

# Newsletter

Nr. 3 - March 1994

## Overview

- | **Newsletter No. 3/1994 consists of contributions from the European Pilot Hospital Project, the Bulgarian National Network, member hospitals in Dublin and Szombathely and an announcement for a «Tobacco-Free Hospitals» workshop.**

This is the third issue of the HPH Newsletter, published shortly before the 2nd International Conference on Health Promoting Hospitals in Padova, April 15 - 16, 1994. The editors would like to invite all those of you interested in the HPH-Network who are considering participation in the Padova Conference but have not registered yet to contact the local organizing agency: Studio DEFI, Via San Prodocimo, 8, 35 139 Padova, Italy, Tel and Fax: +39-49/872 2602. Draft Program and registration forms were mailed to the Network on February 22, 1994.

Newsletter No.3 two reports from Pilot Hospitals of Health Promoting Hospitals:

Erwin Wagner from Hildesheim reports on the cooperation between St. Bernward Hospital and a team for training and organizational development from the University of Hildesheim, thus presenting a case study on the role of external consultation in the development of Pilot Hospitals for Health Promoting Hospitals.

Ann O'Riordan from Dublin presents the »Waste Management Project« of James Conolly Memorial Hospital, a very interesting effort to restructure the waste management policy of this Pilot Hospital. Especially important seems the active involvement of the staff and the positive response of the hospital's local community, which indicates the potential of hospitals as advocate for health and environmental issues in the community.

The Section on the Pilot Hospital Project

is closed by a short report on the 2nd Business Meeting of the European Pilot Hospital Project in Hamburg, October 16 - 18, 1993 (edited by Dominic Harrison, Andrew Hobbs and Karl Krajic). This successful meeting discussed project implementation, the role of external consultants and documentation and evaluation.

The second part of the Newsletter, containing reports on Health Promoting Hospital Projects outside the European Pilot Hospital Project, starts with a report from Bulgaria on the very promising development of a National Network of Health Promoting Hospitals, strongly backed by the National Ministry of Health. Dr. Benchev will be invited to report on this development at the International Conference in Padova. Pauline Kelly presents St. Vincent's Hospital, Dublin, as a member hospital of the HPH-Network. St. Vincent's undertakes a series of health promotion activities for the hospital and the community, including a Coronary Risk Intervention Strategy Programme, stop smoking groups and cardiac, diabetic and respiratory education programmes. The coordinators are pleased to be able to publish these initiatives from St. Vincent's Hospital as an example that there are possibilities that health promotion action also of hospitals outside the European Pilot Hospital Project can receive high visibility in the European context.

Marta Kovacs gives an example of a Hungarian hospital (the Makusovszky Teaching Hospital in Szombathely), getting active in the issue are »Tobacco Free Hospitals« of Health Promoting Hospitals. The hospital used World Non-Tobacco day for initiating non smoking policies and for linking with the community in this area.

Finally, in the section on conference announcements Carlo Favaretti invites for participation in his workshop on »Tobacco Free Hospitals« at the 2nd International Conference in Padova, April 15-16, 1994.

We would also like to draw your attention to the deadline for the next issue of the HPH-Newsletter. Please forward your contributions to the Coordinating Centre till July 31, 1994 (cf. for requirements concerning content and format of the text the last page of this issue).

*Karl Krajic*

## Consultation for Organizational Development in HPHs

- | **What do Pilot Hospitals of Health Promoting Hospitals need external consultants for? This case study of St. Bernward, WHO-Pilot Hospital in Hildesheim, Germany gives an example of aims and structures for this cooperation.**

Looking at the discussions within the Business Meetings of the HPH it seems very evident that there is a crucial question for most of the people and institutions involved: Do the Pilot Hospitals (and other hospitals likewise) need an external body? And: What do they need it for? Formally the answer seems to be

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**Health Promoting Hospitals**

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

Coordinating Centre and Secretariate



**Ludwig Boltzmann Institute**  
for the Sociology of Health and Medicine

WHO-Collaborating Centre for Hospitals and Health Promotor

Jürgen M. Pelikar  
Karl Krajic  
Annemarie Schiffbänker

Stumpergasse 5c  
A-1060 Vienna  
Austria

Phone  
+43 1-59 991/244  
Fa  
+43 1-59 718 71



**World Health Organization**  
Regional Office for Europe

Coordinator  
Agis Tsouros

Focal Person  
Mila Garcia-Barberc

8, Scherfigsvej  
DK-2100 Copenhagen  
Denmark

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

rather simple. It is part of the conditions of contract between the WHO and the single hospital to install some cooperative structure with an external body.

