



to the workshop of Work Package 5 Intra- and intersectoral collaboration
in Health Promotion and
Disease Prevention

13 May 2019









# Take a seat and make sure you can see the screen!

13 May 2019









to the workshop of Work Package 5 Intra- and intersectoral collaboration
in Health Promotion and
Disease Prevention

13 May 2019









MEMBER STATES
STEP UP
TOGETHER AND
SHARE
BEST PRACTICES
TO ALLEVIATE
THE BURDEN OF
CHRONIC DISEASES







# CHRODIS PLUS Joint Action

42 partners representing 21 European countries



2017-2020







Short outline of programme

Objective of this morning

Collaboration here and now





### Introducing...

...to each other, into experiences, to the topic:

- Find someone you don't know
- Tell and ask your partner <u>about your own success experience</u> with (intersectoral) collaboration:

How did it become a success? What did you do?









### Success factors for intra- and intersectoral collaboration in HPDP

Results of task 5.3 so far

Marieke Hendriksen, National Institute for Public Health and the Environment (RIVM), the Netherlands

Djoeke van Dale, Lidwien Lemmens (RIVM), Edit Marosi (NIO), Erzsebet Podmaniczky (NIO), Nella Savolainen (THL)





### Short overview of task 5.3

- Support and innovate whole systems health promotion
  - collaboration of HPDP within health and care settings and other sectors.
- 20 partners from 13 countries

#### Milestones

- Workshop with other WPs about collaboration between HPDP and health care (M18)
- Expert meeting on collaboration between health promotion and health care (M32)

#### Deliverable

 Report with recommendations for intra- and intersectoral collaboration for HPDP (M34)





### Intra- and intersectoral collaboration

- WHO definition (2008)
  - "Recognized leadership between parts of the health sector with parts of another sector which has been formed to take action on an issue to achieve health outcomes in a way that it is more effective, efficient or sustainable than could be achieved by the health care sector acting alone."
- Intra-sectoral collaboration: between sectors within health (hospitals, community health centers, home care agencies)
- Inter-sectoral collaboration: between health and non-health care sectors (social services, transportation, housing, private sector, employment)
- Aim to identifying success factors for collaboration of HPDP practices within and outside the health care





### Methodology

- Development of an online questionnaire aiming to identify show cases on intraand intersectoral collaboration in the field of health promotion and disease prevention
- Questions in this questionnaire related to:
  - Relevance
  - Intervention characteristics
  - Effectiveness of interventions
  - Intra- and intersectoral collaboration
  - Transferability
  - Sustainability

- Achievements of collaboration
- Partners
- Success factors
- Barriers
- Enabling factors
- Create a list of factors that can be used to formulate recommendations for intra- and intersectoral collaboration in the field of HPDP





# Methodology to obtain information on success and hindering factors for collaboration

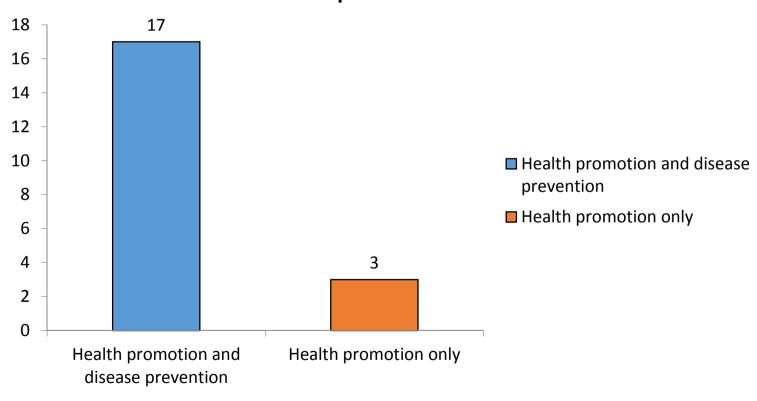
- Multiple choice questions for:
  - Number of partners within and outside health care
  - Predefined elements of intra- and intersectoral collaboration
    - E.g. a shared vision of the problem to be addressed
    - Mutual and joint benefits for partners
    - Time to build a relationship
    - ...
- Open questions for
  - Most important factors for successful collaboration
  - How did you get them to work (key success factors)
  - The barriers that have been identified
  - Most important lessons you have learned





