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The CHRODIS PLUS Joint Action

CHRODIS PLUS is a three-year initiative (2017-2020) funded by the European Commission and participating organisations. Altogether, 42 beneficiaries representing 20 European countries collaborate on implementing pilot projects and generating practical lessons in the field of chronic diseases.



The very core of the Action includes 21 pilot implementations and 17 policy dialogues:

- The pilot projects focus on the following areas: health promotion & primary prevention, an Integrated Multimorbidity Care Model, fostering the quality of care for people with chronic diseases, ICT-based patient empowerment and employment & chronic diseases.
- The policy dialogues (15 at the national level, and 2 at the EU level) raise awareness and recognition in decision-makers with respect to improved actions for combatting chronic diseases.

A heavy price for chronic diseases: Estimates are that chronic diseases cost EU economies €115 billion or 0.8% of GDP annually. Approximately 70% to 80% of healthcare budgets across the EU are spent on treating chronic diseases.

The EU and chronic diseases: Reducing the burden of chronic diseases such as diabetes, cardiovascular disease, cancer and mental disorders is a priority for EU Member States and at the EU Policy level, since they affect 8 out of 10 people aged over 65 in Europe.

A wealth of knowledge exists within EU Member States on effective and efficient ways to prevent and manage cardiovascular disease, strokes and type-2 diabetes. There is also great potential for reducing the burden of chronic disease by using this knowledge in a more effective manner.

The role of CHRODIS PLUS: CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of this burden by promoting the implementation of policies and practices that have been demonstrated to be successful. The development and sharing of these tested policies and projects across EU countries is the core idea driving this action.

The cornerstones of CHRODIS PLUS: This Joint Action raises awareness of the notion that in a health-promoting Europe - free of preventable chronic diseases, premature death and avoidable disability - initiatives on chronic diseases should build on the following four cornerstones:

- health promotion and primary prevention as a way to reduce the burden of chronic diseases
- patient empowerment
- tackling functional decline and a reduction in the quality of life as the main consequences of chronic diseases
- making health systems sustainable and responsive to the ageing of our populations associated with the epidemiological transition

Introduction

Layman report aims to summarize (sum up) in a brief and lay manner the objectives, development, outcomes and deliverables of the CHRODIS PLUS initiative. It describes the background and challenges faced. It includes the benefits of the project, the partners involved and the impact of results. Report is targeted for the general public, therefore usage of any technical, professional terminology has been avoided. It is written in a style that is clear and readily accessible to its intended readership. All detailed information on outcomes and deliverables of the project can be found on the project webpage www.chrodis.eu.

CHRODIS PLUS LAYMAN REPORT



“EU member states have a wealth of knowledge on effective and efficient ways to promote health, prevent and manage non-communicable diseases and there is a great potential in using this knowledge more effectively.”

Rokas Navickas, Scientific coordinator of CHRODIS+

CHRONIC DISEASES AND THEIR RISK FACTORS

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living, or both. Chronic diseases have traditionally included the following: cardiovascular diseases, cancers, metabolic diseases (e.g. diabetes), chronic respiratory diseases (e.g. asthma or COPD), mental disorders (such as depression or dementia) and disabilities like sight impairment and musculoskeletal diseases. What these diseases have in common is that they need a long-term and complex response, coordinated by different health professionals with access to the necessary drugs and equipment, and extending into social care. Most health care today, however, is still either fragmented and/or structured around acute episodes.

Many chronic diseases and conditions are linked to an ageing society, but also to lifestyle choices such as smoking, alcohol, diet and exercise, which makes them largely preventable. Given this background, the management of chronic disease is increasingly considered an important issue by policy-makers and researchers.

If the major risk factors for chronic diseases were eliminated, at least 80% of heart disease, stroke and type 2 diabetes cases would be prevented, along with 40% of cancer cases (WHO).

Almost 3 million people die each year as a result of being overweight or obese (WHO). This exceeds the total population of Lithuania.

