Newsletter

No 5 - May 1995

Editorial

The Health Promoting Hospitals movement in Europe is gaining momentum. There is widespread interest and a growing number of activities in several areas. The European WHO-Pilot Hospital Project is continuing its work to develop models of good practice for the comprehensive HPH-strategy described by the Budapest Declaration, combining health promotion goals and strategies with the techniques of participatory organisational development and project management. The European Pilot Hospitals have been developing strategies and action areas for a wide range of types and sizes of hospitals in dynamic but widely varying national health care environments. Up till now, the European Pilot Hospital Project has been developing action in over 150 subprojects, addressing a wide range of issues like the development of hospital hygiene, healthy workplaces for health care workers, improvement of patient wellbeing, health education, improvement of quality of hospital services, improvement of cooperation with the community, reorganization of wards and functional units etc. Currently, the European Pilot Hospital Project has entered a stage of intensified attention for evaluation and analysis and is striving for increased visibility of its activities. Many of the Pilot Hospitals have organized local public presentations in the last months, and most are involved in the development of regional and national networks in order to increase chances for transfer of experiences and to encourage and assist other hospitals to engage in Health Promoting Hospital projects.

Regional and National Hospital Networks are spreading not only in countries represented in the European Pilot Hospital Project, but also in other areas of Europe and should constitute a major area of growth for the next years.

Besides regional and national developments, a growing number of hospital has been applying for direct membership in the International Network. Many of these hospitals are offering highly interesting ongoing programs or are initiating overall developmental processes applying the comprehensive strategy used in the Pilot Hospital Project.

These three developments are well reflected in this issue of the newsletter: One of the two theoretical/strategic contributions explains WHO strategy for regional/ national networks. Most of the other contributions refer either to case studies from the European Pilot Hospitals (Londonderry, Vienna and Milano) or to regional or national network developments in Poland, Germany, Bulgaria and Ireland. Finally, this issue contains a full list of addresses and contact persons of the current formal members of the International HPH-Network (Pilot Hospitals, Member Hospitals and Affiliated Members). A (provisional) list of publications and events should contribute to a intensified discussion on HPH-concepts and experiences.

At the time of the publication of this Newsletter, the 3rd International Conference on Health Promoting Hospitals »Health Gain Measurements as a Tool for Hospital Management and Health Policy« will take place in Linköping, Sweden. Conference Proceedings should be available after June 2, 1995. A growing number of contributions and participants underline the general picture of a dynamic development. The 4th International Conference in Londonderry, N.I. (April 19-20 1996) will be the next chance for direct contact and exchange of experiences with HPH-activists and projects from all over Europe.

The readers of former issues of the newsletter will notice a modification in layout, trying to create a more structured image and make it more user friendly. Comments on the layout and suggestions for further developments are highly invited as well as letters to the editors on other issues.

Jürgen M.Pelikan

Health Promoting Hospitals - Regional and National Networks

Regional and National Networks are important keys to the proliferation of Health Promoting Hospitals in Europe. This article outlines WHO´s perspective on central strategic issues.

Health Promiting Hospitals are those hospitals which accept the content and aims of the Budapest Declaration on Health Promoting Hospitals and the Ottawa Charter for Health Promotion as guidelines for initiating a process of development, changing their curative institutional culture into health culture,

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Health Promoting Hospitals

An International Network initiated by WHO-EURO

A Multi City Action Plan of the Healthy Cities Project

Published by the Coordinating Centre for the International Network

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promoting the health of their staff, the patients and their relatives, and supporting healthy environments.

National networks have been defined as organizational structures to help the participants in exchanging information and experiences and to create favorable political, social, economical and administrative conditions for the implementation of programmes or projects, and to strengthen commitments. The goals of Health promoting Hospitals Regional/National Networks are to facilitate and encourage cooperation and the exchange of experience between the hospitals of a region or country, including the identification of areas of common interest, the sharing of resources and the development of common evaluation systems.

These goals are similar to those of the International Networks and the Pilot Hospital Project but within an orientation to common needs, common priorities and sharing. The language and culture of the community, the needs, the health care system, the infrastructure and administrative conditions provide a common framework for joint enterprises that is more difficult to have in an international approach. Hospitals joining a network in their own environment have the advantage of a common language and understanding which facilitates communication, the possibility of developing and sharing materials resulting also in a more efficient way of using resources, and the exchange of personnel to help in the development of projects and acquire the necessary skills to carry on programmes already running in other hospitals.

The basic objectives can be summarized as follows:

- to introduce health promotion into the culture of the hospital;
- to broaden the focus of hospital management and structures to include health care, not just curative care; and develop the necessary infrastructure to achieve those goals;
- to develop documented and evaluated examples of good practice for the use of other institutions; and
- to identify areas of common interest to develop programmes and evaluation procedures.

There are many programmes that can be developed to improve health in the hospital environment, the main targets being:

- Well-being of staff and patients,
- coordination of primary care and hospitals,
- prevention, health education and rehabilitation,
- sanitation and protection of the environment and
- relationship with the community and social institutions.

Each network should establish their own rules and determine the areas of common interest to jointly develop programmes and exchange experiences, specifying the terms and criteria for participation, scope and purpose, areas of common action, working structures, coordinating mechanisms, participating hospitals, membership and timetable for development and implementation, and frequency of business meetings. Different levels of participation could be explored depending on the strength of commitment and the number of hospitals. Contractual agreements can be issued, depending on the different levels of engagement of hospitals in the network.

WHO will help in the development of any regional/national network that wishes so. At the same time that is coordinating the existing networks through an international approach. The idea is to facilitate the exchange of ideas of problems not at the individual programmes level, but at the organizational level, find better ways of collaboration between the different institutions. In order to identify needs and how to proceed with the project a meeting of interested institutions will take place in Barcelona at the end of October 1995 hosted by the Parc Tauli Foundation.

WHO can help in the development of National/Regional networks by: Providing political, strategic and technical support, opportunities for international exchange of experiences, coorganizing Regional/National and International Meetings, coordinating Regional/National and International Networks, coordinating the interaction of Regional/National Networks at international level. A contractual agreement will specify the responsibilities on both sides for the development of the project.

The network will communicate with WHO through a coordinating unit. This does not imply that any hospital which would like to contact WHO directly will not be able to do so, but that formal relations and decisions in relation to the network will be made through the coordinating unit, which will represent the views of the hospitals.

