



Health Promoting
Hospitals and
Health Services

General Assembly
**The 13th meeting of the WHO International Network
of Health Promoting Hospitals and Health Services**
Meeting Report

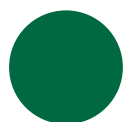
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WHO Collaborating Centre
for Evidence-Based Health Promotion in Hospitals
Clinical Unit of Health Promotion





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Abstract

The International HPH Secretariat organized the General Assembly 2007, which was the 13th meeting of the National / Regional Network Coordinators and Task Force Leaders. The meeting took place on April 11 in Vienna, Austria.

The purpose of the meeting was to discuss and decide on the Draft Constitution developed and presented by the Governance Board and for the General Assembly to approve the Budget and Balances of the International HPH Network. Furthermore Progress Reports from HPH Task Forces, Working Groups, the International HPH Secretariat and the Governance Board were presented, and a final decision on the organization of the International HPH Conference 2009 was made.

The participants of the General Assembly were Coordinators of National / Regional HPH Networks, HPH Task Force Leaders, representatives of the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals, the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, and WHO. The Austrian Ministry of Health, Women and Youth hosted the General Assembly and representatives participated in the meeting.

Due to time pressure the WHO Collaborating Centres handed out their Progress Reports. These have been included in the Annex 1: Progress Reports. Annex 2 contains information on participants, agenda, scope and purpose and the Governance Board.

The International HPH Conference 2008 will take place in Berlin and it is organized by the German HPH Network, which presented the coming Conference and the related WHO Summer School at the General Assembly. In 2009 the International HPH Conference will take place in Greece.

This meeting report is more detailed than the previous meeting reports due to the decision process of the Constitution.

Introduction

At the General Assembly in Palanga, Lithuania, in 2006 the International HPH Network was encouraged by WHO to develop a legal framework and the means and structure necessary to become self-financed, and the Governance Board was given mandate to develop a draft proposal.

In the period between the General Assembly 2006 and 2007, the Governance Board has worked intensively to create a legal framework that reflects the governance and operational structure of the International HPH Network and the objectives and goals, which previously have been described in the HPH Document 2006.

The HPH Document 2006 was developed on a mandate from the HPH Coordinators Workshop in Dublin 2005 and approved by the General Assembly in Palanga 2006. Prior the General Assembly 2007 the document was distributed along with the Draft Constitution to all participants carefully revised according to the decisions made in Palanga. For the present General Assembly meeting the document had a special layout, according to which areas of discussion, areas already decided and new areas were marked with colour codes.

The main subject for discussion at the General Assembly was the Draft Constitution, which had been distributed to all participants one month prior to the meeting. The Draft Constitution was presented to the General Assembly including the last amendments made at the Governance Board meeting the day before.



Governance Board: Annual Work-plan, Progress and Recommendations

According to the work plan 2006-2007 the major priority of the Governance Board has been to develop a legal framework for the International HPH Network. The Draft Constitution bases on discussions and decisions of the General Assembly, former known as the National / Regional Coordinators' Workshop, and the HPH Document 2006.

The voting rights, voting procedures and election for Governance Board were decided upon at the General Assembly 2006 in Palanga, where it was furthermore decided that Governance Board should develop recommendations for:

- A. New name of the International Network, including the non-hospitals health facilities
- B. Membership
- C. Payment of fees

For the further discussion and decision at the present meeting in Vienna the Governance Board has worked out a line of recommendations.

New name

In Palanga it was decided that also health services are allowed membership of the Network at the same levels as hospitals. More specific regulations regarding their membership should be at matter of National / Regional decision. According to this decision the Governance Board was imposed to make a proposal for a new name, which would reflect this decision, hence followed the proposal: "International Network of Health Promoting Hospitals and Health Services". The acronym HPH and the logo of the green dot will remain unchanged and also in the future be used by the Network.

The proposal was accepted.

International Network membership

In Palanga it was furthermore decided that the **only** direct eligible members are National/Regional Networks. Member hospitals and health services are **indirect members** through their own national/regional network.

It was discussed whether the hospitals and health services or the National / Regional Networks should constitute the members of the International HPH Network. The general opinion was that hospitals and health services are linked to the International Network through the Letter of Intent.

It was agreed to have two levels of membership, e.g. cooperate membership and individual membership; the Networks are constituting the **cooperate members** of the International Network, thus having the voting right in the General Assembly, and the hospitals and health services are constituting the **individual members**. Hospitals and health services in countries, where no Network exists, will in the future be defined as **hospitals / health services, recognised by WHO as a Health Promoting Hospital or Health Services**. The Network will remain a network of networks as described in the HPH Document 2006.

The recommendation was accepted.

Non-payment of fees – procedure

The following procedure was discussed and accepted:

- Network responsible for the payment of annual fee
- 2 warnings in 1 calendar year, after 2nd warning the member network is excluded from voting in the General Assembly
- If non-payment continues network faces termination of Agreement and exclusion from Network



Action Plan

The Governance Board recommended to work out an Action Plan for the International HPH Network, which include the following key stakeholders of the International HPH: WHO Regional Office for Europe, WHO CCs, International HPH Secretariat, Governance Board, Taskforces and Working Groups, National/ Regional Networks and member hospitals and health services.

Future constitution of the HPH Network

This paragraph summarizes the discussions and core decisions made in the General Assembly concerning the Draft Constitution. The process followed the recommendations from the Governance Board to give priority to the following areas:

- International HPH Network - Objectives
- Taskforces and Working Groups - Role and designation
- National/Regional Networks - Obligations
- Member hospitals and health services – Membership Criteria
- Membership fee – amount and collection

It was decided that the Draft Constitution should be approved by $\frac{3}{4}$ of the votes in order to come into effect. Amendments should be approved by $\frac{2}{3}$ of the votes. The electorate is constituted by the National / Regional Networks, and at the General Assembly 28 National / Regional Networks were present and entitled to vote.

