



JOINT ACTION CHRODIS WORK PACKAGE 5

GOOD PRACTICES IN THE FIELD OF HEALTH  
PROMOTION AND CHRONIC DISEASE PREVENTION  
ACROSS THE LIFE CYCLE - OUTCOMES AT A GLANCE

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## Work Package 5 is led and co-led by

Federal Centre for Health Education (BZgA), Germany  
EuroHealthNet, Brussels



## Associated Partners in the Work Package

- Andalusian Regional Ministry of Health (CSJA), Spain
- Center for Health Education and Disease Prevention (SMLPC), Lithuania
- Directorate General of Health (DGS), Portugal
- European Institute of Womens Health (EIWH), Ireland
- Directorate of Health (DOHI), Iceland
- Health Service Executive (HSE), Ireland
- Institute of Health Carlos III (ISCIII), Spain
- Institute of Public Health in Ireland (IPH), Ireland
- Ministry of Health (YPE), Greece
- Ministry of Health (MINSAL), Italy
- Ministry of Health and Care Services (HOD), Norway
- National Centre of Public Health and Analysis (NCPHA), Bulgaria
- National Health Institute Doutor Ricardo Jorge (INSA), Portugal
- National Institute of Health (ISS), Italy
- National Institute for Health Development (NIHD), Estonia
- National Institute for Public Health and the Environment (RIVM), the Netherlands
- Progress and Health Foundation (FPS), Spain

## Collaborating Partners

- European Health Futures Forum (EHFF), UK
- European Wound Management Association, Denmark
- Ministry of Health, Social Services and Equality, Spain.
- Ministry of Health, Cyprus
- National Board of Health and Welfare, Sweden
- Pharmaceutical Group of the EU (PGEU)
- Platform for Better Oral Health in Europe
- University of Coimbra, Portugal
- WHO Regional Office for Europe, Denmark



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# 1. REVIEW OF EXISTING WORK, SITUATION AND NEEDS

A series of country reports displays the health promotion and disease prevention landscape in the associated partner countries.

An executive summary of the findings is available for download here:

<http://www.chrodis.eu/wp-content/uploads/2015/07/FinalFinalSummaryofWP5CountryReports.pdf>

The individual country reports:

<a href="#">Bulgaria</a>	<a href="#">Iceland</a>	<a href="#">Portugal</a>
<a href="#">Cyprus</a>	<a href="#">Ireland</a>	<a href="#">Spain</a>
<a href="#">Estonia</a>	<a href="#">Italy</a>	<a href="#">The Netherlands</a>
<a href="#">Germany</a>	<a href="#">Lithuania</a>	<a href="#">United Kingdom</a>
<a href="#">Greece</a>	<a href="#">Norway</a>	

## 2. DEFINING AN APPROACH

Based on existing approaches to define good practice and a review of existing databases and literature, a consensus panel of European health promotion experts defined key criteria for the identification of good practice examples. The expert panel followed a structured survey methodology conducted by the leadership of Work Package 4.

**Table 1: Final set of weighted criteria recommended for evaluating HPPP interventions**

PRIORITY	CRITERIA NAME	CATEGORY DESCRIPTION
1	Equity	In implementation, specific actions are taken to address the equity dimensions.
	Equity	In design, relevant dimensions of equity are adequately taken into consideration and are targeted (i.e. gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups).
2	Comprehensiveness of the intervention	The intervention has a comprehensive approach to health promotion addressing all relevant determinants, (e.g. including social determinants) and using different strategies (e.g. setting approach).
	Comprehensiveness of the intervention	An effective partnership is in place (e.g. multidisciplinary, inter-sector, multi-/and alliances).
	Comprehensiveness of the intervention	The intervention is aligned with a policy plan at the local, national, institutional and international level.
	Description of the practice	The design is appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies.
	Description of the practice	The design describes the practice in terms of purpose, SMART objectives, methods (e.g. recruitment, location of intervention, concrete activities), and timeframe (sequence, frequency and duration).

