



# 11a

## „Project on a Retrospective, Internationally Comparative Evaluation Study of HPH“ (PRICES-HPH)

Appendix of tables to  
The PRICES – HPH Network Survey  
Report 1  
(Descriptive Data Analysis)

Christina Dietscher  
Hermann Schmied  
Florian Röhlin  
Hanna Steindl  
Jürgen M. Pelikan

**“Project on a Retrospective, Internationally  
Comparative Evaluation Study of HPH” (PRICES – HPH)**

**Appendix of tables to  
The PRICES – HPH Network Survey  
Report 1**

(Descriptive Data Analysis)

**Authors**

Christina Dietscher  
Hermann Schmied  
Florian Röthlin  
Hanna Steindl  
Jürgen M. Pelikan

**Vienna 2010**



Ludwig Boltzmann Institute  
Health Promotion Research



WHO Collaborating Centre  
for Health Promotion  
in Hospitals and Health Care



## Table of Contents

1	Section 1: Key network data .....	5
2	Section 2: Aims, goals and targets of the networks .....	8
3	Section 3: Network management structures .....	10
4	Section 4: Network coordination .....	16
5	Section 5: Network budgets .....	26
6	Section 6: The Coordination institution / centre (office) .....	29
7	Section 7: Membership .....	34
8	Section 8: Health promotion orientation and priorities of networks .....	43
9	Section 9: Informing about the network .....	52
10	Section 10: Supporting network and exchange .....	53
11	Section 11: Supporting HPH implementation .....	57
12	Section 12: Research and development .....	63
13	Section 13: Lobbying and alliance-building .....	65
14	Section 14: The environment of the networks .....	66
15	Section 15: International collaboration in HPH .....	71
16	Section 16: Network history .....	77
17	Section 17: Additional network activities .....	84
18	Section 18: Network achievements and outcomes .....	85



The structure of the appendix of tables follows the structure of the PRICES network questionnaire.

## 1 Section 1: Key network data

### Q 1: Which network are you coordinating?

- Austria
- Belgium
- Bulgaria
- Canada – Regional Network of Montréal
- Czech Republic
- Estonia
- Finland
- France
- Germany
- Greece
- Ireland
- Italy – Regional Network of Emilia Romagna
- Italy – Regional Network of Friuli Venezia Giulia
- Italy – Regional Network of Liguria
- Italy – Regional Network of Lombardia
- Italy – Regional Network of Piemonte
- Italy – Regional Network of Toscana
- Italy – Regional Network of Trentino
- Italy – Regional Network of Valle d’Aosta
- Italy – Regional Network of Veneto
- Norway
- Slovak Republic
- Spain – Regional Network of Catalonia
- Sweden
- Taiwan
- UK – Regional Network of Northern Ireland
- UK – Regional Network of Scotland
- USA – Regional Network of Pennsylvania

### Q 2: When was the network founded?

Year of foundation	No. of networks (N=28)
1994	1
1995	2
1996	4
1997	5
1998	2
1999	2
2000	2
2001	2
2002	1
2003	3
2005	1
2006	1
2007	1
2009	1

 = Median

### Q 3: Has your network seen any interruptions (e.g. temporary termination)?

No. of networks	Interruptions (N=28)	
	YES	NO
	2	26

### Q 4: Does the network have a legal entity of its own?

No. of networks	Legal entity of their own (N=28)
-----------------	----------------------------------

No. of networks	Legal entity of their own (N=28)	
	YES*	NO
	4	24

**\*If yes, which:**

- 3 associations, 1 society

**4-1 If yes, since when (compared to the year of their foundation)?**

Legal entity since	Distance to network foundation in years (N=4)
1996	1
2007	1
2001	5
2006	10

**Q 5: Which types of healthcare organization can become members in your network? Which are actual members? For how many percent of health services in your region / country do they account?**

(several answers possible)

	Number of...	Organization can become a network member (N=28)	NWs with actual members of this type (N=28)	Total no. of members of this type (N=656)
Types of health services				
A	single hospitals	24	22	419
F	groups of hospitals / health services (e.g. trusts, health districts, HMOs)	20	16	124
B	single long-term care organization	10	4	20
C	single residential homes	6	2	39
D	single general practitioners	3	0	0
E	single pharmacies	3	0	0
G	Groups of GPs / specialists	3	0	0
H	groups of pharmacies	2	0	0
I	Other, which*	12	10	54

**\*Other health services, which:**

- Centre for health education
- County councils
- Educational institutions
- Health centres
- Health district
- Health service without hospital
- Health policy and administration
- Hospital and health centre
- Knowledge centre
- NPOs
- Private fertility clinic
- Public health office
- Research / academic centres / institutes
- Schools
- Treatment centre

**Q 6: Overall: For how many percent of hospital / health service beds in your country / region do the member organizations account?**

Question 5C, percentage of organizations covered by HPH networks, and question 6, percentage of hospital beds in country / region covered by HPH networks, did not yield useful answers in all cases. For the two biggest mem-

bership categories, hospital and health service groups, an estimation of coverage by networks (see following graph) was provided on the basis of data received in the questionnaires and on the basis of published data in country health system reports from the European Observatory on Country Health Systems:

**Q 7: In your network, do you distinguish between national / regional and internationally recognized members?** (Please choose one answer)

	National / regional and international membership	No. of networks (n=28)
1	There is no difference – national / regional members are automatically registered to the international network	22
2	National / regional members can choose themselves to become international members	3
3	Other, which*	3

**\*Other, which:**

- Members become / remain international, when they pay the international fee
- Need to apply and be approved under certain criteria to become international member
- Only state membership at this point in our network

**Q 8: Does the network have sub-networks / sections?** (Several answers possible)

	Sub-Network	No. of HPH networks with sub-networks in this category (N=11, several answers possible)
C	for specific themes*	7
A	in geographic regions	2
B	for different types of health services**	1
D	Other, which**	2
E	No sub-networks	17

**\*Sub-networks on themes / sections, which:**

- |   |            |
|---|------------|
| ■ Tobacco, Smoke-free services, smoking cessation     | 7 subunits |
| ■ Children  | 3 subunits |
| ■ Baby-friendly hospitals / breastfeeding:            | 2 subunits |
| ■ Intercultural hospital / communication and training | 2 subunits |
| ■ Alcohol-Free Hospitals                              | 1 subunits |
| ■ Healthy ageing in residential care                  | 1 subunits |
| ■ Hospital-Community Integration                      | 1 subunits |
| ■ Hospital hygiene                                    | 1 subunits |
| ■ Humanization  | 1 subunits |
| ■ Mental health and health promotion                  | 1 subunits |
| ■ Nutrition and healthy eating                        | 1 subunits |
| ■ Pain management                                     | 1 subunits |
| ■ Patient education                                   | 1 subunits |
| ■ Workplace health promotion                          | 1 subunits |

**\*\*Sub-networks for service types, which:**

- Smoking cessation counselling services

**\*\*\*Other, which:**

- The network includes all government healthcare services (hospitals, districts and public health) within the network region.

**Q 9: Does section 1 of the questionnaire contain questions non applicable to your network, and / or would you like to add additional information on key network data?**

**Question no. 2 – date of foundation:**

- The network was founded with the start of a pilot phase, but there is no clear time when it changed from the pilot phase into “network founded”. Until 2002, it remained limited to 5-6 hospitals.
- Though the new coordinating centre began in 2006, due to government restructuring the new network is only actively meeting now in 2009.

**Question no. 5 – types and numbers of health services:**

- The question was difficult to answer as hospitals keep changing from group to single status and as we do not have any uniformity in the country, it is impossible to give the percentage. For this reason I described our membership in terms of single status only while in reality some of them are managed as one hospital on separate sites.
- The network has representatives from each of the administration areas of the region – some are more active than others, but all are informed and updated of proceedings. To fit with our system and ensure coverage, the majority of members represent a regional area (with multiple hospitals) and not just one particular hospital.
- We have no clear picture about the number of hospitals in our network. 9 counties are members, each of them have several hospitals, but many of these are nowadays organized as “county clinics” instead of as hospitals, primary care etc, and many small hospitals become one hospital although the actual buildings are situated in more than one city. All major hospitals in the country (in terms of university hospitals) are members. Today we include county councils with hospitals, GPS and dentistry, as members (i.e. one county = one member). Counting in this way we have 30 members, of which 9 are county councils. Trying to count hospital buildings results in at least 60, 20 of which are members of their own.
- What I am describing is an instantaneous photo of the Network in a moment that happens in a particular period of our region. We are living in a moment of transition: last year, the Government changed most of the General Directors and Direction managements of the health services. Moreover we had changes at international level, too (new HPH constitution). So, the HPH coordinator is presenting the Constitution to the new Directors – or, better – before he does so, he is doing a work of advocacy, thanks the colleagues who worked and still work in HPH. For this reason, at the moment he was able to collect only the international fee of 3 hospitals (in hospitals where there are still “old colleagues” and the directors are already oriented on HPH). By the end of 2009, coordinator should have the formal support of more hospitals, and health services.

**Question no. 6 – % of beds covered by NW:**

- We have no exact number of all beds in the country because of changes and transformations in the health system.
- We imagine the purpose of the question is to know how many beds are kind of a “HPH bed”. If our presumption is correct, we have to specify that our network is composed of all health services in the network region, so each bed can be a potential “HPH bed”, but obviously it depends on the efforts and on the work of each HPH local coordinator in how far it contributes to HP.

**General comment to section 1:**

- We have just met

## 2 Section 2: Aims, goals and targets of the networks

**Q 10: Does the network have specified, written aims and goals? (Several answers possible)**

	Specified aims and goals	No. of networks (N=25)
A	The network has a written document on its general aims (e.g. a mission statement)	20

B	Explicit written long-term developmental goals	10
C	An annual action plan with annual targets	19

### 10-1 The networks' current aims and goals (categorized from open answers)

- ➔ See Q116, where an integrated table on current aims and goals and original expectations towards HPH networks is provided

### Q 11: How can members of your network contribute to the development and formulation of aims and goals (several answers possible)? (Several answers possible)

	Involvement of members in goal development by ...	No. of networks (N=25)
A	Members are actively involved e.g. via working group	20
B	Members vote on aims and goals	3
D	There is no explicit involvement of members in goal development.	3
C	Other forms of involvement, which	12

#### **Other, which:**

- Goals are reflected in hospital projects
- Active participation in HPH seminars, conferences (national + international level), exchange of experiences etc.
- 2 network meetings per year arranged by different member organisations
- board approval each year
- Members develop their own projects
- The network takes its lead from the priorities set within the Corporate Plan and annual service plans of the national health authority and looks to integrate its work within the various business plans of the authority that are developed each year to deliver on the annual service plan.
- via Regional Centre for Coordination of HPH activities and Regional Conferences
- Regional Scientific Board
- Training projects and contribution to the development of the plan of the regional network
- A process over time where each task force / working group develops their targets and the final product is decided by the general assembly
- Through discussion and approval of the goals in the GA and GB members
- Members agreed the aims of the network together

### Q 12: Does section 2 of the questionnaire contain questions non applicable to your network, and or would you like to add additional information about your network's aims, goals and targets?

#### **Question 10 – aims and goals:**

- Member organisations each set their long term developmental goals for HP and it is in line with the national HP program.
- The network had developed a 3 year strategic plan. However health administration reform made it impossible for the network to carry out this plan. In addition, due to the changed circumstances nationally within the Health Service and within the network, adaption and re-development of the network's strategic plan has yet to happen.
- Network currently working on strategy documents
- The network is currently working as a group to draw up purpose, roles, responsibilities, aims and objectives and would hope to have these later in the year

#### **General comments on section 2:**

- We are just developing, have met once as a network

- The network is still in the beginning and it is difficult to get member involvement. Some working groups are more active than others due to the time dedication of coordinator.
- We have to specify that our network presents an annual report including the shared activities among the LHUs.

### 3 Section 3: Network management structures

**Q 13: Which of the following organizational positions do exist within your network? If possible, please specify for each existing position since when it exists in your network. Please specify also which of the existing positions are elected by network members.** (Several answers possible)

	Management positions	No. NW with this position (N=28)	Position elected (N=28)	
			Yes	NO
B	Coordinator	28	6	22
F	Member(s) of General Assembly	12	2	26
E	Member(s) of Governance Board	12	7	21
A	Chairman / chairwoman	11	7	21
D	Secretary General (formal position usually below the chair)	8	2	26
G	Member(s) of (Scientific) advisory board / advisory committee	7	2	26
C	Chief Executive Officer (CEO)	1	1	27
H	Other*	10	2	26

**\* Other, which:**

- Board of representatives
- Direct line structure
- Consortium of supportive members since 2006
- Coordinator for cooperation between hospitals and projects
- Coordinators of regional projects
- IT chair
- Regional authority
- Regional Coordinating Centre
- Regional Network Coordinator since 2002
- Treasurer

**13-1 Since when do the organizational positions exist?**

Established ...	No. of networks
upon network foundation	14
within 1 year from network foundation	4
within 2 years from network foundation	3
within 3 years from network foundation	1
within 4 years from network foundation	1
within 5 years from network foundation	3
Within 8-10 years from network foundation	2

**Q 14: Which of the following management meetings do regularly take place in your network?** (Several answers possible)

	Meetings	Networks with this meeting type	Number of annual meetings of this type	Average annual meetings of this type	Deviation
B	General assembly meetings	16	30	1,9	1,36

	Meetings	Networks with this meeting type	Number of annual meetings of this type	Average annual meetings of this type	Deviation
A	Governance board meetings	12	49	4,1	3,04
C	Advisory board meetings	8	30	3,4	2,37
D	Other*	9	42	4,7	4,04

**\*Other meeting types, which:**

- Regional working groups
- Annual meeting of board of representatives
- Meetings with the management structure
- Network coordinating meetings
- Meetings of project working groups
- Working group meetings: 6-8 per year, depending on working group
- Developmental working group
- Network meets on quarterly basis and is coordinated by NHS Health Scotland – the national agency for health improvement

**Q 15: What are the main decision powers of the organizational function(s) existing in your network? (Several answers possible)**

	Decision power for ...	Aims / goals / strategies	Thematic priorities	Starting / Closing NW activities	Adopting / excluding members	Conference themes / venues	Alliances	External Representation	decision power index <sup>1</sup>
B	Coordinator (N=24)	17	16	15	17	15	18	20	16,9
E	Governance Board (N=12)	9	10	6	7	9	10	5	8,0
A	Chairman / chairwoman (N=12)	7	6	6	4	5	8	9	6,4
F	General Assembly (N=12)	11	10	7	5	6	3	2	6,3
D	Secretary General (n=8)	3	5	5	4	8	4	4	4,7
G	Advisory Board / committee (N=8)	6	6	2	2	5	3	1	3,6
C	CEO (N=1)	1	1	0	1	1	1	1	0,9
H	Other (N=7)*	4	6	3	3	5	4	4	4,1

**\*Other, which:**

- Health authority

**Q 16: How is learning and further development in the network organized? (Several answers possible)**

	Ways of learning in the network	No. Networks (N=28)
B	There are regular internal reflections to identify developmental needs	25
C	There are regular external consultations	7
D	The network uses evaluation	7
E	Other, which*	11

<sup>1</sup> The overall decision power index for the management functions in the networks is equivalent to the mean number of quotes of decisions by the respective functions.

**\*Other, which** (3 categories derived from open answers):

**Specific meetings:**

- Working groups
- Workshops
- Conference
- Sharing each other's experiences on e.g. projects, decision making, goal setting etc.
- Sharing information through working together on common development issues, e.g. breastfeeding, tobacco and healthy ageing in residential care.
- Meetings on the specific main thematic areas
- Exchange of knowledge at advisory board meetings
- Sharing through national task forces
- The network discusses development needs at each meeting and builds development into the quarterly programme. For example the next meeting will include the pilot work of one member on "developing effective practice in health improvement" which has been disseminated to acute care staff.

**Written media:**

- Publications (Newsletter, guides, videos)
- Basis documents are published on the network website
- Mail exchanges
- information through a monthly net letter on prevention and health education
- Seeking alignment to the regional government priorities and objectives

**Evaluation, peer reviews:**

- We use the annual indicator test as a continuous evaluation
- This year we perform peer review using site visits based on indicator test results
- Reflected and recorded site visit meetings, analyzed afterwards

*This question seemed to be misleading as some coordinators obviously understood how HPH skill development for their member organisation is organised while the question referred to internal quality assurance of network structures and processes.*

**Q 17: Have the networks experienced any specifically supportive or hindering factors with regard to network management (e.g. with regard to taking / executing decisions)?**

Categories developed from open answers	A Supportive factors (N=21)	B Hindering factors (N=20)	C Strategies to cope with hindering factors (N=12)
<b>Political context</b>	<ol style="list-style-type: none"> <li>1. MoH</li> <li>2. Support by National Institute for Health Development in the framework of a CVD prevention program</li> <li>3. HP a political focus area</li> <li>4. Network management is included in the mission of the National Institute for Prevention and Health Education, which provides a better visibility and a support for concept development, interactions with National Health Ministry</li> <li>5. Being an internal part of</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of HPH programme in regional health policy</li> <li>2. HPH is not inside the organisation of the regional healthcare system</li> <li>3. lack of budget support from the government</li> <li>4. Health service reforms brought about the disestablishment of the existing HPH network governance structure and due to the turmoil and ongoing interchanges has hindered the development and establishment of new structures. While interest and commitment is acknowl-</li> </ol>	<ol style="list-style-type: none"> <li>1. Lobbying</li> <li>2. Involvement of governmental regional offices</li> <li>3. Main strategy is to network and become involved with other developments and demonstrate how "HPH" can play a significant part in their development and outcome e.g. public health alcohol project in emergency departments, intercultural strategy and "Say no to ageism" and other quality and risk management developments.</li> <li>4. Involve regional govern-</li> </ol>

Categories developed from open answers	A Supportive factors (N=21)	B Hindering factors (N=20)	C Strategies to cope with hindering factors (N=12)
	<p>the health authority gives access to communication and information structures that could not be accessed before as an outside body. Being part of the health authority potentially gives greater strength to HPH activities as they become integrated into business plans and so have to be delivered rather than be an additional extra.</p> <p>6. Regional government provides annual financial support</p>	<p>edged it is a case of "not just at the minute" as reform is currently risk management focused.</p>	<p>ment in the development of HPH strategy</p>
<b>Leadership &amp; management capacities and competencies</b>	<ol style="list-style-type: none"> <li>1. It was very supportive to create a coordinating office with full time staff to concentrate on the many tasks.</li> <li>2. Expertise in strategic planning and Human Resources management</li> <li>3. Secretarial support by a qualified organization</li> <li>4. Presence of four ongoing setting strategies in the region under the jurisdiction of the coordinating institution and of the member organizations</li> <li>5. Being part of the same organisation and having people working for the network in key managerial positions</li> <li>6. Presence of strong Public Health expertise inside the coordinating institution and inside member organizations</li> <li>7. Regional coordination</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of clear mandate for any member of the GB</li> </ol>	
<b>(Lack of) support from members</b>	<ol style="list-style-type: none"> <li>1. Persons who – in the network – believe in HPH principles</li> <li>2. Strong participation of the major teaching institutions with their capacities for research, teaching and evaluation of technologies</li> <li>3. Coordination centre financed by members is more reliable than public</li> </ol>	<ol style="list-style-type: none"> <li>1. Members expect more support than network can offer</li> </ol>	<ol style="list-style-type: none"> <li>1. Meeting with management level</li> <li>2. Introduction of HPH to new leadership</li> </ol>

Categories developed from open answers	A Supportive factors (N=21)	B Hindering factors (N=20)	C Strategies to cope with hindering factors (N=12)
	<p>funds</p> <p>4. Each member organisation supports the network by enabling its staff members to actively participate in network processes. The network is based on voluntary work.</p>		
<b>NW structures</b>	<ol style="list-style-type: none"> <li>1. Well-established structures</li> <li>2. Structures</li> <li>3. The systematic coordination, the task forces, the training laboratories for evaluation and project development</li> <li>4. Itinerant meeting</li> </ol>	<ol style="list-style-type: none"> <li>1. Network management is included in the mission of the coordinating institute that provides administrative needs, sometimes difficult to deal with a participative approach of the network</li> </ol>	
<b>Alliances</b>	<ol style="list-style-type: none"> <li>1. Staff exchange program with another HPH network</li> <li>2. ENSH financed translation of smoke-free material into national language</li> <li>3. ENSH financed 6th national HPH conference "Smoke-free environments – from hospitals to homes" in 2007</li> </ol>		
<b>Resources</b>	<ol style="list-style-type: none"> <li>1. Financial resources</li> <li>2. Financial resources inside the coordinating institution</li> </ol>	<ol style="list-style-type: none"> <li>1. Financial constraint</li> <li>2. Financial uncertainty, and work for HPH programme not paid</li> <li>3. Time constraint and lack of financial resources</li> <li>4. No funding</li> <li>5. No funds from National Health Insurance Funds (main financier of the Network)</li> <li>6. Lack of financing for hospital projects</li> <li>7. Not easy way to carry on HPH activities outside the regular work hours</li> <li>8. Lack of human and economic resources of hospital members</li> </ol>	<ol style="list-style-type: none"> <li>1. Minimize expenses</li> <li>2. hold educational activities to attract new members and to receive payments from participants</li> </ol>
<b>Clarity on aims, goals, implementation strategies</b>	<ol style="list-style-type: none"> <li>1. Agreement for the aims</li> <li>2. Clear aims</li> </ol>	<ol style="list-style-type: none"> <li>1. The network complexity</li> </ol>	<ol style="list-style-type: none"> <li>1. set focus, work on priority areas</li> <li>2. Self-assessment HPH integrated with other methods (quality, technology assessment)</li> </ol>

Categories developed from open answers	A Supportive factors (N=21)	B Hindering factors (N=20)	C Strategies to cope with hindering factors (N=12)
			3. Integrate strategies (e.g. HPH + Planetree + Healthy Enterprise)
<b>Hospital &amp; health system context</b>	<ol style="list-style-type: none"> <li>Greater competitiveness of hospitals</li> <li>New hospital leadership</li> </ol>	<ol style="list-style-type: none"> <li>Low priority of HP in healthcare</li> <li>Traditional hierarchy of healthcare institutions</li> <li>Transition in hospital leadership</li> <li>very often changes of top management in hospitals</li> <li>The multiplicity of brands in the field of HP and of standards promoted by different organizations: national accreditation system, healthy enterprise ISO standards, green hospitals, Agenda 21, ...</li> <li>Changes in management</li> </ol>	<ol style="list-style-type: none"> <li>Try to convince national accreditation system to incorporate HPH standards in their assessment process</li> </ol>
<b>Commitment</b>	<ol style="list-style-type: none"> <li>Enthusiastic people</li> </ol>		<ol style="list-style-type: none"> <li>Patience and stay</li> </ol>

**Q 18: Are there any changes envisaged with regard to management structures, processes and responsibilities (e.g. new roles, change of decision-making processes)?**

	Yes*	No
Changes envisaged? (N=28)	10	18

**\*If yes, changes which:**

***Intended changes:***

- Need to define better the limits for coordination in an institution, and the engagement of hospitals, which is always limited to the support of the hospital director. This support is always questioned in case of a change of director.
- Involvement of non-hospitals
- It is hoped that a more defined network governance structure can be put in place during 2009 - 2010. One that allows more membership involvement in decision-making and priority setting and can be integrated as part of the emerging development of Integrated Care within the health authority.
- Meeting with regional management level
- Create legal entity after some stabilization of healthcare payment system
- Governance and projects

***Changes dependent on external developments:***

- If no new possibilities of development, end of the network!
- Political situation and election
- Financial stability
- With current structure reorganization what will happen in the network is unclear

**Q 19: Does section 3 of the questionnaire contain questions non applicable to your network, and / or would you like to add additional information on network management?**

***Question 13 – management positions in the network:***

- Each member has his own advisory board
- I answered as the new coordinator from 2006. There was a coordinator in the old network who was out in place because their hospital took part in the pilot project and they were asked to start up a network. Regarding the management the network will work to the WHO's definition of a network and will allow sharing and offer support it may well have decision making elements and when required there will be a consensus reached from the Network with the Coordinator being responsible to pass this on to whomever as the Network will have a role to inform government as to the way ahead. It will try to organize training, conferences etc. but this will depend on the aims and objectives when they are set up.

**Question 16 – learning in the network**

- The HPHs network is a sharing, learning and update function, and also responds to consultations, the group decides what is important to address, supported by the national health authority.

