



Government of Western Australia
Department of Health
South Metropolitan Population Health Unit

Pathway

to reducing harm from
tobacco use



A Guide for Local Government

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The South Metropolitan Population Health Unit respectfully acknowledges the Aboriginal people both past and present, the traditional owners of the land on which we work.

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1. Introduction

Pathway to a Healthy Community

This guide has been developed as part of a series of supplementary guides designed to support the implementation of the *Pathway to a Healthy Community: A guide for Councillors*.¹

The purpose of this guide is to support local governments across the South Metropolitan Health Service (SMHS) area to reduce the harms from tobacco use at a local level.

The harms that result from tobacco use can go beyond tobacco related diseases to a range of social, economic and environmental impacts on the community. These can arise from increased health care costs, employee absenteeism, decreased worker productivity and the costs associated with fires and litter from discarded cigarette butts and packaging.

In response to these harms, local governments are becoming more directly involved in managing tobacco related issues and are ideally placed to facilitate a coordinated response in preventing tobacco related harms.

This guide provides a practical overview on the:

- harms that individuals and communities can experience from tobacco use
- role of local government in reducing these harms
- steps required to plan, implement and evaluate harm reduction strategies
- strategies that have been shown to reduce harms.

The guide applies key health promotion principles, to:

- ensure all public policies, not just health policies, contribute in some way to improving people's health
- create social and physical environments that encourage and support health and wellbeing
- develop people's personal skills and knowledge about their own health and wellbeing
- strengthen communities to support health and wellbeing improvement
- ensure services are effective, efficient and accessible to all and have a stronger role in preventing illness and disease.²

This guide should be read in conjunction with the Western Australian Health Promotion Strategic Framework 2012-2016, National Preventative Health Strategy 2020, and the

¹ Department of Health. 2010. *Pathway to a Healthy Community: A guide for councillors*. South Metropolitan Health Unit, Perth.

² World Health Organization. 1986. *WHO Ottawa Charter for Health Promotion. First International Conference on Health Promotion*: WHO, Ottawa Canada.

National Tobacco Strategy 2012-2018. These strategies contain information to improve health and wellbeing by reducing the prevalence of smoking and its associated health, social and economic costs, and the inequalities it causes.

The South Metropolitan Population Health Unit (SMPHU) acknowledges that there are a number of ways that local government can act to reduce harms from tobacco use and that each local government's response will vary to reflect their geographical, political and administrative setting. This will ensure local solutions are best suited to local problems.

2. What are the harms from tobacco use?

Smoking rates continue to decline in WA, and more of us live, work and relax in smoke-free environments than ever before, but there is still much to be done to make tobacco use a thing of the past³.

Tobacco smoking places substantial social, economic and environmental costs on the community. Although smoking prevalence has been falling steadily and smoking-related mortality has also fallen, the lagged effects of past smoking both on health care and on the workforce have meant that the overall social and economic costs of smoking continue to rise⁴.

Tobacco causes more disease and injury than any other major risk factor including high blood pressure, obesity and physical inactivity⁵. Smoking is one of the leading preventable causes of death and disease in Australia⁶. The majority of smoking-related deaths are due to lung cancer, chronic obstructive pulmonary disease, heart disease and stroke⁷. It is also well established that second-hand smoke causes premature death and disease amongst non-smokers⁸.

The impacts of tobacco related products on the local environment is also an important issue. For example, cigarette butt litter is a big problem for local government. This litter can enter into waterways, causing harm on the local biodiversity. Fires from discarded cigarette butts also have devastating effects on both humans and wildlife⁹.

Tobacco also has huge economic costs on the community with the costs from tobacco use in WA being estimated at \$2.4 billion in the 2004-05 financial year alone.

³ Department of Health, WA. 2012. *Western Australian Health Promotion Strategic Framework 2012-2016*. Perth: Department of Health, WA.

⁴ Collins DJ, Lapsley HM. 2008. *The cost of tobacco, tobacco and illicit drug abuse to Australian society in 2004/05*. Monograph Series No 64. Canberra: Department of Health & Ageing.

⁵ Preventative Health Taskforce. 2009. *National Preventative Health Strategy: A roadmap for action*. ACT: Commonwealth of Australia.

⁶ Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez A. 2007. *The burden of disease and injury in Australia*. AIHW Cat. No. PHE 82. Canberra: AIHW.

⁷ Hoard V, Somerford P, Katzenellenbogen J. *The burden of disease and injury attributed to preventable risks to health in Western Australia, 2006*. Perth: Department of Health, Western Australia, 2010.

⁸ US Department of Health and Human Services. *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Atlanta, GA: US Department of Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

⁹ Keep Australia Beautiful. 2010. *Butt Litter – Why should I care?*. Department of Environment and Conservation, WA.

A snapshot of smoking in Western Australia

- In 2010, 12% of the Western Australian population aged 16 and over were daily smokers, and a further 3% were occasional smokers.
- Men were more likely to be daily smokers than women (14% compared to 9%).
- Five percent of Western Australian secondary school students aged 12–17 reported that they were regular smokers in 2008. Girls were slightly more likely to be smokers than boys (5.1% compared to 4.6%).
- Between 1984 and 2008, weekly smoking rates among 12–17 year olds fell from 18% to 5%.
- 44% of Aboriginal people in WA were smokers in 2008, lower than the national rate for Aboriginal people of 48%.
- Lower socioeconomic groups, people who live outside major cities, people with mental illness, prison inmates, and some overseas-born communities also have a higher prevalence of smoking than the general population.
- Most homes in WA are smoke-free. In 2010, only 4% of adults reported smoking in their home on a frequent basis, and 98% of children aged 15 and under lived in a smoke-free home.
- Tobacco was responsible for 7% of the total burden of disease in 2006 and was estimated to have caused 1,295 deaths, or about 11% of all deaths in WA for that year. Most of the disease burden was due to lung cancer and chronic obstructive pulmonary disease (emphysema).
- In 2004–05, the social costs of tobacco use in WA (including costs to government, business and individuals) were estimated at \$2.4 billion. Hospital costs accounted for \$60 million of this total.

