YOUNG50

YOUNG50 #Stay Healthy – Cardiovascular Risk Prevention

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D4.1
Local adapted YOUNG50 Programmes and Implementation Action Plans

Beneficiaries

Country	Name	Acronym
Italy	Azienda ULSS 6 Euganea	ULSS6 Euganea
Italy	Azienda ULSS 4 Veneto Orientale	ULSS4 V. Orient - ProMIS
Luxembourg	Ministère de la Santé	MOHLUX
Lithuania	Viesoji Istaiga Centro Poliklinika	Centro Poliklin
Romania	Asociata Aer Pur Romania	AER PUR ROMANIA
Spain	Asociacion Instituto de investigación en Servicios de Salud	KRONIKGUNE

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Authors	Olatz Albaina, Kronikgune Ane Fullaondo, Kronikgune Esteban de Manuel, Kronikgune Guillaume Campagne, MOHLUX Vitalija Gelzinyte, Centro poliklin Marius Ciurlionis, Centro poliklin Kasparas Aleknavicius, Centro poliklin Lucia Lotrean, AER PUR ROMANIA Elizabeth Tamang, ULSS6 Euganea Joanne Mary Fleming, ULSS6 Euganea Matteo Scarpellini, ULSS6 Euganea

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Abbreviations

CVD	Cardiovascular diseases
DoA	Description of Action
EHN	European Heart Network
EU	European Union
GP	General Practitioner
IT	Information Technology
MS	Member States
NGO	Non-governmental organization
SWOT	Strengths, Weaknesses, Opportunities and Threats
WHO	World Health Organization

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Executive summary

In YOUNG50 project, the Italian best practice CARDIO 50 will be transferred in Lithuania, Luxembourg and Romania among 50-years-olds. The implementation process will be carried out in several phases. The first phase aims to assess the feasibility of implementation in each Member State by defining the scope, analysing the situation and adapting existing materials and IT tools to the local context. In Phase two the YOUNG50 programme will be piloted in selected regions or cities, with the involvement of health professionals and prevention programmes. The last phase will evaluate the impact of the action and explore its institutionalization.

Aim and scope of the report

The Local adapted YOUNG50 Programme and Implementation Action Plan deliverable is executed in response to work package four of the Description of Action (DoA). The purpose of this deliverable is to describe the feasibility of the implementation of CARDIO 50 in each Member State for enhancing the promotion health and prevention of cardiovascular diseases. This report contains the description of the epidemiological context and needs assessment, scope definition, situation analysis and implementation action plans to adapt the CARDIO 50 screening model to the EU members' countries participating in the project.

1. Introduction

Cardiovascular disease (CVD) is one of the leading causes of death in the European Union and causes more than 1.8 million deaths per year[1], as well as a large loss of potential years of life. CVD is a multifactorial process to which a variety of biological and behavioural characteristics of the individual contribute, including a number of well-established and emerging risk factors. Not smoking, being physically active, eating a heart-healthy diet, staying reasonably thin, and avoiding stress and depression are all major components of an effective cardiovascular disease prevention programme[2].

The burden of cardiovascular disease can be alleviated by careful risk reduction and, as such, primary prevention is an important priority for all health policy makers[3]. CARDIO 50 is an intervention focused on changing unhealthy lifestyles and increasing knowledge and perceptions of the risks of CVD by estimating cardiovascular risk among the 50-year-old population. CARDIO 50 is a good practice of active risk identification and cardiovascular prevention elucidated the effect of CVD risk factors, including smoking, hypertension, hyperglycaemia, high cholesterol, abdominal obesity, while demonstrating the protective effects of eating fruit, vegetable and fish, regular physical activity, moderate alcohol consumption and smoking cessation.

The aim of the YOUNG50 project is to transfer the Italian best practice CARDIO 50 project to Lithuania, Romania, and Luxembourg among 50-year-old. “Best practices" are proven programs or policies shown to be effective with a particular issue and specific population.

The implementation of YOUNG50 is divided into three phases:

- Phase 1 will assess the feasibility of the implementation in each Member State (MS) through situation analysis and adaptation of the existing materials and IT tools to the local context, with support from Kronikgune, Spain.
- Phase 2 the YOUNG50 programme will be piloted in selected regions or cities, with the involvement of health professionals and prevention programmes.
- Phase 3 will evaluate the impact of the action and explore its institutionalization.

With early detection, treatment of risk factors and follow up, it is envisaged to have results on people who receive counselling and improve their lifestyles or medical parameters. Participating countries are expected to benefit from dissemination of the programme, since the needs assessment in these countries has indicated a need for such a project.

In Lithuania YOUNG50 will cover the local areas of Vilnius municipality and its suburbs.

In Luxembourg, CARDIO 50 will be carried out in the whole country.

In particular, in Romania YOUNG50 will be implemented in areas which would most benefit from the screening and prevention programme in terms of necessary changes to lifestyle habits.

[1] EHN Cardiovascular Disease Statistics, 2017.
[2] Haskell WL, 2003.
[3] Jack S, 2017.

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In Italy, YOUNG50 will continue the ongoing activities of CARDIO 50. The 50 years old population in at least 2 Local Health Authorities of the Veneto region will be invited to the screening and the follow up study of the individuals invited since 2016 will be performed.

Countries will take advantage of transfer and scaling-up of innovative prevention models, including the use of information and communication technology (ICT). The expected project level outcomes are synergy among prevention programmes, inclusion of CVD prevention in regional or national health plans, and development of policy guidelines and recommendations.

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2. Current pilot sites´ context

Understanding the context in terms of the setting and environment is crucial to successful implementation[4,5].

In YOUNG50, the good practice of CARDIO 50, to promote the prevention of cardiovascular diseases, will be adapted to and implemented in the local contexts of three MS of the EU: Lithuania, Luxembourg and Romania. In Europe, few countries have implemented a systematic cardiovascular screening. The United Kingdom, the Netherlands and Italy are at the forefront of this matter.

To explore the current pilot sites´ context, the epidemiologic situation and the existing cardiovascular health promotion and prevention activities, before the implementation of the Italian screening model CARDIO 50, have been described. The epidemiological context can be broadly defined as the current state and trends in the behavioural and biological factors that determine the transmission dynamics of a given disease and the impact of a specified intervention[6].

Information of the pilot sites´ context was structured in four dimensions:

- Implementation site geographical data
- Epidemiological data of CVD
- CVD activity description
- Screening or health prevention activity description

A specific template was jointly created by WP4 partners (ANNEX I).

[4] Daivadanam M et al., 2019.
[5] Edwards N, Barker PM., 2014.
[6] Grassly NC, et al., 2001.

2.1 Lithuania

- **Implementation site geographical data**

The implementation of YOUNG50 in Lithuania will cover the local areas of Vilnius municipality and its suburbs. Vilnius is the capital of Lithuania and its largest city, with a population of 536,692.

Lithuania will target 135,000 50-years-old men and women to invite them to participate in the programme. The implementation will take place in primary care where general practitioners and cultural and voluntary association members will act as key intermediaries.

According to the latest WHO data published in 2017 Coronary Heart Disease Deaths in Lithuania reached 42.57% of total deaths. Although the number of smoking adults has dropped, due to tighter tobacco control policies, more than one in three men still smoke every day. Lithuania has high level of alcohol consumption (50% higher than the EU average) and obesity is increasing.

- **Epidemiological data of CVD**

✓ Mortality (cause of death due to CVD)

1,343/100,000 CVD-related deaths

✓ Prevalence of CVD

Cardiovascular diseases are the leading cause of death among women and men in Lithuania. In 2014, some 22 500 people died from cardiovascular diseases, accounting for 65% of deaths among women and 48% among men[7].

✓ People of 50 years old population

29,272 people

- **CVD activity description**

- Title

CVD prevention programme

- Activity description

The programme is for men between 40 and 55 years and for women between 50 to 65. Once a year, the GP identifies risk factors and if necessary, develops an individual cardiovascular disease prevention plan. If the doctor determines that the risk of cardiovascular disease is high, he/she sends the patient to a specialized centre for further investigation and, if necessary, treatment. It is important to know that once a year, blood glucose, cholesterol, triglyceride levels can be determined free of charge, and electrocardiograms and other tests indicate that a person is at high risk.

[7] OECD/European Observatory on Health Systems and Policies, 2017.

- Main objectives of the activities

  - ✓ Identification of individuals at high risk for cardiovascular disease before clinical symptoms appear
  - ✓ In-depth assessment of men and women, with possible cardiovascular disease in patients with diabetes or metabolic syndrome
  - ✓ Preparation of prevention programmes for those at risk and, if necessary, provision of specialized cardiovascular disease treatment in prevention units
  - ✓ Development of an intensive lifestyle change scheme and a primary prevention plan for patients with a total cardiovascular risk of between 5 and 10 percent by SCORE
  - ✓ Assurance of long-term preventive care and repeat tests.

- Target population

Men between 40 and 55 years and women between 50 to 65 years.

- Geographical coverage

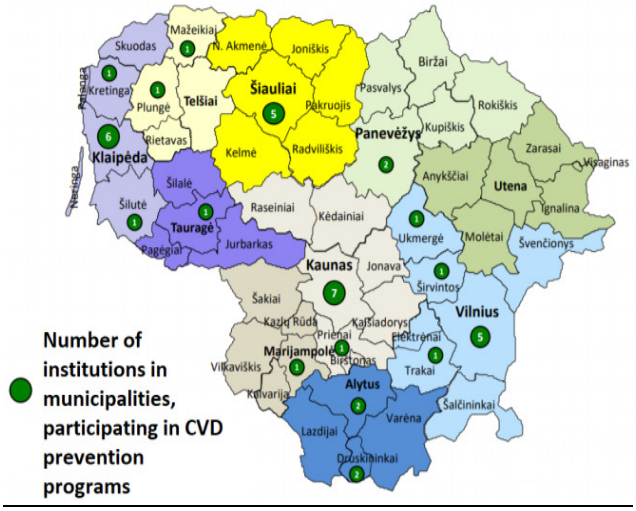

Figure 1. Geographical coverage of Lithuania

- Type(s) of stakeholders

Hospitals, Primary care centres, specialized physicians, General practitioners, International/European public authorities, National public authorities, WHO, Regional public authorities, Local public authorities.

- Main results of the activities

According to experts, the cardiovascular disease prevention programme since 2006 has reduced the incidence of acute cardiovascular syndromes - unstable angina, myocardial infarction, cerebral ischemic strokes. It also reduced disabilities caused by cardiovascular diseases and allowed to reveal more new cases of diabetes mellitus.

Decreased number of incidents of CVD caused diseases prevented the frequent placement of patients in the hospital's cardiology departments.

- Main lessons learned

Mainly, patients are informed about the prevention programmes by the physicians (97.5%) or nursing specialists (83.5%). Less than half (42.7%) of primary care institutions, used other promotion methods. The main obstacle for insufficient dissemination is the lack of financial resources.

Only half (56.4%) of patients selective age group studies are evaluated on the same day as they visit GP.

- **Screening or health prevention activity description**

- Title

Preventive strategies and programmes of Lithuania

- Activity description

The funding programme for preventive measures for cervical malignancies is paid from the budget of the Health Insurance Fund. Designed for women (25-60 years). According to it, a cytological smear test is performed once every three years.

The other programme is selective mammographic screening for breast cancer. The programme provides a mammalian study every two years.

Early Diagnosis of Prostate Cancer for men (50-75 years). Examination is provided once every two years.

The Early Diagnosis of Colon Cancer from 2009 is designed for individuals between 50 to 75 years. Under this programme, studies are conducted once every two years.

Last preventive programme is a dental flossing. Currently provided for the prevention of caries for children with persistent molars.

- Main objectives of the activities

Legislation and enforcement to ban or control the use of hazardous products or to mandate safe and healthy practices, education about healthy and safe habits, immunization against infectious diseases. Regular exams and screening tests to detect disease in its earliest stages.

Cardiac or stroke rehabilitation programmes, chronic disease management programmes (e.g. for diabetes, arthritis, depression, etc.).

- Target population

For the cervical malignancies, the target population are women between 25 and 60 years of age.

The programme of mammographic screening for breast cancer targets women aged 50 to 69 years.

The early Diagnosis of Prostate Cancer targets men between 50 to 75 years and for men aged 45 and over whose parents or brothers have had prostate cancer.

The Early Diagnosis of Colon Cancer from 2009 is designed for individuals between 50 to 75 years.

The prevention of caries is for children between 6 to 14 years with persistent molars.

- Geographical coverage

Prevention Programmes Coordination Centres help ensure that 70-80 % in the target group of cervical cancer, breast cancer, and colon cancer programmes are involved in preventive programmes.

Kauno klinikos are coordinating the screening of selective oncological programmes in Northern, Western and Central Lithuania (Kaunas, Klaipėda and Šiauliai towns and districts, Birštonas, Neringa and Palanga, and Akmene, Jonava, Joniškis, Jurbarkas, Kaišiadorys, Kalvarija, Kazlų Rūda, Kelme) , Kretinga, Kėdainiai, Marijampolė, Mažeikiai, Pagegiai, Pakruojis, Plungė, Prienai, Radviliškis, Raseiniai, Rietavas, Skuodas Šakiai, Šilalė, Silute, Tauragė, Telšiai, Vilkaviškis districts).

- Type(s) of stakeholders concerned with your activities

Hospitals, Primary care centres, specialized physicians, General practitioners, International/European public authorities, National public authorities, WHO, Regional public authorities, Local public authorities.

- Main results of the activities

The recent year's research revealed decreasing morbidity and mortality trends of cervical and prostate cancer in Lithuania. However, the incidence structure of the breast, cervical, prostate and colorectal cancer III and IV stages remained unchanged. The screening programmes services providers implied that programmes are important and contribute to the morbidity and mortality reduction of the cancer. The main barriers in cancer screening programmes are: lack of time and financial support of physicians. Furthermore, inequalities of cancer screening programmes implementation were caused by organizational peculiarities: institutions do not use various interventions that increase the coverage of participants; because of the lack of software (that helps to identify and account the provided programmes services), units cannot use the interventions that promote public awareness, cannot plan and evaluate the cancer screening programmes implementation processes.

- Main lessons learned

Three-quarters of primary care institutions does not include preventive programme services, a quarter primary care institutions does not evaluate the results of preventive programmes.

Planning and evaluating the results of preventive programmes Implementation of the programme is problematic due to lack of time and workforce/software.

2.2 Luxembourg

- **Implementation site geographical data**

In Luxembourg, CARDIO50 will be carried out in the whole country. YOUNG50 will aim at reducing social health inequalities; therefore participation of deprived people and specific cultural communities is envisaged.

- **Epidemiological data of CVD**

✓ Mortality (cause of death due to CVD)

The latest data available show that death due to CVD is the leading cause of mortality in Luxembourg. Every year, 31.8% of all death happening in Luxembourg is due to circulatory causes. It corresponds to approximatively 1,300 persons.

✓ Prevalence of CVD

Luxembourg does not have comprehensive data on CVD. Indeed, the Ministry of health does not have accurate data on heart failure, heart attack or diabetes for instance.

However, a survey conducted in 2016 found that nearly 31% of residents in Luxembourg (between 25 and 65 years old) had hypertension. Among those, 70% were unaware of their condition.

✓ People of 50 years old population

Approximatively 10,000 people

- **CVD activity description**

- Title

Information campaigns

- Activity description

National prevention campaigns are organized regularly in Luxembourg. These campaigns touch upon several topics including cardiovascular issues. However, the frequency of the campaigns about CVD is not regular and can change. In 2018, for the world heart day, a radio spot was aired. In addition, an article in a well-known newspaper dealing with health topics was published too.

National campaigns are important but have contested outcomes. Scientific literature shows that these campaigns must be implemented along other measures (including structural ones). The issue of targeting vulnerable populations is one specifically not addressed by national campaigns.

- Main objectives of the activities

To develop a comprehensive set of health strategies including health promotion and prevention activities.

- Target population

General population is targeted by the prevention campaigns.

Invitation letters will be sent to the target population by mails. People will then log on their personal medical file portal or create one if they do not have it yet. They will then fill out the questionnaire online and be referred, according to CVD risk scores, to general practitioners. The GPs will perform more complex

and thorough tests (biology for instance). Finally, preventive interventions will be suggested to persons in need.

- Geographical coverage

The prevention campaigns are launched at national level.

- Type(s) of stakeholders concerned with your activities

The material used during information campaign is frequently sent to physicians in Luxembourg. It is expected physicians will hang the posters and have various information materials available in their waiting rooms.

Hospitals also receive posters and information material.

- Main results of the activities

No formal evaluation is conducted about the impact of the national campaigns.

- **Screening or health prevention activity description**

- Title

Breast cancer screening programme, colorectal cancer screening programme

- Activity description

In Luxembourg, two general screening programmes are in place. They target breast cancer and colorectal cancer. Targeted populations receive invitation letters for free screenings with registered professionals.

The coordination of these programmes is held at the Ministry of Health. Invitations are sent from the Ministry for instance. However, the screening itself is always performed outside the Ministry.

Some of the challenges faced by these programmes are:

- ✓ Participation of the targeted population (the participation rate for colorectal cancer is quite low for instance)
- ✓ Having on board health care professionals. They can be somehow reluctant to support national programmes
- ✓ The complexity of the coordination of the programmes is also a challenge. It is difficult to organize smoothly such complex interventions

Finally, it is challenging to change and adapt the programmes. Once they are in place, this is not easy to amend or correct certain aspects (informatics, financing, recruitment of professionals, change of quality criteria, redefining the target population, etc.).

- Main objectives of the activities

To detect (breast and colorectal cancers) and prevent (colorectal) cancers.

- Target population

- ✓ Breast cancer : 50-70-year-old women
- ✓ Colorectal cancer : 55-74-year-old men and women

- Geographical coverage

The breast and colorectal cancer screening programmes are implemented at national level.

- Type(s) of stakeholders concerned with your activities

The mains stakeholders concerned are:

- ✓ Physicians (gynaecologists, gastroenterologists, radiologists)
- ✓ Ministry of health
- ✓ National health insurance

- Main results of the activities

Participation rate for colorectal cancer screening is low. It is expected to amend the general design of the intervention in the following years.

For both colorectal and breast cancer screening programmes, health care professionals do not always follow national recommendations. A lot of individual screenings are planned even in the absence of scientific justification.

2.3 Romania

- **Implementation site geographical data**

In Romania, YOUNG50 will be implemented in three counties from the North-West part of Romania: Local-Cluj-Napoca city and rural areas in the surroundings (Cluj County is situated in the North-West part of Romania and Cluj-Napoca is a big city with more than 300,000 inhabitants).

The project will facilitate the targeting of several groups of population, in order to increase their chance for a healthy lifestyle, prevent disease, and decrease the gap in terms of health status and quality of life between different regions of Europe.

