JA-CHRODIS
Work Package 7

Diabetes: a case study on strengthening health care for people with chronic diseases

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SWOT ANALYSIS
OVERVIEW
OF NATIONAL OR SUB NATIONAL POLICIES AND PROGRAMS
ON PREVENTION AND MANAGEMENT OF DIABETES

Successful strategies

CHRODIS
ADDRESSING CHRONIC DISEASES & HEALTHY AGEING ACROSS THE LIFE CYCLE

Co-funded by the Health Programme of the European Union

THIS PUBLICATION ARISES FROM THE JOINT ACTION CHRODIS, WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013). SOLE RESPONSIBILITY LIES WITH THE AUTHOR AND THE CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY IS NOT RESPONSIBLE FOR ANY USE THAT MAY BE MADE OF THE INFORMATION CONTAINED THEREIN.

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Executive Summary

In the frame of the JA-CHRODIS, diabetes is considered a case study on strengthening health care for people with chronic diseases. The work package on diabetes (WP7) focuses on all the major aspects of a serious disease like diabetes: identification of people at high risk, prevention and early diagnosis, health promotion in people with diabetes, comprehensive multifactorial care, prevention of complications, educational strategies for people with diabetes and training for health professionals. The WP7 team conducted a survey to provide a structured overview about current programs, and a SWOT analysis to give a qualitative overview, by Country, of the current policies and programs, including successful strategies. The SWOT analysis is a strategic planning tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats of a policy, a program, a project or an intervention.

This Report describes the results of the SWOT analysis relative to the expert overview on successful strategies and strengths.

A total of fifty-three stakeholders in 12 Countries contributed to the SWOT reporting and analysing 39 policies. The texts of the SWOT, has been coded inductively, building up an interpretative model based on emerging categories classified in three themes: approaches, features, capacity building.

To be a "success", a policy or a program needs to be dynamic, bottom up, flexible, integrated, multi-intersectoral, and equity oriented. External communication and dissemination is a key point for success, and the partnership among stakeholders should be kept active throughout the process.

According to the responders, a strong scientific background is considered a key point. Strategies should be comprehensive and address the most common risk factors of the main NCDs. A clear description of the care pathways is needed supported by an information system at national, sub national and local level. Planning and definition of sound objectives on Integrated Care, is leading starting point Regular monitoring and evaluation, with a defined and shared set of outcomes and indicators, are important drivers for programs implementation. A strong and efficient leadership is needed.

Capacity building is intended as the development and strengthening of human resources, focusing on people with diabetes and professionals. Good educational models and care strategies are essential and need to be shared with the persons with diabetes.

Acknowledgements

The following experts designed the study, performed the data analysis and prepared the report:

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The following partners and experts contributed to the data collection for the SWOT analysis:

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Belgium
Valentina Strammiello (EPF). Viviane de Laveleye, Stijn de Ceukelier.
Finland
Jaana Lindström, Katja Wikström (THL). Auli Pölönen, Heikki Oksa.
France
Alain Brunot (MoH)
Germany
Andrea Icks, Ulrike Rothe
Greece
Theodore Vontetsianos (YPE)
Italy
Marina Maggini, Angela Giusti, Bruno Caffari, Flavia Lombardo, Flavia Pricci (ISS), Massimo Massi Benedetti (HIRS), Roberto D'Elia, Paola Pisanti (MINSAL). Albino Bottazzo, Rita Stara
Lithuania
Zydrune Visockiene (VUKSK)
Norway
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Introduction

The challenge facing decision-makers and leaders in health care, is how to strengthen chronic disease prevention and control efforts, and how re-design health care system to better meet complex needs of persons with chronic diseases like diabetes. In 2011, the General Assembly of the United Nations, with EU support, adopted a political declaration on the Prevention and control of non-communicable diseases. World leaders committed themselves to strengthen international cooperation, including collaborative partnerships in support of national, regional, and global plans for the prevention and control of non-communicable diseases, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, and development of appropriate health-care infrastructure.

