



# Abstracts selected for publication

From the many accepted abstracts to the 24<sup>th</sup> International HPH Conference in New Haven, the Editorial Office of Clinical Health Promotion have selected 10 abstracts for publication. The 10 abstracts were selected to represent a broad range of research methodologies.

## *Critical conditions for implementing the Baby-friendly Hospital Initiative in Austria: results of a qualitative interview study*

WIECZOREK Christina, DIETSCHER Christina, DORNER Thomas

### Introduction

The health benefits of breastfeeding for babies and mothers are well-known and multiple studies have proven that the Baby-friendly Hospital Initiative (BFHI) increases breastfeeding initiation and duration. However, in Austria less than 20% of maternity units are officially BFHI-certified. This indicates a gap between current knowledge on health benefits of BFHI and the extent to which it has been implemented within professionals' daily work. Accordingly, the goal of this study was to investigate critical conditions for BFHI implementation in Austria.

### Purpose/Methods

To explore views and experiences of different health professionals, qualitative semi-structured interviews were used. By means of purposive sampling, study participants were recruited within three hospitals in one federal state of Austria. In total, 11 midwives, 11 nurses, 13 physicians, and one quality manager were interviewed regarding the conditions for the implementation of BFHI in Austria. Data analysis followed thematic analysis supported by Atlas.ti.

### Results

The findings indicate that several conditions have to be fulfilled to successfully implement BFHI in Austria. Among these critical conditions are the presence of change agents, the support and promotion of BFHI by the managers of the professional groups, but also the overcoming of professionals' old patterns and the lack of inter-professional collaboration. To facilitate BFHI implementation, interviewees referred to a number of strategies such as continuous participation of professionals, structural changes of work procedures, or inter-professional training and education.



### Conclusions

National BFHI-coordinators and interested hospitals should pay attention to the numerous conditions the study revealed important to facilitate BFHI implementation in Austria. While these are not commonly assessed and addressed in clinical practice and BFHI implementation research, a better understanding of these conditions can contribute to closing the gap between current knowledge and prevailing practices. Furthermore, the conditions and strategies offer starting points for other hospitals that plan to become BFHI-certified as well as for further research on BFHI implementation.

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## Research and Best Practice

### ***Developing a smoking cessation program in adolescents by a cooperating work between a local hospital and a community***

**YUN Kang Sup, LEE Sang Hyung, PARK Min-Hyun, OH Bumjo, PARK Kwang Wook, KIM Do Young, YANG Mi Ra, LEE Hee Young, OH Si Hyoung, CHOI In Su**

#### ***Introduction***

Smoking cessation intervention in youth group should be managed in an active manner. Since early development of nicotine dependence and exposure of harmful effects in health can be detrimental later in this group. However, in Korea, age considered smoking cessation intervention programs have been rarely available and the social perception about youth smoking is not well-disposed. So, this year, Boramae Medical Center and a district office of education directing 103 schools initiated a project to develop a youth specific smoking cessation program.

#### ***Purpose/Methods***

The two main purposes of the program are to develop an age proper smoking cessation program and to change social attitude on youth smoking. The smoking cessation program is designed to encourage motivation to quit smoking, to enhance self-esteem, to learn a sense of considering others, and eventually to learn self-importance. It is consisted in smoking cessation clinic visits, intense group counselling meetings and a no-smoking activity day camp in the period of 8 weeks which is followed by 6 months mentoring period. Assessments for participants' behavior and cognition as well as evaluation for program effectiveness on motivational enhancement to quit smoking and to change smoking behavior are used. Satisfaction survey for program is also conducted for further development of program.

#### ***Results***

31 students from 7 different middle and high schools are grouped into 4 different groups. Each group meets 6 to 7 times for smoking cessation clinic visits and group counselling meetings. Preliminarily, the overall attendance rate is 80%. Smoking quit rate on 4th week is 17%, on 8th week is 28%. Program evaluation, participants' behavior and cognition assessment, and satisfaction survey result will be followed.

#### ***Conclusions***

This program has been a good experience not only for us to learn about the culture of youth, especially adolescent but also to gain insight into how important it is

that, this program to be successful, schools and parents need to be involved actively. The experience and the result of program evaluation will be reflected in an upcoming program in 2016. Our goal is to develop a good example for youth smoking cessation program and share the experience to make a healthier community.

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### ***The patient in good and safe hands - empowerment of the patient in the surgery department through implementation of a Nurse Care Coordinator role, and the ISBAR model***

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#### ***Introduction***

Nurse Care Coordinator is a unique model developed in 2010 by the Department of Nursing of the Hospital Division of Clalit Health Services (CHS) and in 2014 was implemented in 14 CHS hospitals. The principle concept of the model focuses on 4 main anchors surrounding the patient during hospitalization: ensuring quality and safety of care, providing the patient with a sense of security, preventing suffering and risk, and continuity of care.

