

# ANNUAL REPORTS ON SUSTAINABILITY

**Reports on the conclusions of the  
discussion of the Ministries of Health  
Forum on the future plans for making  
the activities of JA-CHRODIS  
sustainable in time**

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## Executive Summary/Abstract

The JA-CHRODIS has created a forum of representatives of Ministries of Health (Governing Board) established in order to generate synergies between EU Members States, EEA countries and EU institutions which contribute to the maintenance of chronic diseases and healthy ageing in the EU health agenda. It is comprised of nominated representatives of health ministries of Members States, EEA countries, the European Region of the World Health Organization (WHO) and representatives of the European Commission as observers.

This report provides information on the constitution and activities developed by the JA-CHRODIS Governing Board (GB) during the first year of the Joint Action. It is a deliverable of the JA-CHRODIS D09-01.01.

## Authors

Secretariat of the Governing Board at the Directorate General of Public Health, Quality and Innovation within the Spanish Ministry of Health, Social Services and Equality and Institute of Health Carlos III in Madrid based on information and documents generated at and for the JA-CHRODIS Governing Board.

## Acknowledgments

Governing Board members, Executive Board members and all partners at JA-CHRODIS.

## Introduction

JA-CHRODIS is a Joint Action (JA) co-financed by the European Commission and Member State authorities under the Second EU Public Health Programme<sup>1</sup> 2008-2013. The JA-CHRODIS aims to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.

In order to set up an appropriate framework for the participation of EU and EEA Member States in the JA-CHRODIS, the Consortium agreed to create a Governing Board (GB) of representatives from the Ministries of Health (MoH) of the Member States of the European Union and EEA countries.

On the 8<sup>th</sup> of April, 2014, the Spanish Secretary General for Health invited the Permanent Representation of the UE and the EEA Member States to nominate a representative from their Ministries of Health to join the Governing Board. Sixteen Member States and Norway nominated representatives. The European Commission and WHO Regional Office for Europe also designated a delegate for the GB.

The GB is maintaining relevant policy-makers informed and will contribute to improve the technical work and the strategic progress of the JA-CHRODIS, then facilitating the future use of JA-CHRODIS experiences and developed tools in national policies/plans.

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<sup>1</sup> [http://ec.europa.eu/health/programme/policy/2008-2013/index\\_en.htm](http://ec.europa.eu/health/programme/policy/2008-2013/index_en.htm)

## 1. First Annual Meeting

The first GB annual meeting took place in Brussels on the 18<sup>th</sup> of February 2015, with the participation of representatives from the Ministries of Health of 17 EU and EEA Member States, as well as representatives from the Directorate General for Health & Food Safety (DG Sante), the Consumers, Health, Agriculture and Food Executive Agency (Chafea), and the World Health Organization (WHO) Regional Office for Europe.

During the meeting, the JA was introduced and the role of the GB explained. There was debate on how the GB could work to achieve its objectives, and the Terms of Reference were adopted.

The **Terms of Reference** (ToR) of the Governing Board (GB) were elaborated by the GB Secretariat and reported to the European Commission, and include the objectives, membership, functions and rules of procedures.

Minutes of the 1<sup>st</sup> annual meeting of the GB and the approved ToR of the GB are included in this report as Annex I and Annex II respectively.

## 2. Activities 2014-2015

### 2.1 Development of the Frame Work Plan for the GB

In order to support the GB's contribution to increase the added value of the technical work and strategic progress of the JA-CHRODIS, a frame work plan for the GB was developed.

Key deliverables from the work packages of the JA-CHRODIS were identified for information or feedback from the GB. A detailed timeline for these key deliverables was included as an annex in the GB frame work plan.

Draft Frame Work Plan was presented to the members of the Executive Board at the 6<sup>th</sup> EB meeting in Treviso on (11-12<sup>th</sup> of June, 2015) requesting their feedback and final approval. After contributions from some work packages leaders, the Frame work Plan was sent to the GB members last 25<sup>th</sup> of September, 2015.

Frame work plan for the GB is included in this report as Annex III.

### 2.2 Development of criteria for reviewing JA-CHRODIS deliverables

Criteria for reviewing JA-CHRODIS deliverables identified for information or feedback from the GB are included in the Frame work plan for the GB.

