



Social Engagement Framework for
Addressing the Chronic-disease-challenge

NEWSLETTER 6

Focus on the final conference and on the SEFAC JOURNEY



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E N J O Y T H E R E A D !

1. FOCUS ON THE FINAL CONFERENCE

On the 16th of April 2021, the SEFAC Social Engagement Framework for Addressing the Chronic Disease Challenge project met with five leading networks of the European Authorities working in Health and Social Care: ELISAN, European Local Inclusion and Social Action Network, EUREGHA, European Regional and Local Health Authorities, ProMIS, Programma Mattone Internazionale Salute, European Covenant on Demographic change, ENSA, European network of Social Authorities organized the final high-level online event of the project.

This conference has been coordinated by the Erasmus Medical Centre of Rotterdam and ISRAA, Istituto per Servizi di Ricovero e Assistenza agli Anziani of Treviso.

The main purpose of this webinar was to provide a multi-stakeholder platform and bring together researchers, policymakers, practitioners, interested groups and citizens to explore ways to reduce chronic disease challenges effectively by efficiently empowering individuals and strengthening the community.

More than 70 stakeholders attended from all over the world including China with the School of Public Health from the Fudan University in Shanghai.

The project, funded by the European Union's Third Health Programme (2014–2020), takes a community-based approach, engaging volunteers to help promote good habits and health thanks

to four regional pilot projects in Rijeka, Treviso, Rotterdam and Cornwall. Citizens with or at risk of chronic diseases have been participating in workshops on disease prevention and management. The interventions aimed to help them adopt healthy lifestyles through the mindfulness approach.

The key element of the training program "Start from yourself" was to provide participants with strategies that allow them to self-manage their own health and prevent the high-risk conditions of diabetes type 2 and cardiovascular diseases. Seven weeks of mindfulness training were coupled with social engagement in the community.



The graphic features a central image of hands holding a colorful SEFAC logo. Below this, the text reads: "SEFAC JOURNEY Mindfulness training, social engagement and ICT support to empower citizens to build a healthy lifestyle and manage chronic diseases". At the bottom, there are logos for Erasmus MC, MEDRI, ISRAA, vidavo, ageUK, ELISAN, POLIBIENESTAR, and the European Union flag. The text "Edited by Hein Raat, Stefania Macchione and Oscar Zanutto" is at the very bottom.

SEFAC
Social Engagement Framework for
Addressing the Chronic Disease Challenge

SEFAC JOURNEY
Mindfulness training, social engagement
and ICT support to empower citizens to
build a healthy lifestyle and manage
chronic diseases

Erasmus MC
MEDRI
ISRAA
vidavo
ageUK
ELISAN
POLIBIENESTAR
10°
UNIVERSITÀ DI TRIESTE

Edited by Hein Raat, Stefania Macchione and Oscar Zanutto

2. RESULTS OF THE SEFAC PROJECT

by Professor Hein Raat - Erasmus Medical Center, Rotterdam

Hein Raat, Professor at Erasmus Medical Center of Rotterdam showed the results of the SEFAC project and the data collection which was done through questionnaires in the different pilot sites. They were conducted at baseline and after six months. The target population included community-dwelling citizens from 50 years and older suffering or at risk of developing cardiovascular disease and or type 2 diabetes.

Some differences among the pilot sites have been underlined. It was possible to see a difference in education level (only 1% in the Netherlands had a primary education level compared to almost 30% in Italy), in employment rates and migration backgrounds. There were also differences in the presence of either type 2 diabetes and cardiovascular diseases in the four pilot sites.

The majority of participants (more than 81%) considered the SEFAC program to be beneficial and worthwhile. The 75% or more of the participants declared that the three components of the program, such as mindfulness, social engagement and the SEFAC App, stimulated them to work on a healthy lifestyle and the citizens reported improvements in self-awareness. The SEFAC project also showed significant enhancement on self-efficacy, social support and health-related quality of life and also significant reductions in both stress depression and sleeping problems. The average satisfaction score was high: 8.2, although it was lower in the Netherlands as compared to Croatia and Italy. The results showed that the SEFAC program can support self-management skills of the target population.

Hein Raat is the project coordinator of the SEFAC project. He is a professor at Erasmus Medical Centre in Rotterdam, The Netherlands. He is an expert in designing, implementing and evaluating programs to integrate health and social care in regions, and E-Health applications to enhance well-being and health among high risk groups.



