



CHRODIS-JA

Joint Action addressing chronic diseases and promoting healthy ageing across the life cycle

WP 5

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Co-lead: EuroHealthNet



Content




About BZgA

National Programme "Healthy and Active Ageing"

CHRODIS WP 5




Federal Centre for Health Education (BZgA)

-  Specialist authority in the portfolio of the German Federal Ministry of Health
-  Located in Cologne
-  Responsible for health promotion and prevention at national and international level





Federal Centre for Health Education (BZgA)


Communication

-  Planning, implementation and evaluation of national prevention campaigns and programmes on health promotion

Quality assurance and research













-  Effectivity and efficiency in prevention
-  Evaluation of measures and campaigns

National and international cooperation/coordination

-  Intersectoral cooperation with governmental/non-governmental organisations of the health sector with science and other policy sectors



Key Topics of BZgA

-  AIDS and STI Prevention
-  Drug Prevention
-  Prevention of nutritional Diseases, Health Promotion
-  Child and Youth Health
-  National Centre on Early Prevention
-  Sexual Abuse Prevention
-  Sex Education and Family Planning
-  Women's Health and Men's Health
-  Equality in Health
-  Healthy and Active Ageing
-  Organ and Tissue Donation
-  Vaccination and personal Protection against Infections



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National Programme "Healthy and Active Ageing"

- **BZgA** Surveys of activities and interests of elderly population

- **BZgA** Interdisciplinary Cooperation (e.g. Health Care System, Sport Associations, Education System, Social Work, Care System, Self-help groups, Local Authorities, Universities)

- **BZgA** The Health Information Portal
 - **BZgA** to provide quality assured health information
 - **BZgA** to inform about organisations, services, addresses, contact persons
 - **BZgA** to transfer good practices and innovative strategies
 - **BZgA** to work as a communication platform for professionals



GESUND & AKTIV ÄLTER WERDEN



Publications

RESEARCH AND PRACTICE OF HEALTH PROMOTION

SURVEYS

THE YOUNG OLD

An Expert Report on the Situation of
People Between 55 and 65 Years of Age

VOLUME 16

Federal Centre for Health Education **BZgA**

**GESUND & AKTIV
ÄLTER WERDEN**

» IT'S ALWAYS OTHER PEOPLE WHO « ARE OLD

Many good reasons for local authorities to think about demographic change, old age and health as one.

In future, more people will be living in towns and cities, and there will be more older people. Many local authorities in rural areas will see their populations shrink. All, rural or urban alike, will be confronted with enormous changes.

GOAL

Our local community is a great place for all generations

BZgA
Bundeszentrale
für
gesundheitliche
Aufklärung

in cooperation with

NGAS
Niederrhein e.V.

WHAT SHOULD YOUR LOCAL AUTHORITY BE LIKE?

What should your local authority be like so that people say, I would like to live here when I grow old? Would you say it is attractive for older individuals? Does it offer real quality of life, not least in the second half of life or in the case of minor and more major health impairments?

The attractiveness of a local authority significantly depends on its infrastructure and how close to capacity it will be operating. Do people want to live there, run a shop or a practice? Is it possible to be sufficiently mobile? Can older people find room for their own needs and wishes for what they can offer other people? Do people want to belong? Older people these days tend to be healthier and to have more resources than in the past, they do not all have the same needs, and can still do a lot of things that they all do have in common. They also need care, but not necessarily beneficial ones – but what matters is how the potential is addressed and what role older people are dominant.

Create the pre-requisites for aging healthily and actively in order to delay the time when for example personal care is needed: this is crucial for the quality of life of older people, regardless of whether they have chronic illnesses or not, and for local authorities this is an economic requirement for survival.

WHAT MUST YOUR LOCAL AUTHORITY OFFER?

What does your local authority have to offer so that people can grow old there in a healthy and active manner? What does it have to provide? Such concrete questions reflect the significance of demographic change. They are central for you as the one responsible in the local authorities, but you cannot answer them on your own. Your framework of action is narrow and you have to consider who has to get involved, when and in what capacity.

You, as the one responsible, require support from others to do this. You require participation and regular communication. You need precise facts about the local situation. And you need the political will, a clear position on the subject, and good arguments.

WHAT CAN BE DONE?

What can be done? This information shows you the way towards concrete arguments with which you can find partners and fellow campaigners. It offers you fundamental tips and ideas in order to develop a strategy with which you can prepare your local authority for the coming changes.

The goal is to make your local area a great place for aging for all generations. There are lots of good reasons for local authorities to think about demographic change, age and health together. More people will be living in towns and cities in the future and there will be a larger older population.



