Aboriginal and Torres Strait Islander Tobacco Control

Queensland Aboriginal and Islander Community Controlled Health Services

Creating Supportive Workplace Environments

QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC Health Promotion Initiatives
Preventative Health Team
QAIHC Population Health Hub
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Summary

This report documents the work lead by the Queensland Aboriginal and Islander Health Council (QAIHC) to address tobacco control with member services. The aim of the project was to assess the readiness and willingness of services to create supportive workplace environments to encourage health service staff to quit smoking. Workplace assessments were undertaken to collect a range of information including:

- an environmental scan to explore the Sectors existing smoking policies
- staff attitudes and beliefs to smoke free policies

The results of the environmental scan indicated that 10/23 (43%) of Queensland Community Controlled Health Services had a workplace tobacco policy in place. The smoking prevalence in Indigenous staff, 171/469 (36%), was lower than that of the general population (50%). The results from the smoking policy questionnaire completed by 180 staff, indicated that overall, there was overwhelming support for smoke free workplaces by staff. The results also showed that

Staff from the QAIHC population Health Hub and CCRE (Centre for Clinical Research Excellence) are leading this work, networking with an identified staff member in each service. The purpose of this work is to develop a standardized framework for tobacco control within workplaces, across the Community Controlled health Sector in Queensland. Each workplace is different and will, of course, make local adaptions.

This is work is linked to a comprehensive smoking cessation program, the *Time to Quit* program, to support smokers and their peer networks to quit. Time to Quit has 2 key mainstream partners, Quitline and the Cancer Council. Only the findings from the environmental scan and staff attitudes and beliefs will be reported here.

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Introduction

The majority of staff employed within the Aboriginal Community Controlled Health Services (ACCHS) in Queensland are Aboriginal and Torres Strait Islander and share the health status of the wider Indigenous community. As a consequence, many use tobacco and have identified that this can have a negative impact on their ability to deliver key health messages including brief intervention for tobacco cessation. It is therefore a Queensland Aboriginal and Islander Health Council priority to work with our member services and support programs that will improve the health of staff.

This report documents the progress in work lead by the Queensland Aboriginal and Islander Health Council (QAIHC) to address tobacco control with member services. The key strategies involved a phased approaches including:

a. Desktop Analysis: an environmental scan of services to explore Community Controlled Health Service Sectors smoking policy, such as tobacco use policies in place, type of policy, numbers of staff smokers.
b. Smoking Policy Questionnaire: Investigating staff attitudes and beliefs to smoke free policies within health services, linked to
c. Implementing a comprehensive program to support smokers and their peer networks to quit: the *Time to Quit* program – reported separately

ACCHS are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate health care to their communities. QAIHC Membership currently comprises of 26 CCHS, operating across urban, rural, regional and remote Queensland, including Cape York. Of the 26 services, 5 don't provide regular GPs services.

Methodology

Setting

Queensland (Qld) has a large Indigenous population – 146,000 Aboriginal and Torres Strait Islander persons. This represents 3.6% of total Qld population and 28.3% of the national Aboriginal and Torres Strait Islander population.

QAIHC is the state's peak body representing, advocating and supporting Queensland's 26 Community Controlled Health Services to deliver comprehensive, primary health care solutions to their communities. QAIHC has a small Preventative Health Unit, which includes a Tobacco Control team which has led the coordination, evaluation and dissemination of tobacco work across our member services. The AICCHSs have been integrally involved in the work from the start in both advisory, testing and participatory capacities.

Model

The Tobacco Control Health Promotion work is lead by a small team of QAIHC staff. The 4 staff come from the QAIHC CCRE (Manager and 2 coordinators) and the Population Health Hub (Director). Each participating service in return for the substantial support provided through the QAIHC *Time to Quit* progam, identify 1 staff member to coordinate the tobacco control work in their service. This has established a network of ACCHSs tobacco control officers, lead and supported by the QAIHC team. This work could be greatly expanded if the service staff could concentrate on tobacco work – at present all have other roles within the service – predominantly these staff are Aboriginal Health Workers

Desktop Analysis

Project staff undertook a desktop analysis of the Queensland Community Controlled Health Service Sector to identify specific information on tobacco use. Telephone follow-up was conducted and information was sought on workforce numbers, number of smokers and existing workplace tobacco policies and what policies, if present, incorporated.

