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SUMMARY

Chronic diseases (CD) like diabetes, cardiovascular disease, stroke, affects 8 out of 10 people aged over 65 in Europe. Approximately 70% to 80% of health care budgets across the EU are spent on treating chronic diseases. There is a wealth of knowledge within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, stroke and diabetes type-2. This knowledge is however not readily accessible to public health authorities and other interested stakeholders across Europe. Joint Action on Chronic Diseases and Promoting Health Ageing across the Life cycle (JA-CHRODIS) is designed to utilize this potential.

OBJECTIVES

The general objective is to promote and facilitate the exchange and transfer of good practices between European countries and regions. The good practices address chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multimorbidity and diabetes.

METHODOLOGY

JA-CHRODIS includes four core work packages (WPs). Three are focused on the identification of good practices: WP5 Health Promotion and Chronic Disease Prevention, WP6 Multimorbidity and WP7 Diabetes. The fourth is cross-cutting: Platform for Knowledge Exchange (PKE). Criteria for assessment of good practices are being developed based on a Delphi consultation scheme in cooperation of all WPs. Once adopted, these criteria will be the basis for the creation of the PKE, with a help-desk and a clearinghouse. These criteria will then enable the identification of innovative experiences and potential candidates for "scaling up and transfer" from original settings to new ones. In addition, the WP of coordination includes a Forum for Representatives of Health Ministries.

WP COORDINATION

All the Work-Package Leaders meet twice a year to review progress in all the work packages. All Partners, Associated Partners, Collaborating Partners, Advisory Board and Governing Board meet once every year during the project in General Assembly. The coordinating partner, ISCIII, maintains contact with partners mainly through emails, teleconferences and provides technical support to them for data collection and for the administrative management.

WP DISSEMINATION

The outputs of the project are being disseminated in a number of ways:

- The project website
- Stakeholders forum
- Presentations at local events and congresses
- Exhibition at national and international events
- Presentation at international meetings
- Distribution of materials
- Links with networks and other projects



WP EVALUATION

All the project aspects are being evaluated. Questionnaires are circulated after meetings in order to investigate the level of satisfaction of each partner. Final deliverables are evaluated by the Advisory Board before dissemination. The external impact of JA-CHRODIS will also be analysed.

RESULTS

1. A Platform for Knowledge Exchange, including a help-desk and a clearinghouse.
2. A methodology for scaling up and transferring good practices on health promotion and chronic diseases prevention.
3. A selection of most cost-effective practices to address multimorbid patients to be transferred to other settings.
4. A training programme for health professionals to address multimorbidity.
5. A set of best practices on primary prevention, early detection, secondary prevention, management of diabetes, and patient empowerment programmes, and the methods for transferring them.
6. A review of existing national programmes on diabetes.
7. A Forum of Representatives of Health Ministries to discuss the continuity of JA-CHRODIS after the end of this Joint Action.

CONCLUSION

The results of this JA will be the basis for recommendations on the best analysed information necessary for the optimal care of the selected CD across the life cycle and will be available to policy makers, healthcare professionals and managers, elderly population and the society as the main recipient of healthcare. JA-CHRODIS aims to strongly contribute to reducing the burden of the referred CD and to promote healthy ageing in Europe by making use of the PKE for good practice.

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Project coordinator: Institute of Health Carlos III, Madrid, Spain

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Project website: www.chrodis.eu

Partners:

- 1: Spanish Foundation for International Cooperation, Health and Social Policy, Spain
- 2: EUROHEALTHNET, Belgium
- 3: European Health Management Association, Ireland
- 4: Aragon Health Sciences Institute, Spain

5: Federal Centre for Health Education, Germany

6: Italian Medicines Agency, Italy

7: National Institute of Health, Italy

8: Dresden University of Technology, Germany

9: Vilnius University Hospital Santariskiu Klinikos, Lithuania

10: National Institute of Public Health, Slovenia

11: National Center of Public Health and Analyses, Bulgaria

12: National Institute for Health and Welfare, Finland

13: Heinrich Heine University Düsseldorf, Germany

14: Ministry of Health, Italy

15: 1st Regional Health Authority of Attica, Greece

16: Health Service Executive, Ireland

17: Institute of Public Health, Ireland

18: Netherlands Institute for Health Services Research, Netherlands

19: Ministry of Health and Care Services, Norway

20: Directorate-General of Health, Portugal

21: National Health Institute Doutor Ricardo Jorge, Portugal

22: European Patients Forum, Belgium

23: National Institute for Health Development, Estonia

24: Health Education and Diseases Prevention Centre, Lithuania

25: Directorate of Health, Iceland

26: European Institute of Women Health, Ireland

27: National Institute for Public Health and the Environment, Netherlands

28: European Regional and Local Health Authorities, Belgium

29: Spanish Ministry of Health, Social Services and Equality, Spain

30: Andalusian Regional Ministry of Health, CSBSJA

31: Progress and Health Foundation, Spain

32: Basque Foundation for Health Innovation and Research, Spain

33: Galician Health Service, Spain

34: Foundation for Education and Health Research of Murcia, Spain

35: Aragon Foundation for Research and Development, Spain

36: University of Zaragoza, Spain