

Newsletter

No 18 · December 2001

Health
Promoting
Hospitals

An International
Network Initiated
by the
WHO Regional
Office for
Europe

Editorial

Dear readers of the HPH Newsletter, at the end of 2001, we can look back on a number of activities and achievements of national / regional HPH networks which demonstrate the liveliness of the Health Promoting Hospitals approach.

Some of the major trends of development are the regionalisation of HPH within countries (Italy with at the moment 6 regional networks being a most successful example), a trend which is currently being taken up in Russia (see article), but also the formation of European HPH regions according to language groups. Inter-country co-operations occur for example between the Baltic states and Russia, between Austria, Germany and Switzerland as German-speaking countries, and between the Italian regions and the Italian-speaking parts of Switzerland.

Within countries, developmental trends of HPH networks are more and more moving from an open approach towards joint agendas and projects of participating hospitals (e.g. Finland, Piedmont – see articles).

The development of specific new health promotion activities takes into account the needs and demands of hospital patients, staff and community populations – one such need is the increasing need for palliative care. This Newsletter issue contains a description of a new palliative care and hospice model in a German Health Promoting Hospital.

Another area for development is the creation of public awareness for HPH. The Canadians have developed a video to promote the concept (see article). Dear readers, we do hope to meet many of you at the 10th International Conference on HPH in Bratislava (May 15-17, 2002).

A merry Christmas and a happy and healthy 2002!

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

Partnerships the major strategy to enhance the future of health promotion?

- **Partnerships with different sectors are described as a major strategy for health promotion development in the Jakarta Declaration**

Partnerships of HPH are one of the major topics of the forthcoming 10th International Conference on HPH in Bratislava. Co-operations with other health care providers as well with other sectors of society can both help to achieve health promotion goals and to allocate resources for health promotion.

Therefore, the Jakarta Declaration on Health Promoting Hospitals strengthens the idea of building partnerships for health with all sectors, including industry. Please find herewith an excerpt from this WHO document.

Promote social responsibility for health

Decision-makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that:

- avoid harming the health of individuals
- protect the environment and ensure sustainable use of resources
- restrict production of and trade in inherently harmful goods and substances such as tobacco and armaments, as well as discourage unhealthy marketing practices
- safeguard both the citizen in the marketplace and the individual in the workplace
- include equity-focused health impact assessments as an integral part of policy development.

Increase investments for health development

In many countries, current investment in health is inadequate and often ineffective. Increasing investment for health development requires a truly multi-sectoral approach including, for example, additional resources for education and housing as well as for the health sector. Greater investment for health and reorientation of existing investments, both within and among countries, has the potential to achieve significant advances in human development, health and quality of life.

Investments for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalised populations.

Newsletter 18-01 Content

- Editorial
- Partnerships – the major strategy to enhance the future of health promotion?
- Sources for further information on partnerships and quality of HPH
- Palliative Care – a cost effective and highly sufficient integrative medical concept
- Bulgaria: Invitation for co-operation
- Canada: A video to promote HPH
- Finland: New activities
- Germany and Austria: First Conference of German speaking HPH Networks
- Piedmont: HPH Conferences
- Russia: Regional HPH Networks – the core item is partnership
- Network Flashlights
- Call for Papers for Issue no. 19 of the HPH Newsletter
- Announcements



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Conference Reports

Consolidate and expand partnerships for health

Health promotion requires partnerships for health and social development between the different sectors at all levels of governance and society. Existing partnerships need to be strengthened and the potential for new partnerships must be explored.

Partnerships offer mutual benefit for health through the sharing of expertise, skills and resources. Each partnership must be transparent and accountable and be based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.

Increase community capacity and empower the individual

Health promotion is carried out by and with people, not on or to people. It improves both the ability of individuals to take action, and the capacity of groups, organisations or communities to influence the determinants of health. Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources. Empowering individuals demands more consistent, reliable access to the decision-making process and the skills and knowledge essential to effect change.

Both traditional communication and the new information media support this process. Social, cultural and spiritual resources need to be harnessed in innovative ways.

Secure an infrastructure for health promotion

To secure an infrastructure for health promotion, new mechanisms for funding it locally, nationally and globally must be found. Incentives should be developed to influence the actions of governments, non-governmental organisations, educational institutions and the private sector to make sure that resource mobilisation for health promotion is maximised.

