

# Newsletter

No 9/10 - October 1997

## Editorial

1997 is an important year for Health Promoting Hospitals - a major change in strategy takes place: The European Pilot Hospital Project ends its main working period, and the national/regional networks are taking over the leading role, providing increasing options for access and active involvement in the HPH network throughout Europe. We think we have ample reason to look optimistically into the future, as this transition has already been prepared during the last years. Currently networks are in place in 20 countries, although developing at different pace. The Pilot Hospitals have done their work and provided evidence that HPH is feasible and attractive for hospitals, their owners and staff. The experiences will not get lost. They will be published in several forms, and most of the Pilot Hospitals continue their work with the HPH concept and remain resourceful, experienced partners in the networks. Also the LBI is going to continue its co-ordinating work on a European level as WHO Collaborating Centre. On a conceptual and political level, it should be encouraging that the settings approach for Health Promotion was confirmed as central strategy on world level at the 4th Health Promotion Conference in Jakarta (July 1997) and health care settings are high on the priorities. The results of this conference provide guidance also for the future of HPH. It is also encouraging that the European Commission, the Standing Committee of the Hospitals of the European Union and the European Association of Hospital Managers have been co-organising the International Conference on HPH in 1997. It also has been possible to start a discussion on «Globalising HPH» in co-operation with WHO Geneva and various WHO regions. But it also seems useful to provide an overview on the current state of discussion of concepts and experiences. This

is done in form of an extensive summary of the 5th International Conference (Vienna, April 16-19, 1998). This summary cannot provide more than an overview of the issues and the scope of current discussion. More detailed information will be available in the proceedings of the conference, forthcoming in November 1997 (see announcement in this Newsletter).

We would also like to draw your attention to the upcoming 6th International Conference in Darmstadt, Germany, April 29 to May 2, 1998. Deadline for Abstracts: December 12, 1997 (if you have not received the Call for Papers, please contact the Co-ordinating institution).

*Jürgen Pelikan, Karl Krajic*

## New Players for a New Era

- | Alliance building and the development of health promoting settings were pointed out as key concepts for a new era of health promotion

The 4th International Conference on Health Promotion, «New Players for a New Era: Leading Health Promotion into the 21st Century», took place in Jakarta, Indonesia, from July 21 to 25, 1997. This conference, marking the 10 years anniversary of the Ottawa Charter on Health Promotion, focussed on challenges, strategies for change and partnerships in action for health promotion. One stream within «partnerships in action» dealt with health promoting health care settings, and one session within this was titled «Health Promoting Hospitals». As the result of an impressive discussion process, the «Jakarta Declaration on leading Health Promotion into the 21st Century» was developed, discussed and passed. The

consequences of this declaration for health promoting hospitals will be discussed at the next International Conference on Health Promoting Hospitals in Darmstadt, Germany, April 29-May 2, 1997.

For further information on the conference, please contact WHO Geneva, division for Health Promotion, Education and Communication (HPR).

*Jürgen Pelikan, Vienna*

## From Projects to Networks: Effectiveness, Quality Assurance and Sustainability of HPH Projects

- | The 5th International Conference on Health Promoting Hospitals, Vienna April 1997, marked a new record in participation and contributions and showed many perspectives for the further development of HPH

The 5th International Conference on Health Promoting Hospitals took place in Vienna, April 16-19, 1997. The list of organisers shows the amount of credibility and support Health Pro-

## Newsletter 9/10-97 Content

- | New Players for a New Era
- | From Projects to Networks: Effectiveness, Quality Assurance and Sustainability of HPH Projects
- | Health Promotion: The Contribution to Strategic Reorientation and Organizational Development
- | Promoting staff health in Bremen's Hospital
- | Beacons in the Community
- | 1st European Health Education Award
- | Announcements of Conferences and Publications

Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

Health Promoting Hospitals Coordinating Centre and Secretariat:



Ludwig Boltzmann Institute for the Sociology of Health and Medicine

WHO Collaborating Centre for Hospitals and Health Promotion Sponsored by the Austrian Federal Ministry of Health

Universitätsstr. 7/2 A-1010 Vienna Austria

New Phone +43 1 4277/48286  
New Fax +43 1 4277/48290  
E-mail hph.soc-gruwi@univie.ac.at



World Health Organization Regional Office for Europe

8, Scherfigsvej, DK-2100 Copenhagen Denmark

Phone +45-39 17 12 70  
Fax +45-39 17 18 70

## Conference Reports

moting Hospitals has managed to raise in Europe in the last years: Among the organisers were WHO-Regional Office for Europe, WHO Geneva, the Standing Committee of the Hospitals of the European Union, the European Commission, the International Union of Health Education and Health Promotion (IUHPE), the European Association of Hospital Managers. As local sponsors, the Austrian Federal Ministry for Labour, Health and Social Affairs, the Austrian Federal Ministry for Science and Traffic, the Austrian Workers Compensation Board, the City of Vienna, the Vienna Hospital Association, and the Healthy City Project of the City of Vienna supported the conference. The Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna acted as local host.

**Table 1: Participants at the 5th International Conference on Health Promoting Hospitals, Vienna, April 16-19, 1997**

Countries	Participants
A-Austria	77
UK-United Kingdom	42
D-Germany	39
S-Sweden	28
DK-Denmark	19
PL-Poland	19
IRL-Ireland	15
F-France	9
I-Italy	8
H-Hungary	7
N-Norway	7
B-Belgium	6
NL-The Netherlands	5
CZ-Czech Republic	4
SK-Slovak Republic	4
CH-Switzerland	3
FIN-Finland	3
GH-Ghana	3
NEP-Nepal	3
AUS-Australia	2
CDN-Canada	2
CL-Sri Lanka	2
EW-Estonia	2
GR-Greece	2
LT-Lithuania	2
BG-Bulgaria	1
ET-Egypt	1
IND-India	1
IS-Iceland	1
L-Luxembourg	1
P-Portugal	1
PE-Peru	1
RI-Indonesia	1

321 participants from 33 countries attended, mostly from Europe, but also from Africa, Asia, The Americas

and Australia. Compared to the participation at former International Conferences, the number of attendants increased by 15%. The international scope extended significantly by over 50% in comparison with the last conference in Londonderry.

The scientific program consisted of three plenary sessions, seven streams of oral presentations (over 100 presentations) and a poster presentation (60 posters). The conference was preceded by an internal Business Meeting and a Newcomer's Workshop and closed by two technical educational workshops (evaluation; organisational development and project management).