3. SEFAC PROJECT EVALUATION

Interview by Elena Curtopassi to Tamara Alhambra-Borrás, researcher and project manager at Polibienestar Research Institute - University of Valencia (Spain)

What is the purpose of this evaluation?

The general objective of the evaluation is indeed to ensure that the study design and the methodologies used are adequate to the objectives pursued and that the objectives of the SEFAC project are reached. To this aim a specific work package was in charge of the evaluation and assessed the project performance in terms of effectiveness and quality, allowing to evaluate whether the project goals are met and to ensure the highest quality standards.

This evaluation was performed using both an Internal and External Evaluation Approach. On the one hand, the internal evaluation is performed by the individuals responsible for the activities being evaluated, and this internal approach was used to assess the project performance in terms of effectiveness and quality. On the other hand, the external evaluation is the assessment performed by stakeholders from outside the consortium, who are involved in the project as participants or professionals but are not responsible for the activities being evaluated.

What are the results did you collect?

The collected data indicated that the project was implemented as planned and reached the results at a larger extent than expected. Even though extra time was required, no major deviation in the achievement of results were identified. Furthermore, when deviations took place, their effects on the whole project development was assessed and corrective actions were put in place.

Finally, the external evaluation highlighted that professionals and volunteers had a positive perception of the effectiveness and efficiency of the SEFAC intervention, and that this had a potential impact on participants' lifestyle. It offered sustainable changes that could last after the project was completed. Participants considered the SEFAC program beneficial and worthwhile. The mindfulness training was the best rated component of the program because it stimulated them to work on a healthy lifestyle.



4. TESTIMONIES FROM VENETO REGIONAL AUTHORITIES

During the SEFAC final event, the **Veneto Regional Authorities** clearly stated their support for the SEFAC project through the interventions of the President and General Director of ISRAA **Mauro Michielon** and **Giorgio Pavan** and the Regional Minister for European Affairs of the Veneto Region, **Federico Caner**, who brought greetings from the Regional Minister for Social and Health Services Manuela Lanzarin and the president of the Veneto Region, Luca Zaia. In addition, the President of the Regional Council of Veneto Region, Member of the Bureau of the European Committee of the Regions and Head of the Italian delegation, vice President of ELISAN, **Roberto Ciambetti** gave his contribution to the final event.

Mauro Michielon, President of ISRAA praised the partnership, which was able to conclude successfully this project even despite the pandemic. He highlighted the positive impact of the SEFAC project in making adults realize that they can be an important active part of their own health management, also with the support of easy-to-understand digital technologies. Not only Medical Doctors play an important role in health but also citizens, through healthy behaviors, can play a key role for its improvement. Thanks to this project, ISRAA had the opportunity to build a model for the prevention of chronic diseases with very considerable socio-economic savings for the entire community. Mauro Michielon underlined the need to disseminate throughout Europe and internationally the good practices learned from this project in order to improve the communities responses to health needs.

Giorgio Pavan, General Director of ISRAA, specified that the SEFAC project represented a great opportunity for the Local level of the Assisted living facilities. As a long-term care organization ISRAA had to face the challenges related to the pandemic. However, thanks to the SEFAC project, they learned to look not only at the internal needs of their users but also focused at the global level to the entire community. SEFAC has thus become a resource. The Veneto Region has begun elaborating new strategies to engage people within the community and connect with local stakeholders involving Social Authorities, such as Trade Unions.

Giorgio Pavan stressed out the importance of prevention and recruitment of citizens and the positive impact that the learning process had on the citizens to induce lifestyle change. To conclude, the General Director introduced the concept of mindfulness by setting up an expert team in order to stimulate concrete changes and introduce this approach during the pandemic.





Federico Caner, Regional Minister for European Affairs, Veneto Region has highlighted that the SEFAC project is at the core of the Veneto Region agenda regarding seniors that need support. With the COVID-19 Pandemic, he stressed the important role that volunteers play, especially in the Veneto Region. The other important aspect that he remarked is the effort made by Veneto Region supporting operations regarding active ageing with a specific and dedicated regional law. In the last three years the Veneto Region has funded 125 projects related to active ageing for a total amount of 3 million euros, targeting mainly social care organizations.



Roberto Ciambetti - President of the Regional Council of Veneto Region, Member of the Bureau of the European Committee of the Regions and Head of the Italian delegation, vice President of ELISAN, Italian Ambassador to the EU Covenant of Mayors for Climate & Energy

The President focused on the relevant role that families play in the communities, on the commitment of the Veneto Region about active aging supporting a healthy lifestyle, on the adoption of specific laws and on the dedicated budget.