It was unanimously passed that the International HPH Network would remain a WHO Network and not constitute itself as a Non-Governmental Organisation.

The first vote necessary to continue the discussion of the Draft Constitution was whether the Network should have a formal constitution. The voting result was carried unanimously.

The Articles listed below refers to the Draft Constitution, revised by the Governance Board at the meeting on April 10 2007 and distributed at the General Assembly, April 11 2007.

Art. 1.4. Law of Reference

The Draft Constitution shall state under which national law the Network is constituted and which will be the basic law of the International HPH Network. The Network will need to rely on a national law in case of conflict. As an organization of the United Nations, WHO is not bound to a national law but have particular hosting agreements. Hence WHO stated no preferences. It was agreed to constitute the International HPH Network under Swiss Law.

Art. 2. Membership and voting rights

The members of the International HPH Network are the National / Regional Networks. These are defined to have at a minimum of 3 individual member hospitals or health services, and they are to be approved by the Governance Board and to sign an agreement with the International HPH Secretariat. National / Regional Networks alone have the right to vote in the General Assembly; 1 vote per Network.

Membership fee

At International level the Governance Board recommended not to proceed with the scaled fee structure, which was proposed at the General Assembly 2006, but to stay with the comparatively flat rate. The membership fee structure as it is, already entails a certain degree of scaling, i.e. three different levels of fee.

At national / regional level the Networks have the possibility of scaling the fee according to number of employees, beds etc. within their respective jurisdiction.

This recommendation was approved by the General Assembly.



Payment of fee

It has previously been discussed who is responsible for collecting the membership fee. To send out invoices to every individual member of the Network (at the moment 678 members) would be a major workload to the International HPH Secretariat, which does not employ the personnel to attend to such heavy administrative procedures. According to previous decision in the General Assembly collecting the membership fee is the responsibility of the National / Regional HPH Coordinator, however certain coordinators do not have the legal framework to carry out the collection. In these cases the Secretariat has been flexible and cooperated with the respective coordinator.

It was decided to stick to the decision already made. It is the responsibility of the National / Regional Coordinator to collect the membership fee on notification from the Secretariat and to transfer the lump sum to the Secretariat. The Secretariat will continue the flexible cooperation with the few Coordinators, who do not have the means to carry out this procedure in 2008. At the end of 2008 all Coordinators are expected to have solved the problem of collecting the membership fee on a National / Regional basis.

Art. 13. Suspension and Termination of Membership

The procedure, see page 4, recommended by the Governance Board and integrated in the HPH Document 2006 was approved by the General Assembly.

Art. 1.1. Mission

Editorial amendments were suggested and approved.

Art. 1.3. Objectives

It was discussed whether local experiences should be incorporated in the HPH objectives. The existing objectives are adopted from the global WHO, and it was decided that local initiatives should be incorporated in the objectives of the National / Regional Networks exclusively.

Another suggestion was to expand the existing objectives to also include capacity building within the Network or external alliance building. It was agreed to reword and specify the objectives according to these suggestions.

Art. 4. The statutory bodies

This article stating the two statutory bodies of the International HPH Network to be the General Assembly and the Governance Board was approved by the General Assembly.

Art. 5. The General Assembly

Minor editorial changes and changes in relation to content were made. The General Assembly will approve the Budget of the International HPH Network and in addition the General Assembly shall have the mandate to also accept the Balances. It was specified the quorum of the General Assembly is half of the members entitled to vote present.

Art. 6. The Governance Board

According to the Draft Constitution the Governance Board shall decide the location of the Congress Secretariat. It was suggested to replace the Governance Board with the General Assembly in this decision. By having the General Assembly as the decision-making authority the conditions of the Congress Secretariat would reflect the conditions of the International Secretariat. Another suggestion was for the Governance Board to make the preparations and recommendations on the location of the Congress Secretariat to the General Assembly, which would then make the decision subsequently. It was decided that the Governance Board makes recommendations to the General Assembly regarding the location of the Congress Secretariat (normally located in a WHO CC) and the location of the International HPH Secretariat (normally located in a WHO CC). The director of the WHO CC, where the Secretariat is located, will be the director of the Secretariat. The Governance Board shall



approve the Terms of References related to the functions of both Secretariats. These Terms will be agreed with the competent organizations (normally WHO).

The Governance Board constitutes itself, and it was decided that the Governance Board elects a chair and a vice-chair.

Art. 10 Task Forces and Working Groups

More Task Force leaders argued that the present structure and definition of the HPH Task Forces in both Draft Constitution and HPH Document 2006 was too loose and that a formal agreement between the HPH Network and the Task Force should be developed. The Task Forces should develop strategies and annual works plans and have a formal structure within the HPH Network.

It was decided to separate the Task Forces and the Working Groups into separate articles. The Governance Board was asked to work out a proposal for a formal Task Force structure and to include the Task Force Leaders in the process.

It was agreed that the Task Force Leaders will be proposed by the Task Force to the General Assembly, which will then be in authority to approve of the proposal. Task Forces are constituted by the General Assembly for a period of 4 years, and they can include participants from outside the Network.

It was decided to add to this paragraph that Task Forces could turn to Governance Board for financial support presenting specified needs. The Governance Board will be responsible to make recommendations to the General Assembly, which will have the authority of approval.

Art. 10.1. regarding the Task Forces being self-financed was deleted.