In the plenaries, there were four keynote lectures and two panel discussions. Director Ilona Kickbusch, WHO-Geneva, talked about «Reorienting Health Services» on a global level. This lecture was followed by a panel discussion on «Globalising HPH?». Dr. Ferdinand Siem-Tjam, WHO-Geneva chaired the session with contributions from Southeast Asia, the Eastern Mediterranean Region, Australia and Canada, demonstrating that, although hospital environments are very different between the regions of the world, HPH is a concept with a high potential also in other regions than Europe. Denis Doherty, President of the Standing Committee of the Hospitals of the European Union, presented his perspectives on Health Promoting Hospitals - Adding Value through Concerted Action, a lecture followed by a lively and very candid panel discussion, chaired by Kieran Hickey from Dublin. WHO Regional Advisor for Primary Health Care and Hospitals in Europe Milagros Garcia-Barbero gave an overview on the future of Health Services and Health Promoting Hospitals in Europe, and Professor Jürgen M. Pelikan from the Coordinating Centre of the HPH network provided a summary of the 4 year European Pilot Hospital Project of HPH. The major part of presentations and discussion took place in the parallel streams, each of which is reported upon below (for more details the Abstract Book can be ordered at a price of ATS 150,- at the co-ordinating Centre; we especially draw your attention to

the Conference Proceedings, which are just being published, see announcement on page 12).

The presentations at the conference clearly demonstrated the attractiveness and feasibility of HPH programmes, for all types of hospitals in a wide range of environments. Many of the papers managed to present some evidence on effectiveness concerning the specific aims and targets of the projects, and some provided information on cost-effectiveness. Some reports on projects that have been ongoing for some time provide encouraging evidence on sustainability. But the papers and the discussions also showed clearly that further model development and implementation, documentation, evaluation and systematic research are needed to be able to discriminate between successful and problematic strategies and programs and thus to contribute to quality assurance of HPH.

In the following section, co-ordinators of the parallel streams report on their experiences and thus giving an overview of the current scope of discussion in the HPH network.

*Hubert Lobnig, Karl Krajic, Vienna*

## Health Promotion for Hospital Patients

- Four sessions coordinated by Tamas Halmos (H) and Alf Trojan (D) focused on various medical, social, psychological and legal aspects.

### Patients' Rights

Johannes Pichler (A) and Kris Schutyser (B), who chaired the session, pointed out the importance of cooperation between patients and hospitals.

Prof. M. Belanger (F) spoke on «Patients' rights: A general international approach»; Mr. W. Mursa (D) presented «The patient charter of Alten Eichen as part of a strategy towards patient orientation and quality» and Ms. M. Zsifkovics and Mr. T. Russegger (A) talked about the «Experience of the Salzburger patient advocates».

## Conference Reports

The discussions illustrated the immense work that still has to be done in relation to health law and patients' rights. The general rules focusing on the doctor-patient relationship need to be tested and adapted in light of the more complicated relations that currently exists between patients, healthcare professional (also alternative medicine), institutions, healthcare and insurance systems. It was further illustrated that by making clear rules and informing patients of them, as part of the communication process of health promotion, patients can be empowered and their autonomy can result in a lot of harm being prevented. International organizations, associations, conferences and networks such as HPH are increasingly being given an important role in the development of patients rights.

Prof. Pichler found the best summary for this session in the preamble of WHO's Amsterdam declaration on the promotion of patients' rights (1994), which seeks:

l To reaffirm fundamental human rights in health care, and in particular to protect the dignity and integrity of the person and to promote respect of the patient as a person;

l To offer a set of common basic principles underlying the rights of patients for the consideration of Member States, which might be used when framing or reviewing patient care policies;

l To help patients obtain the fullest benefit from their use of the services of the health care system and mitigate the effects of any problems which they may experience with that system;

l To promote and sustain beneficial relationship between patients and health care providers and in particular to encourage a more active form of patient participation;

l To strengthen existing and afford new opportunities for dialogue between patients' organizations, health care providers, health administrations and wider societal interests;

l To focus national, regional and international attention on evolving needs in patients' rights and to foster closer international cooperation in this field;

l To ensure the protection of fundamental human rights and to promote

the humanization of assistance to all patients, including the most vulnerable such as children, psychiatric patients, the elderly or the severely ill.

*Kris Schutysen, Leuven*

### Health Education

Hartmut Berger (D) presented a model of psycho-education for schizophrenic patients and their relatives. The model documented that patients and their relatives could in many cases be educated together with fairly good results. Volker Bath (D) followed with a report on patients who underwent cystectomy, mainly as a result of bladder cancer with irreversible damage to the urinary storage system. In the Nord-west-Hospital-Frankfurt, an incontinence-support group was founded to handle these medical, financial and social problems. Tamas Halmos (H) presented three different types of patient education in three different types of chronic diseases: diabetes, asthma and alcohol-dependency. Best results were achieved in individual forms of education, however club movements are also needed by the patients.

Dorothea Langer (PL) presented a program of the I. Railway District of Warsaw against alcohol and drug abuse. This program is an ongoing one for students of the Railway Technical School in Warsaw.

Finally a complex program of Health Education was presented from the Upper Silesian Rehabilitation Center, from Poland by Anna Zielinska.

*Laszlo Kautzky, Budapest*

### Health Promoting Services for Woman and Families

l Breastfeeding projects were a main issue, the summary could be the slogan «Breast is best». Speakers from Ireland, the United Kingdom and Greece agreed that these programmes are of utmost importance both in somatic and psychological aspects. The gate keeping position of nurses, midwives and obstetrician for motivating, informing

assisting and pregnant women as well as the young mothers is evident. Management programs for breastfeeding promotion for the hospitals are delivered by WHO/EURO and UNICEF.

l Sexual abuse and its gynecological consequences are another important problems. A presenter argued that medical careers could be shortened as well as gynecological surgeries could be reduced, if doctors were more attentive to the symptoms of sexual abuse and violence. Educational programs were advocated. Models of good practice have been elaborated by the American Academy of Physicians.

l A curriculum especially for hospital staff in pediatrics, emergency medicine and gynecological for hospital staff in pediatrics, emergency medicine and gynecology hospitals as well as strategies for implementing prevention programs of violence within the family were reported in Austria under the patronage of the Ministry of Family affairs, the LBI for Women's health Research is working on this.

In gynecology/obstetrics several issues are relevant:

l Sexuality and teenager pregnancy

l Sexual abuse and gynecological disorders

l Psychological burdens and pregnancy outcomes

l Pregnancies and postpartal depression

l Health education in pregnancy (smoking, alcohol and drug abuse, nutrition)

l Informed consent and gynecological surgeries as well as psychological counseling are matters of great importance for crisis management and health promotion.

Gynecological and obstetrical hospitals present important opportunities for prevention strategies because almost all women use these medical settings. 50% do not define themselves as patients and are, especially during pregnancy, highly motivated to get health education or health promotion programs.

