



POSITION STATEMENT

Victorian Healthcare Association

VHA 2009 Board Endorsed Position Statement



Health Promoting Health Services

“Optimising health outcomes for all Victorians”

The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. The VHA promotes the improvement of health outcomes for all Victorians from the perspective of its members that include public hospitals, rural and regional health services, community health services and aged care facilities.

Produced by The Victorian Healthcare Association (VHA). This document has been prepared by the VHA with input and feedback from VHA members. While this position statement aims to broadly reflect the views of the health sector in Victoria, it remains the position of the VHA and does not supersede any submission or position stated by any member agency.

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Executive summary

The VHA believes the 'health promoting health service' philosophy has a lot to offer the health system and should be endorsed at a policy and practical level throughout Victoria for three fundamental reasons:

1. To enable organisations to translate the philosophy of the approach to practical, long-term tangible health promoting settings
2. To modernise Victoria's health services in alignment with world's best practice standards of health promotion
3. To unify many disparate efforts into a cohesive, holistic approach through significant changes of culture, structure and resources

We propose a health promoting health services action plan which provides the resources, guidance and scope for health services to create healthier environments, procedures and structures for clients, families, employees and the broader community. Such a plan would include increasing the understanding of and evidence for health promoting health services within government at a federal, state and departmental level. This would enable Victoria to become a leader in enhancing population health outcomes through the evolution of the health promoting health services model.

The fundamental priorities identified in the literature and through member consultation include:

1. High level political support for the health promoting health service approach
2. Practical frameworks to strengthen the ability of boards of governance, executive staff and practitioners to make informed decisions on health promoting settings
3. Robust accreditation measures to ensure services meet high standards to systematise this approach
4. Strengthening the capacity of the health workforce and system through effective resourcing and capacity building

In accord with the compelling evidence that health services must reorient and reshape to become more health promoting in their nature, the public healthcare sector is seeking to embrace an expanded mandate to meet current and future patterns of health need. Whilst many countries have spent the past two decades reorganising services as health promoting hospitals², only sporadic progress has occurred in Australia.

What is a settings approach?

A settings approach addresses the contexts in which people live, work and play, including the needs and capacities of people in the setting and to make the setting itself 'healthier'.

A settings approach to health promotion provides an organising framework from which to convert theory into action. The challenge is to offer incentives and support for the creation of settings where physical characteristics and social processes interact to enhance health.

1. Prefacing comments

The health promoting health service approach is a World Health Organization sponsored framework, compiled to improve population health by developing structures, cultures, decisions and processes and facilitate change to promote total quality management of a health service. Health promoting health services take action to promote the health of their patients and their families, staff, and the population in the health service environment and the broader community in which they are located.

Broadening the health service perspective to incorporate health promotion is fundamental to the achievement of health outcomes; however this does not mean that health services must change their main functions. Rather, a service can incorporate the principles and processes of health promotion into its culture and daily work. Essentially, the incorporation of health promotion within the mandate of a hospital does not detract from, but rather complements, its main function¹.

Promoting health remains to be a neglected area of health service policy³. This results from a historic system based on individualistic care and serving immediate health needs. This impels decision makers to focus on the short term and the more politically palatable. Promising efforts to implement initiatives consistent with a health promoting health service framework have occurred in Victoria, as well as in all other states and territories. However, many have proven unsustainable due to systemic limitations in leadership, funding, resources, partnerships and workforce skills.

1.1 The VHA position

The Victorian Government, through the Department of Health has an opportunity to reinvigorate the health promoting health services approach by modifying the policy levers at their disposal. This includes using the overall policy direction, the Victorian Quality Council, the Victorian Health Service Management Innovation Council, employee awards and enterprise bargaining agreements, funding and service agreements and existing education and training resources.

Currently, the health system has inherent disincentives that limit health promotion innovation. Consequentially, the Department of Health must provide incentives for health services to become 'health promoting' in their nature. The ultimate goal of this paper is to offer parameters for the adoption of health promoting settings approaches.

In this period of health reform, the development of a Victorian health promoting health service initiative should be a priority, with its inherent aim the reorientation of the system to a focus on the nature of the system. The process must align with international approaches based on considerable documented experience to bring benefits to patients, staff, health facilities and local communities.

