



CHRODIS+

IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

Recommendations on Intersectoral Collaboration to Strengthen Health Promotion and Disease Prevention

These recommendations are part of Work Package 5 of the Joint Action CHRODIS PLUS which has received funding from the European Commission's Third Health Programme (<http://chrodis.eu/>)

Background

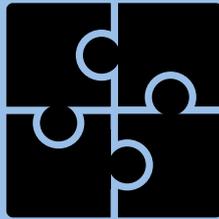
- The burden of chronic disease in Europe continues to grow. A major challenge facing national governments is how to tackle the risk factors related to a sedentary lifestyle, alcohol abuse, smoking and an unhealthy diet.
- Risk factors are complex and require intersectoral collaboration to strengthen health promotion, counter-act the social determinants of health, and reduce the prevalence of chronic disease. Many European countries have good examples of intersectoral collaboration in place to address risk factors and promote health.
- In the Joint Action CHRODIS PLUS, success factors for intersectoral collaboration within and outside health care were identified in twenty good practices from fourteen countries via surveys, workshops and interviews.
- The mechanisms underlying the identified success factors for intersectoral collaboration were examined. Although these mechanisms can be very context-specific, they do provide more insight into what elements could be replicated.
- A set of seven recommendations that are considered to be essential for fostering effective intersectoral collaboration to improve health promoting activities was deduced:

1. *Connect collaboration goals with existing key policies, while actively advocating for political support.*
2. *Define a shared vision of the problem to be solved aligned with organisational goals.*
3. *Create an effective mix of different partners with diverse background and skills.*
4. *Build bridges between sectors and disciplines through effective leadership.*
5. *Keep collaboration partners engaged.*
6. *Use a planned/systematic approach suitable for all partners.*
7. *Ensure there are sufficient resources to sustain the collaboration.*

Guide to the recommendations

- For each recommendation the rationale ‘Why?’ and the actions/steps ‘How?’ are described;
- The ‘How’ not only describes the success factors but also the barriers that should be overcome and the lessons learned (see <http://chrodis.eu/> for report);
- An example for each recommendation is given, based on a good practice. This example describes in more detail one or more of the actions/steps listed under the ‘How’;
- These recommendations are practice-based, however, they are not ‘one size fits all’; what works in one practice may not work in another because of the context or the phase of the collaboration process;
- These recommendations are partially interdependent.

Go to the next page for the recommendations.

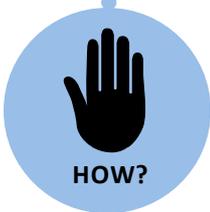


1. Connect collaboration goals with existing key policies, while actively advocating for political support



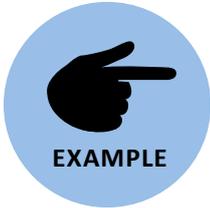
Why?

Political support is a prerequisite for getting resources allocated for the implementation and sustainability of health promotion programmes. In order to gain political support, the collaboration goals should be aligned with key policies.



How?

- Ensure that the planning documents contain the references to important policies
- Align with health system goals
- Make use of existing system changes



Example: Local Action in Health (RELAS), Andalusia, Spain (2008 - ongoing)

The Autonomous Community of Andalusia (Spain) is carrying out a comprehensive strategy known as *Local Action in Health* (RELAS), which involves a thorough process of stimulating the formation of alliances within the Andalusian municipalities, with their mayoralty, government boards, stakeholders and, above all, their citizens. It is a common space for the contribution and cooperation of all parties involved, and it represents the Andalusian public commitment to back up the intersectoral collaboration for health in all the territories.

In order to implement the *Health in All Policies* approach, a local work-plan (the *Plan of Local Action in Health*) has been conceived, built and applied to the contribution of all possible partners involved, taking into special consideration the participation of citizens. They all take an active part in all phases of the preparation of the Plan of Local Action in Health. This Plan of Local Action in Health is the basic instrument comprising the planning, management, and coordination of all the actions that are relevant to public health in the municipality.

It is recommended that this Plan of Local Action be elevated to the Municipal Plenary, as this is an exercise of government and has the consensus of all the political forces represented in the municipality. This would also guarantee the allocation of the necessary resources for an established period of 4 - 5 years.