Smoking Policy Questionnaire

Questionnaires were then developed and conducted amongst nine of the 26 Aboriginal Community Controlled Health Services in Queensland. The aim of this questionnaire was to collect information on staff attitudes and beliefs regarding the tobacco use within the workplace. The questionnaire consisted of 41 questions and covered a range of areas including demographic information, smoking status, staff awareness, knowledge and understanding of organisational smoking policies, staff views on policy and levels of support for quit smokers. The questionnaire consisted of both open ended and close questions.

The surveys were collected between February and August 2009. All data were entered and analysed in Microsoft Access.

Ten services declined to participate due to already having a current policy enforced but agreed that participation in this survey would produce a tool that could be useful when reviewing their policies. These services agreed to provide data on the proportion of staff who were current smokers to the QAIHC team.

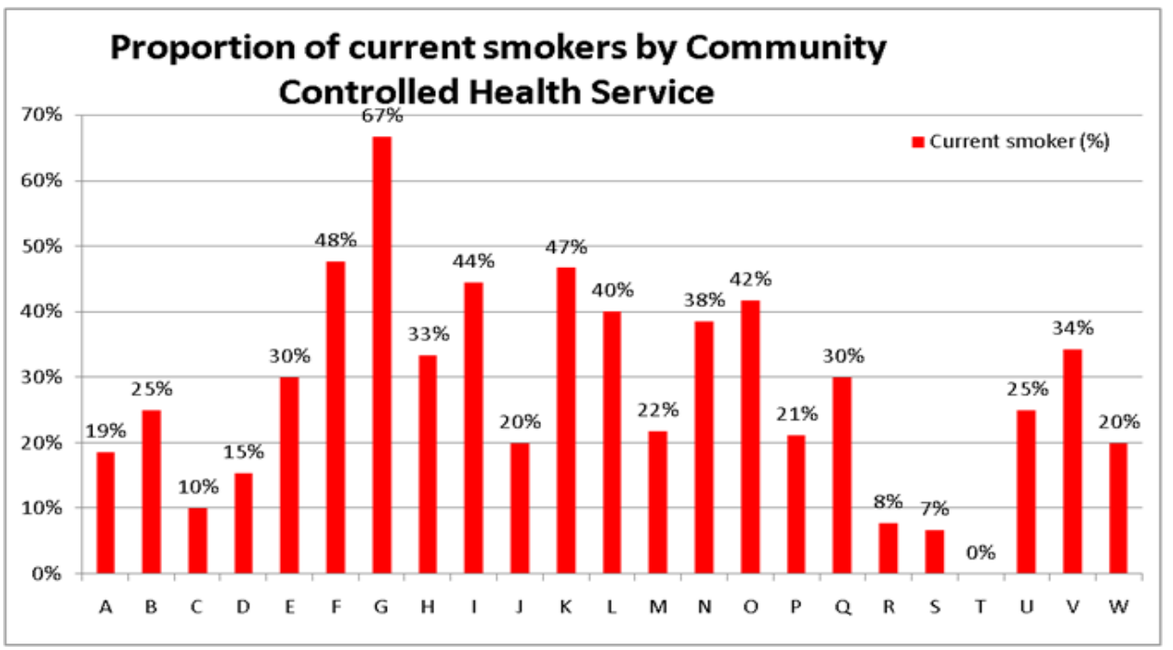
Results

1.Environmental scan: Desktop Analysis

Twenty three of 26 QAIHC member services participated in the desktop analysis In these 23 Community Controlled Health Services, ten of the services identified as having a current formal policy, eight had no existing policy and five did not respond.

Across the 23 services, 469 staff were currently employed, with 171 (36%) identifying as current smokers. . Graph 1 shows the proportion of current smokers in each service surveyed across Queensland, with levels of smoking ranging from 0-67%.

Graph 1: Proportion of staff who are current smokers in 23 Aboriginal Community Controlled Health Services in Queensland, August 2009.



2. Smoking Policy Questionnaire

Nine of the twenty-six Community Controlled Health Services completed the workplace smoking policy questionnaire. A total of 180 questionnaires were returned for analysis, an overall response rate of 53%. The participation rate varied from 22 to 100% with majority being over the 50% (table 1).