The development of these criteria aims to guide how members of the GB may address the study or revision of the deliverables.

## 2.3 Deliverables from WP4, WP5 and WP6 already sent to GB for information

According to the GB Frame Work plan the following deliverables have already been sent to the GB for information:

- **WP4 (and WP5):**
  - “Selecting CHRODIS criteria to assess good practice in interventions related to chronic conditions. Delphi Panel on interventions in the area of health promotion and primary prevention of chronic diseases”
- **WP5:**
  - “Health Promotion and Primary Prevention in 14 European countries: a comparative overview of key policies, approaches, gaps and needs Country review”. Consisting in a summary of the countries’ report and access to each individual country review at JA-CHRODIS web page (<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>).
  - “Good practices in health promotion & primary prevention of chronic diseases” consisting in three files: A Full summary report, an executive summary and an Annex outlining all 41 good practices.
- **WP6 :**
  - “Report on review of the medical literature and care approaches, administrative databases analyses”.

## 2.4 Settlement of an intranet place for the GB

Within the JA-CHRODIS internal web tool an intranet place was settled for the GB. Work package Coordinator team sent emails to the GB members with the user name and a password to be able to access.

In the intranet, relevant documents of the GB information about the meetings (agenda, minutes etc., ) and the deliverables included in the GB Frame work plan have been uploaded.

The GB Secretariat regularly updates this intranet place for the GB according to the latest progress of the JA-CHRODIS.

## 2.5 Survey on priority fields for good practices

A survey on “Priority fields for good practices” has been sent to the GB intended to contribute to improve the technical work and the strategic progress of the JA in line with national policies on chronic diseases and in coordination with the different work packages leadership.

The expected outcome of the survey is to facilitate the guidance of the GB signalling fields within the JA-CHRODIS work packages where the exchange of good practices may be more needed.

To the date of December 2015 a total of 8 responses have been received. Seven of them indicated interest in multimorbidity whilst 4 of them established also interest in health promotion and prevention and other 4 of them reflected interest in diabetes.

See Annex 4 Survey on preferences and urgent needs and Annex 5 Result from survey

## Conclusions and next steps

Following the first year of JA-CHRODIS, a Governing Board has been successfully set up, terms of references and work plan agreed. The Governing Board has so far met once in 2015 and it has been involved in discussions to establish priorities on tackling chronic diseases at national/ regional level. The GB will keep on participating in JA-CHRODIS by providing strategic feedback to key deliverables and milestones from JA-CHRODIS work packages and contributing to proposals for continuing cooperation in the field of chronic disease.

The Governing Board concluded during its annual meeting that elements for sustainability involve political, financial and technical levels.

It is important that JA-CHRODIS reflects always its added value to the prevention and management of chronic conditions. Feedback received from the Governing Board reflects its interest in health promotion and chronic diseases prevention, diabetes and specially (almost 100% respondents) in multimorbidity.

For 2016, the 2<sup>nd</sup> annual meeting of the GB will take place in February where discussions will take place on priorities and sustainability whilst further interactions on involvement and support will continue during 2016.



# Annex 1. Minutes of the 1<sup>st</sup> Annual Meeting of the GB

## 1<sup>ST</sup> JA-CHRODIS GOVERNING BOARD MEETING

18<sup>th</sup> February 2015

Venue: Spanish Research Council (CSIC), Rue du Trône, 62 (7th floor)  
1050 Brussels, Belgium

### Objectives:

- To present the Joint Action JA-CHRODIS.
- To present the expected role of the Governing Board (GB) in relation to the activities of JA-CHRODIS and future prospects.
- To share the expectations on JA-CHRODIS of the representatives of the GB (Member States, European Commission, WHO Regional *Office for Europe*).
- To approve the Terms of Reference for the functioning of the Governing Board.

### Participants<sup>2</sup>:

- Representatives of the Ministries of Health of the following EU Member States: AT, BE, BG, CY, HR, EE, FI, FR, DE, EL, LT, PT, SI, UK, ES and NO (16 nomination up to now).
- Representatives of the DG Santé and Chafea.
- Representatives of the WHO Regional *Office for Europe*.
- Representatives of the Executive Board (open session).

