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Case 17 : Can Hospitals do Health Promotion? Making Hospitals a Place for both Care and Health through Health Promotion

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CASE 17

Can Hospitals do Health Promotion? Making Hospitals a Place for both Care and Health through Health Promotion

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Lauren Kitsman, a young nurse with training in health promotion, had recently been promoted by her local hospital to be the new 'Special Programs Manager'. In this new role, she would advise the hospital on how to integrate new and innovative programming into the hospital's daily delivery of care.

A few months had passed since her hiring in July 2017, and she was sitting at her desk in the hospital after a busy day consulting with patients, staff, and families. She reflected on the patterns she had observed so far at the hospital. Despite remaining ill, patients were 'well enough' to be discharged and were heading home into the very environment that had led them to be sick in the first place. They were being discharged from the hospital, yet she had witnessed time and again the same patients coming back, often sicker than when they had left.

External pressures on the hospital were also a concern. Increased prevalence of patients with multiple chronic diseases and mandates to reduce costs impacted nearly all decision-making, from care delivery to senior management practices. In an effort to address these challenges, the Senior Leadership Team struck a working group to look at ways to improve patient care and satisfaction while also achieving cost savings. Lauren was the group chair.

The first meeting happened on a warm fall afternoon. Sitting at the boardroom table were a few of the hospital's senior leaders, directors, and other stakeholders, including a patient representative. As a health promoter, Lauren was able to draw upon a multi-disciplinary base of principles and theories to understand the health issues at the hospital and identified potential areas to inform health promotion action. Lauren initiated the discussion by sharing her thoughts on the current state of care at the hospital, particularly her sentiment that the creation of this working group was a Band-Aid solution to a much bigger systemic issue.

"If our hospital's goal is to improve peoples' health, why are we only focusing on the small amount of time when they are within our four walls?" said Lauren. "Certainly more can be done to help these patients after they leave, to ensure they only come back when they really need to."

The Hospital's Chief Executive Officer (CEO) interrupted, "But what? Our hospital's mandate and funding is for acute episodic care, not for long-term chronic care, nor for upstream prevention or health promotion."

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Lauren responded, “But if our patients don’t get the support they need beyond their short length of stay they will be back in hospitals – it’s a terrible revolving door.” The meeting seemed to be at a standstill as the committee was left with more questions than answers. The first meeting ended; it was the beginning of a new journey for Lauren and potentially for the hospital.

Lauren recalled reading about hospitals as settings for health promotion during her education. Lauren began searching the internet and reviewing the literature to better understand if hospitals with health promotion approaches have been effective at improving patient care or reducing service delivery costs. She remembered the all-encompassing health promoting hospitals (HPH) model but knew that transformational implementation at her hospital was unlikely. Even incremental steps towards change would require strong evidence and internal champions. After reviewing the literature, Lauren was confident that hospitals are well-positioned to use health promotion interventions with patients and staff, and to advocate for healthy communities.

BACKGROUND: HEALTH PROMOTION

In 1986, the World Health Organization (WHO) released The Ottawa Charter for Health Promotion, following the first international conference on health promotion (World Health Organization, 1986). The Charter redefined the concept of ‘health’, highlighted circumstances for improving it, and established a goal to achieve ‘health for all’ by the year 2000. Health should be understood not simply as the absence of illness or disease, but as a state of complete physical and mental wellbeing. The new definition of health challenged the relationship between health and the healthcare sector, as well as the traditional beliefs of how health was distributed and enhanced. This new definition also challenged the traditional role of hospitals as symbols of sickness and instead as potential centers of health promotion. This new view of hospitals suggested that even a small shift in focus within a hospital to support health promotion initiatives could, in time, make for a healthier community. The stage was set for change.

The WHO defined health promotion as “a process of enabling people to increase control over and to improve their health, looking to a wide range of social and environmental interventions”. The Ottawa Charter also established a series of recommendations to encourage and implement health-promoting initiatives. One particular recommendation – “The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative service” – stood out as a call to all healthcare organizations including hospitals. This mandate, according to the Charter, should support the needs of both communities and individuals to improve healthy living and open channels between the health sector and broader social, political, economic, and physical environmental components in an effort to truly achieve health promotion.

