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Prevention and management of chronic diseases: a shared approach

Lessons learnt from Health Promotion & Disease
Prevention



WP5: Health Promotion & Disease Prevention



Network of members & partners

Mission: to contribute to a healthier Europe by **promoting health** and **health equity** between and within European countries.

Core activities

- facilitating capacity building
- research to develop & communicate policy recommendations
- networking and cooperation

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WP5: Health Promotion & Disease Prevention

Outline:

- Background & Objective
- Approach & Steps
- Examples
- Outcomes

WP5 - Background

- Many chronic diseases are preventable, or their onset can be delayed, through **policies and interventions** that **address modifiable individual and social risk factors**
- There is a wealth of knowledge within EU MS on effective and efficient ways to prevent and manage NCDs and a **large number of good practices** regarding health promotion exists across the EU
- Good Practice approach within the Joint Action CHRODIS (WP5) is **complementary to the national activities** against chronic diseases

EU Reflection Process on Chronic Diseases - Final Report October 8th 2013

http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf

WP5 - Objective

- **Map and validate good practices across the EU**

(taking into account lifestyles, health-related behaviours & the socio-economic determinants)

- **Analyse how these could be transferred**

WP5 – Approach & Concept

Analysis of Health Promotion landscape

Criteria to identify good practices

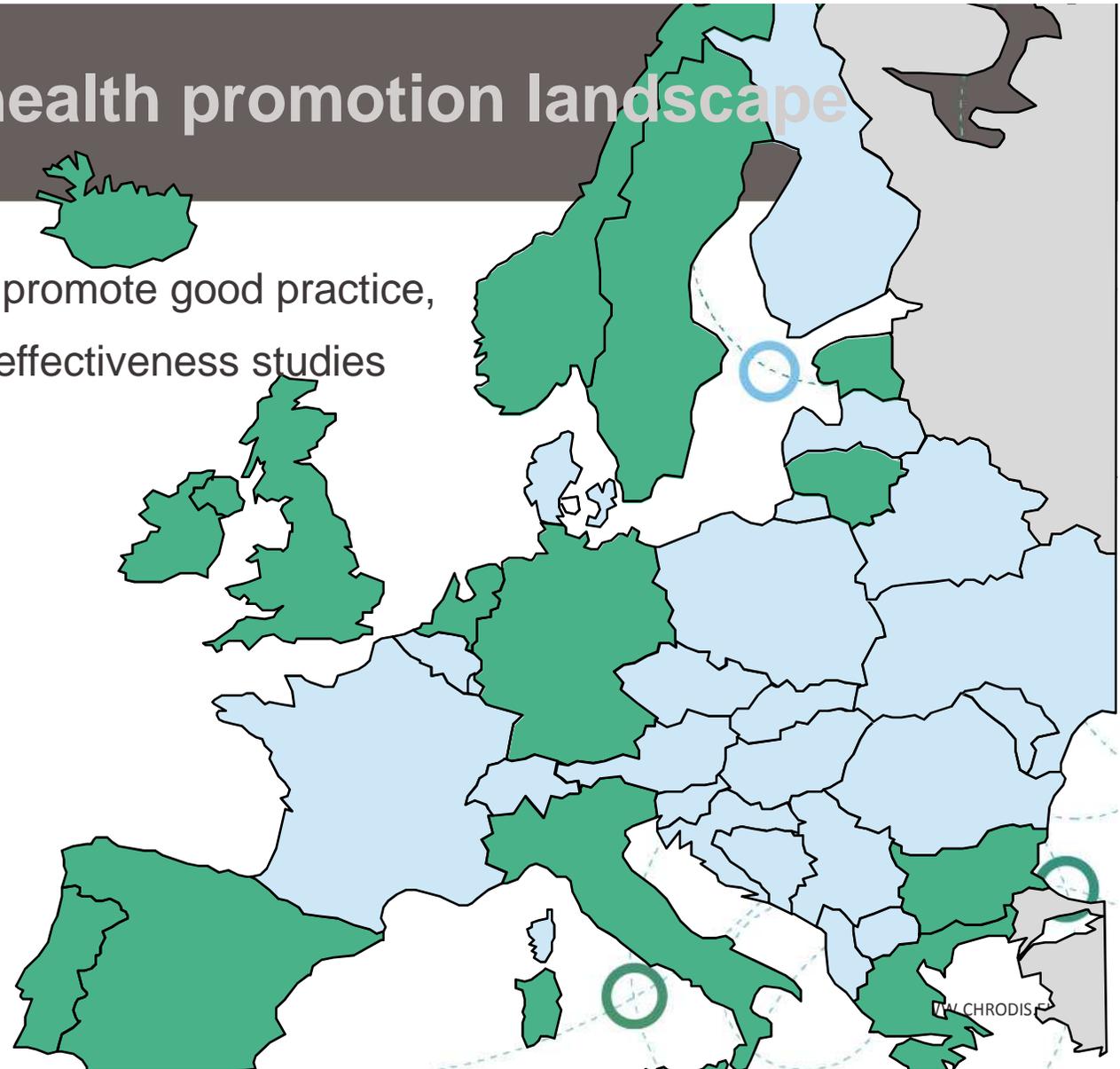
Health promotion /
primary prevention

Identification / Collection of good practices

Study visits & analysis of transferability

1) Analysis of health promotion landscape

- How they identify and promote good practice,
- Forecasting and cost-effectiveness studies
- Gaps and needs



