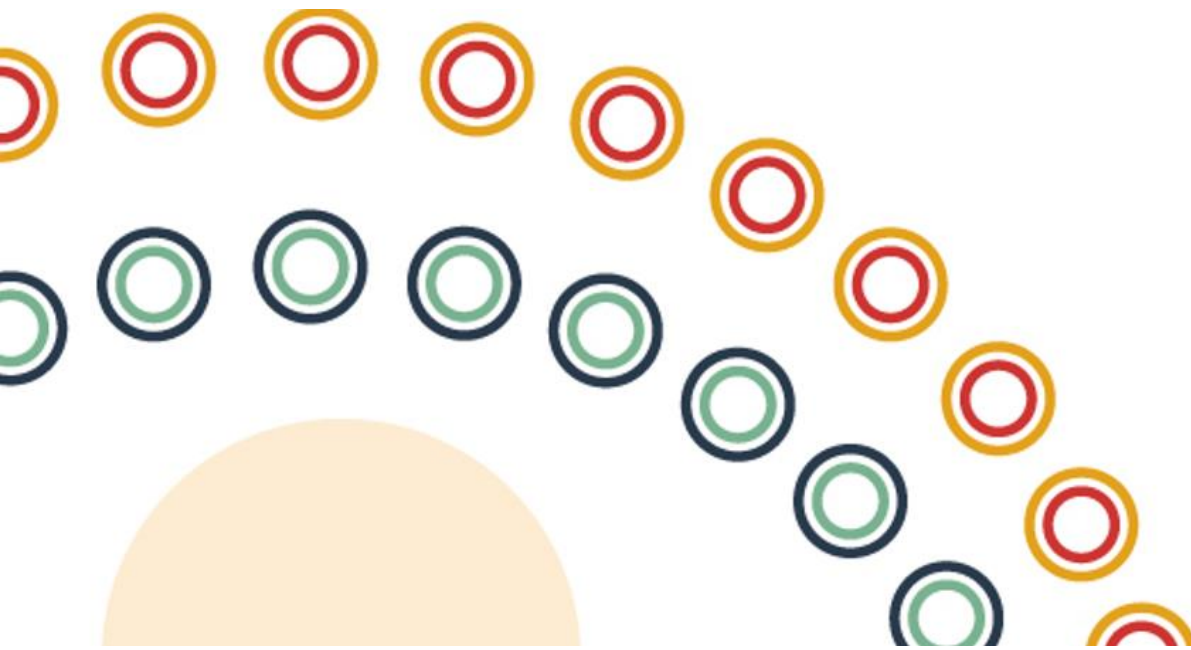




FASD Prevention & Health Promotion Resources Training

for health professionals working with Aboriginal and Torres Strait Islander communities

Participant Workbook



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.

Where the term Indigenous is used throughout this manual we include all Aboriginal and Torres Strait Islander people and acknowledge their rich traditions and heterogeneous cultures.

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Acknowledgements

The Fetal Alcohol Spectrum Disorder (FASD) Prevention and Health Promotion Resources Package was developed by:

- Menzies School of Health Research
- Ord Valley Aboriginal Health Service (OVAHS)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Telethon Kids Institute (TKI)

We are grateful for the support and experience from OVAHS Board of Directors and CEO. The willingness of OVAHS employees, Jane Cooper and Jenni Rogers, to share their knowledge and expertise has been integral to the development of this training package.

We would also like to extend our gratitude to Gurriny Yealamucka Health Service for contributing content for Module 3 of this training package.

The Project Team would especially like to thank the staff, management and board members from New Directions Mothers and Babies Services across Australia who participated in the piloting of this training package and provided valuable feedback.

Funding

The project partners gratefully acknowledge the funding received from the Australian Government Department of Health (2015-2017) for the development of the FASD Prevention and Health Promotion Resources Package.

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Introduction

Welcome to the Fetal Alcohol Spectrum Disorder (FASD) Prevention & Health Promotion Resources Participant Workbook. This workbook and the Prevention & Health Promotion Resources training workshop were developed as part of the FASD Prevention & Health Promotion Resources Project.

The FASD Prevention and Health Promotion Resources Project

This work was funded by the Australian Government Department of Health and forms part of the Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17.

The Australian Government Department of Health contracted Menzies School of Health Research, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Telethon Kids Institute (TKI), to develop and implement a flexible, modular package of FASD Prevention and Health Promotion Resources (FPHPR). The Resource Package aims to reduce the impact of FASD in Aboriginal and Torres Strait Islander populations. The FASD prevention model presented in this training package is based on the Ord Valley Aboriginal Health Service (OVAHS) FASD Prevention Program which has been running since 2008. OVAHS is a Community Controlled Aboriginal Health Service which operates out of Kununurra, in the East Kimberley region of Western Australia.

The training module content was developed in 2015, by the Project Team and Training Facilitators with input from the Steering Group members and Expert Advisory Group members. The modules were piloted in five training workshops across Australia throughout 2016. In early 2017 the modules were revised and updated to reflect new evidence and feedback from the health professionals who attended the pilot workshops.

The FASD Prevention and Health Promotion Resources Package includes:

- i. Five training modules
- ii. A Facilitator's Manual
- iii. A Participant Workbook
- iv. A collection of culturally appropriate resources for health service staff to use with communities. These resources are categorised according to five key target groups:
 - Aboriginal and Torres Strait Islander women who are pregnant
 - Aboriginal and Torres Strait Islander women of childbearing age
 - Aboriginal and Torres Strait Islander grandmothers and Aunties
 - Aboriginal and Torres Strait Islander men
 - Primary Health Care staff.



Training aims and overview

The training is made up of five modules that can be delivered individually in separate sessions or altogether as a two-day workshop. This Participant Workbook contains the slides and handouts from all five modules.

Introduction to the FASD Prevention & Health Promotion Resources Package

Module 1 – What is FASD?

Module 2 – Brief Intervention and Motivational Interviewing

Module 3 – Monitoring and Evaluating

Module 4 – Sharing Health Information.

The overall aim of the training is to enable health services to develop and implement community-driven strategies and solutions to reduce the impact of FASD by increasing:

- i. Awareness of FASD, and the impact of drinking alcohol, smoking tobacco and substance misuse during pregnancy ^{Module 1}
- ii. Knowledge and skills to tailor the use of FASD health promotion and education resources, in line with health service capacity and community needs ^{Modules 2 and 3}
- iii. Awareness of, and access to, FASD health promotion and education resources that promote current Australian recommendations and are appropriate for use with Aboriginal and Torres Strait Islander communities ^{Module 4}

Certificate of Attendance

Each participant will receive a Certificate of Attendance at completion of the workshop. The certificate will list the amount of contact hours the participant completed. Participants should keep the certificate and their workbook as evidence of their attendance. This participant workbook can be used for the participants continuing professional development.

Looking after yourself

Some of the content in this training may cause you distress.

Please feel free to take time out if you need to.



The FASD prevention model presented in this training package is based on the Ord Valley Aboriginal Health Service (OVAHS) FASD Prevention Program which has been running since 2008¹.

We are grateful for the support and experience from OVAHS Board of Directors and CEO. The willingness of OVAHS employees, Jane Cooper and Jenni Rogers, to share their knowledge and expertise has been integral to the development of this training package.



The FASD Prevention and Health Promotion Resources Package was developed by:

- Menzies School of Health Research
- Ord Valley Aboriginal Health Service (OVAHS)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Telethon Kids Institute (TKI)

The project partners gratefully acknowledge the funding received from the Australian Government Department of Health (2015-2017) for the development of the FASD Prevention and Health Promotion Resources Package.

Introduction Module - References

1. Bridge (2011). Ord Valley Aboriginal Health Service’s fetal alcohol spectrum disorders program: Big steps, solid outcome. Australian Indigenous Health Bulletin 11(4).

Additional notes



Module 1: What is FASD?

My learning goals for this workshop

Goal



Module 1: Learning objectives

Module 1 aims to increase knowledge and understanding of:

- i. The consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. The important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 2



“...Relax, its not a big deal...”

<http://www.news.com.au/lifestyle/health/health-problems/mums-who-drink-alcohol-while-pregnant-consigning-their-kids-to-unemployment-and-jail/news-story/a4ea2b61c9ac92d7126b2b2417e9f41e>

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

3

What is FASD?

How would you explain FASD to your clients or community members?

Fetal – baby in the belly

Alcohol – any grog, even low alcohol content

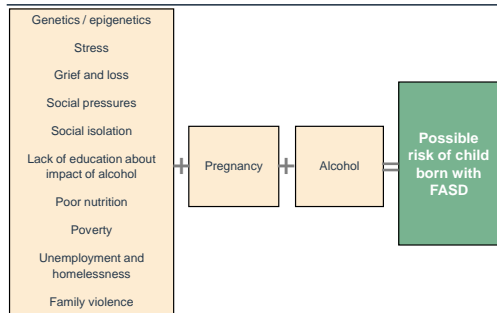
Spectrum – broad range, like a rainbow

Disorders – messed up, disarray

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

4

There is no ‘safe’ level!



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

5

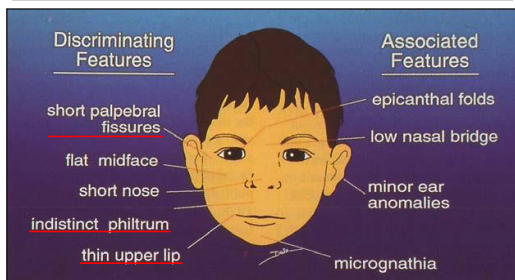
Australian diagnostic criteria for FASD²

	FASD with 3 sentinel facial features	FASD with less than 3 sentinel facial features
Prenatal alcohol exposure	Confirmed or unknown	Confirmed
Neurodevelopmental domains - brain structure - motor skills - cognition - language - academic achievement - memory - attention - executive function - affect regulation - adaptive behaviour, social skills or communication	Severe impairment in at least 3 neurodevelopmental domains	Severe impairment in at least 3 neurodevelopmental domains
Sentinel facial features	Presence of at least 3 facial features	Presence of 0, 1 or 2 facial features

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Sentinel facial features³



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

7

FASD: The invisible harm²

Neurodevelopmental conditions result in problems with:

- communication skills
- memory
- learning ability
- visual and spatial skills
- intelligence
- motor skills

Children may have Central Nervous System deficits without the physical features of FASD

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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FASD: The visible harm



Fetal Alcohol Syndrome Baby Simulator:

- Small gestational size
- Small head, widely set eyes
- Low nasal bridge
- Bigger, lower ears
- Shorter nose and smaller chin
- Flattened mid-face
- Curved fingers and joints

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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FASD: Signs and symptoms⁴



Infants 0-3 years

- Irritable, hypersensitive to light etc
- Poor sucking reflex
- Delayed sitting, crawling, walking, talking
- Jitteriness/tremors, low muscle tone
- Attachment and bonding issues

