

Newsletter

Health
Promoting
Hospitals

No 27 - September 2006

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Editorial

Dear readers,

HPH newsletter No. 27 provides you with information on the new governance structure of the HPH Network that was presented and discussed during the 2006 network coordinator's workshop in Palanga, Lithuania. You will also find a report on the 14th International HPH Conference in Palanga (May 24-26, 2006), which focused on the role of Health Promoting Hospitals in tackling chronic diseases.

Another issue is the invitation to the next International Conference on HPH, Vienna, Austria, April 11-13, 2007. A specific focus will be on contributions of HPH to quality of care, quality of life and quality of health systems. We also would like to draw your attention to the summer school on evidence-based health promotion in hospitals organized by the Copenhagen WHO Collaborating Centre in Vienna prior to the conference.

Regarding quality: If you are currently concerned with integrating health promotion and hospital quality management, you might be interested in the new WHO publication "Implementing health promotion in hospitals: Manual and self-assessment forms", which is presented in this Newsletter edition.

Good news on formal recognition of the work of our members/ activists: Health promotion for children and adolescents in hospitals as a HPH action area has been supported by a HPH task force since 2003. A new WHO Collaborating Centre on this issue has recently been established at Meyer Hospital, Florence – congratulations! Read about the centre's work priorities and call for cooperation in this Newsletter.

After the summer break, which you hopefully spent in a pleasant way, a lot

of interesting and relevant congresses are coming up in Autumn and Winter – see the announcement section of this edition.

For any feedback to this Newsletter, please contact the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna (hph.soc-gruwi@univie.ac.at).

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

12th Workshop of National / Regional HPH Network Coordinators

- **A new governance structure for HPH was set up at the workshop in Palanga.**

The process of establishing a new governance structure of the WHO HPH Network was taken one step further at the 12th Coordinator Workshop in Palanga. A process, which was initiated in Moscow 2004 and continued in Dublin 2005 by establishing an Interim Steering Committee and outsourcing the HPH Secretariat to an independent institution.

At the Coordinator Workshop in Palanga new decision procedures were introduced and endorsed. A General Assembly (GA) was established and clear procedures regarding voting rights, members and election procedure to Steering Committee (SC) were approved upon. Furthermore the issue of membership criteria was raised and put into focus.

The governance and operational structure were given top priority, and the Steering Committee and the International Secretariat presented their first and successful progress reports.

Economy

For the first time the budget and balance of the Network were presented, showing a positive balance of Euro 25,000 if all members pay their fee. An estimated balance for 2006 shows similar results. The GA and SC will discuss how this money should be spent to best effect.

The HPH Document 2006

The discussions and decisions taken at the Workshop were based on the HPH Document 2006, a document developed by the Steering Committee in view of former discussions and recommendations concerning the future structure of the Network. The document was edited by the International HPH Secretariat and distributed to all invited participants of the Workshop one month prior to the Workshop. It focuses on:

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Developments in the International HPH Network

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- Operational structure
- Election procedure to Steering Committee
- Membership Criteria
- A short history of the HPH Network
- WHO and the HPH Network
- Membership: How to join the HPH Network
- Research
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As all topics are of high complexity and subject to strong opinions, new working methods, including a division of the workshop into discussion groups, were arranged for the first five issues. The aim was to facilitate a democratic discussion within the Network. The discussion groups subsequently made recommendations concerning their respective topic in the GA, and all discussions and decisions at the Workshop were based on this input. Many participants expressed great satisfaction with the new working method, and the HPH Secretariat is happy to take this into consideration for future work. The remaining five topics of the HPH Document 2006 are still subject to discussion, and at the Workshop 2007 the discussion will be continued.

The Future Structure of the HPH Network

A General Assembly (GA):

The first decision made at the Workshop was the establishment of the General Assembly, which is the core and heart of the HPH Network. It consists of National / Regional / Thematic Network Coordinators, Task Force Leaders and representatives of the WHO CC Copenhagen, WHO CC Vienna, and WHO Barcelona. All meet annually at the HPH Coordinators' Workshop.

The GA decides on drawing up guidelines for the WHO HPH Network, strategies, and objectives, and priority is given to transparency and democracy within the Network. It can appoint Task Forces and working groups, and

the election to the Steering Committee takes place in the GA.