PRIORITY	CRITERIA NAME	CATEGORY DESCRIPTION
3	Ethical Considerations	The intervention is implemented equitably, i.e. proportional to needs.
	Ethical Considerations	Potential burdens, including harm, of the intervention for the target population are addressed.
	Ethical Considerations	The intervention's objectives and strategy are transparent to the target population and stakeholders involved.
	Evaluation	There is a defined and appropriate evaluation framework assessing structure, process and outcomes considering, e.g.: the use of validated tools and/or the results of evaluation are linked to actions to reshape the implementation accordingly and/or the intervention is assessed for efficiency (cost versus outcome).
	Evaluation	Evaluation results achieve the stated goals and objectives.
	Evaluation	Information /monitoring systems are in place to regularly deliver data aligned with evaluation and reporting needs.
	Evaluation	The intervention is assessed for outcomes, intended or unintended
4	Empowerment and Participation	The intervention develops strengths, resources and autonomy in the target population(s) (e.g. assets-based, salutogenetic approach).
	Empowerment and Participation	The intervention achieves meaningful participation among the intended target population.
	Empowerment and Participation	The intervention is designed and implemented in consultation with the target population.
5	Target population	Target population/s are defined on the basis of needs assessment including strengths and other characteristics.
	Target population	The engagement of intermediaries/multipliers is used to promote the meaningful participation of the target population.
6	Sustainability	The continuation of the intervention is ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed.
	Sustainability	There is broad support for the intervention amongst those who implement it.
	Sustainability	There is broad support for the intervention amongst the intended target populations.
7	Governance and project management	The intervention includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.
	Governance and project management	Sources of funding are specified in regards to stability and commitment.
	Governance and project management	Organisational structures are clearly defined and described (i.e. responsibility assignments, flows of communication and work and accountabilities).
	Potential of scalability and transferability	Potential impact on the population targeted (if scaled up) is assessed.
	Potential of scalability and transferability	There is a specific knowledge transfer strategy in place (evidence into practice).
	Potential of scalability and transferability	An analysis of requirements for eventual scaling up such as foreseen barriers and facilitators (e.g. resources, organisational commitment, etc.) is available.

The full report on the background of the criteria can be downloaded here: [http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1\\_Delphi-on-Health-promotion-and-prevention-1.pdf](http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf)

### 3. IDENTIFICATION OF GOOD PRACTICES – EXECUTIVE SUMMARY

The key objective of the health promotion work package in the Joint Action CHRODIS (JA-CHRODIS) is to facilitate the exchange, scaling up, and transfer of good practices in health promotion and primary prevention of chronic diseases, in particular type 2 diabetes and cardiovascular diseases, between EU countries and regions. More than 30 organisations from 13 EU member states have identified 41 promising interventions and policies on health promotion and chronic disease prevention based on a jointly developed set of criteria. The collected examples will feed into the 'Platform for Knowledge Exchange' (PKE), an up-to-date repository of good practices for disease prevention and chronic care stakeholders, currently under development by the Joint Action CHRODIS.

The JA-CHRODIS defines 'good practice' in accordance with the definition by the Food and Agricultural Organization of the United Nations:

*“A good practice is not only a practice that is good, but a practice that has been proven to work well and produce good results, and is therefore recommended as a model. It is a successful experience, which has been tested and validated, in the broad sense, which has been repeated and deserves to be shared so that a greater number of people can adopt it.”<sup>1</sup>*

Each member state partner identified and documented three or more highly promising and/or evidence-based examples with the collaboration of relevant ministries, institutes and civil-society institutions. Special attention was given to effective practices that have shown to have a positive impact on the health status of populations and groups, with a focus on vulnerable populations.