Lauren, as a health promoter, believed fully in the process of enabling staff, patients, and families using the hospital’s services to increase control over, and to improve, their health. This belief moved beyond a focus on individual behaviour towards a broad range of environmental and social interventions. However, Lauren’s options to implement even small strategies for health promotion were heavily constrained by the current health system. Understanding the goals of the hospital, to preserve themselves as a community asset by providing care while profiting off services, will be important when she plans to integrate her strategies.

HEALTHCARE IN CANADA

Any eligible Canadian, regardless of age, health, income, or employment status, is covered by a universal medical care system. The system is publicly-funded and privately-provided. This means that system operating revenues are primarily generated through taxation, and services

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are delivered by private nonprofit individuals (such as family physicians) and organizations (mostly hospitals). Non-urgent services, such as vision and dental care and long-term rehabilitation, are most often paid for out-of-pocket by Canadians. Canadian healthcare falls primarily under provincial/territorial jurisdiction. Each of the 10 provinces and three territories has a unique setup for delivery of health services, while maintaining the minimum required services by the *Canada Health Act* (Canada Health Act, 1986).

The fifth action area of the Ottawa Charter for Health Promotion, to 'Reorient Health Services', was created due to the urgent need to improve health in industrialized countries. The objective was to address the social determinants of health (SDOH), which acknowledge that the majority of the population health status is influenced by factors outside medical treatment and lifestyle choice. Unfortunately, little progress has been made to systemically reorient health services since this action area was established 30 years ago. As chronic diseases become more prevalent today, their prevention and management require a comprehensive health promotion approach to influence their SDOH and common, modifiable risk factors (such as unhealthy weight, poor diet, and physical inactivity).

Health promotion initiatives are generally the responsibility of public health and as such, fall into a different organization, funding, and delivery mechanism than hospitals and other healthcare services. The primary mandate of Canadian and Ontario hospitals is acute care and they are funded accordingly. When hospitals wish to engage in health promotion, they struggle to sustain these efforts due to non-existent funding.

Within the Ontario government, the Health Promotion Division is a component of the Ministry of Health and Long-Term Care. The Division's mission is to champion health promotion in Ontario and to inspire individuals, organizations, communities, and governments to create a culture of health and wellbeing. With the goal to make Ontario a leader in health promotion within Canada and internationally, the Division's agenda includes initiatives such as Smoke-Free Ontario, the Healthy Communities Fund, EatRight Ontario, the Northern Fruit and Vegetable Program, active living programs, and disease and injury prevention programs.

The Ontario Hospital Association (OHA) is "the voice of Ontario's public hospitals" (Ontario Hospital Association, 2017). The mission of the OHA is to support the 150 Ontario hospitals by championing innovation and performance improvement, and advancing and influencing health system policy. The OHA's values are health-focused, evidence-based, collaborative, and trusted. The Association is guided by the health needs of the population, uses the best available evidence and experience, works in partnership to influence a high-performing healthcare system, and values trust among members, partners, staff, and consumers of the system.

An example of successful integration of health promotion within acute care exists in Winnipeg, Manitoba. Seven Oaks General Hospital (an acute care community hospital) implemented health promotion approaches throughout the organization. By embedding health education along with chronic disease prevention and management initiatives, this hospital has been the Canadian hallmark of the HPH approach internationally. Perhaps most notable has been Seven Oaks' novel process of connecting hospital and emergency care with follow-up care by family physicians along with support for self-management, all within a single setting (Seven Oaks General Hospital, 2017).

While this information was useful to Lauren, her big question remained the same: "What can and should be done in and by our hospital to provide better care for our patients, and to support improved health in our community?"

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She read about how hospitals are considered local 'anchor institutions', meaning that hospitals have a lot of social capital in their communities and they can use this to influence decisions about urban planning, social services, and other factors outside the health system that influence human health. Citizens respect hospital leaders, especially senior clinicians, and care about what hospitals have to say about things outside the health system. Hospitals are also often large employers and purchasers, and they often have large real estate holdings. Lauren also learned that hospitals can be good partners with other organizations, and that these partnerships can influence community health and local prosperity by reducing the economic burden of chronic diseases.

