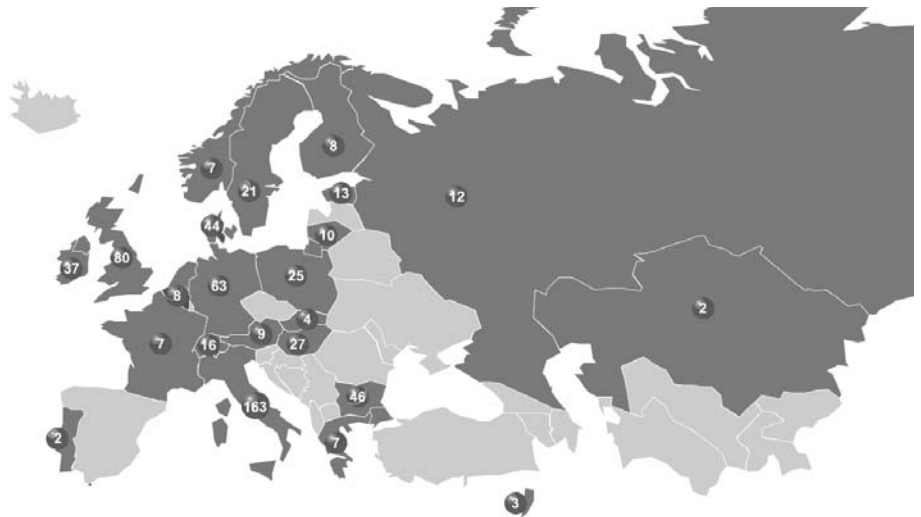


The **H**ealth **P**romotion **E**xchange

An European Perspective on Health Promotion in Hospitals

The International Network of Health Promoting Hospitals (HPH) was called into being more than 10 years ago, in order to support moves to reorient hospitals towards placing greater emphasis on health; towards meeting the physical, mental and social needs of a growing number of chronically ill patients; towards meeting the needs of hospital staff, who are exposed to constant mental and emotional stresses; and towards meeting the needs of the public and the environment.

The first practical implementation of the HPH strategy was in 1989, with a model project on "Health and the Hospital", carried out at the city of Vienna's Rudolfstiftung Hospital. This was followed by an European pilot project from 1993 to 1997, in which 20 hospitals in 11 European countries took part. Since then, the international network of health promoting hospitals has steadily expanded and now covers 24 Member States, 36 national or



24 Member states

36 National/Regional Networks

627 Hospitals

regional networks and more than 600 partner hospitals. At the European level, the HPH network is now in the consolidation phase, and the underlying philosophy

has come to occupy a central place in the health policy of several regional or national

Continued on page 2

Introduction

This is a Special Edition of the Health Promotion Exchange highlighting the Ontario Hospital Association's Convention and Exhibition 2002, second session on hospital health promotion. We received many compliments regarding this year's session, *Creating a Healthy Work Place*. The presenters provided excellent insight and information. There were many good illustrations of what a health care facility can do to improve the health of its staff and ultimately the care provided to those it serves. Highlights on what's happening in the World Health Organization's International Health

Promoting Hospitals were described and how this network is expanding to all the major continents. The internet database provides updates on all projects and activities in international hospital health promotion. Also, a description on how Canadian health care facilities are recognizing the importance of architectural and environmental design in the healing process, and the significance of work place wellness. The Ontario Hospital Association's Healthy Hospital Model was also outlined.

We are pleased to share these articles with you.

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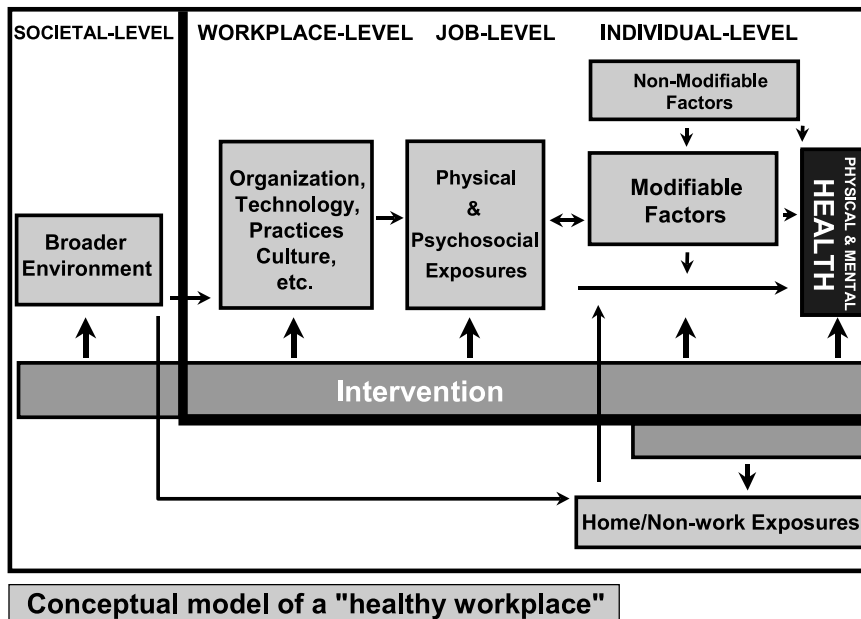
Making the Case for Workplace Wellness

