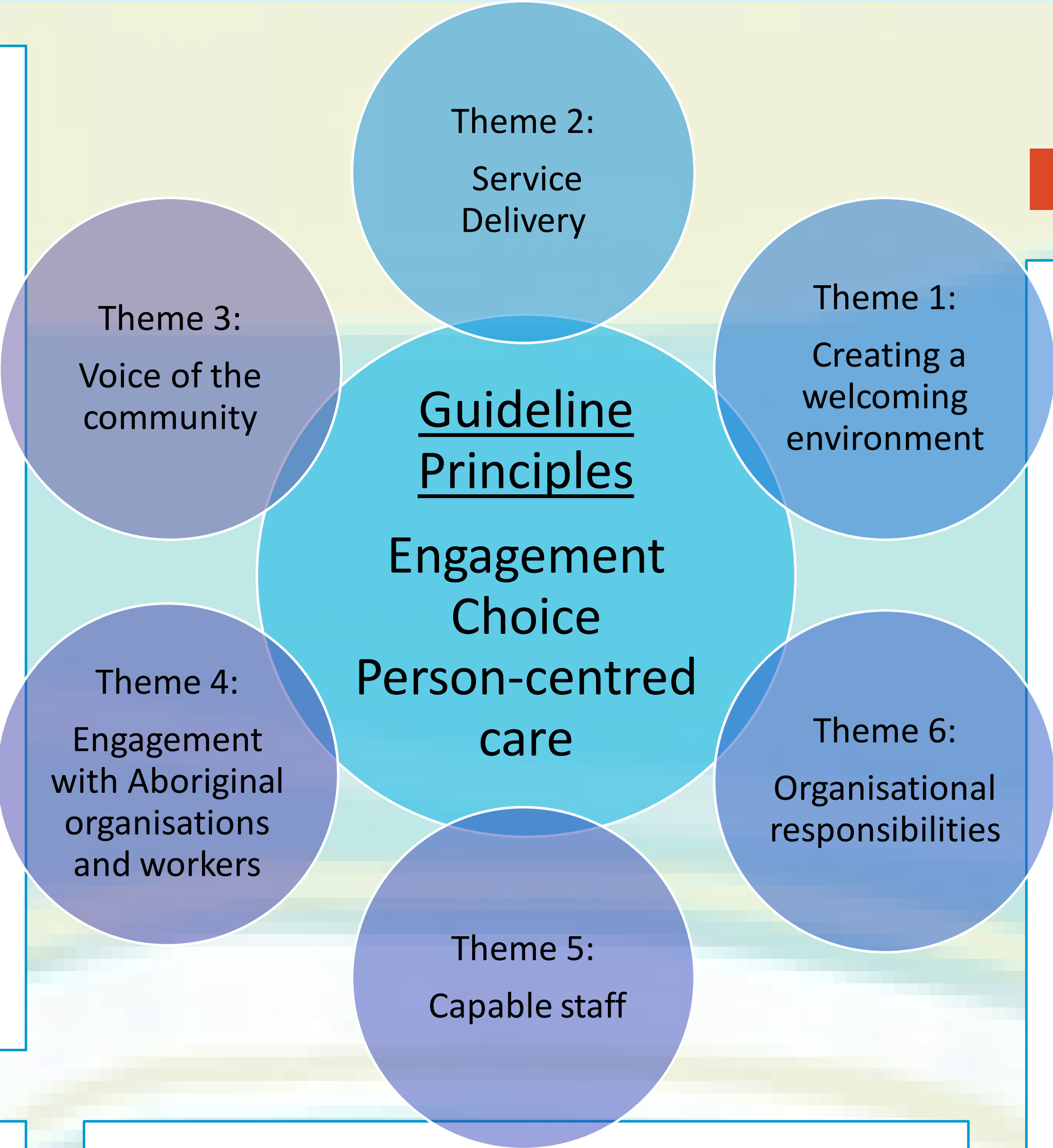


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Background

- Some Aboriginal & Torres Strait Islander (Aboriginal) people attend Aboriginal services, while others choose to attend non-Aboriginal (mainstream) services.
- Ensuring that mainstream health services are responsive to Aboriginal people's needs is a key strategy to reduce healthcare inequalities^{1,2}.
- Cultural responsiveness is an ongoing process of adapting systems, services, and practice to fit with culturally diverse user preferences³.
- There is limited evidence regarding effective systematic methods for implementing organisational change to improve cultural responsiveness¹.
- This project developed, implemented and evaluated a pragmatic process for improving cultural responsiveness of non-Aboriginal Alcohol and Other Drug (AoD) services⁴, involving standardized core activities and flexibility delivery, tailored to the needs of individual services⁵.