Through partnering with other sectors, such as urban planning and housing, and with local non-profits, such as food banks, the hospital could establish a new way of working in the community to improve health. As an anchor institution, her hospital could speak to the importance of improving local social and economic conditions throughout the community. Similarly, the hospital could focus on increasing primary and secondary prevention services, as well as patient self-management skills, all in a way that gives patients more control over their health. However, could this type of a collective effort work? Would this lead to her hospital becoming a 'health promoting hospital'? What would implementing health promotion initiatives at an acute-care setting even look like? Should similar approaches to Seven Oaks General Hospital be used?

THE INTERNATIONAL NETWORK OF HEALTH PROMOTING HOSPITALS AND HEALTH SERVICES

The International Network of Health Promoting Hospitals & Health Services (IHPHN) started in the early 1990s as a mechanism for international coordination of action related to the Reorient Health Services action area of the Ottawa Charter. Described as a "network of networks", IHPHN consists of over 40 national and regional HPH networks in 40 countries, as well as individual hospital members located in places without a network. Together, the >1000 member organizations share a goal of using hospitals and healthcare settings as a vehicle to promote health and wellbeing in their communities. HPH networks provide mandates, networking, and best-practice sharing supports to their member hospitals. Networks are guided by a common aim to achieve healthier outcomes, improve healthcare quality, improve relationships between hospitals and other health service providers, and to improve care and health of satisfaction patients and staff.

Rooted in the Ottawa Charter of the WHO, the IHPHN launched its first policy document in 1991: "The Budapest Declaration on Health Promoting Hospitals". This document introduced a call to action for HPH (see Exhibit 1). As a follow-up to this document, the Vienna Recommendations were developed in 1997 to support the growing need for systemic guidance on hospital implementation.

In December 2010, the IHPHN became formally linked with the WHO. This process included development and promotion of international standards to promote effective health promotion practices in hospitals and healthcare settings. The five standards also allow networks to evaluate and compare health promotion developments in member hospitals:

Standard 1: Management policy

A health promoting hospital or health service organization must have a written policy for health promotion. Health promotion must be implemented as an integral part of the organization's system and aimed at patients, relatives, and staff. There must be an allocation of resources

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towards health promotion, and staff must be competent in the area. The necessary infrastructure, space, and equipment must be available to implement health promotion programs and services.

Standard 2: Patient assessment

A health promoting hospital or health service organization must support treatment, improve prognosis, and promote the health and wellbeing of patients. A health promotion assessment should be done at the patient's first point of contact with the hospital and should be reviewed and adjusted as necessary. This needs assessment should be done in partnership with the patient and the healthcare provider and be socially and culturally sensitive.

Standard 3: Patient information and intervention

A health promoting hospital or health service organization must provide patients with information on significant factors concerning their condition. Furthermore, the appropriate health promotion interventions must be established in all patient pathways. All information given to patients must be documented and evaluated and all staff and visitors must have access to general health influencing information.

Standard 4: Promoting a healthy workplace

The conditions of a health promoting hospital or health service organization must be those of a healthy workplace. A comprehensive human resources strategy must be developed to include the training of health promotion skills. Staff must be involved in the decisions made about their working environment and should be aware of health issues. The healthcare organization should have health promoting activities for its staff and a policy for a healthy and safe workplace.

Standard 5: Continuity and cooperation

A health promoting hospital or health service organization must have a planned approach to collaborate with other health service institutions and sectors on an ongoing basis. Partnerships should be initiated to optimize the integration of health promotion into the patient pathway. The appropriate documentation and patient information must be communicated to the appropriate partner in patient care or rehabilitation. There should also be cooperation between health care providers within health promoting hospitals and health services and community groups.

Initially a European initiative, the HPH concept has expanded worldwide. As of 2017, there are over 1000 hospital and health service members spanning across 40 countries (see Appendix B).