By qualified majority the decision was taken that only National / Regional Coordinators have the right to vote in the GA, and thus having established a well-defined electorate of National / Regional Coordinators, it was possible to make all decisions by hand and qualified majority vote.

The Steering Committee:

The first vote of the GA was a vote to define the Steering Committee and clarify the election procedure. To the GA the main priority was to have a comparably high number of elected seats in the SC (and a lower number of permanent seats), and the GA decided that the SC would have 3 permanent seats reserved for WHO and the WHO CCs and 9 elected seats. 11 persons were nominated, 9 were elected subsequently.

The following members constitute the SC 2006 / 2007:

Permanent Members:

- Oliver Gröne, WHO Barcelona;
- Jürgen M. Pelikan, WHO-CC, Vienna;
- Hanne Tønnesen, WHO-CC, Copenhagen.

Elected Members:

- Zora Bruchacova, Slovakia
- Christina Dietscher, Austria
- Carlo Favaretti, Italy
- Margareta Kristenson, Sweden
- Irena Miseviciene, Lithuania
- Lillian Møller, Denmark* (since Lillian Møller and Elimar Brandt from Germany received an equal number of votes, it was decided that the election period of 2 years will be split between the two and that Lillian Møller will participate in the SC for the first half period).
- Ann O'Riordan, Ireland
- Yannis Tountas, Greece
- Nils Undritz, Switzerland

The SC Work Plan 2006/2007 includes among others:

1. Setting up a legal framework for the International HPH Network;
2. Developing a suggestion for scaled membership fees;

3. Revision of the HPH Document 2006 according to the decisions made by the GA;
4. Finalising the interactive homepage at the International HPH Network Secretariat.

Non-paying members

The budget and balance of the Network drew attention to the fact that some member hospitals do not pay the membership fee. This problem was discussed in the GA and all agreed that sanctions against non-paying members are necessary. The SC subsequently decided that coordinators with non-paying hospitals in their networks would get 2 warnings – 1 per calendar year – and after the 2nd warning, coordinators who do not pay the membership fee will be excluded from voting in the GA. If non-paying continues, the contract as national / regional coordinating centre will not be prolonged.

Membership Criteria

The present membership criteria for hospitals to become members of the HPH Network were subject to intense discussion. At national / regional level some Networks operate with project registration; others with self-assessment; and again others reduce membership criteria to the acceptance of the philosophy of the HPH Network. The GA agreed that clear and measurable criteria were necessary and that self-assessment should be part of membership criteria in the long term. Membership criteria were subsequently included in the annual work plan of the SC.

Concluding remarks

At the Workshop focus was put on the future governance and operational structure of the HPH Network. In the last two years clearly defined units as the Steering Committee, the General Assembly, and the Secretariat were established, and procedures of voting and decision-making within the Network have been put into practice.

Majbritt Linneberg, Copenhagen

Report on the 14th international Conference on Health Promoting Hospitals



- **How can HPH contribute to tackling chronic diseases? This question was subject to 245 presentations.**

In May 2006, the 14th international conference of the WHO network of Health Promoting Hospitals took place in Palanga, Lithuania. With the title “Integrating health promotion, prevention, treatment and care for chronic diseases across the health system”, the main focus of the event was on the contribution of Health Promoting Hospitals to tackling chronic diseases—a topic of high epidemiological relevance:

Following the WHO, chronic diseases are the major cause of mortality in the WHO-European region, accounting for 86% of deaths. Despite this epidemiological burden, the majority of health system resources goes still into acute treatment, only very limited budgets are available for prevention and health promotion, says OECD.

Conference topics

Against these facts, the following main questions were discussed at the conference:

- What is the epidemiological situation in Europe, and what are the most urgent action areas?
- How can health promotion and prevention be better integrated into hospital routines?
- How can health promotion and prevention services be better coordinated throughout levels of services, and what is the role of hospitals?
- How can HPHs cooperate with other settings in order to support prevention of chronic diseases?

What is the epidemiological situation in Europe, and what are the most urgent action areas?

