

Newsletter

No 17 · October 2001

Editorial: Strategic Perspectives

The 9th International Conference on Health Promoting Hospitals (HPH) "Health Promoting Hospitals in a National Health Policy Perspective – Evidence in Health Promotion" marked an important step in the development of the HPH movement.

During the conference, many keynote presentations, paper and poster presentations have specifically addressed the notion of evidence in health promotion. Compelling evidence is now available for many individual-oriented interventions (e.g. brief health education interventions for smoking cessation), and a comprehensive methodological repertoire for their evaluation exists. However, complex interventions (such as organisational or community development), promise to be more effective in the long run, but in this area the methodological debate is still going on. In order to advance this debate and to strengthen the evidence-base, we set up two working groups: the first concentrating on standards for Health Promoting Hospitals, and the second focusing on the broader organisational aspects in the evaluation of health promotion activities.

The second main issue at the recent conference was the role of national health policy players in the development of Health Promoting Hospitals. It is evident that national and regional health policies clearly can have an enhancing effect on the development of HPH. The host country of the conference, Denmark, serves as an excellent example with most of its hospitals belonging to the HPH network. Ireland is another good example where the recognition and funding of HPH at national level has had a positive effect on the development of the Health Promoting Hospitals Movement. On the other hand, substantial lack of governmental support and ongoing health policy reforms focusing on cost-con-

tainment undoubtedly have a detrimental effect, not only for the development of Health Promoting Hospitals, but for the motivation of health service staff in general. Since it is clear that the success to expand the Health Promoting Hospitals Movement and to reorient health services depends very much on the overall characteristics of health systems (such as the financing of the health system, reimbursement procedures for hospital services, working conditions of staff and the involvement of patients, consumers & citizens in political decisions), these issues will be dealt with during the next International HPH Conference.

Excellent work has been carried out in HPH over the last years. Yet, there is still a great potential for improvement, and many tools for implementation and evaluation still have to be developed. In order to achieve the vision of "reorienting health services" as set out in the Ottawa Charter we need to further enlarge the scope of HPH: from time-limited projects, over established routine activities towards organisation wide implementation. In the efforts to make health promotion a cross-sectional function in hospital decision-making, it is promising to see its close relationship to quality-development initiatives. The workforce on EFQM & HPH and a new task force on organisational development will further support this process by expanding health promotion to an activity that represents an overall organisational value. These issues mark important cornerstones for the strategic development of HPH and will be addressed at the 10th International Conference on Health Promoting Hospitals Bratislava, Slovakia, from May 15 - 17, 2002. In addition to expanding the ongoing work in those countries that belong already to the HPH network, we also do hope that the geographical location of the next HPH conference offers the opportunity to attract new members and to involve those countries that are cur-

rently not yet represented in the International Network.

*Mila Garcia-Barbero,
WHO-Regional Office for Integrated
Health Care Services, Barcelona*

9th International Conference on Health Promoting Hospitals

- The 9th IC in Copenhagen was a big success.

About 400 health professionals, health promotion experts, health administrators, health managers and politicians from 31 different countries attended the 9th International Conference on Health Promoting Hospitals, May 16 – 18, 2001.

The Conference took place in Copenhagen, Denmark, and was hosted by the Danish Network of Health Promoting Hospitals and Bispebjerg Hospital in co-operation with the Danish Ministry of Health.

The participants were officially welcomed to Copenhagen by Peter Martinussen, Mayor of Health, at a reception in the City Hall of Copenhagen.

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Health
Promoting
Hospitals

An International
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by the
WHO Regional
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Europe



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Conference Reports

Plenary Presentations

A representative from the Ministry of Health, Dr. Mila Garcia-Barbero from WHO–European Office for Integrated Health Care Services, and Dr. Svend Juul Joergensen, Medical Director of Bispebjerg Hospital, opened the conference.

The plenary program addressed the following main topics: Health Problems in Europe, Evidence Based Health Promotion, National Health Policies, Social Inequality and Change of Clinical Practice.

Prof. Martin McKee, England, presented a lively and thorough overview of the future challenges to health care in Europe. He underlined that demographic changes, evolving patterns of disease, and rising public expectations make it necessary for hospitals to develop new ways of working and to be flexible. During his presentation he came up with many concrete examples of the contribution that health promoting hospitals might make with regard to these challenges. Finally he concluded that Health Promoting Hospitals should proactively assess the health needs of the population they serve, actively respond to the health needs of those whose voices are not heard and remember their responsibility towards their staff.

