



# Meeting Report

## 17<sup>th</sup> Meeting of the HPH General Assembly

**June 1, 2011, Turku, Finland**

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## **ABSTRACT**

The HPH General Assembly 2011 was organized by the International HPH Secretariat, WHO-CC Copenhagen, as the 17<sup>th</sup> Meeting of the National/Regional Network Coordinators and Task Force Leaders of the International Network of Health Promoting Hospitals and Health Services. The meeting took place on June 1, 2011, in Turku, Finland.

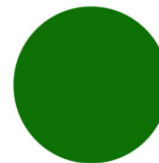
The assembly featured the welcoming of four new HPH National/Regional Networks, one observer from an up-coming HPH Network and one new coordinator from an existing Network.

The assembly also included presentations of the period's progress and future action plans of the organizational bodies of the International HPH Network: the Governance Board and the International HPH Secretariat. Also, the important achievement of a finalized WHO-HPH Memorandum of Understanding was presented.

The main purpose of the assembly was the overall sharing of knowledge and experience between HPH National/Regional Network Coordinators and Task Force Leaders. To that end, most Network Coordinators and Task Force Leaders had reported on progress and future plans online in advance of the meeting in the HPH Progress Report from Networks and Task Forces, which had for the first time been collected in full. Also, a workshop concerning the development of the new HPH Strategy for 2011 – 2012 was on the agenda. Further main purposes were teaching and training, the WHO-HPH Memorandum of Understanding and its adjacent work plan, scientific projects and decisions upon two proposals for new working groups.

Additionally, the assembly was updated on economy and organization pertaining to the International HPH Conference in 2011 (Finland) and on organization pertaining to the future HPH Conferences in 2012 (Taiwan), 2013 (Sweden) and 2014 (USA).

Aside from Coordinators of National / Regional HPH Networks and HPH Task Force Leaders, the General Assembly included one observer from an upcoming network and representatives from the WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals & Health Services in Copenhagen and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care in Vienna. WHO representatives were excused.



## OFFICIAL WELCOME (1)

Governance Board Chairman, Louis Côté, who chaired the morning session, welcomed and presented the agenda of the assembly.

### New Networks

Participants from new National/Regional Networks were welcomed and introduced themselves. The new Networks were Thailand (Somsak Pattarakulwanich, Department of Health), South Korea (Dong-won Lee, Korean Association of Regional Public Hospitals) and Singapore (Shyamala Thilagaratnam, Health Promotion Board).

Among the many exciting input from these new networks were the news that Singapore has by now included all public hospitals and many primary health care clusters and that the Korean network is growing very fast and thus expecting to reach 50 members before the end of 2011.

### Up-Coming Networks

An observer from the up-coming network of Turkey (Verda Tunaligil, Health Directorate of Istanbul) was welcomed and introduced. Dr. Tunaligil explained the current situation in Turkey and emphasized that she will be glad to start developments towards HPH Memberships and potentially a network in Turkey - both through the City of Istanbul and through the Ministry of Health.

## GOVERNANCE BOARD PROGRESS REPORT (2)

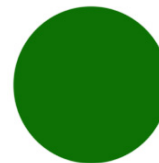
The Chairman of the Board, Louis Côté, informed of the Board's key activities since last General Assembly in April 2010 in Manchester. The Board had followed up on the decisions from that meeting regarding the Memorandum of Understanding (MoU) between WHO and HPH, the finalization of the previous HPH Strategy 2009-2010 and the related HPH Action Plan.

The Board had also developed recommendations for the new Strategy 2011-2012 and a new action plan that includes the items of the agreed work plan 2011 between WHO and HPH.

The board then presented the finalization of the previous prioritized areas of the HPH Strategy for 2009 - 2010.

### Partnerships & Alliances

The key partnership with WHO had finally been formalized with the December 2010 signing of the WHO-HPH Memorandum of Understanding (MoU), which underlines WHO's deep commitment to HPH. It was agreed that WHO Europe Regional Director, Szuzanna Jakab and WHO Regional Advisor, Maria Ruseva have both done a wonderful job in making the MoU and its adjacent work plan reality.



### Qualitative Growth (Standards and Indicators)

The WHO Standard Manual had been reprinted and distributed to all National/Regional Coordinators. Work is ongoing with WHO on improving the translation procedures (official permission) to make them even more smooth and quick.

Also, upon request of the assembly, an update was given on the HPH National/Regional Coordinators' Summer School 2011. Here it had been discussed to establish international HPH awards to motivate members and encourage development and evaluation – something which would go very well in line with the up-coming WHO-HPH Recognition Process. It was decided that the Governance Board should develop the fundamentals for an awards system, and that the Secretariat would then make a draft.

### Growth

Growth continues to go very well. In particular, expansion in Asia and in Australia is moving very fast. The financial crisis does, however, influence negatively in certain regions. The National Greek Network is experiencing severe financial difficulties, and a meeting had been held with Greek Coordinator, Yannis Tountas and representatives from the Governance Board, to work towards rectifying the situation. The Governance Board recommended downsizing the Greek Network to only three members to try to maintain a sustainable network – even if small.

The criteria for continuing membership in case of collapsing networks was discussed and it was decided that the GB should elaborate the legal documents and respond with clarity upon this issue.

For the next period (2011-2012), the new recommend areas of priority and the drafted action plan were then presented by the Board.