Prof. Anders Foldspang, President, Nordic School of Public Health, provided an overview on the situation in Europe. The old challenges like cardiovascular diseases, cancer, and COPD are still on top of the list of chronic diseases, with diabetes and mental disorders gaining importance, although there are considerable geographical differences between the European regions with regard to morbidity and mortality from chronic diseases. Effective efforts to tackle chronic diseases naturally need to address their sources: biological risk factors (overweight, hypertension and preceding diseases of lipid and carbohydrate metabolism), lifestyle factors (especially tobacco and alcohol consumption, diet and exercise), and socio-economic determinants (poverty, education, employment and social inequality). Effective intervention strategies need to be based on a thorough analysis of problems, target groups, intervention areas and available tools, should be supported by well-managed surveillance systems and manpower development.

This introduction was followed up by Prof. Vilius Grabauskas (Kaunas University of Medicine) who gave a presentation on WHO’s CINDI- (Countrywide Integrated Non-communicable Disease intervention) Programme as an example for a European strategy to empower health systems for public health action on chronic diseases. CINDI aims at tackling the four most important chronic diseases by a combination of strategies: by addressing biological risk factors, life style factors, and socio-economic determinants through policy, capacity building, surveillance and dissemination with regard to individual risk reduction as well as population risk reduction. In this scheme, Health Promoting Hospitals could play numerous important roles, e.g. by screening for and early detection of biological risk factors and by supporting lifestyle education for patients and staff.

Integration of health promotion and prevention into hospital routines

How can Health Promoting Hospitals actually contribute to tackling chronic diseases? Prof. Klaus-Diethart Hüllemann (University Munich, Germany) tried to answer this question from a patient’s point of view: What do chronic patients expect from health care? Amongst others, he presented a study on women diagnosed with female cancers and the relation between their needs for support and their perceptions of care actually received. This study identified a considerable deficit in communication between carers and patients. Prof. Hüllemann pointed out that an important way of supporting chronic patients in the hospital is to improve communication with the patients: they should perceive their emotions heard and acknowledged, and should get a feeling that problems can be solved, emotions re-solved and needs met.

In his following presentation, Prof. Vilnis Dzerve (University of Latvia, Riga) described the role of prevention and health promotion with regard to chronic diseases in the Latvian health system. Especially in the field of prevention by lifestyle improvement, communities are seen as an important action area for communicative and educative interventions in Latvia (e.g. campaigns). For already established chronic diseases, the adequate management of treatment throughout levels of care is considered an important strategy. However, hospitals were not explicitly mentioned as having part in these efforts.

For the HPH network, there remains the challenge to outline and widely disseminate the numerous and important possible roles of HPHs in tackling chronic diseases.

Coordinating health promotion and prevention throughout levels of services

As introduced by previous speakers, health promotion and prevention of chronic diseases is a complex business that needs to involve numerous stakeholders with different expertises

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Developments in the International HPH Network

and fields of influence, in order to effectively and efficiently bundle expenses and effects. Prof. Sylvie Stachenko (Public Health Agency, Canada) focused her intervention on the role of health systems and hospitals in this process. Quoting from WHO's framework on chronic conditions, Prof. Stachenko explained that health care organisations should especially promote continuity and cooperation, encourage quality through leadership and incentives, organise and equip health care teams, make use of information systems, and support self-management and prevention. She concluded that HPHs can have an important role in addressing chronic diseases if they cooperate with other actors in this purpose and adopt a public health perspective.

Dr. Zilvinia Padaiga, Minister of Health, Lithuania, presented learnings from a Lithuanian childhood diabetes program that aimed at earlier diagnosis of childhood diabetes and at improved glycaemic control. The program's interventions focused on professional education, and on education of children and adolescents. From the evaluation of the program, a number of recommendations for the role of hospitals in health promoting diabetes management (also for adults) could be derived: education possibilities for diabetes patients should be ensured in all Health Promoting Hospitals, diabetic foot consulting rooms should be provided, and there should be adequate diagnosis and control for complications.

Tackling wider determinants of health

From the nature of chronic diseases and their development it is quite clear that the health sector alone will not be able to cope with the problem. For tackling wider determinants of health, contributions of and cooperations with other sectors are very important.

