

# Newsletter

No 28 - January 2007

Health  
Promoting  
Hospitals

An International  
Network Initiated  
by the  
WHO Regional  
Office for Europe

## Editorial

Dear readers,

The New Year has started, and 2007 will bring about important developments also for the international HPH network: See article on the 4<sup>th</sup> meeting of the HPH steering committee: An international constitution for HPH will be developed and discussed at the next HPH General Assembly prior to the 15<sup>th</sup> International Conference on HPH in Vienna. The preparations for the conference itself are proceeding well, e.g. almost 300 abstracts were submitted. Please find further information to the conference and its pre-events in this Newsletter.

There are also promising new developments in the national and regional HPH networks: There is a full new regional network in the Montreal region of Canada, and the regional HPH network of Northern Ireland has a new coordinating centre. The Austrian HPH network has just become an association with its own legal status, and the Tuscany HPH Network have completed an evaluation after their first five years of existence.

Despite all these developments: What do we know about HPH, and how is the network positioned in an international arena, and how can its position be further developed? asks Oliver Gröne from WHO-Euro and encourages all readers to engage in discussion with him.

Examples on linking HPH with specific health topics are provided in the thematic issues section of this Newsletter, where you will find contributions on HPH-related tools (mental health promotion, collecting models of good HPH practice), on pain management and on raising the empowerment potential of hospitals. Finally, we invite you to contribute to #29 of the Newsletter (for instructions, see end of the document), and encourage your feedback to this issue (hph.soc-gruwi@univie.ac.at).

We look very much forward to welcoming you at the 15<sup>th</sup> HPH conference in Vienna!

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

## 4th Meeting of the HPH Steering Committee

- **The meeting took place on November 24, 2006, in Barcelona.**

The agenda represented a long and multi-faceted list of challenges, which the International HPH Network faces in the process of further organizational and constitutional establishment.

The HPH Secretariat reported on the secretariat activities within the last year. The administrative burden is still heavy after the transfer of the secretariat function from WHO Barcelona to WHO CC Copenhagen in October 2005. Great effort is made to standardize and simplify the procedures for membership administration and monitoring of fees. Collecting member hospital data has proved to be a time-consuming work, and every Network Coordinator is asked to send information about their member hospitals to the Secretariat, where the data will be registered on the website and will be available for all members.

For the budget and balance for 2005 and budget and preliminary balance for 2006, an estimated deficit could be turned to a neutral balance for 2005 and to an estimated surplus in 2006. The positive results are due to a two-year financial support from the Danish Ministry of Interior and Health and the continuous implementation of the new fee structure, which was decided in Moscow in 2004. How to spend the surplus will be subject for discussion at the General Assembly 2007.

In spite of the positive balances, some national/regional HPH Networks have not paid the membership fee at all and some only partly. The Secretariat has sent out reminders informing non-paying HPH Networks that in some cases the Network risks termination if non-payment continues, and in other cases the Network Coordinators are in risk of losing their voting right in the General Assembly.

**Website: [www.who-cc.dk](http://www.who-cc.dk)**

The interactive website [www.who-cc.dk](http://www.who-cc.dk) (also known as [www.healthpromotinghospitals.org](http://www.healthpromotinghospitals.org)) has been revised and upgraded. New functionalities as the HPH Library and the Standard Report were presented.



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## Developments in the International HPH Network

The HPH Library includes literature and articles produced by or related to the HPH Network and health promotion. All members of the HPH Network can have their reports, articles, folders, etc. uploaded to the HPH Library. The procedure is simple: If you are interested, just send the electronic file or link to the HPH Secretariat with a short summary of a few lines, and it will be uploaded. The written material can be in any language, however, it is required that the summary is in English. The Secretariat now gives all hospital coordinators the opportunity to register the results from the self-assessment according to the standards for health promotion in hospitals. The standard assessment is applied on different levels in the HPH Networks. Some Networks have integrated the Standards in the national membership criteria; others work with one or more standards on a voluntary basis. The registration is voluntary and anonymous upon request. All members will be able to follow the published Standard Reports on the website.

Today the website consists of general public information and restricted areas for members exclusively. To have access to the restricted areas, you have to register as user. Registration is a very simple procedure, which can be done directly by filling in the registration form at the website. Should there be any problems or questions, please direct these to the Secretariat via the website email form, and we will be very happy to assist you.

### Consolidating the HPH Constitution

In Palanga it was decided that the HPH Network should work to form a constitution and a legal framework. The Steering Committee discussed this on basis of a working paper produced by Nils Undritz, HPH Network Coordinator in Switzerland. Nils Undritz will develop a draft concept, and the Steering Committee will have an extra meeting in March to discuss this. Subsequently, the draft proposal for a constitution will be subject for discussion in the General Assembly, Vienna 2007.

