

Newsletter

No 23 - Juli 2004

Health
Promoting
Hospitals

An International
Network Initiated
by the
WHO Regional
Office for Europe

Editorial

Dear readers,

this edition of the HPH Newsletter will provide you with a comprehensive overview on the richness of current activities within the WHO International Network of HPH.

The focus is on the outcomes of the 12th International Conference on HPH (Moscow, May 26-28, 2004) which brought health promotion high on the political agenda in the Russian Federation. A report from the Local Hosts provides a perspective on the perception of the conference in Russia and on the outstanding social programme of the conference. National / regional HPH network coordinators comment on the implications of conference outcomes for their networks. And a report from the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care provides an overview on the scientific programme.

The conference was also a forum of exchange for the many HPH working groups and task forces who aim at developing strategic orientation, evidence and tools for the practical implementation of HPH in general and for selected areas of interest in particular. A report from Oliver Gröne (WHO Barcelona) provides an overview on these developments, and there are two specific contributions on the newly founded task force on Migrant Friendly Hospitals (Antonio Chiarenza Children, Reggio Emilia) and on the Task Force for Children and Adolescents in Hospitals (Katalin Majer, José Maria Caldes Pinilla, Fabrizio Simonelli, Florence).

Please find also in this Newsletter contributions on developments in the national / regional networks: The use of health promotion standards in Bulgarian hospitals; developments around pain management in the Piedmont Regional Network, Italy; the first health promotion report of Altnagelvin Area Trust in Northern Ireland, and a

report on osteoporosis prevention for hospital staff in Sperrin Lakeland Trust in the same country; and further information in our "Network headlines" section.

And of course we would already now like to draw your attention to the upcoming 13th International Conference on HPH which will be hosted by the Irish and Northern Irish Networks of HPH and will take place in Dublin, Ireland, from May 18-20, 2005, where we hope to meet many of you again. Please reserve the date!

We wish you a health promoting summer,

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

Reports on the 12th International Conference on HPH

● Report from the Local Organising Committee

On May 26 – 28, 2004 Moscow, the capital of the Russian Federation welcomed the delegates of the 12th International Conference on Health Promoting Hospitals. More than 300 participants from 33 countries of the world discussed various topics of the conference which was titled "Investing in health for the future: Positioning health promotion in health care provision and supporting effective implementation". The first day of the conference proved to be a fruitful one. Parallel to the 10th Workshop of National / Regional Coordinators, two introductory workshops were held in the halls of the President-Hotel: A group of delegates had the opportunity to discuss standards for health promotion and the newly developed self-assessment tools which are really valuable for the implementation of programs for health promotion in hospitals. The organizers of the

workshop described the practical implementation of the standards for hospitals, also various groups of specialties and conditions were presented in order to clarify the practical use and implementation methods for the standards.

The participation in another workshop was recommended for delegates who were interested in a general orientation about the HPH concept. The participants of the workshop were presented different experiences, reflecting the ethos and application of HPH from a management, medical and nursing perspective.

The local organizers wished the first evening in Moscow to be an unforgettable one for the delegates. That's why the Welcome Reception and Cocktail were held on a New Stage of the State Academic Bolshoi Theatre.

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The participants and guests were welcomed by the First Deputy Mayor of Moscow Ludmila Shvetsova, the National HPH Coordinator of the Russian Federation, President of the Foundation “XXI Century Hospital” Prof. George Golukhov, and by the Head of the WHO Regional Office for Integrated Health Care Services in Barcelona, Dr. Mila Garcia-Barbero. The delegates had a unique opportunity to see one of the grandest ballet performances, “The Nutcracker”, presented by the best cast of the Bolshoi Theatre. The main part of the conference took place in the Hall of Church Councils of the Cathedral of Christ the Saviour in the centre of Moscow. More than 700 representatives of the medical profession from Moscow hospitals were invited to the opening ceremony. The First Deputy Plenipotentiary of the President of Russia in the Central Federal District of the Russian Federation, Anton Fedorov, welcomed the delegates and guests of the conference on behalf of the President of the Russian Federation Vladimir Putin, who emphasized the importance of health promotion as one of the priorities of the Russian healthcare system, and wished the participants of the conference success and all the best. Representatives of different governmental structures of the Russian Federation and of Moscow highlighted the significance of holding the conference in Russia, the necessity of paying more attention to the issues of health promotion and education, and a great opportunity for Russian medical specialists to exchange ideas and experiences with foreign colleagues.

Two plenary sessions, one parallel session devoted to six various topics, and a guided poster session were the program events of the first day of the main conference. A press conference with accredited journalists from 25 mass media was one of the most significant events for the Russian medical society. The head of the WHO European Regional Office for Integrated Health Care Services, Dr. Mila Garcia-Barbero, the National HPH Coordinator in the Russian Federation Prof. George Golukhov, the Head of

the WHO Collaborating Centre for HP in Hospitals and Health Care Prof. Jurgen M. Pelikan, and the Chief Executive of the Foundation “XXI Century Hospital” Prof. Sergey Osipov pointed out the importance of integrating HPH ideas into the Russian healthcare system, of the topics discussed at the conference, and the necessity to exchange experiences on health promoting issues around the world.

On the same day there were commentaries on the work of the 12th International Conference on HPH running on the 1st TV Channel of the Russian Federation and on the Moscow Channel “Stolitsa”.

According to the tradition, the first day of the main conference was concluded with a Gala Dinner which was held in the Central State Concert Hall “Rossia”. The delegates and the guests enjoyed the magnificent performance of the State Kuban Cossack Chorus, which gave a bright impression of the Russian national culture and traditions, and the Turetsky’s Choir Art-Group consisting of 10 most handsome men with 10 best voices.

During the Gala Dinner, the 3 best posters chosen by the delegates of the conference were given prizes – Russian souvenirs. The winners came from Denmark, Lithuania and Italy. One poster was awarded as the best one by one of the sponsors of the conference, “Kaffa Industries”, and it also belonged to the representatives of Lithuania.

The last day of the conference was devoted to two plenary sessions and two parallel sessions consisting of six topics each. During the closing ceremony there was an announcement of the next International Conference on HPH which will be held in Dublin, Ireland (May 10-20, 2005). In the formal closing of the conference, Dr. Mila Garcia-Barbero wished the delegates all the best and thanked the local organizers with the work they did during the preparation and organization of the conference. The national HPH Coordinator of the Russian Federation, Prof. George Golukhov, expressed his thanks to the WHO Regional Office for Europe and to the

WHO Collaborating Centre for HP in Hospitals and Health care, to the sponsors and all the representatives of the Russian National HPH Network for their assistance and support in preparing and organizing the conference, and expressed hope that the conference in Moscow will contribute to the further development of the HPH movement and to further spreading its ideas in the Russian Federation. During the Farewell Cocktail on May 28, the delegates had one more chance for an informal exchange and to relax.

The positive result of the conference in Moscow, especially for the Russian Federation, can be proved by the fact that about 35 editions of different mass media published a report on the work of the conference.

