

# Newsletter

Health  
Promoting  
Hospitals

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Network Initiated  
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Europe

## Editorial

Dear readers of HPH Newsletter No. 19,

In May this year, the 10<sup>th</sup> International Conference on HPH with a focus on health gain took place in Bratislava, Slovakia, with more than 300 visitors (see article by Zora Bruchacova). We hope that the success of it will stimulate you to visit also the 11<sup>th</sup> International Conference on HPH which will take place in Florence, Italy, from May 18-20, 2003 (see announcement section). Please watch out for the First Announcement in September / October this year!

Kazakhstan, one of the youngest members of the HPH network, contributed to the Newsletter for the first time. In total, this Newsletter issue contains information about projects and conferences, new web-sites and publications from 14 HPH networks – thanks to all the authors!

Quality has been an ongoing issue in HPH during the recent years, and the national and regional networks have been developing their own criteria. Now quality developments focus again on the international dimension of the network. In order to assist HPH member hospitals in their development and exchange of experiences, WHO has set up a web-based project database where project information can be found (see article by Oliver Gröne). And two working groups, commissioned by the WHO Co-ordinating Centre in Barcelona – one for developing standards for HPH, on for putting HPH policy into practice – are working on improving the quality of HPH projects and activities (see articles by Jorgensen et.al, Pelikan et.al.). Further results of both groups are expected for the Florence HPH conference.

Dear readers, we do hope you will find this Newsletter informative and interesting. If you wish to send us your

comments, you are kindly invited to do so (hph.soc-gruwi@univie.ac.at). We wish you a relaxing and health promoting summer!

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

## 10th International Conference on Health Promoting Hospitals

- **Partnerships and quality were the main issues of the conference.**

About 310 health professionals, health promotion experts, health administrators, health managers and politicians from 37 different countries attended the 10th International Conference on Health Promoting Hospitals, May 15-17, 2002.

The WHO conference took place in Bratislava, Slovakia, and was hosted by the Slovak Network of Health Promoting Hospitals in co-operation with the Slovak Ministry of Health and the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine (LBI), Vienna. The conference was also financially supported by the Austrian Federal Ministry for Social Affairs and Generations.

The participants were officially welcomed to Bratislava on May 15 by Dr. Svatopluk Hlavacka, Deputy Minister of Health, at a reception in the City Hall of Bratislava.

### Plenary contributions

Dr. Svatopluk Hlavacka, a representative from the Slovak Ministry of Health, Dr. Mila Garcia-Barbero from the WHO-European Office for Integrated Health Care Services, Prof. Jürgen Pelikan (LBI), and Dr. Zora Bruchacova, Slovak National Co-

ordinator of HPH, opened the conference on May 16.

The plenary program addressed the following main topics: Challenges and opportunities for the further development of Health Promoting Hospitals; Developing partnerships of Health Promoting Hospitals with relevant partners; Improving health gain by developing the quality of Health Promoting Hospitals; Necessary preconditions – Organising and financing policies for HPH in different national health care systems.

In plenary 1 on future challenges and opportunities of HPH, Prof. John K. Davies, Vice-President IUHPE-Europe, underlined the need for further clarification of the HPH concept both in terms of goals and strategies, as well as concerning indicators to measure

## Newsletter 19-02 Content

- 10th International Conference on Health Promoting Hospitals
- New WHO Health Promoting Hospital Database out now!
- Standards for health promotion, rehabilitation and disease prevention
- Translating Health Promoting Hospital Policy into Action: A working group of the WHO International Network of HPH
- Bulgaria: The hospital training centre for patients with chronic diseases
- HPH in Kazakhstan
- Piedmont: Developments in the regional HPH network
- Poland: Tenth anniversary of the national HPH network
- Russia – Kuzbass Region: Paramedical and Pharmaceutical Education Doctrine
- Russia – Penza Region: Examination of Treatment Quality Control
- Switzerland: New president of the national HPH network
- Tuscany: Public hospitals join the WHO International Network of HPH
- Network Headlines
- Call for papers for Issue no. 20 of the HPH Newsletter
- Conferences / Events / Publications



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## Conference Report

success. Dr. Laura MacLehose, London School of Hygiene and Tropical Medicine, focused in her presentation on the ongoing health care service reforms all over Europe which are due to changes in service demands, available techniques, increased clinical knowledge and societal changes.

Plenary 2 on the role of partnerships for the development of HPH was opened by Dr. Susanne Herbek, Municipality of Vienna, Austria, explained in her presentation how Vienna, a WHO Healthy City, is now reinforcing co-operation between different health promotion players (hospitals amongst others) in order to strengthen the health of its citizens. Ms. Ria von Bonninghausen, President Standing Committee of the Nurses of the European Union, presented some of the goals of the nursing profession that can be shared with HPH: An exchange of best practice, quality assurance, and adequate training for good job performance. Dr. Ivan Rovny, Slovak National Health Centre, described the Slovak national health promotion program which is based on the WHO Health-For-All strategy, and how this is linked to the Slovak health care system. Dr. Svend Juul Jorgensen, Denmark, presented the intermediate results of an HPH working group on developing standards for HPH. Following the ISQUA approach of standards development, the group developed standards for patient care, based upon the patient's pathway through the organisation.

The plenary on developing the quality of HPH focused on evidence based health promotion, workplace health promotion and safety aspects of quality strategies. Dr. Susanna Ebrahim from the Cochrane Health Promotion and Public Health Field pointed out that a lot of evidence on health promotion effectiveness is available already. She recommended HPHs to collaborate in effectiveness research on specific complex interventions. Prof. Karl Kuhn, Federal Institute for Occupational Safety and Health, Dortmund, introduced the quality model of the European Network of Workplace Health Promotion which is based on

the EFQM excellence model. Dr. Viv Speller, Director Public Health Development, Health Development Agency, London, presented that too strict quality schemes will not work for the HPH network. Dr. Svatopluk Hlavacka, Deputy Minister Slovak Ministry of Health, made clear that solutions which may appear to be smooth and effective on the first glance are not always the best ones in the long run. He showed the high risk which is associated with decreasing the number of hospital staff also for the hospital patients.

