

# Newsletter

No 20 · December 2002

## Editorial

Dear readers of HPH Newsletter No. 20,

2003 will bring about a number of interesting developments for the International Network of HPH.

We are looking forward to the 11<sup>th</sup> International Conference on Health Promoting Hospitals which will take place in Florence, Italy, from May 18-20, 2003 – please reserve the date! The conference (for further information see article on this page) will provide an international forum for learning and exchanging experiences about new governance, patient orientation and cultural diversity in hospitals. We heartily invite you to visit the conference web-site [www.univie.ac.at/hph/florence2003](http://www.univie.ac.at/hph/florence2003) where you will find detailed information about the scope and purpose and where you can submit your abstract on-line.

Two international working groups (commissioned by the HPH co-ordinating centre at the WHO-European Office for Integrated Health Care Services), aiming at further developing the implementation of health promotion in and by hospitals, will present their work in the framework of conference (see article in this Newsletter issue for further information).

From the already 35 national and regional networks of Health Promoting Hospitals that exist all over Europe, you will find in this Newsletter issue contributions from seven national and regional HPH networks, mostly from Middle and Eastern Europe, who are presenting latest news and activities. Contributions show an increasing tendency towards international co-operation between the European HPH networks, and there is also increasing experience with overall HPH organisational development approaches.

We wish you a merry Christmas and a happy and healthy year 2003!

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

## 11th International Conference on Health Promoting Hospitals

- **The conference will take place from May 18-20, 2003 – please reserve the date!**

The 11th International Conference on HPH will take place in the lovely town of Florence, hosted by the Tuscany Regional Network of HPH and A. Meyer Hospital in Florence.

The thematic focus will be on “Reorienting hospitals towards better health in Europe: New governance, patient orientation and cultural diversity in hospitals”, and the organisers expect several hundred visitors from all over the world to discuss, learn from each other and share their knowledge and experiences on the conference topics.

Please find herewith an extract from the conference scope and purpose text for your further information.

### Towards New Governance

The increasing dynamics and complexity of society require new instruments for steering social developments. In the European Union, models and instruments to increase the participation of institutions, networks and citizens in decision-making processes have become known as New Governance. The conference will tackle the question how hospitals can take up the challenges and chances of new hospital governance to improve their health outcomes:

- How can New Governance be applied to the health care sector, especially to hospitals? What is the relation to enabling / empowerment in health promotion?
- How can hospitals improve staff and patient participation in hospital decision making?
- How can hospitals contribute to the overall societal change and health policy development processes as advocates for health or partners in healthy alliances?
- What could be the role of the HPH networks in contributing to these processes?

### Realising patient orientation

Patient orientation is an important issue in current hospital and health care reforms, especially in quality strategies. In the framework of this conference, concepts, models and experiences of the specific HPH approach to patient orientation will be discussed:

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Hospitals

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## European Developments

- How can patient orientation be understood in a health promotion context – what is the relation to empowerment and improvement of health literacy? What models, experiences and evidence do exist?
- How can patient involvement in hospital decisions (“new hospital governance”) increase patient orientation and patient health?
- How can the orientation at protecting patients’ health be strengthened to reduce negative effects of hospitals like medical risks and errors or nosocomial infections?

### Managing cultural diversity in hospitals

Hospitals are challenged by the increasing cultural diversity of their patients and staff, which is due to processes like increasing (European) integration, the planned enlargement of the European Union, ongoing migration movements, health tourism etc. The conference will discuss implications of increased cultural diversity for Health Promoting Hospitals:

- What can health promotion offer to hospitals for successfully coping with cultural diversity?
- What specific solutions can be implemented to promote the health of culturally diverse patient populations (e.g. improve quality of hospital services, increase health literacy)?
- What are the implications of a culturally diverse workforce for workplace health promotion in hospitals?

### Program elements

Conference topics will be presented and discussed in keynote lectures and panels, workshops, paper and poster sessions, and action labs as a new form of bringing together theory and practice on selected conference issues.

### Who should attend?

The conference aims at providing orientation and facilitating an exchange of knowledge and experiences for: Repre-

sentatives of the medical and nursing professions and all other health professionals; hospital and health care management; representatives from patient organisations and other NGOs, from health policy and health administration; public health actors and experts; health and health promotion scientists and practitioners, health care consultants.

