

BD prosalute

risorse per la promozione della salute



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THE COCHRANE LIBRARY

Independent high-quality evidence for health care decision making

from [The Cochrane Collaboration](#)

The Cochrane Library: Cochrane Database of Systematic Reviews

- Public Health (37)
 - ⊕ EDUCATION (in consultation with Campbell Education Coordinating Group and Cochrane DPLP Group where appropriate) (1)
 - ⊕ EMPLOYMENT & THE WORK ENVIRONMENT (3)
 - ⊕ FOOD SUPPLY / ACCESS (12)
 - ⊕ HOUSING and THE BUILT ENVIRONMENT (6)
 - ⊕ INCOME DISTRIBUTION/FINANCIAL INTERVENTIONS (4)
 - ⊕ OTHER (5)
 - ⊕ PUBLIC SAFETY (in consultation with Campbell Justice Coordinating Group and Cochrane Injuries Group where appropriate) (1)
 - ⊕ SOCIAL NETWORKS/SUPPORT (3)
 - ⊕ THE NATURAL ENVIRONMENT (2)
 - TRANSPORT (0)



Cochrane Reviews: Employment & the work environment

Link to PodcastElectric fans for reducing adverse health impacts in heatwaves

Link to PodcastErgonomic design and training for preventing work-related musculoskeletal disorders of the upper limb and neck in adults

Flexible working conditions and their effects on employee health and wellbeing

Non-pharmacological interventions for preventing venous insufficiency in a standing worker population

Workplace interventions for neck pain in workers

Collaboration between local health and local government agencies for health improvement

Community animal health services for improving household wealth and health status of low income farmers

Housing improvements for health and associated socio-economic outcomes

Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children

Link to PodcastSlum upgrading strategies involving physical environment and infrastructure interventions and their effects on health and socio-economic outcomes

Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people

In-work tax credits for families and their impact on health status in adults



<http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/knowledgehub-website-database>



Health Promotion Website Database

promoting a **healthy** australia



Welcome to the Australian National Preventive Health Agency (ANPHA)
Health Promotion Websites Database

Version 1, released in January 2012

Table of Contents

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Searching the Database

This database of prevention and health promotion websites focuses on sites related to alcohol, tobacco, obesity (including nutrition and physical activity) and chronic disease prevention. It also includes a number of sites relevant to the social determinants of health, mental health, oral health, injury prevention and other areas of health.

You can search for websites by selecting:

- * a Health Risk/Topic;
- * a Knowledge Hub Goal;
- * a Target Audience Group; or
- * any combination of the above.

The results will show the following information for each shortlisted site (a more detailed explanation is provided below):

- * the website title with a hyperlink to the site;
- * the health risk or topic that the site focuses on;
- * how the site relates to a Knowledge Hub goal;
- * who the site is for (the target audience of the site);
- * who the site is benefiting;
- * a short description of the organisation; and
- * a summary of what the website offers.



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Search results for 'all pages' in best practices (page 1)

Step 1 Enter search term(s)

Step 2 Refine your search

Site Section

Best Practices ▾

Category

- ▼ ☐ Behaviour-Related Risk
- ☐ Alcohol use/abuse
 - ☐ Misuse of medications
 - ☐ Preventing Violence
 - ☐ Tobacco use
 - ☐ Use/abuse of illegal drugs
- ▼ ☐ Chronic Condition
- ☐ Hypertension
 - ☐ Metabolic Syndrome
 - ☐ Obesity Prevention
- ▼ ☐ Community Settings
- ☐ Child and youth camp
 - ☐ Community / Neighbourhood
 - ☐ Grocery stores (food point

Displaying search results 1 to 10 of approximately 284 articles

[4-H Community All Terrain Vehicle \(ATV\) Safety Program](#)

Date Issued: 13 May 2013

In response to the high number of ATV fatalities reported in Alaska in 1982, the Alaska 4-H initiated an ATV safety program in collaboration with health officials, educators, and Honda Motor Company. In 1986, National 4-H council offered to expand ...

[A Million Messages](#)

Date Issued: 13 May 2013

The program provides developmentally appropriate, simple, and consistent injury prevention messages to families with children between 0-3 years of age in multiple health regions of Alberta. The messages are distributed by community health nurses, home visitors, and hospital staff as ...

[About Best Practices](#)

Date Issued: 9 June 2013

This section of the Portal provides a searchable list of evaluated community and population health interventions relevant to chronic disease prevention and health promotion. It was designed to help Canadian public health practitioners and decision makers identify suitable interventions that ...

[Action Schools! BC](#)

Date Issued: 13 May 2013

Action Schools! BC is a multi-phase, multi-disciplinary initiative targeting physical activity and healthy eating in elementary schools (grades four to seven). Action Schools! BC provides an Action Model for targeting the school environment and involves families, teachers, principals and school ...

Find Evidence: [Search healthevidence.org](http://www.healthevidence.org/) for access to 4,245 quality-rated systematic reviews evaluating the **effectiveness of public health interventions**. We search the published literature and compile public health relevant reviews -- eliminating your need to search and screen individual databases.

- >> [SEARCH TIPS](#) - get the results you want
- >> [TUTORIALS](#) - guide your search
- >> [SEARCH STRATEGY](#) - how we populate this database

We search seven bibliographic databases:

- ◊ MEDLINE
- ◊ EMBASE
- ◊ CINAHL
- ◊ PsycINFO
- ◊ BIOSIS
- ◊ SPORTDiscus
- ◊ Sociological Abstracts

RESEARCH ARTICLE

Open Access

An optimal search filter for retrieving systematic reviews and meta-analyses

Edwin Lee¹, Maureen Dobbins^{2*}, Kara DeCorby², Lyndsey McRae^{2†}, Daiva Tirilis^{2†} and Heather Husson^{2†}

Conclusions: The health-evidence.ca Systematic Review search filter is a useful tool for identifying published systematic reviews, with further screening to identify those evaluating the effectiveness of public health interventions. The filter that narrows the focus saves considerable time and resources during updates of this online resource, without sacrificing sensitivity.