- **Epidemiological data of CVD**

✓ Mortality (cause of death due to CVD)

149,256 deaths/year in Romania (Eurostat)

✓ Prevalence of CVD

In Cluj County the prevalence of blood high pressure is 13,988/100,000 inhabitants , the prevalence of ischemic cardiopathy is 6,282/100,000 inhabitants , the prevalence of cerebrovascular diseases is 1,653/ 100,000 inhabitants (National Institute of Statistics from Romania, 2015)

✓ People of 50 years old population

Unavailable information at this moment (but it is estimated around 1,526,148 people[8])

- **CVD activity description**

- Title

Smoking prevention and cessation

- Activity description

✓ Training, capacity building and advocacy in the field of tobacco control

✓ Assessment of smoking behaviour among different population groups

✓ Development and implementation of school based smoking prevention and cessation programmes among adolescents (e.g. Smoke free Class Competition, Adolescent smoking cessation, Quit and win for adolescents-project funded by Public Health Program of EU

✓ Development of the first computer tailored programme for smoking cessation among Romanian adults

✓ Development of guidelines and pilot studies for smoking cessation among high risk groups (CVD patients, diabetic patients, BPOC patients) (Tob-G project funded by Public Health Program of EU)

✓ Monitoring of tobacco control activities (Eurest_plus project funded through Horizon 2020 programme)

- Target population

[8] https://www.worldometers.info/demographics/romania-demographics/

There were several projects developed in the last 15 years targeting adolescents, adults, high risk groups (including CVD and diabetic patients).

- Geographical coverage

Different counties of Romania.

- Type(s) of stakeholders concerned with your activities

During the implementation of several projects there were established partnerships with several organisations:

- ✓ European Network of Smoking prevention
- ✓ Romanian Ministry of Health
- ✓ Romanian Ministry of Education
- ✓ Public health Directorates from Romania
- ✓ Romanian Society of Pneumology
- ✓ Romanian medical universities
- ✓ Universities from Europe (e.g. Netherlands, Greece)
- ✓ Non-governmental organizations from Romania and other countries of Europe
- ✓ Schools

- Main results of the activities

- ✓ Development of several projects, activities, guidelines, educational materials for smoking cessation and smoking prevention
- ✓ Development of a computer tailored programme for smoking cessation among adults from Romania
- ✓ Moving forward several policy measures regarding tobacco control in Romania
- ✓ Building expertise and involvement of several physicians in the field of smoking prevention and cessation

- Main lessons learned

- ✓ Expertise in development, implementation and evaluation of smoking cessation and prevention activities
- ✓ Experience in multi-stakeholder approach and community engagement
- ✓ Experience in establishing partnership and communication

- **Screening or health prevention activity description**

- Title

Promotion of healthy nutrition and active lifestyle.

- Activity description

- ✓ Assessment of nutritional habits and physical activity among different population groups, including patients with CVD and their relatives
- ✓ Development and implementation of educational activities for promotion of healthy nutrition and active lifestyle among children, adolescents and adults
- ✓ Training and capacity building in this field

- Main objectives of the activities

Promotion of a healthy lifestyle across lifespan through education, policy changes and multi-stakeholders approach.

- Target population

- ✓ Children and adolescents from Romania, including disadvantaged groups (children and adolescents with hearing deficiencies)
- ✓ Romanian adults, including patients with CVD and their relatives
- ✓ Medical students and health care professionals

- Geographical coverage

Different counties of Romania, with a special focus on North-West part of Romania.

- Type(s) of stakeholders concerned with your activities

- ✓ Schools
- ✓ Hospitals, Primary care centres, Specialized physicians, General practitioners,
- ✓ Medical universities from Romania
- ✓ Public Health directorates

- Main results of the activities

- ✓ Training of medical doctors, physician, teachers in the field of healthy lifestyle promotion
- ✓ Building partnership, expertise in this fields
- ✓ Development of schools, students and parents engagement in this field and development of educational materials which could be useful also during other health education projects

- Main lessons learned

- ✓ Development of partnerships with different medical professionals, which could help the development of future projects
- ✓ Expertise in the field of nutrition and behaviour change through information, education and counselling

2.4 Main findings

The information collected through the templates provide a general insight of the geographical and epidemiological context enabling a better understanding of their current situation in order to tackle more effectively the implementation of YOUNG50.

Most of the activities reported provide interesting examples of lifestyle interventions, programmes encouraging the adoption of healthy behaviours and early detection programmes to prevent and screen chronic diseases.

It is interesting to note that implementation sites agree on the importance of implementing preventive and screening programmes to reduce the incidence disease-specific mortality.

Pilot sites consider important the involvement of different stakeholders for implementing their interventions or programmes. Strategies to ensure stakeholder engagement and involvement are considered fundamental to develop effective health interventions.

3. Preparation of the implementation

The objective of this process is to identify, specify and analyse determinants that acts as barriers and enablers that could influence implementation outcomes, and then to elaborate the Action Plan to be followed during the implementation phase[9].

The pre-implementation phase consists of the following steps (Figure 1):

1. Definition of the scope of the intervention and selection of features to implement
2. Situation analysis using the Strengths, Weaknesses, Opportunities and Threats (SWOT) technique
3. Description of the Local YOUNG50 Prevention programme and elaboration of the Action Plans

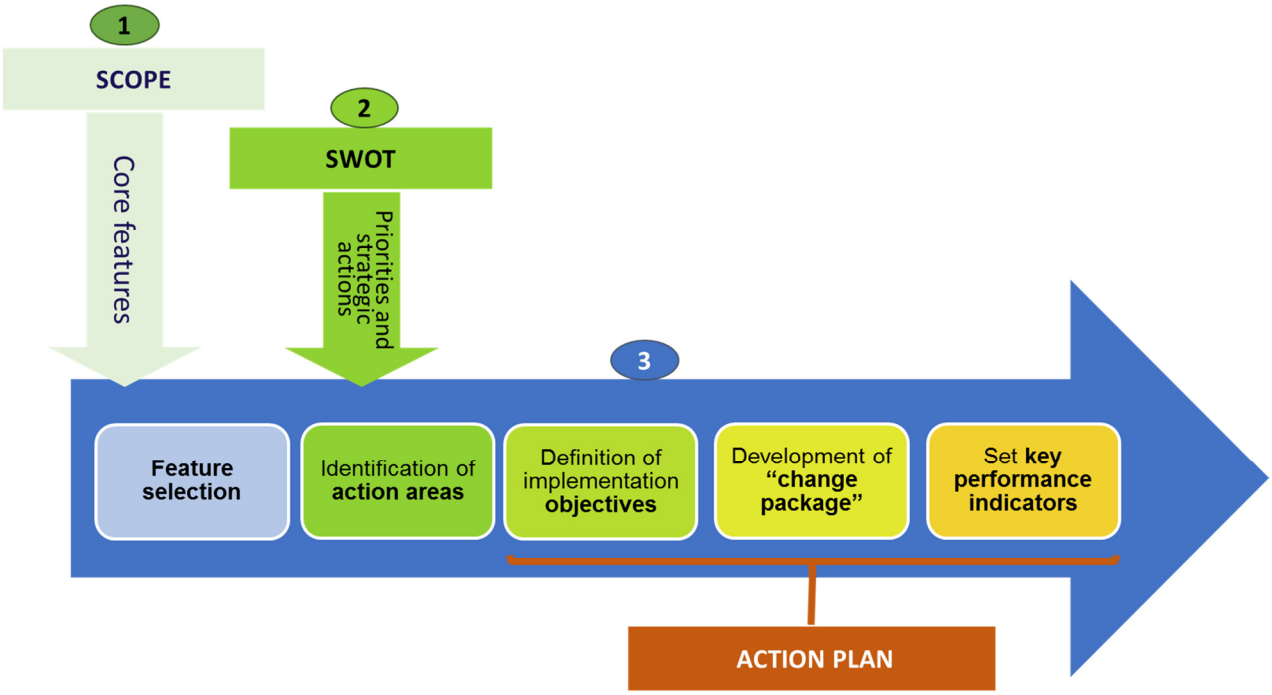

Figure 2. Pre-implementation strategy

[9] Palmer K et al., 2019.

3.1 Scope of the intervention

The objective of this step is to select the specific features of the intervention that will be implemented by the three Member States (Lithuania, Luxembourg and Romania) according to the local needs, interests and capabilities.

The scope of an intervention means the extent that the local programme deals with or to which it is relevant. It depends on local needs, expectations, strategic objectives and real possibilities. It is defined by the core features of the intervention that will be finally implemented and integrated in local programmes.

Core features are defined as distinctive characteristic of a good or service that sets it apart from similar items local requirements. These elements are essential to achieve the desired results.

3.1.1 Core feature definition

During the kick off meeting of YOUNG50, a dedicated workshop was organized.

The workshop aimed to analyse CARDIO 50 good practice and identify its core elements and then define the central features of the local YOUNG50 prevention programmes.

Following the collaborative methodology, the scope definition approach was developed through the following steps:

1. Analysis of CARDIO 50

   Detailed presentation of the good practice emphasizing the elements that were central in producing the desired results.

2. Identification of core features

   Agreement on the main features of CARDIO 50 good practice.

3. Prioritisation and final selection of core features

   The most relevant core features were listed based on local needs, expectation and adopting region´s capabilities to uptake the intervention.

4. Local assessment of core features

   Each pilot site performed a self-assessment exercise. The technical maturity and actual deployment degree of each core feature were evaluated locally, to better understand the degree of development of the activities/practices/tools in each implementation site (Figure 3, 4 and 5).

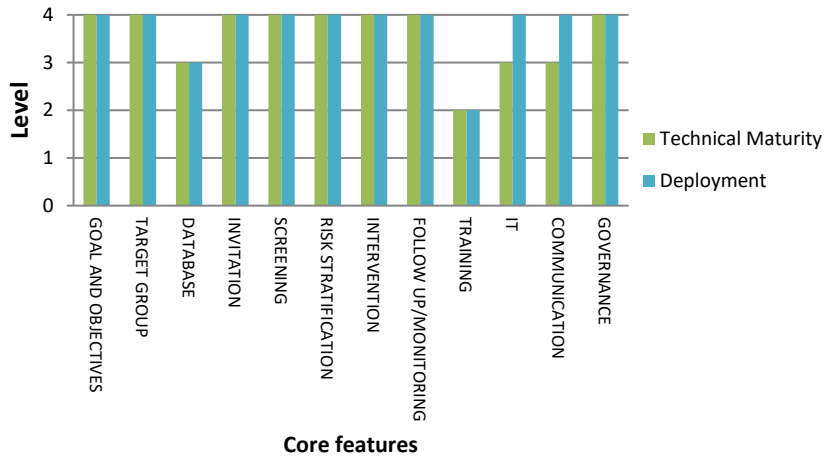

Figure 3. Lithuania core feature assessment

Lithuania shows a high level of technical maturity and deployment degree in almost all the core features assessed.

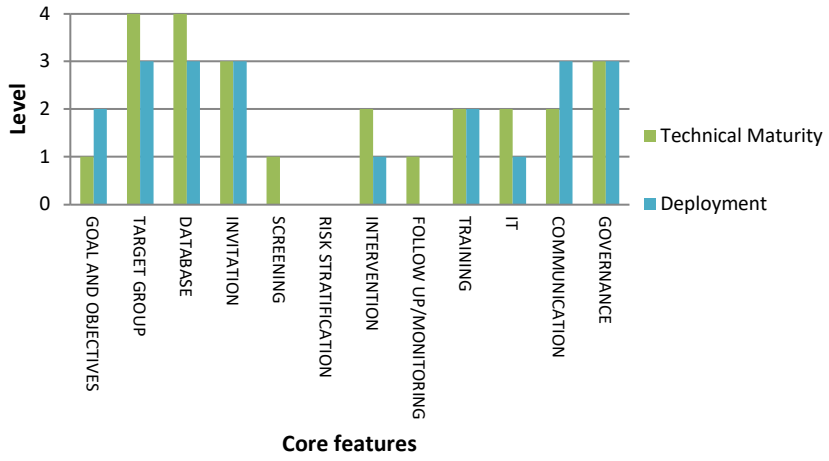

Figure 4. Luxembourg core feature assessment

Luxembourg presents high level of technical maturity in target group, database and governance; moderate level in intervention, training, IT and communication; low level in goal/objective, screening, risk stratification, and follow up/monitoring. The deployment degree in each of the core features assessed was high in target group, database, communication and governance; moderate degree in goal/database and training; and low degree in, screening, risk stratification, intervention, follow up/ monitoring and IT.

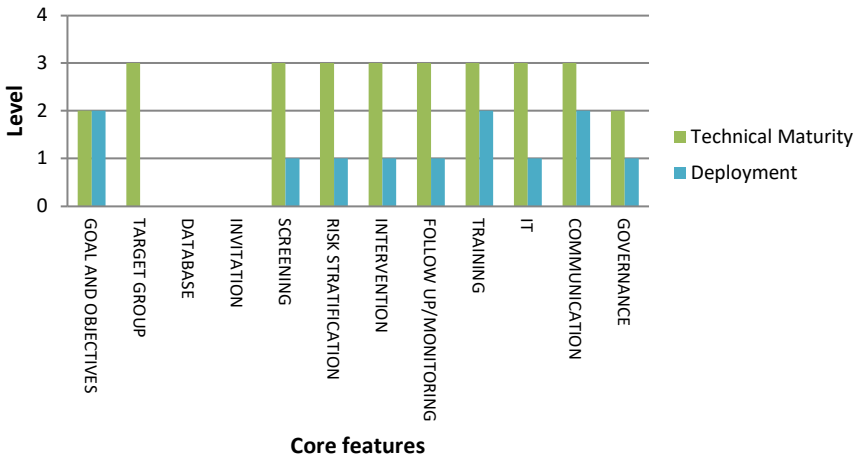

Figure 5. Romania core feature assessment

Romania shows high level of technical maturity, but low deployment degree in the majority of the core features assessed.

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3.1.2 Main findings

The workshop was an effective mean to get immerse more deeply into the project, to understand thoroughly the implementation process, and to define jointly the core features to be implemented.

An important aspect to highlight is the high level of agreement on the core features identification. Twelve core features were defined for YOUNG50 prevention programmes including goal/objective, target population, database, invitation, screening, risk stratification, intervention, follow up/monitoring, training, IT, communication and governance.

It is remarkable to note that the core feature assessment developed by the implementers reported a high technical maturity level and a moderate deployment degree. These results indicate pilot sites´ readiness to implement CARDIO50 good practice.

3.2 Situation analysis

The objective of this step is to identify the areas on which the implementation sites have to focus based on the analysis of internal (Strengths and Weaknesses) and external factors (Opportunities and Threats) and to help with both strategic planning and decision making.

Implementing a new intervention requires taking into account the current situation or system context. It is necessary to identify the environmental factors influencing and understand how they can affect the implementation of an intervention. It is not only necessary for the system where the implementation takes place but also for future adopters who might need to know the characteristics of the original system.

SWOT analysis is an analytical method which is used to identify and categorize significant internal and external factors faced either in a particular area, such as an organization, or a territory, such as a region, nation, or city. This analysis addresses and highlights all the characteristics, relationships and synergies among these internal and external variables and helps an organization to determine how to allocate the resources to accomplish its goals[10] [11].

The SWOT analysis is particularly suited to the objectives of YOUNG50 due to its features:

- Flexible: it can be applied to any context, programme, and stage of implementation;
- Simple: the methodology is easy-to-use and accessible by non-technical stakeholders;
- Structured: the frame is well structured, making it easy to explore the different areas of analysis (S, W, O, T), to identify internal categories and to verify internal coherence;
- Comparable: being a structured method, it is possible to generate a meta-SWOT, comparing different analysis from different contexts;
- Participatory; the analysis can be performed by involving different stakeholders. This is valuable to develop the sense of ownership of the intervention or practice that is being implemented.

The purpose of performing a SWOT is to reveal positive forces that work together, and potential problems that need to be recognized and possibly addressed. It also enables participants to make a judgment and share their vision in a structured way, in order to enrich the common perception.

The SWOT analysis also offers a simple way of communicating in a glance about a project, intervention, programme or policy, describing both internal attributes and external conditions:

- Strengths are positive internal attributes that are controlled by a country, region or a local organisation, and which provide foundations for the future.
- Weaknesses are negative internal attributes, which are controlled by a country, region or a local organisation, that need to be addressed.
- Opportunities are external positive conditions that may facilitate the implementation. They are often beyond the influence of a region or a local organisation or are at the margins.
- Threats are external conditions that may stand in the way of the implementation.

[10] Evaluation methodological approach. SWOT (Strengths Weaknesses Opportunities and Threats) Analysis. 2017
[11] Chapter 3. Assessing Community Needs and Resources | Section 14. SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats | Main Section | Community Tool Box [Internet]. [cited 2017 Nov 30].

General categories can be considered internal factors:

- Financial resources: investments, grants
- Physical assets: buildings and equipment
- Human resources: employees, volunteers, mentors
- Key players: vital members of your team
- Organization workflow: work practices and processes
- Organization culture: values and environment
- Competitive position: stakeholder performance

Regarding the external factors, there are some categories that can be considered:

- Economic trends: the economy in your area
- Market trends: your target market could be driving new trends
- Political support: consider changes in political ties
- Government regulations: regulations that might influence you
- Changing relationships: partners, suppliers
- Target audience shift: demographics

Questions that can help inspire the SWOT analysis are (Table 1):

Table 1. Frequent SWOT analysis questions

Strengths	Weaknesses
• What do you do well? • What relevant resources do you have access to? • What do other people see as your strengths? • What assets do you have, such as knowledge, education, network, skills, equipment, and technology?	• What could you improve? • What do you do badly? • What should you avoid? • Are there gaps on your team? • Does something stop you from performing at your best?
Opportunities	**Threats**
• Where are the good opportunities in front of you? • What are the interesting trends you are aware of? • If your practice/programme/tool is up and running, do people think highly of it?	• What obstacles do you face? • What are your competitors doing? • Are the required specifications changing? • Is changing technology threatening your position? • Are there funding problems?

In YOUNG50 the main output of the SWOT analysis is a matrix presenting the most important strengths, weaknesses, opportunities and threats that help setting priorities and strategic actions for Local Prevention Program implementation.

3.2.1 Local SWOT analysis matrix and strategic actions

To achieve this purpose, a template to identify the internal and external factors and to define strategic actions was created by WP4 beneficiaries (ANNEX II). Additionally a dedicated webinar was organized by Kronikgune on the application of SWOT analysis in YOUNG50 project (ANNEX III).

3.2.1.1 Lithuania

The SWOT analysis was organized in the Ministry of Health of Lithuania in 25th October, 2019. Fourteen stakeholders (Hospitals, Primary care centres, specialized physicians, general practitioners, National public authorities, NGO's, Local public authorities, educational institutions) attended the meeting.

The following table summarizes the main results of the SWOT analysis, listing the most important factors in each of the sections (strengths, weaknesses, opportunities and threats).

