



Newsletter

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Dear reader,

For all of you who have summer in their country, we do hope that you enjoy these warm and sunny days. For all others, we still do hope that you are doing well.

With this newsletter, we kindly like to invite you to save the date for the 25th International HPH Conference. Also, have a look at the neighboring column which gives more information about this important event. Furthermore, we are very happy to introduce you to a new HPH policy document which has been developed as part of this year's HPH conference in New Haven (CT). In addition, the newly elected HPH Governance Board will introduce itself to you.

In the partners section, you will find further information about the coming conference and exhibition of one of our valuable and long-standing conference co-organizers, Design & Health.

Finally, you will find an overview about many interesting events and publications by WHO/Euro and others that might be relevant for your HPH activities at the end of this newsletter.

Should you wish to contribute to the next newsletter issue, please contact us at vienna.who-cc@hphconferences.org. Further instructions can be found on page 7.

Sunny greetings from Vienna,

*Christina Wieczorek,
 Jürgen M. Pelikan*

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International HPH Network



To prepare the 25th anniversary of the International HPH Conferences, the Scientific Committee is currently developing the plenary program. The working title is "**Health Promoting Health Care in times of crises – lessons from the past, directions for the future**". The conference will be held in Vienna from **April 12-14, 2017** at the **University of Vienna**, one of the oldest universities in the world.

Accordingly, we would kindly like to invite you to start thinking about your contribution to this unique event. Similar to previous years, the Call for Papers will be open for papers on topics relevant to HPH, also going beyond the main conference topics. For your further information, have a look at the conference website: <http://www.hphconferences.org/vienna2017>

However, please be informed that due to the fact that this conference will take place earlier in the year, the **Call for Papers** will be **open from the end of September until November 2016**.



Schloss Schönbrunn

New HPH policy document

Release of the “New Haven Recommenda- tions on partnering with patients, fami- lies and citizens”

A short summary

We are very happy to finally share the “New Haven Recommendations on partnering with patient, families and citizens to enhance performance and quality in health promoting hospitals and health services” (short title: New Haven Recommendations) with you.

The idea to develop a new HPH policy paper already arose last year during the preparations for the 24th International HPH Conference. The aim was to use the first international conference in the United States of America hosted by Planetree, the global leader in advancing patientcentered care, to stand up for a clearer position on the essential role of patients, families and citizens within health promoting healthcare.

By means of an extended participatory process that took place over a period of four months prior to the conference in New Haven (CT), these recommendations were developed. In particular, a representative of this year’s local host (Planetree), the members of the HPH Governance Board as well as members from other national and regional HPH Networks, chairs of the HPH Task Forces, several renowned patient advocates from the USA and Canada, a representative from the Austrian Ministry of Health and Women’s Affairs, and, last but not least, representatives from the WHO-CC for Health Promotion in Hospitals and Health Care as well as of the HPH Secretariat jointly developed this document. Furthermore, representatives from WHO/Euro also contributed to this document during the development process, which was approved by the General Assembly of HPH in New Haven (CT) and further edited after the conference.

In particular, the New Haven Recommendations note that partnering with patients, families and citizens can take many forms: ranging from *individual* patient and family involvement to the *collective* involvement of patients, families and citizens. Accordingly, three main priorities are set within the document:

- (a) enable patient and family involvement within direct service provision (micro-level);
- (b) enable patient, family and citizen involvement among hospitals and health services (meso-level);
- (c) enable patient, family and citizen involvement in planning healthcare delivery systems and policy (macro-level).

Accordingly, for each of these priorities, the document specifies a number of actions that are considered crucial for realization in practice. In addition to

this, the appendix of the New Haven Recommendations – without asserting completeness – provides further information and selected examples on good practices for implementing each priority. However, it also needs to be kept in mind that the actions suggested will not be similarly applicable in all countries and among all national and regional HPH Networks and HPH members. Further adaptations may be required to implement them across the healthcare systems in different cultures and societies as well as for different target groups around the globe. For this reason, hospitals and health services are invited to adapt them to best fit their specific capabilities, needs and contexts.

