

What needs to be taken into account for the exchange and transfer of good practices in health promotion and disease prevention?

WP5

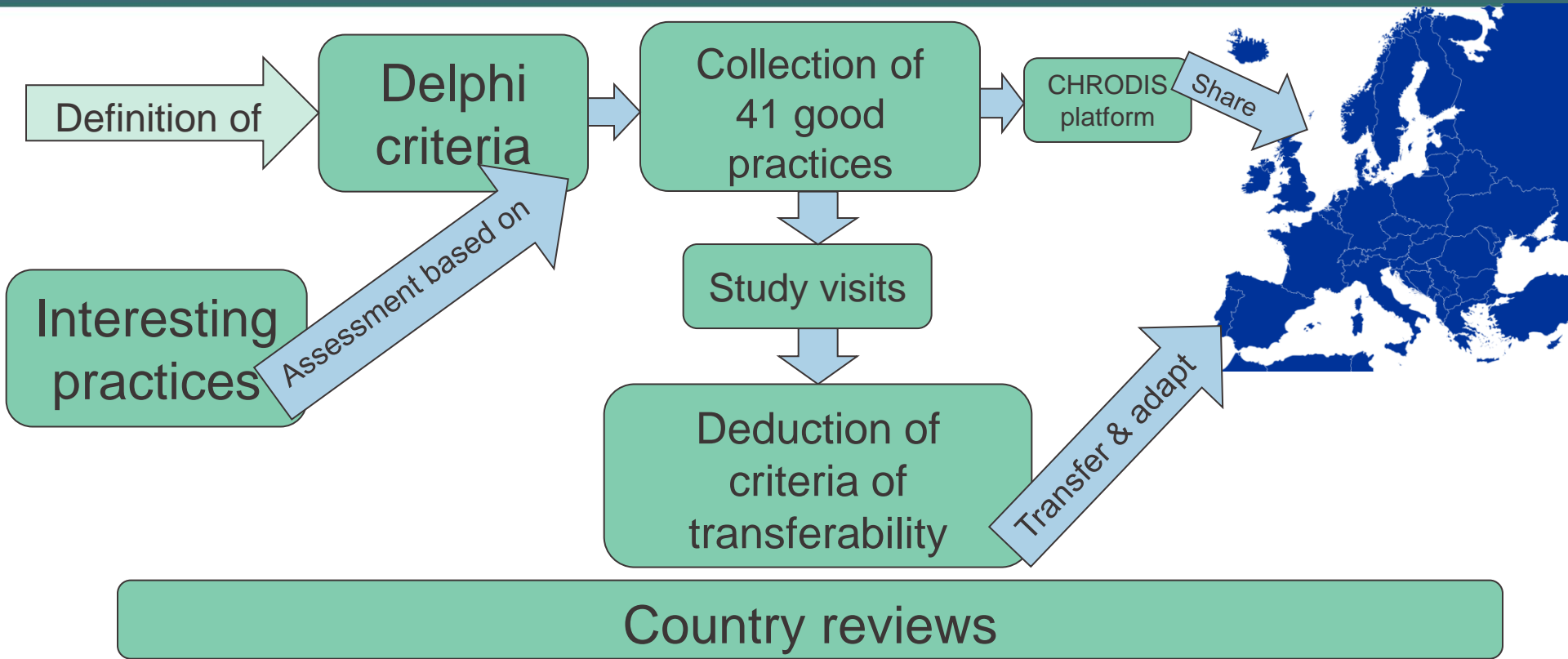
Health Promotion &
Prevention of Chronic Diseases



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Working Process & Tasks of WP5



Recommendations report

**Joint Action on Chronic Diseases and
Promoting Healthy Ageing
across the Life Cycle
(JA-CHRODIS)**

**Work Package 5:
Good practices in the field of health
promotion and chronic disease prevention
across the life cycle**

**Recommendations report on
applicability and transferability
of practices into different
settings and countries**

10 February 2017

<http://chrodis.eu/outcomes-results/>



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Steps to be recommended...

- Get to know more about the practice
 - Needs analysis
 - Study visit, individual, person
 - Whole practice or elements
- Feasibility study
 - Support
 - Funding
 - Organisation's maturity
 - Acceptance
- Adaptation & (functional)

(not necessarily in this particular order)

Joint Action on Chronic Diseases
and Promoting Healthy Ageing
across the life cycle



Transferability – Internal perspective

Bottom-up approach with inclusion of target population

- Be flexible at local level when implementing and adapting the programme
- Include 'all' (all ages, backgrounds), but think especially of the most vulnerable groups/areas
- Involve communities in needs assessment, decision making, planning, & organisation
- Support of programme in communities & strong commitment at highest level within relevant institutions and political support

