

# 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
- serve as an inspiration to countries interested in the concept on international level

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:

Belgium: M. Wouters, J.Dumont,

Estonia: T. Härm,

Finland: R-M Luhta

France: B. Dautzenberg, A.M. Schoelcher, J.P.Deberdt

Germany: C. Rustler

Ireland: A. O’Riordan, M. Cuning,

Poland: K.Specjalski,

Portugal: L.Oliveira,

Romania: F. Mihaltan

Slovakia: D.Vancikova,

Spain: C. Martinez, B. Alonso de la Iglesia

- 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.

The project receives financial support from the European Commission Public Health Programme 2003-2008. The responsibility of the information contained in this document lies with the authors. The Commission is not responsible for any use that may be made of the information contained therein.

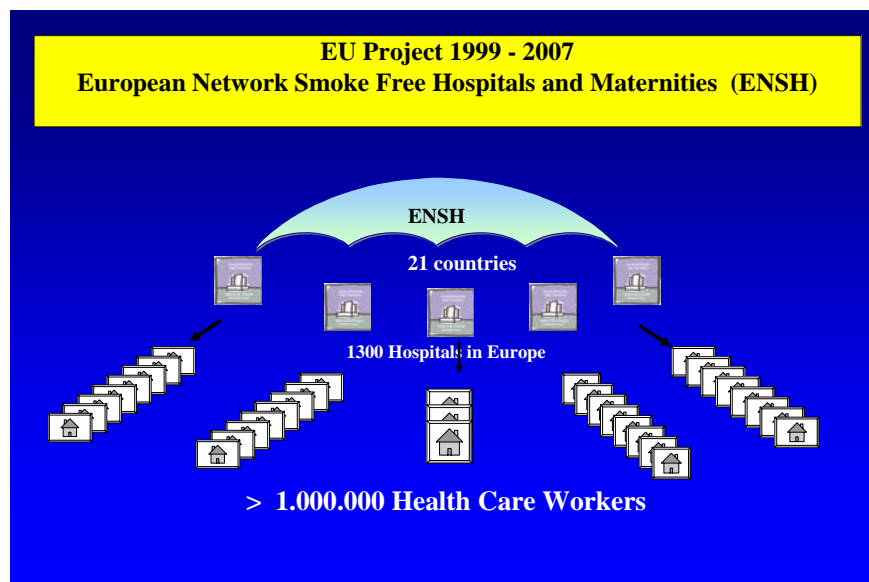
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## 1- Introduction

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.free.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 about 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 most of them have succeeded to create national or regional networks with individual membership.

## ENSH national networks

1. Austria 12	13. Poland
2. * Belgium 74	14. Portugal 9
3. Cyprus	15. * Romania 16
4. * Estonia 4	16. * Slovakia 1
5. * Germany 142	17. * Spain 7
6. * France 857	18. * Sweden 37
7. * Finland 17	19. Czech Rep.
8. Greece 26	20. Hungary
9. * Ireland 93	21. Northern Ireland 14
10. Italy 51	
11. Lithuania	
12. Malta	

\* Figures available January 2008

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

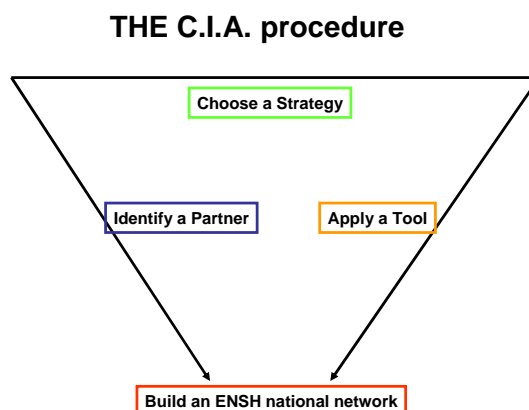
In order to link the implementation guide to practical experience, a pre-conference workshop was organised at the ENSH Network meeting on December 8, 2006 in Paris. National contact persons from Belgium, Poland, Slovakia and Estonia who are in the process of setting up an ENSH network in their country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



## **4 - Identify 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:

### **4.1. 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?
- What is the situation regarding smoke free policies in psychiatric hospitals and maternity hospitals ?

