

NETWORK IMPLEMENTATION GUIDE



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Introduction

Health care services 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 tobacco users in their quitting process. This concerns patients/clients as well as all categories of staff.

ENSH Global is a registered international, non-profit association created under Belgian law. It is governed by a General Assembly. Day-to-day work is being overseen by an Executive Board. The objective of ENSH is to strengthening the capacity of health care services in the field of tobacco control in line with the provisions of the WHO Framework Convention on Tobacco Control (FCTC). The ENSH-Global mission is to contribute to global tobacco control by promoting, encouraging and supporting health care services (general hospitals, rehabilitation centers, psychiatric hospitals etc.) to implement comprehensive tobacco free policies based on the ENSH concept, standards and tools.

The ENSH concept is a practice based and continuously evaluated concept to establish comprehensive tobacco-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 implementation 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.

The ENSH concept and tools is embedded in an internal certification process reflecting 4 stages of excellence, the highest attainable level of which is the Gold Forum. The aim of the certification process is to provide learning and sharing forum for the exchange of best practice on national and international level as well as giving access to experts on key aspects of implementation on tobacco free policies

An interactive website www.ensh.eu supports dissemination of information and experience. A newsletter is published regularly to promote dissemination of good practice and communication with health professionals, decision makers and the general public

The ENSH-Global is active through national or regional coordinators. In order to facilitate the creation, management and coordination of national or regional networks, ENSH - Global has commissioned a Networking Implementation Guide (NIG), drawing on 10 years of networking experience. The NIG has been conceived as a “living” document which is regularly updated reflecting new experience and giving insight in the ENSH members networking activities.

1 – The role of the national coordinator

ENSH identifies two kinds of membership:

- Corporate membership: an organisation committing to setting up and managing a national/regional ENSH network
- Associate membership: an organisation that is a member of a national/regional network

The corporate ENSH member responsible for setting up and managing a national/regional network commits to :

1. Identify at least 3 hospitals or health services to represent and work to support the implementation of ENSH aims, policy and standards.
2. Identify a named person to participate and actively contribute to ENSH networking actions and meetings, will complete and return requested documentation and will facilitate and support the free exchange and sharing of information among members of the applicants own network and within the ENSH network generally.
3. Agrees to provide an annual summary report on achievements and actions in progress towards the development of Tobacco free Healthcare Services prior to ENSH Annual General Meetings.

The associate ENSH member commits to :

- 1) Actively participate and contribute to ENSH networking actions and meetings, complete and return requested documentation and to freely exchange and share information within the ENSH network.
- 2) Return a completed ENSH Self Audit Questionnaire and develop a plan with specific actions for the implementation of the ENSH Standards within the organisation.
- 3) Provide an annual summary report on achievements and actions in progress prior to ENSH Annual General Meetings and repeat self audit questionnaire frequently.
- 4) Advocate for and support work directed at the establishment of a national or regional tobacco free network to implement the ENSH aims, standards and policy within the region or country.

In order to fulfil these commitments, the role of the national/regional coordinator is key. The mission assigned to the national/regional coordinator and his/her personal commitment is the basis for successful network development. The role of the national coordinator can be defined as follows:

- Promote, develop and co-ordinate a national network of smoke free hospitals and health care services
- Research and collect knowledge on the tobacco control situation and health systems on national and regional level

- Promote the implementation of ENSH tools -translate and adapt ENSH tools into the national language and actively participate in national/European surveys
- Identify good practice, share it with members, and disseminate to interested hospitals and other networks
- Develop a national/regional qualification procedure leading to bronze, silver and gold forum level certification.
- Take a leading role in facilitating the development of ENSH activities through collaboration with the regional/national tobacco control advocates, represent ENSH on a national level with political decision makers and link with national policy makers to influence national and European legislation
- Constitute the link between the European co-ordinating office and the national members
- Participate in European co-ordination meetings and contribute to the strategic development on European level

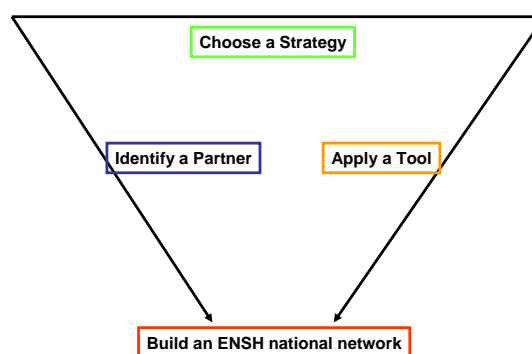
2. The Network Implementation Guide (NIG)

The aim of the Network Implementation Guide is to show ways and means on how to:

1. acquire financial and human resources to set up a co-ordination office and to organise dissemination activities
2. acquire support from governments, policy makers, health professionals, insurance companies and the media
3. show that the ENSH concept would facilitate and promote implementation of national legislation banning smoking in health care institutions and in public places
4. show managers and decision makers that investing in tobacco-free health care services is a cost-effective decision.

