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Assessment of organizational readiness for health promotion policy implementation: test of a theoretical model

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SUMMARY

Models explaining the engagement of organizations in different policy sectors in health promotion policy implementation often utilize retrospective data. The current study attempted to model determinants of organizational readiness (goals, resources, obligation, opportunities) in supporting health policy implementation prospectively. Twenty qualitative interviews with representatives of organizations from different policy sectors, levels of government and organizational legal entities were conducted at the beginning of a project for the promotion of physical activity among women in difficult life situations. Organizational support in developing, implementing and disseminating the project was documented over 36 months. Results indicated that in most organizations, determinants were not favorable for health promotion policy action for physical activity among women

in difficult life situations. Six organizations did not report any favorable determinant, and two organizations reported four. The other 12 organizations reported positive results for some of the determinants. Project work received support from 6 out of the 20 organizations. A case study of three organizations indicated that engagement or disengagement of organizations in health promotion policy actions might be partly explained by the theoretical model. The prospective assessment of organizational readiness in implementing health promotion policy is highly relevant for health promotion. Considering the proposed theoretical framework may aid in advancing our understanding of factors that are related to organizational engagement in health promotion actions.

Key words: health promotion; policy implementation; organizational readiness; physical activity promotion

INTRODUCTION

Health promotion efforts require the engagement of organizations from different policy sectors (e.g. health, transport, urban planning) in policy implementation processes (WHO, 1986). Simultaneously, it has been recognized that attempts to include policy-makers from different organizations and sectors in the implementation of health promotion actions are difficult (Hoeijmakers *et al.*, 2007) and might

sometimes fail altogether (Scheel *et al.*, 2003). The existing body of work that attempts to explain why organizations engage or disengage in health promotion actions and thus foster or impede policy implementation efforts is comparatively small.

Current models explaining the engagement/disengagement of organizations in health policy implementation efforts are primarily based on retrospective data. Simonsen-Rehn *et al.* (2006) identified four determinants that might foster

the participation of voluntary organizations in local health promotion activities: existing competences, value orientations that favor health, external opportunities and characteristics of the municipality. Also, organizational interests and the capabilities of entrepreneurial activity have been identified as potential determinants for health policy implementation (Hoeijmakers *et al.*, 2007). In another study, availability of adequate resources and the authority to implement evidence-based programs were found to be determinants for the implementation and dissemination of guidelines for physical activity promotion by State and Territorial Health Departments (Brownson *et al.*, 2007).

Investigating implementation processes of evidence-based clinical guidelines, Ruhe *et al.* (2005) identified existing motivation and a positive value orientation regarding the use of innovation as determinants for increased preventive service delivery in primary care. Other determinants of organizational readiness to implement evidence-based clinical guidelines include access to adequate resources, organizational climate and staff attributes (Devereaux *et al.*, 2006).

The current study investigates determinants (goals, resources, obligations, opportunities) of organizational readiness to support health policy implementation efforts for women in difficult life situations. Determinants assessed in this study are based on a theoretical model by von Wright (1976). To our knowledge, the present study is among the first to use prospectively collected data to model the engagement/disengagement of organizations in health policy implementation efforts. In our opinion, knowledge about preceding determinants for organizational engagement/disengagement in health promotion efforts is highly relevant to the understanding of health policy implementation processes and the sustainability of policy actions. Potentially, such knowledge would allow for the selection of organizations for health policy implementation based on such pre-existing determinants.

Theoretical model

We see our efforts to identify determinants for organizational readiness to implement health promotion actions as being in the realm of dissemination and implementation research (sometimes also referred to as knowledge translation

research). In this field of study, there is a current push to develop theories that are generalizable, parsimonious and testable (Graham *et al.*, 2007). Theories that are currently utilized in dissemination and implementation research spawn from theories of change, planned models of change, mid-range theories, to social psychological theories, and organizational theories (McDonald *et al.*, 2004). These theories operate on individual (e.g. social psychological theories) or system (e.g. organizational theories) levels. Within our study, a theoretical approach originating in action theory was utilized to explain determinants of behavior on the individual and organizational level. This assumes that actions of individuals and organizations might be explained by comparable sets of determinants. Determinants that are proposed by our model impute individual- and system-level factors. We acknowledge that the utilization of this theory on the individual and organizational level might be disputed. However, we believe that, due to the generalizable, parsimonious and testable nature of our approach, we might be able to make a contribution to the field of study.

