

Symposium: Collaborative Approaches to Operationalising Implementation Studies: Lessons From the Grog App in Primary Care

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Aim: Addressing alcohol-related harm requires innovative, context-sensitive approaches that resonate with the communities they aim to serve. This presentation outlines a collaborative effort between researchers, healthcare providers, and community stakeholders to develop and implement a digital tool to improve alcohol screening and brief intervention in Aboriginal and Torres Strait Islander primary care.

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Presentation 1

Adapting the Grog App to Ask About Drinking and Deliver Tailored Brief Intervention in Aboriginal and Torres Strait Islander Primary Care

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Introduction: A range of barriers make screening for alcohol use harder in Aboriginal and Torres Strait primary care settings. Clients may be reticent to take part because of past experiences of racism, fear of adverse consequences of admitting to heavy drinking (e.g.,

child removal), or shame. It can be difficult for health professionals to screen their family or close friends. There is also limited time for screening as clients may have multiple competing health and/or social concerns. Designed as a population survey tool, the Grog App is an engaging, accurate and acceptable method to record an individual's alcohol consumption. This study is adapting the Grog App items for primary care.

Method/Approach: A co-creation approach was taken to adapt the Grog App for use in primary care contexts. The App was developed based on multiple sources: input from a national forum, findings from a Delphi study conducted with Aboriginal and Torres Strait Islander and non-Indigenous health, and via iterative cycles of feedback from community, health professional, software developers.

Key Findings: Here we present core content developed to screen for alcohol use in primary care: (i) Screening items; (ii) Grog App results sent to the treating health professional via practice software; and (iii) a cheat sheet to help health professionals to understand the Grog App results with tips for consideration of next steps.

Conclusions and Next Steps: To our knowledge this is the first time a validated digital screening tool is being implemented to ask about drinking in primary care for and with Aboriginal and Torres Strait Islander peoples. Given the burden of disease from alcohol experienced by Aboriginal and Torres Strait Islander peoples – it is timely to now focus our efforts to make it easier for health professionals to ask about alcohol use, and to enable clients to access appropriate alcohol care.

Implications for Practice or Policy: Lessons from this study will inform clinicians in their efforts to ask about alcohol use in primary care.

Presentation 2

Designing for Dignity: How to Make it Easier to Ask About Alcohol in Primary Care From a Technology Solutions Perspective

Jim Cook, Lydia Gu & Darren Phung

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Introduction: Little is known on the processes taken to develop digital tools for alcohol use from a software development process. We aim to describe the collaboration between the Grog App researchers and a software development innovation team.

Approach: The Designing for Dignity framework developed at The University of Sydney ICT TechLab was used to guide the design process. This framework prioritises access and use of the technology developed regardless of individual functional needs and has been successfully operationalised in mental health research.

Implementation: Our focus was to build an inclusive web application that is based on principles of accessibility, empowerment, and usability. An iterative approach ensured that user feedback was continuously integrated into the design process, resulting in an application that is effective and user-friendly.

Conclusions and Next Steps: Based on iterative feedback with multiple interest-holders, the build of the Grog App in primary care is well underway. The team will test the accuracy of

this new application in a validation study, prior to conducting an implementation study in an urban primary care setting.

Implications for Practice or Policy: This study has key lessons to share on approaches taken to develop inclusive software application programs targeting alcohol use and health.

Presentation 3

Asking About Alcohol Use in Primary Care in a Way That Works for Community

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Introduction: The community and health service voice is seldom heard in health studies. Here we describe a collaboration between community, health services, researchers and software developers – to make it easier to ask about alcohol use in a primary care setting serving Aboriginal and Torres Strait Islander peoples.

Method/Approach: Steps taken to embed community and health service perspectives in the research project will be laid out. This includes from conception of the study, through to efforts to prioritise community perspectives in the build of this digital tool.

Implementation: Screening items were shared with the community via the participating health service in urban Queensland. Multiple opportunities were taken to ensure we ask about alcohol in a sensitive, respectful and healing-informed way.

Conclusions and Next Steps: Based on feedback from our community and service, the build of the Grog App in primary care is underway. After completion of a validation study in 2026, this tool will then be implemented at our service to refine how to seamlessly integrate the Grog App with practice software. Ultimately, our shared aim is to help more clients coming to our service around alcohol, and to make it easier for our health professionals to provide alcohol care.

Implications for Practice or Policy: Lessons from this implementation study will inform clinicians in their efforts to ask about alcohol use in primary care.

Presentation 4

Implementing the Grog App Into an Urban Primary Care Service for and With Aboriginal and Torres Strait Islander Peoples

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Introduction: Little is known on the use of continuous quality improvement (CQI) to improve alcohol screening and brief intervention in Aboriginal and Torres Strait Islander primary care contexts. This study will work with multiple interest-holders to implement a digital alcohol screening and brief intervention tool in an urban Aboriginal and Torres Strait Islander primary care service. The CQI approach is a formative evaluation method that is flexible and

responsive to a diverse and dynamic environment such as primary care. The key philosophy of CQI is to involve everyone in the organisation to review the processes of delivering alcohol care and planning and executing improvement.

Method/Approach: This implementation study will consist of three Plan-Do-Study-Act cycles, each approximately four months in duration. In the setup phase of this stage, collaboration with the partner primary care service will determine how best to incorporate the implementation study into local CQI efforts. It is hoped this will minimise disruption, reduce burden, and maximise engagement.

Implementation: We will outline lessons learned to implement this alcohol CQI study. This is particularly relevant given multiple competing priorities of staff and the sensitive nature of alcohol.

Conclusions and Next Steps: To our knowledge no other CQI study has been written up focusing on alcohol care in Aboriginal and Torres Strait Islander primary care.

Implications for Practice or Policy: Lessons from this study will inform other primary care services around Australia in efforts to improve alcohol screening rates among Aboriginal and Torres Strait Islander peoples.

Discussion Section

This presenter symposium will detail a collaboration between multiple interest-holders to improve how we ask about alcohol use in Aboriginal and Torres Strait Islander primary care. We draw together diverse perspectives to illustrate our efforts to adapt a validated tool to ask about drinking with Aboriginal and Torres Strait Islander peoples (The Grog App).

Rather than just relying on consultation, we engaged diverse expertise and incorporate unique methodologies from different disciplines to arrive at the optimum implementation design. While this may pose challenges and a greater need for design flexibility, we believe that this approach to co-design will ultimately result in more effective implementation.

Following the individual presentations, we will facilitate an open-format discussion that invites audience members to bring their own diverse perspectives.