

Newsletter

Nr. 2 - September 1993

Editorial

I The Editorial gives an overview of the contributions of the Newsletter

We are very pleased to be able to forward this second issue of the HPH Newsletter to you, which has doubled in size since No.1, thanks to your numerous contributions and now starts to really work as an instrument for spreading and exchanging ideas and experiences on Health Promoting Hospitals. To help your orientation, we shall shortly comment on each of the contributions in this issue:

We have decided to start with an example from outside Europe, demonstrating that the concepts for hospital reform and reorienting health services the HPH has been developing in the last years are very much in line with international developments. In issue 1/93 of this newsletter, we had a report on a Health Promoting Hospitals project in Victoria, Australia and can follow up this perspective on global developments with a contribution on a model in the United States. We are very happy to be able to include a report from Greater Southeast Healthcare System, Washington D.C. into this issue. Greater Southeast includes a hospital that has established an impressive reputation in the US for showing that even under difficult social circumstances comprehensive care, community orientation and intersectoral cooperation can be realized by hospitals.

In the second part of this issue, several hospitals participating in the European Pilot Hospital Project of Health Promoting Hospitals have taken the chance to present themselves and (some of) their projects to the wider public: The Hospital of the City of Chemnitz, situated in Saxony, one of the «new federal states» of Germany, reports on

its motives for getting involved with the HPH and presents the aims of the hospital and its main partner for cooperation in the HPH-Project, the AOK Chemnitz (the «Allgemeine Ortskrankenkasse», the largest public health insurance company).

The Child Health Centre in Warsaw gives a brief information on its basic data and its subprojects as Pilot Hospital of the HPH. The CHC initially offered a much more thorough report, which proved to be much too long for the Newsletter and we would like to thank our Polish colleagues for taking the trouble to prepare this short version.

Prince Philip Hospital, Llanelli, Wales, presents one of its subprojects as Pilot Hospital for the HPH. The «Llanelli Lifting Package» addresses a severe problem of occupational health for Health Care Workers, especially in the nursing profession.

The University Hospital of Padova, one of the first Hospitals to be accepted as Pilot Hospital in the HPH, reports on a major day of action in Padova on the occasion of World-Non Tobacco day. The Health Promoting Hospital was heavily involved in the preparation of this activity, organized jointly with the local Healthy Cities Project and several other organizations which addressed the tobacco problem in the hospital as well as in the wider community. We would like to draw your attention to the fact that the University Hospital of Padova (Dr. Carlo Favaretti as Medical Director and Project Coordinator) has been so kind to take over the task to act as

focal point for the issue area «Tobacco Free Hospitals». As a first step, he has - together with his collaborators and the Tobacco or Health Unit at WHO-EURO - worked out a questionnaire, which will be mailed to you either together with this Newsletter or shortly afterwards. Please assist him and the HPH-Network by giving information on Tobacco Free policies in your hospital.

A report on the Vaugirard hospital in Paris gives a good idea on the background of this Hospital, which has been nominated to the HPH by the hospital owner, Assistance Publique - Hôpitaux de Paris, to become Pilot Hospital in the HPH. Assistance Publique is one of the largest organizations which is running hospitals in Europe. The report puts its focus on the presentation of Vaugirard's model position in Paris. This geriatric hospital is developing a program for comprehensive care and health promotion for old people, focussing on organizing cooperation with other health and social services and taking responsibility for its patients also outside the hospital's doors.

The Silesian Rehabilitation Centre «Repty», Annex Ustron in Ustron, Poland, informs on its background, the goals it is pursuing by having become a

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Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

Coordinating Centre and Secretariate



Ludwig Boltzmann Institute
for the Sociology of Health and Medicine

WHO-Collaborating Centre for Hospitals and Health Promotor

Jürgen M. Pelikar
Karl Krajic

Stumpergasse 56
A-1060 Vienna
Austria

Phone
+43 1-59 991/244
Fa
+43 1-597 18 71



World Health Organization
Regional Office for Europe

Coordinator
Agis Tsouros

Focal Person
Mila Garcia-Barberc

8, Scherfigsvej
DK-2100 Copenhagen
Denmark

Phone
+45-39 17 17 17
Fa
+45-31 18 11 20

Pilot Hospital of the HPH and what the experiences of the first six months had been like.

From St. Irmingard in Prien/Chiemsee in Germany, another Pilot Hospital of the HPH, we are getting reports on encouraging feed-back on HPH-ideas in Germany. The medical director and HPH-Project Coordinator mentions several articles he has published on the HPH-concepts. Following this report and communications we had with partners in Hamburg and Hildesheim in the last months makes it look likely that a National Network of Health Promoting Hospitals in Germany might be developed in the near future.

In the third part, we present a short report on the state of development of the Polish National Network of Health Promoting Hospitals, now already including 14 hospitals.

A second contribution concerns a health promotion project for health care workers in the United Kingdom:

Health for Health Care Workers is the focus of a report from the Health Education Authority in London.

«Health at Work in the National Health Service» reports on a project initiative, which has been developed by Health Education Authority for the National Health Service (NHS). This project, complementary to the Health

Promoting Hospital - initiative, which is pursued in England also on a national level, will be developed in the

next three years, using a very similar technology for initiating a reform movement like the Healthy Cities Project and the HPH (e.g. selecting pilot sites, safeguarding monitoring and evaluation etc.).

The third contribution in this part is the announcement of a conference on health promotion for hospital staff, organized by our partners in Milano jointly with WHO-EURO and the Coordinating Centre, November 18-20.

1993 in Milano.

We also enclose a call for contributions for the next HPH-Newsletter in this part - please note the deadline December 15, 1993 and read the instructions. The Newsletter closes with a short report on the Meetings of the International Network of Health Promoting Hospitals in Warsaw, April/ May 1993,

on the 1st Business Meeting of the European Pilot Hospital Project of Health Promoting Hospitals and the 1st International Conference. The report closes with the Minutes of the General Assembly of the International Network of Health Promoting Hospitals. The Minutes include a reformulation of the membership categories of the HPH, next steps for the development of the issue area «Tobacco Free Hospitals» in the HPH and first steps in planning the next International Conference, which will take place in Padova, Italy, April 15-16, 1994.