Table 1: Participation rates in staff survey at 9 participating Aboriginal Community Controlled Health Services, February-August 2009.

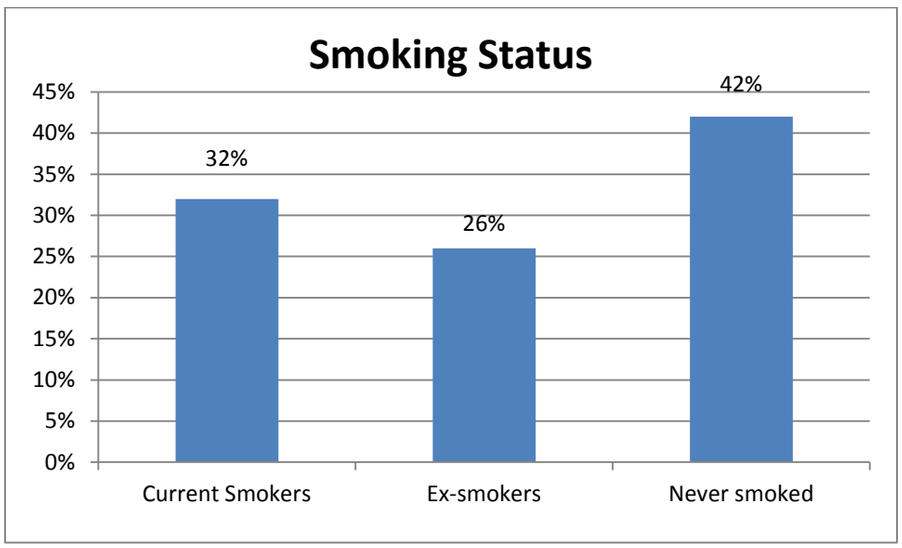
Health Services	Number of Staff	Number (%) of participants
A	27	17 (63)
B	53	36 (68)
C	15	14 (93)
D	13	9 (69)
E	67	15 (22)
F	10	10 (100)
G	22	8 (36)
H	20	12 (60)
I	113	59 (55)
Total	**340**	**180 (53)**

Table 2: Demographic details by Indigenous status, sex and age of 180 staff of 9 QAIHC ACCHSs participating in a tobacco workplace policy questionnaire

Demographic Characteristic		N	%
Indigenous Status	Aboriginal	98	54
	Aboriginal and Torres Strait Islander	11	6
	Torres Strait Islander	12	7
	Non-indigenous	59	33
	Total	**180**	**100**
Sex	Male	52	29
	Female	128	71
	Total	**180**	**100**
Age Group	16-25 years	25	14
	26-35 years	45	25
	36-45 years	54	30
	46-55 years	41	23
	56-65 years	15	8
	Total	**180**	**100**

Of the 180 questionnaires received, 54% identified as Aborignal, 6% identified as both Aboriginal and Torres Strait Islander, 7% identified as Torres Strait Islander and 33% were identified as non-indigenous. Over half (69%) of staff were aged less than 45 years and the majority of staff identified as females (71%) (See table 2).

Graph 2: Smoking Status amongst of 180 staff of 9 QAIHC ACCHSs participating in a tobacco workplace policy questionnaire, February-August 2009.



Overall 32% of all participating staff members identified as current smokers, 26% as ex-smokers and 42% as having never smoked (Graph 2).

