



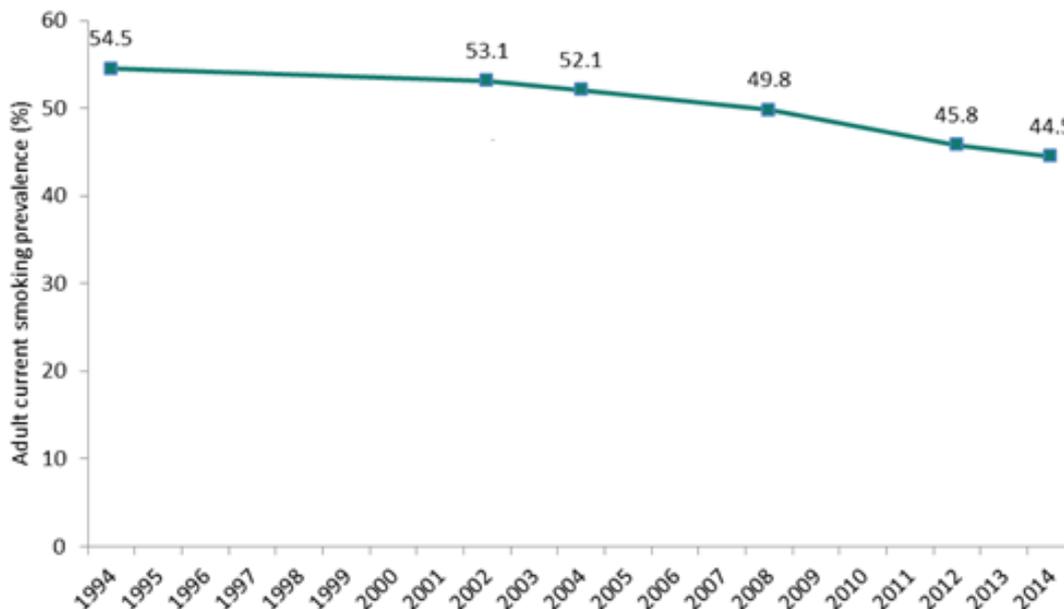
Making connections: a systems approach to Tackling Indigenous Smoking

Penney Upton¹, Desley Thompson²

¹Centre for Research in Public Health, University of Canberra, ²Ninti One

Australia has long been at the forefront of tackling smoking worldwide (1). However, despite the many achievements made, an important gap remains in regard to smoking prevalence in Aboriginal and Torres Strait Islander communities, most particularly those living in remote and very remote communities (2). Whilst in the general adult population of Australia the daily smoking rate was estimated to be around 12% in 2016, during a similar time period (2014-2015) approximately 42% of Aboriginal and Torres Strait Islander people were estimated to be smokers (3). Although Aboriginal and Torres Strait Islander people are still over two-and-a-half times as likely as non-Indigenous people to be smokers, progress is being made. A downward trend in these rates has been demonstrated, with prevalence falling by 10% between 1994 and 2014-15 (see Figure 1).

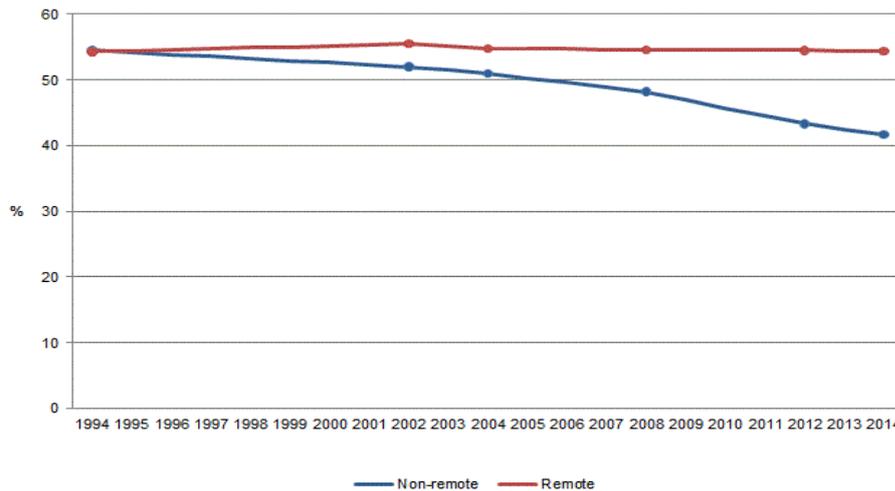
Figure 1 Smoking prevalence among Aboriginal and Torres Strait Islander people aged 18 years and over, 1994 to 2014-15



