



**H e a l t h  
P r o m o t i n g  
H o s p i t a l s**

# **Report on the 12<sup>th</sup> WHO Workshop of National / Regional Health Promoting Hospitals Network Coordinators**

**Palanga, Lithuania, 24 May 2006**

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## **Abstract**

The Secretariat for the International Network of Health Promoting Hospitals organized the 12<sup>th</sup> Workshop of National / Regional HPH Network Coordinators that took place in Palanga on 24 May 2006. The purpose of the workshop was to discuss and agree on the future structure and work of the HPH Network, to present progress reports from Task Forces, Working Groups, the International HPH Secretariat, WHO CCs, and the Steering Committee and discuss their support for the overall Network development, and finally agree on the organization on the next International HPH Conference in Vienna 2007 and Krakow or Athens 2008.

The participants of the workshop were coordinators of National / Regional HPH Networks, representatives from the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care and the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals, one representative from the WHO Regional Office for Europe, and observers.

The future structure, objectives and membership criteria of the HPH Network were discussed in working groups resulting in recommendations and priorities, which subsequently were discussed and decided upon in plenum. The discussion and decision-making in plenum exceeded the scheduled timeframe, and only Steering Committee and International HPH Secretariat presented progress reports.

The remaining progress reports are included in the Annex of this report.

Next year's International HPH Conference in Vienna was shortly presented, and it was decided to do further negotiations concerning the two offers to host the conference in 2008



## Introduction

The annual workshop of National / Regional HPH Coordinators was organized on 24 May in Palanga, Lithuania. The main items on the agenda were:

1. Discussing the future structure of the HPH Network regarding:
  - Scope & Purpose and Objectives
  - Structure: Governance and Operational Level
  - Election Procedure to Steering Committee
  - Criteria for membership
2. Election to Steering Committee
3. Presentation of Progress Reports from:
  - Steering Committee
  - International HPH Secretariat
4. Presentation and discussion of:
  - How can we as a Network support each other?
  - Exchange Program for employees
5. Presentation of Progress Reports from:
  - Task Forces
  - Working Groups
  - Thematic Networks
  - WHO Collaborating Centres
6. Next HPH conference

Progress Reports were presented from the Steering Committee, on fund-raising, and the HPH Secretariat; the latter also presented the economy, budget and balance for the Secretariat and the Network.

The discussion and decision-making concerning the future structure of the HPH Network was based on the HPH Document 2006, distributed to all participants one-month prior the workshop, was put into focus of the workshop and the General Assembly decided this should replace the general agenda.

Decisions regarding electorate and election procedure, criteria of membership and operational levels were made in plenum by the General Assembly, and the first election in the HPH Network was made. Future conferences were presented and discussed.

The following sections summarize the presentation of the Steering Committee and the International HPH Secretariat, and the conclusions from the discussion in plenum at the workshop regarding the future structure of the HPH Network based on the HPH Document 2006. The report also includes planned progress reports from the working groups, Task Forces and WHO Collaborating Centres.



## Discussion of the new structure of the Network

Discussions on a new governance structure of the WHO HPH Network were initiated at the workshop of National / Regional Network Coordinator in Moscow 2004, and 2005 it was decided to establish the Steering Committee and an independent International HPH Secretariat at WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals. During 2005-2006 an interim Steering Committee has worked to develop suggestions and recommendations regarding the future structure of the WHO HPH Network, which were presented in the HPH Document 2006. The document formed basis for the discussions at the Coordinator Workshop in Palanga 2006.

In order to give all participants the possibility to actively take part in the discussion and exchange experience and knowledge a division into well-functioning Working Groups was made. The recommendations and priorities made in the Working Groups were subsequently discussed and decided upon in plenum.

Following subjects from the HPH Document 2006 were discussed in working groups:

- Scope, Purpose and Objectives
- Structure: Governance Level
- Election Procedure to Steering Committee
- Structure: Operational Level
- Criteria for Membership

The aim of the working groups was to set up recommendations and priorities to be discussed and decided upon in plenum subsequently.

## General Assembly

The HPH Document 2006 suggested the establishment of a general assembly, being the core of the Network and consisting of National/Regional/Thematic Network Coordinator, Task Force Leaders and representatives of the WHO CC Copenhagen, WHO CC Vienna, and WHO Barcelona. All meet annually at the HPH Coordinator Workshop.

The suggestion was approved. Furthermore it was decided that representatives from upcoming HPH Networks could be invited as observers. The General Assembly decides on drawing up guidelines for the WHO HPH Network, strategies, and objectives. It can appoint Task Forces and working groups. The General Assembly is committed to work towards achievement of the official goals of the HPH Network described in the HPH Document 2006.

### ***Voting and voting rights***

The composition of the electorate in the General Assembly was discussed, and it was suggested that all representatives (exclusive observers) should have the right to vote, however, emphasis was put on the work and role of the National / Regional Coordinators.

**Vote Result:** First vote regarded whether Task Force Leaders and Thematic Network Leaders should have the right to vote in the General Assembly. Before voting the WHO and the WHO CC representatives refrained from participating in this specific vote. By qualified majority vote among the National / Regional Coordinators and Task Force Leaders it was decided that Task Force Leaders and Thematic Network Leaders do not have the right to vote in the General Assembly in the future.

Another subject for discussion was whether all National / Regional Coordinators were entitled to vote. Some Network Coordinators represent more than 50 member hospitals, others less than 10.



**Vote Result:** By qualified majority vote it was decided that all National / Regional Coordinators have the right to vote in the General Assembly, irrespective of number of member hospitals.

#### ***Voting procedure***

It was generally agreed to make decisions by qualified majority vote in the General Assembly. The vote could be by hand or in case of election to Steering Committee by ballot.