### Patient Safety

Patient Safety is one of the many focus areas, which are emphasized by WHO in its health systems strategy. Since it is of strategic importance to the HPH network to have contextual links to WHO-Euro, the Steering Committee decided to appoint a working group with the task to develop a position paper of HPH on the issue. Jurgen Pelikan, director, WHO CC Vienna, will lead the working group, which was joined by Zora Bruchacova (Slovak HPH Network), Margareta Kristenson (Swedish HPH Network), and Oliver Gröne (WHO-Euro). The invitation to join the group was in the meantime circulated to all HPH network coordinators, and Carlo Favaretti (Italian HPH Network) Jerzy Karski (Polish HPH Network), Milena Kalvachova (Czech HPH Network), James Robinson (Scotland) and Luigi Resegotti (Regional HPH Network Piedmont-Italy) followed the invitation.

### New Regional HPH Network in Taiwan

The International Network of Health Promoting Hospitals is very happy to say that during 2006 several Taiwanese hospitals have joined the Network as individual members. Due to a continuous work effort and strong communication between the Secretariat and Taiwan these hospitals have now joined forces. Network Coordinator Shu-Ti Chiou from the Institute of Public and Department of Social Medicine at the National Yang-Ming University has been appointed and a Coordinating Institution has been established. The International HPH Network warmly welcomes the new Network, which will be represented in the General Assembly in Vienna 2007. Likewise, the International Network of Health Promoting Hospitals warmly welcomes a total of 18 new member hospitals to the Network, and we look forward to fruitful cooperation with:

- Australia: Albany Hospital
- Canada-Montréal: CSSS de la Montagne, C.S.S.S. du Coeur-de-l'Île, C.S.S.S. de l'Ouest-de-l'Île, C.S.S.S. Jeanne-Mance, Centre Uni-

versitaire de Santé McGill, McGill University Health Centre, CHUM – Centre hospitalier de l'Université de Montréal, Institut Universitaire de Gériatrie de Montréal

- Estonia: Rakvere Hospital
- Sweden: Lasarettet Landskrona, Helsingborgs Lasarett, Lasarett Ystad
- Taiwan: Fong-Yuan Hospital, Cardinal Tien Hospital, Pingtung Christian Hospital, Taichung Hospital
- United Kingdom: Ashworth Hospital
- USA: Memorial Medical Center, Pennsylvania

*Majbritt Linneberg, Copenhagen*

## Invitation to the 15<sup>th</sup> International HPH conference

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

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

### The scientific program

In close cooperation with WHO-Euro and an international Scientific Committee, the program has been set up under the title "Contributions of HPH to the Improvement of Quality of Care, Quality of Life and Quality of Health Systems". There will be four main issues:

- Broadening the vision of HPH: Making the hospital an agent for (public) health;
- Transforming the hospital organisation: integrating wider strategic and quality criteria into hospital governance;
- Empowering patients for healthy lives by improving the supportiveness of health care systems;

## Developments in the International HPH Network

- Contributions of the hospital to developing health promoting communities.

We are happy to say that renounced international speakers from within and outside the HPH Network have agreed to give keynote lectures on the above issues, and several hundred abstracts for parallel and paper sessions have been submitted.

So we are looking forward to a very interesting conference and hope that many people from the International HPH Network will join us!

### The social program

But the scientific program is only part of the quality a conference. As you may know, Vienna is a very hospitable town. A welcome reception will be hosted by the Austrian Minister of Health on April 11, and the Mayor of Vienna will invite us to the conference evening in the townhall on April 12. So we hope that the conference will offer many options for you to further develop your personal network!

### Side events

There will be numerous side events held in relation to the conference, among these a summer school on evidence-based health promotion in hospitals (see article below) and a pre conference of the HPH Task force on Health Promoting Psychiatric Health Care Services.

### Further information about the conference

Full information about the main conference and side events is online at <http://www.univie.ac.at/hph/vienna2007>.

We look forward to meeting you in Vienna in April 2007!

*Jürgen M. Pelikan,  
Christina Dietscher, Vienna*

## Invitation to the HPH Summer School 2007

- The event will focus on evidence-based health promotion in hospitals.

In cooperation with the Austrian HPH Network, the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals will organise a Summer School in Vienna from April 10-11, 2007. The topic: Implementation of Evidence-based Health Promotion in Hospitals.

The target group are hospital coordinators and staff performing health promoting activities in the hospitals or with interest in quality assessment. The WHO Summer School will offer all participants the opportunity to work with evidence-based implementation and assessment according to the international standards for Health Promotion in Hospitals and under the guidance of experts.

As preparation to the WHO Summer School all participants are asked to choose and describe a target area and discuss this with colleagues and management regarding solution, implementation and follow up. This target area will form the basis for workshop discussions, and there will be a focus on the exchange of knowledge and experiences.

The outcome of the WHO Summer School will be a thorough understanding of evidence-based health promotion, the ability to assess health promoting activities according to international standards and to relate these to clinical day life in concrete and experience-based plans for implementation.

