

# Joint Action on Addressing Chronic Diseases and Healthy Ageing Across the Life-Cycle (JA- CHRODIS)



**Teresa Bennett, B.Sc., Ph.D.**  
Health Promotion & Improvement,  
Health Services Executive, Ireland

# EU Joint Actions

- Joint Actions – funding instrument under the third EU Health Programme 2014-2020
- designed and financed by Member State authorities & EU to address specific priorities under the EU Health Programme
- clear EU added value
- co-financed by
  - competent authorities that are responsible for health in the Member States (e.g. Health Ministries) or
  - public sector bodies and non-governmental bodies mandated by those competent authorities.
- involve on average 25 partners
- JA-CHRODIS - largest Joint Action co-financed under the EU Public Health Programme to date (n= 71 partners)

# Background to JA CHRODIS

- Chronic diseases are the leading cause of mortality and morbidity in Europe and their incidence is rising.
- Cancer, diabetes, cardiovascular disease, chronic respiratory diseases and mental disorders account for 86% of deaths in Europe.
- affect 8 out of 10 of people aged over 65 in Europe.
- 65% of people over 65 are affected by more than one chronic disease (multimorbidity). This number rises to 85% for the 85-year-old group.
- 70% to 80% of healthcare budgets are spent on chronic diseases
  - Unsustainable
- The majority of chronic diseases are preventable

# What is JA-CHRODIS ?

- A Joint Action under the EU health programme

## Objectives

1. To identify exchange, scale up & transfer good practices and effective interventions
  - ✓ **health promotion and primary prevention,**
  - ✓ **multimorbidity**
  - ✓ **diabetes**
2. To build an online Platform for Knowledge Exchange
  - ✓ **Assessment of practices,**
  - ✓ **Clearing house**
  - ✓ **Helpdesk**

# JA-CHRODIS: Structure



# Participants

## Associated partners

Germany  
Belgium  
Bulgaria  
Estonia  
Slovenia  
Spain  
Finland  
Greece

Netherlands  
Ireland  
Iceland  
Italy  
Lithuania  
Norway  
Portugal

[WWW.CHRODIS.EU](http://WWW.CHRODIS.EU)

## Collaborating partners

Austria  
Croatia  
Cyprus  
Denmark  
France  
Latvia  
Malta

United Kingdom  
Sweden

# The Irish CHRODIS Partners



## **Institute Public Health**

Dr. Helen McAvoy

Dr. Olga Cleary



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Health Service Executive**

Dr. Siobhan Jennings

Dr. Teresa Bennett



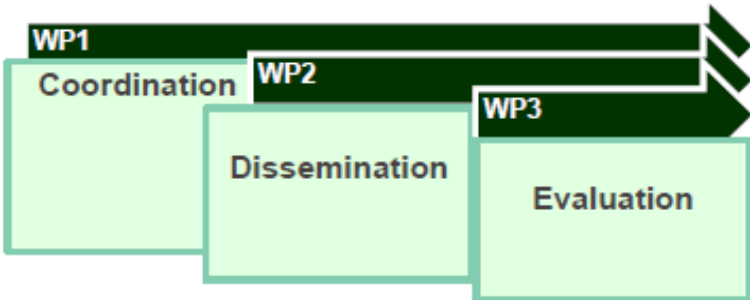
## **European Institute of Women's Health**

Ms. Peggy Maguire

Ms. Maeve Cusack

# JA-CHRODIS: Approach

## Horizontal work



**WP4** Platform for knowledge exchange

**WP5** Good practices in the field of health promotion and chronic disease prevention across the life cycle

**WP6** Development of common guidance and methodologies for care pathways for multimorbid patients

**WP7** Diabetes: a case study on strengthening health care for people with chronic diseases

## Core work

### Executive Board:

WP leaders and coleaders: ISCIII, Eurohealthnet, Aquas, APDP, IACS, BZgA, AIFA, VULSK, ISS, NIJZ

