

# Joint Action on Chronic Diseases and Healthy Ageing Across the Life Cycle

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## DISSEMINATION STRATEGY



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This communication strategy describes the activities that EuroHealthNet, as JA-CHRODIS work package 2 leader, and all JA-CHRODIS partners will undertake to ensure the visibility of JA-CHRODIS and communicate its outcomes and results. Its main purpose is to inform JA-CHRODIS partners on how they must contribute to the Joint Action's activities and provides them with guidance relating to their communication tasks. While this communication strategy is addressed to JA-CHRODIS partners, it can also serve to inform an external audience about JA-CHRODIS communication activities.

Following a general introduction, Part I of this document sets out the objectives of the communication strategy and discusses the target and stakeholder groups and key messages. Part II sets out the different communication tools that EuroHealthNet and JA-CHRODIS partners will develop and apply to inform key audiences about JA-CHRODIS and to disseminate the main JA-CHRODIS deliverables and outcomes. Since all JA-CHRODIS partners are responsible for communicating the Joint Action, Part III discusses how they should plan their activities and report back to EuroHealthNet on progress made.

Annex I of this document shows procedures that will be applied to approve the main JA-CHRODIS outputs for dissemination. Annex II includes short descriptions of each of the JA-CHRODIS content-related work packages and some initial key messages that have been developed in collaboration with the relevant work package leads. Annex III includes the reporting back template that all partners must fill out during the course of the Joint Action, on the communication activities undertaken. To facilitate use, this template is also available as an Excel file. Annex IV includes a list of all JA-CHRODIS deliverables and milestones. Annex V is a separate Excel file that lists conferences, publications and thematic dates where information about the JA-CHRODIS can be communicated, as well as organisations that can provide information about and link their websites to the JA-CHRODIS website.



## I. Introduction

The aim of project communication is to win the understanding and support of identified target and stakeholder groups, as well as to influence their opinions and behaviour. Effective project communication addresses questions like ‘what do we want to achieve?’, ‘who do we want to reach?’ and ‘what do we want them to know?’ This can only be realised through a *strategic* plan of action. This communication strategy presents a plan of the actions that we, EuroHealthNet as work-package leaders, in collaboration with the JA-CHRODIS Communications Group<sup>1</sup>, and you, all JA-CHRODIS partners, will undertake to ensure that JA-CHRODIS and its outputs (e.g. reports, scientific articles, training programmes, the JA-CHRODIS website and the Platform for Knowledge Exchange) are effectively communicated, to influence the opinions and behaviours of its target audiences and stakeholders regarding the prevention and management of cardiovascular disease, stroke, type 2 diabetes and the care of patients with multimorbidity.

Communication is a horizontal work package that is crucial to the Joint Action’s success. The success of JA-CHRODIS depends on the quality of the work produced in the different work packages. It also depends on the extent to which we communicate our work to the right target audiences and stakeholders, so that it becomes known and has a sustainable impact on policy and practice in relation to prevention and management of cardiovascular disease, stroke, type 2 diabetes and the care of patients with multimorbidity in the EU. We are a consortium with over 60 partners, representing national ministries and institutes of health, research bodies and networks from across Europe. If we all contribute actively to communicating about JA-CHRODIS, we can ensure a broad reach and a strong impact.

A special report of the Court of Auditors of the EU Public Health Programme between 2003 and 2007<sup>2</sup> found that many initiatives co-funded by the Programme did not put enough emphasis on communication. Projects were e.g. not making their products and results known to stakeholders, there was limited communication to and with scientific and academic bodies, and major stakeholders such as health ministries and public health institutes often did not know about the actions or the results achieved. In addition, communication was mostly one-sided (i.e. top-down) and the outputs of projects were

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<sup>1</sup> EuroHealthNet’s communication activities will be supported by a JA-CHRODIS Communication Group. This consists of a designated person from each of the main work packages as well as representatives from the European Regional and Local Health Authorities (EUREGHA), the European Patient’s Forum (EPF), The Institute of Health Carlos III (ISCI) and the European Institute of Women’s Health (EIWH). The group will provide feedback on the communication tools developed.

<sup>2</sup> European Court of Auditors. *The EU’s Public Health Programme (2003-2007). An effective way to improve health?* Special Report 2, EC, 2009. [http://ec.europa.eu/health/programme/docs/php2003-2007\\_an\\_effective\\_way\\_to\\_improve\\_health.pdf](http://ec.europa.eu/health/programme/docs/php2003-2007_an_effective_way_to_improve_health.pdf)

rarely taken up after the end of a project. The present document provides information and guidance on how we, as JA-CHRODIS partners, can seize the opportunity that the Joint Action provides to improve the prevention, management and treatment of chronic diseases in the EU, and avoid the shortfalls outlined by the Court of Auditors report.

## II. The Why, Who and What of the JA-CHRODIS Communications Strategy

### WHY are we communicating?

All effective communication requires a clear understanding of the current situation around the topic being addressed and the desired outcomes. In the case of the JA-CHRODIS, the existing situation is that all EU Member States currently face high levels of chronic disease (cardiovascular disease, stroke and type 2 diabetes). Governments and relevant actors across the EU are looking for effective ways to prevent rising levels of chronic disease, in order to increase healthy life years, improve the quality of life of EU citizens, and contain rising healthcare costs.

