The Prevention Conversation: A Shared Responsibility

Presenters: Hazel Mitchell, Denise Milne, Erin Atkinson, and Nancy Poole

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Overview

1. Background of the *Prevention Conversation*
2. Project Concept
3. Project Theme
4. Making the Conversation Real
5. Progress to date – including training outline
6. Evaluation
7. Next Steps
Background to the Prevention Conversation

• Prevention of FASD is an important part of the FASD 10-Year Strategic Plan
• Target is to ensure 95% of all Albertans have heard of FASD
• What do we know about drinking in pregnancy in Alberta?
  – 59% of women reported drinking in first three months of their pregnancy
  – 3.5% reported drinking during their pregnancy (PHAC, 2011)
It is not only about awareness
  – prevention of FASD is complex because there are many reasons why a woman may drink while pregnant, including lack of social support, addiction, stress, experience of violence/abuse (Public Health Agency of Canada, 2007).

Many strategies are needed
  – strategies such as multimedia education programs aimed at youth, health education programs for women of childbearing age, screening programs to identify women at risk, and interventions help women reduce their alcohol use during pregnancy, improve their health and wellbeing overall (IHE 2010)

Evaluation is an essential component
Prevention Conversation Concept

Two interdependent strategies:

(1) **Level 1** - community development strategies to raise awareness among target populations, highlight support mechanisms, and promote involvement of community members and primary care providers.

(2) **Level 2** - support to primary care providers to develop the skills to engage in non-judgemental, empathetic conversations about alcohol use through training and the use of screening tools to engage women in the *Prevention Conversation*.

Poole, 2008
Prevention Conversation Objectives

1. Increase the **capacity** of health and social services providers to educate and support women and their partners.

2. Increase **awareness** among women of child-bearing age and their partners about the effects of binge drinking during pregnancy with a focus on the early stages of pregnancy.

3. Increase **knowledge** of community resources available to women and their partners.

4. Create community **connections** between health and social services and the FASD Service Networks to develop wrap around services.
Business Outcomes

(1) Increased knowledge, skills and confidence within the health and social sectors to effectively discuss alcohol use in pregnancy and intervene appropriately;

(2) Create a safe environment for women to discuss alcohol consumption during early pregnancy;

(3) Women of child bearing age are informed and aware of the risks associated with alcohol use in pregnancy in an non-judgmental way and community resources available to them;

(4) Consistent messages are provided to women and their partners, and;

(5) These strategies will contribute to prevention and mitigate against them lifelong costs of FASD.
Who is Involved?

- Government of Alberta
- FASD Cross-Ministry Committee
- Expert Consultants
- Evaluation Team (U of A CERT*)
- Awareness & Prevention Council
- TWIST Marketing
- Project Manager (Hazel Mitchell)

FASD: The Prevention Conversation

- Healthcare Professionals & Human Services Providers
  - Prevention Facilitators
  - Women of Childbearing Age (18 - 45)
  - Families
  - Friends
  - Broader Community

*ACCERT = Alberta Clinical and Community Based Evaluation & Research Team
Component 1 Deliverables

Community engagement and development of tools  (July 2013-October 2013)

• Compile, review and recommend a suite of prevention resources and screening tools for the use by the Prevention Facilitators

• Develop a training package for use in communities

• Develop common prevention messaging targeting primary care service providers and facilitate dissemination of these messages
Making the Conversation Real

• The conversation takes many forms: between a woman and her partner; a woman and her physician, her social worker, the public health nurse or workers in the addictions and mental health field.

• The conversation needs to be informative, accurate, effective but most all sensitive, supportive and non-judgmental.

• Our messaging:

   “Safest not to drink alcohol in pregnancy”
   “Drinking can be harmful at any point during pregnancy. The baby’s brain and nervous system develops throughout the entire pregnancy and may lead to a lifelong disability of FASD”
Making the Conversation Real

- For the woman and her partner/family:
  
  “Alcohol and pregnancy don’t mix. If you drink alcohol and are sexually active, make sure you use effective contraception”

  “If you are pregnant or thinking about getting pregnant, consider talking to your health care provider or asking for help on learning more about support and services in your community”

- For the service provider: “Some women need support, care, and treatment to help them stop drinking during pregnancy – you can assist by walking with her.”

- For the woman, partner/family and community: “Friends, partners, and family members can support a pregnant woman by asking how they can help her to make healthy choices and healthy babies”
Essential Training Components

1. Project goals and prevention messages
2. Social determinants of health, how they affect alcohol consumption and FASD – implications for practice
3. FASD - definition, history, economic and social complexity, mechanisms of alcohol’s effects, narratives of people affected by FASD, diagnosis, assessment and community supports for people with FASD
4. Alcohol - alcohol use and abuse, prevalence of drinking (all Canadians, women), binge drinking, Low Risk Drinking Guidelines and resources
5. Identification of alcohol use – formal and informal screening approaches
6. Brief intervention – using Motivational Interviewing approach
7. Contraception / family planning for FASD prevention
8. Resources - Web-based information and links, discussion guidelines, case studies, suggested scenarios for role-plays
Progress to Date

- Project Manager in place
- Comprehensive literature review completed and recommendations made for training package content based on the review
- Marketing consultants hired to create training package for the Prevention Facilitators
- Evaluation design in progress
Component 2 Deliverables

Community Engagement and Evaluation (March 2013 – June 2014)

- FASD Service Network is provided with a resource to facilitate education, training and skill development to the primary care service providers.
- A common plan among the Networks will be develop to facilitate and disseminate the information through their partnerships.
- The Prevention Facilitator will provide the on the ground training to the primary care service providers so as to engage women in the “Prevention Conversation”, Community partnerships will be further developed to facilitate information sharing and resources.
Evaluation of the Project

- Evaluation has been embedded from the beginning, being undertaken by the Alberta Clinical & Community-Based Evaluation & Research Team (ACCERT) – (April 2013- October 2014)

- **Blended Approach**: largely formative, with a developmental component.
  - **Developmental** – emphasis on documenting decisions and formalizing the learning and the knowledge-bases that drive decisions. This will inform the transferability of the FASD Prevention Conversation to other contexts.
  - **Formative** – emphasis on capturing emerging program outcomes and impacts while collecting data to inform ongoing improvement and refinement of the FASD Prevention Conversation.
What Do We Want to Know?

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<tr>
<th>Approach</th>
<th>Key Evaluation Questions</th>
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<td>Developmental</td>
<td>How can the process of developing and implementing the FASD Prevention Conversation inform its transferability to other contexts?</td>
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<td>Formative</td>
<td>What are the experiences of those involved in the prevention conversation?</td>
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<td>What contributes to the preparation to engage in the FASD Prevention Conversation?</td>
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<td>To what extent is the intended messaging consistently being delivered throughout the implementation of the FASD Prevention Conversation?</td>
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## How Are We Collecting Data?

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<td>Women of Childbearing Age</td>
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<td>Key APC Members</td>
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Questions?

Denise Milne, Senior Manager, Human Services
denise.milne@gov.ab.ca

Hazel Mitchell
Project Manager, South FASD Service Network
hmmitch@telus.net

Nancy Poole
wavelength@telus.net

Erin Atkinson
ematkins@ualberta.ca