



Co-funded  
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*CHRODIS PLUS is a high level response by the EU to support Member States by stepping up together and sharing best practices to alleviate the burden of chronic diseases. This three-year initiative (2017-2020) under the Third Health Programme (2014-2020) is funded by the European Commission and the participating partner organisations.*

**chrodis.eu**

December 2018

# 2nd CHRODIS PLUS Newsletter

Dear Reader,

We believe that implementing good practices across borders is an essential component for making national healthcare systems more efficient. Our Joint Action demonstrates the strength and value behind this idea by implementing 21 previously tested good practices across Europe, that all address critical issues raised by the ever growing impact of chronic diseases. The lessons learnt from these pilot implementation projects will be used at the wider regional and national level by our institutional partners, as the CHRODIS PLUS project promotes the adoption of good practices in EU members states and beyond.

This is our second CHRODIS PLUS newsletter, in which we announce the date and location of the General Assembly and Conference, inform you of news related to both implementation projects and policy dialogues, and introduce our project leaflet that was recently finalised.

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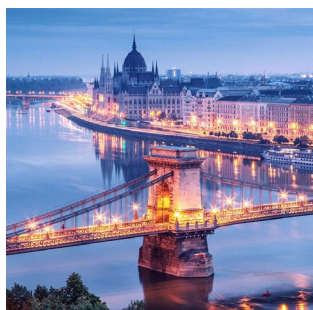
**Greetings from the Executive Board of the CHRODIS PLUS Joint Action!**



## CHRODIS+ Conference: 14-15 May 2019, Budapest

**CHRODIS PLUS Conference: the major event of CHRODIS PLUS in 2019.**

The event will be organised in **Budapest**, the capital of Hungary.



### *Dates of the event:*

14-15 May 2019: **CHRODIS PLUS Conference**. An open event for all interested stakeholders. No registration fee. Starting at 14:30 on 14 May and ending with a lunch on Wednesday at 13.00.

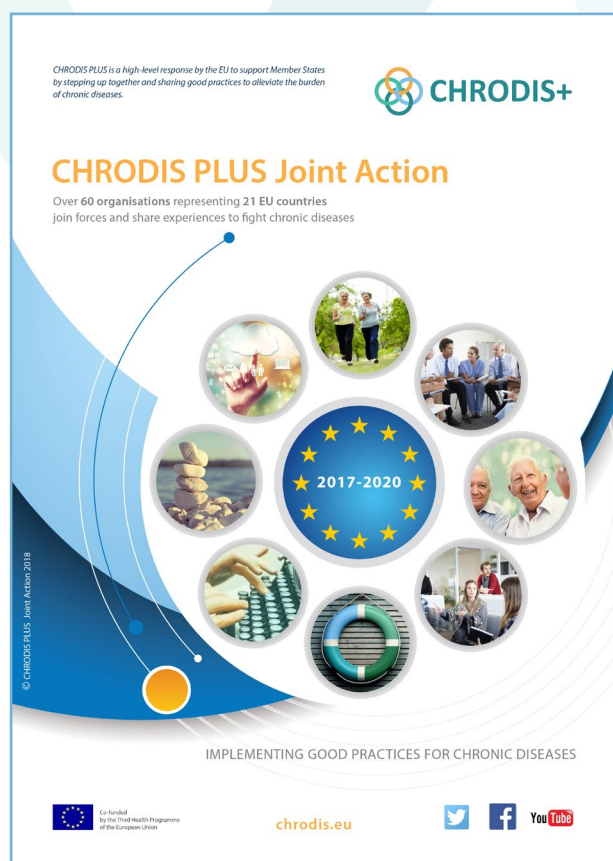
Please note that there will be a **social event** - a boat cruise on the Danube - on 14th May evening.

More details regarding the venue along with travel arrangements and registration will be announced in February 2019.



*General Assembly for  
CHRODIS PLUS  
on 14 May 2019, morning*

*The General Assembly will be a half-day event organised just before the Conference. This event is for project partners only (CHRODIS PLUS beneficiaries and collaborating partners). The event begins at 9:00 in the morning and ends with a lunch at 12:30 on 14 May 2019. Participants will then attend the CHRODIS PLUS Conference. Registration for the General Assembly will open in February 2019, same time as for the Conference.*



## Leaflet - a comprehensive introduction to CHRODIS PLUS

Our project leaflet is now available for download on the homepage of the **CHRODIS PLUS website**.

