



## News from the International HPH Network

# Health Promoting Hospitals in Canada: a Proud Past, an Uncertain Future

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Nearly thirty years ago, a cadre of international experts met in Toronto, Canada to discuss strategies to improve population health. They discussed a future where hospitals have a “community conscience” (1) and “move increasingly in a health promotion direction, beyond [their] responsibility for providing clinical and curative services” (2). These discussions were held at the Beyond Healthcare Conference in 1984. Two years later, similar discussions occurred at the first International Conference on Health Promotion in Ottawa. The idea that the “major determinants of health lie beyond healthcare” (3) was translated into the fifth principle of the Ottawa Charter for Health Promotion: Reorient Health Services (2). This was also the beginning of the global Health Promoting Hospitals (HPH) movement (4).

The fifth principle aims to maximize the influence of healthcare resources (including social capital) on the foremost determinants of health: the social, economic, ecological and built environments (5). This can be achieved by “reorienting” resources from downstream treatment interventions to upstream health-promoting, determinants-focused interventions. As the largest consumer of healthcare resources, hospitals became the natural initial focus for system reorientation (6). The HPH movement operationalizes the fifth principle and has shown the potential that hospitals have to improve community health by (a) using health promotion strategies with patients, (b) becoming healthy workplaces and (c) advocating for environmentalism, social justice and healthy communities (3;6-8).

The 1984 and 1986 conferences established Canada’s “leadership in the development of health promotion concepts” (9). However, progress toward achieving the fifth principle (including the adoption HPH concepts) has remained a challenge (9;10): “The current illness care system continues to be largely focused on hospitals” and “there has been little evidence of a significant increase in funding for prevention or a shift of resources away from illness care and into prevention and promotion” (10). This has prompted some to call for a “profound re-orientation of [Canada’s] current illness-care system” (10).

To explore the challenges of advancing HPH concepts in Canada, we have attempted to identify and report key historical milestones from the Ottawa Charter to the present day. This was done to catalogue the strategies that have been used to advance HPH (as well as the barriers to its advancement) over the past 30 years. This summary of Canada’s HPH history should also support comparisons between Canada and the over 40 other countries that are members of the International Network of Health Promoting Hospitals and Health Services (International HPH Network) (4).

The HPH concept lies at the intersection of public health, health promotion, hospital administration and health policy. Thus the history of HPH is strongly tied to the history of these fields. Since we have chosen to focus on key HPH milestones, this paper is not meant to provide a comprehensive historical overview of the related fields. We encourage those interested to investigate the history of public health and healthcare in Canada for a more fulsome understanding of the context surrounding the HPH movement (11;12).



## News from the International HPH Network

### Methods

A historical review (13) of key milestones (i.e., pivotal structural changes, interventions and publications) within HPH discourse in Canada was conducted. This was done to recount historical events in an intelligible way, with emphasis on how an understanding of the past can be useful for future HPH research and practice. To our knowledge, this type of review has never been conducted regarding HPH in Canada. In keeping with this approach, we gathered evidence on the history of HPH in Canada and then critically examined what we found to produce an understandable historical narrative that is meaningful to health system researchers and decision-makers (14). A “snowball” approach was used to locate relevant documents. A database search for published peer-reviewed literature from 1986 to 2014 was conducted, as well as an internet search for unpublished literature (e.g., reports, unpublished manuscripts, conference proceedings). The references cited in key articles and reports were then reviewed. It was necessary to contact several organizations (including the Canadian Healthcare Association, Accreditation Canada, the Quebec Network of Health Promoting Institutions, the Ontario HPH and Health Services Network) and individuals (including former members of the Working Group on Health Promotion in Healthcare Facilities) to retrieve unpublished reports referred to in the literature. These contacts often provided additional contextual information.

Following the search, documents were reviewed and data were extracted about key events, structural changes and initiatives related to HPH in Canada. A timeline (Table 1) was compiled to capture the temporality of milestones in Canada’s HPH history. Contextual factors were noted about each milestone. Notes about key themes that emerged from the document review were also maintained. The process was led by the first author. The team met on several occasions to discuss the narrative, including key milestones, and analyse the results in the current Canadian health system context.

### Results

Ten items were identified as key historical milestones in the HPH movement in Canada since the launch of the Ottawa Charter (Table 1). These milestones along with an analysis of their meaning in the current Canadian health system context are described.

