



Newsletter

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Editorial

Dear reader,

HPH Newsletter #44 invites you to visit Turku, Finland: From June 1-3, 2011, the 19th International HPH conference will take place in the European Capital of Culture 2011.

In the “partners” section, you will find reports on conferences from the European Commission and HOPE, drawing the attention to an increased need for health promotion and prevention orientation in health policy and healthcare provision. The Members section informs you about models of good HPH practice from Switzerland and recommendations from Italy-Veneto for pain management in patients who cannot communicate. The Mid-Western Region Maternity Hospital, Limerick, presents story-telling as a way to better understand patient needs. The new HPH task force on HPH and environment is presenting itself and invites interested participants, and the HPH task force on children & adolescents gained political momentum by presenting to WHO Headquarters and the Council of Europe.

As usual, your feedback to the Newsletter and contributions for the next issue are very welcome!

Wishing you a health promoting summer,

Jürgen M. Pelikan, Christina Dietscher, Vienna

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International HPH Network

19th International HPH Conference: Turku will be awaiting you in 2011!



With the working title

"Health gain orientation in all services: cooperation for continuity in care"

the conference that will be held from **June 1-3, 2011**, will focus on health promoting collaboration between service providers and different healthcare professions, but also on cooperation with other settings. Programme information will be continuously updated on

<http://www.hphconferences.org/turku2011.html>

The Call for Papers will also be accessible on this site, starting from September 2010.

Organisational information about the conference is already available at

<http://www.hph2011.com>

New web portal for international HPH conferences launched!

Please note that the annual international HPH conferences have a new web address: under www.hphconferences.org, you will be able to access not only the current HPH conference, but also the archive of past conferences! So, you are very welcome to visit the new conference site!

News from partner organisations



From June 29-30, the European Commission organized the EU Open Health Forum "Together for Health – a Strategy for the EU 2020" as an important step towards strengthening the involvement of all stakeholders in contributing to the development and implementation of actions and activities to protect and improve the health of European citizens.

This conference aimed to contribute and increase the profile of health in all policies through discussion between EU policy makers and diverse stakeholders on pressing public health issues and their impacts on the Community.

The draft conference resolution that was launched prior to the event identified nine points of importance for a strong European health orientation, and highlighted the need for strengthening prevention efforts. Most of the points mentioned in the resolution address healthcare either directly or indirectly, put a strong emphasis on public health orientation, and are therefore also of interest to HPH:

- **Investment in community-based prevention and health promotion programmes** to increase physical activity, improve nutrition and mental health and put an end to tobacco consumption.
- **Cost-effective preventative measures** – such as smoking bans and pictorial warnings, vaccination, screening for cancer and tackling problem drinking.
- **Differentiation between primary and secondary prevention and Public health behavioural prevention measures** such as a healthy diet, maintaining a healthy weight, regular exercise and seat belt use.
- **More investment** of European healthcare systems in **primary and secondary prevention**.
- **High quality and safe healthcare**, accessible to all. Maximising quality of life and staying

healthy for as long as possible to keep health-care costs reasonable.

- **A holistic approach to health and health-care**, addressing also the many drivers of good – and ill – health outside the responsibility of the healthcare system.
- **A culture of well-being** linking public health, medicines and medical technologies to create a healthier population at reduced financial, social and human costs.
- Planning for and investing in prevention and promotion, health systems infrastructure and the health workforce to meet the future health **needs of the ageing population**.
- **Cost effective investments in healthcare innovations** to make new treatments available and accessible.

Further online information can be found at

http://ec.europa.eu/health/interest_groups/docs/open2010_draft_resolution.pdf



The title of the 2010 conference of the European Hospital and Healthcare Federation (HOPE) was "The chronic patient: a clinical and managerial challenge".

Patients with chronic conditions are also an important target group for HPH, since a resource-oriented and patient-centred approach can improve the quality of life and life expectancy for this group of patients.

