



Clinical Health Promotion – what does it mean?

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Many readers may have an intuitive understanding of Clinical Health Promotion to be something about better health among patients. The term consists of two parts; Health Promotion and Clinical, but what does it really mean?

Health Promotion was originally defined in relation to the whole population and public health. The Ottawa Charter gives the following definition: *'the process of enabling people to increase control over, and to improve their health'* (1). In the Health Promotion Glossary from the World Health Organization (WHO) it is also added that people should be enabled to increase control over *'determinants of health and thereby improve their health'* (2-3).

The other term 'clinical' is very old and derives from the Greek language, where *kline* is a couch or a bed. *Klinikos* means sloping, reclining or leaning back, and the corresponding Latin word is *clinicus* (4). Today the term is used in a broader sense to describe professional functions directly involving the patients, such as clinical intervention, clinical microbiology and clinical psychology. Likewise, a clinician is a health care professional specialised/authorised to be involved in and responsible for active patient management. Previously, the term clinician was limited to physicians, but now it also includes nurses, physiotherapists and others directly working together with patients.

The name of this scientific journal *'Clinical Health Promotion'* brings together different areas, involving quite different experts from different cultures, targeting different groups, using different strategies and having different goals. One may ask why it is relevant to bring the clinical and the public health areas together at all?

Traditionally, public health experts do seldomly interact or communicate directly with patients in hospitals and health care services, since their focus on public health often is aimed at populations as a whole. In contrast, the clinical experts do only to a minor degree interact or communicate with the whole population, because they have their focus on the individual patient, or groups of patients, and their relatives.

At first glance, the gap between the clinical specialists and the public health experts seems wide and difficult to bridge. At international conferences one may still experience well-esteemed public health experts recommend the clinicians to skip evidence-based health promotion activities for their patients, such as smoking cessation in relation to surgery. In addition, one may hear from highly esteemed clinicians that they do not want to consider offering their patients the same evidence-based activities. Instead, they would really appreciate if smoking cessation intervention is taken care of in a public health arena without relation to the clinical world.

However, when realising the number of patients in need of concrete health promotion in the clinical pathway, collaboration seems to be the only way forward.

Sometimes necessity is the mother of invention. Several years ago, Clinical Health Promotion was formally defined by the Terminology Council under the National Board of Health in Denmark, as it was necessary to clarify the clinical terminology for electronic medical records. Clinical Health Promotion was also integrated in the reimbursement system in line with treatment, so the definition was highly needed in the clinical daily life. It is defined as an activity or process, involv-



Editorial

ing elements of health promotion, disease prevention and rehabilitation, which takes place in the health care sector, and which involves the patient as the active (or activated) key person. The intention is to address and integrate health promotion in the patient pathways, thereby limiting the development of illness, complications and relapses as well as obtaining the highest possible level of health control and life quality (5).

Another important part of the answer to the question on why the clinical area and the public health field should work closer together has been given in recent high-quality studies. During the last decade, these studies establish the highest possible evidence level of Clinical Health Promotion. A good example is the benefit of adding concrete evidence-based health promotion programmes on smoking cessation to the surgical pathways in the same way as adding better surgical techniques. The significant effect can be measured directly on the surgical outcomes (6). The immediate treatment results improve on short term and the health gain becomes better on long term (7). Interestingly, further health promotion studies of the same high sci-

entific calibre are ongoing among other patient groups, and they will be published in the years to come.

In other words, the patients, their families, the community and the society as a whole have so much to win, if the hospitals and other health services offer the new and better intervention that combine clinical treatment and health promotion, thus bringing the clinical and the public health areas together.

References

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