We hope that this document encourages you and your network to more thoroughly consider patients’, families’ and citizens’ specific needs and competences on all levels of healthcare. Of course, in doing so, new skills in listening, learning and partnering among patients, families, citizens and staff are required. However, there are several international (patient) organizations and professional networks that develop and train these new skills. We think that it can help to ultimately make the “active and participatory role for patients [families, and citizens]” – as already emphasized in the Budapest Declaration on Health Promoting Hospitals – become a reality.

If this has attracted your attention, have a look at:

<http://www.hphconferences.org/> or

<http://www.hph-hc.cc>.

Furthermore, **please also feel free to share this document within your network!** The more people notice this document, the more likely it will be to make patient-, family- and citizen-centered healthcare a reality. For supporting this, translations of the document into your language would be very much appreciated. If you see a possibility for this, please contact us at:

vienna.who-cc@hphconferences.org.

New HPH Governan ce Board

HPH Governance Board elected in New Haven (CT)

*The members introduce
themselves*

Bożena WALEWSKA-ZIELECKA (Chair)

I am Bożena Walewska-Zielecka. Since 2011, I am the National Coordinator of the Polish HPH Network. Moreover, I have been a member of the HPH Governance Board (HPH GB) for the last two years. Looking at the history of HPH in Poland, it can be stated that Poland was one of the first countries joining the first WHO-model project in the late 1980s. Since then, we supported and promoted the great idea of health promotion and patient centered care in the hospital setting. While our network was inactive for some time, I managed to reactivate it in 2010 and I am proud of it.

Considering my responsibilities in the HPH GB, I was honored to become the chair of the HPH GB during the General Assembly meeting in New Haven this year. I am convinced that the HPH idea brings best health outcomes for our patients. However, that means engagement of all relevant parties involved. I truly believe that the New Haven Recommendations decided upon during the 24th International HPH Conference this year will be an important guideline for our future activities.

In addition, it is my vision for the international network to develop, improve and implement structured ways of providing support to patients, staff and community. Accordingly, my role as chair is to support the implementation of the HPH standards as well as the proposed actions of the New Haven Recommendations together with the HPH Task Forces. I believe that in doing so, we will be able to put our mission into practice, i.e. incorporating the concepts, values, strategies and standards or indicators of health promotion into the organizational structure and culture of the hospital/health service and thereby to contribute to health gain by improving the quality of health care, the relationship between hospitals/health services, the community and the environment, and the conditions for and satisfaction of patients, relatives and staff.

Susan B. FRAMPTON (Vice Chair)

I have valued my association with HPH, and the establishment of the Connecticut HPH Network in 2008, and more recently my role as a member of the HPH GB this past year. This has been a wonderful opportunity to serve with professionals from around the world who are committed to the value of health promotion. I look forward to now serving as Vice-Chair of the GB, and to supporting our chairperson, Bozena, as she leads our efforts.

I hope to use my experience this past year as local host to the annual conference, to support planning efforts for the 2017 event in Vienna, and to expand on our commitment to involve more patients and patient advocates in HPH initiatives. This focus on more meaningful involvement of patients and families in our work in health promotion is a large part of my vision for the future of HPH, and reflects the work I continue to do in my own country and across the Planetree patient-centered care community internationally. I believe that in order to bring about sustainable improvements in health and well-being, health professionals – including those involved in research and evaluation – must include citizens and patients in new and more active ways. For example, we are currently involved in a study investigating how patient advisors use research findings – including health promotion research – to advise the hospitals they work with. In addition to interviewing hundreds of patient advisors about their experiences, we also involved our Patient Partners Council – an international group of patient advocates – to help design the study, and periodically review progress of the 2-year

project. The worlds of patient-centered care, quality improvement, and health promotion science continue to move in similar directions with more overlap occurring. This is a positive direction but also challenging for HPH, requiring us as an organization to redefine our unique mission in the world. We are at a critical time, and will need the active involvement of our membership and leadership in shaping the future scope of the HPH Network. I look forward to working together on this important challenge.

