
FASD PREVENTION AND HEALTH PROMOTION RESOURCES

FASD Prevention and Health Promotion Resources

Module 4 Sharing Health Information

September 2017



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.



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.



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.



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.



Health promotion

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



Many factors influence health in pregnancy

Socio-Ecological Model¹



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 exists².



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 approaches	Behavioural approaches		Socio-environmental approaches	



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



Health promotion vs health education

Health promotion

Group activities that involve education about health needs and optimal health

Focus on environmental, educational, cultural, socio-political determinants of health

Preventive perspective aims for legislative reform, empowering communities, paying attention to cultural or economic disparities, political advocacy

Health education

An essential element of health promotion

May be more of a focus on individual health

Activities that raise awareness giving the person health knowledge required to decide on a particular health action

Could be considered disease-centered (medical)

Health promotion and social media

Indigenous Hip Hop Project

Tennant Creek – Alcohol It effects your babies:

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

Broome – Stand up:

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



Health education is not about telling people what to do



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

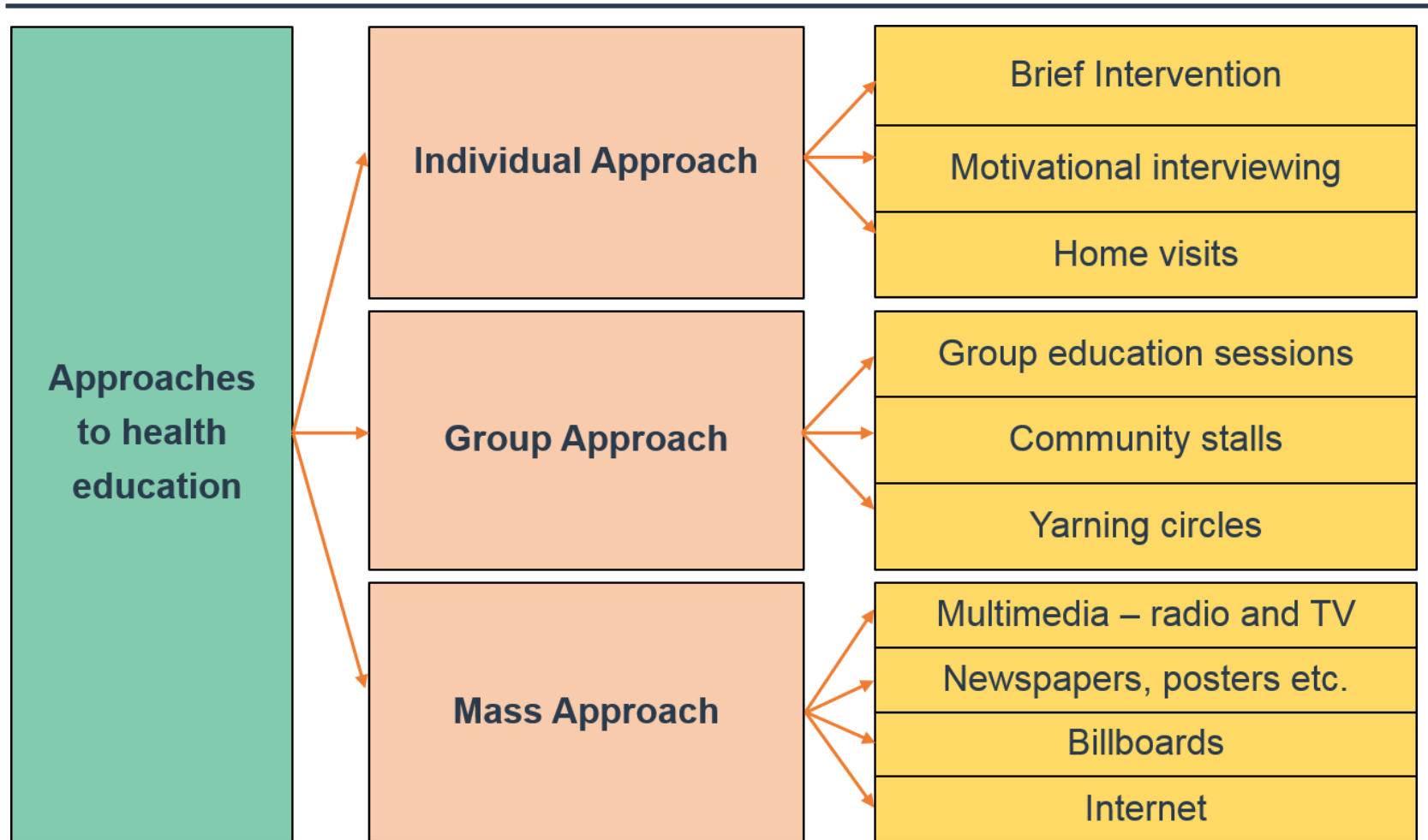
What are the implications for taking this approach to health education?