University hospitals in the USA offer a wide range of health promotion programs for women (teenagers, pregnant women and young mothers - as well as



### Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

Published by the Coordinating Centre for the International Network

Editor-in-Chief  
Jürgen M. Pelikar

Associate Editors  
Karl Krajič  
Hubert Lobnig

Editorial Assistant  
Martina Peclínovský

Chair of Editorial Board  
Milagros García-Barbero, WHO-Euro

Editorial Board  
Dominic Harrison, Prestor  
Anne Kaskonas, Glasgow  
Anne-Laurence Le Faou, Paris  
Ann O'Riordan, Dublin

Layout  
Alexander Popov

HPH-Design  
Ecke Bonk

## Conference Reports

elderly women). In Vienna a WHO model project was set up in the Semmelweis Frauenklinik during the last five years. Health promotion has set staff education programs as well as services on a priority list.

*Beate Wimmer-Puchinger, Vienna*

### Patients' Satisfaction

One of the most important aims of Health Promoting Hospital is the amelioration of patient care at all levels.

A humanistic and holistic approach is of paramount significance in the everyday work of the hospital.

In trying to improve treatment of patients the measurement of the patients' satisfaction is important; there are several options. Most of these methods are based on questionnaires filled out by patients after an interview. That this method is problematic as it does not really mirror the feelings and opinions of the patients. The lectures coming from the Czech Republic, Hungary and the UK agreed that this kind of evaluation provides a lot of information concerning hospital accreditation and quality improvement.

But some patients do not give true and sincere information or refuse to fill out the questionnaires because of fear of discrimination. Many patients cannot tell the difference between the actual and optimal level of health care.

All presenters agreed that besides the use of questionnaires other, more objective methods have to be applied in quality management to improve health services for patients and their families.

*Tamas Halmos, Laszlo Kautzky,  
Budapest*

### Health Promotion for Hospital Staff

- | **Promoting staff health in a care strategy not without contradictions**

### Interventions to Combat Organisational Stress

Any hospital wishing to give credibility to its work as a health promoting institution, must recognise that its ac-

tivities have the potential to generate stress amongst its employees. Recognition alone is not sufficient and the session gave distinct examples of attempts to prevent or reduce organisational stress. The presentation on pre-employment screening of stress disorders produced a lively debate on the ethical issues involved. Initial findings were presented from a pilot staff project for managing occupational hazards and a hospital's approach to helping staff come to terms with events following a major poisoning incident both gave valuable perspectives on this important issue.

*Stephen J. Ashcroft, Preston*

### Assessment of Health Status of Hospital Staff

There are many factors which impinge upon the health of staff in a hospital. Keeping staff healthy is an important strategy for managers to support in reducing expenditure on absence cover and maintaining efficiency in service delivery. This session covered some important topics in this regard - smoking prevalence amongst student nurses, a variety of interventions to promote and improve health and some causes of stress amongst staff.

### Interventions to Promote Health

In busy, modern hospitals, there are many opportunities for interventions which influence the health status of staff. This sessions addressed some important issues - for example back pain is a major cause of days lost in employment but one hospital has demonstrated the positive effect of back school training courses in reducing back pain. The difficulties encountered when trying to restrict smoking in a hospital were discussed even though 80% of staff were in favour of the restrictions. Finally, the importance of staff empowerment in avoidance of burnout was highlighted in a study from a psychiatric hospital.

*Pauline Fielding, Preston*

## Health Promoting Hospitals in their Communities

- | **Fostering the link with the community and its primary health care services is a central goal for HPH**

### Australian Experiences

The evaluation of a rural HPH pilot project was presented by Susan Baker of the Gatton Health Services (GHS). The objectives of the pilot project were:

- | to strengthen and support existing health promotion practice;
- | to identify major health concerns of GHS staff and Gatton Shire community;
- | to improve communication with GHS;
- | to collaborate with community service providers in the field of alcohol and drug abuse and
- | to raise awareness of the GHS HPH project within Gatton Shire and the Region.

The evaluation was carried out by analyzing project design, implementation process and results. Despite some initial methodological uncertainty a change process was developed with the HPH concept providing a system framework to review and enhance organizational structure and culture. At the end of pilot phase two HPH Project Officers were appointed to develop and disseminate the HPH concept in Queensland.

Judith Dwyer of the Flinders Medical Centre Adelaide described the experience of reorganisation and reorientation of health care services provide by Flinders Medical Centre and four major regional partners. To cope with the challenge of the introduction of managed care in Australia, these institutions signed a voluntary agreement committing them to form a single regional health service and to demonstrate the real potential for health gain for people and the improved access to health care. Using the principle «methods follow goals», the strategy of regionalization was based on the slogan «form follows function». The project

## Conference Reports

has been evaluated as a survival strategy for public health care agencies faced with a policy of managed care and increased competition between the public and private sector in health care.

### Accident Prevention

Kieran Hickey presented the results of a study on «Accidental Injury in Ireland - Priorities for Prevention», sponsored by the Office for Health Gain. They confirm the potential that hospitals have to influence policies and the education of the community in relation to accident prevention.

Sarifa Kabir (Preston Acute Hospitals NHS Trust) described a three years programme, carried out through alliances built in the community by the HPH, to assess and prevent accidents in children aged 0-16. After a very accurate epidemiological analysis of accidents, an information strategy was piloted within the hospitals and the community. The project is consistent with the HPH concept and the strategy «Health of the Nation». Its methods will be extended to other targets (i.e. overdoses and alcohol in young teenagers).

### Health promotion and communication in the community

Gunnar Baugut presented the experience of Klinikum Chemnitz on how to visualize what health promotion means. Following the example of Altnagelvin Hospital in Derry, the Chemnitz HPH created posters with the help of an artist. The main difficulty was to distinguish the concept of health promotion in the hospital and health promoting hospital, due to the peculiarities of the German health care system. A preliminary evaluation about the understanding of staff and community was carried out and an extended communication strategy is in progress.

Stig Erik Westmark (County Councillor and Chairman of the Health Board) and Hans Nielson (Consultant of Internal medicine) presented the experience of Bergslagen Hospital in Sweden in building a unifying HPH concept. It is an interesting example of cooperation between politicians and staff, and of a top down/bottom up approach, in

building a bridge between «science» and policymaking. In other words it is an example of building a public policy for health and reorienting health care services: This pilot experience will be extended to the whole County, to become a day by day activity, following two principles: creation of alliances in the community and cooperation.

Denise Richardson presented the experience of Burnly HPH in creating the hospital without walls, through a complex strategy involving management, staff patients and their families. A video was also shown to document results.

Hannes Schmidl focused the challenge for HPH in the light of health care reform in Austria. His presentation mainly dealt with the benefits of proactive communication. Communication must be understandable, honest, true, correct. It is not a trivial task and needs time, attention and training. He observed a gap, if not a contradiction, between the culture and self-image of the hospital (a highly professionalized organization) and the needs for communication and cooperation.

This last session was very stimulating, because several crucial topics were discussed:

- | the cultural, linguistic, political problems as crucial points to communicate a new concept;
- | the problems of communication in an extremely professionalized setting
- | the problems of building an appropriate information system consistent with the HPH concept in a very complex environment.