The European summit on chronic diseases (Brussels, 2014) stressed the need for joint efforts, at European level, to optimize resources and energy to address major chronic diseases acknowledging the need for a coalition across society to prevent chronic diseases, preserving the best state of health and sustainability of a modern health system, with objective of maximizing the years of healthy life of European citizens. (ec.europa.eu/health/major_chronic_diseases/events/ev_20140403_en.htm).

The launch, in 2014, of the European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS), is a response to the objectives set by the United Nations and the European Commission. The goal of the JA-CHRODIS is to promote and facilitate a process of exchange and transfer of good practices among countries and regions, for effective action against chronic diseases, with a specific focus on health promotion and chronic disease prevention, on co-morbidity and diabetes.

In the frame of the JA-CHRODIS, diabetes is considered a case study on strengthening health care for people with chronic diseases. The work package on diabetes (WP7) focuses on all the major aspects of a serious disease like diabetes: identification of people at high risk, prevention and early diagnosis, health promotion in people with diabetes, comprehensive multifactorial care, prevention of complications, educational strategies for people with diabetes and training for health professionals. JA-CHRODIS is not a research project, thus its main objective is to use the knowledge already available, to improve coordination and cooperation among countries to act on diabetes, including the exchange of good practices, and to create ground for innovative approaches to reduce the burden of chronic diseases. Special emphasis is also given to support the development and implementation of National Diabetes Plans.

To provide an overview on practices for prevention and management of type 2 diabetes, the WP7 team conducted a survey to provide a structured overview about current programs (interventions, initiatives, approaches or equivalents) that focus on aspects of primary

prevention of diabetes, identification of people at high risk, early diagnosis, prevention of complications of diabetes, comprehensive multifactorial care, education programs for persons with diabetes and training for professionals. The results of the survey are presented in the Report "Survey on practices for prevention and management of diabetes" (www.chrodis.eu/wp-content/uploads/2016/01/Report-prevention-and-management-diabetes-Final.pdf)

To complement this quantitative analysis, a SWOT analysis was conducted to give a qualitative overview, by Country, of the current policies and programs, including successful strategies. The aim is to offer insights, from the Partners point of view, on what makes a policy/program applicable, sustainable, and effective from a public health and from the stakeholders' perspectives, what are the necessary preconditions for its implementation and what are the lessons learnt from the experience. It also provides a background perspective of the setting where good practices are developed.

The SWOT analysis

The SWOT analysis is a strategic planning tool used to evaluate the Strengths, Weaknesses, Opportunities, and Threats of a policy, a program, a project or an intervention. Although the method has been developed in the area of business and industry, it has been extensively used in community development programs, health and education. The strengths of this method are its simplicity and applicability to different contexts and levels of analysis, including policies and programs' implementation and evaluation.

The purpose of performing a SWOT is to reveal positive forces that work together, and potential problems that need to be recognized and possibly addressed. It also enables participants to make a judgment and share their vision on the four aspects mentioned above in order to enrich the common perception.

The SWOT analysis also offers a simple way of communicating in a glance about initiatives or programs. In a SWOT analysis (Fig.1) both internal attributes and external conditions are described:

- *Strengths* are internal attributes of the policy
- *Weaknesses* are internal attributes of the policy that need to be addressed
- *Opportunities* are external conditions that may facilitate the policy implementation
- *Threats* are external conditions that may stand in the way of the policy implementation.

