



# Newsletter

No 74 – June 2015

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## Editorial

Dear reader,

This issue of the HPH Newsletter has a focus on the very successful 23<sup>rd</sup> International HPH Conference that took place in Oslo, Norway, from June 10-12. Please find a summary report and a link to the Virtual Proceedings in this issue.

In the Partners section of the Newsletter, we highlight the WHO perspective on climate change and health in preparation of this year's climate conference in Paris, France. And you will also find information on the 2020 Healthcare Climate Challenge, an initiative by the Global Green and Healthy Hospitals network, to which every health service can contribute in support of efforts to mitigate the effects of climate change.

As usual, you will also find a selection of international events and publications you may find interesting in relation to your HPH activities.

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

Wishing you a health promoting summer,

*Jürgen M. Pelikan,  
Christina Dietscher, Vienna*

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## International HPH Network



Next year's international HPH conference will be the first one to take place in the USA. The Connecticut HPH network, in cooperation with Yale University and Griffin Hospital, gladly offered to host the conference which is scheduled to take place from **June 8-10, 2016**. Please save the date!

Upon the proposal of the local hosts, the Scientific Committee is currently drafting the conference program under the working title "**Innovation and Partnership in Health Promotion. Policy Development, Organizational Initiatives and Direct Service Provision**".

In addition to a stimulating conference program, the local hosts will offer onsite excursions to Griffin Hospital, one of the most exiting patient-centred hospitals and member of Planetree, the local host of the conference and coordinator of the Connecticut HPH network.



More information will soon be available online at <http://www.hphconferences.org/connecticut2016.html>



## 23<sup>rd</sup> International HPH Conference – *Conference Report*

This year's international HPH conference in the beautiful town of Oslo was visited by close to 700 delegates from more than 40 countries in all continents. The event was hosted by the Norwegian HPH network which created an excellent conference atmosphere.

### **The plenary program**

The main theme of the conference focused on **people-centred healthcare**. The plenary sessions covered the following sub-themes:

- The somato-psycho-social health needs of patients, staff and citizens
- The concept of co-production of health and its role for patient-centred care
- Improvements of people-centred healthcare by creating continuous and integrated care systems and
- Using new technologies to promote health.

This year's conference had a few innovations in its plenary program: the conference had a general facilitator, Mr. Frode STANG, a former Norwegian news anchor and each session had an expert from HPH who reflected on the session content from the perspective of health promotion in healthcare. These experts were Raffaele ZORATTI (chair, HPH Governance Board), Hanne TONNESEN (CEO, HPH Secretariat), Margareta KRISTENSON (coordinator, Swedish HPH Network), Chin-Lon LIN (chair, TF HPH & Environment, Taiwanese HPH network), and Susan FRAMPTON (Connecticut HPH network).

### ***The somato-psycho-social health needs of patients and staff***

Plenary 1 provided an introduction to the conference themes. In his opening speech, Hans KLUGE (WHO-Euro) related the main conference topics to WHO-Euro's current policy concept "Health 2020" which has a strong focus on meeting the health needs of the public as well as on the reorientation of healthcare services. Lee-Nah HSU (ILO) talked about the often unmet health needs of healthcare professionals who often risk their own health to help others. She demanded that basic occupational

rights and safety regulations for this group of the workforce need to be granted. Angela COULTER (University of Oxford) then focused on the health needs of patients and made the case for better patient involvement in the provision of care, pointing out that better involved and informed patients make healthier lifestyle choices, take better informed and personally relevant decisions about their treatment and care, better adhere to treatment regimes, experience fewer adverse events and use less costly healthcare. An impressive example of taking patients' needs seriously in healthcare practice was finally provided by the Youth Council of Akershus University Hospital (NO). The youth council consists of a group of adolescent patients who provide organized feedback on their healthcare experiences and by that help to improve healthcare for young patients.

### ***Co-producing health in partnership between professionals and patients***

David COVINGTON (Recovery Innovations) provided exciting insights into the concept of peer-driven healthcare. According to Covington, after phases of providing services to and for people, attempts to provide services with people started, in psychiatry, only in the years 2000, and further developments – from involving exemplary peer leaders to fully peer-driven systems, where peers represent at least 25% of staff – are still going on. Lisbeth FAGERSTRÖM (Buskerud and Vestfold University College) then continued on the role of motivational interviewing, a professional tool aimed at client-centred counselling for eliciting behaviour change by helping clients to explore and resolve ambivalence. The session was concluded by Gerison LANDSDOWN (free-lance child-rights expert, UK) who talked about children's rights in healthcare as one example of patients' rights. She concluded that the right to participate in one's care (as also demanded by WHO's Alma Ata Declaration) is a relevant parameter for facilitating the co-production of health.