Date <input type="checkbox"/> Latest update only Published from <input type="text" value="1995"/> to <input type="text" value="2014"/>	
Review Quality Rating <input type="checkbox"/> Strong (8 to 10 / 10) <input type="checkbox"/> Moderate (5 to 7 / 10) <input type="checkbox"/> Weak (1 to 4 / 10)	Review Type <input type="checkbox"/> Meta-analysis <input type="checkbox"/> Systematic review of reviews
Text Options <input type="checkbox"/> Evidence summary available <input type="checkbox"/> Links to free full text <input type="checkbox"/> Links to full text in Cochrane Library <input type="checkbox"/> Highly accessed by registered users of healthevidence.org	
Population <input type="checkbox"/> Adolescents (13-19 years) <input type="checkbox"/> Adults (20-59 years) <input type="checkbox"/> Cultural group <input type="checkbox"/> Family <input type="checkbox"/> Female <input type="checkbox"/> First Nations, Metis, and/or Inuit <input type="checkbox"/> Grade school aged (5-12 years) <input type="checkbox"/> High Risk Group (e.g., adolescent parents, elderly, homeless, substance users) <input type="checkbox"/> Infants (0-1 years) <input type="checkbox"/> LMIC (low-to-middle-income countries) <input type="checkbox"/> Low Socioeconomic Status <input type="checkbox"/> Male <input type="checkbox"/> Preschool aged (1-4 years) <input type="checkbox"/> Seniors (60+ years)	
Intervention Strategy <input type="checkbox"/> Advocacy <input type="checkbox"/> Behaviour Modification (e.g., provision of item/tool, incentives, goal setting) <input type="checkbox"/> Built Environment (e.g., housing, urban planning) <input type="checkbox"/> Education / Awareness & Skill Development / Training <input type="checkbox"/> Environmental / Public Health Inspection (e.g., enforcement of legislation, environmental risk assessment) <input type="checkbox"/> Immunization	
Topic Area <input type="checkbox"/> Addiction/Substance Use <input type="checkbox"/> Alcohol Abuse/Use <input type="checkbox"/> Drug Abuse/Use <input type="checkbox"/> Smoking Cessation/Tobacco Use <input type="checkbox"/> Chronic Diseases (e.g., asthma, arthritis) <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Communicable Disease/Infection <input type="checkbox"/> Dental Health <input type="checkbox"/> Emergency Preparedness & Response <input type="checkbox"/> Environmental Health <input type="checkbox"/> Health Through the Ages <input type="checkbox"/> Adult's Health (men's health, women's health) <input type="checkbox"/> Healthy Communities (e.g., community development, multicultural health, rural/urban health) <input type="checkbox"/> Reproductive Health & Healthy Families <input type="checkbox"/> Senior Health <input type="checkbox"/> Workplace Health <input type="checkbox"/> Youth Health <input type="checkbox"/> Injury Prevention/Safety <input type="checkbox"/> Mental Health <input type="checkbox"/> Nutrition <input type="checkbox"/> Physical Activity <input type="checkbox"/> Sexual Health (e.g., pregnancy prevention, family planning, sexual behaviour) <input type="checkbox"/> Sexually Transmitted Infections (STIs) <input type="checkbox"/> Social Determinants of Health (e.g., social environments, education, employment and working conditions)	
Setting <input type="checkbox"/> City / Regional / Provincial / State / National <input type="checkbox"/> Commercial Site <input type="checkbox"/> Community <input type="checkbox"/> Correctional Institution <input type="checkbox"/> Day Care Centre <input type="checkbox"/> Farm <input type="checkbox"/> Health Care Setting <input type="checkbox"/> Clinic <input type="checkbox"/> Community health centre <input type="checkbox"/> Dentist <input type="checkbox"/> Health bus	



Action on the social determinants of health (SDH) is an emerging and exciting area of public health. To support this development, WHO has created Action:SDH, an electronic Discussion Platform, which aims to foster discussion and debate and to provide a clearing house to share experiences of actions aimed at improving health equity through addressing the social determinants of health. In so doing, WHO joins forces with a range of other organizations and networks around the world that are also committed to this agenda.

The platform aims to attract members from across government and society. The platform convenes and supports its members in sharing experiences - both challenges and opportunities - for action on the social determinants of health, as well as providing a repository for innovative practices, examples and tools. The platform provides a Members Forum, where members can initiate and respond to discussion topics. These discussions will be summarized periodically to draw out lessons on key barriers and facilitators to action. The platform also provides Closed-door Forums, which can be used by any of the members to hold restricted discussions and debates.

The platform launch takes place in Rio, Brazil, at the World Conference on Social Determinants of Health (WCSDH). In follow-up to this conference, WHO looks forward to developing strong partnerships with key institutions, including WHO Collaborating Centres, to build the information content of the platform, together with its members, and to facilitate strong discussion and debate.

<http://www.actionsdh.org/>

Data, indicators & targets

Potential basket of indicators for monitoring of social determinants and health inequities: social determinant indicator (data source)

1. Total debt service as percentage of gross national income (World Bank)
2. Extent to which a country's citizens are able to participate in selecting their government; extent of freedoms of expression, association, and the media (World Bank)
3. Total government expenditure on health and education as percentage of total government expenditure (WHO; UNESCO)
4. Ratio of wages to corporate profits (World Bank)
5. Proportion of young people not in school or employment, by age and sex (OECD)
6. Informal sector employment rate (ILO)
7. Gini coefficient (income distribution) (World Bank)
8. Adult literacy rate for the population over 15 years of age (UNDP; UNESCO)
9. Ratio of highest-paid to lowest-paid workers (ILO)
10. Net primary school enrolment ratio of females (UNESCO)
11. Completion of primary/secondary education (UNESCO)
12. Access to improved water (%) (WHO)

Health outcome

1. Healthy life expectancy (male, female) (WHO)
2. Deliveries attended by skilled birth attendant (% by wealth quintiles) (WHO)
3. Under-5 mortality ratio (rural, urban) (WHO)
4. Infant mortality ratio (by wealth quintiles) (WHO)
5. Newborns with low birth weight (% by mother's education) (WHO)
6. Children aged <5 years with moderately or extremely low values for weight and height (rural, urban) (WHO)
7. Prevalence of obesity among adults (15 years and older) (by wealth quintiles) (WHO)
8. HIV prevalence among adults aged 15-49 (male, female) (WHO)



National Collaborating Centre
for Methods and Tools

Centre de collaboration nationale
des méthodes et outils

STEPS in Evidence-Informed Public Health

Click on the diagram below for more information and helpful links to help you understand how to complete each step of the process. Find links to recommended methods and tools from our Registry that are applicable to each step.



A model for evidence-informed decision making in public health



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The Registry of Methods and Tools

Knowledge translation methods and tools for public health

The Registry is a searchable, online collection of evidence-informed methods (processes) and tools (instruments) for knowledge translation in public health. The Registry's goals are to help public health practitioners:

- communicate new knowledge to clients and colleagues;
- support innovation uptake in their organization;
- synthesize and appraise public health related research;
- apply a new technique for working with community partners; and
- summarize relevant evidence for public health policy decisions.

The Registry contains summary statements of knowledge translation methods and tools to help busy practitioners use evidence in their practice. The Registry identifies and describes effective resources for knowledge translation, making them easier for you to find and use.



Results

categorized by...

Type

- ☐ Method
- ☐ Tool

EIPH step

- ☐ Define
- ☐ Search
- ☐ Appraise
- ☐ Synthesize
- ☐ Adapt
- ☐ Implement
- ☐ Evaluate

KT & Related Activities

- ☐ Communication
- ☐ Consensus building
- ☐ Economic evaluation
- ☐ Knowledge brokering
- ☐ Knowledge dissemination
- ☐ Knowledge exchange
- ☐ Knowledge management
- ☐ KT evaluation
- ☐ KT plan
- ☐ KT theories



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People™

Healthy Living ▾

Travelers' H

Adolescent & School Health

Food Safety

Healthy Weight

Overweight & Obesity

Smoking & Tobacco Use

Vaccines & Immunizations

More >

Emergency Preparedness ▾

More CDC Topics ▾

Data & Statistics

Injury, Violence & Safety

Environmental Health

Workplace Safety & Health

Global Health

State, Tribal, Local & Territorial

Vital Signs

Publications

Social & Digital Tools

Mobile Apps

CDC-TV

CDC Feature Articles

CDC Jobs

<http://www.cdc.gov/>



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ABOUT THE COMMUNITY TOOL BOX

The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities.

Want to learn about community assessment, planning, intervention, evaluation, advocacy, and other aspects of community practice? Then help yourself to over 300 educational modules and other free tools.

Under continuous development since 1994, the Community Tool Box is widely used in teaching, training, and technical support. Currently available in English, Spanish, and Arabic and with millions of user sessions annually, it has reached those working in over 230 countries around the world.

WHY THE COMMUNITY TOOL BOX?

The vision behind the Community Tool Box is that people — locally and globally — are better prepared to work together to change conditions that affect their lives. Our mission is to promote community health and development by connecting people, ideas, and resources.

With the belief that people can change their communities for the better, partners at the [University of Kansas](#) and collaborating organizations developed the Community Tool Box as a public service.

Our fervent hope is that these tools can make it easier for people to take action to assure healthier and more just communities throughout the world.



LEARN A SKILL
how-to information



HELP TAKING ACTION
guidance for your work



CONNECT
link with others



ABOUT
the tool box



SERVICES
supporting collective impact

1. CREATING AND MAINTAINING PARTNERSHIPS

This toolkit provides guidance for creating a partnership among different organizations to address a common goal.