There are more than 6 million new cases of cardiovascular diseases in the EU every year (European Society of Cardiology). This is more than the total population of Denmark.

Chronic diseases affect 8 out of 10 people aged 65 and older in Europe. By 2050, the share of the population aged 80 and over will be more than double (Health at a Glance 2019: OECD indicators).

Europe pays a heavy price for chronic diseases. Beyond the effects on health and quality of life, the economic implications of such diseases are also serious. Chronic diseases depress wages, earnings, workforce participation and labour productivity, increase early retirement and disability, as well as job turnover for employers. As expenditure on chronic care rises across Europe, it takes up increasingly greater proportions of public and private budgets.



With almost 49 million people living with cardiovascular diseases in the EU, the cost to EU economies is high at €210 billion a year (European Society of Cardiology).

OUR WORK IN NUTSHELL

Joint Action CHRODIS PLUS - financed under the third EU Health Programme 2014-2020 - was set up in 2017 with the involvement of 42 institutions from 21 European countries to implement programmes and develop strategies to tackle chronic diseases. The focus during its 39 months of operation was on those interventions that were identified in the earlier phase (the CHRODIS Joint Action) and which have already been implemented in at least one of the Member States of the EU and their effectiveness was proved (so-called good practices).

In CHRODIS PLUS, 21 pilot centres were selected to test good practices both from the areas of prevention and care for chronic diseases. Implementation of these good practices at different levels, countries and healthcare settings proved that they can be successfully implemented anywhere.



On top of that, CHRODIS PLUS also developed tools for employers and managers to foster wellbeing and health of their employees, to support the prevention of chronic diseases at the workplaces and to facilitate the integration and participation of people living with chronic conditions.

CLOSER LOOK AT THE JOINT ACTION CHRODIS PLUS ACTIVITIES

Programmes and strategies exist that can prevent or effectively treat chronic diseases. Leveraging this knowledge, the main focus of our activities was on:

- ❖ health promotion and disease prevention throughout the course of people's lives;
- ❖ care for people with more than one chronic condition (so-called multimorbid patients);
- ❖ recommendations improving prevention of chronic diseases and the quality of care for people with chronic diseases;
- ❖ the interlink between employment and chronic diseases.

Health promotion and disease prevention throughout a person's lifetime

In recent years, health promotion and disease prevention have been proven to be cost-effective and efficient in reducing the number of chronic diseases by decreasing risk factors on an individual level and creating health promoting environments in which the healthier choices are the easier ones. Modifiable risk behaviours (i.e. tobacco use, physical inactivity, sedentary lifestyle and poor nutrition) that contribute to a number of chronic diseases can be targeted, and points of emphasis are kindergarten and school environments, workplace health promotion programmes and supporting active aging.



Our work aimed to improve the theoretical as well as the practical part by transferring and implementing 5 different good practices to strengthen health promotion and disease prevention

across Europe. The 5 selected programmes were transferred to 8 new settings in Europe. This activity generated useful lessons on *HOW* a good practice can be transferred and implemented from one place to another, to strengthen collaboration across sectors and foster health promoting cultures and communities.

Summary of good practices

Lombardy Workplace Health Promotion Network: Aims to achieve healthier workplace conditions by engaging and strengthening collaboration between employees and the main workplace stakeholders (associations of enterprises, trade unions and the regional health system).

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

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.

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

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.

Implementation of the Integrated Multimorbidity Care Model - Patient experience is at the heart of health care

Multimorbidity is a co-occurrence of two or more chronic conditions. For example, a patient who suffers from type 2 diabetes and also has high blood pressure. It is very common in older adults: approximately two thirds of the elderly are affected by multimorbidity. Multimorbidity, however, also appears at younger ages.

These people require the attention of multiple health care providers or facilities as well as home-based care. A patient with multimorbidity presents the health care system with a unique constellation of needs, disabilities or functional limitations. Care for people with multimorbidity is complicated

because different conditions and their treatments often interact in complex ways. Despite this, the delivery of care for people with multiple long term conditions is still often built around the individual conditions, rather than the person as a whole. As a result, care is often fragmented and may not consider the combined impact of the conditions and their treatments on a person's quality of life.