There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, stroke and type 2 diabetes. There is great potential in making better use of this knowledge by identifying the most promising approaches and facilitating the exchange of information between, in particular, policy-makers and health professionals across the EU, so that they can be more widely applied. JA-CHRODIS has been designed to harness this potential. When raising awareness about JA-CHRODIS, its goals, objectives and processes, it is important that we, as JA-CHRODIS partners, make target audiences and key stakeholders aware of the value in identifying and validating promising approaches or good practice from across the EU, to encourage the uptake of JA-CHRODIS outputs.

The four main communication objectives of JA-CHRODIS are:

1. To **raise awareness** about the issue of chronic diseases in Europe, and the existence of the Joint Action;
2. To **build knowledge** about the situation relating to the prevention, management and treatment of chronic diseases in EU Member States and how the work of the Joint Action can contribute to solutions;
3. To **involve stakeholders** in the process of identifying solutions;
4. To **encourage stakeholders to apply JA-CHRODIS outputs** (e.g. Platform for Knowledge Exchange, multimorbidity case management training programmes, guidelines on national diabetes plans and recommendations on health promotion



and primary prevention) and to thereby influence their behaviours. Please see Annex IV for a list of all main JA-CHRODIS deliverables and milestones.

## WHO are our target audiences and key stakeholders?

In addition to ourselves, as JA-CHRODIS partners, our target audiences and key stakeholders are those individuals and bodies that are not directly involved in the JA but that are interested in and can benefit from it. While the terms ‘target audience’ and ‘stakeholders’ are similar, the latter refers to those that are interested in the Joint Action’s outputs and also have the ability (i.e. power and influence) to become engaged by contributing to its work and implementing its outputs. We are interested in communicating information to JA-CHRODIS target audiences, to raise awareness and communicate findings, and to key stakeholders, so that they contribute information, engage with JA-CHRODIS partners and apply project outputs like the good practices and guidelines that will be included in the Platform for Knowledge Exchange.

EuroHealthNet developed a document on *Stakeholder Mapping and Analysis* that we sent to you in March 2014. This document set out how you can identify and select target audiences and key stakeholders. It encouraged you to consider what outcome and impact you would like the work packages that you are involved in, as well as the Joint Action as a whole, to have and to assess the particular stakeholders that are key to making this happen. It also encouraged you to consider the level of influence that possible stakeholders have, in order to identify those that are most likely to help JA-CHRODIS achieve its objectives and make a strong impact.

To date, September 2014, we received 15 responses from 11 countries to the Stakeholder Mapping and 20 responses from 12 countries to the Stakeholder Analysis questionnaire. The contacts provided have been included in the JA-CHRODIS database. Although key target audiences and stakeholder groups vary somewhat between work packages (see Annex II), the overall responses to the Stakeholder Analysis and Mapping confirm that JA-CHRODIS’ main stakeholders are decision-makers in national ministries of health, as well as public health and health care professionals across the EU. Since we are primarily interested in ensuring that these contacts also engage with the project and apply JA-CHRODIS findings and outcomes, we will primarily refer to them as our stakeholders.

## WHAT key messages do we want to convey?

In addition to being clear about the rationale of our communication activities and our key stakeholders, we must carefully consider *what* we would like to convey about the Joint Action. These key messages will be stated on the JA-CHRODIS website, in brochures and presentations about the Joint Action and in all main JA-CHRODIS outputs.



To identify key messages, it is important to look through stakeholders' eyes, and to identify what they would potentially like to know about JA-CHRODIS. The key messages should address what makes the project different, and why recipients should care. Key messages could surprise stakeholders with new information or provide convincing evidence to make a point. They should be concrete, credible and simple. A story aspect can often 'humanise' ideas and help readers relate to the content.

Annex II includes short descriptions of JA-CHRODIS Work Packages, their specific key stakeholders, as well as some initial key messages formulated by Work Package leaders. EuroHealthNet and the Communication's Group will continue to develop and strengthen JA-CHRODIS key messages as work progresses, and disseminate them through communication tools like the website, social media, brochures and the newsletter (see below).

### III. HOW we will communicate

We will employ a number of channels and tools to convey JA-CHRODIS key messages and outputs.

Please note: the communication tools described below and produced by EuroHealthNet in collaboration with the Communication Group will be in English. A number of JA-CHRODIS partners have funds for translation in their budgets. EuroHealthNet and the relevant work package leaders and partners will decide how best to apply these budgets to maximise awareness and impact in non-English speaking countries. In addition, a glossary of key terms and concepts will be available on the JA-CHRODIS website and Intranet (see relevant section below) to ensure that they are consistently applied and communicated.

