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

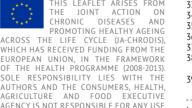


IA-CHRODIS work showed:

- 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

EU CHRODIS



THAT MAY BE MADE OF THE INFORMATION

CONTAINED THEREIN.

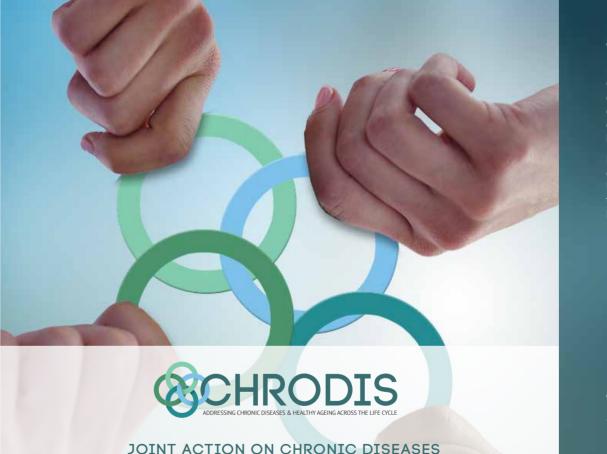
PARTNERS

. Institute of Health Carlos III. ISCIII. Spain. Leader JA-CHRODIS Coordination Spanish Foundation for International Cooperation.

Health and Social Policy, FCSAL Spain

- 3. Euro Health Net, EHNet, Brussels, Leader Communication & Co-Leader Health Promotion
- 4. European Health Management Association, EHMA, Dublin
- Institute for Health Sciences in Aragon, IACS, Spain, Leader CHRODIS Platform
- 6. Federal Centre for Health Education, BZoA, 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, NII7 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. AOuAS, 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.



AND PROMOTING HEALTHY AGEING

ACROSS THE LIFE CYCLE

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.

ON THE TREATMENT OF

WHAT DID WE ACHIEVE?

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.

There is a wealth of knowledge, experience and good practices

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.

97% OF HEALTHCARE BUDGETS GO TO TREATMENT _ ONLY 9 ARE SPENT ON PREVENTION



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.