In order to facililtate the coordination of the networks the Parc Tauli Foundation in Barcelona (Spain) has asked for a grant to the EU to establishe a telematic Network to facilitate communication and exchange of information. The Hospitals for Health-Ten project is based on the creation of a network of Telematic nodes hierarchized at the following levels. European level (Parc Tauli Foundation and WHO/EURO), Regional/National Level (each coordinating Regional/National institution) and Local/Institutional Level (each hospital or local institution integrated in the network). Some Networks have already joint the project, Bulgaria, Catalonia (Spain), England and Scotland (United Kingdom), Ireland and Poland. If funds are provided other networks and hospitals will be able to joint, although they will have to purchase their own equipment. So far in the first phase of the project a node will be set in each one of the coordinating institutions of the regional/national networks connected within the Parc Tauli central unit and in five hospitals in Catalonia and Scotland as pilot units. The central unit will allow the institutions to have direct access to the HPH databases, including hospitals, focal points, programmes, relevant material and literature, etc.

The two levels of the Health Promoting Hospitals movement, the international and the regional/national have each one of them their own importance and advantages. Experiences can be exchanged

at both levels, new ideas and strategies can be fertilized by international exposure but collaboration in programme development and evaluation is better done at local level. Ideas can be exported but they have to be adapted to the local circumstances, needs and structures.

Mila Garcia-Barbero, WHO-Euro

Technology Assessment in France: History and Context

This contribution by sponsors and consultants of the French HPH-Pilot Hospital Vaugirard explains the national context for health care assessment in France

Projects in France have generally been carried out without the idea of assessment being considered in the early stages. Vaugirard Hospital, which has been participating in the HPH project since 1993 is an example. Despite innovative projects, the assessment process concerning the gerontology network between Vaugirard Hospital and the 15th district of Paris was not implemented at the beginning of 1995. This assessment had not been planned when Vaugirard Hospital opened its doors in December 1991. Consequently, choosing both a work-methodology and assessment instruments has required a lot of time. This is due in part to the fact that the French are not accustomed to standardized procedures in the field of health care services.

This paper will decribe the history of health care assessment in France in order to show that the orientations of assessment were mainly technology-oriented rather than quality of care-oriented. The future of French health care assessment will also be discussed, taking into consideration our national context. This will help to contextualise Vaugirard Hospital experiment.

In the 1970s, the increasing costs of the French health care system were not yet a problem for the political authorities. In 1970, a law (31st of July 1970) which was precursor to the health care assessment process was passed.

Through that law, the Ministry of Health tried to organize the distribution of public and private hospital beds by using ratios theoretically based on population: bed to population, equipment to population according to the 22 administrative regions of France. The goal of this law was to offer the same hospital and technology facilities throughout France for the medical, surgical and gynaecology-obstetrics specialties. The first regions to be well equiped served as standard models for the other regions. These calculations gave rise to decisions whose aims were to continue the process of equal distribution according to population. However, the criteria of demography, epidemiology and socio-economic data were not taken into consideration and therefore, the needs of the different regions were not met.

Due to increased health care expenditure, problems with the distribution of beds and equipment regardless of the needs led to a new law on hospitalization (31st of July 1991). The term assessment »évaluation« was used for the first time in the law itself. It was decided that the regional health authorities were better informed to make decisions concerning bed distribution. As a part of this law, the Regional Scheme of Health Organization »Schéma Régional d'Organisation Sanitaire« became compulsory in each region. The underlying aim of the scheme was to close some hospitals in order to cut costs. Ratios were still used but there were some difficulties in implementing qualitative methods. Some procedures for specific illnesses like Acute Myocardial Infarction enabled efficient networks for patients to be set up according to transportation, intensive care units, high technology check up divisions and surgery wards. This was done for example in the Alsace Lorraine region. As a part of the Regional Scheme of Health Organization, health authorities, »Sécurité Sociale« managers, hospital board managers and medical doctors were required to: »discuss the medical needs of the population, take inventory of the existing facilities and equipment in order to rationalize them, and draft proposals for the future of medical care in the region.« The proposals should had been submitted by August 1994 for all the regions. The contents of the documents which have been submitted by the deadline showed that only few regions reached the decision to close wards. But closing wards first involves creating tools to identify existing facilities, equipment and procedures, then, carrying out the surveys which are necessary to know the needs of the population. In some instances, regions never reached the first step, meaning creating tools. Consequently, the Ministry of Health made decisions concerning specific areas. For example, it decided to close maternity hospitals or wards in which less than 300 deliveries a year are performed.

In fact, the system is complex. Administratively speaking, the regional health authorities depend directly on the Ministry of Health. At the same time, they have to contend with regional and political concerns:

- firstly, the status of »civil servants« in public hospitals prevents them from being laid off,
- secondly, the regional health authorities do not finance the hospitals and cannot therefore use this as a threat
- thirdly, the mayors of the cities are automatically chairmen of the hospital board of directors. As elected officials concerned with the economic and social aspects of the community, they fight the closing of hospitals or even wards.

As a result of the law, some studies of health care assessment were conducted between 1991 and 1994 in the French regions but only some of the regions used them in the decision-making process.

As explained above, with the law of 1991 and the Regional Scheme of Health Organization, concerns about the health care assessment did not appear clearly in the French Health Policy as a means to improve the quality of care for the patient but as a new way to control prices and budgets. The following examples will again show the importance

of cost-containment in the different decisions concerning Health Care Assessment. The description of the main institutional structures will help to follow the different phases of the implementation of hospital assessment.

The first experiment of medical technology assessment was conducted by Prof. Dominique Jolly in Assistance Publique-Hôpitaux de Paris (AP-HP) in 1982. He created the Committee for Evaluation and Diffusion of Medical Technology (CEDIT), whose task is the study of new technology with the help of a permanent group of experts. This committee gives advice to the board manager of AP-HP (30 000 beds). After a first stage of experiments, he can decide whether or not to approve new medical technology for its use in AP-HP. He then designates the medical divisions which will be allowed to use this technology. The AP-HP board manager, the President of Medical Council for the federation of AP-HP hospitals or any head of a medical department or a hospital board manager may ask this committee to investigate the implementation of new technology. In 1982, this initiative was limited to AP-HP.

In fact, at that moment, neither the Ministry of Health nor the »Sécurité Sociale« used health care assessment methods to determine national medical needs, to set up medical practice standards or eventually, to establish medical fees and technical costs in private practice and in hospitals.

The second experiment was established in 1987: the government decided the setting up of a National Committee for Medical Evaluation in Health Care. But this committee was not in charge of the practical side of the implementation of health care assessment projects. Its role was to make proposals concerning the medical assessment policy.

Two years later, in 1989, the Minister of Social Affairs and Health asked for a new report concerning medical assessment. It proposed the creation of a national agency in order to conduct studies and help the public health authorities in their decision making.

What is the situation of health care assessment in 1995?