We encourage you to circulate it throughout your professional networks. The leaflet contains information about the project's vision as well as a basic summary of the implementation projects and policy dialogues. This leaflet is helpful for both policy-makers and experts to understand the essence of our project and the outcomes we seek to achieve.

Please upload the leaflet onto your organisation's website along with the CHRODIS PLUS logo with a link to our Joint Action's website. The aim is to build our network and make sure that our results will become known by a wide assortment of organisations. The CHRODIS PLUS logo is available at the bottom of the About Us page on our website: <http://chrodis.eu/about-us/>

# The EU database of best practices



CHRODIS PLUS is part of a wider network of projects that collect and implement best practices across Europe. These best practices are now available on the **European Commission's Best Practice Portal** that brings together on one site all of the good practices collected from Health Programme actions, such as the joint actions on nutrition and physical activity, and on chronic diseases, as well as projects on health inequalities and integrated care, in addition to the Mental Health Compass.

New practices selected from submissions to this portal will be presented to the Steering Group on Promotion and Prevention with the intent to transfer and scale-up. Consequently, the follow-up to collected best practices is inherently built into the process.

This portal has three main features:

- A **one-stop-shop** to consult good practices that have been collected by actions that were co-funded by the Health Programme.
- A **submission portal** for all stakeholders that would like to present their practice (interventions, projects) for evaluation.
- An **information portal** about projects and tools that implement the transfer of best practices from one country to others (this part is currently under construction and will be built as documents become available, from CHRODIS PLUS as well).

## A CHRODIS PLUS implementation project by the Andalusian Regional Ministry of Health



The picture above is of the CHRODIS PLUS contributors from the **Andalusian Regional Ministry of Health**. From left to right:

**M. Dolores Fernandez** (Chief of the Department of Health Promotion),  
**Rafael Rodriguez** (CHRODIS PLUS Project Manager),  
**Carmen Lama** (Deputy Director of Health Promotion, Participation and Planning),  
**Francisco Ruiz** (Health Promotion Expert),  
**Zoltan Aszalos**, Head of the Communications Work Package for CHRODIS PLUS,  
**Ana Carriazo** (Senior Advisor International Affairs), and  
**Javier Dolz** (Workplace Health Promotion Expert).



A focused interview with:



**Francisco Ruiz Dominguez**

*Department of Health Promotion and Local Action in Health, General Secretariat of Public Health, Andalusian Regional Ministry of Health*



**Javier Dolz López**

*Workplace Health Promotion Expert, Andalusian Health Service, Granada Health District*

The Regional Ministry of Health in Andalusia (Spain) is implementing a wide range of elements from the JA CHRODIS (2014-2017) Good Practice developed by the Lombardy (Italy) Workplace Health Promotion Network.

This Italian model highlights six possible areas for health promotion interventions by employers: 1) healthy food - e.g. snack vending machines at the workplace that contain at least 30% healthy food 2) physical activities - e.g. organising walking groups for employees 3) smoking cessation - e.g. motivational counselling for smokers to quit their habits 4) cessation of addictive behaviour (alcohol, drugs, gambling) - e.g. training employees to increase their awareness of the risks connected to such behaviour 5) work-life balance + welfare and social responsibility - e.g. cancer screening and measures to avoid food waste 6) safety and sustainable transportation to the workplace - e.g. safe driving courses for employees and the replacement of current company cars with green vehicles. To learn more about the Lombardy programme, please click [here](#).

We asked the Andalusian implementers about their experiences in implementing the good practice.

## Step 1: Selecting a good practice for implementation

### Why did you pick the Lombardian Workplace Health Promotion model for Andalusia?

In Spain, Andalusia ranks first in the number of Best Practices in Health Promotion. From 2005 on, Andalusia has been implementing various health promotion programmes and strategies, such as the Smoke Free Companies (later renamed as Health Promotion at Workplaces), which in 2012 received a nation-wide award. We began to experience a slowdown, however, and were looking for a new source of inspiration to re-ignite our programme. The Lombardy model is the one we identified that would fit us best. In fact, the most attractive element of this model was its continuity system: this program is certified by the European Network for Workplace Health Promotion and requires that any participating organisation need to implement at least two elements of the programme each year and keep previously implemented elements operational. So this programme when implemented can be continued indefinitely.

*Alhambra, Granada (Andalusia, SPAIN) - Granada is the host city of two CHRODIS PLUS implementation projects*



## Step 2: A dialogue with the original developers of the good practice

### What was the main takeaway for you from the site visit in Milan - organised by the Milan based Neurological Institute Carlo Besta?