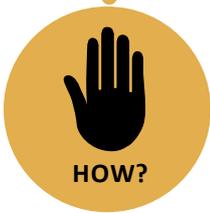


2. Define a shared vision of the problem to be solved aligned with organisational goals



Why?

Commitment from all the partners is crucial for successful collaboration; agreeing on the problem to be solved and defining a shared vision of how to solve the problem helps to create this commitment and produce results. Furthermore, such a discussion allows professionals from different organisations, and possibly sectors, to develop a common language to talk about the main issues and potential solutions.



How?

- Appeal to a shared sense of urgency to solve a problem or to share interests
- Agree on intersectoral collaboration as one of the solutions of the problem
- Achieve actual mutual understanding of norms, values and roles and create trust
- Use a visionary leader who is accepted by all parties
- Engage an experienced facilitator/coordinator



Example: Healthy Overvecht, Integrated Medical and Social care, the Netherlands (2006 - ongoing)

This collaboration was developed in a deprived neighbourhood in Utrecht (Utrecht Overvecht), in response to the needs of primary health care professionals working in this neighbourhood (e.g. general practitioners, physiotherapists, midwives, Youth Health Care Services, Municipal Public Health Services team, and district nurses) who were all under a great deal of work pressure and indicated that the situation was not sustainable. There was a shared feeling of urgency among professionals, the municipality, and other organisations to solve this problem together. They defined a shared vision of how to solve the problems, e.g. they agreed to all use the same interview model (4D model) for their patients which is a model to methodically map the patient's problems. While filling out the 4D model, the professional and the patient look together at what is going well in the domains of body, mind, social and relations/network, and what problems there are. They also created direct lines of communication across sectors. Professionals from the social domain (e.g. social workers and neighbourhood teams) now also use the same interview model for their clients, and share information with primary health care professionals, taking advantage of the substantial overlap in clients/patients. This makes their work more efficient and alleviates individual work-loads. At present, the collaboration has a 'quadruple aim': improving the perceived health of patients, the efficiency of care, the quality of care, and the job satisfaction of the professionals involved. Because of the success of Healthy Overvecht, it is now being piloted in twelve other deprived neighbourhoods in the cities of Utrecht, Rotterdam, Amsterdam and The Hague throughout December 2020.



3. Create an effective mix of different partners with diverse backgrounds and skills



Why?

To be able to reach the target group effectively, all the relevant parties who could influence the health behaviour of the target group should be involved in the collaboration.



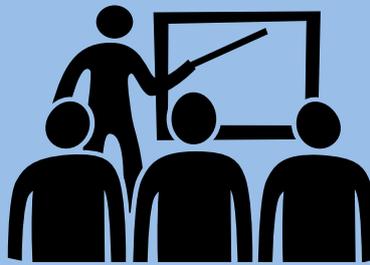
How?

- Identify and involve strategic partners with access to, and/or experiences with, the target group
- Capitalise on existing partners and available collaboration networks
- Allow ample time for building new relationships
- Involve representatives of the target group and community from the start
- Use standard methods for stakeholder mapping



Example: The Lombardy Workplace Health Promotion (WHP) Network, Italy (2011 - ongoing)

The Lombardy WHP Network is a member of the European Network for Workplace Health Promotion and builds multi-stakeholders partnerships and collaborations at horizontal and vertical levels, mixing up public and private sectors. It aims to combine the efforts of employers, employees and society, to improve health and welfare in the workplace. The main partners to initiate the formal collaboration in order to create sustainable actions were: Sodalitas Foundation (National Partner Organization of CSR Europe), Confindustria Lombardia (Associations of Companies), trade unions and the regional healthcare system at its different organisational and structural levels. Community and target groups were also involved from the start in the collaboration process and the programme implementation in the workplaces. A manual for companies which join the network recommends involving employees and others in key roles from the beginning, to plan their programme and select good practices based on their specific needs. Other partners can be involved at different levels: associations of professionals, non-profit organisations (with special reference to social/sport activities promotion associations or those with expertise on specific health issues e.g. smoking cessation), municipalities, scientific societies and universities. Because of the collaboration project, the healthcare system gained more skills in interacting with other sectors of society (e.g. companies), recognising its own limits in influencing certain multi-faceted determinants of health.