Mila Garcia-Barbero

Karl Krajic

Jürgen M. Pelikan

Agis Tsouros

Expanding the Hospital's Role in the Community

- I **This is a report on a hospital in Washington, D.C., which has established an impressive reputation in the US for health promotion, comprehensive care, community orientation and intersectoral cooperation**

As a health care administrator in an urban community hospital, I understand why hospitals may be reluctant to go beyond their traditional role as healer and health care provider, given the demands already being placed on their limited resources.

But health care administrators throughout the international community know that social and environmental factors have an immediate impact on the health status of the communities they serve, and there is a lot that hospitals can do to help.

The Greater Southeast Healthcare System has shown that hospitals can join their communities in facing societal problems and can expand their role beyond tradition to become a part of the solution, while watching their bottom lines improve.

Greater Southeast was founded in 1955

by concerned citizens of the community and has since earned a reputation for responding to the needs of that community. Much of the geographical area served by Greater Southeast shares characteristics with many inner-city, low-income communities in the United States: a high incidence of violence, deteriorated public housing, high infant mortality and low public awareness of preventive health care practices.

Greater Southeast is a not-for-profit organization, which includes the 450-bed Greater Southeast Community Hospital and the 33-bed Fort Washington Medical Centre. The Centre for the Aging is another subsidiary of the System, which includes the Health Care Institute, a 183-bed teaching nursing home; a multi-service senior center; and the 150-bed Livingston Healthcare Center nursing home. The system also manages several other community-based programs for senior citizens at various locations throughout the greater Washington metropolitan area.

In addition to being the largest employer in the community, Greater Southeast is also a tremendous resource for local residents, community leaders and local government agencies. Greater Southeast is known as a place where people can go for help and innovative problem-solving. No matter what the need, Greater Southeast will explore ways in which to meet it. This may mean bringing various partners to the negotiating table or it may involve seeking financial assistance, helping coordinate or launch a program or simply providing a meeting room.

Greater Southeast is able to do these things, not because it has endless financial resource, but because it has developed an extensive network of connections and its professional staff works with the community, local government and local businesses to arrive at creative solutions.

There are several principles that hospitals can keep in mind when they have identified a need in the community and wish to provide assistance.

Some programs that are developed to meet an existing need in the community create new sources of revenue for hospitals.

For example, Greater Southeast built a

183-bed teaching nursing home called the Health Care Institute in response to the area's growing senior citizen population and its need for quality long term care. We also created a for-profit consulting subsidiary to manage several area nursing homes that came to us in need of leadership and experience in nursing home management.

Many community programs attract new business to a hospital by raising its profile in the community, improving public relations and increasing the community's awareness of the hospital and health-related services.

For example, Greater Southeast and a local shopping center called Iverson Mall worked together to develop a program to bring together area seniors for an exercise program that also offers social contact, blood pressure screenings and health education right in the shopping center. They call themselves the Iverson Mall Walkers. When they join together for their regular walks in the mall, they raise public awareness of Greater Southeast, not just as a health care provider, but as a wellness resource.

Community programs do not have to be cost-prohibitive. They may not require expensive facilities or equipment, but may simply call for a service that can be provided through volunteer efforts and limited use of professional staff. Greater Southeast coordinates the Neighborhood Blood Pressure Watch Program with area churches, barber shops and community groups. The program trains and certifies volunteers to measure blood pressure so that Greater Southeast can make referrals. Funding for specific types of programs can be secured through corporate sponsorships or national and local foundation grants. Sometimes, hospitals can use their resources to help community groups identify these funding sources and apply for assistance. For example, Greater Southeast teamed with the local public schools and the city's public health agency and helped secure funding from several foundations to open a health clinic inside an inner-city high school where students needed access to primary care.

Some community programs may only require initial start-up assistance. They

may evolve to become self-sustaining or, once they are established and proven viable, they may be eligible for, or attractive to, alternative funding sources. Hospitals can serve as a kind of incubator for such programs and can agree in advance on a timeline by which assistance will begin and end, giving the program enough lead time to capture future funding. Greater Southeast provided start-up funds for a consortium of four local churches to launch RIGHT Inc., which provides housing for HIV infected individuals.

In some cases, hospitals can balance the strengths and needs of different groups to create new programs. Senior citizens at Greater Southeast's Center for the Aging, and those who are active in other Greater Southeast programs, volunteer to spend time with elementary school children after school in the Latchkey Program. The children's need for supervision after school is met, while the lives of the seniors are enriched by interacting with the children. The program receives funding from the W.K. Kellogg Foundation.

This is just a small sampling of the many ways that hospitals can become more involved in their communities. Greater Southeast shares this information to further the goal of the HPH network of developing and expanding the health promotive capacity and potential of hospitals and nurturing the development of wide networks for exchange of information and for sharing of experience.

I encourage HPH Newsletter readers and member hospital administrators who are interested in learning more about Greater Southeast's community programs to call (202) 574-6676.

Dalton A. Tong

A Chance for Chemnitz

I The Hospital of the City of Chemnitz in Saxony, one of the «new federal states» of Germany, reports on its motives for getting involved with the HPH and presents the aims of its Pilot Hospital

Project.

Our industrial city has about 280,000 inhabitants and is situated at the foot of the Erzgebirge mountain range in Saxony, one of the federal states of the Federal Republic of Germany. 1990 was a year of fundamental social changes for us in the former German Democratic Republic, changes which were also directly affecting the Public Health Service.

The Chemnitz Municipal Hospital (Städtische Klinik Chemnitz), being one of the largest facilities of its kind in Germany, has at present more than 2000 beds and a staff of about 3000. It is an acute care general hospital offering top medical services in almost all fields; the catchment area extends far beyond the city boundaries.

With its more than 900,000 members in the Chemnitz administrative district, AOK Chemnitz (Chemnitz General Sick-Fund), the second partner of the project, is among the sick-funds in Germany having the greatest membership. The young enterprise, whose structure has been continually built up since 1990, is the most important Financing Agency for the Municipal Hospital Chemnitz, its market share being higher than 50%.

It is in the interest of all the members of this health insurance agency to develop health promotion and fight diseases in all spheres of life - of course also in the hospital.

The joint application to become a Pilot Hospital of the HPH network of WHO thus is the consequence of the responsibility we have towards patients and staff. The goal is to transform the hospital from a service facility to an all-round competent health service. In our view, the best way for achieving this goal is the close cooperation between service providers and financing agencies.

