

**JA-CHRODIS Work Package 5:
“Good practices in the field of health promotion and
chronic disease prevention across the life cycle”**

2nd Work Package Meeting in Brussels, Belgium, February 20th 2015

Outcome Minutes

Participants

47 participants (for detailed list, please see annex A, page 9)

Chair and Meeting Minutes

Thomas Kunkel (BZgA, Germany)

Sibylle Gerstl (BZgA, Germany)

Meeting Presentations

To keep email sizes low, all presentations are provided in a compressed .zip file for download from BZgA’s webservice through this link:

www.bzga.de/transfer/presentations_2nd_WP5_meeting_Brussels_20.02.2015.zip

Welcome and Overview on recent activities

Overview on recent activities in JA-CHRODIS and WP5 in particular

The second work meeting of Work Package 5 (WP 5) took place in Brussels, Belgium, on 20 February 2015.

WP 5 is led by BZgA in cooperation with the co-leader EuroHealthNet.

Thomas Kunkel opened the meeting and welcomed the participants on behalf of BZgA. At the beginning, BZgA provided a short overview of the recent and past activities in the WP, meetings held, deliverables provided and resources and person-days needed.

Afterwards, Teresa Chavarría, presented herself as the new JA-CHRODIS coordinator (as of today she replaces Juan E. Riese, both ISCIII) and thanked all participants of WP5 for their motivation and work already accomplished.

Overview on recent activities in WP7

WP7 is lead by Marina Maggiani and Jelka Zaletl. Jelka Zaletel provided an overview on the achievements and plans of WP7: “Diabetes as a case example” (see presentation attached). Both leaders of WP7 mentioned that the main reason to be present at the WP5 meeting was to look for synergies between the WPs and to communicate still more efficiently between each other after the meeting. Jelka emphasized that “although we all have different methods and approaches in the different WPs to accomplish our tasks, at the end of the project we all need to come to a common result.”

Task 1 - Open plenary discussion on main findings in the country reviews

Chair: Cristina Chiotan, EuroHealthNet

Cristina presented a short overview and potential learning points coming from the country reviews. Prior to the meeting Cristina has send out a guideline for the analysis of country reviews (guideline attached). The objective of this exercise was to encourage partners to learn about other countries approaches and work, to share experiences and knowledge while building further collaborations between partners. The exercise was made in preparation of the following tasks in WP5, including the exchange of good practices and study visits. The following country groups had been composed: Group 1: Norway, Iceland, Lithuania, UK; Group 2: Greece, Spain, Italy, Cyprus; Group 3: Ireland, Estonia, Germany; Group 4: Bulgaria, Netherlands, Portugal. The groups had to fill-in a short feedback form and to present the findings at the meeting. roup 1 and group 4 presented a summary of their findings at the meeting.

Comments were made as regards the relatively short notice of the analysis of the country reviews. Some partners did not participate in the exercise due to the lack of remaining working days in Task 1 and others (Italy and Spain) were not aware of this exercise as the intended email did not reach them. . It is important to mention that this exercise was not part of any deliverable or expected output of the project. Positively, it was emphasised by more than one participant, that it is extremely interesting to read the country reviews and that they are very useful.

Ingrid announced that EuroHealthNet is preparing an overall summary of the country reviews. Partners will be asked to comment on the overview report around the end of March, and the report should be

completed= by the end of April. This report will use the analysis and summaries made by group 1 and group 4, and can serve as a basis for further WP 5 tasks, e.g. the Conference in November 2015 and Study Visits in 2016.

Further procedure

(1) Matrix

Cristina mentioned that per se the country reviews are the milestones for task 1. Following the suggestions coming from participants in relation to the further use of the country reviews, it was agreed that a matrix will be developed highlighting the key comparable elements and findings in the country reviews. It will give the possibility of partners to identify the common situations, issues, gaps and needs and support further exchange of experiences and collaborations between countries with similar needs and challenges. A draft matrix will be prepared by EHNet and sent to partners for further input and feedback.

Gigja (Iceland) suggested to make use of a group collaboration tool like Google Docs for this purpose.

Deadline: A draft matrix will be prepared and sent to partners by the end of April 2015.

(2) Cost-effectiveness studies

Ingrid mentioned that EHNet is also looking into the possibility of developing a draft report that would draw on the country report findings in relation to cost-effectiveness studies and their potential use for health promotion and primary prevention interventions.

Task 3 – Identification of good practice (GP) examples

Chair: Christina Dimitrakaki, YPE

Prior to the meeting Christina -asked participating countries to identify the first good practice (GP) example which should come from the field of healthy aging.

Thomas informed about the start of the Delphi Process, which started its first round from Dec 2nd 2014 until January 19th. About one week before the WP 5 Meeting round 2 commenced.