4. Build bridges between sectors and disciplines through effective leadership

WHY?

Why?

Leadership is essential and closely tied to strong working relationships and a transparent process of collaboration. Effective leadership fosters trust and good working relationships between collaboration partners.

HOW?

How?

- Identify a local champion who can be the leader or can support the leader
- Use different types of leaders or leadership for different phases of the collaboration
- Recruit a dedicated person with leadership and coordination qualities:
 - who understands the language of 'others'
 - with good project and process management skills
 - who uses information systems and technologies to ensure effective communication and information exchange

EXAMPLE

Example: The Process Towards a Smoke-Free Hungary – Tobacco Control in Practice (2011 - ongoing)

The Prime Minister of Hungary is dedicated to the anti-tobacco cause. He was adamant that signing international legislation was not enough, it also needs to be implemented. Since then, guidelines, protocols and recommendations have been drawn up to provide guidance on tobacco control, such as the Framework Convention on Tobacco Control of the WHO. There is also a dedicated person who has the requisite information and expertise in the field to act as a coordinator. This person, despite the high turnover of professionals in the field, has held his position for 30 years and has been the one constant in tobacco control. He now serves as the coordinator between the supporting departments, ministries and non-governmental organisations.

He has been working as a Health Promotion Programme Manager of the National Health Programme and co-ordinates activities in Hungary in connection with smoking prevention and cessation. As Head of the Hungarian Focal Point for Tobacco Control, his main tasks include: making plans related to tobacco control in the short, medium and long term, making professional, methodological guidelines, recommendations on public health and health development. He is responsible for the elaboration of professional programmes' methodologies, creating and maintaining a database of laws, provisions and of instructions for their use; supervising the collection of social, economic and health indicators related to tobacco consumption; conducting research; fulfilling organisational tasks and coordination.

In addition, he is the inventor and the leader of the Smoking Prevention Programme for Kindergarten Children (age 3-6 yrs) which has been introduced in a third of all the kindergartens in Hungary and the Smoking Prevention Programme for Primary School Children (age 6-10 yrs) which has been running in a quarter of the elementary schools in the country. This collaboration has strengthened other health promotion activities beyond tobacco control.



5. Keep collaboration partners in all sectors engaged

WHY?

Why?

Keeping the partners engaged by informing, motivating and entrusting them, thus sustaining the commitment of all partners, is crucial for the success of the collaboration.

HOW?

How?

- Formalise the collaboration by making clear agreements about the roles and responsibilities of the partners
- Create a win-win situation for partners in the collaboration (mutual and joint benefits)
- Form designated communication liaisons, e.g. to provide information to participants of the collaboration, arrange meetings, manage a website and/or create regular newsletters
- Give professionals ownership, via a bottom-up approach
- Motivate the professionals involved, e.g. by offering feedback on progress towards shared vision
- Celebrate small, short-term advancements while aiming for long-term, sustainable success
- Organise face-to-face meetings when possible to help people from different sectors and disciplines get to know each other, also on an informal and personal level

EXAMPLE

Example: VESOTE Project, Finland (2017 - 2018)

The VESOTE programme reinforces and develops effective and target-based lifestyle guidance in social and health care. The development activities emphasise physical activity, nutrition and sleep. The final goal of the programme is for Finns to be more physically active, sit less, eat a varied and healthy diet and sleep better.

The municipalities of Northern Ostrobothnia signed a joint plan to strengthen cooperation between social and health care actors, and between social and health care actors and other actors. The primary target group was individuals of working age - obese adults and arterial patients - as well as those at high risk of developing arterial disease. The project created new cooperation groups and strengthened the activities of existing ones. Active communication was a success factor. At the beginning of the project, a communication plan was developed which received the approval of the Development Manager in the hospital district. Communication was goal-oriented. Project leaders sought out the tools and the help of communication experts. Visibility in regional media was obtained; in fact, there were several different channels including a local magazine and Facebook. The project resulted in new perspectives and expertise for health professionals. It is hoped that cooperation will continue in the future. Many different actors have promised to participate in the long-lasting partnership, and their will to act has strengthened. The initiative to set up a lifelong learning centre has been established.