### ***Continuous and integrated care systems***

The session was opened by Camilla STOLTENBERG (Norwegian Institute of Public Health) who pointed out that continuous and integrated care systems are not only an asset for patients but also for the public. Taking the example of flu vaccines, she explained how an integration of data from different health

registries was used in Norway to answer the question whether flu vaccines are harmful or beneficial for pregnant women. The conclusion drawn was that flu infections represent more health risks to the unborn than flu vaccinations and that, consequently, vaccinations can be recommended to pregnant women. Chris HAM (King's Fund, UK) continued by focusing on the multiple benefits of integrated care systems that take comprehensive responsibility for a defined target population. He told the story of Sam, an exemplary elderly patient, and outlined how an integrated system and the support from a care manager can help Sam to continue living at home while, in a fragmented system, Sam would be forced to move to a nursing home which would both be more expensive and result in less quality of life for Sam. However, change towards truly integrated systems requires major efforts, as Tor ÅM (Norwegian Ministry of Health and Care Services) pointed out. Speaking about the coordination reform in Norway, he explained that such a reform needs to involve numerous stakeholders with partly different interests, such as regional governments and municipalities, hospitals and other healthcare services, universities and training institutions, ministries and directorates, and patient organizations. The session was concluded by Fabio LUCCHI (Spedali Civili-Brescia). Taking up the concept of peer-driven systems presented by David Covington in the previous plenary session, he outlined the need to build resilient communities in which such systems can be embedded and the development of which would need joint efforts of multiple stakeholders.

### ***Addressing people's health needs with new media and technologies***

From the perspective of co-production of health, new media and technologies in healthcare pose the question whether related tools have the potential to reduce or increase equity in health. This issue was taken up by Bob GANN (NHS England) who discussed the issue of digital literacy and access to new media. Using the example of activities in England, Gann pointed out how people with limited digital literacy – e.g. older citizens or the homeless – can be addressed through cooperation with organizations such as libraries, health centres, homeless shelters, pubs, or chip shops, and how empowerment for digital literacy can change whole life courses. Alan SIU (Hong Kong Adventist Hospital), in his presentation on digitally-supported lifestyle

management, explained how smartphones can facilitate communication between lifestyle counselors and their clients, thus supporting the co-production of instant lifestyle decisions. A similar stance was taken by Per HASVOLD (Norwegian Centre for Integrated Care and Telemedicine) in his talk on telemedicine and co-production of health. He outlined that telemedicine and new technologies, by allowing the patient to be part of a virtual team, can both facilitate timely diagnosis and treatment and patients' self-care management. But the best systems and technologies are aimless if they don't meet patients' needs. Allison and Marc MATTHEWS (Mayo Clinic Center for Innovation) focused on how patients can be involved in designing services that are really meaningful to them, by talking to them, participating in their day schedules, and reflecting on their experiences.

### ***Take-home messages***

The concluding plenary session was dedicated to discussing take-home messages. Isabelle AUJOLAT (IUHPE), Susan FRAMPTON (Planetree, Connecticut HPH Network), Johan TORGERSEN (Norwegian Directorate of Health), and Grete HERLOFSON (Norwegian Women's Public Health Association) shared their perspectives on the conference with the audience.

### **Parallel sessions and posters**

In addition to the plenary program, the conference had more than 100 oral presentations, around 60 oral mini presentations and close to 500 poster presentations. These covered numerous issues of relevance to HPH, including health promotion for patients, staff, community members, and creating health promoting healthcare organizations. Specific topics addressed included age-friendly healthcare, baby-friendly healthcare, tobacco-free healthcare, migrant-friendly and culturally competent healthcare, health promoting mental health care, HPH and environment-friendly healthcare, health literate health care organizations and the promotion of physical activity in healthcare.

### **Side events**

As usual, a number of events were organized around the main conference program. This included a HPH summer school, pre-conferences on mental

health and on HPH and the environment, and a workshop for HPH newcomers.

### The social program

Next to a rich conference program, the local hosts of the HPH conference 2015 also provided an excellent social program. On the first conference day, the audience was welcomed by a Norwegian choir who presented traditional folk music during the plenary session and the following reception, and there was also inspiring music from a band consisting of healthcare professionals. The conference dinner took place at Gamle Logen, and old Freemason's building in the centre of Oslo where visitors were not only served excellent food but also were entertained by a most entertaining a capella group, the cheesy keys. And the closing ceremony of the conference provided an opportunity to experience the joik, the traditional music of the Sami people who live in the north of Northern Europe. A big thank-you to the Norwegian HPH network for having created such a welcoming atmosphere!

