

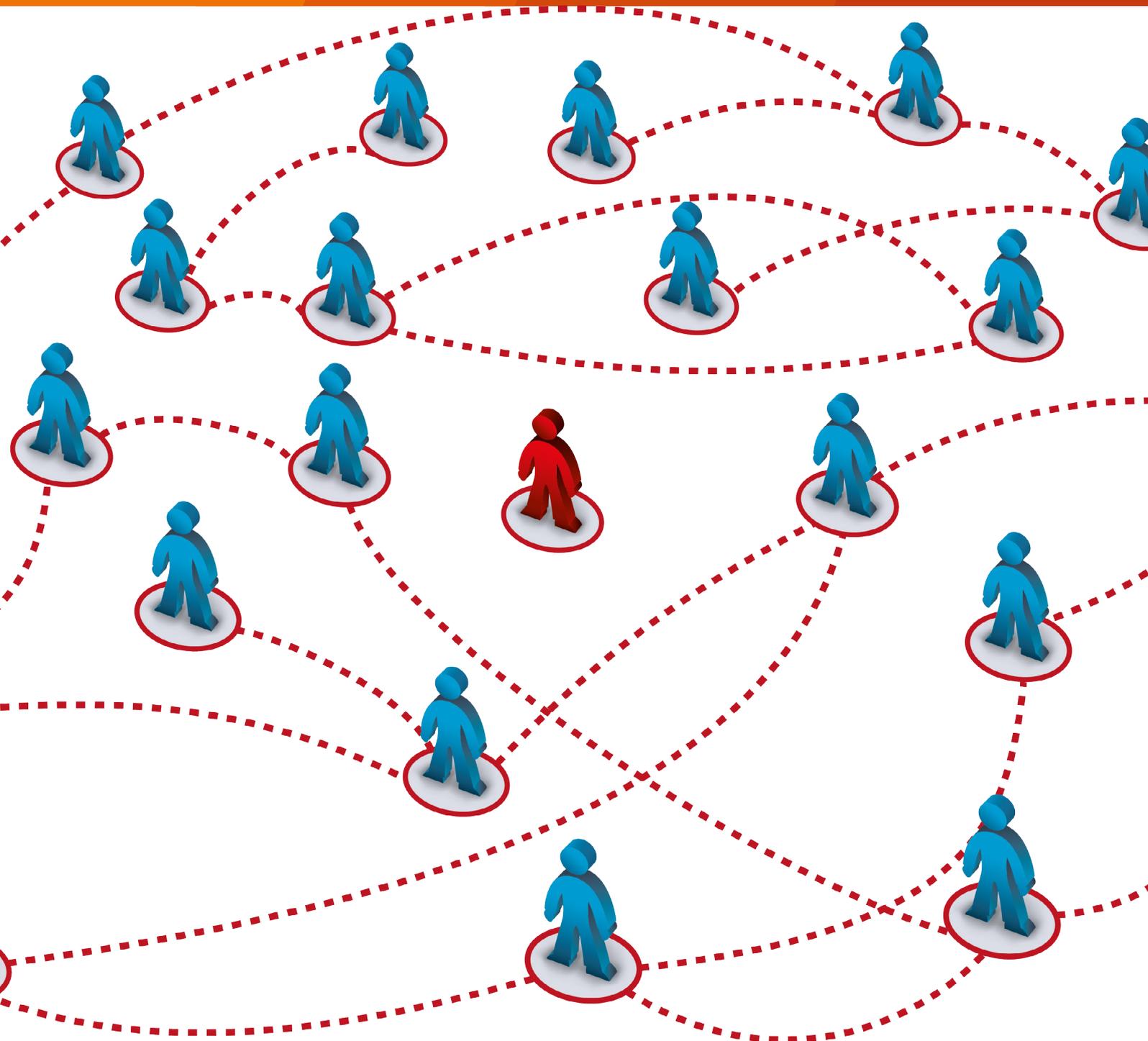


# Stigma, Discrimination and Injecting Drug Use HETI eLearning Module for NSW Health Staff Evaluation Report

Never Stand Still

Art & Social Sciences

Centre for Social Research in Health



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## Glossary

<b>AH&amp;MRC</b>	Aboriginal Health and Medical Research Council
<b>AIVL</b>	Australian Injecting & Illicit Drug Users League
<b>AOD</b>	Alcohol and Other Drug
<b>CSRH</b>	Centre for Social Research in Health
<b>HETI</b>	Health Education and Training Institute
<b>HIV</b>	human immunodeficiency virus
<b>NUAA</b>	NSW Users and AIDS Association
<b>PWID</b>	people who inject drugs

# Executive Summary

The NSW Ministry of Health commissioned the Centre for Social Research in Health to conduct an evaluation of a 'Stigma, Discrimination and Injecting Drug Use' eLearning module designed for NSW Health employees by the Health Education and Training Institute (the HETI module). The interactive 40-minute module offers insights and opportunities for self-reflection around attitudes and behaviours towards people who inject drugs (PWID), with the aim of improving client health outcomes and experiences within health care settings.

The evaluation aimed to determine the impact of the HETI module on staff attitudes towards, and concerns about, the behaviour of their clients who inject drugs, and whether the module was effective in changing staff attitudes, feelings and behavioural intentions after completion of the training.

All NSW Health employees who completed the HETI module were invited to participate in the evaluation, which consisted of short surveys conducted prior to completing the module, immediately after completing the module, and three months after completing the module.

