

Implementation guide for a national network of smoke-free hospitals



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Foreword

This implementation guide has been developed as part of a project grant of the Public Health Programme of the European Commission 2006-2007. The project aim is to:

- support the overall tobacco control effort within the hospitals of the new E.U member states
- assist the new E.U member states in the implementation of a national smoke free hospital policy
- provide assistance and collaborative action with new EU member states, who seek to implement a smoke free health services policy and benefit from the ENSH experience, concept and implementation tools

The specific objective of the implementation guide is to improve and progress the implementation of national networks of smoke free hospitals and health care facilities. The guide is a collaborative achievement of the partners of the European Network Smoke Free Hospitals and Health Care Services (ENSH) and reflects the experience and practice acquired since 1999:

- Prof. Bertrand Dautzenberg and Ariadni Ouranou developed the idea and guided the process.
- Following persons shared their experience gained on national level and contributed with their expertise:

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- Sibylle Fleitmann, Independent Consultant Tobacco Control developed the concept of the guide, collected practical experience and input from the partners and wrote the Guide on behalf of ENSH.

The Implementation Guide is considered as a “living” document that will be updated regularly based on ENSH members’ networking experience, findings and results.


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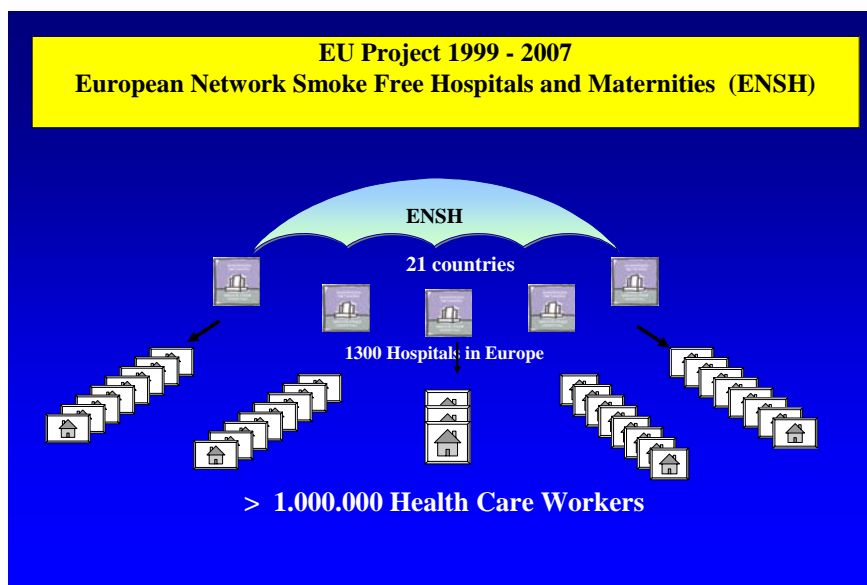
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1- Introduction

Hospitals have important obligations in the struggle to reduce the use of tobacco and its deleterious health effects. These obligations include not only the establishment of a smoke-free environment to protect non-smokers, but also the provision of active support for smokers in their quitting process. This concerns patients/clients as well as all categories of staff.

Since its creation in 1999, the European Network Smoke-free Hospitals (ENSH) has developed a practice based and continuously evaluated concept to establish comprehensive smoke-free policies in hospitals and health care facilities. The concept is based on a 10 point European Code. Through a consensus driven procedure, ENSH experts have developed various implementation tools including an implementation guide and standards, a self-audit questionnaire, a questionnaire to assess hospital staff smoking rates, guidelines for smoke free maternities and psychiatric services, an inventory of smoking cessation training programmes for hospital staff and recommendations. A Website <http://ensh.aphp.fr/> has been developed and a newsletter is published regularly to facilitate communication among partners, health professionals, decision makers and the general public.



To date, the ENSH concept has been successfully implemented in 1300 hospitals in 20 European countries. Successive evaluation studies have shown that the implementation of a smoke-free policy is more effective when using the ENSH concept. At the same time, the ENSH concept is an effective way of implementing regional or national smoke-free legislation.

