Inter-organisational networks in the settings approach of health promotion – The case of the International Network of Health Promoting Hospitals and Health Services (HPH)

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Background
“Networks” is a buzz word in the social sciences. In health promotion, networks have become practice tools to support the dissemination and implementation of health promotion since the late 1980s in as diverse settings as cities, hospitals, schools, islands, market places, and prisons. However, despite more than 20 years of experience with networks in the settings approach of health promotion, theory-informed concepts of network effectiveness, which can guide the planning of network coordination and interventions, are still widely missing (1).

This also holds true for the International Network of Health Promoting Hospitals and Health Services (HPH) which was founded in 1990, and its national and regional sub-networks that now exist around the globe. While, in 1995, the WHO Regional Office for Europe decided to make national and regional networks of HPH the main tools for further dissemination of HPH and for supporting implementation in hospitals and other health services (2), research in HPH continued to focus on the hospital level, and no international comparative study of the National/Regional networks of HPH has existed until now (3).

Research questions
Against this background, between 2008 and 2012, the “Project on a Retrospective Internationally Comparative Evaluation Study in HPH” (PRICES-HPH), coordinated by the WHO Collaborating Centre on Health Promotion in Hospitals and Healthcare at the Ludwig Boltzmann Institute Health Promotion Research in Vienna, Austria (3;4), provided an ideal background for a dissertation project to study the following research questions:

1. How can a better theoretical understanding of health promotion networks be developed and used to inform an effectiveness framework for health promotion networks?
2. To which degree does the framework help to analyse and interpret data on the effectiveness of National/Regional HPH networks? Can recommendations for network coordination and interventions be formulated on these grounds?
3. Which capacities can be identified to support the effectiveness of HPH networks?

Methods
Research methods comprises several literature searches and two surveys (based on self-administered questionnaires) to collect data on HPH networks and their member organisations. In total, data from 28 networks and 180 member organisations were available for analysis. Network variables were entered into the hospital data set as context data. Since the combined sample was not powerful enough for a proper multi-level analysis, different methods (including t-tests, Mann-Whitney rank-sum tests, chi² tests, Kendall’s tau_b correlations, and regression analyses) were used in a triangulated approach to approximate a path analysis for network impact on member organisations’ implementation of health promotion structures and processes.

Results
Based on the literature, the purpose of networks in the settings approach was framed as supporting participating organisations in the implementation of health promotion structures and processes. The networks’ ability to fulfill this purpose was labeled as their productive effectiveness, while the networks’ ability to sustain themselves over time, as an indispensable precondition for their productive effectiveness, was called their reproductive effectiveness.
Following a quality approach, specific sub-sets of network structures and strategies were identified as being specifically relevant for both types of network effectiveness.

With regard to the networks’ reproductive effectiveness, an advanced level of formalised institutionalisation in four dimensions (network aims; structures and resources of coordination; admission rules and procedures; technologies of communication and networking), measured as the networks’ “ASAP” score, proved specifically important, while network age was found to be a risk factor for network viability. For the networks’ productive effectiveness, the analysis had identified eight network interventions with an additive effect on the implementation of health promotion structures on hospital level. Networks were especially able to provide these interventions if they showed a good ASAP score, if health promotion in the network country/region was reinforced by supportive legal frameworks, if member organisations were involved in decision-making in the network, and if there was a good level of connectedness between the members (5).

References


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