## Key Points

- The Stigma, Discrimination and Injecting Drug Use HETI eLearning module for NSW Health staff was evaluated by the Centre for Social Research in Health, University of NSW.
- All NSW Health employees who undertook the training were invited to participate in the evaluation. Participants were asked to complete a survey prior to starting the training, immediately after the completion of the training and then a follow up survey three months after the training.
- 139 participants completed both the pre survey prior to completing the HETI module and the post survey after completing the elearning module.
- 43 participants completed the pre, post and 3-month follow up surveys. As the follow up sample is small caution must be used when interpreting results based on this follow up sample.
- Pre and post sample characteristics: mean age of the sample was 47 years and the majority of the sample was female n=112 (81%). Just over half of the respondents had worked in the Alcohol and other Drug (AOD) sector for 11 years or more, n=71 (51%) and most were from a nursing background n=86 (62%). One hundred and five participants (76%) reported that their work involved direct contact with clients. All respondents noted that some percentage of clients who attended their service were people who inject drugs (PWID).

- Pre, post and follow up sample characteristics: The characteristics of this sample were similar to the pre and post sample. The mean age of this sample was slightly younger than the pre and post sample at 43 years, and the majority were female n=37 (86%). Just under 50% had worked in the AOD sector for 11 years or more (n=71). While majority of respondents were from the nursing profession- n=24 (58%), this was less than in the pre and post only sample. Sixty percent (n=26) noted that their work involved direct contact with clients, while 40% (n=17) said that their work did not. Similar to the above sample, all respondents stated that some percentage of clients who attended their service were PWID.
- Participants were asked 12 statements regarding their attitudes towards PWID. Encouragingly, data indicates a positive change in attitude towards PWID from the pre to post module responses as a result of the training, but not in the follow up sample.
- In order to assess changes in the way participants may respond to PWID after completing the HETI module, they were asked to respond to four hypothetical scenarios. Participants did not endorse the more negative behaviours or assumptions depicted in the hypothetical scenarios. Furthermore, after completing the HETI module, participants were less likely to support behaviour or attitudes depicted in the scenarios which may be more negative towards PWID.
- Participants were presented with a brief scenario about a client attending their service and then asked six questions assessing personal concerns which may arise when they learn about the injecting history of this client. Participants' scores were significantly different between the pre and post survey administration and this difference remained at the 3-month follow up. Hence participants showed less personal concern around client behaviours after they completed the HETI module and this lowered concern remained at the 3-month follow up.
- The majority of participants felt that the course content was very relevant to them and made a difference to their work. Participants also felt that they knew how to use the skills and knowledge gained from the course, that they intended to use to this knowledge in their work, and that the course covered the topic thoroughly.
- Participants who rated the course higher were less likely to endorse negative behaviours towards PWID (as depicted in the hypothetical scenarios) and were less likely to be concerned that clients would behave in a negative or disruptive manner.
- Findings from the evaluation are very positive, indicating that this module impacts on attitudes and on how participants may treat PWID. Participants attitudes towards and thoughts about how they would treat PWID in a clinical setting and their concerns about any negative behaviours of these clients who inject, are more positive after they complete the HETI module.

# 1 The Health Education and Training Institute (HETI) Module

Research has shown that stigma and discrimination towards people who inject drugs (PWID) can lead to negative health outcomes, may have a major impact on willingness to access health services and can affect the uptake of HIV or hepatitis C treatment. PWID encounter stigma and discrimination within health care settings and across the community (Brenner, von Hippel, Wilson & Hopwood, 2016; Australian Injecting & Illicit Drug Users League (AIVL), 2012; ASHM and National Centre in HIV Social Research, 2012).

## eLearning Module

The 'Stigma, Discrimination and Injecting Drug Use' eLearning module has been developed for the NSW Health workforce. The interactive 40-minute module offers insights and opportunities for self-reflection around attitudes and behaviours toward PWID, with the aim of improving client health outcomes and experiences within health care settings. The stories and personal encounters examined in the module are drawn from real experiences of individuals across a range of health care settings. The eLearning module is available to the NSW Health workforce at HETI Online: <https://hetionline.cit.health.nsw.gov.au/>

The module was jointly developed by, the Australian Injecting & Illicit Drug Users League (AIVL), NSW Users and AIDS Association (NUAA), HETI and the NSW Ministry of Health. Other key stakeholders included Justice Health and Forensic Mental Health Network, the Aboriginal Health and Medical Research Council (AH&MRC) and Harm Reduction Victoria. The module is based on an existing training program 'Putting together the Puzzle' developed by AIVL.

The goal of the module is to improve the health outcomes for people who inject drugs by:

- Reducing stigma and discrimination directed at PWID in health care settings
- Improving access to quality therapeutic care for PWID
- Strengthening relationships between PWID and health care providers

## Performance Outcomes

1. Recognise how stigma and discrimination towards PWID can generate negative health outcomes
2. Identify where assumptions and inherent attitudes about PWID are drawn from
3. Recognise the impact that negative language and harmful attitudes may have upon access to health care services for PWID
4. Question assumptions about the motivations of PWID when accessing health care services

## 2 Evaluation Questions

The Stigma, Discrimination and Injecting Drug Use HETI eLearning module for NSW Health staff was evaluated by the Centre for Social Research. All NSW Health employees who completed the HETI module were invited to participate in the evaluation which consisted of short online surveys conducted at three points in time: (1) prior to completing the module (pre survey) (2) immediately after completing the module (post survey) and (3) three months after completing the module (3-month follow up survey). The surveys included demographic, work history, attitude and behaviour questions (outlined in more detail below).