Some of the questions the HOPE Agora 2010 dealt with are therefore also of relevance to HPH:

- How are patients and carers included in the discussion and implementation of new practices and initiatives with regard to chronic conditions?
- What good practices can be identified in coordination between the different levels of health-care?
- Are social care aspects taken into consideration?

- What roles do IT and telemedicine solutions play?

Conference presentations can be viewed online at <http://www.trippus.se/eventus/info/infopage.asp?MenuID=20166>

News from HPH Networks, Task Forces and members



An expectation

Members of the Health Promoting Hospitals movement are eager to refer to best practice models in order to build up their own projects following the expertise of their colleagues. The Swiss HPH-Network accepted the challenge of collecting and communicating models as part of a strategy to win new members and to support them in developing their future activities. Knowing their projects would be published would make it more interesting to become a member too. The activities of existing members have also been improved through this process.

Requirements

Based on the labelling experience of the Swiss Network which is described below, the following criteria for best practise models were decided. They must

- be original
- set an example
- be effective

The designation of a project as best practice model has to be based on a comprehensive selection process of health promotion projects.

The labelling system

The system was set up in 2000. It is not compulsory for members of the Swiss network to acquire the label, but it serves as an incentive for structural health promotion activities for existing members in the sense of an added value. After the publication of the 5 WHO-Standards for HPH in 2006, the requirements for the label were adjusted to meet the new demands. They now ask for:

1. Self evaluation according to the WHO-Standards. It is not necessary to acquire a certain number of points in the self evaluation process, but the aim of the evaluation is to make the institution familiar with the whole spectrum of possible health promoting activities by applying the Standards, as a precondition to develop specific action plans (see next). At the same time, the evaluation informs the Network about the state of the art.
2. Several action plans must be submitted by the applicant:
 - a. Management policy (standard 1)
 - b. Internal and external communication (a Swiss requirement)
 - c. Action plan for patients (according to standards 2 & 3)
 - d. Action plan for staff (according to standard 4)
 - e. Cooperation with other health services (according to standard 5)
 - f. Fulfilling the Swiss standards of smoke-free hospitals
 - g. A list of all health promotion activities

For each action plan the applicants have to state which goals they expect to reach. The institution has to comply with the label directives and send the documentation to the coordinator who analyses the documents and if necessary holds 1 to 2 advisory meetings which help the institution to meet the label-level. After readjustment of the institution's documentation, the coordinator sends the documents to the members of the Expert Committee which mainly consists of representatives of institutions that have already obtained the label. A peer review takes place every year, one in German and one in French language, with the project-leaders of the applicant organization. Normally the label is awarded with conditions and recommendations. It is valid for 4 years the first time and 5 years upon each prolongation. A mid-term evaluation takes place. Until now 14 of 33 members have obtained the label and more and more new members are joining the network in order to achieve the label. Based on the past ten years of experience with the label, 30 best practice models have been identified.

The Best Practice Models

The models were deliberately chosen from different parts of health service activities so as to put the puzzle together and to give a comprehensive picture. They are provided in excel-format so that the user can select an appropriate model according to different criteria such as language, institution, target groups and characteristics. A reference person is listed for each model.

The following are some titles of good practice:

- Sources of health (home for the elderly)
- Health reporting
- Evaluation of HP-programs
- Standardising health promotion activities
- Self-help-teams for relatives of dementia-patients
- Management of staff absence and attendance
- Alcohol (patients and staff)
- Nutrition (patients and staff)
- Mobility (patients and staff)
- Exporting health promotion management for staff in firms
- Work stress (staff)
- Job description for health promotion officer
- Training staff in health promotion
- Communication, public relations
- Migrant friendly programs (patients and staff)

The Best of HPH program was successfully presented last autumn at the Transnational Conference of the German-speaking HPH networks in Zug, Switzerland. The German and French list of best practice models can be viewed at www.healthhospitals.ch.

