GREAT-HP Survey 2023

Contents

Data collection and participants

A link to the survey was emailed to NSW Local Health District (LHD) member representatives of the GREAT-HP network (n=17 – GREAT HP current members; n= 2 GREAT-HP member AND NCOIS partner) and the Health Promotion Leadership Group email list.

Recipients were asked to forward the email on to any other Health Promotion staff or colleagues who they wanted to fill out the survey.

The survey was administered via REDCap. Data was collected from June 21st – July 5th 2023.

Overall, 42 respondents validly completed the survey.

Of these, 54.8% (n=23) selected their primary role as Health Promotion Officer and 40.5% (n=17) selected Health promotion manager or leader. Two respondents selected "other." One reported their role as "Director of Research" (2.4%) and one reported their role to be "Research Coordinator" (2.4%).

Results

Section 1 – Capacity Building

Perceived usefulness of past capacity building activities

We asked for feedback on the perceived usefulness of past activities from respondents who had participated in them.

For each capacity building item selected, participants were asked to rate how useful they found the activity or opportunity using a 4-point Likert scale. Response options included strongly agree, agree, disagree, and strongly disagree.

The results for perceived usefulness of past capacity building activities accessed by GREAT-HP members and their staff and colleagues can be seen in figure 1.

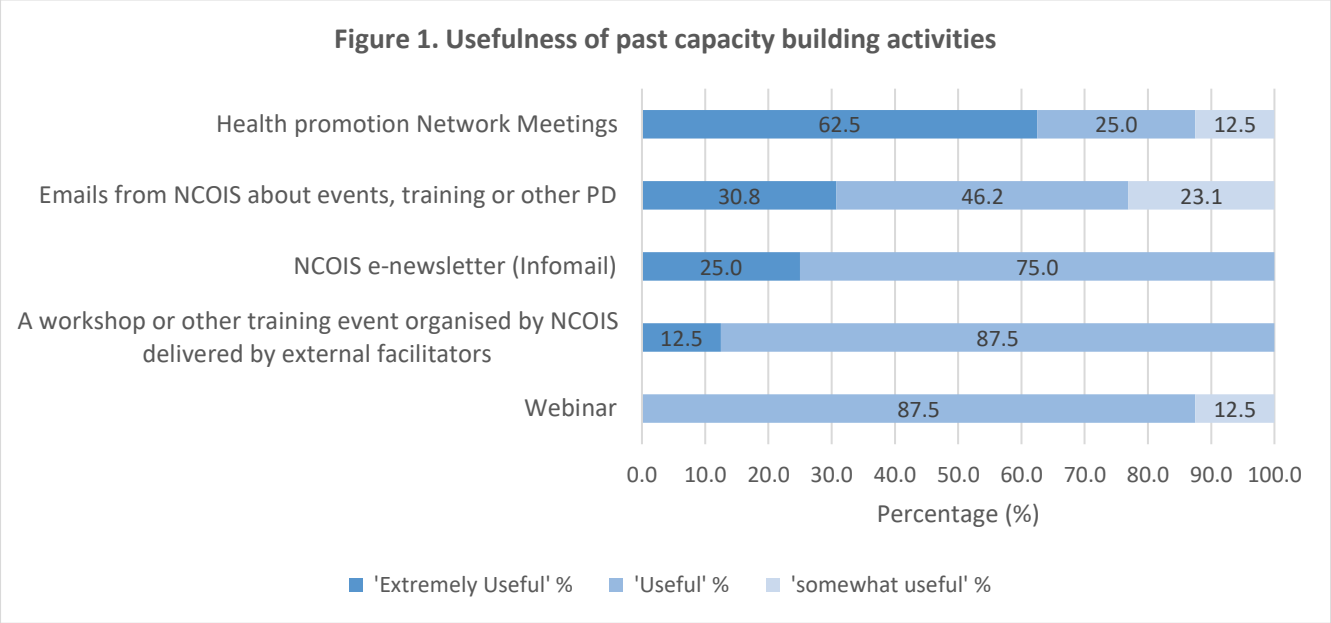

Figure 1 – Perceived usefulness of past activities: GREAT-HP members, staff and colleagues (% selected from those that had accessed).

For all activities no respondents selected “not useful”and all activities selected were considered at least “somewhat useful”.