Table 3. Smoking rates by Indigenous status

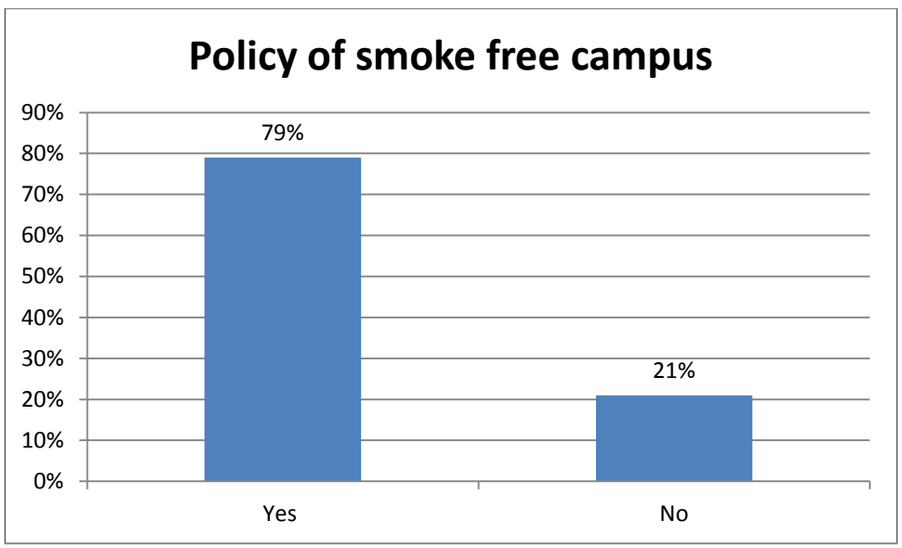
Indigenous Status	Smokers N (%)	Non-Smokers N (%)	Ex-Smokers N (%)	Total N (%)
Aboriginal	40 (41)	33 (34)	25 (25)	**98 (54)**
Aboriginal & Torres Strait Islander	3 (28)	4 (36)	4 (36)	**11 (6)**
Torres Strait Islander	1 (8)	3 (25)	8 (67)	**12 (7)**
Non-Indigenous	14 (24)	35 (59)	10 (17)	**59 33)**
Total Number	**58(32)**	**75(42)**	**47(26)**	**180 (100%)**

Overall 41% of the Aboriginal participants identified as current smokers, 28% percent of participants who identified as being both Aboriginal and Torres Strait Islander smoked, 24% of non-Indigenous participants identified as smokers and only 8% of Torres Strait Islander identified as smokers.

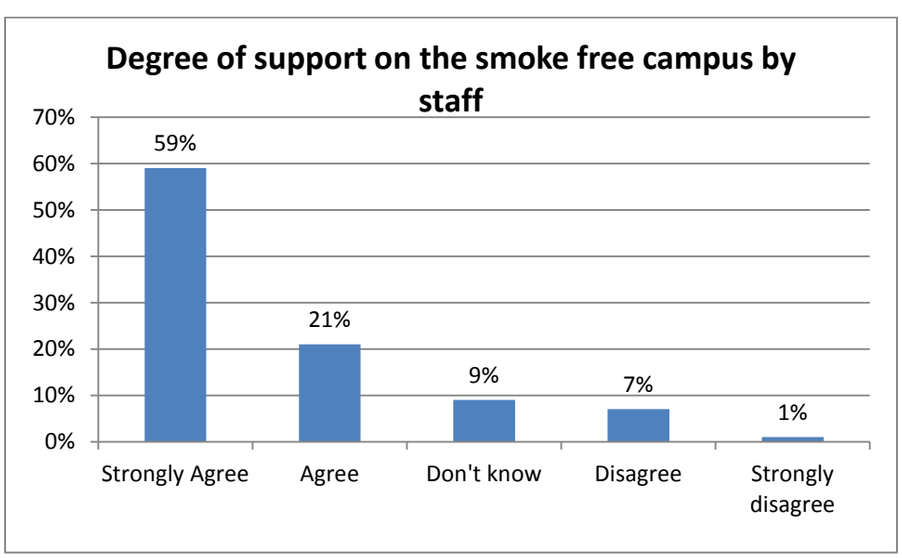
Over half (67%) of the Torres Strait Islander participants identified as ex-smokers. Thirty-six (36%) of people who identified as both Aboriginal and Torres Strait Islander were ex-smokers. A quarter (25%) of Aboriginal participants identified as ex-smokers and only 17% of Non-Indigenous participants identified as ex-smokers

The majority of participants supported the concept of a smoke free campus (graph 4).

Graph 4: Response to a policy of a smoke free campus of 180 staff of 9 QAIHC ACCHSs participating in a tobacco workplace policy questionnaire, February-August 2009.



