Table of Contents

Table of Contents

Scope and Purpose

Evidence suggests that inequalities in health are caused by differences in the so-called socio-economic determinants of health, such as occupation, income, education, housing and access to transport. One of the most prominent recent publications in the field is the so-called Marmot Report "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health," published by the WHO in 2008. The publication reveals that the patterns of global and regional health distribution follow the so-called social gradient: The wider the gap in socio-economic health determinants, the wider the gap also in life expectancy and health. This phenomenon exists between, but also within countries and even cities: In any geographic unit, considerably shorter life expectancies are found in the more disadvantaged population groups compared to those who are better off.

In light of the fact that improvements in inequalities may need action in as diverse fields as education, transport, welfare and housing, but also international cooperation, economy and trade, one might wonder if and how hospitals and health services can make an impact. But there are indeed a number of good reasons why they can, and should do so:

- First of all, hospitals and health services are themselves sources of inequalities in health for their patients, clients and workforce. If they don't adapt their own functioning and services to the specific needs of different staff, patient and community groups, they may add to preserve or even increase existing inequalities.
- Secondly, hospitals and health services have the potential to mitigate some of the negative health effects caused elsewhere by reducing thresholds to care and by offering health education to improve the health literacy disadvantaged groups.
- Last but not least, hospitals and health services have a strong voice and considerable expertise for advocating and mediating change in their communities, by forming alliances and engaging in partnerships for improving equity in health.

Because of the high relevance of inequalities for public health, the European Union labelled 2010 the European year for combating poverty and social exclusion. With the HPH conference 2010 taking place in Manchester, UK, the event is hosted by a country with leading expertise in the field. It is for these reasons that the Scientific Committee decided to focus the conference 2010 on contributions of health and social services to tackling inequalities in health, with the following main themes:

Which determinants of health inequalities can be successfully tackled by health and social services through health promotion?

Health and social services belong to the few institutions having contact with the most disadvantaged and vulnerable groups of the population. While they may not be able to influence wider health determinants such as employment or education, there are numerous determinants of inequalities well within their area of influence. Amongst others, the conference will look at concepts and examples in the following areas:

- How can hospitals and health services reduce barriers to care for disadvantaged and vulnerable groups?
- How can they contribute to improving health literacy especially for the most disadvantaged?
- How can they support equity in health by advocacy, alliances and partnerships?
- How can they use their purchasing power to strengthen local economies and employment opportunities?

What role can health and social services take in addressing inequalities in health across the life span?

Different life phases are associated with different risks to health and equity. Effective action for health needs to consider and address these differences. Against this background, the conference will look at specific forms of empowerment, education, outreach and alliance-building for effectively reducing specific inequalities in health for four target groups:

- Pre-conception and early life: How can hospitals, health and social services contribute to a fair start for the youngest?
- Childhood and adolescence: How can hospitals and health services, in alliances with kindergartens, schools and other organisations, support children to develop mentally and physically healthy?
- Middle life: What strategies and examples are there to support the health needs of the increasing number of unemployed people?
- Older age: What options are there to reducing equality gaps during the last life phase?

How can health and social services contribute to reducing inequalities in the healthcare workforce?

The working population – be it in healthcare or in other branches – mirrors population inequalities. Hospitals as employers, but also occupational health services in other branches, should pay attention to, and address, the health problems linked to these. The conference will focus on:

- What inequalities do exist in different workforces, especially within health services?
- How do workplace health promotion and occupational health services react to inequalities in the workforce? Are there compensatory services offered and resources redistributed?
- What examples of good practice are there?

Joint action for reducing causes and conseqences of health inequalities: Corporate social responsibility and beyond

Health and social services have many opportunities for single interventions to compensate existing health and social inequalities by improving access and treatment for disadvantaged groups. In its closing session, the conference will look at the role of strategic management in making such interventions more powerful by

- orientating organisational policy towards corporate social responsibility
- strategic cooperation between service providers
- engaging in sustainable development as one important precondition for equity in health

The Scientific Committee

•••• John ASHTON (Director of Public Health, Cumbria) •••• Hartmut BERGER (HPH Task force on Health Promoting Psychiatric Hospitals, Riedstadt) •••• Bernardo BOLLEN PINTO (PWG - Permanent Working Group of European Junior Doctors, Lisboa) •••• Carlos BROTONS (Europrev - European Network for Prevention and Health Promotion in Family Medicine and General Practice, Barcelona) •••• Zora BRUCHACOVA (Slovak National HPH Network, Bratislava) •••• Pierre BUTTET (French National HPH Network, Vanves Cedex) •••• Antonio CHIARENZA (HPH Task Force on Migrant Friendly, Hospitals, Reggio Emlia) •••• Shu-Ti CHIOU (Taiwan National HPH Network, Taipe) •••• Gary COOK (Stepping Hill Hospital, Stockport) •••• Louis COTÉ (Canadian Regional HPH Network Montreal, Quebec) •••• Bertrand DAUTZENBERG (ENSH - European Network of Smoke-Free Hospitals, Paris) •••• Judith DELLE GRAZIE (Austrian Federal Ministry of Health, Vienna) •••• Christina DIETSCHER (Austrian National HPH Network, Vienna) •••• Jacques DUMONT (Belgian HPH Network French Community, Brussels) •••• Carlo FAVARETTI (Italian National HPH Network, Udine) •••• Pascal GAREL (HOPE - European Hospital and Health Care Federation, Brussels) •••• Johanna GEYER (Austrian Federal Ministry of Health, Vienna) •••• Jenny GRIFFITHS (Consultant, Royal Society of Public Health, London) •••• Maria HARALANOVA (WHO Regional Office for Europe, Copenhagen) •••• Tiiu HARM (Estonian National HPH Network, Tallinn) •••• Charlotte HAYNES (Stepping Hill Hospital, Stockport) •••• Susan HIMEL (Canadian Regional HPH Network Ontario, Toronto) •••• Virpi HONKALA (Finnish National HPH Network, Raahe) •••• Michael HÜBEL (European Commission - DG SANCO, Luxembourg) •••• Cristina INIESTA BLASCO (Spanish Regional HPH Network Catalania, Barcelona) •••• Judy JONES (Department of Health, London) •••• Milena KALVACHOVA (Czech National HPH Network, Prague) •••• Margareta KRISTENSON (WHO-CC for Public Health Sciences, Swedish National HPH Network, Linköping) •••• Karl KUHN (ENWHP - European Network on Workplace Health Promotion, Dortmund) •••• Matt MASIELLO (Regional HPH Network Pennsylvania, Windber) •••• David McQUEEN (IUHPE - International Union for Health Promotion and Education, Atlanta) •••• Irena MISEVICIENÉ (Lithuanian National HPH Network, Kaunas) •••• Rod MITCHELL (IAPO - International Alliance of Patients' Organizations - IAPO, Bournemouth) •••• Ann O'RIORDAN (Irish National HPH Network and HPH Taskforce Tobacco Free United, Dublin) •••• Jürgen M. PELIKAN (Chair Scientific Committee and WHO CC for Health Promotion in Hospitals and Health Care, Vienna) •••• Barbara PORTER (Northern Irish HPH Network, Londonderry) •••• Paul de RAEVE (EFN - European Federation of Nurses' Associations, Brussels) •••• Lorna RENWICK (Scottish HPH Network, Edinburgh) •••• Ivan ROBERTSON (Member of Occupational Health Sounding Board and of Expert Reference Grouop for the NICE Public Health Advisory Committee, London) •••• Robert SCHLÖGEL (Austrian Federal Ministry of Health, Vienna) •••• Fabrizio SIMONELLI (HPH Task Force on Health Promotion for Children and Adolescents in Hospitals, Florence) •••• Simone TASSO (Veneto HPH Regional Network, Castelfranco Veneto) •••• Hanne TONNESEN (WHO-CC for Evidence Based Health Promotion in Hospitals, Copenhagen) •••• Yannis TOUNTAS (Chair of the HPH Governance Board, Hellenic HPH Network, Athens) •••• Jane WARDLE (Professor of Clinical Psychology, Director of the Health Behaviour Unit, University of London) ••••

The Main Conference Programme on April 14, 2010

18.00-18.30
Conference Opening

18:30 – 19:30
Opening lectures

The Main Conference Programme on April 15, 2010

08.00-09.00
Onsite Registration

09.00-10.30
Plenary 1: Which determinants of health inequalities can be successfully tackled by health and social services?

10.30-11.00
Refreshments and exhibition

11.00-12.30
Oral Parallel Sessions 1: Workshops and paper sessions

12-30-13.30
Lunch

13.30-14.00
Mini Parallel Sessions 1: Short presentations

13.30-14.00
Poster Sessions 1: Thematically grouped sessions

14.00-15.30
Oral Parallel Sessions 2: Workshops and paper sessions

15.30-16.00
Refreshments and exhibition

16.00-17.30
Plenary 2: Tackling health inequalities across the life span: Case examples for patients from different age groups.

- Preconception and early childhood
- Mental health in adolescents
- Addressing health inequalities for adults in working age
- Health inequalities in older age

20.00
Conference Dinner

The Main Conference Programme on April 16, 2010

09.00-10.30
Plenary 3: Tackling health inequalities in the workforce

10.30-11.00
Refreshments and exhibition

11.00-12.30
Oral Parallel Sessions 3: Workshops and paper sessions

12.30-13.30
Lunch

13.30-14.00
Mini Parallel Sessions 2: Short presentations

13.30-14.00
Poster Sessions 2: Thematically grouped sessions

14.00-15.30
Oral Parallel Sessions 4: Workshops and paper sessions

15.30-16.00
Refreshments and exhibition

16.00-17.00
Plenary 4: Joint action on reducing health inequalities between different types of services

17.00-17.30
Conference summary and Closing

17.30
Farewell refreshments

Plenary 1: Which determinants of health inequalities can be successfully tackled by health & social services?

Which Determinants of Health Inequities can be successfully tackled by Health and Social Services?

Erio ZIGLIO

Health inequities are defined as "avoidable and unjust systematic differences in health status between different groups" in a given society. Recent country health data indicates that there have been improvements in overall health status for many countries in Europe. Nevertheless, across Europe health inequities persist, among countries and also among population groups within individual countries. The poor carry the greatest share of the ill-health burden.

Inequities in health are becoming a concern in many high-and-middle-income EU countries as well as in the rest of Europe. This is not an exclusively 'national' issue; awareness of the need to tackle health inequities has increased at regional and local levels. In some Western European cities, people living in less affluent areas, and those belonging to more vulnerable socio-economic groups, may live on average 8-10 years less than people in more affluent areas, and from more advantaged groups. There is no doubt that these trends have strong implications for the role of both social services and hospitals within the overall health system as well as other issues addressed in today's conference.

In his speech, Dr Ziglio will concentrate on ways in which health inequities (and their socioeconomic determinants) can be tackled at different levels of the health system, ranging from service delivery to stewardship. In his speech Dr Ziglio will refer to two keystone documents and connections between them. The first is the final report from the WHO-established Commission on Social Determinants of Health "Closing the gap in a generation: health equity through action on the social determinants of health" (http://www.who.int/social_determinants/thecommission/finalreport/en/index.html). The second is the "Tallinn Charter on Strengthening Health Systems, endorsed in 2008 by the 53 Member States of the WHO European Region" (http://www.euro.who.int/document/HSM/6_hsc08_edoc06.pdf).

Dr Ziglio will provide examples of how action can be taken to tackle health inequities - despite the complex nature of today' arena - and to illustrate the specific role of Health Promoting Hospitals and social services. Targeted action can improve the performance of hospitals and of the health system as a whole, and can also result in realizing human rights and adding value to national and local development.

Finally, Dr Ziglio will share current WHO European Region strategies to address the increasing health divide in Europe. The need for a comprehensive European Health Strategy aimed at promoting population health and at tackling health inequities through addressing the social determinants is a priority for the European Office of the World Health Organization and is receiving special attention from Zsuzsanna Jakab, the new Regional Director.

Contact
Dr Erio ZIGLIO
European Office for Investment for Health and Development
World Health Organization
Campo S. Stefano, San Marco 2847
30124 Venice
ITALY
ezi@ihd.euro.who.int

Delivering the Marmot Review on health inequalities: A challenge for health professionals

Ian GILMORE

It is a matter of national shame that in England those living in the poorest areas can expect seventeen less disability-free years in their shorter lives when compared with their well-off counterparts. The concept that doctors should be advocates for the poor is not new. Rudolph Virchow, the founder of modern pathology (1821-1902), pointed out that

"The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction".

Yet at present many doctors and other health professionals, while doing the best for the patient they are seeing at the time, are not making the connections necessary to have an impact on narrowing the health inequalities gap.

The immediate causes of the social gradient in health, such as smoking, obesity and alcohol misuse, are well-known although clinicians sometimes either overlook these factors or believe that they can be left to public health physicians. There is an urgent need to re-energise the teaching of public health and create stronger links between clinical and public health practice. Sir Michael Marmot's review draws attention to the deeper, underlying causes (sometimes called the 'causes of the causes') that dictate the opportunities that individuals have to take control of their own lives and health. Most important among these is early experience in childhood, but others include work opportunities, a healthy standard of living and a healthy and sustainable environment and community in which to live. Doctors and other health professionals feel less at home in these wider but fundamental areas, but should not underestimate their influence. We have a moral duty to engage with building a fairer, more just society through stronger advocacy; reducing the social gradient of ill health will have huge benefits for us all.

Contact
Prof. Ian GILMORE
Royal College of Physicians
11 St Andrews Place, Regent's Park
London NW1 4LE
UNITED KINGDOM
graeme.long@rcplondon.ac.uk

Plenary 2a: Tackling health inequalities across the life span: Case examples for patients from different age groups - Preconception and early childhood

Health inequities in childhood: A call to action

Les WHITE

Inequities in child health and wellbeing remain stark on a global scale. Most notably, nearly 10 million children die annually under the age of 5 and many of these deaths are currently avoidable with relatively simple preventative and/or curative measures. The distribution of these statistics is very uneven with dominant peaks in central Africa and south Asia. Poverty and other social determinants of health are key targets in the quest to "close the gap" and give all children equal opportunity to grow and develop, protected from harm and exploitation.

The OECD or "rich" countries also suffer from inequities. Most indicators of child health and wellbeing show a diverse spectrum of outcomes both between and within rich countries. Polarisation of wealth and income is again a powerful determinant through both direct and indirect mechanisms. Inequity appears to harm not only the disadvantaged and vulnerable but our entire society.

A universally applicable approach to addressing such inequities is to adopt a strong advocacy stand based on human rights principles, most powerfully expressed in the 1989 UN Convention on the Rights of the Child (CRC). The Taskforce on Health Promotion for Children and Adolescents in and by Hospitals and Health Services has undertaken an international project across developed countries to evaluate, enhance and progress the application of the CRC within health services. An initial survey in 114 European paediatric units (22 countries) was followed by the design of a self evaluation tool tested in 17 pilot sites (10 countries). The findings indicated relatively widespread commitment to child protection and access to healthcare, but substantial gaps in communication and engagement, particularly with children and young people directly. A documented "Charter of Children's Rights" that is widely displayed, known and respected was considered vital but rarely achieved. These data will drive further work to promote broader participation and new initiatives in addressing the challenges of inequities in child health and wellbeing.

Contact
Les WHITE AM DSc
John Beveridge Professor of Paediatrics, University of NSW
Executive Director, Sydney Children's Hospital
NSW 2031
AUSTRALIA
l.white@unsw.edu.au

Reproductive Health Care for Women with Special Needs

Mary HEPBURN

Poverty, social exclusion and inequality adversely affect health. Consequently disadvantaged women have potentially high risk pregnancies with increased rates of mortality and morbidity for mothers and babies. The risk of poor social outcomes of pregnancy is also increased. While women with social problems who become pregnant are often regarded as irresponsible and the adverse outcomes of pregnancy as evidence of poor motivation, it is important to recognise that these women will have the same desire to have children as their non disadvantaged peers. They will also aspire to have healthy babies that they are able to parent adequately.

The chances of having good medical and social outcomes will be increased by careful planning and timing of pregnancies. While even careful planning will not guarantee good outcomes any pre-conceptual health and social input will be worthwhile and will improve the outcome of any pregnancy that occurs.

There should therefore be wider recognition of the potential adverse effects on pregnancy of inequality and poverty related problems. It is equally important to recognise the benefits of working in partnership with women with special needs to help them to protect and control their fertility to ensure that any pregnancies they have are intended with optimal timing for good medical and social outcomes. Experience confirms that women welcome such help and will use appropriate services appropriately provided.

Contact
Dr. Mary HEPBURN
Princess Royal Maternity Hospital
Honorary Consultant Obstetrician and Gynaecology
Glasgow
UNITED KINGDOM
mary.hepburn@ggc.scot.nhs.uk

Reducing infant mortality due to health inequalities

Philippa COX, Carolyn CLARK

Nearly 5000 babies a year are born in Hackney, most with positive outcomes. Despite this, ONS data (2002-4) showed that the infant mortality rate in City and Hackney PCT was 6.5 per 1,000 live births, compared with a rate of 5.4 for London overall, and 5.2 for England and Wales.

In 2005, Team Hackney (the borough's local strategic partnership) identified tackling Hackney's infant mortality as priority. A multidisciplinary and multi-agency action team was set up to find and examine local and national evidence, agree targets and plan a programme of action.

Team Hackney commissioned the Reducing infant mortality programme (RIMP), a two year, integrated package of targeted interventions and research worth a total of £2.26 million. Led

by a project coordinator (a Consultant midwife), services were delivered by a partnership of Homerton University Hospital, City and Hackney PCT, Shoreditch Trust (a charitable regeneration agency) and City University.

Twelve interventions focused on:
- Improving Neighbourhood services – including continuity of care
- Improving Access to services
- Developing health awareness among pregnant women
- Peer support to vulnerable women

The evaluation (2009) found that the programme effectively reached the target groups, impacted on the risk factors for infant mortality and had a positive effect on outcomes. Since May 2009, the interventions from the RIMP have been mainstreamed.

Contact
Philippa COX
Supervisor of Midwives
CWSH Management office
Homerton University Hospital
NHS Foundation Trust
Homerton Row
London E9 6SR.
UNITED KINGDOM
philippa.cox@homerton.nhs.uk

Plenary 2b: Tackling health inequalities across the life span: Case examples for patients from different age groups - Mental health in adolescents

Mental health promotion for young people: Issues of inequalities, evidence and action

Antony MORGAN

Mental well-being is fundamental to good quality of life. Happy and confident children are most likely to grow into happy and confident adults, who in turn contribute to the health and wellbeing of nations. There are many new pressures and challenges for young people in early to mid adolescence. They need to deal with considerable change in their lives at this time; growing expectations, changing social relationships with family peers and physical and emotional changes associated with maturation. Many factors have an impact on young people's ability to deal with these changes; factors specific to the child, to their family, to their environment and to life events. Evidence suggests that these factors are unequally distributed amongst young people both across countries and within their own countries.

This presentation will present the latest findings from the WHO Health Behaviour in School-Aged Children study to illustrate the most important factors involved in promoting mental wellbeing in this age group across Europe. It will also summarise the findings from a recent WHO/HBSC Forum – a process dedicated to ensure HBSC findings are used to inform action on the social determinants of health – to demonstrate what needs to be done by policy makers and practitioners to ensure equity in mental health outcomes for all young people.

Contact
Antony MORGAN
Honorary Research Fellow, University of Edinburgh
Chair, Policy Development Group, International HBSC Study Network
Associate Director, National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London WC1V 6NA
UNITED KINGDOM
antony.morgan@nice.org.uk

Reducing mental health inequalities in adolescents and young people: Contributions of hospitals and health services

Viktor KACIC

A determination of inequalities of mental health in school children is shown by a possible operationalisation of individual and social risk factors. The talk especially focuses on socioeconomic disadvantages and migration. Furthermore a look into the most frequent mental disorders among that age group, depressive disorders, anxiety, attention deficit, hyperactivity and conduct disorders is presented.

The necessary contributions of hospitals and health services are introduced in four categories: Detecting risk factors, reducing risk factors, detecting protective factors and improving protective factors. Ways of delivering these contributions at an early stage are discussed. Examples of good practice are delivered with the presentation of model projects, e.g. in Germany and the U.S.

Recommendations for Health Promoting Hospitals and health services are discussed: The underlying assumption is that inequalities in mental health of school children could best be encountered by providing psychiatric contributions in the context of their socialisation, family, preschool and school. Therefore a mobile child- and adolescent psychiatric service is proposed. With that mobile service, ways of targeting the behaviour of important human influence factors of mental health in parents, teachers and children themselves are discussed as well as the possibilities of improving environmental influence factors.

Contact
Dr. med. Viktor E. KACIC
MRC Psych
Hospital for child- and adolescent psychiatry
Am Hasenkopf 1
63739 Aschaffenburg
GERMANY
viktor.kacic@klinikum-aschaffenburg.de

Effective mental health work in secondary schools

Miranda WOLPERT

This presentation will survey current evidence of what works to promote mental health and emotional wellbeing of pupils in secondary schools. The talk will cover work with children with a range of difficulties as well as work to prevent difficulties arising. Some of the limitations of research in this area will be highlighted.

Contact
Dr. Miranda WOLPERT
Director
Child and Adolescent Mental Health Services (CAMHS) Evidence Based practice Unit (EBPU)
University College London & Anna Freud Centre
21 Maresfield Gardens
London NW3 5SD
UNITED KINGDOM
miranda.wolpert@annafreud.org
http://www.annafreudcentre.org/ebpu
http://www.corc.uk.net

Plenary 2c: Tackling health inequalities across the life span: Case examples for patients from different age groups - Addressing health inequalities for adults in working age

Measuring equity of care in hospital settings: Where is acute care already doing well, and what areas for improvement are there?

Sanjeev SRIDHARAN

This paper describes key questions that a performance measurement system that measures the contribution of equity in care in hospital settings needs to answer. Two types of questions are raised: How does one measure equity in hospital settings? How does one measure the hospital's contribution to reducing health inequities at the systems level?

The role of a coordinating agency in developing a systemic measure of health inequities is described. Additionally, ten steps that need to be followed in developing a hospital and systems level measure of health inequities is also described. Key in our discussion is the role of incentives in promoting health equities - the connections between performance metrics and the incentive to create change are described.

Contact
Dr. Sanjeev SRIDHARAN
Centre for Research on Inner City Health (CRICH)
St. Michael's Hospital
30 Bond Street
Toronto, Ontario
M5B 1W8
CANADA
sridharans@smh.toronto.on.ca

England's approach to addressing lifestyles and health inequalities from a NHS Trust perspective, attracting the interest of commissioners and financial reward systems

Adrian TOOKMAN

Background
It's estimated that 25% of the population walk through the doors of its local hospital every year, at The Royal Free Hampstead NHS Trust, we see over ½ million patients a year and employ over 5,000 staff. The health needs assessment of our hospital population showed that 54% of our patient admissions are from the most deprived communities often with complex health needs, these account for over 60% of our emergency admissions. We are seeing the most deprived populations and offer a huge untapped resource to deliver public health, help reduce inequalities in health and complement community public health programmes.

Setting a local tariff to deliver public health within an acute trust
Although there isn't a national tariff for public health, there is strong evidence of the link between health care spending and health outcomes in England.1 National programmes such as the Quality and Outcomes Framework and programme budgeting have shown that financial incentives can drive population health change, including addressing inequalities in health.2 Part of our public health programme is to conduct research into the cost effectiveness of delivering this within an acute trust setting. Working to develop clear and ongoing funding mechanisms for this ensures that this work becomes part of our core business.

Examples of public health work where we have developed financial incentives
We are implementing a range of public health initiatives across the trust and aim to conduct research on the cost benefit of a whole system approach to public health within an acute trust.

- Vaccinations. We will offer opportunistic childhood vaccinations in our paediatric services to help increase the low levels of MMR coverage in London; this is in partnership with Barnet PCT. A local tariff has been developed and agreed with Barnet PCT this is on a cost per vaccination episode.
- Smoking – we are working to develop a tariff to increase not only the number of referrals to community smoking services but an increased tariff if we achieve a quit rate, this includes staff.
- Alcohol – we will start screening patients and offering brief interventions and for hazardous/ harmful drinkers in our A&E department. This is in partnership with Camden PCT – although this work is pump primed to we are aiming to work to cost per screening scenario.

Priorities 2010/11
Implementation of a wellbeing prescription and centre across the trust. This involves offering lifestyle screening and referral for patients and staff to support behaviour change and developing a wellbeing centre which would bring together our health promotion services such as smoking cessation, CVD risk screening, screening for blood borne viruses e.g. HIV, hepatitis, into a centre of excellence for patients, staff and visitors.

This programme uses an iterative (organic) approach to change; making small changes in many areas. This bundled approach uses multiple small steps of change the sum of which has resulted in a transformation in attitude regarding the value of public health in an acute trust from The Patient to The Board. We believe this is a process that can be replicated in other trusts.

References
- 1.CHE Research paper 32. Further evidence on the link between health care spending and health outcomes in England. Centre for Health Economics. The university of York.
- 2.Programme budgeting and marginal analysis: linking health investment to health improvement. BMJ Health Intelligence. BMJ Publishing Group 2007

Contact
Dr. Adrian TOOKMAN
Divisional Director Specialist Services
Medical Director
Royal Free Hampstead NHS Trust
Pond Street
London NW3 2QG
UNITED KINGDOM
adrian.tookman@royalfree.nhs.uk

Gender equality and gender equity in health

Sarah PAYNE

Differences between women and men in health are well known. Women have better life expectancy than men in virtually every country in the world, and more men than women die prematurely from heart disease, accidental and non-accidental injury every year. The health of men and women also varies, although patterns are less clear cut. Women are more likely to be diagnosed with depression and anxiety, for example, while more men are treated for substance misuse. More women suffer from osteoarthritis and irritable bowel syndrome, while the condition ankylosing spondylitis is more common among men. However many conditions are experienced equally by women and men, while some differences reflect gender variations in recognition of symptoms and willingness to consult health professionals.

It is clear that both sex, or biological influences, and gender, which is socially constructed, play a part in shaping the health of men and women and understanding of the part played by these factors has increased in recent years. In addition, interactions between sex and gender, the "biologic expression of gender" and the "gendered expression of biology" (Krieger and Zierler, 1995), also are significant elements in the explanations of these patterns.

This paper explores differences between women and men in mortality and health experience across the life course, and outlines strategies which might be adopted to reduce gender inequalities and promote gender equity.

Contact
Sarah PAYNE
Reader in Social Policy
University of Bristol
Senate House
Tyndall Avenue
Bristol BS8 1TH
UNITED KINGDOM
sarah.payne@bristol.ac.uk

Plenary 2d: Tackling health inequalities across the life span: Case examples for patients from different age groups - Health inequalities in older age

Dealing with inequalities in long-term care for older people in social health insurance systems

Karl KRAJIC

Social inequalities in the provision of long-term care (LTC) so far have received little attention in social health insurance (SHI) systems, especially in the German-speaking countries - much less than social inequalities in health in general as well as inequalities in acute health care. One of the reasons might be that, while (acute) health care is understood as a basic citizen right in these systems, this is not the case for social care – and LTC basically is a complex mix of health and social care.

Nevertheless, there are plausible theoretical considerations, expert perspectives and some empirical data which indicate a considerable amount of inequality. First this refers to health outcomes in old age: There seems to be a strong correlation between social status, mortality, morbidity and functional impairment in old age. But there are indications that the quality of long-term care services has a steeper social gradient than that of acute health care services, at least in SHI countries. Income and wealth seem to have a huge impact on which quality of LTC is available for individuals and their families.

Explanations refer to overall macro (societal) conditions like a much lower level of public funding for LTC (a larger private sector), a lower level of professional training, a much lower level of scientific research, a lower level of public and media attention etc. In addition, on the meso (organisational) level, many LTC organisations (especially in the sector that is publicly funded) seem much less developed towards quality management/ development strategies, although there are reform concepts/ movements in the LTC sector aiming at changing size, architecture, local integration, organisational concepts etc. On the micro level, there seem huge social differences in health (care) literacy – LTC systems in SHI countries are even more complex and less transparent than acute care – which results in a social gradient not only in quality of care for the users, but also in health impact on their families as informal carers.

As a consequence of the ageing of European society, numbers of LTC users are growing quickly, as well as numbers of families caring for an old person. This increases pressure for reforms on the political level, asking for more public money for LTC, better protective regulations, compulsory quality standards etc. and creates new public awareness for quality of care processes.

This offers a window of opportunity for developing health promotion in LTC. In a seven year research program, a program line of the Ludwig Boltzmann Institute Health Promotion Research in Vienna is developing concepts, tools, instruments and empirical knowledge on a model of health promotion in organisational settings for LTC. The presentation will conclude with an outline of the basic ideas of this approach.

Contact
Ass.Prof. Dr. Karl KRAJIC
Ludwig Boltzmann Institute Health Promotion Research
Untere Donaustraße 47
1020 Vienna
AUSTRIA
karl.krajic@lbihpr.lbg.ac.at

Health inequalities in older age: Findings from the English Longitudinal Study of Ageing

James NAZROO

The marked socioeconomic inequalities in health that exist in contemporary societies are well documented. However, there remains some debate as to the extent to which they continue into later life, with some evidence suggesting they diminish at older ages, perhaps as a consequence of survival effects or a reduction in the importance of socioeconomic position in determining health differentials. There also remains some debate regarding the primary drivers of socioeconomic inequalities in health - material disadvantage, relative social status, health behaviours, or access to high quality health services – and, consequently, there remains some uncertainty as to appropriate targets for intervention.

This paper will examine the nature and extent of health inequalities in later life, how and why such inequalities change with age, and the pathways through which such inequalities may operate. It will make use of data from the English Longitudinal Study of Ageing, a representative panel study of more than 11,000 people aged 50 or older. Data have been collected every two years since 2002 and cover a comprehensive range of domains, allowing for an analysis of causal pathways connecting socioeconomic position and health at older ages. This will allow a range of outcomes to be covered (self-report measures, performance measures, diagnostic scales, biomarkers, and mortality), markers of different dimensions of socioeconomic position (wealth, occupational class, social status), measures of health behaviours, markers of the quality of care received for health conditions, and an examination of transitions specific to later life, such as retirement and widowhood. Conclusions will be drawn on the significance of socioeconomic inequalities and on recommendations for policy.

Contact
Prof. James Nazroo
Professor of Sociology
School of Social Sciences
University of Manchester
Arthur Lewis Building
Oxford Road
Manchester M13 9PL
UNITED KINGDOM
james.nazroo@manchester.ac.uk

Targeting health inequalities from visual impairment in the elderly

Andy CASSELS-BROWN

The WHO Global Initiative "Vision 2020: The Right to Sight" appropriately concentrated initially on the developing world. The ageing demographic transition and huge socio-economic burden of visual impairment and blindness in the elderly is now also a priority within developed economies as recognised by the recently launched "UK Vision Strategy" and the Dept of Health World Class Commissioning Guidelines on Community Eye Health.

Recent UK research has shown has shown the direct + indirect costs and loss of healthy life and loss of life due to premature death associated with partial sight and blindness imposed a total economic cost of £22 billion in 2008 and are set to spiral by 2020. Very little priority is given locally however to prevention of visual impairment and disability despite the availability of very cost effective interventions such as increasing awareness in high risk BME groups (£1,230 per DALY) and uptake of sight tests in the elderly ((£24,200 per DALY).

Visual impairment both causes and is caused by socio-economic deprivation and the impact cuts across global public health priorities such as obesity/mental health and loss of independence/social isolation enhances health inequalities across the board particularly in the elderly. This presentation will highlight the main rationale and potential mechanisms for targeting health inequalities arising from visual impairment in the elderly and other high risk populations.

Contact
Andy CASSELS-BROWN
Consultant in Community Eye Health
NHS Leeds PCT and Leeds Teaching Hospitals Trust
Hon Senior Clinical Lecturer University of Leeds
UNITED KINGDOM
andy.cassels-brown@nhs.net

Plenary 3: Tackling health inequalities in the workforce

Health inequalities in the workplace

Dame Carol BLACK

My Review of the health of Britain's working age population, „Working for a healthier tomorrow"[1], began by recognising the human, social and economic costs of impaired health and well-being in relation to work and working life. Good employment protects health: unemployment leads to poor health. Retaining people in work, or returning them to work after sickness, is of critical importance and will in addition reduce health inequalities. The Review focussed on the health of people of working age, whose health has consequences often far beyond themselves – touching their families, communities, the workplace itself, and society. It made recommendations which the government accepted and are now being implemented.

Minimising the risk of illness and supporting those who do become ill or disabled, enabling them maintain or resume work, is increasingly seen as a major part of the wider public health endeavour in many countries. Rates of unemployment are highest among those with disabilities, mental ill-health, chronic disease, and few qualifications or skills. Those with caring responsibilities, victims of domestic violence, lone parents and older workers also experience high rates of unemployment. Action to tackle this and the consequent inequalities requires organised effort. It is crucial not only to the physical and mental health of working age individuals and their families, but also to the effectiveness of a nation's workforce, and is ultimately critical to the economy, financial health and business success.

The lecture will explore the opportunities which health services and employers have to enhance the health of their own workforces, and through this improve the health of families and communities, reducing inequalities.

References

[1] Dame Carol Black's Review of the Health of Britain's working age population, Working for a Healthier Tomorrow. TSO: 2008.

Contact
Prof. Dame Carol BLACK
National Director for Health and Work
Health, Work & Well-being Delivery Unit
Work, Welfare & Equality Group
Level 2, Caxton House
Tothill Street
London SW1H 9NA
UNITED KINGDOM
carol.black@dwp.gsi.gov.uk
http://www.workingforhealth.gov.uk/

Reducing health inequalities in the healthcare workforce by promoting health in the workplace

Louis CÔTÉ

While much research has been conducted on the social inequalities of health in society in general, few studies have addressed this issue in the workforce of health institutions. The work done by the Health Promotion for Staff / Healthy Workplace Working Group is providing HPH institutions with a valuable opportunity to gain a better understanding of health inequalities in the workforce.

After a short overview of the context concerning the creation of the Health Promotion for Staff / Healthy Workplace Working Group, participants will be invited to observe how health inequalities exist in the healthcare workforce (for example, in relation to the position and status of employees in the organization).

The presentation will include an overview of findings from the literature along with recommendations and projects dedicated to reducing health inequalities created through the Working Group guide project. The guide framework will also be discussed, as will the Montreal-region and international collections of exemplary practices related to healthy workplaces.

Participants will better understand why health organizations should focus on reducing health inequalities in the healthcare workforce and discover that addressing this issue is in keeping with the their mission and values.

Contact
Louis CÔTÉ
Director of Human Resources, Information, Planning and Legal Affairs
Agence de la santé et des services sociaux de Montréal
Coordinator of the Montreal Network of Health Promoting Hospitals and CSSSs, Canada
Leader of the Health Promotion for Staff / Healthy Workplace Working Group.
3725, rue Saint-Denis
Montréal (Québec) H2X 3L9
CANADA
louis_cote@ssss.gouv.qc.ca

Reducing health inequalities in the healthcare workforce - The experiences of Taiwan Adventist Hospital

Hui-Ting HUANG

Worker in healthcare systems are experiencing increasing stress and insecurity as they react to a complex array of forces. Emerging diseases as well as increasing burden and escalating conflicts are all challenges to which the workforce must be prepared to respond. The unmistakable imperative is to strengthen the workforce so that health systems can tackle crippling diseases and achieve hospital health goals. The

hospital top hierarchy has to open out a perspective to reduce existing health inequalities in workforce.

Upholding the spirit of Christ, Taiwan Adventist Hospital (TAH) provides an integrated healthcare for people to achieve a total healing and to establish healthy lifestyle in the community and our employees accordingly. However, we found it has been surging from 7.7% in 2006 to 11% in 2009 by Chinese scaled GHQ-12, an unpredictable shocking number of our employees having health concerns about somatic or mental disorders. First of all, we set out to assess the health conditions and burnout of employees physically and mentally. Environmental and personal factors have been associated with health inequalities and burnout .We endeavor to create a magnet environment to reduce workplace hazards and abuses by launching a customer experience program "SHARE" which has been our commitment to cultivate an atmosphere of caring practice, respectful, and collaborative relationships in workplace. We also pledge to develop some headline targets to reverse undermined health of our workforce.

By yearly physical fitness survey, we find out our female employees are more vulnerable to cardiovascular disease than male in terms of having worse body fat, BMI, and poor cardiopulmonary function. Obesity and metabolism related diseases have become the first priority agenda to be tackled. NEWSTART® (composed of 8 elements of health; Nutrition, Exercise, Water, Sunlight, Temperance, Air, Rest, Trust) program has been our basic principles to establish total healing since 1997. In order to promote health, we built up a gym within our hospital compass in 2005 and it features complex amenities for exercises. The foundation of nutrition in NESTART program is to provide a plant-based protein meal without refined sugar, oil and containing low salt, high fibers. The metabolic disorders are amenable to the program. We offer a-8 weeks' intervention program for those who have one or more indicators of metabolic related disorders.

The results point out it is effectively reducing all sorts of risk factors with statistical significance. However, when we looked at the trend of metabolic disorders in four consequent years from 2006 to 2009, it reveals no real overall progress has been made, although our measures have drastic short-term effects on disadvantage group. Maybe we mire in the conceptual dilemma that we disregard the potent deterrent to gain health in healthcare workforce is the compliance of sustaining a sound lifestyle. We do not enforce all the disadvantage staffs to join the program and the monitoring period is yet too short and the consequence may not be robust. Regarding inequalities in mental health, we conducted a sleep quality study for our nursing staffs and it revealed only two items; interaction with patients and existing lawsuit having statistical correlation with sleep quality by p-value<0.05. They have less stress coming from the hierarchy related factors and it also mirrors the deferral of responsibility. Another bright idea occurs to us to explore the inside status of mind and to modulate the metal health by empowering workforce to cope with stress and providing personal counseling with indignation outlet to release the tension.

In conclusions, we need to understand not only how average levels of health status of populations can be raised but also how health inequalities can be reduced. After years of setting up power grid on health in our hospital, it makes our staffs have less workload stress and more health gain than peer hospitals with notable difference by a multicenter study. It still leaves much to be desired, and it would be a triumph that did not become apparent for a few years.

Contact
Hui-Ting HUANG, MD
President, Taiwan Adventist Hospital
President, Taiwan Society of HPH and HS
No.424, Sec. 2, Bade Rd.
Songshan District
Taipei City 10556
TAIWAN, R.O.C.
gih@tahsda.org.tw

Plenary 4: Joint action on reducing health inequalities between different types of services

The role, influence and impact of acute and MH providers and their managers in addressing health inequalities and contributing to health improvement

Mike FARRAR

NHS North West is the second largest of England's regions in population terms, comprising nearly 7 million people, 64 NHS organisations and covering the biggest geographical area of any Strategic Health Authority in the country (Healthier Horizons in the North West).

Closing the health gap in life expectancy and promoting the health of all our region's citizens is not only a matter of social justice but is crucial for building a sustainable economy with a healthy workforce and functioning, capable, self-reliant communities. The North West is a partner region with Professor Sir Michael Marmot's independent review into health inequalities in England. Being a partner region has created an enhanced momentum and interest in the region to tackle health inequalities – across all sectors. We are working with a wide range of stakeholders to produce a framework for action for health inequalities post 2010 that will underpin the ambition set out in the North West's Integrated Regional Strategy 2010 – 'Having a healthy population..'

Although we can demonstrate great success in treating ill health and sickness we have unfortunately some of the most intractable health problems among our population. Despite progress towards a healthier future for our citizens, its services – and associated outcomes – have not made sufficient impact either on the health overall of the population or on health inequalities. NHS organisations urgently need to focus far more on promoting health and preventing ill health. They must ensure a better understanding of, and support for, individual patients; engage wisely in partnerships that will support communities; spend their resources in a way that creates social value and take the next steps towards delivering NHS services which are preventive in focus and respond more closely to individual need.

During the course of this conference we have shared with you some examples of how we as managers in the North West working alongside our lead and coal face clinicians, are addressing these health challenges. The leadership role of managers in our hospitals in driving forward the corporate social responsibility and sustainability agenda has been exemplified by the work of some of our Chief Executives. Under their leadership we have a drive on tackling alcohol related admissions for example. Our Human resource managers are driving forward improvements to workforce health and opening employment opportunities for some individuals who have been without work long term. Managers are supporting clinicians by encouraging local, regional and national audits. We have established lifestyle service projects and national audits of health promotion in hospital. These initiatives represent a true collaboration between managers and clinicians including clinician managers. Organisations that provide services are key but so are those driving commissioning and we see this 2010 Health Promoting Hospitals Conference (hosted in the region) as a stimulus further to develop the role of all health care providers as health promoters.

Contact
CBE Mike FARRAR
Chief Executive
NHS North West
3, Piccadilly Place
Manchester M1 3BN
UNITED KINGDOM
mike.farrar@northwest.nhs.uk

Climate change and health

Bettina MENNE

Contact
Dr. Bettina MENNE
Medical Officer, Global Change and Health,
WHO Regional Office for Europe
Via Francesco Crispi 10
00187 Rome
ITALY
bme@ecr.euro.who.int

Session 1-1: Workshop in collaboration with European Union

Solidarity in health – Reducing health inequalities in the EU: Possible contributions from Health Promoting Hospitals and Health Services

Michael HÜBEL, Walter BÄR

According to the WHO Marmot report, inequalities in health and their correlation to socio-economic determinants are an undeniable fact around the globe and also in Europe, and it seems that substantial improvements in population health will not be possible in the future without reducing inequalities.

In order to stimulate and guide relevant action in Europe, the European Commission launched its communication on "Solidarity in health: reducing health inequalities in the EU" in October 2009.
As key issues to be addressed, the Commission formulates:

- An equitable distribution of health as part of overall social and economic development
- Improving the data and knowledge base and mechanisms for measuring, monitoring, evaluation and reporting
- Building commitment across society
- Meeting the needs of vulnerable groups
- Developing the contribution of EU policies

While it is evident, that national and global developments in as diverse fields as economy, education, and environment contribute to health inequalities, the health sector also specifically contributes e.g. by unequal access to care and treatment.

Against this background, the workshop will focus on aspects where (health promoting) hospitals and health services can make a contribution:

- By addressing their own role in creating inequalities (e.g. by reducing thresholds with regard to access)
- By addressing local determinants (e.g. supporting local economy by preferring local products)
- And by engaging in lobbying and alliance-building for equity in health.

Another question the workshop will focus on shall be what frameworks hospitals and health services will need to make such contributions. Based on an input from the European Commission, these questions will be discussed with representative from the HPH network and the audience.

Contact
Dr. Walter BÄR
European Commission
Public Health Directorate
2920 Luxembourg
LUXEMBOURG
walter.baer@ec.europa.eu

Session 1-2: Workshop with European Network of Smoke-Free Hospitals and Health Services

Standards, Experiences and Best practice models for implementing a comprehensive Tobacco Free Health Service policy

Esteve FERNANDEZ, Cristina MARTÍNEZ, Christa RUSTLER, Miriam GUNNING

Introduction
The WHO Framework Convention on Tobacco Control (FCTC) indicates that health care institutions have an important role in tobacco control and should take effective measures to promote cessation and adequate treatment for tobacco dependence. In the European Union there are more than 15.000 hospitals that could play a key role in implementing best practice in tobacco management, stimulating health professionals to be effective role models and provide tobacco cessation activities to their patient/users.

Purpose / Methods
The ENSH- Global Network for Tobacco Free Healthcare Services has developed a comprehensive set of standards, materials and methods to assist hospitals and health services with this role. The GOLD Level Award is the highest recognition of the ENSH and stands for comprehensive evidence-based counselling and tobacco cessation programs including a tobacco-free campus. This workshop will hear from the experiences of nominees for the Gold Level Award and present strategies for the implementation of a tobacco free policy from national coordinators.

Results
Key aspects will be addressed such as (a) the fundamental elements of a comprehensive tobacco free policy, (b) the key actions and strategies that support policy implementation (c) discuss the transferability of best practice models and (d) consider the benefits of and application process for the ENSH GOLD Level Award 2011.

Conclusions
Endorsement of the ENSH concept and process for implementing a tobacco-free hospital campuses and agreement to promote the ENSH Self Audit Tool as a method for monitoring and evaluation the impact of the process in terms of treatment quality, training standards, acceptability, observance, and tobacco consumption reduction among hospital workers and users.

Contact
RN Cristina MARTÍNEZ
Catalan Institute of Oncology
ENSH Coordinator
Av Gran Via 199-207
08907 L'Hospitalet
SPAIN
ensh@iconcologia.net

Session 1-3: Symposium: Documentation and evaluation of clinical health promotion

Documentation and evaluation of clinical health promotion

Shu-Ti CHIOU, Hanne TØNNESEN

Programme
- Introduction to Documentation and Evaluation of Clinical Health Promotion (Shu-Ti Chou)
- WHO Standards (Jaruwun Jongvanich)
- WHO Stadarts (Shu-Ti Chou)
- Documentation - Model for HP activities - DRG (Hanne Tønnesen)
- HPH Data - Model for Identification of Health Determinants (Matthew Masielo)
- Closing remarks (Hanne Tønnesen)

The International HPH Network has developed the relevant tools for implementing Health Promotion in Hospitals and Health Services. The tools includes:
- WHO Standards for HP in Hospitals
- Documentation Model for HP Activities (including HP in DRGs)
- HPH DATA Model for Identification of Health Determinants
- These tools are based on evidence. They all fit together and the clinical specialists from several countries have tested them in clinical settings. The general usefulness, applicability and sufficiency are relatively high. Members of the HPH Network can report their results online on the website: The website serves as a user-friendly forum for exchange and knowledge and experience as well as for benchmarking at international, national and regional level.
- Furthermore, a quality database is open for monitoring the effect of smoking cessation programmes www.scdb.dk.

References
- Groene O, Jorgensen SJ, Fugleholm AM, Møller L, Garcia-Barbero M. Standards for health promotion in hospitals: development and pilot test in nine European countries. Int J Health Care Qual Assur Inc Leadersh Health Serv. 2005;18(4-5):300-7.
- Tønnesen 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 Serv Res. 2007 Sep 18;7:145.
- Kjaer NT, Evald T, Rasmussen M, Juhl HH, Mosbech H, Olsen KR.The effectiveness of nationally implemented smoking interventions in Denmark. Prev Med. 2007 Jul;45(1):12-4.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC for Evidence-based Health Promotion
Head of research
Bispebjerg Bakke 23 2400
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk
www.scdb.dk
www.HealthPromotingHospitals.org

Session 1-4: Improving child & adolescent health gain by health promotion and prevention

Chronic disease prevention and health promotion. Public policies and social network analysis of the hospitals services and others health and social organizations to support joint actions for children with diabetes

Maria ASENSIO, Carlos SILVA, Mafalda FORTUNA, Raquel COSTA, Joaquim FIALHO, José SARAGOÇA

Introduction
In Portugal as in others countries of the Europe Union, governments have implemented diabetes strategic frameworks to develop, implement and evaluate coordinated and integrated approaches and services to reduce the impact of diabetes. The social, human and economic impacts of diabetes are significant. Tackling them all will require investments in prevention, disease management and research to inform and strengthen practice in the field, namely for children with diabetes.

The success of these activities has been demonstrated in Europe; however it is not easy to help children to achieve a healthy and long quality of life through public awareness campaigns and the promotion and exchange of information between hospitals services and other health and social organizations.

Purpose / Methods
In this paper, we would like to present a focus for comprehensive action on diabetes in Portugal. Based on an applied ap-

proach of social network, we would like to discuss and analyze the dynamics of formal networks between hospitals services and others health and social organizations to support joint actions for reducing causes and consequences of health inequalities in children with chronic disease, and to develop core strategies and standards in health promotion and the quality of care for children with diabetes type I in Portugal, focusing our attention in the case of Barreiro.

Results
Semi-structured interviews were performed and their contents were analyzed through content analysis and quantitative data through UNICET. The results of centrality and density of the network identified the most important clusters between hospitals services and others health and social organizations cooperation, as well as a network relation developed between health professionals and children with diabetes type I. Its network structure doesn't exhibit degrees of complexity, but the presence of stable nucleus centered around members (health professionals) of some hospital services. The qualitative data and key findings suggest a lack of cooperation (e.g., alliances, supply chain, leadership) between the different hospital services, primary health care services and community organizations.

Conclusions
The paper concludes that the effective implementation of the reform program will be key to achieving durable results and that, nevertheless, additional measures will be needed to further raise efficiency, reduce current cost pressures and improve health status of children with diabetes. We will also illustrate how social network analysis can be used as a method for understanding the social intervention in health care for children with diabetes type I. All children with diabetes have the right to the best healthcare.

Hospitals and other health and social organizations should have the ability to analyze its internal and external environment, looking for institutions that can cooperate with sustainability in networks to improve not only the quality of care, but also to develop empowering actions, participatory, inter- sectors, equitable, sustainable and multi-strategic for chronic disease prevention and health promotion. However it is necessary to develop more in depth case studies for a better understanding of the key findings, learning, recommendations or paths to innovate public policies and actions in these areas of promotion of optimal health, social well-being and quality of life for all children with diabetes.

Contact
Ph.D Maria ASENSIO MENCHERO
University of Evora
Professor of Political Science
largo dos colegiais 2
7000 Evora
PORTUGAL
maria.asensio@ina.pt

Hospitalization rate and complications in children undergoing peritoneal dialysis treatment - a comparison between children from native and immigrant families in Austria

Julia KÖBERL, Christoph AUFRICHT, Klaus ARBEITER

Background
The link between socioeconomic disadvantage and lower health status has been well documented and the existing data show that a large part of immigrants in Austria belongs to this group. PD has been considered as the renal replacement therapy of choice in pediatric patients suffering from end-stage renal disease. The aim of the study was to determine whether disparities concerning the hospitalization rate and complications while treated with PD exist among children from native and immigrant families in Austria.

Patients and Methods
44 children (13 immigrant children) who underwent PD for the first time between November 1989 and June 2007 at the pediatric nephrology unit of the Medical university of Vienna, Austria, were enrolled in this retrospective study. The patients were separated into two groups according to their immigration backgrounds. Data concerning medical complications were collected from patient records, data concerning the socioeconomic background were collected from structured questionaires.

Results
No differences concerning the family situation or parental education could be found. The number of persons per household was similiar in both groups, but the number of rooms per person was significantly lower within the immigrant families (p<;0,001).

Regarding the time of hospitalization immigrants tend to be longer hospitalized than natives (27% vs. 14% , p=0,084). Immigrant children younger than age of two years tend to have a higher hospitalization rate than same-aged natives (p=0,070) as well as immigrants aged 2 years or older (p=0,164). Moreover the frequency of outpatient treatments per year was statistically significant higher among immigrant children (p=0,032).

There was also a significant difference observed in the mean training time of immigrant mothers , who spent more time learning the handling of PD than the natives (p=0,009).

Conclusions
In summary our study shows that the risk of hospitalization as well as the frequency of outpatient contacts is influenced by the migration status. Additional training time for immigrant mothers could already be observed at our center, but further improvements to optimize the treatment of immigrant patients should be taken into consideration.

Contact
Univ. Prof. Dr. Klaus Arbeiter
Dep. of Ped, Medical University Vienna
Währinger Gürtel 18-20
1090 Vienna
AUSTRIA
klaus.arbeiter@meduniwien.ac.at

Antenatal classes: temporal trend and accessibility in Trentino Province, North Italy 2004-2008

Silvano PIFFER, Laura BATTISTI, Giuseppe DE NISI

Introduction
Antenatal classes (AC) improve women's knowledge and competence and pregnancy outcomes. People attending AC also present a greater chance to breast feeding, in particular to exclusive breast feeding. AC attendance is a recommended practice by The Italian Comprehensive Mother and Child Health Promotion Project (POMI). Present study analyzes antenatal classes trend and accessibility in pregnant women who have been delivered in Trentino province (north Italy) in 2004-2008

Purpose / Methods
In Trentino province (about 520.000 inhabitants), the data of each delivery are recorded in a computerized database. This registration is compulsory in all italian region. However, only in Trentino province are routinely collected data about the attendance of AC. We present temporal trend of antenatal classes, the accessibility to classes according parity, place of birth, personal women 's characteristics (age, education, marital status, citizenship). A logistic regression analysis was carried out for getting adjusted Odds Radio (O.R.).

Results
The overall coverage of AC turn from 29,6% (2004) to 35,4% (2008), the primiparous figures are 52,3% (2004) and 58,9% (2008). There are no coverage differences, in primiparous women, in relation to place of birth and residence. The accessibility is greater in graduated than in low level of education women (50% vs. 18%). Women with a foreign citizenship present the lowest coverage: 7% in 2004 to 12% in 2008. With the exception of parity, the variables more correlated to a low AC attendance are: a single condition (OR 1.4, 1.3-1.5), low level of education (OR 1.9, 1.8-2.0), but above all a foreign citizenship (OR 8.3, 7.3-9.4). The age at birth has no effects.

Conclusions
AC attendance is an evidence based practice and it is recommended by POMI. In Trentino province it is possible a routinely surveillance of AC coverage. This coverage has improved during the time but there are some inequalities. In primiparous women these are attributable above all to foreing citizenship, low level of education single condition. These factors should be take in account, for increasing the overal and specific access to AC.

Contact
Dr. Emanuele TORRI
Azienda Provinciale per i Servizi Sanitari
Staff del Direttore Generale
Via De Gasperi 79
38100 Trento
ITALY
emanuele.torri@apss.tn.it

Beyond silos integrating oral health into early childhood health checks

Christine MORRIS, Kerry CLIFFORD, Rachael COLLINS

Introduction
This presentation will share the experiences of SA Dental Service in developing integrated partnerships to increase awareness of the importance of oral health for general health. Preschool dental attendance in Australia is limited, but contact with other health professionals is high. SA Dental Service developed a program to improve children's oral health by working collaboratively with child and maternal health nurses, doctors and Aboriginal Health Workers to identify and refer children experiencing decay. The program has increased accessto dental care.

Purpose / Methods
The program seeks to improve children's oral health through the use of an easy to use screening tool to assist nurses, doctors and Aboriginal Health Workers to identify children with early signs of decay during general health and developmental checks. Referral pathways have been established to public and private dental providers to ensure children receive priority dental care. The program is universal for all preschool children. However, mapping socio-demographic data has been useful in targeting families in need.

Results
Over 400 professionals have attended 'Lift the Lip' training to identify early signs of tooth decay by simply lifting the upper lip and checking the outer surface of the front teeth. The partnership with Child and Maternal Health Nurses has been particularly successful with them actively referring children. By December 2009, over 1850 children aged under 5 years had been referred. Referred children have twice the amount of untreated tooth decay than other School Dental Service clients the same age.

Conclusions
Collaborations to integrate oral health into general health have been successful in South Australia. Increased access to dental services has been the result of this successful partnership with child and maternal health nurses. Organisational change has embedded the program into nursing standards for sustainability and children attending services are those most in need.

Contact
MPH, BSocSc, Churchill Fellow Christine MORRIS
SA Dental Service
Director Health Promotion
Flinders Street 180
5152 Adelaide
AUSTRALIA
christine.morris@health.sa.gov.au

The influence of the family and the school environment on the eating habits and life style of overweight children and adolescents

Tamara LUBI, Zvezdana VRAZIC

Introduction
The goal of the research is to check how strong are parents and the school authorities influencing the nutritional habits and the physical mobility of overweight children.

Purpose / Methods
We have applied the comparative, the analytic,the statistical method (frquency and Hi-quadrat testing) as also the descriptive method. The theoreitical part was based on the national and foreign literature sources, on the basis of a questionnaire we have checked the nutritional habits and the physical mobility of families and the children. The questionnaire consists of 16 questions for children and 18 for parents. The questions were mostly of the open type, only some of them were closed.

Results
Most of the meals are prepared by parents. They are using a lot of fat inspite the fact that they prepare the dishes by cooking .But they are already using less fat mil kand yogurts. The meat has been served every day. Children are drinking at home but also in the school sweet beverages (juices, cacao). Only 30% of the children are consuming one or more fruits daily. Vegetable is the part of the meal in moreas 60%. 5o% of families are physically active only on weekends. In 60% of examined cases also 60% of parents have the problems with overweight.

All elementary and high schools are offering lunches at school, but not all children and youngsters are using this possibility. The results of an investigation are showing that the boys are taking the opportunity for a lunch at school more frequently. The judgement of the quality of these meals was in our understanding very subjective, they were describing their fravourite dishes and those whom they are rejecting.

Conclusions
Based also on the statements of parents are, that unhealthy nutrition, big meals,irregular meals, physical immobility but also emotional problems are causing overweight in children.

Discussion
The number of overweight children is growing and is causing neagive side effect. Prevention in time is essential. Necessary is education and acceptance of a healthier life style, healthy nutrional habits and physical mobility for the whole family, which are also the basic elements of the therapeutic treatment (Bratanič, 2004).

Contact
Tamara LUBI
Health centre Maribor, Slovenia
Head of WHO Collaborating Centre
Ulica talcev 9
2000 Maribor
SLOVENIA
who.kcmb@zd-mb.si

The therapeutic use of dance as a meaningful occupation, with potential to address health inequalities of black and ethnic minority adolescent females in the community - An occupational science approach

Nuala NAGLE

Introduction
The Ottawa Charter for health promotion 1986 proposed health promotion as "the process of enabling people to increase control over and to improve their health". Occupational science; the informing science for occupational therapy (Clark et al 1991, Zemke & Clark 1996) highlights occupational risk factors which need to be tackled in order to promote health and well being. It focuses on the use of meaningful occupation which can enable individuals to improve their own health (Wilcock and Townsend 2004).

Purpose / Methods
Dance has unique properties as a physical activity, and form of self expression making it ideal for promoting health of young people (Nagle 2007). After completing a fieldwork placement with a voluntary organisation in Edinburgh it became apparent that BME females are exposed to health inequalities. This research proposed an inter sectoral approach involving collaboration between an occupational therapist, dance teachers, counsellors and youth workers within a community voluntary organisation which aims to promote mental health and well being of BME females in Edinburgh.

Results
The authors' dissertation studied the potential of dance to promote Black and Minority Ethnic (BME) females sense of identity (Kaiser 2006) and belonging (Aken 2006) within Scotland thereby promoting their health and well being (Nagle 2007).

This project was guided by a concern for social justice and a desire to champion equality and diversity in order tackle prevailing health inequalities. A participatory action research design was chosen in order to involve participants at all stages of the process empowering them to take control over and improve their health.

Conclusions
The benefits of dance can be evaluated by completing semi structured interviews with participants at the beginning and completion of project. Dance sessions will be videoed and participants asked to keep reflective diaries of their experiences. This dissertation project will be further developed at masters research level.

References

- Aken M V (2006) Dancing Belonging: Considering Dabkeh in the Jordan Valley, Jordan Journal of Ethnic and Migration Studies 32 (2) pp. 203-222
- Brandt E, Dietscher C, Favaretti C, Garel P, Grone O, Guntert B J, Kerr A, Krajic K, Marty-Tschumy E, McCartney R, Nowak P, Pelikan J M and Tountas Y (2006) Putting HPH Policy into Action- Working Paper of the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care
- Clark F A, Parham D, Carlson M E, Frank G, Jackson J, Pierce D, Wolfe R J, & Zemke R (1991) Occupational Science: Academic Innovation in the service of Occupational Therapy's Future American Journal of Occupational Therapy 45 (4) pp. 300-311
- Kaiser T (2006) Songs, Discos and Dancing in Kiryandongo Uganda Journal of Ethnic and Migration Studies 32 (2) pp. 183-202
- Nagle N (2007) Dissertation for Bsc Honours in occupational therapy: To explore the use of dance as a meaningful occupation with potential to promote the health and well being of Black and Minority Ethnic adolescent females in Edinburgh Queen Margaret University Edinburgh Townsend E and Wilcock A A (2004) Occupational justice and client-centred practice:A dialogue in progress Canadian Journal of Occupational Therapy 71 (2) pp.75-87
- World Health Organisation (1986) Ottawa Charter for Health Promotion First international Conference on Health Promotion WHO/HPR/HEP/95.1 Zemke R & Clark F (1996) (Eds) Occupational Science: The Evolving Discipline F.A Davis company Philadelphia

Contact
Bsc Hons Occupational Therapy Nuala NAGLE
Ninewells Hospital Dundee
Occupational Therapist
434B Strathmartine road Flat 1F1
DD3 8NF Dundee
UNITED KINGDOM
nuala.nagle@gmail.com

Session 1-5: Improving patients' health literacy and chances for lifestyle development

Better integrating Health Literacy into Health Promoting Hospitals´ concepts, policy, practice and research.

Jürgen M. PELIKAN, Florian RÖTHLIN

Introduction
Health Literacy (HL) has become a concept of considerable prominence in the health promotion (HP) discourse. Originating in patients based HP, HL is now generally regarded as important determinant of health and health inequalities, major strategy for HP interventions and instrument for evaluation. Hospitals and other health care providers can make use of the concept of HL by empowering patients for co-production in treatment, for self-management of chronic conditions and for lifestyle changes. This can be done either by improving the readability/useabilty of setting and services or by strengthening the HL of patients.

Purpose / Methods
To provide information on new developments in HL and highlight opportunities of using HL in health care settings, we will analyse in how far the HPH network already taps the potential of HL in its concepts, policies, strategies, standards, practice and research. Information will be produced via analysis of HL and HPH literature, studies, documents and instruments, HPH conference presentations and proceedings and through quantitative analysis of data from the HPH evaluation study (PRICES-HPH).

Results
An assessment of the actual use of HL concepts, strategies, instruments and interventions within the HPH Network. An appraisal of the yet unused potential of HL for HPH policy, practice and research. Examples of good practice from inside and outside the HPH Network and an overview of possible evidence based health literacy tools to be used in health care . Recommendations for better use and integration of HL into HPH institutions.

Conclusions
The HPH Network has not used the potential of HL systematically and fully, yet. To keep track with HL as a new development in HP, the HPH Network should discuss ways to incorporate this new concept in its strategies, instruments and research. The presentation will offer material to start a discussion oriented at the recommendations of WHO´s Nairobi Call to Action, which has specified HL as one of five basic, future strategies for closing the implementation gap in HP.

Contact
Mag. Florian RÖTHLIN
Ludwig Boltzmann Institute Health Promotion Research
Untere Donaustraße 47
1020 Vienna
AUSTRIA
florian.roethlin@lbihpr.lbg.ac.at

Social determinants and health literacy: What can HPH do?

Irena MISEVICIENE

Introduction
A patients ability to take care of his/her health and to use health care services directly depends on his/her health literacy skills. Numerous studies on functional health literacy reported that a lack of important information about health state are related with social determinants of health and with an increased morbidity.

Purpose / Methods
To evaluate the need of health information and education for patients, considering social determinants for health, a cross-sectional study was carried out in eight randomly selected general inpatient hospitals, located in two counties of Lithuania. Standardized questionnaires were distributed among patients and nurses. STOFHLA (Short Test of Functional Health Literacy in Adults) was used for health literacy evaluation. A total of 1030 questionnaires were distributed among patients of internal and surgical departments. 876 were returned (response rate, 85.0%); 436 questionnaires were distributed among nurses, 388 were returned (response rate, 89.0%). Statistical analysis of the data was conducted using SPSS (Statistical Package for Social Sciences) for Windows, version 13, and Microsoft Office Excel 2003.

Results
One-third of the patients (35.2%) had inadequate functional health literacy, 4.1% – marginal and 60.7% – adequate. Patients with inadequate health literacy were twice more likely than patients with adequate health literacy to report that nurses always talked to them about the impact of lifestyle on disease development and health prevention (19.4% and 9.6%, respectively.

Conclusions
Age, sex, educational level, type of hospital are the indicators with are closely related with the level of health literacy of patients. More attention concerning health education and provision of health information should be paid for men, older age patients, especially with low education and hospitalized in hospitals in rural places. Because patients evaluated nurses' work concerning health education process better than nurses themselves, the periodical evaluation of nurses health knowledge level is obligatory. The mission of HPH and implementation of standards of health promotion is the excellent tool for successful patient health education.

Contact
Professor Irena MISEVICIENE
Kaunas University of Medicine
Head of department
Eiveniu str. 4
Kaunas
LITHUANIA
irena.miseviciene@kmu.lt

Eliminating health literacy barriers: How do medical doctors speak to their patients?

Oana GROENE, Manel SANTIÑÀ

Introduction
Health literacy environment is a concept comprising navigation, written and oral communication. Health outcomes are influenced by patients' health literacy skills but also by health professionals' communication skills. We report on a survey to assess patients' perception of medical personnel's communication skills and legibility of written materials.

Purpose / Methods
We assessed the perception of patients about written and oral communication for one clinical process, the cataract, in 9 hospitals members of the HPH Catalonian network. Patients were distributed a satisfaction survey comprising 21 items related to legibility of patient materials distributed before and after surgery, opportunity to ask questions and explanations provided by medical and nursing personnel. Answers were either dichotomous or included an assessment scale. Data analysis included uni-, bivariate and multivariate statistics.

Results
Overall, 313 patients (50.8% women) participated in the survey with a mean age of 71 and low educational level. Patients were medium to highly satisfied with many of the items assessed (asking questions, doctors explaining medical terms), although substantial and statistically significant differences exist between hospitals.

Conclusions
On average, patients' assessment of oral communication is rated high even though we were able to identify differences between hospitals. Some of the results are inconsistent in the sense that patients with low education level rate their satisfaction high with material that requires a high level of education for comprehension. Social desirability bias may influence the ratings in these groups of patients and further, more independent assessments are needed to target further improvement activities in oral communication.

Contact
MA, BA Oana GROENE
HPH Catalan network, Spain
Project Manager, Health literacy
c/Córsega 66, atico 3
08029 Barcelona
SPAIN
ogrone@hospitaldelmar.cat

Health Literacy: A challenge for healthcare quality

Danilo ORLANDINI, Mariella MARTINI, Daniela RICCÒ, Sara BARUZZO, Antonio CHIARENZA, Ilaria DALL'ASTA, C RIBOLDI, Federica GAZZOTTI, Elisabetta POLI, Manuela PREDIERI, Pietro RAGNI, Corrado RUOZI, Isabella SIMONI, Amelia CECI

Introduction
Health Literacy(HL) is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Healthy People 2010). There is a correlation between the level of literacy of the individual and the opportunity to obtain effective assistance. REHA promotes the spread of a new culture of communication and the use of appropriate tools.

Purpose / Methods
In order to recognize the used printed material, two health-care professionals went, unnoticed, to one of the hospitals managed by the authority, and collected all the material readily available to the operators in order to communicate with patients. With the unnoticed visit we intended to prevent that the material could be prepared and that even not normally used materials could be delivered.

Results
Materials were collected from 11 units: health-care direction, medicine, cardiology, pneumology, diabetes, general surgery, obstetrics-gynecology, orthopedics, radiology, digestive endoscopy, home-nursing service; the material collected is for the 16% letterpress, produced by different agencies (government, patient organizations, health industries), and for the 84% self-produced by the Unit and submitted in the form of color or black and white printing. The material was classified in relation to its prevalent use: general information, information about specific disease, information for diagnostic investigation or intervention, informed consent, health education. The material was evaluated for readability indices, including Gulpease, which is specifically calibrated on the Italian language, and the Flesch formula, which evaluates the average of syllables and words.

Conclusions
The examined material is readable with difficulty in relation to the average level of HL of the Italian population, as reported in the „Adult Literacy and Life Skills Survey'(ALL)". This work has further demonstrated the need for health-care organizations to ensure easy readability and comprehensibility of documents and to raise awareness of professionals on the need for understandable communication.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Optimising the integration of health promotion activities in patient pathways - the development an innovative hospital-based lifestyle service for smoking, alcohol and obesity

Charlotte HAYNES, Jan SINCLAIR, Gary COOK, Richard PHILLIPS, Abraham GEORGE

Introduction
To ensure that hospital patients are delivered health promotion for smoking, alcohol and weight, a new lifestyle service was developed. This consists of a co-ordinator to develop new health promotion care pathways, train and support frontline staff in assessing patients for smoking, alcohol use and obesity, and train staff in evidence-based health promotion and methods of delivering very brief interventions to patients; plus three specialists in delivering interventions for smoking, alcohol and obesity to whom patients can be referred to.

Purpose / Methods
Care pathways were developed from scientific evidence and consultation with experts and nursing staff. Key staff on each ward were trained during ward handovers and supported in cascading training to remaining ward staff. Data are being collected to assess completion of assessment documentation, training rate of nursing staff, volume of trained staff to referrals generated, volume of referrals to patient meetings with specialists; and whether patients have changed their smoking, alcohol use, diet and/or physical activity following brief interventions/specialist referrals.

Results
Preliminary results for the first 6 weeks of the service indicate that health promotion assessment is delivered to between 30 and 50% of patients. Approximately 33% of identified smokers want to be referred to a specialist, 11% of obese patients, and 24% misusing alcohol. Feedback from staff indicates that the care pathway is easily followed and the service has enhanced the nurse-patient relationship. The impact of brief interventions and/or specialist services on patients' behaviour will be reported at the conference.

Conclusions
This new service is in line with the overarching aim of HPH to ensure that a "comprehensive overall approach, integrated within hospital/health service (quality) management systems" is implemented. The service specifically addresses the following standards for HP within hospitals: it focuses on patient assessment, information and intervention, the promotion of a healthy workplace with an emphasis on training and supporting staff in health promotion; and is a service developed in partnership between the hospital and its local primary care trust.

Contact
DrPhil Charlotte HAYNES
Stockport NHS Foundation Trust, Stepping Hill Hospital
SK2 7JE Stockport
UNITED KINGDOM
charlotte.haynes@stockport.nhs.uk

Session 1-6: Health promotion for staff (I)

"Healthy work without barriers" - Intercultural and gender sensitive workplace health promotion for cleaning staff in hospitals

Slavica BLAGOJEVIC, Huberta HAIDER, Karin KORN, Stephanie STÜRZENBECHER

Introduction
Women in the low-wage sector, often a multicultural and socially disadvantaged group, are concerned by extensive physical and psychosocial strains. Since May 2006 the Women's Health Center FEM Süd in Vienna conducts a workplace health promotion project for the cleaning staff in hospitals focusing on their migration, cultural and gender needs. Financiers of the third run are: Fond Healthy Austria, Viennese Hospital Association and Viennese Health Promotion. Evaluation is done by Ludwig Boltzmann Institute for Health Promotion Research.

Purpose / Methods
The overall objective is to raise women's awareness for health, to improve their workplace satisfaction and empowerment. Moreover, the physical, mental and social health should be improved. A target group adapted questionnaire, health circles, free of charge courses and structural changes in the work process, qualification of one person per institution as a "health responsible person", an advisory board for sustainability and health coaching for the executive management are part of the methods.

Results
The project was held in 6 Viennese hospitals and is going to take place in 5 more. Since now, more than 1741 contacts to the target group were set up; data of 323 questionnaires were analyzed. Many women of the target group suffer from multiple burdens. The participative, multilingual, intercultural approach was very well attained by eliciting the special needs of the target group. A manual for gender- and culture sensitive workplace health promotion has been published in German.

Conclusions
Evaluation concludes that 90 % of the target group knows about the project. Additionally, an improvement of the target group's mental and physical wellbeing and an overall satisfaction with their workplace has been shown.

Contact
Mag.ª Huberta HAIDER
Women´s Health Center FEM Süd
Project management
Kundratstraße 3
1100 Vienna
AUSTRIA
femsued.post@wienkav.at

The implementation of a health promoting workplace in a University Hospital: Differences or inequalities between nursing units?

Robert BILTERYS, Nicole DEDOBBELEER, Michèle DE GUISE, Danielle FLEURY

Introduction
The working conditions of nurses are concerning and cause burnout, absenteeism, resignations and staff shortage. In this context, a University Hospital Centre of Montreal (Quebec, Canada) has decided to adopt and implement the WHO concept of Health Promoting Hospitals (HPH). This hospital is one of the largest in Canada, with 900 physicians, 2200 nurses and seeing more than 500000 patients every year. It is a member of the Montreal Network of Health Promoting Hospitals and Health and Social Services Centers.

Purpose / Methods
Our objective is to present the results of a qualitative study designed to examine the process of implementation of a health promoting workplace in a University hospital. A conceptual model framing the implementation process of a health promoting workplace will be presented, and its strengths and limits will be discussed. Interviews were conducted among key stakeholders at the strategic and tactical levels of the organization in order to know why and how the HPH concept was implemented.

Results
Differences appear among care units regarding the implementation process of health promoting strategies. At the tactical level, some units are characterized by autonomy, recognition and participation of nurses and others not. Creativity, support and proximity of the nurse manager are crucial. At the strategic level, the implementation process mainly depends on a clear political will, convinced leaders and consistency between rhetoric and action. May these differences lead to inequalities in terms of working conditions, well-being and health?

Conclusions
These results are particularly important because differences between nursing workplaces may mirror inequalities in quality of care. Indeed, the literature shows a clear link between health promoting nursing workplaces, nurses' wellbeing and quality of care. Challenges associated with the implementation of health promoting nursing environments will be discussed. Possible implementation strategies will be presented at the strategic level as well as at the tactical level.

Contact
Robert BILTERYS
Central European University
Student
Rue de Lille 9c
7730 Saint-Léger
CANADA
robert.bilterys@umontreal.ca

Organisational well-being and instruments for reconciling work and family

Paola MACCANI, Rosa MAGNONI, Rosa Lia MALAGÒ, Roberta CORAZZA, Maura DE BON, Stefania CARNEVALI, Emanuele TORRI

Introduction
The report illustrates the first results obtained with two projects aiming at reconciling work and family responsibilities (company day nursery and Per.La - Personalizzazione dell'orario di lavoro e telelavoro - Personalization of working hours and teleworking) carried out in 2008/2009 within the Provincial health services authority (Azienda Provinciale per i Servizi Sanitari (APSS) with 8,000 employees and professionals serving about 500,000 inhabitants) of Trento (Italy) and how these affected the well-being of employees involved. It also analyses the positive effects on the organisation and on the services offered to citizens.

Purpose / Methods
The organizational well-being, within a board like the Health Services Authority of the Trentino region, providing services for persons, is one of the key elements for the management of human resources and an important aspect of the change process currently being implemented within the APSS. Our board has therefore included the organizational well-being of human resources as the core issue of a series of initiatives aiming at improving the working environment and consequently the services offered and performances accomplished.

Results
Several studies and research projects revealed that the most efficient structures are those with satisfied employees and a peaceful working environment. Motivation, involvement, the correct dissemination of information and flexibility are all elements that not only contribute to improve the well-being of employees but also to increase the satisfaction of citizens and patients, thus increasing productivity as well.

Conclusions
In the introductory section, the reasons at the basis of the projects, the underlying scenario and the methodology adopted are presented. The first results are then illustrated as well as future developments and the effects on services offered. The APSS has identified, as useful tools to support the child care needs of employees, the realisation of a company day nursery (open 6 days a week, from 6.30 a.m. to 9.30 p.m. all year round) and several forms of personalization of working hours and teleworking.

Contact
Roberta CORAZZA
Azienda provinciale per i servizi sanitari
Via Degasperi 79
38100 Trento
ITALY
roberta.corazza@apss.tn.it

Create a healthier and safer workplace for hospital staffs

Ho-Chin CHEN, Hei-Jen JOU, Kuo-Kuang YU, Hui-Ting HUANG

Introduction
A hospital is not only a place to provide medical services but also a symbol for health promoting. For health promoting hospitals, it is important to create a healthier and safer workplace for their own staffs and workers. In 2007-2009, Taiwan Adventist Hospital (TAH) endorsed many health promotion strategies to achieve this goal. The purpose of this study was to evaluate these interventions by using questionnaires.