The experts were provided with a template which was developed in Task 2 (November 2014). Hardcopies of the template were circulated during the meeting (template attached to the minutes).

It was stressed that our good practice examples should arise from the field of health promotion and primary prevention and the following definitions were presented to remind the focus of WP5.

Health promotion: the process of enabling people to increase control over, and to improve their health. *Ottawa Charter for Health Promotion. WHO, Geneva, 1986.* **Health promotion** represents a comprehensive social and political process, it 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. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action. Health promotion intervention: Any planned and goal-oriented activity to influence the behaviour of citizens and their circumstances aiming to promote health or prevent illness. *WHO Health Promotion Glossary, 1998*
<http://www.who.int/healthpromotion/about/HPG/en/>

Primary prevention is directed towards preventing the initial occurrence of a disorder. We use primary prevention methods before the person gets the disease. Primary prevention aims to prevent the disease from occurring. Primary prevention reduces both the incidence and prevalence of a disease. *WHO Health Promotion Glossary, 1998*
<http://www.who.int/healthpromotion/about/HPG/en/>

For all definitions and terms that should generally be used in the search of GPs refer to the “Glossary of Terms” which is attached to the final questionnaire to identify good practices in the field of health promotion and primary prevention (WP 5 - Task 1) (glossary is attached to the minutes).

In case WP5 receives GPs that do not fit in the scope of the WP, it will notify the leaders of other WPs and share the GPs with them; the same will be done vice-versa.

GPs of following countries were presented at the meeting. All presenters were asked to name the criteria on which the presented GP had been chosen (presentations can be obtained through the above mentioned download link):

- “Sociaal Vitaal”, The Netherlands: theory-based, well-described, evaluable, sustainable, equity driven, empowerment, transferability
- “MPOWER”, Ireland: comprehensiveness, impact, cost-effective, transferable, low-threshold approach, setting approach, use of multipliers, *monitored*

- “CUORE”, Italy: equity, empowerment, process evaluation, sustainability, involvement, partnership, transferable, context and determinants analysis
- “PUMP –For a million steps”, Spain: process evaluation, transferable, low-cost, overcome loneliness, transferability, addresses loneliness/social isolation
- “Gesund und fit 50plus”, Germany: low-cost, participation, setting approach, multipliers actively involved, inter-generational approach
- Multi-modal training intervention, Iceland: gender, evaluated impact
- Portugal: tertiary health care intervention (does not completely fit in the criteria to select GPs for task 3, potential recommendation for WP7 / WP6?)
- “GP at the pharmacy level”, PGEU : integrated service, potential recommendation to WP 6?
- Education-training program to prevent cardiovascular disease, Lithuania: collaborating, integrated, measurable results
- Bulgaria: GP on diabetes, will be forwarded to WP7
- “Overcoming Obesity”, Finland: involvement of different stakeholders, wide-scale impact, evaluation,

Brief summary of comments and questions related to the identification of the first GP example:

- It might be interesting to see which criteria(s) for the single GPs are chosen most often?
- What should be done, when on the field of healthy aging only examples are chosen that involve physical activities?
 - The European Action Program on AHA¹ could serve as an umbrella for these kinds of projects?
- Rather than to look for single GP examples, it might be worthwhile to look for “packages” of GPs.
Reply from partner: On the policy level “packages” are important, at the same time clear examples of simple interventions are needed on the implementation level
- It should always be considered that people should not be trained to change their lifestyle, they should start to like the healthy lifestyle by themselves (“make the healthy choice the easy choice”).
- Broader focus is seen necessary, not just focus on criteria
- How can synergies with EIP on AHA database be used?
Reply: WP4 collaborates with them, but there are no criteria for the practices they gathered, the import and evaluation of these practices into the CHRODIS platform will be conducted by WP4 partners

¹ http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf

Further procedures task 3

- As WP4 might eventually not disseminate the results of the first Delphi panel prior to the end of May 2015, WP5 will in parallel continue to look for GPs
- It was realized that there is a need for a further face to face meeting in order to clarify the remaining conceptual questions and challenges arising from the GP search and to discuss how to best document all the important outcomes.

Possible meeting dates could be in Brussels around the 23.04.2015 (F2F meeting of the last round of the Delphi panel of WP4 in collaboration with WP5)

- Thomas will follow-up²
- In order to submit GPs in a standardised way the provision of a common template would be helpful
 - Christine (YPE) will work on a template and send it to all countries / partners

Task 4 – Discussion of procedures for conference in November 2015

Chair: Ignas Keras, SMLPC

General agreements made on the conference:

Location: Vilnius (Lithuania)

Time: November 2015

- One day or two days (1st day for policy, 2nd day for GPs and country reviews)?
- Exact day(s) still to decide

Aims:

Raise awareness of the work WP5 has carried out; the country reviews and GPs should be presented.