In Milan we first visited the Lombardy Regional Health Headquarters, where we met all of the relevant actors from the Italian Good Practice and participated in a fruitful dialogue in order to tailor some of the programme's elements to Andalusia. Following this, we visited implementation sites (two companies) where we learned a lot from the testimonials of both the company managers, the implementers, as well as the participating employees. The whole site visit proved to be very useful for revealing potential barriers/difficulties, as well as key factors to be taken into account when planning the pilot action plan in Andalusia.

## Step 3: A detailed plan for local implementation

### Where do you currently stand with the implementation projects?

The Lombardy model will be implemented by two organisations in Andalusia, both in Granada, as a test implemen-

tation. From January 2019 on at each organisation, the suggestions/ideas as well as the health status information of all workers will be collected through an anonymous survey. This will provide the basis for the local tailoring of the Lombardy model, guided by the local implementation working groups at the two participating organisations. The pre-implementation Report of the project is available [here](#).

## Step 4: Scaling the model up to the regional or national level

### How will you use the results of the test implementations in Andalusia?

The lessons learnt from this pilot implementation will be directly applied to the existing Andalusian Programme of Health Promotion at Workplaces (PSLT). Through this, the programme will be upgraded following our collaboration with CHRODIS PLUS. The newly reborn programme will then be offered to more than 200 companies already participating in the existing PSLT, as well as extended for many other companies and organisations in Andalusia. The JA CHRODIS PLUS collaboration will encourage and enable us to make this happen!

# Update on the CHRODIS PLUS work packages

This section of the newsletter will summarise the key developments of the CHRODIS PLUS core work packages, with a focus on the implementation of good practices.

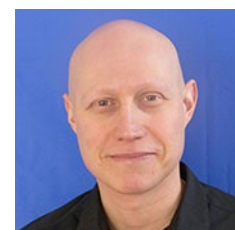
## Work Package 5 - Health promotion and disease prevention

[chrodis.eu/05-health-promotion/](https://chrodis.eu/05-health-promotion/)

Working with twenty-two partners from fourteen countries, Work Package 5 builds on the successful results from the previous Joint Action CHRODIS. The latest developments regarding Work Package 5 implementation projects are the following:



Anne Lounamaa



Andrew Barnfield



- **Active School Flag**, a good practice from Ireland with a focus on increasing the physical activity of school children by developing a physically active and educated school community, is being implemented in the Piedmont region of Italy as well as in Klaipeda City and District, Lithuania. The implementation is going well with the three sites progressing through the pre-implementation phase. The added benefit of these activities so far has been the recognition of the different barriers that will affect the projects as they seek to change the lives of young people.
- **ToyBox**, a good practice from Greece with a focus on the promotion of water consumption, healthy snacking, physical activity and the reduction of sedentary time, is being implemented in selected schools in Malta. A positive outcome that has been recognised so far is the ability to bring together a diverse range of schools and school employees to work together to develop their plan of action for the implementation.
- Elements of **JOGG**, a good practice from the Netherlands with a focus on encouraging all of the people in a town or neighborhood to prepare healthy food and exercise is being implemented in Iceland. The implementation project supports community health planning activities that focus on young people. The highlight so far has been a site visit to Helsinki, where JOGG has already been implemented. This visit brought together past and future implementers to work through detailed issues concerning the running of this project.
- The **Multi-Modal Training Intervention in Communities**, a good practice from Iceland with a focus on



multicomponent training, including physical activity, nutrition and health guiding, is being implemented in Madrid, Spain and Klaipeda City and District, Lithuania. The support from the good practice owners regarding the technical aspects of the design of the project and on measuring the success of the training programmes for the elderly is highly appreciated.

#### • Elements of the **Lombardy Workplace Health Promotion Plan**, a good practice

from Italy with a focus on promoting healthy lifestyles, smoking cessation, increased physical activity, alcohol reduction and safe walking/biking to work, is being implemented in Andalusia, Spain. Our first step has been the identification of the two workplaces that will use the workplace health promotion plan to improve adult and workplace health.

Work Package 5 has held a series of webinars for the particular tasks within each implementation project. The target groups have been able to make progress and develop the next steps for implementation.