Health promotion network meetings, receiving emails about events, training and other opportunities had the highest percentage of respondents select “extremely useful”.

One respondent indicated that they had accessed mentoring, and no respondents had accessed the resources repository on the NCOIS website.

For the webinars, workshops and NCOIS e-newsletter (Infomail) respondents were asked to indicate their level of agreement (Likert scale: strongly agree, agree, disagree, strongly disagree) with the following statements: “The information and topics covered were relevant;” “I learned things I might not have otherwise;” and “I would recommend to other colleagues.”

Webinars

All respondents who participated in NCOIS webinars agreed (n=8, 100%) that the topics were relevant and that they learned things they may not have otherwise. Six respondents (75%) agreed that they would recommend the webinars to other colleagues and one respondent strongly agreed (12.5%).

Workshops

Two respondents strongly agreed (28.6%) and five (71.4%) agreed that workshop topics were relevant. One respondent strongly agreed (14.3%), five (71.4%) agreed and one disagreed (14.3%) that they learned things they may not have otherwise. All respondents either strongly agreed (28.6%; n=2) or agreed (71.4%; n=5), that they would recommend the workshops to other colleagues.

NCOIS e-newsletter (Infomail)

One respondent strongly agreed (9.1%) and 10 respondents (90.1%) agreed that topics in the NCOIS Infomail were relevant. Similarly, one respondent strongly agreed (9.1%) and 10 respondents (90.1%) agreed that they learned things they may not have otherwise. All respondents either strongly agreed (18.2%; n=2) or agreed (81.8%; n=9) that they would recommend the Infomail to other colleagues.

Other feedback about past capacity building activities

Respondents were also asked to share any other feedback about past capacity building activities organised by NCOIS. Ten comments were received.

Two respondents emphasised the need to tailor capacity building activities to better meet the practical needs of practitioners to develop research and evaluation knowledge and skills, including:

> *“Ensure the information and PD sessions are suitable for HPO's who primarily work with community in a non-research space. This will help to build confidence of HPO's to engage in small scale research.”* – Health promotion officer

> *“Focus on building on core competencies and R&E principles in HP teams, expert speakers inevitably pitch to an academic level rather than practice level”* – Health promotion manager

Four respondents highlighted that NCOIS’ capacity building events need greater promotion to increase awareness of the opportunities available:

"More visibility would be great, so that people know all this wonderful work exists and that they can access it." – Health promotion manager

"I didn't even know this existed!" – Health promotion manager

"Now I'm aware NCOIS I'll look into it." – Health promotion officer

"broader promotion of opportunities" – Health promotion manager

One respondent highlighted barriers to accessing capacity building opportunities:

"Time to engage more with the information and activities is the main barrier." – Health promotion officer

Two respondents shared the value they and/or their staff and colleagues have obtained from the capacity building opportunities NCOIS has provided:

"Sharing subject matter expertise and having the opportunity to raise questions and contribute to discussions is essential to building workforce capacity and engaged in research and local implementation. Thank you to all involved for your great work." – Health promotion manager

"Three of our HPOs attended the two day training at USyd in May. This was extremely valuable for them - thank you ++ for the opportunity." – Other

One respondent expressed an interest in supporting research related secondments:

"Opportunities for ongoing secondment of LHD staff to LHDs that have established research teams" – Health promotion manager

Four respondents provided comments when asked for feedback on how the network could be improved. Responses included:

"More opportunities for small scale research projects that are not suitable for RCT study design." – Health promotion officer

"Sharing of current research occurring across LHD's in the HP space - prompt opportunities to partner and disseminate information and learnings prior to publication." – Health promotion manager

"I think we benefit/learn/contribute most when we have shared projects to work on. Perhaps we could brainstorm more opportunities for collaborative projects moving forward (being mindful or everyone's work commitments)." – Other

One respondent highlighted the value of the network:

"*congratulations all ! Love the workshops and research sharing*" – Health promotion manager

Future capacity building needs

Priority topics

Survey respondents were asked to identify from a list of topics the areas that were a priority for research and evaluation capacity building. The frequency and percentage of respondents that selected each topic area can be seen in Table 1.

Table 1 Priority topics for capacity building: rank, frequency and percentage. Total respondents, n = 40.