The analysis addresses and highlights all the characteristics, relationships and synergies among internal and with external variables of a phenomena (i.e. policy or program). For this reason, **the stakeholders involved** in the analysis must have a specific knowledge of the topic and have an overview of the context. The analysis can be performed according to two

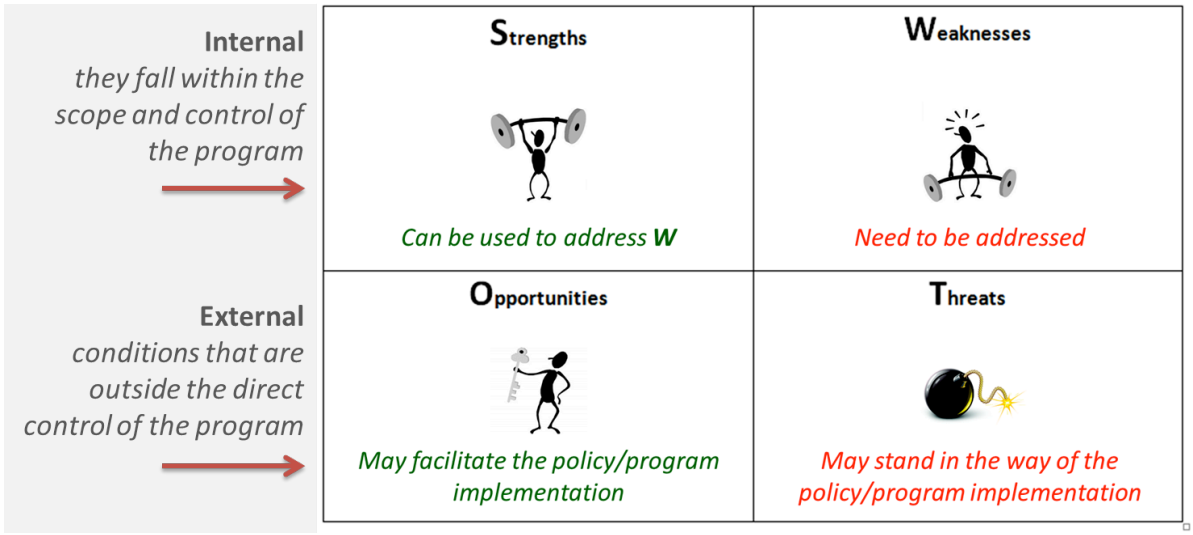
different approaches: basing on the single experts' point of views, collected by a researcher, or in a participatory way, through focus groups, metaplan or other participatory methods. This second approach provides shared scenarios, taking into account the expert as well as other stakeholders' perspective (i.e. specific population groups, associations).

The timing of the SWOT varies depending on the objectives. The analysis can be

- **ex-ante**, to improve planning and integration of a program in its context, i.e. to evaluate the preconditions for the program implementation;
- **intermediate**, to determine whether, in relation to the changes in the context, the line of actions identified are still relevant; in this phase, it can provide elements to decide changes in the program;
- **ex-post**, for evaluation purpose.

Once the internal (S&W) and external (O&T) attributes of the topic have been described in depth, some strategic actions, that can leverage on S&O in order to address W&T, can be identified by making a cross analysis of internal and external factors with the micro and macro environments of the program. It is also possible to set lines of actions to be implemented (intermediate), to describe the story of success and to produce recommendations based on lesson learnt (final). Furthermore, the methodology allows to make a cross analysis of internal and external factors with the micro and macro environments of the program.