[Outline](#)

[Example\(s\)](#)

2. ASSESSING COMMUNITY NEEDS AND RESOURCES

This toolkit aids in conducting a community assessment.

[Outline](#)

[Example\(s\)](#)

3. ANALYZING PROBLEMS AND GOALS

This toolkit helps in analyzing personal and environmental factors that influence the problem to be addressed.

[Outline](#)

[Example\(s\)](#)

4. DEVELOPING A FRAMEWORK OR MODEL OF CHANGE

This toolkit helps in developing a picture of the pathway from activities to intended outcomes.

[Outline](#)

[Example\(s\)](#)

5. DEVELOPING STRATEGIC AND ACTION PLANS

This toolkit aids in developing a vision, mission, objectives, strategies, and action plan for the effort.

[Outline](#)

[Example\(s\)](#)

6. BUILDING LEADERSHIP

This toolkit helps in developing a plan for enhancing leadership and its core tasks.

[Outline](#)

[Example\(s\)](#)

7. DEVELOPING AN INTERVENTION

This toolkit provides supports for developing core components of a community intervention and adapting them to fit the context.

[Outline](#)

[Example\(s\)](#)

8. INCREASING PARTICIPATION AND MEMBERSHIP

This toolkit provides guidance for increasing participation and engaging stakeholders in change efforts.

[Outline](#)

[Example\(s\)](#)



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TROUBLESHOOTING GUIDE

1. We need to understand the community or situation better.
2. We don't understand the problem or goal.
3. We don't know what to do to solve the problem.
4. There is no clear direction or communication with the group.
5. There is not enough community participation.
6. There is not enough leadership.
7. We are facing opposition or conflict.
8. There is not enough action to promote change.
9. There is not enough change in the community or system.
10. We don't know how to evaluate our program or initiative.
11. There is not enough improvement in outcomes.
12. There are unintended or unwanted outcomes.
13. Not enough money to sustain the program or initiative.
14. We need to assure better conditions for implementation.

<http://ctb.dept.ku.edu/en/toolkits>



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<http://www.healthypeople.gov/2020/about/default.aspx>



<http://www.thecommunityguide.org/index.html>

<http://www.apho.org.uk/>
<http://www.phoutcomes.info/>

Public Health Outcomes Framework

 Indicator keywords


Overarching indicators

Wider determinants of health

Health improvement

Health protection

Healthcare and premature mortality

Indicator	Period	England	East Midlands	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northampton	Nottingham	Nottinghamshire	Rutland
2.01 - Low birth weight of term babies	2011	2.8	2.9	3.8	2.3	4.6	2.6	2.3	2.7	3.1	2.9	2.3
2.02i - Breastfeeding - Breastfeeding initiation	2012/13	73.9	72.2	71.1	70.0	74.1	74.2	75.1	72.9	68.9	69.7	*
2.02ii - Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth	2012/13	47.2	42.3	39.8	39.0	55.1	44.3	39.0	*	46.4	38.3	*
2.03 - Smoking status at time of delivery	2012/13	12.7	15.1	15.5	16.2	14.2	11.3	13.8	15.4	17.9	17.3	*
2.04 - Under 18 conceptions	2012	27.7	28.3	33.5	22.3	32.9	21.7	30.5	30.8	37.7	29.4	18.8
2.04 - Under 18 conceptions: conceptions in those aged under 16	2012	5.6	5.5	5.0	3.9	6.4*	4.1	5.2	6.8	7.8	6.4	*
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	22.2	22.2	23.6	21.2	22.0	21.0	25.6	21.3	23.0	21.5	23.0
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	33.3	32.7	33.3	32.0	34.9	31.3	34.8	32.7	35.0	31.1	24.1
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2012/13	103.8	86.8	79.8	82.5	77.4	72.4	112.5	90.3	86.4	85.2	79.6



The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) is part of the Social Science Research Unit at the Institute of Education, University of London.

The EPPI-Centre is committed to informing policy and professional practice with sound evidence. As such, it is involved in two main areas of work:

1. **Systematic reviews:** This includes developing methods for systematic reviews and research syntheses, conducting reviews, supporting others to undertake reviews, and providing guidance and training in this area.
2. **Research use:** This includes studying the use/non-use of research evidence in personal, practice and political decision-making, supporting those who wish to find and use research to help solve problems, and providing guidance and training in this area.

To find out more about these two areas of work visit our [About the EPPI-Centre page](#). Please see our [working with the EPPI-Centre](#) page if you would like to work with us.



Database of promoting health effectiveness reviews (DoPHER)

- ☐ Generic keywords
 - ☐ What kind of printed material does it concern?
 - ☐ Focus of the text book
 - ☐ What is the status of the report?
 - ☐ Which language is the study in?
 - ☐ How were the keywords allocated?
 - ☐ What type of study does this report describe?
 - ☐ In which country/countries was the study carried out?
 - ☐ Focus of the report
 - ☐ Characteristics of the study population
 - ☐ Cost indication
 - ☐ Intervention site(s)
 - ☐ Person(s) providing the intervention
 - ☐ Type(s) of intervention
- ☐ Keywords concerning review quality

Health Policy Issues:

All Issues

Funding / Pooling

Benefit Basket

System Organisation/
Integration

New Technology

Remuneration /
Payment

Access

Prevention

HR Training/Capacities

Responsiveness

Long term care

Public Health

Quality Improvement

Political Context

Role Private Sector

Others

Pharmaceutical Policy

Countries :

All Countries

Australia

Finland

Netherlands

South Korea

Austria

France

New Zealand

Spain

Canada

Germany

Poland

Switzerland

Denmark

Israel

Singapore

United Kingdom

Estonia

Japan

Slovenia

USA

Mapping European Capacity to Engage in Health Promotion at the National Level: HP-Source.net

IUHPE – PROMOTION & EDUCATION SUPPLEMENT 1 2005

HP-Source.net



IUHPE
INTERNATIONAL UNION
FOR HEALTH PROMOTION
AND EDUCATION
www.iuhpe.org

"The Health Promotion Discovery Tool"

- Home
- Advisory Committee
- Contacts
- Data Input
- Databases
- Health Promotion
- Links
- Progress
- Reports
- Thesaurus
- Validity of Data

Welcome to HP-Source.net

The Comprehensive Database of Health Promotion Policies, Infrastructures and Practices.

HP-Source.net is a voluntary, international collaboration of researchers, practitioners and policy makers, having the common goal to maximise the efficiency and effectiveness of health promotion policy, infrastructures and practices by:

- Developing a uniform system for collecting information on health promotion policies, infrastructures and practices;
- Creating databases and an access strategy so that information can be accessed at inter-country, country and intra-country levels, by policy makers, international public health organisations and researchers;
- Analysing the databases to support the generation of models for optimum effectiveness and efficiency of health promotion policy, infrastructure and practice;
- Actively imparting this information and knowledge, and actively advocating the adoption of models of proven effectiveness and efficiency, by means of publications, seminars, conferences and briefings, and collaboration with our partners Samara James in London.