### **4.2. 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?

### **4.3. 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 hospital networks like the Network of Health Promoting Hospitals in your country?

### **4.4. 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?

#### **4.5. 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?

### **5 - Identify a partner**

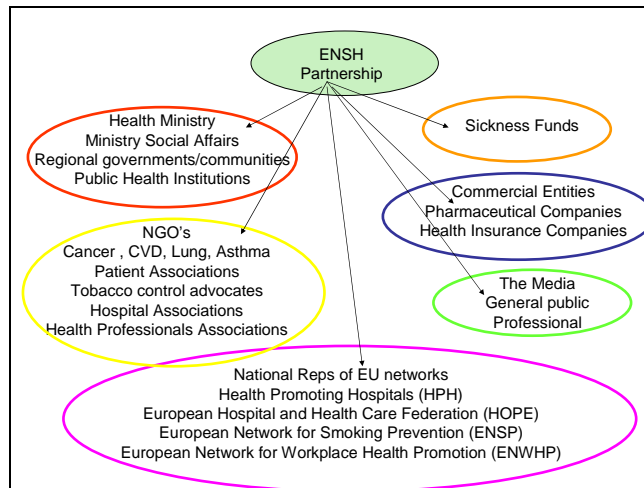
A Chinese proverb says: “you cannot clap with one hand”. This is also true for building a national ENSH network. A coordinator cannot do it all alone. He or she needs interested partners who share a common objective, with whom to develop a relationship based on mutual trust that will be able to give 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.

#### **5.1. 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)



## 5.2. 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

## 6 - 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:

### **6.1. Present your activity**

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

### **6.2. 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

### **6.3. 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 the ENSH concept is for the funding institutions
- How staff and patients will benefit from being smoke-free

### **6.4. 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

### **6.5. 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

### **6.6. 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

## **6.7. 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)

## **7 - 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 )

## **8 - 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.

## ESTONIA

<b>Organisation/Network</b>	<b>Estonian Network Smoke Free Hospitals and Healthcare Services</b>
Contact person	<b>TIIU HÄRM</b>
Function	National Institute for Health Development National Coordinator of E(stonian)NSH and Estonian Network of HPH and Health Services, chief specialist
Address	Hiiu 42, 11619 Tallinn
Country	ESTONIA
E-mail	<a href="mailto:tiiu.harm@tai.ee">tiiu.harm@tai.ee</a>
Telephone	+ 372 6 593 981
Date at which your network was established	25 <sup>th</sup> September 2005
Nr of hospitals in your country	50
Nr of ENSH Network members	4
Nr of members at bronze level	0
Nr of members at silver level	0
Nr of members at gold level	0
Nr.of membership status	4
Do you have a co-ordination office ? If yes: Is it hosted by an organisation ? If yes: which organisation ? Is the rent free of charge ?	<b>National Institute for Health Development</b>  Rooms are free of charge
What is your annual operating budget ?	<b>740 000 EEK = 47 300 EU</b> This budget covers the smoking cessation counselling services throughout Estonia (in 15 counties) and we get the money from the Cardio-Vascular Diseases Prevention Strategy (financed by state). In 2008 we will get the additional foundation from Cancer Prevention Strategy for new target groups: children and adolescents and pregnant women (+ <b>25 600 EU</b> )
How many staff do you employ?	72 smoking cessation counsellors
Who is currently funding your activities and how much do they contribute?	<b>No one</b> All Estonian Smoke Free Hospitals (4) belong to the Estonian HPH Network. In the frame of HPH activities (Standard No.5 – Workplace Health Promotion) the hospitals implement the Smoke Free strategies from their own budget.
Do you have any commercial funders? Who are they and to what activity do	<b>No</b>