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ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

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2) Selected criteria

10 criteria (& 28 categories)

- allow for comparison (weighted overall score)
- identification of strengths & short-comings of practices

(ranked by priority)

1. Equity
2. Comprehensiveness of the intervention
3. Description of the practice
4. Ethical Considerations
5. Evaluation

6. Empowerment and Participation
7. Target population
8. Sustainability
9. Governance and project management
10. Potential of scalability and transferability

3) Identification of Good Practice examples

41 Good Practice examples from 13 partner countries

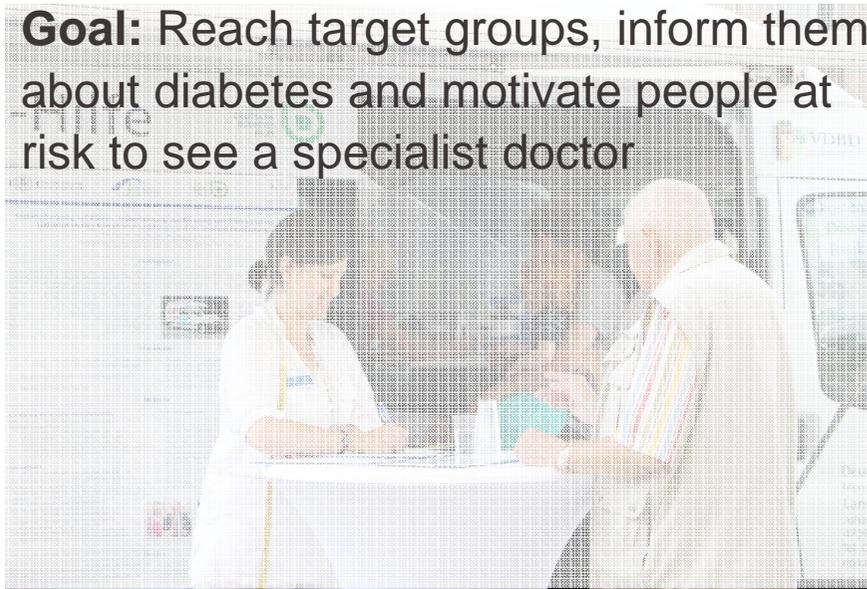
Pre-natal environment, early childhood, childhood and adolescence:	10 Good Practices
Adulthood / healthy ageing:	16 Good Practices
Whole life cycle:	15 Good Practices

= Reflecting a broad thematic range of interventions, policies & strategies across the life cycle, for various settings

- Specific examples related to diabetes

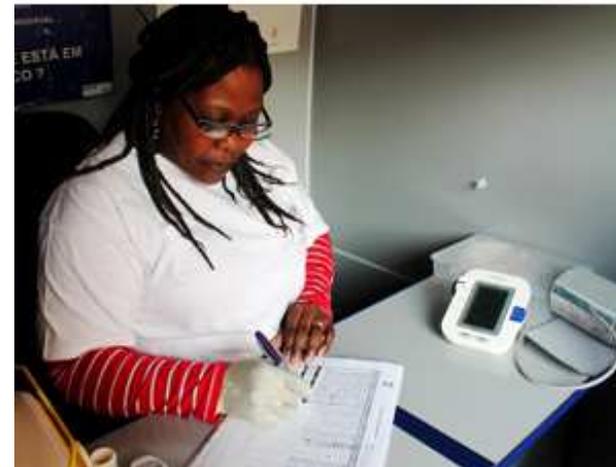
- Diabetes Counselling on Wheels (Germany)

- **Goal:** Reach target groups, inform them about diabetes and motivate people at risk to see a specialist doctor



- **Specific examples related to diabetes**

- Diabetes Prevention and Screening in Vulnerable Populations of the Metropolitan Lisbon Area (Portugal)
 - Main aim: Address the issue that **low socioeconomic populations** are at an increased risk to develop diabetes.
 - Main objectives: To **promote health** in vulnerable communities in the Lisbon Metropolitan Area; to **promote equity** in the access to healthcare; to implement **diabetes prevention**; to screen vulnerable populations for diabetes risk;



