SWOT analysis
# Disclosures

## Health Industry Interests Relevant to Presentation

### Angela Giusti

<table>
<thead>
<tr>
<th>Interest</th>
<th>Status</th>
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<tbody>
<tr>
<td>1 – Patent holder/Shareholder or member or employee of a health industry</td>
<td>NO</td>
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<tr>
<td>2 – Consultant or member of a scientific council of a health industry</td>
<td>NO</td>
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<tr>
<td>3 – Paid speaker or author/editor of articles or documents for a health industry</td>
<td>NO</td>
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<tr>
<td>4 – Payment of travel expenses, lodging, or conference/event registration by a health industry</td>
<td>NO</td>
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<tr>
<td>5 – Principal Investigator of a research or clinical study for a health industry</td>
<td>NO</td>
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<tr>
<td>6 – Co-Investigator of a clinical study for a health industry</td>
<td>NO</td>
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Rationale and methods
An overview of National policies and programs on prevention and management of diabetes

The aim of the WP7 SWOT analysis is

• to give a qualitative overview of the current policies and programs across Europe

• to offer insights on what makes a policy/program APPLICABLE SUSTAINABLE EFFECTIVE from a public health and from the stakeholders perspectives

• the basic preconditions for its implementation

• the successful strategies and lesson learnt from the experience

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SWOT analysis: the methodology

Opportunities

Threats
SWOT analysis: the methodology (1/2)

Aims

• method used to evaluate Strengths, Weaknesses, Opportunities, and Threats of a project, an intervention, a program or a policy
• generally used for strategic planning, to outline the key internal and external factor that can influence the policy/program success

Timing

• ex-ante: to improve planning and integration of the program in its context
• intermediate: to determine whether, in relation to the changes in the context, the lines of actions identified are still relevant; provides elements to decide changes in the program
• ex-post: for evaluation purpose
**Stakeholders**

- Based on the expert point of view
- Based on participatory methodology to provide shared scenarios among experts and other stakeholders

**Phases of the analysis**

- Analysis of internal S&W
- Analysis of external O&T
- Identification of strategic actions that can leverage on S and O in order to address W and T
- Produce recommendations based on lesson learnt (final) and a set lines of actions to be implemented (intermediate)
### Strengths

- Conditions that are outside the direct control of the program

### Weaknesses

- Conditions that are outside the direct control of the program

### Threats

- Internal
  - They fall within the scope and control of the program

- External
  - Conditions that are outside the direct control of the program

### Opportunities

- Internal
  - They fall within the scope and control of the program

- External
  - Conditions that are outside the direct control of the program

S can be used to address W

T may stand in the way of the policy/program implementation

W need to be addressed

O may facilitate the policy/program implementation
SWOT analysis: the options

Policy 1
Dimension a
Dimension b

Policy 2
Dimension a
Dimension b

Policy 3
Dimension a
Dimension b

Policy 4
Dimension a
Dimension b

Policy 5
Dimension a
Dimension b

1 comprehensive SWOT per Country (relevant policies, relevant dimensions)

WP7
The WP7 SWOT analysis (1/3)

The process

- Pilot (held in Rome, WP7 meeting, July 2015)
- One SWOT analysis per Country/MS
  - Identification of 5 main policies or programs with Task Leaders, APs and CPs
  - Identification of responders for each Country/MS
- One SWOT per Country or specific topics
- Data collection (ongoing)
- Data analysis, synthesis and final report
What should be addressed

- the current policies/programs on prevention and management of diabetes as a whole, with specific reference when needed

- If no policies are available in the Country, analyze external opportunities and threats that might affect its feasibility (Lithuania)

- Those partners who represent Associations can collaborate to their Country SWOT, or conduct the SWOT considering EU policies on specific topics (EIWH, EWMA, EPF/IDF Europe)
The WP7 SWOT analysis (3/3)

Dimensions to be explored
different aspects of the policies/programs that you deem relevant, i.e.