## **GOVERNANCE BOARD RECCOMENDATIONS FOR 2011-2012 STRATEGIC PRIORITIES**

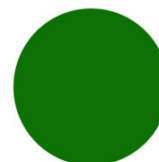
The Governance Board recommended that the 2011-2012 strategic focus areas should be:

- 1) Growth & Member Care
- 2) Partnerships & Affiliated Members
- 3) Visibility & Publication
- 4) Qualitative Growth

This was accepted by the General Assembly.

### HPH Action Plan 2011-2012

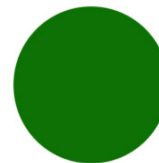
The new HPH Action Plan included action items from the newly signed MoU and its adjacent Work Plan. The Memorandum elements in the 2011-2012 HPH Action Plan include:



Responsibility		Action Item
<b>DEVELOPMENTAL WORK</b>		
Info re.	Input for	"WHO Health 2020", "Strengthening Public Health Capacities & Services in Europe", "WHO action plan for combating NCDs"
Delivery of		Case reports, Scientific results, Training packages, Material for assisting implementation of E-B HP practices
Info re.	Input for	UN meet. in late '11 on NCDs & WHO Conf. in Moscow (Apr '11)
Info re.	Input for	HPH Recognition Process
<b>JOINT WORK IN COUNTRIES NEEDING HPH DEVELOPMENT</b>		
Address		Challenges in the eastern part of Europe (Hungary, Kirgisistan, others)
Establish.	Support	Alliance w. South-Eastern Europe Health Network
Develop & Establish.		Twinning Activities
<b>TRAINING, ADVOCACY AND COMMUNICATION</b>		
Perform	Perform	WHO HPH Schools, WHO HPH Schools for Coordinators, HPH Workshops for Newcomers
Establish. & Perform		HPH Study visits
Perform	Perform	Training in evidence-based practice (Hands-on)
Establish.		International Master of Clinical Health Promotion
Publish		Medical textbook
Publish		Folders and other materials on HP in H/HS
Collab. w. / advoc. via		Other WHO Networks, Government (MOH, local, etc.) and the H/HS levels
Particip. + RD key note		Int. HPH Conference 2011
RD co-writes		Editorial for first issue of "Clinical Health Promotion"
Participate in		Future issues of "Clinical Health Promotion"
Create clearer info re.		Permission to translate WHO Std. manual to local languages
Interlink	Interlink	WHO/HPH websites
Circulate	Circulate	News and information on collaborations
Make	Make	Make joint publications
Get involved in		HPH visibility and publication
Develop	Develop	Procedure for circ. of info & provision of input/involvement
<b>OTHER BUSINESS</b>		
Enhance	Enhance	Collaboration outside Europe, via Regional & Country Offices

Brief mention was also made of the up-coming meetings of the Governance Board (via Skype and in November 2011), the next General Assembly (in Taiwan in 2012) and of the new HPH website developed by the Secretariat (HPHNET.ORG). With this the Chairman concluded the Progress Report of the Governance Board for the period.





## NEW DOCUMENTS

The Chairman moved on to presenting the recent documents that had been recommended by the Board and developed by the Secretariat.

### Hospital and Health Service Membership

It was explained that in the English speaking countries, "Health Service" is often understood to mean a very large, even national, entity. The Secretariat receives many queries from such big health service entities all over the world, and this had created a large need for a clarification of the regulations of the HPH Constitution on this matter. To meet this need, a document was developed. The document outlines, among other things, exactly what a health service HPH member can and cannot be. The document was discussed and approved by the General Assembly.

### HPH Fee Structure

In close relation to the Hospital and Health Service Membership document, a document outlining payment options for large health service entities had been developed. It aims to support those areas where hospitals and health services are one way or the other merged into big health service clusters – such as is the case with for example the NHS trusts in the UK. Such large organisations can in no way be one singular member paying just one fee. Instead, the Governance Board had recommended that such organizations should be given the opportunity to either:

- A) Pay one normal fee per member site or hospital (as is commonly done) or
- B) Pay one normal fee per 1000 employees (as is the average number of staff).

That the average number of staff for an HPH member is approximately 1000 has been shown by the PRICES data. It was emphasized that this is not a movement towards an international scaled fee system, as this would be a huge administrative burden. Instead, it is simply an additional service for large health service organizations, and the vast majority of members will thus continue to pay the normal fee as always.

This was discussed and the document was approved by the General Assembly.

### Voting Procedure for General Assembly Elections of Governance Board Members

Finally, a document had been drafted outlining further details to the Constitution's rules on how to vote and elect Governance Board members based on the past Board election in 2010. It was noted that this document is also just a clarification of the rules of the constitution and thus represents no changes.

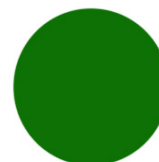
The document was discussed and approved by the General Assembly.

### Progress Reports from N/R Networks and TF

An overall document gave key points from the on-line reports. In addition, the full updated Progress Reports from each Network and Taskforce will be available on-line on the HPH website. TFU requested permission to update their Progress Report, which was agreed.

## HPH SECRETARIAT PROGRESS REPORT (3)

The Secretariat commenced the progress report and noted that this year, the documents relating to the General Assembly had been collated in a booklet for easy viewing as requested. Also, the documents had been uploaded into a secure folder online at



HPHNET.ORG for easy reference for General Assembly members only, one month in advance of the meeting.

Member flow and status

The CEO of the Secretariat, Hanne Tønnesen, explained that 23 members ceased their membership in 2010 and 83 new members joined. In December 2010 we thus had 814 members in total. The member current number was 845 (April 2011). This meant that the number of new netto members in 2011 was 27. Unfortunately, however, 28 members had applied for suspension due to reconstruction and financial crisis involving their health services.

