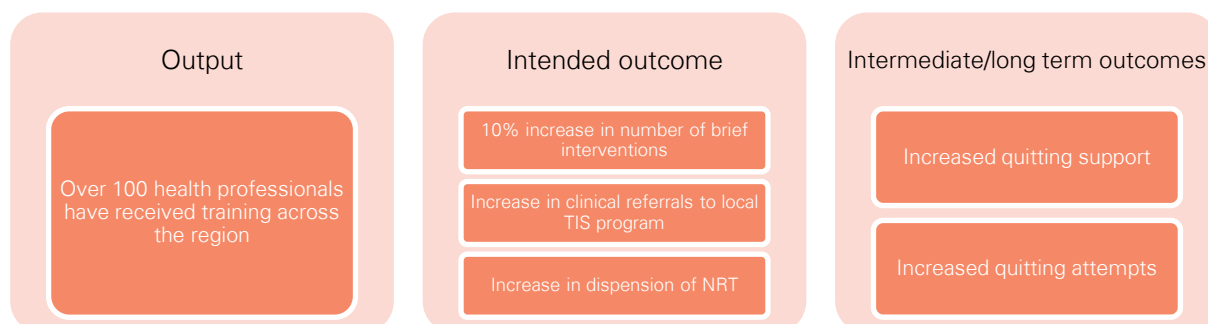
In addition to increasing the number of smoking assessments completed per year, KAMS and Broome Regional Aboriginal Medical Service (BRAMS) have worked to develop a two-hour brief intervention training package which guides health

professionals on how to use the smoking assessment as a mechanism to engage clients in a conversation around their smoking behaviours and offer brief advice and a TIS referral. The aim is that by training staff to use the smoking assessment as an opportunity for delivering brief intervention, a consistent language and practise around how Kimberley ACCHS respond to patients who smoke is developed, which in turn develops a culture within the ACCHS that values the provision of advice, support and where appropriate referrals to the local TIS team.

Within the last six months alone, over 100 health professionals across the Kimberley region including Aboriginal Health Worker's, Doctors and Nurses have participated in the training. In addition, Aboriginal Health Workers undertaking Certificate III and IV with KAMS have also been trained. The training has been embedded into the TIS Activity Plans as part of the workforce support and development pillar.

KAMS, BRAMS and the Ord Valley Aboriginal Health Service (OVAHS) presented on the Kimberley Brief Intervention package at the WA NBPU workshop in July 2016 and since then BRAMS, the Aboriginal Health Council of WA (AHCWA); Australian Council On Smoking & Health (ACOSH) and Quitline Aboriginal Liaison Team have joined forces to develop a state wide Aboriginal Health Worker Smoking Cessation and Brief Intervention Training Package.

The WA package is due to be completed by July 2017.



## KEY FINDINGS: ACCESS TO QUIT SUPPORT

Evaluation findings highlighted the range of opportunities grant recipients have developed for community members achieving cessation. Referral pathways have been established in two key areas: clinic based referral and referrals made during localised TIS health promotion activities. This approach allows grant recipients to extend their reach and increase the number of referral access points. Building partnerships with external organisations was identified as key to successful referral pathways. Improving access to culturally appropriate support to quit has been another key focus of the work of grant recipients over the past 12 months. Typically, this quit support is provided either one-on-one or through a smoking cessation group, with some community members also referred through to Quitline. Several grant recipients are also tapping into existing community groups and providing smoking cessation education and support through these networks. Evaluation findings suggests one-on-one support is the preferred option for many community members and is widely used by grant recipients in rural and remote areas. However, there is also evidence from a few grant recipients that smoking cessation groups (especially those existing community groups) have been an effective medium to increase knowledge of smoking related harms and opportunity for smoking cessation support. Evaluation findings noted clarity is needed on the type of smoking cessation support allowed under the current TIS program funding.

Quitline enhancements are a component of the TIS program. Evaluation findings together with data from Quitline suggest that referrals to Quitline are higher in urban and some rural areas. This may be due to infrastructure and language barriers in remote areas together with a preference for face-to-face cessation support by many Aboriginal and Torres Strait Islander people. Continuing to build strong partnerships between Quitline and grant recipients will be key to increasing referrals from local TIS programs into Quitline going forward. Increasing the skills of TIS workers and other professionals in contact with Aboriginal and Torres Strait Islander people to provide smoking cessation education and brief intervention has been a key focus for grant recipients to date. Quitskills training and to a lesser extent other smoking cessation education programs have been utilised to broaden the knowledge and skill base of TIS workers and in some instances, stakeholders working closely with TIS teams. Evaluation findings suggests Quitskills has increased the confidence and capacity of TIS staff and stakeholders to provide smoking cessation education and brief intervention to clients.

### **Recommendations:**

- 11. Grant recipients:** Continue to strengthen partnerships with Quitline and other quit support structures where appropriate.

# 10. Contribution to larger evidence base

This section explores the TIS program's shift towards strengthening an evidence base around tobacco control in Aboriginal and Torres Strait Islander communities. It will review M&E processes and infrastructures grant recipients have embedded within their team and organisation, and the use of evidence for continuous quality improvement. Grant recipients requirement to report on measurable outcomes through performance reports will also be explored.

## 10.1 Shift to outcomes-focused reporting and building an evidence base

In the main, grant recipients have noted that the shift to evidence-based approaches and outcomes-focused reporting as components of the TIS program are not fundamentally new concepts, however, the transition has encouraged a greater focus on reporting on outcomes. While there is acknowledgement that presenting outcome data in performance reports is challenging, overall, grant recipients have welcomed the shift and recognise its value in terms of quality improvement and demonstrating the impact of their activities.

I'm actually quite excited that we're outcome focused this time round, to see some changes, and see something happening, more than just numbers. Grant recipient, remote

Overall, grant recipients reported the value the outcomes-focused approach has in providing more tangible direction for activities, a goal to work towards, and a greater understanding of what is required in contrast to the previous iteration of the program.

We can actually see where we're going and what we're doing and we can monitor where we are at with the Action Plan. Grant recipient, rural

Before as the Healthy Lifestyle team we were given a whole heap of money and just told go out there and do stuff, now we got things to chase, key performance indicators that we're looking at. We're looking to make a difference in smoking rates in our community. Grant recipient, urban

For many grant recipients, data collection procedures have been firmly embedded within the organisation for some time. For these organisations, the shift has functioned as a 'reinforcer' to continue monitoring activities and strengthen an evidence base. Grant recipient survey data indicates that significantly, 92% (99/108) of respondents strongly agreed (62%) or agreed (30%) that the TIS program has encouraged a stronger focus on outcomes within their organisation. Furthermore, there is evidence to suggest that some grant recipients have prioritised improving their data collection methods and recognise that the shift has allowed for this focus.

We've invested significantly in helping our staff to do things like have annual face-to-face training at site in Communicare...and looking at other methodologies for recording of information around community consultations. Grant recipient, urban

I've been spending a lot of time trying to use easy methods 'cos I really know the importance of it...this has been the first organisation I have worked with that saw the value of it and I didn't have to do it in my own time, so it's been really good getting support from Managers and knowing how important it is to consult with the community. Grant recipient, rural

Grant recipients have demonstrated significant momentum in developing an evidence base to their local TIS programs. Grant recipient survey data indicated that overwhelmingly, 94% (102/108) of respondents strongly agreed (63%) or agreed (32%) that the TIS program encouraged their organisation to develop TIS activities that are based in evidence regarding Aboriginal and Torres Strait Islander smoking behaviour and motivations to quit.

For grant recipient organisations, predominantly in urban and some rural and remote regions, developing an evidence base or strengthening an existing evidence base has been relatively straightforward. This is largely due to the ongoing availability and accessibility of specialist expertise and support structures such as University and research institutions, advanced clinical databases and internal research skills and advocates. In regions where these structures do not exist, building an evidence base has been more challenging. These grant recipients have indicated a willingness and an understanding of what's expected but challenges in being able to capture and present the required outcome data.

With our literacy and numeracy levels, English isn't a first language, for our staff it's just a totally different world. That's why trying to develop tools and everyday forms for our staff, we've really had to road test and train our staff on them. I'm not saying it's impossible, it's just something new that hadn't been expected of them before. Grant recipient, remote

### 10.1.1 Action Plan development

The Action Plans allow grant recipients to articulate the activities they intend to conduct, the rationale and evidence behind these activities, intended outcomes and how these outcomes will be measured. In doing so, grant recipients developed their own evaluation framework tailored to localised activities. While the process of developing Action Plans varied across grant recipients, Action Plans were rarely developed in isolation and involved collaboration with members of the TIS team, external consultants, and the NBPU TIS (see section 11.1 for NBPU TIS support). Some grant recipients also collaborated with neighbouring TIS teams to inform the development of their Action Plan. Several grant recipients acknowledged the importance of tailoring Action Plans to their community. As such, community consultations were also pivotal for grant recipients in informing the development of the Action Plan. Moreover, reflecting on previous activities, and reviewing existing evidence were recognised as crucial considerations in building an evidence base. Some grant recipients provided examples of conducting independent evaluations of previous activities to inform current practice.

We also focused on talking to staff, listening to people and looking at our statistics on people who smoke, and the effects from literature on smoking in pregnancy. Grant recipient, remote

### 10.1.2 Adapting data collection methods

Grant recipients placed significant consideration upon the development of appropriate evaluation tools and activities. Grant recipients reported that evaluation tools such as surveys required significant adaptation to satisfy varying health and literacy levels, particularly for grant recipients whose catchment covers remote and very remote contexts where English can be the second or third language spoken.

With the surveys, we had to adapt the message...We took a lot of them on our phone, so it was more conversation based, purely because of the literacy levels of some people...It makes it hard when you have a catchment, but different communities have different literacy levels. So, trying to keep consistent questions that you can analyse. Grant recipient, rural

Furthermore, concerns were raised by grant recipients that evaluation activities may interfere with TIS activities, as one remote grant recipient highlighted during a qualitative consultation 'I want them to be drawn to it not away from it because they think they're going to be questioned like detectives'. Grant recipients have recognised this, with one urban grant recipient noting 'you've got to be careful in the community that we don't come across as researchers.' Grant recipients have responded to this issue through creative approaches, adapting surveys to become more user-friendly and interactive and integrated within TIS activities, and adopting methods that are culturally and age appropriate to increase engagement in evaluation activities.

We are going to do an interactive survey where each student will have tokens to put into jars labelled with Emojis and Aboriginal slang terms like "Deadly" and "Gammin"... evaluation that is quick and doesn't interfere with delivering the program. Grant recipient, rural

In terms of community knowledge, I've been running quizzes to actually engage people. I would never be able to get people to sit down and "surveys", so I use a quiz format to actually get people to sit down, and to find out what they know...in terms of collecting a baseline community knowledge about smoking harms. Grant recipient, remote

Grant recipients have also harnessed innovative solutions for efficient data collection, for instance, the use of Survey Monkey on iPads at community events or education sessions has been frequently reported. While this approach was acknowledged as useful, paper-based surveys were a more suitable option in contexts where online access and digital literacy is limited, as one rural grant recipient noted, 'a lot of people don't have access to online computer stuff.'

### 10.1.3 Systematic data collection methods

Grant recipients noted the importance of strong clinical databases to inform data collection and facilitate referral pathways. For example, one rural grant recipient noted access to client data 'helps us pinpoint where we are needed a lot more.' Organisations have capitalised on these databases to yield useful data and establish sophisticated systems of referrals and follow up.

