

News letter

Health
Promoting
Hospitals

No 26 - January 2006

An International
Network Initiated
by the
WHO Regional
Office for Europe

Editorial

Dear readers,

you are members of a steadily growing international community. In order to secure the governance of the HPH network in times of enlargement, WHO initiated a debate on steering structures of the network which resulted in the establishment of a steering committee and an independent network secretariat based at the WHO Collaborating Centre for Evidence Based Health Promotion in Hospitals in Copenhagen. Please find introductions to these bodies in this Newsletter issue.

The next international HPH conference is rapidly approaching – this Newsletter contains a very motivating invitation to attend the event in Palanga, Lithuania (May 24-26, 2006). Please note that abstract submission is still open until February 15. All information about the conference is online at <http://www.univie.ac.at/hph/palanga2006>.

In the “thematic issues section” of this Newsletter you will find a contribution on healthy ageing for hospital staff, where the trend towards an ageing population can be considered problematic for numerous reasons: Hospitals are one of the most risky workplaces anyway, representing numerous health hazards for staff. And the more constraints a workforce has to cope with, the earlier age-related symptoms will become apparent. In this edition you will find results of a literature review on possible solutions to the problem.

Furthermore, the Newsletter reports on current activities of the HPH networks in Ontario (Canada) and Estonia, and examples for HPH projects and initiatives from Estonia and Northern Ireland are introduced. Finally, we would like to inform you that the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at the Vienna-based Boltzmann Institute has recently been

re-designated for a further 4-year-period (2006-2010).

With very best wishes for 2006,

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

Second meeting of the HPH Steering Group

- **At the last HPH steering group meeting in Copenhagen, WHO reaffirmed its support for the HPH network.**

The Health Promoting Hospitals Steering group held its second meeting on 8th December 2005 in Copenhagen, hosted by the new WHO HPH Secretariat at the WHO Collaborating Centre on Evidence-based Health Promotion in Hospitals. The objective of the meeting was to follow up on the strategic and operational issues for network coordination as raised in the first meeting of the HPH steering group in Dublin and to review the working documents that were prepared by members of the steering group in the meantime (<http://www.euro.who.int/document/e87319.pdf>).

Members of the steering group prepared discussion papers on the scope of the HPH network (in terms of geographical spread and institutions addressed); objectives and criteria for membership at international, national/regional and hospital level; criteria for different membership levels based on commitment, self-assessment and achievement of excellence; the role of different partners in the new power structure; examples on legal status and constitution for the network; and the communication strategy. Further discussions addressed evaluation and learning issues for the network and the plan to set up its own, peer-reviewed

and Medline-indexed journal on health promotion in hospitals. Thank you all those that prepared these documents!

Another topic for discussion was represented by financial issues and the current status of income from membership fees. A list was circulated to members of the steering group on payment status, and various strategies were discussed on how to encourage hospitals to contribute their fees and to improve follow-up on non-paying members. Final issues discussed addressed transparency and open communication about the network's conference budget and formal election procedures for the HPH steering group. Many attendees appreciated the participation of Gerard Schmets, Head of Unit on Country Health Systems, Services and Policies at the WHO Regional Office who confirmed the role of WHO within the International HPH network. He stressed the WHO strategy on supporting Member States in developing their health systems, and the contribution that the HPH network can provide to this strategy (<http://>

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Developments in the International HPH Network

www.euro.who.int/Governance/resolutions/2005/20050920_2). He also emphasized that the HPH network became a mature and powerful organization and that it was time to reflect on the administration of this network. In this context, the setting up of an independent secretariat at the WHO CC for Evidence-Based Health Promotion in Hospitals was highly appreciated. At the same time he reaffirmed that WHO was not to withdraw from the network and will continue its involvement through permanent participation in the steering group, collaboration in the international conferences, support to WHO collaborating Centres and visibility through hosting information on the WHO website and through technical publications.

The meeting was extremely productive and useful. The number of working papers, commitment of steering group members and range of tasks and activities identified will certainly improve HPH coordination and output in the future. Special thanks to Hanne Tonnesen and her new team for hosting the meeting. A full report is being prepared by the HPH secretariat, and the integrated documents will be circulated to coordinators in due time.

Oliver Groene (Technical Officer Hospitals Programme, WHO Regional Office for Europe)

Invitation to the 14th international Conference on Health Promoting Hospitals

- **The conference, titled “Integrating health promotion, prevention, treatment and care across the health system”, will be held from May 24-26, 2006 in Palanga, Lithuania.**

It is a great honour for us to host the 14th International Conference on HPH

in Lithuania in Palanga, a most beautiful resort by the Baltic sea. Palanga is a town with beautiful sand beaches (18 km long and in some places about 300 m wide), dunes and an unspoilt natural environment. We hope that the sea, sun, forests, and fresh scents of the pine-woods, will increase your energy and be helpful to stimulate successful work during the HPH conference.