Highly qualified lecturers as Oliver Gröne (WHO Europe), Hanne Tønnesen (WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals), Jürgen M. Pelikan (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care) and many others will give their perspective and comments on evidence, implementation and health promotion. The WHO Summer School 2007 is based on a low (no) cost-principle in

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order to lower the registration fee and enable all interested participants to join. All lecturers contribute to the project pro bono, the WHO Collaboration Centre for Evidence-based Health Promotion has no overhead, and this year the University of Vienna kindly set their facilities at our disposal.

For program and registration, please visit

<http://www.univie.ac.at/hph/vienna2007>

or <http://www.who-cc.dk>.

*Majbritt Linneberg, Copenhagen*

## The Montreal Network of Health Promoting Hospitals – A new member in full progress!

- HPH in the French part of Canada is gaining strength.

In June 2005, the Agence de la santé et des services sociaux de Montréal entered into a 4-year agreement with the WHO in order to become an official coordinating body to a regional HPH network. Thus, the Agency reinforced its commitment in the area of health promotion put forward when the health care network was reorganised in 2004. This reorganisation process led to the creation of health and social service centres (CSSSs) by the grouping of local hospitals, community service centres (CLSCs) and residential and long-term care centres (CHSLDs). During the public consultation that took place prior to the reorganisation of the health care network, concerns were voiced that the health prevention and promotion programs would be lost in the gradual transfer of resources to the short-term health care centres. The Agency addressed these concerns by recommending health promotion measures that aimed at maintaining,



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## News from Networks, Task Forces and Collaborating Centres

developing and fostering the prevention mission. Among these measures was that all the CSSSs that included a hospital, and all the Montreal hospitals that were not part of a CSSS, join the WHO's HPH project.

### The Montreal HPH network

In May 2005, when the HPH International Conference was held in Dublin, our network counted 3 members. It now comprises 6 members and will count 13 members before the end of the year 2006, including 8 health and social service centres and 5 teaching hospitals.

### The network's activities

The Montreal network set up a working group to focus on the development of a health promotion policy framework likely to facilitate the adoption, by each of the members, of a policy adapted to their context in order to fulfill the first standard for health promotion in hospitals.

Open to organisations outside of its territory, the Montreal network plans to contribute to the development of HPH networks throughout Québec and Canada. In July 2006, the network coordinator, Mr. Louis Côté, met with representatives of the Ontario network to identify opportunities for cooperation in the near future.

### Communications

In order to implement and support the regional development of the network, the Agency adopted a communication plan that puts forward a strategy based on pride, exposure and support for the HPH members. In addition, the Montreal network will soon have its own corporate signature as well as a newsletter. The Agency also plans to make public the adhesion of new members by holding a public recognition event in each institution that joins the network.

The Montreal network has been commissioned to ensure the translation to French of the training document "Implementing health promotion in hospitals: manual and self-assessment forms". The French version will be available before the end of the year.

Moreover, in order to further the promotion of the international HPH network among the Québec members, the Agency ensured the translation to French of two issues of the HPH Newsletter (January and September 2006). These tools could be made available to all of the French-speaking members of the HPH network.

### Conclusion

The development of the network is ongoing and illustrates the dynamism of the Montreal health institutions as they strive to reinforce the prevention mission. Now in full flow, the Montreal network is currently preparing its participation in the conference to be held in Vienna, in April 2007.

*Hélène Perrault, Montreal*

## New Coordinating Centre for Northern Ireland Network – (UK)

- **Read about new structures and new projects in the HPH Network in Northern Ireland.**

This year saw the Health Promotion Agency for Northern Ireland (HPA) sign an agreement with the World Health Organisation (WHO) to act as Regional Coordinating Centre for Northern Ireland as from 1st May 2006. This forms part of the work of the Agency as WHO Collaborating Centre for Training and Research in Communications and Information Technology in Health Promotion and Disease Prevention. Mrs Barbara Porter, Coordinator for A Healthy Service Programme based at the HPA, is the appointed Network coordinator. The member hospitals are very appreciative of the commitment and support of Altnagelvin Hospital as the founder of the Northern Ireland Network since entering the European Pilot Hospital Project on Health Promoting Hospitals in 1993.

The HPA is developing a support programme to assist the implementation of health promotion standards in hospitals which will be a three year evaluated pilot project. Information and updates on the programme "A Healthy Service – supporting health in hospitals" can be accessed at <http://www.healthpromotionagency.org.uk/Work/hphospitals/menu.htm>

The following is some information from our hospitals which they would like to share with colleagues:

Within United Hospitals Trust three specific local Health Promoting Hospital projects are currently in progress. The five projects affect hospital patients and staff and serve the local community population.

### Project 1: Fuel poverty

203,000 homes in Northern Ireland suffer from fuel poverty. Especially concerned are elderly, people with disability, families with young children and those with chronic illness. Since the affected live in cold, damp homes, they often suffer from cold related illnesses which also leads to increased hospital admissions especially during winter months.

The problem is recognised by the Investing for Health Strategy 2002 and within the strategy for tackling fuel poverty across the NIFHP area.

In order to raise awareness of fuel poverty issues within United Hospitals, information packs, posters, leaflets and an article in the hospital magazine 'Connections' were produced and distributed at ward manager meetings at five hospital sites.