### National Survey

Similar to what occurred in Europe after the signing of the Ottawa Charter (4), significant work began in Canada to better understand the role of health promotion in hospitals. This included a national survey in 1986 of health promotion activities in Canadian hospitals, as

**Table 1** Key Milestones of the HPH Movement in Canada

1984	Beyond Healthcare Conference, Toronto, Ontario
1986	International Conference on Health Promotion, Ottawa, Ontario
1986	National survey of health promotion activities in Canadian hospitals
1988	National Focus Group on Health Promotion in Health Care Facilities recommendations published
1990	A Guide for Health Promotion by Health Care Facilities published
1994	National health promotion accreditation standard developed
1995	Ontario Hospital Health Promotion Network founded
1996	Wellness Institute opens at Seven Oaks General Hospital, Winnipeg, Manitoba
2005	Montréal Regional HPH Network founded & joins the International HPH Network
2008	Ontario Regional HPH Network founded & joins the International HPH Network
2008	Resource Guide for Hospital-Community Collaboration published
2012	Montréal Regional HPH Network becomes Québec Regional HPH Network

well as how these activities were incentivized by provincial/territorial ministries of health (note: healthcare is largely a provincial responsibility in Canada). The survey included an organizational questionnaire, hospital site visits and a ministry questionnaire. The study was coordinated by the Canadian Hospital Association (CHA) and funded by Health and Welfare Canada (HWC) (the federal government’s ministry of health now called Health Canada).

The survey made four key contributions to the HPH movement in Canada. First, an operational framework for clinical and community health promotion activities in Canadian hospitals was developed to guide the survey. The framework was developed through “much discussion with the advisory committee and a tour of Ottawa area hospitals to determine the range of activities that the definition should encompass” (15). Second, national data was obtained about the state of health promotion in Canadian hospitals. These data indicated that health promotion was indeed occurring in many Canadian hospitals and that individuals working within hospitals perceived health promotion as part of the hospitals’ role (16). Third, 11 case studies were developed with descriptive accounts of health promotion activities



## News from the International HPH Network

in 11 hospitals across Canada. These cases demonstrated varying states of health promotion in hospitals across (including the provinces of Alberta, Manitoba, Ontario, Quebec, Nova Scotia and Newfoundland) characterized by variations in the types of interventions being delivered, and organizational responsibility for interventions (17). Fourth, data were obtained from nearly all the ministries of health on incentives for hospital-based health promotion. These data indicated that reimbursement schemes set up between the provincial governments and hospitals did not compensate for health promotion programs with health promotion being recognized as the responsibility of the public health department or department of community health/social services (16).

The CHA and HWC responded to the survey results by establishing a national focus group on health promotion in health care facilities. Given the deputy ministers' responses, however, the focus group concluded that there were too few incentives to encourage health promotion (18). Despite this barrier, the focus group identified 21 national strategies to facilitate the advancement of HPH in Canada including the need for national guidelines and a national steering group to oversee the guidelines' implementation (18). These recommendations led to the creation of a national, multidisciplinary working group on health promotion in healthcare facilities within HWC.

### National HPH Guide

The national working group produced *A Guide for Health Promotion in Healthcare Facilities* (19). The guide was based on three principles: "(a) health promotion is not a separate and distinct service, (b) health promotion activities are joint ventures and (c) health promotion presents a challenge and an opportunity for healthcare facilities" (19). The 76-page guide provided hospitals with an overview of health promotion concepts, an explanation of the rationale for health promotion in hospitals, example activities taken from the 1986 case studies (as well as implementation advice) and a model for evaluating these activities. The guide was quite progressive compared to what was happening in Europe during the same period (4). However, it was the first and last product of the working group, which, after the guide's publication, never met again.

### Accreditation and Health System Reform

While the impact of the guide is unclear, other national strategies were used in the 1990s in attempt to advance the fifth principle and HPH concepts. This included the introduction of a health promotion standard by the Canadian Council on Health Facilities Accreditation (now called Accreditation Canada) in 1995 (9). However, this standard was only used to accredit primary care provid-

ers (and later public health services). The fifth principle also appears to have been peripherally considered in various provincial health system reforms that occurred throughout the 1990s: "...it appears that generally the public health/health promotion voice is weak and the hospital and biomedical perspectives continue to dominate..." While most provincial/territorial plans on health reforms include statements in support of health promotion, the driving force continues to be cost reduction (20). While health system reforms across Canada certainly led to some HPH-related progress, there is consensus that significant reorientation of health services toward health promotion, as described by the fifth principle, did not occur (10;21-23).



