

Newsletter

Health
Promoting
Hospitals

No 29 · August 2007

An International
Network Initiated
by the
WHO Regional
Office for Europe

Editorial

Dear readers,

The focus of this Newsletter issue is on important developments within the HPH Network: Following a decision of the last General Assembly Meeting in Vienna in April 2007, the network has not only opened up to other health care providers than hospitals, as its new name "Health Promoting Hospitals and Health Services" indicates; HPH is also striving towards becoming an international association with special recognition by WHO. As a substantial step forward on this way, a constitution was drafted and is currently evaluated by WHO. For further information, please read the lead article by Ann O'Riordan (chairwoman, HPH) and Oliver Gröne (WHO-Euro). After the successes of the 2007 HPH conference and preceding HPH summer school in Vienna – if you did not attend yourself, summary reports and a commentary by IUHPE president Maurice Mittelmark in this issue will provide you with further information – planning for the 2008 conference has already started. The German colleagues have prepared a hearty invitation for the event which will take place from May 14-16 in Berlin. Please reserve the date! And watch out for more information to come on the conference web-page www.univie.ac.at/hph/berlin2008 in September this year.

The section on Networks, Task Forces (TFs), Collaborating Centres and Member Institutions will provide you with news from Canada and the UK, from the TFs on health promotion for children and adolescents in hospitals, and migrant friendly and culturally competent hospitals. Under "Thematic Issues", you will find contributions on the Danish smoking cessation database and on mental health promotion in HPH.

Finally, we invite you to contribute to #30 of the Newsletter which will go

online in December 2007 (for instructions, see end of the document) – we encourage you to make this anniversary issue special with your contributions (hph.soc-gruwi@univie.ac.at)!

Sincerely yours,

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

Coming of Age: HPH moves towards being an international association

- **The adoption of an international is an essential milestone in the HPH development.**

The Health Promoting Hospitals (HPH) movement recently demonstrated its flexibility, growth and maturity by voting to accept and implement a constitution for the International HPH Network. This historic decision, taken in April at the annual General Assembly meeting of the International HPH Network in Vienna, sees the network take responsibility for its own governance and future development. A further decision taken at this time was to widen the network's membership and to change its name to that of "International Network of Health Promoting Hospitals and Health Services".

Vienna has been a key location for a number of significant milestones within the HPH movement. It was the location for the WHO model project "Health and Hospital" from which the HPH movement has its foundation and then in 1997 it gave its name to a document "Vienna Recommendations" that outlines the principles and values on which national / regional HPH networks were developed. Once

again, Vienna was the location where a constitution for the International HPH Network was endorsed in 2007. The constitution signals a fundamental change within the International HPH Network, an acceptance of a move towards self reliance, self determination and self governance, all be it with continued input from the WHO Regional Office for Europe and valuable support from two key WHO Collaborating Centres.

Over the past twenty years (1987 – 2007), the HPH movement has moved through a multiplicity of phases in its growth and development. Essential during this time it has been under the guidance and governance of the WHO Regional Office for Europe with support from relevant WHO Collaborat-

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Austrian Federal
Ministry for Health
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ISSN 1814-4934

Developments in the International HPH Network

ing Centres in Vienna and Copenhagen. Historically, the first international consultation to support the introduction of health promotion programmes in hospitals was started by the WHO Regional Office for Europe in 1988. In the subsequent year, the WHO model project "Health and Hospital" was initiated with the Rudolfstiftung Hospital in Vienna, Austria, as a partner institution. Development then moved in the early 1990's from this early conceptual stage to that of being a multi-action plan within the WHO Health Cities Project. Under the leadership of Dr. Mila Garcia Barbero (WHO Regional Office for Europe – Health and Hospital) and with directional support from Prof. Jurgen Pelikan, Ludwig Boltzmann Institute (LBI) in Vienna, a European Pilot Project of 20 hospitals within eleven European countries was established. This project was also responsible for the emergence of national / regional networks in the mid to late 1990's. At the turn of the century, further growth and expansion was witnessed on an international dimension and greater involvement and leadership from within the network was evident with the initiation of taskforces, working groups and the development of specific practical tools, strategies and standards for health promotion in the hospital and health service setting. This signalled the maturity within the network and a willingness by members to take an active role in the affairs and development of the International HPH Network outside of their own region and country.

In the recent years, the Network has adapted and responded positively to its own growing needs and to the changing circumstance within the WHO Regional Office for Europe. In 2004, a decision was taken to outsource the HPH Secretariat from the WHO Office in Barcelona; transfer of which was successfully completed to the WHO Collaborating Centre in Copenhagen by 2005, along with evidence of the network's ability to be self-funding by 2008. As previously reported, a steering group committee

was initiated in order to consider and oversee the strategic developmental needs of the International HPH Network. The General Assembly in Vienna in April 2007 saw the culmination of the steering group committee's work.

With the impending implementation of the HPH Constitution in 2008, the situation today is that the International HPH Network is now a network of national / regional networks; with a growing membership of more than 650 hospitals in 35 networks worldwide and has widened its membership to include health services and is moving towards being an association that is both ready and able to take responsibility for itself. The following section will address the main components of the constitution and outlines the working relationship that will exist between the main stakeholders within the International HPH Network.

HPH Constitution

The HPH Constitution, which will take effect on January 1st 2008, formally establishes structures and procedures for self governance that give greater power and responsibility to the national / regional networks (corporate members) while clearly identifying the objectives and obligations of the networks as corporate members, and their individual members. The International HPH Network will be constituted under Article 60 ff of the Civil Law Code of Switzerland, which will be the basic law of the International HPH Network. This step indicates movement by the International HPH Network into a new phase, one of sustainable growth and self governance, one that many see as a sign of its strength, stability and gives recognition to the future growth potential of the HPH network worldwide.

The Constitution reaffirms the HPH mission and clearly states the agreed purpose of the International HPH Network and thus its corporate members, which is to promote and assist the dissemination of the concept of health promotion in hospitals and health serv-

ices (as defined in the mission) and support implementation within countries and regions, internationally through technical support to members and the initiation of new national / regional networks. The Constitution identifies the two statutory bodies of the International HPH Network; the General Assembly and the Governance Board, and outlines the relationship that the International HPH Network has with WHO and the two WHO Collaborating Centres in Vienna and Copenhagen.

Statutory Bodies

The General Assembly is the Assembly of corporate member (national / regional networks) representatives of the International HPH Network. It is the supreme statutory body of the International HPH Network. The General Assembly will meet at least once a year, preferably in conjunction with the International HPH Conference and all corporate members and Task Force leaders are entitled to be present and speak, however only corporate members hold voting rights. Every two years the General Assembly is required to nominate and elect seven of its members to the Governance Board. The Governance Board is composed of, in addition to the seven elected General Assembly members, one permanent seat for the WHO and two permanent seats for the WHO Collaborating Centres that perform specific functions (i.e. HPH Secretariat and Congress Secretariat). The role of the Governance Board is to meet between General Assembly meetings and prepare and execute the decisions of the General Assembly and any matters that are outside the statutory powers of the General Assembly, e.g. matters such as the approval of the Terms of References related to the functions of the International HPH Secretariat and the Congress Secretariat, and making recommendations to the General Assembly on the location for these functions (normally located in a WHO Collaborating Centre).

The importance and the value contri-

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tribution made by Taskforces and working groups within the International HPH Network are acknowledged in the Constitution. The constitution requires that all Task Forces and working groups be recommended by the Governance Board and approved by the General Assembly. Taskforces are identified as issue-specific teams with specific expertise within the framework of the general aims of the International HPH Network. Working Groups which can be established either by the Governance Board or the General Assembly are usually organized as a project and have a defined period of time and clear deliverables that contribute to the achievement of overall International HPH Network's objectives.

The Constitution identifies the agreed International HPH Network as:

- To provide leadership on matters critical to health promotion in hospitals and health services and engaging in partnership where joint action is needed
- To shape the research agenda on health promotion in hospitals and health services and stimulate the generation, translation and dissemination of valuable knowledge
- To set norms and standards health promotion in hospitals and health services and promote and monitor their implementation
- To articulate ethical and evidence-based policy options for health promotion in hospitals and health services
- To provide technical support, catalyse change and build sustainable institutional capacity for health promotion in hospitals and health services

The International HPH Secretariat has responsibility for preparing and implementing activities towards the attainment of the International HPH Network objectives. It is the hub and coordinating centre for the International HPH Network and works to a set of defined Terms of References, communication being a key function. Emphasis is placed on the continuous development of a communication strat-

egy and the provision of support for its implementation by an interactive homepage, one that can connect members for the exchange of experiences and knowledge. This is a significant process that all HPH members (corporate and individual) must engage with, as it is generally accepted that there is a growing need for HPH to demonstrate not only its achievements to date but its real potential to contribute to the reorienting of health services and the health service quality agenda. This then is the next phase and challenge for the International HPH Network, one that many are convinced it is not only willing to meet but that it has the capacity to realise.