Pre-school 4-5 years

- Hyperactive, attention deficits
- Temper tantrums, disobedience
- Language, motor skills problems
- Lack of physical boundaries
- Toilet training delays

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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FASD: Signs and symptoms



Adolescence 12-17 years

- Poor judgement, lack of abstract thinking
- Limited daily living skills and social supports
- Trouble perceiving social cues
- Restless, easily distracted
- Problems with handling money, concept of time
- Naivety & gullibility
- Problems learning from experience
- Issues with the law, truancy, substance abuse

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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FASD: Signs and symptoms



Adults 18+ years

- Depression, suicidal thoughts
- Social and sexual exploitation (unplanned parenthood)
- Unpredictable behaviour
- Withdrawn, isolated
- Homelessness
- Substance abuse, mental illness
- Violence and abuse
- Arrest, incarceration

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Effects of disabilities caused by FASD⁵

Primary disability	Secondary condition	Defensive behaviours
Learning and memory difficulties	Trouble with authorities, lying, defiance	Making things up to fill in the blanks
Impulsiveness	Destructive behaviour, stealing	Anger, frustration, aggression
Difficulty linking actions and consequences	Incarceration	Running away, avoidance, depression
Social skills and relationship issues	Inappropriate sexual behaviour	Isolation, attempt to buy friends, poor self-concept
Hyperactivity	Disrupted school experience, drug use	Anxiety, fear at being constantly overwhelmed

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Protective factors⁵

Some factors may reduce the impact of FASD and the development of secondary conditions:

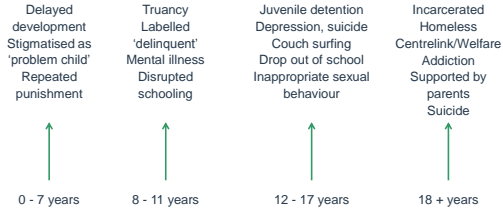
- A diagnosis by 6 years of age
- Links with support agencies
- Living in a stable environment
- Never experiencing family violence

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Effects of FASD throughout life

Without support, people with FASD may have poorer outcomes



FASD PREVENTION AND HEALTH PROMOTION RESOURCES 15

No blame, no shame

A woman may drink because:

- She does not know she is pregnant
- She does not know of the risk of harm to the fetus
- To cope with life's problems (unfavourable social and health conditions)
- It is a social norm
- She feels pressure due to paternal alcohol use

No blame, no shame, no judgement
Many women simply may not know they are pregnant or may not be aware of the harm that alcohol consumption can cause

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 16

Hidden Harm

<http://www.abc.net.au/4corners/stories/2015/11/02/4341366.htm>



FASD PREVENTION AND HEALTH PROMOTION RESOURCES 17

Teratogens⁶

Teratogen - a substance that causes birth defects

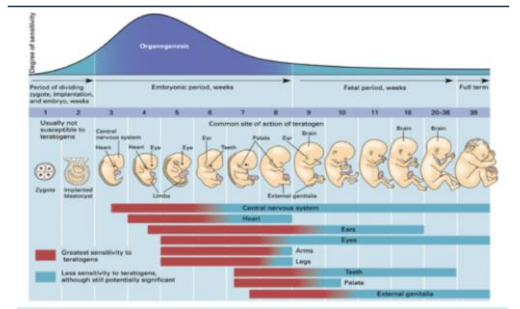
Defects can include:

- Brain damage
- Central nervous system damage
- Premature birth, low birth weight
- Physical damage, such as growth deficiencies and organ defects

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Effects of teratogens during pregnancy



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Effects of teratogens⁷

Effect	Cannabis	Ice	Tobacco	Alcohol
Growth restriction	X	X	X	X
Low birth weight	X	X	X	X
Physical problems			X	X
Behavioural problems		X		X
Mental illness	X	X	X	X
Small head circumference				X
Learning disabilities	X	X		X
Neonatal withdrawal	X	X	X	X
Sleep cycle disturbance	X	X	X	X

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

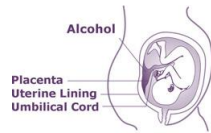
20

Alcohol and unplanned pregnancies⁸

- Women, especially young women, are consuming alcohol at levels that put their health at short-term and long-term risk.
- Around half of pregnancies are unplanned, indicating many will be exposed to alcohol prior to pregnancy awareness.

Transmission of alcohol to the fetus⁹

- Alcohol reaches the embryo and fetus through the mother's blood.
- Alcohol crosses the placenta and enters the fetal bloodstream. It then passes into all developing tissues.
- Alcohol is also transmitted to a baby during breastfeeding. This can cause CNS and brain damage, because the brain continues to develop after birth



Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰



Guideline 4. **Pregnancy and Breastfeeding**

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- B. For women who are breastfeeding, not drinking is the safest option

Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰

ADVICE FOR WOMEN WHO ARE PREGNANT OR PLANNING A PREGNANCY

- Not drinking alcohol is the safest option.
- The risk of harm to the fetus is highest when there is high, frequent, maternal alcohol intake.
- The risk of harm to the fetus is likely to be low if a woman has consumed only small amounts of alcohol before she knew she was pregnant or during pregnancy.
- The level of risk to the individual fetus is influenced by maternal and fetal characteristics and is hard to predict.

NHMRC, 2009, p78

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹⁰

ADVICE FOR BREASTFEEDING MOTHERS

- Not drinking alcohol is the safest option.
- Women should avoid alcohol in the first month after delivery until breastfeeding is well established.
- After that:
 - alcohol intake should be limited to no more than two standard drinks a day
 - women should avoid drinking immediately before breastfeeding
 - women who wish to drink alcohol could consider expressing milk in advance.

NHMRC, 2009, p81

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Tobacco and pregnancy¹¹

Smoking tobacco increases risk of:

- Ectopic pregnancy
- Miscarriage
- Placental complications
- Low birth weight
- Premature delivery
- SIDS
- Cleft lip, cleft palate
- Childhood cancers

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Tobacco and pregnancy¹²

- 11% of women who gave birth in 2014 smoked during pregnancy.
- Of these, 22% quit during their pregnancy.
- Some women were more likely to smoke:
 - 32% of women aged less than 20 years smoked (compared with 6% aged 35-39 years)
 - 20%-34% of women in very remote/remote areas smoked (compared with 8% in major cities)
 - 44% of Indigenous women smoked (compared with 12% of non-Indigenous mothers)

FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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What is in a cigarette?^{13,14}

- 4000+ harmful chemicals
- 69 chemicals are known to cause cancer (carcinogens)
- Nicotine – poisonous drug that makes people addicted to smoking
- Carbon Monoxide – poisonous gas produced during the burning of tobacco (also found in car exhaust fumes)
- Tar – sticky brown mixture of chemicals that stains fingers, teeth and lungs. Includes a number of cancer causing substances

FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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Myths – Tobacco and pregnancy

- Smoking during pregnancy is not harmful
- Roll-your-own tobacco is not as bad
- Smoking cigarettes is better (or worse) than smoking marijuana.
- If you are exposed to a lot of smoke from other people you may as well keep smoking.
- Smoking light cigarettes will not harm the unborn baby.
- Smaller baby = easier labour.
- It's worse to give up when you're pregnant, because the baby will 'stress for a smoke'

FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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Supporting Smoking Cessation: A guide for health professionals¹⁵



The only safe level of smoking in pregnancy is not smoking at all.

Any level of nicotine or tobacco smoke exposure increases the risk of adverse effects

The greatest gain in health benefits comes from quitting rather than cutting down.

Supporting Smoking Cessation: A guide for health professionals¹⁵

Recommended smoking cessation treatment

- Pregnant women should be encouraged to stop smoking completely.
- They should be offered intense support and proactive telephone counselling.
- Self-help material can supplement advice and support.
- If these interventions are not successful, health professionals should consider NRT, after clear explanation of the risks involved.
- Those who do quit should be supported to stay non-smokers long-term.

Nicotine Replacement Therapy (NRT) and pregnancy¹⁵

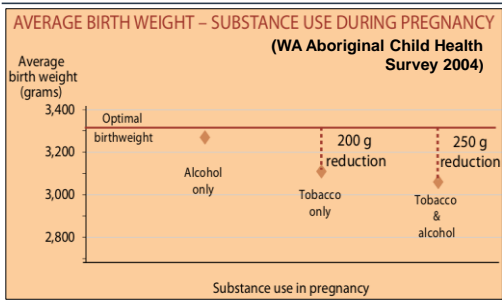
Pregnant women:

- Quitting should ideally be achieved without NRT.
- Gum, lozenge, sub-lingual tablet (under the tongue) or inhaler may be used.
- The risks of patches should be discussed before use.

Breastfeeding women:

- Use intermittent forms of NRT
- Breastfeed before use

Combined substance use and pregnancy¹⁶



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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We do know that...

- FASD is entirely preventable if alcohol is not consumed during pregnancy.
- There is no cure for FASD.
- Women, especially young women, are consuming alcohol at levels that put their health at short-term and long-term risk.
- Around half of pregnancies are unplanned.
- Around 45% of Australian women drink during pregnancy.
- People with FASD do not receive disability support (it is not a recognised disability in Australia).

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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We don't know...^{17,18}

How many Australian children and adults have FASD

Why?

- Women may not seek assistance and/or fully disclose drinking behaviour during pregnancy due to stigma, fear of children being removed from their care and feelings of shame.
- A lack of understanding about FASD among the medical profession.
- A lack of routine screening of women about their alcohol use during pregnancy and pre-conception.
- Until May 2016 there was no agreed diagnostic criteria and clinical guidelines.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Estimating FASD prevalence in Australia

'Lililwan Study'

Aboriginal leaders in Fitzroy Valley conducted the only FASD prevalence study in Australia – by community, for community¹⁹

- The survey of 108 babies born in the area between 2002 and 2003.
- Estimated prevalence for FASD is 120 per 1,000 children aged seven to nine years.
- In comparison, overseas prevalence estimate is 1-3 per 1,000 births in the general population.
- Marninwarntikura Fitzroy Women's Resource Centre www.mwrc.com.au/

Key messages - Alcohol and pregnancy¹⁰

ADVICE FOR WOMEN WHO ARE PREGNANT OR PLANNING A PREGNANCY

- Not drinking alcohol is the safest option.
- The risk of harm to the fetus is highest when there is high, frequent, maternal alcohol intake.
- The risk of harm to the fetus is likely to be low if a woman has consumed only small amounts of alcohol before she knew she was pregnant or during pregnancy.
- The level of risk to the individual fetus is influenced by maternal and fetal characteristics and is hard to predict.

Key messages - Alcohol and breastfeeding¹⁰

ADVICE FOR BREASTFEEDING MOTHERS

- Not drinking alcohol is the safest option.
- Women should avoid alcohol in the first month after delivery until breastfeeding is well established.
- After that:
 - alcohol intake should be limited to no more than two standard drinks a day
 - women should avoid drinking immediately before breastfeeding
 - women who wish to drink alcohol could consider expressing milk in advance.

