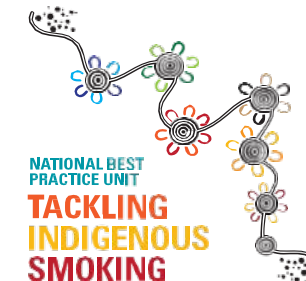


## NBPU TIS guide to activities for the Tackling Indigenous Smoking (TIS) Program June 2022-2023



The TIS program uses population health promotion activities to reduce the prevalence of smoking in Aboriginal and Torres Strait Islander communities. TIS is a tobacco control program, not a smoking cessation program. It aims to **reduce smoking prevalence by preventing the uptake of smoking, as well as encouraging people who smoke to quit**. Regional Tobacco Control Grant (RTCG) teams are funded to provide **community outreach**, not clinical individual level action to improve the health and wellbeing of all Aboriginal and Torres Strait Islander people.

A list of eligible TIS activities is provided on the Grant Opportunity Guidelines (GOGs) issued by the Australian Government Department of Health. These activities are all evidence-based. The most recent evidence to support these activities has come from:

- TIS Program Impact evaluation (ANU 2018-2022)
- TIS Program Process evaluation (CIRCA 2015-2022)

The listed activities are all population health promotion activities which are:

- designed to reach groups or communities of people, not individuals on a one-to-one basis;
- able to reach all Aboriginal and Torres Strait Islander people within your TIS geographic region, not just current service-users.

The table below provides examples of best practice and additional evidence from the literature for each of the eligible activities. However, you must still consider how these activities will translate to your local context. Wise practice means looking beyond this formal evidence to ask:

- How will community members feel about this activity?
- Does the activity fit with the values and preferences of the people living in my service region?

Activities will only be effective if they align with local values and preferences. You can answer these questions by:

- reflecting on your own experiences working in community (has this activity been well received and had good outcomes before?)
- considering local evidence (for example, organisational reports and data, your team's TIS Activity Intensity Report provided by ANU)
- consulting with local community at the very first stages of designing an activity. This co-design process is the most important part of ensuring best practice.

It is also important to remember that:

- Activities should include a clear '[Call to Action](#)';
- A comprehensive approach to population health promotion means using a combination of activities to increase reach across the population;
- Activities can be targeted to priority groups or appeal to the whole of community. Having a mix of approaches works well;
- As well as designing activities to increase the reach of your program (number of people participating in activities), remember that population health promotion works best when activity is high intensity (a regular and repeated program of activities) as this increases the impact of your messaging.



Figure 1: Using evidence to develop locally relevant services

## 1. Community education and engagement

A key component of population health promotion is providing information and education to increase people's understanding of the harms of smoking, the benefits of being smoke free and the pathways to quitting. Education and community engagement can take many forms, but typically include prevention programs delivered to youth in schools, youth groups, or through sports programs and education delivered at social activities (for example women's groups, art groups, men's sheds, bush camps, mums and bubs group), or at community events and festivals (for example, NAIDOC).