Databases

Welcome to IDM Best Practices

for health promotion, public health and population health

Databases for health promotion, public health and population health

<http://www.idmbestpractices.ca>



Health Education and Health Promotion Databases

<http://www.strath.ac.uk/library/masterlist/healtheducationandhealthpromotiondatabases/>



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http://www.thcu.ca/infoandresources/resource_display.cfm?res_topicID=16



<http://www.enwhp.org/>

E noi? BD prosalute

La Vostra opinione

- Non li guarda nessuno
- Non ci sono ritorni critici
- Dispendioso come energie
- Non permette confronto
- Non rappresenta l'entità del lavoro
- Verifica più quantitativa che qualitativa
- Ripetizione dati già fornita
- Difficoltà ad esplicitare partecipazione e impegno



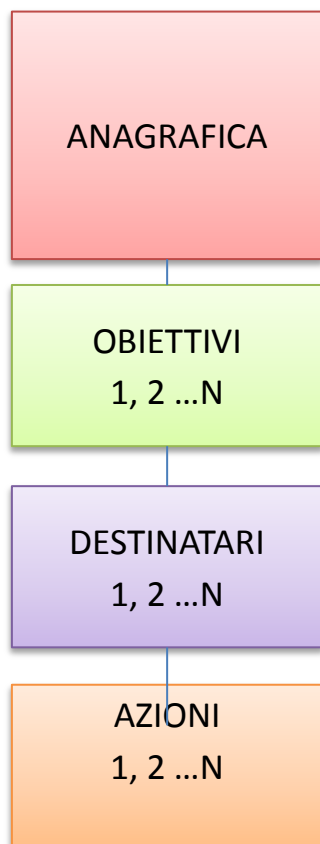
▼ > ATTIVITA'

- > Anagrafe
- > Strutture coinvolte
- > Altri Soggetti
- > Reti/Ambiti concertazione
- > Abstract e Parole chiave
- > Diagnosi di contesto
- > Obiettivo generale
- > Destinatari
- > Obiettivi specifici
- > Azioni
- > Settings
- > Valutazione di impatto
- > Valutazione di risultato
- > Criticità
- > Allegato

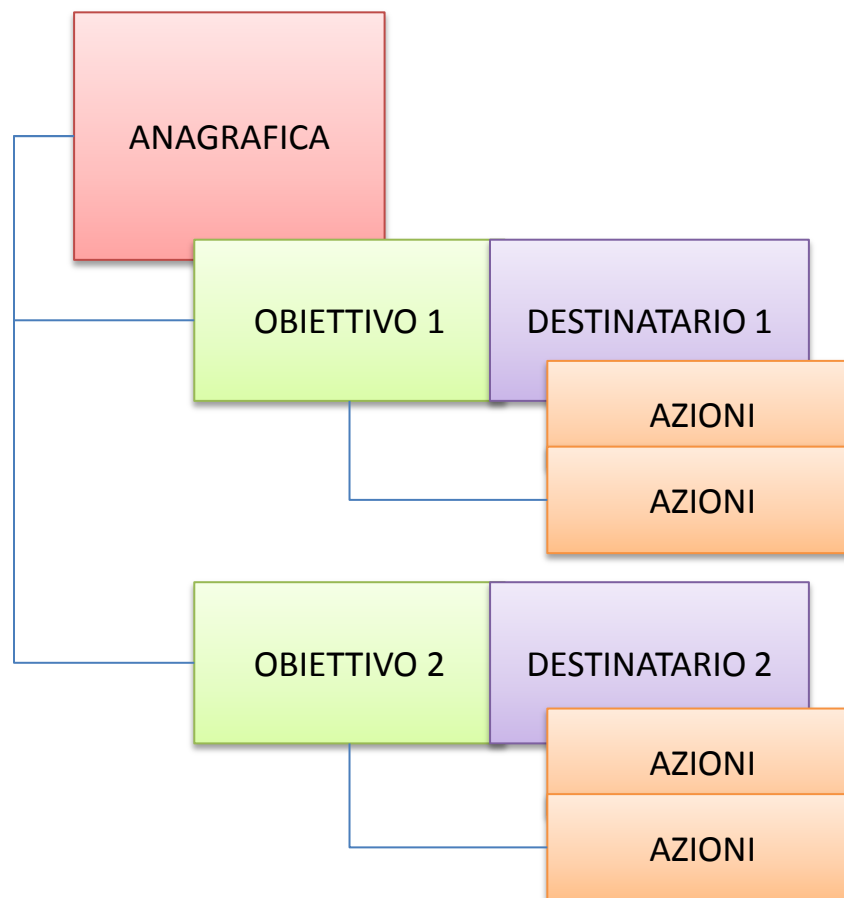
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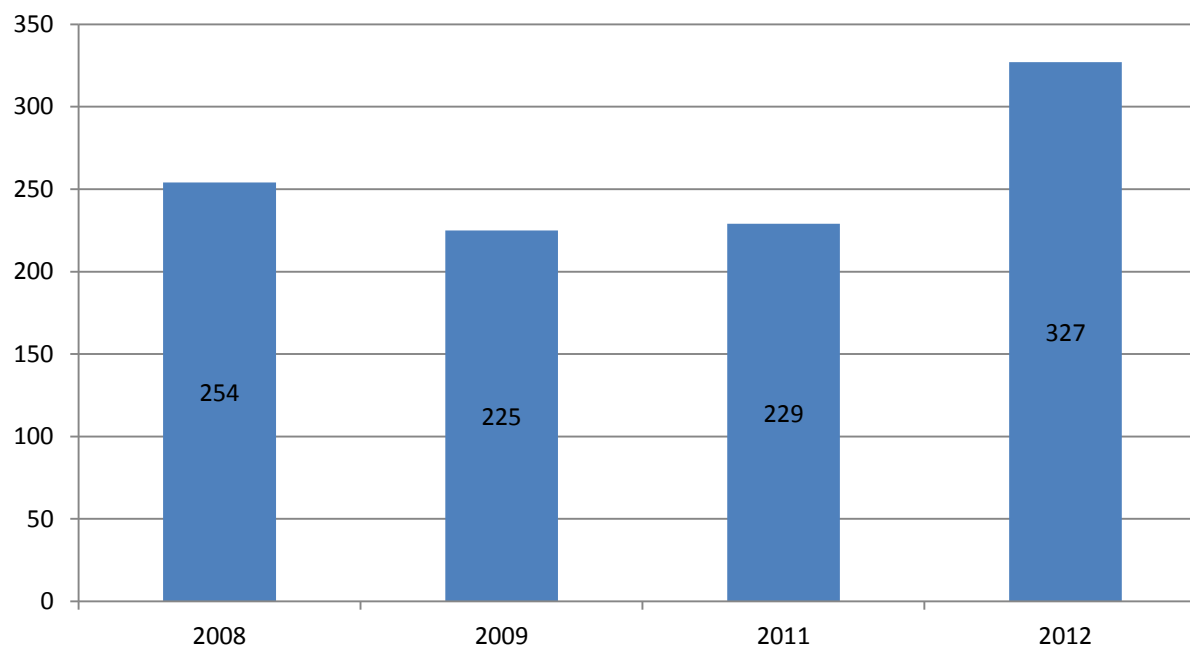


Pro.sa



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n° programmi



Bias: tutti i programmi hanno lo stesso peso, dai programmi su una comunità ai programmi su pochi stakeholders

