

Newsletter

Health
Promoting
Hospitals

No 21 · September 2003

An International
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WHO Regional
Office for
Europe

Editorial

Dear readers,

what have Health Promoting Hospitals (HPH) achieved until today, and where are they going? This question dominated the 11th International Conference on HPH in Florence this year, and a number of articles for this Newsletter resulted from the conference:

- In his introductory article, Oliver Gröne analyses past developments and future challenges for the network from a WHO perspective.
- A conference summary is provided by Paolo Morello.
- In an interview for the conference, Romano Prodi, President of the European Commission, gave his perspective on the possible role of HPH in future European health policy.
- Ilona Kickbusch and Angelo Passaleva spoke about new governance in health and hospitals – read the summary by Raymond McCartney.
- Strategies, implementation of and standards for HPH were also on the conference agenda. Find an interim report in this Newsletter.

More information about the conference is available in the Virtual Proceedings at www.univie.ac.at/hph/florence2003/htm/details/virt-proc-gesamt.htm

Further Newsletter articles focus on:

- How can hospitals promote the health of culturally diverse patient groups? This question is subject of the European project “Migrant Friendly Hospitals”.
- Why are projects often subject to conflicts? Read about the mechanisms behind and what to do about them.
- This issue’s “News from the Networks” section contains contributions from England, Ireland, and Poland.

Finally, we would like to draw your attention to the new web-site of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at

www.hph-hc.cc

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

Where are we and what next?

- **Are Health Promoting Hospitals fulfilling expectations?**

The International Network of Health Promoting Hospitals (HPH) is growing steadily. Between 1998 and 2003 the number of hospitals that joined the network has increased more than threefold (see table).

But, what has been achieved with regard to the implementation of health promotion services at both hospital and network level? What is the scope of health promotion activities in hospitals, and how can the principles laid out in the Ottawa Charter for Health Promotion be put into practice? And are Health Promoting Hospitals doing any better than other hospitals?

WHO objectives are to provide member hospitals and networks with the tools to support the development of a

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strategic plan for the implementation of health promotion activities and, in order to continuously improve themselves, to self-assess their activities. It is not the role of WHO to assess the implementation of health promotion activities in hospitals.

Lopez-Acuña stated at the Fifth Global Conference on Health Promotion in 2000 that “The Ottawa Charter for Health Promotion [...] included as one of the five components of health pro-

Year	Developmental stage	No. of		
		countries	networks	hospitals
1989 1996	Project Health & Hospital, Rudolfstiftung, Vienna	1	NA	1
1993 1997	European Pilot Project of HPH	11	NA	20
1998 1999 2000 2001 2002 2003	Development of National / Regional Networks under umbrella of International HPH Network	14 16 19 22 22 24	19 29 29 29 32 34	210 280 508 540 627 693



Ludwig Boltzmann Institute
for the Sociology of Health and Medicine

WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

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WHO perspectives

motion action, the notion of reorienting health services. Since then ... Little progress has been attained in defining an explicit, detailed and commonly agreed upon framework for implementing changes in a systematic fashion.” This statement reflected the mismatch of HPH vision and availability of tools being prevalent for a long time. However, it can no longer be considered to be valid. In the following I want to outline how developments within and instruments produced by the HPH Network refute the above statement.

It is true that until recently, no tools for the systematic implementation and assessment of HPH were available. Basic criteria for hospitals joining the network have been developed and a database was established to register projects and activities, providing information on key indicators of the hospital and on health promotion activities (available at: <http://data.euro.who.int/hph/>).

Within the HPH network attempts have been made at international level to review and develop evaluation systems for health promotion. The Fourth and Fifth Annual Workshops of National and Regional Network Coordinators in 1998 and 1999 addressed the issue and concluded that so far evaluations, if any, were mostly carried out at project level. Few strategies of quality assurance were applied at network level and most coordinators experienced great problems in developing and applying evaluation schemes. Although there were different evaluation approaches at national and regional level, none of them were well developed (see WHO. Reports on the Fourth and Fifth Workshops of National/Regional Health Promoting Hospitals Network Coordinators: EUR/ICP/DLVT 01 01 05 at <http://www.euro.who.int/document/E60210.pdf>, and EUR/ICP/DLVT 05 03 02 at <http://www.euro.who.int/document/E65830.pdf>).

A review carried out in 1998 identified existing approaches and problems in the evaluation of HPHs (see Gröne, O. (1998): Managerial experiences of Health Promoting Hospitals Networks. In: Health Promoting Hospitals Newsletter No 11., June 1998

<http://www.univie.ac.at/hph/>). Among the few developed schemes was the Hospital Accreditation Scheme that evolved from the Healthy Hospital Award in Wales. Hospitals were formally accredited as Health Promoting Hospital after application, standardized self-audit survey and external assessment to validate the survey and interviews with staff and patients.

A similar system was introduced in the German network consisting of two peer-reviews from hospitals and one side-visit from a representative of the network to the applicant hospital. External evaluators decided upon the acceptance to the network. The Polish network started in 1994 a self-assessment system to monitor the improvement of individual hospital performance. However, its development was not continued due to concerns regarding the validity and reliability of the tool.

Other countries in the WHO European Region initiated similar schemes consisting of site-visits, peer review, self-assessment, and surveys but many of them were still in their initial stage (see Annual Reports on Progress of National and Regional Health Promoting Hospitals Networks. http://www.euro.who.int/healthpromohosp/About/20020620_1, and Gröne, O. & Garcia-Barbero, M. (2001): Evidence on the Health Promoting Hospitals (HPH) project from the perspective of the WHO European Office for Integrated Health Care Services – Evaluating projects and networks. *Health & Management*, 3 (6), 76-83, 2001). Outside Europe, the Ministry of Health in Thailand conducted a survey comparing Health Promoting Hospitals with non-HPH (see Auamkul, N. et al (2002). Result of a self-assessment of Health Promoting Hospitals Implementation in Thailand. <http://www.anamai.moph.go.th/newsletter/Presentation/HPHThailand.pdf>). Although many methodological issues need to be resolved before any valid comparison between HPH and non-HPH can be made, the survey contained many innovative ideas that could be further elaborated in the future.