We've got a series of structured reports in Communicare that are gradually providing us with better information on trends across the population...things like the number of people who smoke, what their smoking status is, and so pulling off that data. Grant recipient, urban

It has been noted that referrals between health services and obtaining smoking status data is easier within regions where medical databases are the same or can communicate with each other. Challenges remain for grant recipients operating in environments where patient information systems differ.

When we are referring on to other communities, it's hard for us to gather information back if they've succeeded because we are not all under that one umbrella so we are in the process of working with the region to get everyone on board so we can get that information back. Grant recipient, rural

Despite these challenges, some grant recipients have provided examples of AMS'/ACCHSs working collectively to operate on a consistent system. Strong relationships and rapport with AMS'/ACCHSs within a given region are integral to ensuring transparent communication (see VACCHO Case Study below).

All the seventeen AMS's in [our region] now have gone on the same system, and we've had a lot of involvement in feedback and development. Primary Stakeholder, Senior Medical Officer, urban

It's just a matter of creating a relationship with those clinics, and asking them for that data...they're very protective in a lot of these remote communities, so it's really making sure there's strong rapport there. Grant recipient, remote

It is important to note that not all grant recipients are health services or are linked to clinical databases and as such do not have access to health records such as Communicare or MMEx. Some grant recipients are in the process of setting up these databases and in the interim are using excel spreadsheets which in itself demonstrates a commitment for data collection. For grant recipients that are not health services, TIS activities focus largely on health promotion activities and thus reporting on clinical data is more challenging and requires developing partnerships with external organisations.

Many grant recipients and stakeholders expressed the view that a standardised data collection tool to allow consistent data to be reported that can be compared nationally was required. The response from the department has been that they have not been able to identify a tool that would be able to capture meaningful outcome measures for the range of programs being delivered across 37 organisations. For example, there are existing tobacco control audit tools for clinical settings which are not appropriate for a population health program. Existing tools do not map to the TIS program objectives. The department also anticipates that introducing a new tool with multiple data requirements would create more work for organisations, and it would not necessarily assist organisations to report data that is relevant to their organisation.

The department has indicated a commitment to exploring the feasibility of amended national data collections (ABS surveys, nKPI), so that the monitoring and evaluation could draw on existing data

collected and not rely so heavily on local organisations (regional grant recipients) to collect and analyse data.

While systematic databases are useful in providing consistent data, if data is not input correctly or certain measures are not being recorded (e.g. smoking status), the potential efficacy of the database is diminished. Several grant recipients have indicated a commitment to improving data collection to ensure consistency.

Under 50% of AMS clients over the age of 18 were asked in the last 12 months about their smoking status. Our baseline data is not comprehensive. One of our key aims in the Action Plan is to improve by 10% each year. Grant recipient, remote

So we've got a draft Communicare guide in development...and that's aimed at trying to develop the consistency across the sector in how they're recording and working around tobacco issues, which over the longer term should give us a chance to have all the valid data, or reliable data. Grant Recipient, Urban

Victorian Aboriginal Community Controlled Health Organisation (VACCHO) is Victoria's peak representative Aboriginal health body and responsible for the coordination of the Western and Mallee District Aboriginal Community Controlled Organisation (ACCO) consortia (ten ACCOs) funded to develop and deliver the TIS Program in Western and North Western Victoria. The TIS consortium members are already members of VACCHO as the peak body for Aboriginal health in Victoria.



### Background to the initiative

One of VACCHO's roles as the coordinator of the consortia is to strengthen and support TIS programs using evidence-based and best practice models to improve smoking cessation and reduce uptake. VACCHO's experience in delivering tobacco control programs in the region has enabled it to identify that looking only at the currently collected nKPI of smoking status is not a good indicator in the short term of how smoking cessation programs are being evaluated. It is therefore not an effective measure in terms of assessing and communicating the success of these initiatives usually funded for short time frames.

### The current challenge

To more realistically assess the progress of programs, VACCHO wanted to be collecting stages of change data that articulated participants' intention to quit. With this data consistently collected over time, it would be possible to see the subtle shifts in individual behavior change which is a more sensitive short term measure of progress made towards smoking cessation in Aboriginal and Torres Strait Islander populations. Various members across the consortia and other ACCOs in the state were inconsistent in collecting stages of change data, with only some currently doing so. Where this was being done, it was likely that members were collecting this information through different means and time periods not allowing for a central data source to analyse results. Accuracy of data is a vital component of proving and improving the success of programs and VACCHO have worked closely with members of the consortium to improve data collection in this area.

### OVERVIEW

#### The need

Strengthen the evidence base around smoking cessation in Aboriginal and Torres Strait Islander populations.

#### The solution

Database to collect consistent data across regions covered by Victorian ACCOs.

#### The benefit

Consistent data to assist ACCOs in identifying priority populations and geographic burden and demonstrate outcomes.

### Overcoming the challenge

Most Victorian ACCOs collect clinical data on anyone of three systems; Medical Director 3, Communicare and Best Practice Clinical Information Systems which are aggregated through the Pen Cat system. In order to overcome the issue of varied and inconsistent data sources, VACCHO has commissioned PEN CS to further develop these systems to capture the stages of change smoking data within the Patient Information and Recall System (PIRS) during every client visit for transmission to and analysis by the Health Evidence team within VACCHO. This data can be used through the PatCat system, a web based program that aggregates de-identified General Practice data and displays the information through a comprehensive collection of graphs, charts and reports. The outcome of this upgrade will be the enhancement of Tobacco Cessation reports which will include not only smoking status data but new data for Daily and Irregular Smokers displaying their readiness to quit status (Ready to quit / Intends to quit / Not ready to quit / Unknown).

Using the data aggregated through the new system across multiple sites, users can compare apples with apples with respect to behavior change data across various demographics. Given that most services in Victoria have PenCat licenses, they all have access to the additional PenCat reports through a free upgrade. There are currently 22 services across Victoria that have adopted this system.

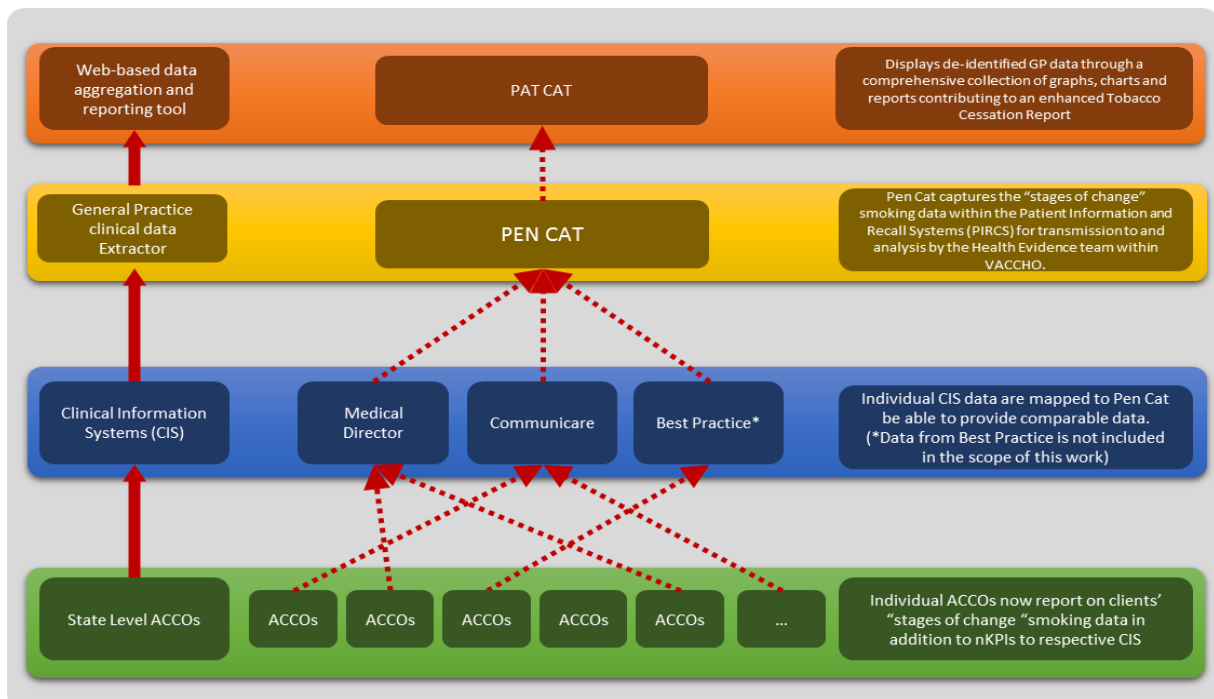
## Outcomes

- VACCHO and partner organisations are now starting to see the benefit of establishing baseline data to assess change over time by having access to indicators to more realistically monitor program outcomes.
- PatCat data is essentially an extension of existing evaluation measures. It can guide services to see if programs that are being delivered are effective or not.
- PENCAT now provides extra behaviour change data and the ability to look at behaviour change across various population demographics means that organisations can identify groups that require varying degrees of support.
- The data collected reveals the importance of engaging additional support services at an appropriate time for people requiring assistance in their quitting journey. Organisations can now modify programs and make changes early instead of waiting until the end of a program.

## Benefits to consortium partners

On looking at the first six months of data collected through the new system, VACCHO and the consortium have already realised multiple benefits of establishing this new evidence base.

- All organisations have more accurate data regarding clients through reports that are easy to access and aggregate.
- VACCHO are working with organisations to provide knowledge and skills that enable their using this data to monitor progress through master classes.
- Programs are starting to work with targeted clients and bringing smoking rates down over the six months.
- An early analysis of some of the data has shown 24% of clients are ready to quit, 28% are intending to quit at some point, and 48% are not ready to quit.
- With a three year target of 100%, smoking status of pregnant women is now at 85% of community members.
- Smoking status of community members aged 10-15 years is up by 5% to 50%, while smoking status of community members 15 and older increased by 1% to an average of 83%.
- Regular smokers in the system have reduced by 2 percentage points from 60% to 58%.



## 10.2 Using evidence to inform practice

Qualitative consultations with grant recipients indicated not only a willingness to report on outcomes but also confidence and capability. This is supported by the grant recipient survey data which revealed that 87% (94/108) of respondents felt confident that they have the monitoring capabilities required to evaluate how their TIS activities are performing. Demonstration of capability is revealed through the incorporation of evaluation activities such as surveys, focus groups and in-depth interviews to inform local TIS program design, quality improvement and impact measurement.