#### ***Purpose/Methods***

To promote quality and patient safety, which in turn affects a patient's hospital experience. A training program was developed to instruct the nursing leadership in all the means to implement this approach, work procedures were adapted including tools and skills. The ISBAR model was introduced for communication between caregivers.

#### ***Results***

In the Surgery Division of our hospital, the model was implemented in 9 departments and 150 registered nurses were trained. Observations were carried out on the implementation of the 4 anchors of the model, and the ISBAR model. The analysis of the observational data indicates that there was an increase in implementation of the model. In addition, interviews were conducted with patients about their personal feelings including questions based on the 4 anchors and the ISBAR model.



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### Conclusions

This is a unique and important model for empowering the patient and the nurse, contributing to a change in the nurse's professional approach and the empowerment of the patient. This model affects patient satisfaction during hospitalization and greatly contributes to their sense of security that they are in "good and safe hands".

This work focused on the surgical division at Kaplan medical center, Rehovot, Israel, with the head nurses of all surgical departments participating as co-authors.

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### ***Establishing HPH Project in Afghanistan: Challenges and Opportunities***

ABDULLAH Maihan, GRAISER Silke

#### ***Introduction***

Afghanistan is one of the world's poorest countries with low rate of health education/literacy among both healthcare providers and consumers, increasing hospital patient loads, and growing job dissatisfaction, especially in public hospitals. While communicable diseases such as TB and Malaria are more prevalent, non-communicable diseases are escalating responsible for about 35% of mortality.

#### ***Purpose/methods***

In March 2015, Ministry of Public Health (MoPH) in Afghanistan initiated the Health Promoting Hospital (HPH) project. The project was piloted in two public

hospitals –Ahamad Shah Baba (ASB) and Dasht-e-Barchi, and Ariana private hospital to reduce the load of patients, decrease complications of diseases (especially resulting from chronic diseases), and increase job satisfaction through proper health education and communication trainings. Two sets of pre and post HPH survey analyses were conducted to for a baseline assessment of factors such as management policy, patient information, patient assessment, continuity, cooperation, and intervention and promoting healthy workplace standards.

#### ***Results***

From the three hospitals selected from different parts of the capital city, Kabul, ASB Hospital administered by Medecins Sans Frontieres (MSF) gained the highest score of 17.5 out of 51, because a health promotion team already worked on some of the indicators there. Surprisingly, Ariana private hospital scored the second highest of 14.5 followed by Dasht-e-Barchi Hospital scoring only 7.5. ASB Hospital scored higher in management policy, patient assessment, and continuity and cooperation while Ariana private hospital scored higher in patient information and intervention and promoting healthy workplace standards.

#### ***Conclusions***

All the three hospitals scored lower than median (25.5), which indicates the low standards of health promoting hospital services in Afghanistan. Even though these hospitals conduct some health promoting activities, these activities are not systemic and standardized. Despite the challenges, the hospitals' administrations and other staff are interested in implementing health promoting activities. Nevertheless, lack of financial resources and trained staff make it difficult to achieve better results for the HPH projects in Afghanistan. The government needs to develop a policy providing specific resources for health promoting activities in hospitals.

#### ***Comments***

This is the first time health promoting activities are conducted in a govt. hospital by the Ministry of Public Health. The presentation will include data on types of patients and top ten diseases in the hospitals. It will also include some indicators from the hospital where health promoting activities are conducted by MSF. In addition, unique challenges and opportunities towards implementation of the project will also be discussed.

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## Research and Best Practice

### ***A content validity check of the performance indicator of age friendly primary care facilities in Taiwan***

HUNG Hsi-Lung, HSU Yueh-Han, CHEN Wei

#### ***Introduction***

The Health Promotion Administration (HPA) has introduced the Age-friendly Hospitals and Health Services Recognition in Taiwan in 2011. By February 2015, a total of 104 HC organizations have passed the recognition. We use questionnaires to survey those healthcare organizations whose opinions about the performances indicators. Through the research we get some important conclusions. Many Performance indicators of CVI are low, HPA must redesign. And some HC organizations are relatively satisfied (Mean  $\pm$  SD : 84.1  $\pm$  6.8) with the Policy.

#### ***Purpose/Methods***

The purpose of this research is to examine the Content Validity Index of 21 performance indicators among 104 healthcare organizations, which have passed the recognition. The results of this study offers recommendations and suggestions to HPA .The questionnaires of data were analysed according to different levels and classifications of the healthcare organizations. Moreover, the questionnaire was also administered to the onsite surveyors hired by HPA to examines the differences between performance indicators CVI of two subject groups.

