



Newsletter

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Editorial

Dear reader,

This Newsletter edition has its main focus on the 19th HPH conference that was successfully held from June 1-3, 2011, in Turku, Finland. Please find a conference report and links to further information, as well as conference impressions from a participant from Taiwan. Apropos Taiwan: Please reserve the date for next year's HPH conference in Taipei, Taiwan, which will take place from April 11-13, 2012 (see first announcement in this Newsletter)!

The 2011 HPH conference also set the frame for the presentation of the very first issue of the newly founded official journal of the HPH network, "Clinical Health Promotion". Please find an introduction to the journal in this Newsletter edition. We hope the journal will encourage the research agenda in HPH!

Your feedback to the Newsletter and contributions to the next issue – articles, but also announcements of your own events and publications – are very welcome (deadline: August 15, 2011)!

With best wishes for a health promoting summer,

*Jürgen M. Pelikan,
 Christina Dietscher, Vienna*

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International HPH Network



The 19th International Conference on HPH, "**Improving health gain orientation in all services: Better cooperation for continuity in care**" was successfully held from June 1-3, 2011, in Turku, Finland. Around 530 visitors from 38 countries attended the event. Both with regard to the scientific content and to the social program and organization, it was an excellent conference.

Plenary sessions

The **conference opening** featured high-ranking presentations from **Zsuzanna Jakab** (Regional Director WHO-Euro) and **Michael Hübel** (European Commission). Both spoke about public health challenges and priorities for Europe, highlighting especially the relevance of the social determinants of health, the increase in non-communicable diseases, and the ageing of populations. Ms. Jakab ended her presentation by pointing out HPH as a main partner of WHO in public health, especially for scaling up prevention and health promotion in health care. The opening plenary concluded with an introduction into salutogenesis as one important paradigm in strengthening health gain. **Bengt Lindström** (Folkhälsan Research Centre) presented a theoretical introduction, and **Lena Maria Klingsvall**, a physically handicapped singer from Sweden, demonstrated to the audience with a heart-touching performance what salutogenesis can mean even under challenging conditions.

Plenary 2 addressed the specific contributions of health services to strengthening health gain. **Fran Baum** (Flinders University, Australia) started by pointing out key differences in clinical and population health perspectives. She called for an organiza-

tional re-design of health services as a precondition for them to be able to not only provide high-quality clinical care, but to also promote equitable population health gain through stewardship and alliances with other sectors. Such re-design would have to be based on medical and health professional education reforms (including training on the social determinants of health), a clear research focus on population health and the application of innovative tools such as health equity impact assessment (HEIA).

In contrast, **Göran Modin** (Uppsala University Hospital) focused on the other side of the coin. He presented smoke-free operations as a specific type of individual-based clinical intervention. Based on the evidence for smoking-related post-surgical complications, the Swedish Orthopedic Society launched a recommendation not to perform elective surgery on smoking patients.

The two rather controversial presentations were subject to a lively panel and floor discussion. The keynote speakers were joined by **Aki Linden** (Hospital District of Helsinki and Uusimaa) who, from the perspective of hospital managers, welcomed the Swedish initiative, by **Susanna Palkonen** (European Patients' Forum) who highlighted the need for adequate patient support, and by **James Robinson** (NHS Lothian Royal Hospital for Sick Children) who, from the nursing perspective, also supported the Swedish concept in principle but also emphasized the need for patient empowerment.



Plenary 3 had its focus on the cooperation between different levels of healthcare providers. **Helmut Hildebrandt** (Optimedis, Germany) presented the model project "Healthy Kinzigal" from Germany, a regional system that is partly owned by a physician network and a health management company, based on a shared savings contract. By

re-engineering the fragmented regional healthcare system and putting special emphasis on health promotion, the model obtained quite impressive results. While the quality of care could be maintained or even increased, the savings were around 6%.

The second presentation from **Heather Toporowsky** (Alberta Health Services) focused on the restructuring of health services in Alberta, Canada, where 17 health regions were integrated into one provincial health board in a 14-year-period. This process was accompanied by the installation of primary care networks which led to an increased access of Alberta citizens to health services. **Sverre Nesvag** (Stavanger University Hospital) was the third presenter in the session, focusing on specific collaboration between different levels of healthcare providers for the purpose of alcohol prevention. He pointed out that significant effects are documented for alcohol interventions in primary care settings but less for hospitals, although "teachable moments", which refer to a recent subjectively significant experience, are more often utilized in hospitals than in primary care settings and are said to have direct relevance for affected individuals. Nesvag therefore concluded that it is necessary to define which intervention and by whom is most effective in which setting. He identified communities of practice and locally defined care pathways as possible solutions.

