

Collecting and interpreting programmatic data in communities

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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 https://preventioncentre.org.au/our-work/research-projects/learning-from-local-communities-prevention-tracker-expands/



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

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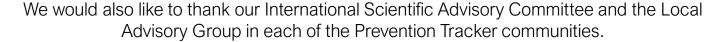
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