

MEETING REPORT (NOVEMBER 2013)

GOVERNANCE BOARD MEMBERS

DR SHU-TI CHIOU (TWN) (Chair)
DR RAFFAELE ZORATTI (ITA) (Vice Chair)
DR SALLY FAWKES (AUS)
DR TIJU HARM (EST)
DR HELI HATONEN (FIN)
Dr MANEL SANTINA (ESP)
DR SOMSAK PATTARAKULWANICH (THA)
DR ELKE JAKUBOWSKI (WHO EUR)
PROF JUERGEN PELIKAN (WHO CC)
PROF HANNE TONNESEN (HPH SECRETARIAT, WHO CC)

PRESENT AT MEETING

DR SHU-TI CHIOU (Chair of Morning Session)
DR RAFFAELE ZORATTI (Via WebEX video link)
DR SALLY FAWKES
DR TIJU HARM
DR HELI HATONEN
Dr MANEL SANTINA (Suppl. Chair of Morning Session)
DR ELKE JAKUBOWSKI (Via WebEX video link)
PROF JUERGEN PELIKAN (Chair of Afternoon Session)
PROF HANNE TONNESEN

HPH Secretariat Rapporteur #1: JEFF KIRK SVANE
HPH Secretariat Rapporteur #2: THOR BERN JENSEN

APOLOGIES

DR SOMSAK PATTARAKULWANICH

ACCEPTANCE OF PREVIOUS MINUTES

Minutes of meeting held on 27 September 2013 - accepted.

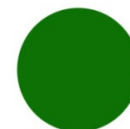
BUSINESS ARISING FROM MINUTES

Included on this meeting's agenda.

1) GB PROGRESS SUMMARY

In the area of Growth & Member Care, a good and steady growth rate had been secured. Additionally it was noted that many upcoming countries are in the pipeline too. Also, new procedures regarding non-payer support had been implemented as well as the first stages of new and leaner administrative/payment initiatives - such as the new CRM, PayPal options etc. Regarding Visibility & Publication, improvements had been made to websites and online resources. Further, a good level of presence internationally had been maintained at both policy-level, in research and otherwise.





Concerning Partners & Affiliate Members, the strong core partnerships under MoUs (WHO, SEEHN, IHF, ENSH) had been beneficial and progressed according to related action plans. The Affiliated Member Framework had also been implemented, but it was noted however that these possibilities within the countries still need a push.

In Qualitative Growth, the new Global HPH Strategy for 2013-2015 had been finalized and distributed to all membership and partners. The period's HPH Schools, Newcomer's Workshop, Coordinators' Workshop, Management Schools etc. had all been conducted successfully according to schedule.

Likewise the 2011-2012 HPH Progress Reports for National / Regional Networks and HPH Task Forces, had proved very rich in terms of key insight on qualitative improvements and progress worldwide. The agreed developments within the new Clinical Health Promotion Society were progressing on schedule, with full launch planned for the HPH Conference in Barcelona in 2014. The GB agreed on the progress summary.

2) MEMBER RATIFICATION AND APPROVAL OF NEW N/R NETWORKS

Two new members were ratified by the GB:

- Municipal Health Directorate, Ghana
- Saitama Cooperative Hospital, Japan

The GB discussed strategies for Americas and Africa. It was decided to continue having a GB Focal Point for each strategic area (portfolio), but now each should create a Working Group inviting in members of the GA to support the work and part take actively in the task at hand.

GB members in charge will initiate the process for their portfolio area.

The portfolio responsibilities, agreed by the GB previously, are as follows:

Portfolio Strategy	GB Member(s)
Visibility & Publication	Shu-Ti Chiou
Partners & Affiliate Members	Manel Santiñà
Qualitative Growth	Raffaele Zoratti, Heli Hatonen
Growth & Member Care	Sally Fawkes

The GB also decided to further develop the HPH Entry Form for new members into a version for existing members. The secretariat will develop and the N/R Coordinators should then pass out to help find out more about experienced benefits of membership.