Source: ABS 2017 Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014-15

ABS figures also suggest that the decline in smoking rates in Aboriginal and Torres Strait Islander people was greater in non-remote than remote areas during this time period (see Figure 2). Reducing the prevalence of tobacco use therefore remains an important focus for increasing the health of the Aboriginal and Torres Strait Islander population, particularly in remote areas.

Figure 2 Smoking prevalence(a) by remoteness, Aboriginal and Torres Strait Islander persons aged 18 years and over



Source: ABS 2017 Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014-15

However, there is increasing evidence of a shift in smoking behaviours in remote areas. ABS data suggests fewer young people are taking up smoking in remote as well as non-remote areas (4). Furthermore, there has been an increase in cessation attempts in remote areas (5). However whilst **successful** cessation is increasing in non-remote areas, a similar trend is not apparent in remote areas. This data is supported by results from the Talking About the Smokes Study (TATS), which found no significant differences between Aboriginal and Torres Strait Islander smokers in remote and non-remote settings in relation to either motivation to quit or making a quit attempt (6). However, those in remote areas were less likely to sustain their quit attempt for a month or longer.

The evidence also suggests that other positive changes are taking place in services in remote settings, which reflect current policy and action in this area. A recent analysis by Wright et al (7) compared recording of smoking status by services for Aboriginal and Torres Strait Islander people funded under the Australian Government Department of Health (DoH) Tackling Indigenous Smoking (TIS) program with those of non-funded services. This study demonstrated that during 2014–16 change in recording of client smoking status was 1.58-fold higher (95% confidence interval (CI) 1.30–1.91; $P < 0.001$) in TIS-funded than non-TIS-funded services. The highest change in reporting of client smoking status was for TIS-funded services in remote areas (reporting ratio 6.55; 95% CI 5.18–8.27; $P < 0.001$). Wright et al. were unable to find any significant change in smoking status outcomes in either group, which they suggest was due to the limited amount of data (three year trends are unlikely to demonstrate much change) and the fact that data was collected when TIS teams were still in the early stages of program implementation. However increased reporting of clients’ smoking status is indicative of increased awareness among health professionals of the need to address smoking behaviours in TIS-funded services.

What is the Tackling Indigenous Smoking (TIS) program?

The TIS program has been funded by the Australian Government Department of Health (DoH) since 2010, as part of the 'Closing the Gap' initiative. It is a targeted program aimed primarily at reducing Aboriginal and Torres Strait Islander smoking rates.

Originally established as the Tackling Indigenous Smoking and Healthy Lifestyle (TIS&HL) Program in 2010, the program was designed to deliver community education activities and activities to reduce the uptake and prevalence of smoking, improve nutrition and increase physical activity, as the main risk factors for many preventable chronic diseases. At its inception this national program had three objectives:

- Address high smoking rates by reducing the uptake of smoking amongst children and young people
- Support smoking cessation
- Promote healthy lifestyle.

The intention was to build a dedicated workforce to reduce Aboriginal and Torres Strait Islander smoking rates and increase healthy behaviours. In 2014 the Government commissioned the University of Canberra to undertake an independent review of the Program (8). Stakeholder consultation was a crucial component of the review, with feedback from teams on the providing a central component of the final report. Stakeholders also participated in developing the recommendations provided to government. Key findings from this consultation identified that the most successful on the ground activities in terms of factors such as reach, community engagement and behaviour change were those that included:

- community consultation and engagement when planning activities;
- a range of different types of activity (eg school program, activities for mums and bubs etc);
- working in partnership with other organisations.

In 2015, a revised version of the program, informed by the review's analysis and recommendations was launched. This revised program committed to supporting 37 regionally funded organisations to deliver evidence-based activities designed in consultation with local communities. Particular emphasis is given to the importance of culturally relevant and locally specific Population Health Promotion (PHP) activities delivered at a regional level.