Source: Department of Health, WA. 2012. *Western Australian Health Promotion Strategic Framework 2012-2016*. Perth: Department of Health, WA.

3. What is local government's role?

The Western Australian Local Government Act 1995¹⁰ includes the requirement that local government is actively concerned with the social, economic and environmental needs of their communities. In addition, local government is increasingly aiming to build strong, self-reliant and resilient communities.

As illustrated above, tobacco use can have a significant impact on the health and wellbeing of individuals and the community as a whole. This means preventing and responding to harms related to tobacco use can become a significant local issue for local government.

¹⁰ Government of Western Australia 1995, *Western Australian Local Government Act 1995*, Perth

Of course, preventing and responding to harm from tobacco use is not the responsibility of local government alone. Both the federal government's *National Preventative Health Strategy 2020* and the state's Western Australian Health Promotion Strategic Framework 2012–2016, identify tobacco use as a major health concern and reducing tobacco-related harm as a priority action area. There are many other government and community-based organisations that are also involved in reducing tobacco related harms and response activities.

4. Why plan to reduce harms from tobacco use?

Developing a response to reduce harms from tobacco use means local government can focus attention on improving the health and wellbeing of its' community. It will allow local government to:

- take into account the whole picture – supply, demand, social and individual harms
- set out its commitment and vision in the context of the health and wellbeing of the community
- work proactively with other stakeholders to identify and implement effective and sustainable strategies
- align its efforts in an integrated way
- describe and monitor the specific action it will take.

Some of the benefits of working in this way can include:

For the community

- Reduction in the number of people smoking.
- Improved health and wellbeing, in particular amongst at risk groups
- Improved cooperation between stakeholders and the community.
- Reduction of second-hand tobacco smoke exposure and the harm it causes.
- Cleaner, safer and healthier environments.

For local government

- Raised awareness of staff and councillors about the harms caused by tobacco use.
- Greater collaboration between departments across the organisation to reduce harms caused by tobacco use.
- Key stakeholders identified and partnerships built with the community and external agencies to ensure the development of integrated local tobacco harm reduction strategies.

- Greater support for health and wellbeing plans and other strategic planning documents across the organisation that focus on promoting healthy communities.
- Improved support for funding applications to assist funding strategies to reduce tobacco-related harms.

5. Where does reducing the harms from tobacco use fit among local government plans and policies?

Local government is involved in planning and policy development for its community. This can result in policies, plans and strategies that are quite broad, (such as the '*Plan for the Future*'), or more specific, for example, dealing with a particular population group, a geographical area, a topic or a service area.

Many of these policies and plans may already influence tobacco use in some way or another. In choosing to proactively plan to reduce harms from tobacco use, local government will need to consider whether it will:

- adopt a council tobacco policy
- integrate tobacco related management strategies within other relevant plans
- develop a stand-alone tobacco management plan.

This choice will depend on the needs of each local government. Considerations will include the current circumstances and the prominence of tobacco related harms by the local government, with stakeholders and in the community.

Either way, it is worth understanding the governance context in order to integrate tobacco-related issues with other plans and policies to ensure goals or objectives align.

Developing a council tobacco policy

One way of establishing a council's high level intentions in relation to harms from tobacco use is to develop an overarching council tobacco policy.

Councils are empowered under Section 2.7 of the *Local Government Act 1995* to develop policies to further the achievement of their strategic goals or contribute to their statutory obligations. They are generally reviewed once every three years.

If established, such a policy provides an overarching framework to guide the local government response to tobacco related harm in the community.

Below is an example of a tobacco policy developed by the City of Armadale. The policy goes on to describe a range of strategies intended to pursue the policy's vision.

City of Armadale Smoke Free Outdoor Policy

POLICY - HLTH 1 – Smoke Free Outdoor Areas

Procedure N/A

Rationale

The aim of limiting exposure to smoking in outdoor public places under the jurisdiction of the City of Armadale:

1. Reduce harm caused by exposure to tobacco smoke.
2. Raise community awareness of the issues associated with smoking.
3. Provide community leadership on the issue of protecting health and wellbeing.
4. Minimise cigarette butt pollution on and near to Council facilities.

Policy

Smoking is not permitted:

1. Within 5 metres of doorways and 10 metres of air intake vents of Council owned or managed buildings
2. Within the boundaries of the following designated outdoor congregation areas:
 - a. Youth Activity Area (Orchard Rd)
 - b. Armadale Aquatic Centre
3. At all Council run events on its reserves, parks, ovals and playing fields. Appropriate signs and/or stickers will be used to inform the community that these areas are smoke-free.
4. On active reserves (sportsgrounds) during sporting and community events.
5. Council buildings that are leased, licensed or hired by Council will have smoke free clauses inserted into their agreements for use. Otherwise, the policy will primarily be self regulatory.

Related Local Law N/A

Related Policies HLTH 5-Smoke Free Outdoor Areas Policy

Next Review Date 2015

Authority Council Meeting of: 22 June 2009

Integrating tobacco management strategies within other relevant plans

At a local level, the main local government plan is the “*Strategic Community Plan*” . The *Strategic Community Plan* establishes the community’s long-term vision for the municipality’s future, including aspirations and service expectations. The plan also drives the development of other local government Area/Place/Regional Plans, resourcing and other informing strategies.

For example, ‘*reducing harm from tobacco use*’ may simply appear as one goal among other high-level goals within a Strategic Community Plan. Subsequent strategies or actions might then appear in health and wellbeing plans or other business unit plans.

Such an approach can elevate the topic and gain a stronger mandate from the council and senior management. This can be important where strategies span the wider determinants of health and draw on support from across council.

Below are examples of tobacco action plans developed by the cities of Cockburn and Armadale.

Case Study 1 – City of Cockburn Tobacco Action Plan

The City of Cockburn developed a Tobacco Action Plan (TAP) in partnership with the South Metropolitan Population Health Unit (SMPHU). The TAP aims to improve the health of people in Cockburn through reducing their exposure to tobacco smoke and involves reducing the prevalence of smoking in Cockburn and also protecting others from Environmental Tobacco Smoke (ETS).