In the case of Italy, Rafaele Zoratti agreed to help the Secretariat find a new National Coordinator. The Secretariat will send RZ:

- a draft letter for revision and distribution so as to identify a person
- a statement of the pending fee situation in Italy

3) FINANCIAL REPORT

The situation with non-payers was still very severe with an expected balance with a negative surplus of more than 40.000 Eur. The secretariat had reduced the expectations as soon as realities became evident. Per January 1 staff reductions would take place and Secretary, Irene Nielsen, will no longer be working at the Secretariat.





The capital region of Copenhagen continues its strong support with office facilities IT etc. Payments have been promised by Australia, Canada, Indonesia, Netherlands, France, Czech Republic and the US. If this comes true the negative surplus will end up at around 24,000 Eur. The number of payments missing in 2012 was not much different from 2013, but in 2012 there was a positive surplus from previous years to counter it.

With the reductions in staff, along with reductions in other expenses it is expected that 2014 will once again balance the books with an end positive surplus of around 3,000 – 4,000 Eur.

The GB approved the budget and balances and agreed that the Secretariat should hire a new Secretary, as soon as money allows it in 2014. The GB then discussed new initiatives relating to payment, which hold potential to improve the situation. It was agreed to open up a possibility for full Letter of Intent duration payments (4 year payments). It was also agreed to explore member country donations.

4) WHO

Dr Elke Jakubowski was welcomed by the GB, as she was new in her position with the Division of Public Health Systems and WHO Europe and as the new focal point for HPH. Dr Jakubowski then gave a short presentation of the WHO Europe Office's work and collaborations with HPH and the related expectations. She expressed WHO's gratitude to the WHO CCs in Copenhagen and Vienna and to the many dedicated countries working actively with HPH. WHO is very happy to support and collaborate with HPH, and HPH is one of the strongest partners in both the division of Public Health Systems and the division of Division of Non-communicable Diseases and Health Promotion.

Dr Jakubowski then shortly noted:

- the recent meeting in Montenegro of the SEEHN, where HPH is also a key partner, and in which setting many exiting HPH developments are on the way. It is clear that HPH is a very visible international entity deeply appreciated by all partners.
- the meetings that had been held with the WHOCCs, and here the valuable input and warm welcome given had helped her up to speed on all details.
- the recent meeting in Tallin Estonia where HPH had been very visible and shown impressive national-level results.
- how capacity building initiatives and the HPH Recognition Project are impressive and useful examples of the highly important work conducted under the HPH umbrella – as work in for instance the Czech Republic is underlining.
- the core role HPH and the WHOCC has played in the Synergy of HP Networks effort, and she noted that more steps will be taken to continue this work.

Dr Jakubowski concluded that hospitals can really be key carriers of the HP message to other care entities and to other relevant entities, and HPH has proven a capable organization and a perfect way of doing just that – so HPH is truly a very important platform not only in Europe but everywhere.

5) ACTION PLAN

The Secretariat went through the HPH Action plans for the past and the future period. All GA and GB activities had been carried out as planned. Also the HPH Awards had been successful, and the call for awards entries for the next period would be circulated to all membership on December 1 as would possibility for GB to sign up as judges.

In IT, scheduled updates were expedited and security issues solved. Online payment had been opened, graphics had been improved, search capabilities, news slider and more.

Some changes did take place due to the site hack, which meant postponing new developments such as e-learning. Member and country view is ongoing and is hoped to be back to normal in February.





New documents were on schedule and so was the scientific journal, the recognition project, and progress reporting for networks and task forces.

Development of a new HPH info leaflet and a new HPH brochure was postponed. For actions related to partner organizations (MoU) items, most had been completed on time and the remainder transferred to the new plan as agreed. Further actions of the new period with WHO will be specified in an upcoming meeting. The ENSH collaboration is missing an official action plan, since collaboration was previously under the TF. This action plan will be detailed in a forthcoming meeting.

Development of the new strategy was delayed two months, but is completed, and the new related action plan draft (2013-2015) was discussed. The four priority areas had been added, and the GB will add the detailed actions once the working groups under each portfolio area have been established. The WHO HPH MoU actions would be elaborated at the forthcoming meeting with WHO. The GB approved the completion of the HPH Action plan for the past period and the draft plan for the future period.

6) GB ELECTION (PLANNING)

The GB decided that unpaid fees will mean one is not eligible for a GB seat.