Figure 1. Structure of a SWOT analysis



Methods

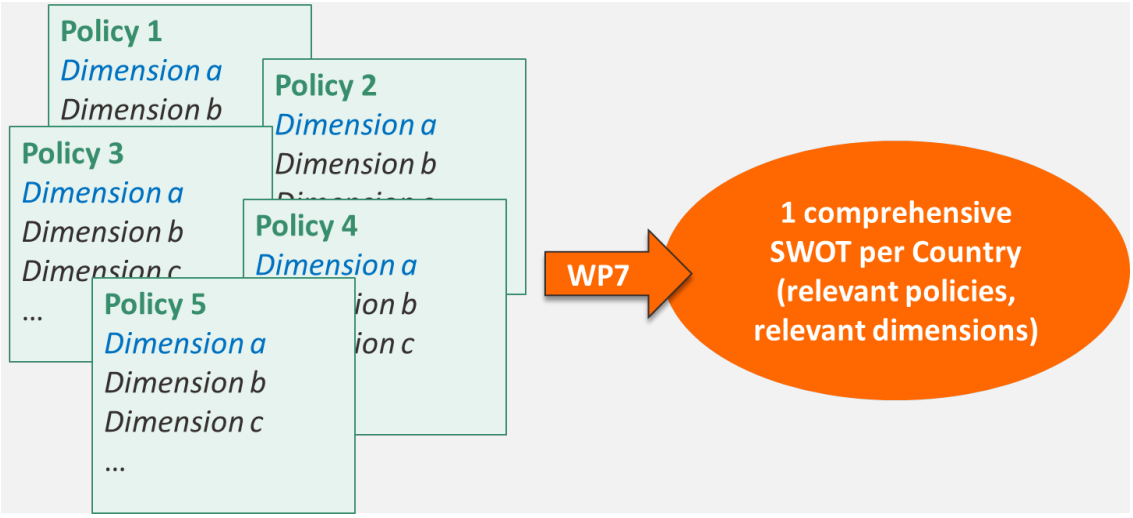
The methodology was presented, discussed and agreed during the 3rd meeting of the WP7, held in Rome on July 2-3, 2015. During the meeting, a pilot analysis has been conducted by the Partners. A SWOT analysis form (Appendix) has then been sent to all WP7 Partners through the WP7 web based Community of Practice (http://www.iss-cnesps.it/course/index.php?categoryid=2).

Starting from what already reported in the WP7 questionnaires, the Partners were asked to include in the analysis five main current policies/programs on prevention and care of diabetes as stand alone policies/programs or as part of a more comprehensive national plan (chronic diseases program, …). In the context of this analysis, we considered as a policy *the stated principles that guide the actions of government*. The partners, and participating experts, were also asked to describe the successful strategies and the lessons learnt.

A public policy is *a purposive and consistent course of action produced as a response to a perceived problem of a constituency, formulated by a specific political process, and adopted, implemented, and enforced by a public agency*. A National Program usually, but not always, follows and translates into action a National Policy.

Those partners who represent associations/organizations conducted the SWOT considering policies on specific arguments. The level of analysis has been national/federal or sub national. If no policies were available in a Country, the analysis addressed the external factors that could make the policy/program feasible and sustainable or that might be considered as external threats.

Figure 2. SWOT analysis: the options



In the SWOT analysis different dimensions could be explored, including different aspects of the policies and programs that were deemed relevant such as: planning, endorsement by policy makers and stakeholders, implementation, organizational changes, partnerships, intersectorality, management, aspects relating to human resources, technology and information systems, coordination of care (i.e. interdisciplinarity), funding, integration with other policies/programs, supported by laws or regulations, leadership, empowerment, capacity building, monitoring and evaluation, internal and external communication.

The steps for the text analysis were: qualitative content analysis, inductive development of categories and deductive application of categories. The analysis was conducted using NVivo 10.0 software for qualitative data analysis.

Results

By November 2015, 14 SWOT analyses had been sent to the WP7 coordination team. Eleven Country SWOT with policies and programs analysis were conducted by: Austria, Finland, France, Germany, Greece, Italy, Lithuania, Norway, Portugal, Slovenia, Spain. In addition to the Country analyses, EWMA, EIWH and EPF/IDF made analysis of policies on different topics:

- EPF/IDF Europe --> Patients' 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.

