Exchange and transfer of good practices in health promotion and disease prevention: the experience of JA-CHRODIS

WP5
Health Promotion & Prevention of Chronic Diseases

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JA-CHRODIS: Our focus on health promotion & disease prevention

BACKGROUND & UNDERLYING ASSUMPTIONS

- Chronic diseases can be prevented or delayed
- Wealth of good practices & experience in Europe
- Take-up & transfer could improve practices if clear how to do it
- Approach within the JA is complementary to the national activities against chronic diseases

cf. EU Reflection Process on Chronic Diseases - Final Report October 8th 2013
WWW.CHRODIS.EU
WP5-Health Promotion and disease prevention: 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
Working Process & Tasks of WP5

T1: Country reviews

T2: Delphi criteria

T3: Collection of 41 good practices

T4: Share

T5: Study visits

T5: Deduction of criteria of transferability

Interesting practices

Definition of

Assessment based on

Transfer & adapt

CHRODIS Platform (WP4)
## Identification of Good Practice Examples

<table>
<thead>
<tr>
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<th>Good Practices</th>
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<tbody>
<tr>
<td>Pre-natal environment, early childhood,</td>
<td>10</td>
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<tr>
<td>childhood and adolescence:</td>
<td></td>
</tr>
<tr>
<td>Adulthood:</td>
<td>11</td>
</tr>
<tr>
<td>Healthy Ageing:</td>
<td>5</td>
</tr>
<tr>
<td>Whole life cycle:</td>
<td>15</td>
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</tbody>
</table>

Different settings, regions, with varying degrees of complexity
Six study visits 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
5. “Lombardy Workplace Health Promotion Network”, Italy

All programmes, dates and details available online: http://www.chrodis.eu/health-promotion-study-visits/
Lombardy Workplace Health Promotion Network

• Background & Aims

Lombardy Regional Prevention Plan
6 PROGRAMMES TO IMPROVE HEALTHY LIFESTYLE, PROMOTE THE ENVIRONMENT & PREVENT NCD RISK FACTORS

LOMBARDY WORKPLACE HEALTH PROMOTION NETWORK

AIMS:
• To keep a healthy, qualified and motivated workforce
• To achieve an internal process of continuous improvement
• To compete on the market place
The Lombardy WHP Network

Implementation

• A public-private network
• Partnership and collaboration with all workplace stakeholders (industrial unions, trade unions, regional health system)
• Member companies implement HP activities over 3 years in 6 thematic areas:
  - NUTRITION
  - TOBACCO
  - PHYSICAL ACTIVITY
  - ROAD SAFETY
  - ALCOHOL/DRUGS
  - WELL-BEING
Member companies implement HP activities over 3 years

- **Type of activities:**
  1. **Informational** (smoking cessation, healthy eating, etc.),
  2. **Organizational** (canteens, snack vending machines, agreements with gyms, stairs health programmes, walking / biking from home to work, smoke-free environment, baby pit-stop, etc.)
  3. Collaboration with others in local community

- **System of accreditation:**
  Companies start 2, 4 or 6 new activities / year in these areas

"Workplace Health Promotion Site"- logo.
Bergamo 2011
Pilot with ATS & 2 mid-sized companies

As of June 2016,
- **453** companies, employing over 212,000 persons.
- **100** companies in Bergamo province, repr. 24,000 workers.

After 12 months, reduction in some important risk factors
The Lombardy WHP Network

Success factors

- Progressive implementation ("START SMALL")
- Recognition as health promoting workplace by the health system
- Monitoring - impact of interventions and risk factors
- Flexibility and FREEDOM OF CHOICES (2-4-6 thematic areas)
- Workers’ participation/involvement + VOLUNTARY ADHESION
- Feedback + Follow-up and guidance by ATS (evidence-based communication/WHP Manual + Web and e-health tools available)
- SUSTAINABILITY+POLITICAL SUPPORT: medium/long term; integrated by the health system;
- Use of a BOTTOM-UP APPROACH WITHIN A NATIONAL FRAMEWORK
Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)

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

Recommendations report on applicability and transferability of practices into different settings and countries

10 February 2017

http://chrodis.eu/outcomes-results/
Transferability – Internal perspective

Bottom-up approach with inclusion of target population

• Be flexible at local level when implementing and adapting the programme
• Include ‘all’ (all ages, backgrounds), but think especially of the most vulnerable groups/areas
• Involve communities in needs assessment, decision making, planning, & organisation
• Support of programme in communities & strong commitment at highest level within relevant institutions and political support
• Think big, but start small
Transferability – Connecting to others

Intersectoral, multi-level and multi-professional approach with strong commitment at highest level

• Health in all policies approach (inter-sectoral linkage, multi-level)

• Strong political commitment and support at highest level

• Programme embedded in national plans/curricula/policies and/or specific legislation and regulation

• Transparency of the programme to shape trust
Transferability – Staff & development

Qualified and highly committed human resources, detailed documentation, monitoring & evaluation

• Committed, persistent, and stable human resources with high social skills including volunteers
• Define terms used in the practice clearly
• Document practice right from its start with positive and highly visible reporting
• Monitor practice continuously with appropriate indicators
• Evaluation framework existing
• Knowledge transfer group
Transferability – Long-term perspective

Long-term engagement with stable funding

- Think ahead – Commitment to long-term programmes and/or approach
- Stability of funding for several years
Outputs

http://chrodis.eu/outcomes-results/
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

• 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/

• Documentation of study visits

• “CHRODIS WP5 Results at a glance”
  http://chrodis.eu/outcomes-results

• Recommendations report on the applicability and transferability of practices into different settings
  http://chrodis.eu/outcomes-results
Thanks to all WP5 partners

Associated Partners
Andalusian Regional Ministry of Equality, Health and Social Policies (CISPSJA), Spain
Center for Health Education and Disease Prevention (SMLPC), Lithuania; Task leader 4
Directorate General of Health (DGS), Portugal
European Institute of Women's Health (EIWH), Ireland
Directorate of Health (DOHI), Iceland
EuroHealthNet, Belgium, Task leader 1 and 5
German Federal Centre for Health Education (BZgA), Germany, Task leader 2
Health Service Executive (HSE), Ireland
Institute of Health Carlos III (ISCIII), Spain
Health Promotion Documentation Centre’ (DoRS), Italy
Institute of Public Health in Ireland (IPH), Ireland
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Directorate of Health (HOD), Norway
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National Institute for Health Development (NIHD), Estonia
National Institute for Public Health and the Environment (RIVM), the Netherlands
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Platform for Better Oral Health in Europe
Canary Islands Health Service, Spain
University of Coimbra, Portugal
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... and to all CHRODIS partners
The Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS)*

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