

WHAT IS NEEDED FOR THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES?



JA-CHRODIS work showed:

- ✓ **Adequate investment and resourcing**
- ✓ **Inter-sectorial involvement (Health in all Policies in prevention; the collaboration of different disciplines in care)**
- ✓ **The involvement of people, who could be at risk / patients, who have chronic diseases in prevention and care programmes**
- ✓ **A bottom-up approach, taking people's / patients' needs into account**
- ✓ **Flexibility (in a health promotion practice to be implemented, in care to be delivered)**
- ✓ **Monitoring progress and evaluation of programmes**
- ✓ **Efficient communication (between good practice owners and implementers; between care providers; with policy makers, etc)**

GET INVOLVED

Our website:
www.chrodis.eu

Contact the coordination team:
info@chrodis.eu

Follow us on Twitter:
[EU_CHRODIS](#)

Like us on Facebook:
[EU_Chrodis](#)

PARTNERS

1. Institute of Health Carlos III, ISCIII, Spain, **Leader JA-CHRODIS Coordination**
2. Spanish Foundation for International Cooperation, Health and Social Policy, FCSAI, Spain
3. EuroHealthNet, EHNet, Brussels, **Leader Communication & Co-Leader Health Promotion**
4. European Health Management Association, EHMA, Dublin
5. Institute for Health Sciences in Aragon, IACS, Spain, **Leader CHRODIS Platform**
6. Federal Centre for Health Education, BZgA, Germany, **Leader Health Promotion**
7. Italian Medicines Agency, AIFA, Italy, **Leader Multimorbidity**
8. National Institute of Health, ISS, Italy, **Leader Diabetes**
9. Dresden University of Technology, TUD, Germany
10. Vilnius University Hospital Santariskiu Klinikos, VULSK, Lithuania, **Co-Leader Multimorbidity**
11. National Institute of Public Health, NIJZ, Slovenia, **Co-Leader Diabetes**
12. National Center of Public Health and Analyses, NCPHA, Bulgaria
13. National Institute for Health and Welfare, THL, Finland
14. Heinrich Heine University Düsseldorf, HHU, Germany
15. Ministry of Health, MINSAL, Italy
16. 1st Regional Health Authority of Attica, YPE, Greece
17. Health Service Executive, HSE, Ireland
18. Institute of Public Health, IPH, Ireland
19. Netherlands Institute for Health Services Research, NIVEL, Netherlands
20. Ministry of Health and Care Services, HOD, Norway
21. Directorate-General of Health, DGS, Portugal
22. National Health Institute Doutor Ricardo Jorge, IP, INSA, Portugal
23. European Patients Forum, EPF, Brussels
24. National Institute for Health Development, NIHD, Estonia
25. Health Education and Diseases Prevention Centre, SMLPC, Lithuania
26. Directorate of Health, DOHI, Iceland
27. European Institute of Women Health, EIWH, Dublin
28. National Institute for Public Health and the Environment, RIVM, Netherlands
29. European Regional and Local Health Authorities, EUREGHA, Brussels
30. Spanish Ministry of Health, Social Services and Equality, MSSSI, Spain
31. Andalusian Regional Ministry of Health, CSBSJA, Spain
32. Progress and Health Foundation, FPS, Spain
33. Basque Foundation for Health Innovation and Research, BIOEF, Spain
34. Galician Health Service, SERGAS, Spain
35. Foundation for Education and Health Research of Murcia, FFIS, Spain
36. Aragon Foundation for Research and Development, ARAID, Spain
37. University of Zaragoza, UNIZAR, Spain
38. Agency for Health Quality and Assessment for Catalonia, AQuAS, Spain, **Leader Evaluation**
39. Portuguese Diabetes Association, APDP, Portugal, **Co-Leader Evaluation**

In addition to the associated partners, there are 31 collaborating partners involved in JA-CHRODIS. Other interested parties support JA-CHRODIS through regular Fora of Stakeholders.

WHY DO WE NEED JA-CHRODIS?

Chronic diseases, like diabetes and cardiovascular diseases, affect 8 out of 10 people over the age 65 in Europe. Managing and treating chronic diseases place a big burden on the people in terms of quality of life, financial and social constraints. They also place a huge burden on our social and health systems.

Evidently, there is an urgent need to reduce the burden of chronic diseases. The Joint Action (2014-2017) on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) aims to make a strong contribution to reduce this burden and to promote healthy living and active ageing in Europe.

€700^{BN}
SPENT EVERY YEAR
ACROSS THE EU
ON THE TREATMENT OF
CHRONIC DISEASES


WHAT DID WE ACHIEVE?

