



EUROPE

The International Network of Health Promoting Hospitals and Health Services: Integrating health promotion into hospitals and health services

Concept, framework and organization

HPH





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Abstract

This brochure provides an overview of the International Network of Health Promoting Hospitals and Health Services (HPH) initiated by WHO.

It includes a description of the features and conceptual model of a health promoting hospital / health service, the evidence and benefits of being health promoting and outlines the networking structures for the International Network of hospitals and health services.

This brochure also provides information on how to join the International HPH Network. Hospitals and health services internationally are invited to become health promoting and are very welcome to contact WHO or the International HPH Secretariat for participation in the network.

Keywords

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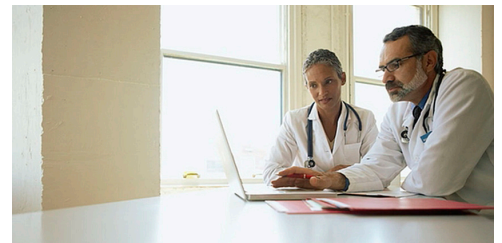
Features of Health Promoting Hospitals and Health Services (HPH)

The Health Promoting Hospitals and Health Services (HPH) Network was initiated by the WHO Regional Office for Europe as a settings approach for healthcare organisations to improve the quality of health care, the relationship between hospitals / health services, the community and the environment and the satisfaction of patients, relatives and staff.

Health Promoting Hospitals and Health Services in a nutshell

A Health Promoting Hospital and Health Service (HPH) is understood as an organisation that aims to improve health gain for its stakeholders by developing structures, cultures, decisions and processes.

- HPH is focused primarily on patients and their relatives, with a specific focus on the needs of vulnerable groups, hospital staff, the community population and – last but not least – the environment.
- HPH concept has a firm grounding in WHO's strategies for improving the health gain of health services, such as the Ottawa Charter for Health Promotion which sets as one of its 5 strategies the reorientation of health services towards health gain, as well as the WHO Health Systems Strategy that addresses the contribution of health services towards the achievement of the health system goals [1,2].



Why health promotion in hospitals and health services?

Health promotion is often considered by people to be the core business of medicine in general and hospitals in particular. On examination, however this is often far from the reality. Historically hospitals and health services have developed around their ability to treat disease and support patients' health i.e. cure disease and where there is no cure, to alleviate their pain and comfort them. This focus has been challenged in recent decades as an effective response is required to counter the rising levels of chronic ill health and disease that is being seen in association with ageing populations.

How does it work?

In order to realise the full potential of the HPH approach that is to improve the health gain of patients, staff and community, HPH needs to be implemented not only in the framework of limited projects, but as a comprehensive overall approach, integrated within hospital / health service (quality) management systems.

This includes steps like:

1. Commitment

Development of a HPH corporate identity – mission statement and corresponding organisational policy with explicit goals, criteria, targets, standards and indicators for outcomes, processes and structures focusing on health gain of health services. The support of top management is required for implementation on an organisational level.

2. Resources

Setting up a specific HPH management structure including a steering committee, a coordinator and a team, a network of HPH focal persons in all units of the organisation and earmarking a specific HPH budget.

3. Communication

Inform and involve clinicians and staff in health promotion communication (e.g. health circles, newsletters, annual presentations, forum on websites).

4. Action Planning

Develop annual action plans, including specific projects for implementation and development of issue- or population-specific policies (e.g. smoke-free, migrant-friendly). Health Promotion in hospitals and health services needs to be based upon evidence in the same way as other clinical activities and services.

5. Evaluation

Develop and implement a structure for regular observation, monitoring, documentation, evaluation and reporting (e.g. by using the 5 Standards for Health Promotion in Hospitals, Quality of Life Indicators, the EFQM model and/or the Balanced Score Card) and by linking outcome measures to all clinical processes.

6. Education

HPH capacity building (professional education and training, research, development of structures).

7. Research

Encourage the performance of high quality HPH scientific projects and support the distribution of the results. HPH is a new research field in which Evidence-Based Practice for health promotion is defined as integration of individual clinical expertise, best / actual available evidence, and patient preferences.