In his lecture on hospitals and the wider determinants of health, Prof. John Ashton, North West Regional Director of Public Health, UK, presented a comprehensive model of joint cooperation between different settings and, within health care, different levels

of care. One of his key messages was the importance of developing the right relationship between services provided and actual needs of the patients, since over- as well as under-utilisation of hospitals represent important public health problems and specific health risks to the individual affected patients. The conference was closed by Dr. Mikko Vienonen, Northern Dimension Partnership in Public Health and Social Wellbeing, who spoke on using hospital settings to address social determinants of health. He pointed out one most important factor that needs to be considered in all health promotion and prevention efforts: knowledge (alone) does not change human behaviour, since human (health related) decisions are mostly based on emotions, not on logic. Instead, Dr. Vienonen proposed to emphasise legal and economic control over risk factors (e.g. by sanctions, by high prices for unhealthy goods), and the design of environments in order to make unhealthy choices difficult or impossible (e.g. ban of tobacco sale on hospital grounds). As one major contribution of hospitals, Dr. Vienonen mentioned hospital's attitudes towards chronic conditions and their sources, and demanded it should be obligatory that patients who are diagnosed with a chronic disease get information and education on lifestyle factors, as well as information on how different aspects of their personal life situation may influence their condition.

Parallel and poster sessions, task force meetings

A total of 237 presentations were provided in parallel paper and poster sessions. These focused on the main conference topics, but also on other aspects of HPH. Migrant friendly and culturally competent hospitals were prominently featured, as well as smoke-free hospitals, and different aspects of mental health and mental health promotion.

Other important elements of the conference program were meetings of HPH task forces (Health promoting Psychiatric Hospitals, Migrant friendly and culturally competent hospitals, Health Promotion for Children and

Adolescents in Hospitals) and of the European Network of Smoke-Free Hospitals.

Social climate

For those who have been attending HPH conferences repeatedly, these events usually have the character of huge family reunions. In 2006, the Lithuanian hosts provided an especially warm welcome and inspiring atmosphere for the participants: The welcome cocktail with brass music and a cheerleader show was already a powerful kick-off for an energetic conference. The dinner allowed participants to get active themselves: after a remarkable folklore show by a group of students from the Kaunas University of Medicine, many participants presented their talents on the dance floor.

All in all, Palanga, located on the beautiful Baltic Sea, proved to be an ideal venue for a health promotion conference. The vicinity of the seaside allowed for relaxing walks between the conference sessions.

Although travel to Palanga was comparably difficult from a number of European destinations, ~ 320 participants attended the conference.

Conference evaluation

Feedback on the conference was very positive. 82% of visitors judged the scientific program as excellent or good, 86% were very satisfied or satisfied with the social climate. Suggestions for improvement for future conferences included a wish for more training opportunities on HPH concepts and tools during the event.

Further information

Details on the conference can be found online in the Virtual Proceedings at <http://www.univie.ac.at/hph/palanga2006/htm/proceedings.htm>.

*Irena Miseviciene (Kaunas),
Jürgen M. Pelikan (Vienna),
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New WHO Collaborating Centre for Health Promotion Capacity Building in Child and Adolescent Health

- A new WHO Collaborating Centre is supporting HPH.

Recently (24 May, 2006), the Health Promotion Programme of the A. Meyer University Children's Hospital in Florence (Italy) was designated by the World Health Organisation as a new WHO Collaborating Centre for Health Promotion Capacity Building in Child and Adolescent Health.

The Health Promotion Programme at the Regional Co-ordinating Centre of the HPH Network Tuscany, led by Dr. Fabrizio Simonelli, acts within the international Health Promoting Hospitals Network since 2001, and since 2004 as a HPH Task Force which co-ordinates the related international Working Group on Health Promotion for Children and Adolescents in Hospitals (HPH-CA). Also, the programme promotes and supports many activities which are included in the Framework Co-operation Programme 2003-2007 between WHO European Office and the Tuscany Region.

The main activities of the new WHO Collaborating Centre are the following:

Activity 1:

Knowledge promotion on the social determinants of child and adolescent health and measures to address them.

Activity 2:

Training on promoting the health of children and adolescents through action on social determinants.

Activity 3:

Orienting children's hospitals towards strengthening the social, economic, and cultural resources to improve children's health.

Thematic issues

We believe that the planned activities of the new Collaborating Centre will provide an even stronger basis for the further collaboration with the international HPH Network, especially on the relevant issues of the specific field of child and adolescent health promotion.

For further information please see the following websites:

- WHO's website on Collaborating Centres: <http://whocc.who.int>
- HPH-CA website: www.meyer.it/hph/hph-ca
- Website of the Regional HPH Network of Tuscany: www.meyer.it/hph

Or contact the new Collaborating Centre:

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News from WHO Collaborating Centre Vienna: Preparations for 15th International HPH conference

- The conference will focus on contributions of HPH to quality.