Political dissemination of WP 5 outcomes to date. Current EC Commissioner on Health is from Lithuania (will be requested for keynote)

Target/core audience

² Remark 02.03.2015: Followed up, but a a meeting around April 23rd is not possible; To seek alternatives a doodle poll was launched

- Number of participants? Whom to invite? Each WP5 participant could invite one stakeholder of its country?

There is not so much budget to invite many persons; the location is not so easy to reach

- Possible core audience: EU Commissioner, Governing Board, stakeholders, politicians, citizens...
- Invitation practice and whom to invite still to decide
- It was suggested that all WP 5 partners invite one or two policy makers from their countries that can have influence in the area of health promotion and primary prevention to take part in the Conference.

Task 5 – Outline of procedure for study visits in the second half of 2016

Chair: Cristina Chiotan, EuroHealthNet

Need for further discussion on:

- Nature of the ‘study visits’ and how many partners should attend (could e.g. also be ‘twinning’ exercises’)
- Which GPs should be visited (plan 2 -3 study visits)?
- What should be looked for during the study visits (questions to be asked)?
- Are the visits topic-related?
- Further procedure (i. e. selection of study places, checklist for study visits) and timing will be further followed up by Cristina and EHNet

Next WP 5 meeting:

The need was seen to have a WP 5 Meeting in end of spring/early summer this year as the current task, the alignment with the Delphi results and the conference concept need further discussion among partners.

Thomas will check potential dates and inform partners.

Annex A – Participants

No.	Partner	Acronym	Country	Name
1	AP11	NCPHA	Bulgaria	Plamen Dimitrov
2	AP14	MINSAL	Italy	Daniela Galeone
3	AP15	YPE	Greece	Christina Dimitrakaki
4	AP15	YPE	Greece	Theodoros Katsaras
5	AP16	HSE	Ireland	Siobhan Jennings
6	AP16	HSE	Ireland	Teresa Bennett
7	AP17	IPH	Ireland	Helen McAvoy
8	AP19	HOD	Norway	Henriette Oien
9		Norwegian Direktorate of Health	Norway	Astrid Nylenna
10	AP2	EUROHEALTHNET	Belgium	Ingrid Stegeman
11	AP2	EUROHEALTHNET	Belgium	Cristina Chiotan
12	AP21	INSA	Portugal	Luciana Costa
13	AP23	NIHD	Estonia	Anneli Sammel
14	AP24	SMLPC	Lithuania	Ignas Keras
15	AP24	SMLPC	Lithuania	Milda Andriunaite
16	AP25	DOHI	Iceland	Gigja Gunnarsdottir
17	AP25	DOHI	Iceland	Jenny Ingudottir
18	AP27	RIVM	Netherlands	Djoeke van Dale
19	AP27	RIVM	Netherlands	Marieke Hendriksen
20	AP28	EIWH	Ireland	Vanessa Moore
21	AP31	FPS	Spain	Francisco Ruiz
22	AP31	FPS	Spain	Isabel Escalona

23	AP5	BZgA	Germany	Thomas Kunkel
24	AP5	BZgA	Germany	Katarzyna Mletzko
25	AP5	BZgA	Germany	Sibylle Gerstl
26	AP7	ISS	Italy	Barbara De Mei
27	AP7	ISS	Italy	Paola Ragazzoni
28	MP	ISCIII	Spain	Gema Escobar
29	MP	ISCIII	Spain	Isabel Hermosilla
30	MP	ISCIII	Spain	Juan Riese
31	MP	ISCIII	Spain	Marie Belizaire
32	MP	ISCIII	Spain	Teresa Chavarria
33	CP11	University of Naples	Italy	Rosario Cuomo
34	CP15	Platform for Better Oral Health in Europe	Belgium+UK	Kenneth Eaton
35	CP21	EWMA	Denmark	René Bøgh-Larsen
36	CP22	PGEU	Belgium	Jamie Wilkinson
37	CP25	EHFF	UK	David Grim
38	CP3	Ministry of Health	Cyprus	Myrto Azina
39	CP5	University of Coimbra	Portugal	Raquel Santiago
40	CP	HIRS	Italy	Massimo Massi Benedetti
41	WP7	ISS	Italy	Marina Maggini
42	WP7	ISS	Italy	Flavia Lombardo
43	WP7	ISS	Italy	Bruno Caffari
44	WP7	HHU	Germany	Silke Kuske
45	WP7	TUD	Germany	Ulrike Rothe
46	WP7	NIJZ	Slovenia	Jelka Zalatel
47	WP7	THL	Finland	Joana Lindström