**All JA-CHRODIS partners should consider how they can apply the channels and tools described below to raise awareness about JA-CHRODIS and its outputs, and include this in their communication action plans (see Part III).**

### Visual identity, logo and templates

JA-CHRODIS must have a clear brand, to profile and distinguish it from other initiatives. The JA-CHRODIS logo (selected by the JA-CHRODIS Executive Board and EC representatives) forms the basis for the visual identity of JA-CHRODIS and has and is incorporated into the design of the website, other promotional materials and Word & PowerPoint templates. The logo consists of four overlapping circles symbolising JA-CHRODIS' four main work packages on health promotion, type 2 diabetes, the care of multimorbid patients and the overarching Knowledge Platform. **Please use the JA-CHRODIS logo as appropriate in all materials that relate to the Joint Action (e.g. presentations, reports and other publications).**

In addition, it is important that all information about the JA-CHRODIS includes or conveys the following sentence:

*This (information/presentation/article/...) originates from the Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) which has received funding from the European Union, in the framework of the Health Programme (2008-2013).*

A PowerPoint presentation that you can use and adapt is available on the JA-CHRODIS Intranet. This template presentation includes one slide with the above mentioned disclaimer, which should always be shown at the end of each presentation. On the Intranet there is also a Word template available that we ask you to use for all JA-CHRODIS documents, reports and publications.

**Completion of JA-CHRODIS visual identity: May 2014**

## Website

The website will be the most important channel to communicate about JA-CHRODIS. The website is online and accessible via [www.chrodis.eu](http://www.chrodis.eu) and [www.chronicdiseases.eu](http://www.chronicdiseases.eu). EuroHealthNet will maintain the website and update it on a regular basis.

The website provides an overview of JA-CHRODIS and will include all outputs and make them accessible to stakeholders and the general public. It will link to the Platform for Knowledge Exchange and links to the Intranet. The Intranet enables all JA-CHRODIS partners to link with one another and download documents produced within the project. JA-CHRODIS partner FCSAI (Spanish Foundation for International Cooperation, Health and Social Policy) in collaboration with the JA-CHRODIS coordinators Institute of Health Carlos III (ISCIII), have contracted the organisation Magic Data to develop, host and maintain the Intranet.

EuroHealthNet will provide a “starter package” text with information about JA-CHRODIS and the website link. **Please ensure that the website link is included in your organisation’s website.** EuroHealthNet will also disseminate this text to relevant stakeholders listed under ‘other organisations’ in Annex V, and ask if they can include a link to the JA-CHRODIS website from their websites. **Please support this by also forwarding information about the JA-CHRODIS website to other stakeholders and asking them to link their sites to our site.**

We also request that you **ensure that the information on the website relating to your organisation (logo, contact person, etc.) is up to date.** Please, in addition, **send EuroHealthNet information on e.g. relevant high-level events and new publications regularly,** so that we can post this information on the website (see contact details at the end of Part III).





JA-CHRODIS will collaborate with the **European Partnership on Active and Healthy Ageing (EIP-AHA)**. This is an initiative by the European Commission that brings together stakeholders from public and private sectors across different policy areas to work together on activities and projects to find innovative solutions that meet the needs of ageing populations. A section about JA-CHRODIS will be incorporated into the EIP-AHA Portal, while the JA-CHRODIS website also includes information on the EIP-AHA and a link to its Portal.

**Completion of the JA-CHRODIS website: July 2014**

**Completion of the Intranet: September 2014**

**Completion of the Platform for Knowledge Exchange: 2016**

**Section of JA-CHRODIS in EIP-AHA Portal: Early 2015**

## Electronic newsletter and contact database

EuroHealthNet will produce at least two online newsletters per year in cooperation with all JA-CHRODIS partners to inform target audiences and stakeholders about the JA-CHRODIS and its activities. EuroHealthNet will propose a structure and content for the newsletter to the Executive Board (EB) based on the Joint Action's progress and the activities that have taken place. The EB will then review and approve the content of the newsletter prior to dissemination. All JA-CHRODIS partners may be asked to contribute content to the newsletter.

EuroHealthNet will send the first newsletter to the contacts that partners identified in their stakeholder mapping exercise. The newsletter will also be sent to the participants of the EU Summit for Chronic Diseases that took place in Brussels the 3<sup>rd</sup> and 4<sup>th</sup> April 2014. On the basis of these two sources alone, the first newsletter is likely to reach up to 750 stakeholders working at the local, regional, national and European level across the EU. Others interested in receiving the newsletter will be able to sign up via a link on the JA-CHRODIS website.

**Please include information about the JA-CHRODIS newsletter in your organisation's internal and external newsletters and/or forward it to your organisations' contacts and encourage target audiences and key stakeholders to sign up, to maximise the dissemination of the newsletter.**

**Completion of JA-CHRODIS Stakeholder Database: June 2014 and updated regularly**

**Completion of Newsletters: End 2014, start and end 2015 and 2016**



## Social media

Social media enables information about JA-CHRODIS and its outputs to reach a large and broad audience. It also means this information will not simply be disseminated in a top-down fashion, but makes it possible to receive feedback and suggestions from stakeholders. DG SANCO's Twitter account for example had more than 8,000 followers in May 2014 that can all be informed about and engaged in JA-CHRODIS.