For further information, abstract submission (deadline: January 15, 2003) and registration, please visit [www.univie.ac.at/hph/florence2003](http://www.univie.ac.at/hph/florence2003).

*Christina Dietscher, Vienna*

## Joint meeting of WHO Working Groups in Barcelona

- **WHO working groups are further developing HPH.**

In 2001, WHO commissioned two working groups in order to further develop health promotion in and by hospitals: A working group on developing standards for evidence-based areas of health promotion in hospitals (co-ordinated by Dr. Svend Juul Jorgensen, Denmark), and a working group on putting HPH policy into action (co-ordinated by Prof. Jürgen M. Pelikan from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care), aiming at supporting hospitals who want to implement an organisation-wide, overall HPH approach. Both working groups met for a joint workshop in Barcelona from November 22-23 this year.

The aim of the meeting was to further develop the respective tasks of the working groups and to co-ordinate their work.

Final drafts of the standards for health promotion in hospitals and a paper aiming at providing support for implementing an overall HPH approach will be presented in the framework of the 11th International Conference on HPH

in Florence in May 2003, and more detailed information will be available in issue no. 21 of the HPH Newsletter.

*Christina Dietscher, Vienna*

## Austria: The Overall Organisational approach of the Otto Wagner Hospital, Vienna

- **The Austrian Otto Wagner Hospital is on its way “from flourishing island towards cultivated land”.**

Today, health promotion in hospitals is still predominated by single project approaches. Such an approach can lead to a huge number of innovative projects, but contributes only very slowly – if at all – to the integration of health promotion into the organisational structure and culture of a hospital.

In this sense, the Vienna Recommendations on HPH (WHO 1997) define the embodiment of HPH in the everyday routine of a hospital as one of the central targets of implementing the concepts, values and standards of health promotion (to quote Pelikan et.al.: Health promotion should become a criterion for all decisions within the hospital organisation).

Of course the hospital size is of importance. A small hospital with only a few wards will accomplish the systematic integration of HPH into the organisational identity of the hospital, and – building upon this identity: the development of a health promoting organisational structure and culture – much easier than a huge organisation with many specialised sub-units.

So as the single project approach, this demanding approach calls for good project management, including the methodologically sound evaluation of project results. But in addition, an HPH overall organisational approach has to be closely linked to the general organisational developmental process

## European Developments

and to the introduction of a comprehensive hospital quality management system. Following from that, hospital management must have a central role in developing and disseminating HPH.

The Otto Wagner Hospital in Vienna, member of the Austrian National Network of HPH, is heading towards that direction. It is self-evident that evaluation methods and instrument that have been developed to measure project outcomes will not be sufficient to evaluate such large-scale overall interventions.

The Otto Wagner Hospital has therefore decided – so as many other European hospitals – to apply the EFQM Excellence Model, a well-trying instrument for evaluating organisational quality, based on the concept of integrated management. For this reason, the concept seems especially suitable for measuring the developments of a HPH (especially when combined with the Balanced Score Card – BSC).

When implementing HPH as an overall organisational approach, it is not only important to link it with organisational and quality development in the hospital (so as already mentioned), but also to involve hospital management – as one of the most important stakeholders – into the process.

As a first step in this direction, the HPH vision was integrated into the mission statement of the Otto Wagner Hospital. Then, following a top-down approach, leading personnel of all decision levels was informed about this strategic decision by the hospital management, and was made familiar with the two principal concepts of the hospital – health promotion and total quality management following the EFQM excellence model – in a series of conferences. Finally, new quality management structures (health promotion and quality managers, quality committees, etc.) will be implemented in order to support the leading personnel.

Concerning contents, the hospital is now focusing on health promotion for staff and the further development of a healthy hospital organisation – the reasons for these topics being the necessity to prevent an overload of work due to the enormous pressure for hospital

reform and the drastically changing demands to our staff (as was also discussed in much detail during the 1<sup>st</sup> Transnational Conference of German-speaking HPH networks in Vienna in November 2001).

