



JOINT ACTION CHRODIS WORK PACKAGE 5

HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION:
OVERVIEW, DEFINITION OF CRITERIA, AND
TRANSFERABILITY OF GOOD PRACTICES -
OUTCOMES AT A GLANCE

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- European Institute of Women's Health (EIWH), Ireland
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1. CHRONIC DISEASES – A MAJOR HEALTH PROBLEM

Chronic diseases represent the major share of the burden of disease in Europe¹. They heavily affect individuals and their quality of life – most often for years or even decades. In turn, this affects also their families and places a huge burden on healthcare and social systems. Even though many chronic diseases could be prevented or their onset be delayed more effectively, still more attention is attached to their proper management and treatment. Where health promotion and prevention of chronic diseases is employed, most often the focus is on developing new local or regional programmes, while the exchange of knowledge of existing good practices in this field is rather limited.

2. COMING INTO ACTION: JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE

As one result of the reflection process on chronic conditions of the European Commission and member states the European Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) was launched January 2014.

The main objective of the JA-CHRODIS is to facilitate the exchange and transfer of good practices in tackling chronic diseases between different European countries and regions. Based on this objective, the exchange and transfer of good practices will result in improved outcomes from policies, programmes and clinical or public health interventions on chronic conditions. The main areas of work of JA-CHRODIS were a platform for knowledge exchange, health promotion and chronic disease prevention, multimorbidity and type 2 diabetes.

An overview of all activities of JA-CHRODIS can be downloaded from:

http://chrodis.eu/wp-content/uploads/2015/10/CHRODIS_A4folder_09_FINAL.pdf

3. HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

Within JA-CHRODIS this area of work sought to identify, exchange, and promote the scale-up and transfer of good practices on health promotion and chronic disease prevention focusing on cardiovascular diseases including stroke and type 2 diabetes. Its aim was to provide recommendations on what needs to be taken into consideration when scaling-up or transferring existing good practices and which factors might help to successfully implement them in different settings and countries. Overall, 34 organisations (20 associated and 14 collaborating partners) from 22 member states of the European Union, Norway, and Iceland worked together to achieve this aim.

¹ Busse R, Blümel M, Scheller-Kreinsen D, Zentner A (2010) *Tackling chronic disease in Europe - Strategies, interventions and challenges*. Observatory Studies Series, No. 20. European Observatory on Health Systems and Policies, World Health Organization, Copenhagen, Denmark. http://www.euro.who.int/_data/assets/pdf_file/0008/96632/E93736.pdf (accessed on 3 January 2017).

4. REVIEW OF EXISTING WORK, SITUATION AND NEEDS IN THE AREA OF HEALTH PROMOTION AND DISEASE PREVENTION

A series of country reports displayed the landscape of health promotion and disease prevention of chronic diseases in partner countries. They focused both on good practices, strategies, and programs and revealed gaps and needs in this area. There is a strong need for further consistent investment in health promotion and primary prevention in order to reduce the burden of chronic diseases and to make healthcare systems more sustainable. The dissemination of highly promising and evidence based good practices and approaches should be used as a valuable basis in advocating for dedicated and sustained funding streams.

An executive summary of the findings and reports from the 14 country reports are available for download from: <http://chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports>

The 14 individual country reports are shown here:

Bulgaria	Iceland	Portugal
Cyprus	Ireland	Spain
Estonia	Italy	The Netherlands
Germany	Lithuania	United Kingdom
Greece	Norway	

5. DEFINING AN APPROACH TO IDENTIFY GOOD PRACTICE EXAMPLES

Based on existing approaches to define good practices in health promotion and disease prevention and a review of existing databases and literature, key criteria for the identification of good practices were defined. ‘Good practices’ are worth disseminating as they are based on best available evidence associated with good outcomes and may inspire interventions and good practices in different contexts.

For the definition of ‘good practices’ used in this report, refer to the Glossary of Terms.

The identification was carried out through a consultation following a structured survey methodology (RAND modified Delphi methodology²). The process involved a group of more than 30 European health promotion experts from 15 countries in collaboration with experts within the JA-CHRODIS.

The final result is a list of ten ranked and weighted criteria for the identification of good practices in health promotion and disease prevention (HPDP) of chronic diseases.