The Integrated Multimorbidity Care Model (IMCM) is a composition that clearly describes health care process aspects and aims to overcome many of the issues related to fragmented care. Hospitals and clinics that choose to use this model provide comprehensive care by improving the integration between primary and hospital care services, as well as between healthcare professionals from different specialties or disciplines. The model provides more patient-centred care in order to improve the quality of life for patients. This model was theoretically developed in the previous Joint Action CHRODIS and in this phase it was implemented in 5 sites in 3 countries: Lithuania, Italy and Spain.

The IMCM has directly reached 3,449 patients and counting. Most patients reported an improvement in quality of care through better access to care. Health care provision was better coordinated, which, in the end, not only saved time for patients and increased satisfaction, but also reduced the costs and led to better resource use related to care.

Quality Criteria and Recommendations - The road to health is paved with quality care

The CHRODIS Criteria and Recommendation (QCR tool) aim to provide high-quality care for people with chronic diseases. The Tool is the result of a long development process involving experts from a wide number of organisations across Europe and with a variety of professional backgrounds.

The Tool consists of 9 quality criteria and recommendations that can be used as a checklist to develop and improve programmes and policies in the areas of prevention, health promotion, education, training and care; and can be applied in different countries with different structures and processes. Within CHRODIS PLUS the QCR Tool was applied in a variety of settings: multiple good practices were running in Slovenia, Croatia, Finland, Greece, Germany, Serbia, Bulgaria and Spain and led to the development of several innovative practices on the areas of Type 1 and Type 2 diabetes, tinnitus and complex chronic conditions. The actions introduced complex changes in healthcare procedures at the sites where the QCR tool was introduced.

The experience of institutional partners allowed to developed a Guide for the implementation of JA CHRODIS Recommendations and Criteria to provide practical support to those who are going to lead the development, implementation, monitoring and evaluation of the practices in the field of health promotion, disease prevention and care for chronic diseases.



Employment and chronic diseases - Wellbeing at work is everybody's business

More than 1 in 4 employees in Europe reported to be suffering from a long-standing illness or health problem in 2018, and an even larger proportion is at risk of developing health problems in the future (Eurostat, 2019). These problems may drastically increase absenteeism, drive up healthcare costs and limit employees' ability to perform their daily tasks. A proactive stance of workplaces is needed to prevent chronic diseases and health problems. Fostering health, wellbeing and work participation benefits not only employees but also employers in several ways, such as increased productivity and competitiveness, reduced absenteeism, staff turnover and occupational health care costs; and the society as a whole.

By developing the CHRODIS PLUS Workbox on Employment and Chronic Conditions and recommendations to policy-makers, Joint Action CHRODIS PLUS supports employers in measuring and evaluating the current situation, implementing health promotion and chronic disease prevention activities in the workplace, better integrating those living with chronic conditions and helping them to stay at or return to work, and reinforces decision-makers' abilities to create policies that improve access, reintegration, maintenance and stay-at-work for people with chronic diseases.



The Workbox consists of:

- ❖ The Training Tool for managers promoting inclusiveness for people with chronic diseases at work, and;
- ❖ The Toolkit for workplaces offering 127 means to foster employees' wellbeing.

With the help of a checklist offered by the Training Tool, managers can identify how inclusive they are, meaning how they consider values and use individual and intergroup differences within their workforce for the benefit of all. They can also evaluate whether an employee is able to do his/her job in the present and in the future (in relation to the demands of the job itself, to the work environment and to his/her own mental and physical resources). The Training Tool also helps to take the relevant actions to strengthen inclusion and well-being in the workplace of all workers and, in particular, of those with one or more chronic conditions, and also describes the most frequent chronic conditions and provides some suggestions for managing them in the best way possible.

The Toolkit for workplaces provides for concrete means, some of which are very easy to introduce and do not require considerable resources. The means cover the following domains: nutrition, physical activity, ergonomics, mental health and wellbeing, recovery from work, community spirit and atmosphere and smoking and alcohol. These domains are interconnected, and many of the Toolkit's means have beneficial effects on more than just one domain. The means are further divided into four types of approaches including knowledge and skills, working environment, organisational policies and incentives. For the best results, workplaces should target various domains, use diverse approaches and combine several means.



SUCCESS STORY

Our project is both *about* and *for* people to help them make better choices on a personal, organisational and policy level. Activities within the project have impacted many, especially the communities on national, regional and local levels. But at the end of the day, it is always an individual who is being affected and impacted in his/her everyday life. It is always a challenge to single out one or two stories as there are plenty to share, such as kindergarten children in Malta or patients suffering from chronic wounds in Slovenia, school children in Italy, multimorbid patients in Spain, Italy, or in Lithuania, and the elderly in Iceland.

A nice story is from the town of Utebo in Aragon, where Spain was promoting a pioneering Icelandic experience to encourage active ageing among older people.

Every day, José Luis Guardado (72) and Petri Belver (68), a retired Utebo couple who tried to take a break to go walking “at a rapid pace”. On Mondays and Wednesdays, they also trained in the fitness room and on Fridays participated in the scheduled walk on the athletics track. “We had never set foot in a gym until now, but since we have started this activity, we have made it a routine and it is a commitment for us now, and we feel better.” The same opinion was shared by Fidel Palacián (70) and María Monzón (68): “It’s wonderful. I have regained flexibility and strength in my legs and, despite the short amount of time that we have been taking part in the programme, we are noticing results. The recipe was to combine movement with a healthy diet.”



These individuals are only four of the many volunteers participating in a pioneering programme in Utebo, included in the European health plan CHRODIS PLUS, which seeks to repeat the success of the Icelandic experience in encouraging active ageing among people over 65 years of age, as well as promoting sports with guided exercise and regular check-ups.

HOW CAN WE PRESERVE THE RESULTS IN THE LONG-TERM?

Given the high prevalence and huge burden of chronic diseases, they are always high on experts' and policy makers' agenda. Consequently, several discussions were organised around this topic during the project's lifetime in each participating country. Some of the discussions focused on the advertisement of unhealthy foods and drinks to children, artificial intelligence solutions in healthcare, promoting water consumption, social differences in tobacco use, as well as promoting walking and cycling before, during and after work. Participants of these dialogues were representatives of universities, public health institutes and ministries of health. These discussions are often the first steps to long lasting changes of the healthcare systems in EU Member States, as well as at the European level.



These dialogues, along with the experience gained during the other CHRODIS PLUS activities, resulted in a so-called Consensus Statement, which formulates several recommendations for the future. These recommendations - among others - propose:

- ❖ the use of tools and methods created by CHRODIS PLUS;
- ❖ to work together with other sectors and actors outside of healthcare (so-called multi-sectoral or inter-sectoral work);
- ❖ to bring together a mix of different partner institutions with diverse backgrounds and skills to enrich the partnership;

- ❖ to ensure enough resources as running a programme can be costly
- ❖ to use the experience of existing staff;
- ❖ not to forget that there can be huge differences in local contexts (e.g., cultural aspects, social and organisational structures), which can affect the implementation of the good practice.

In conclusion, Joint Action CHRODIS and Joint Action CHRODIS PLUS represent 7 years of work in the field of chronic diseases. In the past 3 years our project proved that the concept of good practices can be transferred successfully to different environments. During the Joint Action there were many good practices identified, implemented and scaled up into a national health care setting. CHRODIS PLUS results are ready made, tested and proven tools available for further use at the national, regional and local level. The strong network of experts was created and strengthened, thus creating the building block necessary for paving the way for potentially starting a meaningful change that could reach thousands of patients and citizens across the EU - and even beyond.



MORE INFORMATION

For more detailed information on project results and its use in countries all over the European Union, visit our website www.chrodis.eu or one of our social media pages.



<https://www.facebook.com/EUCHRODISplus>



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