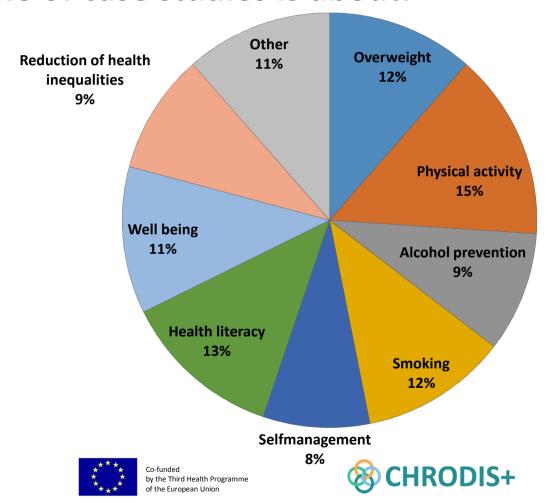
We received 20 case studies from 14 countries

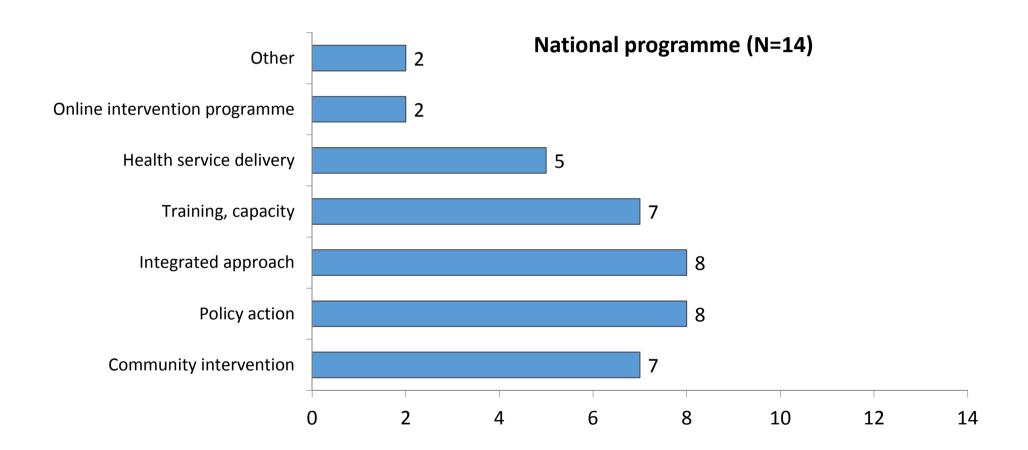
#### **Topic is about**





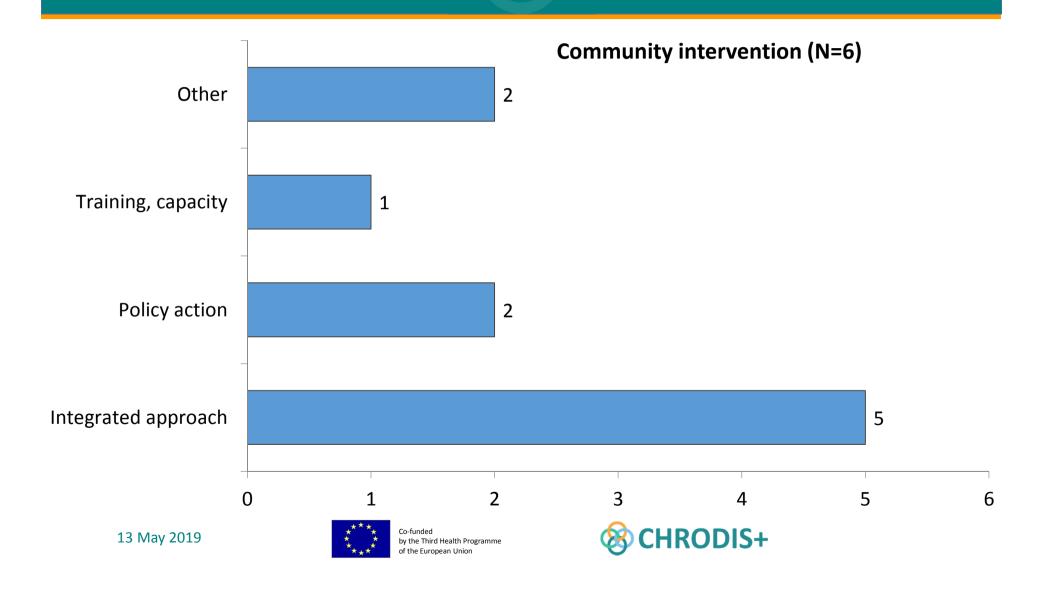
#### Theme of case studies is about:



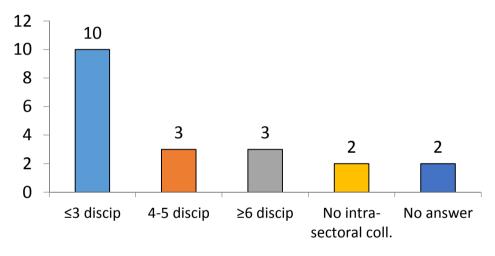




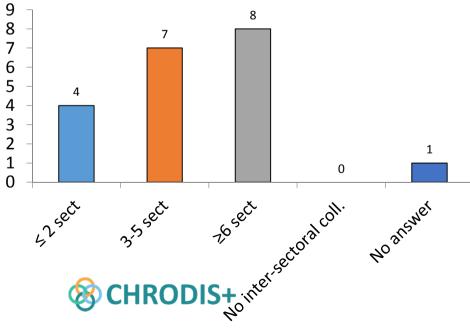




### Collaboration of case studies within health care (intra)



### Collaboration of case studies outside the health care (inter)





# Most important success factors combined with identified key success factors (Top 3)

	Frequency (# of cases)
A shared vision of the problem to be addressed and the successes	13
of the collaboration	15

'All stakeholders were involved and therefore willing to address the problem of diabetes' – case study from Malta





# Most important success factors combined with identified key success factors (Top 3)

	Frequency (# of cases)
A <b>shared vision of the problem</b> to be addressed and the successes of the collaboration	13
Communication	13

'Communication involved the management, governance and professionals in the practices, and there was frequent communication. A news letter was not sufficient' – case study from the Netherlands





# Most important success factors combined with identified key success factors (Top 3)

	Frequency (# of cases)
A <b>shared vision of the problem</b> to be addressed and the successes of the collaboration	13
Communication	13
There is uptake in structural processes (clarity about roles and responsibilities, availability of protocol)	9

'Use of a shared methodology in the collaboration' – case study from Spain





# Most important success factors combined with identified key success factors

Other... Recruitment of diverse partners (effective mix) Building upon existing collaboration structures Strong relationships among partners Sustainable collaboration in resources Time to build a relationship Involvement from the start Support and uptake in policies Strong leadership both in advancing shared purposes Trust between collaboration partners **Funding** Capacity Macro level context is taken into account Uptake in structural processes Communication A shared vision of the problem and collaboration 0 2 10 12 14 **Number of practices** 





# Most important success factors combined with identified key success factors

#### Others are:

- Motivation of professionals
- Ownership of professionals
- Tailoring the collaboration to the local context
- Training activities and network events between collaboration partners





	Frequency (# of cases)
There is <b>no support and uptake</b> in policies	6

'Tax and price policies of tobacco products are measures recognized to be effective in achieving the goal of gradually reducing the number of smokers, but in Italy they are still conditioned by the maintenance of tax revenue and not determined in a view to prevention and health protection' – case study from Italy





	Frequency (# of cases)
There is <b>no support and uptake</b> in policies	6
<b>No shared vision</b> of the problem to be addressed and the successes of the collaboration	4

'Professionals considered the existing practice as fine as it is, and didn't want to change their behaviour' – case study from Denmark