In order to build a network the coordinator should choose an overall strategy to achieve the goals, analyse the national tobacco control situation, identify human and financial resources needed, assess potential partners, identify implementation tools and develop a dissemination plan.

THE C.I.A. procedure



3 - Choose a strategy

Although strategies to develop a national ENSH networks might vary from country to country (depending on national health systems and cultural specificities), a classical approach for a national coordinator would be to consider following points. The proposed activities listed in the CIA procedure can be used as a checklist to support strategic planning:

3.1. Analysis of the national situation – know your facts

- What are the rates of tobacco use in your country according to gender, age, socio-economic status, profession? What are the morbidity and mortality rates linked to tobacco consumption?
- What laws and regulations in your country will facilitate the implementation of a comprehensive tobacco control policy?
- Is there specific 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 developed concepts for a comprehensive tobacco free policy in your country or intend to do so in the near future?
- What is the situation regarding tobacco free policies in psychiatric hospitals and maternity hospitals?
- Are there clinical guidelines for tobacco cessation treatment?
- Are there reimbursement schemes for tobacco cessation counselling and/or treatment?

3.2. Identification of human and financial resources – get your resources

- How much working time will your organisation accept that you spend on the project development? Are there funds to host/ finance a coordination office staff?
- 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 to establish coordination activities?

3.3. Assessing potential partners - get to know people

- 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 or support the ENSH concept?

- Are there tobacco control organisations in your country and how can you motivate tobacco control advocates to support your activities?
- What collaboration can be envisaged with workplace health promotion and occupational health experts?
- Are there hospital networks active in your country that can be interested in a partnership as for instance the Network of Health Promoting Hospitals (HPH), a national Network of Hospital Managers, a national Network of nurses/midwives etc.

3.4. Dissemination of the ENSH concept and tools – target your action

- Inform health professionals and hospitals and health care services about the ENSH concept and tools
- Identify a pilot hospital/health care service that is willing to implement the ENSH concept and tools and become the leading ENSH member?

3.5. Relationship with the media –move forward

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

4 - Identify a partner

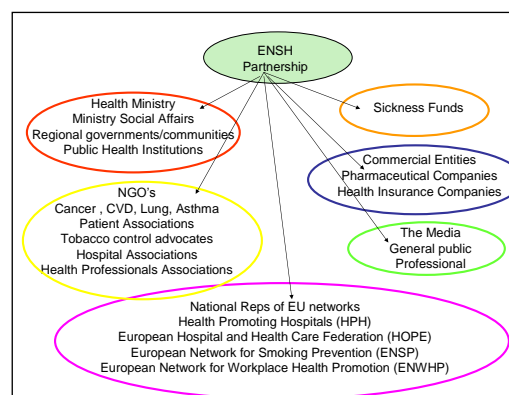
A Chinese proverb says: “you cannot clap with one hand”. This is also true for building a national/regional ENSH network. A coordinator cannot do it all alone. He or she needs interested partners who share a common objective, with whom to develop a relationship based on mutual trust and will be able to give human, logistical, financial or moral support. Partnerships are found to be most successful if you succeed in creating a win-win situation between partners.

4.1. 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/regional ENSH network will benefit not only the hospital and health care community but it will have the advantage to carry the benefits into the wider health professionals' community and reach into municipalities on local level.

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)



4.2. Sponsorship

Sponsorship is a tempting source of finance but also a two-sided sword. It would be naïve to believe that commercial 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 network of hosting organisation or the type of activity you are performing or by having access to information they otherwise would not get. Some less well intentioned companies might have a hidden agenda with a view to influence the decision making process in your network 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 (subscribe to/develop an ethical code)
- do not accept sponsorship to fund the core tasks of your network from commercial 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

5 - 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 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 based on your experience:

5.1. Present your activity

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

5.2. 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
- guidelines for tobacco free psychiatric services
- 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

5.3 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 living tobacco-free

5.4 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

5.5. 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
- Where can joint action be more cost effective

5.6 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

5.7. Build a network in support of your activities

- Build personal relationship with collaborators of key politicians, media people and health professionals
- Organise events / workshops (take advantage of 31. May – World No Tobacco Day, national non smoking day – world health day etc.)
- Introduce abstracts and offer your participation as speaker in regional/national workshops and 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)

6 – Transposing theory into practice - build an ENSH Network

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 coordinator 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

7 - Further Reading

7.1. Websites of related European networks:

- ENSH – Global Network Tobacco free Health Care Services: www.ensh.eu
- 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/>

7.2. Publications on network building:

- Tobacco Control Strategic Planning Guides : Strategy planning for tobacco control Advocacy, American Cancer Society/UICC; 2003
http://strategyguides.globalink.org/main_guides.htm
- Tobacco Control Strategy Planning, Companion Guides
http://strategyguides.globalink.org/companion_guides.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, 2007, ISBN 978-951-802-779-2 paperback – 078-951-802-780-9 (PDF)
http://www.enwhp.org/fileadmin/rs-dokumente/dateien/WHP_Guideline.pdf

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