



News from the International HPH Network

A sense-making framework for grass-roots HPH networks

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ABSTRACT

The Ontario Health Promoting Hospitals Network (OHPHN) is a grass-roots network that has engaged in various efforts to advance clinical health promotion among its members over the past two decades. In the absence of formal government support the network used a 'sense-making framework' to enable collaboration and knowledge exchange among its member hospitals. While the framework proved to be a useful tool in the network's early phases of development, system-level challenges have brought the OHPHN's efforts to a halt. This article describes the sense-making framework used by the OHPHN and reflects on the role of knowledge translation tools in overcoming challenges related to functioning and effectiveness in health promoting hospitals networks.

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Canada has a rich history of involvement in the development of health promotion concepts and practices. This includes supporting the advancement of the settings approach to health promotion and the reorientation of hospitals towards health promotion. However, implementation of these concepts has proven challenging (1). For example, only two provinces (out of 10 provinces and three territories) have networks to support the advancement of clinical health promotion concepts. These two networks, located in Ontario and Québec, are very different from one another perhaps due to the fact that health care in Canada is largely a provincial responsibility.

The Québec Network of Health Promoting Institutions (formerly called the Montreal Network of HPH) was created in 2005 shortly after the integration of Québec's health and social service systems. It now has 38 member organizations and is situated within (and supported by) the provincial Ministry of Health & Social Services (2). The Québec Network has worked to advance clinical health promotion concepts by creating and publishing various resources including: a) a guide for supporting the implementation the World Health Organization's International Network of HPH standards (3);

and, b) a report that compares different organizational approaches for clinical health promotion quality assessment (4).

The Ontario Health Promoting Hospitals Network (OHPHN) was founded in 1994 after a group of interested health care workers met to discuss clinical health promotion concepts. It is now a seven member 'grass-roots' association with no direct governmental support. Since its formation, the OHPHN has offered workshops, published newsletters to support others to learn about and adopt clinical health promotion concepts, and engaged in various projects to advance the state of health promotion in its member hospitals, such as the development of a workplace wellness program at Toronto's Sick Kids Hospital (5).

An important distinction between the Ontario and Québec HPH networks, is that the Québec network is situated within (and supported by) government. The Ontario network has been maintained voluntarily by member hospitals, without direct support from government. While both networks have faced challenges advancing clinical health promotion, this commentary describes a 'sense-making framework' used by the OHPHN as a strategy to advance the state of health



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promotion among its members from the ‘bottom up’. This article will be of interest to other grass-roots HPH networks that operate without formal government support. This article also aims to contribute to the growing interest in understanding HPH network functioning and effectiveness (6).