2 <http://www.rand.org/topics/delphi-method.html>

FINAL SET OF WEIGHTED CRITERIA RECOMMENDED FOR EVALUATING HEALTH PROMOTION AND DISEASE PREVENTION (HPDP)

PRIORITY	CRITERIA NAME	CATEGORY DESCRIPTION
1	Equity	In implementation, specific actions are taken to address the equity dimensions.
	Equity	In design, relevant dimensions of equity are adequately taken into consideration and are targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).
2	Comprehensiveness of the intervention	The intervention has a comprehensive approach to health promotion addressing all relevant determinants, (e.g. including social determinants) and using different strategies (e.g. setting approach).
	Comprehensiveness of the intervention	An effective partnership is in place (e.g. multidisciplinary, inter-sector, multi-/and alliances).
	Comprehensiveness of the intervention	The intervention is aligned with a policy plan at the local, national, institutional and international level.
	Description of the practice	The design is appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies.
	Description of the practice	The design describes the practice in terms of purpose, SMART objectives, methods (e.g. recruitment, location of intervention, concrete activities), and timeframe (sequence, frequency and duration).
3	Ethical Considerations	The intervention is implemented equitably, i.e. proportional to needs.
	Ethical Considerations	Potential burdens, including harm, of the intervention for the target population are addressed.
	Ethical Considerations	The intervention's objectives and strategy are transparent to the target population and stakeholders involved.
	Evaluation	There is a defined and appropriate evaluation framework assessing structure, process and outcomes considering, e.g.: the use of validated tools and/or the results of evaluation are linked to actions to reshape the implementation accordingly and/or the intervention is assessed for efficiency (cost versus outcome).
	Evaluation	Evaluation results achieve the stated goals and objectives.
	Evaluation	Information /monitoring systems are in place to regularly deliver data aligned with evaluation and reporting needs.
	Evaluation	The intervention is assessed for outcomes, intended or unintended
4	Empowerment and Participation	The intervention develops strengths, resources and autonomy in the target population(s) (e.g. assets-based, salutogenetic approach).
	Empowerment and Participation	The intervention achieves meaningful participation among the intended target population.
	Empowerment and Participation	The intervention is designed and implemented in consultation with the target population.
5	Target population	Target population/s are defined on the basis of needs assessment including strengths and other characteristics.
	Target population	The engagement of intermediaries/multipliers is used to promote the meaningful participation of the target population.
6	Sustainability	The continuation of the intervention is ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed.
	Sustainability	There is broad support for the intervention amongst those who implement it.
	Sustainability	There is broad support for the intervention amongst the intended target populations.

PRIORITY	CRITERIA NAME	CATEGORY DESCRIPTION
7	Governance and project management	The intervention includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.
	Governance and project management	Sources of funding are specified in regards to stability and commitment.
	Governance and project management	Organisational structures are clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities).
	Potential of scalability and transferability	Potential impact on the population targeted (if scaled up) is assessed.
	Potential of scalability and transferability	There is a specific knowledge transfer strategy in place (evidence into practice).
	Potential of scalability and transferability	An analysis of requirements for eventual scaling up such as foreseen barriers and facilitators (e.g. resources, organisational commitment, etc.) is available.

The full report of the Delphi Panel on interventions in the area of health promotion and disease prevention of chronic diseases can be downloaded from: http://chrodis.eu/wp-content/uploads/2016/03/Delphi-1-report_HPPP.pdf

6. IDENTIFICATION OF GOOD PRACTICES

More than 30 organisations from 13 EU member states identified 41 detailed examples of good practices (i. e. policies, programmes, and clinical or public health interventions) in health promotion and disease prevention of chronic diseases based on a jointly developed set of criteria. These examples can be found on the CHRODIS Platform (<http://platform.chrodis.eu>), an up-to-date repository of good practices on disease prevention and care of chronic diseases. It is possible to upload additional good practices as well as to access and share valuable knowledge and experiences from the CHRODIS Platform.

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

Each member state partner identified and documented evidence-based and/or highly promising examples with the collaboration of relevant ministries, institutes and civil-society institutions. Special attention was given to effective practices that have shown to have a positive impact on the health status of populations and groups, with a focus on vulnerable populations. In order to not miss innovative approaches, partners involved in the identification process of good practice examples were not strictly obliged to choose exclusively interventions which matched the criteria and their priorities by 100 %.