The aims of health education:

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



Opportunities for health education



Approaches to health education – Individuals

One-on-one education sessions



Home visits



Waiting room displays



Approaches to health promotion and health educations – Groups

Group education sessions



Community stalls



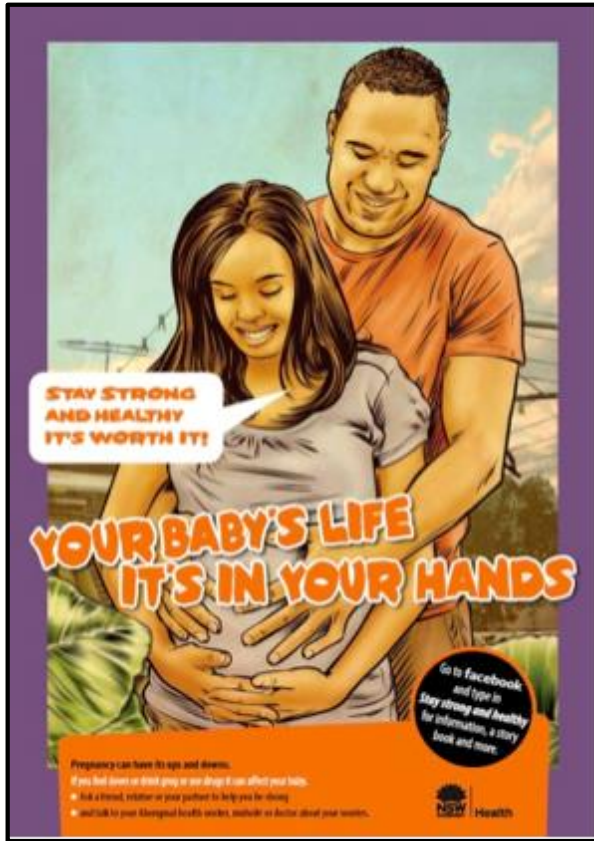
Yarning circles



Shopping centre stalls

Approaches to health promotion and health educations – General public

Printed materials



Social media



TV and radio campaigns

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.

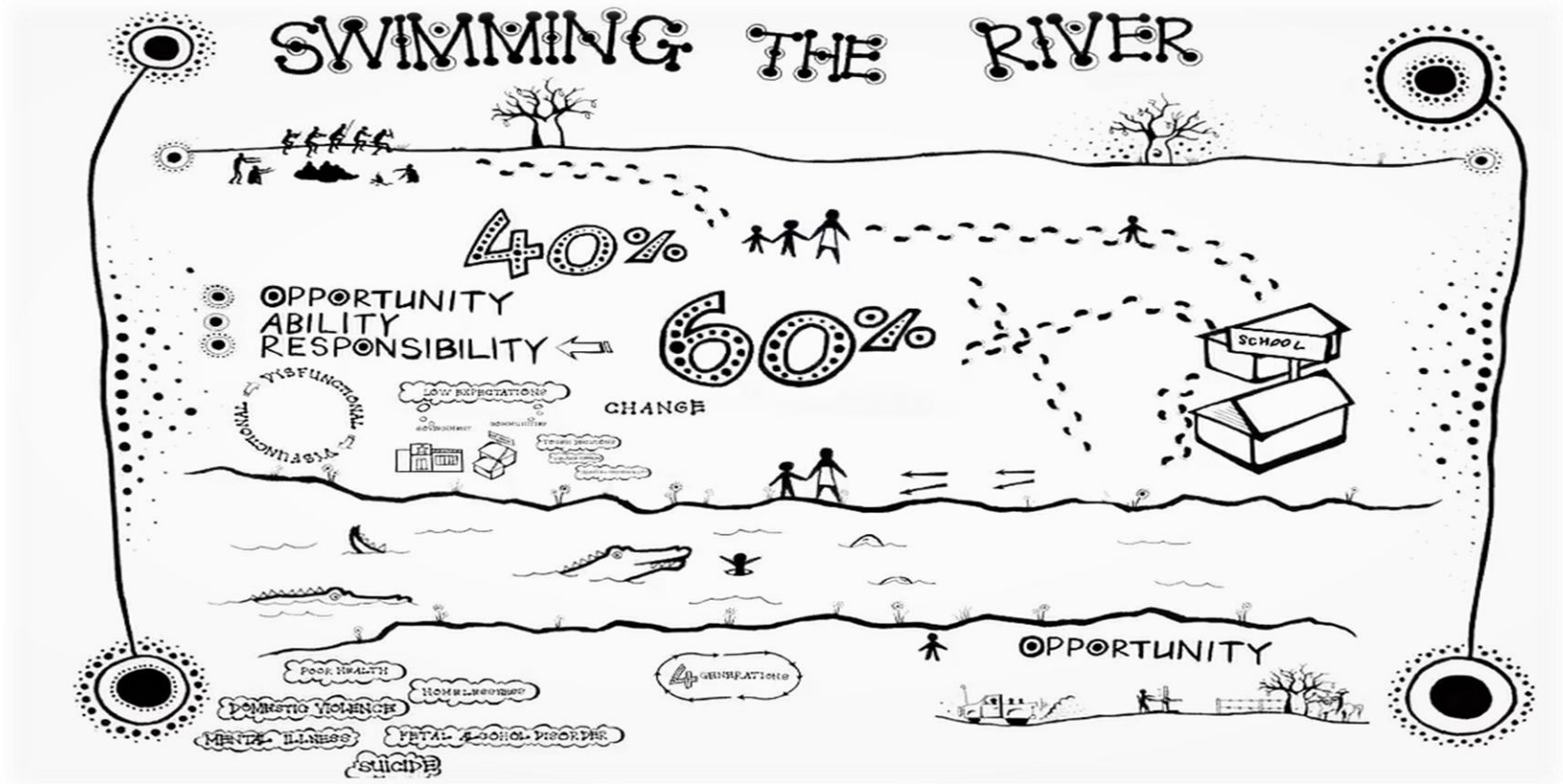
In her heart she knew that many people would still fall into the river so she thought she should teach people to look after themselves and their families when they got sick.