Evidence base

The plenary session on evidence based health promotion was opened by Prof. Thorkild I. A. Soerensen, Denmark. He underlined that health promotion programmes, like any other medical services, must be evidence-based to the extent possible. Prof. Penelope Hawe, Canada, advocated that, in evaluating health promotion interventions, increased attention should be paid to the systematic measurement of the context in which a health promotion program is placed. This will contribute to providing a more comprehensive appreciation of how and why an intervention is working, and to the establishing of an evidence hierarchy in health promotion, which to a larger extent captures the realities of practice. Prof.

Gilles Chatellier, France, completed the plenary session about evidence based health promotion by presenting risk prediction models as examples of applied evidence based health promotion programmes carried out at the totally computerised hospital Georges Pompidou in Paris.

Health Promoting Hospitals in their National Health Policy Environments

Dr. Anna Ritsatakis, WHO, presented the development of national health policies in Europe, focusing especially on some of the new national health policies (UK, Sweden, Denmark). She pointed out that the fact that national health policies are focusing more on the underlying determinants of health presents a new set of challenges and opportunities for HPH. Hospitals have to rethink their role in providing integrated health care and sustainable health development for patients and their families as well as a healthy workplace for their staff, and in providing leadership in the communities which they serve for a fairer chance for health for all members of society.

The presentation was followed by a panel discussion, with Johannes Vang, Sweden, Yannis Tountas, Greece, and Irena Miseviciene, Lithuania as participants. The three national HPH coordinators gave a good description of how the development of national health policy has influenced and supported the activities of HPHs in their countries.

Conclusions

Prof. Finn Diderichsen, Sweden, presented a model showing the complex interaction between the different mechanisms that generate social inequalities in health. He underlined that the hospitals' interface with susceptible groups in the population provides an opportunity to intervene with regard to the adverse effects across socioeconomic groups of differential exposure and differential susceptibility to health determinants. Furthermore he stressed that the long term follow up of

patients, including rehabilitation, plays a crucial role for the effects on the disease burden of differential consequences of illness.

Dr. Leif Rentzhog, Sweden, discussed the role of evidence in changing clinical practice and pointed out that "no evidence is not the same as evidence of no effect". Lillian Moeller, Denmark, Ann O'Riordan, Ireland, and Simone Tasso, Italy, participated in the subsequent panel, aiming to discuss the role of the national HPH Network in changing clinical practice. The 3 presentations clearly demonstrated the different ways of organising the work of the networks. They also demonstrated the importance of exchanging experiences on concrete methods and strategies for a systematic implementation of health promoting programmes in clinical practice.

Oral and poster presentations

61 oral presentations in 11 parallel sessions contributed to show the broadness of health promotion activities in relation to Health Promoting Hospitals. 125 posters were presented on 2 days, and a separate display of posters on the various national and regional HPH Networks completed the picture.

The four major areas of the HPH concept (health promotion for hospital patients, for hospital staff, for the community population, and creating "healthy" hospital organisations) were dealt with in sessions focusing on "Evidence based health promotion methods", "Smoke free hospitals", "Health education programmes" and "Hospital staff and stress".

As a new element, the programme included five sessions based on presentations of concrete projects regarding the implementation of evidence based health promotion programmes in clinical practice. These dealt with "Cardiac Rehabilitation and risk factors", "Diabetes", "Asthma/Chronic Obstructive Lung Disease", "Psychiatry" and "Lifestyle related risk factors in surgery". Each of these was chaired by a representative of the Scientific Committee in collaboration with a local co-chair-

Conference Reports

person – a clinical specialist. This arrangement turned out to be a good combination and caused some lively and substantial discussions during the sessions.

The sessions were well –attended not least by clinicians, and it is highly recommended to continue with this kind of sessions in future HPH conferences.

Workshops

A pre-conference workshop for HPH newcomers dealt with basic principles of the HPH concept and its implementation in a hospital. The workshop focused on HPH in the perspective of the 3 main hospital professions - the medical, management and nursing perspective. Another workshop dealt with the EFQM (European Foundation for Quality Management) Model as applied to HPH.

Perspectives

Dr. Finn Kamper-Joergensen, Denmark, had taken on the responsibility to reflect and put into perspective the different contributions from the conference. The following statements represent some of the dreams he described in this connection:

"I have a dream that some day the holistic approach to patient care and treatment in hospitals is applied to all patients.

