Aboriginal and Torres Strait Islander Tobacco Control Audit Protocol

2016

One21seventy
Level 1/147 Wharf Street
Spring Hill QLD 4000
Email: one21seventy@menzies.edu.au
Free-call: 1800 082 474

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David Thomas	Head, Tobacco Control Research Program, Menzies School of Health Research
Nikki Percival	Research Fellow, Centre for Primary Health Care Systems, Menzies School of Health Research
Marita Hefler	Researcher, Tobacco Control Research Program, Menzies School of Health Research
Priscilla Boucher	CQI Consultant Advisor
Sarah Kanai	Manager, One21seventy
Pauline Barnes	Training and Development Co-ordinator, One21seventy
Ben Wiles	.NET programmer, One21seventy

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Contents

Abbreviations

FTE	Full time equivalent
nKPI	National key performance indicator(s)
NRT	Nicotine replacement therapy

Key terminology

Tobacco control: Includes all tobacco control activity, including but not limited to supporting smokers to quit.

Smoking cessation: focusses on supporting smokers to quit, and does not include other tobacco control activities such as social marketing, smoking prevention, reducing second-hand smoke exposure and reducing tobacco industry promotion.

A regular client: is someone who has visited your organisation 3 or more times in the past 2 years, as defined in the national key performance indicators (Australian Institute of Health & Welfare, 2015).

Version control

Table 1 Version control

Version	Release date	Description
1.0	2016	Initial release

Introduction

Smoking is a leading cause of preventable death and disease in Australia. It is responsible for more drug-related hospitalisations and deaths than alcohol and illicit drugs combined (Intergovernmental Committee on Drugs, 2012). For Aboriginal and Torres Strait Islander people, tobacco smoking is the largest preventable cause of ill health and early death, and is responsible for one in five deaths (Vos et al, 2009).

Daily smoking prevalence among Aboriginal and Torres Strait Islander people aged 15 and over declined from 49% in 2002 to 39% in 2014-5. Between 2008 and 2014-5, the proportion of daily smokers among young Aboriginal and Torres Strait Islander people also declined significantly, suggesting fewer young people are starting to smoke. However, the gap in smoking prevalence between Aboriginal and Torres Strait Islander and non-Indigenous Australians remains: Aboriginal and Torres Strait Islander Australians are 2.8 times more likely to smoke than non-Indigenous Australians (Australian Bureau of Statistics, 2016).

Aboriginal and Torres Strait Islander women are more than three times more likely to smoke during pregnancy. In 2013, 47% of Aboriginal and Torres Strait Islander women smoked in the first 20 weeks of pregnancy, compared to 13% of non-Indigenous women (Australian Institute of Health and Welfare, 2015). An estimated 57% of Aboriginal and Torres Strait Islander children aged 0–14 years live in households with a current daily smoker compared to 26% of non-Indigenous children (Australian Health Ministers' Advisory Council, 2015). In 2014-5, 13% of Aboriginal and Torres Strait Islander children lived in a household in which someone smoked inside (Australian Bureau of Statistics, 2016).

The Australian Government funds the Tackling Indigenous Smoking (TIS) program, a targeted initiative to reduce smoking prevalence among Aboriginal and Torres Strait Islander people. The purpose of TIS is to provide funding for regional activities which allow service providers flexibility in how they tackle smoking in their community, and includes a strong focus on accountability. Most TIS regional teams are based at Aboriginal Community Controlled Health Services.

This tool is designed to assist TIS teams, Aboriginal health services, government health services and other organisations implementing Indigenous tobacco control programs to assess their policies and programs against best practice, identify priorities for improvement and monitor progress.

This protocol is designed to assist the people who are undertaking the Aboriginal and Torres Strait Islander tobacco control audit tool.

Background to the tobacco control audit tool

This tool was developed by staff of the Tobacco Control Research Program and One21seventy at the Menzies School of Health Research, with funding from the National Heart Foundation NT as part of its Tackling Indigenous Smoking regional program. It was developed in response to a need identified for health services in the Northern Territory to ensure their tobacco control activities are aligned with the evidence base of what works in Aboriginal and Torres Strait Islander tobacco control.

Tackling smoking among Aboriginal and Torres Strait Islander people

Reducing smoking prevalence requires a comprehensive approach which covers a spectrum from whole-of-population through to individual-level measures. Strategies for which there are a strong evidence base include taxation on tobacco products, mass media and social marketing campaigns, smoke-free legislation, tobacco advertising and promotion bans, in addition to individual cessation support (Scollo and Winstanley, 2015). This tool focuses on strategies which can be implemented by individual health services and related organisations, with an emphasis on reach, intensity, and appropriate local targeting and tailoring of strategies.

Targeting tobacco control activities can ensure that efforts are directed where needed most. However, there is a risk that too much targeting can fragment resources and be less efficient than whole-of-population approaches in some groups. For example, there is some evidence that adult-focussed mass media campaigns are as, or more, effective at reducing youth smoking as youth-specific campaigns. While many community members are very concerned about youth smoking and initiation, and request youth-specific campaigns, an effective campaign targeted at adults (who are the vast majority of smokers) is likely to have a similar impact on youth. Effective adult-targeted campaigns also change broader social norms about smoking, which in turn can help to reduce youth smoking (Cotter and Durkin, 2015). Targeting can be most useful if the message is tailored for a specific context—for example, pregnancy (Stillman, 2011).