*Ann O'Riordan (chair, HPH Governance Board, Dublin),
Oliver Groene (WHO-Euro),*

16th International HPH Conference: Strengthening Hospitals for the Health Society – Added value(s) by HPH

- **The German HPH-Network invites to the 16th International HPH Conference in Berlin, Germany, from May 14-16, 2008**

The German HPH-Network is proud to host next year's International HPH Conference in Berlin. The event will take place from Wednesday 14th to Friday 16th May 2008 in the facilities of the Langenbeck-Virchow-House in Berlin, district Mitte. Prior to the conference, the Immanuel Hospital in Berlin, district Wannsee, will welcome the participants of the HPH Summer School from May 12 to 14.

The German HPH Network (DNGfK) celebrated its 10th anniversary in 2006 and looks back on a very successful development. Steadily growing, it now has 75 members, consisting of. The public, confessional and private hos-

pitals in the network have a focus on personal contacts and on a creative exchange between all members. Representatives of member hospitals meet regularly in regional or thematic working groups. Bilateral exchanges are initiated by the members. The Network organises a yearly National Conference on Health Promoting Hospitals and creates the Net-News, which are published 4 times a year. The website (www.dngfk.de) and database for members are other means of information. Apart from that we are in contact with a lot of institutions and organisations which work in related fields and try to develop topics and new thematic areas.

In 2005 the office of the network moved from Essen to Germany's capital Berlin. In the same year the DNGfK started to work on the project of creating a Network of Smoke Free Hospitals in Germany. On the basis of the standards of the European Network of Smoke Free Hospitals (ENSH) the project, supported by the German Federal Ministry of Health, could gather over 130 hospitals and is an important key to strengthen the idea of health promotion in hospitals.

For the German branch of the international HPH Network the HPH-Conference 2008 will be a great chance to draw the attention of the national key players in the health and welfare system on the important topic of health promotion. Whilst other countries have already implemented standards of health promotion in the national quality management of health care services, Germany is still in the process of creating a law to support prevention and health promotion. Although there are countless institutions, political initiatives and organisations which work in this field, the health care system still focuses on the curative aspects. The strategies and standards of the WHO concerning HPH are important arguments to convince hospitals to enter the network. However, health promotion is still a very abstract topic and only evidence based projects are likely to be accepted by a wider range of responsible stakeholders in hospitals.



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Layout
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The International HPH-Conference is showing good examples of evidence and projects, which can be models for a broader implementation. As Germany's health system is facing some important changes, hospitals are very attentive to future developments in quality management. Health promotion can be one of the cornerstones to build up a sustainable quality system in hospitals.

We are sure, that a lot of German stakeholders will attend the conference. They will take the chance to get to know more about the ideas and realisation of HPH when it takes place in their own country. This aspect will also be an advantage for all our international guests. New ideas, new arguments and new interesting contacts are good reasons to take part in this conference.

The thematic focus will be the impact of hospitals on the health society and vice versa. Well being, health and healthcare are becoming more and more important for our society as well as for individual citizens. The healthcare sector is an enormous market. It is important that health promotion plays a central role in this development. Hospitals are ideal partners for health promotion in a health society. With the main topics focusing on patients' needs, demographic developments, intercultural competence and ways towards a sustainable management of hospital organisations, this conference will provide crucial knowledge to strengthen the hospital as an organisation and show added values by health promotion.

However we wouldn't be health promoters if we hadn't found an attractive venue for the conference. The Langenbeck-Virchow-House is part of the Charité-Campus in the heart of Berlin. Embedded in Germany's largest medical university the old building was recently renovated and presents excellent working facilities. It is only 1 kilometre from the main station and just footsteps from the Brandenburg Gate and the Reichstag. A lot of hotels are located in the neighbourhood. But attention: May is a very busy month in Berlin and travel

arrangements must be made well in advance. We will certainly also offer an attractive social program in this ever changing and never sleeping city. All representatives of the DNGfK, the members of the board, the colleagues in the office and the members themselves are looking forward to this great event. We will do our best to be good hosts and to create a welcoming atmosphere for our guests from around the world.

See you in Berlin 2008!

*Elimar Brandt and Felix Bruder
(Berlin) for the team of the
German HPH Network*

Report on the 15th International Conference on Health Promoting Hospitals, April 11-13, 2007

● The 2007 conference took place in the "birth town" of HPH.

After the 5th International Conference on HPH (April 1997), 2007 was already the second time for Vienna, Austria, to host the event. The conference was organised in cooperation between the Austrian Network of Health Promoting Hospitals as local host, and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care which functioned, as usual, as the main scientific partner in the conference preparations.

With the title "Contributions of HPH to the Improvement of Quality of Care, Quality of Life and Quality of Health Systems", the 2007 conference had a strong focus on links between HPH and issues of quality in health care. The Scientific Committee had decided to especially highlight four topics, which included management and staff-related issues as well as patient and community oriented themes (for a complete overview on the scope and purpose of the conference, please see

<http://www.univie.ac.at/hph/vienna2007/hp/scope.htm>).

The conference program – and of course Vienna as the host town – attracted 500 participants from 32 countries and all continents, which made the conference one of the larger HPH events of the last years.

Plenary sessions

Each of the main conference topics was featured in a specific plenary session. High-level international keynote speakers both from within and outside the HPH Network had followed the invitation to present at the conference.

"Making the hospital a more effective agent for individual and public health by implementing the comprehensive vision of HPH"

The opening keynote was delivered by **Juergen Pelikan** (director, WHO Collaborating Centre on Health Promotion in Hospitals and Health Care, Vienna) and provided the contextual framework for the conference. Prof. Pelikan started by providing an overview on HPH developments during the last decade (from 1997, when the European Pilot Hospital Project on Health Promoting Hospitals came to a successful end, until today), concluding that HPH had experienced substantial quantitative growth in some regions, and qualitative developments especially with regard to governance structures, thematic task forces and specific implementation tools. But he also pointed out that the full potential of HPH – the development of health promoting health care settings, as opposed to the provision of health promotion in and by health care organisations – has not yet been realised. As most important reasons for this deficit, Pelikan identified a general lack of resources and the split character of hospital organisations which make it difficult to implement a comprehensive management concept like HPH. Still, Pelikan pointed out that the WHO Ottawa Charter's demand for a reorientation of health services (WHO

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1986) – which is the basis for the HPH concept – is today more relevant than ever: The current epidemiological and demographic trends, amongst them the increasing burden of chronic diseases, the ageing of populations with implications on patients and communities as well as on the workforce, and the weakening of households and social networks imply an increasing need for more public health and health promotion oriented health care delivery. Pelikan explained that the full implementation of the comprehensive HPH concept may not only contribute to better individual and public health, but should also be in the interest of health care organisations themselves, since HPH contributes to better performance and (health) outcomes as well as to increasing the attractiveness of the hospital as a workplace. Pelikan concluded by presenting suggestions for enhancing the further implementation of the comprehensive HPH approach: In the first place, he listed the need for an improvement of HPH structures and resources in order to support capacity building and growth of the network. Secondly, he demanded better evidence and more concrete tools. And last but not least he highlighted the need for better ways to disseminate HPH related knowledge and skills, to politicians and health care decision makers as well as to practitioners in the field. The keynote was commented and discussed by **Brian Edwards** (president, HOPE), **Maurice Mittelmark** (president, IUHPE), whose comments can also be found in a separate article in this Newsletter, by **Rod Mitchell** (International Alliance of Patients' Organisations), and **Hannes Schmidl** (City of Vienna). The plenary session was chaired by **Mila Garcia-Barbero** (University of Alicante, Spain).

Transforming the hospital organisation – integrating wider HP strategic and quality criteria into hospital governance

As became clear in Juergen Pelikan's introductory lecture, HPH as a comprehensive management concept

needs to be clearly linked to hospital governance in order to fulfil its full potential. Evidently, hospital quality systems have a special role to play in this context. Plenary 2 of the conference, which was chaired by Prof. **Irena Miseviciene** (Vice Rector, Kaunas Medical Academy) therefore focused on the representation of HPH in current hospital quality management systems and on examples for linking both approaches.

