

Transferring and implementing good practice to strengthen health promotion and disease prevention in Europe¹

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[1] This document is the Summary of the Deliverable 5.3 'Recommendations for the implementation of health promotion good practices' and was developed by EuroHealthNet. The full report can be accessed [here](#).

Building on what works: transferring and implementing good practice to strengthen health promotion and disease prevention in Europe

Policy makers and practitioners have long recognised the contribution that health promotion and disease prevention (HPDP) interventions can make to improving health and well-being and making health systems in Europe more sustainable, but investments in the field remain stubbornly low. **There is a wide range of knowledge across Europe about effective approaches to prevent or delay the onset of chronic diseases and to alleviate their impact.**

JA CHRODIS (2014-2016) identified many good policies and interventions from across Europe, but also confirmed that they are being applied in a piecemeal rather than systematic fashion. JA CHRODIS PLUS (2017-2020) built on this work, to identify how and what has proved effective in one setting can be transferred and scaled in another, as an approach to strengthening this field.

CHRODIS PLUS partners selected five good practices, transferred and implemented them in eight new settings across the EU (see map below). Detailed information about this process, which emphasized a ‘whole of community’ approach to health promotion and disease prevention, is available on chrodis.eu website.



CHRODIS-PLUS (2017-2020) was an initiative funded by the European Commission and 42 participating organisations from 21 European countries. JA CHRODIS-PLUS has promoted the implementation of policies, strategies and interventions identified in JA CHRODIS (2014-2017). Its core activities included:

- 16 policy dialogues which contributed to informing, developing or implementing policy to improve actions for combatting chronic diseases;
- 21 implementation pilot projects focused on four major areas:
 - Health Promotion & Primary Prevention
 - An Integrated Multimorbidity Care Model
 - Fostering Quality Care for People with Chronic Diseases
 - Employment and Chronic Diseases

Lessons Learned

Summary of good practices

Lombardy Workplace Health Promotion Network

Aims to achieve healthier work-place conditions by engaging and strengthening collaboration between employees and the main workplace stakeholders: associations of enterprises, trade unions and the regional health system.

[Home page](#) and [Best Practice Portal](#)

Active School Flag

Aims to increase physical activity in children through developing a physically active and physically educated school community.

[Home page](#) and [Best Practice Portal](#)

Jongeren op Gezond Gewicht – JOGG (Youth at a Healthy Weight)

Encourages all people in a city, town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people.

[Home page](#) and [Best Practice Portal](#)

Toy Box

Aims to promote healthy lifestyles in early childhood in order to prevent obesity. It includes environmental changes and group interventions.

[Home page](#) and [CHRODIS Repository](#)

Multimodal Training Intervention

A 6-month multi-modal programme developed in Iceland, to improve physical activity levels of older people and their health-related behaviour.

[Home page](#) and [Best Practice Portal](#)

Many implementors faced challenges such as the lack of: qualified staff to deliver the programmes; time available on the part of those delivering the programmes; adequate facilities; and lack of a ‘culture’ around health promotion, affecting the motivation of some target group participants. Despite such challenges, all the initiatives met their established objectives, and have plans to multiply or scale the full, or components of the programmes, nationally.

CHRODIS PLUS generated useful lessons on how good practice can be transferred and implemented from one setting to another, to strengthen collaboration across sectors and foster health promoting ‘cultures’ and communities. Many implementers attributed their achievements to the [CHRODIS PLUS implementation strategy](#). They also noted the importance of a strong relationship between the good practice owner and the implementer.

It was apparent that it was easier for localities with a comparatively stronger foundation in health promotion and disease prevention to trail the new initiatives. The more established the culture of HPDP, the greater the incentive for professionals at all levels to invest their time and energy in relevant activities. Investing appropriately can yield significant returns, since positive outcomes and evidence of effectiveness can motivate the target groups and those delivering the programme and inspire other stakeholders, this way strengthening capacities and activating further roll-out. Harnessing the power of modern technologies to establish and engage in ‘communities of good practice’, where those applying interventions within and across European countries share experiences, can also accelerate this process.

CHRODIS PLUS instigated these processes; it is hoped that government authorities and stakeholders will take them further, by investing in the further transfer and implementation of interventions included in e.g., the European Best Practice Portal. The CHRODIS PLUS Governing Board [2] can play a key role by encouraging their national ministries of health to (also) transfer, implement, mainstream, and scale the CHRODIS PLUS good practices and/or others across Europe, and apply the learnings from CHODIS PLUS to do so, to ensure the sustainability of the results. This can contribute to the more systematic application of health promotion and disease prevention across Europe, and to a stronger culture in this field, to reduce the costs of medical care for preventable conditions, whilst above all improving the quality of life and well-being of Europeans and their ability to contribute to society.

[2] The CHRODIS PLUS Governing Board is comprised of representatives nominated by the health ministries of EU Members States, EEA countries, and representatives of the European Commission and the European Region of the World Health Organization (WHO).

Recommendations for strengthening activities in health promotion

The common lessons drawn from the implementation reports on the process of transferring and implementing interventions in the field of health promotion and disease prevention are summarised in the following recommendations below, for all those interested in strengthening this field of work:

- **Commit to the vision and goal of health promotion as a process of working with other sectors to create environments and communities that support health**, and to embedding this role in health systems. This can improve health and well-being outcomes while delaying or reducing the costs of health care and other costs of ill physical and mental health to the community. Draw on good practice from other settings and countries to achieve this.
- **Build on existing motivation and resources**: select good practices that address clear needs and national priorities and implement them in sites that already have some relevant structures and resources in place; involve existing networks and staff with pertinent experience. Also invest in building a strong implementation team with committed leadership and the relevant representatives working at different levels of government and sectors that can provide different perspectives.
- **Apply a clear framework to guide the implementation process**, like the CHRODIS PLUS framework, which, in the experience of the implementation sites, works. Consider carefully how differences in local contexts (e.g., cultural aspects, social and organisational structures) can affect the implementation of the good practice, and what must be done to address this. Also consider from the outset what is needed to multiply and scale an intervention and incorporate this in the implementation process. Be realistic when setting objectives and indicators and anticipating resources needed, including those for monitoring and evaluation.
- **Invest in strong links between project 'owners' and 'implementers' in all phases of the intervention**. Decide from the outset the nature of the transfer (e.g., exact or loose replication) and sign a Memorandum of Understanding (MoU), setting out the agreements between the two parties. Maintain close contacts through exchange visits and by e-mails, teleconferencing and the use of social media, throughout the process. Allocate sufficient staff time and other resources to enable this.
- Make the process of transferring and implementing the good practice fun and **invest in creating 'communities of good practice and change', by networking with other stakeholders and making use of opportunities to mainstream, multiply and/or scale initiatives**. This includes linking to other national and international initiatives to share learning and experiences through 'communities of good practice' and engaging the media, to inspire broader support and