

Meeting Report

19th Meeting of the HPH General Assembly

May 22, 2013, Gothenburg, Sweden

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ABSTRACT

On May 22, 2013, the annual HPH General Assembly took place in Gothenburg, Sweden. It was the 19th Meeting of the National/Regional Network Coordinators and Task Force Leaders of the International Network of Health Promoting Hospitals and Health Services. The Assembly also included observers from up-coming N/R HPH Networks, WHO and other partner organizations in official relations with HPH, and 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.

The meeting was arranged by the International HPH Secretariat at the WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals and Health Services and chaired by members of the Governance Board..

At the meeting, the General Assembly welcomed all delegates and all observers from National/Regional HPH Networks, up-coming N/R HPH Networks and partner organizations.

The Assembly's key focus was the exchange of knowledge and experience between National/Regional Network Coordinators and Task Force Leaders. The General Assembly also included a workshop on implementation of the new 2013 – 2015 Global HPH Strategy.

The Assembly was updated on the work of the various organizational bodies of the International HPH Network. The HPH Governance Board, the International HPH Secretariat and the HPH Task Forces presented their progress since the last Assembly. In the progress report of the Secretariat, the Assembly received an update on the challenges brought about by long overdue payments from many existing members, which had resulted in a deficit in the 2012 balance.

The Assembly was also updated on: the current developments in teaching and training, scientific projects, a proposal for a new Task Force as well as the closure of existing Task Forces upon completion of mandate: the new and ongoing collaborations with WHO and other key partner organizations: the Global Network of Tobacco Free Health Services (ENSH), The International Hospital Federation (IHF) and the South Eastern Europe Health Network (SEEHN).

The HPH General Assembly was also given a report on the financing and organisation of the International HPH Conferences. This included a status on the 2013 conference in Sweden, approval of Barcelona's as the 2014 Conference host, and discussions of potential future conference hosts for 2015 and 2016.



PARTICIPANTS

List of delegates:

Governance Board:

Shu-Ti Chiou, Chair, Coordinator of HPH Network of TAIWAN
Rafaelle Zorrati, Vice Chair, Coordinator of HPH Network of ITALY
Manuel Santiñá, Coordinator of HPH Network of Catalonia, SPAIN
Sally Fawkes, Coordinator of HPH Network of Victoria, AUSTRALIA
Tiiu Härm, Coordinator of HPH Network of ESTONIA

Hosting National Coordinator:

Margareta Kristensson, Coordinator of HPH Network of SWEDEN

National/ Regional Coordinators:

Christina Dietscher, Coordinator of HPH Network of AUSTRIA
Marc Sougavinski, Coordinator of HPH Network of Quebec, CANADA
Susan Himel, Coordinator of HPH Network of Toronto, CANADA
Milena Kalvachova, Coordinator of HPH Network of the CZECK Rep
Andrea Limbourg, coordinator of HPH Network of FRANCE
Herman Suherman, Coordinator of HPH Network of INDONESIA
Ann O'Riordan, Coordinator of HPH Network of IRELAND
Alba Carola Finarelli, Coordinator of HPH Network of Emilia-Romagna, ITALY
Christina Aguzzoli, Coordinator of HPH Network of Friuli Venezia Giulia, ITALY
Klaus Hüllemann, Coordinator of HPH Network of GERMANY
Yannis Tountas, Coordinator of HPH Network of GREECE
Dong-won Lee, Coordinator of HPH Network of Rep of KOREA
Irena Miseviciené, Coordinator of HPH Network of LITHUANIA
Geir Bukholm, Coordinator of HPH Network of NORWAY
Bozena Walewska-Zielecka, Coordinator of HPH Network of POLAND
Handy Amin, Coordinator of HPH Network of SINGAPORE
Theerapol Topanthanont, Coordinator of HPH Network of THAILAND
Matt Masiello, Coordinator of HPH Network of Pennsylvania, USA