Plenary 4 continued to explore health promotion outside hospital boundaries. **Yannis Tountas** (University of Athens) spoke about specific contributions of primary care settings (PCS) to health promotion. In fact, PCS were the very first healthcare setting called responsible for health promotion by WHO way back in the Alma Ata Declaration from 1978, and a lot of evidence for effective health promotion in and by PCS is available. Still, and despite the enlargement of HPH to non-hospitals in 2007, there are as yet no clear aims, goals and initiatives for collaboration between the settings. Tountas pointed out possible next steps such as the formation of mixed multidisciplinary teams to overcome this gap.

Matt Masiello (Windber Research Institute, Pennsylvania) further expanded the scope by presenting collaboration between healthcare and schools as one example of non-healthcare settings in the framework of health promotion. He explained that health services can support health promotion in schools especially by providing specific knowledge and methodological know-how, and by that,

strengthening the effectiveness of program implementation.

The last presentation in the session was by **Anja Leetz** (Healthcare without Harm), expanding the scope even further to the contribution of healthcare to ecological sustainability. Ms. Leetz spoke about the impact of healthcare on the environment and on the impact of environmental change on human health, such as an increase of need for emergency care or of infectious diseases, which sum up to one quarter of the global disease burden. She concluded by demonstrating that, by reducing environmental health hazards, health services will not only contribute to better human health but can also reduce some of their costs.

Conclusions from the conference were finally presented by representatives of HPH networks in 3 different countries. **Zora Bruchacova** (Slovakia) saw further need on defining indicators to measure health gain as one of HPH's main goals. **Helena Leino-Kilpi** (Finland) spoke about the necessary transfer of theoretical models such as salutogenesis into daily health promotion practice and to further expand health promotion to settings where they are not yet sufficiently represented, including elderly care. **Sally Fawkes** (Victoria, Australia) focused a.o. on the need to increase documentation and dissemination of knowledge and experiences and to strengthen the HPH research agenda. All wrap-up speakers thanked the contributors to the conference and the local hosts for a very comprehensive and successful conference.

Parallel and poster sessions

For the parallel paper and poster sessions, almost 500 abstracts were received, and about 430 of these were accepted for presentation in oral paper, oral mini and poster sessions. In addition, a variety of workshops and symposia organized by the international HPH secretariat and the international HPH task forces on topics such as alcohol prevention, cultural competence, health promotion in psychiatric healthcare, health promotion and environment, health promotion for children & adolescents in healthcare, pain-free hospitals, smoking cessation, and workplace health promotion for staff, as satellite events were organized to provide learning opportunities for practical health promotion in healthcare.



Social program

Not only the scientific content, but also the warm hospitality of the Finnish local hosts and the social program made the conference an unforgettable event for the visitors. The conference evening took the visitors time-traveling to Turku Castle, where the guests experienced a medieval evening, welcomed by the duke and the duchess of Turku.

Further information

The conference proceedings are available for download at

<http://www.hphconferences.org/turku2011/proceedings.html>



Clinical Health Promotion:

Official HPH Journal launched

"Clinical Health Promotion – Research and best practice for patients, staff and community" is the official Journal for the International Network of Health Promoting Hospitals and Health Services. The very first issue of the journal was launched at the 19th International HPH Conference in Turku, Finland, in June this year.

Aim

The overall aim of the journal is to feature the newest research and best practice within the field of clinical health promotion so as to support the work towards better health gain by integrating health promotion into the organisational structure and culture of hospitals and health services. This is done by significant improvement of a worldwide publication of clinical health promotion based on best evidence-

based practice, including staff competences and patient preferences.

An international platform

In addition, "Clinical Health Promotion" will feature hot topics such as the future of new interventions or "forgotten" disorders. And it also intends to provide a platform for a lively interaction between specialist and experts in the field.