At present two pilot schemes are in progress with the aim to identify patients at risk of living in fuel poverty and thereby encouraging the uptake of support programmes e.g. Warm Homes Scheme.

### Project 2: Childhood obesity

As childhood obesity is on the increase within United Hospitals Trust a paediatric weight management clinic was set up by Dr Dave Watkins, Consultant Paediatrician. The aim of the project was to provide a multi-disciplinary, holistic service to families in addressing

weight / obesity problems in children using dietary modification, structured physical activity programmes and regular review. The main focus and target is children / adolescents. Within this project other key partners were involved, leisure services, health promotion, dietetics, health visiting and psychology. The scheme initially runs over a three month period when the child and family are referred from the clinic to the 'Fit Family Scheme' through leisure services and the family will meet with a mentor who will advise regarding fun physical activity programmes. This project involves approximately thirty children and their families as a pilot project starting in January 2007.

### **Project 3: Midwifery Early Pregnancy Clinic**

Within the Woman and Child Health Directorate a Midwifery Early Pregnancy Clinic was set up at Antrim Area Hospital by Sister Caroline Keown and her staff (OPD 4, Antrim Area Hospital). The aim of the project was to provide midwifery training in ultrasound, introduce a midwifery led early pregnancy clinic and introduce medical management of miscarriages. The key focus was patients with early pregnancy problems and the main target was women of childbearing age. Methods used are diagnosis via ultrasound with options following diagnosis. From January to June 2006 1300 people were reached by the project with involvement also from nurses, physicians, medical staff, midwives and radiographers.

### **Project 4: Post pulmonary rehabilitation physical activity class**

This service was initiated to offer clients opportunities to continue with a physical activity programme following a six-week Pulmonary Rehabilitation programme.

A follow on chair based programme for COPD clients was established in July 2004, and data were gathered from clients in order to find out how successful this service has been. In order to assess the effectiveness of

the intervention, chronic respiratory questionnaires were compared with post rehabilitation results highlighting self-reported measures of dyspnoea, fatigue, emotional function and mastery. A high percentage of patients (ranking from 62 to 92) noticed improvements by the program.

The class has been a huge success with no issues of lack of motivation and non-attendance, which are often cited as barriers to participation.

### **Making Healthier Choices**

With governments worldwide placing an emphasis on Health Development and keeping people as healthy as possible, in order to minimise the long-term costs of healthcare provision, were those people to develop chronic diseases such as Type II diabetes, a need was identified by the health development department in Down Lisburn Trust to review communication mechanisms for health information to staff, clients and communities. This led to the multidisciplinary development of a generic health information interactive multimedia resource, covering various health topics including motivation, physical activity, nutrition, tobacco, drugs and alcohol, Sexual health and health-checks.

Information was sourced from Health Development Specialists and partner organisations. The resource was produced in partnership with Down Lisburn Trust and the University of Ulster. It is a one-stop-shop for accessing up-to-date, relevant health information and is available via various formats including CDROM, the Internet and Down Lisburn Trust intranet.

The information is fun, interactive and can be updated as required. It can be used by all health development stakeholders to reinforce health messages: it can also be used for staff workplace health and by individuals and groups in the community. Future plans include the roll out of the CDROM for use in touch-screen kiosks in G.P. Surgeries, libraries, and other public access spaces. The Trust now has a user-friendly way to offer access to health information embracing

the most recent technological advances. Initial feedback from medical professionals as well as individuals and groups in the community has been extremely positive.

*Barbara Porter, Londonderry*

## **The first five years in the international HPH Network: Evaluation of the activities of the Tuscany HPH Network**

- **Participative, stakeholder-driven evaluation clearly supports HPH networking in Tuscany.**

### **Regional Co-ordinating Centre of the HPH Network of Tuscany**

The Tuscany HPH Network has recently concluded its first five-year period (2001-2005) as a member of the international HPH Network, and has renewed the agreement for the period 2006-2009. The Network is a further concrete sign for the dissemination of a new health culture and project making in the region. The work that was carried out during the first recognition period was based on the definition of a specific network structure.

On the 10th of May, a regional conference was held in Florence as a collective event for network evaluation and of defining new work perspectives. Amongst the participants were more than 300 health professionals who are actively involved in the HPH project in Tuscany, representatives of the WHO European Office (Oliver Gröne), the Tuscany Regional Health Government (Alberto Zanobini), the Management Boards of the local health units, and of patients' associations and other stakeholders.

The conference focussed on the following topics:

- Inputs from the international HPH Network;

- Evaluation of the activities of the Tuscany HPH Network, from the point of view of the “traditional” HPH target groups (patients, staff, community). Specific attention was given to the assessment of these stakeholders and to their suggestions for the future development of the network.
- Presentation of
  - results of a self-evaluation involving all the 16 local health units who are members of the Tuscany HPH Network, focusing on strengths and difficulties in the network (data allow a comparison of the development between 2001-2005).
  - outcomes from thematic inter-corporate projects (Smoke-free Hospital, Pain-free Hospital, Humanisation, Welcome and Reception, Active Safety, Intercultural Hospital);
  - specific standards for the Tuscan hospitals and a collection of good health promotion practices;
  - new scenario for the definition of a roadmap for the next period.