8. Sustainability

Introduce procedures to measure and monitor health outcomes, health impacts and health gains for patients, staff and community population over time. These changes are measurable as clinical outcome in terms of mortality, morbidity and health related quality of life, staff health status, user or staff satisfaction and health literacy and population health status.

9. Networking

Network at all levels (local, regional, national and international) to share best practices and strategies for quality improvement and the health orientation of healthcare settings.

By joining the International HPH Network, hospitals and health services become part of an international network where information exchange and sharing is fostered using different tools such as newsletters, conferences, interactive website, online library and activity database as well as specific working groups and taskforces.

The HPH conceptual model

The general framework for the HPH conceptual model and networking is built on strong theoretical and empirical material. It was developed through a model project in Vienna and a European Pilot Project on health promoting hospitals that demonstrated the feasibility of incorporating the vision, concepts, values, and basic strategies of health promotion into the structures and cultures of hospitals and health services.

The concept and vision has been further elaborated over the past 20 years by international experts, hospital representatives and health politicians in a number of supportive documents, standards and indicators, strategies and tools e.g. manual and self assessment forms for implementing health promotion in hospitals (see Appendix: Basic HPH Document).

The settings approach for health promotion

Health promotion in health care is often misunderstood. While clinical interventions are aimed at disease reduction and better perceived health status and thus are health promoting, the Network on Health Promoting Hospitals and Health Services aims at a broader understanding.

The settings approach takes into account the influence of the setting in which people live, learn, work and use different services. It recognizes that the health problems of a population group are the consequence of the relationship between the social environment and personal factors associated with the group. HPH is defined not just as a location for health promotion activities but as a social entity that needs to be more health oriented [3, 4]. This is an approach shared by other international networks such as Healthy Cities and Healthy Schools with whom HPH members often engage and collaborate. The following table illustrates the interactions between individual and context (Table 1).

Table 1

Health promotion action is determined by ...	Opportunity structures	Selective cultures
Person	Person capabilities, skills and resources (personal abilities)	Personal values and attitudes (personal preferences)
Situation	Situational infrastructures and resources (situational opportunities)	Situational values, norms, rules and regulations (situational incentives)



Addressing disease prevention, health education and health promotion

Health promotion focuses on both individual and contextual factors that shape individuals’ actions with the aim of preventing and reducing ill health and improving wellbeing. Health promotion can thus be distinguished from disease prevention and health education actions (Table 2).

Health promotion builds-on and incorporates health education and disease prevention measures; there are however, important and principal differences between preventing disease and promoting health. The term “disease prevention” refers to the prevention of specific diseases (heart disease, lung disease, allergy), while the term “health promotion” implies the improvement of individual’s self-rated health (health-related quality of life).

Table 2

Topic	Definition
Disease prevention	“measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established”
Health education	“consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and community health”
Health promotion	“the process of enabling people to increase control over, and improve, their health”

Health promotion in practice

There are many reasons for health promotion actions in hospitals and health care services. In many hospitals, a major proportion of hospital admissions are related to patients suffering from one or more chronic diseases. These patients, in addition to medical interventions and pharmacotherapy, also require support and help to cope with their disease with best possible health related quality of life, and often require help to achieve some changes in lifestyle or adherence to complicated drug and nutrition regimes. There is evidence that patients are more receptive to advice and counselling in situations of experienced ill-health [6]. Therefore there is an opportunity to make patients understand the need for behavioural change while in hospitals. Research shows, however, that such interventions are not systematically offered to all patients [7]. Moreover, patients are only moderately satisfied with the communication and listening skills of their doctors and frequently do not understand what doctors' say nor have time to ask questions [8, 9].

Health promotion also yields benefits from a human resource perspective. With the increasing migration of health professionals, hospitals have to compete for the best staff. Hospitals that offer a safe and health promoting working environment and that involve staff in creating such an environment will be more successful to attract, recruit and retain staff. There is also evidence that workplace health promotion reduces costly short-term absenteeism [10]. A major field of research has developed around the so-called magnet hospitals; hospitals that attract better staff for their reputation as being a good workplace and that achieve better outcomes of care and patient satisfaction because of their staff. Investment in staff thus leads to a virtuous cycle of recruiting better staff, producing better care and improving working routines [11, 12].

