

# Case Study: The Irish Experience of a Health Promoting Health Services Network

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*HSE Irish Health Promoting Health Services*



# Historical context

- Introduced in Ireland 1992 by Dublin Healthy Cities
- Initiated in 1995 (Dept of Health Support and ministerial launch )
- First HPH National Conference held in 1995
- 30 hospitals were represented at inaugural meeting – today we have 65 members
- Integrated into HSE 2006
- HSE signed Agreement on Coordination 2008
- HSE re-structuring 2013 (Healthy Ireland)

# Initial Supports

- Political commitment – Launched by the minister for Health
- Medical Commitment– consultant had key roles in founding the HPH network
- Resources Commitment

# Ireland in context

■ Population - 4,588,252

□ Females - 2,315,553

□ Males - 2,272,699



# Ireland in context – Lifestyle and Behaviours

- Alcohol:
  - ❑ Rate of alcohol consumption is one of the highest in Europe at 11.9 litres per head of population
  - ❑ Alcohol is responsible for approximately 90 deaths per month and is a factor in half of all suicides
- Tobacco:
  - ❑ 5,500 deaths per annum
  - ❑ Around one million people in Ireland smoke tobacco products
  - ❑ 12% of children between the ages of 11 and 17 years are current smokers
  - ❑ Smoking rates are highest amongst women aged 18-29 from poor communities

# Ireland in context

## ■ Obesity:

- ❑ Two out of three adults are overweight or obese
- ❑ 25% of pregnant women are overweight or obese
- ❑ Almost one in ten three year-olds in lower socio-economic groups are obese compared to one in 20 in higher socio-economic groups
- ❑ 20% of all children are overweight

## ■ Cancer related deaths:

- ❑ Poor diet & obesity – 30%
- ❑ Tobacco – 30%
- ❑ Lack of regular physical activity – 9-19%
- ❑ Alcohol – 5%

# Health Promotion in Ireland

- Health Promotion was established as a 'Function' by a Government Act in 1995
- Health Promotion Strategic Framework (2012)
- Education
- Health Services
- Community
- Underpinned by HP Principles and Practice, e.g. evidence based, empowerment, reducing inequality, sustainable etc

# The Irish Health Promoting Health Service

## Network

**Mission statement-** to “support hospitals in the attainment of health gain for all”

## Priorities

- Support implementation of the HSE Integrated Employee Wellbeing and Welfare Strategy
- Support Primary Care Teams to improve capacity in community profiling, needs assessment, etc
- Build capacity of HSE staff to integrate health promotion into service delivery
- Forge stronger links to other settings and especially patients care pathways
- Incorporate other health policy issues (such as CVD, Cancer, Mental Health Promotion and so on)