Oliver Groene (WHO-Euro) provided an overview on "Health promotion in today's hospital quality and governance systems". He discussed the links between health promotion and quality, highlighting the importance of patient safety as an issue of interest to both movements, and communication between professionals and patients as one determinant of patient safety that is both a health promotion and a quality concern. He concluded that there are many quality issues in health care that go well beyond the traditional clinical way of thinking about diseases. Accordingly, he found that quality agencies address health promotion to some extent (e.g. patients' rights, informed consent, patient satisfaction), but that important issues like engaging patients as co-producers in the care process are less focussed. Groene used these findings to state a critical comment about the current state of development of the HPH network. Since the research base of the network shows potentials for improvement, it is currently difficult to point out which specific health promotion strategies would need to be included in hospital quality systems, and to find sound arguments to support related recommendations. Groene therefore demanded an improvement of the links between quality and health promotion and for better marketing HPH deliverables in target-oriented language.

His presentation was followed up by a lecture from **Carlo Favaretti** (coordinator, Italian HPH Network) on "Integrated governance and health promotion in Italy: The Trentino experience". Dr. Favaretti presented the Italian way of supporting the develop-

ment of HPH from a project level to a comprehensive approach: The Italian network has a focus on selected issue areas of specific relevance to HPH, including lifestyles, continuity of care, patient education, cultural competence, patient and staff safety, and environmental issues. On a first level, hospitals are supported by education and training to implement projects on these issues. The integration of HPH into management and quality structures is then considered a next step of development. In the Trentino region of Italy, the EFQM (European Foundation for Quality Management) approach is used for developing integrated management, including HPH. As a next step on this way, Dr. Favaretti named the necessity for strengthening HPH self assessment and to derive necessary actions for improvement. The lectures were commented by **Christine Pramer** (Vienna Hospital Association) who presented the health promotion strategy of the biggest hospital and nursing care trust in Vienna as one example of health promotion as an integral component of hospital governance, and by **Hans Saan** (health promotion expert and founding father of the Ottawa Charter, Netherlands), who shared his thoughts about the HPH concept in relation to basic health promotion principles with the audience. Mr. Saan closed the first day of the conference with a special HPH song.

Empowering patients for healthy lives by enhancing the supportiveness of health care systems

Evidently, patients are in the centre of health care. Therefore one of the main questions of HPH is what the concept can contribute to the quality of care and the quality of life of patients. As one specific contribution from the part of health promotion, patient empowerment – in the sense of patient information and training, but also in the sense of making patients co-producers of their health – was chosen as a main subject for the conference 2007: There is clear evidence that empowerment in this sense supports patient



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satisfaction, quality of life (e.g. for patients with chronic diseases) and clinical outcomes (e.g. post surgery). Against this background, Dr. **Bob Anderson** (University of Michigan) presented “The Empowerment Approach to Facilitating Health Related Decisions”. Dr. Anderson explained that the frequently observable lack of compliance or motivation especially in patients with chronic diseases like diabetes is often the result of professionals expecting them to do what they consider is good for them. He described the acute-care orientation of today’s health systems as the main cause of the problem: In acute care, professionals are used to – and very often have to – make decisions for their patients (e.g. in surgery), but in chronic diseases, patients need to make many relevant decisions for themselves on each single day of their life. Health professionals therefore should not act paternalistic, but with the intention to support patients’ informed decisions – and one very important way to do so is to facilitate patients to reflect about their situation.

Following up, Prof. **Margarata Kristenson** (director, WHO Collaborating Centre for Public Health Sciences, Linköping) focussed her lecture on “Health Promoting Hospitals as a setting for successful patient empowerment: concepts and experiences”. Prof. Kristenson provided an introduction on the meaning of empowerment as opposed to paternalism and pointed out the relevance of empowerment to increase patients’ coping abilities, which, in turn, are linked to measurably better health outcomes (both mentally and physically). Accordingly, Kristenson stated that empowerment is important in all parts and levels of health services. She explained that indicators are available to measure and demonstrate the effectiveness of empowerment and concluded by suggesting options how the HPH network can support the implementation of empowerment in member hospitals: e.g. by providing a database to identify colleagues in the field, by striving for consensus on or further development of standards and indica-

tors, and by implementing these into routine monitoring and quality development systems.

Comments and remarks on the statements of the two lecturers were provided by Mr. **Rod Mitchell** (IAPO, London) from the patients’ viewpoint, by Prof. **Anna-Maja Piättilä** (University of Kuopio) from a nursing perspective, and by Prof. **Wolf Langewitz** (University of Basel) from a medical point of view. The plenary session was chaired by Dr. **Hanne Tonnesen** (director, WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals, Copenhagen).

Contributions of the hospital to developing health promoting communities

With the demographic and epidemiological changes towards increasingly older and chronically ill patients with multimorbid forms of disease, health promotion is becoming more important in all sectors of society, and close cooperation between different levels of care are becoming increasingly important both with regard to integrated care, but also with regard to prevention. These were the topics of the last conference plenary, chaired by Ms. Ann O’Riordan (chairwoman of the International HPH Network).

Dr. **Blake Poland** (University of Toronto) started by presenting “Hospital-Community collaboration to address determinants of health in the community: the Canadian experience”. He presented examples of feasible cooperation practice, ranging from multicultural outreach projects to mobile crisis intervention teams. Poland explained that community collaboration should be in the interest of hospitals, since it produces better quality of patient care in hospitals and across service providers, is already part of some accreditation schemes, and allows hospitals to better respond to community health needs. According to the Hospital Involvement in Community Action Research Study, hospital community collaboration is already widespread in Canada although it is not perceived as part of the hospital’s

core business and there is some reserve against hospitals from the part of communities. In order to improve collaboration and by that also the health of citizens, according to the study, preconditions for successful collaboration need to be improved on three levels: the hospital organisation, the community organisation, and health policy.

Dr. **Simone Tasso** (HPH Regional Network Veneto, Italy) continued by presenting a model of good practice for hospital community collaboration from within the HPH network, namely the initiative “Who doesn’t smoke ... wins!”, which is an anti smoking campaign targeting adolescents. The campaign was set up with the aims to reach as many representatives of the target group as possible, to have a good cost benefit ratio, to be transferable to other regions, to allow for collaboration with community actors and to produce good visibility for the HPH network. On the basis of these criteria it was decided to organise a contest: Adolescents were invited to prepare videos and / or pictures with anti-smoking campaigning material, and winners were chosen on different levels (health care trust, local, regional). Visibility was increased by sports celebrities whose pictures were used for promoting the contest. Results included the establishment of hospital-community alliances, but also an increased rate of adolescents who had quit smoking.

The plenary concluded with a visionary presentation by Prof. **Iiona Kickbusch** (independent health consultant, Switzerland, founding mother of the Ottawa Charter), focusing on “Hospitals: what role in the health society of the 21st century?” She pointed out that health seems to be increasingly present on the global agenda and people appear to be increasingly aware of the fact that most of their daily decisions have implications also on their health. Consequently, apart from medical and public aspects of health, health is more and more becoming a personal concern with increasing implications for the so-called “health market”.

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Kickbusch assumed that this “health society” will also have implications on hospitals, including a less prominent role in the health system, more competition, and a clearer split of services into premium and discount segments. In contrary to basic health promotion principles, this development will further increase inequalities in health. As a remedy, Kickbusch presented the concept of “value for patients”, i.e. to measure the health outcome (quality, efficiency, safety, ecological aspects) of each practice per unit of expenditure. She stressed the importance of putting patients in the centre and to implement a more health promoting and public health oriented approach for reaching this ambitious goal.

Parallel sessions, posters, workshops

The conference had 4 parallel sessions with 7 sessions each, and 2 poster sessions with 10 thematic groups of posters, respectively. These provided opportunities for in-depth discussion of plenary issues and other topics of relevance to HPH, including sustainable hospitals, health promotion for vulnerable groups (e.g. children, migrants and ethnic minorities), workplace health promotion, mental health promotion and smoke-free hospitals (a workshop on the latter topic was organised in cooperation with the European Network of Smoke-Free Hospitals). All in all, 260 papers were presented in the parallel and poster sessions. An overview on all conference presentations can be found in the conference abstract book at http://www.univie.ac.at/hph/vienna2007/htm/abstract-book_web.pdf

Stream on migrant friendly and culturally competent hospitals

After the successful termination of the EU project “Migrant Friendly Hospitals”, an HPH Task Force on this important issue had been started in 2005. For the Vienna conference, the group organised a conference stream with 3 paper sessions and a workshop.