“Settings for health” represent the organisational base of the infrastructure required for health promotion. New

health challenges mean that new and diverse networks need to be created to achieve intersectoral collaboration. Such networks should provide mutual assistance within and among countries and facilitate exchange of information on which strategies have proved effective and in which settings. Training in and practice of local leadership skills should be encouraged in order to support health promotion activities. Documentation of experiences in health promotion through research and project reporting should be enhanced to improve planning, implementation and evaluation.

All countries should develop the appropriate political, legal, educational, social and economic environments required to support health promotion.

Quoted from the Jakarta Declaration on Health Promotion (WHO 1997)

Sources for further information on partnerships and quality of HPH

- **Interested in partnerships and quality? Please find herewith some sources for information.**

Partnership Issues

Health Promotion for Patients

Health gain oriented patient care is in the centre of Health Promoting Hospitals. Patient organisations, representing the needs and demands of this HPH target group, should therefore be seen as important partners in developing HPH projects and activities.

www.iapo-pts.org.uk is the web-site of the International Alliance of Patients' Organizations whose aim is the world-wide promotion of patient participation in health care decision making. The site contains information on patient centred health care and links to many specific patient organisations.

Health Promotion for Hospital Staff

Hospital staff are exposed to a number of biological, chemical and nuclear hazards as well as to numerous sources of psychosocial stress. They are one of the most endangered work forces.

www.europe.osha.eu.int is the web-site of the European Agency for Health and Safety at Work in Bilbao, Spain. The Web-Site contains statistics and research findings on workplace health issues, descriptions of good practice and links to workplace health institutions and organisations in all EU countries.

Health Promotion for the Community Population

From the very beginning, the HPH development was closely linked to the WHO's Healthy Cities movement (originally, HPH was developed as a WHO Multi City Action Plan). Co-operations between HPH and Health Cities can strengthen both partners: Communities are major purchasers of funds, and Health Promoting Hospitals can help to tackle community health problems.

Different co-operation projects between Healthy Cities / Healthy Communities and the health care sector have been developed in Europe as well as in the USA. Further information can be obtained from the following web-sites: www.who.dk/healthy-cities/ is the homepage of the European WHO Health Cities project. It contains information about the project, books and documents to download.

www.well.com is a web-site where numerous articles on Healthy Cities / Health Communities and co-operations with the health care sector are compiled.

Developing the Quality of Health Promoting Hospitals

Following concepts developed by Pelikan et.al. (2001), the quality development of HPH should focus on at least 3 areas:

Conference Reports

Overall Hospital Development Projects

In the area of organisational development, HPH can build upon the experiences of the quality movements, especially in the field of total quality management. Work on combining health promotion and quality issues has been done by the German HPH Network. They have published a book in German language (Brandt. E. et.al., eds., 2001: Qualitätsmanagement und Gesundheitsförderung im Krankenhaus. Neuwied and Kriftel: Luchterhand) which describes an approach of using HPH criteria within the EFQM Excellence model. Information on EFQM in English language can be obtained at www.efqm.org.

Implementation of specific (standardised) projects

Instead of re-inventing the wheel anew when starting a new project, Health Promoting Hospitals should increasingly base their projects on evaluated models of good practice and implement them by methods of project management.

Integrating evidence based, HP interventions into clinical practice

In the field of clinical medicine, evidence based medicine is about to become a standard. In order to be accepted by clinicians, health promotion interventions will also have to be more and more evidence based. A lot of research and evidence is available already, e.g. at the Cochrane Library (www.update-software.com/cochrane/). A number of useful links on evidence based health care can be obtained from the web-site of the NHS Centre for Reviews and Dissemination (www.york.ac.uk/inst/crd/).

*Christina Dietscher, Karl Krajic,
Jürgen M Pelkan, Vienna*

Palliative Care a cost effective and highly sufficient integrative medical concept

- **The increase of chronic diseases brings about the need for new concepts of care.**

In the 70ies, the treatment of acute and subsequently also chronic pain was already an issue in the Anglo-American countries. The development led from a post-operative control of pain symptoms to the implementation of interdisciplinary pain teams in hospitals. Followed the insight that chronic pain is, above all, not just a symptom but an illness of its own and should therefore be treated as such.

On the other hand, while pain comes along with many chronic diseases, e.g. cancer, there was insufficient interest of medical doctors to deal with the pain.

