



# 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**

### 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

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

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.

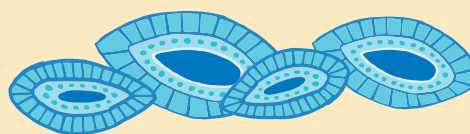
B.strong's co-development processes have helped to ensure the cultural appropriateness of the program by:

- 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

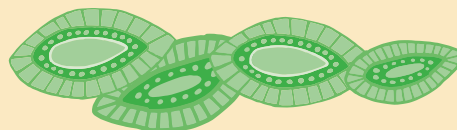
## B.strong principles for best practice with brief interventions

- 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

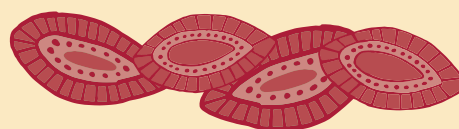
"Yes, the words 'B.strong' say it all for... our people."



"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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