The 15th International Conference on Health Promoting Hospitals will take place from April 11-13, 2007, at the General University Hospital in Vienna, Austria.

The program is currently being developed under the working title "Contributions of HPH to quality of care, quality of life and quality of health systems" in close cooperation with WHO-Euro and an international Scientific Committee, and will be tackling four main issues:

- Broadening the vision of HPH: Making the hospital an agent for (public) health;
- Transforming the hospital organization: integrating wider strategic and quality criteria into hospital governance;
- Empowering people for healthy lives – education and counselling for health promoting lifestyles and illness management
- Contributions of the hospital to developing health promoting communities: Models of good practice.

The conference addresses the following target groups:

- Representatives of all health professions in hospitals and other health care service organisations;
- Representatives of health policy and administration;
- Health scientists
- Health consultants.

If you are interested in receiving regular information on the conference program, you can register at the listserver of the WHO-Collaborating Centre in Vienna (go to <http://lists.univie.ac.at/mailman/listinfo/hph-forum>, and follow the instructions). For questions, please contact Ms. Gabriele Bocek (e-mail: hph.soc-gruwi@univie.ac.at).

Full information about the conference, including an online abstract submission form, will be online in September 2006 at <http://www.univie.ac.at/hph/vienna2007>.

We look forward to meeting you in Vienna in 2007!

Christina Dietscher, Vienna



Thematic issues

New HPH publication: “Implementing health promotion in hospitals: manual and self-assessment forms”

- **Want to learn to apply standards for health promotion in hospitals? Then there is a publication available for you.**

After two rounds of extensive piloting, the fully updated self-assessment tool for health promotion in hospitals was presented at the International Conference in Palanga. The document includes forms for a self-assessment against the HPH standards and a set of complementary indicators to measure implementation of processes and outcomes. Health Promoting Hospitals are encouraged to use the tool to establish a baseline for planned activities and monitoring progress in implementing health promotion activities over time. Translations of the tool into various languages are underway.

Health promotion is an integral part of the health care process and is related to clinical, educational, behavioural, and organizational issues. Quality improvement needs to embrace health promotion activities in order to make sure that effective approaches are used and continuously being monitored to improve outcomes. As many common quality management tools do not address health promotion activities explicitly, the manual “Manual on implementing health promotion in hospitals” has been developed. Its aim is to enable managers and health professionals to: assess health promotion activities in hospitals; improve the capacity of health care organizations in improving health promotion activities; formulate recommendations for the improvement of health promotion activities in hospitals; involve all professionals and

the patient in improving the quality of care; improve the coordination of care with other providers of care; improve the health and safety of staff and patients.

The self-assessment tool has undergone extensive piloting: in a first step the formulation of the five standards was piloted and in a second step, eight countries agreed to participate in a pilot implementation of the self-assessment tool. Subsequently, design and formulation of measurable elements were changed based on the evaluation of the piloting hospitals. In a final step, an external advisor reviewed the coherence and hierarchy of the measurable elements.

Discussions within the network show that some countries are starting to use the self-assessment tool for a systematic assessment of health promotion activities. The focus should hereby be put on the use of the training and assessment tool for internal purposes. Examples are the identification of health promotion activities and projects and the review of methods to gather data on the status of such activities. The tool should facilitate for continuous improvement of health promotion activities and their integration into the overall organizations’ quality management system – it should not be used for external assessment or punitive inspection.

Individual hospitals, quality agencies, and in particular members of the International Network of Health Promoting Hospitals are encouraged to use this tool and to assess and improve the quality of health promotion activities in health care.

Reference:

Oliver Groene (ed). Implementing Health Promotion in Hospitals: Manual and assessment forms. WHO Regional Office for Europe: Copenhagen <http://www.euro.who.int/document/E88584.pdf>

Oliver Gröne, WHO-Euro

Frequently asked questions on the self-assessment tool for health promotion in hospitals

- **The following FAQs are quotes from the new publication on standards for HP in hospitals.**

Q Is it compulsory for members of the WHO Health Promoting Hospitals Network to undertake self-assessment?

No – at this stage the self-assessment is a voluntary evaluation. The tool is a service to the member hospitals to facilitate the identification of areas where improvement is needed.