Dr. Harry Shannon made the case for making workplaces safe, injury-free, and the need to promote employee wellness. The time has come to extend workplace wellness even further, as he presented his

conceptual model of a "healthy workplace". He wants "researchers, health care professionals, government and employers to investigate the nature of work itself". His

goal is to identify what procedures and tasks create stress and other factors that have a negative impact on employee health. The way work is organized can have an impact on injury rates. He feels that there is not enough being done to understand job stress. A number of studies indicate that this can affect those killer diseases like heart attack, stroke, high blood pressure and conditions that contribute to reduced productivity, like fatigue and absenteeism. Also, Dr. Shannon noted that "chronic stress claims could end up in court" (Canadian Occupational Health and Safety News, Feb. 19, 2001).

Most employers have done a good job creating physically safe workplaces, said Dr. Shannon. Many have also come to understand the importance of promoting general employee wellness. Now employers understand that sedentary lifestyles create



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An European Perspective on Health Promotion in Hospitals

Continued from page 1

networks. With more than 300 participants from 37 countries, this year's international HPH conference, held in Bratislava on 16 and 17 May, 2002 also showed a clear trend towards further "internationalization" of the network: not only were many European countries represented, there were also delegates from HPHs and other interested parties from North America, the Caribbean, Africa, Australia and Asia.

The HPH database

Even though the aim of HPHs should be the organization-wide implementation of health promotion, specific targeted projects will continue to be necessary and useful. On the one hand, they can be the starting point for development of an HPH; on the other, research-based projects are also important for building up knowledge about the success of health promotion strategies. The new, Internet-based version of the HPH database aims to give project managers an overview of possible strategies for

health promotion. This data is found at http://es.euro.who.int/areas_of_work/mgt/hph/frameset_hph.htm

The database offers various search masks, not only for finding projects in defined member institutions and networks, but also to make it easier to identify specific activities. For purposes of comparison, the database can now show all registered projects/activities concerned with a given health promotion strategy, e.g. on smoking behavior. The scope of the data recorded has been expanded and now also includes important details on evaluation strategies. Additional variables enable cautious assessments to be made of the research impact and sustainability of projects.

Health promotion can learn a great deal from the strategies and methods of quality management about how to develop stronger, practically oriented guidelines and criteria, in place of the existing, more humanistically determined recommenda-

tions in this area. In Germany, the team working is very actively involved in linking the model of health promotion with the EFQM quality model (a modified version of the Malcolm Baldrige Award Excellence model), and a model project has already been launched in Berlin. At the international level, the WHO European Office for Integrated Health Care Services in Barcelona is supporting a working on the development of standards and recommendations for implementing the health promotion model in hospitals.

The aim of all these activities is to liberate health promotion from its shadowy existence as a time-limited demonstration project and to firmly establish it in routine activities throughout a given organization.

Oliver Gröne, MPH
 Technical Officer, Health Services
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 Health Care Services
<http://www.euro.who.int/healthpromohosp>

Making the Case for Workplace Wellness

Continued from page 2

health problems, such as obesity. One in three Canadians is now overweight. Part of this is due to the fact that work now is knowledge-based and workers have become desk-bound.

Although the identifying tasks or work processes that create health problems is a science just beginning, he expressed his concerns regarding hospitals. "Studies have shown that the level of patient care drops when there is a less-than healthy workplace for nurses", he voiced. "Nursing burnout on hospital wards has also been directly related to patient satisfaction with the level of care." This Director of the Program in Occupational Health and Environment at McMaster University in Hamilton, felt that the issue is the very nature of work itself. Workplace injuries drop when workers have control over how they do their work. He expressed that it is beneficial to employers to do this as it will help in the recruitment and retention of good workers and also WSIB rebates.