#### ***Results***

Healthcare organizations which passed the recognition are relatively satisfied (Mean  $\pm$  SD : 86.5  $\pm$  6.0) with HPA's promotion towards the active ageing policy on a national level. The CVI of 21 performance indicators under the four standards was poor and needed to be re-examined. Of the two subject groups, only 4 performance indicator scores were greater than 0.78. There was an urge to redesign the performance indicator.

#### ***Conclusions***

HPA is suggested to redesign the performance indicator under the four standards by providing clear definitions and range, also to incorporate it into regular data collection so that each performance indicator can evaluate policy efficacy more realistically and more accurately. The Age-friendly Hospitals and Health Services Recognition are suggested to be incorporated into the accreditations of different health care organization levels, so that continual promotion of age-friendly policy can be achieved.

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### ***"In Harmony with Life" - The Health Promotion Program of Santa Helena's Hospital***

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#### ***Introduction***

The Santa Helena Hospital S.A. attends the users of Santa Helena Medical Care, with around 300.000 lives in the ABCD region of São Paulo, Brazil. The Worksite Health Promotion Program - "In Harmony with Life" comes lined up to this mission of well-being and quality of life with the philosophy of "taking care of whom takes care", adding benefits to the 750 employees and reflecting directly on the assistance of the users.

#### ***Purpose/Methods***

"In Harmony with Life" has as objective to improve the quality of lifestyle and health of the employees of Santa Helena Hospital. It was realized a survey of the health profile. According to the motivational state and health, actions were developed: physical education work, nutrition care, clinic of physiotherapy, acupuncture, psychology, guitar classes, soccer and volleyball training and punctual activities. Data collection were realized for evaluation and monitoring of the obtained data, from 2007 to 2015. The data were compared.

#### ***Results***

It was observed a reduction of 39.9% of excessive stress (from 6.54% to 3.93%), 62.6% of depression (from 1.34% to 0.5%) and 42.0% of smoking (from 13.54% to 7.85%). It was noted a reduction of musculoskeletal diseases such as neck pain (from 13.42% to 10.88%), arm and hand pain (from 10.91% to 6.34%).

There was a decrease of uncontrolled hypertension of 55.1%. It was observed an improvement in self-rated health. It was observed a reduction of the absences justified by medical certificates.

#### ***Conclusions***

It was verified change in the lifestyle for risk factors as stress and smoking. As well as this, it was observed a reduction of depression, musculoskeletal diseases and uncontrolled hypertension. The health promoti-



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on program helps to reduce the days off for illness of the employees. The continuity of the health promotion program "In Harmony with Life" should be priority to reach better results in health prevention and promotion in this population.

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### **Identification of modifiable risk factors among patients of a large Australian health service**

DEAN Emma, LIVINGSTONE Cameron, SHI Linda, CORBEN Kirstan

#### **Introduction**

Chronic diseases lead to reduced quality of life, significant morbidity and mortality globally. There are many underlying risk factors for chronic diseases, many of them modifiable, including smoking, poor nutrition, obesity and untreated hypertension and hyperlipidaemia. The strengthening of the prevention system within Australian health services aims to more systematically identify and respond to modifiable risk factors.

#### **Purpose/Methods**

The aim was to investigate the current rate of identification of modifiable risk factors among admitted patients. A retrospective medical record audit, informed by a literature review, included more than 150 patients admitted on a single day in July 2014 for the rate of identification of a range of modifiable risk factors. These factors included hypertension, smoking status, phy-

sical activity, living arrangements, alcohol and other substance misuse and weight and body mass index (BMI).

#### **Results**

The rate of identification of risk factors varied hypertension (91% of medical records); living arrangements and marital status as an indicator for social isolation (70%); smoking status (66%); weight and/or BMI (39%); physical activity levels (35%); alcohol use (28%); illicit substance use (19%); and prescription drug abuse (4%). The rate of identification of smoking status has risen from 14% three years earlier as a result of a clear organisational improvement priority.

#### **Conclusions**

This review of current practice demonstrates that the identification of modifiable risk factors among patients in a large Australian health service is not undertaken systematically. The results identify opportunities to engage health services and health professionals in strengthening preventative health practices through the systematic assessment of and response to modifiable risk factors. Alfred Health is actively developing its response to overweight and obesity as a result of this audit.

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### **Health Promotion in Emergency Department: Early initiation of intervention for Opioid Dependence**

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#### **Introduction**

Opioid-dependent patients often suffer from many severe conditions and frequently use the emergency department (ED) for different kinds of medical care. It would therefore be relevant to consider initiating treatment opioid dependence in the ED. Thus the aim of this study was to test different interventions for opioid dependence in an ED setting.