#### METHODOLOGY

The approach taken to assess and identify the good practice examples documented in this report involved a literature review and a consultation in the format of a RAND modified Delphi methodology with a group of more than 25 European experts from the field of health promotion and primary prevention. The final result is a list of ranked and weighted criteria for the identification of good practices in health promotion and prevention of chronic diseases (see TABLE 1). The final criteria represent core concepts in health promotion (presented in Table 1), while the innovative aspect is the ranking and weight of the criteria. For a detailed description of each criterion category please see the full report at [http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1\\_Delphi-on-Health-promotion-and-prevention-1.pdf](http://www.chrodis.eu/wp-content/uploads/2015/08/INTERIM-REPORT-1_Delphi-on-Health-promotion-and-prevention-1.pdf)

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<sup>1</sup> <http://www.fao.org/docrep/017/ap784e/ap784e.pdf>

**Final set of criteria recommended for evaluating HPPP interventions, from highest to lowest**

- Equity
- Comprehensiveness of the intervention
- Description of the practice
- Ethical Considerations
- Evaluation
- Empowerment and Participation
- Target population
- Sustainability
- Governance and project management
- Potential of scalability and transferability

In order to not miss out on innovative approaches, partners involved in the identification process of best practice examples were not strictly obliged to choose exclusively interventions which match the criteria and their priorities by 100%. Therefore, the resulting collection of good practice examples reflects the respective partners' decisions and none of the practices submitted for consideration were excluded from documentation.

The full report including an annex with detailed project descriptions is available for download from the Joint Action CHRODIS website <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/selection/>

# OVERVIEW ON GOOD PRACTICE EXAMPLES FOR HEALTH PROMOTION AND PRIMARY PREVENTION OF CHRONIC DISEASES IN EUROPE

**Table 1: Overview on Good Practice Examples**

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
Promotion of Fruit and Vegetable Consumption among Schoolchildren, 'PROGREENS'	Bulgaria	European intervention combining a set of tailored strategies for appropriate and effective promotion of fruit and vegetable consumption among school children.	Pre-natal environment, early childhood, childhood and adolescence
CINDI / Countrywide Integrated Non-Communicable Disease Intervention	Bulgaria	National prevention strategy to reduce common risk factors, such as smoking, alcohol abuse, physical inactivity and unhealthy nutrition through collaborative interventions, including health education and capacity building among key stakeholders.	Whole Life Cycle
Total Ban on Smoking in Indoor and Some Outdoor Public Places	Bulgaria	Comprehensive policy directed towards the whole population and supported by all governmental structures, NGOs and other public and private, and international organizations.	Whole Life Cycle
Diabetes Counselling on Wheels: Early Detection and Counselling on Diabetes for Citizens of Turkish Origin and the Rural Population	Germany	Diabetes counselling service with mobile units for people with a Turkish migration background and people in structurally weak, rural regions.	Adulthood & Ageing
"Healthy and active ageing"	Germany	Comprehensive strategy on active and healthy ageing, focusing on physical activity, healthy diet, mental health and substance abuse through networking and collaboration of governmental, non-governmental, academic and private stakeholders.	Healthy Ageing
Healthy Kinzigtal	Germany	Regional health care and chronic disease prevention strategy through health literacy activities, health and social professionals capacity building and close collaboration in case management of regional health and social services.	Whole Life Cycle
The DE-PLAN study in Greece	Greece	European wide diabetes prevention intervention, for individuals at high risk of diabetes through non-intensive group or individual-based lifestyle modification counselling at primary health care services.	Adulthood
Smoking reduction in psychiatric inpatients	Greece	Intervention aimed to help patients in psychiatric hospitals to reduce the amount of cigarettes they smoke and cope with smoking cessation, through counselling support by trained nurses and environmental measures.	Adulthood & Ageing
ToyBox Intervention	Greece	European- wide, kindergarten-based, family-involved intervention, focusing on the promotion of healthy snacking and physical activity in preschool children.	Pre-natal environment, early childhood, childhood and adolescence
Multimodal Training Intervention: an Approach to Successful Ageing	Iceland	6-month intervention promoting healthy ageing to older adults, with an emphasis on physical activity.	Healthy Ageing
The Icelandic National Curriculum Guides for Preschools, Compulsory Schools and Upper Secondary Schools: Health and Wellbeing One of Six Fundamental Pillars of Education	Iceland	Policy framework for schools involving National Curriculum Guides with six fundamental pillars (i.e. "health and wellbeing", "literacy", "sustainability", "democracy and human rights", "equality" and "creativity"). Main health factors encouraged are positive self-image, physical activity, nutrition, rest, mental wellbeing.	Pre-natal environment, early childhood, childhood and adolescence