*Carlo Favaretti, Adria*

### Creating Healthy Hospital Organisations

- | **A wide range of topics of organisational development was covered in this stream**

### Coping with difficulties in creating healthy hospital organisations

Four papers dealing with actual and potential conflicts and tensions, within hospitals, were presented. The ten-

sions which arise can have different origins such as:

- | differing professional interests and objectives
- | inadequate cultural adjustment to change
- | inappropriate and ineffective organisational structures.

These causes of tension only become a major constraint on health care advancement if they are not understood and dealt with. The papers presented show how some hospitals are attempting to understand and deal with professional, cultural and structural clashes (Ajoulat & Martin, Paris), conflicts between hospitals and payers (Brandt and Neibuhr, Rüdersdorf, D) and the leadership/managerial role in orientating the hospital to health gain (Fielding and Harrison, Preston, UK). In the final paper of the session Karl Purzner provided some enlightening insights into recurrent causal elements which underlie disturbed communication. Purzner argues that the consequent tension and raised anxiety of this disturbed communication hinders organisational development. Effective conflict management, he goes on to say, requires better understanding of the causal factors and how to modify them by managers in the future.

### Improving Organisational Processes

In this session two papers were presented which examined opportunities to improve organisational processes by approaching the challenge from a Health Promotion perspective. In the first paper Rushmere and Christmas described an Audit and Accreditation tool for organisational development. The tool developed seeks to get health promotion into the business agenda of hospitals.

In the second paper Sidebottom, Buckley and Cresswell (Preston, UK) showed that by changing the admission procedure for elderly patients with femoral fractures they were able to reduce the length of time these patients spent in the accident department and also achieve a significant improvement in the overall level of care.



**Health Promoting Hospitals**

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

## Conference Reports

### Practical Examples

Four papers were presented, three of which reported practical examples of Health Promotion action. The fourth paper in the session from Möllering and Hintelman (Berlin, D) reported on an employee survey to measure the leadership, the satisfaction and the communication culture. The first paper from Doherty and McCloskey (Londonderry, N.IRL) reported the endeavours of Altnagelvin Hospital to raise awareness about harmful effects of smoking. The second paper from Fisher, Jackson & McEwan (Preston, UK) reported cost savings and environmental benefits of improved waste management processes. The third paper in the session described a one week training programme developed by Klinik St. Irmingard (Hildebrandt, Hüllemann and Kutschera, D) and involving patients with heart disease along with their partners. The programme provided training on diet, relaxation, exercise, impact of disease on partners and confidence building.

### Changing Hospital Organisations

In this session five papers were presented which examined the ways in which traditional hospital processes would need to change if the ideals of the Health Promoting Hospitals are to begin to be realised.

In the first paper, Ashcroft (Preston, UK), argues that managerial behaviour is not always informed by the need to increase employee discretion or to create a climate in which staff feel supported. Ashcroft goes on to suggest that managers should adopt an ethical framework within which their decision making can be placed. The ethical framework would permit managers to choose the better alternative for respecting human dignity. Without such an ethical framework Ashcroft argues that Health Promoting Hospitals can be misused by managers in the same way that any initiative can.

In the second paper Honeyman (Glasgow, UK) examines the nature of, and the limiting effects of communication deficits within a large acute hospital.

The findings from a survey of communication deficits have been used to formulate a strategy for improving communication. In discussion of this presentation and the context of other presentations communication deficit emerges as a symptom of much greater organisational structure/cultural adjustment deficit.

In the third paper Karski (Warsaw, PL) examined possibilities for the natural integration of multidisciplinary and inter-professional groups. Karski's paper concluded that individuals working in isolation one from another cannot possibly permit such a multi factorial concept as Health Promoting Hospitals to be progressed. The extent of change and pace of change demanded by Health Promoting Hospitals requires more and more people being able to work together.

The fourth paper, Le Faou, Ozguler and Nathan (Paris, F) described yet another initiative which challenges traditional managerial processes in the interest of nurturing closer collaborating between General Practitioners and the Vaugirard Hospital in Paris. Measures introduced to assist collaboration included the production for GP's of a guide listing the health professionals and socially oriented services, a gerontologic network between Vaugirard and the GP's in their district and a geriatric consultation service which permits GP's to seek a geriatrician's advice.

The final paper (Paul, Riedstadt, D) examined the potential of Health Promoting Hospitals to defend against the increasing anxiety faced by hospital organisations. Paul concluded that a Psycho-Organisational view can assist with understanding organisation anxiety and the potential for loss of effectiveness and thereby lead to better management of anxiety. Ultimately the way in which anxieties are managed will determine how effective the hospital is.

## Twenty Pathways to the Health Promoting Hospital

### HPH has proven to be a feasible concept for hospital development and health promotion in 19 hospitals throughout Europe

When the European WHO Pilot Hospital Project of HPH formally started in 1993, 20 hospitals from 11 countries from all parts of Europe, WHO Regional Office for Europe and the LBI in Vienna as Co-ordinating Centre had started a common journey into unknown territory.

Would hospitals be prepared to accept health promotion as an instrument to meet challenges? Would they be prepared to contribute to health promotion in their communities? Would it prove possible to adapt a comprehensive, but not very specific vision to the diverse realities of European hospitals? Would concrete, specific action arise from this participation? Would these programs and projects get adequately documented and evaluated to allow for a transfer of experiences beyond hospitals directly involved? Would it be possible to effectively cooperate in this project on a European level?

Four years after the start of the project, 19 of the 20 hospitals presented project summaries in Vienna. Only one hospital from Prague had withdrawn from the project beforehand, as a consequence of ongoing fundamental threats to its existence.

The 19 «survivors» reported on their experiences in four sessions. The general trend in the reports was:

l All 19 hospitals had managed to initiate and sustain a process in the overall hospital over the whole period, although activity and participation showed a wide variation between the hospitals and over time.

l All in all, the Pilot Hospitals had realised 149 specific subprojects - only 10% were cancelled, most of them are ongoing, half of them already evaluated in some form.

l The subprojects covered a wide range of issues concerning health of

## Conference Reports

patients, staff, the population in the community and attempted to develop «healthy hospital organisations».

More specific results of these projects are available in the Conference Proceedings, published in October 1997, and a Review Book to be published in April 1998.

Some personal remarks: From the perspective of someone responsible for co-ordinating the European project, it was fascinating to see how virtually all presenters were able to provide a balanced account of achievements and disappointments, with a positive summary in nearly all cases.

Through the ups and downs of a four year process, it had not always been clear whether this European «learning consortium» would be working, whether the support provided by the project structure, the co-ordinators and mutually between the hospitals would be sufficient to enable the local projects to come and stay alive even in very turbulent and difficult environments. Looking at the presentations, the answer seems to be: yes - they have managed. The most important factor for achieving this success might have been the competence, enthusiasm and stamina of the core project groups in the hospitals and the ongoing support from many of the sponsors of these projects. But it also might be considered a proof of the viability and usefulness of the comprehensive HPH concept, that the partners were able to stick to the idea although there was no international money in the project for them and the co-ordination had few resources as well.