However, there are barriers to management commitment, he reported. His list included such items:

- Production is rewarded
- Health and Safety seen as individual's problem
- Focus on individual behaviour
- Standard of evidence required for action

Dr. Shannon concluded by stressing that:

- Workplace wellness includes physical environment.
- Plenty of evidence that work organization affects health and safety.
- In case of hospitals, seems that health of workplace also affects quality of care.
- Need to get this evidence in front of management.

Harry Shannon, PhD, Director, Program in Occupational/Health and Environmental Medicine, McMaster University, Hamilton and Senior Scientist, Institute for Work and Health.



WHO

Regional Office for Europe

New Standards For Health Promotion in Hospitals

Recently, the WHO Network of Health Promoting Hospitals has drafted five core standards for health promotion in hospitals.

Each standard consists of the following:

- Standard information
- Description of objective
- Definition of criteria
- Measurable elements

A set of relating indicators for defined areas will be developed later, as well as procedures for revising the standards.

It is hoped that the standards can be piloted in nine countries to determine if they are practical for adoption by hospitals.

Further updates to follow.



Promoting Health In Your Hospital (video)

This 12 minute video shows what health promotion looks like in a hospital setting. It examines questions such as what are the benefits? How do you get started? Why should you do it? How do you do it? What does the future hold?

The video can help the viewer find the answer to these questions and how to integrate health promotion into the healthcare service you provide now.

To order, send a cheque for \$29.00 (Canadian funds), made out to the Hospital Health Promotion Network, to Lynn Barber, Health Resource Centre, Humber River Regional Hospital, 200 Church Street, Weston, Ontario, M9N 1N8, Canada.

For further information, contact Lynn Barber at (416)243-4648 or email lbarber@hrrh.on.ca.

Healthy Environments

Lynn Wilson-Orr, Vice President of Parkin Architects Ltd., Toronto, spoke about the importance of hospital environments as being very important as they can produce conducive environments for healing, and a positive influence for staff. This speaker, with a background in architecture and interior decorating, highlighted some recent newspaper headlines:

- "poorly maintained ... buildings can harbour hazardous fungi"
- "30% of hospitals report problems with latex"
- "ergonomics reduces back and arm problems"

She noted that hospitals are a greater challenge than any other work environment because of the inherent risks and stressors occurring uniquely in the health care environment as compared to office buildings. It is important to define what a

Architects have the greatest control in the layout of space - working with the staff to do this to maximize such aspects such as visibility, distance from the patient care areas and nursing station, the use of decentralized care desks.

healthy work environment is within a health care context and that may be different than another environment. It is important to design healthy work environments as we need to attract people to work in the hospitals we have.

What is the difference between what we provide as patient-centred care and good staff-centred care? First of all, there is a list of environmental stressors that are on the staff that are not on the patient. Patients are usually in hospitals for rela-

tively short periods of time unless you are talking about complex continuing care patients, inpatient rehab. patients who are there for longer periods of time. On the other hand, hospital staff spend more than 50% of their time either in the workplace or on their way to the workplace. There has been a series of these environmental stressors that are increasing dramatically in the last few years. For example, there has been an increase in the transmission of illness to staff, airborne infection has increased significantly in the past five years, security of night-time staff is an important concern - many do not want to be the only person in an empty department at night. Many of the people coming into the hospital are emotional family members, and staff are often put under a lot of stress because of this. Stressors also include:

- Lack of outdoor views
- Seasonal affective disorder (due to poor lighting)
- Repetitive stress injury
- An aging work force
- Diurnal body rhythms (due to shift work)
- Multiple chemistry sensitivity
- Occupational health and safety issues
- Greater numbers physically challenged in the work force

A healthy work environment in a hospital is a "work setting in which policies, procedures and systems are designed so that employees are able to meet organizational objectives and achieve personal growth in their work". Staff need to feel challenged and motivated with what they do within the space, and that the space can support them with what they do. A healthy work environment enhances patient care, caregiver collegiality, staff retention and operational performance.

Ms. Wilson-Orr felt that from her perspective, an environment for health should:

- Do no harm
- Facilitate medical service (make it easy to do things) and
- Contribute to healing

The speaker noted that hospitals are mul-

tiple dimensional spaces with many purposes such as, providing an administrative, maintenance and patient environment all rolled up into one. All of these are interrelated and all are interdependent, and if you leave any one factor out then the environment does not work particularly well.