Plenary 4 on necessary preconditions for HPH introduced different organisational and financial models for HPH. Mr. Shay McGovern, Assistant Principle Officer, Department of Health and Children, Dublin, underlined that one of the key success factors of the HPH network in his country is the national health strategy which essentially supports health promotion activities. Ms. Diane Levin-Zamir, Director Department of Health Education and Promotion, Clalit Health Services, Tel Aviv, presented the comprehensive health promotion strategy of her organisation and recommended that HPH should never underestimate their power to influence public opinion and policy. Mr. Volker Schulte, Health Promotion Switzerland, explained that health promoters in Switzerland can apply for funding at the foundation if a number of quality criteria are met. Dr. Sergej Osipov, XXIst Century Hospital Foundation, Moscow, presented co-operation with business enterprises as sponsors and with NGOs and international organisations as important partners of the network.

## Oral and poster presentations

The conference provided a specific challenge to the Scientific Committee, as members had the important task to judge a total of about 250 abstracts. 83 oral presentation in 28 parallel sessions contributed to show the broadness of HPH activities. 145 poster presentations in 14 thematic groups completed the picture. For the poster competition, participants judged the

best poster in each thematic poster section.

In addition to the major areas of HPH ("Health Promoting Hospitals in their communities" and Creating Healthy Hospital Organisations") special attention was given to sessions on "Evidence based health promotion methods", "Smoke free hospitals", "Health education programmes", "Patient Empowerment", "Organising and Financing HPH" and "Hospital staff and stress".

The programme included also sessions on good and innovative HPH projects from the areas of organisational change, patient empowerment, community interventions and service quality.

Important for the future orientation of the network was a discussion group on challenges for the further development of HPH, chaired by Dr. Mila Garcia-Barbero, WHO and a workshop on implementing HPH policy into practice, chaired by Prof. Jurgen Pelikan, LBI.

## Workshops

A pre-conference workshop for newcomers to the HPH concept dealt with the implementation of HPH from a medical, management and nursing perspective.

As part of the parallel sessions programme of the conference, a number of further workshops were organised, dealing with the following issues: the EFQM (European Foundation for Quality Management) model as applied to HPH; the WHO working group "Putting HPH Policy into Action"; patient empowerment; and the Task Force on Health Promoting Psychiatric Health Care Services. In one of these workshops, the WHO Network of HPH and the UNICEF Baby Friendly Hospital Initiative (BFHI) were brought together for the first time. Genevieve Becker from Ireland and Dr. Viera Halamova from Slovakia collaborated in the preparation of this session.

## Post conference activities

After the conference, the Finnish-American artist Rea Nurmi decorated

## International Developments

the new-born-department in the University Children Hospital in Bratislava, thus applying health promotion ideas to the community.

A whole bus of Estonian health professionals made an excursion to Slovak HPH members. They visited the Institute of TB and Respiratory Diseases Nitra-Zobor and the University Children Hospital Bratislava.

I would like to thank our international partners for the co-operation in the preparation of this successful conference: the Ludwig Boltzmann-Institute (especially Mrs. Christina Dietscher), WHO-European Office for Integrated Health Care Services in Barcelona (Oliver Grone and Loli Martin). And I would like to thank the national partners: the University Children's Hospital Bratislava (Dr. Katarina Vicianova) and the Slovak Ministry of Health (Mrs. Zuzana Cervena). Many thanks also to the people from the Institute of TB and Respiratory Diseases Nitra-Zobor and specially Dr. Stefan Petricek for his excellent chairing of the Organising Committee.

Please visit also the Virtual Proceedings of the conference at [www.univie.ac.at/hph](http://www.univie.ac.at/hph)

*Zora Bruchacova, Bratislava*

## New WHO Health Promoting Hospital Database out now!

- **Online information about HPH projects is now available for member hospitals.**

The WHO European Office for Integrated Health Care Services has introduced a revised version of the Health Promoting Hospitals (HPH) Database at the 10th International Conference in Bratislava. The HPH database features search functions for hospital projects and organisational details, allowing users, for example, to identify all tobacco projects in member hospitals or search for all HPH hospitals in a specific country or region.

## Methodological Issues

Furthermore, in order to ensure that registered data are timely, the database allows for the online registration and modifications of projects. The database is password protected, and only registered users and national or regional network co-ordinators have access. Member hospitals have received a user code and password in order to update their hospital and project details. A new password will be sent out soon to members and co-ordinators, providing full access to all member hospitals' projects, allowing users to identify contact details of people working on the same problems, and to compare methods and results. Provisionally, members not having Internet access can request a floppy disk allowing for registration of data offline.

Furthermore, the web pages of the WHO European Office for Integrated Health Care Services are being updated. The Health Promoting Hospitals resources can now be found at <http://www.euro.who.int/healthpromohosp>. As an interim solution, until the process of updating the pages has been finalised, the HPH database will be available at [http://es.euro.who.int/areas\\_of\\_work/mgt/hph/frameset\\_hph.htm](http://es.euro.who.int/areas_of_work/mgt/hph/frameset_hph.htm).

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*Oliver Gröne, Barcelona*

## Standards for health promotion, rehabilitation and disease prevention

- **Can standards support the implementation of health promotion in HPH?**

Although the ideology and policy of HPH is clearly stated in the Vienna Declaration, the Ottawa Charter and other policy papers, the concrete implementation is still on very different levels in the member hospitals. Thus, the access to disease prevention, rehabilitation and health promotion is unequal for patients in hospitals, and staff policies are not always consistent with the ideas of the hospital as a healthy workplace. In the further development of the WHO Network of Health Promoting Hospitals we see therefore a need to describe how principles and overall guidelines for disease prevention and health promotion can be implemented in practice. A suitable method may be the definition of standards. A description of standards for HPH would define the tasks related to disease prevention and health promotion which should be considered by other hospitals and health care organisations as well. The different models for quality management which are used in many countries clearly demonstrate the value of standards for health care activities. Standards are necessary tools for evaluating the quality of care including health promotion. Evaluation can either be a self-evaluation or, as in accreditation, an evaluation performed by external surveyors or consultants. However, standards can be useful without external evaluation or accreditation of the activity as they support the learning process in the hospital, allow for exchange of experiences (benchmarking) and thus support the development of the hospital towards a learning organisation.