Challenges to be solved

The Secretariat put forward three major challenges to be solved:

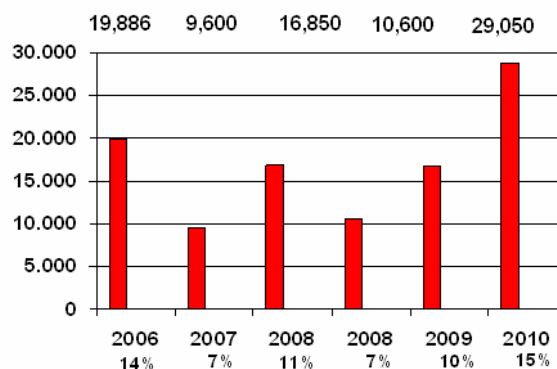
1) The pending payments amount to 29,050 Euro, which is the highest ever – see textboxes. The vast majority of this originated from networks (25,050 Euro). The Secretariat would be happy to support any members with due fees in any way possible. One important option could be to ask WHO for official letters of support. This has been done in the past (for instance with Poland) with good results.

2) Renewal of network agreements was overdue with the networks of France, Northern Ireland, Italy Liguria, Italy Piemonte, Poland and Scotland.

3) The Secretariat asked for missing information from some networks on which members are health services and which are hospitals. This information is missing on about 150 members.

It was decided that the Coordinators should bring these situations in order in their own networks and that the Secretariat will continue taking care of the individual members.

**Pending fees over the past 5 years:**



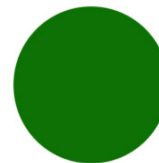
**Due Fees N/R Networks 2010**

No. Members	N/R Network	Total fee 2010	2010	2009	2008	2007
7	Belgium	1.750	1.750	1.750		
7	Bulgaria	700	600	0		
15	France	3.750	3.500	250	500	
30	Greece	7.500	7.250	4.250	1.250	250
13	IT Calabria (Susp)	3.250	3.250	750		
3	IT Campania	750	750			
8	IT Liguria (Susp)	2.000	2.000			
26	IT Piemonte	6.500	1.000			
30	Poland	4.500	4.250			
3	Russian Fed.	300	300			
1	Scotland	250	250			
3	Slovakia	450	150			
<b>163</b>	<b>Total</b>	<b>35.950</b>	<b>25.050</b>	<b>7.000</b>	<b>1.750</b>	<b>250</b>

**Due Fees Individual memb. 2010**

No. Members	Individual members	Total fee 2010	2010	2009	2008
2	Australia	500	250	0	
5	Denmark	1.250	500		
16	England	4.000	500		
4	Iran	400	200		
3	Israel	750	250		
1	Netherlands	250	250	250	
1	Serbia	150	150		
1	Slovenia	150	150		
6	South Africa	1.500	1.500	1.500	1.500
1	Spain	250	250		
<b>40</b>	<b>Total</b>	<b>9.200</b>	<b>4.000</b>	<b>1.750</b>	<b>1.500</b>





Budget and Balance

Moving on to finances, the Secretariat presented the accumulated surplus and the budgets for 2011 and for 2012 (see textboxes).

This was discussed and the General Assembly approved the budget for 2012. Finally, a discussion took place on the circumstances relating to the situation in Greece. It was decided that as Greece has been able to pay for a few memberships, it will be allowed to retain a network for the time being. It was noted that the situation with pending fees must be rectified in future and that the payment plan and additional agreements made between the Governance Board and the Greek Network must be followed.

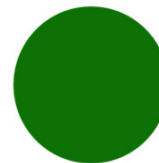
**TEACHING AND TRAINING (4)**

Amongst the many exciting developments was the new International Master of Clinical Health Promotion, which is anchored in Lunds University in Sweden, the University of Southern Denmark, the University of Oslo in Norway, the National Yan Ming University in Taiwan and the WHO-CC in Copenhagen, Denmark.

The Master program had been described according to the Bologna criteria, and the mandatory modules includes clinical research, health promotion in the patient pathway, clinical health promotion in practice, health workplaces, implementation, quality management , continuity etc. Examples on the elective modules are: Evidence-based health promotion in relation to public health and strategies, to sociology of health and illness, to patient education, organizational capacity building, psychiatric care, addiction and to children. It was noted that the HPH Task Forces could be further explored as potential areas for elective modules. It was agreed that the Master fills a need for competences in clinical health promotion, and that it will support those working with health promotion in hospitals and health services in future. The target groups of students are those with a related BA or above who also have

<b>Balance 2010</b>		
	<b>Balance</b>	<b>Budget</b>
<b>Income Total</b>	<b>202,168</b>	<b>197,918</b>
Membership Fees	167,600	163,350
IT Maintenance CHC	2,888	2,888
Office Facilities & FO	31,680	31,680
<b>Cost, total</b>	<b>188,158</b>	<b>189,310</b>
Staff (sec, t.o., dir)	116,390	113,740
GA, GB, Meet, Workshops, Travels	15,819	18,480
IT	12,347	10,972
IT Maintenance CHC	2,888	2,888
Office Facilities & FO	31,680	31,680
Miscellaneous	9,034	11,550

<b>Budget 2012</b>		<b>2012</b>
<b>Income Total</b>		<b>220,178</b>
Membership Fees		178,350
IT Maintenance CHC		3,495
Office Facilities & FO		38,333
<b>Cost, total</b>		<b>220,065</b>
Staff (sec, t.o., dir)		137,625
GA, GB, Meet, Workshop, Travels		21,361
IT Maintenance		7,276
IT Maintenance CHC		3,495
Office Facilities & FO		38,333
Miscellaneous		11,975



work experience from within the health care system (both clinical and administrative). The GA applauded the initiative and looked forward to the establishment.