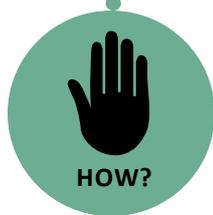


6. Use a planned/systematic approach suitable for all partners



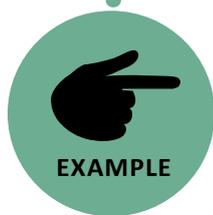
Why?

Using a systematic approach that is based on scientific evidence and on experiences from the past will improve the implementation of the collaboration in each sector. Moreover, this systematic approach should allow all partners to combine their health promotion efforts and enhance the effectiveness of the programme.



How?

- Identify a theoretical framework or model that can be used by different sectors
- Identify a theoretical framework or model that can be adapted to local context
- Strengthen the collaboration as iterative and adaptive processes
- Share and learn from experiences
- Involve experts and others with experiences in similar efforts
- Replicate, and adapt if necessary, best practices that have been shown to produce successful outcomes



Example: Young People at a Healthy Weight (JOGG), the Netherlands (2014 - ongoing)

JOGG is a programme based on a previous project in France (EPODE) which has evolved since then. The objective of JOGG is to allow children to grow up in good health using an integrated approach at both national and local level to target those who are overweight. JOGG advocates a local approach in which parents and health professionals, shopkeepers, companies, schools and local authorities all join forces to ensure that young people remain at a healthy weight. The Dutch JOGG approach consists of five pillars: political and governmental support, cooperation between the private and public sector (public private partnership), social marketing, scientific coaching and evaluation and linking prevention and health care. Although the programme has some pre-determined (five pillars) elements, it can be adapted to the local context. Over 140 municipalities and 30 social organisations and companies have joined JOGG. JOGG is a learning organisation and maintains contact with its partners to discuss the progress of the collaboration. If necessary, agreements are adapted or terminated. In addition, an independent institution monitors the efforts that JOGG has undertaken to work towards their objectives.



7. Ensure there are sufficient resources to sustain the collaboration

WHY?

Why?

To establish a sustainable collaboration, it is important that resources, such as dedicated time, qualified personnel and funding are, and remain, available. The distribution of these resources should be transparent and fair to all partners.

HOW?

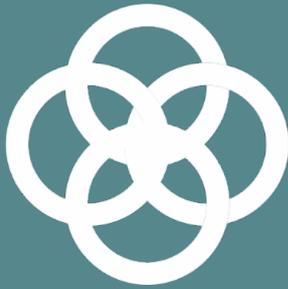
How?

- Describe necessary and obtained resources to facilitate transparent distribution among the partners
- Allocate (working hours of) personnel to the collaboration
- Provide training to managers and professionals
- Acquire or build upon structural resources (e.g. human resources or funding)
- Communicate the cost-savings or other effective results

EXAMPLE

Example: Tobacco Cessation Services for Patients with Mental Health Disorders and Substance Abuse (Finland 2017 - 2018)

The Finnish Lung Health Association, Filha, had an initial project idea, and when the appropriate funding mechanism became available (a government programme to disseminate good practices) it enabled the project to start. The project sought to identify what had been done in hospital districts on the subject of tobacco cessation among mentally ill patients and patients with substance abuse problems in order to develop regionally-appropriate activities. The ultimate goal was to improve the help given to mentally ill smokers and patients with a history of substance abuse to quit smoking. Hospital districts developed their own models which enabled collaboration to be realised between primary and secondary care, and with NGOs. The part-time, regional worker, who was especially assigned to this project in every participating hospital district, held discussions with staff and trained staff in different departments in cooperation with Filha. He also collaborated with local NGOs who had contacts with experts by experience. Courses were organised in the hospital districts and a 2-hour on-line course was made available. It was agreed that staff would attend these courses. The regional worker visited the different departments in secondary as well as primary care in the hospital district and convinced the workers to attend the courses. He discussed practical issues with the workers around providing tobacco cessation services and helped them resolve issues that arose. Some hospital districts recognise the value of this project and are allocating their own resources to fund a regional worker, now that the project has ended.



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