



The Australian Prevention
Partnership Centre
Systems and solutions for better health

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

- Cleland, V., et al., *Obesity prevention programs and policies: practitioner and policy-maker perceptions of feasibility and effectiveness*. Obesity (Silver Spring), 2013. **21**(9): p. E448-55.
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- Aicken, C., et al., *Mapping service activity: the example of childhood obesity schemes in England*. BMC Public Health, 2010. **10**: p. 310.
- International Classification of Health Interventions (ICHI) Beta-2 2018, <https://mitel.dimi.uniud.it/ichi/>
- Prevention Tracker online resources <https://preventioncentre.org.au/our-work/research-projects/learning-from-local-communities-prevention-tracker-expands/>



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