The absence of systematic approaches

to evaluate health promotion activities as an obstacle to an improvement of activities was taken up in the European HPH Network in 2000, and two working groups were established in May 2001. The tasks of these working groups were to develop strategies to put the HPH policy into practice and to develop a set of standards for health promotion in hospitals. The results of the working groups were presented at the 11th International Conference on Health Promoting Hospitals.

Eighteen core strategies and five standards for health promotion were identified. They provide a strategic framework and operational definitions of health promotion actions, to support the implementation and continuous improvement through a self-assessment. Further work will be carried out to link these products and to develop specific indicators to assess compliance with standards.

Now, the issue is how to reimburse health promotion activities in hospitals. Reimbursement mechanisms focus more and more on detailed diagnostic and curative services which hinder health promotion activities. The next phase of the work of the network will be to review reimbursement mechanisms to identify practices that can support instead of hinder the activities.

In conclusion, the development of the WHO Network of Health Promoting Hospitals has been robust over more than 10 years and reached a state of development that is not only regarded as significant by health promotion enthusiasts. Health managers and policy makers observe the HPH network and regard the numerous activities and the strategic tools as important instruments to improve the quality of health care and to contain costs. Further activities will be initiated to reach the goal that every hospital becomes a Health Promoting Hospital.

Oliver Gröne, Barcelona

Conference Reports

Re-orienting hospitals towards better health in Europe: New Governance, patient orientation and cultural diversity in hospitals

- The 11th International Conference on HPH was the most successful in the history of the WHO network.

The 11th International Conference on Health Promoting Hospitals took place in Florence, Italy, from May 18-20, 2003, with the participation of 612 people, from 41 countries from all over the world (see box below).

11th International Conference on HPH:

Number of participants per country

Participants: 612

Countries: 41

Angola (1), Australia (3), Austria (16), Belgium (7), Bulgaria (1), Canada (1), Cyprus (1), Czech Republic (4), Denmark (24), Estonia (16), Finland (15), France (19), Germany (17), Greece (8), Hungary (4), Iceland (2), Ireland (48), Israel (1), Italy (261), Kazakhstan (2), Lithuania (29), Mongolia (1), Northern Ireland (10), Nepal (1), Netherlands (7), Norway (26), Palestine (1), Poland (1), Portugal (1), Russia (12), Scotland (4), Serbia (1), Slovakia (4), South Africa (3), Spain (5), Sweden (18), Switzerland (5), Thailand (4), United Kingdom (22), USA (5), Yemen (1)

Number of presentations:

Total number: 333

Plenary presentations: 11

Oral presentations: 68

Poster presentations: 251

Video presentations: 3

Plenary contributions

The conference was opened under the chairmanship of Paolo Morello Marchese (Co-ordinator of the Tuscan HPH Network) with an interview with Romano Prodi (President, European Commission; see also extract of press release in this Newsletter issue). Further opening speakers were Oliver Gröne, (WHO-Regional Office for In-

tegrated Health Care Services, Barcelona), Riccardo Nencini (President, Council of Tuscany) and Jürgen M. Pelikan (Chair, Scientific Committee). The plenary program consisted of five sessions: The two opening sessions focused on the most important developments of ten years of existence of the HPH Network: Oliver Gröne (WHO-Regional Office for Integrated Health Care Services, Barcelona) outlined evolution and future development perspectives of HPH. The two following presentations in this session focused on the most up-to-date developments of HPH concepts, as achieved by two WHO working groups: Jürgen M. Pelikan (Vienna) presented the outcomes of the working group on "Putting Health Promoting Hospital policy into action", focusing on 18 strategies for HPH, plus a model for overall implementation of the HPH concept. Svend Juul Jorgensen (Copenhagen) presented 5 standards for health promotion in hospitals, that were developed by the working group on "Standards for health promotion in hospitals" (for details on both working groups see conference proceedings at www.univie.ac.at/hph/florence2003/proceedings.html). The inputs were further discussed in a panel discussion.

Opening plenary:

Chair: Gianfranco Gensini (Dean, Faculty of Medicine, University of Florence),

Lectures by: Oliver Gröne (WHO-European Office for Integrated Health Care Services, Barcelona)

Jürgen M. Pelikan (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna)

Svend Juul Jorgensen (WHO temporary adviser, Copenhagen)

Panellists: Manuel Delgado (President, European Association of Hospital Managers), Enrico Rossi (Regional Councillor, Tuscany Region), Julita Sansoni (Standing Committee of the Nurses of the European Union PCN, Rome), Kris Schutyser (Secretary General, Standing Committee of the Hospitals of the European Union HOPE, Leuven), Sandro Spinsanti (Director Giano Institute, Rome), Pierluigi Tucci (President, Italian Association of Paediatrics), Albert van der Zeijden (President, International Alliance of Patient Organisations), Erio Ziglio (Director, WHO Office of Venice).

Plenary 2 was organised on "The patient centred hospital". First speaker in this session was Prof. Angela Coulter (London). She highlighted in her presentation the importance to move on from patient satisfaction to fulfilling patient expectations in health care. Her input was followed by Bill Powanda's presentation of Griffin Hospital (Connecticut, USA), a hospital that aims at giving its patients all they ask for, and thus a real model of good practice in the field of patient centeredness.

Plenary 2

The Patient Centred Hospital:

Chair: Carlo Favaretti (Italian National HPH Co-ordinator)

Lectures by: Prof. Angela Coulter (The Picker Institute Europe, London)

Bill Powanda (Vice President, Griffin Hospital, Connecticut)

Panellists: Dr. Renzo Marcolongo (University Hospital, Padova) Ms. Louisa Mavrommatis (Patients Rights Action Group Cyprus) Ms. Orlaith O'Brien (Nursing Director, Acute Regional Hospitals Midlands), Prof. Arthur Vleugels (Catholic University Leuven).