The hospital aims at developing HPH in a participatory way. I.e., members of staff and management will have to decide jointly – and across units and hierarchies – what activities will have to be implemented in order to further develop health promotion for staff and the hospital as a healthy organisation.

*Reinhard Bachmann, Harald David, Gerhard Fruwirth, Heinz-Eberhard Gabriel, Karl Purzner, Vienna*

## Austria-Vienna: New HPH- Strategies of the City of Vienna

The City of Vienna is a “historic” scene for the HPH movement: In 1988, the first European pilot project started in the Viennese hospital “Rudolfstiftung”. In 1990, the International Network of HPH was founded in Vienna, and in 1997 the “Vienna Recommendations” were launched in the City Hall. Since the year 2000, the City is running the “Viennese Information Network for Health Promotion in Hospitals and Nursing Homes”. The principal aim of this rather informal regional network is to support local hospitals and nursing homes in realising HP through a bundle of strategies, adding to the support provided by the Austrian national network of HPH.

At the basis of these strategies was the documentation and analysis of Viennese HPH projects and the development of a strategic plan which was elaborated by the Ludwig Boltzmann Institute of the Sociology of Health and Medicine (Nowak, P., Dietscher, C., Pelikan, J.M. 2001: Möglichkeiten einer strukturellen Verankerung von Gesundheitsförderung im Bereich der Wiener Spitäler und Pflegeheime - Strategien für die Weiterentwicklung

des Wiener Informationsnetzwerks. Wien: Österreichische Gesellschaft für Theorie und Praxis der Gesundheitsförderung & Ludwig Boltzmann-Institut für Medizin- und Gesundheitssoziologie).

Six strategies were chosen, and most are carried out until now:

### 1. Provide a high level of information and interest within the professional public:

About 800 professionals (representing 48% of all Viennese hospitals) have already been informed about the HPH-concept and projects in six events. Six articles were published in a national hospital journal. An online database of 157 Viennese HPH projects was set up ([www.univie.ac.at/oengk/infonet.html](http://www.univie.ac.at/oengk/infonet.html)).

### 2. Empower and mobilise senior management, staff and health specialists:

So far, two training workshops were conducted, with a total of 80 participants (from 37% of the Viennese hospitals).

### 3. Provide knowledge for management and project managers:

An investigation of practical guidelines on HPH and specific HP strategies was conducted. About 50 guidelines (mainly in German) will be listed on the Internet with a short description and information on the availability of the respective documents at the end of this year.

### 4. Mobilise and co-operate with purchasers and hospital owners:

The development of a “Strategic Alliance” of purchasers and hospital owners was started in an ongoing co-operation with the most important Viennese hospital owner, the “Wiener Krankenanstaltenverbund”, which serves 80% of the population with 25 hospitals and nursing homes. This trust has now included HP into its missions statement and the strategic planning for quality development.



**Health  
Promoting  
Hospitals**

An International Network Initiated by the WHO Regional Office for Europe

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### 5. Establish HP support systems on the level of individual hospitals and nursing homes

This strategy will be further elaborated in the future and will be based on the results of the international working group "Putting HPH policy into action".

### 6. Develop joint actions with hospitals and nursing homes

This strategy too is still at the planning stage and should be carried out in co-operation with the Strategic Alliance, as soon as it is formally constituted.

After three years of development the "Viennese Information Network of Health Promoting Hospitals and Nursing Homes" has reached a participation of nearly half of the Viennese hospitals and nursing homes. We can see an increase of interest in HPH and the beginning of comprehensive reorientation of intramural care in Vienna towards HP.

*Peter Nowak, Vienna*

## Estonia: 3<sup>rd</sup> National HPH Conference Health Promotion in Today's Hospital is the Requirement of Time

- The conference was a forum of transnational learning and exchange of experiences

The 3<sup>rd</sup> Estonian National Conference on HPH took place on October 21, 2002, in the Estonian capital Tallinn. The main topics of the Conference were Integrated Health Care Services, Health Impact Assessment and New Partnerships for Health.