solutions within the network. In some cases there is a very clear and strong

any kind of permanent cooperation or consultation. I think that this - quite like the evaluation - is very much a matter of

within the whole Health Promoting Hospital project. As hospitals usually

fessional consulting in terms of organizational development this is an important area for common learning. As one

will be the exchange of experience and discussion among the professionals I

way of doing it« - as a kind of a case

apply for membership in the HPH-network they already had a history of cooperation. Two years before that time

training and organizational development (from the University of Hildesheim)

mainly in management training. The experience was very encouraging. By

of the hospital staff (mainly nursing staff with a management responsibil-

equate management skills, an understanding of leadership in the hospital and to encourage

innovation. These activities and experiences in some way provided the roots, the background and the frame for the Health Promoting Hospital Project. It

may be helpful to realize this common history in order to understand the collaborative approach for the consulting work in the HPH-Project. It may also

help to understand that in the Hildesheim case there wasn't any discussion about whether external support would be needed at all. The real question was how

to do it.

So how do we organize the consultational structure. The hospital and the consulting team built a «parallel» struc-

ture as a framework for the different tasks in this cooperative process.

The main decisions are made within the Joint Project Committee. In this JPC the top level management of the hospital is represented as well as the persons

responsible for the consultation. On one hand an advantage of this seems to be that the project management is linked

very closely to the decision making process in the hospital. Plans and decisions made in the JPC (which is a

project management unit) can very quickly be judged by the institutional leaders. On the other hand it may be

regarded as a disadvantage that the project as a whole is somehow part of the «normal» management. What we

could learn is that in this structure the project is given a very strong support by the formal leaders in the system.

Consequently the project coordinator is part of the management while the evaluator comes from outside. This remains

so although the evaluator will formally be a member of the hospital staff (and not of the consulting team).

Conceptualization and supervision of the evaluation process will nevertheless be done by the consulting team. For

each subproject an (internal) project group and (external) consultants and/or facilitators will be in charge. This seems

to be a very productive framework for co-operation.

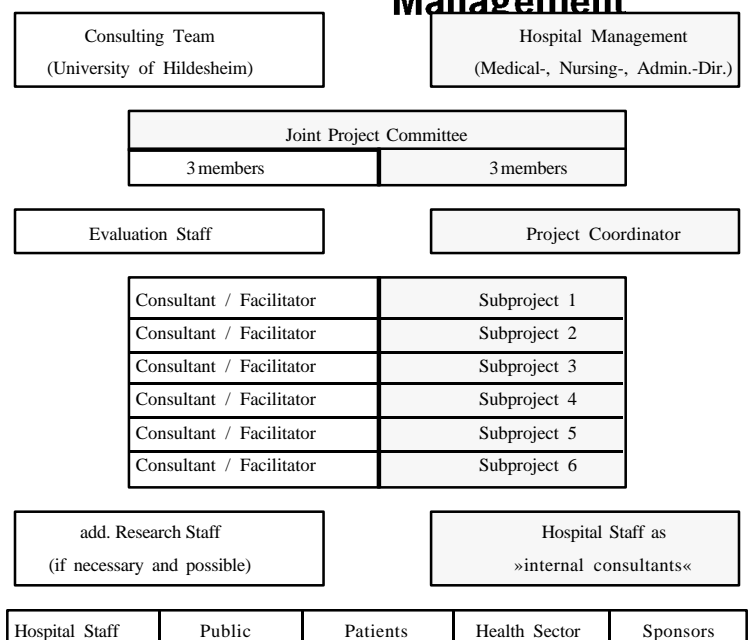
What does a Pilot Hospital need such a structure for? Or the other way round:

what is the outcome?

- | The hospital management can use the external consultant to built something different from everyday practice: a real project management which creates new chances and new challenges for the persons who want to become involved in organizational development and innovation.
- | The external consultant (very often acting as a facilitator) is necessary (or at least helpful) to invent new approaches of looking at the «everyday reality» in the hospital, as well as new definitions of «problems» and new ideas to solve them.
- | The most important task for the consulting team is to encourage self-confidence and self-reliance within the different groups of staff in the hospital.
- | Usually hospitals do not have persons / staff members who are competent to do a professional evaluation of innovation or organizational development. So this will be a core task for the consulting system.
- | The collaboration of the hospital and the external consulting team could or should be a project-centered cooperation of different professionals and as such an opportunity for joint development or co-evolution on both sides.