The HPH concept seemed daunting, but possible in her hospital. Lauren also knew there were specific challenges in the Canadian healthcare system that would need to be considered. The responsibility to advocate for healthier communities remained with public health; however, while chronic disease rates continued to escalate, public health funding in Canada was decreasing. Public health also lacked the community social capital that hospitals have to influence societal beliefs. Lauren also considered the fiscal constraints faced by her hospital. After more research, she came across the Ontario Health Promoting Hospital Network. Perhaps this would provide her with some answers.

THE ONTARIO HEALTH PROMOTING HOSPITAL NETWORK (OHPHN)

Inspired by the work of the International Health Promoting Hospitals & Health Services Network, in 1997, an informal HPH network was started in Ontario, Canada. The network was founded by a few passionate, dedicated healthcare professionals who wanted their hospitals to be more proactive about preventing, not just treating, illness and injury, and more broadly, promoting healthy communities. In the beginning, the excitement and energy around the OHPHN was

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small; however, it soon gained organizational support. Originally sponsored by a complex care and rehabilitation hospital in Toronto, OPHPHN joined the International Network in 2008, and became the first official HPH network in Ontario and the second in Canada (the first was Montreal in 2005) (for more information visit: <https://www.hphconferences.org/>).

The OPHPHN committee worked tirelessly to disseminate knowledge around the HPH approach. The committee's aim was to increase support from both individuals and organizations for hospital-based health promotion. Its vision was "to have all health care environments in Ontario committed to the promotion of health and the prevention of disease". The network also worked to increase public awareness about the benefits of health promotion and chronic disease prevention.

OPHPHN OBJECTIVES

OPHPHN also created opportunities for open and constructive dialogue around the aims and objectives of healthcare. They wanted to challenge long-held assumptions about the health system, such as: Should 95% of system resources go toward care, when we need to focus on prevention? Is prevention only the responsibility of public health, or should prevention and health promotion be part of care? If patients are given more control over their health, will this reduce healthcare demand and costs? OPHPHN leaders wanted to obtain buy-in from all levels of the system and together work toward advancing health promotion. To do this, everyone needed to understand the system level impact of an HPH approach. OPHPHN aimed to foster knowledge exchange, partnerships, and shared allocation of resources.

To formalize its approach, the network developed six main objectives:

1. Improve healthcare quality and quality of life for patients, staff, and the community.
2. Encourage experience exchange through network meetings.
3. Enhance organizational policies and practices in health promotion.
4. Explore application of standards and indicators into hospital management systems.
5. Establish a local, national, and international presence.
6. Contribute to the evidence base for health promoting hospitals.

However, Ontario hospitals were in a difficult situation. They had to reduce costs while dealing with increased demand for service. The network saw these challenges as an opportunity to gain leadership and support. Health promotion strategies can be mechanisms to improve system sustainability. Healthier citizens and patients could lead to cost reduction. In 2008, an important relationship formed between the OPHPHN and the OHA. This relationship gave the network increased credibility and presence. Between 2008 and 2012, seven hospitals and health centers became official members of OPHPHN. In addition, over 30 participants from hospitals and healthcare organizations become individual members. Everyone involved seemed passionate about making their hospitals healthier.

Around the same time, another key relationship was established between OPHPHN and the Centre for Addiction and Mental Health (CAMH), Canada's largest mental health and addiction teaching hospital and leading research centre in mental health and addiction. The network supported CAMH in its efforts to include health promotion in its policy, programming, and resources.

OHA, CAMH, and OPHPHN shared concern for a sustainable healthcare system that actually improved the health of patients and the population. OPHPHN brought expertise around primary prevention; OHA understood the key drivers and needs of hospitals; and, CAMH was a perfect setting to test these approaches to change. Together, they would influence health system policy

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and increase support for the idea that health promotion ought to be a core function of hospitals. To make the case for health promotion as essential to Ontario's health system more broadly, an official provincial advisory committee was formed between the OHA and OHPHN. The committee's first task was to develop key system-level performance indicators. Typical process measures of length of stay and emergency visits were difficult to associate with improved health promotion – the network needed to be creative (and cautious) in measuring effectiveness. The founding mentors of OHPHN were thrilled with the network's success and the direction it was going. Individual network members were also celebrating the successes of an urban hospital, which disseminated the international health promotion standards throughout their organization and created a framework to support building health promotion policies. One specialty hospital used resources and partnerships to support health promotion through hiring one full-time position for health promotion.

