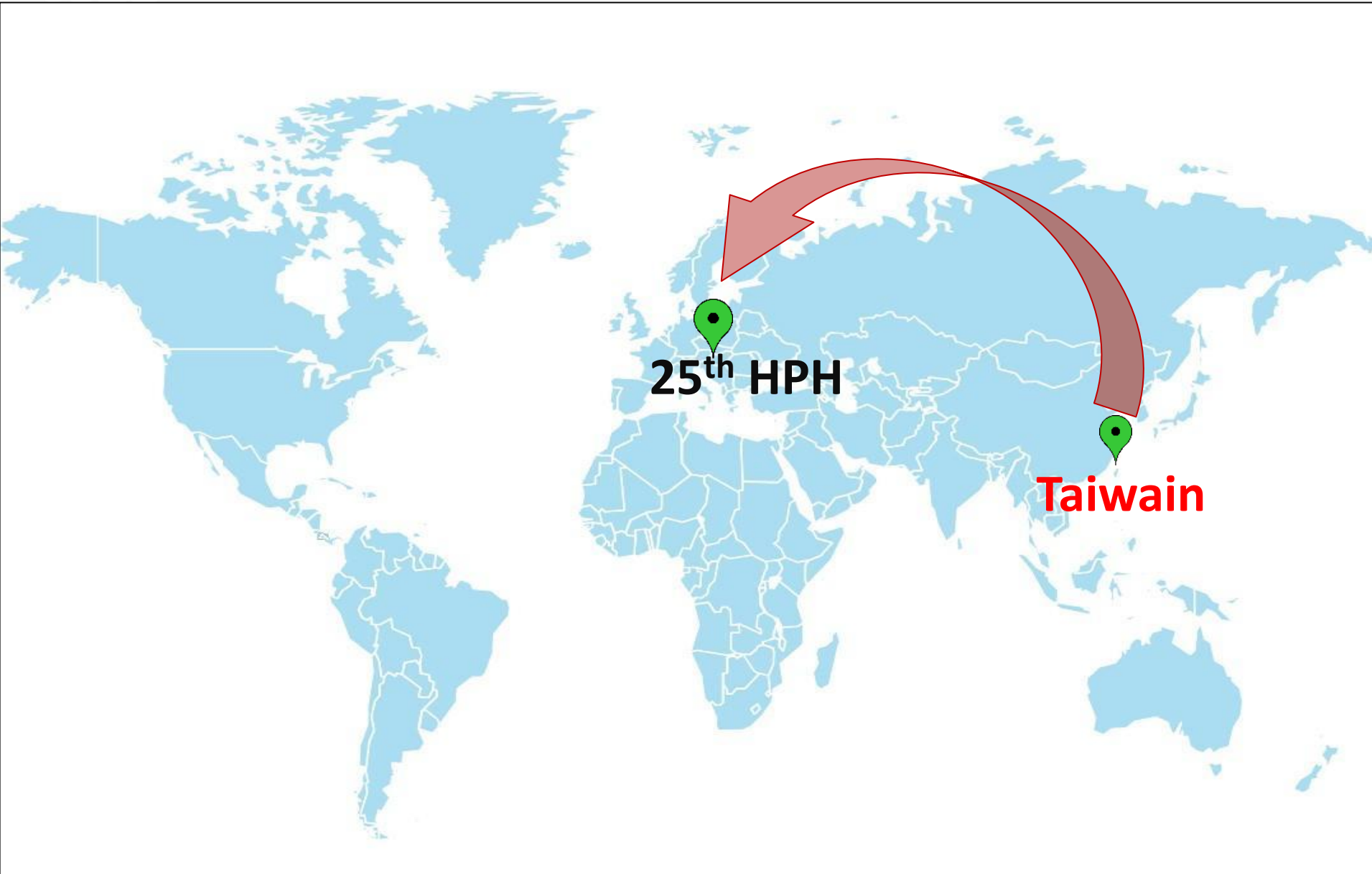


# Distinctive features of HPH in Taiwan: what made this network successful?

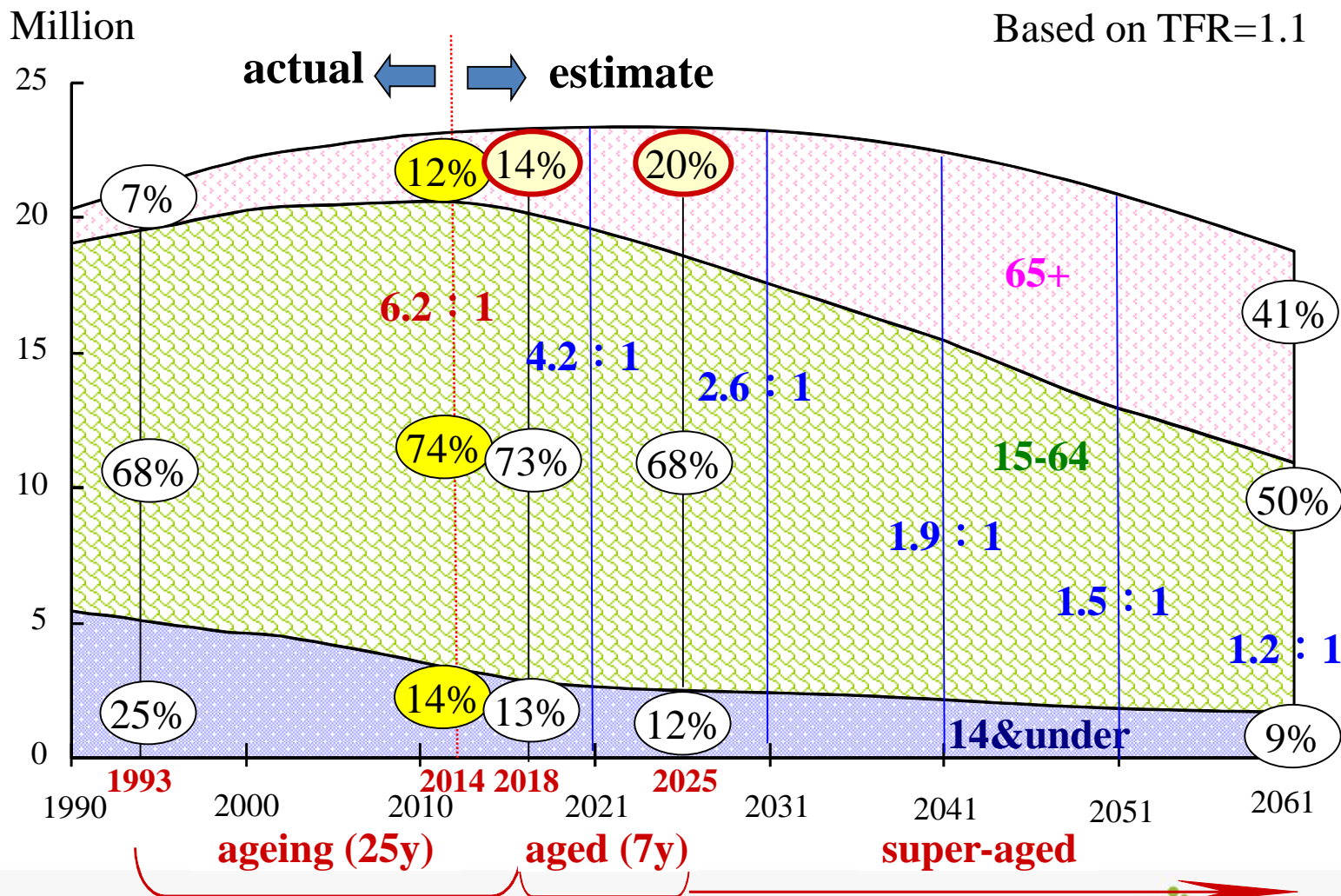
Dr. Ying-Wei Wang,  
Director General, Health Promotion Administration, Taiwan  
HPH Taiwan Network Representative