This tool is informed by the baseline results from the national *Talking About The Smokes* research project, which found that there is much that is similar about Aboriginal and Torres Strait Islander smoking and quitting to other populations. Compared with all Australian smokers, similar proportions of Aboriginal and Torres Strait Islander smokers want to quit, have made a quit attempt in the last year, live in smoke-free homes, work in smoke-free workplaces, demonstrate knowledge of the most harmful health effects of smoking and hold negative personal attitudes towards smoking (Thomas, Davey et al, 2015).

There is a need to encourage more smokers to use proven, evidence-based measures to support quit attempts, and to reinforce and enhance social norms about being smoke free. The research findings also suggest that that localising social marketing for specific Aboriginal and Torres Strait Islander communities can increase the impact and effectiveness of messages. (Thomas, Davey et al, 2015).

Terminology

The word ‘client’ is used throughout this protocol. Health services may prefer to use the term ‘patient’. Some organisations may also use the term ‘consumer’.

When to complete the tool

It is recommended that you complete the tobacco control audit tool in the audit cycle — that is about once per year or as often as necessary to measure the effectiveness of changes that have been made to improve tobacco control within your organisation and community.

The audit can be completed in stages, but all data need to be entered into the One21seventy website within three calendar months of the audit start date.

Eligibility

The tobacco control audit tool has been designed for use in a range of health care services and related organisations. The tool is designed to audit all aspects needed for a comprehensive tobacco control program: clinical tobacco control activities for individual clients (sections 2 and 3), health promotion activities (sections 4 and 5) and systems to support tobacco control programs (section 6).

To be eligible for inclusion in the clinical audit components of this tool (sections 2 and 3), in the past 12 months, a client should be:

- a regular client of your service. Defined as someone who has visited your organisation 3 or more times in the past two years, as defined in the nKPIs (AIHW, 2015).
- at least 15 years or older
- Aboriginal or Torres Strait Islander

One to one health promotion activities conducted in a health service (e.g. brief intervention or health advice to clients) are only within the scope of this tool if they are recorded in the client's health record.

To be eligible for inclusion in the health promotion and systems components of this tool (sections 4, 5 and 6), activities must have:

- involved at least one member of staff
- been implemented within the past 12 months
- some record or evidence of what was done. It would be helpful if this includes a description of what was done, who it was done with, how, where and by whom it was done. See below for suggested sources of information.

Sampling approach

Clinical audit questions (sections 2 and 3)

Organisations that submit data on smoking for the National Key Performance Indicators (nKPIs) through the Australian Government Department of Health's web-based reporting tool OCHREStreams will be able to extract data electronically for all clients for section 2. Organisations that do not report on nKPIs will need to audit a sample of client records for section 2.

Some organisations may also be able to extract data electronically for all clients for section 3. Other organisations will need to audit a sample of client records for section 3.

For organisations with up to 100 clients in the population we recommend a sample size of at least 30 clients. This sample should provide an adequate estimation for quality improvement purposes of the proportion of clients receiving specific services. Organisations with large service populations may wish to increase the sample size so that the confidence intervals around the sample estimates are not too wide. Organisations with smaller service populations (30 or less) should audit all clients. Organisations auditing small service populations should be cautious when using and comparing reported data.

Refer to *Improving the Quality of Primary Health Care: A training manual for the One21seventy cycle*, Section 4 page 8, for more information on determining your sample size with regard to your population size for this audit and the confidence interval required for the reported indicators. To download the manual, log in to www.one21seventy.org.au then go to www.one21seventy.org.au/resources/view/78. Registration is required for users who do not already have a One21seventy licence. There is no cost to register as a One21seventy user or download the manual.

Tobacco control health promotion and systems audit (sections 4, 5 and 6)

Just as a clinical audit is based on client records, a tobacco control health promotion audit is based on your organisation's records. There are many possible sources of evidence for tobacco control health promotion activities. Methods of recording activities and documenting progress include:

- activity plans
- progress reports
- monitoring and evaluation reports
- minutes of meetings
- field notes
- posters or banners,
- audio tape and film recordings, photos and paintings, media articles and journal articles about the activities.
- Records of tobacco control and smoking cessation training

Other documentary evidence might be included in annual reports, orientation manuals, program plans and updates, evaluation reports, reports to senior management or funding bodies. Your health service may have other sources of evidence of tobacco control activities which have been undertaken in your community or involved your health service (e.g. workplace health and safety policies may contain information about smoke-free policies). Any of these types of evidence or sources of information can be used to complete the audit.

People from outside your organisation, such as people from partner organisations and groups involved in tobacco control activities or training, may also have relevant information.

Information and evidence should be collated before commencing the audit.

Support to complete the tool

An explanation about the reason for the audit questions and the specific information of how to complete each question is documented under each section heading and individual questions.

An e-learning module is also available at <insert link>. The e-learning module provides an overview of how the tool links to Tackling Indigenous Smoking, and how to use it to collect data about tobacco control activities, interpret the information, identify priorities, set goals and develop action plans.