they contribute?	
What were the main arguments-tools that allowed you to acquire funding ?	We get our budget from Government.
Are you requesting membership fee ? If yes how much ? Do you sell any services and how much do they cost?	<b>No</b>  <b>No</b> , smoking cessation counselling service is free of charge
Please list the main activities of your co-ordination office	Health promotion and diseases prevention, scientific research
Please shortly describe the obstacles that you encountered when creating the network	We have no obstacles, the national health policy supports Estonian NSH.
Which were the facilitating factors that helped you overcome resistance?	
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	<b>No</b>
What were the main arguments-tools that allowed you to enter into partnership with organisations/institutions ?	We cooperate with family doctors and with other health service provider
How do you consolidate/develop the partnership over time?	
Are you involved in the development/implementation of tobacco control policy in your country	Our HPH hospitals just started
Do you have a policy not to accept sponsorship from the Tobacco Industry ?	<b>Yes</b>
Which were the ENSH tools that were the most useful for your work	ENSH tools and policies: code, standards, self-assessment questionnaire, barometer survey questionnaire etc – all translated into Estonian language
What tools are missing for you to improve your work ?	
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the results?	<b>No</b>
What are the recommendations that you would give to new ENSH members	The struggling anti tobacco is very serious and hard work and we all have to do it under the leadership and support of ENSH.
Name of person filling out the form Date at which the form is filled out	Tiiu Härm 14.12.2007

## FRANCE

<b>Organisation/Network</b> Contact person	Jean-Patrick Deberdt
Function	Manager
Address	Hôpital Broussais 102 rue Didot 75015 Paris
Country	France
E-mail	<a href="mailto:jpdeberdt@reseauhospitalsanstabac.org">jpdeberdt@reseauhospitalsanstabac.org</a>
Telephone	+33 1 40 44 50 26
Date at which your network was established	1996
Nr of hospitals in your country	3 000
Nr of ENSH Network members	French network RHST - 857
Nr of members at bronze level	Not in use
Nr of members at silver level	
Nr of members at gold level	
Do you have a co-ordination office? If yes: Is it hosted by an organisation? If yes : which organisation? Is the rent free of charge?	Yes – RHST (Not for profit organisation) Hosted by Assistance Publique / hôpitaux de Paris Rent free of charge
What is your annual operating budget?	550 000 euros
How many staff do you employ?	4 full-time
Who is currently funding your activities and how much do they contribute?	Assistance Publique : 12% of the annual operating budget MNH : 12% Fees of members : 35%
Do you have any commercial funders? Who are they and to what activity do they contribute?	No any commercial funders
What were the main arguments-tools that allowed you to acquire funding?	Public health concerns to get free-smoke hospitals
Are you requesting membership fee?  If yes how much?	Fee : 150 / 500 / 1 100 euros Depends on the size of the hospitals  Paid services : Inside trainings

Do you sell any services and how much do they cost?	From 320 up to 8000 euros according to the service
Please list the main activities of your co-ordination office	Recruitment of new members Training Lobbying Finding funds
Please <b>briefly</b> describe the obstacles that you encountered when creating the network	No any special obstacles
Which were the facilitating factors that helped you overcome resistance?	Support of politics and “key opinion leaders” Implementation of tobacco control policy : Prohibition of smoking at work and in public places Increasing in tobacco prices
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	No
What were the main arguments-tools that allowed you to enter into partnership with organisations/institutions?	-
How do you consolidate/develop the partnership over time?	-
Are you involved in the development/implementation of tobacco control policy in your country	No
Do you have a policy not to accept sponsorship from the Tobacco Industry?	Yes
Which were the ENSH tools that were the most useful for your work	ENSH questionnaire used to set up the level of smoke-free hospitals
What tools are missing for you to improve your work ?	-
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the results?	No
What are the recommendations that you would give to new ENSH members	-
Name of person filling out the form Date at which the form is filled out	Jean-Patrick Deberdt / Nicolas Bonnet 15 janvier 2008