Health literacy workshop

A cooperation with Pfizer made it possible to organise a conference workshop on the role of health care organisations in improving health literacy. The workshop was facilitated by **Rima Rudd** (Harvard), a renowned international expert on this issue, and chaired by **Iona Kickbusch** (health consultant, Switzerland).

Special poster stream on HPH networks and task forces

For the second time (after Copenhagen, 2001), a special poster stream on HPH networks, task forces and key actors was organised in order to provide information and an exchange of experiences on the structures behind the international network. This opportunity was very well used, 26 posters were displayed.

Poster prizes

As is already a tradition at HPH conferences, poster prizes were delivered to the best 3 posters, based on votes by the audience. These were awarded to Bodil NørregaardThomsen and Susan Allan (DK) for the poster “Why do patients need to have influence on their treatment?” (3rd prize), Virpi Honkala (FI) for the poster on the Finnish HPH network (2nd prize), and to Tiiu Härm (EE) for the poster on the Estonian HPH Network (1st prize). In addition, a special prize for the most imaginative poster was delivered to Pierpaolo Parogni, Ivano Giacobini, Maria Cristiana Brunazzi, Roberta Raccanelli, and Camelia Gaby Tiron (IT) for their poster “The heart road – Heart comfort and quality program for screening from the emergency department (ED) to the cardiology ambulatory”, and another special prize for the best poster design was handed to Vidamantas Januskevicius and Irena Miseviciene (LT) for the poster “The relationship between health conditions of the nursing staff and the ergonomic work conditions”.

Side events

In addition to the main conference programme, the growth of HPH and

the many emerging expert areas of the network were further demonstrated by numerous side events of the conference.

There were two pre-events: A two-day **summer school** on evidence-based health promotion in hospitals was organised by the international HPH secretariat in Copenhagen, as an opportunity to learn hands-on skills for HPH (see separate article in this Newsletter for further information). And a one-day **pre conference on health promoting psychiatric health care** was organised by the HPH task force on that issue. Further information about the pre conference can be found online at <http://www.univie.ac.at/hph/vienna2007/htm/scope-pre-conf.pdf>

Two more HPH task forces held their meetings during or after the Vienna conference, i.e. the **task force on health promotion for children and adolescents in hospitals** and the **task force on migrant friendly and culturally competent hospitals**. Please find contributions from both groups in this Newsletter edition.

Upon invitation by **Maurice Mittelmark** (president, IUHPE), a **meeting on research in HPH** was organised spontaneously during the conference, with the aim to discuss the current status of research in HPH, and to further develop the HPH research base.

Also numerous **meetings of HPH governance bodies** were held prior to the conference: As usual, the **General Assembly**, composed of coordinators of HPH networks and task forces, was held one day prior to the main conference – thanks go to the Austrian Ministry of Health, Families and Youth for hosting that meeting. Main subjects of the meeting were discussions on the international constitution of the HPH network, which is currently being developed alongside the attempts to further develop the network into an international association. The elected **HPH Governance Board** met prior and past the General Assembly in order to prepare the General Assembly and to decide on next steps in the preparation of the constitution (see

Developments in the International HPH Network

separate articles in this Newsletter issue for further details).

Last but not least, one further special event needs to be mentioned: Since conferences are usually events of “increased physical inactivity, a **runner’s group** was organised upon request from participants. The group met in the “Prater”, a big public park in Vienna, on the Saturday after the conference, with **Karl Krajic** from the Vienna WHO-CC as guide.

Social climate

According to conference evaluation, the social climate was judged as very good or good by 89% of delegates. Especially appreciated were the professional conference organisation and conference materials. Highlights of the social program included a welcome cocktail at the Austrian Ministry of Health, Families and Youth, and, upon invitation by the mayor of Vienna, dinner and dance at the city town hall.

Conference partners

The local conference organisation was made possible through major support from prominent Austrian partners, including the Austrian Federal Ministry of Health, Family and Youth (BMGFJ), the Austrian Health Promotion Foundation (FGÖ), the City of Vienna, the Vienna Hospital Association (KAV), the Medical University of Vienna (MUW), the University of Vienna, Pfizer, and the Austrian hospital magazines “ÖKZ” and “Qualitas” as media partner.

The international impact of the conference was strengthened through cooperation with international co-organisers, including the European Commission, the International Union of Health Promotion and Education (IUHPE), the European Hospital and Health Care Federation (HOPE), the European Federation of Nurses’ Associations (EFN), the European Association of Hospital Managers (EAHM), the Permanent Working Group of European Junior Doctors (PWG), the International Alliance of

Patients’ Associations (IAPO), the European Network of Smoke-Free Hospitals (ENSFH), and the European Network of Workplace Health Promotion (ENWHP).

Conference evaluation

Informal feedback on the conference was very positive, feedback in the conference evaluation forms was a bit more critical, although it has to be remarked that only 10% of conference delegates returned a feedback questionnaire. The evaluation may therefore be biased. The overall conference design was judged as good or very good by 74% of respondents, plenary sessions were judged as good or very good by 67% of respondents on average. Suggestions for improvement included more time for poster sessions and more time for general discussion. Of those who had returned a questionnaire, 67% said they took home new ideas, 40% had been supported by the event to learn important new things, and 53% found the conference had supported their motivation for HPH.

Main outcomes

After two years of agenda-setting in the field, an informal **working group on mental health promotion in health care institutions** was founded during a workshop on that issue. Complementary to the already existing task force on health promotion in psychiatric health care services, the working group will focus on the mental well-being of general patients and carers, as well as of hospital staff. The working group will explore options of preparing and implementing an international project, and will prepare a session or series of sessions for the next international HPH conference in Berlin, Germany.

Virtual Proceedings on the conference, featuring all plenary contributions, most of the parallel papers, and some posters, have already been published at <http://www.univie.ac.at/hph/vienna2007/htm/proceedings.htm>

Finnish-American artist Rea Nurmi has repeatedly been a guest at HPH

conferences. She is known for her murals, which she does together with staff and clients of the institutions where she paints. In Vienna, where Rea Nurmi stayed upon invitation from the Neurological Hospital Rosenhügel (one of the hospitals of the Vienna Hospital Association), she produced a **mural** together with staff and clients. Photos can be found in the Virtual Proceedings at <http://www.univie.ac.at/hph/vienna2007/htm/details/nurmi.htm>. To learn more about Rea Nurmi’s art work, please visit <http://www.reanurmi.com/biography/>.

Last but not least, the quality of the conference is also mirrored by an invitation to feature selected original contributions in a **special edition of the IUHPE journal “promotion and education”**.

*Christina Dietscher, Karl Krajic,
WHO-CC Vienna*

Comments on the 15th Conference on Health Promoting Hospitals (HPH)

- **The HPH research base needs to be strengthened, says IUHPE president Maurice Mittelmark.**

The papers and discussions on HPH quality issues were impressive in their seriousness and sophistication. Other themes that were quite appropriately given a high profile included empowerment of all HPH actors, making HPH part and parcel of wider hospital governance, and especially the role of HPH in promoting health in the community, outside the hospital walls. The overall impression was one of a dedicated network, willing to tackle the most difficult issues of implementation and quality assurance, and having deep awareness and appreciation of the need for HPH to adhere to the core principles of health promotion as set for in the Ottawa Charter of 1986 and in other seminal documents since produced.

Developments in the International HPH Network

With these positive impressions in mind, there are nevertheless two other areas of consideration that give pause, pointing attention as they do to important remaining challenges to the HPH movement, if it is to realise its full potential to contribute to the health of society. First, the lack of resources to implement HPH in all the communities where it is needed is a fundamental problem, which will require a wide-ranging vision to solve. Second, the excellence of HPH practice is not being well-enough captured via applied research to document effective, efficient and ethical HPH processes and outcomes.

Turning to the first point, the evidence seems clear that where and when HPH is implemented according to the standards and guidelines that HPH endorses, the conditions are created in which all in the HPH environment – patients, family, staff, community – may experience improved health, well-being and social and physical functioning. One development that deserves special recognition in this regard has to do with HPH's potential to address the health inequity issue with innovative practice. For example, a number of presentations at the conference illuminated ways in which HPH implementation can be inclusive of marginalised groups – the sessions on migrant friendly and culturally competent hospitals are illustrative of this positive development.

