

# Newsletter

No 24 - December 2004

Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
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Office for Europe

## Editorial

Dear readers,

Over the last 15 years, HPH has been developing in 35 hospital networks in Europe and also in other continents. Should the WHO Network now be opened to other health care players, so as to better be able to tackle current health care challenges? asks Oliver Gröne, WHO Barcelona, in his introductory article. If you wish to comment, please contact the author at [ogr@es.euro.who.int](mailto:ogr@es.euro.who.int).

The upcoming major event is the 13<sup>th</sup> International Conference on HPH in Dublin (May 18-20, 2005). The Irish Network of HPH and the Northern Ireland Regional Network of HPH will be co-hosting the conference. Please find in this Newsletter an invitation to Dublin, and a link to further information and online submission of abstracts: <http://www.univie.ac.at/hph/dublin2005>

Some major thematic issues of the conference are already introduced in this Newsletter: Contributions from Ireland, Italy-Piedmont, and the Migrant Friendly Hospitals (MFH) project discuss how to empower elderly, ethnic minority and migrant groups. The Amsterdam Declaration (launched at the MFH conference on December 10) provides a framework for developing hospital quality in a diverse Europe. The European Network for Smoke-Free Hospitals present their 10-Step-Code which is already in use in many HPH networks: Find in this Newsletter the example of Lithuania. Further contributions on activities of seven HPH networks and task forces can be found in the "News from networks and taskforces" section.

Finally, after 24 issues of the Newsletter, we think it is time for a quality check – so we ask you for your feedback: What would you like to see continued, what kind of improvements would you suggest? (please contact us

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

Now to all our readers a Merry Christmas and a happy and healthy year 2005!

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

## Beyond Health Promoting Hospitals: Developing patient-centred networks of health and social care services

- **Should the HPH network be opened to other health care institutions than hospitals?**

The idea of the Health Promoting Hospitals (HPH) project was born more than 15 years ago. The main reasons that led to the establishment of the network were the deficits in tools meant to improve the organization and quality of health care and the obvious lacks in patient-centeredness and patient-involvement.

Since then a lot of progress has been made in addressing health promotion challenges. A number of working groups in the HPH network have addressed some of the key issues for the development of health promotion in hospitals in the last years (1):

- A framework for 18 Core Strategies for Health Promotion in Hospitals,
- Quality standards and indicators for health promotion in hospitals,
- Health promoting strategies for specific target groups (children and adolescents, mental health, migrants),
- Systems to code and reimburse health promotion activities, and
- Evidence and education tools for health promotion in hospitals.

It is positive to note that some of the activities within the HPH network have become more operational and that the debate has now shifted from theoretical considerations to practical implementation. At the same time, while we have addressed many of the theoretical challenges and are moving towards implementation, we should be wary of not misplacing the underlying dilemma: has our paradigm, Health Promoting Hospitals, limited our perspective to identify new challenges?

I would argue that we should broaden our focus beyond hospitals, since first of all most of the challenges for health care development are related to factors outside the control of hospitals, and secondly many tools designed for the improvement of hospital care have become available meanwhile.

## Newsletter 24-04 Content

- **Beyond Health Promoting Hospitals: Developing patient-centred networks of health and social care services**
- **Invitation to the 13th International Conference on HPH**
- **The Irish HPH Network - Healthy Ageing Residential Care Initiative**
- **Empowering vulnerable groups: How to shift elderly people and migrant women from a burden to a resource**
- **Migrant Friendly Hospitals in a Culturally Diverse Europe**
- **European Network of Smoke-Free Hospitals (ENSH) – Membership and process**
- **Report on a training seminar on "Tobacco free hospital"**
- **The Association of Health Promoting Hospitals in Finland: seeking credibility through action**
- **Italy: A short report on the 8th Italian Conference on HPH**
- **Lithuania: Report on the 9th National HPH Conference**
- **Report on the 3<sup>rd</sup> Lithuanian conference for nurses**
- **Vienna: Health promotion for and by managers and executive personnel in hospitals and nursing homes**
- **Headlines**



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for the Sociology of Health and Medicine

WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

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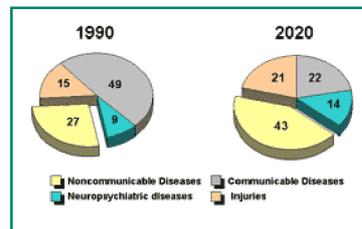
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## Developments in the International HPH Network

Which are the key problems in providing high quality, effective, and equitable health care?

Global burden of disease 1990-2020 by disease group in developing & newly industrialized countries



The main burden for health systems in the more developed societies are with non-communicable diseases. In 2000, chronic diseases contributed to 59% of the global mortality and 46% of global morbidity. By 2020, the contribution of chronic diseases to mortality and morbidity will increase considerably, with coronary heart diseases, stroke, depression and cancer being the main causes (2).

Chronic diseases are characterized by the following features: they are permanent, leave residual disability, are caused by non reversible pathological alteration, require special training of the patient for rehabilitation or may be expected to require a long period of supervision, observation, or care (3). Although chronic diseases differ in clinical management, all patients (and their families) are confronted with the same problems: to alter behaviour; to deal with the social and emotional impacts of symptoms, disabilities, and approaching death; to take complicated medication regimes and to interact with medical care over time.

There are still many quality issues in managing chronic diseases that need to be tackled in various countries, such as conflicting recommendations on medication regimes, duplication of diagnostic procedures, delays in the detection of complications, poor referral from one level of care to another, and insufficient preparation of patients in coping with their condition after discharge.

### Quality problems in chronic disease management

Data from the USA suggest that in the age group of over 65-years old, 84 % suffer from one and 62% suffer from more than two chronic conditions. However, only 27% of hypertensive patients are being adequately treated, the related medical costs amounting to \$108.8 billion in 1998, which represents 12.6% of the national health care spending. The same data show that 9% and 26% of diabetics have well-controlled lipid and blood pressure levels, respectively; 35% of eligible patients with atria fibrillation receive anticoagulation; only 25% of people with depression are receiving adequate treatment, and moreover 50% of discharged coronary heart failure patients are readmitted within 90 days (4).