Hospitals and health services interface on a number of levels with the population they serve. The largest interface is between the service and those who are actively seeking care for a disease or who are worried about possible disease. In the course of its day-to-day contact with patients, their relatives and other individuals, the hospital or health service has a unique opportunity to discuss health promotion and disease prevention measures [13]. As knowledge centres hospitals and health services can also have an impact on their community by using hospital data to identify major factors contributing to morbidity and mortality, by public campaigns on risk factors and lifestyles and by reducing waste and the use of hazardous substances.

Textbox 1: Example on disease prevention, health education and health promotion

Typical medical activities or interventions such as immunizations or prescribing beta blockers after acute myocardial infarction fall into the category of disease prevention programmes aiming at (physiological) risk factors. Cessation clinics for smoking reflect behavioural measures and fall into the category of health education programmes. Health promotion addresses broader socio-environmental issues and goes beyond medical approaches directed at curing individuals. This includes interventions for chronically ill patients to help them cope with their disease and disability and support their health related quality of life. A health promoting perspective means seeing the patient/person as a co-producer of his/her own health i.e. what is known as the “empowerment strategy” [5]. An example would be a comprehensive programme for immigrants requiring hospital admission for a condition that could have been prevented, had he/she been able to understand the written instructions provided at a previous visit. Health promotion thus aims at understanding the contextual factors shaping individuals' behaviour and designing interventions so that they fit the individuals' environment.

The nature of the patients' condition and the way most hospital services are reimbursed means that health promotion pays off for the hospital. Many health promotion interventions are inexpensive and can reduce the length of stay, complications, and increase patient satisfaction. Researchers from Denmark showed in various randomized-controlled trials that complication rates and length of stay after surgery were shortened when smokers or heavy drinkers underwent cessation programmes before surgery [14, 15]. Furthermore, patients that feel they experienced good communication or feel that they were involved in the care process have a higher satisfaction and are more likely to recommend the hospital to their friends and families.

While the health sector alone cannot bring about major changes in health behaviour, it can however play an important role in identifying health problems and drawing the attention of society and the political level to those problems. In addition, by measuring health status and health outcomes for individuals, patient groups and the population at large, hospitals and health services can be encouraged to focus on health gain (health service outcomes) rather than on provision of health care activities. In this way, health orientation is a strategic instrument to assist hospitals and health services to be more effective through the provision of health outcome focused services.



Benefits of being a HPH

Based on the evidence, there are good arguments for health care to invest in health promotion, and for health promotion and health policy to increase their focus on health care.

Patients and patient organizations

Patient and patient organizations will profit from HPH as:

→	it focuses on the perceived needs of patients (and relatives) in terms of focused actions, communication and information,
→	creates better chances for self determination and self care, thus leading to better quality of life in the hospital,
→	aims to achieve better quality of care, while also improving the sustainability of health outcomes.

Health professionals

Health promotion and HPH is relevant as:

→	it aims at further developing hospital/health care governance and organization as a whole, and therefore principally concerning all staff members. At the same time, all hospital staff will benefit from workplace health promotion strategies.
→	clinical staff (medical, nursing, other health professions) will benefit from a management focusing on health outcomes, health related quality of life, patient satisfaction and health literacy, and by including health promotion principles into their professional standards (special attention on communication, information provision, cooperation) as this increases their effort/reward balance.
→	specialist roles like hygiene team, occupational health, health education, but also others like pastoral care can profit from HPH by the development of better structures and processes for their core tasks, and by better outcomes, if they include health promotion principles like empowerment and co-production into their work routines.