I have a dream that some day all hospital doctors will add a preventive and health promotion dimension to their hospital work.

I have a dream that some day hospitals services will contribute to minimizing social and racial inequalities in health. I have a dream that some day all hospital staff will understand how to deal with health promotion in everyday clinical life.

I have a dream that some day the enthusiasm among participants in this congress will lead to changes at local level.

I have a dream that some day all creative and constructive proposals from this congress will be implemented and will work."

I have a dream that some day I will wake up and realise that Dr. Kamper-Joergensens dreams have come true!

Lillian Moeller, Copenhagen

Invitation to the 10th International Conference

- **The 10th HPH conference will take place in Bratislava, Slovakia, from May 15-17, 2002.**

Introduction

10 years have passed since the first International Conference on Health Promoting Hospitals took place in Warsaw in 1993. To what extent have Health Promoting Hospitals so far contributed to reorient Health Services towards health, as the Ottawa Charter for Health Promotion (WHO, 1986) formulates, and what could strengthen this impact in the next years?

The HPH conference 2002, hosted in the Slovak Republic, one of the candidate countries for the European Union, will discuss how improved and new partnerships between the hospitals and other relevant actors as well as quality development can improve the health gain of hospital patients, staff, the community population and – in a metaphorical sense – of the hospital as an organisation.

As stressed by the Jakarta Declaration (WHO, 1997), strong partnerships are crucial for the success of health promotion. The conference will address partnerships that are especially important for the development of Health Promoting Hospitals – partnerships with health policy bodies and health insurance, opportunities to use the private health market, partnerships with health professionals and the trade unions. Furthermore, the potential of partnerships with new, but very relevant partners like patient organisations, NGOs, health industry, the wider health promotion movement etc. will also be addressed.

The second focus of the conference will be on quality strategies for improving the health gain of patients/clients, strategies to develop the hospital into a healthy workplace with an empowered staff, and the link of HPH with strategies to improve the organisational quality of the hospital (TQM, CQI, EFQM, ...) as a precondition for sustainable development.

Program elements

As usual, the conference topics will be presented and discussed in keynote lectures, workshops (co-organised together with partner organisations), paper and poster sessions. As a new element, one stream of the Parallel Sessions will present invited models of good / best practice for the different programme topics. And there will be a possibility to organise side meetings for specific national/regional groups or for people working on specific topics.

Target groups of the conference:

Hospital staff and management from all professional backgrounds; other health professionals; Patients' representatives; representatives from health policy and health administration; public health actors and experts; health and health promotion scientists, consultants.

Further information about the conference is available at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Phone +43/1/4277-48295, e-mail christina.dietscher@univie.ac.at (Ms. Christina Dietscher), www.univie.ac.at/hph.

*Zora Bruchacova, Bratislava
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**Health
Promoting
Hospitals**

An International Network Initiated by the WHO Regional Office for Europe

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Conceptual issues

Standards for HPH: A necessity, a nuisance?

- **Maturity brings about its own challenges. Should the HPH Network develop a compulsory set of international standards and guidelines?**

In the framework of the 9th International Conference on HPH in Copenhagen, two working groups were set up. Their task is to develop standards for Health Promoting Hospitals. But what do HPH representatives think about HPH standards? The WHO Collaborating Centre for Hospitals and Health promotion has asked Dr. Svend Juul Joergensen (Medical Director of Bispebjerg Hospital, Copenhagen), Prof. Yannis Tountas (Institute for Social and Preventive Medicine, Athens), and Prof. Johannes Vang (Swedish Network of HPH, one of the "founding fathers" of HPH) for their opinion.

Question: Are there national attempts to define HPH standards in your country, either in specific thematic areas or for the overall HPH approach?

Svend Juul Jorgensen (SJJ): The establishment of evidence based guidelines for health promotion and disease prevention is the basic approach for the Danish network. Multidisciplinary task forces including health professionals from a number of hospitals are formed. They have the task to establish guidelines for the services given priority by the plenary sessions of the network. The experiences from this approach are positive, but they also make clear that the ideas and principles of Health Promoting Hospitals must be made explicit in a set of standards. Thus the executive committee of the Danish network decided in December 2000 to initiate the establishment of a set of standards covering the overall HPH approach.

Prof. Yannis Tountas (YT): There are no national attempts to define HPH standards in Greece.

