



Where are we in tackling tobacco in our Service and for our mob?



Smoke Healing

About the Artwork by Ms Carissa Paglino

I have taken inspiration from the life cycle of a butterfly to represent a healing journey; in this case it represents the journey of quitting smoking. The cocoon surrounding the people portrays the restriction and hold that smoking has on our lives. We become enveloped by the addiction. This artwork shows:

- The dotted patterns and meeting circles represent the dreaming. I wanted to emphasise that smoking is not part of our dreaming or our culture. I want to communicate that smoking ceremonies are our culture, smoking tobacco is not.
- The fire represents the art of an Aboriginal smoking ceremony and how that promotes physical recovery and spiritual wellness that occurs when you give up the smokes. This healing process is represented by the butterflies as they have broken free of the cocoons.
- For thousands of years Aboriginal people have used message stones to bring them luck and safe guard them against evil spirits. I have scattered some representations of these stones around the artwork.
- The sun at the top shows the positive outcomes of giving up smoking. The artwork flows from bottom to top into a point, this shows the people heading for one common positive goal and that is to give up smoking together. Support from family and friends is very important, this is why I have shown a group of people, not just 1 person, as we should all come together as a community and help each other.
- 🍩 The white lines flowing through the earth, the fire, the sky and the people represent the concept of life-death-life



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Acknowledgement: We would like to acknowledge the Aboriginal peoples who are the traditional custodians of New South Wales, and pay our respect to Elders past and present.

Other Acknowledgements: This Yarning Tool was developed by Alvin Lee while he was employed as a trainee in the NSW Public Health Training Program funded by the Ministry of Health. AH&MRC staff that contributed to the development of the Yarning Tool included: Kerri Lucas, Jasmine Sarin, Jenny Hunt and Catherine Wood.

Thank you to the Aboriginal Community Controlled Health Services and Local Health District Staff who were involved with the piloting of the Yarning Tool.

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Introduction

Smoking remains the most preventable cause of poor health and early death among Aboriginal people in Australia^[1]. Smoking rates among Aboriginal people are currently more than double those of the general population^[2]. Reducing smoking prevalence and exposure to second-hand smoke is therefore critical to improving the health and life expectancy of Aboriginal people in NSW^[3]. The strength and resilience of Aboriginal people provides the foundation for the future efforts to reduce smoking rates and improve health^[4].

The Aboriginal Tobacco Resistance and Control (ATRAC) Yarning Tool has been developed by the Aboriginal Health & Medical Research Council (AH&MRC) to support a range of staff members and management from Aboriginal Community Controlled Health Services (ACCHSs) to strengthen tobacco resistance and control efforts. The ATRAC Yarning Tool is based on the ATRAC Framework, which can be found on the AH&MRC website: http://www.ahmrc.org.au/

This ATRAC Yarning Tool is designed to:

- Guide discussion with all staff on the opportunities to strengthen Aboriginal tobacco resistance and control
- Assist future planning of Aboriginal tobacco resistance and control activities
- Promote the use of the ATRAC Framework to tackle tobacco at a community level

Who should use the tool?

The ATRAC Yarning Tool has been designed primarily for ACCHS staff who are directly involved in tobacco resistance and control activities. This also includes any ACCHS staff members and managers who are looking to strengthen tobacco resistance and control in their service and community.

The Yarning Tool will also be relevant and useful for a broad range of different stakeholders who play various and important roles in addressing tobacco smoking for Aboriginal people in NSW. These include Aboriginal leaders and communities, government agencies, non-government organisations and a range of other health and related organisations.

^{1.} Vos T et al. Burden of Disease and Injury in Aboriginal and Torres Strait Islander People: the Indigenous Health Gap. International Journal of Epidemiology 2008; p.1-8.

² Australian Bureau of Statistics. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2010. Canberra: Australia Bureau of Statistics, 2011.

^{3.} Australian Government Department of Health. *National Tobacco Strategy 2012-2018*. Canberra: Australian Government, 2012.

⁴ NSW Ministry of Health, *Aboriginal Health Plan 2013-2023*. Sydney: NSW Ministry of Health, 2012.

How to use the tool?

The ATRAC Yarning Tool takes roughly 60 minutes to complete. It is recommended that the tool is used by teams working as a group, to encourage discussion on different perceptions of current tobacco resistance and control activities and future directions in this area.

