



Newsletter

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Editorial

Dear reader,

Good news for all those of you who contacted us with a request to prolong the abstract submission deadline for the 23rd International HPH Conference in Oslo – you can still submit your paper until January 16, 2015 which will hopefully make your end of the year a bit more peaceful.

In the Partners section of the Newsletter, we inform you about two new WHO studies, one on violence prevention and one on cancer prevention and on potential roles for health promoting hospitals and health services to support these strategies. Also, find a first announcement of IUHPE's next global conference in Brazil. The HPH News section introduces you to a project by the Vienna WHO-CC in cooperation with the Austrian HPH network on organizational health literacy and on interesting new developments in the Italian HPH network.

Should you wish to contribute to the next Newsletter issue, please contact us at vienna.who-cc@hphconferences.org. Please refer to page 7 for instructions to authors and submit your contribution until February 20, 2015.

With season's greetings and best wishes for a happy and healthy 2015,

*Jürgen M. Pelikan,
 Christina Dietscher, Vienna*

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International HPH Network



“**Person-oriented health promotion in a rapidly changing world: Co-production – Continuity – New media & technologies**” – these are the main themes of the 23rd International HPH Conference that will take place in Oslo, Norway, from **June 10-12, 2015**. Renowned international experts have agreed to speak – the continuously updated program is available online at:

<http://www.hphconferences.org/oslo2015.html>

Upon numerous request, the deadline for abstract submission has been prolonged until **Friday, January 16, 2015, 24.00 MEZ**. For abstract submission criteria and online submission, please visit the conference website (see link above) where you will also find the link to online registration – please note that, in case of acceptance by the Scientific Committee, you need to be registered for the congress in order to have your abstract included in the final program. Information about abstract acceptance will be sent out until **March 20**. Take the chance to visit the famous North Cape, one of Europe's most northern touristic attractions, after the conference!



VisitOSLO/Normanns Kunstforlag/Terje Bakke Pettersen

News from HPH partners

**WHO
Head-
quarters**

**New study on global
violence prevention**
Call for upscaling efforts

The recently launched "Global status report on violence prevention 2014", jointly published by WHO, the UN Development Programme, and the UN Office on Drugs and Crime, was launched as the first report of its kind to assess national efforts to address interpersonal violence, such as child maltreatment, youth violence, intimate partner and sexual violence, and elder abuse. The report indicates that homicide is currently the third leading cause of death globally for males aged 15-44 years. Non-fatal acts of violence take a particular toll on women and children. One in four children has been physically abused; one in five girls has been sexually abused; and one in three women has been a victim of physical and/or sexual intimate partner violence at some point in her lifetime.

"The consequences of violence on families and communities are profound, and can result in lifelong ill health for those affected," states Margaret Chan, WHO Director-General. Violence also contributes to leading causes of death such as cancer, heart disease and HIV/AIDS, because victims are at an increased risk of adopting behaviours such as smoking, alcohol and drug misuse, and unsafe sex. These findings highlight the urgent need for more decisive action to prevent violence.

WHO recommends a number of strategies to protect citizens against violence. These include the enforcement of laws and prevention programs in diverse settings, including bullying prevention. Healthcare organizations too can be important partners in preventing violence or protecting victims, for example by having protocols for A&E staff to recognize and deal with signs of violence, and by providing psychological support for victims of violence to reduce trauma, help victims heal, and prevent further involvement in violence.

The full report is available for download at http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/

WHO-Euro

**New study on cancer
and obesity –**
call for weight management

A new study by the International Agency for Research on Cancer (IARC), WHO's specialized cancer agency, shows that overweight and obesity are a major risk factor for cancer, responsible for an estimated 3.6% (481 000) of all new cancer cases globally in 2012. The study highlights that, globally, the proportion of cancers related to obesity is higher in women than men: 5.3% and 1.9%, respectively. The study concludes that reducing overweight and obesity at the population level can have significant health benefits, including reducing the burden of cancer. The IARC study shows that a quarter of all cancer cases attributable to overweight and obesity worldwide (118 000 cases) could have been prevented if populations had maintained their average body mass index (BMI) of 30 years previously. Against this background, Health Promoting Hospitals and Health Services should contribute to improving weight management in their staff, patients and visitors and, if possible, also community populations.



