Eighteenth Edition
Spring/Summer
2004

The Health Promotion Exchange

Addressing Determinants of Health Beyond the Hospital Walls: A Study of Hospital Involvement in Community Action

The Issues

Collaboration between hospitals and community organizations has been called for over the past 20 years by all three levels of government, hospital associations, health promotion advocates, and others provincially, nationally and internationally to promote efficiency, reduce duplication, enhance effectiveness and service coordination, improve continuity of care, and enhance community capacity to address complex issues. Nevertheless, despite a burgeoning literature on inter-agency collaboration in general, systematic documentation and analysis of the Canadian experience of hospital-community collaboration is almost completely lacking in the literature, particularly as regards to collaborations that address the determinants of health outside the hospital walls (which is, broadly speaking, what we are calling 'community action').

The HICA Research Study

Building on a small pilot study, the goal of the Hospital Involvement in Community Action (HICA) research study was to gain an understanding of how hospitals and community organizations work together on initiatives that address community health issues. Our investigator team included academics from two universities as well as individuals with extensive field-level experience as hospital-based champions of community work. We also developed strategic partnerships with a number of key community and health care associations and organizations, and we recruited a diverse network of collaborators (from community, academia, and the hospital sector) from across Canada and the United States.

Detailed qualitative case studies in four Ontario sites (urban, suburban, rural and northern) and a telephone survey (of 139 randomly sampled community organizations in the Greater Toronto Area) were employed in order to learn about the range of collaborations and working relationships that exist between hospitals and community agencies in Ontario, and the factors that enabled and/or hindered hospital-community collaboration. Particular attention was paid to barriers and enablers at three nested levels of context: policy, hospital and community. As part of the in-depth case studies, 63 interviews and two focus group discussions were conducted with hospital representatives (CEOs, hospital board members, senior management, frontline staff) and community representatives (community members, community agency workers) who had knowledge of and/or who were directly involved in collaborative work.

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Introduction

Across many countries, there is an awareness and appreciation of the fact that reducing the risk factors for such things as chronic disease is their nation's greatest opportunity to improve their people's health and sustain their health care system.

There is a recognition that the promotion of a healthy living strategy is not the sole responsibility of the health care system. Hospitals can initiate, but must collaborate with other community sectors to promote health. Also, it is important for those practicing health promotion to be innovative and progressive, as well as linking between research and health promotion practice. The ultimate goal is to promote the use of new evidence and effective strategies to improve health.

Blake Poland's research reviews how hospitals and community organizations work together on initiatives that address community health issues.

The Irish Health Promoting Hospital Network looks at integrating a health promotion perspective into the hospital setting and culture which impacts staff, patients/families and the environment. The World Health Organization's International Health Promoting Hospitals Network has just released ***Standards for Health Promotion in Hospitals***.

This issue also contains an article on the ***Power of Healthy Thinking***, as well as the expanding role of the ***Parish Nurse***.

We trust that you will find these articles interesting and useful – all contributing to the improvement of health.

At this time, I would like to acknowledge the great contribution that Olga W. Malott and Marilee Garner have made to this newsletter from its conception. Due to work commitments, these two organizing committee members have had to step aside. I wish them well with their new ventures.

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Findings

Our findings indicate that hospitals and community organizations in Ontario are engaged in a wide variety of collaborations and working relationships, from clinical foci to initiatives addressing the broader determinants of health, and from formal service agreements to informal working relationships and community development initiatives. To illustrate, we uncovered 88 collaborations in four case study sites, and this was by no means the full extent of what was taking place (there were no central inventories of such collaborations and often hospital staff were unaware of what community collaborations were taking place in other departments within their own institution). fifty-eight percent of community organizations contacted in the GTA indicated that they had a current or past collaboration with one or more hospitals.

The range of organizations that the hospital collaborated with was also extensive, from other health and social service providers (home care, VON, Meals on Wheels, CHCs, CCACs, youth drop-in centres, etc) to the private sector (e.g. McDonalds, a trucking company), new immigrant associations, churches, public health, local media, government, the police & fire departments, YMCA and many others.

Although it is widely acknowledged that community work is not their 'core business', many hospital staff (and community interviewees) indicated that hospitals need to be thinking about how to work with community to better address patient care (before, during and after hospital stay), health promotion and community/population health. On the other hand, hospital involvement in community action remains often controversial and politicized: it has a troubled history in many local jurisdictions (past experiences of insensitivity and lack of skill on the part of hospitals, conflicts over turf, etc), it engenders hope as well as fear among community groups (concern over possible motives of the hospital), and although our data suggest it is much more widespread than typically acknowledged, it is still the case that these kind of collaborations are not typically on people's 'radar screens' (either at a policy level nor indeed in most local communities) unless they have already been involved in such work in the past.