In February, a joint project committee started to work, and by April the preparation of proposals for 5 subprojects was completed. All members of the hospital staff were informed on the matter and called upon to participate. Questionnaires, specifically designed for patients, staff members and visitors, are intended to analyze the prob-

Lists of authors:

Ceratti, Francesco;
Medical Director,
Vittore Buzzi
Hospital, Milano

Tong, Dalton A.;
Executive Vice
President and Chief
Operating Officer,
Greater Southeast,
Healthcare System,
Washington, DC,
USA

Eysymontt,
Zbigniew, Medical
Director, Silesian
Rehabilitation Centre
«Repty», Ustron

Favaretti, Carlo;
Medical Director
University Hospital
of Padova

Horlbeck, Frank;
Project Manager -
AOK Chemnitz

Huntley, Jane;
Health Education
Authority, London

Hüllemann, Klaus-
Dietrich; Medical
Director St. Irmingard
Hospital, Prien

Januszewicz, Pawel;
General Director
Child Health Centre,
Warsaw

Kucharska-Szczurek,
Izabela; HPH-Project
Coordinator, Silesian
Rehabilitation Centre
«Repty», Ustron

Le Faou, Anne-
Laurence; Health
Policy Institute -
University of Paris
VI

Mercier, Lucile;
Board manager of the
Vaugirard Hospital

Price John; Health
Promotion Manager,
Prince Philip
Hospital, Llanelli

lem areas from the point of view of the groups concerned. At the same time, this survey serves as a basis for subsequent evaluation. After the completion of analysis, the subprojects will be properly specified. The respective teams will start the «hot» stage of project work in 1994.

We shall report in this newsletter about the concret contents of the above-mentioned 5 subprojects at a later stage. Our objectives are to improve information and optimize care for patients, to establish a quality assurance system concerning in-patient treatment as well as to use the press and other media to provide the general public with a competent health knowledge with a view to prevent and effectively combat diseases. Children and adolescents will represent a specific target group for these preventive efforts, personal contacts with this target group being part of the overall scheme.

Frank Horlbeck

Child's Health Centre - Memorial Hospital - A Representative of Poland in the European Pilot Hospital Project

- | **The Child Health Centre in Warsaw, a Pilot Hospital of the HPH, gives a brief information on its basic data and its health promotion programmes.**

CHC is the main pediatric centre in Poland, providing multidisciplinary medical, psychological, social and legal care for children aged 0-18 years.

Approximately 100 000 children are cared by the CHC, 15 000 a year are hospitalized and 150 000 examined and advised by the outpatient unit. The clinical base consists of about 570 beds, in this number 150 are in the departments of General Surgery, Cardiosurgery, Neurosurgery, Ophthalmology, Urology; 23 places at Intensive Care and Post-Surgery Depart-

ments; 293 beds for preservative treatment at Endocrinology, Immunology, Gastroenterology, Nephrology and Metabolic Disease Departments; 107 rehabilitation beds complementary to the treatment and treatment closing process.

Information on the Health Promotion movement was published in the hospital bulletin «Weekly Informant». The idea of becoming a candidate for the European Project of Health Promoting Hospitals was discussed with the staff. Nine teams responded, forwarding their programs; the titles of the subprojects chosen are listed below:

- | Nutrition and Health
- | The CHC - a nonsmoking environment
- | Prevention of type B Hepatitis in children and hospital staff.
- | Involvement of CHC's Pediatric Stomatology Department in the hospital's Health Promotion Program
- | Promotion of psycho-social well-being of hospitalized children
- | The hospital - one of the sources of health education
- | Exercise trial.

The hospital became member of the Pilot Hospital Project of Health Promoting Hospitals on April 6, 1993.

Joining the movement of health promotion we try to create proper environment and to influence the attitude of people to disease and their health problems. Regarding economic problems in our country, we realize such programs in the first place which do not need much investments and which accomplishment depends more on staff eagerness and care for the children.

The parents of hospitalized children are allowed to visit their children daily and to take care of them: presence of parents in the hospital is really necessary. This rule is seriously respected by the staff. Parents from outside of Warsaw may stay at our hostel.

The patients and their parents are provided with printed information on how our hospital operates, on the rules of ward function, visiting regulations and cooperation with hospital staff, which

makes it easier for the children and their families to face the period of hospitalization and to participate in the therapeutic process.

The staff does its utmost to minimize the psychological stress associated with hospitalization, creating an atmosphere of trust and security, providing proper information and therapeutic procedures. Our psychologists have developed their own original system of care for cardiac surgery patients before and after the surgery.

In the national contest in Poland, titled «a home-like hospital» Child's Health Centre was voted (by the patients and their families) as the No.1 hospital friendly to children.

Pawel Januszewicz

Prince Philip Hospital's lifting project well under way

- | **Prince Philip Hospital in Wales, another Pilot Hospital, presents one of its sub-projects as Pilot Hospital for the HPH. The «Llanelli Lifting Package» addresses a severe problem of occupational health for Health Care Workers, especially in the nursing profession.**

Back injuries in NHS staff are a constantly growing drain on resources in terms of lost working days, replacement staff and escalating litigation costs. The facts are horrendous: Over 764,000 working days are lost to the NHS every year through back injury. These injuries cost the NHS in excess of £ 160 million per year - the equivalent of building three new general hospitals.

Llanelli Dinefwr NHS Trust is located in South Wales, United Kingdom. It employs over 1.700 staff of which over 1200 staff are employed at Prince Philip Hospital in Llanelli.

Over the past two years Llanelli Dinefwr has been providing training on manual handling to its Health Service staff, but

as one of the Health Promoting Hospital projects, Prince Philip Hospital will be developing the original training programme to become more comprehensive and «user friendly». This will incorporate training, assessment and monitoring in one package known as the Llanelli Lifting Package. This will form part of a proposed total Back Care strategy for staff

at Prince Philip Hospital together with other hospitals in the Llanelli Dinefwr NHS Trust.

The first copies of the «new» Llanelli Lifting Package have just been published and the initial responses to its format have been favourable. It has been designed to help busy managers develop and maintain lifting skills from within their own resources by using existing staff as skill developers.

The Llanelli Lifting Package is divided into five clearly defined sections. Section One looks at The Trusts Manual Handling policy and includes the new E.E.C. Directives on the manual handling of loads introduced to the United Kingdom on the 1st January, 1993. Section Two provides a detailed look at the Training Method employed by Prince Philip Hospital, together with the roles of key individuals who contribute to the training method.