Key messages – smoking cessation and pregnancy¹⁵

Recommended smoking cessation treatment

- Pregnant women should be encouraged to stop smoking completely.
- They should be offered intense support and proactive telephone counselling.
- Self-help material can supplement advice and support.
- If these interventions are not successful, health professionals should consider NRT, after clear explanation of the risks involved.
- Those who do quit should be supported to stay non-smokers long-term.

The role of health professionals^{20,21}

You have the ability to make a difference

- Health professionals are well positioned to make a difference in alcohol use among women before and during their pregnancy
 - Women expect advice from health professionals
 - Private interactions with a level of trust
 - Have detailed knowledge of health issues
 - Personalised advice, rather than general
- Health professionals provide external authority to support women in changing drinking behaviours

Module 1: Review

Module 1 aimed to increase knowledge and understanding of:

- i. The consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. The important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

Finishing up

Any questions?

Additional notes



Module 1 References

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16. Zubrick SR, Lawrence DM, Silburn SR, Blair E, Milroy H, Wilkes T, Eades S, D'Antoine H, Read A, Ishiguchi P, Doyle S. The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People. Perth: Telethon Institute for Child Health Research, 2004.
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Module 1 - Further reading and additional references

- Slide 3: Muggli, E., O'Leary, C., Donath, S., Orsini, F., Forster, D., Anderson, P., Lewis, S., Nagle, C., Craig, J., Elliott, E. & Halliday, J. (2016). "Did you ever drink more?" A detailed description of pregnant women's drinking patterns BMC Public Health. 16:683.
- Slide 4: Telethon Kids Institute website accessed 30/11/2016
<http://alcoholpregnancy.telethonkids.org.au/about-fasd/what-is-fasd>
- Slide 6: The Australian Guide to the Diagnosis of FASD and training modules can be accessed from
<http://alcoholpregnancy.telethonkids.org.au/australian-fasd-diagnostic-instrument/australian-guide-to-the-diagnosis-of-fasd/>
- Slide 13: Drug Education Network (2011). Living with Fetal Alcohol Spectrum Disorder: a Guide for Parents and Caregivers. Accessed January 2017 from
<http://beta.den2.handbuiltcreative.com/wp-content/uploads/2011/08/Living-with-FASD.2011.pdf>
- Slide 17: Russell Family Fetal Alcohol Disorders Association (rffada) <http://www.rffada.org/>
FASD projects by the Marninwarntikura Fitzroy Women's Resource Centre in the Fitzroy Valley <http://www.mwrc.com.au/>
- Slide 25: Breastfeeding and alcohol consumption.
The Australian Breastfeeding Association (ABA) has developed a brochure and a free app for Apple and Android devices, called 'Feed Safe'. Both provide an approximate time when the breastmilk is free of alcohol, based on body weight and number of standard drinks consumed.
<https://www.breastfeeding.asn.au/bf-info/safe-when-breastfeeding/alcohol-and-breastfeeding>
- Slide 36: FASD projects by the Marninwarntikura Fitzroy Women's Resource Centre in the Fitzroy Valley <http://www.mwrc.com.au/>

Module 2: Brief Interventions and Motivational Interviewing

My learning goals for this workshop

Goal



Review Module 1: What is FASD?

Module 1 aimed to increase:

- i. Knowledge and understanding of the consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. Knowledge and understanding of the important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 2

Module 2: Learning objectives

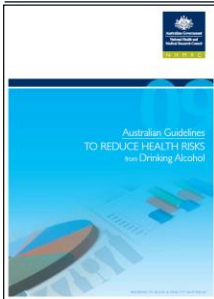
Module 2 aims to increase:

- i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking, and substance misuse during pregnancy.
- ii. Knowledge of the AUDIT-C screening tool.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

3

Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹



General population

1. No more than 2 standard drinks a day reduces risk of long term disease or injury
2. No more than 4 standard drinks on a single occasion to reduce risk of alcohol-related injury
3. Not drinking is the safest option for young people under 18 years of age

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

4

Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹



4. Pregnancy and Breastfeeding

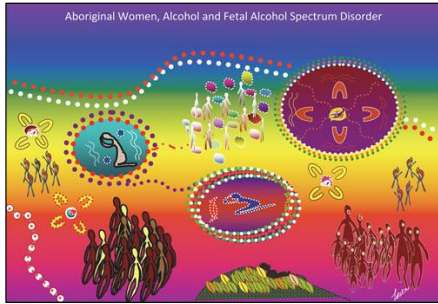
Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- B. For women who are breastfeeding, not drinking is the safest option

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

5

Many factors influence women's behaviour during pregnancy²



Individual level influencers

- Genetic predisposition for addictive behaviours
- Environment of alcohol use or abuse
- Knowledge of the effects of alcohol on the fetus, and FASD
- Stressors and coping mechanisms
- Age and previous pregnancies
- Other examples?



Organisational level influencers



- Role of beverage/alcohol industry in awareness
- Availability of health facilities and practitioners
- Accessibility to bars and other locations that sell alcohol
- Other examples?

Alcohol companies in Australia spend an estimated \$125 million a year on alcohol advertising on direct television, radio, outdoor, and print media alone³

Community level influencers

Cultural norms related to use of alcohol in Australia



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Public policy influencers

- Funding for programs/services to raise awareness of the impact of drinking during pregnancy
- Funding for support services
eg alcohol rehabilitation, mental health programs
- Regulations related to selling/access of alcohol products and the definition of alcoholic beverage
eg taxes, availability
- Other examples?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Current practices

Group discussion

- How do you engage your clients in a conversation about their lifestyle, health concerns and behaviour change?
- When do you usually do this?
- Do you use any resources to guide these conversations with your clients?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Why brief interventions?

Good evidence

- As good as Cognitive Behavioural Therapy in decreasing alcohol and drug use

Many health issues

- Alcohol consumption during pregnancy
- Smoking cessation
- Unsafe sex

Best practice

- Honours a client's right to determine what happens to them
- Recommended in current national prevention and treatment guidelines:
 - Supporting smoking cessation: A guide for health professionals (RACGP, 2014)
 - Guidelines for preventive activities in General Practice 9th ed (RACGP, 2016)
 - CARPA Standard Treatment Manual 6th ed (CARPA, 2014)

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Brief interventions for a healthy pregnancy

Who should be offered brief interventions?

- Women of child-bearing age as part of pre-conception care⁴
- Women consuming risky amounts of alcohol (*2+ standard drinks/day or 4+ standard drinks on a single occasion*) or smoking or using drugs
- Antenatal clients, at every visit

How?

- Listen to the client's story in their own words
- Avoid judging or blaming
- Provide information on the risks and consequences of drinking behaviour
- Use Motivational Interviewing techniques

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Motivational Interviewing^{5,6}

- **The client is the expert on themselves**
 - Express empathy
 - Develop discrepancy between current behaviour and goals/values
 - Roll with resistance to avoid argument, confrontation
 - Encourage confidence in ability to change

Motivational Interviewing	vs.	Authoritative approach
Facilitator	vs.	Expert
Collaboration	vs.	Confrontation
Autonomy	vs.	Authority

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Motivational interviewing techniques⁷

Tips for active listening (OARS)

Open ended questions "Tell me about..."

Affirm what they are saying

"I can see that staying off the smokes last week was really hard. Good on you for staying strong"

Reflect back what they have said to you

"So, it sounds like you don't think your drinking is an issue, but your sister is worried about you"

Summarise to ensure you are both on the same track

"Let me see if I understand so far..."

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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How do you feel about brief interventions and Motivational Interviewing?

Group discussion

How important do you think it is to use brief interventions & Motivational Interviewing with antenatal clients?

How confident do you feel to use brief interventions & Motivational Interviewing with antenatal clients?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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The 5 A's approach⁹

5A's	Techniques / tools
Ask - All antenatal clients about alcohol, smoking, other drugs	Embed into routine care for all clients
Assess - Level of risky behaviour, readiness for change	Screening tools to assess how many standard drinks, readiness for behaviour change
Advise - Provide information on risk factors	Current national guidelines Dependent on stage of readiness for change
Assist - Work with client to develop goals and targets	Motivational interviewing, OARS Dependent on stage of readiness for change
Arrange - Referral to other services, organise follow-up	Link with appropriate services in your area Record in client file

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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5 A's video clip⁹

Let's watch a health professional go through the 5A's with a pregnant client:

https://www.youtube.com/watch?v=9q36z2v_vMk&feature=youtu.be

Ask

Group discussion

- When is it important to ask young women about:
 - Alcohol
 - Smoking
 - Drug use
 - Contraception
- What are the challenges in asking your antenatal clients about these behaviours?
- How can you feel more comfortable discussing these topics with your antenatal clients?

Barriers to asking about alcohol use in pregnancy

Health professionals may feel:

- Unsure how to ask, or are concerned about the response
- They lack time to raise the issue
- They lack knowledge about FASD
- It is not their role and are unprepared to give advice
- They lack skills in brief intervention and motivational interviewing
- That it is not relevant to the woman or is of low priority
- Unsure about conflicting recommendations
- Unsure of effective screening tools or referral services

Overcoming barriers

Group discussion

- Do it later in the consult when relationship built
- Normalise it "I ask everyone about how much they drink"
"These questions are part of standard practice at this visit"
- Other suggestions?

Assess – alcohol consumption

Why do we use alcohol consumption screening tools?

- Standardised way of identifying risk
- Reliable way to assess risk for a range of people
- Can be good for tracking progress over time
- Can be referred to later on to assist with FASD diagnosis
- In research, makes comparing across services easier

Assess – alcohol consumption using AUDIT-C

AUDIT-C questions

Source of reported information on alcohol use: Birth mother Other (please specify)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never	Monthly	2-4 times	2-3 times	4 or more times
	(skip Q2+Q3)	or less	a month	a week	a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than	Monthly	Weekly	Daily or
		monthly			almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUDIT-C score this pregnancy: (Q1+Q2+Q3)= ____ Scores: 0=no exposure 1-4= confirmed exposure 5+= confirmed high-risk exposure

From the Australian Guide to the Diagnosis of FASD
Bower & Elliot (2016)

Assess – Standard drinks



These are only an approximate number of standard drinks.
Always read the container for the exact number of standard drinks.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Assess – Stage of change¹⁰

Whether a person is ready to change determines the support we offer

Stages of Change

- | | |
|---------------------|--------------------------|
| • Pre-contemplation | Not ready |
| • Contemplation | Unsure |
| • Preparation | Getting ready |
| • Action | Taking steps |
| • Maintenance | Sticking with the change |
| • Relapse | Learning from slip-ups |

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Assess – Readiness for change

What is needed for someone to change?

