Session 4: Moving Forward – National perspective on Aboriginal tobacco initiatives

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Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians

The life expectancy of Indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data.

In order to achieve this target, the gap needs to be reduced to zero by 2031.

Indigenous children born today can expect to live shorter lives - 11.5 years shorter if they are Indigenous males and 9.7 years shorter if they are Indigenous females.
Figure 5.1: Life expectancy at birth, 2005–2007

(a) Includes all jurisdictions.

Source: ABS 2009e.
Chronic disease risk factors - 2010

- Tobacco: 17%
- Obesity: 16%
- Physical inactivity: 12%
- High blood cholesterol: 7%
- Alcohol: 7%
- High blood pressure: 6%
- Low fruit & vegetable intake: 5%
Aboriginal and Torres Strait Islander Smoking story

Notes
1. Age-standardised to the 2001 Australian population.
2. Persons aged 18 years and over.

Figure 3.18: Prevalence of tobacco smoking, by Indigenous status, 2008
Notes
1. Children aged 0–14 years.
2. Indigenous figures exclude 5,658 children where smokers in household not stated.

Figure 6.7: Children living in households with current smokers, by Indigenous status, 2008
• National Coordinator, Tackling Indigenous Smoking
• 58 Teams nationally - Tobacco Action Workers and Healthy Lifestyle workforce of 340 over 4 years
• *Community educators and facilitators not clinicians*
• Targeted social marketing messaging
• Prevention, reduction and cessation
• Training existing workforce
The key programme components include:

- Regional Tackling Smoking and Healthy Lifestyle (RTSHL) teams;
- workforce training in smoking cessation and brief interventions;
- national coordination and governance; and
- enhancement of existing Quitline services to be more culturally appropriate for Indigenous clients.

Other complimentary measures delivered included:

- formative research into what works for Indigenous tobacco control policies;
- national social marketing campaigns ("Break the Chain" and "Quit for You, Quit for Two"); and
- listing of Nicotine Replacement Therapies on the Pharmaceutical Benefits Scheme.
Population health has been defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group".[1]

It is an approach to health that aims to improve the health of an entire human population.

The Population Health concept represents a change in the focus from the individual-level, characteristic of most mainstream medicine. It also seeks to complement the classic efforts of public health agencies by addressing a broader range of factors shown to impact the health of different populations.
Role of the National Co-ordinator

- **Lead** and **mentor** the tackling smoking workforce
- Provide **advice** and **insights** to DoH - shape policy and program directions in Indigenous tobacco control
- Advocate best practice
- Promote and encourage buy-on
What we've said is that we're very keen to pursue evidence based policies and ideas that can work, but we don't think for argument sake that prohibition would work in terms of tobacco.

Current Status

- **Contracts extended** for 9 months to 31 March 2015
- **Funding for 6 months** until end of December 2014
- Need to gain an appreciation of **how much unspent money** in the teams
  - Potentially around $9 mil
- **Freeze on recruitment**
- Acquittals will determine how much money in released to teams before 31 December 2014
Phase One: A literature review and targeted consultation

Focused Literature Review

Key findings to be provided in a concise final report which includes:

• A review of recent literature on the evidence of effectiveness of Indigenous smoking and chronic disease prevention and healthy lifestyle health promotion activities.

• A concise summary of evidence of effectiveness of smoking and chronic disease prevention and healthy lifestyle health promotion activities in other contexts that should be considered in this review.
Targeted Consultation

• Undertake targeted consultation of key stakeholders as identified by the Department (may include the National Aboriginal Community Controlled Health Organisation (NACCHO), NACCHO Affiliates, State and Territory Governments, the National Coordinator Tackling Indigenous Smoking, Regional Tackling Smoking and Healthy Lifestyle (RTSHL) Teams, other organisations funded under the Programme, and key experts).

• The consultation process will involve a written invitation to provide a written submission to the review.

• Site visits would be undertaken on an exception basis.
Phase Two

Development of options
The Review will consider the available evidence (from the literature review and existing evaluations) and the outcomes of the consultation process to develop options for redesign of the Tackling Indigenous Smoking programme that:

• Focus on evidence-based approaches;
• Optimise tobacco reduction outcomes through both prevention and clinical primary care and strengthen the linkages and the synergies between them;
• Capitalise on opportunistic contacts with all parts of the primary health care system to support smoking reduction;
• **Improve efficiency** and **effectiveness** and can be delivered **within existing** resources, as well as leveraging support from the broader Indigenous Australians’ Health Programme;

• Ensure an **appropriate balance between** national, state, regional and local activities and urban, regional and remote locations, along with targeting of priority demographic groups;

• Consider **workforce capacity, capability and development**;

• Consider **types of organisations best suited** to deliver the different suggested components of the programme and any specific requirements to do so; and

• **Provide an initial framework** for **benchmarks**, performance indicators and **ongoing data collection** to improve the evidence base, and quality.
The review will consider:

- Evidence supporting effective tobacco reduction and healthy lifestyle interventions by gender and age group, target groups with greater opportunity for health gain, and successful service or programme frameworks or delivery models;

  - **System issues** such as state and territory Indigenous tobacco reduction activities, mainstream tobacco control activities, integration of preventive and clinical services, organisational capability and capacity, and selection, coordination and support of suggested providers and their workforce; and

  - **Design issues** such as the appropriate balance between tobacco reduction and healthy lifestyle support, the balance between preventing tobacco uptake and supporting tobacco cessation, coverage of all Aboriginal and Torres Strait Islander people whether they attend Aboriginal Medical Services or General Practitioners or have little contact with the health system, and strategies to overcome identified challenges.

The Final Report by Friday 21 November 2014.
**Let's start a conversation**

For more information and to get involved please visit:

- **Reconciliation Australia** [www.reconciliation.org.au](http://www.reconciliation.org.au)

- **Recognise** [www.recognise.org.au](http://www.recognise.org.au)
  - Sign up as a supporter and help shape the future.
  - Wear the R on a badge or t-shirt.
  - Get your friends and family involved.
  - Like us on *Facebook* and follow us on *Twitter* so you can add your voice to growing calls for recognition.
RACISM. IT STOPS WITH ME

IS A CAMPAIGN WHICH INVITES ALL AUSTRALIANS TO REFLECT ON WHAT THEY CAN DO TO COUNTER RACISM WHEREVER IT HAPPENS.

Adam Liaw
Television Chef & Presenter
Hey mate, we can put a stop to violence against women.
We all have a role!

“From self respect comes dignity; from dignity comes hope; and from hope comes resilience”

The Pledge is: As a citizen of the world community, I stand with the United Nations against Racism, Discrimination and Intolerance of any kind.

Throughout my life I will try to promote equality, justice and dignity among all people, in my home, my community and everywhere in the world.

United Nations Pledge against Racism December 2001