The next goal for OHPHN was to expand and partner with other HPH initiatives across the country (such as Quebec and Manitoba), to propel a nation-wide health promotion movement in Canada. In 2011, leaders and researchers from the Department of Health Administration of the Université de Montréal, the OHPHN, the Quebec HPH network, and an HPH member hospital representative from Manitoba, had a meeting in Ottawa with Accreditation Canada (AC) leadership. They met to discuss shared interests and the alignment of HPH with AC quality goals and standards. AC's accreditation program focuses on the quality and safety of an organization in the health sector to ensure all aspects of the organization's services directly benefit patients, clients, residents, staff, and volunteers.

At local, provincial, and national levels, health promotion was making headway. Aligning with the OHPHN's approach seemed like a perfect solution to the goals Lauren wanted to achieve in her hospital. She continued to learn more about the network and became curious as to why she hadn't heard of this network earlier and what it was doing now.

CHALLENGES

Challenges arose not long after the increased momentum of the OHPHN in 2009, when leadership changes and champions were relocated within their organizations. A lack of personal contact and less frequent communication amongst OHPHN members caused further challenges. Buy-in declined and resources decreased (time, personnel, funding). The identified priorities of the proposed framework and health promotion activities seemed to have been lost in the transitions.

Strategic partnerships and key relationships also started to break. Leadership at OHA changed and the relationship slowly disintegrated; partnership members were forced to shift their focus elsewhere as new policies and new system restraints arose. Many planned health promotion programs were no longer considered a feasible point of core business. Although dialogue with AC was promising, the lead champion for HPH at AC left his position, and the OHPHN lost institutional support.

The reduction in resources imposed difficulty in assessing performance indicators and reporting on outcomes. This lack of ongoing assessment and implementation capacity for performance in network hospitals was a fatal blow. Without evidence of effectiveness, obtaining new funding, or at the minimum maintaining past resources, was near impossible. With the growing pressure for budget cuts, performance measurements remained an important indicator for policy-makers and administrators to assess opportunity in healthcare initiatives. Without an accurate understanding of impact or outcomes, many OHPHN-led initiatives were difficult to prove effective. System-

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level change, while lofty and imperative, is even more difficult to measure. It was impossible for OHPHN members to prove the impact of something that 'just felt right'.

The support from OHA further waned in 2011. The OHPHN moved to a barebones structure, primarily relying on grassroots, self-directed activities to reorient their hospitals towards health promotion. This was challenging when at the same time, healthcare organizations were under increased pressure to deliver and maintain existing services. This strategy proved increasingly difficult, and OHPHN felt it was back to square one. When local hospitals faced cuts and layoffs, the OHPHN struggled to remain active. Demands on Ontario hospitals continued to rise and resources allocated towards health promotion became low priority. There was limited government support for integrating health promotion into acute care. This lack of support was a primary barrier to the implementation and maintenance of HPH activities in Ontario and across the country.

Support had waned, and excitement around the network was not where it needed to be. Given the barriers that prevented the OHPHN from being successful, the network officially disbanded in 2012.

Although the attempt to advance health promotion across all Ontario hospitals was unsuccessful, Lauren remained inspired by the original aims of OHPHN. She believed she still had leadership support to advance health promotion in her setting despite her hospital's challenges, and she believed a health promotion approach was important for improving both patient care and health.

At their next meeting, the CEO informed Lauren that she would receive limited funding to implement a sustainable health promotion and prevention strategy in the hospital. Now she needed to determine what to do with these limited resources, what lessons she would learn from the OHPHN experience, and how she would advance health promotion despite resource constraints and limited system support.