With the development of hospices, above all the St. Christopher's Hospice in London, UK started to have a prominent role in the development of palliative medicine. From there, the basic palliative ideas especially of tumour-pain therapy and symptom-control were developed and scientifically supported.

Nevertheless, it took until the middle 80ies until the idea of palliative medicine reached the European continent, where it was promoted only by the German Cancer Society. Several more years had to pass until the German public and politicians started to realise the need for basic palliative care in the early 1990ies. This public interest resulted in a research project and the foundation of several palliative wards and hospices.

At the St. Joseph Hospital in Moers, a physician named E. Ehrlich, MD – himself being both a pain therapy specialist and a sufferer of chronic pain – initiated the ideas of modern palliative care and pain control in 1990.

In accordance with American models, the initiative started out as a post

surgery interventions pain service. Due to the good feedback from the patients and because of a general increase of the demand for pain therapy, the idea was developed to offer pain therapy not only for patients at surgical wards but to all hospital patients and to the general population.

When we started to establish our palliative care unit in 1991, we had to realise that the time had not yet come. There was neither support from the government nor from health insurance companies.

In the years from 1990-1994, the knowledge about the origin of pain, pain memory, chronification and treatment of pain was increased extraordinarily. Subsequently, the improved general knowledge of the wider population led to an increasing demand for pain therapy. Due to the demand from the side of the patients, the government and the health insurance companies became more and more interested in establishing day clinics offering pain services.

In 1994, finally, an outpatient pain clinic could finally be established at the St. Joseph Hospital in Moers by Dr. Ehrlich. The special character of this day clinic was that it offered somatic therapy as well as psychosomatic, psychosocial and physiotherapeutic treatment when necessary.

Considering the high proportion of cancer patients among the pain patients, it is evident that a day clinic for pain care enables these patients to manage a life at home for a long period. During the beginning of their suffering and during the terminal phase of their life, however, structures for adequate treatment and care were missing in our area.

Our data made it evident that there was need for a hospice that could serve patients during the last weeks of their lives.

Thanks to the common effort of the devoted hospital staff and health insurance officials, the establishment of a seven bed hospice, "House Sunshine", became finally possible in 1995.

Even here, the same philosophy of treatment, based upon well proved and tested principles from integrative out



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Conceptual issues

patient care was applied: Established routines as well as the integration of all the very experienced staff.

The fact that the hospice was constantly fully booked and that the demand was still rising shows the excellent acceptance both by patients and general population. Furthermore, our long waiting list proved that one hospice is not sufficient for a big town.

Following English experiences, we concentrated our further efforts on the establishment of an out-patient hospice service, co-operating with well-educated volunteers and specifically trained nurses who are now part of a newly created out-hospital service of our hospital.

These steps were completed by setting up an information hotline as well as an interdisciplinary pain colloquium organised by out-patient pain clinic for family doctors and out patient hospital services. We were increasingly able to connect them in an integrative model. The development of this model was supported by the colleagues from the public relations department. They informed the population by printed mass media, trained the co-workers and the medical service of the health companies and organised and advanced training for physicians, the nursing staff and for other groups.

As a result of these efforts, the “hospice support agency” and a self-help group for pain patients were established.

However, despite all these positive developments, there was an increasing number of patients who could not be sufficiently treated by the existing structures so far, above all chronically ill terminal patients.

There are basically two reasons for insufficient out patient treatment: Either the patient needs more input than the outpatient service including the hospice can supply; or a previously sufficiently treated patient experiences a severe worsening of symptoms, requiring a new assessment of the situation on an in-patient basis.

Many discussions with the authorities who are responsible could bring about a better understanding for these problems. We renewed our request for an in-

patient palliative care unit which had first been raised in 1991, with an additional request for partial and full in-patient treatment.

In spring 2001, we presented the concept in the conference of regional hospital planning. It was accepted and approved by the government as well as by the authorities who are responsible for financing. The integrative model which allows to adapt medical care to the specific needs of each patient (partial or full in-patient treatment) is at the same time the most cost effective.

In October 2001, the government accepted this model by approving a special Palliative Care-Centre with a 7 bed unit, which was fixed in the hospital plan of the government. Therefore, the centre is guaranteed long-term financial security.