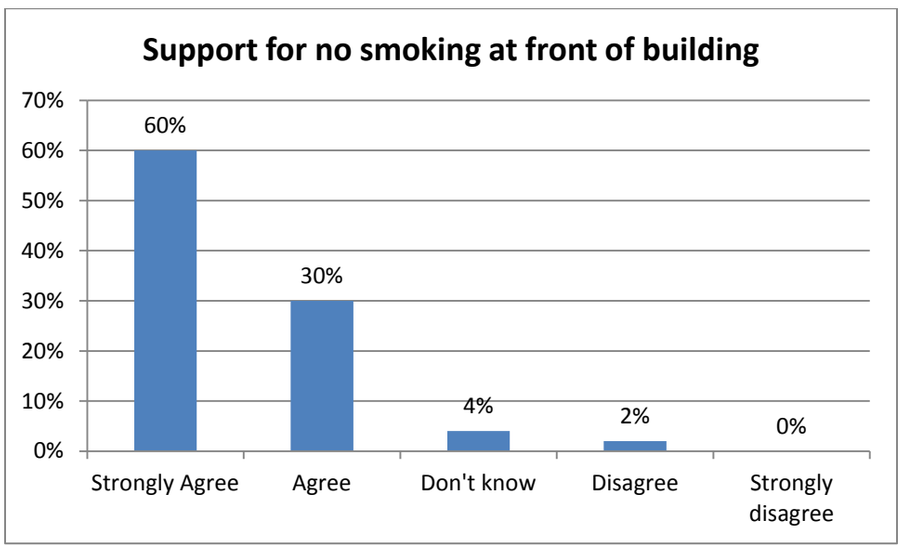
Graph 5: Degree of support for a smoke free campus of 180 staff of 9 QAIHC ACCHSs participating in a tobacco workplace policy questionnaire, February-August 2009.



* 5 no responses

Over three quarters (80%) of the participants agreed with the concept of a smoke free campus, with 59% strongly agreeing. Only 8% neither disagreed and/or strongly disagreed with the introduction of a smoke free campus.

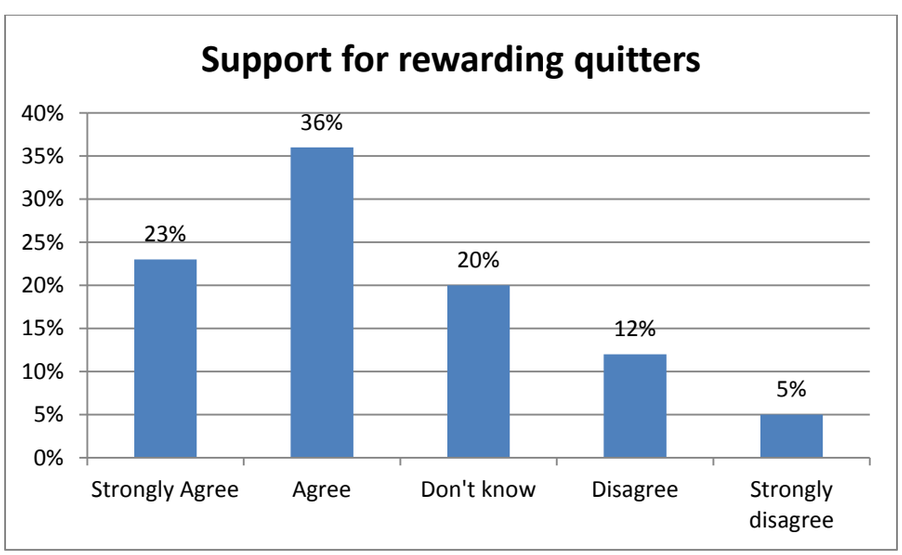
Graph 6: The degree of support amongst 180 staff in 9 QIAHC services for no smoking at front of the health service building, February-August 2009..



* 8 no responses

Almost all (90%) of 180 participating staff members agreed to a policy of no smoking at the front of any Community Controlled Primary Health Care Centres.

Graph 7: Support for rewards to those who recently have quit smoking, February-August 2009.



* 7 no responses

The majority of participating staff were in support of rewards being provided for their efforts to stop smoking (Graph 7).

Further analysis from the open ended questions regarding rewards for quitters identified that staff felt that services could reward quit attempts, and that support could broadly belong to two categories; *direct support* and *policy suggestions*.