### Discussion:

- The GB functions as a bridge between the activities of JA-CHRODIS and Member States' strategies on chronic diseases.
- One of GB's tasks consists on analyzing key deliverables of the JA-CHRODIS from the national policies on chronic diseases perspective.
- The input of the GB will contribute to improve the technical work and strategic progress of the JA-CHRODIS and generate synergies, collaboration and mutual learning amongst member States' health initiatives in chronic diseases. This will facilitate the future use of JA-CHRODIS gather experiences and developed tools in national policies/plans.
- Draft Terms of Reference of the Governing Board describing the work methodology for adoption.

The debates were addressed through guided questions previously sent and the answers or others suggestions received from the participants prior to the meeting.

Final agenda is attached as annex II.

### Opening

Rubén Moreno, Secretary General for Health and Consumers of the Spanish Ministry of Health, Antonio L. Andreu, General Director of National Institute of Health Carlos III, and Michael Hübel, Head of Unit Health Programme and Diseases of the DG SANTÉ of the European Commission welcomed all the participants to the first meeting of the Governing Board and reflected on the importance and the burden of chronic diseases in Europe.

Following this, Carolina Rodríguez from the Spanish Ministry of Health introduced a summary of the schedule. As in the first meeting of the GB, all the members introduced themselves in a *tour de table*.

### Presentations

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Juan E. Riese, Coordinator of the Joint Action CHRODIS, gave a brief explanation of the overall Joint Action CHRODIS, summarizing its main lines so all the members of the GB know what JA-CHRODIS is.

Paloma Casado, Deputy Director for Quality and Cohesion of the Spanish Ministry of Health, explained briefly what we have considered the role for the GB of the JA- CHRODIS might be. Joint Action CHRODIS aims to strongly contribute to reduce the burden of chronic diseases and to promote healthy ageing in Europe, even beyond the 3-years of the expected EU funding. To achieve this objective the participation of representatives of Ministries of Health of all the Member States is essential. The Governing Board members will advise the Joint Action strategic view, as well as facilitate the generation of synergies between JA-CHRODIS and national and international initiatives.

Afterwards, Juan Riese explained the main features of the terms of reference of this GB document which was sent to all the members before the meeting, so it could be approved.

### Discussion

After the open session with the Executive Board (EB) of the Joint Action there was time for discussion with the valuable contribution of the EB. Members of the EB are the leaders and co-leaders of the work packages. Some of the questions from the members of the GB were:

- Regarding the potential establishment of a network and about the scheme work of the GB.
- Queries about what makes the Platform for Knowledge Exchange (PKE) different from others (we can already use) already developed. Enrique Bernal, Leader of WP4 explained that the helpdesk, the Clearinghouse and two expert reviews make the difference. After this explanation some of the members of the GB pointed out the suitability of making the PKE permanent and its usability by governments.

During the roundtable of the closed session of the GB there was time to debate on how the GB could work in order to achieve its objectives. Members of the GB could express their impressions about JA-CHRODIS following the guided questions for discussion and below are the main ideas, concerns and conclusions raised:

*What is your general impression about the JA-CHRODIS and the activities of the work packages?*

- The interrelation of WP 5, 6 and 7 and their communication pathway. For some members of the GB WP 6 and 7 are working in an appropriate and specific way. However other members of the GB advised WP6 to be more accurate in their decisions because they are working on organizational aspects and have to be careful. Some other suggested that WP6 should be based on multi-risk rather than multimorbidity.
- Regarding the WP good practices, some members of the GB would like to know how WP5 evaluates good practices. Others pointed out that the most important issue is how to exchange good practices.
- Concerning the scope and purpose of JA-CHRODIS some members of the GB mentioned that it is related to cross border activities and therefore to the Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare and should take into account the decentralised structure of some member states.
- Some members of the GB believed that JA-CHRODIS needs to have impact in the real world; it needs to look for evidence within the population not just within knowledge. Other suggestions were that JA-CHRODIS should consider which are the population's needs, what does the population want and how we can help professionals to face healthy ageing of the population. WP6 and 7 were considered the most important WPs and there were also views supporting the need of new health care models.
- Some of the members of the GB are already collaborating with different WPs and they are in contact with them.
- Policy questions about the organisation of JA-CHRODIS were also raised considering transferability to be the main point. However, some of the members of the GB believed that although JA-CHRODIS will face many challenges they expect good results and believed that an analysis tool is basic for sustainability.

