

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

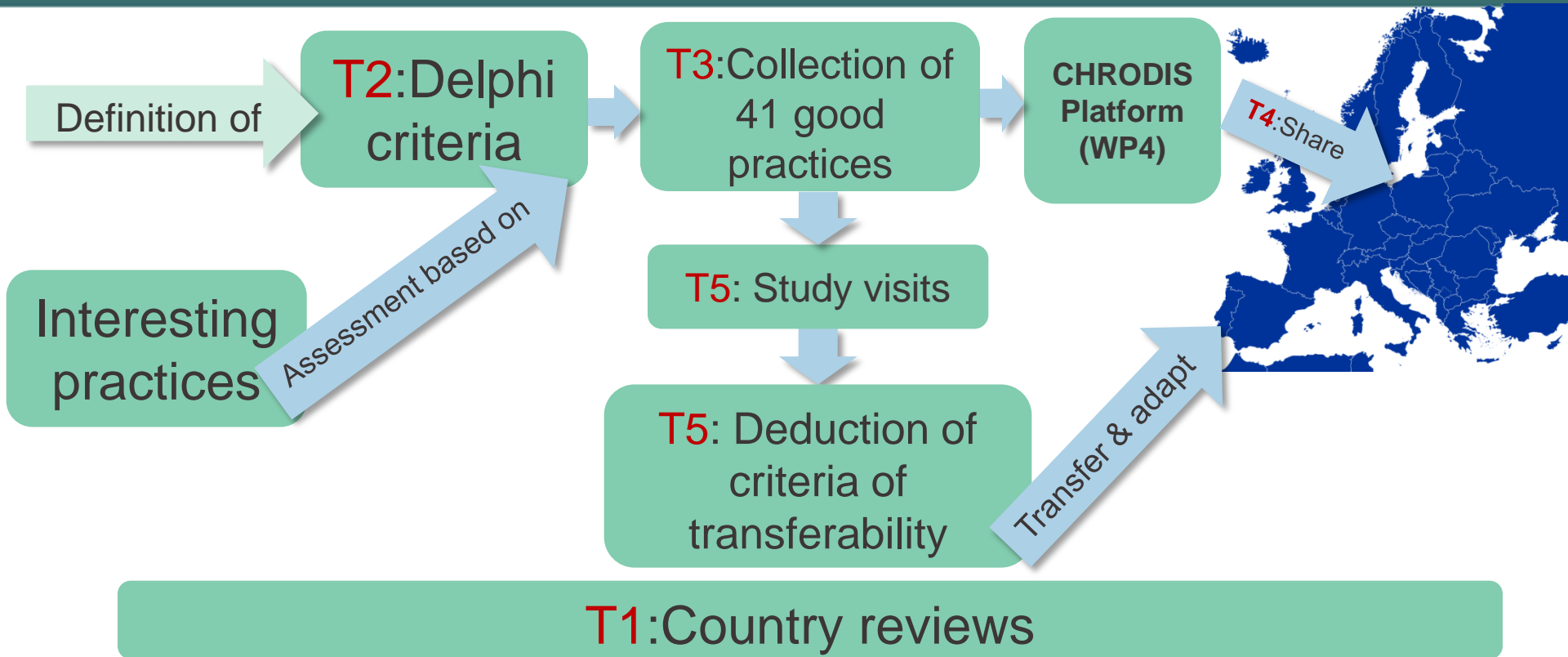
- **Chronic diseases can be prevented or delayed**
- **Wealth of good practices & experience in Europe**
- **Take-up & transfer could improve practices if clear how to do it**

- **Approach within the JA is complementary to the national activities against chronic diseases**

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



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

Study Visits & Transferability

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

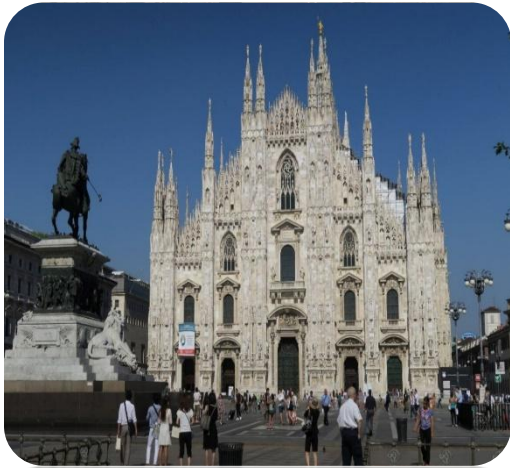
1. **“Young People at a Healthy Weight”**, The Netherlands
2. **Database approaches in health promotion**, The Netherlands
3. **“Portuguese National Programme on Healthier Eating” (PNPAS)**, Portugal
4. **“National Curriculum Guides on Health and Well-being”** and **“The Welfare Watch”**, Iceland
5. **“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/>

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



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

The Lombardy WHP Network

Implementation

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.



Key results & Impact

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

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**

Recommendations report

**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/>



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Transferability – Internal perspective

Bottom-up approach with inclusion of target population

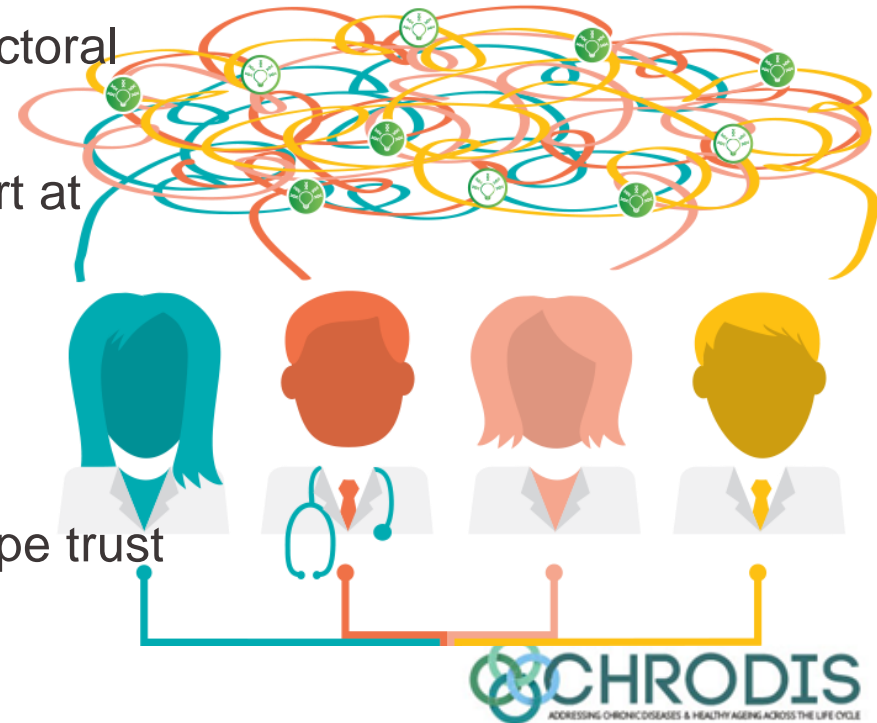
- Be flexible at local level when implementing and adapting the programme
- Include 'all' (all ages, backgrounds), but think especially of the most vulnerable groups/areas
- Involve communities in needs assessment, decision making, planning, & organisation
- Support of programme in communities & strong 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



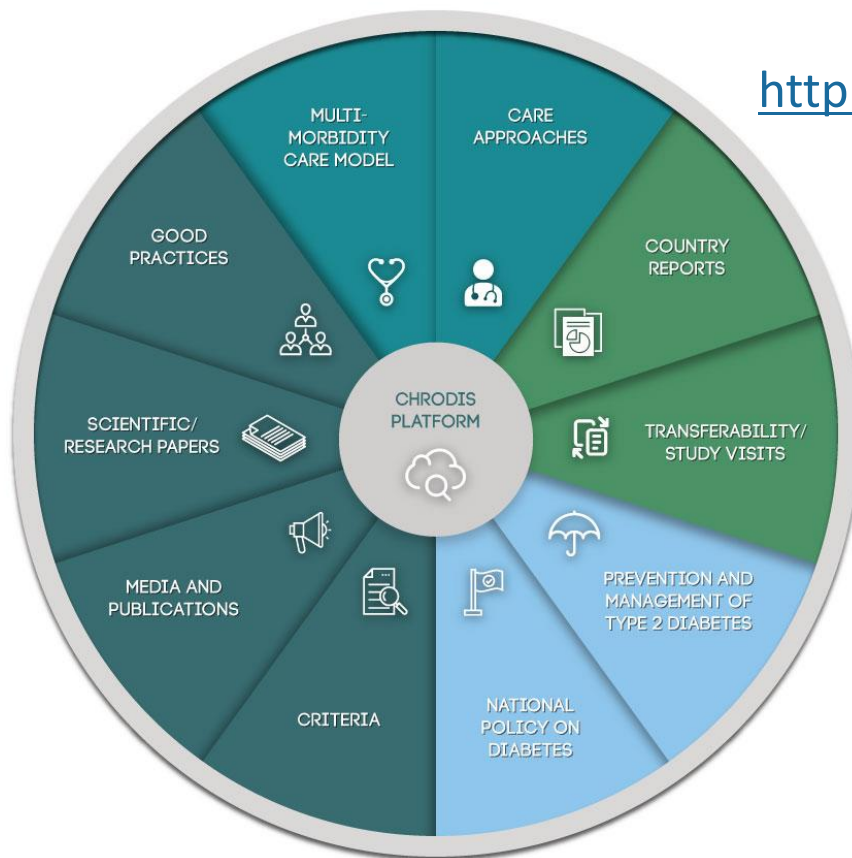
Transferability – Long-term perspective

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
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/>
- Documentation of study visits
<http://www.chrodis.eu/wp-content/uploads/2015/11/JA-CHRODIS-Promotion-Material-WP5-1112-FINAL.pdf>
- “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 Womens Health (EIWH), Ireland
Directorate of Health (DOHI), Iceland
EuroHealthNet, Belgium, Task leader 1 and 5
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WWW.CHRODIS.EU

Collaborating Partners

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... and to all CHRODIS partners



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