### Plenary

The plenary session, titled "Using results and methods of applied research

on HPH" focussed on several topics, such as:

- Estonian physicians as health promoters;
- The complaint management system in Tartu University Clinics;
- Patients' socio-demographic characteristics as predictors of satisfaction with health care delivery in Kaunas Medical University Hospital, Lithuania;
- Aspects of quality management methods in Tallinn Children's Hospital;
- Work load and health status of Estonian health care managers;
- Primary prevention of cardiovascular disease – the work experiences of Tallinn Lipid Centre 1998 – 2001.

The plenary session highlighted the importance of quality assessment of integrated health care services by judging quality of life and patient satisfaction as additional outcome criteria, next to best quality, effectiveness and efficiency of hospital services.

### Working sessions

Parallel sessions were organised around different HPH activities, amongst others good and innovative HPH projects, where presentations covered three Estonian models of good HPH practice: (i) Patient Education and Counselling in HPHs; (ii) Arts in the service of health; (iii) A sound mind in a sound body – physical activity as a life-style model for medical personnel.

Discussions focused also on other health related activities in hospitals, such as occupational therapy, creative therapy, psycho-social counselling, smoking cessation counselling etc. One of the main topics were information resources for patients: guidelines, information booklets, posters, videos, internet programs etc.

Empowerment of patients is a process through which they gain greater control over decisions and actions affecting their health. A well-trained patient obtains a higher quality of life, the

disease remains under control, the treatment is consistent and hospital costs are smaller for both the individual and the state.

Another conference topic was health impact assessment and co-operation with other social networks (e.g. Healthy Cities, Health Promoting Schools, Health Promoting Pre-schools, etc.) at the community / hospital level – decisions on political, economical and social level also having important effects on public health. Decision-makers take the responsibility for their own and public health developments by elaborating health strategies and by planning concrete activities. The definition of community varies depending on our perspective. If we characterise community as a communication system or by common health care usage, community can as well be a hospital with its territory, personnel, and the services provided. Such a wide definition can also be applied to Health Promoting Hospital, who do more than just organise medical treatment. They can also have effects on the health of the people in their neighbourhood, especially in the context of Healthy Cities.

### Networking

The 3<sup>rd</sup> Estonian Conference on HPH was also attended by 12 colleagues from the Lithuanian Network of HPH. In order to foster the international exchange of experiences, we took our Lithuanian guests to visit Läänemaa County Hospital and Neurological Rehabilitation Centre in Haapsalu in the West-Estonian County, on the day after the conference.

*Tiiu Härm, Tallinn*



## European Developments

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

- **The national conference with high-key international guest speakers took place in Castelfranco, Veneto.**

“Evidence Based Interventions, Planning and Quality in Health Promoting Hospitals” was the title of the 6th Italian National Conference on HPH, which was organised by the HPH Veneto Regional Network and took place from November 25-26, gathering an audience of 220 persons from all over Italy.

On the first day, Simone Tasso, Coordinator of the HPH Veneto Regional Network, opened the plenary session about “Evidence” with a lecture titled “Evaluation of effectiveness: main problems and challenges for the future”. He talked about the international debate about Evidence Based Medicine (EBM), starting from the definition of EBM given by David Sackett (“EBM is the conscientious, explicit and judicious use of the current best evidence, not restricted to RCT and Meta-analysis). He argued that it could be useful to face the matter considering “hierarchical levels of effectiveness”. RCT could get the highest level of credibility. However, an intervention cannot be called ineffective just because RCTs are impossible for methodological reasons: All that can be said about such interventions is that their evidence base is not as strong as the evidence an RCT can provide.

Don Nutbeam, Head of Public Health at the Department of Health (UK) talked about “Using evidence to influence the policy process”. In his position as a “critical friend”, he provided interesting suggestions to get HPH more on the policy agenda. Starting from the concepts of “policy” and “evidence”, he concluded that better evidence for the effects of HPH on the health of patients and staff will be needed in order to improve HPH’s potential for political influence. At least from an outside position, HPH appears to be

rather conceptual and theoretical. As he said, the big future challenges for HPH will be:

- to systematically collect evidence to determine whether the application of the concept achieves positive outcomes for patients, staff and the local community;
- to demonstrate that these benefits can be widely delivered in practice;
- to communicate these key outcomes in a way that fits with current political vision in individual countries or regions.