# Where is Taiwan?



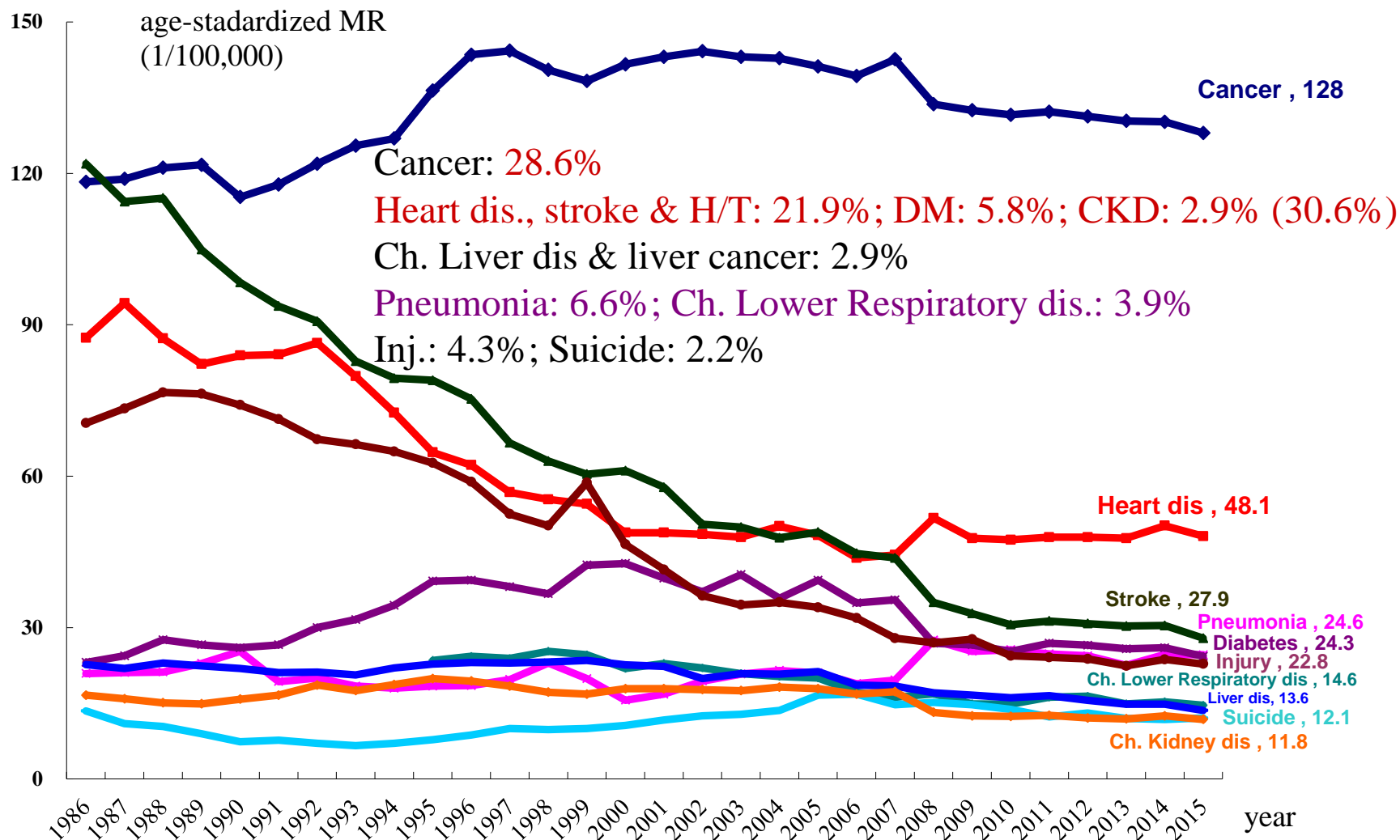
# Population projection in Taiwan

Age 65<sup>+</sup> yrs. 3.139 million (13.33%) > Age 15<sup>-</sup> yrs.(13.31%) in February, 2017



Source: Council for Economic Planning and Development, 2014. 08 & Department of Statistics, MOI, Taiwan 2016

# Trend of top 10 leading causes of death in Taiwan



Source: 2015 Mortality Annual Report. Department of Statistics, Ministry of Health and Welfare

Note : 1. Based on W.H.O. 2000 World Standard Population.

2. Chronic lower respiratory disease mortality rates are available from 1995.

# HPH Regional and National Networks 2006



# The first international conference for HPH 2007

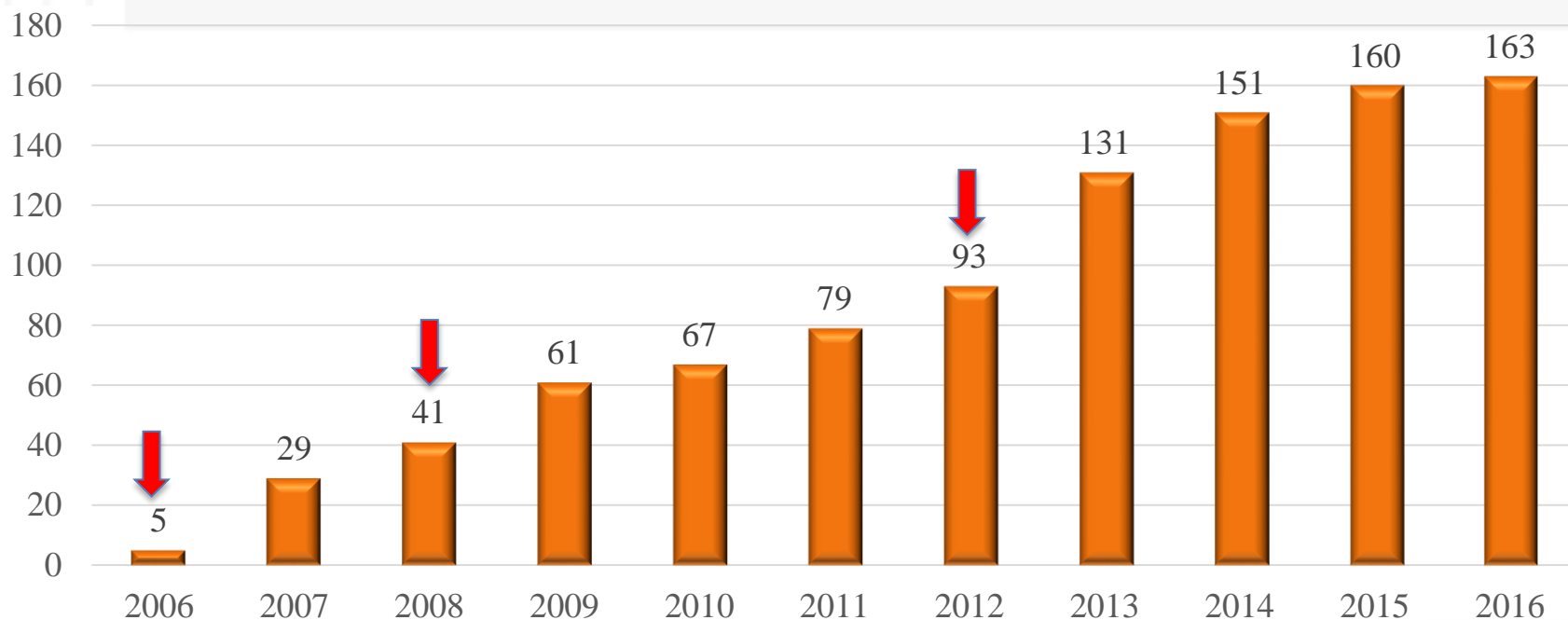


「健康促進醫院國際研討會及工作坊」會議，右至左為 Ann O'Riordan、Prof. Cordia Chu、Prof. Jürgen M. Pelikan、Oliver Gronen、邱淑媿理事長、臺中市衛生局葉彥伯局長（現任彰化縣衛生局局長）、花蓮慈濟醫院林俊龍院長（現任