The number of WHO-HPH Schools incl. Coordinators' Summer Schools and Newcomers' Workshops is still increasing:

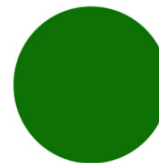
- The 2010 Autumn School in the Republic of Korea: presented by National Coordinator, Dong-won Lee. The event spurred on many new and exciting developments and resulted in both new initiatives and high levels of implementation at the hospitals and health services.
- The 2011 Summer School, Coordinators' Summer School and Newcomers' Workshop in Finland: presented by National Coordinator, Virpi Honkala. The summer school had been very successful and a good opportunity to go in depth with the up-coming WHO-HPH recognition process. However, it was also noted that the number of participants at the Coordinators Summer School portion of the program had been very low, which is strange since this event was previously articulated as a strong need for Coordinators by the General Assembly in 2010. It was agreed that more should be done to have better participation next year, more information take be given earlier etc.
- The 2011 Autumn School in the Czech Republic, was not presented in detail as National Coordinator, Milena Kalvachova, was excused. It takes place on September 12 – 13 and it is open to all. Anyone interested can gather more information at HPHNET.ORG.
- The 2011 Winter School in Thailand: presented by National Coordinator, Somsak Pattarakulwanich. It takes place on December 12 to 15, 2011 in Bangkok and focuses on the very important implementation including best practice development. The School is open to all – from Thailand, the surrounding countries and the world.
- The 2012 Summer School, Coordinators' Summer School and Newcomers' Workshop in Taiwan: presented by Coordinator, Shu-Ti Chiou. It was noted among other things that the experiences from the 2011 program would be taken into account and the information for the Coordinators Summer School would be given earlier to ensure greater participation.

The General Assembly thanked the Coordinators for the comprehensive and impressive programs and congratulated them on the successful developments so far.

## **MOU AND WHO COLLABORATION (5)**

Hanne Tønnesen presented the developments since the last assembly (WHO representative Maria Ruseva was excused). The December 2010 signing of the MoU was a significant achievement, a very important step and a great success. The document is an umbrella framework for collaboration, and it forms basis for the annual MoU Work Plan which outlines the specific and detailed actions that will be taken. These actions have been included into the HPH Action Plan for 2011 – 2012.

The WHO collaborations are a key priority for HPH, and among the core elements are WHO's Health 2020 document and the agreed focus on Eastern Europe, synergies with other WHO Networks as well as the outside Europe work with PAHO, WPRO, EMRO, National Offices and Liaison Officers, which would be strengthened in future. Finally it was



agreed that the connection and collaboration between WHO and HPH is now even closer – something which, will bear fruit and be developed for the benefit of patients, staff and communities all over the world for years to come.

## SCIENTIFIC PROJECTS (6)

### Evaluation Project on HPH (PRICES HPH)

The status and selected findings from PRICES was presented by Christina Dietscher on both network and hospital/health service levels.

With the network level, details were provided on the reported budgets, work time, organizational developments and personnel development. It was shown that the size of network seemingly made a difference to the overall capacity of the network. Networks with 25 or more members did much to support members and secure funding. On the hospital/health service level details were given on policy, staff training, health promotion quality assessment procedure, coverage of core strategies and standards and membership benefits.

Finally in terms of publication, it was noted that there is by now a first paper published in Clinical Health Promotion and further paper will follow.

### HPH Recognition Process

The up-coming HPH Recognition Process study and the related material were presented. The process includes: the WHO HPH standards and indicators, the DATA model and the DOC-ACT model. In addition, a standardized index score concerning fulfilment has been developed. A general call for participation in the research study of the process and the various recognition levels will be send out subsequently.

It was also explained that the Recognition Process is part of the WHO-HPH Work Plan, and that any clinical department is welcome to participate (except paediatric, palliative and nursing homes, as these are not covered by the WHO standards).

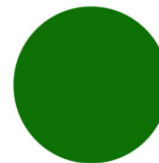
The intervention and control group will do the same, but the control group is simply delayed in the process for about one year. The process includes a first baseline package (where one looks at policy, guidelines and surveys and then develops a quality action plan). The next step is implementation of the quality plan, and then measurement again after one year. Finally, there will be site visits by the WHO-CC where random staff and patients are interviewed. The full project takes 3 years for control group participants and two years for the intervention group participants.

The GA discussed and applauded the initiative, and it was noted that interest to participate has already been shown by members from many places. As there will be around 50 hospital departments in each group, there is however still many places to fill, so anyone interested should make contact to Hanne Tønnesen.

The study inclusion of departments will begin officially in September 2011 and close in December 2011.

### VIP Research Project

The current and completed work in the VIP studies was presented by Hanne Tønnesen and Hartmut Berger. Hartmut explained that in the VIP work with chronic schizophrenics they completed an educational program of 10 sessions about nutrition, physical activity, learning acceptance etc. The aim is weight loss, health gain, reduction of psychopathology, improvement of mental health and quality of life. The RCT design and first



results will be shown in Taiwan in 2012.