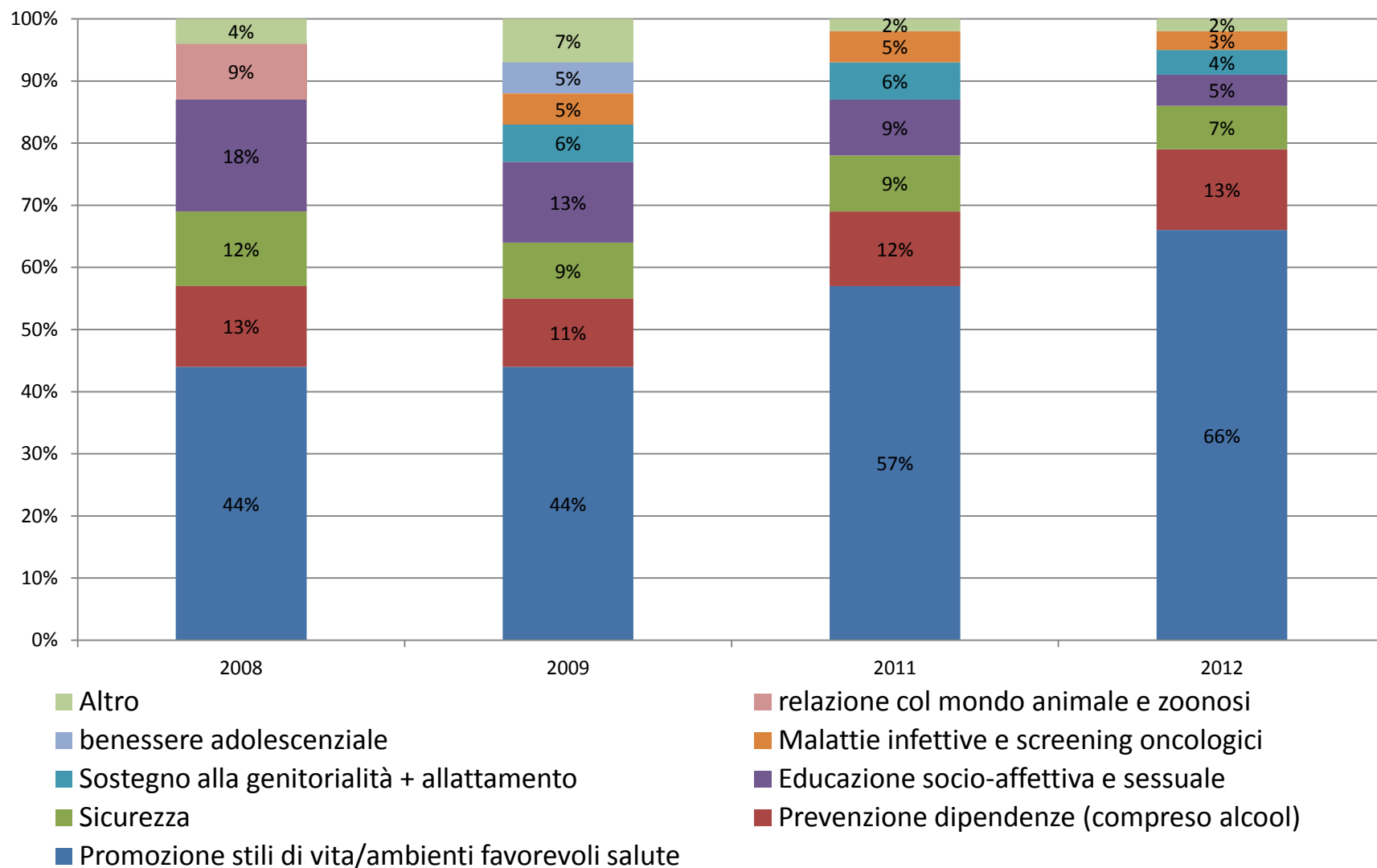


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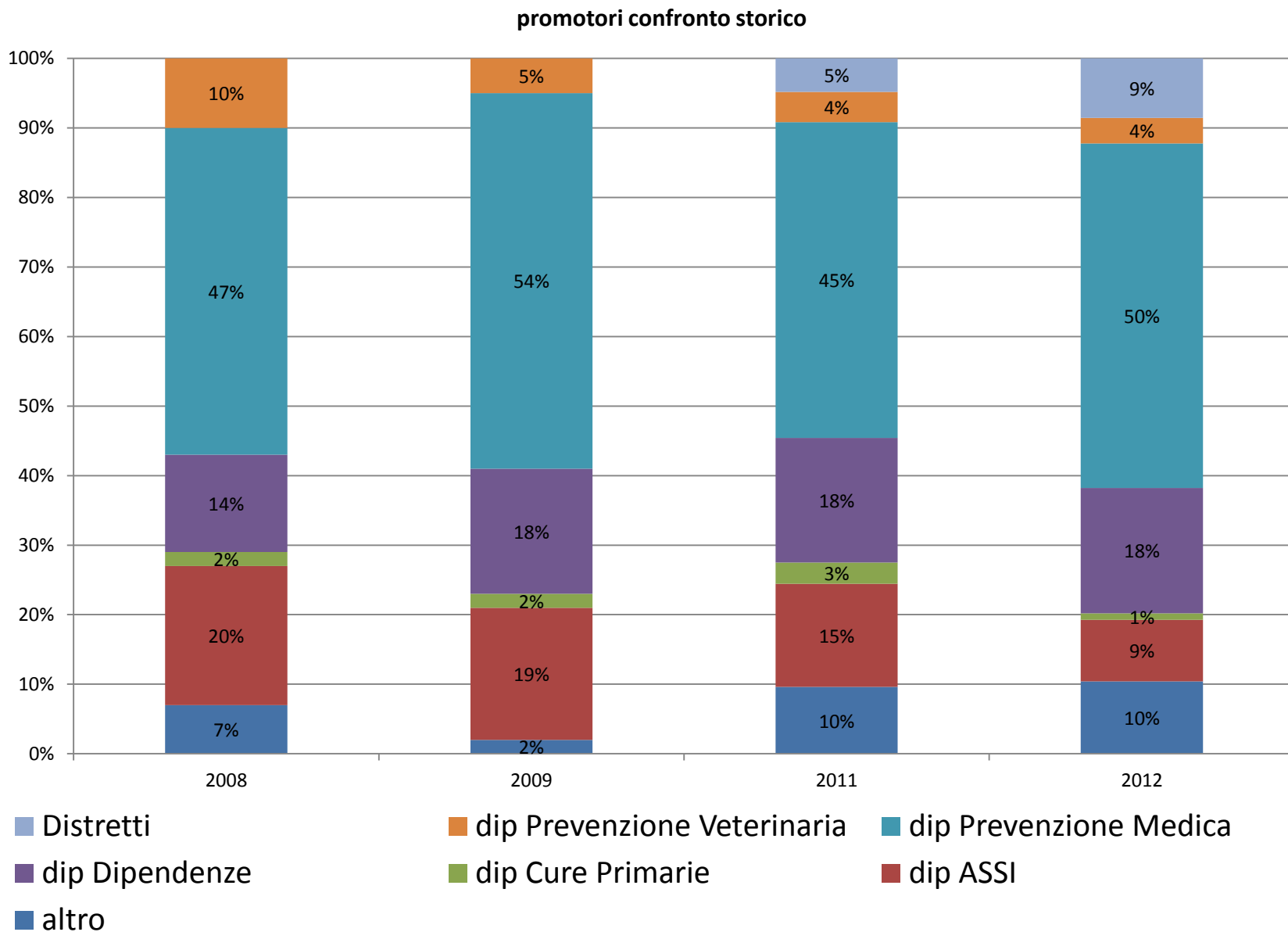


Bias: tutti i programmi hanno lo stesso peso, dai programmi su una comunità ai programmi su pochi stakeholders