On behalf of the National HPH Coordinator in the Russian Federation, Prof. George Golukhov, all representatives of the Russian National Network and the Local Organizing Committee would like to express our sincere gratitude to the WHO European Office for Integrated Health Care Services in Barcelona, the team of the WHO Collaborating Centre for Health Promotion in Hospitals and Healthcare in Vienna, all the delegates of the conference for coming to the capital of the Russian Federation and for taking part in the work of the conference. We’ve tried to do our best to introduce our guests to the experiences of the Russian national HPH Network, to give the opportunity of working for the common good and to show our Russian culture and hospitality of the Russian people.

For the Local Organising Committee:

Valentina Kasparova, Moscow

● From Moscow to Dublin: Impressions from an Irish Perspective

Since 1993, when the 1st International Conference on Health Promoting Hospitals (HPH) was held in Warsaw, I have had the privilege of representing Ireland at this annual event. Each year the International HPH Conference

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presents us with new and challenging ideas, not only for us in the Irish HPH Network but I believe for all partners within the European HPH Network. This year's conference in Moscow, the 12th International Conference on Health Promoting Hospitals, was no exception.

Moscow as the host venue was a demonstration of what can be done where there is enthusiasm and determination. Relatively new members to the European HPH Network, the Russian HPH Network declared an early intention to invite the International Conference to Moscow. The selection of the beautiful Cathedral of Christ the Saviour as a venue for the conference was an inspiration in itself and despite some minor logistical difficulties successfully hosted a very enjoyable, though provoking and productive conference programme. The social programme, an integral part of the HPH networking philosophy was also outstanding and was worth the visa difficulties experienced by many delegates and their partners.

As a working delegate member, most of my personal conference highlights come from the areas of the programme in which I was most involved such as Plenary Session 3 entitled "Improving continuity of care in Health Promoting Hospitals". The two presentations in this session provoked thought and discussion around the hospital's potential leadership role within the healthcare delivery systems. The first presentation from Mr Cor Spreuwenberg (Netherlands) put hospital healthcare professionals (Medical Consultants and Nurse Specialists) at the top of the pyramid for chronic disease management, and Mr. Helmut Hildebrandt (Germany) argued that it would be both effective and cost-efficient to make hospitals fund-holders for all healthcare delivery services within a defined geographical population.

This discussion also arose later within parallel session 3-(4) entitled "Developing Health Promoting Hospitals by Networks" when a presentation from Quebec outlined the recent major changes in administration of services

and health care provision of the Quebec Health Care and Social Services System. The recent reorganisation of the system was presented as an opportunity to correct the missing link that had previously been identified for health improvement: public health and health promotion in hospitals. It clearly identified the contribution that the European Standards for promoting health in hospitals could make to health improvement, once they become an integral part of the Canadian accreditation standards for health facilities.

Another deep impression was the growing demand and emphasis being placed on the need for specific evidence-based health promotion activities and interventions within the hospitals setting. The establishment of the WHO Collaborating Centre on Evidence-Based Health Promotion in Hospitals in Denmark is greatly welcomed. I understand that the Centre has proposed the organisation of a summer school to be held in conjunction with the 13th International Conference on Health Promoting Hospitals in Dublin, next May 2005. This is a significant development within our growing and developing movement.

Other significant highlights come from presentations within the kick off meetings for the two newly formed Taskforces, the first on Migrant Friendly Hospitals and the second on health promotion for children and adolescents in hospitals. Furthermore, the final plenary session had a number of powerful presentations, one from Ms. Concha Colomer on the rights and views of children within the health care system. This presentation contained explicit drawings from children on how they viewed hospitals and their perception on the delivery of services by health professionals to them. It clearly demonstrated that we need to both listen and respond better to the need and rights of children within the hospitals setting.

These are but a few of my impressions and reactions to the many thought provoking presentations, oral and poster, that I encountered at the 12th International Conference. The Russian HPH Network and the conference organis-

ers must be congratulated, although they have set us in Ireland (North and South) a challenge for next year's conference, the venue for the 13th International Conference on Health Promoting Hospitals being Dublin.

In Ireland, thirteen is seen as a lucky number; however we will need all the luck of the Irish to maintain the high standard that has been set by previous host nations / networks over the past twelve years. With my colleagues in Northern Ireland, we look forward to welcoming you all to Dublin next May 18th -20th 2005.

Ann O'Riordan, Dublin

● 12th International Conference: the Italian highlights

Several suggestions arose from the last International Conference on HPH and from the HPH Coordinators' Meeting in Moscow.

The first consideration regards the methodological aspects of the possible future development of HPH.

3 types of methodological approaches towards HPH were presented in the Coordinators' Meeting: Standards and Tools (Oliver Gröne), Policy & HPH (Jürgen Pelikan), Quality & HPH (Werner Schmidt).

These were developed separately and, as a first step, this is natural and comprehensible: Each of them deals with another issue and was in the responsibility of different authors. However, after this first step, the time may have come to further develop these approaches into an integrated HPH framework, because the different issues (policy, quality, tools) are complementary. For instance, it could be useful to produce an integrated hand-book which describes – in different chapters – these different approaches under a common framework. This job could be one of the priorities of the International Working Group (Scientific Board) which was set up during the HPH Coordinators' Meeting in Moscow.

In our opinion, another important methodological aspect emerged both dur-



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ing the Coordinators' Meeting and during the Conference: What difference does Health Promotion (HP) make? Are there specific tools, quality aspects, policy actions, in HP (in general) and in HPH (in particular)?

Although interesting contributions were presented at the conference, we often asked ourselves: Are they simple examples of good practice, or are they specific examples of good practice for health promotion?

Maybe it is suitable to consider in an orthodox way that the key word in HP is "Empowerment".

How does Empowerment (for individuals and communities) make a difference between our projects and the common projects of good practice?

Not to have "Empowerment" in the centre of our attention would mean – in the best sense – to produce good works / projects which are not HP specific.

Another consideration concerns the contributions which we need to develop our projects.

In HP, we build upon the input from different sciences / disciplines, e.g.: medicine, sociology, psychology, anthropology are some examples. These different sciences use different techniques of analysis when evaluating their actions / projects / aims.

It would be useful to have researchers from all these sciences / techniques represented (either directly or through external advisers) in the yet-to-build-up HPH Scientific Board. This Scientific Board should be strongly linked to the practitioners in hospital so as to be able to translate their methodological considerations into practice. But in which way?

The way does already exist and is – in some areas – already used: The collaboration between LBI and the practitioners of Migrant Friendly Hospitals is a good example.

A similar and wider collaboration, including the Scientific Board and its advisers, could be implemented also for other projects, creating the operative link between researchers and practitioners.

New international projects are needed and, considering the huge number of

parallel session at the conference, it shouldn't be a problem of find the issues.

At last we consider it important to remember the lecture by Mila Garcia Barbero which was titled "What can HPH contribute to health care development?"

For the first time in an HPH plenary session, we were reminded in such a clear and strong way of the importance of demonstrating the financial gain (and not only the health gain!) of HPH activities.

This is an important issue that we will have to face in the future, considering that the public resources for hospitals are decreasing in most of our countries.

*Carlo Favaretti, Trento,
Simone Tasso, Castelfranco*

● Overview on the scientific programme

The scientific programme of the 12th International Conference on HPH focused on 4 topics, each of which was subject to a plenary session.