Task Force Representatives

James Robinson, Leader of HPH Task Force on HP with Children and Adolescents
Sverre Nesvaag, Leader of HPH Task Force on Alcohol and Alcohol Interventions
Ann O'Riordan, Leader of Tobacco Free United
Hartmut Berger, Leader of HPH Task Force on HP in Mental Health Care Settings
Antonio Chiarenza, Leader of HPH Task Force on Migrant Friendly Health Care
Mats Börjesson, Leader of HPH Task Force on Physical Activities in H&HS

WHO and WHO-CC

Joanna Nurse, WHO Regional Office for Europe
Hanne Tønnesen, WHO CC Copenhagen
Jürgen M. Pelikan, WHO CC Vienna
Jeff Kirk Svane, WHO CC Copenhagen
Thor Bern Jensen, WHO CC Copenhagen
Irene Nielsen, WHO CC Copenhagen
Astrid Loidolt, WHO CC Vienna



Invited Observers

Norihiko Hata, Upcoming HPH Network of JAPAN
Alan Siu, Upcoming Network of Hong Kong
Ann Kerr, Upcoming HPH Network of SCOTLAND
Sebastiano Guarnaccia, HPH Network of Lombardia, ITALY (Currently suspended)
Esteve Fernandez, Global Network of Tobacco Free Health Care (ENSH)
Louis Cotê, Former Chair of HPH Governance Board

OFFICIAL WELCOME (1)

The Chair of the HPH Governance Board (GB), Shu-Ti Chiou, chaired the morning session and welcomed all delegates.

New Networks and Upcoming Networks

The General Assembly (GA) welcomed Dr Suhrman, the Coordinator of the new National Network of Indonesia, Sze Fai James Wu from the upcoming Regional Network of Hong Kong and Dr. Hata from the National Network of Japan.

Partners in Official relations with HPH

The General Assembly (GA) welcomed the new and existing partner organizations. These included the new representative of WHO Europe on the GB, Dr Joanna Nurse; the Global Network of Tobacco Free Health Services (ENSH) and new key representative, Esteve Fernandez; the International Hospital Federation (IHF); and the South Eastern Europe Health Network (SEEHN).

GOVERNANCE BOARD PROGRESS REPORT (2)

Shu-Ti Chiou, the GB Chair, presented the main efforts and progress of the Board since the last GA held in April 2012 in Taipei, Taiwan.

The GB had followed up on the GA decisions and progressed according to schedule outlined in the HPH Action Plan 2012 – 2013, which also included the action plan related inclusive the WHO HPH Memorandum of Understanding (MoU). Most deadlines had been met successfully.

Among the core developments, and through a total of 7 GB meetings and additional work, the GB had progressed within all four priority areas of the Global HPH Strategy 2011-2013: Growth & Member Care, Visibility & Publication, Partnerships & Alliances and Qualitative Growth.

The GB had also finalized the draft of the new Global HPH Strategy 2013-2015 and recommended it for approval by GA.

Growth & Member Care

Growth has been steady and at a good pace for many of the countries and regions, even in spite of the global financial crisis and related challenges.



The number of HPH members was 912 in November 2012 and as per June 2013 it is 957, including the first affiliated member (from Scotland). 60 % of all networks had new members in the period, 46 % of networks had not experienced member drop-outs. Future growth activities would include the South-eastern Europe, Western Pacific Region (incl. New Zealand) & South America.

Visibility & Publication

The scientific journal has now reached its third volume, a WHO-HPH textbook was published last year and case study and background material were provided to WHO Europe for the Health 2020 policy framework (H2020) and to the European Action Plan for Strengthening Public Health Capacities and Services (EAP-PHS). Likewise, the GB had judged and selected HPH Awards winners of 2012 for Outstanding Fulfilment of WHO HPH Standards, Outstanding fulfilment of HPH strategy & Best Scientific Publication.