However, the potential of the ENSH concept has not yet been fully exploited in all European countries. Only 1% of the 13.500 hospitals in the 27 countries of the European Union are registered as ENSH members. Of the 27 EU Member States, 21 countries have expressed interest or have appointed a national co-ordinator and of those 14 have actually successfully created national or regional networks with individual membership.

ENSH members*

1. Austria	12	14. Poland	
2. Belgium	23	15. Portugal	9
3. Cheque Rep.		16. Romania	18
4. Cyprus	1	17. Slovakia	
5. Estonia	3	18. Slovenia	
6. Germany	87	19. Spain	94
7. Finland	14	20. Sweden	30
8. France	802	21. UK	14
9. Greece	22		
10. Hungary			
11. Ireland	88		
12. Italy	51 tbc		
13. Lithuania			

*Situation May 2007

National co-ordinators are the key to the development of a national network of smoke free hospitals and health care facilities. The ideal profile for a national co-ordinator would be a committed and enthusiastic person working in the health sector, located in a capital city, having access to a network of people, organisations, institutions and ministries working in the sector.

ENSH has developed this implementation guide to assist national co-ordinators to overcome resistance to change from hospital management and health professionals. The aim is to foster the implementation of a comprehensive smoke free policy through the support and experiences of other national networks.

The role of the national co-ordinator was defined as follows:

- Promote, develop and co-ordinate a national network of smoke free hospitals
- Recruit national hospitals and encourage them to adopt the Smoke-free hospitals Code and Standards
- Translate and adapt ENSH tools into the national language and actively participate in national/European surveys
- Represent ENSH on a national level with political decision makers
- Link with national policy makers to influence national and European legislation
- Take a lead role in facilitating the development of ENSH activities through collaboration with the regional/national tobacco control advocates
- Develop the link between the European co-ordinating office and the national members
- Collate information on national level and give feed back on data to the European co-ordination office
- Research and report on the tobacco control situation and health systems in the country
- Participate in European co-ordination meetings and contribute to the strategic development on European level

- Identify good practice and share it with members, interested hospitals and other networks.

2 – Building on national experience

In order to link the implementation guide to practical experience, a pre-conference workshop was organised at the ENSH Network meeting on December 8, 2006 in Paris. National contact persons from Belgium, Poland, Slovakia and Estonia who are in the process of setting up an ENSH network in their country were invited to the meeting together with representatives from Germany, France and Ireland who had the experience of a well developed network.

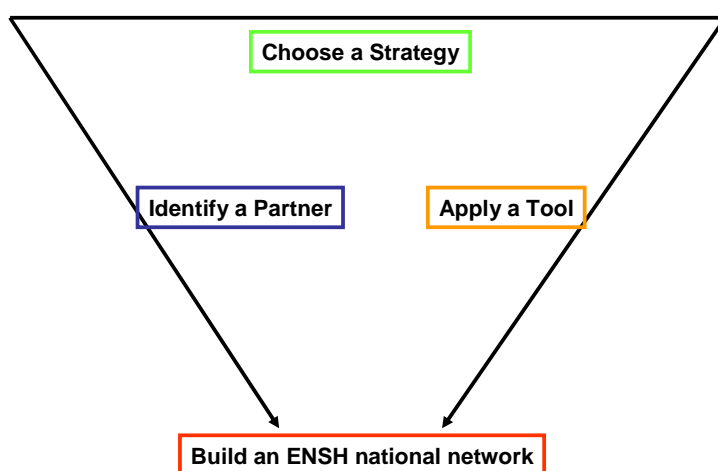
The aim of the workshop was to understand on one hand the barriers that were encountered when setting up a network, to list the main obstacles encountered and on the other hand to identify solutions to overcome those barriers and what alternatives and facilitating factors could help the development process. The workshop resulted in four main issues of concern for which an implementation guide could be useful:

1. How to acquire financial and human resources on national level to set up a co-ordination office and to organise dissemination activities?
2. How to acquire support from governments, policy makers, health professionals, insurance companies and the media?
3. How to show that the ENSH concept would facilitate and promote implementation of national legislation banning smoking in health care institutions and public?
4. How to persuade hospital managers to invest into a smoke free hospital concept?