A common set of HPH standards would involve both national and international perspectives. In the national perspective they can provide a framework for disease prevention and health promotion and give hospitals a platform for the planning, implementation, documentation and evaluation of interventions, they can be part of the hospital's quality management plan and a basis for comparison within the national network, identify new needs for disease prevention and health promotion and support co-operation between the primary and the secondary health care



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## Methodological Issues

sector. In an international perspective standards can contribute to establishing a common platform for international comparison and exchange of experiences within HPH, but also with other hospitals.

A Danish working group presented the plan for defining health promotion standards for the European HPH network at the annual HPH co-ordinator's meeting in Copenhagen in 2001, and in this framework it was decided to start the process of standards development, co-ordinated by the Danish working group. The working group organised a workshop to discuss interim results and principles for standards development and a first draft paper which defines preliminary standards in Bratislava in May this year. The working group will continue its task and has the goal to present standards for health promotion, disease prevention and rehabilitation at the 10<sup>th</sup> International Conference on HPH in Florence, Italy (May 18-20, 2003).

## Definitions

In order to assure a common, unequivocal understanding of the terminology, the working group decided to use the following definitions for key concepts: A standard is defined as the quality target, which should be achieved or maintained for a given activity within a limited time frame, i.e., the realistic target.

Standards may be defined in quantitative terms, setting a quality level that can be expressed in figures, or in qualitative terms by describing the level for good quality and stating the preconditions for this level in descriptive terms, e.g. as instructions or guidelines.

Generic standards describe aspects concerning all patients regardless of their individual health problem or disease, while disease specific standards describe aspects for defined patient groups.

Process standards relate to activities related to clinical tasks (examination, treatment, care) or to the organisational support processes such as clinical guidelines, patient education etc. Structural standards formulate structural require-

ments for the delivery of a given service (equipment, physical setting, competencies of staff etc.), while outcome standards describe the effect on the patients' condition (e.g. pain relief, quality of life, survival), or the broader effects of the organisation (e.g. staff satisfaction, staff absenteeism, occupational accidents etc.)

Measurable elements as relevant clinical indicators in the process or outcome of care are important in order to evaluate the degree of compliance to standards. The value of indicators describes one or more dimensions of quality of care. Indicators should be valid, reliable, timely, comparable and responsive to change.

ISQuA, the International Society for Quality in Health Care, described the principles for setting standards and the process to be followed in its ALPHA program. The working group decided to follow these suggestions with the aim to get the standards for health promotion and disease prevention accepted as ALPHA standards. It was decided to systematically follow the patient's pathway from the primary health care sector into the hospital, through the hospital and, after discharge, back to the primary health care sector. All steps in this pathway will be analysed from the perspectives of patients, staff, the hospital organisation, environment and community.

The Bratislava workshop produced many valuable corrections and alterations on the first set of preliminary standards and also lined out the process to be followed: The draft standards will be re-written till the end of June and then revised by the workshop participants before sending them out for discussion in the national networks. A follow-up on comments from the networks will be discussed in November, and hopefully the standards thereafter will be ready for pilot testing in some hospitals. The next step will be to evaluate and eventually revise the standards after this pilot test, and to present the "final" standards at the annual HPH co-ordinators' workshop in Florence 2003.

Parallel to this process a Danish network group will prepare a Danish set

## News from the Networks

of standards for presentation at the Network's general assembly in October, and they will be pilot-tested in the following month.

We do hope that standards for health promotion and disease prevention will support the further implementation process and also correlate to the financial systems used in health care in different European countries so as to add an economic incentive to all other good reasons for strengthening health promotion and disease prevention.

*Svend Juul Jørgensen,  
Anne Mette Fugleholm,  
Lillian Møller, Copenhagen*

## Translating Health Promoting Hospital Policy into Action: A working group of the WHO International Network of HPH

- **HPH is developing from a vision towards a technology.**

Questions regarding quality issues of Health Promoting Hospitals have been an issue in the International Network of Health Promoting Hospitals over the last years. In this context, the WHO HPH Co-ordinating Centre has commissioned two working groups for further developing HPH standards and criteria on an international level. One of these groups is co-ordinated by the Danish National Network of HPH (see article by Jørgensen / Fugleholm / Moeller in this Newsletter) with a focus on health promoting and disease preventing clinical interventions for hospital patients. The second working group is co-ordinated by the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBI) in Vienna. The aim of this working group with the title "Putting HPH Policy into Action" is to develop crite-



## Conceptual issues

ria and guidelines for the implementation and evaluation of Health Promoting Hospitals, accompanied by models of good practice.

In its work, the group co-ordinated by LBI follows a systems theory and organisational development approach. As an interim result, the group summarised a model for an overall HPH approach for a systematic re-orientation of the hospital organisation:

- Health promotion is expressed as an explicit value in the hospital mission statement.
- The hospital has a specific HPH strategic policy.
- The hospital has a specific annual HPH action plan.
- The hospital has a specific HPH organisational manual.
- The hospital has a specific HPH management structure:
- HPH steering committee,
- HPH project officer / manager
- Network of HP contact persons on sub-unit level
- The hospital foresees specific participatory involvement of staff in proposing organisational change, e.g. through health circles.
- The hospital has a specific HPH budget.
- The hospital has specific HPH information strategies (e.g. newsletters, annual presentations).
- The hospital provides for specific HPH training / education for staff.
- The hospital has implemented specific HPH monitoring measures (e.g. regular surveys, balanced score card).

Such a comprehensive approach will be most likely to lead to sustainable outcomes in terms of health gain for the different target groups of the hospital organisation.

But it may also be a rational approach to implement specific single projects for specific target groups of the hospital and / or for further developing the health promoting potential of the hospital as a physical and social setting. For this second approach, the working group will develop recommendations for specific relevant intervention areas for promoting the health of patients,

## News from the Networks

staff and the people in the hospital community. Of course, such single projects will only lead to results in the specific limited area which is addressed by the project.

