PARTICIPANT REPORT

The Australian Prevention Partnership Centre
Systems and solutions for better health

Prevention Tracker

Final report to participants

December 2018

Prevention Tracker

Final report to participants

Contributing authors:

The Australian Prevention Partnership Centre

Therese Riley, Liza Hopkins, Maria Gomez, Seanna Davidson, Dan Chamberlain

Prevention Tracker contributing researchers:

Thomas Astell-Burt, Pippy Barnett, Andrew Brown, Kathleen Conte, Xiaoqi Feng, Josh Hayward, Fabian Held, Penny Hawe, Jessica Jacob, Michelle Kehoe, Jaimie McGlashan, Kirsty Moegerlein, Nick Roberts, Rose Ryan, Tayhla Ryder, Jean Zhou Jing Wang, Cynthia Webster.

© Sax Institute 2018

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to the inclusions of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the copyright owners.

Enquiries regarding this report may be directed to:

The Australian Prevention Partnership Centre
www.preventioncentre.org.au
Email: preventioncentre@saxinstitute.org.au
Phone: +61 2 9188 9530

Funding partners

Australian Government National Health and Medical Research Council

Australian Government Department of Health

NSW Government Health

HCF Research Foundation

ACT Government Health

Hosted by saxinstitute Supporting smart decisions. Powered by research.

Key messages

- The Prevention Tracker project worked with local communities to better understand their prevention system – how the people, processes, activities, settings and structures in a community all connect to influence the health of local populations.
- The project tested a range of systems methods in real life community settings to describe different parts of their prevention system.
- We then worked with the communities to identify where and how to intervene to bring about systems change.
- We found there is a lot of prevention activity and connection amongst organisations, but no coherent and overarching infrastructure for prevention.
- Across the communities, we found several consistent themes across the building blocks of prevention. These included:
    - Many prevention programs focused on behaviour change
    - Informal networks and connections were important in all communities
    - The prevention workforce is often comprised of part-time workers, including many volunteers; people working in prevention do not always see themselves as having a prevention role
    - There are challenges with short-term funding
    - Community members do not always see themselves as having the risk factors for chronic disease
    - The language of prevention is problematic across many different sectors involved in prevention activities.
- Prevention Tracker found that local prevention systems are dynamic in nature, with many interconnected parts. But there is no clear or consistent leadership.
- The most pressing systemic problems in local prevention systems concern how to work together better.
- Prevention Tracker has shown it is possible to reorientate local prevention practice to affect system change.

For more information and resources about Prevention Tracker, please visit https://preventioncentre.org.au/our-work/research-projects/learning-from-local-communities-prevention-tracker-expands/

Introduction

The Prevention Tracker project

Australia, like most of the rest of the world, is facing an epidemic of chronic disease, yet much of this burden is preventable. Prevention usually requires changes in individual behaviour, but the ability and opportunity to make those changes is influenced by a range of factors outside the immediate control of the individual. The determinants of health behaviour are interconnected and embedded in a complex system that encompasses areas such as transportation, infrastructure and education, not just the health sector. Consequently, to achieve greater success in preventing chronic disease, we will need to address the complexity of the social, physical and economic environments that influence individual behaviour.

Prevention Tracker offered an opportunity to better understand local communities' prevention efforts and how they connect and influence each other. It has helped us, in conjunction with our local partners, to describe, guide and monitor communities' work to prevent chronic disease – their local prevention system.

By prevention system, we mean the people, processes, activities, settings and structures – and the changing relationships between them – that work together to try to improve the health of a community. The idea is that if we can better understand the parts of a prevention system, and how they connect to make the whole, we can make better decisions about where and how to intervene to bring about improvements.