3 - The C.I.A. procedure

Based on these discussions it became apparent that a three stage approach would greatly facilitate the implementation of a national ENSH network. The first stage would consist of an analysis of the national situation, identification of human and financial resources, assessing potential partners, development of a dissemination plan. The second step would be to assess who could be a potential partner for the ENSH project among the persons, organisations, institutions and ministries working in the sector. The third step would be to seek, adapt or develop tools that support the implementation of the ENSH smoke free hospital concept.

THE C.I.A. procedure



3.1 Choose a strategy

Although strategies to develop a national ENSH network might vary from country to country (depending on health systems, national and cultural specificities), a classical approach for a national coordinator would be to consider following points:

a) Analysis of the national situation

- What are the smoking rates in your country according to gender, age profession? What are the morbidity and mortality rates linked to tobacco consumption?
- What are the laws and regulations in your country that will facilitate the implementation of smoke free hospitals?
- Is there legislation on smoke free public places/workplaces/health care facilities – are there incentives to promote health promotion in hospitals and health care facilities, are there occupational health and safety regulations that might serve your purpose?
- Are there hospitals that already have a smoke free policy in your country or intend to establish one in the near future?

b) Identification of human and financial resources to support coordination and dissemination activities

- Will your organisation accept that you spend some of your working time on the project development? Are they ready to host/ finance a coordination office?
- If not: is there another organisation willing to host/ finance a co-ordination office?
- If none of the above applies, who would be able to contribute external funds?

c) Assessing potential partners

- How can you interest Health ministries, Public health institutes, sickness funds, health insurance companies to support the implementation of a smoke free policy in hospitals and health care organisations?
- How can you persuade hospital managers, Health professionals (Hospital Associations, Doctors' associations, nurses associations), disease related organisations (Cancer society-Lung association etc.) to adopt the ENSH concept?
- How can you involve Tobacco control advocates to support your activities?
- What collaboration can be envisaged with workplace health promotion and occupational health experts?
- Are there other existing hospital networks like the Network of Health Promoting Hospitals ?

d) Dissemination of the ENSH concept and tools

- How can you inform health professionals and hospitals about the ENSH concept and tools ?
- How can you identify a pilot hospital that is willing to implement the ENSH concept and tools and become the first ENSH member?

e) Relationship with the media

- what media to contact?
- how can you make an exciting story to interest the media?
- who can support you in your media work?

3.2. Identify a partner

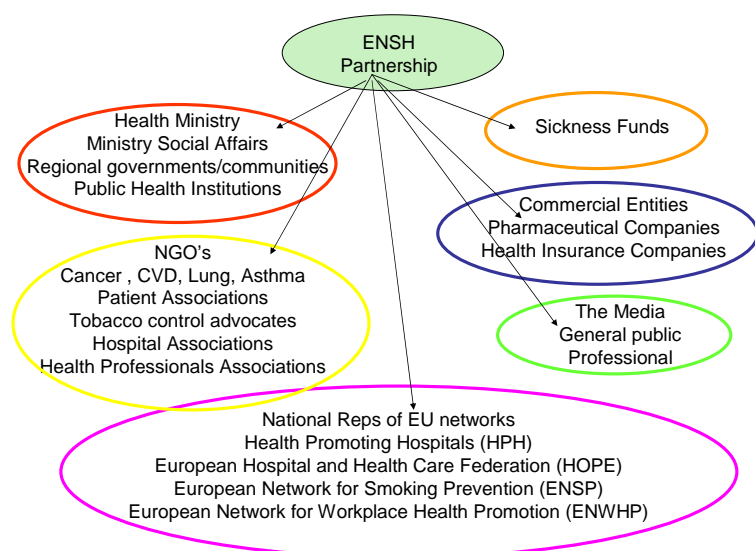
A Chinese proverb says: "you cannot clap with one hand". This is also true for building a national ENSH network. A coordinator cannot do it all alone. He or she needs interested partners who share a common objective, with whom to develop a relationship based on mutual trust that will be able to give human, logistical, financial or moral support. Partnerships are found to be most successful when there is a potential for all partners to experience a win-win situation.