The conference represented a valid statement for continuous development of the Tuscany HPH Network, and of positioning the Network activities within the framework of the regional health promotion policies.

For further information, please contact the Regional Co-ordinating Centre of the Tuscany HPH Network: Fabrizio Simonelli: f.simonelli@meyer.it, and Katalin Majer: k.majer@meyer.it

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(Florence)*

## Thematic issues

### What do we know about Health Promoting Hospitals?

- **You are invited to share your thoughts on how to increase the knowledge base for HPH!**

“What do we know about Health Promoting Hospitals?” – this question seems somehow oddly placed in this Newsletter that aims to facilitate information exchange in the busy HPH network. The question also seems to ignore the series of documents on the network and its activities published by its many stakeholders [1, 2, 3]. And finally, the question must sound confusing if raised by the person responsible for the coordination of the HPH project for WHO, in particular, if the networks’ activities were defended in previous publications asserting that there is only limited literature on HPH and even less documentation on its impact [4].

Obviously we do know a great deal on Health Promoting Hospitals. There is a sufficiently developed theoretical base and empirical evidence for a wide range of health promotion activities to improve patient and staff health and, to a lesser extent, models of good practice guide the development of the hospital to become a community-oriented health promoting organisation [5]. Most HPH Network coordinators have extensive knowledge on the activities of member hospitals in their respective network and, at the core of the project, a large number of dedicated hospital staff could describe the achievements but also the challenges in developing their organization into a Health Promoting Hospital.

However, at the international level we know rather little about Health Promoting Hospitals. It is not uncommon when presenting the HPH network in international scientific meetings, to be faced with simple questions such as “Why do you think these hospitals joined the network?”, “What exactly are these hospitals

doing?” or “Do you think these hospitals are doing anything differently compared to non-HPH hospitals?”. Depending on the audience, comments may also be of a more critical nature, such as “Don’t you think that the reason for participating may be just cheap marketing?” “The acronym should be Health Promoting Departments since many activities are just run by a team of dedicated nurses and have no impact on the overall hospital routine!” or “Do you think it is more important to have nice chatter with patients and staff than preventing hospital-acquired infections!” and so on ...

The dilemma is that, while there is a lot of evidence on why hospitals should engage in health promotion and a substantial collection of case studies guiding interested parties in the planning and evaluation of health promotion activities, there is only very sparse information documenting how HPHs have implemented the strategic directions of the HPH network in the international perspective, for example: what kind of health promotion interventions are most frequently implemented in HPHs? Do all HPHs really initiate a smoke-free hospital project? What is the uptake of HPHs of the quality standards and indicators for health promotion in hospitals? Are there systems in place to monitor and improve the quality of health promotion activities? There is anecdotal evidence on some of these questions: We presented previously an overview on most frequent projects based on data from the HPH database [6], and we have some information on the uptake and implementation of quality standards in different countries – but this information does not meet scientific standards.

In the absence of strong evidence on implementation at hospital level, it is even more worrying that we lack at the strategic level up to date guiding documents and position papers that explain how the HPH network links with other initiatives such as the Global Patient Safety Alliance’ Action Area Patients for Safety [7], with the action area of the WHO Regional Office for

## Thematic issues

Europe Strategy on Non-Communicable Diseases Control that identifies health promotion activities in health care as areas for priority action [8], or with the WHO Health Systems Strategy [9].

It is my conviction that despite the success in developing the HPH network, it will become increasingly difficult to support the work of the network without having information on the activities of the member hospitals. There is a clear need for a) research on the implementation of health promotion related quality management structures and the integration of health promotion activities in the hospitals' routines and b) a more active positioning of the Network against parallel activities taken forward by WHO and other international agencies working on health promotion and quality improvement. The organizational changes in the HPH network, such as the outsourcing of the secretariat to the WHO Collaborating Centre in Copenhagen and the constitution of the HPH Steering Group and General Assembly were means to bring more transparency and legitimacy to the decisions and strategic directions of the HPH network. These changes have so far, as demonstrated by the last steering group meeting in Barcelona, proved to be successful; however, there is still a long way to go, for example by following the recommendations on positioning and research as described above and by more active involvement of all stakeholders in the definition and execution of priority action areas. One strategy to support these processes would be the development of the HPH network into a Non-Governmental Organization with Special Relationship with WHO: such a status would allow to participate in WHO decision making processes at the highest level – the World Health Assembly.

I would be pleased to receive comments and feedback on some of the questions outlined in this contribution: do we have sufficient information on activities of individual HPHs to review and set new strategic directions? How can we carry out more research on HPHs taking into consideration the principles and values of health promotion? Are we

sufficiently equipped to provide counter arguments to our critics? And are the current HPH Governance Structures sufficient to confront the future challenges?