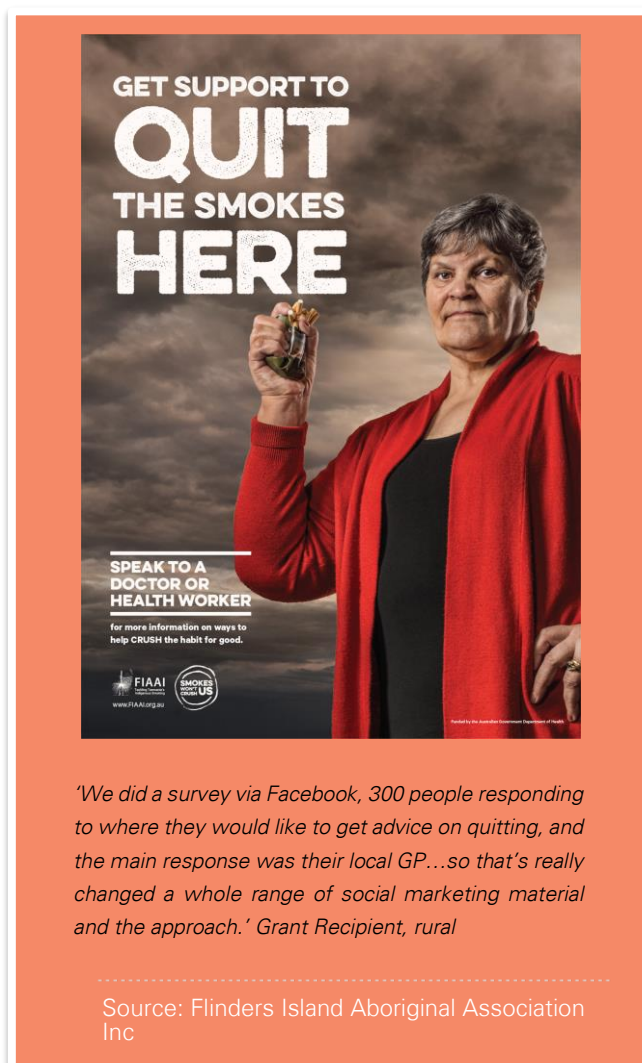
### 10.2.1 Data informing local TIS program design

Several grant recipients have provided strong examples of data collection to inform local TIS program design. As previously discussed, a consistent trend among grant recipients is consultation with community. In the development of new TIS activities, grant recipients have consistently engaged members of the community in surveys, focus groups and in-depth interviews for advice and insight. Some grant recipients have provided examples of how information obtained through these consultations has assisted targeting their TIS activities where the burden is strongest and informed their approach to respond to the community's needs (see Figure 13).

One of the things that have come out of the community information gathering, which caught me completely by surprise, is how strong the belief is for women that smoking leads to an easier birth and smaller baby size. I actually had no idea it was such a strong belief. I've got 90% of women who actually believe that. It's nice to have that data. Grant recipient, remote

### 10.2.2 Continuous quality improvement

Grant recipients have also demonstrated a commitment to quality improvement through continuously collecting and monitoring data around TIS activities. Qualitative consultations with grant recipients suggest that feedback is collected from clients and the community on a regular basis to improve upon programs. Grant recipients recognised the value the data served in enhancing their local TIS program design.



**Figure 13.** Social marketing campaign poster displays local Aboriginal Elder encouraging people to 'speak to a doctor or health worker' for quit support, responding to community's identified desire to seek quit support through their GP.

We are testing them [youth sessions] out and evaluating as a team what went well, what didn't work well and taking feedback from the youth about what they did and didn't like...we are also starting a Youth Reference Group in January, it's going to have 12-15 young people that will meet every 2 months to get feedback throughout the year on the programs and how effective things are in the community.  
Grant Recipient, Rural

During qualitative consultations, some primary stakeholders reinforced this in their commentary on grant recipient activities, acknowledging evaluation activities undertaken and observing an increased commitment to quality improvement. This is reinforced through primary stakeholder survey data, which demonstrated that 72% (33/46) agreed the TIS program has led to a stronger focus on M&E activities and 74% (34/46) of respondents agreed that the TIS program has encouraged TIS activities to be based on evidence regarding Aboriginal and Torres Strait Islander smoking behaviour and motivations to quit.

They want feedback too, after they've done a session they want to know was everything all right, could we have done anything differently or better, that's healthy and positive, we can work together as a team. (Primary stakeholder, grant recipient employee, rural)

### 10.2.3 Measuring impact

Analysis of the Action Plans, performance reports and qualitative consultations indicates that the foundations for measuring impact are being laid. Grant recipients have provided examples throughout qualitative consultations of pre- and post-surveys to measure changes in knowledge, attitude and behaviour as a result of their activities.

We do a pre- and post-data so we've got our baseline data beforehand and then at the end of the fourth session we do a comparison, and then we follow it up at 3 months and 6 months. Grant recipient, rural

While progress is being made in measuring impact, grant recipients frequently reported challenges in translating data into a 'meaningful story'. In the main, grant recipients acknowledge that the collection of data is relatively straightforward. However, interpreting and presenting that data presents a challenge.

How do we evaluate the tools we're using so they actually are meaningful measurements? Yeah, we can send out all these beautiful surveys and they look good because everyone's filling them out but do they actually mean something. Are we asking the right question the right way to tell us the true story of what our community needs are? Grant recipient, urban

I don't think there is a challenge to getting it, it's more explaining it. Grant recipient, rural

These qualitative observations are reiterated by the immense variation in performance report data which reveals that some grant recipients require additional support in presenting data. The performance report template, requires grant recipients to report on the five national performance indicators. The national performance indicators have been designed to collect evidence on how the TIS program is operating nationally, are linked to the program objectives and cover the five areas considered to be

essential to effective tobacco control programs. Grant recipients reporting appropriate activities for each indicator, provide confidence that they are on the pathway to delivering an effective tobacco control program. They are also flexible enough to allow for organisations to report on locally relevant activities, however the downside is that organisations are not reporting consistent data (both quantitative and qualitative) that can be compared nationally. The evaluation would therefore endorse the NBPU TIS action plan for 2017, which focuses on capacity building around interpreting and presenting data.

While a performance indicators paper was provided to all organisations and the NBPU conducted one-on-one monitoring and evaluation training with grant recipients, analysis of the first performance reports in August 2016 suggests that the performance indicators were not well understood by grant recipients. However, it should be noted that most organisations did not do the monitoring and evaluation training until after the July performance reports were submitted. Therefore, assessing the quality of the February 2017 reports will be important in the final evaluation. Grant recipients also raised concerns around the difficulty of measuring outcomes around health promotion activities.

How do you capture data when you are doing health promotion? When we deliver education sessions and outcomes of that? When we are doing one on one and capturing that journey? Grant recipient, rural

I mean, how can you get an outcome for someone...they're not ready to quit but you plant that seed, then they think about it down the track. You can't really capture that because they don't put it down on the stat. Grant recipient, urban

In response to these challenges, the department has developed specific data examples against the indicators and guidelines to assist with the second performance reports due in February 2017. The purpose of this guideline is to demonstrate how to report and present outputs and outcomes against each performance indicator with relevant examples. In addition, the NBPU TIS will continue to provide support to grant recipients in this area through individual correspondence and via the TIS portal.

While the presentation of outcome data was limited in the first round of performance reports, at this preliminary stage in the evaluation, this would be expected given the investment needed to establish and train the TIS team and build partnerships and meaningful engagement with the community. This is reflected in the grant recipient survey which revealed that the greatest allocation of resources and budget went towards Indicator 1 – quality and reach of community engagement followed by Indicator 3 – building capacity to support quitting which includes staff recruitment and training. As such, performance report data is skewed towards outputs. It is envisaged that the number of outcomes reported in the performance reports will increase over time.

I think we've been really focused on outputs because when you're in your initial pilot stage that's what you're developing...they are our outcomes at the moment. Grant recipient, urban

## 9.3 Innovation grants

The Innovation Grants support innovative and intense activities to reduce smoking prevalence, through collaborative partnerships between research organisations and service providers. The aim is to increase the evidence base on the implementation of effective tobacco control activities in regions or sub-populations requiring special attention, and enable intense work in these areas of need. These areas of need have been identified as remote and very remote geographical areas, pregnant women and young people especially in remote areas. The approach includes the delivery of interventions in the target population groups which are designed, developed and evaluated. The innovation grants recipients were not announced until January 2017 and therefore were not a focus of this mid-term evaluation (see Appendix 1 for list of innovation grants). Innovation grants will be evaluated in the second wave of data collection in 2017.

### KEY FINDINGS: SHIFT TO EVIDENCE-BASED APPROACHES AND OUTCOMES FOCUSED REPORTING

In the main, grant recipients have welcomed the shift to delivering activities based in evidence and focusing more on outcomes than outputs, with grant recipients acknowledging that the shift has provided greater direction for activities and a goal to work towards. In developing or strengthening their evidence base and working towards measurable outcomes, grant recipients undertook the following:

- Developed an Action Plan based in evidence
- Developed and adapted M&E tools to suit target audiences
- Developed or are in the process of developing systematic data collection methods;
- Used and are in the process of using evidence to inform practice
- Reported on outputs and some outcomes in performance reports

For some grant recipients, focusing on these activities has been easier due to affiliations with university or research institutes and internal research and evaluation expertise. For these organisations, the shift functioned as a reinforcer and opportunity to refine existing M&E activities undertaken.

Challenges to collecting data remained for some remote grant recipients operating in contexts with low literacy levels and where English is not the first language. Moreover, challenges to collecting population level data existed for health service grant recipients operating on different databases within a region and where there was an unwillingness to share data.

In the main, grant recipients indicated not only a willingness to report on outcomes but also confidence and capability. Demonstration of capability is revealed through the incorporation of evaluation activities such as surveys, focus groups and in-depth interviews to inform local TIS program design, quality improvement and impact measurement. Some grant recipients suggested

that while collecting data is relatively straightforward, interpreting and reporting on data presents a challenge. This was revealed in the performance reports, which demonstrated significant variation in the quality of reporting.

**Recommendations:**

- 12. Grant recipients:** Build on routine and existing data sources to reduce data collection burden.

# 11. National support for TIS regional grants

This section will discuss a range of national support provided grant recipients, including NBPU TIS support together with the TIS portal hosted by the Health/InfoNet, National Coordinator TIS, and the department.

## 11.1 NBPU TIS support

The NBPU TIS is instrumental in supporting the implementation and ongoing delivery of the TIS program nationally. The NBPU TIS is operated by a consortium led by Ninti One, including the University of Canberra, University of Sydney and Edith Cowan University. The role of the NBPU TIS is to support grant recipients to implement an outcomes-focused approach to the TIS program. To support this approach, the NBPU TIS has been commissioned to provide guidance to grant recipients on what evidence exists and how to apply it, adaptation methods for local needs, and advice and tools to monitor, measure and further improve activities.

Through support from the NBPU TIS, it is envisioned that grant recipients will be enabled to:

- Plan and implement evidence-based approaches to tobacco control which are adapted to meet local needs;
- minimise duplication through network building and information sharing;
- undertake ongoing monitoring and evaluation to enable continuous improvement;
- develop relevant performance measures and data collection methods to measure the impact of tobacco control activities funded under TIS; and
- build the evidence base for tobacco control in Aboriginal and Torres Strait Islander communities.

In the main, grant recipients welcomed having the NBPU TIS available to approach for support and advice when needed. It was noted by grant recipients that the support and training provided by the NBPU TIS aided in building confidence and capability in undertaking M&E activities and helped provide a broader understanding of the TIS program. Moreover, grant recipients appreciated the networking opportunities provided by the national and jurisdictional workshops. While this support was valued, qualitative consultations indicated a mixed response in regards to the Action Plan development support and various workshops facilitated by the NBPU TIS.

### 11.1.1 Action Plan development support

As discussed in section 10.1.1 all grant recipients were required to submit an Action Plan to the department. A key task for the NBPU TIS was assisting grant recipients to review, refine and finalise their Action Plan for approval by the department; and assisting the grant recipients to ensure that their Action Plan was informed by evidence and suitable to achieve targeted outcomes.

Overall, grant recipients that received NBPU TIS support in the development of their Action Plan acknowledged that this support was valuable and particularly useful in defining outputs versus

outcomes and in articulating measurable outcomes. Some grant recipients noted that it was helpful being guided by a unit that had an overseeing role and sense of the program at a national level. However, grant recipients across all regional contexts identified issues with communication, noting that correspondence comprised of a constant 'back and forth' which was time-consuming and at times stressful. This perhaps suggests some misunderstanding of the role of NBPU TIS in the early stages of the program. NBPU TIS have an advisory role; thus, they were able to provide support and advice in regard to Action Plan content, but were unable to take control of the content by correcting 'errors'. Not surprisingly, facilitating change to Action Plans could therefore require a number of iterations. This approach was also time-consuming and stressful for NBPU TIS, who often received several Action Plans at one time, very close to (or even subsequent to) submission deadlines.