*Erwin Wagner*

#### Organizational structure



## Dublin: The Waste Management

# Project of J.C.M. Hospital

## **I Environmental Issues are Issues which allow the development of closer links between a Hospital and its local community - James Conolly Memorial, the WHO-Pilot Hospital in Dublin, reports on its experiences in reorganizing waste management policy in the hospital.**

It is estimated that the world's population is expanding at a rate of approximately 87 million people a year. This rapid population growth naturally influences global energy consumption which, in turn, effects waste production.

We have no global rubbish dump, therefore much of the waste we generate stays with us. The world must face up to this formidable problem as it approaches the 21st Century. The James Connolly Memorial Hospital's Waste Management Project aims to tackle this problem primarily through environmental awareness and waste minimisation. The objective being to produce a comprehensive Waste Management Policy for the Hospital and to promote the introduction of general waste management guidelines in the community.

The project's initial step was to assess the problem within the Hospital by carrying out random waste audits. These revealed that the Hospital was generating approximately 4.5 tons of medical waste per week. Disposal of this waste by private contractor was costing the Hospital in the region of £80,000 to £100,000 per year. A subsequent finding showed that large quantities of non-medical waste were being disposed of, along with medical waste. This posed the question, did this occur as a result of insufficient staff knowledge or was there some other reason.

The need for a review of the Hospital's existing waste disposal policies and arrangements had clearly been identified.

It was decided to concentrate the initial study in two diverse areas. The areas

selected were, one from the Acute Hospital Division and the other from the Long-Stay Geriatric Division. The next step was to design a questionnaire to test staff knowledge with regard to the Hospital's existing Waste Management Policy and to the disposal of waste in general. The questionnaire revealed that 73% of the staff surveyed were either unclear or unaware of the Hospital's existing Waste Management Policy and that 63% believed that black bags (used for the disposal of municipal waste) could be used for the disposal of medical waste if yellow bags were unavailable. These findings were significant in that they highlighted the degree of ambiguity that existed in relation to the disposal of medical waste and the lack of awareness among staff of the existing Waste Management Policies.

As a result of these findings, the project committee proposed a number of practical changes which were introduced into the pilot units. These were a simplification of the colour coded segregation system, the introduction of a recycling scheme at ward level and the display of posters outlining the current definition of medical waste in all appropriate areas. These changes have already proved to be successful. The volume of medical waste generated has now been reduced considerably, at a substantial financial saving to the hospital. In fact, it was found to be more cost effective to have the Hospital's own incinerator regraded and reactivated. Now, all medical waste is disposed of on-site.

However, the corner stone of this project will be the comprehensive education programme which is currently being devised. The aim of this programme is to create a general awareness of the impact of waste on our environment, to encourage waste minimisation through the use of careful waste segregation methods and recycling schemes and the introduction of an environmental perspective into the Hospital's purchasing department.

Another measure of success has been achieved in relation to the local community. During the reactivation of the Hospital's incinerator, the project leader was successful in obtaining an agreement from all community groups concerned to a trial period of operation, the

first such agreement ever in Ireland. It is believed that this resulted directly from the Open Door Policy adopted by the Hospital. The trial results were very favourable, with permission being granted for long term operation. More recently, the project has been instrumental in the introduction of a very successful recycling programme in the community. Awareness is the key to success, so every opportunity has been taken to present this project. The most recent formal presentation was in Milan last November at the International Conference on Occupational Health and Promotion of Well-being in Hospitals, a highly stimulating conference.

*Ann O'Riordan*

## **Report on the 2nd Business Meeting of the European Pilot Hospital Project**

### **I The 2nd Business Meeting of the European Pilot Hospital Project of Health Promoting Hospitals discussed success and problems in implementing Local Pilot Hospital Projects and focused on the role of external consultants and the importance of implementing documentation and evaluation.**

From October 16 to 18, 1993, Alten Eichen hospital in Hamburg, one of the twenty Pilot Hospitals of Health Promoting Hospitals, hosted the 2nd Business Meeting of the European Pilot Hospital Project of Health Promoting Hospitals. «Next Steps in the Development of the Pilot Hospitals and the European Project: Consultation, Documentation and Evaluation». Representatives of WHO, the coordinating centre of the HPH-Network (LBI), the 20 Pilot Hospitals and their consulting institutions took part.

