Efficacy of P.A.R.T.Y. program delivery model for regional participants - Outreach verses In-hospital

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AIM
The aim of this study was to compare the two program models through analysis of participant perception regarding safety of:
• driving after alcohol consumption;
• likelihood of utilising a designated safe driver after drinking alcohol;
• seat-belt use;
• and perceptions of likelihood of injury after risk-taking activities.

CONCLUSION
• The P.A.R.T.Y. program cohorts were demographically similar across models, displaying comparable risk profiles.
• Program effectiveness was consistent between models, however outreach participants demonstrated less decay in positive perceptions 3-5 months post program.
• P.A.R.T.Y. program perception change was more prominent when delivered as an outreach model.

METHOD
Surveys with questions focused on the program aims were distributed to all consented participants from regional areas
• Pre-program
• Immediately post-program
• 3-5 months post-program (follow-up)
Data collected from August 2013 – June 2017. The results were then compared and analysed for any outcome difference. Study is IRB approved

BACKGROUND
Worldwide, unintentional injuries are the second leading cause of years lost because of disabilities for 10 to 24-year-olds, accounting for 12% of the total years lost.1
In young Australians, injury is the leading cause of mortality, accounting for two-thirds of deaths in those under the age of 24 years and being responsible for more deaths of 12-24 year old Australians than all other causes combined.2
It has been demonstrated that reaching schools and communities through quality injury prevention programs can and has significantly reduced the number of preventable injuries and deaths.3

The Prevent Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y.) Program uses vivid clinical reality to build resilience and prevent injury by following a trauma patient’s journey through hospital. The Alfred in Melbourne delivers two models of this program - the in-hospital program, which runs within the hospital setting and the outreach program, which converts regional performing arts centres to replicate the hospital setting.

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Pre-Program</th>
<th>Post-Program</th>
<th>Follow-up</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Definitely not&quot; likely to drive after drinking alcohol</td>
<td>In-hospital 228 (91%)</td>
<td>230 (92%)</td>
<td>228 (91%)</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>Outreach 248 (85%)</td>
<td>267 (90%)</td>
<td>264 (89%)</td>
<td>0.85</td>
</tr>
<tr>
<td>&quot;Definitely&quot; likely to designate a safe driver after drinking</td>
<td>In-hospital 247 (98%)</td>
<td>249 (99%)</td>
<td>242 (98%)</td>
<td>0.99</td>
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<tr>
<td></td>
<td>Outreach 277 (95%)</td>
<td>286 (97%)</td>
<td>290 (99%)</td>
<td>0.95</td>
</tr>
<tr>
<td>&quot;Definitely&quot; likely to be injured after motor vehicle crash without seatbelt</td>
<td>In-hospital 165 (66%)</td>
<td>203 (81%)</td>
<td>171 (68%)</td>
<td>0.28</td>
</tr>
<tr>
<td></td>
<td>Outreach 169 (58%)</td>
<td>215 (73%)</td>
<td>194 (66%)</td>
<td>0.23</td>
</tr>
<tr>
<td>&quot;Definitely&quot; likely to be injured during risk-taking activities</td>
<td>In-hospital 36 (14%)</td>
<td>89 (36%)</td>
<td>51 (20%)</td>
<td>&lt;0.001</td>
</tr>
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<td></td>
<td>Outreach 29 (10%)</td>
<td>105 (36%)</td>
<td>86 (29%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>&quot;Definitely&quot; likely that the P.A.R.T.Y program will change perception of actions</td>
<td>In-hospital 92 (37%)</td>
<td>208 (85.5%)</td>
<td>162 (65%)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Outreach 52 (18%)</td>
<td>185 (63%)</td>
<td>154 (52%)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Table 1: Participant Report of Risk taking perceptions (%)

DEMOGRAPHICS
• 2262 total number rural participants
• 1328 evaluation offered
• 537 (40%) evaluation completed
• 296 (54%) attended outreach program
• Mean age of 16.4 (SD 0.7) years
• 313 (58.1%) female
• 423 (78%) possessed a driving learner’s permit

REFERENCES