B.strong Update

Results to December 2018

Be Strong Together Respecting Our Next Generation

Aboriginal and Torres Strait Islander Brief Intervention Training Program

Quit for **Health**

Eat for **Health**

Move for **Health**

The B.strong program (2017–2019), funded by Queensland Health, is working to close the 10-year health gap for Aboriginal and Torres Strait Islander people in Queensland through addressing multiple lifestyle behaviours. It is doing so by building the capacity of Queensland's frontline health and community workers to deliver smoking cessation, nutrition and physical activity brief interventions to Aboriginal and Torres Strait Islander clients.

B.strong includes a one-day face-to-face workshop, six eModules, client brochures, a help desk and a Facebook support group. Training in the program was piloted at Inala Indigenous Health Service and at Townsville Aboriginal and Islanders Health Services, and it is now being delivered across Queensland's 15 Hospital and Health Service (HHS) geographical regions. All staff working with Aboriginal and Torres Strait Islander clients in government and non-government health and community sectors are eligible for training.

Menzies School of Health Research is developing, implementing and evaluating B.strong, and recently conducted a mid-term review of the program, the findings of which are presented here.

B.strong program objectives

- To increase access to appropriate training in B.strong brief interventions for Aboriginal and Torres Strait Islander Health Workers, and other practitioners working with Indigenous clients
- To provide more brief interventions with Aboriginal and Torres Strait Islander clients in primary and community care settings
- To boost referral rates of Aboriginal and Torres Strait Islander clients to screening and early intervention programs and services
- To improve knowledge and raise awareness of the key risk factors for chronic disease in Aboriginal and Torres Strait Islander communities
- To include a monitoring and evaluation framework along with continuous quality improvement processes

B.strong program targets

- To train more than 1,100 health practitioners through face-to-face B.strong workshops and provide free access to online training eModules
- To provide a minimum of two workshops a year in each Queensland HHS region
- To ensure all training, practitioner and client resources and materials are based on current Australian guidelines
- To provide post-workshop support services, including a help desk, and a community-of-practice through social media to encourage peer support
- To link participants in B.strong training with nationally accredited training programs and continuing professional development

B.strong participant target audience

- To provide training of Aboriginal and Torres Strait Islander Health Workers (including Regional Tobacco and Healthy Lifestyle Workers, Hospital and Community Aboriginal and Torres Strait Islander Liaison Officers, and Closing the Gap Officers)
- To provide training for professionals in non-health settings, such as education and correctional facilities

B.strong snapshot

Results to December 2018

B.strong workshops

62
workshops conducted (as at 31 December 2018)

15
Queensland HHS geographic regions enrolled their staff in the workshops

802
participants registered for the workshops and 769 completed the workshops

Training **take-up was highest** in the HHS regions of Wide Bay, Cairns and Hinterland, and Torres and Cape

Which organisations had the highest take-up of workshop attendance?

- **40%** Community Controlled Health Organisations
- **21%** Community Care Centres
- **16%** Hospital and Health Services
- **12%** Government operated Primary Health Care Centres

About workshop participants

68% identified as being of **Aboriginal and/or Torres Strait Islander** descent

79% were **female**

56% were **40+ years** of age

36% had professional roles as Indigenous health practitioners, health workers or liaison officers

Workshop participants' brief interventions experience – before B.strong training

90% reported **working frequently** with Aboriginal and/or Torres Strait Islander clients

44% spoke with their clients about **two or more health behaviours** within the same consultation

60% provided clients with **health education resources**

30% frequently asked clients about their **smoking, nutrition and/or physical activity** behaviour

71% used **positive comments** to support behavioural change in their clients

62% gave their clients **referrals** to external support services

Participants who experienced these barriers in providing brief intervention:

- **31%** lack of time
- **25%** fear of shaming client
- **25%** lack of educational materials and/or resources

On the road...

The **2** Aboriginal and Torres Strait Islander **B.strong training facilitators**...

... travelled **97,500 kilometres** around Queensland...

... took **100 commercial flights**...

96% high satisfaction rating for B.strong training

Changes in workshop participants' practice – after B.strong training

Increase from 46% at baseline to 84% at follow-up in knowledge of smoking, nutrition and physical activity behaviour and impacts on chronic disease

Increase in the use of key Brief Intervention skills (e.g. providing advice in line with Australian guidelines increased from 44% at baseline to 72% at follow-up)

Increase from 77% at baseline to 95% at follow-up in having positive attitudes towards asking clients about their smoking, nutrition and physical activity behaviour

Positive changes to the health behaviour of participants after taking part in the B.strong workshop (e.g. 3 or more daily portions of vegetables up 24% and those meeting physical activity guidelines up 16%)

Increase from 51% at baseline to 84% at follow-up in being confident when speaking with clients about their smoking, nutrition and physical activity behaviour

Significant reduction in those reporting barriers to delivery of brief interventions (e.g. fears of shaming clients reduced by 20% to 0, lack of appropriate client resources reduced by 17% to 0)

Promotion and engagement

200+

Organisations around Queensland contacted and **informed about the program**

Letters to community leaders following specific engagement protocols

Letters of advice to all primary and community health care services delivering services to Indigenous clients

Briefings and updates by B.strong team for health service managers, both face-to-face and teleconference

Visits to **urban, rural and remote communities** to brief services and the community before adopting B.strong

37

B.strong **presentations** at forums and conferences

Advertising campaign in Indigenous and mainstream media

Cross-promotion with other health-related campaigns and programs

... undertook **45 trips** away...

... delivered **62 workshops** with **802 participants** in **15 Queensland HHS** geographic regions

Co-developing B.strong resources with Community

B.strong was co-developed with Aboriginal and Torres Strait Islander colleagues, collaborators and community representatives from urban and regional Queensland. The development group included health professionals and health service consumers, who provided feedback on all stages of B.strong's branding, design and production to ensure culturally safe and engaging materials.

B.strong's co-development processes have helped to ensure the cultural appropriateness of the program by:

- Building on the strengths of communities by involving Aboriginal and Torres Strait Islander people at all levels of participation and decision making
- Adopting culturally acceptable ways of implementing the program and doing the evaluation
- Developing close working relationships and partnerships with Aboriginal and Torres Strait Islander peak bodies and community controlled health services
- Following local cultural protocols to ensure high levels of community support
- Employing Aboriginal and Torres Strait Islander training facilitators to run the workshops
- Adhering to branding developed by Indigenous designers

B.strong principles for best practice with brief interventions

- Providing brief interventions to address multiple risk factors can improve efficiency and health outcomes
- Brief interventions can lead to overall healthy lifestyle change
- Brief interventions should be part of regular practice in the routine client pathway and recorded in the client's health record
- Every client contact is an opportunity to conduct a brief intervention

"Yes, the words 'B.strong' say it all for... our people."

"I believe B.strong will be useful for community and allied health. We see a vast array of presenting issues complicated by several risk factors and environmental circumstances."

"Motivational interviewing and stages of change are part of my daily practice, but I really value B.strong's Indigenous-specific resources and presentation."

— Workshop participants' feedback

Acknowledgments

In the spirit of respect, Menzies School of Health Research acknowledges the people and the Elders of the Aboriginal and Torres Strait Islander Nations who are the Traditional Owners of the land and seas of Australia.

The support, enthusiasm and commitment of our many partners has been vital to the success of the B.strong program.

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