Clinical Health Promotion is online at <http://www.clinhp.org/>

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Next year's HPH conference will be a special one – not only because it will celebrate the 20th anniversary of HPH conferences, but also because it will be the first HPH conference to take place outside Europe. This is definitely a sign of the increasing globalization of the HPH movement and will increase chances for the new and strong Asian HPH networks to attend the conference with large delegations.

The conference is scheduled to take place in **Taipei, Taiwan**, from **April 11-13, 2012**. Please reserve the date for this historic HPH conference!

Program information and the online abstract submission will soon be available at www.hphconferences.org/taipei2012

News from HPH Networks, Task Forces and members



Impressions from Taiwan: *The 19th International HPH Conference*

The terrible flood on August 8 2009 greatly damaged Taimali Township, Taitung. St. Mary Hospital went to their timely rescue and settled the victims in the disastrous areas. Three years have passed. The members of the rescue team are still there, taking care of the poor and creating working chances for the people there. Six months after the disaster, St. Mary Hospital established "Health and Vigor Station at Chialan Village." We offered a three-day service to the people in the disaster areas. In addition, we rented the farming land from Veterans Affairs Commissions and established the "St. Mary Health Farm". We employ the aboriginals and the victims to grow organic crops. We do not only create forty jobs but also help them gradually understand the importance of health promotion.

One day, Ah Du, one of the employees, wore a mask to work. We asked him whether he was sick. He had chewed betel nut for a long time. His teeth looked bad. He wore the mask because he felt embarrassed to have his teeth shown. The aboriginals often gave us presents such as vine weave goods, wood carvings, pottery beads and pottery urns to express their thanks. The vice president understood their hearts and their gratitude. But she did not want them to spend money. So she often told them: "Thank you so much! But please do not give us such precious gifts any longer. They cost money and time. To me, your health is the best gift. I am happy if you smoke fewer cigarettes and drink less wine." Several days later, the members of the agricultural group came to tell us that they had had a meeting and had decided to stop chewing betel nut. Soon after, the members of the flower groups were not to be outdone and said they decided to give up smoking and drinking. It was their own "wish" to live healthful lives.

Our report in the 19th (HPH)International Symposium sponsored by WHO in Turku, Finland focused on "the rescue of 88 flood victims, reconstruction and

health promotion". I guess this is the first report from Taitung selected for an international HPH conference.

In fact, Finland is internationally hot. Finland is very famous for Jean Sibelius, Sauna, NOKIA, Ericsson and boutiques and fashion. Finland's educational policy is not to give up any individual student. Finland is much better than Taiwan in PISA, including science, reading, and mathematics. In particular in culture, in Helsinki (the capital of Finland), Finland conserves many elegant buildings of ROCOCO. The city is neat and clean, full of beautiful views. As for the meeting place Turku, it is a historical city which was chosen as the capital of culture of Europe this year, with many exhibitions and concerts taking place.

Because Taiwan was selected to host the 20th HPH International Conference, the delegation from Taiwan was large, including more than ten hospitals, and more than one hundred people in total. The papers and posters selected by the conference were quite a lot, showing our strong ambition. There were many surprises in the conference. Lena Maria Klingvall who once came to Taiwan and who was born without arms and the left leg and only with half of her right leg came to sing for us. She is the bravest witness of precious human life. Though she has no arms, she is independent and self-confident. She makes good use of her leg to accomplish what other people do with both their arms. She uses her leg to type, to handle chopsticks, to drive her car, to play the piano and so on. Lena Maria Klingvall was once chosen as a member of the national swimming team. She won many medals in butterfly stroke at the age of 18. Now she is famous as a singer. She has accomplished many things that seem impossible. Lena Maria Klingvall said: I never suffer from being disabled because there must be many compromises in life and because the focuses of life are us, people, things and materials around us, love and feeling. Happiness in life does not lie in whether we have hands but in whether we have love in our hearts." Lena Maria Klingvall often mentioned her impressions of Taiwan as if she was the international spokesman of Taiwan.

The agenda of the three-day conference was very compact and tight. There were 38 countries from all over the world, more than 500 healthcare repre-

sentatives, scholars and experts, many speeches, 70 symposia, and 270 posters in the exhibition. Many activities took place at the same time. We could only join in some of them, profiting from the learning chances. We found that we have some problems in common with other countries, including cross-border cooperation, environmental protection, and cooperation between health promoting hospitals and health promotion schools, specific support for the poor and the needy, smoking and drinking cessation, the improvement of living habits. In addition, we are supposed to make full use of modern techniques to achieve the best results in the most economic ways. Tzuchi Hospital makes ice at night when it is the off-peak period of electricity consumption. The hospital is able to lower the temperature during the peak period to cut down the production of carbon dioxide and to save electricity.