Table 2. SWOT analysis in Lithuania

SWOT analysis	
Strengths	**Weaknesses**
• Database: systems are already developed for data collection, analysis and selection of any date needed. From the national cardiovascular prevention programme, there is available the patient's database, and qualified staff who work with database. • IT: Qualified (educated and with practical skills) staff, Well-equipped working places (pc, phones, internet access). Staff has already developed systems for data collection, analysis and selection of any date needed. • Intervention: Improvement of healthcare, know how experience, framework of CARDIO 50, integration of other chronic diseases and habits.	• Goal: Health of people, established functionality via technology, a little participant presence, shallow base skills, and unreliable resources flow. • Governance: Used tools need to be revised periodically to be evaluated and modified/changed when needed. • Training: The interface challenges, using software difficulties, workers experience with technology, trainer has to be an expert.
Opportunities	**Threats**
• Communication: Use best practice of other countries and promote programme via effective social advertisement, Use local stakeholders (public health bureaus, associations) for spreading information amongst the target group people. • Follow-up and monitoring: Awareness of social and prevention programmes, integrated local data base, previous knowledge of national programmes, closed loop communication system, personalization of the follow-up. • Invitation: Great relationship with national ministry of health and municipality, Patients trust the doctors, Overall population tendency to take care of their personal and community health, E-health services in Lithuania helps to monitor patients and to get their feedback.	• Target group: Peoples are not interested in keeping themselves healthy in general, difficult to convince the target group, It will be hard to promote the project's idea between target audience, because some of them uses less social media. • Screening: Population is smoking, drinking alcohol and stressful, socially disadvantaged or elderly people not always have opportunities to come to our clinic, Increasing number of participants increases the load on family doctors. it is not possible to reach out the whole target audience by social media, because 50-year-old population use less social media that younger population. • Risk stratification: Not all 50-year-old people will have interest in participating in the programme. • People with lower income level or living too far from the healthcare centres where the project is implemented.

Based on the SWOT analysis results, potential strategic actions were defined for exploiting opportunities or defending against threats through the leverage of the existing strengths and the reduction of weaknesses. The following strategic actions were defined:

1. Identify strategies to identify participants: use already existing data base for choosing the target group members and work on effective invitations.
2. Close relationship and support from national ministry of health and municipality, local stakeholders (public health bureaus, associations) for spreading information amongst the target group people, promoting the programme via effective social advertisement.
3. Use the best practise of other countries to stimulate the target group, raise awareness of their own health.
4. Maintain alliances with governmental and nongovernmental organizations, institution of municipality.
5. Define the training procedure of professionals: professionals are highly qualified (educated and with practical skills). The main challenge is to train medical professionals with less skills of computer literacy.
6. Define the screening process (time, professionals).
7. Define the follow-up process.
8. Identify tools to challenge qualified staff turnover.
9. Identify strategies for additional funding in case government changes priorities and cuts the funding this specific programme.

3.2.1.2 Luxembourg

The SWOT analysis was organized in the Ministry of Health of Luxembourg. Thirteen stakeholders from the Caisse Nationale de Santé, Association de Médecins et Médecins Dentistes, Association Luxembourgeoise des Groupes Sportifs pour Cardiaques, Cercle des médecins généralistes, Société luxembourgeoise de cardiologie et de diabétologie, Luxembourg Institute of Health, Association Nationale des Infirmières et Infirmiers du Luxembourg and Directorate of Health attended the meeting.

The following table summarizes the main results of the SWOT analysis, listing the most important factors in each of the sections (strengths, weaknesses, opportunities and threats).

Table 3. SWOT analysis in Luxembourg

SWOT analysis	
Strengths	**Weaknesses**
• All stakeholders joined the national Steering Committee for YOUNG50 in Luxembourg. • The MOHLUX has experience for implementing screening programmes (breast and colorectal cancers). • Stakeholders are used to work together on a panel of topics with the lead of the MOHLUX. • There is no lack of financial resources for conducting surveys and contracting with external partners to provide certain aspects of the project.	• The implementation team at the MOHLUX is too small for conducting the project in Luxembourg.
Opportunities	**Threats**
• Alliances might be established with some partners for changing institutional dynamics. • Some national projects on healthcare coordination could include aspects of YOUNG50. • Staff recruitments at the MOHLUX could expand and strengthen the competencies and capacities of the implementation team.	• The funding of dedicated screening medical consultations is dependent on the will of the National Health Insurance. • The composition of the implementation team at the MOHLUX might be unstable within the duration of the YOUNG50 project. • The benefits of systematic screening of cardio-vascular risk factors among 50 years old are not scientifically supported (see Cochrane 2019).

Based on the SWOT analysis results, the following potential strategic actions were defined:

1. The dynamic created within the Steering Committee could bring new alliances between institutions.
2. Stakeholders might be pushing the MOHLUX to effectively staff the implementation team.
3. Some stakeholders could support more effectively the implementation team.
4. Future recruitment or internal reorganization at the MOHLUX could reinforce the implementation team
5. Discuss and decide with the COPIL on crucial points such as financing prevention by the National Health Insurance.
6. Omit the lack or the absence of scientific evidence supporting the rationale of YOUNG50.

3.2.1.3 Romania

The SWOT analysis was organized through individual calls to specific stakeholders. Ten stakeholders including medical doctors from University of Medicine and Pharmacy from Cluj-Napoca Romania, Public Health Directorate from Cluj-Napoca Romania, members of professional associations (Association of general practitioners from Cluj-Napoca, Romanian Association of Cardiology, Romanian Association of Pneumology), and general practitioners were involved in the analysis.

The following table summarizes the main results of the SWOT analysis, listing the most important factors in each of the sections (strengths, weaknesses, opportunities and threats).

Table 4. SWOT analysis in Romania

SWOT analysis	
Strengths	**Weaknesses**
• The comprehensive approach for assessing both biological and behavioural cardiovascular-risk factors. • The structure of the programme with a clear methodology for risk assessment and classification through the use of specific software. • The integrative model for cardiovascular risk prevention and health promotion through both educational activities for healthy lifestyle promotion among those with behavioural risk factors as well as referral to GP for those with biological risk factors for further investigations and treatment. • The European dimension of the project which facilitate the best practices exchange between European countries. • The co-funding and support of the project by the European Commission, which gives credibility and facilitates support for its implementation from other Romanian organizations. • The expertise and experience in the field of the Romanian team implementing the project, as well as their previous involvement in national and international projects of health promotion, networking for health initiatives and healthy lifestyle promotion. • The intersectorial cooperation promoted by the project in Romania.	• No possibility to have a database of 50 years old people (this is not available in Romania), which limits the possibility to send them direct invitation for participation in the project • The Romanian situation where the payment of the GP is mainly for curative, not preventive services. • The screening activities as proposed by the project cannot be automatically adopted and implemented by health care professionals without a financial aid for this, being necessary to be performed by members/ volunteers/ collaborators of the organization implementing the project in Romania. • Limited and under-funded services for cardiovascular risk prevention (smoking cessation, nutrition education, body weight management) which are already in place and could be integrated into the project (the possibility of referral of the participants to services/organizations which might help for healthy lifestyle promotion them is quite limited).
Opportunities	**Threats**
• The scientific, communication and project management support received from the European coordination team and other partners. • Cooperation with different governmental and non-governmental organizations from Romania (University of Medicine and Pharmacy from Cluj-Napoca, Romania, Public Health Directorate from Cluj-Napoca, professional associations) which will facilitate the implementation of the project and have the potential to increase its sustainability. • Creation of an Expert Committee in Romania whose members are representatives of the partner organizations as well as experts in the field of the project, community mobilization, networking for health initiatives • Previous programmes/ activities/ materials developed by the project team in Romania or by partners could be integrated in the educational activities of the project targeting the participants with inappropriate lifestyle behaviours • The use of information and communication technology for health education	• The screening for chronic diseases is still in the beginning phase in Romania, the awareness of both population and decision makers with regard to its approach and benefits is not yet well documented and understood in Romania. • The overload with medical and administrative activities of GP, which will limit their involvement in the specific activities of the project regarding screening and educational activities for cardio-vascular risk prevention. • The need to develop and implement several education activities for healthy lifestyle promotion for the participants, since despite of the broad cooperation these type of activities are not widely in place • The dynamic of communicating, involving and cooperating with different partner organizations/ members of the Expert committee might encounter several challenges, as it is often a possible threat in the case of broad cooperation in the field of projects of health promotion and community health

Based on the SWOT analysis results, the following potential strategic actions were defined:

1. The Romanian team will beneficiate by the support of the European coordination team and other partners, with important short term and long term consequences for health promotion.
2. The Romanian team will contribute to the best practices exchange at European level, the data gathered and the activities developed in Romania contributing to get better insights with regard to health promotion among diverse population, including disadvantaged groups from Europe.
3. The Romanian team will make efforts for a broad cooperation with other nongovernmental or governmental organizations in Romania, which will stimulate new alliances and increase awareness of Romanian decision makers with regard to importance of cardiovascular risk prevention
4. Different approaches (including different forms of media communications) will be used for recruiting the participants, since a list of the targeted population is not available.
5. The development of an integrative model for screening of both biological and behavioural factors should be developed using clear pathways since it will not be automatically adopted by health care professional without financial aid.
6. Some organizations might be more supportive and win-win principle will be used in all the communication activities in order to stimulate this.
7. Cooperation with University of Medicine and Pharmacy from Cluj-Napoca to involve young medical doctors, PhD students, undergraduate students in the activities of screening and health education of the project.
8. The partner organizations from Romania will be consulted with regard to activities /programmes/ educational materials they already have in place and might be integrated into the project.
9. Previous programmes/materials developed by AER PUR Romania and its members will be used as a starting point for several educational activities.
10. Discuss and find solutions together with the members of the Expert committee from Romania.
11. Efforts to find additional funding and support

3.2.2 Main findings

A SWOT analysis was employed in this project to illustrate factors which may affect the implementation of the good practice of CARDIO50. It aimed to identify the internal strengths and weaknesses of an organisation, along with external opportunities and threats.

In Lithuania, available database and experience of IT staff and health professionals were identified as internal positive factors. Internal negative factors included barriers such as training of professionals, update of the tools to be used, and telemonitoring of patients´ health status. This analysis also reported external positive factors such improving relationships, increasing awareness, monitoring patients. External negative factors included problems in targeting participants and participating in the programme.

In Luxembourg, active involvement of stakeholders, available funding for contracting external partners and experience of health professionals were clearly identified as strengths. Internal negative factors included barriers mainly related to the lack of personnel for implementing the programme. Opportunities such as the development of new alliances and the possibility to increase the knowledge were highlighted. Funding problems, unstable staff, and doubts related with the benefits of implementing this programme were considered threats.

In Romania, the structure of the programme, the funding support, the intersectoral cooperation and the experience of health professionals were identified as strengths. Internal negative factors included barriers such as not available database, lack of funding, and screening issues. Scientific and communication opportunities, acquirement of knowledge, the creation of new collaborative synergies were considered external positive factors, whereas overload of professionals, communication challenges, screening issues and doubts of the benefits of this programme were external barriers.

It is important to mention that some implementers identified difficulties for organizing a face-to-face meeting with stakeholders due to logistic issues of agenda, or developing a specific meeting to address the SWOT analysis due to the same issue.

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3.3 Local YOUNG50 Prevention Programme

The objective of the Local YOUNG50 Prevention Programme is to define the components and structure of Programmes adapted to pilot site´s contexts.

The following components have been considered for developing the Local Prevention Programme:

- **Rationale**: Background and the underlying justification for the Programme development.
- **Objectives**: Overall goal the Programme intends to achieve and concrete purposes the Programme will attain to reach the general objective.
- **Scope of the programme**: Extent of the programme and what areas deals with.
- **Basic principles**: Propositions or values that govern and guide the objectives, actions and organization of the Programme.
- **Target population**: The particular group of people identified as the intended recipient of the Programme and the characteristics that disqualify subjects from taking part in the Programme.
- **Structure**: How the Programme is organized and interrelated at national, regional and local level.
- **Activities**: What processes and actions are part of the Programme and synthetic measures that assess the performance and the impact of the Programme.
- **Resources**: Assets the Programmes requires to function effectively.
- **Other information**

The main output of the Local YOUNG50 Prevention Programme is to describe a set of coherent, organized and integrated activities aimed to achieve concrete and predefined objectives and to outline organized resources and flow of information of the programme that will provide support to the local implementation team.

Proposed template to produce the Local YOUNG50 Prevention programme is included in ANNEX IV. Additionally a specific webinar was led by Kronikgune (ANNEX VI).

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3.3.1 Local YOUNG50 Prevention Programme description

This section presents the Local Prevention programmes description of the three implementation sites of YOUNG50.

3.3.1.1 Lithuania

- **Rationale**

Cardiovascular disease (CVD) is one of the leading causes of death in the European Union and causes more than 1,8 million deaths per year (EHN Cardiovascular Disease Statistics), as well as a large loss of potential years of life. Lithuania is defined as high risk country with high CVD mortality rate.

In Lithuania, national programme is just a screening for unhealthy people and by the results patients are either referred to cardiologist or not. Furthermore, national CVD prevention programme does not pay much attention to unhealthy lifestyle. Lifestyle is not identified nor documented so it cannot be changed. Moreover in national programme men and women participate in different age groups which is very old method and we cannot present scientific studies because our audience is not coherent. Moreover national programme does not contain structured follow-up and the measuring of results is really poor, based on poor data. And finally, national programme does not have such people involvement method as psychologically influential questionnaire – which gives person time to think about and actualise his own flaws in his lifestyle.

The preventive YOUNG50 programme mechanism can help solving problems mentioned above. Also, the intervention on CVD and the related risk factors, in addition to saving lives, can also bring advantages in terms of rationalization of resources. That is why we choose YOUNG50 for seeking timely preventive intervention.

- **General objective**

Overall objective is to decrease the CVD morbidity and mortality rates.

- **Specific objectives**

✓ Identify the relative quantity of population of healthy 50 year olds, but with bad habits
✓ Follow-up of the people and of the habits
✓ Modify the risk factors, motivate participants
✓ Promote the healthy lifestyle
✓ Increase knowledge about diseases and risks
✓ Identify any new CVD related disease on its early stage
✓ Gather feedback from population

- **Scope of the programme**

2.7 million people in Lithuania. 600,000 of them live in Vilnius. Centro Poliklinika covers 150,000 people and it is around 6 percent of the whole population. The scope will be gradually increased over time. First we start with Centro Poliklinika, and then it is expected that other clinics in Vilnius municipality will join, based on our pilot project results.

- **Basic principles**

Using project to reshape national programme: we will compare actions of a project undertaken in Centro Poliklinika, gather the results and create consultative guidelines in order to transfer the best practise to institutional plans and programmes. With help from Ministry of health we expect to be able to transfer the

best practice to national guidelines.

Project conjunction approach – participating in EUPAP which is promoting physical activity.

Step by step approaching – after the pilot project in Centro Poliklinika, the evaluation of project results will be used as a strong argument in further discussions about modifying the institutional guidelines and national prevention programme.

Education – health illiteracy is booming, but health care professionals have a stronger impact on patients opinion, especially during the eye-to-eye visit.

Self-awareness – patients are not used to oversee how their body changes and are not used to take responsibility of unhealthy lifestyle. We give them tools and food for thought about spectating and measuring their own body and feelings. We also encourage them by ensuring that they have to stay healthy for their families and for society.

- **Target population**

Asymptomatic men and women, aged 50 years, resident of Lithuania (approx. 1500 persons).

- **Exclusion criteria**

✓ In therapy for CVD diseases
✓ Cancer patients
✓ Not auto sufficient
✓ Institutionalized

- **Programme structure**

✓ National level

The results of YOUNG50 will be shared among Ministry of health and several CVD related NGOs, they are always informed about the timeline, current and future actions of the project. Overall results implementation to national and/or institutional guidelines will be discussed with Ministry of health.

✓ Regional level

The regional plan coordination will be held by Centro Poliklinika in collaboration with Ministry of health. Together we will provide derived results, principles of the programme, tools and encompass the coordination of the actions with the participation at different levels, the technical-scientific and methodological support and the stewardship at the central level.

✓ Local level

The screening process will start at the GP office at Centro Poliklinika. Project coordinators will inform GPs and nurses about target audience and will be in charge of the whole programme. An effective partnership and multi-project management will be at place: after the screening patients may be referred to EUPAP project physical activity office, or to public health bureau for healthy lifestyle lectures.

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- **Programme activities**

Table 5. Programme activities in Lithuania

Activity	Methodology
Recruitment	Active invitation by sending SMS and live face to face invitation in doctor's office.
Assessment	Life style questionnaires.
Classification into risk groups	Risk classification algorithm with using computer app.
Prevention interventions	Healthy nutrition, quit smoking, physical activity interventions.
Treatment interventions	Referral to cardiologist.
Follow-up	Monitoring the movement of the patient to/from prevention and/or treatment interventions, follow-up questionnaire. Also the second invitation for the follow-up.

- **Programme process and outputs indicators**

Table 6. Programme process and outputs indicators in Lithuania

Evaluation criteria	Process and outputs outcomes
Recruitment Active invitation by sending SMS and live face to face invitation in doctor's office	% target population contacted for screening.
Assessment Lifestyle questionnaires	% of people with lifestyle questionnaires completed.
Classification into risk groups Risk classification algorithm	N. of people classified in each risk group. % of people classified.
Prevention interventions Healthy nutrition, quit smoking, physical activity interventions	N. of interventions implemented. % of population referred. % adhesion to interventions.
Treatment interventions	% of population referred.

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Referral to cardiologist	% of patients who visited. % of patients who got future interventions.
Structured follow-up Monitoring the movement of the patient	% population called to follow-up. % adhesion to follow-up. % of patients that came to second visit. % of patients that gave comments after the second visit.

- **Programme health-related outcomes indicators**

Table 7. Programme health-related outcomes indicators in Lithuania

Evaluation criteria	Health-related outcomes
Identify the quantity of population of healthy 50yolds but with bad habits	N. of people with cardiovascular risk. N. of people with unhealthy habits.
Specify the issues that arise when trying to live healthy.	N. of issues and percentage of patients facing them. N. of people who say that their issues has been solved.
Specify the needs and expectations of population	N. of needs and percentage of patients facing them. N. of people who meet their needs and expectations. N. of people who do not meet their need and expectations.
Increase knowledge about diseases and risks	N. of people consulted. percentage of them attending the seminars. N. of people consulted by public health bureau. N. of people who say that their knowledge has increased.
Identify new starting cases of metabolic syndromes, lipid metabolism, hypertension, hyperglycaemia, and hypercholesterolemia.	N. of people with hypertension. N. of people with hyperglycaemia. N. of people with hypercholesterolemia. N. of people with metabolic syndrome. N. of people with bad lipid metabolism.
Modify the risk factors, motivate participants	N. of people consulted.

Promote the healthy lifestyle	% of them attending the seminars. % of them answering the follow-up questionnaire.
Get population opinion about the project	n. of people consulted. % of people given feedback.

- **Programme resources**

✓ Engagement of professionals

Active collaboration of medical doctors, nurses, nutritionists, psychologists, health educators, administrative staff, biologists/chemists, health and social workers, local authorities, cultural and voluntary associations.