a) Partnership building

Organised partnership building has proven its effectiveness during the adoption procedure of the first European directives (advertising ban, tobacco product regulation, etc.) and the negotiation of the Framework Convention for Tobacco Control (FCTC). The experience has shown that partnership building among NGO's was the most important success factor to overcome tobacco industry resistance to legislation, beating them on their own playground. WHO and the EU Public Health programme provided substantial funding for network building not only among NGO's but also between NGO's and governmental bodies. Partnerships between NGO's and governments developing strong tobacco control legislation, made them one of the most important allies of health ministries. Building partnership to establish a national ENSH network will benefit not only the hospital community but it will have the advantage to carry the benefits into the wider medical community and into the society.

There are different forms of partnership that may be considered. They are related to different levels of trust and commitment:

- networking (a loose exchange of information and experience)
- coordination (exchange of information + willingness to alter activities for a common purpose)
- cooperation (exchange of information, willingness to alter activities for a common purpose + sharing resources for mutual benefit and common purpose)
- collaboration (exchange of information, willingness to alter activities for a common purpose, sharing resources for mutual benefit and common purpose + increasing the capacity of another organisation for mutual benefit)
- sponsorship: (contribution of financial/logistical resources)



b) Sponsorship

Sponsorship is a tempting source of finance but also a two-sided sword. It would be naïve to believe that companies are contributing funds without expecting a return for their investment. This expected return may be the improvement of their image by being associated to your organisation or the type of activity you are performing or by having access to information they otherwise would not have access to. Some less well intentioned companies might have a hidden agenda with a view to influence the decision making process in your organisation in order to shift your lobbying tactics, to alter project results and to use you as a puppet on a string in the political game.

You should therefore carefully evaluate the consequences of commercial partnership and make sure it does not harm your reputation and that you do not lose your independence and freedom of decision as a consequence. Certain rules should help you to avoid disastrous consequences:

- never accept any sponsorship from the tobacco industry
- do not accept sponsorship to fund the core tasks of your organisation from companies with vested interests
- limit the support from companies to specific projects and make it a rule not to accept more than 20% of the total project budget from the same company

3.3 Apply a tool

Entering into partnership, be it with governments or governmental institutions, NGO's, networks or coalitions, Sickness Fund and Health Insurances, potential commercial funding agencies or the media have a common underlying principle: you have to make your case.

Obviously, you will not be alone in the arena fighting for funds. The competition is fierce. You will have to prove that it is your case that is worth supporting, that your organisation is the most competent and trustworthy in the field and that you and your partner will both win from your relationship. It is highly cost effective to develop tools that can help you make your case. Some of them exist already exist in your organisation, some are available from other countries and may be adapted to your needs, some will have to be developed by yourself. Most of them may be used individually or as building blocks to support several strategies.

To make your case you need a number of arguments that you can carefully prepare before writing your proposal or talking to potential partners. The points listed below are only indicative and need to be added on to by yourself:

a) Present your activity

- the aims and objectives of your activity
- how these activities contribute to the public health objective in your country

b) Show what you have to offer

- the ENSH concept (the European Code and Standards)
- results of the self – audit questionnaire on national / European level

- results of the staff smoking survey barometer
- smoke free maternity pilot study and results
- advantages of preoperative smoking control
- European smoking cessation training guide and recommendations
- action plan to implement smoke free legislation
- impact of ENSH concept on morbidity/mortality
- position papers on health topics – legislative measures

c) Demonstrate the benefits for the potential partner

-
- how a collaboration would benefit the partner
- how the supported activities may serve his objectives
- what kind of synergies can be created in the long term
- How cost-effective is the ENSH concept for a hospital/government/institution

d) Formulate your needs

- what actions are open for partnership
- what are you expecting from the partner
- why your activity should be supported
- what kind of partnership you envisage
- what will be the results of the partnership
- is the activity you envisage sustainable over time

e) Refer to ongoing activities in your country.