Rank	Capacity building topic preferences	Selected by GREAT-HP (n)	Selected by GREAT-HP (%)
1	Scaling up health promotion initiatives	25	62.5
1	Adapting programs for priority populations	25	62.5
1	Optimising the impacts of prevention programs	25	62.5
2	Undertaking program evaluations	24	60.0
3	Culturally appropriate research and evaluation	21	52.5
4	Health promotion theories and frameworks	20	50.0
5	Designing a health promotion program	18	45.0
5	Undertaking evidence summaries and systematic reviews	18	45.0
6	Program costing and economic evaluation	17	42.5
6	Developing program logic models	17	42.5
7	Basic Statistics in health promotion	16	40.0
7	Applying implementation science to improve program impacts	16	40.0
8	Selecting appropriate research designs and measures	11	27.5
9	Other – response: "I have selected the majority of the suggestions - I think short webinars on all these topics would be extremely valuable for our team as either refreshers or new info."	1	2.5
9	No topic suggestions	1	2.5

"Scaling up health promotion initiatives", "adapting programs for priority populations", and "optimising the impacts of prevention programs" were the topic areas most frequently prioritised for capacity building (62.5%; n=25). This was followed by "undertaking program evaluations" (60.0%; n=24).

Following these, around half of LHDs considered "culturally appropriate research and evaluation" (52.5%; n=21), and "health promotion theories and frameworks" (50.0%; n=20) to be a priority.

One respondent, selected "other," and responded:

> *"I have selected the majority of the suggestions - I think short webinars on all these topics would be extremely valuable for our team as either refreshers or new info."*

Preferred activities

From a list provided, respondents were asked to identify the types of activities that would best meet their capacity building needs. The frequency and percentage of respondents that selected each activity can be seen in Table 2.

Table 2 Preferred capacity building activities and opportunities: rank, frequency and percentage. Total respondents, n = 40

Rank	Capacity building activities and opportunities	Selected by GREAT-HP (n)	Selected by GREAT-HP (%)
1	Short courses	31	77.5
2	Community of Practice on topics of common interest formed with other prevention policymakers, practitioners and/or agencies	30	75.0
3	Networking events	25	62.5
4	Sharing of data collection tools	24	60.0
5	Support to develop collaborative research proposals	23	57.5
6	Common quality assurance measures to support evaluation	22	55.0
7	Dedicated research grants for implementation research undertaken in your LHD	21	52.5
8	Placements and exchanges with partnering organisations	20	50.0
9	One on one advice or guidance	19	47.5
10	Sharing of data collection infrastructure	17	42.5
11	Research forums (e.g event to share research findings on relevant topics)	14	35.0
12	Access to PhD scholarships	11	27.5
13	Awards or honours to recognise excellence in health promotion policy or practice	10	25.0
14	Other: No responses provided	1	2.5

"Short courses" (77.5%; n=31) and "community of practice on topics of common interest" (75.0%; n=30) were selected by the majority of survey respondents.

Around two thirds of LHDs considered "networking events" (62.5%; n=25), "sharing of data collection tools" (60.0%; n=24) and "support to develop collaborative research proposals" (57.5%; n=23) as activities that would meet their capacity building needs.

Just over half of all respondents selected "common quality assurance measures to support evaluation" (55.0%; n=22) and "dedicated research grants for implementation research" (52.5%; n=21).

Further feedback

Respondents were asked an open-ended question about any further suggestions they would like to share about ways that their implementation, research, or evaluation activities could be supported. Six people responded with suggestions for a range of topics and types of support.

Four responses highlighted that opportunities to share knowledge and skills in research and evaluation would be of benefit, particularly when working with priority populations. Co-design and co-mentoring are identified as two ways to do this:

> *"Mentoring and partnerships with like-minded LHD's with R&E Capabilities"* – Health promotion manager

> *"The focus on co-design with a focus on work that targets priority populations is of particular interest."* – Health promotion manager

> *"Co-design & coproduction of programs with priority communities - privileging community voice and balancing with evidence-base."* – Health promotion manager

> "Co-mentoring with research initiatives." – Health promotion manager

One respondent highlighted the challenges of competing priorities for research and evaluation:

> *"More FTE to do it or advocate this to upper management to get the research v implementation in the given FTE."* – Health promotion officer

One respondent highlighted several skills for development:

> *"Evaluation support around small scale projects that are community focused and not suitable for RCT study design; and; How to communicate research to various audiences. Presentation skills to increase engagement. How to design a research poster."* – Health promotion officer

Recommendations & implications for capacity building

To meet the capacity building needs of LHD staff, the network should:

Prioritise, deliver and share development opportunities in the following **topic areas**:

- Scaling up health promotion initiatives
- Adapting programs for priority populations
- Optimising the impacts of prevention programs
- Undertaking program evaluations
- Culturally appropriate research and evaluation

The network should also keep all other topics in mind when sharing and planning capacity building opportunities.