### Advisory Board:

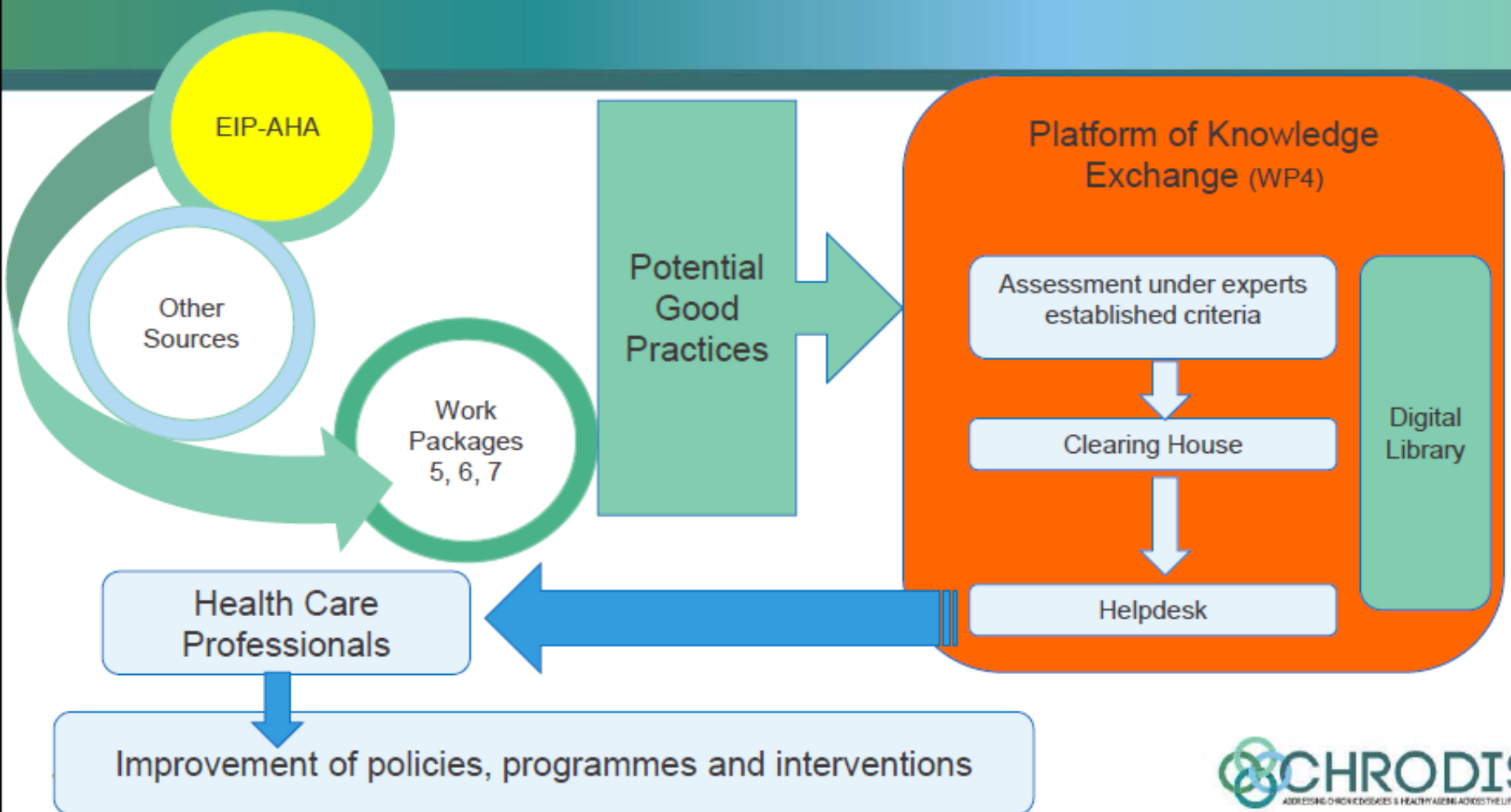
Anne Hendry, Christine Graf, Esteban de Manuel, Giulio De Belvis, Jaako Tuomilehto, Leocadio Rodríguez-Mañás, Mirosław J. Wysocki, Péter Csizmadia, Rafael Bengoa, Susanne Logstrup