Roberto Ciambetti stated that, with the pandemic, the issue of public health acquired a prominent position on the European Union's agenda. The experience of the COVID-19 pandemic has highlighted the need of a deep re-organization of society starting from healthcare, which enhanced the need of a new vision of healthcare based on "**territorial medicine**" and social care, developed on the basis of an extended network of basic services such as: community hospitals, advice centers, mental health centers, community homes and proximity centers which are increasingly close to citizens and family.

The Veneto Region gained a great experience as a result of the implementation of its 2017 Law on the promotion of active ageing. It followed a broad consultation with a wide range of stakeholders. He stressed that the Veneto Region recognizes and enhances the role of seniors in the community, promoting their participation in social, civil, economic and cultural life and favoring their independent living. The provision of basic care services by integrated teams of health professionals is of strategic importance, especially for the care and monitoring of patients in their own homes. This is true for older people, persons with disabilities, and especially patients suffering from chronic and multi-morbidity.

Thanks to telemedicine and remote hospitals, it is possible to progressively transform homes into a place of care with obvious economic and social savings and high efficiency in treatment, prophylaxis and recovery. In order to make this strategy successful, families need to be adequately supported and trained. Home and family, therefore, are also at the heart of a new healthcare system and at the center of a new society, which is more attentive to the needs of the weakest.

5. SEFAC KEY EXPERIENCES

The SEFAC project approach was mainly based on three Pillars concerning:

1. **Mindfulness;**
2. **Social engagement and increasing of volunteering;**
3. **The SEFAC App.**

One crucial contribution has been provided by **Stefania Macchione**, clinical psychologist who has shared key experiences with self-management “**start from yourself**” programme. The 7-week programme is a theoretical and practical guideline for the improvement of self-management of chronic cognition. The programme included the creation of a workbook named “start from yourself” based on 7 theories: the training of the mind and body for the well-being; healthy habits; healthy mindset; healthy eating; healthy physical activity; healthy relationships; health life with chronic conditions. Each workshop was structured in a 7-week programme based on these 7 theories. During the workshop in Rotterdam, the “book team” provided general guidelines on how to implement the workbook, focusing on SEFAC volunteering training.



The Programme has to be considered as a starting point to change behaviour and self-management of health.

The SEFAC project adopted an integrative model of healthy lifestyle based on the psychology habit information, Salutogenic and Person Centered Care approach, mindfulness-based interventions, Positive psychology, Health coaching and change theory. The final aim is happiness, physical and mental well-being and making life worth living by working on our inner-self.

1) **Mindfulness.**

“Mindfulness is the practice of being aware of what is happening or what you are experiencing in the present moment, can help to step out of the pilot mode” (Didonna 2012). The change that makes the biggest difference is a change in our attitude. By practicing mindfulness, we will have a more conscious response to our stimulus.

Using mindfulness and compassion-based interventions integrated with change behavior practices, citizens have the opportunity to change for good and to develop self-efficacy and positive attitudes towards health. People can achieve this goal through the Behavior Change Theory that consists of 5 stages: pre contemplation, contemplation, preparation, action and maintenance.

The benefits from mindfulness in the SEFAC project consisted in stopping the autopilot and focusing on the present moment with the emotions and the feelings and letting go every form of rumination and anxiety, to change the lifestyle easier.

Another contribution on Mindfulness as a way of being was given by **Antonella Buranello ISRAA Treviso – psychologist.**

She reminded that mindfulness is a basic human ability to be fully aware of where we are and what we are doing. An important thing of mindfulness is that it enables us to access our inner resources to face difficulties and illness. She stressed that every wandering mind is an unhappy mind, but with mindfulness training it is possible to train our attention and to step out of autopilot.



There are four essential aspects that can help us avoid unhappiness: attention regulation, body awareness, emotional regulation and change the self-perspective.

Through the SEFAC project we can understand the importance of facing our inner challenges with the support of the community because every suffering moment can be transformed in a connection moment.

2) Social Engagement Framework and increasing of volunteering



Nigel Clark, from AGE UK Cornwall, gave his contribution focusing on the second SEFAC pillar on the aspects of the social engagement framework.

The social engagement framework includes different aspects that can support to people. It is important to provide citizens with an environment where they can live the way they want, to take in consideration their mental well-being and their social situation.