However, the vast majority of hospitals globally have yet to be touched by HPH, and the success stories are scattered so thinly that HPH seems hardly noticed in many parts of the world. One can only hope for effective advocacy for dissemination, with targets for a greatly expanded HPH presence. Related to this issue, the newest development in settings based health promotion – 'joined-up' settings, might be one way to advance: in communities where there is a successful health promoting schools project, or health promoting workplace project, the conditions may be ripe for the establishment of health promoting health care services, following the

methods of HPH. Similarly, where an HPH hospital flourishes, it may be easier to establish schools and workplaces that adopt health promotion as a central policy for improved well-being.

Turning to the second point, the conference gave little evidence that a systematic knowledge base is being developed sufficiently, via applied research, to illuminate the conditions that are essential for quality implementation and management of a hospital that wishes to be health promoting. In this regard, outcome research is certainly important, but of much greater urgency is the need for process research, focussed on the inputs, throughputs, production process and maintenance processes that combine synergistically to produce a truly health promoting hospital.

The research must be interdisciplinary; because HPH takes a systems (ecological) view. Simple cause-effect research models will be inadequate, as will simple experimental and observational designs. The complexity of the health promoting hospital calls for research that respects that complexity, and mix-methods approaches are those most likely to yield the most useful results. Appropriate mixes of qualitative and quantitative research, both of the hospital-as-system and hospital-as-community-subsystem, will help to identify the factors that are crucial for success. Such evidence will be essential if the advocacy efforts mentioned above are to have any hope of succeeding.

*Maurice B. Mittelmark
IUHPE President, Bergen*

WHO Summer School 2007 Evidence-based Health Promotion - Hands on

- **Learn about this year's summer school, and save the date for the next option in 2008!**

The WHO Summer School 2007 proved to be an important forum for broadening the perspective of health promotion and for exchanging of experience and knowledge in a warm and friendly atmosphere.

The WHO Summer School was arranged by the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals in collaboration with the Austrian HPH Network hosting the International HPH Conference. 20 participants from 3 continents followed the two-days program, which took place at the Institute for Sociology, University of Vienna.

Scope and purpose

The WHO Summer School addressed important issues regarding evidence-based health promotion, clinical best practice and quality assessment. The purpose of the Summer School was for the participants to gain insight and inspiration regarding how to work with evidence-based practice in health promotion and thus combining theory and practice. Special focus was given to quality assessment via the HPH Standards for Health Promotion in Hospitals, on how to use them and implement them in the local hospitals, and to the exchange of experience.

Participant composition

Participants across nations and cultures joined the Summer School. Amongst others representatives from the new regional HPH Network of Taiwan contributed experiences and visions from a continent not previously presented at the Summer School.



Developments in the International HPH Network

Their input was highly appreciated and provided inspiration for new discussions and aspects. Other nations and states represented were USA, Norway, Sweden, Denmark, Germany, Italy and Canada.

Program

Highly profiled lecturers from both within and outside the HPH Network introduced the HPH Standards for Health Promotion in Hospitals. The program included presentations of local projects and experience within the scope of health promotion and quality assessment, e.g. the HPH Task Force on Reimbursement presented an international project on Health Promotion within the DRGs, and Swedish HPH members presented the concept of Health Related Quality of Life.

Methodology

In advance of the Summer School all participants were asked to conduct a self-assessment in their local ward, department or hospital applying the HPH Standards for Health Promotion. They were expected to identify a target area and discuss this and the expected outcome of an implementation plan with their management. At the Summer School a variation of lectures and workshops was applied. Every element of the HPH Standards was introduced, and followed by a workshop in which the participants concentrated on special cases, target areas and through this contributed to the exchange of knowledge and experience. The WHO Summer School facilitators moderated the process, summarized the conclusions and tied the loose ends together after each workshop.

Outcome

The general opinion among the Summer School participants was that the interest, willingness and ambitions to work with health promotion in hospitals and health services exists and that the challenge consists in ensuring and maintaining management support and

in locating the necessary funding. A challenge, which amongst others should be solved by continuously working to integrate health promotion into existing accreditation and quality assessment systems.

Low cost – no cost

In order to facilitate participation also of those with little or very limited financial means, the WHO Summer School is organized according to the principle of low or no costs. All lecturers and facilitators make their contribution pro bono and the WHO CC for Evidence-based Health Promotion in Hospitals has no overhead. However, the local HPH Conference organizer may receive a minor compensation for hosting the Summer School.

The WHO CC organizes the course, program and lecturers but is deeply grateful to the Austrian HPH Network, which took responsibility of venue, participant administration and coffee for a symbolic sum, WHO CC Copenhagen brought the cookies, even sponsors for lunch boxes were taken into consideration. As a result we could minimize the registration fee.

The HPH website – from a marketing perspective

This year the Summer School among others was marketed at the HPH website <http://www.healthpromotinghospitals.org> and online registration via the website was introduced. The registrations were coordinated with the HPH Conference registration, and via this dual approach a broader target group was reached. As a result the WHO Summer School received registrations from health professionals not previously familiar with the International HPH Network. The International HPH Secretariat shares this experience of information requests via the website. Furthermore information material was sent to all national / regional Network Coordinators with the request to promote the Summer School on a national / regional level. In the coming year we will work to improve the

News from Networks

internal and external communication and fully use the potential of the website.

Other channels were the HPH Newsletter, the International Journal of Integrated Care and several Public Health Science Institutes.

Next year's Summer School

Next year's Summer School will be arranged in collaboration with the German HPH Network and will take place from May 12 to 14 in Berlin, Germany. It will focus on "How to develop Best Evidence-based Practice for Health Promotion". The initial preparations have been made, and the program and registration will be published at www.healthpromotinghospitals.org shortly. In addition to the WHO Summer School, a HPH Workshop will be arranged on the 12th of May. The workshop welcomes newcomers to the HPH Network, both new Networks as well as health professionals who wish an introduction to the work, mission and vision of the International HPH Network.

*Jutta Skau, Majbritt Linneberg,
Hanne Tonnesen,
Copenhagen*

The Task Force on Health Promotion for Children and Adolescents in and by Hospitals (HPH-CA): recent developments

- The Task Force has developed new documents to support health promotion for children and adolescents.

During the last year, the Task Force concentrated its efforts on work foci which had been identified in an exploratory survey in 2004, involving 114 hospitals from 22 European countries. This survey highlighted some

News from Networks, Task Forces and Collaborating Centres

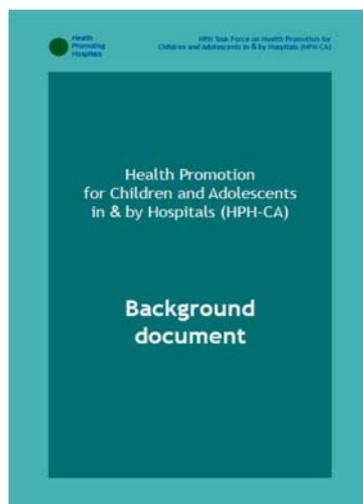
important issues for the field of health promotion for children and adolescents in and by hospitals:

1. the setting is characterised by a huge cultural variety, as well as by a quite heterogeneous application of principles and methods;
2. there are many deficiencies with regard to the adoption of the charters on children's rights in hospitals, and of related assessment tools;
3. at implementation level, a rich cultural and operative heritage exists (there is a mixed set of practices aimed at improving quality and health promotion), even if the evidence of current practices has not been described.

On the basis of these main findings priority work areas have been selected and three related tools have been developed:

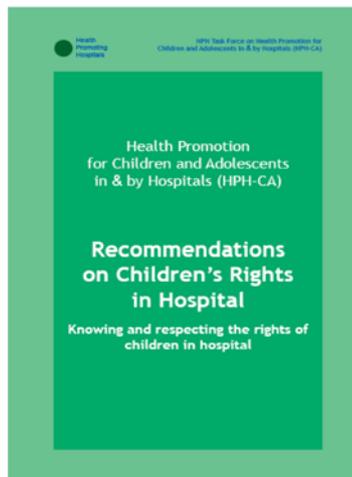
Background document on Health Promotion for Children and Adolescents in and by Hospitals

It represents a reference point for the activities of the Task Force and for all interested practitioners, health-care providers, volunteers, parents. The Background document describes the semantic context, the reference approaches and the key principles of health promotion for children and adolescents in and by hospitals, with the hope that the provision of defined health promotion concepts and guidelines for this specific theme could help to overcome difficulties encountered in putting health promotion concepts in practice.