There are four copies of the Yarning Tool attached for you and your service to track progress over time. We recommend completing the tool every six months.

There is a pocket at the end of the document to include any relevant evidence, such as policy papers, for future reference.

How to use the results?

The results from the tool can be used to:

- Provide feedback to management, staff, clients and the wider community by documenting how ACCHS are tackling tobacco in their respective communities
- Foster discussion and guidance for planning future local ACCHS tobacco resistance and control activities
- Redesign and improve existing programs, using a Continuous Quality Improvement approach incorporating Plan, Do, Study, Act cycles (below).





About your organisation	Name of organisation:
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	Name of Service / Site.
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	Address:
Staff members	Names (and positions):
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	Primary contact details:
Yarning details	Date:
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Proposed review date	





Area for action 1: Leadership, partnerships and coordination	Yes	Room to improve	No	Next Steps and Examples	By who & when?
Developing strong l	eadershi	o and part	nerships	can build capacity around tackling tobacco and enhance deli	very of activities
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next achievable and measurable activities should be. Feel free to provide examples if you answered yes to track this area over time	
There is adequate support and commitment from management in our organisation to tackle tobacco use in our workplace and community					
Our organisation has working partnerships with other organisations that work to address tobacco resistance and control					
There is effective integration of existing tackling tobacco programs funded by government and non-government organisations with our services					
We engage Aboriginal Elders and community members to become advocates and leaders in tobacco resistance and control					

Area for action 2: Community action, awareness and engagement	Yes	Room to improve	No	Next Steps and Examples	By who &	when?
Engaging Aboriginal communities in develo	oping tob	acco conti	rol activiti	es can mobilise communities to help make smoke-free environm	nents and quitting 'ever	yone's business'
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time		
Our organisation has appropriate educational and promotional campaigns and materials that target Aboriginal people and smoking						
We use different types of mediums to promote our campaigns, programs, and materials to tackle smoking (e.g posters, radio and newsletters)						
The Aboriginal community has input to how we develop our tobacco resistance and control campaigns, programs, materials and policies						
Staff are encouraged and supported to be seen as smoke-free role models within the community						

Area for action 3: Workforce Development	Yes	Room to improve	No	Next Steps and Examples	By who & wh	nen?				
A well-trained and motivated workfo	A well-trained and motivated workforce is crucial for the effective delivery of tobacco resistance and control activities for Aboriginal people and communities									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time						
There are staff trained in brief intervention or as quit educators and are actively using these skills										
There are opportunities available for staff to be upskilled in smoking cessation training										
Our staff are confident and opportunistic when talking to clients about their smoking										
There are opportunities to build linkages and referral pathways between clinical and non clinical smoking cessation services										

Area for action 4: Supportive environments	Yes	Room to improve	No	Next Steps and Examples	By who & v	when?			
Creating supportive environ	Creating supportive environments can make it easer for people to make healthy choices related to preventing smoking or supporting quitting								
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time					
There are adequate tobacco policies in place that address organisational and staff smoking (including staff-client smoking relationships)									
There is a clear process for informing clients and adherence to such policies									
Our organisation supports staff to quit smoking									
Aboriginal communities are encouraged to educate and promote smokefree environments in their everyday lives (e.g homes, cars, workplaces)									

Area for action 5: Quitting smoking	Yes	Room to improve	No	Next Steps and Examples	By who & when?
Brief ad	vice and	other evic	lence-ba	sed interventions from health professionals can help smokers	quit
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time	
Our service provides routine brief smoking cessation interventions or other forms of culturally appropriate help around quitting smoking					
There is an integrated approach from staff to provide smoking cessation services (i.e. there are clearly understood referral pathways and smoking cessation does not fall only to one person)					
Our service provides access to nicotine replacement therapies (NRT) and other evidenced based quitting products such as Zyban and Champix					
Our service refer clients to specialist tobacco cessation services, such as support groups or Quitline					

Area for action 6: Evidence, evaluation and research	Yes	Room to improve	No	Next Steps and Examples	By who &	when?
Support and resources are required to	ensure ti	hat knowle	edge can	be collected, shared and used to inform future steps on tobal	cco control programs	and activities
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time		
There are adequate systems in place to record data about client smoking status and nicotine addiction						
Support provided to clients on quitting smoking is recorded and monitored						
Internal and external data sources and evidence are used to inform tobacco control strategies and programs						
Smoking cessation campaigns, programs, services and outcomes are evaluated <i>and</i> reported						



Thank you for completing the ATRAC Yarning Tool. How did you find it? We hope that the tool stimulated some discussion between you and colleagues and gave you time to reflect, and a basis for planning ahead collectively.