A recent report of WHO suggested that health care services are still mainly based on the paradigm of acute care, that is they perform best when the patient's need is episodic and urgent. The common characteristics of acute and chronic care are, according to the report, the following: they are organized to provide acute illness care, the patient's role in management is not emphasized, follow up is sporadic, community services tend to be ignored, and prevention is underutilized (5).

### Can the hospital master these challenges?

Martin McKee, in a review of the function of hospitals, stated that "Since the core function of hospitals is to treat illness, then it must respond appropriately as patterns of disease change." (5). Have hospitals responded to the changing patterns of diseases? Have Health Promoting Hospitals responded?

Although it is clearly beyond the scope of the hospital sector to address all the challenges in health care, HPHs have looked into the issue of chronic diseases from the beginning. The very focus on, e.g. patient health education and promotion and use of community resources, is best indicated where the patients' needs are ongoing as it is the case with chronic conditions. And new models for chronic care delivery as developed by Kaiser Permanente in the USA show some similarity with the principles laid out in the Ottawa Charter issued in 1986 (6).

But, in view of the challenges faced

and the strategies endorsed by HPHs, is it still timely to limit the participation of institutions to the HPH network to hospitals? Shouldn't home care providers, nursing homes, primary care providers, patient organizations, and community services be allowed to formally join the network? Would a network of patient-centred health and social services be better prepared to address the main health care challenges than the network of hospitals?

Coordinators of a significant number of HPH networks have repeatedly had requests from such organizations to join in and so far this has not been possible. Debates on the scope of the network were repeatedly held within international coordinator meetings. Would the brand mark of HPH be lost if we included other institutions in the network or would we actually win more strength in addressing the fundamental health care challenges?

We suggest raising this question again and addressing it at the upcoming coordinators meeting in Dublin. Any feedback in the meantime is more than welcome ([ogr@es.euro.who.int](mailto:ogr@es.euro.who.int)).

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## Invitation to the 13th International Conference on HPH

- **The conference will take place from 18-20-May 2005 in Dublin.**

The 13th International conference on HPH will take place in Dublin the Irish Republic's capital city, which now ranks among the top tourist destinations in Europe. This will be a unique conference as the Irish HPH network and the Northern Ireland Regional HPH network will jointly host the conference. While both networks have developed very differently and have their own distinct support and financial structures, both have sought to develop and promote the HPH concept widely throughout the two jurisdictions.

On behalf of the members of both networks, you are invited to join us for this exciting event. As a venue Dublin is a vibrant friendly city with something for everyone. Dubliners are intensely proud of their history and their town's historic buildings, the series of priceless pubs, a proud cultural life and a plethora of open-armed, open-hearted people who will put serious dents in your cynicism.

The conference venue, Jury's Burlington Hotel, is situated in the heart of the city within walking distance of the main shopping district and key cultural centres with direct access to and from Dublin Airport. A highlight of the social programme will be the civic reception on Wednesday 18th May in the famous Dublin Castle. A historical and beautiful castle located in the midst of the bustling modern capital city.

The theme for this 13<sup>th</sup> conference "Empowering for health – Practicing the Principles" will ensure a wealth of learning from each other through the sharing of knowledge and experiences on this topic.

### Who should attend?

Though the conference is suitable for all individuals working in the health

field particularly in the hospital setting the following groups will find the conference a platform for exchange and further development of knowledge and experiences: Healthcare professionals from the medical, nursing and therapeutic fields; hospital and health care managers, representatives from patient organisations and other NGOs; representatives from health policy and health administration; public health professionals and experts; health and health promotion scientists and practitioners; and health care consultants.

### Conference themes

The conference programme will seek to address such key questions as: how can hospitals use empowerment to improve patients' health?, how can empowerment contribute to improve the hospital's impact on staff health?, how can hospitals empower specific vulnerable groups like elderly, migrants and ethnic minorities, and persons with mental health problems?, and how can financial regulations and quality criteria be adapted to "empower hospitals for empowerment"? Improving the health of patients is the core business of hospitals. For this purpose, what added value can empowerment strategies provide, in addition to the established medical, nursing and therapeutic interventions? There is already a tradition of investing in additional (educative) services for improving patients' ability to live with (chronic) disease, and for developing healthy lifestyles. But hospitals can also use empowerment to enhance the quality of their core services: Enabling patients - and their relatives, or social network - to actively co-operate in diagnostics, therapy and care, as well as to take responsibility for their basic physical, mental and social health needs during hospital stay, can contribute to reduce complications, drug consumption, and length of stay.

As workplaces, hospitals represent a number of considerable health risks for their staff. In addition to the traditional strategies of health protection, disease and accident prevention at the

workplace, research shows a considerable positive effect of participatory, empowering management and teamwork styles, including the participatory organisation of work processes, on staff health. Strategies in line with these findings are also enhanced by the European Network of Workplace Health Promotion and by the European Agency for Safety and Health at Work.

All issues of empowerment are especially important for members of socially vulnerable groups. Patients - and staff - from these groups have the greatest needs and offer the largest potential for health improvement by empowerment strategies. Based on recent demographic and epidemiological trends, this conference will have a specific focus on empowering the elderly, migrants and ethnic minority groups, and persons with mental health problems - three groups that will be increasingly represented amongst hospital patients (and staff). As patients who belong to these groups offer a considerable risk for additional irritation, conflicts and stress in the hospital, strategies that allow to better adapting to their needs will also contribute to improve the health impact on hospital staff, as well as the efficiency of hospital services.

Finally, if hospitals are expected to change their structure and culture towards empowerment, they need supportive frameworks to do so: Financial incentives and quality criteria, as formulated in legal regulations, standards of accrediting bodies, and professional organisations, must make it feasible, reasonable and necessary to develop in this direction.

The conference programme will seek to provide delegates with an opportunity to focus on specific issues related to the stated themes and raise discussion on the basis of models of good practice and research related to the theme of empowerment.