**“You have a rare condition called ‘good health’.  
Frankly, I’m not sure how to treat it.”**

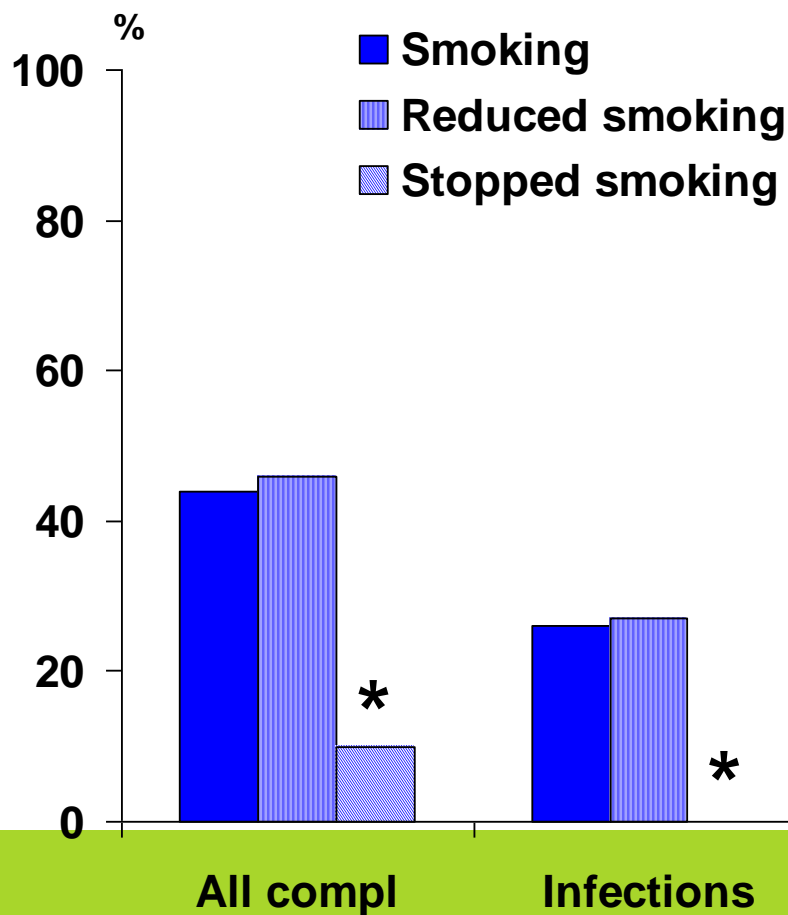
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# Health Promotion seems to be a soft value

but when the effect is measured in hard core outcomes the relation to patient safety is obvious

# Benefits of Health Promotion

6-8 weeks Smoking cessation intervention before knee / hip replacement



# Benefits of Health Promotion

## **Preoperative Alcohol Consumption and Postoperative Complications: A Systematic Review and Meta-analysis** *Eliassen et al (2013)*

- Preoperative alcohol consumption was associated with an increased risk of general postoperative morbidity
- general infections
- wound complications
- pulmonary complications
- prolonged stay at the hospital
- admission to intensive care unit

# Benefits of Health Promotion

- Developing Patient Health Promotion Pathways in acute setting *Gary Bickerstaffe (2013) NICE Shared learning database*
- Training of staff resulted in 77% of staff stating that the training made them more aware of their health needs

# Benefits

- Increased capacity of health professionals to promote health e.g. brief interventions, GP exercise referral



# Threats and Challenges

- Medical Model of Health that will 'deal' with the urgent but cannot, also, deal with the important
- Immediate needs V's long term solutions
- Lack of staff capacity
- Lack of dedicated personnel to health promotion in hospitals –whose role is it?
- Lack of other dedicated resources

# IHPHS Major Initiatives

- Baby friendly hospital initiative
- Smoke free hospital initiative
- Healthy aging initiative
- National Intercultural Hospital Initiative
- Mental health promotion
- Healthcare food awards
- Child and adolescents





# Successes

## A Tobacco-Free Campus



**You are not allowed to smoke on the hospital grounds**

A tobacco-free campus means a healthier, safer and cleaner environment for all.  
It also means a better recovery for patients and service users.

If you would like to stop smoking:

Contact the National Smokers' Quitline on 1850 201 203

Visit [www.quit.ie](http://www.quit.ie)

Get support on [www.facebook.com/HSEquit](https://www.facebook.com/HSEquit)

Or contact your local GP or Pharmacist



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive



# Healthy Vending Policy

- The policy aims to promote easy access to healthy foods for people visiting and using our services, and for our employees
- Under the Healthy Vending Policy, all vending machines will stock, as a minimum, 60% healthier options and 40% other products
- For a copy please see [www.hse.ie/healthyvending](http://www.hse.ie/healthyvending)

# Baby Friendly Hospitals Initiative

Irish HPHS Network participates in the following initiatives:

- Baby Friendly Hospital Initiative (maternity)
- Breastfeeding Supportive Workplace
- Breastfeeding Supportive Paediatric Unit
- Primary Care Support Groups

Breastfeeding  
Your Baby

Important information for new mothers



# Emergency Multilingual Aid (EMA)

Resource designed to assist staff in communicating more effectively with patients who present in acute or emergency situations prior to requesting the services of an Interpreter