What next?

Take a look at how many questions you ticked "yes"; these are the areas that **you** have determined that your service is currently doing well in addressing tobacco and its harmful effects. The challenge now is to maintain this progress and keep focusing on areas that may need attention in the future.

Have you thought about sharing your story around the areas where you are doing well? Many services and organisations face challenges around tobacco resistance and control, and having a concrete example of how something has worked can be invaluable to ACCHSs and other organisations to tackle tobacco.

If you are interested to help by sharing your deadly story, please contact the AH&MRC (by sending an email to tobaccoteam@ahmrc.org.au).

Which areas did you tick "no" and "room to improve" for? Here are some tips going forward:

- If you selected these answers for all questions in a certain area, this might be your next area for action control.
- lf this was the case for many areas, try and start with some specific activities that you think will be easiest to achieve or that you think is a priority. Have a yarn with your team and management and work together to find ways on how to tackle tobacco better in your service. Try having a look at the ATRAC Framework to get a few ideas about how to put your ideas into action. Remember to record your results and then reassess to plan the next activity.

Hold on to a copy of the tool that you and your colleagues have completed, and try considering the questions again six months down the track to reflect on how the agreed next steps are progressing.

Insert supporting information in the back cover pocket. This could include team meeting minutes, workplace smoking policy or tobacco environmental scans of your service.

About your organisation	Name of organisation:
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	Name of Service / Site.
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	Address:
Staff members	Names (and positions):
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Area for action 1: Leadership, partnerships and coordination	Yes	Room to improve	No	Next Steps and Examples	By who & when?
Developing strong l	eadershi	o and part	nerships	can build capacity around tackling tobacco and enhance deli	very of activities
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next achievable and measurable activities should be. Feel free to provide examples if you answered yes to track this area over time	
There is adequate support and commitment from management in our organisation to tackle tobacco use in our workplace and community					
Our organisation has working partnerships with other organisations that work to address tobacco resistance and control					
There is effective integration of existing tackling tobacco programs funded by government and non-government organisations with our services					
We engage Aboriginal Elders and community members to become advocates and leaders in tobacco resistance and control					

Area for action 2: Community action, awareness and engagement	Yes	Room to improve	No	Next Steps and Examples	By who &	when?
Engaging Aboriginal communities in develo	pping tob	acco contr	ol activiti	ies can mobilise communities to help make smoke-free environm	nents and quitting 'ever	yone's business'
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time		
Our organisation has appropriate educational and promotional campaigns and materials that target Aboriginal people and smoking						
We use different types of mediums to promote our campaigns, programs, and materials to tackle smoking (e.g posters, radio and newsletters)						
The Aboriginal community has input to how we develop our tobacco resistance and control campaigns, programs, materials and policies						
Staff are encouraged and supported to be seen as smoke-free role models within the community						

Area for action 3: Workforce Development	Yes	Room to improve	No	Next Steps and Examples	By who & w	hen?
A well-trained and motivated workfo	orce is cr	ucial for th	ne effecti	ve delivery of tobacco resistance and control activities for Abo	original people and com	munities
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time		
There are staff trained in brief intervention or as quit educators and are actively using these skills						
There are opportunities available for staff to be upskilled in smoking cessation training						
Our staff are confident and opportunistic when talking to clients about their smoking						
There are opportunities to build linkages and referral pathways between clinical and non clinical smoking cessation services						

Area for action 4: Supportive environments	Yes	Room to improve	No	Next Steps and Examples	By who & when?					
Creating supportive environ	Creating supportive environments can make it easer for people to make healthy choices related to preventing smoking or supporting quitting									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time						
There are adequate tobacco policies in place that address organisational and staff smoking (including staff-client smoking relationships)										
There is a clear process for informing clients and adherence to such policies										
Our organisation supports staff to quit smoking										
Aboriginal communities are encouraged to educate and promote smokefree environments in their everyday lives (e.g homes, cars, workplaces)										