Purpose / Methods
There were more than 6 programs held in TAH between 2007-2009, including: (1) Staff health promotion activities on the 12 days; (2) Staff 5 favorite dish of teaching; (3) Staff health psychology lectures; (4) Staff diet health lectures; (5) Staff health spiritual experience education; (6) Art corner. Moreover, employees were offered unlimited accesses to hospital fitness facilities with very low annual fee. The cafeteria provided low-fat high-fiber vegetarian food with 40% discount. And there were examinations for staff physical and psychological fitness every year. A structured questionnaire about health and safe evaluations was delivered in 2007 and 2009 respectively to collect data on staff views and impressions.

Results
The return rate of the questionnaire in 2007 and 2009 was 62.9% and 85.4%, respectively. In the 2009 survey, 88.2% staffs supported and satisfied with the health promoting programs. 73.8% considered TAH a safe workplace. Compared with the 2007 survey, the hospital fitness facilities were getting more accesses after the programs accomplished (55.6% in 2007, 64.7% in 2009, $p < 0.05$). And there were more staffs using stairs regularly (43.5% in 2007, 79.3% in 2009, $p < 0.05$). Briefly, more than 80% employees were benefited by physical activities and eating environment, and nearly all staffs agreed about placing higher emphasis on staff health and safety than before.

Conclusions
Taiwan Adventist Hospital worked hard to become a healthier and safer organization where staff enjoyed better opportunities to health promotion and healthier behaviors than before.

Contact
M.S.D. Po -Yen LIN
Taiwan Adventist Hospital
Medical service
No.424, Sec. 2, Bade Rd., Songshan District
10556 Taipei
TAIWAN, R.O.C.
matthewlin37@gmail.com

Session 1-7: Measuring and improving equity of care

Measuring equity of care in hospital settings: From concepts to indicators

Gilbert GALLAHER, Sophie KIM, Maritt KIRST, Aisha LOFTERS, Kelly MURPHY, Patricia O'CAMPO, Carlos QUIÑONEZ, Nicole SCHAEFER-MCDANIEL, Ketan SHANKARDASS

Introduction
Sociodemographic inequalities in hospital services have been demonstrated for a variety of outcomes, including medical errors, prolonged length of stay, avoidable hospitalizations, and over/under-utilization of medical procedures. This study is a response to recent initiatives in Toronto, Ontario to require hospitals to report on efforts toward achieving equity in care. While data collection and monitoring have been identified as a critical step in eliminating health care inequalities, the identification of specific indicators can be challenging.

Purpose / Methods
Articles related to health care inequalities in the hospital setting from 1980 onwards were reviewed. Information was sorted into key quality-of-care themes and appropriateness for the Toronto setting was appraised using an iteractive process on the basis of four criteria: applicability to equity, validity as an indicator of equity or quality of care in hospitals, feasibility of operationalization, transferability across multiple hospital settings.

Results
Five hundred and forty-one possible indicators were extracted from the 4,481 studies reviewed. Six key quality-of-care themes were most prevalent in the literature: cultural competency, patient satisfaction, access to standard-of-care treatment, access to timely care in the emergency department, pain management, and mortality following hospital discharge. In consultation with local experts and stakeholders, selection criteria were applied to identify appropriate indicators for each theme, as well as for local priority populations. Ten indicators were identified for use in Toronto hospitals.

Conclusions
This study presents a detailed process for indicator selection among hospitals that can facilitate ongoing monitoring and important improvements in professional practice and patient outcomes. This approach can be applied by hospitals in other settings.

Contact
Ketan SHANKARDASS
Centre for Research on Inner City Health
30 Bond Street
M5B 1W8 Toronto
CANADA
shankardassk@smh.toronto.on.ca

Collaborative action to address health equity in Toronto hospitals

Susan HIMEL, Sanjeev SRIDHARAN, Krissa FAY, Bob GARDNER, Anthony MOHAED

Introduction
Toronto is Canada's largest city with a broadly defined diverse and aging population. There is strong evidence to suggest that there are barriers to equitable access to high quality health care, the specific needs of health-disadvantaged populations are not being met, and there are gaps in available services for these populations. In response, all 18 hospitals within the TCLHIN (Toronto's regional health authority) are now required to develop health equity (HE) plans and report on their progress annually.

Purpose / Methods
Hospital HE plans were designed to yield what each member is doing to address health inequities. Each hospital had to answer questions of access, service gaps and challenges, priority setting and planning, promising practices, policies, procedures and standards, governance, targets and measurement, communications and roles of the TCLHIN. This session highlights the development of the HE partnership planning process, success factors and challenges, as well as covering central themes, concrete actions and results to date.

Results
HE planning had impacts at multiple levels, including: changes in the conversation on HE at hospitals; increased accountability for HE; and a more robust engagement and investigation of what HE means at the organization and system level.

The collaborative planning process resulted in:
- The creation of a CEO-level hospital network on health inequities
- The development, analysis and evaluation of formal HE Plans at hospitals
- Coordinated actions and initiatives now being taken
- Opportunities for system-level change and action on HE

Conclusions
Analysis of overall hospital HE plans led to concrete ideas and actions for 'quick wins', as well as for medium and long-term system-level changes. HE is a shared responsibility that requires a systemic response to achieve change. Actions need to fit together and be anchored in a coherent regional equity strategy. A strong health equity collaboration and partnership is now thriving at multiple levels amongst hospital and non-hospital partners representing nearly 85% of health care budgets for this region.

Contact
B.A. (HON), M.E.S. Susan HIMEL
Bridgepoint Health
Strategy Lead, LiveWell!
14 St. Matthews Road
M4M 2B5 Toronto
CANADA
shimel@bridgepointhealth.ca

Managing differences and assuring equality: Healthcare strategies and organisational models

Augusta NICOLI, Barbara CALDERONE, Benedetta RIBOLDI, Antonio CHIARENZA, Daniela RICCÒ, Rosa COSTANTINO, Eno QUARGNOLO

Introduction
In the past few years literature has produced large amounts of evidence on the effects given by the social determinants that are acknowledged to lie at the base of the healthcare inequality-generating mechanisms. Today these orientations are crucial in view of the current phenomena which see the healthcare organisations increasingly having to deal with the widest possible kinds of diversity.

Primary objective
To implement and experiment an organisational model for adoption in healthcare boards, also beyond single board level, in order to harmonise the equality strategies implemented towards the most commonly discriminated forms of diversity
The secondary objectives are:

- organisational analysis to identify the board/vast area model or models of managing diversity in respect of equality, identifying the functions and operational network.
- development and experimentation of "diagnosis tools" (e.g. tool kit to analyse the different products used by the boards in guaranteeing equality)
- translation of organisational choices into quality/equality indicators/standards to be included in the evaluation tools (e.g. accreditation check list)

Concerning the described objectives, there are two levels of coordination involved in the project analysis and implementation, a first level of regional coordination and a second level of coordination by vast areas. The project is therefore divided among the three vast areas as follows:

First Phase

- establishment of coordination group for each vast area
- -agreement of joint analysis methodology for the evaluation of the impact of the diversity and acknowledgement of the tools which are important for the considered diversities;
- focus of the analysis on community profile and development of indicators of equality

Second Phase

- analyse the criticalities and strengths of the strategies which lie behind the boards' diversity management decisions and comparison with international experiences
- study visits in 3 European countries selected for good practices

Third Phase

- carry out an organisational meta-analysis to identify the elements needed to develop organisational strategies for managing differences
- define (an) organisational model(s) to manage differences and assure equality.

Results
The main results of this project are:

- Identification of organisational models that are able to guarantee equal access and to "manage the impact" diversity has on the "healthcare board organisation" system.
- Elements to diagnose the criticalities of the healthcare system - organisation in macro-structural, organisational and clinical-professional terms.
- Identification of organisational tools required to assure professional practices that are able to manage diversity, respect differences and fight discrimination.

Conclusions
The project aims to develop an attention to outputs and process in the quality system also giving attention to equity aspects. The results for health organizations will be organizational decisions less accidental and more coherent and systematic. This path could start up an equality reporting that can monitor disequity starting from the incident experience.

Comments
One of the most important aspects is the partecipation of all the Local Health Organizations of our Regions.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Joint action between Ireland and Northern Ireland for tackling health inequalities

Bernie Mc CRORY

Introduction
Cooperation and Working Together (CAWT) has secured £24 million of European Union INTERREG IVA funding for cross border health and social care. The funding will help to further strengthen cross border co-operation and will enable healthcare providers both North and South of the border to work together to address the specific health and social care needs of patients and clients living in rural and border areas.

Purpose / Methods
This EU funding will be used to support twelve large-scale cross border health and social care services to be delivered by 2013. The process will be managed by the Co-operation and Working Together (CAWT) cross border health services partnership on behalf of the DHSSPS in Northern Ireland and the Department of Health and Children in the Republic of Ireland. The CAWT partnership members are the Southern and Western Health and Social Care Trusts along with the recently formed Health and Social Care Board and Public Health Agency in Northern Ireland. The Republic of Ireland partner is the Health Service Executive.

Results
The funding will enable people living in border areas to be able to access specific health services in the opposite jurisdiction, which is often closer to their homes. An example of where this is working effectively is the service agreement between the Southern Health and Social Care Trust (SHSCT) in Northern Ireland and the Republic of Ireland border counties of Cavan and Monaghan whereby patients are accessing Ear, Nose and Throat (ENT) services provided by the Trust. This has resulted in additional consultants and support staff recruited and enhancements to the range of ENT specialist skills available in both the Southern Trust area and also within the larger cross border catchment area.

Conclusions
There is a real need for vital health and social services to be accessible for the rural population in the area. The health areas set to benefit from this EU investment include:

- Development of eating disorder services focusing on early interventions
- A range of telehealth and telecare initiatives for older people
- Diabetes education project for children and young people
- Additional sexual health (GUM) clinics
- An alcohol harm reduction initiative
- Support for people with disabilities
- Social inclusion project
- A community based approach to managing obesity
- Support to children with autism and their families
- Improving Children's outcomes

Contact
BA (Hons) Dip Law LLM MBA Bernie Mc CRORY
University of Ulster
Management and Law
Glenmore Lodge Kesh Road
BT93 0EF Ederney
UNITED KINGDOM
bernie.mccrory@westhealth.n-i.nhs.uk

Session 2-2: Workshop: HPH-ENSH collaborative Task Force "Tobacco Free United TFU"

HPH-ENSH collaborative Task Force "Tobacco Free United TFU"

Christa RUSTLER, Sibylle FLEITMANN, Miriam GUNNING, Ann O'RIORDAN, Julia SAHLING, Simone TASSO

Introduction
To strengthen links and collaborative activity between main partners on tobacco within hospitals and health services the International Network for Health Promoting Hospitals (HPH) and the ENSH - Global Network for Tobacco Free Healthcare Services established the Task Force Tobacco Free United (TFU) in 2008. The aim of TFU is to gather health professionals, hospitals and health services to work towards a tobacco free society, using the principles of Ottawa Charter, the WHO Framework Convention on Tobacco Control (FCTC), the WHO recommendations for health professional involvement in tobacco control and on the basis of the Code of the ENSH - Global Network for Tobacco Free Healthcare Services.

Purpose / Methods
The TFU action plan is carried out in three action groups: Advocacy, Synergy & Good Practice and Evaluation to support the aim of the Task Force TFU. First results and further working plans are presented and will be discussed and developed with the participants in two sections:

- Action group Advocacy: TFU Pact and TFU Charter
- Action group Synergy and Good Practice: Criteria on Good Practice

Participants of both networks are invited to identify feasible and transferable projects/actions on tobacco to support the transfer of good practice across both networks. Criteria of good practice will be presented and how we best can support the transfer in the networks.

Results
The first products of the TFU, the TFU Pact on Tobacco for Hospitals and Health Services and the TFU Charter for Health Professionals, were introduced in Crete 2009. An implementation road map was developed since than to support the dissemination and implementation on national and regional level. Experiences will be presented and further implementation plans discussed.

Conclusions
Christa Rustler (TFU Lead) will present the overall plans and action for TFU in 2010/2011 along with an introduction to and call for participation in Action group Evaluation.

Contact
Christa RUSTLER
German Network for Health Promoting Hospitals
Coordinator Tobacco Free Healthcare Services
Saarbrücker Straße 20-21
10405 Berlin
GERMANY
rustler@dngfk.de

Session 2-3: Symposium: Alcohol and alcohol intervention

Alcohol and Alcohol Intervention

Sverre Martin NESVÅG, Hanne TØNNESEN

Program

- Background and Terms of References - S.M. Nesvåg
- Status - Sub-group Leaders
- Good examples on clinical practice - H. Krampe / T. Neumann, M. Berglund
- Discussion: Future Action Plan and time schedule - H. Tønnesen

The new Task Force has initiated the work according to the following terms of references :

- Visualising alcohol and alcohol intervention in existing HPH Models and Tools (e.g. WHO Standards for HP in Hospitals, HPH Model for documentation of HP activities and DRG, HPH Data)
- Giving examples on best evidence practice related to HPH Models and Tools (Evidence, staff competences and patient preferences)
- Describing primary and secondary outcomes for outcome measurements for alcohol intervention and follow-up
- Developing recommendations for monitoring the effect of alcohol intervention programs
- Establish a database for outcome measurement in alcohol intervention

The Task Force will report on its status and progress in each sub-group. Further, examples of good practice among HPH Members will be presented. Following this, the participants will discuss the future plan and time schedule.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk

Session 2-4:
UK National Health Promotion in Hospitals Audit (NHPHA) Symposium

Charlotte HAYNES

This is the first year of the National Health Promotion in Hospitals Audit (NHPHA): a web-based audit designed to measure the assessment of risk factors and the delivery of health promotion to patients within English hospitals and mental health trusts.

Data contained in patients' medical case notes are used to identify whether hospitalised patients are assessed for smoking, alcohol misuse, obesity, and physical inactivity; and where there was evidence of a risk factor, whether some form of health promotion was delivered to patients. The audit standards for 2009 were: assess 100% of patients for smoking, 95% for alcohol use, 45% for obesity and 35% for physical activity; deliver health promotion to 35% of smokers, 50% of hazardous/harmful drinkers, 45% of obese patients and 45% of physically inactive. To supplement the audit a service evaluation was also undertaken which addressed all five of the Health Promoting Hospitals standards; and feedback from participants was also sought so that the audit can be refined in further years.

In this symposium, results of the NHPH audit will be reviewed and related to findings from the service evaluation; and participants in the NHPHA will be providing presentations on their experience of the audit process, changes to health promotion policy or practice following the audit, examples of good practice and challenges faced in delivering health promotion. While a UK based programme of work, findings from the audit and participants' insights into delivering health promotion within hospitals and mental health trusts will provide valuable lessons for hospitals internationally.

Contact
Dr. Charlotte HAYNES, BSc, DPhil
Stockport NHS Foundation Trust
Stepping Hill Hospital,
Research & Projects Lead/ Management Fellow
Epidemiology, Willow House,
Stockport, SK2 7JE
charlotte.haynes@stockport.nhs.uk
www.nhphaudit.org

Session 2-6:
Reducing health inequalities by improving cultural competence and migrant-friendliness of health services

Tackling migrants' health inequalities in the Local Health Authority of Reggio Emilia: From monitoring to effective interventions

Mariella MARTINI, Silvia CANDELA, Antonio CHIARENZA

Introduction
Migration population in Reggio Emilia has grown at an incredible rate to become 4 time as many in less than a decade, making Reggio Emilia in particular one of the Italian provinces with the highest percentage of migrant population. At the end of 2008 the migrant population was 10.4% of the entire population. Today the number of migrants in our province is estimated to be more than 59,000. One particular feature of migrant trends in Reggio Emilia is the variety of countries of origin, the main ones are: North African countries (Morocco, Egypt, Tunisia), Asian countries (China, India, Pakistan), African countries (Ghana, Nigeria) and Eastern EU countries (Albania, Yugoslavia, Ukrania, Russia, Romania, Moldavia, Turkey).

The new situation had a certain impact both on the health status of migrants and on the provision of health services, such as the tendency to resort only to A&E services rather than to primary care, the inappropriate use of hospital services, the difficulties in communication and understanding.

Purpose / Methods
To face these challanges the AUSL di Reggio Emilia activated a number of coordinated measures in order to improve on the one side the knowledge of the health status of the migrant population and, on the other side, the responsiveness of health care services to migrants needs. It has been activated a monitoring system of migrant's health care demand and health conditions through current health data. Health care demand is analyzed in term of: hospitalization, Emergency Room (ER) access, pregnancy health care and cancer screening compliance. On the basis of epidemiological data and of specific qualitative research we have developed a series of intervention aiming at improving the equity of access and the quality of health care for migrants.

Results
This approach allowed the construction of a "dynamic migrant health profile" that gives information about main problems and indications of possible answers to problems. Among the most critical health issues we find maternal and infant health as well as ER access. Related to maternal and infant health we may observe that: there is a high frequency of volunteer abortion among immigrant women; there is an insufficient use of health care services during pregnancy; Infant mortality is higher among immigrant newborns. Regarding ER utilization we may observed that: migrants access is more frequent and more inappropriate compare to Italian one. To face these issues some measures have been undertaken, such as: the creation of the Centre for the migrant families, the production of multilingual information, the use of intercultural mediators, and the development of training courses for staff on cultural competence.
Conclusions

These immediate responses ensured the provision of treatment and care for those migrants who came to the hospital, even those of irregular status. However the opportunity for a more structured response to migrant and ethnic minority groups needs arrived with the participation in the European project MFH which lead to an overall change in the direction of a culturally competent organisation.

Today the AUSL of Reggio Emilia has adopted a whole organisational approach aiming at ensuring equality of access to services and treatment to all citizens by:

- Integrating the principles of cultural competence in the quality management system
- Establishing a management structure for cultural competence
- Creating a coordinated service for the provision of intercultural mediation
- Including cultural competence as a permanent issue in the annual training plan for staff
- Monitoring the health status and quality of care across diverse groups by the production of specific migrant population profile.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Interpretation and communication-related inequalities in care for migrant populations

Judith SIM, Yvonne GRIEG , Dermot GORMAN

Introduction
Maternity outcomes for defined groups of minority ethnic women are poorer than average in the UK and some European countries. Impaired communication is one factor likely to underpin these inequalities. The presentation will draw on qualitative research findings from Lothian, Scotland to illuminate the nature of the relationship between impaired communication and inequalities in both maternity outcomes and experiences; and how these inequalities persist even where interpreters are employed. Implications for models of interpretation support in pregnancy will be discussed.

Purpose / Methods
Findings are drawn from a wider qualitative research study investigating staff's perspectives on the factors which support and constrain their abilities to provide culturally competent maternity care. 41 staff were interviewed, using semi-structured schedules designed to encourage discussion of attempts to 'be' culturally competent in the context of their everyday work in hospital or community settings. Ancillary, paramedical, medical and midwifery staff participated in the study. Interviews were recorded, transcribed and analysed thematically using NVivo qualitative data analysis software.

Results
Interpreters routinely support the care of minority language-speaking pregnant women in Lothian. Whilst this has enhanced quality of communication, respondents described the following difficulties when working through interpreters: building rapport with their patients; communicating the subtleties of pain and risk; and taking consent for potentially life-threatening procedures. Clinical consequences of impaired communication include unnecessary operative deliveries and fewer choices being offered to patients. Difficulties were overcome where professionals were able to work regularly with and establish trust in particular interpreters.

Conclusions
Qualitative investigation with staff has fruitfully identified particular sources of ethnicity-related inequalities in maternity care provision. Specifically, communication difficulties cannot be 'solved' simply by the presence of an interpreter. Findings suggest limits to the generic forms of interpreting provision common within the UK where non-specialist interpreters work across legal, social care and health settings. Communication-related inequalities can be addressed through incorporating interpreters with provided with specialist training as part of the team around the patient, fostering continuity and inter-professional trust.

Contact
MA Judith SIM
NHS Lothian
Senior Public Health Researcher
148 Pleasance
EH8 9RS Edinburgh
UNITED KINGDOM
judith.sim@nhslothian.scot.nhs.uk

Does cultural competence training work to address inequalities in health care?

Lisa LUGER

Introduction
An educational module was developed for staff working with people with drug and alcohol problems with the aim of enhancing their cultural competence and thereby successfully addressing inequalities in health care for people from diverse cultures. The expectation was that practice would improve by achieving a change in knowledge, attitude and behaviour of staff.

A research project was carried out to evaluate the success of the module in achieving a change in individual knowledge and behaviour, and if the learning had led to an improvement in services. The study also sought to highlight lessons that could be learnt from this study that could inform the wider debate on anti-discriminatory training.

Purpose / Methods
The purpose of this presentation is to highlight the importance of evaluating educational events to establish whether training was successful and value for money. The findings of the re-

search will be presented and challenges of evaluating the impact of learning will be discussed.

Results
Establishing the impact of learning is challenging. The findings of this research indicate limitations in clearly identifying whether changes in practice are directly linked to an educational event or whether education provides the basis on which the organisation can build to implement changes.

Conclusions
This presentation will examine the benefits and limitations as to what an educational module can achieve in changing attitude and job performance, and the culture of the organisation. The question will be put to the participants as to whether cultural competence training can work to address inequalities in health and what needs to be put in place to improve its impact.

Contact
Dr Lisa LUGER
Thames Valley University
Principal Lecturer and Programme Leader
Flat 5 19 Lawn Road
NW3 2XR London
UNITED KINGDOM
lisaluger@blueyonder.co.uk

A new perspective to go over diversity

Giuseppe IMBALZANO, Rita MORO

Introduction
The access to Health Services for disabled people is often problematic. The difficulties for deaf people in calling emergency services and booking visits or at the problems for blind people in orienting oneself in the hospital services and offices is well known. Health authority of Bergamo and provincial hospitals are improving a project which allow the involvement of disabled people associations in the reduction of main obstacles for disabled citizen empowerment.

Aims
to ensure disabled people equal opportunities of access at health services

Methods
- meetings with disabled people associations (deaf people associations, blind people associations, ambulatory disabled associations) in order to identify problems in health services access
- sharing of collected suggests with the Technical Table of Health Directors of the Provincial Health Structures
- constitution of a work group coordinated by provincial health authority with the participation of members of the Provincial Health Structures Directions. The aim of his work group is to study solutions for submitted problems.
- production of a protocol for each disability area which must be performed by all participant hospitals from the province of Bergamo

Results
- Involvement and active participation of all 14 Provincial hospitals
- The definition, for deaf people, of a proceeding accepted by all services of a unique booking system by fax
- The identification of specific lines and numbers and a referral defined persons in each structure
- The development of other projects to help all disabled people in all the major critical point within the relationship with the health system
- The need to develop the booking system with SMS or the Web

Conclusions
We also expect other results from the work:
- To reduce the main obstacles for access to health services for disabled citizens
- To improve a "culture of difference"
- To adapt health services to frail people
- To favorize permanent contacts between health system and disabled people associations

Contact
MD - MPH Giuseppe IMBALZANO
ASL BERGAMO
Health Director
Via Gallicciolli 4
24121 Bergamo
ITALY
direzione.sanitaria@asl.bergamo.it

Evaluation of barriers to colorectal cancer screening in migrant communities

Affifa FARRUKH, John MAYBERRY

Introduction
Patients diagnosed with UC between 1996 – 98 were identified through interrogation of computer based pathology records in Leicestershire. Case notes were retrieved and data collected on a standard proforma Standards of care will be compared between diverse developed from national guidelines on care of patients. The deaf, South Asians and other migrants, such as Somalis appear to be at significant disadvantage

Purpose / Methods
- To compare the delivery of screening and surveillance for colorectal cancer amongst patients with ulcerative colitis (UC) and healthy by diverse groups, including age, gender, ethnicity, religion, sexuality and ability/disability.
- To make these comparisons using agreed national standards.
- To develop a simple audit tool which can be applied throughout Europe so as to identify groups who receive sub-standard care.

Results
The initial findings from Leicester indicate that the standard of care measured against national guidelines over a 10 year period fails to reach expected standards in all groups. How-

ever, certain diverse groups, such as the deaf, South Asians and other migrants, such as Somalis appear to be at significant disadvantage. The proforma used to collect the data was simple to administer and could be used in the primary and secondary sector to identify groups who receive lower standards of care.

Conclusions
This is the first attempt within the specialty of gastroenterology to consider whether diverse groups receive equitable care and to develop a simple audit tool which will identify those groups. It will encourage clinicians and policy makers to consider the needs of clients and to develop community based responses. People from diverse groups with a chronic condition, such as ulcerative colitis, do not receive comparable long term care. There is a need to audit such care on a regular basis and to develop local responses from within these diverse communities to overcome these barriers of access to surveillance and treatment.

Contact
John MAYBERRY
University Hospitals of Leicester NHS Trust
Professor of Gastroenterology
Leicester General Hospital, Gwendolen Road,
LE5 4PW LEICESTER
UNITED KINGDOM
jmaybe@tiscali.co.uk

Session 2-7: Integrating sustainability with health promotion in health services

Integrating concepts of sustainable development into the Health Promoting Hospital approach

Jürgen M. PELIKAN, Hermann SCHMIED, Ulli WEISZ, Willi HAAS

Introduction
"As a general rule, anything that is good for the environment is good for human health, and that is especially true in a healthcare setting" [1]. It is assumed that health promotion and sustainable development have common ground on the level of concepts and policies, and that for both movements' communities and organizations are adequate fields for local actions. But it also can be observed that in practice there is only limited use of both concepts in an integrated manner. Especially the hospital sector is of interest for integration, due to its amount of material and energy use and its toxic waste [2] and due to its responsibility for reorienting health services in a health promotion direction [3].

Purpose / Methods
The study will focus on practices in the international WHO initiated networks of Health Promoting Hospitals and Health Services (HPH) [4] and on initiatives of green or sustainable hospitals. Analysis will be based on a literature review and a collection of (policy) documents for HP(H) and Sustainable Development; for the international HPH network presentations in international HPH conferences and data from an ongoing evaluation study on HPH (PRICES) will be used; approaches of sustainable/green hospitals will be classified and experiences of a Viennese hospital pilot project will be presented [5].

Results
Common ground and relevant differences between the concepts of Sustainable Development and Health Promotion will be identified; examples of good practice of the sustainable/green hospitals will be presented and analyzed; it will be assessed, in how far HPH already fulfills Sustainable Development criteria and where most promising potentials for more use and better integration can be found. In relation to the general conference theme of inequity, specific attention will be put on the social aspects of sustainability.

Conclusions
There is quite some potential for more extensive use and better integration of concepts, criteria and methods of Sustainable Development in the context of (Health Promoting) Hospitals. Way forward for this integration is making better use of quality management and integrated management in (Health Promoting) Hospitals. From the results of the analytical study recommendations will be developed to support implementation of sustainable and health promoting measures in hospitals in developed countries.

References
- [1] Hancock,T. (2005): Green Healthcare: Looking back, Looking forward. In: Healthcare Quarterly, 8, 1, S. 40-41
- [2] World Health Organization and Health Care Without Harm (2009): Healthy Hospitals "Healthy Planet" Healthy People. A discussion draft paper
- [3] World Health Organization (1986): Ottowa Charter for health Promotion. WHO, Ottawa
- [4] Pelikan, J.M. (2007): Health Promoting Hospitals- Assessing Developments in the Network. In: Italian Journal of Public Health, 4, 4, S. 261-270
- [5] Weisz, U. , Haas, W., Pelikan, M. J., Schmied, H., Himpelmann, M., Purzner, K. Hartl, S. (2009): Das nachhaltige Krankenhaus - Erprobungsphase. Social Ecology Working Paper No. 119. Wien

Contact
Hermann SCHMIED
LBI Health Promotion Research
Untere Donaustraße 47
1020 Vienna
AUSTRIA
hermann.schmied@lbihpr.lbg.ac.at

Environmental impact of the management and treatment of clinical waste from healthcare facilities, are we protecting human health by adequately protecting the environment

Karl DALTON

Western and European societies are investing ever increasing financial resources to meet the growing health needs and expectations of its aging and growing populations. A by-product of this healthcare industry is clinical waste. It is apparent to the author that internationally there is a dearth of research into the various environmental and human health hazards associated with this waste, and confusion regarding the definition, segregation and classification of its component parts. This position is particularly surprising when one considers the globality of the public and official action taken when any clinical waste is discovered outside of its designated management route; the emphasis of all legal controls being on containment and micro-biocidal treatment. However no official consideration is given to the overall environmental impact of clinical waste treatment and the fact that it contains significantly less pathogenic micro organisms than normal municipal waste. A full assessment of clinical waste composition could lead to significant environmental and financial savings which are currently not realised. Due to the absence of significant research into the full Environmental Impact of clinical waste treatment the author has assessed the international literature which is most closely related.

Contact
Karl DALTON
Environmental Manager
Connolly Hospital Blanchardstown
Blanchardstown
Dublin 15
IRELAND
karl.dalton@hse.ie

Plastic Container Recycling in Hospitals

Sou-Hsin CHIEN, Chin-Lon LIN, You-Chen CHAO

Introduction
The global warming and the greenhouse effect have fundamentally changed the environment we live in. For the past several decades, efforts to slow down the temperature rise, to reduce carbon dioxide production have become more and more important.

Purpose / Methods
Hospitals utilize a lot of natural resources and produces large amount of waste, especially plastic containers. The disposal of plastic containers presents difficult problems. In addition to our efforts of reduce, reuse, recycle, we set up a joint program with Daai technology company to tackle this problem.

Results
Our volunteers carefully classified all plastic containers, removed the cap, label, crashed them and then sent to the company for processing into yarns and weaving into fine fabrics and then, they are made into scarves, blankets and polo shirts. Uniforms, sheets and curtains can also be manufactured from this material.

Conclusions
Our efforts increases the hospital's revenue, reduce expenses (waste disposal) and cut down the use of natural resources, reduced green house gas (GHG) production and helped to slow down the global warming, making the hospital operation less harmful to the environment.

Contact
M.D. Chin-Lon LIN
The Buddhist Tzu-Chi Foundation
CEO
707 Section 3, Zhongyand Rd.
970 Hualien
TAIWAN, R.O.C.
cllinmd@mail.tcu.edu.tw

Plant-based diets in hospitals to reduce green house gases (GHG) production

You-Chen CHAO, Sou-Hsin CHIEN, Chin-Lon LIN

Introduction
For the past several decades, efforts to slow down the temperature rise, to reduce carbon dioxide production have become more and more important. Recent report estimated that GHG generated from livestock accounts for more than 50%, hence, a change to plant-based diets will significantly reduce GHG production.

Purpose / Methods
Hospitals play a central role in the health care system and through which a large number of people pass through. Hospitals, in their cafeteria, provide meals for patients, families, visitors and staff and, in many countries, are major consumers of food. In addition, they can be places where environmentally sound and healthy life styles are demonstrated.

Results
For religious reasons, we have been providing only ovo-lactovegetarian meals in our hospitals for years by eliminating meat, fish and poultry from our diet, and substitute with tofu and locally produced fresh vegetables and fruits. Our dieticians have been very careful in planning delicious and nutritionally adequate plant-based menus. The patient, family and staff's acceptance has been very high.

Conclusions
We believe that hospitals, by providing plant-based diets, can both reduce their own climate footprint and support food access and nutrition, thereby helping to foster the prevention

of disease. In addition, they can be good health educational experiences for patients and family members as well.

Contact
M.D. Chin-Lon Lin
The Buddhist Tzu-Chi Foundation
CEO
707 Section 3, Zhongyand Rd.
970 Hualien
TAIWAN, R.O.C.
cllinmd@mail.tcu.edu.tw

Health Promoting Hospital – Embarking on Green Initiatives

Jolia TAN HY, Tan S Yen BA

This abstract serves to share our efforts towards building a Health Promoting Hospital in terms of health promotion towards the environment. Alexandra Hospital is a 400-bed general teaching hospital with more than 1700 staff. We believe in offering Head-to-Toe lifelong anticipatory healthcare to our patients. We also strive to promote a healthy nation by promoting good health via various initiatives to our staff and visitors. As a health promoting hospital, other than striving to promote health of individuals, Alexandra Hospital believes in providing patients a healing environment; at the same time heal the environment. Hence, green initiatives revolve around both education and practicing green.

Green initiatives are focused on 3 main categories
- 4Rs – Refuse. Reduce. Reuse. Recycle.
- Plants and trees
- Clean environment – Litter free and clean toilets

The main objective of being green is global cost reduction and social responsibility. Operationally, the initiatives are further sub-categorized into water management, energy management, waste management, resource management and lastly, clean and green environment. Hence, initiatives can only succeed if individuals throughout the organization play their part.

This oral presentation will showcase illustrations of the numerous initiatives and staff / public education undertaken at Alexandra Hospital to play our part in ensuring global health.

Contact
Jolia TAN HY
Alexandra Hospital
378 Alexandra Road
Singapore 159964
SINGAPORE
jolia_hy_low@alexhosp.com.sg

Session 2-8: Strategies and standards for health promotion in health services & clinical interventions

Health promoting health and social services centers and social inequalities in Quebec

Nicole DEDOBBELEER, Robert BILTERYS, Lynda REY

Introduction
Health inequalities tend to increase in Quebec. The last data led to an increased focus on inequality and poverty. Reduction of gaps between social groups became one of the main objectives of the Quebec Health and Social System. The National Program of Public Health reinforced this reduction. The Quebec Bill 25 provided for a major structural reorganization in 2003 and 95 Health and Social Services Centres (HSSC) were created. They became responsible for the health and well-being of their community.

Purpose / Methods
A self-assessment tool was adapted to the needs and realities of Health Promoting HSSCs. These are usually composed of a general hospital, a local community health centre and a long-term care facility. As a guide we used the WHO self-assessment tool developed for health promoting hospitals. In this presentation, the objective will be to examine the links between actions to reduce health inequalities and standards proposed for a Health Promoting HSSC. A content analysis of the self-assessment tool was conducted.

Results
Actions to reduce inequalities are linked to the four standards proposed for a Health Promoting HSSC: a health promoting organization, health promoting care, a health promoting workplace and a health promoting community. Substandards and operational elements were developed in the context of the population approach set forth by the Government of Quebec. The populational approach recognizes the various factors influencing health and seeks to reduce social inequalities. The question is: How are the proposed standards applied by the HSSCs?

Conclusions
Application of these standards in HSSCs and the need of new developments in the standards will be discussed. These issues will be examined in relation to laws, policies and national programs and strategies in Quebec as well as to the WHO Final Report of the Commission on Social Determinants of Health. A comparison will also be established with WHO standards for health promoting hospitals.

Contact
Sc.D. Nicole DEDOBBELEER
Health Administration, Université de Montréal
Professor
1420 Boul. du Mont-Royal, bureau 2376
H2V 4P3 Montreal
CANADA
nicole.dedobbeleer@umontreal.ca

Implementation of health promotion in hospitals: The results of self-assessment and monitoring in Estonia

Lagle SUURORG, Tiiu HARM

Introduction
Health Promotion (HP) in hospitals contributes to the activities concerning management policy, health issues of patients, staff and community.

Aims of this study were to assess
- compliance with HP standards, measured as: fully (3 points), partly (2 points) or not fulfillied (1 point);
- by some numerical indicators (in %) express areas for improvement ;
- evaluate the trends of HP activities 2006-2009.

The setting was 22 Health promotion hospitals (HPH) in Estonia.

As method, the WHO HPH Network tool on self-assessment of HP activities in hospitals was used. Relevant core staff at different levels at hospitals collected data and responsed the compliance of the standards. Quantitative indicators included information from patient records and/or from special surveys. Statistical analyze was done with SPSS for Windows package.

Results
Compliance with HP standards was high – average level of points of five standards was from 2,5 - 2,9. There were big differences in measurable indicators between the hospitals. 85% of hospitals renewed their participation in WHO HPH network, 48% had written plans and available resources for HP. More than 50% of hospitals had the patient assessment and information on general and disease specific risk factors documented. One third of hospitals had guidelines on HP activities and these guidelines were checked through in time. In 86 - 71% of hospitals the information of general health and risks was available to patients and staff. Establishment and implementation of the policy for a healthy and safe workplace was in 90% of hospitals. The Health risks were introduced almost to all employees and HP was valued. In 76% of hospitals smoking cessation counselling was available and 70% of hospitals had guideline on good HP practice. HP services were coherent to local health policy (67%), cooperation with health and social partners was established.

All patient information and data on rehabilitation were communicated to relevant partners due to digital records systems.Comparison of data about self-assessment in 2007-2009 showed decreasing patients' satisfaction with HP (64%-24%), financing in HP (71%-48%) and number of written cooperation plans (57%-29%). Less staff were involved in planning of HP and information on HP activities was decreased from 36% to 19%.

Conclusions
The self-assessment tool alone is not reflecting fully the implementation of HP activities in individual level. Indicators could find the areas of improvement but did not determine the content of the quality of HP services delivered to patients or staff members. A combination of self-assessment, external audit of the quality of HP documentation in patient's records may be valuable method in assessment of implementation of HP activities.

Contact
PhD Lagle SUURORG
Tallinn Children's Hospital
Quality manager
Tervise 28
13419 Tallinn
ESTONIA
lagle.suurorg@lastehaigla.ee

Review of 10 funded sites in the HPHS network in Scotland

Lorna RENWICK

Introduction
The review of 10 funded Health Promoting Health Service sites was commissioned in 2009, following a period of 3 to 4 years of funding by NHS Health Scotland. The 10sites were funded to develop the HPHS approach in their site. The HPHS approach is underpinned by principles of equity, participation, empowerment, and sustainability, and these map to the WHO HPH standards. The review has considered the progress made in each of the sites, emerging outcomes and made recommendations for actions at both local and national level based on the successes in the sites and the contraints to future progress that were identified.

Purpose / Methods
There were three main elements to the methodology in this review. First, a wide ranging desk based review of existing documentation including current policies and plans, early reviews and evaluations, project plans, site management and monitoring reports. Secondly, case interviews were undertaken of the 10 HPHS leads in the funded sites. These took the form of semi-structured, in-depth interviews. A further 23 interviews were undertaken with staff from a variety of disciplines to capture first hand accounts of those involved in HPHS activity. Thirdly, an online survey was conducted, and a further 16 people input their views to the review. Finally a presentation of the emerging findings was made to the HPHS network and feedback and views fed in from there.

Results
Detailed case studies of all the sites have been developed and signed off by the local HPHS leads. Emerging outcomes and critical success factors for implementing this approach were

drawn across all the sites. Emerging outcomes across the sites showed that, HPHS framework and funding had been used as a context for:

- developing a number of projects and events, such as mens health events, alcohol awareness
- changes in policy included healthy eating policy and a pregnancy plan
- structural and environmental changes, like fruit and veg shops, healthy vending machines, smoke free environments, input to hospital redesign

Conclusions
There were key challenges to implementation of the HPHS approach in the funded sites but in conclusion:

- The funding enableda more coherent, coordinated and formalised approach.
- Introduction of the CEL(14), a letter to all Chief Executives, enabled significant senior management support and coordination of the HPHS work with other initiatives, such as Healthy Working Lives.
- The funding enabled an increased output of health promotion activity and impacted on organisation change for health promoting policies.
- Despite progress made, health promotion still has low priority within the NHS and it is still not an integrated part of delivery.

Comments
Underpinning principles of HPHS is equity, participation, empowerment and sustainability. The funded sites worked on issues related to mental health counselling, healthy eating and disability, redesign in eldery care and staff training for health improvement and inequalities. However, one key area for action from the review is that inequalities needs to be more embedded in all the work of HPHS, and it is proposed that this is progressed within the new NHS Scotland Healthcare quality strategy.

Contact
MSc Health Promotion and Health Educatio Lorna RENWICK
NHS Health Scotland
Health Improvement Programme Manager - NHS
Thistle House, 9 Haymarket Terrace
EH8 7ES Edinburgh
UNITED KINGDOM
lorna.renwick@health.scot.nhs.uk

Developing health promotion standards within maternity services in England

Deborah LEE, Charlotte HAYNES, Debbie GARROD

Introduction
The health of a pregnant woman and her unborn child can be greatly influenced by psychosocial risk factors such as smoking, alcohol misuse, illicit drug use, mental health, domestic violence, weight, poor diet and lack of exercise. Women tend to be more receptive to health messages during pregnancy, and midwives may be the first point of contact for those from lower socio-economic backgrounds, placing midwives in an optimum position to provide health promotion.

Purpose / Methods
Semi-structured interviews with 15 midwives across 3 NHS sites within North West England are being undertaken to explore midwives' opinions and current working practice in relation to health promotion delivered to pregnant women. The findings from the interviews will be used to develop best practice standards by which to measure health promotion that midwives deliver to pregnant women. These standards will then be measured against information found in case notes of women who have recently given birth (audit).

Results
Preliminary results from interviews with midwives from one site indicate that all pregnant women should be asked about each individual risk factor, and if found to be at risk, they should be provided with brief intervention and referrals to specialist services where appropriate. Weight, diet and exercise appear to be the areas where midwives feel the least confident in providing up-to-date information. The final results from the interviews and their implications for midwifery services will be reported at the conference.

Conclusions
The comparison of data in the case notes against the standards will provide midwifery services with information on whether they are delivering an appropriate health promotion service to pregnant women. Guidance on how midwifery health promotion services can be improved will be provided.

Contact
Deborah LEE
Stockport NHS Foundation Trust
Poplar Grove
sk27je Stockport
UNITED KINGDOM
deborah.lee@stockport.nhs.uk

Patient experienced side effects and adverse events after cancer treatment - Patient initiated research.

Sune Høirup PETERSEN, Niels JESSEN, Helle KAUFMANN, Bodil FELDING, Bolette PEDERSEN, Hanne TØNNESEN

Introduction
According to the acknowledged questionnaires generally used in hospitals and health services radiation of head and neck cancer (HNC) are followed by late side effects for more than a third of the patients. The aim was to collect the multitude of patients' experiences through a patient-developed detailed questionnaire.

Purpose / Methods
77 of 117 patients responded to a validated questionnaire from the Danish HNC patient network, age 61 (32 - 90) with 5 years (0 to 32) post treatment period.

Results
99% patients experienced at least one side-effect, 67% more than twenty symptoms categorised into mouth complains, swallowing and eating problems, affected speaking ability, pain and fatigue during their daily living. Ten years survival was the only significant prognostic factor OR 0.127 (CI 0.020-0.807). Only swallowing and eating problems were significantly reduced over time (p=0.048) and in relation to calendar period (0.049), but not with increasing age.

Conclusions
The patients experienced much more sequelae, independent of gender, age and treatment/intervention, than usually registered by the acknowledged questionnaires. The results indicate the need for incorporating their experience in future patient education of a patient group characterised to an extent by social-economic determinants, thus raising their health literacy and specifying post-treatment issues to relevant health professionals.

Comments
The study was initiated by the patient network and performed in close collaboration between patient network and researchers. The overall aim being the empowering of the patient group as a whole by incorporating their experience thus mitigating an established gap between on the one hand acknowledged instruments of side effects and quality of life and on the other patient experience.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23 2400
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk

Scand-Ankle: Development of an evidence-based alcohol education programme for alcohol patients with ankle fractures in Scandinavia - A randomised clinical multi-centre trial

Bolette PEDERSEN, Lisa EGUND, Kristian OPPEDAL, Mats BERGLUND, Sverre Martin NESVÅG, Hanne TØNNESEN

Introduction
Alcohol intake is an independent risk factor for postoperative complications, and the threshold for surgical patients seems to be an intake of more than 2 drinks per day. Traditionally, only very few surgical patients are offered a qualified alcohol intervention, even though it has been shown that the frequency of postoperative complications can be halved by 4 weeks preoperative alcohol cessation. However, the effect of alcohol cessation during and after surgery is unknown.

Purpose / Methods
A new joint Scandinavian multi-centre RCT, Scand-Ankle, evaluates the effect of an intensive patient education programme aimed at stop drinking in the perioperative period for alcohol patients with ankle fractures. The Scand-Ankle patient education programme consists of weekly meetings to support alcohol cessation; including alcohol withdrawal prophylaxis and supervised disulfiram.

The scope of the Scand-Ankle programme is alcohol cessation for at least one month following surgery with follow-up up to 12 mThe primary outcomes are

- Postoperative complications and second surgery within 6 weeks and 3, 6, 9 and 12 months
- Frequency of continuous alcohol cessation after 6 weeks, and of non-alcohol patients, 3, 6, 9 and 12 months after surgery (biochemical validated)
- Cost-effectiveness on short-term (6 weeks) and/or long-term (3, 6, 9 and 12 months) regarding postoperative complications, secondary surgery, continuous alcohol cessation and non-alcohol patients

TA new joint Scandinavian multi-centre RCT, Scand-Ankle, evaluates the effect of an intensive patient education programme aimed at stop drinking in the perioperative period for alcohol patients with ankle fractures. The Scand-Ankle patient education programme consists of weekly meetings to support alcohol cessation; including alcohol withdrawal prophylaxis and supervised disulfiram. The scope of the Scand-Ankle programme is alcohol cessation for at least one month following surgery with follow-up up to 12 months.

Results
The primary outcomes are

- Postoperative complications and second surgery
- Frequency of continuous alcohol cessation and changes in alcohol intake (biochemical validated)
- Cost-effectiveness on short-term and long-term regarding postoperative complications, secondary surgery, continuous alcohol cessation and change in alcohol intake

The secondary outcomes are

- Length of stay, nursing care, reconvalescense, self-evaluated health
- Degree of alcohol withdrawal symptoms, alcohol markers (biochemical and other tests)
- Estimates of QALY

Conclusions
The Scand-Ankle multi-centre RCT is evaluated in three PhD theses. On short term the number of postoperative complications and the hospital stay are expected to de reduced by alcohol cessation in the perioperative period. On long-term, the effects alcohol cessation or a reduced alcohol intake can yield other significant health effects.

Comments
The socially marginalised groups are overrepresented among alcohol abusers, thus adding to inequity in health. By introduc-

ing the acute surgical setting as an arena for effective alcohol intervention the needs of these groups would come into and they would be offered a full-scale programme, thus supporting the national efforts towards equity in health.

Contact
MSc Bolette PEDERSEN
Bispebjerg University Hospital
Bispebjerg Bakke 23
2400 Copenhagen
DENMARK
bped0046@bbh.regionh.dk

Session 3-1: Symposium: smoking cessation and surgery

Smoking cessation and surgery

Johanna ADAMI, Hanne TØNNESEN

Program

- Introduction to Smoking Cessation Intervention & Surgery - Hanne Tønnesen
- Effects in Surgical setting: Short and long term - Thordis Thomsen
- Patient preferences - Hanne Tønnesen
- Cost effectiveness - Bertrand Dautzenberg
- National Initiative from Swedish Orthopaedic Surgeons - Olle Svensson
- Closing remarks - Johanna Adami

Smoking is closely related to complications after surgery. The most frequent complication is wound problems and respiratory complications. More and more evidence has been gathered about smoking cessation before elective operations. The results have shown that the post-operative complications are halved after intensive pre-operation smoking cessation interventions programs. Minor programs such as brief interventions only have small effect on smoking habits and do not influence the complication rate after surgery. The patient preferences are positive. The patients want to be offered smoking cessation intervention programs in relation to surgery, even those who are not successfully in quitting smoking.

In Sweden the orthopaedic surgeons are in the frontline for implementation of pre-operative smoking cessation programs. National clinical recommendations are under implementation supported by the Swedish National Board of Health. Recent studies have shown that pre-operative smoking cessation programs are cost-effective already at short term due to reduced complication rate and hospital stay. On long term the cost-effectiveness would be closely related to the continuously smoking cessation rate of 20-30 %. The perspectives of smoking cessation before surgery are tremendous and could serve as an example of good practise on clinical health promotion.

References

- Glantz L. Should smokers be refused surgery? BMJ 2007 6;334: 21.
- Hejblum G, Atsou K, Dautzenberg B, Chouaid C Cost-benefit analysis of a simulated institution based preoperative smoking cessation intervention in patients undergoing total hip and knee arthroplasties in France. Chest. 2009; 135: 477-83. Epub 2008 Aug 21.
- Lindström D, Sundberg-Petersson I, Adami J, Tønnesen H. Disappointment and drop-out rate after being allocated to control group in a smoking cessation trial. Contemp Clin Trials 2009 Sep 14.
- Peters MJ. Should smokers be refused surgery? BMJ 2007 6; 334: 20.
- Thomsen T, Tønnesen H, Møller AM. Effect of preoperative smoking cessation interventions on postoperative complications and smoking cessation. Br J Surg 2009; 96: 451-61.
- Tønnesen H, Nielsen PR, Lauritzen JB, Møller AM. Smoking and alcohol intervention before surgery: evidence for best practice. Br J Anaesth 2009; 102: 297-306.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23 2400
2400 Kbh. NV Copenhagen NV
DENMARK
ht02@bbh.regionh.dk

Session 3-3: Health services engaging in community health promotion

Addressing disparities through community networks

Carla ZEMA

Introduction

Addressing health disparities benefits many stakeholders in a community. However, reaching some groups in the population, such as the elderly, can be difficult. Given the challenges to addressing disparities and the complexity of health care delivery, multi-stakeholder community collaboratives have the potential to be more effective than efforts by individual stakeholders alone, especially for the elderly. Moreover, limited resources often pose significant barriers to these initiatives. Therefore, this project seeks to bring together stakeholders in the community to:

- Prioritize health care initiatives
- Determine the research agenda
- Establish each stakeholder's role in the agenda
- Expand current efforts using the existing infrastructure

This project represents adaptations of several successful projects.Key aspects of this effort include: (1) involving all relevant stakeholders, (2) conducting a review of current efforts, (3) identification of community goals and next steps, and (4) developing a workplan that includes all stakeholders and integrates current efforts.

While many stakeholders in the community have at least some efforts underway to address disparities, these efforts are rarely linked or coordinated across stakeholder. Conducting a review of the current efforts among the relevant stakeholders educates everyone as to the current state of health in the community. This information is presented at a community summit or meeting of all stakeholder organizations.Relevant stakeholders include health care delivery organizations (hospitals, providers, etc.), employers, insurers/payers, patients/consumers, community/social service organizations, academic/research organizations and philanthropic organiza-

tions. Once all organizations have presented their current efforts and individual goals, community-wide goals are then established. As an academic partner, our role is to coordinate among the stakeholders and to provide expertise and training.

Another purpose of the meeting is to discuss how efforts can be aligned to support the community goals. This can often be accomplished through incremental changes in current efforts. Awareness and the establishment of common goals help to align efforts and strengthen community networks to provide support for health promotion activities across organizations. This additional support results in utilizing existing resources more efficiently and increasing the likelihood of improving the health of the population.

Contact
PhD Carla ZEMA
Saint Vincent College
300 Fraser Purchase Rd
15650 Latrobe
USA
carla.zema@stvincent.edu

The corporate development of a community coalition: A new partner in addressing large population health issues

Matthew MASIELLO

Introduction
There has been minimal comment in the health promotion literature of health services and regional/national corporations working together to form strategic, well balanced and well financed community coalitions for large population based health promotion initiatives. This is especially true when there is an attempt by such a coalition to introduce a well monitored and evaluated evidenced based program to an identified population.

Purpose
To address the epidemic of school based peer abuse or bullying in western Pennsylvania.

Method
The Highmark Foundation of western Pennsylvania granted over $ 6 million to a Department of Education and a Health Research Institute to introduce an internationally recognized school based bullying prevention initiative to approximately 250,000 children. Virtual Centers of Excellence were established along with the training of program facilitators. Formal monitoring, and evaluation tools and practices were key components of the initiative.

Results
A synergistic partnership was established resulting in significant changes in student and teacher behaviors. In addition, numerous other localities in the U.S. are now seeking advice on how to develop a similar model for their student population.

Conclusions
Often times corporate or governmental agencies fund programs without defining the roles and responsibilities of the member partners as well as the oversight role of the prinicpal partner. This particular initiative placed as much emphasis in the organization of the coalition as it did to the implementation of the program itself. This coalition model should also serve as a resource when addressing other school or community based health issues.

Comments
Coalition development is a key component of the public health model in addressing community health issues. The appropriate funding and planning in developing that program organizational structure will result in better outcomes and a more identifiable return on investment.

Contact
MD Matthew MASIELLO
Windber Research Institute
Director, Center for Health Promotion and Disease
620 Seventh Street
15963 Windber
USA
m.masiello@wriwindber.org

A strategic partnership between a health service and schools in developing an optimal school climate

Matthew MASIELLO, Gerald ZAHORCHAK

Introduction
In many regions across America school climate standards are now being developed. Educators are now reaching out to health care professionals to assist schools in developing safe and healthy environments in order to maximize the educational process.

Purpose
To develop an Holostic Educational Approach to Learning (HEAL) in order to support the development of school climate standards.

Methods
In partnership with a local school district, the research and integrative medicine resources of a regional health care system and research institute were used to develop an innovative school based health initiative to assist the educators in developing a more holistic approach to their teaching methods and strategies.

Results
A four phase off site educational initiative was developed, implemented and self evaluated involving 95% of the identified faculty of a local elementary and high school.

Conclusions
In a cooperative effort, an innovative, research driven health initiative can be developed to enhance the safety and health of children in order to maximize the learning process.

Comments
This study serves as an example of the importance in addressing the entire child in the attempt to enhance the educational environment of children. Such strategies will also address the health inequalities of children as it affects the learning of the students.

Contact
MD Matthew MASIELLO
Windber Research Institute
Director, Center for Health Promotion and Disease
620 Seventh Street
15963 Windber
USA
m.masiello@wriwindber.org

Civil society organisations as an untapped resource in the implementation of the community strategy: The experience of the AMREF-Maanisha Programme

Njeri MWAURA, Alison GICHOHI

Introduction
Are Civil Society Organisations (CSOs), a panacea or a menace to health related issues at the community? These organised groups of individuals exist in communities the world over as an answer to their own community problems that governments seem unable to handle. Kenya's community strategy which seeks to lessen the gap between the formal health system and the community comes at a time when the world is moving back towards primary health care which cannot succeed if communities are not empowered on matters concerning their health.

Purpose / Methods
These CSOs as institutions run the risk of not being included in the roll out and implementation of the community strategy, despite the skills, abilities and resources available amongst them, which could serve as a very useful vehicle in helping this strategy get off the ground. The AMREF Maanisha programme is seeking to demonstrate that these organizations can be robust and vibrant actors in the implementation of the community strategy.

Results
The programme has initiated formation of 7 divisional health stakeholder fora which are similar to the health facility committees under the community strategy. These fora consist of CSOs who have committed resources (material and financial) to the running of the fora and GOK personnel from the divisions.

Conclusions
CSOs are a part of the panacea to community health issues, as evidenced by the pooling of resources, which are helping to strengthen; referrals and linkages, the monitoring and evaluation system, coordination, collaboration and advocacy for priority health needs.

Contact
Alison GICHOHI
African Medical and Research Foundation (AMREF)
Lang'ata Road
Nairobi
KENYA
alison.gichohi@amref.org

Session 3-4: Improving HPH networking

Evaluating the International Network of Health Promoting Hospitals and Health Services (HPH) on the network level: Learning for capacity-building by networks

Christina DIETSCHER, Jürgen M. PELIKAN

Introduction
After the launch of WHO's Ottawa Charter, health promotion (HP) networks were established as tools to build HP capacities, amongst them the International Network of Health Promoting Hospitals and Health Services (HPH). Although there have been evaluation studies on some HP networks (and also to a lesser extent on HPH), there has been hardly any theoretical foundation of HP networking (with the exception of Brösskamp-Stone 2004), and of linking HP networking with approaches towards HP capacity building.

Purpose / Methods
The paper aims at presenting a theoretical approach towards capacity-building by HP networks that was developed for the international HPH evaluation study, "PRICES-HPH". On the basis of this concept, a theory-informed questionnaire was developed, with 132 questions (both standardized and open) in 13 dimensions. Feedback was received from 75% of HPH networks. Data analysis is performed quantitatively and qualitatively. Findings will be interpreted together with HPH network coordinators in a focus group design in April 2010.

By contrasting network contexts, coordination and participation structures, network values, thematic priorities and activities including HP implementation support with network outcomes, successful approaches and areas for HP capacity building will be identified, and the theorectical model will be further advanced.

Results
Results (available in April 2010) will provide further insight into successful HP capacity-building by networks. A.o., analysis will focus on the impact of (political) contexts and on participation. Findings will be used for developing a HP networking tool.

Conclusions
From a first rough analysis, the model seems suitable to analyse network capacity building-orientation and strategies. It

might be possible to develop this further into a network planning tool.

Contact
MA Christina DIETSCHER
Ludwig Boltzmann Institute Health Promotion Research
Senior Researcher
Untere Donaustraße 47 / 3
1020 Vienna
AUSTRIA
christina.dietscher@lbihpr.lbg.ac.at

The HPH inter-network laboratory in Italy: Main trajectories of work

Anna ZAPPULLA, Fabrizio SIMONELLI, Benedetta RIBOLDI, Antonio CHIARENZA, Giorgio GALLI, Roberto PREDONZANI

Introduction
The Tuscany, Liguria, Valle d'Aosta and Emilia Romagna HPH Regional Networks developed the HPH Cross-networks Laboratory with the objective of comparing mutual activities and to generate common work. This presentation will include updates and achievements regarding its development.

Purpose / Methods
The laboratories focus on three work trajectories: communication, research and training in health promotion, with the aim to increase and improve the capacity of professionals and the quality of health promotion interventions. Communication has been implemented by means of the Inter-Network online newsletter (www.newsinterreti.info); the Research methodology includes: features of research in Health Promotion; identifying priority research areas and needs; and overcoming gaps and barriers in research; whilst the training aims to compare training experiences between networks concerning relevant themes.

Results
The newsletter has reached its eighth edition, also considering the importance of an effective communication in supporting health promotion activities, the fourth Inter-Networks' Laboratory will take place in June 2010, focusing on communication in health promotion. The most recent training on "Models and tools for the development of the HPH Project", was attended by over 50 participants from several Italian HPH Regional Networks. The research trajectory is undergoing its first steps.

Conclusions
This experience confirms the importance of networking in health promotion. Indeed, the Inter-Networks Laboratory has proved and confirmed to be an effective means to, not only compare projects and results, but mainly to plan and implement common work between HPH regional networks; as well as, to benefit from existing knowledge and exchange.

Contact
Anna ZAPPULLA
Meyer University Children's Hospital
Viale Pieraccini, 28
Florence
ITALY
a.zappulla@meyer.it

HPH Network: Knowledge and sharing as a tool to action

Chuen TECHAMAHACHAI, Jaruwun BUDDEE, Jaruwun JONGVANICH

Introduction
Many hospitals in Thailand have been accessed as a health promoting hospital under the Thailand HPH Standard more than 3 years mostly are hospitals in 74 provinces outside the capital, Bangkok. In the year 2008-2009 the Department of Health, Ministry of Public Health has launching the HPH Project to strengthen hospitals in Bangkok which are more different in many factors and more difficult than the situation in the local area. The factors are concerned and caused living condition and also the health problems toward the quality of life of people in the big city, like Bangkok. The 31 hospitals both government and private hospital have been accomplished the process and activities to be HPH specific in building capacity for target groups (hospital staff, patient and relative and community) learning and sharing of knowledge and experiences in health promotion and how to integrate with other context (health services, health protection, etc).

Results
The result from the project accomplishment could be illustrated as follows:

- The success on activities towards the HPH:
  - The integration of health promoting hospital and quality assurance is one of the success factors.
  - Budget allocation for health promotion activities.
  - Environmental management both in physical and mental concept.
  - Human Resource development.
  - Multidisciplinary team is very important for patient care both at the hospital and community.
- The key recommendation for further development:
  - Providing knowledge and information on health promotion concept and practice for hospital staff at all levels.
  - Initiation of empowerment process from practice to activities in several target groups especially hospital staff, patient and family and community.
  - Management Information System (MIS) to be a fundamental factor for problems solving and future development.
  - Systematic approach to identify the target group dividing on several levels: normal, risk and ill group and how to manage the health promotion activities appropriated to several target group.
  - The role and function of hospital as a health organization as model in that community.

Contact
Jaruwun JONGVANICH
Department of Health, Thailand
Tiwanon Rd.
11000 Nonthaburi
THAILAND
workingage@hotmail.com

Learning through peer review (LPR)

Anita JERNBERGER, Mats HELLSTRAND

Introduction
The project Learning through Peer Review (LPR) is conducted January 2009 - may 2010. The concept of peer review, between comparable organizations, has in Sweden been applied in other settings and had demonstrated possibility to produce rather extensive review reports. While these settings often were more limited, and the available resources often were relative large, The HPH network challenged itself to create an adjusted HPH- model for learning through peer review, applicable for team learning on the implementation of HPH using a cost-effective model.

Purpose / Methods
The project is being conducted January 2009 - may 2010. The purpose is to explore if modified model of LPR can offer valuable shared learning on the know-how of "HPH-ing" in terms of level of implementation and processes for improvement. Manual is developed, essential documentation are shared between the reviewing teams. Four pairs of Peers have been identified, small, and large hospitals and county councils. Three review meetings have been conducted.

Results
Adjusted HPH-model of peer review is an enlightening and empowering method to share know-how of "HPH-ing". The model also improves knowledge on implementation level. Significant processes for improvement of HPH-processes are identified. Examples are implementation of reimbursement system initiated bottom up and osteoarthritis patient training groups. Each preparation process, form for review meetings, and feed back reporting seems to imply its own designation to gain best effect. Concerned organizational levels have participated. Also different professions have participated, though few doctors

Conclusions
Results so far indicates good effects. The HPH-model of peer review may have the potential to contribute substantially to the learning in the Swedish HPH-network. The empowering effect also seems to support strengthened action in participating teams within their mother organizations. Results so far indicates that each review process more or less requiers its own design, supported by competence and resources, met either by HPH-network support or by participating organizations.

Comments
The referred results are verified by the so far participating teams in the project. Four teams have participated, with three conducted reviews. Each team consisting of 2 - 4 persons.

Contact
Anita JERNBERGER
Folkhälsovetenskapligt centrum
St:Larsgatan 49B
SE 583 81 Linköping
SWEDEN
anita.jernberger@lio.se

Session 3-5: Improving health chances for migrants and minorities by effective education, communication and interpretation services

Emergency multilingual aid for acute hospitals in Ireland

Laura McHUGH, Rosemary ORR

Introduction
The Health Service Executive (HSE) has developed a new communication tool to assist staff in communicating more effectively and safely with patients with limited English proficiency who present in acute emergency situations. The Emergency Multilingual Aid (EMA) was implemented in all acute hospitals from July 2009 onwards. The evaluation of the EMA project is due for completion in April 2010.

Purpose / Methods
The EMA contains 160 questions designed for hospital staff to make an initial assessment while an interpreter is contacted. These questions are translated into 20 languages. The EMA is intended to assist staff in communicating more effectively with patients with limited English proficiency who present in acute/ emergency situations, prior to requesting the services of an interpreter or while awaiting the interpreter's arrival. It is not intended to replace an interpretation service. It covers the most common questions and terms to assist front line hospital staff to communicate with patients with limited English proficiency, and it also contains some patient-led questions to assist communication in the absence of an interpreter. Detailed guidelines for staff on how to work effectively with interpreters are also included in the EMA.

Results
The EMA project has been implemented in 214 departments across all 49 acute hospitals in Ireland. The implementation process has been facilitated by regional and local hospital coordinators who have supported and assisted staff in the use of the EMA. The EMA is available onsite in clinical areas and on the HSE website. The EMA was accessed on the website 3,389 times in the first 3 months of implementation. There have been 44 requests for the EMA in other areas of the HSE and work is underway in other areas of the HSE to adapt the use of the EMA to other settings, e.g. cancer screening ser-

vices. A comprehensive evaluation of the EMA is due for completion in April 2010.

Conclusions
This is the first publication of guidance in relation to effective communication with patients with limited English proficiency, and includes guidelines for the use of interpreters and multilingual communication aids in Ireland. The development of this national project has enabled collaboration between key partners and is a way to reduce duplication of translated communication tools. The evaluation of the project will inform future progress in this area.

Contact
Laura McHUGH
Galway University Hospitals
Health Promotion Officer
University Hospital Galway
Galway
IRELAND
laura.mchugh@hse.ie

Significance network in the health services: Intercultural mediation in the social and health services network

Sandra BOMBARDI, Paola CASTAGNOTTO, Matias DE LA CALLE, Patrizia FABBRI, Paola M. ANTONIOLI

Introduction
Events that force a person to abandon his or her context, make that person a vulnerable subject, by lack of knowledge about Hospital and National Health System accessibility, lack of knowledge about medical terminology, language, and the difficulty to communicate the meaning of pain. The increased presence of immigrants in the Ferrara Province requires an integrated approach to guarantee equal access to Diversity with an integrated approach throughout the Health Services. The intercultural mediator is not the person that finds the solution of health problems, but the person that helps and educates the patients and the professionals on how to cope with common incomprehension.

Purpose / Methods
- To guarantee equal access to all Health System users by facilitating relationship between Health professionals and foreign citizens
- To render homogenous the organization of the intercultural mediation processes in the social and health services by building a network of culturally sensible facilitators (physicians, nurses, social workers, administrative personnel).
- To monitor the evolution of the needs of the territory in order to programme properly the activities of intercultural mediation.

The approach used is Bottom-Up, Transcultural Methodology, Active Listening Methodology and Network Methodology.

Target
- Health professionals of the social and health services
- Immigrant citizens, users of the social and health services

Results
- Increased competence of care and self-care of the immigrant person.
- Presence of a network of culturally sensible facilitators throughout the social and health services of the territory, guaranteeing increased equal access to all users.
- Presence of 2 procedures for coordination and activation of the Intercultural Mediation Service
- Presence of tools that describe and keep record of the coordination and activity of intercultural mediation in 7 Health Mediation Headquarters in Ferrara Province.

Conclusions
The idea of managing and reading the immigrants' health demand with a systemic approach put the basis for an interdepartmental project between the main city hospital "Azienda Ospedaliero-Universitaria" and the Local Health Authority "Azienda USL" of Ferrara started November 2007 (Issue n. 174 August 2007). The project allows a working methodology that favours a strong integration of professionals and Services. This has facilitated equal access of foreign users to Social and Health Services in the Ferrara Province. In 2008 the Interdepartmental Mediation Service has been certificated, according with the ISO 9001:2000 Quality System by CERMET, producing 2 procedures: 1- Coordination and Function of the Intercultural Mediation Service.

Comments
Benefits for the territory and for the departments: - Professional integration between professionals and Departments where there is a high presence of immigrants; - Production of communication tools that allow the governance of interdepartmental mediation processes that keep record of assistance continuity.; - Individuation and utilization of advanced relational/educational competences present in the Departments, giving "culturally sensible" responses.

Contact
Sandra BOMBARDI
Azienda Ospedaliero-Universitaria di Ferrara
C.so Giovecca 203
44121 Ferrara
ITALY
s.bombardi@ospfe.it

Interpretation service use in primary care for and by new Polish migrants in Lothian

Fatim LAKHA, Caroll BROWN, Dermot GORMAN

Introduction
The European Union expansion of 2004 prompted an influx of new European migrants into Scotland from Accession 8 (A8 countries) and now over 30,000 Poles live in the Lothian re-

gion. Eighty five percent of this Polish migrant population is of working age and this group comprises 5% of the working age population. One key issue is language and the need for interpretation and translation services (ITS) within Primary Care. This is mostly provided face-to-face or less often by telephone and there is little evidence about its quality or level of use locally

Purpose / Methods
Using OnoMAP version 2, a computer programme developed at University College London which allows ethnic, cultural and linguistic origin classification using surnames and forenames, 16,042 Poles were identified, using the Community Health Index, and linked to their General Practice. One year's use of Polish Interpretation and Translation services by each GP practice was calculated and statistical analysis undertaken against their identified Polish population.

Results
There was no consistent correlation between expected use of ITS (based on number of Polish patients) and actual use of the service. However, statistical analysis did indicate that on average use of ITS was less than expected for primary care.

Conclusions
Practices are using interpretation services in an inconsistent fashion not related to 'need' as expressed by number of Polish patients. We think there are a number of factors responsible for this:

- Organisational: e.g. lack of awareness of ITS and its use
- Staff: e.g. staff deciding that an interpreter is not needed or a family member / friend will do and Polish speaking staff acting as informal interpreters
- Patient: e.g patients refusing the offer of ITS; having better than anticipated English language skills

We have fed back this information to practices, provided information about ITS and intend to review progress in one year

Contact
MBChB Fatim LAKHA
NHS Lothian
SpR Public Health
Deaconess House, 148 Pleasance
EH89RS Edinburgh
UNITED KINGDOM
fatim.lakha@nhs.net

Session 3-6: Surveys and evaluation studies on smoke-free health services

Monitoring smoking cessation programs in Europe

Louise RINDEL, Hanne TØNNESEN

Introduction
The objective was to evaluate the existing Clinical Quality Databases for monitoring Smoking Cessation Intervention in Europe.

Purpose / Methods
Descriptive study based on questionnaires. The study included mapping of databases through web-based searches, direct contact to the ministries of health in 33 European countries, and national/regional representatives from organisations with interest in the matter. Each letter contained a questionnaire specifically developed and validated to this purpose and regarded the Clinical Quality Databases.

Results
28 countries responded, 9 with quality databases.
The degree of covering varied from 0.04 to 2.62 % of adult smokers in the population in 2008 and varied from 33 to 100 % of units. All databases used a basic scheme to register interventions with a data completeness for prognostic indicators of 84.6 to 100 %.5 /9 databases used annual reports to visualize data systematically. 6 /9 databases were anchored in a public or governmental authority.

Conclusions
Overall, the Clinical Quality Databases were suitable for monitoring of Smoking Cessation Interventions and evaluating the quality of the clinical work. However, the databases differed regarding methods, content, usability, coverage, and sufficiency to register and distribute the collected data; therefore there is a great potential in development of common guidelines for best practise to ensure a high quality of data in Europe.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23 23
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk

Service quality, satisfaction and further needs of health promotion programs of members of the German Network for Tobacco Free Healthcare Services.

Stephan MÜHLIG, Grit TEUMER, Manja NEHRKORN, Julia SAHLING, Christa RUSTLER, Eileen BOTHEN

Introduction
The German Network of Health Promoting Hospitals has initiated a German Network of Tobacco Free Healthcare Services based on the code and standards of the ENSH-Global Network for Tobacco Free Healthcare Services. The main objective of the ENSH is to strengthen Healthservices in their important role in reducing the tobacco use in society. Therefore, health

care services have to implement a systematically integrated smoking cessation, motivation and counselling program based on tobacco free environments. To get more information on the acceptance of the ENSH concept, the efficacy of the smoking cessation programs, the benefit of the certification process and further needs required from the network a survey was performed in all 191 member organisations.

Purpose / Methods
All member organisations were asked to fill out an online questionnaire which was conducted by the Technical University of Chemnitz, Faculty of Clinical Psychology in February 2010.

Results
The results of the survey will be presented and compared to the results of a survey of silver certified hospitals in 2007.

Conclusions
Not specified at these stage of the survey.

Contact
Christa RUSTLER
German Network for Health Promoting Hospitals
Coordinator Tobacco Free Healthcare Services
Saarbrücker Straße 20-21
10405 Berlin
GERMANY
rustler@dngfk.de

Summative and formative evaluation of a total smoke free hospital campus

Irene GILROY, Anna CLARKE, Denise COMERFORD, Greg CONLON, Leslie DALY, Kirsten DOHERTY, Patricia FITZPATRICK, Veronica O' NEILL, Carol PYE, Brenda WHITESIDE, Cecily KELLEHER

Introduction
In March 2004, Ireland became the first country in the world to legislate for an outright ban on indoors smoking in workplaces. On the 1st January 2009, St. Vincent's University Hospital (SVUH) became the first hospital in Ireland and one of the first acute general hospitals internationally to introduce a smoke free campus policy, prohibiting smoking on the hospital campus including the grounds. A smoke free campus is a cue to action in health promotion terms for patients and staff.

Purpose / Methods
Systematic evaluation of smoking rates including attitudes and socio demographic factors has been in place in SVUH since 1998. Process evaluation has shown a growing acceptability of the policy amongst patients and staff. A 2006 survey showed a smoking prevalence of 23% in patients and 18% amongst staff. An evaluation of the smoke free campus policy, one year post introduction, is in train for January 2010. Smoking status will be validated by a carbon monoxide test.

Results
Major incidences and visibility have been monitored. SVUH has approximately 2,500 staff and a daily through put of approximately 2,500 people. Observational audits of the grounds, during the first 3 months, show a handful of people breaching the policy. Referrals to the hospital's Smoking Advice Service and the use of nicotine replacement therapy increased by 16.4% and 95.4% respectively, in the period of January to September 2009 in comparison to the same period of 2008.

Conclusions
Attitudes towards the policy have been good and this will be corroborated in this survey in January with the results available in February 2010. This systematic approach shows that a Smoke Free Campus is feasible, but careful evaluation and ongoing monitoring is both necessary and warranted.

Contact
Irene GILROY
St. Vincent's University Hospital
Elm Park
Dublin 4
IRELAND
i.gilroy@svuh.ie

Progressive evaluation of a long-term tobacco control policy in a comprehensive cancer centre

Cristina MARTÍNEZ, Esther CARABASA, Anna RICCOBENE, Xisca SUREDA, Marcela FU, Jose Maria MARTÍNEZ-SÁNCHEZ, Montse BALLBÈ, Esteve FERNANDEZ

Introduction
The Catalan Institute of Oncology is a Comprehensive Cancer Centre in Barcelona, Spain, which began the implementation of a smoke-free policy in 1997, following the guidelines of the European Network of Smoke-Free Hospitals (ENSH). The phases of the implementation were: (1) enforcement of smoke-free indoors (from 1997 to 1999); (2) education and training in tobacco cessation skills to health professionals (from 2000 to the present); (3) offering tobacco cessation programmes to health workers (since 2005) and to patients (since 2006), and (4) limiting tobacco consumption in outdoor areas (since 2006), with the aim of becoming a 100% tobacco-free hospital campus in 2011.

Purpose / Methods
To report the results obtained after implementing a long-term tobacco control policy in terms of: (a) describing the evolution of tobacco consumption among health workers; (b) assessing the progression of tobacco control policies according to the ENSH standards; (c) describing the levels of second-hand smoke indoors; and (d) reporting the activity of the tobacco cessation programmes to workers and patients.

We used data from 6 cross-sectional surveys from 1997 to 2009; data from the ENSH self-audit questionnaire from 2004 to 2009; the airborne nicotine measurements from 2005 to

2006; and the number of smokers enrolled on both tobacco cessation programmes since their beginnings to November 2009.

Results
The prevalence of smoking has declined from 44.9% in 1997 to 29.6% in 2009. The compliance of the ENSH standards has increased from 67.6% in 2004 to 90.5% in 2009. The median airborne nicotine concentration decreased from 1.39 µg/m3 in 2005 to 0.04 µg/m3 in 2006. Finally, 110 workers and 123 patients have been visited in the tobacco cessation programmes since their launch.

Conclusions
The gradually implementation of a tobacco-free project has helped to achieve good results in decreasing the number of smokers among the staff, increasing annually the number of smoke-free policies, providing a healthier environment, and increasing the number of smokers who start a tobacco cessation programme.

Comments
The evaluation on the hospital's internal policies helps to identify the drawbacks and the achievements obtained. Hospitals should focus on achieving a 100% tobacco-free organization in order to become a model of good practice for other organizations.

