

ANNUAL REPORT 2017 WHO-CC: IMPLEMENTATION OF EVIDENCE- BASED CLIN HEALTH PROMOTION

A FEW HIGHLIGHTS FROM 2017

- Presentation of evidence
- Publication of 17 scientific articles + 1 book chapter
- Implementation Seminar: Evidence-based teaching
- New Business case



CLINICAL HEALTH PROMOTION CENTRE



Alcohol / Drugs

Tobacco

Nutrition

Physical Activity

Co-morbidity

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Summary of the year

2017 is our second year as a WHO Collaborating Centre (WHO-CC) and it has been a great year with many good results.

Implementation of evidence-based clinical health promotion is a main focus in WHO-CC. Worldwide, implementation is a major challenge in the clinical health care setting, and the new model for Fast Track Implementation presented this year has been warmly welcomed. This focus will continue for the next period, aiming at our goal – better health gain for patients and more effective clinical pathways.

We have presented new evidence on the effect of clinical health promotion from Systematic Literature Reviews and Meta-analyses in 7 areas: Surgery, Mental Illness, Heart disease, Lung disease, Diabetes, Pregnancy and perinatal care as well as Teaching and Training of Staff.

5 of our PhD students from Lund University and other universities are finalizing and defending their doctoral thesis in 2017 and 2018. We have numerous scientific ongoing projects in 2017 and our research group has published 17 scientific publications and 1 book chapter, focusing on alcohol/drugs, tobacco, nutrition, physical activity and co-morbidity, as well as other lifestyles and education.

In November we arranged the seminar "New knowledge about education in patient-oriented health promotion - Are we doing what's best for the patients?"

We have conducted one business case and more are under development and will be presented in 2018.

We have expanded our network with several collaborators, both global, national and regional. We have had many meetings with representatives from governmental level as well as key opinion leaders, clinicians and patients. In addition we had different stakeholders visiting our centre to discuss potential collaboration. We have also been invited as speaker on several occasions.

In addition, we are working on the establishment of a New International Master of Clinical Health Promotion, together with Sophiahemmet University, Stockholm, Charite University Hospital Berlin and University of Copenhagen.

In this report you can read how we have worked with our Terms of References and related activities according to the agreed action plan between WHO Europe and WHO-CC.



CLINICAL HEALTH PROMOTION CENTRE



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Organization



WHO Collaborating Centre December 2017

Professor, Director, Editor-in-Chief;

Hanne Tønnesen, MD PhD (Spec in surgery)

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Jan Arlebrink (PhD teol), Vanja Berggren (PhD), Pernilla Garmy (PhD), Ulla Zetterlind (PhD)

Young researchers:

Karen Hovhannisyan (MD), Julie Weber Egholm (MD), Mette Rasmussen (MSc), Jeff Kirk Svane (MA), Åsa Forsgren (MPH)

Other researchers:

Mark Højbo (RP), Josefine Ekdahl (RN)

Junior researchers:

3-5 candidates / year

Coordinators:

Eva Skagert, Rie Raffing, Kerstin Thornqvist

Project Administrator:

Cecilia Gravin

Communication:

Maria Prigorowsky



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Terms of References and Activities

This table shows Terms of References and related activities according to the agreed action plan between WHO Europe and WHO-CC.

Deliverables	Year 1	Year 2	Year 3	Year 4
TOR 1: To assist WHO in dissemination of evidence and tools				
Establishment of Website	X			
3 seminars		X		
Guidance & tool kit				X
Sci. publications	X	X	X	X
TOR 2: To assist WHO to collect evidence and use this for a fast track implementation in Member States				
Definitions		X		
Business cases		X		
Do's and Don'ts			X	
eHealth	X	X		
TOR 3: To assist WHO on teaching & training of staff in fast track implementation of evidence				
GSP course: Tob & Alc	X			
Train the trainer: Fast track implementation			X	
TOR 4: To assist WHO to conduct research projects to gain further evidence for prevention and control of non-communicable diseases				
Effective & easy to-use programs			X	X
Applied research with Eastern Europe			X	X



Term of Reference 1: To assist WHO in dissemination of evidence and tools

Activity title: Public and scientific dissemination of evidence and tools

Activity type: Information dissemination

To support *Global Action Plan for the prevention and control of non-communicable diseases 2013-2020* this activity consists of deliverables with purpose to disseminate public and scientific evidence and tools made on the subject. We have expanded our network with several collaborators, who can help us disseminate evidence-based studies in order to help patients getting a better treatment outcome. To facilitate faster implementation and dissemination of evidence we have had two meetings with our Advisory Board, consisting of 19 members representing highly relevant authorities and competences. We have also had two meetings with our smaller Task Force group. These groups and their members are important for us to develop our work and become more known and established in Sweden and beyond.