The function of this and other business meetings was defined as being the discussion of technical and procedural issues of the European Project and the Local Pilot Hospital Projects and the

exchange of experiences. Content topics of Health Promoting Hospitals are to be discussed at the yearly International Conferences. In a very tight program, the participants discussed many issues important for the progress of the European Pilot Hospital Project and the Local Pilot Hospital Projects. There was general agreement that many important issues had been raised and very openly discussed at this meeting.

Besides the two main topics selected for the meeting - «The Role of External Consultation» and «Documentation/Evaluation» - the participants discussed the following issues:

- | Expectations of the participants regarding WHO and the Coordinating Centre
- | Decision-making in the European Pilot Hospital Project
- | Progress of the Local Projects: Successes and problems, common solutions
- | Fundraising for Local Projects: Funding agencies, support by WHO in fundraising
- | Training requirements and support for training
- | Partnerships and other forms of mutual support in the European Pilot Hospital Project

Following the decision to establish the Business Meeting as the central decision making body for the Project, the model of a «Standing Committee» of the European Pilot Hospital Project supporting WHO and the Coordinating Centre was replaced by a concept of issue-oriented, flexible task forces.

A first task force was established to develop recommendations and materials to assist fundraising for the European Pilot Hospital Project and the Local Projects.

#### **Consultation - the hospital's relationship with the external institution**

Following the recommendations of the Budapest Declaration on Health Promoting Hospitals, each Pilot Hospital is cooperating with an external institution in the development of its Local Health Promoting Hospital Project. The Business Meeting showed a wide variation in the extent, the contractual basis

of the cooperation and the tasks of the consultants - ranging from involvement in Project Management, Organisational Consultation, Documentation and Evaluation of the overall project to very limited tasks like the evaluation of one of the designated subprojects. First recommendations were developed, mainly concerning the necessity to develop explicit mutual expectations; a second task force was established to further develop these recommendations, which will be discussed and agreed upon at the 3rd Business Meeting in Padova in April 1994.

#### **Documentation and Evaluation**

In discussing Documentation and Evaluation, the necessity to establish these functions at the very beginning of a project was heavily underlined. Documentation and Evaluation are extremely important in the European Pilot Hospital Project, following the model character the Pilot Hospitals are intended to have - WHO expects them to act as «models of good practice».

The central aim of Documentation and Evaluation is to enable the Project to answer the question «What did you achieve and how did you achieve it?». Following the experiences of the Healthy Hospital Project in Wales, four main points were made concerning the implementation of documentation and evaluation procedures:

1. Plan to integrate evaluation from the start
2. Provide training in evaluation skills for all participants
3. Leadership should set baseline data and undertake monitoring and review
4. Information gathering should use existing systems and not cost more than the intervention itself.

The Business Meeting also discussed many other issues related to documentation and evaluation:

- | Relevant dimensions for documentation and criteria for evaluation: Standardization vs. adaptation to local and national needs and resources
- | Process and outcome evaluation

- | Internal and external evaluation, audit
- | Total Quality Management approach.

A third task force was established to further develop these recommendations, which will be discussed and agreed at the 3rd Business Meeting in Padova in April 1994.

#### **Public Presentation of the Local Pilot Hospital**

In the afternoon of Monday, October 18, in the public part of the Meeting,, Alten Eichen Hospital as local host gave a very impressive presentation of its achievements as a WHO-Pilot Hospital for Health Promoting Hospitals in front of an audience of 300 national and international visitors.

*Dominic Harrisson  
Andrew Hobbs  
Karl Krajic*

## **Bulgaria and the HPH-Project**

### **| A National Network of Health Promoting Hospitals is developing in Bulgaria, supported by the Ministry of Health**

Immediately after the First International Conference on Health Promoting Hospitals the preparatory phase of the HPH-project and the development of our National Network in Bulgaria was begun. A special issue of the «News Bulletin» of the National Centre for Health Promotion was published, concerning the Health Promoting Hospitals, based on the information from the Conference in Warsaw and the first issue of the Newsletter of Health Promoting Hospitals. This «News Bulletin» was sent to all regional hospitals, some specialized hospitals and other Health institutions in Bulgaria. This information was also published in the newspapers and broadcasted by the National Radio. The National Centre for Health Promotion also took up contact with the Coordinating Centre for

the HPH-project, as well as with WHO-EURO for further information and support.