We had about two or three back and forths [when developing Action Plan], and then they would sit on it for a while and you know wait for the people to go through it, and then it came back, and by the time we got it back, sort of in the proof stage, we were like a week and a half overdue sending it to the department. Grant recipient, urban

The challenges in correspondence between grant recipients and the NBPU TIS can be partially attributed to general teething issues that should be expected when establishing a national unit and rolling out a modified TIS program. For some grant recipients, at the time of submitting their Action Plans, the NBPU TIS was still in its formative stages. The lack of NBPU staff resources, coupled with grant recipients familiarising themselves with the revised TIS program and the role of NBPU TIS, may have contributed to irregularities and delays in communication. Moreover, NBPU TIS noted that resources needed to be diverted to responding to requests from the department, which could have been allocated to further support grant recipients.

Some grant recipients emphasised that the NBPU TIS should have been established prior to grant recipients receiving funding. This has also been acknowledged in feedback from the department.

They're supposed to be providing us with support around best practice, but yet, they're not ready to operate...I would have liked to have thought they would have been on board for maybe six months before the rest of the programs were so they had time to establish themselves. Grant recipient, urban

### 11.1.2 Jurisdictional and National Workshops

The NBPU TIS is required to organise and deliver jurisdictional workshops and an annual national TIS workshop for grant recipients, relevant partners and other key stakeholders, including grant recipients, government staff, consortium partners, and other key stakeholders who could value-add to the discussions. Grant recipients reported that the national workshop, which was attended by 112 participants in May 2016, facilitated a better understanding of the broader TIS program and as one remote grant recipient expressed, 'where they fit into it.'

In addition, the national workshop in conjunction with the jurisdictional workshops were recognised as valuable opportunities for grant recipients to network and learn from each other. Programs for jurisdictional workshops were developed in conjunction with a working party that included representatives of the participating TIS organisations. The session at jurisdictional workshops in which

grant recipients presented their work was most positively received, with 91% (156/171) of respondents regarding this session as 'excellent' as represented in the feedback forms aggregated by NBPU TIS.

It was good because it allows us to understand what other organisations are doing, their activities, good networking, listening to the success stories. Grant recipient, rural

### 11.1.3 Monitoring and Evaluation workshops

The NBPU TIS undertook a needs analysis to gauge the M&E needs of grant recipients. In a phone survey with two thirds of all grant recipients, the majority rated their needs as medium-high, with 82% identifying 'defining local measures' and 'analysing data' as areas they require the most support in the phone survey. In the main, grant recipients indicated that they preferred support delivered face-to-face, either as on-the-job coaching and advice or through on-site workshops.

Following the results of this survey, and in close collaboration with the department, the NBPU TIS delivered an intensive series of highly structured, on-site M&E workshops for grant recipients that wanted them. The workshops were delivered over a 6-week period, beginning in late July 2016 to a total of 111 staff from 23 grant recipient organisations. The NBPU TIS designed these workshops to be 'hands-on' using local Action Plans and local examples, drawing on the tools and other support available through the TIS portal (see section 11.2 NBPU TIS portal for further information).

Grant recipient responses to the M&E workshops have been mixed. Some grant recipients appreciated having the language of M&E explained in 'terms we understood' by M&E experts. Grant recipients recognised the knowledge and skills learnt through the workshops as valuable in setting up a strong foundation going forward.

I'm not an expert in M&E, I've done some short courses and training over a period of time, but having experts in that area to help guide you has been valuable, and I think it's enabled the program to set ourselves up, to have a good foundation to go forward. Grant recipient, remote

Following the M&E workshop, some grant recipients reported greater clarity around data collection methods and collecting data against the key performance indicators and their Action Plans. Furthermore, grant recipients indicated that as a result of NBPU TIS support, undertaking M&E activities appeared more manageable resulting in a greater sense of confidence in measuring outcomes and reporting.

We had a rough idea of what we had to do, but when she came out it really broke it down in detail of what we had to do. It really got us thinking on our feet, of what you want us to be looking for when you want us to evaluate these situations. Grant recipient, rural

While the support from NBPU TIS was acknowledged as valuable, grant recipients across all contexts reported that an additional level of support was required. Some grant recipients reported that questions around measuring a specific TIS activity or framing a question in a survey were left unanswered by the NBPU TIS during the M&E workshops.

It was good because it was throwing around ideas about how we could improve things but they didn't actually have many solutions at all...If we've got a question about how we're measuring outcomes we want to find out what's the best way of doing it. Grant recipient, urban

Additionally, several grant recipients emphasised the need for templates and tools to adapt to their programs, noting that such templates would be valuable in supporting them measure outcomes in an effective and time efficient way, particularly in regards to social marketing campaigns and health promotion activities. The TIS portal hosted by the HealthInfoNet was noted as a suitable platform to disseminate these resources. Since these consultations were conducted the TISRIC has been updated with additional resources. It is important to recognise that the TISRIC is intended to promote best practice. As such it includes only materials and resources that are known to be valid and reliable, or which show the potential, through a sound theoretical foundation, to be effective for monitoring and evaluation. However, qualitative consultations with grant recipients suggest that locating these resources is still a challenge (see section 11.2 TIS portal).

What I've asked for since the NBPU first got in contact with us, were some style guides, some templates, something that we could change, opt into if we thought it was relevant...but they've still failed to give us one template that could possibly value-add. Grant recipient, remote

Similarly, grant recipients have expressed that 'succinct summaries of evidence' would also be of value.

For example, we have reviewed 10 or 20 school programs that focus on tobacco and here is your top four that have actually produced changes in attitude or resulted in people quit smoking...I just thought that evidence might have been pulled together with a few key recommendations. Grant recipient, urban

It should be noted that producing evidence summaries as suggested here sits outside of the NBPU TIS contractual arrangements. Consideration should also be given to the fact that formal research evidence to support TIS activities is currently very limited, meaning that producing evidence summaries may not be possible; growing the formal evidence base through the monitoring data collected by TIS-funded organisations is therefore a key component of the program.

Consultations with some grant recipients and NBPU TIS suggest a disconnect in the interpretation of 'tailored support'. NBPU TIS have reported that the provision of tailored support for grant recipient underpins their work, '...we're continually assessing what's going to work best for the clients...we've got an obligation to provide tailored support.' From grant recipient consultations and analysis of performance reports, it was revealed that grant recipients monitoring and evaluation expertise is varied. Thus, some grant recipients have indicated a need for more bespoke monitoring and evaluation training over the foundational training that was provided. Reconciling the different interpretations of one-on-one tailored support, within their contracted scope, is therefore a key priority for the NBPU TIS going forward.

#### 11.1.4 Workforce development

The NBPU TIS role includes working with grant recipients to assess their workforce development and training needs, and to then facilitate access to relevant training and professional development to build the capacity and skills of grant recipients to achieve TIS program outcomes. A workforce development analysis (including a self-assessment by grant recipients) undertaken by NBPU TIS revealed the following two areas of need:

- The need for support in a range of monitoring and evaluation tasks, including gathering evidence, measuring change and resource development.
- The need for quit-smoking related training, including smoking cessation, brief intervention, smoking related diseases and NRT.

The M&E workshops and ongoing correspondence over phone and email with grant recipients previously discussed were designed to respond to point 1. In response to point 2, NBPU TIS collaborated with Cancer Council SA to support the delivery of Quitskills training, including the promotion of the Quitskills program, introductory sessions at TIS jurisdictional workshops, and facilitating contact between Cancer Council SA and grant recipients (see section 9.4 Workforce development for further information on Quitskills training). In addition, NBPU TIS has facilitated access to *No Smokes* training<sup>7</sup> across the country attended by staff from six different grant recipients. Tobacco related training options (short-course or online) have also been identified and information about these options made available through the TIS portal. Some TIS Managers have been proactive in seeking training for their TIS team. Thus, they have not required the additional support of NBPU TIS in this area.

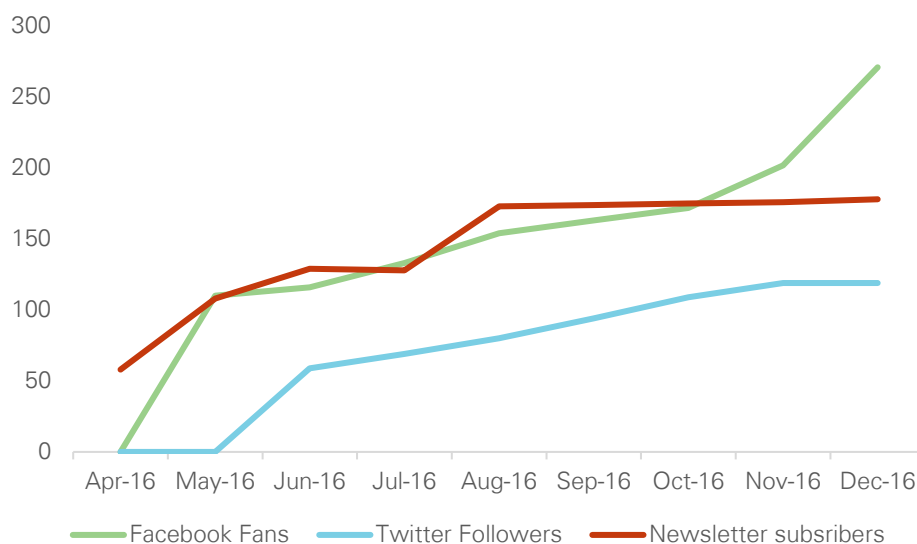
#### 11.1.5 NBPU TIS building momentum in supporting TIS grant recipients

While issues were identified, it should be recognised that the NBPU TIS itself was launched in December 2015 with the first half of 2016 largely focused on establishing the basic elements of NBPU TIS. Since its inception, there is evidence to suggest that the unit is building momentum and demonstrating impact in reinforcing or increasing the confidence of grant recipients to become more outcomes-focused.

Qualitative feedback from grant recipients indicates that there is a greater understanding of the TIS program, NBPU role, and M&E activities as a result of the national, jurisdictional and one-on-one M&E workshops, and communication via phone, email correspondence, newsletter email updates, and social media channels such as Facebook and Twitter. These channels of communication have shown considerable growth since April 2016 as demonstrated in Figure 14. Growth in the number of subscribers to social media channels suggests an increased awareness of NBPU TIS. The plateau in subscribers would be expected given the limited target audience of grant recipients. Furthermore, grant recipient survey data revealed that 68% (73/108) of respondents agreed (36%) or strongly agreed (32%) that support of the NBPU TIS has enhanced the effectiveness of the TIS program and TIS activities within their organisation.

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<sup>7</sup> *No Smokes* project aims to increase awareness of the benefits of not smoking and reduce smoking rates among young Aboriginal and Torres Strait Islander people and includes delivering short, non-accredited training sessions based on resources developed by the Menzies School of Health Research.



**Figure 14.** NBPU TIS Facebook, Twitter and Newsletter subscribers between April 2016 – December 2016.

## 11.2 NBPU TIS portal hosted by HealthInfoNet

NBPU TIS capitalised on the existing HealthInfoNet<sup>8</sup> platform to host the TIS portal. The TIS portal provides a range of information and resources to support grant recipients in planning, monitoring, and evaluating activities. A crucial section of the TIS portal is the Tackling Indigenous Smoking Resource and Information Centre (TISRIC). TISRIC is a series of web-pages hosted in the TIS portal containing information and evidence on what works for tackling smoking in Aboriginal and Torres Strait Islander communities.