In Section Three the Teaching Manual provides a training guide to planning, preparing, implementing and evaluating a lifting training session. The Teaching Manual is presented in a complementary format to the Lifting Techniques Manual which makes up Section Four of the Lifting Package. The Lifting Techniques Manual is the primary source of material for those key staff engaged in educating their colleagues and provides a step by step illustrated teaching/reading guide.

The fifth Section concentrates on administration and provides help in introducing the package into the work place and examples of appropriate correspondence, together with an activity recording system. Included in this section is an example questionnaire on auditing the Lifting Programme implementation.

The launch of the new generation Llanelli

Lifting Package will take place in September 1993 with the aim, not only to raise awareness of its importance among Health Service Staff but to promote the need for lifting training and risk assessment for all work sectors who are responsible for the health and safety of their employees.

Representatives from Prince Philip Hospital will have a copy of the Llanelli Lifting Package with them at the Business Meeting in Hamburg. Anyone wishing to discuss it should contact Mrs Susan Roberts or Mr John Price any time prior to or during the Business Meeting.

John Price

World Non-Tobacco Day 1993 of Padova Health Promoting Hospital

I The University Hospital of Padova, Pilot Hospital in the HPH, reports on its contribution to a major day of action in Padova on the occasion of World Non-Tobacco day.

The message of this year's Non-Tobacco Day was «Health services: our window to a tobacco-free world». The Health Promoting Hospital, in cooperation with the Centre for Health Education of the Local Health Unit No. 21 of Padova and Volunteer Associations (such as Italian Red Cross, Italian League against Cancer and Italian Association for Health Education), organized the whole strategy. The main aims of this year's Non-Tobacco Day celebrations were:

- I to make people aware of the smoke problem as much as possible;
- I to launch significant, useful and long lasting activities.

To achieve the first goal and to face the organisational problems many people were involved. Press conferences were held and the major activities took

place at the Health Promoting Hospital and in the most important city squares. In the days before the World Non-Tobacco Day, a number of measures were taken in order to make visible the Smoke-Free Hospital Project.

I At the end of April, placards and signposts against smoking were put up at the hospital as part of the Smoke-Free Hospital program. It had been decided to use the «logo» of WHO to express the prohibition; areas reserved to smokers were located after interviewing hospitals personnel.

I On the 18th of May the presentation of the Manual «How to help your patients quit smoking» for hospital attendants and nurses took place. It is a guide, easy to consult, that contains helpful suggestions and information to give any patient who smokes. The Medical Directorate intends to evaluate the efficacy of this kind of counselling.

I On the 28th of May the personnel involved in the distribution of the materials in the city squares were trained by the organizers.

Celebrations started on the 30th of May. In the centre of the city, tables full of neatly displayed materials were prepared, giving information on the dangers of smoking and the benefits deriving from quitting, elaborated by the Centre for Health Education especially for this Day. The distribution was carried out by the personnel of the Centre, the Hospital, the Red Cross, the Italian League against Cancer and members of the Italian Association for Health Education in two of the major city squares and by the Hospital personnel in the main buildings of the Hospital.

The materials distributed were the following:

- I the «Magna Charta» against tobacco;
- I the European Charter for health professionals proposed by the European Medical Association «Smoking or Health», (EMASH 1991) signed by eminent physicians of Padova;
- I keep kids smoke-free cards;
- I pamphlets illustrating intensive

quit-smoking courses;

- | booklet on the pleasure of not smoking: what to do and how to quit.

Furthermore the Italian League against Cancer gave away stickers, pamphlets and posters. They also distributed T-shirts which said «I quit because I respect you» on liberal donation for the cause.

All the materials distributed were accompanied by explanations and information by the personnel involved, who were always ready to give further information if needed.

All the people passing by the stands were also invited to read the «Magna Charta» and asked to sign their names if they agreed with it, especially to the fact that all working environments or public places like bars, restaurants, waiting rooms or closed areas should be smoke-free. The signatures collected (over 2.700 in two days) were sent to the Mayor of the City who decided to organize a popular referendum on the question.

A pantomime show on smoking was also held in the squares on both days. On the 31st of May the Mayor of the City visited the Hospital and inaugurated the project «Smoke-Free Hospital», to stress the importance of this strategy against tobacco for the health of the community.

After the celebration of World Non-Tobacco Day, the following principal activities have been planned for the future:

- | a survey on personnel, patient and visitor «compliance» with the signposts and placards;
- | a new epidemiological study on the prevalence of smokers among hospital personnel;
- | a workshop with nurses who want to start applying the Guide «How to help your patient quit smoking»;
- | the opening of an office in the pulmonary department to take care of people who want to quit smoking.

The Smoke-Free Hospital Project is not only a hospital program. It provides an important step of an intersectional action in which health care services (hospital and primary health care),

the Healthy City of Padova, the Schools etc. are engaged in order to have a significant impact on the community.

Carlo Favaretti

Vaugirard: A Geriatric Pilot Hospital in the Field of Health Promotion

- | **Vaugirard, a geriatric hospital in Paris, having a model function for Paris, has been nominated by its owner, Assistance Publique - Hôpitaux de Paris, for membership in the European Pilot Hospital Project.**

Assistance Publique - Hôpitaux de Paris (AP -HP) is the regional centre for the Paris Metropolitan Area.

Because of its size, it is under the administrative authority of both the Ministry of Health and the Ministry of Public Financing. The governing body of the AP-HP is the Board of Administration, chaired by the Mayor of Paris. The AP-HP is administrated by a General Manager appointed by the French Council of Ministers.

AP - HP, made up of 50 hospital, is the University Teaching Hospital Centre for the Paris Metropolitan Area. It is linked with the 11 medical schools.

It is involved in the most advanced fields of Technology and integrates the latest scientific discoveries. Research is very important for AP-HP (194 units). AP-HP has 4 million ambulatory visits annually; 750 000 hospital admissions each year; one admission to the emergency departments every 50 seconds. That is why the concept of Health Promoting Hospitals are fundamental for AP-HP. It has been set up at Vaugirard.

Vaugirard is a new hospital of AP-HP, which opened its doors in December 1991. It is a geriatric hospital in the XVth district of Paris with 340 beds. Part of the hospital is for rehabilitation and for the moment the rest is for long term care. A unit of 20 beds for acute care will open soon. So, new units are

still opening, linked to the home care services of the district : general practitioners in private practices; nursing services; voluntary associations and families of elderly people.