The new palliative unit will be opened together with all out-patient utilities and the hospice as the new “Centre for Pain Therapy and Palliative Care” at the St. Joseph Hospital in Moers in summer 2002 under the direction of Dr. Ehrlich.

M. Ehrlich, Th. Ziegenfuß, Moers

Bulgaria: Invitation for co-operation

- **The Bulgarian Network of HPH is looking for partners.**

The development of the HPH-project in Bulgaria began in 1994. The Hospitals of the National Network signed a Letter of Agreement with the WHO-Regional Office for Europe.

So far the Bulgarian HPH-Network has developed:

- monitored and assessed educational standards for training patients with chronic diseases;
- prevention models for the control of risk factors in the hospital circle.

At present we are looking for partners for the joint development of the following subprojects:

- Creating of hospital training centres for patients with chronic diseases and their relatives – organisational approaches;
- Surveillance, evaluation and control of postoperative wound infections;
- Control of HIV infection risks for the medical personnel in the hospital;
- Smoke-Free hospital policy;
- Supporting patients by volunteer services.

We would welcome co-operation in the following fields:

- Plans of action;
- Assessment;
- Organisational approaches;
- Adoption of existing educational products and prevention models;
- Financing of some subprojects.

Bencho Benchev, Sofia

Canada: A video to promote HPH

- **New media can be used to increase an understanding for HPH**

As the co-ordinator of the Health Promotion Exchange newsletter, which has served the health promotion community since 1996 (initially in Canada, but now also internationally), readers often ask me questions like: “How do you do hospital health promotion?” “How do you get started?” “Why should you do it?” and “What are some of the benefits?” In response, I collaborated with some of the hospital’s hospital health promotion network to develop a 12-minute video “Promoting Health in Your Hospital” to help find the answers to these questions.

As well, the video helps the viewer integrate health promotion into the health care service being provided. It expresses how it can assist in making a difference in the community and in the hospital. The Hon. Marc Lalonde makes a cameo appearance in the video, stressing why hospitals should “be-

Conceptual issues

come beacons for health matters in their communities”.

The video was launched with much success on November 5, 2001 at the three-day Ontario Hospital Association's 77th Annual Convention and Exhibition – the largest health convention in North America. In the “Health Promoting Hospital” session, the Hon. Marc Lalonde reflected on “A New Perspective on the Health of Canadians – Revisited”. Two hospital chief executive officers spoke on the benefits of hospital health promotion and how health professionals can best engage in health promotion. Five health promotion practitioners presented on the best practices relating to patients, staff and community.

Because of the very positive response to both the video and the convention's session, I will be producing a “Special Edition” of the Health Promotion Exchange newsletter highlighting each of the presentations. This free newsletter is published twice a year in hard copy and will be launched on the Grand River Hospital's website in the next six to eight weeks. Further information can be obtained from the author (contact address: see list of authors in the margin).

Ted Mavor, Kitchener

Finland: New activities

- **The Finnish Network of HPH was launched as a legalised entity in May 2001.**

The Finnish HPH Network was established in 1996 as an informal network. The advantages of working informally are many. However, informal networking lacks systematic continuity and, most importantly, without registration and legalisation there are no possibilities to obtain funding. Therefore, it was decided that the Finnish network needs formal structure and legalisation. The decisive meeting was held in Co-

News from the Networks

penhagen during the IX International Conference on HPH on May 16, 2001. Five hospital districts or hospitals were present in the meeting as charter members: the Hospital Districts of Etelä-Pohjanmaa, Kainuu and Keski-Suomi, and Raahe and Meltola Hospitals. The association is bilingual with Finnish and Swedish as the official working languages. The approval of the statutes and official legalisation was finalised on August 14, 2001.

The founding of the association was due to dedicated work during the last two years by Keski-Suomi Central Finland Central Hospital and its hospital district, and especially by our national co-ordinator Mrs Maria Hallman-Keiskoski. Central Finland Central Hospital has advanced to a structured program in HPH ideology by creating an official HPH policy for its hospital district.

