# A comprehensive approach for Aboriginal and Torres Strait Islander tobacco control (CATs)





Chamberlain C<sup>a</sup>, Perlen S<sup>a</sup>, Rychetnik L<sup>bc</sup>, Cameron H<sup>d</sup>, Alam N<sup>e</sup>, Banks E<sup>f</sup>, Thomas D<sup>g</sup>, Maddox R<sup>h</sup>, Cass A<sup>g</sup>, Thackway S<sup>i</sup>, Redman S<sup>b</sup>, Wilson A<sup>b</sup>, Eades S<sup>a</sup>.

<sup>a</sup>Baker IDI Heart and Diabetes Institute, <sup>b</sup>Sax Institute, <sup>c</sup>University of Notre Dame, <sup>d</sup>Department of Health Australian Government, <sup>e</sup> Department of Health, Queensland Government, <sup>f</sup>Australian National University, <sup>g</sup>Menzies School of Health Research, <sup>h</sup>Li Ka Shing Knowledge Institute, St Michael's Hospital, Canada, <sup>i</sup>New South Wales Department of Health.

### Introduction

Smoking rates among Aboriginal and Torres Strait Islander (Aboriginal) people aged 15 years or older have dropped from 49% in 2002 to 39% in 2014-15, remaining three times higher than the non-Aboriginal smoking rate<sup>1</sup>. Tobacco is a major cause of death and disability among Aboriginal people and addressing tobacco use is essential to 'closing the gap'. A systematic, collaborative and coordinated approach is required by governments, local communities and health service providers to reduce smoking rates. Australia lacks a comprehensive framework to guide and monitor Aboriginal tobacco control efforts<sup>2</sup>. This project aims to identify a 'framework' to guide a comprehensive approach to Aboriginal (Aboriginal) and Torres Strait Islander tobacco control efforts over the medium to long term.

# Methods

Guided by an Advisory Group of Aboriginal and non-Aboriginal tobacco control experts, a search was conducted and forty-four potentially relevant frameworks were identified. researchers assessed Two framework relevance, before extracting data from 26 'highly or moderately relevant frameworks' regarding: the evidence-base, key indicators, validity, the development framework process, the degree of Aboriginal community consultation and engagement, a summary of strengths and limitations, and key domains. Framework domains were identified and catalogued, recognising similarities differences and frameworks' respective domains—noting similar domains were grouped together. Two researchers reviewed the extracted data independently and in duplicate. The Advisory Group was consulted to reach consensus on aligning framework domains. frameworks that incorporated The significant domains were recognized as the most appropriate. The Advisory Group advised on the need for any framework adaptation, such as including additional domains identified from other recognized frameworks. Narrative synthesize was used to summarise the findings. The frameworks categorized as 'low relevance' were screened and reviewed to ascertain if any new domains, were not included. No domains were identified.

Frameworks to guide a comprehensive approach to tobacco control

# National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) principles and priorities

- Principle 1: Equality and human rights approach
- Principle 2: Partnership
- Principle 3: Engagement
- Principle 4: Accountability (monitoring)
- Enabling priority 1: strengthbased/holistic wellbeing
- Enabling priority 2: Cultural respect
- Enabling priority 3: Health system
  effectiveness and clinically
  appropriate care (aspects relevant to
  tobacco control addressed in NTS)
- Enabling priority 4: Evidence-based
- Enabling priority 5: Human capability

# National Tobacco Strategy (NTS) action areas

- Strengthen efforts to reduce smoking among populations with high smoking prevalence
- Bolster and build on existing programs and partnerships to reduce smoking rates of ATSI people
- Continue to reduce affordability of tobacco products
- Protect public health policy including tobacco control policies, from tobacco industry interference
- Consider further regulation of contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems
- Strengthen mass media campaigns
- Provide greater access to a range of evidence-based cessation services to support smokers to quit



For further information please contact: catherine.chamberlain@bakeridi.edu.au

## Results

A comprehensive approach to Aboriginal and Torres Strait Islander tobacco control would require integration of two frameworks: the 'vision, principles and priorities' of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (NATSIHP)<sup>3</sup> with the 'key priority areas' of the National Tobacco Strategy (NTS)<sup>4</sup>.

The harmonization of the NATSIHP and the NTS capitalizes on the strengths of current frameworks, including evidence for tobacco control, international treaties, available indicators, equity and community perspectives:

- The NTS key action areas align with the comprehensive World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which is evidence-based and well-validated with indicators and international ratification. It also included a focus on equity and strengthening efforts in high prevalence populations. However, the degree of community consultation was unclear.
- The NATSIHP involved extensive national community consultation, and the vision, principles and action areas were well aligned and comprehensively covered key domains found in many other Aboriginal health frameworks. It emphasizes that the plan "should be considered together with strategies to address social inequalities and social determinants of health".

# Discussion

A comprehensive approach to Aboriginal and Torres Strait Islander tobacco control will involve reorientation of tobacco control initiatives outlined in the NTS to ensure they align with and support the 'vision, principles and priorities' of the NATSIHP. We are reviewing tobacco evidence and programs to assess how well strategies are aligned with these comprehensive frameworks, identifying gaps and potential synergies in tobacco programs and research to target limited resources efficiently. Collaborative and sustained efforts will be required to reduce the impact of smoking on Aboriginal health and improve health equity. A comprehensive 'framework' is needed to effectively guide these efforts overtime.