**IUHPE: Global
conference 2016**
First Announcement launched

The first announcement of IUHPE's 22nd global conference on health promotion has now been launched. The conference will take place from May 22-26, 2016, in Curitiba, Brazil. The main theme will be the promotion of health and equity. Sub-themes will include 1) Ethical and cultural imperatives in interventions that promote health and equities; 2) Urban change to make differences locally, paying attention to emerging voices; 3) Health in all policies and intersectoral action: innovations in theory, evaluation and research; 4) Pathways to achieve sustainable and healthy human development on a global scale; and 5) Creating shared research questions to bridging the research / practice gap.

Further information about the conference is available online at

<http://www.iuhpe.org/index.php/en/22nd-iuhpe-world-conference-in-brazil>

News from HPH Networks and Task Forces

Austrian NEWS

Developing health literate healthcare organizations

The Vienna WHO Collaborating Centre for Health Promotion in Hospitals and Healthcare is currently performing a project on organizational health literacy in collaboration with the Austrian HPH network.

Health literacy (HL) was defined as the ability to find, understand, appraise and apply health related information (see Sorensen et al. 2012), and there is empirical evidence that HL is actually linked to individual health and quality of life. Studies around the world have found huge deficits in population health literacies, so strategies to improve HL are now being developed in diverse settings including healthcare (WHO 2013).

When talking about HL, one typically thinks of individual competences and abilities. However, recent concepts of health literacy understand it as the fit between individual abilities and the challenges posed to these abilities by healthcare systems and organizations. In other words: HL can be strengthened by teaching people but also by improving communication in healthcare and by making it easier for them to find easy-to-understand, trustworthy and action-oriented health information. An ongoing project by the Vienna WHO-CC looks into this topic. One of the aims is the development of an organizational self-assessment form for hospitals that can be used for organizational diagnosis, and of a tool box that provides practical support for addressing organizational areas in need of improvement.

The project builds up on work of the US Institute of Medicine that identified 10 attributes of health literate organizations (Brach et al. 2012). These encompass practically all organizational areas – from organizational policy to strengthening the communication competences of healthcare staff to providing health literacy-friendly written and audio-visual information to patients, based on feedback on the understandability and applicability of communication and materials by the target groups themselves.

However, the concept lacks procedures and tools for implementation and mostly addresses the patients' understanding of diagnosis and treatment related information, while hardly touching upon disease prevention and health promotion.

Against this background, the Vienna WHO-CC set out to expand the concept towards a comprehensive "Vienna concept of a health-literate healthcare organization". Next to patients, the Vienna concept also addresses healthcare staff and the specific HL staff need to skillfully deal with the many health hazards they face in their work life; and the concept also includes the HL of community citizens that can be strengthened by specific strategies. The Vienna concept has four action domains, which are: 1) access to and living and working in the organization; 2) diagnosis, treatment and care; 3) disease prevention; 4) health promotion.

In order to support the implementation of organizational health literacy, the Vienna WHO-CC is currently developing an organizational self-assessment tool. Following the ISQUA recommendations for developing standards, 9 standards, 22 sub-standards and 160 indicators for measuring the health literacy of healthcare organization were developed on the basis of the literature and in collaboration with experts from the field. The standards are currently tested in 10 health services organizations in 6 of the 9 federal regions in Austria. A tested version (in German language), together with a toolbox that will facilitate activities in areas for need of improvement will be available in spring 2015.