The continuous dialogue and focus on the search for the most effective and efficient use of hospital settings for the improvement of health across Europe is a long-lasting tradition of the International Network of Health Promoting Hospitals (HPH). Many prominent health problems and potentials of the HPH network to contribute to their solution were selected as topics of the past annual HPH conferences. The 14th International HPH Conference is devoted to “Integrating health promotion, prevention, treatment and care for chronic diseases across the health system”.

It was not by chance that this topic was selected. The burden posed by chronic non communicable diseases (NCD) to all societies in Europe is huge: The World Health Organization (WHO) estimates that in 2004-2005 up to 86% of deaths and 77% of the disease burden (as measured by disability adjusted life years or DALYs) in the region will be caused by NCD. There is evidence enough that hospital settings can play an important role in improving the health situation in every country if properly addressing NCDs along the course of their development, and if the potential of integrated approaches in health promotion, prevention and care is well understood, accepted and effectively implemented.

The international and local organizing committees have put considerable effort into launching a conference programme that addresses

- the epidemiological evidence for integrated actions in hospital settings, covering health promotion, prevention and care;
- the need for integration in patient care to achieve an optimum outcome;

- the enhancement of patient empowerment throughout the entire spectrum of chronic disease care;
- as well as addressing wider determinants of chronic diseases and the role of hospitals in collaborative actions together with other settings.

The conference will provide an opportunity to exchange knowledge and experience for a large spectrum of health system specialists: health care professionals from the medical, nursing and therapeutic fields; hospital and health care managers; representatives from patient organisations and other NGOs; representatives from health policy and health administration; public health actors and experts; health and health promotion scientists and practitioners, and health care consultants. The conference delegates will be able to focus on specific issues related to the stated themes and raise discussion on the basis of models of good practice and research related to the theme of empowerment.

In addition to the excitements of the scientific program the participants will have an opportunity to enjoy Lithuanian hospitality. Share with us the pleasure of your company during the social conference events, as well as take an advantage to enjoy white sands at the beach, the refreshing Baltic sea water, and the cultural and historical heritage of Lithuania, including the seaside region.

We are very much looking forward to welcoming you in Palanga in May 2006 and hope for a most memorable meeting.

Prof. Irena Miseviciene, Kaunas, on behalf of the Organising Committee

New independent HPH Secretariat

● What can you expect from the new HPH network secretariat in Copenhagen?

The new independent HPH Secretariat took over from the WHO Barcelona office per 1 October 2005. The HPH Secretariat is hosted by Copenhagen Hospital Corporation at H:S Bispebjerg Hospital and placed in the WHO Collaborating Centre of Health Promoting Hospitals in the Clinical Unit of Health Promotion.

The initial board meeting of the HPH Steering Group in Dublin, May 2005, identified the main functions of the Secretariat, which will satisfy the aim of the HPH Network, as follows:

- To facilitate the HPH Network with internal and external communications, i.e.
 - Connect people and respond to inquiries
 - Identify partnerships for funding and development of opportunities
 - Providing certificates and acknowledging membership
 - Monitoring payment of fees and implementing new fee structure
- Developing and implementing communication strategy

The communication strategy centres around three areas, namely

- **Internal** HPH communication strategy: Connect people and respond to inquiries (technical officer and secretary)
- **External** HPH communication strategy: Identify partnerships for funding and development opportunities
- **Internet solution:** To be developed and maintained by WHOCC head, plus technical officer and secretary

The nerve centre of the communication strategy is the new interactive homepage (<http://www.who-cc.org>). The homepage is currently under construction and includes the following

functions (to be opened one by one before March 2006):

- Project/activity database
- How to join (incl. online registration of hospitals and projects/activities)
- List of Coordinators and member hospitals
- Additional information, including news from
 - WHO, Steering Committee
 - Working groups, Task forces & Collaborating Centres
 - Secretariat
 - Others, including Research and Development
- Reporting HP Standards – Quality Management
- Database for reporting the use of Standards and Indicators for Health Promotion in Hospital
- HPH Projects
- Platform/discussion forum (open as well as closed) for Steering Group, Task Forces and working groups
- Online HPH library (database): publications, booklets, tools from national/regional networks, WHO, working groups under the Network, international organizations, research groups, important links, etc.

Parts of the homepage are for members of the HPH Network, exclusively.

What can HPH member hospitals or Networks expect from the new HPP Secretariat?

Our vision is to provide, among others,

- New and better communication via the interactive homepage
- Smooth administrative process regarding obtaining or extending memberships
- Prompt answers to asked questions
- Updated news from coordinators, Steering Committee, working groups & task forces, WHO & Collaborating Centres etc.

The HPH Secretariat is staffed by

- Technical Officer Nina Aubertin: Administrative educated and holder of academy diploma in management. Previous employments in managements within the Copenhagen Hospital Corporation.

Last employment as executive assistant at the IT University of Copenhagen.