The organisation of Vaugirard is new for AP-HP, and it aims at building a real network with professionals outside the hospital to establish permanent communication between Vaugirard and the District. The exchange of information in the network enables specific solutions to be found for each patient. This link is maintained by a co-ordinating agent who is

responsible for:

- | Preparing the entrance into the hospital : the every-day life of the old people, meetings between the board, the team, the family and when possible, with the old person himself or herself;
- | Co-ordinating the home-coming of the patients' leaving the hospital with the professional services in the community (delivery of meals at home, house keeping help etc.);
- | Preparing the common file between the professionals of the district and the nurses and doctors in hospital. All information is kept in one file;
- | Explaining the assessment list to measure the degree of autonomy of the old person to all the people involved in the district. Thus, the criteria for decisions about modification of care, provided to elderly people should be consensual.

The Health Policy Institute of the University of Paris VI is responsible for the evaluation of Vaugirard's network. It is a permanent structure of studies which enables a multidisciplinary body to consider the different aspects of Health Policy, especially in the fields of social and economic environment.

The Health Policy Institute will conduct a survey in 1996 to find out if the patients, their families and the professionals of the district are satisfied with this new kind of organisation and to measure the efficiency of the system.

Vaugirard is for AP-HP a Pilot Hospital for the new kind of organisation it has set up. Health Promotion for elderly people is the major aim of this organi-

sation, allowing these people to stay at home longer, provided they are helped effectively. A Hospital - City network may be the way to success.

That is why the experiment of Vaugirard is most important for AP-HP.

*Anne-Laurance Le Faou
Lucile Mercier*

The Silesian Rehabilitation Centre Repty in Ustron -Health Promotion and Rehabilitation Programme

- 1 The Silesian Rehabilitation Centre «Repty», Annex Ustron in Ustron, another Pilot Hospital of the HPH in Poland, reports on its background, the goals it is pursuing in the European Pilot Hospital Project and on the experiences of the first six months.**

The Silesian Rehabilitation Centre in Ustron runs a rehabilitation programme for 120 patients. The majority (86 beds) is either suffering from circulatory diseases, recovering from heart attacks, having had limb injuries, or those having undergone orthopaedic operations.

Our hospital was founded 3 years ago and since then we have been working simultaneously in two areas

- 1 Ensuring safe and successful physical and mental rehabilitation for our patients.
- 1 Persuading our patients that the final results of any treatment, any curing of illness, and therefore of their future condition, depends to a large degree firstly on their lifestyle, and secondly on their way of thinking about their own health and accepting responsibility for it.

The second «educational» part of the rehabilitation is without a doubt no less important than the «instrumental» programme (gymnastics, bicycle exercises,

physiotherapy, diagnosis).

This is why, before joining the health promotion programme, we began meetings with patients (groups and individuals) to discuss the causes of their illness and the possible means of stopping or restraining the spread of the illness. The group meetings are led by doctors, rehabilitation staff, dieticians or psychologists. During, and at the end of their stay, all patients receive a clear brochure on the factors involved in coronary disease and heart attacks. This information also includes tables showing the amount of cholesterol and salt in various foods, plus details on the calorific value of each.

This part of the health promotion programme therefore did not require much additional preparation at the time when we put forward our project to the National and then European Hospital Network for the Promotion of Health. The above-mentioned sub-project «Health School» is also currently one of the most advanced that we proposed, despite the fact that the planned participation of both the staff and guests (inhabitants from the town) in the lectures has not yet materialised.

Health promotion, when understood as the strengthening of the patients confidence that he or she can influence their own health, is an integral part of any rehabilitation programme. The other sub-projects apart from the «Health School» within our overall project, originated from our ideas on rehabilitation. These are namely: «The hospital a non-smoking zone», «Healthy eating» and «The fight against stress». Others, such as «Activities for the staff and the local residents», «An ergonomical and aesthetically pleasing workplace», «Improvement of the Epidemiological environment in the hospital», «The Promotion of Culture», and «The separation of waste» were started after the decision had been taken to send our application to become Pilot Hospital of the HPH. These programmes were not only directed towards the patients, but also were set up with the staff and local community in mind.

In September 1993 it will be one year since the staff of the hospital has decided to undertake the health promo-

tion programme. We would like to share a few of what we consider essential experiences with our partners.

1 What are the greatest difficulties in the fulfillment of our plans?

1 What have we achieved up to now? The obstacles we have encountered during our implementation of the project can be divided into «external» and «internal» ones. The external difficulties are linked with any form of support we have obtained from the local community, other institutions and organisations, private individuals and the media. This does not only concern additional sources of funding, but, perhaps on a larger scale, political, social and also simply moral support.

Interest in health promotion at a governmental level (including the Ministry of Health) is either slight or is limited to slogans. This has a direct effect on the level of interest shown in promotion (also of our project) by the local authorities, the press etc. We are working hard to change this attitude and to spread information to all those who could or should be interested in health promotion, and who also could work with us in any possible way. The results so far have not been overwhelming. This could partly be caused by the current situation in Poland following the dissolution of Parliament and the approaching elections. However, we will be trying as hard as possible to interest the future candidates to Parliament in our project.

The internal difficulties are linked mainly with the insufficient dedication of our staff and patients to the health promotion programme. As far as the completion of the project is concerned, there are 3 groups amongst the staff. There are those who have been convinced of the project's aims, those who would be prepared to play some part in the project, and finally those who have doubts about the usefulness of the activities involved in health promotion. This last group is probably made up of those who consider the project as the «director's baby», or of a small group of those involved in the project. It is difficult to gauge the proportion of members in each group, we can take it, however, as being 20% / 50% / 30%. An effective way of convincing those from

the "third group" is to set up sub-projects and to demonstrate that the effects of these activities do not work against them, but instead provide a safe, healthy, aesthetic working environment. A very important element for us is the internal newsletter, which provides two-way communication between those involved in the projects and the rest of the staff, and helps us to evaluate how the projects are being received. Besides, our newsletter does not only contain information concerning health promotion. During the health workers' strike for example, a «special edition» was produced, dealing with the condition of the health service in our country compared with the position of our hospital. Starting with the July edition, a new series appeared in the newsletter. Its aim is to bring the ideas on health promotion into perspective through a series of interviews with people responsible for individual subprojects as well as with members of the project committee. The first article of this type was an interview with the director of the Silesian Rehabilitation Centre in Ustron, Dr. Zbigniew Eysymontt.