The Cockburn TAP focuses on regulating tobacco use, educating the community about the harm tobacco can cause and promoting cessation. The action strategy paid particular attention to priority groups including Indigenous people, young people, pregnant women and parents of young children and newborns.

A steering committee was formed to implement the plan and included members from the City of Cockburn, South Metropolitan Population Health Unit, Cancer Council WA, Fremantle GP Network, Heart Foundation, Tobacco Control Branch (Department of Health) and the Asthma Foundation of WA.

The City of Cockburn Tobacco Action Strategy won the National Tobacco Category Award at the 2009 Heart Foundation Local Government Awards.

Case Study 2 – City of Armadale Tobacco Action Plan 2009-2013

In 2009, the City of Armadale in partnership with the South Metropolitan Population Health Unit (SMPHU) developed a Tobacco Action Strategy (TAP) aimed at reducing harm caused by exposure to tobacco smoke and cigarette butt pollution within the City.

The TAP identified strategies and priorities for action which were based on 5 underlying principles and local evidence for action, indicating the prevalence of smoking in the City and its impact on health including chronic diseases.

Internal and external stakeholders were consulted in the development of the plan with an emphasis on inter departmental engagement and shared ownership through allocation of responsibilities to relevant departments. Relationships were also developed with external stakeholders and identification of clearly defined and achievable success factors were other features that enabled the TAP's contribution to positive health outcomes to be monitored over time.

The City of Armadale received a high commendation for their Tobacco Action Strategy at the 2009 Heart Foundation (WA) Local Government Awards

6. Developing a plan to reduce the harms from tobacco use?

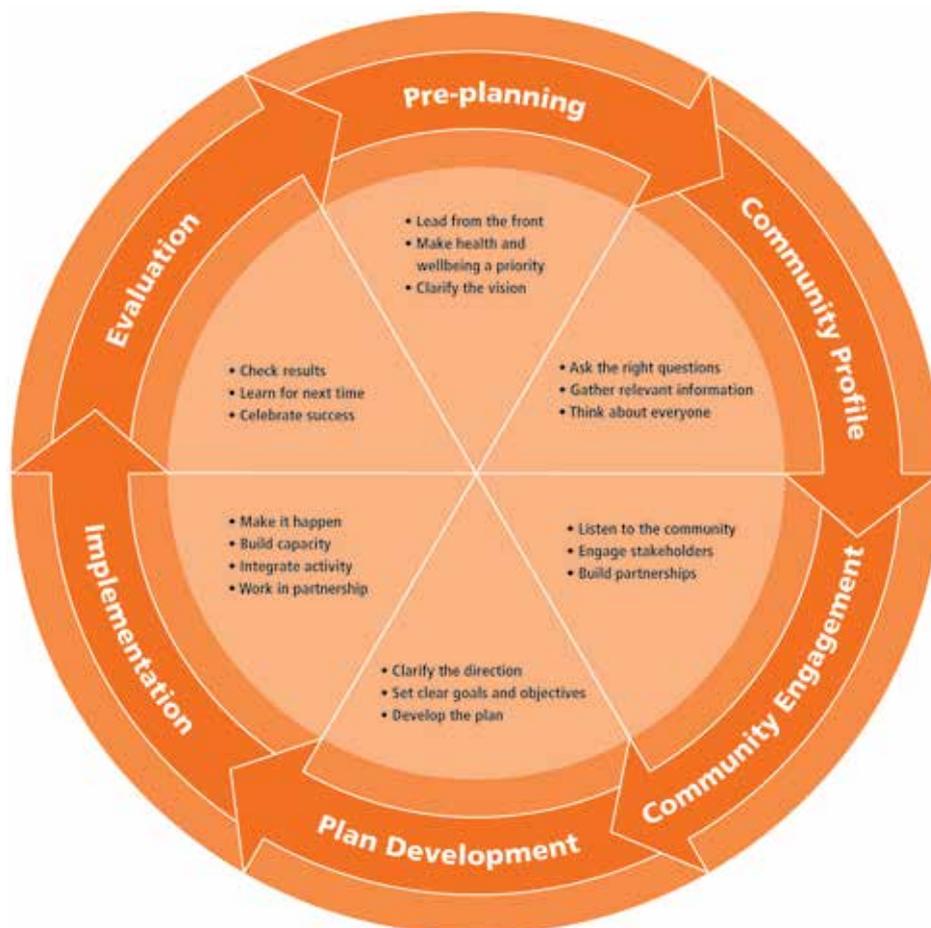
Regardless of whether a plan to reduce the harms from tobacco use occurs as a stand-alone plan or within a broader plan, staff need to consider critical information and gain agreement from key stakeholders as to the change sought and how this will be achieved.

This will vary between local governments, however, effective tobacco planning development will usually follow a number of linked phases.

The planning process from the *Pathway to a Healthy Community: A guide for councillors*.¹¹ provides a useful starting point for considering the key components.

¹¹ South Metropolitan Population Health Unit. 2010. *Pathway to a Healthy Community: A guide for councillors*. Department of Health, WA.

Figure 1: Community and health planning cycle



Source: South Metropolitan Population Health Unit., 2010. *Pathway to a Healthy Community: A guide for councillors*. Department of Health, WA.

The following sections look at each of the phases of the above cycle in more detail and provide prompts to support the reduction in tobacco-related harms.

6.1 Pre-planning

The detail of a tobacco management plan will emerge as each phase unfolds; however, it is important to use pre-planning to:

- gain support for the tobacco management plan across the local government.
- establish the governance structure.
- identify broad activities and time frames.

These three aspects set the foundation for the tobacco management plan and are closely linked. For example, a well-considered governance structure can help to embed support for tobacco harm reduction strategies and a high-level mandate will generally bring with it adequate resources to conduct planning and prompt others to get involved.