#### ***A legal framework***

It was decided to work towards a legal framework regarding the formal structure of the WHO HPH Network. Nils Undritz complied with setting up a working group, which will work out a proposal for this structure, and every one interested should join.

## **Steering Committee**

The working group concerning the election procedure to Steering Committee recommended 2 seats for guests; one-reserved upcoming Networks and one reserved extra-European Network Coordinators. It was proposed that the Steering Committee should consist of more elected members and a minor number of permanent seats. It was also discussed whether Task Force Leaders and Thematic Network Leaders should be represented ex officio in the Steering Committee.

**Vote results:** The Steering Committee counting 12 members, and the composition was decided by qualified majority vote: WHO CC Copenhagen, WHO CC Vienna and WHO Europe are each represented with 1 seat each ex officio, other 9 members are elected members of the electorate (i.e. National / Regional Coordinators).

The General Assembly agreed on an election period of two years for all 9 elected members and re-election only once. The election will be by secret ballot. The decision procedure in the Steering Committee was also subject for discussion, and the general agreement was to keep to the principle of consensus.

It was generally agreed in the General Assembly that the Steering Committee could invite relevant guests as considered necessary to the discussion on the Steering Committee agenda, including Host Coordinators from the last and forthcoming International Conferences, Observers, Taskforce Leaders and Thematic Networks.

**Vote results:** Elected Members of the Steering Committee 2006-2008 are Irena Miseviciene (Lithuania), Christina Dietscher (Austria), Ann O'Riordan (Ireland), Margareta Kristenson (Sweden), Carlo Favaretti (Italy), Zora Bruchacova (Slovakia), Yannis Tountas (Greece), Nils Undritz (Switzerland) and Lillian Møller (Denmark) / Elimar Brandt (Germany). The result of the vote was a tie between the two candidates Lillian Møller and Elimar Brandt, it was decided that Lillian Møller will participate in the first two meetings and Elimar Brandt will participate in the next two meetings.

## **Working Groups and Task Forces**

It was generally agreed that working groups emerge at the initiative of the Steering Committee or the General Assembly. Task Forces are appointed by the General Assembly, and by approval of the General Assembly a working group may continue or develop into a Task Force, which can include expertise from outside the WHO HPH Network. These should be encouraged to join the HPH Network.



## Coordinating Centres

The obligations, designation, extension of the Coordinating Centres were discussed. Most National / Regional Networks have signed standardized agreements every fourth year. The present agreement is presented in the HPH Document 2006. New criteria for Coordinating Centres may be relevant. Today there are no means or verification to change the Coordinating Centre/ Coordinator, if for instance the members are unhappy with the respective Coordinating Centre/Coordinator.

The process of (re-) designating the Coordinating Centres every fourth year should include an evaluation of member satisfaction and fulfilment of standardized Coordinating Centre criteria. This subject was recommended as part of the new work plan of the Steering Committee. The Secretariat will follow up the Networks without valid Coordinating Centre Agreement.

## National / Regional Networks

The working group regarding Structure: Governance Level recommended that the procedure for recognition of a HPH Network should not be changed and the General Assembly approved this.

## Membership Criteria

The existing membership criteria for hospitals to join the WHO HPH Network are among others to fill out one hospital questionnaire and three project questionnaires. Self-Assessment was suggested as the membership criteria that could replace project registration. Today the National / Regional Networks operate with different local membership criteria including Self-assessment Tool, Project Questionnaire or acceptance of the philosophy of the Ottawa Charter and the Vienna Recommendations. Some Networks wanted to continue their practice on international level.

The Self-assessment Tool has been validated and included as part of the HPH products. Today some Networks have put the Self-assessment Tool into the national criteria for membership; other Networks find it difficult and time-consuming.

The value of project registration was questioned as quality and quantity of the projects differ within both Network and hospital, and it was put forward that project registration might have become redundant.

Also the question of extending membership to other institutions than hospitals was discussed. On one hand the Network wishes to extend its scope and on the other hand the Network wants to stay a hospital Network.

The General Assembly agreed that clear and measurable criteria were necessary and that self-assessment should be part membership criteria on long term. The General Assembly decided to leave this subject to further discussion in the Steering Committee.

It was decided that the decision to include other non-hospital healthcare organizations/facilities i.e. community services etc and other institutions involved in the Health Care Sector was a national decision. The name of the Network should be revised and a firm proposal should be brought to the General Assembly in Vienna, 2007, for discussion and agreement.



## Payment of fee

Most Networks pay their membership fees within the deadline. However, the amount of pending fees for 2005 was € 24,990 at the time of the Workshop. The Secretariat had discretely delivered reminders to the relevant Coordinators at the Workshop.

It was discussed how to deal with non-paying members. It was generally agreed to have sanctions against non-paying members. Solutions as warnings, loss of voting right, and exclusion from the General Assembly were discussed.

The General Assembly asked the Steering Committee to work out guidelines on the subject.

**NB Until new decisions are made, business as usual.**





## Progress Reports

### Steering Committee

At the 1<sup>st</sup> meeting in the Steering Committee in Dublin, May 2005, it was agreed on a working plan to develop the future structure of the HPH Network and decided to focus on the subjects mentioned below.

At the 2<sup>nd</sup> meeting in Copenhagen, December 2005, it was decided that the HPH Network would continue to be called WHO HPH Network and WHO will go on using and supporting the Network in the future. It would be a priority to build a strong international Network, however, it is still too early to establish continental Networks.

Regarding the future structure of the WHO HPH Network it was decided to develop a HPH Document to form the basis for wider consultation and discussion. The document was merged, consisting of suggestions and recommendations from the Steering Committee concerning:

- Scope, purpose and objectives
- Structure – governance and operational level
- Role of partners, power structure & election procedure to Steering Committee
- Membership – membership criterion
- WHO and the HPH Network
- Communication Strategy
- Research and Learning Organization

One month prior to the Coordinator Workshop the HPH Document 2006 was distributed to all invited Workshop participants.