*Karl Krajcic, Vienna*

*Margareta Kristenson, Linköping*

## Methodological and technical aspects of Health Promoting Hospitals

- **Demonstration of effectiveness and efficiency will be essential for HPH - more and more projects try to do so**

This stream seems to have interested a lot of people who made very good oral

presentations and to large audiences. The presentations were followed by warm discussions and many remarks. Some personal remarks:

On the subject itself: It is very hard to convince hospital managers, physicians and politicians that hospitals have to be not only a place dedicated to curative care, but also to promoting health care, education - hygiene. We will only succeed if we can show the efficiency and effectiveness of our projects, as well as the evaluation of the results of our work (undertaken with scientific methodology). Otherwise, physicians, managers and politicians will keep on believing that HPH is a very good idea but not a serious one.

The various sessions of Stream 6 showed that more and more projects are now being evaluated with indicators chosen at the beginning of the project as was demonstrated in projects from Germany, the United Kingdom, Austria, Lithuania and Italy.

Quality assurance and patient satisfaction, though they indeed are part of Health Promotion in hospitals, do not contain the whole of the HPH concept. It is obvious that the major target for the Western European countries (for politicians, financiers and managers) is to succeed in reducing health expenditure. If we manage to show the efficiency of Health Promotion initiatives in hospitals, HPH could become one of the corner stones of managed care in Europe (Helmut Hildebrandt, Hamburg, D). This was the major idea that emerged, as costs have to be reduced and quality of care increased at the same time.

*Dominique Jolly, Paris*

## HPH East and West

- **Economical and epidemiological environments are different, hospital problems are similar**

Participants of this Workshop included representatives from Western and Eastern National HPH Networks and individual HPH Hospitals. Discussion opened with some remarks being made

on the different historical pathways of the two European Regions after World War II. These differences also affected the development of the health care system, including the hospitals in these countries.

At the one hand participants came more and more to a conclusion, that despite social and economical differences, health care systems including hospitals in both regions are experiencing very similar problems. On the other hand, existing differences in the health status of the populations in the two European Regions are creating different health care demands, including hospitalisation needs and other possibilities. Nevertheless, all European countries working on health care reform are trying to improve utilisation, accessibility, function and finances of the health care system. These factors are conditioning work and creating problems for all health care providers including hospitals both in Western and Eastern European countries. There is the expectation that WHO Health Promoting Hospitals (HPH) Projects will help solve some of these problems.

*Jerzy Karski, Warsaw*

*Laszlo Kautzky, Budapest*

## Quality Management: Examples from the Vienna Hospital Association

- **The Vienna Hospital Association is currently running several large scale quality programs**

The Vienna Hospital Association owned by the community of Vienna is a large organization divided into the following parts:

- general directorate
- 20 hospitals of different kinds and sizes
- 10 nursing-homes/geriatric-center and nursing-homes for disabled people

16.300 beds, 32.000 employees, 325.000 in-patients per year, budget per year: about 29.5 billion ATS.

In the late eighties the organizational development department was charged



**Health Promoting Hospitals**

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

## List of authors

- Mr. Stephen J. Ashcroft  
Chief Executive  
Preston Acute Hospitals  
NHS Trust  
Sharoe Green Lane  
Preston PR2 4HT  
UK-England  
Tel. +44/1772/10692  
Fax. +44/1772/10194
- Dr. Carlo Favaretti  
ULSS No 19  
Via Badini n 57  
Tel. ++39/426/940513  
Fax. ++39/426/940546

## Conference Reports

with the development of a improvement strategy.

Steps of draft development:

A major step in 1993 was a competition between the hospitals and nursing-homes of the Vienna Hospital Association - six winners were selected. The modellproject started with these organisations in 1994. 1997 will see the evaluation and end of the project.

The Total Quality Management-system have been built up in 6 institutions of the Vienna Hospital Association consists of five cornerstones:

- | The introduction of the QM-structure: (Presentation:Mag. Ursula Dickbauer) To reach real quality improvement a clearly defined QM-structure has to be installed (this is: QM-conference, quality-manager, several QM-co-ordinatores, quality-circles, quality-committees) parallel to the normal structure.
- | All the QM-training and education seminars are organised interdisciplinary. Each course unites members of different health organizations, leading to satisfying learning effect and exchange of experience.
- | The QM-project has to be coordinated in its relationship to other projects.
- | The implementation of TQM needs project-marketing-strategies in order to involve staff-members in the quality-process and public relation so that customers learn about the quality efforts.
- | Coordination, organization, documentation and evaluation: Project-management and controlling is mainly the duty of the QM-conference and of the quality-manager.

### Quality Circle in Geriatric Hospitals

The number of multi-morbid geriatric patients has increased within the last three decades. In order to cope with this problem, the structure of the organizations has to be changed according to the specific needs of this group of patients. (Presentation: Dr. Gerald Gatterer)

## Case Studies

As quality of life, rehabilitation and living in the former neighbourhood are the primary needs of old patients in stationary fields, these aspects have been focused. New structure of treatment and care concepts based on TQM have been established with the main goal of the psychosocial rehabilitation and reintegration of geriatric patients in their former neighbourhood. The results of a three year period show the method being effective: the number of rehabilitated patients has increased, the satisfaction of patients and employees has increased too.

### Quality circle in a general hospital without TQM-structure.

QM is thought to be an effective instrument to create a new way of cooperation between the various professional groups in a general hospital. The current hierarchical system and current behavioural patterns make first steps to find that new identity very difficult. OA. Dr. Johann Donis presented a project that tried to find a way to motivate coworkers to take part in a quality circle and observed how step by step the mechanisms of a TQM-system began to work. The struggles to make things measurable and clear were presented and first results discussed.

*Gabriele Strohmeier, Vienna*

## Health Promotion: The Contribution to Strategic Reorientation and Organizational Development

### | St. Bernward Krankenhaus Hildesheim participated successfully in the European Pilot Hospital Project 1993-1997

Four years ago the general management of St. Bernward Krankenhaus decided to adept the approach of health promotion in hospitals to further develop their hospital. This decision was taken

within an environment where it seemed extremely important to develop ideas and strategies that might improve the competitiveness of the hospital, the strategic goals as well as the commitment of staff.

St. Bernward Hospital is a medium size hospital (1.150 staff) owned by the Bishop of Hildesheim and the Congregation of St. Vincent. It is located near the centre of the city and looks back onto a long and succesfull tradition. Regarding itself as a modern enterprise the hospital tries to maintain its christian values and identity. In medicine and health care the hospital offers the common services with specialization in some areas. New services are being developed to meet to new needs.