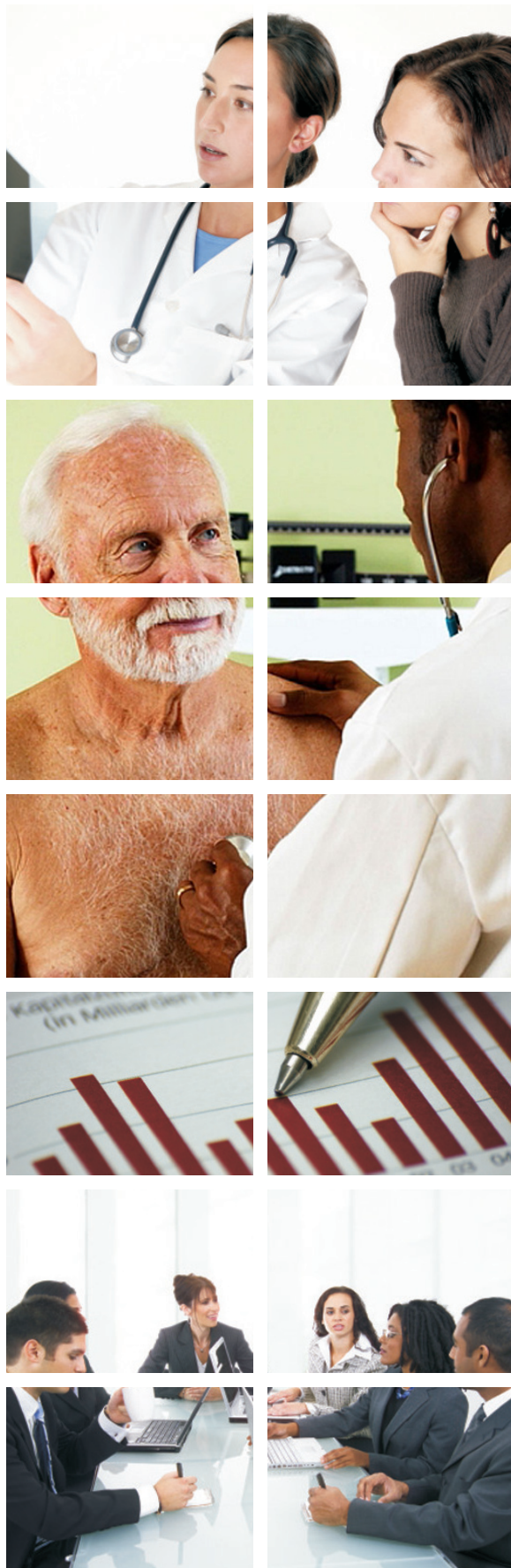
Hospital owners and management

Health orientation and promotion is important especially because it serves to:

- create strategies and processes for improving the health gain of services, thereby improving effectiveness and efficiency, giving more value for money.
- reduce staff turnover by creating a workplace with increased effort /reward balance.
- improve the reputation of health care institutions both as service providers and workplaces.
- improve the position of health organisations in a competitive health market.
- assist quality management to profit from HPH through better quality of structures, processes and outcomes. Their support is needed for including health promotion as a quality criterion.

Health policy and administration

Health policy and administration will benefit from HPH because of its contributions to individual and public health. Their understanding of HPH as a reform and development strategy for individual and public health is needed to support broad implementation (following the Ottawa-Charter's demand for reorientation of health services, WHO 1986) and provide a necessary legal and economic framework.



Public health

Health care institutions represent important settings for health promotion interventions since they:

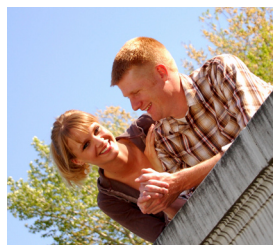
→	are the only settings where health is the explicit goal
→	have rich and important knowledge on determinants of health, which no other institution has
→	reach many people (clients and visitors, staff)
→	have high authority among people
→	represent windows of opportunity to initiate lifestyle changes – as clients in health care are usually more open to the needs for change
→	have a lot of competence concerning health related training, education, and information
→	if properly applied, can represent considerable potential to reduce avoidable risks to the health of patients and staff
→	represent economic entities with an enormous potential influence.

To achieve the benefits of being a health promoting hospital or health service, the principles of health promotion need to become ingrained within all the relevant decision-making processes of the hospital or health service (management and professional groups).

Changes cannot be introduced into a hospital or health service from outside; they must be achieved by the system itself. Total implementation of the HPH approach therefore requires a support system in the same way as it has been established for quality in many hospitals and health services already. Health promotion, in many ways provides added value to the hospital or health service's quality programme and thus is a natural partner for all service development or improvement activities.

Networking is a valuable support mechanism and a major intervention tool of organisational development. An important feature of networking is that it redraws, in a productive way, the boundaries between professional groups, levels of a hierarchy, decision-makers and the people affected. Networking occurs in a variety of ways and on a number of levels (i.e. locally, regionally, nationally and internationally).