- Secretary Margrete Ripa: Authorized Medical Secretary, last employed at NovoNordisk A/S (Danish pharmaceutical company) as VP Assistant.
- Project worker Mette Enevold Christensen

Prior to the transfer of the secretariat functions, the head of the WHO Collaborating Centre, Dr. Hanne Tønnesen, and the new staff visited the Barcelona office to gain from their experience. Technical Officer Oliver Gröne and programme assistant Maribel Gené had made every effort to make the visit fruitful.

“We are happy to say, that we had invaluable help from the Barcelona office by Maribel Gené and Oliver Gröne, when taking over the secretariat functions” says Director of the WHO Collaborating Centre, Dr. Hanne Tønnesen, MD PhD.

The new secretariat recently hosted the 2nd HPH Steering Group Meeting. The meeting took place in an energetic and pleasant atmosphere, and we are proud to say that the Steering Group authorised the new secretariat to continue working on with the processes of obtaining new members and implementing the new communication strategy via the new interactive homepage.

More information about WHO Collaborating Centre of Health Promoting Hospitals & Clinical Unit of Health Promotion at <http://who-cc.org/whocc/nonsec/main.html>

*Nina Aubertin, Margrete Ripa,
Copenhagen*



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News from the WHO Collaborating Centre at LBI Vienna

- **LBI Vienna is currently active in health promotion for hospital staff, and in mental health promotion.**

The Vienna Centre has been re-designated as WHO Collaborating Centre for Health Promotion in Hospitals and Health Care for the period from 2006-2010. As in the past, the centre will be responsible for:

- Coordinating the development of the scientific programme of the international HPH conferences;
- Editing the international HPH Newsletter;
- Supporting knowledge development in the field by projects, review and dissemination.

Current areas of action of the centre include

- Health promotion for staff (in cooperation with the Austrian Network of Health Promoting Hospitals, a questionnaire is currently being developed for measuring the somato-psycho-social health of hospital staff, and relevant staff health determinants in the hospital settings);
- Mental health promotion in the health care field: The institute collaborates as partner in the related EU funded projects (IMHPA and EMIP). A first workshop on mental health promotion in hospitals was organised during the Dublin HPH conference 2005 (see report in last issue of the HPH Newsletter), and a next workshop will be organised during the HPH conference 2006 in Palanga, aiming at discussing sub-strategies and standards for mental health promotion in hospitals with the participants.
- Migrant friendly and culturally competent hospitals: The institute coordinated the EC-funded project "Migrant friendly hospitals" (MFH) from 2002-2004 and continues to scientifically support the MFH task

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force of the HPH network which was funded after the closing of the project. The task force is coordinated by Dr. Antonio Chiarenza, Reggio Emilia. For publications on the project, see "announcements" section of this Newsletter.

- Indicators for health promotion: The centre cooperates in the EC-funded European Public Health Indicators Development project (EUPHID).

For further information about the Vienna centre and its activities, please visit the centre's web-site at <http://www.hph-hc.cc>, or contact hph.soc-gruwi@univie.ac.at.

Christina Dietscher, Vienna

Health promoting ageing for hospital staff – results of a literature review

- **Age management for hospital staff is a key issue in workplace health promotion in hospitals.**

Due to demographic trends – life expectancy is still increasing, whilst birth rates are falling – the ageing of populations in general, but especially the ageing of workforces, has been a topic of concern for the WHO and the European union for long. This topic was also taken up as annual theme 2005 of the Viennese information network "health promotion in hospitals and nursing homes", and this report is a summary of literature findings from a review of 102 relevant publications that was carried out in this framework. Throughout Europe, the demographic trends towards an ageing society are accompanied by a raise of retirement ages, aiming at securing pension systems. Hospitals are especially affected by these developments, since they are considered as one of the most risky workplaces anyway, characterised by multiple somato-psycho-social risks, heavy work loads and comparably

low levels of control over work. But the heavier the work constraints are staff have to cope with throughout their working life, and the less they can control their work environment, the earlier age-related health problems will become apparent in a work force.

So it comes as no surprise that studies all over Europe conclude that especially nurses quit their jobs early and do not reach retirement age. At the same time, prognoses let expect that labour markets will face a shortage of young and well educated personnel to replace those leaving their jobs in the coming years. In some European areas, nursing shortages have already become a reality. In this situation, health care providers will have to meet the challenge of how to fulfil the increasing demand for good quality care in a generally ageing population with an also increasingly ageing staff. On the basis of a comprehensive literature review, five main areas of intervention for promoting healthy ageing of hospital staff were identified:

Consider ageing in organisational development

Many jobs are – either physically or psychologically – so demanding that they can hardly be kept throughout a whole working life, which causes up to 50% of staff to quit or change jobs early. This leads both to adverse consequences for the affected persons and to a loss of valuable knowledge and experiences for organisations – two important reasons why it is worthwhile both from a social and economic perspective to invest in the development of adequate working environments for an ageing work force. In order to maintain a healthy and motivated work force, organisations should aim at providing a balanced mix of physical and psychological demands, promote the development of coping capabilities of their staff and provide specific coping support if needed. Ideally, age-friendliness should become part of the organisation's mission statement. Specifically important intervention areas for organisational development in hospitals are:

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- the development of flexible working time models – older staff members should be offered flexible, needs-oriented working times, and upon request, it should be possible to reduce night and shift work;
- in the assignment of tasks, the specific competences of older staff members (especially working experience) should be considered;
- as far as possible, work should be organised in age-mixed teams, in order to allow to make use of the strengths of all age groups while at the same time compensating their weaknesses.
- Last but not least, work autonomy has proven to be an important factor for maintaining high motivation at work.