Best practice for Youth Programs	Published evidence youth programs work	Expected outcomes for youth programs	M&E methods
Youth prevention programs work best if they: <ul style="list-style-type: none"> <li>• are interactive;</li> <li>• include social influences and peer leadership;</li> <li>• use culturally appropriate activities;</li> <li>• are tailored for the age of the children;</li> <li>• include 15 or more sessions delivered to at least up until the ages of 14 or 15 years;</li> <li>• are provided as part of a multi-component community outreach program.</li> </ul>	Deadly Choices School Program has been delivered since 2010 to more than 250 Aboriginal and Torres Strait Islander students across 20 schools and training centres throughout South East Queensland. An <a href="#">evaluation</a> of the program delivered in an urban setting used pre-post program surveys and showed a positive impact on students': <ul style="list-style-type: none"> <li>• beliefs that they could take action to prevent getting chronic disease (self-efficacy) (increasing from 3.3/5 to 4.3/5)</li> <li>• leadership confidence (increasing from 3.3/5 to 3.9/5);</li> <li>• understanding of the health conditions caused by smoking (increased from 7.2/10 to 8.4/10)</li> </ul>	Reach to youth in community  Increase in knowledge, anti-smoking attitudes and intentions not to smoke (or to quit if they are already smoking) and self-efficacy	Number of schools program delivered to, frequency of delivery, and number of students in attendance  Pre-post program <a href="#">surveys</a> of knowledge, attitudes and intentions and self-efficacy  <a href="#">Focus groups</a> held during the final program session to evaluate student 'take home message' (knowledge), attitudes, intentions and self-efficacy
<b>Additional information:</b>	<a href="https://tacklingsmoking.org.au/young-people/">https://tacklingsmoking.org.au/young-people/</a>		
Best practice for Community events	Published evidence community events work	Expected outcomes for community events	M&E methods
Health education at events should include: <ul style="list-style-type: none"> <li>• Active promotion of a smoke free life style;</li> <li>• Interactive and engaging displays/activities;</li> </ul> All events should be smoke free (see below)	Deadly Choices hold monthly community events (pandemic restrictions permitting). Attendance rates are between 300 and 600 people per event. A <a href="#">survey</a> evaluation completed directly before and after participating in the health education activities found that all knowledge scores significantly improved between baseline and follow up across all community events. For example, addictive substances in a cigarette were correctly identified by 340 (72%) of respondents before the activity, with this increasing to 376 (79.7%) after the activity.	Community reach and engagement  Increase in knowledge (this could include knowledge of quitting pathways), anti-smoking attitudes and intentions not to smoke	Number of attendees who participate in TIS activities (e.g., interact with displays or education sessions)  Short <a href="#">surveys</a> /quizzes or competitions can be used to engage the audience and evaluate message impact  Response to call to action (e.g. pledge to have a smoke free home)
<b>Additional information:</b>	<a href="https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/">https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/</a>		

## 2. Smoke free activities

Smokefree environments protect people from the harm of second-hand smoke. They also demonstrate changed social norms, which provides a supportive environment for people who have recently quit and those starting out on their smoke free journey. Policies to support smokefree workplaces, and public spaces (e.g. sporting venues, remote community stores) along with smoke free homes, cars and community events (see Activity 4 below) are an important part of a comprehensive approach to tobacco control.

Best Practice for Smoke-free policies	Published evidence smoke-free policies work	Expected outcomes for smoke-free policies	M&E approaches
<p>Smoke-free policies are important for tobacco control. They protect people from second and third hand smoke and foster a supportive environment for people trying to quit. <a href="#">A co-design process</a> supports the development, implementation and maintenance of a smoke-free workplace policy which includes:</p> <ul style="list-style-type: none"> <li>• Strong leadership;</li> <li>• Engagement of the workforce (especially tobacco users);</li> <li>• Workforce empowerment;</li> <li>• Identification of workplace support.</li> </ul>	<p>According to <a href="#">Tobacco in Australia</a> strong evidence shows that smokefree policies:</p> <ul style="list-style-type: none"> <li>• Reduce exposure to tobacco toxins;</li> <li>• Reduce exposure to second-hand smoke;</li> <li>• Reduce respiratory symptoms in workers;</li> <li>• Reduce amount smoked among people in the workforce who smoke;</li> <li>• encourage people who smoke to quit and to remain abstinent;</li> <li>• reduce mortality rates from smoking-related illnesses.</li> </ul>	<p>Policy is implemented in workplace or venue</p> <p>Increase in knowledge pro smoke-free attitudes and intentions to be smoke free at work</p>	<p><a href="#">Environmental scan</a>, or workforce <a href="#">survey</a></p> <p><a href="#">Surveys</a> of knowledge, attitudes and intentions</p>
Best Practice for Smoke-free homes	Published evidence smoke-free homes work	Expected outcomes for smoke-free homes	M&E approaches
<p>In 2017 a <a href="#">review</a> of approaches to establishing smoke free homes in Indigenous populations in Australia, New Zealand, Canada and the United States found that pregnant women are highly motivated by strong beliefs about protecting children from second hand smoke to create a smoke-free home. Implement and maintain a smoke free home requires strength and confidence to:</p> <ul style="list-style-type: none"> <li>• enforce strict rules</li> <li>• give strong instructions to prevent visitors or family members from smoking in the home</li> </ul> <p>Role modelling by Elders or other respected community members was also important.</p>	<p>This <a href="#">review</a> found that smoking restrictions in the home were associated with:</p> <ul style="list-style-type: none"> <li>• reduced smoking levels</li> <li>• an increased number of quit attempts by people who smoke.</li> </ul> <p>A <a href="#">study</a> in the UK found that public smoking bans during the period 1998-2018, led to more smoke free homes (from 63.0% in 1998 to 93.3% in 2018). A significant reduction in children's mean cotinine levels was also found (from 0.50 ng/ml in 1998 to 0.05 ng/ml. in 2018). This shows the direct influence of smoke free homes on child health.</p>	<p>Increased Knowledge about the benefits of smoke free home, positive attitudes to smoke-free homes and Intentions/behaviours.</p> <p>Response to call to action</p>	<p><a href="#">Surveys</a> of knowledge, attitudes and intentions</p> <p>Number of pledges made</p>
<p>Supporting community Events to be smoke free</p>	<p>For more details refer to Activity 4</p>		
<p><b>Additional information:</b></p>	<p><a href="https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/">https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/</a>  <a href="https://bit.ly/3yNnJtJ">https://bit.ly/3yNnJtJ</a> (how to establish smoke free policies in the workplace)</p>		