*How could the Governing Board work towards the sustainability of the actions of the JA-CHRODIS?*

- The main ideas were that best practices, the involvement of all the members of the JA-CHRODIS and the PKE are the key points to reach the sustainability we are looking for.
- The GB is a good starting point to be able to link JA-CHRODIS to the real world.
- Implementation is needed to reach sustainability. We need to do it at the political, financial and technical levels.
- Working together can save resources and time but it is a significant challenge.

Finally, the Terms of Reference of the GB were approved and Paloma Casado made some closing remarks to finish the first meeting.

Closing remarks:

- The GB has added value for the JA-CHRODIS to facilitate the future use of JA-CHRODIS' gathered experiences and developed tools so it will contribute to the effectiveness and efficacy of national policies/plans.
- The GB should function as a bridge between the activities of JA-CHRODIS and Member States' strategies on chronic diseases, therefore a fluent communication on JA-CHRODIS progress is to be assured.
- The GB needs to work towards the sustainability of the JA-CHRODIS.

### PARTICIPANTS LIST

#### Institutinal Representatives

SURNAME	NAME	ORGANIZATION	COUNTRY
ANDREU	Antonio	National Institute of Health Carlos III, ISCIII	Spain
BELTRAN	Alfonso	National Institute of Health Carlos III, ISCIII	Spain
CASADO	Paloma	Spanish Ministry of Health	Spain
HÜBEL	Michael	DG SANTE. European Commission	Belgium
MORENO	Rubén	Spanish Ministry of Health	Spain

#### JA-CHRODIS Governing Board Members

SURNAME	NAME	ORGANIZATION	COUNTRY
BOAVIDA	José	Ministry of Health	Portugal
BRUNOT	Alain	Ministère des affaires sociales, de la santé et des droits des femmes	France
BUDEWIG	Karen	Federal Ministry of Health	Germany
COLLEN-GODMAN	Sarah	Department of Health	United Kingdom
FOTEVA	Elvira	Directorate "Health Policy" of the Ministry of Health	Bulgaria
GUERRA	Raineri	Ministry of Health	Italy
HUBER	Manfred	WHO Regional Office for Europe	Denmark
KALIVA	Fofa	Ministry of Health	Greece
PETRIČ	Kerstin	Ministry of Health	Slovenia
KÖHLER	Kristina	Ministry of Social Affairs	Estonia
MCSHANE	Martin	Department of Health	United Kingdom
RODRIGUEZ	Carolina	Spanish Minsitry of Health	Spain
SARLIO-LÄHTEENKORVA	Sirpa	Ministry of Social Affairs and Health	Finland

SURNAME	NAME	ORGANIZATION	COUNTRY
SKASET	Maren	Ministry of Health	Norway

## Annex 2. Governing Board Terms of Reference

### Purpose

The Governing Board (GB) will be created in order to set up an appropriate framework for the participation of EU and EEA Member States in the Joint Action Chrodis (JA-CHRODIS).

The GB will also contribute to lay the ground for the potential establishment of a **permanent network** of representatives of MOHs for **chronic diseases** at EU level. This will allow the sustainability of the Joint Action (JA) beyond the 3-years of the expected EU funding commitment. This network would advocate for the maintenance of chronic diseases and healthy ageing in the EU health agenda by fostering the generation of European initiatives. These initiatives aim at contributing to the promotion of health taking into account its determinants and also contributing to enhance comprehensive care of persons suffering from chronic diseases.

### Objectives:

- 1) facilitate the participation of Ministries of Health of EU and EEA Member States in the JA-CHRODIS, and inform relevant policy-makers on the progress of the JA-CHRODIS;
- 2) generate synergies, collaboration and mutual learning amongst member States' health initiatives in chronic diseases which will facilitate the future use of JA-CHRODIS gather experiences and developed tools in national policies/plans;
- 3) promote the alignment of the activities of the JA with European health policies and;
- 4) contribute to the international health agenda on chronic diseases.