Returning to the sub-projects we have undertaken, here are their titles:

- | The hospital a non-smoking zone
- | Separation and collection of waste
- | Correction of the epidemiological environment in the hospital and preventive measures against HIV and Viral Hepatitis
- | The principles of a healthy diet
- | The health school
- | The fight against stress
- | An ergonomical and aesthetically pleasing workplace
- | Activities for the staff and the local residents
- | The hospital as a centre for the encouragement of cultural events
- | Evaluating the influence of atmospheric and environmental conditions on the rehabilitation programme.

This last project was begun after the entrance of our hospital into the European Hospital Network for the Promotion of Health.

The first positive effects of the subprojects we have started can already be seen. The most advanced from the

list above are those which up till now have not required a large amount of funding, for example: «The Health School», «The principles of a healthy diet», «The Hospital a non-smoking zone», and «The hospital as a centre for the encouragement of cultural events».

A certain delay can be noted in the completion of some projects such as: «The disposal and separation of waste», «Correction of the epidemiological environment in the hospital», «An ergonomical and aesthetically pleasing workplace».

We hope that this problem results from a temporary lack of funds necessary for the following stages of the projects mentioned.

The projects which have encountered serious obstacles are those which require much openmindedness on the part of the people involved. We can note here «The fight against stress», «Activities for the staff and local inhabitants». We are considering whether to continue with these projects.

These are in short the dilemmas which we face on a day-to-day basis in the running of our health promotion programme. We hope that by sharing some of our experiences in the medium of our newsletter we will obtain answers to some of the questions that have been puzzling us.

Perhaps an interesting initiative would be the creation of some form of platform where people responsible for the same type of project, for example «The hospital a non-smoking zone», could exchange information and experience.

Zbigniew Eysymontt

Izabela Kucharska-Szczurek

Encouraging Feed Back on HPH Ideas in Germany

- | **Concepts and strategies of Health Promoting Hospitals receive much attention in Germany**

We are very glad to get encouraging feed back on the Health Promoting Hospital idea. We have been called for papers by

the Journal of Munich University «EINSICHTEN» (reviews on research at Munich University, issued twice a year) and by the Journal of the Bavarian Medical Association «Bayerisches Ärzteblatt». The articles were published in May and in July under the headings «Health Promoting Hospital - WHO-Modelproject - the clinicians's view» and «HPH a European Network initiated by WHO».

Editorial staff members of the Journal «Klinikerzt» (The Physician) wrote a letter, that they had read the above mentioned papers and that organizational development and hospital development are so topical, that I was asked to write another paper for the «Klinikerzt».

Psychology students at Munich University applied for interviews with staff members and patients of St. Irmingard's Hospital (Pilot Hospital of the HPH). The students attend a seminar on hospital development.

Two other hospitals have declared their interest to St. Irmingard:

- | Ev. Bethesda Krankenhaus GmbH, Essen (Dr. H. Förster)
- | Herz-Kreislauf Klinik, Landesversicherungsanstalt Schwaben, Bad Wörishofen (Prof. Dr. E. Volger).

Klaus-Diethart Hüllemann

The Polish Network of the Health Promoting Hospitals

- | **The Polish National Network of Health Promoting Hospitals shows steady progress**

A meeting of the Polish Network of Health Promoting Hospitals was held on September 3, 1993 in Warsaw. Since the 1st International Conference of HPH in Warsaw (April/May '93) four new hospitals have joined the Network (Towzek, Lublin 1, Miedzylesie, Brodnica). At present the number of hospitals of the Network is 13, including hospitals from Brodnica, Cieszyn, Gliwice, Kalisz, Lublin, Oswiecim, Poznan, Toszek, Ustron and Warsaw. The network includes a wide range of

During the Meeting the Representatives discussed concepts and experiences of the International Network of HPH. All new member hospitals presented their action plans focused on health promotion in their own hospital environment and surroundings. All participants have agreed :

- | to work out a short statute for the Polish HPH Network (a proposal will be prepared for the next meeting by a representative from Poznan)
- | to forward to the National Coordinating Centre Warsaw as much information from the hospitals on their activities in health promotion as possible to enable the edition of a quarterly bulletin of the Polish HPH Network
- | to elaborate a «logo» of the HPH Network till the next meeting
- | to get more familiar with the Polish National Health Programme just revised and approved by the Government (Aug. 24, 1993).

The hospitals have worked out a schedule at various hospitals . In winter the meetings will always take place in Warsaw, and in spring and summer in Lublin (Apr. '94) and Ustron (Sept. '94), in Poznan (May '95) Miedzylesie & Child Health Centre (Sept.'95). They have agreed to put more stress on horizontal cooperation between hospitals on the same topics or problems and are planning to attend the International Conference in Padova (April 1994).

The two Pilot Hospitals in the European WHO-Pilot Hospital Project will also be represented at the 2nd Business Meeting in Hamburg, Oct. 1993.

Jerzy B. Karcki

Health at Work in the NHS

- | **A new program of Health for Health Care Workers in the United Kingdom is the focus this report from the Health Education Authority in London.**

Health at Work in the NHS is a long-

term initiative set up to support the national strategy for health as outlined in the Government White Paper, The Health of the Nation, which was launched in July 1992.

The project aims to develop a systematic healthy workplace programme throughout the NHS, incorporating health and safety issues, occupational health issues and health promotion. The initiative builds on existing good workplace practice, the Look After Your Heart (LAYH) Workplace Project, the promotion of healthy eating, sensible drinking and the introduction of smoking and HIV/AIDS policies. The project aims to engage all NHS staff in health education and health promotion and secure the full participation of NHS general managers in the delivery and achievement of Health at Work in the NHS aims.

It is clear that whilst Health at Work in the NHS and Health Promoting Hospitals are two separate initiatives, an analysis of their respective aims and objectives indicate that they are complementary. The NHS Management Executive (NHS ME) has commissioned the HEA to lead the development of Health at Work in the NHS.

Fourteen Regional Consultative Workshops were held between October-December 1992. The purpose of these workshops was to give an opportunity to consult on the initiative, develop strategies and comment on existing good practice.

Five issues have been identified as being essential for the implementation of the project.

- | Communications must be clear and coherent to all staff and units involved.
- | A network of co-ordinators should be set up.
- | A central database or clearing house is essential in order that good practice can be identified and closely examined.
- | A number of individual or collaborative pilot sites should be set up.
- | Monitoring and evaluation of the effectiveness of the initiative is essential.

These five key areas have been highlighted and presented to NHS ME, who

are currently in discussion with the HEA over the development of a Three Year Plan.