Plenary 3 focused on "Cultural Diversity in Hospitals", an increasingly important subject in times of social mobility. The first lecture in this session was provided by Prof. Sandro Cattacin (Neuchatel), who spoke about "ethnicity, power and health", focusing on the necessity to reduce barriers for marginalized groups and to advocate for what he called "difference mainstreaming". Mr. Dilshad Khan (Bradford) presented the Bradford experience with equality and diversity within the UK National Health Service. His conclusion was that equality for a diverse population can only be granted if overall organisational systems and structures to support this goal are implemented.

Plenary 3

Cultural Diversity in Hospitals

Chair: Yannis Tountas (Greek National HPH Co-ordinator).

Lectures by: Prof. Sandro Cattacin (Swiss Forum for Migration)

Mr. Dilshad Khan (Manager for Equity and Diversity, Bradford Hospital, UK)

Panellists: Pia Ahonen (Nursing Director, Turku University Hospital); Andrea Foracchia (Reggio Emilia); Ms. Sun Shuyan (Reggio Emilia)

Health Promoting Hospitals

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Plenary 4 dealt with “New Governance in Health and Hospitals”. The keynote lecture on this topic was provided by Ilona Kickbusch (New Haven). She concluded that New Governance in the health sector will lead to changed ways of co-operation between different actors and to a future of networking. Angelo Passaleva (Florence) introduced in his presentation on “How does new governance influence decision-making processes in health policy?” new media as possible ways to organise processes of new governance.

Plenary 4

New Governance in Health and Hospitals:

Chair: Raymond McCartney (Northern Ireland HPH Co-ordinator, Londonderry)

Lectures by: Prof. Ilona Kickbusch (Yale University, New Haven)

Angelo Passaleva (deputy president of Tuscany Region)

Panellists: Kris Schutyser (Secretary General, Standing Committee of the Hospitals of the European Union HOPE, Leuven), Francisco de Paula Perera (University Hospital Gregorio Maranon, Madrid), Franco Riboldi (General Manager, Meyer Hospital, Florence), Hannes Schmidl (Director, Department of Health Planning, City of Vienna, AT)

The conference was concluded with conference summaries from the WHO and scientific perspectives, and by an announcement of the forthcoming 12th International Conference on HPH in Moscow (May 26-20, 2004).

Closing Ceremony

Chair: Paolo Morello Marchese (Co-ordinator, Tuscany HPH Network)

Conference summaries by: Oliver Gröne (WHO European Office for Integrated Health Care Services, Barcelona), Jürgen M. Pelikan (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna)

Announcement of 12th International Conference on HPH: Valentina Kasparova, (HPH Network of the Russian Federation)

Parallel sessions: Action labs, workshops, oral, video and poster presentations

A total of 322 presentations were provided in the parallel and poster sessions. The introduction of “Action Labs” as a new conference format for oral presentations in parallel sessions (a method of introducing conference topics in the form of overview and model presentations which allows for in-depth comparing and discussing of the experiences) turned out very positive and was much appreciated by the audience.

Thematically, the parallel sessions focused on different aspects of health promotion for patients, staff and the community. Specific topics of this year’s conference were health promotion for children and adolescents (during the conference, a thematic network for this target group was founded), international co-operation for health promotion (with representatives from developing countries), pain-free hospitals, health promotion for patients with heart problems, patient education in health promotion, and indicators for health promoting hospitals.

On the day before the main conference, the Ninth Workshop of National / Regional Health Promoting Hospital Network Co-ordinators and the already traditional Workshop for Newcomers to Health Promoting Hospitals were organised.

Social program

The social program is always an important factor for informal networking.

A reception by the Mayor of Florence, Leonardo Domenici, and the President of the Tuscany Region, Claudio Martini, at the Salone dei Cinquecento in Palazzo Vecchio, provided a very warm welcome to the conference audience.

The conference dinner at the old monastery of Santa Maria Novella, where the most famous butchers of Florence served their magnificent food, was the highlight of the social program.

Guided visits to the “Innocenti” hospital of Florence and to the “Quartierei

Monumentali” at Palazzo Vecchio provided opportunities for professional and cultural exchange.

Post conference activities

During the 11th International Conference on Health Promoting Hospitals, the Tuscany Region in collaboration with the Tuscany HPH Network organised a meeting on the European Programme Research, attended by about 45 professionals, representing both participants of the conference and invited delegates (local institutions and NGO’s). The meeting was chaired by Eva Buiatti (Co-ordinator, Epidemiological Observatory, Tuscany Regional Health Agency), and co-chaired by Maria José Caldés Pinilla (Tuscany HPH Network).

Also during the conference, a meeting was held between a representative of the Israeli Ministry of Health and the Palestinian Diplomatic Corp in Italy. Both parties signed an agreement on co-operation in the area of child treatment in the hospital context, in collaboration with ‘A. Meyer’ Children University Hospital of Florence, and the Tuscany Region.

Partners, supporters and co-organisers of the conference

The conference was hosted by the Tuscany HPH Network, in co-operation with the ‘A. Meyer’ Foundation (‘A. Meyer Children University Hospital, Florence), the WHO European Office for Integrated Health Care Services in Barcelona and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine in Vienna.

The conference was supported by the Italian Region of Tuscany and the Austrian Federal Ministry of Health and Women.

The following organisations functioned as co-organisers: The European Commission; the International Union for Health Promotion and education (IHUPE); the Standing Committee of

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the Hospitals of the European Union (HOPE); the Standing Committee of the Nurses of the European Union (PCN); the European Association of Hospital Managers (EAHM); the Permanent Working Group of European Junior Doctors (PWG); the European Network of Workplace Health Promotion (ENWHP).

Acknowledgements

I would like to thank all the participants of the conference, for their presence, interest and professional contribution. I also would like to express my most sincere thanks to our partners for their collaboration in the organisation of the Conference. In particular the Ludwig Boltzmann Institute for the Sociology of Health and Medicine in Vienna, and especially Christina Dietscher and Brigitte Wilhelm, and the WHO-European Office for Integrated Health Care Services in Barcelona, particularly Oliver Gröne and Loli Martin.