Contact
RN Cristina MARTÍNEZ
Catalan Institute of Oncology
Nurse Coordinator
Av Gran Via de l'Hospitalet 199-203
08907 L'Hospitalet de Llobregat
SPAIN
cmartinez@iconcologia.net

Session 3-7: Improving health promoting patient care by service integration and outreach programs

The project Health and Well-being through Nursing Management

Aki LINDEN, Päivi NYGREN, Minna POHJOLA

Introduction
A reduction of health differences between population groups has been a central aim of Finnish health care policy already for several decades. Although the health level has increased and the therapeutic results within different disease groups have improved among the Finnish population, for instance obesity and the increase in type 2 diabetes partially related to obesity, increased alcohol use, diseases related to smoking and mental health problems are still current public health challenges. Practically all health-related problems are more frequent among less educated people, blue-collar workers and people with low income. Correspondingly the healthiest population groups are the most educated people, the higher white-collar employees and people with high income. Especially the differences in mortality between socioeconomic groups are steeper in Finland than in other countries in Western Europe.

The presentation describes the project Attractive and Health Promoting Health Care 2009 – 2011 and the thereof subordinated project Health and Well-being through Nursing Management which is implemented on the Finnish West Coast. The aim of the project is to enhance promotion of health and well-being in nursing management and in practice.

Purpose / Methods
The development of municipal social welfare and health care in Finland in 2008 - 2011 is directed and supported by means of the Kaste programme (national development programme for social welfare and health care). The Kaste programme specifies the goals for the development of social welfare and health care and the most central measures through which these can be attained. The principal areas for measures are: 1) prevention and early intervention, 2) enhancing personnel sufficiency and competence, and 3) the service whole and effective functional models of social welfare and health care. The central challenges of nursing management from the aspect of promoting health are narrowing socioeconomic health differences, efficient implementation of evidence-based methods, utilization of the health information of the population and development of intersectoral networking.

Results
During the course of the project the structures of promoting health are mapped, management supporting tools are developed, regional networking is enhanced and the expertise of the management and employees within social welfare and nursing is consolidated as for the field of health and well-being. The project promotes development and conveyance of evidence-based health promoting methods and practices for utilization of different actors within the operational environments of social welfare and health care.

Conclusions
The management within nursing has an excellent opportunity to influence the enhancing of the promotion aspect of well-being and health in nursing, to participate in the development of services and to participate as experts in the cooperation with the municipality and various administrative fields in the area. The project emphasizes regional development of structures and methods in promoting health.

Comments
Aki Linden, Chief Executive Officer of the Hospital District; Päivi Nygren, Executive Director of Nursing Minna Pohjola

Contact
Minna POHJOLA
Hospital District of Southwest Finland
Kiinamyllynkatu 4-8
20520 Turku
FINLAND
minna.johanna.pohjola@tyks.fi

A collaborative model between hospital and indigenous community to reduce heath inequality in rural area.

Yun-Ke CHIU, Ji-Hi YEH, Ying-Wei WANG, Yi-Chun SUN

Introduction
Indigenous people living in rural area are suffered from poor health status, one of the reason is the unavailable of medical service. Tzuchi hospital provides mobile medical services twice a week under "Integrated Delivery Service program (IDS)" funded by bureau of National Health Insurance. The local people have difficulty in accessing medical service during off-hour time. Self care is predominated in this situation, but quality of care is variable. A hospital based collaboration model is introduced as a resolution.

Purpose / Methods
The collaboration model has been developed to empower indigenous inhabitants on self care for minor medical condition. The IDS staffs are cooperators between hospitals and communities. Easily access Self Care Medical Spots (ESCMS) are established as supportive network with resources including over the counter drugs (OTCs), medical box for superficial injuries, reference book to self care and medical consultation line. Volunteers are trained to manage ESCMSs and assist local people utilizing resources. All services are under supervision by hospital staff.

Results
10 ESCMSs have been established in 3 rural indigenous communities since Nov. 2008. The ESCMSs have applied more than 320 OTCs services, over 100 medical box and reference book services and 6 medical consultation line services. The ESCMSs' services improved individual confidence about self care for headache, common cold, diarrhea and lumbago ($p < 0.05$), changed self medication behavior ($p < 0.05$) and reduced needs of medical consultation outside the community (-2.06 times/year).

Conclusions
The collaboration model can increase personal confidence about self care for minor illnesses and reduce the needs to use medical service outside the community. Local people are willing to involve into the network and to utilize the resources from ESCMSs to help themselves on self care. Local volunteers can apply the services for local people in minor medical condition and maintain good accessibility. Supports and cooperation from hospital professionals make the model safe and update.

Comments
By integration of communities and hospitals, we have developed an effective and convenient environment for self care and that is one way to decrease the health inequality in rural area . Through continuous program evaluation and experience sharing with community members, we want to build up a sustained collaboration model and disseminate to other indigenous communities.

Contact
Yun-Ke Chiu
Buddhist Tzu Chi General Hospital
Central Office\ 707, Sec 3, Chung-Yang Rd.
Hualien
TAIWAN, R.O.C.
hundpp@gmail.com

Hospital based health promotion - assesment & referral

Gary BICKERSTAFFE

Introduction
In order to help hospital patient's access support services for lifestyle changes particularly around alcohol, smoking, weight, diet, physical activity and sexual health, a suitable & useable screening/assessment/ referral tool is required. There are many questions we could ask patients and many ways of phrasing them to elicit an honest response. Any assessment tool must also be simple and quick to use in an already busy hospital environment where admission and discharge times are closely measured. We have previously designed and currently use a successful smoking cessation assessment & referral tool. We have now adapted this to offer wider lifestyle interventions including alcohol, diet, physical activity, weight management and sexual health including the offer of additional support for lifestyle change.

Purpose / Methods
A draft assessment form design has been produced and we are still seeking comments, suggestions and ideas from a wide range of healthcare staff on its future potential. We have been piloting the use of the form and have created a pathway from hospital to a small Health Trainer project which handles the referrals. We now have some preliminary data on take up of such an intervention.

Results
Hospital staff are willing and motivated to be trained to deliver health promotion interventions. We have found that hospital patients can be identified as seeking to change some elelmnt of their lifestyle which may be putting them at risk of future harm. Many people are interested in support for weight management, diet and physical activity. Fewer people are reporting that they wish to stop smoking. Fewer people still report wishing to reduce alcohol consumption.

Conclusions
Sufficient numbers people agree to referral to support services to make it wide lifestyle health promotion interventions a viable part of a hospital service. The assesment and referral process offer a record of the interventions and the process utilizes community based support services to provide longer term motivational suport to people wishing to challenge negative lifestyle choices. Many people identified come from areas of disadvantage and thus are being engaged in this environment.

Comments
There is a huge need to discuss the requirements, development and practical use of such a form and share what we have

learned done to date. It is expected that many healthcare settings are looking at how best to intervene in lifestyle issues and how best to develop a simple assessment and referral pathway for ALL lifestyle issues together Discussion on the form design, assessment process and referral and support pathways would be beneficial to all conference participants as most health settings will be increasingly required to initiate practical interventions that offer lifestyle change advice and signpost/refer patients/clients into support services when appropriate.

Contact
Gary BICKERSTAFFE
NHS Bolton and Royal Bolton Hospital
Health Improvement Specialist (Hospitals)
Room 65 Rivington Unit Royal Bolton Hospital Minerva Road
BL4 0JR Bolton
UNITED KINGDOM
gary.bickerstaffe@bolton.nhs.uk

The effect of collaborative programs on the patient with the high risks of coronary heart disease

Yi-Ping LIU, Ying-Chia HUANG, Tin-Kwang LIN

Introduction
Buddhist Tzu Chi Dalin General Hospital, is located in the countryside of Taiwan. The ratio of elder patient is nearly 50% in our outpatient population. Chronic diseases, like stoke, cardiovascular disease, diabetes, hypertension, renal disease, are the leading causes of death in Taiwan for a long time. The rate of those diseases increases more rapidly. It may be caused by aging, imbalance of nutrition, excess eating and lack of exercise. Those lead to the formation of overweight or obese, Chronic diseases have been a great threat to health, the life expectancy, the quality of life and the medical costs. We designed a 8 weeks of collaborative programs on the patient with the high risks of coronary heart disease and hope to reduce the risk and achieve slowing disease progression.

Purpose / Methods
- The collaborative team is organized by the doctors, nurses, nutritionists, physical therapists, aerobics teachers. We design 8 weeks of activities in the content of weight loss, diet control, calorie control, regular exercise and lifestyle modification. The patients need to record diet and activity daily themselves and visit our team weekly.
- The patients in weight loss programs are enrolled with at least the following conditions: BMI> 24, high blood pressure, high blood sugar or high cholesterol.
- We measure the following items before and after the program: weight, waist circumference, hip circumference, body mass index (BMI) , serum lipid profile, fasting glucose, HBA1C, and blood pressure.
- SPSS 12.0 for analysis of statistical inference.

Results
34 cases was enrolled from 77 participants of the weight loss program. The overall statistical analysis shows: weight (kg) M±SD 2.6±2.1, waist-hip (cm) M±SD 3.0±2.9, M±SD 2.4±2.1, body mass index (kg/m2), M±SD 1±0.8, triglycerides (mg / dl) M±SD 47.7±71.0

Conclusions
Our collaborative program ,including daily self record and weekly visit, is really work in the risk factors of coronary artery disease, not only weight loss.

Contact
Chun-Po CHEN
Buddhist Dalin Tzu Chi General Hospital
NO2, Min-Sheng Road, Dalin Town
622 Chia-Yi
TAIWAN, R.O.C.
manto@tzuchi.com.tw

The promoting program of equal access to the national health insurance

Jian-Chung CHANG, You-Chen CHAO

Introduction
The National Health Insurance (NHI) is one of the most appreciated social policies in Taiwan, with which above 80% of citizens have once felt satisfied, and whose coverage rate gets beyond 98% of all residents. Despite of such high satisfaction and coverage rate, there are hundred thousands of people uncovered and millions of people discontinuously covered by NHI. Unemployment and instable employment make persons lack of enough income to pay the contribution fees, leading them unentitled to the medical services provided by NHI. Thus, it is poverty that traps millions of citizens being excluded from and marginalized in NHI. Because of being uncovered by NHI, when they fall ill, these citizens will tolerate the torments of the illness and cannot take the medical treatment. They haven't tried to seek the medical services until the conditions of the disease become too severe to be cured.

The equal access to NHI ought to be seen as the fundamental human right, which means that all citizens and even all the person with legal residence in Taiwan should be entitled to the coverage of NHI. Hence, the economic difficulties should not hinder citizens and residents from the entitlement to health services. Accordingly, Taiwan Tzuchi hospital provides the uncovered—usually also the disadvantaged—patients the program to promote their equal access to the medical services provided by NHI.

Purpose / Methods
The Taipei Branch of Tzuchi Hospital offers a series of services to the patients unable to pay the contribution fees, which combine the contribution-fee-relief program of the Bureau of National Health Insurance (BNHI) with the resources provided by the Hospital and other charity organizations. What the Hospital offers include not only the economic assistance, but also the tips how to apply the contribution-fee-relief program of BNHI. When they need to have dealings with the officers of BNHI for the application, the patients will be accompanied by the voluntary workers of the Hospital. If the patients are the marriage migrants who are unfamiliar with Chinese, the official language of Taiwan, and encounter the residence problems,

the Hospital will assign the staff to argue with BNHI and National Immigration Agency about the patients' benefits and what the patients as citizens are entitled.

Results
Since 2005, the Taipei Branch has already helped hundreds of patients re-gain the entitlement to the medical services provided by NHI, which includes directly offering them the subsidies to the contribution fees, and assisting them in dealing with BNHI.

Conclusions
The main goal why Tzuchi Hospital is established is to promote the poor patients' equal access to the quality medical services. Since being established, Tzuchi Hospital has tried to understand the difficulties these disadvantaged patients encounter, and provide what they need immediately as well as in the long run. The Hospital believes that such provisions will make medical resources distributed more equally.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital,Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

Community outreach cervical screening service to tackle health inequality in rural Eastern Taiwan

Hui-Chuan CHENG, Ying-Wei WANG, Wen-Lin HSU

Introduction
In Taiwan, 95.5% of all pap smears are taken by physicians in the hospitals or private clinics. In the rural remote areas, mobile screening units in a caravan or an ad-hoc outreach stations have been organized and rotated in different villages annually to facilitate the cervical sample taking with an aim to increase screening uptake rate and improve access to preventive service. Most pap smears in the remote villages are sampled by public health nurses who are also responsible for encouraging the uptake of cervical screening.

Purpose / Methods
Between January 2004 and March 2009, 5444 smears have been taken in the remote villages in eastern Taiwan. The quality of smears taken in the outreach smear stations or mobile screening units was compared with the smears taken in the office. The compromising factors of smear qualities taken in the remote rural communities and the difficulties during smear taking in the mobile clinics were explored.

Results
62.84% of those who were smeared in 2007 have ever screened in the past 1-3 years, higher than the national average, 51.9%; whereas 11.34% have never taken the smears before. The satisfactory rate of smears taken in the outreach stations or mobile units is 53.16%, lower than those taken in the office, 77.30%. 85% of all the smears in mobile clinic or rural outreach stations were taken by nurses, with the satisfactory rate being 49.73%. Up to 74% of those suboptimal smears taken by the nurses in remote villages have no endocervical component, much higher than the regional average 44.34%. The positive rate of the suboptimal smears without endocervical component is 1.08%, lower than the regional average 2.93%.

Conclusions
The outreach screening program have improved access to preventive service in the rural areas, although still a certain proportion of rural women were smeared for the very first time. Futhermore, public health nurses need further support such as training of sampling techniques. The difficulties encountered during nurses' smear taking in outreach or mobile clinics also need further investigation in order to lessen health inequality between urban and rural areas.

Contact
MD MSc Hui-chuan CHENG
Buddhist Tzu Chi General Hospital
No.707 Sec.3 Zhong-Yang Rd.
970 Hualien City
TAIWAN, R.O.C.
hcchenghccheng@gmail.com

Session 3-8: Health promotion for staff (II)

Web-based exercise diary to improve the compliance of physical fitness program among hospital staff in HPH program

Ming-Lun TSAI, Shu-Yi WANG, Wan-Yu CHEN, Sou-Hsin CHIEN

Introduction
Documentation of the health promoting project is important part in the evaluation of the effective health promoting project. Web-based application seems to be a good tool for participants writing their exercise diaries. Web-based exercise diary incorporated into our projects of health promoting activities can serve to remind the participants and improve the compliance of such program. The study was designed to explore the effect of the diary for the physical fitness status between participants using or not using the diary.

Purpose / Methods
We designed a web-based exercise dairy for the participants to access and enter easily in 2009. 129 participants included in this study. They had received the examinations of physical fitness in 2007, 2008, and 2009. They recorded their exercise parameters into the exercise diary each time and can easily access their records. We compared the physical fitness pro-

gresses for them in the year 2008 when they didn't use the web-based diary and the year 2009 when they used the diary.

Results
Waist-hip circumference ratio improved from 2008 to 2009 was better compared with 2007 to 2008 with statistical significance. Besides, grip force, and curl-up times of also improved significantly. Cardiopulmonary function improved but not statically significant. BMI and the flexibility of the trunk forward bending remained the same.

Conclusions
Using web-based exercise diary to record and evaluate the progress of health promoting activities of hospital staffs joining the health promoting project helps to improve the adherence of the activities. After one year of experiment, waist-hip circumference ratio, grip force, and curl-up times of physical fitness did improve. However, cardiopulmonary indexes are not different significantly. BMI and the flexibility didn't change. Further studies are needed to fine tune the system.

Contact
Chun-Po CHEN
Buddhist Dalin Tzu Chi General Hospital
NO2, Min-Sheng Road, Dalin Town
622 Chia-Yi
TAIWAN, R.O.C.
manto@tzuchi.com.tw

The management of health related work ability in healthcare work force

Daniele TOVOLI

Introduction
One of the main issues in Health Care Services is good workforce management. In the last years factors like aging, social environment, work environment and emerging diseases caused an increased interest on workforce health, above all for management purpose related to lack of complete work ability of part of professionals staff. Control the inequalities of heath status of professional staff in not only a matter of good practice management but ethical one.

Purpose / Methods
Bologna Local health Unit set up an interventions to manage inequalities of workforce health, which in lead to lack of complete work ability in 10% of professionals staff in media, with areas where it reaches 18%. The causal factors are above all upper limb and spine diseases due to manual lift and psychological-psychiatric syndromes. The interventions strategy includes prevention and control measures applied in general and individual basis. In general basis there has been an improvement of work environment with investment in space, layout, equipments with ergonomic features, specific training, well being at work actions. On individual basis, for people with limitations on complete work ability is provided a job design action with creation of a personal work plan. We provide as needed interventions concerning psychological support of people involved in adverse events or for who perceive lack of satisfaction too.

Results
Faced with an investment of some Ml € in three years (equipments, layout, spaces, work environment, training, and so on) we have a return on reducing potential risk factors non only for staff but for patients too, recover to the whole work ability of 40% of people with work ability limitations. Up to now the pro are: satisfaction by people with limitations in work ability, reducing discrimination by "heathy" staff against people with work ability limitations, resources recovery.

The cons are: difficulties to have sometimes adequate resources to set up interventions, arduous to quantify the economic return on investment, an at last the erroneous perception of some people that interventions provide were limitations of the statutory protection provided in these cases.

Conclusions
Good workforce management is a sum of actions where the health staff management on individual basis and resulting inequalities will became increasingly relevant in the next year. Related to costs control and health services sustainability, building a safety and better environment for health staff and patients will be the right choice. This experience applied a model of actions where there is a strong integrations between technological, organizational, individual and psychological interventions, with a global approach to safety and health for health care workforce, with good results, even if some uncertainties must be study in deep.

Contact
Biologist Daniele TOVOLI
Az. USL di Bologna
Risk manager
c/o Osp. Maggiore, L.go Nigrisoli 2
40133 Bologna
ITALY
d.tovoli@ausl.bologna.it

The WHO handbook for the self-assessment in the HPH network of Friuli Venezia Giulia (Italy): Healthy workplace, stress, work related and psycho-emotional well-being standard

7 Local Health Units participating in the HPH Network of Friuli Venezia Giulia (Italy):
Andrea COLLARETA, Cristina AGUZZOLI, Antonio ALFANO, Maria Antonietta ANNUNZIATA, Paolo BARBINA, Virginio BEACCO, Roberto BIANCAT, Renzo DEANGELI, Rossana CIANO, Elena COIRO, Luisa DUDINE, Federico FARNETI, Luisa GIACOMINI, Silvia MASCI, Adele MAGGIORE, Maria PERESSON, Patrizia PORTOLAN, Rosanna QUATTRIN, Mario ROBOTTI, Stefano RUSSIAN, Sara SANSON, Adelchi SCARANO, Chiara TUNINI

Introduction
The global economic crisis is submitting all to a phase of change to find new existential and qualitative parameters. The aging of the population and the connected chronics illness are tightly correlated to the increase of the psychological and emotional illness caused by the fact of not to be success full in being the updated with the acceleration to which the society is subduing us. The quality of life depends on external factors as income, job, safety, relationships, but also from the mental health that depends on the way according to which the difficulties of the life are faced.

In September 2009 during the Global Mental Health Summit (Athens) has been underlined as the depression it will be the principal problem to face for the Health Services of the world in the next decades.Empowerment on life skills is an important way to reduce inequalities in lifestyles and to prevent distress.

Purpose / Methods
The experimentation program in Friuli Venezia Giulia HPH Network (ITALY) has began in 2008 to apply the WHO' handbook for self-assessment to the regional context in order to verify the instrument usability together with the possibility to conduct a parallel integrate analysis of the criteria specifically applicable to the psycho-emotional well-being. The object of the study consists in obtaining a specific way of analyze needs and answers to promote an healthy workplace in parallel with italian legislation that in 2010 is going to evaluate work-related stress. In our network we look forward integration among different groups working on human resources to obtain stress-work related evaluation from different point of view. According to this objective, a codification of psycho-emotional well-being markers is needed and it should be applied to different health contexts. More in detail, the standards subjected to the integrations are the Numbers 1 and 4 (see the WHO Handbook for the self-assessment)

Results
In September 2009 the FVG HPH Network has realized a Consensus Meeting on psycho-emotional standard and life skills.It's emerged that, although adverse environments are well known as factors of risk to induce psycopathology, many individuals answer in a adaptive way to such environments. There is an increasing interest in the understanding of the mechanisms involved in this phenomenon denominated Resiliency. The group of multiprofessional job, constituted by psychiatrists, psychologists, sanitary assistants, physicians of the prevention, educators discussed and elaborate the first hypotheses of standards.

The discussion is assembled on two possible approaches: 1) reinforcement of the external factors of help (Locus of External control) 2) supply of tools of empowerment - RESILIENCY- for a Locus of Indoor Control of the individual and the systems. In order to facilitate the need evaluation process and operators feed back, we adopted the focus group technique.

Conclusions
The road most correct seems to be integration, in this case the emergent lack concerns the tools of self evaluation of the resiliency factors (life skills) to program a plan of improvement on the empowerment before the illness it acclaims. In the phase of evaluation the scales of fitter measurement, interesting close examination on the Connor Resilience Scale. The psycho-emotional comfort of the operators is often area of interest in different working groups (well-being organization, burn out, women rights, etc.) and these groups need to be coordinated to obtain comparison in results with WHO' handbook for the self-assessment.

Contact
MD Cristina AGUZZOLI
Azienda Servizi Sanitari 2 Isontina
Coordinating Centre Friuli Venezia Giulia Network
Via Vittorio Veneto 174
34170 Gorizia
ITALY
aguzzoli.cristina@libero.it

Knowledge about the influenza pandemic among health care professionals in Greek hospitals

Akrivoula PROKOPI, Filippos T. FILIPPIDIS, Vana SYPSA, Yannis TOUNTAS

Introduction
Influenza pandemic is a major challenge for health services. The role of health care professionals is of high importance. A high level of knowledge among hospital staff regarding the diagnosis, transmission and prevention of the influenza is necessary, in order to ensure that hospitals will be able to respond effectively to the pandemic.

Purpose / Methods
The objective of the study was to measure knowledge about the influenza pandemic among hospital staff in Greek hospitals. A cross-sectional study design was employed and data were collected from May to September 2009, using a self-report questionnaire. 758 questionnaires from 11 hospitals, members of the Hellenic HPH Network, were obtained. A knowledge-score was calculated using data regarding the pandemic definition, common symptoms and modes of influenza virus transmission. Knowledge-score range was from -4 to 16.

Results
88,4% of the employees could identify the correct definition of the pandemic. More than 90% could identify the common influenza symptoms, such as fever (98%), cough (96%), fatigue (94%), headache (93%) etc. Level of knowledge regarding modes of transmission was lower. Skin-to-skin contact (66%) and contaminated objects (69%) were identified by significantly fewer employees. The average knowledge-score was 8.81(±2.98). Questionnaires completed in September had a higher average score (9.77), compared to questionnaires completed in May (8.92)($p<0.001$).

Conclusions
Employees in hospitals of the Hellenic HPH Network have a high level of knowledge regarding the influenza pandemic, especially its definition and common symptoms. Certain modes of transmission seem to be less well known. Targeted health education interventions could improve the knowledge of health

care professionals and motivate them to pass their knowledge to the general population.

Contact
Yannis TOUNTAS
University of Athens
Alexandroupoleos 25
Athens
GREECE
chsr@med.uoa.gr

The effect of health plan on reducing health inequality for upsurge of cardiovascular risk in hospital workforces

Hui-Ting HUNANG, Hei-Jen JOU, Yi-Ching CHEN, Ruo-Yan XIAO, Kuo-Kuang YU, Tzu-Chuan HSU, Chen-Chuan LIU

Introduction
Due to the hospital employees' characteristics of their work and duty shift, they usually have a less healthy lifestyle than people working in other workplaces. This is the most health inequality for hospital workers to be overwhelmed. They are very commonly at risk for cardiovascular disease and metabolic disorders according to the results of our annual health check. Our hospital had put efforts to create a healthy environment for our workforces to lessen and reverse the unequal situation.

Purpose / Methods
The purposes of the project were to evaluate the effectiveness of improvement of health indicators and physical fitness, to establish healthier lifestyle, to reduce employees' risk factors of cardiovascular diseases, and to improve physical condition. Since 2008, the health promotion plan was initiated by launching a formulated healthy diet (plant-based protein without refined oil and sugar and high fibers) for 12 days. This year, exercise classes have been included with the previous dietary intervention to reach multiplication of health gains.

Results
We enrolled 60 participants in the healthy living plan as its subjects. The results indicated that body weight, waistline, body mass index (BMI), blood pressure, glucose, triglycerides, total cholesterol, high low density lipoproteins (LDL), and physical fitness have significant improvement statistically in this program. Comparing with last year's health promotion program, the adoption of physical fitness indicators this year revealed that a healthy lifestyle can reduce cardiovascular disease risk factors, improve employees' physical fitness, and yields excellent results as well.

Conclusions
By launching such a lifestyle program, it achieved a significant improvement in physical conditions and reduced health inequalities. Apart from reducing the incidence and prevalence of cardiovascular disease, the plan could be a paradigm to decrease the economic burden of the national health system. However, it vouched for improving quality of life and creating workplace wellness. Healthy lifestyle maintains is imperative to reverse chronic diseases in workforces and to be another goal for us to pledge.

Contact
Ruo-Yan XIAO
Taiwan Adventist Hospital
424, Sec. 2, Ba De Rd.
00886 Taipei
TAIWAN, R.O.C.
syinyin@gmail.com

Session 4-1: Symposium: Physical activity

Physical Activity

Margareta KRISTENSON, Hanne TØNNESEN

Program

- Background and status for the working group - Margareta Kristenson
- Physical Activity in a WHO perspective - Brian Martin
- Examples of clinical practise - L. Matti, S. Warming
- Discussion: Terms of reference and activities for an HPH Task Force Application - Hanne Tønnesen

According to the WHO, physical activity is a fundamental means of improving people's physical and mental health. It reduces the risks of many noncommunicable diseases and benefits society by increasing social interaction and community engagement.

Accordingly, a pre-working group has been established to prepare an application for an HPH Task Force. This first workshop of the group is intended to present examples of good practice among HPH Members and experience from WHO's European Network for the Promotion of Health-Enhancing Physical Activity. Following this, the participants will discuss terms of reference and future activities in relation to an application for an HPH Task Force.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23 2400
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk

Session 4-2: Symposium: HPH and environment

HPH & Environment

Shu-Ti CHIOU, Hanne TØNNESEN

Program

- Background and status for the working group - Shu-Ti Chou
- HPH & Environment in a WHO perspective - Susan Wilburn
- Good examples on practise - Chin-Lon Lin, Gladys Wong, Pendo Maro
- Discussion: Terms of reference and activities for an HPH Task Force Application - Hanne Tønnesen

Purpose / Methods
Hospitals and health services typically produce high amounts of waste and hazardous substances. Introducing Health Promotion strategies can help reduce the pollution of the environment. Accordingly, the goal of the HPH Network includes improvement of the quality and relationship between hospitals/Health services, the community and the environment .To put the area in focus, the HPH Governance Board has approved a pre-working group on the topic of HPH & the Environment in 2009.

This first workshop of the group is intended to present examples of good practice among HPH Members and experience from WHO's Department of Public Health and Environment. Following this, the participants will discuss terms of reference and future activities in relation to an application for an HPH Task Force.

Contact
MD, DMSc Hanne TØNNESEN
WHO-CC
Head of research
Bispebjerg Bakke 23
2400 Copenhagen
DENMARK
ht02@bbh.regionh.dk

Session 4-3: Reducing health inequalities for children and adolescents

Does participation in preventive child health care minimize social differences in the use of specialized care?

Solvej MÅRTENSSON, Kristine HALLING HANSEN, Kim ROSE OLSEN, Torben HØJMARK SØRENSEN, Jørgen HOLM PETERSEN, Pernille DUE

Introduction
The primary purpose of preventive child healthcare in Denmark is to help ensure a healthy childhood and create preconditions for a healthy adult life. Children between zero and five years of age are offered 7 visits free of charge - three in the first year of life and one at the age of 2, 3, 4 and 5. This study examines social patterns in the effect of participating in preventive child health care on the later use of specialized care.

Purpose / Methods
The study population was children born in 1999 living in Denmark from 2002 to 2006 (n = 68.366). The study investigated whether participation in the age appropriate preventive child health care from 2002 to 2005 was associated with the number of first contacts with a specialized doctor in 2006. The data were analyzed using a multilevel Poisson model and adjusted for appropriate confounders incl. need for healthcare.

Results
Children in low income families had a lower risk of contact with specialized care than children from more affluent families when not participating in any preventive child healthcare. Each preventive child healthcare visit attended increased the later use of specialized care, and more so for children in low income families. Thus children attending all age appropriate preventive child healthcare had the same risk of contact with a specialized doctor regardless of income.

Conclusions
In Denmark, participation in preventive child healthcare seems to reduce the inequality in children's use of specialized care. It is plausible that participation in preventive child healthcare can affect use of specialized health care through increased parental knowledge and self-efficacy in relation to handling the child's illnesses, strengthening of the doctor/parent/child relationship and through the detection and prevention of disease.

Contact
Msc. Public Health Solvej MÅRTENSSON
Research Center for Prevention and Health
Nordre Ringvej 57, Afsnit 84-85
2200 Glostrup
DENMARK
solmaa02@glo.regionh.dk

Tackling health inequalities for children and adolescent patients from diverse cultural backgrounds through communication support

Marie SERDYNSKA, Charles SOUNAN, Stephane TIMOTHEE, Micheline STE-MARIE, Marie-France NOEL

Introduction
Created in the mid 80's, the Montreal Children Hospital (MCH) Sociocultural Services have been offering interpretation, cultural consultation, education and library services for over 23 years. Our experience has taught us that communication difficulties and cultural differences between patients and healthcare professionals can negatively impact patients' equal access to healthcare.

Purpose / Methods
This presentation describes targeted communication strategies, tools and procedures developed and implemented by the MCH Sociocultural Services to remove language barriers and improve ethnic patients' access to better healthcare. A communication improvement evaluation process using validated questionnaires and interviews is conducted annually.

Results
Results show that patient satisfaction and involvement in therapeutic alliance, and collaboration among MCH services to better address communication issues, have increased over the years. More than 80% of patients interviewed in 2008 were highly satisfied. In addition, perception of inter-professional collaboration among healthcare providers was substantially higher after the communication strategies implementation.

Conclusions
These findings are relevant to help decision makers in providing their organizations with strategic evidence-based decisions regarding the promotion of health and equal access to advance healthcare for diverse communities.

Contact
PhD Charles SOUNAN
McGill University Health Centre
Senior Researcher
2155, Guy
H3H 2R9 Montreal
CANADA
charles.sounan@muhc.mcgill.ca

Turning the tide: Tackling inequalities throughout the lifespan using maternity services

Eileen STRINGER, Valerie FINIGAN

Introduction
Pennine Acute NHS Trust has adopted a life-long targeted approach to narrowing the health gap and life expectancy between the North West of England and the England average. It includes promoting a health lifestyle in pregnancy and beyond, including weight management pathways for pregnancy and protecting and supporting breastfeeding. Partnerships have been forged across sectors at a local level to ensure that the programmes are widely supported and embedded within the wider community.

Purpose / Methods
The purpose was to address the long term impact of obesity on mothers and babies through maternity services. The Trust has taken a long term approach, beginning with the issue of excessive weight gain in pregnancy and moving on to the promotion and maintenance of breast feeding. Robust partnership and pathways were required and staff training was a critical factor in taking the change forward, as was the provision of appropriate evidence based information and ongoing support.

Results
Two of the hospitals that make up Pennine Acute Trust are now accredited to UNICEF Baby Friendly standards. The breastfeeding rates in both units have risen from 29% to 68% and 65% respectively. The remaining two units should achieve stage 2 in 2010. The service has developed local guidelines and pathways of care to promote a healthier lifestyle during pregnancy and beyond. The work is underpinned by monthly staff training sessions and provision of evidence based information.

Conclusions
This quality service has ensured it meets the life long needs of local women and their families and meets the government's new quality agenda (QIPP 2010). The results are in line with Operating Framework targets (2010) and local partnership has

enabled the establishment of seamless care for mothers and the long term maintenance of new health promoting behaviour.

Comments
The development in the Trust of the first midwife-led service to divide tongue tie has also enabled women to sustain breast feeding. This service is well evaluated by the families that attend and has a 98% success rate.

Contact
MPHe Eileen STRINGER
Manchester University
Consultant Midwife
Whitehall St Rochdale OL12 0NS
OL12 0NS Manchester
UNITED KINGDOM
eileen.stringer@pat.nhs.uk

Addressing health inequalities for disabled children through an activity programme with Everton Football Club

Elizabeth GRADY, Moya SUTTON

Introduction
Many disabled children and young people feel isolated from their friends or families and this lack of activity is usually accepted as part of being 'disabled'. An integral part of Alder Hey's approach to Public Health is to ensure that health inequalities such as these are tackled. Alder Hey is the only paediatric health promoting Trust in England and is accredited by the World Health Organisation (WHO).

Purpose / Methods
The programme Alder Hey has developed is aimed at being fully inclusive. It enables those with a range of abilities to be active, receive information on healthy lifestyles, see positive role models in action and help parents understand that their children are able to exercise and take part in main stream activities without any harm.

Results
Children and young people with disabilities can often feel marginalised and excluded from public health messages. Their parents can feel very protective and this can lead to further exclusions. The programme Alder Hey has developed is aimed at being fully inclusive. The impact of the programme has been huge; over 150 children have attended since January '08.

Conclusions
In developing this programme, Alder Hey has recognised its responsibility of not just treating patients but also helping them to sustain long and healthy lives.

Contact
Liz GRADY
Alder Hey Children's NHS Foundation Trust
Health Promotion Practitioner
Room 266 Mulberry House
L12 2AP Liverpool
UNITED KINGDOM
elizabeth.grady@alderhey.nhs.uk

Implementation process of the "Self-evaluation model and tool on the respect of children's rights in hospitals"

Nuria SERRALLONGA, Mª Josep PLANAS, Fabrizio SIMONELLI, Ana Isabel FERNANDES GUERREIRO

Introduction
The Task Force of Health Promotion for Children and Adolescents in and by hospitals (HPH – CA) decided, in May 09, to push forward the implementation process of the Self-evaluation Model and Tool on the respect of children's rights in hospitals around the world. The Task Force decided to conduct a guided process of the Self-evaluation Model and Tool (SEMT) in a select group of 16 European and Australian hospitals.

The aim of this presentation is to share our experience with this process in one of these hospitals, Hospital Sant Joan de Déu Barcelona, located in Barcelona (Spain). The "Sant Joan de Déu Barcelona" Hospital is a tertiary children's hospital (285 beds) which belongs to the Catalan Network of Health Promoting Hospitals and Health Services.

Purpose / Methods
Our working methodology involved a team of different members of staff and also the hospital management, but children and parents did not participate. The team met 4 times, from June to September 2009, to make an overall evaluation of every single right: to identify good practices and gaps in relation to this right, to define some actions for improvement, and to give further input and considerations for future development of the implementation of the Tool.

Results
The process proved to be a useful way to raise the awareness and the attention of hospital management and staff in relation to the importance of respecting children's rights in hospitals. More specifically, it helped us to define new strategies to implement. Among them we can mention the constitution, in 2010, of a Children's Council, and the confirmation and improvement of the Pain Free Hospital Initiative that was launched in 2009.

Conclusions
The process of implementing the SEMT was a useful mechanism to assess, improve and monitor children's rights in hospital, mainly because it favoured the discussion on this topic.

Contact
Dr Nuria SERRALLONGA
Hospital Sant joan de Deu Barcelona
P Sant Joan de Deu 2
08950 Esplugues de Llobregat
SPAIN
nserrallonga@hsjdbcn.org

Session 4-4: Health promoting mental health services & mental health promotion

Implementing certified peer support in mental health in Lombardy (Italy).

Antonino MASTROENI, Gianmaria FORMENTI, Ornella KAUFFMANN, Nicola GIOVENZANA, Irma MISSAGLIA, Giorgio TOGNOCCHI, Andre LILIA, Claudio ROSA, Irene MACALUSO, Isabella CARDANI, Carla TOSINI

Introduction
The Como Mental Health Department "Certified Peer Support Project" has been launched on occasion of the 17th HPH Conference held in Crete (Greece) on May 2009. A crew of Consumers, Relatives and Mental Health Professional - with a rented sailing boat - sailed from Athens to Crete advocating for Peer to Peer Support and tackling stigma and inequalities in Mental Health. In particular, the aim of the initiative was Certified Peer Support to be acknowledged and reimbursed by National Health Service in Italy.

Purpose / Methods
First of all, implementing Certified Peer support requires a local tradition of voluntary self help groups. In facts, only starting from a widespread practice of self help you can implement a Certified Peer Support Program, that means creating a reimbursement policy, according to local health systems and bylaws. For instance, Certified Peer Support practice in USA has been reimbursed by Medicaid Public Insurance, provided that some special requirements are met. Our purpose has been to create the conditions, rules, and requirements to have Certified Peer Support legally acknowledged.

Results
The outcome of our Program has been: 1) to establish a Peer Supports Service in order to provide an opportunity for consumers to direct their own recovery and advocacy process and to teach and support each other in the acquisition and exercise of skills needed for management of symptoms and for utilization of natural resources within the community. 2) To provide the framework in terms of eligibility, training, definition of activities, clinical supervision. 3) To build partnerships between health care, social welfare and education sectors promoting corporate social responsibility. 4) Finally, to have Certified Peer Support in Mental Health reimbursed by Lombardy Regional Health Service.

Conclusions
As mental health professional peer supporter professional role does not exist in our country yet, we had to follow a step by step policy, starting from building the education framework and bylaws, promoting multiple partnerships, looking for social entrepreneurs, providing a path from job grants to regular job contracts, inventing flexible options for the former patients with the aim of enabling them to become - in the near future - contractors of the National Health Service in Lombardy. Preliminary results and details will be given by the authors.

Contact
Antonino MASTROENI
Consultant Psychiatrist, Azienda Ospedaliera S. Anna Como
Via della Liberta 4
22012 Cernobbio
ITALY
anmastr@tin.it

10 servants for mental health. Developing a self-help-instrument to safe and to promote ones own mental health

Rainer PAUL

Introduction
We have a lot of definitions what mental disturbances are and how it can be discriminated from mental health, but we have no description what mental health might be. On the other hand there are also a lot of laymen definitions on mental functioning and on mental illness. For our subject, to promote mental health, we need something like a definition, what mental health might be and we need also an instrument for self assessment to help people to promote their mental health.

Purpose / Methods
In a first step I have reviewed the psychoanalytical concepts on mental health (Vienna conference, 2007) to form a definition of mental health, in a second step I have shown the need for psychological intervention Crete 2009). Meanwhile I have developed an instrument, based on ten recommendations to safe and promote ones mental health. This paper will describe ten recommendations on mental health (e.g. respect for and understanding of dreams as unconscious work to master psychic life; e.g. how to open up your mind for really new experiences, and so on.). The recommendations will be shown within their scientific context and their usefulness in everyday psychic life.

Results
An evaluation on clearness, relevance, and usefulness of the ten recommendations will be reviewed, but can also undertaken with the audience.

Conclusions
In the process of discussion further recommendations are welcome and may be found.

Contact
Dr. phil. Rainer PAUL
HPH-Co-Ordinator, Walter-Picard-Hospital
Kapellenstr.78 78
D-65193 Wiesbaden
GERMANY
paul-wiesbaden@t-online.de

Gender issues and mental health care provision in Ireland

Michael BERGIN, John S. G. WELLS, Sara OWEN

Introduction
Mental health policy in Ireland describes a partnership approach between services users and providers. However, it is criticised for lacking a gendered perspective and being gender neutral. Gender is considered a critical determinant of mental health and strategies for care provision cannot therefore be gender neutral. Indeed, gender is present in almost every aspect of mental illness, from risk to health care delivery to funding priorities. Consequently a more 'gender sensitive approach' for mental health care provision is required. The aim is to explore gender issues and mental health care provision in Ireland

Methods
Using Layder's (1998) adaptive theory and social domains theory as a framework for the study, interviews (n=54) with twenty six service users and twenty eight service providers were conducted within one mental health service in Ireland. Data was analysed through NVivo 8.

Results
Gender issues are identified at individual, relational, resource and organisational levels. Responsiveness of services for men and women regarding equality, integration of care, minority groups, diagnoses, symptoms, stereotyping and parenting are among some of the issues identified.

Conclusions
Results indicate that Irish mental health services need to be more aware and sensitive to the gendered needs of the men and women that engage such services. This involves developing a gender perspective for mental health policy and service provision.

Contact
MMedSc Michael BERGIN
Waterford Institute of Technology, Ireland
Lecturer
Cork Road
Waterford
IRELAND
mbergin@wit.ie

Health promotion program for the mentally-retarded through partnership of different health care providers: a case of Taichung Tzu-Chi Hospital in Taiwan

Hui-Chen YANG, Lii-An SUHNG, Yi-Ling LAI, Shu-Ting CHUANG, Chin-Lon LIN

Introduction
People with mental retardation are socio-economically disadvantaged population. Little attention has been paid to their health, and the inattention has caused health inequality. To respond to this challenge, the case hospital integrated different health care providers to promote the health of these individuals. This is a five-year project from 2007-2011. The first three years is to conduct needs assessment and the last two years is to develop strategies to respond to the health problems.

Purpose / Methods
The study aims to identify health needs for mentally retarded population through partnership with other health care professionals and design programs to improve their health. In Taiwan, mentally retarded individuals are housed and cared for in small sized institutions and the various institutions voiced the need for the health screening. The case hospital plays a role of a coordinator, and helped seek subsidies from the charity organizations, invite volunteer doctors from Tzu-Chi International Medical Association (TIMA) to join for provision of health services, also link up volunteers from university clubs and the charity organization for emotional support and assistance. Blood and urine samples were collected for routine biochemical examinations, in addition to general physical examination and tests for visual acuity.

Results
In the past three years, 116 persons on average undertook the health screening. 70 percent of them is less than 19 years of age. The health screening rate is 83.6% in 2007, 93.2 % in 2008 and 80% in 2009. For the group below 19 years of age, the top abnormal finding is abnormal platelet, (14.3% in 2007, 48.2% in 2008, and 49.1% in 2009). For the older group, the major abnormal findings are Body Mass Index (BMI) and eye abnormalities.

Conclusions
Although health screening program for the mentally retarded individual can be implemented through the cooperation between different health care professions, the follow-up management require careful planning and joint effort of all interested party, including the government, health insurance bureau, the institution that are housing the individuals and the volunteers. The data should be analyzed and a program set up for health promotion in this setting, including dietary and exercise program to reduce the BMI, detailed eye exam for eye problems and hematological consultation for abnormal blood tests, etc.

Contact
Yi-Ling LAI
Buddhist Taichung Tzu Chi Dalin General Hospital
Department of Prementive Medicine
No. 66, Sec. 1 Fong Sing Rd. Tanzih
427 Taichung City
TAIWAN, R.O.C.
ling@tzuchi.com.tw

Multidisciplinary cooperation against stigma

Danguole SURVILAITE

Introduction
Stigma is a threat to recovery in mental illness: as barrier to timely diagnosis and treatment of mental disorders, worsens outcomes of mental illness, hinders research and policy making. Therefore it is necessary to find effective ways to reduce stigma. Club 13&Co. (National Organization of Persons with Mental Disorders and Their Friends) since the beginning of their involvement in HPH movement in 2001 have been actively focused on stigma reduction projects.

Purpose / Methods
This analysis aims to establish best practice in multidisciplinary cooperation, by examining benefits and limitations of this approach for stigma reduction, in art therapy projects implemented in 2005-2009 (Felt Seminar, Clothes For Health, Spring Blossoms). Multidisciplinary cooperation was implemented by organizations: Club 13&Co., Mental Health Initiative and Vilnius Art Academy, through participation of patients, art students, artists and psychiatrists. Focus groups were used for qualitative assessment of benefits and limitations after each project. Video material was prepared after each project.

Results
In average 10 patients, 10 students and 5 health and art professionals participated in each project. All provided feedback about limitations and benefits of the approach. The benefits of multidisciplinary approach involving non-medical professions include: more humane communication, improved patients communication skills, more openness, less stigma, improved mental condition and better understanding of mental illness among students. The limitations are: lack of knowledge and experience among the lay-persons in mental health projects, confidentiality issues, and short duration of such projects.

Conclusions
- Stigma is barrier for participation in mental health projects for both patients and lay-persons;
- Patients actively participating in the projects are also active in providing feedback;
- There are benefits and limitations involving non health specialist volunteers in multidisciplinary mental health projects;
- Video-material is very useful for dissemination of this practice and for training future participants;
- Multidisciplinary art therapy approach can be useful in other destigmatization projects within HPH movement, for other settings and diagnostic categories.

Contact
Danguole SURVILAITE
Republican Vilnius Psychiatric Hospital
Parko 15
11205 Vilnius
LITHUANIA
danguoles@club13.lt

Session 4-5: Organisational and target group specific interventions to develop smoke-free health services

Strategic partnerships enabling Australian hospitals and health services to become smoke-free environment: Key lessons since 1989

Sally FAWKES

Introduction
Since the late 1980s in Victoria (Australia), legislation has been introduced that requires health facilities to restrict smoking and access to tobacco products. To effectively respond to such legislation, hospitals and health services have needed to look beyond their organisational boundaries for new forms of guidance, support and health promotion resources. Strategic partnerships with local and state-wide parties have been key to helping hospitals and health services make necessary changes in policy, organisational norms and the physical environment.

Purpose / Methods
The purpose of this paper is to examine the forms of strategic partnerships that hospitals and health services sought out and established to successfully become smoke-free. The issue of partnerships that relate to reducing the health inequalities associated with the introduction of organisational smoke-free policies is specifically addressed. Data came from an on-line survey of members of the Victorian Health Promoting Hospitals and Health Services Network which includes health services of diverse size, function, organisational complexity and location.

Results
Hospitals and health services sought out new types of partnerships in order to implement the range of actions needed to become smoke-free. These included the state-wide anti-cancer advocacy organisation, state-wide and local health promotion organisations and experts in health promotion, organisational and behaviour change, communications and tobacco control. Partnerships that would enable hospitals and health services to measure and address health inequalities as they relate to the process of becoming smoke-free were not common.

Conclusions
The successful development and implementation of an organisational smoke-free policy in a hospital or health service is multi-faceted and requires careful consideration of issues ranging from how to change the environment and design of health facilities to how individuals in psychiatric wards can be enabled to quit smoking to how the policy can take account of health inequalities. While much of the expertise and resources needed for developing and implementing a smoke-free policy may lie naturally within the hospital or health service, new and sometimes novel strategic partnerships need to be created to bring in specific forms of authority, expertise and resources.

There may also be a need to work with organisations that can help legitimise the policy decision to become smoke-free and demonstrate the appropriateness of a the health promotion strategy developed to implement the policy.

Contact
MBA, PhD candidate Sally FAWKES
La Trobe University
Senior Research Fellow
Bundoora Campus
3086 Melbourne
AUSTRALIA
s.fawkes@latrobe.edu.au

Collaborative working to develop culturally appropriate Polish "stop smoking services": An examination of tobacco use among Polish migrants living in Lothian, Scotland with application of a strategy to improve access to services.

Fatim LAKHA, Louise WELLINGTON, Aleksandra PAWLIK, Dermot GORMAN

Introduction
European Union expansion has led to mass inward migration to Lothian and the 30,000 Poles who have arrived since 2004 are now our largest migrant group. While there is little data available, it is thought that Polish migrants have higher smoking rates than either Scotland or Poland. We know that Polish migrants do not access smoking cessation services (SCS) possibly because of a lack of awareness, access issues or concern about cost.

Purpose
- To work with Polish migrants to develop culturally appropriate smoking cessation services and increase awareness of current provision.
- To increase understanding of health needs and service access issues for local Polish migrants.

Methods
A semi-structured questionnaire asking about smoking behaviour, other lifestyle choices and views on development of Polish Smoking Cessation Services was offered to church attendees at two Polish masses in September 2009.

Results
321 questionnaires were completed (37% male, 63% female - estimated completion rate was 64%. 51% of males and 38% of females had ever smoked. Current smoking rates were 22% and 15% respectively (similar to Scottish prevalence). Over one third lived with a smoker. 68% of smokers had tried to quit and intention to quit amongst smokers was high. Awareness of SCS was low. Smokers were very helpful in offering suggestions about developing Polish SCS.

Conclusions
Analysis of the survey results and partnership working with the Polish community have been crucial in developing appropriate SCS. Awareness raising is underway using multiple media. New SCS have been set-up specifically for Polish migrants, providing confidential stop smoking support in the Polish language. This aims to reduce the health inequalities identified in both awareness and access to SCS. Evaluation will be undertaken in six months and this will ascertain the need for a sustainable service.

Contact
MBChB Fatim LAKHA
NHS Lothian
SpR Public Health
Deaconess House, 148 Pleasance
EH89RS Edinburgh
UNITED KINGDOM
fatim.lakha@nhs.net

Health promotion in hospitals

Andrea DICKENS, Diane MENNELL

Introduction
Smoking is the single largest cause of health inequality in the UK and people are 4 times more likely to become smoke free if they access support. Wiltshire PCT Stop Smoking Service (S.S.S.) and Salisbury Foundation Trust (SFT) identified an opportunity to increase the referral rate into the service by utilising the information technology available at the hospital. The prediction was that referrals into the SSS would increase if there were a quick efficient means of referring people for support.

Purpose / Methods
The original system meant that the opportunity to refer patients for support was often missed due to lack of capacity and responsibility from staff.

A Stop Smoking implementation group was formed and liaised with IT to develop a means of recording patient responses to 3 questions on smoking; Do you smoke? Do you want to stop smoking? Do you want a referral to your local Stop Smoking Service? This meant hospital's performance could be measured against Standards for Better Health.

Results
Before implementation, the Service was receiving on average one or two referrals per week. The average referral rate over 08 was 18.5 per month as the system was rolled out across inpatient departments. In 2009 further significant increase was achieved as the system began to be implemented in outpatients (since June 09). As a result the average referral rate over 2009 (excluding Dec figures) is over 32 referrals per month.

Conclusions
Despite challenges the electronic referral system has made a positive contribution to tackling health inequalities by increasing the referral rate to the NHS Stop Smoking Service. Working in partnership with the hospital has also enabled the PCT to

improve health outcomes by raising people's awareness of the Smokfree agenda.

Comments
Challenges to implementing the project include; IT is as yet unable to identify the referral rates for each department. IT is working on a solution to enable us to audit the areas where the project has been introduced but it is restricted by the adaptability of PIMS.

Contact
Kate BARRETT
Smokefree South West
149 Whiteladies Road
bs8 2ra Bristol
UNITED KINGDOM
kate.barrett@smokefreesouthwest.org.uk

"Yes But, No Butt" - A tobacco free standards drama initiative

Ann O'RIORDAN, Dervila KEANE, Marie McNAMARA, Siobhan LARKIN

Introduction
The Tobacco Free Standards Drama Initiative was initiated by the HSE Irish HPH Network in response to a recognised need for new and innovative ways to support the implementation of tobacco management standards and Tobacco Free Campus policies in-line with the ENSH standards. Key issues addressed were the power of tobacco addiction, public ownership of tobacco free policies and embedding tobacco as a serious healthcare issue that requires the commitment of all individuals.

Purpose / Methods
To support these efforts, something new was needed to engage and involve people in the process while representing the key issues outlined in the tobacco free standards. Forum Theatre was the methodology chosen for representing the key messages of the tobacco standards. Forum Theatre is a participative way of exploring issues, stimulating dialogue and creating solutions through the use of drama. To facilitate development a Theatre Director was engaged and Connolly Hospital, agreed to be the pilot site.

Results
20 hospital staff participated in 10 training workshops and were involving in scripting the play, based on research carried out within the hospital. The play was produced and performed twice, to coincide with the launch of the Connolly Hospital Tobacco Free Campus Policy and a DVD was developed along with a facilitator guide that can be used in other hospitals as well as in a variety of different healthcare settings.

Conclusions
Key Learning Points Forum Theatre is a hugely valuable tool for engaging staff and creating positive change and the DVD is a powerful way to continue the dialogue and can be used in hospitals in a variety of settings e.g. on ward computers, in lobby for visitors, to support ongoing discussion about implementation of new policy.

Contact
Ann O'RIORDAN
HSE Irish HPH Network
Director
Academic Centre Connolly Hospital Blanchardstown
Dublin
IRELAND
info@ihph.ie

Patient safety going up in smoke - Implement tobacco free healthcare

David CHALOM

Introduction
Smoking is a patient safety issue that is often ignored or poorly addressed. The WHO Framework Convention on Tobacco Control (FCTC), ratified by 165 countries, intends to decrease and eliminate consumption of tobacco and exposure to tobacco smoke. This has implications for patient care, safety and quality healthcare as hospitals and health care services have an important obligation to reduce the use of tobacco as tobacco smoke harms every organ of the body and kills up to half of its consumers (WHO MPower Report 2008).

Purpose / Methods
Despite, advanced work on tobacco prevention, smoking remains one of the main risk factors contributing to morbidity. Within the context of a comprehensive tobacco free implementation plan, the significance of the leadership role of medical professionals should not be under estimated. This paper will outline the key contribution that medical consultants and surgeons can make in implementing a tobacco free hospital policy and a process for surgeons to integrate tobacco cessation within the pre surgery assessment care plan.

Results
Implementation is significantly supported when doctors document (a) nicotine dependence in the medical records, (b) register the diagnosis F17.2 at the appointment visit, at admission, and at discharge, (c) register treatment diagnosis for health promoting intervention Z71.6 and (d) sign and send pre-printed referral to tobacco cessation services. High percentage pre operative tobacco cessation is also achievable where surgeons include a planned short intervention within the pre surgery assessment process.

Conclusions
Patient care plans for ensuring tobacco free patients should be standard procedure in just the same way as normal blood pressure. Implementation plans for tobacco free health care organisations, based on the standards put forth by the European Network for Smoke/Tobacco free Healthcare (ENSH), address these issues. It supports a planned approach to create favourable conditions to decreasing health risks, improve patient safety and contributes to tobacco prevention by involving smokers amongst all patient categories, healthcare personnel and the public.

Contact
MD David CHALOM
Department of Orthopaedics
County Hospital
30185 Halmstad
SWEDEN
david.chalom@lthalland.se

Surgeon's role in high percentage pre-operative tobacco cessation

David CHALOM, Ann-Marie ERICSSON, Maria JONSSON, Marie-Louise NORBERG

Introduction
Pre surgery assessment is an opportune time to address health risk factors. Smoking, a significant risk factor is often ignored or poorly addressed at this time. Health professionals have a critical role to play in bring about a tobacco free society and surgeons can contribute significantly during the pre surgery assessment process.. Despite, advanced work in patient safety, tobacco prevention and smoking cessation remains poorly addressed and is often considered a lifestyle choice outside the remit of the surgical team.

Purpose / Methods
This paper will describe the process and results achieved when a short planned dialogue intervention was delivered by the consultant surgeon during the pre surgery assessment visit. It was implemented as an integral part of the patient pre surgery care plan. Within the context of an Orthopaedic Clinic, it is known that after planned hip or knee joint replacement surgery, smokers have amongst other things, a 6 fold increase in post operative wound healing complications such as infection.

Results
To date, a very high percentage of pre operative tobacco cessation has been found within a small convenient sample of patients. This has prompted the planning of a larger comparative study within the Orthopaedic Clinic of a Swedish Hospital.

Conclusions
Patient care plans for ensuring tobacco free patients about to undergo surgery should be standard procedure in just the same way normal blood pressure is ensured prior to surgery.
Comprehensive care plans support a planned approach that creates as favourable a condition as possible for decreasing the risks attached to surgery in smokers and contributes to tobacco prevention work in general.

Contact
MD David CHALOM
Department of Orthopaedics
County Hospital
30185 Halmstad
SWEDEN
david.chalom@lthalland.se

Session 4-6: Improving health promotion, quality of life and equity of care for older people

Re-orienting long term care institutions towards health promotion: A pilot project in Austria

Sandra SCHÜSSLER, Carolin SCHMIDT, Karl KRAJIC

Introduction
Nursing homes and their users - mainly old and very old people, dependent on support in different areas of life - so far have only rarely come to the attention of health promotion. Some attention is given to staff working in this area, but very little to different groups of users. The concept of a "health promoting nursing home" setting seems paradox if not openly cynical also to people who are working in the sector and have a clear perspective on the problems. The point at the fact that many inhabitants are multimorbid and functionally impaired, that resources to deal with these problems are scarce and LTC organizations come rather close to "total institutions" (Goffman). But massive scepticism has been around also at the end of the 1980s when health promotion was first introduced to hospitals.

Purpose / Methods
So what is needed is a meaningful concept what health promotion in that setting for this target group can mean (oriented at HPH strategies and standards), scientific evidence that health promotion interventions can work in principle, a demonstration that such interventions can also be implemented in "normal practice" and concrete tools that will facilitate implementation. In the framework of a 7 year research program starting in March 2008, a scientific institute in Vienna, Austria, in collaboration with national and regional health promotion agencies and Social Health Insurance are preparing a one-year implementation phase pilot project.

Results
The aim is to test basic implementation strategies in 4-6 Austrian nursing homes. This will including a needs assessment at the outset (serving also as a baseline for evaluation) including user as well as staff and management perspectives on perceived needs as well as on organizational readiness for reorientation towards health promotion. This will be followed by strategy development and the implementation of pre-selected interventions. Currently discussions focus on measures that will strengthen autonomy of users. Implementation is planned to be supported in a benchmarking process between the units. After approx. 12 month, the pilot phase will end with an assessment of the successes and failures of the specific interventions and a comparison of perceived needs and organizational readiness after this phase.

Conclusions
The presentation will outline the actual state of project planning (start of implementation phase in September 2010) and report on experiences gathered in the process of recruiting participating institutions.

Contact
MSC Sandra Schuessler
Ludwig Boltzmann Institute Health Promotion Research
Junior Researcher
Untere Donaustraße 47
1020 Vienna
AUSTRIA
sandra.schuessler@lbihpr.lbg.ac.at

An intervention trial tackling inequality in social participation and functional decline among older people

Katsunori KONDO, Hiroshi HIRAI, Tokunori TAKEDA, Akihiro NISHI, Hirohito TSUBOI, Toshiyuki OJIMA

Introduction
Health inequalities are observed even in functional decline among older people. Japanese government introduced preventive programs for the functional decline (PPFD) from 2006. It, however, has not reached the people in lower socio-economic status (SES) who are at high-risk. They tend to hesitate having health check-up, then they miss the opportunity to be screened as participants for the PPFD. Therefore, a new intervention program based on population strategy was needed and then recreational "salon project" was developed in Taketoyo town.

Purpose / Methods
The purposes of this study are to evaluate the new PPFD developed to tackle the disparity between lower and higher SES people. Jointed body of health and social services sectors organized volunteers who operate the new PPFD, and supported through financial assistance or expertise, etc.. We also conducted a self-administered questionnaire (pre-/post-test) among the intervention group (n=198) and the control group (n=1495). The changes in the participation rate of other community-based activity/activities and the degree of perceived social support was measured.

Results
Older people participated in the new PPFD 7.1 times more frequently than before in person-time. Of those in lower SES, 21.4% participated in the new PPFD which is 2.4 times more frequently than those in higher SES (8.8%). We found 65% of the participants in the new PPFD began to participate in other community-based activity/activities compared with 28% among non-participants. Participants in the new PPFD also reported the increase in perceived social support.

Conclusions
Although this is an intermediate outcomes evaluation, the new intervention program showed more favorable results. Much more people participated in the new PPFD in comparison with the previous one. Based on the evidence by a systematic review, the new PPFD is expected to prevent the functional decline of participants. It might be possible narrowing inequality in functional decline among older people by the new PPFD, because we got more participants from lower SES people compared with the previous program.

Contact
PhD Katsunori KONDO
Nihon Fukushi University
5-22-35 Chiyoda, Naka-ku
460-0012 Nagoya
JAPAN
kkondo@n-fukushi.ac.jp

Home is for Life

Joe TRAVERS

Introduction
This project aims to tackle the health inequalities that prevent older people with mental heath problems from staying at home. These determinants include inaccessibility to social care services, rural isolation, unemployment and lack of information regarding service provision. These problems will be addressed by using assistive Technologies and through establishing a coordinated network of services, which address physical, emotional and social needs of Older People. This project will enable them to live interdependently within their own communities.

Purpose / Methods
- A collaborative cross-border steering group has been established which includes a coherent, multi-agency, multidisciplinary framework to enable Older People to have a comprehensive response to their needs.
- Terms of reference have been agreed.
- Aims & objectives have been confirmed
- Timescales, budgets, tasks, targets including border areas i.e.
  - Louth/Newry
  - Armagh/Monaghan
  - Fermanagh /Cavan
  - Derry/Donegal
- Roles & responsibilities of project staff & steering group agreed
- Evaluation framework has been developed

Results
- Reduced health inequalities for older People with mental health problems by redesigned services in rural border areas.
- Improved Primary Care and Community Care responses;
- 160 clients per year use telecare (40 per locality in border areas)
- Enhanced support for carers, allowing them to remain in work and feel reassured that the client is safe and secure at home.
- Devise mechanisms including automated living to support independent living;
- Establish a person centered approach to enable services to be developed in response to need and in line with individual

choices.
- Improved social care packages.

Conclusions
The focus of the Project is on tackling health inequalities, as well as improving the health status of older people with mental health and social care needs. The Project will also seek to build capacity within community and voluntary sector partners and enhance their role in local service provision supported by assistive technologies. This innovative partnership approach will promote independence & enable older people to remain at home longer. This approach will modernize service provision in rural areas. In addition the specific needs of carers will be addressed and where possible integrated into established programmes.

Contact
RMN, RGN, Dip, MSc Joe TRAVERS
Western Health and Social Care Trust
1 Donaghanie Road
bt79oap Omagh
UNITED KINGDOM
joe.travers@westerntrust.hscni.net

Session 4-7: Improving service accessibility, treatment, and care for the disadvantaged

Addressing healthcare disparities - A view from the United States

Joseph BETANCOURT, Alexander GREEN, Emilio CARRILLO

Introduction
Racial/ethnic disparities in health care have been widely documented across disease types, health outcome measures and disciplines. The Institute of Medicine in the United States and others has cited education in culturally competent care as one approach to addressing these disparities. The goal of this presentation is to clearly define differences in diversity awareness versus building a culturally competent organization, as well as address the important role cultural competency training plays in the bigger issue of addressing healthcare disparities. Drs. Betancourt, Green and Carrillo will also provide a view from the United States – trends in policy, as well as how organizations are now applying cultural competency training.

Purpose / Methods
One approach which will be discussed is a nationally recognized, cross-cultural curriculum published in the Annals of Internal Medicine (Cross-Cultural Primary Care: A Patient-Based Approach. Ann Intern Med. 1999;130 :829-834) by Drs Carrillo, Green, and Betancourt. It centers on the idea that the patients themselves are your best source of information about their cultural perspectives. Instead of learning information and making assumptions about various cultural groups and their beliefs and behaviors, the goal of this approach is focus on the development of a set of skills that are especially useful in all cross-cultural interactions.

Results
Physicians, nurses, and administrators will all benefit from this workshop as participants will receive an overview of the issue of racial/ethnic disparities in health care, along with root causes and strategies to address them, with a particular focus on cultural competence.

Conclusions
The presenters will use a combination of didactics, case studies, and a set of patient documentary videos to achieve these objectives.

Contact
MPH Tessa MISIASZEK
Manhattan Cross Cultural Group
COO
PO Box 273
02051 Marshefield Hills
USA
tmisiaszek@qualityinteractions.org

The New York Presbyterian Hospital - Washington Heights Initiative

Emilio CARRILLO, Emme DELAND

Introduction
New York Presbyterian Hospital (NYP), in association with Columbia University Medical Center, the Visiting Nurse Service of New York and 200 independent local physicians, has launched an initiative to measurably improve the health of the Washington Heights and Inwood community (WHI). NYP's Ambulatory Care Network includes 12 clinics that offer primary care and over 65 specialty services.

Purpose / Methods
The WHI Initiative is a patient centered regional effort to provide access and coordinate care for a largely immigrant Hispanic community of 270,000 across the continuum of health services. Thirty percent of persons in WHI are living below the poverty level, compared to 21% citywide. Over 50% of WHI residents were born outside of the United States, predominantly Dominican Republic, Ecuador, and Mexico. A formal health needs assessment demonstrated that 27.1% of residents had not seen a primary care physician during the prior year, compared to 21% citywide. The prevalence of Diabetes Mellitus was 11% compared with 9% for NYC. Pediatric Asthma and mental illness were leading causes of hospitalization. Cardiovascular disease is the leading cause of death in WHI.

Results
This initiative integrates the Patient Centered Medical Home model with disease management and care coordination as well as patient based cross-cultural communication (Cross-Cultural Primary Care: A Patient-Based Approach. Carrillo JE, Green AR, Betancourt JR, Ann Intern Med. 1999;130:8 29-834). It is

enabled by the use of Electronic Medical Records, Personal Health Records, and Health Information Exchange. The WHI Initiative has targeted Diabetes, Heart Failure, Depression and Pediatric Asthma for intensive care management including the use of bicultural Community Health Workers.

Conclusions
Physicians, nurses, and administrators will all benefit from this workshop – as participants will learn how a NYC hospital has joined hands with the academic community, visiting nurses and local physicians to tackle the health disparities faced by a community of Hispanic immigrants. The presenter will discuss cultural competence strategies as well the implementation of the Patient Centered Medical Home model - which has gained interest in the USA as a result of current Health Reform efforts. Discussion will highlight a unique combination of Information Technology tools, cultural competence and bicultural Community Health Workers. The presenter will use didactics and case studies to achieve these objectives.

Contact
MPH Tessa MISIASZEK
Manhattan Cross Cultural Group
COO
PO Box 273
02051 Marshefield Hills
USA
tmisiaszek@qualityinteractions.org

Hospital collaborative on vulnerable and marginalized populations

Jim O'NEILL

Introduction
The Hospital Collaborative is made up of 18 Hospital CEO's, their designated representatives and key health policy and research partners in Toronto. This presentation will focus on how the group came into being, the climate that lead to integration and policy alignment and how this has a positive impact on patients and their families.

Purpose / Methods
Our objective is to work in partnership to reduce health inequities for vulnerable and marginalized populations by:
- Actively sharing resources and best practices,
- Harmonizing common policies and approaches to care,
- Identifying and pursuing partnership opportunities,
- Liaising with the wider health sector, and
- Influencing public policy.

Results
Since 2007, Collaborative members have been actively working to reduce inequities with identified populations. These include serving people without health insurance, living with addictions, the elderly and people who are homeless. In addtion, we developed a template for Hospital Health Equity Reports, facilitated their completion and conducted research on Hospital Equity Indicators in partnership with the Toronto Central Local Health Integration Network (Ontario's regionalized health system).

Conclusions
There is widespread understanding that Hospitals must continue to collaborate at the highest levels in order to adequately serve populations that experience health inequities.

Contact
Jim O'NEILL
St. Michael's Hospital
Executive Director, Health Service Partnerships
30 Bond Street
M5B 1W8 Toronto
CANADA
oneillj@smh.toronto.on.ca

Session 4-8: Measuring and improving health promotion in & by health services

How to integrate health promotion with the operational culture of hospital units?

Maria HALLMAN-KEISKOSKI, Tiina BLEK, Katri RYTTYLÄINEN

Introduction
Central Finland Health Care District (CFHCD) has been a forerunner of health promotion for a long time. It joined the HPH network in 1998 and participated in founding Finnish HPH association in 1991. Health promotion is a starting point for the CFHCD's strategic plan. HPH standard-conformed program of action concerning health promotion was prepared for 2009-2013. The objective of the local program of action is to have influence on the factors that cause and maintain health differences in Central Finland.

Purpose / Methods
Preparation of the program of action was started by carrying out a research together with JAMK University of Applied Sciences. The purpose of the study was to collect assessment data for the CFHCD´s action program development. The research was carried out as an electronic survey based on self-assessment of Standards 2, 3 and 5 in 14 care units (N=233). At the same time, an action plan was created to integrate health promotion with practises of every work unit of hospital.

Results
Self-assessment of HPH standards by students showed that it is not worthwhile to give the assessment tool to work units as such. Instead, for outlining the needs and objectives of health promotion and to help to formulate the unit-specific action plans, a separate standard-based collection of self-assessment forms was created for work units. CFHCD steering committee of health promotion self-assesses HPH standards annually.

Conclusions
With the help of action plan, it is possible to standardize hospitals' health promotion-related practices and responsibilities. By standardizing practices also patient health education gets equalized. By supporting healthy living habits in all sections of the population and, especially in those sections where unhealthy living habits are common, it is possible to decrease health differences, also in specialized health care.

Contact
Maria HALLMAN-KEISKOSKI
Central Finland Health Care District
Director of Nursing in Health Promotion
Keskussairaalantie 19
40620 Jyväskylä
FINLAND
maria.hallman-keiskoski@ksshp.fi

Study on the relevance of health promotion and prevention in health care facilities

Michelle APWISCH, Felix BRUDER

Introduction
Due to a wide range of demographic factors Germany has a declining and aging population. The rate of chronic disease and people with high-maintenance will increase. Prospectively, care has to be performed more from older nurse staff. Already now we have a shortage of nursing staff and the sickness absence lies above the population-average. Against this background health promotion and prevention in ministration becomes more important.

Purpose / Methods
The German Network of Health Promoting Hospitals will be open for health care facilities. The relevance of health promotion and prevention in foster homes and the transferability of the strategies and standards for Health Promoting Hospitals is to be explored by a questionary based on the strategies and standards. Furthermore will be elevated where facilities need support for implementing health promotion and prevention in the day to day care and which offers of the Network are interesting for them.

Results
It will be expected that health promotion and prevention already now play an important role in the day to day care and that the strategies and standards for Health Promoting Hospitals are transferable to health care facilities. Furthermore will be expected support will be needed in the ranges of information, qualification, concepts and sharing experiences with other facilities. Likewise it will be expected that the facilities are interested to become member of the network.

Conclusions
The study has included 300 nursing homes in the Berlin region and will be a good indicator for what the needs are and how the HPH-Network should deal with it. As the HPH-Network has opened for health services in general it is important to develop ideas how they can be integrated in the network. The study will help to do so.

Contact
Felix BRUDER
German HPH Network
Managing Director
Saarbrücker Straße 20-21
10405 Berlin
GERMANY
bruder@dngfk.de

First results from the hospital survey of the "Project on internationally comparative evaluation study on HPH" (PRICES-HPH)

Jürgen M. PELIKAN, Hermann SCHMIED, Florian RÖTHLIN, Christina DIETSCHER

Introduction
A certain lack of overall and internationally comparative evaluation of the networks of Health Promoting Hospitals and Health Services (HPH) has repeatedly been criticized in the scientific literature [1]. In comparison to other health promotion networks, especially cities and schools, HPH seems underresearched. To reduce this lack, the WHO-CC for Health Promotion in Hospitals and Health Care, in cooperation with the governance board and general assembly of the international HPH Network and the coordinators of the national/regional HPH networks, started the PRICES-HPH study in 2009. PRICES aims at improving the knowledge base on HPH by collecting and analyzing data on the levels of national/regional HPH networks and HPH member hospitals.

Purpose / Methods
On hospital level, PRICES-HPH aims primarily to survey health promotion structures and processes implemented in member hospitals, and on assessing strategic and thematic areas of health promotion actions [2]. Following Donabedian institutionalized health promoting structures are seen as enablers for specific health promotion actions [3]. A specific questionnaire for hospitals, was developed, translated into 13 languages and installed as online survey tool via internet. Nearly all of the existing 35 national/regional networks agreed to support the initiative and to participate in PRICES-HPH. Over 500 coordinators of HPH member hospitals were invited to complete the questionnaire.

Results
Data collection started end of 2009, and is still ongoing. Based on the current intermediate rates, a minimal response rate of about 25% is expected. In the context of the IC first-time the results of the hospital survey will be presented mainly by a descriptive overview. Secondly selected research questions, defined in the concept of the PRICES study, will be addressed [4]. For example what are supportive and hindering factors for the implementation of health promotion in specific networks or hospitals?

Conclusions
PRICES will improve the systematic and empirical knowledge base on HPH networks and their member organizations. The main aim is to find out, what has worked with regard to HPH implementation and where there are areas for improvement and further development of the HPH movement. Therefore all HPH network and hospital coordinators are invited for a joint analysis and interpretation of the first results of the PRICES hospital survey.

References

- [1] Groene, O. (2005): Evaluating the progress of the Health Promoting Hospitals Initiative? A WHO perspective. Commentary on: Whitehead, D. (2004) The European Health Promoting Hospitals (HPH) project: how far on? Health Promotion International, 19, 259-267. In: Health Promotion International, 20, 2, S. 205-207.
- [2] Pelikan, J.M., WHO Working Group "Putting HPH Policy into Action" (2004): Putting HPH Policy into Action. Vienna: WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Ludwig Boltzmann Institute for the Sociology of Health and Medicine.
- [3] Donabedian, A. (2003): An Introduction to Quality Assurance in Health Care. Oxford University Press. [4] WHO-CC for Health Promotion in Hospitals and Health Care (2009): Background document for the HPH-Hospital Survey. (http://www.hph-hc.cc/projects.php#pri)

Contact
Hermann SCHMIED
LBI Health Promotion Research
Untere Donaustraße 47
1020 Vienna
AUSTRIA
hermann.schmied@lbihpr.lbg.ac.at
http://www.hph-hc.cc/projects.php#pri

Application of the diffusion of innovation theory to explore the innovation process and elements of the HPH implementation

Yea-Wen LIN, Hsiao-Ling HUANG, Yueh-Ysen LIN

Introduction
The study adopted the case study method to investigate the diffusion process and adoptions of HPH of Taiwan's hospital based on the Diffusion of Innovation Theory by Rogers (1995).

Purpose / Methods
The two major techniques adopted in this study to gather the research data are evaluation of archival data and in-depth interviews.

Results
According to the research, whether a hospital adopts HPH depends on its acceptance of organizational innovation as well as its sensibility towards external environment. Besides, the hospital leader's attitude towards change and innovation plays the important role in diffusion of innovation. Moreover, the diffusion process of HPH might cause some risks and make the organization unstable. In light of this, effective management has to be implemented simultaneously.

Conclusions
In order to cultivate the organizational members' knowledge, ability, and attitude of HPH, health marketing through information technology and the media and the formation of healthy organization culture are equally important.

Contact
Yea-Wen LIN
Yuanpei University
306, Yuanpei Street
Hsinchu
TAIWAN, R.O.C.
aven@mail.ypu.edu.tw

Session M 1-1: Snapshot presentations on migrant-friendliness and cultural competence in and by health services

Establishing comprehensive care for a minority community in Taipei City, Taiwan

Jiun-Shiou LEE, Hui-Chi HSU, Chin-Yu HO, Wen-Ruey YU , Mike Li-Chung CHEN, Chien-Yu YEH, Chun-Yi YANG

Introduction
Utilization of medical care depends on patients' income, cost of medical service and accessibility of medical services. For the disabled and the elderlies, the accessibility of medical services is the more important factor than other two factors. This survey is to build a health care program to empower Ta-Tung Community, the minority community in remote area within Taipei city.