Hanne presented the ongoing Swedish VIP studies focusing on alcohol and drug addicted patients in Sweden and surgical patients in Denmark. The Swedish VIP includes a comprehensive program aimed at reducing the too early mortality of psychiatric patients, who die about 20 years early and mainly of their co-morbidity (smoking, malnutrition, chronic diseases etc.). Again, the design is a RCT, and it aims to first identify those in need for health promotion and those without. The ones in need for health promotion are then randomised into intervention and control groups and followed up. All patients included in the study thus have one or more risk factors and chronic diseases. Further, it was noted that the patients have been welcoming of the intervention. Finally, a welcome was extended to others to test the model in other clinical settings, in other countries etc.

## **HPH CONFERENCES (7)**

### 2011: Turku, Finland (19<sup>th</sup>)

The HPH Conference in 2011, hosted by the HPH Network of Finland, was presented. Virpi presented the budget and the conference. The total price including VAT was 202,182 Euro and the total estimated income excluding VAT was 235,051 Euro. The Assembly congratulated the Coordinator on the great work and excellent planning that had gone into making this conference reality.

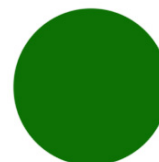
### 2012: Taipei City, Taiwan (20<sup>th</sup>)

The HPH Conference 2012 in Taiwan was presented by Network Coordinator Shu-Ti Chiou. It will be the very first International HPH Conference outside Europe. The whole program will be held on April 7-13 + Newcomers' Workshop on 14 April (see full schedule in model below).

The proposed theme of the Conference is Transforming Healthcare in a Changing World --  
- New Challenges, New Roles, New Designs.

Hopefully, very reduced registration fees will mean that many will come and that many more newcomers from non-European countries will be interested. The Total Budget is estimated at 240,000 Euros (including conference venue, travel fare and accommodation expenses, fixed share to the WHO-CC Vienna, markedly reduced registration fee for the main conference). The Taiwanese Bureau of Health Promotion (Department of Health) is the major financial sponsor and that the budget and setting is geared for up to 1,000 participants.

The General Assembly applauded the plans and congratulated the Coordinator.



	April 7 SAT	April 8 SUN	April 9 MON	April 10 TUE	April 11 WED	April 12 THU	April 13 FRI	April 14 SAT
Morning	Hospital On-site Visiting	Summer School	Summer School	Summer School For N/R Coords	GA	Conf.	Conf.	Newcomers' Workshop
					GB			
Afternoon				GA	Conf.			
Evening					Welcome Reception	Gala Dinner	Farewell Party	

2013: Gothenburg, Sweden (21<sup>st</sup>)

The initial plans for the HPH Conference to be held in Gothenburg, Sweden, in 2013 were presented. The Conference will be held on May 22 – 24. The suggested theme is a more health oriented health service – an issue of body and mind. The proposed aim is to develop a more health-oriented health service based on the modern evidence on the mind-body connection. The elements will include empowerment for patients, health promoting environments, culture and health, nature and health, using PROMs and much more. Margareta invited all to participate and said a warm welcome to Gothenburg.

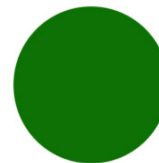
2014: USA (22<sup>nd</sup>)

The initial plans for the HPH Conference to be held in USA in 2014 were presented by Regional Coordinator from Pennsylvania, Matt Masiello. It was noted that the possibility is a hopeful thought still and thus some what tentative, since at this moment in time a conference supporter for funding is not secured. That being said, deliberations have been had with the other US HPH Network in Connecticut of a joint venture. It was decided that these uncertainties will be on the agenda for the next meeting of the Governance Board, since it is important to discuss the matter further and see what can be done and what a plan B might potentially be.

2015 (23<sup>rd</sup>)

Jürgen Pelikan from the HPH Conference Secretariat of the Vienna WHO-CC asked the Assembly if there were any other networks who would already now offer to host the conference in years to come. It was noted that any offers would be very welcome - both as a plan B host for 2014, a host for 2015 and hosts for beyond.





## TASK FORCES (8)

### Task Force on HP for Children and Adolescents in and by Hospitals (by A. Guerriero)

The status of the work and the aims, objectives, activities and future steps were presented. Among the objectives were global promotion, support and monitoring, consistent and widespread use of child rights and finally collection and dissemination of knowledge. The key activities of the period included development of the Task Force sub-site at HPHNET.ORG, tool development and process development. Also, substantial progress was made with collecting and sharing practices as well as with networking. The challenges reported were mainly centred around members and funding. The future steps included a new election for Task Force Leader and a project proposal for a two year plan on children's rights in health.

### Task Force on Migrant Friendly & Culturally Competent Health Care (by A. Chiarenza)

The activities from May 2010 to May 2011 and the latest developments were presented. Among other things work had progressed with the NOWHERELAND project, the HOME project and the ADAPT project. Also, the activities with developing standards for equity in health care had progressed. By now, preliminary standards were made and the finished version would be ready for the 2012 HPH Conference in Taiwan. The preliminary standards and the coming pilot testing thereof in late 2011 were presented to the GA.

### Task Force on Psychiatric Health Care Settings (by H. Berger)

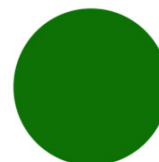
Among the activities within the Task Force were designing a manual and self-assessment forms for implementing health promotion in mental health settings. This was presented at the HPH Conference in Crete 2009 and it was undergoing ongoing evaluation in 2010 (continuing to 2012).

