

Implementation of Health Promotion Programs in Hospitals, Long Term Care Facilities and Schools – A Comparative Case Study

Karin WALDHERR

Ludwig Boltzmann Institute Health Promotion Research, Ludwig Boltzmann Society,
Vienna, A-1020, Austria

and

Wolfgang DÜR

Ludwig Boltzmann Institute Health Promotion Research, Ludwig Boltzmann Society,
Vienna, A-1020, Austria

ABSTRACT

Many health promotion (HP) programs in organizations fail as compared to their initial goals. Thus deeper insights into implementation processes and the fate of HP projects are needed. Due to the complexity of HP case method research is the most suitable approach. Hospitals, long term care (LTC) facilities and schools are organizations of special interest since HP interventions often interfere in the interactions between professionals and clients and thus also concern communication and collaboration processes between the highly specialized professional staff from different disciplines. Therefore, in implementing HP programs these very specific processes are seen as critical. The current study aims to generate insights which specific factors have to be considered in implementing HP programs in schools, hospitals and LTC facilities, and if there are differences between the three settings. The design of the study incorporates intensive within-case analyses in three organizations within each of the three settings, across-case comparisons within each setting as well as across-case comparisons between settings. The speciality of the current study is that it is the first comprehensive study comparing cases from different settings regarding specific communication and collaboration processes in implementing HP programs. Systems theory yields the theoretical foundation.

Keywords: Health Promotion, Implementation, Professional People Processing Organizations, Interdisciplinary Communication, Systems Theory, Case Method Research, Multi-Case / Multi-Setting Design

1. INTRODUCTION

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.” (Ottawa Charter) [1]

Subsequent to the Ottawa Charter [1] the *settings approach* to health promotion (HP) was developed. This holistic and multifaceted approach focuses on the whole setting, i.e. aims to make the setting more health promoting, and must be clearly differentiated from HP *in* settings where individually-focused interventions are implemented in settings. Settings for health are social contexts in which people engage in their daily activities in which environmental, organizational, and personal factors interact to affect their health and wellbeing. [2] From the backdrop of the settings approach organizations are a natural area for the

implementation of HP programs, and that for three reasons: to provide health knowledge, to enact lifestyle changes, and to reduce harmful, and promote healthy processes and structures for staff members and users. However, several HP related management literature reviews indicate that a high percentage of HP programs in organizations fail as compared to their initial goals [3, 4]. Many evaluation studies concentrated on the influence of the quality of implementation on program outcomes, and on identifying the necessary structures to successfully implement HP activities in different settings. The results of a literature review [3] led to the conclusion that implementation affects the outcomes of HP programs. Several studies suggest some general organizational conditions which are especially important for a successful implementation of HP in organizations [3, 5]. Among them are: a clear written commitment to HP from the top management, specifying aims, strategies and roles, the kind of leadership or the availability of a program champion. Some studies suggest that shared-decision making and collaboration among participants are important factors [6].

However, the settings approach to HP is a complex endeavor as the very divergent needs of the different stakeholders collide. Thus, 'good fit' or appropriateness rather than optimization should be the goal [7]. Therefore, in order to identify factors influencing the success of the HP program and identifying successful strategies case method research is the most suitable approach.

2. THE COMPLEXITY OF HEALTH PROMOTION

That HP is a complex endeavor can be underlined by the fact that all six indicators for complexity given by Gill [7] apply:

1. Existence of different successful strategies.
2. Research findings regarding important factors for success are inconsistent.
3. Changes in single variables result in inconsistent changes in success.
4. Minor variations in program implementation sometimes lead to big differences.

5. Resistance to change is very high.
6. HP programs are dynamic and change under the impression of their own effects.

3. HEALTH PROMOTION IN PROFESSIONAL PEOPLE PROCESSING ORGANIZATIONS

Health care organizations (e.g., hospitals, long term care (LTC) facilities) and educational organizations (e.g., schools) are popular settings for HP. Looking at the characteristics of these organizations it is apparent that they differ from business organizations such as vehicle producers or shoe factories. The distinguishing feature is that the core activities of their professional staff are precarious tasks, since they change the bodies and/or the brains of patients, LTC residents or pupils in a close face-to-face interaction. Thus, they are called professional people processing and people changing organizations (ppp-organizations; cf. [8]). The professionals' work is founded upon highly specialized knowledge acquired during long periods of education and training and these organizations grant their professional staff considerable autonomy due to the fact that professional interventions are complex and often take place under conditions of high uncertainty and risk [8]. On the other hand the core activities of the professionals necessitate interdisciplinary teamwork, however to different extents. Thus, a patient with complex health problems, and his/her family, must interact with numerous specialists who may experience difficulty establishing effective communication among themselves. An LTC resident, on the other hand, may interact with a limited number of nurses.

