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### Advances in health promotion in Africa: promoting health through hospitals

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Joyce Mashamba<sup>2</sup> and Anne Marie Depoorter<sup>3</sup>

**Abstract:** A district hospital in a rural area of the Limpopo Province in South Africa has recently been launched as a 'Health Promoting Hospital', based on the principles of the Ottawa Charter and according to standards developed by WHO-Europe. The initiative was conceived as a project in partnership with stakeholders from the local community and is considered a pilot by Provincial health authorities, representing an advance in health promotion practice in the region. The project was designed as a research intervention, guided by the principles of critical action research integrated with the Precede-Proceed model for the systematic evaluation of health promotion and education. This commentary reports on the process undertaken in successfully transforming this community-based hospital into a Health Promoting Hospital by integrating the concept, values and standards of health promotion into its structure and culture, thereby creating a healthy setting and promoting the health and wellbeing of the hospital's staff, its patients, and their relatives. (Global Health Promotion, 2010; Supp (2): pp. 33–36)

**Key words:** developing countries, district hospitals, health promotion, rural health

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### Background

South Africa has recently moved from a triple burden of disease to a quadruple burden of disease (1), consisting of poverty-related diseases, emerging chronic diseases, injuries and the impact of HIV/AIDS. This burden places a high demand on health services struggling to cope with limited resources and structural developments due to national health reform and calls for priority setting at national health policy level. Although HIV/AIDS accounts for the largest burden of disease, the prevalence of non-communicable diseases (NCDs) is rapidly increasing due to lifestyle changes associated with urbanization and diet changes, but also due to socio-economic, cultural and environmental factors which put South Africans at risk for NCDs (2).

Current government responses involve population-based approaches for prevention, such as public health campaigns and policy legislation related to tobacco and alcohol use, and identification of individual risk factors in high-risk persons. Despite efforts at improving management and prevention of NCD, awareness campaigns often do not reach their target audience, particularly in rural areas, while routine screening for risk factors is seldom achieved due to lack of skills and training among health workers. This has led the National Department of Health to claim health promotion as a priority area in its strategic plan, advocating the development of cost-effective and evidence-based measures in order to reduce the projected burden of disease (3).

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An example for this approach is the use of healthy settings, which are considered crucial in driving the progress of health promotion in South Africa (4), and which have translated into a number of different initiatives, of which the Health Promoting Schools have become the most widely known (5). More research, however, is required to evaluate the effectiveness and applicability of different health promotion strategies, and to test and refine innovative approaches (6). The relative lack of indicators, research and evidence of health promotion interventions constitutes an ongoing challenge (7), which may be meaningfully addressed by using a model with established indicators such as the Health Promoting Hospital (HPH) concept.

### The HPH concept

According to the Vienna Recommendations on Health Promoting Hospitals (8), hospitals are an important setting for health promotion because: they are at the centre of the health care system; they are important employers and have large numbers of contacts with their community; and they are potentially hazardous workplaces which produce large amounts of waste. Within this regard, HPHs can be viewed as a process, whose interventions focus on the hospital as a system and as a strategy for the development of a healthy organization (9). The concept combines the vision and values of health promotion with core standards and strategies, which propel the hospital towards developing a new corporate identity and culture with participatory roles for patients and staff, and towards active cooperation with its community (10).

The HPH aims to improve the quality of health care; the living and working conditions, and hence the satisfaction, of staff, patients and their relatives, by integrating health promotion in the provision of services and the creation of a healthy environment. In addition, a HPH strives to become a healthy organization and to build links with existing community networks, which entails assessment of health promotion needs at different levels and requires strong organizational support, empowerment, skills development, project planning, and tools for monitoring and evaluation. The concept therefore integrates well with other strategies for hospital development, such as total quality management, health education and workplace health promotion (9).