EuroHealthNet will initially focus on setting up and maintaining social media outlets for JA-CHRODIS on Twitter and Facebook. We may also consider expanding our social media reach to other online platforms, such as LinkedIn and Google+.

**You can contribute by linking and following JA-CHRODIS accounts to your personal accounts and encourage your organisation to do so too:**

**Twitter: EU\_CHRODIS**

**Facebook: EU\_Chrodis**

**Completion of Twitter and Facebook account set up: May 2014**

## Publications

Your organisation's internal or external newsletters, magazines, professional or academic journals that reach target groups and stakeholders are also important channels through which to communicate about JA-CHRODIS and its outputs. **Please consider which publications most effectively reach JA-CHRODIS target audiences and stakeholders within and beyond your organisation and inform EuroHealthNet.** A list of potential publications in which information can be published, based on information that we received from partners through the Stakeholder Analysis Questionnaire, is available in Annex V. It includes publications like The Lancet, BMJ or the European Journal of Public Health (list 2). We will continue to update this document and identify, within Executive Board Meetings, opportunities to publish articles based on the work of JA-CHRODIS in the Journals and sources listed. **Please discuss opportunities to publish articles in such journals and publications with the relevant work package leader and pursue these opportunities.**

### Publication in professional or academic journals

Prior to any scientific publication concerning JA-CHRODIS, the relevant WP leader should inform the coordinators and WP 2 dissemination lead about any publication foreseen, and provide them with an abstract of proposed article, for approval. If you do not hear back from either before the publication's submission deadline, you can assume there is no objection to its publication.

To be considered as an author of a scientific article based on JA-CHRODIS findings, you must meet all of the following three criteria: 1) made a substantial contribution to the conception, design, acquisition, analysis and interpretation of data, 2) drafted the article or revised it critically for relevant intellectual content, 3) given final approval to the version to be published. The Executive Board will agree further guidelines on authorship and on how partners can use JA-CHRODIS findings and these will be provided on the JA-CHRODIS Intranet.

## Conferences and events

We would also like you to identify opportunities to present the work of JA-CHRODIS at national and international conferences and events on relevant themes and involving target audiences and stakeholders. Please inform the Coordination and EuroHealthNet if you are planning to present on JA-CHRODIS activities and outputs at any major conferences.

A general PowerPoint presentation on JA-CHRODIS with key objectives, expected outcomes and outputs, as well as a PowerPoint slide about JA-CHRODIS that can be inserted into a presentation, will be available on our website (under Our Work/Communication) and the Intranet.

A list of potential conferences where JA-CHRODIS can be presented, based on information that we received from you through the Stakeholder Analysis Questionnaire, is available in Annex V. Annex V is a 'live' document that will be updated on a continuous basis. **Please let us know of other relevant conferences and events that will be attended by key stakeholders so that we can support efforts to communicate JA-CHRODIS at these occasions.**

## Visual promotional materials (poster, leaflets, videos, etc.)

EuroHealthNet and the JA-CHRODIS Communication Group will produce promotional materials like brochures, posters, and infographics as well as pens and other give-aways. We have also produced a JA-CHRODIS roll-up banner that can be displayed at conferences and events. The main objective of the promotional materials is to capture people's attention and guide them to the JA-CHRODIS website, where they can find further information, and to present JA-CHRODIS to convey key messages and findings. **Should you wish to distribute promotional materials or display the banner at an event, please contact us and the JA-CHRODIS coordination.**

EuroHealthNet and the JA-CHRODIS Communication Group will also produce two videos about JA-CHRODIS. The first video will be produced to introduce the initiative, its



background, objectives and approaches. Towards the end of the project, a second video will be produced to promote JA-CHRODIS outputs. The videos and/or other JA-CHRODIS promotional material will aim to include personal testimonies, to capture the interest of target audiences and stakeholders.

**Completion of promotional materials, including first video: Start 2015**

**Second video: End 2016**

## Print Media/Press Releases

EuroHealthNet will issue general JA-CHRODIS press releases when deliverables are produced or events like Consortium Meetings or Stakeholder Meetings take place and disseminate these via the JA-CHRODIS and EuroHealthNet contact databases. **We will provide you with draft press releases that you can adapt to the needs of your organisation and distribute to target audiences and stakeholders across your national networks.**

You may also want to initiate a press release relating to deliverables or other relevant JA-CHRODIS-related developments and events. If so, please send an English version of the press release to Anna Gallinat (contact details below) for information and review, since it is important to ensure that all information broadly disseminated about JA-CHRODIS is conform to its objectives and standards. The Executive Board may review the draft press releases about JA-CHRODIS, depending on the level of dissemination.

**Date of Completion: as appropriate during the course of the Joint Action**

## Webinars

In 2016, EuroHealthNet will organise a series of webinars to communicate JA-CHRODIS outputs to key stakeholders. The content and structure of these will be developed closer to this date and in cooperation with the coordinator and the WP leaders.

