

**Report to the
Alcohol Education and Rehabilitation Foundation**

Organisation:	The University of Queensland
Project Title:	Interactive touch-screen Alcohol Use Disorders Identification Test (AUDIT) module within an innovative health promotion initiative across a range of Indigenous health settings.
Project Cost:	\$97,800
Funding category:	Research
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Funding Purpose:	Prevention
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Project location(s):	Far North Queensland
State Electorate:	Cairns, QLD



Alcohol Education Rehabilitation Foundation

Final Report

July 2006

1. Status on the installation of touchscreen kiosks and the assessment of the capacity of health care staff to support and promote use of the touchscreen kiosks.

Cape York

During the periods October/November 2005 and Feb/March/April/May 2006 visits were made by the Health Information Touchscreen (HIT) Project team to the Cape York communities of Napranum, Pormpuraaw, Kowanyama and Lockhart River.

The purpose of these visits was to:

- Ⓜ Replace existing hard drives, install and test new hard drives containing recently completed touchscreen modules produced in Yarrabah & Napranum (Grog Story & 'Put It On', a sexual health learning module) onto touchscreen kiosks;
- Ⓜ Hold a community launch in Napranum for the sexual health module to celebrate & acknowledge the community's & health service's participation. ('Put It On' is an interactive video story about a group of indigenous youths facing choices & consequences around sex & the implications of unsafe sex);
- Ⓜ Install and test hard drives containing newly completed modules of local photographs for each community;
- Ⓜ Check function & network connectivity of touchscreen kiosks;
- Ⓜ Install The Grog Kit v2 on clinic desktop computers;
- Ⓜ Train staff in use of The Grog Kit and orient staff to new touchscreen modules;
- Ⓜ Distribute Grog Kit Users Guide to all clinical staff;
- Ⓜ Continue evaluation activities relating to the wider HIT Project.

The HIT project team was comprised of:

- A Senior Research Manager, who was responsible for PHC staff orientation and training, and for conducting the baseline evaluation with staff and community



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members. Also responsible for coordinating activities between health staff, the HIT Project & the community to create the sexual health module in Napranum.

- Two Community Engagement Coordinators, who were responsible for engaging and training local people in the use of multimedia tools such as digital cameras, to stimulate interest and enable local content to be generated on the kiosks.
- Multimedia Community Content Coordinator, who was responsible for producing & co-directing the sexual health module, 'Put It On' in Napranum.
- An evaluator, who was responsible for conducting evaluation activities relating to the wider HIT Project.
- The project's Chief Investigator, who has clinical responsibilities in Cape communities, and maintains regular contact with PHC staff & the kiosks.

Recent feedback from health staff in Pormpuraaw has initiated investigations into:

- the development of a learning module on menopause, and
- the development of a small, localised multimedia health promotion campaign for a new café in the community which is creating and selling healthy food.

Cape District Health Service providers are working with the HIT Project to build on outcomes of the community development approach used to create the sexual health module, 'Put It On'. A follow-up rap, hip hop workshop for young people from Napranum, Weipa & the Western Cape College (students from Aurukun & Mapoon) will be held in September incorporating messages around safer sex, HIV and sexual health. Participants will also create the artwork for the CD covers. Best songs will be submitted to local and national radio stations for airplay.

In June/July 2006, Torres Strait Islands Health Service staff organized a series of 4 training workshops for nurses & health workers across outlying islands, to upskill them in the management of STI's in the context of the HIV/AIDS epidemic in neighbouring Papua New Guinea. The HIT Project & QH staff conducted the four 2-day workshops using the 'Put It On' interactive CDrom as a catalyst for discussion & as an educative tool, with positive affect.

Other installation sites

North Queensland

In April 2006, following consultations with each site, new kiosks were installed in the Wu Chopperen AMS (Cairns) and in the foyer of the community library in Yarrabah.



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Each site requested the full complement of interactive learning modules be available - Diabetes, Deadly Kids, Alcohol, Grog Story & 'Put It On' - in addition to a module for local community photos.

In April 2006 a community launch of the 'Grog Story' was held in Yarrabah, the community where it was filmed & produced, to coincide with installation of the kiosk. The event was opened by the Mayor & attracted approximately 80 to 90 people. The 'Grog Story' is an interactive photographic story about a family facing choices and consequences relating to the use of alcohol during a weekend outing to the football. It is an interactive narrative version of the AUDIT and aims to maximise the interactive constructivist learning behaviours of users.

