



Meeting Report

15th meeting of the HPH General Assembly

6th of May 2009, Crete, Greece

**Edited by Jeff Svane, Technical Officer
International HPH Secretariat**



Abstract

The HPH General Assembly (GA) 2009 was organized by the International HPH Secretariat as the 15th 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 the 6th of May 2009 in Crete, Greece.

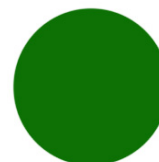
The GA meeting included the welcoming of three new HPH National/Regional Networks and the presentation of progress reports from the organizational bodies of the International HPH Network: the Governance Board (GB) and the International HPH Secretariat (HPH Secretariat).

The main purposes of the GA meeting were the official decision concerning the Memorandum of Understanding with WHO, the discussion of and workshop concerning implementation of the HPH Strategy as well as decisions on new Task Forces and Working Groups.

Another main purpose was to address the important questions of what constitutes a Health Service within the HPH Network and, accordingly, what the enrolment procedures and fees should be.

Additionally, the GA attended to the issue of the HPH Evaluation Project, the HPH Data Project and also agreed upon the organization of the International HPH Conference 2010 in England. Further, the GA undertook the preliminary discussions of organization and location of the HPH Conference 2011 and 2012.

The participants of the GA meeting were Coordinators of National / Regional HPH Networks, HPH Task Force Leaders, two observers from upcoming networks, representatives from the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals and the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care. WHO representatives were excused.



OFFICIAL WELCOME	4
GOVERNANCE BOARD	4
GB Progress Report 2008-2009	4
Action Plan 2009-2010	6
INTERNATIONAL HPH SECRETARIAT	6
Progress Report for the HPH Secretariat	6
Pilot projects	8
HPH NETWORK & WHO PARTNERSHIP	8
TASK FORCES AND WORKING GROUPS – OVERVIEW	9
Proposal for new Task Forces	9
Existing Task Forces and Working Groups	9
HPH NETWORK ON THE WORLD MAP – HEALTH SERVICE DEFINITION, ENROLMENT AND FEES	10
WORKSHOP: HOW TO IMPLEMENT THE HPH STRATEGY	11
Exchange of experience and knowledge about opportunities and challenges	11
EVALUATION PROJECTS	11
Evaluation project on HPH (PRICES HPH)	11
Evaluation on HPH DATA	12
HPH CONFERENCES	12
2010: Manchester, England	12
Future Conferences	13
ATTACHMENTS	14
Workshop on how to implement the HPH Strategy	14



OFFICIAL WELCOME

Governance Board Chairman and local host, Yannis Tountas, welcomed and informed about the agenda of the GA meeting.

New Networks: Pennsylvania, Calabria, Connecticut

Yannis Tountas welcomed the three new National/Regional Networks from Pennsylvania (Matthew Masiello), Connecticut (Susan Frampton) and Calabria (Andrea Guerzoni).

Furthermore, he welcomed the two observers from upcoming N/R Networks; Gary Cook from England, and Jane Judd from Victoria, Australia.

GOVERNANCE BOARD

GB Progress Report 2008-2009

Yannis Tountas informed about the main activities of the GB since last General Assembly. The GB had followed up on the decisions from the GA regarding Constitution, MoU, HPH Strategy and the Action Plan for 2008-2009.

After the GB election at the GA in 2008, the GB had a short meeting, and elected Chairman (Yannis Tountas) and Vice Chairman (Louis Coté). The HPH Constitution and the way the various HPH Network entities have been working and cooperating was discussed.

The GB also met in Copenhagen, November 2008, where the revisions from WHO of the MoU were considered and approved. Furthermore, the collaboration with strategic partners was discussed, the HPH Strategy for 2008-2009 and the areas of responsibility for each member of the GB. To meet the priority to the strategic focus area concerning quantitative growth, it was decided to allocate a part of the budget surplus to employ an extra member of staff at the International HPH Secretariat (Technical Officer, Andrew Bryan). More issues were discussed including finances, projects and working groups, collaborations with international organizations such as ENSH and ISBM and lastly the Scientific Journal on HPH. A GB Working Group was established, and this group is now working on exploring the Scientific Journal issue further.



Concerning the HPH Strategy, the GB took the overall framework from the GA in Berlin, which prioritised Quantitative Growth, Partnerships and Alliances and lastly Standards and Indicators.