**Date of completion: 2016**



## Approval Processes for JA-CHRODIS deliverables and outputs

It is important that JA-CHRODIS partners agree on the content of the main JA-CHRODIS deliverables and outputs, like reports, scientific articles and training programmes as well as the Platform for Knowledge Exchange with the repositories of good practice and the online evaluation tool. Annex I therefore illustrates, via a flowchart, how consensus will be achieved amongst JA-CHRODIS partners, the JA-CHRODIS Executive Board, its Advisory Group and the Governing Board, before JA-CHRODIS deliverables and other outputs are disseminated.



### III. JA-CHRODIS partners' Communication and Reporting template

It is vital to the overall success of JA-CHRODIS that all partners communicate about the Joint Action and its outputs. **We therefore ask that you develop your own communication action plans and report back to us on your communication activities on a regular basis.** This entails that you consider, as outlined earlier in this document:

1. To **whom** you would like to communicate (outcomes of the stakeholder mapping)
2. **What key messages** you would like to convey. One approach could be to assess what target audiences and stakeholders currently think about the topic at hand, and then consider what you would like them to think.
3. **How** to communicate, or what tools you can use, to best reach your target audiences and stakeholders.

Once you have considered these questions, please list the communication and dissemination activities that you plan to undertake, and indicate when, during the course of the Joint Action, these are completed. **A template for your communication action plan is included in Annex III of this document, and is also available in Excel format.** The plan/report requires that you provide further details about the activity (e.g. language, audience, numbers reached). **Please include as much quantitative information as possible in relation to the reach of the activity (e.g. how many website hits, newsletter recipients, conference attendees, etc.) as these will be taken into account in the evaluation of dissemination activities.**

This exercise needs to be carried out regularly. **EuroHealthNet will ask you to provide a copy of your communication action plan/report at the start of 2015, prior to the second JA-CHRODIS General Assembly Meeting, and then twice a year, prior to the third JA-CHRODIS General Assembly Meeting and another relevant Executive Board Meeting.** This information will feed into JA-CHRODIS' monitoring and evaluation activities and enable us, where necessary, to adapt and strengthen JA-CHRODIS' communication activities.

### Monitoring and Evaluation

The effectiveness of our communication strategy will be reviewed as part of the overall evaluation of the JA-CHRODIS. It will be based on an analysis of the communication tools produced and e.g. the number of website visits, press releases and social media activity. It will also be based on an analysis of all partners' reporting templates. EuroHealthNet will review such indicators on a regular basis, and update the communication strategy each year to adapt it as appropriate, to help ensure that the communication of JA-CHRODIS and its outputs is as effective as possible, to optimise its overall impact.



## Contact Details

### Coordination: Institute of Health Carlos III (ISCIII)

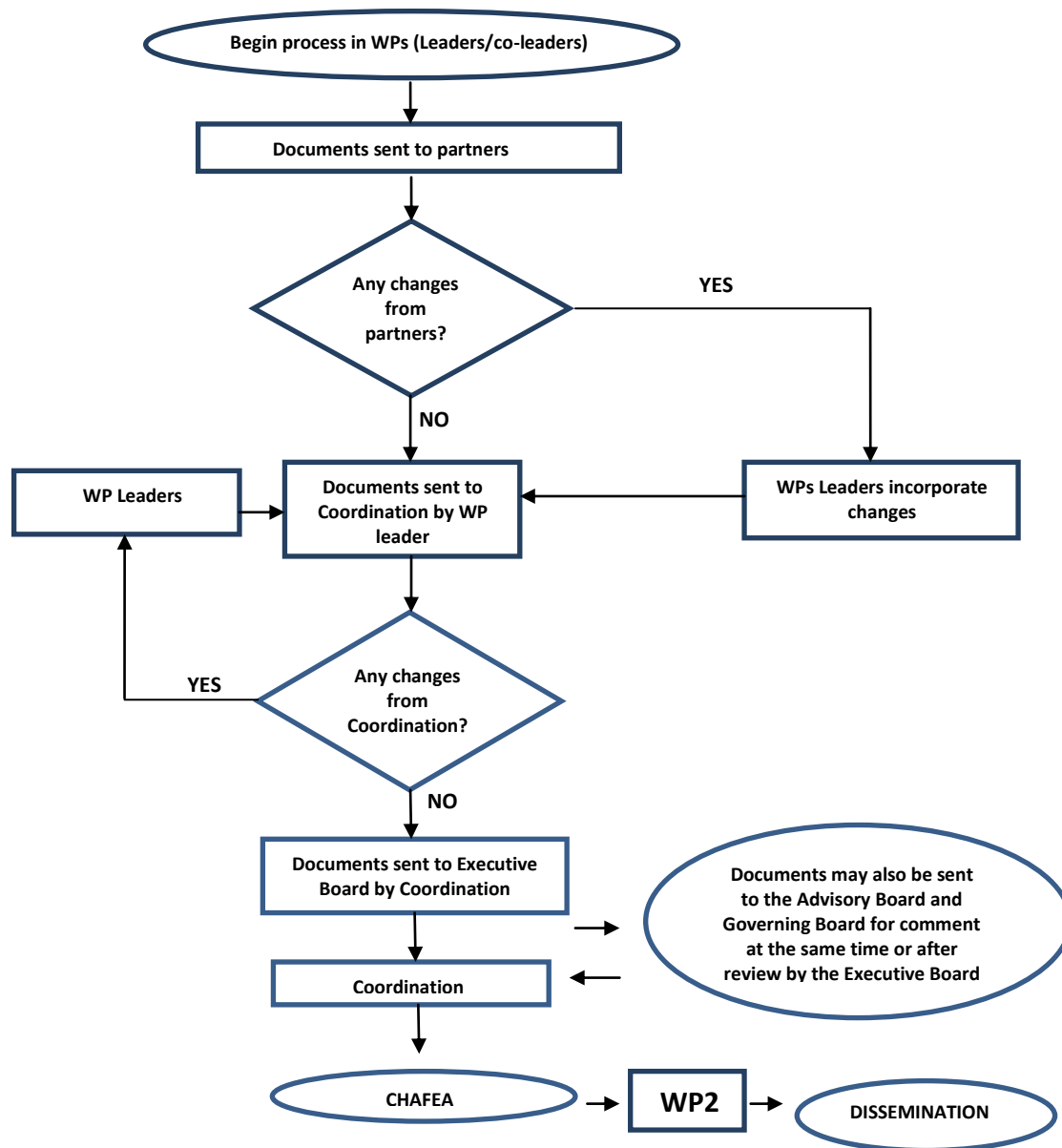
<b>Teresa Chavarría</b> <i>JA-CHRODIS Coordinator</i>	<a href="mailto:tchavarria@isciii.es">tchavarria@isciii.es</a>	0034.91.822.2124
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<b>Catalina del Río Faes</b> <i>JA-CHRODIS Financial Manager</i>	<a href="mailto:crio@eu-isciii.es">crio@eu-isciii.es</a>	00 34 918 222 875