It is a specific challenge for the health care field that existing career models do not adequately consider the changing work ability of ageing staff members (i.e., the reduction of physical ability on the one side and – at least in favourable working environments – increasing job experiences and increased psychosocial competences on the other hand). Especially for the nursing profession, new career models that offer attractive job opportunities for as many staff members as possible need yet to be developed.

Supportive leadership

Managers and senior staff hold a key position in organisational development issues, including the development of age-friendly organisations. In order to promote an age-friendly organisational culture, they can:

- reduce prejudices against older staff members;
- promote intergenerational teamwork;
- motivate older staff members to attend continuing professional training.

Personnel development

Personnel development is especially important for creating age-friendly organisations. Contributions include:

- Adopt a future-oriented recruiting policy: The workforce should be characterised by a balanced age mix in order to avoid a situation in which enormous efforts need to be invested into recruiting and training of new staff after the retirement of a high number of staff members of the same age.
- Promote life-long learning of staff from all age groups;
- Use tools like mentoring systems, coaching, target agreements, and feedback talks with staff;
- Support staff when leaving the job to facilitate a healthy shift between stages of life.

Health promoting self management

Of course staff members have also their own responsibility for their health. Activities for self-management of personal health needs include:

- Healthy, active lifestyles, especially exercise and nutrition, but also a wise use of stimulants and drugs;
- Life-long learning;
- Usage of the health care system, especially with regard to early detection of health problems and adequate interventions;
- Making sense of one's work life: People who consider work only as a duty, but do not see personal sense in it, are more likely to suffer from negative health consequences of work.
- Career planning: With age, the range of tasks one can easily perform is undergoing a change. According to their professional experience, older staff members are for example more likely to be qualified for self-responsible, coordinating, executive tasks, whilst physically or psychologically very demanding tasks, shift work, tasks related to high permanent attention, social isolation, time constraints, or very demanding work environments (e.g. noise, extreme temperatures) and low chances for recreation are less favourable.

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Political support

The creation of age-friendly work environments needs to be supported by health policy and administration. Supportive frameworks include the flexibilisation and deregulation of judicial frameworks (e.g. working time regulations, sickness leave regulations, adaptations of collective wage agreements), but also the development of clear regulations against the discrimination of older staff.

Résumé

Literature suggests many approaches towards developing age-friendly working environments. In practice, a lot remains to be done in order to achieve more agreeable work situations for ageing health care staff. The cooperation between staff, executive personnel, financiers, labour unions and health policy will be crucial for achieving sustainable developments in this field.

The full fact-sheet from which this article provides a summary, as well as the literature it is based upon, can be found online (in German language) at http://www.gspwien-info.net/downloads/factsheet_aging.pdf

Christina Dietscher, Vienna

Development of the HPH network in Estonia: The managers' perspective

- **What do Estonian hospital managers think about integrating HPH principles into their strategic orientation?**

Background

The Health Promoting Hospitals (HPH) movement in Estonia was initiated in 1999. During the first five years, 20 Estonian hospitals joined the HPH



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network [1]. Since health promotion should be considered a core quality issue in hospitals, and should be incorporated into the daily hospital work, The commitment of the top management is vitally essential to ensure the successful implementation of health promoting activities [2]. In this article we will therefore analyse the progress of implementation of HPH principles from the perspective of top managers of the Estonian HP hospitals.

Methods

A postal survey was conducted among the top managers of 54 Estonian hospitals at the beginning of 2005. This survey was part of the evaluation project initiated by the Estonian Health Insurance Fund – the main financier of HPH activities in Estonia. In order to find out about the managers' views, the following questions were included in the questionnaire:

- personal knowledge about the HPH ideology, objectives and activities in Estonia and
- sources of information.

Additionally, two open-ended questions were added to clarify

- why the hospital had decided to join the HPH network and
- how this decision had influenced the formulation of the hospital strategy.

Results

The response rate was 80% (95% among the HP hospital managers, and 73% among the others). The top managers of HP hospitals were better informed about ideology, objectives and activities of HPH in Estonia compared than their colleagues from non-HP hospitals (see Table 1).