The portal also provides access to workforce information including job opportunities and events such as courses and training, conferences, and workshops. In addition, it contains links to NBPU social media platforms and the TIS Yarning Place, an online forum that enables grant recipients from across the country to share information and ask questions of each other.

In the main, grant recipients acknowledged the value of having a platform to share resources, knowledge and experiences with other grant recipients and access information and resources related to the TIS program. In a survey undertaken by NBPU TIS, it was reported that 100% of respondents knew about the portal and 90% found the content useful and appropriate.

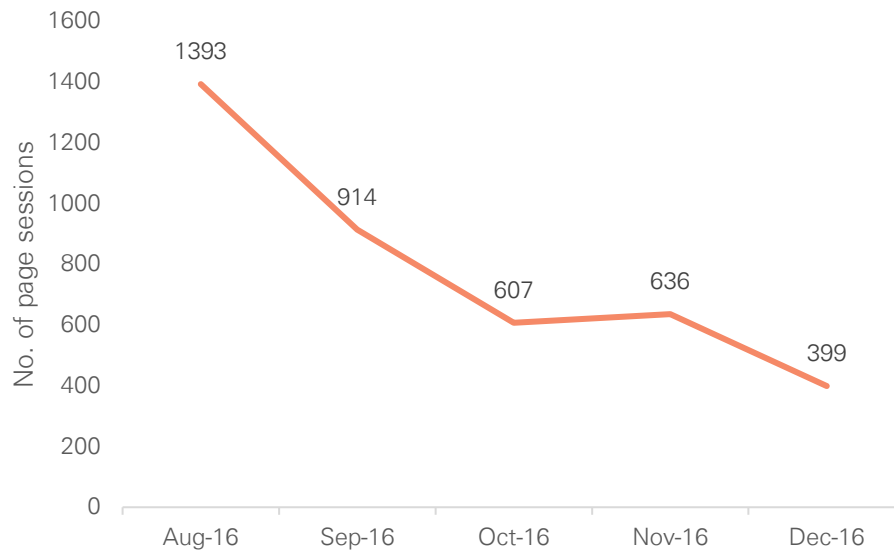
### 11.2.1 Engagement with the TIS portal

Google analytic data suggests that since the launch of the portal, engagement with the portal has decreased as represented by the steady decline in the number of page views and sessions<sup>9</sup> (see Figure

<sup>8</sup> HealthInfoNet is a workforce support web resource. It makes, published, unpublished and specially-developed material about Aboriginal and Torres Strait Islander health available to people working in the area to enhance their knowledge and skills, and improve their practice and policy work. Access to information on the site is free and available to everyone.

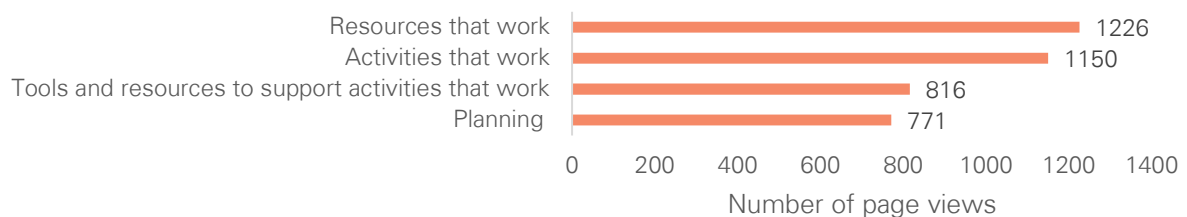
<sup>9</sup> A session refers to a single visit to the website, which could consist of a number of page views, i.e. a period of time that a user is actively engaged with the website.

15). This decline may be attributed to grant recipients increasingly focusing their time on delivering TIS activities. Furthermore, the NBPU TIS have indicated that once information is used on the portal, there is no impetus to return. As such, the NBPU TIS have expressed a commitment to 'find ways of constantly changing, and revamping, and making it interesting so they do want to come back.' It should also be acknowledged that the target audience is limited to 37 grant recipients.



**Figure 15.** Number of sessions on the TIS portal between August to December 2016. A session refers to the period of time that a user is actively engaged with the website.

Qualitative consultations with grant recipients indicated that they are actively seeking evidence-based resources and information on the TISRIC, noting 'Resources that work' and 'Activities that work' as the most popular sections. This is supported by Google Analytic data. Excluding the home page, the most viewed page between August to December 2016 was the 'Resources that work' section, closely followed by 'Activities that work'.



**Figure 16.** Most viewed pages on the TISRIC between August to December 2016.

Grant recipients within an urban and rural context have indicated that they have used resource material on the TIS portal such as videos and viewed other existing programs for inspiration and to adapt to their local context. As such, the TIS portal may play a role in minimising duplication and increasing efficiency.

We used that a lot. They've got a lot of good resources and health-related content on there for us and that certainly makes it a lot easier, especially when we're trying to get ideas of things to offer the community. Grant recipient, rural

While it has been useful in urban and rural contexts, the usefulness of resources on the TIS portal is limited in some remote contexts, where activities require considerable adaptation. This reiterates the need for more tailored support to these organisations.

It has been an eye opener on other commercial resources, but on the same note, it's not useful for anything we can use remotely, we've had to create our own resources, and that's been time consuming, because we have to have everything pictorial, or in simple language...that's obviously culturally appropriate. Grant recipient, remote

Overall, grant recipients have consistently reported that the opportunity to share knowledge and learn about other grant recipient activities is highly valued. The TIS Yarning Place allows grant recipients to communicate with each other in an online forum. Since its launch in June 2016, membership to the TIS Yarning Place has grown from 28 to 67.

We are connected to the Yarning Place and that's been really good to connect with other teams and see what they're doing. Grant recipient, rural

Grant recipients have expressed a desire to share their resources on the portal, as one urban grant recipient noted, 'we're looking at uploading our ads that we did so that everyone can see...' This willingness to share resources is reinforced by the NBPU TIS, who have indicated an increase in the number of grant recipients requesting to share their material on the portal.

I also found that there's a lot more peer to peer support...People are starting to share ideas, share resources...actually contacting us and saying "hey, we've got these resources can we share them through the TIS portal". Secondary stakeholder, NBPU TIS

NBPU TIS have indicated that they are considering updating the portal to include a separate page for grant recipients to showcase their work. Qualitative consultations with grant recipients suggests that this would be highly valued. Since these consultations were undertaken, the NBPU TIS have made updates to the TISRIC to include videos produced by grant recipients.

There's so many different tackling tobacco teams out there around Australia. It would be good to find out what the really good ones are doing really well and how they are recording things really well. Get a few of those examples... we're all trying to achieve the same thing. Grant recipient, urban

While most grant recipients acknowledged the content as useful, issues were identified with the layout and the style of language used. Grant recipients found sections 'very wordy' and academic and noted that in order to find what you were looking for, a number of links or tabs needed to be opened. As a consequence, grant recipients noted that the experience of navigating through the portal, felt arduous

and time consuming. Lack of time and workloads were frequently reported as a reason for not engaging with the TIS portal.

It's not very user-friendly, it's difficult to navigate but there is some good stuff on there if you can find it. Grant recipient, rural

The initial design for the portal, including the extent of the content and the language used, was driven by the requirements set by the department. Given the lack of time, ensuring that the TIS portal is straightforward and easy to navigate should be a priority. NBPU TIS have acknowledged that 'it's really important that we have a product that the grant recipients like and are going to want to use' and will be looking at how it can be improved.

### KEY FINDINGS: NBPU SUPPORT AND TIS PORTAL

NBPU TIS provides advice and guidance to grant recipients to monitor, measure and further improve their local TIS programs. Evaluation findings suggest grant recipients value having the NBPU TIS available to approach for support and advice and this support has aided in building their confidence and capacity to undertake M&E activities. Despite this positive feedback, qualitative consultations with grant recipients highlighted key challenges with the grant recipient/NBPU TIS relationship, including issues with communication. The challenges can partly be attributed to teething issues that should be expected when establishing a nation unit. In addition, whilst overall grant recipients were positive about jurisdictional and national workshops facilitated by NBPU TIS, there is a preference for workshops going forward to focus more on collaborative problem solving and ideas sharing within an evidence-based framework. A key component of the work of NBPU TIS is to provide tailored M&E evaluation support to grant recipients, which to date has largely been done through local M&E workshops. Evaluation findings indicate that grant recipients have varying degrees of satisfaction with the current support offer by NBPU TIS. For some, the workshops have provided greater clarity around data collection. Others, reported questions regarding M&E were left unanswered during the workshops and an additional level of support from NBPU TIS was needed.

The NBPU TIS portal is another component of the work of the NBPU TIS. The TIS portal provides information and resources to support grant recipients in planning, monitoring, and evaluating activities as well as information on workforce development. The portal also hosts an online forum (TIS Yarning Place) that enables grant recipients from across the country to share information and ask questions. Evaluation findings suggest grant recipients are utilising the TIS portal. The existing resources were seen as useful, however the useability of the website was questioned by some grant recipients. Continuing to respond to feedback from grant recipients and improve the content, navigation and useability of the site will be important going forward, as intended in the NBPU TIS action plan.

While challenges were identified, evaluation findings suggest NBPU TIS is demonstrating impact in reinforcing or increasing the confidence and capacity of grant recipients to become more outcome-focused.

**Recommendations:**

- 13. Grant recipients:** Continue to seek feedback from NBPU TIS regarding M&E activities where required.
- 14. NBPU TIS:** Continue to respond to feedback from GRs around M&E needs and TIS portal content and useability.

### 11.3 Role of high-level advocacy (National Coordinator)

The role of the National Coordinator is to deliver advice to the Australian Government in relation to policy development and implementation in relation to Closing the Gap through Tackling Indigenous Smoking, and as to provide leadership, support and mentoring to TIS program grant recipients. It is a funded position (ten days per month) within the department, and has been held by Professor Tom Calma AO<sup>10</sup> since it commenced in 2010.

In 2016 one of the key roles of the National Coordinator was ensuring all TIS grant recipients had consistent information about the TIS program redesign by attending and presenting at the NBPU TIS National Conference in Adelaide, as well as NBPU TIS jurisdictional workshops in Queensland, Northern Territory, Victoria, New South Wales, Western Australia and South Australia. The focus of 2017 for the National Coordinator will be individual visits to grant recipient teams.

Since August 2016, the National Coordinator has provided support to grant recipients through a monthly email to all grant recipients and subscribers of the NBPU TIS Updates. The 'Monthly Message' from the National Coordinator are designed to enhance the communication about the TIS program, so that grant recipients have access to consistent and timely information about the implementation of their local TIS programs. These messages have reinforced NBPU TIS information on: new evidence and resources available; the role of the National TIS evaluation and grant recipients' contribution to the evaluation; advice and resources on smoke-free workplace policy; guiding principles for developing partnership and collaborations; encouraging networking and ideas sharing through participation at NBPU regional workshops and significant events such as National Close The Gap Day and World No Tobacco Day.

Most respondents (87%) in the NBPU TIS jurisdictional workshop feedback questionnaires indicated that Professor Tom Calma's session during the jurisdictional workshops was 'excellent' and 12% indicated it was 'ok/good' (N.B. 97/177 participants completed the feedback form to this session nationally). This is supported by the grant recipient survey data where almost three quarters of grant

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<sup>10</sup> Professor Calma is a respected Aboriginal Elder who has been involved in Indigenous affairs at a local, community, state, national and international level and worked in the public sector for 40 years. He is currently on several boards and committees focussing on rural and remote Australia, health, education and economic development.

recipient representatives who responded (n=82) indicated either strong agreement (43%) or agreement (31%) that the support of the National Coordinator has enhanced the effectiveness of the TIS program and TIS activities within their organisation.

