Commentary

Enhancing the efficacy of health promotion interventions: A focus on the context

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One strategy to improve the health of the population, and particularly children, is to implement health promotion programmes in various settings (school, sports club, …). However, providing evidence of successful implementation remains limited and evaluation is still challenging. In addition, the processes leading to such results are often obscure and described in the literature as a “black box” [1,2]. Furthermore, demonstrating positive and sustainable impact on health inequalities remains difficult. For example, Cochrane review conclusions are often expressed cautiously and are tentative at best; many authors also consider evaluation results with prudence due to the level of complexity impacting the effectiveness of health promotion programmes [3]. Assessment of health promotion programme effectiveness, upscaling and transferability issues remain rarely examined. Yet building evidence on programme implementation is a pressing priority for public health 4

1. Is programme fidelity possible in health promotion?

Frameworks used and developed for programme evaluation are usually grounded in a linear programme fidelity perspective [4,5,13]; based on the underlying assumption that: “a) either the programme is delivered as planned or not; and b) either it delivers expected outcomes, or not” [6]. However, this ideological perspective is clearly at odds with the overly simplistic outcomes and fidelity measures evaluation perspectives, as the complexity of implementation defies such linear one-dimensional thinking [17]. Additionally, expected achievements in prevention programmes are multi-level and complex, often manifesting on a long-term basis, and encompassing quite complex interactions between people and their life ecosystems [12,14,18]. Such variability frequently emerges during evaluation, through the gap between expectations and achievements [13], which are due to multiple and interwoven contextual factors relating to the nature of the intervention, and more importantly to the different contexts of implementation (setting and community-specific), as well as the differing characteristics, dispositions and practices of the professionals and stakeholders involved [3,7,10,11,15,16]. Professionals tend not to implement a programme which they consider to be a “detail” which adds to other priorities in their workload; to customize the programme or build something new with already available resources; and to redefine the status of the programme to follow their own path.

The recognition of these factors sets transferability and wider replication of interventions as the two main challenges to overcome, as streamlined outcomes and identical replication seem unrealistic, the factors involved being so variable and contextually influenced [5]. ‘One size’ does not ‘fit all’. To assume contexts, and stakeholders respond similarly to the same programme, adversely impacts intervention sustainability and decreases effectiveness, as it limits community ‘buy in’. Contexts cannot be thought to fail to deliver pre-defined objectives, in a pre-defined way. The adoption of a flexible, ground-up and empowering process which takes the community/setting as its point of origin could result in outcomes which may even exceed and surpass pre-defined goals [6].

2. From evidence-based fidelity, to ground-up context-informed implementation

Health promotion programmes often facilitate new solutions and innovations, which is rarely measured. Programmes can be a catalyst of
change within a context, a revealer of specific conditions for implement-
mentation or even a constraint. Sometimes, the very introduction of the
programme triggers the changes. However, interactions between the
newly introduced programme and the context are not always assessed, as
focusing on outcomes means these changes are often missed. Still, pro-
gramme outputs are important, but could be considered in the light of the
process that created them.

Recent years have seen a strong trend towards implementation fi-
delity despite the fact that, at a micro level, contexts can vary quite
significantly [7]. Schools for example might seem similar from a macro
point of view, in terms of structure and operation; however in terms of
culture and internal dynamics, they may show substantial differences.

The deep complexity of schools as organisations may not only impact
the successes and failures of programme implementation, but also the
meaningfulness of its expected impact. In fact, settings are so complex
that more evidence is needed to identify the essential elements which
must be taken into account in setting-specific programme design, to shift
from evidence-based fidelity, to a more flexible perspective of tailoring
interactions to fit each context. From this perspective, the programme
and its content generally remain the same; however, more context-
specific thinking is applied to the implementation process, and the
types of outcomes that might be expected. In effect, this is not a rein-
vention of the wheel, but rather a reflection on how existing research can
be used to provide operational tools in a flexible, applied and pragmatic
manner [6].

3. Typical contextual equations or the quest for regularities in
the contexts

A single coherent framework to conceptualize and examine pro-
gramme implementation and evaluation has not yet emerged. Realist
evaluation [9] is a potential choice as it focuses on ‘what works in which
circumstances and for whom?’, rather than merely ‘does it work?’
However, realist evaluation is often used to understand why expected
programme outcomes were not achieved and what factors were involved
in successes and failures. While realist evaluation has much to offer here,
we suggest a reorientation of focus towards the implementation process
rather than programme outcomes, and a revising [3] of the
well-known triad from Ref. [9].

“Context: A given context is a complex system of specific interacting
factors, for example the characteristics or features in the setting, the
community and stakeholders, that in their interactions create the specific
conditions that exist prior to implementation.” [6].

Combinations of key contextual factors influencing implementation processes (“contextual equation”) give practitioners and researchers the lens through which to assess the conduciveness of a context towards implementation at a
given moment in time. We advocate recognition of the fact that contextual
equations are inherently changing and variable over time.

Outcomes can be defined as the intended and unintended results
(potentially positive and negative) from the implementation process.
Outcomes are observed across the whole context (e.g. health capacity
building through organizational changes, changes in leadership or part-
nership, competency development, policy development, pedagogical and
curriculum innovation) and potential retroaction on the programme (e.g.
evolution in programme content; and/or health-related programme
impact set beforehand).

Mechanism account for the interactions between programme and
context thus influencing outputs significantly, which may be modelled
using the causal loop framework [18]. Mechanisms are not currently
given much focus in programme implementation as such, however they
warrant close analysis.

Previous work shows the number of factor combination at play during
programme implementation is limited, and recurrent combinations of
contextual factors can be found [3,10], namely “Typical Contextual
Equations (TCE)”. TCEs provide a sense of the critical factors involved
during the implementation process in a certain context without
discarding the variability which would show in a detailed analysis. In this
sense, Typical Contextual Equations (TCE) could be compared to a setting
or community implementation profile [3,6]. For example, staff turn-over,
support from the management team and individual vision of one’s role in
health promotion are critical factors in school settings.

4. Implementation patterns to support health promotion
programme implementation

Our work has led us to consider a focus on “what works”, which is not
sufficient to take up the challenge of the reduction of the gradient of
inequalities [6]. However, a better understanding of the interaction be-
tween programme and contexts could contribute to upscaling the design
of effective health promotion strategies. Our suggestion is to focus pro-
gramme design on such interactions, to transform the potential vulner-
ability or strength in contexts into opportunities without discarding the
importance of programme content and features. Based on Typical
Contextual Equations, implementation patterns could lead action, and in
turn, inform policy development, programme design and practices, based
on proportionate universalism. Research and analysis of effective prac-
tices from the field could help us to create such patterns, as well as useful
tools for programme design and implementation.

Abraham Maslow once wrote “It is tempting, if the only tool you have
is a hammer, to treat everything as if it were a nail” [8]. Classical ap-
proaches of programme effectiveness are not effective enough to un-
derstand the implementation process in complex settings such as
workplace, sports club, school, hospital, nursing home. Researchers and
practitioners need to think ‘outside the box’ of programme fidelity to
enlighten potential solutions to the current challenges of health promo-
tion programme implementation, without causing harm to the process
[6].

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence
the work reported in this paper.

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