→ The summary report on the 41 good practice examples can be downloaded from:

http://www.chrodis.eu/wp-content/uploads/2015/09/Summary-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf

→ The link to the annex outlining all 41 good practice examples in full detail can be downloaded from:

http://chrodis.eu/wp-content/uploads/2015/09/Annex-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf

OVERVIEW ON GOOD PRACTICE EXAMPLES FOR HEALTH PROMOTION AND PRIMARY PREVENTION OF CHRONIC DISEASES IN EUROPE

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
Promotion of Fruit and Vegetable Consumption among Schoolchildren, 'PROGREENS'	Bulgaria	European intervention combining a set of tailored strategies for appropriate and effective promotion of fruit and vegetable consumption among school children.	Pre-natal environment, early childhood, childhood and adolescence
CINDI / Countrywide Integrated Non-Communicable Disease Intervention	Bulgaria	National prevention strategy to reduce common risk factors, such as smoking, alcohol abuse, physical inactivity and unhealthy nutrition through collaborative interventions, including health education and capacity building among key stakeholders.	Whole Life Cycle
Total Ban on Smoking in Indoor and Some Outdoor Public Places	Bulgaria	Comprehensive policy directed towards the whole population and supported by all governmental structures, NGOs and other public and private, and international organizations.	Whole Life Cycle
Diabetes Counselling on Wheels: Early Detection and Counselling on Diabetes for Citizens of Turkish Origin and the Rural Population	Germany	Diabetes counselling service with mobile units for people with a Turkish migration background and people in structurally weak, rural regions.	Adulthood & Ageing
"Healthy and active ageing"	Germany	Comprehensive strategy on active and healthy ageing, focusing on physical activity, healthy diet, mental health and substance abuse through networking and collaboration of governmental, non-governmental, academic and private stakeholders.	Healthy Ageing
Healthy Kinzigtal	Germany	Regional health care and chronic disease prevention strategy through health literacy activities, health and social professionals capacity building and close collaboration in case management of regional health and social services.	Whole Life Cycle
The DE-PLAN study in Greece	Greece	European wide diabetes prevention intervention, for individuals at high risk of diabetes through non-intensive group or individual-based lifestyle modification counselling at primary health care services.	Adulthood
Smoking reduction in psychiatric inpatients	Greece	Intervention aimed to help patients in psychiatric hospitals to reduce the amount of cigarettes they smoke and cope with smoking cessation, through counselling support by trained nurses and environmental measures.	Adulthood & Ageing
ToyBox Intervention	Greece	European- wide, kindergarten-based, family-involved intervention, focusing on the promotion of healthy snacking and physical activity in preschool children.	Pre-natal environment, early childhood, childhood and adolescence
Multimodal Training Intervention: an Approach to Successful Ageing	Iceland	6-month intervention promoting healthy ageing to older adults, with an emphasis on physical activity.	Healthy Ageing

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
The Icelandic National Curriculum Guides for Preschools, Compulsory Schools and Upper Secondary Schools: Health and Wellbeing One of Six Fundamental Pillars of Education	Iceland	Policy framework for schools involving National Curriculum Guides with six fundamental pillars (i.e. "health and wellbeing", "literacy", "sustainability", "democracy and human rights", "equality" and "creativity"). Main health factors encouraged are positive self-image, physical activity, nutrition, rest, mental wellbeing.	Pre-natal environment, early childhood, childhood and adolescence
The Welfare Watch	Iceland	National strategy with the aim to monitor the social and financial consequences of the economic situation for families and individuals and to propose measures to help households and in particular vulnerable groups. Main themes are child benefits and child social insurance; criteria for the minimum subsistence; the Housing situation; basic service; case coordinators; cooperation with NGOs and a project fund.	Whole Life Cycle
Croí MyAction, a Community Based Cardiovascular Disease Prevention Programme	Ireland	Regional health care and chronic disease prevention strategy through health literacy activities, health and social professionals capacity building and close collaboration in case management of regional health and social services.	Adulthood
'Let's Take on Childhood Obesity' – The Childhood Overweight and Obesity on the Island of Ireland campaign	Ireland	National public health campaign through various media channels on childhood obesity aimed at children aged 2-12 years and their parents.	Pre-natal environment, early childhood, childhood and adolescence
Active School Flag	Ireland	Initiative which aims to enhance levels of physical activity for children through developing a physically active and physically educated school community. Open to all primary, post-primary, special needs education schools and YouthReach centres.	Pre-natal environment, early childhood, childhood and adolescence
'Tobacco Free Ireland'	Ireland	Comprehensive national policy intervention with many of the known elements of successful tobacco control. The main areas of action relate to: the protection of children and denormalisation of smoking; legislative compliance and regulation of the retail environment; monitoring of tobacco use and prevalence; protecting people from tobacco smoke; offering help to quit tobacco use; warning about the dangers of tobacco; raising taxes on tobacco products; building national and international partnerships.	Whole Life Cycle
Community Food Initiatives	Ireland	National programme promoting greater access and availability of healthy and safe food in low-income areas through local projects using a community development approach.	Whole Life Cycle
A Sustainable, Active, Primary Prevention Strategy for Cardiovascular Diseases in Italy for Adults 50+ 'Projects Cuore and Cardio 50'	Italy	Regional strategy for cardiovascular diseases prevention involving active call, risk screening and health counselling. Health courses are organised with GPs, local authorities, cultural and voluntary associations and consist in: no smoking groups, walking groups, nutritional groups and individual nutritional courses.	Adulthood
The Lombardy Workplace Health Promotion Network	Italy	Public-private regional network of associations of enterprises, trade unions and the health system. As part of the European Workplace Health Promotion Network, member companies should implement good practice informational and organisational activities in key areas such as nutrition, tobacco, physical activity, and alcohol.	Adulthood
Gaining Health: Making Healthy Choices Easier	Italy	National strategy programme for the prevention of non-communicable diseases according to the principles of the "Health in All Policies", employing a life-cycle approach. Main aims are to support healthy food choices and an active lifestyle and guide policies to build urban environments that encourage physical activity.	Whole Life Cycle