For detailed information on the conference programme and online submission of your abstract, please visit the conference web-site at [www.univie.ac.at/hph/dublin2005](http://www.univie.ac.at/hph/dublin2005)

You can also contact the organising



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## Thematic issues

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*Ann O'Riordan, Dublin*

## The Irish HPH Network Healthy Ageing Residential Care Initiative

- **HPH Ireland started in innovative cooperation with residential care facilities.**

The Irish HPH Network and Irish National Council for Ageing and Older People have in partnership developed an initiative to support best practice towards Healthy Ageing Status in residential care facilities caring for older people. A formal launch of the initiative is planned for the end of January 2005. Both organisations have long recognised that supporting best practice in residential facilities is crucial to the promotion of healthy ageing. The goals of the initiative are to support residential care facilities in realising and acting upon their health promoting capacity, to assist residential care facilities to adopt a health promotion aspect to their daily work and to achieve the above through supporting facilities in completion of the Ten Steps to Healthy Ageing.

The Ten Steps to Healthy Ageing initiative has three key elements. First and foremost, striving towards person-centred care, secondly, towards creating a positive working environment for those involved in care provision and thirdly, creating a family friendly environment.

Development and implementation of the initiative will require full management commitment and support, the active participation of all employees, as well as the involvement of residents, carers and the community. Commitment and communication are seen as key aspects to the success of the initiative, while an effective monitor-

ing and review process is seen as vital for sustainability, to this end a National Co-ordinator has been appointed to support the implementation and general evaluation of the initiative.

To encourage residential facilities for older people to participate in the initiative, certain advantages will be brought to their attention. Participating facilities will be seen as being pro-active in promoting the quality of life for the residents, also in promoting the health and welfare of the staff. By getting support from the National Co-ordinator help will be available to develop policies and action plans which support healthy ageing. Workshops will be organised to enable members to network with other participating facilities and the National Co-ordinator will provide participants with relevant contacts. There will also be opportunities to share, promote and evaluate individual practices, while providing a framework to document progress and change.

This process that will enable organisations to review, implement and monitor their own progress towards achieving Healthy Ageing Status has four distinct stages.

Stage One is to register interest. To achieve this the organisation is asked to nominate a contact person for the initiative and send a letter of interest to the Irish HPH Network

Stage Two is to achieve Membership Status. For this stage the organisation is required to review its current practice by completing and returning a self-appraisal questionnaire. They are also required to return a letter of commitment confirming the nominated focal person. It is then necessary to choose an area to address within the next twelve months, set objectives and identify specific action plans to reach these set objectives. On receipt of these documents the organisation will have achieved Membership of the Health Promoting Residential Initiative.

Stage Three is to achieve Commitment Status. This will take place on completing the Ten Steps in the self-appraisal questionnaire or following an evaluation of their progress after 12 months participation in the initiative.

If the organisation has at least 75% of the Ten Steps completed, it can then apply for an informal assessment with the National Co-ordinator or if unable to meet the criteria at this time the organisation must complete and return the Ten Steps self appraisal questionnaire along with a new action plan. All participating organisations after completing a minimum of twelve months in the initiative will be required to provide yearly reports on their achievements and progress along with new action plans.

Fourth Stage is Healthy Ageing Status. Following an informal assessment by the National Co-ordinator, if the facility fully meets the criteria it will be awarded the Healthy Ageing Status. In order to retain the status each organisation will be required to complete and return the Ten Steps self appraisal questionnaire bi-annually.

The Irish HPH Network has a growing number of residential care facilities for older people in its membership and had already identified residential care facilities for older people as a key setting for future development. In partnership with the National Council for Ageing and Older People, it seeks through the successful implementation of this initiative to promote a focus on the quality and effectiveness of healthy ageing practices and services in long-term care facilities for the older person.

Evaluation will be both quantitative and qualitative, the core focus being to assess the impact and effectiveness of the initiative to improve the quality of the lives of older people in residential care facilities. It is recognised that there can be significant barriers to the provision of quality care, including built environment, staffing and staff turnover etc. The evaluation of the initiative provides an opportunity to document these barriers and inform future policy and planning in the area of residential care. Initial evaluation will measure the success of the initiative in implementing positive change in the experience of the residents, staff and family over a twelve-month period and it is planned to publish interim results towards the end of 2005.

## Thematic issues

For further information and to receive a copy of the Ten Steps Self Assessment Tool, please contact Ms. Patricia Jaycock, Irish HPH Network at info@ihph.ie

*Patricia Jaycock, Dublin*

## Empowering vulnerable groups: How to shift elderly people and migrant women from a burden to a resource

- **This remarkable project aims both at improving care for elderly patients, and the work situation of migrant women.**

The migrant friendly hospitals initiative, as shown by the 8th National Conference of the Italian HPH Network which was recently held in Riva del Garda, is mainly seen as an action of the hospital staff in favour of people coming from different countries, aiming at offering equal opportunities of care to everybody, taking into account their specific needs, traditions, habits, and faith.

This approach fulfils the first criterion of new governance, namely equity, but very little is done at present for fulfilling the other criteria, especially the one of participation.

Moreover, we believe that the initiative should not be confined within the hospital, but it should involve the institutions for disabled elderly people and the community.

We believe that the empowerment of the individual should be the main target for every action in the field of health promotion and that the loss of value is the main cause of loss of health for a person.

Most elderly patients who depend from other people for their everyday activities, would prefer to remain at home, in their family and social context, rather than being attended by professional nurses in nursing homes, as they feel

the loss of their family and social relationships as a loss of value, which consequently leads to a drop of self esteem.

Offering adequate help for keeping elderly people at home results in their empowerment.

At the same time, many migrants from Eastern Europe, mostly women, seek occupation in taking care of elderly patients at home. However, most of them lack education and training. This leads on the one hand to poor quality care and on the other hand to a lack of legal protection for these workers, which consequently leads to a drop of self esteem.