#### What is the highlight to come?

For Work Package 5, the highlight to come is the beginning of the implementation phase for our pilot projects. The goal of these projects is to validate the methodology proposed as a part of the Joint Action project's implementation. This will underline the fact that **CHRODIS PLUS is not only implementing good practices, but is also creating a methodology that will help the future implementation of good practices in national healthcare settings not only across Europe, but also across the rest of the world.**

*A board explaining the key components of the Irish Active School Flag project.  
This good practice is implemented within CHRODIS PLUS at three locations in Italy and in Lithuania.*



## Work Package 6 - Multimorbidity Care Model

[chrodis.eu/06-multimorbidity/](http://chrodis.eu/06-multimorbidity/)



Graziano Onder

The Multimorbidity Care Model was developed as a part of Joint Action CHRODIS (2014-2017). Within the current project, this model is being assessed in practice to prove its applicability. The use of this model is currently being validated throughout various European countries and healthcare settings.

### Latest news on the implementation of the Multimorbidity Care Model

Each of the five pilot sites in this work package have held a kick-off meeting with all of the members of the local implementation working groups. They introduced the main points of the pilot action plan and prepared to implement the model.



Elena Jurevičienė

- The Aragonese Institute for Health Sciences began the primary implementation, with the training of the doctors, nurses and teams that will take care of the patients with multiple morbidities.
- The Ministry of Health of Andalusia finalised the action plan and launched the implementation at the beginning of October.
- The Catholic University of Sacro Cuore has established the care work station and designated a case manager who was part of the action plan, and they will begin their training work soon.
- Vilnius University Hospital Santaros Klinikos introduced the main points of the pilot action plan to healthcare specialists and began the implementation in November.
- Kauno Klinikos has finalised its pilot action plan and starts the implementation.



### What have been the highlights in terms of project development?

Every pilot site involved in WP6 defined (in their pilot action plans) which components of the Integrated Multimorbidity Care Model will be implemented in their country and in what context. This is now the moment when real actions begin to drive the Integrated Multimorbidity Care Model's scaling up process, the spreading of good practices across Europe, as well as testing and implementing it across different healthcare settings.

### What is the highlight to come?

The actual testing process for the JA-CHRODIS Integrated Multimorbidity Care Model at five pilot sites across Europe will involve healthcare specialists and patients with chronic conditions. The initial feedback that will be received during the pilot site visits will allow Work Package 6 to start drawing a map of effective and tested country-specific care for patients with multiple chronic conditions. This will be a key step towards exploring the feasibility of the intervention, to identify any possible modifications needed for its application on a larger scale, and to estimate the impact of this model.

*Site visit in Seville*





## Work Package 7 - Fostering the quality of care

[chrodis.eu/07-fostering-quality-of-care/](http://chrodis.eu/07-fostering-quality-of-care/)



Marina Maggini

The Quality Criteria and Recommendations Tool (QCR) is being applied in a series of pilot actions conducted by eight project partners in different settings at healthcare organisations. The QCR Tool constitutes a valuable and practical analytical framework that can be used by a wide range of healthcare specialists and organisations.

### The latest news on the implementation of the Quality Criteria and Recommendations Tool

The QCR tool is being implemented by various CHRODIS PLUS institutional partners with the following objectives:

- Slovenia: integrating primary and secondary care for people with complex conditions.
- Serbia: managing prevention and care of non-communicable chronic diseases at the primary healthcare level.
- Croatia: improving quality of care indicators for managing patients with non-communicable diseases.
- Finland: improving chronic disease prevention among immigrant population groups.
- Greece: enabling integrated care services through the training of healthcare professionals and patient empowerment.
- Three other partners in Spain, Bulgaria and Germany are conducting pilot actions on mobile IT tools (mHealth Tools) for self-empowering people with tinnitus and diabetes.

*See the photo below*



### What has been the highlight so far?

Prior to June 2018 we produced important background documents, aiming to harmonise the preparation and implementation of the pilot actions. Our work package partners working at the pilot sites were closely involved with this preparation work. During our joint pre-implementation workshop held in Ljubljana in June 2018, where we worked with templates produced on the basis of these long documents, our partners spontaneously commented uniformly: "that's what our product should really look like". This signalled to us that we are on the right track.

### What is the highlight to come?

We launched a regular monthly report, and every month something new is happening. In six months' time, based on this close cooperation, we will already be able to show how the QCR Tool helped our partners develop and implement their pilot action projects. We expect the first results to be available by then!