Furthermore, HPH took part in ministerial level meetings such as the WHO Europe RC62, 13 SEEHN Ministerial Forums, the European Health Forum Gastein, the World Health Assembly and the US Association of State and Territorial Health Officials.

Likewise, the hphnet.org website had been continuously extended and updated with many new resources for advocacy and representation of the Network. Social media utilization had been advanced, incl. the Global HPH Group on LinkedIn.

Partnerships & Alliances

The on-going collaboration with HPH's partner organisations was progressing according to schedule. The GB had finalized the MoU and adjusted work plan with ENSH, SEEHN & IHF. Also, the letter of intent for Affiliate HPH Members had been finalized and the GA approved the final version.

Qualitative Growth (Standards and Indicators)

Regarding qualitative growth there had been major progress; 73% of networks had made local language materials, 60% had participated in scientific projects, and 60 % had received support from national and local health systems.

Finally, the GB applauded the 2013 N/R Coordinator's Summer School, which was very successful with good discussions and interesting presentations, despite the low number of attendance.

The GA approved the progress report of the GB, and with this, the Chair concluded the Progress Report.



HPH SECRETARIAT PROGRESS REPORT (3)

Hanne Tønnesen gave the progress report of the Secretariat.

Member Status

A large scaled problem was the mounting level of non-payers. Until 2009, the level of non-payers seemed to be steady and around 10%. In 2010 - 2013, however, there has been a significant increase up to the present level of nearly 30%. All N/R Coordinators were encouraged to fulfil their responsibilities and ensure payments were made as requested.

It was agreed that a non-payer rate of 30% is not acceptable, and will impair the functioning of the International HPH Network in years to come.

Participants with pending fees cannot receive the 100 Euro Per Diem.

Budget and Balance

As 2012 had been a challenging year in terms of non-payers, the Secretariat had been forced to reduce expenditures in the middle of the Fiscal year by 16,443 Euros. The cuts had been made to staff salaries and costs related to GA, GB, meetings, workshops, travel, etc. Even in spite of all preventive measures and fast action, the 2012 balance still displayed a deficit of 23,000 Euros. The deficit will be included in the revised 2013 budget.

For 2014 the budget presented corresponded to the original 2013 budget. From 2015 the member fees will be index regulated (as planned 4 years prior), thus re-balancing the budget.

The Balance for 2012, the revised budget for 2013, and the budget for 2014 were approved by GA.

Revised Budget 2013

| | Approved Budget | 1. Revised Budget | 2. Revised Budget |
|--------------------------|-----------------|-------------------|-------------------|
| Surplus 2012 | 0 | -10,318 | -10,318 |
| Income Total | 278,511 | 266,011 | 248,511 |
| Member Fees (900 PM) | 232,500 | 220,000 | 202,500 |
| IT Maintenance CHC | 3,845 | 3,845 | 3,845 |
| Office Facilities & f.o. | 42,166 | 42,166 | 42,166 |
| Costs Total | 278,488 | 255,670 | 238,193 |
| Staff | 188,053 | 174,291 | 161,814 |
| GA, GB, Meet, WS, TR | 23,497 | 20,000 | 15,000 |
| IT Maintenance | 8,004 | 7,368 | 7,368 |
| IT Maintenance CHC | 3,845 | 3,845 | 3,845 |
| Office Facilities & f.o. | 42,166 | 42,166 | 42,166 |
| Miscellaneous | 12,923 | 8,000 | 8,000 |

10.000 € to Sc. Journal in case of Surplus

Budget 2014 (= previous 2013)

| | |
|-----------------------------------|----------------|
| Income Total | 278,511 |
| Member Fees (exp. 1000 PM) | 232,500 |
| IT Maintenance CHC | 3,845 |
| Office Facilities & f.o. | 42,166 |
| Costs Total | 278,488 |
| Staff | 188,053 |
| GA, GB, Meet, Workshop, Travels | 23,497 |
| IT Maintenance | 8,004 |
| IT Maintenance CHC | 3,845 |
| Office Facilities & f.o. | 42,166 |
| Miscellaneous | 12,923 |