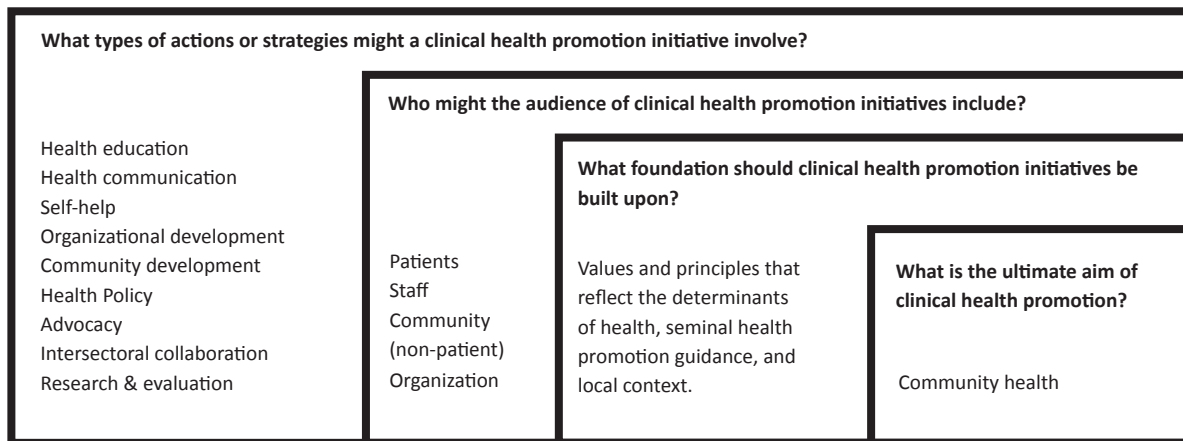
Sense-making Framework

Knowledge translation aims to support the application of knowledge (through synthesis, dissemination or exchange efforts) in order to improve and strengthen individual health, as well as health care organizations and systems (7). Early on, the OHPHN recognized a need to share knowledge about the health promotion activities occurring in their institutions in order to foster collaboration among its members, and promote its aim to senior decision-makers. As a first step, the network commissioned the development of a conceptual ‘sense-making’ framework (see figure 1) for the classification of clinical health promotion activities. Sense-making refers to a diverse set of knowledge translation approaches that support greater understanding and successful implementation of new interventions (8). According to Jacobson et al. (9) knowledge users’ understanding of the issue in question is a key factor in the knowledge translation process.

These consultations were held as part of the network’s monthly meetings to gather feedback about the representativeness of the draft framework in relation to the current activities in their hospitals. The input received from network members was integrated into a revised framework. Finally, the framework was pilot-tested among members of the OHPHN. Network members were asked to compile an inventory of current health promotion initiatives within their organization by using the framework as a guide. This was done by sending network members an inventory package to complete and return on behalf of their organization. The package included a survey that incorporated questions based on the framework. As part of the inventory process, network members were asked to review the framework to gain an understanding of the various audiences and activities that may take place within hospitals. Input and findings from the pilot test were integrated into a final version of the framework. Additional information about the inventory is available upon request from the corresponding author.

The goal of the framework is not to explain how to plan or develop programs. Rather, the framework is meant to help ‘make sense’ and gain a better understanding of the breadth of clinical health promotion activities.

Figure 1 A ‘sense-making’ framework for the classification of clinical health promotion activities



The framework was developed by first carrying out a literature search for peer-reviewed articles that described health promotion initiatives implemented by hospitals, as well as papers about theoretical approaches to understanding health promotion in a hospital setting. Relevant information was extracted pertaining to types of clinical health promotion activities and from this a draft framework was created. Next, consultation took place with professionals working in the area of health promoting hospitals who were also members of the OHPHN.

The framework does this by prompting users to answer four key questions. The first question (What is the ultimate aim of clinical health promotion?) prompts users to think about why a particular project or initiative is being done. All health promotion should have the ultimate goal of improving health status through the creation of favourable political, economic, social, cultural, environmental, behavioural and biological conditions. The second question (What foundation should clinical health promotion initiatives be built upon?) encourages



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users to think about the values and principles on which clinical health promotion practice should be built. The determinants of health, reduction of health inequities, seminal WHO documents (10-15) and the context in which the activity occurs integrate to form a solid foundation on which clinical health promotion should be based. The third question (What types of actions or strategies might a clinical health promotion programme involve?) encourages users to think about nine specific activities dominant in the literature (health education, health communication, self-help, organizational development, community development, health policy, advocacy, intersectoral collaboration, and research and evaluation) (16-18). Finally, the fourth question (Who might the audience of clinical health promotion programmes include?) prompts users to think about the range of audiences that health promotion within or by hospitals, programs or services may be directed towards (i.e., patients, staff, the community, and the organization itself).