### Membership

- Representatives of Ministries of Health dealing with chronic diseases from the EU and EEA Member States
- Representatives of the European Commission (EC)
- Representatives of the European Region of the World Health Organization

### Functions of the members of the Governing Board will be to:

1. contribute to increase the added value of the technical work and strategic progress of the JA in line with national policies on chronic diseases and in coordination with the different work packages leadership;
2. attend and actively participate in the annual meeting of the GB;
3. review and comment CHRODIS key deliverables.

### Secretariat of the GB

- The Spanish Ministry of Health will be the Secretariat of the Governing Board.

### Communication and working procedure

- Apart from the annual meeting, routine communications will be done by email and audioconferences.
- The Secretariat will distribute relevant documents according to the JA-CHRODIS work plan. Members of the Governing Board will provide comments over the established period of time.

- The members of the Governing Board are encouraged to communicate with the Secretariat and to ask for clarification whenever necessary.
- The Governing Board will make decisions by consensus.

#### **Meetings of the GB**

- The GB will meet face to face once a year.
- Meetings will be convened by the Secretariat of the GB.
- They will be held back to back to the General Assembly of the JA.
- Additional audio/video conferences could be convened if required.

#### **Agenda**

- The Secretariat will draft the agenda and distribute it together with relevant documents two weeks before the GB annual meeting.
- Members of the GB can propose items for the agenda up to one week before the GB annual meeting.

#### **Minutes of the meetings**

- The minutes of the meetings will be drafted by the Secretariat and sent to the members one month after the meeting took place.
- Members will be requested to send their written comments to the Secretariat within two weeks after the draft minutes have been sent.

#### **Cost**

A budget is allocated to cover the accommodation expenses of the Governing Board members for their attendance to one annual meeting. Accommodation management will be facilitated by the Secretariat.

## Annex 3. Governing Board Frame work plan

### BACKGROUND

The general mission of the Governing Board of CHRODIS as stated in the grant agreement is to provide strategic guidance for the development of the project. It is also to assess possible options for the sustainability of a joint initiative on chronic diseases and of CHRODIS.

CHRODIS is not the first initiative where health ministries are involved at European level. The strategic guidance to be offered by the Governing Board (GB) has to build on these previous activities and on criteria for chronic diseases adopted by health ministries.

Joint Action CHRODIS is funded with 9 M€. The activities of CHRODIS include training activities, organization of seminars, issuing reports and recommendations. However, one of the most innovative activities of CHRODIS is building a methodology and organizing a process for exchange and upscale of good practices. The assumption behind is that this exchange and the consideration of their future use by MS governments at a political-technical level has a great potential to promote the improvement and spreading of efficient actions to tackle chronic diseases. This is why the sustainability of CHRODIS beyond the Joint Action is an issue to be addressed by the GB.

The European health policy context of CHRODIS

The European Union has been acting on chronic diseases for a long time<sup>3</sup>. The Council conclusions “Innovative approaches for chronic diseases” of 2010 invited Member States and the Commission to perform a number of actions – including<sup>4</sup>:

*“to identify and share good practices regarding*

*ways to enable patients with chronic diseases to maximize their autonomy and quality of life; on effective, proactive early interventions;*

*on the secondary prevention;*

*on the affordability and access of care for chronic diseases;*

*on the implementation of innovative chronic care models, especially in primary and community health care, and*

*on ways to reduce health inequalities in this field”*

Moreover, within the Working Party on Public Health at Senior Level (WPPHSL) of the Council of the EU a reflection process on innovative approaches for chronic diseases in public health and healthcare systems was performed. The final report of the Council also recommended to focus on social and technological innovation and to establish good practice exchange mechanisms at EU level<sup>5</sup>. Once this mechanism is in place the final report suggests:

“a) scaling up validated good practices in pilot projects to demonstrate their transferability and usefulness elsewhere

(b) intensifying EU level cooperation regarding the exchange of good practices on early detection and screening for the most relevant areas of chronic diseases.”