The core group of the working group will meet for next consultations at the WHO Regional Office for Integrated Health Care Services in Barcelona in November this year. A draft document will then be circulated in a sounding board. Results are to be expected for the 11th International Conference on HPH in Florence, Italy, in May 2003.

*Jürgen M. Pelikan,*

*Karl Krajic,*

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## Bulgaria: The hospital training centre for patients with chronic diseases

- **Bulgarian hospitals are applying effective ways of patient education.**

Health promotion, as a modern technology in health care, aims at reorienting the priorities from „a right to health“ to „a responsibility for health“, from „health for people“ to „health through people“. This requires the development of personal skills, knowledge and opportunities for control over one's own health.

There is a continuous tendency for the increase of chronic diseases in Bulgaria. 80% of the outpatient examinations are being made due to a chronic disease. All these cases require a long-term therapy whose effectiveness depends to a great extent on the awareness and the motivation of the ill patients.

This imposes the need for medical specialists in the hospital to be prepared for an additional mission – training their patients. They must be able to help their chronically-ill patients to cope with their disease daily. This is not possible when the patient is perceived as a passive object, and when an

edifying tone is used to speak to him / her. Unfortunately, this is a frequent model and it obstructs the patients in acquiring the ability to control their own therapy.

On the other hand, health promotion in hospitals – as a concept and a technology – aims to impose the application of an interactive approach, in which the patient is trained to assess, to choose and to analyse everything that is connected with his / her illness. In this approach the doctor's role is to help the patient to understand why and how the therapy is carried out. In this way, the medical specialists prepare the patient to collaborate and thus actively participate in the process of building up his / her knowledge and skills.

The doctor and his / her chronically ill patient, who is motivated to the necessary extent in advance, must be able to mutually design a plan for therapy, in which they both play important roles that complement one another, in the course of the long-term monitoring. The latter is very important for the success of the therapy plan. Without monitoring, the motivation of the patient – as well as of the doctor – is lost. The lack of standardised training for chronically-ill patients is one of the reasons for the bigger frequency of complications, the greater need of hospitalisation, and the increased expenses for therapy and rehabilitation.

That is why we set ourselves the task to develop and apply in practice an organisational-technological model of a Hospital Centre for the Training of Patients with Chronic Diseases, and in connection to this we established the following goals:

- Differentiate an independent structure for health promotion in the hospital – a training centre for patients with chronic diseases.
- Raise the level of knowledge, skills and motivation of patients with chronic diseases as part of the therapy.
- Decrease the frequency of complications in this category of patients.
- Decrease the number of hospitalisations among them.
- Decrease expenses for the therapy of the chronically-ill.



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### Methodological approaches

As a first step we developed educational standards for the training of patients with diabetes, bronchial asthma, heart attack, brain stroke, high blood pressure, osteoporosis, and rheumatoid arthritis.

Training consists of the following work steps which were applied to the patients:

*Step 1* – Admittance of patient in the clinic. Creating a supportive environment and a good partnership between the patient and the personnel.

*Step 2* – Registration of patient in the hospital training centre and conducting his / her training according to a standardised programme, if the patient's general condition allows.

*Step 3* – Provide information about the patient to the Education Centre for people belonging to risk groups according to the hygienic-epidemiological inspection (department "Health promotion and disease prevention") with the purpose of educating closely related persons (family members, friends, colleagues).

*Step 4* – Evaluation of education effectiveness: survey before and after education and again 6 months later. Creation of a data base for evaluation – frequency of hospitalisations and complications, average length of stay.

Besides from the clinics, patients were also referred to the hospital training centre from:

- specialised consultants in the hospital;
- general practitioners;
- occupational medicine committees;
- social services.

Training was conducted for individuals and in groups. The groups were formed at least one week prior to training, with the aim to have comparably homogeneous groups (although this is not always possible). The optimal number of participants was 8-10, in order to allow for interactive training. In some cases the training involved also the friends and relatives of the ill, as the role of friends and relatives is important especially for older patients.

Patients prefer individual training. It also allows for the medical specialists to acquaint themselves in greater detail with the problems of the patient with his / her illness, with the characteristic peculiarities of his / her personality and his / her motivation to collaborate.

We applied an interactive model of training, which allowed the patients to share their opinion, experience and knowledge concerning their illness. Thus, training was carried out in the form of a discussion, with the trainer summarising opinions raised and answering questions. Passive education strategies – slides, films, albums, etc., were used only as an addition to the interactive training.

At the end of each training session there was time for individual conversation in the group to discuss specific illness-related problems.

The data base for the patients undergoing training includes their detailed address data, assessment questionnaires on their level of knowledge, skills, and motivation, in connection to their disease, results from the evaluation of their health status, etc. These data are included in the so-called *Technical card* of the patient.

The educational standard for patients with chronic diseases included the following elements:

- knowledge, skills and motivation of the patient to deal with his / her illness are formulated on an expert level;
- thematically structured training schedule and standards concerning which medical specialist should conduct the training on each separate topic, and what types of training material is necessary for each separate topic;
- knowledge, skills and motivation of the doctor and the nurse conducting the training are formulated on expert level;
- training program for doctors and nurses, who conduct the training of the patients (based on the thematic structure of the patient training);
- methodological guide for trainers;
- Patient guide (information and advice).

The participation of the medical specialists in the activity of the hospital training centre for patients with chronic diseases:

In Bulgaria, there are two ways to involve medical specialists in patient training activities:

In the first case, patient training is part of the respective clinical path. This is subject to negotiations between the respective hospital and the regional health insurance fund. In this case, The medical specialists carry out their activity within the framework of their regular working time and receive their regular payment.

*Advantage:* Greater competitiveness of the hospital on the medical service market.

*Disadvantage:* Although patient training is an element of the clinical path, it is likely to be omitted or performed in way that is useless for the patient.