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
The Welfare Watch	Iceland	National strategy with the aim to monitor the social and financial consequences of the economic situation for families and individuals and to propose measures to help households and in particular vulnerable groups. Main themes are child benefits and child social insurance; criteria for the minimum subsistence; the Housing situation; basic service; case coordinators; cooperation with NGOs and a project fund.	Whole Life Cycle
Croí MyAction, a Community Based Cardiovascular Disease Prevention Programme	Ireland	Regional health care and chronic disease prevention strategy through health literacy activities, health and social professionals capacity building and close collaboration in case management of regional health and social services.	Adulthood
'Let's Take on Childhood Obesity' – The Childhood Overweight and Obesity on the Island of Ireland campaign	Ireland	National public health campaign through various media channels on childhood obesity aimed at children aged 2-12 years and their parents.	Pre-natal environment, early childhood, childhood and adolescence
Active School Flag	Ireland	Initiative which aims to enhance levels of physical activity for children through developing a physically active and physically educated school community. Open to all primary, post-primary, special needs education schools and YouthReach centres.	Pre-natal environment, early childhood, childhood and adolescence
'Tobacco Free Ireland'	Ireland	Comprehensive national policy intervention with many of the known elements of successful tobacco control. The main areas of action relate to: the protection of children and denormalisation of smoking; legislative compliance and regulation of the retail environment; monitoring of tobacco use and prevalence; protecting people from tobacco smoke; offering help to quit tobacco use; warning about the dangers of tobacco; raising taxes on tobacco products; building national and international partnerships.	Whole Life Cycle
Community Food Initiatives	Ireland	National programme promoting greater access and availability of healthy and safe food in low-income areas through local projects using a community development approach.	Whole Life Cycle
A Sustainable, Active, Primary Prevention Strategy for Cardiovascular Diseases in Italy for Adults 50+ 'Projects Cuore and Cardio 50'	Italy	Regional strategy for cardiovascular diseases prevention involving active call, risk screening and health counselling. Health courses are organised with GPs, local authorities, cultural and voluntary associations and consist in: no smoking groups, walking groups, nutritional groups and individual nutritional courses.	Adulthood
The Lombardy Workplace Health Promotion Network	Italy	Public-private regional network of associations of enterprises, trade unions and the health system. As part of the European Workplace Health Promotion Network, member companies should implement good practice informational and organisational activities in key areas such as nutrition, tobacco, physical activity, and alcohol.	Adulthood
Gaining Health: Making Healthy Choices Easier	Italy	National strategy programme for the prevention of non-communicable diseases according to the principles of the "Health in All Policies"; employing a life-cycle approach. Main aims are to support healthy food choices and an active lifestyle and guide policies to build urban environments that encourage physical activity.	Whole Life Cycle
Health Promotion for People Belonging to the Cardiovascular Disease Risk Group 'Hereinafter – Program'	Lithuania	Lifestyle counselling intervention for adults in cardiovascular disease risk groups (obesity, smoking etc.) by a multidisciplinary team of health professionals	Adulthood



NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
National Network of Health Promoting Schools	Lithuania	National Network of Health Promoting Schools (Lithuania): a whole school approach health promotion program for children organized through formal and non-formal education activities. In Lithuania schools prepare, implement and self-evaluate 5-year duration programs. Member of the 'Schools for Health in Europe Network'.	Pre-natal environment, early childhood, childhood and adolescence
School Fruit Scheme Strategy for the 2010–2013 school years	Lithuania	National strategy with the aim to increase the amount of fruit and vegetables in children's diets for schools and nurseries. Involves distribution of free fruits and vegetables at school and school awareness-raising activities.	Pre-natal environment, early childhood, childhood and adolescence
Healthy Life Centre	Norway	Interdisciplinary primary health care service scheme offering knowledge-based programs and methods for people with, or in high risk of disease, who need support in health behaviour change and in coping with health problems and chronic diseases.	Adulthood
Norwegian Public Health Act	Norway	Public health policy providing the broad basis for the coordination of public health work horizontally across various sectors and actors and vertically between authorities at local, regional and national level. Under the act, municipalities have to implement various measures, e.g. for childhood environments and living conditions, such as housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, alcohol use and use of other psychoactive substances.	Whole Life Cycle
The Keyhole for Healthier Food	Norway	Voluntary Nordic labelling scheme for food packaging with the aim to help consumers make right choices when shopping groceries and to stimulate the food industry to develop products containing less fat, healthier fats, less salt and sugar and more fibre, full grain, vegetables and fruits.	Whole Life Cycle
Diabetes Prevention and Screening in Vulnerable Populations of the Metropolitan Lisbon Area	Portugal	Diabetes prevention service with screening and health education components targeting urban vulnerable communities with the use of mobile units.	Adulthood
Up-to-date health - Running and Walking Centre in Tondela, 'CMMCTnd'	Portugal	Regional intervention targeting adults, especially the senior population, with the aim to reduce the sedentary lifestyle and isolation through local exercise sessions, cultural activities, awareness-raising events and free screening of cardiovascular risk.	Healthy Ageing
National Programme for the Promotion of Healthy Eating, 'PNPAS'	Portugal	National policy for healthy eating focusing on health education, availability of healthy food in schools, workplaces and public spaces and collaboration with other public and private sectors, namely in the areas of agriculture, sports, environment, education, social security and municipalities.	Whole Life Cycle
"PUMP" - For a Million Steps	Spain	Community intervention project aiming to promote physical activity with a strong social support component. The goal is to promote and coordinate community group walks where any institution or group of individuals can participate.	Healthy Ageing
Active Vallecas	Spain	Community and interdisciplinary intervention project, with the joint participation of primary healthcare sector professionals and professionals of Sports Science, Education and Social Services with activities aiming at promoting healthy lifestyle changes through health centres and improving community sport inclusion activities.	Whole Life Cycle