## GERMANY

<b>Organisation/Network</b> Contact person Function  Address  Country E-mail Telephone Date at which your network was established	Christa Rustler Coordinator  Saarbruecker Str. 20/21 10405 Berlin Germany <a href="mailto:rustler@dngfk.de">rustler@dngfk.de</a> +49 30 817 98 58 20 July 1 <sup>st</sup> , 2005
Nr of hospitals in your country  Nr of ENSH Network members  Nr of members at bronze level  Nr of members at silver level  Nr of members at gold level	Ca. 2200 Hospitals and ca. 1200 Rehabilitation clinics  140 (January 2008)  70 Bronze  16 Silver No Gold
Do you have a co-ordination office? If yes: Is it hosted by an organisation? If yes: which organisation? Is the rent free of charge?	Yes, we have an office. It is hosted by the German Network for Health Promoting Hospitals. The rent is financed by the budget of the Network for Smoke-free Hospitals.
What is your annual operating budget?	Ca. 200 000 Euro
How many staff do you employ?	3 full time employees (project leader, project assistant, administration)
Who is currently funding your activities and how much do they contribute?	The network is funded by the German Ministry of Health, Department of the Drug commissioner. They contribute all costs that are not covered by the member's fee. Ca. 320 000 Euro in 3 years
Do you have any commercial funders? Who are they and to what activity do they contribute?	No commercial funders.  Except in the exhibition of the national HPH conference
What were the main arguments-tools that allowed you to acquire funding?	The experience and successful use of the ENSH concept, standards and tools in a group of HPH member hospital. There was a visible improvement in the implementation and an increase of the self audit results after two regional workshops in 6 month (2003). These results were presented to the federal drug commissioner and the HPH network was asked to implement a national network, based on the ENSH

	standards.
Are you requesting membership fee?  If yes how much?  Do you sell any services and how much do they cost?	Yes. 125 Euros registration fee 300 Euros annual fee for non HPH members and 250 Euros for HPH members. HPH members are not charged for registration.  Bronze certification 125 Euros Silver certification 250 Euro plus travel expenses for the representative of the network for the on-site-visit.
Please list the main activities of your co-ordination office	Registration Information and support for the implementation of the standards Regional workshops / ca. 30 per Year Recall and evaluate the annual self audit Organising the certification processes  Trainings
Please <b>briefly</b> describe the obstacles that you encountered when creating the network	It was not clear if the implementation of the ENSH standards in hospitals is necessary and if the network will be successful. Fewer hospitals were interested in the membership during the discussion of the smoking ban.
Which were the facilitating factors that helped you overcome resistance?	The funding of the Ministry of Health. The ENSH concept, standards and tools The business meetings and the support of the ENSH coordination and other national coordinators Professional, technical and emotional support of experts and colleagues, especially support of Sibylle Fleitmann!  The existing HPH network structure in Germany – it was easier to start on this basis  Hard work ☺
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	There is a advisory board for the pilot project which covers the representatives of the most important institutions and associations re hospitals, tobacco control and smoking cessation like: The medical association of Germany The Federal agency for health education The federal association of hospital directors The president of the scientific association for smoking cessation The German nurses association The director of the German HPH network The office of the German drug commissioner  The network is seen as the support institution for the implementation of the smoking bans on the state

	level and therefore we built up regional networks on state level. We have active cooperation with the regional ministries of health, addiction services and hospital associations
What were the main arguments-tools that allowed you to enter into partnership with organisations/institutions?	The valid quality of the ENSH concept, standards and tools. The support of the Ministry of Health as a pilot project The available European experience as the national project partner of the ENSH
How do you consolidate/develop the partnership over time?	Through personal contact, common organised workshops, participation in the certification process to make the impact and improvement obvious.
Are you involved in the development/implementation of tobacco control policy in your country	We wrote several statements for the national legislation process and also on the state level.  We were invited to the hearing for the national smoking ban of the health board of the Federal Parliament.
Do you have a policy not to accept sponsorship from the Tobacco Industry?	Yes.
Which were the ENSH tools that were the most useful for your work	The self audit and the certification levels.
What tools are missing for you to improve your work?	Most of the tools are available or in process on national level: Training manuals A database for smoking cessation trainer, etc.  The ENSH implementation guide needed to be reviewed.  An international “good practice” database according to the standard criteria would be interesting.
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the results?	The Silver certified hospitals (10 out of 14) were evaluated for a degree dissertation under supervision of the University of Tübingen, Dept. for smoking cessation.
What are the recommendations that you would give to new ENSH members	Look for the key persons, keep in touch with them, create a benefit for the members (service, support, awareness, positive image, problem solving) be available personally, bring the people together in workshops, meetings and give them time to look for answers of their questions, look for support for you in the ENSH network, don't hesitate to contact someone who can help you.
Name of person filling out the form Date at which the form is filled out	Christa Rustler 8. January 2008