TIS is a multi-component program which takes a systems-based approach to changing health behaviours. The program recognises that there is no magic bullet and that best solution to improving the health of any population is for services—both within and outside of the health field—to work together. It is also acknowledged that there are activities going on outside the program that will also have impact on tobacco use in Aboriginal and Torres Strait Islander Communities—for example State and Federal Tobacco Control legislation and mainstream social marketing campaigns. The aim is for TIS to work in partnership not competition with these other activities. The renewed program championed seven linked components (see Figure 3) including Quitskills training and Quitline enhancements along-side the regionally funded TIS teams. In an innovative move, support to the TIS teams was to be delivered through an independent entity, the National Best Practice Unit for Tackling Indigenous Smoking (NBPU TIS).

Figure 3 Components of the TIS Program



Who are NBPU TIS?

Sourced through an open tender process, NBPU_TIS operates as a consortium led by Ninti One Ltd., a not-for-profit Indigenous business registered with Supply Nation. Ninti One are well placed to lead this consortium, particularly given their experience of building opportunities for people living in remote areas through research, innovation and community development. The consortium partners include the University of Canberra Centre for Research and Action in Public Health (CeRAPH) and Edith Cowan University's HealthInfoNet. The Unit provides program funded organisations with a range of support including:

- evidence-based resource sharing
- information dissemination
- advice and mentoring;
- workforce development, and training.

This tailored support is provided through a range of activities including:

- face to face workshops (national, jurisdictional and regional)
- feedback on action plans
- facilitating access to relevant training

- development and maintenance of the **Tackling Indigenous Smoking Resource and Information Centre (TISRIC)**, a website hosted by HealthInfoNet.

TISRIC hosts the evidence, tool and resources for best practice in this area. This is not a static but rather a dynamic resource which will continue to grow and develop in line with the evidence. Most importantly it provides a space for TIS teams to showcase their activities and share resources with other teams. This is just one way that NBPU TIS works in partnership, both with each other as a consortium, but also in collaboration with the TIS teams.

Funding an independent National Best Practice Unit represented a new step for DoH, one which has provided opportunities as well as challenges to those involved in the process. Originally funded from 2015 -2018, the Unit was re-funded for a further four years at the end of 2018. This clearly shows the success of the unit, and its ongoing relevance to the TIS program. However, more importantly we applaud the achievements of the overarching TIS program of which the Unit is but one component. Key to the program's ongoing success is the collaboration between its different elements and its increasing focus on PHP. In particular the program demonstrates strength in three significant areas of PHP activity:

- strengthening community action for health
- growing supportive environments for health
- re-orienting health and social services.

Whilst each of these actions are not necessarily mutually exclusive, with TIS activities often successfully addressing more than one action, consideration is given to the successes and challenges faced by TIS teams in relation to each of these actions below. These insights, gained primarily from the work of NBPU TIS with the regionally funded organisations, reflect feedback gathered by NBPU TIS as part of their ongoing collaboration with these teams. As such they primarily represent the voices of the TIS workers and their community members.

Strengthening community action

One feature of TIS applauded by stakeholders in the 2014 review was the local focus – program activities driven by local needs, strengths and interest. The revised program retains that strength but with a wider reach, so teams are responsible for a region, not just a local community. In this way TIS aims to make the program available to everyone. Evidence shows that tailored/localised responses make a program more successful. Approaches which include Elders in decision making will be more effective for making a difference, simply by ensuring support for activities from community leaders. NBPU TIS has also observed first-hand the importance of taking a whole of community approach which takes account of and respects everybody's views.

Strengthening community action through increasing community engagement and participation has been a driving force across the 37 teams, irrespective of setting. Activities have been many and varied, with success related in part to local context. In particular teams have engaged in:

- consultation with Elders and local organisations
- broader community consultation
- education activities focused on community groups, schools and other organisations

- securing smoke-free advocates from within the community
- building relationships with local business and other community organisations.

Evidence suggests that teams have accomplished much in this area. Working together for change has been the key to success across urban, rural and remote contexts. Typically successful activities are:

- partnering with local community groups to develop relevant resources
- collaborating with local community leaders to ensure local ownership of smoke-free messaging
- producing social marketing materials that have local community members at their centre, to ensure relevance and recall
- judicious use of social media to reinforce messages and increase reach.