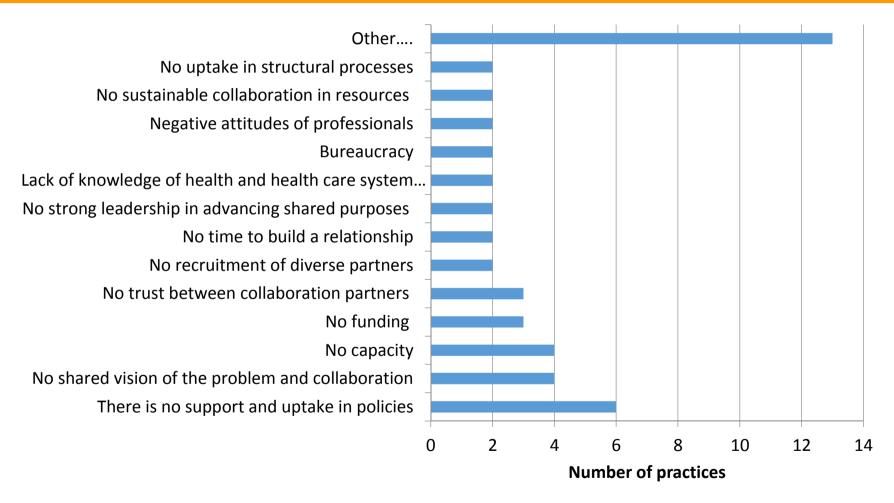




	Frequency (# of cases)
There is <b>no support and uptake</b> in policies	6
<b>No shared vision</b> of the problem to be addressed and the successes of the collaboration	4
<b>No capacity</b> e.g not enough personnel, personnel has not enough time and no qualified personnel	4











#### Others (e.g.):

- Limited scope of authority of Ministry of Health
- Lack of certain preconditions
- Unrealistic expectations of the associates
- •





### Conclusion

- We have identified 20 practices and collected information of intra- and intersectoral collaboration within these practices
- Top 3 success factors: shared vision, communication, structural uptake in processes
- Top 3 hindering factors: no support and uptake in policies, no shared vision, and no capacity
- More in-depth information will be obtained by interviews and by experiences shared in this workshop
- All information will be included in the recommendations report







### Thank you for your attention

The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

marieke.hendriksen@rivm.nl

This presentation arises from the Joint Action CHRODIS PLUS. This Joint Action is addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020). 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.











Please follow us on social media to stay updated with CHRODIS PLUS News

- o Follow us on Twitter **@EU CHRODISplus**
- o Follow us on Facebook **EU CHRODISplus**
- Visit our YouTube stream <u>EU CHRODISplus</u>



### Key note by Viktoria Kovacs





### Working from 5 practices to recommendations

- First 4 pitches (5th subgroup is with Viktoria Kovacs) NOW or LATER?
- Choose the subject/group you like (but please take care of size of group)
- Each group follows 3 steps (guiding questions and moderator are provided)
  - 0. Start with short presentation
  - 1. Define success factors and suggestions for inter/intrasectoral collaboration
  - 2. Recommend at Local *OR* National level (fixed with the practice)

<u>Local</u>: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities in local health care?

National: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities at the national level?





### Working from 5 practices to recommendations

- 1. Petra van Wezel: Healthy Overvecht: Integrated medical and social basic care, the Netherlands + LOCAL
- 2. Aukse Domeikiene: Health promotion program for people with risk of cardiovascular disease and diabetes, Lithuania + LOCAL
- 3. Sirpa Hyyronmaki: Vesote project: National program to reinforce and develop lifestyle counselling in social and health care, Finland + NATIONAL
- 4. Denis Oprešnik: Integrated care for people with chronic wounds, Slovenia + LOCAL
- 5. Victoria Kovacs: Childhood Obesity...., Hungary + NATIONAL







### **Healthy Overvecht**

Integrated medical en social care

physical

social



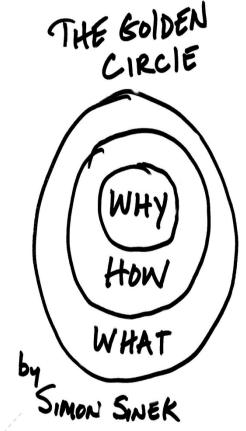
mental

relations / network

4D-MODEL Professional © Jacqueline van Riet & Nikki Makkes, Stichting Overvecht Gezond

# Healthy Overvecht Integrated medical en social care

We share responsibilities and organize interdependency between all professionals, organizations, and local government



https://www.youtube.com/watch?v=Xh 5qdgkMsw Maryken Simonis, social worker:

'I'm not only concerned with the cliënts finances or social activities.