The VHA proposes a health promoting health services action plan which provides the resources, guidance and scope for health services to create healthier environments, procedures and structures for clients, families, workers and the broader community. This requires services to become health promoting settings that improve the health

of the community. Such a plan would include increasing the understanding of and evidence for health promoting health services within government at a federal, state and departmental level. This would enable Victoria to become a leader in the health promoting health services approach.

The VHA considers a health promoting health service to not only provide high quality comprehensive health and medical services, but to also:

1. Develop a corporate identity that embraces the principles and aims of health promotion
2. Develop a health promoting organisational structure and culture
3. Develop health promoting physical and social environments
4. Actively promote and establish participatory roles for patients and all members of staff, while actively cooperating with its community of interest
5. Develop health services using the principles of health promotion and apply evidence-based health promotion in all healthcare settings
6. Engage in ongoing evaluation, monitoring and continuous quality improvement to identify how to best improve processes to accord with health promotion principles

1.2 The settings approach

The settings approach to health acknowledges the environments in which people live their lives, actively supporting them to take control of their health and wellbeing and focuses on the aspects of a setting amenable to change. Historically, hospitals and health services have been structured and funded around their ability to treat disease and support patients' health by alleviating their pain and providing comfort. This focus requires revisiting as rising levels of chronic disease, increasing complexity of care, ageing populations and growing inequities that now shape modern-day health and wellbeing needs.

Through the appropriate mix of guiding systems and consequent organisational change, health services are in a position to drive settings based models that involve organisational development, co-operative partnerships between community stakeholders and development of systems to ensure health promotion is embedded in the culture, corporate planning, identity and structure of health services.

1.3 Rationale

Health services are the only settings in which it is possible for health to be the *explicit* goal. They have considerable knowledge and expertise, reach many people (clients, visitors, staff and the community) through their day-to-day business and are considered prominent in their communities. If these elements are properly integrated there is considerable potential for health services to ensure health promotion is organisationally integrated and to contribute to long term systemic integration⁴.

Many of the VHA's members have adopted policies and practices consistent with the concept of health promoting health services, such as becoming "totally smoke free" facilities, taking steps to improve the wellbeing of staff and

changing patterns of food purchasing and supply to align with fairtrade or improve nutritional content.

To move from an individual agency-by-agency approach to systemic change, there is a need for benchmarks and the development of applicable health promoting health services frameworks and resources for the Victorian context. The majority of the evidence about how health services have applied health promotion to their settings has been produced internationally; primarily across Canada and Europe, such as the normative standards for health promotion in hospitals developed by the WHO Europe International Network of Health Promoting Hospitals.

There is widespread recognition that the health system is unsustainable in its current form and requires substantial reorientation by adapting goals, policies, structures and practices to improve population health outcomes. While it may seem self-evident that a health service should be a supportive healing environment, a healthy place to work and a source of health in the community, the literature suggests that there is little evidence of these 'health promotion actions' becoming routinely integrated into the system-wide policies and practices of all health services. Many of these issues remain unaddressed due to the structure of the health system itself and barriers such as funding models, practitioner understanding and government support.

2. Action plan

2.1 Financing, funding and reform

Existing funding schemes have resulted in and reinforced discrete, ad hoc tackling of health issues projects in settings, and mitigated against the broader settings approach as a whole^{5,6}.

Health promoting health services can only be implemented if enabled and supported by the internal structures and culture and the relevant political and reform environments. Currently, efforts fail when people and organisations have good ideas for making their services more health promoting but the current system is not structured to support such innovation. It is evident that a reorientation of health services existing resources and a suitable framework to enable the achievement holistic settings approaches is required.

The principles for Australia's health system espoused by the National Health and Hospitals Reform Commission align with contemporary literature on health promoting health services. Also consistent is the need for long term funding to address these aims. This is evidenced by Australian Institute of Health and Welfare (AIHW) data which reveals that only 1.8 per cent of all health spending is dedicated to public health efforts, with much of this committed to immunisation. This 1.8 per cent is both inadequate and disproportionate to need, and has remained unchanged for almost a decade

Recommendation 1

That a funded work stream with short, medium and long-term project outcomes is established through the National Preventative Health Strategy that enables health services to focus on the reorientation of their organisations, underpinned by health promotion principles.