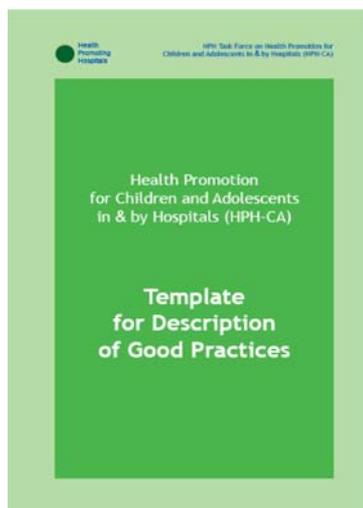
Specific recommendations on Children's Rights in Hospitals

This document targets paediatric hospitals and departments, national and regional Ministries of Public Health, of Social Affairs and Education, National Human Rights Institutions, Local Health Authorities, International Organisations committed to the promotion of children's health, with the aim to gain further commitment and draw more attention to the issue of the rights of children in hospitals.



Template for Description of Good Practices

This tool is intended to assist and guide staff working in paediatric hospitals and departments to utilise the health promotion concepts in their practice. The template aims to support recognition and evaluation of current hospital practices and to making the most of them.



During 2007, the 3 above-mentioned documents which were elaborated by the HPH-CA Task force will be disseminated inside and outside the HPH Network.

For further information, please see the HPH-CA website: www.meyer.it/hph/hph-ca (where documents can also be downloaded) or contact the HPH-CA Task Force Hub: Fabrizio Simonelli and Katalin Majer, Health Promotion Programme, A. Meyer University Children's Hospital, Viale Gramsci, 42 50132, Italy
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*Fabrizio Simonelli, Katalin Majer
Florence*

The Task Force on Migrant Friendly and Culturally Competent Health Care (TF-MFCCH): Information on intermediate results

- **Six thematic working groups work towards achieving the goals of the TF on MFCCH.**

At the last international HPH conference in Vienna, the newly elected Governance Board assigned to the Task Forces a more precise role within the general HPH strategic plan. Task forces are established to tackle matters of concern for the network in a systematic way by facilitating the development of practical knowledge and tools for health care organisations in the network. Within this framework the TF on MFCCH was set up, at the end of the successful MFH European Commission project (2002-2005), in order to keep up the momentum created by the project and to pool resources to support health care organisations to better respond to the challenges of the multicultural society. Two years after its foundation it is possible to give a first account of the activities undertaken and the results achieved.

News from Networks, Task Forces and Collaborating Centres

Aim of the TF MFCCH

The multicultural composition of the European population requires health systems that take into account the differences in language competencies, literacy, but also needs, beliefs and practices, concerning health and health care. In order to adequately respond to diversity, health care services have to improve access and quality. The role of the Task Force is to support member organisations in this process by agenda setting and supplying practical knowledge and tools on ways of improving the delivery of high quality, linguistically appropriate, culturally sensitive, equitable and accessible health care services for migrants and ethnic minorities.

Strategy of the TF MFCCH

In order to achieve these objectives activities are organised in six working groups around selected areas of concern:

- “Policy and service development” looks at the need for an “overall organisational change” that assures the implementation of the concept of migrant-friendliness and cultural competence into the framework of health policy, service management and quality management structures.
- “Professional training and development” looks at ways to incorporate a population diversity perspective into the basic training

curriculum of health care professionals as well as in continuing education.

- “Intercultural communication” looks at ways to improve the quality of communication and interpreting services and the reduction of linguistic barriers.
- “Patient and community empowerment” looks at ways to develop culturally appropriate programmes to increase the active participation of migrant patients and ethnic minority groups in the decision-making process regarding treatment, prevention and health services planning.
- “Research and evaluation” looks at clarifying the link between the initiatives undertaken and improvements in healthcare delivery and health outcomes, particularly with regard to the evaluation of the impact of these interventions to reduce disparity of outcomes.
- Trans-cultural psychiatry, the sixth and final area, looks at ways to better identify the psychiatric / psychological needs of migrants particularly with regard to refugee patients in hospitals or primary care centres.

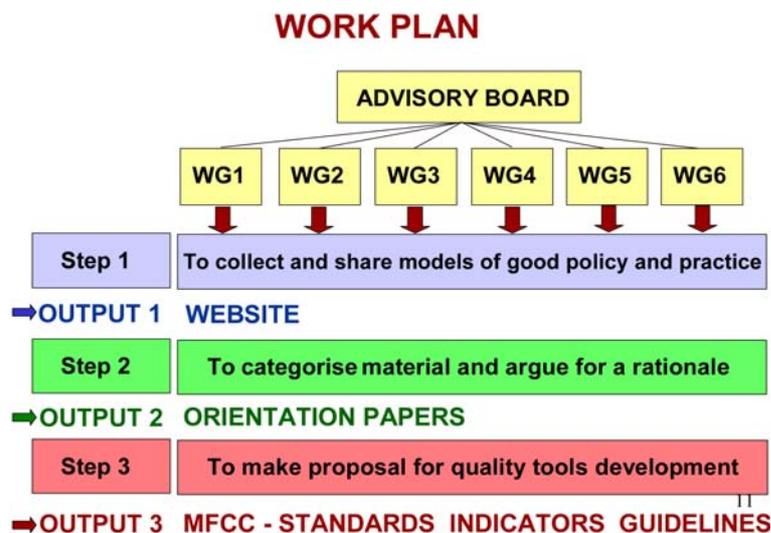
Work plan of the TF MFCCH

A three step work plan was assigned to working group leaders in order to achieve this goal and is currently in the process of implementation:

1. to collect existing models of good policy and practice and make them available on the Task Force Web site;
2. to categorise the material collected and argue for an explicit rationale in an orientation paper;
3. to make a proposal for the development of quality tools (standards, indicators, guidelines...).

Semi-annual meetings (one at each HPH conferences and one in between), including an internal business meeting and an external workshop are organised for agenda setting, presenting progress and networking. In addition, the task force has been presenting its work at general conferences on Public Health and Health Promotion.. So far the TF MFCCH has organised meetings, parallel and poster sessions and thematic workshops at the following conferences:

- 13th HPH international conference Dublin (May 2005): 2 public parallel sessions and 1 poster session. At the first TF business meeting, a draft constitution and a strategic work plan were presented by the TF coordinator and agreed upon by TF participants. An Advisory Board was created and WG leaders were nominated.
- 9th Italian HPH conference in Courmayeur, Italy (October 2005): One public parallel and poster session, a TF business meeting and a workshop were organised to discuss and further develop the proposals presented by the six WG leaders.
- 14th HPH international conference Palanga, Lithuania (May 2006): 2 parallel public sessions and 1 poster session, a TF business meeting and a workshop were organised to allow WG leaders to present progress on their work.
- A thematic workshop was organised in Berlin, Germany (December 2006) by the leader of the WG on “Policy and service development”. TF members and international experts presented and discussed examples of good practice on the specific issue. At the TF business meeting the overall work



plan was assessed.

- 15th HPH international conference in Vienna, Austria (April 2007): 3 parallel public sessions, 1 poster session and a workshop were organised. At the TF business meeting the presentation format of the orientation papers was agreed upon.
- 19th IUHPE world conference on health promotion and health education in Vancouver, Canada (June 2007): The TF participated in the HPH Workshop on "Concepts and experiences for enabling and empowering vulnerable groups of patients".

Future activities of the TF MFCCH

The next Advisory Board meeting and public workshop will be held in Brighton, England on the 8th and 9th November 2007. It will be organised by the IUPHE / International Health Development Research Centre, University of Brighton, together with the leader of the Working Group on "Patient and community empowerment". For further information, please contact Antonio Chiarenza, PhD, Leader of the HPH Task Force on MFCCH - Regional HPH Network of Emilia-Romagna, AUSL of Reggio Emilia Direzione Generale, Via Amendola, 2, 42100 Reggio Emilia, Italy. E-mail: antonio.chiarenza@ausl.re.it, Tel. +390522335087, Fax: +390522339638

*Antonio Chiarenza, Reggio Emilia
Karl Krajic, Vienna*

New HPH training workshop in Montreal

- **The Montreal initiative is a good example of how networks can support their members in developing HPH policies.**

Responding to the needs of the members

On March 26, a training workshop was held for members of the Montreal Network of Health Promoting Hospitals and CSSSs in Montreal. Led by Mr. François Lagarde, a consultant in social marketing and communications, participants spent one half-day reflecting on this issue. The goal of the training workshop was to support the members in the implementation of the first standard of the Health Promoting Hospitals, in order to create a health promotion policy.