✓ Network of services

EUPAP project referrals, collaboration with public health bureau.

✓ Physical

Production of materials to be used and distributed during screening visits; Production and diffusion of informative materials to entire population through various channels; Facilities to perform lifestyle assessment (doctoŕs office).

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3.3.1.2 Luxembourg

- **Rationale**

Luxembourg is a small European country with a population of 602,000 inhabitants. According to OECD data, Luxembourg is considered as a high income country. Residents in Luxembourg are, on the overall, in good health. Indeed, with a life-expectancy of 82.1 years, Luxembourg is above the EU average of 80.9.

However, cardio-vascular diseases are a growing issue as in many countries nowadays. According to the latest national reports available, cardio-vascular diseases are Luxembourg's biggest killers. They represent 30.2% of all deaths in Luxembourg every year. Beyond mortality, cardio-vascular diseases also affect the quality of life of thousands of people in Luxembourg. In a national survey published in 2016, nearly 31% of Luxembourg residents were diagnosed as hypertensive, and over 70% of those were either unaware of their condition or not adequately controlled.

Many cardio-vascular risk factors are also found among residents in Luxembourg. Indeed, 48% of residents are overweight or obese and 21% are smokers. Diet habits are also an important issue as 35.8% of people over 18 years old do not eat any fruits and/or vegetables every day.

On the organizational aspect, cardio-vascular screenings are conducted by medical doctors during consultations. The decision of performing these screening is based on medical professionals' clinical expertise. In 2019, the Ministry of Health does not have yet a national plan into place for specifically tackling cardio-vascular diseases.

Considering all these information, the YOUNG50 programme would definitely improve the prevention and cure of cardio-vascular diseases in Luxembourg. Several national stakeholders are already in place and willing to better collaborate to provide cardio-vascular screenings to 50 years old inhabitants.

- **General objective**

To improve the cardio-vascular health of 50 years old people living and/or working in Luxembourg.

- **Specific objectives**

✓ To implement a new procedure for 50 years old people to be systematically screened for cardio-vascular diseases and risk factors in primary healthcare settings.
✓ To organise preventative interventions for 50 years old screened for CVD and having specific risk factors.
✓ To improve the coordination between primary healthcare practitioners, medical specialist and professionals of prevention.
✓ To support the national dynamic for tackling cardio-vascular diseases and risk factors.

- **Scope of the programme**

The programme will be implemented nationally. All GPs will be informed about YOUNG50 and could therefore screen participants.

The programme will attract participants living also in neighbouring countries such as France, Germany and Belgium if they work in Luxembourg.

- **Basic principles**

✓ The screening consultation has to be as accessible as possible (cheap, locally available, simple, etc.).

✓ Inclusion criteria are as open as possible: residents and workers in Luxembourg are included in the screening programme.

✓ People screened and having cardio-vascular risk factors must be sent to preventative programmes. No one will be screened without being proposed solutions and actions if risk factors are found.

✓ The programme will be implemented in different languages to address the diversities of cultures and languages in Luxembourg.

- **Target population**

All people aged 50 years old and covered by the national health insurance in Luxembourg. Residents and cross border workers are intended to be included in the screening.

- **Exclusion criteria**

✓ People having been already screened by their cardiologist or GP for cardio-vascular diseases and risk factors.

✓ Vulnerable people aged 50 years old and not being covered by the national health insurance are excluded from the YOUNG50 programme.

- **Programme structure**

The structure of the Programme is:

✓ The Ministry of health will have access to all the addresses of 50 years old living and/or working in Luxembourg.

✓ The Ministry of health will send invitation letters to the targeted population.

✓ Participants will be invited to book an appointment with a GP for the screening.

✓ General practitioners will perform the screening.

✓ The screening will be no more costly, for participants, than the cost of a regular consultation with a GP (but free screening is not guaranteed).

✓ The screening will be as simple as possible.

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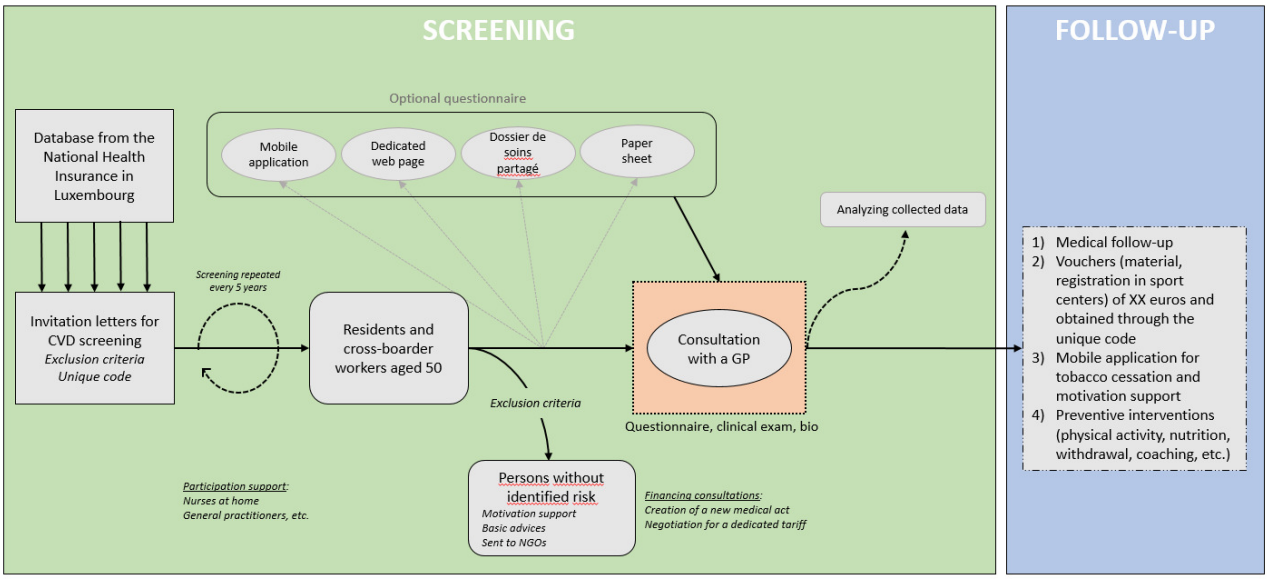

- **Programme activities**

Table 8. Programme activities of Luxembourg

Activity	Methodology
Accessing postal addresses of all the 50 years old people covered by the national health insurance in Luxembourg	Partnership between the Ministry of health and the national health insurance. The National health insurance will send the dataset to the Ministry of health.
Preparing invitation letters for people recruited for the programme	Employees at the Ministry of health will be in charge of preparing the invitation letters.
Sending the invitation letters to the people targeted by the programme	Employees at the Ministry of health will be in charge of sending these letters.
Informing all GPs in Luxembourg about the existence of the programme	The Ministry of health will organize several informative sessions for communicating with GPs about YOUNG50.
Communication campaigns for informing 50 years old potential participants about the programme	The Ministry of health will work with a communication company for launching a national campaign.
Collecting health data from the screening points of care (GPs performing the screening)	The activity could potentially be done by the Ministry of health in partnership with the e-health agency and the national health insurance.
Addressing screened people in need to organisations and programmes tackling cardio-vascular risk factors	The Ministry will gather all the actors who could welcome screened people and help them tackling CV risk factors.
Evaluating the YOUNG50 programme	Evaluating the efficacy, efficiency, relevance and sustainability of YOUNG50.

- **Programme process and outputs indicators**

Table 9. Programme process and outputs indicators of Luxembourg

Evaluation criteria	Process and outputs outcomes
Accessing postal addresses of all the 50yo people covered by the national health insurance in Luxembourg	Having access to the list of addresses. Accuracy and validity of addresses (crossed verifications).
Preparing invitation letters for people recruited for the programme	Production of letters.
Sending the invitation letters to the people targeted by the programme	Number of invitation letters sent/number of people in the target population.
Informing all GPs in Luxembourg about the existence of the programme	Production and diffusion of information material. Existence of meetings and conferences held with GPs.
Communication campaigns for informing 50 years old potential participants about the programme	Production and diffusion of information material.
Collecting health data from the screening points of care (GPs performing the screening)	Collection of health data about the people screened. Quality of health data collected. Comprehensiveness of health data collected.
Addressing screened people in need to organisations and programmes tackling cardio-vascular risk factors	Existence of partnerships between the Ministry of health and various health organizations tackling risk factors. % of people screened in need addressed to other organizations and partners for tackling risk factors.
Evaluating the YOUNG50 programme	Criteria evaluated: efficacy, effectiveness, relevance, equity, sustainability.

- **Programme resources**

✓ Human resources

At least three professionals actively involved (but not necessarily full time) in the design of the YOUNG50 programme is necessary.

✓ Symbolic and regulatory power

The Ministry of health benefits from a symbolic and regulatory power. From that position, it is easier to lead and coordinate a programme as such YOUNG50.

- ✓ Financial resources

They are needed to fund third parties to design a mobile application and different computer based solutions for collecting data.

- ✓ Experiences and knowledge
- ✓ Already existent screening programmes
- ✓ Collaboration with other organizations

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3.3.1.3 Romania

- **Rationale**

According to Eurostat, diseases of the circulatory system place a considerable burden on healthcare systems and government budgets. Indeed, in 2014 there were 1.83 million deaths resulting from diseases of the circulatory system in the EU, which was equivalent to 37.1 % of all deaths — considerably higher than the second most prevalent cause of death, cancer (malignant neoplasms; 26.4 %). Diseases of the circulatory system are one of the main causes of mortality in each of the EU Member States: they accounted for 50-60 % of all deaths in the Baltic Member States and Romania.

In the present there is no similar project implemented in Romania. No screening programme for cardio-vascular diseases is performed on regular basis.

With regard to promotion of healthy lifestyle among adults in Romania in the last years there were developed several projects, but many times they were limited as period of time and coverage, but they can be incorporated and disseminated as part of a comprehensive programme for health promotion and prevention of cardio-vascular diseases.

The participation of Romania in the project will lead to added value at EU level in the field of public health:

- ✓ The participation of Romania in the project will facilitate the implementation of a comprehensive programme for health promotion and cardio-vascular disease prevention in a region which is very much needed this and will facilitate the targeting of several disadvantaged groups of population, in order to increase their chance for a healthy lifestyle, disease prevention and decrease the gap in terms of health status and quality of life between different regions of Europe
- ✓ Participate with an interdisciplinary team which bring expertise in the field of developing guidelines and activities for smoking cessation, use of information and communication technology for health promotion and chronic disease prevention, development, implementation and evaluation of health education programmes for healthy lifestyle promotion, prevention and management of cardio-vascular risk factors, capacity building, networking and community engagement.
- ✓ Dissemination of the results of the project to different target groups (scientific and professional community, public health policy makers, general public) in Romania and Europe.

- **General objective**

Health promotion for cardio-vascular disease prevention among Romanian 50 years old young people.

- **Specific objectives**

- ✓ Screening of biological and behavioural risk factors for cardio-vascular diseases among 50 years old people from Cluj-Napoca, Romania.
- ✓ Classification of the participants from the target group in different groups, based on the assessed biological and behavioural risk factors, in order to facilitate tailored prevention activities.
- ✓ Development and implementation of information, education and counselling activities for promotion of healthy nutrition and cardio-vascular disease prevention among people from the target group.
- ✓ Development and implementation of information, education and counselling activities for promotion of an active lifestyle and cardio-vascular disease prevention among people from the target group.

- ✓ Development and implementation of information, education and counselling activities for decreasing of overweight and obesity among people from the target group with weight problems.
- ✓ Development and implementation of information, education and counselling activities for smoking cessation among smokers from the target group.
- ✓ Evaluation of the information, education and counselling activities for health promotion and cardio-vascular disease prevention among the target group.
- ✓ Dissemination activities among scientific and professional communities, stakeholders and general public.
- ✓ Project management at national level (Romania).

- **Scope of the programme**

Best practices exchange at European level in order to improve cardiovascular-risk prevention among 50-years-old people.

- **Basic principles**

- ✓ Best practices exchanges at European and national level.
- ✓ Health promotion and disease prevention through use of comprehensive assessment and educational activities.
- ✓ Innovation practices in health in order to improve access of population to activities and services which help them to adopt a healthier lifestyle.
- ✓ Applicability through adaptation of the Italian programme to the Romanian context and problem solving through cooperation and involvement of different stakeholders.

- **Target population**

People aged 50 from Cluj-Napoca city and rural areas in the surroundings will be targeted (approx. 1000 persons). Cluj county is situated in the North-West part of Romania and Cluj-Napoca is a big city with more than 300.000 inhabitants.

- **Exclusion criteria**

People who do not have the appropriate age or residence or are already under medical treatment for cardio-vascular diseases

- **Programme structure**

The programme is organised at local level through cooperation between NGO Aer Pur Romania, Iuliu HAtieganu University of Medicine and Pharmacy from Cluj-NApoca, Romania and Public Health Directorate of Cluj county, Romania

Since no national programme is available in Romania at this time with regard to these issues, the programme will represent an example and starting point for future activities in this field in Romania.

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- **Programme activities**

Table 10. Programme activities in Romania

Activity	Methodology
1. Invitation of eligible participants to the screening activities using different channels (e.g. mass-media, promotion through general practitioners)	Using a communication plan.
2. Organising of several sections for screening activities	Screening activities in primary care settings, community, medical university.
3. Performing of screening activities regarding biological risk factors (body mass index, blood pressure, blood glucose, cholesterol and triglycerides) for cardio-vascular diseases among and electronic recording of the data	Screening activities in primary care settings, community, medical university.
4. Assessment through means of questionnaires of behavioural risk factors (alimentary habits, physical activity, smoking behaviour, alcohol use) and electronic recording of the data	Assessment activities in primary care settings, community, medical university.
5. Development of a computer programme which allows electronic record for the data from the screening and classification of the participants in different groups, according to their biological and behavioural risk factors	Develop a computer programme to manage data.
6. Classification of the participants in the screening activities	Using the computer programme.
7. Informing the participants with regard to the results of the screening and further activities and actions which are recommended for them for healthy lifestyle promotion and cardio-vascular disease prevention	Letters send by emails/mails to the participants.
8. Development of educational materials and activities for promotion of healthy nutrition, active lifestyle and smoking cessation and cardio-vascular disease prevention among people from the target group	Use of posters, leaflets, as well as the use of information and communication technology.

9. Raise awareness on participants	Distribution of educational materials.
10. Invitation of the participants from the target group, based on the classification performed using the data from the screening, to participate in information, education and counselling activities	Letters send by emails/mails to the participants.
11. Organizing the information, education and counselling activities	Courses, workshops, individual counselling, as well as the use of information and communication technology.
12. Identification of information and education activities organised by other organizations/programmes which could be additionally indicated to the participants (if available)	Literature search.
13. Evaluation of the effects of the screening, information, education and counselling activities among the participants at 6 months after the first assessment	Assessment at 6 months after the screening.
14. Development and implementation of a communication plan for the general public in order to reach the eligible participants for the programme	Development of a communication plan.
15. Dissemination of results. Presentation of the programme, approaches, results during scientific meetings	Scientific journals, congresses, meetings.
16. Coordination of the activities needed to be performed in Romania. Scientific and financial management and reporting to the European Commission	Creation a project manager.
17. Communication with the European coordinator and European partners	Webinars, face to face meetings, emails.
18. Cooperation with different organizations/stakeholders at national level	Creation of an expert committee for Romania.

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- **Programme process and outputs indicators**

Table 11. Programme process and outputs indicators in Romania

Evaluation criteria	Process and outputs outcomes
Relevance	Partnerships created at national level.
	N. of people trained/involved for programme implementation.
	N. of people involved in screening.
Efficiency	N. of people classified in different groups based on their biological and behavioural risk factors for cardio-vascular diseases.
	N. and type of educational materials for promotion of a healthy nutrition, active lifestyle, weight management and smoking cessation.
	N. and type of educational activities for promotion of a healthy nutrition, active lifestyle, weight management and smoking cessation.
	N. of people invited to participate in one or more educational activities for promotion of a healthy nutrition, active lifestyle, weight management or smoking cessation.
	N. of people who actually participate in one or more educational activities for promotion of a healthy nutrition, active lifestyle, weight management or smoking cessation.
Impact and sustainability	N. of educational materials and activities which might be used also in the future for health promotion activities.
	N. of meetings with several stakeholders.
	N. of mass-media publications.
	N. of scientific presentations and publications.

- **Programme health-related outcomes indicators**

Table 12. Programme health-related outcomes indicators in Romania

Evaluation criteria	Health-related outcomes
Effect evaluation	N. of people who improve their knowledge, attitudes and behaviours regarding nutrition habits.
	N. of people who improve their knowledge, attitudes and behaviours regarding involvement in physical activity.
	N. of people with overweight/obesity who improve their body composition.
	N. of smokers who quit smoking.
	No of new cases of high blood pressure which are referred to general practitioners.
	N. of people with modified lipids profile or high blood glucose which are referred to general practitioners.
Process evaluation	Opinions of the participants about the programme, its approaches, activities and educational materials.

- **Programme resources**

Participate with an interdisciplinary team which bring expertise in the field of developing guidelines and activities for smoking cessation, use of information and communication technology for health promotion and chronic disease prevention, development, implementation and evaluation of health education programmes for healthy lifestyle promotion, prevention and management of cardio-vascular risk factors, capacity building, networking and community engagement

The partnership with Iuliu Hatieganu University of Medicine and Pharmacy which will facilitate the involvement on volunteer bases of medical students, PhD students and medical doctors

The partnership with Public Health Directorate which will facilitate the implementation of the communication plan in order to invite the target group to participate in the project

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3.4 Action Plan

The objective of this step is to produce the blueprint that outlines the implementation of Local Prevention Programmes.

The Action Plan describes the sequence of steps of concrete activities that need to be taken to implement the Programme at each site. It addresses the action areas identified in the SWOT analysis.

In YOUNG50, an adapted version of the iterative cyclic nature of the Collaborative Methodology is used for drafting the local Action Plan. The collaborative approach is a simple, but powerful tool for implementing changes. This methodology requires multidisciplinary teams, as the local implementation teams, to come together periodically to learn quality methods, and to exchange experiences with making changes. Collaborative learning methods can stimulate implementation of interventions, promote learning skills among participants and speed up the dissemination of good ideas[12].

The Action Plan procedure encompasses the following steps:

- **Identification of the specific issues to work on**

  The central features or elements of the intervention that have been already selected during the definition of the scope.

- **Detection of action areas**

  The priorities and strategic actions defined in the SWOT analysis help defining precise and specific action areas to work on.

- **Definition of implementation objectives**

  According to the action areas, specify achievable, measurable and realistic objectives.

- **Development of "change package"**

  Define concrete activities that lead to successful implementation.

- **Set of key performance indicators**

  Key performance indicators will be defined for ensuring that the expected impact of the interventions can be measured. Implementation sites will use existing data to measure progress and impact and to ensure good quality of work and keep teams focused. The indicators can be of two types: health-related outcomes and process indicators.

