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Short Report

My Family's Anti-Tobacco Education (My-FATE) model for Aboriginal and Torres Strait Islander peoples

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Introduction

Aboriginal and Torres Strait Islander peoples are twice as likely as non-Indigenous people to be daily smokers.[1] In 2008, approximately 47% of Indigenous people aged 15 years and over were current daily smokers compared with 18% of non-Indigenous Australians.[2] Tobacco use plays a major role in the gap in life expectancy between Indigenous and non-Indigenous Australians. Current smoking is higher among Indigenous Australians who live in remote and very remote communities.[3] Prevention has been left to primary care providers with little, if any, input from medical specialists. New models of care that include medical specialists and adopt whole of family approaches are needed. One such model is the My-FATE (My-Family's Anti-Tobacco Education) model, where a specialist of a patient with smoking-related illness provides anti-tobacco education and motivation to the patient's extended family members, assisted by local Aboriginal health workers, using culturally appropriate anti-tobacco education materials, as well as the patient's CT scans and X-rays to explain the impact of the patient's smoking on their condition.

The aim of this report is to describe the lessons learnt and the feasibility of the My-FATE program to Australian Aboriginal and Torres Strait Islander peoples on a remote community in North Queensland.

Participants, methods and results

A participatory action research (PAR) design was deemed the most appropriate method for the study. PAR seeks to bring about positive change and is based on equal and collaborative involvement with the affected community.[4] PAR approaches are used widely in Aboriginal and Torres Strait Islander research.[5] The treating medical oncologist from the Townsville Hospital delivered the My-FATE program to an extended family of an Aboriginal patient with a head and neck cancer (smoking related). Following ethics approval, we conducted four 'yarning circles' (focus groups) with 28 extended family members of the patient with head and neck cancer. These yarning circles were co-facilitated by the local Aboriginal research assistant and the treating medical oncologist during the My-FATE program. The yarning circles provided the researchers with new insights into the barriers to smoking cessation within this community and gave us valuable information needed to address these barriers. Three main themes identified from the yarning circles:

1. Knowledge gaps regarding the harmful effects of smoking – younger people were less likely to be aware of the harmful effects of tobacco smoking.
2. There was no dedicated quit program in place to assist people with their smoking cessation.
3. Stigma associated with the use of the local Alcohol Tobacco and Other Drugs (ATODS) service.

Comments

Lessons from the PAR process led to the establishment of a locally facilitated Quit Clinic with education and counselling, as distinct from the general ATODS service, in partnership with the state government health service and the local health service in the community. Six Aboriginal health workers attended a 2-hour weekly clinic over 6 weeks, and all have reduced their current smoking. Large-scale evaluations will be conducted on the new streamlined service. New models of anti-tobacco education for Aboriginal and Torres Strait Islander people are feasible by addressing the existing barriers.

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