The conceptual framework for this study has been developed and tested in a six nations project funded by the European Commission. The 'Methodology for the Analysis of the Rationality and Effectiveness of Prevention and Health Promotion Strategies (MAREPS)' project transferred the social psychological theory of von Wright (1976) to health policy analysis (Rütten *et al.*, 2000, 2003). Von Wright's (1976) theoretical model explains behavior by the determinants of wants, abilities, duties and opportunities.

In MAREPS, this model was adopted to explain health policy rationales and outcomes in policy areas of early detection of disease (breast cancer screening), prevention of risk behavior (smoking), promotion of health behavior (physical activity) and creation of supportive environments (healthy working and living conditions) on the organizational level. Organizational goals (wants) refer to the formally specified objectives of health policy actions, whereas organizational resources (abilities) describe internal capacities for accomplishing health policy goals (e.g. personnel). Organizational duties are formal (e.g. treaties) or informal (e.g. organizational commitments) obligations, whereas organizational opportunities refer to internal (e.g. organizational changes) or

external (e.g. changes in political climate, public or media interest) 'windows of opportunity' that organizations might discern.

Quantitative analysis of 719 interviews (by written questionnaire) with policy-makers in the six nations suggested that goals, resources and external opportunities are important determinants of the perceived outcome of policies. The outcome of health policies is rated favorably if concrete goals have been specified, sufficient resources have been allocated for policy implementation and favorable public support was available. Organizational obligations and opportunities predicted policy outputs (Rütten *et al.*, 2003).

METHODOLOGY

The prospective investigation of organizational readiness was part of a research project funded by the German Federal Ministry of Education and Research. The 'Movement as an Investment for Health (German language acronym BIG)' project employed a participatory approach to promote physical activity among women in difficult life situations (women receiving low-income or social welfare, having low educational attainment, being unemployed or having a blue collar occupation, being single parent or from an ethnic minority) in three settings: a residential area, a work site and a sports club.

The BIG project was launched in 2005 and the initial funding period was 36 months. Funds were provided for the evaluation of project activities only. Thus, the implementation of project activities had to be organized and financed by preventive service providers who chose to collaborate (on own expenses) with the project team. In order to set up a dialog with preventive service providers who would potentially collaborate with the project team, qualitative interviews were conducted with representatives of these organizations in the first 3 months of the project. Organizations voicing interest to support BIG were asked to join meetings of planning groups that were set up in each setting to plan, together with women in difficult life situations, project activities. Also, they were asked to support the implementation and dissemination of project activities. All organizations were approached similarly. Qualitative interviews resulted in a number of

governmental and non-governmental organizations on the local, state and national level collaborating with the project team. Eventually, three planning groups were set up and decided on a number of actions to promote physical activity among women in difficult life situations. Engagement of organizations in project activities was documented, beyond the end of the project, for 42 months.

Through BIG, women in difficult life situations are enabled to control their own health promotion process and are supported in overcoming the behavioral, social, environmental, cultural and economic factors inhibiting their engagement in physical activity. BIG has already resulted, among other things, in the foundation of low-fee exercise classes featuring child care, women-only indoor pool hours, swimming classes for women only and project offices to organize exercise classes run by these women. For project evaluation, an integrated evaluation approach including qualitative and quantitative methodologies, as well as expert-based and participatory-oriented evaluation approaches, has been applied. With respect to the women, preliminary results indicated, for example, that they were reached by the physical activity measures, experienced changes in health behavior, health benefits and social behavior, and could be empowered.

The prospective investigation of organizational readiness in the BIG project used qualitative interviews based on the theoretical model with representatives from organizations on different governing levels and policy sectors. In the interview, information on organizational goals, resources, obligations and opportunities with regard to general health promotion and health and physical activity promotion among women in difficult life situations was collected. The goal of the interviews was to explore the potential of engaging these organizations in the development and implementation of health policy actions within the framework of the BIG project. During the interview, representatives were informed concerning the BIG project, and the potential for collaboration between the organization and the project was discussed.

Sampling of organizations followed the principle of diversification using a sampling matrix covering the three-dimensions of policy sectors (health, social welfare, transport, sport and recreation), governing levels (national, state and local) and organizational legal entities

(governmental and non-governmental). Organizations were selected for an interview if health promotion activities or an interest in health promotion activities for disadvantaged population subgroups was anticipated. Interviewees within the organizations were chosen either by established personal contacts or by referral within the organization. Interviews were semi-structured and administered face-to-face. Initially, in 15 organizations, an interview was conducted with one representative. Representatives referred to five other organizations that were also approached for an interview. Thus, a total of 20 interviews were included in the analysis. Interviewees differed with respect to their position within the organization, ranging from high- to mid-level management. During 36 months, collaboration of these organizations with the BIG project was documented. The documentation included protocols of planning group meetings, protocols of other meetings related to BIG, written communication and, in some instances, personal accounts. At the end of the 36 months, the project team assessed jointly which organizations engaged/did not engage in BIG project activities. Table 1 lists the organizations with respect to governing levels and legal entities, of which a representative was interviewed.