# *The first membership certificate in 2005*



# Growth of HPH in Taiwan, 2006-2016

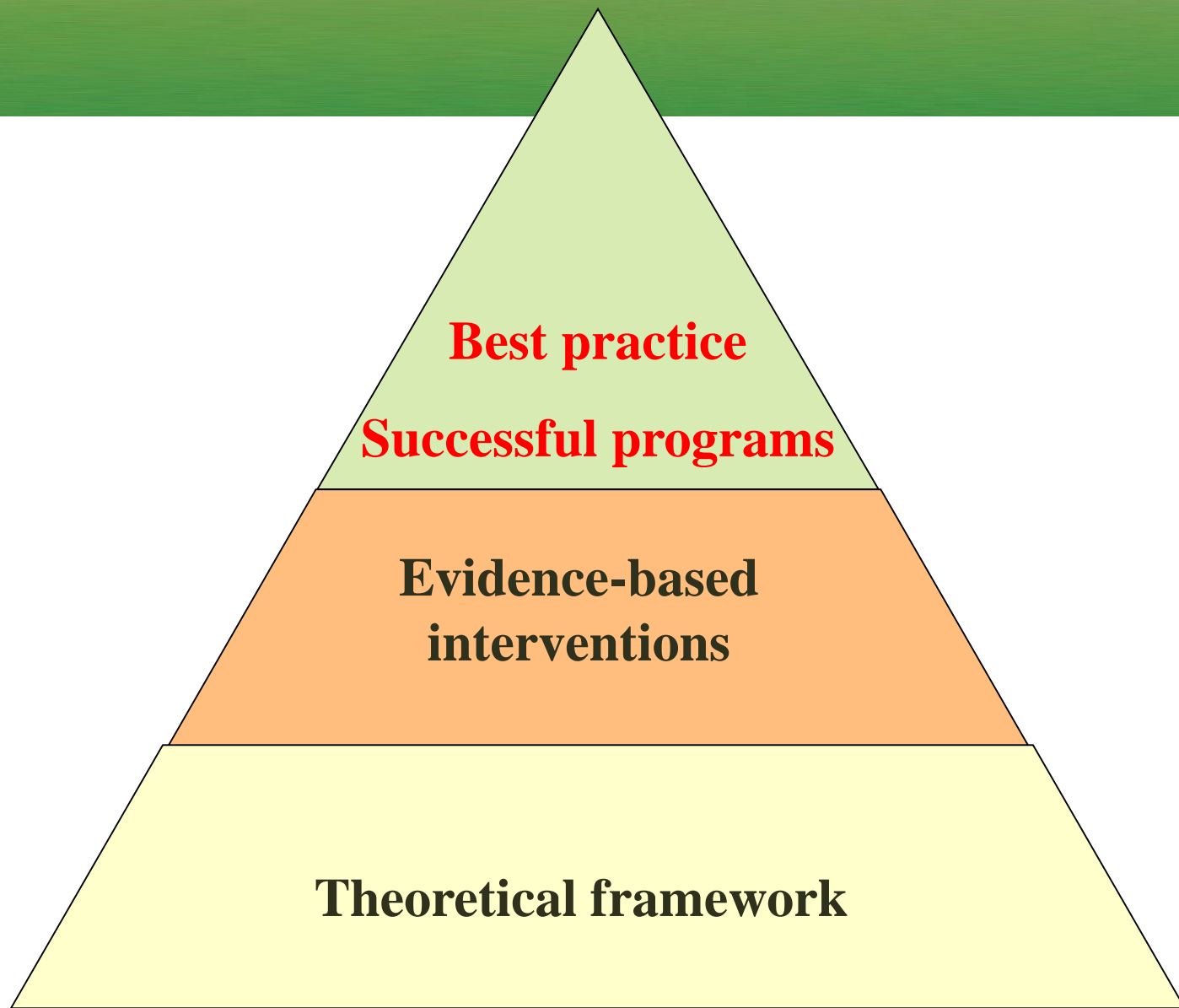


**2006**  
**Start**

**2008**  
the awards  
of HPH

- 2012**
1. Inter-sectoral collaboration
  2. supplement the fund

**2017**  
**integrate**

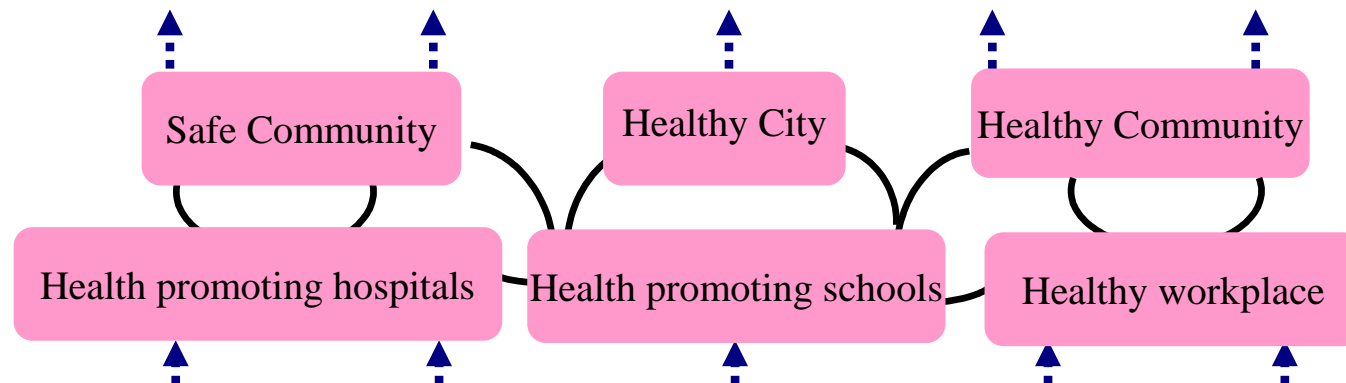


# Development of Health Promotion

**Shanghai Charter** Health Promotion (2016) Healthy cities and Health Literacy

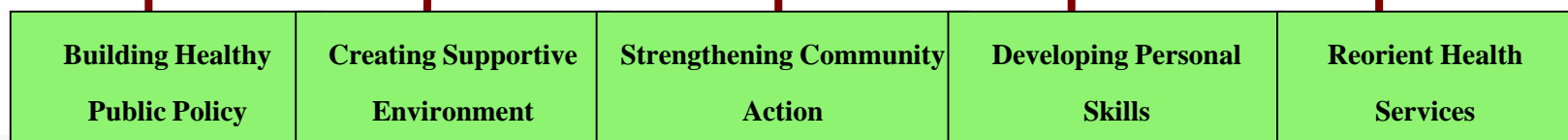
**Helsinki Statement** (2013), health in all policies, universal health coverage

The **Bangkok Charter** for Health Promotion in a Globalized World (2005)



- Combined use of the Ottawa Charter strategies are far more effective than single strategy
- Combination can be adapted for use in different settings
- The population should be involved in the action and decision making process
- Learning and communication, granting autonomy to the communities and population.

**Jakarta Declaration** on Leading Health Promotion into the 21<sup>st</sup> Century (1997)



**Ottawa Charter** for Health Promotion (1986)



# Ottawa Charter for Health Promotion

## ■ Health Promotion

### Action Means:

- ❑ Build Healthy Public Policy
- ❑ Create Supportive Environments
- ❑ Strengthen Community Actions
- ❑ Develop Personal Skills
- ❑ Reorient Health Services

## ■ Advocate

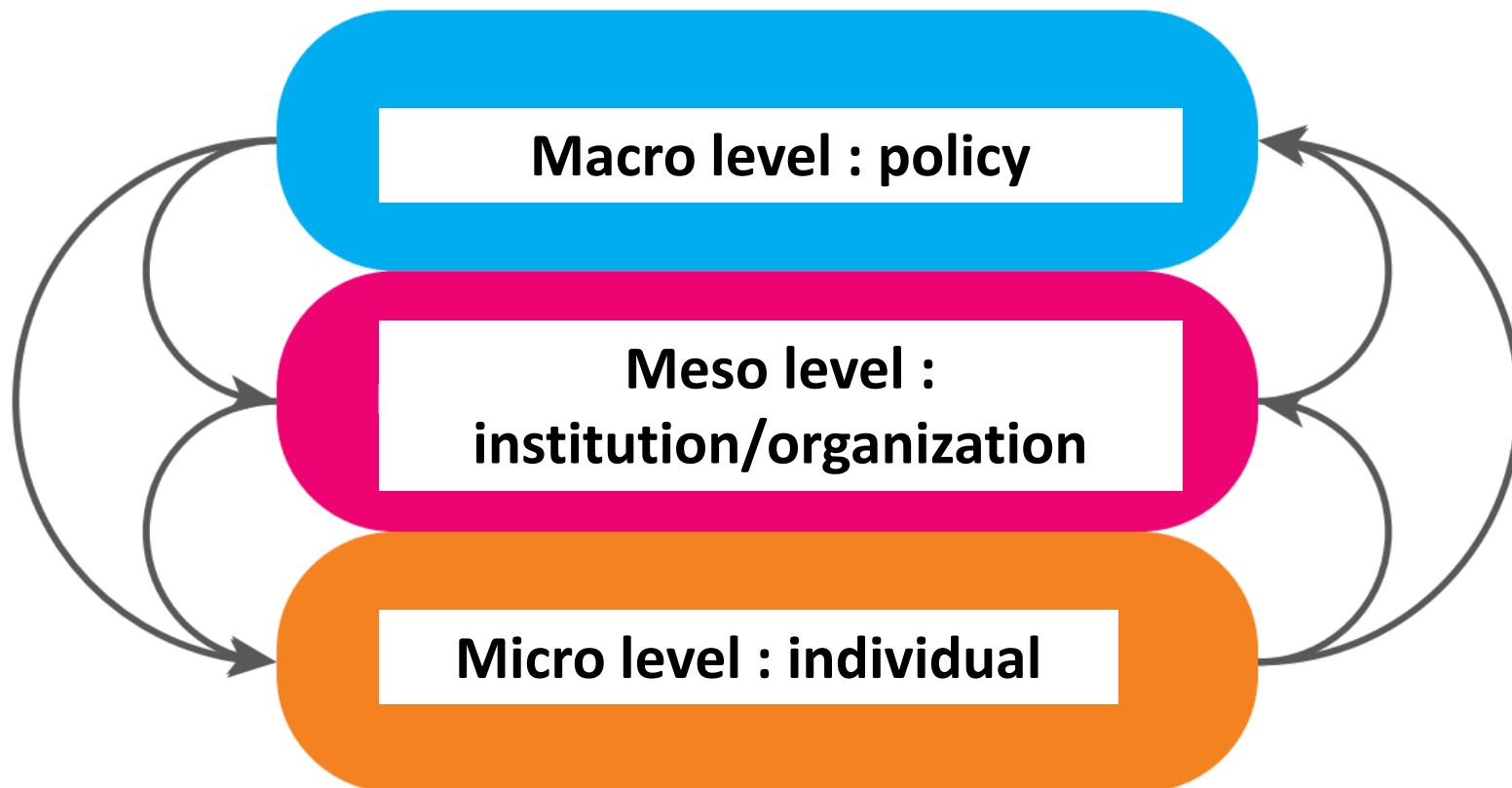
## ■ Enable

## ■ Mediate





# Multilevel approach



# Key factors of success-

## Policy + Collaboration

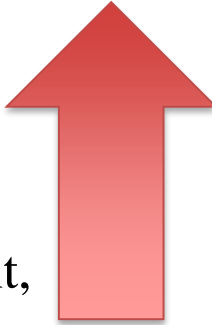


### ■ Top-down:

- **Policy support** (key policies, indicators, advocacy, information platform, incentives)
- **Collaboration** : (local governments and NGO)



### ■ Bottom-up:

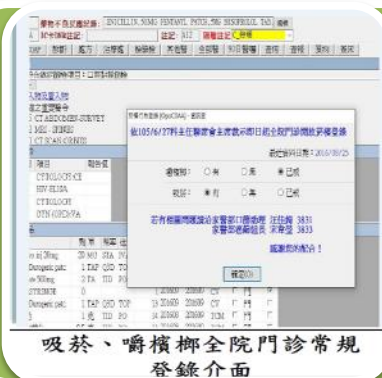
- **Hospital support** (high level support, mission statement, strategies, training, advocacy and benchmark learning)
- 

# Key factors of success – Hospital's support



## High level support

- Management supports the concepts of health promotion ◦
- Missions and policies (including budget) for health promotion are clearly defined and established