Plenary 1: Positioning health promotion in health care, health systems and health policy development

"What can hospitals contribute to population health?" asked **Prof. Martin McKee** (London School of Hygiene and Tropical Medicine) in his introductory lecture. Using the example of Russia, he pointed out that economic growth will not automatically lead to an increased population health, and that health gain orientation – besides economic growth – should therefore be an explicit political goal. He stressed that one of the key qualifications of future hospitals in order to work towards this goal will need to be an increasing flexibility in order to be able to react to the ever increasing speed of changing demands towards health care providers, and mentioned the need to better care for elderly patients and patients with chronic condi-

tions as one already obvious challenge for further developing health care systems.

Dr. Mila Garcia-Barbero (WHO Regional Office for Integrated Health Care Services, and HPH coordinating centre, Barcelona) took this question further in her presentation on "What can HPH contribute to health care development?" She too pointed out that one of the future challenges for hospitals will be the shift from caring for acute diseases to providing care for patients with chronic conditions. **Dr. Garcia-Barbero** stated that the role of HPH in this process should be to cooperate in health systems development in order to develop and implement a more comprehensive quality concept that involves not only service provision and clinical outcomes, but also patient and family orientation, workplace orientation and the cooperation of the hospital with services and other stakeholders in the region. The contents of the plenary session were discussed by **Dr. Alberto Appicciafuoco** (Tuscany Regional Network of HPH), **Dr. Susan Frampton** (Planetree), and **Dr. Hubert Hartl** (Austrian Ministry of Health) in a panel chaired by **Dr. Margareta Kristenson** (Swedish Network of HPH). The discussion concluded that patient orientation should play a key role in the further development of health systems and especially in HPH.

Plenary 2: Effective implementation and quality development of HPH

What makes health promotion interventions effective, and where is the evidence? These were issues raised by **Prof. Jos Kleijnen** (NHS Centre for Reviews and Dissemination, York) in his presentation on "Evidence based implementation for quality and health promotion in hospitals." He focused on the "5 A's" which need to be considered by those who want to base their decisions on evidence: availability, accessibility, assessment, appraisal, and applicability of evidence. **Dr. Lone de Neergaard** (Copenha-

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gen Hospital Corporation) presented the successful, although not evidence based example of quality development in Copenhagen hospitals. From her experience, she identified a number of success factors for successful change processes that she considered to be also of relevance for the sustainable implementation of HPH: A well structured feedback to the persons involved in change processes in order to allow for the identification and adaptation of problem areas; clear strategies, standards and guidelines to follow; and the education of all staff.

The inputs were followed by a panel discussion with **Dr. Svend Juul Jorgensen** (Copenhagen), **Prof. Jürgen M. Pelikan** (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna), and **Dr. Simone Tasso** (Veneto Regional Network of HPH), which was chaired by **Mr. Raymond McCartney** (Northern Irish HPH network). The panellists concluded that the cooperation with evidence and quality tools, as well as a clear position of the network with regard to the role of quality and evidence in HPH will be important aspects of future developments in HPH.

Plenary 3: Improving HPH by improving continuity of care

The first plenary session of the Moscow HPH conference had identified the adaptation towards better care for chronic diseases as one of the main future challenges for hospitals in general and for Health Promoting Hospitals in particular. This issue was taken up by **Prof. Cor Spreeuwenberg** (University of Maastricht) who opened the plenary with a conceptual lecture on the concept of integrated care. Following WHO, he defined this approach as “the bringing together of inputs, delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion”. He concluded that hospitals are in a good position to take the leading role in such a process, if they are ready to broaden their scope to the needs of patients with chronic dis-

eases, and to cooperate with other providers in the region.

Helmut Hildebrandt (Hildebrandt Health Consult, Hamburg) focused in his lecture on the practical issues of changes towards integrated care as suggested by Prof. Spreeuwenberg. He stated that the pressure for such changes comes both from better informed and more demanding patients, as well as from increasingly economically oriented health care purchasers. Mr. Hildebrandt presented his experiences with developing new integrated health care pathways and pointed out that such systems might provide an adequate organisational context for combining and optimising economic orientation with patient orientation and health promotion.

In the panel discussion that followed, **Ann O’Riordan** (Irish HPH Network), **Dr. Emma Riabova** (Regional Oncological Dispensary, Ivanovo), and **Albert van der Zeijden** (International Alliance of Patients’ Organisations), chaired by **Oliver Gröne** (WHO Regional Office for Integrated Health Care Services, Barcelona), concluded on the importance of actively involving patients in developing concepts of integrated care.

Plenary 4: Investing in health for the future: Promoting the health of children and adolescents

The last plenary session of the conference was dedicated to a specific form of future orientation: health promotion for children and adolescents in hospitals. **Dr. Concha Colomer** (Escuela Valenciana de estudios para la salud) provided a conceptual lecture on the topic, pointing out that health promotion for children in hospitals will not only improve the overall quality of life of these children, but also prevent physical and psychosocial problems of hospitalism.

Prof. Sergej Osipov (Foundation “XXI Century Hospital”) introduced to the audience the activities of the Russian XXIst Century Hospital Foundation in cooperation with schools in the field of drug prevention. His introduction was followed by a very im-

pressive musical performance of Russian school children, focusing on causes and consequences of drug problems in adolescents, as well as on possible solutions.

A panel discussion with **Dr. Marie-José Caldés Pinilla** (HPH task force on health promotion for children and adolescents), **Giuliana Filippazzi** (European Association for Children in Hospitals), and **James Robinson** (NHS Lothian University Hospitals, Edinburgh), chaired by **Dr. Carlo Favaretti** (Italian National and Trento Regional Network of HPH), concluded the plenary session with lively demands for better considering the health promotion needs of children and adolescents in hospitals.

Workshops, parallel paper sessions, poster presentations

Workshops, parallel paper sessions and poster presentations focused on the main subjects of the conference, but also on numerous other issues of HPH. Topics included health promotion for specific target groups (e.g. hospital staff, children and adolescents, migrants, psychiatric patients, patients with chronic diseases), specific health promotion topics (e.g. pain-free hospitals, smoke-free hospitals), and issues of implementation of HPH (HPH management tools like strategies, standards, the Balanced Score Card Approach, and DRGs for health promotion). In total, there were 75 oral presentations in 18 parallel sessions of the conference, and 170 poster presentations.

Conference workshops included the already traditional workshop for newcomers to HPH (coordinated by Orlaith O’Brien, Ireland; Alberto Appicciafuo, Italy; and Izolda Sherepanova, Russian Federation), a pre conference workshop on the implementation of standards for HPH (coordinated by the WHO Collaborating Centre for Evidence Based Health Promotion in Hospitals, Copenhagen), and a workshop on patient orientation which was facilitated by Dr. Susan Frampton (Planetree).

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Further information about the conference

Details on the contents of the conference can be assessed via the webpages of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, <http://www.hph-hc.cc/conferences.php>. The Virtual Proceedings of the conference will be online at the end of July at www.univie.ac.at/hph/moscow2004.