The GP is not only concerned with medical problems.

But everyone stops and the cliënt is asked:

What is the actual problem? What bothers you the most?

Those questions will never be answered if you are working with the cliënt on your own.'





# Health promotion program for people with risk of cardiovascular disease and diabetes

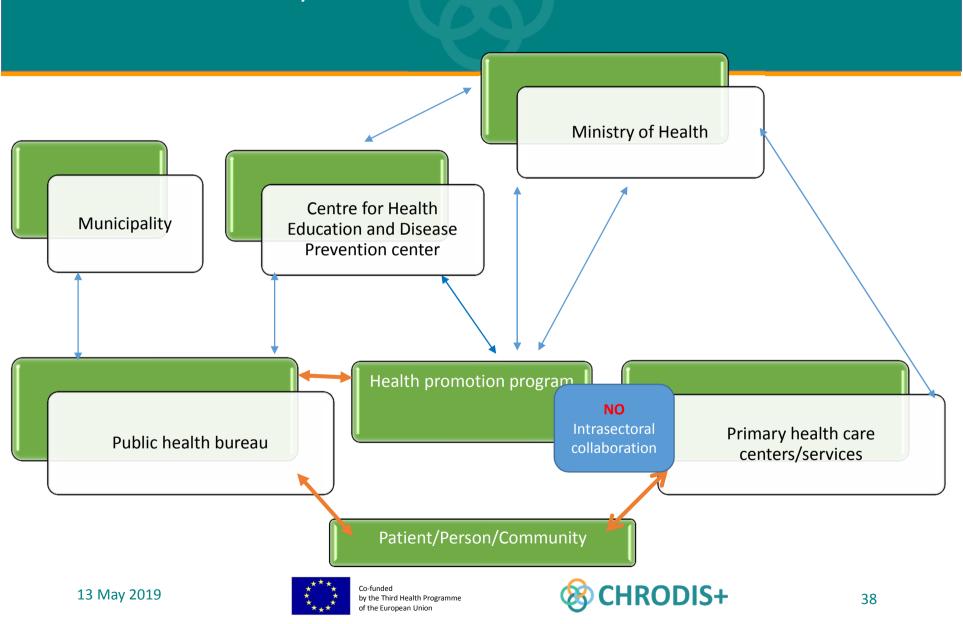
#### Lithuania

Assoc. Prof. Auksė Domeikienė
Department of Family Medicine
Lithuanian University of Health Sciences Hospital Kauno klinikos





# Before 2014 year



## After 2014 year



#### "LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTRAS

#### ĮSAKYMAS DĖL ŠIRDIES IR KRAUJAGYSLIŲ LIGŲ IR CUKRINIO DIABETO RIZIKOS GRUPIŲ ASMENŲ SVEIKATOS STIPRINIMO TVARKOS APRAŠO PATVIRTINIMO

Atsižvelgdamas į Lietuvos sveikatos 2014–2025 metų programos, patvirtintos Lietuvos Respublikos Seimo 2014 m. birželio 26 d. nutarimu Nr. XII-964 "Dėl Lietuvos sveikatos 2014–2025 metų programos patvirtinimo" 116.1 ir 116.3 papunkčius bei siekdamas pagerinti širdies ir kraujagyslių ligų ir cukrinio diabeto rizikos grupių asmenų sveikatą:

- 1. T v i r t i n u Širdies ir kraujagyslių ligų ir cukrinio diabeto rizikos grupių asmenų sveikatos stiprinimo tvarkos aprašą (pridedama).
  - 2. P a v e d u šio įsakymo vykdymą kontroliuoti viceministrui pagal veiklos sritį."
  - 2. N u s t a t a u, kad šis įsakymas įsigalioja 2017 m. sausio 1 d.