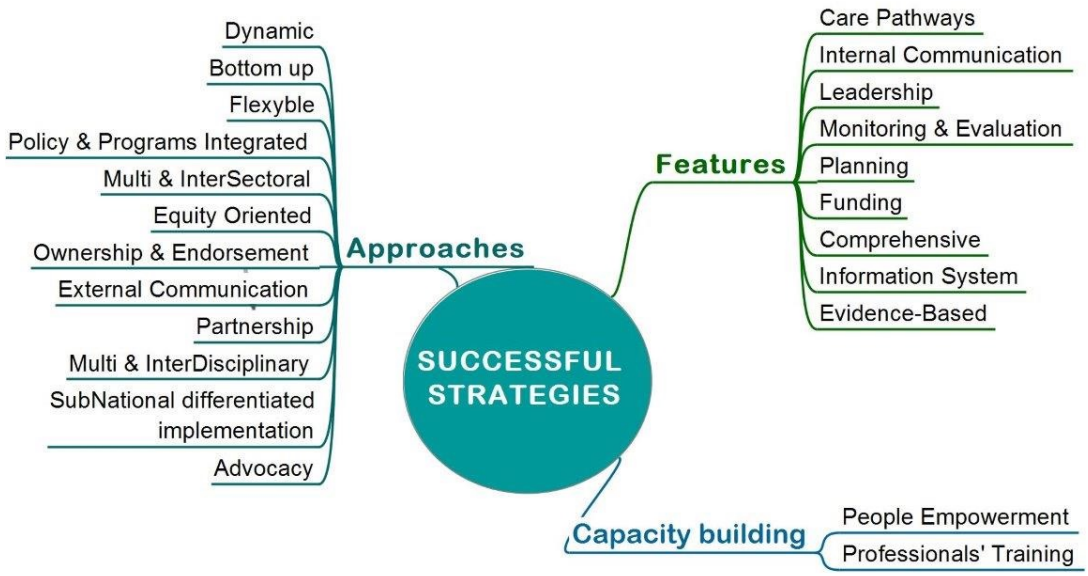
A total of fifty-three stakeholders in 12 Countries contributed to the SWOT reporting and analysing 39 policies (Tab.1, Fig.3).

Table 1.

N. stakeholders involved	53
mean per SWOT	3.7 (1-10)
N. policies included	39
mean per SWOT	2.8 (0-6)
Methods of participation	
email	10/22
meeting	9/22
group video call	2/22
individual call	1/22

Figure 3. Countries contributing to the SWOT

Figure 4. Mind map of successful strategies representing the emerging themes and categories



All the texts of the SWOT, has been coded inductively, building up an interpretative model based on the emerging categories, as described by the partners (Fig.4). The successful strategies have been derived from the "Strengths" and "Successful Strategies" items (Appendix). The categories emerging from the SWOT analysis have been classified in three themes: approaches, features, capacity building.

Approaches

To be a "success", a policy or a program need to be built on a bottom up approach and the process should be dynamic, being adapted on a regular basis, with *"the constant input and feedback by the stakeholders and involved organizations"*. The programs should also be flexible enough to give a general framework for activities, which *"facilitates relatively free conduct of the project by different partners"*. As a result, new models and practices are developed bottom up, based on local needs, resources and initiatives. In the same way, a national scale disease management program can provide a general frame, while the sub-national levels can develop their own structured diabetes programs, which *"take into account regional differences, geographic distances in some less populated regions"*, and other specific characteristics of the local context.

The integration of different policies and programs is a key point, cited by 9 partners. Diabetes prevention and treatment can be successfully integrated within other chronic diseases and health promotion programs, comprising primary, occupational, specialized health care and cross-sectional interventions. Moreover, *"the consistency between the*

different National Health Programs and Plans", produces a synergy of actions at sub-national level, where actions and interventions are to be locally developed. Beyond the health sector, a participatory "health in all policies" approach *"supports the implementation of a strategy, assists in intersectoral cooperation and therefore leads to win-win solutions for complex problems".*