Prof. Johannes Vang (JV): "No, in Sweden people have no relish for 'standards' in this context. 'Standards', it is felt, belong to a bygone era when collective, industrialist thinking prevailed even within health care. Personally I think that developing such standards is in conflict with the very concept of Health Promoting Hospitals. The HPH concept is, in our understanding, about health orientation of the health services. This is a change of strategy, which may influence decision making at all different levels of a health service. This is far too subtle to be moulded into standards. Still there is a need to be able to distinguish a health promoting hospital from a non-health promoting hospital and to find ways of showing tangible evidence of the superiority of the strategy in comparison to traditional disease orientation. In an early attempt to solve this problem we have acted as follows: To decide to create a "health promoting hospital" is to set a normative goal, much like WHO's "health for all" concept or the goal paragraph of the Swedish health law: "good health and health care on equal terms for the whole population". These goals are easily understood but useless in an operative context, because they are too general. This is why WHO developed targets, objectives and activities in its programme in order to have tangible objectives, which could be budgeted and evaluated. In the Swedish network we have followed the example of WHO, and the yearly plan of the network is *built on targets and objectives for the network*. An example of a thematic objective is the development of the clinical use of patients' self-reported health and the development of a "health budget". We also recommend hospitals to develop their own plan of activities in the same fashion to make their activities explicit and possible to evaluate. Still, there is no doubt that we need to develop indicators, which are more powerful in visualising the progress of health orientation of the services. We see this as an area of health service research and hope to have some results in a not too distant future.

Q: In what ways should HPH standards be used - as accreditation tools or as an orientation for member hospitals of HPH networks?

SJJ: A set of standards for Health Promotion, Patient Education and Disease Prevention which is developed by the HPH network will provide a framework for the concrete work in HPH. The standards can provide orientation for hospitals when setting up programs, or planning the evaluation of their services, and for a quality assessment which is independent of the quality approach chosen by the hospital. The standards will also clarify which services should be delivered by the hospitals and other health care organisations, and they will be useful tools for the implementation of health promotion programmes, and give important directions for the education of hospital staff.

YT: Standards can be used either as accreditation tools or as an orientation, although I believe that their main use should be for purposes of orientation. If standards are used for accreditation, then they should be criteria of good practice which are applied to existing HPH members, and not to HPH newcomers. New hospitals should enter the network for developing health promotion and for achieving redefined standards as a result of their participation.

JV: The final objective of Health Promoting Hospitals is to orient health services towards health whereby they are expected to provide better service both for the society and the individual patient, and thereby create better health for the people. This is a qualitative goal. To develop a standard that measures the degree of health orientation of a hospital is not easy. It is almost as difficult as measuring beauty, wisdom and kindness. We will have to move down the scale towards more technical matters, which in some way or another might reflect the degree of health orientation. Should such standards at the technical level be used as accreditation tools, one is getting pretty close to stepping into areas where this move-

Conceptual issues

ment - and indeed WHO as the initiator of this movement has no competence, since both the network and WHO are operating internationally and not supranationally, like for example the European Union. Obviously, we do not think that "standards" are useful in this context, and accreditation is rather alien to our thinking in this matter. Every hospital in Sweden, which is willing to work in agreement with the ideals stipulated by the network, is welcome to join the network.

Q: What difficulties (e.g. due to different cultures / different traditions) might arise in further developing and applying HPH standards on a European level, and what could be done to cope with these difficulties?

SJJ: A set of international standards must give the overall framework for HPH and the recommendations given must have a general character applicable to all HPH. This is underlined by the basic principle that the health promoting and disease preventing activities which are conducted by a hospital must be appropriate to the needs of the community served by the hospital. Experience from the methodology which is used in quality improvement has proved that international standards can be formulated in a way making them applicable in different settings.

YT: The differences between the European countries concerning the role of hospitals in their health care systems and, consequently, the services which are provided by the hospitals, are remarkable. In order to be able to adapt to these different conditions, we should not develop specific standards for new HPH membership. For the same reason, standards should be applied to new hospitals in a flexible and not in a rigid way. An alternative solution to standards of the HPH network could be the adoption of national standards within an international framework of reference.

JV: In agreement with my response to the other questions I feel no need for

News from the Networks

"European Standards". We may need indicators of progress which may be used world-wide and which may act as an incentive to all hospitals and not as an instrument for the exclusion of some.

*Christina Dietscher,
Jürgen Pelikan, Vienna*

The Ligurian Network of Health Promoting Hospitals

- **The "green sun of HPH" is now also shining in Liguria.**

The Ligurian network of Health Promoting Hospitals is already the 5th regional HPH network in Italy. It was founded in December 2000 and already consists of 85% of the Ligurian hospitals. The network is at present coordinated by ASL 1 Imperia, where Dr. Roberto Predonzani is the contact person.