### Seven Oaks General Hospital's Wellness Institute

During the health reforms of the 1990s, a notable HPH milestone was that Winnipeg's Seven Oaks General Hospital (SOGH) opened a Wellness Institute. While SOGH certainly was not the only Canadian hospital engaged in health promotion activities (as demonstrated by the 1986 national survey), the SOGH Wellness Institute is worth profiling given its extensive adoption of the HPH concepts. In fact, since opening in 1996 the Institute has become Canada's leading certified medical fitness facility (24). Referred to as a "health-promotion facility," (25) the Wellness Institute offers extensive health promotion, wellness, fitness and recreation services to SOGH patients, staff and the community. This dedication to health promotion has led SOGH to receive numerous national best employer and health promotion awards (26) and it is the only Canadian hospital that has ever been recognized as fully compliant with the five International HPH Network standards (27). SOGH's adoption of health promotion practices is even more notable as it was done without the support of a regional HPH network.

### HPH Networks

Another HPH milestone during the 1990s resulted from the action of a small group of Ontario hospital staff. In





## News from the International HPH Network

1994, a social worker at Cambridge Memorial Hospital organized a conference about HPH for four hospitals in Waterloo Region. Over the next two years, a group of interested practitioners met to discuss HPH concepts, offer HPH workshops across southern Ontario and publish the Health Promotion Exchange newsletter (28;29).

This group called itself the Ontario Hospital Health Promotion Network (OHHPN), and their mission was “to stimulate and influence hospitals to undertake an active role in the promotion of health and wellbeing within both the hospital and the community, in addition to their responsibility for the provision of curative, rehabilitative and palliative services” (28). From 1996–2007, the OHHPN began to engage in various research, advocacy and outreach projects. In 2008, the network formally joined the International HPH Network as the Ontario Health Promoting Hospital & Health Services Network (29). This made them the second Canadian member of the IHPHN, as a new Montréal HPH Network had joined the International HPH Network three years prior (4).

Created in 2005, shortly after the integration of Québec's health and social service systems, the Montréal HPH Network worked to advance HPH concepts, including publishing the Guide for Integrating Health Promotion into Clinical Practice (30) as well as a comparison between the five International HPH Network standards and related frameworks (31). An important distinction between the Ontario and Montréal HPH networks, was that the Montréal network was situated within (and supported by) government. The Ontario network was maintained voluntarily by member hospitals, without direct support from government (32).

### Current State

Since 2005, a number of initiatives have attempted to advance the HPH movement in Canada. This includes the Hospital Involvement in Community Action (HICA) project in Ontario (33), numerous studies and interventions to advance workplace wellness in Québec hospitals, as well as the use of population health and health inequities concepts to advance the HPH movement in various provinces (34–37). Worth noting is the novel HICA project that examined “how hospitals and community organizations worked together on community health issues” (33). After conducting case studies of four Ontario hospitals and surveys of those hospitals' community partners, the authors found 88 examples of hospital-community collaboration that ranged from addressing clinical issues to influencing upstream determinants of health. These results were translated into the Resource Guide to Hospital-Community Collaboration (33) for use by Ontario hospitals. Recently, the Montréal



and Ontario HPH networks have taken different paths. In 2012, the Montréal network transitioned into a provincial network (with 33 member hospitals) and has focused predominantly on the healthy workplace aspects of HPH (32). In contrast, the Ontario HPH Network has struggled to maintain momentum and has been on hiatus since 2011. However, this is largely due to core member hospitals (all from downtown Toronto) shifting their focus toward an equally worthy cause: reducing health inequities (34).

As of early 2014, the current state of the HPH movement in Canada is not a single milestone or national initiative, but rather many smaller projects happening across the country that aim to advance the fifth principle and HPH concepts. These projects often use population health concepts and indicators and/or health inequities concepts as strategies to influence hospital policy and practices. A notable example was the recent study of health-care executives' conceptualization of “population health” in order to better integrate health promotion and health equity concepts into healthcare practices (36;37).

### Discussion

This historical review aimed to describe key milestones in the Canadian HPH movement since the release of the Ottawa Charter nearly 30 years ago. The results support the claim by Hancock (10) and others that despite the abundance of initiatives, guidance documents, scholarly articles and model hospitals (such as SOGH), the lack of policy support for the fifth principle has limited any significant system reorientation. We suggest the reason for this is the same today as it was in 1986: As treatment costs and demands outpace hospital funding, Canadian hospitals have struggled to dedicate resources toward upstream activities for which they receive no compensation.



