

## **Hospitals and Health Services are important co-players in the implementation of Health 2020**

The International Network of Health Promoting Hospitals & Health Services (HPH) is honoured by the opportunity to submit a written statement at the WHO Europe RC-63 in Çeşme Izmir, Turkey.

HPH is a network of national and regional HPH networks aiming at better health gain for patients, staff and community by incorporating the WHO concepts, values, strategies and standards of health promotion into the organizational structure and culture of the hospitals/health services. HPH was initiated in 1987 by WHO as a platform for implementation of health promotion and exchange of knowledge and experience.

Today HPH is very active with over 950 member hospitals and health services representing about 1 million staff members and many millions of patients primarily from Europe but also from the other five continents – and more are welcome to join: [Go to www.hphnet.org](http://www.hphnet.org).

### **Why health promotion in hospitals and health services?**

We can all agree that health promotion should mainly take place outside of hospitals and health services as an integral part of people's everyday domains - families, communities, workplaces, schools amongst others.

However, the reality is that the large majority of patients have unhealthy lifestyles that significantly reduce their treatment results on short-term and their outcomes in the long term – whereas the patient-centred health promotion has the opposite effect. The most important lifestyle risk factors to influence the treatment result are among the Top-10 factors for the burden of disease and injury in the population; i.e. smoking, hazardous alcohol drinking, physical inactivity, overweight and risk for malnutrition (*Lim SS et al: A comparative risk assessment of burden of disease and injury. Lancet 2012*).

The facts are very clear and worrying: About 4 / 5 hospital patients lead an un-healthy lifestyle, which is of major importance for their treatment outcome, quality of life and life expectancy. Furthermore, 2 / 3 patients have two or more lifestyle risk factors, thus requiring combined and comprehensive clinical health promotion programs (*Oppedal K et al: Health and needs for health promotion in hospital patients. Eur J Publ Health 2011*).

### **Significant effect of health promotion on treatment results and life expectancies**

Recent research has gathered significance on a surprisingly good effect and cost-effectiveness of adding health promotion to different clinical treatment programs. Clinical health promotion improves the outcome for patients with non-communicable diseases and mental illness, reduces the complications for patients undergoing surgery, and accelerates the recovery for other patient groups. Another example of significance is the highly effective Gold Standard Program for smoking cessation intervention (GSP), which includes a manual-based patient education program. The high quit-rates of GSP are measured across socio-economic gradients and in heavy as well as in lighter smokers (*Neumann T et al: The Gold Standard Programme: Smoking cessation interventions for disadvantaged smokers are effective in real-life setting. Tobacco Control 2012*).

Furthermore, clinical health promotion is easy to do and has impressive long-term effects. So really, today hospitals and health services can actively be important key-players and support the implementation of Health 2020 for the benefit of the patients, staff and community. (*Tonnesen H: Can hospitals and health services do more for public health? ClinHP 2013*).