Purpose / Methods
The timeline of this study was from October of 2007 to September of 2008, seven health-care activities were held. Forty-three residents were included for questionnaires and 26 residents were suitable for health check-up provided by Bureau of Health Promotion. Surveys were carried out to investigate common diseases, drug compliances, health status of residents and to empower this minority community.

Results
Family medicine doctors, neurologist, orthopedist, general surgeon, rehabilitation doctor, Chinese herbal doctor, nutritionist and pharmacist participated in these health activities due to the common type of diseases analyzed from the questionnaires. All residents found to have hypertension, diabetes mellitus and Parkinson disease history were referred accordingly and now under regularly medical control. Three residents were suspected to have TB, revealed by routine Chest X-ray screening, appropriated medical treatment was started after diagnosis was confirmed.

Conclusions
This research provides a model for approaching the minority community and promote health care program. The medical team recommended the Department of Health to allocate one blood pressure monitor in the community and to provide adequate health education to local residents to check blood pressure by themselves. Family medicine doctors in this program play an important role in community health care to provide the accessibility, accountability, continuity, comprehensiveness and coordination medical services. Not only activities, this research also empower residencies in self-care and daily blood pressure monitoring.

Comments
This survey involved the cooperation of several department within Taipei City Government, including Department of Health, Social Welfare, Civil Affairs and Information Technology. Different resources were provided by these departments to ensure adequate and quality care for the minority community in remote areas within Taipei city. Taipei City hospital, being a public hospital, will continue its effort to maintain and improve this program, and to help establish similar programs in other minority community across Taiwan.

Contact
M.D. Jiun-Shiou LEE
Taipei City Hospital, YangMing Branch,
Family Medicine Department
No.105, Yusheng St., Shilin Dist., Taipei City 111,
111 Taipei
TAIWAN, R.O.C.
fmjasonlee@gmail.com

Network of migrant friendly health centers

Elvira MENDEZ, Mariana ISLA

Introduction
Collaborative network project developed during 2003-2009 by the Asociación Salud y Familia (ASF) and the public health care system (PHC) in Catalonia (Spain). ASF is a non-governmental, non-profit-making organisation which designs and promotes models for improved accessibility to and use of health services, targeting vulnerable groups as immigrants, in social and cultural disadvantaged positions.

The expected effects of this collaboration framework are: active migrant friendly policy promoted by health centre management and more interesting in improved cultural competences of staff.

Purpose
The purpose is to mprove general conditions for the provision of healthcare to the immigrant population and increase the availability of cultural competent services.

Methods
- Broad availability of intercultural mediation services to provide support to immigrants and healthcare staff.
- Identifying the needs for intercultural adaptation of the hospital's services, products and routines.
- Joint leadership between PHC and ASF to encourage collaboration and the sharing of knowledge, expertise and innovation.
- Availability of learning for developing cultural competent skills.

Results
The PHC is actively using the services of 36 intercultural mediators provided by ASF, covering the areas of North Africa, Pakistan, Rumania and Xina and giving direct support to more than 135.000 immigrant patients. The network is introduced in 6 hospitals and 29 primary health centres. The network is

adapting, interculturally, information and health education materials. The network is providing intercultural learning activities for healthcare staff. Intercultural organisational development has become part of PHC agenda.

Conclusions
The network experience provides a feasible and innovative model of good intercultural practice which is gradually expanding and adapting to other hospitals and health centres. In fact the network are increased the number and commitment. The availability of permanent intercultural mediators offers immediate improvements in the care given to immigrant patients while simultaneously facilitating a specific and substantial development in staff member's cultural competencies through daily expose and continued intercultural training.

Comments
Improve cultural competent communication between healthcare staff and immigrants. Reduce unnecessary burdens on workload through reduction of intercultural conflict. Increase appropriate use of services and the level of satisfaction among patients from the immigrant population.

Contact
Dr. Elvira MENDEZ
Asociación Salud y Familia
General Director
Via Layetana, 40, 3º2ª B
08003 Barcelona
SPAIN
emendez@saludyfamilia.es

Protection of the disadvantaged: promoting and offering preventive care services

Lucia MONICI, A. FABBRI, F. BONVICINI, M. GRECI, L. GUIDI, I. MAGNANI, S. MOZZANICA, A. POETA, C. SEVERI, Z. KAHFIAN

Introduction
Although the quality of health of immigrants in Italy seems to be equivalent to that of Italian citizens (except in certain areas at risk), it does differ in that immigrants have lesser access to health care services, which results in poorer health. Access to preventive care services is even more difficult since the concept of prevention is unknown to people from poor countries where the top priority is treating acute illness.

Purpose / Methods
The aim of this project is to promote, in communities of foreigners:
- access to preventive care services
- the usability of preventive care services
- a culture of prevention

Meetings were held at times and on days that were favourable to foreign groups; i.e., holidays, Saturday afternoons, and evenings. The meetings were held at workplaces, places of worship (a Sikh temple, an Evangelical church, a mosque), in literacy schools, in a prison, and at places where foreigners generally congregate. Cultural mediators were present at every meeting, and material on the subjects being dealt with was distributed in the relative language. Many events were held in cooperation with other associations in the area and/or with community leaders.

The subjects that were most thoroughly treated were:
- Services available in the area and ways to access them
- Vaccination and prevention of infectious diseases
- Nutrition (while respecting the various cultures)
- Safeguarding working mothers
- Safety and hygiene in the workplace
- Ritual slaughtering: sanitary regulations and prevention of animal-transmitted disease
- Prevention of accidents in the home

Results
Participation was good. One reason was that community leaders and associations of foreigners were involved in organizing the events. The willingness of health care workers to work in the evening and on holidays was also of fundamental importance. During the meetings, critical problems emerged regarding access to the services and the usability of the services. Also, it was often requested that discussion of this subject be continued. Thus, each meeting provided the opportunity for recognizing needs and identifying priorities in the area of preventive health care.

Conclusions
In accordance with the various National and Regional Health Care Plans in Italy that set improvement of access to services as a priority, effective actions must be identified and strategies must be developed for increasing accessibility to the preventive care services in the area and enhancing their usability, in order to reduce the gap between the quality of the health of the Italian population and that of immigrant populations.

Meeting immigrants in the places where they gather, and at times and on days that are compatible with their work activities (a top priority for them), involvement of community leaders (who "promote and increase the authoritativeness of the event"), and the presence of a cultural mediator (who lowers linguistic and cultural barriers) should be viewed as successful strategies for supporting the involvement of the immigrant in his or her efforts to promote and maintain good health.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Reducing cultural barriers among staff: From needs assessment to priority setting

Benedetta RIBOLDI, Antonio CHIARENZA, Ilaria DALL'ASTA, Amelia CECI, Laura PRANDI, Rhizlane FARES, Daria BONDAVALLI, Alice FERRARI

Introduction
In the Reggio Emilia Public Health Service, positive results were achieved with the implementation in 2005 of a migrant-friendly program at one of the hospitals run by the Service, which ultimately led to the creation of a cultural/linguistic mediation service. The Service has decided again to offer a similar program of analyzing needs, which has now been extended to include the entire province (6 local districts, 5 hospitals), to reveal critical problems involved in dealing with immigrant users of the Service and to receive suggestions on this issue.

Purpose / Methods
Determination of improvement projects to be implemented in health care services provided by the Service, based on an examination of needs that is carried out on three levels: gathering information on the needs of health care personnel and users, and on organizational/administrative requirements (health care management), through the administration of structured questionnaires. After the information gathered is processed, improvement projects will be created to deal with the critical problems that have emerged. These projects will be implemented for a trial period, at the end of which the effectiveness of the actions taken will be evaluated. To be more effictive, working groups have been created at district level: they are coordinated by Staff of Research and Innovation (General Direction) and they include different kind of professionals (doctors, nurses, manager, administrative worker, ecc..) of the Hospital and territorial units.

Results
An initial analysis of the information gathered from health care personnel has led to the conclusion that the principal difficulties encountered when immigrants first access health care services are language (52%) and cultural differences (21%). 45% of personnel believe that these difficulties may affect the quality of treatment and suggest that the actions to be taken to improve the situation include training courses for personnel on intercultural communication and trans-cultural skills (23%), courses providing immigrant users of health care services with information and education on health (19%), and improvement of residence facilities to make them culturally suitable for any type of user (19%). In particular, to improve the clinical aspects of health care, the study underscores the importance of mediation (45%), the relationship between health care staff and the user (10%), and networking between professionals and other agencies. On the other hand, to improve communication, health care personnel believe that multilingual informative material must be used (53%), and many have suggested that an ad hoc information centre be opened for immigrant users of health care services.

Conclusions
The strong point of this program is the involvement of personnel and users, who are asked not only to express the difficulties that are believed to be most critical, but also to suggest solutions that are suited to their work and treatment situations. Thanks to the active participation of these two players, it is possible to raise staff awareness of the phenomenon of immigration, to begin working with immigrant communities in the local area, and to come up with programs that effect a real improvement in everyday working conditions.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Transculturality and cancer: an integrated approach

Ivanna GASPARINI, Giovanna FERRETTI, Alessandra ZOBOLI, Alberto BAGNULO

Introduction
In recent years there has been an increase in the number of people whose country of origin is outside the EU (particularly Pakistan and India) being admitted and treated by the Oncological Day Hospital of Correggio. This kind of healthcare setting has required an integrated approach with the introduction of language-cultural mediators acting as facilitators for the management of relations between the healthcare team and patient's families.

Lack of knowledge of different cultures is frequently one of the main stumbling blocks to the satisfactory management of clinical situations. It is vitally important to understand the ability to attribute meaning, underpinned by a world of meanings typical of the culture of origin. The inability to understand the language of the host country, generally only spoken by men, makes communication difficult in the case of women patients for example, and this leads to problems of an ethical nature as well. Means of communication such as the telephone and written medical reports should not be the main tools to channel information on medical and healthcare actions.

Purpose / Methods
The language-cultural mediation service of the local health system has therefore been given the task of translating operational procedures and information material in the various languages to facilitate communication. A secondary benefit is the role of support and relief for those suffering an illness in conditions of privation such as the one resulting from being culturally uprooted.

The subjects addressed include the family and the different stages of the human life cycle, the level of integration in the host culture, parenting and the social and family role of the person who is ill as well as the attribution of a common and unambiguous meaning to the illness, which can be perceived

as an unexpected event or as a divine act and, finally, sharing every pharmacological and/or surgical intervention. Communication of the diagnosis and the consequent treatment compliance are of themselves crucial steps.

The medical team in charge of the case and the cultural mediator first have a meeting to get to know each other. They then arrange an appointment to meet with the family of non-EU immigrants. They should keep a neutral approach during this meeting as it will be first time that they come face to face with the world of experiences and interpretation of meanings of the sick person. If the latter does not have a good understanding of the language, he/she will bring to the interview that which the relative of reference has previously translated. At times it is difficult to receive consent to disclose the diagnosis clearly, particularly in cases where the management of information and related choices in the culture of origin are male dominated. The time taken to build a network of meanings during the time when the sick person is being admitted and treated allows misunderstandings and drop-outs to be avoided.

Results
As this is a newly developed plan of action, the data gathered so far is insufficient to warrant a considered interpretation and analysis. We have been able to ascertain, however, that where the Language and Cultural Mediation Service is introduced at the early stages there is a better level of compliance with the treatment and healthcare plan. This approach is also useful for the operators themselves since it helps them to throw aside rigid and prejudiced ways of thinking and fosters attitudes of openness and sharing.

Conclusions
The plan is to implement and perfect this method of intervention, recognizing the importance of activating it immediately, even at the very first stages of diagnosis. One might consider the possibility of introducing health education programmes and actions targeted at the immigrant population and addressing the incidence and treatment of cancer. While it could raise some difficulties, such an approach might involve other institutions such as Social Services, Internal Medicine Departments, etc.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Session M 1-2: Models to reorient longterm care and geriatric services towards health promotion

Day care center in a Health Promoting Hospital for healthy and unhealthy geriatric patients in rural area

Hui-Yen LIAO, Pei-Yao LIN, Ming-Nan LIN

Introduction
Aging society is one of the major health care issues in Taiwan, especially in rural area. The prevalence of chronic diseases such as stroke is higher thus the functional status is poor. The socioeconomic status is lower. All these factors create health inequality for the geriatric population in rural area. However, the elderly like to stay at the environment they're familiar with. Day care services are mandatory for these patients when their caregivers are out to work at daytime.

Purpose / Methods
Under the support of community volunteers, we setup a daycare center in the hospital in 2007. Besides the nursing staffs, 120 healthy community volunteers joined to take care of the 28 patients with poor daily functional status. Most of the community volunteers are also retired elder who can benefit physically and psychologically from joining the activities. We provided versatile programs for the patients such as cook classes, physical therapy, hand-made craft classes. Transportation service was also provided.

Results
Questionnaires survey was done in 2009. It showed highly appreciation for the companion services of community volunteers (89%). The satisfaction for the services provided by the nursing staffs was 87%. Assistant services such as rehabilitation, medical counseling was 87%. All of them wish to continue to stay in the daycare center. The families reported that the patients became more active in interaction with neighbors and family members. The volunteers also showed highly appreciation to join the activities.

Conclusions
Daycare center for poor functional geriatric patients in rural area can play an important role for reduce the health inequality. Healthy community volunteers joined to accompany the unhealthy patients proved to be a good way for both geriatric people.

Comments
We want to share the model of "elder care elder" in our daycare center which can benefit both in a rural area with heath inequality.

Contact
MD. MPH Ming-Nan LIN
Buddhist Dalin Tzuchi General Hospital
No.2, Ming-Shen Road
622 Chiayi County
TAIWAN, R.O.C.
mingnan.lin@gmail.com

Health promotion among elderly aged 70 and more living at home

Jacqueline WOSINSKI, Marie-Christine FOLLONIER, Corinne FORSTER, Laurence CALAME

Introduction
Due to demographic and health costs trends, promoting health in the aging population has become a major focus of public health policies. Health promotion measures such as health literacy, exercise, smoking cessation, social involvement are known to increase independent living in old age. Socioeconomic factors, lack of access to services and loss of confidence in one's abilities may be barriers to a healthy lifestyle. A comprehensive, multi-faceted and interdisciplinary approach seems to be an essential component of a successful program.

Purpose / Methods
The intervention combines a community wide mobilization approach with individual motivational interviews among elderly aged 70 or more in a small Swiss City. A trained nurse performs an ecosystemic health assessment including instruments such as the HPLP II among volunteers. Pender's health promotion model guides first and follow-up interviews. Elderly are encouraged to decide on a health promoting goal such as making changes in home and lifestyle or requesting health screening. Evaluation is conducted four month after the last interview.

Results
The data is analysed with PASW 18. Internal consistency of instruments in the west-Switzerland context is assessed through Cronbach alpha. Descriptive and inferential analyses include central tendency, dispersion measures, contingency tables as well as independent and paired t-tests, variance measures, Chi-squares and Pearson correlations.

Conclusions
Most effective Medias to reach the elderly according to their socioeconomic status are identified. Strengths and weaknesses of community mobilization are discussed. Health issues considered as critical by the elderly emerge. Ecosystemic information on health status, existing health promoting strategies and readiness to change among this population will inform future studies. Contribution of motivational interviews to preventive home visiting is discussed. Interdisciplinary collaboration on the project will be presented and lessons for the future will be drawn.

Comments
This study may be used to induce a dialogue on methods facilitating equal access to health promotion measures among the elderly.

Contact
DrPH Jacqueline WOSINSKI
Haute Ecole de Santé La Source
Av. Vinet 30
1004 Lausanne
SWITZERLAND
j.wosinski@ecolelasource.ch

The Health Passport, a person centred guide for communication

Judith LYDON, Cathy WAMSLEY

Introduction
Access All Areas is a service for supporting the delivery of primary health care to vulnerable adults (Learning Disabilities). It is based on a social justice model of public health care and the principles of Sustainability, Equity, Equality and Democracy. By developing partnership working with all mainstream services, both Social and Health, Access All Areas is challenging exclusion and addressing the agenda as laid out in Valuing People Now; a new three year strategy for people with learning disabilities (2009).

Purpose / Methods
The Health Passport is a document providing a person-centred guide that is a facilitation mechanism to improve the communication between patient and nursing staff. It provides relevant information on individual needs, based on a traffic light system and is retained by the patient. Access All Areas, which is based in primary care, has taken the lead in developing the passport to become an inclusive document for use with all vulnerable groups in Warrington.

Results
The passport is to be incorporated into social service documentation for the older person. The health passport is going through approval processes for Mental Health Services Primary Care, Social Services, for use by ethnic minority groups and the travelling communities. A launch took place in the hospital, during which a local drama group for people with learning disabilities performed a play demonstrating the effectiveness of the health passport.

Conclusions
Early feedback suggests that the health passport is not staying with the patient, but is being kept in medical records. Therefore to support the nursing staff ,it is planned to deliver ward based awareness raising sessions to ensure that all staff are aware of the hopital passport and it's usage and benefits, which are that it promotes person centred care, increases communication between patient and staff and supports the reduction in risk of inequality of care within the hospital setting.

Contact
RN,SCPHN,BSc(hons),PGcert Judith LYDON
Warrington Primary Care Trust
Community Nursing
Woolston Clinic, Holes Lane, Woolston
WA1 4LS Warrington
UNITED KINGDOM
judith.lydon@warrington-pct.nhs.uk

Ophthalmologic disease screening program for elderly in rural communities in Southern Taiwan

Wen-Shung FAN, Chun-Po CHEN, Ming-Nan LIN, Sou-Hsin CHIEN

Introduction
Chiayi County has the highest percentage of people over age 65 in Taiwan. It is 15.53%, 5% higher than national average. It is located in rural Taiwan. In even rural townships of the county, elderly population is above 20% with illiterate population more than 22%. The prevalence of diabetes mellitus is also higher. Due to the lack of ophthalmologist, about 70% of diabetes patients have never received retinal examination. Community outreach program for tackling the disease is important in such rural communities.

Purpose / Methods
We cooperated with the government and implemented a "Ophthalmological Screening in Remote Area" in Meishan and Dapu Township of Chiayi County in 2009. The program included:

- Provides the ophthalmological screening for citizens above 65 years old.
- Refer the abnormal cases for further examinations and treatments in neighboring hospitals.
- Provide diabetes and ophthalmology health education for elderly population.
- Provide educational video materials for the elderly on how to keep their vision healthy.

Results
We screened 436 elderly citizens in Meishan and Dapu Township. We found the major ophthalmological problems such as cataract (271 cases, 62.2%) and retinopathy (87 cases, 20.0%). Among the screenees, 117 cases (26.8%) had apparent visual disturbance and 67.5% of them received further follow-up management program for improving their visual acuity.

Conclusions
In rural communities where the population tends to be older and less educated. The prevalence of chronic diseases tends to be high and the disease cognition tends to be poor. Periodic outreach programs including screening and follow up provided by local community hospital for tackling the health inequality is one of the missions of health promoting hospital. With the cooperation of the government, we can provide better care for the rural community.

Contact
MD. MPH Ming-Nan LIN
Buddhist Dalin Tzuchi General Hospital
No.2, Ming-Shen Road
622 Chiayi County
TAIWAN, R.O.C.
mingnan.lin@gmail.com

Soft memory training gym

Fabio CASADIO, Paola PALTRETTI, Paolo PANDOLFI

Introduction
The project is based on the combination of soft aerobic gymnastics and cognitive training through stimulation of attention and memory by connecting movements to colours, sounds and words.The project is aimed to enhance physical and cognitive activity for people over 60. The innovative aspect of this project is the simultaneous training of body and mind through motion exercices practised in a group, contrary to what happens in other cognitive activities where people train alone.

The project is aimed to:

- promote active healthy lifestyle
- promote physical activity, according to the WHO definition, from infrequent to daily practice for at least 80% of people involved
- improve self-esteem
- increase the chances of social opportunities
- counteract sedentary lifestyle, helping to prolong physiological and mental autonomy
- reduce the need to see the general practitioner
- increase, through a proper communication, the awareness that corrects lifestyles.

Activities undertaken
Two weekly meetings in groups of 15-20, lasting an hour each for eight months. The lessons consist of 60 minutes of soft aerobic training, in connection with names, colours, music and odour. Lessons are held by teachers with a degree in Motion Science and specifically trained for the project. UISP has established a Scientific Committee with the Faculty of Psycology of the University of Bologna and the Geriatric department of “S. Orsola Hospital in Bologna” that conducted a test survey among 200 normal over 60s. The psychologists compared a sample of subjects who practised with the ones who didn't using the pre-post method after a two month training period.

Results
Improvement of physical, cognitive, affective and self-esteme condition for the people involved, Increased independence and acquisition of new incentives and interests and finally reduced the need for medical care. 80 % of the 200 tested individuals showed significant improovement in the psyco – physical wellness perceived by the subjects, as demonstrated by results of the tests of which the survey sonsisted (MMSE, REY, symbol digit, TMTA-B, phonemic fluency, GDS, MACQ, EUROQUOL 5, IADL). Almost 90% of people enrolled in the program, about 3.200 people, are regularly practicing and declared their satisfaction with the activity. The project won a prize in December 2008 during the national meeting of the “Associazione Italiana Rete Citta Sane”.

Conclusions
The results showed how this training method can banefit healthy over 60s and could be extended to all people in the same conditions as the tested individuals.

Contact
Dr Patrizia BELTRAMI
AUSL
Director
Via del Seminario 1
40068 San Lazzaro
ITALY
p.beltrami@ausl.bologna.it

Session M 1-3: Improving service provision to reduce inequalities in health

Identifying medical factors of inequality in health and social services - the experience of sociological research in the Russian Federation

Izolda S. CHEREPANOVA, George N. GOLUKHOV, Izabella S. CHEREPANOVA

Introduction
The sociological survey involved 39141 citizens of the Russian Federation. Over the course of the research, the survey focused on the study of views and assessments obtained, first, from more frequent users of health services (patients at a variety of medical and preventive treatment institutions) and, second, from different age and social groups of the urban and rural population in various regions and areas of the Russian Federation.

Purpose / Methods
The research concentrated on the following factors:
- The availability, accessibility and affordability of health services for the population
- The quality of health services on specific territory
- Patient satisfaction with results
- The awareness of health services recipients on diverse health-related issues.

The availability, accessibility and affordability of health services encompass, among other things, transport; free choice of a medical and preventive treatment institution and physician; the availability of specialist physicians; the finance capability to pay for health services, the supply of persons with disabilities, children and old people with proper facilities for care and movement, allocation of benefits, attention lavished on the part of social services.
Organization, management and the techniques to render health services, including the waiting time for: planned hospitalization, rehabilitative aid and medico-social rehabilitation; the supply of special-purpose facilities for children, old people and persons with disabilities. Satisfaction with services, results: Patient awareness on diverse health-related issues.

The key reasons patients and their relatives request additional information or lodge complaints and the possibility to tackle the arising problems. The system to appraise the quality of health services and the way it is organized.

The research established target valuations of the availability, accessibility, affordability and quality of health services criteria on whose basis the pollsters carried out comprehensive evaluation of the level and dynamic of the following indicators:
Satisfaction of the population with health services; the number of persons suffering from socially significant diseases, those diagnosed to have a disease - the first in their life; the number of persons aged from 18 and those of older age recognized as disabled for the first time; the mortality rate of the population; the mortality rate of the able-bodied population; the rate of death from cardio-vascular diseases; the rate of death from cancer; the external causes of death among the population; death in road accidents; maternal mortality; infant mortality;
The survey analyzed the effectiveness of using public health and social services resources (human, materials-and-equipment, financial, to name a few).

Results
- Own evaluation of the citizen health status: 61.21 percent of those surveyed evaluate their health status as satisfactory.
- Call for health services (per 100 of those polled): 72.89 percent seek heath services at an out-patient clinic in the place of their residence; 37.8 percent seek hospitalization; 23.4 percent seek emergency medical treatment.
- Negative phenomena in social and health services: an increase in paid health services; the high cost of pharmaceuticals and facilities; the drop in the health services quality; lack of legal protection; poor equipment; inattentiveness on the part of medical staff; low qualification of the staff.
- The availability and accessibility of health services: 22.5 percent of those surveyed spend about an hour, about nine percent - over two hours to reach a medical and preventive treatment institution. Nearly 40 percent of patients spend from one to two hours waiting to be received by physician. Thirty three and nine percent of patients regard the physician work schedule as unsuitable for themselves. Nine and two percent of patients wait for hospitalization for more than 1.5 months. Thirty four and two percent of patients received emergency medical treatment in less than 15 minutes.
- The survey investigated satisfaction with health services in: out-patient clinic, hospital, private medical centers and emergency medical treatment centers; the study also covered aspects ranging from attitudes of physicians, nurses and paramedical personnel towards patients to the supply of pharmaceuticals (expensive healthcare products).
- The survey explored issues of population awareness on social and health services, insurance, respect for patient rights in out-patient and in-patient clinics.

Conclusions
The conducted sociological research made it possible to obtain information on factors influencing people's perception of social and health services, identify factors of inequality in the availability, accessibility, affordability and quality of services
, and determine problem-ridden aspects for specific patients.

Contact
M.D., PhD Izolda CHEREPANOVA
City Clinical Hospital #31, Moscow
Head of Scientific Department
Lobachevskogo Str., 42
114415 Moscow
RUSSIAN FEDERATION
nmo1@inbox.ru

Addressing health inequalities in Glasgow hospitals?

Claire GOODHEIR CURTIS

Introduction
NHS GGC has developed 2 new Patient Information Centre's (PiC's) in their new Ambulatory Care Hospitals to deliver Health Improvement services to Glasgow, which has some of the biggest health inequalities in Europe. Hospital users are assisted to empower themselves with direct access to services that go beyond clinical care such as citizens' and money advice. PiC's also aim to provide accurate health information to help make informed choices about care as well as direct them into community health services.

Purpose / Methods
A drop-in service was established in each site in order for hospital users to access health information and be directed to local services. They also have access to services on site with a specific focus on health inequalities. These include financial advice, literacy support, citizens' advice, carers support, and health behaviour change e.g. smoking cessation. The services are located centrally and advertised throughout the hospitals and staff are encouraged to send people from the clinics to the PiC as required.

Results
Since opening in September 2009 the drop-in service visitor numbers have steadily increased and the specialist health improvement services referrals are monitored as they increase. Use of the service has changed since opening and hospital users are finding the PiC's themselves. Referrals into local services are also being collated as well as qualitative information on the patients'/carers experience of accessing these services. Further specific information will be available at the presentation.

Conclusions
The PiC's are a new venture for Health Improvement in Glasgow hospitals and providing non-clinical support to help address health inequalities has proved challenging. Considerable time has been taken to encourage clinical staff to make hospital users aware of the PiC services available that enhance the patient pathway and is received well particularly by specific health groups such as cancer clinics. Further work needs to be undertaken to encourage other clinical areas to help address Glasgow's growing health gap.

Comments
Learning will be used to develop future Health Improvement initiatives in the new Southern General hospital which is due to be completed in 2015 and be the biggest hospital in Europe in order to help address the significant health gap that exists throughout the city. Please note that specific detailed figures were not yet available at time of abstract submission but will be for the conference.

Contact
Claire GOODHEIR CURTIS
NHS Greater Glasgow & Clyde
Health Improvement Acute Planning
Dalian House, St Vincent Street 350
G3 8YY Glasgow
UNITED KINGDOM
claire.curtis@ggc.scot.nhs.uk

Session M 1-4: Assessing the health promotiveness of health services

An audit of a public health dental provider as a health promoting health service

Christine MORRIS

Introduction
This presentation will describe an audit of the South Australian public dental service to detemine its status as a health promoting health service. An audit was conducted using an audit framework devised by Johnson and Paton and described in Health Promotion and Health Services Management for Change.

Purpose / Methods
The method included an audit and document search, focus groups with clinical managers and health promotion staff and interviews with some members of the executive team of the organisation. The results were assessed against health promoting health service standards as described in the literature, to determine the degree to which the South Australian Dental Service is a Health Promoting Health Service.

Results
The audit confirmed that the organisation has a commitment to health promotion practice, that health promotion is incorporated into key directions documents, resources are allocated to it and there is strong leadership. Gaps, such as limited knowledge of contemporary health promotion practice, were identified which, if addressed, would enhance the Dental Service as a health promoting health service. The audit also provided evidence that the Dental Service has begun reorientation from a clinical focus to a more health promotion focus.

Conclusions
The study demonstrates the feasibility of auditing dental services for their achievement of health promotion standards. Rating the dental service as a health promoting health service supports continued investment in health promotion. Several areas for improvement were identified, including implementing a structure to ensure equity is considered when reviewing and developing policies. The next steps will be to develop an implementation and change management plan to improve health promotion practice, particularly in the clinical divisions of the Dental Service.

Contact
MPH, BSocSc, Churchill Fellow Christine MORRIS
SA Dental Service
Director Health Promotion
Flinders St 180
5152 Adelaide
AUSTRALIA
christine.morris@health.sa.gov.au

Health promotion assessment project in an acute mental health inpatient unit

Marion NULTY

Introduction
- To evidence good practice, the central theme and philosophy to promote social inclusion and the recovery model in order to facilitate Health Improvement within an inpatient unit.
- To have consideration of our service users physical health care needs.

The resulting outcomes would inform, develop a holistic and meaningful care package. We want to take an opportunistic and non invasive approach with regard to Health Promotion as endorsed by the DH &WHO (1992) within an Acute Mental Health unit.

Purpose / Methods
Using a format suggested by West (2002) in a brief intervention, capturing important data on an individual's health status and personal motivation towards lifestyle change. Using simple yes or no questions about smoking, alcohol, illegal or legal substance misuse, diet, physical exercise, weight and sexual health.

Context
Current UK public health requires all hospitals should aim to deliver health promotion for healthy lifestyles to patients. Risk factors such as smoking, alcohol misuse, etc we know are deemed to be 'modifiable ' thus a reduction in these 'risk factors' has been attributed to decreases in mortality from chronic disease.

Results
In Collaboration with The Hospitals Health Improvement specialist and Bolton PCT. We have piloted this project on an inpatient unit. Whilst the above teams are addressing the Acute and PCT services, we in the mental health arena are just as committed to reducing health inequalities, through cardiovascular and metabolic disease detection and risk reduction

Key Learning Points
This Health Promotion Assessment project is an invaluable tool in allowing us to engage in a therapeutic and inclusive manner, offering choice into the journey of recovery and social inclusion. with regard Health Improvement in hospital. Whilst utilizing the inpatient setting as a unique opportunity to benefit our client population with the tools required for sustainable Health and Lifestyle Improvement. Individuals with Mental Health Problems should not be excluded from Health Improvement initiatives.

Comments
In regard to Health Improvement in Hospitals,If we, as a Mental Health Organisation, continue to think as we have always thought, (ie that the responsibility lies with others, PCT providers) then we are likely to get the same results as we have before, regardless of new s policies and innovations. i suggest and challenge Mental Health Professionals to "Think differently", this can help to ensure that practice and services around Health Improvement "Physical Health and Well Being are not just improved but transformed".

Contact
Advanced Practitioner in training Marion NULTY
Greater Manchester West Mental Health NHS Trust
Physical Health and Well Being Practitioner
Room 65 Rivington Unit, Royal Bolton Hospital
BL4 0JR Bolton
UNITED KINGDOM
marion.nulty@rbh.nhs.uk

Opinions on the use of personal information fore equity measurement in Canadian hospital settings

Ketan SHANKARDASS, Maritt KIRST, Aisha LOFTERS, Kelly MURPHY, Patricia O'CAMPO, Carlos QUIÑONEZ

Introduction
Monitoring health care inequalities among different language, racial/ethnic, and socioeconomic groups requires the linkage of patient-level health data to patient-level sociodemographic data. Yet detailed patient-level sociodemographic information is not currently collected by health care systems in Canada. While general support for equity-oriented collection of patient-level sociodemographic data has been demonstrated in some parts of Canada, there remains concern that the collection of such data will potentially lead to harm for racialized or vulnerable groups in health care settings.

Purpose / Methods
A telephone interview using random digit dialing and computer assisted telephone interview technology was used to survey 1005 adults in Canada regarding the collection of personal information (including socioeconomic status, language, ethnic-

ity, immigrant status, and sexual orientation) by hospitals for equity measurement purposes. Topics included the perceived importance of hospitals collecting such information, comfort in reporting specific characteristics, concern about misuse of such information, and preferences for how such information should be collected.

Results
The majority of Canadians (47%) disagreed that it was important for hospitals to collect personal information from patients, while 43% agreed. Compared to strong support for the collection of language (87%), many felt uncomfortable disclosing household income (26%) and sexual orientation (50%). The majority of participants (59%) were concerned about the potential for misuse of such data. The majority of participants (66%) would prefer to disclose such personal information in a face-to-face interaction with a family physician.

Conclusions
As strategies to ensure the delivery of equitable care in health care settings are developed in Canada, this study provides timely information to inform programming and policy-making. There is a need to inform patients how information regarding socioeconomic status and sexual orientation are relevant for the provision of high quality health care, and to allay fears about the misuse of such information. Our results highlight the need for physicians to play a role in the collection of personal information.

Contact
Ketan SHANKARDASS
Centre for Research on Inner City Health
30 Bond Street
M5B 1W8 Toronto
CANADA
shankardassk@smh.toronto.on.ca

The 14th regional operational research project aimed at bringing the health promoting hospital up to world- class standards (MBNQA:Health Care) Phase II (2008)

Ekachai PIENSRIWATCHARA, Nongnuch PATARAANUNTANOP, Sukhuman PHATTHANASETTHANON, and OTHERS

Introduction
The 5th Regional Health Centre is an academically oriented Regional Health Promoting Institute established by the Department of Health, Ministry of Public Health of Thailand. Its aim is to help all people to be healthy by using the Ottawa-Charter and Bangkok-Charter strategies to devise effective health-promoting tactics, thus effecting an improvement in the quality of the Basic Health Service. The Department of Health and the 5th Regional Health Centre completely finished their HPH Accreditation in 2006, as did a thousand other hospitals in Thailand. The Health Promoting Hospital National Quality Award (HPHNQA) is a new Global Health Care standard. It has been developed on the basis of six sample models: Surin Hospital, Fort Suranari Hospital, Dankunthod, Pudthaisong, Pukeaw, and the 5th Regional Health Promoting Centre Hospital.

Purpose / Methods
These six HPHNQA sample Models were selected from out of 84 hospitals in South-eastern Thailand. The CAGI-PIRAB protocol studies the intervention in sample hospitals by health personnel responsible to the 5th Regional Health Centre. Primary data on the level of health status and health behavioral data have been collected and interpreted.

Results
This study concluded that the Surin hospital and Fort Suranari Hospital offer the best models. They both demonstrate high levels of health and exceptionally good models of health behavior (showing percentages of 80.00 and 65.00 respectively). The six hospitals of the Development Model should be linked and integrated with the work of the Regional HPH surveyor to form a Provincial Community of Practice (CoP). All of the HPHNQA hospitals could thus be empowered to be parts of the 14th Regional Learning Organization (LO), thus improving the quality of the delivery of health care, following the guidelines of the Global International HPH conference.

Conclusions
On the basis of the results of the Phase II research, we may conclude that 1) the MOPH of Global Health Care Quality has been Improved and 2) accreditation by the Department of Health and the 5th Regional Health Promoting Centre should continue from HPH (2002) Accreditation to HPH PLUS re-accreditation every three years. If that were done, the world class HPHNQA standard is choice of the trend.

Comments
After 83 hospitals have been accreditated by HPH (2002). They should have been continue changed to HPH PLUS Accreditation every three years by the National policy .Then the world class HPHNQA standard is choice of the trend.

Contact
M.D.,B.sc.,Pred.Cert. Nongnut PATHARAANUNTANOP
Chulalongkorn University
Medicine
177 6Th Village Koukgroud Subdistric 30280
30280 Nakornrachasima Province
THAILAND
whohph@gmail.com

Implementing HPH standards in Piedmont HPH network

Angelo PENNA, Massimo DESPERATI, Nadia ANINO, Alberto DALMOLIN, Massimo LEPORATI, Ida GROSSI

Introduction
The Piedmont Health policy requires hospitals to deliver health promotion to patients within hospitals. Health promotion is becoming an integral part of the health care process, related to clinical, educational, behavioural, and organizational issues.

This presentation describes the implementation within five hospitals of Piedmont Region of the WHO "Manual and self assessment forms" tool for health promotion.

Purpose / Methods
The manual incorporates five dimensions:
- A written policy for health promotion that aims to improve the health outcomes of patients
- An obligation to ensure the assessment of the patient's needs for health promotion
- The provision to the patients of information on significant factors concerning their health condition
- The development of a healthy and safe workplace and the support of health promotion activities off staff
- An approach to collaboration with other health service sectors and institutions

Results
An electronic questionnaire based on the "manual an self assessment forms" was drawn up for the study. Data collection is carried out in every hospital during the period October 2009 March 2010. Preliminary results highlight: 1) in the management policy the aims and mission of HP was stated in the big majority of hospitals; 2) all hospitals had some resources for the HP activities; 3) the patient HP needs were assessed systematically in the majority of hospitals; 4) Almost all hospitals had a patient satisfaction assessment; 5) the standards of promoting a healthy workplaces was partly implemented by all hospitals.

Conclusions
The HPH implementation process started with the development of a regional steering committee to discuss, translate, review international standards and indicators, considering the regional context. Following HPH standards gave the opportunity for the organizations to review the health promotion concept in the context of regional hospitals. Preliminary results highlight a number of best practices that can be shared with other similar health care organizations in our region, major changes in health promotion practice, particularly in the screening procedure of patients, may be required to improve the situation.

Contact
MD Angelo PENNA
Azienda Sanitaria Locale Biella
Hospital Medical Director
Via Marconi 23
13900 Biella
ITALY
angelo.penna@aslbi.piemonte.it

Session M 2-1: Tools and approaches for different health services to implement smoke-free healthcare

Activity tool box for action on Tobacco Free Healthcare Services

Julia SAHLING, Christa RUSTLER, Manja NEHRKORN, Gabriele BARZ

Introduction
"First convince - then constrain" is one of the core messages of the ENSH concept. Comprehensive communication using different and variable ways and methods is a very important task on the way to implement a tobacco free policy.

Aim
An online toolbox on communication and action methods was developed to support the communication process on tobacco free policies in healthcare services of ENSH members.

Purpose / Methods
In the preliminary process of an action day on the occasion of the world no tobacco day 2009 with hospitals and schools in cooperation with the Berlin Center of Addiction Prevention, several methods and examples of good practice to communicate and raise awareness on tobacco free policies were gathered and described in a tool box. In the last months more examples of good practice from member hospitals of the German Network were integrated. A section in the national website of the DNRfK is developed to provide this toolbox online in order to support member hospitals at their action days.

Results
First results and experiences, the development process and the content of the tool box will be presented.

Conclusions
An online toolbox is easy to access and will be regularly updated with examples on good practice and experiences in the implementation of the described methods.

Contact
Christa RUSTLER
German Network for Health Promoting Hospitals
Coordinator Tobacco Free Healthcare Services
Saarbruecker Strasse 20-21
10405 Berlin
GERMANY
rustler@dngfk.de

The Impact of a psychiatric hospital's total smoking ban policy on patients' attitude and behavior regarding smoking during hospitalization

Shu-Hua SHEN, Shu-Ti CHIOU, Hsien-Jane CHIU, Fang-Rong CHANG, Yin-Jie HUANG

Introduction
Taiwan's revised Tobacco Control Act requires psychiatric hospitals to be totally smoke-free. This study examined the effect of such a new policy on the attitude and behavior regarding smoking among hospitalized psychiatric patients.

Purpose / Methods
A structured questionnaire was administered to all the patients staying in the rehabilitative wards before and 6 months after the new policy, with 280 and 236 respondents respectively. Data on age, sex, educational level, smoking status before admission, and knowledge, attitude and reaction to the new policy were collected. The Cronbach's α is more than 0.65. Smoking status during hospitalization was confirmed by measurement of expired carbon monoxide.

Results
38.9% of patients smoked before admission.Most patients were aware of the new policy.70.9% of patients said new policy didn't affect their volition of hospitalization.Prevalence of quit attempts increased from 55.3% to 77.3%.Proportion of being able to stay away from smoking for more than 1 week increased from 28.1% to 48.9%.Proportion of ever being asked of smoking status by a healthcare professional in the past year increased from 45.3% to 61.5%.Average level of expired carbon monoxide decreased from 22.7 to 6.1.

Conclusions
Most smoking patients complied well with the new policy and many were willing to initiate a quit attempt. A total ban with adequate communication and support turned out to be not only acceptable but also beneficial to the psychiatric patients.

Comments
As a psychiatric medical clinical, we need to understand the cognitive, attitude and behavior for psychiatric patients actually. Therefore we can help patients effectively and actively to promote their health and enjoy health equalities right.

Contact
Shu-Hua SHEN
Jianan Mental Hospital,D.O.H.
No.80, Lane 870, Jhongshan Rd., Rende Township
71742 Tainan County
TAIWAN, R.O.C.
shuhwa@mail.cnpc.gov.tw

Striving towards a smoke-free campus in an acute and maternity hospital through working in partnership

Birgit GREINER, Clare JONES

Introduction
A partnership team comprising of interdepartmental staff from the hospital, the unions, members of the hospital patients forum, staff from the Health Promotion unit was formed to bring the University hospital to a smoke-free site in 2010. The project lead was by the hospital, a research assistant was employed, scientific advice was provided by an academic staff from University College Cork, and guidance and support was given by a facilitator from the Health Services National Partnership Forum.

Purpose / Methods
To provide a health promoting hospital setting for all while using a partnership process that involves all relevant stakeholders and to help encourage a health promoting lifestyle development for patients and staff.

- Quantitative research - 4,000 staff questionnaire to determine attitudes and views on proposal.
- Qualitative Research - Focus Groups to include security personnels past experiences in trying to prevent smoking at doorways, highlight apprehensions towards new policy and to determine training needs of this group.

Results
Data collection is still ongoing. Results of detailed analyses will be presented. Initial response rate from staff 1049 with 258 responses from patients. 68% of staff and 72% of patients in favour of proposal. The Qualitative Research is just commencing. We will also present results evaluating the process the partnership approach.

Conclusions
The challenges of achieving a common aim through working in a partnership. The feasibility of opening an out-patietns clinic is also being researched.

Contact
Masters in Health Promotion Clare JONES
University College Cork
Researcher
Cork University Hospital. Cork.
021 Cork
IRELAND
clare.jones@hse.ie

Italian national programme of midwifes' counselling "Smoke free moms": Tackling gender and national inequalities helping pregnant women to quit smoking.

Luca G. SBROGIÒ, Alessandra SCHIAVINATO, Manuela MESSA, Nakissa AMIR GOLESTANI, Federica MICHIELETTO, Mara PADOVAN, Daniela GALEONE

Introduction
In Italy one child over two has at least one smoking parent. During pregnancy 70% of female smokers quit smoking, but about 71% relapse after delivery and 20% of young female are smokers from the beginning of pregnancy. In order to prevent exposure from second hand smoke (SHS) in children, in 2007 the Ministry of Health, the Italian League Against Cancer and the National Federation of Colleges of Midwives implemented the "Smoke-free moms" programme, formerly carried out in Veneto Region.

Purpose / Methods
To favour the midwives in supporting pregnant women to quit smoking; to follow up these women and their partners in the puerperal period to help them to remain abstinent; to reduce to less than 5% smokers among pregnant women; to have less than 50% relapse after delivery. The programme consists in tailored training courses for midwives (using counselling techniques for tobacco users, such as motivational cessation and follow-up), professional support made available to women, monitoring and effectiveness evaluation.

Results
An evaluation conducted in Veneto Region, involving 600 women with a follow-up at two years after delivery in 2005-2007, showed that women and partners who received smoking cessation counselling have better percentage of abstinence rate compared to a control group. In 2009, 4 editions of 3 day courses were held. More than 100 midwives from all the Italian Regions were trained as tutors; in turn they are going to train in counselling techniques other 5.000 colleagues involved locally in 2010.

Conclusions
The programme is well accepted by midwives and patients. It is both feasible and sustainable. Brief counselling by midwives is possible in all settings, especially outside the hospital premises. Educational materials translated in 8 languages are available in order to reduce inequalities in achievement essential information on the topic. A national evaluation will be carried out in 2010-2011 to see the effectiveness of such counselling given during pregnancy to remain smoke free among the women and their partners.

Comments
A full set of educative materials (posters, guides and CD-rom for training, leaflets, gadgets, bibs, web (www.mammeliberedalfumo.org) were produced to support the programme. All materials were sent to the Regions involved in the programme. Actually almost all the Italian Regions (20 over 21) are involved in this programme. Other strategic partners of the programme are HPH&HS and the International Network Women Against Tobacco (INWAT) - Europe.

Contact
Medical Doctor Luca Gino SBROGIÒ
Local Health Unit 19 Adria (Rovigo)
Scientific director
Via divisione julia 5
31022 Preganziol
ITALY
lgsbrogio@gmail.com

Based on characteristics of different ethnic groups involved in multi-effectiveness of the tobacco control strategy - Xindian community smoke-free program

Chu-Yueh CHEN, Rong-Yaun SHYU, Chia-Te LIN, Hung-Yu HSIEN

Introduction
According to the Bureau of Health online database query system data, smoking behavior in 2006, Taipei County is accounts for about 23.6% of the resident. In addition, the analysis of Taipei County smoking group points out that male group accounted for 42.49% and women group accounted for 5.27%. From age stratification side, the largest group is 30-39 years of age, accounting for 32.06%. The largest in men group is 18-29 years of age (29.02%) and the largest in female group is up to 30-39 years of age (27.06%). Regarding Junior high school students smoking behavior, the smoker rate is 27.0% in Taipei County. In fact, according to other relevant reports from the National Health Council, people's intention to quit the investigation is downward trend.

In the meantime, even though the health and welfare tax had been raised up in 2006, the amount of tobacco usage of each adult smoker remains as high as 11-20 pieces per day. There is no significant reduction trend in cigarette market and consumption. As data shown above, we can find out there is still large room to make efforts in promoting the harm of smoking and helping people to quick smoking behavior. Targeting different social level people to promote the harm of smoking is the strategy and focus of this project.

Purpose / Methods
Take the Ottawa Charter for Health Promotion a strategies as the framework.

- Build healthy public policy: The Tzu Chi Ten Commandments, and smoke damage control as the core focus on the spirit of the new law, the development of the Universal Declaration of smoking cessation and anti-smoking propaganda stickers.
- Create supportive environments: for aging in remote areas, densely populated areas provides a mix of commercial smoke-free and healthy environment such as: smoke-free restaurants, and the use of the media-based anti-smoking public awareness of the whole community.
- Strengthen community action: training quit smoking volunteers that meet the needs and characteristics of various social strata of the diverse program of activities.
- Develop personal skills: handling quit smoking classes, courses, and to smoking perception, attitude and behavior scales to assess the participants participate in the program after the change in the extent and regularly track their quitting success rate.
- Reorient health services: In 2010 will strengthen the children and adolescents under the age of 18, the anti-smoking techniques and to promote awareness of the focus.

Results
Following is the key results:

- To raise the public awareness by having 3 times media interview on Tai-I TV. The subjects covered smoking cessation classes in elementary, school drama and the harmful effects of tobacco smoke-free advocacy environmental issues.
- To expand the public education by having 21 times tobacco advocacy activities at community clinics in the community. There were nearly 2000 people to participate in.
- To connect the volunteers by having smoking cessation training programs included nearly 470 volunteers. A survey after the programs showed that 95% of the volunteers recognized these programs are helpful to them.
- To reach the consensus by having a card signature campaign -"supports national health insurance or government smoking cessation treatment payment". It got about 1200 people including more than 500 health care workers endorsement.
- -To carry the concept into family by having a parent-child drawing competition- "No Smoking in My family ". There was total of 34 parties from five elementary schools to attend it and 25 won awards. These works were posted on the website and open to the public (URL: http://www.tzuchi.com.tw/file_tp/docm/cm_default.asp)
- To help smokers taking action by having three echelon smoking cessation classes. The course was 9 hours, one day a week and continuously for two weeks. The speakers included physicians, psychologists, social workers, nutritionists and rehabilitation division. There were 61 trainees completed training. These trainees were evaluated by the smoking perception, attitude and behavior questionnaire to measure changing status. The average score was increased from 68.9 to 75.1 (+6.2). After three-month follow-up, the success rate of quitting smoking is 23% and the reduction in the amount of smoking is 30%. The third echelon was held on Nov. 07, 2009, the success rate is tracking.

Conclusions
The result presents it's really more effective to promote the concept of tobacco control through targeting different social level (groups) and taking appropriate programs. The tobacco control work needs long-term efforts and resource input. This project is a collaboration of local community, Tzu Chi community volunteers, students and families, school environment, the hospital hardware and software, community medical groups and other systems. Especially it takes national "Smoke-free city" development model (from the population of spontaneous smoking cessation activities and integrated national policy) as an operation practice. To adopt their strength and experience to shorten the gap caused by health inequalities.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital,Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

Session M 2-2: Improving chronic disease management and lifestyle development

Inequalities in lymphoma patients' knowledge about lymphoma's treatment and outcomes in Greek hospitals

Filippos T. FILIPPIDIS, Akrivoula PROKOPI, Ioannis SPYRIDIS, Panayiotis PANAYIOTIDIS, Theodoros MARINAKIS, Yannis TOUNTAS

Introduction
Lymphoma management and treatment typically require a long time and the outcome is strongly associated to the level of cooperation between the patient and the medical team. A high level of knowledge regarding the characteristics of the disease and treatment can increase compliance and improve the quality of care. Nevertheless, literature on lymphoma patients' knowledge about their disease is limited.

Purpose / Methods
The objective of the study was to identify inequalities in lymphoma patients' knowledge about their disease, treatment, outcome and their main sources of information. A cross - sectional research design was applied. Data were collected in Hematology Day Care Units of two general hospitals in Athens, Greece, using a 61 - item self report questionnaire. A total of 87 lymphoma patients (42 female, 45 male) were recruited.

Results
Educational level is the major determinant of the level of knowledge regarding lymphoma among Greek lymphoma patients. Patients with university degrees show higher level of knowledge than patients with elementary education on subjects such as the duration and possible adverse effects of their treatment and the factors that affect the duration of remission ($p<0.05$). The proportion of patients younger than 50 years who use internet as a source of information regarding their treatment is higher than among older patients ($p<0.05$).

Conclusions
Major inequalities among lymphoma patients' knowledge about their disease and treatment were identified. Educational level and age are associated with the level of knowledge regarding lymphoma. Health promotion and health education programs targeted on low education level and older patients could improve their knowledge and compliance, thus increasing the chances of a positive outcome.

Contact
Yannis TOUNTAS
University of Athens
Alexandroupoleos 25
Athens
GREECE
chsr@med.uoa.gr

Keep well in Scotland - Programme to tackle Inequalities in CHD risk

Wendy PEACOCK, John HOWIE

Introduction
There is a clear pattern of increasing life expectancy with decreasing deprivation in Scotland and this gap appears to be widening over time. Deprived populations have considerably higher levels of CHD mortality. This relationship is evident for all ages, but is strongest in the 45-64 age group for whom death from CHD in the 10% most deprived areas is 1.9 times more likely than Scotland overall, compared with 0.4 times (i.e. less likely than Scotland overall) in the 10% least deprived areas.

Purpose / Methods
In 2005, the Keep Well programme was launched which has resulted in 65,000 systematic cardio-vascular health checks being carried out among the most deprived populations living in Scotland. These have been delivered via primary health care teams. These checks involve an assessment of both clinical and behavioural risk factors and can result in referrals for medical interventions e.g. statins and behaviour change interventions e.g. smoking cessation, dietary advice.

Results
NHS Health Scotland will present the results from this programme to date. This will describe the most effective methods of engagement with hard to reach populations and report on the clinical risk factors identified and onward management including health behaviour change interventions. The challenges which arose during the course of the programme, e.g. IT, GP buy-in will be discussed and the actions taken to address these.

Conclusions
The presentation will conclude with the strategic options to mainstream the successes from the programme into core service delivery.

Contact
RN,HV,RM, BA,MBA, Wendy PEACOCK
NHS Health Scotland
Senior Manager
Thistle House, Haymarket
Edinburgh
UNITED KINGDOM
wendy.peacock@nhs.net

The effect of pap smear strategy intervened on improving health inequality for women in Taiwan

Cheng-Chuan LIU, Hei-Jen JOU, Ruo-Yan XIAO, Yi-Yan YU, Chia-Chi WU, Tzu-Chuan HSU, Chia-Wen LIU

Introduction
Cervical cancer is one of the most common malignant cancers reported for women in Taiwan, but the Pap Smear(P-S) screening rate is lower compared to Western countries. Therefore, not only government should make policies to elevate the screening rate, but hospitals need to operate the policies. According to the top ten cancers in 2008, cervical cancer ranked the 6th for female cancer. This demonstrated the significant threats imposed by cervical cancer. Nevertheless, the screening rate of P-S failed to raise illustrate the health inequality for women. Therefore, how to improve the single-year P-S screening rate has become a vital topic.

Purpose / Methods
In order to increase the P-S rate and detection rate of cervical cancer, we launched several programs at this institution: Such as broadcast announcements and posters in hospital to remind the outpatient to receive P-S, an alarm system imposed on the obstetrician's computer monitor; the system, a procedure which calls back patients with abnormal test results for further examination, and the utilization of Balance Score Card to elevate the employees' P-S rate.

Results
Through the 5 strategic interventions, the number of women who received P-S screening at the Hospital increased continuously from 9,321 women in 2006 and 10,145 women in 2007 to 10,940 women in 2008. Significant increase of P-S screening rate was perceived through the successful intervention.

Conclusions
Cervical cancer severely threats female in Taiwan, and early detection and treatments may minimize the harm. The strategies for P-S screening based on hospital previous experience will improve the screening rate annually and significantly reduce the health inequality for women.

Contact
Ruo-Yan XIAO
Taiwan Adventist Hospital
424, Sec. 2, Ba De Rd.
00886 Taipei
TAIWAN, R.O.C.
syinyin@gmail.com

Outreach community education program for reducing betel nut chewing habit in cleaning squad in a rural community in Taiwan

Hui-Jen KUO, Li-Yen TSIAN, Jun Fon CHENG

Introduction
Oral caner is the 4th male leading mortality of cancer in Taiwan. Researches showed that occurrence of oral cancer were related to unhealthy behaviors such as betel nut chewing, smoking and alcohol drinking. The most effective way to prevent oral cancer is to quit these risky behaviors. In 2008, the current rate of betel nut chewing is 22% and the oral cancer mortality rate is 16 per 100,000 people in Chiayi County. Some occupation such as cleaning squad had high rate of using betel nut.

Purpose / Methods
We conducted a survey for the Chiayi County Dalin Township Cleaning Squad. We found the betel nut chewing rate is high compared with other occupation. We designed a outreach community education program with different approaches to help the squad member to quit the habit from March to October 2009. Questionnaires for knowing the knowledge and attitude of the members were conducted. Screening for oral cancer, lectures, telephone follow up and so forth were arranged for reducing the betel nut chewing rate.

Results
Our survey showed betel nut chewing rate was high in cleaning squad. 18 out of 45 members used betel nut (40%). Within 1 kilometer of workplace, there are 31 betel nuts vendors. 10 of the cleaning squad members participated in the education program. We compared the results of interventions by the paired-t test that the knowledge and attitude of harm of betel nuts had the significantly changed. During the campaign, 6 members quit betel nut chewing successfully, 4 reduced the quantity of betel quid chewing.

Conclusions
High stress work such as cleaning squad tended to make people to use different substance for relaxation. Outreach education program is effective to help the people who cannot access the hospital services easily. Comprehensive program can effectively change the behavior of people in need. Our program increased the motivation and confidence of betel nut chewing population to quit, and then create the non-betel nut chewing workplace to prevent the oral cancer which is a good example in the community.

Contact
Chun-Po CHEN
Buddhist Dalin Tzu Chi General Hospital
NO2, Min-Sheng Road, Dalin Town
622 Chia-Yi
TAIWAN, R.O.C.
manto@tzuchi.com.tw

Health trainers - Providing 1:1 support for health related lifestyle change

Lorraine HARNETT

Introduction
Based on experiences in the North West of England, this paper looks at supporting health related behaviour change in seven

hospitals from 2007-2010 using the Health Trainer approach. Regional and national networks of expertise for hospitals who want to share in the Health Trainer success are presented.

Purpose / Methods
Health Trainers in outpatients, pre-operative assessment, cardiac and respiratory units, and at the point of discharge are explored. Examples of Health Trainers supporting staff through occupational health services also.

The data collection and reporting system providesinformation including
- Reaching the hard to reach
- Making sustained behavioural change
- Appropriate and timely use of services
- Building the workforce

Development of this database (holds 100,000 clients) has been critical as the Health Trainer approach has matured. Health Trainers are recognised for their evidence base, highly regarded qualification and genuinely personalised service delivered in the heart of our communities.

Results
A similar pattern in each hospital has emerged highlighting challenges around forging relationships across organisations and geographical boundaries. Funding streams can be integrated to build referral systems that work from the correct point in the patient pathway. Service credibility is enhanced by generating investment and activity reports.

Conclusions
The Health Trainer approach empowers people to set and achieve personal goals. Actual improvements in smoking, alcohol, diet & physical activity are complemented by changes in self efficacy, perceived health status and general health and well-being. These are underpinned by signposting to services that offer support with other issues.

Describes shared agendas, explores some issues experienced and suggests how Health Trainers and hospitals can reduce costs and achieve maximum outcomes in tackling lifestyle related conditions as well as the wider determinants of health for patients and hospital staff.

Contact
Medical Anthropology MSc Lorraine HARNETT
NHS
Partnership manager
27 Walker Street
CH2 3BT Chester
UNITED KINGDOM
lorraine.harnett@nhs.net

Session M 2-3: Studies and interventions on staff health

Are all health care employess equally healthy?

Charles SOUNAN, Melanie LAVOIE-TREMBLAY, Marie-France NOEL, Stella LO-PRESTE, Ann LYNCH

Introduction
In 2007 the Quality Worklife-Quality Healthcare Collaborative (QWQHC), a coalition of experts from twelve Canadian health organizations, identified seven (7) practical and relevant indicators applicable to all health organizations (Turnover Rate, Vacancy Rate, Overtime, Absenteeism, Workers' Compensation Lost time, Training & Professional Development, Health Provider Satisfaction). These indicators, that have evidence to support their connection to key outcomes, are used to gauge and improve workplace health.

Purpose / Methods
This study highlights the major trends and the causes & consequences of health inequalities in a population of 35 000 employees representing 20 job categories of the five university teaching hospitals of Quebec (Canada) by analyzing the QWQHC health indicators. Using data gathered from the Human Resources Information System (SIRH) of the Quebec Ministry of Health and Social Services during the last four fiscal years, results show that Nurses, Patient Attendants, Trades, Technicians and Clerical Staff, are the job categories where health indicator shows a critical score.

Results
The scores are two to three times higher than average. These job categories also match those identified in the health network as facing a significant manpower shortage. In addition, results show that in hospitals certified as Health Promoting Hospitals (HPH), health indicator scores are slightly or not at all improved after the first or second year of certification.

Conclusions
This indicates that it takes longer than one or two years to observe positive and durable impacts of the implementation of HPH standards and strategies. These findings are relevant to help decision makers in providing their organizations with meaningful decisions regarding the optimization of health promotion, health equity, and to better prepare their communities for the implementation of the HPH concept and related activities.

Contact
PhD Charles SOUNAN
McGill University Health Centre
Senior Researcher
2155, Guy
H3H 2R9 Montreal
CANADA
charles.sounan@muhc.mcgill.ca

Health inequalities, self-evaluated state of health and health behaviour among employees- A pilot study in one municipality in Eastern Finland

Marjatta PIRSKANEN, Anna-Maija PIETILÄ, Minna RYTKÖNEN, Pirjo VARJORANTA

Introduction
In health care research health has been considered for example as expression of individual lifestyle and as source of inner strength or as being well. In recent health research, health is often seen as a positive resource of life. The concept of health is difficult to define and measure unambiguously due to its dynamic and individual nature. The health behaviour and related decisions which either promote or inhibit health, are seen in our everyday actions.

Purpose / Methods
The aim of this pilot study was to obtain information about municipal employees' self-evaluated state of health and health behaviour (alcohol drinking and smoking) and views on health promotion in their work community. In addition, associated determinants of health inequalities were also observed. Each person experiences health differently. In this study health was examined on the basis of respondents' personal assessments. Knowledge about self-evaluated state of health and employees' views on health promotion are valuable in developing health promoting workplaces. The data were collected by a web survey from employees of one municipality (n=1062). The data were analyzed using quantitative and qualitative methods.

Results
The majority of municipal employees perceived their health as good. Female sex, age under 35 years, fixed-term employment and mental work were related to the perception of good health. A small number of employees were daily smokers. More than one fifth of the employees were binge drinkers. Employees under 35 years of age and fixed-term employees drunk alcohol and smoked more than others. In addition, low education was related to smoking, and being male to binge drinking. Respondents considered individual support and development of social conditions as important for their health. According the respondents health can be promoted by decreasing job strain and by strengthening communality and management culture.

Conclusions
In future it is important to plan carefully web based survey taking into account respondents' possibility to use computer. Future research is also needed to evaluate employees' views of health promotion more deeply. Interviews and essays might provide more information about the ways of strengthening health in workplaces. Health promotion in workplaces requires a sound understanding of employees' health and related factors. Health promotion should move towards a more comprehensive approach that takes into account the life history and the life situation of employees.

Contact
PhD Marjatta PIRSKANEN
Centre for Social and Health Services in Kuopio
Planning Officer in Health Promotion
Tulliportink. 17 B
70100 Kuopio
FINLAND
marjatta.pirskanen@kuopio.fi

The result of health-related physical fitness tests in hospital staff - The experience of Cardinal Tien Hospital Yung Ho Branch

Ling-Yu HUNG, Meng-Tien WU, Hsiu-Ling CHIANG, Jung-Tien WEI, Ming-Hsiung SHIH, Ying-Ling KUO, Pei-Li CHANG, Jih-Chyun CHOU, Hon-Kwong MA

Introduction
Doctors, nurses and many paramedical staffs work in hospital. In general, they have better knowledge about diet control and understand the importance of regular exercise. But longer working hours and busy family work are the most common excuse to refuse exercise. Good health-related physical fitness is very important for life and work. So we would like to know the condition of health-related physical fitness in our staff.

Purpose / Methods
Health-related physical fitness test included body mass index, back scratch test, sit-and-reach test, eye-opened stand on single foot, 1-minute sit up test, grasp test and 3-minute step test with preset cadence. Before assessment, a questionnaire to rule out the inadequate cause to perform assessment, such as heart disease, was given. If someone is elder than 60 years old or has skeletal/muscular disease, alterative assessment will be performed. The physical fitness test was performed from "1-minute sit up test" to "30-second chair stand test" and from "3-minute step test with preset cadence" to "2-minute step test". The 515 staffs (35.79 ± 9.95 yr.) were participated, and the average participation rate was 84.8%. No alternative assessment was done. The higher participation rate was noted in administrative department (90.2%). Analysis was done using the SPSS 12.0 statistical software.

Results
According the Taiwan national physical activity norm, the health-related physical fitness results were graded into 5 levels. The tests with higher rate of poor and worse grade are sit-and-reach test, demonstrating lower limb flexibility among 50.4% of participants, 3-minute step test with preset cadence (aerobic endurance, 41.4%) and 1-minute sit up test (abdominal strength, 40.7%). Poor lower limb flexibility was found in three departments, especially nursing department. Comparing others, poorer aerobic endurance and grasp strength were noted in administrative department. The excellent results showed in back scratch test, demonstrating upper limb flexibility among 91.8% of participants, and eye-opened stand on single foot (balance, 80.4%).

Conclusions
After this study, our staff should enhance physical fitness, especially in lower extremity flexibility, aerobic endurance and abdominal strength. These items are associated with lower back pain and poor physical activity. Before caring patients, hospital staffs should take good care of themselves. We will design a series lectures to improve their health-related physical fitness. This examination will be performed once per year to promote the health of our hospital staff.

Comments
In general, staff annual health checkup only included blood exam, urinalysis, chest radiogram and so on. After this examination, we found that health-related physical fitness test is a simple, saving money and effective way to assess staff's physical capability. We will perform this test annually in our hospital.

Contact
Master Degree Ling-Yu HUNG
Cardinal Tien Hospital Yung Ho Branch
Local community hostipal
No.80, Chung Hsing Street
23445 Yungho City, Taipei County
TAIWAN, R.O.C.
hunglingy@pchome.com.tw

The nurses' experience of caring dying relatives and the attitude of working in hospice - a positive approach to palliative care

Shu-Chen WANG, Shu-Chuan CHANG, Yin-Wei WANG, Ya-Hui YU

Introduction
The concept of palliative care is to active involvement with the patient and their families and to collaborate with other team members. The hospice nurses may need more copy strategy to face their emotional feeling than the nurses in the traditional setting. A positive approach to palliative can help the terminal patients, families, and nurses themselves.

Purpose
The purpose of this study was to explore the factors related to attitude toward caring for terminal illness patients among nursing staff in general wards.

Methods
A cross-sectional survey was conducted in six hospitals in Taiwan. A total of 2586 questionnaires were sent via e-mail and 1308 participants completed the questionnaire. The response rate was 50.6%.

Results
The results showed that nurses experiences the dying of their close relatives had higher motivation to participate in palliative care.Although 60% nurses had been attend palliative care training program, only 23% of participants were willing to participate in palliative care. The nurses willing to provide palliative care believed that hospice provided a better quality of care to patients. The nurses had difficulty to face terminal patients, having trouble in family grief (24.8%), and feeling helpless in caring for patients in the terminal illness.

Conclusions
Nurses experienced dying closed relatives may influence their motivation to attend in palliative care. Nurses agreed that palliative care would provide better quality of care for patients, but face patients' and families' grief would be the barriers to provide in palliative care. For more nurses to participate in palliative care, education about emotion management and bereavement were necessary for nurses and students.

Contact
Master Shu-Chen WANG
Buddhist Tzu Chi General Hospital
707, Sec 3, Chung-Yang Rd.
970 Hualien
TAIWAN, R.O.C.
wangsc@tzuchi.com.tw

Work & psyche project

Giuseppe IMBALZANO, Luciano NICOLI, Massimo RABBONI, Giuseppe GUERINI, Giovanni PEZZANI, Laura NOVEL

Introduction
Work opportunities for people with psychiatrics disorders, are normally very few in our society. In order to integrate social and health services in the follow-up of psychiatrics patients with work opportunities we proposed a research project with the objective of evaluation of the effectiveness of an innovative approach for work inclusion of people with severe psychiatrics disorders, through interventions direct to integrate regional resources and improve the culture of rehabilitation-through-work in psychiatry professionals.

Purpose / Methods
The key point of the project intervention is to promote a "Skilled Coach" approach with the task of evaluating the working potentials (capabilities) of patients and to discuss with treatment team the process of patient's integration in the workplace. The patients start a working integration process by a multidimensional approach according to an individualized plan. The "Skilled Coach" follow-up patients for at least 2 years, during the process. A periodical assessment of the situation is made by different agencies which participate in planning and realisation of the project.

Results
- The effectiveness of intervention will be evaluated through a randomised controlled trial:
- 40 psychiatrics patients responding to inclusions criteria (intervention group) will be followed for 2 years by psycosocial services of the province of Bergamo.
- The same indicators will be measured meanwhile, in a control group of 40 patients under normal treatment. Indicators will be then compared.

Conclusions
The assessment will enable the health service to ameliorate the approach to this kind of patient by identification of outcomes of the for work inclusion process for people with severe psychiatrics disorders,

Contact
MD - MPH Giuseppe IMBALZANO
ASL Bergamo
Health Director
Via Gallicciolli 4
24121 Bergamo
ITALY
direzione.sanitaria@asl.bergamo.it

Session M 2-4: Reaching hard-to-reach groups

Health inequalities: Educating the NHS workforce

Jane CATRELL, Sally BEAUTYMAN

Introduction
In 2007 NHS Education for Scotland commissioned the development of 'Bridging the Gap', an on line health inequalities educational resource. Bridging the Gap aims to provide pre registration NMAHPs (Nurses, Midwives, Allied Health Professionals), and others involved in tackling health inequalities in Scotland, with a flexible learning resource that introduces some of the key evidence, issues and themes in health and social inequalities, and provides access to a range of further information on tackling health inequalities.

Purpose / Methods
The resource has been available since September2008 and on completing the resource it is hoped that students, educators and practitioners will be able to:

- Recognise and describe key features of the widening health inequalities gap in Scotland
- Demonstrate an understanding of the contributing factors (wider determinants) to health
- Explain the significance of health inequalities for NHS Scotland services
- Describe ways in which their practice is sensitive to the needs of all patients, service users and colleagues.

Results
A consultation was carried out in October 2009 to explore the uptake and use of the resource. A number of recommendations resulted from the consultation and are currently being actioned, including: making the resource easy to print for hard copy use, updating hyperlinks and content, relocating to a more user friendly URL, mapping to the NHS Knowledge & Skills Framework, marketing more widely and making it more appropriate for the Health and Social care Workforce not just NMAHPs.

Conclusions
This presentation/ poster will offer an insight into the resource itself, by identifying the key policies, background, findings and recommendations associated with developing Bridging the Gap and show where and how it has been used to date. It will also explore the wider issues around what skills and knowledge, and educational solutions are involved in developing a health inequalities aware NHS workforce, and how this programme of work is being developed in Scotland.

Contact
MA Sally BEAUTYMAN
NHS Education for Scotland
Health improvement project officer
2nd Floor Hanover Buildings, 66 Rose Street
EH2 2NN Edinburgh
UNITED KINGDOM
sally.beautyman@nes.scot.nhs.uk

Physical accessibility and utilization of health services in Yemen

Abdullah AL-TAIAR

Introduction
Access to health services in Yemen is problematic because of its mountainous geographical areas and sparse population distribution in addition to poorly developed road network and the lack of proper public transport. Geographic inaccessibility presents an important barrier to healthcare and can result in health inequalities. Geographical accessibility to health services can be measured in different methods but the relationship between these measures is complex and remains unclear.

Purpose / Methods
This study aimed to investigate the impact of geographical accessibility (measured as straight-line distances, road distance or driving time) on health services of child vaccination in Yemen. Coordinates of the houses and health facilities were taken using GPS machines with accuracy within 15 meters. Road distances were measured by an odometer of a vehicle driven from participants' house to the nearest health centre. Driving time was measured using a stopwatch. Data on children's vaccination were collected by personal interview and verified by inspection of the vaccination card.

Results
There was a strong correlation between straight-line distances, driving distances and driving time (straight-line distances vs driving distance $r=0.92, p<0.001$, straight-line distances vs driving time $r=0.75; p<0.001$, driving distance vs driving time $r=0.83$, $p<0.001$). Each measure of physical accessibility showed a strong association with vaccination of children after adjustung for socio-economic status.

Conclusions
Straight-line distances, driving distances and driving time are strongly correlated. Each measure is an independent predictor for vaccination of children. Straight-line distances seems to have potential to be used in planning health services and to reduce inequality in access to health services in Yemen. As

distance has a major impact on vaccination, efforts should be made to target vaccination and other preventive healthcare measures to children who live away from health facilities.

Comments
This study was funded by UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases (TDR), project ID: A10491 and A30333.

Contact
MBBCh, DCH, MSc, PhD Abdullah AL-TAIAR
Faculty of Medicine, Kuwait University
Assistant Professor
BOX: 24923 Safat, 13110
13110 Kuwait Kuwait
KUWAIT
altaiar@hsc.edu.kw

The African Medical and Research Foundation (AMREF) outreach model: "Flying Doctors" specialist outreach in rural Eastern Africa

John WACHIRA, Johnson MUSOMI, Judy MWANGI

Introduction
Despite that 75-80% of the 100 million inhabitants of eastern Africa live in rural areas, the health care system is characterized by long distances to tertiary health centres located in major cities and towns, poor roads & transport and payment of user fees. The doctor patient ratio stands at 2-14 doctors per 100,000 populations. The estimated need for surgery in eastern Africa is at least 1000 major operations per 100,000 people per year but only 70-200 are performed (about 20%).

Purpose / Methods
The purpose of the specialist outreach programme is to contribute to closing the gap between communities and the formal health system by strengthening service delivery in rural and remote areas. The objective of the study was to highlight the experiences of the Outreach model approach. The information was obtained by reviewing and collating data retrospectively from programme reports and national health resource documents.

Results
AMREF visits 143 hospitals (Government, Mission & Private) in seven countries, four to six times a year. Most of the hospitals are more than 700 Km from Nairobi and in occasionally insecure places. Use of light aircraft is the preferred and most cost-effective mode of transport. Eighteen different types of specialists are involved. Over the last ten years (1998-2008) outreach services have increased in terms of hospital coverage (68%); consultations (185%), and operations (193%) with a corresponding reduction in cost of flights (24%).

We noted progressive increases in the trainees' capacity and diminishing participation of trainers delivering services.

Conclusions
The Programme has successfully taken health services to the underprivileged in remote areas where no specialists are willing to work and reside. Provision of a reasonable quality of health care in remote/rural areas will continue to depend upon specialist outreaches by urban-based specialists in the foreseeable future. This model can be adopted as a medium term solution by regional governments, with outreaches organized from regional hospitals by resident specialists to outlying district hospitals. Use of road transport in some areas could be used to minimize the high costs of flying.

Contact
Post Graduate Judy MWANGI
University of London
30125 00100
Nairobi
KENYA
judy.mwangi@amref.org

Comprehensive primary health care for rural population in Southern Taiwan

Hui-Ya HUANG, Ming-Nan LIN

Introduction
Universal health insurance was provided since 1994 in Taiwan. The coverage rate is over 99% in the year 2007. However, the availability of health services in some rural areas are still unsatisfactory. Meishan Township of Chia-Yi County, a rural area in southern Taiwan with 22020 population, has scarce medical resources, especially in the mountainous area. Buddhist Dalin Tzu Chi General Hospital cooperated with local health station in providing health care services since 2007, including outreach outpatient clinics and preventive services.

Purpose / Methods
For continuous and comprehensive care, we provided 5 fixed outpatient clinics in health station and a mobile clinic around the mountainous area every week, which were reimbursed by the national health insurance. Preventive services such as vaccination, Pap smear, mammogram, screening for oral cancer and chronic diseases were also provided on a regular bases. Referral services system to hospital using internet for the conveniences of the citizens also designed. Pap smear screening at night for increasing the screening rate also arranged.

Results
The average service amount increased from 703 every month in 2007 to 1221 in 2009. The percentage of Pap smear screening was the 2nd highest among the 18 township in Chiayi county. Abnormal rate was 3.32% with a 100% follow up rate. Questionnaires investigated the satisfaction rate for the citizens showed significant improvement in every service provided. 86.3% of the citizens expressed that they are very satisfied with the services provided by local health station and our hospital.

Conclusions
People live in rural area without sufficient medical resources pay the same money for health insurance. They cannot get medical services because of lack of medical professionals. Through the cooperation of local health station and the hospital, we can tackle the health inequality for people in rural area. High quality medical care and preventive services can be provided and improve the health status of people in need.

Contact
MD. MPH Ming-Nan LIN
Buddhist Dalin Tzuchi General Hospital
No.2, Ming-Shen Road
622 Chiayi County
TAIWAN, R.O.C.
mingnan.lin@gmail.com

Inequalities in access and delivery of obstetric fistula services in Kenya.

