



# **SOCIAL ENGAGEMENT FRAMEWORK FOR ADDRESSING THE CHRONIC DISEASE CHALLENGE**

## **NEWSLETTER 5**

### **Focus on SEFAC and EFFICHRONIC joint collaboration**

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## 1. SEFAC IN COVID-19 TIMES



Project to reduce chronic disease impact empowering the individual by strengthening the community.

### How is the SEFAC project going on at community level with the Covid-19 crisis?

As a reminder, four regional pilot projects were set-up in Rijeka, Treviso, Rotterdam and Cornwall, where at least 360 citizens with or at risk of chronic diseases were participating in community meetings and workshops about disease prevention and management. The workshops addressed mind and body for health and wellbeing, healthy habits and mindset, using mindfulness and compassion based interventions integrated with change behavior practices.

From ISRAA Treviso, **Oscar Zanutto** testifies: *"In this period of the COVID- pandemic, we noted more intimate relationships in the online exchange between participants and trainers. Therefore, with this type of communication the person feels more free to speak in an intimate way about his or her problems. Thanks to this, the relationship is strengthened, compared to a face-to-face meeting. We also noticed that, besides the mindfulness training, online group sessions offered an opportunity to meet other people and an informal area for new friendships and relationships that provided warm bonds among the elderly."*

## 2. JOINT COLLABORATION BETWEEN SEFAC AND EFFICHRONIC

The Final Conference of the European project EFFICHRONIC was held on November 18. The main objective of this project was to determine the cost effectiveness of the implementation of the "Chronic Disease Self- Management Program" (CDSMP) and to demonstrate its beneficial effects for society. This training program is dedicated to vulnerable people suffering from one or more chronic diseases.

The key element of this training program is to provide participants with strategies that allow them to self-manage their own health and disease, to face it and to adapt it to their sociocultural environment, eventually improving both their life and health. In the EFFICHRONIC project, the CDSMP program (Chronic Disease Self- Management Program) has been implemented in five areas and cities across Europe (Asturias, Rotterdam, Genoa, London and Montpellier). Detailed information on the methodology used and the results obtained has been provided at the conference.



**EFFICHRONIC and SEFAC partners** participated to share their experience and learning.

In the morning session, experts on recruitment strategies, statistical analysis and public health policies provided information on complementary studies of great interest carried out during the project. In the afternoon session, Kate Lorig, main representative of the CDSMP programme discussed new challenges originated from the new COVID-19 pandemic and Jim Phillips, Co-director of the European Center for the Empowerment of Patients and Communities (CEMPAC), discussed the role of the health system in self-management strategies.

### **SEFAC and EFFICHRONIC synergies**

Both projects aim at **reducing the burden of citizens with chronic conditions and to increase the sustainability of the health-care system**. Indeed, major chronic diseases are the main causes of death and disability in Europe and have a huge social and economic impact. Although they often strike the elderly, chronic disease increasingly affect young and middle-aged people too, due mainly to poor lifestyle choices.

Nevertheless in both projects different self-management interventions are used. These interventions are complementary to each other..

**The focus in EFFICHRONIC** is on **vulnerable hard to reach people** with chronic conditions, people with low income, immigrants, isolated caregivers, older persons living alone or in institutions, Roma communities and prisoners.



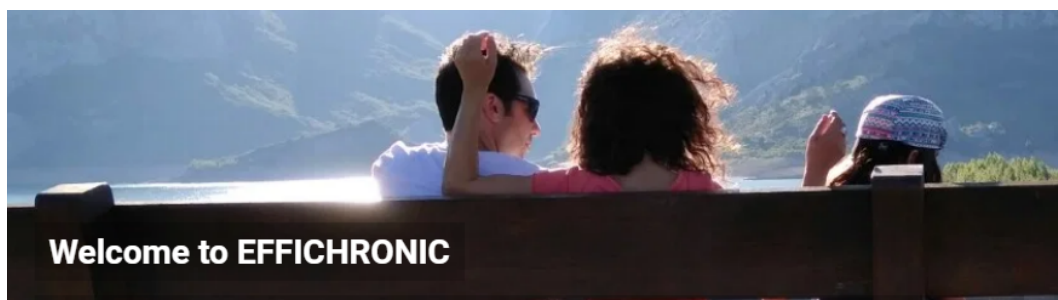
**SEFAC: Social Engagement Framework for Addressing the Chronic-disease-challenge**

**SEFAC** is addressing **middle-aged and older adults citizens of over 50 years old** at risk for coronary heart disease (CHD) and type 2 diabetes Mellitus (T2DM), and CHD and T2DM patients.