# Healthy Ageing Residential Care Initiative

- Developed by Irish HPH Network and Irish National Council for Ageing and Older People
- Aim to support best practice towards Healthy Ageing Status in residential Care Facilities caring for older people
- To support residential care facilities in realising and acting upon their health promoting capacity
- Assist facilities to adopt a health promotion aspect to their daily work

# Sustainable Health Systems

- First National Seminar on Sustainable Health Systems – Making it happen – was held at Connolly Hospital, Dublin in May 2014
- The seminar was attended by health managers and staff from all over the country. The Director General of the Health Service, was one of the keynote speakers



# Key Learning

- Medical Model at the onset meant that the network became topic driven
- Significant growth of health promotion activity in hospitals with an appointed HP coordinator.
- This activity greater in hospitals where coordinator has access to senior management (Lavin et al 2005)
- Difficulty in implementing overall organisation HPH structure rather than specific localised projects (similar to findings from Whitehead,2004 on examination of the European Health Promoting Hospitals Project)
- Shift to systemic culture change due to the introduction of Health and Wellbeing into systemic quality standards

# Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025

Vision: Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility



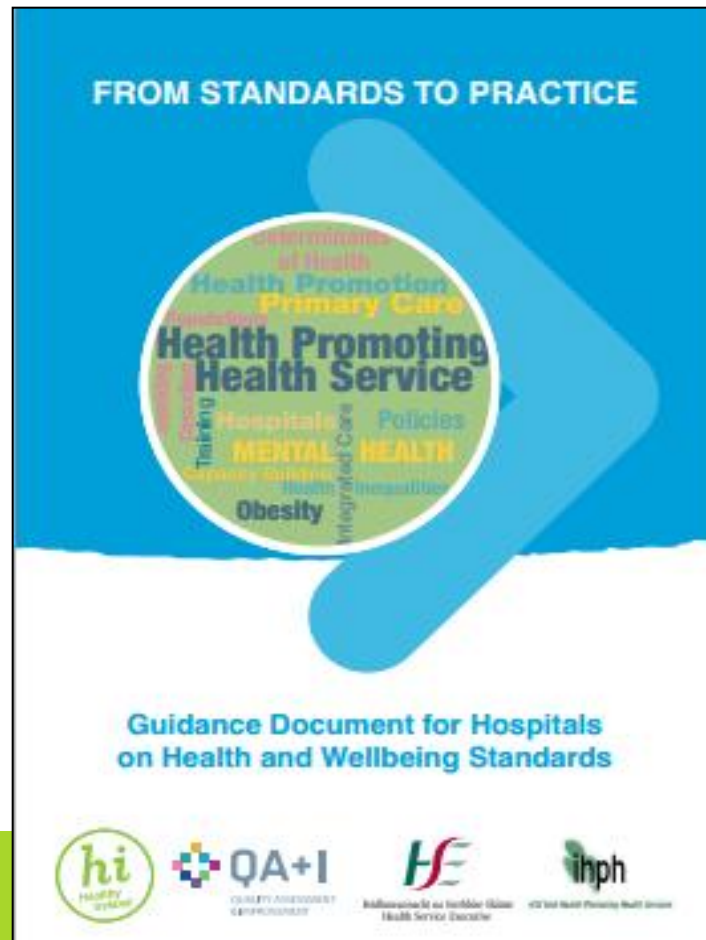


# National Standards for Safer Better Healthcare

- **Theme 1-Standard 1.9** - service users are supported in maintaining and improving their own health and wellbeing
- **Theme 4-Standard 4.1** - the health and wellbeing of service users are promoted, protected and improved



# From Standards to Practice : Guidance Document for Hospitals on Health and Wellbeing Standards



# The Future

- **Hospitals and health services become more health promoting Settings**
- **From Ad-hoc to Whole Systems**
- **From Projects to Sustainable Programmes**
- **Programmes that are based on need, evidenced in their effectiveness and are evaluated**