

# Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle

---

## JA-CHRODIS at a glance



## The concept of CHRODIS

The Joint Action on Chronic Diseases and Healthy Ageing across the Life Cycle is the European joint action on cardiovascular diseases, Diabetes and Stroke launched on January 2014 for duration of 39 months.

The main objective of JA-CHRODIS is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.<sup>1</sup>

Health promotion and prevention focus on behavioural risk factor, social determinants and inequalities in health. Work on multi-morbidity focus on multi-disciplinary & integrated care, patient safety and professional training. Diabetes as a case study focus on multidisciplinary care covering the whole range from primary prevention to treatment and addressing national plans. A Platform for Knowledge Exchange (PKE) is starting to gather and a web-based clearinghouse will offer decision-makers, caregivers, patients, and researchers the most relevant information on the best practices in chronic diseases focusing mainly cardiovascular diseases, stroke and diabetes.

Based on the objective, the exchange and transfer of good practices will result in improved outcomes of policies, programmes and clinical or public health interventions on chronic conditions.

## The JA-CHRODIS structure

Work package leadership of CHRODIS is fundamental to achieve the goal of this Joint Action, and should be alert to whether each action contributes to it. Below there are some ideas about the activities of the WPs that are essential contributions to the general objective of JA-CHRODIS (fig.1). These ideas do not exhaust the activities to be included, but are not to be overlooked.

### WP1: Coordination

WP 1 has two main specific objectives related to the general objective of JA-CHRODIS. One is to coordinate the whole project and manage the resources. An important part of it is to ensure the necessary coordination of different WPs, which is especially important for WP 4, 5, 6, and 7.

Also, the coordination of JA-CHRODIS will collaborate with other stakeholders and European initiatives, specifically the European Innovation Partnership on Active and Healthy Aging (EIP AHA). The second objective of WP 1 is to build on the sustainability of the Joint Action working jointly with the Governing Board (see below).

<sup>1</sup> Grant Agreement Number 2013 22 01. Annex I a (Technical annex).



**WP2: Dissemination**

WP2 is seen as including two perspectives. The first is the traditional task of disseminating activities and results of JA-CHRODIS. The second is directly related to the process of dissemination of good practices by informing about the availability of the PKE to stakeholders. In this sense, stakeholders are policy makers of the Ministries of Health, healthcare professionals and healthcare managers, the population across the life cycle with special focus on the elderly as the main receptor of healthcare.

At the end, WP2 will crucially contribute to disseminate the project and the PKE in order to contribute to create a bidirectional flow of good practices.

**WP3: Evaluation**

The evaluation of CHRODIS has to be able to assess to what extent JA-CHRODIS succeeds. This includes the assessment of the operations of CHRODIS according to plans, the functioning of the PKE and to the extent possible, the outcomes of these practices.

**WP4: Platform for knowledge exchange**

WP4 is dealing with the implementation of the PKE, including the clearinghouse and the help desk. It has to be closely coordinated with WP5, 6 and 7 to establish specific criteria to select good practices, to facilitate the self-evaluating process and to organize the flow of cases.

**WP5: Health promotion and disease prevention**

This WP has to contribute with specific criteria to screen good practices in health promotion and disease prevention. It also has to contribute to identify potential good practices. WP5, together with WP2, has to contribute also to promote the use of the PKE among stakeholders identifying potential good practices across Europe in these areas.

