

Health Promotion Strategies: Week 8 Organization development, change & improvement

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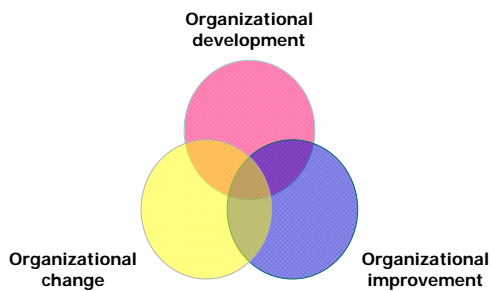
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Objectives

1. To understand the role & relevance of organizational development, change & improvement in HP practice
2. To understand how organizations develop, change and improve
3. To understand what makes for effective organizations in HP practice

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Grounding our discussion

1. What did we learn about OD from the organizations involved in Assignment #1?
- What are some of the key characteristics of organizations?
1. Origins, purpose...
 2. Life cycle...change..
 3. Structure, organization
 4. Processes...
 5. Climate, culture...
 6. Capacity...functioning
 7. Performance, success...
 8. Resources...
 9. Leadership...

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Organizations involved in Assignment #1 (2010)

ORGANIZATIONS	
Toronto Afrocentric School	Gay Men's Sexual Health Alliance
<i>Ohsheglows</i> Blog	Chicago Schools
Ontario Association of Children's Aid Societies	
The STOP Community Food Centre	
MOHLTC	
Toronto Public Health	
The Women's Community Kitchen	
Canadian College of Naturopathic Medicine	
BC University Campuses	
Correctional Service of Canada	

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Why should we care about "organizations" in HP practice?

- HP practitioners work in and with organizations
- Organizations "make or break" the work of HP practitioners
- Organizations can be change agents re.:
 - **External** environment
 - **Internal** environment
- Organizations affect members' health
- Many organizations are "communities"
- Communities are organizations and/or involve organizations

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Organizations & individuals: Similarities & differences?

Similarities	Differences
<ol style="list-style-type: none"> 1. Organizations are made up of individuals 2. Organizational change depends on individuals 3. Organizations have motivation, resources, feelings of efficacy, pressures from environment, etc. 4. Decision making can be "arational" 	<ol style="list-style-type: none"> 1. Organizations are more than the sum of the parts/individuals 2. The enduring "culture" of organizations can make them historically independent of individuals

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Organizational development

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Organizational development: Definition

the life history of organizations:
their formation,
and the transformations that occur
throughout the course of an
organization's existence,
including the organization's possible
termination

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Organizational development: Concepts (Steckler, Goodman & Kegler, 2002)

1. **climate**: mood or personality of an organization (the "psychology" of an organization)
2. **culture**: assumptions & beliefs shared by members of an organization, that operate unconsciously (the "anthropology" of an organization)
3. **capacity**: optimum functioning of an organization's subsystems

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Organizational change

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Organizational change: General comments (Weick & Quinn, 1999)

- Refers more specifically to transformations that take place in the course of an organization's existence
- Locus of change
 - **1st order change**: change "in" the system
 - **2nd order change**: change "of" the system

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Organizational change: General comments

(Weick & Quinn, 1999)

- "Planned change is usually triggered by the failure of people to create continuously adaptive organizations"
 - Usual process: "Losses...plan change...implementation...unexpected results"
- "Change is a phenomenon of time"... but "tempo of change is important"
- *Episodic* vs *continuous* change: but depends on perspective
 - *Macro*: looks routine, with occasional revolutionary episodes
 - *Micro*: ongoing adaptation & adjustment

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Status of organizational change research

(Weick & Quinn, 1999)

- "continuing debate about whether change research is developing as a cumulative and falsifiable body of knowledge"
- "A few theoretical propositions are repeated without additional data or development; a few bits of homey advice are reiterated without proof or disproof; and a few sturdy empirical observations are quoted with reverence but without refinement or explication." (Kahn, 1974; Macy & Izumi, 1993)

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Status of organizational change research

(Weick & Quinn, 1999)

- "the reason American businessmen talk about gurus is because they can't spell the word charlatan" (Micklethwait & Wooldridge, 1996)
- Recent attempts to improve research/evidence

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Understanding organizational change

Michael Fullan, M. (2004)

"Change cannot be managed, but it can be understood, and led, but not fully controlled"

Michael Fullan (2004). Leading in a culture of change: Personal action guide and workbook. San Francisco: Jossey-Bass.

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Understanding organizational change

Fullan, M. (2004)

- Most change is a response to disturbances in the system's external or internal environment
- Change is rapid and nonlinear
- Messiness (arational factors) inherent in organizations

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Understanding organizational change (cont.)