**Question 17 – supportive and hindering factors for network management:**

- Each hospital has a limited engagement in the structure. The involvement is sometimes limited, and hospital representatives don't always define their participation in the network meetings as a priority.
- Unfortunately at the end of 2005, the formal HPH network structures that were in place (ie Chairperson, Steering Committee, General Assembly, Scientific Committee, and Finance Committee with autonomous budget) and which had developed and involved since the establishment of the network in 1997 ceased. Despite efforts to establish new structures within the health authority, this has not been possible to date due to the complexity of the Health Service Reform and continually changing structures, personnel and political difficulties with the developing health authority

## 4 Section 4: Network coordination

**Q 20: Since when do you coordinate the network?**

Years in position (N=28)	% of time of NW existence
1	100%
2	15%
2	29%
3	25%
3	27%
3	100%
4	29%
4	29%
4	44%
4	100%
5	33%
5	100%
6	86%
7	100%
8	62%
8	100%
9	60%
9	82%
9	100%
10	71%

Years in position (N=28)	% of time of NW existence
10	71%
10	100%
10	100%
12	100%
13	87%
13	100%
13	100%
16	100%

**Q 21: Please describe briefly your vocational training and past professional career (categorized from open answers):**

	Management, quality management	MD	specialist in HP / PH / epidemiology, prevention	Teaching / Training	Human sciences (psychology, sociology, philosophy)	Registered Nurse	Other*	Number qualifications
NW 48	X	X	X	X				4
NW 24	X	X	X	X				4
NW 17	X	X	X	X				4
NW 85	X	X	X	X				4
NW 69	X		X	X		X		4
NW 63	X		X	X			X	4
NW 59	X	X	X					3
NW 35	X	X	X					3
NW 37	X	X	X					3
NW 11	X		X		X			3
NW 13	X		X			X		3
NW 41	X	X		X				3
NW 43	X	X	X					3
NW 55	X	X	X					3
NW 19	X	X						2
NW 56	X	X						2
NW 75	X	X						2
NW 54	X				X			2
NW 81	X				X			2
NW 18		X	X					2
NW 60		X	X					2
NW 86		X	X					2
NW 65		X		X				2
NW 36			X		X			2
NW 47		X						1
NW 80					X			1
NW 28							X	1
NW 53							X	1
<b>Totals</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>8</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>75</b>

\* (dental therapist, journalist, lawyer, MBA, personnel management)

**Q 22: How did you become HPH coordinator?**

	Items	No. networks (N=27)
1	I was elected by network members	4
2	I was appointed for the job*	15
3	Other, which**	8

**\*Appointed, how:**

- Appointed for the job by employer (research institute) in 2000, and after foundation of national
- Appointed by MoH
- When we reorganized the health network in 2004 I proposed to the agency to establish a HPH network to protect the new organizations we established by merging Community Centres with long term care centres and community hospitals from the risk of weakening our prevention and health promotion programs developed mostly by our 29 centres. We organized in January 2005 a conference "Integrating health promotion in the heart of clinical services" with the collaboration of international HPH representatives and Kayser Permanente to launch this project. It was accepted by most of the health organizations and the major teaching hospitals. So a strong delegation of our region attended the international HPH conference in 2005 and we decided going back to establish a formal network by signing an agreement with the WHO office of Barcelona. I was appointed coordinator by the regional health authority. So I am the first coordinator of this network mostly because I had the idea and succeeded in convincing my organization and many institutions to invest in this strategy. So the network is in its first stage.
- Appointed by my organisation which changed into a public institution; national institute for prevention and health education
- I was appointed for the job by the Governance Board
- Appointed for the job by the General Assembly of Network Members
- Appointed after open interview with subsequent extended terms of office at the request of the Network Steering Committee until 2006. Continued in the position since 2006, with the integration of the HPH network and coordinating centre personnel into the national health authority. Re-assigned to the position in 2008 with the national health authority signature of the International HPH Network "Agreement Document" for another 4 years 2008-2012.
- Appointed by general manager
- Appointed by regional health government
- Appointed by regional health authority
- Appointed by regional health authority
- Appointed by former regional network
- Appointment by the hospital that took over the task of secretariat in 2007
- Appointed by the network
- Appointed by the national department of health and public safety

**\*\*Other how:**

- HPH Association, continuation of job with consent of network members
- The CEO of the coordinating institution (the regional health authority) becomes the network coordinator
- I was suggested by preceding coordinator with the approval of the Regional Government and HPH colleagues
- Volunteer with consent from network members
- At first, I initiated the network and naturally became the coordinator. Then I was elected as chair.
- This role is part of my role as health improvement programme manager
- Founder of the network
- I was deputed by my chief (deputy minister) and my job includes role of national coordinator of HPH

**Q 23: Please specify your position as coordinator:**

	Specifications of your coordinating role	No. of coordinators (N=28)	
		YES	NO
A	I work full-time as HPH coordinator*	4	24
B	In addition to network coordination, I hold other jobs / functions**	25	3
C	I can perform all my network coordination tasks within my regular working time	10	18
D	I get paid for coordinating the network	8	20

**23-1\* If no, what is the percentage of weekly working time for coordinating tasks?**

Category	No. NW in this category (N=24)
----------	--------------------------------

Category	No. NW in this category (N=24)
85%	1
25-30%	6
20%	1
10-15%	5
<10%	4
Missing	7

## 23-2 \*\*If yes, other jobs which:

Categories	Quotes (N=25, several answers possible)
<b>Management jobs at organisational level</b>	<ol style="list-style-type: none"> <li>1. CMO, director of health promotion centre</li> <li>2. Health services director</li> <li>3. medical director of hospital</li> <li>4. Medical director</li> <li>5. Clinical management director of IMAS (group of hospitals)</li> <li>6. Medical CEO</li> <li>7. Director of Health Services Research Centre</li> <li>8. Director of Outpatient Department</li> <li>9. Quality manager</li> </ol>
<b>Public health and health planning jobs</b>	<ol style="list-style-type: none"> <li>1. Development of regional strategy / framework for the development of a "healthy service"</li> <li>2. Development of guidance for community health partnerships, coordination of research supporting national policy of health improvement, development of strategies for governance for health improvement, support of regional boards for implementation of policy to support health promotion health service.</li> <li>3. Chief specialist in Public Health in the area of CVD prevention</li> <li>4. chief physician for Ministry of Interior</li> <li>5. sit on national and regional working groups specific to health improvement</li> <li>6. Member of Intercultural Advisory Group, Steering Committee member of the National Heart Alliance, Board member of Healthdata Partnership and current chair of the Joint Quality and Safety Conference Organising Planning Committee 2010</li> </ol>
<b>Teaching jobs</b>	<ol style="list-style-type: none"> <li>1. Associate professor</li> <li>2. Assistant Professor of a Medical School</li> <li>3. Health promotion and education in school, at home</li> <li>4. raise awareness of the settings approach for health improvement by offering a MSc module in settings</li> <li>5. teacher at university</li> <li>6. Professor at medical school</li> </ol>
<b>Clinical jobs</b>	<ol style="list-style-type: none"> <li>1. Development of programs for disease prevention</li> <li>2. Chief surgeon</li> <li>3. surgery activities (certificate for driver licence)</li> <li>4. clinical activities in tabacology</li> <li>5. Hygiene management – infectious disease prevention</li> </ol>
<b>Management jobs at health authority level</b>	<ol style="list-style-type: none"> <li>1. CEO of regional health authority</li> <li>2. Director of Human resources, information and planning at regional health authority</li> <li>3. Associate director of the health area</li> <li>4. Area manager in the regional general directorate for health – planning, developing projects and emergency. Main activities and responsibilities: collaboration in the implementation of the main health regional plan (PSSR 2007-2009), cardiovascular, oncological, respiratory and cerebrovascular diseases care and organization planning, strategic research planning, network diseases direction</li> </ol>

Categories	Quotes (N=25, several answers possible)
	planning, development of projects in experimental health management in collaboration public and private organisations. Evaluation of the health human resources demands, education and training. Observatory of the health personnel. Evaluation and recruitment of foreign health human resources. Development of emergency medical system and dispatch centre in the region.
<b>Other coordination jobs</b>	1. Coordination for Smoke-Free Hospitals 2. Coordinator for chronic diseases and patient education 3. Coordinator for Tobacco Free United Taskforce; member of the Board of the European Smoke Free Network (ENSH)
<b>Research</b>	1. Researcher 2. research
<b>Counselling and training jobs</b>	1. Smoking cessation counsellor 2. Organize training events and other events
<b>Other</b>	1. Communication manager

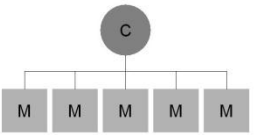
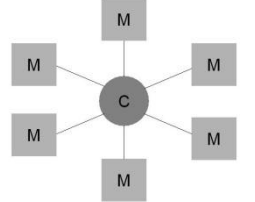
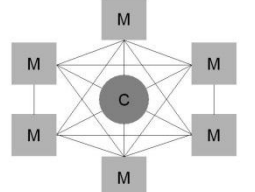
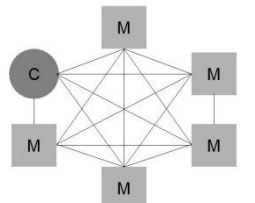
**Q 24: As coordinator, which tasks do you perform at least once annually? On average, how much time do they dedicate to these tasks?**

	Time invested by coordinator for ...	Time-intensiveness (1 = most available time, 6= hardly any time at all)						Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6				
D	Strategy development for the network (e.g. definition of goals, developments of action plans) (N=27)	5	12	3	3	3	1	2	2,6	1,2	2,3
B	Communication with current members (e.g. consultation, support of members in strategy development) (N=27)	8	3	8	6	1	1	3	2,7	1,2	1,4
K	External representation of network including lobbying / PR / advocacy / alliance-building (N=27)	4	8	4	8	2	1	3	3,0	1,2	1,8
F	Initiation of new activities (e.g. specific projects, implementation of working groups) (N=24)	3	8	6	3	0	4	3	3,0	1,2	1,5
G	Organisation of network events (e.g. annual conference, general assembly) (N=28)	4	5	7	6	4	2	3	3,3	1,2	2,0
C	Recruiting new members (N=21)	1	1	10	4	5	0	3	3,5	0,9	1,8
L	Cooperation and exchange in the international HPH network (N=26)	4	4	4	5	7	2	4	3,5	1,4	1,5
N	Other administrative tasks (N=21)	2	1	6	7	2	3	4	3,7	1,1	2,0
I	(Research and) Development of HPH tools, instruments, implementation strategies etc. (N=22)	3	3	3	5	4	4	4	3,7	1,4	2,1
E	Teaching and training (N=23)8	2	2	6	5	5	3	4	3,8	1,2	2,1
H	Evaluation of network activities (N=24)	2	5	4	3	5	5	4	3,8	1,5	1,4

	Time invested by coordinator for ...	Time-intensiveness (1 = most available time, 6= hardly any time at all)						Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6				
J	Fundraising for the network (N=22)	1	1	6	3	6	5	4,5	4,2	1,2	1,8
M	Collection of membership fees (N=22)	3	3	0	4	7	5	5	4,1	1,4	2,3
A	Accreditation / certification of members (N=21)	2	2	2	2	9	4	5	4,2	1,3	2,0

\* of valid

**Q 25: Which of the following pictures describes best the position of the coordinators in relation to their network members (C=coordinator, M=members)?**

	Types of relations between coordinators and members	Number of coordinators assigning their network to this type (N=28):
1	 <p>1. Coordinator in dominant role (similar to a director)</p>	3
2	 <p>2. Coordinator in monopolist role (with no or hardly any contact between members)</p>	3
3	 <p>3. Coordinator in central role (with a lot of contact between members)</p>	20
4	 <p>4. Coordinator in equal role (primus inter pares)</p>	2

**Q 26: How do coordinators describe their coordinating role in relation to network hierarchy and decision-making?**

	Coordinating function in relation to network hierarchy and decision-taking	Median valid	1 (agree fully)	2	3	4	5	6 (don't agree)	Dev. valid
A	In my network, there is a clear hierarchy	2	5	5	3	2	1	1	1,5

	<b>Coordinating function in relation to network hierarchy and decision-taking</b>	<b>Median valid</b>	<b>1 (agree fully)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6 (don't agree)</b>	<b>Dev. valid</b>
	with regard to decision-taking (N=17)								
B	In my network, everybody is on equal terms with regard to decision-taking (N=16)	2	6	4	2	1	1	2	1,7
C	Most network decisions are taken jointly by the Governance Board and myself as coordinator (N=14)	2	5	5	0	2	0	2	1,7
D	Most network decisions are taken jointly by the network chair and myself as coordinator (N=10)	3	2	1	3	0	0	4	2
E	Most network decisions are taken jointly by the General Assembly and myself as coordinator (N=12)	3	3	1	3	1	2	2	1,8
F	Most network decisions are taken jointly by external stakeholders and myself as coordinator (N=9)	5	0	0	2	2	1	4	1,2
G	As coordinator, I execute decisions taken by the Governance Board (N=11)	2	4	5	0	1	0	1	1,5
H	As coordinator, I execute decisions taken by the network chair (N=9)	3	3	1	1	1	1	2	2
I	As coordinator, I execute decisions taken by the General Assembly (N=12)	1,5	6	2	1	1	1	1	1,7
J	As coordinator, I execute decisions taken by external stakeholders (e.g., health policy) (N=10)	3	1	1	4	0	0	4	1,8
K	As coordinator, I prepare decisions taken by the Governance Board (N=10)	2	4	3	1	0	0	2	1,9
L	As coordinator, I prepare decisions taken by the General Assembly (N=12)	2	5	3	1	1	1	1	1,7
M	As coordinator, I prepare decisions taken by the network chair (N=6)	4	2	1	0	0	0	3	2,4
N	As coordinator, I prepare decisions taken by external stakeholders (N=7)	4	0	0	3	1	1	2	1,3
O	My work as coordinator is mostly based on my own decisions (N=12)	3	0	2	7	3	0	0	0,6
P	My coordinator's position is on top of the network hierarchy (N=11)	3	3	2	3	1	1	1	1,6
Q	My coordinator's position is between the network management and network members (N=10)	1	7	1	1	0	0	1	1,5
R	As coordinator, I mediate between the interests of the Governance Board and network members (N=8)	2,5	2	2	2	0	0	2	1,9
S	As coordinator, I mediate between the interests of external stakeholders and network members (N=17)	3	2	4	6	2	1	2	1,5

\* of valid

Because of the high number of missing answers to this question (most items were answered by less than half of the coordinators participating in the survey), it will not be used for further analysis.

**Q 27: Do you actively seek feedback from network members on your performance as coordinator?**

	Feedback	No. of networks (N=28)
1	No	3
2	Yes, via written feedback questionnaires	0
3	Yes, personal feedback during network meetings	20
4	Yes, other*	10

**\*Other, which:**

- Cooperation with coordinators inside hospitals
- I regularly look for opinion of members with phone calls
- By e-mail and official documents
- Through regular correspondence (via e-mail)
- A survey is being prepared
- Regular e-mails and telephone calls

**Q 28: Personally, did you experience any supportive or hindering factors with regard to network coordination? Can you recommend strategies to cope with hindering factors?**

Categories developed from open answers	A Supportive factors (N=19)	B Hindering factors (N=19)	C Recommended strategies to cope with hindering factors (N=10)
<b>NW structures</b>	<ol style="list-style-type: none"> <li>1. Frequency of meetings and personal contact with members</li> <li>2. Scientific advisory committee</li> <li>3. Structure and good colleagues</li> <li>4. Having staff to help coordinate the network: one manager two professionals, one consultant in communication, support by the staff of the human resource and public health departments and an operating budget. Only one professional is working full time for the moment on the healthy workplace action plan.</li> <li>5. Coordinating hospitals of the same trust and managing quality and health promotion</li> <li>6. Back-up and reputation of employing institute</li> </ol>	<ol style="list-style-type: none"> <li>1. unclear distribution of responsibilities between chair, GB, GA and coordination</li> <li>2. communication between HPH network coordination and management of LHUs</li> </ol>	<ol style="list-style-type: none"> <li>1. continue with development of network organizational structure</li> <li>2. Clear mandate for the activities</li> <li>3. implement a broad governance structure that involves or at least links closely with health professionals on the ground level</li> <li>4. Widespread and changing coordination of activities of the network</li> </ol>

Categories developed from open answers	A Supportive factors (N=19)	B Hindering factors (N=19)	C Recommended strategies to cope with hindering factors (N=10)
	(ability to draw on experiences of institute)		
<b>Commitment</b>	<ol style="list-style-type: none"> <li>To believe in HPH principles</li> <li>Enthusiastic knowledgeable members</li> <li>People willing to absorb new ideas and projects</li> <li>High level of motivation and commitment from members</li> <li>New, eager members</li> </ol>	<ol style="list-style-type: none"> <li>New, eager members</li> <li>the motivation of professionals involved in HPH</li> <li>Hospital representatives are usually not only involved in the HPH field. Their priorities are rarely defined by their hospital in this field. Their involvement in the network is therefore limited, and may vary during time. They frequently need hierarchy authorization for information transfer or decisions.</li> </ol>	<ol style="list-style-type: none"> <li>Development of literacy, publications, communications, need to provide support to hospital projects, hospital initiatives, and searches. A personal support is often necessary and expected from the hospital members.</li> <li>remain flexible and be inclusive as this encourages sharing and collaborative activity across different health care settings</li> </ol>
<b>Alliances</b>	<ol style="list-style-type: none"> <li>Support from WHO CCs in Vienna and Copenhagen</li> <li>Support by other national HPH networks in joint activities</li> <li>Support by ENSH</li> </ol>		<ol style="list-style-type: none"> <li>create partnerships</li> </ol>
<b>Leadership &amp; management capacities and competencies</b>	<ol style="list-style-type: none"> <li>I am well known and respected by hospital managers and can communicate well with them</li> <li>Before 2006 - have a degree of autonomy was supportive as it facilitated quick decisions and flexibility around setting priorities. Have a clear participatory structure was an important factor and it encouraged ownership</li> </ol>		
<b>Political context</b>	<ol style="list-style-type: none"> <li>Patronage of MoH and support of my chief and support coordinator of cooperation between hospitals</li> <li>Support by National Institute for Health Development as coordinating centre</li> </ol>	<ol style="list-style-type: none"> <li>Being outside the main health service structures and decision making process result in HPH seen as an add-on factor and development was dependant on well-motivated and interest personnel.</li> <li>Insufficient institutional support in all aspects</li> </ol>	<ol style="list-style-type: none"> <li>To seek agreement and integration with regional government HP strategy</li> <li>Identify and involve a key person at the national health service policy or management level,</li> <li>integrate HPH priorities with Health Authority priorities so that HPH contributes to and sup-</li> </ol>

Categories developed from open answers	A Supportive factors (N=19)	B Hindering factors (N=19)	C Recommended strategies to cope with hindering factors (N=10)
			ports service development needs in a way that re-orientates them towards a greater health outcome agenda
<b>(Lack of) support from members</b>	<ol style="list-style-type: none"> <li>1. Highly qualified Governance Board</li> <li>2. representatives of member organisations work well together, and their support is beyond expectation</li> </ol>	<ol style="list-style-type: none"> <li>1. Some members have a varying degree of time available for network activities</li> <li>2. Lack of dedicated people to perform the job and facilitating activities of network members</li> <li>3. The impact of HPH activities depends on the range of influence of its members within his / her organisation</li> </ol>	<ol style="list-style-type: none"> <li>1. Trying to make colleagues understand that HPH deserves to be incorporated in the usual work of hospitals and health services</li> </ol>
<b>Clarity on aims, goals, implementation strategies</b>	<ol style="list-style-type: none"> <li>1. Clear goals</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of understanding between partners in roles and responsibilities</li> <li>2. Multiplicity of disintegrated strategies and branding in HP and accreditation systems with different set of standards</li> <li>3. lack of common identity and interests in members → lack of clear goals</li> </ol>	<ol style="list-style-type: none"> <li>1. Good communication and seek clarification from all involved make sure everyone understands each other and use mediation skills at all times</li> <li>2. introducing and improving annual action plans with clearly stated responsibilities</li> <li>3. Develop integrated strategies locally, regionally and internationally</li> <li>4. strategy focused on strange attractors, evaluation of existing HPH initiatives</li> </ol>
<b>Hospital &amp; health system context</b>	<ol style="list-style-type: none"> <li>1. Project opened more market opportunities to hospitals</li> </ol>	<ol style="list-style-type: none"> <li>1. Changes in top positions of hospital management</li> <li>2. Hospitals are too busy, too many things are competing for their time</li> </ol>	
<b>Resources</b>		<ol style="list-style-type: none"> <li>1. lack of time</li> <li>2. Lack of time</li> <li>3. Limited time during job</li> <li>4. Discussion about financing</li> <li>5. Economic support</li> <li>6. resource allocation</li> </ol>	<ol style="list-style-type: none"> <li>1. After one funder stopped, there was a new funder on the next day</li> <li>2. Identifying financial support</li> <li>3. Time to realize feedback</li> </ol>

**Q 29: Is your coordination role limited to a specified period of time (e.g. by election periods)?**

	Yes, limited	No, unlimited
No. of coordinators (N=28)	10	18

The sub-question on the specification of time-limit to network coordination yielded no useful data. Answers are therefore not displayed here.

**Q 30: Are there already plans for network coordination after your current coordination period has expired?**

	Type of plans	No. of coordinators (N=10)
1	Yes, I will continue to coordinate the network.	3
2	Yes, the coordination will be taken over by somebody else.	1
3	Yes, the network will be closed	0
4	No, no plans yet	5

**Q 31: Does section 4 of the questionnaire contain questions non applicable to your network, and / or would you like to add additional information on network coordination?****Question 26-27 – network hierarchy and seeking feedback from members**

- The situation is dynamic and it is difficult to say the distribution of the coordinator task performances because it has been changing during the time. During 14 years, the coordinator task distribution has been different on the basis of the different contingent problems / opportunities and maturity level of the Network and its members. As coordinator 8 years old of a 14 years old network, I have to say that it is important to be “flexible” in the front of changing: during the years, persons and colleagues change their roles and places of work; somebody goes away, others are newcomers. Even General Directors change and often they don’t know anything (or near anything) about HP (i.e. when they come from private sector). A coordinator needs to perceive this changing and he has to work in a different way on the basis of different situations, different culture, and different background of the person he is facing.

**Question 29 – time limit to coordination period**

- Expired period is due to the signature of Letter of Intent at international level; not due to an internal foreseen change.

**Question 30 – plans for time after limited coordination period:**

- Depends on whether I will be re-elected as the chair.

**General comments:**

- Somewhat, we are very new
- Many of the questions within this section have been difficult to answer due to the changes that have occurred since 2006. Prior to 2006 the network had a formal structure which allowed membership involvement in decision-making and capacity and autonomy within the Coordinating Centre facilitated training and sharing events through the organisation of workshops and conferences. These have ceased due to national Health Service Reform requirements and lack of independent decision making processes and structures within the Network. In addition there has been an 80% loss of capacity within the Coordinating Centre.
- My role as coordinator is administrative. The advisory board are the decision makers. I execute what they have decided.
- I work very closely to my assistant coordinator and several tasks described above are done in collaboration

## 5 Section 5: Network budgets

**Q 32: Do the overall network have a specified budgets of its own?**

	Yes, specified budget	No, no specified budget
No. coordinators (N=28)	19	9

**Q 33: What is the amount of the annual network budget?**

Budget category (categories developed from open answers)	No. of networks (N=19)
€ 5.000.- to 15.000.-	3
€ 16.000.- to 25.000.-	3
€ 26.000.- to 40.000.-	3
€ 56.000.- to 70.000.-	3
€ 100.000.- to 200.000.-	3
>= € 200.000.-	3
Missing	1

**Q 34: Where do the network budgets come from? For each source: for how many percent of annual network income does it currently account? (several answers possible)**

	Budget sources	No. of networks with resources from that source (N=19)
A	Public funds (e.g. national / regional health policy)	14
B	National / regional membership fees	10
C/D	Sponsoring, donations	4
E	Income from specific network events (e.g. conferences, training offers)	2
F	In-kind support (e.g. allocation of rooms, infrastructures, personnel)	6
G	Other*	1

**\*Other, which:**

- There was financial support from MoH for an international HPH conference

*The sub-question on how many percent come from which source yielded no useful answers. Results are therefore not displayed.*

**Q 35: Which expenses are covered by network budgets? (Several answers possible)**

	Types of NW expenses	No. of NW where this type of expenses is covered by NW budget (N=19)
G	Information material for PR purposes	14
C	Organization of network meetings and conferences	13
K	Travel costs	13
H	Guidelines / tools for distribution	12
J	Network website	12
B	Coordinating staff	9
E	Overall network projects	9
I	Network Newsletter (e.g. costs for layout, printing)	8
A	Coordinating office / room rent / infra-structure	7
D	Training for network members (e.g. fees for trainers)	6
F	Projects in member organizations	4
L	Taxes (e.g. value-added tax, turnover tax)	1
M	Other costs*	2

**\*Other, which:**

- International membership fee

**Q 36: Who is responsible for acquisition, planning, deciding and administering the budget?**

(several answers possible)

	Budget responsibilities (N=19)	Acquisition	Planning	Decisions	Administration
A	HPH Coordinator	13	14	13	11
C	HPH chairman / chairwoman	4	4	6	3
D	Secretary General	1	4	0	3
E	Governance Board	1	5	5	3
F	General Assembly	3	1	6	0
B	CEO	0	0	0	0
G	Other, which*	1	1	2	2

**\*Other, which:****External handling of budget:**

- Agency Director of Finance
- Direct line manager of health authority's Health Promotion Programme under which HPH and the HPH Coordinator now come within the Population Health Section of the health authority
- Partial support for international representation; election and award of excellent practice

**Budget decision by other network role:**

- Project representatives

**Q 37: Does section 5 of the questionnaire contain questions non applicable to your network, and / or would you like to add additional information on your network's budget?****Question 32 – specified budget yes or no:**

- There are no fees for hospitals on a national level. No fees, no budget. The budget for specific actions is included in the coordinating institution budget.
- With the integration of the HPH Network into the health authority, it now comes with the budget and management (to some extent) of Health Promotion Programmes. HPH does have a separate budget allocation but has lost its autonomy over the exact amount it has access to and administration of this budget as in the past. Also due to the complexity of the new financial arrangements within the health authority the network is experiencing difficulty in collecting membership fees.
- We try to roll on activity under some other cup and without special ask for extra money
- The network is supported by the national health authority and budget is allocated within my programme to support meetings and events on an annual basis.

**Question 33 – annual budget amount:**

- The size of the budget is right now considerably higher than previous, since we have received, since one year, funding from the government for a 3-year period.

**Question 36 – budget responsibilities:**

- The budget is decided step by step. It depends on general managers' annual decisions.
- Planning and administration of budget is done by the hospital that hosts the secretariat. The network has its own project account. When it comes to acquisition the coordinator has the task of collecting membership fee. Project funds are applied for by advisory board members.
- Through my current position I make bids to the Department of Health and Public Safety to fund events plus through the Public Health Agency. I bid for funds for initiatives through our annual planning process for example the (old Health Promotion Agency) fund my annual attendance at general assembly and conference, development and maintenance of website, training and seminar events, database and annual update report.