Special thanks to the 'A. Meyer' Foundation, represented by Franco Riboldi, and to the 'A. Meyer' Children University Hospital with Fabrizio Simonelli, Maria José Caldeés Pinilla and Katalin Majer.

*Paolo Morello Marchese
(Co-ordinator; Tuscany HPH
Network*

From the Europe of the money to the Europe of Health

- **Romano Prodi, President of the European Commission, reflected on European health policy for the opening of the 11th International Conference on HPH**

"I am satisfied because even in the field of health policies, Europe is moving towards both a sense of obligations and of common behaviours, such as the necessity for improvement and com-

parison. In conclusion, we are going to be a real community also in this field." Romano Prodi, President of the European Commission, greeted with this judgement the 11th International Conference of the WHO Network on Health Promoting Hospitals (HPH), which celebrated its 10 years of existence in Florence, at the Palacongressi. President Prodi answered to questions posed by Franco Riboldi, General Manager of the 'A. Meyer' Children's Hospital, Florence, host of the conference. He did not conceal the difficulties one can meet on this tough pathway: "Health policies", outlined Prodi, "represent a sector where there are fundamental national and local competencies, and sometimes the member states of the European Community are reluctant to allow their powers to be co-ordinated. When there is an emergency like SARS, the necessity to build common policies, co-ordinating and comparing networks, in order to create best practice and to maximize the well-being of the citizens, becomes obvious. One of the great pillars of Europe", continued President Prodi, "is the attempt to maintain and improve the level of protection of the citizens. If in the last few decades this objective seems to have been a side issue, it must now on the contrary form the pride and the central point of politics. We know that this will not be easy. Today more than 8% of the whole GDP of the European Community are invested in health policies, which is an enormous part. Faced with the difficulties in balance, we are tempted to cut down on the welfare politics. But this is in contrast with the same founding principles of our society. Certainly, we have to spend better, we have to facilitate citizens' ability to help themselves, and we cannot just let them settle down into a passive welfare system. We must transform the welfare system, but not throw it away."

Concerning the European networks, like the HPH Network, President Prodi reasserted their positive role for the integration of systems. As an important condition of this, he mentioned "that the integration must not be achieved with a bureaucratic character,

but considering the everyday practice of people operating in the field." After having pointed out the good rapport of the European Community with the World Health Organization, President Prodi replied to the appeal of Franco Riboldi: "When can we launch the slogan 'From the Europe of the money to the Europe of Health'?" "Soon and never", answered Prodi. "Soon, because in this field the relations are becoming more and more important, and never, because health policies must maintain their strong local roots forever."

*Excerpt from the Press Release
Florence, May 19, 2003*

New Governance in Health and Hospitals

- **How can hospitals and health care institutions meet the challenge of adapting their decision-making processes towards new societal demands?**

The final plenary session of the 11th International Conference on HPH, "New Governance in Health and Hospitals", gave delegates the opportunity to explore and consider the impact of wider societal and political change on health care and encouraged delegates to appreciate and exploit the full potential of HPH to assist understanding and enacting these essential changes.

In the first of two papers presented in this session Ilona Kickbusch outlined the changing roles of health and of governance and the implications for health care workers and politicians respectively working in these increasingly globalised fields. She emphasised the reality of the diminishing importance of all kinds of boundaries and that in this changing context, health care of necessity becomes less system centred, and governance of necessity becomes less state centred. We have entered an "active citizen" era of new relationships between state and soci-



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ety which “create and recreate a pattern of power sharing and makes collaboration the new imperative”. Ilona Kickbusch, in developing her case, identified the need for Networks as new models of organisations “a mosaic of institutions, policies and values” which can support the essential collaboration and the participation of the active citizen.

Health was identified as a fundamental expression of active citizenship and therefore, an important goal must be to enhance citizen capability and competence as producers of governance and health.

This poses a challenge to medicalised and professionalised institutions to become more “mixed institutions” which value and enact participation, share and disperse power, and which learn faster by developing a network management model to mobilize the collective intelligence of the system. Ilona Kickbusch reminded delegates that the HPH movement was founded in recognition of these societal changes and in particular on the need to refocus healthcare services to health promotion through developing the capacities of communities as producers of governance and health. The importance and relevance of the HPH movement is greater now than ever as the impact of societal change and learning force the agenda.

Ilona Kickbusch concluded that HPH must expand its territory, that it should have a more outward orientation moving into other networks so as to further develop its capacity to learn, to assist learning and to continue to be an important force for change.

The second paper of this session presented by Angelo Passaleva provided an inspiring insight into HPH in action in the Tuscany Region of Italy. Dr. Passaleva shared with delegates the engagement of the Tuscany Region Authorities, from Regional Government through Service settings to Tuscan citizens, with the practicability issues of bringing policy making closer to citizens. Dr Passaleva described the challenges encountered in engaging with the transition described in the first paper of the session. In the transition

to more active citizenship he described the challenge posed on the one hand of ensuring that the citizen’s voice is heard while at the same time not undermining the role of both government and health system professionals.

In the Tuscany region this challenge is being addressed and solutions developed through a rigorous approach of identifying and aligning all the components within the Tuscany Network. The approach seeks to make change happen by recognising that, within the given complexity, change will only be possible when all the components and therefore, interconnections are identified and aligned. Dr Passaleva described their approach to this complexity by examining the network components under three category headings of ‘players’, ‘patterns’ and ‘tools’.

Within this approach the available asset to all citizens is being focussed by identifying the numbers and roles of all players in the system alongside a presentation of the interrelationship between all levels and players in the system.

An innovative e-Toscana project was outlined by Dr Passaleva which provides the opportunity for an exchange of information with citizens.

At the level of ‘tools’ for change Dr Passaleva concluded by describing initiatives which are encompassing the enactment of greater openness of policy making and participation by citizens. He described initiatives in hospital design and in the development of personalized services which begin to realize this opportunity.