I am looking forward to your comments!

*Oliver Groene, Quality of Health Systems and Services, WHO Regional Office for Europe.*

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## Decreasing burden among families with mental health problems – development of professionals skills

- **Acceptance of family interventions in mental health can be improved by participative program development.**

### Background

There is some evidence that psychosocial interventions are effective

also in mental health promotion. Mental illness of one family member causes problems in the whole family. Family members are often the most important resource of support for people with mental problems. They help patients with daily routines and also take care of care-related actions. Thus, supporting families are of central importance for mental health services. Family interventions are one solution to promote well-being of the families with mental health problems.

Several different psychosocial interventions to support patients and families with mental health problems have been developed. But the implementation of these is not always successful. Multifaceted interventions seem to be the most effective way to develop professionals' knowledge and skills and further, to support implementation of psychosocial interventions. The aim of this article is to describe the development and implementation of the family intervention project "Prevention of psychotic relapse".

### Development and implementation of the family intervention

"Prevention of Psychotic Relapse" (PPR) was a local development project. PPR-intervention promotes preventive approaches and builds cooperation between mental health services for patients and their family members. It is based on a psycho-educational approach, through cooperation with the whole family. The aim of the intervention is to prevent patients' psychotic relapses and to support the positive emotional climate of the family. More detailed, it aims to help patients and their families to understand mental illness, recognise early symptoms of illness and give patients and family members simple instructions for action if early symptoms exist. Additionally, it offers support to family members' well-being and coping in every day life.

The intervention was developed in three phases. First, based on literature, a multi-professional group developed an intervention protocol. Second, the intervention was piloted in clinical



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practice during one year. During the pilot there was a peer-support group to resolve practical issues related to carrying out the intervention. Third, the intervention was modified after piloting in order to be suit local clinical practice. All participants, including patients and family members, had a possibility to give feedback for the improvement of the intervention.

After the development process, all mental health professionals were educated to deliver the intervention. Education was carried out through interactive methods. Additionally, all participants received a PPR-manual. To assure the delivery of the intervention in clinical practice, regular and ongoing local meetings offer professionals support to carry out the intervention.

### Conclusions

The burden among families with mental health problems can be decreased through development of professionals' knowledge and skills. This project showed that multidimensional aspects related to family interventions should be considered from the early beginning of the development and implementation process. Successful implementation of family interventions can be assured by involving the viewpoints of users in all phases of the process. Additionally, professionals need ongoing support to carry out these interventions. In the future, there is need to evaluate the delivery of PPR-intervention. Moreover, there is need to more systematically develop and evaluate the different kinds of interventions targeted to support families with mental health problems.

*Heli Hätönen, Imatra*

## Empowering patients for healthy lives by enhancing the supportiveness of health care systems – the role of HPH

- **What makes HPH truly empowering? Read about the Piedmont experiences.**

Having realized that health is not simply the absence of diseases but rather the physical, psychological and social well-being, the role of health care systems and even more that of HPH in promoting healthy lives and in empowering people for this task is nowadays quite evident. Since the Alma Ata Declaration, the Ottawa Charter and Health 21, a trend for opposing Health Promotion to Health Care systems has emerged, the former being the task of non medical persons, mainly political stakeholders, the latter being the mission of hospitals and medical professionals. The HPH initiative was quite appropriate for stressing the fundamental role of health care systems in health promotion.

The opposition between Health Promotion and Health Care Systems was based on a misunderstanding between Health Promotion and Health Guardianship. What most people believed to be health promotion was in fact health guardianship, which is the main task of political stakeholders and of institutions, and is based on laws and regulations, whereas health promotion is still the main task of health care systems and is based on culture, education and training.

Health guardianship includes rules for worksites, road traffic, healthy life, and the prohibition of smoking in certain areas. All these actions are very useful for preventing the loss of health, but they do not empower people in building their health.

Health promotion is a cultural process aiming at creating the awareness that everybody is responsible for his / her own well-being as well for that of other people. This task is accomplished by choosing healthy lifestyles and building

healthy – not only physical, but also mental and social – settings of life where everybody is empowered through mediation, advocacy and being enabled according to the Ottawa Charter. This process must be supported by those who have the necessary know-how and training, namely by the health care systems and by the health professionals.

The HPH Network is a tool through which health care systems play their specific role in supporting people for healthy lives, and this is done by singling out indicators for each domain from management policy, patient assessment, patient information and intervention, promoting a healthy workplace, continuity and cooperation, providing suitable models for self-assessment.

There is a big difference between health guardianship, which often will not produce individual health gain because it limits personal freedom, and health promotion which always produces a health gain as empowers people in full freedom.