## 6 Section 6: The Coordination institution / centre (office)

**Q 38: Does the network have an explicit coordinating office with dedicated staff and infra structures?**

	YES	NO
No. networks with ... (N=28)	12	16

**Q 39: Where is the office located?**

	Office is ...	Numbers (N=12)
2	Hosted by a hospital or other type of health service	5
3	Hosted by a scientific institute	3
4	Hosted by health policy / health administration unit	2
6	Hosted by another type of organisation	1
1	An organisation of its own	1
5	Hosted by a health consultation institute	0

**Q 40: In case the network office has a host organization: How is cooperation arranged?**

	Cooperation arranged in the following way	Numbers (N=12)
2	Implicit arrangement between the host organization and the network coordinating office	6
1	Formal contract between host organization and network (e.g. concerning allowance to use rooms)	3
3	Other*	1

**\*Other, which:**

- Coordinator is employed by host organisation.

**Q 41: For how long are the office facilities secured?**

*Answers to this question are not interpretable and therefore not displayed.*

**Q 42: Are there already any plans for the period after that?**

	Yes*	No
No. coordinators (N=12)	2	10

**\*If plans, which:**

- There has never been a problem to continue as last year
- The location of the office may follow the location of the next elected chair.

**Q 43: Does the coordinating office have a budget of its own?**

	Yes	No
No. coordinators (N=12)	3	9

*Answers to the sub-question about the percent of NW budget that goes into the office cannot be interpreted and are therefore not displayed here.*

**Q 44: Please give total numbers, number of full-time equivalents and functions (e.g. technical officer, PR expert, accountant) of staff in the coordinating office:**

44A Total staff numbers	No. NW (N=12)

Five persons	3
Four persons	3
Three persons	3
One person	2
Two persons	1

44B Full-time equivalents	No. NW (N=12)
one or less	3
two to three	5
more than three	2

44C Functions of staff (categorized from open answers)	Quotes (N=12; several answers possible)
Coordinator and other network functions	<ul style="list-style-type: none"> <li>• Coordinator</li> <li>• Coordinator</li> <li>• Coordinator.</li> <li>• Coordinator</li> <li>• Coordinator</li> <li>• Coordinator</li> <li>• Assistant coordinator</li> <li>• Secretary General;</li> <li>• Chairman</li> <li>• Health director of hospitals and services</li> </ul>
Administration, assistance	<ul style="list-style-type: none"> <li>• Administration</li> <li>• Administration</li> <li>• 3 Assistants</li> <li>• Technical Officer</li> <li>• Technical officer assistant</li> <li>• Technical support (layout etc.)</li> <li>• Technical Officer</li> </ul>
Researchers, experts	<ul style="list-style-type: none"> <li>• Researcher</li> <li>• Scientific supervisor</li> <li>• HP and HE referents</li> <li>• Healthy worker</li> </ul>
Project manager	<ul style="list-style-type: none"> <li>• Project leader;</li> <li>• Task force coordinator</li> <li>• Project coordination</li> </ul>
Marketing, communication	<ul style="list-style-type: none"> <li>• Marketing</li> <li>• Communication / information</li> </ul>
Accountant	<ul style="list-style-type: none"> <li>• Accountant</li> </ul>
Trainer	<ul style="list-style-type: none"> <li>• Training</li> </ul>

**Q 45: What infrastructures does the coordinating office have at its disposal?**

45 A Rooms	Number offices of this size (N=12)
Four	4
Two	2
One	2
Three	1
Fife	1

Six	1
Missing	1

**45-B Sufficiency of technical facilities (e.g. computers, phones, Xerox, ...)**

45 B Technical facilities	Sufficient	Insufficient	Lack of ' ...
No. networks (N=12)	11	1	Fax, space

**45-C Materials**

Material which (N=12; several answers possible)	Yes	No
Specific journals	5	7
Library / collection of material	6	6
Other which (Internet; good access to library and journals of host organisation)	2	10

**Q 46: What are the main tasks / activities of the coordinating office? How often does the office have to deal with them?**

	Time invested by office staff for ...	Time-intensiveness (1 = most available time, 6= hardly any time at all)						Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6				
B	Communication with current members (e.g. consultations, support of members in strategy development) (N=11)	3	3	3	1	1	0	2	2,5	1,0	1,2
D	Strategy development for the network (e.g. definition of goals, developments of action plans) (N=11)	1	5	1	1	3	0	2	3,0	1,3	1,4
K	External representation of network including lobbying / PR / advocacy / alliance-building (N=9)	1	2	3	2	1	0	3	3,0	0,9	1,2
N	Other administrative tasks (N=9)	2	1	3	1	1	1	3	3,1	1,3	1,6
I	(Research and) Development of HPH tools, instruments, implementation strategies etc. (N=9)	2	0	3	1	3	0	3	3,3	1,3	1,5
G	Organisation of network events (e.g. annual conference, general assembly) (N=11)	1	1	4	3	2	0	3	3,4	0,9	1,2
C	Recruitment of new network members (N=8)	2	0	2	3	1	0	3,5	3,1	1,1	1,4
A	Accreditation / certification of members (N=8)	1	1	2	2	2	0	3,5	3,4	1,1	1,3
L	Cooperation and exchange in the international HPH network (N=10)	0	2	3	2	3	0	3,5	3,6	1,0	1,1
H	Evaluation of network activities (N=8)	0	1	3	1	3	0	3,5	3,8	1,0	1,1

	Time invested by office staff for ...	Time-intensiveness (1 = most available time, 6= hardly any time at all)						Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6				
E	Teaching and training (N=10)	2	0	1	3	4	0	4	3,7	1,2	1,5
F	Initiation of new network activities (e.g. specific projects, implementation of working groups) (N=10)	0	2	1	4	3	0	4	3,8	0,9	1,1
J	Fundraising for the network (N=8)	1	0	1	3	1	2	4	4,1	1,2	1,5
M	Collection of membership fees (N=9)	1	0	2	1	4	1	5	4,1	1,2	1,5

\* of valid

**Q 47: Does the coordinating office have specific policies / procedures for staff development?**

	Development of office staff by ...	No. of networks (N=12, several answers possible)
F	Currently no staff development	7
C	Coaching for staff	4
B	Mentoring system for center staff	3
D	Specific professional training for center staff	2
A	Written policy	1
E	Other, which	0

**Q 48: Did you observe any supportive or hindering factors with regard to functioning and responsibilities of the coordinating office? In case of hindering factors, can you recommend coping strategies?**

Categories developed from open answers (several answers per network possible)	A Supportive factors (N=8)	B Hindering factors (N=6)	C Coping strategies for hindering factors (N=7)
Staff and social climate related:	<ol style="list-style-type: none"> <li>1. Qualified staff</li> <li>2. Qualified staff</li> <li>3. Good working climate</li> <li>4. Supportive climate at hosting part</li> </ol>	<ol style="list-style-type: none"> <li>1. Complex role containing project management, administration, communication</li> <li>2. Many conflicting demands from other professional obligations</li> <li>3. Difficult to retain staff</li> <li>4. Loss of administrative support staff</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase staff number</li> <li>2. implement staff health promotion</li> <li>3. Strict time management</li> </ol>
Resources related:	<ol style="list-style-type: none"> <li>1. Regional government provides for economic support</li> <li>2. Can offer better salary and have good social image</li> <li>3. Access to a separate IT system outside the health authority system. This allows greater internet access and facilitates communication on</li> </ol>	<ol style="list-style-type: none"> <li>1. There is no budget</li> <li>2. Urgent time pressure</li> </ol>	<ol style="list-style-type: none"> <li>3. Develop new alliances and working partnerships and where possible link HPH activity to national development priorities</li> <li>4. annual plan and budget dedicated to HP integrated with HPH network</li> </ol>

Categories developed from open answers (several answers per network possible)	A Supportive factors (N=8)	B Hindering factors (N=6)	C Coping strategies for hindering factors (N=7)
	a European level via SKYPE. 4. Partnerships		
Mandate related:	1. Supportive from the general assembly 2. written mandate for the institution to function as coordinating centre	1. There is no written plan of aims for coordinating office 2. loss of autonomous decision making 3. Lack of integration of other HP activities organized by regional government	1. Inviting regional government officers in the coordinating centre, in working groups and conferences
Performance related:	1. New projects 2. Participation in workshops etc.		
Other		1. The network complexity	1. Enforcing information policy and any type of tools 2. strange attractors based strategy 3. improve international communication

**Q 49: Are there any changes envisaged with regard to the offices' functioning and responsibilities?**

**1 answer:**

- It remains unclear at the moment as further reorganisation within the health authority is planned in the next few months.

**Q 50: In how far do the following statements describe the national / regional and international standing of the networks' coordinating office?**

	Office has high reputation in ... (n=12)	Perceived reputation (1=highest, 6=lowest)						Median	Mean	Mean dev.	St. dev.
		1	2	3	4	5	6				
E	Nationally / regionally, the coordinating center has a high reputation in <u>health policy</u> (N=11)	3	4	2	2	0	0	2	2,3	0,9	1,2
A	Nationally / regionally, the coordinating center has a high reputation in <u>health services</u> (N=9)	1	5	1	0	2	0	2	2,7	1,1	1,6
C	Nationally / regionally, the coordinating center has a high reputation in <u>health sciences</u> (N=10)	3	1	2	1	3	0	3	3,0	1,4	1,8
D	Internationally, the coordinating center has a high reputation in <u>health sciences</u> (N=10)	0	1	6	1	2	0	3	3,4	0,8	1,5

	Office has high reputation in ... (n=12)	Perceived reputation (1=highest, 6=lowest)						Median	Mean	Mean dev.	St. dev.
		1	2	3	4	5	6				
F	<u>Internationally</u> , the coordinating center has a high reputation in <u>health policy</u> (N=10)	1	1	3	3	0	2	3,5	3,6	1,2	1,9
G	<u>Internationally</u> , the coordinating center has a high reputation in <u>health sciences</u> (N=10)	2	0	2	3	2	1	4	3,6	1,3	2,0

\* of valid

**Q 51: Does section 6 of the questionnaire contain questions not applicable to your network, and / or would you like to add additional information on your network's coordinating office?**

**Question 38 – explicit coordinating centre yes or no:**

- There is no coordinating centre (office) as such. The agency acts as the coordinating centre and provides all that is needed through its everyday business. We have PR, IT, Admin, etc.
- The HPH network is supported and coordinated by the national health authority – the lead agency for health improvement in the country. A key role of the authority is support local health systems and their partners in the delivery of health improvement. The HPH network is considered part of this local delivery system.
- Basic function as coordinating center is doing secretariat of one member HPH without separate budget.

**Question 46 – time-intensiveness of office tasks:**

- As the only position at the coordinating office is the national coordinator, I did not fill in all boxes in this section. They equal with what has been ticked for the coordinator in the previous section.

**Question 50 – reputation of office:**

- Answers to Question 50 was difficult due to the changes that have resulted from being taken over by the health authority
- It's problematic to know the international reputation

**General comments:**

- New network

## 7 Section 7: Membership

**Q 52: What process do networks use for assigning national / regional HPH membership (e.g. applicant has to do a specific number of projects; there is a site visit; there are application forms ...)?**

Categories derived from open answers	Detailed answers (N=25):
High requirements for membership status (more than 3 requirements)	<ul style="list-style-type: none"> <li>• Applicant has to fill in an application form (signed by top management of the organisation), describing some key features of the organisation and expressing the willingness to agree to a number of HP and HPH principles, and to pay a national fee and the international fee. In addition, at least 3 HP activities (projects, routines) have to be documented and submitted. The activity forms are sent to two reviewers, respectively, and judged by a specific evaluation form. Each activity has to reach a minimum number of points in order to be accepted, and all three activities have to be positively evaluated for the hospital to be accepted (in case the reviewers see needs for improvement, the applicants have to prove improvements and re-submit). Formal membership is then declared by the GA. Membership is limited to a 3year period and has then to be prolonged. At each</li> </ul>

Categories derived from open answers	Detailed answers (N=25):
	<p>prolongation, 3 new projects have to be submitted, a self-assessment according to the 5 standards has to be performed, and a progress report on the activities that were performed during the last three-year period has to be delivered to the coordinating centre.</p> <ul style="list-style-type: none"> <li>• We use a letter of intent that should be signed by the CEO of the institution which respects the model provided by the International Secretariat and ask the newcomers to fill the descriptive questionnaire for the website of the international HPH secretariat. We ask teaching hospitals and institutions to develop collaborative projects with local health services.</li> <li>• Applicant has to sign the letter of intent and show a written policy in health promotion in the hospital. The applicant has to show three projects in the fields of organisational development or patient or staff or region or environmental issues. The projects are audited, and there is a site visit with interviews of the leading personnel and the project responsible. The board of directors is deciding about the membership. Renewal takes place every four years.</li> <li>• There is an application form and submission of an action plan is required. A minimum of 3 distinct actions need to be identified. Applicants must agree to contribute an annual membership fee and to sign the International "Letter of Intent".</li> <li>• Legal representative (general manager) has to sign an agreement having the letter of intent, committing the payment of international fee, realizing at least 3 HPH projects, organizing an HPH committee inside each hospital / healthcare organisation.</li> <li>• Letter of intent has to be filled in. Three projects needed to apply. Their title and contact information is written on the letter of intent which is sent to the national coordinator for approval, and sent to Copenhagen. We have been part of pilot testing the international activity database, so we want our members to add their three projects to the database as soon as they have gotten their password from the WHO-CC Copenhagen. Lately, when the network has opened up for other types of members than hospitals, the coordinator has in some cases discussed new members with the advisory board prior to acceptance.</li> <li>• Application form is required to become a preparatory member. To become a member of the international network, self-assessment + 3 written projects + site visit + reaching certain score are required.</li> </ul>
Medium requirements for membership status (two-three membership requirements demanded)	<ul style="list-style-type: none"> <li>• Applicant has to prepare HPH strategy and policy for institution, apply no smoking policy and prepare 2 HP projects. After this they ask for site visit and ask for application form.</li> <li>• They need to adhere and commit themselves to the HPH principles and prove they develop at least 2 or 3 HP projects</li> <li>• Site-visit; E-HPH Newsletter</li> <li>• application form &amp; applicant has to do a specific number of projects</li> <li>• Application form and written approval from the hospital administration</li> <li>• From 2003 we are working with 3 projects or more. From 2007 we are improving a transversal approach with self-assessment and psycho-emotional wellbeing.</li> <li>• All health organisations already belong to the network. They are evaluated at the end of the year, using the self-evaluation model and tool.</li> <li>• We have a well-established corporate HPH program within which are developed health promotion initiatives. People are trained to deal with HPH issues and to join the network itself.</li> </ul>
Low membership requirements (only 1 membership requirement demanded)	<ul style="list-style-type: none"> <li>• Application forms</li> <li>• Application forms to be filled in</li> <li>• Number of specific projects</li> <li>• Has to do a specific project</li> <li>• They visit the website for application forms, we use the international letter of</li> </ul>

Categories derived from open answers	Detailed answers (N=25):
	<p>intent with some additions (see below)</p> <ul style="list-style-type: none"> <li>Representation from each Regional Board of the health authority. All are required to deliver on health promoting health service.</li> <li>Meet representative and apply</li> </ul>
In development	<ul style="list-style-type: none"> <li>We did not find independent national HPH network yet and we use application form for international HPH network.</li> <li>We are actually defining this process. Usually, hospitals have to present 3 HPH projects, and are requested for presenting their projects and strategies to other hospital members during an assembly (3 times a year). We formalize it.</li> <li>This will be developed with the new network in the past it has not been a very strict process and we would like to raise the standard of membership seriously in the new network.</li> </ul>

**Q 53: Does your network have different levels or categories of membership?**

	Different membership levels	No. networks (N=28)
A	No	23
C	Yes, for members with different health promotion performance*	5
B	Yes, for different types of health services	0

**\*Different performance levels, which:**

- Regular versus supportive membership (the latter not linked to activities, but to financial support)
- National / international difference
- Universities and colleges for applied sciences as well as HP organisations may apply for supportive membership
- Different level of performance both in work (i.e. sometimes members participate in only one project) and in payment of international fee
- Full international membership versus partial national membership

**Q 54: Which of the following membership rights are associated with full membership?**

	Membership rights	No. Networks (N=25)
C	Right to use network tools	22
F	Right to co-develop network priorities and activities	22
D	Right to use network logo (e.g. on stationery)	22
A	Active voting right	14
G	Right to externally represent network	14
B	Passive voting right for positions in the Governance Board	8
E	Right to get financial support for health promotion interventions	6
H	Other, which*	3
I	Different rights for different member levels**	5

**\*Other rights, which:**

- Receive priority information regarding HPH
- right to participate in certain projects, training activities and selection of best practice
- Not yet developed

**\*\*Differences between membership levels / categories, if any (N=5):**

- Supportive members form a board of trustees. They have only active voting rights, no passive voting right. Supportive members may use the network logo and attend network meetings but cannot vote for or be members in the GB.

- Only international members may use the network logo which mentions WHO network.
- Hospitals not paying the international fee are not members but only “observers”. It is important to involve them because they could become members and because they often have personnel who work well in HP but, in the contingent situation, they don’t have the support of their top management.
- Partial members cannot represent the network externally, and they cannot vote.
- Varied by projects; some only allow international network members to participate-

**Q 55: Which of the following international HPH criteria do hospitals / health services have to fulfil in order to become full members of your network?**

(Several answers possible)

	<b>Int. membership criteria</b>	<b>No. of adhering networks (N = 27)</b>
C	Endorse the principles of WHO documents and declarations on HPH (Ottawa Charter, Budapest and Vienna Declarations)	26
B	Recognize the international HPH statutes	25
A	Identify a hospital / health service coordinator for HPH	24
H	Pay annual contribution fee for the coordination of the International HPH Network	24
I	Share information / experiences on HPH development on national / regional level	23
J	Share information / experiences on HPH development on international level	19
G	Develop and evaluate a HPH action plan to support the introduction of health promotion into the culture of the hospital during the period of designation	17
D	Implement principles, strategies and policies of HPH, by use of WHO HP Standards, corresponding national HPH standards / indicators or other adequate means	15
F	Develop a HPH action plan for the designation period	14
K	Update hospital / health service information at <a href="http://www.healthpromotinghospitals.org">www.healthpromotinghospitals.org</a> upon request	13
E	Develop a written policy on the health orientation of hospital management	12

**Explanations for non-adherence to international membership criteria (N=8):**

- The network follows a step-by-step policy. Following all international membership requirements would be too ambitious at the moment, since the country as a whole is a bit behind with implementing quality strategies in hospitals (this makes it difficult to have annual action plans etc.)
- No possibilities regarding the minimalist development of our network
- Members decided not to use the standards and self-assessment obligatory. The network does not feed into the international database, as it has its own. Members do not want to complete a second one in English.
- Since HP as a strategy is not widely implemented in the national hospitals, the current priority of the network is to increase its membership. Full membership criteria will be endorsed at a later time.
- These aspects were due to be applied but due to continuing lack of HPH Governance Network structures these have yet to be applied.
- It is difficult to obtain HPH plan if there is no HPH budget and if there is no aim for this objective in general management activities
- Written policy: it is an important future aim (incorporate HPH culture in hospital organization), but at the moment it could be too ambitious to ask it to the top management. Managers have to believe in it. On the contrary it could be perceived as an improper interference of HPH, because it is the regional government (and not HPH) to give the address-lines for the written policy to the Directors.
- Currently under review

**Q 56: In addition to the international membership criteria: do you use additional national / regional membership criteria for full membership in your national / regional network?**

	<b>Additional national / regional membership criteria</b>	<b>No. networks (N=22; several answers possible)</b>
F	National membership fee [average amount: € 585.-, most countries report scaled fees, and heights depend very much on local price levels]	10
E	Periodical self-assessment according to the 5 standards	10
A	Engage in specific national / regional network activities*	9
C	Implement activities on specific themes**	9
D	Meet specific quality criteria for health promotion interventions***	3
B	Set up a specific HPH management structure	2
G	Other	4

**\*Specific network projects / activities which:**

- Participate in GA, present projects at national conferences and in national Newsletter
- Meetings
- For teaching hospitals we ask to develop collaborative projects with other health services
- Arts in Hospitals project (WHO / UNESCO)
- General assembly, regional working groups, most activities are not obligatory
- Tobacco
- National task forces and working groups

**\*\*Specific thematic activities which:**

- Patient education; hospital hygiene
- Art-therapy
- 3 HPH projects, preferably one for staff, one for patients and one for community, and preferably one being a smoke-free project
- Smoke-free hospitals; other topics are planned.
- Each member develops its own strategy
- Mental health promotion
- Health literacy, sustainable hospitals

**\*\*\*Specific quality criteria, which:**

- National accreditation standards
- Include HPH standards in regional accreditation system

**Q 57: How are new members for the network recruited?**

	<b>Recruitment by ...</b>	<b>No. networks (N=20; several answers possible)</b>
B	Network members use personal contacts to approach potential new members	17
A	Regular recruitment campaigns (e.g. annual mailing to healthcare organizations)	7
C	Recruitment is supported by external partner(s)	3
D	The network is currently not open for new members**	8
E	Other*	6

**\*Recruitment other, which:**

- Publications on HPH network, communications
- Presence on congresses and exhibitions, contacts to hospitals
- Promotion by secretariat
- People make contact and arrange meetings where the national coordinator is invited.
- the chair's personal social network; extensively gave speech in different types of external conferences; promoting scale-up project to attract new members; attracting members through HPH educational activities; press conferences on certain topics, ...
- To be reviewed

**\*\*No recruitment, why:**

- All hospitals and health services of the region are part of the network
- Each health service already belongs to the network
- all public services are already part of the network
- Minimalist development of the network
- Awaiting new structures and final re-organisation within the health authority
- Currently not open because we have 5 potential new members

**Q 58: Did you observe any relevant supportive or hindering factors with regard to membership issues? In case of hindering factors, can you recommend coping strategies?**

Categories developed from open answers:	Supportive factors (N=13)	Hindering factors (N=19)	Coping strategies (N=12)
Reputation	<ol style="list-style-type: none"> <li>1. Reputation of WHO and national coordination centre</li> <li>2. Link with WHO and an international network</li> <li>3. Social status and visible leadership of the chair</li> <li>4. Honour</li> </ol>	<ol style="list-style-type: none"> <li>1. Slow approval process of the MOU by WHO</li> </ol>	<ol style="list-style-type: none"> <li>1. WHO HPH and ENSH strategies, national CVD prevention strategy etc.</li> </ol>
HPH concept and network	<ol style="list-style-type: none"> <li>1. HPH is always supportive for member hospitals and newcomers</li> <li>2. Sharing projects, issues with more hospitals and at international level. HPH is the only opportunity for sharing issues of hospitals / health care organisations at international level in holistic way, not simply based on only one issue (such as quality etc.)</li> <li>3. Access to large international network of potential project partners. Access to national / international task forces / working groups</li> <li>4. Hospital management are essential for joining the network, also the project is based upon health professional initiatives</li> </ol>	<ol style="list-style-type: none"> <li>1. HPH strategy is not very concrete. People ask why they should enter a network to do what they (in their opinion) already do.</li> <li>2. no detailed reports with focus on the results</li> </ol>	<ol style="list-style-type: none"> <li>1. We try to focus on special topics (such as smoke-free or nutrition). The network and its members should be able to answer the simple question: "What makes our hospitals different from others?" The very complex HP strategy cannot answer this question. Things must be explained simpler.</li> </ol>
Fees	<ol style="list-style-type: none"> <li>1. Managing centrally payment issues</li> <li>2. Dialogue where membership fee is defined by the members</li> </ol>	<ol style="list-style-type: none"> <li>1. Discussion about high annual charges</li> <li>2. Collecting hospital fees from members</li> <li>3. There is always the money aspect ("what do I earn if I am engaged in HP?")</li> </ol>	<ol style="list-style-type: none"> <li>1. Directly paying for all members being the coordinating institution</li> <li>2. Discussions and continuous development of rules using compromises. At this moment we are discussing graded membership.</li> </ol>
Interest from health services	<ol style="list-style-type: none"> <li>1. During the past 3-4 years there has been an increase in interest to join the HPH network</li> </ol>	<ol style="list-style-type: none"> <li>1. Frequent changes in hospital administration hinder recruitment</li> <li>2. Lack of time, money and</li> </ol>	<ol style="list-style-type: none"> <li>1. Make contact and links with personnel leading out on major service developments and link or inte-</li> </ol>

Categories developed from open answers:	Supportive factors (N=13)	Hindering factors (N=19)	Coping strategies (N=12)
		<p>human resources in hospitals. This lack is so crucial that the HPH activities rarely appear as a priority</p> <ol style="list-style-type: none"> <li>Some members are still very inactive within the network. This is probably due to the fact that membership is linked with smoke-free hospital program and these members are more focused on smoking cessation than any other program</li> <li>The professional's turnover rates</li> <li>Cultural factors (not well knowing HPH)</li> </ol>	<p>grate HPH activity with these developments as much as possible. Reduce expectations to feasible targets in order to keep HPH alive and on the agenda.</p> <ol style="list-style-type: none"> <li>More information about the network, intensive search for active persons within passive organisations</li> <li>By giving economic and professional acknowledgments</li> </ol>
Health system	<ol style="list-style-type: none"> <li>Raised level of interest especially if government support is given for regional standards to be monitored by our regional standards agency</li> </ol>	<ol style="list-style-type: none"> <li>low relevance of HP in healthcare (no financial compensation, limited link to healthcare reform, pressure for evidence)</li> <li>Tight budgets in the national health system</li> <li>no effect to healthcare finance reimbursement</li> <li>Changes within health service that have resulted in greater fragmentation on a national level, changes with personnel, greater emphasis on clinical risk management and less openness for health promotion needs</li> <li>Inadequate governmental support</li> <li>Current restructuring, movement of individuals and changes in management</li> </ol>	<ol style="list-style-type: none"> <li>Continue to have dialogue with governmental officials</li> <li>Keeping HPH on the government agenda, two way information between network and coordinator, writing responses to regional consultations i.e. respiratory health and wellbeing service framework</li> <li>try to elaborate HP activity to DRG payment</li> <li>Advocacy</li> </ol>
Language		<ol style="list-style-type: none"> <li>publications in English</li> </ol>	<ol style="list-style-type: none"> <li>Translation budget for giving the possibility to our members to have the international network documents in national language and publish our own in English to facilitate networking</li> </ol>
Coordination capacity		<ol style="list-style-type: none"> <li>little time to meet the health services out of the network</li> <li>Managing the network within a single institution makes difficult for other</li> </ol>	