Figure 1: Different parts of the prevention system

Prevention Tracker has taken a systems approach to research. A system is "an interconnected set of elements that is coherently organised in a way that achieves something".[1] Systems thinking is both a set of tools and methods, and a cognitive approach that looks for interconnections, patterns of behaviour and the underlying structures which drive those patterns and events.[2] Using systems thinking can help us approach otherwise unmanageable problems by helping us to see the different parts and their interconnections. More information about taking a systems approach can be found on The Australian Prevention Partnership Centre website at https://preventioncentre.org.au/resources/learn-about-systems/

This report summarises the findings of the Prevention Tracker research project. It briefly describes the background and processes of the project and presents a summary of the project results. These are the results of the cross-community analysis, rather than the findings from each community. Links to the full project publications may be found on the Prevention Centre website as they become available.

What we did

Describing the prevention system

The first phase of Prevention Tracker involved the collection of a range of data regarding the diverse elements of the prevention system in each community. Data collection methods included:

- Organisation network survey: we gathered information about the relationships between organisations in the community
- Key informant interviews: we spoke to stakeholders in the community
- Livability indicators: we mapped social and environmental factors
- Community snapshot: we summarised routinely collected data related to the people, place and health of the community
- System inventory: we put together an inventory of activities or programs that could have an impact on chronic disease prevention.

These diverse data sets were then synthesised by the research team and represented graphically by a graphic artist. The community graphic was used in a series of community data synthesis workshops to help represent and stimulate discussion around the important elements of the local prevention system. The result of the data synthesis workshops was the identification of a local, systemic problem, which was understood as having an effect on the way prevention work was carried out across the community and was keeping the system functioning in a certain way.

Guiding system change

This phase of Prevention Tracker used the locally identified systemic problem as the basis for a series of facilitated group model building workshops in each community. This provided us with an opportunity to collaboratively identify the causes and drivers of the problem, as well as to identify potential opportunities to intervene in the system. We then identified three local prevention projects to incorporate system action learning cycles. These were opportunities to embed system learning into traditional prevention practice.

Monitoring system change

Drawing on data from previous phases, we developed a system impact coding framework.

What we found

Describing the prevention system

The World Health Organization has developed a global framework for strengthening health systems to improve health outcomes.[3] In order to describe local prevention systems, Prevention Tracker adapted the WHO categorisation to a prevention rather than health care context and supplemented it with insights gained from the systems literature. For the purposes of this project, we have identified the following elements as the most relevant parts in a local prevention system:

- Policies, programs and regulations
- Networks
- Workforce
- Environment
- Leadership and governance
- Finance and resources
- Evaluation and feedback
- Norms and beliefs
- System interconnections.

We found several consistent themes across the building blocks of prevention and across the communities. These included:

- Programs, policies and regulations
    - The greatest number of prevention-focused activities was in physical activity, followed by healthy eating
    - Many programs were focused on behaviour change
    - There was some evidence of efforts to align programs.
- Organisational networks
    - Organisations within communities were connected in varying ways
    - Informal networks were important in all communities, big and small.
- Workforce
    - The workforce was distributed across diverse sectors
    - It was made up of many part-time staff and volunteers, as well as the dedicated prevention workforce.
- Environment
    - We identified a range of risk factors for chronic disease, however
    - The vast majority of people rated their own health as good, very good or excellent.
- Leadership: There was no clear or consistent view of how leadership in prevention exists.
- Finance and resources
    - Agencies and organisations in all communities faced similar challenges of short-term funding cycles, chasing competitive grants and managing ever-changing program and policy requirements
    - The main contribution organisations saw themselves making to prevention efforts were through community connections.

- Evidence and information
    - A diverse range of evidence was in use, ranging from the formal, national, evidence-based data sets such as those from the Australian Bureau of Statistics, down to word of mouth, anecdotal, locally collected and locally relevant evidence.

- Norms and beliefs
    - The language of prevention was problematic across many different sectors involved in prevention activities
    - There was an awareness that prevention language had the potential to be stigmatising
    - Community narratives and beliefs permeated prevention.

- In summary, there is a lot of prevention activity and connection amongst organisations, but no coherent overarching infrastructure for prevention.