NAME OF THE PRACTICE	COUNTRY	APPROACH	LIFE CYCLE
The Prevention and Health Promotion Strategy of the Spanish NHS: Framework for Addressing Chronic Disease in the Spanish NHS	Spain	National strategy of the Spanish NHS aiming at improving health and preventing diseases, injuries and disability. The Strategy has a life-cycle approach, starting on from pregnancy. The factors addressed are healthy eating, physical activity, tobacco consumption and risk of alcohol consumption, in addition to emotional wellbeing and a safe environment for preventing non-intentional injuries.	Whole Life Cycle
Health Promotion for Adults with Intellectual Disabilities: a Multi-Component Intervention in Community Residences	Sweden	Intervention promoting physical activity and healthy diet among people with mild to moderate ID living in community residences, by targeting both residents and staff.	Adulthood
Sörmlands Health Program for 40, 50 and 60 Year Olds	Sweden	Regional programme for adults with the aim to prevent cardiovascular diseases and type 2 diabetes through active call, risk screening and health counselling.	Adulthood
An Intervention for Obese Pregnant Women	Sweden	An intervention targeting obese pregnant women with the aim to control pregnancy weight gain through physical activity & diet counselling by trained midwives in maternity health services	Pre-natal environment, early childhood, childhood and adolescence
Groningen Active Ageing Strategy	The Netherlands	Intervention programme for community-dwelling older adults in deprived areas. The aim is to promote healthy ageing by increasing physical activity, develop resilience to cope with ageing and increase social skills and social support.	Healthy Ageing
Dutch Obesity Intervention in Teenagers 'DOIT'	The Netherlands	School health education project to prevent overweight in young adolescents through theory and physical activity lessons, along with awareness raising activities for the school environment and parents.	Pre-natal environment, early childhood, childhood and adolescence
Young People at a Healthy Weight 'JOGG'	The Netherlands	Community approach in which parents, health professionals, shopkeepers, companies, schools and local authorities collaborate to promote healthy weight to young people (0-19 years), with each city having a JOGG-coordinator planning the various activities.	Pre-natal environment, early childhood, childhood and adolescence
NHS Smoking Cessation Services	United Kingdom	National initiative to provide support for smokers who want to quit. The approach entails regular meetings with a trained health care adviser, health education and supporting websites.	Whole Life Cycle
NICE Public Health Guidance on the Prevention of Cardiovascular Disease at a Population Level	United Kingdom	Public health guidance on the prevention of cardiovascular disease (CVD), aimed at a governmental level, the NHS, local authorities, industry and all those whose actions influence the population's cardiovascular health, including health commissioners, managers and practitioners working in local authorities, the wider public and voluntary and community sectors. The aim is to encourage patients, policy makers and managers in all sectors and healthcare practitioners to be aware of the risk factors for CVD and to minimise them to prevent the condition from arising.	Whole Life Cycle
Well London Programme	United Kingdom	Series of health promotion programmes run in London's most deprived areas with objectives such as improving wellbeing and equality, capacity building and participation in delivery of better services. Each project recruits teams of volunteers from deprived areas who receive training in outreach and health promotion and then go out into their communities to signpost local residents to services and activities that promote health and wellbeing.	Whole Life Cycle

## 4. CONFERENCE: JOINING FORCES IN HEALTH PROMOTION TO TACKLE THE BURDEN OF CHRONIC DISEASES IN EUROPE



→ Please find the full conference documentation online via this link:

<http://www.chrodis.eu/event/joining-forces-in-health-promotion-to-tackle-the-burden-of-chronic-diseases-in-europe/>

On 24-25 November, JA-CHRODIS organized a conference in Vilnius, Lithuania, entitled Joining Forces in Health Promotion to Tackle the Burden of Chronic Diseases in Europe.

The aim of this conference was to provide JA-CHRODIS partners and relevant EU level, national and local policy makers, and practitioners, the opportunity to discuss the state of health promotion and primary prevention in Europe, how to move forward the recommendations resulting from the European Union's Reflection Process on Chronic Diseases in this area, and to share examples of good practices.

The conference also reflected on whether good practices can be transferred to other contexts and, if so, how these can be identified, what criteria should be applied in order to choose them. Also discussed were the criterions to promote a series of study visits and recommendations on practical measures that EU Member States and the EU can take to strengthen outcomes and secure more investments in this field.

### CONFERENCE AGENDA

#### Opening by

Jadvyga Zinkevièiûtë, Vice Minister of Health, Ministry of Health of the Republic of Lithuania

↓ [Read the speech here](#)

#### Welcome by

Teresa Chavarria, Coordinator of the JA CHRODIS, Institute of Health Carlos III (ISCIll), Spain

↓ [Read the speech here](#)

Thomas Kunkel, CHRODIS WP 5 Leadership, Federal Centre for Health Education (BZgA), Germany

↓ [Read the speech here](#)

