

# WP5

## Health Promotion & Prevention of Chronic Diseases

JA-CHRODIS GB meeting

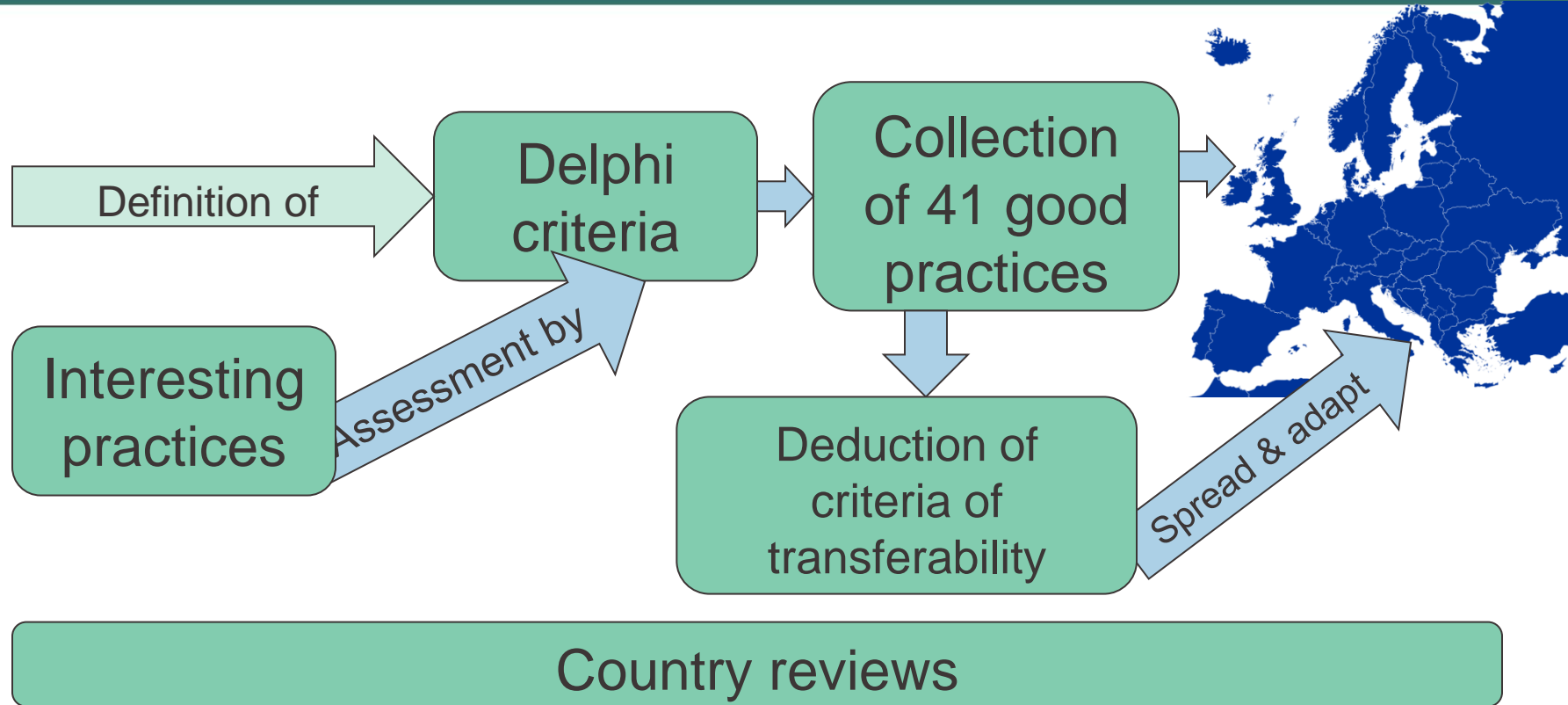
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# Working Process & Tasks of WP5



# Step 3: Identification of Good Practice Examples

## 41 Good Practice Examples across the life cycle

Pre-natal environment, early childhood, childhood and adolescence:	10 Good Practices
Adulthood:	11 Good Practices
Healthy Ageing:	5 Good Practices
Whole life cycle:	15 Good Practices

**Different settings, regions, with varying degrees of complexity...**

# Step 4: Study Visits & Transferability

Six study visit in selected good practice sites took place in summer  
Selection criteria broad coverage of Delphi criteria, different settings & age groups & partners' preferences

1. “Young People at a Healthy Weight”, the Netherlands
2. “Portuguese National Programme on Healthier Eating” (PNPAS), Portugal
3. “National Curriculum Guides on Health and Well-being” and  
“The Welfare Watch”, Iceland
4. “Lombardy Workplace Health Promotion Network”, Italy
5. “Well London/Communities”, UK
  
6. Database approaches in health promotion, the Netherlands

# Study Visits I

- **“Young People at a Healthy Weight” (JOGG), The Netherlands**  
national project with local adaptation & implementation  
target group: children 0-19 yrs.  
aim: keep children & youth at healthy weight & decrease overweight & obesity  
measures: schools, associations, & employers, public-private partnership, healthy food choices, physical activity
- **“Portuguese National Programme on Healthier Eating” (PNPAS), Portugal**  
national project with regional & local implementation  
target group: population in disadvantaged neighbourhoods  
aim: better health literacy, lower salt intake, healthier food choices & availability  
measures: schools, public-private partnerships, interdepartmental collaboration, collaboration with healthcare