### International HPH Secretariat

The HPH Secretariat was transferred gradually from WHO Barcelona to WHO CC for Evidence-Based Health Promotion in Hospitals in 2005. In accordance with the decisions made at the 11<sup>th</sup> National / Regional Coordinator Workshop and the agreement between WHO and WHO CC Copenhagen, which was approved by Bispebjerg Hospital and the Danish Ministry of Interior and Health, the WHO CC Copenhagen will host the Secretariat 2005-2008. The main functions of the new and independent Secretariat are administration and development of a communication strategy. The Secretariat budget is predominantly based upon incoming fees and the increase in the fee, as decided at the Coordinator Workshop in Moscow 2004.

The HPH Secretariat has provided certificates and acknowledging HPH memberships and this included the development of simple internal and external procedures for new and extending members and established Networks, the standardization of agreements and documents, the planning and description of future on-line registration, and the support and supervision of upcoming members and Networks.

Response to inquiries, study proposals, and raising the research agenda within the HPH Network are other main functions.

Another administrative challenge has been the monitoring payment of fees. The Secretariat has gathered detailed information and experiences from WHO, Barcelona, and worked to implement the new progressive fee structure, which was decided at the National / Regional Workshop in Moscow 2004. An ongoing effort is made to develop simple and smooth standard procedures for the distribution of invoices and hospital payment via National / Regional Coordinator.





The HPH Secretariat has developed an internet-based communication strategy and a tailored interactive website has been described and initiated. This has included the establishment of IT Group, support, platform/host, and maintenance. Some elements of the interactive homepage are highly customized the HPH Network and they have taken longer to develop and been more resource-demanding than planned, and therefore the project has been delayed. Hence the website was put subject to external revision.

The external revision of the website stated that the basic components are of good quality and high complexity but that a simpler user-friendly graphic interface still needs development, otherwise the already developed interactive parts can not be used. It also stated that the original budget was too low to organize the described and needed interactivity as online registration of membership, report of standards and DRGs. An increase of Euro 15,000 in budget was recommended to finalise the homepage, and finalising the homepage is the top priority of the HPH Secretariat.

### ***Economy***

The original budget for 2005 and 2006 had a negative balance of € 24,500 and 25,000, respectively. The Danish Ministry of Interior and Health supports the establishment of the Secretariat by these sums in 2005-2006. From 2007 the new fee structure will be fully implemented resulting in a balanced budget.

At the workshop the Secretariat presented the first HPH Budget and Balance for 2005. The balance was positive: +3,290 Euro. The item of IT development was higher than expected, but the other items were lower.

#### **HPH Budget and Balance 2005**

<b>Income, total</b>	<b>69,200</b>	<b>98,700</b>
Membership Fees (Instalment Barcelona)	60,000	65,000
IT Maintenance CHC	2,500	2,500
Office Facilities BBH	6,700	6,700
Ministry of Interior & Health	0	24,500
<b>Cost, total</b>	<b>93,700</b>	<b>95,410</b>
Staff (secretary, op manager, dir)	31,000	24,152
N/R Coordinator Workshop	0	0
Meetings and travels	5,000	4,483
IT Maintenance	3,500	2,500
Office Facilities	6,700	6,700
IT Development	45,000	57,173
Miscellaneous	2,500	402

#### **HPH Budget and Balance 2006**

<b>Income, total</b>	<b>117,500</b>	<b>May 2006</b>
Membership Fees	95,000	38,650
IT Maintenance CHC	2,500	2,500
Office Facilities BBH	20,000	20,000
Ministry of Interior & Health	0	25,500



<b>Cost, total</b>	<b>128,000</b>	
Staff (secretary, op manager, dir)	72,000	
N/R Coordinator Workshop	16,000	
Meetings and travels	5,000	
IT Maintenance	10,000	
Office Facilities	20,000	
IT Development	0	15,000
Miscellaneous	5,000	

Furthermore, we have still pending fees of **€24,990**, not included in the budget or balance from 2005 and expect the same amount in 2006 with the budget above. The General Assembly was encouraged to discuss how to deal with non-paying members and how to spend the money. The presentation from the Secretariat was accepted by acclamation.

### How can we as a Network support each other?

As Network different sources are relevant regarding financial support of Network members, e.g. Membership fees, Health Ministry, Health Research Grants and EU funded projects. Financial support could be a result of partnership working or collaborative action. National / regional Networks have very limited means to support other Networks.

In 1996 an Expert Group came out with an report regarding fundraising which concluded that it would not be feasible to establish a single European fund-raising program for reasons such as variation in the funding requirements of different national / regional Networks, the differing legal and tax situations, and a tendency of donors to relate better to a national / regional issue rather than a global, European one.

In the report it was recommended to establish and develop national / regional HPH Networks throughout Europe with a European Coordinating Centre, and this has happened. As for fund-raising it was recommended that each country made their own financial and fund-raising plan of action and found influential patrons. The Network was urged to explore private funding but this was not observed because of lack of patron. All Networks should reconsider the possibility of funding.



## Conclusions

### New governance of the international HPH Network

The HPH Network continued the work initiated in 2004 and 2005 of the establishment of the new governance structure.

#### General Assembly

1. A General Assembly was established and it consists of National/Regional/Thematic Network Coordinators, Task Force Leaders, and representatives of the WHO CC Copenhagen, WHO CC Vienna and WHO Barcelona. All meet annually at the HPH Coordinator Workshop. Representatives from upcoming HPH Networks can be invited as observers.
2. In the future the General Assembly decides on drawing up guidelines for the HPH Network, strategies, and objectives. It can appoint Task Forces and working groups and it is committed to work towards achievement of the official goals of HPH Network described in the HPH Document 2006.
3. The electorate of the General Assembly includes all National/Regional Coordinators.
4. Decisions are made by qualified majority vote; this can be done by hand or by ballot as in case of the election to Steering Committee.
5. The General Assembly appointed a working group concerning the legal framework of the HPH Network.