We are planning to tackle these problems through actions aimed at empowering the elderly patients by offering them adequate care by means of well trained migrant women, so as to keep them at home, and at empowering migrant women by offering them adequate training and legal protection at work. The project consists of three steps:

### 1st step

- Assessment of the number of elderly patients who need assistance and who could remain at home, provided that adequate help can be offered
- Assessment of the number of families who would be happy to keep their elderly relatives at home, provided that adequate care would be granted to them and that some financial support would be offered to them for paying for this assistance
- Assessment of the number of migrant women who are looking for a job in the field of care to elderly people, but who lack education

### 2nd step

- Training courses on basic principles of assistance to the elderly (200 hours), completely free for migrant women, with final examination for obtaining a certified licence
- Migrant women who are already engaged in the care of elderly people, but without specific training,

could participate in shorter courses (130 hours) for obtaining the final licence: During the attendance of the course these women would be substituted for by nurses who are supplied by the social service trust in the area.

- The courses will be centered on the following topics:
  - a) how to create an adequate hygienic and health setting
  - b) how to detect the needs of the elderly and how to balance the healthy lifestyle with the patient's wishes and way of life
  - c) How to build an adequate physical and psychological plan of care
  - d) How to create a network between the patient, his family and the social services for empowering the elderly patient
  - e) Information on the resources available in the community, and how to access them

### 3rd step

- Establishment of an agency to which elderly people and their families on the one hand, and migrant women on the other hand, can refer for mediating between the needs of the two parts, and for stipulating regular contracts granting the rights of both parties.

### Partners

- Social service trusts
- Voluntary associations
- Mutual self-aid groups of families with elderly relatives
- The Piedmont branch of the Italian confederation for health promotion (CIPES).

### Costs

- The approximate cost of the project is 1.000.000,00 Euro per year.
- The costs will be covered by a special fund to be granted by the Piedmont Region Authority and by the social service trusts involved.

The duration of the project will be two years.

*Luigi Resegotti, Torino*

## Migrant Friendly Hospitals in a Culturally Diverse Europe

- **The “Amsterdam Declaration” provides new momentum for improving health services for migrants and ethnic minorities and for developing more personalised services for all patients**

The conference “Hospitals in a Culturally Diverse Europe”, Amsterdam, December 09 – 11, 2004, brought together 150 participants from diverse backgrounds: the health professions, health care management, health policy, experts, scientists, but also patient and minority representatives and human rights’ advocates from over 20 European countries, North America and Africa.

The conference was organised by Academic Medical Centre Amsterdam as local host and the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care. A large number of European and international organisations were prepared to act as supporting partners. The conference marked the final event of the European project “Migrant-friendly Hospitals - A European initiative to promote health and health literacy of migrants and ethnic minorities” (MFH). The European project was financially supported by the Public Health program of the European Commission, co-financed by the Austrian Ministry of Science, Education and Culture. The local pilot projects were financed by the participating hospitals.

The main event of the conference was the launch of the “Amsterdam Declaration towards Migrant Friendly Hospitals in an ethno-culturally diverse Europe”, developed by the partners of the MFH project. The declaration starts with a summary analysis of the current situation of hospital services for migrants and ethnic minorities in Eu-

rope, highlighting quality problems for patients and staff. The declaration also points out that improving quality for migrants and ethnic minorities as vulnerable groups by making hospitals more responsive to ethnic, cultural and other social differences of patients and staff would serve the interest of all patients in more personalised services – an issue high on the priorities of the Health Promoting Hospital network. In the second part, it includes specific recommendations on further quality improvement for hospital management and staff, health policy, patient organisations and health sciences. The declaration has been welcomed by a large number of European and international organisations present at the conference: European Commission, International Labour Organisation - ILO, International Organisation for Migration – IOM, International Alliance of Patients’ Organizations - IAPO, Standing committee of the hospitals of the EU - HOPE, International Union of Health Promotion and Education - IUHPE, Migrants Rights International, United for Intercultural Action, PaceMaker in Global Health. Partners expressed their expectation that the Amsterdam Declaration will serve as a European platform for improving hospital and health care services for migrants and ethnic minorities. The text launched in Amsterdam (a final draft) is available for download on the conference website: <http://www.mfh-eu.net/conf>

The conference did not only underline the importance of the issue on the European health agenda, but also provided conceptual and scientific knowledge about problems and options for solutions as orientation – plenary lectures by Sandro Cattacin, Ilona Kickbusch, Peter Koehn, Diane Levin-Zamir and Johan Mackenbach and a large number of high quality paper and poster presentations, workshops and round tables that provided ample opportunities for learning and exchanging experiences.

From the MFH project, Pilot Hospitals from 12 European Countries (AT, DE, DK, EL, ES, FI, FR, IR, IT, NL, SV, UK) presented experiences and results

of 2 years project work in paper sessions and workshops and a facilitated Poster session. The topics included: Experiences in results in developing a migrant-friendly/cultural competent hospital; Improving interpreting in clinical communication; Staff training towards cultural competence; Migrant-friendly information and training in mother and child care.

Participants – according to direct feedback and an analysis of evaluation forms – judged the conference a good to excellent opportunity for gaining information, exchanging experiences and networking and asked for further conferences or other opportunities to continue the discussion. For detailed overview on program, content, the virtual conference proceedings and the Amsterdam Declaration (Draft) see <http://www.mfh-eu.net/conf>.