Interviews were transcribed and analyzed using the qualitative content analysis method of Mayring (2002). This method describes a systematic, theory guided process to analyze oral communications. The method employs techniques that can be related to qualitative content analysis (Gerbner *et al.*, 1969; Berelson, 1995) and symbolic interactionism (Mead, 1968).

Table 1: German organizations represented in the data collection

Governmental organizations	NGOs
National level	
Five national public policy organizations from five different policy sectors	Seven national NGO's from six different policy sectors
State level (Länder)	
Three state public policy organizations from three different policy sectors	Two state NGO's from two different policy sectors
Local level	
Two local public policy organizations from two different policy sectors	One local NGO

The process of data analysis follows five steps: (i) deciding on available data and research question; (ii) deciding on employed data analysis techniques (e.g. summary and structuring) and process of data analysis; (iii) defining the categorical system and units of analysis; (iv) re-checking the categorical system and (v) interpreting the results.

In some organizations, a first interview was conducted with an interviewee who could not answer the questions and who then referred to another person in the organization. These initial interviews were omitted from the analysis. The research question investigated was: do the representatives of organizations voice goals, resources, obligations and opportunities for the promotion of physical activity among women in difficult life situations? The analysis technique labeled 'summary' was employed to reduce the available material to its relevant content. The categorical system featured the determinants of goals, resources, obligation and opportunities as they were defined by Rütten *et al.* (2000). Determinants were categorized as 'existing', if they were reported by the interviewee. The category 'partly existing' was assigned if the interviewee made inconsistent statements during the interview, or reported no actual but potential future determinants. 'Not existing' was assigned if the interviewee did not report the determinants. The categorical system was re-checked by two independent researchers. The researchers specified the categorical system and applied it to the interview transcripts. Interview passages containing information on the categorical system were extracted and rated. Inconsistencies in the categorical system between the two researchers were discussed and resolved.

The first part of the analysis reports the results of the qualitative analysis of the interviews. The second part of the analysis provides a case analysis of three organizations and their respective support for policy development, implementation and dissemination of the BIG project. These three organizations were selected due to their high relevance for physical activity related policies in Germany.

RESULTS

Table 2 presents an overview of goals, resources, obligations, opportunities and

Table 2: Organizational goals, resources, obligations and opportunities for the promotion of physical activity among women in difficult life situations identified through qualitative interviews with representatives of organizations

	Goals	Resources	Obligations	Opportunities	Engagement in BIG project activities
<i>National level</i>					
Governmental organizations					
National public policy organization A	–	–	–	0	Support of project dissemination by invitation to congress
National public policy organization B	–	–	–	0	No
National public policy organization C	–	–	–	–	No
National public policy organization D	–	–	–	–	Support of project dissemination by invitation to congress
National public policy organization E	–	–	–	0	No
Non-governmental organizations					
National NGO F	+	+	+	+	Joined project development Supported dissemination by hosting workshops
National NGO G	–	–	–	–	No
National NGO H	–	–	–	0	No
National NGO I	+	–	–	–	No
National NGO J	–	–	–	–	No
National NGO K	+	–	0	+	No
National NGO L	+	–	–	–	No
<i>State level</i>					
Governmental organizations					
State public policy organizations M	0	0	–	0	Provided funds for implementation Provided funds for dissemination (transfer of project to other city)
State public policy organizations N	–	–	–	–	No
State public policy organizations O	–	–	–	–	No
Non-governmental organizations					
State NGO P	0	+	–	0	Joined project implementation Supported dissemination by hosting workshops
State NGO Q	+	–	0	–	No
<i>Local level</i>					
Governmental organizations					
Local public policy organizations R	0	0	–	–	No
Local public policy organizations S	+	0	+	+	Supported project development and implementation
Non-governmental organizations					
Local NGO T	+	–	0	0	No

+, determinant exists with respect to the promotion of physical activity among women in difficult life situations;
0, determinant exists partially with respect to the promotion of physical activity among women in difficult life situations;
–, determinant does not exist with respect to the promotion of physical activity among women in difficult life situations.

engagement in the BIG project for 20 organizations.