Capacity building activities the network should **continue to invest in**:

- Delivering and sharing available opportunities for LHDs to access short courses and training
- The network meetings
- Curating and disseminating relevant content through the NCOIS E-newsletter
- Sharing information via email about events, training and other professional development opportunities (via the E newsletter and emails).

Moving forward the network should **explore new opportunities** and ways to:

- Establish or support opportunities for members to join Communities of Practice with other prevention practitioners on topics of common interest
- Embed opportunities for networking within existing events where applicable
- Support LHD sharing of data collection tools
- Support the development of collaborative research proposals and projects– drawing on co-mentoring and partnership approaches

Things the network may need to **do differently:**

- When co-ordinating and/or delivering research and evaluation capacity building opportunities, we need to ensure that the content is relevant and applicable for the practical needs of practitioners with varying degrees of research and evaluation knowledge and experience.
- Encouraging broader sharing of targeted emails
- Expand subscription to the Infomail.
- Profile and promote the information available on the resources repository.
- Explore ways the network can better support LHDs to share research and evaluation experience, expertise and learnings:
    - Ensure meetings are encouraging, welcoming and provide a collegial environment for knowledge sharing about research and evaluation projects of all scales and designs (including smaller scale, non- RCT)
    - Identify opportunities to build connection and awareness of supports available within the network for mentoring, sharing of expertise and evaluation support

Section 2 - Research and Evaluation needs, experience, and capability

As part of planned evaluation of the GREAT-HP network, the survey included items about:

a. Current engagement in research and evaluation
b. Collaboration between LHDs
c. Perceived LHD workforce capability in research, evaluation, and translation
d. Perspectives of how best to support research and evaluation moving forward

Items were adapted in part from research by Jacob, Korn, Huang *et al* (2022).

Involvement in evaluation

Respondents were asked, "How often would health promotion programs you are involved in be evaluated using a data collection activity that requires ethics approval?" One in ten respondents selected always (n=4, 10.3%) and just over two thirds (n= 25, 64.1%) selected sometimes, and a quarter of respondents (n=10, 25.6%) selected never or rarely.

Use of research designs

Respondents were also asked about the research design they most frequently use to evaluate health promotion programs. Responses are found in figure 2.