Christina Dietscher, Jürgen Pelikan, Vienna WHO-CC
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Italian NEWS

Torino: HPH conference took place

Organized jointly with the Italian Network for Health Promotion and Education (CIPES/AIES), the Conference of Health Promoting Hospitals and Health Services Network of Piemonte was held on 2014 June 19/20 in Turin, with a focus on how health promotion can be integrated in hospitals, health services and the community, across the care continuum. The conference was organized by "Azienda Ospedaliera Universitaria Città della Salute e della Scienza di To-

rino”, a local health organization. In preparation of the national HPH conference that took place in Bologna on September 16, 2014, and which was attended by all the Italian regional representatives, the aim of the Turin conference had been to contribute to a re-launch of the Italian HPH network by sharing a common work program and to appoint a new national coordinator following up on what had been discussed and proposed in Turin on June 20.

The meeting began with a round table for sharing the different settings of the HPH/HS regional coordinators. It was agreed to reactivate the HPH/HS national coordination, as well as to create more synergies with other networks (e.g. Healthy Cities, Schools for health, etc.). It was also agreed to identify common initiatives: training, communication and HPH/HS projects. Also, information tools that can facilitate collaboration and sharing among networks should be identified.

The Italian Regions Piemonte, Valle d'Aosta, Trentino, Friuli Venezia Giulia, Emilia-Romagna, Sardegna and Marche (under development) then discussed and approved the establishment of a National Coordinating Committee and its work program.

The following points were agreed: A National Coordinating Committee was established, similar in structure and function to the International Board, which will serve for two years, in order to encourage participation, information and implementation of joint initiatives among regional networks. Giulio Fornero (Piedmont HPH) was unanimously appointed as the National Coordinator for 2 years, supported by a national steering group composed of regional representatives. Antonio Chiarenza (Emilia-Romagna), Emanuele Torri (Trentino), Cristina Aguzzoli (Friuli Venezia Giulia) and Marcello Campagna (Sardegna) were nominated into the National Steering Group. The national HPH Conference 2015 will be held in Sardegna in Spring 2015.

The following projects to be shared among the networks were identified:

- the draft “equity standard” of the Task Force Migrant Friendly and Culturally Competent Healthcare, which involves the establishment of a set of common standards in parallel with other international networks (Emilia-Romagna, Piemonte and Trentino already joined the initiative).

- training areas (local laboratories, common workshops, distance learning, Summer School Sardegna, etc.) for designing health promotion interventions.
- Tools of communication: a national website should be reactivated so that it is possible to share HPH initiatives and projects of the regional networks. And the use of a newsletter was proposed by the Piemonte HPH network (Giovanni Romano, CIPES Piemonte) for purposes of disseminating information concerning HPH to increase the chance of sharing.

Giulio Fornero, Turin

Congratulations from the editorial team to the regional Italian HPH networks for this successful re-launch of an Italian HPH network!

Events, publications, links



Conferences & Meetings: *HPH and HPH partners*

HPH events

23rd International Conference on Health Promoting Hospitals and Health Services (HPH)
Person-oriented health promotion in a rapidly changing world: Co-production – Continuity – New media & technologies

Oslo, Norway

June 10-12, 2015

www.hphconferences.org/oslo2015

Events of HPH partners and other organizations

15th International Conference for Integrated Care
Complex Needs, Integrated Solutions: Engaging, empowering and enabling people for active and healthy living

Edinburgh, Scotland

March 25-27, 2015

http://www.integratedcarefoundation.org/conference/15_annual

Hospitals 2020 – Hospitals of the future, healthcare of the future

Warsaw, Poland

May 31 – June 2, 2015

http://www.hope-agera.eu/?page_id=1297

2015 International Conference on Health Promoting Universities and Colleges:

Promising Paths: Research, Practice and Policy for Healthy and Sustainable Campuses.

