

Newsletter

No 14 - December 1999



Health
Promoting
Hospitals

An International
Network Initiated
by the
WHO Regional
Office for Europe

Editorial

Dear readers, with HPH Newsletter no. 14, you have downloaded the first internet issue of the Newsletter. We do hope that e-mail and internet facilities will further support the active exchange of information and discussion about HPH.

At the turn of the millenium, HPH looks back on 10 years of existence - time to sum up what has been achieved so far, but also to look ahead: HPH in the 21st century will not only continue to be a growing movement, but has to actively take into account the developments of hospital organisations in their relevant environments. What have been the contributions of HPH for the health of hospital patients, staff, the community and the hospital as an organisation so far? Which strategies have been successful, and what has to be further developed in order to adapt the HPH concept to the changing situation? These topics will be at the centre of our next international conference, "Health Promoting Hospitals in the 21st Century: Challenges and Opportunities, Strategies and Scenarios for Patients, Staff, Communities and the Hospital as an Organisation" (June 14-16, 2000, Athens, Greece), where we hope to meet a lot of you. We encourage you to send in abstracts for this conference, as we need your knowledge and experience for the further development of the HPH concept (more information in this web-site at "conferences").

In this Newsletter, you will find some interesting contributions about health promotion for hospital patients and health promotion programs for the community, as well as about the further development of HPH in Estonia, Switzerland and the Ukraine.

Dear readers, we wish you a Merry Christmas and a happy and healthy start into the new millenium!

*Jürgen M. Pelikan, Karl Krajic,
Christina Dietscher, Vienna*

A short report on the 5th St. Vincent Meeting

The 5th St. Vincent Meeting took place in Istanbul, Turkey, October 9- 12, 1999

In 1989, a group of experts, diabetic patients, representatives of the Media, Insurance Companies and international pharmaceutical firms got together in a little North-Italian settlement called San Vincente, to discuss the present and the future situation of diabetic patients in Europe.

It is well known that diabetes mellitus is a very frequent disease. By estimation there are about 200 million diabetics worldwide. It is also a fact that the situation of the patients (concerning late diabetes-specific complications, supply with insulin and oral antidiabetic drugs) varies enormously, depending on the medical care, cultural, economical, and financial level of a country!

Since this first conference which resulted in the launch of the „Saint Vincent's declaration“, accepted as a program for the forthcoming year by the European Diabetes Associations, meetings of this type take place every second year.

The participants realised that prevention is much cheaper than treating the - usually - irreversible late complications of the disease, like by-pass surgery, dialysis treatment, pancreas transplantation, etc.

Consequently, the aims of the Declaration are:

- | to reduce diabetes induced blindness by one third
- | to reduce diabetes induced end stage renal disuse by at least one third,
- | to reduce diabetes induced lower limb amputations by half.

In accordance with this concept, national diabetes programs were set up in many European participant countries,

and national task forces were established, consisting of medical doctors, paramedical staff, patients, representatives of the media, insurance companies pharmaceutical firms, etc.

In many countries, national databases for diabetes and related diseases were implemented in order to become aware of the situation of diabetic patients.

The Saint Vincent's Declaration also highlights that effective care can be carried out only through an active involvement of the diabetics themselves. This requires a continuous education either for individual patients, small patient groups, or specific club-activities.

In the past ten years, meetings to further improve diabetes care have been taken place in Budapest, Lisbon, Athens, and most recently, and 10 years after St. Vincente, in Istanbul. During this conference it became clear, that in the last decade the care for diabetic patients has - in general - improved. In the Western and Northern European countries, and partly also in Central-Europe, diagnostics and insuline, as well as oral antidiabetic drugs are free of charge, or available at a relatively moderate price for the affected population. However, in the Eastern (and also Southern!) part of Europe, there are still severe difficulties, both concerning diagnostic and therapeutic tools.

Newsletter 14-99 Content

- | A short Report on the St. Vincent Meeting
- | Disease Management for Hypertension Patients
- | Patient Internet Cafe
- | Partners for a Healthier Community
- | Foundation of the Swiss National Network of Health Promoting Hospitals
- | Developing the Network of Health Promoting Hospitals in Estonia
- | HPH Partner Hospital in the Ukraine
- | Publications and Announcements



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HPH for Patients

In order to address this situation, the Saint Vincent's Declaration encouraged its member associations to set up twinning programs, in which highly developed and less developed countries work together to achieve the goals of the declaration.