## News from the International HPH Network

Canadian hospitals have not reoriented resources toward health promotion activities because they have not been incentivized or required to do so. The National Focus Group on Health Promotion in Health Care Facilities identified this issue in 1988 and it remains an issue today. Shortly after the release of the Ottawa Charter, Marc Lalonde (the Minister of National Health and Welfare from 1972-1979 and author of the famed Lalonde Report) reported that Canadian hospitals were ignoring the pressure to embrace a health-promoting role; reporting their attitude as “let somebody else do it; we already have too much to do” (38). We predict many Canadian hospitals would have a similar response if asked today.

Québec is the exception. With government support, Québec has achieved the largest and most active HPH network in Canada, as well as produced a significant amount of HPH-related research and guidance documents to support its member hospitals. It is hardly shocking that dedicated resources and government support facilitated such progress. Other Canadian provinces that wish to move beyond supportive rhetoric for HPH would be wise to follow the Québec model as the value of government and network support for HPH is supported by literature (39) and experiences of other jurisdictions. In the United States, for example, the Patient Protection and Affordable Care Act (2010) now requires all non-profit hospitals to demonstrate “community benefit” beyond being providers of medical treatment in order to remain exempt from certain taxes (40).



### QUEBEC NETWORK OF HEALTH PROMOTING INSTITUTIONS

#### Analysis in Current Context

While progress outside of Québec has been sporadic, there are still reasons to be optimistic about increased health promotion in Canadian hospitals. An international comparison reveals that Canada is one of the largest members of the International HPH Network (though this is almost entirely due to the Québec network) and that some Canadian hospitals have made significant progress toward achieving at least one of the International HPH Network standards. There are various innovative approaches being explored (e.g., [37]) and hospitals, such as SOGH, that lead-by-example how to successfully implement HPH concepts. There are also many guidance documents available for Canadian hospitals to support the adoption of HPH concepts (19), hospital-community collaboration (33), and hospitals as healthy workplaces, for example. However, the decentralized nature of current

HPH-related advances makes it difficult to determine exactly how much progress has been made toward health system reorientation (as set out in the Ottawa Charter). Our review suggests that commitment at the national level was strongest from 1986-1990, when the CHA and federal government studied, promoted and developed guidance documents to support health promotion in Canadian hospitals. In fact, there has been no national initiative to advance HPH since. Conversely, there may be more HPH-related work occurring in Canada now than ever before. However, this is very difficult to tell as it occurs sporadically and is rarely affiliated with an HPH network, outside Québec. Although 44 Canadian hospitals are members of the International HPH Network, this is small considering Canada has ~800-1200 hospitals (depending on the definition). The creation of HPH networks in the other eight provinces and three territories (or perhaps a national network) would likely support more HPH activity and knowledge-exchange.

The results of this review also suggest that the hospitals and current initiatives that have been most successful at advancing HPH in Canada have capitalized on (a) how HPH (and related concepts) can support the prevention of chronic diseases and reduction of health inequities, and (b) how progress in these areas will reduce demand for (and cost of) healthcare services (and lost productivity). Although these are longstanding attributes of HPH, emphasizing these health and economic benefits is a wise strategy. Preventing chronic diseases (e.g., diabetes, cancers, chronic respiratory disease, cardiovascular disease) is arguably more important now than ever (as they have outpaced communicable diseases as the leading cause of death and disability in Canada, similar to most developed countries). The economic impacts of chronic diseases on the health system often dominate health policy discussion in Canada (22). Perhaps the lack of policy support for HPH in Canada is because too little has been done to demonstrate its potential for cost-savings. Future cost-benefit research of the workplace wellness interventions in Québec hospitals or the Wellness Institute at SOGH, for example, could provide valuable information for advancing HPH across the rest of Canada.

#### Conclusion

Canada was once regarded as a leader in advancing health promotion concepts and practices. This included significant national attention on the reorientation of Canadian hospitals toward health promotion in the late 1980s. However, this vision was never realized. This review found that although various strategies have been explored over the past 30 years, a lack of policy support has impeded progress in this area. Without incentives or requirements to advance HPH, Canadian hospitals justifiably focus



## News from the International HPH Network

their energy on treatment and illness. This paper supports previous claims that despite consistent political rhetoric on the importance of health promotion, there is still a need for significant reorientation of health services across Canada. Perhaps the desire to reduce healthcare costs will support the advancement of HPH. However, at this point, HPH in Canada has an uncertain future. We hope this article encourages Canadian health researchers, administrators and policymakers to explore HPH concepts as a strategy for achieving the fifth principle and elevating Canada to its former status as an international leader in the field of health promotion.

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