- 1. They want to change**
Your role: Instil the importance of change
- 2. They feel they can change**
Your role: Increase confidence they can change
- 3. They feel now is the right time to prioritise action**
Your role: Create a change plan

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Advise - Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹



Guideline 4.

Pregnancy and Breastfeeding

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- B. For women who are breastfeeding, not drinking is the safest option

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Advise – Alcohol and breastfeeding¹

Time taken for alcohol to be cleared from breast milk (hours:minutes)

Maternal weight (kg)	Australian standard drinks						
	1	2	3	4	5	6	7
50	1:51	3:43	5:35	7:27	9:18	11:11	13:03
59	1:42	3:26	5:09	6:52	8:36	10:19	12:02
66	1:37	3:15	4:53	6:31	8:10	9:48	11:26
70	1:33	3:07	4:41	6:15	7:50	9:24	10:57

Time is calculated from the beginning of drinking

Feedsafe app – calculates time until alcohol has cleared from breast milk

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Advise – Stage of change and actions

Pre-contemplation	Provide advice about harm minimisation Offer support when ready to change in the future
Contemplation	Identify positive reasons to change and risks of not changing Increase confidence to change
Preparation	Set goals together Take steps towards change
Action	Encourage and celebrate the change
Maintenance	Support the change Help identify strategies to prevent relapse
Relapse	Help get back to 'getting ready' or 'changing' without becoming demoralised

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Assist – Decisional balance

Pre-contemplation, Contemplation or Preparation

Assist your client to identify:

Good things about changing	What makes it hard to change
vs	vs
Bad things about staying the same	What would make it easy to change

Assist – Open-ended questions

Pre-contemplation, Contemplation or Preparation

Help clients think about change and feel more motivated:

- How do you feel about your alcohol use?
- What are some of the good things about your alcohol use?
- What worries you about your alcohol use?
- What might be some benefits of you stopping or reducing the amount of alcohol that you drink?

Assist – Create a change plan

Preparation, Action and Maintenance

Strengthen commitment to change by:

- Ensuring the client is drives the 'change plan'
- Assisting the client to set their own goals
- Having the client identify support people in their lives
- Discussing what services you can offer and other local services

Arrange

Arrange a follow-up visit to check-in with the client's progress

- Ideally follow-up within 1-2 weeks
- Arrange a referral, if needed
 - another staff member or program within your clinic
 - a specialist or clinic
 - a local program

Arrange

Group discussion

What support services does your health service offer?

- Are these meeting community need or are new services needed?
- What can other staff at your service provide?
- What visiting services do you have?
- What external services are there to support clients?
- Are these culturally appropriate, accessible, affordable?

Brief intervention example - Smoking

ASK – about smoking eg "I can see you still have that cough, can we talk about your smoking?"

ASSESS – the client's smoking status and their readiness to change

Brief intervention example - Smoking

<p>PRE-CONTEMPLATION Woman comes in with chest infection</p>	<p>ADVISE – that smoking may have contributed to their infection and it's best to quit ASSIST – provide a brochure with quit information ARRANGE – follow-up at next appointment</p>
<p>CONTEMPLATION Client comes in for a fluvox, knows they should stop smoking but aren't ready</p>	<p>ADVISE – Every cigarette is harmful, I'm available when ready to talk about quitting ASSIST – client to explore the benefits of quitting and difficulties they're experiencing ARRANGE – follow-up at next appointment</p>
<p>PREPARATION Client comes in for first antenatal check, wants to stop quitting but feels will need help</p>	<p>ASSIST – them to create a change plan, identify challenges and how they can deal with them ARRANGE – Nicotine replacement and referral to support services eg QuitLine</p>

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Brief intervention example - Smoking

<p>ACTION Client comes in for second antenatal check, has been using NRT successfully</p>	<p>ADVISE – baby's health is benefitting. ASSIST – celebrate their achievements. Revisit their change plan, discuss their challenges and how they can overcome these. ARRANGE – follow-up at next visit.</p>
<p>MAINTENANCE Client comes in for glucose tolerance test, is off the smokes and NRT</p>	<p>ADVISE - ASSIST – Celebrate! Reinforce that this is the best thing they can do for their health. Talk about what's been difficult and how they've dealt with it. ARRANGE – follow-up at next visit.</p>
<p>RELAPSE Client comes in for baby check, you notice they're smoking again</p>	<p>ADVISE – this is a normal part of the process. ASSIST – them to see how they quit before and that they can do it again. Offer support for when they are ready to quit again. ARRANGE - follow-up at next visit or QuitLine</p>

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Module 2: Review

Module 2 aimed to increase:

- i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking and substance misuse during pregnancy.
- ii. Knowledge of the AUDIT-C screening tool.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Finishing up

Any questions?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 39

Additional notes



Module 2 - References

1. National Health and Medical Research Council (2009). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Commonwealth of Australia. Canberra. Accessed January 2017 from <https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ds10-alcohol.pdf>
2. Hayes, L. (2012). Aboriginal woman, alcohol and the road to fetal alcohol spectrum disorder. *Medical Journal of Australia*, 197(1): p. 21-23.
3. Victorian Department of Human Services. (2009). Alcohol beverage advertising in mainstream Australian media 2005 to 2007: expenditure and exposure.
4. The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. 9th edn. East Melbourne, Vic: RACGP, 2016.
5. Miller, W and Rollnick, S. *Motivational Interviewing: Helping People Change*. 3rd ed. New York: The Guilford Press, 2013.
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7. Substance Abuse and Mental Health Services Administration. (2007). *Motivational Interviewing: The basics*, OARS. Accessed January 2017 from <http://homelesshub.ca/resource/motivational-interviewing-open-questions-affirmation-reflective-listening-and-summary>
8. Humeniuk, R., Henry-Edwards, S., Ali, R., Poznyak, V., Monteiro, M. (2010). The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care. World Health Organisation, Geneva Switzerland.
9. Foundation for Alcohol Research and Education. (2014). Women want to know - 5A's. Accessed January 2017 from <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/5a>
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11. The Homeless Hub (2016). *Theories to Support the Work: Stages of Change*. Accessed January 2017 from <http://homelesshub.ca/toolkit/subchapter/stages-change>
12. US Department of Health and Human Services. *Rethink Drinking. Planning for Change*. Accessed January 2017 from <https://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx>

Module 2 - Further reading and additional references

Slide 7-10: Introducing the Socio-Ecological Model to explain influences on behaviour acting at different levels.



The Socio-Ecological Model, pictured above and described in the table below, is also discussed in Module 4, slide 7. This model identifies key factors that may either assist or hinder behaviour change.

Table 1: Descriptions of the socio-ecological model levels

SEM Level	Description
Individual	Characteristics of an individual that influence behaviour change, including knowledge, attitudes, behaviour, self-efficacy, developmental history, gender, age, religious identity, racial/ethnic/caste identity, sexual orientation, socio-economic status, financial resources, values, goals, expectations, literacy, stigma, and others.
Interpersonal	Formal (and informal) social networks and social support systems that can influence individual behaviours, including family, friends, peers, co-workers, religious networks, customs or traditions.
Community	Relationships among organizations, institutions, and informational networks within defined boundaries, including the built environment (eg parks), village associations, community leaders, businesses, and transportation.
Organizational	Organizations or social institutions with rules and regulations for operations that affect how, or how well, for example services are provided to an individual or group.
Policy/Enabling Environment	Local, state, national and global laws and policies, including policies regarding the allocation of resources for maternal, newborn, and child health and access to healthcare services, restrictive policies (eg high fees or taxes for health services), or lack of policies that require warning labels on alcoholic beverages.

Slide 12: Further information on brief interventions.
 The Central Australian Rural Practitioners Association. CARPA Standard Treatment Manual: 4. Chronic Disease – Brief Interventions. 2014. Accessed January 2017 from http://www.remotephcmanuals.com.au/publication/stm/Brief_interventions.html

Slide 16: Readiness Rulers

How important is it to change your behaviour if you decided to?

On a scale of 0 to 10, where 0 is not at all important and 10 is extremely important, how would you rate yourself?

Not at all			Neutral				Extremely			
0	1	2	3	4	5	6	7	8	9	10

How confident do you feel to change your behaviour if you decided to?

On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how would you rate yourself?

Not at all			Neutral				Extremely			
0	1	2	3	4	5	6	7	8	9	10

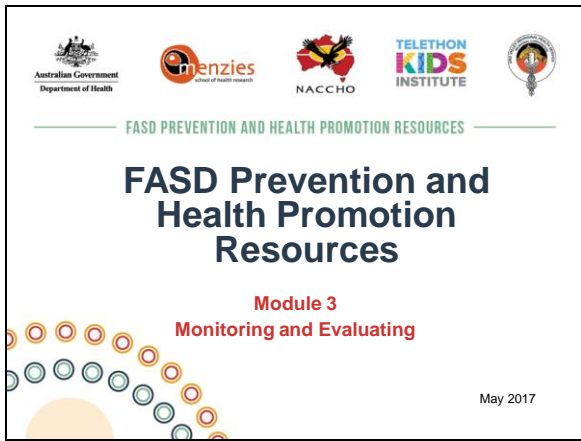
- Why are you at a _____ and not a 0?
- What would it take for you to move from a _____ to a (higher number)?



Module 3: Monitoring and Evaluating

My learning goals for this workshop

Goal



Review Module 1: What is FASD?

Module 1 aimed to increase:

- i. Knowledge and understanding of the consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. Knowledge and understanding of the important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

— FASD PREVENTION AND HEALTH PROMOTION RESOURCES — 2

Review Module 2: Brief interventions and Motivational Interviewing

Module 2 aimed to increase:

- i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking and substance misuse during pregnancy.
- ii. Knowledge of the AUDIT-C screening tool.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

3

Module 3: Learning objectives

Module 3 aims to increase:

- i. Awareness of the importance of monitoring and evaluating FASD prevention and health promotion strategies.
- ii. Knowledge of appropriate indicators to monitor and evaluate FASD prevention and health promotion strategies.
- iii. Understanding of the link between antenatal screening records and The Australian FASD Diagnostic Assessment Form.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

4

Monitoring vs evaluating¹

Monitoring	Evaluating
Conducted while program is running	Conducted at the end of a program
Continuous collection of information	Collects information at specific time-points, usually at the end
Usually completed by people within the organisation	Usually completed by people external to the organisation
Example: tracking attendance rates at community education sessions	Example: auditing antenatal client records

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

5

What type of information can we monitor?¹

Inputs	Outputs	Outcomes
<i>What is needed for the program to work</i>	<i>What we are doing to improve outcomes</i>	<i>Evidence of improved care for our patients and community</i>
Funding Staff Resources or clinic equipment Practice accreditation Clinic equipment	Number of – patients seen – group sessions held – screening assessments Description of advocacy activities undertaken	Risk factors – BMI, smoking Coverage of interventions – Pap smears, Immunisations

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 6

Why do we monitor?