## IRELAND

<p>Organisation/Network Contact person</p> <p>Function</p> <p>Address</p> <p>Country</p> <p>E-mail</p> <p>Telephone</p> <p>Date at which your network was established</p>	<p>Ms. Miriam Gunning National Initiative Coordinator</p> <p>HSE Irish HPH Network, C/o Academic Centre, Connolly Hospital, Blanchardstown, Dublin 15</p> <p>Ireland</p> <p><a href="mailto:info@ihph.ie">info@ihph.ie</a> +353 1 6465077</p> <p>2000</p>
<p>Nr of hospitals in your country</p> <p>Nr of ENSH Network members</p> <p>Nr of members at bronze level</p> <p>Nr of members at silver level</p> <p>Nr of members at gold level</p>	<p>314 (No change within Reform Process)</p> <p>93 4</p> <p>21 0</p>
<p>Do you have a co-ordination office? If yes:</p> <p>Is it hosted by an organisation? If yes: which organisation?</p> <p>Is the rent free of charge?</p>	<p>Yes HSE Irish HPH Network Yes - rent free as it is an initiative of the HPH Network</p>
<p>What is your annual operating budget?</p>	<p>€40,000</p>
<p>How many staff do you employ?</p>	<p>National Coordinator (part time) Clerical Staff (part time)</p>
<p>Who is currently funding your activities and how much do they contribute?</p>	<p>HSE Irish HPH Network Network receives funding from Health Service Executive (2/3) from Health Promotion plus (1/3) from membership fees</p>
<p>Do you have any commercial funders? Who are they and to what activity do they contribute?</p>	<p>No</p>
<p>What were the main arguments-tools that allowed you to acquire funding?</p>	<p>A need for direction &amp; support in tobacco management issues in national healthcare facilities</p>
<p>Are you requesting membership fee?</p> <p>If yes how much?</p> <p>Do you sell any services and how much do they cost?</p>	<p>Not specifically for smoke free network – allocation from annual HPH membership fees,</p> <p>HSE Irish HPH Network has yearly membership fee from: €250 small organisation to €2000 large university hospitals</p> <p>No – occasionally a small cost for workshops (€20 – €30)</p>
<p>Please list the main activities of your co-ordination office</p>	<p>Support all member organisations by regular email updates, plan and facilitate inter-organisational support and</p>

	networking by developing databases, organising workshops, circulating new materials & findings. Taking a lead role at national & European level in a variety of pieces of work around tobacco management; promoting participation in themed activities to highlight national & world no-tobacco day and support all organisations to actively participate in the ENSH Smoke-free process.
Please <b>briefly</b> describe the obstacles that you encountered when creating the network	Insufficient time allocation & management support for staff working in tobacco management.
Which were the facilitating factors that helped you overcome resistance?	National HPH status, ENSH process
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	National Hospital Accreditation Body Research Institute for Tobacco-free Society, Office of Tobacco Control, Irish Cancer Society, Irish Heart Foundation, Dept of Health & Children, Nurse Education Board
What were the main arguments-tools that allowed you to enter into partnership with organisations/institutions?	Progress made in tobacco management @ hospital level pre & post National legislation banning Smoking in workplaces
How do you consolidate/develop the partnership over time?	Communication at all levels, engagement of expertise in pieces of work – mutual gain
Are you involved in the development/implementation of tobacco control policy in your country	Yes, currently in Psychiatric services & active participation in national research on smoking cessation services
Do you have a policy not to accept sponsorship from the Tobacco Industry?	Yes
Which were the ENSH tools that were the most useful for your work	ENSH standards & audit process, implementation guide, training directory
What tools are missing for you to improve your work ?	More guidance documents on SC services, maternity services etc
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the results?	No
What are the recommendations that you would give to new ENSH members Name of person filling out the form Date at which the form is filled out	Ensure you are clear on the ENSH process & devise a strategy that will work in your country based on experiences from countries that have used the process successfully.  Miriam Gunning 5 <sup>th</sup> September 2007