#### **Purpose/Methods**

In a randomized trial 329 patients with opioid dependence were allocated to three arms of different levels of intervention after screening: (I) 104 patients were



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referred to treatment only; (II) 111 patients had Brief intervention (BI) in ED + facilitated referral to community-based treatment services; (III) 114 patients had BI & buprenorphine/naloxone in ED + referral to primary care for 10-week follow-up. The primary outcome was undertaking inpatient addiction treatment 30 days after randomization. Secondary outcomes were days per week with illicit opioid use, negative test for illicit opioid in urine, HIV risk, and use of services.

### Results

Overall, significantly more patients had undertaken inpatient addiction treatment services in group (III); 78% vs 45% in group (II) and 37% in group (I) ( $P < 0.001$ ). Group (III) reduced the weekly number of days with illicit opioid use from 5 to 1 vs 6 to 2 days group II and 5 to 2 days in group I ( $P < 0.02 - 0.001$ ). Furthermore, significantly fewer patients from group (III) used inpatient addiction treatment services compared to the other groups; 11% vs 35% and 37%, respectively, ( $p < 0.01$ ). There was no difference among the groups regarding the other secondary outcomes.

### Conclusions

Patients entering ED with opioid dependence had significantly better effect of an early initiated program of BI combined with buprenorphine initiated at ED and referral to 10 weeks follow-up at primary care compared to referral alone or in combination with BI.

Results have been published in: *JAMA*.2015; 313:1636-1644.

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### *The impact of the financial crisis on access to health services in Greece*

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#### Introduction

Greece has been profoundly affected by the global financial and economic crisis, with wide-ranging economic, social and political consequences. In 2015, the country entered its seventh year of recession and was operating within severely constricted fiscal limits. This has led to an inexorable financial burden for Greek citizens, which, in turn, has had an adverse impact on health care provision.

### Purpose/Methods

The national household survey Hellas Health VI was conducted during in April 2015 and covered both urban and rural areas of the Greece's 13 geographical regions. The sample of 1001 individuals, aged  $\geq 18$  years old, was selected using a three stage, proportional to size sampling design and was representative of the Greek population in terms of age and residency. Telephone interviews were conducted according to the ESOMAR code of practice.

### Results

20% of the respondents have not received, although needed, health services during the past year (students: 33%, unemployed persons: 27%). The main reported obstacles were economical difficulties (57%) and lack of time (31%). The majority of those reporting economical difficulties were unemployed (84%) and freelancers (62%). Compared to 2009, 40% of the participants stated that access on health care services worsened and 52% stated a greater financial burden for health care services.

### Conclusions

Greece's health crisis is worsening as a result of continued healthcare budget cuts. The harmful effects of austerity are linked to the increasing inability of patients to access the health system and deterioration in the mental health of Greek people. Policy makers should not disregard the implications that fiscal policies have on the health sector. Greater attention is needed in order to ensure that individuals would continue getting public health care and having access to preventive and social support services.

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### *Following research of advanced HPH quality plan and analysis*

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#### Introduction

Wan Fang Hospital had participated in 2014-2015 WHO-HPH advanced quality plan, completed the recognition process with overall fulfillment of 100%, and had been awarded of gold level by WHO. After a series of health promotion and education lectures, a follow up research was done for one year during July 2014 to July 2015, regarding the understanding of health promotion



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and actual health promotion behavior of staff and patients in Wan Fang Hospital.

### **Purpose/Methods**

A total of 304 patients were collected from out-patient department and nursing home. Health promotion education and personal health promotion prescription were given by the family medicine doctor, and a total of 236 participants had received health promotion action. Questionnaires were collected from 52 staff of department of family medicine and health examination center. We held health promotion activities and lectures. Health promotion clubs of smoke quitting and exercise were also established. All participants had completed pre- questionnaires and post- questionnaires.

### **Results**

Analysis of patient questionnaires showed a positive correlation between exercise habits, weight control, and smoke quitting with the time and frequency of health promotion education. Patients who received 3 education sessions would increase 14% of smoking cessation rate compared with patients who received

one. Satisfactions toward hospital were over 90 % in patients who received education. Smoking rate of staff was decreased to below 5%. Staff with exercise habit increase 36.5% and satisfaction toward work place increased 18%. The results of HPH advanced quality plan research to be presented at conference.

### **Conclusions**

This research showed the persistent health promotion education and lectures toward patients and staff could improve health status. The more time we spend on discussing and educating to our patient, the healthier they get. Furthermore, after the health promotion action, the smoking rate of our staff decreased to 1/4 of previous rate, and 90% of staff showed satisfaction toward work place, which was a significant improvement. It represented that the health promotion actions are worth to keep moving on.

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