Data entry

Clinical audit questions (sections 2 and 3)

The person entering the information into the website will need to enter the total number of clients which make up the eligible population, as defined for each section. For best results, each question should be answered.

A tally sheet is provided for organisations which are unable to extract information electronically for all clients in either section 2 or section 3, to assist in auditing a sample of clinical records. The tally sheet is attached as appendix 1 to the tool (paper version). An electronic version is available at <insert link>.

Tobacco control health promotion and systems audit (sections 4, 5 and 6)

It is recommended that you keep a supplementary record with additional details of tobacco control activities undertaken at your organisation for sections 3, 4, 5 and 6. Suggestions are provided in the guidance for each question about the type of supplementary information that may be useful, particularly if there are staff changes between audits.

A form for recording this supplementary information is provided as appendix 2 to the tool. An electronic version is available at <insert link>. The information recorded in appendix 2 is for the organisation to use for discussion and keep for future audit cycles. It is not recorded on the One21seventy website.

Feedback report

Results from the audit will be downloaded immediately in a Microsoft Excel file. It is useful to check that all data has been entered accurately, especially the free text. Once data has been confirmed as correct, a more comprehensive report in Microsoft Word can be generated from the One21seventy website. The report highlights key messages but also provides all results.

Organisations may wish to use this report to provide feedback to community members, health service governance board, and funders.

Questions or concerns

If you have any questions or concerns about this protocol, you can contact the One21seventy helpdesk at one21seventy@menzies.edu.au or call 1800 082 474.

Section 1 General information

To enter the audit data, click on **New Record**, and the template will open to the first page of Section 1.

1.1 Audit Date

The audit date should be recorded as the date you first start to audit your collection of records or information about the tobacco control activity. It is recorded as dd/mm/yyyy.

If the information to be entered is part of an audit already in progress, then click on the date displayed.

1.2 Auditor's initials

Record the initials of the person who has responsibility for completing the audit.

Section 2 Smoking Outcomes

This section describes the smoking status recorded in the client's health care record. It indicates the proportion of **regular clients** (i.e. visited your organisation three or more times in the past two years, as defined in the nKPIs) who are Aboriginal or Torres Strait Islander, aged 15 years and over and whose smoking status has been documented in their clinical record. Regularly updating recorded smoking status in client records is important to ensure that all clients who are current smokers or have recently quit receive appropriate advice and support.

If your organisation submits data on smoking for the nKPIs through the Australian Government Department of Health's web-based reporting tool OCHREStreams, it will be possible to extract data electronically about all clients for this section. If your organisation does not report on the nKPIs, a sample of client records will need to be manually audited. Refer to the sampling approach section for a description of how to approach this.

A tally sheet is provided as appendix 1 to this tool to assist with the audit.

2.1a Total number of males

Record the total number of males who are: Aboriginal or Torres Strait Islander, aged 15 years or older and are **regular clients** at your health care service.

A numeric response to this question is required.

2.1b Total number of females

Record the total number of females who are Aboriginal or Torres Strait Islander, aged 15 years or older and are **regular clients** at your health care service.

A numeric response to this question is required.

2.2a Total number of males whose smoking status has been recorded

Record the number of regular male clients with a documented smoking status recorded in their clinical record. This includes current smoker, ex-smoker or never smoked.

If there are clients who are recorded as non-smoker with no differentiation between ex-smoker or never smoked, count these as having a clearly documented smoking status.

A numeric response to this question is required.

2.2b Total number of females whose smoking status has been recorded

Record the number of regular female clients with a documented smoking status recorded in their clinical record. This includes a current smoker, ex-smoker or never smoked.

If there are clients who are recorded as non-smoker with no differentiation between ex-smoker or never smoked, count these as having a clearly documented smoking status.

A numeric response to this question is required.

2.3a Total number of males recorded as current smoker

Record the number of regular male clients with a documented current smoker status recorded in their clinical record.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2a.

2.3b Total number of females recorded as current smoker

Record the number of regular female clients with a documented **current smoker** status recorded in their clinical record.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2b.

2.3c Total number of males recorded as ex-smoker

Record the number of regular male clients with a clearly documented **ex-smoker** status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2a.

2.3d Total number of females recorded as ex-smoker

Record the number of regular female clients with a clearly documented **ex-smoker** status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2b.

2.3e Total number of males recorded as never smoked

Record the number of regular male clients with a clearly documented **never smoked** status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2a.

2.3f Total number of females recorded as never smoked

Record the number of regular female clients with a clearly documented **never smoked** status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number recorded at question 2.2b.

Smoking during pregnancy is harmful to the health of both the mother and the unborn child. It remains one of the most prevalent preventable causes of infant death and illness. Stopping smoking before or during pregnancy benefits both the mother and the baby.

Smoking during pregnancy presents risks to both the mother and the foetus. It is associated with spontaneous abortion (miscarriage) and ectopic pregnancy. It also affects the healthy development and function of the umbilical cord and placenta, which can lead to serious complications including premature rupture of the membranes, placenta previa (when the placenta is attached to the uterine wall close to over the cervix) and placental abruption (premature separation of the placenta from the wall of the uterus). Together, these complications increase the risk of preterm delivery (a leading cause of neonatal death and illness), haemorrhaging, and death of the mother or baby (Ford et al, 2015)

In 2012, smoking during pregnancy was reported by 48% of Aboriginal and Torres Strait Islander mothers, compared to about 13% of all Australian mothers. Of Aboriginal and Torres Strait Islander mothers who reported smoking during the first 20 weeks of pregnancy, 12% did not report smoking after 20 weeks compared to 23% of non-Indigenous mothers (Hilder et al, 2014).

