



# **The new HPH Activity Database**

## **- Report on pilot implementation**

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## **The Activity Database of the International Network of Health Promoting Hospitals and Health Services – a pilot study on implementation.**

### INTRODUCTION

The International Network of Health Promoting Hospitals and Health Services (HPH<sup>1</sup>) has previously worked with ways of logging HP projects. However, on the basis of the needs, wishes and requests from the Network, earlier solutions were no longer adequate, and thus a new web-based solution was developed.

The database facilitates the identification of possible partners for collaboration and the exchange of experience and knowledge. Also, the database allows HPH Members and other interested parties to find information on the different health promotion activities that have taken and are taking place within the member Hospitals / Health Services.

### MATERIALS & METHODS

The database and the upload process itself were pilot tested by Hospitals / Health Services from Norway and France in close collaboration with the National HPH Coordinators. The test itself was carried out by Hospital / Health Service Coordinators and



assisted by the National Coordinators. To support the work further, a technical hotline was also established at the International HPH Secretariat.

### MAIN RESULTS

The pilot test results seemed positive, and the potential of the database as such appears to be vast. A total of 6 Hospitals / Health Services from the two Networks took part in the test, and

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<sup>1</sup> See "The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services. Concept, framework and organization." (WHO 2007) WHOLIS Number E90777



uploaded a total of 13 HP Activities to the online database. There were no acceptance limitations regarding topics and content, so the uploads ranged very widely and related to issues like tobacco, nutrition, psychology, drugs, alcohol, technology, children, staff, physical activity and migrant friendly efforts (see for instance the two examples below).

#### **An example from France**

<b>Title:</b>	Healthy Hospital Nutrition
<b>Hospital:</b>	Centre Hospitalier de Martigues
<b>Network:</b>	French Network of HPH
<b>Background:</b>	In France, the National Nutrition Health Program and the National Health Authorities highlights the importance of nutrition and the development of hospital nutrition policy
<b>Purpose:</b>	Develop a nutrition policy in the hospital and help target groups to learn to eat better through health education and health promotion
<b>Methods/actions:</b>	Training and information to patients and population (workshops etc.) Training and information to nurses (and others health professionals)
<b>Target groups:</b>	Children and adolescents / elderly / patients social networks / lower social classes
<b>Results:</b>	At the hospital a Nutrition Committee is created, Screening and management of malnutrition is done for each new patient, An annual symposium is organized on the theme of nutrition, funding was continued.

#### **An example from Norway**

<b>Title:</b>	A lighter life
<b>Hospital:</b>	Sørlandet Sykehus HF
<b>Network:</b>	Norwegian Network of HPH
<b>Background:</b>	Diabetes type 2 (DM2) is increasing in Norway. It is important to change the lifestyle of people who have increased risk of developing DM2
<b>Purpose:</b>	Reduce weight and improve fitness in people with elements of metabolic syndrome
<b>Methods/actions:</b>	Group based intervention by multiple health professionals. Evaluation through randomised controlled trial. Questionnaire. SF36, Smart Diet, Physical activity last 7 days. Observations. Bruce treadmill test
<b>Target groups:</b>	Patients in risk of developing DM2. Used a simple "Diabetes risk score" developed from the Finish Diabetes Prevention Study by Tuomilehto
<b>Results:</b>	The project is still running

As for the technical comments, it was reported that, overall, the database is reasonably easy to use and that the upload template is easy to complete. Also, it was frequently articulated that the



database holds interesting potential and a lot of promise if it becomes a frequently used platform for knowledge sharing worldwide. Further, the search function on the [www.healthpromotinghospitals.org](http://www.healthpromotinghospitals.org) page integrated into the database without any problems. Thus searches on headline words or key words in the body text does list the relevant activity uploads among the search results.

The obstacles encountered included language issues, organisational issues, time consumption issues, technical issues and usability issues:

Translation was reported to be a problem, and it was proposed that local language options were needed for the database to catch on (for instance an option of full text attachment in local language). With regards to organisation, hospitals or health services with primary HPH anchorage in staff rather than management experience delays due to managerial hesitation to allow activity uploading.

In relation to time consumption, it was reported that the total time spent for the first upload was between 1-3 hours, and then it would decrease significantly for subsequent work. In order to upload information to the database, HPH members in most cases had to initially request the Hospital / Health Service manager's accept. Therefore, the process was somewhat cumbersome and forced the National Coordinator to take a very active role. On the other side however, it was noted by many that such a dialogue with management underlines the Activity Database's function of potentially enhancing HPH visibility and anchorage in management levels. In relation to time consumption, it was an issue that both project/activity leader and HPH Coordinator must be involved at some point.

With regards to technical / usability issues, an addition of rich text options such as bold, italic, line break etc. was reported to be important. The same goes for an attach file option and an option to add complementary aspects (outside the IMRAD template). Aside from these issues, there were some general usability issues related to the site. These included the log in process, modification of projects once they are registered and access to the upload part of the database. Generally, there was a wish to have easier access to the required sections with fewer clicks.



## PERSPECTIVES

The HPH Activity Database was designed to contain information about ongoing and finalized health promotion activities within the network<sup>2</sup>. On one hand, the database should enable HPH members to identify partners for collaboration and exchange of knowledge and experience in an easy and efficient fashion. On the other hand, the activity database should function as a “window to the world”. External health promotion specialists and other interested parties will be able to learn more about HPH and find inspiration regarding future HP activities and research areas. Further, the generic IMRAD template makes it easy to plot in data from abstracts (for instance given at the HPH Conference and other events) to avoid double work.

The technical issues that still need to be addressed are relatively easy to deal with in the upcoming modernised version of the homepage. Firstly, it seems that options of language etc. must be added and that usability could be improved to encourage more uploads.

Thanks to the important feedback from the pilot test Hospitals / Health Services, a great knowledge platform for improving the Activity Database is now secured.

All user experiences and reported issues will be addressed and implemented in the re-design of the database within the new HPH homepage<sup>3</sup>.

(This project was presented at the HPH General Assembly in Greece, May 2009)

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<sup>2</sup> Groene, O., Garcia-Barbero, M. (Eds.): “Health Promotion in Hospitals: Evidence and Quality Management.” Copenhagen, WHO Regional Office for Europe, 2005

<sup>3</sup> HPH General Assembly Meeting Report, Crete, Greece, May 6th 2009