For accountability

- To community
- To your managers, or Board
- To funders

To improve

- Continuous Quality Improvement

To understand

- Our own interest
- Research

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 7

Accountability to community

Examples:

- Health service annual reports.
- Surveys with community members.
- Remember to share this information back to your clients and community.
- Other examples?

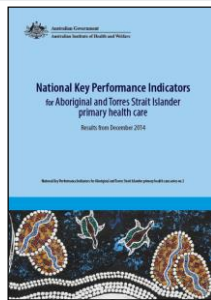
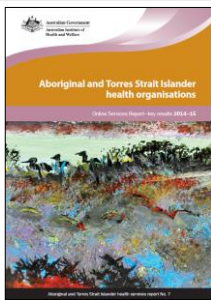
FASD PREVENTION AND HEALTH PROMOTION RESOURCES 8

Accountability to managers, Board

Examples:

- Monthly or quarterly internal reports.
- Presentations to Board.
- Other examples?

Accountability to funders^{2,3}



Data for national reports

Online Services Report (annual)	nKPIs (six monthly)
Staff numbers: Aboriginal health workers, Aboriginal health practitioners, midwives, nurses	First antenatal visit in first 13 weeks
Clients and client contacts For each type of staff	Health checks 0-4 year olds
Total number of antenatal visits	Smoking status recorded Alcohol consumption recorded
Group sessions: Antenatal classes, Mums and bubs, Parenting classes	Smoking status result Alcohol consumption result
	Smoking status of women who gave birth
	Birth weight result

What data are we already collecting?

Inputs	Outputs	Outcomes
What is needed for the program to work	What we are doing to improve outcomes	Evidence of improved care for our patients and community
Most of the Online Services Report (OSR)	Most nKPIs Some OSR eg <ul style="list-style-type: none"> patients seen groups sessions 	Some nKPIs eg <ul style="list-style-type: none"> smoking status of women who gave birth alcohol consumption result birth weight result

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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What can be monitored – Inputs

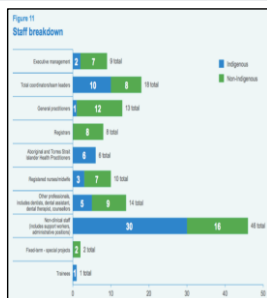


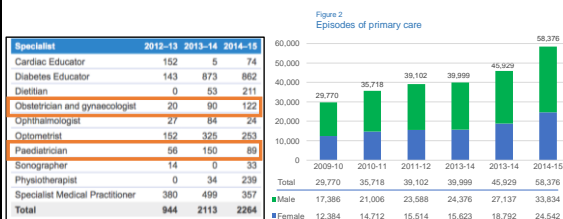
Figure 8: Medicare income



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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What can be monitored – Outputs

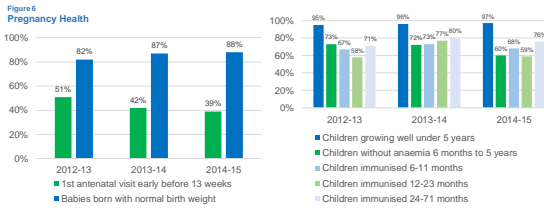


Specialist	2012-13	2013-14	2014-15
Cardiac Educator	152	5	74
Diabetes Educator	143	873	862
Dietitian	0	53	211
Obstetrician and gynaecologist	20	90	122
Ophthalmologist	27	84	24
Optometrist	152	325	253
Paediatrician	56	150	80
Sonographer	14	0	33
Physiotherapist	0	34	239
Specialist Medical Practitioner	380	499	357
Total	944	2113	2264

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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What can be monitored – Outcomes

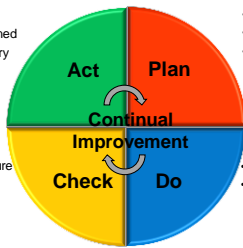


FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Monitoring for improvement

- Evaluate
- Apply lessons learned
- Modify as necessary



- Establish a baseline
- Identify priorities
- Set improvement goals and standards

- Monitor and measure
- Find and fix
- Document results

- Implement actions
- Develop plans to achieve goals

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Monitoring for improvement

Group discussion

Think of a continuous quality improvement activity that you have been part of in maternal and child health, or another area.

1. What was the activity?
2. What did you measure?
3. Why did you measure it?
4. How frequently were you measuring?
5. How did you measure it?
6. What did you do with this information?
7. How did measuring this help with CQI?
8. Should you have measured other things? What were they?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Record keeping

Group discussion

- What systems do you currently use for record keeping in your health service?
 - patient information systems
 - Quality Assurance or Quality Improvement systems
- How do you monitor the quality of the data that is entered?
- Do you receive feedback reports?
- How are these discussed for quality improvement?

How can we capture information to monitor and evaluate our program?

Many sources of information:

- Surveys – with clients, with staff, with community
- National registries with local data
- Data extraction from medical records (screening tools)
- Accounting systems
- Paper based reports

Surveys

Feedback comments

	Poor	Satisfactory	Neutral	Good	Excellent
Overall experience	-	1	-	8	13
Ease of making appointment	1	3	-	4	14
Transport	-	-	1	5	6
Friendliness and helpfulness of staff	-	1	1	4	15
Reception area	-	2	2	3	15
Waiting time	1	4	3	5	9
Explanation of health issue	-	2	2	8	10
Explanation of treatment options	-	1	2	6	13
Follow up/support	-	1	1	5	15
I feel my personal information is kept private and confidential	-	-	1	1	20

National registries

www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles

www.myhealthycommunities.gov.au

<http://www.aihw.gov.au/perinatal-data/>

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 21

Extracting data from medical records

Group discussion

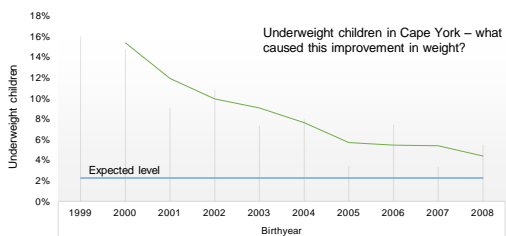
Why do we record information in medical records?

- Record progress of a client
- Remind yourself what you did for the next appointment
- Communicate to other staff what you are doing
- For reporting
- For legal reasons
- So you can fill in performance indicators
- Others?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 22

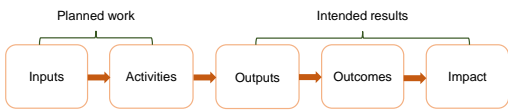
Monitoring for understanding

Proportion of children underweight
Two year moving average



FASD PREVENTION AND HEALTH PROMOTION RESOURCES 23

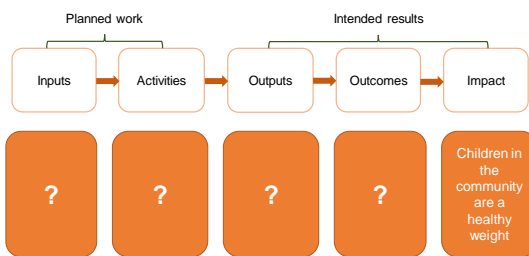
Logic models⁴



FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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Logic models – Deciding what to measure



FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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Logic models – Deciding what to measure

Examples

Inputs:

- Funding for maternal and child health
- Staff (Aboriginal Health Workers, child health nurses, GPs)

Activities:

- Find out why attendance at antenatal and postnatal visits is currently low and make changes to encourage higher attendance.

Outputs:

- Number of visits per child
- Group sessions (mums and bubs, cooking classes)
- Number of 'health checks' performed

Outcomes:

- Immunisation
- Alcohol consumption and smoking in mothers
- Children born a healthy weight

FASO PREVENTION AND HEALTH PROMOTION RESOURCES

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Developing indicators⁵

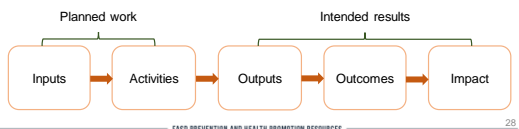
1. **Who do you want to change?**
Women in community X of child bearing age who attend antenatal clinics
2. **How many do we expect will succeed in changing?**
100% of women (ideal vs realistic)
3. **What sort of change are we looking for, how much change is enough?**
Abstaining from alcohol use during pregnancy
4. **By when does this outcome need to happen?**
Staff training complete in 2 months
Audit antenatal records in 6 months

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 27

Creating a logic model and indicators for a FASD plan

Group discussion

1. What do you want to achieve with your FASD prevention program?
2. What will you need to do to achieve this?
3. How are you going to record it?
4. What things will you measure to see if you are on the right track?
5. What can you measure easily?



FASD PREVENTION AND HEALTH PROMOTION RESOURCES 28

Screening tools vs Diagnostic tools

Screening tools	Diagnostic tools
Does not give a definite answer	Are very accurate
Shows increased risk	Can identify a condition
Results are used to decide on path of action eg referral to a specialist	Some invasive diagnostic tests can carry increased risk which is why screening is conducted first
Can be used to introduce a brief intervention for risk factors	

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 29

Linking screening and diagnosis

- The clinician completing the diagnostic tool will refer to antenatal notes about alcohol consumption.
- Therefore it is important that discussions about alcohol are recorded in the client record.
 - Remember the diagnostic instrument is ideally completed by a multi-disciplinary team.

Linking screening and diagnosis

The Australian FASD Diagnostic Assessment Form includes:

- History – presenting concerns, obstetric, developmental, medical, mental health, behavioural, social
- Birth defects – dysmorphic facial features, other major and minor birth defects
- Adverse prenatal and postnatal exposures, including alcohol; Antenatal notes and AUDIT-C contribute to this.
- Known medical conditions – including genetic syndromes and other disorders
- Growth

A vital question is 'could this be alcohol related or due to other factors'

Australian FASD Diagnostic Assessment Form

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

MATERNAL ALCOHOL USE

Evidence of maternal alcohol use in the three months prior to and during pregnancy should be assessed, including any special occasions when a large amount of alcohol may have been consumed. The definition of a standard drink should be explained prior to administering the AUDIT-C (Q13-3). A Standard Drinks Guide can be downloaded.

<http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/drinkingguide-act>

Alcohol use in early pregnancy (if available)

- a. Was the pregnancy planned or unplanned? Planned Unplanned Unknown
- b. At what gestation did the birth mother realise that she was pregnant? _____ (weeks) Unknown
- c. Did the birth mother drink alcohol before the pregnancy was confirmed? Yes No Unknown
- d. Did the birth mother modify her drinking behaviour on confirmation of pregnancy? Yes No Unknown
- e. During which trimesters was alcohol consumed? (tick one or more) None 1st 2nd 3rd Unknown

Australian FASD Diagnostic Assessment Form

AUDIT-C Reported alcohol use (if available)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never [skip Q2+Q3]	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUDIT-C score during this pregnancy: (Q1+Q2+Q3)= _____ Scores: 0=no risk 1-4= confirmed use 5+= confirmed high-risk

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 33

Australian FASD Diagnostic Assessment Form

Other evidence of exposure

Is there evidence that the birth mother has ever had a problem associated with alcohol misuse or dependency?