Sveikatos apsaugos ministras

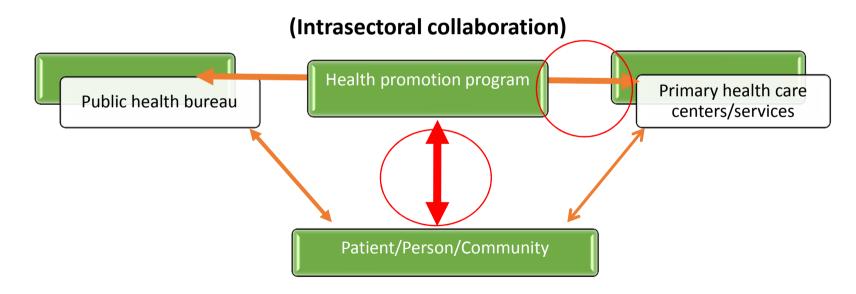
Juras Požela





# Health promotion program for people with risk of cardiovascular disease and diabetes, Lithuania

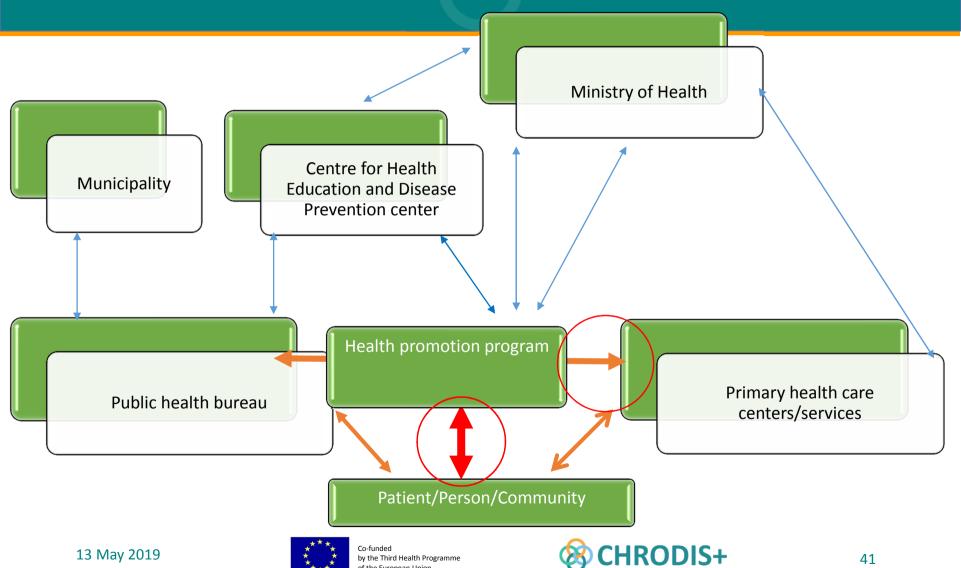
The objective of this intervention is to integrate Primary health care services with Public health bureau, effectively strengthen health of risk groups, educate population about cardiovascular diseases and diabetes mellitus risk factors, healthy lifestyle principles, choosing the healthy diet and physical activity, promoting stress management







# Health promotion program for people with risk of cardiovascular disease and diabetes, Lithuania





# Acknowledgment

Kaunas City Municipality Public Health Bureau

Hospital of Lithuanian University of Health Sciences Kauno klinikos Family medicine clinic doctors, nurses, patients

Lithuanian University of Health Sciences students, resident doctors









Effective Lifestyle Counselling for Social and Health Care Cross-Functionally – VESOTE program (2017-2018)

Sirpa Hyyrönmäki The Northern Ostrabothnia Hospital District Finland



# A Program for Half of Finland

#### 10 hospital districts

over 3000 social and health care experts

#### 184 municipalities

4 million inhabitants

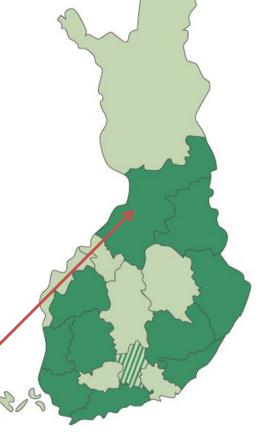
Regional operators (10 hospital districts) defined their own:

- lifestyle counselling target groups
- development goals of suitable VESOT programs activities for their region

The Norther Ostrabothnia Hospital District (PPSHP)

Over 412 000 inh.