In June 2006 a project presentation at Wu Chopperen AMS, which attracted 90% of staff, was conducted in order to:

- make staff aware of the resource (the kiosk & learning modules & CDs & DVDs) and the wider context of the project,
- introduce the project team to staff,
- describe the supporting roles that HIT Project staff offer,
- describe the roles required within Wu Chopperen to support & promote the use of the kiosk,
- & make staff aware of the importance of Information & Communication Technologies in addressing wider health determinants such as education.

South East Queensland

In early 2006 new kiosks were ordered by the HIT Project for 3 sites in SE Qld:

1. Stradbroke Island AMS
2. Woolloongabba AMS
3. Inala Community Health Centre.

Site visits & consultations were held with each of these sites in May 2006, resulting in installations planned for August (Stradbroke Island), October (Inala) and November (Woolloongabba). Each of the sites has requested the full complement of learning modules. All felt that the Napranum & Yarrabah modules translated well to their own target groups.

Other installations



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Orders for kiosks in 3 sites in Western Australia are currently being organized. In early 2007 kiosks will be installed in Aboriginal Medical Services in Bunbury, Port Headland & Perth.

The Manager of the Cairns Base Hospital has ordered a kiosk for the waiting area of the hospital for early 2007, & is working with the HIT Project to explore 3 possible areas of content development for Indigenous clients:

1. an interactive visitor's guide/map of the hospital;
2. an instructional interactive video module for kiosks in the region, preparing people for their stay in hospital & familiarising them with travel/accommodation & admission procedures; and
3. instructional interactive video modules on key procedures (such as anaesthetics, MRIs etc).

2. Status on the training workshops for health care service staff including their use of the personalised AUDIT score printouts.

Cape York

Staff training & evaluation was conducted in the form of staff inservices (group sessions) & opportunistically with individuals over a period of two days in each Primary Health Care Centre during each community visit, to ensure that all current staff were oriented to the touchscreen kiosk health modules, including the AUDIT, and received training in the use of the Grog Kit.

The Grog Kit is a modified CD version of the Alcohol learning, screening and brief intervention modules originally developed for touchscreen kiosk use. It has been developed to enable mediated use of the alcohol and AUDIT modules by PHC practitioners and their clients in different settings. It also serves as a self education tool for PHC practitioners and as a catalyst for screening and brief intervention activities.

The Grog Kit is funded by the Department of Health and Ageing, specifically by the Office of Aboriginal and Torres Strait Island Health (OATSIH). Development, implementation and training in the use of these two resources (the kiosk learning modules and The Grog Kit) occurred concurrently.

All staff received a copy of 'The Grog Kit: a users guide' and were advised the Grog Kit was loaded onto at least one desktop computer in their clinic.



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Statewide implementation of 'The Grog Kit'

Negotiations during 2005-06 with QH's Alcohol & Drug Training Resource Unit (ADTRU, based in Brisbane) & the Northern Area Health Service in Cairns, to implement & further evaluate 'The Grog Kit' have been successful. ADTRU is currently finalising the development of a business case for a project which will lay the groundwork & develop the model for statewide implementation of current & future interactive educational resources produced by the HIT Project, including 'The Grog Kit', 'The Grog Story', 'Put It On' etc. A summary follows:

***Grog Kit*: Rollout and evaluation of an alcohol brief intervention for Indigenous Queenslanders.**

This project seeks to extend upon the pilot evaluation conducted by North Queensland Health Equalities Promotion Unit, School of Population Health, The University of Queensland by rolling out *Grog Kit* Queensland wide and conducting a systematic quantitative and qualitative evaluation over a two year period.

OBJECTIVES

The objectives for rolling out *Grog Kit* include:

- i. The statewide implementation of a brief alcohol intervention program for primary health care workers who work with Indigenous clients.
- ii. To strengthen primary health care workers' capacity to deliver alcohol brief interventions with Indigenous clients.
- iii. Provide ongoing support, refresher training, and networking opportunities for those already trained in the intervention program.
- iv. Evaluate the *Grog Kit* intervention at eight sites statewide including follow-up of the intervention with both health workers and clients at 1 and 3 months.
- v. Develop ongoing monitoring systems with the capacity to identify process and impact measures associated with the training and ongoing support.
- vi. To ensure the sustainable and systematic implementation of the *Grog Kit* package.

OUTCOMES

Following the implementation of this business case, the identified outcomes will include:

- i. An increase in the number of primary health care workers who can effectively conduct brief alcohol interventions with Indigenous clients in a culturally appropriate manner throughout the State. It is expected that at least 75



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health workers will be trained in the first year and six train-the-trainer workshops in the second year.