In order to make further progress in achieving the widespread adoption of the HPH concept, it will be necessary to better collect and present the available evidence, and new research will be needed in order to fill the knowledge gaps which will become apparent.

Dominic Harrison, Associate Director of the Health Development Agency (HDA – England), opened the plenary session on planning, and in the first part of his speech, he described the key elements of the new arrangements for health promotion and public health planning, delivery and performance management in England. Then, in the second part of his lecture, he described the evolution of health promotion theory and practice in England up to 2002, giving some new perspectives in health promotion planning in England with a specific focus on the contribution of hospitals and health care systems.

Juergen Pelikan concluded the session with a lecture on “HPH: From theory to action”. He underlined the importance of clearly distinguishing between health promotion (HP) and other interventions, using seven HP principles (empowering, participatory, holistic, intersectoral, equitable, sustainable, multi-strategy). Then he introduced four principal and eight core strategies for HPH, the principle strategies distinguishing between interventions addressing services and settings, as well as between an improvement of existing and the development of new services/ settings characteristics. The core strategies concerning an improvement of the existing services for patients are:

- empowering patients as self-reproducing persons, and
- empowering patients to be better co-producing partners.

The core strategies on settings improvement are:

- Further developing the hospital as HP residences for patients;
- Further developing the hospital as HP workplace for staff.

As core strategies for investing into new services, he listed

- empowering patients for managing illness, and
- empowering patients for life style development.

Core strategies for investing into new settings development are the following:

- developing the hospitals as a HP setting for the local community; and
- participating in local community development.

The plenary session on the second conference day was dedicated to “Quality” and was opened with a lecture by Paolo De Pieri, Head of the Quality Office, Provincial Health Unit, Trento. He presented an example of good practice (realised in Trento) in which quality and health promotion were integrated into hospital planning instruments (like budget, guidelines for the staff).

Erio Ziglio, Head of the WHO European Office for Investment for Health & Development (recently established in Venice) firstly outlined the issue of evidence related to the social and economic determinants of health in the WHO European Region. Finally, he explored examples on how crucial a better understanding of the social and economic determinants of health will be for enhancing both the debate and the performance of health systems in delivering better quality and health outcomes.

Parallel Sessions were organised by the Scientific Committee, trying to gather the discussion on the most frequent HPH projects of the different regional



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## European Developments

HPH networks. The sessions focused on:

- Smoke-free hospitals & territories;
- Migrant friendly hospitals;
- Pain-free hospitals
- Hospitals for better patient comfort;
- Hospitals as healthy workplaces;
- Healthy hospital food;
- Integration between hospitals and their surroundings.

A number of sessions came to the same important conclusion: In order to improve the visibility of the HPH movement, it is necessary to have common regional actions on specific topics.

A special session was organised around the posters, and a special board showed the best posters which had 5 minutes to be presented in the conclusive plenary session.

*Simone Tasso, Castelfranco*

## Poland: Report from the 8<sup>th</sup> National HPH Conference

- **HPH in Poland continues to develop regional networks.**

The conference took place from September 27-29 and was organised by two local hospitals in Koscian (near Poznan): The General Hospital of the Self-Managing Public Health Care Unit, and the Voivodship Neurology and Psychiatry Hospital. The main topic of the conference was "The contribution of HPH to develop health policy". The conference was attended by representatives from Polish hospitals (members of the HPH network as well as non-members) from all over the country, and by local and voivodship officials.

Two keynotes were presented by Poznan University researchers, one on "Health promotion: ideas, programs, and reality" by Prof. Helena Sek (psychologist), the other on "The place of health promotion in effective health

care system development" by Prof. Zbigniew Wozniak (sociologist). A third presentation "The place of HPH in health promotion theory and practice" was delivered by the co-ordinator of the Polish National Network of HPH (J. B. Karski). During the three conference days, three more plenary sessions were organised around the following topics: (1) Social and economic transformation and health; (2) Stress impact on health; (3) The role of self-help groups and families in the therapy and rehabilitation process. More than 20 presentations were delivered during these sessions. The conference was completed by a panel discussion on "The contribution of Health Promoting Hospitals to health policy development".

