Health Promoting Hospitals and Health Services: the evolutions of the HPH concept and the recent developments of the international network

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The challenges for Health Services

Changes in demography – more elderly Changes in panorama of health problems – more chronic disesase An increasing part of health care "reparing" not curing New demands from the users New knowledge and techique

Within increasingly strained economy!

The challenges for Health Services

Changes in demography – more elderly Changes in panorama of health problems – more chronic disesase An increasing part of health care "reparing" not curing New demands from the users New knowledge and techique

Within increasingly strained economy

Increasing demands to develop a more effective, and more proactive, health care.

Ottawa charter 1986



Reorientation of Health Services



Ottawa charter Reorientation of Health Services

HPH Vision

A more effective health service by reorienting health services towards health gain for patients, co-workers and the public served

Health Orientation

The HPH concept describes a synergy effect

Orienting health services towards health gain leading to a more effective organization,

and

Using the knowledge, authority and contacts of health care with the population leading to more effective public health initiatives.

HPH Constitution

Mission

 "HPH shall work towards incorporating the WHO concepts, values, strategies and standards or indicators of HP into the organizational structure of the H/HS"



Vision

• "Increase the contribution of H/HS to better health gain through HP"

Ottawa Charter, Budapest Declaration, Vienna Recommendations, Bangkok Charter and WHO Standards for Health Promotion in Hospitals

International Network

A Network of N/R Networks

- Working together to reorient H&HS towards better health gain by integrating HP in all aspects
- Established by WHO in 1995 and aimed at patients, staff and community

(Ottawa Charter 1986, and Vienna Rec. 1997)

HPH history



- 1988 WHO Project
- 1997 European Network, secretariat at WHO office Copenhagen and Barcelona. Mila Garcia Barbero
- 2004 Int. HPH Network, HPH secretariat at WHO CC Copenhagen, CEO Hanne Tönnesen
- 2005 Gen Assembly & Governance Board
- 2008 HPH Constitution
- 2010 MoU with WHO
- 2019 New relationships with WHO and HPH secretariat in Hamburg Optimedis, CEO Oliver Groene

The international network of Health Promoting Hospitals and health services HPH was initiated by WHO in 1990



= Affiliated Member(s)



HPH Structure







Governance Board (2018 – 2020)

- Margareta Kristenson, Sweden (Chair)
- Sally Fawkes, Australia (Vice-Chair)
- Kjersti Fløtten, Norway
- Cristina Iniesta Blasco, Catalonia Spain
- Ying-Wei Wang, Taiwan
- SIU Yuk Lun Alan, Hong Kong
- Antonio Chiarenza, Italy

The network works on implementation of the HPH-concept in four perspectives,

Patient perspective

Optimizing health services by integrating health promotion and disease prevention in the care chain

Co-worker perspective

Aiming at becoming a model for health promoting work places

Population perspective

Supporting public health interventions for the population served and in local communities

Management perspective

Using health oriententation as a means to become a more effective health service



Patient perspective

Optimizing health services by integrating health promotion and disease prevention in the care chain

- Developing person centered care, empowerment and health literacy
- Giving professional support to patients for health behavioral change e.g. smoking cessation before surgery smoking cessation after myocardial infarction

Patient perspective

Giving professional support to patients for health behavioral change e.g. smoking cessation before surgery and after myocardial infarction

RCT studies of intervention for lifestyle change among patients before surgery



Population perspective

Supporting public health interventions for the population served and in local communities

E.g. Health Dialogues for primary prevention coronary heart disease in population groups combined with structural interventions in collaboration with local communities



Hälsokurvan

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9 5	<140 < 90	140-169 90-104	170-199 105-114	≥200 ≥115			
20	0 <5.00 Q <5.00	5,00-6,49 5,00-7,09	6.50-9.00 7.10-9.00	>9.00 >9.00			

Norberg M, Stenlund H, et al. Impact of a combined

Objective: To evaluate the impact of the Västerbotten Intervention Programme (VIP) by comparing all eligible Strengths and limitations of this study

Management perspective

Using health oriententation to become a more effective health service

Management, leadership and organization perspective;

use health orientation as a means for a more effective health service and thereby, within a constrained economy use resources to give best health gain.