The CEDIT

The CEDIT of AP-HP still exists as an advisory board for the AP-HP board manager. 10 experts of various disciplines form the committee. They are helped by a staff which includes physicians trained in health economics, a hospital manager and a biomedical engineer. A Scientific Board comprised of high level medical doctors and board managers is in charge of the definition of the priorities of the CEDIT.

Its assessment methods consist of the analysis of relevant medical literature, consultation with experts throughout France and economic assessment when possible. More than 50 topics were studied such as implantable insulin pumps, high speed rotational coronary angioplasty, etc.

These examples show that technology assessment is very developed, mainly because of the financial consequences of the implementation of new technology and the cost necessary for the staff.

CEDIT is one part of the new Health Care Assessment Department of Evaluation of AP-HP, which was created in 1991, the second part is a bureau in charge of assessment of health care. The first task of the bureau of evaluation of health care was to conduct studies. Some of them were performed to show the importance of non quality processes such as waiting time in the emergency wards and outpatient services, monitoring of nosocomial infections, etc.

Two studies concerned the quality of care: Experiments of Quality Insurance procedures in Robert Debré hospital: first of all, concerning the technical departments (maintenance, supplies, medical records and admissions); secondly, quality of care projects were implemented concerning the preparation and follow-up of children, parents and staff for an oto-rhino-laryngology procedure, for a surgical procedure in general and for the hematology ward.

A further review included investigation of Total Quality Management in Louis Mourier hospital with the following topics: hospital cleaning, improvement of the relationship with the patient, communication with the general practitioner.

The National Agency for the Development of Medical Evaluation (»Agence Nationale pour le Developpement de l'Evaluation Médicale - ANDEM«)

Since 1989, there has been a National Agency for the Development of Medical Evaluation. This agency was created by the Ministry of Health as an independent bureau and is financed by both, the Ministry of Health and the »Sécurité Sociale«. Originally, its role was to set up guidelines concerning technology, for example osteoden-sitometry, heat treatment of prostatic adenoma... (1990-91); Bone marrow transplants and also pre-operative routine testing... (1992), oral implants... (1993)...However, this role has been extended to include the definition of the appropriate methodology, for example to produce clinical practice guidelines or to set up a consensus conference. If a consensus conference follows the procedure of ANDEM, it receives a label of quality and the conclusions can be published as an ANDEM approved procedure. ANDEM is also directly involved in many consensus conferences.

For the moment, the ANDEM recommendations are not considered as compulsory except for the prescription standards of the »Sécurité Sociale« which concern the medical doctors in private practice. In fact, during 1995, prescription standards defined according to illnesses will go into effect. This new measure to cut costs and to avoid overprescribing consists of a list of illnesses and the unnecessary medication or tests not to be prescribed. For example, private practitioners will not be allowed to prescribe a combination of cortisone and antibiotics for a common respiratory infection. Doctors will be controlled by the »Sécurité Sociale« physicians. A point-system similar to that for driving permits has been set up. A few examples of criteria to be included are:

- risk-factor involved,
- the seriousness of the physician's error of prescribing,
- the choice of more costly prescription when a less expensive alternative is available.

The number of medical prescription mistakes, their medical consequences and their financial importance will be calculated. This will lead to financial consequences for the physicians. Different indexes, based on the above mentioned criteria, will enable the »Sécurité Sociale« authorities to calculate punitive increases in the medical doctor's »Sécurité Sociale« participation, which is mandatory for everybody in France. Although the hospitals are not yet required to follow the prescription standards, there might be financial measures in the future to encourage them to follow specific prescription standards as well.

The structures of the Ministry of Health

In 1991, the Ministry of Health decided to create a new bureau in the Department of hospitalization in order to elaborate methodologies of assessment, according to the aforementioned law on hospitalization (31st July of 1991).Non permanent regional committees were also created at the same time, as required by the 1991 law. These Regional Committees for Medical Evaluation of Hospitals (»Commissions régionales de l'Evaluation Médicale - CREMEs«) are advisory boards for regional health authorities. The aim of their creation is to analyze studies concerning methods and results of both, public and private hospital management assessments, hospital technology assessment in order to gather information concerning medical practices and databases and establish models of good practice. The 11 members of the CREMEs are nominated by the regional administrative authority, according to their expertise in the field of medical assessment: two public hospital medical doctors, one of whom must work in a teaching hospital; one private profit making hospital medical doctor, one public hospital board manager ; one biomedical engineer and two people who have been involved in an ANDEM study. But the Regional Committees for Medical Evaluation do not have permanent staff nor financial means, thus limiting the development of an efficient regional process. Furthermore, they cannot conduct their »own« studies. Finally, there is no coordinating center to help them to gather information and define the priorities. This can partly explain the Regional Scheme of Health Organization results.

In conclusion, health care assessment in France has principally been influenced by economic conditions. Economic studies are beginning to appear in France but have been limited to medication. In fact, cost-utility surveys are not conducted in hospitals or in private practice, thus limiting the use of these studies in the decision making process. On the other hand, qualitative surveys concerning patient satisfaction in hospital are still considered complementary tools to improve the patient´s life but not as important as quantitative data. Nevertheless, the conclusions of some Regional Schemes of Health Organization encouraged care networks for elderly people as well as for people with chronic diseases and AIDS. It was pointed out that the ambulatory facilities had to be developed in order to decrease the number of hospitalizations and cut costs. These elements are included in the Vaugirard
Hospital project.
It seems obvious that the decisions concerning reduction of beds and sharing of equipment are difficult to make at the regional level. At the same time,
the Ministry of Health has no valid information to define a hospital restructuration policy. The creation of various committees show that the health authorities recognize the necessity of medical assessment and that they are ready to work in that direction. Their willingness has been spurred by accidents involving safety essentially the blood transfusion »affair«. If in the begining, their decisions were always cost-procedure oriented, we can now see a tendancy towards patient-related actions. Patient-related assessments exist but hospital staff and independent professionals have not been trained. They generally consider such procedures as secondary. They are interested in new technology and do not want to improve »basic care«. Consequently, training will become a priority, both to change attitudes concerning certain standardization and to improve the knowledge of medical practice guidelines.
Following this phase, Quality Care programs, existing in other countries, will surely be implemented in France. Prescription standards for the medical doctors in private practice correspond to the first stage of medical care assessment. Concerning hospitals, we can forsee that in the near future, first recommendations may cover for example delivery of medication, prescription of blood, prevention of hospital infections, organization of outpatient services. The second stage of medical assessment could correspond to hospital prescription standards and guidelines for medical and non technical procedures. The final stage will likely be quality of care procedures such as the information of the patient and his or her general practitioner before being discharged from the hospital (treatment, follow up by the general practitioner and in the hospital...). Finally, it appears that the French medical technology assessment process has been existing for only a few years. Its development will surely be encouraged, firstly for economic reasons but hopefully also to guarantee patients' well-being.