## SPAIN - Catalunya

<b>Organisation/Network</b> Contact person Function Address Country E-mail Telephone Date at which your network was established	Cristina Martínez Martínez Coordinator Nurse Av. Gran Via s/n km 2,7 Spain <a href="mailto:cmartinez@iconcologia.net">cmartinez@iconcologia.net</a> & <a href="mailto:ecarabasa@iconcologia.net">ecarabasa@iconcologia.net</a> 00 (34) 93 260 73 57 // 260 77 88 May 2000
Nr of hospitals in your country Nr of ENSH Network members Nr of members at bronze level Nr of members at silver level Nr of members at gold level	48 18 26 11 0
Do you have a co-ordination office? If yes: Is it hosted by an organisation? If yes: which organisation? Is the rent free of charge?	Yes  Institut Català d'Oncologia / Catalan Institute of Oncology  Free of charge
What is your annual operating budget?	Annual budget of 121.000 Euros
How many staff do you employ?	3 people as permanent staff
Who is currently funding your activities and how much do they contribute?	The Public Health Department of the Catalan Government
Do you have any commercial funders? Who are they and to what activity do they contribute?	No
What were the main arguments-tools that allowed you to acquire funding?	Coordination and equity of all the tobacco control activities at Catalan Hospitals.
Are you requesting membership fee? If yes how much? Do you sell any services and how much do they cost?	No
Please list the main activities of your co-ordination office	To spread and enforce the "Smoke free Hospitals" project at all Public Catalan hospitals. To enhance tobacco control activities at hospitals To design tobacco control programmes addressed to staff, in patients and out patients and some target groups (children, pregnant women, and so on) To design and evaluate educational materials. To evaluate the implementation of the "Smoke free hospital" project (self audit, tobacco consumption prevalence among staff, compliance of smoke free areas)

	To educate and train hospital staff in tobacco cessation, brief counseling, motivational interviewing.
Please shortly describe the obstacles that you encountered when creating the network	Lack of support of management members Not budget addressed to this issue at hospitals Not inclusion of evaluating activity by the Public Health Service
Which were the facilitating factors that helped you overcome resistance?	The European Network of Smoke Free Hospitals
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	Yes, the Catalan Network of Smoke free Hospitals. It is joined by all the hospitals members, the direction of the Catalan Institute of Oncology and the Catalan Public Health Department.
What were the main arguments-tools that allowed you to enter into partnership with organisations/institutions?	The necessity of built a coordinate program at hospitals
How do you consolidate/develop the partnership over time?	
Are you involved in the development/implementation of tobacco control policy in your country	Yes, as counseling members
Do you have a policy not to accept sponsorship from the Tobacco Industry?	Yes
Which were the ENSH tools that were the most useful for your work	Smoke free Hospitals's Implementation Guide Self Audit Questionnaire Standards Code Tobacco consumption questionnaire
What tools are missing for you to improve your work?	-
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the results?	Yes, the Health Department can audit the compliance of the some free areas at hospitals. But, in addition we measure the air pollution indoors at all the hospitals members and not members of our region.
What are the recommendations that you would give to new ENSH members Name of person filling out the form Date at which the form is filled out	Elaborate a strategy to increase the implication of managements in the implementation of the project. In addition, search some strategies to involve staff members in tobacco control. Cristina Martínez Martínez 8 <sup>th</sup> of February 2008.

## SPAIN- Galicia

<b>Organisation/Network</b> Contact person Function Address  Country E-mail Telephone Date at which your network was established	Begoña Alonso de la Iglesia Tobacco control programme coordinator Consellería de Sanidade. Edificio Administrativo San Lázaro s/n. 15703 Santiago de Compostela Spain <a href="mailto:begona.alonso.iglesia@sergas.es">begona.alonso.iglesia@sergas.es</a> 00 (34) 881 542 988 // 881 541 834  1998
Nr of hospitals in your country Nr of ENSH Network members Nr of members at bronze level Nr of members at silver level Nr of members at gold level	49 (public hospitals 16; private hospitals 33) 23 (public hospitals 16; private hospitals 7) 9 1 0
Do you have a co-ordination office? If yes: Is it hosted by an organisation? If yes: which organisation? Is the rent free of charge?	Yes  Public Health Directorate. Consellería de Sanidade. Xunta de Galicia
What is your annual operating budget?	Annual budget of €20.000
How many staff do you employ?	In Galicia, at the present time, eight people are working on the tobacco control programme
Who is currently funding your activities and how much do they contribute?	Public Health Department of the Galician Government
Do you have any commercial funders? Who are they and to what activity do they contribute?	Yes  Tobacco cessation training
What were the main arguments-tools that allowed you to acquire funding?	Coordination and equity of all the tobacco control activities at Catalan Hospitals. Promotion of smoke free areas Diminution of tobacco consumption prevalence
Are you requesting membership fee? If yes how much? Do you sell any services and how much do they cost?	No
Please list the main activities of your co-ordination office	Regional coordination of tobacco control activities of Galician region To spread and enforce the “Smoke free Hospitals” project to all Public Galician hospitals and some privates. To design and evaluate informative materials.