GA Meeting May 22 - 2013 Gothenburg, Sweden

10.000 € to Sc. Journal in case of Surplus

Budget 2015 (increased fees)

| | |
|---------------------------------|----------------|
| Income Total | 306,362 |
| Member Fees (1000 members) | 255,750 |
| IT Maintenance CHC | 4,229 |
| Office Facilities & f.o. | 46,383 |
| Costs Total | 306,337 |
| Staff | 206,858 |
| GA, GB, Meet, Workshop, Travels | 25,848 |
| IT Maintenance | 8,804 |
| IT Maintenance CHC | 4,229 |
| Office Facilities & f.o. | 46,383 |
| Miscellaneous | 14,215 |

GA Meeting May 22 - 2013 Gothenburg, Sweden

10.000 € to Sc. Journal in case of Surplus



Advocacy, Publications and Tools

The HPH Secretariat reported it had completed 55 occasions of oral HPH advocacy and completed 21 papers since the last General Assembly.

Highlights on the list of scheduled advocacy events for 2013 included the WHO 8th Global Conference on Health Promotion in Helsinki (Finland) in June, IHF Conference in Oslo (Norway) in June and a Symposium at the IUHPE World Conference on Health Promotion in Pattaya (Thailand) in August.

The newest updates to the HPH website were also presented. Improvements included identification and correction of security issues and upgrades (following a hacker attack), scheduled CMS upgrades, CSS style sheet improvements, new generic HPH slides, new HPH welcome package, establishment of HPH FAQ, development of Partners & Links page and of a project zone for the WHO HP Networks group. Among the other developments were the implementation of Google Translate, as well as an online payment system (PayPal).

In terms of publications, the final version of the Letter of Intent for Affiliated Members was also presented. This document was approved by the GA.

Teaching and Training

The development of the new International Master of Clinical Health Promotion is on-going. Start-up was delayed by the need to describe curricula according to new International accreditation criteria. The Master is planned to start September 2014.

Other training activities organised by the HPH Secretariat in collaboration with local host were:

- WHO-HPH Winter School in Bangkok, Thailand, February 2012
- WHO-HPH Meeting, Tokyo, Japan, September 2012.
- WHO-HPH Autumn School in Bandung, Indonesia, October 2012
- WHO-HPH Summer School, Coordinators' Workshop and Newcomers' Workshop in Taipei, Taiwan, April 2012
- WHO HPH Summer School and Coordinators' Workshop in Gothenburg, Sweden, May 2013
- HPH Management School, WHO-CC, Copenhagen, Denmark, May 2013

GA thanked the HPH Secretariat and the Coordinators involved in making these events a reality and for the comprehensive and impressive programs and congratulated them on the successful developments so far.

WORKSHOP: NEW GLOBAL HPH STRATEGY (4)

HT chaired the second session of the day and presented the new Global HPH strategy: 2013-2015, developed by GB on the basis of GA, the HPH Secretariat and in-kind consultancy by Tune Hein Sørensen (who has been involved in the development of previous HPH Strategies). The 2013-2015 Strategy included four areas of priority, related actions and goals.



The GA was divided into 4 groups for the workshop session to discuss how to put the new strategy into practice and related recommendations: Implementation of HPH standards and indicators, Teaching and Training, Communication and Advocacy, and Research.

The results from the work in these groups are available in appendix to this report. The appendix include suggestions to be used by the National/Regional HPH Networks in the implementation process, and recommendations for the HPH Secretariat to facilitate the process.

HPH MOU PARTNERSHIPS (5)

WHO

Joanna Nurse presented the MoU developments and related strategic approach of WHO, who is committed to the HPH collaboration, which is illustrated by an oral presentation by Director, Dr. Hans Kluge at the HPH conference, where he will present H2020 and EAP PHS. The new HPH Strategy drew on these regional policies to identify HPH strategic priorities. HPH will play a key role in taking forward action in priority areas such as NCDs, partnerships, public health implementation and the H/HS.