2.2 Improving standards for health promoting hospitals

There has been a significant increase in emphasis towards quality and safety of the health system through robust accreditation processes. One way to operationalise a health promoting health service approach is by linking health promoting setting aims and targets with quality management, thus understanding and applying health promotion as a specific quality aspect in healthcare. This requires measurable standards for health promoting health services in the current accreditation frameworks that guide health service governance and planning. The health promoting nature of an organisation is a matter of quality and therefore accreditation processes are required to both systematise and normalise goal-achievement and priority setting.

The focus of health services' on health promotion activities is weakened by the lack of emphasis given to these activities in accreditation standards, coupled by the lack of incentives inherent in the system. Fawkes noted that "while accreditation programs are evolving to embody specific elements that are health promoting, significant

barriers to this area of organisational development continue to exist⁷.

The Australian Council of Healthcare Standards (ACHS) has included a population health standard that states that “the organisation promotes the health of the population” and that “better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation”. Anecdotal evidence reveals there is little knowledge of how strongly and effectively this standard is being applied and/or reviewed, and the standard itself is considerably vague due to the lack of an overall robust framework.

Internationally, specific quality standards and indicators for health promoting hospitals have been developed and piloted, demonstrating that health promotion could be assessed and the actions for improvement can be identified⁸. Strengthening the standards around health promotion for accrediting health services, would create a health system that supports more integrated, comprehensive health promoting settings.

Recommendation 2

That accreditation standards for health promoting health services be strengthened to ensure all activities and procedures seek to enable patients, staff and the community to increase control over, and to improve their health. These indicators of competency, authority and credibility are required to institutionalise health promotion and reorient services.

Recommendation 3

That the Victorian Government auspices an appropriate organisation to contextualise existing successful international frameworks and indicators, such as the WHO’s European Standards for Health Promotion in Hospitals to Victorian circumstances. The Victorian Quality Council and Victorian Health Service Management Innovation Council should be stakeholders in this process.

2.3 Boards of governance

Achieving a health promoting health service necessitates health promotion becoming an integral part of an organisation rather than a “side issue”⁹. Victoria is ideally placed to implement a health promoting health services framework due to the unique local governance structure offered by boards of governance that set organisational culture, direction and strategy. To enable this, boards must be facilitated to move beyond a financial or technical focus of the organisation and consider the health promoting nature of their service as a key aspect of their organisation. This will necessitate the need for high level support and engagement of decision makers to drive change.

Organisational and system governance are foundations for the reorientation of health services. Victoria has an opportunity to capitalise on its model of health service governance through the improved use of board sub-committees, such as the Primary Care and Population

Health Advisory Committees in metropolitan and regional public health services. This approach should be expanded to include other structures to support health promotion as a part of core business. As an example, a finance committee could be encouraged in broadening its scope in order to consider the financial implications of issues amenable to health promotion, such as the cost of staff smoking to productivity and the cost of smoking patients to length of stay.

Recommendation 4

That the Victorian Government conducts a formal consultative review of board sub-committees across all public health services to determine how these committees can optimally meet their potential in line with a “whole of health” approach. This process requires performance indicators and supporting tools for building organisational capacity.

2.4 Change management

The VHA supports the concept expressed by Fyke, that we need to shift from “a paradigm of a **reductionist medical** model to a **holistic health** model, from having a mission of providing medical care to one of **improving health**, from a culture based on physician primacy to one of **individual primacy**, and from core processes for managing medical and other professional services to **managing health outcomes**”¹⁰.

Reorientation of health services to be more supportive and encompassing of health promotion requires capacity building support and tools that assist the board, executive management and practitioners of a service to integrate health promotion into patient-related care programs and the organisation/setting as a whole¹¹. The literature shows that these changes to culture and structure cannot be introduced into a hospital or health service externally through a “one size fits all” approach; rather, they must be achieved by the service itself¹², supported by a systemic structures as evidenced through quality and safety.

The VHA emphasises that health promotion should be inherently linked to a health service’s quality and safety infrastructure and thus is a natural partner for all organisational development and improvement activities.

It is important to be clear that reorientation is not about improving project management of health promotion projects in health services, but about broader organisational development to create a supportive environment for health promoting practice. Martin has identified that the biggest barrier in creating a health promoting health service is the lack of knowledge among staff about health promotion and how it could relate to their practice.

Personnel have to develop new skills, knowledge and competencies and question long established structures and processes. The evidence highlights that this transformation needs fundamental shifts in the mission, purpose, strategy and culture of organisations and systems¹³.

