

Health Promoting Hospitals and Health Services (HPH)

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Symposium Settings

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Communalities and specificities of health care and other HP settings

Organizational settings in general

- can be understood as
 - **systems**, which reproduce by **decisions**
 - **collective actors**, with agency to influence
 - their social **structure & culture**
 - their natural & social **environment**
 - can be **addressed** by communication (e.g. by health promoters)
- Concerning **HP** settings should be:
 - **“health promoting”** (for the health of people affected by them)
 - not **“healthy”** (= fit to survive)
 - Health or fitness depends on many other factors (e.g. economic)
 - But to be health promoting may also be healthy for the survival of a system!

Health care settings (HCS)

- HCS = a specific type of organizational setting
 - **Expert organizations** (professionals > education)
 - **Hierarchical bureaucracies** (management > business plan, roi)
- **“Health” / “disease”** is explicit purpose of HCS > specific offer of HP?
- HCS are dealing with bodies of people, > natural / material aspects important
- Quality philosophy & evidence-based procedures are prominent approaches
 - > HP as a **quality** aspect / criterion > quality management
 - > **evidence based** HP interventions

The Network of Health Promoting Hospitals and Health Services & NCDs

*“A **Health Promoting Hospital and Health Service (HPH)** is understood as an **organisation** that aims to **improve health gain** for its **stakeholders** by developing **structures, cultures, decisions and processes**. HPH is focused primarily on **patients** and their relatives, with a specific focus on the needs of **vulnerable groups**, hospital **staff**, the **community** population and – last but not least – the **environment**.”* (The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services, WHO 2007)

Strategies for	Patients	Staff	Community
1) Empowerment for health promoting self reproduction	Health promoting living conditions in the hospital PAT-1	Health promoting working conditions in the hospital STA-1	Access to the hospital for citizens COM-1
2) Empowerment for health promoting coproduction	Participation and co-production in treatment and care PAT-2	Participation and coproduction in work processes STA-2	Cooperation's with services in the region (continuity of care) COM-2
3) Developing a health promoting hospital setting	Safe and health promoting hospital environment PAT-3	Safe and health promoting workplace environment STA-3	Safe and health promoting environment for community COM-3
4) Empowerment for illness management	Prevention and self-management of specific diseases PAT-4	Prevention and self-management of specific diseases STA-4	Prevention and self-management of specific diseases COM-4
5) Empowerment for lifestyle development	Health promoting lifestyle development PAT-5	Health promoting lifestyle development STA-5	Health promoting lifestyle development COM-5
6) (Co-)Developing health promoting living conditions in the community	Development of health promoting living conditions PAT-6	Development of health promoting living condition STA-6	Development of health promoting living conditions COM-6



- 1: **Management Policy**
- 2: **Patient Assessment**
- 3: **Patient Information and Intervention**
- 4: **Promoting a Healthy Workplace**
- 5: **Continuity and Cooperation**
(24 sub-standards & measurable indicator sets)

Network characteristics

- **Association** by Swiss law with MoUs with WHO
- National / Regional **Networks** with member hospitals
- Annual International **Conferences**
- **Scientific Journal**, Newsletter
- Affiliated WHO Collaboration Centers
- Comparative **research** projects
- *Dietscher, C., Pelikan, J.M., Schmid, H.* Health Promoting Hospitals. Oxford Bibliographies, 2014