- What activities are related to your project and may contribute to or benefit from your activities
- Where can synergies be created to avoid double investment of financial and human resources and avoid re-inventing the wheel
- Where can joint action be more cost effective

f) Develop a communications plan (Media-Decision Makers-Health Professionals)

- Disseminate annual reports – publish articles
- Disseminate newsletters (European/national)
- Write press releases on highlights of your activities

g) Build a network in support of your activities

- Build a personal relationship with collaborators of key politicians, media people and health professionals
- Organize events / workshops (take advantage 31. May – non smoking day – world health day etc.)
- Introduce abstracts and offer your participation as speaker in public health conferences

- Participate in meetings on tobacco control in the frame of the national tobacco control co-ordination and the implementation of the Framework convention on tobacco control (FCTC)

4. Transposing theory into practice

As each national situation is unique, it is impossible to give a “one-fits-all” recipe of how to develop a culture specific network. Each national co-ordinator has to analyse the country specific situation and develop a strategic plan that fits the identified needs.. From what has been discussed above, we can derive 6 general recommendations:

1. Know your facts

(Health consequences of tobacco use – Cessation programmes - tobacco control legislation – legal frame in which hospitals operate, Nr. of hospitals in your country, etc)

2. Identify the important players in the field

(Health ministries and health authorities on community, regional and national level – hospital associations – doctors’ and nurses associations – organizations active in tobacco control, etc)

3. Assess your needs

(Co-ordination office, staff, equipment, travel cost, internet site – publications political support: decision makers, health professionals, insurance companies, hospital managers

4. Prepare essential tools

(project description with clearly defined aims and objectives– setting up a database of contacts- write down an operation budget – develop a model grant application, etc.)

5. Develop a communications plan

(personal contacts with major players/health ministry– membership of relevant associations – participation in and organisation of conferences/workshops – publication of a newsletter – press releases to the media)

6. Define a strategy to reach each of your objectives

(use the CIA procedure to assist you in the procedure – start with the easy things first – set reachable objectives)

5. Good practice examples

To illustrate the different possibilities of building a national network, Estonia, France, Germany, Ireland and Spain (Catalonia and Galicia) have agreed to share their experience. The basis for networking are different in each country. Some have benefited from existing national tobacco control legislation and the drive towards smoke free public places and health care facilities. Some had to fight for the acceptance simply of the idea of smoke free hospitals but succeeded beautifully through perseverance and personal engagement. Others have skilfully taken advantage of opportunities offered by national health plans and succeeded to introduce smoke free hospitals as the norm.

They all are excellent examples of how to creatively adapt a comprehensive European concept to different national realities.

6. Further Reading

Websites of European networks:

- European Network Smoke free Hospitals (ENSH): <http://ensh.aphp.fr/>
- Health Promoting Hospitals (HPH) <http://www.euro.who.int/healthpromohosp>
- European Hospital and Health Care Federation <http://www.hope.be/>
- European Network for Smoking Prevention (ENSP) <http://www.ensp.org/>
- European Network for Workplace Health Promotion (ENWHP) <http://www.enwhp.org/index.php?id=4>

Publications on network building:

- Tobacco Control Strategic Planning Guide Nr 1: Strategy planning for tobacco control Advocacy, American Cancer Society/UICC; 2003 <http://strategyguides.globalink.org/advocacy.htm>
- Tobacco Control Strategic Planning Guide Nr 2: Tobacco Control Movement Building, American Cancer Society/UICC; 2003 <http://strategyguides.globalink.org/movement.htm>
- Tobacco Control Strategy Planning, Companion Guide Nr 2: Engaging Doctors in Tobacco Control, American Cancer Society/UICC; 2003 <http://strategyguides.globalink.org/doctors.htm>
- Building Blocks for Tobacco Control-A Handbook; Chapter 14 – Forming effective partnerships, WHO <http://www.who.int/tobacco/resources/publications/general/HANDBOOK%20Lowres%20with%20cover.pdf>
- Develop and Maintain partnerships for workplace health promotion, Guideline for partnership building/development improvement in WHP; Draft guidelines still being finalised – not for distribution; Riitta-Maija Hämäläinen & ENWHP network, 2007

ENSH-SF-10.8.2007 + corrections Miriam-Christa and Denisa