### Governing Board

AT,BE,BG,CY,HR,EE,FI,FR,DE,EL,IT,LT,NED,PT,SI,UK,ES and Norway



# JA CHRODIS Goal

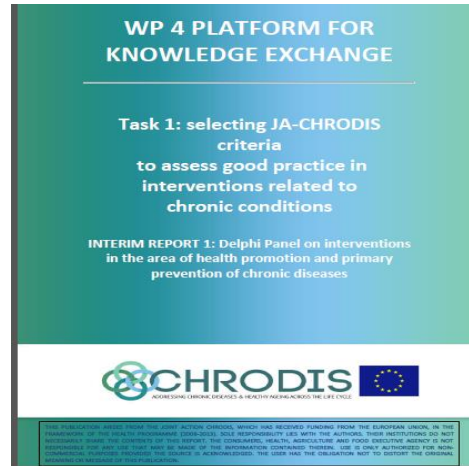


# WP 5 Health Promotion Outputs

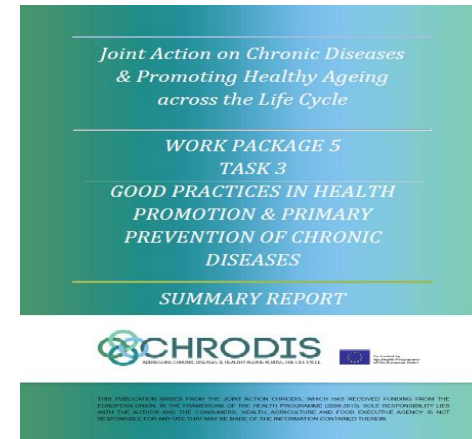
## 1. Country Reports/Reviews (n=14)



## 2. Delphi process - criteria for the assessment of good practices in HP PP



## 3. Collection of 41 good practices from partner countries (Ireland n = 5)



# WP 5 Health Promotion Outputs

## 4. Study visits

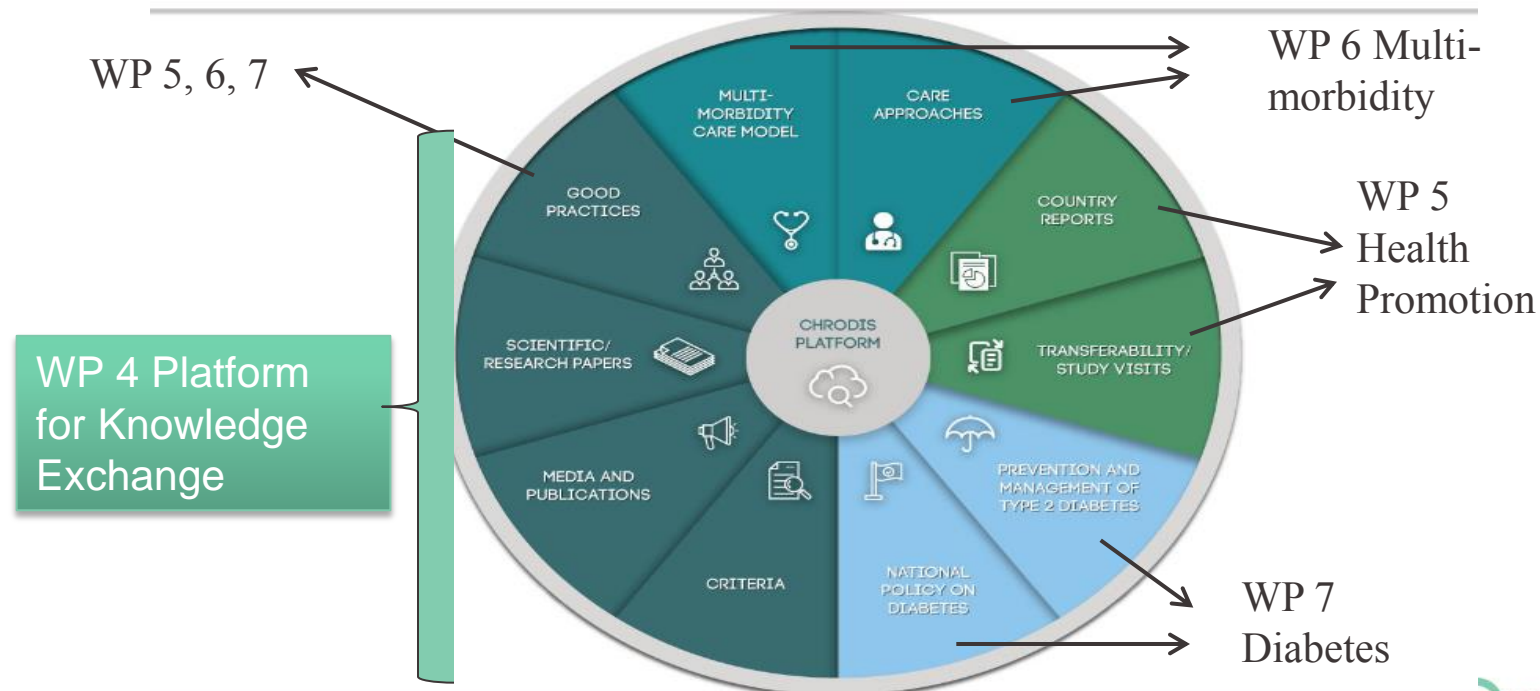
To improve and share knowledge of good practice interventions to successfully scale up/transfer good practice between countries