In the second case, the training of a chronic patient is carried out as a separate medical service and is agreed upon between the respective hospital and the regional health-insurance fund as such. The medical specialists receive additional payment for their training activity.

*Advantage:* The greater motivation of the medical specialists might guarantee a real, valuable training. A significant positive effect on the patient can be expected.

The third and least probable possibility would be that the hospital training centre for chronic patients exists as an independent service, paid for by the patients themselves.

The preliminary results of the activity of the hospital training centre for patients with chronic diseases show changes in the following directions:

- Increased possibilities of patients with chronic diseases for self-control of their disease: higher level of knowledge, skills and motivation;
- Decreased number of complications;
- Decreased number of hospitalisations within a year;
- Reduced expenses for therapy.

## News from the Networks

# HPH in Kazakhstan

### ● 2 HPH pilot hospitals were set up in Kazakhstan.

The National HPH initiative in Kazakhstan was started in February 2001 with the approval of the national Ministry of Health and under the coordination of the National Centre for Healthy Lifestyles, a state institution. The region of Almaty (former capital of Kazakhstan) was chosen as a pilot region with two pilot hospitals whose staff showed interest after information and instructions had been provided. Each hospital has a co-ordinator, a working group, central goals, and a plan of work for one year. The hospitals also received a membership certificate. The biggest problem of the project is the lack of financial support – it is solely based on voluntary activities. Hospital number 5 is specialised on ears, nose, throat and orthodontia. The hospital has three main goals:

- Smoke free hospital: It is prohibited to sell cigarettes in the hospital, and change seminars for medical staff are organised. Most of the medical staff participated in the International Quit and Win competition. Five doctors actually stopped smoking. The hospital also served as a basis for biochemical analyses among the 18 participants in the National Quit and Win Competition 2002.
- Physical activity for staff and patients: Medical staff regularly take part in physical exercises. Patients are taught to perform exercises by trained specialists.
- Better knowledge of patients: Training sessions to increase the knowledge of patients are permanently organised.

Hospital number 2 is a children's hospital where the HPH activities are co-ordinated by a doctor. The goals of the hospital are:

- Smoke-free hospital: Doctors and other staff as well as parents do not smoke at the hospital premises.
- Training for children / adolescents: By means of interactive methods

including videos, children are informed about health and lifestyle issues. Training groups usually include 12-14 people.

- Healthy nutrition: a working group explains WHO recommendation on healthy nutrition to staff, parents and patients. They are also provided with posters, leaflets and other materials.

*Raushan Djarzjanova, Almaty*

## Piedmont: Developments in the regional HPH network

- The Piedmont regional HPH Network (founded in 1997) aims at humanising health services.

On April 19, 2002, a meeting was organised in Turin by the co-ordinating Centre of the regional network at the Gradenigo Hospital of Turin, the Department of Health of the Piedmont Region Government and the Piedmont Branch of the Italian Committee for Health Promotion and Education.

The main topics were:

- the level of staff commitment in the participating hospitals;
- problems to be addressed;
- goals achieved in a five year period;
- the effectiveness of a questionnaire for detecting the needs of patients and staff;
- the role of information and communication for improving the skill of staff and the quality of care;
- the feasibility of targeted operative rules for patient admission and discharge.

Several experiences on special topics (e.g. paediatric surgery, an intercultural approach in multi-ethnic wards, the management of elderly patients in co-operation with community social services) were discussed.

A protocol for the heartily reception of

patients and their relatives was designed and has been approved by all the participating hospitals at the end of the meeting.

In recognition of the good work done in this field, Mrs Marisa Tosi, co-ordinator of the project, was invited into the scientific committee of the Piedmont HPH Network.

*Luigi Resegotti, Turin*

## Poland: Tenth anniversary of the national HPH network

- The Polish HPH Network has risen to 104 member hospitals.

The Polish National Network of Health Promoting Hospitals was established in 1992 on the initiative of the Department of Health Promotion of the National Centre for Health System Management in Warsaw. At present, 104 member hospitals joined the network. The highest body of the Network is "The General Meeting of the Polish National Network of HPH's Representatives". The second level is "The Council of the Network". The Council and Co-ordinator of the Network are elected for two years during the Meeting of HPH Representatives.

Since March 2002, two regional networks exist in the country: The Lower Silesian Network with its headquarter in Wroclaw and the Malopolska Network with its headquarter in Cracow. The co-ordination of these rests with relevant regional centres. The regional networks allow for dealing with local health and health care problems of the hospitals functioning in the Region. Member Hospitals and health promotion activities in areas without a regional network are co-ordinated directly by the national co-ordinating centre in Warsaw. Newly interested hospitals within the regions apply for membership through the regional centres to the Council of the National

## Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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## News from the Networks

Centre of HPH in Warsaw, which has to approve the application.

### Profiles of the HPH Member Hospitals

58 of the 104 member hospitals are general hospitals, including 4 university medical school teaching hospitals and 2 central (countrywide serving) hospitals. But most of the general hospitals serve local or regional catchment areas.

Another group of 8 hospitals are specialised for children.

The last group of 33 hospitals are specialised in different fields like psychiatry, neurology, rehabilitation, cardiology, oncology, pulmonology, rheumatology. They have large, sometimes country-wide catchment areas.

### Recruitment of new members

The annual national HPH conferences plays a central role in recruiting new members, as well as other activities of the Co-ordinating Centre.

There is hope, that the accession process of Poland to the EU will positively influence the development of health promotion policy in the country. But emphasis on real development and financing of public health activities including health promotion is still too vague.

There are four obligatory issues to be implemented within each HPH member hospital (priority / focus areas):

- Health promotion within the hospital structure
- Health education within hospitals premises and in the community
- Healthy nutrition
- Tobacco & Alcohol
- Collaboration with institutions and the community within the hospital catchment area.

In its application, a new hospital should list:

- what kind and how many health promotion topics and activities (at least in health education) have been carried out till the present;

- what kind of health promotion topics and activities the hospital intends to develop in the nearest future.

The main emphasis within activities of the member hospitals is on health education and information in order to improve health literacy.