Anne-Laurence Le Faou, Durieux P, Jolly D, Paris

Altnagelvin Hospital Establishment of Breast Feeding Promotion Group

A very low rate of breast feeding in Northern Ireland offers an important challenge for the European WHO-Pilot Hospital in Londonderry

A breastfed baby is offered the best possible start in life whether born into an affluent or a disadvantaged home. Breastfeeding provides a solid base of good health and love upon which to build.

While the benefits of breastfeeding are crucial to babies and their mothers in developing countries there can be no doubt that breastfeeding must be promoted and protected in developed countries too. In figures produced by WHO-Euro 1990 the percentage of mothers leaving hospital breast-feeding in the U.K. generally was 73%. While in Northern Ireland the figure was 36% and on a local basis the figure was generally around 25%.

To address this problem, a team was set up within Altnagelvin Hospital.

The aims of the team are:

- Stimulate active concern for breastfeeding issues and provide a sound understanding of the physiology of breastfeeding.
- Increase awareness of the current state of breastfeeding and the obstacles to successful breastfeeding.
- Increase incidence of breastfeeding from 25% to 35% within the next 5 years.

This has been approached in the following ways.

A multidisciplinary team was set up, with 2 representatives from all of the maternity wards, and the community, with dietetic input. Meetings are held every 3 months and are representatives on the Breastfeeding Initiative Meetings - thus ensuring good liaison and continuity.

In order to increase awareness of breastfeeding issues the team has developed the following strategies:

- For mothers we have produced a handbook entitled »Successful Breastfeeding«, which is given antenatally and has been adapted from the RCM/W handbook.
- A refresher course is offered particularly targeting those mothers who have had a previous bad or negative breastfeeding experience.
- During Breastfeeding Awareness Week exhibitions and media coverage are used to highlight breastfeeding issues for the wider general public and all Health Care Professionals.
- For staff we contribute to a 6 monthly Breastfeeding Newsletter which is distributed to Health Care Professionals within the local Health Board and allows us to keep up to date and informed of the work of others.
- Every 2 years Breastfeeding Initiative Seminars are organised with specialist speakers providing input for a multidisciplinary group boardwide.
- An on-going series of teach-ins for midwives, student mid-wives, nurses and health visitors are held throughout the year in order to ensure that information is consistent and up to date and that problems are effectively addressed.

Progress has not been easy as breastfeeding is not always viewed as an important issue, and staff have other pressing priorities which can make motivation hard to maintain. However, our efforts are beginning to pay off and this is reflected in our increased breastfeeding rates. Currently 29% on average mothers have Breast-fed at least once and 24% continue to do so.

We have a long way to go, and future plans at this time include:

- The launch of the Infant Feeding Policy in February 1995.
- The organisation of Breastfeeding Conference on Friday 19th May 1995 and Breast Feeding Awareness Week on 22 and 27 May 1995.
- And we also hope to work towards a certificate of commitment for Altnagelvin Area Hospital in the UK Baby Friendly Initiative.

The fact that breast feeding has been accepted as a Health Promoting Hospital Project has helped to promote interest and motivation in staff and a commitment from managers with the provision of a limited budget.

In summary, we can say that while the nutritional considerations play a crucial role in infant feeding choice, social, economic, cultural and environmental factors need to be acknowledged if breastfeeding promotional strategies are to be made more effective.

Our wish is that every mother who wants to breastfeed her baby will have the right information and support she needs to do so from partners, midwives, nurses, health visitors, doctors and all maternity personnel.

Project leader: Sr. June Bratton

Annie Courtney, Londonderry

Vienna Pilot Hospital: Continuation of the project at the Rudolfstiftung Hospital in Vienna

The Rudolfstiftung Hospital of the City of Vienna, which conducted the WHO-model project for the HPH-Network, has decided to set up 3 new subprojects

After 5 years, the Vienna WHO-Model Project »Health and Hospital« at the Rudolfstiftung Hospital of the city of Vienna finished its first project phase. The experiences and results of the overall project and the 8 subprojects were presented in December 1994 at the 6th Public Project Presentation. Reports on the project period 1989-1994 in German language are available at the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, A-1060 Vienna, Stumper-gasse 56. English language resumes will be made available in October 1995. The Rudolfstiftung Hospital has decided to continue the

HPH-project together with the Ludwig Boltzmann-Institute for the Sociology of health and Medicine for at least one more year - till the end of 1995. This guarantees that the hospital can continue the development towards a Health Promoting Hospital by conducting three new subprojects:

- team nursing
- improvement of cooperation between wards and central/functional units
- development of a new corporate identity of the Rudolfstiftung Hospital incorporating Health Promotion

The Rudolfstiftung Hospital also decided to continue active participation in the European WHO-Pilot Hospital Project till the end of 1996.

Peter Nowak, Vienna

Health Gain Measurements as a tool for hospital management and health policy

- **Vittore Buzzi, a children´s hospital acting as HPH-Pilot Hospital in Milano, presents the outline for a thorough evaluation of health gain effects of a health education programme**

Measurements of the effects of health promotion (HP) as well as the extension of the HP process to its catchment area are the final objectives for the next two years of the Pilot Hospitals of the HPH Network. Interaction between the hospital, primary care system and a health education program that focuses on the specific themes of the HP projects is a prerequisite for entering this last phase of the HPH program.

»Family risk of premature atherosclerosis« is one of the subprojects actually in progress at the V. Buzzi Hospital, one of the two Pilot Hospitals in Italy. The V. Buzzi Hospital is a general hospital, part of the Local Social Health Unit (LSHU) and called LSHU n. 41 since January 1st, 1995. The overall objective of this project is to reduce the level of risk factors in teenagers and young adults with a high risk of coronary heart disease (CHD). This will be pursued by promoting healthy lifestyles (better nutrition habits, smoking cessation and prevention and the promotion of physical activity) in the offspring of parents with premature CHD (before age of 55). The collaborators in this project are the medical and nursing staff of the Internal Medicine Division, the general Practitioners (GPs) of the LSHU, the Biochemistry Department of the Medical School of the University of Milan and the epidemiological units of the Regional Health Administration and the Ospedale Maggiore Policlinico of Milan.