### 3. Mass media and/or social media campaigns

Social Marketing campaigns are good way to extend program reach across your service region. Using a combination of traditional communication channels (TV, radio, print media) and social media channels (Facebook, Instagram, TikTok) can be very effective if you want to reach an entire population as different media will appeal to different groups. Exposure to the message will also be increased if messages are displayed in different locations (e.g. TV ad, poster on the bus, Facebook 'social tile'). This repetition strengthens the message. It is important to choose the communication channel that will have the best reach for your context and target group.

Best practice for social marketing	Published evidence social marketing works	Expected outcomes	M&E methods
<p>Social marketing is most effective when:</p> <ul style="list-style-type: none"> <li>• the people delivering the message are local respected community members;</li> <li>• messages focus on topics that matter to the audience e.g. family/relationships;</li> <li>• messages and messenger are relatable ('that could be me');</li> <li>• Strengths based positive messaging empowers people to act ('I did it, you can too').</li> </ul>	<p><a href="#">Don't make smokes your story</a> (2016-2018) was a national Indigenous focused social marketing campaign which used traditional media (e.g. TV and radio ads, billboards and posters) as well as social media (Facebook). An <a href="#">evaluation survey</a> (2018) reported that for Aboriginal and Torres Strait Islander people:</p> <ul style="list-style-type: none"> <li>• Campaign recall and awareness was high (e.g., Unprompted recall - 78%)</li> <li>• Campaign recognition was highest in regional locations (93%) but still good in remote (83%) and urban areas (79%);</li> <li>• TV ad was rated as easy to understand (98%) and believable (90%);</li> <li>• Increased access to the <i>Quit Now</i> website (↑25%), calls to Quitline (↑13%) and downloads of <i>My QuitBuddy</i> app (↑43%) during the campaign period indicates the campaign call to action was effective.</li> </ul>	<p>Message has community wide reach</p> <p>Increase in knowledge (this could include knowledge of quitting pathways but will depend on campaign focus), anti-smoking/pro smoke free attitudes, intentions and behaviours</p>	<p>Reach is estimated through:</p> <ul style="list-style-type: none"> <li>• Number of viewers/listeners when TV and radio ads are played;</li> <li>• Distribution/readership of print media;</li> <li>• Foot/vehicle traffic counts where ad is located;</li> <li>• Social media engagement metrics (likes, shares, click throughs);</li> <li>• Reviewing content of comments on social media indicates the extent and type of message engagement.</li> </ul> <p><a href="#">Surveys</a> of message recall, campaign recognition and response to the campaign indicate message impact</p> <p>Response to call to action</p>
<p><b>Additional information:</b></p>	<p><a href="https://tacklingsmoking.org.au/introduction-to-activities/media/">https://tacklingsmoking.org.au/introduction-to-activities/media/</a>  <a href="https://tacklingsmoking.org.au/introduction-to-activities/social-media-and-social-networking/">https://tacklingsmoking.org.au/introduction-to-activities/social-media-and-social-networking/</a></p>		