Among the scientific activities were four lectures on mental health promotion, the commission for the development of National German Guidelines on psychosocial therapies for patients with severe mental illness, a study on psycho-educative family intervention as an instrument for improving the sense of coherence, the development of a questionnaire about emotion regulation as an instrument for detection and early intervention for impulse control disorders, Health Promotion for patients with chronic schizophrenic disorders and metabolic syndrome, the evaluation of a self-assessment tool for mental health promotion in psychiatric settings (developed by a working group of the Task Force) and finally the design and deployment of a balance score card for health promotion in psychiatric services.

### Tobacco Free United (TFU) Task Force (by A. O'Riordan)

The Task Force was established as a united group between HPH and ENSH. The structure is three action groups: advocacy (TFU Charter and TFU Pact), synergy and good practice (identification and dissemination of good practice, workshops etc.), as well as evaluation (indicators, validation processes, contribution to health gain outcomes at hospitals). Among the further developments were a website for collecting TFU charter subscribers supported by Veneto Region Network, other website improvements (including at the HPHNET.ORG sub-site) and social media presence. The new work plan included development of ENSH indicators, work on common use by HPH and ENSH, support of ENSH Gold level process, support a board member meeting between HPH and ENSH for work towards common strategy, improve communication and information and involve more





participants.

#### Task Force on Alcohol and Alcohol Intervention (by S. Nesvaag)

The Task Force Terms of Reference are to visualize alcohol and alcohol intervention in existing models and tools (published 2010), giving examples on best evidence-based practice (autumn 2011), describing primary and secondary outcomes for measurement (spring 2012), describing recommendations for monitoring the effect (2013), articulating an evidence-based policy and establishing a database for outcome measurement (2013). Further, a work shop is being planned at the HPH conference in Taiwan in April 2012, where presentation of final deliverables will be made. In 2013 the group hopes to finalise the work and to be able to publish and disseminate Task Force deliverables – all of which to be finally reported at the HPH Conference 2013, in Sweden.

#### Task Force on HPH and the Environment (by S.T. Chiou)

The Terms of Reference are visualisation, examples on best evidence-based practice, tools for monitoring effect, dissemination of best practice examples and establishment of a database. The organizational structure was presented and so were the main partnerships and working relations with HPH bodies, Government Sectors and NGOs. Also, it was reported that funding was secured by the Taiwan Bureau of Health Promotion, Department of Health. Among the key activities were three international meetings, workshops, official call for partnerships, work on national commitment, establishment of the Task Force sub-site at HPHNET.ORG, the 2010 International Conference on Healthy Hospitals & Healthy Environment, publication of best practice examples, and lastly, work towards a climate friendly International HPH Conference in Taipei in 2012.

The future steps include recruitment of member hospitals internationally, finalisation of the Manual on HPH and Environment, integration of climate friendliness at the 2012 HPH Conference, continued collection of best practice examples, development and dissemination of tools, continue to maintain and enhance websites and database efforts as well as work on scientific publications.

## WORKING GROUPS (8)

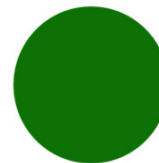
### New Proposals for Working Groups

A proposal for a working group on Health Enhancing Physical Activity in Hospitals and Health Services (HEPA HPH) was presented by Minna Aittasalo, researcher at the UKK institute in Tampere Finland, who is also involved in the WHO's HEPA Europe Network. The Working Group would aim to implement HEPA in health care settings.

The General Assembly approved the working group. Already, a number of HPH members would join the work and a symposium was arranged on the topic of HEPA HPH at the HPH Conference 2011 in Turku.

A proposal for a Working Group on HPH and Surgery was presented by Hanne Tønnesen. The background was the work with implementation of health promotion by surgeons in Sweden, Denmark and USA. The plan for the group is to describe scope and purpose in detail, invite additional experts, have virtual meetings and then potentially describe a proposal for an HPH Task Force for 2012.

The General Assembly approved the Working Group.



### Closure of Existing Working Groups

The Working Group on Staff and Healthy Workplaces was glad to report to the General Assembly that they had by now fulfilled their mandate and delivered a guide on the subject. Having fulfilled the mandate and presented this key document in its final form, the group asked for official close-down approval.

The Assembly welcomed the guide and thanked the group for its hard work in this area. The General Assembly approved the official close-down of the group.

## **WORKSHOP: THE HPH STRATEGY 2011-2012 (9)**

Chairing this part of the afternoon session, the Vice Chair of the Governance Board, Shu-Ti Chiou, then moved on to the workshop portion of the General Assembly. To start the discussions off, key issues from the newly on-line delivered bi-annual Progress Reports by N/R Networks and TF leaders were presented (see appendix).

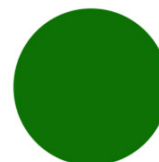
The General Assembly then commenced its workshop in six groups to inspire the new HPH Strategy:

- 1) What can the Governance Board do to improve in future? (2 groups)
- 2) What can the National/Regional Networks do to improve in future (2 groups)
- 3) What can the Task Forces do to improve in future (2 groups)

After the discussions the groups then filled in the blank areas of the Global Strategy Draft 2011 – 2012, for the assigned entity (either Governance Board, National/Regional Networks or Task Forces).

The Workshop section covered both item number 9 and 10 on the General Assembly agenda, and it was decided that the Governance Board should include the answers and input in the new HPH Strategy.

Louis Côté thanked all participants and closed the HPH General Assembly 2011.