Another key component is to get to know the social environment in which citizens live and to build a team of people who can trust each other such as in their families. This is why there is a need to engage our communities to actually support citizens. It is essential, in this process, to have equal voices and to build a team of volunteers, including family members, befrienders, advisers to support the individuals.

3) The SEFAC App

The two experts of the Greek **digital health company VIDAVO, Anastasios Rentoumis and Nancy Karanasiou**, illustrated how the SEFAC App could bring lifestyle changes for chronic disease management through mindfulness methodologies.

Anastasios Rentoumis, President of the NGO "Alliance for Integrated Care", explained the scope of the App which has been the result of many years of intensive research and collaboration between different partners.



The first part of the presentation addressed the **theoretical approach**: why the mobile app is important as part of the proposal and how it supports a change in lifestyle. The main aim of the SEFAC App is to increase the emotional involvement of the participants of the project and the scope is to help them to make **Lifestyle Changes related to nutrition physical activity and relationships, using a mindfulness approach.**

The SEFAC project team, thanks to the expertise of **VIDAVO** has developed the ICT mobile tool that will be supportive for self-management in setting and achieving goals. Designing the SEFAC App, they took into consideration a **Behavior Change Support System (BCSS)** which is a socio-technical information system with psychological and behavioural outcomes designed to reinforce attitudes, behaviours or an act of complying without using coercion or deception.

The BCSS supports the user's primary task and goals are:

- to keep the end user active and motivated to continue use the IT artifact and to perform the behaviour "prescribed";
- to support users' perceptions of credibility via showing trustworthiness and expertise;
- to motivate users by leveraging transparent social features.



Nancy Karanasiou - Chief Technical Officer of VIDAVO

- showed the actual functionalities of the app and some of its results. The App contains seven different design domains, based on the overall SEFAC intervention methodology: Mood, my Learning, Practices, Inspire me, My Journal, Mindbell, My Healthy Lifestyle.

The App adopts a smart approach and goal-setting theory for helping the users to design a plan and change in order to live a happy life. The app also helps the user to start, for example using the daily tips for a healthy editing card habits, or as a way to provide positive feedback through the user notifications.

The App had a remarkably high percentage of users even though not all the tips have been adopted.

SEFAC app - Functionalities

My Mood

Writing, exercise for emotional awareness. Based on Emotional Intelligence.

My learning

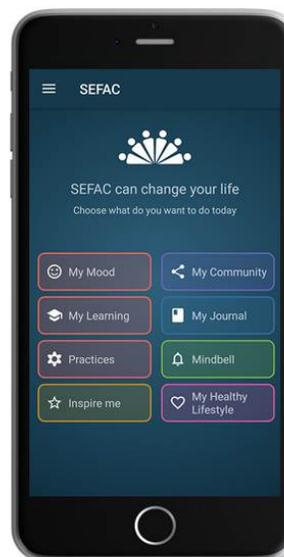
Lessons on stage of change (STD). Turning theory into practice, weekly challenge.

Practices

Mindfulness practices, deep breathing, body scan, self compassion etc

Inspire me

Reflections on training mind and body for health and wellbeing during the day



My community

Connect with your healthy buddy, find out the SEFAC community in your Country.

My Journal

The goal of mindful writing is to take time to acknowledge thoughts, sensations and feelings with a non-judgmental attitude.

Mindbell

Learn to pause mindfully, step out of automatic pilot. Set reminders for practice.

My healthy lifestyle

Design a plan, set goals and change habits. Step out of your comfort zone methodology

6. TESTIMONIES FROM PILOT SITES IN CORNWALL, UK; RIJEKA, HR; ROTTERDAM, NL; AND TREVISO, IT

The focus of the interventions from MEDRI by **Vanja Vasiljev** and **Denis Juraga** were to describe the implementation of four pilot sites experiences providing a detailed overview of each of them.



Vanja Vasiljev, associate professor and **Denis Juraga**, university assistant/PhD student at Department of Social Medicine and Epidemiology, Faculty of Medicine, University of Rijeka - presented the description of the implementation of the SEFAC project in four pilot sites: Cornwall, UK; Rijeka, Croatia; Rotterdam, The Netherlands; Treviso, Italy.

During the Preparatory phase, which consisted of educational workshops, every pilot formed an Alliance recruiting trainers and volunteers and performed the training of the trainers throughout the dissemination activities together with the target group.