Assignments that are explicit in objectives for health promotion and prevention Quality assessment including PROM and lifestyle measures Health Economy analyses



HPH Task Forces and Working Groups

- HPH Task Force on Migration, Equity & Diversity (IT)
- HP for Children & Adolescents in & by Hospitals (IT)
- HPH and the Environment (TW)
- Age Friendly Care in H/HS (TW)
- HPH Task Force on Mental Health (S)
- HPH Task Force on Implementation and Monitoring of Standards (ES)
 - HPH and Patient and Family Engaged Health Care (US)
 - HPH and Health Literate Health Care Organizations (A)



WHO/HPH Tools

Standards for Health Promotion in Hospitals

EUROP

- 1. Management policy of HP
- 2. Patient Assessment
- 3. Patient Intervention & Info
- 4. Promoting a healthy workplace
- 5. Continuity and cooperation



Updated standards in 2019

- 1. Governance, capacity and monitoring
- 2. Patient assessment and needs documentation
- 3. Patient information and services
- 4. Health promotion for staff
- 5. Continuity and cooperation

Example: Standard 2

- 2.1. Our organization assesses needs for patient-centered health promotion concerning tobacco, alcohol, diet/nutrition and physical inactivity and results are documented in the medical records:
- 2.1.1. Among our patients, we assess and document tobacco use for Information source: e.g. medical records audit or registry data
- 2.1.2. Among our patients, we assess and document alcohol use for Information source: e.g. medical records audit or registry data
- 2.1.3. Among our patients, we assess and document diet/nutrition for Information source: e.g. medical records audit or registry data
- 2.1.4. Among our patients, we assess and document physical activity level for Information source: e.g. medical records audit or registry data
 - 2.2. Our organization systematically incorporates information provided by referring physicians or other relevant sources on needs for patient-centered health promotion concerning tobacco, alcohol, diet/nutrition and physical inactivity:
- 2.2.1. We systematically document information on it that is provided by others Information source: e.g. medical records audit or registry data
- 2.2.2. Information on it provided by others is available for our staff to review Information source: e.g. medical records audit or registry data

Umbrella standards- covering the full HPH concept

Agreement on domains and sub-domains										
DOIN	AINS	SUE	-DOMAINS	нрн	Equity	HL	Engagement	Environment	Children	Elderly
ι.	Organisational	1.	Policy & leadership	yes	yes	yes	yes	yes	NO	yes
	committment	2.		yes	yes	yes	yes	yes	yes	yes
2. Staff / workforce		1. Recru	Recruitment	NO	NO	NO	yes	NO	NO	yes
	2.	Competences	yes	yes	yes	yes	yes	yes	yes	
	3.		yes	NO	yes	NO	NO	NO	yes	
	4. Workforce health promotion & wellbeing	yes	yes	yes	NO	yes	NO	NO		
		1.	1. Entitlement/Rights	NO	yes	NO	NO	NO	yes	NO
3. Accessibility	Accessibility	2. Physical & geographical accessibility	NO	yes	yes	NO	yes	NO	yes	
	3.	3. Socio-cultural acceptability	NO	yes	yes	NO	NO	yes	yes	
4. Person (family) centred care		amily) centred 3. Patient/provider communication 4. Patient information	yes	yes	yes	yes	NO	yes	yes	
	Person (family) centred		Care provision Patient/provider communication	NO	yes	yes	yes	NO	yes	yes
	care			NO	yes	yes	NO	NO	NO	NO
			ration	yes	yes	yes	NO	yes	yes	yes
5. Health care environment		1.	1. Respectful & trustful	yes	yes	NO	NO	yes	yes	NO
	ment 2. Healthy & safe for patients	NO	NO	NO	NO	yes	yes	yes		
		Healthy & safe for staff	yes	yes	yes	NO	yes	NO	NO	
6.	Involvement &		Patient/family engagement	NO	yes	yes	yes	NO	yes	yes
participation	participation		NO	NO	yes	NO	yes	NO	yes	
 Promoting health in the wider society 		yes	yes	yes	yes	NO	NO	yes		
		yes	yes	yes	yes	yes	NO	yes		



SAVE THE DATE!

28TH INTERNATIONAL CONFERENCE ON HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES SEOUL, KOREA | JUNE 3-5, 2020

The coming years

• Finalizing updated standards on behavioral interventions

Developemnt of "Umbrella standards"

• New global strategy for the HPH network

• New secrariat!

A new international HPH secretariat from September 1st:



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