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
Health Promotion for People Belonging to the Cardiovascular Disease Risk Group 'Hereinafter – Program'	Lithuania	Lifestyle counselling intervention for adults in cardiovascular disease risk groups (obesity, smoking etc.) by a multidisciplinary team of health professionals	Adulthood
National Network of Health Promoting Schools	Lithuania	National Network of Health Promoting Schools (Lithuania): a whole school approach health promotion program for children organized through formal and non-formal education activities. In Lithuania schools prepare, implement and self-evaluate 5-year duration programs. Member of the 'Schools for Health in Europe Network'.	Pre-natal environment, early childhood, childhood and adolescence
School Fruit Scheme Strategy for the 2010–2013 school years	Lithuania	National strategy with the aim to increase the amount of fruit and vegetables in children's diets for schools and nurseries. Involves distribution of free fruits and vegetables at school and school awareness-raising activities.	Pre-natal environment, early childhood, childhood and adolescence
Healthy Life Centre	Norway	Interdisciplinary primary health care service scheme offering knowledge-based programs and methods for people with, or in high risk of disease, who need support in health behaviour change and in coping with health problems and chronic diseases.	Adulthood
Norwegian Public Health Act	Norway	Public health policy providing the broad basis for the coordination of public health work horizontally across various sectors and actors and vertically between authorities at local, regional and national level. Under the act, municipalities have to implement various measures, e.g. for childhood environments and living conditions, such as housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, alcohol use and use of other psychoactive substances.	Whole Life Cycle
The Keyhole for Healthier Food	Norway	Voluntary Nordic labelling scheme for food packaging with the aim to help consumers make right choices when shopping groceries and to stimulate the food industry to develop products containing less fat, healthier fats, less salt and sugar and more fibre, full grain, vegetables and fruits.	Whole Life Cycle
Diabetes Prevention and Screening in Vulnerable Populations of the Metropolitan Lisbon Area	Portugal	Diabetes prevention service with screening and health education components targeting urban vulnerable communities with the use of mobile units.	Adulthood
Up-to-date health - Running and Walking Centre in Tondela, 'CMMCTnd'	Portugal	Regional intervention targeting adults, especially the senior population, with the aim to reduce the sedentary lifestyle and isolation through local exercise sessions, cultural activities, awareness-raising events and free screening of cardiovascular risk.	Healthy Ageing
National Programme for the Promotion of Healthy Eating, 'PNPAS'	Portugal	National policy for healthy eating focusing on health education, availability of healthy food in schools, workplaces and public spaces and collaboration with other public and private sectors, namely in the areas of agriculture, sports, environment, education, social security and municipalities.	Whole Life Cycle
"PUMP" - For a Million Steps	Spain	Community intervention project aiming to promote physical activity with a strong social support component. The goal is to promote and coordinate community group walks where any institution or group of individuals can participate.	Healthy Ageing
Active Vallecas	Spain	Community and interdisciplinary intervention project, with the joint participation of primary healthcare sector professionals and professionals of Sports Science, Education and Social Services with activities aiming at promoting healthy lifestyle changes through health centres and improving community sport inclusion activities.	Whole Life Cycle