#### Steering Committee

1. The General Assembly decided that the Steering Committee counts 12 members; 3 permanent members representing the WHO CC Copenhagen, WHO CC Vienna, and the WHO Barcelona and 9 elected members of the electorate (National/Regional Coordinators). The election period is 2 years and re-election can take place only one time. After an interval of minimum one election period you can be elected again
2. The decision procedure in the Steering Committee is by consensus.
3. The Steering Committee can set up working groups.
4. The Steering Committee can invite guests to participate as observers in their meetings.

#### Non-hospital units as members

The General Assembly decided that the question whether to include other institutions than hospitals in the HPH Network, is a national question. The name of the HPH Network must change accordingly to this decision. Proposals will be made at the next HPH Workshop in Vienna 2007.

#### Membership Criteria

The General Assembly agreed that clear and measurable criteria were necessary and that self-assessment should be part of membership criteria on long term. The Steering Committee was asked to discuss the subject and work out guidelines for membership criteria.

#### Payment of membership fees

The General Assembly agreed to have sanctions against non-paying members. Solutions as warnings, loss of voting right, and exclusion from the General Assembly were discussed. The Steering Committee was asked to discuss the subject and work out guidelines for membership fees.

#### Coordinating Centres

The process of (re-) designation of the Coordinating Centres should include an evaluation of member satisfaction and fulfilment of standardized Coordinating Centre criteria. The Steering Committee was asked to discuss the subject and work out guidelines for Coordinating Centres.



### **Steering Committee: Work Plan**

An activity plan for the Steering Committee was agreed upon in the Steering Committee meeting subsequent to the Workshop, and it includes the following items:

Assignment	Description	Assigned by
Working Group/ Nils Undritz	Legal Framework of the International HPH Network	The General Assembly
Working Group/ Nils Undritz, Louis Côté and Zora Bruchachova	Scaled Membership Fees	The Steering Committee
Assignment	HPH Document 2006: Description	
The HPH Secretariat	Revision of the HPH Document 2006 according to the decisions made by the GA, followed by distribution to the SC as soon as possible and then to the members of the GA. Distribution of the new texts (see below) one-month prior the next SC Meeting. At the Meeting in November the document should be finalised and put out for endorsement at the General Assembly, Vienna 2007.	
Carlos Favaretti, Margareta Kristenson	Membership Criteria Proposal to the Secretariat no later than 1 Oct 2006	
Ann O'Riordan	Obligations and (re-) designation of National Regional Coordinating Centres. Proposal to the Secretariat no later than 1 Oct 2006	
Hanne Tønnesen	Research. Proposal to the Secretariat no later than 1 Oct 2006	
Margareta Kristenson	Evaluation and Learning Organization. Proposal to the Secretariat no later than 1 Oct 2006	
The Secretariat	Finalising the interactive homepage before the SC meeting, Nov 2006	

The next meeting in the Steering Committee will take place in Barcelona, 24 November 2006.



## Annex: Progress Reports

As focus was put on the future governance and operational structure of the international HPH Network, not all progress reports from the Task Forces and working groups were presented at the Workshop. In this annex the remaining progress reports are presented.

### HPH - Exchange Program

International HPH staff exchange between the member organizations of Finnish Network and other HPH Networks began in February 2006. The idea of having a staff member spending one week in another HPH hospital is a concrete form of widening the experience on health promotion, to get new ideas, even challenges and understand different cultures and ways of health promotion.

The exchange is organized through Network Coordinators, who select the applicants and forward the applications to the Coordinator of the welcoming Network. The participant will not be paid during the stay, but meals and lodging as well as any extra program will be provided by the welcoming organization. The travel expenses should be taken care of by the participant or the sending organization.

As the exchange program is new and only first experiences are available, there are no definite conclusions made yet. However, the first welcoming hospitals in Finland to participate in the program have forwarded most satisfactory comments. The evaluation form for the participants has just been put into use.

### Task Force on Health Promoting Psychiatric Services

The Task Force on Health Promoting Psychiatric Services counts 47 members, 12 associated members and 14 interested in cooperation; a total of 73 psychiatric services. The main topics within the Task Force is to develop supportive structures for:

- Patients: psycho-education, job agencies, cyber café, early prevention of depressive disorders and suicidal behaviour, and detecting and consulting of high-risk families;
- Staff: Prevention of violent behaviour, general education in strategies of health promotion;
- Communities: Networking with other services, supporting patient movements and self help initiatives

Outside the Task Force the Health Promoting Psychiatric Services involved in extensive lecturing and poster presentations and teaches Psycho-educative Family-intervention and ProFuma. The Task Force functions as organizer and co-organizer as several national conferences and cooperates with IMHPA/European Platform, EMIP, DGPPN – Guideline – Working Group, DNGFK, Polish – German Psychiatric Society, and members of the board of BDk.

In the future the Task Force will focus upon developing the focal points of the Network and an internet-based communication forum for its members. As Task Force and in cooperation with other mental health services it will design guidelines for mental health promotion in psychiatric services.



## Task Force on Migrant-friendly Hospitals

The aim of the Task Force on Migrant-friendly Hospitals is to create a framework for continuity after the conclusion of the project and to support participating organizations in becoming migrant-friendly and culturally competent health care organizations; MFCCH. To meet this aim the task force will:

- Share and disseminate best policies and practice and develop operational tools;
- Foster cooperation and alliances between internal and external Networks;
- Promote continued visibility for the concerns of migrant health promotion and ethno-cultural diversity.

To disseminate and develop evaluated examples of good practice and policies working groups have collected and shared best policies and practices and selected priorities relevant to their topic area. The implementation is being expanded by partners of the former European project and by national / regional Networks.