Study participants confirmed that the fiscal and policy environment is generally not supportive of hospital involvement in community action, especially when it comes to looking beyond the hospital walls and beyond patient education and discharge planning. In particular, the ways in which hospitals are funded (based on cost-for-weighted-case formula) tends to discourage/penalize hospitals from engaging in community action. Increasing financial pressures reduce the leeway hospital administrators have for underwriting community work, even as it heightens the salience of collaboration to reduce recidivism and contain escalating costs. The one notable exception (and it was only at a limited pilot stage when we were in the field collecting our data, so it was not a topic raised by many interviewees) is the embedding of community health into the CCHSA's new AIM Accreditation Standards.

HICA was described by respondents as serving multiple ends for the hospital, of which improving the health of the community was but one. In two cases HICA projects were cast as 'putting a human face' on hospitals with less-than-stellar reputations within their communities. In two other case study sites, institutional support for HICA emerged as a way to develop a 'niche market' for the hospital within a competitive funding environment. These hospitals sought to demonstrate how they could deliver care, or be involved in community health programs, in ways that went beyond traditional models of health care or outreach. As a result, these hospitals assume the role of 'innovators' in health care. It is within this second scenario that official endorsements of HICA by the hospital are more likely to occur. We observed two fundamental stances towards hospital involvement in community action: it was an overarching guiding philosophy articulating the work of the hospital (or an entire unit within a hospital) in two of the four case study sites; in the other two sites community collaboration was seen (by the hospital) as 'nice to do' if warranted in particular circumstances, one of several competing options/approaches to be evaluated on a project-by-project basis.

Hospital staff described the need to work on two fronts simultaneously (albeit with varying degrees of intensity over time, depending on their ability to bear fruit): (a) building the profile and legitimacy (and thus sustainability) of community work within the hospital, and (b) building trust and collaborations 'on the ground' in community. Sometimes described in terms of 'dual accountability', the tensions associated with these competing demands (to be responsive to community and to fulfill requirements set by the employer/hospital) were exacerbated by the often stark cultural differences between hospital and community. Considerable work was often required on the part of both parties to get hospitals and community organizations to the point where they could more fully understand the very different organizational culture, assumptions, and modus operandi of the other party. As we discovered, the institutional culture of hospitals (hierarchical, focused on clinical outcomes, not used to being a 'team player', tending to value professional expertise over lay experience) is not necessarily a supportive environment for community development practice that is process-oriented and consensus-oriented, shared decision-making, that respects and values multiple forms of knowledge, and that is grounded in a population health/health promotion understanding of the social determinants of health.

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The evidence from our in-depth case studies suggests that a formal institutional mandate for HICA (embedded in mission statements, formal strategic plans, etc) is not by itself a guarantee this work will be undertaken or widespread.

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However, it was widely considered important, not only in terms of 'legitimizing rhetoric' (that staff could reference to justify their work), but also as a prerequisite for a more sustained commitment of resources. Indeed, we observed that institutional commitment to HICA helped to sustain some collaborative projects during times of financial and organizational stress, in at least some of the sites we investigated. Further, CEO support can also generate expectations for collaborative work, and foster an institutional culture in which collaborative work is seen as an acceptable mode of practice.

However, the momentum required to sustain HICA cannot be realized solely from management expectations and/or institutional endorsement. In order to effect change in institutional practices, senior management and CEO support for HICA needs to be coupled with investment in frontline staff who act as 'champions on the ground'. Indeed, it appears that the extent to which HICA flourishes (or exists at all) crucially depends on the presence and ongoing enthusiasm/commitment of one or more 'champions' within the hospital (as well of course as dedicated champions in the community). Yet when we went back to our study sites to share our research findings, many of the champions we had interviewed were no longer to be found. We surmise that the loss of champions (through turnover, secondment to other tasks, or burnout) is likely to compromise hospital capacity to sustain collaboration with community organizations.

The majority of community organizations surveyed reported encountering one or more difficulties in their collaborations with hospitals, but they were also able to identify enabling factors (both within the hospital and from the community) and significant achievements, reported high levels of overall satisfaction, and reported that the experience of working together increased understanding (of the community by the hospital and vice versa).

So what? Where do we go from here?