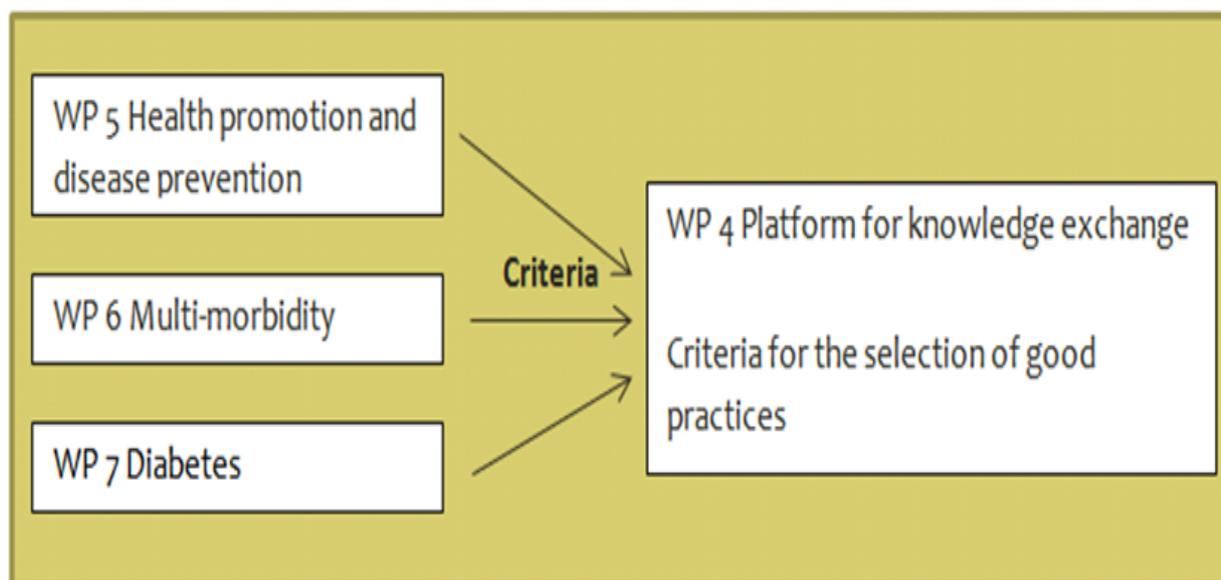
**WP6: Multi-morbidity**

As WP5, WP6 has to contribute with good practice criteria in the field of multi-morbidity. In this case, an initial revision of existing evidences to support criteria for good practices may be necessary if not available. WP6, together with WP2, has to contribute also to promote the use of the PKE among stakeholders identifying potential good practices across Europe in these areas.

**WP7: Diabetes**

WP 7 will address diabetes with a similar methodology as WP 5 and 6. In this case a revision of national plans is an added area of interest, and included as specific practices along with other sort of practices such as programmes or interventions. WP7, together with WP2, has to contribute also to promote the use of the PKE among stakeholders identifying potential good practices across Europe in these areas.



**Fig. 1: Feeding flow towards PKE**

## Sustainability of JA-CHRODIS

Through the Governing Board, Member States are to be involved in developing a plan of sustainability. This will help keeping chronic diseases at the forefront of the political agenda for health after the Joint Action ends. Gathering good practices in Platform for Knowledge Exchange (PKE) will doubtless contribute to the plan of sustainability of the process of exchange and transfer of good practices.

## The dimensions of JA-CHRODIS

According to the main objective stated above, we can distinguish three dimensions to describe and analyse CHRODIS and its work packages:

- Good practices
- Exchange and transfer
- Specific focus: health promotion and prevention, multi-morbidity, diabetes

The flow of information among the different activities in JA-CHRODIS that are to be set up during the life time of the project is schematized in the Figure 2.

### 1. IDENTIFYING GOOD PRACTICES

#### Practice

A practice is the customary, habitual or expected way, method or modality of performing an action. Practices include specific organizational and operational management elements that are context-related.

A practice is not a guideline but the way of applying a guideline in a specific situation and context, mediated by available resources, organizations, institutions, or local culture.

Guidelines are documents containing the essential criteria and elements needed for a practice to be effective and efficient. The guideline provides the practice with roots in science and evidence.

#### Good practices

A good practice is one that is worth disseminating because it is based on best available evidences, is associated with good outcomes and may inspire practices in different contexts.

In the context of JA-CHRODIS, actions may mean policies, programmes, and clinical or public health interventions. The specific features to define a practice as a good practice will be elaborated in WP 4 in collaboration with WP 5, 6, and 7. There may be general (non-disease specific) characteristics and disease specific characteristics of a good practice.

### 2. FACILITATING THE PROCESS OF EXCHANGE AND TRANSFER

JA-CHRODIS aims to contribute to the identification, selection, dissemination, exchange and scaling up of good practices. JA-CHRODIS will perform this by facilitating the exchange and transfer of good practices across Europe with the Platform for Knowledge Exchange (PKE). Doing that means:

- Collecting potential good practices to build the clearinghouse,
  - Screening potential good practices following the criteria elaborated by WP 4, 5, 6 and 7.
  - Selecting those suitable for exchange, transfer or up-scaling to make them available for the help desk of the PKE.
- Setting up a help desk to provide advice based on the pool of good practices to facilitate the self-evaluating process.

CHRODIS will implement specific activities to organize a continuous flow of good practices. One of them is building close links to the EIP AHA, Dissemination activities should be also understood in this context.

### 3. KEEPING THE FOCUS: HEALTH PROMOTION AND PREVENTION, MULTIMORBIDITY, DIABETES

CHRODIS has defined these three areas as its focus. The exchange and transfer of good practices will be related to these health issues. While the PKE will provide the means to receive and disseminate good practices, it has to be fed with:

- Specific criteria to complete the screening and evaluation tools (WPs 5, 6 and 7),
- Existing potential good practices to exchange or scaling up, (WPs 5, 6 and 7)
- An organized flow of advice demands (WP2).



Fig. 2: Organizing the flow of good practices