No Yes (identify below, including source of information)

Alcohol dependency (specify)

Alcohol-related illness or hospitalisation (specify)

Alcohol-related injury (specify)

Alcohol-related offence (specify)

Other (specify)

Information from records: e.g. medical records, court reports, child protection records.

Is there evidence that the birth mother's partner has ever had a problem associated with alcohol misuse or dependency?

No Yes (identify below, including source of information)

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Australian FASD Diagnostic Assessment Form

Information from the previous 3 sections is summarised below:

Alcohol exposure summary

Source of reported information on alcohol use: Birth mother Other (specify)

In your judgement what is the reliability of the information on alcohol exposure: Unknown Low High

In your judgement was there high-risk consumption of alcohol during pregnancy? Unknown Yes No

Prenatal alcohol exposure: Unknown None Confirmed use Confirmed-high risk

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Reflection

Group reflection and discussion

After seeing the diagnostic tool, what might you do differently in recording your antenatal visits?

Module 3: Review

Module 3 aimed to increase:

- i. Awareness of the importance of monitoring and evaluating FASD prevention and health promotion strategies.
- ii. Knowledge of appropriate indicators to monitor and evaluate FASD prevention and health promotion strategies.
- iii. Understanding of the link between antenatal screening records and The Australian FASD Diagnostic Assessment Form.

Finishing up

Any questions?



Module 3 References

1. World Health Organisation (2004). Monitoring and Evaluation Toolkit. WHO: Geneva, Switzerland. Accessed on February 2017 from http://www.who.int/hiv/pub/epidemiology/en/me_toolkit_en.pdf?ua=1
2. Aboriginal and Torres Strait Islander primary health care: results from December 2014. National key performance indicators for Aboriginal and Torres Strait Islander primary health care series no.3. Cat. no. IHW 161. Canberra: AIHW. Accessed January 2017 from <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129553396>
3. Australian Institute of Health and Welfare 2016. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2014–15. Aboriginal and Torres Strait Islander health services report No. 7. IHW 168. Canberra: AIHW. Accessed January 2017 from <http://www.aihw.gov.au/publication-detail/?id=60129554783>
4. W.K. Kellogg Foundation (2004). Logic Model Development Guide. Michigan, USA. Accessed January 2017 from <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
5. Centre for Theory of Change. TOC Background. Accessed January 2017 from <http://www.theoryofchange.org/what-is-theory-of-change/toc-background/>
6. Bower C, Elliott EJ 2016, on behalf of the Steering Group. Report to the Australian Government Department of Health: “Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD)”.



Module 4: Sharing Health Information

My learning goals for this workshop

Goal



Review Module 1: What is FASD?

Module 1 aimed to increase:

- Knowledge and understanding of the consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- Knowledge and understanding of the important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES 2



Review Module 2: Brief interventions and Motivational Interviewing

Module 2 aimed to increase:

- i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking and substance misuse during pregnancy.
- ii. Knowledge of the AUDIT-C screening tool.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Review Module 3: Monitoring and evaluating

Module 3 aimed to increase:

- i. Awareness of the importance of monitoring and evaluating FASD prevention and health promotion strategies.
- ii. Knowledge of appropriate indicators to monitor and evaluate FASD prevention and health promotion strategies.
- iii. Understanding of the link between antenatal screening records and The Australian FASD Diagnostic Assessment Form.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Module 4: Learning objectives

Module 4 aims to increase:

- i. Knowledge of health promotion and health education strategies for FASD prevention.
- ii. Awareness of the FASD Prevention and Health Promotion Resources Package.
- iii. Skills to plan, implement and evaluate FASD health education and health promotion strategies for a range of target groups, within health services.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health promotion

Best practice Health Promotion (HP) uses a whole of community approach



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Many factors influence health in pregnancy

Socio-Ecological Model¹



FASD PREVENTION AND HEALTH PROMOTION RESOURCES

7

Cultural considerations – Aboriginal and Torres Strait Islander communities

It is important to consider the specific needs of your community.

Have you got permission?

- Relationships within the community (particularly with elders and men)
- Cultural diversity
- Socioeconomic circumstances
- Numerous languages and dialects
- Geographical location and accessibility to services

Programs aimed at changing individual risky behaviour may fail to acknowledge the way in which *the person is inextricably tied to the culture in which he or she exists.*

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health promotion continuum³

Individual focus		Population health focus		
Healthy individuals		Healthy communities, settings & environments		
Screening, individual risk assessment & immunisations	Health information & social marketing	Health education & skill development	Community action	Settings & supportive environments
Medical approach	Behavioural approach		Socio-environmental approach	

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health promotion continuum

Screening, individual risk assessment, immunisation	Health information & social marketing	Health education and skills development	Community action	Settings and supportive environments
AIM				
Early detection & management of diseases to improve physical risk factors	Improve knowledge, attitudes, confidence & individual capacity to change psychosocial & behavioural risk factors	Influence behavior change through the provision of health information & development of personal skills	To increase community control over the determinants of health, through collective efforts, community participation	To develop healthier physical, social & cultural environments where people live learn work and play
	To improve health literacy of individuals, communities & organisations	To advocate for broader social and environment change agendas	Empowerment, & increasing health literacy	Organisational development economic & regulatory activity

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health promotion vs health education

Health promotion	Health education
Group activities that involve education about health needs and optimal health	An essential element of health promotion
Focus on environmental, educational, cultural, socio-political determinants of health	May be more of a focus on individual health
Preventive perspective aims for legislative reform, empowering communities, paying attention to cultural or economic disparities, political advocacy	Activities that raise awareness giving the person health knowledge required to decide on a particular health action
	Could be considered disease-centered (medical)

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health promotion and social media

Indigenous Hip Hop Project

Tennant Creek – Alcohol It effects your babies
Strong Baby Strong Life

<https://www.youtube.com/watch?v=BWzQ83i6OcU>

Broome – Stand up

<https://www.youtube.com/watch?v=p2cspvmNSgE>

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Health education is not about telling people what to do



Image source: Egger, Spark, & Donovan, 2005, p. 18

What are the implications for taking this approach to health education?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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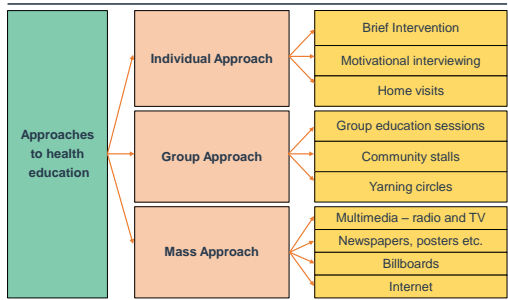
The aims of health education:

- To encourage people to adopt and sustain health promoting lifestyle and practices
- To promote the proper use of the health services available to them
- To arouse interest in new knowledge, improve skills and change attitudes to make rational decisions to solve their own problems
- To stimulate individual and community self reliance and participation to achieve health development through individual and community involvement

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

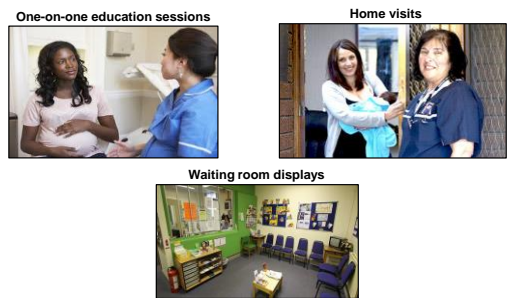
14

Opportunities for health education



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Approaches to health education – Individuals



FASO PREVENTION AND HEALTH PROMOTION RESOURCES 16

Approaches to health promotion and health educations – Groups



FASO PREVENTION AND HEALTH PROMOTION RESOURCES 17

Approaches to health promotion and health educations – General public

Printed materials



Social media



TV and radio campaigns

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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THE RIVER OF HEALTH

PREVENTION

To stop health trouble before it begins.

INTERVENTION

To see the beginning of health trouble and to do something before it gets bad.

TREATMENT

To see health trouble that has happened and to treat those who are sick.

One day an Aboriginal Health Worker went to the river to go fishing.

While she was there she saw a person in the river who was in trouble. The person in the river didn't know how to swim. The health worker jumped into the water, pulled her out and gave her first aid.

Then another person came down the river needing help, so she jumped in and saved him as well.

The same thing happened again and again and when the health worker thought about it, she thought the story was a little bit the same as her job in the community.

The river was the same as an illness, which makes people sick, and she had to give them treatment to make them well, just like when she was pulling people out of the river to save them from drowning.

Just then a little boy who had been watching this, tapped her on the shoulder and said to her maybe it would be easier to go further up the river and find out why people were falling in and, if possible, to stop this from happening.

When she listened to him, she thought again about her job as a health worker. She thought that if she could prevent many of her people from getting sick, then she wouldn't have to fix them up with treatment all the time.

In her heart she knew that many people would still fall into the river so she thought she should teach people to look after themselves and their families when they got sick.

When she went to work at the health centre she told the other health workers that she had been thinking about the three parts of community health work: **PREVENTION, INTERVENTION and TREATMENT.**

They talked about how the 'River of Health' can become the 'River of Illness'.

NT Dept of Health & Community Services, 1999. Aboriginal health promotion training manual

Historical perspective – Swimming the River



<https://www.youtube.com/watch?v=0P9FRacTjI0>

Wunan Foundation, 2013

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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FASD Prevention and Health Promotion Resource Package

What is in the package?

Publicly available resources to support health professionals develop and deliver programs to raise awareness of and to prevent FASD in Aboriginal and Torres Strait Islander communities.

Resources by population groups:

- Pregnant women
- Women of childbearing age (15-45 years of age)
- Grandmothers and Aunties
- Men, fathers and partners
- Health professionals

How to use health education resources?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Planning health promotion programs

Key elements:

- Who is your target audience?
- What needs to change? How much? By when?
- How will you do it? What is your message?
- Where?
- How will you know you've achieved change?

Identifying your target group

- Who are they?
- How old are they?
- Where do they live and/or how are they connected?
- What might influence their behaviour? (consider enablers and blockers)

Goals: What are you trying to achieve?

Goals: to increase awareness of the risks of drinking during pregnancy as well as improve Aboriginal and Torres Strait Islander peoples' awareness of and access to health care services and programs.

Example goals:

- To raise awareness of the risks of smoking during pregnancy and promote quitting smoking for the baby
- To increase awareness of the benefits of antenatal health checks and promote visiting the clinic for regular check-ups

Strategies: How will you do it?

How will you do it?

- What actions will contribute to achieving your goal?
- What outcomes (results) do you expect?
- What can you measure to see if goals have been achieved, within the timeframe?