According to the partners, an intersectoral approach: *"maximizes the health co-benefits of other sectors"* (i.e. municipalities, NGOs, national and local scale patient's associations, education and social sector, private sector, food, drug and equipment industry, marketing, media, universities and research institutes, political decision makers); enhances the networking and the concerted action; supports shared commitment and ownership, reducing the solo-thinking that is distinctive of the mono-sectoral approach. All partners and stakeholders, both nationally and locally, should be *"involved and engaged already from the very beginning of the planning"*, and the partnership should be kept active throughout the process. Within the health sector, particularly important is the partnership of "*the regional and national medical associations".*

The active engagement of NGOs and Associations is deemed fundamental to improve the general awareness on specific topics, i.e. the gender perspective and the complex diabetic foot disease. When the collaboration among different partners from different sectors became systematic, the networking may continue even after the end of the project. In order to promote a successful intersectoral approach, it is important to demonstrate *"how the goals of the program promote and complement the enforcement of the mission"* of every stakeholder/organization.

All partners have highlighted the key role of the Associations of people with chronic conditions, whose actions and advocacy are described as *"strong and proactive"*. In one case, the program *"was enabled by the initiative by a strong and distinguished patient organization and further facilitated by strong support by national authorities and local decision makers".*

The multi and interdisciplinary approach is another successful strategy, aimed to an integration of skills and knowledge at all levels of the health sector, and seems to improve quality of prevention and treatment *"without necessarily increasing its total cost"*.

Health equity intended as *"equality of opportunities for all"* is, in some case, specifically referred to low socioeconomic and minority groups. From a gender perspective, apart from pregnancy, there seems to be no specific attention to women's health. The issue of gender *"should be considered on both national and EU levels"* of policies and programs. Partners refer a favourable reimbursement system of diabetes treatment, and the universal accessibility of care, as a successful strategy to address health equity.

External communication and dissemination is another key point for success to create general public awareness, media visibility, and to increase the knowledge of and the participation in the programs. Communication experts should work "*in close collaboration*

with the health care professionals in the program"; a specific communication unit should be established to define the communication plans and to coordinate the activities: media campaigns, press conferences, newsletters to partners and media, press releases. The same group should coordinate the production of reports, information sheets, counseling materials and other materials for internal purposes.

Features

According to the responders, a strong scientific background is considered a key point. The guidance supporting the national and local programs must be evidence-based, providing data on the expected health outcomes (i.e. reduction of incidence of ulcers or amputation rates), diabetes prevention possibilities and risk scores. Evidence-based guidelines and specific prescription criteria and protocols for the management of diabetes are also provided. In some cases, the guideline embraces type 2 diabetes prevention, early detection and care, type 1 diabetes in childhood and adolescence, gestational diabetes and diabetes prevention in childhood and adolescence. It is highlighted that the strategy is *"not only evidence-based, but also a result of a consensus between all the parties"*. Strategies should be comprehensive and address the most common risk factors of the four main NCDs (cancer, COPD, CVD and diabetes), as most of the persons with chronic diseases *"suffer from more than one NCD and will benefit from disease prevention initiatives cut across the specific diseases"*. Thus, strategies should be both disease specific and unspecific. Diabetes programs should "*be proactive rather than reactive*". Attention has to be paid to prevention, promotion of healthy lifestyles and early detection of new cases, as well as prevention of complications.

From the organizational point of view, a successful strategy include the definition of the needed positions (e.g. diabetes nurses, podiatrists, psychologists, dieticians) and a strategic continuity of care at all levels of the system of care. A clear description of the care pathways is needed, addressing specific groups (different ages, pregnancy), and the areas of health promotion, diabetes prevention and treatment, included specialist and intra hospital referral. In some cases, the care pathways are defined at national level and supported by an information system at national, sub national and local level. Remote consultation and shared medical electronic record facilitates access to the individual data by person itself and by the health care professionals working on different healthcare levels. Early detection of new cases of patient decompensations may be handled through an automatic alarm system implemented through the integrated electronic medical record. A performant information system and the offer of e-services can reduce the attendance in outpatient clinics, decrease the average response time for hospital referral and reduce the hospital consultation.