As many women may quit during pregnancy and relapse following birth, this section focuses on the last recorded smoking status recorded before giving birth.

Of those who gave birth within the past year what is…

2.4a The total number

Record the total number of regular, female clients in your community over 15 years of age, who have given birth within the past 12 months.

A numeric response to this question is required.

2.4b The total number whose smoking status has been recorded

Record the number of regular, female clients in your community over 15 years of age, who have given birth within the last 12 months, with a documented smoking status during pregnancy in their clinical record. This includes a current smoker, ex-smoker or never smoked.

If there are clients who are recorded as non-smoker but there is no differentiation between ex-smoker or never smoked, count these as having a clearly documented smoking status.

A numeric response to this question is required. It must be ≤ the number in question 2.4a.

2.4c The total number recorded as current smoker

Record the number of regular, female clients in your community over 15 years of age, with a documented current smoker status recorded in their clinical record.

A numeric response to this question is required. It must be ≤ the number in question 2.4b.

2.4d The total number recorded as ex-smoker

Record the number of regular, female clients in your community over 15 years of age, with a clearly documented ex-smoker status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number in question 2.4b.

2.4e The total number recorded as never smoked

Record the number of regular, female clients in your community over 15 years of age, with a clearly documented never smoked status recorded in their clinical record. If smoking status is only recorded as smoker or non-smoker, with no differentiation between ex-smoker and never smoked, record 0 at this question.

A numeric response to this question is required. It must be ≤ the number in question 2.4b.

Section 3 Smoking Cessation Support

This section describes the smoking cessation supported recorded in the client's health care record. It indicates the proportion of **regular clients** (i.e. visited your organisation three or more times in the past two years as defined in the nKPIs) who are Aboriginal or Torres Strait Islander, aged 15 years and over and who have been recorded as a current smoker that have received smoking cessation advice and support.

Quitting smoking improves health outcomes at any age, but especially if by age 30 (Pirie, Peto et al, 2012; Doll, Peto et al, 2004).

Brief advice, stop smoking medicines (over-the-counter therapies such as nicotine replacement therapy, as well as prescription medications such as varenicline and bupropion), telephone Quitlines and cessation courses, clinics and groups have been shown to assist smokers to quit, with evidence about internet-based quitting support still inconsistent but promising (Stillman, 2011).

The *Talking about the Smokes* project found that Aboriginal smokers are more likely than all Australian smokers to recall being advised to quit by a health professional, but less likely to have used stop smoking medicines. As in other settings, few Aboriginal and Torres Strait Islander smokers have used the other more intensive non-pharmacological supports such as Quitline, groups and clinics (Thomas, Bennett et al, 2015).

Some organisations which submit data on the nKPIs may also be able to extract data electronically for all clients to complete this section. Other organisation will need to audit a sample of client records. Refer to the sampling approach section for a description of how to approach this.

A tally sheet is provided as appendix 1 to this tool to assist with the audit.

Of those whose smoking status is recorded as smoker…

3.1 The total number audited in this section

Record the number of clinical records audited. For organisations with up to 100 clients in the population we recommend a sample size of at least 30 clients **whose clinical record has a smoking status of smoker**. Organisations with large service populations may wish to increase the sample size. Organisations with service populations ≤ 30 should audit all clients.

Refer to page 3 for more information about how to approach sampling.

3.2 The total number whose clinical record shows advice or assistance to stop smoking in the past year

Record the number of regular clients who have clearly documented evidence of advice or assistance to stop smoking in their clinical record.

A numeric response to this question is required. It must be ≤ than the number in question 3.1.

3.3a The total number whose clinical record shows they were prescribed or dispensed NRT in the past year

Record the number of regular clients who have clearly documented evidence of being prescribed or dispensed NRT. This includes patches, gums, lozenges, inhalers and other NRT which is ordinarily available over the counter. It does not include e-cigarettes or similar devices. It does not include medicines which require a prescription, such as varenicline or buproprion (these are recorded at 3.3b).

A numeric response to this question is required. It must be ≤ the number in question 3.2.

3.3b The total number whose clinical record shows they were prescribed or dispensed other stop-smoking medicines in the past year

Record the number of regular clients who have clearly documented evidence of being prescribed or dispensed other stop smoking medicines which require a prescription. Examples include varenicline and bupropion.

A numeric response to this question is required. It must be ≤ the number in question 3.2.

3.3c The total number whose clinical record shows they were referred to the telephone Quitline in the past year

Record the number of regular clients who have clearly documented evidence of being referred to the telephone Quitline service.

A numeric response to this question is required. It must be ≤ the number in question 3.2.

3.3d The total number whose clinical record shows they were referred to a smoking cessation health professional, clinic or quit group in the past year

Record the number of regular clients who have documented evidence of being referred to a smoking cessation health professional, clinic or quit group. This may be an Alcohol and Other Drug service or worker or other treatments specifically intended to help people quit smoking. This includes a service at your organisation (e.g. a quit course or clinic), or at another organisation.