Yannis Tountas also mentioned the HPH brochure, which was reprinted and sent out to all N/R Networks and Individual members etc. He mentioned that the HPH Library is now online and working well, with more and more additions (articles, publications etc.) from the Network every month. After this more overall update, Yannis Tountas then went on to look at the prioritised areas of the HPH Strategy.

Growth and External Communication Strategy

Yannis Tountas presented the HPH Strategy and the quantitative growth goal of 100 netto members in 2009, which is detailed in the recently developed External Communication Plan. The GA then voted on the External Communication Plan, and the document was accepted by a majority vote. In relation to the External Communication Plan, there is an Advocacy Toolbox, which is already in the making. So far the toolbox contains only existing material, but it will be updated with new material accordingly in due time. The first version of the toolbox will be on the HPH website in June 2009.

Partnerships & Alliances

The GB previously decided that a communication plan regarding partnerships and alliances should be developed. The first draft will be distributed to the GA for comments in June 2009 together with a supportive information package. Furthermore, the GB will produce draft guidelines or a strategic policy for this area during the next couple of months, and this will then be communicated to the GA.

The GB working group on this issue will commence its work in the near future, and the members include Irena Misevicine, Zora Bruchacova and Christina Dietscher.

Standards and Indicators

Standards and indicators is the third strategic issue. Firstly, there is the advice on the SAT as HPH criteria for membership. Secondly, there is the pilot test of online SAT reporting, which is now on the homepage and working well. The pilot test countries were Taiwan and Estonia



(see HPH Secretariat Progress Report below). Also, a GB working group on standard revision is in place, and it will commence its work in the near future.

Action Plan 2009-2010

Yannis Tountas finalized the GB presentation by mentioning future issues of key importance:

- The HPH Strategy nationally, regionally and locally.
- Growth – not only quantitatively but also qualitatively. The toolbox will be a good help in that regard.
- Partnerships and alliances.
- The joint publication of the HPH Constitution and the MoU.

INTERNATIONAL HPH SECRETARIAT

Progress Report for the HPH Secretariat

Hanne Tønnesen, CEO of the International HPH Secretariat, thanked the Chairman and began the Secretariat's progress report. In 2008 there were 34 networks and 684 members. There was a total fee amount of 158,850 €, of which 142,000 € have been paid and 16,850 € are still pending. The Constitution clearly states that a member that does not pay on time will lose the voting right at the GA.

In Denmark, the pending fee situation had to do with the closure of the Danish National Network. In spite of the network closure, 7 members in Denmark still remain. In other networks that have closed down, all members have usually been lost.

In France a payment of 500 € is still missing and also South Africa has not paid the 1,500 € for 2008 yet. One very grave situation is the Polish Network, where there is not only a lack of payment but also a lack of response to the communications from the HPH Secretariat. It was proposed to send a letter from the GA to the Polish Network in support - urging the Polish members to find a solution.

Also, there is a payment delay with the Greek Network. Only 6 of the 26 Greek members have paid for 2008; and 19 of 23 members for 2007. It was then explained that in Greece the public hospitals always pay their providers with a delay of one to three years.



After some discussion it was suggested that the Greek Network reduces its official size to the 6 members (that have paid) and thus retain the voting right. This will, however, mean that the precise Greek member number will fluctuate over the course of 2009. Yannis Tountas accepted this fluctuation in official member number.

Budget and balance

The accumulated surplus is growing; 0 € in 2005, 20,811 € in 2006, 16,267 € in 2007 and 18,689 € in 2008. This makes for a total accumulated surplus of 55,767 €. Part of the surplus was allocated to an extra employee to support further quantitative growth.

Regarding the future IT development of the HPH Network, it was made clear that the homepage is by now rather out dated, and thus all changes and new functions etc. are relatively expensive to design and implement. A foresighted solution would be to include an allocation from the remaining IT maintenance budget for 2009 (7,500 €) and some of the 2010 budget (6,995 €) together with an additional 5,000 € for a new homepage. It was explained that this new page could be designed in any country the GA sees fit.

It was explained that an up-to-date technical solution would be cheaper to run and update in future and provide for better usability, which then in turn would improve member usage, hits per day and search engine performance of the page. The suggested new homepage would include more interactive functions, toolboxes, progress reports online, updated activity database, e-learning tools, HPH best practices collection, a clinical guideline library and more.