Christina Dietscher, Vienna

Report from the IUHPE World Conference 2004

- **HPH was an important topic in Melbourne in April this year.**

So as other settings, Health Promoting Hospitals (HPH) have become a regular issue at the world conferences of the International Union for Health Promotion and Education (IUHPE), which takes place every four years.

For the first time, the network was represented at a IUHPE world conference with a stream in Paris in 2000. During this year's IUHPE conference in Melbourne, Australia (April 26-30, 2004), a stream with 6 events around health promotion in health care was jointly organised by Sally Fawkes (School of Public Health, Melbourne) and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (Vienna). Many representatives from Australia, but also from the European HPH Network were active in the following sessions:

- Health Promoting Hospitals: Australian ideas and innovations;
- Health Service reorientation in action;
- Health Promoting Hospitals (HPH): Principal strategies and experiences of implementation;
- Diversity sensitivity: a world-wide challenge for health services;
- Building Capacities of Health Professionals for Culturally Diverse Societies;

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- Health Promoting Health Services in Partnership.

The stream was very well visited and provoked a number of lively discussions around HPH.

One of the outcomes of the stream are new efforts to combine the many related activities in Australia into an Australian HPH Network.

The next conference of IUHPE Europe on effectiveness and quality of health promotion, titled "Best practice for better health", will take place from June 1 to June 4, 2005, in Stockholm, Sweden.

Christina Dietscher, Jürgen M. Pelikan, Vienna

Thematic areas of Health Promoting Hospitals (HPH): An overview on working groups and task forces

- **Evidence and tools for HPH are being developed for numerous thematic areas.**

The tenth annual workshop of HPH national / regional network coordinators addressed among other issues the progress made in various thematic working groups and task forces. This paper presents the rationale and the outcomes of the working groups.

Overview on the 18 HPH strategies:

HP for:	Patients	Staff	Community
HP by:			
Enabling for HP self management in living	HP living in the hospital for patients	HP living in the hospital for staff	HP access to the hospital for citizens
Enabling for HP coproduction of health	HP coproduction of patients in treatment	HP coproduction of staff in work processes	HP coproduction with services in region
Development of a HP hospital setting	HP hospital setting for patients	HP hospital setting for staff	HP hospital setting for community
Enabling for HP illness management	HP illness management for patients	HP illness management for staff	HP illness management for citizens
Enabling for HP lifestyle development	HP lifestyle development for patients	HP lifestyle development for staff	HP lifestyle development for citizens
Development of a HP community setting	HP community setting for patients	HP community setting for staff	HP community setting for citizens

Working group on "Putting HPH Policy into Action"

The working group was established to develop a framework for the planning, implementation and evaluation of health promotion strategies in hospitals and is coordinated by the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna. The working group aims to prepare a concise document for managers and health professionals to put into practice available recommendations on health promotion in hospitals. Based on the intervention focus (either directed towards patients, staff, or the community) on the one hand, and the scope of the intervention – from health and patient education as far as participatory organisation of health care services, 18 core health promotion strategies have been identified. For each of these strategies, the document provides a definition of the strategy, its rationale, core references to the evidence base in literature, examples of implementation of the strategy, and links to projects registered in the database of the Health Promoting Hospitals' network.

The draft paper of the working group is available online on the webpages of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care (Vienna): <http://www.hph-hc.cc/Downloads/HPH-Publications/Working-Paper-HPH-core-strategies-draft040518.doc>

Working group on “Standards and Indicators for Health Promotion in Hospitals”

Usually formal hospital accreditations and quality assessments do not fully consider health promotion activities. To fill this gap and to support the evaluation of health promotion activities in hospitals five standards and complementary performance indicators have been developed.

The standards address: hospital management policy; patients' assessment, information and intervention; a healthy workplace; and continuity and cooperation with other providers of health promotion services. A pilot test of the five standards yielded a positive assessment of their relevance and applicability, and showed that compliance with the standards can be assessed.

In order to complement the standards with quantitative measures a review of current indicators in use in performance assessment initiatives was carried out. This review yielded the lack of health promotion indicators and the need to further develop and introduce such indicators in hospitals. Staff-related health promotion indicators exist, however, patient-related indicators are dominated by the clinical-effectiveness domain. Therefore, a number of indicators were developed such as: Staff awareness for managements' health promotion policy; patients' capacities for modifying risk factors; patients' self-management capacities; staff short-term absenteeism; staff smoking behaviour; assessment of communication with external partners; timely information transfer to subsequent providers; and preventable ambulatory care sensitive readmissions. Descriptive sheets specify the rationale, description, numerator, denominator, data source and stratification of each indicator.

A self-assessment tool was developed including measurable elements for standards and indicators and is currently being pilot implemented in 177 hospitals in 10 European countries. It is expected that in the future health promoting hospitals will use the standards and indicators to assess and to

improve their quality of care.

The document containing the standards is available on the web. The self-assessment tool for pilot implementation and the complementary manual are available in print and upon request from the WHO European Office for Integrated Health Care Services. <http://www.euro.who.int/eprise/main/who/progs/hph/home>

Taskforce on “Health promotion for children and adolescents in hospitals”

A taskforce on health promotion for children and adolescents in hospitals was set up during the 11th International Conference on Health Promoting Hospitals.

The importance of starting up a task force on this issue derives from the fact that the role of the hospital is relevant for the health before birth, during the perinatal, early neonatal and neonatal periods, and in occasion of hospitalisation during childhood and adolescence. The role of a Health Promoting Hospital is important for the empowerment of children and adolescents for their health.

The age between childhood and adolescence represents a particularly sensible phase of life for the adoption of healthy lifestyles and the acquisition of coping mechanisms that will prove helpful in adulthood and old age. The hospital should play an increasing role in contributing to the promotion of a healthy development of children and adolescents, and should represent an opportunity of growth on the level of awareness of health promotion possibilities.

The task force was set up with the team of the Health Promotion Programme of the A. Meyer Children's University Hospital, Florence. In collaboration with the WHO European Office for Integrated Health Care Services the task force has established a net of relationships with important children's hospitals and paediatric departments of general hospitals; university research units and associations for children in hospitals. It aims at assessing health promotion activities for chil-

dren and adolescents in hospitals, developing and disseminating tools for improving health promotion actions for children and adolescents.

Further information (objectives, presentations, reports) is provided in an article by the coordinators (see below in this Newsletter edition) and is available on the webpages of the working group under the following link: <http://www.meyer.it/hph/hph-ca/>.

Task force on “Quality-based purchasing”

Evidence has become available for health promotion actions in health care settings. However, the implementation of health promotion is slow. One major reason is that there are no financial incentives for the provision of health promotion services.

One approach towards supporting the implementation of standards for health promotion in hospitals is linking health promotion actions to the International Classification of Disease (ICD) codes, which themselves are linked to Diagnosis-related groups (DRG). A Danish HPH project has embarked upon the task to develop ICD codes covering a wide range of health promotion activities and interventions, as well as rehabilitation services. The ICD codes developed are currently piloted and subsequent work will aim at developing a price and DRG code for the health promotion activity. Such a model can be very useful in providing financial incentives for selected activities.