The respondents reported various sources from which they had obtained their information about the activities of the HPH network; however, there was a difference in sources between managers of HP and non-HP hospitals: Whilst most HP hospital managers had learned about the network from organised seminars, workshops and

Table 1: **Proportion of hospital managers informed about HPH issues**

Informed about ...	Proportion of managers to be informed (%)		p-value
	HP hospitals	Non-HP hospitals	
Ideology of HPH network	100	62	<0.002
Objectives of HPH network	96	61	<0.02
HPH network activities in Estonia	94	50	<0.005

Table 2: **Sources of information about the HPH network activities**

Source of information	Managers of ...		p-value
	HP hospitals	Non-HP hospitals	
Seminars/Workshops organized by Estonian HPH Network	72%	24%	<0.007
Own hospital staff	71%	13%	<0.002
Mass media	67%	77%	<0.708
Internet	67%	55%	<0.514

from their own staff, the main sources of information for the other managers were mass media and the internet (see Table 2).

Concerning the reasons for joining the HPH network, answers were grouped in four categories:

Health promotion is valued by the hospital

Under this category, answers like the following were summarised:

- Our hospital appreciates the principles of the HPH network.
- The ideology and objectives of the HPH network were appropriate for our hospital.
- Health promotion is an essential part of health services provided for children.

Health promotion for patients, staff and community

This category comprised answers like:

- In addition to the treatment of patients, our hospital would like to implement health promotion activities for patients, staff and community.
- We want to promote the health of people in the community.
- We want to carry out activities for disease prevention.
- We want to help staff to cope with the stress related to their everyday work.

Improvement of the quality of health services

Under this category, we grouped answers like:

- We joined the network to develop the quality of health services in a systematic way.
- We want to use health promotion strategies to improve the quality of health services.
- We want to exchange knowledge, skills and experiences.
- We want to be involved in network activities and acquire knowledge and skills to organise and carry out health promotion action in the hospital.
- We want support and inspiration for health promoting activities in the hospital.

Ten out of the 19 top managers of HP hospitals (that is 53%) confirmed that the decision to join the HPH network had had an effect on the formulation of strategies and objectives of their hospital. Answers obtained were grouped in two categories:

Building HPH objectives into the strategy of the hospital

Answers like the following referred to this category:

- The objectives of the HPH network are taken into consideration in drafting the objectives and strategy for the hospital.

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- Health promotion is part of the development plan of the hospital.
- Health promotion and disease prevention are incorporated into the statutes of the hospital.
- We have made an effort to improve the quality of services provided according to the strategies of the HPH network – to prevent hospital infections, to increase patient satisfaction etc.
- To achieve better health and well-being for children through the treatment and health promotion.

Implementation of HPH standards in the quality management of the hospital

Answers like the following were given:

- We'll attempt to raise health promotion awareness in staff and patients.
- We emphasize the importance of a healthy working environment and patient-staff communication issues.
- When setting the objectives we'll find more opportunities for professional and creative development of staff.
- Standards for HP hospitals can be implemented in the quality management of the hospital.
- Medical and nursing records contain health promotion information.

15 out of 19 managers (79%) of HP hospitals reported that additional health promotion projects were taking place in their hospitals, compared to 17% of managers of non-HP hospitals (4 of 23), $p < 0.0001$. Also, 53% of the HP hospital managers found that various health promotion services like quit-smoking counselling for patients should be financed by health insurance similarly to other health services.

Conclusion

Top managers of Estonian HP hospitals are aware of the ideology and objectives of the HPH network. Today, most of the top managers understand the contribution of health promotion to provide high-quality health services. Being involved in the network activities,

the commitment of managers comes to life in strategies and development plans as well as everyday activities carried out in one's hospitals.

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Kaja Põlluste, Jane Alop, Tiiu Härm, Eda Merisalu, Lagle Suurorg, Tartu

5th Estonian Conference on Health Promoting Hospitals

- **“Health Promotion and Quality Management in Hospitals: Standards and Practices” was the theme of the event.**

The jubilee conference was held in the National Institute for Health Development, Tallinn, Estonia, on October 20th, 2005, with 120 participating health professionals from Health Promoting Hospitals on national and international levels.

The event was opened by Jarno Habicht, head of the WHO country office in Estonia, by Toomas Veidebaum, vice director of the National Institute for Health Development, and by Arvi Vask, board member of the Estonian Health Insurance Fund.

The international HPH certificates and the pennants of the Estonian Network of HPH were handed over to new members of the Health Promoting Hospitals network by Oliver Gröne, technical officer, hospitals programme, WHO Regional Office for Europe, and by Tiiu Härm, national coordinator of

the Estonian HPH Network.

The plenary session “Health promotion and quality management in hospitals” included 4 presentations:

- Pilot implementation of standards and indicators for health promotion in hospitals, Oliver Gröne, technical officer, hospitals programme, WHO Regional Office for Europe
- Health promotion in the health policy viewpoint, Alar Sepp, head of health care policy unit, Ministry of Social Affairs of Estonia
- Quality assurance in health promoting hospitals, Kaja Põlluste, department of public health, University of Tartu
- European Network of Smoke Free Hospitals, Sibylle Fleitmann, independent consultant tobacco control, Germany

The following conclusions were drawn from the plenary sessions:

- Hospitals support the use of the standards and recommend their further application in the HPH network. According to Oliver Gröne, HPH projects and activities should be derived from periodic self-assessment and priorities confirmed by management.

