

When Top-down meets Bottom-up: Vision and Human Motivation, Creating a Sum Greater than their Parts

The title of the 50s sit-com starring Robert Ward and Jane Wyatt, "Father Knows Best," probably would not fly today. We now know that "When Momma's not happy, no one is" and that a parent's well-being is only as good as their child who is struggling the most.

Top-down public health initiatives are sometimes seen as "paternalistic," often run by governments or large inter-governmental organizations; many of these are disease-specific or issue-specific, such as HIV control or Smallpox Eradication or in the quality improvement realm: reduction of avoidable re-hospitalizations and anti-psychotics for people with dementia. The decisions in a "top-down" approach typically come from above within a governing body – they are then disseminated under their authority to levels that report to them (e.g., QIOs), who are, to some extent, bound by them.

Positive aspects of top-down approaches include their efficiency and ease of oversight from higher levels and their awareness of external trends and influences. On the negative side, if reforms are perceived to be imposed "from above", it can be difficult for lower levels to accept them (e.g. Bresser Pereira, Maravall, and Przeworski 1993).

Self-determination theory (SDT) is a macro theory of human motivation and according to Deci and Ryan – people need to feel they are in the driver seat and in the destiny of their own fate in order for them to be internally motivated. While compliance is often achievable in the short-term from a top down approach – long term sustainability is more difficult especially when close monitoring from above is no longer present. Mamma is not going to be "happy" unless she has some true decision making ability and that her value is respected.

If the goal is sustainable system level change and nursing homes working at more optimal levels, decisions likely need to be driven at the local level to have a reasonable chance to build momentum. Partners such as the Ombudsman and Center for Advocacy for the Rights and Interests of the Elderly (CARIE) are likely to be important catalysts of motivation.

There are many examples of bottom-up programs (e.g., including many small NGOs) that have been set up to improve local access to healthcare in developing and other countries. The "Culture Change Movement" is another example of bottom-up change in the nursing home setting. Decisions that come from a "bottom-up" approach arise at the grassroots level—from a group of people working close to "ground" and who have unique insights to the needs of their local constituents.

Bottom-up approaches allow for more enthusiasm, experimentation and are often better in tune with what is needed at the grass roots level. However, they can, when developed in isolation, serve overly narrow goals and lose sight of global purposes.

Best of Both Worlds

When all parts of the family unit are thriving and their roles are valued and exercised, the unit is said to be healthy. Some of the healthiest and most successful programs have begun to combine both top-down and bottom-up approaches. One example is the, Guinea infestation eradication; a single-disease international program currently overseen and supported by the Carter Center which has involved the training of many local volunteers, boosting bottom-up capacity, as have international programs for hygiene, sanitation, and access to primary health-care. One closer to home is the relationship between Empira, a grass roots quality improvement initiative in Minnesota and their state QIO, Stratis Health.

We believe that the PA Quality Improvement Demonstration Project has the best of both worlds as we plan to combine the vision of the Advancing Excellence and National QAPI programs with the motivation derived from local leadership decision making.

References

1. Adapted from Wikipedia, the free encyclopedia "Top Down and Bottom Up Design"
2. Bresser Pereira, Luiz Carlos, José María Maravall, and Adam Przeworski, 1993. Economic reforms in new democracies. Cambridge: Cambridge University Press.
3. Deci, E., & Ryan, R. (Eds.), (2002). *Handbook of self-determination research*. Rochester, NY: University of Rochester Press.