

PROJECT FEEDBACK

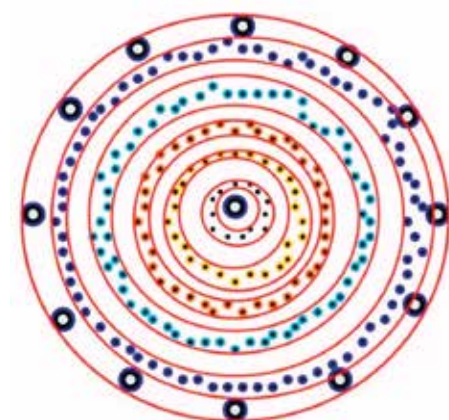


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BREATHE: Building Research Evidence to address Aboriginal Tobacco Habits Effectively

The name of the project, BREATHE, is an acronym for **B**uilding **R**esearch **E**vidence to address **A**boriginal **T**obacco **H**abits **E**ffectively.

The artist's statement about the BREATHE logo is explained below:



"The BREATHE logo – the imperfect concentric circles loosely resemble the cartilage rings in a person's windpipe; the larger dark dots in the outer rim represent the 12 services participating in the project, and the dark dot in the middle represents the AH&MRC."

Introduction

The Aboriginal Health and Medical Research Council (AH&MRC) was funded by the Australian Respiratory Council, the Cancer Council of NSW, and the Heart Foundation to design, implement and evaluate a project to enhance tobacco control in NSW Aboriginal communities. The project came to be known as the BREATHE Project, and was undertaken between 2007 and 2011. The BREATHE project involved the AH&MRC working with 12 member NSW Aboriginal community controlled health services (ACCHSs) and a range of organisations and individuals.

Aims, objectives and overall design

The aims and objectives of the BREATHE project were:

- To trial the impacts of employing, training and supporting a tobacco control worker within an ACCHS setting
- To increase tobacco control capacity of ACCHSs
- To improve smoking related outcomes in NSW Aboriginal communities
- To contribute to the evidence base.

The overall design of the BREATHE project was to use a culturally informed action research approach to conduct a

community randomised trial. Twelve ACCHSs were recruited to participate in the BREATHE project, of which six were randomly selected to receive the 'intervention'. The intervention consisted of ACCHSs receiving funding for 12 months to contribute to employing a tobacco control worker (BREATHE worker), and the provision of a program of tailored training and support. The project was undertaken by a small AH&MRC project team, supported by a Project Management Group of external organisations and individuals. Assistance at various stages of the project was also provided by a range of people employed by and associated with the AH&MRC. The organisations and individuals who contributed to the BREATHE project are listed in Appendix 1 of the Project Report posted on ARC's website www.thearc.org.au

The BREATHE project was evaluated through the collection and analysis of a broad range of information about the implementation of the project, as well as about smoking and tobacco control activities in the 12 participating ACCHSs and the Aboriginal communities they serve. Information was collected by the BREATHE project team and locally employed research assistants before and after the intervention period. The collected information included assessing smoking prevalence, knowledge and behaviours among Aboriginal community members attending each ACCHS, as well as ACCHS policies and activities, staff knowledge and attitudes, as they related to smoking and tobacco control. In addition, after the intervention period, interviews were conducted with the BREATHE workers and ACCHS managers in intervention sites to gain their perspectives of the achievements and challenges of the project.

Between 2011 and the preparation of this report in 2015, the AH&MRC has continued to use and disseminate information about lessons learnt through the BREATHE Project. At the time of writing, work by the AH&MRC towards publishing several journal articles to disseminate BREATHE Project findings is ongoing.

Key activities

Selection and randomisation of ACCHSs

AH&MRC member ACCHSs were invited to express interest in participating in the project at the time of the original funding application and then followed up after the project was funded. ACCHSs were eligible to participate if they did not have an existing tobacco control program. The AH&MRC actively followed up with member ACCHSs to identify 12 services that were interested in participating in the project, and to include small and large ACCHSs in urban, rural and remote locations.

Participation in the project was negotiated with each ACCHS over several months, through a series of discussions, including at least one face to face meeting. Community consent forms were signed by participating ACCHSs and the AH&MRC, to document points of agreement in these areas.