Direct Support
Themes identified for direct support of staff included the provision of incentives for staff. These included:

Suggested incentives for successful quitting were:

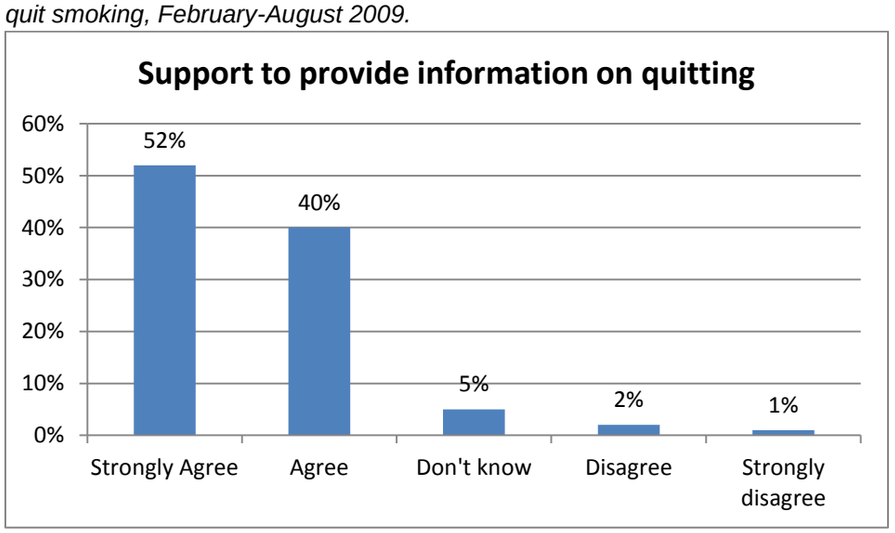
- Supermarket/food vouchers,
- Movie or massage vouchers,
- Even extra annual leave days.
- Gym or yoga membership
- Provision of treatment (eg. NRT/Champix)
- Enhanced education and individual support (eg. support groups)

Policy suggestions
In terms of developing and implementing workplace smoke free policies, the following themes were identified:

- Using a phased approach to allow staff to get used to the idea of a smoke free campus,
- Add no smoking policy to orientation packages for new staff,
- Increased signage around the workplace.

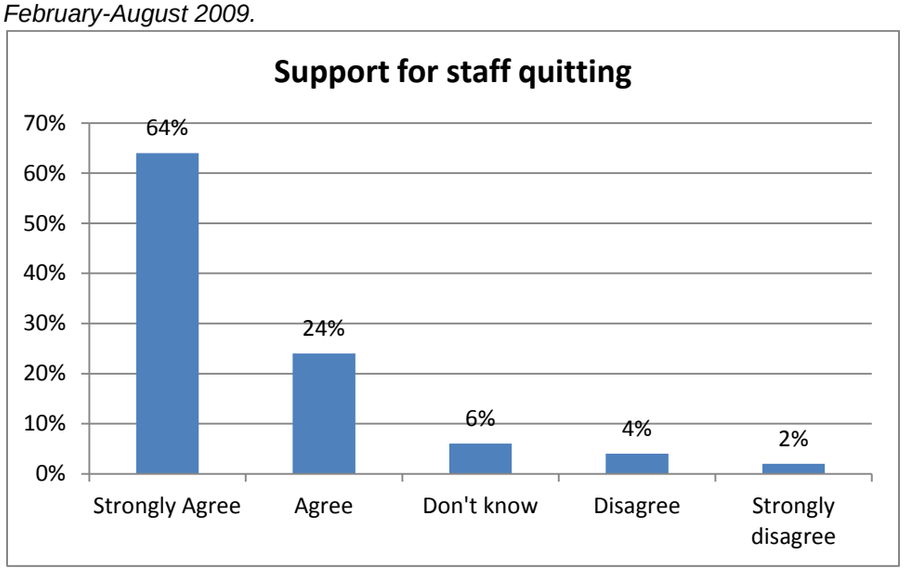
The majority (92%) of the 180 participating staff agreed that information on quitting smoking should be freely available at the work place (See Graph 8).

Graph 8: Response of 180 staff in 9 QIAHC services for Support for providing staff with information on quit smoking, February-August 2009.