Categories developed from open answers:	Supportive factors (N=13)	Hindering factors (N=19)	Coping strategies (N=12)
		members outside to join 3. Lack of time and resources 4. The complexity of the organisation with different need and capacities to pay	

**Q 59: Are there any plans in your network to change membership rules / regulations and procedures?**

Changes envisaged	YES*	NO
No. networks (N=28)	6	22

**\*Yes, which:**

- Since the coordinating institution cannot collect membership fees, we have to find a way to organize this fee collection
- A structure group will be initiated to discuss a level system and a better quality assessment and the structure of membership fees.
- Endorse more international membership criteria
- A full review is planned when new structures have been implemented. Greater emphasis will be placed on policy development and standard implementation.
- Graded membership according to quality issues and participation
- Consideration is being given to look at all this to assist in raising the standard, commitment and involvement of the members

**Q 60: Have there ever been exclusions from membership in your network? If yes, how often and why?**

Exclusions	YES*	NO
No. networks (N=28)	5	23

**\*Exclusions why:**

**Non-payment of fees or non-observance of other membership criteria:**

- No respect of HPH development
- Hospitals didn't pay fee and didn't attend assembly meetings
- Refusal to pay membership fee
- Not paying his / her membership fee for more than 2 consecutive years and expressing lack of willingness to do so after contact

**Other:**

- Not really an exclusion, but an exit: one hospital did not prolong its membership
- Fusions

**Q 61: In how far do the following characteristics describe your network members?**

	Member characteristics	(1=fully agree, 6=do not agree at all)						Median*	Mean*	Mean dev.*	Std. dev.*
		1	2	3	4	5	6				
B	Most members are open for new developments in HPH (N=27)	3	10	3	7	4	0	3	3,0	1,1	1,3

	Member characteristics	(1=fully agree, 6=do not agree at all)						Median*	Mean*	Mean dev.*	Std. dev.*
		1	2	3	4	5	6				
F	Members invest resources into HPH developments within their own organization (N=27)	2	5	8	5	3	4	3	3,5	1,2	1,5
D	Most members participate proactively in the network, supporting others in implementing HPH (N=24)	1	8	3	5	5	2	3,5	3,5	1,3	1,5
E	Members support the growth of the network by motivating other health services to join (N=26)	3	4	6	5	6	2	3,5	3,5	1,3	1,5
C	(Some) members have taken over important tasks for securing / improving the functioning of the network (N=24)	2	6	3	7	7	0	4	3,4	1,2	1,4
A	HPH is a top priority for most member organizations (N=23)	0	6	5	3	8	2	4	3,8	1,2	1,4
G	Members invest resources into the network (N=25)	0	4	7	3	5	6	4	4,1	1,3	1,5

\* of valid

**Q 62: According to the coordinators, what are relevant benefits of being a member in the networks?**

	Perceived importance of benefits for members	1	2	3	4	5	6	Median*	Mean*	Mean dev.*	Std. dev.*
C	National exchange (N=26)	9	6	5	4	0	2	2	2,5	1,2	1,5
B	Privileged access to knowledge and tools (N=27)	4	11	8	2	1	1	2	2,6	0,9	1,2
D	International exchange (N=25)	6	7	3	4	3	2	2	2,9	1,4	1,6
A	Marketing – membership as competitive edge (N=24)	8	6	1	1	6	2	2	2,9	1,7	1,8
F	Contribution to quality of care for patients (N=26)	8	4	11	2	1	0	3	2,4	1,0	1,1
G	Contribution to job satisfaction of staff (N=24)	6	5	8	2	2	1	3	2,7	1,1	1,4
H	Fulfilment of national / regional legal requirements (N=25)	2	3	6	4	6	4	4	3,8	1,3	1,5
E	Access to financial resources (e.g. for specific projects) (N=25)	3	2	1	5	5	9	5	4,4	1,4	1,8
I	Other	0	1	0	0	0	0	2	2	0	0

\* of valid

**Q 63: Does section 7 of the questionnaire contain questions not applicable to your network, and / or would you like to add additional information on network membership?****Question 53 – levels of membership:**

- We are about to start a process of graded membership, which hopefully will come into action in 2010.
- Concerning membership levels: single wards / divisions can take part

**Question 55 – adherence to international membership criteria:**

- Members of the network do not need to be signed up to the international HPH network, although some have on a three year pilot basis and this is currently under review. The health authority has supported these areas with HPH fees to date. The policy for health improvement and levers for delivery in hospitals are strengthening, and there is a separate governance structure for quality standards already in place.

**Question 56 – specific national / regional membership criteria:**

- We do not use specific criteria for full membership because we have already all the health services belonging to our network.
- Because of the changes the DoH and Public Safety have paid the fees to keep everyone on board. This year will see the new network look at membership and will require them to find funding for next year. Also because of the new hospital community Trusts criteria for membership, fee and monitoring will need to be developed

**Question 61 – member support for the network:**

- Question 61 on members is influenced by the fact that in a recent time in our region there was a changing in General Directors in several local health trusts.

**General comments:**

- It was difficult to answer this section with any degree of accuracy due to the effects of the rapidly changing health service environment, changes in organisational health structures, personnel and financial restrictions.

## 8 Section 8: Health promotion orientation and priorities of networks

**Q 64: Which of the following international health promotion and HPH documents are used within your network and should be known to members? Which do you have available in local language?**

	HP and HPH documents used (N=28)	Used	Available in own language
D	Vienna Recommendations on Health Promoting Hospitals	26	23
A	WHO Ottawa Charter on Health Promotion	26	22
H	5 Standards and Health Promotion in Hospitals	26	25
I	HPH constitution	22	13
B	Budapest Declaration on Health Promoting Hospitals	21	21
G	18 HPH core strategies	20	16
F	WHO-Bangkok Charter on health promotion in a globalized world	16	15
E	WHO-Jakarta Declaration on leading health promotion into the 21 <sup>st</sup> century	15	15
C	Ljubljana Charter on reforming healthcare	14	14
J	Other, which*	4	4

**\*Other, which:**

- International HPH brochure (2 NW)
- Publication "Pathways to HPH" (1 NW)
- Publication "Evidence and QM of HPH" (1 NW)
- International HPH newsletter (1 NW)

**Q 65: Has your network developed policy papers / charters etc. of its own?**

Own policy papers	Yes*	No
No. networks (N=28)	5	23

**\*Own policy papers, which:**

- Network statutes specifying international HPH for the national situation
- Chiemsee-Erklärung 1995, Homburger Leitlinien 1999: they make the international policy more concrete for national hospitals. They were reflecting current health policy by the time they were written. There is no current document at the moment.
- Thematic documents: Pain management; intercultural hospitals
- Our own constitution, membership re-certificate criteria; criteria on continuous education add to international as already stated
- Developmental position papers, suggested frameworks, specific to the national conditions and they are to inform the minister and chief medical officer what HPH is and the benefits for Northern Ireland and the way forward to create a healthy health service

**Q 66: Does your network have and explicit (written) focus on specific target group(s) (e.g. as specified in network documents)?**

(several answers possible)

	Target groups	No. networks addressing this target group (N=21)	What groups of patients / staff / community? Specifications from open answers
A	<b>Patients</b>	21	<p><b>Patients with specific diseases:</b></p> <ul style="list-style-type: none"> <li>• Chronic diseases</li> <li>• Chronic patients</li> <li>• Chronic patients</li> <li>• Chronic pain</li> <li>• Diabetes</li> <li>• Dialysis</li> <li>• Oncology</li> <li>• Oncology</li> <li>• By treated illness</li> <li>• Mental health patients</li> </ul> <p><b>Vulnerable groups of patients:</b></p> <ul style="list-style-type: none"> <li>• Aboriginals</li> <li>• Baby friendly</li> <li>• Children</li> <li>• Children</li> <li>• Elderly</li> <li>• Fragile people</li> <li>• Migrants</li> <li>• Migrants</li> <li>• Migrants</li> <li>• Patients with low literacy skills</li> </ul> <p><b>Patients, all:</b></p> <ul style="list-style-type: none"> <li>• All in and out patients</li> <li>• All in-patients</li> <li>• All</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Patient education</li> </ul>
B	<b>Staff</b>	16	<p><b>Staff, all:</b></p> <ul style="list-style-type: none"> <li>• All</li> <li>• All</li> <li>• All</li> <li>• Employees and their families</li> </ul>

	Target groups	No. networks addressing this target group (N=21)	What groups of patients / staff / community? Specifications from open answers
			<ul style="list-style-type: none"> <li>Hospital personnel and other healthcare workers</li> </ul> <p><b>Specific professional groups:</b></p> <ul style="list-style-type: none"> <li>MDs</li> <li>Nurses</li> <li>Nurses</li> </ul> <p><b>Staff with mental health problems (stress, addictions)</b></p> <ul style="list-style-type: none"> <li>Alcoholics</li> <li>Distress</li> <li>Smokers</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>Clinic with high risk for nosocomial infection</li> <li>Staff HP</li> </ul>
C	Community	14	<p><b>Specific alliances with:</b></p> <ul style="list-style-type: none"> <li>Medical associations</li> <li>Midwife associations</li> <li>Municipalities</li> <li>Nurse associations</li> <li>Patients associations</li> <li>Patient associations</li> <li>schools</li> <li>Volunteer groups</li> <li>Voluntary associations,</li> </ul> <p><b>Specific population groups:</b></p> <ul style="list-style-type: none"> <li>children</li> <li>migrants</li> <li>teenagers</li> <li>women</li> </ul> <p><b>Specific risk groups:</b></p> <ul style="list-style-type: none"> <li>osteoporosis</li> <li>tuberculosis</li> <li>Relevant to hospital specialization</li> <li>Helping smokers quit</li> </ul> <p><b>Community, all:</b></p> <ul style="list-style-type: none"> <li>Community population including local government, media etc.</li> <li>Entire</li> </ul> <p><b>Community, other:</b></p> <ul style="list-style-type: none"> <li>Humanization, healthcare</li> </ul>
D	Others*	4	<ul style="list-style-type: none"> <li>A recent Chief Executive letter (CEL) from Government outlines key interventions for patients, staff and visitors in hospitals. Our role is to support network members in the delivery of these.</li> <li>Community-hospital integration</li> </ul>

	Target groups	No. networks addressing this target group (N=21)	What groups of patients / staff / community? Specifications from open answers
			<ul style="list-style-type: none"> <li>• Management of health services</li> <li>• Management, government</li> </ul>

**Q 67: Does your network have an explicit (written) focus on specific thematic issues?**

(several answers possible)

	Focus on ...	No. networks with a focus in this area (N=22)	Specifications from open answers
A	<b>Specific lifestyles</b>	14	<p><b>Smoking:</b></p> <ul style="list-style-type: none"> <li>• Smoke</li> <li>• Smoking in cooperation with ENSH</li> <li>• Smoking – diverse activities</li> <li>• Smoking: training and campaign</li> <li>• Tobacco task force</li> <li>• Tobacco: campaign, training, conference, specific booklet</li> <li>• Tobacco: training, specific projects</li> </ul> <p><b>Nutrition, exercise:</b></p> <ul style="list-style-type: none"> <li>• Breastfeeding: campaign</li> <li>• Nutrition: training, conference, campaign</li> <li>• nutrition / food: task force</li> <li>• physical activity task force</li> <li>• physical activity, diet, obesity: campaign, training, conference, selection of innovative projects</li> <li>• Sport</li> </ul> <p><b>Alcohol:</b></p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Alcohol task force</li> <li>• Alcohol: training, specific projects</li> <li>• Alcohol abuse: training and campaign</li> </ul> <p><b>Lifestyles, general:</b></p> <ul style="list-style-type: none"> <li>• All aspects / multifactorial</li> <li>• Healthy lifestyle</li> <li>• Life skills: Training, conference</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Activating chronically ill patients to become active society members</li> <li>• mental health promotion: campaign, training, conference, project, selection of innovative projects</li> </ul>
C	<b>Specific health risks</b>	13	<p><b>Smoking, tobacco:</b></p> <ul style="list-style-type: none"> <li>• Smoking: own sub-network</li> <li>• Smoking</li> <li>• Tobacco</li> <li>• Tobacco: training of trainers (SC counsellors), conference on tobacco-free environment, tobacco campaign together with community health promoters</li> <li>• Tobacco</li> </ul>

	Focus on ...	No. networks with a focus in this area (N=22)	Specifications from open answers
			<p><b>Other lifestyles:</b></p> <ul style="list-style-type: none"> <li>• Accident and violence: new task force</li> <li>• Alcohol</li> <li>• Trans-fatty acids: project</li> <li>• Unhealthy nutrition</li> </ul> <p><b>Disease-specific:</b></p> <ul style="list-style-type: none"> <li>• Concussion: campaign</li> <li>• Osteoporosis: training</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Access to care: training</li> <li>• Occupational health risks of staff: specific booklet</li> <li>• All aspects / multifactorial</li> </ul>
D	<b>Specific quality issues</b>	12	<p><b>Improvement of service quality:</b></p> <ul style="list-style-type: none"> <li>• Health literacy: working group, evaluation, training, workshops</li> <li>• On-field training, meetings, peer reviews</li> <li>• selection of model practice</li> <li>• Humanization, community hospital integration, → training, campaign</li> <li>• Quality of assistance in hospitals → questionnaire for patients, training, specific booklet</li> </ul> <p><b>HPH standards:</b></p> <ul style="list-style-type: none"> <li>• Accreditation: include HPH standards in the accreditation system</li> <li>• HPH standards</li> <li>• HPH standards</li> <li>• Self-assessment</li> </ul> <p><b>Outcome measurement:</b></p> <ul style="list-style-type: none"> <li>• Outcome measuring / patient reported outcome measures: working group</li> <li>• National accreditation standards</li> <li>• No smoking: campaign</li> <li>• multifactorial</li> </ul>
B	<b>Specific diseases</b>	8	<p><b>Cardiovascular:</b></p> <ul style="list-style-type: none"> <li>• Cardiovascular diseases: research, tools</li> <li>• Cardiopathy: integration of HPH standards and the regional prevention plan</li> <li>• heart attack</li> <li>• stroke</li> </ul> <p><b>Cancer:</b></p> <ul style="list-style-type: none"> <li>• Oncology: consulting centre for healthy nutrition and smoking cessation</li> <li>• Lung cancer: conference</li> <li>• Cancer screening: education, conference</li> </ul> <p><b>Metabolic disorders:</b></p> <ul style="list-style-type: none"> <li>• diabetes mellitus</li> </ul> <p><b>Other:</b></p>

	Focus on ...	No. networks with a focus in this area (N=22)	Specifications from open answers
E	Other, which	3	<ul style="list-style-type: none"> <li>All aspects / multifactorial</li> <li>Organisational wellbeing, violence against women → training, conference, campaign</li> <li>Pain management, Migrant Friendly Hospital (until 2005) → training, conference, campaign, specific booklets</li> <li>Recent focus in Chief Executive Letter on delivery of interventions on smoking cessation, brief interventions for alcohol, breastfeeding, healthy food provision and healthy working lives initiative</li> </ul>

**Q 68: Does your network have an explicit (written) focus on one or several of the following health promotion criteria? If so, in which way?**

(several answers possible)

	HP Principles	No. networks with a focus on ... (N=18)	Focus implemented by policy	Focus implemented by activity	Specifications from open answers
E	Empowerment	16	12	10	<ul style="list-style-type: none"> <li>Healthy ageing in residential care</li> <li>empowerment of people is a key strategic direction of the Trust</li> <li>implementation of self-assessment and CGI</li> <li>Vision paper</li> </ul>
A	Holistic concept of health	14	12	7	<ul style="list-style-type: none"> <li>Health promotion policy for hospitals and health services</li> <li>implementation of self-assessment and CGI</li> <li>Hospital mission</li> <li>Vision paper</li> </ul>
D	Participation and involvement	14	9	10	<ul style="list-style-type: none"> <li>widespread implementation of HPH concept through yearly activity planning</li> <li>implementation of self-assessment and CGI</li> <li>Vision paper</li> </ul>
B	Equity	11	7	4	<ul style="list-style-type: none"> <li>the way services are delivered</li> <li>implementation of self-assessment and CGI</li> <li>vision paper</li> </ul>
C	Cultural competence	10	3	8	<ul style="list-style-type: none"> <li>MF and Culturally Competent Hospitals initiatives</li> <li>social inclusion – emergency multilingual aid for ethnic minorities</li> <li>Vision paper</li> </ul>
F	Multi-strategic interventions	10	6	8	<ul style="list-style-type: none"> <li>implementation of self-assessment and CGI</li> <li>Vision paper</li> </ul>
G	Sustainability	5	3	5	<ul style="list-style-type: none"> <li>Vision paper</li> </ul>

**Q 69: Does your network explicitly aim at improving the health promotion orientation of hospitals / health services for patients (e.g. by policies, network projects, training activities)?**

(several answers possible)

	<b>Explicit (written) overall network aims for patients</b>	<b>YES (N=21)</b>
E	Improvement of patient information and education for disease management	17
D	Improvement of active patient involvement in treatment and care	16
F	Improvement of patient information and education with regard to lifestyles	16
B	Improvement of health promotion needs assessment for patients	13
G	Improvement of physical hospital / health service environment for patients	12
H	Improvement of cultural hospital / health service environment for patients	12
A	Improvement of access to hospitals / health services	11
I	Improvement of cooperation with other providers of health and social services in order to improve continuity of health promotion in treatment and care	11
C	Improvement of patients' options and self-responsibility for health maintenance during hospital stay	10
K	Support of networking with self-help groups, Cooperation patient organizations, patient advocacy groups	9
L	Improvement of cooperation with community (e.g. administration) in order to improve regional infrastructures and living conditions for (specific groups of) patients	8
J	J Implementation of new health promotion services for patients*	5
M	M Others	1

**\*New services, which:**

- Smoking cessation services
- art-therapies in HC institutions
- currently in development, but would cover all of the above
- The national patient experience programme also covers this.
- 

**Q 69-1: Number of networks explicitly addressing patient-oriented HPH core strategies and standards (n=21)**

<b>Principal Strategies</b>		<b>Items applying to this strategy</b>	<b>Number of NW for strategy</b>
<b>PAT-4</b>	Encouraging patients' health promoting self-management of specific diseases	■ Education on diseases (also HPH standard 3)	17
<b>PAT-5</b>	Encouraging patients to lead a health promoting lifestyle	■ Education on lifestyles (also HPH standard 3)	16
<b>PAT-2</b>	Encouraging patients' participation, cooperation and co-production in treatment and care	■ Patient involvement in decisions	16
<b>PAT-3</b>	Developing a health promoting hospital setting for patients	■ Cultural environment ■ Physical environment	15*
<b>Standard 2</b>	Patient assessment	■ Patient assessment	13
<b>PAT-6</b>	Developing health promoting living conditions for patients after leaving the hospital	■ Community improvements ■ Cooperation with patient organizations	12*
<b>COM-1</b>	Developing health promoting access to the hospital for citizens	■ Patient access	11
<b>COM-2</b>	Developing health promoting cooperation with services in the region	■ Continuity of care (also HPH standard 5)	11
<b>PAT-1</b>	Developing health promoting living conditions for patients in the hospital	■ improve patients' options and self-responsibility for health maintenance during hospital	10

Principal Strategies	Items applying to this strategy	Number of NW for strategy
	stay	

\* Networks that had ticked both items were counted only once here, since the analysis wanted to identify the distribution of strategies across networks.

**Q 70: Does your network explicitly aim at improving the health promotion orientation of hospitals / health services for staff (e.g. by policies, network projects, training activities)?**

(several answers possible)

	Explicit (written) overall network aims for staff	YES (N=16)
F	Improvement of staff information and education with regard to lifestyles	13
D	Improvement of safety at work	11
I	Improvements of staff's professional skills in performing health promotion for patients	11
A	Improvement of general staff orientation and working climate	10
B	Improvement of staff's options and self-responsibility for health maintenance during work	8
C	Improving staff's options to participate in developing healthy working conditions (e.g. by health circles)	8
E	Improvement of staff information and education with regard to managing (occupational) diseases	8
H	Improvement of cultural hospital / health services environment for staff	7
G	Improvement of physical hospital / health services environment for staff	6
J	Implementation of new health promotion services for staff*	6
K	Improvement of cooperation with community (e.g. administration) in order to improve regional infra structures and living conditions for staff	4
	Other**	2

**\*HP services for staff, which:**

- Smoking cessation services
- Healthy nutrition
- The healthy working lives and human resource requirements cover this

**\*\*Staff-oriented aims other, which:**

- Mental health promotion
- staff welfare
- In development

**Q 71: Does your network explicitly aim at improving the health promotion orientation of hospitals / health services for the community (e.g. by policies, network projects, training activities)?**

(several answers possible)

	Explicit (written) overall network aims for the community	YES (N=14)
C	Public information and education (e.g. campaigns, health fairs) with regard to lifestyle development	9
E	Engagement in healthy alliances with partners from other sectors (e.g. cooperation with schools, enterprises, ...)	9
A	Improvement of hospital / health service ecology (e.g. waste management, reduction of resource consumption)	7
B	Public information and education (e.g. campaigns, health fairs) with regard to disease management	4
D	Health reporting	3

F	Other*	2
---	--------	---

**\*Other, which:**

- Accident and violence prevention
- A major development
- There are no written aims for this, but this is part of work of health promotion staff engaged with hospitals who network members engage with.

**Q 72: Does your network explicitly aim at specific physical health outcomes for its target groups (e.g. by policies, network projects, training activities)?**

(Several answers possible)

	Explicit (written) aims with regard to physical health outcomes (N=17)	For ...			Marginal Total
		Patients	Staff	Community	
E	Improved health behaviour / lifestyles with regard to physical health	13	10	7	30
D	Improved health literacy with regard to physical health	9	9	6	24
A	Improved clinical outcomes in physical health	12	6	5	23
C	Improved physical quality of life	11	8	4	23
B	Improved physical well-functioning	7	5	2	14

**Q 73: Does your network explicitly aim at specific mental health outcomes for its target groups (e.g. by policies, network projects, training activities)?**

(Several answers possible)

	Explicit (written) aims with regard to mental health outcomes (N=11)	For ...			Marginal Total
		Patients	Staff	Community	
A	Improved clinical outcome in mental health	6	4	2	12
B	Improved mental well-functioning	5	6	1	12
C	Improved mental quality of life	5	5	2	12
D	Improved health literacy with regard to mental health	3	3	3	9
E	Improved health behaviour/lifestyles with regard to mental health	4	5	3	12

**Comments:**

- This is covered by another strand of national policy and is not the current focus in the network.

**Q 74: Does your network have explicit (written) aims concerning specific social health outcomes for its target groups (e.g. by policies, network projects, training activities)?**

(several answers possible)

	Explicit (written) aims with regard to social health outcomes (N=13)	For ...			Marginal Total
		Patients	Staff	Community	
A	Improved social integration and equity	7	4	4	15
B	Reduced stigma and discrimination	7	4	5	16

**Comments:**

- This is covered by another strand of national policy and is not the current focus in the network.

**Q 75: Does section 8 of the questionnaire contain questions not applicable to some networks, and / or would you like to add additional information on your network's health promotion orientation?**

**Networks without explicit / written focus, but general agreement on orientation:**

- Aims are not written. We stress the need to develop health promotion not only for patients, but also for staff and community.
- The network itself expresses aims in general by adopting the HPH standards and encouraging the member organisations to take them into use. The national government has passed laws which cover some of the aims mentioned and member organizations act accordingly. Each member organization has explicit aims which by large cover the above mentioned HP criteria. However, the member organizations are at different level in their HP work. Within the network the best practices are spread out and there is much exchange in the knowledge, research and practice among members.
- This section has asked for written aims and was therefore not per se applicable to us. At this moment of time it is hard to respond. As reported above the network is at the moment working on its strategy document, and the annual action plan will be developed from that. We have had annual action plans earlier too but not a larger strategy document. The focus in these annual action plans have been to work more on the national task forces and the development of new. Currently we have a task force on tobacco prevention, substance abuse, migrant friendly hospitals and on the HPH standards. Further work on the local sustainability of the network has been a focus, trying to develop a sense of belonging to the network within the member organisations. We have also focused on trying to ally with relevant partners, and writing hearing statements when it comes to national policy.
- As we use the above mentioned papers we do not have specific written policies or strategies for any of the suggested topics except the smoke-free concept. However all our activities (conference, workshops, training) are trying to discuss those issues and give good practice to members. We are trying to implement more topics and standards for those topics like nutrition or moving.

**Comments on areas left out in formulation of networks aims and goals:**

- Speaking about questions 72 (physical health), 73 (mental health) and 74 (social health), we don't have explicit (written) aims, so we don't answer to those questions.
- With regard to questions on physical, mental and social health outcomes, no reports available at the moment.
- The network is just one part of the public health picture in regional areas, so responsibility of delivery against each of these areas lies with staff in the hospital, as well as the local community health partnership and the regional health board. The network members have an overview and coordinate some of the interventions, but others like stigma, gender violence, healthcare acquired infection, are coordinated by other colleagues in the system.

**Networks without explicit / written focus because of developmental network status:**

- As the aims etc. of the network are being developed at the moment we have nothing to written however all of the above are the key focus of all the members core business and are answerable to government through standards and targets so the aims and objectives will mirror all of these areas as well.

**Networks without explicit / written focus because of developmental network status:**

- Sweden: Management issues are important to us, e.g. we have one working group regarding purchasing methods.