The organisational level of the project was completed in June of 1994, following the analysis of the first 50 families. Patients with CHD and their families were studied, within 8 weeks of the infarction. The coronary risk profile for the family was determined by means of a questionnaire and the patient by means of a personal history, smoking, diet, exercise habits, scrum lipid profile, measurement of cardio-respiratory function and a physical examination. A week after the study, patients and their spouses received individual risk profiles on each of the family members and a critical evaluation of the overall family risk. The overall family risk is based on the family environment (e.g. obesity, sedentary lifestyle, dietary habits). Counselling was also provided at this time on topics such as the correct dietary regimen, regular physical aerobic activity, stop smoking, stress management and, finally, specific treatments were proposed for high-risk children (obesity, hyperlipidaedemia, hypertension or smoking). A six monthly follow-up for 24 months has been planned for the whole family.

According to the general organizational model proposed by Professor Leo Baric and recently summarized in this newsletter, we are now about to enter a new stage in the project. In particular, there is a need to extend this professional model and more importantly to plan and execute an intervention study to verify whether this project produces any eventual effective health gain in the patients and their offspring. To obtain these results, a protocol has been prepared for an epidemiological case-control (1:1) study on about 600 families. Participants will be those patients with premature CHD, who are admitted to the CCU's of 3 hospitals in the north-western area of Milan. The control subjects will be drawn from a list of approximately 700,000 eligible citizens, assigned to roughly 700 GP's within the same area. The first step of the study will be to identify those GP's interested in the project, from the files of those, whose families accepted as control subjects. The GP's will then form a group that will receive specific continuous education in CHD and related disorders. In addition, they will have preferential access to the health structures for all their coronary patients.

The area of the city is formed by 3 LSHU's, each with a big general hospital, as follows:

- LSHU 40: San Carlo Hospital, general hospital with 780 beds (CCU)
- LSHU 41: Luigi Sacco Hospital, general university hospital, with 530 beds (CCU plus cardio surgery)
- LSHU 37:Niguarda Hospital, with 1.350 beds and the biggest cardiological department in Milan (3 CCU's plus cardiac surgery).

It is possible that this set of cardiological centres might be the beginning of a regional network of HP hospitals. However, in its effect this experiment (project) focuses strictly on the interaction between the hospitals and the primary care system in the field of health promotion.

Renato Gandini, Milano

Statute of the Polish

National Network of Health Promoting Hospitals

The Polish National Network offers its elaborate statute as an example for other European Countries

The Polish network of Health Promoting Hospitals (HPHs) associates hospitals willing to include health promotion into their health care and health improvement activities related to individuals and environment covered by hospital activity.

A basic task of a HPH is health education of personnel, patients and local community, as well as aiming to improve quality and effectiveness of the health services jointly with the creation of a healthy worksite for staff and healthy residence for patients in the hospital.

One of the ways of Member Hospitals' can affect the local community, is through influence on local administration and other institutions to create local health policy proposals and to engage the community in the protection and promotion of health. A HPH should be an advocate of health promotion on its territory.

Article 1: General Provisions

§ 1

The Polish Network of HPHs, hereafter referred to as »The Network« is an association of hospitals undertaking initiatives to implement objectives and tasks within the WHO Project of the »Health Promoting Hospital«. This will be implemented within the district covered by their activity in accordance with the »Budapest Declaration« (1991) and accepting health promotion principles described in the »Ottawa Charter«.

§ 2

1. The Network activity covers the territory of the Polish Republic,

2. The Headquarters of the Network are at the Department of Health Promotion, National Centre for Health System Management in Warsaw.

§ 3

The Network relies on voluntary work of its members.

§ 4

The Network has right to use the stamp and emblems complying with regulations being in force.

§ 5

The Network, to realize its statutory objectives, may cooperate with other networks and organizations with the same or similar character and scope of activity, both in the country and abroad.

§ 6

1. The Network cooperates very closely with the WHO Project of European Network of Health Promoting Hospitals.
2. The Member Hospitals of the Network may join the European Network of HPHs on one of four possible levels of engagement, i.e.:
   - Pilot Hospital of the European Network of Pilot HPHs,
   - Member Hospital of the European Network of HPHs,
   - Affiliated Hospital with intention of further membership of European Network of HPHs,
   - Status of observer of the European Network of HPHs.
3. The hospitals engaged at one of the above-mentioned levels of the European Network of HPHs (§6, item 2), are simultaneously member of the Polish Network of HPHs and are active participants at the Network activities.

§ 7

The Network may be a member of domestic and international organizations with similar objectives of its activity.

Article 2: Objectives and means of action

§ 8

The Network objectives are propagation of the health promotion idea amongst hospitals and institutions providing prophylactic and health services. This will include participation of the hospitals and institutions in dissemination of health-directed behaviours in local communities.

§ 9

The objectives described at § 8, the Network achieves through:

1. Arrangement and participation in lectures, symposia, meetings, gatherings, training, exhibitions and other forms of education in the health promotion field within the network or Member Hospital activity.
2. Collection, commissioning, publication of papers, leaflets, bulletins, educational materials, books and periodicals and other documents in accordance with generally accepted rules.
3. Cooperation and exchange of experience with institutions and agencies within the Network.
4. Initiation and support of scientific surveys in the field of health promotion.

§ 10

For realization of its statutory objectives the Network may obtain financial resources from: individuals, corporate bodies, institutions, state administrative entities, which are not legal persons, or social organizations.

Article 3: Members, their rights and responsibilities

§ 11

Membership of the Network is open to any hospital and to all institutions providing health services. Membership of a hospital or similar institution in the Network may be granted by the Network Council by virtue of a declaration signed by its head. The head or employee nominated by the head of the hospital or institution, represents the hospital or institution at the Network as an authorized Representative.

§ 12

Representatives of the Network Member Hospitals have the right:

1. to vote and be elected to the Network bodies,
2. to attend the meetings, conferences, training, as regarded with HPH activity matter,
3. to exert support and cooperation, within the Network, in realization of the statutory objectives,
4. to move proposals related to the Network activity.

§ 13

Member Hospitals of the Network are obliged:

1. to participate actively in the network activity,
2. to comply with the Statute provisions,
3. to appoint a Hospital Programme Council and its chairman, responsible for the planning and performance of the health promotion programme.
4. to prepare at least five health promotion sub-programmes, related to the hospital, hospital staff, patients and local community covered with the hospital services. These should indicate the aims, subjects, methods and forms of its implementation, benefits resulting from the implemented programme and identify a team of individuals and a head responsible for implementation of sub-programmes.
5. to cooperate and exchange experience with other Member Hospitals of the Network,
6. to create horizontal structures for cooperation and exchange of experience with foreign hospitals too, if they realize a similar programme.

§ 14

1. Cessation of the network membership results from:
   - voluntary withdrawal from the network presented in writing to the Network Council,
   - striking off a hospital from the list of the network members due to evasion of performance of obligations for the Network or due to lack of statutory aims and failure of implementation of objectives.
2. Executory decision of striking off or exclusion is undertaken by the Network Council.