Q What are the benefits for my hospital to perform this self-assessment?

Hospitals may perform self-assessment in order to provide better patient care, improve patients’ quality of life and health of staff. The self-assessment tool helps to identify quality gaps in health promotion services and supports the development of an action plan.

Q How does this fit in with other quality initiatives?

The process of setting standards is an integral part of continuous quality improvement. The health promotion standards developed in this manual aim to complement existing quality standards that do not have a concrete focus on health promotion. Complementary indicators have been added to allow quantitative assessment of performance over time. It is highly recommended to link the self-assessment of standards for health promotion to the quality strategies already in use in your hospital.

Q What is a standard?

In this document, standards describe the required level of achievement. This document defines five standards, each addressing a health promotion

Thematic issues

dimension. Each standard is divided into substandards: each substandard is then split into a number of measurable elements.

Q How do we measure compliance with standards?

Compliance with standards is measured as a sum of compliance with measurable elements and substandards. Measurable elements need to be assessed as being fully, partially or not fulfilled.

Q How should we interpret compliance with standards?

Compliance with standards identifies areas of good health promotion practice that you may want to use as an example elsewhere in your hospital. Non-compliance tells you where there is room for improvement.

Q What are indicators?

While the standards address a required level of achievement assessed as being partly, fully or not in place, for the purpose of this document we understand indicators to be quantitative tools addressing process and outcome domains of quality. They are typically described in terms of numerator and denominator.

Q How are standards and indicators related?

The indicators listed in this document are not used to assess compliance with the five standards. They rather address complementary issues that should be taken into consideration in monitoring, evaluating and improving the health promotion area assessed. Indicators are numerical expressions used to flag or screen areas for improvement.

Q How do we measure indicators?

Indicators need to be measured repeatedly over time in order to reflect the continuous quality improvement process. The manual specifies for each indicator its rationale, description of numerator and denominator, data source and stratification.

Q How can we build an action plan?

The action plan should be developed based on the assessment of standards, indicators and the comments and observations that have been added during the self-assessment process. The action plan should also reflect main gaps identified during the assessment and reflect organizational priorities.

Q What happens to our action plan?

In order to ensure implementation and monitoring the action plan needs to be presented to executive management and included into the hospital's quality management system.

Q Will the tool be used for benchmarking with other hospitals?

At this stage, the tool is intended to be used for self-assessment only. WHO and the HPH Network Coordinators are considering the use of the tool for benchmarking in the future.

Q Will we get a certificate?

No, WHO will not issue certificates. Self-assessment, continuous quality improvement and the development of action plans will not result in a 'pass' or 'fail'. Each hospital is different and therefore will have a different set of tailor-made action plans developed. However, the International Network of Health Promoting Hospitals may decide in the future to develop a system to recognize the level of achievement in line with the standards and indicators presented in this document.

Oliver Gröne, WHO-Euro

A proposal for International Co-operation of Children's Hospitals

● If you are interested or experienced in child health promotion, you can get in touch with an international initiative.

During the last international HPH conference in Palanga, Lithuania, a specific meeting on the International Co-operation for Children's Health Promotion in Developing Countries was organised by the Health Promotion Programme of A. Meyer University Children's Hospital (which is also the regional Co-ordinating Centre of the Tuscany HPH Network).

The aim of the meeting was to discuss the possibility to create a group of children's hospitals and paediatric departments in the WHO European Region who are working on this specific issue within the international HPH Network. The proposal is based on the idea to further enhance, through comparison, the experiences and the initiatives carried out, and in this way to improve the potentials of the participating hospitals.

It was agreed to deepen the work proposal and to collect further demonstrations of interest.

Should you be interested in learning more on the proposal presented and discussed in Palanga, and/or in receiving the minutes of the meeting, please contact us:

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Summer School 2007

Prior to the International HPH Conference in Vienna 2007, the WHO Collaborating Centre Copenhagen will organise a Summer School on implementation of evidence-based health promotion in hospitals.

The Summer School 2007 will focus on training and hands-on in:

- Evidence-based Health Promotion in Hospitals: Clinical questions and related evidence from literature
- Standards, Self-Assessment Tool, and Network experience
- Health Promotion in clinical day life: Examples of indicators and clinical guidelines
- Health Promotion Activities: Systematic registration and handling in DRGs
- Health Promotion for Staff and Workplace
- Health Promotion: Measuring the Health Related Quality of Life

During the Summer School you can work out a plan for the implementation of health promotion and follow up in your own department / hospital.