CURRENT PERSPECTIVES ON HEALTH PROMOTION IN HOSPITALS

The concept of health promoting hospitals has changed since its first iteration in 1989. Hospital-based health promotion activities have shown promise and there is an increasing knowledge- and evidence-base showing the benefits of certain HPH interventions (Graham, Boyko, & Sibbald, 2014). Hospitals that employ health promotion strategies with patients, their staff, and the community are viewed as facilitators of change needed to improve healthcare quality, health equity, and population health.

Unlike regular hospitals, a health promoting hospital realizes the full potential of the HPH approach for increasing the health of its patients, staff, and the community through implementing effective health promotion practices. In Quebec, 37 hospitals (members of the provincial Integrated Health and Social Services Centres) have implemented a health promoting hospital approach. In 2005, the Montreal Network of Health Promoting Hospitals became the first regional HPH network created outside of Europe. In 2012, the Montreal network expanded to become the Quebec Network of Health Promoting Institutions. Participating hospitals in the Quebec network embarked on a journey that emphasized health promotion achievements on topics such as health promoting psychiatric health services, and migrant-friendly and culturally-competent healthcare. Knowledge translation processes within the Quebec network have helped reinforce the capacity for hospitals to engage in health promotion and prevention. The Quebec network has produced important HPH research and resources to support its members, including a self-assessment tool that has been used by hospitals to assess and demonstrate

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improved health outcomes, approach effectiveness, and overall performance. Using this tool, network hospitals in Quebec have seen better health outcomes for patients, staff, and the community.

Unsure of the next steps but knowing there were other options that have worked outside of Ontario, Lauren decided her hospital could start by implementing small scale initiatives that are inspired by the health promoting hospitals approach. She remained confident that hospitals can pursue social justice for healthier communities and can be advocates for the pressing need to reorient healthcare resources. However, she worried about her colleagues' questions of the HPH approach, given the opposition that the OPHN faced. Lauren looked to other successes like in Winnipeg, Manitoba where incremental change at the organizational level with the help of individual champions had achieved success. Lauren was anxious to come up with a strategy to advance HPH. The strategy would need to include specific ideas, evaluation metrics, and resource needs so that she could present it and gain approval from the CEO. She needed to get the plan ready for the next executive meeting in two weeks.

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EXHIBIT 1
Budapest Declaration on Health Promoting Hospitals, 1991

Note: First policy paper on HPH, which outlines target groups, basic principles and action areas.

Part 1

Content and Aims for Hospitals participating in Health Promoting Hospitals – an International Network

Beyond the assurance of good quality medical services and health care, a Health Promoting Hospital should:

1. Provide opportunities throughout the hospital to develop health-orientated perspectives, objectives and structures.
2. Develop a common corporate identity within the hospital which embraces the aims of the Health Promoting Hospital.
3. Raise awareness of the impact of the environment of the hospital on the health of patients, staff and community. The physical environment of hospital buildings should support, maintain and improve the healing process.
4. Encourage an active and participatory role for patients according to their specific health potentials.
5. Encourage participatory, health-gain orientated procedures throughout the hospital.
6. Create healthy working conditions for all hospital staff.
7. Strive to make the Health Promoting Hospital a model for healthy services and workplaces.
8. Maintain and promote collaboration between community based health promotion initiatives and local governments.
9. Improve communication and collaboration with existing social and health services in the community.
10. Improve the range of support given to patients and their relatives by the hospital through community based social and health services and/or volunteer-groups and organisations.
11. Identify and acknowledge specific target groups (e.g. age, duration of illness etc.) within the hospital and their specific health needs.
12. Acknowledge differences in value sets, needs and cultural conditions for individuals and different population groups.
13. Create supportive, humane and stimulating living environments within the hospital especially for long-term and chronic patients.

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14. Improve the health promoting quality and the variety of food services in hospitals for patients and personnel.
15. Enhance the provision and quality of information, communication and educational programmes and skill training for patients and relatives.
16. Enhance the provision and quality of educational programmes and skill training for staff.
17. Develop an epidemiological data base in the hospital specially related to the prevention of illness and injury and communicate this information to public policy makers and to other institutions in the community.