The evaluation aimed to address the following key questions:

- 1. What is the impact of the HETI module on participants' attitudes towards and concerns about the behaviour of their clients who inject drugs immediately prior to completing the module, immediately following completion of the module, and at a 3-month follow up?**
- 2. Is the HETI module effective in changing participant attitudes, feelings and behavioural intentions immediately following completion of the module and at the 3-month follow up?**

## 3 Evaluation Process/Methods

All visitors to the NSW HETI module training program were invited to participate in the evaluation via a notice on the front page of the module. This notice included notification of a prize draw (5 x \$100) for those participants completing the pre and post module surveys. After completing the pre survey, participants were directed to the HETI module. At the completion of the module, participants were directed to the post survey. After participants had completed the post survey, they were asked to provide their email address for entry into the prize draw and for re-contact for a follow-up survey at three months. At the 3-month period, participants were re-contacted and invited to complete the follow-up survey, including notification of another prize draw for completion of the final survey (5 x \$100).

Ethics approval was provided by the South East Sydney Local Health District and site specific approval was provided by each Local Health District.

# 4 Measures

## 4.1 Demographics

A range of demographic measures were assessed in the initial pre survey (See Appendix 1 for the pre and post survey). These included age, gender, level of education, number of years they had worked in the Alcohol and Other Drug (AOD) sector, their professional role and whether they worked directly with clients. Participants were also asked to indicate how much direct contact they had with clients and how much contact they had with clients who inject drugs.

## 4.2 Attitudes towards injecting drug users

Participants were asked to respond to 12 statements regarding their attitudes towards people who inject drugs (e.g. “I won’t associate with people who inject drugs if I can help it” and “I think people who inject drugs are disgusting” Brener and von Hippel, 2008). Items were scored on a 5 point scale from strongly disagree to strongly agree with higher numbers indicative of more negative attitudes. These 12 items were summed to develop an Attitude to PWID scale.

## 4.3 Hypothetical scenarios

In order to assess changes in the way participants may respond to PWID after completing the HETI module, they were asked to respond to four hypothetical scenarios on a scale from ‘most unlikely’ (1) to ‘most likely’ (10). The items addressed issues that participants may face when working with PWID.

## 4.4 Concerns about client behaviours

Participants were presented with a brief scenario about a client attending their service and then asked six questions to assess whether they had any personal concerns when learning about the injecting history of their client (e.g. “he/she may become violent” and “you fear for your personal safety”). The items were scored on a 10 point scale from ‘not a concern’ to ‘a major concern’ with higher numbers indicative of greater concern. The items were then added to develop a Client Concern scale.

# 5 Results

## 5.1 Participants

- 139 participants completed both the pre and post intervention survey including all attitude items and items depicting hypothetical scenarios and concerns around client behaviours
- 43 participants completed the pre, post and 3-month follow up survey

The report is structured to first provide analysis and commentary on the pre and post analysis (n=139) and then the pre, post and follow up analysis (n=43). Tables 1 and 2 list the demographics variables and other relevant characteristics of both samples.

### 5.1.1 Pre and post sample characteristics (n=139)

The average of the sample was 47 years; the overwhelming majority being female n=112 (81%) and most had either an undergraduate degree n=34 (25%) or postgraduate degree n=64 (47%). The majority of respondents had worked in the AOD sector for 11 years or more, n=71 (51%) and were from the nursing profession n=86 (62%). One hundred and five participants (76%) reported that their work involved direct contact with clients while 34 (26%) reported that they did not work directly with clients. When asked what percentage of their workload involved client contact, all participants reported some level of contact with clients, even if small. Additionally all respondents noted that some percentage of the clientele who attended their service were people with a history of injecting drug use.

Table 1 Pre and post participant characteristics (n=139)

	n (%)
Age (M, SD)	46.7 (11.5)
Gender	
Female	112 (80.6)
Male	27 (19.4)
Education	
Year 10 or below	8 (5.8)
Year 12	12 (8.6)
Certificate/Diploma	20 (14.4)
Undergraduate degree	34 (24.5)
Postgraduate degree	65 (46.8)
Years worked in the AOD sector	
Less than one year	12 (8.6)
1-2 years	9 (6.5)
3-5 years	24 (17.3)
6-10 years	23 (16.5)
11 years or more	71 (51.1)
Professional role	
Medical	2 (1.4)
Nursing	86 (62.1)
Allied Health	17 (2.2)
Other	34 (24.5)
Work directly with clients	
Yes	105 (75.5)
No	34 (24.5)

### 5.1.2 Pre and post and follow up sample characteristics (n=43)

The characteristics of the follow up sample were similar to the pre and post sample (see Table 2). The average of this sample was slightly younger than the pre and post sample at 43 years, and again the majority were female n=37 (86%) and most had an undergraduate degree (n=14, 33%) or a postgraduate degree (n=22, 51%). Just under 50% of participants had worked in the AOD sector for 11 years or more (n=21). While the majority of respondents were from the nursing professional n=24 (58.1%), this was less than in the pre and post only sample, and 26% did note 'other' as their professional role. Sixty percent of participants (n=26) noted that their work involved direct contact with clients, while 40% (n=17) said that their work did not involve direct client contact. All participants reported some level of direct client contact, and most noted that some percentage of clients who attended their service were people with a history of injecting drug use.

Table 2 Pre and post and follow up participant characteristics (n=43)

	n (%)
Age (M, SD)	44.3 (11.5)
Gender	
Female	37 (86)
Male	6 (14)
Education	
Year 10 or below	-
Year 12	3 (7)
Certificate/Diploma	4 (9.3)
Undergraduate degree	14 (32.6)
Postgraduate degree	22 (51.2)
Years worked in the AOD sector	
Less than one year	5 (11.6)
1-2 years	5 (11.6)
3-5 years	7 (16.3)
6-10 years	5 (11.6)
11 years or more	21 (48.8)
Professional role	
Medical	-
Nursing	25 (58.1)
Allied Health	7 (16.3)
Other	11 (25.6)
Work directly with clients	
Yes	36 (60.5)
No	17 (39.5)

## 5.2. Contact with clients and with people who inject drugs

### 5.2.1 Pre and post sample (n=139)

In order to assess the amount of time participants spent working directly with clients and with PWID, they were asked the following questions:

What percentage of your workload involves direct work with clients?