Implications for policy and practice arising from this research are numerous, and could be directed at several different audiences (policy-makers, hospital administrators and HICA 'champions', community organizations contemplating collaboration with a hospital). We are committed to the uptake of research in the field, but we have purposefully resisted the temptation to develop 'best practice' guidelines, for two reasons. First, we wish to engage stakeholders in a participatory knowledge translation process that creates opportunities for dialogue within and across sectors and the identification of policy and practice implications by end-users themselves, rather than 'imposing these from above' (we are currently seeking funding for the former). Second, notwithstanding the many inquiries we have had from interested parties, we are not convinced that hospital-community collaboration would be well served by the creation of a formalized 'recipe' of steps to be followed. In our experience (and this is confirmed in much of the community development literature), community work is context-dependent, nuanced, value-driven, process-oriented, and relies heavily on the reflexivity and flexibility of those involved. Instead, what we are aiming to derive in the short term is a template of critical questions hospital employees can ask themselves regarding personal and organizational readiness and capacity to engage in community action. We anticipate rolling out a series of questions within each of the following domains: (a) values and assumptions (re: determinants of health);
(b) organizational endorsement and commitment;
(c) alignment of incentives and opportunities;
(d) operational capacity; (e) the nature and role of internal HICA 'champions' and (f) inclusive organizational structures/processes.

Copies of the report are available from Dr. Blake Poland at blake.poland@utoronto.ca or (416) 978-7542 or by writing to Blake Poland, Associate Professor, Department of Public Health Sciences, McMurrich Building, University of Toronto, Toronto, Ontario, M5S 1A8, Canada.

The Power of Healthy Thinking

There's a lot to be said about the power of healthy positive thinking. According to researchers at Carnegie-Mellon University in Pittsburgh, maladies such as the common cold might be prevented by regulating your mood and maintaining a positive outlook.

Increased stress, for example, clearly affects the immune system. Some of this stress comes from the changing world around us. Many of us are searching for stability and predictability, so this can be one way we resist change and become stressed. Although we can't control many of the factors contributing to this change, we can control how we respond. We can choose to anticipate and embrace changes or resist them. "Resisting change is usually like trying to push water upstream." Generally, we're quick to point to others who resist change. It's much harder to recognize or admit to our own change resistance.

Charles Darwin was a 19th century British naturalist who revolutionized the study of biology with his theory of revolution based on natural selection. One of his key research findings was the, "It is not the strongest of the species that survives, nor the most intelligent; it is the one who is most adaptable to change". Learning and personal growth are at the heart of an organization or individual's ability to adapt to a rapidly changing environment. The key question is, "Does our rate of internal growth exceed the rate of external change?"

Predictability and stability is the denial of life. It also means that the faster the world changes around us, the more likely we are to become stressed and a victim of the changes we are trying to deny.

We don't see the world as it is; we see the world as we are. If we are an unchanging stability seeker who just wants to maintain the status quo, most change is a threat and is stressful. If we're constantly seeking new challenges and opportunities to grow, most changes are an opportunity. Some people call change progress and embrace the improvements that it brings. Others curse those same changes and long for the good old days. Same changes, different responses.

The choice is ours.

Jim Clemmer, The Clemmer Group
www.clemmer.net
(part of a Community Health Promotion presentation given in Kitchener, January 6, 2004)

Environmental Health: Can a Parish Nurse Ministry Make a Difference?

"What is a Parish Nurse?" "Why does a church need a nurse?" I have responded to these two questions often throughout my first year in the role of Parish Nurse at St. Peter's Lutheran Church in Kitchener. It is difficult to summarize the functions of this role in a word or two. Parish nurses work to provide holistic care through advocacy, health promotion, education, health counseling and integration of health and healing. This is accomplished through providing resources and support to individuals and families that encompass the physical, emotional and spiritual aspects of health and healing. Parish nurses work in collaboration with community and hospital healthcare members, community agencies, other Parish Nurses and the health ministry within their congregation.

The Parish Nurse Ministry at St. Peter's has worked diligently in the past year to promote health education, advocacy and stewardship. A congregational needs assessment was conducted to obtain the health needs and wants within the congregation. Health promotion events including a community health fair, Alzheimer's disease workshop, blood pressure clinics, walk-a-thon and stress workshop have been provided to congregational and community members throughout the year. The goal of our health ministry is to provide preventative and healthy lifestyle education and support. Monthly health themes have been adopted and education is provided through our monthly newsletter, health bulletin board, pamphlets, books and information workshops. June's health theme is caring and protecting our environmental health.

