Collecting and interpreting programmatic data in communities

Maria Gomez, Therese Riley, Liza Hopkins, Pippy Walker, Kathleen Conte, Nicola Fortune, Dan Chamberlain

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The challenge of understanding programs in communities

- Much time and effort is spent investigating the effectiveness of programs, particularly for individuals.

- Understanding the influence of context on programs is now recognized as important.

- ‘Program context’ usually refers to the aspects of a context that interact with program delivery, such as staffing, organizational policy, or characteristics of the target population.

- Rarely do we step back to consider the broader landscape of programs within communities.
Prevention Tracker

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

- Aims to describe, guide & monitor systems change efforts in local communities
  - Describing a prevention system included organizational networks, environmental conditions, programs, leadership and so on

Prevention Tracker: overall data collection

- Describing a local prevention system
  - Organization Network Survey
  - **System Inventory**
  - Key Informant Interviews
  - Livability Indicators
  - Community Snapshot

- Guiding and monitoring change efforts
  - Data synthesis workshops
  - Identifying systemic problems
  - Grouped model building
  - Creating casual loop diagrams
  - System action learning
  - System impact coding framework
Programmatic data collection

- **System Inventory**
  - an inventory of chronic disease prevention programs and activities taking place in the community.

- **Data collection**
  - identifying policies, regulations, programs, activities and campaigns
  - entering all prevention system elements identified into a purpose built database;
  - coding details about the policies, regulations, programs activities and campaigns;
  - screening these against agreed inclusion criteria.

- **Identifying elements of the prevention system**
  - searching government; non-government and community websites
  - discussions with local key community contacts
  - Key informant interviews

- **Classifying Data**
  - According to various studies (see, Aiken et al. (2010); Cleland et al. (2013); Nichols et al. (2013))
  - Applied WHO International Classification of Health Interventions (ICHI) https://mitel.dimi.uniud.it/ichi/
Programmatic data collection

- Key Informant Interviews
  - Semi-structured one-to-one interviews
  - Participants were identified as active in prevention OR people able to make things happen locally
  - Range of organisations, including government departments and agencies (federal, state and local), NGOs and private industry
  - of levels of seniority, including management, supervisors and officers
  - Asked participants about the programs their organisation delivered, auspiced, partnered on or were involved with
What we found

- The inventory was a snapshot of prevention efforts in each community. We believe it is an underestimate of activity.
- The number of activities ranged from 43 activities to over 200.
- The most common chronic disease prevention behaviors targeted by activities were physical activity and healthy eating.
- Activities encouraged behavior change through direct participation in programs as well as education and capacity building.
- Some evidence of alignment of programs.
What we found

- Qualitative data highlighted
  - Local prevention systems are dynamic in nature.
  - They are made up of many programs, organisations and a workforce that is distributed across sectors reaching into many aspects of community life.
  - Prevention-active organisations are connected in varying ways
  - Program-delivery is often identified as a key role which organisations have in prevention
  - Short term program funding may be at odds with a more grounded and collaborative approach to prevention activity
Challenges and next steps

- While it appears there is a lot of chronic disease prevention activity at a community level we don’t **know how much is enough** to improve the health of communities.

- Taking a ‘birds eye view’ of chronic disease prevention activity, rather than a single program focus, raised important questions about the **landscape of programs** in communities.

- Next steps could be the use of social network analysis to investigate whether and how programs are **connected to each other** at a community level – e.g., through shared staffing or resources.
References and resources


- International Classification of Health Interventions (ICHI) Beta-2 2018, [https://mitel.dimi.uniud.it/ichi/](https://mitel.dimi.uniud.it/ichi/)

# The Team, Partners, and Network

## Team
- Therese Riley
- Sonia Wutzke
- Liza Hopkins
- Maria Gomez
- Nick Roberts
- Seanna Davidson
- Daniel Chamberlain
- Pippy Walker
- Kathleen Conte
- Tayhla Ryder
- Michelle Kehoe

## Partners
- **Broken Hill University Department of Rural Health – University of Sydney**
- **Department of Health and Human Services Tasmania**
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## Network
- Thomas Astell-Burt
- Andrew Brown
- Xiaoqi Feng
- Nicola Fortune
- Penny Hawe
- Josh Hayward
- Fabian Held
- Kirsty Moegerlein
- Rose Ryan
- Jean Wang
- Jessica Jacob

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