### Communication Leaders: EuroHealthNet

<b>Ingrid Stegeman</b> <i>Health Promotion Europe Manager</i>	<a href="mailto:i.stegeman@eurohealthnet.eu">i.stegeman@eurohealthnet.eu</a>	0032 2 235 0327
<b>Anna Gallinat</b> <i>Communications Officer</i>	<a href="mailto:a.gallinat@eurohealthnet.eu">a.gallinat@eurohealthnet.eu</a>	0032 2 235 0327



## Annex I – Communication Flowchart for main JA-CHRODIS deliverables and milestones<sup>3</sup>



<sup>3</sup> See page 10 for more information on the approval process of scientific publications



## Annex II – Work Package Descriptions and Key Messages

The following includes short descriptions of the content-related JA-CHRODIS work packages, their key stakeholders, as well as some initial key messages formulated with the help of Work Package leaders.

### ***Work Package 4: Platform for Knowledge Exchange***

#### **Description:**

This work package will build a Platform for Knowledge Exchange (PKE) where decision-makers, caregivers, patients, and researchers across the EU can find and share the best knowledge on chronic diseases. The PKE will include:

- A **clearinghouse** of good chronic disease practices and policies across Europe, selected on the basis of criteria agreed by experts across the EU;
- An **online tool** to allow users to **evaluate** practices, interventions and policies using assessment criteria established by JA-CHRODIS;
- An **online helpdesk** with expert consultants to advise users on the development, implementation and evaluation of chronic disease practices.

This work package will also support other thematic work packages in the process of identifying **good practice assessment criteria** by using a modified Delphi methodology.

#### **Key Stakeholders:**

Policy-makers, professionals working in the fields of healthcare, public health, health promotion and disease prevention as well as researchers and patients and the private sector

#### **Key Messages:**

- There is a wide range of policies and practices across the EU to promote health and prevent, treat and manage cardiovascular disease, stroke and type 2 diabetes, but often these so-called good practices are not evaluated. The Platform for Knowledge Exchange will be the first EU-wide repository of good practice, evaluated against broadly agreed assessment criteria, on the prevention, treatment and management of these chronic diseases.
- JA-CHRODIS will develop and apply an online evaluation tool that will be available on the Platform for Knowledge Exchange and that can be used by all those that would like to validate their good practice.
- The range of stakeholders, representing different disciplines, involved in developing the Platform for Knowledge Exchange and producing the assessment criteria for the online evaluation tool will ensure that these instruments are strong, reliable and sustainable.
- The Platform for Knowledge Exchange will provide policy-makers and health professionals across the EU with insight into what is happening in these fields in other European countries and the ability to

exchange with European colleagues on how best to address cardiovascular disease, stroke, type 2 diabetes and multimorbidity.

## ***Work Package 5 – Good Practices in health promotion and prevention of chronicity***

### **Description:**

The aim of this work package is to map, validate and transfer good practices that exist across the EU in relation to health promotion and primary prevention of chronic disease. The focus will be on cardiovascular diseases, stroke and type 2 diabetes. The work will take into account lifestyles and health-related behaviour as well as the socioeconomic determinants that influence them.