The concept was initially developed through a pilot European project (1993–1997), based on the Ottawa Charter for Health Promotion (11), and the Budapest Declaration on HPH (12), and centred on the principle that health care should first and foremost lead to better health and quality of life for all. This pilot project was later extended to an international network, driven by national and regional initiatives, and is now applied in different kinds and sizes of hospitals in widely varying health care systems, comprising more than 700 hospitals worldwide.

### The pilot project

The aim of this project was to adapt the HPH concept to the context of rural South Africa, and reorient the study hospital as a health promoting and healthy organization, taking into account the reported need for context specific and culturally appropriate health promotion and education. The latter was achieved through partnership with the local community and building trust with other stakeholders, including patients, teachers, clergy, the media and traditional healers (13). The project was conducted by the Department of Public Health of the Vrije Universiteit Brussel, Belgium, in partnership with the Health Promotion Unit of the University of Limpopo in South Africa, and recognized by the Provincial Department of Health as a pilot project for improving quality standards in hospital services delivery in the Province.

The project was designed as an intervention study, guided by the principles of critical action research for organizational change (14) and integrated with the Precede-Proceed model for systematic development and evaluation of health education and promotion developed by Green and Kreuter (15). This model, which was found applicable to the South African context (16), consists of nine different stages with regard to the diagnosis and evaluation of health intervention programmes, including a process and outcomes evaluation which will be used to analyse the applicability of the current model to the local context, in order to meet the demand for evidence-based policy (16).

The project was initiated by a comprehensive needs assessment of hospital staff, patients and their relatives, and followed by intervention mapping and program design. Activities consisted of: refining the HPH concept; developing a shared vision with

hospital staff and patients, organizing empowerment workshops for all units, institutionalizing the concept through formal policies, systems and structures, obtaining feedback on these policies and structures, monitoring the process, and reflecting on results. The program was supervised by a monitoring committee supported by top management, and governed by the board of hospital managers acting as HPH standard leaders.

In order to ensure sustainability, the project was aligned with a quality improvement and assurance program for accreditation with the Council for Health Service Accreditation of South Africa, and linked with other programs, such as the Employee Wellness Program. In addition, the HPH model provided an 'umbrella' for existing hospital activities such as in-service training for hospital staff, outreach and networking activities with local service providers, links with support groups including faith-based organizations and home-based carers, and improved referral within the health care services network.

### The hospital setting

The pilot hospital is a medium-sized district hospital with a staff complement of over 700, which was rejuvenated as part of the Hospital Revitalization Program, an ambitious plan aimed at improving infrastructure and management leadership in selected hospitals in the country (17). The hospital is located in a largely poor rural Municipality of the Capricorn District, serving a catchment population of nearly 300 000, characterized by high levels of poverty and unemployment. The communities face significant health problems, including teenage pregnancy, drug and substance abuse, and high risk sexual behaviour, pushed by socio-economic norms, peer pressure, and persuasive health beliefs.

In addition to building healthy public policy and developing personal skills, the objectives are to create a safe and supportive health environment, to promote the health and wellbeing of hospital staff and patients, in turn reflecting on staff job satisfaction and retention, and to increase patients' satisfaction with health care services. Activities comprise educational workshops targeting occupational safety by highlighting HIV/AIDS and infection control, organizing seminars in order to spread the HPH vision and disseminate health educational messages through print media and a closed circuit

network system for broadcasting health talks on topics such as a healthy diet. Other activities include regular fitness training with hospital staff and weekly health walks in the surrounding area.

The model hospital is the first formally acclaimed hospital in the region to incorporate the concepts, standards and aims of health promotion practice into its organizational structure and culture, extending its responsibility across the borders of acute clinical care towards a dialogue with the local community in order to promote the holistic concept of prevention, cure and care. This context-specific and community-based settings approach fits perfectly with the recommendation of engaging local communities in the health promotion agenda in Africa (18), and points to the feasibility of transforming a community-based hospital into a HPH, and promoting the health and wellbeing of hospital staff, as well as patients and their relatives.

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