Part 2

Criteria for Hospitals participating as Pilot Hospitals in Health Promoting Hospitals - an International Network

Basic Recommendations

1. Acceptance of the principles declared in the «Ottawa Charter on Health Promotion».
2. Acceptance of the document «Content and Aims for Health Promoting Hospitals».

Specific Recommendations

Acceptance of the criteria of the European «Healthy Cities» project as they relate to the hospital:

1. Approval to become a Health Promoting Hospital to be sought from the owner, management and personnel of the hospital (including representatives of unions, working council). A written submission will be required.
2. Willingness to cooperate and ensure the funding of programmes with an independent institution in relation to planning, consultation, documentation, monitoring and evaluation.
3. Evaluation to be undertaken annually in order to guide future action.
4. Willingness to develop an appropriate organizational structure and process, supported by project management to realize the aims of the Health Promoting Hospital.
5. Establishment of a Joint Project Committee (with representatives from the Pilot Hospital and institutions of research and/or consultation).
6. Nomination of a project manager by the hospital, who is accountable to the Joint Project Committee.
7. Provision of necessary personnel and financial resources as agreed by the Joint Project Committee.

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8. Readiness to develop at least five innovative health promoting projects related to the hospital, the people who work within it, and the population served, with goals, objectives and targets for each project. Projects should be complementary to health promotion initiatives in primary health care.
9. Public discussion of health promotion issues and possible health promoting activities within the hospital.
10. Provision of evaluation information at least annually to
 - the Joint Project Committee
 - the management
 - the staff
 - the public and to those who provide funding
 - other organizations, both local, national and international including WHO and the Coordinating Centre for the Network.
11. Exchange experience by networking with:
 - other hospitals
 - Health Promoting Hospitals – an International Network (participation in Business Meetings etc.)
 - National Network (group of nominated observers from different institutions with an interest in health).
12. Link the Health Promoting Hospital projects with congruent local health promotion programmes, especially those within the Healthy Cities Network.
13. Prospective running period of the model: 5 years.

This declaration has been issued at the 1st Business Meeting of the International Network of Health Promoting Hospitals.

Source: World Health Organization, 1991.

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EXHIBIT 2
WHO Health Promoting Hospitals Members List

Note: Selected list of hospitals and health services in National/Regional networks registered with WHO. Not a full list of participating members. Any member of the International Network pays an annual membership fee based on the size of an organization and its location. The flat fee for an organization that has ≤ 1000 employees is 250 €. For each additional 1000 staff members, this fee increases by 250 €. A flat fee of 150 € is required for members in lower income countries, and a flat fee of 100 € is required for members in developing countries. Membership fees assist the International Network to maintain and ensure quality, evidence-based standards, and commitment from organizations.

Name	Type	Country	N/R Network
Alfred Health	Health Service	Australia	Australia
Barwon Health	Health Service	Australia	Australia
BreaCan	Hospital	Australia	Australia
Frankston Hospital (Peninsula Health)	Hospital	Australia	Australia
The Peter McCallum Cancer Centre	Health Service	Australia	Australia
The Royal Women's Hospital Melbourne	Hospital	Australia	Australia
A.ö. Krankenhaus der Barmherzigen Brüder - St. Veit	Hospital	Austria	Austria
A.ö. Krankenhaus St. Josef Braunau GmbH der Franziskanerinnen von Vöcklabruck	Hospital	Austria	Austria
A.ö. Landeskrankenhaus - Universitätsklinikum Graz	Hospital	Austria	Austria
A.ö. Landeskrankenhaus Hochsteiermark	Hospital	Austria	Austria
Bezirkskrankenhaus Schwaz Betriebsgesellschaft m.b.H	Hospital	Austria	Austria
Geriatrische Gesundheitszentren der Stadt Graz	Health Service	Austria	Austria
Kardinal Schwarzenberg'sches Klinikum	Hospital	Austria	Austria
Kepler Universitätsklinikum GmbH	Hospital	Austria	Austria
Klinikum am Kurpark Baden	Health Service	Austria	Austria
Klinikum Klagenfurt am Wörthersee (former A.ö. Landeskrankenhaus Klagenfurt)	Hospital	Austria	Austria
Klinikum Wels-Grieskirchen	Hospital	Austria	Austria

