

# N/R Networks Progress Report 2015-2016

Dear National and Regional HPH Coordinators,

We hereby start the collection of the HPH Progress Reports for the period 2015-2016. We ask all of you to fill in the report and send it to us before Wednesday, February 15, 2017.

This year, the progress report format has been updated to allow you to save your work on the report and come back to it later, in several reporting sessions if needed. This should ease the process and accommodate your requested format changes.

The progress reports support the exchange of knowledge and experience, and they are important tools for HPH to assess the work in the HPH N/R networks and adjust and identify key priorities for actions and improvement.

The progress report is structured with three main parts;

- 1) Administrative information of the Networks. This part will insure that the available information is up-to-date and correct.
- 2) Report on the work of the N/R Network. This part is closely related to the [HPH Global Strategy 2013-2015](#) and your network's progress and work on the strategy's activities and goals. As the standards are a priority in the strategy, there will be a set of questions related to your network's fulfillment of the standards.
- 3) Additional questions. This part will give an overview of other important projects and initiatives done in the N/R networks.

As it was requested by the HPH General Assembly, this year the int. HPH Secretariat have filled in information and answers from the previous Progress Report from 2013-2014 in the individual reports (if this was submitted by the network). If this information is still correct, you do not need to do any further in these questions. If the information is inadequate or should be up-dated, we ask you to revise or add new information.

The progress reports are mandatory and upon collection of all data, the reports are made publicly available online (both individually and in collated form).

We acknowledge that the Progress Reports require extra work from the N/R coordinators, but as they are important tools for a continued improvement and assessment of the network, we hope you appreciate the necessity of the task at hand.

## Part 1: Administrative Information

1. Name of Network

Connecticut
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2. Network Coordinator

Name	Susan B. Frampton
Phone	+1 2033055115
E-mail	sframpton@planetree.org
Address	130 Division Street Derby Connecticut USA 06418
Network Website	www.planetree.org

3. Coordinating Institution

Name	Planetree International
Address	130 Division Street, Derby, CT USA 06418
E-mail (If different from coordinator's)	sframpton@planetree.org
Phone (If different from coordinator's)	203 732 1365
Institution Website	www.planetree.org

4. Date of Establishment and Expiration

	MM/DD/YYYY
Date of Establishment	2008
Expiration of Network Agreement	

5. Period covered by this Progress Report (If different or only part of 2015-2016)

	MM/DD/YYYY
From	
To	

6. Number of your Network's members at the time of reporting

Number of Hospitals

1
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Number of Health Services

2
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Number of entities that are combined Hospital / Health Services

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Number of Affiliated members

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7. Date of checking online list of all my network members on [hphnet.org](http://hphnet.org)

	MM/DD/YYYY
Date	12/02/16

8. Is the list of your members on [hphnet.org](http://hphnet.org) up to date?

Yes	
No	x

9. How many new "net" member has your Network recruited in the period?

2015	0
2016	0

If you have members who have left the network, what is the reason for this withdrawal?

lack of interest, financial difficulties

How many hospitals and health services in your country/region do you believe have the potential to join the activities of your Network?

Yale Global Health Institute

10. Does your Network have additional National/Regional criteria (supplementary to the International Network's criteria) for new members to join?

Yes*	
No	x

\* Please specify additional National/Regional criteria for new members

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11. Has your Network sent, or is it planning to send, material to the International HPH Secretariat?

Yes*	
No	x

\* What materials?

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12. Please rate how your Network has put the mission, purpose and objectives described in [the HPH Constitution Art 1-3](#) into practice on the National/Regional level.

Not at all	A little bit	Moderate	Quite a bit	Completely
			x	

Please elaborate on your work

All of our work focuses on and supports the mission of better health gain by improving the quality of health care, the relationship between hospitals/health services, the community and the environment, and the conditions for and satisfaction of patients, relatives and staff.

## Part 2: Report on the work of N/R Network

### 13. Organizational structure and way of working

Please describe the organization of your Network e.g. coordinating institution, scientific committee, steering group, task forces etc.

Planetree acts as a coordinating institution for our two other members, Griffin Hospital and the Yale-Griffin Prevention Research Institute

### 14. Outcomes and main achievements in your Network

Please describe your main outcomes and achievements in the period 2015-2016

Hosting of the 2016 HPH annual conference; publishing in several peer-reviewed journals on topics promoting patient and family engagement in research; chairing a Scientific Advisory Panel for the US National Academy of Medicine on the Evidence Base for Patient Engagement; Griffin Hospital implemented a new employee wellness service through its health insurance provider that provides HRAs free to all staff

You are welcome to share both challenging and enriching experiences with the other members of the International HPH Network

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How many hospitals and health services in your country/region do you think have potential to join the activities of your Network?