- **Netherlands**, Childhood Obesity Prevention Interventions
- **Portugal**, National Programme for the Promotion of Healthy Eating
- **Iceland**, National Curriculum Guides on Health and Well-Being
- **Italy**, Lombardy Workplace Health Promotion Network
- **UK**, Well London

**5. Recommendations Report** on applicability and transferability of practices into different settings/countries

# JA CHRODIS Outputs & Results

<http://chrodیس.eu/outcomes-results/>



# JA CHRODIS Key Achievements

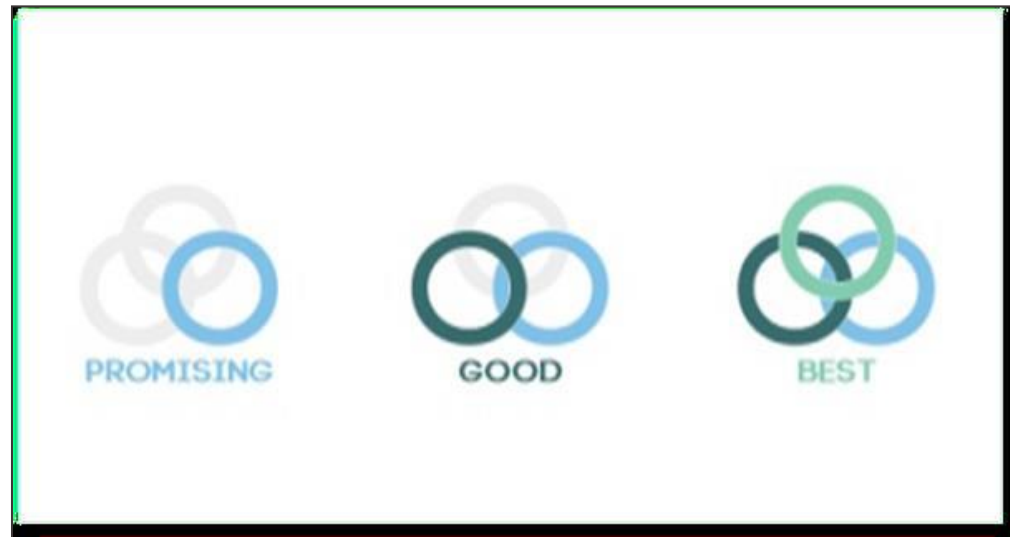
1. Selection & agreement of **criteria using a Delphi process** on how to formally assess practices on health promotion and primary prevention, patient empowerment, integrated care, and diabetes.
2. **Resource centre (The CHRODIS Platform)** that combines
  - a clearinghouse where the practices are evaluated and ranked, a typical repository with any content of interest,
  - a help desk service
  - Digital library
3. **12 Steps** to implementing practices to reduce the burden of chronic diseases

# What is the CHRODIS Platform

<http://platform.chrodis.eu/>

- The FIRST European platform of evaluated good practices on chronic diseases and healthy ageing