confronto storico aree tematiche



Bias: promotore principale non è esplicitamente espresso da chi compila

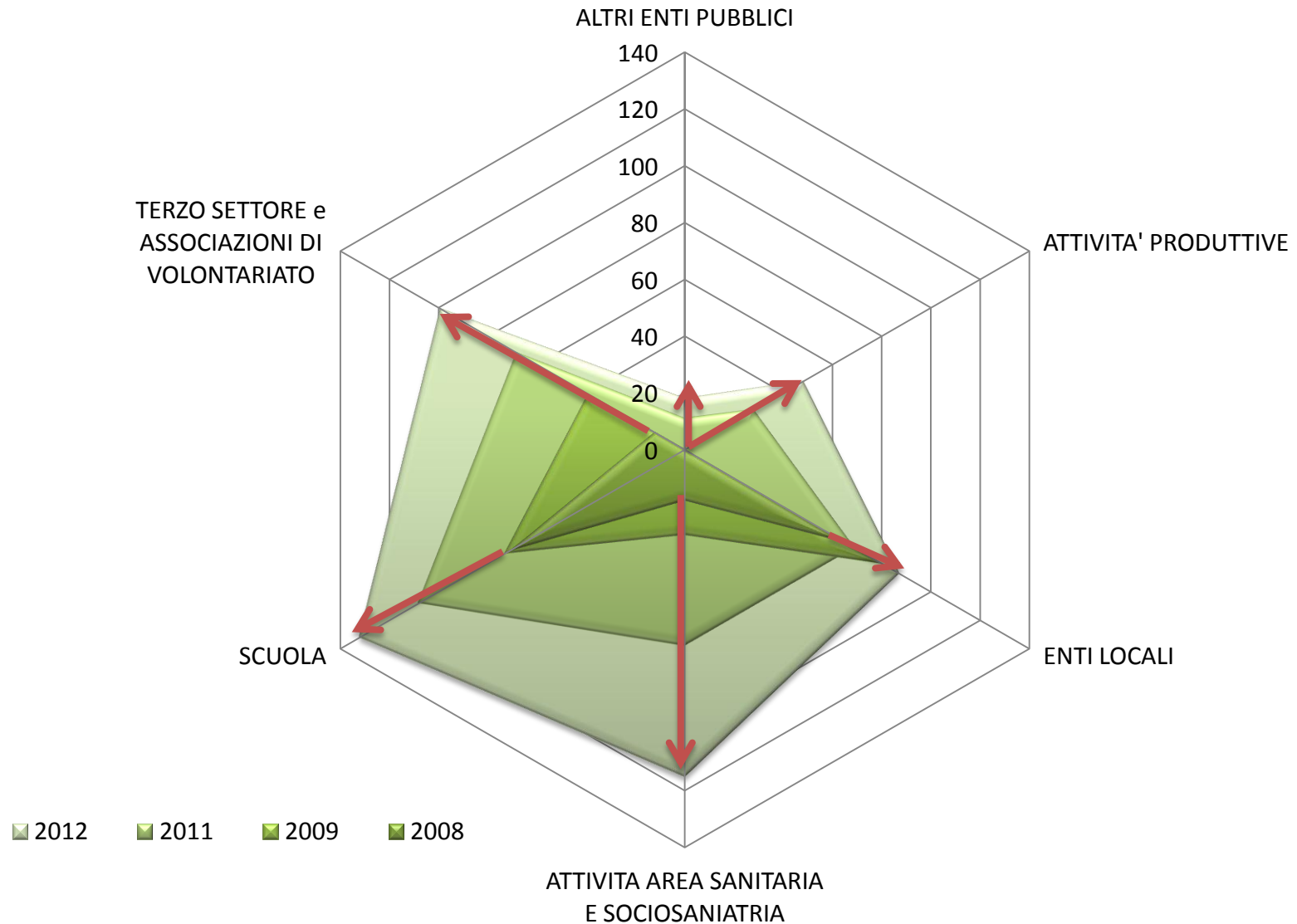




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numero altri soggetti coinvolti

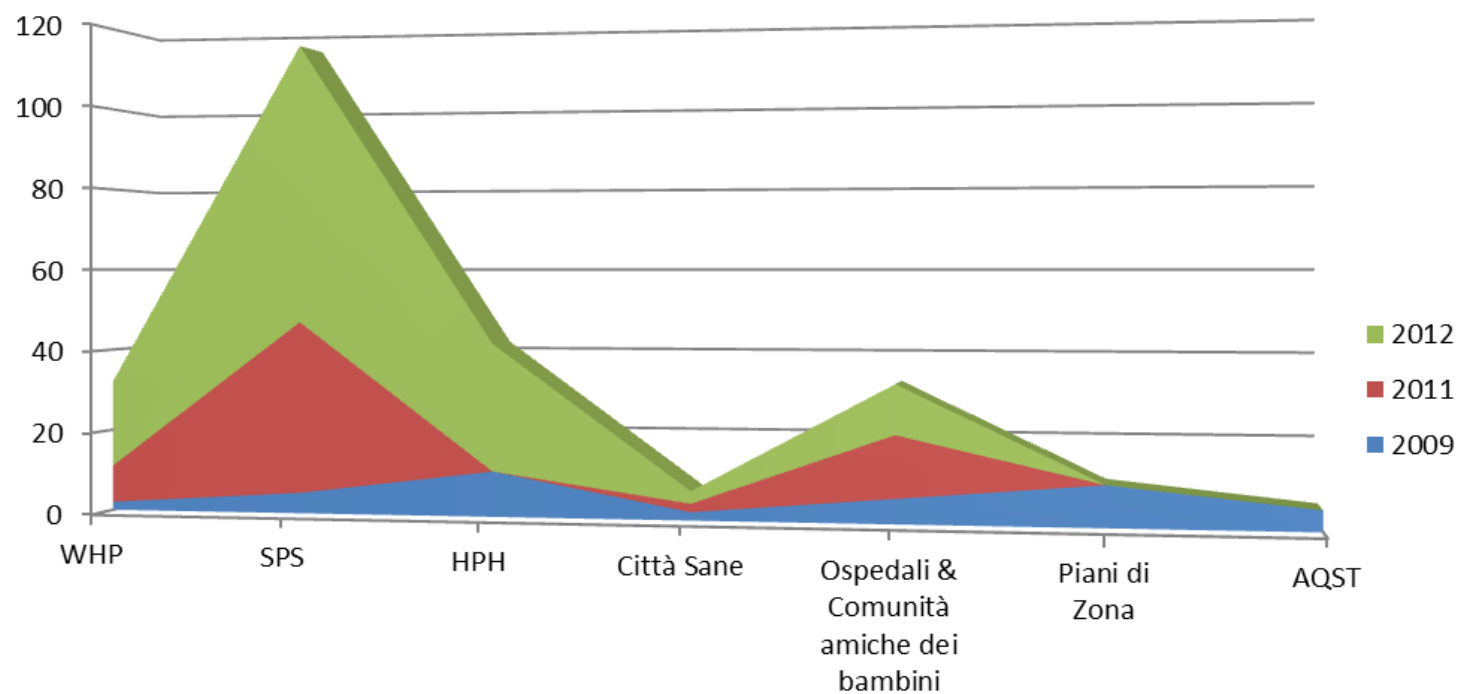


Bias: gli stakeholder sono contati per programmi coinvolti, ma in un programma potrebbe essere presente ad esempio una scuola, e d in un altro 100 scuole



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In sintesi , bd prosalute:

- permette una descrizione qualitativa e del processo di attivazione della attività di promozione della salute adeguata
- non garantisce una rendicontazione quantitativa in grado di descrivere correttamente le dimensioni di popolazione coinvolte

Pedibus

Stima da bd prosal

under 18

26885 persone coinvolte

principale attività: **piedibus**

Pedibus

Stima survey

26629

Gruppi di cammino

Stima survey

adulti

40454 persone coinvolte

principale attività :

gruppi di cammino e programma whp

24000



Obiettivo

definire modalità standardizzate dei principali programmi di PS diffusi sul territorio

• Percorso nascita – allattamento al seno comunità amica dei bambini

• **Promozione della salute nelle scuole**

la rete delle scuole che promuovono salute

altri interventi di promozione della salute a scuola

• Programma WHP -- HPH

• Programma città sane

• Invecchiamento attivo

...