A second approach towards supporting better provision of health promotion services is through wider economic incentives. A model has been developed to analyse economic incentives and their impact on the quality of care and a survey is in preparation to assess the extent to which these incentives are in place in European countries.

If you are interested in participating in the project, please establish a contact through your National/Regional HPH network coordinator with the WHO Office in Barcelona.



Thematic Issues

Task force on “Migrant-friendly hospitals”

European populations are becoming increasingly more diverse on several levels, including ethnic origin, cultural background, religious belief, legal status and social situation. This also affects health care and hospitals: people on the move face greater health risks, may suffer from conditions not commonly found in Europe and have different expectations concerning health services, including utilisation patterns. Access to adequate health care is further complicated by language barriers and migrants’ and ethnic minorities’ frequently disadvantaged social situation. Hospitals (and other health care organisations) have to increase their cultural and linguistic competencies to assure and improve quality of their services also for this group.

The task force has been established during the 12th HPH conference in Moscow (for further info see contribution by the co-ordinator in this Newsletter below). It can build upon a wide range of initiatives and projects, with the European Commission project “Migrant-friendly Hospital - A European initiative to promote health and health literacy of migrants and ethnic minorities” (MFH) as starting point for European networking on the issue. The project (2002 – March 2005) has been coordinated by the Ludwig Boltzmann Institute for the Sociology of Health and Medicine Vienna, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care. It aimed at pooling European and international expertise and collecting, implementing, and evaluating models of good practice in 12 European pilot hospitals (info at <http://www.mfh-eu.net>). Experiences and results of this project will form a core contribution to a conference being organized to take place from 9-11 December 2004 in Amsterdam <http://www.mfh-eu.net/conf/>.

Task Force on “Health Promoting Psychiatric Services”

The task force on health promotion for psychiatric services was set up with the objective of improving mental health through health promotion, and to facilitate the exchange of experiences regarding health promotion within psychiatry, to develop models of good practice for health promotion within psychiatry, to identify and promote innovative projects, to establish guidelines and recommendations for network members and to promote links to other international organizations. The founding members of the task force have set up a web page containing a wealth of information on European projects to improve the health of patients in psychiatric hospitals. The webpage can be visited at <http://www.hpps.net/>.

Summary

Major progress has been made in the Health Promoting Hospitals Network in developing evidence and tools for thematic areas of interest. At the same time, new and promising initiatives are being started to address future challenges, such as the health of migrants/ethnic minorities and the special needs of children and adolescents in hospitals.

Although a lot of knowledge has been gathered in the working groups there is still a need to improve the communication of this knowledge to all those involved in the HPH network.

All interested in the work of the working groups and task forces are therefore encouraged to establish contact with the working group members through the WHO Office for Integrated Health Care Services Barcelona. To get in touch, please email Loli Martin lmj@es.euro.who.int.

Oliver Gröne, WHO Barcelona

The newly founded international HPH Working Group: ‘Health promotion for children and adolescents in hospitals’

- **Health promotion for children and adolescents is an investment in future health.**

The kick-off for the development of the task force took place during the 11th International Conference on Health Promoting Hospitals (HPH) in Florence (2003), where a proposal of the Florentine A. Meyer University Children’s Hospital to set up a Working Group on health promotion for children and adolescents in hospitals was presented. Given the importance of building up good relationships for this kind of work, a 1st WHO Workshop on ‘Health promotion for children and adolescents in hospitals’ was held in Barcelona on April 29 and 30, 2004. The participants represented different children’s hospitals and paediatric departments of general hospitals, university hospitals, expert institutions and associations. The main objectives of the workshop were to discuss an international project proposal and to identify operational guidelines for the development of the project. These guidelines were also presented during the last international conference on HPH in Moscow (May 2004), where the implementation of the task force was formally announced.

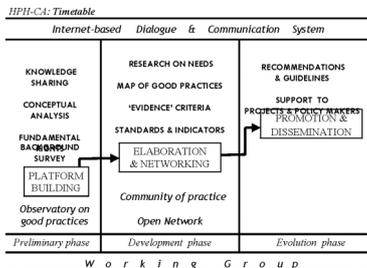
The Task-force is coordinated by the Health Promotion Team of the A. Meyer University Children’s Hospital, the associated Working Group (which will be increasingly extended) and the relationships between the involved partners are shown in the image below:



Thematic Issues

The project aims to develop and to share knowledge, competencies, standards and good practices of health promotion in children's hospitals and in the paediatric departments of general hospitals, following the principles and criteria of the HPH Network.

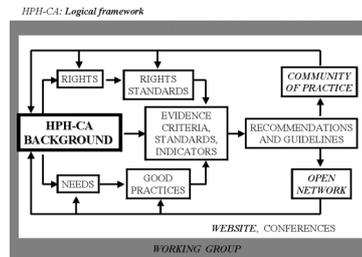
The different phases of the project are shown below:



The Moscow HPH conference represented a very important occasion for the Working Group and the whole project: During the 10th Workshop of National/Regional HPH Network Coordinators the project was officially acknowledged, and the formal kick-off took place during the Parallel Session II-1, which was chaired by Oliver Gröne from the WHO European Office for Integrated Health Care Services (Barcelona), and which brought forward further expressions of interest. Also, in the Plenary 4, „Investing in health for the future: Promoting the health of children and youth“, the point of view of the working group was presented in a panel discussion.

As agreed during the 1st Workshop on 'Health promotion for children and adolescents in hospitals' in Barcelona, a survey questionnaire on health promotion for children and adolescents in hospitals and a survey procedure were developed by some members of the Working Group. The first step of the survey is the selection of addressees, which will be followed by the distribution, compilation and collection of the questionnaires, the control of the information received, the analysis and interpretation of data, and the composition of a report (due by December 31, 2004).

The background survey is related to the logical framework of the project in the following way:



For further information, please visit our website: www.meyer.it/hph/hph-ca, or contact the Health Promotion Team of the A. Meyer University Children's Hospital: Dr. Fabrizio Simonelli: f.simonelli@meyer.it, Dr. Maria José Caldés Pinilla: mj.caldes@meyer.it, Dr. Katalin Majer: k.majer@meyer.it

*Katalin Majer,
Maria José Caldés Pinilla,
Fabrizio Simonelli, Florence*

Task force on Migrant-Friendly Hospitals

- **The newly founded HPH task force aims at responding to cultural diversity in hospitals.**

We live today in a multiethnic society, cohabited by groups of people with experience, language and culture not necessarily shared by those outside their own group. As the diversity of cultures and languages increases in every country, health care systems are faced with the challenge of providing accessible and quality services that are responsive to the needs of a growing multicultural population. This challenge is particularly felt today by hospitals as they often represent the first point of access to health care for migrants. Yet, at the same time, hospitals have the opportunity to strengthen their role in health promotion and to improve the overall quality of services for migrant and ethnic minorities, as is being demonstrated by the European Migrant-friendly Hospital project (for further information about the project, please visit the project web-site: <http://www.mfh-eu.net>).

Specific analyses state that migrant patients and ethnic minorities tend to receive lower levels of health care compared to other patients due to the lack of access to adequate treatment. The European project shows how inequalities in health and in accessing health care and services can be redressed by creating "culturally competent health care" which overcomes the linguistic and cultural barriers jeopardizing appropriate hospital activities and empowers people of diverse backgrounds to active participation in reproducing their health.