The main output of the Action Plans is to outline the implementation objectives, the development of "change package" and the set of key indicators considering the information already defined in the situation analysis.

Proposed template to produce the Action Plans is included in ANNEX V. Kronikgune organized a dedicated webinar (ANNEX VI).

[12] The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003

3.4.1 Pilot Action Plans

This section presents the Pilot Action Plans defined in the three Member States that participate in the implementation of YOUNG50.

3.4.1.1 Lithuania

The Action Plan includes seven action areas:

- Specialist training
- Follow - up
- Internal communication and dissemination
- Stakeholder partnership
- Participants involvement and awareness
- Gathering target audience
- Staff turnover

The following table describes the Action Plan according to each of the sections (objective, change package, and key performance indicators):

Table 13. Action Plan description in Lithuania

ACTION AREA 1	**Specialist training**
Objective(s)	Ensure that every participant understands whole project. Ensure that support is online. Ensure that documentation is understandable. Ensure that everyone know how to use the computer app.
Change Package (activities)	Performing training in small groups. Revising documentation. Ensuring schedule of support persons.
Person(s) involved	Project specialist - coordinator. Internal medical auditor.
Key performance indicator(s)	N. of persons trained.
ACTION AREA 2	**Follow – up**
Objective(s)	Ensure participants sticking to follow-up by structuring the procedures. Also being convenient for the participant schedule and being flexible at all times. Informing participants about the importance of feedback.
Change Package (activities)	Gather every contact information, inform participants about the need of the follow-up.
Person(s) involved	Nurses, patient care coordinator and GPs.
Key performance indicator(s)	% of people participating in follow up and giving feedback.
ACTION AREA 3	**Internal communication and project information dissemination**
Objective(s)	To meet the project deadlines. Ensure that managing team knows all the current information.
Change Package (activities)	Planning meetings up front. Sharing the same GANTT chart.
Person(s) involved	Project specialist - coordinator.

	Internal medical auditor.
Key performance indicator(s)	N. of deadlines met.
ACTION AREA 4	**Stakeholder partnership**
Objective(s)	To increase the involvement of the stakeholders by raising the project awareness and to be sure of their constant support.
Change Package (activities)	Involve stakeholders into dissemination activities and into prevention activities.
Person(s) involved	Director and lawyer.
Key performance indicator(s)	N. of newsletters, facebook posts, press releases, ad releases. N. of active stakeholders and persons.
ACTION AREA 5	**Target population involvement and awareness**
Objective(s)	Motivate participants to live healthy lifestyle.
Change Package (activities)	Educational interventions – referring participants to seminars. Creating follow-up questionnaires about changes in participants lifestyle. Encourage public health bureau to raise awareness of the project.
Person(s) involved	Nurses, patient care coordinators and GPs.
Key performance indicator(s)	N. of persons with positive questionnaires.
ACTION AREA 6	**Gathering target audience**
Objective(s)	To reach and include as many people as possible.
Change Package (activities)	Gathering contact information from our database.
Person(s) involved	Patient care coordinators/nurses and Head of IT department.
Key performance indicator(s)	N. of persons reached. N. of persons invited. N. of persons participated.
ACTION AREA 7	**Staff turnover**
Objective(s)	To ensure that at any time there is working staff in the screening process.
Change Package (activities)	To train as many specialists as possible. To ensure the best working conditions – not similar to everyday work.
Person(s) involved	Head of HR department. Internal medical auditor.
Key performance indicator(s)	% of sufficient amount covered.

3.4.1.2 Romania

The Action Plan comprises nine action areas:

- Screening of biological and behavioural risk factors for cardio-vascular diseases among 50 years old people from Cluj-Napoca, Romania.
- Classification of the participants from the target group in different groups, based on the assessed biological and behavioural risk factors, in order to facilitate tailored prevention activities.
- Development and implementation of information, education and counselling activities for promotion of healthy nutrition and cardio-vascular disease prevention among people from the target group.
- Development and implementation of information, education and counselling activities for promotion of an active lifestyle and cardio-vascular disease prevention among people from the target group.
- Development and implementation of information, education and counselling activities for decreasing of overweight and obesity among people from the target group with weight problems.
- Development and implementation of information, education and counselling activities for smoking cessation among smokers from the target group.
- Evaluation of the information, education and counselling activities for health promotion and cardio-vascular disease prevention among the target group.
- Dissemination activities among scientific and professional communities, stakeholders and general public.
- Project management at national level (Romania).

The following table describes the Action Plan according to each of the sections (objective, change package, and key performance indicators):

Table 14. Action Plan description in Romania

ACTION AREA 1	**Screening of biological risk factors for cardio-vascular diseases among 50 years old people from Cluj-Napoca, Romania**
Objective(s)	1. Screening of biological risk factors (body mass index, blood pressure, blood glucose, cholesterol and triglycerides) for cardio-vascular diseases among 50 years old people from Cluj-Napoca, Romania. 2. Assessment of behavioural risk factors for cardio-vascular diseases among 50 years old people from Cluj-Napoca, Romania.
Change Package (activities)	1. Invitation of eligible participants to the screening activities using different channels (e.g. mass-media, promotion through general practitioners). 2. Organising of several sections for screening activities . 3. Performing of screening activities regarding biological risk factors (body mass index, blood pressure, blood glucose, cholesterol and triglycerides) for cardio-vascular diseases among and electronic recording of the data. 4. Assessment through means of questionnaires of behavioural risk factors (alimentary habits, physical activity, smoking behaviour, alcohol use) and electronic recording of the data.
Person(s) involved	We aimed for the inclusion of 1000 participants in the screening activities The screening will be performed by medical doctors and medical students from Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca,

	Romania and NGO Aer Pur Romania.
Key performance indicator(s)	N. of people trained to perform the screening activities (minimum 10) N. of participants in the screening activities (minimum 1000).
ACTION AREA 2	**Classification of the participants from the target group in different groups, based on the assessed biological and behavioural risk factors, in order to facilitate tailored prevention activities**
Objective(s)	Classification of the participants from the target group in different groups, based on the assessed biological and behavioural risk factors, in order to facilitate tailored prevention activities.
Change Package (activities)	1. Development of a computer programme which allows electronic record for the data from the screening and classification of the participants in different groups, according to their biological and behavioural risk factors. 2. Using of the computer programme for the classification of the participants in the screening activities. 3. Informing the participants with regard to the results of the screening and further activities and actions which are recommended for them for healthy lifestyle promotion and cardio-vascular disease prevention.
Person(s) involved	1 specialist was subcontracted for the development of the computer programme, based on the Italian experience.
Key performance indicator(s)	N. of participants which are classified and informed about future recommendations (all the participants in the screening activities).
ACTION AREA 3	**Development and implementation of information, education and counselling activities for promotion of healthy nutrition and cardio-vascular disease prevention among people from the target group**
Objective(s)	Development and implementation of information, education and counselling activities for promotion of healthy nutrition and cardio-vascular disease prevention among people from the target group.
Change Package (activities)	1. Development of educational materials and activities for promotion of healthy nutrition and cardio-vascular disease prevention among people from the target group. 2. Distribution of educational materials during screening visits. 3. Invitation of the participants from the target group, based on the classification performed using the data from the screening, to participate in information, education and counselling activities. 4. Organizing the information, education and counselling activities. 5. Identification of information and education activities organised by other organizations/programmes which could be additionally indicated to the participants (if available).
Person(s) involved	The education activities will be performed by medical doctors and medical students from NGO Aer Pur Romania Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca, Romania .
Key performance indicator(s)	N. and type of educational materials . N. and type of educational activities developed and implemented. N. of participants in the educational activities.
ACTION AREA 4	**Development and implementation of information, education and counselling activities for promotion of an active lifestyle and cardio-vascular disease prevention among people from the target group**
Objective(s)	Development and implementation of information, education and counselling activities for promotion of an active lifestyle and cardio-vascular disease

	prevention among people from the target group.
Change Package (activities)	1. Development of educational materials and activities for promotion of an active lifestyle and cardio-vascular disease prevention among people from the target group. 2. Distribution of educational materials during screening visits. 3. Invitation of the participants from the target group, based on the classification performed using the data from the screening, to participate in information, education and counselling activities. 4. Organizing the information, education and counselling activities. 5. Identification of information and education activities organised by other organizations/programmes which could be additionally indicated to the participants (if available).
Person(s) involved	The education activities will be performed by medical doctors and medical students from NGO Aer Pur Romania Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca, Romania .
Key performance indicator(s)	N. and type of educational materials. N. and type of educational activities developed and implemented. N. of participants in the educational activities.
ACTION AREA 5	**Development and implementation of information, education and counselling activities for decreasing of overweight and obesity among people from the target group with weight problems**
Objective(s)	Development and implementation of information, education and counselling activities for decreasing of overweight and obesity among people from the target group with weight problems.
Change Package (activities)	1. Development of educational materials and activities for appropriate weight management and cardio-vascular disease prevention among people from the target group. 2. Distribution of educational materials during screening visits. 3. Invitation of the participants from the target group, based on the classification performed using the data from the screening, to participate in information, education and counselling activities. 4. Organizing the information, education and counselling activities. 5. Identification of information and education activities organised by other organizations/programmes which could be additionally indicated to the participants (if available).
Person(s) involved	The education activities will be performed by medical doctors and medical students from NGO Aer Pur Romania Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca, Romania.
Key performance indicator(s)	N. and type of educational materials. N. and type of educational activities developed and implemented. N. of participants in the educational activities.
ACTION AREA 6	**Development and implementation of information, education and counselling activities for smoking cessation among smokers from the target group**
Objective(s)	Development and implementation of information, education and counselling activities for smoking cessation among smokers from the target group.
Change Package (activities)	1. Development of educational materials and activities for smoking cessation among people from the target group. 2. Distribution of educational materials during screening visits. 3. Invitation of the participants from the target group, based on the classification performed using the data from the screening, to

	participate in information, education and counselling activities. 4. Facilitation of smoking cessation through a computer tailored programme for smoking cessation based on a previous programme developed in Romania. 5. Identification of information and education activities organised by other organizations/programmes which could be additionally indicated to the participants (if available).
Person(s) involved	The education activities will be performed by medical doctors and medical students from NGO Aer Pur Romania Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca, Romania.
Key performance indicator(s)	N. and type of educational materials. N. and type of educational activities developed and implemented. N. of participants in the educational activities.
ACTION AREA 7	**Evaluation of the information, education and counselling activities for health promotion and cardio-vascular disease prevention among the target group**
Objective(s)	Effect evaluation of the programme. Process evaluation of the programme.
Change Package (activities)	1. Evaluation of the effects of the screening, information, education and counselling activities among the participants at 6 months after the first assessment. 2. Process evaluation of the programme, its activities and materials by the participants.
Person(s) involved	The effect and process evaluation will be performed by
Key performance indicator(s)	Changes in knowledge, attitudes, intention, self-efficacy and behaviour among the participants with regard to the adoption of a healthy lifestyle and cardio-vascular disease prevention. Participation and opinions of the participants about the programme.
ACTION AREA 8	**Dissemination activities among scientific and professional communities, stakeholders and general public**
Objective(s)	Dissemination activities among scientific and professional communities, stakeholders and general public.
Change Package (activities)	1.Development and implementation of a communication plan for the general public in order to reach the eligible participants for the programme. 2. Presentation of the programme, approaches, results during scientific meetings. 3. Publication of results in scientific journals.
Person(s) involved	The activities will be performed by people from NGO Aer Pur Romania Iuliu Hatieganu University of Medicine and Pharmacy from Cluj-Napoca, Romania and Public Health Directorate from Cluj-Napoca, Romania
Key performance indicator(s)	N. of presentations/publications.
ACTION AREA 9	**Project management at national level (Romania)**
Objective(s)	Project management at national level (Romania)
Change Package (activities)	1. Coordination of the activities needed to be performed in Romania. 2. Communication with the European coordinator and European partners. 3. Cooperation with different organizations/stakeholders at national level.

	4. Scientific and financial management and reporting to the European Commission.
Person(s) involved	People from NGO Aer Pur Romania which is responsible by the implementation of the project in Romania.
Key performance indicator(s)	Fulfil of the obligations from the grant agreement.

4. Conclusions

An effective good practice is a process of assuring that key aspects of promising approaches are put into practice according to local needs. YOUNG50 project seeks to transfer the Italian best practice CARDIO 50 to Lithuania, Luxembourg, and Romania.

The process of implementing this good practice has encompassed five actions: (i) describe the local situation, (ii) identify the core features in CARDIO 50, (iii) assess the feasibility of the implementation in each Member State (iv) adaptation of the local prevention programmes and (v) production of Action plans.

The description of the current situation in terms of the epidemiological situation and existing cardiovascular health promotion and prevention activities has provided an overview of the geographical and epidemiological context allowing a better comprehension of the local situation of the Member States to address the implementation of YOUNG50.

The thorough assessment of CARDIO 50 good practice has allowed emphasizing the elements that were central in producing the desired result. Given the importance of identifying core components, in YOUNG50 twelve core features were identified: goal/objective, target population, database, invitation, screening, risk stratification, intervention, follow up/monitoring, training, IT, communication and governance.

A SWOT analysis was employed in this project to illustrate the internal and external factors which may affect the implementation of YOUNG50. The main strength pointed out was the experience of health professionals. The primary weakness was found in the lack of staff, tools or funding. Notable opportunities included a growing relationships and knowledge. Doubts of the benefits of prevention programmes and screening issues were reported as major threats.

Local prevention programmes were defined and adapted to pilot site´s contexts and the Action Plans were outlined to determine the development of processes to achieve the objectives. The Action Plans are living documents to ensure ongoing feedback and participation of key stakeholders involved in the implementation process.

5. Annexes

ANNEX I. YOUNG50 project CVD prevention state of the art

Country and geographical territory where YOUNG50 will be implemented

Implementation site geographical data
Country
Coverage of the intervention **Local, regional, national**
Place of implementation **(Hospitals, Primary care centres, Home care centres, Nursing homes, Others)**
Target population (approx. number)

Local epidemiological context

Number	Epidemiological data of CVD
	Mortality (cause of death due to CVD)
	Prevalence of CVD
	People of 50 years old population

Your organization's existing CVD health promotion and prevention activities

Activity description
Title
Activity description Provide the description of the activities, including the context, challenges faced, how activities contribute to risk reduction of CVD. Please specify if the type of the activities (policy, programme, project, intervention).
Main objectives of the activities
Target population
Geographical coverage What is the geographical range where the activities? Please specify when possible, the country, region, and province.
Please indicate the type(s) of stakeholders concerned with your activities (e.g. Hospitals, Primary care centers, Specialized physicians, General practitioners, Pharmacists, Nurses, Day care centers, Home care centers, Nursing homes, Informal caregivers, Housing organizations, Private companies, Industry, Research centers, Academia, NGOs, International/European public authorities, National public authorities, WHO, Regional public authorities, Local public authorities, Others)

What are the main results of the activities?
Main lessons learned Briefly comment on the main lessons (barriers and facilitators) to be learned from the activity implementation.

Other screening or health prevention activities
(e.g. external CVD, oncological, physical activity, etc)

Activity description
Title
Activity description Provide the description of the activities, including the context, challenges faced, how activities contribute to risk reduction of CVD. Please specify if the type of the activities (policy, programme, project, intervention).
Main objectives of the activities
Target population
Geographical coverage What is the geographical range where the activities? Please specify when possible, the country, region, and province.
Please indicate the type(s) of stakeholders concerned with your activities (e.g. Hospitals, Primary care centres, Specialized physicians, General practitioners, Pharmacists, Nurses, Day care centres, Home care centres, Nursing homes, Informal caregivers, Housing organizations, Private companies, Industry, Research centres, Academia, NGOs, International/European public authorities, National public authorities, WHO, Regional public authorities, Local public authorities, Others)
What are the main results of the activities?
Main lessons learned Briefly comment on the main lessons (barriers and facilitators) to be learned from the activity implementation.

ANNEX II. SWOT Analysis template

SWOT Analysis Report

Meeting information	
Date	
Location	
Duration	
Number of participants	
Participants profile	

SWOT analysis ideas refined and prioritized (Once your Strengths, Weaknesses, Opportunities and Threats have been identified, please include your prioritized ideas in this diagram)	
Strengths	**Weaknesses**
Opportunities	**Threats**

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ANNEX III. SWOT webinar

Situation analysis: SWOT

Ane Fullaondo, Olatz Albaina and Esteban de Manuel
Institute for health services research - Kronikgune
10th of July 2019

Co-funded by the Health Programme of the European Union

kronikgune institute for health services research

Outline

- Introduction
- SWOT methodology
- Operational guidelines
- Timeline

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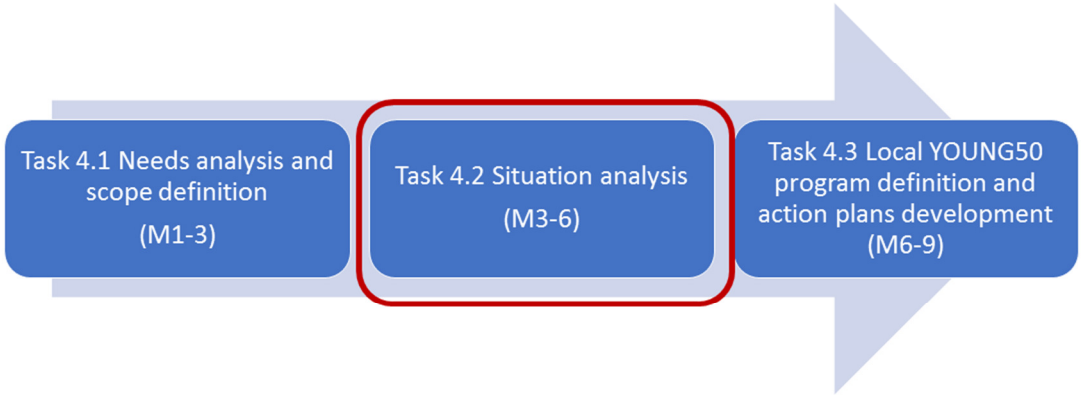
Introduction



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Introduction

- Implementing a new intervention requires taking into account the **current situation or system context**.
- It is necessary to **identify the environmental factors** influencing and to understand how they can affect the implementation.
- Necessary for the system where the implementation takes place and also for **future adopters** who might need to know the characteristics of the original system.
- To help with both **strategic planning** and decision making.

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Introduction

Core features:

- Goal or objective
- Target group
- Database
- Invitation
- Screening
- Risk stratification
- Intervention
- Follow-up or monitoring
- Training
- IT
- Communication
- Governance

Two dimensions:

- Technical maturity
- Deployment

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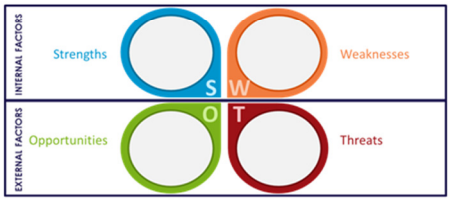
Introduction

Two dimensions:
- Technical maturity
- Deployment



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Outline

- Introduction
- SWOT methodology
- Operational guidelines
- Timeline

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SWOT analysis

OBJECTIVE

To identify the areas on which the implementation sites have to focus based on the analysis of internal and external factors.