However, a number of challenges remain for TIS teams, particularly in relation to increasing geographical reach in very remote areas. Whilst some teams count increased community reach, particularly in communities not local to the service area as one of the top successes of the program in recent years, other teams were very conscious of a deficit in this area. Challenges to increasing reach into more remote areas are primarily practical including:

- physical distance from TIS team organisation
- weather
- poor roads / transport infrastructure
- staffing issues
- transient populations
- smoking amongst elders makes respectful engagement difficult.

Growing supportive environments

Increasing smoke-free environments is one of the most important PHP activities both for reducing exposure to second and third hand smoke, but also for supporting sustained quit attempts. Increasing the number of smoke-free homes, cars, workplaces, events and other community spaces is therefore likely to be important for ensuring that the increasing number of quit attempts seen in remote areas are translated into more sustained cessation events. As noted by Thomas et al. (9) exposure to smoking by family and friends is an obstacle to quitting for Aboriginal and Torres Strait Islander smokers. Likewise, exposure to successful quitting within these same social networks can support sustained quit.

Establishing smoke-free environments has been a strong focus of TIS teams, especially in rural and remote settings. Activities have included:

- working to make community events (e.g. NAIDOC week activities) smoke-free
- supporting sports venues to become smoke-free
- facilitating smoke-free homes (both private and housing
- providing resources and signage for workplaces and stores implementing smoke-free policies
- supporting their own organisation's staff to be smoke-free at work.

Anecdotal and other evidence suggests the success which these activities have engendered, with the majority of teams reporting significant progress in relation to achieving a greater number of smoke-free homes, cars, workplaces and events. Changes in attitudes have also been reported, with TIS workers and others noticing for example, an increased avoidance of smoking around children.

Typically successful activities are:

- developed in partnership with the community
- include recognisable local branding
- champion local community members as smoke-free advocates
- take a strengths-based approach.

However, a number of challenges remain for TIS teams, including:

- monitoring compliance at events and in stores
- evaluating the impact of educational activities on smoke-free homes
- generating sustained support for smoke-free workplaces from board members and senior managers
- lack of understanding of effects of smoking means it is not a priority for some.

Re-orienting health and social services

According to Health Promotion Theory, the responsibility for promoting health behaviours is one that should be shared among individuals, community groups, health professionals, health service institutions, other social/welfare services, and governments. In other words, health is everybody's business. In the context of the TIS program this means working to establish a health and social care system which contributes to growing smoke-free environments, reducing uptake of smoking and increasing the number and extent of sustained quit attempts. Vital to reducing the number of smokers is having a joined up system, with teams involved in health promotion activities having services to which they can refer the smoker who is thinking about quitting. For TIS this may mean cessation services within the same organisation, services in other Aboriginal Medical Services, mainstream services, or the Aboriginal Quitline.

A successful systems approach thinks not only about the relevant organisations to be included within the system, but also considers the best way to increase capacity and capability within the system. For instance, it is essential that strategies to address Aboriginal and Torres Strait Islander smoking recognise the wider social and historical contexts of this risky behaviours. Supporting cessation, should for example be managed with cultural competency. Quitskills, as one element of the broader TIS program, provides free, culturally appropriate smoking cessation training across Australia. This includes a package developed specifically for people working in remote communities. Brief Intervention training is also available through Quitskills. Brief intervention is focused on motivation and education not therapy, meaning that anyone, from any organisation, with or without a health background, can do brief intervention training.

TIS teams have had some success in relation to which these activities have engendered, with the majority of teams reporting significant progress Typically successful activities are:

- partnerships with other organisations involved in tobacco control in the region

- partnerships with health organisations working in related fields (e.g. children’s ear health, maternity services, cardiovascular health)
- partnering with non-health services (e.g. schools, housing, prisons)
- capacity building within services to increase access to quit through facilitating Quitskills or other brief intervention training
- working closely with Quitline services.

However, a number of challenges remain for TIS teams, particularly in remote areas. These include:

- organisations don’t necessarily see smoking as their highest priority, or even relevant to them
- external organisations which visit remote communities must be made aware of the TIS messaging to ensure consistent communications across services. This suggests the need for education and training across services (and sharing of TIS resources) in addition to cross service partnering.