## 9 Section 9: Informing about the network

**Q 76: Which of the following media of information does your network utilize? Please specify target groups of media and those responsible for providing these media**

(Several answers possible)

	Type of information activity / media	Target group(s)			Mainly provided by ...				
		Members only	Other health services	Wider audience	Coordinator	Network office	Specific members	Out-sourced	Other

	Type of information activity / media	Target group(s)			Mainly provided by ...				
		Members only	Other health services	Wider audience	Coordinator	Network office	Specific members	Out-sourced	Other
G	Presenting at external conferences (N=26)	6	13	18	20	9	12	1	1
E	Website (N=25)	16	18	22	16	13	4	2	3
F	Network conferences (N=23)	13	15	14	15	11	5	0	5
H	Publishing in external media (N=21)	6	8	16	15	6	9	0	3
A	Information package (N=20)	15	10	6	14	9	3	0	1
D	E-Newsletter (N=13)	7	5	10	7	4	3	1	3
C	Printed Newsletter (N=10)	5	6	8	6	5	1	0	1
B	Telephone hotline (N=4)	2	3	3	3	3	1	0	1
I	Other (N=1)	1	1	1	0	0	0	0	1
<b>Row totals</b>		73	75	89	98	61	38	5	15

**J Question not applicable to my network because of ...**

---

## 10Section 10: Supporting network and exchange

**Q 77: How does the network facilitate getting in contact with member organizations?**

	Handling of access to contact details of network members	YES (N=28)
E	Upon request, the coordinating institution facilitates contacts between members and parties from outside the network who wish to get in contact	17
C	Contact list is openly available on the network's website for everybody who is interested	16
D	Upon request, the coordinating institution facilitates contacts between members who wish to get in contact with each other	14
A	Regularly updated contact lists are distributed to all network members	13
B	Contact list is available on a restricted area of the network's website (for members only)	1
F	Other, which*	2

**\* Other, which:**

- Information is passed by the secretary to all network members and associates
- Monthly meetings and proposed twice a year open network meeting for anyone interested, involved in HPH

**Q 78: As a coordinator, which ways do you use to contact network members, and how often?** (several answers possible)

	Channels	Frequency of use (1=most frequently used, 6=hardly ever used)							Median*	Mean*	Mean Dev.*	Std. Dev.*
		1	2	3	4	5	6	Missing				
D	e-mail (N=28)	21	5	0	0	1	0	1	1	1,3	0,5	0,8
C	Telephone (N=28)	6	13	5	1	1	1	1	2	2,3	0,9	1,2
A	Formal network events, e.g. network conferences	6	6	5	8	1	0	1	3	2,7	1,1	1,2

	Channels	Frequency of use (1=most frequently used, 6=hardly ever used)							Median*	Mean*	Mean Dev.*	Std. Dev.*
		1	2	3	4	5	6	Missing				
	(N=27)											
B	Visits to member organizations (N=23)	1	3	5	6	6	1	1	4	3,7	1,0	1,2
E	Internet discussion forum (N=12)	1	3	1	0	1	5	1	5	4,1	1,9	2,0

\* of valid

**Q 79: What are the reasons for you to contact your members, and how frequently do they occur?**

(several answers possible)

	Reasons for contacting members	Frequency (1=most frequently, 6=hardly ever)							Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6	Missing				
A	To inform members about new developments (N=28)	12	8	5	1	1	0	1	2	1,9	0,8	1,1
C	To invite members to cooperate in network activities (N=26)	9	9	4	3	1	0	0	2	2,2	0,9	1,2
D	To ask for suggestions for further network developments (N=24)	3	8	9	1	1	1	1	3	2,7	0,9	1,3
B	To offer support for HPH implementation (N=22)	2	7	7	3	0	2	1	3	2,9	1,0	1,4
E	To enquire about problems in meeting membership criteria (N=19)	0	2	7	6	1	2	1	3,5	3,7	0,9	1,4

\* of valid

**Q 80: As a coordinator, in which ways are you contacted by your network members, and how often?**

(several answers possible)

	Coordinator contacted by members through ...	Frequency (1=most frequently, 6=hardly ever)							Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6	Missing				
D	e-mail (N=27)	16	4	4	2	0	1	0	1	1,9	1,0	1,3
C	Telephone (N=26)	10	8	5	1	2	0	0	2	2,1	0,9	1,2
A	Formal network events, e.g. network conferences (N=25)	6	5	8	4	2	0	0	3	2,6	1,0	1,2
B	Visits by members in coordinating center (N=23)	1	3	4	5	4	6	0	4	4,1	1,3	1,5
E	Internet discussion forum (N=10)	1	1	2	0	3	3	0	5	4,2	1,6	1,7

\* of valid

**Q 81: For what reasons do members contact you, and how frequently for which reason?**

(several answers possible)

	Coordinator contacted by members through ...	Frequency (1=most frequently, 6=hardly ever)							Median	Mean	Mean Dev.	Std. Dev.
		1	2	3	4	5	6	Missing				
A	To ask about new developments in the networks (N=24)	3	9	5	1	3	3	0	2,5	3,0	1,3	1,6
C	To ask for support for HPH implementation (N=25)	3	8	8	3	3	0	0	3	2,8	0,9	1,2
B	To inform about new developments in the member organization (N=23)	2	5	7	4	4	1	0	3	3,3	1,1	1,3
D	To suggest further network developments (N=22)	1	5	5	6	3	2	0	3,5	3,5	1,1	1,3
E	To complain about something (N=23)	0	4	4	3	6	6	0	5	4,3	1,3	1,5

\* of valid

### Q 82: How would you describe the contact between the member organizations of your network?

(several answers possible)

	Contact between network member organizations	YES (N=28)
C	Some members engage in joint HPH projects on their own initiative	18
D	Most members have only contact to each other during official network events (e.g. conferences, workshops)	15
B	Most members communicate several times a year via telephone or e-mail on HPH issues	15
A	Most members visit each other several times a year to exchange information / experiences on HPH	4
E	Other*	3

\* of valid

#### **\*Other, which:**

- Most members have contact during the work of regional projects
- Most contact several times through network activities
- Excellent through working groups, joint projects all on a regular basis
- Network meets 4 times a year, some members in touch via e-mail, and there is regular contact between members on specific issues that come up for them, there is also a shared web space for sharing of documents and updates.

### Q 83: Do coordinators regularly inform members about developments in the networks?

(Several answers possible)

	Reporting from coordinator to members	YES (N=28)
B	Yes, via regular circular letter from the coordinator / coordinating centre	17
C	Yes, via presentations in general assembly meetings	17
D	Yes, via annual reports	9
A	No	0
E	Other, which*	11

#### **\*Other, which:**

#### **Electronic mailing and phone contact:**

- Via not so regular circular letters of informal e-mails
- E-mails

- Electronic Newsletter
- E-mail
- Via e-mail
- Regular contact by phone / e-mail
- e-mail information

***During network meetings and events:***

- Project meetings
- During HPH workshops
- Informal meetings, gatherings and new ways of communication
- report at advisory board meetings
- monthly meetings

***Informal communication:***

- Informal communication

**Q 84: Do members regularly inform key network agents (e.g. governance board, coordinator) about their health promotion activities?**

(Several answers possible)

	<b>Reporting from members to coordination</b>	<b>YES (N=28)</b>
B	Yes, via presentations in general assembly meetings	10
C	Yes, via annual reports	7
A	No	4
D	Other, which*	12

***\*Other, which:***

***During network meetings and events:***

- Conference presentations
- Presentations during seminars / conferences
- Via presentations in regional, national, international conferences
- report at advisory board meetings
- At regular meetings of all local coordinators, organized by the secretariat
- in the meeting of Governance Board

***Electronic information, mailing, phone contact:***

- Describing HP projects on the network database
- Via e-mail
- e-mail information

***Written information:***

- Progress reports at each prolongation of membership
- in the past before 2006 – through an annual report

***Site visits:***

- in the past before 2006 – through an annual visit by network coordinator to each member
- Through site-visits for new members and re-certificates for existing members

***Other:***

- contacts e.g. seeking for collaboration
- It depends on the member, it depends on the governance board really know and believe in HP
- Members will link regularly with their internal structures

**Q 85: Does section 10 of the questionnaire contain questions not applicable to your network, and / or would you like to add additional information on networking and exchange in your network?**

**Question 79 – contacting members:**

- no time

**Question 84 – reports from members to coordination:**

- Will be via reports in the future (though not annually)
- Not appropriate

**General comments:**

- Answers to these questions are changed from what they would have been prior to 2006

## 11Section 11: Supporting HPH implementation

**Q 86: How does the network support HPH implementation and evaluation? For which target groups? And who provides the implementation support?**

### 86-1 Implementation support offered & target groups of different implementation offers

(several answers possible)

	implementation support via (N=28; several answers possible)	YES	Target groups		
			For mem- bers	For other health ser- vices	For wider public
A	Regular specific training on HPH	19	11	4	8
C	HPH-related implementation tools (e.g. guidelines, hand- book)	18	15	6	3
D	HPH-related evaluation tools (e.g. guidelines, handbook, indicators)	15	12	4	3
E	Specific task force(s)	13	12	2	0
B	Vocational training for healthcare staff	10	5	3	4
F	Organised peer support	5	3	1	2
	Row totals	90	58	20	18

### 86-2 Main providers of implementation support

implementation support via	Implementation support provided by (categorized from open answers)	
Training (N=19)	Coordinator, coordinating centre, coordinating staff	10
	Members, internal experts	7
	External experts	3
HPH implementation tools (N=18)	Coordinator, coordinating centre, coordinating staff	10
	Members, internal experts	5
	Material	3
	external expert	1
HPH evaluation tools (N=15)	Coordinator, coordinating centre, coordinating staff	8
	Members, internal experts	6
	Material	3
	external expert	3
Task forces (N=13)	Coordinator, coordinating centre, coordinating staff	6
	Members, internal experts	4
	Task forces	4
	External experts	6

implementation support via	Implementation support provided by (categorized from open answers)	
Vocational training (N=10)	Coordinator	5
	Network members	2
	External expert	1
Organised peer support (N=5)	Network members	2
	Core network project leaders	1
	Coordinator	1

**Q 87: If possible, please provide further specifications on support for implementation and evaluation provided by your network, following up on answers in question 86:**

### 87-1 Implementation training – main topics

Main topics: (categorised from open answers; N=19)	Quotes from open answers
<b>Implementation and evaluation</b>	<ul style="list-style-type: none"> <li>• HP strategy</li> <li>• HP implementation</li> <li>• HP outcome evaluation</li> <li>• HP concepts, intervention and planning</li> <li>• Specific counselling for already ongoing activities</li> <li>• Development of HPH projects</li> <li>• How to implement HPH by the standards; HP project development and evaluation; best practice</li> <li>• Developing effective practice in health improvement and health promoting health service team training</li> <li>• Criteria</li> <li>• Tools</li> <li>• Tools to evaluate written materials</li> </ul>
<b>HPH concept, strategies and standards</b>	<ul style="list-style-type: none"> <li>• Core concepts of HPH</li> <li>• HPH concept, implementation</li> <li>• HPH strategies and standards</li> <li>• HPH standards</li> <li>• HPH strategies</li> <li>• HPH strategies</li> <li>• HPH in organisational development and project management</li> <li>• Standards for HPH</li> </ul>
<b>Specific health and disease related topics</b>	<ul style="list-style-type: none"> <li>• Patient education</li> <li>• Smoking cessation techniques</li> <li>• Stress management</li> <li>• Psycho emotional wellbeing</li> <li>• Health literacy (general aspect of HP)</li> <li>• Healthy lifestyles</li> <li>• Health risks</li> </ul>
<b>General health promotion concepts</b>	<ul style="list-style-type: none"> <li>• History of HP</li> <li>• Health promotion</li> <li>• The setting approach, organisational change and HP</li> </ul>
<b>Specific implementation skills</b>	<ul style="list-style-type: none"> <li>• Communication skills</li> <li>• Communication</li> </ul>

### 87-2 Implementation and evaluation tools – main topics

Topics (categorised from open answers)	Implementation tools (quotes from open answers) (N=18)	Evaluation tools (quotes from open answers) (N=15)
--	--	--

Topics (categorised from open answers)	Implementation tools (quotes from open answers) (N=18)	Evaluation tools (quotes from open answers) (N=15)
<b>Overall HPH concept</b>	<ul style="list-style-type: none"> <li>• 18 HPH core strategies</li> <li>• HPH standards, HPH strategic plan of the member organisations</li> <li>• 5 standards</li> <li>• 5 standards</li> <li>• Implementation and evaluation of strategies</li> <li>• The network created a list of 10 points to help a hospital defining and assessing where it is in the HPH process. Therefore it helps implementation.</li> <li>• HPH standards, policy development</li> <li>• Development of a HP policy</li> </ul>	<ul style="list-style-type: none"> <li>• Health services on HPH</li> <li>• 5 standards</li> <li>• 5 standards</li> <li>• Self-evaluation tool</li> </ul>
<b>Specific topics</b>	<ul style="list-style-type: none"> <li>• Patient empowerment</li> <li>• Implementation of standard 2 and 3</li> <li>• Staff questionnaire</li> <li>• Healthy workplace best practices and strategies</li> <li>• Sustainable development in hospitals</li> <li>• Hospital managers</li> </ul>	
<b>Specific implementation competences</b>	<ul style="list-style-type: none"> <li>• Project management</li> <li>• Project management</li> </ul>	
<b>Other</b>	<ul style="list-style-type: none"> <li>• Handbooks</li> </ul>	<ul style="list-style-type: none"> <li>• External validation tools</li> <li>• Feedback from several activities</li> <li>• Guidelines</li> <li>• Indicator development</li> </ul>

### 87-3 Network task forces – main topics

Main topics (categorised from open answers; N=13)	Quotes from open answers
<b>Smoke-free hospitals</b>	<ul style="list-style-type: none"> <li>• Smoke-free</li> <li>• Smoke-free hospitals</li> <li>• Smoking cessation counselling services</li> <li>• Tobacco</li> <li>• Tobacco</li> <li>• Tobacco prevention</li> </ul>
<b>Lifestyles other than smoking</b>	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• dietary habits</li> <li>• physical activity</li> <li>• Substance abuse prevention</li> </ul>
<b>Workplace health promotion</b>	<ul style="list-style-type: none"> <li>• Healthy workplace</li> <li>• Safe workplaces in healthcare</li> <li>• Health staff exchange programme</li> <li>• health promotion workplace</li> </ul>
<b>Migrant Friendly &amp; culturally competent hospitals</b>	<ul style="list-style-type: none"> <li>• Intercultural</li> <li>• MFH</li> <li>• Migrant health promotion</li> </ul>
<b>Mental health, psychiatry</b>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Psychiatry</li> </ul>

Main topics (categorised from open answers; N=13)	Quotes from open answers
	<ul style="list-style-type: none"> <li>psychological health</li> </ul>
<b>Overall HPH concept</b>	<ul style="list-style-type: none"> <li>HPH standards</li> <li>Health promotion policy</li> <li>Training, standards implementation and documentation / strategic communication</li> </ul>
<b>Improvement of clinical quality</b>	<ul style="list-style-type: none"> <li>Hospital hygiene</li> <li>Pain management</li> <li>Comfort and reception of the patients</li> </ul>
<b>Baby-friendly hospitals, health promotion for children &amp; adolescents</b>	<ul style="list-style-type: none"> <li>BFHI</li> <li>Breastfeeding</li> <li>HPH-CA</li> </ul>
<b>Patient education and counselling</b>	<ul style="list-style-type: none"> <li>Patient education</li> <li>Health literacy</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>Healthy ageing</li> <li>Sustainable hospital</li> <li>evaluation</li> </ul>

#### 87-4 Main target groups of training offers (implementation & vocational training) and of tools (implementation & evaluation)

Professional groups	Implementation training (N=19)	Vocational training (N=10)	Implementation tools (N=18)	Evaluation tools (N=15)
Nurses	8	6	4	5
Medical doctors (MDs, GPs)	7	5	3	4
All groups of staff	5	2	2	-
Managers	5	0	7	4
HPH coordinators, teams	-	-	4	2
Others	*2	**3	***4	****3

##### **\*Other, implementation training:**

- public health professionals
- Social workers

##### **\*\*Other, vocational training:**

- Physiotherapists
- Social workers
- Primary care health personnel

##### **\*\*\*Other, implementation tools:**

- WHO-CC
- Other healthcare workers
- Hospital board,
- quality and risk managers

##### **\*\*\*\*Other, evaluation tools:**

- Patients
- Quality and accreditation managers, catering managers
- Social workers

#### 87-5 Implementation & evaluation tools – sources:

Sources	Implementation tools (N=18)	Evaluation tools (N=15)
<b>National / regional:</b>	<ul style="list-style-type: none"> <li>• Network projects</li> <li>• Regional coordinating institution</li> <li>• National network</li> <li>• National and international exchange of experiences</li> <li>• French Network</li> <li>• Regional networks</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy ageing self-assessment tool developed by national network</li> <li>• Nutritional self-assessment tool developed by national network</li> <li>• Scientific Board</li> <li>• Regional network</li> </ul>
<b>International:</b>	<ul style="list-style-type: none"> <li>• WHO / HPH</li> <li>• International HPH</li> <li>• ENSH</li> <li>• HPH publication</li> <li>• Developed by international network, locally adapted</li> </ul>	<ul style="list-style-type: none"> <li>• ENSH audit questionnaire</li> <li>• International HPH tools (e.g. five strategies)</li> <li>• HPH indicators</li> <li>• WHO / UNICEF BHFI self-assessment tool</li> <li>• WHO-CC</li> <li>• WHO manual</li> <li>• WHO self-assessment tool</li> </ul>

**Q 88: Does your network have an annual theme?**

Annual theme	YES	NO
<b>No. networks (N=28)</b>	9	19

**88-1 How is the annual theme implemented?** (Several answers possible)

	Annual theme implemented by ...	YES (N=9)
C3	In form of specific training events	6
C4	In form of specific network projects	6
C1	Via the theme of the annual conference	3
C2	In form of specific network working group / task forces	3

**Q 89: Has your network organized specific network projects for several or all members?**

Network projects	YES	NO
<b>No. networks (N=28)</b>	20	8

**89-1 Projects, which:**

Topics (categorized from open answers; N=20)	Quotes	Counts
<b>Patients</b>	<ul style="list-style-type: none"> <li>• Empowerment of surgical patients</li> <li>• Patient education</li> <li>• DATA project</li> <li>• Participation in group for recommendations of patient education on a national level.</li> <li>• Providing support for the National Health Plan on Quality of Life for people living with a chronic disease</li> <li>• Clinical risk management</li> <li>• comfort &amp; reception for patients in hospitals</li> <li>• Health literacy – written and oral</li> </ul>	<b>10</b>

Topics (categorized from open answers; N=20)	Quotes	Counts
	<ul style="list-style-type: none"> <li>communication for 3 processes (cataracts, pregnancy)</li> <li>Continuity of care</li> <li>healthy ageing in residential care</li> </ul>	
<b>Smoking / Tobacco</b>	<ul style="list-style-type: none"> <li>Smoke-free hospitals</li> <li>Tobacco control</li> <li>Tobacco</li> <li>Smoke-free</li> <li>smoking</li> <li>Smoke-free</li> <li>smoke-free hospital</li> <li>Smoke-free</li> </ul>	<b>8</b>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Nutrition</li> <li>retail standards for food in hospitals</li> <li>hospitals say no to trans fats</li> </ul>	<b>4</b>
<b>Migrant-friendly and culturally competent health services</b>	<ul style="list-style-type: none"> <li>MFH</li> <li>intercultural communication</li> <li>Migrant Friendly</li> <li>interculturality</li> </ul>	<b>4</b>
<b>Staff</b>	<ul style="list-style-type: none"> <li>Staff health and its determinants in hospital settings</li> <li>Survey on employee health</li> <li>safe workplace</li> </ul>	<b>3</b>
<b>Standards / self-assessment</b>	<ul style="list-style-type: none"> <li>Piloting of feasibility of self-assessment according to the 5 standards in 10 hospitals</li> <li>HPH standard implementation</li> <li>Implementation and evaluation of HPH standards</li> </ul>	<b>3</b>
<b>Pain-free</b>	<ul style="list-style-type: none"> <li>Pain-free</li> <li>Pain management</li> <li>pain management</li> </ul>	<b>3</b>
<b>Baby-friendly hospitals</b>	<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Baby Friendly</li> </ul>	<b>2</b>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>mental health</li> <li>Psychological and emotional wellbeing</li> </ul>	<b>2</b>
<b>Healthy setting</b>	<ul style="list-style-type: none"> <li>healthy built environment</li> <li>Hotel services</li> </ul>	<b>2</b>
<b>Exercise</b>	<ul style="list-style-type: none"> <li>exercise and sports</li> </ul>	<b>1</b>
<b>Community</b>	<ul style="list-style-type: none"> <li>Domestic Violence</li> </ul>	<b>1</b>
<b>Other, unspecified</b>	<ul style="list-style-type: none"> <li>1 million yes-I-do campaign</li> <li>Systemic interaction</li> <li>Communication</li> <li>Empowerment</li> <li>Lifestyles</li> </ul>	<b>5</b>

**Q 90: Does section 11 of the questionnaire contain questions not applicable to your network, and / or would you like to add additional information on your network's support for HPH implementation?**

**Question 86 – implementation support:**

- We are just launching a new working group developing a training tool for HP skills, focusing on empowerment strategies in healthcare
- The network is working on the basis of the Health Promoting Health Service framework and some also use the HPH standards to audit and benchmark practice in their specific areas. Focus of training is to support the interventions in the Chief Executive letter (smoking cessation, alcohol, healthy working lives, breast-feeding and healthy living award / food in hospitals). But also more broadly on health improvement and health inequalities – taking in the principles of equity, participation etc. This is offered to staff through the HPHS courses or DEP – developing effective practice, which has been tailored for acute settings.

**Question 88 – annual theme:**

- We had, but it was too much work, and one topic cannot be worked out in one year. What follows? How can sustainability be reached if you already concentrate on a new topic?
- Not applicable

## 12Section 12: Research and development

**Q 91: Is your network active in HPH-related research and development (R&D)?**

R&D	YES	NO
No. networks (N=28)	16	12

**91-1 What are the main topics of R&D activities?**

Main R&D topics (categorised from open answers; N=16)	Quotes from open answers
<b>HPH overall</b>	<ul style="list-style-type: none"> <li>• Feasibility of self-assessment according to 5 standards</li> <li>• HPH functioning (PRICES)</li> <li>• PRICES</li> <li>• Priorities of HPH in national hospitals</li> <li>• survey of HP activities in national hospitals</li> <li>• the role of the HPH coordinator in the hospital setting</li> <li>• development of a framework for the implementation and review of HPH network standards and initiatives in acute care</li> <li>• Developing resources (collecting and disseminate main theories and methods in HP) and training courses on this topic at inter-network level</li> </ul>
<b>Patient related topics</b>	<ul style="list-style-type: none"> <li>• Clinical health promotion</li> <li>• Patient empowerment</li> <li>• Evaluation of the 10 steps healthy ageing initiative in residential care (HAIRC)</li> <li>• Discharge from hospital policy</li> <li>• HPH DATA project</li> <li>• DATA</li> </ul>
<b>Workplace health promotion</b>	<ul style="list-style-type: none"> <li>• Employee health and health-related behaviour</li> <li>• Healthy workplace strategies</li> <li>• HP for staff</li> <li>• Staff health and its determinants in healthcare</li> <li>• Workplace HP project</li> </ul>
<b>Community &amp; public health</b>	<ul style="list-style-type: none"> <li>• Pandemic influenza prevention</li> <li>• Public health and safety on Schengen Boarder</li> <li>• school based violence</li> </ul>
<b>Lifestyle-related</b>	<ul style="list-style-type: none"> <li>• Tobacco</li> <li>• Lifestyles</li> <li>• PROMs and lifestyle issues</li> </ul>

Main R&D topics (categorised from open answers; N=16)	Quotes from open answers
<b>International task forces related</b>	<ul style="list-style-type: none"> <li>• HPH-CA task force</li> <li>• DRG task force</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Health data – are there benefits to multidisciplinary collaboration for the development of joint research information database on health initiatives</li> <li>• To find indicators to describe a good project (smoke-free, pain management, comfort &amp; reception, waiting list problems)</li> <li>• Various (too many name; please refer to the presentations in the international conferences)</li> </ul>

### 91-2 How are the networks involved in these R&D activities?

Types of network involvement (categorised from open answers; N=16)	Quotes from open answers
<b>Network in planning and management role</b>	<ul style="list-style-type: none"> <li>• Both in the phase of setting priorities and in the training courses implementation</li> <li>• Fundraising, management</li> <li>• In the working group of each project. In 2 issues (comfort and waiting lists), there was also the involvement of a University</li> <li>• Project meetings, scientific committees</li> <li>• involved in the commissioning, management and role of each of the R&amp;D activities; HPH members participated at various practical levels within each of the R&amp;D activities, contributed and administered the funding for some of the activities.</li> </ul>
<b>Network (members) in participation role(s)</b>	<ul style="list-style-type: none"> <li>• Participation in activities by coordinating centre and members</li> <li>• Participants in study</li> <li>• Mostly cooperation in international activities through network involvement</li> <li>• One of our hospital members have registered at the tobacco database. Five of our members found specialists to take part in project DATA. One of our members takes part in Scandin-Alc project.</li> </ul>
<b>Network involvement mainly through coordinating centre / coordinator</b>	<ul style="list-style-type: none"> <li>• Initiation of activities by coordinating centre</li> <li>• The network coordinator as the principal investigator</li> </ul>
<b>Network member(s) in advisory role(s)</b>	<ul style="list-style-type: none"> <li>• By participating on the advisory committee to research team</li> </ul>
<b>Network in commissioning role</b>	<ul style="list-style-type: none"> <li>• Network members and coordinator involved in commissioning of evaluation</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Taking data from migrants, police staff and health professionals</li> </ul>

### 91-3 On whose initiative are the networks involved in research & development activities?

Initiators (categorised from open answers; N=16)	Quotes from open answers
<b>Network (members)</b>	<ul style="list-style-type: none"> <li>• Coordinator</li> <li>• Coordinator</li> <li>• Coordinator</li> <li>• National coordinator</li> <li>• Host organisation of network coordination</li> <li>• HPH steering committee (previously) – now health authority population health team</li> <li>• Initiators of member hospitals</li> <li>• Member teaching hospital</li> <li>• Network</li> <li>• On evaluation of HPHS initiative</li> </ul>