Raymond McCartney, Londonderry

Five standards and eighteen strategies for Health Promoting Hospitals and for Health Promotion in Hospitals

- **18 core strategies and 5 standards are supporting the implementation of good-quality health promotion in hospitals.**

During the annual workshop of HPH co-ordinators in 2001 in Copenhagen, two WHO working groups were set up, one on “Standards for health promotion in hospitals”, co-ordinated by the Danish Network of HPH; and one on “Putting HPH policy into action”, co-ordinated by the WHO Collaborating Centre on Health Promotion in Hospitals and Health care in Vienna. Both groups presented their preliminary results during the 11th International Conference on HPH in Florence.

Five Standards

The result of a two-year working process, which involved members from several member countries and a pilot test in 36 hospitals in 9 countries, was presented in the annual HPH conference in Florence in May 2003.

The standards are undergoing the final revision and are being cleared in WHO before they can be released for use in all member hospitals and by quality organisations internationally.

The standards describe the responsibilities of the hospital management in establishing the framework and structures needed for health promotion, the assessment of the patient needs for health promotion, information and intervention directed to the patient, the demands for a healthy workplace and finally the need for co-operation with other parts of health care and other sectors in the community.

The pilot test revealed, that the standards were considered relevant and applicable in the test hospitals and resulted in several very important sug-

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gestions for improvement.

In the coming period, the standards will be developed into a self-assessment tool for use in hospitals, and a set of indicators for health promotion will be identified.

It is the expectation that the standards can be taken into use in HPH-hospitals in the near future and that the indicators can be presented in the next HPH Conference in Moscow 2004.

Svend Juul Jorgensen, Copenhagen

Eighteen strategies

Over a 2 year period, the “policy” working group had systematically analysed basic documents on health promotion theory and practice, as well as hospital core processes and possible directions for future hospital development. Based on these analyses, the working group developed a framework consisting of 18 strategies for Health Promoting Hospitals, 6 respectively focusing on each of the 3 main target groups of an HPH: patients, staff and the community population. The strategies address the issues of empowering all target groups for better and healthier self-care (self-reproduction) and better co-production in treatment and care during hospital stay and thereafter (strategies 1, 2), and empowering them for better self-management of health problems and a general healthy life style (strategies 4, 5), as well as developing the hospital into a more supportive setting (strategies 3), and participation in community development for all target groups (strategies 6).

The working group also developed specific recommendations for the systematic implementation of an overall Health Promoting Hospital approach. The draft document of the working group can be downloaded at <http://www.univie.ac.at/hph/florence2003/htm/details-oral-poster/030516-wg-paper.doc>

Feedback on the document is welcome – please contact us at hph.soc-gruwi@univie.ac.at!

As a next step in the further development of strategies and recommenda-

Building bridges

tions for putting HPH policy into action, the draft document will be further elaborated, and it is expected that a joint document with the working group on standards for health promotion in hospitals will be presented in the context of the 12th International Conference on HPH in Moscow (May 26-28, 2004).

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

Responding to cultural diversity in hospitals: The European project Migrant-friendly hospitals

- **Increasing cultural diversity imposes new challenges on hospitals. A European project is looking for answers.**

New challenges and opportunities for hospitals

Increasing cultural diversity is one of the major development issues faced by health services today. This was also reflected at the recent 11th International HPH Conference in Florence where addressing diversity issues was one of the central topics. Frequently being migrants' and ethnic minorities' first access point to health services, hospitals in particular are facing new challenges. In view of a changing clientele, they are confronted with central questions regarding their service development:

- How can hospital services be tailored to effectively address the needs of increasingly diverse patient populations?
- How can hospitals respond to diverse language competencies, conceptions of health and illness, expectations of health services, and specific health problems presented by patients with different ethnic and cultural backgrounds?

- How can they manage a diverse workforce and effectively utilise the competencies of their staff to the benefit of all patients?

At the same time, the low threshold access to health care they represent for patients with a migrant or ethnic minority background puts hospitals in a unique position with regard to promoting the health and health literacy of these groups.

Health inequalities: migrants and ethnic minorities as a vulnerable group

Migration is closely linked to health, creating both health risks and opportunities for the individual migrant and for society as a whole. In the migration process, people mostly leave detrimental living conditions, but the journey itself often poses significant health risks, and life in European societies imposes additional stressors for many of the newly-arrived.

Diverse populations may also face considerable language and cultural barriers in accessing health services – with adverse consequences for health care utilisation, quality of care, patient satisfaction and patient health outcomes.

In addition, people with diverse backgrounds experience disadvantages in the field of prevention / health promotion as these interventions are frequently not tailored to specific language or cultural needs.

Migrant-friendly hospitals – A European response to cultural diversity

Hospitals in many parts of Europe have already taken on the challenge of making their services more responsive to the needs of migrant and ethnic minority groups. This became evident at the 11th International Conference on Health Promoting Hospitals where many local initiatives were presented (see conference proceedings on the web; <http://www.univie.ac.at/hph/florence2003/htm/proceedings.htm>). Cultural diversity and related health inequalities, then, require a concerted response in client-provider interaction,

Building bridges

in hospital policies and service development, and in health policy at the regional, national and international levels alike.

The European project “Migrant-friendly hospitals” (MFH) has established a network of pilot hospitals from 13 member states of the European Union (see www.mfh-eu.net) to pool resources and to facilitate knowledge development and transfer across hospital and national borders. The project is identifying, developing and evaluating models of good practice in order to address the challenges in providing culturally responsive health and health promotion services for migrants and ethnic minorities. On this basis, European recommendations will be developed and published.

The MFH project – which steps?

Starting from a needs assessment at each of the 13 pilot hospitals which enquired the views of patients, hospital staff as well as of important community partners, the project identified central problem areas in the provision of services for migrants and ethnic minorities.