Grant recipients tended to value the National Coordinator's role, both in terms of his capacity to provide practical advice and leadership around individual grant recipient activities, as well as providing high-level advocacy, insights and leadership to assist in the shaping of policy and approach for the TIS program, and in the national implementation of TIS.

He's knowledgeable and presents well – knows what politicians are saying and what things are at risk.  
Grant recipient, urban

Tom actually came and visited us and that was great... from our own AMS base we're well supported. Grant recipient, rural

Through both one-to-one conversations with grant recipients and via the 'Monthly Message' through the NBPU Newsletter, the National Coordinator has been able to communicate and reinforce messages and information relating to the national implementation of the TIS program. Several instances were cited where the National Coordinator had helped to clarify aspects of the TIS program re-design for individual grant recipients.

Participants provided examples of how they had tweaked their local TIS program after discussing aspects of their activities at NBPU regional forums with the National Coordinator. For example, one grant recipient had added messaging around Quitline to the merchandise they used in health promotion activities.

It is a requirement for grant recipients to ensure the reach of their localised TIS activities extends across their funded region. One of the enablers for the successful implementation of cross-regional activities is partnerships with organisations across the region, so that tobacco reduction is 'everyone's business' and not just the remit of the funded organisation. Top-down support and advocacy from organisational leaders is fundamental to successful partnerships, and the National Coordinator is valued as having an important role in brokering this support.

I think the role of Uncle Tom is really important, and now we're getting those messaging from him, which is quite good. Also, being able to leverage him for those partnerships would be really useful.  
Grant recipient, urban

In 2017, the National Coordinator intends to spend time with the individual teams to ensure they have consistent and adequate information to implement their Action Plans as intended, and to assess how relationships are developing at a leadership level across regions. The National Coordinator has the capacity to undertake high-level advocacy around the importance of the TIS program at a national and regional level to encourage systematic integration of TIS activities into clinical settings and broader health promotion programs.

**Recommendation:**

- 15. Department:** Articulate the role of the National Coordinator in the context that the program has evolved and as such his role has evolved.

## 11.4 Governance and communication

Understanding the roles and responsibilities of the multiple 'players' has been a challenge for some grant recipients, where the distinction between who to go to for what type of advice has not always been clear, as well as who manages their contract, etc.

There are so many players, and that creates a challenge and how information is delivered and to: Tom; NBPU; Health; [grant recipient organisation]; CIRCA, RSGs [HSN], other grant recipients. How are we supposed to be delivering and communicating to all these groups? Grant recipient, urban

In response to this, a number of initiatives have been put in place in the second half of 2016:

- The 'Monthly Message' has been used to clarify aspects of the TIS program and grant requirements, and to ensure consistency of messaging between the NBPU TIS and the department.
- The roles and responsibilities of the department's Preventive Health Section, HSN, NBPU, National Coordinator and CIRCA were reinforced at the NBPU TIS National Conference in Adelaide in May 2016, and in subsequent NBPU TIS regional workshops in Brisbane, Sydney, Melbourne, Adelaide, Perth, Canberra and Darwin throughout 2016, as well as through the TIS portal.
- The department has indicated a need to improve the visibility of the NBPU TIS' operations for the department's state-based grant managers (HSN), and is looking at opportunities for improve information sharing to support the HSN in understanding grant recipients' needs, the issues they are facing and where the NBPU is assisting. This recognises that the NBPU TIS does not have a compliance role between grant recipients and the department.

### 11.4.1 Concurrent activities

A significant challenge for the TIS program getting up and running was the concurrent contracting of the grant recipients (early 2016), the national evaluators (late 2015) and the NBPU TIS (late 2015). This meant that the M&E Framework and TIS performance indicators and the final Action Plan templates were not available when grant recipients were contracted, making it difficult for grant recipients to plan activity. The parallel process of establishing the NBPU TIS and its team and implementing the new TIS program meant that some organisations were preparing Action Plans and commencing with program delivery before the NBPU TIS had engaged with them.

[It would have been better at time of contracting] if the department had said 'this is the final Action Pan template, you're having your national workshop in February (instead of in April/May), here's your M&E,

and now you've got until to March/April to get your Action Plans in'... because it was dragging out and it makes it more challenging. Grant recipient, remote

A key learning is that this situation may have been avoided if the NBPU TIS was established six months before the commencement of the regional grants program (see section 11.1 NBPU Support for further detail).

### 11.4.2 Timeframes and funding delays

Although most of the 37 grant recipients had been funded through previous rounds of funding since 2010, challenges in transitioning from the previous program to the new, including delays in finalisation of funding agreements, subsequent loss of experienced staff, difficulty recruiting new staff, and associated delays in initiating activities or expanding on activities already commenced has meant that the TIS program is essentially in its early stages, and many grant recipients reported they were 'starting from scratch again'.

We had this huge period of uncertainty, we lost some team members who couldn't deal with it, family commitments so they took other jobs. And also with the new program, we had to restructure the team, there aren't any healthy lifestyle workers anymore. It gave us an opportunity to look at what we were doing. It takes a while to establish a team again. Grant recipient, urban

There was uncertainty about the program whether it would continue or not. We were not sure if we would get funding again. We only got to know when we received it. That was the hardest part. In the last 3 years, we built up the relationship with the community. But when the funding was cut, the staff left because they didn't want to be in that situation, they didn't want to be in limbo. And it impacted a lot on the program and the activities. And we'll only be funded until 2018 so we don't know what will happen. Grant recipient, rural

Many grant recipients have been focussing on planning and development of tools and recruitment of staff in this early part of the TIS program. The results from the survey of grant recipients confirm that recruiting and retaining staff is both one of the greatest program achievements for grant recipients so far, as well as one of their biggest challenges identified. It is also one of the risks to the TIS program achieving desired outcomes moving forward.

When you revise a program, and you place a whole heap of new conditions around a program, such as evidence base, and you're recruiting and retaining staff in a remote location, then it really takes a year for the seeds to be planted, and we really need a longer commitment from government. It needs time to be able to flourish. Grant recipient, remote

### 11.4.3 Recruitment and retention

As a multi-level approach to tobacco reduction, which requires organisations to undertake activities for various population groups in a range of settings, and to operate across clinical and non-clinical settings, the TIS program is very ambitious and demands a variety of skills from TIS coordinators and workers. It can be difficult to attract and retain staff with the right mix of skills (particularly in regional and remote

areas), with many grant recipients expressing that it is 'hard to overstate how difficult it is to keep staff'.

In many organisations, recruitment has been a major issue, particularly in rural and remote areas. Among grant recipients in remote locations, it was common for the recruitment process to take six months or longer, which has impacted on capacity to deliver local TIS activities. Funding uncertainty during the transition period from the previous program to the redesigned program (June 2015 to January 2016), and the employment freeze contributed to this.

It's not just recruiting of staff for us. We're recruiting people who now have to learn to work in remote communities. It's not a practice that a lot of people have. They have to learn about the community development processes, they have to learn about the community engagement processes, they have to learn who's who, who to engage who not to engage, the politics the whole lot. It's not just the finding someone. It's about finding the right people with the right attitude, who are flexible, who are comfortable. So, we had a team of people who were working well, but now we've had to re-teach people how to work in remote locations as well. Grant recipient, remote

During the disgraceful period [employment freeze] when positions became vacant and they couldn't be filled - for 12 to 18 months [grant recipient organisation] and its employees did not know whether they would be funded. On one occasion people were issued redundancy notices ... only to discover that there's been another rescue ... since TIS has begun I have been a support person for the team. Grant recipient, rural

There was consistent feedback from grant recipients and stakeholders that the shorter 2-year timeframe for TIS funded organisations until June 2017 has presented challenges for regional grant recipients, as organisations struggle to attract and retain staff on short term contracts.

Grant recipients have also reported that the final year of funding (2017-18) being dependent on the mid-term evaluation also impacts staff recruitment and retention. Some grant recipient have been unable to put staff on contracts past June 2017 in case TIS funding was discontinued, and they will be providing notice to staff in April 2017 if they have not had funding confirmed past June 2017, in order to provide staff with sufficient time to find new roles.

Come end of June, they're wondering if they are going to be around – you can't plan smoking cessation around that timeline. Grant recipient, urban

#### 11.4.4 Performance reports

There were mixed views among grant recipients on the template for the performance report. While some found it easy to report against the national performance indicators, on balance more found the national performance indicators challenging to report against. The main factors contributing to this were:

- TIS activities applying to multiple indicators;
- a reporting template that did not easily align with grant recipients' Action Plans;

- a view that 500 words per indicator was insufficient to report on performance.

It is anticipated that this additional guidance by the department on the performance report template (see section 10.2.3), further assistance for grant recipients from the NBPU TIS to support the monitoring and evaluation processes, and completed recruitment of TIS teams by grant recipients will result in improved reporting across all performance indicators, i.e. monitoring systems that are measuring outcomes (not outputs) with adequate data to show some progress against all performance indicators.

While grant recipients welcomed the proposed guidance from the department on completing the performance report together with examples of possible data relevant for each indicator, they also expected feedback, or at least acknowledgement from the department, when they lodged their performance reports. For most grant recipients, this expectation had not been met.

We had zero feedback. Not even an email to say we're looking at it. So how can we be changing what we're doing right now? To have no feedback, it feels a little administrative, one-sided, you know you must supply us with all of this to meet our needs, but it needs to be a two-way relationship. Grant recipient, urban

There is also a lack of clarity among grant recipients about the role of the department and NBPU TIS in performance reporting. Many grant recipients were surprised that the NBPU TIS did not review their performance reports before they were submitted to the department, yet their Action Plans had to be endorsed by the NBPU TIS before departmental sign-off. Some further clarity for grant recipients on the demarcation of roles in relation to performance reporting would be useful moving forward.

## KEY FINDINGS: GOVERNANCE AND COMMUNICATION

Grant recipients have understood and responded to the new emphasis for evidence-based activities focused on tobacco reduction outcomes and the various components of support are supporting this evolution. Various initiatives were undertaken in the latter half of 2016 to clarify the roles and responsibilities of the various 'players' in the national TIS program, to ensure consistent program messaging, and to enhance performance reporting.

A significant challenge for several grant recipients planning and implementing activity in the early stages has been the loss of experienced staff due to funding uncertainty. Recruitment has been an issue for many grant recipients due to the mix of skills demanded from TIS staff, particularly in remote areas. Grant recipients report continued issues attracting and retaining staff when only short term contracts under the new TIS program.

Despite these concerns, indications are that providing grant recipients are given sufficient time and support to execute their Action Plans, they are on track for achieving stated tobacco reduction

outcomes. The key risk to this is workforce stability, which would be strengthened by timely advice about the outcome of ongoing funding arrangements.

**Recommendations:**

- 16. Department:** Provide greater clarification of TIS funding parameters, especially in terms of incorporation of healthy lifestyle activities and one-on-one smoking cessation support.

# KEY REFLECTIONS

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## 12. Reflections on the TIS program

I think there's been so much implementation now that the seeds have been planted for success. Grant recipient, remote

### Achievements to date

The evaluation sought to identify achievements of the TIS program over the past 12 months. During qualitative consultations grant recipients were asked to discuss the most significant achievement of their local TIS program to date. Grant recipient survey respondents were also asked an open-ended question with a similar theme. The most mentioned topics were community engagement, staff recruitment and training and upskilling staff. Planning and development of resources, and delivery of social marketing initiatives and health promotion activities were also cited.