Three actions have been started for health promotion in and by hospitals in the Piedmont Region in recent years:

- spend a Saturday for your health
- give voluntary support to sick people and their caregivers
- make discharge from hospital a tool for changing an adverse event into a health gain

1. Cancer prevention is often based on screening of the population at risk on the basis of institutional programs with pre-fixed timetables and for certain tumours. This often results in anxiety and discomfort. Since 1984 the Association for Cancer Prevention and Care in Piedmont offers to everybody the possibility of having a prevention visit, and when needed, laboratory tests, radiological examinations and endoscopy on Saturday, when routine activity is stopped, completely free in almost all the hospitals in Piedmont by voluntary specialists using the hospital equipment just on telephone booking. Some 50.000 visits per year are made. People feel

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themselves protagonist of their health and become empowered. They are educated on lifestyles and healthy behaviour for reducing the risk of cancer.

2. Every adult person can volunteer to support sick people and their caregivers both in hospital and at home. Besides the physical help they provide a useful tool for communication between hospitals, family doctors and caregivers which needs to be reinforced. This can result in health gain for both the volunteer and the patient. Most volunteers come from foundations and NGOs. In the department of haematology of the hospital of Biella which is the leader of this activity some twenty people from Fondazione Clelio Angelino operate every day for leukaemia and lymphoma patients.
3. A questionnaire with 43 items was disseminated among 17 of the 21 Local Health Trusts and 4 of the 8 Hospital Trusts in the Piedmont Region, with the aim to assess the quality of hospital discharge processes, and the responses were scored from 0 to 3 according to the quality of the procedure. This study revealed that better protocols are needed for managing the conflicts between staff, patients and their relatives, that the communication between hospitals and family doctors is still poor, that there is an insufficient use of scores for assessing the appropriateness of the discharge process and that shared models for evaluating the needs for education of both patients and caregivers are needed. The Piedmont HPH network is engaged in facing all these problems for making the discharge process a tool for empowering people for healthy lives and for producing a health gain at discharge.

In all these activities much attention is being paid to the privacy and to the freedom of people so that they can result in true health promotion.

*Luigi Resegotti, Turin*

## Pain Management: What Perspectives?

- **Pain management is an important, but too often neglected topic for HPH, and there are many models of good practice.**

On October 20, 2006, a conference entitled "Pain Management: What Perspectives?" took place in Castelfranco Veneto, in the Italian Veneto Region, gathering an audience from all over Italy and with the participation of international speakers. The conference was organised in such a way as to actively involve all the various parties (patients, staff, community) suggested by the Budapest Declaration, because – just with regard to this specific issue – it is important to change a "culture" believing that "pain is not a problem". Health professionals, for instance, usually show a severe lack of knowledge on pain and its correct treatment, and they do not rate it as a priority in their daily practice: There is still the rooted belief that curing the disease is the only task of medicine; pain is simply considered a symptom that might be dangerous to hide. When pain is not due to a clear cause, not many efforts are made to understand its origin, so it is often rather disregarded.

The conference was opened by a lecture of Simone Tasso, guest and HPH Regional Coordinator, who talked about HPH and pain management, explaining the reasons why it is important to deal with this issue inside a HPH, and presenting an overview about the HPH International framework.

Charles Henri Rapin, Geneva, President and promoter of the International Association "Ensemble contre la douleur" spoke about this association, which is a non-profit organization founded in Geneva in April 1997 with the aim of improving the alleviation of pain in hospitalised, home and hospice-based patients. He talked also about his international experience of pain management, maintaining that pain can be much more controlled, as WHO

documents show, in patients complaining of a pain range from 43% up to 91%. Moreover, according to some data, pain control appears lower in particularly vulnerable categories of patients: children, elderly, women, mental patients. These data deserve consideration since WHO maintains that pain can be effectively treated in 90% of hospitalised patients.

Annette Welshman, of the Sue Ryder-Bouveire Foundation, U.K., spoke about the Liverpool Care Pathway (LCP) for dying patients. The LCP empowers doctors and nurses to deliver high quality care to dying patients and their relatives. It facilitates multi-professional communication and documentation, thus integrating national guidelines into clinical practice. The project promotes the education and empowerment role of the Specialist Palliative Care Team to bridge the theory / practice gap.

Marco Visentin, regional focal person of the HPH pain management project, presented data on pain prevalence in a survey on 1.325 in-patients of 6 hospitals in the Veneto Region: the prevalence was 51,5%. Moreover, the same survey involved 1.636 health professionals in addition to the above mentioned patients. All of them answered questionnaires on their knowledge of and behaviour towards pain. The prevalence of wrong answers was as high as 49%, suggesting that an educational training was necessary.

One session was dedicated to original regional experiences. Among these, high interest was raised by a study on pain evaluation in non-communicating patients, also in view of the increasing prevalence of this type of patients. The study investigated the reliability and validity of NOPPAIN (Non-Communicative Patient's Pain Assessment Instrument) in geriatric and medicine wards and in old people's homes. NOPPAIN is a nursing-assistant instrument which focuses on the observation of specific pain behaviours while doing common care tasks. The tool has four main sections: 1) care conditions under which pain behaviours are observed such as bathing, dressing, transfers; 2) six items linked

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to the presence / absence of pain behaviours (pain words, pain noises, pain faces, bracing, rubbing and restlessness).