The association has held working meetings to create a common agenda for co-operation and projects. The network got some funding during the last year, but the money had to be circulated and governed by Central Finland Central Hospital. This funding was, however, very important because, among other things, it allowed us to prepare our First National HPH Conference, which was held in Jyväskylä on November 8-9, 2001. There were 73 persons present who represented 16 hospitals and seven health care institutions or associations and three different patient associations. We were proud to have Professor Johannes Vang from the University of Linköping, Sweden, and Professor Director General Jussi Huttunen from the National Health Agency, Helsinki, Finland as our guest speakers. Professor Vang with his deep knowledge about HPH and WHO was addressing the concept of health promoting hospitals from its historical and philosophical perspective. Professor Huttunen, who is one of the foremost architects of the Finnish health care system and an expert in public health, discussed the role of the hospitals in Health 2015, a public health program for the next fifteen years and a continuation to WHO's Health for All Program. Among other lectures, a different perspective was

presented by Ms Rea Nurmi, an artist from Connecticut, USA, who has specialised in bringing art to health care settings.

As a legalised association we are now eligible to apply for funding from different sources. Applications for several joint projects have been sent and the results will be known by the end of the year. The association is now an active partner in the area of health promotion. We have been invited to several national meetings and conferences to speak about our network and aims. Our presence has raised a lot of positive attitudes and the future of the Finnish HPH Network looks very promising.

Jarmo Karpakka, The association of Health Promoting Hospitals, Finland

Germany, Austria and Switzerland: First conference of German-speaking HPH networks

- **The First Conference of the German-Speaking HPH Networks was a big success.**

Is it possible to combine health promotion for staff and economic considerations of hospital management in times of fundamental health care reforms and financial constraints in the hospital landscape? This was the major question which was discussed at the First Conference of the German speaking HPH networks, titled “The Hospital as a Healthy Workplace: Health promotion for staff – positions from staff, management and patients”. 230 participants from Austria, Germany and Switzerland joined the conference which took place in Vienna, Austria, from November 12-13, 2001.

Plenary sessions

The opening keynote was provided by Prof. Alf Trojan (Hamburg). He pre-



Health Promoting Hospitals

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Thematic Issues

sented study results on major health risks for hospital staff and focussed especially on the big role of work-related stress for the health of hospital staff. He pointed out that staff orientation is often in conflict with patient oriented strategies and that sustainable solutions for staff health problems must also consider patient oriented strategies.

The opening plenary was followed by the presentation of two models of good practice, each of which focussed on different aspects of workplace health promotion for hospital staff. Dr. Josefine Aldrian (University Hospital Graz, Austria) presented a project, titled "Fit Hospital Staff" (which is also co-financed by the "Healthy Austria-Fund"). In a number of diverse subprojects, the project tackles a number of lifestyle issues for hospital staff (e.g. nutrition, health enhancing physical activity, coping with stress). Wolfgang Kohrt (Rüdersdorf, Germany) presented an organisational approach for enhancing staff health, aiming at providing „Healthy Working Hours in the Hospital Setting“. Based on an organisational survey, management implemented a new scheme for working hours which is supposed to increase the work satisfaction of staff. Plenary lectures on the second conference day included presentations on combining staff orientation with an economic orientation of hospital organisations, as well as with a radical patient orientation approach.

Heinz Lohmann (Hospital Federation Hamburg) and Prof. Eugen Hauke (Director General, Viennese Hospital Federation) both pointed out in their plenary lectures that, from the perspective of hospital management, health promotion for staff and an economic orientation of hospitals are by no means opposites of each other, but have to be combined in order to achieve optimum results, especially in times of health care reform. Especially in the hospital setting (hospital staff being exposed to more work related risks than staff of most other professions), workplace health promotion is not only in the interest of doctors, nurses and other health care staff, but a necessary in-

vestment into healthy, content and able staff – an investment, that will also result in an improvement for patient care.

Prof. Andreas Heller and Dr. Katharina Heimerl (Institute for Interdisciplinary Research and Training on Palliative Care, Vienna) presented a lecture about deaths in hospitals which pose specific demands for hospital staff – especially, as hospitals usually focus on healing and recuperation processes and not primarily on palliative care. Heller and Heimerl pointed out that it can be very supportive for staff to work out hospital-specific routines for dealing with issues of death and dying, which can also be considered as routines for a radical patient orientation strategy.

Parallel Paper Sessions and Poster Session

Paper sessions and a poster presentation presented further opportunities for the conference delegates from Austria, Germany and Switzerland to present and discuss their own projects and experiences. In total, 36 paper presentations and 40 posters were presented, most of them on different aspects of health promotion for hospital staff, but also on health promotion for patients, the population in the hospital community and on developing healthy and health promoting hospital organisations.