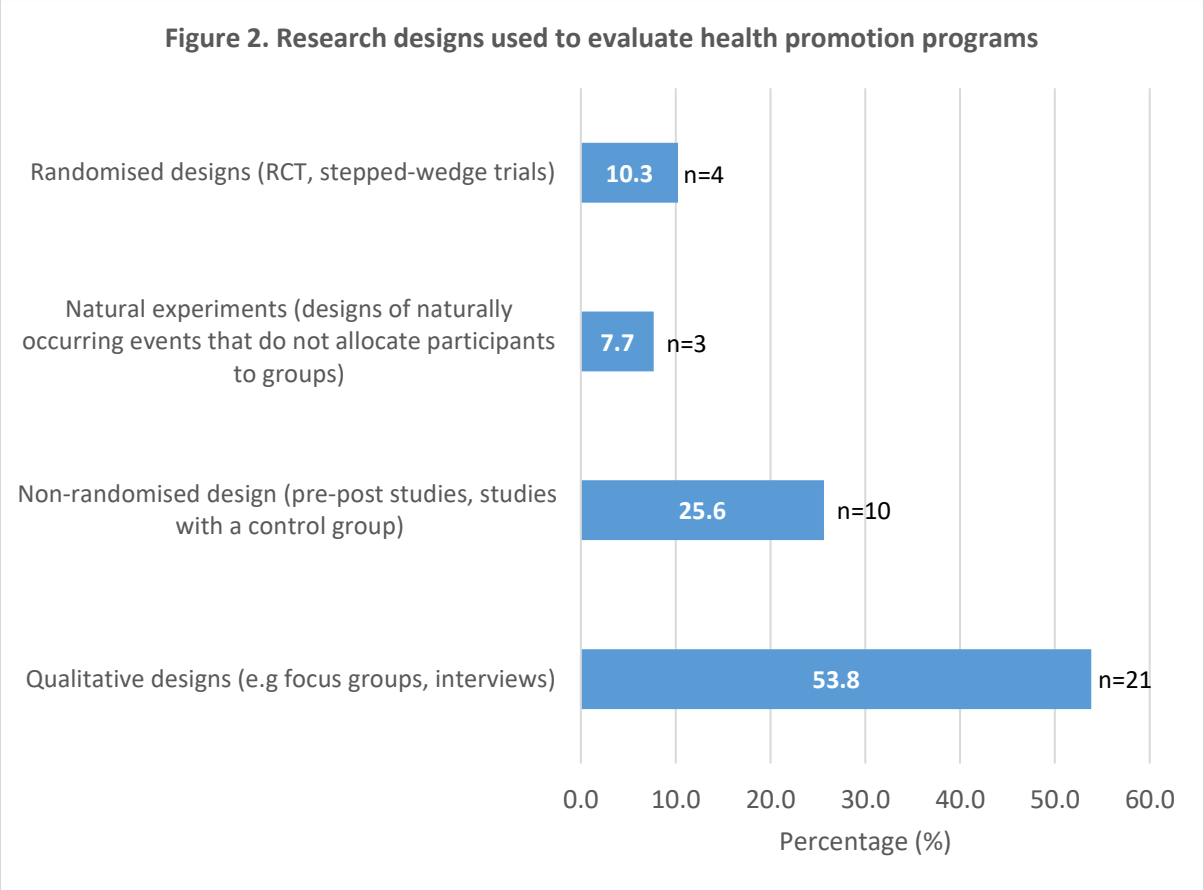

Figure 2. Research designs most frequently used by LHD respondents to evaluate health promotion programs.

Qualitative designs were the most frequently used design to evaluate health promotion programs. Just over half (n= 21, 53.8%) of respondents selected this option. A quarter of respondents use non-randomised designs (n=10, 25.6%) and one in ten use randomised designs (n=4, 10.3%). Natural experiments (n=3, 7.7%) were the least used design. (Note: One respondent selected "other", reporting that they used "surveys").

Research collaboration

Respondents were asked whether they collaborate with other LHDs and/or academic and non-academic partners on program evaluations or funded research studies.

Around half of respondents indicated that they currently collaborate with other LHDs (n=20*, 51.3%) and/or academic or non-academic partners (n=19, 48.7%) on program evaluations or funded research studies. The number of current collaborators selected for each type can be seen in figure 3.
*One responded selected yes, but did not select a numerical value for the number of LHDs.

Most respondents who reported that they are collaborating with other LHDs were collaborating with two (n=7, 36.8%) or one other LHD (n=5, 26.3%). Among the respondents who were engaged in collaborations with either academic or non-academic partners, slightly less than one-third (n=6, 31.6%) collaborated with a single partner. This was followed by a little over a quarter for both two and three partners (n=5, 26.3% each).