Suggested supplementary information to record in appendix 2 of this tool: record the services clients were referred to and the total referrals to each service if possible.

A numeric response to this question is required. It must be ≤ the number in question 3.2.

Section 4 Smoke-free Spaces

Smoke-free public and private spaces protect non-smokers, including children, from second-hand smoke. They are also associated with smokers reducing the number of cigarettes smoked per day, and with making and sustaining quit attempts (International Agency for Research on Cancer, 2009). All Aboriginal Community Controlled Health Services which receive Australian Government are required to have a smoke-free workplace policy (Office for Aboriginal and Torres Strait Islander Health, 2012) as are other health services. However, what is included in that policy varies. Establishing and maintaining smoke-free rules requires ongoing discussion and negotiation with management, staff and clients in order to ensure policy compliance (Davey, Hunt et al, 2015).

If your organisation does not have a specific smoke-free policy, consider whether the issues in this section are covered by other policies. These may include (but are not limited to): workplace health & safety, employee code of conduct, working hours and break times, motor vehicle use, employee induction. If these are part of other policies, use appendix 2 of the tool to record the relevant policy and clause.

The person conducting the audit should sight the organisation's smoke-free policy or other policies which include relevant provisions.

What is included in the smoke free policies at your organisation?

4.1a No smoking indoors

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant.

4.1b No smoking outdoors within the boundary

If there is no clear boundary mark (e.g. a fence), you should include notes in the supplementary information about how the boundary has been defined in this audit. Examples of boundary markers include signage, surrounding paths, car park areas or tree lines.

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant. Note how the organisation boundary is defined.

4.1c A designated outdoor smoking area within the boundary

As noted in the question above, if there is no clear boundary mark for your service, you should include information in the supplementary information about how the boundary has been defined.

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant. Note how the organisation boundary is defined

4.1d No smoking in a work vehicle

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant.

4.1e No smoking in the health service uniform

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant.

4.1f No smoking in work time

Tick the check box if the organisation policy includes this. If it doesn't, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record the clauses and policies that are relevant.

How often were these aspects of smoke-free policies followed at your organisation in the past year?

Please answer each question even if your organisation's smoke-free (or other) policy does not cover the provision. If the provision is not covered in your organisation's policy, answer '5-Never'.

4.2a No smoking indoors

Select the description that best matches your answer.

Indicate:

1-Always
2-Often
3-Sometimes
4-Rarely
5-Never

Your answer should be for how often this has been followed by everyone (staff, clients and other visitors).

Suggested supplementary information to record in appendix 2 of the tool: if you have recorded often, sometimes or rarely, document how you have defined these. If this policy has not always been followed, record whether it is staff, clients or other visitors who have not complied.

4.2b No smoking outdoors within the boundary except in a designated smoking area (if there is one)

Select the description that best matches your answer.

Indicate:

1-Always
2-Often
3-Sometimes
4-Rarely
5-Never

Your answer should be for how often this has been followed by everyone (staff, clients and other visitors).

Suggested supplementary information to record in appendix 2 of the tool: if you have recorded often, sometimes or rarely at this question, document how you have defined these. If this policy has not always been followed, record whether it is staff, clients or other visitors who have not complied.

4.2c No smoking in a work vehicle

Select the description that best matches your answer.

Indicate:

1-Always
2-Often
3-Sometimes
4-Rarely
5-Never

Your answer should be for how often this has been followed by everyone (staff, clients and other visitors).

Suggested supplementary information to record in appendix 2 of the tool: if you have recorded often, sometimes or rarely, document how you have defined these. If this policy has not always been followed, record whether it is staff, clients or other visitors who have not complied.

4.2d No smoking in the health service uniform

Select the description that best matches your answer.

Indicate:

1-Always
2-Often
3-Sometimes
4-Rarely
5-Never

Suggested supplementary information to record in appendix 2 of the tool: if you have recorded often, sometimes or rarely, document how you have defined these.

4.2e No smoking in work time

Select the description that best matches your answer.

Indicate:

1-Always
2-Often
3-Sometimes
4-Rarely
5-Never

Suggested supplementary information to record in appendix 2 of the tool: if you have recorded often, sometimes or rarely, document how you have defined these.

4.3 In the past year, how many organisations or places used by the local community has your organisation assisted to establish a smoke-free policy?

Record the number of other local organisations your organisation has assisted. This only includes organisations which did not previously have a smoke free policy.

Suggested supplementary information to record in appendix 2 of the tool: record the names of the organisations, details of the smoke-free policy developed (for example: smoke free areas, staff quit assistance, policies against smoking with clients or in work time).

4.4 In the past year, how many local organisations or places has your organisation assisted to maintain or improve an existing smoke-free policy?

Record the number of other local organisations your organisation has assisted. This only includes organisations which did previously have a smoke-free policy.

Suggested supplementary information to record in appendix 2 of the tool: document the names of local organisations and details of how your organisation has assisted to maintain or improving their existing smoke-free policy (for example: expanded smoke free areas, introduced restrictions during work hours when staff can smoke, promote quitting and provide quit assistance to staff).