We also identified a range of factors which had an influence on prevention efforts, but for which we were unable to collect specific data. These included:

- The voice and opinion of community members, outside of the prevention workforce and stakeholders
- Finance – the money available directly and indirectly for prevention efforts
- The impact of local, state and federal policies and political contexts.

Guiding system change

At the end of the first phase of Prevention Tracker, each of the communities identified a systemic problem. While all of the problems were different in their emphasis, from leadership to engagement, they were all associated with how to ***better work together*** to strengthen the Prevention system.

Each of the local systemic problems was further examined through group model building processes, resulting in the creation of a causal loop diagram. Each diagram comprised a number of feedback loops – important inter-relationships that keep problems in place. For example, a reinforcing loop about the culture of collaboration was made up of the following categories: the creation of roles to work on collaboration, organisational capability to collaborate, and incentivising collaboration. These all influence each other to create and reinforce the existing culture of collaboration, as well as drawing out potential opportunities to improve it. These types of feedback loops surface new understandings about why things are the way they are and where there is leverage for change.

Following the creation of the causal loop diagrams and identification of feedback loops, we identified three local prevention projects in which to embed system action learning processes. Our aim was to test whether it was possible to affect change in the systemic problem via a reorientation of day-to-day prevention practice. The three projects were about networks, program delivery and evaluation. In the example of a community coalition or network, the system action learning enabled the group to surface assumptions about the role they had in the network and an opportunity to change their practices to be more collaborative by scaling down the network and its activity.

Monitoring system change

We developed a coding framework designed to identify systems change processes and impacts. This coding framework included categories such as system insights, learning and system impacts. The latter can form the basis of a local monitoring system in future. Time constraints precluded us from working with the local communities to identify a local monitoring capacity to track system impacts and feed back such tracking data into local organisations and prevention teams.

What we learnt

- 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. Sitting alongside this capability is a lack of clear and consistent leadership. We don't yet know whether this serves or hinders prevention efforts.
- The most pressing systemic problems in local prevention systems concern how to better work together, whether that be to improve collaborative practice, engage more diverse people and organisations, or strengthen leadership. It is this relational infrastructure that can bind or fragment a prevention system.
- It is possible to reorientate local prevention practice to affect system change. This allows practitioners to meet dual objectives associated with their funded work, such as program delivery, while also playing the long game of system change.

References

1. Meadows D. Thinking in systems. 2008. Chelsea Green Publishing.
2. Goodman M. Systems thinking: What, why, when, where and how? The Systems Thinker. 1997:8(2):6–7. https://www.appliedsystemsthinking.com/supporting_documents/Intro4WsandHow.pdf
3. World Health Organisation (WHO). Everybody's business – strengthening health systems to improve health outcomes: WHO's framework for action. 2007. Geneva, Switzerland. https://www.who.int/healthsystems/strategy/everybodys_business.pdf