Task forces & working groups

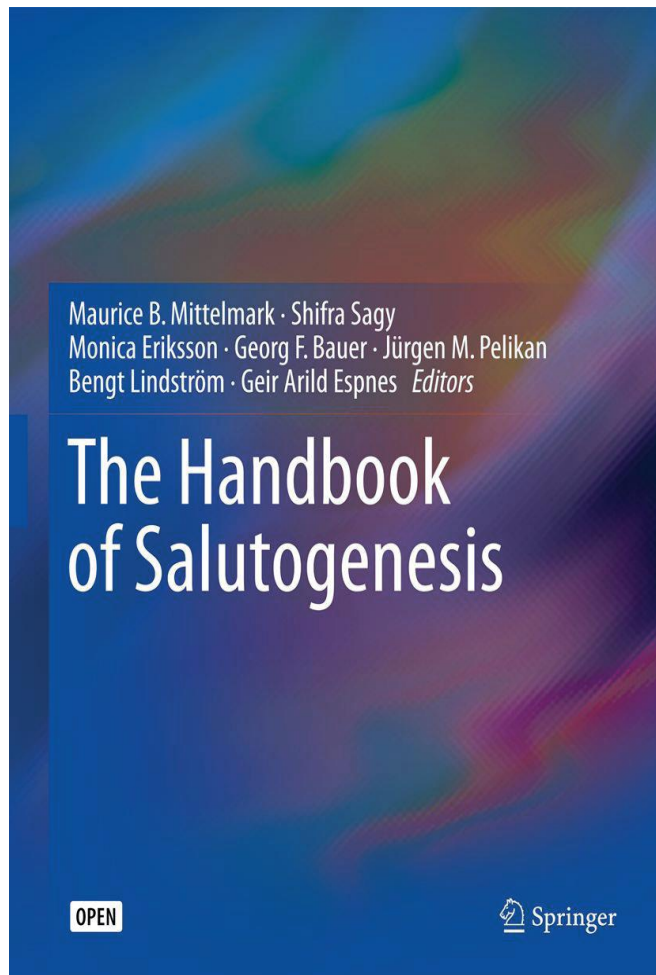
For specific **populations**: psychiatric patients, children and adolescents, seniors (age-friendly), migrants

For specific **lifestyles**: tobacco free, alcohol, physical activity, mental health

Other: **environment (SDGs)**; patient & family engaged HC; health literate HC organizations

Relation of health care settings to salutogenesis & sense of coherence (SOC)

1. Salutogenesis as an **orientation / model** on which HP in HC as a practice is based
2. **Concept of the SOC (comprehensibility, manageability, meaningfulness)** in health care
3. Measurement instrument for the SOC: the **orientation to life questionnaire**



Part V The Application of Salutogenesis in Healthcare Settings

25 *Jürgen M. Pelikan* - The Application of Salutogenesis in **Healthcare Settings**

26 *Jan A. Golembiewski* - Salutogenic **Architecture** in Healthcare Settings

27 *Christina Dietscher, Ulrike Winter, Jürgen M. Pelikan* - The Application of Salutogenesis in **Hospitals**

28 *Eva Langeland, Hege Forbech Vinje* - The Application of Salutogenesis in **Mental Healthcare Settings**

29 *Hege Forbech Vinje, Liv Hanson Ausland, Eva Langeland* - The Application of Salutogenesis in **Training of Health Professionals**

30 *Monica Lillefjell, Ruca Maass, Camilla Ihlebæk* - The Application of Salutogenesis in **Vocational Rehabilitation Settings**

31 *Viktoria Quehenberger, Karl Krajic* - Applications of Salutogenesis to **Aged and Highly-Aged Persons: Residential Care and Community Settings**

32 *Isabelle Aujoulat, Laurence Mustin, Francois Martin, Julie Pelicand, James Robinson* - The Application of Salutogenesis to Health Development in **Youth with Chronic Conditions**

FREE at <http://link.springer.com/book/10.1007/978-3-319-04600-6>⁴

Health Literate health Care Organizations / Settings - Organizational Health Literacy

Concepts – Definition – Tools

Milestones

2006	Rudd & Anderson
2009	Parker (dual character of HL)
2012	Brach et al 10 Attributes
2013	WHO The Solid Facts – Health Literacy
2015	Dietscher & Pelikan; Pelikan & Dietscher: Vienna Model of HLHCO
2016	Review: Palumbo
2017	Reviews: Brach; Megetto et al
2018	Reviews: Farmanova et al; Lloyd et al; Scholl et al; Trezina et al: health literacy responsiveness (Org-HLR) framework



Ten attributes of a health literate health care organization (Brach et al 2012)

“A health literate organization makes it easier for people to navigate, understand, and use information and services to take care of their health.”