4.5 In the past year, how many local events has your organisation assisted to be smoke-free?

Record the number of local events your organisation has assisted. Only include events for which the main organiser was not your organisation.

Suggested supplementary information to record in appendix 2 of the tool: document the names of events and details of how your organisation assisted the event to be smoke-free (e.g. developed an agreement with the organiser, direct sponsorship, provided signage). Only include events for which the main organiser was not your organisation.

4.6 In the past year, your organisation has advocated to change local smoke-free regulations or laws

Examples of advocacy for change could include public statements—for example in the media—as well as less-visible advocacy through local meetings, councils and advisory groups or direct lobbying. The smoke-free regulations or laws could include local places—for example, shopping centres or sporting facilities—or state/territory level laws such as smoking in cars.

If your organisation has advocated to change laws, tick the check box. If it has not, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record details of the regulations or laws your organisation has advocated to change, actions taken, and the organisations with which you worked or negotiated.

Section 5 Social Marketing

Social marketing provides health information, increases concerns about smoking, motivates quit intentions, changes social norms and stimulates discussion about smoking and quitting. Local and Aboriginal-specific advertising appears to have an additional impact to mainstream advertising. A range of media and locations can be used. Messages around the health of others appear to be particularly important for Aboriginal and Torres Strait Islander people. Reach and intensity of messages is important — people need to see messages a sufficient number of times in order for them to be effective (Nicholson, Borland, Sarin et al, 2015).

Encouraging smoke free spaces is an important component of social marketing. Second-hand smoke was estimated to cause more than 600,000 deaths globally in 2004, mainly from ischaemic heart disease, respiratory infections, asthma and lung cancer (Oberg, Jakkola, Woodward et al, 2011). Protecting people from the dangers of second-hand smoke by banning smoking public places and encouraging smoke free homes is an essential element of effective tobacco control (Thomas, Panaretto, Stevens et al, 2015).

5.1 There is at least one tobacco control poster/banner displayed in a public space in your organisation

A public space is defined as an area which is accessible to, or regularly visited by, clients of your organisation. This includes areas visible from the street, reception and waiting areas, rooms used for group education (e.g. parenting classes) and clinic rooms used for client consultations. It does not include offices and rooms only accessed by staff.

Tick the check box if at least one tobacco control poster/banner is displayed in public space at your organisation. If no poster/banner is displayed, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record what posters/banners are displayed. If possible, include photos or information about each poster/banner and from where it was obtained. Keeping a record of the material displayed may be helpful if there have been staff changes between audits.

5.2 In the past year, tobacco control posters/banners at your organisation have been changed at least once

A changed poster/banner is one that is different from the previous year, not necessarily one that has not been used before.

Tick the check box if at least one new banner or poster has been displayed in the past year. If no new poster/banner has been displayed in the past year, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: Record the new posters/banners that have been displayed. If possible, include photos and detailed information about the design of the posters/banners and from where they were obtained. Keeping a record of the material that has been displayed may be helpful if there have been staff changes between audits.

5.3 In the past year, at how many local organisations has your organisation arranged the display of tobacco control posters/banners?

Examples of other organisations could include Aboriginal community controlled health services and other Aboriginal organisations, community meeting places such as youth groups, women's/men's centre, the local store and art centre or government organisations such as schools and police stations.

Write the number of other local organisations in which you have arranged a display of tobacco control posters/banners. Do not include your organisation in your answer.

Suggested supplementary information to record in appendix 2 of the tool: record the name of the organisations, and which posters/banners were arranged to be displayed. If possible, include photos and/or detailed descriptions of the posters/banners. Keeping a record of the material that has been displayed may be helpful if there have been staff changes between audits.

5.4 In the past year, at how many local events has your organisation arranged the temporary display of tobacco control posters/banners/information?

Write the number of local events at which your organisation has arranged a display of tobacco control posters/banners. Include all events arranged by your organisation and those arranged by other organisations.

Suggested supplementary information to record in appendix 2 of the tool: record the name(s) of events. Keeping a record of events may be helpful if there have been staff changes between audits.

5.5 In the past year, your organisation has distributed tobacco control branded merchandise to the local community

Examples of branded merchandise could include water bottles, t-shirts, caps, stickers, arm bands that include an anti-smoking message.

Tick the check box if this organisation has distributed tobacco control branded merchandise to the local community. If it has not distributed tobacco control branded merchandise, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: document the merchandise and where/how it was distributed. Keeping a record of merchandise may be helpful if there have been staff changes between audits.

5.6 There is at least one tobacco control poster/banner featuring a local Aboriginal or Torres Strait Islander person or their artwork in a public space in your organisation

This could be one of the poster/banners identified in 5.1.

A local person is one who is identified as coming from the area served by your organisation.

A public space is defined as an area which is accessible to, or regularly visited by, clients of your organisation. This includes areas visible from the street, reception and waiting areas, rooms used for group education (e.g. parenting classes) and clinic rooms used for client consultations. It does not include offices and rooms only accessed by staff.

Tick the check box if at least one tobacco control banner/poster featuring a local Aboriginal or Torres Strait Islander person or their artwork is displayed in a public space in this organisation. If there is no such poster/banner displayed, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: document which posters/banners from those recorded at 5.1 feature a local Aboriginal or Torres Strait Islander person, or their artwork.