DIFFERENCE → Assessment tool



# CHRODIS Platform

<http://platform.chrodis.eu/>

## Benefits & beneficiaries

**Policy makers**

**Healthcare  
professionals**

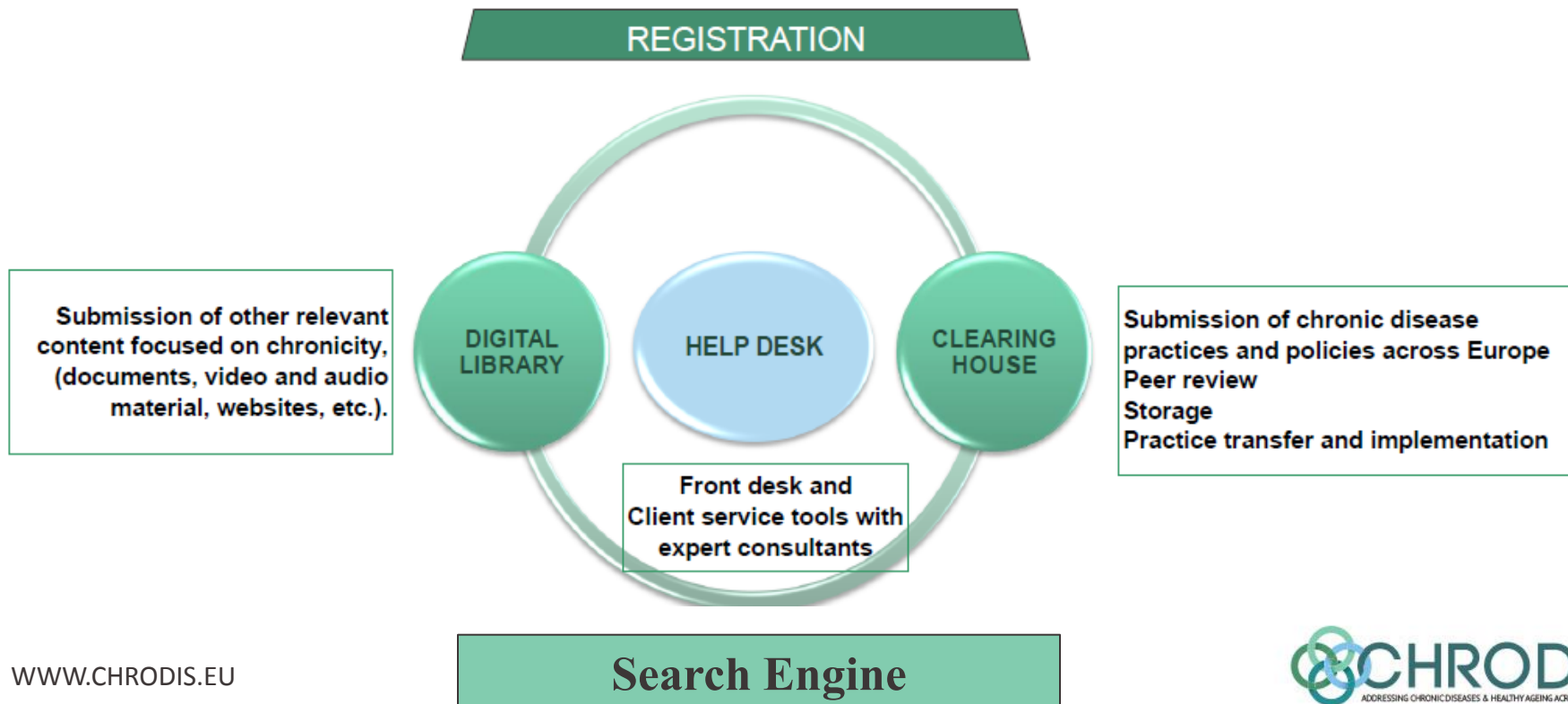
**Research community**

**Patients**

- What European countries are doing on diabetes, cardiovascular diseases, patient empowerment...
- Large European community of experts
- Search Engine



# CHRODIS Platform

## Basic Structure





# The CHRODIS Platform – platform.chrodis.eu

LOGIN  



 SEARCH

 TOOLKIT

 SUBMIT NEW CONTENT

 HELP DESK



## PLATFORM FOR KNOWLEDGE EXCHANGE

where decision-makers, caregivers, patients, and researchers across Europe can find and share the best knowledge on chronic diseases.



Type your search criteria here

SEARCH

**Advanced Search**



Co-funded by  
the Health Programme  
of the European Union

This website originates from the Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS) which has received funding from the European Union, in the framework of the Health Programme (2008-2013).