Over the past 12 months', 68% of grant recipients reported placing the greatest allocation of resources and 71% the greatest budget allocation towards Performance Indicator 1: Quality and reach of community engagement in the grant recipient survey. It is not overly surprising therefore, that many grant recipients and stakeholders reported increased community engagement as a significant achievement of their TIS activities. The importance of building relationships and trust within communities and establishing partnerships with external organisations was noted by several grant recipients during the qualitative consultations. The impact community engagement has had on setting a foundation for the work TIS teams will do going forward was also discussed.

We're setting ourselves up really well for that next phase. Rather than jumping into it unprepared. I feel like that investment [building partnerships and frameworks for TIS activities] is going to really pay off. Grant recipient, urban

Community engagement was reported by grant recipients as key to increasing community awareness of local TIS programs and available support services. In turn, increased awareness and trust of the TIS team was noted by grant recipient's as a significant achievement because it has resulted in increased uptake of TIS support services.

The response rate from community members, they've used their own free will to want to contact us. We've built that within the communities for them to want to see us. I think that's been the greatest achievement in the short amount of time. Grant recipient, remote

Building capacity to support quitting (performance Indicator 3) was ranked second in terms of resource allocation by TIS Managers in the grant recipient survey. It appears that investment in this area has benefitted local TIS programs, with several grant recipients reporting building the skills and capacity of TIS staff to deliver smoking cessation education and supported as a significant achievement of their TIS activities to date in qualitative consultations and the grant recipient survey.

Planning and resource development was also reported by some grant recipients as a key achievement of their work over the past 12 months. These grant recipients linked careful preparation, testing and development of TIS resources and wider activities as central to the success of their local TIS program going forward.

For me, running our testing and development of our resources that our workers are going to use. Just trying to get that foundation in place. Pretty much the year's been about planning. 2017 we'll really start getting into delivery. Grant recipient, remote

Several grant recipients noted the development of social marketing campaigns and health promotion activities (especially smoking cessation education) as significant achievements of their work to date. Similarly, primary stakeholders also reported progress towards the delivery of health promotion activities (especially education programs) as a significant achievement of the TIS program in the primary stakeholder survey.

## Areas needing additional investment and support

The evaluation sought to identify areas where the TIS program may need additional investment or support over the final 18 months of the TIS program. The preliminary evaluation suggests grant recipients saw greater investment in external partnerships, the reach of TIS activities, and data collection processes as key areas they need to invest in. External assistance to help build the evidence-based for TIS activities was also noted by many grant recipients as an area they require additional support.

In terms of data collection, grant recipients reported that improving data gathering processes, such as client smoking status and referral data, and ensuring this data is accurately recorded in their patient information system has been challenging and is an issue that requires additional investment. Organisations are concerned that limited outcomes will have been achieved at the time of the mid-term evaluation, which will report outcomes from a relatively short implementation period of 12 months.

In addition, grant recipients discussed challenges to adequately demonstrating outcomes from their TIS activities. This included the limited capacity of TIS staff to undertake program evaluations and translate data into performance reports. At a national level, the first progress reports tended to focus on establishment of the new program following funding approval. Although most organisations appear to appreciate the intent of the new program and have written Action Plans consistent with this message, not all services have been able to establish as quickly as anticipated. There were teething issues and challenges in transitioning from the previous program to the new, including delays in finalisation of funding agreements, subsequent loss of experienced staff, difficulty recruiting new staff, and associated delays in initiating activities or expanding on activities already commenced. These issues are discussed in section 11.4.3.

The shift to reporting outcomes against complex performance indicators requires a major change in thinking, and developing systems to support data collection. Further, TIS team members are not recruited for their evaluation skills, and it is not their core role. There is also recognition that a focus

on reporting should not be at the cost of service delivery. The evaluation findings suggest that the NBPU TIS has been successful in promoting the importance of data collection as a performance tool, the result of which is seen in most of the Action Plans. There are opportunities for additional and more tailored support and skills enhancement from the NBPU TIS for grant recipients, as outlined in their 2017 Action Plan (see section 11.1.3).

I think the challenge that most people have is that we are a small team, we are very focussed on delivering activities under our Action Plan but the evaluation and the follow up and understanding whether outcomes are achieved is challenging because that's not an area of expertise [in] the team.  
Grant recipient, rural

During qualitative consultations, several grant recipients discussed the need to work closer with external organisations to develop and refine smoke-free policies and increase the number of smoke-free spaces and events. This is not overly surprising given that TIS Managers reported allocating the least resources and budget to performance indicator 5: Supporting smoke-free environments. Grant recipients acknowledged the challenges associated with smoke-free policy development and policing of smoke-free spaces and events, which was discussed in detail in section 8.2.

Challenges regarding the reach of local TIS program activities, especially those that target remote and very remote communities and pregnant women and mothers was also highlighted by some grant recipients. This was reiterated by respondents in the primary stakeholder survey who reported that in a remote context, the ability to reach communities due to the distance and lack of staffing was seen by many as the greatest challenge facing the TIS program. These challenges are a focus of some of the innovation grants.

The TIS program remains, essentially, in its infancy. A strong theme emerging from the evaluation is that the shorter 2-year timeframe for TIS funded organisations until June 2017 has presented challenges for regional grant recipients, as organisations struggle to attract and retain staff on short term contracts.

## Success going forward

Continuing to build on the strengths and achievements of TIS activities to date and addressing areas identified as needing additional investment and support identified in this report, were noted by grant recipients during qualitative consultations as integral to the success of localised TIS programs going forward. This includes supporting and upskilling TIS staff, expanding social marketing campaigns and health promotion activities, continued focus on community engagement and establishing smoke-free environments.

Several grant recipients discussed the importance of supporting and continually upskilling staff to increase their capability to deliver smoking cessation education and advice as central to the success of their local TIS program over the next 18 months.

I think it's ensuring that the team are building their confidence in their skills to be able to deliver in communities. Which they're doing already, I can see it already...It's continuing to support the team as

they're getting into their role. I'm already impressed with what people are doing. Grant recipient, remote

I think we've got the seeds of you know, of a team approach occurring. So it's maintaining [it]. One of my roles is to try and keep that network running and that regional focus happening. So work on that and then allow these guys to really hit the ground, and do what they do best. Grant recipient, urban

Similarly, expanding localised health promotion was noted by many grant recipients as key to the success of local TIS programs going forward. This includes growing the range of smoking cessation education programs available to community and expanding social marketing campaigns.

Continuing to build relationships and awareness of local TIS programs, and increase community ownership of TIS activities and delivery of smoking cessation messages was noted as important to the long-term success of TIS activities.

I suppose from my point of view, I'm looking at...I know social norms take years to change but that's ultimately what we're looking to do by changing the environment, that smoking is not normal and it's not really acceptable anymore. I'm using the community to have that message and drive that message for us, whether it's in the school, workplace events, homes. That there's just pressure on people that it's not as acceptable anymore. Grant recipient, urban

Expanding TIS activities relating to smoke-free environments, including partnerships with local organisations was seen by some grant recipients as an area important to the success of local TIS programs and the reduction of smoking rates in Aboriginal and Torres Strait Islander communities going forward.

Grant recipients, key stakeholders, including NBPU TIS and the department all recognise that implementation of the program must continue for some years to be able to observe and evaluate outcomes. All involved in the program stress time is required/needed/important to influence and change smoking behaviours and practices in communities where smoking is entrenched and seen as the norm.

## Recommendations

### Overall recommendations

1. **Department:** The TIS program in its current form should be continued, with a move away from short-term funding cycles.
2. **Department:** Provide immediate advice about the funding of TIS from June 2017 to end of current funding cycle.

### Shift to TIS

3. **Department:** Provide clarity around what is allowable in relation to healthy lifestyle activities within the current iteration of the TIS program

### Community engagement and partnerships

4. **Grant recipients:** Continue to broker partnerships and leverage relationships.
5. **NBPU TIS:** Continue to build capability of grant recipients to broker partnerships and leverage relationships through the distribution and promotion of relevant resources.

#### **Community education and awareness**

6. **Grant recipients:** Continue to identify and prioritise key groups, especially pregnant women.
7. **Grant recipients:** Ensure evidence-based best practice community education models (including monitoring and evaluation approaches) are sought and adopted where appropriate.
8. **NBPU TIS:** Ensure the evidence-based best practice community education models (including monitoring and evaluation approaches) are available, particularly for priority target groups such as pregnant women and activities around social marketing.

#### **Smoke-free environments**

9. **Grant recipients:** Continue to explore implementing smoke-free workplaces and enhance support for smoke-free public spaces.
10. **National Coordinator:** Lead a dialogue between regional leaders, including CEOs, Board members of TIS and non-TIS funded organisations around establishing smoke-free environments.

#### **Access to quitting support**

11. **Grant recipients:** Continue to strengthen partnerships with Quitline and other quit support structures where appropriate.

#### **Contribution to larger evidence base**

12. **Grant recipients:** Build on routine and existing data sources to reduce data collection burden.

#### **National support**

13. **Grant recipients:** Continue to seek feedback from NBPU TIS regarding M&E activities where required.
14. **NBPU TIS:** Continue to respond to feedback from GRs around M&E needs and TIS portal content and useability.
15. **Department:** Articulate the role of the National Coordinator in the context that the program has evolved and as such his role has evolved.

#### **Governance and communication**

16. **Department:** Provide greater clarification of TIS funding parameters, especially in terms of incorporation of healthy lifestyle activities and one-on-one smoking cessation support.



## Appendix 2: Demographics of qualitative consultations

### TIS grant recipient staff (n=132)

	Remote	Rural	Urban	Total
QLD	9	2	19	<b>30 (23%)</b>
NSW	-	28	11	<b>39 (30%)</b>
ACT	-	-	3	<b>3 (2%)</b>
VIC	-	5	10	<b>15 (11%)</b>
TAS	-	2	-	<b>2 (2%)</b>
SA	-	2	8	<b>10 (8%)</b>
NT	14	2	-	<b>16 (12%)</b>
WA	7	5	5	<b>17 (13%)</b>
<b>Total</b>	<b>30 (23%)</b>	<b>46 (35%)</b>	<b>56 (42%)</b>	<b>132</b>

### Primary stakeholders (n=43)

Primary stakeholder consultations were conducted during site visits. For one of the eight grant recipients selected for a site visit, consultation with primary stakeholders was not appropriate given the prematurity of the TIS team.

	Remote	Rural	Urban	Total
QLD	7	-	5	<b>12 (28%)</b>
NSW	-	14	-	<b>14 (33%)</b>
ACT	-	-	-	-
VIC	-	-	7	<b>7 (16%)</b>
TAS	-	-	-	-
SA	-	-	2	<b>2 (5%)</b>
NT	0	-	-	<b>0</b>
WA	8	-	-	<b>8 (19%)</b>
<b>Total</b>	<b>15 (35%)</b>	<b>14 (33%)</b>	<b>14 (33%)</b>	<b>43</b>

### Community (n=71)

Community consultations were conducted during site visits. For one of the eight grant recipients selected for a site visit, consultation with local community members was not appropriate given the prematurity of the TIS team.