5.7 There is at least one tobacco control poster/banner featuring an Aboriginal or Torres Strait Islander person or their artwork from outside the community in a public space in this organisation

This could be one of the poster/banners identified in 5.1.

From outside the community means an Aboriginal or Torres Strait Islander person who is identified as coming from outside the area served by your organisation.

A public space is defined as an area which is accessible to, or regularly visited by, clients of your organisation. This includes areas visible from the street, reception and waiting areas, rooms used for group education (e.g. parenting classes) and clinic rooms used for client consultations. It does not include offices and rooms only accessed by staff.

Tick the check box if at least one tobacco control banner/poster featuring an Aboriginal or Torres Strait Islander person or their artwork from outside the community is displayed in a public space in this organisation. If there is no poster/banner displayed, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: document which posters/banners from those recorded at 5.1 feature an Aboriginal or Torres Strait Islander person from outside the community, or their artwork.

5.8 There is at least one tobacco control poster/banner about promoting smoke-free homes or cars in a public space in this organisation

This could be one of the poster/banners identified in 5.1.

A public space is defined as an area which is accessible to, or regularly visited by, clients of your organisation. This includes areas visible from the street, reception and waiting areas, rooms used for group education (e.g. parenting classes) and clinic rooms used for client consultations. It does not include offices and rooms only accessed by staff.

Tick the check box if at least one tobacco control banner/poster promoting smoke-free homes or cars is displayed in a public space in this organisation. If there is no poster/banner displayed, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: document which posters/banners from those recorded at 5.1 promote smoke-free homes or cars.

5.9a In the past year, your organisation has arranged for the broadcast on radio or television of a tobacco control advertisement

Tick the check box if the organisation has arranged for the radio or television broadcast of a tobacco control advertisement. If there was no radio or television broadcast, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: record a description of the advertisement and on which radio and/or television stations it was broadcast.

5.9b Describe how often the ad was broadcast.

Write the number of times the advertisement was broadcast.

Refer to the advertising contract or other communications with the advertiser or radio stations to describe how often the advertisement was broadcast.

5.10 Your organisation has local social marketing tobacco control information on its website

Examples of social marketing tobacco control information could include advertising smoking cessation services such as Quitline or support groups, promoting local events as smoke free, and local World No Tobacco Day activities.

Answer yes or no to this question.

Suggested supplementary information to record in appendix 2 of the tool: describe the information and where it is located on the website.

5.11 In the past year, your organisation has developed tobacco control information featuring a local Aboriginal or Torres Strait Islander person to be shared on social media

Social media includes internet-based applications that allow users to create, modify and exchange content. A defining feature of social media is that it allows users to directly interact with each other. Widely used examples of social media in Australia include Facebook, Twitter, YouTube and Instagram.

Tick the check box if the organisation has developed tobacco control information featuring a local Aboriginal or Torres Strait Islander person on social media. If it has not developed such information, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe the content of the information and how it was shared. For example, a locally-made video shared on YouTube, discussion post on Facebook.

5.12 In the past year, your organisation has disseminated information via electronic media referring to smoke-free homes or cars

Electronic media includes television, radio, websites and social media.

Tick the check box if the organisation has disseminated information referring to smoke-free homes or cars. If it has not disseminated information, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: provide a description of the information, the method by which it was disseminated, and time period/frequency of dissemination.

Section 6 Systems and Processes

This section focuses on the involvement of the local community in the area served by your organisation in planning, implementing and evaluating tobacco control activities, as well as the capacity of the workforce in your organisation to deliver tobacco control programs.

Broad community involvement and local leadership and partnerships can not only ensure your local tobacco activities are appropriate, acceptable, and reflect local priorities and views, but can assist in changing social norms around smoking and quitting (Bailie, Griffin, Kelaher et al, 2013).

A well-trained workforce is essential for tobacco control. This includes workers focussing on tobacco control, as well as health professionals for whom tobacco control is only part of their business.

In the past year, Aboriginal or Torres Strait Islander people employed by this organisation have been involved in…

6.1a Deciding and prioritising what tobacco control activities your organisation does

Involvement in deciding and prioritising tobacco control activities includes providing feedback and input into identifying focus areas (e.g. priority groups, specific issues to be addressed), providing input into the most appropriate approaches (e.g. individual or group approaches, clinic-based or community events) and input into deciding how resources, staff and funding should be allocated to different activities.

Tick the check box if Aboriginal or Torres Strait Islander staff employed by your organisation have been involved in deciding and prioritising tobacco control activities. If Aboriginal and Torres Strait Islander staff have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

6.1b Implementing your tobacco control activities

Implementing tobacco control activities could include providing clinic-based quit support, direct involvement in specific tobacco control activities, cross promoting tobacco control activities as part of other organisation events and activities (e.g. smoke free branding for parenting groups), advocating for and enforcing smoke-free policies, disseminating smoke-free messages and information via social media or presenting at conferences.

Tick the check box if Aboriginal or Torres Strait Islander staff employed by your organisation have been involved in implementing activities. If Aboriginal and Torres Strait Islander staff have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

6.1c Evaluating your tobacco control activities

Involvement in evaluation could include collecting information from community about changes in their knowledge and behaviour, providing direct reports and feedback about tobacco control activities, routine reviews of tobacco control activity outcomes, collating and analysing clinical data.