What is your message?

- What do you want to say to your audience? *eg drinking and smoking harms your baby*
- What do you want your audience to know? *eg Aboriginal health workers know how to keep you and your baby healthy*
- What do you want your audience to do? *eg visit the clinic and talk to Aboriginal Health Worker about you and your baby's health*

Evaluation: How will you know you've made a difference?

- To assess whether you've achieved your goal and made a difference.
- First, gather data and record what has happened.
- Other examples:
 - Record the number of people who have health checks
 - Record the number of people who participate in your program
 - Prepare a short survey to get people's feedback on the activity, ask about their awareness of FASD and/or the risks of drinking alcohol or smoking during pregnancy
 - Organise a community meeting after the event to discuss how it went and next steps

It is important to design your evaluation during the planning phase
NOT as an afterthought

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Finalise your plan

Have you identified:

1. Your target audience?
2. What needs to change? How much and by when?
3. How you will you do it?
4. What your key messages are?
5. How you will know you've achieved change?

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Module 4: Review

Module 4 aimed to increase:

- i. Knowledge of health promotion and health education strategies for FASD prevention.
- ii. Awareness of the FASD Prevention and Health Promotion Resources Package.
- iii. Skills to plan, implement and evaluate FASD health education and health promotion strategies for a range of target groups, within health services.

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

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Module 4 References

1. UNICEF (n.d.). Module 1: Understanding the Social Ecological Model (SEM) and Communication for Development (C4D).
2. Hayes, L., D'Antoine, H. and Carter, M. (2014). Addressing fetal alcohol spectrum disorder in Aboriginal communities. In *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*. Dudgeon, P., Milroy, H. and Walker, R. eds. Commonwealth of Australia: Canberra, Australia. p. 373-382.
3. Victorian Department of Human Services (2003). *Integrated Health Promotion Toolkit*. Melbourne: Victoria.
4. World Health Organisation (1998). *Health Promotion Glossary*. Geneva, Switzerland.
5. Green, L. & Kreuter, M. (2005). *Health Program Planning: An Educational and Ecological Approach*. New York: McGraw-Hill.
6. Egger, G., Spark, R. & Donovan R. (2005). *Health promotion, strategies and methods*. Sydney: McGraw-Hill
7. Weeramanthri, T. (1996). Knowledge, language and mortality: communicating health information in Aboriginal communities in the Northern Territory. *Australian Journal of Primary Health*, 2(2): p. 3-11.
8. Northern Territory Department of Health and Aged Care (1989). *Aboriginal health promotion training manual*. Darwin, Northern Territory.
9. Wunan Foundation (2013). *Swimming the river*. Accessed February 2017 from <https://youtu.be/OP9FRacTji0>
10. Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Planning Health Promotion Programs: Introductory Workbook*. 4th ed. 2015, Toronto, ON: Queen's Printer for Ontario.
11. Murray, C., et al. *Planning and Evaluation Wizard: Step-by-step project planning and report writing for primary health care*. Accessed February 2017 from http://www.flinders.edu.au/medicine/sites/pew/pew_home.cfm



Module 4 - Further reading and additional references

Slide 19: River of Health. Text from the PowerPoint slide.

One day an Aboriginal Health Worker went to the river to go fishing.

While she was there she saw a person in the river who was in trouble. The person in the river didn't know how to swim.

The health worker jumped into the water, pulled her out and gave her first aid.

Then another person came down the river needing help, so she jumped in and saved him as well.

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They talked about how the 'River of Illness' can become the 'River of Health'.

Reference: Northern Territory Department of Health & Community Services. 1989. Aboriginal health promotion training manual.

Helpful websites

1. Telethon Kids Institute – Alcohol, Pregnancy & FASD

<https://alcoholpregnancy.telethonkids.org.au/>

This website contains information on the 'Reducing the Effects of Antenatal Alcohol on Child Health Centre for Research Excellence (CRE)', the Australian Guide to the Diagnosis of FASD, and related resources. The resources section includes resources for Aboriginal and Torres Strait Islander communities.

2. HealthInfoNet Australian Indigenous Alcohol and Other Drugs Knowledge Centre – FASD Portal

<http://aodknowledgecentre.net.au/aodkc/alcohol/fasd>

The HealthInfoNet is useful site for information on all areas of Indigenous health. The Australian Indigenous Alcohol and Other Drugs Knowledge Centre FASD portal aims to provide a central collection of policies and strategies, publications, resources and training materials supporting prevention and management of FASD in Aboriginal and Torres Strait Islander communities.

3. NOFASD Australia

https://canceraustralia.gov.au/sites/default/files/publications/national-aboriginal-and-torres-strait-islander-cancer-framework/pdf/2015_atSI_framework_1.pdf

NOFASD Australia aims to prevent alcohol exposed pregnancies in Australia and improve quality of life for those living with FASD by providing a strong and effective voice for individuals and families living with FASD. You will find several resources directed at preventing FASD and assisting families and individuals living with a FASD diagnosis.

4. Russell Family Fetal Alcohol Disorders Association

<http://www.rffada.org/>

The Russell Family Fetal Alcohol Disorders **Association** (rffada) is a national not-for-profit health promotion charity dedicated to the prevention of FASD and ensuring parents, carers, and individuals affected by this disorder have access to diagnostic services, support and multidisciplinary management planning in Australia. On this site you will find a range of resources and information and contacts for local support groups.



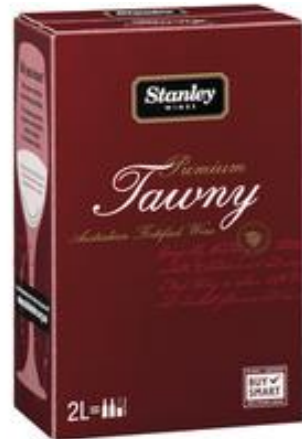
Appendix 1: Standard drinks quiz

How many standard drinks are in each of these drinks? Match the drink to the correct answer.



4L of white wine

42



2L of port

7.7



2L Darwin stubby

28



700ml
bottle of rum

26



30 x 375mL cans VB

22

How many standard drinks are in each of these drinks? Match the drink to the correct answer.



1.5



1.4



1



1.4



0.9

Answers - Standard drinks quiz

4L of white wine = 28

2L of port = 26

2L Darwin stubby = 7.7

700ml bottle of Bundaberg rum = 22

Cans of VB 30 x 375mL = 42

Bundaberg rum and coke can 375mL = 1.4

xxxx Gold 3.75mL = 1

Carlton Draught 375mL = 1.4

Lemon Ruski vodka 275mL = 0.9mL

Glass of red wine = 1.5

Appendix 2: Motivational Interviewing Summary Sheet

O Ask open-ended questions

A Affirm what the patient is saying

R Reflect back what the client has said

S Summarise to ensure you and the client are on the same page

Strengthen commitment to change

- What are the good things about staying the same?
- What are the bad things about staying the same?
- What is hard about changing?
- What are the benefits of changing?

Create a change plan

- Ensure the client is driving the plan
- Set goals with the client
- Ask them identify at least one person to support them

The Readiness Ruler

How important is it to change your behaviour if you decided to?

On a scale of 0 to 10, where 0 is not at all important and 10 is extremely important, how would you rate yourself?

Not at all			Neutral				Extremely			
0	1	2	3	4	5	6	7	8	9	10

How confident do you feel to change your behaviour if you decided to?

On a scale of 0 to 10, where 0 is not at all confident and 10 is extremely confident, how would you rate yourself?

Not at all			Neutral				Extremely			
0	1	2	3	4	5	6	7	8	9	10

- Why are you at a _____ and not a 0?
- What would it take for you to move from a _____ to a (higher number)?

Appendix 3: Women want to know – Information for health professionals on assessing alcohol consumption in pregnancy using AUDIT-C

See over page



Information for **health professionals** on **assessing alcohol consumption in pregnancy using AUDIT-C**

To provide women with the information they need to know about alcohol consumption during pregnancy it is important to know how much a woman is drinking and how this has changed since she found out that she is pregnant. This assessment of alcohol consumption, combined with education and support, can assist women to stop or reduce alcohol use in pregnancy and prevent adverse consequences from alcohol consumption such as Fetal Alcohol Spectrum Disorders.¹

One way to assess a woman's alcohol consumption is by using the AUDIT-C (Alcohol Use Disorders Identification Test – Consumption). This tool has three short questions that estimate alcohol consumption in a standard, meaningful and non-judgemental manner. The total score from these questions provides an indication of the risks to the woman's health and can be used to guide conversations about alcohol and pregnancy. However it is safest for pregnant women not to consume any alcohol during pregnancy.

The AUDIT-C is a shortened version of the 10-item AUDIT tool, first developed by the World Health Organization in 1989. AUDIT-C has been validated for use with pregnant women² and is recommended for use by an Australian study that examined what questions should be asked about alcohol consumption and pregnancy.³

AUDIT-C questions

The three AUDIT-C questions that measure the amount and frequency of a person's drinking are included below. Add the scores for each question to get a total score and match the score to the risk of harm overleaf.

Questions	Scoring system					Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard drinks of alcohol do you drink on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 9	10+	
How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Australian standard drinks

Standard drinks are a measure of alcohol consumption and are used in the AUDIT-C questions. It is more reliable to count standard drinks than to count glasses or bottles or cans as alcohol is served in many different containers. The Australian standard drink measure contains 10grams of alcohol (equivalent to 12.5mls of pure alcohol).⁴ For example:

- 100ml glass of red wine at 13% alc vol = 1 standard drink.
- 100ml glass of white wine at 11.5% alc vol = 0.9 of a standard drink.
- 375ml bottle or can of full strength beer at 4.8% alc vol = 1.4 standard drinks.
- 30ml nip of high strength spirit at 40% alc vol = 1 standard drink.
- 330ml bottle of full strength ready-to-drink 5% acl vol = 1.2 standard drinks.⁵

Many Australian women aren't aware of what a standard drink is so it is a good idea to have a chart that demonstrates this. Download these at: <http://www.nhmrc.gov.au/your-health/alcohol-guidelines>

Information and guidance for pregnant women following the AUDIT-C

The best advice for all women, regardless of whether or not they drink alcohol is that:

- No alcohol is the safest choice when pregnant or trying to get pregnant.
- No safe level of alcohol consumption during pregnancy has been determined.⁴

This advice is consistent with the National Health and Medical Research Council's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.

Feedback should be provided to the woman based on the total AUDIT-C score (out of 12).