There is evidence that health promotion and prevention of disease can help to prevent illness and have a positive impact on health care costs. The HPH approach can be used to change the 'business as usual approach' – that is, to reorient hospitals and health care services to prevention and health promotion. This approach should be used internationally in an effort to help reduce pressure on the health care system and costs. WHO is committed to continue alignment and collaborations to multiply impacts and scale up approaches – through HPH, the MoU and the WHO-CCs.

IHF

Hanne Tønnesen presented the MoU between HPH and IHF, which had been signed and will run for three years. The focus is on sharing of information, lessons learned and best practices as well as on collaborative activities for mutual benefit. Immediate projects include parallel sessions and workshops at the upcoming IHF Conference and an IHF keynote at the HPH Conference.

SEEHN

Joanna Nurse presented the developments within the SEEHN MoU framework. SEEHN is above all a platform for diplomacy in the SEE countries, and the SEHN and HPH partnership can bring about much needed change.

It is anticipated that the HPH/SEEHN collaborative model and projects can in future be scaled up to include HPH work in other regions in need of development. The model includes model hospitals and local health services (as demonstration centers) and MOH support. SEEHN has also just decided to have pages in the Clinical Health Promotion. (see the June 2013 issue).

ENSH

Esteve Fernandez presented the transition from TFU to MoU collaboration, which had been successful, and work is now ongoing according to MoU and related action plan. Likewise the outcomes from the TFU finalization process were positive and had by now been evaluated



by the ENSH General Assembly too – as would be presented by Ann O’Riordan under agenda item 8.

SCIENTIFIC PROJECTS (6)

Jürgen Pelikan chaired the session.

HPH PRICES

Christina Dietscher presented the developments. The analyses are practically finished and there will be some upcoming articles and publications this year. One will be on work place health promotion and organizational health promotion structures. Another is a global handbook on non-communicable diseases, where data from PRICES is used to show what activities are already on-going. Christina Dietscher’s PhD thesis on PRICES was finalized in December 2012.

VIP Project

Hanne Tønnesen presented the VIP (Very Important Patients) Project. Several patient groups are in likely to benefit from interventions that support them to develop skills to reduce their use of alcohol and/or other drugs. Nearly all individuals in the groups smoke as well, and most are overweight and physically inactive. It follows that chronic illnesses are over represented in this group because of the presence of key risk factors, so the VIP program is taking steps to develop health promotion interventions and medical support tailored to the specific risk factors. The study is almost finalised with about 400 patients screened and 240 included in the randomised clinical trial on the VIP programme.

Hartmut Berger is also working in this field with group of psychiatric patients who also show benefit from participating in the VIP programme.

WHO-HPH Recognition Project

Jeff Svane presented the project developments. The project focusses on health gain by implementation of health promotion in hospitals through quality management. 40 of the projected 88 clinical departments from a total of 8 countries had been included at the time of the GA – and some countries are in the pipeline to join. The group hopes for the support of the HPH networks to finalize recruitment.

The GA applauded the scientific projects for the work done.

Scientific Society

Hanne Tønnesen and Jürgen Pelikan presented the new initiative of a scientific society. The focus will be on research on HPH and advancement of further efforts. The society will be a dynamic international forum for exchange of knowledge and research.

Membership is for individuals and will be open to researchers and others who are interested in the field of health promotion. Members will be supported for their own professional development and education in the field of HPH, and will be able to easily identify colleagues and collaborators.



The cost will be €50 per year and €30 for young researchers (<35). 15% of income will go to support young researchers with free scientific workshops, HPH schools etc. The hospital management at Bispebjerg University Hospital has agreed to provide office facilities etc. for the Society Resource Centre.