The general goal was to provide guidelines on how to implement and deliver a changing lifestyle program and educational workshops which were based on the training of trainer's handbook, which is the tool designed to prepare trainers who already have skills in health prevention and promotion.



The workshop addressed the people who suffer from chronic condition. The workshops partners gained the basic knowledge in the field of mindfulness, healthy habits and healthy lifestyles as well as care navigation and managing volunteers. The aim of the SEFAC Alliance was to help disseminate the information of the SEFAC project and also to recruit the participants.

The Cornwall (UK) Pilot site recruited participants from VEOR Surgery (around 8,530 patients) throughout coffee meetings, and the participants were linked to the volunteers from Age UK.

The SEFAC model was implemented in Cornwall by "guided conversation" and mindfulness, following the 6-week program using a goal setting support such as conversations and peer-to-peer support.

In the Cornwall Pilot, the relatively low socio-economic status of the participants represented a challenge in filling out the questionnaires and working with the SEFAC mobile application. In order to cope with this newly encountered situation, the team from Cornwall pilot site planned and scheduled face-to-face meetings with each of the participants to complete the baseline questionnaire.

In the Rijeka Pilot site the stakeholders of played a crucial role in inviting and mobilizing the citizens to participate in local open events, to promote screening for the population those who are in risk of major chronic disease or those who have already chronic diseases and to promote healthy active lifestyle engaging ideas on the role of changing harmful habits into healthy everyday practices.

An added value of the SEFAC intervention in Rijeka was the participation of nurses (patronage nurses) who measured blood glucose and pressure of the citizens monitoring their progress, especially in the field of mindfulness practice and through the SEFAC app.

The Rotterdam Pilot site was mostly based on health Care Providers recruitment and education of nurses. There were certified mindfulness trainers with their own practices and they had an active role in developing the setup intervention in Rotterdam. The "buddy system" (peer-to-peer support) have been here introduced. The recruitment strategy included advertisements (posters) in local supermarkets, social media, Erasmus MC intranet (screensaver) and door-to-door flyers in targeted apartment buildings. Each interested person filled out a short checklist to make sure that they met the SEFAC inclusion criteria. If the person met the criteria, a personal telephone call was scheduled before participation in the mindfulness training to briefly discuss any existing depressive conditions.

In the Treviso Pilot site, a team of psychologists and psychotherapists (who are mindfulness trainers) and experts in the organisation of focus groups were recruited. Through the SEFAC Alliance volunteers were engaged through Volontarinsieme Treviso and Associazione Di Volontariato Natale Mazzolá. The ISRAA team, with the support of stakeholders and volunteers, organised several public events to engage participants, especially through World cafés providing several dissemination opportunities to citizens. Participants went through the seven-week programme based on the workbook "Start from yourself - A lifestyle Changing Program". During the first workshop, with the support of volunteers, ISRAA trainers supported participants to fill out informed consents and SEFAC questionnaires.

To conclude, all pilot sites were based on community interventions including stakeholders with the purpose of changing participants lifestyle through social engagement.

7. COMMENTS FROM THE ADVISORY BOARD PROF. SHANLIAN HU (SCHOOL OF PUBLIC HEALTH, FUDAN UNIVERSITY)

Interview by Anthony Polychronakis, policy advisor city of Rotterdam to prof. Shanlian Hu, MD. MSC. professor of health economics, School of public Health, Fudan University and member of the SEFAC advisory board



According to your expertise, could you illustrate us which are the strengths and the challenges of the SEFAC design?

The main research findings of the SEFAC project have been evaluating social support, self-efficacy, mental well-being (including stress, depressive symptoms, sleep problems as well as all health-related quality of life and sedentary behaviour). These showed significant improvement before and after the interventions.

The satisfaction with the SEFAC program demonstrated almost 75%–80% improvement either in self-awareness or in healthy lifestyle. The study concluded that SEFAC interventions can reduce the burden of major chronic diseases.

I would first like to stress that it is a multi-country study with major target groups which are citizens at risk and stakeholder groups. Furthermore this project held stimulating educational workshop and through an effective social engagement model. The SEFAC project has made a great contribution to EU health programme because of its lifestyle changing capacity due to its solid theoretical background on mindfulness-based intervention, health coaching model, person-centered care approach. The key element of success has been social participation and self-management of one own health.