Then what is a nurturing workplace? How do we create that? First of all, we need to involve the users. If you don't engage the users, then they will not feel that they have had any input into the workplace environment, and then it probably won't work particularly well. You need to customize the workspace because of the different ways of working by staff. It needs to cultivate interaction.

So, how do we do this? We are now using much more technology such as:

- Patient lifts in patient rooms
- Increased usage of articulating arms in operating rooms
- Systems furniture
- Bringing the equipment to the patient

Architects have the greatest control in the layout of space - working with the staff to do this to maximize aspects such as, visibility, distance from the patient care areas and nursing station, the use of decentralized care desks.

Recently she noted that they are reviewing administrative space - whereby no one owns their own desk, you own your storage area and you perch for the time you need within a particular space. This works to those who are 80% clinical and 20% administrative. However, this does not take into consideration the person's need to personalize their own space. Where do you put your family pictures she asked?

Materials chosen in the hospital environment are important. They must be non-allergenic, low toxicity, antibacterial, and minimize sound. However, these materials need to be assessed not only for what they look like, but on how much their capital and operating costs are. Criteria for noise levels has changed in hospital substantially.

OHA Healthy Hospitals Initiative

A Comprehensive Approach to Wellness

OHA's Disability Claims Management Services (DCMS) offers its members a Wellness Consulting service to help hospitals effectively improve their workplace environments and to help them steer their own employees towards the highest levels of personal wellness. The ultimate vision is that communities will look to their local hospitals as models of healthy workplaces and healthy employees.

In order to provide a framework for this initiative and to help hospitals integrate their existing wellness efforts, OHA has also adapted a workplace wellness model to

Healthy Environments

Continued from page 4

This has grown out of studies done on patient-centred care. Patients were saying that they were being bombarded by noise in hospitals like overhead paging and monitors going off.

The effect and issues of light are important aspects now being considered. Light can have a major impact on how staff feel within the space. This can be dependent on whether the light is from a temporal exposure, indirect source, direct source, intensity and colour rendering, as well as the temperature from lighting. These lighting variables are specific to a hospital and you would not find them in any other kind of environment.

Lynn Wilson-Orr spoke about the issue of how task lighting, exterior views, unfiltered daylight and spatial point lighting can all help change the environment for staff. Colour needs to be considered in terms of types of colours, the way we vary colour, use of contrasting colours. Appropriate lighting can have a healthy influence for both patients and staff.

In conclusion, it was emphasized that a good patient-focused health care facility is a good staff-focused health care facility.

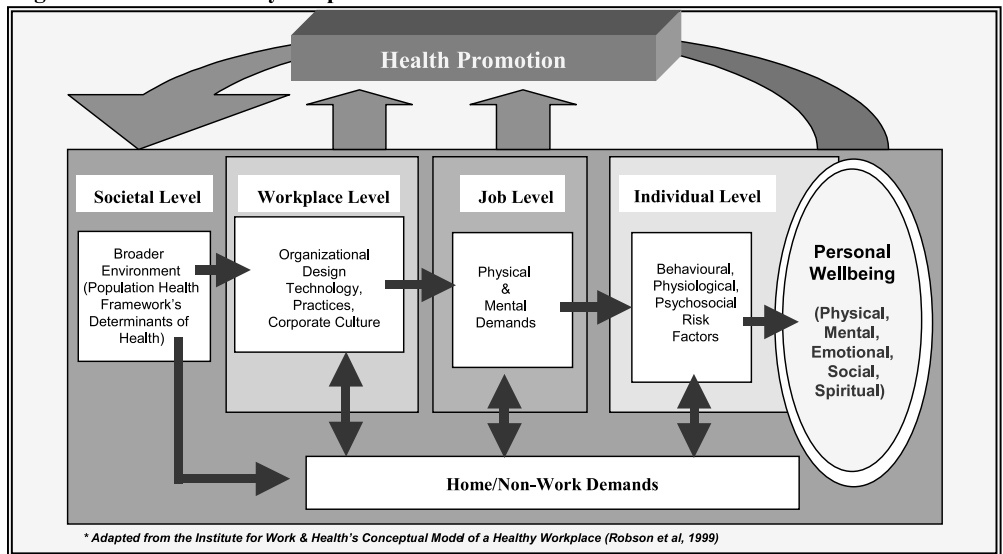
*Lynne Wilson - Orr, B.I.D., M.Arch., OAA, MRAIC, V.P. Parkin Architects
Toronto, Ontario, Canada (416) 467-8000*

specifically address the unique needs of the hospital environment (Figure 1). The concept of wellness is such a broad one - this model should help to put all the pieces together. It addresses the fact that different aspects of an employee's experiences at work can impact their state of well-being, and should therefore be considered when planning and implementing effective workplace wellness initiatives. The model also

provides a planning framework for hospitals to become champions of health at the workplace, job and employee level to have successful impacts on the overall well-being of their local communities.