Individual questionnaires have been sent to the Bulgarian regional hospitals, to some private hospitals and out-patient clinics out in order to assess the interest for specific issue areas for subprojects. We have got some results already. Priority is given to subprojects dealing with hospital hygiene and nosocomial infection risk prevention; prevention of AIDS in the hospital, promotion of immunoprophylaxis among given minor ethnic groups, according to the goals of WHO to eliminate some infectious diseases in Europe till 2000; education for patients having suffered from coronary incident, cerebrovascular disturbances, hypertension, metabolic diseases and others, and also education of family members. At the moment there are 6 applications for participation in the HPH-Network. On Dec. 9 and 10, 1993 a National Meeting of the managers of the regional hospitals in Bulgaria took place, and the possibility to develop a National Network of Health Promoting Hospitals was discussed. This decision was taken on January 14, 1994 by the Ministry of Health and the National Centre for Health Promotion has been nominated as national coordinating centre. Contact persons are Deputy Minister and Chief Secretary of the Ministry of Health, Dr. Zlatica Petrova (as Chairperson) and Dr. Bencho Benchev as National Coordinator at the National Centre for Health Promotion (15, D. Nestorov Street, 1431 Sofia, Bulgaria; Phone/Fax +359 2 591 146). The Bulgarian National Network of HPH would be very much obliged to those Pilot Hospitals kind enough to provide information about the annual activities for the development of their own subprojects, criteria for evaluation and the existing documentation. Please forward information to Dr. Bencho Benchev (address above).

*Dr. Bencho Benchev  
Dr. K. Tchamov*

#### **Editorial Remark:**

This contribution is the synopsis of

two reports forwarded to the Coordinating Centre which has been edited by Karl Krajic.

#### **Autoreninformation:**

Dr. Bencho Benchev is National Coordinator for Health Promoting Hospitals in Bulgaria

Dr. K. Tchamov is Head of the Department for Health Policy and International Cooperation at the Ministry of Health

## **St. Vincent's Hospital as a Health Promoting Hospital**

### **| Not only the Pilot Hospitals can become Health Promoting Hospitals - St. Vincent's Hospital in Dublin plays an active role in health promotion for the community.**

St. Vincent's Hospital is a university teaching hospital located in South East Dublin, Ireland. It has a local catchment population of approx 300,000 and also receives tertiary referral patients from other parts of Ireland. It is a multi specialty hospital and is the only hospital in the country with a department of preventive medicine and preventive cardiology (DPMC).

Over the past four years the DPMC has organised a programme of health promotion in the hospital and in the community. Our object is to have the hospital regarded by the community as a focus for health and not solely as a high technology establishment for the treatment of sick people. The World Health Organisation initiative to encourage Health Promoting Hospitals (HPH) is particularly relevant to St. Vincent's Hospital because of its active department of preventive medicine and cardiology. Joining the International Network initiated by WHO-EUROPE as a Member Hospital allows us to link health promotion activities within the hospital, to provide a caring and informative environment for our staff, and to extend health education services to the community.

As a member hospital of the HPH, we are focusing attention, among other activities, on the following aspects:

- | Coronary Risk Intervention Strategy Programme (CRISP)
- |
- | Cardiac Rehabilitation Programmes
- |
- | Meetings
- | Diabetes Education Centre
- | Asthma Education Centre.

#### **CRISP**

The commonest reason for hospital admission in Dublin is for cardiovascular and cerebrovascular disorders. Over a two year period in Ireland 80% of people attend their family doctor. CRISP was initiated to direct the Irish primary care system towards prevention of the cardiovascular diseases. It is a coronary risk factor assessment and modification programme.

The pilot study showed that health can be improved if the CRISP programme can be incorporated into the general practice system. The practice nurse is a key person in implementing the programme and needs special skills in health assessment, counselling and the use of desk top lipid analyzers. Identification of at-risk individuals points to further needs. To encourage lifestyle, change risk factor modification requires all the skills of health professionals. The multidisciplinary team of the general practitioner, the practice nurse, the community dietitian and community health nurse need to pool their resources to achieve optimum results. To date 1,200 people have been assessed in the CRISP programme. From a pilot study we have completed, we would expect that 850 (70%) of these individuals need follow-up programmes to reinforce life-style advice.

In association with CRISP, Health Cookery Courses and Stop Smoking Groups are run as part of the adult education programmes in community schools. The DPMC at St. Vincent's provides special training courses for nurses in the catchment area of the hospital. The DPMC also provides trained nurses on a sessional basis to individual practitioners who do not have

their own nurse.

### Stopsmoking Groups

In-house Stop Smoking courses for staff started in 1990 in the hospital. We have run five courses in the past year to cater for our cardiac, vascular and diabetic patients, and all patients post discharge, as well as individuals attending as outpatients, general practice referrals, and the general public in the catchment area.