• Gruppi di cammino

• Pedibus

• Scale per la salute

• Snack salutari

• Le azioni del manuale whp

• Le pratiche attuate nelle scuole – carta di iseo

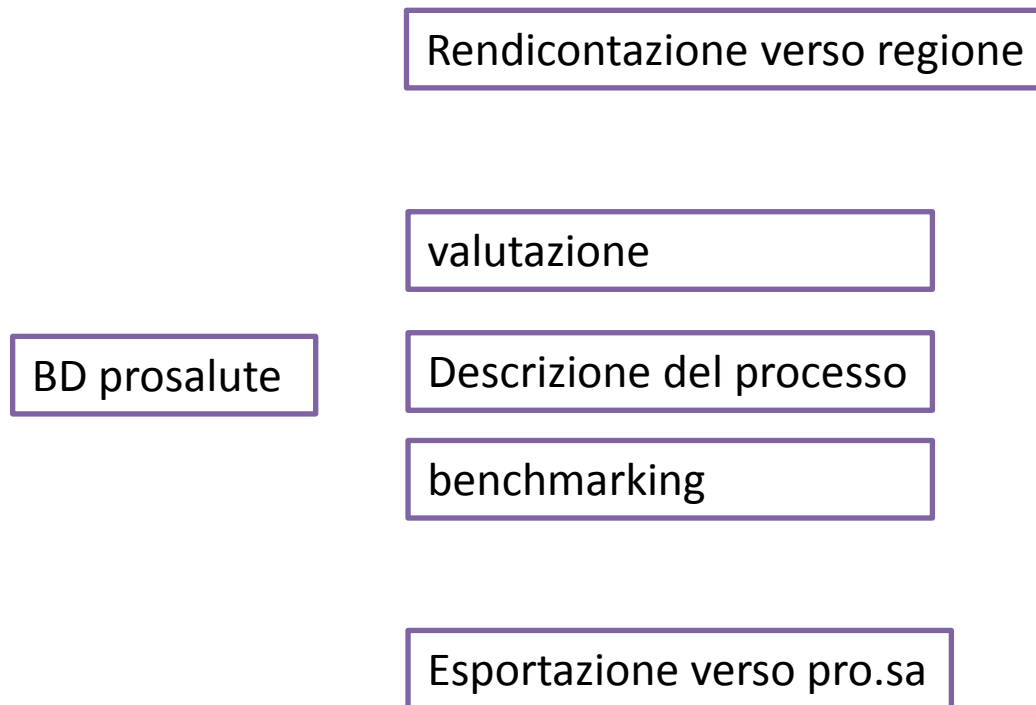
• Le cadute nell'anziano

• Interventi contro il fumo di sigaretta (mamme libere dal fumo)