The Amsterdam conference ended with a meeting of the WHO-HPH Task Force on Migrant Friendly Hospitals (established in May 2004, see HPH Newsletter 23, June 2004 for further information), to ensure sustainability. The Task Force will play an important role to support hospitals in implementing the recommendations contained in the Amsterdam Declaration. An Action Plan will be developed in the next months and the Task Force will organize a session at the 13th HPH International Conference in Dublin, May 18-20, 2005. Especially national and regional HPH coordinators, but also interested hospitals, health policy actors and experts are invited to participate in the Task Force. For further information, please contact the HPH TF on MFH co-ordinator Dr Antonio Chiarenza: [antonio.chiarenza@ausl.re.it](mailto:antonio.chiarenza@ausl.re.it)

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## European Network of Smoke-Free Hospitals (ENSH) – Membership and process

### ● Find out how to become a smoke-free hospital!

Hospitals have the principal responsibilities to provide care, prevention, research and training services. Taking the above principles into consideration, hospitals have important obligations in the struggle to reduce the use of tobacco and its deleterious health effects. These obligations include not only a smoke-free environment to protect non-smokers but also the provision of active support for smokers, patients as well as all categories of personnel, in their quitting process. The overall aim of this network (with support from the European Commission) is to assist and support all hospitals and particularly those with maternity services to implement, monitor, audit and review a smoke-free hospital policy, and to provide opportunities through networking to exchange common solutions, practices and experiences.

Participation and registration with the European Network of Smoke-free Hospitals signifies commitment to establish uniformity in tobacco control policies within European hospitals. The policy and long-term goal of this network is to achieve a totally smoke-free environment within the hospital and healthcare setting. The successful implementation of a tobacco control policy within the hospital and healthcare setting is dependent on a number of clearly defined decisions; on policy and budget, communication mechanisms to ensure the policy is understood by all, implementation of comprehensive training processes to support cessation, participation of all staff and the establishment of a long-term evaluation procedure.

### European Code for smoke-free hospitals

1. Engage decision-makers. Inform all personnel and patients.
2. Appoint a working group. Develop a strategy and an implementation plan.
3. Set up a training plan to instruct all staff on how best to approach smokers.
4. Organise cessation support facilities for patients and staff in the hospital and ensure continuity of support on discharge into the community.
5. Indicate smoking zones clearly, for as long as they are considered necessary, and keep them away from clinical and reception areas.
6. Adopt appropriate signage, including posters, signposts, etc and remove all incentives to smoke (such as ashtrays, tobacco sales, etc.).
7. Support systems are in place to protect and promote the health of all that work in the hospital.
8. Promote smoke-free actions in the community setting.
9. Renew and broaden information to maintain commitment to the policy. Ensure follow-up and quality assurance.
10. First convince, then constrain considering legislation if needed. Have patience!

Participation within the European Network of Smoke-free Hospitals occurs on four levels:

1. **Member** – denotes intention to participate through the signature of a letter commitment and the designation of a contact person.
2. **Bronze** – denotes commitment and achievement of the two first guidelines of the Code.
3. **Silver** – denotes achievement of the European Standards policy codes 1-10
4. **Gold** – denotes certified attainment of a Smoke-free Hospital environment.

In each member state of the Network, national actions are undertaken according to their national tobacco policies.

The first step for hospitals, who wish to adhere and join to the European Network of Smoke-free Hospitals, is the adoption of the European Smoke-free Hospital Code. The code is available in 11 European languages (available on CD ROM and online at <http://ensh.aphp.fr>). This common code provides a set of 10 basic guidelines for the implementation of a smoke-free hospital policy. The code is further illustrated in a set of standards, the European Standards for Smoke-free Hospitals. The standards are accom-

panied by a Self-audit Questionnaire, which is used by the hospital to evaluate its progress and performance as a smoke-free hospital.

This action (standards and audit) allows all hospitals to participate at whatever level of development they are at, while networking for continuous improvement at a rate that is feasible and connective to local, regional and national limitations. The main aim is to acknowledge the current implementation difficulties and to address them in a realistic and achievable manner. To encourage and support hospitals in this process, ENSH acknowledges achievement (how ever small), by awarding hospitals certificates – membership, bronze, silver and gold. These achievement certificates are based on the self-audit questionnaire and seek to reward continuous progress towards becoming a smoke-free hospital.

The ENSH intends to actively participate in the WHO campaign for the WNTD 2005, as the selected theme provides a good framework for our network to point out the effectiveness of its concept and tools and to develop and disseminate recommendations regarding involvement of hospital staff in smoking cessation.

The further strengthening of collaborative action between the ENSH and the WHO, European HPH Network seeks to promote, facilitate and assist hospitals in their efforts to become smoke free environments through the development of common strategies and support materials. The ENSH concept is innovative and offers excellent implementation instruments. WHO has made the implementation of a smoking prevention project one condition for membership of the HPH Network due to the collaborative efforts between the ENSH and HPH Network. The ENSH will actively participate at the 13th International HPH Conference in Dublin, on May 2005, by organising the parallel session “Smoke free hospitals”. The support of complementarity and collaborative action of both networks relies to the need for hospitals to become safe and healthy environments for staff, patients, relatives and visitors.



## Thematic Issues

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*Ariadni Ouranou, Paris*

## Report on a training seminar on "Tobacco free hospital"

- **Lithuanian hospitals already joined the "smoke free hospitals" initiative.**

Smoking becomes an increasing problem, an addiction influencing the growth of morbidity and mortality from tobacco related (caused) diseases. Every year more than 7000 people, mainly able-bodied men, die from smoking in Lithuania.

According to the law, smoking is strictly prohibited in all medical institutions. Unfortunately both patients and hospital staff still use tobacco goods. HPH hospitals could be a great example of implementing "Tobacco free hospital" initiatives for other hospitals. The aim of "Tobacco free hospital" is to carry out a rational smoking control policy in hospitals. This project concentrates on two main goals:

- To prepare an action plan which helps to create favourable conditions to quit smoking for hospital staff, patients and visitors;
- To create a clean, tobacco smoke free environment and protect non-smokers' rights to live in healthy environment.

The coordinating centre of "Tobacco free hospital" in Kaunas University Hospital has organized a training seminar 'training for trainers', for physicians and hospital staff in May 2004. Representatives from 5 Lithuanian HPH Network hospitals took part in this event. Methodological materials (e.g. leaflets, books about how to support smoking cessation, watches with a 'Tobacco free hospital' symbol) were distributed. Participants were also given questionnaires to assess the prevalence of smoking among hospital staff. Final results are not available yet. Events such as 'Quit and Win' for hospitals who participate in the 'Tobacco free hospital' project attracted not only the attention of mass media representatives, but also stimulated Kaunas Medical University deans and professors to join.