4-6

### 15. If your Network have worked with national, regional or local projects, please list them here

National Quality Forum Action Team on Advanced Illness Care; National Academy of Medicine Patient and Family Engagement project; Patient Centered Outcomes Research Institute study on use of research by patient-family advisory councils; State of Connecticut Innovation Model for transforming primary care practice; Patient Centered Primary Care Collaborative support network for transforming primary care

### 16. Evaluation and monitoring

	Yes	No
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Have your network carried out any evaluation and monitoring of the implementation of the WHO Standards?*		X
Have any additional analysis or surveys been carried out?**	X	

\* If yes, please provide information

We have conducted a survey of primary care practice staff in the state of CT to evaluate use of patient-centered tools and practices to promote health, including shared decision making, shared care planning, and advanced care planning

\*\* If yes, please provide information

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### **WHO-HPH Standards & Indicators**

17. Which of the WHO Standards and Sub-Standards have been given priority in your Network?

	Priority	No priority
<b>Standard 1: Management Policy</b> <ul style="list-style-type: none"> <li>- Description: The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.</li> <li>- Objective: To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system.</li> </ul>	Griffin Hospital has such a policy for its staff	
<b>Standard 2: Patient Assessment</b> <ul style="list-style-type: none"> <li>- Description: The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.</li> <li>- Objective: To support patient treatment, improve prognosis and to promote the health and well-being of patients.</li> </ul>	This is done as a part of national regulations on tobacco cessation in particular	
<b>Standard 3: Patient Information and Intervention</b> <ul style="list-style-type: none"> <li>- Description: The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.</li> <li>- Objective: To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways.</li> </ul>	Griffin Hospital has established Patient Pathways for a variety of diagnoses	
<b>Standard 4: Promoting a Healthy Workplace</b> <ul style="list-style-type: none"> <li>- Description: The management establishes conditions for the</li> </ul>	This is a major	

<p>development of the hospital as a healthy workplace.</p> <ul style="list-style-type: none"> <li>- Objective: To support the development of a healthy and safe workplace, and to support health promotion activities of staff.</li> </ul>	<p>focus, and extends to exercise and nutritious food options, meditation services and employee mental health counseling</p>	
<p><b>Standard 5: Continuity and Cooperation</b></p> <ul style="list-style-type: none"> <li>- Description: The organization has a planned approach to collaboration with other health service providers and other institutions and sectors on an ongoing basis.</li> <li>- Objective: To ensure collaboration with relevant providers and to initiate partnerships to optimize the integration of health promotion activities in patient pathways.</li> </ul>	<p>Yes</p>	

***Which of the WHO Standards and Sub-Standards have been implemented in your Network?***

**18. Standard 1: Management Policy**

	Implemented	Not implemented
1.1. The organization identifies responsibilities for health promotion	yes	
1.2. The organization allocates resources for the implementation of health promotion	yes	
1.3. The organization ensures the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities	yes	

**19. Standard 2: Patient Assessment**

	Implemented	Not implemented
2.1. The organization ensures the availability of procedures for all patients to assess their need for health promotion		x
2.2. The assessment of a patient's need for health promotion is done at first contact with the hospital. This is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request		x
2.3. The patient's needs-assessment reflects information provided by others and ensures sensitivity to social and cultural background	yes	

#### 20. Standard 3: Patient Information and Intervention

	Implemented	Not implemented
3.1. Based on the health promotion needs assessment, the patient is informed of factors impacting on their health and, in partnership with the patient, a plan for relevant activities for health promotion is agreed		x
3.2. The organization ensures that all patients, staff and visitors have access to general information on factors influencing health	x	

#### 21. Standard 4: Promoting a Healthy Workplace

	Implemented	Not implemented
4.1. The organization ensures the development and implementation of a healthy and safe workplace	x	
4.2. The organization ensures the development and implementation of a comprehensive Human Resources Strategy that includes training and development of health promotion skills of staff	x	
4.3. The organization ensures availability of procedures to develop and maintain staff awareness on health issues	x	

#### 22. Standard 5: Continuity and cooperation

	Implemented	Not implemented
5.1. The organization ensures the health promotion services are coherent with current provisions and	x	

regional health policy plans		
5.2. The organization ensures the availability and implementation of health promotion activities and procedures during out-patient visits and after patient discharge	in some areas, for example cardiac rehab services, cancer survivor groups	

23. Has your Network supported member hospitals to implement and follow up on the standards and indicators?

Yes	x
No	

You are welcome to share your experience with the other members of the International HPH Network