Holistic HP programs in ppp-organizations interfere also in the interaction between professionals and lay people to tackle specific demands which are put onto them. For multidisciplinary teams this concerns also the communication and collaboration between professionals from different disciplines. Thus, these ppp-characteristics are seen as critical for the implementation and effectiveness of HP programs, since ppp-organizations provide specific structures and processes for these purposes. Such structures, for example, immobilize users, give dominance in communication to the professional, or increase dependency of users from the professional – all

factors that counteract basic HP principles (e.g. empowerment and participation), but up to now, however, have hardly been recognized in HP.

4. OBJECTIVES

More effective implementation requires insights into specificities of implementation processes in terms of interventional implementation research [9]. Thus, our study has the following aims: First, to identify factors that make schools, hospitals, and LTC facilities comparable with each other and that distinguish them from other organizations as well as factors that are specific for each of the three settings. Second, to generate insights which ppp-specific factors contribute to changes in the success of HP programs and thus have to be considered in implementing HP programs in schools, hospitals and LTC facilities, and if there are differences between the three settings. Of special interest are the difficulties in communication and collaboration arising from the high specialization of the professionals and the standardization of professional behaviour.

5. STUDY DESIGN

For many years the Campbellian validity model with an emphasis on internal validity, randomized controlled trials and the top-down approach to validity (developing HP programs; researching their efficacy, i.e. how well the program works under controlled conditions; testing their effectiveness, i.e. how well the program works in practice; dissemination) has been predominantly applied within HP research and program evaluation: Internal validity is defined as ‘...the extent to which an evaluation provides objective evidence that an intervention causally affects specified outcomes.’ [10] and external validity specifies ‘... the extent to which evaluation findings of effectiveness can be generalized from a research setting to a real-world setting or from one real-world setting to another targeted setting.’ [10]. According to Chen [10] viable validity, however, is of prime importance to stakeholders and he therefore extends the Campbellian validity model to his ‘integrative validity model’. Viable validity refers to

stakeholders’ view and experience whether an intervention is practical, affordable, suitable, and helpful. It is the extent to which an evaluation provides evidence that an intervention is successful in the real world. In other words, a viable intervention is an appropriate intervention. To enhance viable validity Chen proposes a bottom-up approach for program evaluation (testing viability → testing effectiveness → testing efficacy → dissemination) and the usage of qualitative research.

Concerns regarding a rising gap between research and practice as well as the notion for new approaches are not new [11]. The integrative validity model may be useful for closing this gap in HP, by enabling evaluators to meet scientific and practical requirements, and also gain a new perspective on research methods.

Due to the complexity the strongest means of getting insights regarding HP programs in ppp-organizations are within-case analysis and cross-case comparisons [7, 13]. Thus a comparative case study will be conducted using a hybrid design consisting of multiple cases in multi settings which observes the implementation of HP programs in three hospitals, three LTC facilities and three schools in Austria. By quoting Gill [7] the rationale can be described best: “... if you can find two or more cases in very different contexts that illustrate the same phenomenon, you have the basis for proposing that phenomenon may be generalizable. If, on the other extreme, you find two cases in very similar settings with highly different outcomes, you have the basis for arguing that an observed phenomenon is very situation specific.” (p. 73)

The study design follows a bottom-up approach and comprises several parts:

(1) A ‘Baseline Assessment’ in order to explore specific organizational factors among schools, hospitals, and LTC facilities as well as ppp-specific factors which are common for the three settings. Systems theory yields the theoretical foundation.

(2) A ‘Comparability Study’ in order to examine the strategies used in dedicated HP programs in the three settings and their ‘functional equivalence’. Obviously, HP programs for schools will be different with respect to some factors or combinations of factors from HP programs in LTC settings although they share basic HP principals.

Functional equivalent interventions are defined as interventions that have the same function, i.e. interventions with the same goal transform the same set of initial states of organizational factors into identical sets of possible effects, although with somewhat different intervention matrices, e.g., with other durations and at other costs [13].

(3) An 'Implementation Study' in order to follow the implementation process and to investigate the viability as well as enabling and constraining factors, thus investigating the boundaries. On the other hand, it will be investigated if a common conceptual scheme of HP is applicable across the three settings.

(4) The implementation study is complemented by an 'Effectiveness Study'.

7. CONCLUSION

The settings approach to HP addresses the context in which people are engaged in their daily activities. Many of the challenges in implementing a settings approach to HP arise from the fact that conventional approaches were not able to take us very far in understanding why and how context matters. In order to gain insights regarding important factors for effective implementation case studies are the most suitable methodological approach. The design of the current study incorporates intensive within-case analyses in three organizations within each of the three settings, across-case comparisons within each setting as well as across-case comparisons between settings. The speciality of the current study is that it is the first comprehensive study comparing cases from different settings regarding ppp-specific processes in implementing HP programs. Thus this study has the potential to give significant insights into the factors influencing implementation of HP programs in schools, hospitals and long-term care facilities.

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