Art. 10, including, amendments was approved by the General Assembly.

Art. 2.2., 3, 8, 9,

Art. 2.2. regarding hospitals and health services in countries where no Network exists, Art. 3. regarding the International HPH Network and WHO, Art. 8. regarding the International HPH Secretariat and Art. 9 regarding the Congress Secretariat were approved by the General Assembly including minor amendments.

Art. 11. Finance

It was decided to reduce the specification of the sources of the Network incomes to the wording "Membership fees and others".

The Letter of Intent

It was generally agreed that the Letter of Intent should be revised to reflect the Draft Constitution and to include the individual membership criteria for hospitals and health services. The revised document should among others include the following membership criteria:

- Endorsement of the principles of WHO documents and declarations on HPH; i.e. Ottawa and Budapest/Vienna declarations,
- Intention to implement the principles, strategies and policies of the HPH; using WHO HP Standards and/or corresponding national HPH standards/indicators,
- Intention to develop a written policy on the health orientation of hospital management and develop a HPH action plan for the designation period,
- Development and evaluation of a HPH action plan to support the introduction of health promotion into the culture of the hospital during the period of designation,
- Agreement to pay the annual membership fee for the coordination of the International HPH Network,
- Identification of a hospital coordinator/organization coordinator for the coordination of HPH development and activity,



- Agreement to share information and experiences on i.e. HPH development, models of good practice (projects) and the implementation of standards/indicators.

It was decided that the Governance Board would proceed with the revision of the Letter of Intent.

Approval of Constitution

The Constitution in general was approved and will come into effect on the 1st of January 2008. The related documents will be revised accordingly.

International HPH Secretariat

Among the main activities of the International HPH Secretariat are the administration of membership and membership fees, the IT implementation of website and database, participation in and preparation of meetings and meeting documents and the contact to existing and upcoming networks.

The International HPH Network covers 34 national / regional Networks, 678 member hospitals and health services and 35 member states. These numbers include that during 2006/2007 36 new hospitals joined the International HPH Network and a new regional HPH Network was established in Taiwan. In addition to the monitoring of membership and membership fees, the Secretariat has put a great effort in supporting the upcoming members and networks on an administrative, communicative and informative level, and mutual visits and conferences have been made. This procedure will continue.

The Budget and Balances 2006 of the International Network presented that the estimated negative budget 2006 had been turned into a surplus, and the General Assembly and the Governance Board will decide how to deal with the surplus. Please see below:

HPH Budget & Balance 2006

Income, total (Euro)	128,000	161,214	169,451
Membership Fees & instalment	80,000	114,453	119,358
IT Maint. incl. Dev. CHC	2,500	2,500	2,500
Office Facilities BBH	20,000	20,000	20,000
Ministry of Interior & Health	25,500	24,261	27,593
Cost, total (Euro)	143,000	144,346	148,640
Staff (sec, t.o., dir.)	72,000	81,872	84,628
N/R Coordinator Workshop	16,000	9,472	10,432
Meetings and travels	5,000	3,785	3,346
IT Maintenance	10,000	10,000	9,830
Office Facilities	20,000	20,000	20,000
IT Development	15,000	15,000	15,782
Miscellaneous	5,000	4,217	4,622
Balance	-15,000	+16,868	+20,811

Further financing from Bispebjerg University Hospital includes 2 project workers, IT- students, Back-up secretary, healthy workplace, meeting facilities etc. The Budget and Balances 2006 was approved by the General Assembly. The Budget and Balances 2006 was approved by the General Assembly.



Health Promoting Hospitals and Health Services

Still some membership fees from 2005 and 2006 are pending, but the Secretariat are continuously reminding the respective Network Coordinators to find a solution. The budget 2007/2008 was approved by the General Assembly in Palanga 2006.

In 2006/2007 all Network Coordinators have been asked to fill in contact data lists of member hospitals and health services and send this basis information to the Secretariat. This data forms the absolute basis of the Network and is crucial to the administrative procedures and in the monitoring of the economy. More than 2/3 of this data has been collected and registered on the website. All Coordinators who have not sent in data yet were strongly encouraged to do this as soon as possible.

Together with the Austrian HPH Network the Secretariat arranged for the WHO Summer School 2007: Evidence-based Health Promotion – Hands on. 20 participants from 4 continents and 11 nations joined the program. In 2008 the WHO Summer School will be held in collaboration with the German HPH Network and in relation to the Summer School a workshop for newcomers within the HPH Network will be arranged.

According to request from Governance Board the HPH website www.healthpromotinghospitals.org has been opened to the public. Only the group rooms of the Task Forces, Working Groups and Governance Board require log in by users. The Standard Registration, the HPH Library and other main functions are fully developed and functional. The website is very flexible and all Coordinators were encouraged to make suggestions for further development and improvements.

Further information on scope and purpose, research projects and activities of the International HPH Secretariat and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals can be found in the WHO CC Annual Report 2006.

International HPH Conference 2008

Felix Bruder, Representative of the German HPH Network, presented the International HPH Conference 2008, which will take place in Berlin, Germany.

Deutsches Netz
Gesundheitsfördernder
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Health
Promoting
Hospitals
Ein Netz der
Weltgesundheitsorganisation
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**16th International
Conference on Health
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**May 14–16, 2008
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May 12–14, 2008
WHO-Summer-School
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Venue: Immanuel Diakonie Group Berlin, Wannsee
Website: www.who-cc.dk

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Venue: Langenbeck-Virchow-Haus Berlin, Mitte
We look forward to meeting you in Berlin in May 2008!