The network is running the following projects:

Smoke Free Hospitals

All hospitals belonging to the network are implementing a standardised documentation system for smoking control within specific smoking areas in the hospitals. Besides, a number of anti smoking initiatives have been developed, and – in reaction to the world day against tobacco – a study about the smoking habits of hospital personnel (questionnaire) was conducted with 10.000 participants. Furthermore, day clinics for smoking cessation are being implemented.

The intercultural hospital: diversity must not lead to indifference

The increasing amount of immigrants from poorer countries brings about big changes in cure and care processes in hospitals. Staff members are daily confronted with habits and cultural pat-

terns which often differ greatly from those of western cultures, and so they are forced to deal with a great variety of different situations.

In order to facilitate hospital access for non-Italians, the network runs a project for implementing multilingual signposts and the use of foreign languages (at least English) in the hospital context.

Hospitals and seniors in their environments

The average age in the Ligurian region is rather high, and hospitals have to deal with problems of the elderly practically every day.

A working group is busy with evaluating interventions aiming at linking hospital and home care in order to facilitate the social re-integration of the elderly after hospital stays.

Hospital admission: we want our patients to know that ...

All hospital staff are participating in making hospital admission as comfortable as possible for our patients. Especially new staff are taught a very good knowledge of the organisation they are working in so that they can provide all kinds of information and explanations for patients and their families.

Children

This is a project which is carried out in the Hospital of Imperia with the aim of renovating the paediatric department in order to better adjust it to the needs of the children by installing pictures, using nice colours for the little patients, and thus developing a playground atmosphere in the department. The project is done in co-operation with the arts institute „Città di Imperia”.

Furthermore, training sessions for parents and primary school teachers have been set up in order to spread information about accident prevention at home (accidents being the main cause for hospital admissions of children).



Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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Thematic Issues

Heart

The project aims at preventing diet related complications in patients with a risk for myocardial infarction. These patients are taught to use cognitive behavioural techniques in order to increase the chance of keeping their diet.

These are the projects which are being performed by the Ligurian Network at the moment. Furthermore, the network will be hosting the 5th National Italian Conference on Health Promoting Hospitals (December 3 to 4, 2001). The conference will focus on: "Participation, Promotion and Prevention: the Health Care System for Better Health"

Roberto Predonzani, Imperia

Invitation to join the Task Force on Health Promoting Mental Health Services

- **The task force is expanding and offers new opportunities for co-operation**

Founded in the framework of the 6th International HPH Conference in Darmstadt, Germany (1998), the Taskforce on Health Promoting Mental Health Services has defined its aims, strategies and objectives and now offers partnership to those who are interested in joining the group.

Who is invited to join the Taskforce?

There are two types of membership in the task force: the full membership category is open for psychiatric institutions, including institutions for the mentally handicapped, which provide regular health care within their catchment area. Any other institutions in the psychiatric field can become co-operating members.

An institution which joins the project is entitled to

- use the taskforce logo and the WHO logo;
- access a web-based database with information on both the Taskforce projects and the WHO HPH network projects, through a password which is only provided for members;
- participate in the international HPH conferences at a reduced fee.

Which are the aims and strategies of the Taskforce on Health Promoting Mental Health Services (HPPS)?

The HPPS taskforce is based on the principles of health promotion as formulated in the Ottawa Charter (WHO, 1986), and the Budapest Declaration on Health Promoting Hospitals (WHO, 1991). In accordance with the Vienna Recommendations on Health Promoting Hospitals (WHO 1997), health promoting psychiatric services should recognise and honour the following basic principles:

- focus on the individual;
- a holistic concept of health and disease;
- respect for human dignity, equality and solidarity, taking due account of the varying needs of the different cultural groups within the community;
- activities that emphasise the well-being of the patients, families and staff and activities which are friendly to the environment;
- a wise use of resources, allocating resources to activities in accordance with their potential contribution to health;
- active co-operation and networking with other health care services.

Objectives

The objectives of the taskforce are to

- improve mental health through health promotion ;
- facilitate the exchange of experiences regarding health promotion within the field of psychiatry;
- develop models of good practice

for health promotion within psychiatry;

- seek and promote innovative projects;
- establish guidelines and recommendations for network members;
- promote links to other international organisations.