We have also presented our work and latest evidence, at several meetings and other occasions. In order to target both an international audience as well as Swedish target groups we constantly working on improving our webpage and social media.

Deliverables year 2 according to activity plan:

1. Seminars

As planned in the 2nd year we have finalised the strategic seminars started in 2015: 1) Strong evidence for effective smoking cessation intervention in the clinical setting, 2) Increased tobacco-related research supports health policy, 3) Reduced recruitment of smokers. They have been made in co-operation with international leading experts on tobacco and politicians, health planners, research funders, government and parliament representatives, healthcare professional organizations, patient organizations, tobacco prevention organizations and media. We have added a seminar on new knowledge about education in patient-oriented health promotion which included a major focus on smoking (Malmö, November 22nd 2017). This seminar also attracted participants from health authorities, Swedish Society of Medicine, the political level, the clinic, patient groups and education nationally and internationally.

2. Scientific publications on clinical health promotion

17 articles, 1 PhD and 1 book chapter has been published.

- **Tonnesen, H.**, Lauridsen, SV. (2017). *Patient insight - perioperative smoking and alcohol cessation intervention?*. Clin Health Promot. 2017;7:18-21
- Roelsgaard, IK., Thomsen, T., Østergaard, M., Christensen, R., Hetlan, ML., Jacobsen, S., Andersen, L., **Tonnesen, H.**, Rollefstad, S., Semb, AG., Esbensen, BA. (2017). The effect of an intensive smoking cessation intervention on disease activity in patients with rheumatoid arthritis: study protocol for a randomised controlled trial. Trials. 2017 Nov 28;18:570. doi: 10.1186/s13063-017-2309-5.



- **Garmy, P.**, Clausson, EK., Berg, A., Steen Carlsson K., Jakobsson, U. (2017) Evaluation of a school-based cognitive behavioral depression prevention program. *Scand J Public Health*. 11 Dec 2017. doi: 10.1177/1403494817746537
- Lauridsen, SV., Thomsen, T., Kaldan, G., Lydom L.N. & **Tonnesen, H.** (2017). *Smoking and alcohol cessation intervention in relation to radical cystectomy: a qualitative study of cancer patients' experiences*. *BMC Cancer*. 17:793. doi 10.1186/s12885-017-3792-5.
- **Garmy, P.**, Clausson, E. K., Nyberg, P., & Jakobsson, U. (2017). *Insufficient Sleep Is Associated with Obesity and Excessive Screen Time Amongst Ten-Year-Old Children in Sweden*. *J Pediatr Nurs*. doi:10.1016/j.pedn.2017.11.009
- Jönsson J, Maltestam M, Bengtsson Tops A, **Garmy P.** (2017). *School Nurses' Experiences Working With Students With Mental Health Problems. A Qualitative Study*. *J Sch Nurs*. 23 Nov 2017. DOI: 10.1177/1059840517744019
- **Raffing, R.**, Jensen, TB., **Tonnesen H.** (2017). *Self-reported needs for improving the supervision competence of PhD supervisors from the medical sciences in Denmark*. *BMC Med Educ*. 17: 188. doi: 10.1186/s12909-017-1023-z
- **Tonnesen, H; Hovhannisyan, K;** Lauritsen, T; Bohlin, KS; Olsson, R. *Livsstilsfaktorer förbisedda i kirurgiska kvalitetsregister*. *Läkartidningen* 2017;114:EM4H
- Lauridsen, SV., **Tonnesen, H.**, Jensen, B. T., Neuner, B., Thind, P. & Thomsen, T. (2017). *Complications and health-related quality of life after robot-assisted versus open radical cystectomy: a systematic review and meta-analysis of four RCTs*. *BMC Syst Review*. 6:150. doi 10.1186/s13643-017-0547-y
- Andersen, A. E., Moberg, C., Bengtsson Tops, A., & **Garmy, P.** (2017). *Lesbian, gay and bisexual parents' experiences of nurses' attitudes in child health care - a qualitative study*. *J Clin Nurs*. doi:10.1111/jocn.14006
- Kumakech, E., Andersson, S., Wabinga, H., Musubika, C., Kirimunda, S. & **Berggren V.** (2017). *Cervical cancer risk perceptions, sexual risk behaviors and sexually transmitted infections among Bivalent Human Papillomavirus vaccinated and non-vaccinated young women in Uganda - 5 year follow up study*. *BMC Womens Health*. 2;17(1):40. doi: 10.1186/s12905-017-0394-y.
- Lauridsen, SV., Thomsen, T., Thind, P., **Tonnesen, H.** (2017). *STOP smoking and alcohol drinking before Operation for bladder cancer (the STOP-OP STUDY), perioperative smoking and alcohol cessation intervention in relation to radical cystectomy: study protocol for a randomised controlled trial*. *BMC Trials*. 18:329. doi:10.1186/s13063-017-2065-6
- **Garmy, P.**, Vilhjalmsdottir, R., & Kristjansdottir, G. (2017). *Bullying in School-aged Children in Iceland: A Cross-sectional Study*. *J Pediatr Nurs*. doi:10.1016/j.pedn.2017.05.009
- Rasmussen M, Fernández E, **Tonnesen H.** (2017). *Effectiveness of the Gold Standard Programme compared with other smoking cessation interventions in Denmark: a cohort study*. *BMJ Open* 2017; 7:e013553. doi:10.1136/bmjopen-2016-013553.
- **Garmy, P.**, Berg, A., Clausson, E. K., Hagell, P., & Jakobsson, U. (2017). *Psychometric analysis of the Salutogenic Health Indicator Scale (SHIS) in adolescents*. *Scand J Public Health*; 45(3), 253-259. doi:10.1177/1403494816680801
- Skoog, M., Hallström, I., & **Berggren, V.** (2017). *'There's something in their eyes' – Child Health Services nurses' experiences of identifying signs of postpartum depression in non-Swedish-speaking immigrant mothers*. *Scand J Caring Sci*. doi: 10.1111/scs.12392
- **Garmy, P.**, & Ward, T. M. (2017). *Sleep Habits and Nighttime Texting among Adolescents*. *J Sch Nurs*. doi:10.1177/1059840517704964