Gaining support

Developing a plan to reduce tobacco harms might come about in a number of ways, such as being put forward to executive management as a business unit initiative or being received as a priority initiative directly from the council. Either way, it will be important to gain (and maintain) support from across the organisation. This may be particularly important where you are working with other local government business units that do not have a strong exposure to health and wellbeing.

Gaining support may involve the following actions:

- raising awareness among the councillors, senior managers and staff of the impacts of tobacco use on the community and the need for action
- reinforcing the role of the local government in promoting the health and wellbeing of its community in general and its roles in relation to tobacco use
- identifying people within the local government who can contribute to reducing harms from tobacco use, and who might be willing to champion the plan
- focusing on the mutual interests and concerns of those most likely to be responsible for implementation or affected by the plan in other ways
- seeking a commitment from senior management and councillors as to how the plan will be coordinated and managed.

It is important to make clear links between local government's legislative responsibilities, its stated vision and any relevant existing policies. Mapping or auditing existing plans or policies within the organisation and identifying the roles and functions of other departments in relation to tobacco will help to ensure there is a clear alignment with the vision of overarching plans, such as the *Strategic Community Plan* and will avoid unnecessary duplication with other plans.

Establishing the governance structure

The governance structure describes how the development of a tobacco management plan will be managed. It will answer the questions:

- Who will sign off on the tobacco plan?
- Who will lead the plan development?
- Who will carry out tasks?
- How will decisions about the plan be made?

It is likely that the resulting tobacco management plan will require endorsement from the council. This is preferable as it can provide a greater profile and accountability across the organisation. Nonetheless, in order to be presented to the council it will also need to be signed off by the senior management team and chief executive. This approval process will need to be factored into the time frame.

Establish a small internal working group

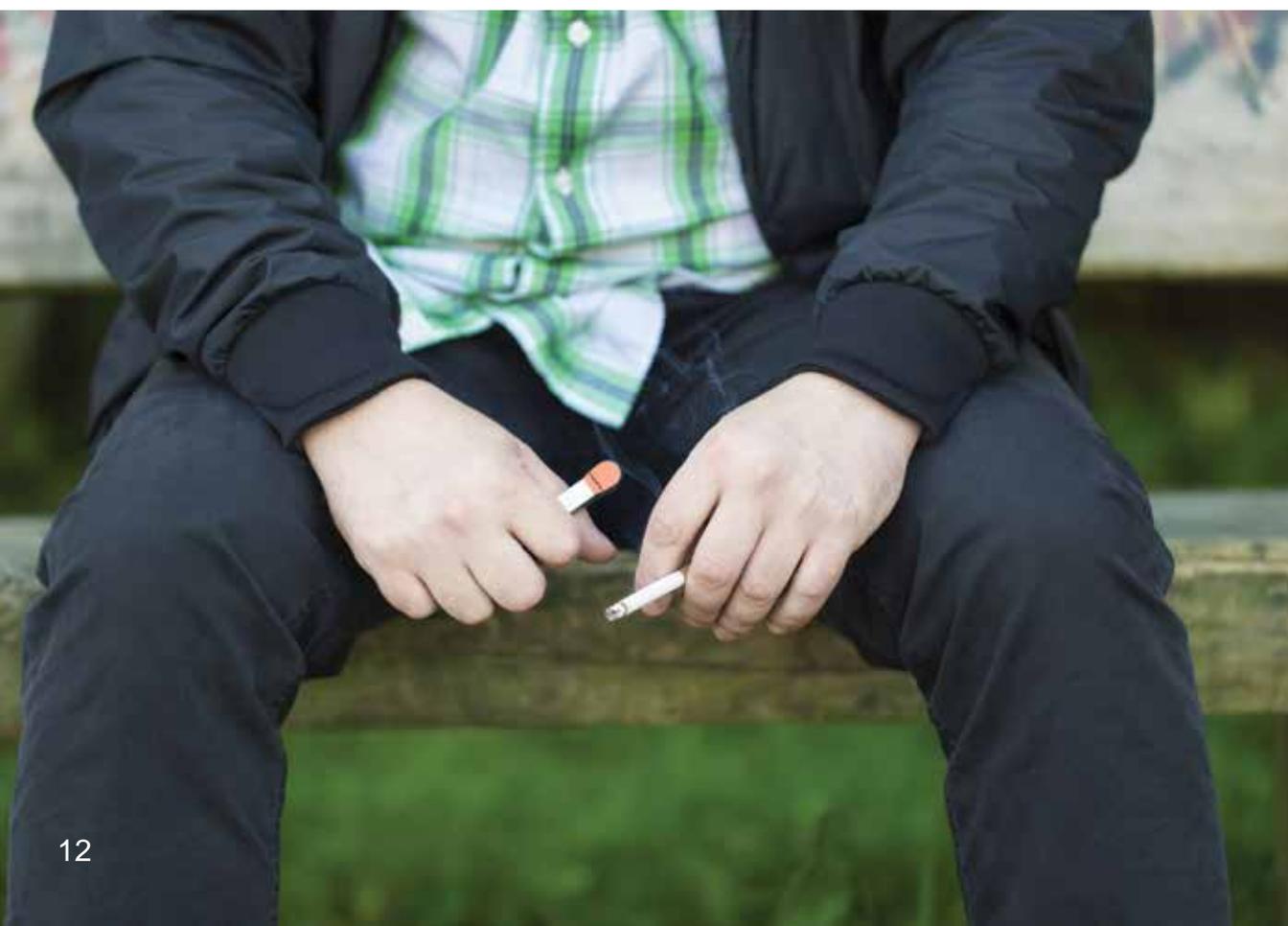
The development of the tobacco plan can be managed in a range of ways, however, getting it right takes effort and requires the input of more than one person. One way of spreading the load while at the same time reinforcing a whole of council approach is to establish a small internal working group. Such an approach can embed support and stimulate champions across the organisation. It also allows a pooling of resources, abilities and energy needed to drive the development and implementation of the plan.

The make-up of the working group will be important if it is to achieve these outcomes.