On the other hand some limitations of the SEFAC study design are to be noted. The sample size is not large enough to show statistical significance and the observation of lifestyle long-lasting change needs more time, foreseen six months are not enough. Furthermore, according to me, the SEFAC research findings fully explain the importance of social participation and self-management in the prevention and treatment of chronic disease.

To conclude, taking into account the work done with SEFAC, I could compare this experience with the policy documents of healthy China, in particular the Healthy China 2030 Plan. The China's medium and long-term plan for the prevention and treatment of chronic diseases 2017–2025 is important for the implementation of healthy china actions. China's experience also shows that the intervention of chronic diseases needs to have national plan and good practice at community level.

8. LEARNING FROM EU PROJECTS

Two most relevant European funded projects provided complementary views and a platform of exchange with SEFAC. The first, **EFFICHRONIC**, has been funded by the Health programme . The second, **VALUECARE** by Horizon 2020

1) **EFFICHRONIC - Enhancing health systems sustainability by providing cost-efficiency data based interventions for chronic management in stratified population based on clinical and socio-economic determinants of health**



Marta Pisano, González, Raquel Ochoa from Asturias and **Liset Elstgeest** from the Erasmus Medical Center of Rotterdam presented the main objectives and results of the EFFICHRONIC project in synergy with the SEFAC project.

The main objective of EFFICHRONIC is to reach vulnerable people by reducing the burden of citizens with a chronic condition and to increase the sustainability of the healthcare system. Most of these citizens usually do not have access to the health system because they are not able to afford it. That is the same aim as SEFAC, but with different self-management interventions.



The EFFICHRONIC project aims at providing evidence on the positive return of investment and cost-efficiency of the application of the Chronic Disease Self-Management Programme (CDSMP). The Consortium has been coordinated from Asturias with five different European countries (France, Italy, The Netherlands, Spain and UK) with a particular focus on the health, medical, social, cultural and economic factors. The participants were people with more than 65 years old with chronic conditions and people with a lower social economic condition.

The project started in 2017 and finished in November 2020. During the EFFICHRONIC project more than 250 leaders have been trained in the five pilot sites across Europe and alliances with more than 100 stakeholders were created. They collected data of the five pilot sites, counting 2759 engaged participants.



The EFFICHRONIC team also focused (as SEFAC) on healthy lifestyle, depression, sleeping problems and adherence to medication. Effectiveness analysis was observed from two perspectives: the healthcare perspective which takes into account health care costs and the societal perspective.

2) VALUECARE - H2020 INTEGRATED CARE & VALUE-BASED SUPPORT BY INFORMATION TECHNOLOGY



Interview by Elena Curtopassi, member of VALUECARE Advisory Board to Professor Hein Raat, Erasmus Medical Center Rotterdam

Professor Hein Raat, as coordinator of the VALUECARE and SEFAC projects, do you think that VALUCARE could build up on some of the lessons learnt from the SEFAC project to follow-up the work in the value-based support care field?

First of all, let me introduce the VALUECARE project. It is a wide Horizon 2020 EU funded project and indeed its purposes are in line with the SEFAC project.

The focus of VALUCARE is on integrated care for older people. And it is based on two pillars: a value-based approach and the support by information technology. The primary goal of the project is to deliver outcome-based integrated care to the elderly by using large-scale implementation of ICT support, to improve their quality of life and their families one. By these interventions European Health and social care systems are sought to be more sustainable.

Another goal is to improve the job satisfaction and reduce the work pressure of health and social care professionals. With demographic change trends and the increasing number of chronic conditions, the workload in health and social care is enormously increasing.

The target groups are all the patients either with cognitive impairment, frailty or with multiple chronic health conditions. The project has seven pilot sites in Europe: Treviso, Rotterdam, Valencia, Coimbra and Ireland. The project is in the development phase, and it is learning from the experiences of SEFAC project. The elements in value-based working mean focusing not only on the disease, but also on the experiences that matter the most to the patient.

The project also aims to reach the best citizen Health outcome with the engagement of the patients just like in SEFAC, with the social engagement approach to control health. The other pillar is integrated care that will be developed through a combination of integrated hospital and community care, and integration of health and social care.