Participation in the International Health Promoting Hospitals Network has been planned to support the overall strategy of organizational development and innovation. Staff members were expected to take part in this process and contribute to the solution of apparent challenges. The tasks for the subprojects had been chosen in areas where both, health promotion and organizational development, could be focused on the same issue. As a result, project work was focused on the following subprojects:

- | Admission unit: Put the people first
- | Health promotion and health counselling: Information and guidance for health
- | Improving interprofessional and intersectoral collaboration in the hospital
- | Computers and computer-networks: Challenges to and benefits for health promotion
- | Quality management in the operating theatre

More than three years ago, work started with the first subproject. Since then, five subprojects started one after the other in a sequenced of 6 months. During this time some 80 staff members have collaborated in project teams. Many others have been included when needed. The overall staff has been informed regularly via a project newsletter, special events and posters. The HPH-project has been steered by a

## Case Studies

joint project committee, including the hospital's general management and the external consultants (a team of the University of Hildesheim). The workers council in the hospital has been invited regularly to the project committee for information and discussion of upcoming issues. Right from the beginning of the project evaluation has been established. Project teams have answered questionnaires regularly. The members of the project committee as well as the directors of clinics and departments have been interviewed several times. Patients, their relatives and external suppliers were also interviewed. The result have been presented in several interim reports. Results and strategies have been subsequently presented to other hospitals in the region, to insurance companies, to politicians and the public.

### Results of Subprojects

What are the results? What has been successful regarding the goals and intentions? What has failed? Which questions still remain?

Subproject I (Admission unit) started with a very eager group, including staff members with different backgrounds, some working in the admission unit, some not, some being nurses, some doctors. This project team developed a solution for the reconstruction of the admission unit in order to reach a more patient- and staff-friendly environment at the entrance of the hospital. Then the organization of the unit, the challenge of development of standards for the quality of the services, the introduction of new legal regulations in a manner that supports staff and also helps patients have been undertaken. In summer 1997, the project team has concluded its final report. The story of this project contains successes and failures. Convincing and practically stable solutions were developed, but it proved difficult to change the internal understanding and culture of the admission unit itself. As some of the staff members of this unit did not take part in the project work transfer of learning got stuck at operational barriers. Even if the management partly joined project

work, there remains some more development to be done. Health promotion and patient- (i.e. customer-) friendliness as basic guidelines for daily work still have to be improved. The hospital management however has also received some recommendations for further development from the project team and the external consultants.

Subproject II (Health Promotion/Health Counselling) succeeded in installing a Health Promotion Information Centre in the St. Bernward Hospital. This centre was organized with some external partners (such as insurance companies and sports clubs) and is working very well, offering a great number and variety of courses and events for health promotion. Employees of the hospital increasingly offer their knowledge to patients, staff members and the public. Some effort has been spent to introduce drug counselling for patients and doctors as well as homeopathic treatment as a part of the hospital's services. In these areas there is still work-in-progress. Project work shows that most often it may be easier to invent new products (such as health promotion course and counselling) than to change existing procedures in the hospital.

Subproject III (Collaboration in the hospital) focused on an area which promised significant gains regarding more comfort, decreasing stress and waste of money. A patient-centered reorganisation of hospitals schedules was expected to provide an extremely important contribution to the overall modernization of the hospital. The project team successfully developed new models for ward organization, time schedules and cooperation between wards and other departments. At the same time the project team and the project management had to learn that it can be a very demanding challenge to deal with structural innovation in the traditional setting of the hospital. Development and the structural anchoring of patient-centered care and development of health promoting procedures still are in an experimental stage. After the project in its first phase finished in spring last year, two subgroups continued working at special

tasks, facilitated by internal staff members with some newly gained experience and knowhow in facilitating groups as well as in project management.

Subproject IV deals with the benefits and the impacts (and also the barriers) of the implementation of (in-house-)computer-networks for health and health promotion of patients and staff. The progress in this area depends on many (external) preconditions in the development of hardware, software and organizational aspects. Consequently the project team focussed on the impacts for hospital staff more than on the potential benefits for patients. The most important results have been achieved in designing the process of implementation (information, participation of staff involved, preparation, training and problemsolving in «knowledge networks» within staff) as well as in improving health promotion at the workplace (how to implement ergonomic aspects into daily work, integration of health promoting design into planning process, counselling). There have been some recommendations for internal information policy and for a patient-centered reorganization in conjunction with the use of internal information-networks.

Subproject V - which deals with quality management in the operation theatre - is on its way to solve some really embarrassing problems with the restructuring of work routines, responsibilities and rules. Health gain is regarded to be an outcome of patient-friendly and high quality routines in this department. Collaborating with other initiatives in the field, the project team is defining standards for high quality procedures and preparing the implementation plan. Apparently this project tries to bridge the approaches of health promotion and quality management in a hospital.

### Overall Developments

What about the HPH-project in total? The goals and the expectations at the beginning of HPH-pilot project had been very high. Health promotion should contribute to the reorientation of the hospital, project management in



### Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

#### List of authors (continued)

- Dr. Pauline Fielding  
Preston Acute Hospitals  
NHS Trust  
Sharoe Green Lane  
Preston PR2 4HT  
UK-England  
Tel. +44/1772/710802  
Fax. +44/1772/710194
- Prof. Dr. Tamas Halmos
- Dr. Laszlo Kautzky  
Koranyi Institute  
Pihenő ut 1  
H-1529 Budapest XII  
Tel. +36/12002879  
Fax. +36/12002879
- Prof. Dominique Jolly  
Assistance Publique  
Hopitaux de Paris  
Direction des Affaires  
Internationales  
2, rue Saint-Martin  
F-75004 Paris  
Tel. +33/1/40274137  
Fax. +33/1/40274164
- Jerzy B. Karski  
PhD. MD, FICS  
Coordinator of the Polish  
Network of Health  
Promoting Hospitals  
The Polish HPHs Network  
Coordination Center  
National Centre for Health  
System Management  
Ul. Długa 38/40  
PL-00 238 Warszawa  
Tel. +48/22/635.36.20  
Fax. +48/22/831.47.12
- Dr. Margareta Kristenson  
Centre for Public Health  
Science  
S-58185 Linköping  
Tel. +46/13225075  
Fax. +46/13225095  
E-mail:  
margareta.kristenson  
@fhvc.lio.se
- Mr. Ted Mavor  
Grand River Hospital  
P.O. Box 9056  
Kitchener,  
Ontario N2G 1G3  
Canada  
Tel. +1/519/749-4300  
Fax. +1/519/749-4208
- Mr. Raymond McCartney  
Altnagelvin Hospitals  
NHS Trust  
Glenshane Road  
Londonderry BT47 1SB  
UK-N.Ireland  
Tel. +44/1504/45171  
Fax. +44/1504/611222

## Case Studies

conjunction with organizational development should serve as strong methods. All this should improve the ability of the organization as well as of staff to cope with the emerging challenges in a changing environment. This must be kept in mind if the results are to be evaluated. There have been successes, both in the area of health promotion as a lively element in the hospital, and in the implementation of project methods and change management. However, there remain some steps still to be taken until the goals mentioned will be achieved. As a result of the experiences during the HPH-pilot project, project work will continue but it will be focussed on more specific tasks. Health promotion will remain a core issue in the St. Bernward Krankenhaus, but of course it will have to compete with other goals and issues. Accordingly the task of bringing together quality management and health promotion is already on schedule. Staff members who join (or joined) project teams learned a lot about problemsolving, team-work, commitment - and last but not least - about health promotion at the workplace and with patients. However, they often expressed the feeling of existing in «different worlds». This can also be judged as a part of the success-story of the pilot project. Dealing with a project like this, it always may be wise to ask whether it will show to be merely an episode in the life of the organization. Further development will be different from the situation during the HPH project, but there will be much more than reminiscences, there are also achievements and new steps towards a modern, competitive and health promoting hospital.