Melissa Barton BSc., MBA is a Wellness Consultant at the Ontario Hospital Association, Toronto, Ontario, Canada

Figure 1: OHA's Healthy Hospital Model



The Panel Series

In the Health Workplaces in Action, there was a panel discussion comprised of:

- **Shirley Wheatley**, Occupational Health Nurse, Markham Stouffville Hospital, Markham, Ontario
- **Rosemary Dal Bello**, Program Manager, Ambulatory Care and Community Health Program, Cambridge Memorial Hospital, Cambridge, Ontario
- **Theresa Milani**, Program Lead for Wellness Works, Cambridge Memorial Hospital, Cambridge, Ontario
- **Siobain Moore**, Manager of Human Resources & Payroll, Dryden Regional Health Centre, Dryden, Ontario

- **Oliver Gröne**, Technical Officer, Health Services, WHO European Office for Integrated Health Care Services

Each of the panel members presented their institution's model of a healthy workplace and how healthy staff can then make a positive impact on the health of the community. Each provided examples of specific programs to assist their staff to achieve the highest levels of personal wellness.

Many Ontario hospitals will showcase their best ideas on the OHA's website in a "Wellness Idea Bank". This will allow hospitals to network online and will allow them to learn from each other and introduce new ideas quickly.

Beyond Our Borders

Dialogue and Communication With All

"2003 is The European Year of People with Disabilities"

Individuals with linguistic dysfunction or difficulties too often are not reached by societal information. Unfortunately they are also often forgotten as target groups for dialogue and communication - even when the ambition is to reach "all", for instance through the households.

This is something the associations of the blind and the deaf, as well as the mentally retarded and other people who have difficulties to read and write ordinary text, perpetually point out in different contexts. How can we participate and have influence when fundamental prerequisites as information, dialogue and communication are lacking?

In Sweden "A society for all" was launched in the 1970's as a political vision in the handicap area. Within the frame of its programme "Education for all", "Work for all" and "Culture for all" followed. Double obstacles were identified, namely in the physical environment and in linguistic capacity and communication techniques.

Audio and easy-to-read papers and books, reading and interpretation services and text/Braille telephones among other things certainly have moved the positions forwards in many fields. In the same time innovations have created new possibilities - especially in the digital IT area - and increased the aspirations and potentials.

The UN Declaration on Human Rights and Standard Rules on the equalization of opportunities for persons with disabilities

with words of honour as EQUITY and FULL PARTICIPATION also put the language in focus.

The Standard Rules have been accepted by the Swedish Parliament which also has taken a national plan of actions for the handicap policy named "From Patient to Citizen" including access to information about diagnoses, treatment, care, services,

rights and duties etc. The

former Swedish Minister for Social Affairs, Mr. Bengt Lindqvist,

who now is UN's Special

Rapporteur on Disability, laid the ground for the offensive handicap policy in Sweden. Of course the WHO policy "Health for all" has played a great part too.

And so has in recent years the EU initiative "Health promotion in all languages" which highlighted the

lack of health-related information on sign-language video, in easy-to-read language,

on audio cassette and in Braille.

The groups with linguistic dysfunction or difficulties belong to the most vulnerable ones in the population. In the societies struggle for equity in health the issue of "Health promotion in all languages on the terms of the disabled" should be on the agenda on all political levels and in all media and of course among the priorities, especially as the health concept has been developed into a democracy and welfare concept. It certainly is a human right issue!

In a multicultural society, which Sweden has become, accessibility in foreign languages is also urgent.

Referring to what is mentioned in this article, chief persons for all health promotion and health care web sites should be challenged to make their sites accessible for all. To speed up the development, there should be set up encouraging national awards on this urgent matter.

NILS-INGE ENLUND

Editor of FolkhälsoForum

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New Website - HealthyOntario.com

Created by the Ontario Ministry of Health and Long-Term Care, the HealthyOntario.com website will "provide Ontarians with a world-leading web destination for trusted health information, services and advice for healthier living".