Overall, six organizations did not report any of the assessed determinants for physical activity promotion among women in difficult life situations. Four other organizations reported partial perceived opportunities as the

only favorable determinant. On the national level, none of the national public policy organizations reported concrete organizational goals and resources nor did they report obligations for the promotion of physical activity among women in difficult life situations. Thus, none of these determinants could be identified. Partly

favorable opportunities for such policy actions were identified in three national public policy organizations. Regarding NGO's on the national level, one NGO reported favorable goals, resources, obligations and opportunities. Three other NGO's reported goals and/or opportunities. Two state-level NGO's reported favorable goals or resources for health policy action in this area. On the local level, one of the two local public policy organizations reported favorable goals, obligations and opportunities regarding health policy action in this area. The local NGO reported favorable goals for physical activity promotion among women in difficult life situations.

During 36 months of project work, 6 of the 20 organizations made strides in supporting the work of the BIG project. Two national public policy organizations (cases A and D) did not support the development and implementation of BIG, but supported its dissemination through one joint invitation to a congress keynote. One national NGO (case F) joined project development and supported the dissemination of project results by hosting a series of workshops geared at attracting sport clubs to implement results of the BIG project.

One state-level public policy organization (case M) supported the BIG project by funding the implementation of project activities on the local level. Additionally, this organization provided funds to continue project work in order to demonstrate the transferability of project activities to other cities. One state-level NGO (case P) took part in the implementation of project activities. On the local level, one local public policy organization (case S) joined project development and supported project implementation by assigning staff to BIG activities.

Case 1: national public policy organization A

The BIG project had made several requests to representatives of this national public policy organization for support in the development and implementation of the project. Despite such efforts, this organization has not supported the development and implementation of the BIG project in the first 36 months. However, scientists from BIG were invited by this organization to present some project results at an international conference.

The limited engagement of the national public policy organization might be explained

by the determinants of the theoretical model. In the interview with the representative of this organization, disease prevention and health promotion were mentioned, besides cost-cutting in healthcare expenditures, as major goals of policy action. In this regard, physical activity promotion had been mentioned as being an important means to accomplishing objectives in the area of disease prevention. However, it was also stated that activities in this area focused primarily on children and adolescents. Resources for policy action in the area of disease prevention were rated as being favorable, 20 employees were working in the department for disease prevention of this organization, but lacked special qualifications regarding physical activity promotion. Regarding obligations, the representative cited federal laws that hamper the engagement of national public policy organizations in community health promotion projects. In the German political system, responsibility of policy actions for disease prevention is governed at the state level. However, the representative stated that a new 'prevention health care bill' was being discussed, one that might grant the national public policy organizations more competences in this regard. Passing the bill might provide an opportunity to strengthen efforts for engagement in community-level health promotion projects:

According to the constitution, the states are responsible for prevention, for general prevention. Thus far, our hands are tied in this respect. And we are trying to approach this topic as broadly as possible. We are already testing the (legal) boundaries.

Case 2: national-level NGO F

This NGO functions as an umbrella organization for the entire organized voluntary sport in Germany. It provides political leadership and shapes the profile of future activities in the voluntary sport sector. As such, this organization is crucial for any implementation processes concerning German sport clubs. The NGO participated in one of the BIG planning groups and has become a major supporter in the dissemination of BIG project activities. Particularly, this NGO introduced the BIG project to other organizations.

Using the theoretical model, support from this NGO might be explained by the preceding favorable organizational goals, resources, obligations and opportunities. In the interview, the

representative of this NGO stated that health promotion activities for women in difficult life situations are among their central goals. Illustrating this organizational goal, internal budget cuts did not touch the department carrying out work in this area. Specifically, the NGO launched a policy initiative with the intent of attracting migrants to join sports clubs. Regarding resources, it was reported that funds for this policy initiative were provided by one national public policy organization. The organizational obligation geared towards population subgroups such as migrants, which are currently underrepresented in German sports clubs, was also recognized in the interview. However, in the interview, it was stated that reaching such groups to join sport clubs had in the past been cumbersome and that efforts in this area would need to be enhanced by the NGO:

Socially disadvantaged, especially women, I guess, is a very important target group. But our experience shows that it is a very, very difficult target group which is very difficult to reach with our organizational structures. That means sports clubs have difficulties with this target group.