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
The Prevention and Health Promotion Strategy of the Spanish NHS: Framework for Addressing Chronic Disease in the Spanish NHS	Spain	National strategy of the Spanish NHS aiming at improving health and preventing diseases, injuries and disability. The Strategy has a life-cycle approach, starting on from pregnancy. The factors addressed are healthy eating, physical activity, tobacco consumption and risk of alcohol consumption, in addition to emotional wellbeing and a safe environment for preventing non-intentional injuries.	Whole Life Cycle
Health Promotion for Adults with Intellectual Disabilities: a Multi-Component Intervention in Community Residences	Sweden	Intervention promoting physical activity and healthy diet among people with mild to moderate ID living in community residences, by targeting both residents and staff.	Adulthood
Sörmlands Health Program for 40, 50 and 60 Year Olds	Sweden	Regional programme for adults with the aim to prevent cardiovascular diseases and type 2 diabetes through active call, risk screening and health counselling.	Adulthood
An Intervention for Obese Pregnant Women	Sweden	An intervention targeting obese pregnant women with the aim to control pregnancy weight gain through physical activity & diet counselling by trained midwives in maternity health services	Pre-natal environment, early childhood, childhood and adolescence
Groningen Active Ageing Strategy	The Netherlands	Intervention programme for community-dwelling older adults in deprived areas. The aim is to promote healthy ageing by increasing physical activity, develop resilience to cope with ageing and increase social skills and social support.	Healthy Ageing
Dutch Obesity Intervention in Teenagers 'DOIT'	The Netherlands	School health education project to prevent overweight in young adolescents through theory and physical activity lessons, along with awareness raising activities for the school environment and parents.	Pre-natal environment, early childhood, childhood and adolescence
Young People at a Healthy Weight 'JOGG'	The Netherlands	Community approach in which parents, health professionals, shopkeepers, companies, schools and local authorities collaborate to promote healthy weight to young people (0-19 years), with each city having a JOGG-coordinator planning the various activities.	Pre-natal environment, early childhood, childhood and adolescence
NHS Smoking Cessation Services	United Kingdom	National initiative to provide support for smokers who want to quit. The approach entails regular meetings with a trained health care adviser, health education and supporting websites.	Whole Life Cycle
NICE Public Health Guidance on the Prevention of Cardiovascular Disease at a Population Level	United Kingdom	Public health guidance on the prevention of cardiovascular disease (CVD), aimed at a governmental level, the NHS, local authorities, industry and all those whose actions influence the population's cardiovascular health, including health commissioners, managers and practitioners working in local authorities, the wider public and voluntary and community sectors. The aim is to encourage patients, policy makers and managers in all sectors and healthcare practitioners to be aware of the risk factors for CVD and to minimise them to prevent the condition from arising.	Whole Life Cycle
Well London Programme	United Kingdom	Series of health promotion programmes run in London's most deprived areas with objectives such as improving wellbeing and equality, capacity building and participation in delivery of better services. Each project recruits teams of volunteers from deprived areas who receive training in outreach and health promotion and then go out into their communities to signpost local residents to services and activities that promote health and wellbeing.	Whole Life Cycle

7. CONFERENCE: JOINING FORCES IN HEALTH PROMOTION TO TACKLE THE BURDEN OF CHRONIC DISEASES IN EUROPE



On 24-25 November 2015, JA-CHRODIS organised a conference in Vilnius, Lithuania, entitled *Joining Forces in Health Promotion to Tackle the Burden of Chronic Diseases in Europe*.

More than 100 participants from various European countries, including health policymakers, stakeholders, researchers, analysts and representatives of patient groups, shared their knowledge and experience.

The aims of this conference were to give JA-CHRODIS partners and relevant EU level, national, and local policy makers, and practitioners:

- (1) the opportunity to discuss the state of health promotion and primary prevention in Europe,
- (2) how to move forward the recommendations resulting from the European Union's Reflection Process on Chronic Diseases in this area, and
- (3) to share examples of good practices.

Those who attended the conference reflected on whether good practice can be transferred to other contexts and, if so, how these can be identified and what criteria should be applied in order to choose them. Also discussed were the criteria for a series of study visits and recommendations on practical measures that EU member states and the EU can take to strengthen outcomes and secure more investment in this field.