The Adult Education Centre is an excellent forum for the Stop Smoking programmes and our specialist nurse facilitators are this year running four courses with great success. Our Stop Smoking programme has a multidisciplinary approach with our dietitian, public health nurse, medical doctor, and relaxation therapist contributing specific sessions.

Nineteen (48%) of the 40 participants in our first group of three Stop Smoking courses still remained off smoking six months later. In addition the Stop Smoking programmes are a valuable resource for our cardiac rehabilitation patients.

### Education Centres

The cardiac, diabetic and respiratory education programmes at St. Vincent's have a large health promoting component. There is individual counselling by doctors, nurses and dietitians for cardiac patients and family members who specialise in these areas. A monthly education meeting is held where the team, including doctor, nurse, dietitian, physiotherapist, social worker and ward sister, attend to discuss risk factor modification and rehabilitation activities, as well as to answer questions from patients. Two pilot programmes of cardiac rehabilitation, which includes a supervised exercise programme combined with educational sessions, have been successful, and plans are underway to establish this programme on an ongoing basis.

Future contributions to the newsletter will outline the programmes of the Diabetes and Asthma Education Centres as well as other health promoting activities.

For your information, we are sending a copy of our latest hospital health committee newsheet.

*Pauline Kelly*

## A Smoke Free Hospital Project in Hungary

- | **Tobacco Free Hospitals was initiated as issue area for Health Promoting Hospitals at the 1st International Conference on Health Promoting Hospitals in Warsaw in April 1993. This is a report on the activities of the Makusovszky Teaching Hospital in Szombathely, Hungary.**

Our hospital organized this program on the occasion of the World Non-Tobacco day.

### Problem

Many people have smoking problems. The behaviour of the staff serves as a model. The personnel has an effect on behaviour of the patients. Many people are in need of help to get rid of the habit of smoking.

In May plakards and signposts against smoking were put up inside the hospital together with the Smoke Free Program. The personnel had agreed to support the program.

- | The hospital staff was interviewed about their smoking habits.
- | The patients were given a booklet on the pleasure of not smoking: what to do and how to quit. Help was provided for patients who wished to quit smoking.

The importance of consulting physicians and nurses was stressed. Helpful suggestions and information was given to any patient who smokes. Practical quit-smoking training was offered by professional staff giving information on the dangers of smoking and the benefits derived from quitting and providing written material to illustrate further

quit-smoking techniques.

Inside the hospital there are smoke-free working environments, waiting rooms and closed areas. The following principal activities have been planned for the future:

- | a follow-up study on the prevalence of smokers among hospital personnel
- | Courses to take care of people who want to quit smoking

This project is not only a hospital program. It provides an important step towards an interrelated action in which health care services and schools cooperate.

*Marta Kovacs*

## Workshop on »Tobacco-Free Hospitals«

- | **This workshop at the 2nd International Conference in Padova (April 15-16 1994) is the next step in the development of the issue area «Tobacco Free Hospitals».**

During the 1st International Conference on Health Promoting Hospitals in Warsaw, April 1993, two workshops were dedicated to the issue of Tobacco-Free Hospitals with the aim to create an issue-specific network within the HPH-Network. The need to investigate the present situation of anti-smoking policies across hospitals of the European Region has been pointed out.

The workshop on Tobacco Free Hospitals within the 2nd International Conference of HPH will deal with the perspectives for European Hospitals toward tobacco-free policies. The aims of the workshop are:

- | the analysis of the collected data by questionnaire on the situation of the European Hospitals,
- | the results of the survey will be the first step in setting up an issue specific network,
- | the possibility of evaluation of this specific network as regard collaboration, exchange of experience and

so on, between European Hospitals. 15 words).

## **HPH - Newsletter - Call for Papers**

**1 Contributors to the Issue 4/  
1994 of the HPH-Newsletter  
should follow the guidelines  
presented below. Deadline:  
July 31, 1994**

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

The following types of contributions are especially invited:

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

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

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

We would like to draw your attention to the deadline for Contributions for Issue 4 -August 1994: 31 July 1994

Please forward your contribution to the Editors of the HPH-Newsletter, c/o the Coordinating Centre (address on p.1).

Please forward your text on paper and disc (3,5 inch disc for MS-DOS computers; format Word for Windows or ASCII). Please do also include a very short information on the author of the contribution and her/his function (max.

