



HPH Newcomers' Workshop

- An introduction to the
International HPH Network



Program

Welcome and round of introductions / JS	09:00 – 09:20
Vienna Recommendations and Background / SF	09:20 – 09:50
Structure, Constitution & Communication / JS	09:50 – 10:10
< BREAK >	10:10 – 10:30
Member privileges and obligations / KF	10:30 – 11:00
Group work + final questions / all	11:00 – 11:50
Certificates & Closure / IN&JS	11:50 – 12:00



Welcome

Good morning

– and thanks for not snoozing, shopping or enjoying Gothenburg ☺

The concept of a Newcomers' Workshop

- the place to ask ANY questions
- the place to discuss and share with others also just starting up HPH
- = be inspired and get started with HPH

The participants:

- being a Newcomer and a local expert
- Bring your knowledge, approach, work and experience into play

Round of introductions:

- Presentation of all participants



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HPH Newcomers' Workshop

- Structure, Constitution and Communication of the International HPH Network



World Health Organization



Bispebjerg University Hospital

WHO Collaborating Centre



RESEARCH



EDUCATION



SCIENTIFIC
JOURNAL



HPH



CLINICAL EFFECT
DATABASES





WHO Terms of reference

Run the Intl HPH Secretariat

Support countries to:

- Implement WHO principles for HP and use HP strategies and standards
- Create further evidence
- Teach and train staff in EB HP
- Implement best EB practice for HP



HPH History

1988 – 97 From Project to European Network

2004 Int. HPH Network and Secretariat

2005 Gen Assembly & Governance Board

2008 HPH Constitution

2009 First Global HPH Strategy

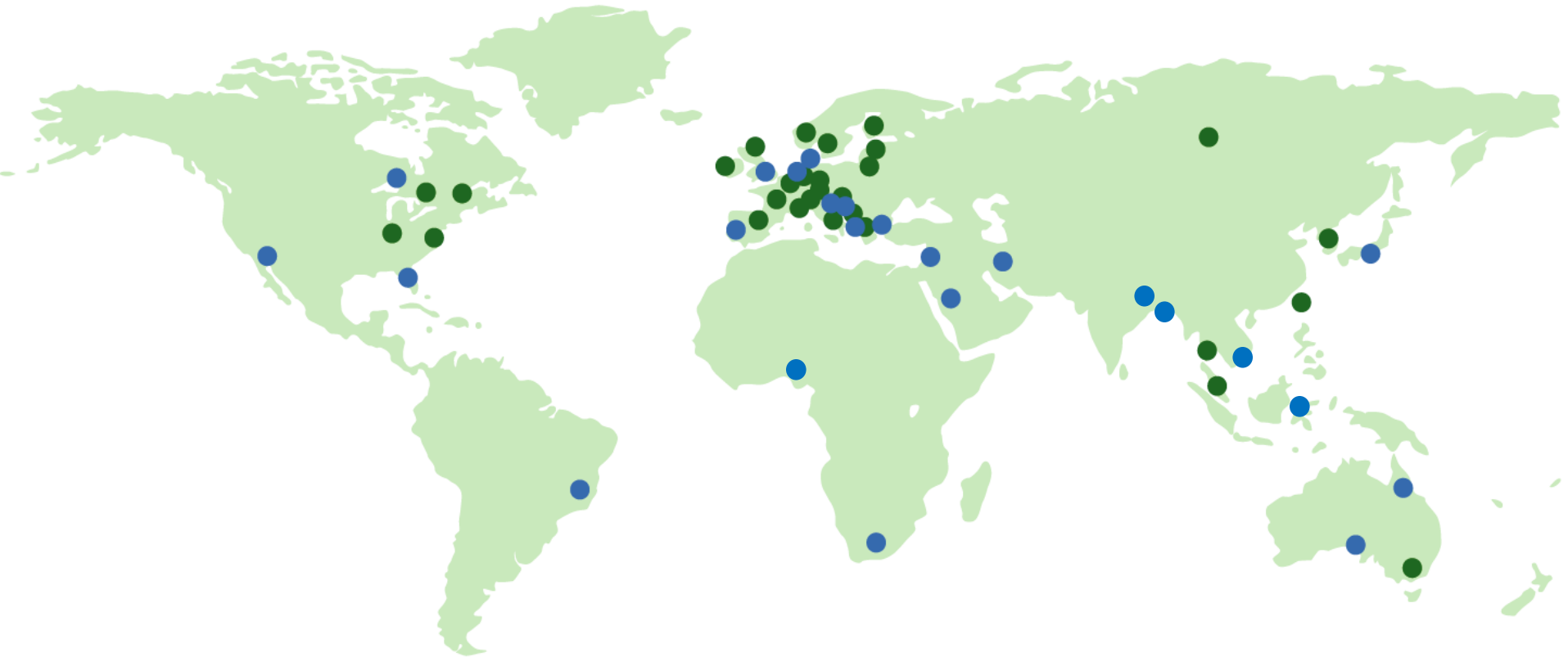
2010 MoU, New website, Intl Progress Rep