### Expected outcomes are:

- A set of criteria to identify and evaluate good practice primary prevention approaches.
- A collection of validated good practice approaches in the field of health promotion and primary prevention
- A recommendations report describing effective health promotion and primary prevention practices across the EU, including a description of success factors and barriers to transfer or scale up a promising practice into a new context

### **Key Stakeholders:**

Policy-makers, professionals in the fields of public health, health promotion, primary prevention and healthcare, researchers

### **Key Messages:**

- Heart disease, stroke and type 2 diabetes are largely preventable by means of effective policies and interventions that tackle shared modifiable individual and social risk factors (tobacco use, unhealthy diets, physical inactivity, harmful use of alcohol).
- Investing in effective health promotion and primary prevention policies and interventions can improve individual quality of life and save lives and public resources, e.g.:
  - The major causes of chronic diseases are known, and if these risk factors were eliminated, at least 80% of all heart disease, stroke and type 2 diabetes would be prevented.<sup>4</sup>
  - 40% of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach (NHS Health Scotland, Health Inequalities Policy Review, June 2013.)

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<sup>4</sup> [http://www.who.int/chp/chronic\\_disease\\_report/part1/en/index11.html](http://www.who.int/chp/chronic_disease_report/part1/en/index11.html)

- 4 /5 deaths of people under the age of 75 in the UK are estimated to be preventable, with a total annual cost of 187 billion GBP, or 19% of total GDP (National Social Marketing Centre, 2010)
- Individual responsibility is important, but people’s behaviours are significantly related to socio-economic determinants. In addition, national lifestyles are deeply rooted in national, social and physical environments.
- Only 3% of health costs in EU Member States are presently invested in prevention measures, whereas about 97% are spent on treatment.
- JA-CHRODIS will investigate those policies and interventions across the EU that have proven most effective in preventing the incidence of chronic disease across the social gradient and how these approaches can be transferred to different contexts.

## ***Work Package 6 – Development of common guidance and methodologies for care pathways for multimorbid patients***

### **Description:**

The occurrence of multiple chronic conditions in one person, i.e. multimorbidity, has become increasingly common. Often the care of patients with multiple chronic conditions is fragmented, expensive and fails to respond to the needs of the patient. This work package will review existing patient-centred comprehensive care programs in order to identify the needs of the participating countries’ healthcare systems. The aim is to advise on the best possible care models for multimorbid patients, taking into account outcomes, cost-effectiveness, applicability and replicability.

### Expected outcomes are:

- Recommendation reports for 1) high care demand population and 2) different care approaches
- Scientific articles in a journal
- Final guidance report on evidence-based patient-centred care model for multimorbidity
- Multimorbidity case management training programmes

### **Key Stakeholders:**

Policy-makers, health care professionals (doctors and nurses), hospital managers/directors

### **Key Messages:**



- As life expectancy in the EU increases, the occurrence of multiple chronic conditions in one person, i.e. multimorbidity, has become increasingly common in the EU. 65% of people over 65 are affected by multimorbidity. This number rises to 85% for the 85-year-old group.<sup>5</sup>
- There is a need across the EU to improve the way in which patients with complex, multimorbid conditions are treated by ensuring more comprehensive care programmes rather than e.g. providing three different treatments for three different diseases. Effective comprehensive care programmes can reduce costs and increase the effectiveness of treatments.
- While there are examples of comprehensive care programs being implemented in relatively small populations, there are no widely accepted care models available across the EU Member States, due to organisational differences.
- JA-CHRODIS aims to identify and share innovative and effective models of comprehensive care and develop guidelines based on these models that are replicable in different settings/countries, to improve the care of multimorbid patients across Europe.

## ***Work Package 7 – Diabetes: A case study on strengthening health care for people with chronic diseases***

### **Description:**

The effective treatment and management of type 2 diabetes call for comprehensive care programmes that empower patients and enable them to self-manage their disease to the best possible extent. Work package 7 addresses the challenge that the burden of type 2 diabetes places on the health systems and individuals. Its principal objective is to improve coordination and cooperation among Member States to act on diabetes, including the exchange of good practices across the EU. WP 7 will focus on the identification of people at high risk, early diagnosis, prevention of complications, comprehensive multifactorial care, health promotion, education programs for persons with diabetes and training for professionals. Special emphasis will be given to support the development and implementation of national diabetes plans.

### Expected outcomes are:

- A set of comprehensive good practices to address type 2 diabetes
- Guidelines on how to develop national diabetes plans
- Stronger European cooperation on the prevention and management of type 2 diabetes

### **Key Stakeholders:**

Policy-makers, health care, public health, health promotion, disease prevention professionals, patient organisations, researchers

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<sup>5</sup> [http://www.goldcopd.it/gruppi\\_lavoro/2013/ageingmultimorbidityreviw2011.pdf](http://www.goldcopd.it/gruppi_lavoro/2013/ageingmultimorbidityreviw2011.pdf)

### Key Messages:

- 32 million EU adults (8.2%) had type 2 diabetes in 2013, and this number could rise to 38 million by 2035. Diabetes is the fourth most common cause of death in Europe.<sup>6</sup>
- There are good models across the EU on the prevention and management of type 2 diabetes, that can serve as an example to others and that can also apply to other chronic diseases. JA-CHRODIS aims to identify and share these.
- More on health promotion, prevention and care needs to be done at the national policy level.