The International Network of Health Promoting Hospitals and Health Services works to support all health care organisations in their efforts to be health-oriented and to ensure that prevention, treatment and rehabilitation be viewed from a health perspective.



Understanding the International HPH Network

The International Network of Health Promoting Hospitals and Health Services (HPH), commonly referred to as the International HPH Network, is a Network initiated by the World Health Organization (WHO). The network follows internationally acknowledged principles, recommendations and standards or indicators for the health orienting of hospitals and health services.

Membership, initially strongest in Europe now includes a number of hospitals from other continents (e.g. Africa and Australia) and three networks from outside Europe, Canada-Montréal (2005), China, Taiwan (2006) and Canada-Toronto (2008).

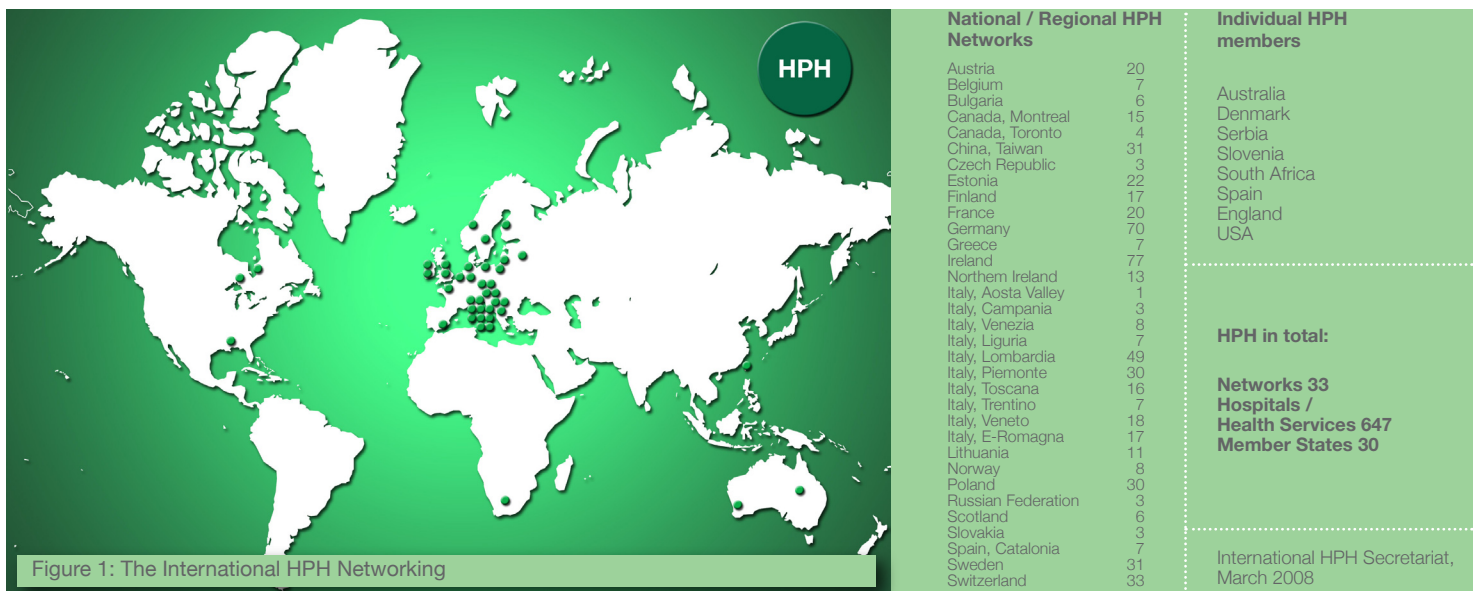
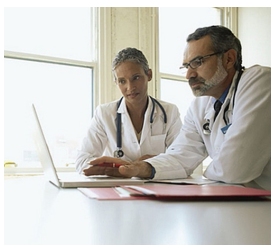


Figure 1: The International HPH Networking

Purpose

The purpose of the International HPH network is to promote and assist the spread of the concept of health promotion in hospitals and health services and support implementation within countries and regions, internationally, through technical support to members and the initiation of new National / Regional Networks.

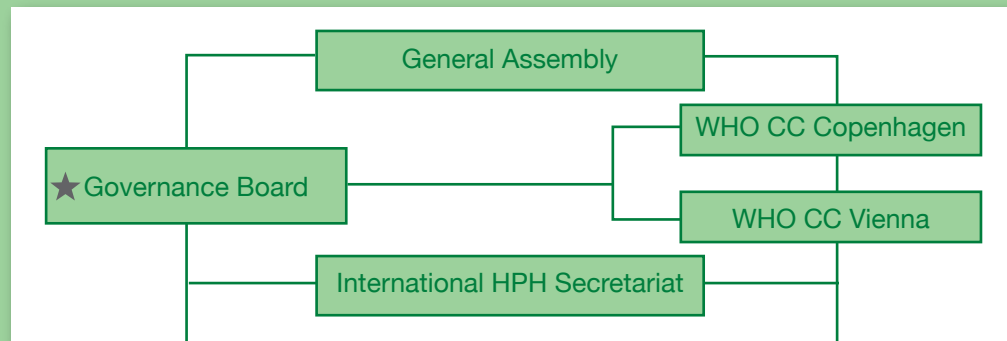


Structure

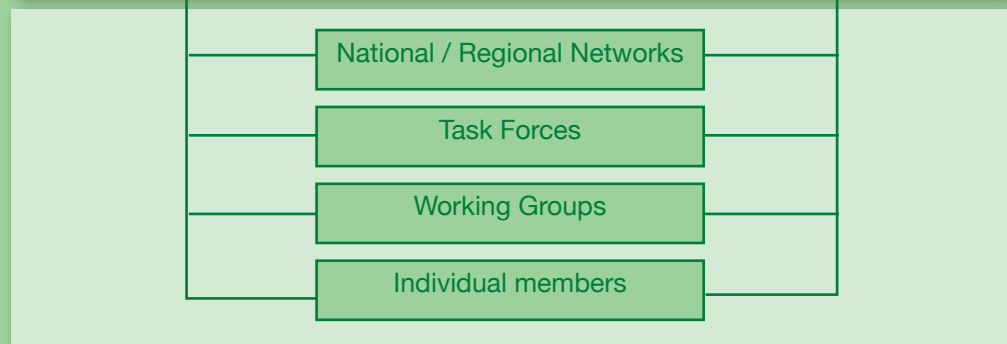
The International HPH Network is a network of networks that consists of a pool of organizations (coordinating institutions, hospitals and health services, and WHO Collaborating Centres) that work on two levels: Governance and Operational as demonstrated in the diagram below.

Figure 2: Structure of the International HPH Network

Governance level



Operational level



Consisting of 7 elected members and 2 WHO CC representatives

Governance

General Assembly

The General Assembly is the supreme statutory body of the International HPH Network. National/Regional Networks (corporate members) and Task Force leaders are entitled to be present and speak at annual meetings of the General Assembly.

Governance Board

The Governance Board is the executive function body of the International HPH Network. It meets in between General Assembly meetings and develops strategic plans for the network.

International HPH Secretariat

The International HPH Secretariat located normally within a WHO-CC, supports the functions of the General Assembly, Governance Board and has direct responsibility for all the administrative and communication activities of the International HPH Network while being an advocate for HPH. It leads on the development of a communication strategy for the Network and supports its implementation through an interactive homepage that connects members with one another to assist in the exchange of experiences and knowledge.

Operations

National/Regional Networks

A National / Regional HPH Network represents at least 3 hospitals or health services with the purpose of supporting strategic thinking and planning, implementation of health promotion, development of communication systems and training and education in hospitals/ health services within a specific region or country.

Task forces

Task Forces are issue-specific teams with specific expertise within the framework of the general aims of the International HPH Network. They constitute a reference for technical, organisational and scientific support for specific issues of health promotion.

Current Task Forces; Health Promoting Psychiatric Health Care Services, Migrant- Friendly and Culturally Competent Health Care and Health Promotion for Children and Adolescents in Hospitals.

Working groups

Working Groups are set up by the Governance Board or the General Assembly. Usually Working Groups are organized as a project with a defined period of time and clear deliverables contributing towards the achievement of the overall International HPH Network's objectives.