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In relation to the International HPH Conference the WHO Summer School and a workshop for newcomers within the Network will be arranged by the German HPH Network and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals.

Sharing of experience

Lillian Møller, Coordinator of the Danish HPH Network, presented a proposal and request for closer collaboration and sharing of experience among the Networks and Network Coordinators.

The International HPH Network already offers a number of existing platforms for collaboration, such as the HPH Website, the International HPH Conference, the General Assembly, Task Forces and Working Groups and the HPH Newsletter. These platforms are integrated in the HPH structure.

Lillian Møller suggested several ways for sharing information: e.g. a permanent template for each National / Regional Network integrated on the HPH Website. The template could among others include information on:

- Members and membership criteria,
- Management and financing,
- Mission, aims and objectives,
- Priorities and focus areas,
- Working methods and outcome
- Evaluation and monitoring, e.g. standard registration
- Publication lists,
- Connection to national health policies and strategies,
- Recognition from public authorities, health systems etc.,

In order to avoid a double workload the template should be integrated as a part of the new annual progress report for all Networks according to the new Constitution.

A group of Network Coordinators with the aim to develop recommendations and proposals for strategies on specific issues, such as management, implementation, funding etc was suggested. An annual workshop for the Network Coordinators could be arranged and the International HPH Conference could include a special poster session for Network Coordinators.

The General Assembly decided to appoint a working group on this area of exchange of experience and knowledge, which should be led by Lillian Møller. Christina Dietscher and Ann O'Riordan joined the group.

Conclusion

At the meeting in the General Assembly the Network Coordinators, Task Force Leaders and WHO representatives of the International HPH Network discussed the Draft Constitution. Major decisions were made, several parts of the Draft Constitution were put to vote according to the decisions made previously in Palanga and it was agreed to continue the process of developing and finalising the Constitution. The Governance Board and the International HPH Secretariat will work out a work plan and timeframe for this process.

The International HPH Secretariat presented the reports of the Network, and the Budget and Balances was approved by the General Assembly.

All Task Force Leaders presented their annual reports, and a new working group on how to exchange knowledge and experience among the Network Coordinators was appointed. The International HPH Conference 2008 will take place in Germany and the following year 2009 in Greece.

The meeting took place in a fruitful atmosphere.



Annex 1: Progress Reports

Task Forces

Task Force on Migrant-Friendly and Culturally Competent Healthcare

Regional HPH network of Emilia-Romagna, Italy

Coordinator: Dr Antonio Chiarenza – Azienda Unità Sanitaria Locale di Reggio Emilia – Direzione Generale – Via Amendola, 2 – 42100 Reggio Emilia, Italy.

Introduction

The Task Force on MFCCH was set up in order to create a framework for continuity after the conclusion of the European project Migrant-Friendly Hospitals. It brings together professionals and managers in health services and researchers with specific competences and knowledge able to give guidance on matters of policy, strategy and practice in this sector. The general aim of the Task Force on MFCCH is to support participant organisations in becoming migrant-friendly and culturally competent organisations as indicated in the Amsterdam Declaration by fostering cooperation, sharing good policies and practices and developing practice oriented knowledge and tools in areas of common interest.

Specific Objectives

- To identify priority areas of concern in accessibility of health services and quality of care for migrants
- To collect and select best policies and practice relating to selected areas;
- To summarise and review the achievements in the field to date;
- To identify obstacles to progress;
- To recommend possible solutions

Strategy

To achieve its objectives the MFCCH Task Force created six working groups with the task of developing knowledge, gathering good policies and practices and disseminating information on exemplary experiences on the following themes:

- Service quality and policy in a multi-ethnic context
- Training on cultural competence for health staff
- Intercultural communication in health services
- Patients and community empowerment
- Research and evaluation
- Trans-cultural psychiatry.

Actions

On each theme the Working Groups aim to produce a “state of the art” report containing a critical overview of the work carried out so far in the field, identifying the barriers to progress and making recommendations for future directions and possible solutions. Annual workshops are organised to allow Working Groups to present progress of work and to share information with other WGs. Twice a year business meetings are organised to allow monitoring and evaluating the activities of the WGs and to adjust the global work programme.



Resources

The TF activities receive financial support from the regional HPH network of Emilia-Romagna (Italy), which has the responsibility for the overall coordination of the Task Force MFCCH.

Participation

Participation in Task Force activities is free and can be achieved on two levels: by simply enrolling in the international communication network which circulates information in ongoing activities, and by direct involvement in the working groups. The TF is made up of 80 members (of which 20 also forming the Advisory Board) from 18 different countries.

Management

The TF is structured over five components: the coordination; the secretary; the Advisory Board; the working groups; the communication network. The co-ordinator of the Task Force MFCCH leads actions and develops a strategic plan with the support of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at the LBISHM University of Vienna and the Advisory Board. The Advisory Board informs on decisions and brief the coordinator on issues arising out of the strategic direction and supports the coordinator and the rest of the group on any such issues. The Advisory Board consists of a group of core members representing organisations particularly committed to “Migrant-Friendliness” and “Cultural Competence” issues and prepared to invest in disseminating MFCCH concepts, experiences and tools and further developing them, primarily within the HPH network, with the HPH national and regional networks as the main partners for dissemination. Leaders of working groups are members of the Advisory Board.

Results achieved so far

The TF MFCCH has developed a strategic work plan for communication and dissemination. It has worked to create partnerships and international contacts, and all working groups have worked accordingly to the defined strategy. To inform and communicate knowledge and experience the task force has participated in various national and international conferences and workshops during the last year. WG leaders have started to review existing knowledge and to collect examples of good practice and policies and have selected priorities relevant to their topic area. Working Group Leaders have developed working papers containing an initial proposal for “a state of the art report”. For external communication the Task Force is working to have a specific web site linked to the WHO CC in Vienna, and for internal communication a discussion forum at the WHO CC Copenhagen website.