Hanne Tønnesen stressed the need to ask members what they want on the international website. The HPH Secretariat will make a survey to determine the needs and wishes. After a fruitful discussion the GA then approved to spend the 19,995 € for a new homepage by voting majority (19 versus 7).

Hanne Tønnesen went through the budget proposal for 2010 (based on 30 new netto members), in which the proposed new IT developments were included. Even with the money allocated for IT development, the budget will balance. The GA approved the budget for 2010 by a majority vote.



Pilot projects

The Activity Database Pilot Project, its scope and purpose, its functioning etc. was presented by Jeff Svane. Furthermore, two examples of activities online were shown. Kjersti Fløtten then informed the GA about the positive Norwegian experience regarding use of the Database. Pierre Buttet, who has also participated in the pilot test, was excused, so Jeff Svane gave a recap of his user experience too.

The HPH Standard Reporting online Pilot Project was also presented by Jeff Svane. Shu-Ti Chiou then informed the GA about the Taiwanese user-experience and Tiiu Härm presented those from Estonia.

The Progress Reports have also been pilot tested by Margrete Ripa in collaboration with Fabrizio Simonelli from Italy and Kjersti Fløtten from Norway. There was no time at the GA to go through this point, but the preliminary results will be distributed along with this meeting report.

Overall, the processes and results from these pilot tests were positive. There were proposals for minor technical improvements, which could easily be corrected in a new home page solution.

HPH NETWORK & WHO PARTNERSHIP

Since WHO representative, Maria Haralanova was excused; Hanne Tønnesen updated the GA on the MoU situation instead. The first and the second MoU drafts were not approved by the Legal Offices in WHO Europe and in WHO Head Quarter in Geneva.

The new 3rd draft is more of an umbrella-agreement that leaves the details of concrete collaboration to be specified at subsequent meetings. The new MoU is thus more flexible and includes meetings with WHO annually. Also, this new Memorandum can now, according to WHO, be processed very quickly.

After a short discussion, the GA accepted the new MoU by a majority vote (27 in favour).



TASK FORCES AND WORKING GROUPS – OVERVIEW

Proposal for new Task Forces

Task Force on alcohol

Sverre Nesvåg presented the proposal for a Task Force on alcohol and alcohol intervention. High alcohol intake has a tremendous impact on both health in general but also on clinical pathways. The time has now come for HPH to focus actively on this field. The new Task Force will thus look at:

- Visualising alcohol and alcohol intervention in existing HPH Models and Tools
- Giving examples on best evidence practice related to HPH Models and Tools
- Describing primary and secondary outcomes for outcome measurements of alcohol intervention and follow-up
- Developing recommendations for monitoring the effect of alcohol intervention programs
- Establishing a database for outcome measurement in alcohol intervention.

Sverre Nesvåg explained that an open invitation would be sent out within the HPH Network. The Task Force was established by a majority vote in the GA.

Task Force on HP for Staff and a Healthy Workplace

Louis Côté explained that this Working Group would prefer to remain a Working Group for the time being. The WG expects to present the results at the HPH Conference in Manchester 2010.

Existing Task Forces and Working Groups

HP for Children and Adolescents

Fabrizio Simonelli updated the GA on the latest developments. At the moment there are 12 members from Europe, Australia and Canada. Norway, Israel and UK are also expressing interest to participate. The TF will meet on the 7th of May 2009 to discuss this. In the last year the TF has focused on children's rights in hospitals. The TF has also described a self-evaluation model and other tools.



Migrant Friendly and Culturally Competent Health Care

Antonio Chiarenza explained that the main strategy right now is to collect best practices, research and evidence, distribute this info and also to construct tools. Furthermore, the TF has a website in place. The latest developments also include the recent TF meeting in Barcelona with more than 50 participants. The future activities include distributing the template on provision of health care for undocumented migrants.

Psychiatric Services

Hartmut Berger explained that the TF has finished a manual on self-assessment regarding mental health topics. The finalization of this tool is an important step because it uses the HPH standards. The TF is also making progress on the political level with a collaboration of NGOs in Germany, specializing in the promotion of good mental health in workplace, hospitals and so forth.

The GB Working Group on Standards

Margareta Kristenson explained that the focus is on the need for continuously revising HPH standards and indicators. The current standards cover management policy, assessments of information on risk factors for disease, healthy work place and the routine continuity and cooperation. Margareta Kristenson explained that HPH also need to cover issues like health empowerment, coping with disease, the environment and community interaction. What the WG aims to do then is to develop the HPH indicators further.