2011 Second Global HPH Strategy

2011 Scientific journal of Clinical HP
research and best practice

2012 First Intl HPH Conference in Asia,
Second Intl Progress Rep

HPH World Map



● = Country / Region with HPH Network(s)

● = Country / Region with individual hospital or health service HPH Member(s)



HPH Constitution

Mission

- "HPH shall work towards incorporating the WHO concepts, values, strategies and standards or indicators of HP into the organizational structure of the H/HS"

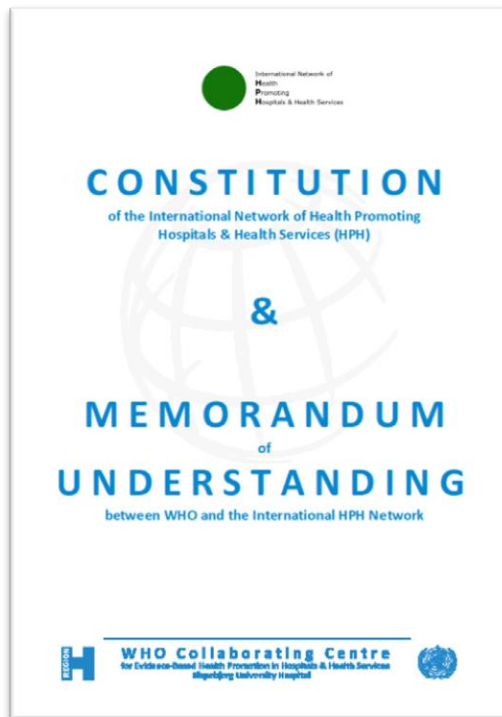
Vision

- "Increase the contribution of H/HS to better health gain through HP"

Ottawa Charter, Budapest Declaration, Vienna Recommendations, Bangkok Charter and WHO Standards for Health Promotion in Hospitals