The TF MFCCH has organised four meetings:

- In Dublin (May 2005) WGs discussed and agreed upon a proposal to develop a strategy for each WG.
- In Courmayeur (October 2005) WGs members discussed and further developed the proposals presented by the WG leaders. – Service policy and quality development; Training and staff development; Patient and community empowerment; Research and evaluation; Trans cultural psychiatry.
- In Palanga (May 2006) WGs leaders of “Training and staff development” and “Patient and community empowerment”; presented initial proposals for the development of quality tools for implementing MFCCH: standards and guidance for Health care organisations. The coordinator presented a proposal for developing training modules for health staff.
- In Berlin (December 2006) the leader of the WG on “Service policy and quality development” organised a 2 days workshop where the other WG leaders and international experts presented and discussed examples of good practice on specific issues: The Hospital Manual developed by the Swiss Migrant-Friendly Hospital Network; An overall policy to integrate Cultural Competence



with the Hospital Management by the WG on “Service policy and quality development”; The strategy to develop cultural competency in the Scottish National Health System by the leader of the WG on “Intercultural Communication”; A progress work on the development of recommendations for healthcare organisation by the leaders of the WGs on “Patient and Community empowerment” and “Trans-cultural psychiatry”. In Berlin it was also shared and planned the contribution of the TF on MFCCH to the international HPH conference in Vienna with the organisation of a specific workshop, parallel and poster sessions.

Future activities

The next Advisory Board meeting and workshop will be held in Brighton between the 8th and 9th November 2007 organised by the IUPHE/International Health Development Research Centre, University of Brighton.

Contact

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Task Force on Health Promotion for Children and Adolescents in Hospitals

The HPH-CA TF, in April 2007, is composed as below:

- EACH : European Association for Children in Hospital
- HPH Network of Ireland
- National Institute of Child Health, Budapest
- Hospitals for Children: Barcelona, Edinburgh, Nice, Tallinn, Wien
- European Society of Social Paediatrics (ESSOP)
- University research units:
 - RESO, Louvain
 - “L. Boltzmann” Institute, Vienna
 - Bispebjerg University Hospital, Copenhagen
- Task force Hub: Health Promotion Programme, A. Meyer University Children’s Hospital

MISSION OF THE TF:

The mission of the International Task force is to: *“apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in&by hospitals, providing an organic conceptual and operational framework for institutions, decision makers, healthcare organisations and their professionals, social workers”.*

MAIN AREAS OF WORK:

The activities carried out by the HPH-CA TF can be divided into different thematic areas:

- Definition of a specific conceptual background;
- Promotion of the respect of children’s rights in hospitals;
- Recognition of good practices of health promotion addressed to children and adolescents;

MAJOR STRENGTHS AND SUCCESSES SO FAR:

The results achieved by the HPH-CA TF are related to the different thematic areas, as follows:



➤ Definition of a specific conceptual background:

- An HPH- CA exploratory survey on Health promotion for children and adolescents in hospitals was carried out by the TF in 114 hospitals from 22 European countries;
- The Background document on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA) has been updated. It represents the reference point for the future actions of the International Task force and for interested professionals;

➤ Promotion of the respect of children's rights in hospitals:

- Taking into account of the gaps emerged from the Background Survey 2004, specific Recommendations on children's rights in hospital, have been elaborated and updated.

➤ Recognition of current practices of health promotion addressed to children and adolescents:

- A Template to map and evaluate the current practices of Health Promotion for children and adolescents in & by hospitals has been elaborated. Classification criteria have been defined among current, good and best practices.

Besides, the Task force is also keeping on establishing contacts with other networks, associations and bodies, at international level, in order to evaluate the opportunity for collaborating in the area of health promotion for children and adolescents by hospitals.

Essential references:

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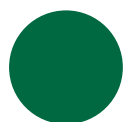
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Task Force on Quality-based Reimbursement

Hanne Tønnesen presented the Task Force on Quality-based Reimbursement, please see below:





HPH Task Force: Quality based Purchasing, Past, Present and Future

- Outcome
 - Workshops
 - National and International presentations
 - Background Paper
 - Research Project
- Spin off
 - Activity Based Cost analyses in Denmark
 - New project
 - Project DOT: Documentation of diet and nutrition, physical activity, tobacco and alcohol in the medical records




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Clinical Unit of Health Promotion







Invitation

- This Task Force has identified further areas of development and research
 - An important step towards reduction of inequity in health is systematic identification of patients in need of HP activities
 - Today it is possible to document and monitor HP activities
 - A new Danish study shows how to document the needs of HP activities
 - WHO-CC invites HPH members to participate in an international study




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Lessons learned

- Task Force agenda changes over time
- Research project
 - Fine competencies and resources for research within the HPH Network
 - Dedicated research coordinator required
- The possibility of transforming existing tools from classic treatment (like surgery) to HP activities
- The possibility to begin, fulfil and end a Task Force




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Teaching and Training

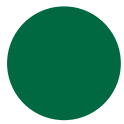
- Pre-graduate education programs: nurses, physiotherapists, occupational therapists, midwives
- Master and bachelor thesis for medical students and public health students
- Supervision of PhD students
- Post-graduate education programs: physicians, dentists, nurses, midwives
- PhD programs
 - Evidence-Based medicine
 - Systematic review technique
- Journal Clubs
- Trainees



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Task Force on Health Promoting Psychiatric Services