The members of the WG are currently Jürgen Pelikan, Carlo Favaretti, Shu-Ti Chiou, Hanne Tønnesen and Margareta Kristenson.

HPH NETWORK ON THE WORLD MAP – HEALTH SERVICE DEFINITION, ENROLMENT AND FEES

Hanne Tønnesen presented this point and Yannis Tountas then proposed that the criteria for health service membership should be “provision of care to patients”. Thus a university that does not provide care, for example, cannot become an HPH member. The GA accepted this membership criterion (22 voted for, 0 against).



Also, it was agreed that the N/R Networks should be given liberty to decide whether smaller care units (such as GP-houses or so) can group into one clustered membership consisting of 5-10 GPs, which is a suitable size for being able to work towards fulfilling the mission, purpose and objectives described in the Letter of Intent. It was also noted, that the N/R Coordinators should always collect funds and fees themselves, including those for this type of members, so as to avoid a severe extra administrative burden for the International HPH Secretariat.

Additionally, it was suggested that HPH should create a new membership category for “supporting” or “associate” members, who would then pay a fee but have no voting rights. It was decided that this point be left to the GB Meeting to be developed further.

WORKSHOP: HOW TO IMPLEMENT THE HPH STRATEGY

Exchange of experience and knowledge about opportunities and challenges

Louis Côté presented the workshop. The purpose was to get inspiration for the further work on implementation of the HPH strategy. He introduced the HPH Strategy and split up the GA members in five different groups that would then work on and discuss the strategy. Every group should then come up with suggestions for actions to successfully implement the HPH Strategy on international, national and local levels. This was then followed up with a presentation and a fruitful discussion in plenum.

The work and the ideas from the groups are attached to this report.

EVALUATION PROJECTS

Evaluation project on HPH (PRICES HPH)

Jürgen Pelikan and Christina Dietscher presented the PRICES HPH Project. The project describes what has been done / implemented so far, what works well in HPH and what can be improved. The project describes and analyses both the network level and the hospital



level, and it incorporates a combination of qualitative and quantitative methods. Finally, the project aims to propose tools for development of Networks and HPH hospitals. In every step of the project (definition of questions, instruments, data analyses) there is participation with the different entities within HPH (governance board, network coordinators, hospital focal persons). The project started in 2008 and 31 networks agreed to participate. The first results can be presented in Manchester 2010. It was also specified that all participating networks would get descriptive data on network level and hospital level.

Evaluation on HPH DATA

Hanne Tønnesen and Matthew Masiello presented the HPH DATA Project, which concerns a very simple documentation model that seeks to describe health determinants at the patients' first hospital visit. The focus of the project is to test the model to find out whether it can adequately categorize patients into risk patient and non-risk patient. The health determinants addressed are malnutrition, overweight, daily smoking, physical inactivity and alcohol abuse. Preliminary results were presented, and it seems that the model holds a lot of promise.

HPH CONFERENCES

2010: Manchester, England

Jürgen Pelikan, Christina Dietscher and Gary Cook presented the HPH Conference 2010. Considerable progress has been made in the Manchester area regarding HPH membership, and a network is now underway. Also, funding for the network is almost secured on a policy level. As for the Conference itself, the preliminary title is "18th International HPH conference - Tackling determinants of health inequalities: contributions of the HPH network". The preliminary main topics are:

- Which determinants of health inequalities can be successfully tackled by health and social services through HP
- Tackling health inequalities across the life span: case examples from patients from different age groups
- Hospitals and Health Services as examples of good practice: tackling health inequalities in health care staff
- How to deliver interventions in corporation with other health services



The budget of the Conference is around 250.000 UK £.

Future Conferences

2011:

It was decided unanimously that the HPH Conference in 2011 would be hosted by Finland. It will take place from June the 9th to 10th in Turku (Åbo), Finland. Also, the possibility of a 3 day conference program will be explored by the Conference Secretariat with the local host.