*Erwin Wagner, Hildesheim*

## Promoting Staff Health in Bremen's Hospital

- | **The report presents preliminary results of a campaign against staff infections in Bremen**

In 1992, after a two-year period of conceptual development, the campaign

entitled «Useful health and safety regulations in the health care system» commenced. This three-year campaign involving a number of different hospitals in Bremen, focused on three main topics in the prevention of infectious diseases among hospital staff.

The topics chosen were:

- | Needlestick exposure and comparable injuries
- | Different methods of skin protection
- | Protection against aerosols

The main objectives of the campaign were:

- | to develop a profound understanding of safety regulations, by making the safer habit the easier habit.
- | to establish a permanent curriculum for further education
- | to practice the most important steps for safer habits

Elements considered important to the success of the campaign included:

- | Use of attractive promotional materials
- | Promoting communication among the staff
- | Introducing technical aid into everyday practice

## Realisation

Institutional involvement and active participation by employees in the different hospitals was considered vitally important. A multi-professional working group drawn from the participating hospitals was responsible for the development of the promotional materials used in the campaign. In addition, each hospital selected up to 20 facilitators and sent them twice a year to a two-day-seminar focusing on various topics. These facilitators (doctors, nurses, technicians) are organising the setting up of the campaign in their own hospitals, according to their specific requirements. In this way, the basic structure of overall campaign could be adapted to meet the specific needs of each institution.

When developing our programme, the importance of protective equipment

## Inter-Continental Perspectives

was underestimated. Besides promotional material and communication, changing specific equipment also alters very concrete habits. A new injection and blood sample collection tray with a closable liquid-tight puncture-resistant container was introduced to avoid «recapping». Gloves in accordance with new European norms were purchased in all public hospitals. Since the start, hospitals have been testing different products that protect and restore skin, especially those for hands. Despite the many financial limitations suffered during the campaign, the important parts of the planned campaign were successfully realised by sharing the costs among all institutions (ECU 50.000,—/year). Four years after the start of the campaign promising results can be presented. Other fields of medicine and nursing will hopefully become involved in the next few years.

*Hubertus von Schwarzkopf, Bremen*

## Beacons in the Community

- | **Canadian hospitals take action for health - a network is growing in Ontario**

Health care delivery in Canada is changing and changing fast. The system is no longer propelled by humanitarian considerations. High costs, deficits, budgets, money, or more likely the lack of it, are changing the system. The cold, hard economic reality is that we can no longer afford the present health care system. Health care delivery is being transformed, and the new health model gives top priority to prevention and the responsibility of the individual in that prevention.

In the province of Ontario, one of 10 provinces in Canada, with a population of 11 million people, many sectors including health care are being forced to partner together. Current health care reform demands sharing of resources, collaboration, improved efficiency and research. As a result, many hospitals are strengthening their alliances not

## Inter-Continental Perspectives

only with community partners, but also between themselves. Partnerships are seen as a key to the future.

The Canadian Council's Health Services Accreditation Guide requires that goals and objectives for health promotion be included in hospital mission statements. Each hospital varies in their commitment to health promotion. While some hospitals do not yet believe they have a role to play, others have incorporated health promotion into their strategic plans.

The Honourable Marc Lalonde, father of modern day health promotion (Lalonde Report, 1974), stated at a conference in Waterloo, Ontario, Canada that:

«...tight financial realities should be an encouragement rather than a deterrent to accentuating health promotion in the community. Hospitals should be beacons for health matters in their community.»

## Initiating a Network

Many Ontario hospitals are involved in health promotion activities. In 1993, recognizing the need to further develop and raise the profile of health promotion in hospitals, a group of health promotion practitioners from five hospitals, in consultation with the Centre for Health Promotion at the University of Toronto, initiated the Hospital Health Promotion Interest Group. These members felt that the chemistry was right for this alliance since there was a spirit of cooperation, and hospital health promotion would be enhanced - ultimately to improve the health of those we serve. Now this "grass roots" initiated interest group has evolved into the Health Promoting Hospital Network (HPH), including 29 Ontario hospitals, and is expanding across the country.

Members provide advice and assistance to others getting started in health promotion, help raise the hospital's health promotion profile, and provide a forum for hospital-based health promotion. Opportunities for collaboration (i.e., developing a speaker's bureau) and resource sharing (i.e., joint hiring of Master of Health Promotion

students), as well as research and evaluation, have been undertaken. The research initiatives of one of the Network's members (the Oakville Trafalgar Memorial Hospital) re-enforced the importance that hospitals' involvement in health promotion should not duplicate services already provided by the community. A national quarterly newsletter, sponsored by private sources, is being produced as of September 1997.

## Creating Healthy Alliances

A number of hospitals are developing alliances with various community sectors to achieve broad health promotion strategies. This leadership in health matters is being demonstrated in a number of ways. For example, the Grand River Hospital and the Community Health Department in partnership with the City of Kitchener, organized a major two-day health symposium for their staff and the residents living in the Region of Waterloo. Through joint planning, the workshops and health fair were designed to create awareness of the principles of health promotion and of the broad determinants of health. Also, the Grand River Hospital in association with the Community Health Department and a television cable company are producing television programming to promote health and wellness.

Other hospitals are facilitating education and support both within and outside of the institution (Hospitals Without Walls). For example, Toronto's Hospital for Sick Children and Hamilton's St. Joseph's Community Health Centre have developed information and resource centres which aim to help patients, families, staff and community, cope with disease and disability. Although the Provincial health promoting funding has been "frozen" and there has been no federal financial assistance for the HPH project, other initiatives are helping. In Ontario, a provincial health services restructuring commission is re-organizing the hospital sector which is initially focused on treating illness and reducing disability. This Commission believes

## Announcements

the new health services system must have a broader focus to optimize the health of the population, including a more encompassing concept of health - keeping people well in addition to looking after them when they are sick. This concept is in keeping with Marc Lalonde's vision for hospitals, "beacons in the community", and the concept of the health promoting hospital. Many Canadian hospitals are making a commitment to health promotion, disease prevention and health maintenance. What more influential and credible institution to utilize its many professionals to help keep their community healthy? The Canadian HPH Network is a growing concept in these times of controlling costs which requires both curative (downstream) and preventative (upstream) approaches. The HPH Network partnership, making use of its members' complimentary strengths and resources, is generating a synergy and momentum for hospital health promotion. We will make a difference in the Canadian health care system of the 21st century.