The AH&MRC BREATHE Project Team with representatives of participating ACCHSs and partner organisations after the randomisation event at the AH&MRC Annual General Meeting, October 2008

Funding, recruitment and employment of BREATHE Workers within ACCHSs

The six intervention site ACCHSs received funding from the BREATHE project for employment of a BREATHE worker to focus on tobacco control within the ACCHS. The AH&MRC BREATHE Project Team provided support for recruitment, training, and activities. A draft position description was developed by the AH&MRC team, describing the proposed role and activities of the position.

BREATHE worker training and support

At the beginning of the intervention period, an induction workshop for the BREATHE workers and their managers was held in Sydney by the AH&MRC Project Team. As well as providing information about the project, and delivering training on smoking and tobacco control strategies, BREATHE workers and their managers were supported to develop a shared workplan, based on a workplan template drafted by the Project Team, based on a review of evidence based approaches to Aboriginal tobacco control and knowledge about ACCHS operations.

Three subsequent workshops for BREATHE workers were held in Sydney during the 12 month intervention period, with a focus on training, information sharing, peer support, and networking. Content was specifically designed to meet the BREATHE worker needs. The training sessions included:

- Training about tobacco addiction, brief intervention (including Smokecheck), smoking cessation, tobacco control strategies, the use of smokerlyzers, environmental tobacco smoking
- Health promotion, social marketing, cannabis use and interventions
- Sharing information about the BREATHE Project and BREATHE worker roles and activities.

Training was delivered by individual trainers with specific expertise in the relevant area, including the NSW Quitline trainer, the Smokecheck team, external consultants, organisations such as the National Cannabis Prevention and Information Centre, and members of the Project Management Group with relevant expertise.

In feedback at the end of the intervention period, the BREATHE

workers provided positive feedback about the value of training that had been delivered through the BREATHE Project, saying that it had provided them with the information, knowledge and skills they needed to undertake tobacco control activities within their ACCHS.

Throughout the intervention period, and in particular between workshop and training blocks, the BREATHE workers were primarily supported by the BREATHE Project Manager through frequent email and telephone exchanges, site visits, and other means.

BREATHE worker areas of focus and activities

A generic workplan template for BREATHE workers was developed by the Project Team. The workplan template identified six areas of focus for BREATHE worker activities:

1. Increase focus and profile of ACCHS tobacco control and smoking cessation activities
2. Improve ACCHS workplace tobacco control and smoking cessation policies
3. Increase delivery of brief interventions to ACCHS clients
4. Increase support for ACCHS clients interested in quitting
5. Act and advocate for increased tobacco control and smoking cessation in the community
6. Build evidence, research and reporting.

Each BREATHE worker and ACCHS was able to adapt and customise the local work plan, to reflect local ACCHS circumstances and priorities.

BREATHE workers were all active in promoting a focus on addressing smoking and tobacco control within their ACCHS, using a range of strategies including: presentations to staff, collecting, adapting and disseminating resources, establishing a committee to focus on tobacco issues within the ACCHS, and linking with other programs within the ACCHS.

BREATHE workers focusing on ACCHS policy development were able to establish new ACCHS tobacco control policies where these were not already in place, re-develop existing policies to be stronger and more detailed, and take action to support the implementation and enforcement of policies. Areas of focus included smoke free areas within the ACCHSs, signage, staff smoking, smoking around children, smoking in ACCHS cars, and cessation support for ACCHS staff.

As well as being active within the local ACCHS, BREATHE workers were active in other locations within the community, including through developing and distributing resources such as posters and fact sheets to Aboriginal organisations, Aboriginal land councils, local hospitals, and local pubs and clubs.

BREATHE workers spent a lot of their time talking with and providing information to community members about smoking, quitting and strategies to address environmental tobacco smoke,

both within the ACCHS and in the community. They engaged with individual ACCHS clients, and also with groups such as mums and bub, and men's health groups. The BREATHE workers actively participated in community events such as NAIDOC week, family fun days, youth days, and career days, and distributed resources such as posters, fact sheets, leaflets and marketing materials as well as using Smokerlyzers during these events to engage community interest in talking about smoking.