The Difference is Research

Results: 24-month follow-up

- 5/8 services increased their audit score on three key action areas from audit 2, 1 had no change and 2 decreased (above baseline levels).
- 5/8 services increased their audit score on all other action areas compared with audit 2, 2 had no change and 1 decreased (above baseline level).
- Data collection is still underway at 3 services and analysis will be completed once data collection is finalized.

Mean audit scores across all services, audits 1-3



Aims

The project aimed to identify the impact of the pragmatic organizational change process on the cultural responsiveness of 15 non-Aboriginal AoD treatment services in NSW, on the following outcomes:

- Audit scores from baseline to 3- and 24-months
- Routinely collected service use indicators

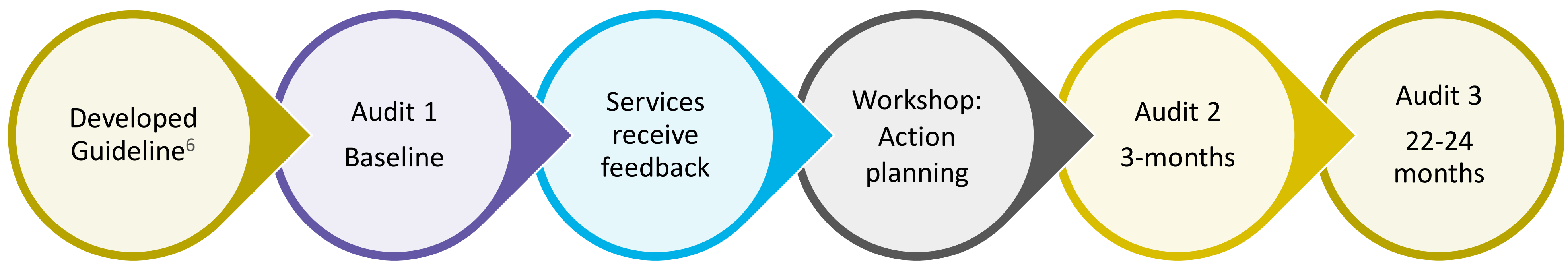
Results: 3-month follow-up

- 10/12 services increased their audit score on three key action areas, 2 had no change. The average increase across services was significant ($t_{11}=4.70$).
- All services increased their audit score on all other action areas. The average increase across services was significant ($t_{11}=6.33$).

Methods

Design: Cluster randomised stepped-wedge - services clustered by PHN and clusters randomized to a start date.

Implementation and evaluation process:



Audits:

- Independent auditors rated services on cultural responsiveness using 21 action areas, which operationalised the 6 guideline themes.
- Service staff selected 3 key action areas as focus areas and made detailed action plans for practice change.

Analysis:

- Paired t-tests were used to analyse change in audit scores between baseline and follow-up audits, on the three key action areas (range 0-9) and all other action areas (range 0-54).
- Routinely collected data from the Minimum Data Set (MDS) was used to track change in service use by Aboriginal clients, relative to non-Aboriginal. Data is presented for 3-month follow-up, with 24-month follow-up data pending.

Service use data @ 3 months

- 2 services showed a significant increase in the proportion of treatment episodes provided to Aboriginal people
- 1 service showed a significant increase in the number of episodes provided to Aboriginal people per month
- 2 services showed a significant increase in the number of completed episodes per month by Aboriginal people

Discussion & Implications

- All services that completed the process increased their overall audit scores, demonstrating an increase in compliance with the guidelines, reflecting improved cultural responsiveness.
- This pragmatic process may be applicable to other health service settings. The flexibility for each service to operationalise the guidelines allowed staff to tailor service changes to local contexts, while maintaining a standardised approach across services.
- Illustrates a project co-designed by funders, peak body, services and evaluation team aimed at achieving pragmatic and tangible service improvements
- Provides initial evidence to support roll out to improve the quality and standardisation of non-Aboriginal substance use services for Aboriginal people
- Preliminary support for the use of routinely collected data to identify changes over time and facilitate ongoing improvement. The 22-24-month follow-up analysis of MDS data will provide further insight into the impact and sustainability of the changes made.
- The Guidelines are available from NADA⁶

Completion of project components by participating services

(*Audit 3 data collection underway at time of report)

Cluster	Recruited at Baseline (N)	Audit 1 (n)	Attended workshop (n)	Audit 2 (n)	Audit 3 (n)
1	2	2	2	1	1
2	2	2	2	2	1
3	2	2	2	2	2
4	3	2	2	2	TBC*
5	4	4	3	3	3*
6	2	2	2	2	TBC*
All services	15	14	13	12	11*

Who is involved?

- Network of Alcohol & Drug Agencies (NADA)
- 6 NSW Primary Health Networks (PHNs): Central and Eastern Sydney; Wentwest; South-West Sydney; Coordinare; Western NSW; Hunter New England Central Coast
- Aboriginal Advisory Group
- NSW Aboriginal Drug & Alcohol Network (ADAN)
- Aboriginal Drug & Alcohol Residential Rehabilitation Network (ADARRN)

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