*Ted Mavor, Ontario*

## 1st European Health Education Award

### A call for entries - deadline December 31, 1997

For the first time in Europe, an European health education award is being organized. The award will recompense seven innovative and relevant actions in the field of health education carried out in the 15 member states of the European Union.

The award ceremony will take place in Lyons (France), in April 1998. All health education specialists are allowed to compete in the award; they may be individuals or represent a working team, and the experience presented may be carried out on a local, regional or national scale.

30.000 Euros in total will be awarded. Applications for the award shall be



## Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

A Multi City Action Plan of the Healthy Cities Project

### List of authors (continued)

- | Ms. Ann O'Riordan  
National HPH Network  
c/o JCM Hospital  
Blanchardstown  
IRL-Dublin 15  
Tel. +353/1/82.13.844  
Fax. +353/1/82.03.565
- | Prof. Dr. Kris Schutyser  
Secretary-General HOPE  
Standing Committee of  
the Hospitals of the  
European Union  
Kapucijnenvoer 35  
B-3000 Leuven  
Tel. +32/16/336902  
Fax. +32/16/336906  
E-mail:  
hope@geo2.poptel.org.uk
- | Dr. Hubertus von  
Schwarzkopf  
Zentralkrankenhaus St.-  
Jürgen-Str.  
Betriebsärztlicher Dienst  
St.-Jürgen-Straße  
D-28205 Bremen  
Tel. +49/421/497.3268  
Fax. +49/421/497.3492
- | Ms. Gabriele Strohmeier  
Qualitymanager  
Wiener Krankenanstalten-  
verbund, Stabstelle  
Organisationsentwicklung  
Schottenring 25/4. Stock  
A-1010 Vienna  
Tel. +43/1/53114-87754  
Fax. +43/1/53114-7931
- | Dr. Erwin Wagner  
Process Manager  
Universität Hildesheim  
Marienburger Platz 22  
D-31141 Hildesheim  
Tel. +49/5121/88.35.80  
Fax. +49/5121/88.35.92
- | Univ. Prof. Dr. Beate  
Wimmer-Puchinger  
Ludwig Boltzmann Institut  
für Frauengesundheits-  
forschung  
Bastienng. 36-38  
A-1180 Vienna  
Tel. +43/1/47615-362  
Fax. +43/1/47615-307

## Announcements

deposited between May 2 and December 31, 1997. We have already invited potential candidates to ask for an application form, available in the eleven languages of the European Community. The address is:

ADES du Rhone  
71 Quai Jules Courmont  
69002 Lyon (France)  
Tel. (00 33) 4 78 37 65 68  
Fax. (00 33) 4 78 42 87 38

ADESR (Association Départementale d'Education pour la Santé du Rhone), a local agency specializing in health education for Lyons and the Rhone area, is responsible for the organization of the award. The sponsors are the European Community, «Conseil Général du Rhone», a local council for the Rhone area, the French Committee for Health Education («Comité Français d'Education pour la Santé»), Pateur Mberieux MSD laboratories.

Queries to:  
Caroline FAESCH -  
Elisabeth LOCARD  
ADESR - Tel. (00 33) 4 78 37 65 68

## 6th International Conference on Health Promoting Hospitals

**Date and Venue:  
Darmstadt, Germany,  
April 29 - May 2, 1998**

Title: «Health Promoting Hospitals: Healthy Workplace, Clinical Centre of Excellence, Partner for Comprehensive Care, Ally for Public Health + Health Promoting Psychiatric Hospitals»

Contributions in all areas of Health Promoting Hospitals are invited. The Scientific Committee has decided to specifically focus the following issues:

- | Health Promotion and Clinical Medicine
- | Healthy Workplace: Keeping hospital staff healthy in times of increasing pressure for change

| The Health Promoting Psychiatric Hospital + The Promotion of Mental Health

Co-Organisers of the conference:

- | WHO - Regional Office for Europe
- | European Commission (request)
- | HOPE (Standing Committee of the Hospitals of the European Union)
- | IUHPE (International Union for Health Promotion and Education)
- | European Association of Hospital Managers
- | Philipphospital Riedstadt/Germany (local host)

**Deadline for contributions:  
December 12, 1997**

**Please contact for further information:**

Mag. Christina Dietscher  
Ludwig Boltzmann Institute for the Sociology of Health and Medicine,  
Universitätsstraße 7/2  
A-1010 Vienna  
Tel: ++43/1/4277-48282  
Fax: ++43/1/4277-48290  
e-mail: hph.soc-gruwi@univie.ac.at

## Proceedings of the 5th International Conference on HPH

Edited by Juergen M. Pelikan, Karl Krajic and Hubert Lobnig; published by G. Conrad, Verlag fuer Gesundheitsfoerderung, November 1997. Approx. 250 pages, Subscription rate ATS 380.- Please send orders to the HPH Co-ordinating Centre (will be forwarded to the publisher).

## HPH Newsletter No. 11

Deadline for contributions:  
January 31, 1998.

Please contact the co-ordinating centre for details on submission of contributions

## IUHPE Conference in Israel, November 1997

The 4th European Conference of the International Union for Health Promotion and Education, focussing on «Health Promoting Settings: Beyond Ideology» will be held in Herzlyia, Israel (changed from Jerusalem), from November 9-12, 1997. The following five topics will set the agenda: 1. Methodology, 2. Social Trends and Health Promotion Strategies, 3. Organisational and Community Development, 4. Alliance building, and 5. Evaluation and Quality Assurance. Besides other settings, health promoting hospitals as a special setting and health promotion within health care settings in general will be dealt with in parallel sessions, discussion groups, workshops and poster sessions. Therefore, this conference should be of great interest for persons involved in enhancing health promotion within hospitals and the health care.

For further details, please contact the conference secretariat:

Dan Knassim Ltd. , P.O. Box 1931  
52118 Ramat Gan, Israel  
Tel.: 972-3-6133340-214  
Fax: 972-3-6133341  
or

IUHPE/EURO  
Ms. Janine Vervoordelonk , P.O. Box 500 , 3440 AM Woerden, The Netherlands  
Tel.: 31348437631  
Fax: 31348437666

## European Co-ordinating Centre: New Phone and Fax

Please note new Phone and Fax addresses of LBIMGS, HPH Co-ordinating Centre. Changes will be effective as of October 15, 1997.

**Phone:** ++43/1/4277-48287 (Secretariat), -48281 (H.Lobnig), -48282 (C. Diet-scher), -48283 (K.Krajic), -48203 (J.Pelikan)

**Fax:** ++43/1/4277-48290

Postal address + e-mail unchanged.