

WELCOME

FEBRUARY Internal Newsletter

Dear Chrodisian griends,

In this newsletter we would like to immediately draw your attention to our upcoming CHRODIS PLUS Conference in Budapest on 14-15 May 2019, along with the events that will be held prior to the conference. Following our kick-off meeting in Vilnius, Lithuania in September 2017, the event in Budapest will be the second occasion where all of our project partners will convene face to face.

The CHRODIS PLUS project will be in its 21st month during the Budapest Conference, thus many important developments will have already taken place by then, ready to be presented and discussed.

Furthermore, this newsletter will take a closer look at the developments regarding the methodology driving our implementation projects.

This newsletter will also feature site visits to Lithuania and Spain related to the implementation of an Icelandic good practice, as well as an important workshop in Belgrade in preparation for site visits by Work Package 7 - Fostering the Quality of Care.

Enjoy your time reading the February issue of the Newsletter.

Your communication team leaders:



Zuzana Matlonova









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chrodis.eu



Registration for the Budapest events: pre-conference workshops, General Assembly and Conference 14-15 May



Our website <u>chrodis.eu/conference-registration</u> features all of the relevant information that you will need to be familiar with. Don't hesitate to check it out to learn more about registering and to find the draft agenda.

The registration page for the Budapest Conference is now open. Please click <u>here</u> to access the draft agenda and the registration form on the chrodis.eu website.

We look forward to receiving your registration at your earliest convenience.





The address of the pre-Conference events and the Conference is: Budapest 1068, Benczúr u. 35, Hungary.

The methodology behind the CHRODIS PLUS implementation projects



Ane Fullaondo Zabala Research project coordinator, Kronikgune



Rokas Navickas CHRODIS PLUS Scientific Coordinator

The CHRODIS PLUS implementation methodology drives more than 20 implementation projects belonging to our Joint Action. This methodology is the product of months of discussions with project partners and external professionals, and it harmonises how the implementation projects

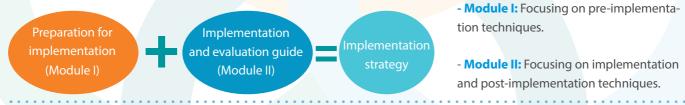
are run across our project. We are now in the midway of developing our implementation projects, but each of them has the potential to make a greater impact on global NCD control policy and provide outputs that should be communicated beyond this Joint Action.



Methodological approach is key to ensure successful results and replicability of implementation beyond the Joint Action.

The Guidelines for the Implementation Strategy exist to "facilitate the uptake in routine practice of good practices, policies and tools." The document includes the methods and specific techniques, procedures and recommendations for fostering the adoption of implementation practices.

The implementation strategy is divided into two main documents/modules:

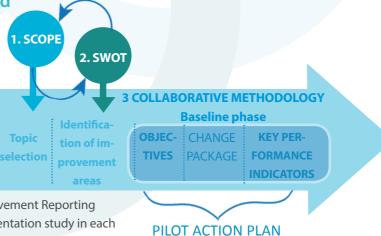


MODULE 1: The pre-implementation period

In order to support partners during the complex process of implementing good practices, the pre-implementation phase aims to develop a Pilot Action Plan. The development of this plan precedes the series of meetings belonging to the pre-implementation phase that focuses on scope, SWOT, topic selection and change package key indicators.

After an action plan is developed, objectives are established and confirmed, and specific actions defined to be followed during the implementation process.

An adapted version of the SQUIRE (Standards for QUality Improvement Reporting Excellence) guidelines will be used to report the whole implementation study in each region, from both implementation process and intervention effectiveness perspectives, to enhance the evidence base and transferability potential.



MODULE 2 Implementation and post-implementation period

Implementation phase

The strategy consists of executing the implementation, data collection and monitoring the implementation. The implementation phase is based on a PDSA (Plan-Do-Study-Act) cycle.

The steps of the PDSA cycle approach are the following:

- PLAN: Plan the action, develop a framework (who, what, when, where).
- DO: Carry out the plan and collect data
- STUDY: Analyse results, compare to predictions and summarise what was learned.
- ACT: Refine the actions based on learning and determine modifications.