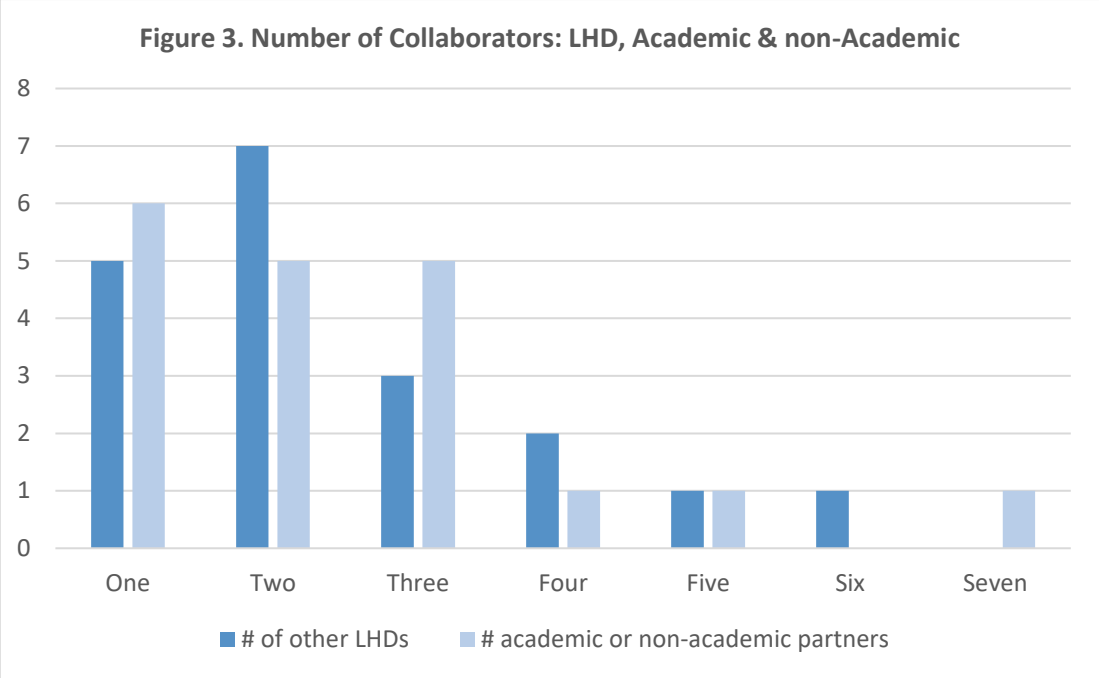

Figure 3. Number of LHD, academic or non-academic partners that LHDs currently partner with on program evaluations or funded research studies.

Availability of research and evaluation information and skills

Survey respondents were asked about the availability of a range of research and evaluation information and skills.

The majority of respondents perceived that research and evaluation and information and skills are "somewhat available" to them. This included relevant, up to date:

- data for conducting local evaluations of programs in settings they commonly work in (n=34, 87.2% somewhat available);
- summaries of evidence to guide the development or implementation of health promotion programs (n=33, 84.6% somewhat available);
- skills or expertise needed for data analysis (n=28, 71.8% somewhat available).

Overall research and evaluation capability

When asked to rate the overall research and evaluation capability of their LHD health promotion team workforce around half of respondents selected "somewhat capable" (n=19, 48.7%). This was, followed by "limited capability" (28.2%, n=11) and "highly capable" selected by less than a quarter of respondents (n=9, 23.1%).

Research in decision making

Just over half of respondents indicated that program evaluations "sometimes" (n=22, 56.4%) influenced decisions, directions, or health promotion investments for programs they were involved in. This was followed by the response "always" selected by slightly more than a third of respondents (n=14, 35.9%). Two respondents (5.1%) stated it was a rare occurrence, and one respondent (2.6%) reported that program evaluations never influenced decisions.

Section 3 - Dissemination of research evidence: LHD views about source, content and form

We sought to understand the views of NSW LHD Health Promotion staff regarding factors that would influence their decision making when receiving research evidence. The survey asked respondents to select the most influential sources of research evidence and guidelines, content that would most influence their decision to adopt research and formats they would prefer to receive the information.

The questions were introduced with the following statement: "Researchers regularly release new or updated research that may be directly relevant to your day-to-day work (e.g to inform decision making or practice). The following questions ask from whom, what content and how you would like to receive this type of information".

Questions that followed were:

- "When receiving research evidence that may inform your health promotion programs or service- which providers of information would be most influential?? (Source).
- "Which of the following content would influence your decision to use or adopt or use new research? (Content).
- "How would you prefer to receive information around new research that has direct relevance to your work?" (Form).

For each question respondents were able to select multiple response options (ie all that applied). Respondents also had the option to select "don't know/unsure/prefer not to say" and "other". If "other" was selected respondents were given the option to provide additional information.

The response options available for respondents to select from for each question and results can be seen in Tables 4, 5 and 6.