The Agence de la santé et des services sociaux de Montréal (the Agence), the organisation designated by the coordinator of the World Health Organization's Network of Health Promoting Hospitals, selected Mr. Lagarde to offer this valuable support to its members. Following the workshop, participants developed an action plan. The timeline for the implementation of a health promotion policy in their respective environments will take place over a one-year period. By December 2008 almost all members will have their policy.

A workshop

During the workshop participants were helped to determine the kind of organizational approach that would serve as the framework in which to write their health promotion policy. On the basis of their action plan, they must establish the main sections and certain content elements, the general nature of the communications activities related to the health promotion policy as well as the policy's orientation. They were also asked to express their needs for support to the Agence

for follow-up purposes.

Eleven of the fourteen members of the Montreal Network participated in this workshop and the level of satisfaction was very high.

The importance of communication

In addition to writing the policy, workshop participants were sensitised to the importance of practitioners' participation in their respective environments in order to facilitate the integration of this policy in the organization. The involvement and support of the Executive Director and the Board of Directors are essential elements for the successful implementation of the health promotion policy. In addition, the active participation of the staff and physicians will contribute to the success. During the workshop, the emphasis was placed on the importance of adequately communicating changes in the organisations. As such, the communication strategy will support the change process. A communication plan that conveys the vision of the health promotion policy must be implemented among the stakeholders: employees, administration, board of directors, physicians, managers, users, families, partners and the population.

Following the workshop, the participants expressed the need for discussions regarding communication to continue through the creation of a communications committee. This committee, composed of the members responsible for communications, could provide those responsible for the writing with a place to share their ideas and achievements.

Montreal characteristics

This training served to highlight the importance of personalizing the Agence support to its members. In essence, writing of the health promotion policy must take into account the specific missions of each organisation, whether it is a Centre de santé et de services sociaux (CSSS) for first line services, or a university establishment that combines care, teaching



An International Network Initiated by the WHO Regional Office for Europe

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Contributions from single hospitals an health services

and research. The future policy must be integrated in parallel in the global prevention systems of the organisations according to their type and in a personalised manner.

Given the importance of mobilising the workers of the organisations that are members of the Montreal Network of Health Promoting Hospitals and CSSSs, the specific needs of the members must be addressed. As such, over the course of the next few months, a group in each member organisation will receive training. This new initiative aims to create a sense of ownership of the health promotion policy development process among those responsible within an organisation.

A guide

Participants received the guide “How to Develop and Communicate a Health Promotion Policy”. Written by Mr. Lagarde, this guide will soon be available for consultation online and in English, enabling the Montreal HPH Network to share its experience and expertise among all members of the Network of Health Promoting Hospitals.

To improve this guide, the Agence asks for your collaboration by sharing your own health promoting politics, whatever the language may be, to: louis_cote@ssss.gouv.qc.ca.

Louis Coté, Montreal

Celebrating Successes

- **This initiative is an example of how valuing achievements can support further growth.**

A celebration event gave member organisations of Sefton’s (United Kingdom) Health Promoting Settings Network the opportunity to share lessons learned over the past year around improving the health of their employees, patients, clients and visitors.

The network aims to help public sec-

tor healthcare organisations achieve healthier environments and improved quality of service by sharing good practice around the priorities set out by the Department of Health (UK). The network consists of eight local organisations from primary care and hospital trusts, along with Sefton Council. They are supported by Sefton Primary Care Trust, who coordinates the forum. The Network was acknowledged as a good source for learning, mutual support, making a difference and a good form for the delivery of Public Health and Health Promotion using multi-agency partnerships.

‘Celebrating Success’ gave organisations the chance to reflect on the work they have achieved so far and to look at the future plans organisations have around the health improvement agenda.

Among the initiatives that have already been developed through the support of the network are:

- health promotion / public health strategies and action plans
- healthier canteen menus for patients and staff
- ‘Green transport’ schemes
- early introduction of smoke-free policies (with some of the hospital trusts being smoke free already)
- A network of health promotion champions has been developed and is in the early stages of being established with membership from across staff groups

Hospital trusts have also been actively involved in the national step-o-meter programme which aimed at raising awareness of the importance of physical activity and training on how to introduce it in patient’s / staff every day life. This makes the hospitals the first acute trusts in the country to pilot the supported walking scheme, where a number of staff are trained to help appropriate patients and staff to increase their levels of physical activity and manage their weight.

Network coordinator, Lina Toleikyte, says: “All of our network members have shown great commitment to integrating the concepts of health pro-

motion into every aspect of their organisational structures and cultures. Participation of staff at all levels has been an important part of taking this work forward and we give thanks to all those who have been involved in working towards the creation of healthier environments for all.”

For further information please contact Lina Toleikyte, Health Promotion Specialist and Coordinator for Health promoting Settings Network (Sefton, UK), on +44 (0) 151 479 6550 or Lina.Toleikyte@seftonpct.nhs.uk

Lina Toleikyte, Sefton

The Creation of Healthy and Safe Healthcare Environments

- **By tackling environmental issues, health care organisations can also positively influence health determinants.**

“Environmental responsibility makes good sense. Energy efficiency saves money and reduces greenhouse emissions. Reduced paper use saves trees and costs less. Hospital recycling programs reduce garbage and save landfill fees. And when going green costs a little more, it makes a statement that health care needs to manage its environmental footprint, too.” – Chris Mazurkewich, Chief Operating Officer, Interior Health Strategic and Corporate Services

The design, ongoing operations, and maintenance of healthcare facilities can be a challenging task. When trying to create healthy and healing environments for those requiring care, as well as workplaces where individuals often perform under stressful conditions, the design principles and choice of materials, equipment and products used within the facility must be carefully considered. To meet many of these requirements, the Interior Health Authority is focused on: energy conservation, green and sustainable

Contributions from single hospitals and health services

healthcare facility design, maintenance and purchasing, and a healthy work environment.

The Interior Health Authority is one of the six provincial Health Authorities in the province of British Columbia (BC), Canada. It provides healthcare services at 35 acute care facilities and 40 residential care facilities to a population of approximately 718,000 across 216,000 square kilometres.

In 2002, the Interior Health Green Committee was formed to implement sustainable, energy efficient choices for each facility across the health authority. Comprised of representation from Plant Services, Facilities Management, Workplace Health and Safety, Material Services, and others, this committee established green policies and principles and examined how Interior Health could be an environmentally sustainable organisation. Using a collaborative, multi-faceted approach to sustainability and healthy design, the committee has been able to help Interior Health reduce building energy usage, decrease the amount of waste from facilities, design healthcare facilities that are healthier for the staff and patients, and have a smaller environmental impact with ongoing operations. The implementation of sustainable and healthy principles, combined with the purchase of “green” products, means less energy consumption, less heat generated by equipment, and less emissions from harmful products – all of which result in a decreased impact on the environment.

Sustainable & Healthy Healthcare Facilities

The link between the environment and health is clear. To improve the “health” of its facilities, Interior Health has taken a two-step approach.

To reduce ongoing operational costs, the organization is currently completing an Energy Conservation Project at eight separate facilities. This involves the upgrading and retrofitting of various building features to make them more efficient and less harmful to the

environment. When the project is complete in 2008, it will have reduced CO₂ emissions by the equivalent of taking 380 cars off the road.

The second step is a commitment to meeting Leadership in Energy and Environmental Design (LEED) Silver standards for the design and renovation of all Interior Health facilities. This means creating environmentally friendly buildings that are more efficient to operate and are healthier for the occupants. As a result of this commitment, Hillside Acute Psychiatric Facility, a 44-bed inpatient psychiatric facility located in Kamloops, BC was awarded LEED Gold in late 2006, the first for a Canadian inpatient healthcare facility. This facility provides a new benchmark for sustainability within Interior Health and is setting the standard for the design of any new healthcare facility. Currently, Interior Health is designing an acute health centre to meet the LEED Gold requirements. The anticipated completion for this facility is 2008.

To provide a healthier physical environment for both staff and patients, Interior Health uses evidence-based research to inform healthcare facility design. Utilizing the latest research allows for the inclusion of spaces such as restorative staff spaces. These kinds of spaces were incorporated into the design of a large acute care hospital addition in 2005, giving staff a place to rejuvenate during their breaks and get away from the stress of providing acute medical care. The design of this facility also made use of solid walls in acute care which has been shown to reduce hospital-born infection rates and improve patient confidentiality. Improving confidentiality allows staff and patients to form a more therapeutic relationship and can lead to better patient outcomes. In all respects, using evidence to inform design is providing healthier workplaces for staff and improving patient care.