The needs assessment showed great diversity concerning migration backgrounds, the legal status and religious backgrounds of the patients participating in the needs assessment – reflecting both the diverse migration situations in different parts of Europe as well as the extent of diverse needs hospitals are confronted with. In obtaining the staff perspective, members of all relevant professional groups and levels in the hospital hierarchy were consulted. Across all the diversity within and between countries, and between the patient and staff perspectives, there was a consensus on the areas where interventions are most pressing needed:

1. Addressing language and communication barriers
2. Providing patient education and information in the appropriate languages and formats
3. Supporting staff and patients in bridging cultural barriers

The needs assessment at the hospitals was accompanied by a systematic review of the literature in order to identify effective interventions addressing the problems at hand, carried out by the Swiss Foundation for Migration. Based on both the needs identified in the local assessments at the 13 hospitals and solutions already developed and proven successful in terms of improving service quality and outcomes, three areas for specific interventions in common European sub-projects have been agreed to facilitate European benchmarking:

Sub-project A: Improving language and interpreting services in clinical communication

Sub-project B: Patient education in the field of mother and child care, with a specific focus on pre- and postnatal care

Sub-project C: Staff training to improve cultural competence and sensitivity

In September this year, the group will meet in Reggio Emilia, Italy, for a training workshop which will equip hospitals with the tools and expertise to take the sub-projects off the ground locally and evaluate them.

To ensure project success and sustainability, an overall project has been initiated in all pilot hospitals in the course of the past 8 months. Project steering groups involving members from all relevant stakeholders, including representatives of migrant communities and of top level hospital management have been established and run the project locally. In addition, pilot hospitals have committed themselves to establishing a support system for migrant-friendliness by integrating responsiveness to cultural diversity and health inequalities into the hospital's quality system. The overall project further aims to improve migrant-friendliness in all core processes of the hospital: facilitating access to the hospital e.g. through outreach, open days and multilingual information about the hospital available in the community; improving entry to the hospital, e.g. by means of training for reception staff, multilingual signage and the use of pictographs; developing adequate admission procedures including language

Methodological issues

support in anamnesis; making the hospital stay as pleasant as possible, e.g. by providing culturally adequate food, multifaith spiritual support and finding ways to accommodate visiting families; and finally devoting special attention to the discharge of migrant patients, ensuring the linkage with after-care and rehabilitation as well as providing culturally and linguistically adequate information on disease management, recovery and healthy lifestyles. Recommendations and results will be presented at the project's final conference, taking place in Amsterdam at the end of 2004. Colleagues from across the globe are invited to come to the Netherlands to share their experiences on “Improving health care and promoting health literacy for migrants and ethnic minorities” and to contribute insights to a concerted European approach to responding to diverse healthcare needs. Check out our website at www.mfh-eu.net for further information – both on the conference, and to find out more on the “who is who” in the project and on what migrant-friendly hospitals are all about!

Beate Schulze, Karl Krajic, Uschi Trummer, Jürgen M. Pelikan, Vienna

Managing conflicts in the processes of organisational change

- **What lies behind conflicts in change processes, and how can they be managed?**

Hospitals all over Europe use more and more quality management strategies (also the health promotion settings approach is based on Total Quality Management / TQM), resulting in significant organisational changes in hospitals. The main actors of change processes are quality managers, health promotion project workers and coordinators.

But changes may result in conflicts, and by “conflict” I understand any-

Methodological issue

thing that disturbs the process or success of a project. Conflicts defend and combat new solutions, but also attempt to hold on to existing organisational solutions (therefore, conflicts are also about dealing with the “old” forms of organisational practice).

It is evident that initiatives aiming at organisational change set free those often hidden anxieties that are bound in existing organisational solutions, traditional work routines (“we have always done it this way!”), and informal and formal power structures. They become visible in different reactions to change processes which can be summarised as different forms of resistance activities (“submarine”, “excavation”, “eye-wash”, “blindness”, “never heard of”). Such reactions can severely attack quality and health promotion activities.

Hypothesis I:

Conflicts are essential in organisational change processes.

Hypothesis II:

Conflicts successfully work as change agents.

But conflicts at work can also be seen as indicators for success. In a psychoanalytical view, institutions provoke and bind their members’ anxieties. Especially in hospitals, patient-staff interactions provoke feelings of helplessness etc. which may lead to different types of social defence mechanisms. In this context I name only those which affect decision-making processes and the responsibility of the individual:

I have to ask someone, before I am able to decide! : reducing the weight of responsibility in decision-making by checks and counterchecks

I have to go back to our common set of routines before I can decide! attempt to eliminate decisions by means of ritual task performance

I first have to find out, who is in charge of that decision! collusive social redistribution of responsibility and non-responsibility

Let the head of our team take that decision! reduction of the impact of responsibility by means of delegation to superiors

We will do it better the way we are already familiar with! avoidance of change

These mechanisms do not appear isolated but interact and constitute organisational routines, which often remain undiscussed. The following example is taken from the nursing service of a psychiatric hospital:

The role of project work in change processes

Projects are interventions in organisations with one or several defined objectives, a firm structure, a group of participating persons, little experience or few role models, change intention, and remoteness to everyday / routine business.

Projects are thus a kind of „setting“ within the organisation, into which, during the course of time, all possibilities and limits, all internal structures of the organisation are re-entered, so that the project in a way reflects the whole organisation.

It is an advantage of projects that they can observe and reflect this process of entries. Projects therefore may help to find out about decisive peculiarities of the organisation so that phases of change may be initiated and obstructions can be handled. If it is possible to successfully bring up and talk about such entries, these elements may become accessible also for changing the organisational routine outside the project. In order to manage change processes, project managers should therefore be able to read re-entries as internal processes of translating established organisational routines to the project.

Hypothesis III:

The project becomes a container of unsolved conflicts within the organisation. Projects are often an attempt to solve these conflicts.

Hypothesis IV:

Organisational changes affect informal power structures; this will lead to characteristic reactions within the organisation.

General Hypothesis:

Initiatives targeting changes in an organisation free unconscious anxieties that are bound in existing organisational solutions.