In many countries, health promotion is led by policy. In fact, the lack of governmental support is the biggest hindrance for hospital health promotion especially under pressing economic conditions. Luckily, St. Mary Hospital gets full support from the parish and the hospital – the hospital is not only the "place" to cure diseases but also to actively blend into society. Hospitals are not only to focus on "diseases" or to focus on "patients" but also to center on "mankind" and to treat human beings as complete humans. At the same time, we should play the part of the member of the earth well. We should humbly stand at the boundary of life and death and do our best in the face of the lives of solemn borders.

Sense Chen (CEO, Taitung St. Mary's Hospital, Taitung, Taiwan ROC)

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Events, publications, links



Conferences & Meetings: *HPH and HPH partners*

HPH events

20th International Conference on Health Promoting Hospitals and Health Services (HPH)

April 11-13, 2012, Taipei, Taiwan

www.hphconferences.org/taipei2012

Events of HPH partners and other organisations

Conference on the Rights and Needs of Older Patients

Organized by the European Patients' Forum in close collaboration with the Federation of the Polish Patients under the patronage of the Polish EU Presidency

July 12-13, 2011, Warsaw, Poland

Community care – a blessing or a curse

September 24-25, 2011, Basel, Switzerland

http://www.eufami.org/index.php?option=com_content&task=view&id=839&Itemid=223

WHO World Conference on Social Determinants of Health

19-21 October 2011, Rio de Janeiro, Brazil

http://www.who.int/social_determinants/events/world_conference_2011/en/index.html

Public health and welfare – welfare development and health

Copenhagen, Denmark

November 10-12, 2011

Deadline for abstract submission: May 1, 2011

www.eupha.org/site/upcoming_conference.php

The 13th Triennial World Congress on Public Health

Towards Global Health Equity: Opportunities and Threats

April 21-29, 2012, Addis Ababa, Ethiopia

Abstract Submission Deadline: October 21, 2011

Further information:

<http://wfpha.confex.com/wfpha/2012/cfp.cqj>



Books, articles & reports *HPH and HPH partners*

Articles

Carlford S., Kristenson M., Lindberg M. (2011): **Experiences of Working with the Tobacco Issue in the Context of Health Promoting Hospitals and Health Services: A Qualitative Study.** In: International Journal of Environment and Public Health 8, 498-513

Delobelle P., Onya H., Langa C., Mashamba J., Depoorter A.M. (2011): **Pilot Health Promoting Hospital in rural South Africa: evidence-based approach to systematic hospital transformation.** In: Global Health Promotion 18 (2), 47-50

Whitelaw S. Graham N., Black D., Coburn J., Renwick L. (2011): **Developing capacity and achieving sustainable implementation in healthy 'settings': insights from NHS Health Scotland's Health Promoting Health Service project.** In: Health Promotion International doi: 10.1093/heapro/dar038

Reports



Links & Web-tools

International HPH Secretariat

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

<http://www.who-cc.dk>, <http://www.who-cc.dk>

HPH Conference Secretariat

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

www.hphconferences.org

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

HPH Task Force on Health Promoting Psychiatric Health Services

<http://www.hpps.net/>

HPH Task Force on Health Promotion for Children and Adolescents in & by Hospitals

<http://who.collaboratingcentre.meyer.it>

HPH Task Force on Migrant-friendly and Culturally Competent Hospitals and Health Services

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

HPH Task Force "Tobacco-free United"

<http://www.ensh.eu/ensh/racine/default.asp?id=980>
<http://www.facebook.com/group.php?v=wall&gid=357231931900>

HPH task force on alcohol and alcohol interventions

TF coordinator Sverre Nesvåg,
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HPH task force on environment:

TF coordinator Shu-Ti Chiou,
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List of national / regional HPH networks

<http://www.who-cc.dk/networks>

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Call for papers for # 51

If you have 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 organisations, or HPH partner organisations (WHO, etc.), you are heartily invited to contribute to the HPH Newsletter!

Guidelines for submission

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

Deadline for contributions to # 50 will be **August 15, 2011**.