Recommendation 5

That the VHA and health services, in collaboration with the Victorian Government develop appropriate mechanisms for change management that support health promoting health services innovation. This is required to mirror the contemporary health reforms that seek to embed prevention and early intervention into every aspect of the health system.

2.5 Workforce

If health promotion is restricted to particular divisions, departments or staff, it remains a marginalised activity and does not challenge the whole organisation to re-orient its role within the community, or for health promotion to be integrated into staff roles throughout the organisation more broadly. The structure of a health service is an important component of signaling the health service's commitment to organisational development and indicates to staff the importance of health promotion.

If health services are to be effectively reoriented as health promoting health services, strategic leadership at a government and executive level is required, complemented by appropriate systems for staff empowerment and education¹⁴.

"Health promotion system refugees" refers to workers that are in the system to complete health promotion roles but whose roles are often limited to familiar program based health promotion, as opposed to organisational development. This does not mean that every staff member is conducting a health promotion program, but they have an understanding of the principles of health promotion and how they relate to the organisation as a whole.

The health service is an important setting for health promotion because it offers a diverse range of health professionals the opportunity to integrate health promotion into their practice, potentially resulting in more holistic, comprehensive health service delivery¹⁵.

Recommendation 6

That health promotion is integrated within all roles of health professionals as part of employee awards ranging from practitioners to executive staff to support staff to incorporate the principles of health promotion into their every day work, *making health promotion everybody's business*.

Recommendation 7

The VHA recommends that the DoH short course training program for health promotion courses currently designed for primary healthcare practitioners is specifically tailored to meet the needs of executive management and practitioners across the health spectrum. This could be integrated within organisational induction and professional development schemes.

2.6 Enriching physical settings

Evidence is increasingly identifying the importance of the physical environment in ensuring quality healthcare, with the psychological, social and physical needs of patients receiving increased emphasis in the design of healthcare facilities globally. Unfortunately few existing hospitals can be considered to have been built as health promoting therapeutic environments and even more concerning, it has been suggested that poorly designed hospitals continue to contribute to medical errors in our healthcare systems¹⁶.

As a result, the design of health services is steadily moving towards the inclusion of features such as a resource centre, adequate space in rooms for family members and ambient features such as soft lighting, large windows, water features and healing gardens. These are aimed at focusing on "people-centred care" and "healing environments" as part of being a health promoting health service. Research has shown that such features can in fact have positive effects for patients and may reduce stress and speed physical healing^{17,18}.

Recommendation 8

The VHA recommends the implementation of substantial and accessible capital grants programs that are focused on the addition of health promoting features, such as open physical space, resource centres for families, healing gardens, increased windows, sound-absorbing floor and ceiling tiles, walking paths, and the use of greenery and art.

Recommendation 9

That future DoH Capital Development design guidelines ensure that the creation of new facilities and refurbishment of old facilities consider the potential health and environmental benefits of the health service environment. These guidelines must be applicable to new and existing buildings and be replicable across Victorian health services, regardless of size.

3. Conclusion

Health reforms towards preventative health have the potential to be suppressed by the pathogenic orientation of the established healthcare system, in which the focus is overtly on identifying linear risk factors, emphasising individual health, while neglecting the factors involved in maintaining good health. By mapping out factors that contribute to good health, we can build the foundation for a more health promoting health system¹⁹. It is important to consider how the rhetoric of settings based health promotion can be transformed into pragmatic action, taking lessons from past successes in other settings.

There is opportunity for the Victorian health sector to be leaders in this approach with appropriate funding, capacity and leadership.

Settings-based health promotion has become a central theoretical feature to promote health and develop healthier populations. In contrast, there exists an *implementation gap* in translating the vision and ideals of the health promoting health services framework into long-term, feasible, sustainable and systemic outcomes.

This approach offers health promotion as the conceptual base for the health system that enables practice across a significantly broader canvas²⁰ rather than a singular health promotion 'program'.

The VHA encourages the Victorian Government, through the current reform agenda, to commit to a health promoting health services action plan which provides the resources, guidance and scope for health services to create healthier environments, procedures and structures for clients, families, workers and the broader community through all aspects of their work.

This requires services to become health promoting settings that improve the health of the community. The VHA believes there is sufficient enthusiasm to build capacity at the individual, program and organisational level²². This must be replicated through high level political support to provide a means for the health promoting health services approach to become a reality and deliver benefits now, and into the future, for the Victorian population.

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