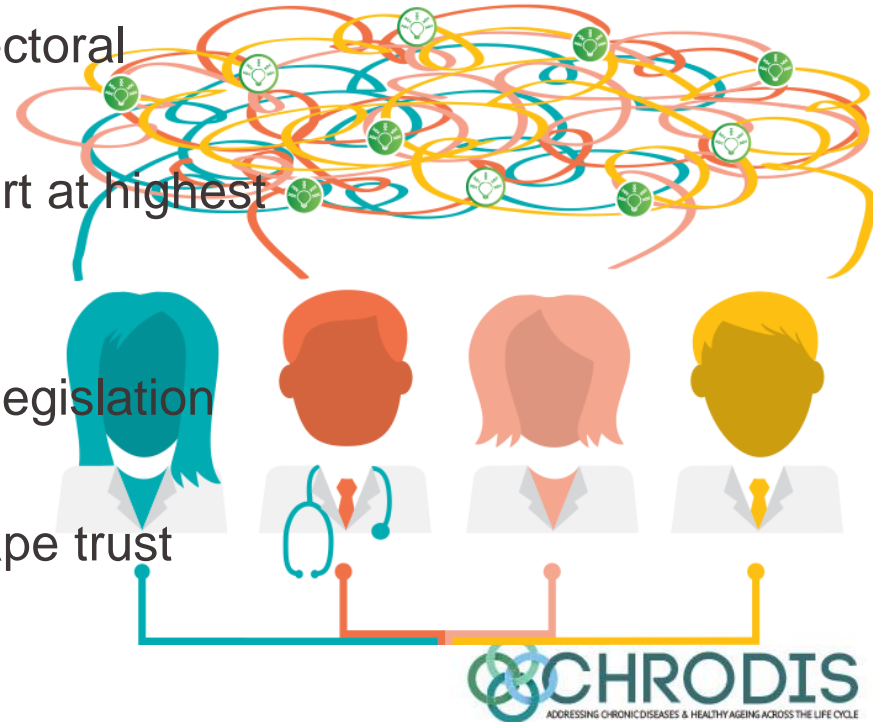
• Think big, but start small



Transferability – Connecting to others

Intersectoral, multi-level and multi-professional approach with strong commitment at highest level

- Health in all policies approach (inter-sectoral linkage, multi-level)
- Strong political commitment and support at highest level
- Programme embedded in national plans/curricula/policies and/ or specific legislation and regulation
- Transparency of the programme to shape trust



Transferability – Staff & development

Qualified and highly committed human resources,
detailed documentation, monitoring & evaluation

- Committed, persistent, and stable human resources with high social skills including volunteers
- Define terms used in the practice clearly
- Document practice right from its start with positive and highly visible reporting
- Monitor practice continuously with appropriate indicators
- Evaluation framework existing
- Knowledge transfer group



Transferability – Long-term perspective

Long-term engagement with stable funding

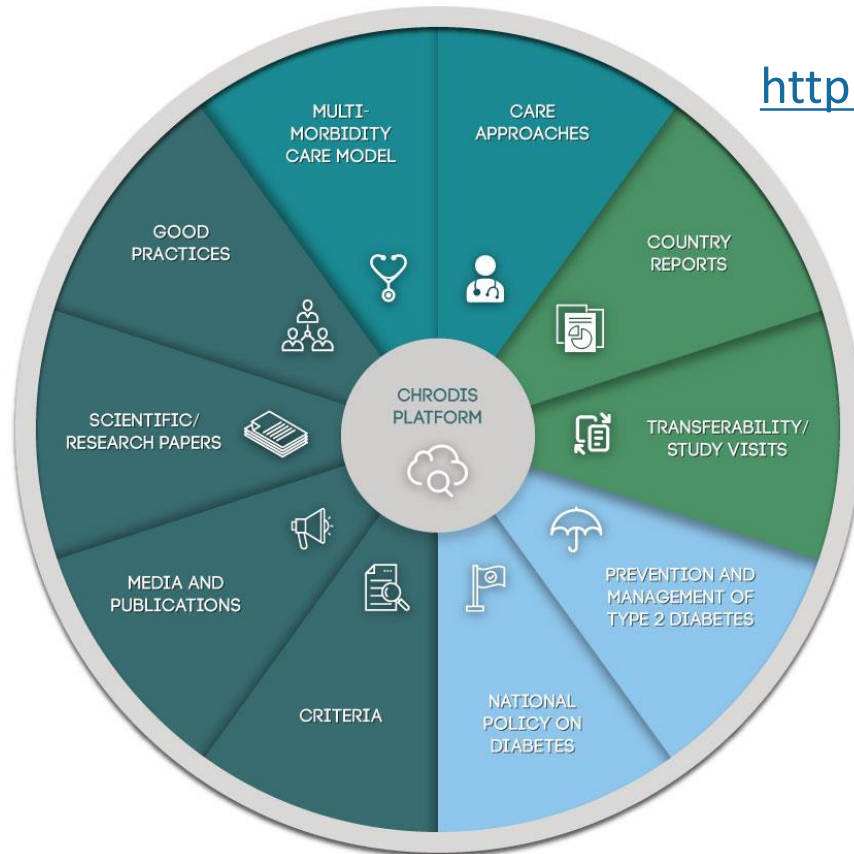
- Think ahead – Commitment to long-term programmes and/ or approach
- Stability of funding for several years



Transferability – Remarks

- Who is it for: Practitioners, stakeholders, policy-makers
- Establishing communities of practice
- Stable findings based on practical experience
 - Next step: Broader transferability framework!?

Outputs



<http://chrodis.eu/outcomes-results/>

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

- 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/>

- Documentation of study visits

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

- “CHRODIS WP5 Results at a glance”

<http://chrodis.eu/outcomes-results>

- Recommendations report on the applicability and transferability of practices into different settings

<http://chrodis.eu/outcomes-results>

Thanks to all WP5 partners

Associated Partners

Andalusian Regional Ministry of Equality, Health and Social Policies (CISPSJA), Spain
Center for Health Education and Disease Prevention (SMLPC), Lithuania; Task leader 4
Directorate General of Health (DGS), Portugal
European Institute of Womens Health (EIWH), Ireland
Directorate of Health (DOHI), Iceland
EuroHealthNet, Belgium, Task leader 1 and 5
German Federal Centre for Health Education (BZgA), Germany, Task leader 2
Health Service Executive (HSE), Ireland
Institute of Health Carlos III (ISCIII), Spain
Health Promotion Documentation Centre' (DoRS), Italy
Institute of Public Health in Ireland (IPH), Ireland
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Collaborating Partners

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