All GB will be up for re-election, except Shu-Ti Chiou and Sally Fawkes who have served two terms. The GB discussed the importance of having good geographical representation of the membership within the GB. It was agreed that this should be encouraged and that potential candidates from areas that will potentially be under-represented should be approached and asked to run for a seat.

7) CONFERENCES

For Barcelona, it was decided to raise the non-member conference fee, so it is financially advantageous to be an HPH member.

In 2015, Australia and Israel are possibilities. Also, Norway and Singapore have declared interest. The GB also decided to approach the SEEHN and invite them to think about the possibility of having the conference in a SEE country.

It was noted that any applicant for 2015 must have a proposal ready for the GA in Barcelona in order to be on time. The WHOCC in Vienna will be in close contact with all of them.

8) HPH PARTNERS

For each of the MoU partners, good developments were taking place according to schedule. For SEEHN, the new project on an HPH Model for South-Eastern Europe was well underway and had been formally approved by all the ministries. This project will set up small national HPH networks and a full structure to support and anchor these in each country. It also includes reporting components and a clear view to up-scaling efforts if they prove successful.

For IHF, good discussions had been had and HPH had attended the IHF Congress in Oslo and the Brazilian IHF meeting in October. The partnership is very fruitful and the message from IHF is that the HPH partnership is really seen to add value to IHF membership on a technical level.

The ENSH partnership had no formalized action plan yet. It was agreed to invite ENSH for a meeting to formalize this, in order to put the MoU into concrete action.

On the topic of new partnerships, it was discussed to initiate work with the International Academy for Design & Health as well as with IUHPE. For both potential partners, the GB decided to set up a





working group to uncover potential areas of synergy and collaboration and at the same time ask them to join the HPH conference in Barcelona.

9) HPH GLOBAL STRATEGY DEVELOPMENT – BEST PRACTICE APPROACH

A proposal was discussed to make improvements to the process of developing new Global HPH Strategies. The GB has always played a key role in HPH strategy development: For the first ever Global HPH Strategy in 2009-2010, the process entailed GB development after a short course on the topic and a workshop session – provided by the Secretariat. The second time a Global Strategy was produced, in 2011-2012, the process was altered slightly when the GB decided to bring in professional strategy consultant, Mr Tune Hein (who at that point was already knowledgeable about HPH, the challenges and the history) and who agreed to undertake the task without a salary. Still, however the GB made all major decisions and priorities. The third time, now in 2013-2015, a combined approach was used, where the GB made the strategic decisions and decided on key focus areas and priorities, and Tune Hein and the Secretariat then made the draft. This draft was then discussed by the GB and the relevant changes were made.

The GB discussed that a best practice approach for Global HPH Strategy development could be made for use in making future strategies. There are many options, and it was agreed that such a best practice approach should be addressed in two years' time, when the process begins again for the next Global Strategy.

10) COMMUNICATION, ADVOCACY, TEACHING, TRAINING AND RESEARCH

A suggestion for the Newcomers' Workshop was discussed, and it was decided to develop and add small videos of N/R Coordinators explaining the benefit of HPH and the work of their network in brief. These could also be added to the website. During the Newcomers' it was also decided to have the delegates fill out entry forms and discuss their answers during the session.

For HPH Schools, Tiiu Härm informed of the recent School in Estonia, which had been a great success (see details in appendix).

The GB also discussed ideas of topics for future HPH Schools. The ideas included new ways of care outside the hospital "hospital in the home", patient organizations and how-to-do HPH in real life.

As for the social media presence of HPH, the GB discussed the LinkedIn progress, and it was decided to link also to each of the HPH LinkedIn subgroups (based on country, usually) from the HPHNET website. The HPH LinkedIn group is up to 646 members in 41 countries by now.

The GB also discussed the progress of the Scientific Journal of Clinical Health Promotion and the newly launched Scientific Society. The Scientific Society's official webpage had by now gone live and it features a possibility for web-payment of the membership fee. The society will also have a workshop in Barcelona, aimed at young researchers and how to write abstracts for HPH conferences, and a formal type of launching ceremony.

