

Tackling Indigenous Smoking and Healthy Lifestyle Programme Review

Executive Summary

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Introduction

Aboriginal and Torres Strait Islanders suffer the worst health of any population group in Australia, having a burden of disease that is estimated to be two and a half times that of the total Australian population. This is reflected in a poorer life expectancy for Indigenous Australians¹ —12 and 10 years less for males and females respectively than that of the non-Indigenous population. Indigenous Australians are much more likely than non-Indigenous people to die prematurely from preventable chronic diseases such as cardiovascular disease. Tobacco smoking is the most preventable cause of premature death among Indigenous Australians. A number of chronic diseases can be prevented, delayed and/or better managed through active intervention, effective management and lifestyle change (e.g. Physical activity and diet).

The Tackling Indigenous Smoking and Healthy Lifestyle (TIS&HL) Programme was established to reduce smoking rates, the incidence of chronic disease, and early death in Indigenous Australian communities. The programme currently delivers community education activities and interventions to reduce the uptake and prevalence of smoking, improve nutrition and increase physical activity, as these are risk factors for many preventable chronic diseases. This national programme has three objectives:

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

The University of Canberra has undertaken an independent review of the Department of Health's approach to tobacco reduction and the prevention of chronic disease for Indigenous Australian populations. The review is intended to assist the Department in providing advice to Government on options for renewed action to reduce the impact of smoking and other risk factors on Indigenous Australian people and communities. The purpose of the Review is therefore to provide advice to the Department on the merits of a redesign of the TIS&HL Programme. The Review is intended to be forward-looking, with options provided to the Department on how best to deliver effective, evidence-based approaches to prevent chronic disease and its ongoing impact, with a focus on reducing tobacco use, while also continuing to cover issues such as nutrition and physical activity.

Methods used in the review

The review comprised three different elements:

1. A rapid review of the literature provided a synthesis of the current evidence of effectiveness of smoking and chronic disease prevention, and healthy lifestyle health promotion activities for Indigenous Australians.
2. A targeted consultation with key stakeholders described the programme's impact on individuals and communities, documented the barriers and enablers to success, and gathered stakeholder suggestions for future development in this area.

¹ The collective term, 'Indigenous Australians' will be used to refer to the First Nations' people of Australia – Aboriginal and Torres Strait Islander peoples and no offence is intended. It is also acknowledged and respected that Aboriginal peoples and Torres Strait Islanders constitute many nations, language groups and cultures.

3. Multi-criteria decision analysis (MCDA) identified the most preferred options from current activities undertaken as part of the TIS&HL programme.

Key Findings

- The rapid review investigated literature between 2004-2014 and found 27 relevant studies. Limitations in the literature were noted, particularly in terms of the availability of evidence regarding the effectiveness of interventions to increase physical activity and improve nutritional health in this population, and the strength of studies concerning tobacco control which are often small in scale;
- The evidence identified in the literature review indicated that multi-level approaches to tobacco control are likely to be most effective for reducing smoking prevalence in Indigenous Australian communities;
- Targeted, culturally sensitive social media campaigns and community-designed educational activities, can influence individual attitudes and social norms, leading to more smoke-free environments and demands for individual support to quit.
- Support at the individual level should include access to behavioural and pharmacological therapies, provided by a local workforce trained in culturally sensitive interventions. High intensity counselling and brief interventions are also supported by the evidence reviewed, as is the use of nicotine replacement therapies (NRT).
- The stakeholder consultation identified that funded programmes were primarily educational in nature, and that the activities undertaken by local teams had enabled a shift in community and individual readiness to change;
- Programmes had attempted to develop partnerships, so as to link into local services, although this was more successful in some regions than others, with the greatest challenges being faced by remote and rural communities;
- The health promotion focus of the programme, the flexibility of funding and participation of the community in programme development were seen as key to programme success;
- The MCDA identified options that included social marketing, community education, quit support groups, nutrition and physical activity programmes and school based interventions as being effective for supporting attitude and behaviour change;
- However, a number of gaps in the evidence were also identified, in particular the lack of a framework for monitoring and evaluation of programmes.

Recommendations for future action

- Build on the good work initiated by the programme in reducing Indigenous Australian smokers' perceived social acceptability of smoking, and increasing negative personal attitudes to smoking through social marketing and community education;

- Further develop the association between recall of culturally appropriate and personally relevant anti-tobacco advertising and wanting to quit among Indigenous Australian smokers;
- Build on Indigenous Australian smokers' success in making their homes, workplaces and communities smoke-free;
- Continue to develop a multi-faceted intervention approach that includes elements such as social marketing, community education, quit support groups, nutrition and physical activity programmes and school based interventions;
- Involve local communities in design, delivery and planning of programmes, thereby building on the success of recent interventions;
- Facilitate the ongoing development of partnerships between clinical and non-clinical services to ensure a seamless service for individuals wishing to quit smoking;
- Increases Indigenous Australian smokers' access to and use of stop-smoking medicines such as NRT and culturally appropriate support for cessation. Consideration should be given to ways of extending this access, for example by allowing TIS&HL teams to dispense NRT;
- Continue to train clinicians in culturally appropriate brief interventions, encouraging health workers to continue asking Indigenous Australians whether they smoke and supporting them to quit;
- Support further development of culturally specific Quitline approaches;
- Continue to build local capacity and develop the local workforce, local role models and ambassadors;
- Continue to include communities in the design and delivery of programmes, championing active participation rather than just consultation;
- Integrate a reporting and evaluating framework into future iterations of the programme, as described above, to reduce data gaps in future monitoring and review of the effectiveness of activities;
- Retain the flexibility of the funding approach, whilst also providing advice to programme teams regarding the types of activities that are effective. For example, a set of good practice case studies could be produced based on the material collected during the Programme review, using the top three Options from each of the broad MCDA criteria as a starting point, or choosing the top scorers within each sub-criterion depending on what factors the Department wishes to prioritise;
- Use the enhanced monitoring and evaluation framework described above to develop the evidence base which underpins tobacco control and healthy lifestyle promotion with the Indigenous Australian population.