Individual members

Individual members are hospitals and health services that agree to work to facilitate and encourage the introduction of health promotion into the culture of the hospital and/or health service; broaden the focus of management and structures to include a health gain perspective, not just curative care and develop documented and evaluated examples of good practice for the use of other institutions. It is commitment by individual members (minimum of three) that is necessary for a national or regional network to be founded.

Communication

The International HPH Network has different channels for exchange and distribution of experience and knowledge at its disposal.

- International HPH Conference: The annual International HPH Conference is organized by the hosting National / Regional HPH Network, the Scientific HPH Committee and WHO.
- WHO Summer School: The WHO Summer School is arranged in relation to the annual International HPH Conference and covers topics and areas related to HPH. Lecturers are amongst others invited from within the Network.
- HPH Website: The website includes online HPH Library and discussion forums where members of the International HPH Network can have their reports, research results and other information material uploaded to the HPH Library or discussed in the discussion forums.
www.healthpromotinghospitals.org
- HPH Newsletter: The HPH Newsletter is published on the web every two months. It aims at providing information about HPH concept developments, models of HPH practice, developments in the National / Regional HPH Networks and network events.

How to join the HPH network

There are two levels of membership: Networks (corporate members) and hospitals and health services (individual members). All procedures are published online and applying networks and individual members are able to download all necessary documentation online from www.healthpromotinghospitals.org.

Corporate membership (national/ regional networks)

A National/Regional Network is officially recognized when a coordinating institution is designated for the National / Regional Network with the agreement of at least three hospitals/health services of the same nation/ region.

1. A formal Agreement is signed by the designated coordinating institution and at least three hospitals/health services of the applicant National / Regional Network and by the International HPH Secretariat.
2. The designated coordinating institution presents a written intention to develop a policy and implementation program to undertake core functions and responsibilities of the National / Regional Network. This is presented and verified by the International HPH Secretariat.
3. The designated coordinating institution identifies a person to act as coordinator for the National / Regional network.
4. Membership of the International HPH Network is subject to the approval of the Governance Board.



Individual membership (hospitals and health services)

A hospital/health service is officially recognized as member after the Letter of Intent has been signed giving commitment to:

1. Endorse the principles of WHO documents and declarations on HPH; intend to implement the principles, strategies and policies of HPH; using WHO HP standards and/or corresponding national HPH standards/indicators;
2. Develop a written policy for health promotion; develop and evaluate a HPH action plan to support the introduction of health promotion into the culture of the hospital / health service during the 4 years period of designation;
3. Identify a hospital / health service coordinator for the coordination of HPH development and activity; and pay the annual contribution fee for the coordination of the International HPH Network;
4. Share information and experience on national and international level, i.e. HPH development, models of good practice (projects) and the implementation of standards/indicators

Individual members are either:

- (a) Designated by a **National/ Regional Network** where one exists or:
- (b) Designated by the **International HPH Secretariat** where no National/Regional Network exist.

These two conditions allow hospitals/health services to become “Members of the National/Regional Network” and “Individual Members of the International HPH Network”. In general members are accountable nationally and regionally and act internationally through their designated National/Regional Coordinating Institution.



International coordination team

International HPH Secretariat

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Health Promotion for Children and Adolescents in Hospitals, Task Force Leader Fabrizio Simonelli, Italy – Region Tuscany

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Appendix: Basic HPH Documents

The first policy document of the HPH Network was the **Budapest Declaration on Health Promoting Hospitals** (WHO-Euro, 1991), which was followed up by the **Vienna Recommendations on Health Promoting Hospitals** (WHO-Euro, 1997). The current form of the concept has been formalised in **18 HPH core strategies** (WHO-CC Vienna, 2006) and **5 Standards for health promotion in hospitals** (WHO 2006). These papers build upon WHO documents and declarations as well as on other relevant publications.

WHO documents

Document	Relevance for HPH
Declaration of Alma-Ata, adopted at the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978	First mention of the role of primary health services for health promotion.
Ottawa Charter for Health Promotion, adopted at the First International Conference on Health Promotion	In principle, the whole charter is of high relevance, since it provides a basic orientation on HPH. Of specific importance is action area 5 of the document "Reorienting health services".
The Ljubljana Charter on Reforming Health Care, 1996	Demand for an orientation of health care reforms towards health gain.
Jakarta Declaration on Leading Health Promotion into the 21st Century, adopted during the Fourth International Conference on Health Promotion (1997)	Stressed the importance of intersectoral alliances and partnerships for sustainable health promotion.
The Bangkok Charter for Health Promotion in a Globalized World (2005)	The charter further emphasise the need for global cooperation and alliance-building and has a strong focus on capacity building.