Initiators (categorised from open answers; N=16)	Quotes from open answers
	<ul style="list-style-type: none"> <li>• Secretariat</li> <li>• The coordinator performs R&amp;D for the network; hospitals perform their own too.</li> </ul>
International actors	<ul style="list-style-type: none"> <li>• EC</li> <li>• IOM</li> <li>• WHO-CC</li> <li>• WHO-CC</li> </ul>
National / regional initiators outside the network	<ul style="list-style-type: none"> <li>• Several universities</li> </ul>
Other / unspecified	<ul style="list-style-type: none"> <li>• Develop HPH members capacity in HP research planning</li> </ul>

**Q 92: Have research findings been published by the network?** (Several answers possible)

	R&D publications available	YES (N=13)
A	National publications	9
B	International publications*	6

**\*International publications, which:**

- Abstract books of HPH conferences
- Tountas Y., Demakakos PT, Yfantopoulos Y, Aga J., Houliara L., Pavi E. The health related quality of life of the employees of Greek hospitals: assessing how healthy are the health workers. Health Qual Life Outcomes, 2003 Oct 27;1:61
- Guidelines and 3 theses at University of Padova
- Will be available at the end of 2009
- Nilsson, Wenemark, Bendtsen & Kristenson: Respondent satisfaction regarding SF-36 and EQ-5D, and patients' perspectives concerning health outcome assessment within routine healthcare. Qual Life Res 16:1647-54
- [www.healthscotland.com/uploads/documents/RE004RiB14.pdf](http://www.healthscotland.com/uploads/documents/RE004RiB14.pdf)

**Q 93: Does section 12 of the questionnaire contain questions non applicable to some networks, and / or would they like to add any additional information about research and development in your network?**

**General comments:**

- The research project is just beginning
- Research and development carried out by network members and the results distributed to other network members. The network itself does not have research activity.
- Above is only restricted to activities strictly performed in the work of the network. All colleagues are otherwise actively working in different research areas.
- Whole section not applicable to the network. However, the coordinator does carry out research to inform future developments

## 13Section 13: Lobbying and alliance-building

**Q 94: Who has the mandate to externally represent the network?** (Several answers possible)

	Lobbying mandate	YES (N=24)
B	Coordinator	24
A	Chairman / chairwoman	9
E	Member of Governance Board	6
F	Member of General Assembly	4

	Lobbying mandate	YES (N=24)
C	CEO	2
D	Secretary General	2
G	Member of (scientific) advisory board / advisory committee	2
H	Other, which*	1

**\*Other, which:**

- Coordinator for cooperation between hospitals
- 

**Q 95: Is lobbying/ alliance-building considered a specific task of the network?**

Networks actively engage in lobbying / alliance-building	Yes	No
No. networks (N=28)	24	4

**94-1 Lobbying targeted at ...** (Several answers possible)

	Lobbying targeted at ...	YES (N=24)
B2	health policy	21
B6	influential persons (e.g. well-known national / regional experts with consultative functions in health policy)	16
B1	professional association(s)	13
B5	scientific institute(s)	11
B3	patient association(s)	10
B4	potential sponsors	10
B7	Others	3

**Q 96: What are the main aims of lobbying and alliance-building?** (Several answers possible)

	Aims of lobbying and alliance-building	YES (N=24;)
A	Strengthening the national / regional relevance of the network	23
B	Strengthening political support for the network	21
F	Improving public awareness about health promotion in general	18
D	Strengthening /improving financial support	17
E	Strengthening / improving legal regulations for health promotion in healthcare	17
C	Strengthening motivation of potential members to join	16
G	Other, which	1

**Q 97: Does section 13 of the questionnaire contain questions not applicable to your network and / or would you like to add any additional information on lobbying and alliance-building?****General comments:**

- Our network has very limited possibilities to do lobbying due to the voluntary character of our network personnel
- We don't answer to this section because we don't do lobbying and alliance-building
- The network is working in these areas. It will just need refines under our purpose, role and responsibilities

**14Section 14: The environment of the networks****Q 98: How do you estimate the relevance of health promotion in your country / region?**

Relevance of ...	Perceived relevance	Median	Mean	Mean Dev.	Std. Dev.
------------------	---------------------	--------	------	-----------	-----------

		(1=highest, 4=lowest)							
		1	2	3	4				
A	HP in general (N=28)	3	19	6	0	2	2,1	0,4	0,6
B	HP in healthcare (N=28)	5	14	8	1	2	2,2	0,6	0,8

**Q 99: Do any legal and financial regulations for health promotion exist in your country / region?**

	HP rules and regulations in country / region	YES (N=25)	If yes, which? (quotes from open answers)
E	Health promotion is part of vocational training of health professionals	14	<ul style="list-style-type: none"> <li>• Since 1997, health promotion is a specific subject in national nursing education, HP being a specific area of responsibility of nurses.</li> <li>• Education and presentation</li> <li>• 5 HPH standards</li> <li>• University / college curriculum</li> <li>• Yes, but only little</li> <li>• Regulation about training of occupational therapists</li> <li>• As part of public health policy</li> <li>• Increasingly being done</li> <li>• It is a core element of certain but not all healthcare professional training.</li> <li>• part of some undergraduate and post graduate courses – health improvement and health inequalities</li> </ul>
B	Legal regulations for health promotion specifically in healthcare	13	<ul style="list-style-type: none"> <li>• National Act on Quality in Healthcare (2005) states that health services have to be performed in health promoting surroundings. In addition, HP is mentioned in several other acts as responsibility of specific health professions, including GPs, work psychologists</li> <li>• Targets included in management contracts with institutions</li> <li>• Patients' rights, access to health care services</li> <li>• Regional Health Plan</li> <li>• Regulation of having a HP Service in each local health trust</li> <li>• Law on specialist healthcare – patient education. Law on patient rights – the right to participate in decisions concerning your health, the right to get information, and the right to consent. Law about healthcare provided by the municipality – HP as part of their task. Law about HC staff – obligation to give information to patients and relatives. Law about medical research – research combined with treatment can only be done where can assume that the research will have a HP effect for the participant. The yearly steering document from the government to the Regional Hospital Trusts. Agreements between the Regional Hospital Trusts and the hospitals within their area.</li> <li>• tobacco-free, pain-free</li> <li>• Part of the National Public Health Policy taken by the government in 2003, and further strengthened in 2008</li> <li>• staff occupational safety</li> <li>• Governance</li> <li>• Smoking legislation</li> </ul>
A	Legal regulations for health promotion in general	11	<ul style="list-style-type: none"> <li>• National HP act on HP funding;</li> <li>• Public health law; national, regional and local integrated public health plans of action</li> <li>• HP policy</li> <li>• Equality, health in all policies, smoking</li> <li>• Insurances have to spend a certain amount on HP and prevention.</li> <li>• Law about recreational areas – conservation of areas where one can do HP outdoor activities. Law on working environment – HP workplace</li> </ul>

	HP rules and regulations in country / region	YES (N=25)	If yes, which? (quotes from open answers)
			<ul style="list-style-type: none"> <li>Act No 355/2008 about Public Health</li> <li>National Public Health Policy taken by the Government in 2003, and further strengthened in 2008</li> <li>Smoking legislation, alcohol licensing</li> </ul>
C	Funding options for health promotion in general	11	<ul style="list-style-type: none"> <li>National Health Promotion Foundation as sponsor for HP projects</li> <li>Public health program with a specific budget; private foundations</li> <li>not enough money</li> <li>Insurances have to spend a certain amount on HP and prevention.</li> <li>Funding related to regional health plan</li> <li>Provincial government goals on health promotion (in number of 1 or 2 per year) are assigned to the healthcare trust</li> <li>Regional administration fund for HPH</li> <li>Grants</li> <li>HP departments within the trusts and in government agencies</li> </ul>
G	Health promotion is part of accreditation / certification of health services	7	<ul style="list-style-type: none"> <li>Yes, but the national standards do not cover the 5 HPH ones closely.</li> <li>Joint accreditation agency</li> <li>HPH standards</li> </ul>
F	Health promotion is part of certification / accreditation of health professionals	6	<ul style="list-style-type: none"> <li>HPH standards</li> <li>MPH</li> <li>Only for some i.e. nursing and medics, dental and allied healthcare professionals</li> </ul>
D	Funding options for health promotion in healthcare (e.g. DRGs)	4	<ul style="list-style-type: none"> <li>NO place in DRGs for HP</li> <li>The network has an on-going work in this area.</li> <li>Grants and projects funding is made available through trusts and community groups</li> </ul>

**Q 100: Do other health promotion networks / initiatives than HPH exist in your country / region, and if yes, does your network cooperate with them?**

	Cooperation with other HP initiatives / networks:	Exist (N=22)	Cooperate with (N=22)
A	WHO Healthy cities	19	10
C	Workplace health promotion	14	8
B	Health promoting schools	15	7
E	Healthy Prisons	1	1
D	Health Promoting Universities	0	0
F	Others, which*	4	3

**\*Other, which:**

- HP kindergartens
- Health promoting municipalities
- Smoke-free network
- Baby-friendly hospitals
- Mental health network

**100-1 If cooperation, which:**

Network / initiative	Type and content of cooperation
Healthy Cities	<ol style="list-style-type: none"> <li>co-organiser of annual national HPH conference; presentations, publications</li> <li>financing and supporting local concertation</li> </ol>

Network / initiative	Type and content of cooperation
	<ol style="list-style-type: none"> <li>3. good health and wellbeing of population</li> <li>4. dual membership, little cooperation</li> <li>5. Conferences</li> <li>6. Information exchange</li> <li>7. Conference, joint projects</li> <li>8. HPH as resource for Healthy Cities projects</li> <li>9. weak and hope to get better</li> </ol>
Workplace health promotion	<ol style="list-style-type: none"> <li>1. co-organiser of annual national HPH conference; considerations on joint project</li> <li>2. One member have a subsidiary offering programs to organisations outside and inside the health sector</li> <li>3. Working group</li> <li>4. Information exchange</li> <li>5. Safety and antismoking activities</li> <li>6. very good as health services are being encouraged to become healthy workplaces under our Workwell tool kit</li> <li>7. Healthy working lives – major national initiative</li> </ol>
Health Promoting Schools	<ol style="list-style-type: none"> <li>1. Formal cooperation with the 5 school boards with objectives, resources and inclusion of specific targets in the annual management contracts of the 12 CSSS</li> <li>2. HP in schools</li> <li>3. HP for workplace, health risks</li> <li>4. Information exchange</li> <li>5. joint community projects</li> <li>6. very good</li> <li>7. now part of inspectorate and curriculum programme for education</li> </ol>
Healthy prisons	<ol style="list-style-type: none"> <li>1. HPH model being used</li> <li>2. work on-going but not in formal network</li> </ol>
Health promoting universities	<ol style="list-style-type: none"> <li>1. Just contact</li> <li>2. work on-going but not in formal network</li> </ol>
Smoke-free network	<ol style="list-style-type: none"> <li>1. became recently addiction prevention network: conferences, member of scientific committee of the smoke-free network</li> </ol>

*The sub-question about the existence of other HP networks in countries / regions did not yield useful answers. Results are therefore not displayed here.*

#### Q 101: Do networks regularly cooperate with one or several of the following agents?

	Cooperation with ...	YES (N=28)
A	Health policy (e.g. ministry, regional administration)	25
C	Patient organizations, patient advocacy organizations, self-help groups	16
I	Thematic movements (e.g. baby friendly hospitals)	13
J	Media	10
B	Accreditation or certification program / agency	9
D	Staff union(s)	7
E	Professional associations	7
F	Pharmaceutical / medical industry	7
G	Insurance company	3
H	Banks / financial companies	0
K	Other, which	2

#### 101-1 Type and content of cooperation with ...

Cooperation with ...	Type and content of cooperation
----------------------	---------------------------------

Cooperation with ...	Type and content of cooperation
<b>A Health policy (N=25)</b>	<ul style="list-style-type: none"> <li>2. Administrative and financial support</li> <li>3. At this moment funding for 3 years for the development of our work</li> <li>4. Collaboration</li> <li>5. Comment to documents, information flow</li> <li>6. Consultation, financial support</li> <li>7. Consultations, MoH supportive member of national network</li> <li>8. Full</li> <li>9. Health, health promotion</li> <li>10. HPH office in regional administration</li> <li>11. HPHS is in key health policy document, Better Health, Better Care</li> <li>12. Participation in many working groups</li> <li>13. The coordinating institution is the regional health and social services administration including public health</li> <li>14. Sharing aims</li> <li>15. Smoke-free</li> <li>16. Smoke-free project</li> <li>17. smoke-free hospital, cancer screening</li> </ul>
<b>C Patient organisations (N=16)</b>	<ul style="list-style-type: none"> <li>18. Consultation</li> <li>19. Contact and talks</li> <li>20. Dealing with patients and their organisations to share development and content of patient charter and find new HPH based approaches and solutions to improve quality of services</li> <li>21. Health, healthy lifestyles, coping with everyday life</li> <li>22. Involved in campaign</li> <li>23. National umbrella organisation of self-help groups regular co-organiser of national network conferences</li> <li>24. Reception in hospital, pain management</li> </ul>
<b>I Thematic movements (N=13)</b>	<ul style="list-style-type: none"> <li>25. Baby friendly hospitals – ways of cooperation currently being explored</li> <li>26. BFHI</li> <li>27. BFHI</li> <li>28. MFH</li> <li>29. WHP</li> <li>30. Part of the network</li> <li>31. Smoke-free hospitals as network partner</li> <li>32. Some members are baby-friendly</li> <li>33. Sponsor and support</li> <li>34. Support activity</li> </ul>
<b>J Media (N=10)</b>	<ul style="list-style-type: none"> <li>35. Dissemination of HPH network</li> <li>36. Information about HPH initiatives</li> <li>37. Media support for HPH projects</li> <li>38. TV, radio, journals</li> </ul>
<b>B Accreditation certification program / agency (N=9)</b>	<ul style="list-style-type: none"> <li>39. The HPH members in Canada represent now a small proportion of Canadian institutions and are a small part of the market of the Canadian Accreditation Organisation</li> <li>40. Only contacts; there was a project with EFQM by one member, which is hardly known within the network</li> <li>41. Provide information</li> <li>42. advisory and monitoring and awarding</li> </ul>
<b>D Staff union(s) (N=7)</b>	<ul style="list-style-type: none"> <li>43. Regular co-organiser of national network conferences</li> <li>44. Members are dealing with their unions and not the network itself</li> <li>45. Advisory</li> </ul>
<b>E Professional associations (N=7)</b>	<ul style="list-style-type: none"> <li>46. Advisory</li> <li>47. Health, health risks, healthy environment, integration of HP into quality management system</li> </ul>

Cooperation with ...	Type and content of cooperation
	48. Nurses, doctors: information flow 49. Nurses association, Association of Hospital Managers, Association of Chief Clinicians, Association of GPs: regular organisational partners of national network conference 50. Made links to royal colleges and professional associations
<b>F Pharmaceutical / medical industry (N=7)</b>	51. Collaboration 52. Link with pharmaceutical associations 53. Sponsoring 54. Tobacco control
<b>G Insurances (N=3)</b>	55. information flow
<b>Others</b>	56. Technical group on empowerment of the Italian National Agency for Health Services

**Q 102: Does section 14 of the questionnaire contain questions not applicable to your network, and / or would you like to add any additional information on your network's environment?**

**Question 100 – other health promotion initiatives**

- There are no more HPH networks in our region, or official health promotion initiatives
- Also collaboration with National Board of Health and Welfare, National Institute of Public Health, National Association of Local Authorities and Regions

**General comments:**

- Cooperation with some of the above mentioned is not organized, but the network members try to pursue it whenever possible.

## 15Section 15: International collaboration in HPH

**Q 103: Do you know how to access information about the International Network of HPH and its bodies?**

	Know about ...	Perceived knowledge (1=know fully; 6=not at all)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
A	International aims and goals of HPH (N=27)	17	6	1	1	1	1	1	1,7	0,9	1,3
B	Functioning of the International HPH Network (N=28)	17	4	3	3	0	1	1	1,9	1,0	1,3
D	Roles, rights and duties of General Assembly (N=28)	15	6	4	1	1	1	1	1,9	1,0	1,3
F	Roles, rights and duties of HPH congress secretariat (N=28)	15	6	5	1	0	1	1	1,9	0,9	1,2
C	Roles, rights and duties of HPH Governance Board (N=28)	15	6	3	2	1	1	1	2,0	1,0	1,3
K	Other national / regional HPH networks (N=25)	12	3	6	2	1	1	1	2,0	1,2	1,4
E	Roles, rights and duties of International HPH Secretariat (N=28)	15	6	1	3	2	1	1	2,1	1,2	1,5
J	Roles, rights and duties of HPH	14	8	2	1	1	2	1,5	2,0	1,1	1,5

	Know about ...	Perceived knowledge (1=know fully; 6=not at all)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
	task force "Tobacco-free united" (N=28)										
I	Roles, rights and duties of HPH task force on Migrant Friendly and Culturally Competent Hospitals (N=28)	13	6	6	2	0	1	2	2,0	1,0	1,2
H	Roles, rights and duties of HPH task force on health promotion for children and adolescents in & by hospitals (N=28)	12	9	4	2	0	1	2	2,0	0,9	1,2
G	Roles, rights and duties of HPH task force on health promoting psychiatric health services (N=28)	10	5	5	4	2	2	2	2,6	1,4	1,6

**In case coordinators ticked 5 or 6 on one or several of the above: What additional information would they need?**

- Guidance notes for access and utilizing the International HPH Website
- Check-list for the agreement of new health services, with membership fees divided for country
- Clear guidelines on the process for communicating with other HPH networks

**Q 104: Do you know how to get in contact with the bodies of the international HPH network?**

	Know how to contact ...	Perceived knowledge (1=know fully; 6=not at all)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
C	International HPH Secretariat (Copenhagen WHO-CC) (N=28)	20	6	0	1	0	1	1	1,5	0,7	1,1
D	HPH Congress Secretariat (Vienna WHO-CC) (N=28)	20	6	0	1	0	1	1	1,5	0,7	1,1
B	General Assembly (N=27)	17	5	4	0	0	1	1	1,7	0,8	1,1
A	Governance Board (N=27)	16	6	4	0	0	1	1	1,7	0,8	1,1
F	Task force on health promotion for children and adolescents in & by hospitals (N=26)	13	3	5	4	0	1	1,5	2,2	1,2	1,4
H	Task Force "Tobacco-free United" (N=27)	13	7	1	3	1	2	2	2,2	1,2	1,6
I	Other national / regional HPH networks (N=25)	10	7	6	0	1	1	2	2,1	1,0	1,3
G	Task force on migrant-friendly and culturally competent hospitals and health services (N=27)	12	5	5	4	0	1	2	2,2	1,1	1,3
E	Task force on health promoting psychiatric health services (N=27)	7	6	6	5	1	2	3	2,7	1,2	1,5

**Q 105: Do representatives of your network regularly participate in activities of the international HPH network?**

	Participation of network members in ...	YES (N=28)
A	Annual General Assembly	26
B	Annual international HPH conference	26
D	Regularly read the international Newsletter	22
F	Current or past involvement in International task forces*	13
H	Involvement in international projects**	13
E	Regularly contribute to the international HPH Newsletter	9
G	Current or past involvement in international working groups***	8
C	WHO summer school	7

**\*Participation in task forces, which:**

■	HPH-CA	3 NW
■	MFH	3 NW
■	Tobacco-free United	2 NW
■	Psychiatry	1 NW
■	All	1 NW

**\*\*Participation in international projects, which:**

■	DATA	4 NW
■	PRICES	3 NW
■	DRGs	2 NW
■	PATH	1 NW
■	Pilot activity database	1 NW
■	Pilot progress report	1 NW
■	Standards	1 NW

**\*\*\*Participation in international working groups, which:**

■	Health promotion for staff + healthy workplace
■	HPH and patient safety
■	HPH indicator development
■	Standards

**Q 106: According to your opinion, how useful are the following international media / events for your network members?**

	Usefulness of ...	Perceived usefulness (1=totally fully; 6=not at all useful)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
A	International HPH Conferences (N=27)	15	3	8	1	0	0	1	1,8	0,9	1,0
D	International HPH tools and materials (N=27)	11	8	4	3	1	0	2	2,1	0,9	1,2
C	International HPH Newsletter (N=27)	7	7	6	5	1	1	2	2,6	1,1	1,3
E	HPH task forces (N=26)	5	7	10	4	0	0	3	2,5	0,8	1,0
G	Website of Vienna WHO-CC (N=27)	7	5	8	5	1	1	3	2,7	1,1	1,3
F	Website of Copenhagen WHO-CC (N=27)	6	5	6	3	6	1	3	3,0	1,3	1,6
B	WHO Summer school (N=23)	1	6	6	7	2	1	3	3,3	1,0	1,2

\*of valid

**In case coordinators ticked 5 or 6 on one or several of the above: What changes would they like to suggest?**

- I agree for the usefulness, but I don't have evidence of contact between members and task forces except Children Hospital Research Centre that is in Baby Friendly Network
- The Copenhagen webpage is rather difficult to navigate
- Unfortunately the international network has been rather invisible in the country. We are planning to change that, by e.g. promoting the international network more and spread more of the international material, starting in June 2008

**Q 107: Which of the following statements describes best the relationship between your network and the international network?**

	International collaboration ...	Networks (N=28)
1	The cooperation between my network and the International HPH Network is just fine	18
3	There is too little* cooperation between my network and the international HPH network	9
2	There is too much cooperation between my network and the international HPH network	1

**\*If too little, what changes would be helpful?:**

- E.g. early report of the membership of organisations and "automatic" renewal diplomas would be useful
- I would like hospital members to participate actively in the international conferences and also that they attend.
- The problem is that the international visions of HPH / WHO are very political and not suitable or helpful for our members. Tools like the standard self-assessment instrument have been developed, but there is no further development or follow-up. Most of the current HPH activities are relevant for all hospitals, but the national circumstances are too bad to realize them. In the end it's all about money.
- More informal e-mail contact offer support and guidance. Development of proactive and supportive contact between different networks on specific issues, development of collaborative actions across networks.
- More involvement of national members
- We want to become more active
- Really this will happen as our network develops e.g. linking our project library to WHO HPH library, providing information for the newsletter and using the Digest more effectively.

**Q 108: When did your network last sign a contract with the international HPH network?**

*This question did not yield useful answers. Results are therefore not displayed here.*

**Q 109: Is (a prolongation of) international membership envisaged for the future?**

International Membership	YES	NO
Prolongation envisaged (N=28)	25	*3

**\*If no, why not:**

- Too long time to think ahead of what can happen in next 4 years

**Q 110: Does your network regularly cooperate with one or more other national / regional HPH network?**

	International cooperation	YES (n=28)
B	Cooperation specifically with HPH networks in neighbouring countries	13
C	Cooperation specifically with HPH networks on same thematic areas	13
A	No regular cooperation	3

**110-1 Please specify main forms of cooperation:**

Types of cooperation (categorized from open answers)	Quotes from open answers
--	--------------------------

Types of cooperation (categorized from open answers)	Quotes from open answers
<b>Exchange of information</b>	<ol style="list-style-type: none"> <li>1. Exchange of experiences</li> <li>2. Exchange information</li> <li>3. Conferences</li> <li>4. Conference presentations</li> <li>5. Information exchange, informal and formal visits</li> <li>6. Meetings on development and support</li> <li>7. Participation in annual conferences</li> <li>8. Staff exchange</li> <li>9. Staff exchange</li> <li>10. Use finished projects</li> </ol>
<b>Joint projects and other developmental activities</b>	<ol style="list-style-type: none"> <li>1. Building up new projects</li> <li>2. Cooperation in translation of international documents</li> <li>3. Cooperation in transnational conference every 4 years</li> <li>4. Joint conference organisations</li> <li>5. Participation in seminars and conferences</li> <li>6. Through leading a task force</li> <li>7. Working groups</li> </ol>
<b>Joint training</b>	<ol style="list-style-type: none"> <li>1. Training activities</li> <li>2. Training events</li> <li>3. Training visits</li> </ol>

**Q 111: Overall, how do you judge the International HPH network?**

	Judgements of international HPH network	Assessment (1=agree fully; 5=do not agree at all)					Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5				
A	Membership in the international HPH network is worthwhile (N=28)	23	4	1	0	0	1	1,2	0,4	0,5
B	International HPH rules and regulations are transparent and fair (N=28)	17	8	2	1	0	1	1,5	0,7	0,8
C	Membership in the international HPH network supports the national / regional relevance of my network (N=28)	15	8	4	1	0	1	1,7	0,7	0,9
I	The bodies of the international HPH network can be easily accessed (N=28)	12	11	4	1	0	2	1,8	0,7	0,8
D	The international HPH network provides relevant material / tools for implementing HPH (N=28)	11	12	2	3	0	2	1,9	0,7	1,0
G	The international HPH network provides sufficient options for learning from each other (N=27)	8	15	0	4	0	2	2,0	0,6	1,0
F	The international HPH network provides sufficient options for exchanging knowledge and experiences (N=28)	8	13	4	3	0	2	2,1	0,7	0,9
M	The relevance of the international HPH network is increasing (N=28)	10	9	6	1	2	2	2,1	0,9	1,2
J	The international HPH network offers chances for cross country collabora-	9	10	5	4	0	2	2,1	0,8	1,0

	Judgements of international HPH network	Assessment (1=agree fully; 5=do not agree at all)					Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5				
	tion and exchange (N=28)									
K	The international HPH network is innovative (N=27)	7	10	6	4	0	2	2,3	0,8	1,0
H	The international HPH network conducts relevant research on HPH issues (N=28)	4	13	2	8	1	2	2,6	1,0	1,2
E	The international HPH network provides useful training for implementing HPH (N=27)	4	9	8	5	1	3	2,6	0,9	1,1
L	Our network would be the same without international membership (N=28)	1	4	3	8	12	4	3,9	1,0	1,2

\*of valid

**Q 112: Would you like to suggest any improvements to the international HPH network?** (Categories developed from open answers)

**Materials / media:**

- Improve the websites to reach first class international standards
- Eliminate presentations in the international annual conferences that have nothing at all to do with health promotion
- More brochures or manuals on best practice

**Implementation support:**

- Better support for new members
- Occasional onsite support
- Review of previous conference presentations for possible models of good practice, proactively support the development or utilization of common tools to support the transfer of models of good practice, promote and support where possible the translation of materials and information across the international network.

