

The International Network of Health Promoting Hospitals & Health Services – a strategic NGO partnership towards better health gain for patients, staff and community

Written statement for WHO Europe RC64
The International HPH Network
WHO CC, Copenhagen Denmark

The Copenhagen-based WHOCC working with clinical health promotion and the International Network of Health Promoting Hospitals & Health Services (HPH) have made applicable priorities of Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services key pillars of own strategies for 2013-2015. With this we can boost the contribution of hospitals and health service to the attainment of core priorities and increase health gains.

The International HPH Network was initiated by WHO Europe in the 90'ies, and today we are an NGO with 975 member hospitals and health services all across Europe and the world. The HPH Secretariat is placed within the Clinical Health Promotion Centre (WHO CC) in Copenhagen – a knowledge-hub in the field with a broad portfolio of research activities, education and implementation support.

European, country-specific and local policy cannot stand alone. Key institutions with our societies have to play their part to bring about real change – and so the settings-based health promotion continues to play a part, and within HPH, tremendous activity takes place. Hospitals can contribute significantly to promote health and prevent disease – and HPH membership and results more than amply show the abundant will, evidence and interest. By intensifying the HPH partnership and developments, WHO and national governments can scale up efforts in this field, and support the hospitals to contribute to the fullest extent possible.

Great tangible and practical examples of how this has an effect can be found all over. We have included just a few below – for your perusal. So please take a look and judge for yourself. We are confident that with our combined efforts, we can scale-up and support as needed to allow European hospitals to not just cure diseases, but also help society successfully address lifestyle risk factors (such as tobacco, alcohol, physical inactivity and nutritional problems), prevent NCDs and empower patients and communities to take charge of health.

We sincerely welcome all delegates to make contact and find out what your office can do to improve clinical health promotion in your country and be part of the international efforts.

Examples:

1) Smoke-free operations in Sweden- an initiative by the Swedish HPH Network and by orthopaedic surgeons across the country

This initiative has proven useful to improve patient safety in relation to surgery and quit rates on longer term. As smoking has proven especially dangerous for surgical patients (twice as many complications after surgery), implementation of Gold Standard Programs for cessation

could halve complication rates and significantly increase patient safety (*Clin Health Promot 2011;1:27-28*). In addition, these programs are followed by a high quitting rate of 23-33% 1-year postoperatively. Thus, smoking cessation intervention in surgical departments could influence public health outside hospitals – a great perspective (*Clin Health Promot 2011;1:22-26*).

This takes place right now in real-life in Sweden, and it improves lives of people in a very tangible way. And this would not have been possible without a strong HPH Network with support from a committed ministry (providing ambitious national guidelines), and a far reaching partnership with the equally committed scientific societies, municipalities and counties.

2) Cross sectional collaboration in Denmark to assess and improve quality of smoking cessation intervention in smoking cessation database

The RC64 taking place in Copenhagen, it is only fair that we highlight an example from Denmark. As a one-off in Europe, Denmark not only does evidence-based smoking cessation intervention (using Gold Standard Programs), but also has complete and systematic follow-up for effect (covering 80-90% of all face-to-face smoking cessation in Denmark). The Danish smoking cessation database (SCDB) is gathering and disseminating information on effect of smoking cessation offered to smokers by municipalities, hospitals, pharmacies, and any other public and private organisations delivering such services. The aim of the SCDB is to externally document, evaluate and report the results in order to assess and improve quality. The National Quit Line often manages the follow-ups, which secures a homogenous procedure of high quality, performed by trained counsellors. The results for each municipality and region are public at the website (www.SCDB.dk). The effect of the Gold Standard Programme is 34% continuous non-smoking after 6 months on average, 30% for smokers with lower educational level and 27% for the unemployed (*Tob Control 2012; Jun 16: Epub ahead of print*) thus indicating a relatively high robustness of GSP across different groups of smokers. The National Association of Municipalities (Local Government Denmark) and the National Board of Health recommend using the SCDB, and the project would not have been feasible without the funding and dedication of the Ministry.

3) Implementing Hospital Health Promotion in the Czech Republic – a WHO HPH Research Project on Implementation

8 hospitals in the Czech Republic have just finalized their participation in a multi-national research project within HPH. The project consists of a baseline measurement, a quality plan made on basis of the departments' own results, a follow-up measurement and finally a site visit by HPH auditors to validate results. Results on health outcomes are still being analysed by the researchers but it has become clear what great potential there is for designing a model for fast-track HPH implementation.

9 other countries are also participating in the project. It seems the project holds great promise by way of understanding and recognizing HPH performance, and it has also proved a useful way to share knowledge and experience between countries – for the benefit of patients and staff alike.

In the Czech Republic, the project would not have been possible without strong interest and support, internally within the hospitals with staff and with management, but also from the Ministry and with the WHO Country Office.