For further information on Health at Work in the NHS contact:

Jane Huntley

Promotion of Occupational Health and Well Being in the Hospital

- | **This is the second announcement of a conference on health promotion for hospital staff in Milan, 18-20 November 1993, at the Conference Hall V. Buzzi Hospital**

Objectives of the conference

The Conference has been conceived as a meeting point of needs and experiences of the occupational health operators, of those responsible for hospital management and organization, of the providers of buildings and technology for the health sector, taking into due account the demand for health and well-being by both workers and patients.

This Conference is organized under the auspices of the International Network of Health Promoting Hospitals (HPH) and the WHO Healthy Cities Project. It also provides a stimulus, at national level, towards the implementation of models for the promotion of the quality of working conditions for health care workers and, in general, of living conditions for the patients as the result of a multidisciplinary intervention. The Conference will focus on a limited number of problems covering various areas, on the organizational, managerial, planning and technological aspects. Scientific contributions to the Conference will contribute to outline criteria and recommendations for implementing the Health Promoting Hospital.

Scientific program

Thursday, 18th November (afternoon)

- | Presentation of the Healthy Cities WHO Project and of the Health Promoting Hospitals European Network
- | Introductory lecture

Friday and Saturday, 19th and 20th November (full day):

- | Four sessions with overview lectures and communications about field experiences regarding the conference main topics:
 - | Air Quality
 - | Control of Biological Hazards and Humanization
 - | Psycho-Social Well-Being in the Hospital
 - | Ergonomic Aspects in Patients Care
- | Keynote lectures on the Total Quality Strategies in the Hospital
- | Round table: The Hospital between Discomfort and Well-Being
- | Recommendations from the working groups

Honorary President:

Prof. Antonio Grieco, Director of the Institute of Occupational Health - University of Milano

Scientific Secretariat:

Dott. Francesco Ceratti

Medical Director

V. Buzzi Hospital

Via Castelvetro 32 - 20154 Milano

tel: ++39.2.33.40.35.38,

fax: ++39.2.33.40.03.10

Dott. Enrico Occhipinti

Director of the Centre for Occupational and Community Health (CEMOC)

Via Riva Villasanta 11 - 20145

Milano

tel: ++39.2.33.02.97.47,

fax: ++39.2.33.02.96.67

Organizing Secretariat:

RCS Medicina - Tecniware

Via Mecenate 91 - 20138 Milano

tel: 02/58.08.44.00-3

fax: 02/58.08.44.10

The official conference languages are English and Italian. The registration fee is I.IT 200.000 (taxes not included).

For registration and accomodation please contact RCS Medicine - Tecniware.

Francesco Ceratti

HPH - Newsletter - Call for Papers

- | **This is a call for contributions for HPH-Newsletter 3 - January 1994. The deadline for contributions is December 15, 1993.**

The third issue of the HPH-Newsletter is scheduled to be published in January 1994. Short contributions in English language on issues relevant to the development of the HPH are highly welcome. Please don't exceed 750 words; if you think it would be very important to make a longer contribution, please confer the editors first

(c/o Dr. Karl Krajic)

The following contributions are invited:

a) Network Informations from members of the HPH-Network, designated for other members and observers. These should include informations on meetings and publications of the HPH, contributions on strategic and technical issues of the HPH and also short presentations of Health Promotion programmes at Pilot- or Member - Hospitals of Health Promoting Hospitals.

b) «Guest information» from persons or organizations who are not members of the Network, but think their issue is of interest for the HPH - Network.

The Newsletter will be published at the Coordinating Centre in Vienna (in coordination with WHO-EURO). We will invite members of the HPH to edit single issues of the Newsletter.

We would like to draw your attention to the deadline for Contributions for Issue 3 - January 1994: 15 December 1993. Please forward your contribution to the Editors of the HPH-Newsletter, c/o the Coordinating Centre (adress on p.1).

We would be grateful if you could not only send a manuscript, but also a text file (3,5 inch disc for MS-DOS computers; format Word for Windows or

ASCII). Please do also include a very short information on the author of the contribution and her/his function (max. 15 words).

HPH-Meetings in Warsaw - April 28 - May 2, 1993 - A short report

- | **Thanks to the efforts of the local hosts and the interest and hard work of the participants, the Meetings of the International Network of Health Promoting Hospitals in Warsaw, April/May 1993, were very successful.**

Under the auspices of the Polish Ministry of Health, the Child Health Centre, Warsaw and the National Centre for Health System Management, Department for Health Promotion, Warsaw acted as local hosts for the last Meetings of the International Network of Health Promoting Hospitals in Warsaw. WHO-EURO and the Coordinating Centre of the HPH-Network were responsible for the international organization.

The meetings marked a new stage in the development of the International Network of Health Promoting Hospitals. The 1st Business Meeting of the European Pilot Hospital Project of the HPH (April 28-30) was followed by the 1st International Conference of Health Promoting Hospitals (April 30 - May 2).

1st Business Meeting of the European Pilot Hospital Project

The 20 European Pilot Hospitals held their first Business Meeting, which was a closed meeting dedicated to setting up the project. There were 56 participants from 12 countries present, representing 20 Pilot Hospitals, institutions for scientific consultation, research and evaluation linked to the Pilot Hospitals and some organizations involved in the development of Health Promoting Hospitals in other areas.

The Pilot Hospitals, represented by their HPH-Project Coordinators, members of the hospital management and board, subproject coordinators and representatives from external institutions responsible for consultation and evaluation started to get to know each other and their Local Health Promoting Hospital Projects. Besides all differences in regional, political and economic circumstances, there was a surprising amount of similarities of problems which enabled a fruitful exchange of ideas and experiences.

The Pilot Hospitals exchanged their expectations concerning the international project and together with the representatives from WHO-EURO and the Coordinating Centre developed common goals, strategies and structures. A timetable for semi-annual Business Meetings was set and many offers to host these meetings were brought forward.

The Business Meeting was considered very successful by the participants, demonstrating that the concept of 20 Hospitals working together in the European Pilot Hospital Project to develop models of good practice for Health Promoting Hospitals is feasible.

1st Annual International Conference International Conference of Health Promoting Hospitals

For the first time, the International Network for Health Promoting Hospitals organized an Annual International Conference as a forum for strategic and theoretical presentations, workshops and exchange of experiences with the participants in the wider network of Health Promoting Hospitals. The conference was attended by 150 participants, representing 78 hospitals or other organizations from 14 countries.