- At present, 22 Estonian Hospitals are members of the HPH network. In early 2005, a postal survey was conducted among the top managers of 54 Estonian Hospitals. The purpose of the study was to evaluate how the hospitals had introduced health promotion activities and the required quality standards. The results of the study demonstrate that HP hospitals, as compared to other hospitals (non-HPH), introduced and implemented various quality assurance initiatives more often, and that they offer better preconditions for high quality health services (Kaja Põlluste).

- Hospitals can effectively contribute to better health in the society and must take up a leading role in the fight against tobacco, the number one preventable cause for premature death and disease. They must play a decisive role to protect patients and staff from the dangers of passive smoking and support those who want to quit the deadly habit.



News from the Networks

The Poster Session included 14 Estonian Posters, which were also presented at other events like the 13th International Conference on HPH "Empowering for Health: Practicing the principles", May 18-20, 2005, Dublin, Ireland, the 1st International Care Congress "Tender Hands and Happy Faces...", May 2-8, 2005, Istanbul, Turkey, and the 6th IUHPE European Conference on the Effectiveness and Quality of Health Promotion: Evidence for Practice, June 1-4, 2005, Stockholm, Sweden.

Conclusions from the poster session

Estonia is implementing a National Strategy for Cardiovascular Disease (CVD) Prevention for 2005-2020, since a stable high level of early CVD incidence is one of the characteristic features of Estonia. This leads to a loss of work capacity and mortality in the middle-age group. Out of 100 000 people, at least 250 men and 80 women under the age of 65 die annually from heart diseases. 45% of men and 18% of women are regular smokers in Estonia. 2000 deaths and 3500 new diseases per year are caused by smoking in the country. The aim of the CVD prevention strategy is to rise the number of physically active people, to reduce unhealthy nutrition practices and smoking prevalence. In the framework of the CVD prevention strategy programme, financed by the state, 19 smoking cessation clinics are being opened in 14 Estonian counties, and 60 health professionals were trained as smoking cessation counsellors in 2005. Until early 2006, smoking cessation consulting services should be provided in all 15 counties of Estonia („Estonian HPH uniting as a common front against tobacco“, Tiiu Härm). The Estonian HPH Network joined the European Network for Smoke Free Hospitals in September 2005 (ENSH's meeting, September 09.-10, 2005, Paris). The first step for the implementation of a national smoke-free hospitals network will be the translation of the ENSH Code, Standards, audit and process in Estonian language and their publication and dissemination on national level. ENSH has suggested a limited budget

to new members for this work. 3 member hospitals of the Estonian HPH Network will start their way to becoming a tobacco free environment as pilot hospitals.

Topics of further presentations included strategies for hospital-community integration and the larger health promotion agenda („HP hospital belongs to community infrastructure“, Mari Põld), the needs of patients with chronic diseases and elderly people (Helle Mäeltseemes), and health promotion for children and adolescents in hospitals (HPH-CA), which should lead to the improvement of hospital culture and practices based on the Rights of the Children in Hospitals. Further studies on sick children's/ adolescent's need should be done in hospitals (Lagle Suurorg), etc.

Parallel sessions

There were four topics for parallel sessions, including numerous presentations:

Management policy, quality and co-operation development in HP hospitals

Saara-Maija Hinkkanen, director of nursing of the Central Finland Health Care District introduced the "Finnish Health Staff Exchange Programme". The main goal of this programme is to support employees in performing health promotion work and share it with each other on international level. Romualdas Mikelskas, a participant from the Lithuanian HPH Network (Palanga Rehabilitation Hospital), provided an interactive discussion on strategic hospital management and on standards for service quality.

Jane Alop from the Estonian Health Insurance Fund (HIF) presented occupation indicators for hospitals. In 2005, a working group was founded with members from 5 Estonian hospitals and from HIF to implement the Performance Assessment Tool for Quality Improvement in Hospitals (PATH), a methodology developed by WHO. Lagle Suurorg, Tallinn Children's Hospital, spoke about "Capacity building in cooperation with the

hospital and NGO's to improve health services for children".

Empowering patients in clinical practice

A further session focussed on guidelines for complex rehabilitation strategies in patients with chronic renal failure (CRF), supported home and employment of people with special needs (mental health) in Viljandi county, Estonia, and bone pain palliation: supporting the role of staff during the radionuclide treatment. Studies were presented on customer satisfaction in Tartu University Clinics, and barriers of discharge planning in acute care hospitals from the viewpoint of health care social workers.