The annual business meeting of national HPH network representatives was organised alongside the conference. The network hospitals reflected on the suggestion of the Network Co-ordinator to create regional HPH networks. At the moment, there exist four attempts to develop such networks ("Little Poland", "Lower Silesia", "Pomerania", "Mazovia"). There is already a general tendency to cover the whole country with regional HPH networks. The National Co-ordinating Centre would then become a centre for regional networks, and not for individual hospitals. In particular, the regions will become more concerned, aware and empowered to focus on local needs and possibilities.

*Jerzy Karski, Warsaw*

## Russia: News from the National HPH Network

- **The Russian HPH Network will host the International HPH Conference in 2004.**

The second Conference of Regional Co-ordinators of the Russian HPH Network was held on October 23, 2002,

in the context of the 2nd All-Russian Forum "3<sup>rd</sup> millennium. Ways to promote health", which took place in the Academy of Public Service under the jurisdiction of the President of the Russian Federation from November 22-24, 2002.

Members of the Russian National HPH Network from more than half of the regions participated in the conference. The results of the activities of the Russian National HPH Network since the first Conference on July 6, 2001, were summed up. In particular, positive results were achieved by the regional HPH Networks of Ivanovo, Pskov, Kemerovo and Penza region. The Conference approved a model pattern of Russian National HPH Network activities for the year of 2003, and the preparation of the 12th International Conference on Health Promoting Hospitals which will be held in Moscow in 2004.

A more active participation of the Russian National HPH Network in the 11th International Conference in Florence in May 2003 was considered.

It was decided to elaborate a strategy for close co-operation of regional Networks in the context of common national and international HPH programmes. A suggestion to hold a competition between member hospitals of HPH was uttered. In this context, it is planned to set up standards and regulations to guide such a competition.

It was suggested to submit a proposal for a training programme to increase the skills of paramedic personnel for consideration to the Ministry of Health of the Russian Federation, which could then be included into a government programme.

The participants of the conference decided to widely engage hospital directors in training activities based on the programme "Management in Healthcare", which is offered by the Regional Public Foundation "XXI Century Hospital" in co-operation with the Academy of National Economy under the jurisdiction of the Russian Government, and also to prepare a series of seminars on the programme "School Healthcare". It was also decided to hold the first National Confer-

## European Developments

ence of the Russian National HPH Network in Pskov in June 2003.

*Sergej Osipov, Moscow*

## Russia-Tatarstan: Priority Guidelines in Preventive Measures for Public Health

- **HP activities in Tatarstan strongly focus on public health goals.**

The existing demographic situation and the morbidity of the Tatarstan population call for preventive measures, especially wide-ranging health education programmes around the following problems:

- maintenance of citizens' reproductive health;
- health promotion for the young generation;
- reduction of infectious diseases;
- reduced prevalence of socially significant diseases;
- improved hygiene education as part of a healthy life style.

Modern preventive technologies for treatment and diagnosis, aiming at preventing losses among viable children with congenital and hereditary pathologies, and life and health maintenance for every new-born are introduced in maternity and childhood protection services. The family planning service in the republic fulfils both the task to deal with undesirable pregnancies and to implement modern principles of periconceptional preparation. A personified computer monitoring system is used in order to improve regular medical check-up in antenatal clinics, co-ordinated by the Perinatal Centre of the Republican Clinical Hospital. In 2001, more than 20% of the expectant women were diagnosed as belonging to a high-risk group, and were promptly sent to recovery on the basis of particularly developed programs.

A trice-repeated ultrasonic screening of expectant women has been implemented in the republic. A system of perinatal assistance combining extreme obstetrics and extreme pediatrics is currently being set up. Foetosurgery and the correction of congenital malformations in children during the first hours of life continue to be developed. Tatarstan is one of the four regions of Russia where composite cardiac surgery operations are performed on children beginning with an infant period. An early detection system for malignant neoplasms of visual localisations has been introduced in rural doctor's assistant and obstetric stations, as well as in outpatient departments. In the context of international public movements devoted to preventing breast cancer, actions called "A pink ribbon on your lapel" are taking place. The number of malignant growths which could be detected during preventive inspections could be increased from an average of 11,3% in 1998 to 16,2% in 2001. We managed to stabilise the death rate due to malignant growths. Compared to 1998, the index of annual mortality was reduced by 6,5%. In 2001, a reduction of cervical carcinoma morbidity by 13% and cervical carcinoma mortality by 15% was registered for the first time since 1993. Annual breast cancer mortality was reduced by 2%, and the five-year survival rate of patients with this pathology was increased by 5%.