*I.Miseviciene, L.Toileikyte, A.Veryga*

## News from networks

### The Association of Health Promoting Hospitals in Finland: seeking credibility through action

- **Is HPH a means of addressing the challenge of rising health care expenditures?**

Health promotion is a major issue in Finnish national program for health and social services, which has been approved by the Government and is currently in distribution throughout the country. Primary health care, guided by the Primary Health Care Act, means health care addressing individuals and their living environment, medical care for individuals, and related activities aimed at maintaining and promoting the state of health of the population. Specialized care given in different hospitals and governed by the Specialized Care Act also includes the idea of prevention of diseases as well as implementing rehabilitation for promoting health. However, the role of Finnish hospitals – whether highly specialized university hospitals or locally administered district hospitals – is rather lacking of strategic planning for health promotion. Thus it is not surprising that the representatives of WHO Regional Office for Europe, when evaluating the national Finnish health promotion policies in March 2002, have not included even one single remark concerning the health promotion work done in specialized care.

In Finland several changes occurred during the 90's, which have influenced the ultimate integration of health promotion into public health care. The municipalities were set in charge of providing health care and social welfare for all inhabitants, former state governance along with great financial support was strongly reduced, and all this happened quite simultaneously with the worst economic recession in the country's history. The volume and the costs of specialized care have increased due to modern medication and technical development. The knowledge of medical possibilities is widely

known and it has led to further increase of public demands, which increases the imbalance of treating diseases versus health promotion.

Thus it seems inevitable that the specialized care must give greater concern to ways of promoting health within its organizations and work more closely with primary care as well as with the social sector. The Association of Health Promoting Hospitals in Finland – the Finnish national member of WHO’s HPH network – has accepted the challenge. As the enthusiasm and innovative ideas are yet shared among few hospitals in Finland, we are proud to recognize two university hospital districts, three central hospital districts, three combinations of former district hospitals and their primary health centres as well as one town owned hospital as members. We are a rapidly growing network, whose aim it is to locate all possible co-workers in order to find new ways of meeting the health demands of the Finnish society.

The HPH in Finland has set the standards for smoking cessation along with the ones developed by the international HPH network, and currently work is done to formulate the hospital standards on health promotion applicable to the Finnish health care organizations. Additionally, member hospitals emphasize different focuses of promoting health according to their own programs, which are distributed for wider use on our web pages. Two distinct difficulties arise as the network expands nationally. Firstly, there is very little financial support through national resources. Health promotion within hospitals is a demanding task and cannot be put into action merely by voluntary forces. Secondly, as we continuously increase the use of information technology, it is of utmost importance to find ways of communication between various programs. In Finland the use of telemedicine and software based patient records is rapidly becoming more popular, but at the same time the organizations are very much at the mercy of several program providers, whose main interest is far from fluent intercommunication.

*Virpi Honkala, Raahe*

## Italy: A short report on the 8th Italian Conference on HPH

- **700 visitors discussed issues of “New governance in a communication network”.**

Almost 700 health professionals, health promotion experts, health administrators and health managers attended the 8th Italian Conference on Health Promoting Hospitals from September 24-25, 2004. The conference, “New governance in a communication network”, took place in Riva del Garda, Trento, and was hosted by the Trentino Regional Network on HPH. It concerned the issues of governance, communication and innovation. The aim was to develop new ways of managing the relation and communication between the different stakeholders involved in the health system. The presupposition was that each stakeholder brings his own “health culture”, which sometimes cannot be easily adapted to other social actors’ perspectives

The conference highlighted the following aspects:

- Foundation trust and clinical governance as an opportunity to promote health in hospitals (Gary Cook, Consultant in Public Health, Stockport NHS Foundation Trust);
- Social networks as a metaphor for complex organizations (Francesca Odella, University of Sociology, Trento);
- Physical networks and virtual places. The transparent communication (Nicola Zanardi, expert in communication);
- New Governance in European hospitals (Oliver Grone, WHO Regional Office for Europe);
- Experiences from the 10 regional networks on HPH in Italy (regional coordinators);
- Hospitals without cultural barriers (3 experiences on the management of cultural diversity in hospitals from European network, Lombardia and Veneto);
- Different points of view in the health communication network: a round table over the different

health cultures, with the participation of the chairman of the health policies of Trento, a representative of a patients’ association, the chairman of the nurses’ association, and the chairman of the Medical association.

Besides, 46 oral presentations took place in 8 parallel sessions, which covered all main areas of HPH: standards and strategies of HPH (with contributions by Oliver Grone, Irena Miseviciene, and Juergen Pelikan); information and communication; migrant friendly hospitals; pain free hospitals; smoke free hospitals; empowerment of patients, staff and community; the continuity of care; health promotion for children and teenagers in hospitals. And 85 posters showed concrete projects and experiences regarding the implementation of health promotion programs in clinical practice.

*Carlo Favaretti, Trent*

## Lithuania: Report on the 9th National HPH Conference

- **Partnerships for health were an important issue at the conference.**

The IXth National HPH Conference “Health promoting in hospitals: partnership, collaboration (co-operation) and improvement of the quality of services” was organized in October 2004 in Vilnius. Main leaders and health professionals such as physicians, nurses and public health specialists from all hospitals participating in Lithuanian HPH Network took part in this significant event which was arranged in Vilnius Psychiatric Hospital.

The Lithuanian health minister Dr. J. Olekas and the chairman of the organizing committee, Dr. V. Maciulis, opened the ceremony, emphasizing the importance of HP as one of the priorities in the health care system, and wished the participants success



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## News from networks and task forces

and all the best with regard to implementing HP initiatives. The coordinator of the Lithuanian HPH Network, Prof. I. Miseviciene, highlighted the substantiality of partnership and cooperation for reaching better health in patients. She mentioned that not only the collaboration between patients and hospital staff but also the support from hospital administration/managers may help to achieve better health and to put goals into practice. International speakers presented their reports on “The importance of networking, alliances and partnerships in facilitating effective HP across Europe” (J.K. Davies, UK), “The significance of HP in psychiatry” (H. Berger, Germany).