➔ **The full conference documentation can be downloaded from:**

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

8. SUCCESS FACTORS FOR TRANSFERABILITY AND SCALABILITY OF GOOD PRACTICE EXAMPLES

The process to define key success factors for transferability and scalability involved several steps

- A literature review to identify strategies and frameworks for possible transfer and scale-up of health promotion practices
- The list of criteria to identify good practices in health promotion and primary prevention of chronic diseases
- The selection of 41 good practice examples
- The selection of study visits to 7 out of the 41 good practice examples
- Documentation and analysis of the documents of the different study visits to assess key success factors for transferability and scalability
- Discussions between partners to identify categories of success factors when considering the transfer of a proven good practice into another setting

OVERVIEW OF THE SEVEN HEALTH PROMOTION STUDY VISITS

PROJECT	JOGG - Young People at a Healthy Weight	PNPAS - National Programme for the Promotion of Healthy Eating	Welfare watch	NGL- Icelandic National Curriculum Guides for schools, health and wellbeing	Lombardy Workplace Health Promotion Network	Well London (Well communities) Programme	Norwegian Public Health Act
COUNTRY	The Netherlands	Portugal	Iceland	Iceland	Italy	United Kingdom	Norway
STUDY VISITS	20-21/4/2016	23-24/5/2016	1-2/6/2016	1-2/6/2016	23-24/6/2016	28-30/6/2016	13-14/6/2016
PROJECT AIM	To reverse the increasing trend of young people with overweight / obesity	To improve the nutritional status and health of the Portuguese population in order to prevent common chronic diseases	To reduce the impact of economic crisis on health	To improve physical, mental and social health	To improve health and welfare in the workplace	To improve healthy living	Improve public health
LEVEL OF INTERVENTION	National strategy, projects implemented in municipalities	National policy locally implemented	National strategy	National school policy	Regional project	Community intervention	National policy
LOCATION / SETTING	Schools and communities	Population level	Population level	Schools and communities	Workplaces	Communities	Population level
TARGET GROUP(S)	Children, parent, local communities	All age groups; deprived neighbourhoods	All age groups (focus on children/youth, long-term unemployed, unemployed young people)	Children, youth and staff in pre-schools and schools	Adults (employees)	All age groups	All age groups
TRANSFER / SCALING-UP	Transferred from EPODE (France), adapted to the Dutch situation	Based on key European and WHO policies	Built on the Icelandic Welfare Watch		European Workplace Health Promotion Network	Scaling-up	

SEVERAL STEPS TO TRANSFER OR SCALE-UP EXISTING AND ASSESSED GOOD PRACTICES

Based on our experience and relevant literature, a *first* good step is to **get to know more about the practice**. For this, an extensive description is needed. A thorough study visit to the existing practice is recommended if the description suggests that the good practice is a promising candidate to be transferred. This should be done in combination with a **needs analysis** of the area where the practice is intended to be scaled-up or transferred to.

Once it is decided whether the existing practice in question or elements thereof are actually tackling existing needs in the new area, a **feasibility study** can follow as a *second* step.

The question of adaptation should be tackled in parallel with the feasibility study as a *third* step. Most often, practices cannot be transferred as they are, but **(functional) equivalents need to be found allowing for different contexts**. After finding equivalents for certain elements of the existing good practice, **other adaptations can occur**.

The **list of success factors for transferability and scalability** serves as a facilitating tool for the *fourth* step in the process of transferring/scaling-up a good practice. These success factors are then placed in four categories that are neither balanced against each other nor listed in any particular order. The study visits did not reveal evidence that any one category has more influence on successful transferability and scalability than others, but it is rather the specific combination of criteria that yield the success of practices. The categories have been designed to apply to all good practice examples. It is, however, evident that some criteria are more applicable to one setting or another.

The 4 categories are:

- Balance of bottom-up and top-down approach with inclusion of target population
- Intersectoral, multi-level and multi-professional approach
- Qualified and highly committed human resources, detailed documentation, monitoring and evaluation
- Long-term engagement with stable funding.

These four categories are not intended to replace the usual planning and management processes, but can rather be perceived as an addition, which should be incorporated into them.

The recommendations report on applicability and transferability of practices into different settings and countries can be downloaded from: <http://chrodis.eu/wp-content/uploads/2017/05/d6-3recommendations-applicability-finaldraft.pdf>.

9. OUTLOOK

Minimising the impact of chronic disease on national health systems is a priority for most European countries. There is a great need to identify, share and transfer good practice examples on health promotion and chronic disease prevention.