HPH CONFERENCES AND BUDGETS (7)

2013: Gothenburg, Sweden (21st)

Margareta Kristensson and the local organizer presented the conference. The conference attracted about 800 participants and 227 participants for the pre-conferences. The conference will have a deficit because costs will be around 5 million SEK (~ € 575,000) and income will be around 3 million SEK (~€ 345,000).

It was noted that the fees for participating were relatively high. The GA urged future hosts to think critically about budgeting and attempt to keep prices low for higher attendance.

2014: Barcelona, Spain (22nd)

"Manuel Santiñà presented the plans for the HPH Conference that will take place in Barcelona from the 23th to 25th of April 2014 with the support from the Catalan Government and the Ministry of Health of Spain.

Regarding the budget, the estimated conference expenses to be €243,000. The registration fee will be kept as low as possible – especially for students and people from developing countries. The theme is not decided yet, but the scientific program will possibly revolve around health literacy, healthy workplace issues, health promotion in children and adolescents or patient empowerment."

2015 and beyond

Christina Dietscher presented the candidate hosts for conferences in 2015 and beyond. The Thai delegation gave a short presentation for 2016. Other countries which have declared potential interest included Australia (Victoria), Canada, Israel, Italy (Lombardia), Norway and Singapore.

The WHO-CC in Vienna will continue all communications and explorations of the candidates and opportunities – and all HPH networks are urged to consider hosting future conferences.

TASK FORCES & WORKING GROUPS (8)

On-going HPH Task Forces

HPH and Environment Task Force

Shu-Ti Chiou presented developments according to the terms of reference. Regarding the organisation, many partners are now collaborating, including 5 international organisations. The TF has produced a manual and have published in various relevant journals. The TF has participated in international conferences, including the UN (UNFCCC18) conference in South Africa and at the Climate Europe 2013 conference. The next steps include development of a



'best practice' library, finalization of the self-assessment form, and closer collaboration with Health care Without Harm as well as international visibility.

HPH with Children and Adolescents

Jim Robinson presented a report on progress. The main piece of work has been the work with children's' rights. The Spanish TF members have been very active and implemented the standards as well as ensuring translation into Spanish. Pilots in Tajikistan and Kazakhstan are now on the agenda, with 10 hospitals in each country taking part. A WHO-CC for children and adolescents in hospitals in Cork will be launched in June 2013. The TF invited all further interested parties to join the work.

Task Force on Migrant Friendly and Culturally Competent Health Care

Antonio Chiarenza presented a report on progress. The TF has worked since 2011 on a project to develop equity standards for all vulnerable groups, which created considerable international interest. The TF has attended many important conferences, such as in the Philippines (hosted by Asian European Organisation); Canada; USA (Diversity RX Conference); and Turkey (7th Conference on Quality in Health Care).

The TF published 2 book chapters and one article in a scientific journal. The TF continues it's collaboration with PROMOVAK (EU), COST/Action ADAPT (COST), EQUI-HEALTH (an IOM Project) and the Public Health Implications of Migration (WHO office in Venice). A pilot test of TF's standards was done in 2012 with 45 H/HS in 12 countries with positive results.

The TF asked the GA for an extension for the TF mandate, in order to finish the task at hand. As a logical step, the focus will now be to base the standards on evidence and in accordance with the ISQUA Criteria. This may modify the standards, thus time is need for requiring a second pilot test.

The GA appreciated the hard work involved in ensuring the required level of evidence is drawn into the design of the tool, and so the GA approved the TF extension for 2 years.

HPH in Psychiatric Settings

Hartmut Berger presented a report on developments. The TF hosted a very active pre-conference in Gothenburg. The TF had published a book chapter, entitled "Mental Health Promotion" (in The Handbook of Prevention, Rössler W, 2013). The TF also completed a study on diet management and still heads an on-going study on family interventions for schizophrenic patients.