The site is available in English and French at www.healthyontario.com

Beyond Our Borders

Lecturers and Students as Main Stakeholders: Ten Years of Developing and Sustaining Health Promoting Hospital (HPH) Partnerships

'The historic mission of universities is a very suitable one: assist, through education, with programmes for human resource development, advance knowledge through research, and provide services through constant community interaction'. Educational institutions are responding to the emerging needs of the new public health and health promotion agenda by reorienting curricula

of the community in achieving effective participation and the empowerment of people and communities for health promotion requires access to education and information.

Participatory Action Research Approach operationally is research with community organizations with the aim of enhancing awareness, facilitating problem

Networking and Partnerships for Health Promotion and HPH's has become an efficient medium for stimulating information flows, educating people quickly and creating extensive international 'talking and listening circles'. Building networks is about building knowledge and data bases initiated by face to face relationships and connections maintained over many years without direct contact. Pencil portraits are representing collaborative research stories from students/partners actively involved in widening the health promotion movement. Writing from the mind links testimony with empowerment education for health and development and sustainability of the health promotion movement.

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Participatory Action Research Approach - operationally is research with community organizations with the aim of enhancing awareness, facilitating problem analysis, planning integrated HPH's initiatives or improving ongoing ones.

for knowledge, skills and research development.

Widening Participation and Narrowing the Health and Education Divide A culture of health that respects and supports personnel in hospitals, health, social and voluntary services and members

analysis, planning integrated HPH's initiatives or improving ongoing ones. In addition the action research process enables those involved to build a greater understanding and widen participation between academics, practitioners from a diversity of sectors, setting and citizen groups.



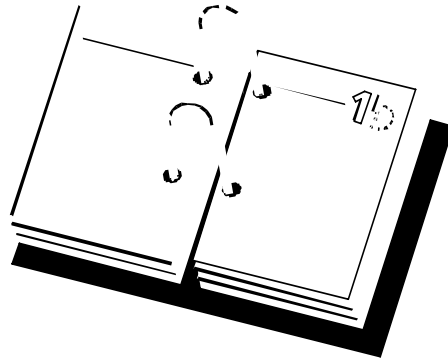
Visit Grand River Hospital's new web page!

See Health Promotion:

- Upcoming Events
- Health Promotion Exchange newsletter
- Opening the Door multicultural newsletter
- Promoting Health in your hospital
- Hospital Health Promotion network

<http://www.grandriverhospital.on.ca>

Mark your calendar



GRAND RIVER HOSPITAL Community Health Promotion Series

March 4, 2003

"The Healing Power of Laughter"

Waterloo Public Library,
Waterloo, Ontario

March 25, 2003

"Men's Health Issues: Taking Charge of Your Health"

Region of Waterloo Public Health
Building

April 7, 2003

"Ovarian Cancer"

Kitchener Public Library
Kitchener, Ontario

May 15, 2003

"Osteoporosis: Decrease the Risk"

St. Louis Church Hall
Kitchener, Ontario

May 18 - 20, 2003

11th International Conference on Health Promoting Hospitals - "Re-orienting hospitals for better health in Europe: New governance, patient orientation and cultural diversity in hospitals"

Florence, Italy
Contact:
www.univie.ac.at/hph/florence2003

May 26, 2003

"Horticulture and Complementary Therapies" conference is designed to illustrate innovative approaches to enhance the quality of life of people with Alzheimer's Disease or a Related Dementia, Waterloo, Ontario.

For more information contact Bev at (519) 888-4567, ext. 6884 or email: bbrookes@uwaterloo.ca

August 14, - 16, 2003

"A Changing Melody: A Conference for Persons with Dementia and Their Partners in Care"

For more information contact Bev at (519) 888-4567, ext. 6884 or email: bbrookes@uwaterloo.ca

October 15 - 18, 2003

International Society on Urban Health

New York City
Ph. (416) 864-5034

WANTED !! YOUR INFORMATION IS NEEDED

DO YOU OR YOUR ORGANIZATION HAVE UPCOMING EVENTS THAT YOU WOULD LIKE TO PROMOTE IN THE "HEALTH PROMOTION EXCHANGE"?

THE NEXT EDITION WILL
BE JUNE 2003

Please send your information to:

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TED MAVOR AT (519) 749-4255

Articles are welcome additions to the newsletter —if you would like to submit an article about Health Promotion, or if you would like to know more about funding this publication, please contact Ted Mavor at (519) 749-4300 ext. 2375.
email: ted_mavor@grhosp.on.ca

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