**Table 3 Contact with clients (pre and post sample)**

% contact	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
n (%)	19(14.0)	12(8.6)	8(5.8)	6(4.3)	0(0)	11(7.9)	3(2.2)	4(2.9)	14(10.1)	23(16.5)	39(28.0)

Participants were also asked the percentage of their clients that had a history of injecting drug use.

**Table 4 Contact with PWID (pre and post sample)**

% contact	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
n (%)	10(7.2)	31(22.0)	14(10.0)	11(7.9)	9(6.5)	12(8.6)	6(4.3)	9(6.5)	7(5.0)	16(11.5)	13(9.4)

### 5.2.2 Pre and post and follow up sample (N=43)

What percentage of your workload involves direct work with clients?

**Table 5 Contact with clients (pre and post and follow up sample)**

% contact	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
n (%)	9(20.9)	5(11.6)	1(2.3)	2(4.7)	0(0)	3(7.0)	0(0)	2(4.7)	2(4.7)	7(16.3)	12(27.9)

Participants were also asked the percentage of their clients that had a history of injecting drug use.

**Table 6 Contact with PWID (pre and post and follow up sample)**

% contact	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
n (%)	5(11.6)	9(20.9)	5(11.6)	4(9.3)	5(11.6)	4(9.3)	3(7.0)	3(7.0)	2(4.7)	2(4.7)	1(2.3)

## 5.3 Attitudes towards people who inject drugs (Q9, pre-survey)

### 5.3.1 Pre and post sample (n=139)

Participants completed the same set of items assessing attitudes towards PWID in the pre survey and in the post survey in order to assess whether there were any changes in attitudes after completing the training. The average score for the pre survey was 31.55 and for the post survey was 29.83. These mean scores indicate that attitudes overall lie in the mid-range of the scale (neither positive nor negative). A paired t-test was undertaken to assess whether any changes in scores occurred in the summed attitude items prior to and after viewing the HETI module (the 'Attitude to PWID' scale). Very encouragingly, data show that a change occurs in attitudes from pre to post module survey, with staff attitudes towards PWID being more positive after completing the module,  $t(138) = 4.46$ ,  $p < 0.001$ .

- Data show a positive change in staff attitudes towards PWID after completing the HETI module

### 5.3.2 Pre and post and follow up sample (N=43)

A third administration of these 12 attitude items was undertaken three months following completion of the HETI module by 43 participants who had also completed the pre and post evaluation. The average score ( $x=27.98$ ) on the Attitude to PWID scale at 3 months post completion was similar to the revised averages at the pre survey ( $x=32.02$ ) and the post survey ( $x=30.93$ ). Repeated measures ANOVA however showed that there was no difference in reported attitudes towards PWID across the three administrations of the survey  $F(1,42)=3.67$ ,  $p=0.05$ . This may be a result of the small size at follow up.

## 5.4. Hypothetical scenarios (Q10-13, pre-survey)

Participants were asked four hypothetical scenarios to which they had to respond on a scale from most unlikely (1) to most likely (10). The scenarios addressed issues that workers may face when working with PWID.

### Scenario A

**A health worker is treating a patient who injects drugs who also suffers a painful medical condition. The patient insists on pain relief but the health worker worries that the patient does not actually have bad pain but is 'drug shopping'. On a scale from 1 to 10, how likely would you be to feel the same way as this health worker?**

### 5.4.1 Pre and post sample (n=139)

The average response score on this item prior to completing the HETI module was  $x=3.97$ , and after completing the module it was  $x=3.03$ , indicating that participants were not likely to feel the same way as the health worker treating the client. Additionally, for the post survey, the average score was noticeably lower than for the pre survey. A paired t-test was

conducted to assess whether differences existed in how health workers had answered the question between the pre and post surveys. Data indicate that responses to this item was significantly different before and after completion of the HETI module, with participants less likely to agree with the health worker in the scenario after the module,  $t(137) = 6.54$ ,  $p = 0.00$ .

#### 5.4.2 Pre and post and follow up sample (n=43)

At 3-month follow up survey, the average score for this item for the 43 participants was  $x=2.98$ . The pre survey and post survey averages were  $x=4.12$  ( $SD=.31$ ) and  $x=3.29$  ( $SD=.28$ ) respectively. Repeated measures ANOVA supported the earlier data with the finding of a significant main effect,  $F(1,41)=7.12$ ,  $p=.1$ .

- This finding indicates that participants are less likely to agree with the health worker in the scenario immediately after completing the module than they are prior to completing the module, and that this response remains at the 3-month follow up

### Scenario B

**A patient who injects drugs walks into a service complaining of severe migraines and requesting pain relief. A health worker informs her that she cannot be accommodated at this service and she should go elsewhere. On a scale from 1 to 10, how likely would you be to agree with this health worker?**

#### 5.4.3 Pre and post sample (n=139)

The mean score on this scenario prior to completing the HETI module was  $x=2.63$  and at completion of the module was  $x=2.42$ , showing again that these participants were not likely to agree with the health worker presented in the scenario above. A paired t-test was conducted to assess whether differences existed in how respondents had answered the question prior to completing the module and after completing the module. While the trend in the data appears to indicate that responses to the two items differ (with those at the post survey being even less likely than at the pre survey to agree with the health worker in the scenario), this difference does not quite reach statistical significance,  $t(137) = 1.95$ ,  $p = .053$ . For this scenario it must be noted that the mean responses of just over 2 for both administrations already lie strongly towards not agreeing with the health worker in the scenario and may represent a ceiling effect, ie no real room for responses to change over the three time periods.