4. Hosting Smoke free events – World No Tobacco Day (WNTD), NAIDOC, fun runs			
Whether you host a big event or support others to have a smoke free event (Activity 2) your approach to ensuring a smoke free environment and the outcomes you will measure will be the same.			
Best practice for smoke free events	Published evidence smoke free events work	Expected outcomes	M&E approaches
<p>Smoke-free community events should be seen as part of a comprehensive approach to tobacco control. One off smoke-free events like WNTD carnivals or sports festivals might be able to reach the whole community. But they are low intensity – that is their duration is too short and isolated to have a big impact on smoking related knowledge, attitudes, or behaviour. They are however useful as part of a program of activities.</p> <p>Choose appropriate activities that are locally appealing to your target population. Is a funrun a good idea in your community if it will only be attended by people already committed to healthy life and are smoke free? Are there better events that will have a broader appeal?</p>	<p>See evidence provided under Activity 1.</p> <p>Smoke free events are effective whether they are small local events or larger ‘mega’ events as described by the World Health Organisations: <a href="https://www.efdn.org/wp-content/uploads/2016/07/tobacco-free-mega-event-WHO.pdf">https://www.efdn.org/wp-content/uploads/2016/07/tobacco-free-mega-event-WHO.pdf</a></p>	<p>Community reach and engagement</p> <p>Increase in knowledge (this could include knowledge of quitting pathways), anti-smoking attitudes and intentions not to smoke</p>	<p>Number of attendees who participate in TIS activities (e.g., interact with displays or education sessions)</p> <p>Short <a href="#">surveys</a>/quizzes or competitions can be used to engage the audience and evaluate message impact</p> <p>Response to call to action (e.g. pledge to have a smoke free home)</p>
<b>Additional information:</b>	<a href="https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/">https://tacklingsmoking.org.au/introduction-to-activities/smoke-free/</a> your state and territory may provide a guide to running a smoke event, however this summary from NZ might also provide useful information: <a href="https://www.cancer.org.nz/assets/smokefree/Guide-for-smokefree-events.pdf">https://www.cancer.org.nz/assets/smokefree/Guide-for-smokefree-events.pdf</a>		
5. Developing promotional resources			
<p>All promotional resources, from posters, pamphlets, smoke free signage and other collateral should be based on the latest evidence as provided by trusted sources such as the TIS website. Tobacco in Australia is another trusted source of information, facts and figures about tobacco control.</p> <p>Remember as well that local messaging and using local ambassadors or other ‘heroes’ is most effective.</p> <p>These resources might be used as a part of all the activities described above, but can also distributed in other ways (mail out etc). When used in this low intensity mode the main outcome will be reach measured through the number of items distributed.</p>			
<b>Additional information:</b>	<a href="https://tacklingsmoking.org.au/">https://tacklingsmoking.org.au/</a> <a href="https://www.tobaccoinaustralia.org.au/home.aspx">https://www.tobaccoinaustralia.org.au/home.aspx</a>		
6. Other – anti e-cigarette, anti-vaping activities			
<p>Evidence suggests that anti-vaping activities should use same population health promotion techniques described above.</p> <p>As youth are a priority focus for anti-vaping activities, integrating education about vaping into school programs and other tobacco control activities is appropriate.</p>			
<b>Additional information:</b>	<a href="https://tacklingsmoking.org.au/young-people/">https://tacklingsmoking.org.au/young-people/</a>		

## Eligible and ineligible costs

The table below outlines the eligible and ineligible costs that your grant may be used for in the funding period 2022-23 as described in the *Indigenous Australians' Health Programme Tackling Indigenous Smoking Regional Tobacco Control Grants (12-month Extension) Grant Opportunity Guidelines*.

Costs that the grant may be used for	Costs that the grant may not be used for
✓ Wages for staff involved in TIS-related activities.	✗ Wages, training and/or travel costs for non-TIS staff.
✓ Training for staff involved in TIS-related activities.	✗ Purchase of land.
✓ Travel for staff involved in TIS-related activities, including outreach.	✗ Major capital expenditure including vehicle purchase, major construction/capital works.
✓ Administration costs related to TIS activities including Activity Work Planning and performance reporting, data collection, and national evaluation-related activities.	✗ The covering of retrospective costs.
✓ Workshop/intervention materials.	✗ Costs incurred in the preparation of a grant application or related documentation.
✓ Marketing/promotional activities.	✗ Subsidy of general ongoing administration of an organisation such as electricity, phone and rent.
✓ TIS workforce development and training in population health approaches	✗ To purchase NRTs or other smoking cessation products or services.
✓ Attendance at National Best Practice Unit training sessions and workshops.	✗ Overseas travel.
	✗ Activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.
	✗ Any activity that is not directly related to the TIS program.