Conclusion and recommendations

The systems orientated approach to PHP taken by TIS is **the** way forward if we are to address the unacceptable health inequities experienced by Aboriginal and Torres Strait Islander people living in rural and remote communities. Despite ongoing challenges, the success of the program in regard to the implementation of health promotion activities is underpinned by collaboration within and between communities, organisations and services.

We acknowledge that TIS teams face unique challenges when working with very remote communities, particularly in relation to recruiting and retaining TIS staff due to the geographical isolation. Furthermore, gaps in program coverage mean there is still a need to increase the program’s geographical reach in some regions. In spite of this, TIS has, and will, continue to prove pivotal to addressing the high levels of cigarette smoking in remote Aboriginal and Torres Strait Islander communities.

The effectiveness of PHP programs depends on reach, adoption, intensity and duration. Whilst TIS teams continue to work towards developing the partnerships, collaboration and systems that will ensure the program’s sustainability, TIS cannot be fully effective until it is rolled out to those remote areas not currently serviced. This can only be achieved through sustained and adequate investment by government. We therefore recommend continued investment in targeted tobacco action to ensure that we continue to be “Better Together”.

References

1. Organisation for Economic Co-operation and Development. *Health at a Glance 2017: OECD Indicators*, OECD Publishing, Paris. 2017 Available from: https://doi.org/10.1787/health_glance-2017-en.
2. van der Sterren, A, Greenhalgh, EM, Knoche, D, & Winstanley, MH. Prevalence of tobacco use among Aboriginal and Torres Strait Islander people. In Scollo, MM and Winstanley, MH [editors]. *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria; 2018. Available from <http://www.tobaccoinaustralia.org.au/chapter-8-aptsi/8-3-prevalence-of-tobacco-use-among-aboriginal-peo>

3. Australian Institute of Health and Welfare. Australia's health 2018. Australia's health series no. 16.AUS 221. Canberra: AIHW 2018. Available from:
<https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf.aspx?inline=true>
4. Australian Bureau of Statistics. 4737.0 Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014-15. ABS 2017. Available from:
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4737.0~1994%20to%202014-15~Main%20Features~Smoking%20Initiation~15>
5. Australian Bureau of Statistics. 4737.0 Aboriginal and Torres Strait Islander Peoples: Smoking Trends, Australia, 1994 to 2014-15. ABS 2017. Available from:
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4737.0~1994%20to%202014-15~Main%20Features~Smoking%20Prevalence~10>
6. Nicholson AK, Borland R, Davey ME, Stevens M, Thomas DP. Past quit attempts in a national sample of Aboriginal and Torres Strait Islander smokers. Medical Journal of Australia. 2015 Jun;202(S10):S20-5.
7. Wright A, Cameron H, Roe Y, Lovett R. Analysing aggregate clinical data to support evaluation of the Tackling Indigenous Smoking program, 2014–16. Australian Health Review. 2018 Aug 28.
8. Upton P, Davey R, Evans M, Mikhailovich K, Simpson L, Hacklin D. Tackling Indigenous Smoking and Healthy Lifestyle programme review: Executive Summary. Australian Department of Health: Canberra. 2014 Nov 21. Available from:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/indigenous-tis-hlp-review>
9. Thomas DP, Davey ME, van der Sterren AE, Lyons L, Hunt JM, Bennet PT. Social networks and quitting in a national cohort of Australian Aboriginal and Torres Strait Islander smokers. Drug and alcohol review. 2019 Jan 1.

Presenters

Penney Upton is Associate Professor at the University of Canberra and the Population Health Research and Knowledge Officer for the National Best Practice Tackling Indigenous Smoking. Penney is an applied researcher, whose work addresses fundamental questions related to the improvement of health and healthcare across the lifespan. Her research interests can be divided into four main topics: changing risky health behaviours, patient reported outcomes, the implementation of evidence based practice and health service evaluation. Penney was a key member of the University of Canberra team that undertook the review of The Department of Health's Tackling Indigenous Smoking Program in 2014.

Desley Thompson is a proud Mamu woman from Far North Queensland. She is the Manager of the National Best Practice Unit Tackling Indigenous Smoking and the main contact for Aboriginal and Torres Strait Islander organisations funded under the federal government's Tackling Indigenous Smoking Program. Previously Desley was Chief Executive Officer of the Cape York/Gulf Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Association. Desley has a working career that spans over 11 years with the Commonwealth Public Service and another 10 years in the non-government sector.