Empowering personnel: development of workplace health promotion

This session focussed on quality criteria of workplace health promotion in Europe (Uno Kiplok, Estonian Health Care Board, Occupational Health Department), on experiences of the Finnish Smoke Free Hospitals network (Reetta-Maija Luhta, National coordinator of Finnish Smoke Free Hospitals Network), on the staff satisfaction at Põlva Hospital (research presented by Margit Rikka, Chief of Põlva Hospital), and on the health status of health care staff, as well as on option to improve their health (Eda Merisalu, Department of Public Health, University of Tartu).

Exchanging experiences of health promoting activities in HP hospitals

This session was provided as an interactive discussion about good practice models for implementation in HPHs, such as „Supporting the child and her(his) important grownup using psychological intervention“ (Ave Orgulas, Tallinn Children's Hospital), „Health promotion for children with hydrocephalus“ (Ann Paal, Tallinn Children's Hospital), and „The importance of teamwork in the department of newborns and infants“ (Ave Muts, Tallinn Children's Hospital).

Tiiu Härm, Tallinn

News from the Networks

Ontario Hospital Health Promotion Network

- **25 Ontario hospitals have joined a regional HPH initiative.**

In the Canadian province of Ontario, there are 25 health care facilities actively involved in the Hospital Health Promotion Network (HHPN), including teaching, large / small community hospitals & rural health centres, plus the University Of Toronto, Centre of Health Promotion. This network has been in existence since 1994. There is a partnership with other provincial health coalitions, etc. as well. The Ontario Hospital Association is also a supportive member. These partnerships all assist in leveraging resources, initiatives and efforts.

The HHPN is a forum for health promotion practitioners to enhance partnerships, stimulate and share ideas; improve communication; identify opportunities for collaboration and share resources.

The MISSION is to stimulate & influence hospitals to undertake an active role in the promotion of health & well-being, both within the hospital & the community, in addition to their responsibility for the provision of curative services. There are 8 specific GOALS that provide focus, to the Network.

The Network created a poster display, "HEALTH PROMOTION IN HOSPITALS: Promoting Creativity and Innovation In What May Appear To Be A Complex Environment", for the 2005 Ontario Hospital Association's Annual Conference & Exhibition (North America's largest Health Expo). In addition, a Position Paper, "Making The Case For Hospital Health Promotion and Chronic Disease Prevention" plus the HHPN brochure were distributed to the approximately 3000 participants at the event, held in November. There was positive feedback from the display / Position Paper. All served as a vehicle, to create

Projects and Initiatives in partner hospitals

awareness and contacts.

Three member hospitals of the Network participated with the WHO project "Reimbursing Health Promotion Services in Hospitals Through Diagnosis-Related Groups", recently completed.

Many health professional students / interns are involved with the various Network projects – a wonderful means to help create awareness and sow the seeds for health promotion in their professional practice. There is a liaison between the Montreal (Province of Quebec, Canada) Health Promotion Network, through the Health Promotion Exchange, quarterly newsletter. The publication is offered free in hard copy, or can be assessed via Grand River Hospital website:

<http://www.grandriverhospital.on.ca>.

Our HHPN brochure is also posted.

The Network is in process of using technology to link up the many Ontario hospitals, who are unable to attend the central meetings because of distance, but want to be involved.

Ted Mavor, Kitchener

Supporting the child and an her / his important grown-up contact persons

- **How can psychological care be organised as an important aspect of care in severely ill children?**

Background

Psychological support for children and their families has been available since the opening of the oncological-hematological department in Tallinn Children's Hospital in 1992. The psychologist's work is based on the assumption that humans are part of nature and have strong group instincts. They need somebody around them to cheer them up in times of sadness. In the case of sick children, this holds true

both for the children and their carers, since a severe illness of a child changes everything in the family. The family feels cared for and is ready for cooperation with medical personnel if the psychologist

- assists the family during crisis;
- helps the family to continue with their everyday life, integrating the hospital stay of their sick child;
- helps the child to go on with her / his everyday life with the disease (to integrate the hospital situation to his / her life);
- creates a team with family members and personnel who fight together for the same goal;
- helps to improve multiprofessional teamwork.

The psychologist's feedback to the child's doctor about the family, child, their needs, habits, etc. helps the doctors to understand the family as a whole. At the same time gives a good possibility to create a partnership with the child.

Methods

The psychological support in Tallinn Children's Hospital oncological-hematological department mainly consists of

- Interview with the parent
- Interview with the child
- Use of different psychotherapeutic methods during counselling
- Play therapy
- Art therapy
- Bibliotherapy
- Active listening

Results

Our experiences show that the change in each family member depends on:

- Gender
- Age
- Managing in life
- Personality
- The background of family and religion
- The nature of sickness
- The bond between the child and parent
- An empathetic parent feels both emotional and physical pain with the sick child. They go through hard times together.