St. Peter's is participating in the Air Quality Project of Waterloo Region. The goal of this project is to improve air quality by "promoting more active and sustainable modes of transportation". Our commitment to this project involves education within the congregation and community through promotion of idle free information, pledge forms and visual resources. The commuter challenge (May 30th to June 5th) is also being promoted. The detrimental effects of poor air quality affects each of us. We can all have an impact on improving air quality and our environmental health!

Rosalind Stroh, R.N.
Parish Nurse
St. Peter's Lutheran Church
Kitchener, Ontario

For more information on CACAQ (Community Advisory Committee on Air Quality) call (519) 883-2287 or check out the Commuter Challenge website at www.commuterchallenge.ca

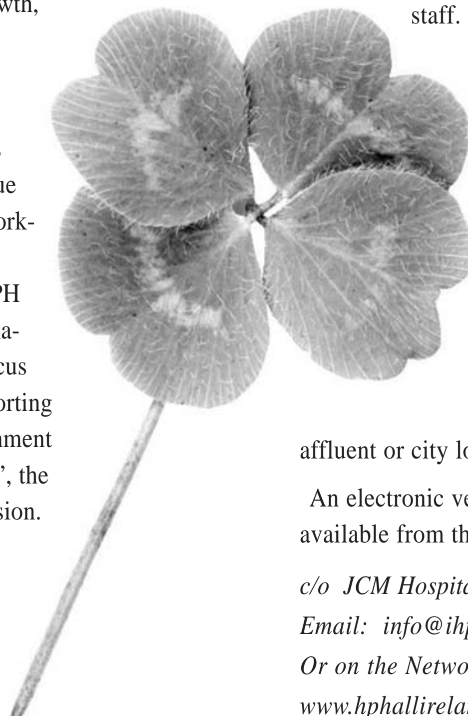
Beyond Our Borders

The Irish Health Promoting Hospital Network conducted a 2003 survey of activities undertaken in their country's hospitals.

Those of us working in health service or with a health service background are well aware that the hospital sector, particularly the acute sector, consumes a large portion of national health care expenditure. There is growing evidence now that by integrating a health promotion perspective into the hospital setting and culture, a significant impact can be made on the health development of staff, patients and their families and on the environment.

The WHO Health Promoting Hospital (HPH) concept and movement founded in the early 1990s is primarily about organizational change. It recognizes that health promotion interventions in health service organizations need not only to address change in individuals but also the underlying norms, rules and cultures within the organization. HPH is not simply about doing or having health promotion activities within the organization; it is about affecting decision-making so that organizational changes in both services and structures reflect a health development perspective.

The report **A Survey of Health Promoting Activities in Irish Hospitals** provides valuable information on what is currently achievable within Irish hospitals, highlights the health potential of many of these activities and services, and clearly identifies future opportunities for growth, development and collaboration with other sectors. The report also highlights the potential and value of a supportive networking structure and provides the Irish HPH Network with information to effectively focus our efforts on "Supporting hospitals in the attainment of health gain for all", the network's stated mission.



This unique report, the first of its kind in Ireland, was commissioned by the Irish HPH Network under Cardiovascular Health Strategy Funding.

Hospitals are trying to provide twenty-first century services to meet the demands of the public but are currently faced with difficulties in updating facilities and retaining staff. There is a need to change the view of hospitals as just curative centres to highlight the availability of preventive services and to educate society that chronic disease can be prevented. Health promotion services are fundamental for all; they cannot be viewed as services provided in only affluent or city locations.

An electronic version of the full report is available from the Irish HPH Network offices:

c/o JCM Hospital, Blanchardstown, Dublin 15
Email: info@ihph.ie
Or on the Network's website:
www.hphallireland.org

Health Promotion Exchange News Digest

BRIEFLY...BRIEFLY...BRIEFLY...BRIEFLY...BRIEFLY...

Keeping Men Healthy: What the Health System Can Do

This 2004 Canadian Healthcare Association Executive Brief examines men's health issues. Men die more often from the same illnesses that impact women. They commit suicide more frequently and they die earlier than women. Yet health facilities – and society for that matter – seldom direct health prevention and promotion messages to this half of the population. Suggestions are offered for health facilities to assist them in implementing health promotion messages and programs that will help men deal with illness, improve their health and, hopefully, their longevity. For more information see: www.cha.ca

Ontario Health Promotion Summer School

June 21 – 24, 2004

"Health Promotion in Action"

This year's summer school will provide a comprehensive educational experience for health professionals, community workers and health promotion specialists with an emphasis on translating new knowledge into practice.