After the official welcome by Andrzej Wojtyla, Minister of Health, Ilona Kickbusch from WHO-EURO, Piotr Mierzewski and Pawel Januszewicz as local hosts and Jürgen Pelikan from the Coordinating Centre, this First Annual International Conference was dedicated to the following topics:

- | Health Promotion and Health Promoting Hospitals: Perspectives

tives for the future (Keynote lectures by Ilona Kickbusch and Agis Tsouros)

- | The European Pilot Hospital Project of Health Promoting Hospitals:
 - | Aims, strategies, structures and experiences from the first Business Meeting
 - | Pilot Hospitals for Health Promoting Hospitals in Poland: The Child Health Centre, Warsaw, and the Silesian Rehabilitation Centre «Repty», Ustron.
 - | Poster Exhibition on the 20 Pilot Hospitals
 - | Tobacco Free Hospitals as an issue area for Health Promoting Hospitals
 - | Presentations and discussions on problems and model solutions in Europe and Australia
 - | First steps towards the development of structures for cooperation
 - | National Networks of Health Promoting Hospitals
 - | Examples from the Polish National Network of Health Promoting Hospitals.

The proceedings of the International Conference will be published in the format of working papers of Health Promoting Hospitals. Currently, the following papers are being prepared: Creating Health (Ilona Kickbusch) Tobacco Free Hospitals (edited by Carlo Favaretti & Tapani Piha) National Networks of Health Promoting Hospitals.

The 1st International Conference ended with the General Assembly 1993. The Minutes of this General Assembly, which was mainly concerned with a new definition of possibilities for participation in the HPH, follow this report.

Karl Krajic

Minutes of the General Assembly of Health Promoting Hospitals/ 5th Business Meeting, Warsaw, May 2, 1993, 11.00-12.30

Present:

Approximately 50 participants; representatives from WHO-EURO and the Coordinating Centre.

Jean Spray from London acted as chairperson.

Presentation on the «Global Hospital»

The meeting started with a short presentation of the «Global Hospital», Mount Abu, Rajasthan, India, as an example of Health Promoting Hospital Strategies outside Europe by Dr. Ashok Mehta, Bombay. The presentation was warmly welcomed.

Report from the Coordinators

Jürgen Pelikan gave a very short report on the activities of the last months, referring to two documents (Newsletter No.1 and the «General Information» on Health Promoting Hospitals, edited April 1993, which had been distributed to the participants).

Membership Categories in the HPH

Jürgen Pelikan and Agis Tsouros presented the changes in the terminology of membership categories of Health Promoting Hospitals. All other membership categories which were developed over the last 2 1/2 years are no longer valid.

- a) Pilot Hospitals: participants in the European Pilot Hospital Project of Health Promoting Hospitals, which will formally sign a declaration of intent, specifying their rights and duties in the HPH. They will run comprehensive Health Promoting Hospital Projects in their hospitals, using strategies of organizational development to develop their hospitals into health promoting organizations and be subject to documentation, evaluation and audit.
- b) Members of Health Promoting Hospitals: these are hospitals, who in a formal letter declare their willingness:

- | to accept the Content and Aims Document of the Budapest Declaration and the Ottawa Charter on Health Promotion as guidelines for initiating processes of change
- | to initiate health promoting programs

- | to participate in the International Conferences of the HPH network
- | to pay a small membership fee/ subscription (100 \$ for Western Europe, 30\$ for Eastern and Eastern Central Europe).

Member Hospitals will receive the following benefits:

- | Use of the HPH-Logo together with the text «Member of Health Promoting Hospitals - an International Network initiated by WHO-EURO» (on a sign)
- | Subscription to the HPH-Newsletter
- | Information on new HPH-papers and publications
- | Reduced registration fee for the Annual International Conference of Health Promoting Hospitals (for two participants).

For international communication and exchange, Member Hospitals are invited

- | to report regularly on the development of their health promotion programs in the HPH-Newsletter and
- | at the Annual International Conferences of Health Promoting Hospitals (eg in poster presentations).
- | They are specially invited to exchange and cooperate and in issue-specific networks of the HPH (e.g. Tobacco-Free Hospitals, initiated in Warsaw, May 1993).

c) Affiliated Members of Health Promoting Hospitals

These are non-hospital organizations and individuals, who sign a declaration of intent, expressing their willingness:

- | to promote the goals of the HPH defined in the Aims and Content Document of the Budapest Declaration on Health Promoting Hospitals
- | to support individual hospitals in becoming health promoting organizations
- | to pay a small membership fee/ subscription (100 \$ for western Europeans, 30\$ for Eastern Central Europeans).

Affiliated Members will receive the following benefits:

- | Subscription to the HPH-

Newsletter

- | Information on new HPH-Papers and publications
- | Reduced registration fee for the Annual International Conference of Health Promoting Hospitals

d) Observers:

Observers are asked to declare their interest to the Secretariate of the HPH at the Coordinating Centre in Vienna by a short, informal letter. They will receive the Newsletter, invitations for the Annual International Conference and other public announcements.

Standing Committee

The Coordinators reported on the expiring term of the HPH-Advisory Board. The General Assembly approved the members of the Advisory Board continuing as «Acting Standing Committee» of the European Pilot Hospital Project till the next Business Meeting of the European Pilot Hospital Project. A proposal for a new «Standing Group» for the wider HPH-Network will be drawn up in the period between the Business Meeting in Hamburg (October 1993) and the 2nd Annual International Conference on Health Promoting Hospitals in Padova, April 1994.

Tobacco-Free Hospitals

Carlo Favaretti, who has taken the Coordinator's role for the issue area of «Tobacco-Free Hospitals» in the HPH gave a short report on the results of the workshop and on the next steps. The papers and reports on the workshops will be published as a HPH-Working Paper. A questionnaire on tobacco-free policies will be mailed to the hospitals participating in the HPH, inquiring amongst others on the amount and degree of interest in joint activities. At the next International Conference in Padova, a follow-up workshop will evaluate the steps taken and the results achieved.

2nd International Conference in Padova

«Health Promotion» was chosen as a special topic for the next International Conference.

Dr. Januszewicz as local host and Dr. Garcia Barbero from WHO formally closed the General Assembly and concurrently the 1st International Conference on Health Promoting Hospitals.

Karl Krajic

Mila Garcia-Barbero

Jürgen Pelikan

Agis Tsouros