## SESSION 1: THE STATE OF HEALTH PROMOTION AND PRIMARY PREVENTION IN EUROPE

- [EU Policy on Health Promotion and Chronic Diseases](#) – Michael Huebel, Head of Unit DG SANTE, European Commission
- [Recent Developments, Barriers and Potentials of Health Promotion in Europe](#) – Clive Needle, Policy & Advocacy Director, EuroHealthNet
- Health Promotion and Primary Prevention of NCDs in Europe – Jose Luis Castro, Chair, NCD Alliance Europe

### 📄 [Speech Highlights](#)

## SESSION 2: FROM PRESENT TO FUTURE – WHAT WORKS, WHAT’S NEEDED? PANEL DISCUSSION ON FUTURE VISIONS FOR HEALTH PROMOTION AND PRIMARY PREVENTION

- Elena Coffano, Head of Unit, Local Health Authority Turin, Italy
- Valgerdur Gunnarsdottir, Senior Advisor, Ministry of Welfare, Iceland
- Cate Hartigan, Assistant National Director, Health Promotion & Improvement, Health Services Executive (HSE), Ireland
- Wil de Zwart, Senior Policy Advisor, Ministry of Health, Welfare and Sports, The Netherlands
- Ingrida Zurlyte, Head of WHO Country Office, Lithuania
- **Panel discussion on the future vision for health promotion and primary prevention at EU, national and sub-national policy makers**

Aim: Explore how member states can work together to overcome barriers, address gaps and needs, and strengthen investments and the effectiveness of HP and primary prevention measures

### 📄 [Discussion key topics and highlights](#)

## SESSION 3: FROM PRESENT TO FUTURE II – WHAT WORKS? WHAT’S NEEDED?

[JA-CHRODIS and Good Practices in the Field of Health Promotion and Disease Prevention: Concept, Methods and Outputs](#)

Thomas Kunkel, BZgA, Germany

[Country Reports: Findings, Needs and Priorities for Health Promotion and Disease Prevention across Europe](#)

Anne Pierson, EuroHealthNet, Belgium

[Interactive group discussions with JA-CHRODIS partners on the situation in EU member states](#)

## Marketplace for the Promotion of Good Practices

- [Diabetes Prevention and Screening in Vulnerable Populations of the Metropolitan Lisbon Area](#). Luciana Costa
- [Tobacco Free Ireland](#). Fenton Howell
- [Sustainable, active, primary prevention strategy for CardioVascular Diseases in Italy for adults +50 \(Cuore and Cardio50 Projects\)](#). Barbara De Mei
- [Active Vallecas](#). Dario Ochoa Esteban
- [Groningen Active Ageing Strategy](#). Marieke Hendriksen
- [Active and healthy Ageing](#). Susanne Moethe-Gundlack
- [Well London Programme](#). Kenneth Anthony Eaton

## SESSION 4: MOVING FORWARD – SHAPING THE FURTHER PROCESS OF MUTUAL EXCHANGE

Implementation of good practices from the point of view of professionals: Why implement good practices and why not?

Djoeke Van Dale, RIVM, The Netherlands

[Transferability of good practices in practical terms: How good practices were transferred within the framework of the EMPATHiE- project \(Empowerment of Patients in their Management of Chronic Diseases\)](#)

Prof Bo Bergman, Chalmers University of Gothenberg, Sweden; member of European Health Futures Forum (EHFF), UK

[Interactive Group Discussion: How to shape a framework and approach transferability of good practices in the Joint Action CHRODIS](#)



*JA-CHRODIS is a European collaboration (Jan 2014 – March 2017) that brings together over 60 associated and collaborating partners from e.g. national and regional departments of health and research institutions, from 26 European countries. These partners work together to identify, validate, exchange and disseminate good practice on chronic diseases across Europe and to facilitate its uptake across local, regional and national borders. The focus is health promotion and primary prevention as well as the care of patients with diabetes or with more than one chronic condition (multimorbidity).*

*For more information, please visit the website [www.CHRODIS.eu](http://www.CHRODIS.eu)*