To inform and communicate knowledge and experience the task force has participated in various national and international conferences and workshops during the last year. 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 Task Force has worked to create partnerships and international contacts, and all working groups work according to a defined strategy. Working Group Leaders have developed working papers containing operational tools for health organizations and initial proposals for the development of migrant specific and cultural competence standards have been suggested.

2006-2007 the Task Force will continue the initiated work in working groups, develop websites connected to already existing HPH websites and continue the development of standards and indicators of migrant specific and cultural competent health care organizations.

## Task Force on Health Promotion for Children and Adolescents

The idea to start up an international and interdisciplinary expert group working on the theme of Health Promotion for Children and Adolescents by Hospitals was presented at the 11<sup>th</sup> international HPH conference in Florence May 2003. The specific Task Force and the related international working group were officially established in April 2004, within the international HPH Network. Its mission is to apply HPH principles and criteria to the specific issues of children and adolescents, providing an organic conceptual and operational framework as an authoritative scientific support.

The Task Force has focused on definition of a specific conceptual and operational background. The Task Force and working group meet twice a year. The activities carried out in the last year by the Task Force and related working group can be divided into different thematic areas, as follows:

- *HPH-CA Background:* A document on Health Promotion for Children and Adolescents by Hospitals (HPH-CA) and the final report on the HPH-CA Background Survey on Health promotion for children and adolescents in hospitals have been distributed.





- *Children's rights in hospitals:* An action plan to increase the awareness on the necessity of the adoption of the charters on children's rights in hospitals has been prepared (with regard to establish contacts with national/local authorities and elaborate a set of Recommendations on Children's Rights).
- *Current practices:* A template and list of criteria for mapping and evaluation of the current practices in this specific field have been elaborated.
- *HPH-CA Community of practice:* An online discussion forum has been established, restricted to the Task Force and working group members and supported by European Federation for the Quality in E-Learning.

During the International HPH Conference in Palanga the three documents mentioned above have been distributed. The Task Force and the working group continue to establish links with another Networks, associations and bodies, in order to evaluate and realise common pathways on relevant issues related to the area of health promotion for children and adolescents in hospitals.

### Pilot project on incorporating the HPH Strategy in the EFQM model

The objective of the pilot project is to describe the implementation of the HPH Core Strategies and of the Standards of Health Promotion in Hospitals as part of the overall organization quality improvement system and culture of the Immanuel Diakonie Group, Berlin (IDG). IDG is set in Hospitals and Social Facilities in Berlin, Brandenburg and Thüringen with more than 1000 beds and 1900 employees.

The pilot project "Implementing the HPH Strategy and Standards through a combined application of the EFQM Excellence Model and the Balanced Scorecard" has been carried out according to the following methodical principles:

- Systematic implementation of HPH policy in the process of developing vision, values, and strategically basic orientations
- Development and implementation of a HPH-focused Balanced Scorecard for IDG

The pilot project demonstrated the 20 strategic objectives in the Balanced Scorecard of the IDG and its connections to:

- The 18 HPH Core Strategies and the 5 Standards for Health Promotion in Hospitals;
- The EFQM Excellence model

The result showed that the management instrument Balanced Scorecard in combination with the EFQM Excellence Model is an effective way for implementation of the HPH Policy as part of hospital quality improvement system.

### Self-Assessment Tool for Health Promotion in Hospitals

Health promotion is an integral part of the health care process and is related to clinical, educational, behavioural, and organizational issues. Quality improvement needs to embrace health promotion activities in order to make sure that effective approaches are used a continuously being monitored to improve outcomes.





As many common quality management tools do not address health promotion activities explicitly, the manual “Manual on implementing health promotion in hospitals” has been developed. Its aim is to enable managers and health professionals to: assess health promotion activities in hospitals; improve the capacity of health care organizations in improving health promotion activities; formulate recommendations for the improvement of health promotion activities in hospitals; involve all professionals and the patient in improving the quality of care; improve the coordination of care with other providers of care; improve the health and safety of staff and patients.

The self-assessment tool has undergone extensive piloting: In a first step the formulation of the five standards was piloted and in a second step, eight countries agreed to participate in a pilot implementation of the self-assessment tool. Subsequently, design and formulation of measurable elements were changed based on the evaluation of the piloting hospitals. In a final step, an external advisor reviewed the coherence and hierarchy of the measurable elements.

Individual hospitals, quality agencies, and in particular members of the International Network of Health Promoting Hospitals are encouraged to use this tool and to assess and improve the quality of health promotion activities in health care.

## WHO Collaborating Centre for Health Promotion in Hospitals and Health Care & Working Group Putting HPH Policy into Action

The centre is based at the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, University Vienna, Austria. It has the following terms of reference:

1. Scientific Coordination of the annual international HPH conferences
2. Editing of the HPH Newsletter
3. Further developing and updating the web-site of the centre
4. Further development of the knowledge base for health promotion in health care
5. Scientific advise and technical support
6. Initiate, coordinate and participate in international research, model and pilot projects

The first three terms are continuous tasks of the centre and partly funded by the Austrian Ministry of Health (€45,000 in 2005), and conference fees of the international HPH conferences (€35,000 Dublin; €15,000 Palanga). Main activities in these areas 2005 / 2006 included the editing of the virtual proceedings of the 13<sup>th</sup> HPH Conference in Dublin 2005, scientific preparation of the 14<sup>th</sup> HPH Conference in Palanga 2006, the start of the scientific preparation of the 15<sup>th</sup> HPH Conference in Vienna 2007, and the editing of the HPH Newsletters No 25 and 26.