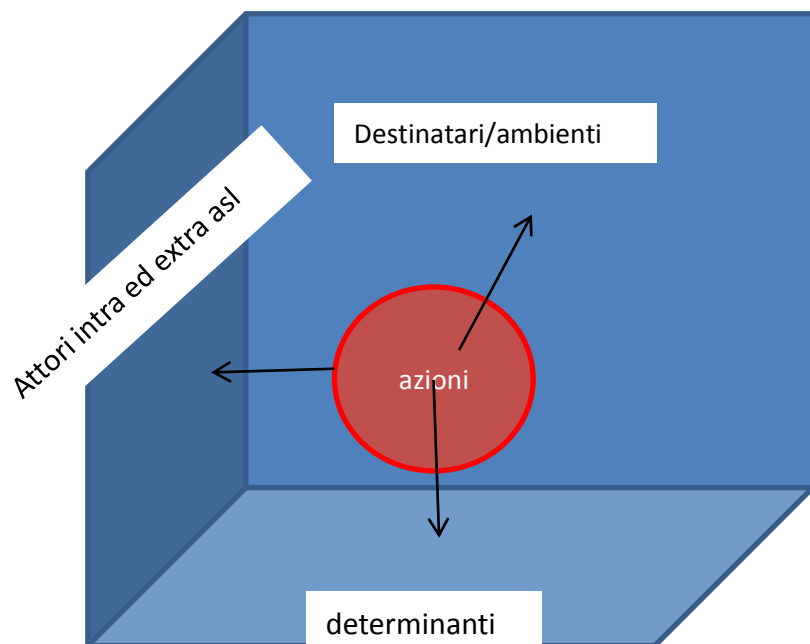


BD prosalute 2.0

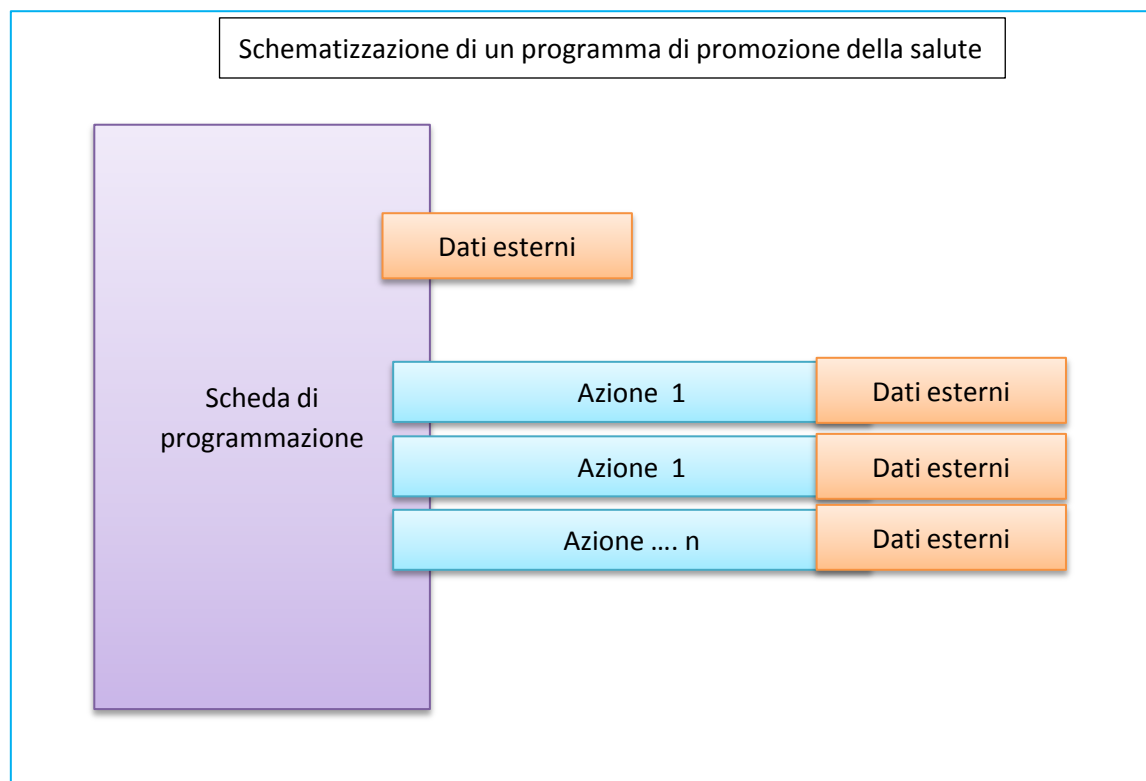




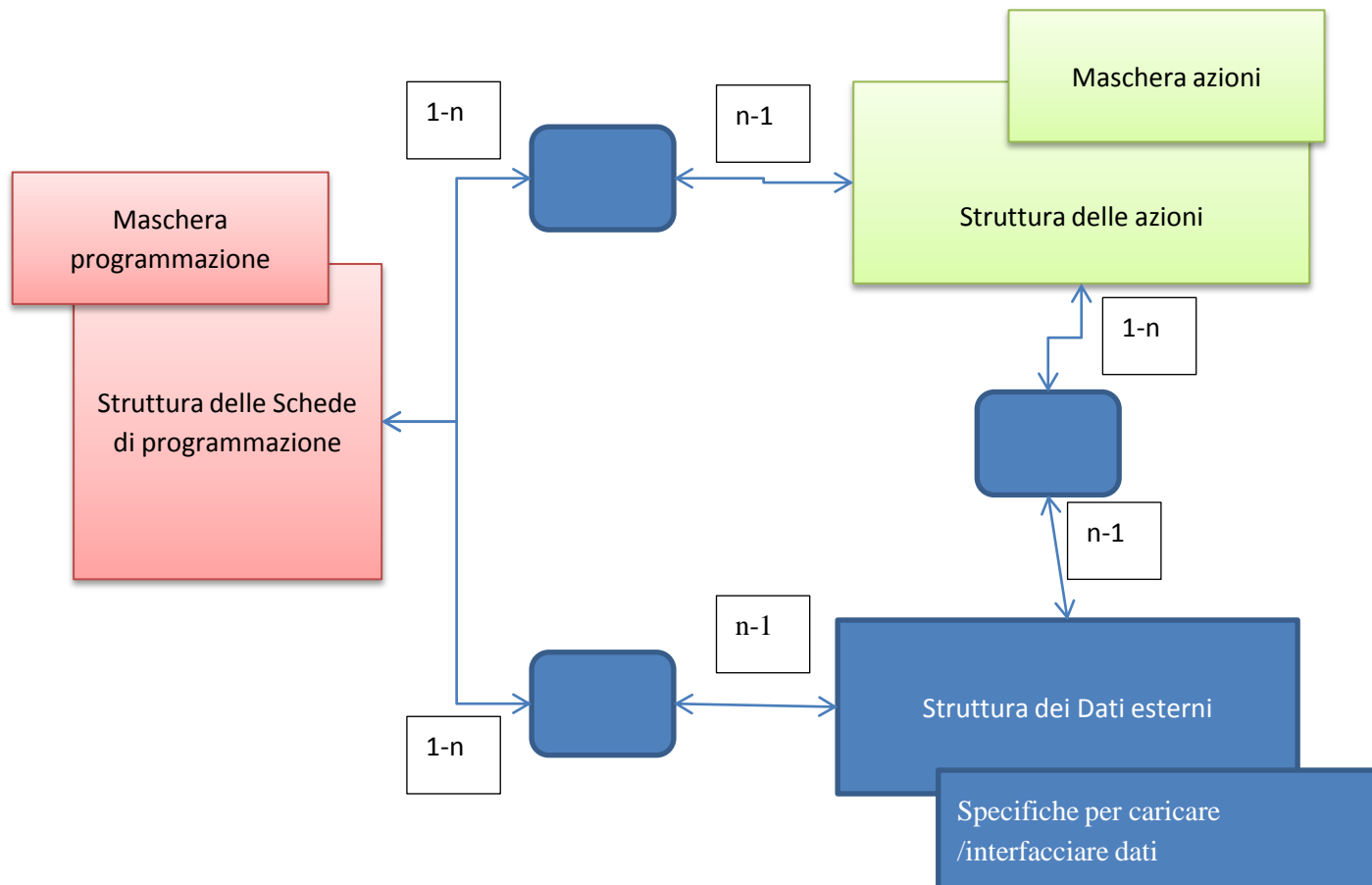
- la compilazione deve essere semplice e differenziata per il livello di interesse: operatore, programmatore, e stakeholder
- l'unità minima e centrale è l'azione, che si inserisce e si deve confrontare con le dimensioni del setting , degli attori che la mettono in atto, del target (quanti/qualitativo), e dei determinanti



Il processo prevede la programmazione, la rendicontazione e la valutazione degli obiettivi attraverso 3 strutture principali
la compilazione iniziale della **scheda di programmazione** (attraverso tabella1),
la definizione delle **azioni** (attraverso la tabella 2) e l'associazione delle stesse al programma di
l'inserimento di dati esterni utili alla validazione dei programmi di promozione della salute



Schematizzazione del rapporto tra le principali strutture (tabelle) del database e le maschere



Maschera 1 Programmazione

Si immagina una attività che ricalca l'attuale bd prosalute con la descrizione di programmi di promozione della salute attraverso:

Abstract

Anagrafica del programma (vari campi simili all'attuale)

Diagnosi di contesto - Setting (spazio vuoto)

Obiettivo/i - indicatori

Obiettivo (campo testo)

Indicatore scegliere tra gli indicatori precaricati attraverso la struttura dei dati esterni, lasciando sempre la possibilità di inserire dati liberi

Dato previsto per il numeratore dell'indicatore scelto (campo numerico)

Azioni (vedere scheda successiva, da questa maschera non è previsto l'inserimento di azioni ma solo l'associazione di azioni già presenti e compilate) , le azioni definiscono ulteriori obiettivi e indicatori del programma di promozione della salute

Criticità (spazio vuoto)



Maschera 2 inserimento Azioni

Ogni azione deve essere descritta dalle seguenti dimensioni

- **titolo azione** (campo testo)
- **descrizione azione/obiettivo specifico** (campo testo)
- **leader dell'azione** (campo testo, referente più dipartimento di riferimento vedi elenco campo seguente)
- **attori asl** (scelta multipla tra dipartimento prevenzione, dipartimento governance, dipartimento PAC, dipartimento cure primarie ,dipartimento dipendenze, dipartimento assi), per ogni attore è descritta con un flag la fase di partecipazione (programmazione, realizzazione, valutazione)
- **attori extra asl** (scelta multipla tra Scuola, Enti Locali, Ospedali, Aziende Private, MMG/PDF, Terzo settore e associazioni) per ogni attore è descritta con un flag la fase di partecipazione (programmazione, realizzazione, valutazione)
- **risorse asl impiegate** (mmg, op sanitario, op socio, psicologo, altro,...) e numero ore totali stimate
- **tipologia di azione** (informativa, formativa, educativa, ambientale, organizzativa, comunità)
- **classificazione dell'azione** (azione di ricerca/sperimentale oppure a regime)
- **determinanti di salute intercettati** (scelta multipla tra stili di vita, dipendenze, fumo , alimentazione, att fisica ...)
- definizione se l'azione è **valutabile** direttamente **sull'ambiente** o sui **destinatari** od **entrambi** (es.realizzazione baby pit stop → ambiente, offerta minimal advice → destinatari, realizzazione pedibus → ambiente e destinatari, fare un accordo per l'adesione a città sane → ambiente)

L'unità di misura è la persona : devono essere inseriti sia i destinatari intermedi sia finali

Descrittori dei **destinatari**

- **Stima del denominatore dei destinatari** calcolato automaticamente con indicazioni di **sexso ed età dei** destinatari (calcolo automatico per asl del totale in relazione a dati istat precaricati) o altre caratteristiche precaricate
- indicazione di **condizioni professionali/di rischio/patologia** che possono moltiplicare il numero di destinatari identificati con sesso ed età (dove non sono disponibili dati precaricati, su stime conosciute sulle principali condizioni di rischio)
- **campo libero** per descrivere

NB lascerei la possibilità di forzare dichiarando il n° di destinatari

- Numeratore : **Valore numerico raggiunto**
 - dato programmato **ad inizio anno**
 - dato raggiunto a **fine anno**

L'unità di misura è l'ambiente interessato dall'azione

Descrittori degli **ambienti coinvolti**

- Valore numerico del **denominatore degli ambienti** dei destinatari calcolato automaticamente con indicazione della tipologia di ambiente (comune, azienda, ospedale, scuola con ordini e gradi, km di strade cittadine, farmacie, sedi asl, mq urbanizzati, numero centri commerciali, numero palestre, numero rivendite di pane) (calcolo automatico per asl del totale in relazione a dati precaricati.. database impresa. Open data ..etc etc)
- caratteristica di secondo livello personalizzabile per ogni categoria
- campo libero per aggiungere altre definizioni

NB lascerei la possibilità di forzare dichiarando caratteristiche e stima

- Numeratore : **Valore numerico raggiunto**
 - dato programmato **ad inizio anno**
 - dato raggiunto a **fine anno**



Per ogni azioni evidence based / buone pratiche già di default sono compilate: **titolo azione, attori partecipanti asl, tipologia di azione, azione di ricerca/sperimentale, determinanti di salute, denominatori dei destinatari, denominatori degli ambienti**

Tracciato di inserimento dati esterni stakeholder/dati da fonti terze
Definire un tracciato con cui tutti gli stakeholder possono inviare dati
confrontabili ad esempio le scuole che promuovono salute, le aziende

Esempi di dati / fonte dati

Okkio

Hbsc

Eupolis

Dati da whp

Dati da scuole

Dati da dwh regionale

Dati da Istat

Dati da ... open data...



Ora sentiamo voi ...