# 12 STEPS TOWARDS IMPLEMENTING PRACTICES TO REDUCE THE BURDEN OF CHRONIC DISEASES

[http://chrodis.eu/wp-content/uploads/2015/06/ja-chrodis\\_12steps\\_final.pdf](http://chrodis.eu/wp-content/uploads/2015/06/ja-chrodis_12steps_final.pdf)

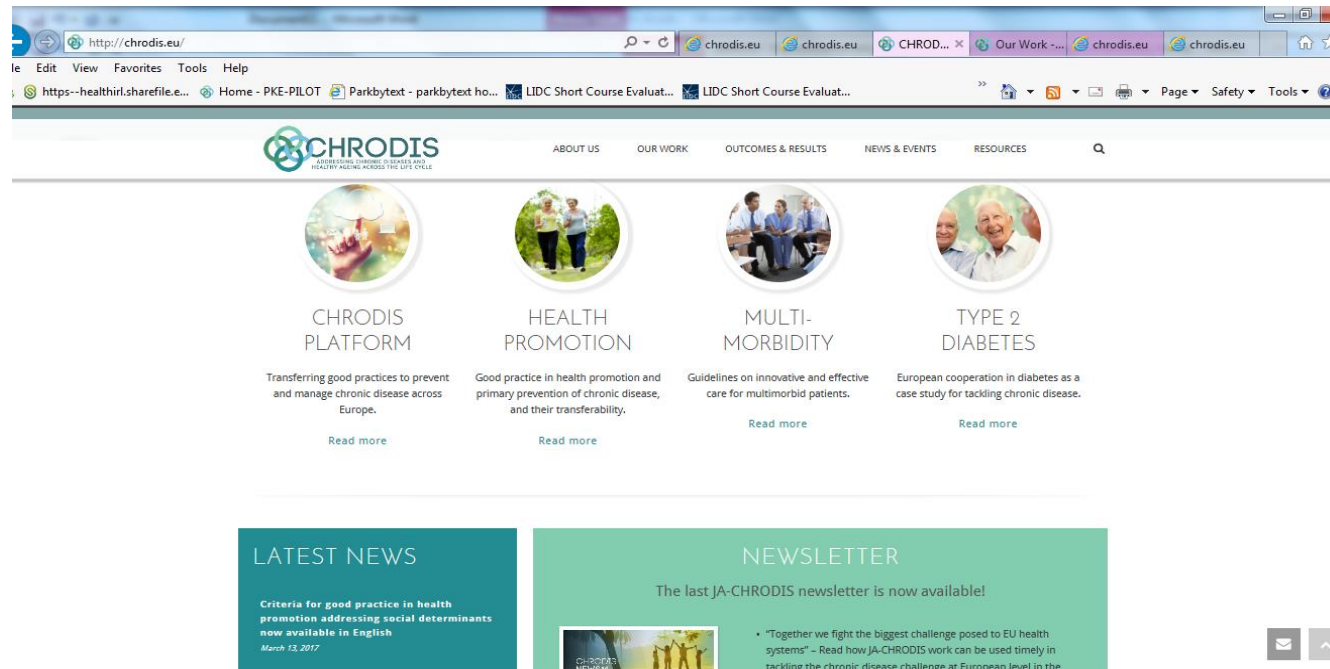
**12 STEPS TOWARDS IMPLEMENTING PRACTICES TO REDUCE THE BURDEN OF CHRONIC DISEASES**