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24. How many of your Network's members have implemented Standard 1 and elements of Standard 2, 3, 4 & 5? (See the description of each Standard in question 17)

All have	x
Most have	
Some have	
A few have	
None have	

### ***Teaching and Training***

25. Has your Network participated in international WHO-HPH Schools in 2015-2016?

Yes, in 1 or more than 1 per year	
Just one school in this period	x
No	

26. Has your network established local teaching and training? (hands-on, e-learning etc.)

Yes*	x
No	

\* Please describe

Network members have access to e-learning modules and training through the staff wellness vendor
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### **Communication and Advocacy**

27. Please list the HPH related meetings and conferences conducted by your Network in the period 2015-2016 (Please list numbers of participants and any co-organizers)

Annual HPH conference in June
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28. Has your Network advocated HPH locally within the period 2015-2016?

Yes*	x
No	

\* Please provide details

We have promoted HPH membership to several large academic medical centers in the region but there is a lack of interest in participating, in part because many of the HPH
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standards are already built into national and regional requirements in the US, and implementing HPH standards is seen as unnecessary additional work.

29. Has your Network participated at local policy level?

Yes*	x
No	

\* Please provide details

We are working with the state of Connecticut to improve the provision of patient-centered primary care practices, to include health promotion and shared decision making tools, however without financial incentives it is challenging to achieve uptake

30. Has your Network translated key HPH documents and tools to local language and sent out to members?

Yes*	x
Partly*	
No	

\* Please list documents translated and distributed

HPH standards have been distributed to potential new US members

31. Has your Network informed the International HPH Network about your national or regional communication and advocacy efforts?

Yes	x
No	

How can we make it easier for you to share these efforts in the future?

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### ***Advancement of Clinical Health Promotion Research***

32. Has your Network participated in multi-centre research projects?

Yes, with 2 members or more	x
Yes, with 1 member	
No	

33. Has your Network informed at policy level nationally or regionally about HPH research?

Yes, one 2 or more occasions*	x
Yes, on 1 occasion*	
No	

\* Please describe these occasions/events and the research in question

<b>PREDICT (Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork)</b>				
Previous 5-year Funding Cycle				
Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT) used community- based research to help reduce the incidence and complications of Type 2 diabetes among African- American residents of New Haven.				

<p>PREDICT used a Community Health Advisor (CHA) approach to educate people who were at risk of developing diabetes. We formed partnership teams with New Haven residents and representatives of churches, health centers, and state and local agencies. We asked residents what would help prevent diabetes in their community, and studied effective examples of other community diabetes prevention programs. We then selected a faith-based approach to reach our target population. We recruited 21 members of New Haven churches to serve as Community Health Advisors (CHAs). We trained them to provide diabetes prevention education and social support to</p>				
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<p>residents. The CHAs worked through their churches, health fairs, and other settings to educate local residents about diabetes prevention. Our study showed a significant improvement in diabetes knowledge among CHAs and our target population, and demonstrated the feasibility of using a Community Health Advisor model in this setting.</p>				
<p><b>TRIAD (Translational Research Intervention Against Diabetes)</b></p>				
<p>5-year cycle beginning in September 2009</p>				
<p>Translational Research Intervention Against Diabetes (TRIAD) will build upon the design and findings of the PREDICT study to reduce the incidence of Type 2 diabetes</p>				

among African Americans. We plan to return to the New Haven community to deliver a community-based diabetes intervention program which will again use the CHA model to deliver information. The intervention will focus on using 3 “portals” to reach community members: schools, churches, and health centers. We will partner with members of the New Haven community to design and implement our study.				
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34. Has your Network published any HPH research papers in journals within the period 2015-2016?

Yes*	x
No	

\* Please provide titles, author names and name of journal

Harrison J and Frampton SB, *Patient and Family Engagement in Research in Era 3*, Journal of the American College of Radiology; Harrison J and Frampton SB, *Resident-Centered Care in 10 Nursing Homes*, Journal of Nursing Scholarship; **Katz DL. The Mass of Humanity and the Weight of the World: Obesity and the Environment at a Confluence of Causes. *Curr Obes Rep.* 2016 Dec;5(4):386-388. Review.**  
**Njike VY, Yarandi N, Petraro P, Ayettey RG, Treu JA, Katz DL. Inclusion of walnut in the diets of adults at risk for type 2 diabetes and their dietary pattern changes: a randomized, controlled, cross-over trial. *BMJ Open Diabetes Res Care.* 2016 Oct 19;4(1):e000293.**

Njike VY, Smith TM, Shuval O, Shuval K, Edshteyn I, Kalantari V, Yaroch AL. **Snack Food, Satiety, and Weight.** *Adv Nutr.* 2016 Sep 15;7(5):866-78. doi: 10.3945/an.115.009340. Review.