Hartmut Berger presented the Task Force on Health Promoting Psychiatric Services please see below:

The Taskforce on Health Promoting Psychiatric Services

Prof. Dr. Hartmut Berger, Eva-Maria Heimsath, Dr. Rainer Paul

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Objectives of the Task Force

- to improve mental health through health promotion
- to develop models of good practice for health promotion in mental health settings
- to facilitate the exchange of experience regarding health promotion within mental health settings

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Structure of our Network

- Europe-wide network of psychiatric services
- coordinated by the Walter-Picard-Klinik Riedstadt, Germany
- integrated in the Europe-wide net of Health Promoting Hospitals
- Advisory Board: Prof. Dr. M. Angermeyer, Prof. Dr. M. Barry, Dr. E. Janis-Lopis, Prof. Dr. K. Kuhn, Prof. Dr. J. Pelikan
- 47 full members, 12 ass members, 14 cooperations
- 13 countries (Ireland, Denmark, Lithuania, Estonia, Greece, Italy, Kazakhstan, Norway, Austria, Switzerland, Slovakia, United Kingdom, Germany)

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Major Strengths and Success

- Actively involved in the European process in defining a new strategy how to deal with mental health disturbances
- Accepted voice in national and international activities on mental health promotion
- Putting the focus on health promotion in mental health care
- Developing standards of health promotion in mental health settings
- Implementation of Multifamilyintervention as a model of mhp financed by a health insurance company in Germany
- Publish a handbook about models of good practice of hp in mental health settings

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Working Groups

Working Group on Effectiveness / Contribution of HPH

- Experiences of Indicators for HPH in annual evaluations in the Swedish HPH Network – by Margareta Kristenson and Mats Hellstrand

Background

Aiming at a tool for benchmarking, members of the Swedish HPH network initiated and developed a set of HPH indicators during the years 2001-2002. The work was performed in a participatory process, involving delegates from all member hospitals, and the ambition was to make the set of indicators broad enough to encompass the full vision of HPH, but still brief enough to be included in ordinary hospital's routine follow up.

Method

The indicators cover the main domains of the HPH concept: disease prevention (three indicators) and health enhancement (four indicators), supporting the health development in the catchments area (two indicators) and promotion of a positive health development for staff (four indicators). A fifth domain concerns the overall management of hospitals i.e. using health orientation a strategy for a more effective health service (five indicators).

The indicator structure closely resembles the one suggested on the national level for the new National Target for Health "A More Health Promoting Health Service".

All indicators are process oriented, i.e. asking what different kinds of activities are being performed, with responses in four levels; "Yes" (regularly being done in the service at hand), "Partly" (is performed in more than 3/4 of the service), "On occasion" (performed in less than 3/4 but more than 1/4 of the service) and "No" (not being done). A detailed manual has been developed, where definitions and criteria can be found. A specific and more detailed questionnaire on tobacco prevention has been included, and results from these tobacco prevention indicators have been used in a similar way, to support the network activities. After reporting on indicators, an evaluation sheet, concerning the process for doing the indicator test, is also filled in.

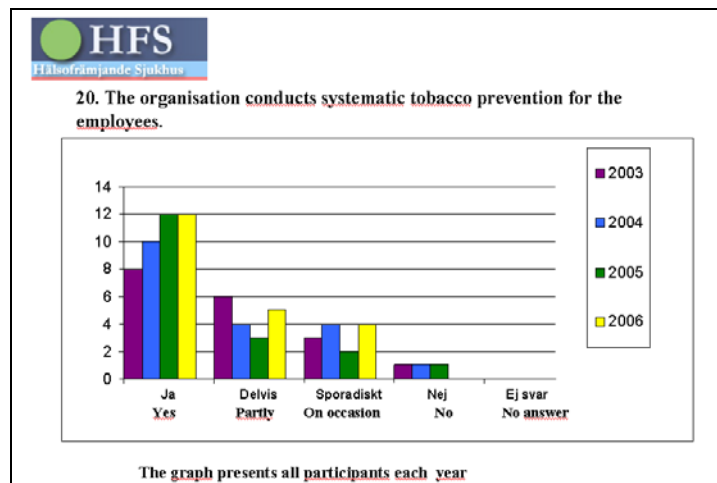
We have, since the start, used a web-based questionnaire. The HPH secretariat compiles and distributes the results and each hospital receives their own results, with time trend, together with overall result for the network. So far, we have not published each hospital's data as such information is regarded to belong to the organization. At following workshops representatives from member hospitals meet and discuss the results. In these discussions validity and reliability of different questions are debated, which has led to items being deleted and/or further developed. Also, the process and perceived value of measurements and the benchmarking process is being discussed. The first annual evaluation, using the indicators, was done in January 2004, and these annual evaluations have thereafter been practiced in the Swedish HPH-network for four years.

Results

The response rate was 2004: 78% (18/23), 2005: 86% (19/22), 2006: 82% (18/22) and 2007: 81% (21/26). In the Swedish HPH-network the annual indicator follow up now is recognized as one useful, helping the network and member hospitals monitoring positions and trends as well as identifying needs for further steps.



One example of results is given below. This indicator reflects the development of systematic tobacco prevention for employees, which has, successively improved over the years. The same trend is demonstrated in indicators on hospital policy in support to help patients stop using tobacco. For this item we also have the specific tobacco questionnaire, which is more detailed, and the trends are confirmed by the special tobacco questionnaire.