Tick the check box if Aboriginal or Torres Strait Islander people employed by your organisation have been involved in evaluating activities. Include involvement in this audit. If Aboriginal and Torres Strait Islander people have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

In the past year, have other local community members not employed by this organisation been involved in…

6.2a Deciding and prioritising what tobacco control activities your organisation does

Involvement in deciding and prioritising tobacco control activities could include providing feedback and input into identifying focus areas (e.g. priority groups, specific issues to be addressed), providing input into the most appropriate approaches (e.g. individual or group approaches, clinic-based or community events) and input into deciding how resources, staff and funding should be allocated to different activities.

Tick the check box if local Aboriginal and Torres Strait Islander community members not employed by this organisation have been involved in deciding and prioritising activities. Do not include Aboriginal and Torres Strait Islander community members who are also staff at your organisation. If Aboriginal and Torres Strait community members have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

6.2b Implementing your tobacco control activities

Implementing tobacco control activities could include providing clinic-based quit support, direct involvement in specific tobacco control activities, cross promoting tobacco control activities as part of other organisation events and activities (e.g. smoke free branding for parenting groups), advocating for and enforcing smoke-free policies, disseminating smoke-free messages and information via social media or presenting at conferences.

Tick the check box if local Aboriginal and Torres Strait Islander community members not employed by this organisation have been involved in implementing your organisation's tobacco control activities. Do not include Aboriginal and Torres Strait Islander community members who are also staff at your organisation. If Aboriginal and Torres Strait Islander community members have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

6.2c Evaluating your tobacco control activities

Involvement in evaluation could include collecting information from community about changes in their knowledge and behaviour, providing direct reports and feedback about tobacco control activities, routine reviews of tobacco control activity outcomes, collating and analysing clinical data.

Tick the check box if local Aboriginal and Torres Strait Islander community members not employed by this organisation have been involved in evaluating your organisation's tobacco control activities. Include involvement in this audit. Do not include Aboriginal and Torres Strait Islander community members who are also staff at your organisation. If Aboriginal and Torres Strait Islander community members have not been involved, leave the check box blank.

Suggested supplementary information to record in appendix 2 of the tool: describe who was involved and how.

6.3 In the past year, how many organisations has your organisation partnered with to plan, implement or evaluate your tobacco control activities

Examples of other organisations could include Aboriginal community controlled health services and other Aboriginal organisations, NACCHO and its affiliates, government departments and health services, research organisations, and non-government organisations (e.g. the National Heart Foundation).

Record the number of organisations. Include partners involved in this audit.

Suggested supplementary information to record in appendix 2 of the tool: name the organisations and describe the partnership in appendix 2 of the tool. (E.g. is it a formal agreement or contract? What is the role of the other organisation? What is the duration of any agreement?)

6.4 How many FTE positions does your organisation have with a major focus on tobacco control?

Record the number of full-time equivalent (FTE) positions your organisation has identified for tobacco control activities and work, at the time of this audit. These positions should have a 50% or greater focus on tobacco control.

Suggested supplementary information to record in appendix 2 of the tool: name the positions and document the percentage of the role dedicated to tobacco control for each position.

6.5 How many FTE positions does your organisation have with a major focus on tobacco control that are currently filled?

Record the number of full time equivalent (FTE) staff members currently in these roles.

Suggested supplementary information to record in appendix 2 of the tool: name the people in these positions.

6.6 In the past year, staff in your organisation that have a major focus on tobacco control have undertaken formal training

Formal training could include training in providing smoking brief interventions, accredited specialist training in tobacco resistance and control, advocacy skills and health promotion. Include both tobacco control-specific and other training in this answer.

If staff have undertaken formal training, tick the check box. If they have not done training, leave the check box blank. Only include the staff identified at questions 6.4 and 6.5.

Suggested supplementary information to record in appendix 2 of the tool: name the staff members and the training they undertook.

6.7 In the past year, staff in your organisation who do not have a major focus on tobacco control have undertaken formal training in brief advice, smoking cessation or tobacco control

Formal training could include providing smoking brief interventions or accredited specialist training in tobacco resistance and control. Only include tobacco control-specific training in this answer.

If staff have undertaken formal training, tick the check box. If they have not done training, leave the check box blank. Only include staff not identified at questions 6.4 and 6.5.

Suggested supplementary information to record in appendix 2 of the tool: name the staff members and the training they undertook.

6.8 In the past year, apart from this audit, your organisation has evaluated or measured the impact of its tobacco control activities

Completing this audit will contribute to evaluation and planning, however it is not sufficient on its own to complete a comprehensive evaluation of the organisation's tobacco control activities.

An impact evaluation measures changes in areas such as skills, knowledge and behaviours or in the environment, such as policy changes and resource allocation.

If your organisation has evaluated or measured the impact of its tobacco control activities, tick the check box. If it has not evaluated or measured the impact leave the check box blank. Do not include this audit in your answer.

Suggested supplementary information to record in appendix 2 of the tool: project plan which includes monitoring and evaluation, monitoring reports, evaluation report.

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