The expected outcomes of the CHRODIS Joint Action

JA-CHRODIS is expected to provide an open platform where potential good practices can be screened, validated and proposed to be transferred elsewhere. This platform will be fed with practices addressing

<sup>3</sup> [http://ec.europa.eu/health/major\\_chronic\\_diseases/policy/index\\_en.htm](http://ec.europa.eu/health/major_chronic_diseases/policy/index_en.htm)

<sup>4</sup> [http://www.idf.org/sites/default/files/Council\\_conclusions\\_7%20Dec%202010\\_Chronic%20Disease.pdf](http://www.idf.org/sites/default/files/Council_conclusions_7%20Dec%202010_Chronic%20Disease.pdf)

<sup>5</sup> [http://ec.europa.eu/health/major\\_chronic\\_diseases/docs/reflection\\_process\\_cd\\_final\\_report\\_en.pdf](http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf)

promotion and prevention of chronic diseases, multi-morbidity and diabetes. JA-CHRODIS will also make study visits, develop training activities and support national plans. Finally, as a result of the conclusions of the Governing Board meetings, a final report will be performed contributing to facilitate the future use of JA-CHRODIS gather experiences and developed tools.

#### GOVERNING BOARD WORK PLAN

Main deliverables of the JA-CHRODIS work packages for information and/or feedback

Key deliverables from JA-CHRODIS work packages for 2015 (and foreseen for 2016) have been identified and some of them will be send just for information and comments, if any, in order for you to be updated with the activity of the JA-CHRODIS. Others would require your particular feedback so the objectives of this GB can be achieved.

Detailed work plan for action 1 and 2 is attached as annex I and we propose below some criteria for reviewing the deliverables when feedback is required.

- Criteria for reviewing JA-CHRODIS deliverables:
  - Do you think that this deliverable aligns with the interests of your country in addressing chronicity?
  - Which barriers would you find for the application of this deliverable in your country?
  - Which facilitators would you find for the application of this deliverable in your country?
  - Would it be feasible to apply this deliverable in your country?
- Governing Board communication flow:

JA-CHRODIS deliverable reports are produced within the work package (WP) that executed the task. Once the deliverable report has been completed and revised by the Coordinator and the Executive Board (EB). Then the Coordinator will distribute it to the Governing Board (GB). The GB could provide any comments to the Coordinator within 4 weeks after receiving the deliverable report.

A similar process will also be performed by the Advisory Board (AB). The AB is a different component of the JA-CHRODIS, independent from the GB, which contributes with scientific advice to the JA-CHRODIS.

The Coordinator will develop a report on the comments and suggestions provided by AB and GB and will provide the EB and CHAFAEA with the final deliverable + report from GB and AB.

See annex II for clarification.

- Selecting priority fields for good practices:

Because there may be a very high number of potentially transferrable good practices, CHRODIS should try to define priority fields where our identification, selection and exchange of potential good practices have the greatest potential or expected added value for national ministries of health.

There are three fields already defined:

- Health promotion and chronic diseases prevention.
- Multi-morbidity.
- Diabetes, including: primary prevention, identification of population at high risk, early diagnosis, prevention of complications, comprehensive multifactorial care, education programs for persons with diabetes and training for professionals.
- Good practices regarding patient empowerment might be kept in mind as a cross aspect within these three fields.

WP 1 will conduct in 2015 a survey to Governing Board (GB) members about their preferences and more urgent needs regarding practices in these three fields.



## Annex 4. Survey on preferences and urgent needs

### SURVEY FOR THE MEMBERS OF THE GOVERNING

October 2015

One of the functions of the Governing Board (GB) of CHRODIS is to *contribute to improve the technical work and strategic progress of the JA in line with national policies on chronic diseases and in coordination with the different work packages leadership*".

The GB is one of the two decision making bodies of CHRODIS, along with the Executive Board (EB) formed by all work package leaders. GB is providing strategic guidance to JA-CHRODIS.

We are in the middle of the timeline of JA-CHRODIS. The present survey is thought to facilitate the input of the GB to plan and perform next activities.

Name			
Institution		Country	

The objective of JA-CHRODIS is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.

This survey is intended to facilitate the guidance of the GB, signalling fields where the exchange of good practices may be more needed. "A good practice is a process or a methodology that represents the most effective way of achieving a specific objective. A good practice is one that has been proven to work well and produce good results, and is therefore recommended as a model." It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.<sup>6</sup>

Each question proposes some possible answers to identify or classify potential good practices, but being the field so wide and multidimensional, you could prefer to propose another classification that better suits the situation in your country. If so, please make use of the response "other" and specify it as appropriate.