Fullan, M. (2004)

- Key stakeholders & the organizational culture are primary considerations in organizational change
- Complex & often unclear or contradictory advice on how to effect organizational change
- Leadership makes a difference

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Models of organizational change

1. Kurt Lewin (1951)
2. Steckler et al. (2002)
3. Fullan (2004)

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Governing model of change: Three stages of organizational change (Kurt Lewin (1951))

Unfreezing
Moving
Refreezing

“Indeed it has been said that the whole theory of change is reducible to this one idea of Kurt Lewin’s”
(Hendry 1996 quoted in Weick & Quinn, 1999)

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Models of organizational development & change (Steckler et al., 2002)

<p>Stages of organizational change (Beyer & Trice)</p> <ol style="list-style-type: none"> 1. Sensing of unsatisfied demands on the system 2. Search for possible responses 3. Evaluation of alternatives 4. Decision to adopt action 5. Initiation of action within system 6. Implementation of the change 7. Institutionalization of the change 	<p>Action research (Steckler et al. (2002))</p> <ol style="list-style-type: none"> 1. Diagnosis 2. Action planning <ol style="list-style-type: none"> 1. Identification of possible interventions 2. Selection of intervention 3. Intervention 3. Evaluation
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Unclear or contradictory advice re. organizational change (Fullan, 2004)

<p>Top-down (Kotter, 1996):</p> <ol style="list-style-type: none"> 1. Establishing sense of urgency 2. Creating guiding coalition 3. Developing vision & strategy 4. Communicating the change vision 5. Empowering broad-based action 6. Generating short-term wins 7. Consolidating gains & producing more change 8. Anchoring new approaches in culture 	<p>Bottom up (Beer et al. 1990):</p> <ol style="list-style-type: none"> 1. Mobilize commitment to change through joint diagnosis... 2. Develop shared vision re. competitiveness 3. Foster concerns for new vision, competence..., & cohesion... 4. Spread revitalization to all departments without pushing from top 5. Institutionalize revitalization through formal policies, systems & structures 6. Monitor & adjust strategies in response to problems in revitalization
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Effective organizations: Capacities re. community development

1. Thach et al. (2002)
2. Germann & Wilson (2004)
3. Canadian Heart Health Initiative

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Organizational competence required to overcome barriers & effectively serve communities [at risk for STDs] (Thach et al., 2002)

1. **Committed to serve the at-risk communities**
 - Organizational commitment to serve: (e.g., (a) organizations see it as their responsibility to prevent and control STDs in the community, and (b) high staff morale facilitates good client care)
2. **Works with communities**
 - Community participation: (e.g., representatives of the target community have decision-making power in planning & evaluating services)

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Organizational competence required to overcome barriers & effectively serve communities [at risk for STDs] (cont.) (Thach et al., 2002)

3. Understands and appropriately responds to needs of communities

- **Assessment:** (e.g., an organization works with other agencies to collect, analyze, and make available epidemiological data & information about community needs)
- **Cultural competence:** (e.g., policies, procedures, & staff training help an organization to adapt services to the perceptions, communication style, & norms of the cultural groups it serves)
- **Community outreach:** (e.g., [STD] services are targeted to individuals and communities not using services and high-risk communities)
- **Access to prevention & care:** (e.g., an organization assures availability of high-priority services by encouraging other entities to provide services or providing services directly)

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Organizational competence required to overcome barriers & effectively serve communities [at risk for STDs] (cont.) (Thach et al., 2002)

4. **Advocates on behalf of communities**

- **Interagency collaboration:** (e.g., an organization works with other agencies to assess community health needs, ensure provision of those needs, and promote health-enhancing policies....)
- **Policy development:** (e.g., an organization promotes development of scientifically sound public health policy; strategic links are developed to foster public support for STD control)
- **Resource acquisition:** (e.g., organizations with secure operational funding & the ability to garner additional resources for the needs they identify are in better positions to act to prevent and control STDs)

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Organizational capacity for community development (Germann & Wilson, 2004)

“...is the potential ability of a health organization to develop an empowering and democratic partnership with a community, through which the community’s capacity to identify and address its priority health concerns is enhanced”

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Model for organizational capacity for community development (Germann & Wilson, 2004)

<p>1. Organizational commitment to CD (interpretative scheme)</p> <ul style="list-style-type: none"> ○ Shared values & beliefs that support CD ○ Leadership ○ Shared understanding <ul style="list-style-type: none"> • What is CD? • How does CD fit in the organization’s spectrum of services? 	<p>2. Organizational level</p> <ul style="list-style-type: none"> ○ Structures and processes <ul style="list-style-type: none"> • flexibility in planning • collaboration • evaluation mechanisms • job design ○ Resources <ul style="list-style-type: none"> • Material: Funding, Information, Time • People: Diverse skill mix; Training; Outside experts
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Model for organizational capacity for community development (cont.) (Germann & Wilson, 2004)

<p>3. Work unit level (Modelling community development internally)</p> <ul style="list-style-type: none"> ○ Building trusting relationships ○ Supportive leadership ○ Shared vision for the team ○ Participation in decision-making ○ Sense of community ○ Critical reflection and learning ○ Communication and dialogue 	<p>4. Individual level</p> <ul style="list-style-type: none"> ○ Empowered and autonomous front-line workers ○ Individual resources <ul style="list-style-type: none"> • Professional skills and knowledge • Personal qualities
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Canadian Heart Health Initiative