Nils Undritz

Former coordinator, Swiss HPH Network

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On 24th May 2010, a conference titled “HPH and pain measurement in patients who cannot communicate” took place in Castelfranco Veneto, in the Italian Veneto Region, gathering audience from all over Italy. The measurement of pain levels in non communicative patients can be considered the “last frontier” of pain management. In fact, usual pain scales

are based on “verbal communication” between patient and staff: usually after some questions or a short conversation staff can report the pain level of their patients. But what can staff do when patients cannot communicate, as is e.g. the case for patients with dementia, for terminal oncological patients, or for patients with a severe trauma?

This is an important question considering the increasing number of this kind of patients: for instance, the prevalence of dementia increases rapidly with age; it doubles every five years after age 60. Dementia affects only 1% of people aged 60-64 but already 30%-50% of those older than 85. With the increasing number of older people, dementia is becoming a very frequent problem in many current health systems.

As suggested by the Budapest Declaration, the conference was organized in a way that allowed to actively involve all the various parties (patients, staff, community), because – especially with regard to this specific issue – it is important to change the current “culture” in which pain is not perceived as a problem. For instance, it is important for staff to know that in dementia patients, pain thresholds are not altered, while pain tolerance is significantly increased. This means that demented individuals experience the same pain sensations as non-demented individuals, but fail to interpret such sensations as painful.

The conference was opened by a lecture of Carlo Favaretti, HPH Italian National Coordinator, who talked about the evolution of the HPH International Network, followed by a lecture of Simone Tasso, host and HPH Coordinator in the Veneto Region, who presented the state of the art of HPH in Italy and of the Italian HPH Pain-Free Projects, including arguments why it is important to deal with this issue in HPH. The key speaker was Prof. A. Lynn Snow, from the University of Alabama, who is the author of the NOPPAIN (Non-Communicative Patient’s Pain Assessment Instrument). 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) number of pain behaviours present (pain words, pain noises, pain faces, bracing, rubbing and rest-

lessness) and their intensity; 3) Overall intensity using a six point Likert Scale; 4) Total score by summing together 1+2+3.

Starting from the original DVD in English (made by Prof. Snow and staff), the HPH Veneto Region Network created a course for staff education on NOPPAIN based on a manual and a DVD showing an actor playing the role of a non communicative patient having pain. By means of the DVD staff is trained to recognize pain behaviours (pain faces, bracing, rubbing...). The course was approved by the Regional Government, and NOPPAIN will be used all over the Veneto Region to evaluate the pain in non-communicative patients both in hospitals and in other health services. The manual and DVD empower doctors and nurses to deliver high quality care to non-communicative patients, and they will also be used in nursing homes.

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Mid Western Regional Maternity hospital, Limerick: **Cultural Patient Stories**

Background

The Mid Western Regional Maternity Hospital, Limerick in collaboration with Doras Luimni (an organisation promoting and protecting the rights of all migrants in Limerick), decided on a creative programme of seeking feedback from women from diverse cultures who have attended the Maternity hospital in the form of a patient story telling session.

Women from Sudan, Nigeria, Nepal, Poland, Albania, Ghana and Pakistan came to meet a group of staff (including midwifery management, midwives, catering manager and care attendants) at the hospital recently to tell of their perceptions of Irish Birthing practices before they attended the hospital, their positive experiences during their confinement and also where their expectations were not met.

The story telling session was facilitated by Rabiya Ali Panezai, Capacity building Officer with Doras Luimni and Lisa Mauro-Bracken of the Mid West

Multicultural Forum. It was a most informative and inspiring experience allowing an opportunity initially for the whole group to explore cultural beliefs and myths.