4) Study visits & analysis of transferability

Project	JOGG	PNPAS	Welfare watch	NCG & Welfare Watch	Lombardy WHP	Well London
Country	Netherlands	Portugal	Iceland	Iceland	Italy	UK
What?	Young People at a Healthy Weight 'JOGG'	Nat. Prog. for the Promotion of Healthy Eating	The Welfare Watch	National Curriculum Guides; Health and Wellbeing	The Lombardy Workplace HP Network	Well London Programme – United
Aim (goal)	Prevent overweight / obesity (↑ phys. activity, water, fruit & veg consumpt.;etc.)	Improve diet	Reduce impact of economic crisis on health	Improve physical, mental and social health	Improve workers' health (diet, smoking, phys. activity, road safety, alcohol)	Improve healthy living
Location / setting	Schools and community	Population level	Population level	Schools and community	Workplaces	Community
Target group(s)	Children / adolesc Parents Community	All age groups;	All age groups;	Pre-school and school children (2-19y.)	Adults (450+ companies & 200,000+ workers)	All age groups (18,746 indiv. - 35% of total 'target' pop

- **Analysis of transferability – work at study visits**

Identified how a practice could be transferred or scaled up

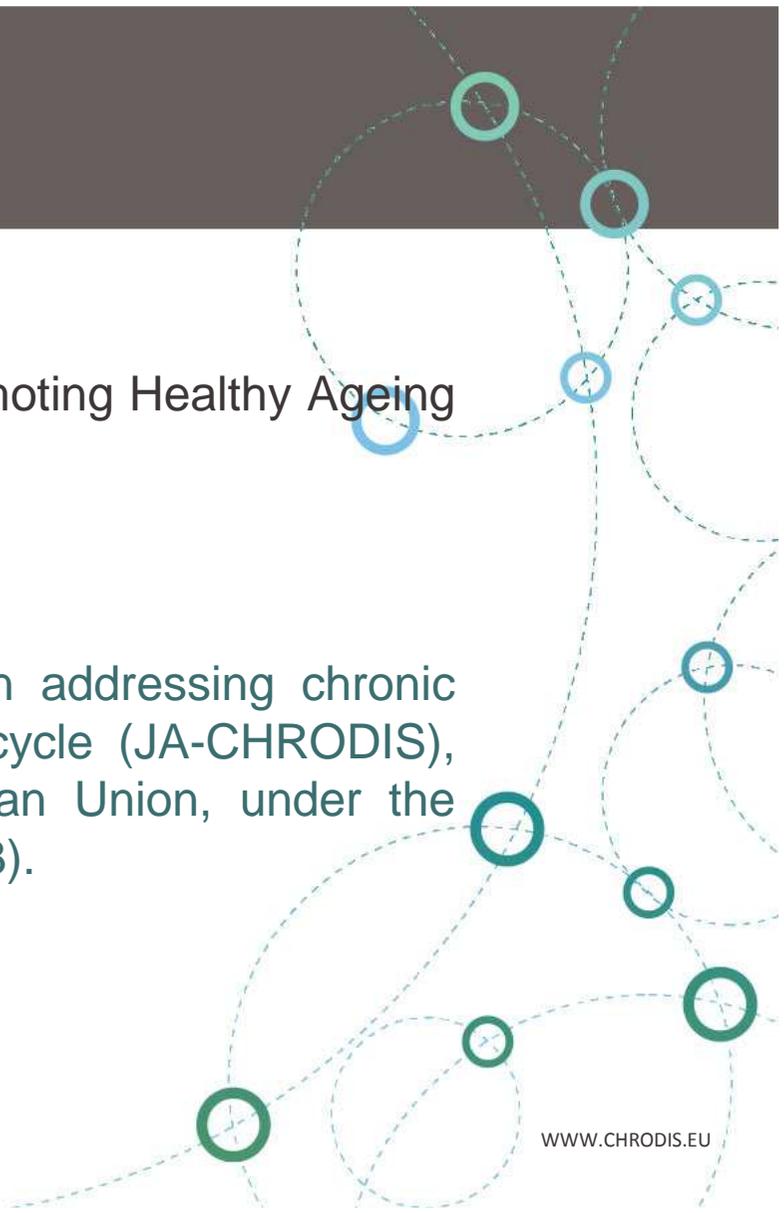
- **Learnt about its key elements**
 - E.g. stakeholders, target groups, funding, practical implementation, barriers and challenges, future plans, etc.
- **Identified how some elements could be transferred**
 - *to any generic setting*
- **Identified the elements that need to be adapted to the local context & situation of the new setting**

Transferability – Preliminary results

Preliminary results indicate that common key factors for success include:

- ❖ Intersectoral, multi-level approach with commitment also at highest level
- ❖ Bottom-up approach with inclusion of target population
- ❖ Importance of evaluation but especially monitoring
- ❖ Long-term programs with stable funding

Thank you



The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)

This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013).



Co-funded by
the Health Programme
of the European Union

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