Consider the following:

- Ask the most senior person accountable for the plan to chair the working group
- Invite councillor representation onto the group. This may be a councillor with portfolio responsibility or a councillor with a compatible interest
- Select members based on their roles in the organisation; their interest and willingness to contribute; and their span of influence.

Once an internal working group has been established, it is useful to establish its roles and responsibilities. For example, would the group's role be to advise, make decisions or to manage the process? These roles can be placed on the agenda of the first group meeting. A draft terms of reference could be developed as an agenda item. A suggested structure for a terms of reference is outlined in the box below.



Structure of terms of reference

Background

This should be a brief section describing:

- how the tobacco plan fits within the priorities of the local government and community; why the working group is needed.

Role

This section should describe:

- the main roles of the working group and their responsibility for the plan's direction, finances and results
- how the plan meets the needs of the stakeholders
- important action plans that will guide the lead officer and the team on important planning actions.

Membership

- list of who is in the working group and their special tasks (if any)
- list of who will chair the working group
- how the working group will meet
- frequency of working group meetings.

Other

- framework for agendas and minutes
- how issues may be managed
- where the meetings are to be held
- use of proxies.

Source: Stoneham M & Cotton R, 2005. 2nd Ed. *Building a Healthy Community*. Healthway, Perth.

In addition to an internal working group, an external reference or advisory group might help share the workload. This would be made up of key stakeholders and would benefit from a similar terms of reference approach.

Where activity is focused on local government action alone, simpler consultative mechanisms may be sufficient.

Identifying broad activities and time frames

One of the first actions of the internal working group will be to map out the activities and time frames. This can be described in a simple discussion paper that answers the following questions.

- What is the purpose of the tobacco plan?
- How will the plan be developed?
- When does the plan need to be finalised?
- What broad activities need to be completed to meet this deadline?
- What are the key milestones and time frames?
- Who will do what?
- What resources will be required?

A discussion paper can be used to clarify the resources needed and assist in gaining management endorsement. It will ensure the internal working group members are clear about how activities will proceed and assist in keeping the plan's development on track.

6.2 Community tobacco profile

A community tobacco profile is an important preliminary step in gaining support for the plan's development. It will provide a picture of the current circumstances and support the need for change. It will be a key tool in gaining or maintaining support. If, for example, councillors, senior management and staff are not convinced that tobacco-related harm is a priority issue, they are unlikely to support the development of the plan or its implementation. Compelling information, such as a community tobacco profile, can influence and change entrenched views.

Developing a community tobacco profile also allows local government to identify the harms from tobacco use at a local level and to identify the challenges and opportunities to reduce these harms.

Ask the right questions

Asking the right questions means a community tobacco profile will identify:

- the impacts that tobacco use is having on the community
- the built, social, economic and natural environments that can influence a reduction in tobacco-related harms
- priority population groups most at risk of tobacco related harms.

Gather the data

Data on the local impacts of tobacco use can be sourced from SMPHU. Individual local governments may also conduct their own community surveys to provide additional data on relevant tobacco-related issues of concern to the local community.

Ways to gather local data on tobacco-related harm

- Research current international, national and local government policies on tobacco control.
- Develop surveys to assess tobacco related concerns in the local area.
- Research health statistics relating to tobacco related harms.
- Identify local government data from population surveys, or Australian Bureau of Statistics, Socio-Economic Indexes for Areas (SEIFA).
- Identify tobacco control strategies already in place in the local area.
- Map potential stakeholders both inside and outside involved with issues relating to tobacco control.
- Contact Keep Australia Beautiful Council and the Department of Fire and Emergency Services for information on tobacco related litter and fires.

Identify priority population groups

Some members of the community will be more vulnerable to tobacco-related harms. Local governments have a particular responsibility to ensure that vulnerable people in their community are protected and supported.

Priority populations

Individuals and groups at high risk of tobacco-related harms:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- low socioeconomic groups
- parents and carers of children
- people with mental illness
- adult and juvenile prisoners
- pregnant women.
- young people
- people at high risk of or living with a chronic disease

Complete the profile

Once the profile is completed, it is useful to consolidate this information into a single brief document. This can then be used to educate, engage, advocate and plan with councillors, management, staff, community and external agencies.

6.3 Community engagement

Reducing the harms from tobacco requires the participation and cooperation of many government and community stakeholders. Successful plans, therefore, should be developed in consultation and partnership with others with an interest in reducing harms from tobacco use. This includes listening to and engaging with the local community.

Consultation is most effective when it occurs early in the process and is also used to validate the proposed way forward.

There are many individuals and organisations within a local community who will have an interest in reducing the harms of tobacco use. Identifying those individuals and organisations is an important step. Questions to ask when trying to identify local stakeholders are listed below:

Identifying local stakeholders

- Who might be affected positively or negatively by the concerns to be addressed?
- Who are the 'voiceless' for whom special efforts of engagement may need to be made?
- Who are the representatives of those likely to be affected?
- Who is responsible for what is intended?
- Who is likely to mobilise for or against what is intended?
- Who can make what is intended more effective through their participation or less effective by their non-participation or outright opposition?
- Who can contribute by financial and technical resources?
- Whose behaviour has to change for the efforts to succeed?

Source: World Bank, *Sourcebook on Participation*, 1997.

Suggested Stakeholders

- South Metropolitan Population Health Unit
- Department of Health - Tobacco Control Branch
- Non-government Agencies for example The Heart Foundation, Cancer Council of WA, Asthma Foundation WA
- Medicare Locals

- Aboriginal Medical Services
- Aboriginal Health Council of Western Australia
- Community members including representation from the Aboriginal community and culturally and linguistically diverse communities
- Other non-government organisations and community members including representatives from the priority population groups.

For each stakeholder it is important to think about their interest in reducing harms from tobacco use: What's in it for them? For example, for health agencies, it will be reduced health risks; for fire and emergency services, reduced fire risks; for environmental agencies, reduced litter and so on. This analysis will guide decisions about how and when to engage each stakeholder in planning and implementation.