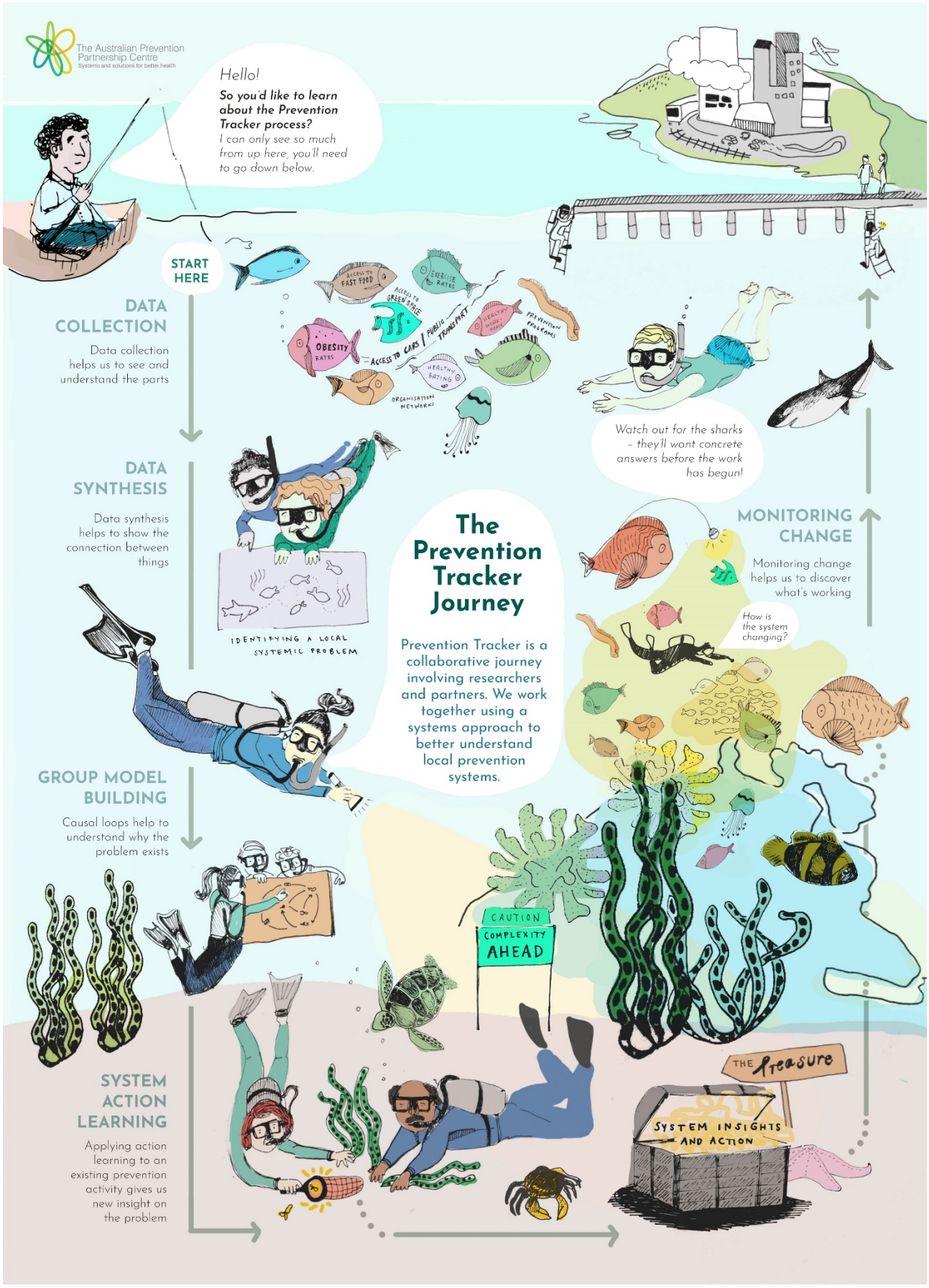
Acknowledgements

The Prevention Tracker team acknowledges the traditional owners and custodians of all the lands on which this project was carried out and we pay our respects to Elders past, present and emerging.

We gratefully acknowledge the tireless work of our partners in each community:

- WA Country Health Service – Karen Nicoll, Louise Short, Beth Wallace, Amber Giblett and Kate Jones; and the members of the Albany Local Advisory Group
- Tasmanian Department of Health – Kate Garvey
- Glenorchy City Council – Elisa Ryan, Jill Sleiters and Len Yeats; and the members of the Glenorchy Local Advisory Group
- Broken Hill University Department of Rural Health – David Lyle, Catherine Sanford and Debra Jones; and the members of the Broken Hill Local Advisory Group
- Gold Coast Health – Helen Clifford, Deena Seesaengnom; and the members of the Gold Coast Local Advisory Committee.

We would also like to acknowledge the significant contribution made by the project's International Scientific Advisory Committee:

- Professor Lesley Barclay, University of Sydney
- Professor Pennie Foster-Fishman, Michigan State University
- Professor Terry Huang, City University of New York
- Dr Barbara Riley, University of Waterloo
- Professor Andrew Wilson, University of Sydney.

Prevention Tracker Graphic