The project, in its general features, is well known in the HPH community, however many might be unaware of the wealth – both in quantity and in quality – of the material produced at a European as well as local level. This wealth of knowledge and experiences needs now to be fully exploited, disseminated and further developed beyond the termination of the project in March 2005. It is important that this experience is extended to the whole HPH network and to the new European member states, and, who knows, perhaps beyond. By the same token it is important to continue to develop knowledge, competences and models of good practice in the promotion of health and health literacy of migrants and ethnic minorities.

Taking all this into account, the Emilia-Romagna Network of HPH proposed the implementation of a Task Force on Migrant-friendly Hospitals at the 10th WHO Workshop for the Coordinators of the National/Regional Networks of HPH which took place in Moscow on 26th May 2004. The proposal was welcomed by the WHO European Office for Integrated Health Care Services, ensured the scientific support of the Ludwig Boltzmann Institute in Vienna, and received a wide interest at a specific thematic session organised during the 12th International HPH Conference in Moscow. The Azienda USL of Reggio Emilia, which is also the coordinating centre for the regional HPH network of Emilia-Romagna, is now developing a working paper that will be circulated among the institutions and networks that have already

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Thematic Issues

expressed interest in joining the Task Force or will do so in the near future.

Why a task force on MFH?

The idea of creating a Task Force on MFH stems from the need to continue the work after the termination of the EU project on MFH, and to building on its experiences, in order to better disseminate project outputs and recommendations and to stimulate new collaborations and ideas around this important issue for hospitals, and also to create the base for the development of a new project to submit to the European Commission next year. In particular, the TF on MFH will become a resource for the overall HPH network by:

- continuing to strengthen the focus on cultural diversity with a HPH approach; thus reinforcing the role of hospitals in health promotion for migrants and ethnic minorities;
- acting as an interface between health promotion projects on cultural diversity and HPH networks, both in the phase of developing new projects and in the phase of exploiting projects already in place, thus contributing to the development of specific knowledge, competences and models of good practice for a “culturally competent health care”;
- providing a means to foster cooperation and alliances between networks and to attract new member hospitals, thus encouraging growth of the overall HPH movement.

The aims of the task force on MFH

- To reach everybody in the network;
- To assist the setting up of a new European project on cultural diversity;
- To inform and involve HPH members on projects tackling the issue of cultural diversity;
- To disseminate MFH project outcomes and materials (translations, reviews, reports, ...);

- To create a framework for continuity after the conclusion of the current MFH project (03/2005);
- To promote continued visibility for the concerns of cultural diversity in hospitals in conferences.

Participation in the task force

Participation will function on a voluntary basis, and is open to regional / national HPH coordinators, hospital representatives, migrant health experts, university researchers and related bodies. However, a list of participants in the TF will have to be created, along with a Task Force Advisory Group of committed participants, who are ready to invest in the TF and be active in organising meetings, workshops, and putting forward new proposals for the next European project.

- In case you are interested, please contact the TF Coordinator (contact address: see end of this article);
- Participants will receive information, be actively involved and gain visibility for the next EU project proposal;
- TF MFH communication will be organised via the MFH web site (www.mfh-eu.net);
- A Task Force Advisory Group will be established to invest in the TF and to lead actions;
- The Task Force Advisory Group will support the Emilia-Romagna Network as coordinator in organising meetings, workshops, project proposals, ...
- The Ludwig Boltzmann Institute in Vienna will provide scientific support.

Next milestones for the TF on MFH

- Definition of the Task Force Advisory Group;
- Preparation and circulation of the Working Paper on the TF;
- Participation of the TF MFH in the final conference of the MFH project in Amsterdam (9-11 December 2004);
- The TF MFH will contribute to the development of a new European

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project for the April 2005 call for proposals – European Commission – DG SANCO (in collaboration with the LBI Vienna);

- The TF MFH will have a role in the dissemination of the new European project.

For further information please contact the Coordinating Centre of the Health Promoting Hospitals Network of Emilia-Romagna, Italy: Dr Antonio Chiarenza, AUSL di Reggio Emilia – Direzione Generale – Via Amendola, 2 – 42100 Reggio Emilia, Italy. E-mail: Antonio.chiarenza@ausl.re.it

Antonio Chiarenza, Reggio Emilia

Assessment of health promotion standards in Bulgarian hospitals

- **121 Bulgarian hospitals estimated the applicability of HP standards.**

On the basis of the criteria which were defined by a WHO-working group, a questionnaire for estimating the applicability of HPH standards in Bulgarian hospitals was developed. The aim was to develop a Bulgarian model appropriate to conditions in Bulgarian hospitals.

Each criterion was judged according to one of the following categories:

- Should be obligatory
- Is advisable
- Should not be included in the standards.

This survey was carried out in 121 hospitals. Additionally, the same 121 hospitals participated in the assessment of a provisional list of medical HP services for hospitals according to the perceived necessity of providing these services in hospitals:

- hospitals should offer the service;
- it is not necessary to offer the service in hospitals.

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In addition, all participating hospitals had the opportunity to list additional criteria and HP medical services which they considered suitable for Bulgarian hospitals.

The hospitals chose the following criteria as "obligatory".

- The hospital has a list of HP medical services, which are offered to patients and relatives.
- The hospital provides training for HP medical services for its staff.
- The patients' needs for HP medical services are defined at hospital admission.
- The needs for HP medical services of patients with chronic diseases are defined depending upon the existence of specific risk factors related to their disease.
- The HP medical services which are provided for the patients are part of their medical documentation.
- Patients are given clear and suitable information about their disease and concerning medical and diagnostic methods which will be applied.
- All clinics and departments of the hospital provide information about HP medical services which are offered to patients and relatives (leaflet with list of medical services for health promotion).
- The hospital passes on the necessary documentation and information to the general practitioners with the purpose to assure continuous HP medical services also after discharge from hospital.
- The hospital offers specialized preventive programs for their medical staff, e.g. with regard to stress, smoking, physical activity and healthy nutrition.
- The hospital conducts an annual evaluation of the efficiency of preventive programs provided for medical staff.

The estimation of these criteria as obligatory corresponds to specific conditions in the Bulgarian hospitals.

The participating hospitals defined the following 3 HP medical services as obligatory:

- Programs aiming at individual training of patients with chronic diseases.
- Individual programs for training family members of patients with chronic diseases (also in order to assist family members to facilitate rehabilitation at home and to render first help at home).
- Programs for the training of parents with regard to the care for newborns.

Bencho Benchev, Sofia

Pain free hospital: The approach of the Piedmont Region HPH Network in the oncological departments

- **Comprehensive pain management needs more than drugs.**

The problem of pain management in cancer patients is of utmost importance as recent therapeutic strategies on the one hand have radically changed both the prognosis of the disease and the life expectancy of the patients and, on the other hand, proved quite troublesome for the patients and stressful for their relatives.