Khisa WESTON WAKASIAKA, Nyanchera S. WAKASIAKA, David KAPANGA

Introduction
Obstetric Fistulas remain neglected although they have a devastating and debilitating impact on the lives of many young women in developing world. The high incidence of Obstetric Fistula in low socio-economic settings is an indicator of the existing enormous gap between populations with and those without access to health care. Gender imbalance, stigma and low literacy levels among hinder access to fistula care in Kenya.

Purpose / Methods
From January 2006 to December 2008, outreach Vesico Vaginal Fistula clinics were organized in four provincial hospitals in Kenya. All patients had an opportunity for history taking, examination and fistula characterization. Classification was done using Kees Waaldijk guidelines after which appropriate management was instituted at no cost to the patient.

Results
Majority of the patients 85% had primary level of education, 10% had no education and only 5% reported some secondary education. Most patients 90% were house wives with no income. While in labour, pregnant women travelled at least 8 km before they could reach a health facility. Majority of Patients who came within 1-6 months healed quickly compared to those who had lived longer with the fistula. Stigma and lack of funds was significantly associated with long duration of leakage. (P=0.001.)

Conclusions
Early marriages, low literacy levels and stigma compound the fistula problem.

Contact
Dr. Kisha WESTON WAKASIAKA
AMREF Country Office, Off Langata Road Box 30125(00100)
Nairobi, KENYA
westonkhisa@yahoo.com

Session P 1-1: Concepts and practice of migrant friendly and culturally competent healthcare

P 1. Reducing health inequalities for foreigners through international patient center

Mark K. CHAN, Yukiko KIYOKAWA, Kay HSU, Jennifer CHU, May CHEN, Joanna CHANG, Amy YU

Introduction
Like many other hospitals around the world, Jen-Ai Hospital - Tali has been advocating health promotion in its hospital to provide better care for the local people, however the hospital has gone one step further to ensure health equality for the international communities living in Taichung, by launching the first International Patient Center in Taiwan. This paper's objective is to determine if International Patient Center is able to reduce health inequalities for these international patients.

Purpose / Methods
International Patient Center was created to provide on-site interpretations in 20+ languages, which is arranged through bilingual staffs and volunteers. Of particular interest is the bilingual information in 15 different languages regarding medical prescriptions, side effects and special precautions that the hospital is able to provide to these patients. With the help of the Internet, electronic medical dictionary, information hotline, etc., the hospital made a tremendous effort to provide international patients with the same services available to the local patients.

Results
Reviewing the feedback forms that the hospital received from these international patients, more than 95.2 % of the respondents have expressed that they had found International Patient Center to be extremely helpful in meeting their medical needs and would recommend it to other international patients. In its first year of the launch, international patient volume at the center increased by 325.6 % (with now, over 10,100 patient visits to date from 2,200+ patients with 80 different nationalities).

Conclusions
International Patient Center has proven to be widely successful in reducing health inequalities for the international communities living in Taichung, Taiwan by removing language barriers inherent in a foreign country. If a community hospital is able to achieve this kind of success in a small city in Taiwan, then International Patient Center should be made available in all the major cities around the world, to help achieve the ultimate goal of: "health equality for all".

Contact
M.B.A. Mark K. CHAN
Jen-Ai Hospital - Tali
483 Dong Rong Rd.
41265 Tali
TAIWAN, R.O.C.
mchan@mail.jah.org.tw

P 2. A study on the improvement of healthcare services for migrant workers and marginalized people

Young Su PARK, Tae-Ho LEE, Jung-Joo MOON

Introduction
In South Korea, there are 1 million migrants; among them, 200,000 are undocumented. Documented migrant workers may subscribe to National Heath Insurance, whereas undocumented migrants have no access to NHI. Korean Ministry for Health and Welfare has reimbursed inpatient services for undocumented migrant workers to manage emergency cases since 2005 with annual budget of 5 billion won (2800000 €). However, boundary of "Healthcare Services for Migrant Workers and Marginalized People" program is limited to acute hospitalization, calling for urgent reform.

Purpose / Methods
This study aims to propose the improvement plan for "Healthcare Services for Migrant Workers and Marginalized People" (MIWOMAP) program to ensure rights for health among undocumented migrants. We reviewed overall healthcare services for migrants in Korea. We performed the descriptive analysis on the pattern of healthcare utilization, nationalities, disease profile and healthcare cost from 2005 to 2009. And we estimated unmet healthcare needs of uninsured undocumented migrants via comparing utilization rate of insured registered migrants and native Korean citizens.

Results
Undocumented migrant workers were given far less inpatient services compared with registered migrant workers and Korean citizens in all range of diseases. Utilization rate of undocumented migrant workers is about 0.05 of that of documented migrant workers. Frequently observed reasons of hospitalization among undocumented migrants were assistance in childbearing and occupational injury. Since MIWOMAP program requires the proof of employment, access to healthcare is not open to jobless undocumented migrants: asylum seekers and victims of sex-trafficking.

Conclusions
We proposed revision of MIWOMAP program to expand the coverage to refugees and victims of sex-trafficking with priority on emergency medical services, inpatient care of illnesses with significant monetary burden, and outpatient services for maternity and child, based on framework from General Comment No. 14 of ICESCR on accessibility to ensure rights for health: non-discrimination, physical accessibility, affordability and information accessibility. We suggested multilingual health

information service, preventive program for communicable diseases and mental health problems, and trans-cultural caregiver service.

References

- DuBard C., Massing M. Trends in Emergency Medicaid Expenditures for Recent and Undocumented Immigrants. JAMA 2007; 297: 1085-1092.
- Eun, Sang Jun. Differences in Medical Care Utilization Rates of the Disabled and the Non-disabled with Ambulatory Care Sensitive Conditions. Department of Health Policy and Management. Seoul National University College of Medicine. Master's Thesis. Feb, 2006 (in Korean)
- Korea Immigration Service, Immigration Policy Statistics, 2009, Korea Immigration Service, Ministry of Justice (in Korean)
- Lancet. Access to health care for undocumented migrants in Europe. Lancet 2007; 370(9605): 2070
- Lee, Sun-Wung, Kim, Kyoo Sang, Kim, Tae Woo. The Status and Characteristics of Industrial Accidents for Migrant Workers in Korea Compared with Native Workers. Korean J Occup Environ Med 2008;20(4):351-361 (in Korean)
- Mohanty SA et al., Health care expenditures of immigrants in the United States: a nationally representative analysis. Am J Public Health 2005; 95: 1431-1438.
- PICUM (Platform for International Cooperation on Undocumented Migrants). Access to Health Care for Undocumented Migrants in Europe. 2007
- Romero-Ortuno, R. Access to health care for illegal immigrants in the EU: should we be concerned? European Journal of Health Law 2004; 11: 245-272.
- Rué, Montserrat et al., Emergency hospital services utilization in Lleida (Spain): A cross-sectional study of immigrant and Spanish-born populations. BMC Health Serv Res 2008; 8: 81
- Seol, Dong-Hoon, Han, Geon-Soo. Foreign Migrant Workers and Social Discrimination in Korea. Harvard Asia Quarterly 2004; 8: 45-50.
- Wolff, Hans et al., Undocumented migrants lack access to pregnancy care and prevention. BMC Public Health, 2008; 8: 93.

Contact

M.D., candidate for MPH (Univ. of London) Young su PARK
Korea Health Industry Development Institute
Researcher/Public Health Physician
Daesung B/D 3F, 311-27 Noryangjin-dong Dongjak-gu
156-050 Seoul
SOUTH KOREA
act2024@snu.ac.kr

P 3. Use of cultural mediators in healthcare hospital: Three years survey

Luca ARNOLDO, Vincenzo SCARPATO, Angela PANZERA, Mirella CAMPAGNOLO, Silvio BRUSAFERRO, Carlo FAVARETTI

Introduction

This study reviews utilization of cultural mediators in a university hospital. This is a service given to the foreign people that need cultural, social and linguistic support, aimed to empower immigrants for an appropriate use of health care services.

Purpose / Methods

We considered the activity of cultural mediators from January 1, 2006 to June 30, 2009. All forms of cultural mediator's request, were analyzed, as well as their administrative validation. Information available includes: identity of patients, date of request, date of intervention, starting and ending time of the intervention, department, used language and type of intervention (translation, conversation, accompaniment). Admissions were about 945 per year.

Results

Interventions increased from 96 in the first semester 2006 to 205 of the first semester 2009. Total interventions hours were 2308, from 181 in the first semester 2006 to 391 of the first semester 2009. 28.6% is the percentage value related to a single intervention. Between the 30 spoken languages the most used were: Chinese (18,6%), east European (16,9%), Albanian (15,3%), telugu/hindi (14,8%). The wards most involved were: nursery/neonatology (19%), obstetric/gynaecology (15,8%), intensive care (7,2%), orthopaedics (6,6%).

Conclusions

This data show a constant increase of mediators' work through years, this is an important aspect in the empowerment of service to break down cultural, social and linguistic barriers between immigrants and healthcare service. It's important to highlight that patients who access to department which include chronic disease, had lots of interventions; this data prove that the continuity of the care is supported by mediators' service and this gives to patients an important help about the way to face their diseases.

Contact

MD Carlo FAVARETTI
Azienda Ospedaliero Universitaria di Udine
General Director
Piazza Santa Maria della Misericordia 15
33100 Udine
ITALY
vidale.claudia@aoud.sanita.fvg.it

P 4. Migration and conflicting expectations of healthcare

Judith SIM, Dermot GORMAN, S. Vittal KATIKIREDDI, Yvonne GREIG

Introduction

There is significant variation in the structure and substance of the way healthcare is provided across the globe. This means that, for migrant populations, expectations of health services frequently differ from, and can conflict with, those provided in host countries. Focusing on maternity care and drawing on qualitative research data from Lothian, Scotland this presenta-

tion will highlight the consequences of this for the pregnancy experiences of migrant women; and for the provision of culturally-sensitive health services.

Purpose / Methods
Data is drawn from three separate qualitative studies with convergent findings: a focus group investigation of the relationship between ethnicity and experiences of maternity care; a comparative study of the views of pregnant Polish and English-speaking women on the H1N1 vaccine; and research into maternity care staff's experiences of providing culturally competent care. The studies involved 42, 10 and 41 participants respectively, and were conducted where necessary in women's native languages. Thematic analyses were supported by the NVivo qualitative data analysis package.

Results
For many migrant women, and particularly those from countries recently-acceded to the EU, Scotland's paradigm of 'normal' birth conflicted with expectations of medically-managed pregnancy entailing more frequent scans, tests and checks, and care led by an obstetrician rather than a midwife. Some migrant users continued actively to participate in services in both their countries of origin and Scotland, and highly globalised patterns of consultation and advice were drawn on in attempting to negotiate care in Scotland which conformed to their expectations

Conclusions
Frameworks to promote culturally-sensitive health services in Europe have stressed sensitivity to users' cultural and religious practice. By contrast, conflicting expectations of medical care and simultaneous participation in different healthcare systems have received little attention. Yet both have significant implications for training culturally-sensitive healthcare staff; and for health service information for migrant populations, which should be tailored to their needs and experience. 'Culture' should be broadened to include medical cultures and practices that conflict with those encountered in host countries.

Contact
MA Judith SIM
NHS Lothian
Senior Public Health Researcher
148 Pleasance
EH8 9RS Edinburgh
UNITED KINGDOM
judith.sim@nhslothian.scot.nhs.uk

Session P 1-2: HPH-CA (I) – infants and children

P 5. Breastfeeding - A good start to life

Oliver WITTIG

Introduction

Since 1995 the Department for Obstetrics and Gynaecology at the St. Josef Hospital in Moers has been home to the breastfeeding project supported jointly by the specialists within the department, the paediatricians, midwives, nurses and paediatric nurses, as well as two specially trained lactation consultants (IBCLC).

In March 2009 the Obstetrics Department at the St. Josef Hospital received the international seal of "baby-friendly hospital" of the WHO/UNICEF. These organisations have set them selves the target of providing special protection to the first phase of life of a newly born baby. Clinics which receive the award of "baby-friendly hospital" implement the international care standards of the WHO and UNICEF. 20,000 birth clinics are now associated with this care concept worldwide. In Germany forty hospitals are recognised as being baby-friendly. According to current studies they promote the mother-child bond. For future parents the birth at the St. Josef Hospital in Moers should be gentle and natural. In the three bright, friendly delivery rooms a wide variety of design options is available for the delivery.

Baby-friendly hospitals avoid routine measures and promote the development of the bond between mother and child (bonding). In order to make bonding easier for the baby, the Obstetrics Department at the St. Josef Hospital promotes close skin contact between mother and child while the baby is still in the delivery room. Breastfeeding is a natural consequence of successful bonding.

Purpose / Methods
The breastfeeding project is aimed at pregnant women and breastfeeding mothers in the Moers region. It is not a precondition that the mothers have to have delivered their babies at the St. Josef Hospital. The following differentiated consultation and care offerings promote the willingness to breastfeed and support the following during the breastfeeding process:
- the breastfeeding groups
- the breastfeeding hotline
- Breastfeeding information for pregnant women
- Breastfeeding outpatient service

In addition to the two breastfeeding groups a monthly mothers' advisory meeting is held every month at the offices of the Health Authority with the focus on breastfeeding advice. Those mothers who are not breastfeeding are also looked after individually and provided with detailed advice.

Results
- Breastfeeding Outpatient Service Statistic:
  - 1997 - 34
  - 2009 - 116
  - Summary (1997 - 2009) 948

- Breastfeeding Group at the St. Josef Hospital Moers 1995
  - Breastfeeding Group Appointments: 17
  - Breastfeeding Group Contacts: 129
  - Hotline: 13
  - Home Visits: 2
  - Breastfeeding Info for pregnant women: 0

- Breastfeeding Group at the St. Josef Hospital Moers 2009:

- Breastfeeding Group Appointments: 46
- Breastfeeding Group Contacts: 2131
- Hotline: 59
- Home Visits: 5
- Breastfeeding Info for pregnant women: 282

- Summary (1995 - 2009):
  - Breastfeeding Group Appointments: 707
  - Breastfeeding Group Contacts: 27177
  - Hotline: 1305
  - Home Visits: 46
  - Breastfeeding Info for pregnant women: 3359

Conclusions
This individual companionship of the women with the hospital stuff is one of the factors of success. The groupe, the hotline and outpatient service is very wellknown in the area in and around Moers. The last factor of success is the training of the stuff. The St. Josef Hospital Moers has two specially trained lactation consultants (IBCLC). These facts are included into the main project "Baby-friendly-Hospital of the WHO/UNICEF.

Contact
BBA Oliver WITTIG
St Josef Hospital Moers
Manager of Nursing
Asbergerstr. 4
47441 Moers
GERMANY
pdl.wittig@st-josef-moers.de

P 6. Children's and parents' rights in hospital questionnaire survey

Dóra SCHEIBER, Zsuszanna KOVÁCS, A. VALEK, Nicola SERENI, Klaus ARBEITER, Ana GUERREIRO, Fabrizio SIMONELLI, Stella TSITOURA, Lagle SUURORG, R. SUÁREZ, James ROBINSON, É. MRAMURÁCZ, Zs. MÉSZNER, M. RADONIC, Katalin MAJER

Introduction
The 5th workshop of the Task Force on Health Promotion for Children and Adolescents in and by Hospitals (Task Force HPH-CA) in October 2008 accepted the Children's and Parents' Rights in Hospital questionnaire survey developed by the National Institute for Child Health (Hungary). The survey is based on the EACH (European Association for Children in Hospitals) Charter. It is a European study and has been administered in several hospitals in different countries, facilitated by other Task Force members. The aim of the survey is to compare the parents' perception of children's rights in hospital in different countries and to assist hospitals to improve the respect of children's and adolescents' rights.

Purpose / Methods
Translated questionnaire in English was disseminated in hospitals cooperating with the HPH-CA Task Force members. Each of the participating hospitals collected data based on the same questionnaire. The data was recorded in Excel format and evaluated by SPSS 14.0 for Windows.

Results
Up to November 2009 Estonia, Austria, Greece, Croatia, Spain, UK (Scotland) and Italy participated in the study. Completing of the record and the evaluation of data and to follow the development will mean a continuous, dynamic activity. The updates consisted in the presentation and comparison of the results.

Conclusions
The Hungarian Task Force members have been leading a European study on Children's and Parents' Rights in Hospital. The aim of the survey is the comparison of the surroundings proposed by the EACH Charta in different countries and also to assist the hospitals to focus on the children's and adolescents' rights

Contact
Medical doctor Dóra SCHEIBER
National Institute of Child Health, Hungary
Expert on child health rights
Diószegi 64
1113 Budapest
HUNGARY
scheiber.dora@freemail.hu

P 7. Tackling the gradient: Applying public health policies to effectively reduce health inequalities amongst families and children

Sara DARIAS-CURVO

Introduction
Health inequalities are currently regarded as one of the most important public health challenges in the EU. There is however not sufficient knowledge of what actions are effective to reduce the gradient in health inequalities. 'Tackling the Gradient' aims to address this, to ensure that political momentum is maintained and that operational strategies can be developed to make progress on this issue.

Purpose / Methods
The focus of the research project will be on families and children, since the greatest impact on reducing the health gradient can be achieved through early life policy interventions and by creating equal opportunities during childhood and adolescence. The research will be undertaken by a consortium comprising of 34 members from 12 institutions across Europe. The work will be coordinated by EuroHealthNet, which has considerable expertise in managing EU projects in the area of health inequalities, and is well placed to feed research results into policy making processes at the national and EU level.

Results
We are in the first phase of the project. We expect have some resoults in the next few months.

Contact
PhD Sara DARIAS-CURVO
University of La Laguna
Professor
Escuela Universitaria de Enfermería y Fisioterapia. Campus de Ofra,
38071 La Laguna
SPAIN
sadacur@ull.es

P 8. Ethno-neuropsychiatry in childhood and adolescence: An undelayable psychosocial emergency

Luigina CENCI, Maria Antonietta TAVONI, Alessandro BOZZI, Fausta ASCOLI, Anna Rita DUCA, Cesare CARDINALI

Introduction
The anthropological phenomenon of human migration seems to be destined to grow in the future and undergo to a multiethnic cultural transformation. The "core" problem in healthcare consists in providing for a good Welfare System to reply to best appropriate management (intervention strategies, operators tools). In the Marche region (Italy), immigration represents actually a structural datum in the social contest; the number of foreign citizens is remarkably increased in the last 15 years (from10.000 to further 100.000 inhabitants).

Purpose / Methods
From 1997 to 2009 the number of foreign admissions in hospital at Children's Neuropsychiatry Unit, Salesi Hospital, Ancona, is increased from 4.8% to 14.6% (which 85% of subjects suffering for severe neurologic diseases and 15% affected by psychiatric symptoms). Consequently the language constitutes one added problem, particularly for a setting where to explain is crucial. From 2003, our Hospital provided for twentyfive h24 mothertongue linguistic and cultural mediators through a partnership with no-profit association, "Senza Confini", by Ancona city.

Results
The linguistic mediation during hospitalization increased from 7.3 % in 2003 to 17.6% in 2009. The major users of this facility had been Arabic (33%), chinese (17%) and polish language (9.5%) subjects.This assistance enabled a better quality in care and communication. Moreover in 2009 an informative pamphlet with some anamnestic questions in nine different mother tongues had been printed and distribuited by no-profit Salesi Foundation into the Units to get quick consultation and more informations.

Conclusions
The deep social and clinical account related to the migratory question requires to be pointed out with no further delay to avoid the risk of unaptness and ineffectiveness in managing welfare actions. To realize these objectives we aim to provide a permanent and modulated supply to the health needs of the immigrant population, starting from an increased further activity of linguistic and cultural mediation, and promoting renewed and educational trials specifically built for public Welfare Operators.

Comments
These programs come from the feeling that only improving a constant path-training concerning educational themes and promotional chances in children's and adolescence Ethno-neuropsychiatry we can give satisfactory results in a field day by day undergoing to deep, different, unknown and ,sometime, unexpected change.

Contact
MD Luigina CENCI
Presidio Ospedaliero Salesi
Neuropsychiatrist
Corridoni 11
60123 Ancona
ITALY
g.frascione@alice.it

P 9. Fitness activities for disabled children

Hsin-Chi WU, Tzu-Chi TSENG, Wan-Chi LIN, Chu-Yueh CHEN

Introduction
Those disable children often have the problem of motor deficits and physical task learning difficulties. Motor competence always can show the difference of physical fitness in those kids from regular children. Due to health inequality, the disable children always have less physical activity than normal children, also have lower physical fitness. On the other hand, poor level of physical fitness will impact the kids' both physical growth of skeletomuscular system and health of cardiopulmonary funnction, and mental health. Decrease of energy consumption and muscle strengthening in performance of daily activities may increase the risk of over weight, social withdraw, low self-esteem, even behavioral problem and many chronic disease. The aim of our project is to design of a group therapy programs to challenge and promote 1) motor competence and 2) physical fitness in disable children over six months.

Purpose / Methods
During January 2008 - November 2009, thirty disable children participated our treatment program, and fifteen children have finished the treatment over six months. These fifteen children (nine boys and six girls) aged between 4-7 years and included twelve children diagnosed as developmental coordination disorder (DCD), one child diagnosed as cerebral palsy, one child diagnosed as Down's syndrome and one child of Marfan syndrome. In this project, we used the test Movement Assessment Battery for children (MABC) to evaluate the fine motor and gross motor coordination and some motor competence in daily life. We measured the muscular strength and endurance, flexibility, cardiopulmonary endurance and body composition (BMI) for physical fitness components. Those subjects were treated by a physical therapist and a occupational therapist, 30-50mins a session, once per week, over a period of six months. To contrast the initial assessment and

outcome assessment of every subject shows the effect of our treatment.

Results
In this part of physical fitness, every child got improvement in cardiopulmonary endurance, and muscular strength and endurance. Ten of fifteen children got improvement in body flexibility. But in the body composition, we didn't see good effect after treatment. In motor competence, the average mABC impairment scores are declined, especially in the aspect of balance from 10 to 7, others including ball skills from 6.9 to 5.4, and manual dexterity from 6.7 to 5. There are significantly statistic differences in those aspects of cardiopulmonary endurance, muscular strength and endurance and mABC total score after treatment.

Conclusions
This program for disable children who usually inactive were had well effect. Most of these children got improvement in fitness and motor performance. However the treatment not only treat the children's insufficient ability but also increasing their exercise motivation.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital,Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

P 10. Outreach special education program for children with disabilities in rural communities

Shu-Yi WANG, Ming-Lun TSAI, Wan-Yu CHEN, Sou-Hsin CHIEN

Introduction
Education is a measure to develop human potential. "All men are created equal" refers to "equality of educational opportunity". However, some people are born with some disabilities who needs special care, especially from the medical professional. Delivery of special education services for these students to reduce the gap between them and others is one of the objectives of health promoting hospital in communities.

Purpose / Methods
Buddhist Dalin Tzuchi General Hospital organized a special education team since 2004. Under the support of local government, we developed a outreach special education program for elementary and junior high students with disabilities in Chiayi county. The team members were composed of doctors (rehabilitation and psychiatrist), physical therapist, occupational therapist and speech therapist. Teachers reported kids needed help to local educational administration and referred to our team. After outreach evaluation, we cooperated with teacher to develop individual education program.

Results
Students been referred for services was 490 in 2006, 507 in 2007 and 471 in 2008. After outreach diagnosis, students received special education services was 328, 354 and 300 from 2006 to 2009 respectively. We provided diverse services such as occupational therapy, physical therapy and speech therapy services for 65 schools. The outreach frequency was once per 2-3 weeks depended on the needs of the students. More than 90% of the teachers and parents were satisfied by our services.

Conclusions
Children with disabilities and their families are among the people who cannot get medical services equally. As a health promoting hospital aims at improving the health of our community, under the support of local government, we developed the outreach program which can be the bridge to reduce the health inequalty

Contact
MD. MPH MingNan LIN
Buddhist Dalin Tzuchi General Hospital
No.2, Ming-Shen Road
622 Chiayi County
TAIWAN, R.O.C.
mingnan.lin@gmail.com

P 11. Opportunistic catch up immunisation service for children attending an acute trust in London

Minal GANDHI, Steve MCKENNA, R. BHATT., Anthony GERAETS, Angela BARTLEY, Alison RODGER

Introduction
Childhood vaccination rates for London are significantly lower than the rest of England. Opportunistic immunization is established in community settings, but has not previously been offered in an acute Trust. The aim of this project was to assess the effectiveness and acceptability of offering opportunistic, catch-up immunisations to children attending the child health department at the RFH.

Purpose / Methods
Camden and Barnet Primary Care Trusts (PCTs) provided funding for the 3 month pilot from Jan to Mar 2009. Policies, guidelines and checklists were developed by the RFH Paediatric Department on assessment, consent and administration of vaccine to eligible children. Information was collected on reasons for delay in immunisations and - if relevant - for refusal of opportunistic vaccination. For every immunisation administered an immunisation return form was completed and sent to the respective PCT.

Results
Out of 2290 attendances screened at the paediatric outpatient department over the 5 month period, staff identified 68 eligible children (18.5%). Of those, 38 children were immunised and a total of 71 vaccination were administered. Most commonly

given vaccines were MMR (31%) Pediacel (DTP) (23%) and Men C (18%). 18% had previously refused to be vaccinated in the community and the commonest reason for previous failure to vaccinate was illness (14%), allergy (13%) and personal choice (11%).

Conclusions
Although the numbers to date are small we had 55%% uptake within a population who previously refused or forgot to have their children vaccinated in the community demonstrating the effectiveness and acceptability of this service. Barriers to acceptance by staff as a core part of clinical service were identified and strategies to improve staff motivation implemented. Agreeing a commissioning framework and agreeing a tariff per vaccination has ensured the programme is sustainable and part of PCTs commissioning framework for vaccinations.

Contact
MBChB, MD, MRCP, MSc Alison RODGER
UCL/Royal Free Hospital
Rowland Hill st
NW3 2PF London
UNITED KINGDOM
a.rodger@pcps.ucl.ac.uk

P 12. An integrated service model for adolescents

Ying-Ling KUO, Tzu-Yun CHANG, Pei-Li CHANG, Jih-Chyun CHOU, Hon-Kwong MA, Ming-Hsiung SHIH

Introduction
WHO (World Health Organization) regards depression, cancer and AIDS the most important diseases. According to the surveys of adolescent biopsychosocial condition, Forty-three percent of adolescents in Taiwan frequently suffered from stressful events including academic grades, relationship to opposite sex, peer relationship, and relationship between parents, which are major resources of adolescent depression (accounting for 30.5% of emotional reactions).

We analyzed population statistics in Taipei County, from a population of 529611adolescent population, a proportion that accounted for 13.85% of total adolescent population in Taipei County. Many studies showed that the stressful events might result in adolescent depression and other deviated behaviors such as drug abuse, self-injuries, sexual abuse, violence, and et al. Therefore, adolescent health is a quite important issue in Taipei County.

Purpose / Methods
In order to enhance adolescent health services, Cardinal-Tien hospital Yung ho branch set up adolescent health clinic, which provides diseases treatment, referral, and consultation services. In addition, it also offers community-based website for adolescents, their parents, and teachers. By doing so, it provides easily accessible and humane services.

Intended Audiences
- Adolescents aged 10 to 19,
- Adolescents with deviated behaviors (Adolescent High-care Clinic),
- Community members, especially their parents and teachers.

Methods
- to set up the “Adolescent Health Clinic” and “Adolescent High-care Clinic”.
- to provide health information, education network, and workshops to the campus.
- to promote health education including topics such as sexuality, emotional problems, physical development, body weight control and etc.
- to implement activities of body weight reduction and smoking cessation.

Results
Before November 2009, three hundred and eight adolescents has visited our clinic with complaints such as physical discomfort (19%), emotional problem (42%), behavioral problem (12%), adjustment disorder (12%), delayed development (6%), and others (9%). Besides, we received 63 inquiries through telephone and e-mail. Positive effective has been noticed in programs of weight reduction and smoking cessation.

Conclusions
This integrated service improves adolescent health. The current project is still undergoing.

Contact
MD Ming-Hsiung Shih
Cardinal-Tien Hospital Yung-Ho Branch
Community Hospital
80 Chung-Hsing Street
Yungho City Taipei County
TAIWAN, R.O.C.
mshih@jhsph.edu

P 13. Evaluation of an educational project "Io e l’Asma" to improve the daily management of asthmatic children and to empower the family

Sebastiano GUARNACCIA, Mariateresa CHIARINI, Alessandro GAFFURINI, Giusy BOLDINI, Elisa ROCCO, Luisa ALESSANDRINI, Adriana BOLDI, Emanuele D'AGATA, Ada PLUDA, Enrico COMBERTI, Raffaele SPIAZZI

Introduction
"Io e l'Asma" is a project dedicated to implement the international guideline for asthma through empowering the family (parents, children) and caregivers. The usefulness and the effectiveness of the integration between several tools (clinical record, educational course, information cards, web site) have been assessed.

Purpose / Methods
170 parents agreed to take part to the project. An anonymous questionnaire was given, in the outpatient clinic, before the examination. The first 3 examinations were planned at intervals of 8 weeks, the 4 and 5 examination after 6 month and 1 year. The number of the parents which complete the questionnaire at each visit was: 45, 33, 27, 53, 12, educational courses lasting 45 minutes

Results
All parents complete the questionnaire.The questions and answers are listed below.

- Have you visited www.ioeasma.it ? Yes 41%, No 59%
- Have you read the information cards ? Yes 99%, No 1%
- How do you rate (1-5 rate) the education course for parents:
  - 4.84 Information
  - 4.74 staff
  - 4.53 times and procedures
- the clinical record information regarding:
  - 4.59 clarity of information
  - 4.53 practical
- the service regarding:
  - 4.57 clarity of information
  - 4.57 overall level of satisfaction

Conclusions
The evaluation of the integrated tools and its impact on the parents was positive and effective for the daily management (quality of life, school attendance, emergency room visits).

Comments
We believe this is the way to improve the adherence and to achieve the empowerment of family (parents and childhood) for the most common disease in the paediatric age.

Contact
MD Sebastiano GUARNACCIA
Spedali Civili di Brescia Trust
HPH Coordinator
Piazzale Spedali Civili 1
25123 Brescia
ITALY
sebastiano.guarnaccia@spedalicivili.brescia.it

Session P 1-3: Smoke-free hospitals & health services (I): Creating smoke-free health service settings

P 14. The role of centers for tobacco dependence treatment in the European Network of Smoke-Free Hospitals

Milena KALVACHOVA, Lenka STEPANKOVA, Eva KRALIKOVA

Introduction
Centers for treatment of tobacco dependence are being created in the Czech Republic since 2005, currently 30 of them working. They are based at hospitals, mostly at respiratory or medical department and they provide the evidence-based treatment for all patients and health professionals dependent on nicotine and willing to quit. One of their role, except of treating smokers, is long-time support to their hospitals to become smoke-free or help with involvement of the hospital into the European Network of Smoke-Free Hospitals.

Purpose / Methods

- Centre for Treatment of Tobacco Dependence – 3rd Department of Medicine – Department of Endocrinology and Metabolism, First Faculty of Medicine, Charles University in Prague and General University Hospital, Czech Republic
- Institute of Hygiene and Epidemiology, First Faculty of Medicine, Charles University in Prague and General University Hospital, Czech Republic

Results
They can follow the prevalence of smoking, educate health care staff, help the hospital management with formulation of the smoke-free strategy including treatment of smokers among the hospital staff, and help with the communication between the hospital and the local governmental authorities (Ministry of Health, WHO liaison office) concerning this topic. In the country, currently 3 centres are guiding their hospitals in transformation to smoke-free: General University Hospital (of 1st Medical Faculty) and University Hospital Motol (2nd Medical Faculty) in Prague and Masaryk Oncological Centre in Brno. (Hospital in Sumperk is the member of HPH initiative and plans actually a foundation of Center for tobacco dependence).

Conclusions
Involvement in the project smoke-free hospitals is one of the conditions of entry into the International network HPH-health promoting hospitals and services. In this project WHO, Ministry of Health of the Czech Republic supports the participation CR in the International working group of United Tobacco Free (TFU), including the General University Hospital of entry into the International network HPH.

Contact
MA Milena KALVACHOVA
Ministry of Health
Health Service Quality Department
Palackeho nam. 4
Prague 2
CZECH REPUBLIC
irena.lacinova@mzcr.cz

P 15. Is smoking still a problem in Italian Hospitals?

Roberto MAZZA, Micaela LINA, Roberto BOFFI, Cinzia DE MARCO, Giovanni INVERNIZZI, Francesco REITANO

Introduction
The release of the 2008 update of Fiore et al. Smoking Cessation Guidelines gave us the opportunity to look at the HPH Lombardia Hospitals services aimed at helping smokers to quit. Italy was among the first countries to rule for the protection of citizens from second hand smoke (SHS) in January 2005, by enforcing a smoking ban in indoor public places, including hospitality venues and workplaces. But after this important decision, what did we do to help smokers to quit?

Purpose / Methods
We carried out a telephone survey to analize the Italian offer of smoking cessation services for in and outpatients. We called the 29 Lombardia Hospitals of the Health Promoting Hospitals network, contacting the desks to arrange a smoking cessation visit for a putative patient requiring help to quit. We also phoned the hospital pharmacies if they had NRT and/or other smoking cessation drugs and if a service for smoking cessation for hospitalized patients was available.

Results
Only 12 have outpatient smoking cessation centres working, NRT was found available in 3 of the hospital pharmacies surveyed, and only a inpatient smoker service was identified. In Italy health services and institutions and their clinicians seem to pay little attention to smoking cessation and to the care of the hospitalized smokers. Looking at Milan, the heart of the Lombardy Health System, one of the most developed Italian regions, in the eight Milan General Hospitals no NRT is available to clinicians for smoking cessation or for acute nicotine withdrawal syndrome developed during the in-hospital stay. We participated to a national Health Promoting Hospitals conference in October 2008 and we were impressed by a few contributions (HPH 2008 National Conference, Posters) on the situation of tobacco control in three of the eight Milan General Hospitals. In the first hospital "The No-Smoking Ban is frequently eluded in places like coffee break areas, bathrooms, locker rooms, offices, but also in places frequented by patients like examination rooms, the infirmary and recovery rooms."

This study is signed by the Medical and Surveillance Services and by the Quality Control Service. In the second hospital the study conducted by the Pneumology Rehabilitation Services found that 45% of non-smoker employees are exposed to second-hand smoke during working hours. In the third general hospital, another study signed by the Pneumology Medical Board indicated that non-smokers exposed to second-hand smoke in hospitals accounted 83% for men and 88.4% for women.

Conclusions
In the light of these results we do need a strong political commitment to smoker's care starting from HPH hospitals which should be in the vanguard of tobacco control efforts. The congresses statement and presentation must become clinical practice.

Contact
RN Roberto MAZZA
National Cancer Institute
Via Venezian 1
20133 Milano
ITALY
roberto.mazza@istitutotumori.mi.it

P 16. Cat and mouse or how to promote effectively a smoke-free environment in a public hospital

Franca REFATTI, Maria Grazia ALLEGRETTI, Enrico BALDANTONI, Luciano FLOR

Introduction
Italian legislation and local regulations require that smoke should be avoided in enclosed spaces open to the public. The Hospital of Trento-Italy (HT) is part of the Health Care Trust-APSS, a complex organization of the National Health System, with a workforce of 7.400 employees, 11 primary care districts and 2 hub & 5 spoke acute hospitals. HT is the main health care facility of the APSS and has the following characteristics: 874 beds (110 Day Hospital beds), 36.000 admissions in 2009, 2.000 employees (335 physicians) and cost of production up to 230.000.000 Euros. HT is accredited by Joint Commission International since 2005 and provides a full range of medical and surgical services, including three intensive care units and all major specialties. JCI requires that an accredited hospital should provide a safe, functional and supportive facility for patients, families, staff and visitors. Therefore the organization should develop and implement a policy and plan to limit smoking. Consequently in 2004 the CEO of APSS Trust has adopted a strict smoke-free environment policy in the entire Trust. Nevertheless staff is sometimes caught in the act of smoking in supposedly hidden areas (bathrooms, backyards, terraces)

Objective
Smoking in hospital areas is not only dangerous for health, gives a bad example to patients and visitor (do what I say not what I do kind of behaviour), but can also pose serious hazards for fire safety of the buildings. Administrative or disciplinary sanctions are notoriously ineffective and time and resources consuming. Therefore HT management has launched a project to promote a smoke-free behaviour of staff through change of attitudes

Methods
The smoke-free hospital project has the following steps:
- questionnaire to all staff on their perception of smoke habit and related risks, willingness to change behaviour and to participate in a smoke cessation project
- flyers and educational materials available for staff
- behavioural and educational interventions (seminars, self-help groups, professional help, anti-smoke ambulatory centres, smoke cessation therapy)

Results
Process and outcome indicators: number of staff enrolled in the project / number of staff who admitted their smoke behaviours; number of staff who quit effectively smoking after one year of implementing the project / number of staff enrolled in the project

Conclusions
Knowing is not the key of success, and the fact that hospital staff still smoke is a clear example of how paradoxical real life is. Many psychodynamic explanation of this phenomenon can be given as excuses such as psychological removing of the burden of illness. The fact is that if we really want to walk the walk and talk the talk, we should use an incremental day-by-day practical approach to managing behavioural changes in staff. This project seems to us a first step in the right direction

Contact
Franca REFATTI
APSS Trento
Via Vicenza 15
38122 Trento
ITALY
franca.refatti@apss.tn.it

P 17. Inequities in provision of smoking cessation services and organizational support among different types of hospitals in Taiwan - A nationwide survey

Shu-Ti CHIOU, Ning-Huei SIE

Introduction
Smoking cessation service should be available to every patient who smokes. However, such services may not be equally delivered and supported across different types of hospitals.

Purpose / Methods
We did a nationwide survey upon Taiwan's hospitals with a self-administered structured questionnaire. All medical centers (n=23), all regional hospitals (n=85) and 1/3 of district hospitals (n=141/423, selected by random sampling) were included. A representative was identified in each hospital in advance to fill in the questionnaire. The questionnaire was sent and returned during January to April in 2009. Key measures are: characteristics of the hospitals, availability and amount of cessation services in 2008, existence of 5A's delivery system, and organizational policy and support.

Results
The response rate is 69.9% (174/249). A total of 72.9% of hospitals have contract with the Bureau of Health Promotion (BHP) to provide outpatient smoking cessation services. Compared with medical centers and regional hospitals, the district hospitals had significantly lower rates of: contracting with BHP, having a computerized reminding system, having various NRTs, actively distributing self-help materials, providing community outreach services, having a written policy on promotion of cessation services, having an assigned person for coordination, and having staff cessation programs.

Conclusions
Among 3 types of hospitals in Taiwan, district hospitals have less available services and less organizational support for smoking cessation, although they are expected to play a more significant role in health promotion. This may aggravate health inequity for patients in rural areas without access to bigger hospitals and warrants governmental attention.

Contact
Ning-Huei SIE
Buddhist Tzu Chi Dalin General Hospital
Department of Community Medicine
No. 2, Ming Sheng Rd.
Dalin Township, Chia-Yi County
TAIWAN, R.O.C.
ninghuei@tzuchi.com.tw

P 18. Platform Upper Austria takes a breath: An initiative of smoke-free hospitals in Upper Austria

Charlotte DICHTL

Introduction
The three smoke-free hospitals in Upper Austria - the General Hospital, the Elisabethians and the Sisters of Mercy in Linz - have joined in a platform in order to create a smoke-free and therefore healthier environment for patients, staff and the regional population.

Purpose / Methods
Periodic meetings are held, where the founders of the platform support and advise each other in the implementation of individual measures. All three hospitals are members of the European Network Smoke-free Hospitals and Health Services (www.ensh.eu) and have already been awarded the Bronze certificate of the network. On the way to the Silver certification major issues are education, information, the provision of clearly defined smoking areas and offering special programmes to stop smoking.

A smoke-free hospital is not about identifying and getting rid of smokers but to protect the health of patients and hospital staff from tobacco smoke. Smoking just should be less attractive. This is a time- consuming process which requires everybody´s initiative and participation. Those who want to stop smoking should find help in the hospital- high quality, reasonable counselling and smoking withdrawal programmes are offered both for patients and for staff.

Results
The Sisters of Mercy Hospital in Linz offers the following programmes to get rid of smoking.
- For all staff:
  - Individual counselling: "Logically smoke-free"
  - Group counselling: "Stop smoking- together we can make it!", "Towards a smoke- free and lighter life!"
- For all patients:

- Special smokers´ programme offered by the Department of Clinical Psychology

As members of the international Network of Health- Promoting Hospitals, it is a major concern for all three houses to do more for the health of the Upper Austrian population.

Contact
Mag. Charlotte DICHTL
Sisters of Mercy Hospital
Psychologist
Seilerstätte 4
4010 Linz
AUSTRIA
charlotte.dichtl@bhs.at

Session P 1-4: Engagement of health services in community health promotion interventions

P 19. Effectiveness of collaboration with local people for health promotion in the community

Mitsuhiko FUNAKOSHI

Introduction
Chidoribashi General Hospital (CGH) has 617 staff members and 336 beds. CGH is one of the main hospitals in Fukuoka City that has a population of 1.4 million and is the hub of politics and the economy in Kyushu, Japan. CGH was founded as a private nonprofit hospital in 1965 to ensure the rights of the poor for the equal access to the medical care with the deposits of many local citizens. CGH has been located in low-income area in Fukuoka City.

The people making the deposits become a member of the "Tomono-kai", short for The "Fukuoka-kenkou-tomono-kai". The "Tomono-kai", is a citizen's group of persons united voluntarily to promote health and meet common social needs. They can participate in health promoting activities that the "Tomono-kai," holds and the management of CGH. CGH purchases a lot of advanced medical-equipments, builds the new buildings and develops the comprehensive medical activities through the deposits. So the hospital has been supported by the local people since foundation.

CGH belongs to the Japan Federation of Democratic Medical Institutions (Min-Iren) which has facilities in every prefecture: more than 1700 facilities employing approximately 62,000 employees in total. The hospitals belonging to Min-Iren work in collaboration1with the local people as CGH.

Purpose / Methods
It is not only important for health professionals to lead the community members, but also for the community members voluntarily to participate in the activities for health promotion in the community. We consider it important that CGH and the "Tomono-kai", work together closely for the sake of voluntary participation in our experiences.

The Tomono-kai now has more than 40,000 members around Fukuoka City. It consists of 161 teams which have been formed in every community. A lot of people are introduced to the activities of the Tomono-kai by CGH stuffs and the Tomono-kai members and become members for health promotion. Some of members belong to teams and join team meetings held in members' homes or community's centers. The Tomono-kai board members are elected among members and the Tomono-kai was voluntarily managed. CGH has the specialized division supporting the Tomono-kai`s many different kinds of activities.

The Tomono-kai`s activities joined by CGH have significantly developed since 2003. The main activities include health education concerning disease and desirable lifestyle, health checkup, cancer screening and walking. Additionally, free health consultations are held on street corners or in malls. Training courses have been held since 2008 for volunteer leaders recruited among the members. A walking event with around 2,000 participants is held every year. A "Health Festival" gathering hundreds of people is held every year in several communities in order to learn disease prevention and promote member exchanges.

Results
The number of Tomono-kai`s members has increased from 10,000 to 40,000 since 2003. The number of members undergoing cancer screening for colon has increased up to 2.5 times. The number of members undergoing cancer screening for breast has jumped from 0 to 600. Some are diagnosed with cancer at an early stage.

The members learn about a lot of things, including self-checking for blood pressure and life style diseases educated by doctors and nurses. We always hear that the members understood the importance of prevention and have become better with regular exercise, quitting smoking and a well-balanced diet.

So we always hear that our stuffs feel lucky to have the opportunity to learn health issues in the communities through supporting the Tomono-kai`s activities. We think that collaboration with the Tomono-kai enables our stuffs to really understand health promotion in the community.

Conclusions
The collaborations between the "Tomono-kai", voluntarily to promote health and CGH have contributed to the development of health promoting activities in the communities. Just engaging in educational activities by hospital without community participation could not develop like this. We conclude that health promoting activities in collaboration between voluntary citizen groups and hospitals are useful for health promotion in the communities.

Contact
Mitsuhiko FUNAKOSHI
Chidoribashi General Hospital
5-18-1 Chiyo, Hakata-ku
Fukuoka
JAPAN
funakosi@wc4.so-net.ne.jp

P 20. A community nutrition educational approach to improve dietary quality and iron status in women

Shwu-Huey YANG, Ai-Chen HSIEH, Ning-Sing SHAW

Introduction
Women's life cycle is more complex than men, in addition to the life cycle of the same with men, but also has pregnant, breastfeeding, menopause and other special physiological periods. In order to these special periods such as childbearing period, women have their own unique nutritional requirements. According to the Nutrition and Health Survey in Taiwan (NAFSIT), nutritional problems were different between women and men, for instant the total iron deficiency rates for women of reproductive age were significantly higher in men.

Purpose / Methods
Nevertheless, the past national health policy for women only focused on illness and maternity, but less recognized the health care for their own. Therefore, Taipei Medical University Hospital offer a community outreach for reducing health inequalities in Xinyi district, Taipei city. The purpose of this study was to setup a well-designed community nutrition program to attempt to improve the iron intake and status.

Results
Subjects were included aged from 18 to 55 year-old women before menopause. Total 6 lessons about nutritional function of iron, how to increase body iron status and so on which based on Health Belief Model (HBM) and Social Cognitive Theory (SCT). Further more, we established an iron nutrition information website to provide the subjects with the latest nutrition knowledge and the real-time nutrition counseling. Finally, we analyzed the iron intake from the dietary records, hemoglobin concentration, and serum ferritin of subjects.

Conclusions
The results showed that the knowledge and the skills to access high iron food and to calculate the iron intakes were improved.

Contact
Ph D Shwu-Huey YANG
Taipei Medical University
School of Nutrition and Health Sciences
250 Wu-Hsin street
110 Taipei
TAIWAN, R.O.C.
sherry@tmu.edu.tw

P 21. Helping little Tom Thumb. Testing ground for same opportunities of health in Ferrara

Maria Caterina SATERIALE, Aldo DE TOGNI, Paola CASTAGNOTTO, Sonia QUINTAVALLE, Simonetta BECCARI, Erika GRANDI, Fosco FOGLIETTA

Introduction
In the province of Ferrara there are significant inequalities, both within districts, and in respect to region.

Purpose / Methods
- To pinpoint inequality across the whole population to propose changes in public policies.
- To ensure same opportunities to disadvantaged people, to improve public health regardless of ethnic origins.
- To spread knowledge about inequalities of public health to make authorities more aware of inequalities in health, in order to encourage the adoption of appropriate measures.
- To ensure equal access and care.
- To investigate social determinants of health and their outcomes using methods of empowerment, aimed at agreeing on nature of research.
- Health and wellness profile presented to decision makers.
- Joint project concerning tackling actions.

Results
- "A home for little Tom Thumb": a project to facilitate housing allocation to disadvantaged families with children under 3 years old, using a new protocol for the allocation.
- System of inter-cultural mediation within the various healthcare units, to facilitate health and social care.
- Improved access to public services for pregnant women (Italian and foreign).
- Research-action with general practitioners to contrast social determinants of coronary disease.
- Profile of health and welfare in foreigners, shared with local authorities.

Conclusions
All Public Health Organization operating in Ferrara province are occupied to afford health inequalities and their consequences. This approach wants to involve local authorities and professional sanitary figure, to face all possible tackle actions, employing obviously a systemic model. This is possible using constancy, internal coherence and applying an alliance with the general practioners and the Health System. The mission is always to improve the health of the whole community and to increase the efficiency in management actions.

Contact
Phd Erika GRANDI
Azienda USL di Ferrara
Via Cassoli, 30
Ferrara
ITALY
e.grandi@ausl.fe.it

P 22. The Aosta Valley legal advice clinic

Giuseppe VILLANI

Introduction
Legal separations and divorces often lead to social and health inequalities. To tackle with such inequalities, a Legal Advice Clinic has been set up in the Italian region of Aosta Valley (about 120,000 inhabitants) by the local Regional Health Authority (RHA) to provide resident households - especially the less affluent ones - with information on the existing different legal opportunities in terms of family relationships.

Purpose / Methods
By telephone reservation only, a face-to-face advice session will be arranged by health and social workers performing a filtering role to understand if appointment requests are consistent with the advice service goals and to disclose information on features of the service itself. The Clinic is run by two highly qualified RHA's administrative directors with a specific vocational expertise and background in family law (both for procedural and substantive aspects), and who provide legal advice free of cost.

Results
During 2008, 102 clients (nationals and aliens) relied on the Clinic. 86% of advice sessions were focused on matrimonial troubles and matters related to cohabiting as if married (more uxorio), also including cases of domestic violence. Protection of children, protection of property rights, child custody, welfare and financial guardianship, illegitimate paternity and financial aid granted under the Aosta Valley Regional Law, were also dealt with. To date, the performance of the Clinic is assessed only on clients' satisfaction level.

Conclusions
Closely intertwined between health services and the regional welfare service, the Clinic comes in the framework of counselling practices in support of family health promotion, by attempting either to resolve crisis situations or to limit their damages with particular attention to child psychophysical well-being, and to reduce financial barriers to social care for disadvantaged and vulnerable groups. However, legal advice must not be confused with technical defence which has to be regarded as institutional remit of solicitors.

Contact
Dr. Giuseppe VILLANI
Azienda USL Valle d'Aosta
Director of Unit
Via Guido Rey 5
11100 Aosta
ITALY
gvillani@ausl.vda.it

P 23. Walk run from 6 to 8

Paolo PANDOLFI, Gerardo ASTORINO, Fabio CASADIO, Paola PALTRETTI, Antonella REPETTO

Introduction
The project is aimed to involve people who do not practice any physical activity regularly through a simple organization and a guided teaching approach. Participants can go for a walk or slow run (for people with low levels of physical activity) from 6 to 8 in the morning or in the evening in order to start or end the day on the "right foot". Doing it with other people, making them feel stronger and safer.

Purpose / Methods
The project is aimed to:
- -encourage people of all ages to walk for at least 30 minutes, several times for a week
- -make people more inclined towards physical activity and to make it a lifelong good habit
- -create a cooperation network through the institutions in order to ensure the project's sustainability and success

Results
A random sample was evaluation with Eroqol Five Dimension. Preliminary results show a participant's tendency of 60% anxiety and depressive disorder. Less share of sample say muscle soreness

Conclusions
Walking is a good habit without contraindications and can be practiced by everyone and it's very affordable. We can improve our athletic performances at any age: this means that motion practice is always salutary and not only in one's youth

Contact
Dr- Patrizia BELTRAMI
AUSL
Director
Via del Seminario 1
40068 San Lazzaro
ITALY
p.beltrami@ausl.bologna.it

P 24. SportSanté Project in Aosta Valley - Italy: Health promotion through sport activities for youth

Giorgio GALLI

Introduction
A questionnaire results in a pilot school of Aosta (students between 14 and 18) shows that 39% are used to practice sport on a regular basis, 26% do it occasionally, 38% are not used at all. 52% don't do sports because "they are not interesting in"; 18% don't know who to contact; 71% would be willing to undergo a sport vist at the sport clinic. Is born a network project with other public and private institutions of the Region: Health Department, Department of Education and Culture, secondary schools; amateurish sport organizations, librairies, places of youth aggregation, social health sites.

Purpose
The goal is to promote sports among young people (students between 14-18) who don't practice it, for the prevention of diseases and inprovement of young people health, including

the servixes of the Surgery Sport Medicine (SMM). Is also important tackling inequalities for adolescents to increase their health.

Methods
Communication campaign in Aosta 8 schools posters, gadgets, stickers, media relations, promotion on local radio); meetings with students; bonding od students to visit sport medical, enrolling at the school office (the visit is free). The students are visited and evaluetid (also with innovative techniques, eg. Spinal Mouse) and is recommended them one or more sports activities.

Results
The experimental phase of the SportSanté project takes place from November 2009 to May 2010. It's expected to mesure the imapct of the initiative on an annual survey on a sample of young people representative of the universe of target. Is also important to know the number of the students visited in a Surgery Sport Medicine.

Conclusions
This project involved in this phase a half of the students living in our Region. In the future we hope the involve the whole universe of the students. The essential requirement for the success is the networking between different public and private institutions.

Contact
Dr. Giorgio GALLI
Aosta Valley Health Agency
Manager and regional coordinator of HPH network
Via Guido Rey 1
11100 Aosta
ITALY
ggalli@ausl.vda.it

P 25. Driver education for the video game generation

Richard SMITH

Introduction
Speeding is a danger to all road users and it also increases fuel consumption and CO2 emissions. Children from disadvantaged areas are at greater risk from road crashes (Scottish Government, 2008). If a road user is involved in a road traffic crash at excessive speed then it greatly increases the severity of the crash. The objective of this project was to evaluate the use of a driving simulator that had been purchased by Dumfries & Galloway Safety Camera Partnership.

Purpose / Methods
The driving simulator was taken to a number of community events in Dumfries & Galloway and was available for members of the general public to use. A questionnaire was developed and people that had used the simulator were asked to complete the questionnaire. The driving simulator was manned by operators from the Partnership and the driving simulator was seen as a way to engage with young drivers and educate them as to driving hazards and the dangers of speeding.

Results
Findings from the questionnaire strongly suggest that the driving simulator is an effective way to engage and educate drivers about road hazards and speed reduction. Recommendations were made on how it could be targeted more effectively either at specific groups and locations across the region. With 100% of people under 25 that used the Simulator learning more about road hazards.

Conclusions
The driving simulator is a very effective way to engage and educate all drivers but particularly drivers under 25 years old. Through education this is seen as an effective way to reduce road crashes and the demands that road crashes have on the health service and society. This is particularly the case in disadvantaged communities. Further research is planned for summer 2010 on using the Simulator in a more targeted way.

Comments
This project was done in Partnership with Dumfries & Galloway Safety Camera Partnership, this included Police, Fire & Rescue, Dumfries & Galloway Council and NHS and is part of an ongoing strategy to reduce road injuries in the region.

Contact
MSc Richard SMITH
NHS Dumfries & Galloway
Health Improvment Officer
Lochar West, Crichton Hall
DG1 4TG Dumfries
UNITED KINGDOM
richard.smith5@nhs.net

Session P 1-5: Health promotion for patients with chronic diseases (I): CVD, stroke and metabolic deficiencies

P 26. Screening for cardiovascular risk factors in faith based settings

Nandini RAO, Sophie EASTWOOD, Anjly JAIN, Darren HARVEY, Laura ROBERTSON, Micheal THOMAS, Dimitri P. MIKHAILIDIS, Devaki NAIR

Introduction
Cardiovascular disease (CVD) is the leading cause of mortality in the UK. South Asians residing in the UK have a 50% greater risk of mortality from heart disease than Caucasians. Community outreach programmes have been advocated to assertively identify and manage individuals with modifiable CVD risk factors. Faith based settings may be appropriate venues for undertaking cardiovascular screening on ethnic minority communities, providing familiar and unthreatening environments.

Purpose / Methods
468 South Asian participants (254 men and 214 women) aged 30-75 years were screened for CVD risk factors at two Hindu Temples in North London. Participants underwent blood pressure measurement, anthropometry, body fat analysis, point-of-care cholesterol testing (POCT), laboratory biochemical profiling, and assessment of family history and lifestyle. The POCT results were used to calculate JBS2 10 year CVD risk score. Participants were then counselled on their risk and how this could be improved, with referral back to primary care if necessary.

Results
The mean (SD) age of men and women were 49.5 (12.8) and 49.7 (10.1) years respectively. 44% of males and 35% of females screened had a TC > 5mmol/L. 37% of participants had a SBP >140 mmHg or DBP > 90mmHg. 80.8% of the population were overweight (BMI>23). 14.7% of participants had elevated AST or ALT. A subset of 104 patients were assessed for Metabolic Syndrome (MS) by the International Diabetes Federation criteria. The prevalence of MS was 37%.

Conclusions
Faith based settings offer an ideal opportunity to screen a high risk South Asian population, especially when there is enthusiastic community involvement. We identified high levels of modifiable CVD risk factors, particularly obesity and the MS. We recommended lifestyle changes for participants with intermediate risk and repeat testing with GP follow up for participants with >20% 10 year CVD risk. By identifying and enabling aggressive management of risk factors in vulnerable populations, initiatives like this may decrease CVD in ethnic minority groups.

Contact
MBBS, MRCP, MSc Nandini RAO
Royal Free Hampstead NHS Trust
Pond Street
NW3 2QG London
UNITED KINGDOM
nandinirao@doctors.org.uk

P 27. Role of primary care to face inequalities, social determinants and cardiovascular disease (CVD)

Maria Caterina SATERIALE, , Aldo DE TOGNI, Paolo GRUPPILLO, Paolo PASETTI, Gian Luigi BELLOLI, Simonetta BECCARI, Erika GRANDI, Fosco FOGLIETTA

Introduction
As well in Ferrara province, like so across in Italy and in other Western countries, it can be observed a marked social gradient correlated at health. Especially for ischemic heart disease several studies have proved: an incidence about ischemic heart disease constantly more higher (50% and 130%) inside the lower social classes; a major seriousness about this disease always in lower classes; a more higher mortality about myocardial infarction; a premature mortality more higher after MI

Purpose / Methods
- Definition of case: patients (alive and not) belonging at two community general medicine, in age from 35 to 74, that received an ischemic heart disease diagnosis (event), in every clinical manifestation, from 2000 to 2004.
- Characterization cases by analysis of case history. Cardiology examination by invitation.
- Study the case control with pairing frequency for belonging variables.
- 110 cases and 330 controls are been individuated on 8.436 patients.
- Social-Economic index assignment at cases and controls is equal to the census section.

Results
- Patients "exposed" and "not exposed" are been individuate: the first have an index equal at 1 or 2, the second have an index equal at 3 or 4.
- People with a low social-economic index will increase their risk to have an ischemic event of 57%.
- Women with a low social level have a risk of ischemic heart disease increased of 98%.
- Inside age classes 35-59 is been individuated a doubled disease risk in early age for weaker classes.

Conclusions
Although several studies have demonstrated the role of social disadvantage, in arise e in gravity of cardiovascular disease, this fact seem to be ignored in medical practice. The research is useful to agree with general practioners, that operate every days with people, possible actions for improve tutelage to person that have a social-economic and cultural drawbacks. Priority is to insert inside the "cardiovascular risks chart" the new risk factor i.e. "social, economic and cultural low level".

Contact
Phd Erika GRANDI
Azienda USL di Ferrara
Via Cassoli, 30
Ferrara
ITALY
e.grandi@ausl.fe.it

P 28. The examination of factors for the outpatients of a continuing group and a non continuing in cardiac rehabilitation

Mitsuhiko FUNAKOSHI, Taku UENO, Etsuko WATANABE, Akio YOSHIKAWA, Naoko AOKI, Takamitsu ITO, Tomoko IGISU, Yoshitaka TAKABATAKE, Fumitoshi TOYOTA, Yasuyo HARLAND

Introduction
In our hospital, cardio group rehabilitation began in 2006 for acute, convalescent and chronic care. It is preferable to perform cardio group rehabilitation over a long time, however public medical institutions in Japan have a limit of five months

for this type of treatment. Some patients do not even complete this term. The reasons for this `drop out` are the topic of this study. The aims of study were: 1) to examine the relationship between continuance of cardiac rehabilitation and biological risk factors; 2) to examine the relationship between continuance of cardiac rehabilitation and social determinant of health (SDH).

Purpose / Methods
The number of subjects who underwent cardiac rehabilitation treatment from January 2008 to December 2009 was 63 patients (52 male/11 female, mean age 69.9±10.4). The analysis was conducted by chi-square test or t-test in order to determine the relationship between continuance of cardiac rehabilitation and biological risk factors (age, gender, previous conditions/diseases, coronary artery risk factors, category of NYHA, proximity to hospital, term of participation) and SDH (transportation method, home environments (single/shared), patient expense).

Results
A statistically significant difference was not demonstrated for all of the factors in the two groups, but in this study it was observed that women were continued cardio rehabilitation for longer than men. Patients with higher insurance coverage also continued for a greater time. Patients with a high severity of symptoms were observed to continue more often than patients with low severity. Patients adjacent to other recipients of treatment were more likely to continue with their own treatment. Those with high coronary risk factors tended to continue more often than those without. Home environments appeared to make little difference between the two groups, and patients diagnosed with arteriosclerosis obliterans were less likely to continue treatment.

Conclusions
It was suggested that difference in travel time, hospital proximity and medical expense load rate were influencing continuation of treatment. In view of this, we must consider the method of information gathering. And in the study, patients with more subjective symptoms were less likely to continue treatment, thus more effective explanation of the benefits of cardio rehabilitation would be beneficial. Further studies are required to provide a more detailed analysis.

Contact
Yasuyo HARLAND
Chidoribashi General Hospital
5-18-1 Chiyo, Hakata-ku
Fukuoka
JAPAN
y_kh2005@yahoo.co.jp

P 29. Healthcare and education for diabetic patients during hospitalisation

Isabella VANZO, Emanuele TORRI

Introduction
The diabetic patients understanding of the problems relating to their disease is not always adequate expecially among foreing patients and those whose place of residence whitin our mountainous region makes it difficult for them to acces specialist healt care services. Developing an intrahospital education programme whit a view to improving the service it provides for diabetic patients. The scheme is intended for diabetic patients referring to the various hospital wards and their famlies. The scheme is implemented using an interactive chart contained in the clinical records wich also involves an assesment of the activitis conducted.

Purpose / Methods
The procedure is completed over the course of a 4-day hospital stay adopting a specific chart. For each day there are different periods spend on providing education on nutritional, beavioral and healt related iusses on the administration of therapy and providing training on its proper use and on blood sugar self -testing procedures, also involving members of the patient's family.

Results
The application of the procedure enables patients to manage the disease, the related therapy and of the blood sugar monitoring procedures more effectively, whit a positive fallout on the patient's glicemic compensation, as assesed by comparing glicated emoglobin levels and re-hospitalisations for diabetes-related problems in the short medium therm after the training procedure. the procedurecan be raccomanded for public healt training programs to be conducted at meetings outside the hospital setting, organized by the territorial healtcare services.

Conclusions
Our aim is to give all diabetic patients reffered to the hospitla the chance to join a healtcare scheme disegned to improve their understanding of their disease, how diabetics should behave, how to take thew necessary treatment properly and monitor their blood sugar levels and the potential complications of their disease, preferably also involving other members of the diabetic patient's family.

Contact
Isabella VANZO
Azienda Provinciale per i Servizi Sanitari Trento
Nurse inspector
Via Dossi 17
38033 Cavalese
ITALY
isabella.vanzodellagiacoma@apss.tn.it

P 30. Exercise intervention on metabolic syndrome among mountainous indigenous people of Taiwan

Ching-Hsin CHEN, Yu-Fen KUO, Yu-Chen CHANG

Introduction
According to the national annual health report, the mortality rate of metabolic syndrome (MetS) related diseases is higher than malignancy among the indigenous people, and the life span is much shorter than the general population (67.4 vs 75.3, Chang, 2003). Exercise has been approved good for improving MetS. But whether exercise also works on the mountainous indigenous people is an issue requiring further study.

Purpose / Methods
XinMei is a village of Zou, an indigenous group of Taiwan, in Ali mountain. Based on the health survey for Xin-Mei village, with the population of 390, 63 were found with MetS among the 117 who have completed the survey. 30 villagers with MetS participated in joining the one-hour physical exercise 3 times per week for 15 weeks. Education of healthy diet was included in the program. Pre- and post-interventional test of survey and physical fitness were performed.

Results
The self-rated "less healthy" decreased (23.8 % to 7.8%), while "fair" and "good" increased (61.9% to 75.5% and 14.3% to 16.7%). Several risk factors of MetS were evaluated. Decreases of systolic BP decreases (123.38mmHg to 116mmHg), waist circumference (89.53cm to 85.56cm).

Conclusions
Although the surroundings of mountainous indigenous people were friendly for exercising, and the main career is farming, exercise to improve MetS is still true in this context. Laboring does not equal to exercising. A well-planned exercise is still proved to be helpful among the indigenous people with MetS who are physically laboring all the time.

Contact
Ching-Hsin CHEN
Chia-Yi Christian Hospital, Taiwan
No.539, Zhongxiao Rd., East Dist., Chiayi City 600, Taiwan 600
Chiayi City
TAIWAN, R.O.C.
00198@cych.org.tw

P 31. Study about patients with high risk metabolic syndrome after group education

En-Ping SU, Hsien-Jane CHIU, Chieh-Nan LIN, Fang-Rong CHANG, Shu-Hua SHEN, Wen-Guang LEE, Iih-Jiin WANG, Pein-Yin LIN, Chou-Fang LEE, Kuan-Chi LU

Introduction
Chronic psychiatric patients, focus on mental illness treatment, often overlooked due to obesity and metabolic syndrome-related risk factors related to cardiovascular disease caused by, resulting in the inequality of patient health care. in 2008, in the view of psychiatric patients in hospital rehabilitation ward, examination revealed, the TG account of 79.69%; patients were diagnosed as metabolic syndrome, accounting for about 26%. Therefore, for the mentally ill, must provide the relevant health promotion activities, so that patients receive quality health care.

Purpose / Methods
This research estimate discussing the unusual value if metabolic syndrome of patients who were diagnosed with high risk metabolic syndrome after group education.

Results
The Study inpatient rehabilitation ward, 18 years of age, meet DSM-IV diagnosis of schizophrenia of metabolic syndrome through the hospital examination, doctors diagnosed as metabolic syndrome by Case Number After the random number table to randomly divided into experimental group and control group, is expected to close the case of each group of 30 people, about 60.

Conclusions
In 2009 September to October groups during the eight-week health education course in order to SPSS 10.0 statistical analysis software version. Paired samples t-test analysis of group health education curriculum before and after body weight, BMI, total cholesterol, TG value changes found no significant difference, but on the data analysis, body weight was reduced by approximately 0.93%; BMI remained unchanged, but total cholesterol, down 3.1%; TG decreased 10.6%.

Comments
Although the group through the eight-week health education course, body weight, BMI, total cholesterol, TG found no significant difference in the change, but the experimental group of 18 patients significantly reduced body weight, but also in total cholesterol decreased 3.1%; TG decreased by 10.6 %, for metabolic syndrome, caused by the prevention of cardiovascular disease-related effects. Therefore, through the health-promoting organization of health education intervention can indeed increase the patient diet, exercise, the health knowledge, and then change their lifestyles.

Contact
En-Ping SU
Jianan Mental Hospital, D.O.H.
No.80,Lane 870,Jhongshan RD.,Rend Township,Tainan County
Tainan
TAIWAN, R.O.C.
kaoli7@mail.cnpc.gov.tw

Session P 1-6: Pain-free hospitals and palliative care & helping disaster victims

P 32. Hospital without suffering "Getting rid of pain"

Riccardo MALASPINA, Gaia CIMOLINO

Background
The "pain-free Hospitals has become a reality in which unnecessary pain has become greatly reduced by optimizing treatment and therapy and by improving the processes involved with therapy in assisting the patient, as mentioned in the General norms / guidelines by the ministry of health and welfare n° 23454 dated 30/12/2004. With reference to the Italian national guidelines, the regional health authority for Lombardy has extended this project to the HPH, bringing together a task force with the objective of monitoring and treating pain in a suitable way and using the most commonly employed methods. The "Carlo Poma" Hospital in Mantua has decided to adhere to this regional programme "Hospitals without Suffering" under the strong conviction that the culture of the right to not have to suffer unnecessarily must become more and more widespread, both on the inside of the hospital structures involved as well as in the region as a whole.

When considering that even now the amounts patients suffer can be greatly underestimated, as well as often being dealt with inadequately, it becomes necessary to increase efforts in the fight against pain and suffering for ethical as well as the obvious humanitarian reasons associated with pain and because this will serve as an index to the quality of the health service involved; various statistics exist according to which only up to 50% of those patients discharged from hospitals declare that they were satisfied with the pain killing medication they received while being treated.

Targets
By being aware of pain and suffering, monitoring and improving sensitivity towards it, important developments will be made in controlling and alleviating suffering in important departments such as oncology (the treatment of cancer), both chronic and benign, paediatrics, post-operative treatment, in events connected with emergency or first aid treatment, as well as instrumental diagnosis. In this way a quicker and better recovery will be favoured, where possible, as well as an earlier discharge from the hospital. In cases where the patient is terminally ill, the right to not have to suffer and a painless or pain-free treatment is ensured, giving the patient involved every right to maintain his or her dignity.

Specific Aims
- correct and constant recordings of the symptoms of suffering endured by the patient on his / her clinical record
- courses for training medical staff and related workers on treating pain and suffering in hospital. To create the base for the training of a team for each department (Reference Doctor /2 assistants) who can, at the end of the course, be operative immediately in each department and act as a reference point for colleagues, who, year after year, will volunteer to become a part of this teams, in association with those colleagues who have already been trained
- the singling out of a pilot departments who, for approximately 8 months, will check on the awareness and implementation of the “project for the abolition of pain and suffering” by auditing the pilot departments using a separate record which has been prepared according to JCR standards (see example attached)
- preparation and implementation of internal protocols worked out on the basis of existing evidence and shared experiences
- a systematic analysis o the data supplied by the Pharmaceutical Service relative to the consumption of analgesics, pain killers / opiates.
- Periodic readings of the presence of suffering / pain in patients who are being treated as well as employing and promoting initiatives and addressed to the population as well as the distribution of informative literature.

Recipients
- All employees of the Carlo Poma Hospital.
- All health operators of the Carlo Poma Hospital

Methodology
- Daily recording of suffering on patients’ clinical register
- Training and refresher courses
- Laying out of protocol procedures and their revisions
- Audit with record “standard JCR requisites”
- Investigation into the prevalence of pain and suffering in the aisles of wards with successive collating and presentation of the data recorded
- Preparation and distribution of informative literature to the local population

Main Activities and Results in 2009
- Operative protocols: completed the drawing up of the therapeutic protocols for the management of post-operative, chronic benign and malignant oncology, as well as paediatric pain. We have now continued with the management of various groups of patients, for example elderly patients with mental health problems (memory loss), etc;
- Formation: December 2008 - February 2009: completed the education and training of "Facilitators for the management of the pain" with the figure of a doctor and two surgeons for each department in the hospital. One hundred and five surgeons have been trained in these skills as well as numerous doctors, nurses, physiotherapists and midwives in all of the wards in the main hospital in Mantova. This programme of education and training will continue through 2010 with courses dedicated to the development of each single protocol.
- Initiatives to improve awareness: last May, in occasion of the so called "Day of Relief", a booth was constructed in the main hall of the hospital in which several specialists, skilled in limiting pain, together with several volunteers’ associations, answered questions from cistizens and handed out written information on flyers. Moreover, in the O.U. for Palliative Care, a daylong workshop was organized which was dedicated to the patients, their relatives and for all the O.U. staff and operators: the city welfare authorities were also present as well as the bishop and all the volunteer associations that operate in this field. These enterprises demonstrated the work that had been done by the "Committee for a Hospital without Pain or Suffering" with the aim of improving communications and co-operation within the local region. These enterprises were also advertised in the local media.
- Use of opioids: a six-monthly survey was carried out on the use of opiates by the hospital pharmacological (drugs) department and the result showed an increase in the use of these substances conforming to the actual hospital procedures, thanks to the work carried by the facilitators inside the various departments to make staff aware of the results from this treatment.

- Audit of pain monitoring card according to the Standard Joint Commission: the test was carried out on a random sample of clinical papers from January to June 2009: The sample represents, however, all operative units / deaprtments in the hospital. The result was an increase in the recording of levels of pain on patients clinical cards, from 48% in 2008 to 62% in 2009 (January-June). The results were sent to the Department Directors and to the head of the regional Health Department, and they propose to use monitoring the clinical cards for next Audit in 2010 from every O.U. according to the various times (frequency) and methods employed in each case.
- Improving project aeareness:
  - Presentation of the project and results at department meetings
  - Complete the realization of the site "COSD" (Hospital intranet), where it will be possible to consult all the files and the activities of the steering committee for the projects. The site "COSD" on the hospital internet is being finalized.
  - Drawing up a committee logo as a visible symbol for the project

Conclusions
Evaluation of the results-analysis-corrective measures:
- check the daily recording of suffering and pain on the patients' clinical records
- periodic evaluation of the presence of pain
- evaluation of the data recorded in the audit
- evaluation of the level of satisfaction from patients treated
- evaluation of the degree or level of preparation of the staff / operators
- evaluation of the consumption of analgesics in each department (readings and records are remitted to the main pharmaceutical supply for the structure)

Contact
Graduate Camelia Gaby TIRON
AO Carlo Poma Mantova
Head Office Strategical Control
Albertoni 1
46100 Mantova
ITALY
camelia.gaby@alice.it

P 33. Monitoring the pain management in hospitalized patients to be discharged. Perception and knowledge of patients related with pain at discharge

Dolors JUVINYÀ, Carme BERTRAN, Rosa SUNYER, David BALLESTER, Concepció FUENTES, Josep OLIVET, Neus BRUGADA, Almerinda DOMINGO, Jordi DOLTRA

Introduction
In a health promoter hospital it is obvious that health professionals work to improve the quality of life of patients and their families. And one very important in this aspect is the management of the suffering and pain. In a previous study it was found that many people said they were in pain after hospital discharge. In view of the results, the manager commissioned us to consider what the situation was, because we believe that with current drug developments the presence of pain should be minimal. This led us to study how people lived and what is the reason that today there are still so many people in this situation.

Purpose / Methods
To study how to manage pain in hospitalized patients to be discharged, as well as their perceptions, knowledge and attitudes. Transversal and prospective studies. Identify hospitalized patients who show signs of pain. Review clinical history trace of pain. Interview prior of discharge.

Results
We collected data from 53 patients who fulfilled the inclusion criteria. The mean age 59.06 years old, 58.5% men, 9.4% immigrants, 58.5% primary school. Until the third day of hospitalization all patients have been prescribed at least one drug, although the vast majority has been prescribed two or three. 40% are not being prescribed at discharge. Pain is measured in 70% of the hospital patients in the early days. At the moment of the hospital discharge only the 47.2% still are in pain, although 60% of the discharged patients express pain in later interviews.

Conclusions
To recommend a systematic collection of pain data during the hospital stay in three shifts of care. Register all the clinical requirements related to pain. Invite patients to communicate to professionals if they are in pain.

Contact
PhD Dolors JUVINYÀ
University of Girona
Professor
Emili Grahit 77
17071 Girona
SPAIN
dolors.juvinya@udg.edu

P 34. Health promotion approach to palliative care: A community study of concept of death in the East of Taiwan

Shu-Chen WANG, Shu-Chuan CHANG, Yin-Wei WANG, Ya-Hui YU

Introduction
Hospice care is based on the understanding that dying is part of the normal life cycle. However, the barriers to providing palliative care are still conducted in many studies.

Purpose / Methods
To clarify the cognition of the Taiwanese general population related to palliative regulation and palliative service.

A cross-sectional anonymous questionnaire survey was conducted in the general population in the eastern Taiwan. The questionnaire was developed two topics in this study: (1) the legal knowledge about palliative regulation in Taiwan. (2) the attitudes toward palliative service. The participants were community residents who jointed the community health examination program. The researchers given the questionnaire while the community residents were waiting for the physical examination.

Results
There were total of 59 participants. Twenty-four percent of the participant reported their families have been received the palliative care. Although 75% of participants said that they have been hear about palliative care, there were 80% reported that they were never hear about palliative regulation The attitudes toward palliative, of 44% agree that palliative care need to spend a lot of money for the care, of 29% agree that palliative care were equal to euthanasia.