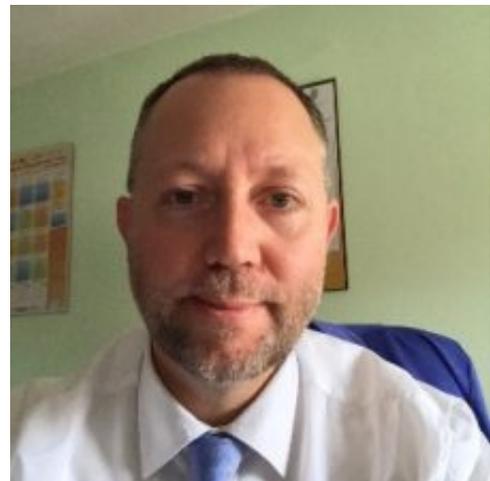
Interview by Elena Curtopassi to Oscar Zanutto - ISRAA Istituto per Servizi di Ricovero e Assistenza Anziani di Treviso

You were carrying out the pilot site in Treviso, could you please give some information about its aim?

The target will be 120 citizens with Mild Cognitive Impairment. Recruitment will start in November. A care management team will follow the implementation of the VALUECARE actions. The team will be in charge of evaluating the participants responses through questionnaires.

In Treviso we are trying to integrate the Health National System with ISRAA social actions to build an integrated care plan.

The project will benefit from a web platform for formal and informal caregivers, a VALUECARE App for patients as in SEFAC. Continuous monitoring of the outcomes and the goals reached will be done.



9. Comments from European networks

From Jean Max Trouillet, Director of the Departmental Union of Communal Centers for Social Action at Bouches-du-Rhône (France), President of the Steering Committee at ELISAN

*"The social and economic accessibility of elderly losing their autonomy in the French Bouches-du-Rhône department - The SEFAC project is in line with the building of an inclusive city indeed the **inclusive city** must encourage people losing their autonomy to remain in social life, in their homes and in their civic role as long as possible through individual and collective prevention and support actions."*

From Anne-Sophie Parent, Secretary General at the Covenant on Demographic Change

"The SEFAC project meets the objectives of the WHO, Global Network of age friendly cities and communities of to which the Covenant is affiliated, through adopting a holistic approach, promoting and delivering support to active and healthy aging.

The outcomes of the SEFAC App and the developing of digital education should be of great interest to many members of the Covenant and that is why she is pleased to disseminate information about the SEFAC toolkit. The SEFAC project could really have an impact on the longer term opening up to newcomers and cities, it could be a new project. It is also possible to continue with the existing tools and interventions in order to keep improving the methodologies for the Aging population in Europe."



From Valentina Polylas, Director of the EUREGHA Secretariat

“Euregha is setting up new initiatives like for instance the European Alliance for Value in Health, which is a multi-stakeholder Alliance of 11 Associations active in the broader European health systems which aims to accelerate the transformation towards value-based, sustainable and people-centred health systems in Europe. The mission is for partners to facilitate health system transformation, by disseminating knowledge and best practices, and engaging with policy makers and stakeholders - at European, national, and regional levels. The Alliance will develop opinion papers and blogs, collect publications and case studies and bring together members and stakeholders. She believes that the experience of SEFAC could be beneficial to Alliance activities in order to move forward at European level.”



Francesca Gastaldon, representing ProMIS, Programma Mattone Internazionale Salute

“The main goal of ProMIS is to promote the internationalisation of health systems at Italian level through the implementation of the National Chronicity Plan a document related to the chronic disease management. Its key element are digitalization, organizational Innovation, social and healthcare integration. The objective of this plan is to contribute to the improvement of care for people suffering from chronic diseases. In addition, its attempt is to reduce the burden chronic diseases on the individuals and of their families, improving the quality of life and ensuring a greater equity in accessing to Health care services.”



10. RECOMMENDATIONS TO POLICYMAKERS FOLLOWING THE EXPERIENCE OF THE SEFAC PROJECT

General remarks:

1. The major chronic diseases are the main cause of death and disability in Europe and have a huge social and economic impact. Although they often strike the elderly, chronic diseases increasingly affect young and middle-aged too, due mainly to poor lifestyle choices. Some 40% of the total number of people who died from major chronic diseases in 2012 were under the age of 70, according to the World Health Organization.
2. The SEFAC Project is created to help reduce the burden of chronic diseases by making people more resilient and empowering them to take control of their own health.
3. The SEFAC project, funded by the European Union's Third Health Programme (2014-2020), adopted a community approach. With the engagement of volunteers and stakeholders, the project aimed to help promote good habits and good health thanks to four regional pilot projects in Rijeka, Treviso, Rotterdam and Cornwall. Citizens with or at risk of chronic diseases were involved in meetings and workshops about disease prevention and management. The final goal of these activities consisted in helping participants to develop and adopt healthy lifestyles through the mindfulness approach.
4. The key element of the training programme "Start from yourself" was to provide participants with strategies that allow them to self-manage their own health and prevent the high-risk conditions of diabetes type 2 and cardiovascular diseases. Seven weeks of mindfulness training were coupled with social engagement in the community.
5. Additional strategies or longer application of the SEFAC program with focus on mindfulness and lifestyle behaviors with a randomized control trial in different target population is important to improve relevant health behaviors.