### Further information

Virtual proceedings of the conference with download-files of those conference presentations that were already uploaded by the authors are available at

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

It is still possible to add your files to the proceedings – for technical questions on how to do that, please contact

[vienna.who-cc@hphconferences.org](mailto:vienna.who-cc@hphconferences.org)

## News from HPH partners

**WHO  
Head-  
quarters**

**Achieving a cleaner,  
more sustainable and  
healthier future**

*Summary of comments by  
Dr. Margaret Chan, Director-  
General, WHO, on the 2015  
Lancet Commission*

In 2009, the first Lancet Commission on health and climate change issued a stark warning: "Climate change is the greatest health threat of the 21st Century". Still, health was largely absent from the Copenhagen agreement on climate change that was negotiated in that year. Now, as countries prepare for the climate conference in Paris, France, that will take place in December 2015, health is playing an increasingly important role. Support for the health perspective comes from the 2015 Lancet Commission that establishes connections between climate, health, economics, and energy decisions.

Against this background, Dr. Chan, Director-General, WHO, singled out three recommendations from the Lancet commission to which WHO aims to contribute. These are:

- **Scaling-up financing for climate-resilient health systems worldwide:** According to WHO estimates, considering only a few of the associated health risks, and assuming continued progress in economic growth and health protection, climate change is still likely to cause approximately 250 000 additional deaths per year by the 2030s. In response, strong, flexible and resilient health systems are needed. In February 2015, the WHO Executive Board endorsed a new workplan on climate change and health. A central goal is to scale-up a systematic approach to strengthening health systems, to include specific measures to adapt to a changing climate, such as early-warning systems for more frequent and severe heatwaves, and protection of water, sanitation, and hygiene services against floods and droughts. International climate finance mechanisms need to provide appropriate support for the additional resources needed.
- **Assessing the health implications of energy systems, and ensuring that these are factored in to overall government poli-**

**cies:** In 2014, WHO documented that over seven million deaths annually are attributable to air pollution. This makes it one of the most important health risk factors globally, comparable to tobacco smoking, and the largest killer in some countries. Globally, 88% of the world's population breathes air that does not meet WHO's air quality guidelines. This is partly due to poverty and lack of access to clean energy—but it is also a result of policy choices. The health impacts of air pollution are not reflected in the price of the fuels that cause them, so that the cost is instead borne in lost lives, and health system expenditure. A recent report by researchers at the International Monetary Fund identifies the omission of health damages from polluting fuels as the largest of the subsidies provided to global energy production and use. This is larger than total health spending by all of the world's governments. In May 2015, the World Health Assembly passed its first resolution on air pollution. This calls on countries, and the WHO Secretariat, to scale-up their response to this major health issue, strengthening the health sector's contribution to decision making across sectors at local and national levels to clean the air and maximise health benefits. It also underscores opportunities to achieve co-benefits from actions that reduce emissions of warming climate-altering pollutants and at the same time improve health.

- **Monitoring and assessment of progress:** Only what gets measured gets done. In 2014, at the first WHO global Conference on Health and Climate, the Executive-Secretary of the UNFCCC Secretariat and Dr. Chan personally committed to produce country-specific profiles on health and climate change in advance of the Paris climate change conference to be held in 2015. These compile the best available evidence on climate risks to health, on the opportunities to improve health while reducing greenhouse gas emissions, and on the status of country policies. These can also serve as the baseline for monitoring future progress.

Dr. Chan emphasised the vital role of the health community in accelerating progress to tackle climate change, quoting UN Secretary-General Ban Ki-Moon: "There is no plan B; there is no planet B".

The full text of Dr. Chan's comments and links to further information are available online at <http://www.who.int/globalchange/mediacentre/news/dr-chan-lancet-commission/en/>

**GLOBAL GREEN and HEALTHY HOSPITALS** **2020 Healthcare Climate Challenge**  
*Every hospital can contribute!*

In April 2015, nine leading health care institutions from across the globe pledged to take meaningful action on climate change, kicking off a worldwide campaign to mobilize hospitals and health systems to address one of humanity's most pressing problems.

The 2020 Challenge invites health care systems and hospitals to reduce their carbon footprint and protect public health from climate change in the run-up to a worldwide meeting of heads of state at the United Nations Conference on Climate Change this December in Paris, and beyond.

The 2020 Challenge also marks the first international and large-scale effort ever to track emissions and take measurable actions to reduce the sector's carbon footprint.

Participants include health systems from Asia-Pacific, Africa, Latin America, Europe and the United States.

The Challenge is based on three pillars:

- Mitigation – Reducing health care's own carbon footprint.
- Resilience – Preparing for the impacts of extreme weather and the shifting burden of disease.
- Leadership – Educating staff and the public while promoting policies to protect public health from climate change.