How we work



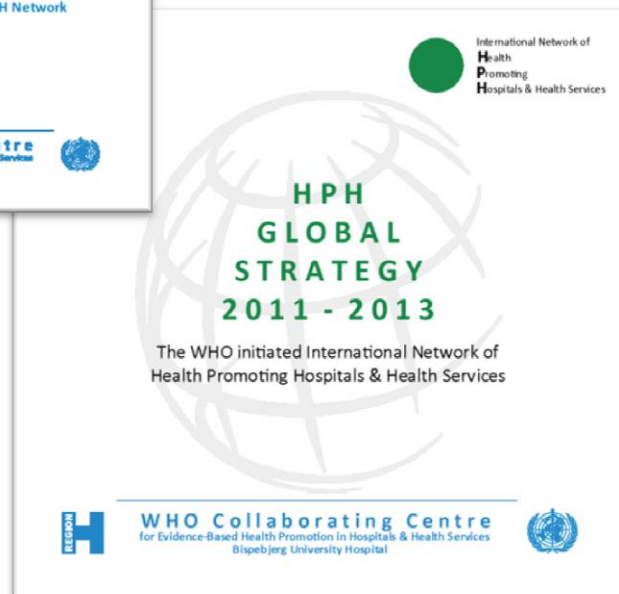
Priorities 2011 – 2013

Growth & Member Care

Visibility & Publication

Partnerships & Aff. Members

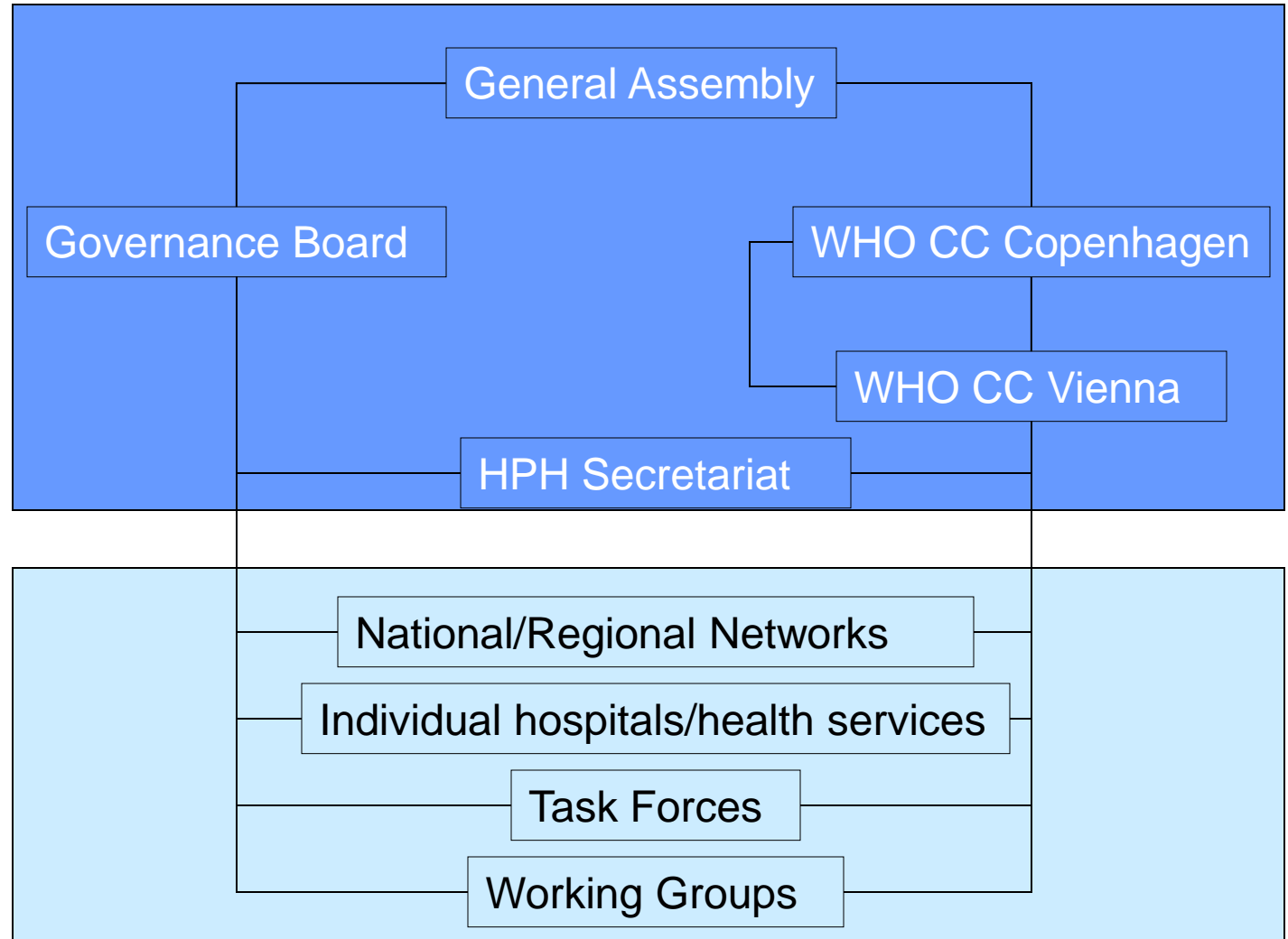
Qualitative Growth



Action Plan



HPH Structure





Organizational bodies

- **General Assembly**
 - National / Regional HPH Coordinators
 - WHO CC representatives
 - WHO representative (observer)
 - Task Force Leaders
 - Observers from upcoming networks
-
- **Governance Board**
 - 7 elected members
 - 2 WHO CC representatives (Vienna, Copenhagen)
 - 1 WHO representative



GB

1. Shu-Ti Chiou (Taiwan) (Chair)
2. Raffaele Zoratti (Italy) (Vice Chair)
3. Sally Fawkes (Australia)
4. Tiiu Härm (Estonia)
5. Manel Santana (Spain)
6. Somsak Pattarakulwanich (Thailand)
7. Heli Hatonen (Finland)