EU4Health Programme:

6. The SEFAC consortium welcomes the EU4Health budget allocation of 5.1 billion euros, which makes it the largest EU investment in health ever. However, even acknowledging the budget increase compared to the previous seven-year Programme, the SEFAC consortium regrets that the budget allocation has been considerably reduced compared to the one envisaged by the European Commission's initial Proposal.

7. The SEFAC consortium welcomes the EU4Health Work Programme for this year, which is expected to be published at the end of June. The budget allocation is to be around €360 million, representing about the 80% of the total budget allocated through the 2014-2020 Health Programme.

8. The SEFAC consortium welcomes that at least 20% of EU4Health funds must be allocated to finance actions concerning health promotion and disease prevention. The project partners expressed satisfaction that, compared to the 2014-2020 programming period, EU4Health places greater emphasis on actions aimed at tackling non-communicable diseases and chronic diseases.

National and local healthcare systems:

9. The SEFAC consortium underlines that the crucial role of local and regional authorities in protecting the health of citizens should be recognized. As a matter of fact, in many Member States, local and regional authorities have responsibilities in managing health systems and care facilities, in designing and implementing health policies, and in carrying out prevention and health promotion activities.

10. National and regional healthcare systems face the burden of effectively managing chronic diseases. The SEFAC consortium believes that EU-funded projects should support national and regional health systems by implementing actions to address non-communicable and chronic diseases.

11. The SEFAC consortium reiterates that integration of health and social care, as well as the active involvement of healthcare professionals and stakeholders, is crucial to co-creating tailor-made models aimed at empowering people, promoting health, and preventing the spread of chronic diseases.

12. The SEFAC consortium promotes the development of “territorial medicine”, i.e. a type of organization of the health system that is articulated into a broad network of basic local services which are close to the people (community hospitals, counseling and mental health centers, community-based centers). It is a type of medicine that sees as essential the guarantee of these quality services also to patients in their own homes, with a particular focus on those suffering from chronic or multi-morbidity diseases.

13. The SEFAC consortium stresses that adopting prevention models is essential to address chronic diseases and promote the sustainability of healthcare systems.

Digitalization and lifelong learning:

14. Considering the positive outcome of the use of the SEFAC app to promote healthy lifestyles and self-care, the SEFAC consortium recommends to further spread the use of ICT tools and technological devices in health management, with the goal to empower people and reduce the burden on health systems.

15. In line with the “territorial medicine” model, the SEFAC consortium fosters the promotion of telemedicine and remote hospital care, so that patients can benefit from quality health services directly from home.

16. The SEFAC consortium considers necessary to help people develop basic digital skills that can be used in self-management activities (i.e. assessing health behavior and health status, setting targets regarding health promotion activities and management of chronic diseases, evaluating lifestyle, etc.).

Societal engagement:

17. The SEFAC consortium notes that the active involvement of citizens, volunteers and stakeholders is part of a broader strategy which aims to build sustainable, healthy, and inclusive societies.

18. The SEFAC consortium welcomes the Green Paper on Ageing presented by the European Commission and highlights the importance of strengthening intergenerational solidarity and promoting a lifelong learning approach.

Psychological dimension of care:

19. As acknowledged by the European Commission, several million people across Europe were suffering from mental health problems even before the pandemic. The situation has further worsened due to the current crisis, which is having a highly negative impact on people's mental health. Therefore, the SEFAC consortium points out that greater attention to the psychological dimension of health is needed to promote people's well-being, reduce the burden of non-communicable diseases, and prevent and manage chronic diseases.

20. The SEFAC consortium stresses the importance of adopting a holistic approach to self-care and prevention, which includes the promotion of practices as meditation, positive psychology, and mindfulness to help empower people and allow them to self-manage their health status.



Greetings from the SEFAC Consortium who wishes for a SEFAC 2.0 Project!



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