Njike VY, Kavak Y, Treu JA, Doughty K, Katz DL. **Snacking, Satiety, and Weight: A Randomized, Controlled Trial.** *Am J Health Promot.* 2016 Aug 10. pii: ajhp.150120-QUAN-676. [Epub ahead of print].

Epstein LH, Finkelstein EA, Katz DL, Jankowiak N, Pudlewski C, et al. **Effects of nutrient profiling and price changes based on NuVal® scores on food purchasing in an online experimental supermarket.** *Public Health Nutr.* 2016 Aug;19(12):2157-64.

Gurevich KG, Reynolds J, Bifulco L, Doughty K, Njike V, et al. **An evaluation of the reliability of the food label literacy questionnaire in Russian.** *Health Education Journal.* 2016 April 01; 75(3):270-277.

Adams ML, Katz DL, Shenson D. **A healthy lifestyle composite measure: Significance and potential uses.** *Prev Med.* 2016 Mar;84:41-7.

Meldrum H, Katz DL, Egger G. **Letter to the editor: lifestyle medicine in Expert Review of Cardiovascular Therapy.** *Expert Rev Cardiovasc Ther.* 2016 Mar;14(3):263.

Katz DL. **Commentary: Diet, Despotism, and the Dialectic of Denial.** *Journal of the Association for Consumer Research.* 2016 January; 1(1):190-191

35. Have you encouraged your members to publish their research in the official HPH journal; Clinical Health Promotion - Research and Best Practice for Patients, Staff and Community

Yes	x
No	

36. Does your Network regularly keep the members updated with the newest HPH research?

Yes	x
No	

You are welcome to share your experiences with the other members of the HPH Network by describing how you communicated the research

We circulate the HPH journal to all of our network members

37. Has your Network developed a national or regional action plan?

Yes*	
No	x

\* Please provide plan (or key summary of plan)

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### Part 3: Additional Questions

38. Have your Network had any additional strategy, priorities and focus areas?  
(Please list them here)

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39. Connection to National/Regional health policy and strategies

	Yes	No	Don't know
Is health promotion a focus area in National/Regional health policies, laws and regulations in your country/region?*	x		
Within the period 2015-2016, has changes in National/Regional health policies had directly influence on your HPH activities?***			x
Is the National/Regional health system supportive of the development of health promotion?	x		

\* Please provide information on how health promotion was given focus?

There are many ways that health promotion is supported nationally and regionally, especially in terms of regulations restricting public use of tobacco and alcohol, taxes on
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potentially harmful substances, advertising supportive of exercise and good nutrition, limiting the use of federally and state-subsidized food vouchers to food only, movement in education to improve the nutritional value of children's school lunches, etc.

\*\* Please provide details of these changes

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40. Have your Network received recognition/acknowledgment from public authorities, health systems etc.?

Yes	x
No	

\* Please provide information on this recognition/acknowledgment

The Yale-Griffin Prevention Research Center is a member of the [Prevention Research Centers Program](#), supported by the Centers for Disease Control and Prevention cooperative agreement number 1U48DP005023-01 and has received continued funding for its health promotion programming for 30 years. This is extremely competitive funding. Planetree's funding for its work with patient and family advisory councils through PCORI and our primary care project in CT are also both competitive programs. Funding is itself an acknowledgment of the quality of the projects.

41. Are key documents (e.g. Vienna Recommendations, Ottawa Charter, Information Package, WHO Standards (SAT), Letter of Intent, Constitution etc.) available in your local language?

Yes	x
No*	

\* Please provide titles of those HPH materials that should be made available in your language?

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42. Collaboration with the International HPH Network and with WHO

	Yes	No
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Does your Network have any participation in international, national or regional task forces and/or working groups?*	x	
Does your Network collaborate with WHO? **	x	
Does your Network issue any guidelines on how to implement recommendations from the task forces and working groups, e.g. Migrant Friendly and Culturally Competent Health Care?		x

\* Please list which Task Forces or Working Groups

WHO Seychelles Patient Centered Care strategic planning workgroup

\*\* Please describe this collaboration

Invited collaboration with WHO Afro Region and Seychelles MOH to develop a strategic plan for patient centered health care services for Seychelles

43. How do you think that the International HPH Network, the HPH Governance Board and the HPH Governance Assembly could meet the needs of the National/Regional networks better?

44. How do you think your Network could contribute better to the International HPH Network's fulfilment of its objectives?

I think that the new proposed Working Group on Patient and Family Engagement would be an important contribution to the HPH Network's ability to meet its mission and goals

***Final comments you wish to provide***

This is a much better designed form to work with, thank you