- 1. DESIGN YOUR PRACTICE**  
Design the practice you want to implement or improve, based on existing evidence or good practices, and develop a specific plan to achieve this goal. Include monitoring and evaluation as integral part of the plan.
- 2. EMPOWER TARGET POPULATION**  
Identify your target population and involve them in designing and evaluating the practice as appropriate.
- 3. ENSURE ADEQUATE INVESTMENT AND RESOURCING**  
Make sure that the practice has the funding necessary to incorporate the elements that are essential to be effective. Try to achieve the highest coverage possible while keeping the practice effective.
- 4. BE COMPREHENSIVE BUT NOT TOO COMPLICATED**  
Try to address all relevant determinants (including social determinants) and use different strategies adapted to different settings and local situations as appropriate to the scope of the practice. JA-CHRODIS' multimorbidity care model is the recommended way of addressing groups of patients with the highest healthcare needs.
- 5. INTERACT REGULARLY WITH RELEVANT SYSTEMS**  
Ensure a strong, well-resourced monitoring and liaison component for intersectoral coordination. Implement effective partnerships: Health in all Policies approach in health promotion, multidisciplinary and intersectoral teams in healthcare, public-private partnerships. More can be achieved together with social care, agriculture, transport, education, employment and finance sectors, for example.
- 6. EDUCATE AND TRAIN**  
Educate those professionals and actors involved in the practice's implementation on its overall and long-term goal, including for instance care givers. Train them to perform their activities with the highest quality and to coordinate with each other.
- 7. RESPECT ETHICAL CONSIDERATIONS**  
Implement interventions proportional to needs. The objectives and strategy should be transparent to the target population and stakeholders. Preference and autonomy of target population should be respected and promoted.
- 8. APPLY GOOD GOVERNANCE**  
Define and describe organisational structure clearly. Ensure they are transparent (i.e. responsibility assignments, flows of communication, work and accountability). Create ownership amongst all stakeholders.
- 9. ENSURE SUSTAINABILITY AND SCALABILITY**  
Have a long-term concept for your intervention and make it as cost-effective as possible. Take into account that health promotion and disease prevention are proven to be cost-effective measures.
- 10. MAKE SURE EQUITY IS ADDRESSED**  
Take specific actions to tackle the social determinants of health and consider the equity dimension, as well as populations at greatest risk of inequalities (e.g. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).
- 11. EVALUATE**  
Monitor and evaluate your intervention/good practice constantly. Make sure there is a defined and appropriate evaluation framework assessing structure, process, outcome and results.
- 12. MAKE USE OF THE CHRODIS PLATFORM**  
Upload your practice to the CHRODIS Platform and have external reviewers evaluate it. Receive feedback to improve your practice. Disseminate your practice to a wide audience through the CHRODIS Platform. Learn from others registered on the CHRODIS Platform and contact and cooperate with them on issues of common interest.

 This publication arises from the Joint Action CHRODIS, which has received funding from the European Union, in the framework of the Health Programme (2008-2013). Sole responsibility lies with the author and the Competent Health, Agriculture and Food Executive Agency. It is not responsible for any use that may be made of the information contained therein.

# JA CHRODIS Website <http://chrodis.eu/>

For more information click on <http://chrodis.eu/>



The screenshot shows the JA CHRODIS website homepage. The browser address bar displays <http://chrodis.eu/>. The website header includes the CHRODIS logo and navigation links: ABOUT US, OUR WORK, OUTCOMES & RESULTS, NEWS & EVENTS, and RESOURCES. The main content area features four circular icons representing different topics: CHRODIS PLATFORM, HEALTH PROMOTION, MULTI-MORBIDITY, and TYPE 2 DIABETES. Each icon is accompanied by a brief description and a 'Read more' link. The CHRODIS PLATFORM section describes transferring good practices to prevent and manage chronic disease across Europe. The HEALTH PROMOTION section focuses on good practice in health promotion and primary prevention of chronic disease. The MULTI-MORBIDITY section provides guidelines on innovative and effective care for multimorbid patients. The TYPE 2 DIABETES section highlights European cooperation in diabetes as a case study for tackling chronic disease. Below the main content, there are two sections: LATEST NEWS and NEWSLETTER. The LATEST NEWS section features a headline: 'Criteria for good practice in health promotion addressing social determinants now available in English' dated March 13, 2017. The NEWSLETTER section announces that the last JA-CHRODIS newsletter is now available, with a sub-headline: '“Together we fight the biggest challenge posed to EU health systems” – Read how JA-CHRODIS work can be used timely in tackling the chronic disease challenge at European level in the...'