Conference Workshops

In co-operation with the "Healthy Austria-Funds", a number of workshops were organised which aimed at transferring HPH theory into hospital practice. These focussed on staff oriented ward management, health circles, and coping with stress.

In co-operation with the Viennese regional information network on health promotion in hospitals and nursing homes, a workshop on changing professional paradigms by health promotion was organised. In co-operation with the Viennese Hospital Federation, a workshop on introducing health promoting working hours for elderly staff members was organised. The

Austrian and the German network organised a joint workshop on combining the TQM model of Business Excellence of EFQM with HPH principles, and the Ludwig Boltzmann Institute organised a workshop on empowerment for hospital staff.

Further information

The abstracts of conference presentations (in German language) are available at the web-site of the Austrian HPH Network at www.univie.ac.at/oengk/6-konferenz/konf-frame.html.

Christina Dietscher, Vienna

Piedmont: HPH Conferences

- **Integrated care is high on the agenda of the Piedmont HPH Network.**

The second Regional Conference of the Piedmont HPH network took place in Ivrea on November 9 and 10, 2001. It focused on the integration of hospitals and communities.

The first day of the conference included two sessions on administrative and clinical aspects of integration and a third one on the problems of nursing, whereas the second day was completely devoted to a round table on the new organisation of health care in the Piedmont region.

From the administrative point of view, a good integration is achieved when hospitals for acute care are interfaced with post acute wards and rehabilitation services. Country hospitals, integrated medical and social services and institutions for the short stay of disabled elderly people are useful tools for improving the integration of hospitals with the communities.

Guidelines and operative protocols have been designed for several groups of patients for granting them both effective treatment and continuity of care. The government of the Piedmont Region is preparing a new health and welfare plan for overcoming the present

Thematic Issues

incorrect use of hospitals for compensating inadequate community services which is almost unavoidable when hospitals and community services are managed by the same people and financed from the same budget.

Several Regions in Italy are facing the same problems which result in a waste of resources.

Lombardy Region suggested that hospitals should be managed as separate enterprises, independently from local health trusts, the first ones being the producers of services and goods which are bought by the second ones. This view is shared by several Italian regions, but it results in a counter-position of hospitals and communities which may be economically convenient, but is against the philosophy of integration.

The Piedmont Region bill from 22nd October 2001 aims at keeping the individual at the centre of the health and welfare system, promoting the co-operation of family doctors, community services and hospitals for producing the greatest health gain for him.

Hospitals and second level services are classified according to the complexity of their activities. They offer a score of services at different costs which are bought by the local health trusts so that they can respond adequately to the needs of everyone in the community on a balanced cost-benefit basis.

In this organisation model, Health Promoting Hospitals play a central role as they provide both formation and information to all their relevant partners. The Conference was attended by some 300 hospital managers, doctors and nurses who participated actively in the discussion.

The Piedmont HPH network participated in the 5th Italian National Conference in San Remo, December 3-4, 2001, with several papers on different topics of health promotion.

Dr. Piero Zaina, co-ordinator of the network and Prof. Luigi Resegotti, president of the Scientific Committee of the Piedmont branch of the Italian Confederation for health promotion and education, appointed to represent Piedmont Network at the annual meetings of the co-ordinators of the Euro-

Call for Papers

pean HPH Network, were members of the organising committee and contributed to the preparation of the "San Remo Charta", the official conference document, which is aimed at engaging the Italian Ministry of Health in supporting and implementing the HPH philosophy in all Italy.

A relevant fact which emerged from the Conference is the increasing role of psychologists in health promotion. The representative of the Italian Government in the Conference, Dr. Calvaruso, director general of the Ministry of Health, is a psychologist, as are the authors of a large number of papers which were presented at the conference.

Luigi Resegotti, Torino

Russia: Regional HPH Networks the core item is partnership

- **Regionalisation is the only way to communicate in as big a country as Russia.**

The Russian National HPH Network has been existing since September 2000. Considering the vast territory of the Russian Federation, the creation of regional HPH Networks appeared to be the most urgent step in the beginning. Naturally, each regional Network is better acquainted with the political, social, economic and cultural peculiarities of its own region. Each Network is given an opportunity to self-determine its choice of work areas in the system of "non-governmental health care".