Article 4: Organization

§ 15

1. The organization of the Network is based upon three main bodies:
   - The General Assembly
   - The Council
   - The Audit Board
2. All Member Hospitals of the Network are eligible for election to its main bodies. The period of office of the Network bodies lasts two years.
3. Representatives of the Network Member Hospitals are in charge of the function voluntarily.
4. Resolutions of the Network main bodies are adopted by a majority of votes, when attendance of the persons with a right to vote is at least fifty per cent, with the exception of the issues settled in the Statute in other ways.
5. The Council and Audit Board during their terms, may co-opt new members in the case of withdrawal of membership by a Network Member. The number of newly elected members of the Network bodies, however, can not exceed one third of the number of members elected by the General Assembly.
6. Elections of the network bodies are carried through a ballot.

§ 16

The General Assembly

1. The General Assembly consists of Representatives of the Network Member Hospitals and is the highest authority of the Network.
2. The General Assembly may be attended by two or more delegates from a Member Hospital, but each Member Hospital may be represented by only one representative having the right to vote.
3. The General Assembly meets at least four times a year: in winter and autumn in Warsaw, and in spring and summer at the hospital or locality being a seat of a Member Hospital.
4. The General Assembly has the following functions:
   - general guidance and policy orientation of the Network in the spirit of its objectives
   - discussion and approval of the Network Council and Audit Board reports
   - election of the Council and Audit Board
   - consideration of the Council, Audit Board and authorized participants of the General Assembly motions
   - passing of resolutions initiated by the Network bodies and authorized participants of the General Assembly
   - amending of the Statute of the Network
   - voting of acceptance or refusal of accounts for the Council on the Audit Board motion
   - making decisions on dissolution of the Network
   - making any other resolutions requiring the General Assembly approval.
5. The General Assembly may undertake resolutions when at least fifty per cent of persons having the right to vote are present at the beginning of the meeting regardless of the number of persons present later.
6. Announcement of the General Assembly session the Council should be forwarded to the Member Hospitals at least 14 days before the appointed date and should include an indication of the date, the place, and the proposed agenda.
7. Generally, during the General Assembly voting is to be open, but on request of even one Member with voting right, the voting should be secret.
8. At the suggestion of the Council or Audit Board or on the Member Hospitals request, an extraordinary General Assembly may be called.

§ 17

The Council

1. The Council directs the activity of the Network between the General Assemblies.
2. The Council consists of four members.
3. The Coordinator is the head of the

Council and represents the Network externally.

4. The Council holds its sessions as needed, but not less than once every three months.

5. The Council resolutions are taken on the strength of simple majority of votes in the presence at least half of its members, including the coordinator.

6. The Council has the following functions:

- realization of the Network programme of activity in accordance with resolutions and decisions of the General Assembly and provisions of the Statute as well as coordination of the network functioning
- representation of the Network outside and acting on behalf of the body
- preparation of the annual Activity Report for submission to the General Assembly
- elaboration of annual plan and programme of the Council activity and responsibility for its implementation
- appointment of the project committees, sections and another boards for particular tasks realization
- arrangement of circulation of information concerning the Network activity and health promotion idea propagation
- management and facilitation of cooperation with related networks within the country and abroad
- investigation of the Members' questioning with reference to the Statute, regulations and resolutions observation
- admitting hospitals as members of the Network
- convocation of the General Assembly
- undertaking supplementary executory decisions and consideration of other matters in accordance with the Network policy

7. The Council is responsible for establishing rules and regulations for the organization and management of the Council.

§ 18

The Audit Board

1. The Audit Board consists of from three to five members and is an inspection agency of the Network activity.

2. Members of the Audit Board are elected by the General Assembly.

3. Members of the Audit Board can not be elected to other bodies of the Network.

4. The Audit Board has the following functions:

- inspection of the Network activity
- preparation of the Audit Board Activity Report comprising the network activity evaluation and formal motion for vote of acceptance of accounts for submission to the General Assembly
- submission of motions concerning the network activity
- setting of work regulations for the Audit Board

5. The Audit Board proceeds inspection of the Network at least once a year.

6. Members of the Audit Board are allowed to attend the Council sessions. During the session they have an advisory voice and right to ask the Council for explanation of questions resulting from inspections done by the Board.

Article 5: Review of Statute & Dissolution of the Network

1. The Statute may be reviewed and/or amended by the General Assembly at any time, by a two-thirds majority votes under presence of at least fifty per cent representatives having appropriate credentials for voting at the beginning of the meeting regardless of the number of persons present later.

2. The dissolution of the Network shall be effected by a two-thirds majority votes of all participants with appropriate credentials for voting during the General Assembly at the beginning of the meeting regardless of the number of the persons present later.

Translation from the Polish to English language

Jerzy B. Karski, Warsaw

Health Promoting Hospitals« in Germany

The developments of the last month have proven that Health Promoting Hospitals is a very attractive concept for hospitals in Germany.

The German Network is facing its foundation supported by the five already existing Pilot Health Promoting Hospitals.

Public Relation for the »Network of Health Promoting Hospitals« in Germany

At numerous medical scientific meetings presentations were given about the Health Promoting Hospital project. Some papers have been published. At the Medica in Düsseldorf in November 1994 the first symposium took place concerning quality assurance and management with Professor Hülle-mann as chairperson.

A supplement for quality assurance was published by »Krankenhausumschau«, no. 2/3, in March 1995 with a detailed report about the aims and the origins of the German network. A similar publication is planned in »Deutsches Ärzteblatt« as the leading German journal for physicians in the near furure. The manuscript has already been accepted.

Interested Parties

Until now there are five pilot HPH, three affiliated members from the international network and seven German hospitals interested in participation of the network. We assume that after the publication in the »Deutsches Ärzteblatt« and presentation of the HPH network at two medical congresses this year some 20 to 30 hospitals will join the HPH network.

Basic Requirements for Membership in the German Network

There are no additional requirements for the Pilot HPH and the Affiliated Members. For all new members the prerequisites follow the draft of Ms. Dr. Mila Garcia-Barbero, WHO. The rules will adapt the Declaration of Budapest. Three projects have to be installed and carried out or on according to the idea of HPH. Once a year a meeting will take place and an annual report has to be delivered.

Topics for the German Network

Points of emphasis are continuous motivation for the idea of HPH and a very low level of bureaucracy without hampering side effects. Candidates have to undergo a visit by officials of the German network before being accepted as new menbers. Such visits will take place every three to four years.