	Remote	Rural	Urban	Total
QLD	2	-	4	<b>6 (8%)</b>
NSW	-	16	-	<b>16 (23%)</b>
ACT	-	-	-	-
VIC	-	-	37	<b>37 (52%)</b>
TAS	-	-	-	-
SA	-	-	5	<b>5 (7%)</b>
NT	-	-	-	<b>0</b>
WA	7	-	-	<b>7 (10%)</b>
<b>Total</b>	<b>9 (13%)</b>	<b>16 (23%)</b>	<b>46 (65%)</b>	<b>71</b>

## Appendix 3: Demographics of survey data

### Grant recipient survey (n=108)

#### Roles

- 39 identified as Managers (18) or Regional Coordinators (21)
- 35 as Educators - open-ended responses indicated these were Tobacco Action Workers, Tobacco Officers or similar titles
- 29 as Project Officers
- 3 Liaison Officers
- 1 Counsellor
- 1 Research/Evaluation

#### Geographical distribution

Remote grant recipient respondents were slightly under-represented compared to the national distribution of grant recipient organisations. This would be expected given the limited number of staff within these regions. Due to the scale of the organisation, a Queensland urban grant recipient was over-represented in the sample. Responses from this sub-sample (n=18) were analysed separately and results were comparable to the wider sample.

	Remote	Rural	Urban	Total
<b>QLD</b>	4	8	18	<b>30 (28%)</b>
<b>NSW</b>	4	19	6	<b>29 (27%)</b>
<b>ACT</b>	0	0	4	<b>4 (4%)</b>
<b>VIC</b>	0	4	4	<b>8 (7%)</b>
<b>TAS</b>	0	3	0	<b>3 (3%)</b>
<b>SA</b>	1	1	7	<b>9 (8%)</b>
<b>NT</b>	9	2	0	<b>11 (10%)</b>
<b>WA</b>	5	4	5	<b>14 (13%)</b>
<b>Total</b>	<b>23 (21%)</b>	<b>41 (38%)</b>	<b>44 (41%)</b>	<b>108</b>

### Primary stakeholder survey (n=46)

Out of the 46 respondents, one respondent dropped out after completing 88% of the survey. Their responses are included in this analysis.

#### Roles

- 17 identified as an employee of an ACCHO
- 11 identified as an employee of a health service other than an ACCHO
- 4 identified as an employee of an Indigenous organisation other than an ACCHO
- 2 identified as school teachers

- 12 identified as 'Other' with popular responses including employee at community organisation/NGO or Local Health District.

### TIS program funded?

- 22 respondents belonged to TIS funded organisation
- 21 respondents indicated that their organisation did not receive TIS funding
- 3 respondents indicated that they did not know whether or not their organisation received TIS funding

### Geographical distribution

NSW respondents were over-represented in the sample. This would be anticipated given that 2 out of 8 site visits were conducted in rural NSW. Responses from NSW respondents were analysed separately and results were comparable to the overall sample (excluding NSW).

	Remote	Rural	Urban	Total
<b>QLD</b>	0	0	1	<b>1 (2%)</b>
<b>NSW</b>	1	18	5	<b>24 (52%)</b>
<b>ACT</b>	0	0	2	<b>2 (4%)</b>
<b>VIC</b>	0	0	1	<b>1 (2%)</b>
<b>TAS</b>	0	0	0	<b>0 (0%)</b>
<b>SA</b>	6	0	5	<b>11 (24%)</b>
<b>NT</b>	1	0	0	<b>1 (2%)</b>
<b>WA</b>	4	2	0	<b>6 (13%)</b>
<b>Total</b>	<b>12 (26%)</b>	<b>20 (44%)</b>	<b>14 (30%)</b>	<b>46</b>

## Appendix 4: Innovation Grants

Innovation Grant Recipient	Project	Target population	Study Design	Key Intended Outcome
<p><b>Aboriginal Health Council of South Australia</b></p>	<p>This project will establish a socially attractive gathering space, a Male Health Shed. The Shed will be dedicated to males where Aboriginal art, social and cultural activities can be practised. It will promote smoking cessation and preventative health.</p> <p>The project plans to provide Aboriginal males with a multi-faceted holistic tobacco cessation program (i.e. assessment, brief intervention, counselling, behaviour therapy, access to smoking cessation pharmacotherapy, health education, family support, skills building) that is tailored to their individual needs.</p>	<p>Aboriginal males aged 15 years and older who live in the two remote SA communities of Yalata and Coober Pedy.</p> <p>A secondary target group is Aboriginal men and women aged 15 years and older.</p>	<p>The project will be evaluated through a quasi-experimental matched comparison group design.</p> <p>Each community will be matched to a comparison community in terms of (i) smoking prevalence (ii) age and gender profile and (iii) remoteness index.</p> <p>The primary outcome measure is self-reported smoking status for two sets of samples (i) Aboriginal males aged 15 years and older, as exposed to the program, and (ii) Aboriginal men and women aged 15 years and older at the community level.</p>	<p>Observed change in the proportion of ex-smokers who quit less than 12 months ago and 12 months or more ago in the communities receiving the program, compared to the communities not receiving the program.</p>
<p><b>Metro South Hospital and Health Service,</b></p>	<p>The aim of the Project is to grow a smoke-free story in Inala. The Project will adopt a holistic approach to</p>	<p>Pregnant women aged 14-30 years attending the CoE group, their partners or key</p>	<p>This is an exploratory study. The overarching research question is to determine if a</p>	<p>Program feasibility will be determined through levels of participation in the program,</p>

<p><b>Queensland Health</b></p>	<p>smoking cessation and prevention of uptake during pregnancy for Aboriginal and Torres Strait Islander youth.</p>	<p>family members, and their social circles.</p>	<p>holistic and ecological approach to reducing barriers to smoking behavioural change decreases rates of smoking amongst young women pregnant with an Aboriginal baby, their partners, and their social circles.</p>	<p>as well as participants' satisfaction with the program.</p> <p>Program effectiveness will be determined through recorded changes in smoking behaviours amongst all participants.</p>
<p><b>Aboriginal Resource and Development Services (ARDS) Aboriginal Corporation</b></p>	<p>The Project aims to support householders in three Top-End Aboriginal communities to establish or extend smoke-free spaces in the home. Households will be invited to participate in the program and receive ongoing support from ARDS team members and local project workers to take up strategies that render their homes - or parts of their homes - smoke-free.</p>	<p>The target group for this project is Aboriginal people residing in remote or very remote communities in the Top End of Australia.</p> <p>The project will be delivered in communities hosting stores owned by the Arnhem Land Progress Aboriginal Corporation (ALPA). ALPA currently owns stores in East, Central and West Arnhem Land, in Far North Queensland, and in a number of other regions in the Northern Territory.</p>	<p>The project aims to capture a set of baseline data in each participating household.</p> <p>As support for each household continues, the project team will capture information on any new or expanded smoke-free spaces and the key motivators and social mechanisms by which these spaces were established and maintained.</p> <p>At the conclusion of the project, in each household a final snapshot of smoke-free spaces will be captured along with a further particle count to allow comparison with baseline data. This comparison will allow identification of the most</p>	<p>Primary outcome:</p> <p>The project will achieve a 50% increase on the baseline in the number of households in the community with active policies and strategies in place to control ETS. The project will correlate householder statements about smoke-free policies that apply in their home with a quantitative measure of airborne particles in the home using a Dylos 1700 particle counter.</p> <p>Secondary outcome:</p> <p>Tobacco sales in ALPA outlets in the 12 months after the project ends will be lower</p>

			<p>successful strategies for promoting smoke-free spaces.</p> <p>Tobacco sales data through the ALPA retail outlet in each community will be tracked across the project period to identify whether an extension of smoke free spaces leads to a corresponding decline in tobacco sales. This information will be compared with reported weekly household expenditure.</p>	<p>than before the project and will show continuing decline.</p>
<p><b>National Drug and Alcohol Research Centre, UNSW</b></p>	<p>Smoking Nutrition, Alcohol and Physical Activity 'SNAP' program</p>	<p>Inmates in NT prisons</p>	<p>The study is randomised controlled trial with a sample size of 864 NT prisoners. They will be interviewed at baseline and at follow up in the community. The treated group will receive the SNAP brief intervention.</p>	<p>Prevent relapse to smoking after release from prison.</p>
<p><b>South Coast Women's Health &amp; Welfare Aboriginal Corporation</b></p>	<p>Project provides ongoing, positive, gender-specific engagement with Aboriginal women who are pregnant, and Aboriginal young women.</p> <ul style="list-style-type: none"> <li>encourage and support attendance at Aboriginal women's and young women's groups (process);</li> <li>reduce psychological distress (outcome); and</li> </ul>	<p>The two primary target populations are teenage women smokers and pregnant smokers. A secondary target population is Aboriginal women smokers of child-bearing age.</p> <p>The Balaang and Binjilaang project targets Aboriginal</p>	<p>The project will employ culturally safe action research methodologies that engage local Aboriginal communities, elders, and younger women in design, delivery and evaluation of interventions. Partners will collect and correlate data on nicotine dependence and psychological distress among target populations. Qualitative methods will be utilised to identify core components of</p>	<p>Reduce psychological distress (outcome); and</p> <p>Reduce nicotine dependence and increase quit attempts (impact).</p>

	<ul style="list-style-type: none"> <li>reduce nicotine dependence and increase quit attempts (impact).</li> </ul>	women living in south-east NSW.	<p>the interventions most strongly linked to reduction of nicotine dependence.</p> <p>The intervention will be determined to be effective if there are statistically significant changes in nicotine dependence over repeat measures in the three target populations and these are positively correlated to attendance and reduction in psychological distress.</p>	
<b>NT Department of Health</b>	Peer lead intervention, which seeks to engage young people with health services that support tobacco cessation and to change their peers' views about smoking. These peer leaders will be part of an integrated service response delivering holistic smoking cessation support, and they will receive accredited training to develop their skills and knowledge.	10 - 18 year olds with resident status in two remote communities – Maningrida and Gunbalanya – Arnhem Land, Top End, NT. This represents a sample size of approximately 900 eligible participants.	<p>The project will provide an in-depth understanding of both the prevalence and nature of youth smoking in the participating communities, and detailed qualitative and quantitative information about the impact of targeted interventions.</p> <p>The three research questions being addressed are:</p> <p>Does a peer-led tobacco cessation support intervention lead to increased engagement with tobacco cessation services?</p> <p>What works when integrating youth tobacco cessation</p>	<p>More accurate estimates of smoking prevalence among the target population;</p> <p>increased number of quit attempts among young people;</p> <p>a shift in norms amongst youth towards non-smoking; and</p> <p>an increased number of smoke free homes and restricted access to tobacco.</p>

			<p>support into holistic service delivery?</p> <p>How can tobacco supply be restricted for youth under 18 years?</p>	
<p><b>Western Australian Centre for Remote and Rural Medicine Ltd</b></p>	<p>The project will use a women-centred approach to achieve a better understanding of Aboriginal women’s barriers to smoking cessation by designing and delivering a relevant, culturally meaningful smoking cessation program for Aboriginal women living in the Hedland and Western Desert communities</p>	<p>Aboriginal women aged from 15 years from the communities serviced by:</p> <p>Wirraka Maya Health Service Aboriginal Corporation (WMHSAC), Port Hedland, Pilbara, WA; and</p> <p>Puntukurnu Aboriginal Medical Service (PAMS), Newman, Pilbara, WA which services Newman, Jigalong, Parnngurr, Punmu and Kunawarritji in the north of WA.</p>	<p>The project will use qualitative and participatory action research methods and will be conducted with cultural sensitivity, in a series of workshops with local Aboriginal women. These workshops will focus on women’s health and wellbeing, rather than focusing only on smoking cessation.</p>	<p>Enhance the evidence base on the effectiveness of a women-centred approach to women’s self-efficacy and motivation for change. Results will be used to inform strategies and initiatives able to be supported in a primary healthcare setting.</p>

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