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SWOT analysis

- Used to identify significant internal (Strengths and Weaknesses) and external factors (Opportunities and Threats) relevant in program development and implementation.

- Addresses and highlights all the **characteristics, relationships and synergies** among these internal and external variables.

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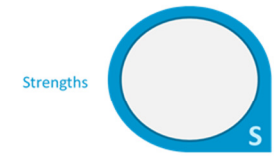
SWOT matrix: Strengths



Strengths are positive *internal* attributes that you can control.

What do you do well?

What relevant resources do you have access to?

What do other people see as your strengths?

What assets do you have, such as knowledge, education, network, skills, equipment, and technology?

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SWOT matrix: Weaknesses

Weaknesses

Weaknesses are negative *internal* attributes that you can control.

What could you improve?

What do you do badly?

What should you avoid?

Are there gaps on your team?

Does something stop you from performing at your best?

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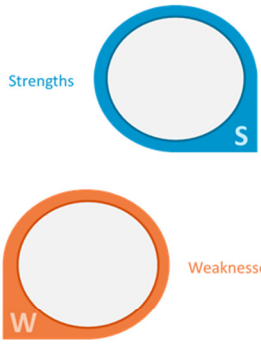
SWOT matrix: Strengths and weaknesses



Categories:

- **Financial resources:** investments, grants
- **Physical assets:** buildings and equipment
- **Human resources:** employees, volunteers, mentors
- **Key players:** vital members of your team
- **Organization workflow:** work practices and processes
- **Organization culture:** values and environment
- **Competitive position:** stakeholder performance

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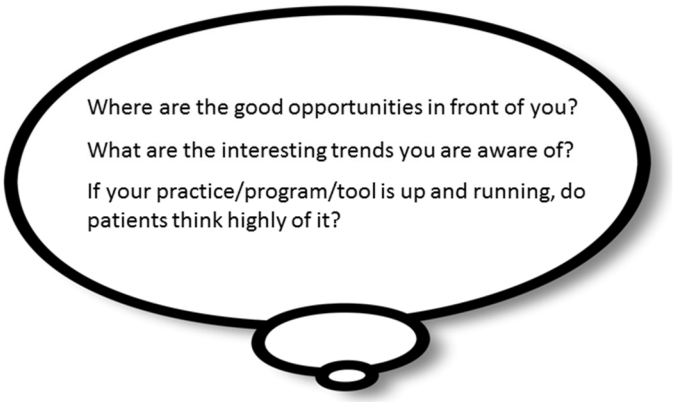
SWOT matrix: Opportunities

Opportunities are positive *external* conditions that you cannot control.



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SWOT matrix: Threats

Threats

Threats are negative *external* conditions that you cannot control.

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SWOT matrix: Opportunities and threats

Categories:

- **Economic trends:** the economy in your area
- **Market trends:** your target market could be driving new trends
- **Political support:** consider changes in political ties
- **Government regulations:** regulations that might influence you
- **Changing relationships:** partners, suppliers
- **Target audience shift:** demographics

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SWOT analysis: Strategic actions

	Opportunities (external, positive)	**Threats** (external, negative)
Strengths (internal, positive)	Which of the organization´s strengths can be used to maximize the opportunities identified?	How can you use the organization´s strengths to minimize the threats you identified?
Weaknesess (internal, negative)	What action(s) can you take to minimize the organization´s weaknesses using the opportunities you identified?	How can you minimize the organization´s weaknesses to avoid the threats you identified?

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SWOT analysis

OUTPUT

A **matrix** presenting the most important strengths, weaknesses, opportunities and threats for the Program examined aiming at:

- giving a reasonable **overview of major issues**
- setting priorities and **strategic actions** to be considered when defining the Local Prevention Program and planning the implementation

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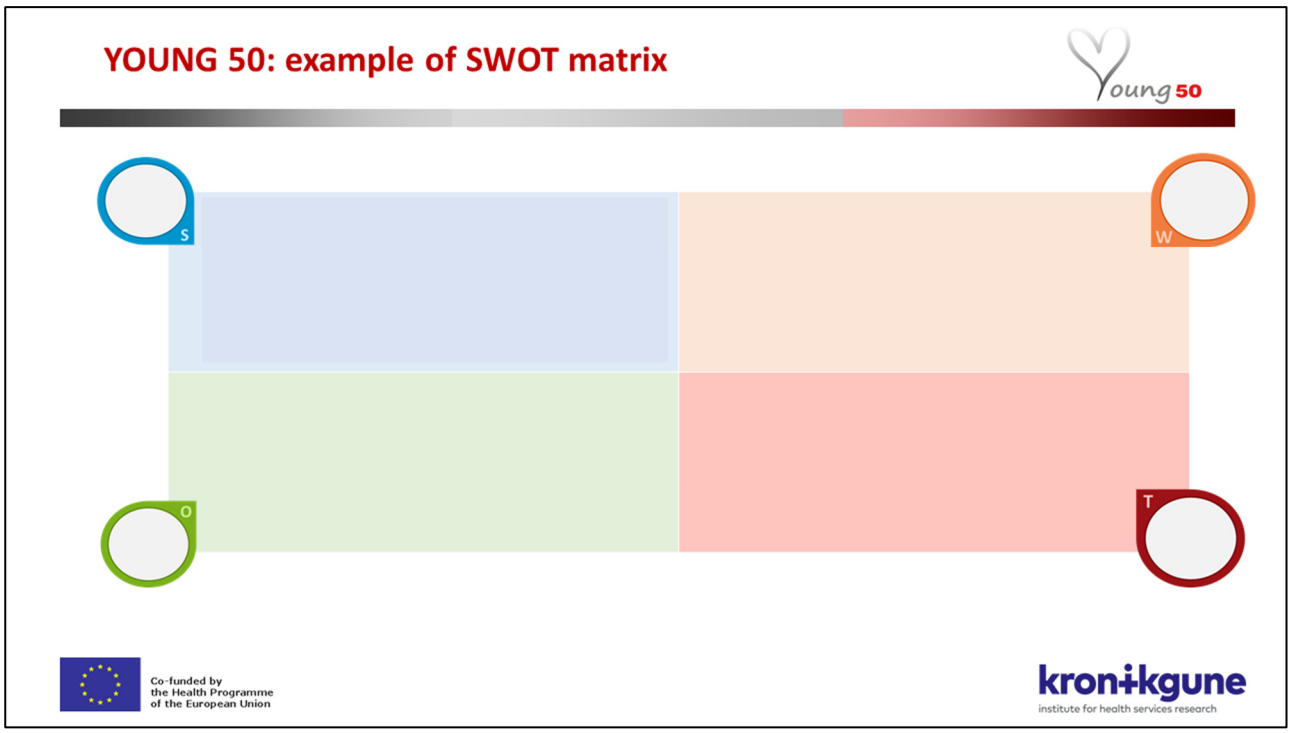
YOUNG 50: example of SWOT matrix
S
W
O
T
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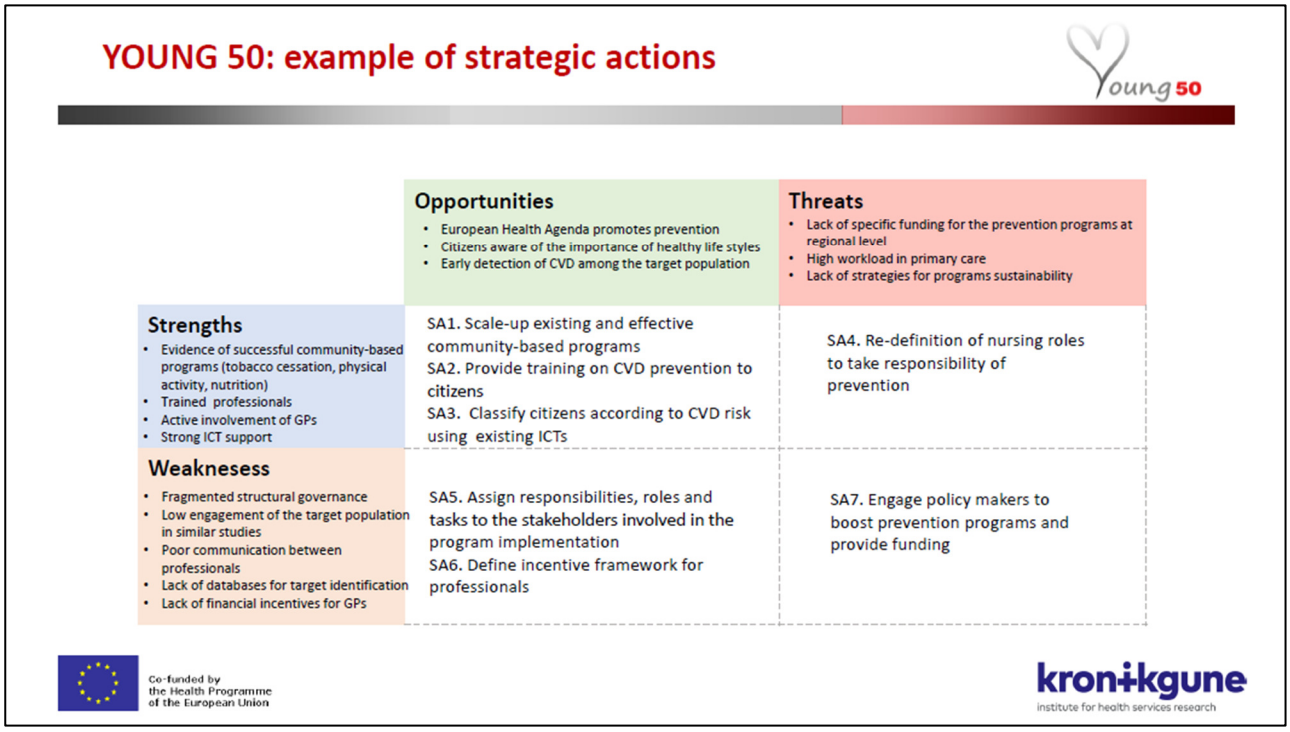
YOUNG 50: example of strategic actions
Opportunities
European Health Agenda promotes prevention
Citizens aware of the importance of healthy life styles
Early detection of CVD among the target population
Threats
Lack of specific funding for the prevention programs at regional level
High workload in primary care
Lack of strategies for programs sustainability
Strengths
Evidence of successful community-based programs (tobacco cessation, physical activity, nutrition)
Trained professionals
Active involvement of GPs
Strong ICT support
SA1. Scale-up existing and effective community-based programs
SA2. Provide training on CVD prevention to citizens
SA3. Classify citizens according to CVD risk using existing ICTs
SA4. Re-definition of nursing roles to take responsibility of prevention
Weaknesess
Fragmented structural governance
Low engagement of the target population in similar studies
Poor communication between professionals
Lack of databases for target identification
Lack of financial incentives for GPs
SA5. Assign responsibilities, roles and tasks to the stakeholders involved in the program implementation
SA6. Define incentive framework for professionals
SA7. Engage policy makers to boost prevention programs and provide funding
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Outline

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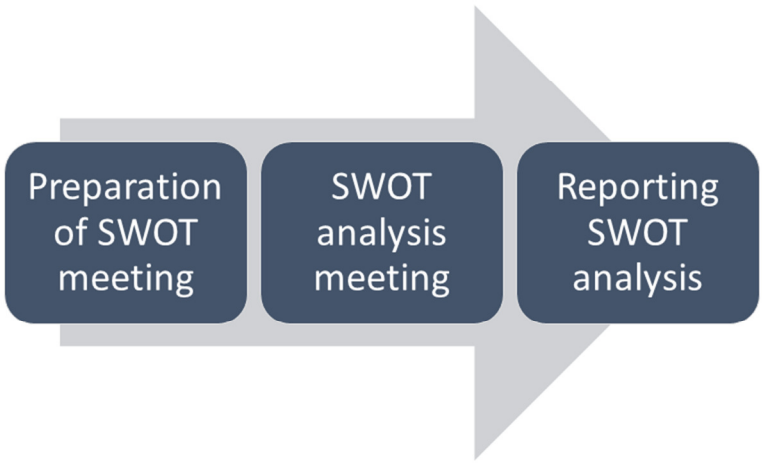
YOUNG 50: SWOT analysis



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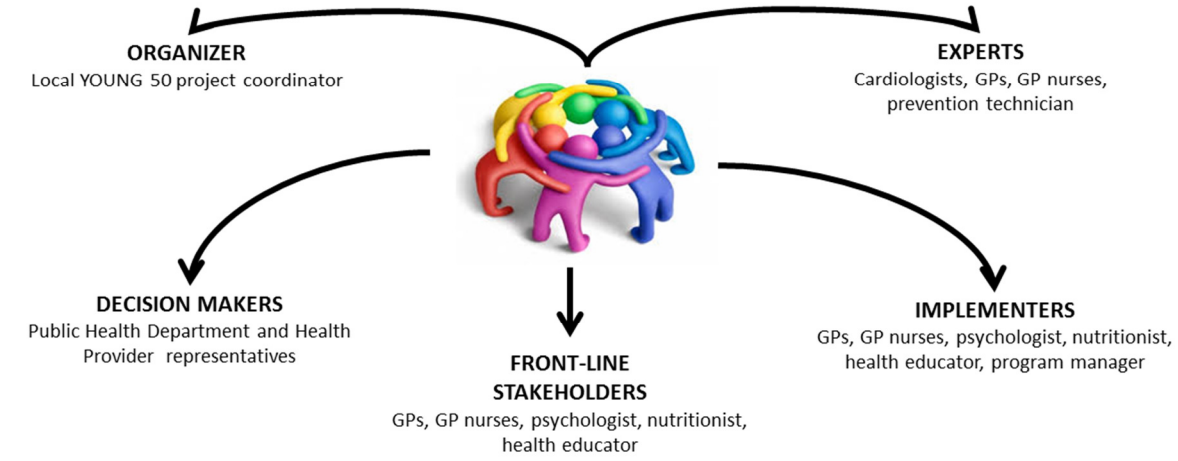
YOUNG 50: Local implementation team



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YOUNG 50: preparation of the SWOT meeting

- ❑ Identify local stakeholders with distinct expertise and experience
- ❑ Create the local implementation group (5-20 people)
- ❑ Invite stakeholders to the meeting
  - ✓ Schedule a date
  - ✓ Reserve a place
  - ✓ Specify the duration (3 hours aprox)
  - ✓ Share agenda
- ❑ Prepare the material for the meeting
  - ✓ Presentations
  - ✓ SWOT analysis matrix
  - ✓ Post-its and markers
  - ✓ Computer
  - ✓ Video projector

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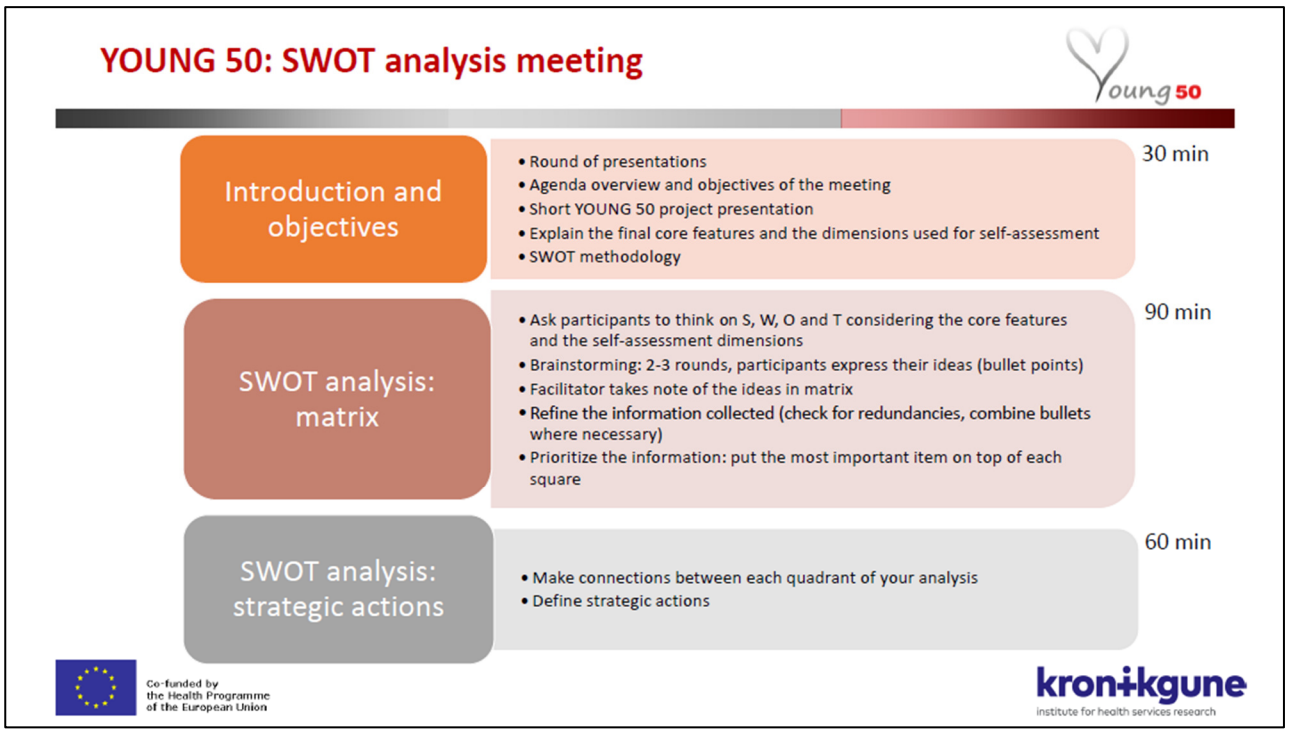
YOUNG 50: SWOT analysis meeting
Introduction and objectives
• Round of presentations
• Agenda overview and objectives of the meeting
• Short YOUNG 50 project presentation
• Explain the final core features and the dimensions used for self-assessment
• SWOT methodology
30 min
SWOT analysis: matrix
• Ask participants to think on S, W, O and T considering the core features and the self-assessment dimensions
• Brainstorming: 2-3 rounds, participants express their ideas (bullet points)
• Facilitator takes note of the ideas in matrix
• Refine the information collected (check for redundancies, combine bullets where necessary)
• Prioritize the information: put the most important item on top of each square
90 min
SWOT analysis: strategic actions
• Make connections between each quadrant of your analysis
• Define strategic actions
60 min
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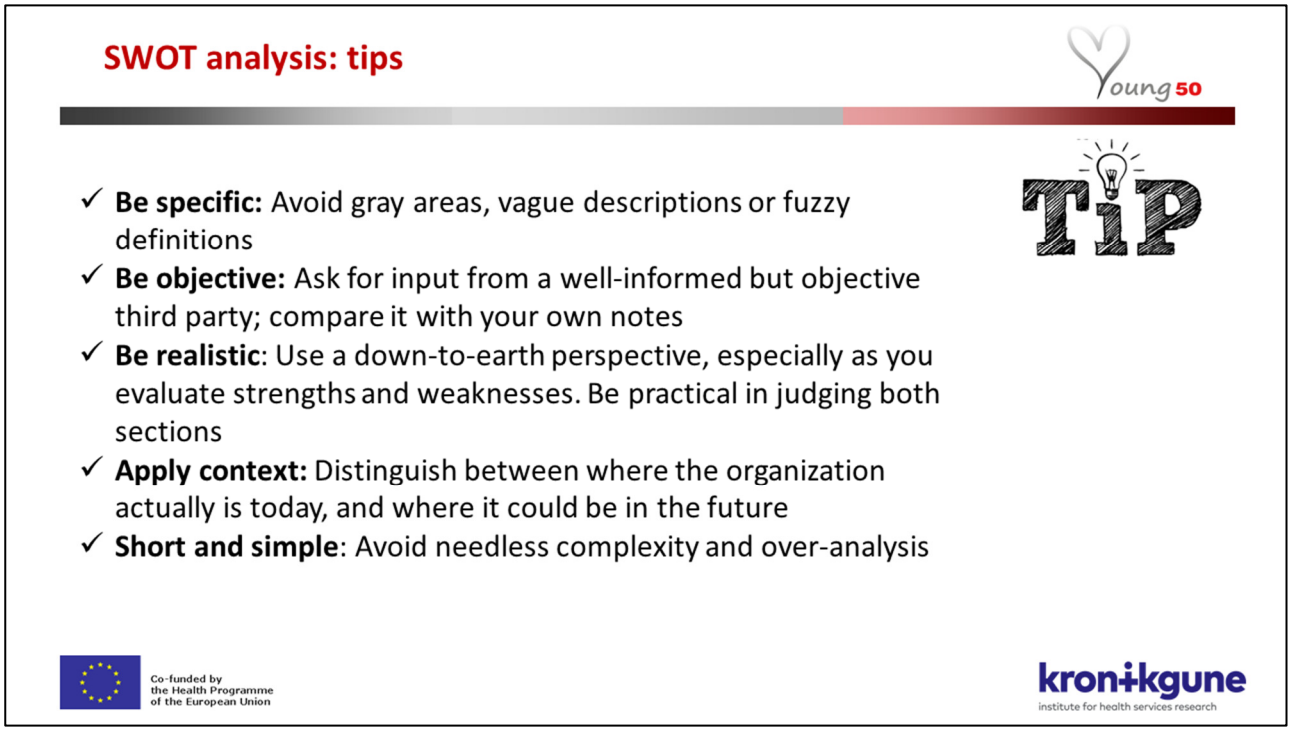
SWOT analysis: tips
TiP
✓ Be specific: Avoid gray areas, vague descriptions or fuzzy definitions
✓ Be objective: Ask for input from a well-informed but objective third party; compare it with your own notes
✓ Be realistic: Use a down-to-earth perspective, especially as you evaluate strengths and weaknesses. Be practical in judging both sections
✓ Apply context: Distinguish between where the organization actually is today, and where it could be in the future
✓ Short and simple: Avoid needless complexity and over-analysis
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YOUNG 50: reporting SWOT analysis