Case 3: state public policy organization M

This state public policy organization funded the BIG project offices that were run by women in difficult life situations in order to organize exercise classes and has offered support in organizing a workshop or meeting for communities interested in adopting the BIG approach for health promotion activities among disadvantaged groups. Also, this organization has agreed to fund the BIG project to continue its work.

The determinant model might explain such support for BIG. In the interview, the representative of this organization acknowledged the high importance of disease prevention and health promotion. However, as with the national public policy organization A, population groups other than women in difficult life situations were regarded as primary targets for policy action in this area. Nevertheless, socially disadvantaged population subgroups were mentioned as an important group that should be reached by future health policy actions:

Because we are concerned with reaching the powerless, we reach them in settings, e.g. a kindergarden, and treat them all the same. If we offer individually oriented prevention measures, it

frequently reaches only the middle and upper class, since they are concerned with their health anyway.

Financial resources for health policy action were described as being limited, but an initiative by the state public policy organization to fund local or regional health promotion projects was described. The obligation of this organization to utilize available resources for policy action for disadvantaged subgroups was raised by the interviewee. In line with the representative of organization A, the potential prevention bill was regarded as an opportunity to intensify efforts for health policy actions reaching disadvantaged population groups.

DISCUSSION

The study used a prospective assessment to predict the organizational readiness to develop, implement and disseminate health policy action utilizing a theoretical model featuring determinants of perceived organizational goals, resources, obligations and opportunities.

Results indicated that, in most organizations, determinants were not favorable for policy action promoting physical activity among women in difficult life situations. Nevertheless, project work received support from 6 out of the 20 organizations. Engagement or disengagement in project activities might partly be explained by the theoretical model. The national NGO F evolved as one of the strongest supporters of the project work. This might be explained by its favorable determinants for such action at the beginning of the project. Although the national public policy organization A did limit its support to the dissemination of project results, this might be explained by the absence of specific goals and resources for such action in this organization. On the state level, the public policy organization M evolved as a strong supporter of project work. In this case, determinants of perceived goals, resources and opportunities were at least partly favorable for such health policy action. Supporting the theoretical model, the local public policy organization S reported favorable determinants for policy action and has hired full-time staff to organize exercise classes for women in difficult life situations. Contrary to the theoretical model, national public policy organization D supported the dissemination of the project

despite not showing any favorable determinant. Partly, this might be explained by the fact that the national organizations A and D collaborated in hosting the congress that the BIG project was invited to for an oral presentation. The national NGO K and the local NGO T did show some favorable determinants, but refrained from any support of the project. These cases might highlight the limited explanatory power of our model.

We acknowledge that results presented in this study are explorative and might suffer from a number of limitations. First, interviews concerning organizational determinants were conducted with one representative (of the middle or upper management) of each organization. As such, information obtained during the interview might reflect the opinion of one individual in the organization rather than organizational determinants of policy action. Second, the model solely assessed determinants of organizational goals, resources, obligations and opportunities. Other potential determinants such as past organizational engagement in health promotion activities or existing collaborations with other organizations were not included in the model. Third, although all organizations were approached in order to collaborate, only some supported the BIG project. In some instances, organizational readiness might have been spoiled by geographic distance or scheduling problems rather than the assessed determinants. Systematic additional information that would allow for the validation of the determinants of organizational readiness and their influence of organizational support for BIG was not available. As such, we acknowledge that our theoretical model might have a very limited explanatory power.

Similar determinants were identified by Simonsen-Rehn *et al.* (2006) to retrospectively explain the engagement of local voluntary associations in health promotion activities. As in this study, the authors described determinants of organizational value orientation, competence, municipalities and opportunities as being explanatory for engagement in health policy action. Also, determinants identified by Hoeijmakers *et al.* (2007) for health policy might be related to the theoretical model of Rütten *et al.* (2003).

A broader interpretation of results with regard to support of the project from different governing levels and organizational entities yields valuable information about the German

political/organizational system for health promotion. In the first year, one national-level NGO and one local public policy organization supported the project. Although national and state public policy organizations cited formal obligations as hampering their engagement, local public policy organizations seemed to be less restricted in this regard. After the project had been established on the local level, a state-level public policy organization and a state-level NGO started supporting the implementation of the project. The state public policy organization could do so within their legal framework, by providing funds that were destined to go to local health promotion projects. The state NGO was related to the national NGO that had already supported BIG in the development phase, and as such was drawn into the project. The engagement of the state public policy organization might be explained by its perception that the project was supported by local authorities. In a third phase, after the project had demonstrated to be successful on the local level, two national public policy organizations supported the dissemination of the project.