In accordance with the vision of health as physical, psychological, social and spiritual wellbeing, freedom from pain should not just be brought about by increasing the intake of analgesics like morphine and similar drugs. A pain free hospital must offer relief not only to the physical sufferings of the patient but also to the psychological distress of the patient and his / her family members as well.

Very often cancer not only produces severe pain but aggressive antineoplastic therapy also may induce remarkable painful side effects. Moreover the awareness of the risk of death and of the related consequences for the family result in a severe psychological distress for the patient and his / her relatives.

In oncological wards much attention must be paid to relieving also this kind of sufferings, and this cannot be achieved by just increasing the dose of opiates. Moreover the severe impairment in facing the usual activities of everyday life and the fear of an unfavourable outcome of the disease may produce depression in the patient who feels that the value of his life itself is compromised.

A pain free hospital must take into account all these aspects of the oncological pain and adopt strategies for counteracting psychological as well as psychological sufferings. A correct approach to this problem must involve the patient's family in all actions.

The empowerment of the patient requires that he / she should not be regarded as just the recipient of treatment and care, who benefits from somebody else's actions, but instead as the protagonist of all the actions that are enacted in the fight against cancer that can eventually lead to eradication of the disease and to reconstitution of his / her own well-being and of that of his / her family.

Opiates are a valuable help for attaining this goal, but they are just a tool, not the core factor.

The patient must be aware that the possibility of complete cure of cancer that recent therapeutic approaches offer to him, is the heritage that he / she receives from patients with the same disease who in the past accepted to test on themselves new drugs and innovative strategies that produced remarkable success, and that his / her present sufferings and the acceptance to receive a suggested therapy are in turn the heritage he / she provides to somebody else who in the next future will benefit from the progress that, also thanks to him / her, cancer treatment is continuously undergoing.

The whole family must participate in this fight against the disease, being well aware that the patient bears the greater burden from the disease and its treatment, and not only for him- or herself but also for the well-being of the whole family, and that the participation of the family will relieve the patient's pain and distress.



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In our experience, this approach proved useful for overcoming both the sufferings of patients and their families, and the risk of depression.

The patient who eventually recovers from cancer does not consider him- or herself as a survivor, but as a hero who, with his / her personal engagement in this difficult task, contributed to the cure of a disease that in the past was believed to be always fatal, not only for him / her and for his / her family but also for future patients.

A pain free hospital must strive for an approach that results in a remarkable empowerment of the patient, and the whole staff must work towards this goal. The result is the empowerment of the whole staff and the implementation of a feeling of well-being of everybody who shares the exciting experience of winning cancer.

Informed consent is a valuable tool for creating the alliance for health between doctors, nurses, patients and their families. Correct information is essential for the empowerment of patients who realise the importance of their role in choosing the best treatment, and open discussion is of utmost importance for helping patient to realise that cancer has not cut them away from the active society, even if for some time they cannot perform their usual activities, but instead it created new linkages with many people that may result in a better vision of life.

Winning cancer is the fruit of wisdom. T.S. Eliot wrote: "where is wisdom, we have lost in knowledge; where is knowledge, we have lost in information?" Let us not interrupt the chain from information to wisdom so that we can attain the goal of well-being for everybody in the hospital.

Luigi Resegotti, Piero Zaina, Franco Ripa, Torino

Altnagelvin Trust celebrates the launch of the first HPH Annual Report

- **The report demonstrates what can be achieved by motivated partners.**

Altnagelvin Hospital recently launched its 2002 / 2003 'Health Promoting Hospitals Annual Report' in front of an invited audience including hospital staff, local councillors and community representatives. The report details a wide range of innovative projects aimed at improving the health and well-being of patients, staff and the wider community. It records partnership working with Foyle Community Trust, with the Health Promotion Department at Westcare, and with local community groups and schools, and it sets out plans for the current year.

The many projects listed in the Annual Report include the provision of an on-site crèche for the children of staff, physiotherapy clinic for staff, the smoking cessation service for inpatients, outpatients and staff, the School-Aged Mothers Project and the LARATOT Project, a unique project involving working with Foyle Community Trust and local secondary schools to reduce incidences of teenage pregnancy. The LARATOT project makes use of an 'empathy belly' to simulate what it feels like to be pregnant and a 'virtual baby' which teenagers take home with them to get some sense of the realities of caring for a small baby. The Report also highlights the hospital's success in persuading Derry City Council to withdraw sun beds from council-controlled leisure centres in a bid to prevent skin cancer.

The report describes the setting up of the HPH / Community forum which was initiated by Altnagelvin. The purpose of which is to primarily share resources and expertise across the hospital and community, particularly from a HPH perspective. The group comprises of representation from both the

voluntary / community and statutory sector. There have been several successful projects undertaken to date, such as, a weight loss programme which consisted of cascade training on weight loss management and lifestyle changes which was given to lay health workers within community groups by a dietician from Altnagelvin Trust. Specialist Nurses from various fields have worked with community groups in order to raise awareness around issues such as breast cancer and respiratory conditions.

The report also marks the formal establishment of the Northern Ireland Regional Network of Health Promoting Hospitals.

Altnagelvin is a founder member of the International Network of Health Promoting Hospitals, which integrates the themes of prevention and cure. The hospital has been the co-ordinating centre of the Regional Network of Health Promoting Hospitals for some time. Speaking at the launch of the Annual Report, Altnagelvin's Chief Executive, Stella Burnside, stressed the importance of health promotion in hospitals as a catalyst for improving the health of the community:

"Hospitals are significant workplace settings and significant parts of the local communities in which they are based. By promoting the health of both of these populations, the Health Promoting Hospital initiative strives to be a model of good practice and a major influence and catalyst in the development of positive attitudes to health in the community."

Mrs. Burnside went on to congratulate those involved in the various Health Promoting Hospital initiatives:

"Without the commitment of staff from Altnagelvin, Foyle Trust, and Westcare's Health Promotion Department, and the enthusiasm and involvement of community groups and local schools, the successes achieved to date could not have been achieved. All are to be congratulated and, with the continuation of this level of commitment, I have no doubt we can look forward to many more successful projects in the future."

Raymond McCartney, Londonderry

Osteoporosis project for staff

- **Read how a health and social care trusts reacts to a still underestimated risk.**

Background

A project focusing on staff health, in relation to osteoporosis, was initiated by the Sperrin Lakeland Health and Social Care Trust in December 2003. The project, organised and co-ordinated by Gary Quinn GAP student, concentrated on screening members of staff (from various facilities within the Trust) to assess their risk of fracture as measured by an ultrasound scan.

The project was directed at staff across the Trust over the age of 35 years, who had not been screened before through a previous pilot project by the Trust. There was phenomenal demand for this recent service, however due to time constraints and machine availability only 89 staff members were allocated an appointment for the scanning sessions. The sessions were conducted on both the Tyrone County Hospital site (Omagh, Co. Tyrone) and the Erne Hospital site (Enniskillen, Co. Fermanagh). The overall goal of the project was to promote and educate staff about the very real threat posed by osteoporosis and fracture risk and what preventative measures can be taken.

Thanks to the time and effort volunteered by Mrs Liz Caithness, Osteoporosis Nurse for the Erne Hospital, participants were scanned using an ultrasonometer (Achilles Express™). The Achilles Express™ measures the ultrasound properties of the heel which, unlike the forearm or hand, is load bearing and highly trabecular.