Health Promoting Hospitals

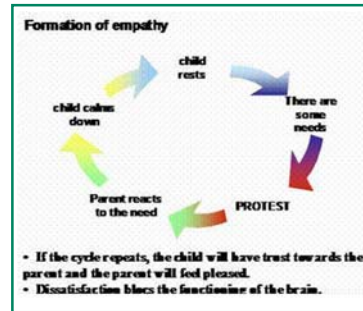
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Projects and initiatives in partner hospitals

- Less empathetic parents are more rational. They don't take a child's sickness so personally.



If the child is seriously ill and hospitalised, an empathetic parent feels helpless and guilty. He/she must learn to trust the child's doctor and the whole personnel. The formation of trust in children and parents towards the doctor occurs according to the same scheme; only that with the parents, a doctor must react to their needs, instead of to those of the child.

The formation of trust towards personnel is complicated if:

- the parent doesn't feel comfortable in the hospital with his / her child
- the parent and the child are separated (during intake, procedures)
- the parent doesn't understand the problem
- the parent speaks another language than the personnel
- the parent is low educated and cannot follow the doctor's explanations
- the parent can't get any support from family, friends
- the hospital department doesn't have a psychologist available on a daily basis
- the child gets a new doctor.

Conclusion

In times of crisis, every person needs somebody who cares for him / her and finds time to listen. The sooner the person finds somebody who cares, the better are the results of healing from a psychological viewpoint. Good teamwork between the family and the doctor can be developed if the needs and understandings of each member are being taken into account.

Ave Orgulas, Tallinn

The Who, What, Where, When and How of Health Promotion in the SHSSB Area.

- How can staff seminars contribute to support health promotion work in an organisation?

Craigavon Area Hospital Group Trust appointed a Health Promotion Manager on the 1st January 2005. In order for staff to understand and gain further support for their current health promotion work, a seminar was organised to update staff on the delivery mechanism for health promotion across the SHSSB area.

Aim

The aim of this seminar was to provide an overview on the commissioning and delivery of health promotion in the SHSSB area, thereby enhancing and supporting practice within the hospital setting.

Objectives

By the end of the seminar;

- Delegates will be familiar with the commissioning process for health promotion within the SHSSB area
- Delegates will have an understanding of the range of strategies which influence health promotion programme development
- Delegates will have an opportunity to network with key providers
- Delegates will have examples of local initiatives which can support their own practice.

The programme included presentations which addressed Health Promotion Commissioning, Investing for Health Agenda, Trust Health Promotion, Priorities for Action, Current Issues in Health Promotion, Health Action Zone and Health Living Centres.

Group work provided delegates with an opportunity to plan health

promotion programmes suitable for the acute setting based on four health promotion strategies which addressed Mental Health, Workplace Health, Teenage Pregnancy and Parenthood and Accident Prevention.

The evaluation of this seminar which was attended by over 70 staff from various disciplines ranging from clerical to consultants was very positive. The outcomes from the group work are now being integrated across various programmes and new ideas for programmes are emerging from staff on an ongoing basis.

Rosemary Daly, Portadown

Call for Papers

Call for papers for Issue no. 27 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 27? Please follow the guidelines below. Deadline: June 15, 2005**

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. 27 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), to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2, 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 Event Announcements

11th European Forum on Quality Improvement in Health Care
Date: 26-28 April 2006
Venue: Prague, Czech Republic
<http://www.quality.bmjpg.com>

14th International Conference on Health Promoting Hospitals
Date: May 24-26, 2006
Venue: Palanga, Lithuania.
www.univie.ac.at/hph/palanga2006

5th Nordic Health Promotion Research Conference
'Health and Institutional Change'
Date: June 15 - 17, 2006
Venue: Esbjerg, Denmark
<http://www.5nhprc.sdu.dk/Registration.htm>

7th IUHPE European Conference
"Globalization and Equity, Inequalities and Health"
Date: October 18 - 21, 2006
Venue: Budapest, Hungary
<http://www.iuhpe.org/events/English>

EUPHA Conference 2006
"Politics and (or) the public's health: public health between politics and service".
Date: November 16 - 18, 2006
Venue: Montreux, Switzerland
http://www.eupha.org/html/menu3_3.html

Recommended reading

Bauer G., Davies J.K., Pelikan J.M. (2006): The EUPHID Health Development Model for the classification of public health indicators. In: Health Promotion International Advanced Access

Gröne O., Garcia-Barbero M. (2005): Health promotion in hospitals: evidence and quality management. Copenhagen: World Health Organization - Regional Office for Europe. Online availability: <http://www.euro.who.int/document/E86220.pdf>

Novak-Zezula S, Schulze B, Karl-Trummer U, Krajic K, Pelikan JM: Improving interpreting in clinical communication: Models of feasible practice from the European project "Migrant-friendly hospitals". In: Diversity in Health and Social Care Vol. 2 No 3 (2005)

Krajic K, Straßmayr Ch, Karl-Trummer U, Novak-Zezula S, Pelikan JM: Improving ethno-cultural competence of hospital staff by training - Experiences from the European Migrant Friendly Hospitals project. In: Diversity in Health and Social Care Vol. 2, No. 4 (2005)



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