Date: April 10-11, 2007

Venue: Vienna, Austria

Further information on program and registration will be published in HPH Newsletter 28 and on the website www.who-cc.dk

Majbritt Linneberg, Copenhagen

Invitation to the 10th Italian Conference on Health Promoting Hospitals

The conference, titled "Health care processes for health promotion", will take place at Palazzo dei Congressi in Grado from October 5-7, 2006.

Grado is a beautiful little town in the North East of Italy, situated in Friuli Venezia Giulia, near Trieste. It was founded, indeed, when the inhabitants of Aquileia, who were fleeing from the impending threat of Attila's Huns, found shelter on the island. Its historical adventures, which are very complex and ancient, were closely linked with those of Aquileia, long before the barbarian invasion through a centuries-old sanguinary fight for the supremacy among the patriarchates of Grado and Aquileia. Then the history of Grado developed in relation to that of Venice, also known as the Serenissima.

Grado is the only beach of the Northern Adriatic Sea which completely faces the South, which ensures a particular microclimate thanks to its privileged geographical position: the golden sand, the relaxing vegetation, the blue sky and the sea on which, for years, has been waving the prestigious international quality mark: the Blue Flag.

The 10th Italian Conference on Health Promotion Hospitals (HPH) will focus on Processi assistenziali – Health care processes for Health Promotion.

Looking at a hospital as a structural setting is difficult because of the complex health care processes involved, no matter whether we look at the processes from admission to discharge, or at those more complex processes which recognize that the hospital is but one of the links in a longer chain of health care, which has a 'before' and an 'after'.

Inside and outside the hospital, the present system of government of health care processes involves different actors: the hospitals and the staff who work there, the working structures and the staff who work in the health districts

and in the departments of prevention, the general health practitioners, recognized health care providers and the social services. Furthermore all these must deal with the public, who has an ever increasing control of factors affecting their health, who require always higher levels of health care integration, who need more information so that they can make informed choices, and with whom an alliance needs to be established so as to produce health together.

The aim of the Conference is to offer, to the Italian and European movement of Health Promoting Hospitals, a chance to study and compare how interpreting the processes can help hospitals to develop more and more into settings which contribute to promoting the health of all those who frequent them.

Cristina Aguzzoli, Gorizia

Call for papers for Issue no. 28 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 28? Please follow the guidelines below. Deadline: November 15, 2006**

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. 28 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), to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2, A-1090 Vienna, Austria.

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

Event Announcements

15th International Conference on Health Promoting Hospitals

Date: April 11-13, 2007
Venue: Vienna, Austria
Further information: www.univie.ac.at/hph/vienna2007

11th German Conference on Health Promoting Hospitals

“Partnerships for health”
Date: September 20-22, 2006
Venue: Unna, Germany
Conference language: German
Further information: <http://www.dngfk.de/files/181/>

10th Italian Conference on Health Promoting Hospitals

“Health care processes for health promotion”
Date: October 5-7, 2006
Venue: Grado, Italy
Conference language: Italian
Further information: <http://www.retephitalia.it/>

7th IUHPE European Conference “Globalization and Equity, Inequalities and Health”

Date: October 18 - 21, 2006
Venue: Budapest, Hungary
Further information: <http://www.iuhpe.org/events/English>

11th Austrian Conference on Health Promoting Hospitals

“Health care services in health promoting surroundings: Better quality for patients, staff and the community”
Date: October 19-20, 2006
Venue: Bruck / Mur, Austria
Conference language: German
Further information: http://www.oengk.net/index.php?id=3_1

EUPHA Conference 2006

“Politics and (or) the public’s health: public health between politics and service”.
Date: November 16 – 18, 2006
Venue: Montreux, Switzerland
Further information: http://www.eupha.org/html/menu3_3.html

Recommended reading

NEW:

Gröne O. (Ed.) (2006): Implementing health promotion in hospitals: Manual and self-assessment forms. Barcelona: WHO-Europe
Online available at: <http://www.euro.who.int/document/E88584.pdf>



An International Network Initiated by the WHO Regional Office for Europe

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