- planning process
- endorsement by policy makers and stakeholders
- organizational changes
- management
- human resources and technology
- funding
- information system
- integration with other policies/programs
- support by law or regulation
- leadership
- monitoring and evaluation
- internal and external communication
- .......

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Successful strategies:

Lessons learnt:
PRELIMINARY RESULTS
Preliminary results  1/3

- 12 SWOT
  - 9 Countries
  - EPF/IDF Europe → Patients’ Associations perspective of national policies in Belgium
  - EIWH (European Institute of Women Health) → Gender perspective of national policies and programs on prevention and management of diabetes
  - EWMA (European Wound Management Association) → Management of the diabetic foot and education of professionals: a general overview across the EU
Preliminary results 2/3

Total SWOT: 12

N. stakeholders involved: 41
  – Mean per SWOT: 3.4 (1-8)

N. policies included: 37
  – Mean per SWOT: 3 (0-6)

Method of participation
  – Email (8)
  – Face-to-face meeting (8)
  – Online meeting (2)
  – Individual phone call (1)
Preliminary results 3/3

+ EWMA
+ EIWH
+ EPF/IDF
An exemple → Management of the diabetic foot and education of professionals: a general overview across the EU

**Country:** EU (European level)

**Partner:** European Wound Management Association (EWMA)

**Name of responders:**
- Prof. Dr. Alberto Piaggi (EWMA Honorary Secretary)
- Dr. Ian Apfeldt (EWMA Past President)
- Dr. Kristian van Acker (Chair of the International Working Group on the Diabetic Foot [IWGDF])

**Method of participation:**
- X Meeting, workshop
- X Group call (Skype, hangout or other)

**Included policies and programs:**
2. NICE guidelines (August 2015): Diabetic foot problems: Prevention and management

**Best practices:**

**Belgium:**
- National level certification of diabetic foot centres with benchmarking system
- Collaboration with Germany regarding establishment of DFU registers
- Collaboration on a national registration program with the reimbursement systems on amputation rates with Germany

**Europe (mainly directed towards countries in eastern part of Europe):**
- European train the foot trainers programme (http://www.thf.org/home/index.php?eventid=74880) in cooperation with FEND, DESG, EWMA, DFSF, FEND, UNMF, EASD, IDF Europe and IFD global

**Germany:**
- Collaboration with Belgium regarding establishment of DFU registers
- German diabetic foot certification programme (peer to peer certification of diabetic wound centres)
- International course on the Neuropathic Osteoarthropathic Foot (Charcot Foot). The course consists of theoretical lectures and practical sessions in small groups to train the diagnostic and treatment skills necessary for the interdisciplinairy treatment of Charcot patients (http://www.charcotfootcourses.org/)

**Italy:**
- Tuscany diabetic foot networking (official network of 3 DFU referral centres, 20 regional centres and 96 General Practitioners [GP], established and backed by legislation).
- Pisa Diabetic Foot Courses: Annual 3-day course combining lectures of different specialists and individual training in the clinic, allowing course participants to gain insight in both the theory of the field and practical methods used in the clinic (www.diabeticfootcourses.org)