# The goals of the Northern Ostrabothnia

**Target groups:** Persons with overweight / obesity and cardiovascular disease / at high risk

The final goal: Target group of persons to be more physically active, sit less, eat a varied and healthy diet and sleep better and weight dosen't increase Subgoals:

1. Increasing and reinforcing lifestyle group counselling



2. Developing lifestyle guidance expertise





3. Assessing the effectiveness of lifestyle group counselling



4. Forming a virtual lifestyle counselling clinic with regional networks



# What are we proud of?

- A positive atmosphere for co-operation and health promotion
- Professionals committed to the goals of the VESOTE program; good leadership
  - Tulppa rehabilitation groups was adopted in large collaboration and weight management group activities were developed
- Motivated ja inspired professionals
- A large network of co-operators and lifestyle counsellors
- Active communication and collaboration





# Integrated care for people with chronic wound

Novo mesto (Slovenia)



#### **Denis Oprešnik**

General Hospital Novo mesto National Institute of Public Health

### Purpose of the intervention

Developement and implementation of a **model to integrate care** between primary and secondary level of healthcare and relevant stakeholders within the community ...

....specifically in the management of care for people with chronic wound.



# & CHRODIS+ DIS+ **REORGANIZED STRUCTURE** (Protocol of collaboration and patients...) Environment Primary healthcare sector COORDINATOR OF CARE Secondary healthcare sector VV VV VV.CHKO

www.



## **Establishing connections...**

**Patient associations** 

**National Insurance Institute** 

Ministry of health

**Community health centre** 

Hospital

Local implementation working group

Red cross, Caritas

**Municipality** 

Social care centre

**National Institute of Public Health** 

Local peer support programs



#### ...to achieve...

- Patient centered care, patient involvement and empowerment
- Involvement of various partners in practice design and implementation
- Sustainability and scalability of the practice with support of national decision-makers
- To develop new ways of addressing complex problems (implementing tools, methods, protocols and above all – people)



## ...and develop a common language

• "Language is of the utmost importance. It is crucial how you use your words and different terms in this CHRODIS project and within medicine in general. They must be understandable to us, patients, so we can relate to the message, actively participate and contribute meaningfully."

Person with diabetes, Association of diabetic patients Novo mesto











# Working from 5 practices to recommendations

- First 4 pitches (5th subgroup is with Viktoria Kovacs) NOW or LATER?
- Choose the subject/group you like (but please take care of size of group)
- Each group follows 3 steps (guiding questions and moderator are provided)
  - 0. Start with short presentation
  - 1. Define success factors and suggestions for inter/intrasectoral collaboration
  - 2. Recommend at Local *OR* National level (fixed with the practice)

<u>Local</u>: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities in local health care?

National: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities at the national level?





## Working from 5 practices to recommendations

- 1. Petra van Wezel: Healthy Overvecht: Integrated medical and social basic care, the Netherlands + LOCAL
- 2. Aukse Domeikiene: Health promotion program for people with risk of cardiovascular disease and diabetes, Lithuania + NATIONAL
- 3. Sirpa Hyyronmaki: Vesote project: National program to reinforce and develop lifestyle counselling in social and health care, Finland + NATIONAL
- 4. Denis Oprešnik: Integrated care for people with chronic wounds, Slovenia + LOCAL
- 5. Victoria Kovacs : Childhood Obesity...., Hungary + NATIONAL





# Working from 5 practices to recommendations

2. Recommend at Local *OR* National level (fixed with the practice)

Local: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities in local health care?

National: How can task 5.3 help improving inter/intrasectoral collaboration in HP/DP-activities at the national level?





# Make your group collaboration successful by:

- success is in the hands of all the participants
- the host is not the leader
- ask questions
- switch between discussions with whole group and between pairs
- share feelings, not only opinions
- try to understand (summarizing helps) before you react
- focus on what gives energy





# Wrap-up + How to proceed?

#### Wrap-up

- chair ask the subgroupleaders/experts for 1-2 most significant findings

#### How to proceed: next steps 5.3

- How to proceed: current plans within wp 5.3
- Final step of this meeting : your personal reflection ...









# Thank you! And Success to All!

Workshop of Work Package 5 - Inter- en intrasectoral collaboration in Health Promotion and Disease Prevention - 13 May 2019



