

WP5

Health Promotion & Prevention of Chronic Diseases



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JA-CHRODIS: The WP 5 focus on health promotion & disease prevention

BACKGROUND

- Chronic diseases can be prevented or delayed
- Wealth of good practices & experience in Europe
- Approach within the JA is complementary to the national activities against chronic diseases

EU Reflection Process on Chronic Diseases - Final Report October 8th 2013

http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf

WWW.CHRODIS.EU



WP5 - Tasks

- 1. Country Reviews**
led by EuroHealthNet
- 2. Delphi Process**
led by BZgA
- 3. Collection of 41 Good Practices**
led by YPE
- 4. WP5 Conference**
led by SMLPC
- 5. Study Visits & Transferability**
led by EuroHealthNet

Step 1: Country Reviews

Purpose: Documentation and Analysis of current state of health promotion landscape in partner countries

1. Bulgaria
2. Cyprus
3. Estonia
4. Germany
5. Greece
6. Iceland
7. Ireland

8. Italy
9. Lithuania
10. Norway
11. Portugal
12. Spain
13. The Netherlands
14. United Kingdom

Step 2: Definition of Good Practice criteria

- Information on Good Practice approaches and criteria from partner countries
- Literature research on other good practice approaches
- Template questionnaire for Delphi panel
- Delphi Expert Panel Discussion structured and led by partners from JA-CHRODIS Work Package 4

Overview Delphi Criteria

10 criteria comprised of 28 categories allow for *comparison* (weighted overall score) & *identification of strengths & shortcomings* of practices in Health Promotion and Primary Prevention Interventions

(ranked by priority)

1. Equity
2. Comprehensiveness of the intervention
3. Description of the practice
4. Ethical Considerations
5. Evaluation

6. Empowerment and Participation
7. Target population
8. Sustainability
9. Governance and project management
10. Potential of scalability and transferability

Step 3: Identification of Good Practice Examples

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

Different settings, regions, with varying degrees of complexity...

Examples for Good Practices I

- **“Young People at a Healthy Weight” (JOGG), The Netherlands**
national project with local adaptation & implementation
target group: children 0-19 yrs.
aim: keep children & youth at healthy weight & decrease overweight & obesity
measures: schools, associations, & employers, public-private partnership, healthy food choices, physical activity
- **“Portuguese National Programme on Healthier Eating” (PNPAS), Portugal**
national project with regional & local implementation
target group: population in disadvantaged neighbourhoods
aim: better health literacy, lower salt intake, healthier food choices
measures: schools, public-private partnerships, interdepartmental collaboration, collaboration with healthcare

Examples for Good Practices II

- **“National Curriculum Guides on Health and Well-being”, Iceland**
national programme
target group: school children
aim: to establish health and health literacy as a key point in society
measures: introduction of “Health & Wellbeing” as 6th pillar in curriculum
- **Welfare Watch, Iceland**
national programme
target group: entire population
aim: monitor income & welfare level in the aftermath of financial crisis to
measures: development of welfare indicators & measurement of change

Examples for Good Practices III

- **“Lombardy Workplace Health Promotion Network”, Italy**
regional programme, public-private network of enterprises
target group: work force
areas of work: nutrition, tobacco, physical activity, road safety, alcohol abuse, well-being
collaboration with local associations
- **“Well London/ Well Communities“, United Kingdom**
local programme
target group: inhabitants of deprived areas
measures: bottom-up approach: workshops & courses, community work, community building
scaling up to other areas

Examples for Good Practices IV

- **Groningen Active Ageing, the Netherlands**
municipality based approach
target group: physically inactive, frail, older adults in deprived neighbourhoods
aim: increase of physical activity, increased resilience, improved coping-strategies, improved social skills
measures: physical activity, social skills, resilience, & health literacy training
- **Diabetes Mobile, Germany**
national project
target group: rural population, migrant population
aim: better information about diabetes, early detection
measures: provision of information, tests, referral to healthcare

Step 4: Study Visits & Transferability

Six study visit in selected good practice sites took place in summer:

1. “Young People at a Healthy Weight”, The Netherlands
2. Database approaches in health promotion, The Netherlands
3. “Portuguese National Programme on Healthier Eating” (PNPAS), Portugal
4. “National Curriculum Guides on Health and Well-being” and “The Welfare Watch“, Iceland
5. “Lombardy Workplace Health Promotion Network”, Italy
6. “Well London“, UK

All programmes, dates and details available online:

<http://www.chrodis.eu/health-promotion-study-visits/>

Transferability – Preliminary Results

Preliminary results indicate that common key factors for success are:

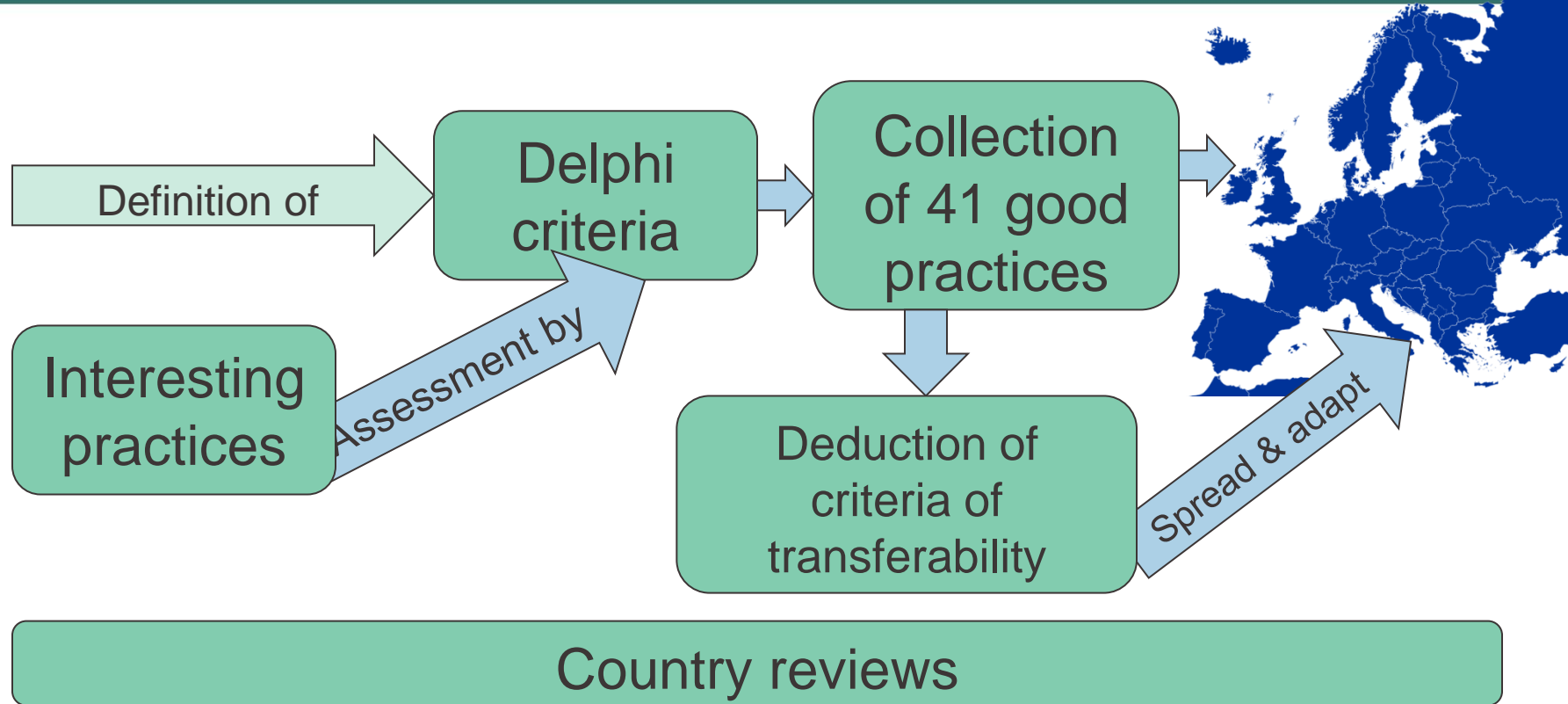
- Bottom-up approach with inclusion of target population
- Intersectoral, multi-level approach with commitment also at highest level
- Importance of evaluation but especially monitoring
- Long-term programs with stable funding

Outputs

BY END 2016

- A recommendation report:
 - including a description of success factors/ barriers for transferring or scaling up a promising practice into a new context and
 - recommendations what needs to be considered when planning, adapting, & successfully implementing good practices

Working Process & Tasks of WP5



Thanks to all WP5 partners

Associated Partners

BZgA, Germany
DGS, Portugal
DOHI, Iceland
EIWH, Ireland
EuroHealthNet, Brussels
Healthdirectorate, Norway
HSE, Ireland
INSA, Portugal
IPH, Ireland
ISCIII, Spain
ISS, Italy
Junta Andaluca, Spain
MoH, Italy
NCPH, Bulgaria
RIVM, the Netherlands
SMLPC, Lithuania
TAI, Estonia
YPE, Greece

Collaborating Partners

APDP, Portugal
BioCruces, Spain
EHFF, United Kingdom
MoH, Cyprus
MoH, Malta
MSSSI, Spain
PGEU, Belgium
Platform for Oral Health in Europe, Belgium
Socialstyrelsen, Sweden
SZU, Czech Republic
Universidade de Coimbra, Portugal
WHO Europe, Denmark

... and to all CHRODIS partners

Outputs

- Country Reports, incl. Executive Summary

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

- Delphi Panel Full Report by WP 4

http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf

- Collection of Good Practices in Health Promotion and Primary Prevention of Chronic Diseases incl. executive summary

<http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/>

- Conference Documentation

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

- “CHRODIS WP5 Results at a glance”

<http://www.chrodis.eu/wp-content/uploads/2015/11/JA-CHRODIS-Promotion-Material-WP5-1112-FINAL.pdf>

- Documentation of study visits

<http://www.chrodis.eu/wp-content/uploads/2015/11/JA-CHRODIS-Promotion-Material-WP5-1112-FINAL.pdf>



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