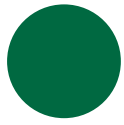


The results are used in two ways; For the network, the synthesis of responses from these annual reports give an insight in the development of our work progress, and give one basis for the planning process in the network, which includes a yearly two-day seminar. The second, and most important use of indicators is for the local development at the member hospitals, where the results of indicator tests are used in the development of working plans. Process evaluations demonstrate a high feasibility and also a high-perceived value of the indicators.

Conclusion

Our experience is that this indicator set is an important tool for visualising the vision of HPH, for benchmarking between organisations and for identifying areas for focused actions. The manual has been helpful to achieve a common understanding of the indicators, and we have, using other data, the firm impression that the validity of indicator results is high. We would be happy to share our experiences with other HPH networks, e.g. by using these indicators for a benchmarking in the international network.

An English version of the indicator set can be found at the Swedish web page:
www.natverket-hfs.se/temaområden/indikatorer/Englishmanual




Working Group on Patient Safety

The Governance Board appointed the Working Group in November 2006, and an invitation to participate was sent to all HPH Networks. The aim of the Working Group is among others to clarify and describe the HPH approach to Patient Safety. The Working Group is currently working on a final draft scheduling the further working process.


Working Group on HPH and Patient Safety (since November 2006)

- Aim:**
 - Link HPH activities and expertise to WHO policy on patient safety
- Members:**
 - Zora Bruchacova (Slovak HPH Network), Christina Dietscher (Austrian HPH Network), Carlo Favaretti (Italian HPH Network), Oliver Gröne (WHO-Euro), Milena Kalvachova (Czech HPH Network), Jerzy Karski (Polish HPH Network), Margareta Kristenson (Swedish HPH Network), Jürgen M. Pelikan (WHO-CC Vienna), Luigi Resegotti (Piedmont HPH Network), James Robinson (Scottish HPH Network)
- Steps undertaken so far:**
 - Literature search with participation of working group members
 - Start of literature review
 - Development of a draft concept and collection of feedback on draft concept from group members via questionnaire
- Next steps:**
 - Completion of literature review
 - Further specification of product
 - First draft envisaged for June 2006




WHO Collaborating Centre for Health Promotion in Hospitals and Health Care


In collaboration with:




Health Promoting Hospitals




Ludwig Boltzmann Institute for the Study of Health and Medicine



Institute for Social Medicine University of Vienna

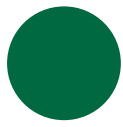


Austrian Ministry of Health



World Health Organization
European Office for Integrated Health Care Services, Bratislava

ONGK-Konferenz
22.09.2006, Wien am Österreichischen Institut



WHO Collaborating Centres

WHO Collaborating Centre on Health Promotion in Hospitals and Health Care

Further information on scope and purpose, research projects and activities of the WHO Collaborating Centre on Health Promotion in Hospitals and Health Care can be found in on the website www.hph-hc.cc.

Progress report of the WHO Collaborating Centre on Health Promotion in Hospitals & Health Care 2006 / 2007

Jürgen M. Pelikan (juergen.pelikan@univie.ac.at)
Ludwig Boltzmann Institute for the Sociology of Health and Medicine,
Vienna

WHO HPH General Assembly, Vienna, April 11, 2007

Technical support and scientific advice on HPH

- Participation in HPH Steering Committee
- Coordination of HPH working groups
 - Finalisation of "Putting HPH Policy into Action", May 2006 at <http://www.hph-hc.cc/Downloads/HPH-Publications/wp-strategies-final.pdf>
 - Start of WG on HPH and Patient Safety, November 2006
- Scientific support of TF on migrant friendly and culturally competent hospitals
- Scientific support of TF on health promotion for children and adolescents in hospitals
- Scientific publications and presentations at conferences

DISCK Konferenz
23.09.2006, Präsenz-Chemnitz/Chemnitz



Continuous activities in 2006/07

Scientific preparation of annual HPH conferences:

- 14th International Conference in Palanga, Lithuania (May 26-28, 2006)
 - Evaluation
 - Virtual Proceedings
- 15th HPH Conference in 2007 in Vienna
- Start of preparations for 16th HPH conference in Berlin, Germany, May 14-16, 2008

Editing of the HPH Newsletters #27 and #28:

- Contributions for issue #29 until June 15, 2007!
 - Update of Editorial Committee for next issue
- Continuous update of the centre's Web-site:**
www.hph-hc.cc

DISCK Konferenz
23.09.2006, Präsenz-Chemnitz/Chemnitz



Specific projects in 2006 / 2007

- Cooperation in the EUPHID project
- Cooperation in EU mental health promotion projects
 - IMHPA
 - EMIP
- Submission of call for tenders for SANCO public health project on health care for undocumented migrants – submission was positively evaluated, but put on a waiting list

DISCK Konferenz
23.09.2006, Präsenz-Chemnitz/Chemnitz






Health Promoting Hospitals and Health Services

WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals


Further information on scope and purpose, research projects and activities of the International HPH Secretariat and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals can be found in the WHO CC Annual Report 2006.