There is a strong focus on education in these programs, as it was generally accepted that effective patient education is the most important „therapy" in improving the quality of life of diabetics. Effective programs are also supported by some pharmaceutical firms. The Istanbul meeting also underlined the importance of convincing the governments to be actively involved in diabetes care. This also includes more financial support.

Because estimations for the next millennium count with a rapidly increasing number of diabetics (by 2035 a total of 300 million diabetics worldwide!), it is a must to focus also on the possibilities of prevention. Since type 2 diabetes involves more than 90% of the total diabetic population, efforts on prevention should focus mainly on the screening of "candidates" for this disease. This is still more important, as type 2, diabetes - in its typical clinical form - is strongly associated with other metabolic, and cardio-cerebro-vascular diseases, like myocardial infarct, stroke, peripheral artery disease. Therefore effective prevention would also reduce the number of the above mentioned pathological alterations. This heroic preventive work means first of all a healthier life style: healthy nutrition, fight against overweight, smoking, alcohol-abuse, etc.

At the Istanbul meeting we proposed the active involvement of the „Health Promoting Hospital" network in this preventive work. Health promotion programs/ projects/ activities for these patients should be organised by hospitals, where well-equipped diabetes trained staff and an army of voluntary social workers are ready to help. As diabetes - and related accompanying diseases - affect more than 5% of the population (even more than 10% of the population over the age of 65), we really can speak of an „epidemic". We are convinced, that the HPH network

can be a useful tool in delaying this depressing tendency in Europe.

Tamás Halmos, László Kautzky

Disease Management for Hypertension Patients

- | **Hypertension presents a severe health problem. Can patient empowerment contribute to reducing related health risks?**

Following international developments in health services, the Greek Network of Health Promoting Hospitals has adopted and established a program of Disease Management for hypertension patients in Agia Olga hospital, Athens. The objectives of the program are to:

- | increase patient participation in managing their disease
- | decrease cardiovascular disease
- | improve quality of life
- | decrease hospital costs

Hospital doctors who participate in the program assisted in the random selection of two groups, which now serve as an intervention, and a control group. At the beginning of the program a medical questionnaire and a quality of life questionnaire (WHOQOL) were distributed to the patients. The medical questionnaire will be distributed for re-examination two times during the intervention period and after the end of the intervention. The quality of life questionnaire will be re-administered only at the end of the program.

The methods used to achieve continuous monitoring and support of patients in their homes utilises a hospital based 24hour telecommunication centre which monitors treatment compliance and serves as a source of support for patients. Health education sessions are also developed for patients regarding nutrition and smoking. The program will be evaluated in order to measure whether the health of patients, their quality of life and the treatment com-

pliance could be improved. Also, the total cost of program will be measured.

Yannis Tountas, Athens

Patient Internet Café

- | **What can modern technology contribute to developing Health Promoting Hospitals? "Repty", a rehabilitation hospital in Ustron, Poland, has started an initiative to bring elderly patients in contact with the internet!**

In October 1999 the "Patient Internet Cafe", a project addressed to all interested patients and staff, was started in Upper Silesian Rehabilitation Centre "Repty" in Ustron. We had been encouraged to take up this activity by our friend Professor Klaus-Diethart Hullemann, director of the Klinik St. Irmingard in Prien, Germany (our partner hospital since the establishment of the HPH network).

The objective of the project is to make patients, especially the elderly, familiar with the use of the Internet, and to teach them how to use it as a source of information, e.g. about their disease. They may also use the web to communicate with people with similar interests or similar health problems. Satisfying the needs of the elderly, meeting their expectations also contributes to the United Nations theme of the year 1999 that has been assigned as the "Year of the Elderly". The project will be carried out from October 1999 to October 2000. "Patient Internet Café" is part of "Experiment in International Living", a project carried out under the direct supervision of the European Committee.

In co-operation with the European Voluntary Service, two volunteers for each participating hospital were selected. They will stay there for one year, carrying out the project.

In Upper Silesian Rehabilitation Centre "Repty" in Ustron the project started at the beginning of October. In

HPH for Patients

Ustron we are happy to host and co-operate with two young volunteers: Irene from Germany and Elodie from France.

Many actions have been taken together to introduce the project to the rehabilitation hospital as quickly as possible.

- | The volunteers have been provided with a possibility to learn Polish.
- | The "Patient Internet Cafe" has been installed as an extension of the service in a "Patient Coffee Room".
- | We have already got one computer with modem and try to find a sponsor for the next one. We are going to set up cheaper direct 24 hours access to Internet by ISDN connection. Negotiation with firms are underway.
- | In our hospital a poll on our patients' expectations has been carried out and a schedule for the implementation of the project has been established. The first patients who are interested in the project are calling in the Patient Internet Cafe. After a short introduction that is provided by our computer specialist, they can start to work in the "web" - supervised and supported by our volunteers.

It is expected that the project will be met with great interest by our patients and will have a good impact on the process of a complex rehabilitation, supplementing many other health promoting actions such as "School of Health" that is also carried out in our Health Promoting Hospital.

*Zbigniew Eysymontt,
Zbigniew Baczek,
Krzysztof Lipka, Repty*

HPH in the Community

Partners for a Healthier Community

- | **Healthy alliances have been identified as one of the major sources of effective health promotion in the Jakarta Declaration (WHO 1998). An example of best practice from the United States shows what can be achieved by co-operative action.**

Seven major health systems, in partnership with more than fifty community organisations, have created a new collaborative standard of community health care in the Seattle area (USA). In a unique alliance, hospitals of different specialisation have come together as Health Partners of the Partners For A Healthier Community effort. Beginning in 1997 these health systems have collaboratively committed to initiatives in domestic violence, workplace violence, adolescent health risk, breast cancer, preventing violence to children and pregnancy risk reduction.

The Partners' effort has now become the major national model of community health improvement having received both the prestigious national Premier Cares Award for its efforts with medically under-served and the American Hospital Association's NOVA award presented by Elizabeth Dole in Washington D.C. In 1999. Partners also received the Eastside Journal Award for its domestic and workplace violence interventions and the Washington Health Leadership Award.

Domestic Violence

The health systems and community service providers have come together to build a co-ordinated health provider-community response to domestic violence. Training health care providers to recognise and refer for family violence is one of the key "front lines" in the fight against domestic violence. To date, more than 750 health providers have

been trained to recognise the signs of domestic violence and to utilise the appropriate resources for referral. The results: domestic violence victim referrals from health providers increased 134% since 1997. Partners has also successfully launched its "Domestic Violence in the Workplace" initiative at Microsoft and other businesses to train human resource personnel to recognise and refer for domestic violence. This program is now being expanded to businesses throughout our community. Being socially responsible to the increased victim referrals they are creating in the community, the health systems have also funded the key community supports. At the beginning of 1997, only 10% of women and child domestic violence victims at the Eastside community shelter had transportation to health and social support services, now 100% do. Due to a lack of crisis line capacity at the beginning of 1997, only 75% of victims calling the domestic violence crisis line for a safety plan were able to complete one, now 97% can. Partners is also addressing the child victim population through the Kids Cope program where 100% of the child victims in confidential shelter are given access to safety planning skills, nonviolent conflict resolution skills and emergency resources to cope with the domestic violence in their families. Through Kids Cope, child victims are learning not to accept family violence as a way of life. This is one of Partners' critical collaborative opportunities to change the future.

Breast Cancer

Partners has developed a series of initiatives for the early detection of breast cancer in our community. The initiatives include comprehensive early detection and outreach programs for low income women including: four low income screening sites, a low income incentive program, and a mobile mammography unit to visit low income health centre and foodbank sites. Partners has also developed a community message campaign that has touched the lives of nearly one million women with the important message of early



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HPH in the Community

breast cancer detection for three consecutive years. It includes television, radio spots and transit messages on early detection created by our community's breast cancer survivors. A unique breast cancer resource guide has also been developed by Partners breast cancer survivors, "What Do I Do Now?", to give newly diagnosed women immediate access to information and support services. It has now become a national model with over 40,000 copies distributed.

Smoking Cessation During Pregnancy

Partners has become the catalyst for smoking cessation during pregnancy by launching a major public awareness campaign called "Weigh The Risks". This campaign takes the message to "weigh the risks" of smoking during pregnancy to the streets on full size bus boards, radio spots and brochures targeting women of childbearing age. The spots are innovative and powerful population based calls to action.

Preventing Violence to Children

Cops & Docs has been launched in an effort to prevent violence and weapon carrying in our schools. In a collaboration between Partners and Washington Physicians For Social Responsibility (WPSR), Cops & Docs teams physicians from the Partners' health systems/WPSR and police to present a program to middle school students that addresses the medical and legal consequences of firearms and other weapons. In 1999-2000 this powerful doctor-police team will reach over 1000 middle school students across the Bellevue School District with the very real consequences of weapon violence. According to the physicians and police involved in this program it is critical that our community's youth understand that there is another side to the shootings and weapon violence they see on television and movies. Once shot, many victims not only don't walk away, but they suffer lifelong debilitating injuries. The police/legal

consequences to weapon use among youth can also follow these youth for a lifetime. The outcomes of this program will measure how students knowledge about the effects of weapon use and their comfort level in reporting weapons in schools have changed. Cops & Docs will also track future weapon incidents in the schools.

SafeNet came about as our community-school-provider partnership recognised that we cannot as a community always be reacting to problems. Rather we needed to be proactive and intervene when children at the margin are making that critical transition into adolescence. School failure is rarely just a school problem, but also includes unmet social support and chronic health needs. Through the Partners effort, four school districts, six hospital systems, public health, a number of community service providers and community members, have been brought together to develop the SafeNet program for middle school children at risk. SafeNet identifies those children who are at the margin for school failure as they transition from elementary into middle school. It provides a safety net to navigate these at risk children, on a one to one advocacy basis, to the necessary services that will both reduce their risk and build their protective assets. After its presentation in Washington D.C., the SafeNet program has become a national "best practice" model by demonstrating improved outcomes in reducing: absenteeism, disruptive behavior and suspensions as well as meeting health and social support needs. SafeNet is now being replicated in other parts of the country.

KidSafe prevents violence to children through the early recognition of child abuse. Partners has trained nearly 400 educators and 250 health providers to recognize and refer for child abuse with the results being a 30% increase in child abuse referrals by health providers and a 21% increase by educators. These initiatives have received a commendation from the Governor's office.

The Partners effort is about the commitment hospital systems, public health and community partners have made to improve the health of their

News from the Networks

community. It is also about unique partnership between six hospital competitors creating new boundaries of collaboration to make the difference in their community. For more information about Partners please call:

Keith Cernak, Seattle

Establishing the WHO Network "Health Promoting Hospitals of Switzerland" (HPH-CH).

- l **The international HPH community welcomes a new partner network: Switzerland joined the movement.**

On October 1, 1999, 11 Swiss hospitals from the cantons Basel city, Zurich, Schaffhausen, Vaud, Geneva and Jura followed a recommendation by the World Health Organization (WHO) and established, in the form of an association, a network of "Health Promoting Hospitals of Switzerland". The credo of this association is to develop in the hospitals a process of both treatment and cure that is based on health promoting practices. The constitution of the network is supported by the Swiss Health Directors Conference, the Federal Office for Public Health and the Swiss Foundation for Health Promotion.

As the "international benefactress" of our network, Prof. Anne-Laurence Le Faou from Assistance-Publiques-Hôpitaux du Paris, (Co-ordinator of the French Network of HPH), delivered the congratulations for the founding of the Swiss network. This network opens the door for a "bottom-up" process: By employing concrete projects, the founding hospitals seek to treat not only the diseases of their patients, but rather explain to the patient, his/her relatives, hospital personnel and the population at large, how to maintain one's health and how to effectively combat an existing disease. For example, certain chosen topics like stress management, rehabilitation after a car-

News from the Networks

diac infarction, or coping with chronic diseases (such as diabetes, obesity or high blood pressure) will be addressed. The 11 founding hospitals seek to serve as competent centres for the dissemination of health promoting activities. How will they differ from other hospitals? During a kick-off seminar at the end of March 2000, they will collaboratively define the standards to be reached and will accordingly adapt the proposed projects in a learning process. They seek to afford the personnel with a professional methodology for communicating and motivating the targeted public (personnel, patient, hospital population). Thus armed, they will implement the new strategy of the Swiss Health Policy.

The Swiss Health Directors' Conference has already addressed a recommendation to all cantonal health directors, to execute health-promoting projects according to the WHO criteria in their hospitals. Furthermore, it is anticipated that the activities of the network will be co-financed by the existing Swiss Foundation for Health Promotion. The hospitals of the network will also take a look at a possible collaboration with other players in the public health sector in the ambulatory care.

At the inaugural meeting, the directing committee was composed as follows:

- | Professor Jean-Philippe Assal, Head of the Department of Therapeutic Teaching for the Chronically Ill at the University Hospital of the Canton of Geneva.
- | Dr. rer. pol. Nicole Rochat, Secretary-General of the coalescence for the collaboration of the University Hospitals of the Cantons Vaud and Geneva
- | Nils Undritz, Suhr, Co-ordinator, attorney, former director of "H+ The Hospitals of Switzerland"

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Nils Undritz, Suhr

Developing the Estonian Network of Health Promoting Hospitals

| The Estonian Network of HPH has been set up successfully

Improvements in the health status of a population are an indicator of development in the society. Hospitals play a central role in the health care system. They focus mainly on illness, curative care and rehabilitation, but they are also potential centres for health promotion and disease prevention, as they reach a large sector of the population: patients/clients, their family members, visitors, medical staff, social workers etc. A clear orientation towards health and patients would optimise the use of hospital's resources.

In Estonia, the first steps to join the International WHO Network and Movement of Health Promoting Hospitals were taken by the Tallinn Järve Hospital in January 1999, with the project "Tallinn Järve Hospital - a Health Promoting Hospital". The view that a nationwide Estonian HPH Network needs to be developed was strengthened at the 7th International Conference on HPH - "Health Promotion and Quality: Challenges and Opportunities for Health Promoting Hospitals" (April 21-23, 1999), in Swansea, Wales. Dr Tiiu Härm from the Estonian Centre for Health Education and Promotion and Dr Helle Mäeltsemees from Järve Hospital were present at the conference.

The development of the Estonian nationwide HPH network is now only in its initial phases, but for the near future there are concrete goals and plans:

- | developing Tallinn Järve hospital into a health promoting hospital (by the year 1999)
- | developing health promoting settings in Järve hospital (by 2000)
- | developing a network of health promoting hospitals in Estonia (by 2000)
- | attaining official WHO membership status in the international

WHO network of Health Promoting Hospitals (by 2000)

The implementation of these projects depends on their being financed by special health insurance funds. It depends on the decision of the Public Health Development Department of the Estonian Ministry of Social Affairs whether these funds will be available for the project. The difficulty lies in the limited economic resources. We hope that financial and moral support will soon change for the better.

Tallinn Järve Hospital: The pilot institution of the Estonian National Network of HPH

Developing health promoting hospitals requires a wide-ranged inter-sectoral process that needs to be initiated and realised by a learning and developing team: patients, doctors, nurses, administrative staff, caregivers, volunteers, social workers and others. The culture of communication, the quality of work, the well-being of patients, the environmental safety and health protection for patients and hospital staff are some of the areas where a lot remains to be done. The HPH project entails, first and foremost, training and education of the personnel in health promotion, reorienting the existing hospital functions, and achieving common objectives.

The most important areas of training are the art of relating and responding, the patient-oriented approach, advising and counseling patients and relatives on the management of a chronic disease and developing their psychosocial skills, the fundamentals of health promotion, modeling health behavior in a positive direction, coping with work-related stress etc. During the year 1999, the Tallinn Järve Hospital has been the leading and coordinating hospital of the HPH Movement in Estonia. The training seminars in May and October were also attended by representatives of other hospitals. In December 1999, we held the first national conference to discuss the movement of health promoting hospitals at the Järve Hospital project, which was attended by the leading specialists



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News from the Networks

and key officials on the national and international level.

Two Estonian hospitals - the Narva and Võrumaa Hospital - have applied to the Public Health Development Department to join the health-promoting hospital project in the year 2000. During 2000, 16 Estonian hospitals wish to join the HPH national and international network.

The purposes of the project "Developing the Estonian Network of Health Promoting Hospitals":

- | To construct an Estonian model of the health promoting hospital;
- | to develop the HPH movement and network in Estonia,
- | to follow the WHO health policy principles as formulated in "Health 21",
- | to keep up contact with the Health Promoting Hospitals Coordinating Center (Ludwig Boltzmann-Institute for the Sociology of Health and Medicine) - and with the WHO Office for Integrated Health Care Services in Barcelona.

The aim of the Estonian HPH Network is to strengthen the role of the hospital and its responsibility concerning disease prevention and health promotion. Aspects of importance are the exchange of information, experiences and knowledge about ongoing projects between the hospitals; development of methods and strategies for implementation and evaluation of health promotion programs; co-ordination of educational programs and co-operation on several activities etc.