## Set goals and guidelines

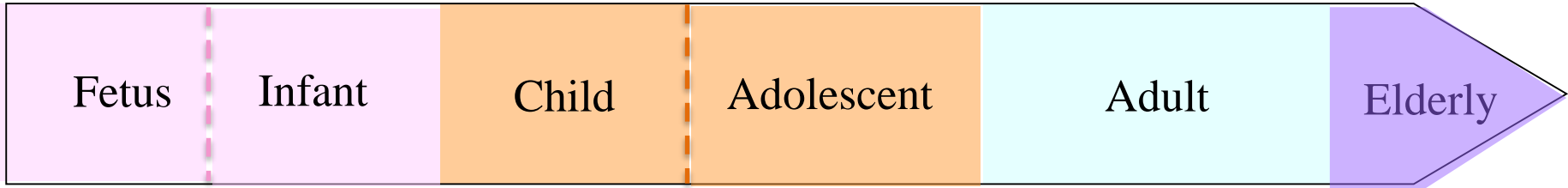
- Establish yearly goals and monitoring indicators
- Develop guidelines and standards for health promotion services



## Advocacy and exchange

- Advocate employee's awareness of health promotion services
- Education training for employees
- Advocacy targeted to service users
- Benchmark learning and international experience exchange

# Building a Supportive Environment in all Settings by the Life Course



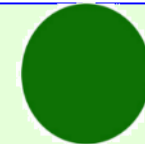
Healthy City Program :

13 counties/cities and 11 areas join AFHC



Health promoting community building: 455 communities/units

Health Promoting Hospitals : 163



International Network of  
**H**Health  
**P**romoting  
**H**ospitals & Health Services

Baby-friendly  
hospital: 182

Health promoting schools  
(HPS): 3,872  
Undergraduate HPS: 158

Health promoting  
workplace :  
16,456

Age-friendly city:  
22 counties/cities

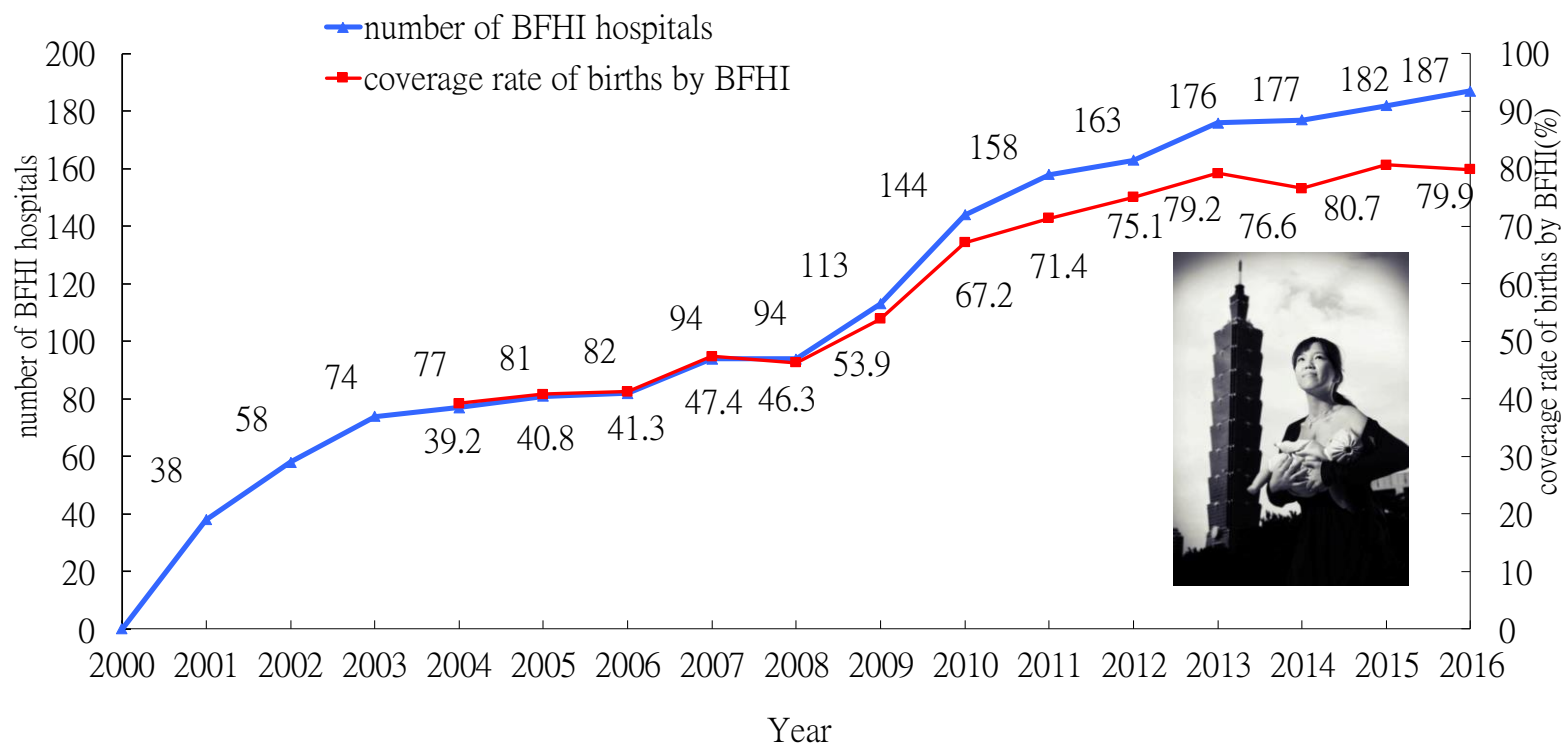
Age-friendly  
healthcare  
institute: 310





# Proactive implementation of accrediting Baby-friendly institutions

- ◆ The birth coverage in certified baby-friendly institutions increased from 39.2 in 2004 to 79.9 in 2016. °
- ◆ In 2016, 187 institutions passed baby-friendly accreditation, where 143 were hospitals (21 medical centers, 70 regional hospitals and 52 area hospitals), 43 were clinics and 1 was midwifery.



# BFHI events of Taiwan



BFHI training course



BFHI poster exhibition



BFHI Awards ceremony



# Age-friendly healthcare

2017

Pilot test of Age-friendly healthcare framework (**PHC version**) in 10 public health centers in Taiwan.

2016-  
2017

- (1) Development of Age-friendly healthcare framework (**PHC version**). Content includes 5 standards and 18 items.
- (2) Integrating Age-friendly healthcare into **Healthy Hospital (HH)** recognition. Content includes 38 items.

2016

A total of 310 healthcare institutions passed the recognition.  
-**169 hospitals** (33.7%)  
-**76 public health center** (20.5 %) , **1 private clinic**  
-**64 long-term care institutions** (4.0%)

2012

“Recognition of Age-friendly Hospital and Health Services” **launched** in long-term care institutions and public health center.

2011

“Recognition of Age-friendly Hospital and Health Services” officially **launched** in hospitals in Taiwan