#### Survey

1. In which of the following fields (predefined in JA-CHRODIS) would this exchange of good practices across Europe benefit your country more? (mark all that apply)

Promotion and prevention	<input type="checkbox"/>
Multimorbidity	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>

2. If you marked "promotion and prevention" above, what type of practices would you like to be exchanged? (mark all that apply)

Activities promoting health literacy	<input type="checkbox"/>
Health education experiences at schools	<input type="checkbox"/>
Implemented health promoting environments	<input type="checkbox"/>
Health promoting legislation (including tax policies)	<input type="checkbox"/>
Implemented early detection and management of risk factors for chronic diseases	<input type="checkbox"/>
Initiatives for the early diagnosis of chronic diseases in primary care	<input type="checkbox"/>
Evaluation experiences of health promotion or prevention initiatives	<input type="checkbox"/>

<sup>6</sup> <http://www.fao.org/docrep/017/ap784e/ap784e.pdf>

Citizens empowerment  
 Communities empowerment  
 Other  
 Please specify:


3. If you marked “multimorbidity” above, what type of practices would you like to be exchanged? (mark all that apply)

Implemented comprehensive and multidisciplinary needs assessment  
 Coordination, comprehensiveness and continuity of multi-professional health services in primary care  
 Intervention for the control of poli-medication  
 Experiences in coordination of specialized and primary health care  
 Coordinated health and social services at local level  
 Evaluation experiences of multimorbidity initiatives  
 Patient and caregivers empowerment  
 Other  
 Please specify:


4. If you marked “Diabetes” above, what type of practices would you like to be exchanged? (mark all that apply)

Implemented diabetes prevention programmes (national or regional. E.g.:National Plans, Strategies, etc.)	
Implemented diabetes prevention activities or interventions at local primary care level	
Implemented interventions for the early detection of diabetes in primary care	
Experiences in health education and self-care of people with diabetes	
Coordinated health and social services at local level	
Evaluation experiences of diabetes initiatives	
Patient empowerment	
Other	
Please specify	

THANK YOU VERY MUCH FOR YOUR CONTRIBUTION.  
 THE JA-CHRODIS CONSORTIUM.

## Annex 5. Results from survey

Country	Spain	Norway	Greece	Estonia	Croatia	Belgium	Bulgaria	Finland
<b>Promotion &amp; prevention</b>	x			x			x	x
Activities promoting health literacy								
Health education experiences at schools				x				
Implemented health promoting environments	x			x			x	x
Health promoting legislation (including tax policies)				x			x	x
Implemented early detection and management of risk factors for chronic diseases				x			x	
Initiatives for the early diagnosis of chronic diseases in primary care				x			x	
Evaluation experiences of health promotion or prevention initiatives	x			x				
Citizen empowerment								
Communities empowerment	x							
Other	x							x
	Comprehensive approach of healthy lifestyles Coordination to strength the work and avoid duplicities, amongst sectors and levels (national, regional, local)							How to implement "Health in all policies" approach
<b>Multimorbidity</b>	x	x		x	x	x	x	x
Implemented comprehensive and multidisciplinary needs assessment		x		x	x	x	x	
Coordination, comprehensiveness and continuity of multi-professional health services in primary care	x	x		x	x	x	x	x
Intervention for the control of poly-medication		x				x	x	
Experiences in coordination of specialized and primary health care	x			x	x	x	x	
Coordinated health and social services at local level				x	x	x		x
Evaluation experiences of multimorbidity initiatives	x	x			x	x		
Patient & caregivers empowerment	x					x		
Other								
<b>Diabetes</b>			x	x		x		x
Implemented diabetes prevention programmes (national or regional. E.g.: National Plans, Strategies, etc.)			x	x		x		x
Implemented diabetes prevention activities or interventions at local primary care level			x	x				x
Implemented interventions for the early detection of diabetes in primary care			x	x		x		
Experiences in health education and self-care of people with diabetes			x	x		x		
Coordinated health and social services at local level			x					x
Evaluation experiences of diabetes initiatives			x	x		x		
Patient empowerment			x	x		x		
Other						x		

