

WP 5: Overview of Task 1

“Review of Existing Work,
Situation and Needs”



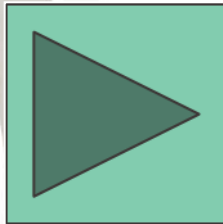
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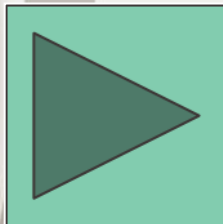
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**Objectives + Approach
Concepts
Questionnaire**



**Workshop Discussions – Questionnaire,
Approach and initial exchange on
Situation**



**Feedback, Comments and Agreement on
Task 1**

General Objectives CHRODIS

- Identify, exchange, scale-up and transfer **best practices** and effective interventions on **health promotion and chronic disease prevention** and **multi-morbidity**
 - focusing mainly on **cardiovascular disease, stroke and diabetes type 2**
 - that also address major risk factors, like diet, inactivity, alcohol abuse and smoking -social determinants of health
 - with a special focus on older people, inequalities
- For ‘Platform for Knowledge Exchange’, ‘Clearinghouse’

WP 5: Good Practice in the Field of Health Promotion and Disease Prevention

Objective:

Promote the exchange, scaling-up, and transfer of **highly promising, cost-effective** and **innovative** health promotion and chronic disease prevention practices (among older people)

Task 1: Review of Existing Work, Situation and Needs

Milestone: Set of Country Reviews (month 8)

WP 5 Deliverable: Report with Recommendations describing health promotion and disease prevention practices
(month 36)

Task 1: Review of Existing Work, Situation and Needs

Situation: to understand what countries are doing to prevent chronic disease and to promote health + to identify contextual differences between countries.

Existing Work: taking place in countries to identify what works to prevent chronic disease and to promote health.

Needs: in relation to developing and implementing highly effective policies, programmes and interventions to prevent chronic disease.

Objective Task 1: Create the foundations for further tasks

Task 1: Review of Situation, Existing Work and Needs

Task 2: Defining an approach (gp criteria)

Task 3: Identification of good practices

Task 4: Conference seminars

Task 5: Peer reviews/study visits



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Questionnaire = Country Reviews

Situation

1. Landscape

Structures to deliver HP, CDP
Policies on HP, CDP
Financing mechanisms
Implementing bodies

**Supporting Needs
Assessment
Guidance Doc**

Existing Work

2. Good practice databases (and/or other approaches to identify good practices)
3. Forecasting Studies
4. Cost-effectiveness Studies

Needs

5. Gaps and Needs

Task 1 Outputs

1. **Country Reviews** – by **27 July 2014**
2. **Supporting International Reviews (EuroHealthNet)** – by **Aug 2014**
Best practice databases
Foresight and Cost Effectiveness Studies
Other EC-funded projects, EIPAHHA, WHO, OECD
3. Overview Report  Delphi Process (good practice criteria)
by – **end Sept 2014**

Approach to Country Review Questionnaire

1. Desk top exercise + discussions/consultation with relevant experts
2. Expert Focus Group Workshop to discuss, develop and refine outcomes
Experts from MoH, health institutes and public authorities, foundations, NGO's, insurance companies, private bodies, etc

Partners from same country merge responses into a single Country Review

Concepts



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Best Practice

These are **interventions, programmes/services, strategies and policies** that have demonstrated desired changes **through the use of appropriate well documented research and evaluation methods.**

They have demonstrated through multiple implementations, the ability to be replicated and the potential to be adapted and transferred.

A best practice is one that is most suitable given the available situation and context.

(From Canadian Best Practice Portal)

What is a good practice?

From presentation by Enrique Bernal-Delgado (WP 4 lead) at EB meeting 02.04.12

- Quality of concept: evidence basis for intended impact
- Scope and relevance
 - Size of the population or group of patients affected
 - Severity of the population or group of patients affected
 - Expected size of the effect
 - Effectiveness beyond RCT
 - Efficiency: positive incremental ratio effect/costs compared to alternatives
 - Estimated budget impact
- Quality of implementation
 - Understanding of stakeholders
 - Understanding of information systems and gaps
 - Defined evaluation framework, assessing process and outcome, and regular monitoring reports
 - Sustainability, eventual additional resources, information systems, organisational development

CHRODIS good practice

Good practices identified in the context of CHRODIS should, ideally, be interventions, programmes/services, strategies and policies that:

- Focus on the needs of **older people** and and/or promote **healthy and active ageing across the life-course**;
- Practices that focus on those who are **less/least well off** (SES) and can **thereby contribute to reducing health inequalities**
- Practices that address **social determinants of health** and involve **integrated approaches**, initiated not only by the health, but also by/with e.g. social or private sectors.

Disease Prevention

This covers measures not only to prevent the occurrence of disease, such as risk factor reduction (primary), but also to arrest its progress and reduce consequences once established (secondary and tertiary)

Disease prevention is considered to be an action that usually emanates from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with different risk behaviours.

(WHO)

Health Promotion

This is the process of enabling people to increase control over and to improve their health.

Health Promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

(WHO)

Risk Factors

Any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (WHO)

The majority of Cardiovascular diseases, for example, is called by risk factors that can be controlled, treated or modified, such as high blood pressure, cholesterol, **overweight/obesity**, **tobacco use**, **lack of physical activity** and diabetes.

Major risk factors for type 2 diabetes are being overweight or obese, often linked to a **diet over-reliant on processed foods**, and **inactivity**.

Policy, Programme, Intervention

Policy: a principle or protocol to guide decisions and receive rational outcomes. It is a statement of intent, and is implemented as a procedure or protocol. A policy guides actions towards those that are most likely to be achieve a desire outcome (wikipedia)

Programme: A plan of things to be done to achieve a specific result (merriam-webster dictionary)

Intervention: This comes from 'intervene', which means to 'become involved in something in order to have an influence on what happens. (merriam-webster dictionary)

Healthy Ageing and Older person

Healthy Ageing is the process of optimizing opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

(Healthy Ageing, a Challenge for Europe, 2007)

Ageing is multi-dimensional. For the purposes of this work, an **older person** refers to those **65 and above**.

Innovation

A new idea, device, or method

The act or process of introducing new ideas, devices, or methods

(merriam-webster dictionary)

Social innovation: New ideas, products, services, organizational models that create new social collaborations and relationships, which help meet social needs more effectively than existing alternatives.

This can involve the transfer of existing ideas from one field, region or locality to another, through broad-based and multi-sectoral partnerships.

(Adapted from Caulier-Grice et al. Study on Social Innovation.2010:17-18)