Positive results were obtained in the process of realising a special programme "Vaccinal prevention" in the republic. A consultative immunological centre was established on the basis of the Children Republican Clinical Hospital. Vaccination coverage of the population in the republic amounted to 95% on average. The index of immunisation against diphtheria among the children under decree increased from 91,6% in 1998 to 95,4% in 2001, against whooping cough from 90,4% to 95,0%, against measles from 93,6% to 97,7%, accordingly.

For the first time during many years, an international action on T.B. prevention called "White camomile" has been revived in the republic. A principle of

out-patient controllable treatment of tuberculous patients has been introduced; common indications for T.B. patients' hospitalisation have been elaborated and introduced. As a result, T.B. morbidity was reduced by 4,4% in 2001, and the number of patients with contagious types of T.B. reduced by 4,0%.

Special attention is given to preventing HIV infections. A republican service on AIDS prevention has been established. It consists of 1 republican and 3 municipal centres, an 16 immunodiagnostic labs; about 47 trusted infectiologists work in cities and regions of the republic. A safety control system for donor blood and its preparations has been introduced. 1/3 of the total number of HIV-infected people in the Republic of Tatarstan are serving a sentence. In order to ensure continuous medical assistance for these, local health care districts have been established in penitentiary institutions. Since 1998, the republic provides, as one of the first in the Russian Federation, continuous antiretroviral agents for HIV-infected pregnant women and children. The expenses are covered by budgetary funds.

Under sponsorship of the Open Society Institute (Soros Foundation), a project on reducing harm among injection drug users, called "Renovation", has been realised in the cities of the republic since 1999. Now about 30% of this population is involved in preventive measures. In order to secure accessibility of addiction services, 7 inter-district centres have been established, an addiction service for children and adolescents is being developed, a system of rehabilitation centres for drug addicts (8 by now) is being formed, outpatient departments for medical and social rehabilitation have been organised. The implementation of new rehabilitation methods for drug addicts led to a double increase in the number of people with remission of abstinence from psychoactive substances up to one year.

Within mental health services, psychological, medical and public services are being developed. The introduction of the psychosocial model of psychi-



**Health Promoting Hospitals**

An International Network Initiated by the WHO Regional Office for Europe

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## European Developments

atric services led to an increase in the number of patients receiving consultative and medical care from psychiatrists on a voluntary basis from 32,2% in 1998 to 37,1% in 2001.

The service for medical prevention has a leading role in the organisation and realisation of hygiene education and the development of healthy life styles among the population. At present one republican and 4 municipal centres for medical prevention, as well as consulting rooms and departments for medical prevention, and consulting rooms for child health which are attached to out-patients' clinics function in the republic.

Based on the significance of intersectoral work, a concept for effectively developing healthy life styles in the population of Tatarstan was set up. The concept calls for the creation of Republican and territorial Interdepartmental Councils for health education of the population, co-ordinating preventive information and propaganda activities of different departments and organisations on disease prevention and health promotion.

*L. Nickolskaya, E. Khafizova, Kazan*

## Russia- Krasnoyarsk: About Optimising School Nutrition

- **HPH in Krasnoyarsk focuuses on child health promotion.**

Developing educational institutions into health protecting environments is an essential requirement for students' health preservation and promotion.

The project "Optimising school nutrition" has been implemented on the basis of a municipal education institution by the Centre for Medical Prevention, a regional co-ordinating institution of the HPH Network in the Krasnoyarsk region.

A nutrition study, carried out by scholars of the Krasnoyarsk State Medical

## Network Headlines

Academy, revealed that children of pre-school and school age suffer from vitamin deficiencies. This, in turn, has adverse effects on the physical and intellectual growth and development, and facilitates an increase in functional disorders and diseases.

