Community organisations have a role to play in prevention - but how do they see it?

Insights from ‘Prevention Tracker’

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Presented by
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Menzies Centre for Health Policy

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Prevention Tracker

- Aims to describe, guide & monitor systems change efforts in local communities

- Working with 4 communities across Australia - 1 Regional, 1 Remote, 2 Urban
  - Partnering with key local organizations (MoU) and a Local Advisory Group
  - Drawing on a network of researchers skilled in systems methods & inquiry processes

Aim of Research

- explore community organisations’ perspectives of their role in prevention
- interest in topic emerged organically, through interview process
Methods and Analysis

- Sample: Local Advisory Groups nominated organisations to participate in interviews based on either
  - Playing an active role in the prevention system
  - Being considered an influential person in the local community
- 90 interviews across 4 communities, yielding 75 transcripts
  - semi-structured, explored multiple aspects of prevention
- Analysis: Adopted both an “Inductive” (unstructured, grounded theory) and “Deductive” approach (using a template or pre-defined concepts)
### Organisations Represented

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Deductive Coding using the Ottawa Charter

http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
Results

Organisations’ Role in Prevention- Ottawa Charter

- Building Healthy Public Policy: 20%
- Strengthening Community Action: 6%
- Creating Supportive Environments: 16%
- Develop Personal Skills: 16%
- Reorienting Health Services: 16%
- Service Delivery: 41%
Overarching Theme 1. Role described in terms of how organisations realise – or do not realise – ‘prevention’

- Uses health promotion concepts to describe links to prevention
- Describes a tactical, or opportunistic approach to prevention

“We’re not funded specifically for early intervention and prevention, but we try to work in that space, because obviously that’s hopefully a deterrent from people escalating into further issues later in life, or as adults ... We’re funded to provide case management services to well, a lot of our programs are aimed at high end needs clients ... But we partner where we can to run early intervention and prevention programs”
– Considers prevention as an ideal that is not being realised

– Does not “do health”

“Look traditionally we haven’t really had anything to do really with health and wellbeing. So not from the organisation’s perspective, I guess, no ... We’ve just done a workforce development study at the end of last year ... which gave us some really good data around future direction for workforce and development needs ... So part of that was looking at how do we create more jobs on the secondary industry and value add to that. The other half of that was also food security and looking at healthier options that were cheaper within the community”
Overarching Theme 2. Role described in terms of activities/services that organisations provide

- Enumerates the services and activities the organisation delivers
- Responses reflected an array of interpretations and applications of the idea of ‘prevention’
- Interview prompts respondents to explore how their organisations’ activities relate to health and/or ‘prevention’

“We look after public open spaces and we look after roads ... I would say that these are preventive health things and that's really important ... but I never specifically think about it like that”
Discussion

- Ottawa Charter enabled us to distinguish between activities that provide a service to someone, and those that enable people/organisations to do something for themselves
  - Disclaimer: purpose of study was not to explore health promotion, but prevention
- Notable variations in what ‘prevention’ means to participants and how it’s realised
  - Some are doing ‘health by stealth’
  - Some purposefully do not align their work with ‘prevention’
  - Some recognised relationships to prevention through interview, but may not think about it in their day-to-day work
Questions for the Field

– Do the tactical benefits of doing ‘health by stealth’ outweigh the potential benefits of explicitly identifying with prevention?
– Do organisations need to be able to recognise their contributions in order to effectively engage and/or deliver prevention work?
The Team, Partners, and Network

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<th>Team</th>
<th>Partners</th>
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<tr>
<td>Therese Riley</td>
<td>Broken Hill University Department of Rural Health – University of Sydney</td>
<td>Thomas Astell-Burt</td>
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<td>Sonia Wutzke</td>
<td>Department of Health and Human Services Tasmania</td>
<td>Andrew Brown</td>
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<td>Liza Hopkins</td>
<td>Glenorchy City Council</td>
<td>Xiaoqi Feng</td>
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<td>Maria Gomez</td>
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<td>Kathleen Conte</td>
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<td>Tayhla Ryder</td>
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<td>Michelle Kehoe</td>
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We would also like to thank our International Scientific Advisory Committee and the Local Advisory Group in each of the Prevention Tracker communities.
Our partners

- Our funding partners

- Hosted by

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