Further information is available online at <http://greenhospitals.net/en/about-challenge/>

## Events, publications, links



### Conferences & Meetings: *HPH and HPH partners*

#### HPH events

24<sup>th</sup> International Conference on Health Promoting Hospitals and Health Services (HPH)

**Innovation and Partnership in Health Promotion: Policy Development, Organizational Initiatives and Direct Service Provision**

Yale University, New Haven and Griffin Hospital, Connecticut, USA

June 8-10, 2015

[www.hphconferences.org/connecticut2016](http://www.hphconferences.org/connecticut2016)

#### Events of HPH partners and other organizations

12<sup>th</sup> 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/>

6<sup>th</sup> International Carers Conference

**Care and caring: future proofing the new demographics**

September 3-6, 2015, Gothenburg, Sweden

<http://www.neilstewartassociates.com/sh323>

7th International Summer School 2015

**Spatial Epidemiology, Climate and Health: Concepts and Modelling**

September 14-18, 2015, Bielefeld, Germany

[http://www.uni-](http://www.uni-bielefeld.de/gesundhw/ag2/summerschoolcc/)

[bielefeld.de/gesundhw/ag2/summerschoolcc/](http://www.uni-bielefeld.de/gesundhw/ag2/summerschoolcc/)

4<sup>th</sup> World Congress of Clinical Safety

**Clinical Management for Healthcare Risk and Crisis**

Vienna, Austria

September 28-30

<http://www.iarmm.org/4WCCS/>

39<sup>th</sup> IHF World Hospital Congress

**Advancing Global Health & Health Care**

October 6-8, 2015

Chicago, USA

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

PHASA conference 2015

**Health and sustainable development – the future**

October 7-9, 2015, Durban, South Africa

<http://www.phasaconference.org.za/>

8<sup>th</sup> 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>

The 3rd European Health Literacy Conference

**Developing health literacy during the life course**

November 17-19, 2015

Brussels, Belgium

[http://ehlc.eu-](http://ehlc.eu-ems.com/summary.asp?event_id=253&page_id=2239)

[ems.com/summary.asp?event\\_id=253&page\\_id=2239](http://ehlc.eu-ems.com/summary.asp?event_id=253&page_id=2239)

9<sup>th</sup> European Congress on Violence in Clinical Psychiatry

**Advancing Knowledge – Transforming Practice**

Copenhagen, Denmark

October 22-24, 2015

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

22<sup>nd</sup> IUHPE World Conference on Health Promotion

**Promoting Health and Equity**

May 22-26, 2016

Curitiba, Brazil

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

9<sup>th</sup> European Public Health Conference

**All for health – health for all**

November 9-12, 2016

Vienna, Austria

<http://www.ephconference.org/future-conferences-128>



### Books, articles & reports *HPH and HPH partners*

Dilani A (2015): **The beneficial health outcomes of salutogenic design.** In: World Health Design, June 2015, 18-35

Wieczorek CC, Marent B, Osrecki F, Dorner TE, Dür W (2015): **Hospitals as professional organizations: challenges for reorientation towards health promotion.** In: Health Sociology Review, DOI:10.1080/14461242.2015.1041541

Canadian Public Health Association (2015): **Global Change and Public Health: Addressing the Ecological Determinants of Health** (Discussion Paper)  
[http://www.cpha.ca/uploads/policy/edh-discussion\\_e.pdf](http://www.cpha.ca/uploads/policy/edh-discussion_e.pdf)



### 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)

<http://www.hphconferences.org>

#### **Task Force “Mental Health Promotion in Mental Healthcare Settings”**

Chair: Hartmut BERGER (DE)

[hartmut.berger@vitos-riedstadt.de](mailto:hartmut.berger@vitos-riedstadt.de)

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

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

Chair: Ilaria SIMONELLI (ITA)

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

#### **Task Force “Health Enhancing Physical Activity”**

Chair: Mats BÖRJESSON

[mats.borjesson@ki.se](mailto:mats.borjesson@ki.se)

#### **Task Force “Age-friendly Health Care”**

Chair: Shu-Ti CHIOU

[stchiou@bhp.doh.gov.tw](mailto:stchiou@bhp.doh.gov.tw)

#### **List of national / regional HPH networks**

[http://www.hphnet.org/index.php?option=com\\_flexicontent&view=flexicontent&Itemid=18](http://www.hphnet.org/index.php?option=com_flexicontent&view=flexicontent&Itemid=18)

## Call for papers for #75

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 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](mailto:vienna.who-cc@hphconferences.org).

Deadline for contributions will be **August 20, 2015**.

## Editors

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Christina DIETSCHER (WHO Collaborating Centre for Health Promotion in Hospitals and Health Care)

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