Contact Address for the German Network

Pilot HPH St. Irmingard/Chiemsee - Prof. Dr. Klaus-D. Hüllemann in cooperation with Cli.Ma, Clinic Management - Clinic Marketing, Munich, Dr. Uwe Künzel M.B.A., and Dr. Brigitte Zakaria as press officer.

Financing and Fund Raising

Until now privately financed by Pilot HPH St. Irmingard and by Prof. Hüllemann. The company Cli.Ma (Dr. Künzel) will start a campaign for fund raising in the German industry. The first contacts have been established. However the financial bottleneck is expected to be the largest handicap of the installation of the German network.

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D - 83209 Prien am Chiemsee

Pilot Health Promoting Hospitals in Germany

Philipps Hospital
Riedstadt
St. Bernhard Krankenhaus
Hildesheim
St. Irmingard Klinik
Prien am Chiemsee
Alten Eichen
Hamburg
Städtische Kliniken Chemnitz
Chemnitz

Member Hospitals and Affiliated Member Hospitals in the International HPH Network

Bethesda Krankenhaus
Essen
Auguste-Victoria-Krankenhaus
Berlin
Marienhospital Altenessen
Essen
Evangelisches Krankenhaus Rüdersdorf
Kreiskrankenhaus Brunsbüttel
St.Josefshospital Uerdingen
Krankenhaus Prenzlauer Berg

Hospitals Interested in Participation in the German Network

Katharinen-Hospital
Unna
Krankenhaus der Barmherzigen Brüder
Trier
DRK-Krankenanstalten Wesermünde
Bremerhaven
Landesbetrieb Krankenhäuser
Hamburg
Marienhospital
Aachen
Krankenhaus und Poliklinik Rüdersdorf GmbH
Rüdersdorf
Kreiskrankenhaus
Heidenheim

A Business Meeting on the HPH-Project in Bulgaria

Besides Poland and Hungary, Bulgaria is the third of the reform states that has been developing an National Network of Health Promoting Hospitals

The interest in health promotion is growing continuously in Bulgaria as it gives the possibility to introduce a new culture in hospitals and to examine in a positive way all the hospital activities and structures.

In this context the National Centre for Health Promotion, which is the Coordinating Centre of the HPH-Project in Bulgaria, organized the first business meeting of the National Network in Sofia on 28th and 29th November 1994. The business meeting was attended by the chairmen of the Joint Project Committees, the Hospital Coordinators and subproject leaders. The hospitals were the five University Hospitals in Sofia, four regional hospitals and three national health care centres within the National HPH-Network. We also invited six other regional hospitals, which are not members yet, and we hope that they will join the national HPH network in the near future.

The business meeting began with Dr. Zlatitza Petrova, Chairwoman of the Coordinating Committee of the HPH-Project and Chief Secretary of the Ministry of Health, and Dr. Milagros Garcia-Barbero from WHO-Euro. Both our guest speakers expressed the hope that this business meeting would prove once more that hospitals are the most appropriate places for health promotion. They insisted that the examples of good practice developed by the European Pilot Project will be shared by the Bulgarian Network and adapted to its social and economic conditions and organizational structures.

The sessions of the business meeting

were presided by Assoc. Prof. Z. Zaprianov, M.D., Ph.D., Director of the National Centre for Health Promotion and Deputy-Chairman of the Coordinating Committee, and B. Benchev, M.D., Ph.D., National Coordinator of the HPH-Project.

The lectures of Dr. Milagros Garcia-Barbero concerned three main topics: the principles and aims of Health Promoting Hospitals; the experience of the development of the European Pilot Project; the aims and strategies of National and Regional Networks. At the end of each lecture there was a lot of time for questions and discussion.

Dr. B. Benchev, National HPH Coordinator, presented a report about the development of the HPH-Project in Bulgaria and a programme for the subproject »Organization of hospital hygiene and control of nosocomial infections«. Participants were highly interested in this topic.

There were two other presentations by eminent Bulgarian scientists - Prof. Genny Mileva (»Our experience in the education of patients with asthma and their relatives«) and Assoc.Prof. Dragomir Koev (»Our experience in the education of patients with diabetes«). Their papers showed the Bulgarian Hospital experience in health promotion.

At the end of the business meeting, there was a discussion on the situation of the National Network with the participation of the Coordinating Committee of the Project, hospital representatives and journalists from the national massmedia.

The first business meeting encouraged the development of the Project in Bulgaria. It was followed by other business meetings on particular sub-projects: »Organization of hospital hygiene and control of nosocomial infections«; »Educational programmes on cardio-pulmonary resuscitation«; »Prevention of AIDS in hospitals«. We intend to organize similar business meetings on other subprojects as well: »Education of patients with diabetes«, »Control of the occupational risk for the staff, working in operating theatres«, etc.

We also hope that we shall soon be able to obtain a formal agreement between our National Network and WHO-Euro, as Dr. M. Barbero has kindly offered. This agreement would create better conditions for the development of the HPH-Project in Bulgaria.

B. Benchev, S. Colova, A. Romanov, Sofia

European Health Promoting Hospital - An Irish Network

Ireland is the next country to initiate a National Network of HPH

JCM Hospital in Dublin, initiated the launch of an Irish Network of HPH at a one day conference, held on April 6th. It was organised in conjunction with the Department of Health and involved participation by the other Health Promoting Hospitals within Ireland (St. Vincent´s Hospital and Letterkenny General Hospital). Invited guests were Prof. Pelikan from the WHO-EURO Coordinating Centre in Vienna, Dr. Mila Garcia-Barbero from WHO Copenhagen, who was unable to attend at the last minute, Ms. Brenda Stephens from Wales and Altnagelvin Area Hospital (a fellow pilot hospital) in North Ireland.

Attendance was encouraging with over 150 people registering on the day. A majority of the clinical speciality areas were represented, as was senior management level of a number of hospitals and health boards.

The response and positive feedback generated by the conference so far argues well for the early growth and development of an Irish Network of Health Promoting Hospitals.

Ann O´Riordan, Dublin

Shaping a healthy future in New South Wales

Australia has seen a dynamic development of the Health Promoting Hospital movement in the last years, well supported by national and state health policy

Background

The Health Promoting Hospital movement in Australia has developed earlier than in Europe and in a more dynamic way. Several Australian states have embraced this concept, but until recently, there was little exchange of information or coordination across state boundaries.
Victoria and Queensland were funded as part of the National Better Health Program to develop the Health Promoting Hospital concept and their models have worked well for each state. Western Australia has now begun the process using rural hospitals as models for the concept.

In New South Wales, 16 Health Promotion Units with 320 designated staff were established to develop a more strategic focus and to capitalise on a strong national direction to improve the health of the people. Given this strong influence at the local level, areas and regions recognised the appropriateness of the Health Promoting Hospital movement as early as 1989.