This graphic reflects the views of the authors of the Discussion Paper “Ten Attributes of Health Literate Health Care Organizations” and not necessarily of the authors’ organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.



	Patients	Staff	Community	Organizational structures & processes – capacities implementation
Domain 1: Access to, living & working in the organization	Standard 4: Navigation assistance 4.1 Barrier-free contact via website and telephone 4.2 Provision of information relevant for arrival and hospital stay 4.3 Availability of support at main entrance 4.4 Clear and easy-to-understand navigation system 4.5 Free availability of health information for patients and visitors			Standard 1: Management policy and organizational structures 1.1 HL as corporate responsibility 1.2 Quality assurance of HL Standard 2: Participative development of materials and services 2.1 Participation of patients 2.2 Participation of staff Standard 9: Dissemination and further development 9.1 support of the dissemination and further development of health literacy
Domain 2: Diagnosis, treatment & care	Standard 5: HL in patient communication 5.1 in spoken communication 5.2 in written communication 5.3 support by language translators and interpreters 5.4 also in high-risk situations	Standard 3: Develop HL skills of staff for patient communication 3.1 for all situations that involve communication	Standard 8: Contribute to HL in the region 8.1: promotion of continuous and integrated care	
Domain 3: Disease management & prevention	Standard 6: Promote HL of patients and relatives 6.1 for disease-specific self-management	Standard 7: Promote HL of staff 7.1 for the self-management of occupational health and safety risks		
Domain 4: Healthy lifestyle development	Standard 6: Promote HL of patients and relatives 6.2 for healthy lifestyle development	Standard 7: Promote HL of staff HL 7.2 for healthy lifestyles	Standard 8: Contribute to HL in the region 8.2 contribution to public health within the realm of possibility	

Self-assessment tool of the Vienna-HLO model : 9 standards , 22 sub-standards, 160 indicators (Dietscher & Pelikan 2015)

Thank you for your attention!

Contact

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Mandate by Mark Doris

- In 1986, the Ottawa Charter contended that: “Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love.” It is this assertion that launched the Healthy Settings movement, which has spawned multiple initiatives and networks across the globe.
- Informed by an **ecological model** of health promotion and reflecting a **whole system perspective** the approach is widely understood to involve:
 - a focus on place, people and increasingly planet – and the inter-relationships among them
 - an understanding of settings not only as convenient places to **target** health messages and discrete interventions, but also as contexts that directly and indirectly **impact** wellbeing
 - a commitment to **integrating** health within the culture, ethos, structures, processes and routine life of the organizational and place-based settings.
- A diversity of research, policy and practice is based on these three pillars, even while the Healthy Settings approach is constantly evolving and being renewed.
- This interactive symposium will outline **key characteristics** of the Healthy Settings approach; take a stock of the innovative initiatives; discuss its role in addressing 21st century problems linked to the rising prevalence of non-communicable diseases; consider its relationship to **salutogenesis** and **health literacy**; and explore challenges and future opportunities.

Thank you again for agreeing to contribute through means of a **5 minute presentation** [ideally giving a succinct ‘state of the art’ overview; reflecting on how the settings approach (in the relevant setting) is important in **combating NCDs**; and saying a few words about how it relates to **salutogenesis** and **health literacy** approaches]. I attach a programme for the symposium, which details your input[s]: Michelle – Prisons (pre-recorded video); Sami – a) Introduction to the Settings Book; b) Sports Clubs; Lawry – Schools (pre-recorded video); Juergen – Hospitals; Marti – Cities (pre-recorded video).