National and Regional conferences

- BZgA Awareness raising
- BZgA Networking and collaboration
- BZgA Bringing forward partnerships





What they discuss, clear up and agree upon

- BZgA Report and situation analysis
- BZgA Structures, responsibilities, resources, competences, local needs
- BZgA Agreements on main topics and appropriate good practice projects
- BZgA Communication about networking possibilities, cross-sectoral cooperation
- BZgA Clarifying benefit for specific areas
- BZgA Checking internal/external financing possibilities
- BZgA Developing of guidelines, criteria
- BZgA Ongoing quality assurance

Results
regional transparency, workshops,
pilot projects, qualification,
manuals, tools, internet-portal



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Newsletter and Website





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

**Lead
BZgA**

**Co-lead
EuroHealthNet**

20 associated partners involved



Partners in WP 5

- Instituto de Salud Carlos III (ISC III), Spain
- EuroHealthNet, Belgium
- Bundeszentrale für gesundheitliche Aufklärung (BZgA) , Germany
- Istituto Superiore di Sanita (ISS), Italy
- Technische Universität Dresden (TUD), Germany
- The National Center of Public Health and Analyses (NCPHA), Bulgaria
- Ministry of Health (MINSAL), Italy
- Regional Health Authority of Attica (YPE), Greece
- Health Service Executive (HSE), Ireland
- Institute of Public Health (IPH), Ireland
- Helse- og omsorgsdepartementet (HOD), Norway
- Direcção-Geral da Saúde (DGS), Portugal
- Instituto Nacional de Saúde Doutor Ricardo Jorge, I.P. (INSA), Portugal
- Tervise Arengu Instituut (NIHD), Estonia
- Sveikatos mokymo ir ligu prevencijos centras (SMLPC), Lithuania
- Embætti landlæknis (DOHI), Ireland
- Rijksinsitituut voor Volksgezondheid en Milieu (RIVM), The Netherlands
- European Institute of Women's Health Limited (EIWH), Ireland
- Consejería de Salud y Bienestar Social de la Junta de Andalucía (CSBSJA), Spain
- Fundación Progreso y Salud (FPS), Spain



WP 5 – Aims and Focus

- ▶ WP aims to identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices (among the elderly) and to promote the exchange, scaling up and transfer of effective approaches to different regions and countries
- ▶ Focus will be on activities that address major risk factors such as poor diets, physical inactivity, smoking and alcohol abuse as well as the wider determinants that influence the development of chronic diseases, particularly diabetes type II and cardiovascular diseases
- ▶ Central focus will be put on eliminating health inequalities and a specific focus on addressing the needs of elderly and disadvantaged groups such as migrants, lower socio-economic groups, and unemployed people



Deliverables

- ▶ Identification of 3 good practices per participating MS (M18)
- ▶ Series of conference seminars (M24)
- ▶ Recommendations Report on applicability and transferability of practices into different settings and countries (M36)



Milestones

- ▶ Country Reviews on health promotion and chronic disease prevention approaches (existing work, current situation, gaps and needs) (M8)
- ▶ Agreement on selection criteria of good practices + template (M10)
- ▶ Peer Reviews/Study Visits (M36)



Task 1: Review of existing work, situation, and needs

Task-leader
EuroHealthNet

Task 1.1

Conduct a review of existing work (incl. (grey) literature reviews and health-forecasting studies) and existing databases of good practices and policies in the field of health promotion and chronic disease prevention (among elderly)

Task 1.2

Collect evidence and data on cost-effectiveness of disease prevention interventions

Task 1.3

Conduct a 'situation analysis' and a 'needs assessment' to identify gaps and needs within Member States that could be addressed by CHRODIS-JA



Task 1: Review of existing work, situation, and needs

Review objective: to identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices

To be discussed:

Definition of chronic diseases

Definition of interventions (intensity, frequency, duration); definition of “good” in good practices

Which outcomes will be prioritised in the review

Consideration of the context

Which type of studies are eligible for inclusion; use of AMSTAR

First step: EuroHealthNet + BZgA to develop timeline/draft approach, and circulate this on-line to WP participants for comment (end of February)



Task 2: Defining an approach

Task-leader
BZgA

Task 2.1

Agree on inclusion and exclusion criteria to identify and assess good practices

Task 2.2

Agree on a template for the description of good practices



Task 3: Identification of good practices

Task-leader

Regional Health Authority of Attica/Sotiria

Task 3.1

Each associated partner involved in this WP will identify three good practices from their countries that match the selection criteria

Task 3.2

Develop an English summary (according to the template that will be provided by the WP Leader in close collaboration with WP4) for each of the practices identified



Task 4: Conference seminars

Task-leader

SMLPC Health Education and Diseases Prevention Centre

Task 4.1

Participate actively in the conference seminar that will be organised for the cluster your country belongs to and present on your outcomes and results

Task 4.2

Identify opportunities for learning for your organisation and country, based on the selected practices and that will be presented by the participants from other Member States



Task 5: Peer Reviews/Study visits

**Task-leader
EuroHealthNet**

Task 5.1

Contribute to the selection process of 2-3 practices that could be subject to peer reviews/study visits

Task 5.2

Participate in the study visits to either share learning of a practice you selected or to identify how a practice could be successfully transferred to your country/region

Task 5.3

Provide input into the recommendations report, including learning from good practices and describing both success factors and barriers for transferring or scaling up a promising practice into a new context



Thank you for your attention!

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