Sustainable Purchasing

Interior Health’s Materials Management Department oversees the pur-

chasing of a majority of products for use within each healthcare facility. The department is committed to sustainability and is purchasing products that are less harmful to the environment. One of the original policies implemented in this area was to only purchase Energy Star products; a first step in the right direction in terms of reducing energy use.

To ensure more effective cleaning products, a Housekeeping Purchasing Committee was created to incorporate front line staff input into purchasing decisions. This committee now reviews all cleaning products and the Requests for Proposals from suppliers specifying green alternatives for each product. As part of the housekeeping environmental initiatives, Interior Health also introduced microfibre mops. These mops significantly reduce water and chemical requirements through the power of static electricity attracting dust. As a result, the cleaning process is improved, less water is used, and there is a reduction in risk factors for musculoskeletal injuries when mopping.

In addition, the Pharmacy Department has centralized purchasing for all pharmacy sites across Interior Health. With the implementation of unit-dose dispensing and centralized purchasing, Interior Health has significantly reduced both cardboard and plastic packaging. This innovative purchasing, supply, and distribution of pharmacy products won the “Award for Excellence in Pharmaceutical Supply Chain” at the 2006 National Healthcare Leadership Conference.

Conclusion

The focus on a “healthy” healthcare environment has allowed Interior Health to provide safer and more environmentally friendly facilities for the staff that work in them, and the patients who are seeking treatment. Its multi-faceted approach to sustainability is improving relationships internally and externally with the community and with governing and funding bodies such as the regional hospital districts and the Min-



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Thematic issues

istry of Health. These sustainability efforts were rewarded this spring when Interior Health received the 2007 Champions for Change Award from the Hospitals for a Healthy Environment in the United States.

Each step Interior Health takes toward more sustainable and healthy buildings leads to the creation of healthcare environments that are healing for patients the moment they walk through the doors, while also meeting the needs of staff. These buildings are becoming centrepieces in many communities showing how sustainability and health go beyond front-line medical care.

*Aaron Miller,
Kelowna*

How to monitor and evaluate smoking cessation interventions: a (inter)national model

- **A Danish experiences shows how systematic data collection can support the cost-effectiveness of smoking cessation interventions.**

The national Danish Smoking Cessation Database is a clinical database, which was established in 2001 at the Clinical Unit for Health Promotion, Bispebjerg University Hospital, by a group of researchers working with the aim to provide a systematic documentation of the effects of the existing smoking cessation interventions.

The Smoking Cessation Database (SCDB)

The database collects information on smoking cessation interventions offered to smokers by hospitals, pharmacies, municipalities and any other person or organisation working with a preventive aim. It offers the cessation units an external documentation and

evaluation of their smoking cessation programs. By June 2007 the database included more than 330 smoking cessation units throughout Denmark. More than 40,000 smokers had been registered in the database, in 2005 Norway joined the database, and the Secretariat experiences an increasing international interest in joining the database.

Criteria for joining the SCDB

In principle all organisations and persons providing a smoking cessation intervention can join the database, if adhering to the following criteria:

- Completing the internationally standardised registration forms for systematic collection of data
- Conducting a systematic follow-up after 6 months
- Registering the data online
- Having an annual number of smokers per cessation unit of 5 to 500.

Online registration, follow-up and output

Every smoking cessation intervention is registered online, and hence the user friendliness of the website has been carefully tested and revised to ensure a useful, informative and easy interface. Through the years experience has proven a need for individual and collective output reports. The database is constructed for each smoking cessation unit to design output reports on their respective data for which they have the copyright. Experience has also shown the difficulties of performing the necessary follow-up. Consequently, the database has outsourced this function to the Danish Quit-line. The Quit-line is responsible for follow-up within the settled timeframe, and follow-up is performed according to especially designed data extractions of the database.

Evaluation and quality assessment in practice

The database serves, amongst others, as a quality assessment tool, which allows for continuous quality assess-

ment and hence quality improvement. Each unit has the possibility of continuous follow-up on effect and cost, and for health authorities the database has proven to be an important tool for administration, comparison and evaluation of the existing smoking cessation interventions. As an example the Danish Board of Health uses the database in the evaluation of those public smoking cessation intervention programs which it supports financially. Also various regions have used the data to customise and adjust their health promotion policies and activities to target selected groups of citizens, and this way succeeded in motivating population groups, which according to existing experience and statistics were difficult to reach, to join the smoking cessation programs. On a national and international level the database facilitates the exchange of knowledge and experiences, e.g. among the various smoking cessation units or different types of interventions. Every unit will have its individual profile presented on the web and the model is open for collaboration and individual agreements to have data from already existing databases transferred.

Financing the SCDB

In Denmark the database is financed by the Ministry of Interior and Health, the Danish National Board of Health, the Danish Pharmaceutical Association and Bispebjerg University Hospital amongst others. Other nationalities can join the database paying an annual fee of 100,000 Euro per country/state or 2,000 Euro per Smoking Cessation Unit. The inclusion of international smoking cessation units is a non-profit enterprise.

Contact

The Secretariat is placed in the WHO Collaborating Centre for Evidence Based Health Promotion in Hospitals at Bispebjerg University Hospital in Copenhagen, Denmark. For further information and for joining the database please contact Mette Rasmussen

Thematic issues

per email info@scdb.dk or visit www.scdb.dk.

One scientific articles on the SCDB has been published and one has been accepted for publication:

Olsen KR et al. Cost-effectiveness of the Danish smoking cessation interventions: a subgroup analysis based on the Danish Smoking Cessation Database; *Eur J Health Econ.* 2006; 7:225-64 (e-pub 2005)

Kjær NT et al. The effectiveness of nationally implemented smoking interventions in Denmark; Accepted in *Preventive Medicine* (accepted).

Mette Rasmussen, Majbritt Linneberg, Hanne Tønnesen, Copenhagen

Mental Health Promotion in Health Promoting Hospitals

- An informal working group was founded during the 2007 HPH conference in Vienna.

Because of its epidemiological relevance both for patients who often suffer from mental health problems as a co-morbidity of physical ailments, and for health care staff, who belong to the most stressed groups of the workforce, the hospital's role in mental health promotion has repeatedly been a topic of international HPH conferences. During the 2007 conference, participants of a workshop on the issue decided to form an informal working group, aiming at

- Increasing networking on mental health promotion within HPH
- Spreading relevant information
- Further developing expertise on mental health promotion within the HPH network via exchange of knowledge and experiences e.g. in workshops during HPH conferences
- Exploring ways of setting up an international project on mental health promotion.

Call for papers

Further information about mental health promotion in HPH can be found in the Proceedings of the 2007 HPH conference, <http://www.univie.ac.at/hph/vienna2007/htm/proceedings.htm>. Anybody who is interested in joining the informal working group, is invited to contact Ms. Christina Dietscher from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, at hph.soc-gruwi@univie.ac.at

Christina Dietscher, Vienna

Call for papers for Issue no. 30 of the HPH Newsletter

- Would you like to submit contributions for HPH Newsletter no. 30? Please follow the guidelines below. Deadline: November 16, 07

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. 30 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

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).



Health Promoting Hospitals

An International Network Initiated by the WHO Regional Office for Europe

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Announcements

Event Announcements

“Joining forces across Europe for prevention and promotion in mental health”

Date: September 13th-15th, 2007

Venue: Barcelona, Spain

Further information: <http://www.gencat.net/salut/imhpa/Du32/html/en/dir1662/doc13013.html>

Healthy Hospitals: Beyond Measurement, Toward Integration

September 14, 2007

InterContinental Toronto Centre

Further information: http://www.oha.com/Client/OHA/OHA_LP4W_LND_WebStation.nsf/page/Healthy+Hospitals+Beyond+Measurement+Toward+Integration

15th 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

16th International Conference on Health

Promoting Hospitals (HPH):

“Strengthening Hospitals for the Health Society – Added value(s) by HPH”

Date:

May 14-16, 2008

Venue: Berlin, Germany

Further information:

E-Mail: bruder@dngrk.de,
gabriele.bocek@univie.ac.at

Phone: +43 1 4277 48282 www.univie.ac.at/hph/berlin2008 (expected to be online in September 2008)

Recommended reading

Towards a more health promoting health service. Summary of study material, government bills, parliamentary decisions, draft indicators and examples of application.

Swedish National Institute of Public Health (Eds.) (2006). Available for download at <http://www.who-cc.dk/library/book-report>

Health and Modernity: The Role of Theory in Health Promotion.

McQueen David, Kickbusch Ilona, Potvin Louise, Pelikan Jürgen M., Balbo Laura, Abel Thomas (Eds.), 2007: Springer