#### 5.4.4 Pre and post and follow up sample (n=43)

At the 3-month follow up the average score on this item for the 43 people who responded was  $x=2.12$  ( $SD 1.50$ ). The revised means for this smaller sample pre survey ( $x=2.6$ ,  $SD=1.86$ ) and post survey ( $x=2.5$ ,  $SD=1.93$ ) were compared to the 3-month follow up survey. Repeated measures ANOVA, which is used to compare the difference between three or more means, showed no difference between the averages on this item at the three different time points,  $F(1,41) = 1.57$ ,  $p=.217$ . This is to be expected as respondents in all three

administrations did not alter their view that they were unlikely to agree with the course of action decided upon by the health worker in the scenario.

## Scenario C

**The workers at a health service which caters to a large number of people who inject drugs decide that they will not leave a patient who injects drugs unattended in the waiting room and/or alone in the examining/treatment room. The workers are worried the patient may steal from the service or other patients. On a scale from 1 to 10, how likely are you to support this decision?**

### 5.4.5 Pre and post sample (n=139)

The average score for participants prior to completing the HETI module was  $x=4.58$  and after completing the module was  $x=3.61$  showing that these participant responses fell slightly on the side of not supporting the workers' decisions prior to doing the module but their lack of support for the workers' decisions had increased after they had completed the module. Findings from a paired t-test comparing participants pre and post survey responses showed that mean responses to this item differed significantly, with participants being less likely to support the workers' decisions not to leave PWID in the waiting room or examining room unattended after they had completed the HETI module,  $t(136), 5.96, p=0.00$ .

### 5.4.6 Pre and post and follow up sample (n=43)

- Evaluation data indicates that after participants completed the HETI module they were less likely to support the scenario workers' decisions not to leave PWID in the waiting room or examining room unattended and this pattern remained the same at the 3-month follow up

At the 3-month follow up, the mean score for this item for the 43 participants was  $x=2.88$ . A repeated measure ANOVA comparing this mean to the revised means for the pre ( $x=4.7$ ) and post ( $x=3.74$ ) scores on the 43 participants who completed all three administrations, showed a significant main effect,  $F(1, 42) = 11.51, p=.002$ .

## Scenario D

**A health worker has a client who has a need for regular and on-going medical care. However the client continues to inject drugs. As a result the health worker feels that she can't continue to see him until he completely stops his drug use. The clients says he can't stop but will try to cut down, however the health worker feels that he may not be honest about his reduction in drug use and decides to discontinue his treatment anyway. If faced with a similar situation, how likely would you be to do the same as this health worker?**

### 5.4.7 Pre and Post training sample (n=139)

The average score on this item at the pre survey was  $x=2.59$  and at the post survey was  $x=2.25$ , indicating that participants were not likely to do the same as this worker and discontinue the client's treatment.

- Data from the paired t-test shows that responses to this item were significantly different before and after completion of the HETI module with participants being even less likely to agree with the behaviour of the health worker in the scenario after the module than before,  $t(138) = 2.60, p= 0.10$
- This did not hold at the 3-month follow up possibly because the follow up sample is so small

### 5.4.8 Pre and post and follow up sample (n=43)

For the follow up sample of 43 participants the average score for this item was  $x=2.07$ . Revised means for the pre survey ( $x=2.47$ ) and the post survey ( $x=2.37$ ) were compared to the follow up survey average responses. Repeated measures ANOVA showed no significant main effect,  $F(1,42) = 1.07, p=.31$ ) which indicated that there is no difference in average responses of participants across the three administrations. This is different to the reported findings at the pre and post survey where a significant change in participants' response to this item prior to completing the module and after completing the module was found. That this difference is no longer detectable across all three administrations of the survey may be a product of the small sample size at 3 month follow up.

## 5.5 Client Concern scale (Q14, pre-survey)

### 5.5.1 Pre and post sample (n=139)

The average score of participant responses to the Client Concern scale prior to completing the module was 5.02 lying midway along the scale, and at time 2 was 4.14 slightly closer to the 'not a concern' end of the scale. Participant pre and post survey response were compared using a paired t-test and the data indicate that responses to the scaled items prior to the HETI module and after doing the HETI module were significantly different,  $t(131)=6.47, p=0.00$ .

- The data shows that participants had less person concern that a client who inject drugs would behave in a negative way after they had completed the HETI module and this change remained evident at the 3-month follow up

### 5.5.2 Pre and post and follow up sample (n=43)

At the 3-month follow up, the totalled average scores on the Client Concern scale was  $x=3.66$ . Repeated measures ANOVA using the revised means for the pre survey responses ( $x=5.21$ ) and post survey responses ( $x=4.03$ ) showed a significant main effect, indicating that a difference exists between the three administrations of the survey,  $F(1,40) = 10.06, p=0.003$ . Post hoc analysis was conducted to establish where this differences lies, as

expected responses to these items are significantly different between the pre and the post surveys, but not between the post survey and the 3-month follow up survey. This indicates that participants showed less concern around client behaviours after they completed the HETI module and this lowered concern remained at the 3-month follow up.

## 5.6 Feedback on the HETI course from the post survey (n=139)

Feedback on the HETI module was only obtained at completion of the module (see Tables 7 and 8).