## APPENDIX

### Agenda

*Chair: L. Côté*

09:00 – 09:10 **1. Official welcome**

- New Networks & Observers

09:10 – 09:30 **2. Governance Board /L. Côté**

- Progress Report 2010-2011
- Action Plan 2011-2012

09:30 – 09:50 **3. International HPH Secretariat /H. Tønnesen, J. Svane, I.Nielsen**

- Progress Report 2010-2011, incl. member status, budget & balance, new publications & developments

09:50 – 10:20 **4. Teaching & Training**

- New initiatives /H. Tønnesen
- WHO-HPH Schools incl. Coordinators' Summer School & Newcomers' Workshops
  - Rep. of Korea, Finland, Czech Rep., Thailand, Taiwan

**10:20 – 10:35 COFFEE BREAK**

*Chair: H. Tønnesen*

10:35 – 11:05 **5. WHO-HPH MoU /M. Ruseva**

- MoU Workplan, WHO Documents & Meetings

11:05 – 11:35 **6. Scientific Projects**

- Evaluation project on HPH PRICES: Results /J. Pelikan, C. Dietscher
- VIP Project /H. Berger & H. Tønnesen
- HPH Recognition Process /H. Tønnesen

11:35 – 11:50 **7. HPH Conferences and Budgets**

- 2011: Turku, Finland /V. Honkala
- 2012: Taiwan /S. Chiou
- 2013: Sweden /M. Kristensson
- 2014: USA /M. Masiello

11:50 – 12:00 **8. Task Forces & Working Groups – New and Closing**

- Termination upon TF and WG completion
- Proposal for WG/TF on Physical activity incl. HEPA /M.Aittasalo
- Proposal for WG/TF on Surgery /H. Tønnesen

**12:00 – 13:00 LUNCH**



*Chair: J. Pelikan*

13:00-14.00 **8. Task Forces (cont)** – Overview & Progress Reports

- TF on Health Promotion for Children and Adolescents /*A. Guerreiro*
- TF Migrant Friendly and Culturally Competent/ *A. Chiarenza*
- TF Psychiatric Health Care Settings /*H. Berger*
- TF Tobacco Free United /*Ann O’Riordan, C. Rustler*
- TF Alcohol and Alcohol Intervention /*S. Nesvaag*
- TF HPH & Environment /*S. Chiou*

**14:00 – 14:15 COFFEE BREAK**

*Chair: S. Chiou*

14:15 – 15:40 **9. Workshop: New HPH Strategy 2011 – 2012**

- Inspiration from N/R Network Progress Reports - Part B
- Workshop, presentation and discussion in plenum


15:40 – 15:50 **10. The value, support & integration for the work & activities of HPH TFs in the strategic thinking & working of the Int. Network and N/R HPH Networks** /*A. O’Riordan*

15:50 – 15:55 **11. AOB**


16:55 – 16:00 **12. Closure** /*L. Côté*

Key Issues from Progress Reports

See following pages.




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## Progress Reports 2010 National/Regional Networks & Task Forces

Hanne Tønnesen




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## Thank you to 23 Networks

Austria	Northern Ireland
Belgium	Norway
Catalonia (E)	Ontario (CAN)
Emilia Romagna (IT)	Pennsylvania (USA)
Estonia	Piemonte (IT)
Finland	Republic of Korea
Friuli Venezia Giulia (IT)	Slovakia
Greece	Sweden
Ireland	Switzerland
Lithuania	Taiwan
Montreal (CAN)	Veneto (IT)
	Victoria (AUS)



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## HPH Progress Report

**Part A**  
Administrative information


**Part B**  
Exchange of knowledge and experience

**Pilot test**  
Norway and Tuscany (IT)  
Children and Adolescents in & by Hospitals

**Online**  
December 2010 to March 2011




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## Main Outcomes

- **Conferences, seminars & meetings (x8)**
- **Activities & projects (x5)**
- **Guidelines & practice tools (x4)**
- **Task Forces (x3)**
- **Website & newsletter (x3)**
- **Mobilizing interest & political support (x3)**
- **Int. HPH Conference participation (x2)**
- **Growth (x2)**
- **Integration of Standards (x2)**
- **Training, Smoke free hospitals, Surveys**




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## Main Facilitators

- **Involvement of Enthusiastic staff & active members (x7), Hospital administration & leadership (x5), L, R, N government & politicians (x5), Ext spec, org, partners & PT unions (x4)**
- **Common goals, communication & coord. (x3)**
- **Teamwork & Networking (x2)**
- **Activity budget & funding (x2)**
- **Material in local language (x2)**
- **National strategy, Integration in health care, Multidisciplinary HP group**




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## Main Problems

- **Pressure on cost, time and HR (x13)**
- **Changes in financing / policy (x4)**
- **Less interest from CEOs (x2)**
- **No political interest (x2)**
- **Lack of incentives (x2)**
- **None**
- **Different levels of HP actions**
- **Lack of knowledge about HP**
- **Hard to move people**
- **No training programs**
- **Staffing for secretariat services**