What conflicts are we talking about? Types of resistance

The following is a description of four possible types of resistance that may occur in projects.

submarine : A steering member of the organisation is expecting the project to increase his own power or forms a coalition. The guiding question for such conflicts is: Who is the decision-maker, who benefits most of the project? What about his / her interests?

excavation : Trying to leave the project with the first problems that occur. If this type of resistance is practised by a significant group of project members, the project will end. Guiding analytic questions: Who wants to participate in project work and why, how about their commitment during times of disturbance?

eye-wash : A person who wishes to distract from his / her work may initiate innovative projects and strongly influence the definition of the project and its aims. Guiding analytic question: Who influenced the project definition, who decided upon the project area?

blindness / never heard of : Positive but passive reaction to the project definition; participation in a project without involvement or commitment. Guiding questions: Who explains that he / she is not informed sufficiently and how does he / she respond to information? This reaction is typical when the project (or even its definition) already has affected formal or informal power structures within the organisation.

How should conflicts be addressed or managed?

1. Be open for signs of conflict, especially when there are only positive reactions and applause. Look for (groups of) staff members who are not participating in the process.
2. Be aware that a rising conflict is not the fault of your project management and that it could not be avoided in advance by better managing strategies.
3. Do not leave the field by giving up the project, for that would mean to give up the focus of the conflict, i.e. your successful work. Do not try another project, as you will find this conflict sooner or later in the new project too.



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4. To reorient yourself, start reflecting on the structures of the conflict by reconstructing the course of the project-work: Be aware of the very first initiatives for the project and be also aware of the very first reaction to the proposed project. This fourth point is central for analysis, more easier to do with a consultant or with a colleague, who is experienced in project management. The guiding idea is to see the project as a mirror of the organisation (as described above), the aim is to reconstruct the entry process of the organisation into the project.
5. Search for those members of the organisation, who are new in the hospital and still have a fresh look on the organisation.
6. Hand the conflict back to the participating parties you have discovered by your analysis (e.g. by group discussions or background interviews).

There is no chance to discover hidden conflicts in advance, and when they arise we have to handle them without blaming ourselves. Be sure that there is no such thing as an unnecessary conflict or fault of project management, as long as you stay open minded and hold on to the change process by playing an active role in it.

Rainer Paul, Wiesbaden

East Lancashire Hospitals NHS Trust: Centre for Health Promoting Hospitals

- **Combining quality and health promotion may result in an award-winning strategy.**

The Blackburn, Hyndburn and Ribble Valley Health Care NHS Trust became a Health Promoting Hospital in September 1997; within the Directorate of Nursing and Quality. Margaret Eastham was appointed to co-ordinate

this process and assisted in the first three years by Denise Richardson, Academic Consultant from the University of Central Lancashire. In 1998 the Centre for Health Promoting Hospitals was created and in 1999, the temporary project officially came to an end when the permanent service began.

It was at that time that the HPH Co-ordinator became the HPH Manager. On 1 April, 2003, Blackburn, Hyndburn and Ribble Valley Health Care NHS Trust and Burnley Health Care NHS Trust merged to form the new East Lancashire Hospitals NHS Trust. East Lancashire Hospitals NHS trust provides a range of health care services primarily for the people of East Lancashire, which comprises of the Boroughs of Blackburn, Burnley, Hyndburn, Pendle, Ribble Valley and Rossendale, which together have a population of approximately 515,000. East Lancashire is generally a very deprived area, with a large ethnic minority community. The Trust is the area's largest employer with more than 6,500 staff and has an annual budget of £ 220 million. The Trust manages five hospitals located across East Lancashire, containing in excess of 1,600 beds, which provide an Acute Hospital Service: Blackburn Royal Infirmary, Burnley General Hospital, Queen's Park Hospital, Pendle Community Hospital, Rossendale Hospital.

The relationships with the whole of the Health Community and Local Authorities are excellent and many partnership arrangements and planning groups work well to develop a comprehensive range of services.

One of the services in-house is the Centre for Health Promoting Hospitals (HPH) based within the Directorate of Nursing and Quality at Queen's Park Hospital in Blackburn, which has been awarded with a badge of excellence for public service by the Government.

The Cabinet Office grants only a handful of Charter Marks each year. The Centre for HPH was successful in gaining this award by the Judging Panel stating that the Centre for HPH ... "is providing an exceptionally high quality of service to users". The Charter

Mark is the standard of customer service excellence awarded by Government to public sector organisations. Public sector (or voluntary) organisations serving the public directly or (indirectly) can apply. But to be successful they must meet key criteria and provide evidence.

The standards are based around the user: what does the customer expect or hope for from the services? None of us can be sure how we are performing without consultation and feedback from users. Charter Mark demands that we listen, act and deliver. Charter Mark holders have demonstrated that they have offered choice to their customers so that a wide range of needs are catered for. The benefits of new technology are maximised. Users and staff are consulted on where choices can be made. Communities have a say in the design and delivery of local services. Charter Mark is more about achieving a change of culture than winning a trophy – and change and improvement must be ongoing. Complaints, compliments and suggestions from the customer help improve service. Charter Mark recognises that people on the front-line dealing with customers and the public daily are often the best judges of what needs to be done to improve service. Staff are involved in the planning of services and are encouraged and empowered to put things right wherever possible. Assessment is via the provision of two large portfolios of evidence in order for the Assessor to undertake a "desk assessment", in addition an onsite visit by the Assessor is organised, the purpose to interview key individuals, staff members, and patients, in order to clarify any elements not currently completed during the "desk assessment". Once the Assessor has completed the onsite assessment visit, a report is produced and the documentary evidence then sent to a Judgement Panel for external assessment. It is only at that time that the final result is then made known. The whole process took approximately 10 months to complete. The Charter Mark has since April 2003, changed its format to one of self-assessment and is currently going through a review.

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The HPH Manager, Margaret Eastham said “gaining the Charter Mark has been one of the greatest achievements since the Centre was created 4 years ago. We are a very small department in the Trust and this has meant that this award has affected us all very personally. Without the commitment and dedication of the Centre staff, and the invaluable support of our colleagues this award would have remained a dream. We are absolutely delighted to be the first department in the newly combined East Lancashire Hospitals NHS Trust (merged on 1/4/03) to achieve this accolade and indeed the first Health Promoting Hospital in the UK to be granted this status. As a consequence we have been invited to speak at the 11th International Conference in Florence, Italy on how we achieved this award, hopefully by sharing our journey we can help and encourage other hospitals to follow suit”.