The main learning from the session was that these women want staff to;

- Listen more
- Communicate more effectively
- Give specific information on procedures
- Be prepared and accepting of difference.
- Ask questions to learn more about a woman's cultural background

Recommendations

- We learned that the African women prefer a hot, spicy broth after delivery as a means of refreshing their body after labour. Our catering manager Angela Holton is currently sourcing a suitable product from suppliers.
- More specific information is needed by women in general for example following ultrasound. 'Everything is fine', is not enough. They would like to be given more specific information. This is possibly true for all women who attend regardless of cultural background.
- An opportunity to go the full term of pregnancy and not to be induced unless obstetrically necessary.
- We were told that a baby's first bath is considered a very important procedure, a means of deep cleansing the baby after 40 weeks in the womb.

Follow up

A debriefing session was held with staff to explore issues and reactions which arose during the story telling session. It was a truly enlightening experience and the learning and greater understanding we have achieved is enormous and will influence midwifery practice. Evaluation forms were completed by both the women's group and the staff group. It is planned to continue with this unique form of patient feedback on a regular basis.

Maria Gibbons

HPH Co-ordinator

Limerick Regional Hospitals

New international HPH Task Force on environment

Climate change is a serious ongoing threat for mankind. Many studies have shown a strong linkage between environment and health. A factsheet published by WHO in January 2010 says that “Climate change affects the fundamental requirements for health – clean air, safe drinking water, sufficient food and secure shelter”. Health care providers contribute significantly to environmental pollution resulting in ecological and public health crisis. Hospital buildings are the second intensive energy-consuming constructions in the USA. By-products of healthcare such as toxins and solid waste can also undermine the health of the people they intend to improve. Health care organizations can play a leadership role in mitigating climate change. Climate-friendly technology can improve the quality of primary care. In addition, health care professionals can help lead the public in addressing climate change. The health care sector could shoulder the responsibility to minimize the adverse environmental impacts on patients, staff and communities owing to their operation. Some organizations working in this field have demonstrated fruitful outcome. For example, Health Care Without Harm (HCWH) has developed practices and policies that can be implemented to reduce the environmental harm from healthcare. Last but not least, “environment” has been one of the key areas the HPH Initiative has aimed to address since its establishment.



The proposal to found a Task Force on HPH and Environment was approved by the HPH General Assembly meeting in Manchester this year. In addition, a symposium on HPH and Environment was also held to introduce its concept and examples of

best practice among HPH members as well as the experiences from HCWH and WHO.

The aim of this Task Force is to set criteria for environment-friendly hospitals & health services, to articulate evidence-based policy options and intervention programs, and to monitor the development of health promotion with respect to environment-friendly interventions. The Task Force leader is Dr. Shu-Ti Chiou, (Director-General, Bureau of Health Promotion, DOH, Taiwan; also Vice Chair of the International Network of HPH & Health Services), supported by HCWH, and in collaboration with the WHO-collaborating centre in Copenhagen.

The first meeting of the Task Force was held immediately after its establishment this April. The Task Force will have 4 subgroups, and is open for HPH members to take part in any of the four subgroups to address points 2-5 of the terms of reference of the Task Force:

1. Visualizing environment-related health promotion issues in existing HPH Models and Tools
2. Giving examples on best evidence-based practice related to HPH Models and Tools
3. Developing tools for monitoring the effect of environment-friendly intervention programs
4. Disseminating the best practice examples and HPH Models and Tools through the network and increasing the health professionals' literacy about climate change and health impacts
5. Establishing a database for environment-friendly hospitals and health service programs.

Those interested in joining in the Task Force are welcome to contact the Task Force leader, Dr. Shu-Ti Chiou, for further information.

Shu-Ti Chiou
Task Force coordinator
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Director-General, Bureau of Health Promotion,
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News from the HPH Task Force on Children & adolescents in and by hospitals and health services



The Self Evaluation Model and Tool on the respect of children's rights in hospital (SEMT) – elaborated by the HPH-CA Task force – and its implementation process in 17 paediatric hospitals / departments in Europe and Australia, has been discussed at the Joint Consultation on the Practical Application of the Convention on the Rights of the Child organized by WHO Headquarter on the occasion of the 20th Anniversary of the Convention on the Rights of Children which was held in Geneva on 10-11 May.