AUDIT-C Score	Advice to be given*
0 – 3 = low risk of harm	<ul style="list-style-type: none"> • Provide positive reinforcement if she has scored zero and encourage her to continue not to drink any alcohol during pregnancy. A score of zero indicates no risk of alcohol-related harm to the fetus. • If she scores between zero and 3 advise that the risk to the fetus is likely to be low but it is safest not to drink any alcohol at all during pregnancy. • Advise that the risk of harm to the developing fetus increases with increasing amounts and frequency of alcohol consumption and that any score above zero indicates potential risk to the fetus. • Encourage her to stop drinking alcohol altogether during pregnancy and arrange a follow-up session if required.
4 – 7 = medium risk of harm	<ul style="list-style-type: none"> • Advise that the safest option is not to drink alcohol during pregnancy. • Discuss that the AUDIT-C score indicates that she is drinking at a level of increasing risk for her health and if scoring above 5 at high risk for the baby's health. • Advise that the risk of harm to the developing fetus increases with increasing amounts and frequency of alcohol consumption. • Discuss the effects of current alcohol consumption levels and outline health concerns for both herself and her baby. • Reinforce the benefits of stopping drinking at any stage during her pregnancy to minimise further risk to herself and her baby. • Ask her how she feels about stopping drinking or cutting down and establish: <ul style="list-style-type: none"> — Positives and negatives of taking action — How confident she is in being able to stop or cut down — Tips, strategies and plans for taking action — If she would like assistance, including from support networks and partners — Offer to arrange referral if it is determined that she requires this • If you suspect that she may be alcohol dependent arrange to refer her to a specialist treatment service.
8+ = high risk of harm	<ul style="list-style-type: none"> • Discuss that the AUDIT-C score indicates that she is drinking alcohol at a level of high risk for her health and high risk for the baby's health. • Discuss the positives and negatives of taking action and determine what assistance she requires to be able to stop or cut down. • Refer to a specialist alcohol service as she may be at risk of alcohol dependence. Specialist support should be organised for her before advising her to stop or cut down her alcohol consumption, as without support alcohol withdrawal can be dangerous to both her health and the baby's health.

* Advice has been adapted from the following resources: the Australian Government's Lifescripts 'Alcohol methodology card to help patients reduce health risks from alcohol';¹ the literature review of existing alcohol consumption in pregnancy measures as part of the 'Asking QUESIONS During Pregnancy' study;² Drug and Alcohol Office 'Promoting Healthy Women and Pregnancies resource for professionals'³ and AUDIT-C advice from *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals*.⁸

About the Women Want to Know project

The *Women Want to Know* project was developed by the Foundation for Alcohol Research and Education (FARE) in collaboration with leading health professional bodies across Australia.

The *Women Want to Know* project is funded by the Australian Government Department of Health.

For more information on the *Women Want to Know* project visit www.alcohol.gov.au

Information on referral points to specialist services for each state and territory are available at www.alcohol.gov.au



¹ Change, G. (2004). Screening and brief intervention in prenatal care settings. *Alcohol Research and Health: the Journal of the National Institute on Alcohol Abuse and Alcoholism*, 28 Vol. 2, 80-84.
² Dawson, D. Grant, B., Stinson, F. and Zhou, Y. (2005). Effectiveness of the derived Alcohol Use Disorder Identification Test (AUDIT-C) in screening for alcohol use disorders and risky drinking the US general population. *Alcohol Clinical and Experimental Research* Vol 29, No 5. Pp: 844-854.
³ Murdoch Children's Research Institute (2010). *Alcohol in Pregnancy: What questions should we be asking?* Report to the Commonwealth Department of Health and Ageing. AQUA Project (Asking QUESIONS about Alcohol in pregnancy), Victoria.
⁴ National Health and Medical Research Council (2009). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Commonwealth of Australia. Canberra.
⁵ Australian Government webpage: Standard drinks guide: <http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt>
⁶ Commonwealth Government Department of Health and Australian General Practice Network (2009) Lifescripts resources: Alcohol methodology card to help patient's reduce health risks from alcohol.
⁷ Drug and Alcohol Office (2013). *Strong Spirit Strong Future: promoting healthy women and pregnancies resource for professionals*. Drug and Alcohol Office, Perth, Western Australia
⁸ Alcohol and Pregnancy Project (2009). *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals*. Telethon Institute for Child Health Research http://alcoholpregnancy.childhealthresearch.org.au/media/68501/2011_booklet_for_health_professionals.pdf

Appendix 4: FASD Education Program Plan

FASD Education Program Plan

1. Identifying your target audience(s) (Hint - who do you want the project and its message to reach?)

Who are they? (e.g. pregnant women; women of childbearing age; men; grandmothers; health professionals); where do they live and/or how are they connected? (e.g. by a sporting activity); what might influence their behaviour? (consider the blockers discussed in Module 2).

2. Project goal

What needs to change? (consider the blockers discussed in Module 2); what is measurable? (e.g. how much? By when?).

3. Message

What is it that you want to tell your audiences?; what do you want them to know or do as a result of your project?

4. Strategies & Activities

What actions contribute to the programs goal?; how will you do this? (e.g. by *[timeframe]* we will hold *[number]* of *[activities]*)

5. Monitoring and evaluation (Hint - How will you measure the success of your project?)

List the indicators you will use to measure changes made by your program.

List the things you will do. For example: review what you did and write a report. Ask the people in your target audience to answer some questions. Have another person external to your program evaluate your program.

How will you do this? List the things you need to do and who will be responsible for doing them. You should include how much money and time is needed to do this.

What will you do with this information? You could write a report for the agency that provided the funding for your program, use the information to make changes to the program and run it again, give the information to another organisation that is going to run this program again or run a similar program, and/or share the information with your community.

Appendix 5: FASD Support Services

FASD Support Services

1. What can you do? (Hint – with individuals or in group sessions)

2. What can other staff at your service do? (Hint – with individuals or in group sessions)

3. What visiting services do you have available to you?

4. What external services do you available to support yourself, your clients, and your health service?

Appendix 6: Scenarios for Module 4

Scenario One

There has been a recent increase in the number of young women requesting an Implanon removal at your health service. As a local community member you're also aware that there has been an increase in partying among the young people in your community. It is well known that a large amount of alcohol, tobacco and marijuana is consumed at these parties.

Complete your FASD Education Program Plan:

1. Who are your “primary” and “secondary” audiences?
 - Complete step 1 – ‘Identifying your target audience(s)’

2. What needs to change, how much and by when?
 - Complete step 2 – ‘Project goal’

3. What are your key messages?
 - Complete step 3 – ‘Message’.

4. How you will you do it?
 - Complete step 4 – ‘Strategies and activities’

5. How will you know you've achieved change?
 - Complete step 5 – ‘Monitoring and evaluation’

Consider:

- What are the potential implications of the decrease in contraceptive use and increase in alcohol, tobacco and marijuana use?
- What other services, settings and programs could you link in with?
- Which resources in the FASD Prevention and Health Promotion Resources package would be useful?

Scenario Two

During your latest reporting period you have noticed a significant increase in cases of STDs and STIs in the young clients seen at your health service. As a local community member you're also aware that there has been an increase in partying among the young people in your community. It is well known that a large amount of alcohol, tobacco and marijuana is consumed at these parties.

Complete your FASD Education Program Plan:

1. Who are your "primary" and "secondary" audiences?
 - Complete step 1 – 'Identifying your target audience(s)'

2. What needs to change, how much and by when?
 - Complete step 2 – 'Project goal'

3. What are your key messages?
 - Complete step 3 – 'Message'.

4. How you will you do it?
 - Complete step 4 – 'Strategies and activities'

5. How will you know you've achieved change?
 - Complete step 5 – 'Monitoring and evaluation'

Consider:

- Why might the young people in your community not be using contraception?
- When is a good time to talk to young people about their contraceptive use?
- What other services, settings and programs could you link in with?
- Which resources in the FASD Prevention and Health Promotion Resources package would be useful?

Scenario Three

Your team has been invited to attend a health information session that has been organised for the local men's football teams. You and three others from your health service will be given 30 minutes each to discuss a range of health topics that you feel would be relevant to the men. This discussion can be done in any format you like and can include activities and resources.

Complete your FASD Education Program Plan:

1. Who are your "primary" and "secondary" audiences?
 - Complete step 1 – 'Identifying your target audience(s)'

2. What needs to change, how much and by when?
 - Complete step 2 – 'Project goal'

3. What are your key messages?
 - Complete step 3 – 'Message'.

4. How you will you do it?
 - Complete step 4 – 'Strategies and activities'

5. How will you know you've achieved change?
 - Complete step 5 – 'Monitoring and evaluation'

Consider:

- What health topics could you use this opportunity to discuss?
- Who else from your health service could attend with you?
- What other services, settings and programs could you link with?
- Which resources in the FASD Prevention and Health Promotion Resources package would be useful?

Scenario Four

As a maternal health worker, you have been consistently asking all of your pregnant clients about their alcohol consumption and advising that there is no known safe amount of alcohol that can be consumed during pregnancy. During these conversations majority of your pregnant clients express shock at the recommendations for alcohol consumption as they've had very different advice given to them from other women in their social networks, particularly older women who have experienced a pregnancy themselves. A number of your clients have found it difficult to deal with the pressures to consume alcohol that are put onto them by these older women who continue to explain that they drank during their pregnancies and their kids are fine.

Complete your FASD Education Program Plan:

1. Who are your “primary” and “secondary” audiences?
 - Complete step 1 – ‘Identifying your target audience(s)’

2. What needs to change, how much and by when?
 - Complete step 2 – ‘Project goal’

3. What are your key messages?
 - Complete step 3 – ‘Message’.

4. How you will you do it?
 - Complete step 4 – ‘Strategies and activities’

5. How will you know you've achieved change?
 - Complete step 5 – ‘Monitoring and evaluation’

Consider:

- What can you do to help your pregnant clients to deal with these social pressures?
- What could be done to prevent this from continuing?
- What other services, settings and programs could you link with?
- Which resources in the FASD Prevention and Health Promotion Resources package would be useful?

Scenario Five

During your latest reporting period, you noticed that there are minimal records being kept on the alcohol consumption rates of the pregnant clients seen at your health service. When you raise this at your team meeting you're told by over a third of your colleagues that they don't feel comfortable talking about alcohol consumption with their pregnant clients because they fear it will make the woman feel judged and they're not sure what information they should be providing the women anyway. The rest of your colleagues say that they are asking their pregnant clients about their alcohol consumption but they don't know how to record this in your online system.

Complete your FASD Education Program Plan:

1. Who are your "primary" and "secondary" audiences?
 - Complete step 1 – 'Identifying your target audience(s)'

2. What needs to change, how much and by when?
 - Complete step 2 – 'Project goal'

3. What are your key messages?
 - Complete step 3 – 'Message'.

4. How you will you do it?
 - Complete step 4 – 'Strategies and activities'

5. How will you know you've achieved change?
 - Complete step 5 – 'Monitoring and evaluation'

Consider:

- What could be done to increase the rate of your fellow health professionals discussing alcohol consumption with their pregnant clients?
- What changes should to be made to improve your records of alcohol consumption?
- What other services, settings and programs could you link in with?
- Which resources in the FASD Prevention and Health Promotion Resources package would be useful?