Results

Of the 89 participants who were scanned, 54% were identified as being at a low risk of fracture, 40% at an above risk of fracture and 6% at a high risk of fracture.

53% of smokers were classified as being at an above risk of fracture, and 6% were at a high risk of fracture. Approximately 57% of non-smokers and ex-smokers were classed as being at a low risk of fracture. So it appears that those who smoked were at a greater risk of fracture than those who were non-smokers or ex-smokers.

69% of those on a low calcium diet were identified as being at an above average risk of fracture and 12% were at a high risk of fracture. On the other hand only 39% of those on a good calcium diet were described as being at an above risk of fracture, with 3% at a high risk.

Those who perceived themselves as being inactive appeared to be at a greater risk of fracture than those who perceived themselves to be moderately or vigorously active. Approximately 66% of inactive persons were classed as being above average risk of fracture, with 49% of moderately active participants in this category.

Conclusion

The results of this project suggest that smoking, low levels of calcium in the diet and low levels of weight bearing activity can all contribute to individuals being classified at an above average or high risk of fracture. With levels of people with osteoporosis being increasingly prevalent (1 in 3 women, 1 in 12 men) it is very important that individuals take a proactive interest in preventing bone loss or maintaining bone density. The National Osteoporosis Society (2001) suggests that incorporating a 'bone-friendly' diet (increased calcium and vitamin D intake) and taking regular weight-bearing activity (brisk walking, jogging) can aid in the prevention of osteoporosis and reduce the risk of fracture. This is especially true in pre-menopausal women when prevention of bone loss can be very effective.

Future Development

This project was run as the first stage of a two part project. The second stage will involve the organisation of a 'walk-

ing group' that will act as a support system for those identified at the above average risk of fracture and so allow those individuals to be proactive at reducing their risk of fracture through weight-bearing activity. Those individuals who were identified as high risk have been issued with a letter recommending that they seek further consultation with their GP. Further results from this project can be viewed on the healthdata website at <http://www.health-data.info>. Or contact Mr. Joe Travers at jtravers@slt.n-i.nhs.uk

Joe Travers, Enniskillen

Network Headlines

Australia

Following the recent (and fabulous!) 18th World Health Promotion and Health Education Conference in Melbourne, there are renewed discussions about initiating some form of Australian HPH network this year.

We are especially keen to hear the experience of colleagues who manage national or sub-national/ regional networks.

Tell us about :

- How you have sustained political support for the HPH approach – in hospitals and the health care bureaucracy
- What you and others see as your major accomplishments – what difference has a network made?
- The role a website has played in the life of your network.

Please contact Sally Fawkes, School of Public Health at La Trobe University, Melbourne, Australia, sally@gracebayard.com.au

Sally Fawkes, Melbourne

Italy: 8th National Conference on HPH

The 8th Italian Conference on HPH, "New governance in a communication network", will be held from 24th-25th September 2004 in Riva del Garda



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(Trento), hosted by the Trentino regional network of HPH.

The Conference's aim is summarized by the title: to develop new ways of managing relation and communication existing between the different stakeholders involved in the health-system's construction. The presupposition is that patients, personnel, community, voluntary service associations, mass-media, institutions, etc., bring their own "health culture"; these cultures describe different expectations and points of view, that sometimes are difficultly adaptable to the other social actors' expectations.

The Conference will have several presentation formats:

- plenary sessions: the main conference topics (communication, role of the networks, new governance and managing cultural diversity) will be introduced in lectures, followed by discussions;
- a round table on "The different points of view in the health communication network", with the participation of a Chairman of the health policies, representatives of patients' association, nurses' association and physicians' associations;
- informative stands of the regional networks, in which they will present their history, works, projects and activities;
- parallel paper and poster sessions: with papers selected by the Scientific Committee.

Plenary sessions and one of the parallel sessions will be both in Italian and English languages. Deadline for registration is July 30, 2004.

For further information please contact Ms. Lorella Molteni, email: molteni.l@apss.tn.it.

Carlo Favaretti, Trento

Call for Papers

Call for papers for Issue no. 24 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 23? Please follow the guidelines below.**
Deadline: November 19, 2004

Especially invited are contributions about

- specific local HPH projects (either for hospital patients, for hospital staff, or for the local community population);
- comprehensive HPH approaches including the development of the whole hospital organisation;
- experiences and developments of the national / regional HPH networks;
- conceptual and methodological issues;
- HPH conferences and publications;
- related subjects of interest to the HPH audience.

If you wish to submit an article for issue no. 24 of the HPH Newsletter, please send us a manuscript of no more than 750 words. Please use either Times New Roman or Arial 12, double spaced, with no extra formats, and please provide references in text (no footnotes!). Please include full contact address and short information about author(s) (max. 15 words).

Please send your contribution to the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, preferably as an e-mail attachment (hph.soc-gruwi@univie.ac.at), or send a floppy disc (word for Windows 2000) to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2 / 4th floor, A-1090 Vienna, Austria.

If you have any questions about your contribution, please contact Ms. Christina Dietscher at hph.soc-gruwi@univie.ac.at

Announcements

Announcements

International conference on communication in healthcare

Venue: Bruges, Belgium,

Date: 14-17 September 2004

Further information:

<http://www.each-conference.com>

8th Italian HPH conference

New governance in a communication network

Date: 24-25 September 2004

Venue: Riva del Garda, Italy

Further information: Ms. Lorella Molteni,

Creating Healthy Environments – 2nd All Ireland Conference on Health Promoting Hospitals / Health Services (HPH)

Venue: Manor House Hotel, Enniskillen

Date: October 19-20, 2004

Abstract submission deadline:

July 30, 2004

Further information: Irish HPH network, National Coordinating Centre, c/o Academic Centre, JCM Hospital, Blanchardstown, Dublin 15, Phone +353 1 646 5077, fax +353 1 646 5196, e-mail conference@ihph.ie

Hospitals in a culturally diverse Europe:

International conference on quality-assured health care and health promotion for migrants and ethnic minorities. Final conference of the European project on Migrant Friendly Hospitals

Date: December 9-11, 2004

Venue: Amsterdam, the Netherlands

Further information:

<http://www.mfh-eu.net/conf/home.htm>

6th IUHPE European conference on the Effectiveness and Quality of Health Promotion:

"Evidence for Practice – Best practice for better health"

Date: June 1 to June 4, 2005

Venue: Stockholm, Sweden

Abstract submission deadline:

October 5, 2004

Further information:

<http://www.bestpractice2005.se/>

13th International Conference on Health Promoting Hospitals

Date: May 18-20, 2005

Venue: The Burlington Hotel, Dublin, Ireland

Internet information available from September 2004 at www.univie.ac.at/hph/dublin2005

Health Technology Assessment International – 2nd Annual Meeting: Bringing HTA into Practice

Date: June 20-22, 2005

Venue: Rome, European Congress Centre of Università Cattolica del Sacro Cuore, Largo F. Vito 1

Abstract submission deadline:

March 15, 2005

Further information: www.htai.org