The last three terms of reference refer to specific tasks of the centre, which are performed in projects, partly funded by the Austrian Ministry of Health. Main thematic areas of work in 2005 included:

- Health care as a specific setting for health promotion
- Workplace health promotion in hospitals
- Health promoting health services for migrants and ethnic minorities
- Mental health promotion in HPH
- Health promotion for children and adolescents in hospitals



Slides with the comprehensive report of the centre for 2005 / 2006 can be downloaded at the centre's website at <http://www.hph-hc.cc>.

## WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals

The 1<sup>st</sup> term of reference for the period 2004-2008 include support of countries in introduction of HPH strategies and standards. In 2005 the WHO-CC continued the high level of activity regarding:

- Finishing the Danish DRG work as planned
- National terminology work regarding prevention and health promotion
- Initiating the pilot test of the Task Force on Quality based purchasing
- Describing a model for monitoring the implementation of health promotion standards

The work plan 2006 focus on finalizing the pilot test, implement a Internet solution monitoring implementation of standards, and describe a model for systematic registration of risk factors.

The 2<sup>nd</sup> term is to support countries to further identify evidence of successful health promotion activities. In 2005 the WHO-CC:

- Followed-up upon tobacco, alcohol and physical activity
- Continued the work regarding chronic diseases
- Supported implementation of health promotion guidelines to prevent complications after surgery
- Continued ergonomic staff program and implemented a healthy workplace at the local hospital

In 2006 the development of the ergonomic program will be finalized; other parts will be continued.

The 3<sup>rd</sup> term is to provide advice with regard to teaching & training of staff in Evidence-Based Health Promotion. In 2005 the focus was upon clinical staff and on implementation of standards and indicators, including:

- Establishment of pre- and postgraduate education: tobacco, alcohol, and physical activity
- Postgraduate programs for master students, diploma nurses and physicians
- Trainees; WHO Summer School: Implementing evidence-based health promotion in hospitals
- PhD courses regarding evidence based medicine and systematic Cochrane review technique

The work plan for 2006 includes a description of a model for evaluation of staff education programs for health promotion.

The 4<sup>th</sup> term is to provide input to further develop of standards and indicators for health promotion in hospitals. In 2005 the WHO-CC participated in working groups, Workshops, Conferences, and published 5 national and international reports/papers, 8 scientific papers, and had 5 other scientific papers accepted for publication. In 2006 the plan is to further increase the health promotion research activities.

## Task Force on Quality based purchasing

Hitherto the tradition for registration of HP activities has been sparing and the activities are often invisible in the budgets and balances regarding hospital services as well as regarding economy. The first step to handle health promotion in DRGs is registration of the activities. Therefore, 15 new registration codes have been developed for documentation in the medical records and for reimbursement of HP activities in hospitals.



The objectives of the project were to evaluate the use of standardized registration codes for HP procedures in clinical day life in HP hospitals and to compare the use of the codes in standardized materials at HP hospitals and further to evaluate if the codes were useful, applicable, and sufficient.

The project has been a quality development study with participants from 19 departments/hospitals in 6 HPH Networks. The study consisted of two parts in accordance with the objectives. The study has been carried in three parts:

- A: 29 local consecutive medical records from each participating department/hospital to be coded by the local department/hospital exclusively
- B: 14 standardized medical records to be coded by all participants
- C: Evaluation of usefulness, applicability and sufficiency

Concerning Part A the response rate for the local consecutive medical records was 97-100%. The response rate in Part B was 85%. There was very high agreement among the departments in how and when to use the codes. The departments agreed in 122-136 of the 136 cases. 68 to 75% found that the codes were useful, applicable, and sufficient.

The conclusion was that the registration codes could be used in clinical day life. The results will be submitted for scientific publication in this year.



## List of Steering Committee Members

### Permanent Members

Oliver Gröne, WHO Regional Office for Europe  
 Hanne Tønnesen, WHO CC Copenhagen  
 Jürgen Pelikan, WHO CC, Vienna

### Elected Members

Irena Miseviciené, Coordinator, Lithuania.  
 Christina Dietscher, Coordinator, Austria  
 Ann O'Riordan, Coordinator, Ireland  
 Margareta Kristenson, Coordinator, Sweden  
 Carlo Favaretti, Coordinator, Italy  
 Lillian Møller, Coordinator, Denmark / Elimar Brandt, Coordinator, Germany\*  
 Zora Bruchacova, Coordinator, Slovakia  
 Yannis Tountas, Coordinator, Greece  
 Nils Undritz, Coordinator, Switzerland

### Invited observers

Louis Côté, Coordinator, Canada-Montreal

\*The result of the vote was a tie between the two candidates Lillian Møller and Elimar Brandt, it was decided that Lillian Møller will participate as member in the Steering Committee the first two meetings and Elimar Brandt will participate in the next two meetings.



## Scope and Purpose

The WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals is organizing the 12<sup>th</sup> Workshop of National / Regional HPH Network Coordinators, taking place on 24 May 2005 in Palanga.

The workshop will address important issues regarding the future structure and work of the HPH Network and provide an overview on the various Task Forces, Working Groups, Collaborating Centres, and the Steering Committee.

The purpose of the workshop is to:

- Discuss and agree on the future structure and work of the HPH Network;
- Present progress reports from Task Forces, Working Groups, Collaborating Centres, and the Steering Committee and discuss their support for the overall Network development;
- Agree on the organization of the next international conference in Vienna 2007, and discuss and agree on the organization and location of the international conference 2008.

The participants of the workshop will be coordinators of National / Regional HPH Networks, representatives from the WHO Collaborating Centre for Health Promotion in Hospitals, Health Care and the WHO Collaborating for Evidence-Based Health Promotion in Hospitals and the WHO Regional Office for Europe, and observers from upcoming Networks.