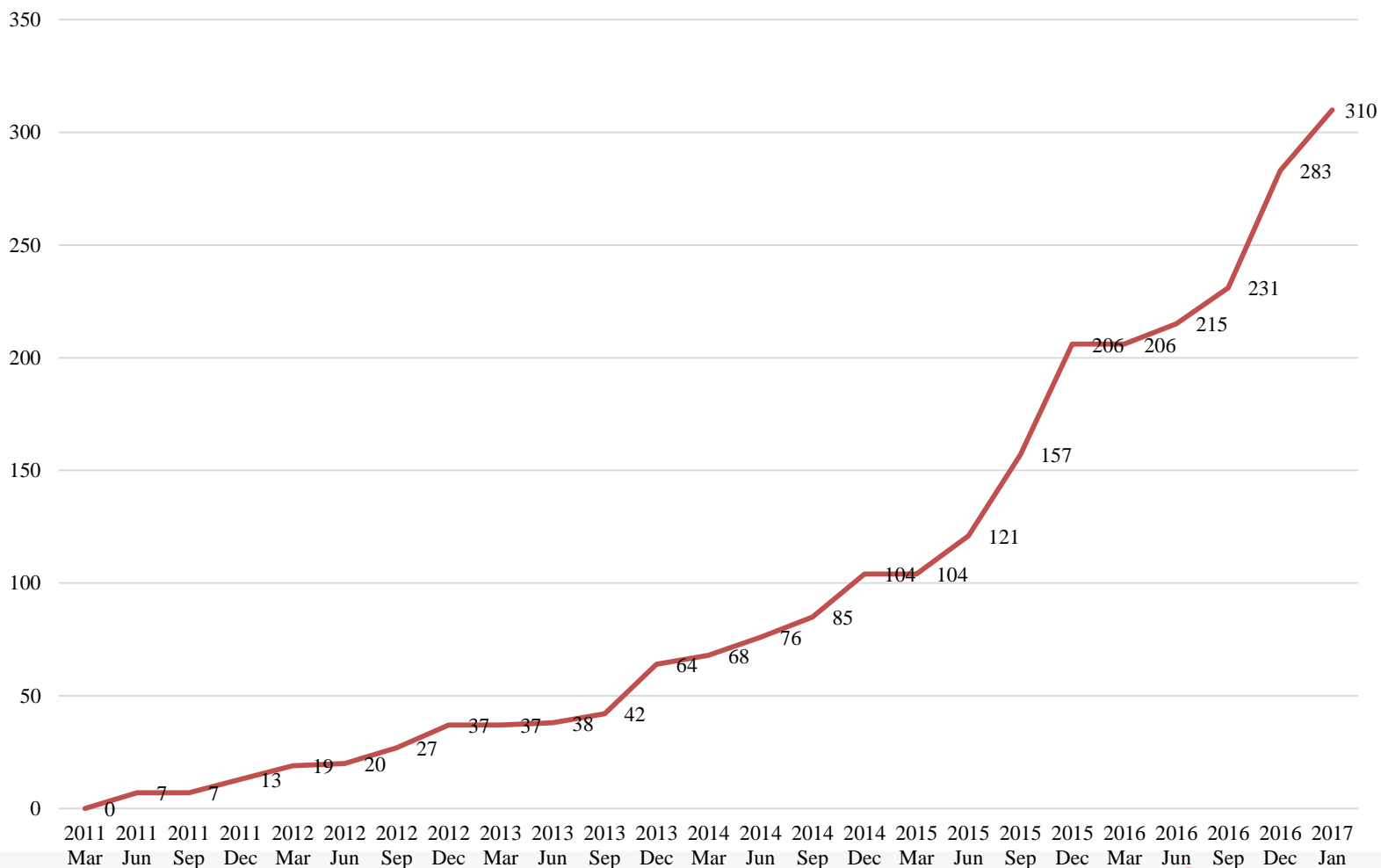




# Age-friendly hospitals & health services

2017.01.01

Number of Age-friendly  
Hospitals & Health Services



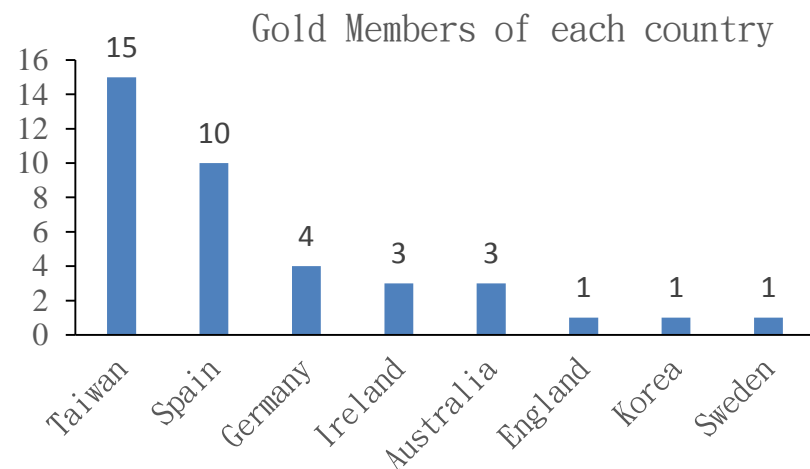
Time



Health Promotion Administration,  
Ministry of Health and Welfare

# Tobacco-Free Hospital Initiative

- Coordinator: D.G. Ying-Wei Wang
- Members: 209 hospitals
- Since 2009, 15 Taiwanese hospitals among 38 globally have won the Global Gold Awards for Tobacco-free Hospitals
- Not only a smoke-free environment, the tobacco-free hospital also makes efforts in tobacco cessation service, tobacco-free advocacy, etc. to reduce tobacco use and thereby lower tobacco hazards.



# The Implementation of Tobacco-Free Hospital



Governance and Commitment



Communication



Education and Training



Identification, Diagnosis and Tobacco Cessation Support



Tobacco-free Environment



Healthy Workplace



Community Engagement

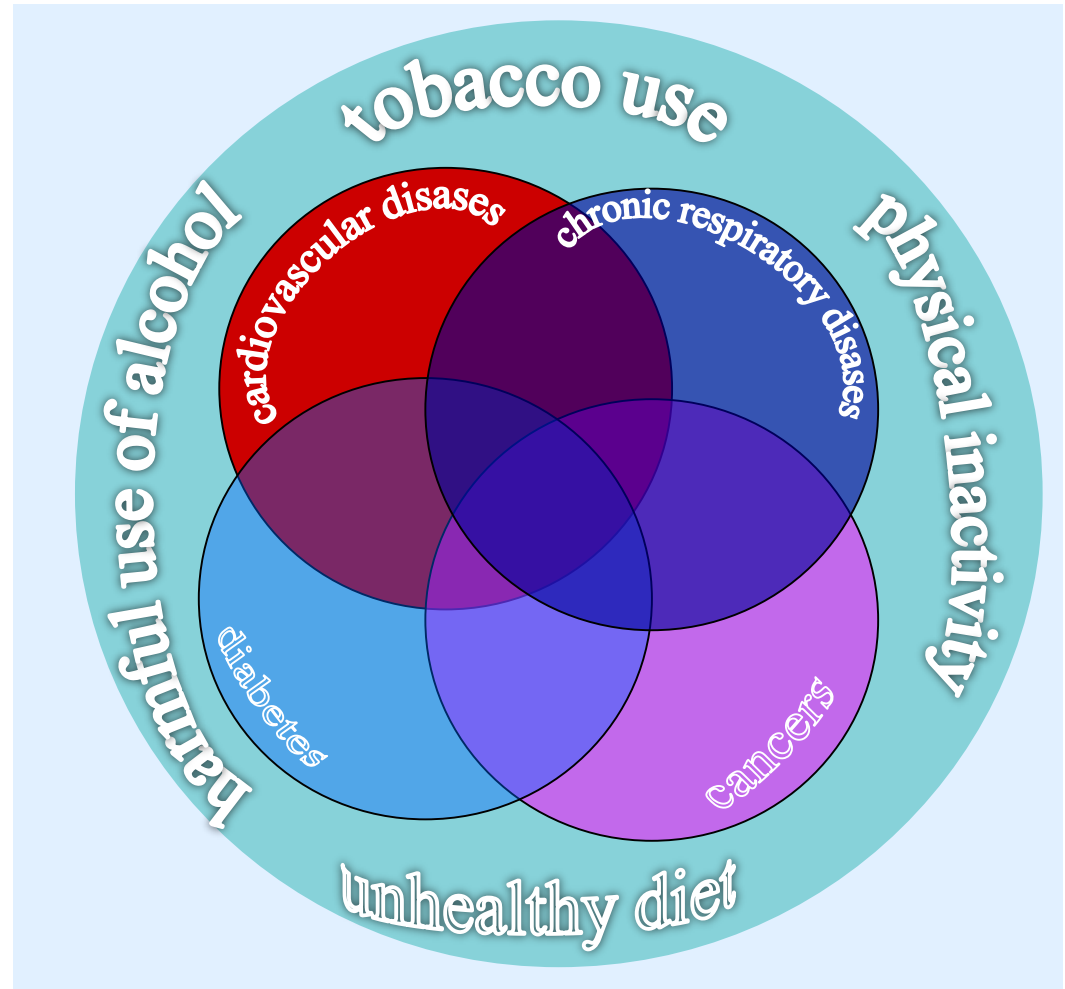


每季針對於禁菸防制計畫進行成效評估  
並於每季會議中進行品質改善檢討。

Monitoring and Evaluation

# NCDs recognized as one of the key challenges to post-2015 human development

- NCDs caused **36 million** deaths (2/3 of total deaths) in 2008. **1/4** of these happened before the age of 60.
- The 4 major risk factors- **tobacco** use, harmful use of **alcohol**, unhealthy **diet** and **physical** inactivity.



# Cancer Care Quality Accreditation(CCQA)

- Cancer Care Quality Accreditation launched in 2008.
- 57 hospitals have passed the accreditation
- Coverage rate increased from 59.5 in 2008 to 85.9 in 2016.
- Domains of assessment:
  - Organizational policy and management of cancer care quality and clinical procedures
  - Cancer registry
  - Multi-disciplinary team care models
  - Establish cancer screening reminder and referral system
  - ...



# PFP(Pay-For-Performance) Hospitals and clinics

- 230 hospitals and clinics since 2010
- Cancer Prevention
  - Create “No Betel Quid Chewing” supportive environment
  - Develop a Betel Chewing Cessation Policy
- Cancer Screening

## Public Health System



- Establish cancer screening booths in the community
- Create mobile cancer screening vans to deliver mobile mammography along with pap smear service

## Clinical Delivery System



- Build up automatic reminder system to notify physicians the qualified candidates for cancer screening
- The system generates reminder messages to invite patients revisit clinic
- Collaborate with local health departments to deliver cancer screening services