1. Nova Scotia (Joffres et al.)
2. Ontario (Riley et al.)
3. National (Robinson et al.)

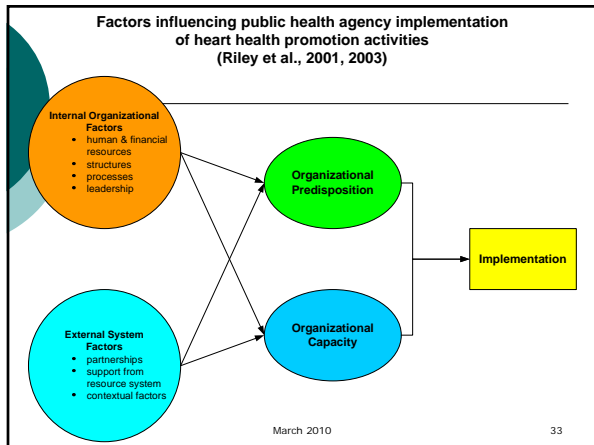
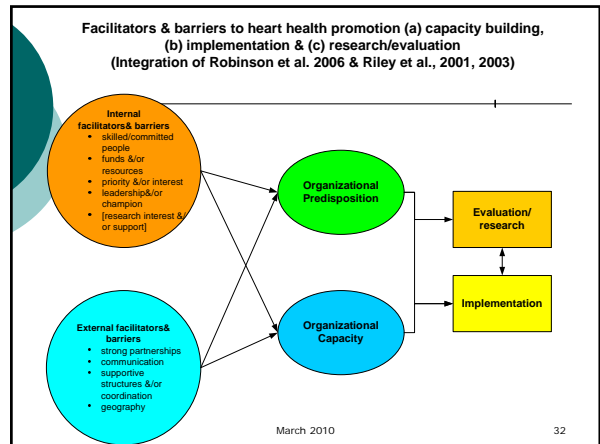
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Capacity building for implementation of heart health promotion: Definition

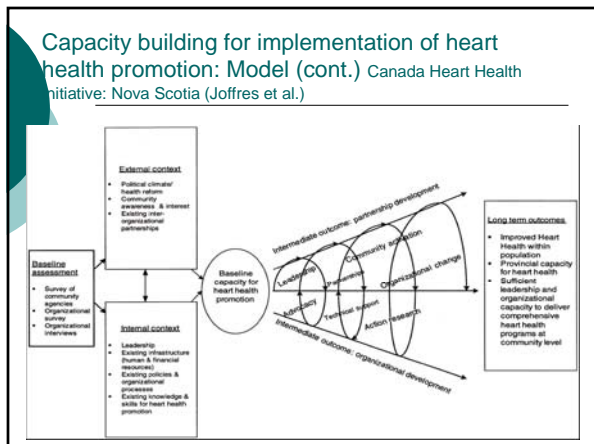
Canada Heart Health Initiative: Nova Scotia (Joffres et al.)

“The extent to which organizations within communities use and build on their knowledge, skills, resources and abilities to take action on heart health promotion”

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- ### Factors influencing implementation of heart health initiatives
- (Canadian Heart Health Initiative: Ontario (Riley, et al.))
1. Organizational predisposition
 2. Organizational capacity
- Influence each other, & are influenced by internal & external factors
1. **Internal factors**
 1. Human & financial resources
 2. Structures
 3. Processes
 4. Leadership
 2. **External factors**
 1. Partnerships
 2. Support from resource system
 3. Contextual factors
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- ### Capacity building for implementation of heart health promotion: Model
- Canada Heart Health Initiative: Nova Scotia (Joffres et al.)
1. **Baseline assessment through**
 - Survey of community agencies
 - Organizational survey
 - Organizational interviews
 - Results re. baseline capacity for heart health promotion
 2. **Two environmental contexts**
 - **external**
 - political climate/health reform
 - community awareness & interest
 - existing inter-organizational partnerships
 - **internal**
 - leadership
 - existing infrastructures (human & financial resources)
 - existing policies & organizational processes
 - existing knowledge & skills for heart health promotion
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Capacity building for implementation of heart health promotion: Model (cont.) Canada Heart Health Initiative: Nova Scotia (Joffres et al.)

3. Action plan for building capacity

1. intermediate outcomes

- partnership development
 - leadership
 - partnerships
 - community activation
 - organizational change
- organizational development
 - advocacy
 - technical support
 - action research

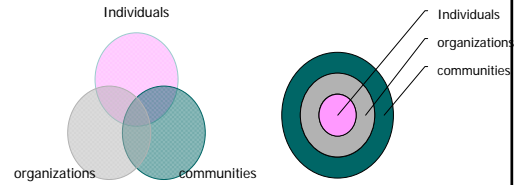
2. Long term outcomes

- Improved heart health within population
- Provincial capacity for heart health
- Sufficient leadership and organizational capacity to deliver comprehensive heart health programs at community level

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Change in individuals, organizations & communities



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