## Agenda

- 08.45 – 09.00 **Registration**
- 09.00 – 09.15 Opening: *Oliver Gröne*  
Local Conference Organizer: *Irena Miseviciene*
- Future structure and economy of HPH Network:** *Oliver Gröne*
- 09.15 – 09.45 Steering Committee Report and presentation of the HPH Document 2006: *Ann O’Riordan*
- 09.45 – 10.45 Working groups: Scope & purpose and objectives: *Yannis Tountas & Margereta Kristenson*  
Structure: Governance Level: *Oliver Gröne*  
Election procedure to SC: *Jürgen Pelikan & Hartmut Berger*  
Structure: Operational Level: *Ann O’Riordan & Antonio Chiarenza*  
Criteria for membership: *Carlo Favaretti & Zora Bruchacova*
- 10.45 – 11.15 Discussion and decisions in plenum
- 11.15 – 11.45 **Coffee Break**
- 11.45 – 12.15 Election to Steering Committee, according to the decision taken prior at the workshop
- 12.15 – 12.30 HPH Secretariat and Economy: Budget and Balance 2005, Budget 2006: *Hanne Tønnesen*
- 12.30 – 12.45 How can we as a Network support each other? E.g. Financial support, fundraising, seek partnership, collaborative actions, etc.: *Ann O’Riordan*
- 12.45 – 13.00 Exchange program for employees: *Virpi Honkala and Nils Undritz*
- 13.00 – 14.00 **Lunch**
- Progress reports: WHO CCs, TFs and WGs:** *Hanne Tønnesen*
- 14.00 – 14.15 Task force on Health Promoting Psychiatric Services: *Hartmut Berger*
- 14.15 – 14.30 Task force on Migrant-friendly Hospitals: *Antonio Chiarenza*
- 14.30 – 14.45 Task force on Health Promotion for Children and Adolescents: *Fabrizio Simonelli*
- 14.45 – 15.00 Pilot project on Incorporating the HPH Strategy in the European Foundation for Quality Management (EFQM) model and Balanced Scorecard: *Werner Schmidt*
- 15.00 – 15.15 Self-Assessment Tool for Health Promotion in Hospitals: *Oliver Gröne*
- 15.15 – 15.30 WHO Collaborating Centre for Health Promotion in Hospital and Health Care & Working group Putting HPH Policy Into Action: *Jürgen Pelikan*
- 15.30 – 15.45 WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals & Task force on Quality based purchasing: *Hanne Tønnesen*
- 15.45 – 16.00 15<sup>th</sup> International Conference on Health Promoting Hospitals 2007 in Vienna: *Christina Dietscher and Jürgen Pelikan*  
16<sup>th</sup> International Conference on Health Promoting Hospitals 2008: Where?
- 16.00 **Closure and coffee:** *Hanne Tønnesen*
- 16.30 – 18.30 **Third meeting of the Steering Committee for the HPH Network**



## Working Groups

### 1. Scope & purpose and Objectives

**Chair: Yannis Tountas and Margereta Kristenson**

Pierre Buttet  
Eva Koltay  
Marielle Martini

### 2. Structure: Governance Level

**Chair: Oliver Gröne, Assistant: Jutta Skau**

Irena Miseviciene  
Matthew Masiello  
Nils Undritz  
Louis Côté  
Simone Tasso  
Luigi Resegotti  
Karl Krajic

### 3. Election procedure to SC

**Chair: Jürgen Pelikan and Hartmut Berger**

Werner Schmidt  
Giorgio Galli  
Carlo Alberto Tersalvi

### 4. Structure: Operational Level

**Chair: Ann O'Riordan and Antonio Chiarenza**

Barbara Porter  
Fabrizio Simonelli  
Katalin Majer  
Christina Dietscher  
Tiiu Härm  
Virpi Honkala

### 5. Criteria for membership

**Chair: Carlo Favaretti and Zora Bruchacova**

Jim Robinson  
Felix Bruder  
Zora Bruchacova  
Milena Kalvachova  
Lillian Møller  
Joruun Svendsen  
Jacques Dumont  
Petra van Wezel



## Independent Secretariat for the HPH Network: Terms of Reference

### Independent Secretariat for the Health Promoting Hospital Network Terms of references

Oliver Gröne and Hanne Tønnesen

In the light of the new WHO country strategy, WHO's role in the coordination of the network also needs to be revised. In the last years, WHO has embraced the administration of the payment of fees and recognition of individual hospitals, the development and administration of an internet-based database, the contribution to and acknowledgement of national and international conferences, initiation, support of international working groups, and support of national training activities.

Discussions on a new governance structure of the HPH Network were initiated at the workshop of national/regional HPH network coordinators in Moscow (<http://www.euro.who.int/document/E84987.pdf>). It was concluded, that an "independent secretariat could be based at a WHO Collaborating Centre, a Ministry or an institution (e.g. University, school of public health) that has maintained an important contribution for the development of HPH".

An independent secretariat will be established to be responsible for the administration of members, internal and external communication strategy, database update and development and monitoring of membership fees.

#### Transfer to the WHO CC on Evidence-based health promotion in hospitals in Copenhagen

The administrative functions currently held by WHO will be transferred to the WHO CC on Evidence-based health promotion in hospitals in Copenhagen. Details are summarized below.

- Secretariat will be based at the WHO CC Evidence-based health promotion in hospitals, Copenhagen;
- Hanne Tønnesen is head of WHO CC;
- A part-time secretary will be employed for administrative issues;
- A part-time operations manager/researcher will handle most of the current network/project management issues.

#### Terms of reference for the secretariat in the period 2005 – 2008

The terms of reference will be described for the period 2005-2008 as this coincides with the period the WHO CC is recognized as WHO CC. The secretariat function should be included in the agreement between WHO and WHO CC and revised during re-designation process in 2008.