The project concerns the following areas:

- | The hospitals' role and responsibility in health promotion (to use health promotion and disease prevention as integrated parts of their everyday work);
- | Promoting health for patients: patient's rights and satisfaction, psychosocial support and counseling, patient education;
- | Promoting health for hospital staff: staff satisfaction, avoidance of health risks for the medical staff,

communication skills, working environment, coping with psychosocial stress;

- | Hospital staff and the population in the community (cooperation with GP-s and communities);
- | Organizational development: health promoting hospitals aim at becoming a "healthy organization" by reorienting their services, roles and functions.

Target group and area of the project:

The health promotion activities are meant to reach all groups of people who are in contact with the hospital - patients, family members, physicians, nurses, administrative staff, other health professionals, social workers, volunteers - in short, all the members of the community.

The target area of the project is the whole territory of the Republic of Estonia.

Activities and plans for the year 2000:

- | Compilation of the HPH project work and methodical material for the hospitals.
- | Organising one-day introductory seminars about the HPH movement in different counties (places to be chosen according to the wishes of the local hospitals).
- | Co-ordination and development of the HPH projects.
- | Participation at the 8th International Conference on HPH, June 14-16, 2000, Athens, Greece, and at the next Business Meeting of national/ regional HPH co-ordinators.
- | Organising a national two-day seminar for hospitals in September 2000, focusing on:
- | Developing the HPH model for Estonia.
- | Compiling the introductory booklet and logo for the HPH.
- | Membership of 15 to 16 hospitals in the all-Estonian HPH and international network of HPH.

Joining the Movement of HPH is a process aiming not only at a wide range of diagnostic and therapeutic services

and curative care, but also at health promotion and disease prevention. The centre of this process is the patient. The expected results include improvements in the area of communication and co-operation with patients and relatives as well as promoting the comprehensiveness and continuity of medical treatment, coping with chronic diseases and improving the quality of life in general.

Tiiu Härm, Tallinn

HPH Partner Hospital in the Ukraine

- | **The focus of health promotion initiatives can be quite different in Eastern and Western countries. The fulfilment of basic health needs is a prerequisite for further initiatives.**

The Polyclinic of Family Medicine in Dneprodzerzhinsk, Ukraine, was founded in September 1989, as a private practice without state funding. It provides family medicine and was the first institution of such a type in the Ukraine. In the beginning, the clinic provided primary care under its own insurance plan. As public insurance principles did not exist in the Ukraine by then (and still do not), the clinic was a pioneer in establishing such principles.

In its history, the polyclinic has experimented with most of the innovative initiatives that were proposed to reform the health care system in the Ukraine.

The highest number of clients of the clinic was reached in 1992 with 15,000, but due to the continuing economical crisis in the Ukraine the number of the economically potent enterprises is much lower now, and the number of clients has decreased to 6,000 in 1999. In exchange for the monthly fee, the clinic provides ambulatory care, and physicians available seven days a week. The clinic provides for its patients as

News from the Networks

much of hospital care as can be provided with the same quality at a clinic or at home.

Today, the Polyclinic of Family Medicine has 16 physicians and a total of 46 employees.

Home visits are an important part of the services and are made on a frequent basis. The primary care physicians and the nurses usually live and work in close proximity to the population they serve.

They often grew up in the same districts as their clients. This not only facilitates greater familiarity with the patient's living environment, it promotes identification with the clients and strengthens the commitment of the staff to the patients.

The Polyclinic of Family Medicine places great importance on the satisfaction of patient needs. Staff are actively trying to continuously improving the methods of care available for their patients and thus their health.

In 1995, the clinic joined the HPH network as an affiliated member. Celebrating in 1999 the 10th year of its existence, the Polyclinic is on its way to the new HPH standards, goals and projects.

Elena Zorina, Dneprodzerzhinsk

Announcements

Announcements

8th International Conference on Health Promoting Hospitals

"The Health Promoting Hospital in the 21st Century"

Challenges and Opportunities, Strategies and Scenarios for Patients, Staff, Communities and the Hospital as an Organisation

Athens, Greece

June 14 - 16, 2000

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5th European Forum on Quality Improvement in Health Care

The 5th European Forum for Quality Improvement in Health Care is held in Amsterdam from March 23-25, 1999.

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