6.4 Writing the plan

Writing the plan involves clarifying what needs to change, prioritising the actions and choosing the strategies most likely to address the identified needs.

In considering what goals are important for a local community it is worth considering the major contributors to harms from tobacco use. Potential goals therefore might focus on reducing smoking rates; reducing exposure to Environmental Tobacco Smoke (ETS) in public places; and increasing smoke free environments. Objectives will be more specific.

Whether the resulting tobacco action plan is a stand-alone plan or a more integrated plan, it is important to ensure goals, objectives and strategies are clear and readily understood by stakeholders.

The SMART technique is a good way to ensure that the goals, objectives and strategies are as clear as possible.

SMART goals, objectives and strategies have the following characteristics:

- S** — **specific:** it is about a particular health determinant, population group or setting, and describes the change to be achieved
- M** — **measurable:** it includes measures that indicate whether, or to what extent, it is achieved
- A** — **attainable:** it can be achieved within available resources: funds and people
- R** — **relevant:** it makes sense to the overall aspirations of the community and the vision of the local government
- T** — **time-framed:** it has a timeline that indicates when it will be achieved.

Source: Doran, G T 1981, There's a S.M.A.R.T. way to write management goals and objectives, in *Management Review* Nov 1981, 70.11

Table 1 provides broad definitions for each planning statement and provides examples of the SMART technique applied to each.

Table 1: Hierarchy of health planning statements

Health Planning statements	SMART example
<p>Goals</p> <p>Goal statements describe the improvements and long-term benefits sought for a given population.</p> <p>When it comes to health and wellbeing, they are statements about reducing a health risk or improving health and wellbeing status, quality of life and equity.</p>	<p><i>To reduce exposure to ETS in public places by 10% by June 2015.</i></p>
<p>Objectives</p> <p>Objective statements describe what will be done to achieve the goals. They are specific and concise and identify who will make what change, by how much, where and by when.</p> <p>Objectives achieving health and wellbeing goals are likely to address:</p> <ul style="list-style-type: none"> • specific risk or protective factors • policy development • infrastructure development • changes to surroundings • skill development • community participation • community action. 	<p><i>Reduce the number of persons smoking in public places in the municipality by 10% by June 2015.</i></p> <p><i>Note: This is just one of a number of possible objectives designed to meet the above goal.</i></p>

Health Planning statements	SMART example
<p>Strategies</p> <p>Strategy statements describe the shorter term activities that are undertaken to meet the objectives.</p>	<p><i>Promote public places across the municipality as being smoke free.</i></p> <p><i>Encourage community members and staff to report persons smoking in public places.</i></p> <p><i>Note: These are just a few strategies designed to meet the above goal.</i></p>

An example of a planning worksheet that could be used in the plan development can be found in Appendix A

Selecting strategies

Once goals and objectives have been clearly stated, it is necessary to select strategies most likely to achieve these objectives. Strategies are shorter term activities that are undertaken to meet the plan's objectives. Before deciding on what strategies to use, it is useful to examine what has worked in the past and elsewhere. Strategies with strong evidence provide the greatest likelihood of success.

Strategies selected should always be those best suited to local circumstances - taking account of population characteristics; settings; needs; and the contribution of local partners. Using a variety of strategies to address a single issue is more successful than using single strategies.¹² For example, the promotion of smoke free public places can be supported by the enforcement from council staff.

Suggested objectives and strategies

The following is a list of suggested objectives and strategies that can be used to support actions to reduce harms from tobacco use. They are grouped under broadly stated objectives commonly applied to harm reduction goals and are taken from key national and state strategic plans.

¹² Nutbeam, D 2000, *What makes an effective health promotion program?*, in *Oxford handbook of public health*, Oxford University Press, Sydney

Objective 1: Support national and state legislation on the sale, supply, marketing and use of tobacco

Regulation of tobacco has been a key component of successful tobacco control approaches in WA. Comprehensive restrictions on cigarette advertising, regulation of tobacco products, restrictions of bans on the sale of cigarettes to minors and limiting the number of smoking areas have all shown to be effective¹³.

Suggested Strategies

- Ensure that the community is aware of tobacco legislation and its implications.
- Follow-up on complaints of tobacco sale to minors and smoking in public places where smoking is prohibited.
- Advocate for policies that reduce smoking as a means of addressing disadvantage and prevent social isolation.
- Effectively monitor legislation on controls of sale, supply, marketing and use of tobacco products in the local community.
- Support the DOH to ensure tobacco sellers comply with the Tobacco Products Control Act 2006 and associated regulations in relation to advertising, display and sale to minors.
- Support legislation and regulations that limit the use of tobacco in indoor areas.

¹³ Department of Health, WA. 2012-2016. *Western Australian Health Promotion Strategic Framework*. Perth:

Objective 2: Support community education and awareness programs on smoking and health

It is important that the community is aware and informed on the risks of tobacco use and the harm it can cause. Media campaigns help to personalise the health risks of smoking and increase people's sense of urgency about quitting. It is noted that well-funded, sustained media campaigns rank second only to price as a key to reducing smoking.

Suggested Strategies

- Liaise with key stakeholders to promote and support state and community education programs and policies, with particular attention to priority population groups.
- Disseminate posters and pamphlets to raise community awareness on the risks of smoking and health.
- Support community, stakeholders and parents to advocate for, identify actions and change local environments and policies which will reduce the prevalence of smoking, and exposure to second-hand tobacco smoke in places where the health of others can be affected.
- Support smoke-free events or days. For example, World No Tobacco Day – May 31.

Objective 3: Promote smokefree environments

The harmful effects of second-hand tobacco smoke underpin the importance of ensuring that there are smoke free public environments. While the primary goal of smoke free regulation is the immediate protection of others from second-hand tobacco smoke, restrictions on tobacco use in specific settings have a profound influence on smoking behaviour. There is good evidence that smoking restrictions help to reduce the uptake of smoking among young people, reduce the number of cigarettes consumed by smokers, and prompt quit attempts.

Suggested Strategies

- Encourage the expansion of smoke free environments.
- Develop a Smoke Free Outdoor Areas policy or local law to limit smoking in the workplace and in public places under jurisdiction of the City.
- Install and erect signs, stickers and butt bins to support the smoke free outdoor areas policy.
- Support the legislation that bans smoking in vehicles where children under 17 years of age are present.
- Support legislation that bans smoking near children's playgrounds and between flags on public beaches.
- Support local media campaigns to discourage smoking in private places such as, the home and car.
- Promote smoke free public events, festivals and venues.

Objective 4: Promote smoking cessation services and treatments

It is important that those who would like to quit smoking have the support and guidance needed to do so. Promoting cessation services and treatments will provide potential quitters with information and help.

Suggested Strategies

- Support increased access to, the quality of and availability of reliable, practical, and culturally appropriate quit smoking courses, information, and treatments to discourage uptake of smoking and encourage quitting of smoking to residents of the community, including priority population groups. For example, Quitline.
- Provide information to smokers on what the benefits of quitting are, and what treatments are available to assist with the quitting process.
- Provide support and access to programs for City staff who wish to quit smoking.
- Integrate smoking cessation with other healthy lifestyle initiatives.

Objective 5: Minimise hazardous waste and fire risks caused by tobacco related products

Cigarette butt litter is a serious problem. Butt litter makes up a large part of the tens of millions of dollars spent on litter management annually by local government. It is estimated that one in ten cigarette butts end up in rivers and waterways. Littered butts leach toxic chemicals into water and soil, contributing to soil and water pollution. Cigarette butts are also a common cause of fires, both inside the home and in the bush⁴.

Suggested Strategies

- Inform and support Environmental Health Officers (EHO's), Rangers and staff to target people that litter cigarette butts and packaging.
- Run a local media campaign to inform people of the damage cigarette butts can cause to the environment and the risk of fire.
- Install signs, stickers and butt bins to encourage people not to litter.

¹⁴. Butt Free. 2009. *Impacts of butt littering*. Butt Free Australia: Victoria.

Objective 6. Work in partnership with Aboriginal people and other priority population groups, to boost efforts to reduce smoking and exposure to passive smoking

Provide Aboriginal people and other priority populations with the education and support needed to quit smoking in culturally appropriate ways. Local governments have the ability to work more closely with these communities.

Suggested Strategies

- Develop and implement innovative and culturally appropriate tobacco control programs for Aboriginal people in partnership with local Aboriginal communities and agencies.
- Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal people.
- Identify and develop policy initiatives targeting smoking among other priority groups.



6.5 Implementation

The tobacco management plan will include timelines and assigned responsibilities. It will be important to refer back to the objectives and strategies to keep the plan on track. Some tasks that should be completed during this phase are listed below:

Tasks to be completed during implementation phase

- Ensure your plan stays within budget.
- Document the plan's progress and any associated issues.
- Complete progress reports.
- Monitor the plan's progress.
- Generate media interest in the plan .
- Motivate your working group to take on components of the plan as their core business.
- Advocate for policy and environmental change to sustain the plan after the funding cycle has finished.
- Recognise individual and organisational commitment to the plan.
- Celebrating successes.

Source: Stoneham M & Cotton R, 2005. 2nd Ed. Building a Healthy Community. Heathway, Perth.

Capacity Building

Successful implementation requires strong internal leadership and management; clear allocation of resources; and a commitment to workforce learning and development. It also means developing effective partnerships - working with others to achieve common goals. This is often referred to as **capacity building**.

Working in partnership

Building partnerships has become an imperative for local government, particularly in the face of scarce resources, overlapping interests and, at times, an uncertain future.

A partnership means sharing expertise and resources to achieve common goals. Partnerships with community organisations, local businesses and other government bodies offer many benefits. Partnerships might cover¹⁵:

Networking	→	exchanging information
Coordination	→	aligning activities
Cooperation	→	sharing resources
Collaboration	→	providing mutual support

The governance structure established in the early stages of planning will have built some of these relationships, both internally and externally. It can be useful to review the role of the working group and reference group, if these were established, to consider their roles in implementation. For example, can they play a useful monitoring and review role? Maintaining relevance for members is important, and implementation is likely to be quite different to the relative business of the planning process. Consider less frequent meetings based on key milestones and reports.

6.6 Evaluation

Evaluation checks whether the plan's goals, objectives and strategies are achieved. It has two prime purposes:

- **Accountability** - to demonstrate returns for the investment of resources.
- **Learning** - to contribute to evidence about what works and what doesn't.

It is important to design the evaluation process early in the planning development cycle – not once the cycle is coming to an end. This makes it easier to develop measures and to set up any data collection processes. Measures or indicators provide a way of checking whether goals and objectives are being achieved. At the same time they can expose who is and who is not experiencing harm from tobacco use.

The use of measures provides a way to:

- engage stakeholders and communities in informed discussions about shared goals and priorities
- gather information and guide evidence-based planning
- report on progress towards agreed goals and objectives.

¹⁵ VicHealth 2003, *Partnerships Facts Sheet*, VicHealth, Carlton

By deciding on measures in the plan development stage, evaluation and future community profiling can become clearer. The information gathered in developing the community profile will often provide the information needed to support the measures.

When it comes to evaluating specific strategies or programs, there are many different evaluation techniques. Choosing an approach to evaluation will depend on:

- the key stakeholders with an interest in the findings
- the time frame for when the information is needed
- the resources available to conduct it
- the use or uses for which it is intended. These might include:
 - improving and informing policy development
 - guiding financial management and resource allocation
 - assisting in organisational learning and skill development
 - pursuing service quality and delivery
 - demonstrating accountability and transparency.

Regardless of the approach, an evaluation should generate information that is credible and useful for decision-making and program improvement.