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Krankenanstalt Sanatorium Hera	Hospital	Austria	Austria
Krankenhaus der Barmherzigen Brüder - Wien	Hospital	Austria	Austria
Krankenhaus der Elisabethinen Graz	Hospital	Austria	Austria
Krankenhaus der Stadt Wien Hietzing mit Neurologischem Zentrum Rosenhügel (former Lainz)	Hospital	Austria	Austria
Landeskrankenhaus Graz Süd-West	Hospital	Austria	Austria
Landeskrankenhaus Weiz	Hospital	Austria	Austria
Neurologisches Therapiezentrum Kapfenberg	Health Service	Austria	Austria
Sozialmedizinisches Zentrum Baumgartner Höhe - Otto Wagner Spital mit Pflegezentrum	Hospital	Austria	Austria
Sozialmedizinisches Zentrum Ost - Donaospital	Hospital	Austria	Austria
Sozialmedizinisches Zentrum Süd - Geriatriezentrum Favoriten	Health Service	Austria	Austria
Sozialmedizinisches Zentrum Süd - Kaiser-Franz-Josef-Spital der Stadt Wien	Hospital	Austria	Austria
Wilhelminenspital der Stadt Wien	Hospital	Austria	Austria
Seven Oaks General Hospital	Hospital	Canada	
McGill University Health Centre (MUHC)	Hospital	Canada	
Dalian Kaishi Friendship Hospital	Hospital	China	
Hunan Cancer Hospital / The Affiliated Cancer Hospital of Xiangya School of Medicine, Central South University	Hospital	China	
Hunan Provincial People's Hospital	Hospital	China	
Longgang District Central Hospital of Shenzhen	Hospital	China	
Maternal and Child Health Hospital of Hubei Province	Hospital	China	
Shenzhen Guangming New District People's Hospital	Hospital	China	
Shiyan Taihe Hospital	Hospital	China	

Source: International Health Promotion Network, 2017.

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INSTRUCTOR GUIDANCE

Can Hospitals do Health Promotion? Making Hospitals a Place for both Care and Health through Health Promotion

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BACKGROUND

Lauren Kitsman trained as a health promoter and is now working for a hospital. She has been tasked with implementing a health promotion approach in her hospital and has tried to understand the health issues at the hospital and identified potential areas to inform health promotion action. She turned to the 'health promoting hospitals (HPH) approach' in order to bridge the gap between acute care and health promotion in the hospital setting. As she looked deeper into HPHs in Ontario, she discovered an advocacy network, the Ontario Health Promoting Hospitals Network (OHPHN). While the initiative had largely been unsuccessful in Ontario, Health Promoting Hospital Networks had been successful and continue to have momentum in Europe and around the world. There seemed to be success stories from other provinces (Quebec, in particular). Why is Ontario so different, and what could be done to overcome the barriers to make the work of this network successful? What can Lauren learn from international HPH efforts to apply in her local context? Lauren wants to make changes that are sustainable and in-line with HPH approaches but needs to remain true to the acute mandate of her hospital. She is unsure of next steps.

OBJECTIVES

1. Analyze the challenges associated with implementing health promotion in a traditional acute care setting.
2. Explore how to influence patient and health care culture.
3. Develop effective communication strategies to enable a champion in fulfilling health promotion objectives in hospitals and clinical settings.
4. Learn from the historical challenges of managing a health promoting network from multiple settings.

DISCUSSION QUESTIONS

1. In order to ensure the highest quality of health promotion amongst network members, the International Network developed five standards to be used to implement and assess health promoting hospitals and health services.
 - a. How may the five standards be integrated into a clinical setting?
 - b. Do the five standards still resonate in today's healthcare climate?
2. What are the goals of health promotion?

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3. What are the goals of (hospital-based) acute care?
4. How might a hospital integrate health promotion into existing practice?

KEYWORDS

Health promotion; organizational change; acute care; networks; hospitals; Ottawa Charter.