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<sup>6</sup> <http://diabetesleadershipforum.eu/documents/2014/03/the-burden-of-diabetes-in-the-eu-2.pdf>



## ANNEX III Communication and Reporting Template

Please fill in the separate excel file. Under the section “Further Info”, please be as specific as possible regarding the reach of each dissemination activity, e.g. how many copies of a journal were circulated, how many recipients received and opened the newsletter, how many people attended a conference or event in which JA-CHRODIS was presented, etc.

Action	Planned for:	Completed on:	Language	Audience	Further Info
<b>Dissemination (electronically, translation or printing) of JA-CHRODIS materials (e.g. press releases, key publications, leaflet)</b>					
<b>Creation of JA-CHRODIS section on your organisation’s website</b>					



<b>Information on JA-CHRODIS disseminated through your organisation's newsletters, magazines, social media or other channels</b>					
<b>Information on JA-CHRODIS disseminated through other websites, newsletters, magazines, social media or other channels</b>					



Co-funded by the Health Programme of the European Union

[www.chrodis.eu](http://www.chrodis.eu)



Information on JA-CHRODIS at conferences and events					
Individual meetings with key stakeholders on JA-CHRODIS related activities					





## Annex IV – List of Deliverables and Milestones

### Deliverables

- 1) Dissemination Strategy, visual identity, and JA-CHRODIS website, bi-annual newsletter, webinars **M12**
  - a. Dissemination strategy **M3**
  - b. Guidance document **M3**
  - c. Reporting back document **M3**
  - d. Stakeholder mapping **M3**
  - e. Contact database **M7**
  - f. Visual identity **M3**
  - g. Promotional materials **M10**
  - h. Newsletter **M36**
  - i. Webinars **M36**
  - j. JA-CHRODIS section on EIP-AHA **M12**
- 2) Clearinghouse with practices of excellence in chronic care across Europe **M24**
- 3) Online help desk with expert consultants, providing online tools and meaningful information **M30**
- 4) Recommendation to improve prevention of diabetes and improve the quality of care for people with diabetes **M30**
- 5) Evaluation procedure and results **M36**
  - a. Evaluation Plan **M5**
  - b. Interim Evaluation Report **M24**
  - c. Final Evaluation Report **M36**
- 6) Report on recommendations describing health promotion and disease prevention practices **M36**
  - a. Identification of 3 good practices per participating MS **M18**
  - b. Series of conference seminars **M24**
  - c. Recommendations Reports on applicability and transferability of practices into different settings and countries **M36**
- 7) Reports and common guidelines for care pathways for multimorbid patients **M36**
  - a. Reports on review of the medical literature and care approaches, administrative databases analyses **M12**
  - b. Report on beneficial interventions for management of multimorbid patients **M18**
  - c. Report on meeting with experts for designing case management programmes **M36**
- 8) Progress reports and steering committee and Executive Board minutes **M36**
  - a. **M12, M24, M36**
- 9) Final Report on the activities of the Governing Board **M36**
- 10) Report of the Final Conference **M36**



## Milestones

- M1** First draft of SOP and 3 year Work Plan for JA-CHRODIS circulated (WP1)
- M2** SOP and 3-year JA-CHRODIS work plan approved by the Steering Committee (WP1)
- M3** Stakeholder mapping and Guidance document (WP2)
- M5** Agree evaluation indicators and Terms of Reference (WP3)
- M6** Definition of assessment criteria (WP4)  
Analysis of large administrative databases (Task 1) (WP6)
- M7** Internal Contact Database (WP2)
- M8** Country Reviews on health promotion and chronic disease prevention approaches (existing work, current situation, gaps and needs) (WP5)
- M10** Promotional Materials (Brochures and Posters) (WP2)  
Agreement on selection criteria of good practices and template (WP5)
- M12** JA-CHRODIS section on EIP-AHA portal (WP2)
- M13** First interim report to EC (WP1)
- M18** Online Tools (WP4)  
Expert agreement on beneficial interventions for multimorbidity (task 2) (WP6)  
Expert overview on successful strategies to improve prevention of diabetes, and the quality of care for people with diabetes (WP7)
- M20** Expert/policymaker meeting (WP7)
- M22** Workshop to analyse collected data on processes in NDP development, implementation, sustainability (WP7)
- M24** Interim Evaluation Report (WP3)  
Help-desk ready for piloting (WP4)  
Clearinghouse (WP4)
- M25** Second interim report to EC (WP1)
- M30** Help-desk ready for service (WP4)  
Meeting of an expert group to identify professional skills and competencies needed for case management programmes (Task 4) (WP6)  
Finalised recommendations (WP7)
- M32** Expert/policymaker meeting (WP7)
- M36** Technical and financial final reports to the EC (WP1)  
Final Evaluation Report (WP3)  
Peer reviews/study visits (WP5)  
Implementation of an innovative approach for management of multi-morbid patients (Task 3) (WP6)