PhD Thesis

- **Lauridsen, SV.** *Perioperative smoking and alcohol cessation intervention in radical cystectomy: Cessation, complications and patient perspectives.* Clin Health Promot. 2017;7:Suppl 2.

Book Chapters

- **Garmy, P., & Clausson, E.** (2017). Att förebygga psykisk ohälsa i skolan: utvärdering av DISA. I "Barnliga sammanhang", red. Clausson & Nilsson. Kristianstad University Press.

3. Meetings and seminars where evidence has been disseminated by WHO-CC

- March 31, Master Class for anaesthesiologists. Perioperative complications related to smoking and alcohol, latest evidence, Stockholm
- April 9-10, HPH Summer School: Masterclass on setting up Evidence-based Health Promotion projects in Hospitals and Health Services
- April 11-13, The 25th International HPH Conference in Vienna
- April 21, Lecture on alcohol and operation, Neurosurgery Lund
- Visit from General Director Olivia Wigzell and Iréne Nilsson Carlsson, Senior Public Health Advisor, at the National Board of Health and Welfare
- June 7, Visit from Lennart Agén, Maria Sundström and Saga Rosen, from Systembolaget (The Swedish Alcohol Retailing Monopoly)
- Aug 30, Lecture on Lifestyle and Disease, Orthopaedic week, Umeå
- Sep 20, Workshop – Health promoting living habits and cancer survivors, Stockholm
- Oct 23, Lecture on lifestyles in relation to surgery, upcoming specialist doctors, Malmö
- Nov 6, Meeting about future collaboration with representatives from Ministry of Health and Social Affairs, Stockholm
- Nov 10, Meeting about potential collaboration with representatives from The Public Health Agency of Sweden, Stockholm
- Nov 22, Seminar, Presentation "New knowledge about education in patient-oriented health promotion", Malmö
- Dec 12, Prevention committee meeting, The Swedish Society of Medicine, Stockholm
- January 30, meeting on research funding from The Swedish Council for Information on Alcohol and Other Drugs, Stockholm



Term of Reference 2: To assist WHO to collect evidence and use this for a fast track implementation in Member States

Activity title: Materials for fast track implementation

Activity type: Product development (guidelines; manual; method) except eHealth which goes under providing technical advice to WHO

In order to support WHO and the prevention of non-communicable diseases the WHO-CC will develop materials such as; definition, business cases and “do’s and don’ts”, with the objective of raising awareness and knowledge of fast track implementation.