The University of British Columbia, Okanagan Campus, Kelowna, Canada

Date: June 22 - 26, 2015

<http://www.internationalhealthycampuses2015.com/>

12th International Family Nursing Conference

Odense, Denmark

Improving family health globally through research, education and practice

August 18-21, 2015

<http://internationalfamilynursing.org/2013/07/11/2015-conference/>

39th IHF World Hospital Congress

Advancing Global Health & Health Care

October 6-8, 2015

Chicago, USA

<http://www.worldhospitalcongress.org/en/>

8th European Public Health Conference

Health in Europe – from global to local policies, methods and practices

Milan, Italy

October 14-17, 2015

<http://www.ephconference.org/future-conferences-125>

9th European Congress on Violence in Clinical Psychiatry

Advancing Knowledge – Transforming Practice

Copenhagen, Denmark

October 22-24, 2015

<http://www.oudconsultancy.nl/Copenhagen2015/index.html>



Books, articles & reports *HPH and HPH partners*

Mittelmark MB (2014): **Unintended effects in settings-based health promotion. In: Scandinavian Journal of Public Health 42 (Suppl 15), pp17-24.**

The settings-based approach to health promotion (HP) employs a social ecological (SE) framework to integrate HP into the usual activities of the setting and to increase the setting's support for healthy choices. The SE approach calls for systems thinking to account for the inextricable relationship between people, their behaviour and their environment. Knowledge about a setting can be used to mobilise people to participate in HP, to optimise success by taking into account the local context, and to anticipate and avoid barriers to success. In other words, the SE approach aims to help HP reach its goals for better health, established in concert with community needs and wishes. Yet, the focus on HP goals may detract attention from how intervention may have unanticipated, and even untoward effects on the setting. There is much evidence from classical ecological research that well-meaning interventions have unintended effects. Biology is so tuned to the possibility that the study of unintended effects is integral to the field. There is some evidence – but much less – that HP also has unexpected, deleterious effects. The evidence is limited because of neglect; the subject of unintended effects is only of peripheral interest in HP. This is a call for a more robust SE approach, in which frameworks used to guide settings-based HP are augmented so as to be concerned with planned effects, and also unplanned effects. What can be done to more responsibly monitor, document

and report the full panoply of our effects, including detecting and preventing untoward effects?

Trojan A., Nickel S., Kofahl Christopher (2014): **Implementing ‘self-help friendliness’ in German hospitals: a longitudinal study.** In: Health Promotion International doi:10.1093/heapro/dau103

In Germany, the term ‘self-help friendliness’ (SHF) describes a strategy to institutionalize co-operation of healthcare institutions with mutual aid or self-help groups of chronically ill patients. After a short explanation of the SHF concept and its development, we will present findings from a longitudinal study on the implementation of SHF in three German hospitals. Specifically, we wanted to know (i) to what degree SHF had been put into practice after the initial development phase in the pilot hospitals, (ii) whether it was possible to maintain the level of implementation of SHF in the course of at least 1 year and (iii) which opinions exist about the inclusion of SHF criteria in quality management systems. With only minor restrictions, the findings provide support for the usefulness, practicability, sustainability and transferability of SHF. Limitations of our empirical study are the small number of hospitals, the above average motivation of their staff, the small response rate in the staff-survey and the inability to get enough data from members of self-help groups. The research instrument for measuring SHF was adequate and fulfils the most important scientific quality criteria in a German context. We conclude that the implementation of SHF leads to more patient-centredness in healthcare institutions and thus improves satisfaction, self-management, coping and health literacy of patients. SHF is considered as an adequate approach for reorienting healthcare institutions in the sense of the Ottawa Charter, and particularly suitable for health promoting hospitals.



**Links
&
Web-tools**

International HPH Secretariat

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

Director: Hanne TONNESEN (DK)

<http://www.hphnet.org>

HPH Conference Secretariat

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

Director: Jürgen M. PELIKAN (AT)

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Task Force “Mental health promotion in mental healthcare settings”

Chair: Hartmut BERGER (DE)

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

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

Chair: James ROBINSON (UK-Scot)

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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 (IT)

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

Task Force “HPH & environment”

Chair: Chin-Lon LIN (TW)

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

Task force “Health Enhancing Physical Activity”

Chair: Mats BÖRJESSON

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Task force “Age-friendly Health Care”

Chair: Shu-Ti CHIOU

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List of national / regional HPH networks

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

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Call for papers for #72

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!

Guidelines for submission

Please send contributions of **max. 200 words**, outlining your message, and, if possible, a web link to extended information, to Dr. Christina Dietscher, 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 #72 will be **February 20, 2015**.