There are nine groups of sub-projects carried out by the Network Member Hospitals, with at the moment 598 programs:

- Health promotion in the hospital structure;
- Disease prevention and health education;
- Anti-tobacco activities;
- Collaboration with local communities;
- Health and nutrition;
- Nosocomial infections;
- Segregation and utilisation of waste;
- Patient friendly hospital;
- Improvement of quality of care.

The majority of hospitals perform 3-9 subprojects. However, some of the hospitals have not even implemented the four obligatory subprojects.

### Main problems

Along with the Polish hospitals restructuring and accreditation process, the Polish Network has made great efforts to implement a rule to enhance the possibilities for member hospitals to receive additional and appropriate scores in the accreditation process for that. This is already in use in some regions in the country.

Since January 1999 the Polish Network has been issued the Polish HPH Network Bulletin 4 times a year, with the aim to support member hospitals in their progress with health promotion actions and programs. In 2000, electronic contacts between the Co-ordination Centre and the member hospitals took over the role of the Bulletin. A separate problem concerns membership in the WHO HPH Network. For several years, the number of 25 "Euro-Members" from the Polish network has not risen, the main reason being that

hospitals do not see the benefit of international membership.

### Improving the support of network hospitals

Hospitals could be better supported in at least 3 ways:

- support from the Ministry of Health (better recognition also of financing needs);
- provision of membership scores during the general hospital accreditation process for network hospitals;
- HPH member hospitals should have priority in receiving financial compensation from sickness funds for their health promotion programmes.

*Jerzy B. Karski, Warsaw*

## Russia Kuzbass Region: Paramedical and Pharmaceutical Education Doctrine

- **The Russian region of Kuzbass has implemented a program to increase nursing quality.**

Healthcare and medical science development in the Russian Federation is closely connected with the reform of the nursing profession, without which a transition to resource-saving healthcare provision and the implementation of new medical technologies is impossible.

This requires training perfection and an improvement of nurses' skills by continuous education, taking into account the needs of the healthcare system and the demand of time.

A programme and a plan which defined basic measures in this context were developed in the Kemerov Region.

Nursing education has been undergoing considerable changes in content and an enlargement of the training profile. Professional mobility, students' inter-



## News from the Networks

ests, the needs of hospitals and the directions of healthcare development have also changed.

All educational institutions of the region offer compulsory education on “Medical history”, “Healthcare technology”, “Research methodology”, “Help people to change”, and “Positive maternity” as well as optional education on “Reproductive health”, “Psychology of Professional Relations”, “Youth and Politics”, “A nurse’s health”.

A quality management system for nursing training, based on the monitoring of qualitative indices of the structure and final results of the educational process, has been developed and is being used. Structural quality control is based on the evaluation of logistic support of the respective educational institution, staff qualifications and financial well-being which is included in the certification and licensing of educational institutions.

A governmental certification annually ratifies high results of students’ progress and specialists’ willingness for professional activity.

Courses are accompanied by sociological studies on the young specialists’ satisfaction with the obtained knowledge and skills: 80% of respondents are fully satisfied with training and consider it to be of high quality, only 7% think it’s superfluous and useless for practice, and 13% marked issues which should be intensified in the curriculum, e.g. function studies, first aid, physiotherapy, biomechanics.

Also evaluated were the opinions of chief and head nurses in hospitals about the training of the graduates. Practically all chief and head nurses mention a high level of theoretical footing, good professional and adaptive characteristics of young specialists. At the same time, the sociological studies gave an opportunity to adjust the curriculum. One of the main directions in the realisation of the doctrine is the development of research among teachers and students.

Teachers of specialized secondary educational institutions of the region are actively involved in research in different areas:

- elaboration of new nursing technology models;
- standardisation of nursing activities;
- study of nurses’ work standards;
- determination of types of nursing activities and their description.

Practice oriented training programmes of the regional colleges and medical schools include all forms of individual work, education and research work, task forces, so that the future specialists are able to acquire multifunctional skills which allow them to develop professional mobility and competitiveness. Under the teachers’ direction, students compose standards of nursing care and elaborate layouts of protocols for the treatment of patients with different pathologies, which they use during their professional practice. The main trend in students’ research are:

- history of the nursing profession in the region;
- investigation of profession’s choice motivation among medical students;
- study of socially significant factors affecting students’ health;
- parameters of physical status among medical students and others.

In order to form a new educational environment, which promotes civil upbringing, professional self-determination and creative achievement of specialists, students together with their teachers take an active part in the voluntary movement:

- assistance to elderly people and invalids;
- anti-drug movement;
- positive life competencies.

To create healthy and safe working conditions, to study students’ health and physical status, a Health Promotion Centre for students has been established at Kemerov regional medical college. It provides monitoring of students’ health, promotes the use of health protection technologies, and an optimisation of the psychological climate among students and teachers.

By student and teacher participation in

the Centre and in voluntary movements, we want to promote the development of systems thinking, increase graduates’ professionalism, social activity and adaptability.

Summing up, the main results are an increase in nurses’ professionalism, a rise in efficiency and quality of nursing care, positive evaluation by physicians and patients, the implementation of practical education, planning of own activities as well as control and evaluation of these, practical analysis and elaboration of personal decisions. Also, a Guidance Advisory Centre with the following objectives was established:

- prediction of development perspectives of the nursing profession in Kuzbass;
- guidance of a postgraduate training process and self-education of paramedics;
- support of implementation of new nursing technologies in practical healthcare;
- co-ordination of research among teachers of secondary educational institutions specialised in the medical and nursing profession.

The regional educational and health care institutions together with the Kuzbass Association of Nurses organise annual regional conferences on research and practice, such as: “Introduction of new nursing technologies in healthcare”, “The nursing process – an integrated approach to patients’ care”, “Safe hospital environment” and others.

Practically all trends of the Paramedical and Pharmaceutical Education Doctrine are now realized in the Kemerov Region, thus promoting the development of the nursing profession and contributing to the objectives stipulated in Russian Federation’s concept of healthcare development.