Despite the described limitations of our study, we believe that a prospective assessment of organizational readiness along the lines of our theoretical model might be highly relevant for future research on health promotion implementation. In this regard, it might be worthwhile to pursue refining our theoretical model (e.g. adding other relevant determinants), develop a standardized 'screening instrument' for collecting data on these determinants and test the model in an international study. Furthermore, future research should differentiate between the potential of the present model for serving as (i) a theoretical concept to explain organizational actions, (ii) an empirical method for policy analysis regarding organizational readiness and (iii) a tool to guide policy development and implementation in health promotion.

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REFERENCES

- Berelson, B. (1995) *Content Analysis in Communication Research*. Free Press, Glencoe, IL.

- Brownson, R. C., Ballew, P., Dieffenderfer, B., Haire-Joshu, D., Heath, G. W., Kreuter, M. W. *et al.* (2007) Evidence-based interventions to promote physical activity. What contributes to dissemination by State Health Departments. *American Journal of Preventive Medicine*, **33**, S66–S78.
- Devereaux, M. W., Drynan, A. K., Lowry, S., McLennan, D., Figdor, M., Fancott, C. *et al.* (2006) Evaluating organizational readiness for change: a preliminary mixed-model assessment of an interprofessional rehabilitation hospital. *Healthcare Quarterly*, **9**, 66–74.
- Gerbner, G., Holsti, O. R., Krippendorff, K., Paisley, G. J. and Stone, P. J. (eds) (1969) *The Analysis of Communication Content*. Wiley, New York.
- Graham, I. D., Tetroe, J. and KT Research Group (2007) Some theoretical underpinnings of knowledge translation. *Academic Emergency Medicine*, **14**, 936–941.
- Hoeijmakers, M., De Leeuw, E., Kenis, P. and De Vries, N. K. (2007) Local health policy development in the Netherlands: an expanded toolbox for health promotion. *Health Promotion International*, **22**, 112–121.
- Mayring, P. (2002) Qualitative content analysis—research instrument or mode of interpretation? In Kieglmann, M. (ed), *The Role of the Researcher in Qualitative Psychology*. Huber, Tuebingen, pp. 139–148.
- McDonald, K., Graham, I. and Grimshaw, J. (2004) Towards a theoretic basis for quality improvement interventions. In Shojania, K. G., McDonald, K., Wachter, R. and Owens, D. (eds), *Closing the Quality Gap: A Critical Analysis of Quality Improvement Practices (Vol. 1: Diabetes Mellitus and Hypertension)*. Technical Review #9 ed. AHRQ, Washington, DC.
- Mead, G. H. (1968) *Geist, Identität und Gesellschaft [Mind, Identity and Society]*. Suhrkamp, Frankfurt.
- Ruhe, M. C., Weyer, A. M., Zronek, S., Wilkinson, A., Wilkinson, P. S. and Stange, K. C. (2005) Facilitating practice change: lessons from the STEP-UP clinical trial. *Preventive Medicine*, **40**, 729–734.
- Rütten, A., von Lengerke, T., Abel, T., Kannas, L., Lüschen, G., Rodriguez-Diaz, J. A. *et al.* (2000) Policy, competence and participation: empirical evidence for a multilevel health promotion model. *Health Promotion International*, **15**, 35–47.
- Rütten, A., Lüschen, G., von Lengerke, T., Abel, T., Kannas, L., Rodriguez-Diaz, J. A. *et al.* (2003) Determinants of health policy impact: a theoretical framework for policy analysis. *Social and Preventive Medicine*, **48**, 293–300.
- Scheel, I. B., Hagen, K. B. and Oxman, A. D. (2003) The unbearable lightness of healthcare policy making: a description of a process aimed at giving it some weight. *Journal of Epidemiology and Community Health*, **57**, 483–487.
- Simonsen-Rehn, N., Ovretveit, J., Laamanen, R., Suominen, S., Sundell, J., Brommels, M. *et al.* (2006) Determinants of health promotion action: comparative analysis of local voluntary associations in four municipalities in Finland. *Health Promotion International*, **21**, 274–283.
- Von Wright, G. H. (1976) Determinism and the study of man. In Manninen, J. and Tuomela, R. (eds), *Essays on Explanation and Understanding*. D. Reide, Dordrecht, pp. 415–435.
- World Health Organization (1986) Ottawa charter for health promotion. *Health Promotion*, **1**, iii–v.