The project "Optimising school nutrition" provided the chance to introduce high-vitamin drinks, as prepared from natural plants, as a third course of the dietary intake of 10<sup>th</sup>-graders. The daily use of 100 ml of such a drink supplies an adolescent's organism with 50% of the necessary amount of most vitamins and trace elements.

The results of the work proved the efficiency of the project. The sickness rate related to respiratory and virus infections was 1,4 times lower in the experimental group than in the control group.

Taking into consideration that vitamin deficiency among children of Siberian regions grows on in winter and spring, we consider it necessary to use high-vitamin drinks in school nutrition during the second and third terms of a school year.

*Olga Yuryevna Kutumova, T.V. Goryacheva, M.V. Odintsova, Krasnoyarsk*

## Network Headlines

### Finland: Network meeting, new web-site and smoke free hospital projects

The association of Health Promoting Hospitals in Finland had a network meeting in Raahe from October 3-4, 2002. Our association will be able to open a web-site at the beginning of 2003. The address will be: "www.hph.fi". Please have a look, we will have some information available in English. In Finland we are still working to get financial resources for our association. The new project for smoke-free hospitals is starting at the network level. All the member hospitals have named their contact persons, and we

will start working a common strategy. One of our member hospitals, the District Hospital of South Ostrobothnia made a decision to prohibit their employees from smoking during working hours. That decision started also a big and quite relevant discussion in the Finnish media.

*Maria Hallman-Keiskoski, Raahe*

### Norway: Recent developments

Twice a year the Network is inviting representatives from all Norwegian hospitals to a one-day seminar focusing on subjects of health promotion. The next seminar will take place on January 27, 2003, at Baerum Hospital. The theme of the seminar is methods for evaluation of health promotion projects. This is a subject of much concern these days, and we hope that the seminar also will help to promote the Network, because we have only 6 member hospitals. This year the Norwegian State has become the owner of all the hospitals, and the process of reorganisation is absorbing much attention and work at the hospitals.

*Inger Grete Narum, Oslo*



## Call for Papers

# Call for papers for Issue no. 21 of the HPH Newsletter

- If you wish to submit contributions for HPH Newsletter no. 21, please follow the guidelines below.  
**Deadline: May 30, 2003**

If you wish to submit an article for issue no. 21 of the HPH Newsletter, please do not exceed 750 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, or for the community population);
- about comprehensive HPH approaches including the development of the whole hospital organization;
- about experiences and developments of the national / regional HPH networks;
- information about HPH conferences and publications;
- about related initiatives 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

### 11<sup>th</sup> International Conference on HPH

Re-orienting hospitals towards better health in Europe: New governance, patient orientation and cultural diversity in hospitals  
May 18-20, 2003, Florence, Italy (Firenze Expo & Congress – Palazzo degli Affari).

**Conference language:** English

**Further information:**

[www.univie.ac.at/hph/florence2003](http://www.univie.ac.at/hph/florence2003)

[hph.soc-gruwi@univie.ac.at](mailto:hph.soc-gruwi@univie.ac.at)

### 5<sup>th</sup> Swiss National Conference on Health Promotion

“Der Beitrag der Gesundheitsförderung zur Lebensqualität / La contribution de la promotion de la sante à la qualité de vie”

January 23-24, 2003, Olma Messen, St. Gallen, Switzerland.

**Conference languages:** French and German

**Further information:**

[http://www.gesundheitsfoerderung.ch/konf/de/index\\_d.htm](http://www.gesundheitsfoerderung.ch/konf/de/index_d.htm)

### 20<sup>th</sup> International Conference of the International Society for Quality in Health Care

November 2-5, 2003, Dallas, Texas: Wyndham, Anatole Hotel.

**Further information:** [http://](http://www.isqua.org.au/isquaPages/Conferences/ISQuaDALLASCallforPapers.pdf)

[www.isqua.org.au/isquaPages/Conferences/ISQuaDALLASCallforPapers.pdf](http://www.isqua.org.au/isquaPages/Conferences/ISQuaDALLASCallforPapers.pdf)

### VI<sup>th</sup> IUHPE European Conference on Health Promotion and Health Education

18-Jun-2003, Perugia, Italy

**Abstract deadline:** January 31, 2003

**Further information:**

<http://www.cseccongressi.it>



**Health  
Promoting  
Hospitals**

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