Area for action 5: Quitting smoking	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Brief advice and other evidence-based interventions from health professionals can help smokers quit									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time					
Our service provides routine brief smoking cessation interventions or other forms of culturally appropriate help around quitting smoking									
There is an integrated approach from staff to provide smoking cessation services (i.e. there are clearly understood referral pathways and smoking cessation does not fall only to one person)									
Our service provides access to nicotine replacement therapies (NRT) and other evidenced based quitting products such as Zyban and Champix									
Our service refer clients to specialist tobacco cessation services, such as support groups or Quitline									

Area for action 6: Evidence, evaluation and research	Yes	Room to improve	No	Next Steps and Examples	By who & when?			
Support and resources are required to ensure that knowledge can be collected, shared and used to inform future steps on tobacco control programs and activities								
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time				
There are adequate systems in place to record data about client smoking status and nicotine addiction								
Support provided to clients on quitting smoking is recorded <i>and</i> monitored								
Internal and external data sources and evidence are used to inform tobacco control strategies and programs								
Smoking cessation campaigns, programs, services and outcomes are evaluated <i>and</i> reported								



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What next?

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Have you thought about sharing your story around the areas where you are doing well? Many services and organisations face challenges around tobacco resistance and control, and having a concrete example of how something has worked can be invaluable to ACCHSs and other organisations to tackle tobacco.

If you are interested to help by sharing your deadly story, please contact the AH&MRC (by sending an email to tobaccoteam@ahmrc.org.au).

Which areas did you tick "no" and "room to improve" for? Here are some tips going forward:

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Hold on to a copy of the tool that you and your colleagues have completed, and try considering the questions again six months down the track to reflect on how the agreed next steps are progressing.

Insert supporting information in the back cover pocket. This could include team meeting minutes, workplace smoking policy or tobacco environmental scans of your service.

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Area for action 1: Leadership, partnerships and coordination	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Developing strong leadership and partnerships can build capacity around tackling tobacco and enhance delivery of activities									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next achievable and measurable activities should be. Feel free to provide examples if you answered yes to track this area over time					
There is adequate support and commitment from management in our organisation to tackle tobacco use in our workplace and community									
Our organisation has working partnerships with other organisations that work to address tobacco resistance and control									
There is effective integration of existing tackling tobacco programs funded by government and non-government organisations with our services									
We engage Aboriginal Elders and community members to become advocates and leaders in tobacco resistance and control									

Area for action 2: Community action, awareness and engagement	Yes	Room to improve	No	Next Steps and Examples	By who & when?					
Engaging Aboriginal communities in develo	Engaging Aboriginal communities in developing tobacco control activities can mobilise communities to help make smoke-free environments and quitting 'everyone's business'									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time						
Our organisation has appropriate educational and promotional campaigns and materials that target Aboriginal people and smoking										
We use different types of mediums to promote our campaigns, programs, and materials to tackle smoking (e.g posters, radio and newsletters)										
The Aboriginal community has input to how we develop our tobacco resistance and control campaigns, programs, materials and policies										
Staff are encouraged and supported to be seen as smoke-free role models within the community										

Area for action 3: Workforce Development	Yes	Room to improve	No	Next Steps and Examples	By who & when?					
A well-trained and motivated workfo	A well-trained and motivated workforce is crucial for the effective delivery of tobacco resistance and control activities for Aboriginal people and communities									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time						
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There are opportunities available for staff to be upskilled in smoking cessation training										
Our staff are confident and opportunistic when talking to clients about their smoking										
There are opportunities to build linkages and referral pathways between clinical and non clinical smoking cessation services										

Area for action 4: Supportive environments	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Creating supportive environments can make it easer for people to make healthy choices related to preventing smoking or supporting quitting									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time					
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There is a clear process for informing clients and adherence to such policies									
Our organisation supports staff to quit smoking									
Aboriginal communities are encouraged to educate and promote smokefree environments in their everyday lives (e.g homes, cars, workplaces)									