	<p>To enhance tobacco control activities at hospitals</p> <p>To evaluate the implementation of the “Smoke free hospitals” project (self audit, nicotine measure,...)</p> <p>To evaluate the tobacco consumption prevalence among general population, young people and health professionals</p> <p>To evaluate the compliance of smoke free areas</p> <p>To educate and train hospital staff in tobacco cessation, brief counseling and motivational interviewing.</p> <p>To design tobacco control programmes addressed to staff, in-patients, out-patients and some other target groups (such as pregnant women or chronic diseases)</p>
Please shortly describe the obstacles that you encountered when creating the network	<p>Lack of support from management members</p> <p>Lack of human resources</p> <p>Absence of budget addressed to this issue at hospitals</p> <p>Not inclusion of evaluating activity of public health by the Hospital Directorate</p>
Which were the facilitating factors that helped you overcome resistance?	<p>The European Network of Smoke Free Hospitals</p> <p>Implementation of Spanish law 28/2005</p> <p>The new strategic programme for tobacco cessation assistance in Galicia (2008-2010)</p>
Have you established a support network for the ENSH project? If yes, who are the key partners involved?	<p>Yes, the Galician Network of Smoke free Hospitals. It is joined by all the hospitals members, and the Galician Public Health Department.</p>
What were the main arguments-tools that allowed you to enter into partnership with organizations/institutions?	<p>The necessity to build coordinated and equity of all the tobacco control activities at Galician hospitals</p>
How do you consolidate/develop the partnership over time?	
Are you involved in the development/implementation of tobacco control policy in your country	<p>Yes, I’m member of the national tobacco control group of the national health ministry and the tobacco control national observatory</p>
Do you have a policy not to accept sponsorship from the Tobacco Industry?	<p>Yes, except training programme activities</p>
Which were the ENSH tools that were the most useful for your work	<p>Smoke free Hospitals’ Implementation Guide</p> <p>Self Audit Questionnaire</p> <p>Standards</p> <p>Code</p>
What tools are missing for you to improve your work?	<p>The tobacco consumption questionnaire. Because we have an own questionnaire for health professionals survey</p>
Has your network been evaluated by an external evaluator? If yes, who is the evaluator and what are the	<p>Yes, the Health Department coordinators at the 4 Galician provinces can audit the compliance of the smoke free areas at hospitals.</p>

results?	In addition, we measured the air pollution indoors at public hospitals members (200 measures in 2007, 10-12 different points in each hospital).
What are the recommendations that you would give to new ENSH members Name of person filling out the form	To elaborate a strategy to increase the implication of managements in the implementation of the project. In addition, to search some strategies to involve staff members in tobacco control activities.
Date at which the form is filled out	Begoña Alonso 18 <sup>th</sup> of February 2008.

## 9- Further Reading

### 9.1. Websites of related European networks:

- European Network Smoke free Hospitals and Health Care Services(ENSH): <http://ensh.free.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>

### 9.2. 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>
- Value of Partnership for workplace health promotion – Guideline for Partnership Building, Finnish Institute of Occupational Health,ISBN 978-951-802-779-2 paperback – 078-951-802-780-9 (PDF) [http://www.occuphealth.fi/NR/rdonlyres/20F839CC-50BA-42C7-8174-385D0AEF3889/0/WHP\\_Guideline.pdf](http://www.occuphealth.fi/NR/rdonlyres/20F839CC-50BA-42C7-8174-385D0AEF3889/0/WHP_Guideline.pdf)