- ✓ Meeting information (Date, place, duration of the meeting)
- ✓ Participants profile
- ✓ SWOT ideas (brainstorm)
- ✓ SWOT ideas refined and prioritized
- ✓ Identification of strategic actions

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Outline

- Introduction
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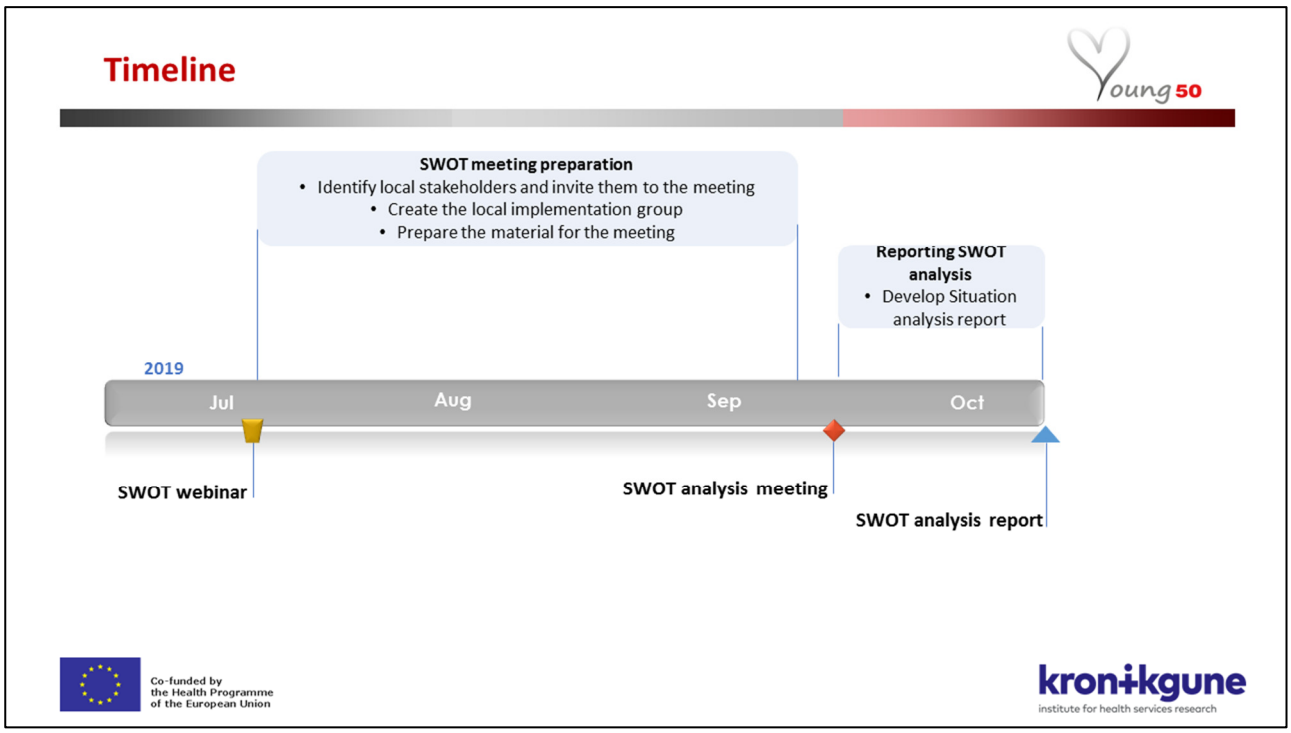
Timeline
SWOT meeting preparation
• Identify local stakeholders and invite them to the meeting
• Create the local implementation group
• Prepare the material for the meeting
Reporting SWOT analysis
• Develop Situation analysis report
2019
Jul
Aug
Sep
Oct
SWOT webinar
SWOT analysis meeting
SWOT analysis report
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ANNEX IV. Local YOUNG50 Prevention Programme template

RATIONALE

(Brief explanation of the background and the underlying justification for the Programme development)

GENERAL OBJECTIVE

(Overall goal the Programme intends to achieve)

SPECIFIC OBJECTIVES

(Concrete purposes the Programme will attain to reach the general objective)

SCOPE OF THE PROGRAMME

(Extent of the programme and what areas deals with)

BASIC PRINCIPLES

(Propositions or values that govern and guide the objectives, actions and organization of the Programme)

TARGET POPULATION

(The particular group of people identified as the intended recipient of the Programme)

EXCLUSION CRITERIA

(Characteristics that disqualify subjects from taking part in the Programme)

PROGRAMME STRUCTURE

(How the Programme is organized and interrelated at national, regional and local level)

PROGRAMME ACTIVITIES

(What processes and actions are part of the Programme)

Activity	Methodology

PROGRAMME PROCESS AND OUTPUTS INDICATORS

(Synthetic measures that assess the performance of the Programme)

Evaluation criteria	Process and outputs outcomes

PROGRAMME HEALTH-RELATED OUTCOMES INDICATORS

(Synthetic measures that assess the impact of the Programme)

Evaluation criteria	Health-related outcomes

PROGRAMME RESOURCES

(Assets the Programmes requires to function effectively)

Resources

OBSERVATIONS

(If you consider necessary, please include any other relevant information of the Programme)

ANNEX V. Action Plan template

ACTION AREAS	
1.	
2.	
3.	
4.	
5.	
*	

* Please describe as many Actions as you consider

ACTION AREA 1	
Objective(s)	
Change Package (activities)	
Person(s) involved	
Key performance indicator(s)	

ACTION AREA 2	
Objective(s)	
Change Package (activities)	
Person(s) involved	
Key performance indicator(s)	

ACTION AREA 3	
Objective(s)	
Change Package (activities)	
Person(s) involved	
Key performance indicator(s)	

ACTION AREA 4	
Objective(s)	
Change Package (activities)	
Person(s) involved	
Key performance indicator(s)	

This Local Adapted YOUNG50 Programmes and Implementation Action Plans is part of the project "847130 YOUNG50" which has received funding from the European Union's Health Programme (2014-2020)

ANNEX VI. Action Plan webinar

LOCAL YOUNG50 PREVENTION PROGRAM AND ACTION PLAN WP4

Ane Fullaondo, Olatz Albaina and Esteban de Manuel
Institute for health services research - Kronikgune

18 th of October 2019

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OUTLINE

- Introduction
- Local YOUNG50 Prevention Program
- Action Plan
- Timeline

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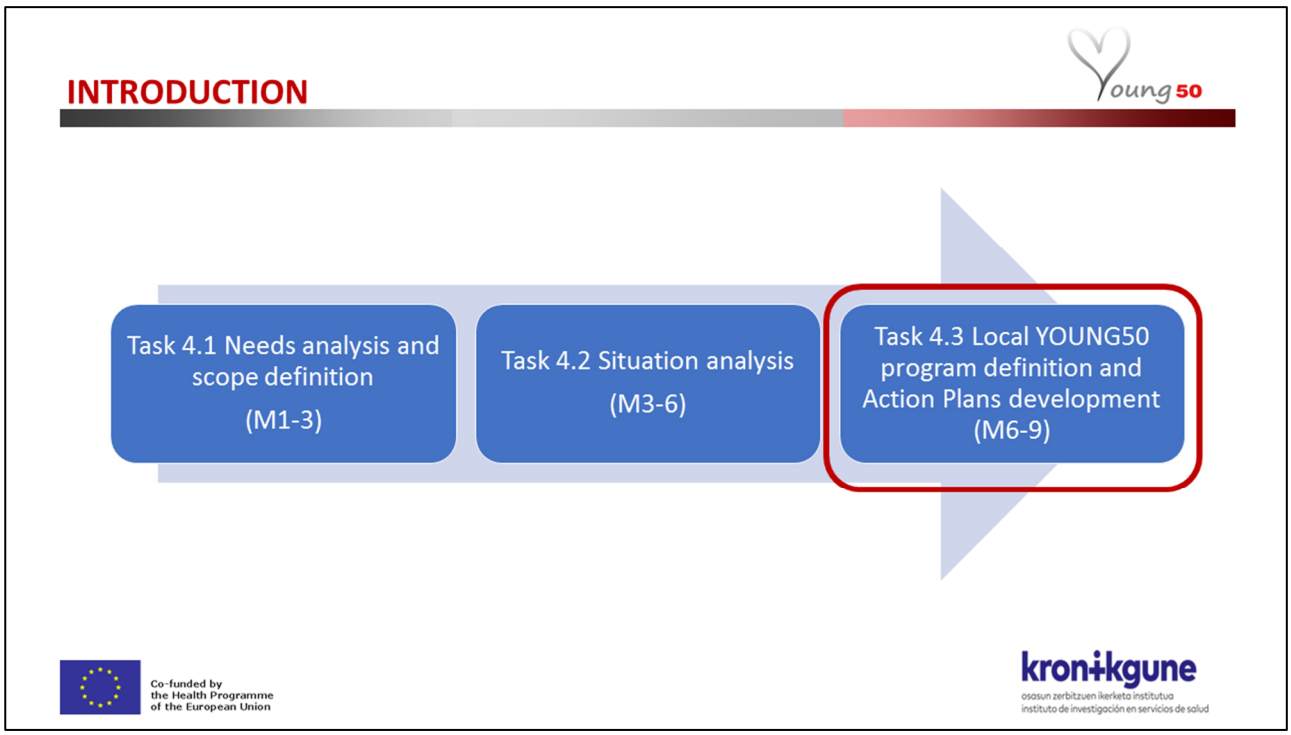
INTRODUCTION
Task 4.1 Needs analysis and scope definition (M1-3)
Task 4.2 Situation analysis (M3-6)
Task 4.3 Local YOUNG50 program definition and Action Plans development (M6-9)
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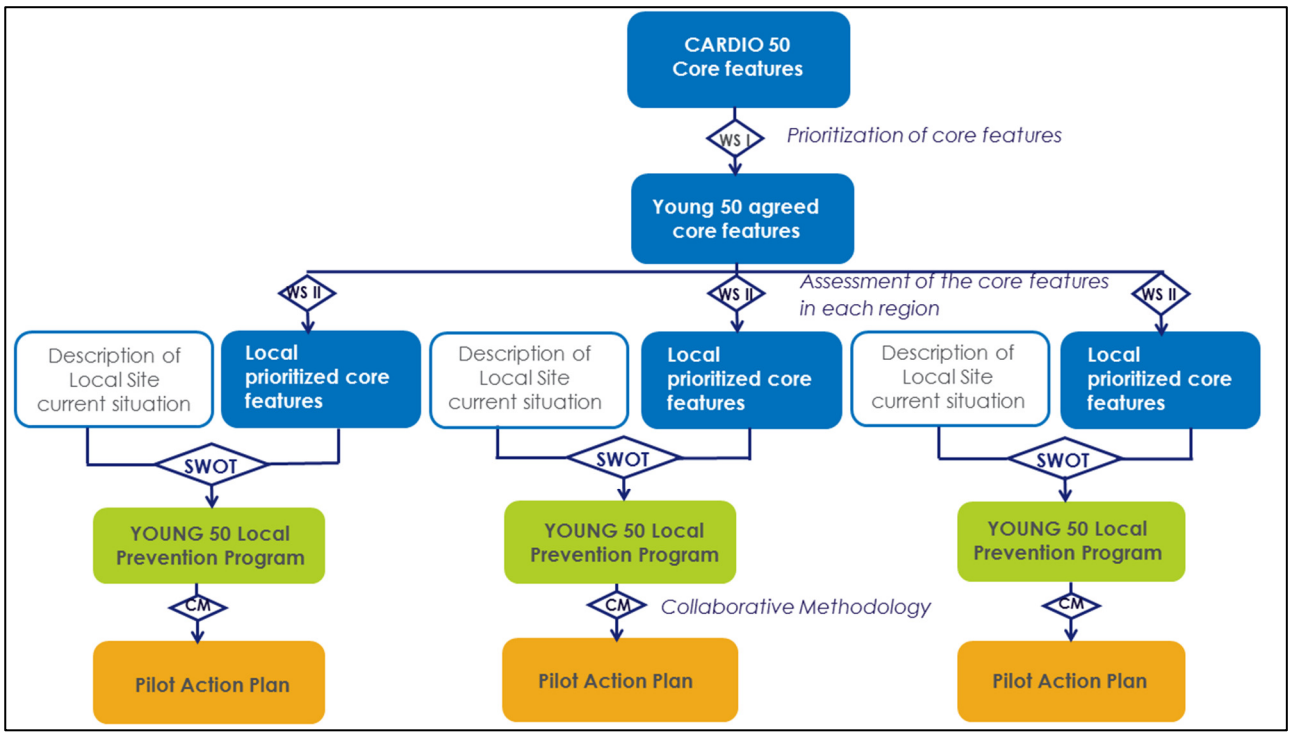
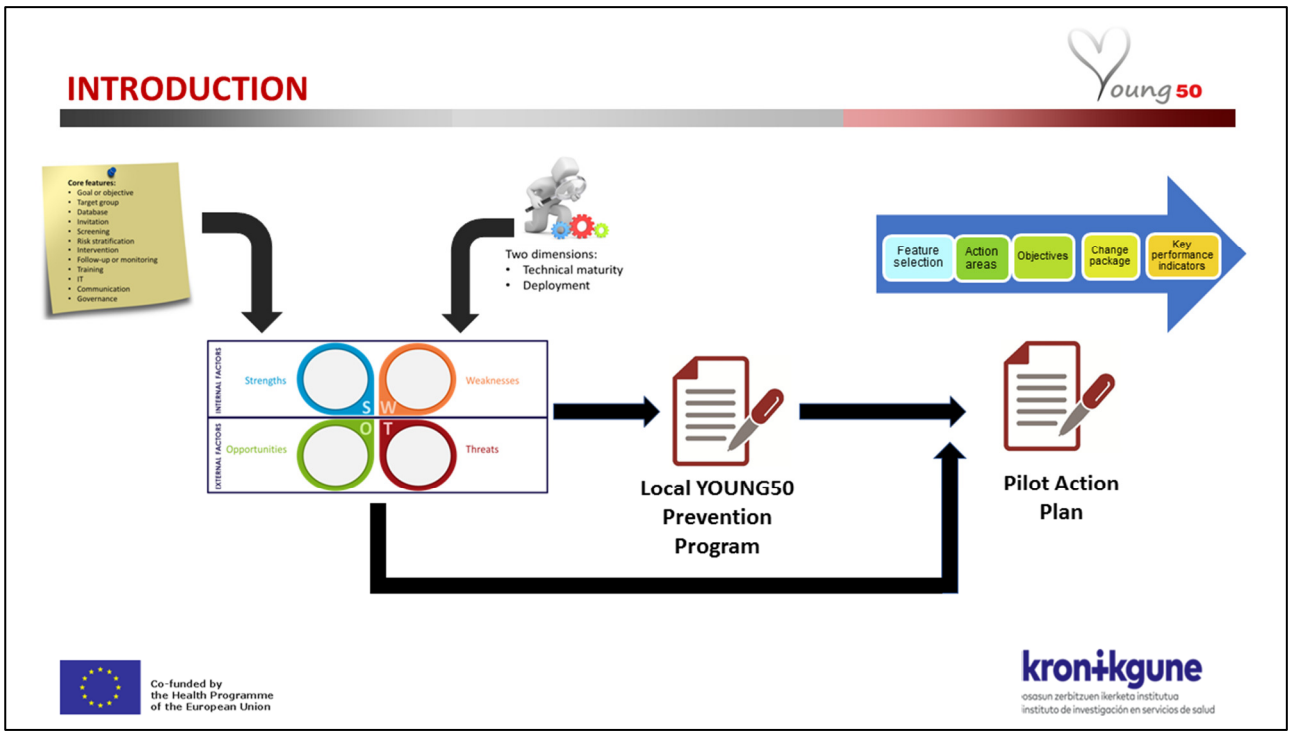