- ii. Increased awareness within Indigenous populations of the health effects associated with alcohol misuse, particularly by pregnant women.
- iii. Reduction in the high rate of alcohol related mortality and morbidity in Indigenous populations.
- iv. A thorough evaluation of the usefulness of the brief intervention package in relation to clinical practice and alcohol usage.
- v. The establishment of collaborative networks and partnerships between the Indigenous Training Consultant, Indigenous Project Officer and Indigenous communities.
- vi. A sustainable alcohol brief intervention strategy, which is implemented in a systematic manner.

SCOPE

Training and ongoing support will be delivered in each of the three Departmental Zones in Queensland. Within these Zones, the targeted groups include, but are not restricted to Indigenous Health Workers, Community Health Workers, General Practitioners and Nurses in Primary Health Centres and Aboriginal Medical Services it is expected 75 people will be trained directly in Grog Kit in the first year and that six train-the-trainer style workshops will be conducted in the second year.

KEY PARTNERS/STAKEHOLDERS

- Alcohol, Tobacco and Other Drug Services
- Primary Health Care Services
- Aboriginal Medical Service
- Queensland Council of Aboriginal and Torres Strait Islander Health
- Statewide Services, Alcohol and Drug Service, The Prince Charles Hospital Health Service District
- Aboriginal and Torres Strait Islander Health Unit
- Health Service Districts
- Health workers who have Indigenous clients.
- Relevant professionals
- Indigenous people who use alcohol.

REACH

The project rollout will be implemented state wide, involving all three health zones in Queensland. The Indigenous training consultant will conduct the one-day



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training sessions throughout the state and will support and train staff development officers and trainers in health services to access and implement the training via regular site visits, teleconferencing and videoconferencing.

Locations where training will be conducted

In order to ensure equity of access and to maximise the rollout, all health zones will have training sessions conducted in accessible locations. It is envisaged that workers in South-Eastern Queensland will attend one of several training days which will be available at Biala, Brisbane.

National implementation of the 'Grog Kit'

A strategy for national implementation of the 'Grog Kit' has been developed, with a proposal for funding of the same currently before the Commonwealth, specifically for OATSIH during its COAG considerations.

3. Progress of the project including findings made and lessons learnt

The AUDIT module which was loaded onto the touchscreen kiosks in Cape York in March/April 2005, underwent a revision of content following the first round of user-testing following the first round of implementation and training. Feedback derived from user-testing informed a small number of significant changes which were made in June/July 2005. The newly revised and final version of the AUDIT module (along with the Alcohol, Diabetes and Deadly Kids modules) was uploaded on the four touchscreen kiosks in Cape York in August/September 2005.

Please refer to the baseline evaluation report (submitted with the July 2005 report) for details of findings and lessons learnt in terms of implementing the AUDIT module for touchscreen kiosks and computer-based learning, during this early implementation.

Subsequent findings are currently being documented in the comprehensive final evaluation report for the three-year Health Promotion Queensland (HPQ) project. This will be available in September 2006.

Some findings relevant to the alcohol module implementation & training in PHC settings include:

- The IT capacity of the QH network in PHC Centres in Cape York communities (where up to 9 computers in one clinic can be sharing a 64 kbs line) is severely limited. The first trial in Lockhart River to upload new content modules directly



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from Abuzz Technologies in Sydney to the kiosk (as they do with other city-based commercial clients around Australia) took over 4 days, making it entirely unfeasible. We have had to compromise by loading all new interactive learning content onto hard drives which are sent out to Weipa for installation by the QH ISU Technician. We have recently completed work on a new software tool which does however, enable local community photos to be uploaded directly from a community-based computer to a web page and onto the kiosk.

- The process of negotiating our way through the QH firewall was long and complex. We are currently trialling an alternative in Pormpuraaw, where the kiosk will come under the Council's wireless network, making it free of these constraints. If successful, we will recommend the same strategy for other kiosks in the Cape as the 'wireless option' becomes more available.
- The process of implementing educational health CDs on QH computers is also a complex process of approvals & integration into the QH Enterprise Network. However we hope that the exhaustive exercise proves worthwhile in providing a sustainable mechanism for implementing successive CDs on topics such as sexual & mental health.
- The process of implementing training for Health Providers in the use of these newly produced multimedia health education resources needs to be integrated into existing QH roles who have responsibility for same, for example the Alcohol & Drugs Training Resource Unit (ADTRU), to ensure appropriate & meaningful implementation, & sustainability. Initial training in the Grog Kit provides the opportunity statewide to develop a model and lay the groundwork for training in sexual health & mental health topics.
- The Cape York Substance Abuse Strategy has had a substantial impact on the availability of alcohol in Cape York communities since this project was conceived. In response to this, and the resultant ways in which Cape York agencies do business, we amended the research design for the project.