Area for action 5: Quitting smoking	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Brief advice and other evidence-based interventions from health professionals can help smokers quit									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time					
Our service provides routine brief smoking cessation interventions or other forms of culturally appropriate help around quitting smoking									
There is an integrated approach from staff to provide smoking cessation services (i.e. there are clearly understood referral pathways and smoking cessation does not fall only to one person)									
Our service provides access to nicotine replacement therapies (NRT) and other evidenced based quitting products such as Zyban and Champix									
Our service refer clients to specialist tobacco cessation services, such as support groups or Quitline									

Area for action 6: Evidence, evaluation and research	Yes	Room to improve	No	Next Steps and Examples	By who & when?			
Support and resources are required to ensure that knowledge can be collected, shared and used to inform future steps on tobacco control programs and activities								
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time				
There are adequate systems in place to record data about client smoking status and nicotine addiction								
Support provided to clients on quitting smoking is recorded <i>and</i> monitored								
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Smoking cessation campaigns, programs, services and outcomes are evaluated <i>and</i> reported								



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Have you thought about sharing your story around the areas where you are doing well? Many services and organisations face challenges around tobacco resistance and control, and having a concrete example of how something has worked can be invaluable to ACCHSs and other organisations to tackle tobacco.

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Which areas did you tick "no" and "room to improve" for? Here are some tips going forward:

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Area for action 1: Leadership, partnerships and coordination	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Developing strong l	Developing strong leadership and partnerships can build capacity around tackling tobacco and enhance delivery of activities								
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There is effective integration of existing tackling tobacco programs funded by government and non-government organisations with our services									
We engage Aboriginal Elders and community members to become advocates and leaders in tobacco resistance and control									

Area for action 2: Community action, awareness and engagement	Yes	Room to improve	No	Next Steps and Examples	By who & when?				
Engaging Aboriginal communities in developing tobacco control activities can mobilise communities to help make smoke-free environments and quitting 'everyone's business'									
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time					
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The Aboriginal community has input to how we develop our tobacco resistance and control campaigns, programs, materials and policies									
Staff are encouraged and supported to be seen as smoke-free role models within the community									

Area for action 3: Workforce Development	Yes	Room to improve	No	Next Steps and Examples	By who & when?		
A well-trained and motivated workforce is crucial for the effective delivery of tobacco resistance and control activities for Aboriginal people and communities							
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time			
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There are opportunities available for staff to be upskilled in smoking cessation training							
Our staff are confident and opportunistic when talking to clients about their smoking							
There are opportunities to build linkages and referral pathways between clinical and non clinical smoking cessation services							

Area for action 4: Supportive environments	Yes	Room to improve	No	Next Steps and Examples	By who & when?		
Creating supportive environments can make it easer for people to make healthy choices related to preventing smoking or supporting quitting							
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Our organisation supports staff to quit smoking							
Aboriginal communities are encouraged to educate and promote smokefree environments in their everyday lives (e.g homes, cars, workplaces)							

Area for action 5: Quitting smoking	Yes	Room to improve	No	Next Steps and Examples	By who & when?		
Brief advice and other evidence-based interventions from health professionals can help smokers quit							
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time			
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Our service provides access to nicotine replacement therapies (NRT) and other evidenced based quitting products such as Zyban and Champix							
Our service refer clients to specialist tobacco cessation services, such as support groups or Quitline							

Area for action 6: Evidence, evaluation and research	Yes	Room to improve	No	Next Steps and Examples	By who & when?		
Support and resources are required to ensure that knowledge can be collected, shared and used to inform future steps on tobacco control programs and activities							
Tick the box that best reflects your current status in each area				Discuss with other staff about what the next activities should be when relevant. Agreed next tasks need to be readily achievable and monitored Feel free to provide examples if you answered yes to track this area over time			
There are adequate systems in place to record data about client smoking status and nicotine addiction							
Support provided to clients on quitting smoking is recorded <i>and</i> monitored							
Internal and external data sources and evidence are used to inform tobacco control strategies and programs							
Smoking cessation campaigns, programs, services and outcomes are evaluated <i>and</i> reported							



Thank you for completing the ATRAC Yarning Tool. How did you find it? We hope that the tool stimulated some discussion between you and colleagues and gave you time to reflect, and a basis for planning ahead collectively.

What next?