# Lessons Learned & Benefits to Ireland

## 1. Partnership Development

- Irish CHRODIS partnership
- European networking, sharing & exchange of information
- Ireland's contribution to shaping JA CHRODIS

## 2. Integrating Practice Development & Research

- Links between research & service delivery on the ground more developed in some countries
- Benefits to HSE in exploring how to improve & integrate the work of research, policy and practice

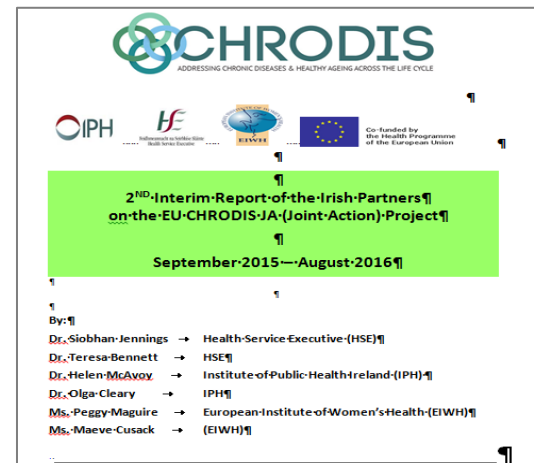
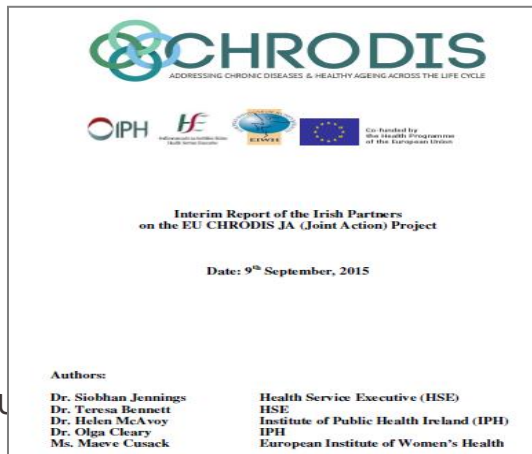
# Lessons Learned & Benefits to Ireland

## 3. Better Understanding of what is happening in Ireland

## 4. Regular engagement with Irish CHRODIS Stakeholders

- highlighted the practical application of knowledge learned from CHRODIS in Ireland

- Meetings & interim Reports Irish CHRODIS partners (Sept 2015 & Sept 2016)



# Lessons Learned & Benefits to Ireland

## 5. **Support** from Department of Health & Health Research Board

- **Dr. John Devlin**, DoH

- **Kay Duggan-Walls, MSc.**, EU Programmes Officer

# Challenges

## Grasping and understanding EU financial mechanisms

- Funding arrangement – 60% EU and 40 % organisation
- Utilising the budget – governed by strict rules and regulations
- Penalties for under spending on budget in a given year – reduced budget allocation in following year.

## Changes in Leadership

- 3 WP leaders between Mo 1 to Mo 18
- HSE, Mo 1 – Mo 9
- disruptive

# Challenges

- Lack of clarity in Task requirements and approaches
- Inequity in delivering tasks – no penalty for partners/countries who did not deliver
- no incentives for those who over deliver
- Ireland's significant contribution (above the allocated person days) did not go unnoticed!! - requested to fulfill additional tasks with no financial reward, yet unable to spend any part of budget allocation.
- Countries whose language is predominantly English, requested more often to contribute at meetings/conferences/workshops



# Future Considerations?

- Translation of learning's into practice
  - Need for a clear mechanism to facilitate the transfer and translation of learning's from JA into practice
  - identify and document what changes/improvements grant recipients intend to make in their own country as a result of being involved in the EU funded project
- Repository or live portal to share knowledge & outputs of Irish recipients of EU funding???
- Central co-ordination of HSE activity in EU funded initiatives – promoting shared learning and support for grant recipients
- Continued support from HRB, DoH, CHAFEA, DG Sante

# Advice for Prospective JA Applicants

- Establish main contacts & supports (Ireland & EU – Chafea & DG Sante) / WP Leaders and Task Leaders
- Finance mechanisms
- Reporting requirements, timelines etc.,
- If more than one Irish partner involved in the same JA and/or WP(s) or establish a partnership, forum for regular meetings, mechanism for sharing workload, clarifying tasks etc.,
- Look beyond Task Delivery - how to integrate learning's or make improvements in an Irish context (e.g. Spin-off or Legacy projects??)
- Regularly engage Irish project stakeholders
- Document outputs and learning's on an annual basis

# Thank You

## Any Questions?





\*This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS), which has received funding from the European Union, under the framework of the Health Programme (2008-2013).