2012:

The HPH Conference 2012 was also discussed. There was a general consensus among the GA that a non-European conference is a good way to manifest the HPH expansion out of Europe. The issue was then put to a vote, and a large majority of the GA agreed to have conferences outside Europe and to make 2012 the first non-European HPH Conference. It was then discussed which non-European Network should host the Conference in 2012. Shu-Ti Chiou suggested Taiwan, and Matt Masiello suggested USA. The GA welcomed both suggestions and moved on to discuss which of these two suggested hosts should go first. The decision of the GA on this issue was that the conferences 2012 and 2014 should be hosted by Taiwan and USA. The specific order (who goes first) was left to the proposed hosts to decide amongst themselves. Shu-Ti Chiou and Matt Masiello then agreed to explore these ideas further and to finally decide amongst themselves who hosts the 2012 Conference and who hosts the 2014 Conference. (Note: After the meeting Matt Masiello and Shu-Ti Chiou agreed to let Taiwan host the HPH Conference in 2012).

2013:

Sweden proposed to host the conference in 2013, and the proposal was welcomed by the GA.



ATTACHMENTS

Workshop on how to implement the HPH Strategy

General remarks regarding the homepage and IT developments:

- Key languages should be identified (ex. IH Federation).
- Organized linkage should be put in place.
- A comprehensive business plan (3 yr) within IT budget should be made.
- We should have a Webmaster.
- We need a survey of needs, wishes and ideas for the homepage.
- We need to make the homepage more accessible in general.
- We should make the Activity Database even better by structuring it according to themes, standards, results or criteria for good practice. The HPH Secretariat should then be responsible for analyzing the data. This would be a good way to get more members by informing them about what we do.
- We should open our website up more. Materials and tools should be accessible to all who are interested in HPH. This is a way to remove barriers and advocate membership.
- It should be made more easy to identify information via the website. It is not clear enough as it is, and it does not rank high enough in searches. We need one portal or gateway into all of HPH - incl. Collaborating Centres and N/R Networks.

Growth ideas:

The Governance Board should:

- See communication as an investment.
- Add a marketing email for CEOs / Boards to the Toolbox.
- Create a sub-website that explains why HP in hospital settings is necessary, why one should join HPH and what HPH members obtain from membership.
- Create a policy for pending payments (Possibly a waiver capacity should be made).
- Create a manual on how to run a national / regional network.
- Address how to manage a large amount of networks (e.g. many networks from one country).



N/R Networks and TFs should:

- Promote the use of the HPH Activity Database. The aim is to have all the data, activities and best practices in just one place.
- Advocate HPH values to government.
- Engage medical professionals in leadership, since otherwise personnel change can cause loss of support base.
- Plan for coordinator succession, since networks can otherwise perish.
- Commit CEOs/Boards to avoid fee problems.
- Establish active member retention programs to prevent member loss.

Partnerships and alliances:

The Governance Board should:

- Identify and endorse key partners and organisations (also at governance level).
- Develop a process to prioritize partners / organisations.
- Develop a strategy regarding partnerships.
- Encourage collaboration with entities already working on topics relevant to the work of the International HPH Network and of the HPH Task Forces.
- Include a type of associate or supporting membership. This is a way to access external knowledge and finances.

N/R Networks and TFs should:

- Search out and collaborate with other organizations related to health and health promotion.
- Develop more partnerships and collaboration internally in HPH (between and within TFs and Networks).
- Make a communication strategy internally and externally (to inform all types of stakeholders on a more regular basis).
- Make round question emails on doubts, requests of specific information etc.
- Send out information emails about up-coming events, minutes of meetings, new projects etc.
- Form collaborations with educational or professional associations.



- Become aware of what opposition there is and what competing priorities there are in relation to HP.
- Debate time and money regarding HP with CEO.
- Inform broadly about what HP entails and why it is important.

Standards & Indicators:

The Governance Board should:

- Prepare a “Core Competencies on HP” document. A central theme could be “empowerment”.
- Maintain quality in HPH – need value in membership + participation → clearer messaging.

The N/R Networks and TFs should:

- Learn from each other to avoid duplication and reinvention.
- Collaborate better in research contexts.
- Make examples of HP successes available for others to learn from.
- Work towards an evidence based evaluation of the standards to demonstrate how they have worked.
- Make the HPH framework more formal, presentable and clear. It should be clearer what we ask of members, how adaptations to local systems are possible etc.
- Encourage doctors and nurses to change processes and focus on patient pathway, introduce HP motivational counselling and further embed HP in care process.
- Work more with discharge planning, patient education, empowerment of staff/patients and how to make the current quality systems respond in the most positive fashion to our work.
- Make more new training possible and further staff understanding of HP
- Focus on researching what the HP outcomes are and will be.
- Focus more on staff innovation, creativeness and the sustainability of successful programs.