11) AWARDS & PRIZES

It was agreed that it had been overall successful and that the main benefits had been increased visibility and interest. Also, it was noted that the winners are genuinely happy to be picked. Practically it was also agreed that the Conference's Galla Dinner is a good place for the ceremony to be held. It was also noted that the number of entries has grown a lot each year, and this will hopefully continue.

A few issues had been problematic with the judging process. For instance, the administration should be leaner, physical entries proved to be too cumbersome in sending around for judging and the





geographical spread of entries had so far been too limited. These problems have by now all been addressed and needed changes made. The Secretariat would send out the call for entries on December 1 and GB members will be invited to judge entries, as per the schedule.

12) PROPOSAL TO CHANGE OF GB DOCUMENT FORMATTING

Sally Fawkes presented a proposal to improve formatting of GB meeting documents. It was agreed that some changes proposed could improve readability and ease of use, while others might pose a challenge in terms of more administration and less flexibility. The Secretariat would follow up accordingly.

13) MEETINGS IN SPRING 2014

The GB decided to meet two times before the GA in April. The Secretariat will send out a doodle to set up the meeting dates in spring 2014 and the GB members will reply ASAP so all can reserve the dates accordingly.

14) AOB

It was discussed that HPH as an organization has to do more to work and be visible in the area of health services and non-hospitals – as part of this, a partnership should be formed with WONCA.





Attachments

Finances

GA approved 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	232,500	220,000	202,500
IT Maintenance CHC	3,845	3,845	3,845
Office Facilities & fo.	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 & fo.	42,166	42,166	42,166
Miscellaneous	12,923	8,000	8,000

10000 € to 40 journal case of surplus

	20-Budget 2013	Balance Jan-Oct	Exp Balance 2013	+Lohn-Cen-O Indov(1) + Fr Co Rep +05
Expected Balance 2013				
Income Total	248,511	184,221	210,890	230,067
Member Fees	202,500	145,878	164,879	-19,177
CHC: IT, Offices &FO	46,011	38,343	46,011	
Costs Total	238,193	200,551	243,625	243,625
Staff	161,814	130,816	159,783	
GA, GB, Meet, WS, TR	15,000	11,805	13,928	
IT Maintenance	7,368	10,146	11,101	
IT Reconstruction (sax)		7,660	10,546	
CHC: IT, Offices &FO	46,011	38,343	46,011	
Miscellaneous	8,000	1,781	2,256	
Balance 2013	10,318	-16,330	-32,735	-13,558
Surplus 2012	-10,318	-10,318	-10,318	-10,318
Surplus 2013	0	-26,648	-43,053	-23,928

Presented at GA Meeting 27-09-2013			
	20-Budget 2013	Balance Jan-Aug 2013	Exp balance 2013
Balance Jan-Aug 2013			
Income Total	248,511	158,574	214,611
Member Fees	202,500	127,900	168,600
CHC: IT, Offices &FO	46,011	30,674	46,011
Costs Total	238,193	163,889	246,826
Staff	161,814	108,058	165,049
GA, GB, Meet, WS, TR	15,000	10,928	11,863
IT Maintenance	7,368	6,660	11,101
IT Reconstruction (sax)		6,813	10,546
CHC: IT, Offices &FO	46,011	30,674	2,256
Miscellaneous	8,000	756	46,011
Balance 2013	10,318	-5,315	-32,215
Surplus 2012	-10,318	-10,318	-10,318
Surplus 2013	0	-15,633	-42,533

	Balance 2012	Exp Balance 2013
2012 versus 2013		
Income Total	206,273	210,890
Member Fees	164,445	164,879
CHC: IT, Offices &FO	41,828	46,011
Costs Total	230,775	243,625
Staff	157,848	159,783
GA, GB, Meet, WS, TR	14,555	13,928
IT Maintenance	10,673	11,101
IT Reconstruction (sax)		10,546
CHC: IT, Offices &FO	5,871	46,011
Miscellaneous	41,828	2,256
Balance	-24,502	-32,735
Surplus prev year	14,184	-10,318
Surplus	-10,318	-43,053