The Pioneers
In 1989 the Central Western Region worked with health service managers to develop a charter that reflected the values and culture of health services in the region. From this, several hospitals began to implement health promotion strategies. Programs targeted skin cancer prevention, Quit smoking classes, exercise programs, and weight reduction classes. Working with the regional health promotion unit, hospitals established partnerships with local food stores to promote and provide choices in fresh

foods that were low fat and low salt. Community members enjoyed the participation and the choices in foods offered by shop keepers. Research results have indicated a sustained choice for purchasers by shop keepers and there is evidence of changed purchasing behaviour by community members.

Of the 26 hospitals in the region, 17 appointed their own hospital health promotion officer from existing staff establishments. Seeding grants were offered by the health promotion unit tofacilitate the process. The unit also provided coordination, staff support and resources such as staff training, communication and marketing strategies, and financial support.

In 1995, regional structures have changed but 14 of these hospitals have retained these positions and have supported staff positions from existing funds.

What is Happening Now?

Current Developments in Wentworth Area Health Service (covering the western area of Sydney and the lower Blue Mountains, pop. 285000) have enabled health services to become health promoting through organisational development strategies. Health Promotion activities have been sustained through performance agreements of senior management that also reflects the corporate goal of the area - »to ensure a balance between treatment and prevention«. Excellent partnerships have developed with and between hospitals and local council groups, and communities.

Western Sydney Area Health Service (the western part of Sydney with a pop. of 615000) has four large hospitals including a major referral and teaching hospital. Through the local health promotion unit, hospital health promotion staff coordinates strategies using existing identified clinical issues at the local level as the focus for the change process.

In north west NSW, (pop 145000) with vast distances between towns nad communities, Wellness centres have been established. The hospitals have developed partnerships with the well aged who coordinate community based initiatives and provide opportunities to change the focus from illnes to wellbeing. With this strong commitment from areas and districts across the state, it was important to further develop and coordinate a state program.

The Future

New South Wales has indicated its intent for the future for health in »A Healthy Future in NSW: the Strategic Framework«. Its mission is to have the best health in the world. Its goals are to improve health, be people centred, and improve resource management.

The Health Promotion Unit within NSW Health has undertaken the development of the Health Promoting Hospital concept across the state; provide coordination and ensure a sustained, integrated approach that assists health services to achieve the goals.

Major strategies of the program include the development of a conceptual framework; a series of case studies that translate the framework; partnerships with national accreditation and quality organisations; an Award Incentive program that enables health services to develop and increase their health promotion capacity; »sister - hospital« relationships with hospitals in the European Network and with our Asian neighbours; maintain and strengthen links with other Australian states; and assist in the broadening of the concept within the West Pacific Region.

The impact of the European Health Promoting Hospital Network on our state development cannot be overestimated. We have been able to take the major concepts and principles, adapt them to suit the state direction; test them, and achieve some gain. Our responsibility is to build on what we have, sustain what works and what will influence future developments. New South Wales may indeed have one of the most efficient health promoting programs if we succeed.

Marion Wilson, Sidney

Health Promoting Hospitals

An Internationa Network initiatec by WHO-EURC

A Multi City Action Plan of the Healthy Cities Project

Member Hospitals in the International Network of Health Promoting Hospitals

List of the Member Hospitals and the Affiliated Members in the International Network of Health Promoting Hospitals (May 5, 1995)

Australia

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Austria

Pilot Hospital
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Member Hospital
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Bulgaria

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Canada

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Pilot Hospital
Emergency Care Hospital Prague
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Germany

Pilot Hospitals

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Member Hospitals

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Hungary

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Member Hospital
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Italy

Pilot Hospitals

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University Hospital Padova
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Ireland

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Member Hospitals

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IR- Letterkenny Co. Donegal
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St. Vincent´s Hospital
Ms. Pauline KELLY
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Israel

Member Hospital
Sheba Medical Centre ;
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Lithuania

Member Hospital
Kaunas Academic Clinics
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Luxembourg

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Norway

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Poland

Pilot Hospitals

Child Health Centre
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Publications

Selected publications on Health Promoting Hospitals 1993 - November 1994

Readers are kindly invited to forward further bibliographical notes to the co-ordinating centre. (please include copy of publication for the HPH-archive).

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VON SCHASSEN B. (1994), Vom Krankenhaus zum Gesundheitshaus. in Psychologie heute 2/94. Beltz, o.A.

Events

- »Gesundheitsförderung im Krankenhaus«: Düsseldorf, Germany 31 March 1995.
- 2nd English Health Promoting Hospitals Conference: Stafford England 31 March 1995.
- The German Society of Human Ecology (DGH) held its Annual Meeting in Sommerhausen form the 4-6th of May 1995 on the topic: »Human Ecological Approaches to Health Promotion«. The Meeting also included a workshop on Health Promoting Hospitals.

Further information on the Conference is available from: Dr. Dr. Barbara Hazard (organizer of the scientific program), German Institute for International

- 3rd International Conference on Health Promoting Hospitals, Linköping, Sweden, June 1-2,1995 »Health Gain Measurements as a Tool for Hospital Management and Health Policy«

- The third Scottish Conference of Health Promoting Hospitals will take place in Edinburgh in August 1995.

This conference will be the opportunities for Hospital Staff to come together and present local progress of their projects. A further focus for the day will be the issue of evaluation of the Health Promoting Hospital.

The conference will be organized by Stobhill NHS Trust in Glasgow and will take place in Edinburgh.

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- Danish Health For All Network - Scottish Visit

Stobhill NHS Trust participated in the visit to Scotland by the Danish Health for All - Healthy Cities Network. The visit was a six day one and the delegates represented the Danish Healthy Cities Project.

The visitors had the opportunity to hear the development of the Glasgow Healthy Cities Project and tour Health Promotion Projects Scotland wide.

Stobhill staff hosted a half day seminar for the fifty delegates on 25 April 1995. The staff presented the Health Promoting Hospital Project which was followed by a presentation of the role of the General Practitioner in Health Promotion given by members of the Department of Occupational Health and General Practitioners from the Univer-

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- 4th International Conference on Health Promoting Hospitals, Londonderry, Northern Ireland, UK, April 19-20, 1996

HPH - Newsletter - Call for Papers

- **Contributors to the Issue 6/ 1995 of the HPH-Newsletter should follow the guidelines presented below. Deadline: September 30, 1995**

The sixth issue of the HPH-Newsletter is scheduled to be published in November 1995. 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)
Deadline for contributions: September 30, 1995
Please forward your contribution to the Coordinating Centre 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. 15 words).