HPH Task Forces

- Migrant-Friendly & Culturally Competent Health Care **(IT)**
- HP for Children & Adolescents in & by Hospitals **(IT/PT)**
- Psychiatric Services **(D)**
- Tobacco-free United **(D)** (incl. ENSH participation)
- EB Alc. intervention in H&HS **(N)**
- HPH and the Environment **(TW)** (incl. HCWH and WHO participation)
- Health Promoting Physical Activity in H/HS **(S)**
- Age Friendly Care in H/HS

HPH Membership

N/R Network Member (Corporate Member)

- Minimum 3 hospitals / health services
- N/R Coordinator and coordinating institution
- HPH Network Agreement with the HPH Secretariat

Individual Member Hospital / HS

- Signing the HPH Letter of Intent



HPH Member Fee/Year

250 Eur per H/HS, or for bigger organizations:

0 to 1000 Employees	=	250 Eur
1000 to 2000	=	500 Eur
2000 to 3000	=	750 Eur
3000 to 4000	=	1000 Eur
4000 to 5000	=	1250 Eur
5000 to 6000	=	1500 Eur
(and so forth)		



Best Evidence-Based HP

Includes three parts

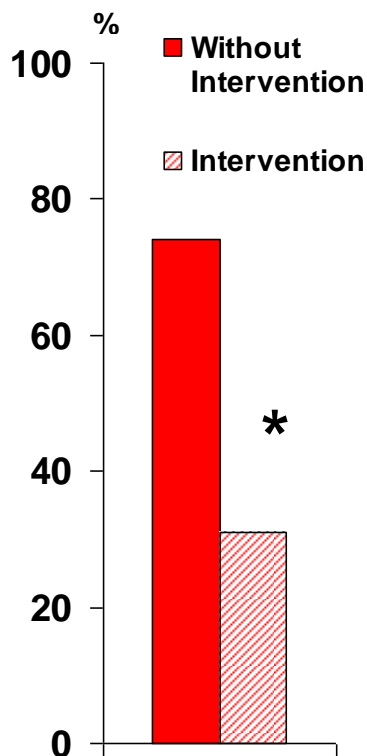


(Sackett, DL, Strauss SE, Richardson WS et al. *Evidence-based medicine*. Churchill Livingstone 2000)



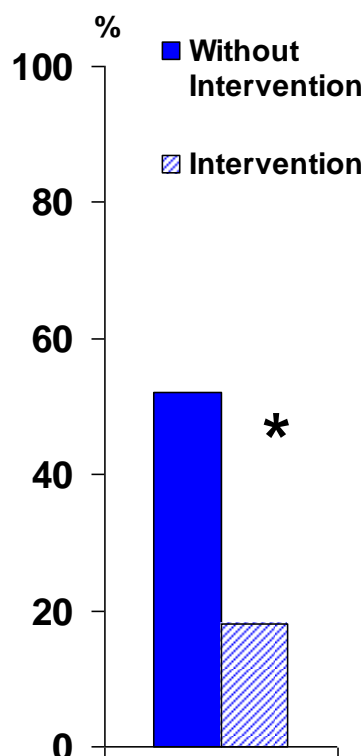
Ex: Adding HP to surgery

Alcohol cessation int.
Colorectal Resection



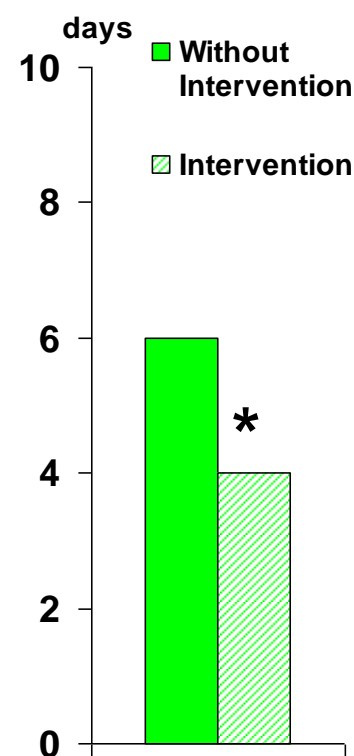
Postop complications
(BMJ 1999)

Smoking cessation int.
Hip/Knee Replacement



Postop complications
(Lancet 2002)