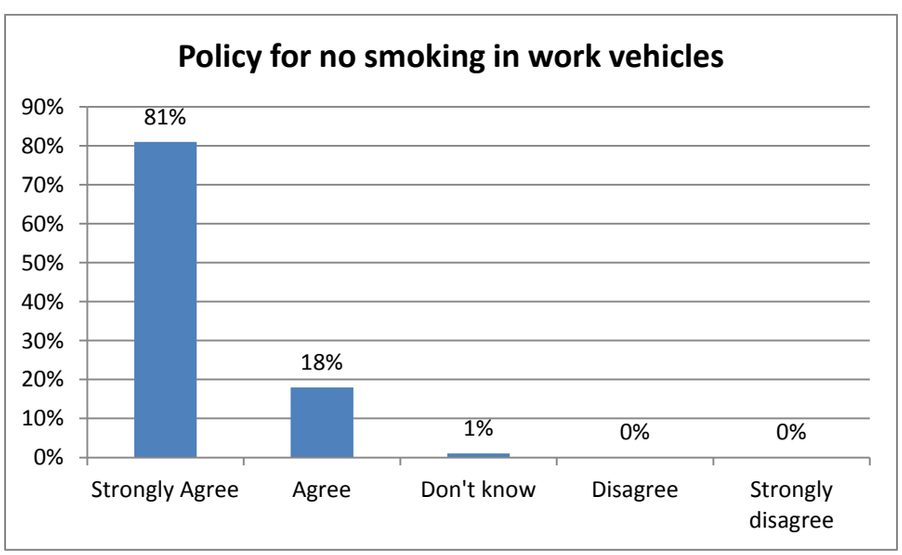
There was strong support (88%) shown for the workplace to provide support for those smokers wanting to quit (see Graph 9).

Graph 9: Response of 180 staff in 9 QIAHC services to supported assistance for staff to quit smoking, February-August 2009.



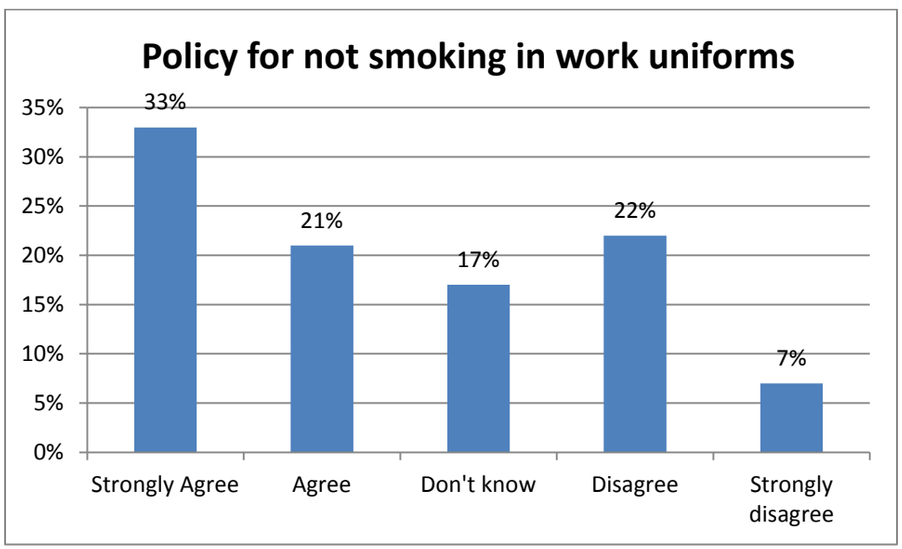
Almost all (99%) of the 180 participants agreed that there should be a policy of no smoking in work vehicles.

Graph 10: Policy of no smoking in work vehicles, February-August 2009.



Just over a half (54%) of participants agreed that there should be a policy of not smoking in work uniforms.

Graph 11: Response of 180 staff in 9 QIAHC services to a Policy of smoking in work uniforms, February-August 2009.



Conclusions

This work identified that as of November 2009, 10/23 (43%) of Queensland Community Controlled Health Services had a workplace tobacco policy in place. Nine services had participated in the smoking policy questionnaire. The results from this work was due to excellent staff participation and engagement of management teams of the services, with 180/469 (53%) staff completing a survey.

Results of the survey showed overwhelming support for smoke free workplaces. The smoking rate in Indigenous staff was lower (35%) than the general population (50%) which is encouraging and suggests staff can act as advocates to clients and peers, and that Indigenous workplaces may be excellent environments to lead activity in tobacco control. It is intended that the results of this work will lead to the development of a consistent approach to tobacco control within workplaces, across the Community Controlled health Sector in Queensland.

Acknowledgments

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