This document is complementary to Module I 🛞 CHRODIS

mentation in order to facilitate the adoption of the theory into

since it serves as the guideline for actual imple-

Post-implementation phase

The impact assessment during this phase will include the key findings, their relevance to the rationale, and the specific aims of the intervention. The assessment will also analyse the association between interventions and their outcomes. The application of this methodology can ensure long term results, converting the efforts of implementers in a sustainable achievement of their project goals, that might continue after the end of the Joint Action.

practice.

The full version of the Guidelines for the Implementation Strategy document is available on the <u>CHRODIS PLUS intranet</u> Access to the intranet is only avaiable for CHRODIS PLUS project partners.

Work Package 7 - Fostering the quality of care

chrodis.eu/07-fostering-quality-of-care/



Marina Maggini



Jelka Zaletel

Belgrade Workshop organised by the European Patients' Forum

The focus of the workshop: ensuring that implementation projects meet patient expectations, empower the target population, and provide training to promote empowerment.

The objective of Work Package 7 - Fostering the Quality of Care, is to promote high-quality care for people with chronic diseases through the implementation of the Quality Criteria and Recommendations Tool (QCR Tool), as defined in the Joint Action CHRODIS, which preceded the current Joint Action. The QCR Tool is a valuable and practical analytical framework that can be used by decision-makers,

healthcare personnel and patients to support the implementation of good practices, and to improve, monitor, and evaluate the quality of chronic disease prevention and care. Click <u>here</u> to see the description of this tool.

The tool will be tested in five countries across Europe: Slovenia, Finland, Croatia, Greece and Serbia.

An important step of the implementation process is a site visit in each of these countries during the first half of 2019 by a group of experts, including the leaders of this work package and an EPF representative.

Other local key stakeholders are also invited to these site visits.



During the workshop in Belgrade, the details of the site visits were thoroughly planned, to ensure that patients are involved meaningfully in the process. The study visits were designed from a patient perspective to assess if the pilot sites' activities meet the expectations of patients, with a special emphasis given to the respective QCR tool for empowering the target populations, as well as the education and training of these target populations.

Valentina Strammiello, Senior Programme Manager at EPF said:

"The WP7 Workshop

was of key importance for the implementation phase of the CHRODIS PLUS project in general and specifically for the work undertaken in WP7 throughout 2019. The objective of the Workshop was to set standardised pathways for the implementers of the QCR tool and to prepare them to successfully run the study visits that will take place in the five implementing countries. Good practices and lessons learnt were shared among all involved parties and the next steps were planned."





Valentina Strammiello

Click here to read more about this workshop.

Work Package 5 - Health promotion and disease prevention

chrodis.eu/05-health-promotion/

Icelandic site visits to Lithuania and Spain

The objective of the site visits: to support the implementation of an Icelandic best practice in Lithuania and Spain

Work Package 5 on Health Promotion and Disease Prevention implemented five different good practices at eight locations across Europe. One of these good practices is the Icelandic "Multimodal Training Intervention in Communities – An Approach to Successful Ageing", aimed at people over the age of 65.

The good practice was implemented by the Institute of Hygiene (HI) in two locations in Lithuania, by the Institute of Health Carlos III in Spain, and by the Directorate of Health in Iceland. The description of the model project is available <u>here</u>.

This good practice was developed in Iceland during the Joint Action CHRODIS (2013 – 2016) by Janus Health Promotion – a consulting and services company that works to improve the health and quality of life of senior citizens. The programme consists of one, two, three or four six-month-long multimodal training interventions with an emphasis on daily endurance training and twice-a-week resistance training. The endurance training consists of daily walking (or other daily activities, which increase the intensity of the normal heart rate during daily living). The length of the training sessions increases progressively over the six-month training period. This is supported by six lectures on health-related topics with an emphasis on nutrition in the first step.