Two parallel sessions invited participants to discuss about possibilities for and of partnerships at various levels, the distribution of health information and the sharing of opinions on improving the quality of health procedures. The general director of Kaunas Medical University Clinics, Prof. J. Pundzius, and the Lithuanian HPH Network coordinator Prof. I. Miseviciene were the chairpersons in the final session which was devoted to opportunities and actions for achieving better cooperation, partnership and health services (quality of care). It was stressed that hospitals play an important role in promoting health, preventing disease and providing rehabilitation services, thus the identification of the potential for quality improvement, the development of an action plan, the collaboration with local and international partners, the implementation and, consequently, the evaluation will help to improve the efficiency and to reach better results in health promotion.

*I.Miseviciene, Z.Milasauskiene,  
L.Toileikyte*

## Report on the 3<sup>rd</sup> Lithuanian conference for nurses

### ● **Women’s health is an important issue in the Lithuanian Network of HPH**

Are Lithuanian women treated according to European practice? This is a major health problem. A conference on this issue was organized in May 2004 in Kaunas, Lithuania, by the HPH coordinating centre. The first plenary session identified the current health status of Lithuanian women, discussed the European policy in improving women’s health, challenges for Lithuanian nurses in the European Union, terms of work, and the health of nursing staff. The second plenary session focused on the importance of early breast cancer diagnostics, risks and prevention of cervical cancer, and examined the problems of nurses’ safety at work (HIV, hepatitis). Professor I. Miseviciene as a key speaker of the first plenary session presented data about Lithuanian women’s health in the European context. She emphasized the importance of giving attention to inequalities in women’s health care, and to assure relevant health care for women in all periods of life. It was mentioned that women have a higher life expectancy than men, but that women suffer much more frequently than men from depression, stress, and discrimination. These factors confirm the importance of making the health of women a priority in health care.

Appropriate health policy, a revision of high-risk patients to catch the most prevalent diseases, the dissemination of health related information to the society, and efficient control of diseases would help in dealing with women’s health problems. The dean of Kaunas University of Medicine, faculty of nursing, Prof. A. Seskevicius presented the main goals of nurses’ activities in Europe. He noted that the University of Copenhagen developed a data documentation system for nurs-

ing which is suitable for all European countries. The system includes recommendations for the length of studies in nursing faculties, hints on what we need to change to make a professional nurse and increase her / his competence. Lecturers from Kaunas Medical University Oncology Clinics made a presentation about the biology of breast cancer and its treatment, side effects and the quality of life after applying chemotherapy. They also provided information about the advantages of early diagnostics of breast cancer. Professionals pointed out that a control program for cervical cancer is available but that the lack of finances is an obstacle for efficient implementation.

Safety at work was another important question in this conference. Using protective measures, an inspection of profession related diseases, self-responsibility at work and responsibility for patients’ health would help in preventing injuries and blood transmissible diseases and infections.

*D.Zagurskiene, Z. Milasauskiene,  
L.Toileikyte*

## Vienna: Health promotion for and by managers and executive personnel in hospitals and nursing homes

### ● **Managers and executive personnel are the key to health promoting organisations**

So as in other areas of work, managers and executive personnel in the health care field usually have numerous possibilities to actively develop and determine their own working environments and working conditions, but they also have to deal with a high level of work related constraints. A study by the institute for occupational and social hygiene (Karlsruhe) concludes that already 25% of executives suffer from burnout.

## News from networks and task forces

This problem does not only concern executive personnel themselves, but also affects the staff they are working with, and the quality of their work.

Health promotion for managers and executive personnel is therefore an important precondition for health promotion within an organisation.

For this reason, the Viennese information network "health promotion in hospitals and nursing homes" decided to make this topic one of the key areas of work in the year 2004. The network produced a fact-sheet that summarises the knowledge available in the international literature, focusing on three relevant issues of health promotion for and by managers and executive personnel:

- Self-management of health for managers and executive personnel;
- Health promoting leadership styles;
- Supporting the strategic orientation of a hospital / nursing home towards health promotion + the development of health promoting (quality) management structures.

### Self-management of health for managers and executive personnel

What can managers and executive personnel do to promote their own health? Although the described strategies (which are grouped in two areas below) may not be new or surprising, they have proven to be effective, and their application is often a challenge:

#### Self management of mental / emotional / psychological, physical, and social health:

So as their staff, managers and executive personnel are first of all human beings with physical, mental / emotional, and social needs. The self management of these needs is not only important for personal well-being, but also forms the basis for a health promoting work performance. In the area of mental / emotional health, self management can be achieved e.g. by the development of coping strategies for specific job constraints, by the development and application of relaxation

techniques, and by emotional self management strategies. There is evidence that physical / emotional well-being as well as physical health can be influenced by healthy nutrition, sensible use of substances (alcohol and others), and by physical activity, which also supports the reduction of stress related problems. The self management of social health is about the "art" of keeping a balance between professional and private / personal interests (e.g. by time management tools), which is often a top challenge especially for managers and executive personnel.

#### Health promoting self-management of job-specific demands:

Managers and executive personnel usually have the possibility to actively develop and determine their own working environments and working conditions. It is an important aspect of health promoting self-management to make use of these ways, both with regard to the contents of work, but also with regard to the resources available, and also with regard to the physical work environment. Another important aspect is the continuous further development of professional skills, e.g. with regard to planning, delegating, but also with regard to seeking support when necessary: One of the highest stress factors for managers and executive personnel results from the fact that they have to take decisions with often far-reaching impact. Discussions with colleagues, but also professional coaches and advisors can be very helpful.

#### Health promoting leadership styles

There is evidence that leadership styles have an impact on the health / disease of staff (Michie / Williams 2003). What can managers and executive personnel do to improve this impact?