Functions and Responsibilities of Task Force Members

If you are interested to share the above mentioned objectives and if you can accept the principles of health promotion, you should

- implement at least three projects on health promotion, one respectively at the therapeutic, organisational and inter-institutional level;
- conduct the health promotion projects for a period of at least three years;
- contribute to the taskforce database;
- submit a written annual project report to the co-ordinating institute and to WHO.

Development of the Taskforce since the year 2000

The team of the taskforce set up the following project structure:

- presenting a brochure on health promotion in co-operation with the European Centre for Integrated Health Care Services (thanks to Mila Garica Barbero for helping us) at the 9th International Conference on Health Promoting Hospitals in Copenhagen;
- raising funds to finance the organisational framework;
- defining next steps in building an organisational framework, which will be:
- establishing a secretary and a
- homepage. In October this year the homepage for interested psychiatric services will be opened. The homepage will include a data-base on models of good practice on health promotion work done in the field of psychiatry (as have been presented at the international HPH

Thematic Issues

Conferences until now) and will include links to the WHO Collaborating Centre for Hospitals and Health Promotion in Vienna and the WHO-European Office for Integrated Health Care Services in Barcelona.

Another major point in the work of the past year is to make the concept visible on the international, national and local level.

- International level: Providing workshops on Health Promotion in Psychiatric Services at the International Congresses on Health Promoting Hospitals in Athens (2000) and Copenhagen (2001). We also presented the concept of the task force at the VIIth World Congress on Psychosocial Rehabilitation in Paris. Additionally, the taskforce concept was presented at the 4th International Conference on Psychiatric Reform and Service Research in Europe (Leipzig 2000).
- National level: We are aiming at presenting the taskforce concept on at least seven different national conferences, mostly in the field of psychiatry and health promotion. We also gained visibility by winning a national prize on innovations in psychiatry services with a health promotion project on psychoeducative groups in the hospital.
- Local level: On the local level, we strive for further developing specific health promotion projects, e. g. programmes for the management of violence and aggression in psychiatric health care, and for integrating health promotion into the quality management system of the hospital (using a handbook for quality management which is based on the principles of HPH).

Milestones for the near future - 2001/2002

Besides the establishment of organisational needs for the Taskforce we are already in the planning process for a Kick Off- Conference for the Taskforce

Call for Papers

on Health Promoting Psychiatric Services, which will take place in October 2002.

Everybody who is interested in joining the thematic network is kindly invited to contact the co-ordinating institution or to visit the network's homepage starting from October 2001. We especially wish to welcome those who will join the Kicke Off-Conference in October 2002. Details of the October Conference will be presented on our homepage and at the next international HPH Conference in Bratislava in May 2002.

*Hartmut Berger,
Kim von Osterhausen,
Rainer Paul, Riedstadt*

Call for papers for Issue no. 18 of the HPH Newsletter

- If you wish to send in contributions for issue no. 18 of the HPH Newsletter, please follow the guidelines below. Deadline: November 19, 2001

If you wish to submit an article for issue no. 18 of the HPH Newsletter, please do not exceed 750 words. If you wish to make longer contributions, please contact the editors (c/o Christina Dietscher).

Especially invited are contributions

- about specific HPH projects (either for hospital patients, for hospital staff, for the population in the community or for developing "healthy" hospital organisations)
- about comprehensive HPH approaches in the development of hospitals
- about experiences and developments of the national/regional HPH networks
- information about HPH conferences and publications
- about related initiatives that might be of interest to the HPH audience

Announcements

Please send your contributions to the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine preferably by e-mail (hph.soc-gruwi@univie.ac.at), or on floppy disc (word for windows 98). Please do also include some short information about the author(s) of the contribution (max. 15 words).

Announcements

1st Transnational Conference of the German Speaking Networks of Health Promoting Hospitals, November 12-13, 2001, Vienna, Austria:

"The hospital as a healthy workplace: health promotion for hospital staff – good for staff, management and patients?"

For further information please contact Ms. Christina Dietscher, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna (phone +43/1/4277-48295, fax +43/1/4277-48290, e-mail oenetz.soc-gruwi@univie.ac.at)

Creating Environments that Heal: Designing for the Future. December 5-8, 2001, Nashville, Tennessee. Further information available at:

www.hcaredesign.com

10th International Conference on Health Promoting Hospitals, May 15-17, 2001, Bratislava, Slovakia.

Working title: "Developing Quality and Partnership"

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