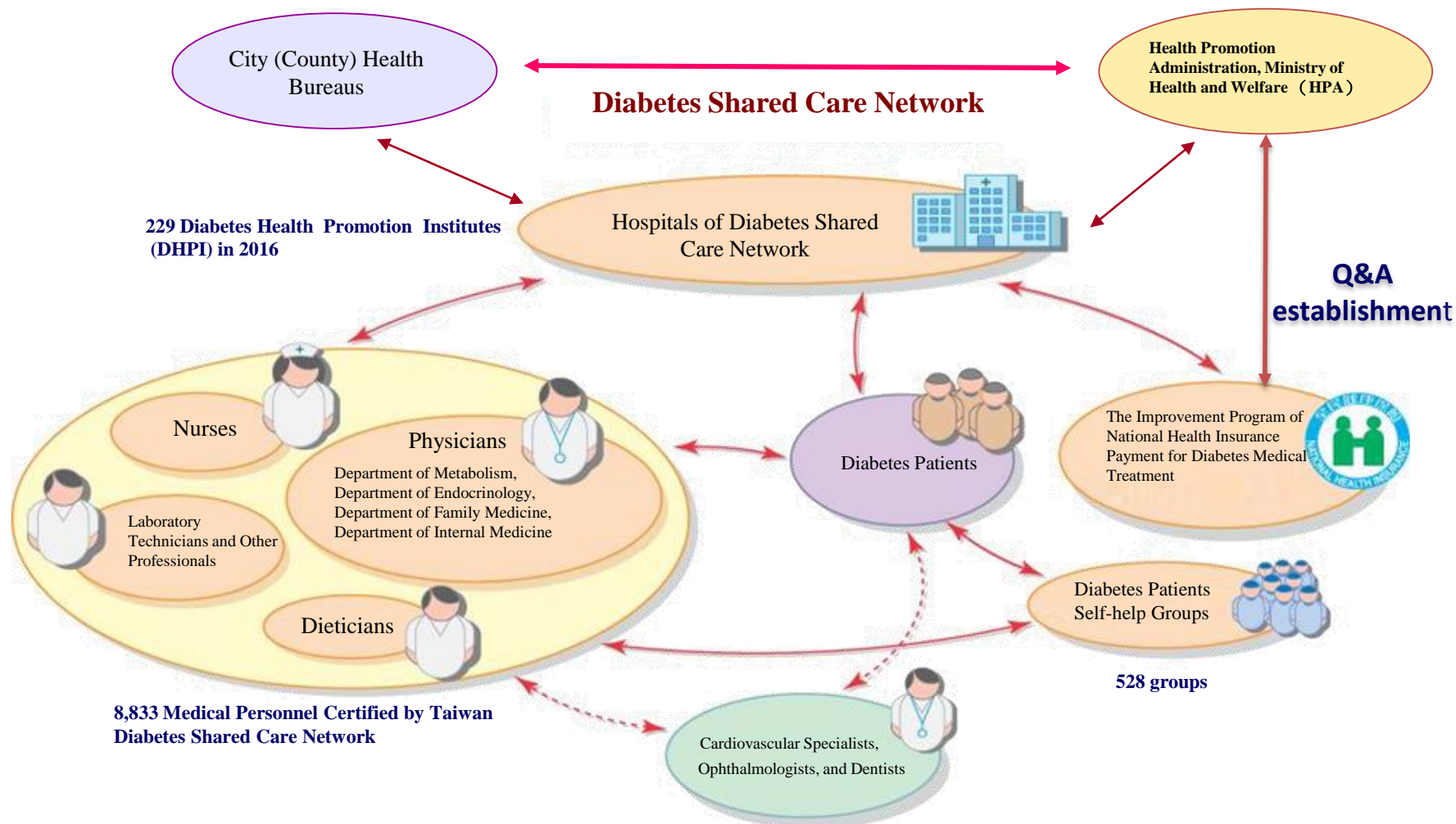


# Cancer Prevention and Control Institutes and Health Offices Award Ceremony

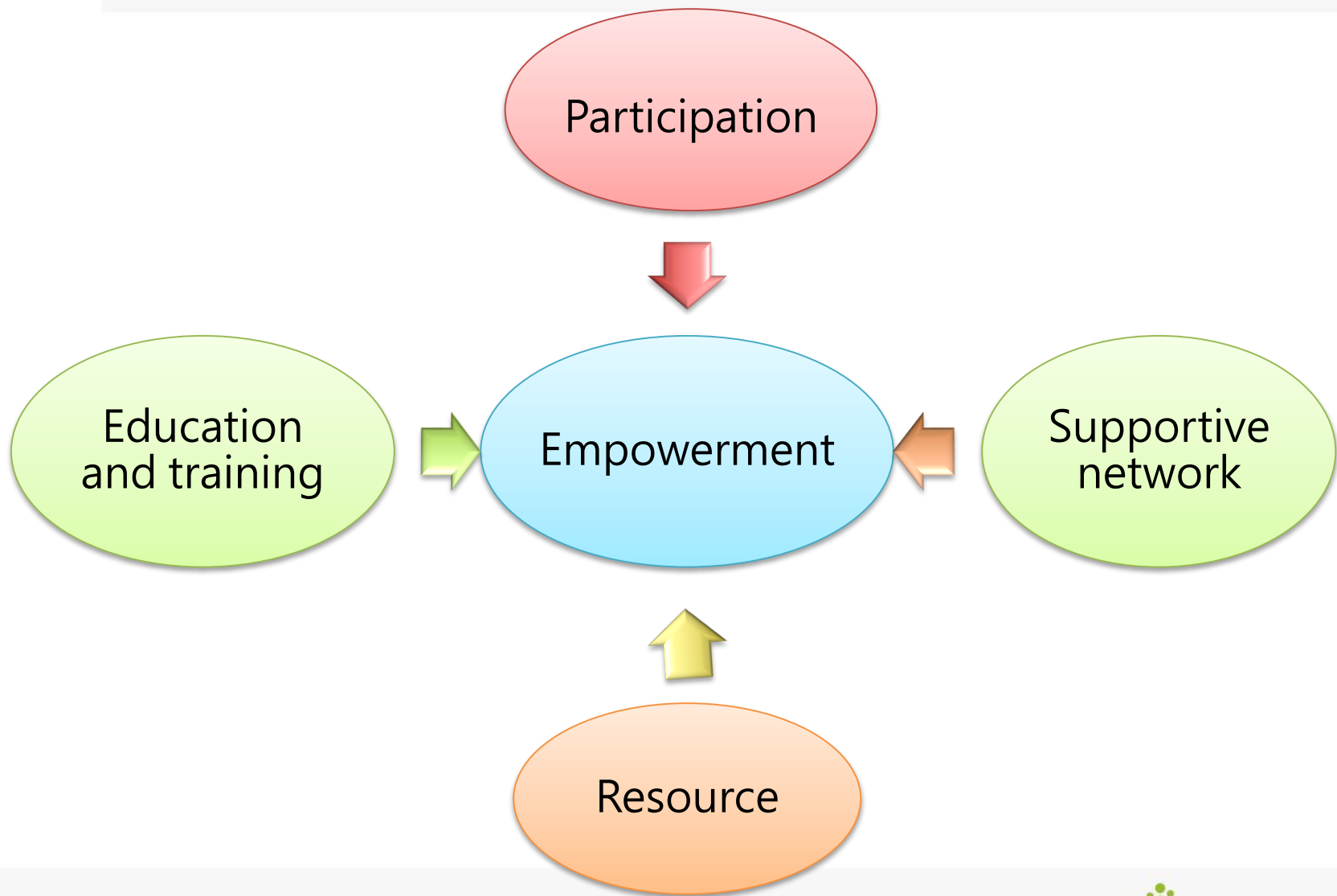


# Diabetes Shared Care program

– Hospital, primary clinic, community collaboration–



# Empowerment Framework





# Education and training



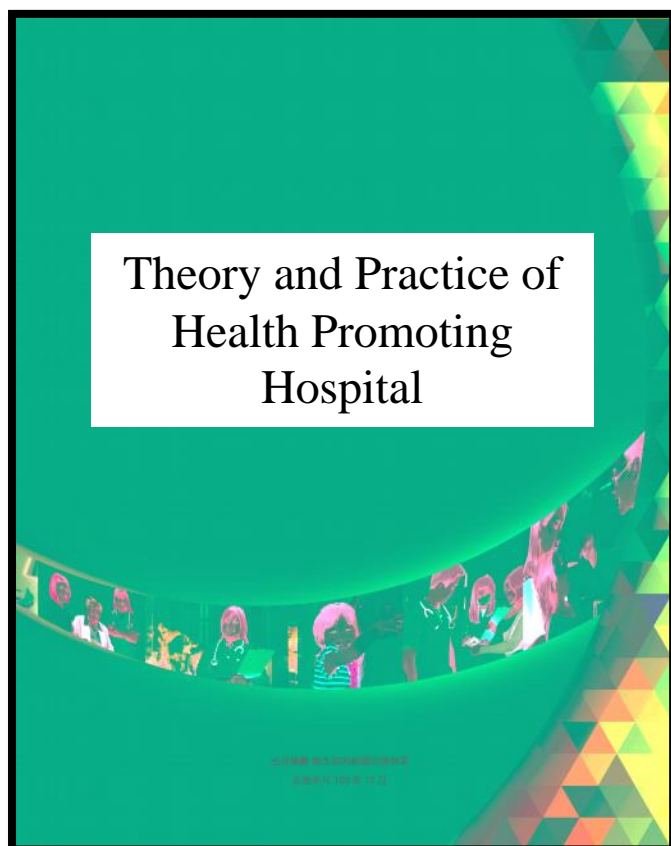
# Key factors of success - Expert consultation

## Expert teams

- Expert teams to aid in policy decisions
- Provide consultation services for hospitals to proceed with health promotion certification