Conclusions
The study illustrated the cognition of palliative service in a community. These findings could be useful in developing a palliative care education for community residents to increase the social awareness of palliative care and hope that more people can receive palliative care.

Contact
Master Shu-Chen WANG
Buddhist Tzu Chi General Hospital
707, Sec 3, Chung-Yang Rd.
970 Hualien
TAIWAN, R.O.C.
wangsc@tzuchi.com.tw

P 35. The "Drug of choice in palliative care" brochure - An instrument for the standardization of the therapeutic approach to terminal patients

Elisabetta DE BASTIANI, Cristiana BETTA, Riccardo RONI, Luca OTTOLINI, Massimo DESTRO, Carlo ABATI, Roberta PERIN, Alessandra LOMBARDI, Laura RIGOTTI

Introduction
Palliative treatments, which began to spread in the 60s as an alternative to therapeutic abandonment of terminal patients, subsequently developed as opposed to therapeutic obstinacy. The most appropriate therapeutic/caring setting is oriented at the improvement of the quality of life of patients and of their families, through a comprehensive approach (therapeutic, psychological, social, etc.). The culture of palliative care may be strengthened by disseminating tools aimed at standardizing competences and appropriate therapeutic approaches among physicians and healthcare operators.

Purpose / Methods
The Palliative Care Services of the Health Services Authority of Trento (APSS) have identified the disorders that mostly affect the quality of life of terminal patients, such as pain, gastrointestinal disorders, respiratory disorders, etc., and the most critical situations for the families, for care givers and professionals. They subsequently identified the most appropriate interventions among those indicated in accredited scientific literature. The Pharmaceutical Service reviewed the most recent regulations concerning pharmaceutical prescriptions, with special reference to stupefying drugs and supplying channels, in order to assure an integrated approach between the hospital and the territory.

Results
A brochure entitled "Drugs of choice in palliative care" was realised and divided per subject. The first part concerns the pharmacological treatment of oncological pain as main disease; the second part deals with the management of other symptoms, and identifies rapidly effective interventions and/or interventions that improve the quality of life, thus striking the right balance between abandonment and obstinacy. The second part provides information on prescription methods and drug distribution modalities, thus helping physicians in the prescription process and patients in the access to therapies.

Conclusions
The brochure was distributed to all hospital and territory physicians involved in the care of terminal patients and was presented during workshops on palliative care. It has been adopted as an information/educational tool of the pain-free hospital committee of the APSS (COSD).

Contact
PhD Elisabetta DE BASTIANI
Azienda Provinciale per i servizi sanitari
Pharmacies
Va Degasperi 79
38121 Trento
ITALY
elisabetta.debastiani@apss.tn.it

P 36. Medical care services in natural disaster - Experiences of organizing joint medical missions

Sou-Hsin CHIEN, Chun-Po CHEN, Ming-Nan LIN

Introduction
On August 8 2009, typhoon Morakot hit Taiwan, which brought a catastrophic damage. More than 700 died or missed. The rainfall exceeded 2361 mm in 48 hours, breaking the record of Taiwan and approaching the world record (2467 mm). Typhoon Morakot wounded not only the citizens but also the medical services. Medical missions for the people in need were organized by hospitals around Taiwan. Buddhist Dalin Tzuchi Hospital, as a community hospital experienced in medical rescue, joined the mission. We involved a lot of medical missions for

disadvantageous people in rural area in Taiwan and especially in natural disasters.

Purpose / Methods
On the very next day of the typhoon, the superintendent office announced the mission and the community medicine department started to arrange the medical personnel, the logistics and the transportation to the typhoon area. Medical professionals including doctors, nurses, pharmacists and administrative personnel were registered and arranged to take turns for the medical mission. First-aid kits for self-care small wound were prepared. We also cooperated with local doctors and members of Tzuchi international medical association for the mission. This is one of the routine missions we did in typhoon season in Taiwan.

Results
From Aug 10 to Aug 31, 94 clinics were arranged in 19 service points including 23 night clinics for the better accessibility of the people. 229 people (including doctors, nurses and other medical professionals) participated the missions and served 3130 citizens. The night clinic served 777 citizens. More than 8000 first-aid kits were distributed for self care.

Conclusions
Natural disasters happened quite often in Taiwan. Hospitals with resources should be prepared for the outreach medical mission. Good preparation not only can help the people in need but also can keep the daily practices in the hospital run smoothly. The medical professionals joined the mission can also learned from the contributions which will in turn make their future services better.

Contact
MD. MPH Ming-Nan LIN
Buddhist Dalin Tzuchi General Hospital
No.2, Ming-Shen Road
622 Chiayi County
TAIWAN, R.O.C.
mingnan.lin@gmail.com

P 37. Comprehensive care of flood victims

Chin-Lon LIN, Sou-Hsin CHIEN, You-Chen CHAO

Introduction
Natural disasters often interrupted the regular medical care system and caused temporary health inequalities but can be successfully tackled by emergency health and social services. Typhoon Morakot hit Taiwan on 8 August. The heavy rain it brought (up to 80 inches) has caused serious damages: Hundreds of people were buried by the typhoon-spawned mudslide. People were trapped in their villages and houses were swept away by the rain-swollen river and thousands of people were evacuated.

Purpose / Methods
- We provided hot food, personal care items such as tooth brush and paste, towels blanks and distributed emergency relief cash (NT 5,000 to 10,000).
- We hired and moved heavy machines such as trucks, hydraulic excavator, bulldozer, wheel loader into the disaster area to help the clean up the major roadways.
- We mobilized thousands of volunteers from northern Taiwan to help with the cleaning, they carried their hand tools and lunches. They come by high-speed train early in the morning and return to the north late in the evening for a day's work.
- Emergency medical care were provided by staff from our 6 hospitals and drugs for chronic diseases such as arthritis, asthma, diabetes and hypertension were provided in addition, we provided Emergency Skin Care Kit to every house hold in the disaster area since lots of flood victims suffered from abrasion or laceration wound or developed skin itching form soaking in the water.
- The victims were comforted by our volunteers and mental health professionals from our hospital.
- Permanent housing units were being built village by village at safe locations, complete with chapels and facilities for health promoting activities.

Results
Our organization mobilized of 150,000 volunteers over the 3 week span, provided 433 car-days of trucks, hydraulic excavator, bulldozer, wheel loader and distributed over 500,000 hot lunch boxes and 40,000 blanks together with 9,000 skin care kits and provided free medical care for over 9,000 people. Over 1,000 permanent housing units are being built.

Conclusions
To tackle temporary health inequalities and provide medical care to the flood victims successfully requires careful planning, team work and a concerted effort and comporehensive care goes well beyond just temporary medical relief, it involves comforting, safe and green housing, job training, and health promotion.

Contact
M.D. Chin-Lon LIN
The Buddhist Tzu-Chi Foundation
CEO
707 Section 3, Zhongyand Rd.
970 Hualien
TAIWAN, R.O.C.
cllinmd@mail.tcu.edu.tw

Session P 1-7: Improving patient education and lifestyle development

P 38. Comfort and quality program for the active management of the waiting/visit room. Improvement of the health educational programs

Pierpaolo PAROGNI, Ivano GIACOMINI, Mario LUPPI, Camelia Gaby TIRON, Graziella BORSATTI, Monica BORIANI, PierVincenzo STORTI

Context

The Mantua's territory, which has 393,723 inhabitants, of whom 106,579 people older than 60 years and with the prevailing incidence of cardio-cerebro-vascular diseases, needs still health information to promote correct life styles, health service organization and news concerning prevention's rules.

Aims

- Increase of the suitability criterion recognizing the features of the requests and the patient's category.
- Increase the efficiency of the healthcare system, as multidirectional net, guaranteeing the diffusion of transmitted information to every Citizen.
- Create elements of facility and simplification turned to the satisfaction of the needs in a continuum among hospital and territory.

Operating planning

Introducing multimedia informations during the stay in the waiting rooms, based on the out-patients' treatment with modality of education on the correct lifestyles. Stimulate the User to have consciousness of his health and of what offered by the local service.

Activity that we shall create in order to meet following topics:

- Interventions that help having the biggest possible control on the health state and living at the highest level of autonomy for chronic patients or even final ones.
- Interventions destined to the patients, to the staff and to the community on tobacco, alcohol and physical activity.
- Welcome capacity of the structures with information about logistics, hotel services, system of signals with simplification of the routes.
- Multidimensional intercultural approach to the assistance through information and care pathways oriented to the different cultures, to the children, adolescents and elders.
- Modality to prevent the new big social illnesses of our epoch, from the obesity to the cardiovascular pathologies, from the tumors to the most diffused epidemics, increasing the value of the practices that allow the solution of these illnesses.
- Educate a correct feeding method to support new lifestyles especially for the children, the adolescents, the differently able ones and the elders.
- Strengthen the quality and the safety of feeding, by translating it into the certainty of having and consuming healthy food.

What above mentioned will be realized through the positioning of informative monitors in the waiting rooms which are situated in front of the outpatients' department: through softwares will be possible highlighting the kind of activity carried out by the outpatients' dept., for single type of service.

Expected Results

- Improvement the citizen-sanitary system relationship one intends to increase the value of the processing and technological patrimony and the rationalization of the resources and their use;
- Customers' satisfaction;
- Suitability and equality of the medical service
- Improvement of the quality of the offered health service and a positive social health education.

Conclusions

We hope that this project could contribute to our activity's improvement, could transmit a excellent message of information's equality and promote health education.

Comments

This project is an executive programme of our Hospital but we must still start it, we are to the beginning, even though it was already authorized by general management. We think that it could be an important source of information for the patients, but evidently we'll see the outcomes next year.

Contact

Graduate Camelia Gaby TIRON
AO Carlo Poma Mantova
Head Office Strategical Control
Albertoni 1
46100 Mantova
ITALY
camelia.gaby@alice.it

P 39. Lifestyle intervention workers within NHS settings

Sarah BUSH, Elaine YOUNG, Grace MOORE MBE

Introduction

Having identified the problem with our present lifestyle interventions, we sought out to make our service more patient-centred. To achieve this, we plan to deliver lifestyle interventions directly from GP practices and hospital settings, where patients will be seen by a single officer for all of their lifestyle issues. We intend to develop clear referral pathways from the hospital settings to the community so that patients receive appropriate support when they return home.

Purpose / Methods

The officers, who will be appointed to this role, will be lifestyle coordinators, a Band 4 position created through service redesign (using existing staff) and not by any additional resources. These posts will be parttime, and staff will receive necessary training to develop essential skills and competencies for the position. We will have six early adoption sites in primary care commencing this new service and two lifestyle coordinators will be based in the hospital setting. Lifestyle coordinators will be line-managed by a case manager, who will support them in their role. For patients who require a higher level of intervention or additional support, case managers can

guide lifestyle coordinators to recognise issues that cannot be addressed through the service, as well as addressing more complex issues.

Results
The pilot has not yet been completed.

Conclusions
We plan to evaluate the approach through tracking patient pathways. A review will be conducted of the early adopters, and feedback will be addressed prior to commencing a phased roll-out across all of NHS Ayrshire and Arran.

Contact
BA (Hons) Behavioural Sciences (Psych) Sarah BUSH
University of Paisley
Social Studies
The Ayr Hospital, Dalmellington Road
KA6 6DX Ayr
UNITED KINGDOM
sarah.bush@aaaht.scot.nhs.uk

P 40. Evaluation of the weight loss program for overweight and obese visually impaired persons

Lin-Chung WOUNG, Tsung-Yen WU, Ming-Tsu TSAI, Hsiu-Jung DU, Hui-Ping CHANG, Shan CHAO

Introduction
The population of clients with visual impaired is increasing in the world. According to Taiwan's the Statistical Yearbook of the Ministry of the Interior, the visually impaired patients is increased yearly. By an anthropometry survey in Taipei, the percentages of overweight and obesity in them are as high as the common persons, and their body fat are higher than the common persons.

Purpose
This study examined the intervention of a 7-week weight loss program that influenced the physio-biochemical indexes of overweight and obese visually impaired persons.

Methods
The subjects consisted of 20 visually impaired persons whose BMI (body mass index) were larger than 25 kg/m2. This was accomplished by a comparison of biochemical parameters, blood pressure, waist circumference, body weight, and percentage of body fat between pre- and post-weight reduction.

Results
Although the mean body weight (1.92 kg↓), waist circumference (4.3 cm↓), body fat% (1.3%↓), blood pressure, blood sugar (10.0mg/dl↓), and cholesterol (14.9mg/dl↓) of the subjects slightly decreased after the program, there were no significant differences when compared to values before the program. After guided by the course, 83% of these had improved cognition for proper diet, and in comparison with their activities had substantially improved (p=0.01).

Conclusions
The muti-programs including Nutrition, Exercise, Chinese medicine, and Flower remedies emphasized the sense of touch, smell and taste to reduce weight, and designed the enlarged handout for amblyopia persons and the handout in braille for blind persons to promote their learning. It was well operated with the assistance from volunteers. Therefore, the outcome of the muti-programs indicates that it can facilitate reductions in the physio-biochemical indexes of overweight and obese visually impaired persons.

Comments
It is indeed an important issue in public health to develop the plan for promoting the visually impaired persons' health by improving their diet and lifestyle so as to promote their health.

Contact
MA Tsung-Yen WU
Taipei City Hospital
No.10.Sec.4,Ren-ai Road, Taipei, Taiwan. 10629
10629 Taipei
TAIWAN, R.O.C.
joanea1234@yahoo.com.tw

P 41. MUHC's winning strategies in addressing in-patient equal access to healthy food services.

Martin LAPOINTE, Paula ROZANSKI, Charles SOUNAN

Introduction
In May 2005, the McGill University Health Center (MUHC) in partnership with the Sodexo company implemented as a pilot, a program called "At Your Request"® (AYR) at the Montreal General Hospital (MGH) Food Services Department.

Purpose / Methods
The goal was to improve durably patient satisfaction, patient access to onsite healthy food services, and identify key factors of success that can help generalize the program to the other MUHC sites. The MGH was chosen because of its large population of patients from cancer care, orthopedic care, and palliative care found to be suitable to AYR. Furthermore, the MGH's infrastructure responded positively to this program. A program impacts evaluation process using standardized and validated questionnaires, and individual interviews was conducted recently with a sample of 20% of the in-patient population. Data gathered are analyzed on a four fiscal years period.

Results
Results show that patient satisfaction has significantly increased during the years. Patient satisfaction is 18% higher after the program implementation. In addition, qualitative data argue in favor of an important improvement of patient equal access to onsite healthy food services.

Conclusions
By providing Food Services decision makers with the best strategies to improve and promote patient equal access to

high quality food services the AYR program gives opportunity for a large-scale implementation process, which in fact has been selected as relevant option in building the new MUHC mega-hospital (the Glen Hospital).

Contact
PhD Charles SOUNAN
Senior Researcher, McGill University Health Centre
H3H 2R9 Montreal
CANADA
charles.sounan@muhc.mcgill.ca

P 42. A website to improve the care in chronic disease

Giuseppe IMBALZANO, Giancarlo ROGGERINI, Rita MORO

Objective
On the website of the ASL Health Service of the Bergamo Province (Northern Italy) it is under construction a section to improve knowledge and to furnish support documents to help patients / users to better manage their disease.

Methodology
The main actions was to prepare all basic needs about knowledge, practical indications, documents, on the main chronic health problems (Diabetes, Hypertension, Cardiovascular Diseases, and all main chronic conditions).

The process was made by steps:
- A preliminary step was on the workgroup setup, and the definition of the work methodology
- Information need assessment where all relevant main needs on information and knowledge concerning priority heath problems was analysed. The first selected problem was Diabetes. All relevant stakeholders on Diabetes in the province were involved in the process (patients associations, GPs, Specialists, hospital directors)
- Collection and analysis of available documentation while the previous step was ongoing, all relevant documentation was analysed and selected by participant and some professional stakeholders.

Results
Web site project and maintenance was done by the informatic sector of the ASL of Bergamo and fits all criteria of utilization, privacy, accessibility, update, established by the Italian law. Every main point reports a bibliographic source and every link is easily detectable. The web site is actually in a finalization phase.

Conclusions
The possible implementation of the site is a progressive and regular improving in all major health problems by the methodology of participation and involvement of stakeholders, probably the best way to diffuse and ameliorate the utilization and the utility of the site.

Contact
MD - MPH Giuseppe IMBALZANO
Health Director, ASL Bergamo
Via Gallicciolli 4
24121 Bergamo
ITALY
direzione.sanitaria@asl.bergamo.it

P 43. Empowering education experience for patients after knee or hip replacement in palanga rehabilitation hospital

Darius KURLYS

Introduction
One of the main reasons of disability in Lithuania is osteoarthritis. State Patients' Fund at the Ministry of Health, Republic of Lithuania got about 11000 applications to cost-free replacement of different joints in 2007. In 2008 there were 14115 patients in rank to cost-free replacement of hip joints and 15673 patients in rank to cost-free replacement of knee joints. This year, these figures are even higher. Most of patients are 60-79 years old. As Leino-Kilpi and all (1999) reports, that chronic motional problem causes the patent uncertainty, the health state varies periodically and it affects the patients' every day life in many years.

Purpose / Methods
Rehabilitation of patients after hip or knee replacement is necessary to achieve the following objectives:
- Heal postoperative wounds
- Pain management
- Prevent postoperative complications;
- Restore mobility problems biomechanics.

To achieve these objectives, there is necessary active patient involvement. With reference of Johansson K. and all (2004), orthopedic patients are spending less time in hospital than before, which means there is also less time for patient education. In this situation patients need to have good quality information so that they can take an active role in choices and decisions about their health. However, little is known about the quality of written education materials for orthopedic patients. In addition there is no earlier evidence on the quality of these education materials, nor is there any research on whether these materials can help patients achieve empowerment.

Results
To that end, the hospital started to focus on patient empowering education. Education in Palanga Rehabilitation hospital is individual only. The education continues all rehabilitation period:
- Primary education, which is performing by nurses; when patients comes to the hospital;
- Education, carried out by a physician, during the initial survey;
- Education, conducted by physiotherapists during rehabilitation process; education, conducted by physical medicine and rehabilitation nurses during rehabilitation process; education, conducted by nursing assistants during rehabilitation process; education conducted by occupation therapists (if

the therapy applied) during rehabilitation process;
- The final patient education, when he leaves. It performs by a physician, who treated a patient. If a patient has difficulties to understand, the significant others are involving.

Conclusions
During rehabilitation course, patients receive information of the illicit movement and are teaching to move safely in daily practice. Complex patients' rehabilitation after joint replacement, during which much attention is paid to the empowering patient's education, is important for people with disabilities or experienced injuries. It reduces their social exclusion and increases their activity in everyday life.

Literature

- Johansson, K., SalanterÃ¤ S., Katajisto J., Leino-Kilpi H. 2004. Written orthopedic patient education materials from the point of view of empowerment by education. Patient Education and Counselling, 52, 175-181.
- Leino-Kilpi, H., Maenpaa, I., & Katajisto, J., 1999. Nursing study of significance of rheumatoid arthritis as perceived by patients using the concept of empowerment. Journal of Orthopaedic Nursing 3(3), 138-145.

Contact
Darius KURLYS
Palanga Rehabilitation hospital
Vytauto 153
Palanga
LITHUANIA
pooperac@prl.lt

P 44. The importance to promote skin awareness and self-examination to detect early cutaneous melanoma

Ausilia Maria MANGANONI, Federica ZANOTTI, Camillo FARISOGLIO, Sebastiano GUARNACCIA, Piergiacomo CALZAVARA-PINTON

Introduction
The incidence of melanoma is increasing faster than almost every other form of cancer. Self-screening is important because self-detection by patients, spouses, and families is the most common way skin cancer is currently detected. Secondary prevention refers to establishing an early diagnosis to reduce morbidity and mortality; in fact malignant melanoma has a high chance for cure if detected in a early phase of development.

Purpose / Methods
Our program is a health education program that aim to teach adult affected by melanoma and their family how to protect themselves from overexposure to the sun and how recognize pigmented skin lesions. The pre-clinical phase may identify the kind of intervention needed and study design. Selected patients will complete a simple take-home survey to identify their current sun safety practices and how they know about melanoma. The pilot program will begin in January 2010 and will conclude in December 2014.

Results
We want to teach patients to recognize pigmented skin lesions and encourage to examine themselves, including difficult to-see anatomic sites with assistance from friends and relatives to detect evolving tumors. Through the program, these patients will increase their awareness of simple steps related to sun protection and self-examination. However, given the public's confusion about what constitutes skin cancer, educational materials will need to continue to detail the easily recognizable features of melanoma.

Conclusions
Patients must recognize the lesions that may already be evolving melanoma: a new nevus pigmented or not; a pre-existing nevus that has changed color; a pre-existing nevus that has a changed surface; a pre-existing nevus that has changed its margins; an unusual, or ugly nevus that stands out from all the rest; a nevus that is persistently itching, tender, or bleeding. Self-examination and skin awareness are central to any intervention program that attempts to reduce skin cancer morbidity and mortality.

Contact
MD Sebastiano GUARNACCIA
Spedali Civili di Brescia Trust
HPH Coordinator
Piazzale Spedali Civili n. 1
25123 Brescia
ITALY
sebastiano.guarnaccia@spedalicivili.brescia.it

Session P 1-8: Improving health-related life-styles of hospital and healthcare staff

P 45. The effect of aerobic exercise on the health-fitness and health-reality quily of life in hospital staff

Chin-Lan LIN, Shu-Chuan CHANG, Sen-Fang HUANG, Ming-Hsien LEE

Introduction
Moderate exercise enhances health and quality of life with helps prevents diseases.Female tend to exercise less than males.

Purpose / Methods
This study used a quasi-experimental design to investigate the efficacy of a group aerobic exercise intervention on the health-fitness and Health-reality quily of life of the sedentary female employees at a hospital.Seventy-six qualified individuals were

recruited as subjects.with 38 randomly assigned, respectively, to exercise and control Groups.Cardiopulmonary endurance, body mass, muscle strength, muscle endurance,and flexibility, Health-related quality of life with the SF-36 scale of all subjects were measured prior to and after the intervention. Those in the exercise group participated in a 40-60 minutes group aerobic exercise three times a week for 8 weeks. Subjects in the control group maintained a normal daily regimen.

Results
At the conclusion of the intervention program, values for Cardiopulmonary endurance, body mass, muscle endurance endurance, flexibility, and quilty of life were all significantly better for exercise group subjects than for their control group peers.

Conclusions
Group aerobic exercise is an effective approach to improving the health-fitness and quality of life of individuls working at hospitals.

Contact
Chin-Lan LIN
Buddhist Tzu Chi General Hospital
No.707, Chung-Yang Rd.Sec.3,Hualien
Hualien
TAIWAN, R.O.C.
line@tzuchi.com.tw

P 46. Health-related physical fitness of workers in a regional hospital in Taiwan

Ming-Tsu TSAI, Shiow-Wen LIOU, Tsung-Yen WU, Shan-Hua PAI, Yu-Ching SHEN, Shan CHAO, Lin-Chung WOUNG

Introduction
Introduction: Taking care of patients' health is hospital workers' major mission. However, the busy tasks usually hurt their muscle and skeleton system as well as influence their physical fitness.

Purpose
The objective of this study was to estimate the health-related physical fitness of workers in a hospital.

Methods
Totally 319 volunteers in a hospital received the health-related physical fitness test. We collected the data of body mass index, percentage of body fat, blood pressure, waist-hip ratio, one-minute time sit-up, grip strength, sit and reach test, and modified Harvard step test.

Results
Results: Results of the study revealed that a significant positive correlation between age, percentage of body fat, and waist-hip ratio and a negative correlation between age and muscular endurance was observed. A variety of body compositions of the hospital workers made a significant difference on flexibility, muscular endurance, and cardio-respiratory endurance. There were no significant differences in health-related physical fitness tests between health care workers and non-health care workers.

Conclusions
The health-related physical fitness tests can be used as the screening tool for the assessment of health condition of workers. These results may provide information not only for personal health care but also for health policy management.

Contact
Master Tsung-Yen WU
Taipei City Hospital
No.10.Sec.4,Ren-ai Road, Taipei, Taiwan. 10629
10629 Taipei
TAIWAN, R.O.C.
joanea1234@yahoo.com.tw

P 47. Marital status inequality in exercise behavior among healthcare workers

Ying-Lin LIN, Hui-Hsien KU, Wan-Chin CHEN

Introduction
Factors as determinants of health include income and social status, social support networks, education, employment and working environments, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.

Purpose / Methods
The aim of this study was to examine whether there were differences of exercise behavior among healthcare workers in different marital status. A cross-sectional, questionnaire-based survey was conducted among physicians, nurses, and other paramedical staff of a medical center in middle Taiwan. The study took place in November 2007. Data on marital status, exercise behavior and reasons of irregular exercise were collected from 2409 subjects by questionnaire. The data were analyzed by Chi-square test.

Results
Participants were grouped according to their marital status (single, married, divorced, widow/widower and separation). A statistically highly significant association of regularity of exercise was found with marital status (P

Conclusions
In this study, a significant association of exercise behavior among healthcare workers was found with marital status, which may be due to work burden, without exercise partner and housework burden. Other studies are necessary to validate these initial approaches.

Contact
Ying-Lin LIN
Changhua Christian Hospital
135 Nanxiao Street
Changhua
TAIWAN, R.O.C.
lionbarking@yahoo.com.tw

P 48. Learning by showing - Promoting healthy dietary habits for hospital staff

Chin-Huan HUANG, Fang-Yi KUNG, Pin-Fan CHEN, Ming-Nan LIN

Introduction
Obesity is an important risk factor for chronic diseases. Lack of dietary knowledge or inappropriate dietary habit leads to obesity and thus chronic diseases. However, it is not easy to correct the dietary habit of people. Improving the knowledge is essential for changing the behavior. Showing the good example on site can lead the immediate reflection of inappropriate habit thus can change the behavior. For promoting healthy dietary habit, we developed a learning by showing model for our hospital staffs.

Purpose / Methods
Our restaurant for staff provided vegetarian meal with buffet style. We found that staffs cannot help themselves to eat too much or inappropriately. We developed a "learning by showing" strategy for correcting the behavior. Firstly, we made a "standard meal" to show appropriate quantity and quality of food per meal; secondly, we announced the menus weekly by e-mails system and provided the nutritional information; lastly, we posted "cooking healthy vegetarian diet" in the community health report twice a month.

Results
The total number of meals served per month increased from 44,192 in 2007 to 49,640 (11%) in 2009. Compare the frequency of using restaurant for staffs between 2007 and 2009: every working day increased from 42% to 68%; 3 ~ 4days a week decreased from 38% and 28%; 1~2 day a week is 10% and 2%. Satisfaction of services which is including the variety, flavor, and provision of nutrition information increased from 75% to 81%.

Conclusions
The results showed that the provision of vegetarian dietary and nutrition information is definitely welcomed by staffs. Using learning by showing strategy not only increased the knowledge of nutrition but also the frequency of using healthy vegetarian diet.

Contact
Ning-Huei SIE
Buddhist Tzu Chi Dalin General Hospital
Department of Community Medicine
No. 2, Ming Sheng Rd.
Dalin Township, Chia-Yi County
TAIWAN, R.O.C.
ninghuei@tzuchi.com.tw

P 49. Investigation of differences in body mass index, body fat and blood lipid between medical and administrative staff

Shan CHAO, Yun-Huei KO, Ming-Tsu TSAI, Hsiao-Yi LIANG, Hui-Ping CHANG, Lin-Chung WOUNG

Introduction
Excessive body fat and obesity will lead to diabetes, hypertension, hyperlipidemia and other chronic diseases, and increase the costs for medical care. The aim of this study is to compare the differences in body mass index (BMI), body fat and blood lipid between medical and administrative staff working in the same hospital.

Purpose / Methods
The study subjects were randomly sampled in our hospital, among which there were a total of 46 medical staff (including physicians, nurses, pharmacists, dietitians, technician, etc.) and 31 administrative staffs. The body fat was measured by segmental bioelectrical impedance analysis (SBIA, InBody 3.0, Biospace). The correlations of BMI, body fat and blood lipid between the two groups were compared by T-test.

Results
The administrative staff had average body mass index of 24.9±4.4 kg/m^2 and body fat 31.8±7.5%, both of which are higher than average body mass index of 22.9±3.6 kg/m^2 and body fat 27.9±5.9% of the medical staff, and there are statistical differences ($p < 0.05$). The percentage of body fat over the standard range that Administrative staff was 80.6% and medical staff was 58.7%.

Conclusions
Among the administrative and medical staff working in the same hospital, the administrative staff demonstrated higher BMI and body fat, probably due to different lifestyles. However both administrative and medical staff had excessive body fat. So we provided calorie-restricted diet for staffs in hospital. The average number of staff orders calorie-restricted diet is around 50 daily and this is still increasing.

Contact
Master Hui-Ping CHANG
Taipei City Hospital
No.10, Sec. 4, Ren-Ai Rd., Da-An Dist., Taipei City
10629 Taipei City
TAIWAN, R.O.C.
a0239@tpech.gov.tw

P 50. Can all hospital food be healthy food?

Alison LOFTUS, Margaret MEADOWS

Introduction
Many hospitals are now engaged in public health practices. Hospitals provide a significant health focus to their local community. Interaction with their local community is high. Currently, many hospitals, whilst promoting healthier eating, confusingly sell or provide a range of foods that are unhealthy, particularly in terms of saturated fat, sugar and salt. This is likely to undermine strategies by the hospital and other community agencies such as primary care and local authority, which encourage the consumption of healthier food.

Purpose / Methods
A systematic approach has been formulated to decrease the amount of unhealthy food supplied by this hospital to its users. This is initially looking at food provision to staff and visitors, and those patients who are mobile or who have access to mobile food and confectionary trolleys. It is intended to gradually reduce the amount of high fat, salt and sugar foods that are available to purchase or order. Outlets include restaurants, shops and vending machines.

Results
Whilst there is widespread support to improve the nutritional standard of all hospital food, improvement has been difficult to implement. To date very few of our own recommendations have been implemented, though some are likely soon. Productive work is being achieved and this should be celebrated, but it is also accepted that such change seems particularly difficult. We would like to share our action plan, success to date and open dialogue about the practicalities of hospital food improvement.

Conclusions
Most hospitals need to generate income wherever possible to maintain a viable business. Sales of foods and snacks can generate significant income. Rapid improvement in hospital food nutrition seems to be particularly restrained by this factor. Whilst hospitals are keen to improve nutritional standards across all supply avenues, it is not compulsory, where maintaining a strong financial footing is. The appetite for improved nutritional standards in hospitals is diluted by the increasing need to act as a business.

Comments
All hospitals have a key role to play in both supplying healthy nutritious food that does no harm, and in contributing to a wider public health role, making it clear that hospitals recognise the significant impact food can have on health. We would like to introduce this theme to the conference to show both positive and productive measures to improve nutrition, and stimulate debate on how this can be achieved against strong market forces.

Contact
Alison LOFTUS
Bolton Hospitals NHS Foundation Trust
Technical Instructor - Dietetics
Acute Therapy Office, Royal Bolton Hospital Minerva road
bl4 0jr Bolton
UNITED KINGDOM
alison.loftus@rbh.nhs.uk

Session P 1-9: Satisfaction and quality of life of hospital and healthcare staff

P 51. Employee Satisfaction Inventory (ESI) validation among health professionals in public health care settings.

Evangelia BIRMPILI, Nikos TSIGILIS, Anestis FACHANTIDIS, Panagiotis PAPATHEODOROU, Paschalina DIMITRAKI

Introduction
Recent evidence from meta-analyses (Faragher, et al., 2005; Cass, et al., 2003) suggests that job satisfaction level is an important factor influencing the health of workers and that having a satisfactory job environment does promote employee health significantly. The workplace is an important setting for successful health promotion strategies because employees today spend a growing amount of time at work. There is a dearth in instruments examining job satisfaction of health professionals within public health care settings in Greece.

Purpose / Methods
To examine the underlying structure of the ESI (Koustelios and Bagiatis, 1997) when it is administered to Greek health professionals (physicians, nurses, health visitors, physiotherapists, pharmacists and medical laboratory technologists) working in public health care centres. A stratified random sample was used to collect data from nine public general hospitals from different areas in Greece during August 2009 to November 2009. A 24-item, self-administered questionnaire distributed to 500 health care providers, of whom 394 (79%) responded (113 men, 281 women, Mean age = 39yrs, SD = 8.34 and Range = 20-67 yrs, Mean employment years = 12.7, SD = 8.77, Range = 1-36yrs) in order to examine the six dimensions of job satisfaction in health professionals.

Results
The instrument was designed to assess six facets of job satisfaction: "working conditions", "salary", "promotion", "job itself", "supervision", and "organization as a whole". Exploratory factor analysis showed that 20 items of the ESI could reliably be used to describe six job satisfaction facets. Cronbach's α ranged from .69 to .86. Mean values of the six facets demonstrated

that health professionals were mainly satisfied from salary, promotion opportunities and the organization as a whole.

Conclusions
Overall ESI appears to be a valid and reliable instrument which can be applied to examine job satisfaction levels of Greek health professionals. Given that conditions within a setting can influence health directly, the use of ESI could make an important contribution towards the development of health promoting working environments for the staff which is an important health promotion strategy.

References

- Cass, M., Siu, OL, Faragher, EB., Cooper, CL. (2003). A meta-analysis of the relationship between job satisfaction and employee health in Hong Kong. Stress and Health 19: 79-95.
- Faragher, EB., Cass, M. and Cooper, CL. (2005) The relationship between job satisfaction and health: a meta-analysis. Occupational and Environmental Medicine, 62: 105-112.
- Koustelios, A., and Bagiatis, K. (1997). The employee satisfaction inventory (ESI): development of a scale to measure satisfaction of Greek employees. Educational and Psychological Measurements, 57, 469-476.

Contact
PhD Candidate in Health Promotion Evangelia BIRMPILI
Aristotle University of Thessaloniki
Georgiou Zlatkou 1
62122 Serres
GREECE
ebirbili@gmail.com

P 52. The survey of the satisfaction between the executive staff and non-executive staff in the hospital - An experience of some hospital in Taiwan

Szu-Hai LIN, Ching-Nien CHANG, Hsiao-Ling HUANG

Introduction
In the highly competitive medical environment, clients' (patients') satisfaction to service quality of the hospital is one of the key factors of the success or failure of the hospital. But it needs the satisfactory staff to perform the high-quality service for the clients, and can succeed in dealing with the challenge from external world. Therefore, staff's satisfaction and identification with hospital are even more important.

Purpose / Methods
There are 6 aspects, including social assessment, working environment, personnel welfare, work grow up and self-raising, communication and coordination, and human resources, to explore the differences between the executive staff and non-executive staff. Investigation time adopts and carries on general survey filling out questionnaire way to August 10 of 2009 till August 31, 1998, and carry on relevant statistical analysis with SPSS 14.0 after the questionnaire is retrieved. Release 1103 questionnaires in total, the valid questionnaire is 945, the rate of recovery of valid questionnaire is 85.7%.

Results
The result of study showed that it that the satisfaction of the social assessmentthe of the executive is 92.2% but the non-executive is 70.1%; the satisfaction of the working environment of the executive is 80.8%, but not the executive is 61.2%; the satisfaction of the personnel welfare of the executive is 81.8%, but the non-executive is 43.5%; the satisfaction of work grow up and self-raising of the executive is 79.6%, but the non-executive is 59.7%; the satisfaction of the communication and coordination of the executive isis 83.9%, but the non-executive is 54.5%; the satisfaction of the human resources of the executive is 72.3% but the non-executive is 49.8%.

Conclusions
Learnt by the result of this study, Satisfactions of the executive are all greater than those of the non-executive. It reveals the differnt opinion and cognition to some extent because positions are different. Hospital executive and non-excutive pay quite different attention to same topics. The executive pay more attention to the efficiency, competitiveness and management ability of the future organization in addition to to personal wages of level and fair reward, but the non-executive relatively care about the change of the personal rights and interests.

Contact
Ph.D. in Social Welfare Szu-Hai LIN
Yuanpei University
Chairman and Associate Professor
No.306, Yuanpei St. Hsin-Chu, 30015 Taiwan.(R.O.C.) 30015
Hsin-Chu
TAIWAN, R.O.C.
lin@mail.ypu.edu.tw

P 53. Factors predicting physical, social, emotional and mental parameters of self reported health related quality of life among hospital personnel of the Hellenic Network of Health Promoting Hospitals

Dimitra TRIANTAFYLLOU, Akrivoula PROKOPI, Chara TZAVARA, Yannis TOUNTAS

Introduction
Health Related Quality of Life Research in Greece has not been developed until recently. Most of the research that has been done refers to patients populations and there is limited evidence on Health Related Quality of Life of the working population and in healthcare workforce in particular.

Purpose / Methods
The aim of the study was to investigate the factors that predict social, emotional and mental parameters of Health Related Quality of Life (HRQoL) among the staff of the Hellenic Network

of Health Promoting Hospitals. A stratified random sample of 720 personnel of 13 Health Promotion Hospitals (HNHPH) was selected. The Greek version of Short Form 36 (SF-36) and a purpose made questionnaire including demographic characteristics, health related behaviours, BMI, job satisfaction and self reported morbidity was administered and multivariate analysis was conducted

Results
As for Social Functioning, analysis revealed that female gender, nursing profession, low job satisfaction and self reported chronic morbidity can be considered as significant independent predictive factors for low scores. Moreover, for the same parameter, age over 50 was found to be significant predictive factor for a high score. Female gender, low job satisfaction and self reported morbidity were identified as predictive factors for low scores in Role Emotional. As for Mental Health, analysis revealed that female gender, administrative profession, low job satisfaction and self reported morbidity can be considered as significant predictive factors for low scores, whereas age over 50 was found to be a significant predictive factor for high score

Conclusions
Results indicate the association of work related factors (job category, job satisfaction), and self reported morbidity with social, emotional and mental parameters of HRQoL suggesting that health promotion programs addressing the above mentioned factors would reduce inequalities in HRQoL among hospital staff and would have a beneficial impact on HRQoL overall

Contact
MD, MSc Dimitra TRIANTAFYLLOU
Center for Health Services Research, University of Athens
Alexandroupoleos 25
Atthens
GREECE
thmyrillas@yahoo.gr

P 54. Differences in the correlates of employees' psychological empowerment

Shu-Chin TUNG, Hsiao-Ling HUANG

Introduction
The strategies of HPH aim at empowering people to live their lives as healthy as possible – not regarding specific diseases, but rather risk preventing or possible health enhancing lifestyles (WHO, 2006). Empowerment is a core strategy of HPH. It is also understood to include health enhancement by empowering patients, relatives and employees in the improvement of their health-related physical, mental and social well-being (WHO, 2004).

Purpose / Methods
This study adopts 4 dimensions of psychological empowerment from Spreitzer (1995) and uses item analysis and factor analysis to reconstruct an empowerment scale for employees' health promotion in the hospital. Through literature studies with the related literature review, 5 determinants to the employees' psychological empowerment have been found. After pilot test, interview, reliability and validity test, it will be classified as 5 factors to determine empowerment scale for employees' health promotion in the hospital.

Results
The results of this study will to explore the correlates of employees' psychological empowerment between HPH and non-HPH in Taiwan.

Conclusions
Health inequalities related to HPH stratagies exist employee'

Comments
From the result of this study, there are found that health inequalities of empowerment not only exist in the different working title of Employees, but also in the HPH/ non-HPH.

Contact
Shu-Chin TUNG
Yuanpei University
Associate Professor
No. 306 Yuanpei
Hsin Chu
TAIWAN, R.O.C.
sctun@mail.ypu.edu.tw

P 55. Assessment of the interdependence between work environment and health condition among nurses

Vidmantas JANUSKEVICIUS, Paulius VASILAVICIUS, Juozas PUNDZIUS, Irena MISEVICIENE

Introduction
Occupational diseases are a significant issue worldwide. These diseases cause major economic and social problems and influence statistics representing sick-leave periods, disabilities, and even deaths.The present research will contribute to a more in-depth understanding of the specificities related to work conditions of nurses in health care institutions of Lithuania. By extension, it will help find ways to reduce hazardous factors within work environment. The relationship between health problems and work environment determined in the present study will enable to define priorities leading to improvement of work conditions not only in the target institution but also in other health care institutions of Lithuania.

Purpose / Methods
The present study aims to assess the interdependence between health problems among nurses and work environment in the health care institution (X) as well as to suggest means for the prevention of health problems. One of the research methods was the use of a questionnaire that was given to the nursing staff in the health care institution X. The questionnaire was given to 2,665 of the nursing staff to be filled out during daily department meetings. In the period of February-March, 2002, 2,398 respondents answered questions given in the

provided questionnaire. Answers of 119 respondents were categorized as invalid since responses to over 20% of the questionnaire questions were missing. As a result, responses provided by 2,279 of the nursing staff serve as an object of the present analysis. The estimated response frequency is 89.9%.

Results
The participants of the research, in their answers to the questionnaire, tend to relate their health impairment to the conditions of work environment. Only 14.5% of the respondents have evaluated their work environment as positive (optimal) (n=2101; χ^2=176.987, p=0.000). The latter research conducted in accordance with the existing Legal Statements of 1999-2004 revealed that, in the investigated workplaces (n=558), work environment was identified as harmful in 112 work places with 192 employees. Increased noise levels was found in 42 workplaces with 103 employees, increased ozone concentration was detected in 19 workplaces (91 employees), and increased concentration of alcohol vapor (resulting from the use of disinfectants) was found in 16 workplaces (25 employees).

Conclusions
The most common health problems that were found to be caused by working with aldehydes containing disinfectants are allergic skin reactions, running nose, and tearful eyes. The data revealed that 62.9% of nurses experience psychological pressure or aggression exercised by patients and their visitors.It was found that nurses who lift, turn, or transport patients experience spinal, lumbar, and leg pains. Pain in the neck, shoulder, and carpal areas was found to be more common among the control group population working as laboratory staff, registrar staff, etc.

Contact
Assoc.prof. Vidmantas JANUSKEVICIUS
Kaunas Medical University
Mickeviciaus str. 9
Kaunas
LITHUANIA
vidmantas.januskevicius@kmuk.lt

P 56. Survey result of the quality of life for the nurse aides

Mei-Yun CHEN, Chung-Jen WEI, Yueh-Ling CHANG, Chiung-Lang WANG, Shoei-Loong LIN, Tzu-Ling HSU

Introduction
This study utilizes cross-sectional questionnaire investigation to assess the quality of life of nursing aides in Taiwan.

Purpose / Methods
Predefined forms of quality of life (SF-36 Taiwan standard Version) were completed by a total of 299 participants from two nursing aide service centers and two residential care facilities. Age, gender, educational status, an individual income and working hours data were collected. To gather SPSS/Windows 17.0 statistics studies including descriptive analysis, one-way ANOVA, and t-test to are used to analyze the data.

Results
Descriptive result shows that 92% of respondents are female, 82.9% are aged 40-64 years old, average education years are 12 years, 41.1% of them have an individual income of 20,000 - 29,000 NT dollars per month, and 51.5% of them work more than 56 hours per week. Bivariate analysis result shows that participants with kids under 18 years of age ($p < 0.001$) have a negative impact on their “Physical Functioning (PF)” and income ($p<0.05$). “Bodily Pain (BP)” is found to be associates with age ($p<0.05$). The data shows working night shifts ($p<0.01$), education years ($p<0.05$), and increasing age ($p<0.01$) have negative impacts on “Social Functioning (SF)”. “Role-Emotional (RE)” is directly related to workload ($p<0.05$) and working night shifts ($p<0.001$).

Conclusions
In conclusion, this study has identified the several aspects of their work as nursing aides that have directly affected the quality of their life, such as long working hours and significant workload. We therefore suggest that further long-term care policy takes into account these issues to improve the quality of life of nursing aides, which may ultimately improve the quality of care they provide for the nursing home residents.

Comments
We therefore suggest that the future long-term care policy takes into account to assure the quality of life among nursing aides who eventually result to better quality of care.

Contact
Mei-Yun CHEN
Tiapei Hospital, Department of Health, Taiwan
127 Su-Yuan Road, Hsin-Chuang City, Taipei County, Taiwan
Taipei
TAIWAN, R.O.C.
nurse361@ptph.doh.gov.tw

P 57. The beginning of equal treatment of women and men in the relation of work

Maria CHANIA, Ioannis GRYPIOTIS

Introduction
The present project treats the always actual and "alive" issue of the principle of the equal treatment between women and men in the employment. This project aims first of all to designate whether this principle is applied during the practicing of the employment and also to bring out the problems that are created due to its non-application. Its aim is also to demonstrate that the implementation of the principle of the equal treatment is not only a "female" matter, but it' s a matter that interests both sexes and the whole society revealing the degree of evolution of the community and the woman’s position in it, in the framework of the gender mainstreaming, that is to say the incorporation of the equality in opportunities between men and women, in all the politics, and actions of the government (when

it refers to Greece) and the Community (when it refers to European Union).

Purpose / Methods
The project is divided into two basic units. In the first unit, the National, European and International legislative framework that regulates the principle of the equal treatment is mentioned, and special reference is made in two essential national laws about equality (1414/1984 and 3488/2006). Then, various expressions of equality are presented, namely the equality in the professional orientation, the equality in the approach to the employment, the equality in salaries, the equality in participating in syndicates, also laws that have been enacted for the protection of women on issues concerning motherhood, in order to accomplish the substantial equality are presented. In the second part of the study, which consists the most practical part of it, the many infringements that take place during the employment's function are described, that emerge from case-law data of national Courts and the Court of Justice of the European Communities and from useful and very interesting statistics, taken by all the member-states. The most typical are those that refer to difference in salaries between women and men employees, sexual harassment that is particularly observed in women from their man employer or colleague and non-evolution of women in the hierarchy.

Results
The study reaches the conclusion that in spite of the plethora of the national, European and international legal sources that refer to the principle of the equality of treatment of the two sexes in the employment, in reality, conditions are much more different, since many violations take place and women are the victims in the majority of cases. Consequently, even though some people may believe that the occupation with the subject of "equality between women and men" is unneeded and anachronistic, in fact this matter is more timely than ever. The project results in proposing measures in order to succeed the real and virtual equalization between women and men, considering that the first and most decisive step towards this direction is that all -especially women- comprehend their role in employment and the society in general and assert their rights, keeping in mind that only if we change mentality and pay regard to the improvement of woman's position in the market of labour, in that case equality will be achieved.

Contact
MSc Maria CHANIA
Byzantium 34
23100 Sparta
GREECE
mavridia@mail.gr

P 58. Reducing Occupational Stress in Employment (ROSE)

John S. G. WELLS, Margaret DENNY, Jennifer CUNNINGHAM

Introduction
Working in the mental health and intellectual disability support sector can be particularly challenging for staff in terms of occupational stress and well-being. This is a significant reason for staff leaving employment, and reduces service effectiveness. A number of de-stressor programmes exist in clinical environments but no such programmes exist in the mental health and disability social support sector. This paper reports on findings to date of the Reducing Occupational Stress in Employment (ROSE) EU funded project.

Purpose / Methods
This paper reports on the findings of the first year of the ROSE project, with regards to the nature of stressors reported by staff working in 5 EU countries. The research design consisted of a mixed method approach, utilising questionnaires and focus groups. Data was collected and analysed from a range of managers and support workers (n=54 in 5 countries across Europe. Statistical analysis was conducted through entry into SPSS Version 15; qualitative analysis was aided through 'NVivo 8 software.

Results
Findings indicate that there are both commonalities and points of difference in terms of the stressors experienced by staff in each of the 5 EU countries. Participants identified potential benefits for them personally and for their organisations in relation to the establishment of an online stress management programme.

Conclusions
The European Pact on Mental Health (2009) emphasises the importance of supporting employee well being in the work place. Findings from the ROSE project suggest a corporate responsibility in this regard towards staff who professionally contribute to the social inclusion of people with mental health problems and intellectual disabilities. Results confirm the need for a person and work directed stress management intervention that is easily accessible and cost effective.

Contact
MSc in Health Sciences Jennifer CUNNINGHAM
Waterford Institute of Technology
Researcher
Department of Nursing, School of Health Sciences,
Waterford
IRELAND
lomurphy@wit.ie

Session P 1-10: Improving healthcare settings: sustainability, design and provision of healthy nutrition

P 59. Environmental management and sustainable development: Research & development of the value ... the value of waste!

Paola M. ANTONIOLI, Katia MONTANARI, M.Chiara MANZALINI, Valentina DALPOZZO, Laura ALVONI

Introduction
"The Sustainable Development is the development that satisfies the needs of the present generations without compromising the ability to the future generations to satisfy their own needs". For Ferrara Teaching Hospital (Emilia-Romagna Region, Italy) it means management of processes and structures oriented to the continuous improvement of the environmental performances, application of environmental standards in the planning of new structures/activities and in the acquisition of health-care facilities and services, social communication and promotion of virtuous behaviours.

Purpose / Methods
Some specific actions have been characterized to be developed, to affect on environmental determinants of health:
- to measure (indicators of sustainability) and to reduce the environmental impacts, in particular the amount and the dangerousness of the substances and of the produced waste
- to improve these processes
- to rationalize consumption and resources
- to improve awareness and to motivate the workers
- to develop consent and to give value to the image
- to strengthen relationship with community, stakeholders and shareholders.

Results
- Identification and mapping of activities, substances and dangerous products employed in the hospital
- Periodic analysis and redesign of waste management, improving differentiated collection and recovery, managing dangerous waste, implementing safe structural interventions
- Modernization of the procedures
- Implementation of quality controls
- Implementation of the Waste Observatory.

All the workers, patients, visitors and the community are involved and called to participate actively to the plan.

Conclusions
It's possible to measure and to reduce the environmental impact of a Hospital, particularly regarding the production of waste. For example, in 2008 the production of infectious risk waste has been reduced (-87.155 Kg regards 2007). In 2009, the promotion Campaign to support the differentiated collection and recovery of waste, "If you separate you live! YOU KNOW THAT…" started in collaboration with City of Ferrara, HERA Company and High School of Social Sciences of Ferrara.

Comments
An approach oriented to the environmental management promotes motivation between the workers, it values the image and it strengthens consent and relations with the community.

Contact
MD Paola M. ANTONIOLI
Azienda Ospedaliero-Universitaria di Ferrara
Corso Giovecca 203
44121 Ferrara
ITALY
p.antonioli@ospfe.it

P 60. Sustainable hospitals

Cristina INIESTA BLASCO

Introduction
The energy pollutes, degrades and stresses the greenhouse effect. The energetic resources are limited therefore the energy is not only expensive, but that is unplayable. Our purpose is not to consume unnecessary energy.The energetic efficiency is the cheapest source of energy. The energy that less pollutes is the one that does not consume. For all these reasons we created a group of work to develop the diffusion of the sustainable action and all the rest of initiatives in our environment. Because all of that it is considered necessary to broaden the adhesion to this initiative to the utmost, in the frame of the association HPH International.

Purpose / Methods
- Promoting attitudes, fostering a culture of respect to the environment in the individual area of work
- Fostering the appraise of efficiency energetic, of respect to the environment.
- Promoting the consumption responsible for the energetic resources in weary activities developed on the day on day of the Health Care Centres.
- Making aware with respect to the work or environmental risk due to the general waste.
- Being referents as Institutions instigators of environmental initiatives.

Results
- Hundreds of small daily moral satisfactions to be making him more efficient in each action.
- Not increasing unnecessarily, the climatic change, with our actions mortgaging the future of new generations.
- Upper ecological quality of life, green and sustainable.
- Savings upper to 50% of energy.

Conclusions
Our aim is to be referent as Institutions instigators of environmental initiatives, promoting attitudes and a culture of respect to the environment in the area of work itself and to foster and to promote models of responsible and efficient behaviour of the energy and the management of the resources. All the initiatives of the Group have been implemented in our "Centre Forum" and the rest of our centres.

Contact
Dr. Cristina INIESTA BLASCO
General Manager, Institut Municipal d'Assistencia Sanitaria
Passeig Maritim 25-29
08003 BARCELONA
SPAIN
ciniesta@imas.imim.es

P 61. A hospital network for sustainable health care

Gian Paolo PAGLIARI, Marilena PIARDI, Roberto PREDONZANI, Loredana REGHEZZA

Introduction

There is, according to most experts, a real urgency to tackle environmental themes; hospitals, that often are real and actual polluting industries, need to and must contribute more actively to a national and international environmental policy. The aim and object is to put into action a dynamic and positive health-environment, themed for the productive sectors of hospitals, creating a sustainable and responsible approach to healthcare.

Purpose / Methods

There are numerous areas in wich worthwhile action for the environment can be developed as:

- Eco-Construction: Advancing ecological construction in the healthcare sector and convincing the various agents about the positive impact of such buildings on the environment (consultation-emissions), on economy (global cost of construction, maintenance, reconversion) and on man (patient, staff end resident).
- Green-House Gases: Reduce the emission of co2 in hospitals
- Waste: Reduce the impact of waste from a healthcare establishment (both in quantity and quality), on man (patient, staff and resident) and on economy (global cost and efficiency of the structure).
- Responsible Purchasing: Take a critical look at product purchasing, demanding products with the least negative impact on the environment both economically and humanly.
- Energy-Water: Rationalise the usage within the healthcare establishment.
- Training: Develop the content, both of the initial training and of the up-dating, to the point that themes of sustainable development are also taken into account.
- Education and Promotion of Health: To encourage the healthcare professional, the patient and the public powers to consider healthcare more in a preventive way than curative.
- Fight against Infections correlated to institutional Practices: Most appropriate use of
  - Water: re-thinking, for example, the classification of the environment to be cleaned and the recuperation of residual water from sterilisers.
  - Disinfectants: utilising, for example, lesse chemical molecules and more natural (vegetable) substances and steam vapour.
  - Disposable: verifying, for example, on a scientific base, the possibility to re-sterilise materials that today are classified by their manufactures as Sterilised confections (evaluating, for example, should those confections be prepared in different way, taking into consideration expiry times.); Antibiotics (front, for example, a diligent policy on the appropriate use of antibiotics to avoid ever rising environmental pollution.)
- Alimentation: Develop the concept of "health eating" relating to the principles of sustainable development whit fair and joint commerce
- Institutional Crediting: Specify requirements and guides, connected to sustainable development, to insert in manuals for institutional crediting (qualification) in healthcare structures, both public and private.
- Sustainable Management: Encourage the managers of every level to run their department with a policy orientated to sustainable development.

Conclusions

We (intend) to create a network of hospitals that are able to identify, develop and study in depth, in a multi-disciplinary way, the topics briefly outlined above.

Contact
Marilena PIARDI
Ospedale S. Charles
Via Aurelia 98
18012 Bordighera
ITALY
m.piardi@asl1.liguria.it

P 62. Heart of Mersey's Cheshire and Merseyside Hospital Food Project

Modi MWATSAMA, Florence SUBERU, Nicola EVANS

Introduction

The NHS is one of Europe's largest employers. Of the 1.2 million people employed in the UK, around 300,000 are obese and 400,000 are overweight. The Hospital Food Project pre-empted the DoH's progress report "Healthy Weight, Healthy Lives: One Year On" which urges the public sector to lead by example. Supported by primary care trusts, the Cheshire and Merseyside Hospital Food Project is a unique initiative in the UK focusing on nutrition and healthy eating among NHS employees.

Purpose / Methods

There are two elements to the project

- Social marketing support to each hospital trust, culminating in a three-month campaign, branded 'Nourish', to promote the availability and health benefits of healthier food options to staff and visitors.
- Practical training workshops around nutrition for catering staff, linked to the Food Standards Agency's nutrition priorities. The initiative involved 30,000 employees across 10 hospital trust. Partners in the project include Heart of Mersey, social marketing agency 'ICE' and six primary care trusts.

Results

Hospitals committed to a range of activities, from reformulating menus and recipes (to ensure healthier food) to increasing availability of fruit and healthier snacks. An evaluation is being completed to measure the extent to which the project has increased levels of awareness, interest, and behavioural and attitudinal change amongst hospital staff. Trust catering, communications and facilities managers have been involved in the intervention and evaluation to measure the impact it has had on the catering services.

Conclusions
The project has supported hospitals in addressing their NHS corporate citizen responsibilities to meet the requirements of the Choosing Health white paper and the public health domain for the Healthcare Commission's Assessment of Trusts. Examples of best practice are to be re-produced to share with other NHS settings. Networking between hospitals continues and the project has provided the foundation for other workplace nutrition projects to be established. The Project could be replicated in other settings where on-site catering is provided.

Contact
Bsc, Msc, P.g.diploma Nicola EVANS
Heart of Mersey
Food and Nutrition Programme Manager
Crosby Road North Burlington House
L22 0QB Liverpool
UNITED KINGDOM
nicola.evans@heartofmersey.org.uk

P 63. Ill-lighting syndrome: Prevalence in shift-work personnel in the anaesthesiology and intensive care department of three Italian hospitals

Ilaria MORGHEN, Maria Cristina TUROLA, Elena FORINI, Piero DI PASQUALE, Paolo ZANATTA, Teresa MATARAZZO

Introduction
Studies have been carried out on shift-work personnel, who are obliged to experience alterations in the physiological alternation of day and night, with anomalous exposure to light stimuli in hours normally reserved for sleep. In order to identify any signs and symptoms of the so-called ill-lighting syndrome, we carried out a study on a sample of anaesthesiologists and nurses employed in the operating theatres and Intensive Care Departments of three Italian hospitals.

Purpose / Methods
We used a questionnaire developed by the Scandinavian teams who investigated Sick-Building Syndrome that was self-administered on one day in the environments where the degree of illumination was measured.

Results
Upon comparison of the types of exposure with the horizontal luminance values (lux) measured (< 700 lux, between 1000-1500 lux, > 1500 lux) and the degree of stress reported, (Intensive Care: mean stress = 55.8%, high stress = 34.6%; Operating Theatres: mean stress = 51.5%, high stress = 33.8%), it can be observed that the percentage of high stress was reduced as the exposure to luminance was increased, although this finding was not statistically significant.

Conclusions
We cannot share other authors' enthusiasm regarding the effects on workers well-being correlated to the use of fluorescent lighting. The stress level of our workers was found to be more heavily influenced by their familial and working conditions, irrespective of the ambient light stimulus.

Contact
Ilaria MORGHEN
S.Anna University Hospital
C.so Giovecca 203
Ferrara
ITALY
ilaria.morghen@tele2.it

P 64. Little tips to promote healthy life habits inside the hospital

Nuria SERRALLONGA, Mª Josep PLANAS

Introduction
As G D Kunders says on his website about Interior design and graphics in hospitals (www.expresshealthcaremgmt.com), The main lobby of the hospital, is the first point of contact with the hospital for patients and visitors (...). Therefore the lobby should not only be orderly and well appointed, it should also be bright and colourful - consistent, of course, with the architectural background. How do we deal with Health Promotion messages? It's obvious that written soffits are not always the best. They can be adequate in specific facilities where people are supposed to find this kind of information. However, small hidden messages are probably a better solution for spaces like the hospital facility.

Purpose / Methods
In this poster we present some of the hidden messages that can be seen in the building (different places) of the tertiary children's and women's hospital in Barcelona, Hospital Sant Joan de Déu Barcelona.

Results
These small hidden messages are:
- The decoration of one in every 3 or 4 steps on the stairs with the hospital's mascot inviting visitors to walk and not to take the elevators.
- Short phrases like: "This is good for your heart" or "This way you can improve your circulation" are delicately written on the floor.
- The salad buffe in the dining room: Self-service fresh vegetables are provided on the hospital's menus at lunch and dinner. The colourfulness of different natural products and the wide range of choice are possibly a good way of promoting healthy food instead of junk food. This option is included in the menu price.
- The toothbrush vending machines: it is possible to buy a toothbrush with toothpaste in a cute box from the vending machines.

Conclusions
Are these small tips an effective way of promoting physical exercise, healthy diet and good oral health? In order to study this topic, we aim to conduct a survey among all adults in the hospital for a week. We will present the results in the poster.

Contact
Dr Nuria SERRALLONGA
Hospital Sant joan de Deu Barcelona
P Sant Joan de Deu 2
08950 Esplugues de Llobregat
SPAIN
nserrallonga@hsjdbcn.org

Session P 1-11: Improving patient safety by risk reduction & improvement of service quality

P 65. "Non lavartene le mani!" ("Don't wash your hands out of it!"): Promotion Campaign of hand hygiene in Ferrara Teaching Hospital, Emilia-Romagna Region (Italy)

Paola M. ANTONIOLI, Katia MONTANARI, M.Chiara MANZALINI, Laura ALVONI, Valentina DALPOZZO, Anna MALACARNE

Introduction
Patient's safety, linked to health-care facilities, is a topic that worries in increasing way the Sanitary Systems of in world. The health care-associated infections (HAI) involve high costs for the patient, the family, the health-system and are cause of death. Such consequences can be prevented with the simple action of hand hygiene in the "5 fundamental moments" indicated by WHO.

Purpose / Methods
To reduce the HAI by promoting the compliance to hand hygiene between operators, patients, care givers and visitors, throughout the participation on international experimentation of WHO' s Guide Lines by the multimodal strategy. This has strengthened the local Campaign "Non lavartene le mani!" ("Don't wash your hands out of it!"), already started on 9 May 2006. Key elements are organizational changes, blended formation strategy, observation of hand hygiene practice, some remainders and engagement of some local Testimonials who gave their personal image in the local Campaign.

Results
The experimentation evidenced:
- an elevated perception about the importance of right hand hygiene practice between the operators (83%)
- the observed compliance started from 17% before experimentation of WHO'sGuide Lines to 75% after (+ 58%)
- the HAI prevalence rate diminished from 11.9% before experimentation to 8.7% after (- 3.2%).
- At present the implementation phase in scaling-up, starting from ICU, Neonatology, Obstetrics-Gynaecology, Urology, Neurosurgery and Haematology-Transplant of bone marrow.

Conclusions
Sustainability, feasibility and effectiveness of the initiative has supported the decision to start the implementation in scale-up in all the Departments in the quinquennium 2009-2013. In occasion of the Campaign anniversary, May 9th, the Plan showed and confirmed its high value, strengthened by the experience of participation to the international experimentation. It has enriched the local know-how with new attention to the topic of the hand hygiene.

Comments
Ferrara Teaching Hospital, Emilia-Romagna Region (Italy) supports the WHO new initiative to promote the importance of hand hygiene at the point of care "Save lives: Clean Your Hands!"

Contact
MD Paola M. ANTONIOLI
Azienda Ospedaliero - Universitaria di Ferrara
MD Specialist in Public Health, HPH Responsible
Corso Giovecca 203
44121 Ferrara
ITALY
p.antonioli@ospfe.it

P 66. Extensive use of 3D non-fluoroscopic mapping system markedly reduces patients and operator radiation during catheter ablation of cardiac arrhythmias

Maurizio DEL GRECO, Massimiliano MARINI, Alessio COSER, Livio BERTAGNOLLI, Aldo VALENTINI, Emanuele TORRI

Introduction
Radiofrequency catheter ablation is widely used to cure cardiac tachyarrhythmias but these procedures may require extended fluoroscopic exposure resulting in elevated radiation risk. In the last years 3D non-fluoroscopic navigation systems have been proposed as useful tools for catheter ablation of complex arrhythmias but their relative effect on the x-ray exposure is not yet well evaluated.

Purpose / Methods
The aim of the study was to value the effect of the non-fluoroscopic navigation system on the fluoroscopy exposure during catheter ablation. Methods: in our Laboratory from 2001 to 2007 a single non-fluoroscopic navigation system (Carto) was used only for catheter ablation of complex tachyarrhythmias (e.g. atrial fibrillation, ventricular tachycardia); from 2008 a second non-fluoroscopic navigation system was available in the Laboratory (St.Jude NavX) and from October 2008 all the ablation procedures in our Laboratory are performed using a non-fluoroscopic navigation system (Carto or NavX). We compare fluoroscopy time, total X-ray exposure and procedural duration during catheter ablation before and after 2008. The study included 423 patients who underwent catheter ablation from 2007 to 2009 (mean age 58).

Results
The mean fluoroscopy time was 28.1+/-21.7 min in 2007, decreased to 19.5+/-14.3 min in the 2008 (p. 0.0001) and up to 13.6+/-12 min in the 2009 (p. 0.0004). Mean Total X-ray exposure changed from 6826.6+/-8399.6 cGycm2 in the 2007 to 4439.7+/-5351.3 cGycm2 in the 2008 (p. 0.0041) and up to 3109.3+/-4099.6 cGycm2 in the 2009 (p. 0.027). The mean procedural duration during catheter ablation in the 2007, 2008 and 2009 was 143.3+/-81.7 min, 131.4+/-69 min and 139+/-62.3 min respectively (p. NS).

Conclusions
The non-fluoroscopic navigation system markedly reduces fluoroscopy time and total X-ray exposure without prolongation of the procedural duration during catheter ablation compared with ablation performed under fluoroscopy guidance. The non-fluoroscopic navigation systems allow a significant reduction of patient and operator radiation during cather ablation.

Contact
Maurizio DEL GRECO
Cardiology Dept. Ospedale S. Chiara
Chief EP Laboratory
Largo Medaglie d'Oro 1
38100 Trento
ITALY
maurizio.delgreco@apss.tn.it

P 67. Multidisciplinary care's quality and integration concerning patients affected by SLA (Side Amniotrophic Sclerosis)

Paolo BUZZI, Giuseppe DE DONNO, Carlo STURANI, Paolo PREVIDI, Felice BIAGI, Fabrizio FABRI PONCEMI, Andrea SAVIOLI, Vanni GALAVOTTI, Anna MAGHERINI, Elena POLITANO, Camelia Gaby TIRON

Problem definition and general finality / aim
We're talking about a rare pathology Side Amniotrophic Sclerosis (freq.: 5-6/100.000 abs.), nevertheless serious, cause of disability and inauspicious prognosis.Not rarely, after the dramatic communication of the diagnosis, the patient and also close relatives have got a feeling of forsaking and isolation in front of one important list of problems (health, psychological, ethics, working, economic, social, etc.) that achieve to the inexorable progression of the illness. This project, like a possible answer to the questions above, foresees the creation of a specific outpatient's clinic, with specialized personnel; it has foreseen the institution of preferential channels, fast-accesses to specialist's consultations, psychological support, treatments and therapies.

Purpose / Methods
The recognized need to decrease the health inequalities and to create a valid point of reference for the Patients affected by SLA of the Mantua's territory have determined the necessity to organize the ambulatory activity in order to guarantee:

- Constant availability of qualified personnel to face the specific problems of the Patient affected by SLA
- Access facility and equity to the services and possibility to quickly contact the clinic
- Increasing the ability of interdisciplinary intervention of the team in collaboration with external operators -Improvement of the information on the problems of the illness for the Patients and the caregivers
- Promotion of the protection, the assistance and the cares to SLA Patients, guaranteeing the personal dignity for a best quality of life.
- Promotion of the Patients' information in order to valorize his wish and ability of free and aware choice
- Privilege the planning and the coordination of the cares and the treatments to reduce to the least one the decisions in situations of emergency
- Spreading in the public opinion the sensitization and the knowledge of the connected problem list to the SLA
- Promotion the informed and fast-access to the benefits,
- Promotion volunteers' learning to support the sick people and their relatives
- Contribute to the collection and the elaboration of the epidemiological data on regional and national base

Specific aims and indicative of measurement (tags)
- Opening of the specific outpatient's clinic (Outpatient's department SLA)
- Increase the quantity and quality of the sanitary personnel updating on the SLA problem
- Participation to the collection and elaboration project of the epidemiological data on regional base;
- Raise the rapidity and ability of "listening" the demands expressed from the sick person;
- Reduction of the wait for specialist medical service (visits, treatments, psychological consultation, ordinary or day hospitalization, supply medicines etc.)
- Contacts and involvement of the Structures interested ASL and of the specific Associations
- Programmed Periodic Accesses (for disbursement cares and checks) contemplated and coordinated between Neurology and Pneumatology
- Activation domiciliary visits of the hospital medical staff: Neurologist, Pneumologist
- Activation of domiciliary assistance from the Nursing personnel by Neurology, Pneumology
- Extend the duration of the prescription of the specific medicine from 2 to 6 months
- Organization of a Public informative meeting on the SLA
- Organization of an informative-scientific Conference on the SLA

Results
- Opening up of a specific clinic for the neuromuscular disorders - diseases (understanding therefore the SLA) to fortnightly lilt (soon it will become weekly);
- activation of a devoted telephone number (endowed with answering machine) for the patients and their relatives to which a Professional Nurse with specific preparation answers, for booking of visits and instrumental examinations, for information and suggestions;
- reduction of the wait; the patients come as a rule revalued every two months, in case of necessity, after telephone contact, in the briefest possible time;

- rationalization of the access to the specific therapies furnished by the Business Pharmaceutical Service (medicines in band H);
- -insertion of all the patients of new diagnosis in the Regional Register of the SLA (Eurals) managed by the institute "Mario Negri" of Milan;
- Participation to the clinical epidemiologic research denominated "SLA and traumas" organized by the institute "Mario Negri" of Milan, comparing the anamnestic data of the patient SLAs with neurological and not neurological controls ;
- integration of the run of evaluation and multidisciplinary assistance with the Pneumatology and Intensive Care Department in order to program:
  - the evaluation of the respiratory function,
  - the evaluation of the respiratory insufficiency risk
  - the activation of the program for the management of the phase of the advanced respiratory insufficiency within the regional guide lines for the management of the mechanical ventilation for a long time term (program of respiratory domiciliary assistance (ADR)
  - prosecution of the research program / audit started from 2008 near the Pneumology and Intensive Respiratory Unit.
  - Making easier the access to the benefits of law (invalidity, aids, communicators and economic helps);

Conclusions
Evaluation (describing how the results will be appraised):
- N. of contacts with sick persons and caregivers (comparison with previews years)
- N. day specific hospital e/o ordinary hospitalizations programmed
- Waiting for the supplying of the specific medicine
- N. reunions of multidisciplinary coordination team
- N. meetings of coordination with ASL (territorial Structures) and specific Associations
- N. public meetings of information and sensitization on inherent themes the illness, held from personal team.

Contact
Camelia Gaby TIRON
AO Carlo Poma Mantova
Head Office Strategical Control
Albertoni 1
46100 Mantova
ITALY
camelia.gaby@alice.it

P 68. Evaluation of the quality of delivered services, specialists' performance, and environmental factors at Republican Vilnius Psychiatric Hospital

Valentinas MACIULIS, Fausta MICKIENE, Alina STIGIENE, Alma BUGINYTE

Introduction
Republican Vilnius Psychiatric Hospital is a specialized mental health care facility delivering psychiatric services: diagnostics and treatment of mental disorders, preventive measures and assistance in social readaptation. In 2007 the hospital's quality management system was recognized to be in compliance with LST LN LST EN ISO 9001:2001. Our activities are not confined to merely medical services but extend to the holistic approach of health promotion. Our specialists want to be sure their activities conform patients' needs and expectations.

Purpose / Methods
The aim of this study is to check the efficacy and safety of delivered services. The staff have already expressed their opinion by evaluating the main criteria of quality, as availability, timeliness and response, partnership with patients, attentiveness to the patients and their kinfolk, mutual confidence and respect, safe and friendly surroundings. Objectives of the research: to analyse the evaluation of the quality of services delivered, of the specialists' activities, of the adaptation of surroundings and of the psychological climate in RVPH.

Methodology: Opinion pool by a questionnaire with 4 groups of questions respectively to the aim and objectives. Selection and sample of the questionees: RVPH patients (n=200) and staff (n=200). General group made of patients staying at RVPH and various specialists.

Results
Implementation: Staff interview completed in December 2009. Handing out of questionnaires to patients has started and the collection of date is to be completed on March 31, 2010. Both interviews' results will be compared.

Conclusions
Staff interview revealed:
- Rather high evaluation of timeliness of services delivery (85%), introducing of new technologies and advanced methods (70%) and excellent quality of medication use (70%).
- Staff is evaluated as skilful and competent (90%), nurses and social workers as attentive and sympathetic.
- The condition of the premises is good except of some auxiliary units. Especially good communication between patients and the community (95%).

Contact
Alma BUGINYTE
Republican Vilnius Psychiatric Hospital
Parko 15
Vilnius
LITHUANIA
a.buginyte@rvpl.lt

P 69. Quality of health care in Nyeri District: Patients perceptions and their effects on service utilization

Maryanne NDONGA, Germano MWABU, Joseph WANGOMBE, Elisha Kanyiri MUCHUNGA

Introduction
The paper reports on how clients visiting the health facilities during the time of study in a rural district (Nyeri, Central Province) in Kenya perceive the quality of care by different providers operating in the district. Review is mainly of studies on health care seeking behaviour published in economic Journals e.g. Journal of Policy & health planning; Journal of health policy, & Journal of social science & medicine. Generally the literature show that economic factors such as user fees & income affect utilization; increased user fee has a negative effect on utilization while increase in income improves utilization. Service management literature This study set to find out why demand for health care at some facilities is high even when technical quality of the service at the same facilities is known to be low and how much of utilization of service can be accounted for by service quality?

Design / Methodology / Approach
The study was a cross-sectional survey of clients attending health facilities in Nyeri district. The population of the study was drawn from the selected health facilities in Nyeri District. Multivariate analysis was used to determine predictors of health care services utilisation. Uni-variant analysis results are presented using table. A correlation matrix generated from SPSS contains the results of the bi-variant analysis. A table containing results of multi-variate analysis was generated

Results
Inadequate staffing and inadequate health care quality are the main factors constraining health services utilization in Kenya. The results from the field survey and the literature review shows that unmeasured factors and their perception by patients are important determinants of health service demand. In particular, patients' perceptions about quality of health facilities are important factors in utilization of health services. Moreover, most patients lived between 1 and 5 km from the health facility (40.5%). Contrary to the current perception about the quality of health care in public facilities being poor, the results of this study indicate that demand is high at these facilities despite the unfavorable attitude of patients about medical personnel. The presence of doctors and drugs, combined with facility proximity lead to overcrowding at public health facilities, which typically would be associated with friction between patients and health personnel.

Other factors influencing the utilization of health facilities include travel time, age of adult caregivers, household size, and gender of the patient, education and user charges. To further improve the quality of care in the long run the staffing of all health facilities with qualified staff is mandatory, undertake health policy revision on health financing and expand rural health care facilities.

Conclusions
Originality/Value- The main findings provide insight to the factors that account for quality of health care and shows why theory is at odds with practice

Contact
Maryanne N. NDONGA
Ministry of Medical Services
Afya House, Cathedral Road
P.O. Box 300 P O Box 30016-00100
Nairobi
KENYA
drndongama@yahoo.com

P 70. The experience of the Reggio Emilia district in pregnancy care provision by midwives in cases of low risk pregnancy - Limitations and difficulties (Health Authority of Reggio Emilia - Italy)

Andrea FORACCHIA, Rossano FORNACIARI

Introduction
Since 2006, the Reggio Emilia District has experienced the practice of providing pregnancy care through midwives in cases of low-risk pregnancies. The district has a population of 219,720 inhabitants with 2,325 births per annum. Public service pregnancy care provision in the district accounts for 36.3 % of all the pregnancies of the resident population, amounting to a total number of 1,699 cases in 2008 (some of which are from other districts). Since 2006, the district health authority, on the recommendation of the Emilia Romagna Region, has started placing pregnancy care provision for cases of low-risk pregnancies under the direct responsibility of midwives instead of specialist gynaecologists.