HPH strategies and standards


- HPH meetings: GA, SC, Conference 2006
- Working Groups
 - HPH Task Force on Quality based Reimbursement
 - HPH Task Force: Health Promotion for Children and Adolescents in Hospitals
 - HPH Study: Handling HP and DRGs
 - Online monitoring of implementation of standards and HP activities
 - Project DOT: Documentation of risk factors
 - Program for smoking cessation in the communities (PESCE)
 - Steering committee for Stop Smoking Database
 - The Health Committee, The Danish Medical Association
 - Panel of Experts at the Oxford Health Alliance Vision 2020

Int. HPH Secretariat function has already been presented




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Evidence

- Gathering
 - Investigations for further evidence (7 major research projects)
 - Stop smoking 4 weeks before surgery, Sweden
 - Integrated Preoperative Care for High-Risk Patients, Denmark
 - Alcohol intervention program, Germany-USA-Australia-Sweden-Norway
- Dissemination
 - Scientific publications (6)
 - Within the HPH Network (meetings, education programs, workshops and website)




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Teaching and Training

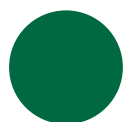
- Pre-graduate education programs: nurses, physiotherapists, occupational therapists, midwives
- Master and bachelor thesis for medical students and public health students
- Supervision of PhD students
- Post-graduate education programs: physicians, dentists, nurses, midwives
- PhD programs
 - Evidence-Based medicine
 - Systematic review technique
- Journal Clubs
- Trainees



WHO Collaborating Centre
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Annex 2: Others

Governance Board

Chair

Ann O'Riordan, Ireland

Permanent members

Oliver Gröne, WHO

Hanne Tønnesen, WHO CC for Evidence-based Health Promotion in Hospitals

Jürgen Pelikan, WHO CC for Health Promotion in Hospitals and Health Care

Elected members

Christina Dietscher, Austria

Nils Undritz, Switzerland

Margareta Kristenson, Sweden

Yannis Tountas, Greece

Carlo Favaretti, Italy

Zora Bruchacova, Slovakia

Irena Misevicienė, Lithuania

Lillian Møller, Denmark (until 10 April 2007)

Elimar Brandt, Germany (from 11 April 2007)

Observer

Louis Côté, Canada

Governance Board Meetings 2006-2007

May 25, 2006, Palanga

November 24, 2006, Barcelona

March 9, 2007, Geneva

April 10, 2007, Vienna



Scope and purpose

The WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals is organizing the General Assembly, the 13th meeting of National / Regional Coordinators and Task Force Leaders. The General Assembly will meet on April 11 2007 in Vienna.

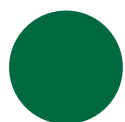
At the meeting the General Assembly will address the future constitution/legal framework of the International HPH Network. The statutory bodies of the Network, Task Forces and working groups will provide an overview of the activities carried out within the Network.

The purpose of the workshop is to:

- Discuss and agree on the future constitution of the HPH Network on the basis of draft proposal from the Governance Board;
- Present progress reports from Task Forces, Working Groups, Collaborating Centres, Governance Board and HPH Secretariat and agree on a action plan for 2007/2008;

Agree on the organization of the next international conferences in Berlin 2008, and in Athens 2009.

The participants of the General Assembly will be the coordinators of National / Regional HPH Networks, Task Force Leaders, observers from upcoming Networks, representatives from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, the WHO Collaborating for Evidence-Based Health Promotion in Hospitals, and the WHO Regional Office for Europe, including representatives from the Austrian Ministry of Health, Women and Youth.



Agenda

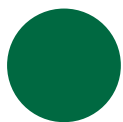
General Assembly – 13th meeting of the National / Regional Network

Coordinators and Task Force Leaders

Hosted by the Austrian Ministry of Health
Radetzkystr. 2, Hall, ground floor, 1030 Vienna, Austria

Wednesday 11 April 2007 from 9 a.m. – 5.00 p.m.

PROGRAM	
08:45 – 09:00	Registration
09:00 – 09:15	Opening: <i>Hanne Tønnesen</i> Austrian Ministry of Health, Women and Youth: <i>Prof. Robert Schlögel</i> Local Conference Organizer: <i>Christina Dietscher / Jürgen Pelikan</i>
09:15 – 09:35	Governance Board: Annual Work Plan and progress, recommendations from the SC to be discussed and decided upon in the GA: <i>Ann O’Riordan</i> – 20 min.
09:35 – 10:00	Coffee break
10:00 – 12:30	Future Constitution of HPH Network: <i>Nils Undritz</i> Presentation - 30 min Discussion - 120 min
12:30 – 01:30	Lunch
01:30 – 03:00	Future Constitution of HPH Network: <i>Nils Undritz</i> - Continued Discussion (continued) - 45 min Decisions – 45 min
03:00 – 03:20	HPH Secretariat: Annual Work Plan and progress, administration, membership, communication strategy, budget, balance and approval of budget: <i>Hanne Tønnesen</i> – 20 min.
03:20 – 04:40	Progress reports: WHO Collaborating Centres, Task Forces and Working Groups: <i>Hanne Tønnesen</i> WHO-CC for Evidence-based Health Promotion in Hospitals: <i>Hanne Tønnesen</i> WHO-CC for Health Promotion in Hospital and Health Care: <i>Jürgen Pelikan</i> WG: Effectiveness / Contribution of HPH: <i>Margareta Kristenson</i> TF on Health Promoting Psychiatric Services: <i>Hartmut Berger</i> TF on Migrant-friendly Hospitals: <i>Antonio Chiarenza</i> TF on Health Promotion for Children and Adolescents: <i>Fabrizio Simonelli</i> WG: Patient Safety: <i>Jürgen Pelikan, Christina Dietscher</i> TF on Quality based purchasing, past, present and future: <i>Hanne Tønnesen</i> 5 min presentation with max 3 slides & 5 min discussion, each
04:35 – 04:50	Sharing of experience and closer cooperation: <i>Lillian Møller</i>
04:50 – 05:00	16th International Conference on Health Promoting Hospitals 2008: <i>Felix Bruder, Berlin</i> , HPH Conferences 2009 and 2010: <i>Christine Dietscher</i>
05:00	Closure



List of Participants

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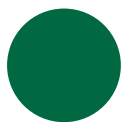
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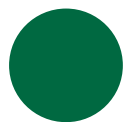
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