# Textbook of health promoting hospital



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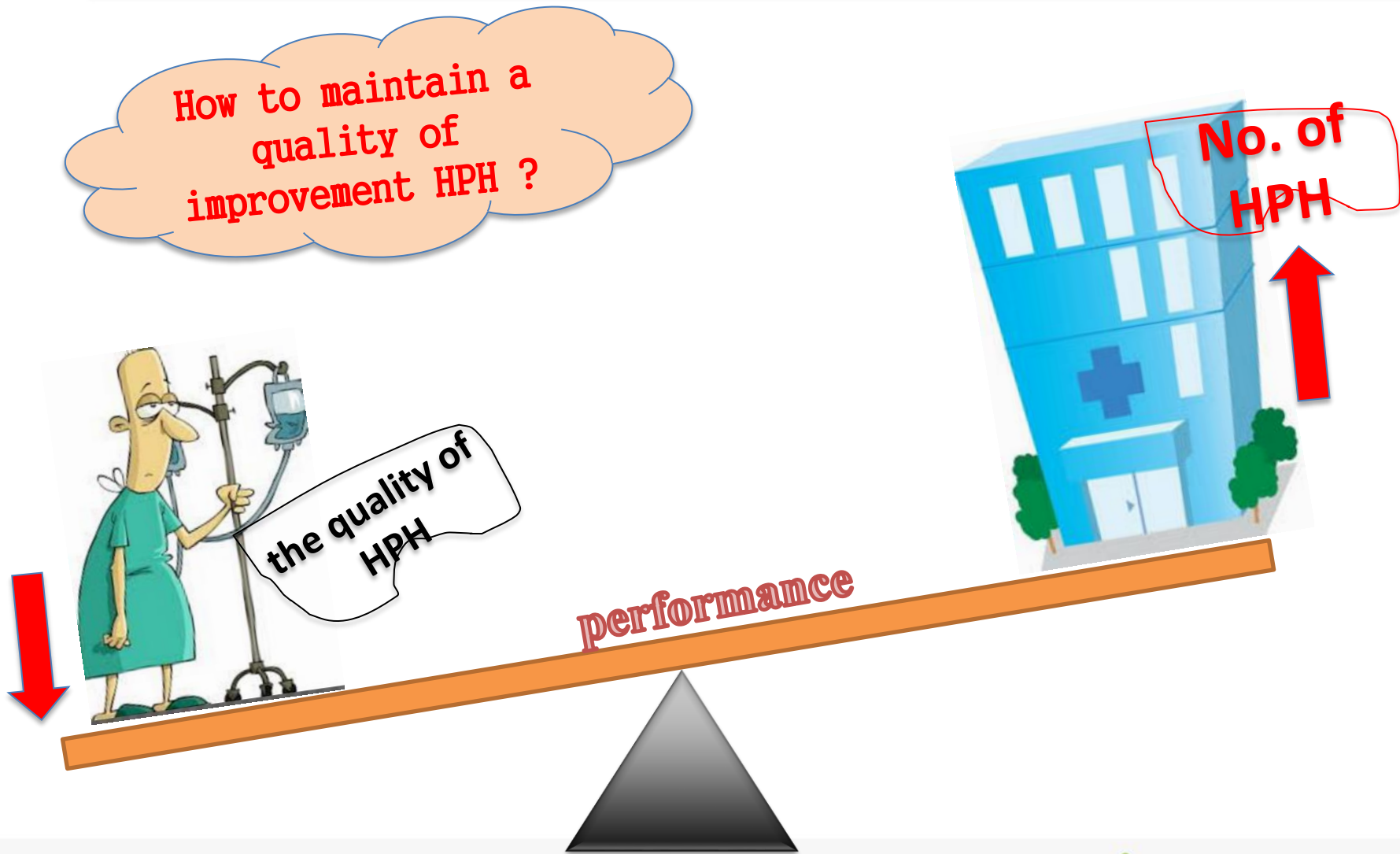
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# The Challenge of Promote HPH



# How to evaluate the program



# RE-AIM model

[http://www.re-aim.org/2003/FAQs\\_basic.html](http://www.re-aim.org/2003/FAQs_basic.html)

- **A systematic way to evaluate intervention** for health behaviors and to assess the possible effects of public health project
- RE-AIM model defines the intervention **outcomes of public health projects** with the following five elements (dimensions): reach, efficacy, adoption, implementation, maintenance





# Five dimensions of RE-AIM

- **R**each the target population
- **E**fficacy or effectiveness
- **A**doption by target settings or institutions
- **I**mplementation : consistency of delivery of intervention
- **M**aintenance



# Reach-Service Coverage rate (estimated with general inpatients stays)

■ Service coverage rate : **71.2%** of acute beds

|   | N<br>(A) | HPH<br>members<br>(B) | HPH members<br>%<br>(D)=(B)/(A) | Number of<br>Inpatients<br>(E)=(C)*(D) | Service<br>coverage rate<br>(F)=(E)/(C) |
|---|----------|-----------------------|---------------------------------|--|---|
| Medical Center  | 23       | 20                    | 87.0%                           | 870,790                                | 30.7%                                   |
| Regional H  | 90       | 72                    | 80.0%                           | 1,086,233                              | 38.2%                                   |
| District H  | 384      | 56                    | 14.6%                           | 66,407                                 | 2.3%                                    |
| 2015 Hospital accreditation – general inpatient stays (C)=2,840,756 |          |                       |                                 |  | <u>71.2%</u>                            |



# Effectiveness- patient

N=125

| Questions  | Avg. % |
|--|--------|
| 1. Hypertension patient: ratio of blood pressure <140/90mmHg (good blood pressure control)                       | 41.7%  |
| 2. Service coverage rate of institutions participating in NHI diabetic medical payment improvement plan          | 47.2%  |
| • Ratio of HbA1C<7% in diabetic patients   | 41.6%  |
| • Ratio of HbA1C>9.5% in diabetic patients   | 11.7%  |
| • Ratio of BP<130/80mmHg in diabetic patients  | 37.1%  |
| • Ratio of LDL<100mg/dL in diabetic patients   | 45.2%  |
| 3. Obesity rate in diabetic patients   | 28.4%  |
| 4. Successful 6-month smoking cessation rate in medical institutions with smoking cessation services improvement | 30.1%  |
| 5. Re-admission rate within 14 days after discharge  | 3.1%   |





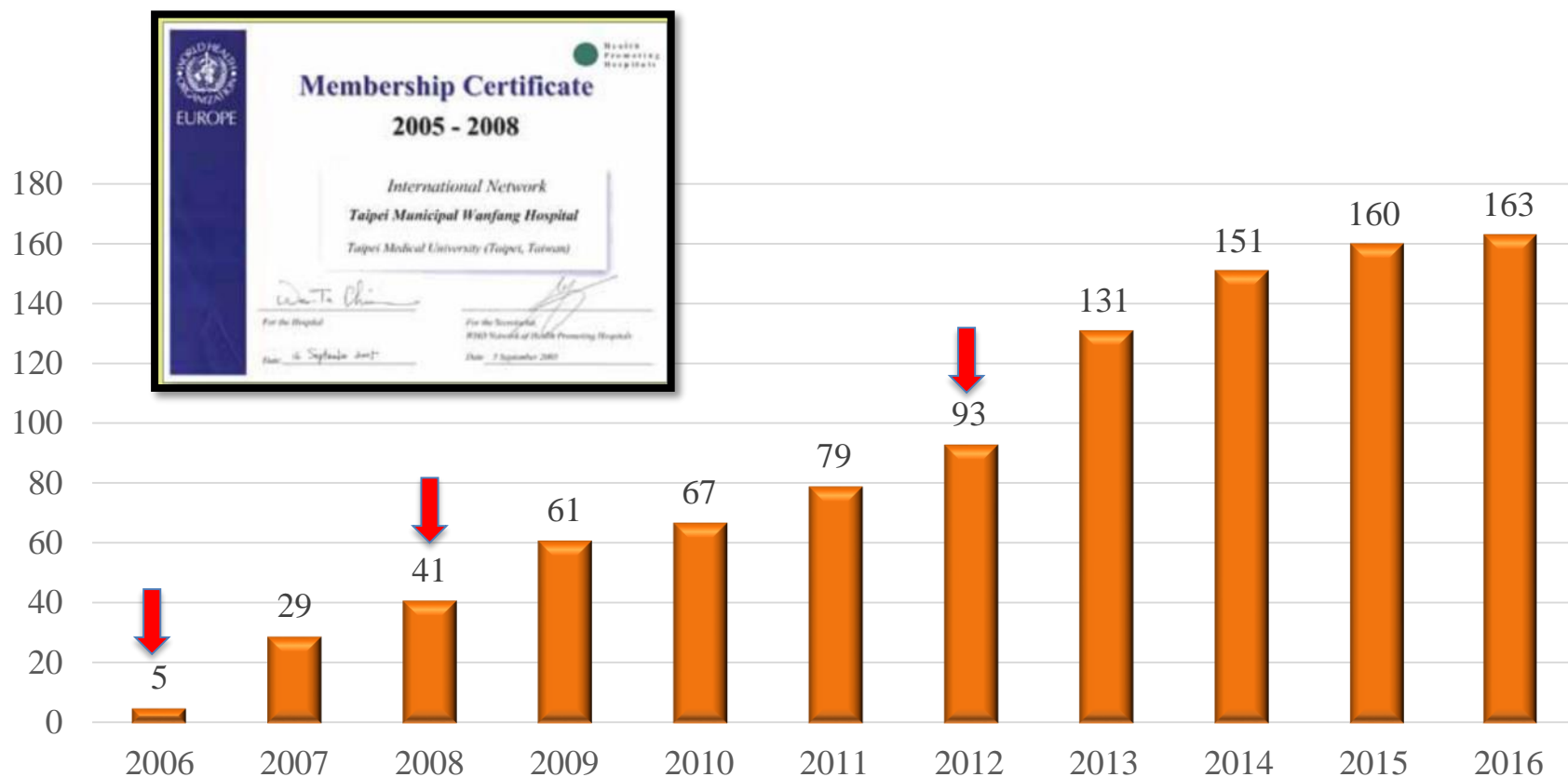
# Effectiveness-employees

N=125

| Question  | Avg. % |
|---|--------|
| 1. Employee turnover rate in the past 3 years   | 14.2%  |
| 2. Ratio of employee absence-sick leave   | 7.4%   |
| 3. Ratio of employees burned out by the current workload                                  |        |
| • Never   | 15.9%  |
| • Rate of employee feeling burned out at least once in a week by the current workload     | 18.5%  |
| • Rate of employee feeling burned out at least once in a month by the current workload    | 33.2%  |
| • Rate of employee feeling burned out at least 2-3 times per year by the current workload | 24.4%  |