Table 3: Source: rank, frequency and percentage for all response options (n=39)

Rank	Sources of evidence	Selected by GREAT-HP (n)	Selected by GREAT-HP (%)
1	Influential professional peers and colleagues	27	69.2
1	Professional health associations (e.g. Public Health Association)	27	69.2
2	National or state Government Departments or Agencies (e.g Department of Health).	26	66.7
3	Researchers (e.g people who undertook the research or researcher)	23	59.0
4	Non-government, not for profit organisations (e.g. Foundations, Charities such as the Cancer Council, Heart Foundation)	21	53.8
5	Consumer groups (e.g. Consumer Health Forum of Australia or relevant individual consumers or community members)	19	48.7
6	Publishers of the research or guidelines	9	23.1
7	Non-government, for profit organisations or agencies operating on their behalf (e.g industry)	6	15.4
8	Journalists (e.g. the news media)	3	7.7
9	Don't know/ unsure	3	7.7
10	Other - No response given	1	2.6

"Influential professional peers and colleagues", and "Professional health associations" (both 69.2%; n=27) were most frequently selected by LHDs as influential sources of research evidence. This was followed by "National or State Government Departments or Agencies (e.g Department of Health)" (66.7%; n=26) and "Researchers (59%; n=23).

Table 4: Content: rank, frequency and percentage for all response options (n=39)

Rank	Content options	Selected by GREAT-HP (n)	Selected by GREAT-HP (%)
1	Evidence based recommendations regarding a future course of action	26	66.7
2	A brief simple summary of the research, key findings and implications	25	64.1
3	The use of narrative, story or testimonial to describe the impact of a health issue or intervention)	23	59.0
3	Summary of the quality of the evidence	23	59.0
4	A description of the alignment of the research with your local policy or practice priorities	22	56.4
5	A description of the health issue or problem addressed	21	53.8
6	Data and statistical summaries or presentations of the evidence to describe the impact of a health issue or intervention	16	41.0
7	An assessment or description of the context in which the evidence was generated	13	33.3
8	A complete and detailed description of research methods and findings	7	17.9
8	An assessment or description of the (in)consistency of the research findings with the broader scientific literature	7	17.9

LHD staff were most interested in receiving content that included "Evidence based recommendations regarding a future course of action" (66.7 %; n=26) and "a brief simple summary of the research, key findings and implications" (64.1%; n=25).

"The use of narrative, story or testimonial to describe the impact of a health issue or intervention" and "Summary of the quality of the evidence" (both 59.0%; n=23) were the next most frequently selected options.

Respondents were provided an open-ended question that allowed for additional comments about the content that influences their decision making. Three respondents provided additional comments about preferred content, including:

> *"The use of videos to tell consumer engagement stories / patient journey as part of research." – Health promotion officer*
>
> *"Within the LHD context any new research must align with state and local strategies or directions." - Other*
>
> *"All useful would deep dive into sources as appropriate/required. Would prefer abundance of information than dearth." – Health promotion manager or leader*

Table 5: Form: rank, frequency and percentage for all response options (n=39)

Rank	Content options	Selected by GREAT-HP (n)	Selected by GREAT-HP (%)
1	Brief summaries with key recommendations (e.g 1 page)	34	87.2
2	Plain language summaries (2-4 page summary written in plain language)	26	66.7
3	Peer reviewed publications (e.g. published in scientific journals)	25	64.1
4	Infographics	23	59.0
5	Workshops	20	51.3
6	Webinars	19	48.7
7	Emails	18	46.2
8	Meetings (in person or technology enabled)	17	43.6
9	Conferences	14	35.9
10	Decision support tools or resources (eg a computer-based tools/website that are developed to help you make decisions	12	30.8
11	Reports	11	28.2
12	Interviews with experts	7	17.9
13	Organisational Websites	4	10.3
14	Media (Traditional or Social)	3	7.7
15	Press releases	1	2.6

"Brief summaries with key recommendations" were selected by the majority of respondents (87.2%; n=34) as their preferred format to receive research evidence. Following this, around two thirds of respondents selected "Plain language summaries" (66.7%; n=26) and "Peer reviewed publications" (64.1%; n=25) and "Infographics" (59.0%; n=23).

Reference list:

Jacob, R.R., Korn, A.R., Huang, G.C. et al. Collaboration networks of the implementation science centers for cancer control: a social network analysis. Implement Sci Commun 3, 41 (2022). https://doi.org/10.1186/s43058-022-00290-6. Accessed 7th September, 2023.

-End of Report-