# Study Visits II

- **“National Curriculum Guides on Health and Well-being”, Iceland**  
national programme  
target group: school children  
aim: to establish health and health literacy as a key point in society  
measures: introduction of “Health & Wellbeing” as 6<sup>th</sup> pillar in curriculum
- **“Welfare Watch”, Iceland**  
national programme  
target group: entire population  
aim: monitor income & welfare level in the aftermath of financial crisis  
measures: development of welfare indicators & measurement of change

# Study Visits III

- **“Lombardy Workplace Health Promotion Network”, Italy**  
regional programme, public-private network of enterprises  
target group: work force  
areas of work: nutrition, tobacco, physical activity, road safety, alcohol abuse, well-being  
collaboration with local associations
- **“Well London/ Well Communities”, United Kingdom**  
local programme  
target group: inhabitants of deprived areas  
measures: bottom-up approach: workshops & courses, community work, community building  
scaling up to other areas

# Study Visits IV

- **“Public Health Act”, Norway**

national law

target group: all citizens, all decision makers & key stakeholders

aim: healthier population, health in all policies

measures: requirement to implement health in all societal areas, to set health targets, to monitor the outcome

five pillars: health equity, health in all policies, sustainable development, precautionary principle, participation

- Database approaches in health promotion, the Netherlands



# Transferability – Preliminary Results

## Discussion during WP meeting & analysis of transferability sheets

Preliminary results indicate that common key factors for success are:

- Balance of bottom-up & top-down with inclusion of target population
- Committed & persistent key figure with high social skills
- Intersectoral, multi-level, & multi-professional approach with commitment also at highest level
- Common core framework, adaptation to local needs
- Importance of evaluation but especially monitoring (pos. & neg.)
- Long-term programs with stable funding
- Modularity
- (Regulation & Legislation)

# Transferability – Questions

- Factors of success & transferability do not necessarily need to be aligned. How can they analytically be discerned? What needs to be adapted?
- How can knowledge & experience about good practices be made easier accessible?
- How to increase transferability?
- Different perspectives between practice owners & adaptors
- Political independency
- Flexibility of structure & governance – can it be altered?

# Outputs

- Recommendation report:
  - including a description of success factors/ barriers for transferring or scaling up a promising practice into a new context and
  - recommendations what needs to be considered when planning, adapting, & successfully implementing good practices
- Final Report

# Other Activities

- ICIC
- ProHealth
- EPH conf
- Webinar
- WP meeting



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## 6<sup>th</sup> JA-CHRODIS WP5 MEETING

21<sup>st</sup>/ 22<sup>nd</sup> November 2016

Venue: HOTEL TIVOLI Oriente  
Av. Dom João II, 27  
Parque das Nações  
1090-083 Lisboa

Monday, 21 November 2016

09:30am – 10:35am	<p><b>Welcome &amp; Introduction</b></p> <ul style="list-style-type: none"> <li>• Alexander Haarmann (BZgA)</li> <li>• Fernando Almeida (INSA)</li> <li>• José Manuel Boavida (APDP)</li> <li>• Representative of DGS (tbc)</li> </ul>
10:35am – 11:10pm	<p><b>Summary of the main lessons learnt regarding aspects of transferability I</b></p> <ul style="list-style-type: none"> <li>• JOGG (&amp; databases), NL – Teresa Bennett (15min presentation, 5min clarifications)</li> <li>• PNPAS, PT – Alexander Haarmann (10min presentation, 5min clarifications)</li> </ul>
11:10 – 11:40am	<p><i>Coffee break</i></p>
11:40am – 12:30pm	<p><b>Summary of the main lessons learnt regarding aspects of transferability II</b></p> <ul style="list-style-type: none"> <li>• Welfare Watch &amp; National Curriculum, ICE – Luciana Costa &amp; Marieke Hendriksen (15min presentation, 5min clarifications)</li> <li>• Lombardy Workplace Health Promotion, IT – Anne Pierson (10min presentation, 5 min clarifications)</li> <li>• Well London/ Communities – Djoeke van Dale (10min presentation, 5min clarifications)</li> </ul>
12:30am – 1:00pm	<p><b>Conclusions, lessons learnt from study visits &amp; recommendations about transferability drawn from the study visits I</b></p> <p>small groups discussion</p> <p><i>Please, prepare questions beforehand!</i></p>

# Outputs

- Country Reports, incl. Executive Summary

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

- Delphi Panel Full Report by WP 4

[http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1\\_Delphi-on-Health-promotion-and-prevention-1.pdf](http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf)

- Collection of Good Practices in Health Promotion and Primary Prevention of Chronic Diseases incl. executive summary

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/>

- Conference Documentation

<http://www.chrodis.eu/event/joining-forces-in-health-promotion-to-tackle-the-burden-of-chronic-diseases-in-europe/>

- “CHRODIS WP5 Results at a glance”

<http://www.chrodis.eu/wp-content/uploads/2015/11/JA-CHRODIS-Promotion-Material-WP5-1112-FINAL.pdf>

# JA-CHRODIS+

## Implementation of good practices

- Various good practices bearing the chance to be taken up, adapted, & implemented
  - National preferences?
  - National/ regional/ local needs?
  - Support, seeking activity
  - No scale-up!



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the Health Programme  
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# The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)\*

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\* This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under 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 in the information contained therein.