Myoung-Ock AHN

Warm greetings from Korea! I am very much honored to be a HPH GB member. As a GB member, I will closely collaborate with the HPH Task Force on “Health Promotion for Children and Adolescents in & by Hospitals” since my kin interest area is health promotion of children and women. In addition, I will be part of the scientific committee of the yearly international HPH conferences.

Currently, I am the president of the Korean HPH Network. The Korean HPH Network slightly differs from other networks in its structure. We have annual general meetings for the CEOs of each HPH member hospital to make a final decision in addition to coordinators’ meetings. The purpose of these meetings is to make coordinators’ activities more effective. As the President of the Korean HPH CEO committee, I am responsible for making communication amongst member hospitals more efficient and systematic. In addition, it is my duty to establish the HPH standards and strategies appropriate to the Korean healthcare system.

I joined the Korean HPH Network last year after I became the president of the National Medical Center (NMC). I was elected as the President of the Korean HPH Network in April, 2015. I have been attracted by the concept of health promotion throughout my professional life. Moreover, in 1995 when the Korean National Health Promotion Act was legislated, I got deeply involved. NMC is the headquarters of all 212 public hospitals and of 545 all emergency hospitals in Korea (emergency medical system). Currently, NMC have activated various educational programs of health promotion as well as certification assessment processes.

Regarding my professional background, I am a specialist in obstetrics & gynecology (maternal fetal medicine subspecialty) and preventive medicine with public health (MPH & DrPH, PhD) holding a professorship of the School of Health & Welfare, CHA University. Furthermore, I was the Chairwoman of the Advisory Committee to Speaker of Korean National Assembly, Future Vision Committee for the Women and Children, Chairwoman of boards of directors, Women’s Human Rights Commission of Korea and Parliamentarian.

With my all experience, I will do my best to improve the quality of life of the people through health promotion and expand the Korean HPH network.

Shu-Ti CHIOU

I am Dr. Shu-Ti Chiou, member of the HPH GB. I am the founder of Taiwan's Network of Health Promoting Hospitals & Services, and the first President of Taiwan Society of Health Promoting Hospitals. Taiwan is the first HPH Network member in Asia.

My first attendance to the General Assembly was in 2007. I was invited to be the observer of the GB in 2008, elected as the Vice-Chair in 2010, and the Chair of the HPH GB in 2012.

With clearly articulated value and methodology of HPH initiative and strong policy support, the HPH Network Taiwan has grown rapidly to become the largest one. We run two HPH Task Forces: the TF on "HPH & Environment" and the TF on "Age-friendly Health Care".

I would like to work closely with members and the two WHO Collaborating Centres situated in Vienna and Copenhagen on the generation of evidences and expansion of collaboration.

Sally FAWKES

Since June 2016, I am an elected HPH GB member, and have portfolio responsibility for the Migrant Friendly and Culturally Competent Healthcare Taskforce. It is a vital area for continuing work, given the changing dynamics of populations right now.

Currently, I work as a senior academic at La Trobe University, Australia. I helped set up the Victorian HPH Network at a meeting at The Royal Women's Hospital in 2004. This is now transitioning to the Australian HPH Network, as health services in other parts of Australia have expressed interest in joining the International Network. On a day to day basis, I provide support to senior colleagues including policy makers as we try to expand HPH research and action.

Considering my activities within the international network, I was fortunate to be one of the first directors of a health promotion unit in a tertiary hospital setting in Australia, and then set up health promotion centers/departments in two other major teaching hospitals in the early 1990s. No real precedents existed then, the evidence base for health promotion policy and practice was weak, prevention was framed primarily in clinical/individual and lifestyle/behavioral terms, and the contribution of health services to equity was rarely discussed. In 1991, I met Jürgen Pelikan in Vienna when seeking out information about the WHO-Model Project "Health and Hospital". He inspired me to present our groundbreaking work at Alfred Hospital on tobacco control at the 1st HPH Conference, Warsaw, in 1993. My work with HPH Networks have continued since then.

For the future of HPH, the visions of those who need to use our healthcare services are the most important! But if I have one thought to contribute it would be this: if universal health coverage, urban health, equity, social connectedness, climate change and NCDs are key issues of our time globally, then I

would like to see us demand HPH quality standards that stimulate us to closely connect these issues with the day-to-day work of healthcare organizations. At the same time, we need to be delivering, of course, the highest quality clinical care possible in facilities that have designed-in health promoting features for community members and staff.

Margareta KRISTENSON

I am a MD, PhD, Specialist in Family Medicine and in Social and Preventive Medicine as well as Professor/Chief Physician in Social and Preventive Medicine at Linköping University /The Region of Östergötland, Sweden.

Since June 2016, I am one of the newly elected HPH GB members. However, this is already my second turn. I was a GB member earlier between 2006 and 2010. For the period to come, I shall act as GB contact person for the new HPH Task Force on Mental Health, the coordinator of which is also from Sweden. With regard to HPH in my country, I am the national coordinator for the Swedish HPH Network since 1997. Since then, the network has grown continuously and today covers the whole country, i.e. all county councils/ regions, and thus all hospitals and primary care are members. Our ambition is to integrate the comprehensive HPH concept into ordinary management of health services. Therefore, in addition to implementing evidence based methods for disease prevention and health promotion into routine health services, main issues are today on the formulations of assignments and agreements for hospitals and primary care and on linking indicators for HPH into ordinary management systems.

For the international network, I have been active since its very beginnings. I was the project leader for Linköping University Hospital being the only Pilot Hospital from the Nordic countries in the European Pilot Hospital Project 1993-1997. Thereafter, I was active in launching the Swedish HPH Network which started 1995 and as such, I have been working as a member of the scientific committee for the yearly international HPH conference.

For the future, my vision is the same as for the Swedish HPH, i.e. to help integrate the comprehensive HPH concept into ordinary management of health services and I hope to contribute to this.

Alan Yuk-Lun SIU

I am Alan Yuk-Lun Siu, R.D., MBA and I am the HPH coordinator of Hong Kong Adventist Hospital that became the first HPH in Hong Kong in 2012. My function in the HPH GB is to follow the guidelines and duties stipulated for HPH GB members. In particular, my role is to contribute to work in the area of HPH Development and Sustainability by recruiting members and helping them to grow and develop further in health works for disease prevention.

With regard to my country (Hong Kong SAR & China), my essential roles comprise: (a) to serve as a regional HPH Coordinator at Hong Kong Adventist Hos-

pital to essentially lead the team of Lifestyle Management Center and to develop and implement wellness programs aiming for “Healthy Patient”, “Healthy Staff” and “Healthy Community”; (b) while working in a regional HPH coordinating institute in Hong Kong, part of my job is to coordinate regional HPH meetings among the HPH members to share health work experience among each other, to update HPH information, guidelines and agenda, to develop collaborating projects such as regional conference meetings, and to promote HPH function to organizations in Hong Kong which cover hospitals, corporations, schools, and community centers and churches to join the HPH Network; (c) as a Senior HPH Advisor in China, I am a key person to connect the Department of Health in China with the HPH Network while the Government in China is developing a healthy hospital concept and operation for existing China Hospitals. Because of the cultural and linguistic differences between China and European countries, I made some contributions to interpret the HPH standards in Chinese language, shared my health work experience with hospitals in China and advised them with consultation to set up a healthy hospital in individual provinces.

My contributions and visions for the future of the HPH Network are to guide and support China to develop a sustainable national network in a step-by-step process. In addition, I will assist the Department of Health in China to set up different training programs following HPH guidelines by hospital representatives or coordinators. I also aim to solve any technical issues or difficulties for hospitals willing to join the international network and ultimately, it is my goal that 650 to 2,000 hospitals in China become HPH members within the next 3 years.



From left to right: Shu-Ti CHIOU, Hanne TØNNESEN (HPH Secretariat), Bożena WALEWSKA-ZIELECKA, Myoung-Ock AHN, Sally FAWKES, Margareta KRISTENSON, Susan B. FRAMPTON, Jürgen M. PELIKAN (WHO-CC-HPH), Alan Yuk-Lun SIU

News from HPH Networks, Task Forces and Members

Design & Health

12th Design & Health World Conference & Exhibition

By Prof. Alan Dilani, Ph.D. and Prof. James Barlow

The International Academy for Design and Health (IADH) will be organizing the 12th Design & Health World Congress & Exhibition (WCDH) in partnership with the Austrian government, and with the collaboration of world-renowned academic institutions and healthcare industries. Under the title “**European Healthcare Design – Revitalizing Health Using the Salutogenic approach**”, this event will take place from **July 12-16, 2017** in the historic city of **Vienna, Hofburg**.

After our first congress in 1997 in Trondheim, Norway, we have developed the concept of a healthy society using principles of salutogenic design. Trondheim Hospital has been demonstrated to be one of the leading health facilities and received seven International Academy Awards, including being named the best salutogenic hospital in the world at the 10th Design & Health World Congress in Toronto. Since 1997, many projects have been presented at our congresses, researchers and policy makers from across the world have investigated and developed scientific evidence of salutogenic design.

Collectively, this effort represents a powerful scientific platform for researchers, policy makers and practitioners to implement salutogenic design worldwide. During the last two decades, IADH network members have been inspired by what they have seen and what they have learned, and have incorporated a salutogenic approach in their work and their lives. Our congress is unique in that we celebrate these achievements and critically review the role of salutogenic design in global healthcare design. Embracing the salutogenic perspective as a means of shaping our built environment to support healthy lifestyles is at the core of a preventative health strategy. Refocusing attention away from risk factors and the treatment of disease towards a more holistic understanding of the wellness factors that contribute to health lies at the heart of salutogenic design. By employing an interdisciplinary approach, architects, designers, landscape architects, engineers, public health scientists, psychologists and economists can help achieve this. We invite you to **submit scientific abstracts and case studies by 30 October 2016** for the **WCDH 2017**.

Call for papers

We are delighted to invite you to be part of this mission and vision by submitting abstracts with a focus on the following themes:

- European healthcare design - critical review;

- The salutogenic hospital: The role of hospitals in prevention and promotion;
- Innovation in health infrastructure to revitalize health to tackle 21st century challenges;
- Case studies of successful healthcare design from Europe and worldwide;
- Built environments to enhance culture and health;
- Salutogenic design for healthy communities and urban planning;
- Developing international benchmarks in design and health;
- Innovation in healthy workplaces in all sectors; and
- Promoting healthy lifestyles and active ageing through better environments

Authors are invited to submit abstracts of 400 words in English. Please include a title, author(s), organizational affiliation, and include 3-4 keywords. The abstract should clearly state the objectives, methods used, results and conclusions. Papers chosen for presentation will be published in the book of abstracts or Journal World Health Design. The author(s) or co-author(s) should register and pay the registration fee in order to present the paper at the conference. All abstracts will be reviewed by the Scientific Committee. A limited number will be selected for oral presentation as full papers; others will be presented as posters. All papers will be subjected to a blind peer reviewed process. **Please submit your abstract via e-mail to:**

info@designandhealth.com

We look forward to your involvement and active participation.

Events, publications, links



HPH events

25th International Conference on Health Promoting Hospitals and Health Services (HPH)
Health Promoting Health Care in times of crises – lessons from the past, directions for the future
April 12-14, 2017, Vienna, Austria
www.hphconferences.org/vienna2017

Save the date!!!

Events of HPH partners and other organizations

19th European Health Forum Gastein
Demographics and Diversity in Europe – New Solutions for Health
September 28-30, 2016, Gastein, Austria
<http://www.ehfg.org/de/home.html>

CleanMed Europe 2016

Creating Healing Environments

October 19-21, 2016, Copenhagen, Denmark
<http://www.cleanmedeurope.org/attend.html>

40th World Hospital Congress

Addressing the Challenge of Patient-centered Care and Safety

October 30-November 3, 2016, Durban, South Africa
<https://www.ihf-fih.org/ihf-events>

9th European Public Health Conference

All for health – health for all

November 9-12, 2016, Vienna, Austria
<http://www.ephconference.org/future-conferences-128>

9th Global Conference on Health Promotion

Health Promotion in the Sustainable Development Goals (participation only by invitation!)

November 21-24, Shanghai, China
<http://www.who.int/healthpromotion/conferences/9qchp/en/>

12th Design & Health World Congress & Exhibition

European Healthcare Design – Revitalizing Health

July 12-16, 2017, Vienna, Austria
<http://www.designandhealth.com/nyheter/recent-news/world-congress-in-vienna-2017>



Books, articles & reports

HPH and HPH partners

Following up on the focus of partnering with patients, we would like to present you two articles which have been recently published:

Mailfait S, Eeckloo K, Van Daele J, Van Hecke (2016). **The Patient Participation Culture Tool for healthcare workers (PaCT-HCW) on general hospital wards: A development and psychometric validation study.** International Journal of Nursing Studies, DOI: <http://dx.doi.org/10.1016/j.ijnurstu.2016.05.015>

Vennik FD, van de Bovenkamp HM, Putters K, Grit KJ (2016). **Co-production in healthcare: rhetoric and practice.** International Review of Administrative Sciences, DOI: 10.1177/0020852315570553.

In addition to this, the Regional Office for Europe of the World Health Organization has recently published two interesting documents which refer to the involvement of patients, families, and citizens:

World Health Organization (2015). **People-centred health systems in the WHO European Region: voices of patients and carers**. Copenhagen: WHO/Euro

World Health Organization (2015): **Taking a participatory approach to development and better health: Examples from the Regions for Health Network**. Copenhagen: WHO/Euro



Links & Web-tools

International HPH Secretariat

at WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals

Director: Hanne TØNNESEN (DNK)

<http://www.hphnet.org>

HPH Conference Secretariat

at WHO Collaborating Centre for Health Promotion in Hospitals and Health Care

Director: Jürgen M. PELIKAN (AUT)

<http://www.hphconferences.org> and

<http://www.hph-hc.cc>

Task Force “Health Promotion for Children and Adolescents in & by Hospitals”

Chair: Ilaria SIMONELLI (ITA)

children@hphnet.org

http://www.hphnet.org/index.php?option=com_content&view=article&id=294%3Ahp-for-children-a-adolescents-in-a-by-hospitals-&catid=20&Itemid=95

Task Force “Migrant-friendly and Culturally Competent Hospitals and Health Services”

Chair: Antonio CHIARENZA (ITA)

http://www.ausl.re.it/HPH/FrontEnd/Home/Default.aspx?channel_id=38

Task Force “HPH & Environment”

Chair: Chin-Lon LIN (TWN)

http://www.hphnet.org/index.php?option=com_content&view=article&id=143%3AAtf-on-hph-a-environment&catid=20&Itemid=95

Task Force “Health Enhancing Physical Activity”

Chair: Mats BÖRJESSON (SWE)

mats.brjesson@telia.com

Task Force “Age-friendly Health Care”

Chair: Shu-Ti CHIOU (TWN)

stchiou@ym.edu.tw

Task Force “Recovery based mental health and freedom from addiction”

Chair: Lise-Lotte RISÖ BERGERLIND (SWE)

lise-lotte.risobergerlind@vregion.se

Task Force “Updated WHO-HPH Standards”

Chair: Manel SANTIÑÀ (ESP)

MSANTINA@clinic.cat

List of national / regional HPH networks

http://www.hphnet.org/index.php?option=com_flexicontent&view=flexicontent&Itemid=18

Call for papers for #82

We heartily welcome your news about HPH projects, past or upcoming events & conferences, publications, health promotion strategies or health promotion research from regional HPH networks, HPH task forces, single health promoting health care organizations, or HPH partner organizations (WHO, etc.), for publication in the international HPH Newsletter!

Instructions for authors

Please send contributions of **max. 200 words**, outlining your message, and, if possible, a web link to extended information, to Ms. Astrid Loidolt, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, Austria, preferably as an e-mail attachment to vienna.who-cc@hphconferences.org.

Deadline for contributions to #82 will be **October 16, 2016**.

Editors

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Jürgen M. PELIKAN (Director, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care)

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