The TF hopes to finish its mandate by publishing a handbook on mental health promotion by end 2014, at which point the TF will close. The TF asked to be extended for 1 year until then, which the GA approved, provided the TF sends in the documents needed for extension.

Health Enhancing Physical Activity in Hospitals

Mats Börjesson presented the progress of the TF. A pre-conference was run in Gothenburg with success. According to the term of reference, the TF's efforts had been divided in sub-areas with delegated responsibilities.

The TF will continue its work towards establishing the principals for physical activity in relation to hospitals, the ethical considerations related to giving lifestyle advice in hospitals and health services, the minimum standards for physical activity that HPH would recommend and other important projects. The TF will present results on these issues before the next GA.



The GA applauded the on-going work and the great effort put into the Task Forces.

HPH Task Forces closing down

TFU

Ann O’Riordan presented a report of progress. The TFU was extended for one year at the last GA, with a mandate to develop collaboration and advocate internationally. The key recommendations were that collaboration and synergy works, as does mobilization of health professionals, promotion of implementation of tobacco control from a holistic organizational perspective, usage of key performance indicators with ENSH and HPH as well as further advocacy.

A final report will be uploaded on the HPH website. With this the TF closed and continuation of efforts will continue under the ENSH/HPH MoU, as agreed.

The GA approved the closure of TFU.

Alcohol and Alcohol Interventions (Finished before original intended)

Sverre Nesvåg presented a report on the work. The TF had published a book on how the alcohol standards are relevant. The TF had managed to collect relevant information in a database and managed to initiate contacts to many relevant collaborators. A review has displayed similar results on screening interventions. The TF presented it’s results at the conference.

Although the TF had one year more to complete its work, the TF emphasized that it had now created a base for the further work, and so it had decided to close. This was approved by the GA.

New HPH Task Force

Age Friendly Health Care Task Force

Shu-Ti Chiou presented the proposal for approval of transition from the current Working Group into a Task Force on age-friendly health care to promote health, dignity and participation. The conference programme included a symposium on the topic, which was explained along with proposed budget.

The GA applauded this proposal and noted that many hospitals and health services are likely to be interested in joining in on the work program. It was also noted that the proposal fits into the HPH standards.

The TF was approved by the GA.

AOB (9)

The GA discussed the need for a formalized way to utilize competences of people that are leaving HPH as they retire from various roles. One suggestion was for these individuals to have an emeritus status on the Governance Board for instance, or in the new scientific society or a similar forum. The GB will take this initiative forward.

There was no other business.

CLOSURE (11)

Shu-Ti Chiou thanked the General Assembly and all participants for a good meeting and active discussions and closed the HPH GA 2013.



APPENDIX

Agenda

Chair: S Chiou

- 09:00 – 09:10 **1. Official welcome** /S Chiou
- New Networks & Observers
- 09:10 – 09:30 **2. Governance Board** /S Chiou
- Progress Report, incl. finalization of HPH Strategy 2011-2013: Growth & Member Care, Visibility & Publication, Partnerships & Affiliated Members, Qualitative Growth
 - HPH Awards
 - HPH Action Plan
- 09:30 – 09:50 **3. International HPH Secretariat** /H Tønnesen, J Svane, T Bern Jensen, I Nielsen
- Progress Report, incl. member status, budget & balance, advocacy, publications, teaching/training & other developments
- 09:50 – 10:10 **COFFEE BREAK**
- Chair: H Tønnesen
- 10:10 – 11:40 **4. Workshop: New Global HPH Strategy** /H Tønnesen
- Workshop, presentation and discussion in plenum
- 11:40 – 12:20 **5. HPH MoU Partnerships**
- WHO /J Nurse
 - IHF /H Tønnesen
 - SEEHN /S Chichevalieva
 - ENSH /E Fernandez (ENSH-Global)
- 12:20 – 13:20 **LUNCH**
- Chair: J Pelikan
- 13:20 – 13:40 **6. Scientific Projects**
- HPH PRICES /J Pelikan, C Dietscher
 - VIP Project /H Berger, H Tønnesen
 - WHO-HPH Recognition Project / J Svane
- 13:40 – 14:00 **7. HPH Conferences and Budgets**
- 2013: Sweden /M Kristenson
 - 2014: Barcelona /M Santina
 - 2015 and 2016 /J Pelikan
- 14:00 – 14:15 **COFFEE BREAK**
- 14:15 – 15:40 **8. Task Forces & Working Groups – Overview, closures, extensions and progress**
- HPH Taskforce on Health Promotion with Children and Adolescents / J Robinson
 - Migrant Friendly & Culturally Competent... (2008-2012, applying for extension) /A Chiarenza
 - Tobacco Free United (2008-2012, transition to MoU) /A O’Riordan
 - Psychiatric Health Care Settings (2009-2013)/H Berger
 - Alcohol and Alcohol Intervention (2009-2013) /S Nesvaag
 - HPH & Environment (April 2010 – 2014) /S Chiou
 - Health Enhancing Physical Activity in H/HS (2012-2016) /M Börjesson
 - Proposal for new TF on HPH and Age-Friendly Health Care /S Chiou



