Community Health Promotion Framework for Action: Reducing Tobacco-Related Harm

Quit Victoria has developed an evidence-informed *Health Promotion Framework for Action* to guide planning, implementation and evaluation of community-level initiatives aimed at reducing tobacco-related harm inclusive of e-cigarettes/vaping. The framework details populations and settings where action to reduce tobacco-related harm should be prioritised.

Suggested actions are listed under the following themes:

- **Increase smokefree and vapefree environments**
- **Increase community capacity to address tobacco-related harm**
- **Increase exposure to tobacco and e-cigarette-related harm messaging and information**

To support planning, prompting questions are provided and to help with evaluation, intermediate impacts and long-term outcomes are suggested. Actions listed in the framework should be implemented as part of a comprehensive multi-strategy initiative to maximise the chances of reducing tobacco-related harm. Given specific priority communities and settings have higher rates and/or numbers of tobacco and e-cigarette use, both universal and targeted approaches (proportionate universalism) should also be applied to maximise effectiveness. Actions should be tailored and respond to the context (setting/priority community) in which they are implemented. To ensure self-determination, actions focused on Aboriginal Australians should be led by Aboriginal stakeholders unless other arrangements have been explicitly and mutually agreed.

Social determinants of tobacco use

The following social determinants of tobacco use are provided to aid a deeper understanding of the underlying context and should be kept in mind when planning initiatives:

- Poverty (especially intergenerational poverty)
- Low income
- No or insecure employment
- Poor working conditions
- Manual labour work roles
- Low education
- Living in a low SES area
- Poor living conditions
- Social isolation
- Role models for tobacco use in social networks (parents, siblings, family, peers)
- Pro-smoking social norms
- Nicotine exposure during gestation and early childhood
- Discrimination (in minority groups)
- Intergenerational trauma
- Colonisation
- Having multiple indicators of disadvantage

Cancer Council
funded by VicHealth
VICTORIA State Government

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Victorian Priority Populations

Priority communities

- Those residing in low SES SEIFA quintiles 1 and 2
- Aboriginal Australians
- Gender or sexually diverse people
- People who are pregnant
- Those experiencing mental health issues
- Those experiencing alcohol and other drug issues
- Health care card holders
- Main language other than English spoken at home (see specific Culturally and linguistically diverse priority communities)

Culturally and linguistically diverse priority communities

- Culturally and linguistically diverse people who smoke in metro Melbourne
- Arabic-speaking people from a Lebanese background
- Mandarin-speaking males from a Chinese background
- Males from a Vietnamese background
- Smokers of shisha (particularly in Arabic communities)
- Younger culturally and linguistically diverse people who smoke

Vaping-specific priority communities

- Young people
- People who have never smoked

Priority Settings for Action

- Places/settings within low SEIFA quintiles 1 and 2
- Social and public housing
- Education settings
- Workplaces (including outdoor)
- Sports clubs and recreation facilities
- Shopping centres, precincts and strips
- Parks, beaches and foreshores
- Large community events and venues
- Food businesses
- Hospitals and health services
- Homes and cars

Themes for Action

Increase smokefree and vapefree environments

- Oversee the development, implementation and review of smokefree and vapefree policies within settings.
- Implement evidence-based programs and initiatives supporting smokefree and vapefree environments.
- Partner with local councils and community organisations to implement voluntary smokefree and vapefree environments in specific settings and/or community events.
- Advocate for the adoption of smokefree and vapefree environments and policies in specific settings, locations or community events, and collaborate to implement.
- Build capacity among settings and internal and external stakeholders to create smokefree and vapefree environments.

Increase community capacity to address tobacco-related harm

- Develop and deliver evidence-informed initiatives in partnership with stakeholders, settings and communities to address tobacco and e-cigarette use and harms in priority cohorts/settings with the highest rates and/or numbers of tobacco and e-cigarette use.
- Connect priority populations to Quitline and cessation initiatives delivered by other agencies.
- Participate in topic or place-based networks, communities of practice and partnerships to collaborate, coordinate and leverage opportunities for engagement, activation and implementation.
- Build capacity among stakeholders, settings, and communities to implement strategies to reduce tobacco-related harm.

Increase exposure to tobacco and e-cigarette-related messaging and information

- Amplify and localise state-wide tobacco- and e-cigarette-related social marketing campaigns.
- Deliver local communications activities that promote Quitline and support health literacy, as part of a multi-strategy approach.
- Leverage other public health priorities (e.g. mental wellbeing of young people) to address co-benefits related to reducing tobacco and e-cigarette use.

Intended Outcomes

Intermediate impacts

- Decrease the number of environments in which to smoke and vape
- Decrease exposure to second- and third-hand smoke, and e-cigarette aerosol
- Decrease social acceptability of smoking and vaping
- Increase capacity to stop smoking, vaping and use of nicotine
- Increase uptake of stop-smoking and vaping supports

Long-term outcome

- Reduce tobacco-related harm

Planning Prompts

- What are the most pressing tobacco-related harm issues concerning your community?
- Does data indicate that some parts of your community are particularly impacted by smoking and vaping?
- Does the target population have particular demographic or cultural factors that need to be considered in designing appropriate initiatives?
- How could the issues be framed to engage relevant sectors?
- Who else works with the target population and should they be engaged in this work?
- How could authentic and meaningful community participation be facilitated to empower and build community capacity and co-design interventions?
- How could the quality of people's (smoking/vaping-related) daily living conditions be improved?
- How could social norms and values be influenced?