WHO-CC will assist WHO in developing an eHealth portal including brief intervention, with the purpose of developing and strengthening the eHealth portal as a tool for dissemination and information of evidence-based practice. The development of the eHealth portal follows the WHO process, which we support. This deliverable consists partly of publishing evidence-based practice and will be done in the second year of the four years period.

In the second year of the WHO-CC we have completed the work according to the plan for activity 2 (please see below). The development of the eHealth portal follows the WHO process, which we support. We will continue to participate in meetings and contribute when possible and required. In addition, we are participating in Live Incite, which is an E-health project.

Deliverables year 2 according to activity plan:

1. Definition of “Fast Track implementation”:

It is described as: **an implementation model over the course of one year, exclusively.**

The description is published in a publication from WHO-CC: Tonnesen H, Svane JK, Groene O, Chiou S-T. *The WHO-HPH recognition project: fast-track implementation of clinical health promotion – a protocol for multi-center RCT*. Clin Health Promot. 2016;6:13-20:

2. Business cases:

Understood as examples on evidence-based clinical health promotion or Policy Options for fast track implementation in clinical practice. We have conducted one business case and more are under development and will be presented in 2018.

Overall, 4 of 5 patients entering the hospital have 1 or more lifestyle related risk factor of importance for their present pathway. Adding health promotion to the pathway significantly improves their outcomes on short term – and in the long run. For example this business case shows the difference in costs with and without clinical health promotion. The hospital costs for ankle fracture surgery is 5,000 € in average per Danish patient, and usually includes: examinations, surgery (internal fixation), 1-2 days hospital stay and follow-up visit after 6 weeks at hospital. In comparison the average costs for risky drinkers undergoing similar procedures are doubled, due to extra examinations, medication, re-operation and prolonged stay, follow-up visits etc.



3. E-health: Live Incite

WHO-CC participated in this EU Project. It is a collaboration between Stockholm County Council/Karolinska University Hospital, WHO-CC at Bispebjerg-Fredriksberg Hospital, Copenhagen, Clinic Hospital, Barcelona, and Karolinska Institutet, Stockholm. The subject and scope is to improve the clinical outcomes of planned surgery by reducing risk factors for complications such as smoking and alcohol, through intensive, digital intervention programs supporting patients to change behavior.

Term of Reference 3: To assist WHO on teaching & training of staff in fast track implementation of evidence

Activity title: Teaching and training courses in practice

Activity type: Training and education

In order to strengthen the health service and support the WHO Framework Convention on Tobacco Control and the Global strategy to reduce the harmful use of alcohol, teaching/training courses for staff in health care will be established.

We will arrange Gold Standard Programme (GSP) courses on smoking and alcohol cessation intervention for staff in health care. The GSP course is related to the national initiative smoke free operation and the aim is to reduce surgical complications related to smoking and alcohol. After completing the course, participants can intervene patients in intensive smoking and alcohol cessation treatment. The GSP courses will be arranged in the first year of the four years period.

Train the trainer in fast track implementation. Programmes and related materials will be established to enhance the dissemination of the concept and raise the knowledge of fast track implementation among staff. It will take place during the third year.

No planned activity for the 2nd year but this course was held in addition.

1. Gold standard programme (GSP):

To educate health care staff in smoking- and alcohol cessation intervention, to reduce surgical complications related to use of tobacco and alcohol, a GSP course on Tobacco was held at the Centre in Malmö the 22nd -23rd of January and the 26th of February 2018 with participants from different parts of Sweden.



Term of Reference 4: To assist WHO to conduct research projects to gain further evidence for prevention and control of non-communicable diseases

Activity title: Evidence-based models for implementation incl patients and staff

Activity type: Research

By taking the WHO Health 2020 into account further evidence will be established and applied with Eastern Europe. Development of best evidence-based models for implementation includes related staff competences and collection of patient preferences. It will contribute in better programs that are more effective and easy to use, and will be developed in the third and fourth year.

The research projects will be performed within alcohol, tobacco, overweight, malnutrition, physical inactivity and co-morbidity. The focus would be on patient-centred research with clear societal and clinical perspectives in order to support the following implementation.

Collaboration with Eastern Europe and adjacent regions will be established to support dissemination of knowledge and best practices and results of evidence-based research. Dissemination of evidence-based models is done continuously, with the aim of improving successful implementation and making it possible for other countries to choose models that work in their clinical and cultural context. The collaboration with Eastern Europe takes place in the third and fourth year.

No deliverables year 2 according to activity plan. The activities planned will take place in the 3rd and 4th year.



Advisory Board



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**Sven
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