Regular monitoring and evaluation, with a defined and shared set of outcomes and indicators, are important drivers for further programs implementation. Both "*quantitative - what happened - and qualitative - why and how it happened - evaluation methods"* can be fruitfully applied. Successful strategies include also "*population-level evaluation and a systematic media follow-up"*, including population awareness on diabetes and other chronic

conditions. An efficient monitoring system makes it possible to measure patients' outcomes, quality, effectiveness and cost of the interventions on primary care and hospital level.

From the planning point of view, dividing the program into sub-programs has facilitated the efficient and coordinated conduct of the whole task. The definition of sound objectives on Integrated Care, shared among national and subnational level has been a leading starting point. A strong and efficient leadership is needed, at governmental level (for policy action) as well as subnational and local level. The key elements of the leadership described are: shared values as the basis of the program, multi-disciplinarity and multi-sectorality, centralized and shared coordination, at national, sub-national and local level, efficient planning, reporting and communicating, experienced group, political support, support and ownership by professionals, adequate funding, proactive communication, social demand for the action.

Internal communication is another key point, including the active involvement of doctors in their own practice, especially during the implementation phase. Practice outreach visit of General practitioners by the diabetes teams seems to be a successful strategy. Internal communication can be based on marketing strategies, in order to enrol in the program a large number of physicians. Email, newsletters, reports, as well as face-to-face meeting and seminars can ensure efficient internal communication. Information and communication technologies are reported as determinant for an effective internal communication.

Although a structured and continued funding is difficult, different sources can be involved. In some cases, the municipalities and organizations invested also their own funds, engaging them into the program. Financial incentives for good practices of diabetes follow up by GPs have been undertaken in some cases. In any case, budget allocations are needed for an effective implementation of the programs.

Capacity building

In this analysis, capacity building is intended as the development and strengthening of human resources, focusing on people with diabetes and professionals. Good educational models and care strategies are essential and need to be shared with the persons with diabetes, *"to ensure successful management of the illness and a good quality of life"*. The theoretical knowledge necessary to develop consistent, up-to-date education already exists as well as structured curriculum, basic and advanced courses and other educational initiatives (e.g. people at high risk, newly diagnosed people, management of the diabetic foot), included individual and group models and peer groups. Different educational models have been tested and evaluated and can be effectively used and adapted to specific needs and contexts. Still, the specific educational needs have to be identified and the demand answered, developing tools to raise awareness and health literacy, to support self-efficacy, self-management and patient-centered care, and to promote individual and group empowerment.

In the same way, effective, up-to-date and evidence-based training for the professionals is important. Starting from the identification of the training needs, the demand is answered and this increases the knowledge of health care professionals and improves their engagement. A successful strategy in the training of the health care professionals is the change of the education paradigm and shift towards coaching, instead of teaching, and the improving awareness of the importance of counselling skills and self-management education and the understanding of the change process, its characteristics and challenges. Thus, new tools and techniques in prevention and care are adopted, such as solution-centered counselling, motivational interviewing, empowerment-based approaches and the health care professionals training curricula are changed according to the new educational needs.

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APPENDIX

SWOT ANALYSIS FORM

SWOT ANALYSIS

Country_____ Date: _____

Partner: _____

Name of responder:

_____

Partners/Stakeholders involved in the analysis:

_____

_____

_____

Method of participation:

☐ Email
☐ Meeting, workshop
☐ Group call (skype, hangout or other)
☐ Other, please specify _____

Included policies and programs:

1. _____
2. _____
3. _____
4. _____
5. _____

	Positive ↓	Negative ↓
internal →	**Strengths** • … • … • …	**Weaknesses** • … • … • …
external →	**Opportunities** • … • … • …	**Threats** • … • … • …

Successful strategies:
Lessons learnt: