CHRODIS PLUS Joint Action

Seminario Centro Nacional de Epidemiología

Antonio Sarría-Santamere
Coordinator CHRODIS+

ISCIII, 18 de Octubre de 2018

chrodis.eu
CHRODIS PLUS
Joint Action
2017-2020

MEMBER STATES
STEP UP TOGETHER
TO SHARE
INNOVATIVE
PRACTICES
AND POLICIES
TO ALLEVIATE
THE BURDEN OF
CHRONIC DISEASES

CHRODIS.eu

42 partners representing
21 European countries

Co-funded by the Third Health Programme of the European Union
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 over the age of 65 in Europe.

Source: OECD publication Health at a Glance: Europe 2016

A heavy price for chronic diseases

It has been estimated 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 CHRODIS PLUS Joint Action builds upon the results of JA CHRODIS

Key facts about Joint Action CHRODIS

- operated under the EU Health Programme
- 39 associated partners + 32 collaborating partners from 25 countries
- 3-year duration (January 2014 – March 2017)

JA CHRODIS OBJECTIVES

To identify, exchange, scale-up and transfer good practices and effective interventions for

Health promotion and Disease prevention
Diabetes
Multi-morbidity

The JA CHRODIS results are available on the CHRODIS PLUS website: http://chrodis.eu/outcomes-results/
Reaching CHRODIS PLUS objectives

CHRODIS PLUS contributes to reducing the burden of chronic diseases in Europe by

1. IMPLEMENTING AND TESTING BEST PRACTICES, TOOLS AND POLICIES IN IMPLEMENTATION PROJECTS

2. SHARING THE EXPERIENCES GAINED DURING THESE IMPLEMENTATION PROJECTS ACROSS THE EU

3. SUPPORTING INTEGRATION INTO NATIONAL POLICIES AND SUSTAINABILITY
Countries contributing to CHRODIS PLUS
<table>
<thead>
<tr>
<th>Country</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>- Federal Public Service Health, Food Chain Safety and Environment</td>
</tr>
<tr>
<td></td>
<td>- Flemish Region</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>- National Center of Public Health and Analyses, Sophia</td>
</tr>
<tr>
<td>Croatia</td>
<td>- Croatian Institute of Public Health</td>
</tr>
<tr>
<td>Finland</td>
<td>- National Institute for Health and Welfare</td>
</tr>
<tr>
<td>France</td>
<td>- The French National Cancer Institute</td>
</tr>
<tr>
<td>Germany</td>
<td>- Otto von Guericke University Magdeburg</td>
</tr>
<tr>
<td></td>
<td>- Technical University of Dresden</td>
</tr>
<tr>
<td></td>
<td>- University Hospital Regensburg</td>
</tr>
<tr>
<td></td>
<td>- University of Ulm</td>
</tr>
<tr>
<td>Greece</td>
<td>- Aristotle University of Thessaloniki</td>
</tr>
<tr>
<td></td>
<td>- Centre for Research and Technology Hellas</td>
</tr>
<tr>
<td>Hungary</td>
<td>- Semmelweis University</td>
</tr>
<tr>
<td></td>
<td>- National Institute of Oncology</td>
</tr>
<tr>
<td>Iceland</td>
<td>- The Directorate of Health</td>
</tr>
<tr>
<td>Ireland</td>
<td>- Health Service Executive</td>
</tr>
<tr>
<td></td>
<td>- Institute of Public Health</td>
</tr>
<tr>
<td>Italy</td>
<td>- Local Health Services of Turin</td>
</tr>
<tr>
<td></td>
<td>- The Foundation of the Carlo Besta Neurological Institute, IRCCS</td>
</tr>
<tr>
<td></td>
<td>- National Institute of Health</td>
</tr>
<tr>
<td></td>
<td>- Catholic University of the Sacred Heart</td>
</tr>
<tr>
<td>Lithuania</td>
<td>- Institute of Hygiene</td>
</tr>
<tr>
<td></td>
<td>- The Hospital of Lithuanian University of Health Sciences Kauno Klinikos</td>
</tr>
<tr>
<td></td>
<td>- Vilnius University</td>
</tr>
<tr>
<td></td>
<td>- Vilnius University Hospital Santaros Klinikos</td>
</tr>
<tr>
<td>Malta</td>
<td>- Ministry for Health, Government of Malta</td>
</tr>
<tr>
<td>Netherlands</td>
<td>- The Dutch National Institute for Public Health and the Environment</td>
</tr>
<tr>
<td>Poland</td>
<td>- National Institute of Geriatrics, Rheumatology and Rehabilitation</td>
</tr>
<tr>
<td>Portugal</td>
<td>- Ministry of Health</td>
</tr>
<tr>
<td>Serbia</td>
<td>- Institute of Public Health of Serbia</td>
</tr>
<tr>
<td></td>
<td>- Faculty of Medicine, University of Belgrade</td>
</tr>
<tr>
<td>Slovakia</td>
<td>- The Ministry of Health of the Slovak Republic</td>
</tr>
<tr>
<td>Slovenia</td>
<td>- National Institute of Public Health</td>
</tr>
<tr>
<td>Spain</td>
<td>- Agency for Health Quality and Assessment of Catalonia</td>
</tr>
<tr>
<td></td>
<td>- Regional Ministry of Health of Andalusia</td>
</tr>
<tr>
<td></td>
<td>- Cantabria Council of Health</td>
</tr>
<tr>
<td></td>
<td>- Institute of Health Sciences of Aragon</td>
</tr>
<tr>
<td></td>
<td>- International Centre of Excellence in Chronicity Research</td>
</tr>
<tr>
<td></td>
<td>- Institute of Health Carlos III</td>
</tr>
<tr>
<td>Europe</td>
<td>- EuroHealthNet</td>
</tr>
<tr>
<td></td>
<td>- European Patients’ Forum</td>
</tr>
</tbody>
</table>

List does not include collaborating partners and pilot project implementers.
Key CHRODIS PLUS Actors + Stakeholders
What we need are strategies to adapt and use evidence-based interventions in targeted settings (e.g., schools, workplaces, health care facilities, public health departments) to sustain improvements to population health.

CHRODIS+ is developing and testing an Implementation Strategy aimed at helping organizations and agencies involved in NCD to implement locally good practices which have demonstrated success in other settings and jurisdictions.
Co-funded by the Third Health Programme of the European Union
Co-funded by the Third Health Programme of the European Union
Co-funded by the Third Health Programme of the European Union
Co-funded by the Third Health Programme of the European Union
The Joint Action’s core
Implementation Projects & Policy Dialogues

25 implementation projects in 4 areas

- **Health promotion and disease prevention**: 5 practices implemented by 8 organisations
- **Multimorbidity Care Model**: 1 model implemented by 5 organisations
- **Fostering Quality of Care**:
  - **QCR**: 1 tool implemented by 5 organisations
  - **mHealth**: 1 tool implemented by 3 organisations
- **Employment and Chronic Diseases**: 1 tool implemented by 4 organisations

17 policy dialogues

- **15** at the national level, and **2** at the EU level
- **Policy dialogues** contribute to informing, developing or implementing a policy change following a round of evidence-based discussions, workshops, and consultations on a particular subject
Implementation Projects

1. Health Promotion and Disease Prevention

5 projects implemented by 8 organisations in Europe

**AIM**

TO IMPROVE NATIONAL APPROACHES FOR PROMOTING HEALTH AND PREVENTING DISEASES

---

**“Active School Flag”**
Good practice from Ireland

Increase the physical activity of schoolchildren by developing a physically active and educated school community

**“JOGG”**
Good practice from the Netherlands

Encourage people in a town or neighbourhood to make healthy food and exercise an easy and attractive lifestyle option for young people in order to address obesity

**“Toy Box”**
Good practice from Greece

Promote water consumption, healthy snacking, physical activity and the reduction of sedentary time in preschool children and their families

**“Lombardy Workplace Health Promotion Network”**
Good practice from Italy

Promote a healthy lifestyle through different actions and information that targets healthy eating, smoking cessation, increased physical activity, alcohol reduction and safe walking/biking to work

**“Successful Ageing”**
Good practice from Iceland

Multicomponent training, which includes physical activity and nutrition and health guiding to prevent health risks among older people (71-90)
Projects implemented by 5 organisations test the **Multimorbidity Integrated Care Model**

Model developed by JA-CHRODIS

16 components of the model are classified under 5 domains:

- Delivery of Care
- Decision Support
- Self Management Support
- Information Systems and Technology
- Social and Community Resources

The implementation projects aim to prove the applicability of the model across different European healthcare settings.
Implementation Projects

3. Fostering the Quality of Care

Quality Criteria and Recommendations Tool

A tool developed by Joint Action CHRODIS (2014-2018) to improve the quality of care for people with chronic diseases

The tool will be tested by 5 institutions

mHealth applications

The tool will be tested by 3 institutions
Implementation Strategy

Pre-implementation

Implementation

Post-implementation
Policy dialogues at the EU level

Employment and chronic diseases

Innovative financing of health promotion

Policy dialogues at the national level

Alcohol regulation

People in vulnerable situations

Childhood obesity

Cancer screening

Nutrition and physical activity

Integrated care

Tobacco control

Inter-sectoral collaboration

Innovative funding for health promotion

Monitoring of chronic diseases and data collection

National health promotion and prevention planning

Employment of people with chronic diseases

Innovative financing of health promotion

CHRODIS+
Consensus Statement:

- Governing Board
Participación de España

- Ministerio
  - Governing Board
  - Policy Dialogue

- Kronikgune:
  - Coordinación “Implementation Strategy” (WP5, WP6, WP7)

- AQUAS:
  - Líderes WP3

- IACS:
  - Plataforma JA CHRODIS
  - Implementación en WP6
  - Colaboración con ISCIII en WP5

- Andalucía:
  - Implementación WP5
  - Implementación WP6
  - Coordination Team WP4
  - WP8

- Valdecilla:
  - Implementación mHealth
Site Visit: Técnicos Deporte utebe en Islandia

• ENTRENAMIENTO EN REEBOK FITNESS
Local Implementation Working Group (WP5)

- **Organizer:**
  - Instituto Aragonés de Ciencias de la Salud (IACS).

- **Experts:**
  - Instituto de Salud Carlos III (ISCiii)

- **Decision makers:**
  - Dirección de Atención Primaria Sector III del Servicio Aragonés de Salud (SALUD)
  - Ayuntamiento de Utebo (Concejalías de Deportes y Obras Públicas; Acción Social, Sanidad y Consumo)

- **Front-line Stakeholders:**
  - DG de Deportes
  - DG de Salud Pública
  - Asistencia Sanitaria.

- **Implementers:**
  - Técnicos del Servicio Municipal de Deportes de Utebo
  - Personal sanitario del Centro de Salud de Utebo.
## Actividades

- Coordinación
- WP4: Líderes
- WP5: Implementación del programa “Successful ageing” de actividad física en mayores
- WP6: Evaluación de la implementación
- WP8: Elaboración de “Policy recommendations”

## Centros

- **ENS**
  - Coordinador
  - Gestión financiera
  - 2 Investigadoras
  - 1 Financial
  - 2 Contratos Pre-doctorales + 2 Post-doctorales*
- **ENMT** (1 investigador)
- **AETS** (1 investigador)
- **OPE** (apoyo en elaboración, negociación, gestión)
Contact and follow us

Please follow us on social media to stay up to date with the latest news on CHRODIS PLUS

- Twitter: @EU_CHRODISplus
- Facebook: EU_CHRODIS
- YouTube: EU_CHRODISplus

chrodis.eu
info@chrodis.eu
Thank you for your attention

CHRODIS PLUS
The Joint Action implementing good practices for chronic diseases

This presentation is part of the CHRODIS PLUS Joint Action. This Joint Action addresses chronic diseases through cross-national initiatives identified in JA-CHRODIS, in order to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Third Health Programme (2014-2020). The content of this presentation is the sole responsibility of the author. Consumers, Health, Agriculture and Food Executive Agencies cannot be held liable for any use of the information contained within this document.