To be held at The Institute for Learning, 3550 Pharmacy Avenue, Toronto, Ontario. For further information see: www.utoronto.ca/chp/hpss

Interesting Websites

Healthy Settings

The North West Healthy Settings Development Unit continues to provide public health on case studies, alongside in-depth background, contextual material, news of events, training and many useful documents
– *www.uclan.ac.uk/hsdu*

Promotion, Prevention and Early Intervention for Mental Health

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health has outlined their national consultation report
– *www.auseinet.com*

Innovations Enhancing Ability in Dementia Care

The University of Waterloo's K.G. Murray Alzheimer Research and Education Program integrates in their quarterly newsletter, educational and research activities in an effort to improve dementia care practices in Canada
– *www.marep.uwaterloo.ca*

Health Promotion Journal of Australia

This journal of the Australian Health Promotion Association contains a variety of editorials, articles and program outlines
– *www.healthpromotion.org.au*

Planning For Health

This Australian Vic Health newsletter outlines many examples of planning for health
– *www.vichealth.vic.gov.au*

Things You Ought To Know About Promoting Health

Health Promotion Switzerland provides a variety of health promotion materials from their public-private partnership group
– *www.promotionsante.ch/en*

IDM Best Practices Website

This Canadian website has monthly features including a guest "reflection" piece, people profile, profile of a project/organization, etc., and a resource of the month
– *www.idmbestpractices.ca*

Promoting Health In Your Hospital (video)

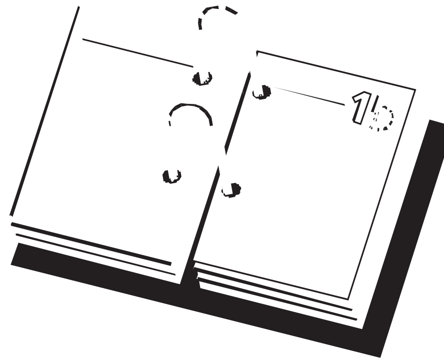
This 12 minute video shows what health promotion looks like in a hospital setting. It examines questions such as what are the benefits? How do you get started? Why should you do it? How do you do it? What does the future hold?

The video can help the viewer find the answer to these questions and how to integrate health promotion into the healthcare service you provide now.

To order, send a cheque for $29.00 (Canadian funds), made out to the Grand River Hospital, c/o Ted Mavor, P.O. Box 9056, 835 King St. W., Kitchener, ON N2G 1G3.

For further information, contact Ted Mavor at (519) 749-4300 ext 2375 or email ted_mavor@grhosp.on.ca.

Mark Your Calendar



June 18, 2004

8:30 am to 3:30 pm

The Eighth Annual Men's Forum

Albert McCormick Arena in Waterloo, Ontario, Canada

Innovative Practices With Men: Exploration of the Effective and Essential Ingredients for Successful Men's Programs

Email: Randy@KWCounselling.com

June 21 – 24, 2004

Health Promotion in Action

Ontario Health Promotion Summer School

The BMO Institute for Learning, Toronto, Ontario, Canada

For more information: www.utoronto.ca/chp/hpss

September 23, 2004

7:00 to 9:00 pm

Obesity and Chronic Disease Prevention

Waterloo Memorial Recreation Complex, Hauser House
101 Father David Bauer Dr., Waterloo, Ontario, Canada

Dr. Marla Shapiro, Host of Balance – television for living well, Medical Expert, CTV, will review ways to reverse this cresting public health crisis.

October 19 & 20, 2004

Creating Health Environments

Manor House Hotel, Enniskillen, Ireland

conference@ihph.ie

WANTED !!

YOUR INFORMATION IS NEEDED

DO YOU OR YOUR ORGANIZATION HAVE UPCOMING EVENTS THAT YOU WOULD LIKE TO PROMOTE IN THE "HEALTH PROMOTION EXCHANGE"?

THE NEXT EDITION WILL BE DECEMBER 2004

Please send your information to:

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P.O. BOX 9056
KITCHENER, ON N2G 1G3
OR FAX TO:
TED MAVOR AT (519) 749-4255

Articles are welcome additions to the newsletter —if you would like to submit an article about Health Promotion, or if you would like to know more about funding this publication,
please contact Ted Mavor at
(519) 749-4300 ext. 2375.
email: ted_mavor@grhosp.on.ca

Something New!

Visit Grand River Hospital's new web page!

See Health Promotion:

- Upcoming Events
- **Health Promotion Exchange** newsletter
- **Opening the Door** multicultural newsletter
- Promoting Health in your hospital
- Hospital Health Promotion network

http://www.grandriverhospital.on.ca

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Health Promotion Interest Group

The organizing committee assumes no responsibility for opinions, claims, representations and statements made by the contributing writers.