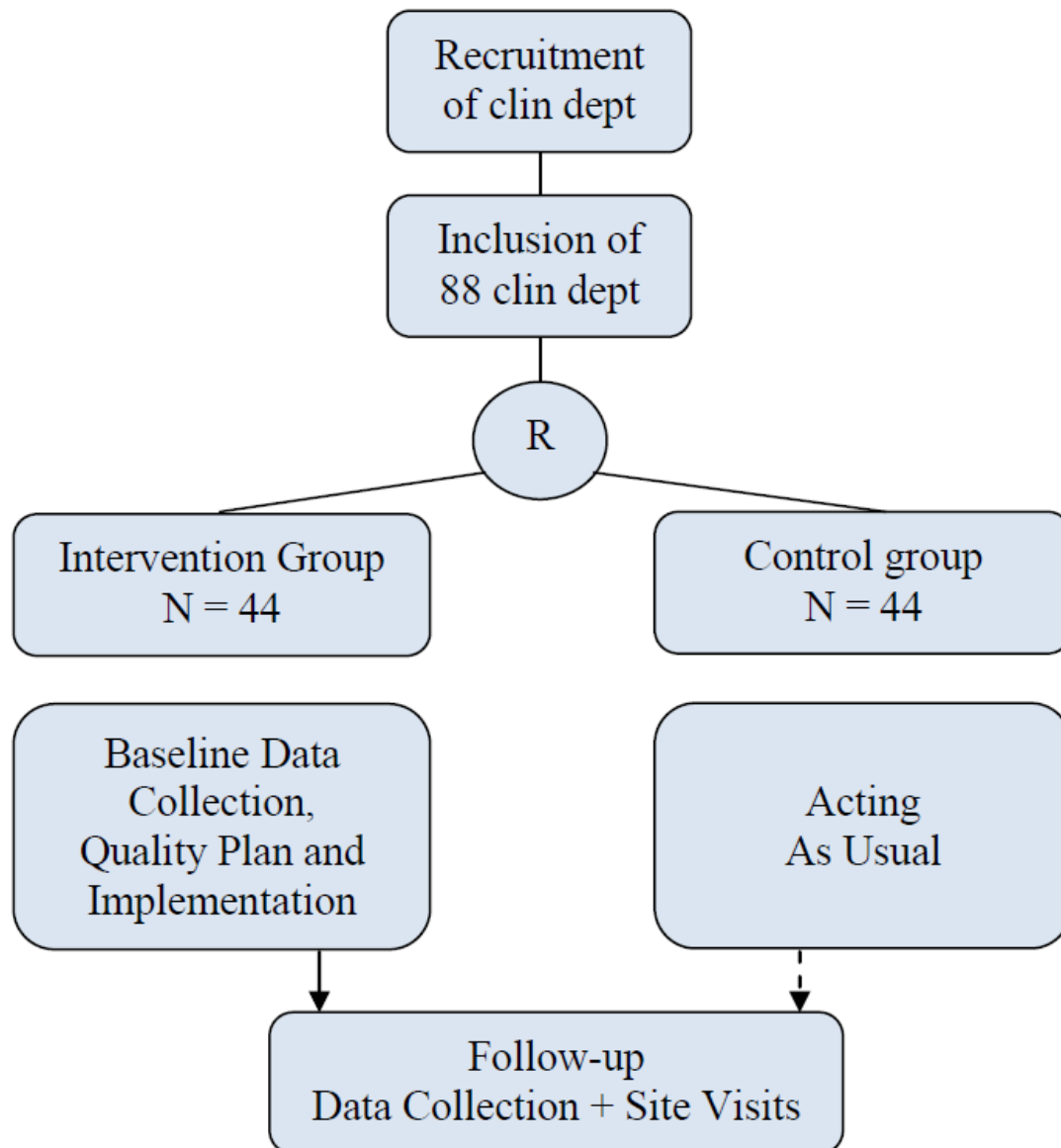
Physical exercise int.
Spine Surgery



Postop recovery
(BMC Health Serv Res 2008)



Trial Profile





Communication and tools

- Conferences (L, N, R, Intl)
- Schools (new, WHO-HPH, N/R)
- GA + Courses + staff exchange
- Newsletter + journal
- Hphnet.org
- **Tools:** Twinning, entry/exit forms, affiliated membership, Webex, Google maps, Linkedin, FB, twitter, Generic HPH Slides, Project Zones, forum, N/R and TF subsites, Library, Guides etc etc.