Purpose / Methods
This method of providing pregnancy care is based on the appraisal of the WHO (2002 and subsequent reports) that different levels of care should be provided for pregnancies depending on their complexity, and that constant care by specialist doctors is not required since monitoring by qualified midwives is sufficient to guarantee their normal evolution. Midwives operate under an integrated healthcare system that includes specialist doctors whose collaboration they can request whenever they consider it necessary. The prenatal clinic is a primary and constantly available facility to meet women's need for a regular and ongoing point of reference. In normal circumstances, childbirth should take place at the city hospital through a parallel channel of pregnancy care provided solely by midwives and without the involvement of specialist doctors.

The reasons for this choice are based on the two-fold requirement of avoiding over-medicalization of the pregnancy/childbirth, thereby fostering its natural evolution, and reducing related healthcare costs while still guaranteeing the quality of healthcare provision. With the prospect of achieving a system managed exclusively by midwives by 2009, a doctor-midwife mixed-management approach to pregnancy care provision was introduced in the Reggio Emilia District during the 2006-2008 period. Midwives carried out a range of medical examinations while the doctor was involved at predetermined stages of the pregnancy (the second, fourth and

sixth examinations). The initial stage, consisted of an interview to assess the risk factors of the pregnancy (by means of a selection grid) and to determine whether low-risk or high-risk procedures would be applied in each case.

Results
Through the course of the three years, the percentage of low-risk pregnancies in the Reggio Emilia District increased from 45% in 2006 to 75% in 2008. Midwives were gradually trained for this kind of pregnancy care until, by 2009, the majority of them (12/13) felt ready to take full responsibility for providing pregnancy care to low-risk cases. A similar process is being implemented at the city hospital (ASMN) through the introduction of a physiological labour at childbirth under the sole management and responsibility of midwives. Through the course of 2009, the number of cases of labour under the sole management and responsibility of the midwife has dropped significantly because the selection criteria have been subjected to a much more rigid interpretation. Pregnancies cared for under the low-risk procedure currently account for 40% of all pregnancies.

A number of negative experiences (an endo-uterine foetal death at the 38th week and an untimely placental separation near the end of a pregnancy), though on initial investigation not directly correlated with the birthcare approach applied, have nevertheless resulted in greater prudence being shown by midwives in taking direct responsibility for the management of pregnancies, including those initially classed as low-risk.

The most significant obstacles faced by midwives have been found to be the selection criteria, the mechanisms and times required for specialist referrals, and the reading and interpretation of laboratory tests and scan reports. To this one should add the fact that midwives are not legally authorised to initiate bureaucratic procedures (certifications, requests for clinical and laboratory investigations) and to prescribe drugs, including those commonly used during pregnancy (e.g. Haematinic drugs), all of which have to be actioned by the general practitioner.

Conclusions
The basic training received by midwives, which culturally still places them in a supporting role to the professional specialist and often in a subordinate and not totally autonomous position, frequently makes them shy away from taking full responsibility for their choices and often induces them to seek inappropriate consultations.The full professional independence of midwives therefore still seems – to themselves, to specialist doctors as well as to the members of the public whom it concerns – to be a long way off, and will require some time to be achieved.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

Session P 2-1: Migrant friendly and culturally competent maternity services & services for specific clinical indications

P 71. Equality of prenatal care among immigrant versus Taiwanese women

Tien-Fa LIU, JungChung FU

Introduction
Adequacy of prenatal care is linked with preterm birth, low birth weight, and reflects quality of medical care. Birth from immigrant mothers consists of 14% national total birth in Taiwan. The quality of prenatal care among immigrants was reported to be relatively lower in many countries comparing to that of native mothers. It is needed to realize the adequacy of prenatal care among immigrant for the help of immigrant people.

Objective
To compare the adequacy of prenatal care between immigrant and native Taiwanese mothers.

Method
A retrospective, observational hospital-based study was conducted, based on systematic chart review of all singleton live births at a hospital in Kaohsiung, Taiwan. Data were extracted on maternal demographic and behavioral characteristics, and gestational age. The interested outcome variable was the numbers of prenatal visits that were stratified into inadequate, intermediate, adequate, and adequate plus four categories by Adequacy of Prenatal Care Utilization Index.

Results
Of 2543 births, 20.2 % were to immigrant mothers. The frequency and distribution of prenatal care among Taiwanese were inadequate 533(26.3%), intermediate 879(43.3%), adequate 568(28.0%), and adequate plus 49(2.4%). The frequency and distribution of the immigrants were 152(29.6%), intermediate 218(42.4%), adequate 137(26.7%), and adequate plus 7(1.4%). Chi-square test for the distributions of adequacy between immigrants and Taiwanese revealed no significant differences. For the preterm birth, the adequacy of prenatal care showed no significant difference of distribution between immigrants and Taiwanese.

Conclusions
Taiwan implements universal national health insurance that provides nearly free prenatal care. The immigrants in Taiwan had likely accessibility and adequacy of prenatal care than native Taiwanese.

Contact
M.D. PhD. JungChung Fu
Kaohsiung Municipal United Hospital
11-12 Chien Kuo 1st Road Linya District
802 Koahsiung
TAIWAN, R.O.C.
ufifuh@yahoo.com.tw

P 72. Multicultural needs and disparities in healthcare for immigrant mothers

Elvira MENDEZ

Introduction
Births to foreign mothers in Catalonia have increased significantly in recent years and currently make up 26% of live births. Hospital Clínic de Barcelona (HCB) and Asociación Salud y Familia (ASF) are working on intercultural mediation programme focusing on mothers from Latin America, China and the Maghreb, to improve communication and quality of care. Immigrant mothers require specific actions relating to prevention and health promotion, along with other interventions aimed at reducing barriers to access and use of health services.

Purpose / Methods
- To learn about the perceptions held by immigrant mothers from Latin America, the Maghreb and China of the healthcare they have received during pregnancy and when giving birth.
- To compare the perceptions held by immigrant mothers with the perceptions held by health workers in terms of the care given during pregnancy and birth.
- To design, in conjunction with health workers, an agenda for change, adapting maternal healthcare services to meet the demands and needs of mothers.

Results
The results show a marked contrast in perceptions and expectations of the public health system, depending on the culture of origin, although there are also some shared perceptions about the use of health services and the care received. The resulting perception by immigrant mothers of the care received during the latter part of pregnancy and the birth itself is consistent with the perceptions held by the health workers of the sociocultural characteristics and expressions of the groups of mothers themselves.

Conclusions
The agenda of modifications set out by HCB healthcare staff and ASF covers the following areas:
- Improving intercultural information in the final stage of pregnancy, during birth and on maternity wards.
- Improving information given to mothers of at-risk newborns.
- Improving the intercultural competencies of medical and health-related staff.

Comments
Four focus groups were held, consisting of a total of 39 mothers seen during the final stage of pregnancy and birth in the Maternity Department of the Hospital ClÃ–nic. The first focus

group, or cultural control group, comprised Spanish mothers; the second, Latin American mothers; the third, mothers from the Maghreb region; and the fourth, Chinese mothers. The HCB and ASF healthcare staff committee was made up of health workers from the Maternal-Foetal, Neonatal and Primary Care medical departments.

Contact
Dr. Elvira MENDEZ
Asociación Salud y Familia
General Director
Via Layetana, 40, 3º2ª B
08003 Barcelona
SPAIN
emendez@saludyfamilia.es

P 73. Promoting and supporting breastfeeding in the migrant Polish population in Edinburgh

Fatim LAKHA, Aleksandra PAWLIK, Dorothy-Anne TIMONEY, Dermot GORMAN

Introduction
EU expansion (2004) has led to over one million people from Eastern and Central Europe migrating to the UK. The greatest proportion in Lothian is from Poland. In 2009 600 births in Lothian were to polish women. A range of issues were identified by maternity services including language problems and lack of family/social support. Breastfeeding rates are traditionally very high in Poland and anecdotal evidence suggests migrants are beginning to adopt prevailing Scottish culture and moving to artificial feeding - Scotland has some of the lowest breastfeeding rates in Europe.

Purpose
Promoting breastfeeding is a public health priority. Targets have been set in Scotland to increase the proportion of newborn babies exclusively breastfed at 6-8 weeks.

Methods
NHS Lothian has funded a pilot of Polish peer support in North-West Edinburgh. Polish mothers offer support to other Polish mothers. This is supported by local NHS staff. Unlike previous programmes this is a novel 'opt out' initiative and will hopefully increase uptake. The programme is being formatively evaluated using both qualitative and quantitative methods.

Results
Uptake has been good (69% to date). Peer supporters have enthusiastically embraced the programme and local health workers have been surprised by the level of support.

Conclusions
- Actively having to 'opt out' has increased uptake.
- Involving service providers early on in implementation has ensured an appropriate accessible service
- The positive focus on positive social support/ integration rather than negative problem feeding aspects has increased enthusiasm.
- The initiative will over time identify learning points for other initiatives which involve migrants.

Comments
Geographical setting: Northwest Local Health Partnership Area, Edinburgh, Scotland Affiliations: 1 NHS Lothian, Scotland 2 Open University Milton Keynes, England

Contact
MBChB Fatim LAKHA
NHS Lothian
SpR Public Health
Deaconess House, 148 Pleasance
EH89RS Edinburgh
UNITED KINGDOM
fatim.lakha@nhs.net

P 74. Experience of self-adjust procedure for new immigrant women who nurture premature infants

Wen Chi LIU, Tzu Chuan HSU, Chu Ying WU

Introduction
The aim of this study was to explore by the experience of new immigrant women who premature infant in self-adjust procedure.

Purpose / Methods
The qualitative phenomenological study was conducted at Regional hospital in Taipei Taiwan .The researcher a primary nurse , conducted interviews with ten women face to face or over the phone and used the focus group to collect the data.In this study ,home visits and focus group research method to study the steps of the design.to settle the case for admission Taipei County area of Southeast Asia ,foreign spouses ,and infertility have premature infants(37 weeks gestational age) and the current age of their children for 6 months. Understanding the course of the study after completing the questionnaires (interviews) for consent to clinical trial subjects.

Results
The study is presented in narrative form and data analyzed using interpretive research strategies of phenomenology .Four categories of lived experience emerged from the data : (a)Low self-esteem for herself ;(b)The value of life is difficult to define for self and children ;(c)Transformation of support groups ;(d)The establish of self-financing role of motherhood.

Conclusions
The results of this study provide nurses for the new immigrant women resident in the young history of premature childhood experience ,so that nurse can be extension of nursing care services to communities ,families provide the most accurate and most appropriate care of the content.

Comments
We suggest that medical staff concern themselves with the issue and provide high quality humanistic caring for "New Immigrant Women".

Contact
RN MSN Wen Chi LIU
Department of Nursing, Taiwan Adventist Hospital
Supervisor
424,Sec.2,Ba De Rd.,Taipei, 105 Taiwan
Taipei
TAIWAN, R.O.C.
teresa0404@tahsda.org.tw

P 75. Monitoring maternal and neonatal care: Differences between immigrants and Italians in antenatal care (ANC)

Laura BONVICINI, Barbara PACELLI, Silvia CANDELA, Rossano FORNACIARI

Introduction
It is recommended that all pregnant women should have at least four antenatal care assessments and should undertake the first antenatal visit in the first trimester of pregnancy. In the province of Reggio Emilia childbirths are increasing mainly due to immigrant pregnancies (+4.2% from 2007 to 2008 vs +0.4% from 2007 to 2008 for Italians). It is a pressing issue to monitor and investigate maternal and neonatal health care looking at differences between Italians and immigrants, in order to assess and tackle the critical points.

Purpose / Methods
Monitoring antenatal care throughout the Hospital childbirth certificates DB during the years 2003-2008, comparing immigrants and Italians. Data describe demographic and socio-economic variables related to parents, pregnancy and antenatal care, child delivery and the newborn characteristics. All the variables are examined through the considered years and the dimension of the phenomenon together with the direction and the rate of the possible changes are explored.

Results
The proportion of women having less than 4 visits during pregnancy or the first visit after the first trimester is higher for immigrants than for Italians in all the considered period (less than 4 visits: 11.1% among immigrants vs 3.0% among Italians; behind schedule first visit: 32.2% vs 10.7%). However, the relevant issue is that the gap between Italians and immigrants is reducing for both parameters and that the rate of improving is higher for immigrants than for Italians. Immigrants from East Europe and Morocco show the greatest improvements while women from Pakistan show a slight worsening in their ANC.

Conclusions
The reasons of the observed changes in ANC are many. The stabilization of immigrant population which carries on a better awareness of health services characteristics and accessibility together with the great effort of public services to meet new demands are the main reasons of the observed improvements but still some significant problems remain. It is important to continue a careful monitoring of relevant outcomes and of their trends.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

P 76. Tackling health inequalities and promoting access to the health promotion program among community adults with hyperlipidemia

Hsiao-Ling HUANG, Chih-Hung CHEN, Chao-Chih WU, Hsiu-Pei CHEN Fehler! Textmarke nicht definiert.**, Szu-Hai LIN**

Introduction
Hyperlipidemia is an important risk factor of cardiovascular disease (CVD) which is the second leading cause of death in Taiwan. However, less attention has been paid for the health service provider to design and deliver health promotion programs based on individuals' ethnic specialty in Taiwan. This study was conducted in Mioali county where hakka population makes up almost 60% of the population. Hakka is one of four major ethnic groups in Taiwan. Since they have unique culture in terms of language and cuisine, this may affect on their disease patterns.

Purpose / Methods
Participants were recruited by a private hospital and required to fast overnight before the health check-up. Blood and urine samples were obtained from 4,613 subjects between January and November, 2009. A participant's standing height and weight were measured by a trained nurse. Subjects rested for 30 minutes before their blood pressure was measured. A digital blood-pressure meter was used to measure blood pressure. Participants were questioned about their health-related behaviors, including use of alcohol, tobacco and beetle-nuts based on the three categories which were 'always', 'sometimes' and 'never'.

Results
The prevalence of hypercholesterolemia, hypertriglyceridemia and mixed hyperlipidemia was 55.4%, 16.4% and 11.7%, respectively. Individuals with hypercholesterolemia, their triglyceride concentration was higher if they were hypertensive compared to non-hypertensive individuals (175 mg/dl vs 143 mg/dl). The same result was found if they were diabetics (225 mg/dl vs 144 mg/dl).

Conclusions
Providing their specific social and cultural background, how their health promotion programs, especially for those who were classified as hyperlipidemia, should be organized was discussed in the context of hakka culture.

Contact
Hsiao-Ling HUANG
Yuanpei University
306 Yuanpei Street
Hsinchu
TAIWAN, R.O.C.
sharine123@seed.net.tw

P 77. Dental treatments for illegal immigrants: The program in Reggio Emilia

Rossano FORNACIARI, Benedetta BIANCHI, Marco SARATI, Rossana PATERLINI, Marina CAVICCHI, Dantina RINALDI

Introduction
Italian law mandates that all persons on its soil are entitled to health care regardless of sex, race, religion or social status (Italian citizen, legal or illegal immigrant). Dental treatments are provided by the public health service only to residents with limited economic resources (proof of income level is required). Since 2002, the Reggio Emilia public health service - in cooperation with a non-governmental organisation (Caritas) - has been operating a clinic providing basic dental care to illegal immigrants only.

Purpose / Methods
The goal is to offer basic dental care to foreigners who cannot gain access to public services (which provide care to illegals only in case of emergency). Individual health education is offered during the course of the treatment. To run the project, the public health service contributes consumables, drugs, personnel training and funds for operating the facility. Caritas provides and manages the volunteer professionals collaborating in the project (approx. 30 administrators, nurses and dentists).

Results
Over the past 5 years (from 1/1/05 to 30/11/09), we've treated 1200 persons in 3000 visits. Women made up 57% of users and generally come from Eastern Europe (Georgia and the Ukraine), while the men are generally from North Africa (Morocco). An average of 7.6 persons visited the clinic each working day (3 days per week, 4 hours per day). The average number of visits per person during the period was 2.5.

Conclusions
Foreigners without a residence permit have access to a top-quality service providing basic dental care at no cost. There is a need to improve education and training on correct dental maintenance (oral and food hygiene, the importance of keeping and not losing one's teeth). The involvement of an NGO enables costs to be minimized and allows a response to be offered to the health needs of these individuals and of the community at large.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

P 78. Optimizing cross-cultural hospice care by recruiting indigenous community volunteers and offering Interpretation Services

Hui-Chuan CHENG, Wen-Lin HSU, Ying-Wei WANG

Introduction
More than one fourth of the residents in eastern Taiwan are aborigines, with the three largest tribal groups being Amis, Taroko, and Bunun who speak up to twelve different dialects. Health professionals here have frequent encounters with indigenous patients and their families with notable language barrier and ensuing misunderstandings and miscommunication. We aimed to set up a human bank of indigenous medical interpreters to serve the indigenous patients receiving hospice care in the medical center and South Branch community hospital.

Purpose / Methods
Considering the socio-cultural-linguistic diversity among different dialect groups, in addition to bilingual indigenous hospital staff, we also recruited interpreters from the indigenous community. The training course was aiming to make them capable as patient advocates so to assist staff to offer cross-culturally competent medical care. They are registered and on call through contact by cell phone if interpreting is needed. Four sessions of four-hour training courses covered ethics of palliative care and medical interpreting, spiritual needs of terminally ill patient and their caregivers, combining interactive role play exercise with face-to-face feedback. A small medical expense deduction was offered as incentive for offering medical interpretation services.

Results
Three Amis of different dialect groups, four Bunun and one Taroko volunteers in total were recruited from indigenous community and bilingual nurse aides. The doctor patient communication was facilitated marginally more by face-to-face interpreting than by telephone interpreting. Although Indigenous community volunteers were better patient advocates, the bilingual indigenous hospital staff were more acquainted with the hospital settings and had better health and medical literacy. To convey the philosophy and ethics of palliative medicine both intense bedside practical is necessary for the volunteers and medical professionals need to build up transcultural competency related to indigenous end-of-life care.

Conclusions
The modern telecommunication helps overcome the geographical and language barriers in rural areas. Meanwhile, the

hospice team is gaining experience through each cross-cultural encounter by working together with indigenous medical interpreters. More medical interpreters from different dialect groups should be trained, and more elaborate training program for volunteers and trans-cultural knowledge and skills training for health care professionals are needed.

Contact
MD MSc Hui-Chuan CHENG
Buddhist Tzu Chi General Hospital
No.707 Sec.3 Zhong-Yang Rd.
970 Hualien City
TAIWAN, R.O.C.
hcchenghccheng@gmail.com

Session P 2-2: HPH-CA (II) – children and adolescents

P 79. Children's health story with multiple approaches

Suei-Tsau TSAI, Hsin-Wen CHANG, Po-Yen LIN, Jin-Lee HUNG, Cheng-Dien HSU, Chia-Chi WU, Hui-Ting HUANG

Introduction
People, especially children, like to listen to stories. If we can attach some useful health care knowledge into the stories, it should be an effective way to learn the expertise in early childhood. In 2009, Taiwan Adventist Hospital cooperated with National Education Radio and Merit Times, producing a project about an educational program filled with children's health stories. The purpose was to introduce more important health knowledge through multiple approaches.

Purpose / Methods
We had 52 episodes in National Education Radio, which was 30 minutes long. The show opened with a radio drama that kids told about their health problems or discussed about some health news, and then the issues was interpreted by all kinds of professions from Taiwan Adventist Hospital including doctors, nurses, psychologists, physiotherapists, occupational therapists, and music therapists, etc. After the radio show, the content of each episode was transformed into an 800-word story with a fascinating picture. These would publish on the newspaper "Merit Times" with some advices written by the experts next to the story.

Results
The project was extremely successful. We earned lots of applause by parents, teachers, and children. By this kind of cooperation, hospitals provide not only medical services, but also health promotion and education. We decided to extend the project and tried to work with more media.

Conclusions
We believe that children need an attractive and creating way to learn about health care knowledge and get the latest information, and telling stories should be both effective and practical.

Contact
M.S.D. Po -Yen LIN
Taiwan Adventist Hospital
No.424, Sec. 2, Bade Rd., Songshan District
10556 Taipei
TAIWAN, R.O.C.
matthewlin37@gmail.com

P 80. Oral healthcare screening and health survey of children in a community in Taipei

Po-Yen LIN, Shwu-Huey YANG, Ho-Chin CHEN

Introduction
The dental caries prevalence in Taiwan is always a major problem. According to the surveillance held by Department of Health in 2005, the dental caries prevalence of 4-6 years old children was higher than 70%. The purposes of this study were to investigate the association of dental caries with dietary and dental hygiene habits in the community which Taiwan Adventist Hospital located in.

Purpose / Methods
In total, 2425 children aged under primary school participated in this study. Each school child received an oral health examination screening and then a questionnaire including demography characteristics, oral healthcare behavior, and dietary habits was delivered to parents. The statistics was calculated with Chi-square test and Fisher's exact probability test to evaluate the correlation.

Results
The dental caries prevalence in the community was 68.13%, with no significantly different in gender. The return rate of the questionnaire was 67.1%. According to the statistics, the caries prevalence was associated to the educational level of the parents ($p < 0.001$). We also found that the caries prevalence was associated with the children who regularly have snacks and drinks ($p < 0.001$). After the oral examination screening, 84.1% of the children would have further dental checks and therapies.

Conclusions
Because the children's dietary and dental hygiene habits depend on caregivers, the main caregiver's oral health awareness deeply affects children's habits. We should provide more correct knowledge and concepts to schools, families, and communities. Dental health promotion should target on the relationships among health, behaviors, and environment.

Contact
M.S.D. Po -Yen LIN
Taiwan Adventist Hospital
No.424, Sec. 2, Bade Rd., Songshan District
10556 Taipei
TAIWAN, R.O.C.
matthewlin37@gmail.com

P 81. The relationship between bite force and body mass index in adolescents

Kuo Ting SUN, Chin Lian LAI, Kun Tai SHEN, Xian Lan LEE, Chen Ying WU, Jing Wei ZENG, HH CHIANG, Shih Chueh CHEN

Introduction
The relationship between bite force and BMI is not linear in older people but lower bite force is significantly associated with being overweight. There are few studies about the relationship between bite force and BMI in adolescents. During this period, sex hormones like testosterone influence physical parameters. Many studies also reveal that sex hormones may influence bite force during adolescence.

Purpose / Methods
The general and dental health status of 576 adolescent students aged 13 to 16 years were measured for triceps skin-fold (TSF), waist, handgrip force, and maximum bite force. Body mass index (BMI) was calculated and dental health was evaluated by mal-occlusion and caries numbers. Testosterone levels were also examined. All measurements were compared with population reference values. Data was analyzed by ANOVA and Tukey's multiple comparisons (SAS V 9.1.3)

Results
Bite force increased significantly from the underweight group to the overweight group, but decreased significantly from the overweight to the obese group. For boys, testosterone decreased from the normal to the obese group and was significantly lower in the obese group. For girls, handgrip force increased proportionally from the underweight to the obese group and was significantly greater in obese group. Testosterone increased from the underweight to the obese group but was not different among the four groups in girls.

Conclusions
Bite force decreases in obese boys, which may be due to sensitivity to testosterone modulated by fat. But, this phenomenon seemed not obvious in obese girls. We will try to make further plans for decreasing these obese adolescents and then to compare their bite forces with other parameters like biochemical values. This study warrants further validation.

Contact
MD, MS Shih Chueh CHEN
Cheng Ching hospital
139 Ping Deng street
Taichung, TAIWAN, R.O.C.
chensj.sunkt@msa.hinet.net

P 82. The relevance of early teenager's obesity and physical activity, lifestyles and sex hormone in central Taiwan

Shih Chueh CHEN, Kuo Ting SUN, Chin Lian LAI, Kun Tai SHEN, Xiang Lan LEE, Jing Wei ZENG, Zhen Ying WU

Introduction
In recent years, the western diets and bad living behaviors have caused more obese people and diabetic patients. Some researches indicated the influence of food and some reported the influence of the inadequate exercise or other activities. However, most studies were limited in adults. There were still very few reports about teenagers, especially the research on soft drinks, physical activity, sleep time, and internet surfing which is fashionable. The behavior that resulted in overweight in adolescents should be further discussed.

Purpose / Methods
The main risk factors of the overweight teenagers in Taiwan have not been probed. Our objective was to evaluate the diet, exercise and lifestyles of these teenagers and try to develop some strategies to solve these problems. Our designs included:

- Random and cluster sampling methods to screen out about 200 persons from different grades of junior high school, totally 587 teenagers.
- Designed questionnaires about their lifestyles, diet and physical activities
- Physical examinations and biochemical includes hormone examinations.

Results
After examinations, about 25% of the teenagers corresponded to the criteria of overweight or obese, and more overweight males than females were found (27.3%: 23.5%, P=0.023). The bad behavioral modes were: 1. Lack of exercise of moderate to vigorous intensity (2 hours/day, P=0.034). 3. More sugar contained drinks (>5 glasses/week, P=0.029). Obese females had the least exercise time, but obese males spent much time on the internet.

Conclusions
In this cross-sectional study, lack of moderate exercises and too much sugar-contained drink are the main reasons for obesity of the teenagers. Although the time for television was not longer than before, maybe it is because the time for internet or for preparing for school tests were longer that makes the time of exercise and sleep reduced. These are important problems for health education. In the future, we will develop a program for modifying the bad lifestyles in these adolescents.

Contact
MD, MS Shih Chueh CHEN
Cheng Ching hospital
139 Ping Deng street
Taichung
TAIWAN, R.O.C.
chensj.sunkt@msa.hinet.net

P 83. "Straight Away" - A health promotion campaign on hair straightener burns

Elizabeth GRADY, Moya SUTTON, Sian FALDER

Introduction
On average, 40 children a year are treated following severe burns by Hair Straighteners. Almost all of these burns were as a result of children touching hair straighteners belonging to a family member at home. This problem is being increasingly reported in burns literature with a number of papers noting that actual and potentially deep injuries, predominantly to babies and toddlers, are being caused as a result of contact with the hot plates of hair straighteners.

Purpose / Methods
The "Straight Away" campaign is aimed at parents of young children, advising them to put hair straighteners away safely after use. Families were provided with a heavy duty fire resistant cover, into which the straighteners can be placed immediately after use. Such covers are usually not provided with the straighteners by the manufacturers, but can be purchased. However the most expensive manufacturer does provide envelopes for straighteners but these are not heavy-duty and heat is noticeably still felt through them.

Results
As this campaign is still in the eraly days it is too early to have any definate results although we are in the process of auditing the data.

Conclusions
This campaign could help reduce the large number of children with these injuries who attend Alder Hey and other hospitals throughout the region. The campaign also has great potential to be rolled out on a national level.

Contact
Liz GRADY
Alder Hey Children's NHS Foundation Trust
Health Promotion Practitioner
Room 266 Mulberry House
L12 2AP Liverpool
UNITED KINGDOM
elizabeth.grady@alderhey.nhs.uk

Session P 2-3: Smoke-free hospitals & health services (II): Empowering smokers to quit smoking

P 84. Improving the uptake of stop smoking services by pregnant smokers: A qualitative study identifying the perceptions of pregnant smokers and midwives

Carolina HERBERTS, Catherine SYKES, David MARKS, Sasha CAIN

Introduction
In order to help a greater number of pregnant smokers change their habit, increasing uptake of stop smoking services is essential. Due to the imperative role of midwives in antenatal care and health promotion, the perspectives of midwives as well as pregnant smokers are significant factors in the process. A comprehensive understanding of the barriers midwives face in promoting smoking cessation to pregnant women and what prevents uptake of NHS stop smoking services by pregnant smokers appears to be lacking.

Purpose / Methods
As smoking rates are considerably higher among socially disadvantaged pregnant women, the research aimed to identify how midwives perceive providing stop smoking advice to their clients and pregnant smokers' perceptions of stop smoking services in a deprived area of London. The overall aim was to find methods to improve the uptake of stop smoking services by pregnant women. Three focus groups with midwives and ten semi-structured interviews with pregnant smokers were undertaken. The data was analysed using Grounded Theory.

Results
The perceptions of midwives regarding provision of advice were identified as barriers as well as facilitators and related to outcome of advice, the relationship with clients, personal experiences, attributes, perception of role, the impact of external factors and aspects related to pregnant smokers and pregnancy. Pregnant smokers' perceived barriers and facilitators to approaching stop smoking services were categorised into areas of smoking behaviour, advice from health professionals, stop smoking services and negative perceptions of pregnant women who smoke.

Conclusions
Midwives perceive a greater number of barriers than facilitators to providing stop smoking advice. Although many could be overcome by implementing effective mandatory training, other issues such as lack of time have major impacts on midwives' abilities to promote health. Pregnant smokers tend to have negative expectations of stop smoking services but the experiences of those who have attended the service are positive. Raising awareness of stop smoking support for pregnant women is crucial in improving uptake of the service.

Contact
DPsych Health Psychology Carolina HERBERTS
Royal Free Hospital
NW3 2QG London
UNITED KINGDOM
carolina.herberts@royalfree.nhs.uk

P 85. Smoking prevalence among the staff of Estonian Health Promoting Hospitals

Tiiu HARM, Lagle SUURORG

Introduction
All health care workers of HP hospitals should play a leading role in tobacco control and smoking cessation. They should be a role model as non-smokers, assess and address tobacco, discuss tobacco too, educate about tobacco, advise on cessation and support tobacco-free environment.

Purpose / Methods
The epidemiology survey of the smoking prevalence among the hospital staff of all Estonian HPH Network members was provided in October-November 2009, using a special questionnaire, coordinated by ENSH. Aim of the study was to collect data about the current situation on hospital staff smoking habits, to highlight the importance of healthcare workers as key persons in tobacco control, to decrease the smoking rate of hospital staff, to improve the effectiveness of smoking cessation services etc. The study comprised of 23 HP hospitals, response rate was 75.4% (6,818 respondents). Statistical analyze was done with SPSS for Windows package.

Results
The distribution (%) of respondents by smoking status and sex in Estonian HP hospitals was the following: among males daily smokers were 30.0%, in total 33.3% smokers and 66.7% non-smokers; among females - daily smokers 19.0%, in total 22.2% smokers and 77.8% non-smokers. Daily smokers in total (males+females) were 24.5%. According to Health Behavior Study among Estonian Adult Population, 2008, there were 26.2% of daily smokers (38.6% among males and 17.1% among females) in general population. Smoking status among physicians was lower: 11.6% daily smokers, in total 13.7% smokers and 86.3% non-smokers. The smoking status among nurses was: 17.5% daily smokers, in total 21% smokers and 79% non-smokers.

But there was higher level of smokers among the other hospital staff – daily smokers 25.5%, in total 28.4% smokers and 71.6% non-smokers. Unfortunately, the smoking personnel of hospital staff is not really motivated to quit: 79% planned to stop smoking sometimes in the future; 44.4% of smokers had tried to stop smoking 2-5 or more times; 60.2% of them did not want to be counseled on cessation. When a healthcare worker gives advice to quit smoking, the proportion of smokers who manage to give up smoking is increased. The distribution (%) of daily smokers by advice to quit smoking in the past 12 months: from a physician 21.8%, from other health care personnel 5.5%, from a dentist 7.4% (2008, Estonia).

Conclusions
The reduction of prevalence of tobacco consumption is a long-term priority (2005-2020) in Estonia. Health care professionals have a special role in smoking cessation and developing a smoke-free environment.

Contact
MD Tiiu HARM
National Institute for Health Development
Chiefspecialist, Estonian HPH coordinator
Hiiu 42
11619 Tallinn
ESTONIA
harm.tiiu@gmail.com

P 86. Stop Smoking Interventions Programme in Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust: Improving the health literacy of patients, visitors and staff.

Rachel SWINDELLS

Introduction
Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust's Public Health Strategy aims to provide an environment that promotes the health of patients, visitors and staff of the Trust, addressing the key health issues of smoking, alcohol misuse and obesity.

The hospital setting provides an excellent opportunity to influence the behaviour of patients as people can be more receptive to health advice and support whilst in hospital. Furthermore, hospitals have the potential to offer effective health education not only for inpatients but also for the general community population.

Key to the concept of influencing behaviour is "empowerment" of individuals. The World Health Organisation Collaborating Centre for Health Promotion in Hospitals national guidance framework recommends that all patients, staff and visitors have access to general information on factors influencing health. A key strategy within the framework aims at 'improving the outcome of hospital interventions by empowering patients to build up specific health literacy (knowledge, skills and attitudes/preferences) for developing and maintaining health promoting life styles.' (WHO, Putting HPH Policy into Practice, 2006)

Purpose / Methods
This poster presents Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust's approach to empowering patients, visitors and staff of the Trust to build up specific health literacy in relation to stopping smoking.

The Stop Smoking Interventions programme engages with key partners to provide a combination of interventions:

- Constructive information via a range of campaign materials which are branded within a wider hospital public health campaign 'A Better Tomorrow' brand. The key message 'Stop Smoking, Start Living'
- Implementation of Smokefree Policy
- Implementation of Nicotine Replacement Therapy (NRT) Policy
- Rolling training programme for clinical and non-clinical staff within the Trust.

- Brief Advice implementation
- Brief Interventions
- Stop smoking champions at ward level.
- Specialist intervention for smoking in pregnancy
- Direct referral to Specialist Stop Smoking Advisor - Blackpool's Stop Smoking Service – providing onsite and community stop smoking clinics for patients, visitors and staff
- Lung Health Check programme provided by NHS Blackpool

Results
In the first three months of the programme (Oct09-Dec 09):
- 150 inpatients referred to Stop Smoking Service
- 40 staff attended stop smoking clinic
- Within this short time frame - 22 patients and 10 staff have quit smoking (measured as 4-week quitters)

Conclusions
An audit tool had been implemented to monitor the programme across the Trust. The audit will provide data on the number of patients asked about smoking status, the number of smokers offered brief advice, number of patients offered NRT, number of patients taking up NRT, number of patients referred to the Stop Smoking Service. An evaluation of the effectiveness of the programme will be available from October 2010.

Contact
BSC Sports and Exercise Science Rachel SWINDELLS
Blackpool, Fylde and Wyre Hospitals
Public Health facilitator
Blackpool Victoria Hospital, whinney heys road
FY3 8NR Blackpool
UNITED KINGDOM
rachel.swindells@bfwhospitals.nhs.uk

P 87. A project evaluation for health workers' smoking cessation

Riccardo TOMINZ, Alessandro VEGLIACH, Rosanna PURICH, Giulia GENEROSO, Matteo BOVENZI, Sara SANSON

Introduction
The Smoking Cessation Centre of the Public Territorial Health Service in Trieste (Italy) researched smoking habits of 4,508 public health workers; 30% were smokers. Among these, 33% wanted to stop, 40% to reduce. In Trieste 98% smokers quit smoking by their own: their relapse rate after one year, according to literature, is 98% versus 60% of people helped by Smoking Cessation Centres.

Purpose / Methods
Descriptive research. Drop in was provided by
- occupational doctors and their staff: after being trained to minimal advise they sensitized smokers during their periodical check up for work fitness;
- advertisement with brochure in pay packet , poster, intranet banner;
- dedicated phone number for informations and appointments.

The Smoking Cessation Centre provided free behavioural and pharmacological therapy. The therapeutic project, always evidence based, was personalized for each patient. Telephonic follow up was performed six months after the end of the cure. Participants data was collected and analyzed using EpiInfo.

Results
From January 2007 to June 2009 our Centre treated 13% of the smokers (194 smokers) among the workers of the public health service in Trieste. This percentage was higher among territorial services workers (31%) lower among hospitals workers (8%). In the same period the general flow to the Centre increased of 300% (from 110 patients in 2007 to 330 in 2009). Follow up data show 40% of abstinent at 6 months.

Conclusions
The response of the smoker health workers was good and it contributed to increase the general flow of patients to the Smoking Cessation Centre, promoting the culture of smoking cessation within health activities. The response was excellent among workers of the territorial services (31%), probably because of the possibility to be cured in the working time, the more direct contact between Centre and occupational doctors, lesser dispersions in data transmission. The abstinent percentage is in the average of literature. The project, awarded for "Formez 2009", goes on, involving the colleagues of private health structure in Trieste.

Contact
MD Riccardo TOMINZ
Azienda per i Servizi Sanitari 1 Triestina
Epidemiologist
Via Sai 1
34128 Trieste
ITALY
riccardo.tominz@ass1.sanita.fvg.it

P 88. Implementing hospital based stop smoking services. The good, the bad and the ugly

Tracey HOLLIDAY, Gary BICKERSTAFFE

Introduction
Data and service results on a developing integrated hospital based smoking cessation practices. Short term progress and links with primary care for long term management of smoking cessation support. Large groups of 'hard to help' patients do not access primary health care services. Hospitals can maximise opportunities for these patients using their admission as opportunity to quit smoking by considering their current health status. Using evidence based approach and devising assessment & referral systems for outpatients and inpatients, Royal Bolton Hospital is willing to share the pathway's successes and pitfall data.

Purpose / Methods
'Hard to help' groups are highly represented in hospital settings, therefore providing an ideal setting to motivate, advise and support a quit attempt. Offering training at level one (brief intervention) to all, has engaged 'hearts and minds' of staff –

equipping them with skills to identify, advise and refer patients onward. Training key staff to Level II (intermediate level) from inpatient areas incorporates motivational support for patients into a medication pathway. It integrates onward referral and thus ongoing support via community stop smoking services.

Results
In excess of 5,000 level one (signposting) referrals from hospital to local stop smoking service. There have been approximately 2,200 inpatient assessments made since October 2003, and approximately 800 included for continued for support on discharge. This should have been 2090 patients referred for continued support. Referrals mostly from cardiology and respiratory wards, Cost of NRT approx £22,000. Data is now available on pathway success and failure.

Conclusions
From the outset staff have' volunteered' to attend training. The hospital has proved itself to be a key player in local community strategies to identify people who smoke who may not have accessed stop smoking services previously. Communities cannot ignore the contribution a hospital can play in assisting a large number of people to access support to quit smoking. Training in lifestyle interventions is key to hospital success in this area or any system will not function adequately and inequalities will persist.

Contact
RN Tracey HOLLIDAY
Bolton stop smoking service
Stop smoking specialist for pregnancy and hospital
Crompton health centre
BL1 8UP Bolton
UNITED KINGDOM
tracey.holliday@bolton.nhs.uk

P 89. The conquest of the pass for the city of the sun, a city without smoke - Teaching the wish no to smoke

Laura MOMO, Elena CIOT, Franco MORETTO, Renata GHIZZO, Sandro CINQUETTI

Introduction
In Italy there has been a decrease in the age threshold of initiation of the smoking practice: 65% of 13 years old adolescents have already tried to smoke once. Even if cigarettes' advertisement and smoke in public places is legally forbidden, smoke is highly in force in environment where children are. Thus a public intervention is recommended. Interventions are more efficient when children are young because of their better capability to learn those important concepts through games and fairy-tales.

Purpose / Methods
Instruments: teacher's basic manual; colouring book for children (with the help of parents).

The educational project consists on an active participation of students. Thanks to story and play children encounter several people, e.g. "Nicotine" and "Thanks no smoke". The basic story is integrated by initiatives of children. According to own competence there is an involvement of schools (teachers, children, janitors, co-worker), parents and public health operators, through meetings, story implementation, games and interpretation of actors and story.

Results
- Evaluation of the project.
  - Parents' questionnaire: 47% feedback;
  - Parents aware of the project: 88% nursery, 100% primary school;
  - Project approval by parents: 100% nursery, 98% primary school.
- Follow-up of the project:
  - - family discussion on tobacco addiction: 35% nursery, 62.9% primary school
  - - incentive of smoker parents to stop smoking: 16.15% nursery, 14.3% primary school.

Teachers and students were highly satisfied by good instruments and used methods. Involvement of parents was good in primary schools and low in nursery schools.

Conclusions
Results obtained through the questionnaire show that the training experience was successful. In the school year 2009/2010 the aim is to spread the project in all the classes of the same school in order to evaluate its effectiveness on a broader target of students.

Contact
Dr. Franco MORETTO
Azienda ULSS7 Veneto (Italy)
Via Lubin 16
31053 Pieve di Soligo
ITALY
seps@ulss7.it

P 90. The factors of a public health created smoking ban activity for the health promotion program in a psychiatric teaching hospital

Shu-Hua SHEN, Shu-Ti CHIOU, Hsien-Jane CHIU, Fang-Rong CHANG, Pei-Feng TSAI, Yin-Jie HUANG

Introduction
The revised Tobacco Control Act from Jan 11 in Taiwan required total smoking ban in all healthcare settings. Due to total smoke-free in mental hospital in the new Tobacco Hazard Control Act. Psychiatric patients also have the right to join the healthy life for avoiding Health inequalities. The objective use actual operating data to understand the changing of perception and attitude of smoke-free, and Carbon Monoxide for smoking inpatients in basis of mental hospital.

Purpose / Methods
We use cross-sectional study to collect questionnaires made by ourselves and Carbon Monoxide monitor. These questionnaires are about perception and attitude of smoke-free. There are twice surveys before and after smoke-free and totally we have 516 numbers in rehabilitation ward. In this survey, there are five questionnaires about opinion of smoke-free and twenty questionnaires about inpatients' health and smoking habits. The Cronbach's α is more than 0.65.

Results
The smoking rate is 38.9%. There are70.9% expressing that the new doesn't influence volition of hospitalization. In ever trying stopping smoke from 55.3% increasing to 77.3%.

Conclusions
From inquiring and Carbon Monoxide monitor, most inpatients can understand and support the new law. Smoking patients start to try stopping smoke or less, and considering quitting in the period of hospitalization. It means that psychiatric also want to promote their health. Only if we provide suitable environment, they can increase quitting motivation and behavior.

Contact
Shu-Hua SHEN
Jianan Mental Hospital,D.O.H.
No.80, Lane 870, Jhongshan Rd., Rende Township
71742 Tainan County
TAIWAN, R.O.C.
shuhwa@mail.cnpc.gov.tw

Session P 2-4: Health promotion for older patients

P 91. Multicentric study on risk of domestic accidents and proactive training of caregivers working with elderlies in the Friuli Venezia Giulia region (North East Italy)

Sara SANSON, Cristina AGUZZOLI, Annamaria VACRI, Paolo PISCHIUTTI, Silvana WIDMANN, Silla STELL, Matteo BOVENZI, Marilena GERETTO, Daniela STEINBOCK, Elena CLAGNAN, Danilo MASSAI, Valentino PATUSSI

Introduction
Every year approximately 4.500.000 domestic accidents occur in Italy, causing 8.000 deaths. In comparison, registered road accidents occurred during 2007 were 230.871, with 5.131 deaths, while on-the-job accidents were 874.940, with 1.120 fatalities. Despite the dimension of the problem rare structured initiatives have been planned and realised. A turning point was represented by the National Prevention Plan 2005-2007 and by the National Health Plan 2006-2008, which promoted national working group and stimulated regional initiatives on the prevention of domestic accidents.

Purpose / Methods
The study - conducted in the Friuli Venezia Giulia (North East Italy, approx. 1.200.000 inhab.) - aims at (1) collecting information on the citizen behaviour related to domestic risks with a survey based on self compiled questionnaires , (2) assessing the risk perception on home accidents, and at (3) defining subsequent prevention activities at the regional level. Among these, an experimental training course was realised for caregivers working with elders in retirement houses. Italian ISPESL and Swiss UPI questionnaires were used.

Results
On the whole, 1.191 citizens agreed in compiling the survey during January-February 2009. The UPI check list was completed by 740 users, while ISPESL questionnaire, allowing to estimate domestic risk index, by 451 users. Perceived risk is low (UPI=85.6%, ISPESL=94%), while high domestic risk is estimated for around 80% of the houses. Risky behaviours and simple improvements in the asset of each room were highlighted. Three training modules were realised for 150 caregivers, that declared satisfaction for the course.

Conclusions
The study reports about first application in Italy of two questionnaires that are useful for collecting information about domestic hazards and perception of domestic risks. The compilation of questionnaires by citizens is a tools itself for safety and health promotion and accident prevention, as it is demonstrated by frequency of declaration about usefulness of the survey and about modification of wrong behaviours. An operative initiative was planned and realised for mitigation of domestic risk for non-self sufficient elderlies.

Contact
Sara SANSON
Azienda per i Servizi Sanitari n.1 Triestina
Trieste via Sai n.1
Trieste
ITALY
sanson67@hotmail.it

P 92. Nutrition and health status of the community elderly living alone from a low income apartment in Xinyi district, Taipei

Shwu-Huey YANG, Chu-Hsiu LIU, Hsiang-Ting PENG, Wing P. CHAN

Introduction
Being a healthy neighbor in the society, the hospital is the guardian angel to the citizens of Taiwan. A community health care team to offer a community outreach for reducing health inequalities and was consisted of hospital staff and medical university students from Taipei Medical University and Taipei

Medical University Hospital. Fude apartment was an affordable housing community and supported by city government.

Purpose / Methods
We conducted home visits and health screening in Fude apartment since 2005. A health fair took place in November 2008. This health fair included anthropometric (height, weight, fat mass, blood pressure, waist circumference and hip circumference) and face-to-face dietary questionnaires. 15-item Geriatric Depression Scale (GDS-15) was used to assess the level of depressive status. Chi-square test and fisher exact test were used to analysis statistics correlation by SAS 9.2. $P < 0.05$ means statistic significant difference existed.

Results
51 living alone, low income residents were involved in this activity. The mean age of participants was 74.1 ± 14.5 years old, mean BMI 24.9 ± 3.7. 38%, 65%, 47% and 60% of participants dairy product, fruit, vegetable and green vegetable everyday respectively. Defecation status was correlated eith vegetables intake ($r=0.47$, $p=0.0006$). 39 participants (76%) had outdoor activity regularly and had no bone fracture history.No correlation existed between calcium intake and fracture. The average GDS-15 is 3, which shows no melancholy tendency.

Conclusions
Those intake vegetable and fruit everyday had more regularly defecation. High calcium intake and more outdoor activity have low incidence of bone fracture.Even participants were old, low income and living alone but they aging in community so their health status better than institution residents.

Comments
We still need to give more care of both mental and physical status for those living alone elderly in the future.

Contact
Ph D Shwu-Huey YANG
Taipei Medical University
School of Nutrition and Health Sciences
250 Wu-Hsin street
110 Taipei
TAIWAN, R.O.C.
sherry@tmu.edu.tw

P 93. Nutritional intervention as a potential tool for improvements in geriatric patient care

Dalibor PETRAS, Zora BRUCHACOVA, Stefan PETRICEK

Introduction
Based on some published studies, malnutrition belongs to the most serious problems of seniors, it gets worse with age and it occurs no only in single persons at home, but also in the seniors in hospitals and those in other institutional care, especially retirement houses, social care houses, etc.

Purpose / Methods
Malnutrition consequences are very serious, from immunity status degradation, slow recondition, worse medicine activation to mobility disorders as a result of skeleton muscles weakening. These facts can be considered as a starting point for clinical study accomplished in 2008 in the Slovak Republic through hospitals. Influence of a long time admission of nutritional support in the sample of 1018 patients (over 65) was monitored. Condition of patients was monitored and evaluated after three and six month period by Mini Nutritional Assessment (MNA) and Quality of Life Questionnaire (WHOQOL).

Results
In compliance with the results of similar studies, positive influence of the long time nutritional support application has been confirmed in the GIT disorders reduction, psychological stress reduction, weight stabilization, and statistically significant improvements in patient mobility, i.e. improvements in quality of life of the monitored group of patients. Results obtained clearly showed positive influences of nutritional intervention in the geriatric patients. Pharmaco-economic and socio-economic impacts of its practical application remain to be analyzed, but this is not only a task for health care personnel.

Conclusions
Considering a high incidence of malnutrition and its seriousness, regular (once a year) seniors screening by practitioner or geriatric specialist can be recommended at least, since precise diagnostics and risk estimation can secure therapy required. Creation of complex nutritional teams can be considered as the main starting point for malnutrition management.

Contact
M.D, PhD., MPH Stefan PETRICEK
Specialized Hospital of St. Zoerardus
Director
Klastorska 134
949 88 Nitra
SLOVAKIA
sekretariat@snzobor.sk

P 94. Addressing mental health inequalities for the elderly: Strategies to optimize detection and management of late life depression

Eirini FILIPPAKI, Despoina OIKONOMIDOU, Harikleia STATHOPOULOU

Introduction
Depression is one of the most common elderly mental health problems. It has a profound impact, evident both at individual and healthcare system level, in terms of morbidity, disability, impaired quality of life, mortality, heavy healthcare services utilization and increased cost. Although it can be successfully treated, depression remains under-recognized, under-diagnosed and under-treated in general hospital settings. Several patient, provider and system barriers need to be addressed to ensure that elderly receive equally mental and physical health care.

Purpose / Methods
The current study presents the results of an extensive literature review that was undertaken with the aim to summarize effective strategies and care models for the improvement of recognition and management of late life depression in general hospital settings. A literature search was conducted in MEDLINE, SCOPUS and PsychInfo databases (2003 - 2009) with the use of terms "late life depression", "under-recognition", "non-psychiatric", "care models", "best practices" and combinations. Results concerning pharmacological and psychosocial interventions were not included.

Results
Evidence shows that disease management programs, multidisciplinary interventions, multifaceted health professional training (eg educational materials, lectures, audit and feedback, academic detailing) coupled with patient centered approaches within the context of the "chronic care model" can improve the quality of depression management. Moreover, additional human resources can contribute to this direction.

Conclusions
Healthcare professional awareness raising and training, strengthening of interprofessional collaboration, encouragement of active patient and family involvement in care, gender sensitive and culturally appropriate approaches are some of the main organizational and educational strategies that can be implemented in order to optimize the detection and management of late life depression.

Contact
MSc, BSc Hariklia STATHOPOULOU
Master's Programme in Health Promotion, Athens
25 Alexandroupoleos Str
Athens
GREECE
harastathopoulou@gmail.com

P 95. The experience of dementia community screening in Taipei City

Sui-Hing YAN, Ming-Tsu TSAI, Yu-Chen LIN, Hsin-L. WANG, Lin-Chung WOUNG

Introduction
As the elderly population increases worldwide, the detection and treatment of geriatric disorders, including dementia, are becoming increasingly important to public heath officials. As a developed country, Taiwan is also facing a rise in the number of dementia cases; however, we have found that in the community, less than 50% of dementia cases are being diagnosed.

Purpose / Methods
The purpose of this study is to detect early stage dementia during regular community health screenings. We have participated in 9 community health screening activities in Taipei City. Residents above 65 years were given mini-mental status examination (MMSE). If their scores were abnormal, residents were urged to visit memory clinic at our hospital or other medical providers, for further comprehensive intervention and diagnosis.

Results
During the nine community health screenings, 864 residents request health evaluation, out of which 152 residents conducted MMSE, and 56 of them (36.8%) had MMSE score lower than standard. 6 residents (10.7%) were willing to be further evaluated, subsequently 2 residents were diagnosis of dementia.

Conclusions
Although early detection and treatment of Dementia is important, the results of this study seem to demonstrate that community screening is not an effective tool to detect early stage dementia. We have observed that in Taiwanese families, mild memory impairment is acceptable in the elderly. Consequently, many dementia patients are not being brought to medical providers for early diagnosis and treatment. It is apparent that dementia public awareness and education should be included in broader government's comprehensive geriatric health policy.

Contact
Tsung-Yen WU
Taipei City Hospital
Ren-Ai Branch
Taipei
TAIWAN, R.O.C.
joanea1234@yahoo.com.tw

P 96. Applying tele-homecare system to increase medical accessibility for dementia

Hsin-Kai CHOU, Ming-Tsu TSAI, Tsung-Yen WU, Sui-Hing YAN, Lin-Chung WOUNG

Introduction
Dementia is a progressive disorder and is accompanied by deterioration in emotional control, social behavior and loss of independent function and decision-making. Among the municipal united hospitals of Taiwan, the Taipei City Hospital provides a comprehensive professional dementia team which includes neurologists, nurse practitioners, social workers, clinical psychologists, dietitians and occupational therapists. Therefore, the special clinic and Ruei-Chi school were established to provide people suffering from minor dementia a series of psychological and memory-enhancing programs. In addition to the professional medical team, the families and caregivers of dementia patients also play an important role. And high levels of burden and depression have been reported in caregiver caring for people with dementia.

Purpose / Methods
In the past few published studies in the developing countries have examined the efficacy of technology-based care coordination interventions for dementia. Therefore, this empirical study in Taiwan provided caregiver tele-homecare system, which consisted of home units, personal pendants, fall detectors, bed occupancy sensors to provide functions of communication,

mental support, consultation, health education and monitoring of patient safety. Caregivers were able to access resources simply by pressing a button set at home. A quasi-experimental, non-equivalent groups design was used, with baseline assessment and follow-up six months later, to enable within- and between-group comparisons. Baseline data of thirty caregivers were assessed for burden, depression, quality of life and satisfaction using the BS, GDS, and WHOQOL-BREF scale, respectively. Repeat outcome surveys were collected after six months.

Results
The result finds that a care-coordination intervention assisted by tele-homecare system may actually help to stabilize both burden and depression of caregivers. As the significance of telecare increases in health care and social care delivery, this study will benefit a greater number of dementia patients and their caregivers by keeping people out of hospitals and allowing them to be cared for at home.

Conclusions
We believed that this innovative medical service can alleviate the long-term care required by dementia patients and others with chronic diseases, lower medical costs and improve the quality of life of caregivers.

Contact
Hsin-Kai CHOU
Taipei City Hospital
No.145, Zheng-Zhou Rd. Taiepi, Taiwan
Taipei
TAIWAN, R.O.C.
z0390@tpech.gov.tw

P 97. Analysis of effects of long-term care intervention by family doctors in a community medical group in patients with different payment systems.

Hsi-Lung HUNG

Introduction
Different payment system has different clinical outcome.In Taiwan,we try to building a cooperate model between hospital and family doctors in community .To investigate the effects of long-term care by family doctors in a community medical group using different payment systems. This study found that the payment by head-count had higher costs than payment by quantity. To avoid increasing the costs of national health insurance, we believe that payment by head-count will encourage doctors from community medical groups to invest in long-term care.

Purpose / Methods
A randomly-controlled experimental design was used to enroll patients discharged from Hospital who needed long-term care and determine whether they were provided with home care or telephone visit service from doctors in community. The experimental groups were classified as "payment by head-count" and "payment by quantity" and the service intensity and effect difference were correlated under these two methods of payment.

Results
The comprehensive satisfaction of patients in the "payment by head-count" group was slightly lower than that those in the "payment by quantity" group in the areas of self-awareness of health, improvement in life functions, knowledge of self-care, and capability for and acceptance of care .

Conclusions
This study found that the payment by head-count had higher costs than payment by quantity. We believe that payment by head-count will encourage doctors from community medical groups to invest in long-term care. Through the research, .And we found health inequalities existing in different payment system.

Comments
In Taiwan, health care system is closed system, so the community doctor can not go to hospital visiting his patient. But we built a cooperate model between hospital and family doctors in community to decreasing inequalities.

Mr. Hsi-Lung Hung is MA, the Institute of Hospital and Health Care Administration, Yang-Ming National University, Taiwan and 2. Graduate Student at Institute of Gerontology, National Cheng Kung University, Taiwan. His position is Deputy Director, Department of Community Health, Chia-Yi Christian Hospital, Taiwan

Contact
MA Hsi-Lung HUNG
Chia-Yi Christian Hospital, Department of Community Health
Deputy Director
539 Jhongsiao RD.
Chia-Yi
TAIWAN, R.O.C.
01341@cych.org.tw

P 98. elDeRly-friEndly Alarm handling and MonitorING - International cooperation project

Svea TALVING, Ulle ROHI, Kai SUKLES

Introduction
The DREAMING project aims to experiment with new, economically sustainable homecare and e-inclusion services, which helps to extend the period during which the elderly can live independently in their own homes, to reduce their social exclusion and this way contribute to both social and more effective use of health care resources.

Purpose / Methods
During this project six European countries test integrated system, which helps to monitor the most important health indicators of the elderly and environmental conditions at their home. This service is accompanied by a video monitoring service. The new system has been developed taking into

account the special needs of elderly users, given that earlier in their lives, they might have not used information and communication technologies.

Results
Through the East-Tallinn Central Hospital 60 patients have been included to the project in Estonia, patients are constantly being monitored by one doctor and two nurses. 30 patients out of 60 are involved in clinical monitoring (Treatment Group) and 30 patients are involved in lifestyle monitoring (Control Group). Technological equipment has been installed to 30 patients, through which nurses receive daily review of patient`s health records, and where necessary the nurse directs the patient to the physician`s consultation.

Conclusions
The project started on 1 May 2008 and lasts for 36 months. The Consortium includes 13 private and public organizations from the seven European Union countries, East Tallinn Central Hospital among them.

The project's official website: http://www.dreaming-project.org/

Contact
Svea TALVING
East Tallinn Central Hospital
Marketing Manager
Ravi 18
10138 Tallinn
ESTONIA
svea.talving@itk.ee

Session P 2-5: Health promotion for patients with chronic disease (II): cancer, HIV and neuromuscular disease

P 99. Influence of socio-economic position on participation in systematic colorectal cancer screening

Birgitte Lidegaard FREDERIKSEN, Torben JØRGENSEN, Merete OSLER

Introduction
A pilot study on screening for colorectal cancer was conducted in the counties of Copenhagen and Vejle to explore whether a systematic, national screening programme would be feasible in Denmark. Participation rates were 48%, and somewhat lower than expected. Previous surveys have revealed lower participation rates in people with low socioeconomic position, who have also a higher risk of colorectal cancer. This may affect the predictive value of the screening test.This large register-based study investigates whether socio-economic differences exist among participants and non-participants.

Purpose / Methods
A total of 177,118 people aged 50-74 were invited to participate in screening for colorectal cancer in the period 2005-2006. A test kit for faecal occult blood testing (FOBT, Hemoccult-II®) and a letter of instruction were mailed to the total study sample. Those who participated completed the test and returned it by mail. Status of participation was registered in a database, which was linked with individual socioeconomic data available for all Danish adults in Statistics Denmark.

Results
Multivariate logistic regression showed that participation was significantly and inversely associated with low socio-economic position, as meassured by educational level, employment, and income. Furthermore, being of non-western origin and being single lowered participation.

Conclusions
People with low socio-economic position are less likely complete a colorectal cancer screening test; even when the test kit is mailed to their home address. Future national screening programmes may benefit from increased focus on these groups.

Contact
MD, PhD Birgitte Lidegaard FREDERIKSEN
Research Centre for Prevention and Health
Nordre Ringvej
2650 Glostrup
DENMARK
birfre02@glo.regionh.dk

P 100. Buddhist Tzu Chi General Hospital, Taipei Branch of the oral cancer screening results and experience-sharing

Cheng-Yu CHEN, You-Chen CHAO

Introduction
According to the Department of Health statistics, since 1992, oral cancer has been one of the top ten causes of cancer death in Taiwan. In male gender, oral cancer mortality rate in Taiwan increased by seven folds from 2.24 persons per hundred thousand people in 1992 to 16.2 in 2006. Oral cancer has turn into the top number four of the cancer death in both Taiwan and Taipei County (oral cancer mortality rate in male was 13.8 per hundred thousand people in Taipei County in 2007).

Based on the 2008 Labour Safety and Health Institute of the Council of Labor data, oral cancer was number three of the malignancy death in labour population between 2004-2007. Each year, 5.8 people of 100 thousands labour die from oral cancer.

Xie Jin-lin's study (2006) pointed out that the most important factors that affect people's behavior of oral cancer prevention are gender and altitude and knowledge to cancer prevention.

Tzu Chi Hospital, Taipei Branch began oral cancer screening services from 2008 in family medicine, ENT and dental departments, and educated people inside and outside hospital. We hope to expand numbers of screening from these ways in order to reduce the socio-economic factors influencing the public behavior of their medical treatment gap.

Purpose / Methods

- Convening of oral cancer screening working group to frame screening process.
- Build oral cancer screening computer alert system (if people haven't received oral cancer screening within one year, doctors will see pop up alert message from computer at the clinic)
- Apply PDCA quality improvement project for increasing screening rate, detection rate and high risks case screening rate (ie, high risks cases including cigarettes smoking or betel nut chewing).
- Apply oral cancer prevention and control seminars inside and outside hospital.

Results

- Out-patient screening rate: Since the oral cancer screening alert system was set up, the average number of cases raised from 94 people per month to 1642 people per month, about 17 times increase; from 2008 to Oct 2009. We screened a total of 22,199 citizens, near 8% citizens of the total number of Xindian City.
- Positive cases and oral cancer detection rate: We found 198 people with positive results from 2008 to October 2009, accounting for 0.89% people of screening. There was 97.95% people with positive results follow-up at our hospital afterward and 19 people was diagnosed as oral cancer from biopsy pathology.
- Oral cancer prevention and control advocacy: We held health education about oral cancer in Community Center. We also performed health education in the hospital and provided several messages about prevention and care.
- Build the hospital as a non-smoking environment: through the entrances and exits and toilets within the non-smoking propaganda, activities, bulletin board, broadcast systems, hospital marquees, and hospital websites, media, strong advocacy betel nuts and tobacco control messages.

Conclusions

By building oral cancer screening system, our hospital significantly enhances the number of people screened through the initiative of clinicians screening for their patients. And through this process, we can detect early oral cancer patient to improve their survival rate. At the same time, we can provide caring knowledge to help people (especially the labours) to understand disadvantages from tobacco, alcohol and betel nut. This can stimulate their knowledge of health-promoting behaviors and attitudes, and thus affecting their social system.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital, Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

P 101. The result of promoting preventive cervical smear (pap smear) services

An-Na TENG, You-Chen CHAO

Introduction

Cervical cancer is a significant disease, which threatened the life of many women. According to a report named "Leading causes of cancer deaths" published by the department of health, executive yuan, R.O.C (Taiwan) on 10/01/2009, cervical cancer is ranked sixth among the top ten causes of cancer death for women. A cervical smear (Pap smear) is the most practical and economical choice in turns of preventing cervical cancer because it is highly sensitive and early diagnosis can reduce the death rate by approximately 50 percents.

Thus, the national council of women of Taiwan, R.O.C and the department of health, executive yuan, R.O.C (Taiwan) cooperated to promote the "Six minutes, Life saving" activity, educating women who are over age of thirty or more to receive cervical smears annually, hoping to reduce the occurrences of cervical cancer death.

Purpose / Methods

To increase the willingness of female patients who are aged more than thirty and haven't receive cervical smear (Pap smear) for more than one year, following measures are taken:

- When registering via internet or a registering machine, a notice with a "haven't done cervical smear (pap smears) for more than one year", will pop-up on screen.
- When patients visiting the obstetrics and gynecology department, a notice will remind the doctors that this particular patient haven't done Pap smear for more than one year.
- When patients visiting other departments in our hospital, a cervical smear (Pap smear) referral sheet will be printed out automatically, and female patients can take this sheet to the obstetrics and gynecology department directly to receive examinations.
- Cooperating with the local health facilities, cervical smear (Pap smear) stations are created in the communities to provide convenient services.
- Considering the fact that Taiwanese women are conservative, our hospital has created a "women's center", which constitutes female doctors only conducting the cervical (Pap smear) examinations and diagnosis.
- A "Cervical smear (Pap smear) outpatient services" are created, which is free of registration fee and no waiting is required.
- Individual case managers are appointed responsible for registering the smears and following each cases carefully.

Results

- There were 16,316 female patients received cervical smears (Pap smears) in our hospital in 2007, it was dramatically to 22,932 in 2008, and a 40.6 % increment was observed.
- Among the 22,932 tests conducted during 2008, 3.07% were abnormal, the rate of tracing abnormal cases were 100% and the patient returning rate were 95.2%.

Conclusions
Based on the goal of enhancing the health of the citizen, our hospital promotes cervical smear examinations (Pap smear examinations) via actively reminding our patients during their regular visits. In addition, efforts were made to penetrate the communities from the hospital providing female citizens accurate and convenient examinations, ultimately hoping to increase the chances of female citizen receiving their annual cervical smears (Pap smears). Lastly, case managers will trace each case to ensure patients who received abnormal test results will return and treated appropriately in timely fashions to increase the survival rate.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital,Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

P 102. Attitudes and barriers to employment in HIV positive patients aged between 20 to 50 years in one London clinic: A cross sectional, clinic based survey

Alison RODGER, Naomi BRECKER, Sanjay BHAGANI, Thomas FERNANDEZ, Angela BARTLEY

Introduction
Unemployment in the HIV population in the era of HAART remains a major issue. The aims of this study were to examine attitudes and barriers to employment in HIV patients.

Purpose / Methods
We undertook a cross sectional study in the Royal Free HIV outpatient department from Dec 2008 to Feb 2009. The questionnaire collected data on demographics, date HIV diagnosis, cART, CD4 count, employment status, attitudes to work, psychological health and perception of barriers to employment. Logistic regression analyses were used to assess factors associated with not working.

Results
545 HIV patients took part. Half were 41 to 50 years (264, 48.4%) and 68.7% of white ethnicity (369). One third (189, 35.7%) had been diagnosed with HIV > 10 years, 82.9% were on cART and only 11.9% had a CD4 count < 200 mm3. Overall 26.1% were not working and of these, half (53.2%), had been unemployed for > 5 years. Associations with not working were diagnosed with HIV > 10 years, poor psychological health and poor attitudes to employment. There was no association between objective measures of health and employment status.

Conclusions
72.6% of female and 78.3% of male HIV patients in our study were working compared to UK national employment rates of 76% and 89% respectively. There are opportunities for HIV services to provide psychological support around attitudes associated with unemployment and to collaborate with the Department for Work & Pensions to help HIV positive men in particular obtain and remain in work.

Contact
MBChB, MD, MRCP, MSc Alison RODGER
UCL/Royal Free Hospital
Rowland Hill st
NW3 2PF London
UNITED KINGDOM
a.rodger@pcps.ucl.ac.uk

P 103. Addressing gender inequities in HIV prevention: recommendations and policies

Ismini SKOURTI, Harikleia STATHOPOULOU

Introduction
Confronting health inequities requires tackling inequities in the main socioeconomic determinants of health. Consequently, socioeconomic inequities between genders account for the widespread transmission of HIV among the female population, particularly in areas where those inequities are more pronounced. Social norms and lack of women financial independence result in the adoption of a passive stance regarding sexuality, which in turn is expressed through behaviors such as failure to use condoms.

Purpose / Methods
A broad literature review was undertaken during the last 5 years in MEDLINE and ASSIA databases with the aim to summarize current recommendations and policies for addressing gender inequities in HIV prevention. Keywords used included gender inequities, health, HIV, gender mainstreaming, prevention, policies.

Results
All recommendations converge to the need for planning interventions for HIV prevention in women. Multisectorial strategies are required, involving political action, economic and health policy. Highly targeted programmes should be implemented, addressing factors such as knowledge, attitudes, self efficacy. Additionally, programs aiming to prevent mother to child transmission should be promoted. Finally, reduction of HIV – related stigma can encourage routine testing and early initiation of treatment.

Conclusions
Allocation of special attention to the broader circumstances that account for women vulnerability to HIV (for example poverty, violence, sexual coercion) and focusing specifically on the alteration of the risk environments in which women live (household, neighborhood and community level) are crucial strategies in addressing gender inequities in HIV prevention.

Contact
MSc, BSc Hariklia STATHOPOULOU
Master's Programme in Health Promotion, Athens
25 Alexandroupoleos Str
Athens
GREECE
harastathopoulou@gmail.com

P 104. Nutritional status in patients with neuromuscular disease: Correlation with the involvement of organ and indices of activity and damage

Federico RUGGERI, Iorella MOZZONI, Patrizia ROCCHI, Mariano BARBERINI

Introduction
Our opinion is that home hospitalisation (HH) intervention generates better outcomes at lower costs than conventional care: they may be described as patient satisfaction, good clinical outcomes and cost savings, too. It has long known the importance of nutritional status in the prognosis of patients with chronic deseases and long lasting. The presence of malabsorption, impaired motility of the gastro-esophageal reflux are important risk factors for the development of a state of malnutrition.

Purpose / Methods
We studied 66 patients with neuromuscular disease followed at home and sheltered accommodation: they have been assessed the type of subset, the duration of the disease, the pattern of antibody, visceral involvement, co-morbidity, treatment with immunosuppressants and / or steroids, the functional status, activity and severity of disease, BMI and serum Prealbumin. The presence of malnutrition has been defined on the basis of values of BMI 20, while the rest have submitted a state of malnutrition. The average duration of illness was 6.25 years; 34% had Prealbumin levels.

Results
From the results obtained, the co-morbidity and mortality were significantly related to the state of malnutrition, BMI, type of nutrition and early intervention, while the evolution of the disease based on the indicators of activity and damage, functional status and drug treatment showed no presence of any correlation with nutritional status. The average overall direct cost per HH patient was obviously lower of the costs of conventional care, essentially due to fewer days of patient's hospitalisation. Furthermore, a higher percentage of patients had a better knowledge of the disease, a better self-management of their condition, and the patient's satisfaction was greater in most of them and their parents.

Conclusions
In conclusion, adequate nutritional treatment improves the prognosis quoad vitam of neuromuscular patients, the incidence of complications and quality of life of patients, while there is no evidence to affect the activity and severity of the disease.

Comments
Home hospitalisation (HH) intervention generates better outcomes at lower costs than conventional care: they may be described as patient satisfaction, good clinical outcomes and cost savings.

Contact
MD Federico RUGGERI
Ceccarini Hospital Riccione
Dept of Emergency - ICU
V. Cervi 48
47838 Riccione
ITALY
ruggeri.federico@auslrn.net

Session P 2-6: Health promotion for patients – miscellaneous

P 105. A woman under X-Rays: An empowerment project on gender differences and equal opportunities

Antonella MESSORI, Patrizia VEZZANI, Andrea GIGLIOBIANCO, Pierpaolo PATTACINI, Rossano FORNACIARI

Introduction
The project to design innovative and multidisciplinary teaching modules on gender differences is promoted by the "B. Russell" Secondary School Institute of Guastalla and financed by the Department of Equal Opportunities of the Presidency of the Council of Ministers, in collaboration with various institutions (University, Provincial Authority, High Court, Guastalla Hospital). It developed around the scientific and human story of Madame Curie, the first woman to receive a Nobel Prize, but also a victim of prejudice, isolation and discrimination.

Purpose / Methods
The project aims at countering the inequalities arising from gender differences, fostering awareness of women's health and living needs, educating women in the culture of rights and lawfulness, and opening the hospital to young people as an opportunity to gain information and knowledge of the services available. Six modules have been designed based on a multidisciplinary and inter-sectoral approach. The second module involved the Hospital, where students attended lectures and visited the Radiology Operating Unit.

Results
The project was conducted during the 2008-2009 school year and involved around 100 students. Various institutions and the community participated in the project, which was the subject of a press conference and articles in the school website and local newspapers. The project was documented in a DVD and a book.

Conclusions
The project used an innovative, multidisciplinary and intersectoral approach to promote among teenagers the adoption of healthy and responsible behaviour and lifestyles in relation to equal opportunities and the prevention of gender-based inequalities. It gave the Hospital the opportunity to witness the effort being made to respond to women's living and health needs and to make students aware of the services it provides.

Contact
Benedetta RIBOLDI
Local Health Unit
Via Amendola 2
Reggio Emilia
ITALY
benedetta.riboldi@ausl.re.it

P 106. Money advice for hospital patients

Claire STEVENS

Introduction
NHS Greater Glasgow and Clyde have developed a financial inclusion pilot service to meet the money advice needs of people affected by stroke (patients, carers and family). This pilot has been developed in response to a series of user consultation events which established that for many patients, stress and anxiety caused by money concerns had a negative effect on their rehabilitation.

The pilot was designed to meet the immediate financial needs of people affected by stroke within the acute setting and facilitates a transition to specialised community based financial inclusion services when / if required.

Purpose / Methods
The service offered general advice over the telephone, as well as hospital and home visits. The service was advertised within ward and visitor areas and key staff involved in patient care have a 3 question-screening tool which was proactively used to ascertain a person's need for money advice. Referrals were taken from patients, staff, carers or anyone affected by a stroke.

Once a referral had been made a money advisor assessed the client's short and long-term money needs and put an intervention in place to support the needs. Short term needs were prevent any catastrophic events from arising, for example: being taken to court, accounts being suspended or losing your home and long term needs included maximising income, benefit claims, re-ordering finances and general financial capability support.

Results
Key findings from the pilot showed that 21% of the target population accessed the money advice service, which equated to 93 clients within the 6 months of operation. In total £300,000 of new annual benefits (an average of £3,300 per client) were generated and £86,000 of total debt (an average of £945 per client) was dealt with.

Conclusions
Following the outcomes and recommendations from the stroke money advice pilot a multi agency partnerhship group has been developed to recommence this service and expand it to cover COPD and Cardiac Services for a further 3 years.

Comments
NHS Greater Glasgow and Clyde are working with a range of partners to provide early intervention in-reach money advice services to COPD, Stroke & CHD patients, who are unable to access community Finanical Inclusion services of support, as a result of being in hospital or being housebound by their condition. Currently there is no systematic provison in place to meet these needs and as a result patients can be left feeling anxious and distressed. The in-reach provision is based on patient needs, proactively supported by NHS staff, simple to access and provides a holistic support service covering all aspects of money advice.

Contact
MA Claire STEVENS
NHS
Health improvement
St Vincent Street 350
g3 8yy Glasgow
UNITED KINGDOM
claire.stevens2@ggc.scot.nhs.uk

P 107. Development of health promotion work within the primary care organisation of the county council of Sörmland in Sweden

Angeli BEIJNOFF

The structure described in this abstract is about using methods to help the patient to find a health promoting lifestyle. Another aim of the structure is to ensure equal treatment for men and woman and for different socio-economic, cultural and ethnic groups.

The County Council of Sörmland has for a couple of years had a policy for health promotion work. This policy is for all organisations within the County Council and it focuses on three perspectives. These perspectives are patients, employees and the general population. The policy provides an important basis for all health promotion activities. The structure described in this abstract is about using methods for helping the patient to find a health promoting lifestyle. We have started to introduce this work within the primary care organization, where we have today 24 health centres within the County Council of Sörmland. We will subsequently proceed with introducing this work in the hospitals and other institutions where patients are treated.

The structure for the work at every health centre is organised in the following way: As a basis for the work we have introduced a questionnaire that we call "Questions about your health". Every patient who has a planned visit to the health centre, that is scheduled to last at least 30 minutes, is invited to answer the questionnaire. The patients are told to bring their

answers to the member of staff he or she will meet at the health centre and with whom they can discuss possible changes in lifestyle. The questions cover the following five areas connected to lifestyle: physical activity, food habits, tobacco, alcohol and emotional health (for example, stress and sleep habits). The questions are documented in the patients computerised medical journal which also enables statistics to be extracted.

In each health centre there are employees that can support the patient to change their lifestyle in these five areas. These persons are trained in methods for supporting change in a particular area of lifestyle. They also further their knowledge and exchange experience in this area of work through networks, which meet at least twice a year. There is a contact person for every five networks who co-ordinates the members of the network and helps develop the work together with the person who has the overall responsibility for health promotion in the County Council. To support this work and establish a good foundation for the treatment, it is planned that every employee who works directly with patients shall be trained in Motivational Interviewing (MI). To date almost a third of the employees have now been trained.