Among the speakers, there were also representatives of communities (mayors), patient associations, hospital managers, and regional government directors.

The final round table, chaired by Carlo Favaretti, Italian National Coordinator, suggested the necessity to adopt routine pain measurements in a HPH, for patients having pain at admission or during their stay, in such a way as to incorporate pain management among the aims of a HPH.

*Simone Tasso, Castelfranco Veneto*

## Developing methods for better accessibility of “good practices” – an initiative of the Working Group on Health Promotion for Children and Adolescents by Hospitals

- **This approach to collecting good HP practice could also be used in other thematic areas.**

Very early in its work the International WHO Working Group on Health Promotion for Children and Adolescents by Hospitals (HPH-CA) decided to identify, collect and review “good practices” of health promotion for children and adolescents in hospitals. It was obvious that there is limited exchange of experiences and evidence in this area. This is especially the case regarding the practical issues around implementing and sustaining health promotion for children and adolescents in hospitals. Therefore the collection and dissemination of “good practices” is considered a key factor in the widespread implementation of

health promotion for children in hospitals in Europe.

In April 2004 the process of development for a template for the systematic description of “good practices” started with a literature review in the fields of Health Promotion, Quality Management and Benchmarking. The specific criteria for “good practice” that we found were discussed and reviewed in the International Working Group HPH-CA.

After that, drafts of a template for description were worked out and tested in two pilot surveys within the hospitals represented in the Working group. With the end of January 2007 the final version will be completed. It contains about 20 questions within five categories: overview & key data, good practice in the end-state process (routines), results & outcomes, conclusions & recommendation, and further information. In this process we developed an instrument, that might be easily adapted and used to build up collections of good practices also in other areas of health promotion. You can download the last released draft of the “Template for Description of Good Practices” under <http://www.meyer.it/oggetti/5218.pdf>

Intended next steps are a first systematic collection of “current practices” through the working group HPH-CA and perhaps through wider participation within the International Network of Health Promoting Hospitals. A steering committee of the working group will evaluate these entries and select the “good practice” which meets the criteria for publication on the HPH-CA website.

*Peter Nowak, Hermann Schmied,  
Vienna*

## Network headlines

### Network headlines

#### Austria

During the last business meeting of the Austrian HPH Network, which was held prior to the 11<sup>th</sup> Austrian HPH Conference in October 2006 (information about the event is available online in German language at [http://www.oengk.net/index.php?id=3\\_1&cf=0&konf=11](http://www.oengk.net/index.php?id=3_1&cf=0&konf=11)), a decision was taken to give the network a legal entity. A first board of the network was elected, and immediately after the meeting, the necessary legal steps to form an association were taken. The network is now officially registered as the “Austrian Network of Health Promoting Hospitals and Health Care Services” and will hold its first General Assembly Meeting on January 25, 2007. In line with the Austrian Act on Quality in Health Care, which defines that “health care needs to be performed in health promoting surroundings”, the association is now open to all Austrian health care organisations.

Coordination of the network will remain unchanged – for requests and further information, please contact the Austrian Network via Ms. Christina Dietscher (Christina.Dietscher@univie.ac.at).

*Christina Dietscher, Vienna*

## Call for Papers

# Call for papers for Issue no. 29 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 29? Please follow the guidelines below. Deadline: June 8, 2007.**

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. 29 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

## Announcements

# Registering for the HPH Listserver

- **You want to be regularly informed about new HPH Newsletter issues, HPH events etc.? Then register for the listserver!**

If you want to regularly receive the International HPH Newsletter and if you are interested in receiving regular information on international HPH conferences, 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](mailto:hph.soc-gruwi@univie.ac.at)).

## Event Announcements

115<sup>th</sup> International Conference on Health Promoting Hospitals (HPH):  
**“Contributions of HPH to the Improvement of Quality of Care, Quality of Life and Quality of Health Systems”**  
**Date:** April 11-13, 2007  
**Venue:** Vienna, Austria  
Further information:  
Phone: +43 1 4277 48282  
[www.univie.ac.at/hph/vienna2007](http://www.univie.ac.at/hph/vienna2007)

19<sup>th</sup> IUHPE World Conference on Health Promotion and Education  
**Health Promotion Comes of Age: Research, Policy & Practice for the 21st Century Vancouver, Canada**  
**Date:** June 10-15, 2007  
**Venue:** Vancouver, Canada  
Further information:  
<http://www.iuhpeconference.org>

15<sup>th</sup> European Conference on Public Health  
**The Future of Public Health in the Unified Europe**  
**Date:** October 11-13, 2007  
**Venue:** Helsinki, Finland  
Further information:  
[http://www.eupha.org/html/documents/2007\\_helsinki/eupha\\_2007\\_1st\\_announcement\\_29\\_nov\\_06.pdf](http://www.eupha.org/html/documents/2007_helsinki/eupha_2007_1st_announcement_29_nov_06.pdf)

## Recommended reading

**Smith B.J., Tang K.C., Nutbeam D. (2006):**  
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