Anne Lounamaa



Andrew Barnfield





Site visit in Lithuania and Spain

To support the ongoing implementation of this project in Lithuania and Spain, two experts from the Icelandic Janus Health Promotion visited Lithuania in December 2018, where the project was implemented by the Institute of Hygiene (HI), and Spain this January, where the programme was implemented by the Institute of Health Carlos III.

In Lithuania two locations, together with two municipalities, are involved in the implementation: Klaipeda City Municipality (centred on Klaipeda City) and Klaipeda District Municipality (centred on Gargzdai City). The institutions responsible for the implementation of the intervention are the Klaipeda City Municipality Public Health Bureau and Klaipeda District Municipality Public Health Bureau. In Spain the Institute of Health Carlos III is responsible for the implementation.

In both of these countries, our Icelandic partners had the opportunity to look at the training facilities and to help out with fitness level measurement days. They also gave lectures/presentations for participants in Lithuania and held a meeting with decision-makers in Klaipedia District Municipality and in Utebo-Zaragoza, Spain.

During and after the visit, our Icelandic partners developed a set of recommendations for the implementers in Lithuania and Spain, to further improve the physical training regimen belonging to this good practice project for people over the age of 65.

Janus Gudlaugsson, owner of Janus Health Promotion said: "The trips, to both Klaipeda in Lithuania and Utebo in Spain were from our point of view very successful. We wish to praise the local teams in both countries for their preparation and

hard work that had already been done. Their work included translating the materials, finding locations for the strength and endurance training, advertising the intervention, and signing up participants. There have been around 250 participants in Klaipeda, and between 50–60 participants in Utebo, Spain for the first six months.Great job – Well done!"



The following is a message from colleagues of the Janus Health Promotion organisation to all implementers of this project: "Love your work and the participants you have in your programme. Let them feel they are important and valued. Then they will love you, your work and will enjoy participating in the programme. Listen to them and they will listen to you and follow your advice. "





A healthy lifestyle - 12 steps to healthy eating by WHO

To ensure a healthy lifestyle, WHO recommends eating lots of fruits and vegetables, reducing fat, sugar and salt intake and exercising. Based on height and weight, people can check their body mass index (BMI) to see if they are overweight. WHO provides a series of publications to promote and support healthy lifestyles.

To read more on the 12 steps to healthy eating by WHO, click <u>here</u>.



Adopting the planetary health diet

Here are some important ideas on a planet-saving diet aligned with the challenges posed by the global imbalances in the production, consumption and transportation of food. Quotes from a Lancet article as summarised by wired.co.uk. Click <u>here</u> to read this article.

- Unhealthy diets pose a greater risk to morbidity and mortality than does unsafe sex, and alcohol, drug, and tobacco use combined. Because much of the world's population is inadequately nourished and many environmental systems and processes are pushed beyond safe boundaries by food production, a global transformation of the food system is urgently needed.
- What is necessary at personal level to meet this challenge: cutting down on unhealthy foods, such as red meat, and increasing the intake of grains and vegetables. Roughly, you should be aiming to eat 2,500 kcal per day, which is around the general guidance of how much an adult should eat now. The crux of the diet would involve a far greater reliance on beans, legumes and lentils for protein this would form about 75g of your daily food intake. You should be cutting down meat consumption to at most 14 grams of red meat and 29 grams of chicken per day, and aiming to have around 500g of fruit and vegetables.

Good luck with your new planet-saving diet :)

EXPERT MEETING ON EMPLOYMENT IN THE MULTI-MORBIDITY CARE MODEL FOR PEOPLE WITH CHRONIC CONDITIONS

Meeting organised by

Work Package 6 - Multimorbidity Care Model and Work Package 8 - Employment and chronic diseases

Rome, 28 February 2019

This meeting will address the problems of chronic patients with multi-morbidity, to define how the employment might impact on the care process of these patients and to make aware the employment sector of their situation. Millions of European with NCDs will benefit of a more holistic biopsychosocial, inclusive approach aiming to achieve and prevention of disability due to NCDs. The final aim of this expert meeting will be the production of a document useful to the introduction of employment into the Multimorbidity Care Model so as to innovate care and pathways of chronic patients. To read more on this meeting please click here.

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by the Third Health Programme of the European Union