



## Editorial

# The global financial crisis increases the need for clinical health promotion

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During the global financial crisis, the healthcare system are faced with rising demands for delivering more health services within the same budgets – or often at even lower budgets. In a situation like this it is clearly necessary to examine the healthcare as a whole and the hospitals and health services individually for possibilities to improve the productivity. Many working procedures and activities are replaced by more streamlined patient pathways and leaner administrations. Thereby, time has also come to focus on the necessity of health promotion in hospitals and health services. First of all, the question could be asked; if clinical health promotion is indeed necessary, could it at least be taken care of outside the hospitals and health services or maybe just ignored until better times arrive?

The answer is that health promotion without doubt has a natural place in families, schools, institutions, workplaces, social services and other settings. Nevertheless, the large majority of patients entering hospitals and health services suffer from a wide range of unhealthy lifestyles, so until further, health promotion is still required for patients at hospitals and health services.

It is well known that the majority of chronic diseases are potentially preventable, and that investment in healthy lifestyles is an inexpensive and effective way to reduce the development of illness (1). In addition, evidence has been gathered that health promotion among patients can reduce aggravation and complication as well as to improve the treatment outcome on short term, and reducing the relapse time and co-morbidity on long-term. Thus, there is a large potential in evidence-based clinical health promotion that is still untapped.

**The patient pathways**

Most, if not all, patient groups will benefit from being offered clinical health promotion along with other evidence-based interventions. Just to mention a few examples; the potential for surgical patients has been shown when adding enteral nutrition, intensive physical activity programmes as well as intensive smoking or alcohol cessation programmes to the surgical pathway. The improved treatment outcomes included fewer complications (2;3) or shorter recovery (4). Patients with chronic diseases, such as heart (5) and lung (6) diseases, stroke (7) and diabetes (8) benefit from comprehensive rehabilitation programmes by shorter recovery, reduced aggravation or prolonged relapse time. Patients with psychiatric illness die about 15-20 years before the background population, mainly because of unhealthy lifestyle, so here is also a huge potential for better health gain by adding health promotion to the treatment (9). More evidence is coming from ongoing research on new patient groups, areas, settings and methods for health promotion.

**The hospitals and health services**

Today, most hospitals and health services are reimbursed according to the number of patient visits and/or treatment activities. Therefore a question could be; how the hospitals and health services should 'survive' if effective and low cost health promotion leads to fewer patients requiring treatment for complication and relapse? However, the same question could be raised in relation to other improvements in treatment already taking place, such as more outpatient intervention, endoscopic procedures, fast track programmes, effective treatment of infectious diseases and cancer therapy – all of which have been implemented in spite of a major require-



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ment for flexibility in healthcare. Clinical health promotion can probably be implemented quite easily, on account of the low costs. When it comes to economy, some countries and regions have also included health promotion directly in their reimbursement systems, either based on the usual economical activity-based-cost analyses or as an incitement to support implementation. In addition, the reality today is that supplemental reimbursement for development of complications after surgical procedures like hip and knee replacement therapy is no longer an option in several countries. Moreover, hospitals and health services experience that evidence-based health promotion is demanded from the patients, and in the future, complaints could be expected if this is ignored.

The hospitals and health services are key employers in any country, and integrating health promotion also aims at the large number of staff members; thereby improving the health gain among staff, which is often followed by better well-being and lower sick leaves.

Ongoing research includes a randomised trial on implementation methods (10) and a qualitative evaluation among members from the International Network of Health Promoting Hospitals and Health Services (11).

### The society

The society would get a main benefit of integrating health promotion into the patient pathways. On short term, the improved treatment outcome would produce improved quality for the same amount of money. On long term, the effect would be reduced disease aggravation and co-morbidity, thereby ensuring higher value for money.

However, to obtain the benefits of clinical health promotion a few obligations need to be fulfilled. The main obligation for politicians and other stakeholders is to bring in common sense when faced with the needs for priorities in healthcare. During a financial crisis, this is more crucial than ever. Thereby the temptation of just doing something is replaced by the careful consideration of the very low cost, high effectiveness and improved treatment outcome of integrating evidence-based health promotion into the clinical practice. If the healthcare cannot afford clinical health promotion, how will it find the resources for all the extra treatments? An omission of clinical health promotion will result in?

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