Therefore, the implementation of HPH suggestions under local conditions requires thorough preliminary studies of the local situation. The collection of information is conducted by the National Coordinating Institute by means of sociological polls – questionnaires are designed by heads of regional subdivisions as well as regional coordinators and heads of treatment institutions. In this respect, the Russian Na-

Announcements

tional Network also collaborates with an other active HPH partner – the Lithuanian HPH Network. We have used a specific questionnaire, developed by the Lithuanian HPH Network, which aims at investigating the level of patient satisfaction (e.g. with the communication with physicians and nurses, and with the fulfillment of their duties). This instrument makes the evaluation of hospital activities more effective and objective. On July 6, 2001 a first organizational meeting of regional co-ordinators took place. During this kick-off, representatives of ministries or health care committees from 12 Russian regions signed a communiqué. And 9 more regions expressed their wish to join the Russian National Network which aims at including all regions of Russia one day. Also, the Co-ordinating Center is conducting work on clarification of goals and objectives of the HPH movement and communities. The Russian Ministry of Health supported this program, and the idea of hosting the 12th International HPH Conference in 2004 in Moscow was approved.

Due to the enormous remoteness of regions, one of the main problems in Russia is providing HPH hospitals with stable and efficient connection, monitoring of HPH programs and development of remote courses on qualified management. To solve this problem, we are elaborating a project "Formation of the Russian National Network of HPH unified informative system", in which some Russian and foreign companies will participate.

In accordance with the project on school health care, which was developed earlier, the implementation of a pilot program in one of the Russian regions is at the moment being prepared. The program requires coordination of both the Russian Ministry of Health and the Ministry of Education activities.

The Coordinating Institution of the Russian HPH network took part in the work of the Civil Forum, which took place in the Kremlin on November 21-22, 2001. The mission of the Forum was to promote the atmosphere of a constructive dialogue of NGOs with the authorities, and the formation of a



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An International
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by the
WHO Regional
Office for
Europe

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real instrument of NGO influence on the authorities. The Russian National HPH Network participated in the Forum at a round-table discussion on the topic "The role of public associations in the development of medical, social and psychological rehabilitation of the population".

Sergej Osipov, Moscow

Network Flashlights

- Here are some further short News from the International HPH Network.

Bulgaria

The Bulgarian HPH Network developed some instruments in their national language. Copies can be obtained from Bencho Benchev (address: see list of authors):

- "Evaluation of Health Promotion and Disease Prevention Programs"
- "Health Promoting Hospitals – Hospital Policy for the Control of Smoking"
- "Health Promoting Hospitals as modern technology for the creation of the hospital's educational and preventive programs"

Estonia

The 3rd Estonian Conference on HPH is planned to take place in September 2002. The Estonian HPH Network has started some new projects which will be presented at the 10th International Conference on HPH in Bratislava:

- Arts in the service of health
- Physical activity and walking as a part of everyday life of medical personnel
- Patient education and counselling in Health Promoting Hospitals.

For further information, please contact Tiiu Härm (address: see list of authors).

Italy

The 4th Italian National Conference on HPH took place in San Remo from December 3-4, 2001.

Call for papers for Issue no. 19 of the HPH Newsletter

- If you wish to send in contributions for issue no. 19 of the HPH Newsletter, please follow the guidelines below. **Deadline: May 20, 2002**

If you wish to submit an article for issue no. 19 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

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

Patient Education and Counselling

Volume 54, issue 4 (to be published in December 2001) contains a special section on Health Promoting Hospitals. If you are interested in ordering copies, please contact Tina Cherrington from Elsevier Science at C.Cherrington@elsevier.nl

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

Working title: "Developing Quality and Partnership"

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 hph.soc-gruwi@univie.ac.at)

New Dimensions in Promoting Health: Linking health promoting programmes with public policies.

5th European Conference on Effectiveness and Quality of Health Promotion, June 11-13, 2002, London. For further information please contact: New Dimensions Co-Ordinator, Northumberland House, 11 The Pavement, Popes Lane, Onodn, W5 4NG, United Kingdom. E-mail: info@profileproductions.co.uk

International Conference on Communication in Health Care.

September 18-20, 2002, Warwick University, UK. Deadline for submission of abstracts: February 1, 2002. Further information available at: www.each2002.com