To further develop the health promotion work it is necessary to have someone in every health centre to co-ordinate all the persons supporting patients into a team. This means that those persons who have responsibility for different lifestyle areas do not work in isolation but gain from each other and the different areas of work are therefore strongly connected. This person is called a health coordinator and is also part of a County Council wide network. These 24 health coordinators also work together with the person who has overall responsibility for health promotion work in the County Council. If a health centre can show that they have met the described criteria for the health promotion work they can receive a financial reward. The level of compensation is based on the total number of patients registered with the health centre. This organisation has been built up in order to advance the work in the area of health promotion The compensation is provided as support and the criteria serve to emphasize that this work really is carried out. The work will be followed through indicators, also documented in the patients computerised medical journal, that reveal which initiatives have been addressed regarding health promotion such as: help to stop smoking, help to reduce alcohol consumption, support with weight reduction, support to increase levels of physical activity and support with, for example, stress and sleep problems.

Contact
Angeli BEIJNOFF
County Council of Sörmland
Repslagareg. 19
611 88 Nyköping
SWEDEN
angeli.beijnoff@dll.se

P 108. Do socioeconomic factors contribute to differences in the received operation procedures for hysterectomies when lifestyle and co-morbidity are taken into account?

Signe DAUGBJERG, Merete OSLER

Introduction
Socioeconomic differences in hysterectomy rates on benign indication have been shown in several studies. Additionally one American study has shown that socioeconomic status is associated with received surgical approach for hysterectomy. The Danish National Guideline on hysterectomy recommends vaginal hysterectomy as standard approach for smaller uteri below 300 grams. No studies on received surgical approach for hysterectomy has been done in Nordic welfare systems. This study examines social patterns in use of abdominal hysterectomy versus vaginal hysterectomy.

Purpose / Methods
The study population includes women registered in Danish Hysterectomi Database (DHD). DHD includes all women registered with a hysterectomy in the Danish National Patient registry since 2004. Information on lifestyle, disease, surgery indication, surgical procedures, and complications are registered in DHD. Information on education, occupation, unemployment, income, outpatient prescription drug use, and patient contact with hospitals were identified from different national registries. In this study association between socioeconomic status and operation procedures will be analysed using multilevel logistic regression models.

Results
Out of 20828 recorded hysterectomies 13212 were performed as an abdominal hysterectomy and 7616 were performed as a vaginal hysterectomy. The preliminary results show that in Denmark the average household income seems to be an important independent determinant for receiving a vaginal hysterectomy for benign diseases, where as higher education seems to be associated with a higher likelihood of receiving an abdominal hysterectomy.

Conclusions
We hypothesized that higher education would be a strong indicator for receiving a vaginal hysterectomy since higher educated people are more receptive to health education messages, and communicate more adequately with health staff. Household income was not expected to be an important determinant in regard to which surgical procedure to receive for hysterectomy. The preliminary results, however, showed the opposite of what expected.

Contact
Msc Public Health Signe DAUGBJERG
Research Centre for Prevention and Health, Denmark
Ph.D student
Nordre Ringvej, building 84/85- 57
2600 Glostrup
DENMARK
sibeda01@glo.regionh.dk

P 109. The minority health care program in Bietou, Taipei

Jiun-Shiou LEE, Hui-Chi HSU, Chin-Yu HO, Wen-Ruey YU, Mike Li-Chung CHEN, Chien-Yu YEH, Chun-Yi YANG

Introduction
Utilization of medical care depends on patients' income, cost of medical service and accessibility of medical services. For the disabled and the elderlies, the accessibility of medical services is the more important factor than other two factors. This survey is to build a health care program to empower Ta-Tung Commuinty, the minority community in remote area within Taipei city.

Purpose / Methods
The timeline of this study was from October of 2007 to September of 2008, seven health-care activities were held. Forty-three residents were included for questionnaires and 26 residents were suitable for health check-up provided by Bureau of Health Promotion. Surveys were carried out to investigate common diseases, drug compliances, health status of residents and to empower this minority community.

Results
Family medicine doctors, neurologist, orthopedist, general surgeon, rehabilitation doctor, Chinese herbal doctor, nutritionist and pharmacist participated in these health activities due to the common type of diseases analyzed from the questionnaires. All residents found to have hypertension, diabetes mellitus and Parkinson disease history were referred accordingly and now under regularly medical control. Three residents were suspected to have TB, revealed by routine Chest X-ray screening, appropriated medical treatment was started after diagnosis was confirmed.

Conclusions
This research provides a model for approaching the minority community and promote health care program. The medical team recommended the Department of Health to allocate one blood pressure monitor in the community and to provide adequate health education to local residents to check blood pressure by themselves. Family medicine doctors in this program play an important role in community health care to provide the accessibility, accountability, continuity, comprehensiveness and coordination medical services. Not only activities, this research also empower residencies in self-care and daily blood pressure monitoring.

Contact
MD Jiun-Shiou LEE
Taipei City Hospital, YangMing Branch
Family Medicine Department
No.105, Yusheng St., Shilin Dist., Taipei City 111
Taipei
TAIWAN, R.O.C.
fmjasonlee@gmail.com

P 110. Tackling health inequalities for transsexualism (gender identity disorder) in Taiwan by medical-legal-ethical analysis

Hsiu-Nan TSAI

Introduction
Transsexualism (gender identity disorder) has long been the focus of medical and legal controversy in countries throughout the world. According to "Transgender Eurostudy: Legal Survey and Health Care", the research presented a mixed quantitative/qualitative approach to analyzing transsexual people's experiences of inequality and discrimination in accessing healthcare. In Taiwan, the first sex reassignment surgery gaining legal recognition was performed in 1988, but the health and legal system still contains little concern regarding many issues of medical ethics and health inequalities.

Purpose / Methods
For tackling health inequalities among transsexuals in Taiwan, we create a series of medical-legal-ethical matrix analysis based on a bio-psycho-social-ethics-culture model to detail the barriers and inequalities that transsexuals face when accessing healthcare. In addition, we perform a comparative legal study to collect health and legal information from USA, Japan, German, UK, and China. We try to adopt principles of health promotion (holistic, interdisciplinary and multi-strategy) and to present our recommendations to tackle inequalities in health, especially for transsexual population.

Results
In Taiwan, the prevalence rate is 30~200 in 100,000 (female dominance, 9:1). The medical-legal-ethical analysis reveals inequity that the surgery is not covered by national health insurance. Besides, there is a controversy requiring parental approval, which has prompted many transsexuals to have operations overseas, such as Thailand. The legal study shows that some countries have passed legislation. Comparatively, the issue of transsexualism hasn't received much attention in legal and healthcare system. What we need is to establish an anti-inequality law.

Conclusions
Transsexualism is a condition that many physicians know little about. The healthcare treatment for transsexual people is not sufficient. We suggest the establishment of the Taiwan Gender Recognition and Health Promotion Act, to deal with the issues comprehensively, including education, employment, health insurance, and health inequalities.Our health promotion hospital advocates a collaborative effort among Plastical Surgical Association, Bureau of National Health Insurance and Law Schools, for legislation and national insurance reimbursement to tackle health inequalities among transsexuals in Taiwan.

Comments
We are planning to start a collaborative effort with Taiwan Medical Association, National Science Council, Bureau of National Health Insurance and Law School of National Kaohsiung University, for legislation and national insurance reim-

bursement to tackle health inequalities among transsexuals in Taiwan.

Contact
MD, Master of Laws Hsiu-Nan TSAI
Kaohsiung Municipal United Hospital
Visiting Staff, urologist
976 chunghwa 1st Rd 80457
80457 Kaohsiung
TAIWAN, R.O.C.
nan122510@yahoo.com.tw

Session P 2-7: Reducing work-related risks for hospital and healthcare staff

P 111. EU-Guideline: Occupational health and safety risks in the health-care sector

Felix BRUDER, Stefan SCHWARZWÄLDER

Introduction
In a two year project the Federal Association for Work Safety and Work Medicin in Germany (BAUA) developed a practical guideline together with its partners. This guide to prevention of occupational health and safety risks and good practice in the healthcare sector is a practical tool to assess and prevent the most significant risks in the sector, especially biological, musculoskeletal, psychosocial and chemical risks.

Purpose / Methods
About 10 % of workers in the European Union belong to the health and welfare sector, many of whom work in hospitals. These workers may be exposed to a very wide variety of risks. Community legislation on health and safety at work currently covers most of these risks – nevertheless, the combination of such diverse risks arising at the same time and the fact that this is clearly a high-risk sector are giving rise to a debate on the need for a specific approach in order to improve the protection of the health and safety of hospital personnel at Community level.

Results
The practical Guide for Occupational health and safety risks in the healthcare sector has been initiated by the European Commission. The German BAUA and its partners (one of them the German HPH-Network) were charged to develop such a guide. The focal topics should be: a) biological agents b) musculoskeletal disorders c) psychosocial disorders and d) chemical agents. The Commission took into account that a lot of practical approaches have already been developed on a national and international level.

Conclusions
The aim was to bring those tools to the people in the hospitals. As a result the partners can present a pracical guide in English, german and french, which can be used by responsibles in the hospitals on an everyday basis. It shall make risks and potentials for occupational health visible. Therefore it has a strong link to health promoting aspekts of the HPH-Network

Contact
Felix BRUDER
German HPH Network
Managing Director
Saarbrücker Str. 20-21
10405 Berlin
GERMANY
bruder@dngfk.de

P 112. Inequality of health between nurses and administrative staff in the community hospital

Shu-Pi CHIU, Chun-Mei TSAI, Kuan-Fen CHEN, Yu-Chen CHANG

Introduction
Different lifestyle is one of the key factors causing inequality of health. Nurses and administrative staff are the major groups in the hospital, but the life style is very different. Work shift, for example, has been reported as one key concern for the inequality of nurses from other hospital staffs. How much the difference is requires further study and attention.

Purpose / Methods
This study aimed to investigate the inequality of health of nurses from other hospital administrative staffs through a hospital-wide survey. The study was a cross-sectional design. An anonymous questionnaire of Hospital Health Promotion was given to all the nurses and administrative staffs of a community hospital on south Taiwan.

Results
99.6% of 1352 participants completed the questionnaires. 947 are nurses, and the rest are administrative staffs. Comparing with administrative staffs, nurses have lower self-rated health (26.5%, 17.3%), poorer self-reported health status comparing with some age peers(30.2%, 16.0%), lower BMI (14.5%, 6.4%), self-reported imbalance of diet (57.1%, 43.5%) and greater sleep disturbance(79.6%, 69.5%). All the comparisons above are with statistic significance.

Conclusions
Although we can not know the causality of the above findings, work shifts have been known one of the important reasons causing nurses sleep disturbance, and poor sleep affects personal health perception and physical health. How can we improve the quality of sleep for staffs with work shifts like nurses, and how the better sleep affects the health of nurses will require further study.

Contact
CHANG Yu-Chen
Chia-Yi Christian Hospital
539 Jhongsiao Rd. Chia-Yi, Taiwan, ROC 600
600 Chia-Yi
TAIWAN, R.O.C.
00216@cych.org.tw

P 113. An exploratory study of shift-work and exercise among healthcare workers

Chao-Hung YU, Hui-Hsien KU,Wan-Chin CHEN

Introduction
Two overarching goals of Healthy People 2010 are "increase quality and years of healthy life" and "eliminate health disparities." Shiftwork among healthcare workers impacts upon the health of employees.

Purpose / Methods
The aim of this study was to examine whether there were differences of exercise behavior among healthcare workers in different work schedule. A cross-sectional, questionnaire-based survey was conducted among healthcare workers of a medical center in middle Taiwan. The study took place in November 2007. A total of 2409 subjects were included in this study. They answered questions on exercise habit, exercise frequency and exercise duration, together with work schedule. The data were analyzed by Chi-square test.

Results
Participants were grouped according to their work schedule (no shifts, 8-hour fixed day shifts, 8-hour fixed evening shifts, 8-hour fixed night shifts, 8-hour combined shifts, 12-hour fixed day shifts, 12-hour fixed night shifts and 12-hour combined shifts). A statistically highly significant association of regularity of exercise was found with work schedule.

Conclusions
The exercise behavior of healthcare workers was associated with shifts. A significant association of regularity of exercise and exercise frequency were found with work schedule. The results highlight the need for an increased awareness of shift-work of special importance among healthcare workers when health promotion program are designed.

Contact
Chao-Hung YU
Changhua Christian Hospital
135 Nanxiao Street
Changhua
TAIWAN, R.O.C.
129887@cch.org.tw

P 114. Mental health in the work-place: Differences in stress response among emergency and critical care nurses in Greece

Harikleia STATHOPOULOU, Maria KARANI-KOLA, Maria KALAFATI, Elisabeth PAPATHA-NASSOGLOU

Introduction
Multiple stressors may result in the manifestation of anxiety symptoms. Emergency and critical care staff confronts trauma, time constraints, increased workload, demands by clients and lack of support from administrators. Anxiety is associated with disruptive professional attitudes (eg apathy, irritability, absenteeism) and can adversely affect nurses' quality of life and the quality and safety of the care provided. Despite that, only a limited number of studies have investigated the prevalence of anxiety symptoms among emergency and critical care nurses.

Purpose / Methods
This study aims to explore potential differences in stress response among Greek emergency (ER) and critical care (ICU) nurses, as they are manifested through anxiety symptoms. Potential associations between demographic, vocational, educational factors and levels of anxiety symptoms are investigated. A descriptive correlational design with cross-sectional comparisons was applied. The target population was emergency and critical care nurses in Greece. A convenience sample of 266 nurses, employed in private and public hospitals was recruited. Descriptive and inferential statistics were explored.

Results
A weak correlation was found between musculoskeletal disturbances and age (tau= 0.183, p=0.033) in ICU nurses. In ER nurses, age was correlated moderately with anxious mood (tau=0.305, p=0.001), phobias (tau=0.188, p=0.037) and sensory disturbances (tau=0.200, p=0.025). Females in ER reported higher levels of depressed mood (MWU, p=0.045), respiratory (MWU, p=0.021) and gastrointestinal (MWU, 0.022) symptoms than males. In the private sector, ER nurses reported higher levels of tension (p=0.009), depressed mood (p=0.002) and autonomic symptoms (p=0.020), whereas ICU nurses reported higher levels of phobias (p=0.022), insomnia (p=0.024) and cognitive disturbances (p=0.033).

Conclusions
ER, female and nurses employed in the private sector may be at increased risk for the manifestation of anxiety symptoms. Measures to address anxiety in nursing personnel include routine screening of staff for the presence of anxiety symptoms and referrals as appropriate, provision of social support from peers, counseling, strengthening of interprofessional collaboration. The knowledge of factors that account for the manifestation of anxiety symptoms can guide the design and implementation of targeted mental health promotion interventions at the workplace.

Contact
MSc, BSc Hariklia STATHOPOULOU
Master's Programme in Health Promotion, Athens
25 Alexandroupoleos Str
Athens
GREECE
harastathopoulou@gmail.com

P 115. The safety climate in health care organizations and its relations with professional burnout and accidents / injuries in the workplace

Marija GRUODYTE, Laima RADZIUNAITE, Ruta LUKIANSKYTE

Introduction
A study of safety climate is relevant for organization that is concerned with its employee's safety, health and that is willing to provide favourable working conditions so that to reduce tention and stress and avoid violence. Stress is considered to be one of main reasons for professional burnout as it is caused by intensive care of the patients and communication with them. Doctors, nurses, social workers are refered to profesions with a high stress level. Nearly a quarter of the ammount of violence at work place is in healthcare organizations.

Purpose / Methods
The aim of the study was to assess evaluation or safety climate and to find its relations with Professional Burnout and Accidents/ Injures at Workplace: Kaunas County Hospital ant the department of Mental Hospital.Method: The study has been carried on using anonymous questionnaire. Participants for the study were 219 employees involved in health care activities from Kaunas County Hospital and The department of Mental Hospital. The study instrument included "safety climate", "professional burnout", "accidents or injures at workplace" scales. 230 questionnaires were distributed to the employees and 219 of them were returned back to the researcher. The response rate for employees was 90,1%. The data was processed employing statistical SPSS 11.5 version.

Results
The results of the study showed that employees who were more likely to evaluate safety climate as positive experienced fewer accidents or injures at workplaces than the employees who were less positive about safety climate.

Conclusions
The employees evaluating safety climate more favourably represented reduced professional burnout than those who considered safety climate as less positive.

Contact
Master of psychology Marija GRUODYTE
Director of nursing, Kaunas County Hospital
Dariaus ir Gireno 48
46256 Kaunas
LITHUANIA
laimarad@gmail.com

P 116. Improvement project with the aim to reduce the occupational exposure to infection by the operating theatre and intensive care unit workers of the S. Chiara Hospital of Trento, Italy.

Eduardo GEAT, Doriana DEL DOT

Introduction
The awareness of the operating theatre and intensive care unit workers about the exposure risk to needles or sharp objects, and also to the skin/mucosal contamination with blood or biologic material, has been improving. However, accidents are not always notified, because this kind of work requires no interruption; as a consequence the right procedure and notification cannot be observed. The Anaesthesia and Intensive Care Department of the APSS of Trento (Italy), which manages 7 operating blocks and 3 intensive care units, distributed in 7 hospitals, promoted an improvement project with a double aim: on one hand to identify proper procedures, appropriate to the working environment, on the other hand to apply suitable analysis methods (root cause analysis, audit, etc).

Purpose / Methods
In 2009 a "field training" project (FSC) has been started in the S. Chiara Hospital of Trento. This hospital has 15 operating room and 3 ICU's. About 16.000 operations per year. The project forecasts 130 hours and 18 professionals, among doctors and nurses, are involved. They will share and experience, along a ten-months period of time, the 5 expected methods and tools: context analysis, building and experimenting instruments and methods (notifying kit, database to input process/outcome data), monitoring and evaluating indicators.

Results
Once the project is concluded, data and information will be available to all participants about the cases that have been notified through the new procedure; they also will know the accident dynamics, particularly the occupational exposure while using safety devices. Strategies will be defined in order to transfer the results to the remaining 6 hospitals.

Conclusions
This project, aimed to improve the efficacy of the risk management, is an important strategy in order to promote a healthy workplace (Standard n°4 HPH) for all health professionals belonging to the Department, who work in seven different hospitals.

Contact
Doriana DEL DOT
Azienda Provinciale per i Servizi Sanitari
Epidemiology Nurse
Via Degasperi 79
38123 Trento
ITALY
doriana.deldot@apss.tn.it

P 117. Tackling the health inequality in a community hospital to identify the risk factors of poor sleep quality among Nurses

Hsin Yi LIN, Pei Li CHIEN, Hei-Jen JOU, Yi-Ching CHEN, Ruo-Yan XIAO, Chia-Chi WU, Tzu-Chuan HSU

Introduction
Nurses play essential roles in hospital. They are responsible for saving lives and the burden induces enormous stress causing physical and mental health inequality. Previous studies showed nurses tended to have poor sleep quality, and the greater the pressure endured from work, the worse they feel about their own health condition, which in term increased the risk of endangering patients' lives. Therefore, we have focused on health inequity issues for female employees since 2008.

Purpose / Methods
The purposes of these projects were to identify the relationship between sleep quality and related factors. The designated goals were to improve their sleep quality through the intervention of a series of stress management courses and exercise in the future. We portable sleep monitoring devices were used to assess sleep quality and to diagnose sleep apnea syndromes. One hundred and thirty-one nurses were recruited through random sampling and all participants did one-night sleep test via the portable device at home.

Results
The study results demonstrated the negative relationship among age, education and sleep condition. Participants with lower frequency of exercise easily woke up in the middle of the night and had more dreaming. In terms of the Obstructive Sleep Apnea (OSA), participants in age 40 to 49 years old had more severe OSA than those under age 29. Additionally, the results illustrated statistically significance between waist and severity of OSA and between medical malpractice stress and sleep quality.

Conclusions
Due to the direct stress from patients, potential medical disputes, duty shifts and all sorts of physical factors, nurses are prone to sleep disorders, which inevitably affect patients' safety. Few studies have been conducted to investigate the sleep condition of nurses through a sleep monitoring device. As a result, this study will generate a significant importance. Relevant interventions have been formulated for next year with the hope to improve the sleep quality and reduce health inequality.

Contact
Ruo-Yan XIAO
Taiwan Adventist Hospital
424, Sec. 2, Ba De Rd.
00886 Taipei
TAIWAN, R.O.C.
syinyin@gmail.com

Session P 2-8: Workplace health promotion & staff education in healthcare settings: studies and examples for interventions

P 118. The JOY of Life Week

Maria HALLMAN-KEISKOSKI, Nina PERÄNEN

Introduction
The Central Finland Health Care District health promotion programme for 2009-2013 adhering to the HPH standards requires the member hospitals to improve the health and wellbeing of their staff. There are approximately 3000 employees working at the District's five hospitals and over 1/3 of them work in shifts. Thus, the greatest challenge in action-oriented campaigns is to reach every staff member equally. The JOY of Life Week directed at the staff was held on 26 Oct-1 Nov 2009.

Purpose / Methods
The purpose of the week was to increase the feeling of communality and mutual respect, to motivate personal health promotion and to encourage creativity and joy of life. The goal was to motivate the staff members to use their skills and abilities to bring joy to others. The superiors were encouraged to greet and offer constructive feedback to their subordinates and to enable lunch and recreational breaks. Taking part in the organised activities during working hours was allowed.

Results
The materials for the week were combined into a package and its icon was available on all computer screens. The package included a nature photo, an aphorism and an exercise for each day. The hospital canteens offered favourite dishes. The humorous JOY of Life Restroom competition was available for all units. Additionally, the week offered activities such as the InBody body composition analysis, drama groups, art lecture and theatre. The JOY of Life Marketplace offered information and health risk tests.

Conclusions
The week was successful and the employees who took part in the activities were satisfied. However, considering the unconventional implementation, informing the staff should have been prioritised more. Many staff members found it difficult to attend the events due to busy work schedules and holidays. The second JOY of Life Week will be organised in autumn 2010 and the same events will be held during two consecutive weeks. The superiors will be informed earlier and new events will be created.

Comments
This abstract concerns about well-being of hospital staff (standard 4). Main point of our JOY of Life Week was to plan how to reach every about 3000 employees working in 5 different hospitals.

Contact
Licentiate in Health Sciences Maria HALLMAN-KEISKOSKI
Central Finland Health Care District
Director of Nursing in Health Promotion
Keskussairaalantie 19
40620 Jyväskylä
FINLAND
maria.hallman-keiskoski@ksshp.fi

P 119. Project of integrating newly-engaged staff at Azienda Ospedaliero-Universitaria S.Maria della Misericordia di Udine

Carlo FAVARETTI, Moreno LIRUTTI, Ornella DAL BÒ

Introduction
The learning path for newly-engaged staff is an initiative planned by the General Management within the process of Total Quality Improvement. Following the WHO vision on "Health Promotion Hospitals", this project wants to develop the concepts, values and standards of health promotion in hospital organisation and culture for the benefit of the staff, of patients and families. Health promotion, including the patient's life quality, is nowadays seen in Europe as an element mostly affecting the quality of hospital services

Purpose / Methods
Following the results of an internal survey on opportunities and crucial points in integration paths, the AOU SMM General Management set up in 2009 a multi-professional project team focusing on the newly-engaged staff's orientation. The aim of the project was the reengineering of the process in order to give the staff (1-3 days from the recruitment) all the necessary information on safety rules and on other essentials dealing with the hospital policy quality and organization, prevention and privacy within.

Results
The project team produced a newly-engaged staff strategic handbook in compliance with the current regulations on hospital organization, prevention, safety, privacy, quality, and accreditation. On the first two days the member studies the chapters on Prevention and Emergency, then s/he is assessed with multiple-choice questionnaires and is trained on the subject. The member is tested with OSCE examination on the acquired competences. 103 people have completed the path so far. (Rating of course: 4,43 on Likert Scale with 0,69 SD).

Conclusions
Results show the project implementation guarantees the customer's safety improvement and promotes quality performance. The member soon feels s/he is well supported in the organization. From the start s/he is trained in using protective equipment and acquires basic competence for facing clinical or fire and calamity emergency. The presence of a personal tutor makes relationships within the team easier and successful. The path improves the effectiveness of the staff involved in the process of integration and promotes the empowerment.

Contact
MD Carlo FAVARETTI
Azienda Ospedaliero Universitaria di Udine
General Director
Piazza Santa Maria della Misericordia 15
33100 Udine
ITALY
vidale.claudia@aoud.sanita.fvg.it

P 120. Integrating diet, exercise and acupuncture interventions to manage overweight and obesity as a mean to reduce chronic disease risk factors and improve health inequality

Cheng-Yang CHIANG, Ying-Jen CHIANG, Chin-Hui WU, Rui-Ying JI

Introduction
Obesity is an epidemic contributing to major chronic diseases and health inequality. Studies have shown that overweight or obesity is more prevalent among lower social economic classes, who may have less access to health care, and at increased risk for degenerative diseases such as cardiovascular diseases, diabetes, hypertension and cancer. Thus low cost lifestyle interventions targeting reduction of body weight may greatly reduce incidences of chronic diseases and associated health care costs.

Purpose / Methods
As a health promoting hospital, Tzu Chi General Hospital Taipei Branch had launched a healthy lifestyle pilot program, that includes group lessons, 8 on healthy diet, 6 on cooking and food preparation, 8 on exercise, and 7 acupuncture services, led by dietitians, chef, fitness instructors and certified Traditional Chinese Medical doctors respectively. To encourage healthy eating, the hospital cafeteria offered a calorie restricted (500kcal) vegetarian lunch box, featuring low carbon foot print and organic foods, Monday to Friday.

Results
Ten hospital employees and twenty community members (8 males, 22 females; age 44.8±11.6), with BMI>24 (mean BMI of 27.6±2.9 kg/m2), had enrolled in the program. In seven weeks, the participants have achieved significant improvement on various chronic diseases risk factors: mean body weights had reduced 3.5kg (±2.8).

Conclusions
Significant improvement in total cholesterol and body weight and especially waist circumferences and triglyceride, could be achieved in a 7 week program that integrates healthy diet, exercise, and acupuncture. The therapeutic effect of acupuncture for management of abdominal obesity may warrant further investigation. Focuses should be put on long term maintenance.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital, Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

P 121. Hospital-based collaborative online interprofessional learning with a SDOH lens

Heather MacNEILL, Elizabeth HANNA, Scott REEVES, Susan HIMEL

Introduction
In early 2009, Innovative Collaborative Online Interprofessional Learning (COIL) Workshops were developed to promote interprofessional practice, learning about complex chronic disease (CCD), and learning how CCD affects the socially vulnerable– three areas currently lacking in most clinical and medical education. TBI (Traumatic Brain Injury) and Diabetes were selected for the first focus because of their heightened effects on the socially vulnerable. Interprofessional learners piloted software specially designed for collaboration on tasks that enabled, reinforced and enhanced independent online study.

Purpose / Methods
COIL's goal is to combine the benefits of Interprofessional Education (IPE) and E-learning, while minimizing barriers to both. Online learning eliminates geographic and other barriers that can be challenging in face-to-face IPE. However, learners must become part of a virtual learning community in order to collaborate effectively with each other and the material. Facilitated synchronous online sessions provided learners the opportunity to collaborate on building a case together, and to learn about teamwork, CCD, and the socially vulnerable.

Results
In the COIL pilot workshop on TBI, teams of interprofessional post licensure learners used specially adapted software, web cams and audio streaming that provided social cues often lost in text-based E-learning. This enabled synchronous online collaboration. Analysis of qualitative and quantitative data supports use of this method, but suggests strong facilitation and excellent technical support are essential for success. Integration of diverse patient stories to help illustrate various vulnerabilities and how it affects their 'cases' was also very positively received.

Conclusions
E-learning has shown to be a powerful way to provide anywhere, anytime learning. Bridgepoint Health's COIL model demonstrates an approach that provides interactive collaboration between diverse learners and groups. It adds the dimension of addressing how an individual's socio-economic circumstances can affect their health in the course of their treatment and rehabilitation. A full roll out of the pilot-informed and improved COIL Workshops is set for January 2011.

Contact
B.A. (HON), M.E.S. Susan HIMEL
Bridgepoint Health
Strategy Lead, LiveWell!
14 St. Matthews Road
M4M 2B5 Toronto
CANADA
shimel@bridgepointhealth.ca

P 122. Healthcare inside and outside movies: Dialogues between healthcare providers

Renee TSENG, Po-Yen LIN, Suei-Tsau TASI, Hsin-Wen CHANG

Introduction
Since heavy work loadings and uncommon working time, less healthcare workforces will like to get new healthcare information actively. In the other hand, language is a gap for the healthcare workforces in Taiwan except physicians to know what new in western healthcare technology. We designed a kind of activity for the healthcare workforces in our hospital to break throw these limits.

Purpose / Methods
Participators were provided a movie which talking some medical subjects and they watched it before the activity. A specialist was invited to lead the discussion. The feedback and opinion of the partciators were collected via questionnaire survey. 80 questionnaire were sent and 62 valid questionnaire were returned.

Results
The investigation shows movie is indeed the main attraction to the participators. They become interesting in different healthcare technology in foreign countries and the language gap seems disappeared via movies. Sharing knowledge and strategies inspires them in their job. In addition, they know more supporting resources from government and social welfare institution.

Conclusions
82% participators consider the information they gained from the activity would facilitate their clinical healthcare. 77 % participators joined at least twice.

Contact
Bachelor Renee TSENG
Taiwan Adventist Hospital
424, Sec.2, Bade Road
105 Taipei
TAIWAN, R.O.C.
jmt318@yahoo.com.tw

P 123. Healthy working lives approach in NHS Lanarkshire

Avril THOMSON, Alana COWAN

Introduction
The Healthy Working Lives Award (HWL) was launched in April 2007 and builds upon the success of the Scotland's Health at Work Award. The award programme supports employers and employees to develop health promotion and safety themes in the workplace. The HWL Award contributes to the Health Promoting Hospital (HPH) Standard 4: Promoting a Healthy Workplace and CEL (14) Health Promoting Health Service: Action in Acute Care Setting section 10.6.

Purpose / Methods
The approach in NHS Lanarkshire has been to ensure that all staff, not only those in acute sites, are working in a healthy working environment. HWL is delivered in each site and locality by a dedicated HWL coordinator, overseen by the HWL Manager / Employee Director. This group addresses policies, procedures and strategies and provides an opportunity to share best practise. Each coordinator is supported by a HWL working group which meets every 4-6 weeks and consists of a variety of representatives from across different departments and grades.

Results
Currently, two acute hospital sites are working towards the Gold award and one towards the Silver award. There are 10 area based localities and two corporate sites; three are working towards Bronze; four working towards Silver and five working towards Gold.

Conclusions
Challenges include: Increasing awareness and engagement of staff in the HWL programme; Target the less engaged staff. Persuade staff of the importance of the health improvement agenda.

Contact
Avril THOMSON
NHS Lanarkshire
Senior Health Promotion Officer
Law House Airdrie Road
Carluke ML8 5ER
UNITED KINGDOM
avril.thomson@lanarkshire.scot.nhs.uk
http://www.lanarkshirementalhealth.org.uk/

P 124. Health advocacy course - Everyone speaks the same language

Eu-Jzin TAN, Gladys WONG

Health Promotion is defined as 'the process of enabling people to take control over, and improve their health' (WHO, 1986).

In Singapore, there is rising trend of chronic diseases and aging population. Hospitals play an important role to promote health, prevent disease & provide rehab services, as well as reach out to the community to promote social responsibility for health. Hospital staff must disseminate to patients correct information and exercise motivational counselling to encourage a behavioural change. Alexandra Hospital is a 400-bed general teaching hospital with >1700 staff from different countries and disciplines. Despite such differences, we aim to develop a corporate identity that embraces the aims of health promotion and achieve a culture that is health promoting within the hospital.

Health promotion at Alexandra Hospital is holistically categorised into five health promoting tracks:
- Eat Wisely,
- Exercise Regularly,
- Think positively,
- Stop smoking, and
- Practice Personal Hygiene

In order to ensure all staff is empowered to give similar basic advice to our patients, we designed a two-day multi-disciplinary Health Advocacy Course (HAC). It is labour intensive and conducted by five different disciplines, namely the dietitian, physiotherapist; clinical psychologist, pharmacist and Infection Control Nurse, average twice a month. The HAC's core competency is based on the five tracks to share common practical health tips with fellow colleagues. This ensures everyone speak the same language. It also serves as a gap-closing measure to tackle the issue of inequality in the current Singapore health system.

The survey showed that after one year, most than half of the participants, from various departments and management levels, could remember what they were taught in the course, and claim to share with others what they learned. This demonstrates the usefulness of the HAC and its empowering effects to the participants.

Contact
Gladys WONG
Chief Dietitian / Senior Manager, Nutrition & Dietetics Dept
Alexandra Hospital
378 Alexandra Road
Singapore 159964
SINGAPORE
gladys_wong@alexhosp.com.sg

Session P 2-9: Assessing and implementing health promotion and equality in hospitals and health services

P 125. No more missed opportunities

Susan SADIQ, Deborah BESWICK-COUSINS

Introduction
Integrating health needs assessment and health promotion activity into an Acute NHS Trust.

Purpose / Methods
To inform conference members on the approach taken by the Royal Liverpool and Broadgreen University Hospitals NHS Trust in tackling health inequalities through structured health as-

sessment and promotion activities. A strategic approach to developing health promotion activity within a secondary care acute NHS Trust.

Results
Within a 9 month period we have seen the development of the Health promoting Hospitals committee, open space events attended by hundreds of staff and visitors, the development of health promoting hospitals strategy, the training of over 100 health promoting hospitals champions. Health promotion is now firmly on the agenda in the Trust and we have strong links with our colleagues in Primary care to ensure joined up working across the local health community and to work with Liverpool PCT on the delivery of public health priorities. Changes in admission assessment to now include a full lifestyle assessment with prompts for brief interventions and referrals for further support. We have seen referrals for smoking cessation more than double and we now record the smoking status of all patients admitted to the Trust.

Conclusions
It is only 9 months since we establsiehd the health ptromoting hospitals committee but it is evident that this group is already making a difference. We have no health statistics so far to evidence our full impact but we know that patients are getting many more opportunities to support them in their decision making about thier health. That in itself has to be a great start.

Contact
Healthcare Practice Susan SADIQ
Royal Liverpool and Broadgreen University Hospital
Head of Nursing policy and education
Meadow Oak Drive 6
I25 3sz Liverpool
UNITED KINGDOM
susan.sadiq@rlbuht.nhs.uk

P 126. CAGI-PIRAB - HPHNQA World Class Standard

Ekachai PIENSRIWATCHARA

Introduction
The 5th Regional Health Centre is an academically oriented Regional Health Promoting Institute established by the Health Division, Ministry of Public Health of Thailand. Its aim is to help all people to be healthy by using the Ottawa-Charter and Bangkok-Charter strategies to devise effective health-promoting tactics, thus effecting an improvement in the quality of the Basic Health Service. The Health Division and the 5th Regional Health Centre completely finished their HPH Accreditation in 2006, as did a thousand other hospitals in Thailand. The Health Promoting Hospital National Quality Award (HPHNQA) is a new Global Health Care standard.

Purpose / Methods
This Researcher aim is to help all people to be healthy by using the Ottawa-Charter and Bangkok-Charter strategies to devise effective health-promoting tactics, thus effecting an improvement in the quality of the Basic Health Service. It has been developed on the basis of six sample models: Surin Hospital, Fort Suranarry Hospital, Dankunthod, Pudthaisong, Pukeaw, and the 13rd Regional Health Centre Hospital. These six HPHNQA sample Models were selected from out of 84 hospitals in South-eastern Thailand. The CAGI-PIRAB protocol studies the intervention in sample hospitals by medical staff responsible to the 5th Regional Health Centre. Primary data on the level of health status and health behavioral data have been collected and interpreted.

Results
Results have been found that Surin hospital and the Fort Suranarry Hospital (Army Hospital) offer the best models. They both demonstrate high levels of health and exceptionally good models of health behavior (showing percentages of 80.00 and 65.00 respectively). The six hospitals of the Development Model should be linked and integrated with the work of the Regional HPH surveyor to form a Provincial Community of Practice (CoP). All of the HPHNQA hospitals could thus be empowered to be parts of the 13th Regional Learning Organization (LO), thus improving the quality of the delivery of health care, following the guidelines of the Global International HPH academic conference, held in GREECE in 2009.

Conclusions
On the basis of the results of the Phase II research, we may conclude that 1) the MOPH of Global Health Care Quality Improvement and 2) accreditation by the Health Division and the 12th Regional Health Centre should continue by changing from HPH (2002) Accreditation to HPH PLUS re-accreditation every three years.

Comments
Accreditation by the Health Division and the 12th Regional Health Centre should continue by changing from HPH (2002) Accreditation to HPH PLUS re-accreditation every three years If that were done, all hospitals could request HPHNQA Accreditation under the terms of the 350 HPHNQA Self- assessment report.

Contact
MA Sukhuman PATHANASETHANON
Nursing Faculty, Chulalongkorn University
177 6Th Village Koukgroud Subdistric 30280
30280 Nakornrachasima
THAILAND
cuwhohph6@gmail.com

P 127. One hospital's successful approach to improving health equity

Anthony MOHAMED

Introduction
St. Michael's Hospital in downtown Toronto entered a long-term health equity organizational change process in 1995.

Purpose / Methods
This presentation will highlight the key steps involved, lessons learned and the importance of community engagement.

Results
The results of which has been a cultural shift in attitudes, policies and practices that welcomes, celebrates and addresses differences.

Conclusions
Participants will gain an understanding of how to get started and how to address potential challenges both internal and external to their facility.

Contact
Master of Environmental Studies Anthony MOHAMED
St. Michael's Hospital
Diversity and Special Projects Coordinator
30 Bond Street
M4L 3E3 Toronto
CANADA
mohameda@smh.toronto.on.ca

P 128. A health care assessment of clients in Shannon Medium Secure Unit

Joanna GRIBBEN

Introduction
In 2007 staff at Shannon Clinic, Knockbracken Healthcare Park expressed an interest in becoming a healthy setting. Shannon clinic is a 34 bed mental health inpatient unit, which provides a regional service linked to mental health services throughout Northern Ireland. This unit provides a vital setting in which the health of staff, clients and the wider community can be promoted. Clearly staff working in Shannon will experience some of the environmental stressors experienced by clients. Clients in secure units such as Shannon Clinic mainly suffer from severe and enduring mental illnesses such as Schizophrenia. They mostly have a forensic history or have been too difficult and challenging to manage in other, less secure environments. In turn, this can be challenging for staff working within this environment.

Aim / Purpose
The overall aim of this piece of work is to undertake a health needs assessment across Shannon Medium Secure Unit.

The main purpose of the study is to:
- Begin the process of embedding the settings based approach.
- Adopt a bottom up approach, seeking to gain insights into how clients and staff view the importance of all aspects of health in their lives.
- Explore the factors that either promote or impact negatively on staff and clients health status.
- Provide the evidence to inform action planning for future work in Shannon.
- Provide baseline data against which to measure progress and outcomes for evaluation.

Methodology
The Survey Period was 07th January 2008 – 29th February 2008 for staff and from 1st February 2008 to 9th April 2008 for clients. Two questionnaires were used (adapted from Ashworth Hospital) targeting staff and clients in Shannon Clinic The Interview technique used to complete the questionnaires was a semi-structured interview for clients. Six staff members were selected to interview clients in the 3 different wards. Staff completed their own questionnaire and returned it to the Health Improvement Department in the Trust. Sixty-four staff and twenty-one clients returned completed questionnaires.

Results
The typical profile of a Shannon client is; a white male, diagnosed with a mental illness and who has been in Shannon between 1 –2 years. He will most likely be receiving treatment for a physical health condition and be a regular smoker, be moderately overweight with a desire to loose weight. The client most likely has used recreational drugs and has had a medical examination in the past 12 months. Clients are aware that they need to change their diet and increase their physical activity in order to reduce their weight. Clients do feel that the food provided in Shannon could be nutritionally improved and that more opportunities for physical activity would help manage their conditions better.

Dental checks are a priority for Shannon clients with 63% reporting they would like regular check ups. Gardening and ground leave proved to be the most popular activities for clients. The main barriers for not taking part in physical activity were staff shortages. Clients would like to see a range of other activities offered in Shannon such as swimming, hill walking, walking, football and cycling being the most popular. 40% of clients have some desire to stop smoking and they would do so mainly if they got help.

Conclusions
The main barrier for clients not adopting a healthy lifestyle is their locked environment and their diet. The majority of clients felt Shannon addressed their health and well being needs satisfactorily. 89% of clients felt safe in Shannon all or most of the time with only 1 client stating they never feel safe or secure. 18% of clients felt that the observation levels were oppressive or very oppressive, however 57% felt that they are necessary and about right.

The effect on client's relationships with family and friends has largely stayed the same, apart from one client who states that family and friends have stopped visiting them. It is interesting to note that 60% of client's responses that stated it was difficult or very difficult to improve their physical health perceived a link of some kind between their environment and lack of physical activity.

Contact
MSc Joanna GRIBBEN
University of Ulster
Knockbracken Healthcare Park
BT88BH Belfast
UNITED KINGDOM
joanna.gribben@belfasttrust.hscni.net

P 129. The development of publicity indicators for hospitals in Korea

Jung-Joo MOON, Seungeun LEE, Young Su PARK

Introduction
Korea spends least on public healthcare among OECD countries, since public hospitals contribute only 15.2% of acute care bed. Private sector-driven healthcare provision has been stumbling block for execution of national health policy and exacerbated inequality of healthcare. Korean government initiated expansion plan of public healthcare provision via focused financial support to selected public hospitals with high publicity and potential. Therefore, we developed publicity (public benefit) indicators for selection of recipients of government funding for public healthcare expansion

Purpose / Methods
This study aims to strengthen and raise the public benefits of healthcare among university hospitals via developing indicators to measure them. First, we undertook literature review and data analysis to define the publicity and develop provisional indicators. And then we conducted a pilot study applying the indicators to the 10 national university hospitals. Then, after series of expert surveys and workshops on validity and applicability of revised indicators, the publicity indicators were finally established.

Results
Publicity indicators are largely categorized into 'Publicity of Healthcare Service' and 'Publicity of Organizational Management'. 'Publicity of Healthcare Service' is composed of 'Appropriate Healthcare', 'Tackling Health Inequality', and 'Response to Unmet Healthcare Needs of Community'. 'Publicity of Organizational Management' is composed of 'Leadership', 'Social Governance', and 'Transparency and Cooperation'. All indicators were further divided into 14 subsections and 31 components.

Conclusions
Publicity indicators developed from this research will serve as a basis to evaluate publicity of public and private hospitals so that government can adjust financial incentives in programs to strengthen public benefits in healthcare. Furthermore, the indicators can be utilized as data for self-evaluation of hospitals in their efforts to enhance publicity of health care they provide.

Comments
Korean Ministry of Health, Welfare and Family Affairs granted the policy research fund to Korean Health Industry Development Institute for development of publicity indicators to evaluate national university hospitals in 2009.

Contact
M.D., candidate for MPH (Univ. of London) Young Su PARK
Korea Health Industry Development Institute
Researcher/Public Health Physician
Daesung B/D 3F, 311-27 Noryangjin-dong Dongjak-gu
156-050 Seoul
SOUTH KOREA
act2024@snu.ac.kr

Session P 2-10: Improving health promotion by service integration, outreach programs and international collaboration

P 130. "The integrated management between hospital and territory of patients suffering from heart failure (HF) - The role of pharmacists in the community project" A present for the heart of citizens with heart failure

Cristiana BETTA, Elisabetta DE BASTIANI, Mauro MATTAREI, Rosalba FALZONE, Riccardo RONI, Francesca SPADARO

Introduction
Heart failure (HF) is one of the most common chronic diseases and it is associated with significant mortality and morbidity rates and high social costs. The compliance with performance indicators is more easily achieved during hospitalisation and decreases after dismissal. The multidisciplinary disease management of patients suffering from HF, also at territorial level, improves the compliance with guidelines, reduces hospitalisation rates and costs and improves the patient's quality of life. Community pharmacies are easily "accessible" health structures where the pharmacist may play an important role in enhancing the empowerment of citizens (i.e. correct life styles, compliance with treatment).

Purpose / Methods
The bibliographic research on the multidisciplinary management of HF on the territory, carried out by the Operative Unit of Medicine of the hospital of Rovereto, and on the possible role of community pharmacies, is followed by a training course with pharmacists, with the common elaboration of educational materials to hand out to patients suffering from HF and of tools aimed at gathering data in the pharmacies (questionnaires and grids) necessary to identify performance and result indicators for their evaluation. The project will be followed by a pharmacist with scholarship. The study will involve two randomized patient groups suffering from HF, of which only one will be trained in pharmacy.

Results
The project, coordinated by the Operative Unit of Medicine of the hospital of Rovereto and by the Pharmaceutical Service, involves 90% of the pharmacies in the Vallagarina District (35 pharmacists – 8 meetings). Three working groups have been set up that have drawn the educational material for patients (brochure), a data gathering grid for the evaluation of the efficacy of the intervention itself (to be filled in by the pharmacist at regular intervals) and a literature validated questionnaire on the quality of life of patients (to be administered in hospital

by the same interviewer one month and one year after discharge).

Conclusions
The GIFT project was launched last October in the Vallagarina Health District and will be concluded at the end of 2011 with the publishing of results.

Contact
PhD Elisabetta DE BASTIANI
Azienda provinciale per i servizi sanitari
Via Degasperi 79
38121 Trento
ITALY
elisabetta.debastiani@apss.tn.it

P 131. Integration of telemedicine services in out-patient clinic for tackling health inequality in a mountainous community

Ming-Nan LIN, Sou-Hsin CHIEN, Tang-Wei CHANG, Szu-Ching SHEN

Introduction
Universal health insurance system started in Taiwan since 1994 in Taiwan which covered more than 99% of the population in 2008. However, the health services in some areas are still unsatisfactory. Dapu Township of Chia-Yi County, a rural mountainous area in southern Taiwan with 4000 population, has no medical service at all. Buddhist Dalin Tzuchi General Hospital cooperated with National Health Insurance Bureau and local government in providing much needed health services since 2002. Telemedicine for subspecialty counseling also provided.

Purpose / Methods
With the subsidy of the NHI Bureau, we set up a 24 hour medical clinic in local health station which belonged to local government. We had a general practitioner and nurses to provide medical services. Dental clinic, traditional Chinese medicine and rehabilitation clinic were also arranged at local township. However, patients for subspecialty counseling such as cardiology, endocrinology, gastroenterology and pulmonary medicine clinics were not as needed. For the conveniences of these patients we set up a telemedicine services system since 2005.

Results
More than 47015 outpatient visits and 546 hospitalization referral services were provided from 2002 to 2009. Subspecialty counseling using telemedicine system was arranged on a monthly basis and on demand. The patients served in 2007 were 100 in 2008 and 117 in 2009. Although the case number was not high but we can save the time and travelling fee for the patients. The health care quality for the citizens of rural areas also improved.

Conclusions
Modern technology such as telemedicine can be a tool for tackle the health inequality of the rural area. Incorporated with outpatient clinical services provided by general practitioner, we can improved the health care quality and reduce the gap between different geographic areas.

Contact
Chun-Po CHEN
Buddhist Dalin Tzu Chi General Hospital
NO2, Min-Sheng Road, Dalin Town
622 Chia-Yi
TAIWAN, R.O.C.
manto@tzuchi.com.tw

P 132. Dental home care in communities

Ho-Chin CHEN, Pei-Hsuan WONG, Po-Yen LIN, Hui-Ting HUANG

Introduction
Illness is the inequality of human beings, particularly the ones who lose moving ability. Under the policy of Taiwan National Health Insurance, the physicians and nurses of family medicine should provide some necessary medical services and consults in the patient's household. However, the dental care is more difficult and limited because of the miscellaneous equipments and instruments.

Purpose / Methods
The 77 year-old man is a case of advanced liver cirrhosis with massive ascites and history of esophageal varices bleeding. He also had arrhythmia status post pacemaker implantation, diabetes mellitus under regular medication, and history of bipolar disorder. Hepatoma was diagnosed in April, 2007, but the patient refused further treatment. In the past 2 years, he was in bed-ridden status due to general weakness, and hospice home care was provided. Parenteral albumin and diuretics supplement was given at home regularly for ascites relief.

Results
Generally speaking, his condition is quite well except one loose dental bridge which troubled his mouth closing and taking foods. With the assistance of family medical team from Taiwan Adventist Hospital, the dentists from dental department went to the patient's home, successfully removed the bridge and extracted the hopeless tooth with severe periodontitis as well.

Conclusions
In the future, we should have better provide more home dental care in our communities. With the portable units used for mountain clinics, we believe we can help more people in need and tackle health inequality.

Contact
M.S.D. Po -Yen LIN
Taiwan Adventist Hospital
Medical service
No.424, Sec. 2, Bade Rd., Songshan District
10556 Taipei
TAIWAN, R.O.C.
matthewlin37@gmail.com

P 133. Adapting hospital services to decrease inequality in diagnosis and treatment of osteoporosis in a Greek rural area

Sofoclis BAKIDES, Stamatina KALAINTZAKI, Stephanos VARVARESSOS, John KIAYIAS, Dionysios PERDIKARIS, Eleni AGGELOU, Stavroula GABRIILIDOU, John BAFAKIS, George SAKELLARIADIS, Andrianna PANTAZI, Themis FLESSAS, George PAPAGEORGIOU

Introduction
Osteoporosis (OP) is recognized as a major health problem worldwide.Although prevention,detection and treatment of OP is considered a mandate of primary care providers, it is clear many patients are not been given an appropiate information about prevention and testing for OP, especially in Greece.

Purpose / Methods
In this pilot study, we aimed to detect eligibility for treatment, according to the NOF guidelines, after BMD testing, establishing cooperation between our Hospital and a private company, for residents of the town of Molaoi, Lakonia.

Methods
We have calculated risk factors (CRFs) of the FRAX Algorithm of the study group, a subset of 88 Greek postmenopausal women and measured BMD using a heel densitometer. The appropiate equipment and skilled personell, provided from a pharmaceutical company, came from Athens.

Results
Anthropometric and bone density data of this subset of women are depicted as follows: (n=88) Range of Age: (41-79 years) (mean value: 57,60), Range of BMI: (20-40)(kg/m2) (mean value:28,53). BMD 1)T score<-2.5 : 7 persons (7,95%) , 2) (-1.0<T<-2.5) and 10year hip fracture probability >3%: 10 persons (11,36%),3)10 yhfp >20% only: 0 total : 17 persons (19,31%) were eligible for treatment according to N.O.F. guidelines .The distribution for the calculated risk factors of the FRAX Tool CRFs:None 20 (22,72%) one: 41 (46,59%), two:18 (20,45%), >two 9 (10,22%).

Conclusions
Central DXA assessment of the hip or spine is considered the "gold standard".In our study the heel densitometer proved to be a good screening tool for further evaluation and follow up with DEXA, revealing the probable burden of OP and this health inequality with Greek urban areas, despite the low C.R.F. score for the majority of the population.We have also established a joint action between different health service providers which is going to be expanded for our entire province.

Contact
Sofoclis BAKIDES
Assistant Director, Molaoi General Hospital
23052 Molaoi, Lakonia
GREECE
edu.off@hospmolaoi.gr

P 134. Health Promoting Hospital role in exclusive breastfeeding promotion with striking success in Pa Daed Sub-district, Chiang Mai, Thailand

Kannika BANGSAINOI

Introduction
Six-Month Exclusive Breastfeeding project is a country-wide effort since 2003 to campaign for mothers to breastfeed their newborns exclusively for 6 months. The national goal, started in 2003, targets breastfeeding exclusively for six months for at least 30 %. To achieve this goal, continuous support from the Health Promoting Hospital, Health Promotion Center Region 10 Chiang Mai, has been provided for breastfeeding in the communities through a community-based approach by promoting the establishment of the Breastfeeding Support Group.

Purpose / Methods
The Breastfeeding Support Group were empowered to promote breastfeeding as well as allowed to participate and attend the hospital activities such as training of breastfeeding skill, provision of health education or breastfeeding talk to visiting health personnel. Each of them became an active change agent and formed the breastfeeding network in the community. The hospital lactation clinic team worked as the trainers, consultants and facilitators for the volunteer breastfeeding network in the community.

Results
Pa Daed breastfeeding community model is the example of the sriking success story.The local administrative authority strongly supports the Breastfeeding Support Group. Community members including breastfeeding families, leaders, elderly, and youths all took part in the learning and evaluating process. Prior to 2005, exclusive breastfeeding was a new knowledge and mixed feeding was a norm. Today 80% of mothers in Pa Daed sub-district feed their infants with 6-month exclusive breastfeeding, much higher than the 30% national target.

Conclusions
Health Promoting Hospital has an active role in continuous supporting breastfeeding in the community by empowering and building capacity of the breastfeeding support group. Health Volunteers with the budget supported from local government could become the effective breastfeeding support group and provide their support proactively for mothers with breastfeeding in real time.

Contact
M.D., M.P.H Kannika BANGSAINOI
Health Promotion Center region 10
Government
51 Prachasumphun road
50100 Muang, Chiang Mai
THAILAND
drkannika@gmail.com

P 135. Enhancing medication adherence in hypertension and diabetes mellitus patients by Tzuchi community volunteers' affective interventions

Pei-Shan TSAI, Lu-Hsuan WU, Ta-Wei WU

Introduction
In 2003, the WHO declared that non-adherence to medication regimen was a major public health concern, particularly among patients with chronic diseases. Efforts to assist patients adherent to medications might improve the outcomes. There are many causes for non-adherence, such problems with the regimen, poor instructions, poor memory, poor provider-patient relationship, and patients' disagreement with the need for treatment or inability to pay for it.

In Taiwan, hospital pharmacists generally use 3 major methods to promote adherence.
- (technical using of tools such as pillboxes,
- (educational (teaching knowledge related to medical condition and medication regimen, and
- behavioral (modifying the behaviors through telephone call or self-report).

These methods are unlikely to succeed if patients are not willing to cooperation with pharmacists. The most important method to improve adherence is affective (addressing patients' emotional needs and social support systems). However, it's very difficult for hospital pharmacist to provide this service for outpatients.

Therefore, we utilized the unique community volunteer culture of Tzuchi foundation. These volunteers were instructed by hospital pharmacists. They then walked into the communities around the hospital and improved patients' adherence through monthly periodic care.

Purpose / Methods
This is a descriptive study. The data we collected was taken pills which were recorded by Tzuchi community volunteers.

Analysis
Adherence: if a person is prescribed an antihypertensive agent with one tablet per day for 30 days but he/ she takes only 16 tablets, his/ her adherence rate is 53.3% (16/30).

Results
Under the care and urge of Tzuchi community volunteers, the average adherence of patients was higher than before (100% vs. 89.6%).

Conclusions
Affective interventions significantly improved adherence by intensive counseling and concerning. Encouraging patients can improve their ability to follow a long-term medication regimen.
There are more than 40,000 Tzuchi volunteer in Taiwan who are well-organized for decades. With the cooperation of hospital pharmacists and Tzuchi community volunteers, we wish to improve patients' health by increasing drug adherent rate.

Contact
Chu-Yueh CHEN
Buddhist Tzu Chi General Hospital,Taipei Branch
289 Jianguo Rd
Xindian
TAIWAN, R.O.C.
xd502121@tzuchi.com.tw

P 136. Tackling inequalities in health through global health partnership

James MATHESON, R. K. SHAH, J. LOUKES, J. THIAGARAJAH, N. VIG, G. ESCOTT, M. PAMBOS, P. TANTO, B. S. GOOCH, J. NG, B. ARYAL, S. ADHIKARI

Background
In 2007 Lord Crisp, the former United Kingdom National Health Service (NHS) Chief Executive published 'Global Health Partnerships: the UK contribution to health in developing countries' [1], commissioned to explore how the NHS could support health in the developing world. It was a series of recommendations intended to 'use UK expertise and experience in health to help make an even greater difference' and concluded that robust links between healthcare institutions in the UK and the developing world were the best means to support health in resource-limited countries, improving access to healthcare and promoting health throughout the world.

Health Partnership Nepal (HPN) is the NHS Link between St George's, University of London and Nepal Medical College and Teaching Hospital, Kathmandu. Nepal is a country where 80 % of the population is rural but 80% of the country's doctors practice in large cities [2]. Access to healthcare is limited by poverty, some of the most challenging terrain on earth and ongoing conflict exaggerating health inequalities further.

Aims
HPN was founded on the jointly agreed principles of:
- Service provision to those most in need,
- Training, education and research,
- Fellowship between the involved institutions

in order to improve equitable healthcare access in rural areas and develop sustainable improvements to healthcare services [3].

Methods
HPN was established following participatory needs assessments at all levels of Nepali healthcare provision from governmental, through teaching hospital to village sub-health post. In partnership with Kathmandu doctors and surgeons, a pilot venture of four rural healthcare camps were run in Nuwakot District in 2009, providing primary care and referral to the HPN surgical camp (HPH core health promotion strategy COM-1 [4]) whilst also training local healthcare providers (PAT-4 [4]) and promoting health improvements in the area (STA-4 [4]). The surgical camp at the District Hospital provided interventions with lasting impact, requiring limited follow-up and trained nurses at the hospital in pre-, peri- and post-operative skills to utilise their newly constructed theatres (COM-2 [4]). Visiting

surgeons and physicians delivered teaching and training in the field and in Kathmandu to those healthcare professionals and students keen to work in rural areas in the future and research alliances were forged for future scientific study in order that HPN embrace a multi-strategy approach to health promotion in keeping with WHO guiding principles [5].

Results
13 doctors, surgeons and nurses along with 14 medical students from the UK worked alongside Nepali healthcare professionals and students to see just under 4000 patients in four rural healthcare camps and provide operations to surgical patients in Trishuli and Kathmandu.

Conclusions
The HPN 2009 pilot proved an initial success in improving access to healthcare for some patients in rural Nepal for a limited time. More work needs to be done, especially in training and service development, in order to achieve lasting improvements in healthcare access and delivery in rural Nepal. HPN will return in 2010.

References

- [1] Crisp N. Global Health Partnerships; The UK contribution to health in developing countries. London: COI; 2007.
- [2] Shah RK et al. Improving Primary Orthopaedic and Trauma Care in Nepal. Education for Health. 2003; 16 (3): 348-356.
- [3] Health Partnership Nepal. Memorandum of Understanding. Kathmandu: Nepal Medical College and Teaching Hospital; 2008.
- [4] Brandt E et al. Working Paper of the WHO Collaborating Centre on Health Promotion in Hospital and Healthcare. Putting HPH Policy into Action. Vienna: World Health Organisation; 2006.
- [5] Rootman I et al., editors. Evaluation in health promotion. Principles and perspectives. Copenhagen: WHO Regional Publications; 2001.

Contact
Dr. James MATHESON
Postgraduate Education Centre Royal Lancaster Infirmary
Ashton Rd
Lancaster LA1 4RP
UNITED KINGDOM
jamesmatheson@doctors.net.uk

P 137. International cooperation center of health

Tzu Ling HSU, Shoei-Loong LIN, Ying-Ru CHEN, Yueh-Ling CHANG, Li-Feng WANG

Introduction
To enhance its health in terms of international cooperation in the realm of health, the Government of the Republic of China (Taiwan) has established health centers in various, mostly its allied, countries. Taiwan Health Center in the Republic of Marshall Island trained some of local health volunteer to improve health and several times of workshop for Medical personnel and organized events to help better inform and educate the public of lifestyles and created some health education-related materials.

Purpose / Methods
The activities of the Health Center shall be for the purposes of:
- executing public health projects on the prevention of Diabetes Mellitus and its related complications;
- organizing professional medical personnel training Programs in the Republic, including short term and mid-to-long term professional training courses;
- coordinating with relevant counterparts in the Republic of the Marshall Islands, through the RMI Ministry of Health and Embassy of ROC (Taiwan), for the facilitation of medical exchanges and projects between the Parties.

Results
What does Taiwan Health Center do?
- Assist the hosting nation in area of public health - The Center helped support the Marshallese Government in efforts to fight Diabetes Mellitus and its related complications, through more interactions with local communities, health education, and case management.
- Organize professional medical personnel training programs (including workshops on a local level and providing training opportunities in Taiwan).
- Bridge the healthcare and medical systems of ROC (Taiwan) and Republic of the Marshall Islands.

Conclusions
The Health Center had:
- Trained 9 local volunteer for DM prevention.
- Completed the diabetes Epidemiology survey for 44 times.
- Organized events to help better inform and educate the public of lifestyles that lead to better overall and dental health, reaching 1465 participants for 26 times.
- Arranged short-term mobile medical teams to serve approximately 2754 patients.
- Created some health education-related materials, in both English and the Marshallese languages.
- Community survey of satisfy questionnaire get 99% of satisfactory.

Comments
We are the world, everyone is a part of this family, we can help each other to be more health. Taiwan shares our experience in Marshall Island to every one.

Contact
Ava HSU
Taipei Hospital
242-13127 Su-Yuan Road
Hsin-Chuang City
TAIWAN, R.O.C.
dear.hsu@gmail.com

Session P 2-11: HPH standards and criteria & miscellaneous

P 138. Comparison between HPH standards and criteria of health promotion in the accreditation system of hospitals in Catalonia

Dolors JUVINYÀ, Carme BERTRAN, Albert NOGUE, Manel SANTINA, Veronica CRUZ, Rosa SIMON, Cristina INIESTA BLASCO

Introduction
The hospitals in Catalonia are periodically evaluated by the Health Department of Catalonia in order to be accredited for using essential standards contained in a dossier prepared by the Health Department. The Catalonian HPH Network exists since 2007. The hospitals joining the Network are periodically reaccredited.

Purpose / Methods
To identify which of the standards of Health Promotion HPH are present in the accreditation criteria used by the health department in Catalan hospitals.

Results
Of the total of 535 codes there are only 164 identified to perform the comparison (30.6%), more than the half are not identified in any group of the Standard. Different criteria: leadership, 59.3%; policy and strategy, 55.5%; Persons 78.9%; partnerships and resources, 37.8%; process, 27%; results (customers, people, society), 8%. From the total only 19 indicators were identified in a 47.3%.

Conclusions
It is not clearly defined what the mission is and what is specific to the organization on Health Promotion. It has been approved only if it refers to each process or plan as executive management. We recommend that the Health Department add at least one specific criterion in health promotion.

Contact
PhD Dolors JUVINYÀ
University of Girona
Professor
Emili Grahit 77
17071 Girona
SPAIN
dolors.juvinya@udg.edu

P 139. Cross-Culture research for WHO self-assessment tool for health promotion in hospital

Fengqiong ZHOU, Lambert FARAND, Hua FU

Introduction
Because of the value and culture influenced of Traditional Chinese Medicine, China adopts an imperfect and fragmentary health promotion policy to tackle the health promotion challenge for 1.3 billion population and get considerable success. But there is hug inequality in China health care system. This research Developed a Chinese version WHO self-assessment tool for Health Promoting Hospital (CVWHOSATHPH) to help Chinese hospitals to develop systemic HPH according to WHO HPH standards and principles.

Purpose / Methods
Developed a CVWHOSATHPH through cross-culture research and tested its reliability and validity./ Translated - back translation -the language equivalence evaluation between back-translation version and the original version. Implement a pilot test in Montréal then a spot field investigation for 40 hospital leaders in China 22 hospitals in three capital cities from 5 June to 30 August 2008, Use Non-probability sample and all the leaders voluntarily complete the first and the repeat survey after 3-7 days.

Results
The general Cronbach's Alpha was 0.938, for each domains was Management Policy: 0.793, Patient Assessment: 0.819, Patient Information and intervention: 0.807, Healthy Workplace: 0.785, Continuity and Cooperation: 0.755. Time consistency was good, thepre and post Pair T-Test for 40 items not statistic signification difference. Factor analysis showed the domain – total level has construct validity, sensitive validity analysis show reasonable identifying validity. All participants thought this research is valuable, 17 leaders accepted the tool for guideline, 15 leaders refused.

Conclusions
Chinese version WHOSATHPH has good reliability and reasonable validity. Chinese version WHOSATHPH has good reliability and reasonable validity. China hospitals leaders self-assessed quite higher health promotion development level. Different Grade Hospitals leaders self-assessment scores don't indicate the statistic signification difference. The different developed region hospitals leaders self-assessment scores don't show the statistic signification difference. However, the further large random sample size research is needed for further reliability and validity test.

Comments
This research fills a gap of current HPH research, it is the first cross-culture research for HPH evaluation, it will contribute to HPH development. For China hospitals evaluation, it is the first international evaluation tool for HPH, and it is the first instrument through reliability and validity test research. It will encourage China HPH research and development. However, the further large sample size research is needed for further reliability and validity test.

Contact
Master Fengqiong ZHOU
University of Montreal
Administration of Health
GUY STREET 580
h3j1t3 Montreal
CANADA
fq.zhou@umontreal.ca

P 140. Comparison of nurses' and patients' attitudes towards health information provision

Irena MISEVICIENE, Daiva ZAGURSKIENE

Introduction
Quality and quantity of health information provided for patients correlates very much with patients' ability to take care of his/her health or to use health services. Numerous studies reported that health professionals are sure that the provision of information by them to patients is adequate and positively influence to patients health.

Aim
To compare patients' and nurses' attitudes towards quality and quantity of information provided for patients by nurses.

Purpose / Methods
A cross-sectional study was carried out in eight selected general inpatient hospitals (two university hospitals and majority from Lithuanian HPH network), located in two counties of Lithuania. Standardized questionnaires were distributed among patients and nurses. A total of 1030 questionnaires were distributed among patients of internal and surgical departments. 876 were returned (response rate, 85.0%); 436 questionnaires were distributed among nurses, 388 were returned (response rate, 89.0%). Statistical analysis of the data was conducted using SPSS.

Results
Nurses' and patients' attitudes towards the adequacy of health information provided to patients differed: more patients indicated that they obtained sufficient information about disease, health status, length of intended surgery and treatment than it was reported by nurses. Nurses reported providing more information about performed nursing procedures, preparation for forthcoming medical examinations, use of prescribed medicines, preparation for surgery and healthy lifestyle, than it was acknowledged by patients. As a reason for not providing enough health information for patients nurses indicated the fact, that the provision of such information is not included in their responsibilities.

Conclusions
Inequalities in workforce in different type of hospitals were indicated: nurses with university education were more self-critical and they more frequently acknowledged not providing sufficient information to patients. Majority of nurses noted that they have just partly knowledge for health education of patients and are more often involved in the process of common information delivery.

Contact
Daiva ZAGURSKIENE
Kaunas medical university hospital
Eiveniu str. 2
LT-50009 Kaunas
LITHUANIA
slaugos.valdymo.tarnyba@kmuk.lt

P 141. Attitudes towards health and preventive interventions among the participants of population health-promoting activities

Vladimir KAVESHNIKOV, Victoriya SEREBRYAKOVA, Vladimir MASHUKOV, Irina TRUBACHEVA

Introduction
Inequalities in working environment are reported to be the major determinants of cardiovascular health. Attitudes towards health and health-educational opportunities are still not well known among members of different types of employment.

Purpose / Methods
To study attitudes towards health and preventive health-educational interventions among members of three organized populations, related to different types of employment: traders (n=139), workers-electricians (n=55) and hotel staff (17). The participants of the study has passed through preventive medical examinanion in the clinics of the research center and completed anonymous questionnaire during taking part in health-promoting actions "World Heart Day 2009", including free available measurement of individual parameters of health and cardiologist consultation on healthy behavior. The age (M+-Std) was 40,07+-12,97; 47,84+-11,29 and 44,12+-11,74 years; male gender - 17,5%, 67,3% and 27,8%, accordingly.

Results
The respondents of the three populations, accordingly, have reported: positive self-rating of health - 40,3%, 52,7% and 41,2%; "Medicine can prevent the majority of heart diseases" - 45,3%, 42,6% and 47,1%; "Preventive health examination is useful" - 98,6%, 94,5% and 94,4%; "We should take care of our health" - 50,7%, 36,4% and 35,3%; "We and the medical service should care of our health" - 46,4%, 61,8% and 58,8%; intention of training in the Health School - 47,9%, 23,9% and 20%.

Conclusions
Our data suggest that the self-rating of health showed moderate inverse association with reported intention of training in the Health School. The traders - representatives of a small business (developing middle class in Russian Federation) are seemed to be more responsible for their own health as compared to the employees. Health-educational interventions were more claimed among the representatives of higher social level. Efforts are to be made by the health service to provide easy availability of health-educational opportunities.

Contact
MD, PhD Vladimir KAVESHNIKOV
Research Institute of Cardiology
Scientist
Shevchenko 24
Tomsk
RUSSIAN FEDERATION
vsk75@yandex.ru

P 142. Social segregations of the disabled in terms of vocational rehabilitation

Larisa GAVELIENE, Virginijus BISKYS, Judita DARATIENE, Vilma LEVINGER

Introduction
Persons with disability amount to 8 % of all residents of Lithuania, which is about 250 thousand people. They represent an important part of the society, which participates in economic activity of the country. Properly selected persons with disability can become successful employees. After 6 months of unemployment 50 % of people return to work, after 12 months - 25 %, whereas after 24 months - 10 %. Eventually, individual motivation disappears, while psychological barriers for returning to work originate. However, the society and employers have more favorable attitude towards employing healthy people.

Purpose / Methods
- To analyze social segregations of the disabled in terms of vocational rehabilitation.
- To clarify employment possibilities for the disabled.
- To analyze motivation of the disabled for the process of searching for a job.
- To analyze attitude of employer towards employment of the disabled.

Results
Vocational rehabilitation is restoration or increases of a person's working efficiency, vocational competence and ability to participate in the labor market. Vocational rehabilitation for the patients after severe traumas was started in Palanga Rehabilitation Hospital in 1993. Vocational rehabilitation office was established, while the activity is financed by the hospital's funds. During 2004-2005 PHARE project. Department of Social and Vocational Rehabilitation of the Disabled was created. Vocational rehabilitation was legitimized by the law which came into force in the summer 2005. The Law on Social Integration of the Disabled of the Republic of Lithuania (1991, 2004) entrenched the non-discrimination principle, i.e. the disabled are protected from any discrimination or exploitation. The Law on Support of Employment specifies that the following disabled are additionally supported on the labor market: disabled with 20%-40% working efficiency level defined and disabled with 45%-55% working efficiency level defined. The Law on Social Companies defines what the companies of the disabled are.

The goal of such companies is to employ the people who lost their working efficiency, who are economically inactive, who cannot compete on the labor market under equal conditions. However, despite of such efforts, a majority of the disabled of a working age, even young ones, have no job, although there are many state and public institutions operating in Lithuania that take care of work and employment of the disabled. The following main factors influence motivation of the disabled for the process of searching for a job: insufficient vocational qualification, a break exceeding one year, a majority of the disabled are insufficiently active in searching for a job, a majority of the disabled insufficiently objectively evaluate own situation of the labor market, frequently their wishes and abilities do not correspond with requirements of searching for a job. According to research data, the longer a person is not working, the more difficult it is for him/her to integrate into the labor market. Negative attitudes of employers towards employment and work of the disabled (although, it is regulated by the law) are conditioned by many reasons: general negative attitude, not getting used to see a disabled person working or actively participating in social life, fear of an accident taking place, that the disabled have a less working efficiency and would decrease company's efficiency. Due to the reasons mentioned employers avoid employing disabled people by all means.

Conclusions
In all societies disabled people are one of the most vulnerable and socially isolated groups. Although a legal base is created for the disabled specifying possibilities to integrate into the labor market, however, in reality only 10%-20% us it, which is conditioned by high requirements on the labor market. Another factor influencing integration of the disabled into the labor market is negative attitude of employers towards employing the disabled. Social segregation of the disabled is directly related to quality of their lives, which induces greater illness and depression.

Very often disabled people are socially discriminated in Lithuania. Frequently potential employers refuse employing such people without even going into details of the situation. Most often such decision is motivated by low working efficiency and economic effectiveness of the disabled as well as fear to assume responsibility for potential risk of getting their health worsened. Our hospital attempts to reduce social segregation by providing possibility to participate in vocational rehabilitation.

Contact
Bachelor Larisa GAVELIENE
Palanga Rehabilitation Hospital
Social employe
Vytauto street 153
LT-00163 Palanga
LITHUANIA
loreta.gaveliene@gmail.com

P 143. Health inequalities in community health promotion service

Hsiao-Ling HUANG, Szu-Hai LIN, Shu-Chin TUNG, Yea-Wen LIN

Introduction
Hospitals in Taiwan provide various types of community health promotion services to residents in neighboring communities. Health promotion topics are normally selected based on the health needs of residents and less attention has been paid to socially disadvantaged groups of people and how social and economical determinants may affect on the use of health promotion services for these people.

Purpose / Methods
This study was conducted at one private hospital in northern part of Taiwan. The hospital initiates different types of community health promotion services for example lectures or campaigns. Data was obtained through the questionnaire survey and there were 145 participants replied the form.

Results
The results had shown that those with lower income were more likely to report sleep disorder while affluent participants reported their main health problem being lower back pain. There were also different views existed on the issues of accessibility to community health/medical resources and sense of community and neighborhood relationships.

Conclusions
Social and economical determinants of health affected on the health status and use of health promotion services. More friendly health promotion programmes should be organised. Recommendations will be made in the area of future health promotion programmes to tackle health inequalities.

Contact
Hsiao-Ling HUANG
Yuanpei University
306 Yuanpei Street
Hsinchu
TAIWAN, R.O.C.
sharine123@seed.net.tw

P 144. Health promotion campaign during the management of the pandemic "swine" flu: an opportunity to strengthen the personal and the community abilities

Paola M. ANTONIOLI, Katia MONTANARI, M. Chiara MANZALINI, Laura ALVONI, Valentina DALPOZZO, Sandra BOMBARDI, Matias DE LA CALLE

Introduction
On April 2009, WHO alerted the Governments about the risks connected to the spread of the new variant A/H1N1 virus and to its pandemic upgrades, raising the attention level for the preparation and action against a pandemic flu. On 11 June, WHO carried the alert level to 6 on 6, declaring the pandemic period. From May 2009, Ferrara Teaching Hospital (Emilia-Romagna Region, Italy) has programmed, in coherence with national and regional strategies, its "Pandemic flu Plan".

Purpose / Methods
Strategy of intervention founded on 10 actions:
- definition of roles and responsibilities
- definition of surveillance system
- support to Primary care facilities
- management of hospital emergency aid and hospital admissions
- management of patient's hospital admission
- systematic application of hygienic measures of infection control
- information - formation - training of the staff
- support to guarantee a safe discharge
- promotion of the vaccination campaign
- Health promotion Campaign for workers, patients and visitors.

Results
Because of the "moderated" impact of Pandemic flu, we dedicated a hard engagement to implement a health promotion Campaign for operators, patients and visitors, in order to strengthen individual and community abilities to prevent and to reduce the virus transmission. Key elements are organizational changes, information-formation, observation of health-care practices, multi language remainders and engagement of local Testimonials who gave their personal image in the promotion of hand and respiratory hygiene good practices.

Conclusions
Thanks to the Health Promotion Campaign, the Pandemic flu has represented an opportunity in order to strengthen the operators and community's abilities introducing, in the practice, some infection control strategies. These strategies are simple and effective, as hand and respiratory hygiene.

Comments
Ferrara Teaching Hospital, Emilia-Romagna Region (Italy) supports the WHO new initiative to promote the importance of hand hygiene at the point of care "Save lives: Clean Your Hands!".

Contact
MD Paola M. ANTONIOLI
Azienda Ospedaliero-Universitaria di Ferrara
MD Specialist in Public Health, HPH Responsible
Corso Giovecca 203
44121 Ferrara
ITALY
p.antonioli@ospfe.it

Index

Index

D

E

F

G

H

Index

M

N

O

Index

T

U

Index