National databases of good practices can provide a first overview. The disadvantage is that different languages and assessment criteria hamper the uptake and transfer to other countries. The CHRODIS Platform (<http://platform.chrodis.eu>) is an attempt to collect good practices and has the potential to become the first place to visit to obtain a broad overview of what practices exist at European level. Uniform assessment criteria are another advantage of this approach, which enables practitioners seeking to transfer (elements of) a good practice to compare different options easily.

The use of the criteria that can influence the transferability and scalability of good practices will contribute to lower the burden of chronic diseases in Europe. The recommendations provide a helpful decision making tool for practitioners when considering the transfer or scale-up of an existing good practice.

GLOSSARY OF TERMS

Chronic diseases

Chronic diseases, also known as noncommunicable diseases (NCDs), are not passed from person to person. They are of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

Source: WHO: Health topics - Noncommunicable diseases. http://www.who.int/topics/noncommunicable_diseases/en/ (accessed January 15, 2017)

Effectiveness

Effectiveness is defined as the extent to which the intervention's or activity's objectives were achieved, or are expected to be achieved, taking into account their relative importance. In contrast to efficiency, effectiveness is determined without reference to costs.

Also used as an aggregate measure of (or judgment about) the merit or worth of an activity, i.e. the extent to which an activity has attained, or is expected to attain, its major relevant objectives efficiently in a sustainable fashion.

Source: OECD: Glossary of Key Terms in Evaluation and Results Based Management, page 20, 2002. <https://www.oecd.org/dac/2754804.pdf> (accessed January 15, 2017)

The extent to which a specific intervention/activity, when used under ordinary circumstances, does what it is intended to do.

Source: Cochrane Community website. <http://community-archive.cochrane.org/glossary/5#lettere> (accessed January 15, 2017)

Efficacy

Efficacy is defined as the extent to which an intervention produces a beneficial result under ideal conditions.

Source: Cochrane Community website. <http://community-archive.cochrane.org/glossary/5#lettere> (accessed January 15, 2017)

Efficiency

Efficiency is a measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results. It is to put resources in their most valuable use.

Source: OECD: Glossary of Key Terms in Evaluation and Results Based Management, page 21, 2002. <https://www.oecd.org/dac/2754804.pdf> (accessed January 15, 2017)

Equity in health

Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.

Reducing health inequities is important because health is a fundamental human right and its progressive realization will eliminate inequalities that result from differences in health status (such as disease or disability) in the opportunity to enjoy life and pursue one's life plans.

A characteristic common to groups that experience health inequities - such as poor or marginalized persons, racial and ethnic minorities, and women - is lack of political, social or economic power. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes, such as law reform or changes in economic or social relationships.

WHO: Health systems – Equity. <http://www.who.int/healthsystems/topics/equity/en/> (accessed January 15, 2017)

Good practice

A good practice is not only a practice that is good, but a practice 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.

Source: Food and Agricultural Organization of the United Nations: Good practices at FAO - Experience capitalization for continuous learning, page 1, 2013. <http://www.fao.org/3/a-ap784e.pdf> (accessed January 15, 2017)

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Source: WHO: WHO definition of health. <http://www.who.int/about/mission/en/> (accessed January 15, 2017)

Health indicator

A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time). Health indicators can be used to define public health problems at a particular point in time, to indicate change over time in the level of the health of a population or individual, to define differences in the health of populations and to assess the extent to which the objectives of a programme are being reached.

Source: WHO: Health Promotion Glossary, pages 9-10, 1998. <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1> (accessed January 15, 2017)

Health literacy

Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course.

Source: WHO: Health Literacy -- the solid facts, page 4, 2013. http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf (accessed January 15, 2017)

Health literacy has been defined as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

Source: WHO: Health promotion - Track 2: Health literacy and health behaviour. <http://www.who.int/healthpromotion/conferences/7gchp/track2/en/> (accessed January 15, 2017)

Health policy

Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy can achieve several things: it defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people.

Source: WHO: Health topics - Health policy. http://www.who.int/topics/health_policy/en/ (accessed January 15, 2017)

Health promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

Sources: WHO: Health topics - Health promotion. http://www.who.int/topics/health_promotion/en/ and WHO: The Ottawa Charter for Health Promotion, 1986. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (both accessed January 15, 2017)

Intersectoral collaboration and intersectoral action

A recognized relationship between part or parts of different sectors of society that has been formed to take action on an issue to achieve health outcomes, or intermediate health outcomes, in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Intersectoral action refers to actions affecting health outcomes undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector.