HPH documents

Document	Relevance for HPH
Budapest Declaration on Health Promoting Hospitals (WHO 1991)	First policy paper on HPH, outlines target groups, basic principles and action areas..
Vienna Recommendations on Health Promoting Hospitals (1997)	Adapted HPH policy to the structure of National / Regional Networks.
Gröne O., Garcia-Barbero M. (Eds.) (2005): Evidence and Quality Management. Copenhagen: WHO Regional Office for Europe	Summarises evidence on HPH and knowledge on implementation of the concept.
Standards for Health Promotion in Hospitals (WHO 2004) and Self-Assessment Tool (Groene 2006)	WHO document and self assessment tool on HPH standards – allows to assess and continuously improve current HPH practice.
Putting HPH Policy into Action: Working Paper on 18 HPH Core Strategies of the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care (2006)	Theory-driven background paper on 18 HPH core strategies, including examples and selected evidence.
Towards a more Health Promoting Health Service. Swedish National Institute for Public Health, Stockholm 2006.	The Swedish National target for a more health oriented health service; theoretical background, aims, and examples of implementation.

References

- [1] World Health Organisation. Ottawa Charter for Health Promotion. Copenhagen: WHO Regional Office for Europe. 1986
- [2] The Ljubljana Charter on Reforming Health Care, June 1996. Copenhagen: Regional Office for Europe, 1996
- [3] Grossman R, Scala K. Health promotion and organizational development. Copenhagen: Regional Office for Europe. IFF, Health and Organisational Development, 1996
- [4] The Vienna Recommendations on Health Promoting Hospitals adopted at the 3rd Workshop of National/Regional Health Promoting Hospitals Coordinators, Vienna, 1997
- [5] Towards a more health-promoting health service, Swedish National Institute for Public Health, Stockholm. 2006
- [6] Groene O., Garcia-Barbero M. (Eds.): Health Promotion in Hospitals: Evidence and Quality Management. Copenhagen: WHO Regional Office for Europe, 2005
- [7] Tonnesen H, Christensen ME, Groene O, O’Riordan A, Simonelli F, Suurorg L, Morris D, Vibe P, Himel S, Hansen PE. An evaluation of a model for the systematic documentation of hospital-based health promotion activities: results from a multicentre study. BMC Health Services Research 2007, 7:145
- [8] Coulter, A. Jenkinson, C. European patients’ views on the responsiveness of health systems and healthcare providers. European Journal of Public Health 2005, 15 (4), 355-60
- [9] Coulter, A. Patient safety: what role can patients play? Health Expect. 2006 Sep;9(3):205-6
- [10] Sounan, C. Gagnon, S. Relationships among work climate, absenteeism, and salary insurance in teaching hospitals. Healthc Manage Forum. 2005 Autumn;18(3):35-8.
- [11] Scott, JG., Sochalski, J & Aiken, L. Review of magnet hospital research: findings and implications for professional nursing practice. J Nurs Adm. 1999 Jan;29(1):9-19.
- [12] Havens, DS & Aiken, L. Shaping systems to promote desired outcomes. The magnet hospital model. J Nurs Adm. 1999 Feb;29(2):14-20. Erratum in: J Nurs Adm 1999 Apr;29(4):5.
- [13] Daschner, FD & Dettenkofer, M. Protecting the patient and the environment--new aspects and challenges in hospital infection control. J Hosp Infect. 1997 May;36(1):7-15. Review.
- [14] Moller AM, Villebro N, Pedersen T, Tonnesen H. Effect of preoperative smoking intervention on postoperative complications: a randomised clinical trial. Lancet 2002; 359:114-117
- [15] Tonnesen H, Rosenberg J, Nielsen HJ, Rasmussen V, Hauge C, Pedersen IK, Kehlet H. Effect of preoperative abstinence on poor postoperative outcome in alcohol misusers: randomised controlled trial. BMJ 1999; 318:1311-1316

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