*K.V. Shipachev,  
T.I. Shvets, Kemerov*



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## News from the Networks

### Russia Penza Region: Examination of Treatment Quality Control

- **Quality development increases health gain for long-term patients.**

To-date's regulations on the quality control of diagnosis and treatment are insufficient, and hospitals have to develop criteria on their own.

Penza Region has implemented its own scheme of quality control for treatment. The scheme is based on the decisions of an expert commission on the treatment of long-term care cases. Expert records which are based on three levels of quality were included. The level of treatment quality is shown by a quality coefficient, on the basis of which an additional salary is fixed. In order to reach this goal a computer programme was developed which allows to fairly evaluate the level of treatment and clinical outcome.

At present we are working on the development of common regional and national benchmarks which will allow to compare the obtained examination results.

*A.V. Nikishin*

### Switzerland: New president of the national HPH network

- **Switzerland has clear standards for HPH membership.**

The Assembly General of the Swiss Network elected Pierre Boillat, president of the important Health Insurer CSS, as president of the Network. This co-operation between a health insurance company and Health Promoting Hospitals could be very fruitful. On May 23<sup>rd</sup>, the president of the

board of the teaching hospital of Geneva, State Counsellor Pierre-François Unger, received the certificate "Health promoting Hospital, member of the Swiss Network, a network of the World Health Organisation (WHO)" from the co-ordinator Nils Undritz. The teaching hospital is the fourth institution to receive this appreciated recognition, which is based on the following conditions:

- Specific procedure for the organisation („Setting“): The hospital submits a plan for internal organisation to the Steering Committee of the network.
- Three health promotion projects or activities matching the specific criteria.
- Smoke-free hospital environment: The hospital is willing to comply with the recommendations of the Swiss Federal Health Department for smoke-free hospitals, which have been defined by the Network as follows: The hospital is smoke-free. Patients and visitors do not get in contact with smoke, except for in separated, ventilated areas, where smoking is permitted and which are in no direct contact to the public. The hospital offers advisory services to those, who want to stop smoking. The hospital does not sell any tobacco goods in its sphere of influence.

When applying, the hospital must comply with two of the three pre-requisites, and it must have a plan when it will meet the 3<sup>rd</sup> criterion.

*Nils Undritz, Suhr*

### Tuscany: Public hospitals join the WHO International Network of HPH

- **HPH gains further territories in Italy.**

With Tuscany Public Hospitals, the Italian Network of Health Promoting

## Network Headlines

Hospitals has recently acquired some new and willing members who will support the main project with their original proposals and their first-rate achievements.

Tuscany Public Health Service has been active in preventive medicine for a long time with a lot of different initiatives aimed at informing and educating the general population on the subject of health. This experience is an original contribution to the development of both the local and the national project. Dr. Paolo Morello Marchese, who is the director of the medical area at Meyer Hospital, has been entrusted with the local co-ordination of the project. He is already planning the future development of the regional network of Health Promoting Hospitals and, at the same time, he is acquainting himself with the methods and aims of the national network.

The framework of the last National Conference which took place last December in San Remo near Imperia provided the opportunity to share the latest experiences from all over Italy. The next months of the year 2002 will be very important for achieving a local agreement where the tasks which are already undertaken by the hospitals will be officially established.

*Paolo Morello Marchese, Florence*

## Network Headlines

### International HPH Network: 11th International Conference

The 11th International Conference on Health Promoting Hospitals will be held in Florence, Italy, from May 18-20, 2003. It will be hosted by the Tuscany Region and the A. Meyer Hospital in Florence. A Call for Papers will be issued in September this year. Contact local host: Dr. Paolo Morello Marchese, HPH Co-Ordinator of the Tuscany Region (Phone: +39055 56623 19 or 22, fax +39 055 56623 34, e-mail p.morello@meyer.it)

## Network Headlines

Contact Scientific Committee: Ms. Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (Phone: +43 1 4277 48295, fax +43 1 4277 48290, e-mail hph.soc-gruwi@univie.ac.at). Conference web-site: www.univie.ac.at/hph.

### Austria: 7<sup>th</sup> National Conference on HHP

The 7<sup>th</sup> Austrian Conference on Health Promoting Hospitals will be hosted by the General Hospital Linz, Upper Austria, from November 18-19, 2002. The conference will be held in German language on the subject "Patienten-orientierung gemeinsam verwirklichen: Partnerschaften für Gesundheit entwickeln. Further information available at Brigitte Wilhelm (oenet.soc-gruwi@univie.ac.at), or the web-site of the Austrian network: www.univie.ac.at/oengk/

### News from the Finnish Network

- The Association of Health Promoting Hospitals in Finland had an opportunity to organise a national seminar: "Health Promotion in specialised health care" (May 22, 2002, Jyväskylä) with about 80 participants as part of a bigger national health care conference which takes place annually in Finland.
- Our new Web-Site will hopefully be open in August this year!
- Problems of the network: is that in spite of trying we did not get any financial support for our activity this year.

*Maria Hallman-Keiskoski,  
Jyväskylä*

### France: News Flashlights

- HPH conference: On May 22, the French Network of HPH organised a large conference in Paris during "Hôpital Expo", a yearly national event for hospitals. Many hospital managers attended the

conference titled "Promoting Health in Hospitals", even though other major conferences took place at the same time. The International Network of HPH was represented by Karl Krajic from the WHO Coordinating Centre for Health Promotion in Hospitals and Health Care Services, and participants reported on many health promotion actions which are performed in French hospitals, showing the growing interest for an exchange of experiences.

- New Web-Site: Welcome to the new French HPH website! If you speak French fluently, you might be glad to find information and a possibility to reach the French HPH co-ordination by surfing on www.inpes.fr. Not only will you find the major WHO declarations on the topic, but you may also link to other European networks, and few international websites. Interested getting a link with the French website? Contact them on www.inpes.fr or directly at hph@inpes.fr !
- Publication: "Lasanté de l'Homme" (Human health) is a national French journals with more than 12.000 readers from the fields of education, social and health environment. The August number of the journal will present a large file on health promoting hospitals, presenting international and national experiences, but also major articles on hospital changes regarding health promotion. No doubt that this special number will be a great opportunity for the French HPH network to communicate and to disseminate its experiences on a large scale.