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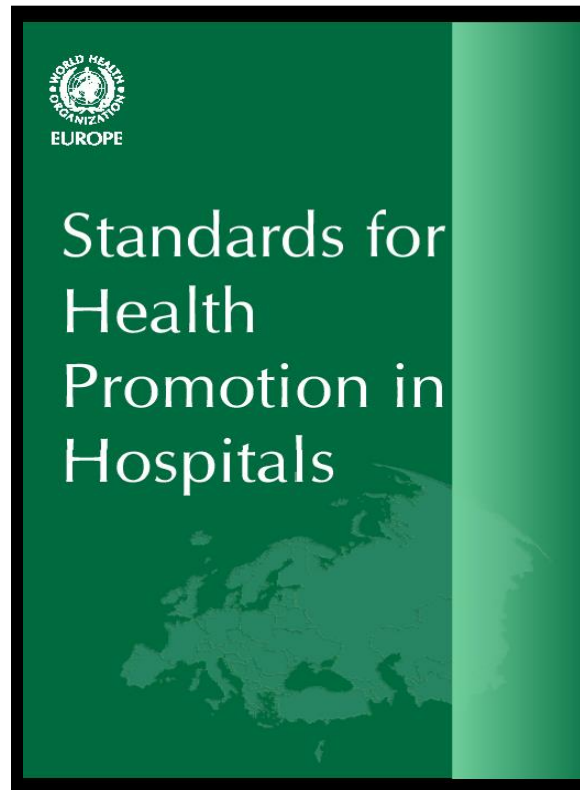
Group work:

**Discussing implementation of
the WHO HPH Standards**



EB WHO Standards

Self Assessment Tool to monitor the
implementation process





1

Standard Management Policy

Objective

The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.



2

Standard Patient Assessment

Objective

The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.



3

Standard

Patient Information and Intervention

Objective

The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.



4

Standard **Promoting a healthy** **workplace**

Objective

The management establishes conditions for the development of the hospital as a healthy workplace.



5

Standard

Continuity and cooperation

Objective

The organization has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.



Group work:

Discussing implementation of the WHO HPH Standards

- 1) Management Policy**
- 2) Patient assessment**
- 3) Patient information & intervention**
- 4) Healthy workplace**
- 5) continuity & Cooperation**

Group 1

- Helpful standards – specially when u r new
- Convince mgmt
- Using standards can help persuade and secure funding, resources, HR, etc.
- Using WHO emblem on front page helps w this too
- Clinical guidelines – HP in all pathways

Group 2

- Code of ethics incl HP OK
- Work w std will raise level of HC (Eg std 1, 2 and 3)
- Especially std 3 shows how intervention w pt and comm can raise level of care
- Cont of TAU = no difference but use of std will create change
- Hp is broad concept but std makes simple

Group 3

- Applies broadly for H and HS and primary care
- Stds should continuously be updated-
incl HPH stds
- Think about applicability in primary care
- Std 1: seperate budget for HP? It should rather be integrated in
- Good for internal development – rather than national comparisons



Final questions



Program

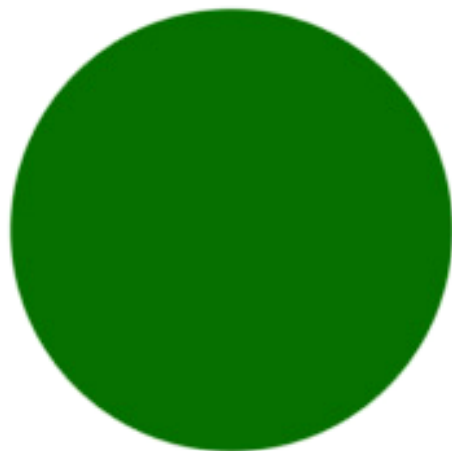
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Conclusion

We hope you have:

- A picture of HPH as a well-established intl network of colleagues with easy and effective ID of collaborators
- A sense of how to build on existing knowledge and experience in HPH
- Gathered even further inspiration (cases, best practices)
- Intentions to take part in further education, teaching, staff exchange and training
- Intentions to take part in international research, TFs & WGs
- An idea of what HPH Membership is for (broad HP framework, technical support, tools etc.)
- Ambitions to do even more to help the overall improvement of health in H&HS in your country and globally



International Network of
Health
Promoting
Hospitals & Health Services

www.whocc.org

www.hphnet.org