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 Illness' can become the 'River of Health'.

NT Dept of Health & Community Services. 1989. Aboriginal health promotion training manual

Historical perspective – Swimming the River



View video at: <https://www.youtube.com/watch?v=0P9FRacTji0>

FASD Prevention and Health Promotion Resource Package

What is in the Package?


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

Resources for:

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

Search for resources using the **Resource Directory**.





How do you use
the Resource
Directory to find
and access
resources?



Using the FPHPR Directory to search for resources – example (1)

Resource Purpose	Population Group				
	Pregnant women	Women of childbearing age	Grandmothers and Aunties	Men	Health professionals
Educating and raising awareness of:	↓				
- FASD and alcohol consumption during pregnancy →	Click here	Click here	Click here	Click here	Click here
- Tobacco use during pregnancy	Click here	Click here	Click here	Click here	Click here
- Drug use during pregnancy	Click here	Click here	Click here	Click here	Click here
- Family planning and contraception options	Click here	Click here	X	Click here	Click here
Planning evidence-based interventions:					
- One-on-one sessions	X	X	X	X	Click here
- Health promotion programs	X	X	X	X	Click here
Frameworks for evaluating interventions	X	X	X	X	Click here
Encouraging behavioural change:					
- Brief interventions or motivational interviewing	X	X	X	X	Click here
- How to support women	X	X	X	Click here	Click here
- Screening tools and guides	X	X	X	X	Click here
Addressing barriers to FASD prevention	Click here	Click here	Click here	Click here	Click here
Additional resources of interest	Click here	Click here	Click here	Click here	Click here



Using the FPHPR Directory to search for resources – example (2)

Author	Title and year	Material type	Target population	Details	Location
Brisbane Indigenous Media Association	<u>Stayin'</u> strong: drugs and alcohol (2015)	Audio visual – video	All	<p><u>Free online:</u> http://www.bimaprojects.org.au/tag/drugs-and-alcohol/</p> <p><u>Focus:</u> Specific for Aboriginal and Torres Strait Islander people</p> <p><u>Summary:</u> <i>Stayin' strong: drugs and alcohol</i> is a series of podcasts aimed at informing Aboriginal and Torres Strait Islander people about the impact of alcohol and other drugs on their health and the positive outcomes that can be gained through abstaining from harmful substance use, including ice and volatile substances.</p> <p>Podcasts of particular relevance to this package include:</p> <ul style="list-style-type: none"> - Alcohol and healthy pregnancy - <u>Foetal</u> Alcohol Spectrum Disorder <p>The resources can be used by psychiatrists and other healthcare professionals, researchers, or those aiming to address their own alcohol and other drug use.</p>	Australia – QLD
Queensland Department of Health	Growing strong - Alcohol, tobacco and other drugs during pregnancy and breastfeeding (2012)	Booklet	Pregnant women, women of childbearing age, and men.	<p><u>Free to download:</u> http://www.healthinonet.ecu.edu.au/uploads/resources/17641_17641_2012.pdf</p> <p><u>Focus:</u> Specific for Aboriginal and Torres Strait Islander people</p> <p><u>Summary:</u> This resource is part of the Growing strong: feeding you and your baby set of resources from Queensland Health. The booklet discusses why alcohol, tobacco and other drugs (legal and illegal) should be avoided during a woman's pregnancy and the breastfeeding of her baby. It outlines the health risks to both the mother and developing baby. In addition, it highlights the harmful effect of family and friends smoking</p>	Australia – QLD



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 will you do it?
- How will you know whether you have 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**



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?



Module 4: Review

Module 4 aimed to increase:

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Finishing up

Any questions?