**Nordic Countries:**
- Nordic Diabetic Foot collaboration (http://nordicdiabeticfoot.com/nbf-task-force.html)

### SWOT ANALYSIS

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<tr>
<th>Strengths</th>
<th>Weaknesses</th>
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<td>International consensus guidance regarding prevention and treatment principles of Diabetic Foot Ulcers (DFU) globally available at <a href="http://www.iwgdf.org">www.iwgdf.org</a> (updated in 2015).</td>
<td>All European health care systems are basically built for single-disease treatment whereas DFU patients do need a cross-disease prevention and treatment approach related to the complexity and comorbidity of this condition.</td>
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<td>Increased awareness across European health care systems that DFU is a major complication to diabetes (of type 1 as well as 2). Integration of skills and knowledge from different disciplines through a multi- or interdisciplinary team approach improves prevention and treatment without necessarily increasing its total cost (See EWMA document “Managing wounds as a team”, <a href="http://www.ewma.org/">http://www.ewma.org/</a>).</td>
<td>Diabetic foot units in 3 levels are needed: minimal, intermediate and referral level, what is far from optimally implemented in the EU-countries.</td>
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<td>Centres of Excellence have shown a significant reduction of incidence of ulcers or amputation rates of 25-45 % and at the same time providing treatment in a cost-effective way. Initiatives are taken by organisations (EWMA, IWGDF, DFSF amongst others) to ameliorate the network for healthcare providers and to improve the awareness of the complex diabetic foot disease.</td>
<td>The foot track for urgent care in case of severe ulcers is not well established, with an important delay of referral as a consequence and extremely difficult interventions, long hospitalisation and very high costs.</td>
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#### Education

- The theoretical knowledge necessary to develop consistent, up-to-date education and implementation already exists.

- Basic and advanced courses and treatment initiatives of the management of the diabetic foot exist since many years at a European level.

- The initiatives and systematic approaches to education of clinical staff prevented and treating DFU patients beyond the existing teams and the other hospital services (emergency, intensive care) are not sufficient to fill the gap.

- The education level of clinical staff in home care and GP settings is generally too low to handle the complexity of DFU patients.

- Part of the specialisations (i.e. podiatrists) that is required to establish a full multidisciplinary team do not exist in countries in the eastern part of Europe. Podiatric educational institutions are needed.

- Lack of competence and knowledge closest to the patient, including family members and the patient him/herself.
Data analysis & report

- Single SWOTs presentation
- Cross-sectional text analysis (aggregated)
- Cross-sectional content analysis (inductive and deductive categories and themes) (aggregated)
- NVivo 10.0 software for qualitative data analysis
Exemple: Strengths (preliminary text analysis)
Next steps
Our Community of Practice working area

This is a working area dedicated to Work Package 7 Diachronics: Diabetes - a case study on strengthening health care for people with chronic diseases. The European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (CHRODIS-JA) 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. This Joint Action is part of the EU Health Program 2008-2013 aiming to include projects that aim to contribute to increase healthy life years and to promote healthy ageing. For more information about the European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (CHRODIS-JA), see EuroHealthNet website.

**WP7 Diachronics Community of Practice - Diabetes: a case study on strengthening health care for people with chronic diseases**

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<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Task Leaders</th>
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<tbody>
<tr>
<td><strong>DIACHRONICS Task 1</strong> - Prevention of diabetes: focus on people at high risk</td>
<td></td>
<td>Joana Lindström, ThL Finland</td>
</tr>
<tr>
<td><strong>DIACHRONICS Task 2</strong> - Secondary prevention of type 2 diabetes</td>
<td></td>
<td>Ulrike Roth, TLU Germany</td>
</tr>
<tr>
<td><strong>DIACHRONICS Task 3</strong> - Non-pharmacology interventions - Health Promotion</td>
<td></td>
<td>Monica Sørensen, HDI Norway</td>
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<tr>
<td><strong>DIACHRONICS Task 4</strong> - Education strategies and approaches</td>
<td></td>
<td>Andrea Icks, HHU Germany</td>
</tr>
<tr>
<td><strong>DIACHRONICS Task 5</strong> - National Diabetes Plans</td>
<td></td>
<td>Jerka Zaletež, IVZ RS Slovenia</td>
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Reviewing our SWOTs: an interactive process

- Check your SWOT
- Take a look at other partners’ SWOTs
- Do you want to integrate some policies or to include new dimensions?
- Do you want to involve more stakeholders?

You can do it!

- Deadline for your final version: Nov 15th
The Quest of the missing SWOTs
Partners’ presentations

**Austria**, Brigitte Domittner

**European Institute of Women’s Health**, Vanessa M. Moore

**Greece**, Theodoros Katsaras

**Spain**, Vendula Blaya-Nováková

**Portugal**, Portugal Ana Cristina
Thank you for your work and for your attention
The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*

* This presentation 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)

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