CARDIO 50 Core features
WS I
Prioritization of core features
Young 50 agreed core features
WS II
WS II
WS II
Assessment of the core features in each region
Description of Local Site current situation
Local prioritized core features
Description of Local Site current situation
Local prioritized core features
Description of Local Site current situation
Local prioritized core features
SWOT
SWOT
SWOT
YOUNG 50 Local Prevention Program
YOUNG 50 Local Prevention Program
YOUNG 50 Local Prevention Program
CM
CM
CM
Collaborative Methodology
Pilot Action Plan
Pilot Action Plan
Pilot Action Plan


INTRODUCTION
Core features:
Goal or objective
Target group
Database
Invitation
Screening
Risk stratification
Intervention
Follow-up or monitoring
Training
IT
Communication
Governance
Two dimensions:
Technical maturity
Deployment
Feature selection
Action areas
Objectives
Change package
Key performance indicators
INTERNAL FACTORS
Strengths
Weaknesses
EXTERNAL FACTORS
Opportunities
Threats
S
W
O
T
Local YOUNG50 Prevention Program
Pilot Action Plan
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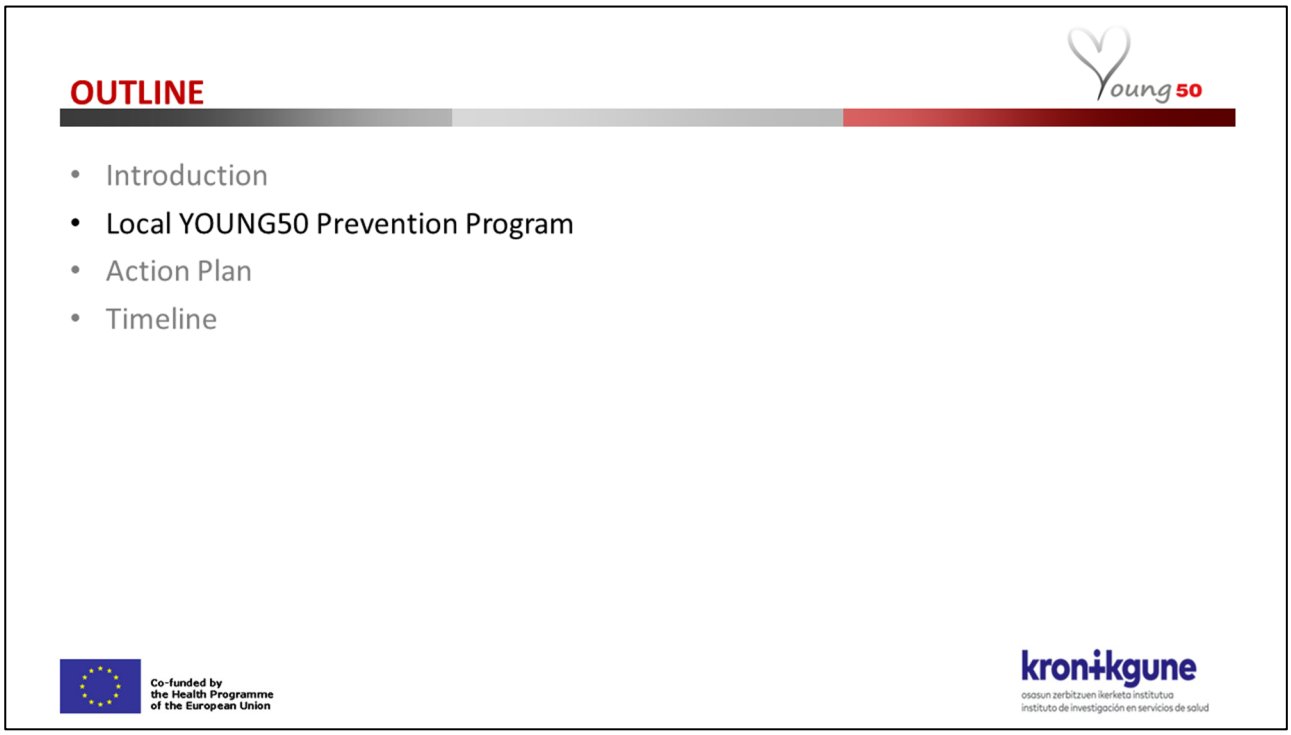
OUTLINE
Introduction
Local YOUNG50 Prevention Program
Action Plan
Timeline
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LOCAL YOUNG50 PREVENTION PROGRAM

OBJECTIVE

To define the adapted components and structure of the Local Prevention Programs

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LOCAL YOUNG50 PREVENTION PROGRAM

The Local YOUNG50 Prevention program:

- Includes existing intervention(s) plus adopted features.
- Describes a **sequence of coherent, organized and integrated activities** aimed to achieve **concrete and predefined objectives.**
- Outlines **organized resources** and **flow of information of the program** that will provide support to the local implementation team.

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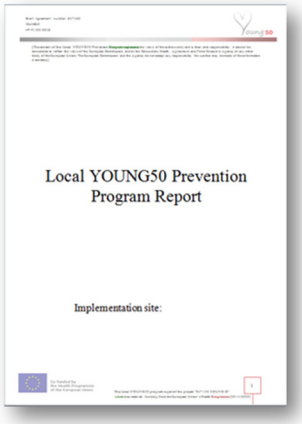
LOCAL YOUNG50 PREVENTION PROGRAM

Content of the Local Prevention Program:

1. Rationale
2. Objectives
3. Scope of the program
4. Basic principles
5. Target population
6. Structure
7. Activities
8. Resources
9. Other information



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LOCAL YOUNG50 PREVENTION PROGRAM Cardio 50 example

RATIONALE (Brief explanation of the background and the underlying justification for the Program development)

Cardiovascular disease (CVD) is one of the leading causes of death in the European Union and causes more than 1.8 million deaths per year (EHN Cardiovascular Disease Statistics), as well as a large loss of potential years of life. In Italy, cardiovascular mortality remains the leading cause of death, accounting for 12% of all deaths. Close to two-thirds of all deaths in Italy were attributable to either cardiovascular diseases or cancer in 2014. Cardiovascular diseases represent the main causes of death among women (40%), while for men one-third of deaths are related to cardiovascular diseases.
CVD is a multifactorial process to which a variety of biological and behavioral characteristics of the individual contribute, including a number of well-established and emerging risk factors. Not smoking, being physically active, eating a heart-healthy diet, staying reasonably thin, and avoiding stress and depression are all major components of an effective cardiovascular disease prevention program.
The burden of cardiovascular disease can be alleviated by careful risk reduction and, as such, primary prevention is an important priority for all health policy makers.

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

GENERAL OBJECTIVE (Overall goal the Program intends to achieve)

CARDIO 50 intervention pretends to change unhealthy lifestyles and increase knowledge and perceptions of the risks of cardiovascular diseases.

SPECIFIC OBJECTIVES (Concrete purposes the Program will attain to reach the general objective)

- *To estimate cardiovascular risk among the 50-year-old population (both males and females)*
- *To identify persons with inadequate life styles*
- *To identify new cases of hypertension, hyperglycaemia and hypercholesterolemia*
- *To activate an integrated model of assistance to counteract modifiable risk factors among healthy subjects*
- *To promote interventions to help change unhealthy lifestyles by offering opportunities for healthy choices to counteract CVD risk factors*
- *To increase knowledge and perceptions of CVD risks among general population*

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

SCOPE OF THE PROGRAM (Extent of the program and what areas deals with)

This a cardiovascular prevention program that promotes healthy lifestyles among the 50-year-old residents of the Local Health Units. This intervention will be implemented in 12 Italian Regions and will be inserted in their Regional Prevention Plan.

BASIC PRINCIPLES (Propositions or values that govern and guide the objectives, actions and organization of the Program)

- *From Project to program: from a vision of single fragmented actions of a project to systematic institutional plans and programs.*
- *Multi settings approach: Schools , workplaces, health services and community. Interventions involving across the settings.*
- *Tackling health inequity: Innovative and transversal actions*
- *Intersectoral approach: With a vision of health in all policies, define, develop and share common objectives for interventions to support health determinants involving different sectors.*

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

TARGET POPULATION (The particular group of people identified as the intended recipient of the Program)

Asymptomatic men and women, aged 50 years, resident of the 12 Italian regions.

EXCLUSION CRITERIA (Characteristics that disqualify subjects from taking part in the Program)

- *Cardiovascular events*
- *Diabetes*
- *In therapy for high blood pressure*
- *Cancer patients*
- *Not auto sufficient*
- *Institutionalized*

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

PROGRAM STRUCTURE (How the Program is organized and interrelated at national, regional and local level)

National level
The program is funded by National Centre for Disease Prevention and Control. Its task is to liaise between the Ministry of Health on one hand and regional governments on the other with regards to surveillance, prevention and prompt response to emergencies.
Regional level
The regional planning encompassed the coordination of the actions with the participation at different levels, the development of shared principles, aims and tools of the program/ interventions, a the definition of the technical-scientific and methodological support and the stewardship at the central level.
Local level
The Screening Centre (SC) of the Prevention Department, in collaboration with GPs and Sanitary District, is in charge of the organization of the entire program. The SC prepares the list of residents and the GPs apply and define the criteria for exclusion and select eligible subjects. An effective partnership is in place: the health courses are organized with the collaboration of GPs, local authorities, cultural and voluntary associations.

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

PROGRAM ACTIVITIES (What processes and actions are part of the Program)

Activity	Methodology
Recruitment	*Active invitation with letter for screening visits*
Assessment	*Life style questionnaires*
Classification into risk groups	*Risk classification algorithm*
Prevention interventions	*Healthy nutrition, quit smoking, physical activity interventions*
Health professional training	*Health courses*
Follow-up	*Monitoring population/referrals participation/satisfaction*

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LOCAL YOUNG50 PREVENTION PROGRAM example

PROGRAM INDICATORS (Synthetic measures that assess the performance of the Program)

Evaluation criteria	Process and output Indicators
RECRUITMENT *Active invitation with letter for screening visits*	*% target population contacted for screening*
ASSESSMENT *Lifestyle questionnaires*	*% of people with lifestyle questionnaires completed*
CLASSIFICATION INTO RISK GROUPS *Risk classification algorithm*	*N. of people classified in each risk group*
PREVENTION INTERVENTIONS *Healthy nutrition, quit smoking, physical activity interventions*	*N. of interventions implemented*
HEALTH PROFESSIONAL TRAINING *Health courses*	*% professionals attending the training* *% professionals satisfied with the training*
FOLLOW-UP *Monitoring population/referrals participation/satisfaction*	*% population called to follow-up,* *% adhesion to follow-up* *% satisfied people participating in the screening* *% satisfied people participating in the follow-up*

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LOCAL YOUNG50 PREVENTION PROGRAM example

PROGRAM INDICATORS (Synthetic measures that assess the impact of the Program)

Evaluation criteria	Health-related outcomes
To estimate cardiovascular risk among the 50-year-old population (both males and females)	*N. of people with cardiovascular risk*
To identify persons with inadequate life styles	*N. of people with unhealthy habits*
To identify new cases of hypertension, hyperglycaemia and hypercholesterolemia	*N. of people with hypertension* *N. of people with hyperglycaemia* *N. of people with hypercholesterolemia*
To promote interventions to help change unhealthy lifestyles by offering opportunities for healthy choices to counteract CVD risk factors	*N. of people with less overweight* *N. of less smokers* *N. of people practice physical activity*

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LOCAL YOUNG50 PREVENTION PROGRAM Cardio50 example

RESOURCES (Assets the Programs requires to function effectively)

Engagement of professionals
Active collaboration of medical doctors, nurses, nutritionist, psychologists, health educator, administrative, biologists/chemists, health and social workers, prevention technician, local authorities, cultural and voluntary associations.
Network of services
Collaboration of Tobacco Cessation services, Nutrition Services and other prevention programs.
Financial
Specific funding for the adaptation and integration of screening algorithm.
Physical
Production of materials to be used and distributed during screening visits.
Production and diffusion of informative materials to entire population through various channels.
Facilities to perform lifestyle assessment (doctor´s office) .

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OUTLINE

- Introduction
- Local YOUNG50 Prevention program
- Action Plan
- Timeline

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ACTION PLAN

OBJECTIVE

To produce the blueprint that outlines the implementation of Local Prevention Programs

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ACTION PLAN

- Describes the **sequence of steps** (concrete activities) that need to be taken to implement the Program at each site.
- **Addresses the action areas** identified in the SWOT analysis.

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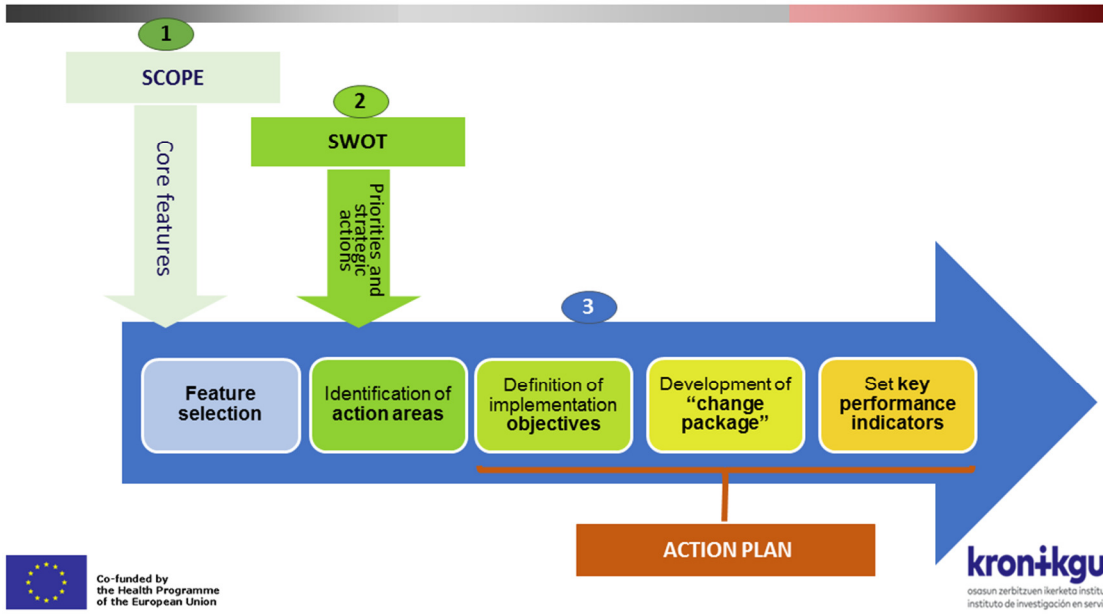
ACTION PLAN



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ACTION PLAN

Detect **action areas**	The priorities and strategic actions defined in the SWOT analysis help defining precise and specific action areas to work on.
Definition of **implementation objectives**	According to the action areas, specify achievable, measurable and realistic objectives.
Development of **"change package"**	Define concrete activities that lead to successful implementation.
Set key performance **indicators**	Use existing data to measure progress and impact and to ensure good quality of work and keep teams focused.

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ACTION PLAN REPORTING

Action area(s)	Objective(s)	Change Package (activities)	Person(s) involved	Key performance indicator(s)

TEMPLATE

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IMPLEMENTATION EXPERIENCE REPORTING

- Promotes **evidence base and transferability potential**.
- Whole implementation experience will be reported in a **standardized and structured manner**.
- **SQUIRE 2.0 guidelines** will be the base for the reporting.
- Scope definition, SWOT analysis, Local Prevention Program and Action Plan will feed into the final implementation report.
- Template will be provided.

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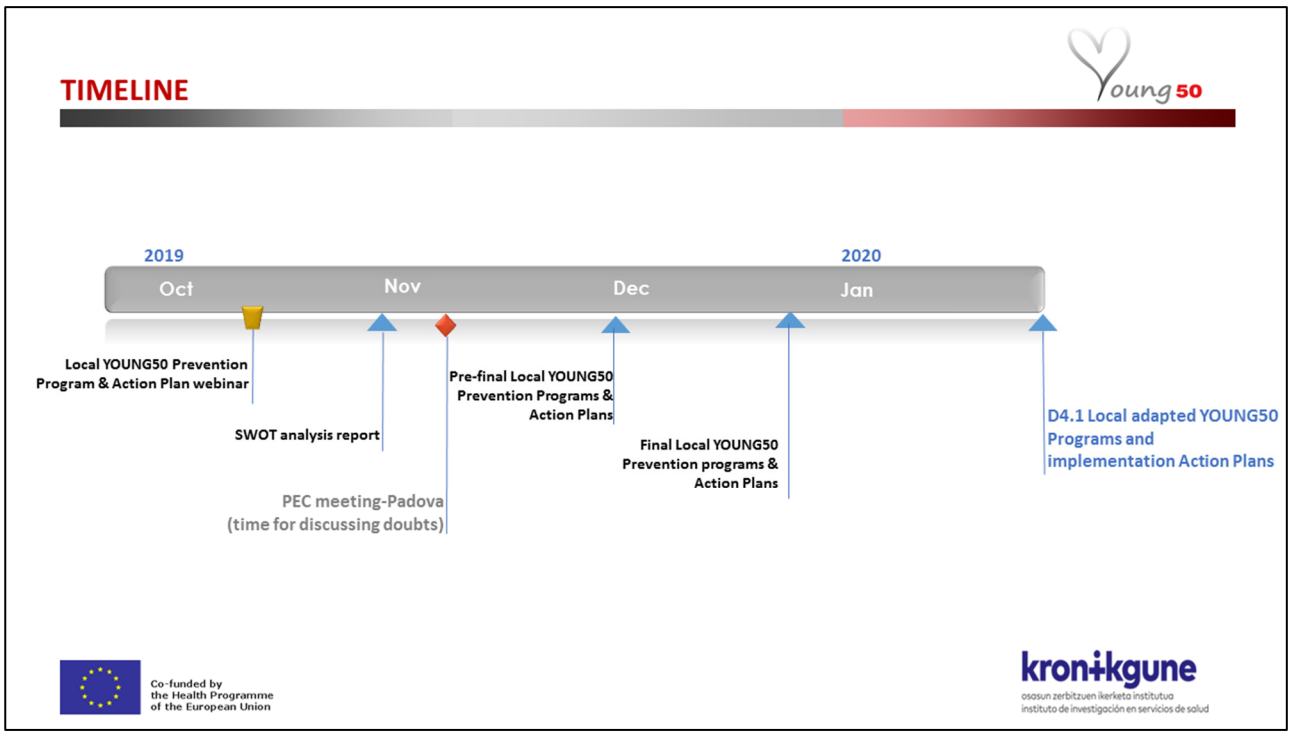
TIMELINE
2019
2020
Oct
Nov
Dec
Jan
Local YOUNG50 Prevention Program & Action Plan webinar
SWOT analysis report
PEC meeting-Padova (time for discussing doubts)
Pre-final Local YOUNG50 Prevention Programs & Action Plans
Final Local YOUNG50 Prevention programs & Action Plans
D4.1 Local adapted YOUNG50 Programs and implementation Action Plans
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