	20-Budget 2013	Balance Jan-Aug	Balance Jan-Oct
Balance Jan-Oct 2013			
Income Total	248,511	158,574	184,221
Member Fees	202,500	127,900	145,878
CHC: IT, Offices &FO	46,011	30,674	38,343
Costs Total	238,193	163,889	200,551
Staff	161,814	108,058	130,816
GA, GB, Meet, WS, TR	15,000	10,928	11,805
IT Maintenance	7,368	6,660	10,146
IT Reconstruction (sax)		6,813	7,660
CHC: IT, Offices &FO	46,011	30,674	38,343
Miscellaneous	8,000	756	1,781
Balance 2013	10,318	-5,315	-16,330
Surplus 2012	-10,318	-10,318	-10,318
Surplus 2013	0	-15,633	-26,648

	Balance 2012	Exp Balance 2013	Budget 2014
2012 versus 2013			
Income	206,273	210,890	278,511
Member Fees	164,445	164,879	232,500
CHC: IT, Offices &FO	41,828	46,011	46,011
Costs Total	230,775	243,625	278,488
Staff	157,848	159,783	188,053
GA, GB, Meet, WS, TR	14,555	13,928	23,497
IT Maintenance	10,673	11,101	8004
IT Reconstruction (sax)		10,546	
CHC: IT, Offices &FO	41,828	46,011	46,011
Miscellaneous		2,256	12,923
Balance	-24,502	-32,735	28
Surplus prev year	14,184	-10,318	
Surplus	-10,318	-43,053	





Budget 2014 Rev	Gr Balance 2013	Budget 2014
Income	210,890	246,011
Fees (800 payers)	164,879	200,000
CHC-IT, Offices &FO	46,011	46,011
Costs Total	243,625	242,015
Staff	159,789	170,000
GA, GB, Meet, WS, TR	19,928	14,000
IT Maintenance	11,101	8004
IT Reconstruction (xxx)	10,546	
CHC-IT, Offices &FO	46,011	46,011
Miscellaneous	2,256	4,000
Balance	-32,735	3998
Surplus prev year	-10,318	
Surplus	-43,053	

**Networks for termination now:
2012 due fees**

Australia Victoria	3000
France	Revised
Italy Campania	3750
Italy Lombardia	17250
Italy Piemonte	5500
Italy Tuscany	4000
Total	33500

Term, Jan 2014	Due	Paid
Australia Victoria	6750	0
Canada Ontario	1000	0
Czech Republic	1500	0
France - Revit	4000	0
Germany - Revit	?	0
Greece - Revit	15500	0
Indonesia	1800	0
Italy Trentino	3500	0
Italy C+L+P+T	30500	0
Poland - Revit	750	3450
Portugal	500	0
Switzerland	6750	0
U.S Con	377	133
U.S Pen	500	0
Total	73427	3583