There is a wealth of knowledge, experience and good practices across Europe on effective and efficient ways to **prevent and manage chronic conditions**. JA-CHRODIS captures the best of this knowledge, **promotes and facilitates the dissemination and the exchange of good practices** across Europe in order to facilitate their uptake across local, regional and national settings. These good practices have a **specific focus on health promotion and primary prevention** of chronic diseases, the management of **patients with more than one chronic condition** (multimorbid patients) and **type 2 diabetes** as a case-study.

97% OF HEALTHCARE
BUDGETS GO TO
TREATMENT

3%
ONLY
ARE SPENT ON
PREVENTION

JA-CHRODIS provides recommendations based on the best available evidence on how to effectively prevent, manage and treat chronic diseases across the life cycle. The practices relate to policies, strategies and are stored on the CHRODIS Platform and are available to policy makers, healthcare professionals and managers, caregivers, patients, researchers and other interested stakeholders.

 THIS LEAFLET ARISES 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). SOLE RESPONSIBILITY LIES WITH THE AUTHORS AND THE CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY IS NOT RESPONSIBLE FOR ANY USE THAT MAY BE MADE OF THE INFORMATION CONTAINED THEREIN.



JOINT ACTION ON CHRONIC DISEASES
AND PROMOTING HEALTHY AGEING
ACROSS THE LIFE CYCLE



HEALTH PROMOTION

JA-CHRODIS partners have produced 14 country reports outlining national health promotion and primary prevention landscapes, and an overview report highlighting the gaps and needs and the importance of investment in health promotion and primary prevention in order to lessen the burden of chronic diseases and ensure the sustainability of health systems.

They have identified **41 highly promising and cost-effective good practices in health promotion and primary prevention across Europe based on agreed criteria.** The good practices include policies and interventions aimed at different target groups in different settings and highlight the importance of a “whole of life” approach.

Partners shared experiences during study visits and discussed the necessary conditions to successfully scale up and/or transfer good practices between different countries and settings. These included a multi-sectorial approach, evaluation criteria and a good communication and exchange process.

MULTIMORBIDITY

Partners conducted a review of comprehensive care programmes for patients with multiple chronic conditions and/or frailty. The findings were summarised in a report, which highlights the potential for patient-centred comprehensive care programmes.

They developed a **comprehensive care model for multimorbid patients**, which advocates for patient-centred, proactive and



well-coordinated multidisciplinary care that uses new technologies to support patients’ self-management and improve collaboration between caregivers.

Partners looked at existing European training programmes for case managers (healthcare personnel who coordinate the care of multimorbid patients). This provided an opportunity to share the expertise and experience in the field of case management training, and to define the main skills needed for case managers.

TYPE 2 DIABETES

Partners have collected data on national diabetes plans and on strategies and interventions related to diabetes prevention, identification of people at high risk, education for persons with diabetes and training for professionals.

They have published a **Policy Brief on National Diabetes Plans** (NDPs) outlining factors that may facilitate the development, implementation and sustainability of NDPs, such as national (or regional) leadership, multiple stakeholder involvement, patient representation, adequate resourcing, flexibility, learning through monitoring, evaluation and transnational exchanges.

Partners also evaluated the strengths, weaknesses, opportunities and threats (SWOT analysis) of national and sub-national diabetes prevention and management policies and programmes across Europe. Successful initiatives were identified as dynamic, bottom-up, flexible, integrated, multi-sectoral and equity-oriented.



PLATFORM FOR KNOWLEDGE EXCHANGE

The CHRODIS Platform constitutes a repository of peer-reviewed good practices for the prevention and care of chronic diseases. These practices have been identified based on consensus quality criteria, including sustainability, patient empowerment, and target population. The overall aim is to improve coordination and cooperation amongst countries in tackling chronic diseases. The Platform enables all stakeholders to access and share valuable knowledge and experiences and consists of:

- A **clearinghouse** of promising practices (policies and interventions) for the prevention and care of chronic diseases across Europe;
- An **online tool** to allow users to upload policies, practices and interventions to be evaluated;
- An **online helpdesk** to advise users on the development, implementation and evaluation of practices.

Partners in this work have identified good practice criteria by using a modified Delphi methodology involving key experts in the following fields: health promotion and primary prevention, organisational interventions with emphasis on multimorbid patients, patient empowerment interventions and type 2 diabetes.



COORDINATION

Responsible for overall and day-to-day management and implementation of JA-CHRODIS and the coordination of the Advisory Board as well as the Governing Board, which comprises over 15 representatives from European Ministries of Health and the EC.



COMMUNICATION

Responsible for the successful dissemination of JA-CHRODIS’ outputs (through website, newsletters, marketing materials) with the goal of making target audiences and stakeholders aware of and engaged in the Joint Action.



EVALUATION

Responsible for the evaluation of the work of JA-CHRODIS to ensure that it is being implemented as agreed and is achieving its objectives.