# Adoption

## HPH in Taiwan, 2006-2016



**2006  
Start**

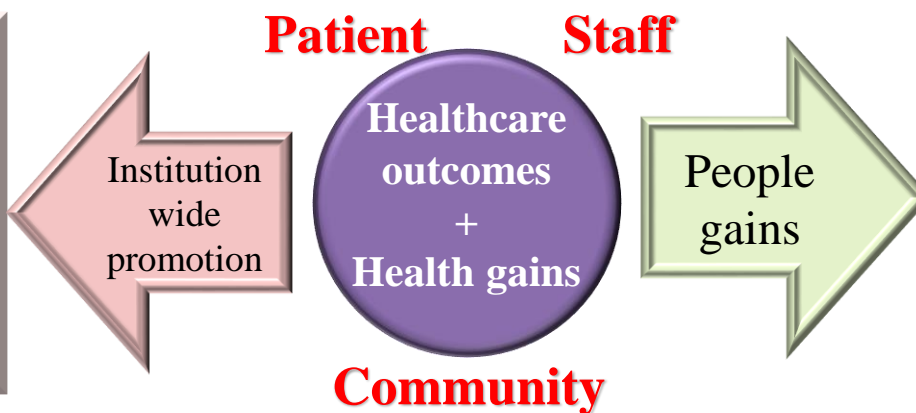
**2017  
integrate**



# Implementation

## Health Promoting Hospital and Healthcare Organizations

- Reorient medical care to health promotion
- 163 members as of Feb 2017
- Hospital coverage: 29.6%; service covered 70% of acute beds



- Patient satisfaction 83%
- Staff awareness 88%

As of end of February 2017, 25 National/Region Networks, 721 hospitals;  
**163 members** in the Taiwan Network  
The largest WHO-HPH Network in the world

# Implementation-patient care outcome(1)

N=125

| Questions  | Avg. % |
|--|--------|
| 1.Rate of Risk factors record  |        |
| • Ratio of smoking record for patients age 18 years and above                | 40.6%  |
| • Ratio of betel-quid chewing record for patients age 18 years and above     | 35.4%  |
| • Ratio of alcohol consumption record for patients age 18 years and above    | 31.1%  |
| • Ratio of nutritional assessment record for patients age 18 years and above | 18.5%  |
| • Ratio of waist measurements for patients age 18 years and above            | 21.5%  |
| • Ratio of BMI measurements for patients age 18 years and above              | 35.9%  |
| • Ratio of regular exercise record for patients age 18 years and above       | 18.0%  |
| 2. Body weight records for diabetic patients from the previous year          | 66.2%  |
| 3. Rate of fundus or color fundus imaging examination for diabetic patients  | 36.8%  |
| 4. Rate of fasting lipid profile for diabetic patients                       | 71.4%  |

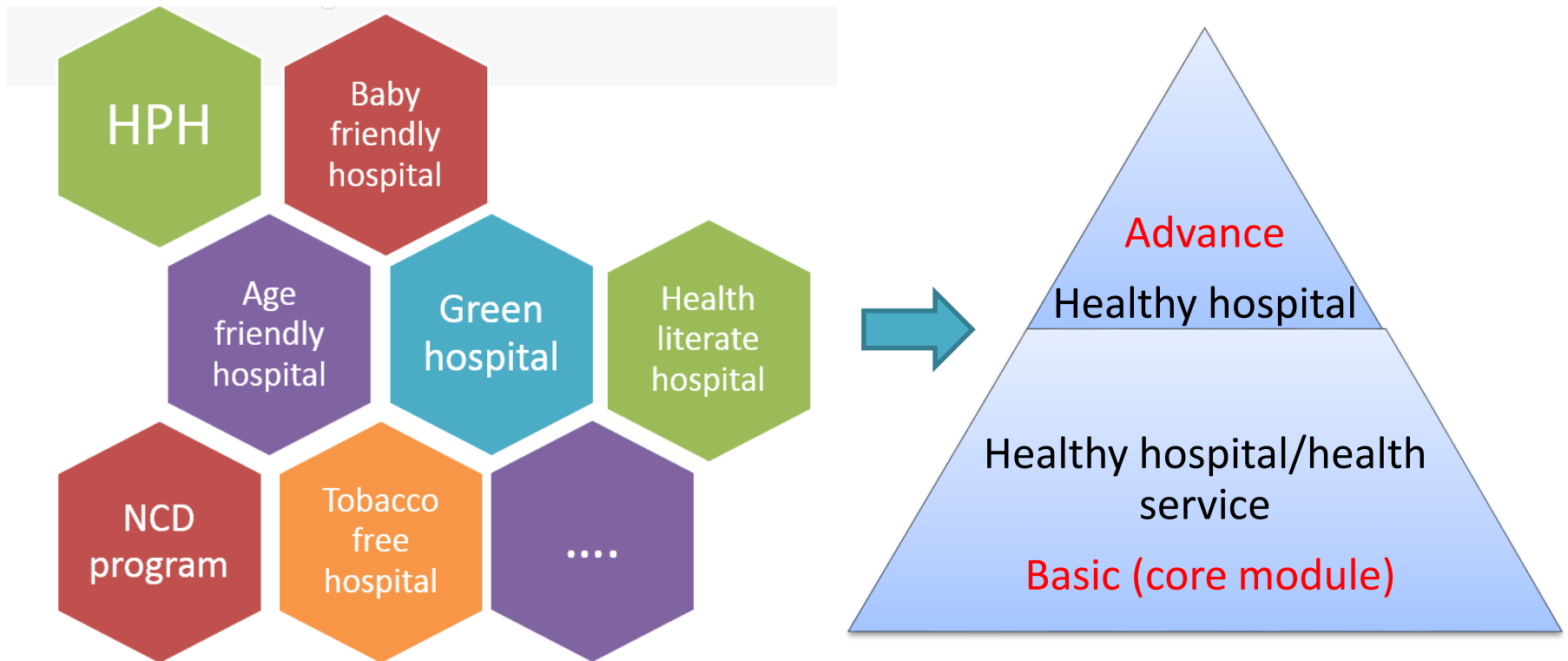
# Maintenance: HPH model adoption by institutions

- 2016 HPA service modules promoted by HPH institutions and participates health promotion program

| Hospitals         |     | HPH |       |     |       |       |
|-------------------|-----|-----|-------|-----|-------|-------|
|                   |     | yes | %     | no  | %     | total |
| Age-friendly      | Yes | 131 | 86.2% | 21  | 13.8% | 152   |
|                   | No  | 17  | 4.9%  | 328 | 95.1% | 345   |
| Tobacco free      | Yes | 137 | 69.5% | 60  | 30.5% | 197   |
|                   | No  | 11  | 3.7%  | 289 | 96.3% | 300   |
| Diabetes          | Yes | 114 | 76.0% | 36  | 24.0% | 150   |
|                   | No  | 34  | 9.8%  | 313 | 90.2% | 347   |
| Cancer prevention | Yes | 124 | 60.5% | 81  | 39.5% | 205   |
|                   | No  | 24  | 8.2%  | 268 | 91.8% | 292   |

|  |    |
|--|----|
| HPH participates in all certifications         | 94 |
| HPH does not participate in all certifications | 1  |
| HPH partly participate in all certifications   | 53 |

# What's next step – Reforming The Second HPH Movement in Taiwan



# Indicators and program integration

## Core Indicator Integration

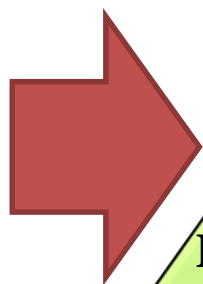
Service Indicator  
Integration



**Integrated care**



Service-oriented  
integration



### Performance

- Care outcomes
- Care/screening rate
- Employee Health Promotion

Pay for performance



regular reporting and  
health information

### Healthy Hospital-Advance level

- Cancer diagnosis and treatment quality certification hospital
- Baby-Friendly Hospital
- Tobacco Free Hospital

Using  
PFM(patient  
-focused  
method)

### Healthy Hospital-Basic level

- WHO-HPH-46 items
- Age-friendly Healthcare-18 items
- Tobacco Free Hospital-48 items
- Environment-friendly Hospital-10 issues

Apply  
for

**38 items**

### Service indicator

- Responsibility
- Quality of care
- health literacy

Using  
Paper review  
Or PFM



# Conclusion

**The goal of HPH .....**  
“happy staff and  
happy patient”.



The right person



Do the right thing



In the right way



- Ottawa Charter
- Advocate
- Enable
- Mediate
- International HPH standard...

For the right reason

**Health is the basic human right**



**Taiwan  
Health  
Promotion  
Administration**

**Ministry of Health & Welfare**

**Promotion,  
Prevention,  
Protection,  
Participation,  
Partnership!**