This event was really important, as many important stakeholders participated, and the application of children's rights to the health field appeared promising. There were also relevant case studies, demonstrating the practical application of the United Nations Convention, including the SEMT.

Fabrizio Simonelli illustrated the process and the results of the SEMT implementation process, developed inside the HPH Network and the presentation has created a lot of interest. Probably the case study will be part of the official consultation's outcomes.

In this way, the TF activity is now known not only inside the HPH Network, but also by WHO, by the Council of Europe, by some Members of the Committee on the Rights of the Child, by several NGO's and Scientific National and International Associations: this fact should facilitate the dissemination and the improvement of the efforts in protecting children's rights in health care settings, and the implementation of the Child rights-based approach as pillar of health promotion for children and adolescents.

Fabrizio Simonelli
Task Force Coordinator
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Events, publications, links



19th International Conference on Health Promoting Hospitals and Health Services (HPH)

June 1-3, 2011, Turku, Finland

Local conference information:

<http://www.hph2011.com>

Scientific information (upcoming):

<http://www.univie.ac.at/hph/turku2011>

WHO HPH Summer School 2011

The summer school 2011 will take place in conjunction with the 19th International HPH Conference, from May 30-31, 2011, in Turku, Finland.

For online information, see

<http://www.healthpromotinghospitals.org>

20th IUHPE World Conference on Health Promotion Health, equity and sustainable development

July 11-15, 2010 - Geneva, Switzerland

www.iuhpeconference.net

13th European Health Forum Gastein

“Crating a better future for health in Europe”

Bad Hofgastein, Austria, 6-9 October, 2010

<http://www.ehfg.org/index.php>

3rd European Public Health Conference

“Integrated Public Health”

November 10-13, 2010

Amsterdam, Netherlands

Deadline for Abstract Submission: 1st May 2010

Online information:

http://www.eupha.org/site/upcoming_conference.php



World Health Organization (Eds.):
Milestones in Health Promotion. Statements from Global Conferences.
Geneva: World Health Organization.

The document contains all declarations and charters from past global health promotion conferences.

Online available at

http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

Busse R., Blümel M., Scheller-Kreinsen D., Zentner A. (2010): **Tackling chronic disease in Europe: Strategies, interventions and challenges**. Copenhagen: World Health Organization – Regional Office for Europe.

Online available at

http://www.euro.who.int/_data/assets/pdf_file/0008/96632/E93736.pdf



**Links
&
Web-tools**

International HPH Secretariat

and WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals

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

HPH Congress Secretariat

and WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

www.hphconferences.org

<http://www.hph-hc.cc>

HPH Task Force on Health Promoting Psychiatric Health Services

<http://www.hpps.net/>

HPH Task Force on Health Promotion for Children and Adolescents in & by Hospitals

<http://who.collaboratingcentre.meyer.it>

HPH Task Force on Migrant-friendly and Culturally Competent Hospitals and Health Services

http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

HPH Task Force “Tobacco-free United”

<http://www.ensh.eu/ensh/racine/default.asp?id=980>

<http://www.facebook.com/group.php?v=wall&qid=357231931900>

HPH task force on alcohol and alcohol intervention

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TF coordinator Shu-Ti Chiou,
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List of national / regional HPH networks

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

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Call for papers for # 45

If you have news and / or comments about projects, past or upcoming events & conferences, publications, health promotion strategies or health promotion research for / by national / regional HPH networks, HPH task forces, single health promoting health care organisations, or HPH partner organisations (WHO, etc.), you are heartily invited to contribute to the HPH Newsletter!

Guidelines for submission

Please send us short contributions of **max. 200 words**, outlining your message, and, if possible, a web link to extended information. Please address your contribution(s) to Ms. Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, Austria, preferably as an e-mail attachment (hph.soc-gruwi@univie.ac.at).

Deadline for contributions to # 45 will be **August 15, 2010**.