Baseline and end of trial data collection

The AH&MRC BREATHE Project Team and locally employed research assistants collected data at all 12 ACCHSs, including intervention and control sites, before and after the intervention period.

Data gathering tools and methods were specifically developed for the BREATHE Project by the AH&MRC BREATHE Project Team with support from Project Management Group members, drawing on questions and data gathering instruments used in other settings, both Aboriginal specific and mainstream. The different methods used to gather information and data from participating ACCHSs were:

- A survey of community members about smoking attitudes, knowledge and behaviours
- Contextual information about ACCHS tobacco control activities was collected through a semi structured interview with one or more staff members, and this information was supplemented with a local environmental scan to document signage and health promotion displays relating to smoking
- ACCHS staff views were assessed through self-administered surveys and a staff focus group being held at each participating ACCHS.



BREATHE workers, the AH&MRC BREATHE Project Team and colleagues at the Oceania Tobacco Conference, Darwin 2009

Impacts, achievements and outcomes

The BREATHE Project was able to document a range of project impacts, achievements and outcomes at four different levels:

- Individual: BREATHE workers and research assistants. The four individuals who were in BREATHE worker positions at the end of the project all continued employment at the ACCHS after the project ended
- Participating ACCHSs
- Aboriginal communities served by participating ACCHSs
- The AH&MRC.

Individual: BREATHE workers and research assistants

The BREATHE Project directly provided new employment opportunities. The AH&MRC BREATHE Project Team and others observed significant growth in BREATHE worker knowledge, skills,

and confidence during the course of the project. The BREATHE workers each became effective advocates for tobacco control at their ACCHS and in their communities.

Experience gained by BREATHE workers during the project included: working with health and community organisations developing ACCHS policy, program development, implementation and research skills. These skills have built the capacity of individuals to undertake future work in these related areas, hence making an important contribution to the positive impacts of the BREATHE Project.

Participating ACCHSs

Employing and supporting BREATHE workers within intervention site ACCHSs delivered increased ACCHS capacity around tobacco control during the life of the BREATHE Project. BREATHE worker interviews and staff focus group results provided similar perspectives on the outcomes of the BREATHE Project relating to changes in ACCHS staff knowledge, attitudes and behaviours. These were:

- More ACCHS staff were aware of brief intervention strategies and were incorporating these into their practice
- Increased staff confidence in talking with clients about smoking and in delivering brief interventions was reported
- More ACCHS staff were asking for assistance with addressing smoking
- Demand for training about addressing smoking amongst ACCHS staff was greater
- No-smoking areas were being better observed and respected by ACCHS staff.

Analyses assessed the proportions of survey participants who smoked reporting they had been advised to quit, referred to the Quitline, or referred to a quit support worker. These proportions were compared for the groups of participants attending intervention site ACCHSs with those attending control site ACCHSs, before and after the intervention period. At baseline, the proportions of regular smokers reporting they had been advised to quit in the previous six months was similar for intervention (39.1%) and control (43.6%) groups. Post-intervention, the proportion of control group regular smokers advised to quit was similar (41.8%), but in the intervention group a statistically significantly higher proportion of smokers reported being advised to quit (57.5%, $P < 0.001$). This pattern of increased levels of ACCHS tobacco control activity being observed for intervention site ACCHSs was similar for regular smokers reporting they had been referred to the Quitline and to a quit worker.

ACCHS staff reported in post intervention interviews that the BREATHE worker model worked for ACCHSs and had been well received by communities. There was significant interest amongst both intervention and control site ACCHSs in funding for dedicated, specialist Aboriginal tobacco control positions being ongoing.

Aboriginal communities

BREATHE workers reported in post intervention interviews that they had received increasing requests for assistance to quit from community members who smoked over the timeframe of the project, and that they had observed a greater awareness of and understanding about the effects of smoking on the health of individuals and family members, including children, through environmental tobacco smoke exposure in the home and in cars. The views of BREATHE workers that the BREATHE Project had raised the profile of tobacco control within the local community,

and contributed to de-normalising smoking was shared by participants in intervention site ACCHS staff interviews and focus groups.