**Research:**

- Research-based projects in HPH
- The research done is very relevant, but more is needed!
- There is a need to include the wider healthcare staff in research as new techniques in gathering information and implementation of care pathways for health improvement do not sit with medics. The movement into communities means the research must follow.

**International bodies and structures:**

- Increase central management capacity and leadership
- Clearer definition of roles in Copenhagen and Vienna would be useful. Information on what the benefits to a local hospital are in signing up to international network.

**Joint international activities:**

- Hospitals from different countries working on similar projects team generally

**Alliance-building:**

- Develop formal strategic alliances with partners that are complementary with the HPH model

**General comments:**

- There is a lot to be done!

- Have all international hospital members the same involvement in health promotion? Sometimes I feel we're not talking the same topic, and that public health is not health promotion. There is so many differences regarding this topic that the different networks don't always have the same experience for an exchange.

**Q 113: Does section 15 of the questionnaire contain questions not applicable to some networks, and / or would they like to add any additional information on international cooperation in HPH?**

---

## 16Section 16: Network history

**Q 114: In case you have had any predecessors in the coordinating function, please list their professions and organizational affiliations at time of coordination, in historical appearance (first, second etc.)**

	Network has had ...	YES (N=28)
A	One coordinator so far	13
B	Two coordinators so far	10
C	Three coordinators so far	4
D/E	Four or more	0

### 114-1 Professional backgrounds of present and past coordinators (open answers):

Professional backgrounds (categorised from open answers)	Quotes from open answers (N=28)
<b>MD</b>	<ol style="list-style-type: none"> <li>1. Doctor</li> <li>2. Doctor</li> <li>3. Doctor</li> <li>4. Doctor</li> <li>5. Doctor</li> <li>6. MD</li> <li>7. MD</li> <li>8. MD</li> <li>9. MD</li> <li>10. MD</li> <li>11. MD</li> <li>12. MD</li> </ol>
<b>Regional health manager</b>	<ol style="list-style-type: none"> <li>1. CEO</li> <li>2. CEO health region</li> <li>3. General Director</li> <li>4. Health manager</li> <li>5. Health manager</li> <li>6. Programme manager</li> <li>7. Programme manager</li> <li>8. Programme manager</li> <li>9. Senior manager in public health</li> </ol>
<b>Scientist</b>	<ol style="list-style-type: none"> <li>1. Assistant Professor</li> <li>2. Lecturer, head of department of disease prevention</li> <li>3. Professor</li> <li>4. Psychologist</li> <li>5. Sociologist</li> </ol>

Professional backgrounds (categorised from open answers)	Quotes from open answers (N=28)
<b>Nurse</b>	1. Head nurse 2. Nurse
<b>Consultant, adviser</b>	1. Adviser 2. Advisor
<b>Public health expert</b>	1. PH specialist
<b>Hospital management</b>	1. Hospital Medical Director Senior management in a hospital
<b>Other</b>	1. Lawyer

#### 114-2 Organizational affiliations of past and present coordinators (open answers):

Types of organisation (categorised from open answers)	Quotes from open answers (anonymized) (N=28)
<b>Health administration</b>	1. County administration 2. Health directorate 3. Health directorate 4. Ministry of health 5. Ministry of health 6. National health authority 7. National health authority 8. National health authority 9. Regional health authority 10. Regional health authority 11. Regional health authority 12. Regional health authority 13. Regional health authority 14. Regional health authority 15. Regional health authority 16. Regional health authority
<b>Hospital, trust</b>	1. Hospital 2. Hospital 3. Hospital 4. Hospital group 5. Local health trust 6. Local health trust 7. University hospital
<b>University, research institute</b>	1. Medical university, national centre of public health protection 2. Research institute 3. Research institute
<b>National expert centre</b>	1. National Centre for Health Education and Promotion, National Institute for Health Development 2. Education institute
<b>Other</b>	1. New coordination centre

#### Q 115: Who were the main initiating stakeholders of your network, and what other stakeholders were important for network foundation?

	ITEMS	Initiating stakeholders (N=28)	Additional stakeholders (N=15)
B	A specific hospital / health service	16	6
A	Former EPHP hospital	10	3

	ITEMS	Initiating stakeholders (N=28)	Additional stakeholders (N=15)
C	Health policy	8	7
D	Public health institute / society	5	4
I	National / regional expert	3	1
E	Research institute	3	5
F	Healthcare consultant	1	5
G	Patients organization	1	2
H	Association of healthcare professionals	1	2
J	Other*	3	0

**\*Other, which:**

- Regional health and social services administration including public health responsibility
- County health administration

**Q10: The networks' current aims and goals (categorized from open answers)****Q 116: What were the original expectations of the initiators when your network was founded (e.g. organizational development of hospitals, better health for staff, ...) (categorized from open answers)?**

*Text in Italic marks answers from networks whose founding hospital was involved in the European Pilot Hospital Project on Health Promoting Hospitals (EPHP)*

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
<b>Organisational development of hospitals and health services &amp; quality of care</b> <b>(52 quotes)</b>	<ol style="list-style-type: none"> <li>1. Better quality of care, and improved health gain</li> <li>2. Continuity and cooperation on all possible levels</li> <li>3. <i>Contribution to health care quality</i></li> <li>4. <i>Development of a Health Promoting Setting (stakeholders, health policy, health staff of hospitals and healthcare services)</i></li> <li>5. <i>More effective health services</i></li> <li>6. <i>OD of hospitals</i></li> <li>7. Organisational development of hospitals</li> <li>8. Organisational development of hospitals</li> <li>9. Organisational development of hospitals</li> <li>10. Organisational development towards health</li> <li>11. Preserve and increase the priority given to HP in the regional health services and inside the</li> </ol>	<ol style="list-style-type: none"> <li>1. According to agreement with international HPH secretariat: to put the mission, purpose and objectives of WHO health promotion principles into practice by supporting strategic thinking and planning, implementation of health promotion</li> <li>2. <i>Development of health promotion and disease prevention offers in healthcare</i></li> <li>3. <i>Development of HPH policy</i></li> <li>4. Each LHU that belongs to the network has to include HP into its mission statement.</li> <li>5. Evaluation of outcomes by self-assessment questionnaire</li> <li>6. Implement TF for HPH standards</li> <li>7. Implementation of standards</li> <li>8. Improve HC quality by</li> </ol>	<ol style="list-style-type: none"> <li>1. Analysing systematically HPH performance indicators</li> <li>2. Develop a minimum set of standards / indicators for migrant friendly hospitals and health services</li> <li>3. Draft an implementation plan of HP standards</li> <li>4. Draw up HPH standards</li> <li>5. <i>Evaluation and grading of the HPH projects</i></li> <li>6. Evaluation of effectiveness of implementing HP in hospitals etc.</li> <li>7. Evaluation report on the navigation system in hospitals</li> <li>8. Evaluation report on the written and oral communication for cataracta, delivery and 1 more process / health centre</li> <li>9. HP standard implementation</li> <li>10. Implement HPH standards in the health services and hospitals of</li> </ol>

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
	<p>regional network including teaching hospitals</p> <p>12. Putting HP on the agenda in hospitals, getting them to define HP as part of the task, not just something that primary health care providers have as part of their work</p> <p>13. Quality improvement</p> <p>14. Re-orientation to HPH for our regional hospitals</p> <p>15. <i>Re-orientation of hospitals</i></p> <p>16. Reorientation and profile development</p> <p>17. <i>The main aim has always been a change of paradigm in the national health system towards the HP aspects in healthcare rather than the curation. All stakeholders are highly engaged and idealistic. This is also the main challenge for the network. HPH depends on idealistic people with a vision for the future. In bad times those idealists are very rare. However we find them and try to develop our activities.</i></p> <p>18. <i>To develop HP activities in a hospital setting</i></p> <p>19. <i>To implement the vision of HPH for better healthcare</i></p>	<p>implementing HP into QM systems and everyday hospital routines</p> <p>9. <i>Improving of health care quality</i></p> <p>10. Long term goal is to make hospitals and health services as health promoting setting.</p> <p>11. <i>Management perspective: Strategic orientation towards health promotion to create effective health services</i></p> <p>12. More effective health services through health gain orientation for patients staff and community</p> <p>13. <i>Quality development of healthcare by HP</i></p> <p>14. Quality of healthcare</p> <p>15. Support HP policies</p> <p>16. <i>Support internal developments in health promotion and disease prevention services</i></p> <p>17. <i>To follow Budapest Declaration, Ottawa Charter and Vienna Recommendations</i></p>	<p>the region</p> <p>11. Implementing improvement actions based on 2008 HPH standards self-assessment</p> <p>12. <i>Increase policy implementation by adapting HPH templates and standards</i></p> <p>13. <i>Member activities</i></p> <p>14. Psycho-emotional well-being indicators</p> <p>15. Self-assessment</p> <p>16. <i>Strategy development with regard to Q</i></p>
<p><b>Health promotion for specific target groups and target areas</b></p> <p><b>(35 quotes)</b></p>	<p><b>PATIENTS</b></p> <p>1. Better health for patients and family members</p> <p>2. Development of empowerment strategies for patients</p> <p>3. Enrichment of relationships between hospital professionals and patients</p> <p>4. Improve the health of</p>	<p><b>PATIENTS</b></p> <p>1. <i>HP of patients</i></p> <p>2. Health gain orientation for patients</p> <p>3. HP for patients and relatives</p> <p>4. <i>Improving patient education</i></p> <p>5. Patient centeredness</p>	<p><b>PATIENTS</b></p> <p>1. Patient safety</p>

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
	<p>patients and especially diminish the burden of chronic diseases</p> <p>5. <i>Patient education</i></p> <p>6. Patient empowerment</p> <p><b>STAFF</b></p> <p>7. Better health for staff</p> <p>8. Better health of staff</p> <p>9. Development of empowerment strategies for operators</p> <p>10. Improve the health and wellbeing of staff</p> <p>11. Staff empowerment</p> <p><b>COMMUNITY / PUBLIC HEALTH</b></p> <p>12. Better health for community population</p> <p>13. Development of empowerment strategies for community</p> <p>14. Improve the health of communities and especially diminish the burden of chronic diseases</p>	<p><b>STAFF</b></p> <p>6. HP for staff</p> <p>7. <i>HP of hospital employees</i></p> <p>8. Health gain orientation for staff</p> <p>9. <i>Staff perspective: Be an example of good practice for workplace health promotion</i></p> <p><b>COMMUNITY / PUBLIC HEALTH</b></p> <p>10. Health gain orientation for the community</p> <p>11. <i>Development of links with the local community</i></p> <p>12. <i>Population perspective: Contribute knowledge and competences for population-oriented offers</i></p> <p><b>ENVIRONMENT</b></p> <p>13. Healthy environment</p> <p>14. <i>Improvement of hospital environment</i></p> <p><b>SETTING / OVERALL ORGANISATION</b></p> <p>15. Development of tobacco-free policy</p>	<p><b>STAFF</b></p> <p>2. projects concerning empowerment for staff</p> <p><b>COMMUNITY / PUBLIC HEALTH</b></p> <p>3. Domestic violence</p> <p>4. Projects concerning empowerment for community</p> <p><b>ENVIRONMENT</b></p> <p>5. Awareness campaign on sustainable health centres addressed to health professionals</p> <p><b>SETTING / OVERALL ORGANISATION</b></p> <p>6. <i>Accreditation of smoke-free services</i></p>
<p><b>National / regional networking</b></p> <p><b>(26 quotes)</b></p>	<p><b>General NW development:</b></p> <p>1. Development of a mission statement</p> <p><b>NW Governance:</b></p> <p><b>Communication &amp; dis-</b></p>	<p><b>General NW development:</b></p> <p>1. <i>To improve and develop the network</i></p> <p>2. Working group on HP</p> <p><b>NW Governance:</b></p> <p><b>Communication &amp; dis-</b></p>	<p><b>General NW development:</b></p> <p><b>Network governance:</b></p> <p>1. <i>Board activities</i></p> <p>2. <i>Development of network governance structure within health administration</i></p> <p><b>Communication &amp; dis-</b></p>

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
	<p><b>semination:</b></p> <ol style="list-style-type: none"> <li>2. <i>Concept dissemination</i></li> <li>3. Delivering the idea of health promotion implementation to hospitals, where the diagnosis and cure for diseases has been major concern</li> <li>4. Information sharing</li> </ol> <p><b>Growth:</b></p> <ol style="list-style-type: none"> <li>5. <i>To recruit acute / university hospitals to engage in and support the development of health promotion perspective within their services</i></li> </ol>	<p><b>semination:</b></p> <ol style="list-style-type: none"> <li>3. Developing a communication system</li> <li>4. Implement TFs for communication and training</li> <li>5. Meetings</li> </ol>	<p><b>semination:</b></p> <ol style="list-style-type: none"> <li>3. <i>conference organisation</i></li> <li>4. Develop communication initiatives</li> <li>5. <i>finalization of new website</i></li> <li>6. <i>NL production</i></li> <li>7. Organise the annual national HPH conference</li> <li>8. Restyling of HPH internet and intranet site</li> <li>9. <i>Revise and improve existing membership communication and support structures</i></li> <li>10. <i>To organize the National Conference and /or to take part in it</i></li> <li>11. Exchange of experiences and MOGPs</li> </ol> <p><b>Growth:</b></p> <ol style="list-style-type: none"> <li>12. <i>recruitment activities</i></li> <li>13. <i>accreditation of HP projects from members</i></li> <li>14. to expand number of members to 55</li> <li>15. to become one of the top 5 biggest HPH networks in the international network</li> <li>16. <i>Gain a 50% increase in participation in all HPH activities and increase membership by 10%</i></li> </ol>
<p><b>Skill-building and knowledge development</b></p> <p><b>(13 quotes)</b></p>	<ol style="list-style-type: none"> <li>1. <i>To provide exchange of practice and develop capacity for national HPHS framework</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Best practices network</li> <li>2. Develop cross functions such as training and self-evaluation</li> <li>3. <i>Expertise and exchange around HPH</i></li> <li>4. <i>Inform and update members on relevant national policy training and opportunities</i></li> <li>5. <i>Share progress on health improvement activities within HPHs</i></li> <li>6. To put the mission, purpose and objectives of WHO health promotion principles into practice by training and ed-</li> </ol>	<ol style="list-style-type: none"> <li>1. Carrying out seminars to share progress and work done with the standards getting involved also other networks</li> <li>2. Develop a specific strategy for improving members capacity in health promotion research</li> <li>3. Education for health promoters in hospitals and health services</li> <li>4. Promote training initiatives: continuous training, expertise training, generative training</li> </ol>

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
		education	5. Summer school on alcohol abuse, children's rights, healthy nutrition and physical activity 6. Support training in health promotion for staff at regional level
<b>Cooperation in the international HPH network</b>  <b>(8 quotes)</b>	1. <i>Link to international project (WHO sanctus)</i> 2. To exchange experiences with the international network	1. Participation in international projects	1. <i>Participation in international conference</i> 2. Participation in annual HPH conference 3. To have the highest number of accepted abstracts at annual international HPH conference 4. To attend international HP conference with a new result / a new project 5. <i>To take part in the International Conference</i>
<b>Lobbying / Alliance-building / PR</b>  <b>(8 quotes)</b>	1. Alliance with community institutions 2. Develop synergies between regional setting strategies 3. Social participation development (stakeholder: ONG and volunteer associations)	1. Regional act 2. To attract HP output into reimbursement policy 3. <i>Agenda-setting in public discussions in order to create awareness on the need for health oriented healthcare</i> 4. <i>Links to other health improvement initiatives</i>	1. <i>Political activities</i>
<b>Specific NW themes and activities-related (not target group specific)</b>  <b>(8 quotes)</b>		1. <i>To develop actions of two projects</i> 2. Promotion of HPH regional projects 3. Develop cross-LHU projects	1. Smoking cessation 2. <i>Annual actions of each project (i.e. production of a video for education on pain measurement in NOT communicative patients)</i> 3. Develop NW projects: humanization, intercultural hospital, HP for children and adolescents, alcohol-free hospitals, smoke-free hospitals, hospital-community integration 4. Supporting on-going HPH projects in the network 5. <i>Integrate key HPH</i>

Categories developed from open answers	Original expectations – Quotes from open answers (Q116; N=23)	Current aims - from written documents / mission statements and long-term developmental goals (N=24; Q10)	... from annual action plans (N=24; Q10)
			<i>thematic projects (tobacco, BFHI, intercultural and healthy ageing) within HSE service development priorities</i>

**Q 117: What are the most important milestones in the development of the network (e.g. first national / regional conference; a specific network project; success / failure in fundraising; launch of legal regulation of health promotion in healthcare, ...)?**

*Answers to this question cannot be displayed without giving away the identity of the networks and are therefore not displayed here.*

**Q 118: For each year of existence of the network, please provide numbers of new members (accessions) and numbers of exits?**

*Answers to this question are not interpretable and therefore not displayed here.*

**Q 119: Does section 16 of the questionnaire contain questions not applicable to your network, and / or would you like to add any additional information on your network's history?**

**Question 114 – past and present network coordinators**

- There were no predecessors in the network management

**Question 118 – accessions and exits**

- In our region there is only one hospital. We hope to enlarge the number of members next year with health facilities
- After 2005 we have several members being county councils (because of new ways of organization of health care in the country), this is mainly good, however, it makes it difficult to follow the progression in a fair way.
- I don't know if I answered this question correctly?
- Members do not pay to be part of the Network and the network has a flexible active membership, but representatives from all regional health boards are informed of progress.

## 17Section 17: Additional network activities

**Q 120: Is the network engaged in activities that have not been covered by the previous questions?**

(N=28)	YES	NO
Additional network activities*	3	25

**\*Yes, which:**

- Art therapy
- Activity in Association of National Hospitals
- Is initiating training and certification programs for health educators and care managers

## 18Section 18: Network achievements and outcomes

**Q 121: According to your opinion, what are the main achievements / outcomes of the networks so far?**

Main achievements (categorised from open answers)	Quotes from open answers (anonymized) (N=23)
<b>OD / service quality related (including implementation of HPH standards)</b>	<ol style="list-style-type: none"> <li>1. Creation of HPH working groups in almost all healthcare institutions of the region</li> <li>2. Implementation of standards 1, 4 and 5 by the members</li> <li>3. Manifestation of health promotion as integral part of institutional performance</li> <li>4. Great contribution to local health culture</li> <li>5. Increase the knowledge on HP in hospitals</li> <li>6. Made HP a hot issue and priority in healthcare organizations</li> <li>7. Putting HP on the agenda of hospital management</li> <li>8. The national HPH network belongs to several international networks which gives for us the possibility to be active in health(care) policies connected with better health and wellbeing of population in general and to be more active in implementation of health promotion principles and activities in national hospitals and other healthcare facilities</li> <li>9. To move from "to cure" to "to care"</li> <li>10. One regional partial self-assessment</li> </ol>
<b>Specific target groups and target areas related</b>	<ol style="list-style-type: none"> <li>1. Tangible orientation to patient empowerment</li> <li>2. Development of educational standards for training of the patients with chronic diseases</li> </ol>
<b>Networking / internal communication related</b>	<p>GENERAL NETWORK DEVELOPMENT</p> <ol style="list-style-type: none"> <li>1. Establishment</li> <li>2. Legal entity with member representatives in key functions</li> </ol> <p>NETORK GOVERNANCE AND WORK DISTRIBUTION</p> <ol style="list-style-type: none"> <li>3. Securing a regional coordinator funded by the Department of Health and Public Safety</li> <li>4. Sustainable network management</li> <li>5. The network management structure is reliable and gives the possibility to build up new activities for special topics.</li> <li>6. National task forces have been established</li> <li>7. The constitution of working groups</li> <li>8. Working groups on psycho-emotional well-being</li> </ol> <p>NETWORK COMMUNICATION &amp; EVENTS</p> <ol style="list-style-type: none"> <li>9. 30 Newsletters</li> <li>10. Website</li> <li>11. Website</li> <li>12. 4 successful collaborating conferences with neighbour network</li> <li>13. 13 national conferences so far</li> <li>14. One national and two regional conferences</li> <li>15. Promotion of relevant knowledge by scientific symposia and conferences</li> <li>16. Proceedings of national conferences</li> <li>17. Production of two annual update reports</li> </ol> <p>GROWTH</p> <ol style="list-style-type: none"> <li>18. Recruiting interest and membership from majority of university hospitals</li> <li>19. Slow but steady growth</li> </ol>

<b>Main achievements (categorised from open answers)</b>	<b>Quotes from open answers (anonymized) (N=23)</b>
	<ul style="list-style-type: none"> <li>20. Successful diffusion of HPH concept to national hospitals</li> <li>21. The network created a sustainable membership basis with good networking activities between the members.</li> <li>22. excellent collaboration among health districts</li> <li>23. extensive involvement of clinical professionals</li> <li>24. Great involvement of professionals in local and cross-unit projects</li> </ul>
<b>Skill-building and knowledge development related</b>	<ul style="list-style-type: none"> <li>1. 13 coaching seminars</li> <li>2. Manuals resulting from 3 network projects</li> <li>3. Provision of an accredited MSc module in "settings" which has been offered three time with 36 individuals passing the module to date</li> <li>4. Spreading and translating of international publications</li> <li>5. Training</li> <li>6. Training of hospital staff in HP</li> <li>7. Translation of several important HPH documents into national language (including the standards)</li> <li>8. Two major seminars on Smoke-free Hospitals</li> <li>9. Two regional trainings</li> <li>10. Improving of understanding of HPH</li> <li>11. Contribution to knowledge of the importance of HP in our communities: staff, patients, municipalities, schools and other partners.</li> <li>12. staff exchange program</li> </ul>
<b>International HPH networking related</b>	<ul style="list-style-type: none"> <li>1. Network takes part in international projects.</li> </ul>
<b>Specific network themes and activities related (not target group specific)</b>	<ul style="list-style-type: none"> <li>1. A number of meaningful projects in place</li> <li>2. Concrete focused initiatives</li> <li>3. In particular our network decided to realize only one common project (pain-free hospitals), the other two projects expected by the agreement were free for each member, to promote existing HP experiences. The outcomes are reported in the website</li> <li>4. 3 network projects with resulting manuals</li> <li>5. Development of a specific competence in Migrant's health and health promotion</li> <li>6. Development of the 10 steps to Healthy Ageing initiative in Residential Care – linked to the compliance with external national standards for residential care</li> <li>7. Support the development of the Intercultural Emergency Multilingual Aid Box for emergency communication with non-English health service clients – integrated as an action within the national health authority Intercultural Strategy.</li> <li>8. Smoke free programs</li> <li>9. Development of the Health data – collaborative health activity / project database</li> <li>10. Corporate action earmarked by health promotion</li> </ul>
<b>Lobbying, PR, Alliance-building related</b>	<ul style="list-style-type: none"> <li>1. Cooperation with ENSH</li> <li>2. Initiation of the WHO / UNICEF BFHI in the country, development and provision of support for the Tobacco Free Health Services Initiative – integrating of this initiative into national health authority.</li> <li>3. Tobacco Control Framework Liaison with ENSH</li> <li>4. Participation in recommendations for national health plan on quality of life for people with chronic diseases</li> <li>5. The national HPH network belongs to several international networks: HPH, ENSH, ENWHP etc. ... Working together and exchanging experiences on national and international levels are the main factors to move faster forwards</li> </ul>

Main achievements (categorised from open answers)	Quotes from open answers (anonymized) (N=23)
	<p>and get better outcomes.</p> <ol style="list-style-type: none"> <li>6. Being a resource for our regional health system</li> <li>7. Important point of reference for some issues (i.e. introduction of pain measurement in hospitals).</li> <li>8. Integration of HP into national quality act</li> <li>9. We have strengthened the common arena for discussing and developing specialized health services beyond the diagnostic and curative aspects.</li> </ol>
<b>Other</b>	<ol style="list-style-type: none"> <li>1. A review of activity currently being commissioned so, will know more about achievements of funded sites later on.</li> <li>2. research of funding</li> </ol>

**Q 122: According to your opinion, in which areas did network developments stay behind expectations?**

Stayed behind expectations (categorised from open answers)	Quotes from open answers (anonymized) (N=23)
<b>OD / service quality related (including implementation of HPH standards)</b>	<ol style="list-style-type: none"> <li>1. Change in hospital leadership</li> <li>2. Lack of "real" HPH development in hospitals</li> <li>3. promoting integration between community and district services with hospitals</li> <li>4. The implementation of health promotion culture</li> <li>5. the qualitative involvement of professionals, the perseverance of professionals</li> <li>6. We still have work to do when it comes to implementation into member organisations.</li> <li>7. Capability to improve and move in the right direction organisational and empowerment processes carried out especially in high intensity of care hospitals</li> <li>8. Systematic implementation of standards 2 and 3 in all programs and service pathways</li> </ol>
<b>Specific target groups and target areas related</b>	
<b>Networking / internal communication related</b>	<p>GENERAL NETWORK DEVELOPMENT</p> <ol style="list-style-type: none"> <li>1. Process of founding is very prolonged</li> <li>2. Evaluation</li> </ol> <p>NETWORK GOVERNANCE</p> <ol style="list-style-type: none"> <li>3. Implementation of a sustainable governance and support structure for the HPH Network within the organisational structures of the health authority</li> <li>4. creating more HPH network ownership among people</li> </ol> <p>GROWTH</p> <ol style="list-style-type: none"> <li>5. Growing of membership figures</li> <li>6. Growth</li> <li>7. Increase the number of hospital members,</li> <li>8. One might have wished for more members, but the interest is increasing</li> <li>9. We are still in a growth stage. The growth actually exceeds expectations</li> </ol> <p>NETWORK COMMUNICATION</p> <ol style="list-style-type: none"> <li>10. Development of an effective website for information exchange</li> <li>11. Increase the involvement of hospital members in the network dynamic</li> <li>12. Insufficient involvement of members</li> <li>13. Networking</li> </ol>

Stayed behind expectations (categorised from open answers)	Quotes from open answers (anonymized) (N=23)
	<p>NETWORK RESOURCES</p> <p>14. Financial</p> <p>15. Fundraising</p> <p>16. Fundraising</p> <p>17. The way to get funds</p>
<b>Skill-building and knowledge development related</b>	1. Provision of implementation support
<b>International HPH networking related</b>	
<b>Specific network themes and activities related (not target group specific)</b>	<p>1. Hospital hygiene</p> <p>2. Development of HP activities</p>
<b>Lobbying, PR, Alliance-building related</b>	<p>1. HPH and prevention are still widely misunderstood ("are there other than HP hospitals?") The network is still not a real trademark or quality seal.</p> <p>2. In achieving a better inclusion in the Regional Health Policy</p> <p>3. Integrating or linking of HPH standards to external accreditation for acute healthcare services</p> <p>4. The upheaval over the last two years and coming year with infrastructure and government changing the development with regional support i.e. standards etc. has been hindered which has slowed the development of the network a bit.</p> <p>5. Convincing major opinion leaders in the field</p> <p>6. The link with regional government and the way to get funds. This is due to government changes and after every change HPH has to be presented to the new persons.</p>
<b>Other</b>	<p>1. As the Network is very interested in participation and cooperation with EU international projects, especially with HPH project, we did not have any difficulties in network development</p> <p>2. A review of activity currently being commissioned so, will know more about achievements later.</p>

**Q 123: Has the network already undertaken an evaluation?**

	Evaluation	YES (N=25)
D	No evaluation yet, but planned for the future	13
A	Once	6
B	Already several times	3
E	No evaluation yet and none planned	3
C	Published evaluation results are available*	2

**\*References:**

- Abstract book of 17th HPH conference 2008: "External evaluation of self-assessment process in Estonian Health Promoting Hospitals 2008"

**Q 124: What are the most important outcomes of the evaluation(s)?**

Areas of evaluation (categorised from open answers)	Quotes from open answers (anonymized) (N=21)
<b>Hospital level</b>	<p><b>5 Standards:</b></p> <p>1. For evaluation was used the self-assessment questionnaire (WHO, 2006). The evaluation process passed through all 22 HP hospitals and 4 of them failed</p>

Areas of evaluation (categorised from open answers)	Quotes from open answers (anonymized) (N=21)
	<p>under the external evaluation in 2008. In the process of self-assessment the conformity to five standards was assessed on three-point scale. The results were following:</p> <ul style="list-style-type: none"> <li>○ Standard 1, management policy: 2,47 points</li> <li>○ Standard 2, patient assessment: 2,46 points</li> <li>○ Standard 3, patient information and intervention: 2,54 points</li> <li>○ Standard 4, promoting a healthy workplace: 2,55 points</li> <li>○ Standard 5, continuity and cooperation: 2,53 points</li> </ul> <p>2. Identify strengths and weaknesses of our members in relation to the HPH standards</p> <p>3. The most important outcomes were: HP is integrated in hospital's everyday work, the staff of the hospital is informed about the HP policy, the patients' HP needs are assessed at first contact with the hospital, information given to patients is documented, the patient satisfaction is studied, the patient education is provided, a good cooperation between hospitals and regional health authority is established etc. The next evaluation will be provided in 2009.</p> <p>4. We have seen that standard 2 has to be implemented. The health system often gives a lot of information but don't care of target needs. We are improving evaluation with self-assessment manual.</p> <p>5. We used HPH standards and measurable elements. We found some weaknesses in the area of HPH impact measurement, and concrete development of HPH concept within certain clinical guidelines.</p> <p><b>Other:</b></p> <p>6. The evaluation was conducted in 2001 on request of the MoH. It had a focus on the implementation of HP in member organisations (HP management structures), on the character of HP activities and on members' involvement in national (and international) network activities.</p>
<b>Projects</b>	1. The development level of HPH projects in health services and the development level of cross-unit projects
<b>Expectations towards networking</b>	<p>1. It was a questionnaire to leaders in the member hospitals. The most important thing was that they wished the network to be a better brand for marketing purposes.</p> <p>2. The connections with other regional networks and the gathering of their contributions</p>
<b>Availability of supportive frameworks</b>	3. Legal frameworks for HP in healthcare
<b>Other</b>	4. Hospital members didn't answer their own questionnaire (although they created it ...) in order to describe their strategy regarding HP activities. There is a very strong limitation from the hospital managers hierarchy on information provided externally.

**Q 125: On network level: Did the network produce – by evaluation or other means – any serious indications, proof, confirmation or evidence for improvements in one or more of the following areas?** (several answers possible)

	Network outcome (N=20)	YES	Proof / evidence available	Proof / evidence (from open answers):
J	<b>Availability of information material on HPH</b>	15	9	<p>1. Handbooks</p> <p>2. Homepage, Newsletter, Newspaper etc.</p> <p>3. Info brochure produced in 2008</p> <p>4. Material in national language</p>

	Network outcome (N=20)	YES	Proof / evidence available	Proof / evidence (from open answers):
				<ul style="list-style-type: none"> <li>5. Other HPH material either translated or delivered among member organisations</li> <li>6. Project management guidelines, HPH standards with policy and action plan templates</li> <li>7. Produced some HPH packages for people</li> <li>8. Translation of material developed by the international network (e.g. 18 strategies, ...)</li> </ul>
A	<b>interest from health policy in health promotion</b>	14	10	<ul style="list-style-type: none"> <li>1. Accountability</li> <li>2. Book / report</li> <li>3. Financing of smoke-free network</li> <li>4. MoH consults with network</li> <li>5. National health promotion strategy 2000-2005</li> <li>6. publications, participation of health policy in conferences</li> <li>7. Public opinion</li> <li>8. Regional document in press for working group constitution. In this group referee for health promotion and health promoting hospitals and sanitary services are joined, to obtain common health</li> <li>9. Regional health action plan</li> <li>10. Website</li> </ul>
I	<b>Availability of implementation tools for HPH</b>	13	7	<ul style="list-style-type: none"> <li>1. Guidelines</li> <li>2. Materials for various initiatives – tobacco, breastfeeding, healthy ageing, intercultural</li> <li>3. Material in national language</li> <li>4. Standards</li> <li>5. Standards brochure available</li> <li>6. Translation of the HPH standards</li> <li>7. Worked on strategies and tools adopted to implement HPH standards</li> </ul>
H	<b>Membership figures</b>	10	5	<ul style="list-style-type: none"> <li>1. Active part in HPH conferences</li> <li>2. From 7 to 31</li> <li>3. From 12 to over 70</li> <li>4. Number of members rose</li> <li>5. Stable number of members during the years</li> </ul>
G	<b>Interest from healthcare organizations</b>	7	3	<ul style="list-style-type: none"> <li>1. Growing membership</li> <li>2. Healthy ageing initiative in collaboration with national council for ageing and older people</li> <li>3. Membership</li> </ul>
D	<b>Relevance of HPH in vocational training of healthcare professionals</b>	6	4	<ul style="list-style-type: none"> <li>1. Collaboration with University Medical Faculty and several colleges for applied sciences</li> <li>2. Lecture, seminars</li> <li>3. Presence of HPH issues in annual training plans in hospitals and health services</li> <li>4. 2 seminars</li> </ul>
E	<b>Relevance of HPH in accreditation / certification schemes</b>	6	4	<ul style="list-style-type: none"> <li>1. In previously within national accreditation standard set for acute care – new body established as part of Health Service Reform – awaiting new process</li> <li>2. It's a specific objective of this year HPH</li> </ul>

	Network outcome (N=20)	YES	Proof / evidence available	Proof / evidence (from open answers):
				regional project 3. Ongoing indicator work at the National Board of Health and Welfare 4. Theoretical framework to compare and clarify the links among HPH and quality improvement models and schemes
B	<b>Legal frameworks for health promotion in healthcare</b>	4	2	1. HP included in national Act on Quality in Healthcare (2005) after consultation with network 2. Set up of HPH project via official statement in each hospital
C	<b>Financial frameworks for HP in healthcare</b>	3	1	3. Financial support by regional government
F	<b>Interest from professional associations</b>	2	0	
K	<b>Other</b>	2	1	1. creation of a list of 10 points supporting a hospital organisation to understand their position regarding HP

**Q 126: On the level of member organisations: Did the network produce – by evaluation or other means – any serious indications, proof, confirmation or evidence for improvements in one or more of the following areas? (several answers possible)**

	Organizational outcome (N=16)	YES	Proof / evidence available	Proof / evidence (from open answers):
B	<b>Health information &amp; education</b>	11	4	1. A number of tools and activities have been considered 2. HP plan for schools, patients 3. Seminars 4. Specific projects and tools
F	<b>Smoke-free environments</b>	11	4	5. ENSH audit results 6. Control study on 647 students 7. Implementation of specific projects and tools 8. Inspection
A	<b>Organizational health promotion orientation</b>	9	3	1. Organisational annual action plans 2. Seminars 3. Survey of HPH activities in national hospitals, pilot HPH coordinators project
C	<b>Workplace health promotion</b>	9	3	1. Physical activity, stress management, corporate wellness 2. Recent study of the National Hospital Institute with Hans-Böckler-Foundation 3. Results
G	<b>Baby-friendly services</b>	8	3	1. BFHI external assessment results 2. Certificate 3. Referee IRCCS Children Hospital
E	<b>Patient-centered care</b>	7	2	1. Including empowering measures in relevant care processes and pathways 2. Results
J	<b>Pain-free services</b>	7	2	1. Pain-free hospitals related initiatives

	Organizational outcome (N=16)	YES	Proof / evidence available	Proof / evidence (from open answers):
				2. Specific projects and tools
D	Good quality of services	6	2	1. Development of self-assessment tools (adapted HPH standards) 2. Results
I	Cultural competence	6	4	1. by patients 2. MFH program 3. Regional project 4. Specific training for staff and implementation of interpreting and mediation services
H	Environmental-friendly services	3	0	
K	Other, which	3	2	1. stress management / oncology guidelines 2. voluntary services, smoking cessation services

**Q 127: On the level of individual health outcomes: Did the network produce – by evaluation or other means – any serious indications, proof, confirmation or evidence for improvements in one or more of the following areas? (several answers possible)**

	Organizational outcome (N=4)	YES	Proof / evidence available	Proof / evidence (from open answers):
A	Patients	4	3	1. clinical improvements and better quality of life due to empowerment activities in surgical patients (project report in German) 2. Monitoring through some HPH oriented clinical indicators 3. Patient education, needs assessment, patient satisfaction etc.
B	Staff	4	3	1. Health in hospitals; identification of health risks ; staff health, wellbeing and satisfaction 2. Healthy eating behaviour (but no proof!) 3. Measures in place to verify staff health status
C	Community	3	2	1. Increased knowledge in healthy lifestyle and disease prevention 2. Monitoring population needs, health status and impact of health promotion initiatives
D	Other, which	0	0	

**Q 128: Summing up: What do you consider to be the main strengths and weaknesses of your network?**

	Items	Perceived strength (1=highest strength; 6=no strength at all)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
A	Continuity in coordination and key network functions (N=24)	8	7	4	2	2	1	2	2,4	1,2	1,4
P	Trustful and respectful climate (N=26)	10	4	5	5	2	0	2	2,4	1,2	1,4

	Items	Perceived strength (1=highest strength; 6=no strength at all)						Median	Mean	Mean dev.	Std. Dev.
		1	2	3	4	5	6				
K	Maintenance of members – hardly any exits (N=25)	8	4	7	1	5	0	3	2,6	1,3	1,5
F	Clear and shared understanding of health promotion in the network (N=25)	3	5	11	4	2	0	3	2,9	0,8	1,1
G	Well-developed network communication structures and processes (N=25)	1	11	4	8	1	0	3	2,9	0,9	1,0
B	Well-established network management structures (N=25)	4	7	3	5	5	1	3	3,1	1,3	1,5
N	Well-functioning recruitment of new members (N=23)	1	3	9	6	4	0	3	3,4	0,9	1,1
M	High degree of active participation from network members (N=26)	1	5	8	6	6	0	3	3,4	1,0	1,1
H	Availability of good-quality know-how and tools for implementation and evaluation of HPH (N=24)	1	5	8	6	2	2	3	3,4	1,0	1,3
D	Secured financial resources (N=25)	1	6	6	3	5	4	3	3,7	1,3	1,5
E	Professional, well-staffed and well equipped coordinating center (N=24)	4	6	2	5	3	4	3,5	3,4	1,5	1,7
L	High interest of hospitals / health services in health promotion (N=26)	2	2	7	13	2	0	4	3,4	0,8	1,0
O	Well-established partnerships with relevant external actors (N=25)	0	3	6	11	5	0	4	3,7	0,8	0,9
J	Nationally / regionally, HPH is perceived as highly connected to other issues of healthcare reform (e.g. quality, EBM, DRGs) (N=25)	1	2	8	9	3	2	4	3,7	0,9	1,2
C	Good support from major external stakeholders (N=25)	0	4	6	9	4	2	4	3,8	0,9	1,1
I	Supportive legal and financial frameworks for health promotion in healthcare (N=26)	0	2	6	8	6	4	4	4,2	1,0	1,2
Q	Other, which (N=26)	0	0	0	0	0	0	0	0	0	0

\*of valid

**Q 129: From your experiences, can you recommend strategies to improve network strengths and to reduce weaknesses?**

**Q 130: According to your opinion: What are the three most important features a national / regional HPH network needs to be successful?**

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
<b>Specific network activities and offers (50 quotes)</b>	<b>Communication and exchange</b>	1. Communication 2. Communication tools: Website, Newsletter, meetings	1. Better communication intra and extra network 2. Focusing on relation-	<b>20</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
		<ol style="list-style-type: none"> <li>3. Connection</li> <li>4. Culture of sharing information and cooperation</li> <li>5. Dialogue</li> <li>6. Ensuring values are shared and felt is the key to get people involved</li> <li>7. Establishing strong links among all members of the network</li> <li>8. Good collaboration</li> <li>9. Good networking structures i.e. regular e-mail contact, workshops and activities that promote learning and sharing across all healthcare sectors</li> <li>10. Involvement</li> <li>11. Networking activities to integrate all members (e.g. conferences, working groups).</li> <li>12. Organizing events so that people can socialise and build stronger relationships</li> <li>13. Strong communication and health promotion training policy to optimize relationships and outcome circulating</li> </ol>	<p>ships</p> <ol style="list-style-type: none"> <li>3. Creating occasion of gathering and commitment to promote communication among members</li> <li>4. Maximum openness and transparency</li> <li>5. Networking activities to integrate all members (e.g. conferences, working groups).</li> <li>6. Share interest, experience and dedicate time to HP initiatives</li> <li>7. We struggle sometimes to enable colleagues from rural and island boards to participate in meetings of network, but have improved links with videoconferencing and ensuring occasional site visits, depending on budget.</li> </ol>	
	<b>Training and tools</b>	<ol style="list-style-type: none"> <li>1. Development of practical tools, guides, workshops</li> <li>2. Give greater visibility to the best practices at European level to encourage the staff of the other networks</li> <li>3. Interest for organisational development</li> <li>4. Knowledge in health promotion of all healthcare workers</li> <li>5. Strong communication and health promotion training policy to optimize relationships and outcome circulating</li> <li>6. Training and information dissemination</li> </ol>	<ol style="list-style-type: none"> <li>1. Capacity building</li> <li>2. Develop practical tool – guides that support the implementation of standards</li> <li>3. Increase knowledge base and availability of practical implementation tools</li> <li>4. Spurring knowledge to health professionals and health management</li> </ol>	<b>12</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
		<ul style="list-style-type: none"> <li>on HPH f</li> <li>7. Training staff</li> <li>8. Adopting planning tools to share and focus objects so that it can be easy to monitor progress against them</li> </ul>		
	<b>Activities on specific themes</b>	<ul style="list-style-type: none"> <li>1. Follow the cultural, scientific and social innovation</li> <li>2. Specific topics for health promotion</li> <li>3. Supporting HP activities</li> </ul>	<ul style="list-style-type: none"> <li>1. Focusing on settings, processes</li> <li>2. Much more focus in HPH activities both on international, national / regional and organisational levels → in-depth work in specific areas in order to develop specific strengths, tools and evidence (this could be shared internationally: some countries work on one area, others on another)</li> <li>3. Specific topics for health promotion</li> <li>4. Better patients need assessment</li> <li>5. Educate patients and their family members to better cope with everyday life and illness</li> <li>6. Create healthy workplace for patients and staff</li> </ul>	<b>9</b>
	<b>Research, evaluation, reporting</b>	<ul style="list-style-type: none"> <li>1. Promoting scientific knowledge</li> </ul>	<ul style="list-style-type: none"> <li>1. Develop evaluation of results on patients, staff, community</li> <li>2. Evaluation activities</li> <li>3. Improve credibility of evidence-based health promotion activities</li> <li>4. Research on HPH, demonstrating outcomes, cost benefit</li> <li>5. Semestral reports for outcomes in different targets</li> </ul>	<b>6</b>
	<b>Marketing</b>	<ul style="list-style-type: none"> <li>1. Good marketing</li> <li>2. Visibility</li> </ul>	<ul style="list-style-type: none"> <li>1. Good marketing</li> </ul>	<b>3</b>
<b>Network management &amp; coordination</b>	<b>Network structures</b>	<ul style="list-style-type: none"> <li>1. Administrative support</li> <li>2. Clear organisation of roles and functions</li> </ul>	<ul style="list-style-type: none"> <li>1. Foundation of legal national network would be very support-</li> </ul>	<b>14</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
<b>(33 quotes)</b>		<ol style="list-style-type: none"> <li>3. Coordinating institution with resources and know-how in health promotion and development</li> <li>4. Critical mass of members</li> <li>5. Good consistent administrative support and coordination</li> <li>6. Professional coordination</li> <li>7. Professional coordination</li> <li>8. Strong / committed coordinator with a degree of autonomy that allows independent decision making</li> <li>9. Structure</li> <li>10. Well-organised coordinating institution</li> <li>11. Well-staffed and well equipped coordinating centre</li> </ol>	<ol style="list-style-type: none"> <li>1. Professional coordination</li> <li>2. Professional coordination</li> <li>3. To improve the necessary strong mandate for governance board members</li> </ol>	
	<b>Leadership &amp; vision</b>	<ol style="list-style-type: none"> <li>1. A vision</li> <li>2. Competence</li> <li>3. Credibility</li> <li>4. Determination</li> <li>5. Innovativeness</li> <li>6. Joint national agenda to work towards</li> <li>7. Leadership</li> <li>8. Leadership</li> <li>9. Vision</li> </ol>	<ol style="list-style-type: none"> <li>1. A well founded vision, purpose etc. and consensus for action built on regional / national targets and strategies. Everyone with a common goal.</li> <li>2. Defining strange attractors in order to manage the network complexly</li> </ol>	<b>11</b>
	<b>Resources and funds</b>	<ol style="list-style-type: none"> <li>1. Basic funding</li> <li>2. Continuing financing for national HPH network</li> <li>3. Financial resources</li> <li>4. Funds</li> <li>5. Resources</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional funding</li> <li>2. Budget for HPH</li> <li>3. Have a stable budget</li> </ol>	<b>8</b>
<b>Strengthen member commitment (22 quotes)</b>	<b>Commitment</b>	<ol style="list-style-type: none"> <li>1. Commitment</li> <li>2. Communicating HPH strategies and benefits of an HPH approach</li> <li>3. Enthusiastic members</li> <li>4. Having magnetic forces for the management, the staff and the community.</li> <li>5. Motivated members</li> </ol>	<ol style="list-style-type: none"> <li>1. It is always necessary to work on two levels: the level of personnel (who are the ones working everyday on HP) and the management level which gives the priorities to the personnel.</li> <li>2. Pledging to put people</li> </ol>	<b>13</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
		<ol style="list-style-type: none"> <li>6. Motivated willing people</li> <li>7. Focusing more on what people can do for HPH than on misinterpretations or mistakes in striving to implement an HPH strategy or action</li> <li>8. Motivated staff</li> <li>9. Promoting a bottom up approach in setting priorities for improvement and challenges for the network</li> <li>10. Regional / national commitment and commitment and passion of network members</li> </ol>	<p>working for HPH and their own experience and aspirations to promote health of patients at the centre of the system</p> <ol style="list-style-type: none"> <li>3. We do things getting people involved and showing the importance of valuing each individual contribution</li> </ol>	
	<b>Address hospital &amp; healthcare management</b>	<ol style="list-style-type: none"> <li>1. Support of management</li> <li>2. Trying to put health promotion among the top priorities of organizations delivering services to patients</li> </ol>	<ol style="list-style-type: none"> <li>1. Higher involvement of hospital management</li> <li>2. Increase understanding and responsibility in health promotion of hospital managers</li> <li>3. It is always necessary to work on two levels: the level of personnel (who are the ones working everyday on HP) and the management level which gives the priorities to the personnel.</li> <li>4. Leadership of the network working closely with leadership of hospitals</li> <li>5. To build in the vision of HPH in the central core of management issues and focus on health orientation to achieve a more effective health service.</li> </ol>	<b>7</b>
	<b>Incentives</b>	<ol style="list-style-type: none"> <li>1. Annual budget related with self-assessment standards</li> </ol>		<b>1</b>
	<b>Strengthen cooperation with different types of healthcare</b>		<ol style="list-style-type: none"> <li>1. From my experience one of its strengths has been to incorporate the health services in the interna-</li> </ol>	<b>1</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
	<b>organization</b>		tional network. This has helped to stimulate all memberships to produce integrated projects	
<b>External network environments (18 quotes)</b>	<b>National and international partnerships and alliances</b>	<ol style="list-style-type: none"> <li>1. Advocating HPH concept and philosophy in the broader community partnering with services and groups already on their way to accomplish similar goals</li> <li>2. Be open to the integration with other HPH networks.</li> <li>3. Continuing success from international HPH and ENSH networks' authorities</li> </ol>	<ol style="list-style-type: none"> <li>1. Associations involvement</li> <li>2. Find new partnerships and possibilities to move on</li> <li>3. Improve relationship with health insurance companies for payment to HP activities</li> <li>4. Integrating local health policies in the field of health promotion.</li> <li>5. Certification of recognition by WHO</li> </ol>	<b>8</b>
	<b>Link HPH to health policy and healthcare reform</b>	<ol style="list-style-type: none"> <li>1. Compliment HPH strategies and goals with other big change ideas to build an organization and its services centred on patients</li> <li>2. Ensuring whenever possible HPH activities funding is embedded within other broader programs aiming at an overall approach to quality management and deployment of quality in clinical and managerial processes, and developed in parallel with those performed to ensure well-being of staff</li> <li>3. HPH in the accreditation process</li> </ol>	<ol style="list-style-type: none"> <li>1. Leading through a strategy based on pointing at overlaps of HPH with other improvement practices</li> <li>2. HP self-assessment integrated in quality</li> </ol>	<b>5</b>
	<b>Supportive legal and financial frameworks</b>	<ol style="list-style-type: none"> <li>1. Champion / representation at a high level within the healthcare service</li> <li>2. Good health policy Supportive environments</li> <li>3. HPH awareness of politics are founding of over national network is independent on the</li> </ol>		<b>3</b>

Main dimensions	Sub-dimensions	Quotes (N=23) Q 130 – success factors	Quotes (N=19) Q 129 – recommendations	Total number of quotes
		political decision		
	<b>Supportive public opinion</b>	1. Acceptance from community 2. Population knowledge in health promotion		<b>2</b>

**Q 131: Does section 18 of the questionnaire contain questions non applicable to your network, and / or would you like to add any additional information on your network's outcomes?**

**Question 126-127 - evidence**

- The network did not produce evidence, but each health service did.
- There is not enough knowledge of the exact impact of HPH on health organisations or individuals that could be presented here. However, in most of the HPH member organisations there is a higher overall level of health promotion as measured in positive attitude of the staff or patient centered orientation or several HP projects carried out.

**Question 128 – main strengths and weaknesses**

- At this moment in time can not be answered from our new network

**General comments**

- Loss of autonomy has reversed and slowed down developments and early gains
- Some answers above are effects of a rapid growth of the national Network, and many new members having recently started.

**Q 132: Is there anything not covered in this questionnaire you would like to state?**

**Comment on the questionnaire:**

- this questionnaire is very large and comprehensive (and exhausting too 😊)

**Comments on HPH under conditions of change**

- It is not very easy to run HP activity under continuously changing healthcare system in reform.
- Moving into our new network we take learning from our old network in that the network must keep developing and must be in line with regional / national visions and policy and cannot just focus on WHO. What comes from coordinating centre must be mapped onto regional work to make it relevant.

**Comment on HPH network structures**

- Our network operates slightly differently from other countries, so the structure and role of the network is therefore different. Lines of governance for network members are through their own regional health boards, and not the network itself. As coordinator, I work for the national health authority, the national agency for health improvement and link closely with colleagues in the Government Chief Medical Office and directorate for health and wellbeing. The role of the health authority is to support local regional boards to implement policy, and in this case, the delivery against the Chief Executive Letter and support for the underpinning work for health improvement and health inequalities. The HPH standards are used by some members of the network, but there is not as yet a system for accreditation against these, and a separate body for Quality Improvement exists in the health authority. My role as coordinator is to work with this quality improvement body to influence how they include health improvement (HPHS) in their systems. At the moment, this is limited, but definitely an area for development.

**Comment on relations to the international HPH network**

- It is difficult sometimes to follow international research as it has been very medically focused and therefore it has been difficult to participate as our information on patients is collected differently and what our doctors are asked to do is also different along with our systems and we worry that opportunities to partake in international research may be limited.