Framework Application

OHPHN members used the sense-making framework to identify, organize and share information that would support their decision-making related to clinical health promotion programs and activities. For example, the OHPHN used the framework to compile a reference list and annotated bibliography of relevant clinical health promotion literature by using key words from the framework and then classifying the results according to intended audiences and health promotion activities reflected the framework. The pilot-test of the framework (described above) helped the OHPHN identify and catalogue their clinical health promotion activities, so that members could identify opportunities for collaboration and learning. The OHPHN identified 137 examples of health promotion practices within their member organizations, which were then classified and organized according the framework's components. Members of the OHPHN were able to use the reference list, annotated bibliography and inventory to argue the case for pursuing clinical health promotion activities in their local contexts. Additional information about these resources is available upon request from the corresponding author. Efforts were made for a period of 2-3 years to keep these resources up-to-date.

The sense-making framework was purposely designed to support knowledge translation and decision-making in other ways as well. For example, it could be used as the basis for organizing an evidence repository that would allow network members to access timely and relevant information. Such a repository could include

clinical health promotion related research evidence, grey literature, or examples of innovative practice from network members. The repository could also be used to collect information about health promotion activities over time including links to communities of practice to help support those with similar clinical health promotion interests. Another way the framework could be used is to perform an organizational needs assessment related to clinical health promotion. An inventory of existing activities could be carried out to identify the health promotion needs of patients, providers and staff, which could then be used for quality improvement purposes. For example, examination of health promotion across an organization may reveal a gap in terms of self-care support provided to patients upon discharge, which could then be the focus of targeted process improvements to ensure the patients are receiving the health promotion activities. At least one of the OHPHN member hospitals used the framework in this way, but at the time of writing this article it is not clear whether any others did.

Discussion: Importance of Knowledge

Translation

Chu et al. (19) stress the importance of knowledge translation in HPH networks: "... for the settings approach to health to be successful it is paramount that partnerships and networks be developed that can both facilitate the effective use of knowledge and resources and foster coordinated action to promote health." (p. 156) Although research evidence is increasingly available to support clinical health promotion practices, it is still unclear how best to share information within HPH networks and share information to non-member senior organizational and policy decision-makers who may have little or no prior experience with clinical health promotion or HPH concepts. In hospitals, it may be that more high-level research and dissemination of the findings are needed in order to encourage policy-makers and health service administrators to invest resources in clinical health promotion (20) or it may be that hospitals need to better share local knowledge about what works and does not work in their unique system contexts.

Efforts to help organizational decision-makers search for local evidence would facilitate an important knowledge translation strategy known as user-pull. According to Lavis, Lomas, Hamid & Sewankambo (21), user-pull strategies can enable decision-makers to more easily access and understand research evidence. One approach to facilitate user-pull among managers in hospitals may be to support a more organized and systematic approach to analyzing clinical health promotion research.



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Such an approach might entail a decision-support tool that could be used to understand the theory and practice underlying health promotion programs and then identify evidence about the effectiveness of specific clinical health promotion activities. However, to our knowledge no guidance exists to assist hospital managers in decision-making related to clinical health promotion. While theoretical guidance exists to help define clinical health promotion initiatives (16) the intent of such guidance is not to support decision-makers in using evidence related to clinical health promotion, but rather to develop the conceptual basis of the field from an academic point of view.

Guidance to support decision-making related to clinical health promotion would be a useful and time-saving resource for developing programs or business cases for new policies. The sense-making framework used by the OHPHN represents an attempt to develop a tool to share local knowledge about 'who is doing what' in order to improve collaboration among its members. Their efforts to build a cohesive network founded on knowledge exchange, partnerships, and resources paid off when they became the second Canadian member of the International HPH Network.

Conclusion

The field of clinical health promotion has been developing over the past two decades, but there is room for improvement in regard to translating knowledge about clinical health promotion into action. The framework we presented in this paper is just one tool for supporting clinical health promotion in practice by helping to identify, organize and share knowledge. The OHPHN used the framework in various ways to support collaboration and knowledge exchange among their member hospitals. However, system-level challenges have brought the OHPHN's efforts to a halt. We encourage others to share their experiences in attempting to overcome similar challenges in their HPH networks.

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