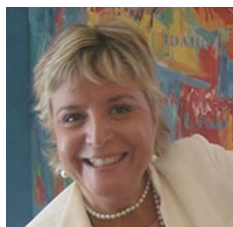
*A Presentation on mHealth Tools for Chronic Diseases*





## Work Package 8 - Chronic diseases and employment

[chrodis.eu/08-employment/](http://chrodis.eu/08-employment/)



Matilde Leonardi

The objective of this work package is to improve work access and participation for people with chronic diseases, to support employers in implementing health promotion and chronic disease prevention activities in the workplace, and to reinforce decision-makers' abilities to create policies that improve access, reintegration, maintenance and stay at work of people with chronic diseases.

### Latest update

Work Package 8 has been occupied with the development of its two main tasks:

- 1) the CHRODIS PLUS Training Tool for employers & the employment sector;
- 2) the CHRODIS PLUS Toolkit for the Adaptation of the Workplace.



Jaana Lindstrom

In the previous six months the major results of this work package have been related to the preparatory phase of these tools. In particular, several reviews have been conducted to understand what resources already exist in this area. Based on this background information, over the coming months Work Package 8 will work on a draft of the CHRODIS PLUS Training Tool for Employers, with detailed sections focusing on actions and indicators necessary to implement the training course in the company. Regarding the CHRODIS PLUS Toolkit for the Adaptation of the Workplace, interviews with employers, employees and relevant stakeholders participating in the occupational health promotion will be carried out, in order to identify opportunities for and barriers to implementing workplace interventions for the benefit of employees with chronic conditions.



### What was the highlight in terms of events?

The most exciting moment for Work Package 8 so far was the Expert Meeting on "Employment and Chronic Conditions" held in Brussels in March. The meeting allowed us to develop a network of experts interested in the topic, to share different national experiences, and it also represented a real "starting point" for our Work Package activities.

### What is the highlight to come?

During the upcoming six months, the greatest highlight will be the development of the first training tool for the Employers and the Toolkit for the Adaptation of the Workplace. In February 2019 WP8 in collaboration with WP6 will organise expert meeting on Employment and Multimorbidity care model in Rome.

*"Employment and Chronic Diseases" Expert Meeting in Brussels*

*Besta team (from left to right): Erika Guastafierro, Chiara Scaratti, Matilde Leonardi, Fabiola Silvaggi - Coordinator: Antonio Sarria Santamera in the middle*



## CPME Newsletter

The Standing Committee of European Doctors (CPME) newsletter included an article by Dr. Rokas Navickas, the scientific coordinator for CHRODIS PLUS from Vilnius University Hospital on our joint action. The following is an excerpt from the article:

“Over the last 90 years a gain in life expectancy of over 24 years has been achieved in some countries, such as Canada. By 2020 it is expected that children under 5 will be outnumbered by people over 60 globally. Ageing populations and the ever increasing quality of care mean that the number of people with multiple ongoing health conditions is set to rise. People living with a long-term condition are prone to have an additional chronic disease. In fact, in some countries it is reported that out of all those with a chronic condition, over 80% of patients have at least two chronic diseases. When so much is known, it becomes a matter of prioritising what we do and where we start.”

To continue reading the article, click [here](#) to open the CPME newsletter and then scroll down to page 11.

## Sharing the news on CHRODIS PLUS

### Presenting the CHRODIS PLUS Joint Action at different forums

CHRODIS PLUS is regularly presented at various national and international events. Our Work Package leaders have shared some selected events where they have communicated information about the CHRODIS PLUS work and vision. Please click [here](#) to access this summary on our website.

[chrodis.eu](http://chrodis.eu)

## UN Declaration on NCDs

### The UN General Assembly Adopted High-Level Political Declaration On Noncommunicable Diseases

The title of the ambitious political declaration, entitled: “Time to Deliver: Accelerating our response to address NCDs for the health and well-being of present and future generations.”

To read more, click [here](#).

## New WHO report on NCDs

### Health systems respond to noncommunicable diseases: time for ambition

“The burden of noncommunicable diseases (NCDs) represents one of the major health challenges of our times. These diseases result from fundamental inequities in social and economic determinants of health, in access to timely, high-quality services, in health information, in living environments and in other social factors.”

The new report by the WHO Regional Office for Europe, “Health systems respond to noncommunicable diseases: time for ambition” proposes nine policy responses to tackle non-communicable chronic diseases. These policies can “accelerate improvements in NCD outcomes and enhance the lives of millions of people living with often multiple conditions, as well as support countries in their journey towards universal health coverage”.

To access the document, please click [here](#).

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