- **Cooperation with staff:** Michie & Williams (2003) found in their study that participative and motivating leadership styles, clear communication

structures, a good flow of information, clearness about tasks, rights and duties of staff, and the support of managers and executive personnel in the case of problems amongst staff can be considered as health promoting.

- **Developing working conditions:** Another way to support the health of staff in hospitals and nursing homes is to further develop the working conditions within these rather dangerous working environments. Managers and executive personnel can use their influence to develop infra structures as well as work processes (e.g. by professional organisation, by considering strengths and weaknesses of staff when assigning specific duties, by providing clear leeways for decisions, and by supporting healthy ageing of staff, which will become an enormous challenge for the health care field.

### Supporting the strategic orientation of a hospital / nursing home towards health promotion + the development of health promoting (quality) management structures.

Managers and executive personnel are those who can actively contribute to re-orienting their organisations toward health promotion – both by supporting health promoting decisions, and by developing health promoting (quality) management structures:

- **Health promoting decisions:** The development of strategies and standards within the international network of HPH over the last years has set a framework for specific health promoting interventions for patients, staff, and the community population, both within hospital core services (e.g. cooperating with patients as active partners in treatment and care) and as additional health promoting services (health education services). (18 HPH strategies: see <http://www.hph-hc.cc/Downloads/HPH-Publications/Working-Paper-HPH-core-strategies-draft041019.pdf>; five standards for health promotion in hospitals: see <http://www.euro.who.int/eprise/main/who/>



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## News from networks and task forces

progs/hph/home). The support of managers and executive personnel is crucial in order to put these strategic orientations into action.

● **Health promoting (quality) management structures:** In order to continuously support a hospital's / nursing home's orientation towards health promotion, the development of a supportive management structure (e.g. as an explicit part of the hospital's quality management) will be necessary. This includes the inclusion of health promotion in the mission statement, the definition of health promotion as an explicit task of (quality) management, the availability of resources, specific training for staff, the development of action plans and specific implementation projects as well as the inclusion of specific additional indicators in evaluation and monitoring.

The complete fact sheet (in German language) and the quoted literature can be downloaded at [http://www.gspwien-info.net/downloads/Factsheet\\_GF-Fuehrung.pdf](http://www.gspwien-info.net/downloads/Factsheet_GF-Fuehrung.pdf)

### Workshop for executive personnel in Vienna

On November 30, the Viennese information network "Health promotion in hospitals and nursing homes" organised a one-day workshop on health promotion for and by managers.

The issue raised the interest of as many as 130 participants from 24 hospitals and 11 nursing homes in Vienna.

After an introductory lecture on the main issues summarised in the fact-sheet, the workshop was organised as an open space event with the aim to provide an opportunity for managers and executive personnel to discuss their one areas of interest with regard to health promoting leadership with colleagues, and to develop practicable solutions for implementation.

A number of very different issues were raised and discussed within the open space design, e.g. "how to overcome the loneliness of executive personnel", "how to motivate staff", "how to cope with burnout", "how to deal with errors", "how to support elderly staff".

The workshop evaluation was very positive, with about 80% of attendants confirming their intention to increase their orientation towards health promotion in the future.

*Christina Dietscher, Vienna*

## Headlines

### AUSTRIA: 9th National Conference

The 9<sup>th</sup> Austrian conference on HPH focused on the relationships between the hospital and its environment. The three main topics were:

- What can the hospital do to improve integrated care?
- What can the hospital do to improve its impact on the environment?
- What can the hospital do to strengthen partnerships for health with other settings, e.g. enterprises, schools?

Further information about the conference (in German language) is online available at [http://www.oengk.net/index.php?id=3\\_1](http://www.oengk.net/index.php?id=3_1)

*Christina Dietscher, Vienna*

### ITALY – Piedmont: A centre against sexual violence in Turin

Since May 2003, a team of gynaecologists, assisted by pertinent professionals, have been engaged in a Help Center against Sexual Violence at the S. Anna Hospital in Turin.

Sixty-three victims of acute episodes of sexual violence were treated, and 101 cases of chronic violence were managed so far.

This activity proved useful for facing the problem of sexual violence, therefore two other hospitals have recently joined in this task.

*Grace Rabacchi, Silvia Donadio,  
Turin*

### Health promotion for children and adolescents in hospitals: Background survey and 2<sup>nd</sup> WHO workshop in Amsterdam

As an important step on its way, the HPH Working Group on 'Health promotion for children and adolescents in hospitals' did a questionnaire survey on health promotion activities in children's hospitals and paediatric departments in the WHO European Region. Information was collected on:

- children's rights in hospitals,
- standards adopted,
- good practices of health promotion in hospitals,
- and the general situation in the different countries.

The findings will allow to plan and spread information about useful health promotion activities for children and adolescents in hospitals.

First results of the survey were presented and discussed at the 2<sup>nd</sup> WHO workshop of the task force in Amsterdam (December 8, 2004, hosted by the Academisch Medisch Center (AMC) – Emma Children's Hospital).

Further information on the survey and the draft report is available at: <http://www.meyer.it/hph/hph-ca>.

We would like to thank all hospitals who supplied information, and all those who contributed to the success of the survey: the HPH Network Coordinators, the Working Group members, and the delegates of EACH (European Association for Children in Hospital).

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

## Call for papers for Issue no. 25 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 25? Please follow the guidelines below. Deadline: June 3, 2005**

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. 25 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 / 4<sup>th</sup> 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

### 13<sup>th</sup> 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](http://www.univie.ac.at/hph/dublin2005)

### 6<sup>th</sup> 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

Further information:

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

### Health Technology Assessment International – 2<sup>nd</sup> 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](http://www.htai.org)

### 2<sup>nd</sup> Transnational Conference of the German-Speaking Networks of Health Promoting Hospitals, "Das Gesundheitsfördernde Krankenhaus –

Krankenhaus mit Zukunft: Beiträge zur Positionierung des Krankenhauses in einem reformierten Gesundheitswesen"

Date: September 21-23, 2005

Venue: Charité Hospital, Berlin

Conference language: German

Further information:

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An International Network Initiated by the WHO Regional Office for Europe

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