#### Terms of reference:

##### Administration

- Providing certificates and acknowledging membership
- Monitoring payment of fees

##### Developing communication strategy based up on an Internet solution, including:

- Keeping web pages up to date (list of coordinators, list of hospitals and member status)





- Establishing HPH library
- Responding to HPH inquiries according to the communication strategy
- Updating databases, including results from self-assessment of standards and registration of HP-codes

### ***Hospitals to join/administrative process***

A standard procedure will be followed for new HPH members to the network. The procedure will be published online and applying hospitals will be able to download all necessary documentation, questionnaires and tools online as on the WHO web pages ([http://www.euro.who.int/healthpromohosp/about/20020711\\_1](http://www.euro.who.int/healthpromohosp/about/20020711_1)).

At international level members are currently expected to endorse Ottawa Charter and Vienna Recommendations, develop a smoke-free setting, inform about hospital details and three projects/activities, enter this information in the HPH database and pay the annual membership fee. At national/regional level additional criteria apply.

1. Applicant informs on the overall procedure (most often by the coordinator) and downloads materials online
2. Applicant sends
  - a. Letter of intent to WHO CC and include
  - b. Information about hospital details and three projects/activities,
3. The WHO CC
  - a. Includes the information in the HPH database
  - b. Provides invoice and certificate
  - c. Sends information to the coordinator of the new member
4. The fee will be paid by applicant via network coordinator to WHO CC.

In the future it may be decided by the coordinators, that member hospitals carry out an annual self-assessment. The standard procedure to join will then be revised accordingly.

### ***Membership renewal***

The membership is renewed every fourth year.

### ***Communication strategy***

One of the main functions of the secretariat will be to facilitate HPH internal and external communications (as included under terms of reference above). In detail, the communication strategy will be developed as follows:

- Internal HPH communication strategy: Connect people and respond to inquiries (operations manager and secretary)
- External HPH communication strategy: identify partnerships for funding and development opportunities
- Internet solution to be developed and maintained by WHO CC head plus operations manager and secretary



- Functions of the database (and underlying databases):
  - Member hospitals
    - Project/activity database
    - Database on standards scores
    - Additional information, including news from
      - WHO
      - Steering Committee
      - Working groups and task forces
      - Collaborating Centers
      - Secretariat
      - Others, including Research and Development
  - Coordinator list
  - Collecting and distributing information, including news
  - Platform/discussion forum (open as well as closed) for task forces and working groups
- Develop a HPH library (database): publications, booklets, tools from national/regional networks, WHO, working groups under the Network, international organizations, research groups, important links, etceteras.

### **Others**

The WHO CC will

- Provide technical comments on study proposals
- Support research; developing research questions
- Advocate HPHs.

### **Budget for fees (used for secretariat)**

Previously, WHO supported the secretariat according to a strategy of supporting international networks. In the future WHO is implementing a new strategy supporting national taskforces and activities. Therefore, the secretariat budget is predominantly based upon incoming fees.

During the coordinators workshop in Moscow it was decided to increase the membership fee from 100USD to 250€.

Membership contributions are used to support international working groups, organization of workshops and preparation of documents for the HPH Network. The fee is reduced for Eastern European hospitals and has remained constant since its introduction. The increase in the fee will help to finance the secretariat, communication and distribution of information circulars.

Revised fee structure in 2005:

- Western countries: 250€
  - New EU states: 150€
  - Eastern countries: 100€
  - International countries: depending.
- Estimated contributions 2005: 60,000€
  - Estimated contributions 2006: 80,000€ (as the increase is 1/3 per year)
  - Estimated contributions 2007: 106,000€ (as the increase is 1/3 per year)



- Estimated contributions 2008: 106,000€ (as the new fees are fully implemented)  
In addition to HPH membership fees, WHO may support the WHO CC to in-kind contribution, however, there will be no additional financial support.

### Financial overview per the period 2005-2008

During the first year (2005) the secretariat will be established, and it is expected that the staff from the present secretariat in Barcelona will work together with the staff at the new secretariat in Copenhagen in this year in order to make the transfer and establishment as smooth as possible.

### Financial overview for 2005 for the new secretariat

It is a prerequisite that the secretariat as well as Internet communication strategy will be established in the first year. The fees are estimated to 60,000 €.

2005	Costs	Incomes	Balance
Secr adm	11.000		
Oper man	15.000		
Head	5.000		
		Fees	60.000
Workshop	0		
Meeting/tr	5.000		
IT maint	3.500	2.500	
Office facil	6.700	6.700	
IT develop	45.000		
Misc exp	2.500		
<b>Total</b>	<b>93.700</b>	<b>69.200</b>	<b>neg 24.500</b>

### Financial overview for 2006 for the new secretariat

The fees are estimated to 80,000€ for 2006.

2006	Costs	Incomes	Balance
Secr adm	22.000		
Oper man	40.000		
Head	10.000		
		Fees	80.000
Workshop	16.000		
Meeting/tr	5.000		
IT maint	10.000	2.500	
Office facil	20.000	20.000	
Misc exp	5.000		
<b>Total</b>	<b>128.000</b>	<b>102.500</b>	<b>neg 25.500</b>



### Financial overview for 2007-8 for the new secretariat

The fees are estimated to 106,000€/ year.

2007-8	Costs	Incomes	Balance
Secr adm	22.000		
Oper man	40.000		
Head	10.000		
		Fees	
		106.000	
Workshop	16.000		
Meeting/tr	5.000		
IT maint	10.000	2.500	
Office facil	20.000	20.000	
Misc exp	5.000		
<b>Total</b>	<b>128.000</b>	<b>128.500</b>	<b>pos 500</b>

Office facilities and part of the IT costs will be offered by Bispebjerg Hospital / Copenhagen Hospital Corporation. The IT hosting will be established inside the Copenhagen Hospital Corporation.

The rest 50,000€ will be fund raised for 2005 and 2006. For the following years the balance is expected to be close zero, otherwise the budget will be regulated in accordance with the income.



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