HPH Autumn School in Estonia

Strengthening the Partnership between Public Health and Health Care System

Date: September 30th, 2013 ~ October 1st, 2013

Venue: Hotel Europa, Tallinn, Estonia

Agenda

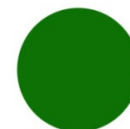
Day 1 30.Sep.2013	Venue Hotel Euroopa, Conference Hall "Lääne-Euroopa", Paadi 5, Tallinn
09:30–10:00 Registration, Opening coffee	
10:00–10:15 Opening Remarks - Dr. Shu-Ti Chiou / Dr. Tiiu Härm	
Session 1	
Moderated by <i>Dr. Shu-Ti Chiou, Director-General, Health Promotion Administration, Taiwan</i>	
10:15–11:05 Strengthening the Partnership between Public Health and Healthcare system for Better Value and Sustainability , <i>Dr. Shu-Ti Chiou, Director-General, Health Promotion Administration, Taiwan</i>	
11:05–11:20 Healthy Exercise (video 10 min) & Refreshment	
11:20–11:50 Application of Health Promotion Tools in HPH, <i>Dr. Ming-Nan Lin, Director, Department of Family Medicine, Buddhist Dalin Tzu Chi Hospital, Taiwan</i>	
11:50–12:20 Health Promotion in Rehabilitation Hospital – a success story from Lithuania, <i>Dr. Vilma Levinger, Palanga Rehabilitation Hospital, Lithuania</i>	
12:20–12:35 Discussion	
12:35–13:35 LUNCH TIME	
Session 2	
Moderated by <i>Dr. Tiiu Härm, Coordinator of the HPH Network of Estonia, National Institute for Health Development</i>	
13:35–14:25 Health Promotion in Mental Health Settings , <i>Dr. Hartmut Berger, The leader of Task Force on Health Promoting Psychiatric Services, Germany</i>	
14:25–14:35 Discussion	
14:35–14:50 Healthy Exercise & Refreshment	
14:50–15:40 Age-Friendly Health Care and Health Promotion – Framework, Standards & Recognition, <i>Dr. Shu-Ti Chiou, Director-General, Health Promotion Administration, Taiwan</i>	
15:40–16:10 Implementation of Age-Friendly Health Care in Ditmanson Medical Foundation Chia-Yi Christian Hospital, <i>Dr. Yu-Chen Chang, Director, Department of Community Health, Chia-Yi Christian Hospital, Taiwan</i>	
16:10–16:40 DREAMING (Elderly –Friend Alarm Handling and Monitoring) Project, <i>Dr. Kai Sukles, Head of Clinic of the Internal Medicine, East-Tallinn Central Hospital</i>	
16:40–16:55 Discussion	
DINNER	
Day 2 01.Oct.2013	Venue Hotel Euroopa, Conference Hall "Ida-Euroopa", Paadi 5, Tallinn
Session 3	



HPH Governance Board Meeting Report DRAFT

29 November 2013, 09.00 to 17.00

WHO CC, Frederiksberg Hospital, Nordre Fasanvej 57,
Building 14, Entrance 5, 2000 Frederiksberg, Denmark



International Network of
HHealth
PPromoting
HHospitals & Health Services

Moderated by *Dr. Ülle Ani, lung physician, Tartu University Hospital, Estonia*

09:00–09:50 **Promoting Cancer Screening in Routine Health Services**, *Dr. Tung-Hao Chang, Director, Tumor Center, Changhua Christian Hospital, Taiwan*

09:50–10:20 **Implementation of Tobacco Free Health Services**, *Dr. Chi-Hua Yen, Director, Department of Family Medicine, Chung Shan Medical University Hospital, Taiwan*

10:20–10:35 Refreshments

10:35–11:05 Preoperative smoking cessation counselling in Hospital District of South Ostrobothnia, *Mrs. Reetta-Maija Luhta, Coordinator of Smoking Cessation Services, Seinäjoki Hospital, Finland*

11:05–11:35 Depression and anxiety as risk factors for failure in smoking cessation attempt among personnel of Tartu University Hospital 2010-2012, *Dr. Ülle Ani, Lung Physician, Tartu University Hospital, Estonia*

11:35–12:00 Group Discussion

12:00–12:30 Feedback

Moderated by *Dr. Shu-Ti Chiou, Director-General, Health Promotion Administration, Taiwan / Dr. Tiiu Härm, Coordinator of the HPH Network of Estonia, National Institute for Health Development*

12:30–13:30 LUNCH TIME

Session 4

Venue Tallinn Children's Hospital, Tervise 28, Tallinn

Moderated by *Dr. Lagle Suurorg, Head of Quality Management, Tallinn Children's Hospital, Tallinn*

14:00–16:00 Presentations in Tallinn Children's Hospital

14.10–14.40 Introduction and overview about Tallinn Children's Hospital, *Dr. Katrin Luts, Head of the Board of Tallinn Children's Hospital*

14.40–15.00 Children's mental health in Estonia, *Dr. Anne Kleinberg, Head of Psychiatric Clinic*

15.00–15.20 Success in the care of children with meningocele, *Dr. Ann Paal, surgeon*

15.20–15.40 20 years of Tallinn Children's Hospital Foundation, *CEO Mrs. Inna Kramer*

15.40–16.00 How fulfilling dreams can offer emotional support and stress-relief to ill children and their family members, *Director and Co-founder Ms. Marianne Bruhn, Charity Foundation „Individual Dream Day“*



CLINICAL HEALTH PROMOTION CENTRE



Alcohol / Drugs

Tobacco

Nutrition

Physical Activity

Co-morbidity

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