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## Evaluation

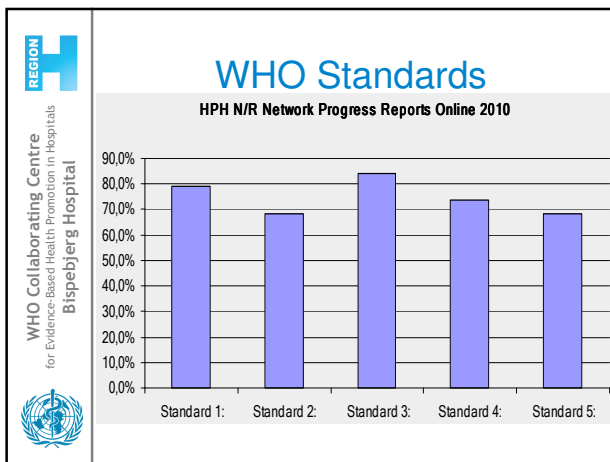
- **National indicators (WHO Standards) (x6)**
- **Self-assessment evaluation (x3)**
- **Smoke-free hospital coordination (x3)**
- **Surveys (x2)**
- **Training (x2)**
- **International**
- **Peer reviewing**
- **Coaching from coordinator**
- **Share best practice**
- **Benchmarking**

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## Funding

- 1.010.000 Eur national funding
- 125.000 Eur member fees & reg health trust
- 65.000 Eur member fee & sponsors
- 59.000 Eur
- 50.000 Eur membership fees
- 25.000 Eur
- 20.000 Eur
- 14.000 Eur membership fee
- 12.000 Eur
- 10.545 Eur national funding
- Membership fees (x3)
- Zero (x3)
- In kind support for secretariat (x3)
- National funding (x2)
- Coordinating institution




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## Growth (HPH Strategy)

Recruit new members to Network	17
Advocate Network N/R and advocate HPH internationally	19
Produce and publish information in local language for support of HPH advocacy	19
Invite participants to N/R activities	20
Invite to make special arrangements involving HPH	12


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## Qual. Growth (HPH Strategy)

Decide upon SAT as HPH membership criteria	8
Engage in and perform pilot testing of online SAT	4
<b>Support N/R members to implement std or indic</b>	<b>18</b>
Use and report on SAT	7
<b>Develop strategy &amp; action plan for N/R impl.</b>	<b>18</b>
<b>Integrate HPH std in N/R QM</b>	<b>11</b>
<b>Support work &amp; doc of being an HPH member</b>	<b>17</b>
Engage in & perform pilot test of recogn. Process	7
Engage in & perform pilot test of Activity Database	4
<b>Describe and register member activities</b>	<b>13</b>
<b>Participate in Int Conf, Schools, Newcomers</b>	<b>20</b>

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## Intl HPH,GA & GB support


OK (x3)

**Communication:**

- Listening more to opinion of N/R Coords
- More GA workshop, more use of discussion forums
- Language barrier, more translation
- Develop communication channels more
- More involvement in decision processes
- More transparency about how GB and GA functions
- Produce a summary document each year
- More use of internet, pres from Conf online etc.
- Streamline minutes/responsibilities



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## Intl HPH,GA & GB support


Exchange of knowledge and experience

- Facilitation this to reduce double-work in Networks
- Encourage participation in events outside HPH

More Work for the Intl HPH, GA and GB

- Increase participation options in intl projects
- More flex in requirements, less exp to implement standards
- Leading and supporting local activity with int direction
- Making strategies, tools etc.
- Create action plans that can be applied with small budgets
- Advocate on intl levels politically

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## What can you do to improve collaboration with Intl HPH ?

- Collaborate more intl incl. TF participation (x5)
- Advocate HPH & Advocate for political support nat/reg (x2)
- By growth / recruitment (x2)
- Share experiences and presenting examples (x3)
- Publish results more

- Working more
- More follow-up on activities
- Helping H/HS strengthen activities
- Better organization of N/R
- Establish processes for consultation/involvement
- Facilitate Nat strategy + indicator development (2)


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## Progress Reports 2010 Task Forces

Hanne Tønnesen

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## Thank you to ALL 6 Task Forces

Migrant-Friendly & Culturally Competent Health Care  
 (Antonio Chiarenza, IT)

HP for Children & Adolescents in & by Hosp  
 (Ana Guerreiro, PT)


Health Promoting Psychiatric Services  
 (Hartmut Berger, D)

Tobacco Free United  
 (Christa Rustler, D)

Evidence-based Alc. intervention in H&HS  
 (Sverre Nesvaag, N)

HPH & Environment  
 (Shu-Ti Chiou, TW)


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## Main Outcomes


- **Conferences, meetings, workshops and projects (x3)**
- **Manual and tool production (x3)**
- **International collaborations (x3)**
- **Collecting tools, literature and information (x2)**
- **International publications (x2)**
- **N/R Implementation**
- **Establish experience database framework**

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## Main Facilitators

- **Finances (x2)**
- **Sharing of information and experience**
- **Collaboration with other organizations**
- **Motivation and drive of people**
- **Advocacy means support from ext entities**
- **Establishment of intl synergies**


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## Main Problems

- **Finances (x4)**
- **Diversity of systems world wide**
- **Hard to recruit TF members**


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## Evaluation

- **No (x4)**
- **Self-Assessment Tool**


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## Funding

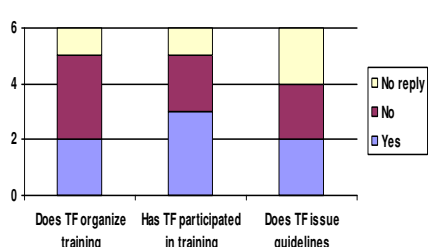
- 125.000 Euro (Government funds)
- 65.500 Euro (Government funds)
- 8.000 Euro (Regional funds) + some EU funds
- Member institutions fund
- No funding

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## Teaching and Training



Question	Yes	No	No reply
Does TF organize training	2	3	1
Has TF participated in training	3	2	1
Does TF issue guidelines	2	2	2