Program evaluation, is widely applied in Australia and internationally and has the following features:

- **Process evaluation** assesses elements of program development and delivery. The quality, appropriateness and reach of the strategies used to implement the program are of key interest in this type of evaluation.
- **Impact evaluation** measures immediate program effects and assesses the degree to which program objectives are met.
- **Outcome evaluation** measures the longer-term effects of programs and assesses the degree to which the original intent or program goal has been achieved. It is concerned with the actual changes that have occurred for individuals and communities and often considers outcomes such as mortality, morbidity, disability, quality of life and equity.

The following table describes the kind of measures and evaluation questions each evaluation type poses.

Table 2: Program evaluation: types, measures and evaluation questions

Type	Measures	Questions
Process	<ul style="list-style-type: none"> • Number of activities implemented/not implemented • Levels of participation • Participants' satisfaction with the program • Program reach • Recall of key messages • The quality and accessibility of resources. 	<ul style="list-style-type: none"> • Are all projects and activities developed and implemented? • Are all materials and components of the program of good quality? • Are key partners involved in the program able to fulfil the program goals and objectives? • Is the program reaching the target or population groups? • Are all parts of the program reaching all parts of these groups? • Are participants satisfied with the program?
Impact	<p>Changes in:</p> <ul style="list-style-type: none"> • knowledge, skills or attitudes • behaviour • public policy • the extent of policy implementation • the environment • the nature of service provision • social support structures • patterns of community participation. 	<ul style="list-style-type: none"> • Has knowledge increased concerning healthy lifestyles? • Have attitudes, motivation, confidence, behavioural intentions and personal skills improved? • Are communities active participants in the program? • Is public opinion supportive of the direction of the strategies? • Are supportive public policies and organisational practices in place? • Are adequate resources allocated? • Are strategies integrated with other relevant activity?

Type	Measures	Questions
Outcome	<p>A change in health status such as:</p> <ul style="list-style-type: none"> • a reduction in risk factors, mortality, morbidity or disability • improved quality of life. (This is not a realistic outcome for short-term projects.) 	<ul style="list-style-type: none"> • Has the strategy achieved its program goal? • Have changes in behaviour been sustained over time? • Have environmental conditions improved? • Have there been improvements in health status?

7. Resources

Developing strategies to reduce tobacco related harm can be challenging. Access to up-to-date statistical information and research, and networking with others in the field, helps to build a robust evidence-base and boost motivation. This is particularly important in local government where strategies cut across the built, social, economic and natural environments for health and will call for partnerships across diverse agencies and professions.

Western Australia

Western Australian Department of Health

- *Western Australian Tobacco Action Plan 2007–2011*
- *Western Australian Health Promotion Strategic Framework 2007–2011*
- *Strong Spirit Strong Mind: Western Australian Aboriginal Tobacco and Other Drugs Plan 2005–2009*
- *Tobacco products Control Act 2006; Tobacco products Control Regulations 2006*

Website address: www.health.gov.au

South Metropolitan Population Health Unit

The South Metropolitan Health Service (SMHS) is committed to protecting, promoting and enhancing the health and wellbeing of the population living in the south metropolitan region of Perth. It is responsible for delivering a range of public health services to the community, through the South Metropolitan Population Health Unit (SMPHU). These services include: Aboriginal health, health promotion and community development, communicable disease control, service planning and development, evaluation and research. Services target the

whole of the SMHS population, with a specific focus on delivering customised programs for groups at higher risk of poorer health outcomes, including Aboriginal people. Public health interventions are focussed on priorities identified at a local, state and national level, and guided by evidence, current practice, and appropriate public health benchmarks.

The SMPHU recognises the important role of local government and is committed to working in partnership to protect, promote and enhance the health and wellbeing of communities across the SMHS.

The SMHS region includes the following local government areas: City of Armadale, City of Gosnells, Shire of Serpentine–Jarrahdale, City of Belmont, City of Canning, City of South Perth, Town of Victoria Park, City of Cockburn, Town of East Fremantle, City of Fremantle, City of Melville, City of Kwinana, City of Rockingham, City of Mandurah, Shire of Murray, and Shire of Waroona. This area includes the health districts of Fremantle, Bentley, Armadale, and Peel & Rockingham/Kwinana (PARK).

Website address: www.health.wa.gov.au

National

Australian Bureau of Statistics

- *Tobacco Smoking — Aboriginal and Torres Strait Islander people: A snapshot, 2011-2013*
- *Tobacco Smoking in Australia: A snapshot, 2011-2013*

Website address: www.abs.gov.au

Australian Government Department of Health

- *National Tobacco Strategy 2012–2018 The strategy*

Website address: www.health.gov.au

Australian Preventative Health Taskforce

National Preventative Health Strategy, Technical Paper 2:
Tobacco Control in Australia: making smoking history

Website address: www.preventativehealth.org.au

National Drug Strategy

National Drug Strategy 2010-2015

Website address: www.nationaldrugstrategy.gov.au

Australian Institute of Health and Welfare

- 2013 National Drug Strategy Household Survey: First results
 - 2013 National Drug Strategy Household Survey: State and Territory supplement
- Website address: www.aihw.gov.au

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- VicHealth 2003, *Partnerships Facts Sheet*, VicHealth, Carlton.

APPENDIX A: An SMPHU example of a public health planning worksheet

Program area	Chronic disease prevention			
Goal	To reduce exposure to ETS in public places by 10% by June 2015			
Objective	Reduce the number of persons smoking in public places in the municipality by 10% by June 2015			
Strategies (What will we do?)	Targets (How much? By when?)	Indicators (How will we measure progress?)	Responsibility (Who will take the lead role?)	
<ul style="list-style-type: none"> Support preventative health policies and programs in workplaces and other environments in which children or young people are involved. Provide support for national, state tobacco control measures. Provide extra funding or personnel to assist with education and awareness programs. Develop posters and pamphlets to make local communities aware of the risks and harms associated with tobacco use. Increase the number of smokefree environments. 	<p>Customise these strategies and add local targets to make sure they are:</p> <p>Specific, Measurable, Achievable, Relevant, and Time-framed</p>	<p>Have we done what we said we would do? Are we having the influence we expected? Have we achieved our goal?</p>	<p>This might be an internal staff member or external partner</p>	

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