Margaret Eastham, Blackburn

HPH CHALLENGE DAY For a Day or a Lifetime

- **HPHCD prove to be feasible interventions for the promotion of physical activity.**

Regular physical activity is an important part of a healthy lifestyle, and the HPH concept is a good context within which to promote physical activity. However, many health service organisations are not necessarily supportive environments, either for employees or recipients of services.

The HPH Physical Activity Initiative – HPH Challenge Day (HPHCD), was initiated in 1996, based on the successful International Challenge Day. This annual event was adapted and developed to suit health service organisations, as they have enormous potential to influence the health and well being of patients, their relatives, their own staff and the immediate community in which they are located. The challenge idea is based on the need to make individuals

aware of the value of physical activity as a health enhancing medium, which when approached from a lifestyle approach, encourages regular activity suited to the individual (HPH / Saol Plus, 1998).

The HPHCD mission states “health-enhancing physical activity is an essential part of health promotion. It provides individuals with the ability to increase control over their own health – and improve and take responsibility for their health”. The aim of HPHCD is to raise the awareness of the importance of physical activity in our daily lives and to generate sustainable physical activity interventions in health service organisations. The objective is to involve the maximum number of staff, patients, visitors and the community, both young and old, able and disabled, in 15 minutes of continuous appropriate physical activity of a recreational nature. 15 minutes of physical effort by everyone on HPHCD will help to show that the health service organisations are an active healthy community. All participating organisations are categorised according to their registered population and the success of the day is measured in percentage participation versus the other organisations in the same size category. Although a one-day event, it is hoped that many of the activities will become permanent features within health service organisations (HPH, 1998).

A comprehensive evaluation of the effectiveness of HPHCD in raising the awareness of the importance of physical activity and generating sustainable physical activities in health service organisations currently took place. All health board regions were represented in this study, providing an exhaustive list of activities in each region. Some of these activities were in place prior to HPHCD, some were initiated on a previous HPHCD, and a significant finding was that a large number of activities have been ongoing since taking part in HPHCD. Only a minority of respondents had an allocated budget or formal policy, and findings showed that only some organisations provide the necessary supports and facilities for participating in physical activity. It

is evident that this initiative is effective, however, a number of recommendations in relation to promoting regular physical activity were suggested from the findings.

As a result of the positive outcome of this study, HPHCD will continue annually to raise the awareness of the importance of physical activity and generate sustainable physical activities in health service organisations. In addition, the valuable suggestions offered by respondents will be helpful in preparing future HPHCD events. It is only by understanding the causes of success or failure of this initiative that improvements can be made.

Marie Carroll-Browne, Dublin

Further development of regional HPH networks

- **Regional HPH Networks are covering almost all of Poland.**

We are in the process of establishing regional HPH networks within the country. At the time being we have:

- Lower-Silesian Regional Network of HPH with the coordinating centre in Wroc³aw;
- Malopolska (Little Poland) Regional Network of HPH with the coordination centre in Krakow;
- Lublinian Regional Network of HPH with the coordinating centre in Lublin
- Mazovian Regional Network of HPH with the coordinating centre in Warsaw.

In that way almost the whole country has been covered by regional networks. Remaining areas are only the Northern Parts (Pomeranian, Mazurian) of the country.

The need to create Regional Networks resulted from the expanding number of member hospitals (by now 120), representing about 17% of the Polish hospitals.



Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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News from the Networks

Apart from that, all HPH representatives received the standards for health promotion in hospitals translated into Polish in order to assess the possibility to adopt them as such to the condition of Polish hospitals, when, how, in what extent etc. During the next National Polish HPH Conference it will be finally decided to what extent the Vienna-Barcelona-Firenze standards can be implemented.

Jerzy Karski, Warsaw

Call for Papers

Call for papers for Issue no. 22 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 22? Please follow the guidelines below.**

Deadline: Nov. 10, 2003

Especially invited are contributions about

- specific local HPH projects (either for hospital patients, for hospital staff, or for the local community population);
- comprehensive HPH approaches including the development of the whole hospital organisation;
- experiences and developments of the national / regional HPH networks;
- conceptual and methodological issues;
- HPH conferences and publications;
- related subjects of interest to the HPH audience.

If you wish to submit an article for issue no. 22 of the HPH Newsletter, please send us a manuscript of no more than 750 words. Please use either Times New Roman or Arial 12, double spaced, with no extra formats, and please provide references in text (no footnotes!). Please include full contact address and short information about author(s) (max. 15 words).

Please send your contribution to the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, preferably as an e-mail attachment (hph.soc-gruwi@univie.ac.at), or send a floppy disc (word for Windows 2000) to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2 / 4th floor, A-1090 Vienna, Austria.

If you have any questions about your contribution, please contact Ms. Christina Dietscher at hph.soc-gruwi@univie.ac.at

Announcements

Announcements

8th Austrian Conference on Health Promoting Hospitals

"Staff at the limits? Diagnoses and health promoting solutions" (in German language).

Contact: Austrian HPH Network

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1st All Ireland Conference on Health Promoting Hospitals (HPH)

Communication for Health
Cabra Castle, County Cavan
18-19 November 2003

Contact: Irish HPH Network

Tel +353 1 6465077

E-Mail conference@ihph.ie

18th IUHPE World Conference on Health Promotion and Health Education

April 25-April 29, 2004

Melbourne, Australia

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12th International Conference on HPH

Moscow, Russia, May 26-28, 2004

Information in the internet will be available from September 2004 at www.univie.ac.at/hph/moscow2004

Second International Conference on Communication in Healthcare

of the European Association for Communication in Healthcare)

Bruges, Belgium, 14-17 September 2004

Deadline for abstracts: 1 February 2004

For submission guidelines, please see <http://www.each-conference.com>

Further information <http://www.each-conference.com>