*Pierre Buttet, Paris*

### Italy: 6<sup>th</sup> National Conference on HPH

The 6<sup>th</sup> Italian Conference on HPH will take place from November 25-26, 2002, in Castelfranco Veneto (35 km from Venice). Plenary Sessions will be both in English and in Italian language,

and some renowned international HPH experts have already accepted the invitation: Don Nutbeam, Richard Parish, Erio Ziglio and Juergen Pelikan will be present to discuss about "Evidence Based Interventions, Planning and Quality in a HPH". Further information on the event: www.ulssasolo.ven.it/hph

*Simone Tasso, Castelfranco*

### Italy-Veneto: New Web-Site of HPH Regional Network

The new HPH Veneto Regional Web Site was launched on June 20, 2002. The most important aspect is that it is written both in English and in Italian. It provides information about the Regional Co-ordinating Centre, hospitals and regional activities. A general view of each regional project is also given with the e-mail address of each project co-ordinator who can be contacted for cultural exchanges. Please visit the new web-site at: www.ulssasolo.ven.it/hph.

*Simone Tasso, Castelfranco*

### Lithuania: 7<sup>th</sup> National HPH Conference

The 7<sup>th</sup> Lithuanian HPH conference "Evidence based patient education" will be held on 27<sup>th</sup> of September 2002 in Birstonas (Kaunas region, Lithuania). As a keynote speaker, we expect Prof. J.P. Assal, University Hospital Geneva. Conference language will be Lithuanian and English, so that participants from other countries are invited too. Further information is available at the secretary of the Lithuanian HPH network from Zemyna Milasauskiene (email: zemyna@vector.kmu.lt)

*Zemyna Milasauskiene, Kaunas*

### Russia: Developing the network

In September 2002, the Foundation "XXI Century Hospital" will organise a second Workshop of Regional HPH Coordinators from 22 regions of the

## Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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## Network Headlines

Russian Federation. Suggested projects will be considered, and a plan of work for 2003 will be elaborated. Papers for the 11th International Conference in Florence in 2003 will be discussed as well as the participation of our regional HPH networks in the preparation of the 12th International Conference on HPH (to be held in Moscow in 2004). A two-week training course on management for hospital directors has been set up and approved. Due to the positive feedback, seminars will be organised twice a year (autumn-spring). In January 2003 we will begin to introduce an information and communication system to improve co-operation between Russian hospitals. In order to improve co-operation and exchange of experiences on an international level, a Russian HPH delegation will take part in the 7<sup>th</sup> Lithuanian HPH Conference in September 2002.

*Sergej Osipov, Moscow*

## Swedish HPH activities

- Network exchange: In the beginning of June, 15 representatives from the Swedish HPH network visited the Danish HPH network. This meeting can be seen as a first step in an exchange of knowledge and experiences between the two countries.
- Standards development: In the beginning of September the Swedish HPH network will have a 2-day workshop to discuss standards for HPH.
- 8th Swedish HPH Conference: The conference will take place from November 14-15, 2002, in Hässleholm. The subject is "Equality in Health for children, the workforce and the Elderly".

*Anita Jenberger, Linköping*

## Call for Papers

# Call for papers for Issue no. 20 of the HPH Newsletter

- **If you wish to submit contributions for HPH Newsletter no. 20, please follow the guidelines below. Deadline: November 20, 2002**

If you wish to submit an article for issue no. 20 of the HPH Newsletter, please do not exceed 1000 words. Please provide references in text. If you wish to make longer contributions, please contact the editors (c/o Christina Dietscher, christina.dietscher@univie.ac.at).

Especially invited are contributions

- about specific HPH projects (either for hospital patients, for hospital staff, for the community population or for developing specific support structures for Health Promoting Hospitals);
- about comprehensive HPH approaches including the development of the whole hospital organisation;
- 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

# Conferences / Events / Publications

**Standards der Medizin und Zukunftsentwurf**  
September 13-14, 2002

German-speaking meeting connected with the 25-year-anniversary of the Klinik St. Irmingard, one of the former pilot hospitals of the European Pilot Project of Health Promoting Hospitals (1993-1997) Further information: klinik\_st\_irmingard@t-online.de

### CleanMed 2002

An international health care conference on environmentally preferable products and green buildings

October 25-26, 2002, Chicago, Illinois. For further information, please contact Peter Diamond (phone: +617 524 6018; fax: 617 524 7021; e-mail: pdiamond@igc.org, www. cleanmed.org

### MedWaste Treatment:

An innovative competition for innovative technologies for the treatment of medical waste in rural areas.

Closing date for letters of intent: October 1, 2002. For further information, please contact: Dr. Jorge Emmanuel, 628 Second Street, Rodeo, CA 94572, USA (Phone: 510 799 2551, fax: 510 799 2572, e-mail: info@medwastecontest.org, www.medwastecontest.org

### 2nd Asia Pacific Forum on Quality Improvement in Health Care

September 11-13, 2002, Singapore  
For further information, please contact: Jamie Tan, MP Asia Pte Ltd, 20 Kallang Avenue, 2<sup>nd</sup> floor, Pico Creative Centre, Singapore 339411, phone: +65 2972 822, fax: +65 2972 670, e-mail: jamietan@mpgoupasia.com

### European Health Forum Gastein: Common challenges for health and care

September 25-28, Bad Hofgastein, Austria  
Conference web-site: www.ehfg.org

### ISQua's 19th International Conference on Quality in Health Care

Paris, France, 4-8 November 2002.  
PreConference program: 4-5 November, Main Conference opens evening of November 5. For full details and regular updates, check ISQua conference.

### Social Determinants of Health Across the Life-Span: A Current Accounting and Policy Implications

November 29-December 2, 2002-07-16 York University, Toronto, Ontario  
www.atkinson.yorku.ca/frschhstm.htm

### Equity, solidarity and responsibility for health

VIIth IUHPE European Conference on Health Promotion and Health Education  
Perugia, Italy, June 15-18, 2003. For further information, please contact www.unipg.it/csesi