15:40 – 15:50 **9. AOB**

15:50 – 16:00 **10. Closure** /S Chiou

Notes from the Workshop

Global HPH Strategy 2013-15 Four areas of priority

- Implementing WHO-HPH Standards & Indicators for HP in H&HS (EPHO 1-6)
- Health Protection, Health Promotion incl patient safety, Rehabilitation incl NCD
- Training & Education to assure competences for HP in H&HS (7-8)
- Communication & Advocacy for HP in H&HS, incl HPH growth (9)
- Advancement of ClinHP Research to inform policy and practice (10)

Workshop: Discussion in groups

1. How to put it into practice?
2. What will the group recommend?

Group 1: Implementation WHO-HPH Standards & Indicators for HP in H&HS

How to put into practice

- Need local/network champion to link with HPH Sec.
- Make connection between administrative and clinical level
- N/R HPH Networks to be responsible for identifying work of the international interest and informing WHO-CCs
- Local hospital committees – focus on becoming more effective

Recommendations

- Value of medical champion to make connections between hospitals (study group and committees)
- Clearer definition of the responsibilities of co-ordinators
- The Prices Study should be broader disseminated
- Importance of adapting the HPH Standards and other tools for non-hospital services

Group 2: Training & Education to assure competences for HP in H&HS

How to put into practice:

- Have online links to conference plenary sessions (including slides)
- National/ regional dissemination of links
- Make e-learning tools from all N/R Network available online
- Recruit Affiliated Members such as universities, schools etc.

Recommendations:

- ✓ Make all documents available for Google translator
- Collaboration with other networks

Group 3: Communication & Advocacy for HP in H&HS, incl HPH growth

How to put into practice:

- Articulate the value of HPH to H&HS and explicit to policymakers
- Intensify communication with R/N governments, incl cost-effect
- Recruit more stakeholders from medical associations etc.
- Disseminate successful implementation of HPH in other countries
- Joint campaigns carried out at the local H&HS level
- Collaboration btw H/HS, Universities & local health authorities
- Use technology to share best practices and involve more people



Recommendations:

- Review barriers of hospitals to join International HPH Network
- MoU's with strategic international partners
- Strategy for non-hospital member recruitment
- More WGs for A) Health services B) Marketing & Communication
- Get professional credits for participation, education, learning (2 ECTS points)

Group 4: Advancement of Clinical Health Promotion Research to inform policy and practice

How to put into practice

- Develop and improve evidence – concerning HPH standards and care pathways
- TF responsible of priority no. 4
- Hospitals should disseminate research results
- Use conferences and the Scientific HPH journal as the source of knowledge

Recommendations

- New standards developed and implementation process described
- Develop policy recommendation from the Int. HPH Conference