Intersectoral action for health is seen as central to the achievement of greater equity in health, especially where progress depends upon decisions and actions in other sectors, such as agriculture, education, and finance.

Sources: (1) WHO: Health Promotion Glossary, pages 14-15, 1998. <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1>; (2) WHO: Social determinants of health - Intersectoral action. http://www.who.int/social_determinants/thecommission/countrywork/within/isa/en/ (accessed January 15, 2017)

Outcome

Outcome is defined as the likely or achieved short-term and medium-term effects of an intervention's outputs.

Source: OECD: Glossary of Key Terms in Evaluation and Results Based Management, page 28, 2002. <https://www.oecd.org/dac/2754804.pdf> (accessed January 15, 2017)

Outputs

Outputs are defined as the products, capital goods and services which result from an intervention. Outputs may also include changes resulting from the intervention which are relevant to the achievement of outcomes.

Source: OECD: Glossary of Key Terms in Evaluation and Results Based Management, page 28, 2002. <https://www.oecd.org/dac/2754804.pdf> (accessed January 15, 2017)

Prevention

Prevention in the context of health can be defined as an 'action to reduce or eliminate the onset, causes, complications or recurrence of disease'. Prevention is risk management. The aim is to prevent or delay unwanted events, thereby making them less likely. The most important population-based goal of preventive healthcare is reducing the incidence of disease, disability or premature death to increase the number of disability-free years of life.

Source: BZgA: Guiding Concepts of Health Promotion and Disease Prevention – medical prevention. <http://www.concepts-health-promotion.bzga.de/alphabetical-index/medical-prevention/?cookieTest=1> (accessed January 15, 2017)

Primary, secondary, and tertiary prevention

Primary prevention is directed towards preventing the initial occurrence of a disorder. The goal of primary prevention is to limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health.

Secondary and tertiary prevention seeks to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation.

Source: WHO: Health Promotion Glossary, page 4, 1998. <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf?ua=1> (accessed January 15, 2017)

Public Health

Public Health is defined as the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society, organizations, public and private, communities and individuals. Activities to strengthen public health capacities and service aim to provide conditions under which people can maintain to be healthy, improve their health and wellbeing, or prevent the deterioration of their health. Public health focuses on the entire spectrum of health and wellbeing, not only the eradication of particular diseases.

Source: WHO: Public health services <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services> (accessed January 15, 2017)

Risk factor

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

The risk factors (causes) of chronic diseases are well established and well known. A small set of common risk factors are responsible for most of the main chronic diseases. These risk factors are modifiable and the same in men and women: unhealthy diet, physical inactivity, tobacco use. The relationship between the major modifiable risk factors and the main chronic diseases is similar in all regions of the world.

Sources: (1) WHO: Health topics - Risk factors. http://www.who.int/topics/risk_factors/en/; (2) WHO: Chronic diseases and their common risk factors. http://www.who.int/chp/chronic_disease_report/media/Factsheet1.pdf (accessed January 15, 2017)

Socioeconomic status

Socioeconomic status is a descriptive term for the position of persons in society, based on a combination of occupational, economic, and educational criteria. Many classification systems have been proposed, from a simple division according to occupation, which usually relates closely to income and educational level, to more complex systems based on specific details of educational level, income, occupation, and sometimes other criteria. Other factors, including ethnicity, literacy, and cultural characteristics, influence socioeconomic status, which is an important determinant of health.

Socioeconomic status is associated with chronic disease in large part through its effect on modifiable risk factors such as obesity, tobacco use, and sedentary lifestyle.

Sources: (1) Oxford University Press: A Dictionary of Public Health, 2007. <http://www.oxfordreference.com/view/10.1093/oj/authority.20110803100515750>; (2) Abeyta et al., 2012. http://www.cdc.gov/pcd/issues/2012/11_0305.htm (accessed January 15, 2017)



JA-CHRODIS is a European collaboration that brings together over 70 associated and collaborating partners from e.g. national and regional departments of health and research institutions, from 25 European countries. These partners work together to identify, validate, exchange and disseminate good practice on chronic diseases across European countries and to facilitate its uptake across local, regional and national borders. The focus is health promotion and primary prevention as well as the management of type 2 diabetes and multimorbid chronic conditions.

JA-CHRODIS is a three-year initiative (2014-2017) led by the Institute of Health Carlos III and is being co-funded by the European Commission and the participating parties.

For more information, please visit the website www.CHRODIS.eu