- In terms of the course content, the majority of participants felt that the course content was relevant to them and would make a difference to their job if they used what they had learnt from the course
- Participants also felt that they knew how to use the skills and knowledge from this course and that they intended to use this knowledge in their work and, finally that the course covered the topic thoroughly

Again more than 80% of the sample indicated a positive response to all items (that is a score of 5, 6 or 7). Although there were a number of participants who chose neutral in relation to each question (see table below). In terms of the course content, 99 participants (71%) felt the content was just right, 2 people felt that it was too basic and no one felt that it was too complex.

**Table 7 Feedback on HETI module**

	Strongly disagree	2	3	Neutral	5	6	Strongly agree
The content is relevant	3(2.2)	6(4.3)	1(0.7)	12(8.6)	20(14.4)	21(15.1)	75(54.3)
Make a difference to my work	2(1.4)	2(1.4)	5(3.6)	16(11.5)	18(12.9)	39(28.1)	57(41.0)
I have an idea how to use skills and knowledge	3(2.2)	2(1.4)	2(1.4)	15(10.8)	25(18.0)	41(29.5)	51(36.7)
I intend to use skills and knowledge	3(2.2)	2(1.4)	0(0)	15(10.8)	21(15.1)	37(26.6)	60(43.2)
The course provided thorough cover of subject	3(2.2)	3(2.2)	3(2.2)	11(7.9)	26(18.7)	37(26.6)	54(38.8)

**Table 8 Feedback on course content**

	Too basic	2	3	Just right	5	6	Too complex
The content was...	2(1.4)	8(5.8)	8(5.8)	99(71.2)	17(12.2)	5(3.6)	0(0)

### 5.6.1 Inter-correlations with perceptions of course (n=139)

The five items which assessed what participants thought of the course and whether they will use it in their work (see Table 7) were added together to make a 'Course Perceptions' scale, with higher scores indicative of positive perceptions about the course context. This scale had very good reliability (.95). In order to look at whether the Course Perceptions scale was associated with any of their responses to the survey items, a Pearson product moment was used to look a correlations between perceptions of the course, attitudes towards PWID, the four hypothetical scenarios, and concerns around client behaviours.

- The data show that those participants who rated the course higher were less likely to endorse negative behaviours towards PWID as depicted in the hypothetical scenarios and were less likely to show concerns around client behaviours as measured on the Client Concern scale
- There was no association between Course Perceptions and attitudes towards PWID (see Table 9)

While this is an interesting finding it is important to note that the data is correlational and therefore we cannot infer causality. Hence it may be that those who felt more positive about the course were more likely to have more positive responses to PWID, but it may also be that people who are more positive towards PIWD may have been more receptive to, and hence more engaged with the HETI module.

As would be expected, the correlational data also show that participants' responses to all four scenarios, to the Client Concern scale, and the Attitudes to PWID scale, were all correlated. This illustrates that staff generally hold consistently more negative or more positive attitudes, concerns and/or behavioural intentions. There was no difference in attitudes towards PWID or on the hypothetical scenarios between those who have client contact and those who do not. However those who have more contact with clients were more likely to show concerns about the behaviour of PWID ( $r=.19$ ,  $p=0.03$ ).

**Table 9 Inter-correlations of variables (n=139)**

Variable	1	2	3	4	5	6	7
1. Course Perceptions							
2. Scenario A	-.27**						
3. Scenario B	-.33**	.52**					
4. Scenario C	-.19**	.54**	.41**				
5. Scenario D	-.34**	.64**	.66**	.61**			
6. Client Concerns	-.23**	.56	.38**	.50**	.57**		
7. Attitudes towards PWID	-.15	.35**	.32**	.36**	.44**	.38**	

\* $p < .05$ . \*\* $p < .01$ .

## 6 Discussion

The positive impact of the HETI module is evident in the changes in attitudes towards PWID and in responses of participants to items related to the client behaviours and health worker responses (hypothetical scenarios and client concern items) between the pre and post surveys. Even more interesting is that for the most part these changes in participant responses held at the 3 month follow up although not on the attitude items. (It is important to note that the 3 month follow up sample is small and these results need to be interpreted with caution).

- Participants attitudes were **more positive** towards PWID immediately after completing the HETI module

Differences in pre and post survey responses occurred on three of the four hypothetical scenario items and on the Client Concern scale. With the inclusion of the 3-month follow up data, these findings change slightly and different responses remain significant on two of the four hypothetical scenarios and on the Client Concern scale.

- Both participants' attitudes and the way they report responding to clients who inject drugs and their feelings about these clients' actions and behaviours as depicted in some of the hypothetical scenarios and concern items **changed** after completing the training module

This is an interesting and positive finding and suggests that undertaking this training module impacts on the way in which these health workers think about and understand the behaviours of their clients who inject drugs. Therefore the information in the module appears to give them greater insight into their own attitudes and into client behaviour, as well as the way they react to these clients who have a history of injecting. This is particularly relevant in relation to the concerns around client behaviour (the perception that clients may lie about their drug use, steal, become violent, pressure the worker for medications) as these are based on stereotypical notions of the ways in which drug using clients may behave. It appears that the module content may provide the impetus to self-reflect and perhaps alter this stereotypical ways of thinking about these clients. Additionally the last item in this measure which is about health workers' concerns about clients interpreting their behaviour as discrimination may also give these participants pause to reflect on how they may react to clients out of a fear of being misinterpreted. This can result in workers responding in an awkward manner to clients.

# 7 Conclusions

In conclusion the following can be noted in relation to the evaluation research questions:

**1. What is the impact of the HETI module on participants' attitudes towards and concerns about the behaviour of their clients who inject drugs immediately prior to completing the module, immediately following completion of the module, and at a 3-month follow up?**

- Findings from this evaluation show differences in attitudes towards PWID across the pre and post surveys, therefore showing a positive attitude shift as a result of completing the HETI module. This shift was not evident at the 3-month follow-up but it could also be a product of the small sample size.
- The evaluation also shows that a significant shift in a positive direction occurred on three of the four scenarios (A, C & D) from the pre to the post survey. For two of the scenarios (A & C) this change in response remained at the 3-month follow up.
- This indicates that, after completing the HETI module, participant attitudes were less negative and they were less likely to support behaviour or attitudes depicted in the scenarios which may be more negative towards PWID.
- For scenario B, in which no shift in response was recorded, the average responses of staff already lay strongly towards not agreeing with the health worker in the scenario and therefore there was little room for the responses to change over the three time periods.
- Analysis of the Client Concern scale indicates that participant responses were significantly different between the pre and post survey and that this difference remained at the 3-month follow up. Therefore, participants showed less concern around client behaviours after they completed the HETI module and this lowered concern remained at the 3-month follow up.

**2. Is the HETI module effective in changing participant attitudes, feelings and behavioural intentions immediately following completion of the module and at the 3-month follow up?**

- Findings from the evaluation are very positive, indicating that this module impacts on attitudes and on how participants may treat PWID. Participants attitudes towards and thoughts about how they would treat PWID in a clinical setting and their concerns about any negative behaviours of these clients who inject, are different before and after they complete the HETI module. They adopt a more positive stance on all measures after completing the module (even in cases where this difference is not significant).
- This change appears to remain at the 3-month follow up (not on attitude items). However the follow up sample is small and this data must be interpreted with caution.

# References

- i. Brener, L. & von Hippel, W. (2008) Measuring attitudes towards injecting drug users and people with hepatitis C. *Substance Use and Misuse*, 43, 295-302.
- ii. Brener, L. von Hippel, C, Wilson H and Hopwood, M. (2016). Health workers' support for hepatitis C treatment uptake among clients with a history of injecting. *Journal of Health Psychology*. <http://dx.doi.org/10.1177/1359105316642002>
- iii. Australian Injecting & Illicit Drug Users League (AIVL) (2012), National Anti-Discrimination Project. *Online Discrimination Survey Results*.
- iv. ASHM and National Centre in HIV Social Research (2012). *Stigma and Discrimination around HIV and HCV in Healthcare Settings: Research Report*.

# Appendix 1

## Pre Survey

What are the last 5 digits of your mobile phone number? We will use this to track your survey responses anonymously over time.

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1. What is your gender?

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Transgender

2. What is your age?

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3. What is your professional role?

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Allied Health
<input type="checkbox"/>	Other _____

4. Do you work directly with clients?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. Approximately what percentage of your workload involves direct work with clients? Please circle:

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

6. Approximately what percentage of the clients who access your service do you believe have history of injecting drug use? Please circle:

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

7. How long have you worked for NSW Health?

- less than one year
- 1-2 years
- 3-5 years
- 6-10 years
- 11 years or more

What Health service do you work with?

- Agency for Clinical Innovation
- Albury Wodonga Health
- Ambulance Service of NSW
- Bureau of Health Information
- Calvary Health Care (Sydney)
- Calvary Mater (Newcastle)
- Cancer Institute
- Central Coast LHD
- Clincical Excellence Commission
- Far West LHD
- Health Education and Training Institute
- Healthshare NSW
- Hunter New England LHD
- Illawarra Shoalhaven LHD
- Justice Health and Forensic Mental Health
- Karitane
- Mid North Coast LHD
- Ministry of Health
- Murrumbidgee LHD
- Nepean Blue Mountains LHD
- Northern NSW LHD
- Northern Sydney LHD
- NSW Health Pathology
- NSW Kids and Families
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
- Royal Rehabilitation Centre
- South Eastern Sydney LHD
- South Western Sydney LHD
- Southern NSW LHD
- St Vincent's Health Network
- Sydney LHD
- The Sydney Children's Hospital Network
- Tresillian
- Western NSW LHD
- Western Sydney LHD
- Other \_\_\_\_\_

8. What is the highest level of education you have completed?

<input type="checkbox"/>	Year 10 or below
<input type="checkbox"/>	Year 12
<input type="checkbox"/>	Certificate Diploma
<input type="checkbox"/>	Undergraduate
<input type="checkbox"/>	Postgraduate

9. The following statements are about people who inject drugs. For each, please note whether you agree or disagree with the statement. There are no correct answers, only your opinions.

	Strongly agree	Disagree	Neither agree nor disagree	Agree	Strongly disagree
I won't associate with people who inject drugs if I can help it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sight of people injecting drugs does not particularly bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who inject drugs are criminals who should be in jail to protect society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think people who inject drugs are disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is just plain wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is merely a different kind of lifestyle that should not be condemned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is immoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those in favour of injecting drug use tend to be injecting drug users themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be no restrictions on injecting drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid people who inject drugs whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no reason to restrict the places where people who inject drugs work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should feel sympathetic and understanding of people who inject drugs, who are unfairly attacked in our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next part of the surveys consists of some hypothetical scenarios. We would like you to give your opinion on the actions depicted in each of these. Please note that there is no right or wrong answer, only your opinions.**

10. A health worker is treating a patient who injects drugs who also suffers a painful medical

condition. The patient insists on pain relief but the health worker worries that the patient does not actually have bad pain but is 'drug shopping'. On a scale from 1 to 10, how likely would you be to feel the same way as this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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11. A patient who injects drugs walks into a service complaining of severe migraines and requesting pain relief. A health worker informs her that she cannot be accommodated at this service and she should go elsewhere. On a scale from 1 to 10, how likely would you be to agree with this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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12. The workers at a health service which caters to a large number of people who inject drugs decide that they will not leave a patient who injects drugs unattended in the waiting room and/or alone in the examining/treatment room. The worker is worried the patient may steal from the service or other patients. On a scale from 1 to 10, how likely are you to support this decision?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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13. A health worker has a client who has a need for regular and on-going medical care. However the client continues to inject drugs. As a result the health worker feels that she can't continue to see him until he completely stops his drug use. The clients says he can't stop but will try to cut down, however the health worker feels that he may not be honest about his reduction in drug use and decides to discontinue his treatment anyway. If faced with a similar situation, how likely would you be to do the same as this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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14. Imagine that someone has made an appointment at your service. This person is a current injecting drug user. What are the issues that come up for you when you learn this history about the new client Please rate on a scale from 1-10 with 1 being 'not a concern' and 10 being 'a major concern'.

A. He/she may lie about their drug use

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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B. He/she may be drug affected and not be coherent

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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C. He/she may become violent

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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D. You fear for your personal safety

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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E. He/she may pressure you for medications

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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F. You worry that he/she will interpret your behaviour as evidence that you are discriminating against him/her

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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## Post Survey

What are the last 5 digits of your mobile phone number? We will use this to track your survey responses anonymously over time.

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1. The content is relevant to my job

1 Strongly disagree	2	3	4 Neutral	5	6	7 Strongly agree
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2. I can make a difference in my job by using what I have learned

1 Strongly disagree	2	3	4 Neutral	5	6	7 Strongly agree
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3. I have clear ideas about how I can use the new skills and knowledge

1 Strongly disagree	2	3	4 Neutral	5	6	7 Strongly agree
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4. I intend to use the new skills and knowledge

1 Strongly disagree	2	3	4 Neutral	5	6	7 Strongly agree
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5. The course provided a thorough coverage of the subject matter

1 Strongly disagree	2	3	4 Neutral	5	6	7 Strongly agree
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6. The content was:

1 Too basic	2	3	4 Just right	5	6	7 Too complex
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7. Please include any additional feedback you would like to provide on the module:

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8. The following statements are about people who inject drugs. For each, please note whether you agree or disagree with the statement. There are no correct answers, only your opinions.

	Strongly agree	Disagree	Neither agree nor disagree	Agree	Strongly disagree
I won't associate with people who inject drugs if I can help it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sight of people injecting drugs does not particularly bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who inject drugs are criminals who should be in jail to protect society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think people who inject drugs are disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is just plain wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is merely a different kind of lifestyle that should not be condemned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injecting drug use is immoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Those in favour of injecting drug use tend to be injecting drug users themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be no restrictions on injecting drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I avoid people who inject drugs whenever possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no reason to restrict the places where people who inject drugs work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People should feel sympathetic and understanding of people who inject drugs, who are unfairly attacked in our society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next part of the surveys consists of some hypothetical scenarios. We would like you to give your opinion on the actions depicted in each of these. Please note that there is no right or wrong answer, only your opinions.**

9. A health worker is treating a patient who injects drugs who also suffers a painful medical condition. The patient insists on pain relief but the health worker worries that the patient does not actually have bad pain but is 'drug shopping'. On a scale from 1 to 10, how likely would you be to feel the same way as this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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10. A patient who injects drugs walks into a service complaining of severe migraines and requesting pain relief. A health worker informs her that she cannot be accommodated at this service and she should go elsewhere. On a scale from 1 to 10, how likely would you be to agree with this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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11. The workers at a health service which caters to a large number of people who inject drugs decide that they will not leave a patient who injects drugs unattended in the waiting room and/or alone in the examining/treatment room. The worker is worried the patient may steal from the service or other patients. On a scale from 1 to 10, how likely are you to support this decision?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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12. A health worker has a client who has a need for regular and on-going medical care. However the client continues to inject drugs. As a result the health worker feels that she can't continue to see him until he completely stops his drug use. The clients says he can't stop but will try to cut down, however the health worker feels that he may not be honest about his reduction in drug use and decides to discontinue his treatment anyway. If faced with a similar situation, how likely would you be to do the same as this health worker?

1 Most unlikely	2	3	4	5	6	7	8	9	10 Most likely
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13. Imagine that someone has made an appointment at your service. This person is a current injecting drug user. What are the issues that come up for you when you learn this history about the new client Please rate on a scale from 1-10 with 1 being 'not a concern' and 10 being 'a major concern'.

A. He/she may lie about their drug use

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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B. He/she may be drug affected and not be coherent

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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C. He/she may become violent

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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D. You fear for your personal safety

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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E. He/she may pressure you for medications

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
--------------------	---	---	---	---	---	---	---	---	-----------------------

F. You worry that he/she will interpret your behaviour as evidence that you are discriminating against him/her

1 Not a concern	2	3	4	5	6	7	8	9	10 A major concern
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# Appendix 2

## Frequency of people from each LHD (n=139)

NSW Health	N	%
Centre Coast LHD	3	2.3
Far West LHD	1	.7
Hunter New England LHD	24	17.3
Illawarra Shoalhaven LHD	10	7.2
Justice Health and Forensic Mental Health	15	10.8
Mid North Coast LHD	4	2.9
Ministry of Health	7	5.0
Murrumbidgee LHD	29	20.9
Nepean Blue Mountains LHD	1	.7
Northern NSW LHD	4	2.9
Northern Sydney LHD	2	1.4
South Eastern Sydney LHD	2	1.4
South Western Sydney LHD	6	4.3
Southern NSW LHD	2	1.4
Sydney LHD	11	7.9
Western NSW LHD	13	9.4
Western Sydney LHD	4	2.9
Other	1	.7
<b>Total</b>	<b>139</b>	<b>100.0</b>