Analyses of exit survey data relating to Aboriginal community members smoking related behaviours and attitudes was also undertaken to assess potential impacts of the BREATHE Project.

Analyses also compared the rates of quit attempts and successful quit attempts before and after the intervention, for participants who smoked that attended intervention site ACCHSs with those attending control site ACCHSs. Amongst regular smokers, the proportions of exit survey participants who reported a quit attempt in the previous 12 months (33-40%), or a successful quit attempt (13-18%), were similar in both time periods and groups, with differences not being statistically significant.

Smoking prevalence was also assessed amongst intervention and control groups, before and after the intervention. Between the baseline and post-intervention time periods, there was a statistically significant decrease in smoking prevalence amongst ACCHS exit survey participants for both intervention (50.2% at baseline compared to 42.9% post-intervention) and control (55.9% at baseline compared to 49.7% post-intervention) groups. This suggests a secular trend of decreasing prevalence of smoking amongst NSW ACCHS attendees over the intervention period.

In summary, the findings of analyses of exit survey responses suggested the BREATHE Project intervention contributed to an increase in help seeking behavior amongst smokers, and reduced smoking in cars. While impacts on quit rates and smoking prevalence were not demonstrable, a secular trend of reduction in smoking prevalence in both intervention and control groups is encouraging.

AH&MRC

The knowledge and experience that the AH&MRC gained about Aboriginal tobacco control has been a major positive outcome of the BREATHE Project. Through the literature reviews and other research conducted at the outset of the BREATHE Project, the AH&MRC gained a sound understanding of the existing body of evidence about effective strategies to address Aboriginal smoking. The experience of designing, implementing and evaluating the BREATHE Project provided the AH&MRC with an in depth understanding of the strengths and challenges ACCHSs experienced in taking action on Aboriginal tobacco control, and enabled successful strategies to be identified as well as opportunities for lessons to be learnt from those activities that were less successful.

The BREATHE Project has been the foundation for the establishment and operation of an ongoing program of support for NSW ACCHSs around tobacco resistance and control – the AH&MRC Tobacco Resistance and Control (A-TRAC) Program.

The AH&MRC has been enabled through the BREATHE Project and subsequent work to provide well informed contributions to policy and program development in the key priority area of Aboriginal tobacco control at both a national and state level. As well as participation on a broad range of committees and advisory groups relating tobacco control, the AH&MRC was able to draw on the experience of BREATHE in preparing written submissions to the National Preventive Health Authority and to contribute to the National Tobacco Strategy. The AH&MRC also provided advice to the Commonwealth government in their development and roll out of the Tackling Indigenous Smoking initiative that formed part of the COAG Indigenous Chronic Disease package, through participation on the Tobacco Technical Reference Group and

through other communications. At the NSW State level, as well as providing advice and input to NSW Health into various policy and strategy documents with coverage of tobacco control over the years, the AH&MRC has more recently worked in partnership with the NSW Ministry of Health to develop a strategic framework for Aboriginal tobacco resistance and control, the ATRAC Framework, that aims to guide and support coordinated action by all NSW stakeholders into the future.

Reflections and conclusions

The BREATHE Project was a major undertaking for the AH&MRC, and provided the AH&MRC with a focus for establishing a program of work to support Aboriginal tobacco resistance and control in NSW and nationally that has been continued since the project was completed.

The AH&MRC designed and implemented the BREATHE Project in ways that maximized opportunities for Aboriginal community and ACCHS capacity building and strengthening throughout the process of conducting the project. As outlined in the previous section, the BREATHE Project was able to achieve a range of positive impacts for individuals, participating ACCHSs and the Aboriginal communities they serve, and the AH&MRC, throughout its life and these benefits have extended beyond the life of the project.

The AH&MRC has presented about different aspects of the BREATHE Project at a range of meetings, symposia and conferences, including two Oceania Tobacco Control Conferences, the annual conference of the Public Health Association of Australia, the Coalition for Research to Improve Aboriginal Health Research Conference and others .

The AH&MRC greatly appreciates the opportunity provided by the Australian Respiratory Council in funding the BREATHE Project and the additional funding and support of the Heart Foundation and the Cancer Council that made the BREATHE Project possible.