Take a look at how many questions you ticked "yes"; these are the areas that **you** have determined that your service is currently doing well in addressing tobacco and its harmful effects. The challenge now is to maintain this progress and keep focusing on areas that may need attention in the future.

Have you thought about sharing your story around the areas where you are doing well? Many services and organisations face challenges around tobacco resistance and control, and having a concrete example of how something has worked can be invaluable to ACCHSs and other organisations to tackle tobacco.

If you are interested to help by sharing your deadly story, please contact the AH&MRC (by sending an email to tobaccoteam@ahmrc.org.au).

Which areas did you tick "no" and "room to improve" for? Here are some tips going forward:

- If you selected these answers for all questions in a certain area, this might be your next area for action control.
- lf this was the case for many areas, try and start with some specific activities that you think will be easiest to achieve or that you think is a priority. Have a yarn with your team and management and work together to find ways on how to tackle tobacco better in your service. Try having a look at the ATRAC Framework to get a few ideas about how to put your ideas into action. Remember to record your results and then reassess to plan the next activity.

Hold on to a copy of the tool that you and your colleagues have completed, and try considering the questions again six months down the track to reflect on how the agreed next steps are progressing.

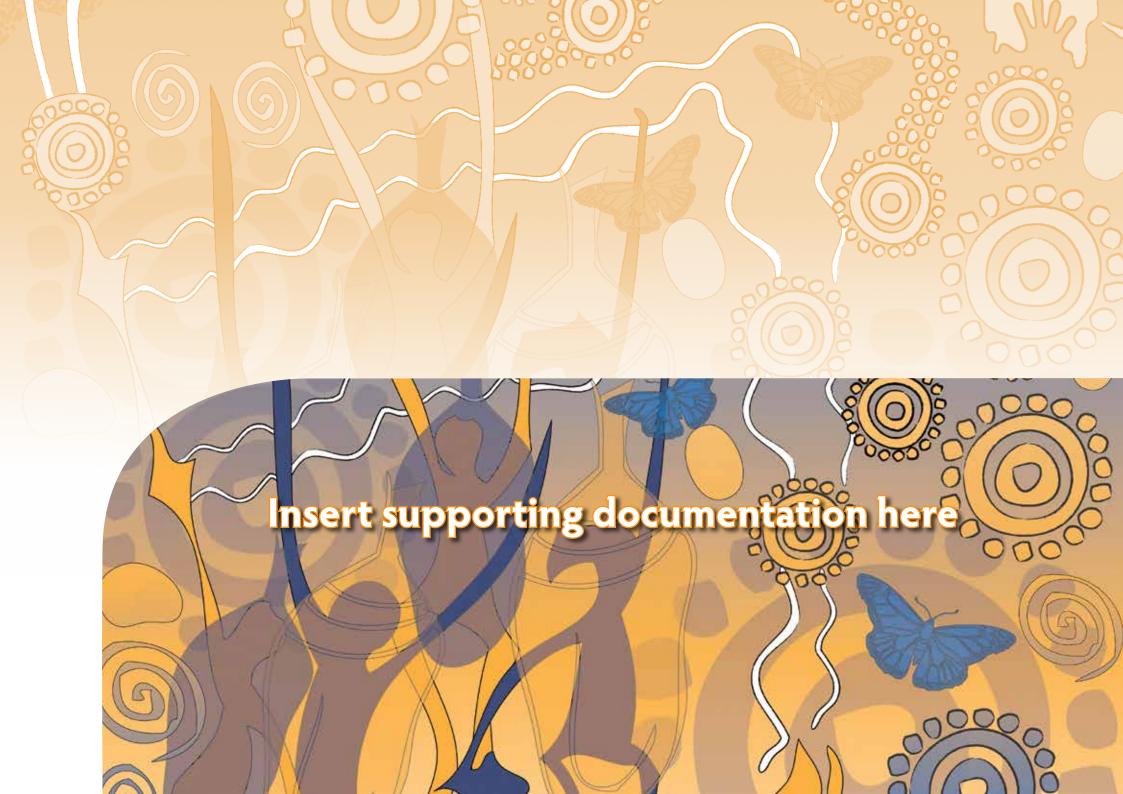
Insert supporting information in the back cover pocket. This could include team meeting minutes, workplace smoking policy or tobacco environmental scans of your service.















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