



International Network of  
Health Promoting Hospitals  
& Health Services

## *Shared strategy and co-benefits between children-friendly and age-friendly care*

**1ST INTER-TASK FORCES WEBINAR-CHILDREN WITHOUT BORDERS:  
BUILDING THE HPH NETWORK SHARED STRATEGY TO PROMOTE  
CHILDREN'S HEALTH IN ALL SETTINGS**

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# ***Shared strategy and co-benefits between children-friendly and age-friendly care***

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- Introduction to HP, HPH & age-friendly health care
- Similarities and co-benefits between children-friendly and age-friendly care
- Conclusion



# Health Promotion, definition

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## ■ WHO (current) & Ottawa Charter (1986)

“Health promotion is the process of **enabling people** to increase control over, and to improve their health.”

## ■ WHO, WPRO (current) & Bangkok Charter for Health Promotion in a Globalised World (2005)

“Health promotion is the process of enabling people to increase control over **their health and its determinants**, and **thereby** improve their health.”



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# HPH

## - from healthcare-for-all to health-for-all

- **The aim:** health & people vs. illness & individual patient;
- **The method:** a framework based on Ottawa Charter was applied to create **enabling conditions** to address **determinants of population health** and **determinants of practice behaviors** which goes beyond individual practitioner's clinical knowledge or practice;
- **Overarching principles:** holistic positive health & well-being, life-course approach, equity & rights-based approach, solidarity, participation & shared decision-making, safety;
- **Several initiatives:** children-friendly, age-friendly, culture-friendly, environment-friendly, smoke-free, alcohol-free, health-literate, etc.



# Why so many initiatives?

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- PEOPLE is the collection of different age groups, genders, ethnic groups, etc.
- developed to address unique needs of each different subgroup/topic in details,
- but all apply the shared framework & principles.
- Provide quick **guidance** for health services to implement,
- Strengthen the organization's health promotion capacity in adopting the shared strategy and principles.
- Hospitals/health services might start with any of them to arrive at the shared health-for-all endpoint.



# Government-driven quality initiatives for high-impact areas & their coverage

Issues with cost benefits	Health promotion modules	Number	% of coverage	
1. <b>Smoke-free &amp; smoking cessation</b>	Tobacco-free hospital	209 H	80+ %	(beds)
2. <b>Nutrition/Exercise/Body weight management</b>	Weight-control	179 H	63%	(beds)
3. <b>Breastfeeding</b>	Baby-Friendly hospitals & Health Services	182 U	81%	(births)
4. <b>Diabetes healthcare</b>	Health Promotion Institutions for DM patients	229 U	61%	(patients)
5. <b>Kidney disease control</b> (dialysis prevention)	Health Promotion Institutions for CKD patients	166 U	61%	(patients)
6. <b>Cancer screening</b>	Cancer Prevention Hospitals	231 U	56%	(eligible population)
7. <b>Active Ageing</b> (elderly health promotion, fall prevention, drug safety, palliative care, barrier-free, NCD screening and control, etc)	Age-Friendly Hospitals & Health Services	469U	H: 65%	(beds)
8. <b>General</b> (+ staff health promotion)	WHO Health Promoting Hospitals & Health Services	163 H	H: 70%	(beds)
9. <b>Climate Change</b>	Environment-friendly Hospital	174 U	H: 76%	(beds)

To be strengthened: children, women

# Why starting from age-friendly initiative?

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- Easier to be accepted by health services managers due to higher awareness of demographic change;
- Diverse needs with all aspects of ageing/deterioration/impairments provide opportunity for a comprehensive improvement to fit the needs of people of different age groups and people living with disability of any type.
- Could move to the other sub-groups step by step after HS became familiar with the shared principles.



# A whole set of the AF module

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1. **The AF vision and framework;**
2. **Tools** for clinical practice;
3. **Indicators** for monitoring and benchmarking
4. **Organizational pathway for implementation**

## Who can participate?

Health Services having encounters with older persons, including: hospitals, clinics, public health centers, long-term care facilities





# Vision, values & missions of age-friendly health Care <sup>Shu-Ti Chiou</sup>

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- **Vision:** An age-friendly hospital (or health service) is an organization promoting **health, dignity and participation** of older persons.
- **Values:** Health, Humanity, Human Rights
- **Missions:**
  - To create a **friendly, supportive, respectful and accessible healing environment** tailored to the **unique needs** of senior persons;
  - To facilitate **safe, health promoting, effective, holistic, patient-centered and coordinated care** in a planned manner to the older persons;
  - To **empower** older persons and their **families** to increase control over their health and care.



# The Age-friendly Framework



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4 standards, 11 sub-standards, 60 measurable items

standards	Sub-standards	Priority action areas
<b>Management Policy</b>	1.1 Developing an age-friendly policy 1.2 Organizational support 1.3 Continuous monitoring and improvement	<ul style="list-style-type: none"> <li>• Political commitment</li> <li>• Supportive policies and environments</li> <li>• Staff training &amp; culture</li> <li>• Measurement, monitoring &amp; CQI</li> </ul>
<b>Communication and Services</b>	2.1 Communication 2.2 Services	<ul style="list-style-type: none"> <li>• Age- and culture- appropriate communication</li> <li>• Adequate information and rights to know/choose/refuse</li> </ul>
<b>Physical Environment</b>	4.1 general environment and equipment 4.2 transportation and accessibility 4.3 signage and identification	<ul style="list-style-type: none"> <li>• Clear signage, fall-proof design</li> <li>• Universal design</li> </ul>
<b>Care Processes</b>	3.1 Patient assessment 3.2 Intervention and management 3.3 Community partnership and continuity of care	<ul style="list-style-type: none"> <li>• Social health assessment</li> <li>• Shared decision/planning</li> <li>• Healthy ageing and integrated care across all settings</li> </ul>

# Comparison of 3 main AF frameworks

	ICOPE (WHO)	4M (IHI)	AFHC (HPH)
<b>Patient-centeredness</b>			
Evidence-based approach	Yes	Yes	Yes
Cover bio-psycho-social aspects	Yes	Yes	Yes
Shared decision making	Yes	Yes	Yes
<b>Person-centeredness</b>			
Emphasize HP & healthy living	Somewhat risk-oriented	Primarily risk-oriented	Both HP & risk management
Older people's role as a giver	No	No	Yes
<b>People-centeredness</b>			
Integrated care	Yes	-	Yes
Age-friendly environments	No	No	Yes
Age-friendly management policies	No	No	Yes
Workforce competence development	Yes	Yes	Yes
Staff participation & innovation	No	No	Yes

# Determinants of health and co-benefits

	Problems	Age-friendly HC	Children
<b>Political</b> determinants	Lack of political will	System- and policy- approach; stakeholders participation	+++
<b>Environmental</b> determinants	Unsafe buildings & public spaces; Unhealthy environments	Universal design; Healing environments; Healthy stores; Healthy & green purchasing policies	+++
<b>Commercial</b> determinants	Sponsoring from infant formula companies	Ban of promotion/ marketing of unhealthy products; Incentive/subsidy for healthy purchasing and active transportation	+++
<b>Social</b> determinants of health	Health inequality; Healthcare quality disparities	Universal health coverage; Social health screening; Monitoring and continuous reduction in variation of quality.	+++



# Conclusions

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- Starting from either age-friendly initiative, children-friendly initiative or environment-friendly initiative makes implementing the others very much easier.
- kick off one among them at a right time while it is under the public's or politician's attention makes it more welcome.
- Cross-checking of elements between initiatives help learning from one another
- HPH is even more important than before under the 2030 Sustainable Development Agenda.