**SEFAC interventions** are designed to promote **healthy lifestyles**, increasing empowerment, promoting self-efficacy, and increasing self-management with regard to modifiable risk factors for the chronic diseases. The project is set up to empower people to take control of their own health. It's comparable to a grassroots approach to health: getting volunteers and stakeholders involved in their own communities to help promote good habits and good health.



**The project 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) goes further than other projects in the same field by providing cost-efficiency evidence data of chronic prevention and management programs. This project deals with social determinants of health as part of the recruitment and engagement strategy of individuals.



**The recruited populations** also have different dimensions, since EFFICHRONIC had nearly 3000 engaged participants , while SEFAC had at least 360 citizens, who were participating in community meetings and mindfulness workshops about disease prevention and management.

**Characteristic** for the SEFAC-project is the work on disease prevention and management, training mind and body for health and wellbeing developing healthy habits and a healthy mindset. Awareness and compassion based interventions are integrated with change behavior practices. Focus was on the interactions among the brain, the rest of the body, the mind and behavior. The ways in which physical, emotional, mental, social, spiritual, experiential and behavioral factors interacted and affected health. Participants had the opportunity to change and to develop self-efficacy and positive attitudes towards health. Parallel to the workshop citizens were asked to download the SEFAC app, which could be used as ICT support.

In a period where COVID-19 strikes, prevention and healthy lifestyle approaches are needed more than ever, the focus is actually completely directed to the virus, whereas other diseases and chronic conditions are to be addressed and part of global picture. Medication is often needed, but hospitals are to come the last resort. It is to be underlined that **integrated social and health care responses** improve the answers to be provided.

As a conclusion, both projects are gaining to work with one another. They are complementary in the results achieved.

A SEFAC view is to become intimate with your inner world, with a particular attention between the interaction among the brain, the rest of the body, the mind and behavior. The ways in which physical, emotional, mental, social, spiritual, experiential and behavioral factors interact and affect health.

*To be mindful is to be aware of your own experience, moment to moment, without judgment.*

University of Oxford Mindfulness Centre



### 3. FOCUS ON PARTNERS' NEWS



#### **SEFAC final event – invitation SAVE THE DATE**

The Final Conference of the European project SEFAC will be held on April 16, 2021. SEFAC supports the actions in the European regions, in alignment with national/EU efforts to reduce the burden of major chronic disease and to increase the sustainability of health systems. SEFAC fosters the engagement of volunteer to help promote good habits and good health.

The intervention aims to help citizens to adopt healthy lifestyles through Mindfulness approach and getting volunteers and stakeholders involved in their own communities. The key element of the training programme “Start from yourself” is to provide participants with strategies that allow them to self-manage their own health, in order to be able to adapt the condition to their life and prevent the high-risk conditions of diabetes type 2 and cardiovascular diseases. In the SEFAC project, the 7 week mindfulness coupled with social engagement in the community training has been implemented in 4 regions across Europe (Rotterdam, Rijeka, Cornwall and Treviso).

Detailed information on the methodology used and the results obtained will be given at the conference where a follow-up will be made with other European projects such as H2020 ValueCare Value-based methodology for integrated care supported by ICT.

All SEFAC partners will participate to share their experience and learning and it will be also the opportunity to release and present the SEFAC BOOK, created with the participations of all partners.

The conference will be held virtually and registration is free of charge. Further details on the event including How to Register and the Agenda will be provided later at the end of February.

For more information <https://sefacproject.eu/>



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the Health Programme  
of the European Union

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## 8th International Symposium "Health for All?!"



MEDRI



Horizon 2020  
European Union Funding  
for Research & Innovation



### 8<sup>th</sup> INTERNATIONAL SYMPOSIUM HEALTH FOR ALL?!

Virtual Meeting

Rijeka, Croatia, December 10, 2020., at 9,00 - 12,00.

Despite this year COVID-19 pandemic and the challenges that emerged, the **8th International Symposium "Health for All?!"** was held on December 10th, 2020 and organized online through the GoToMeeting digital platform, during the traditional Days of the Faculty of Medicine. The Symposium is thematically dedicated to the influence of the pandemic on health, health care and social welfare systems, and biomedical science achievements over the past ten months. In total, 99 participants attended the symposium from various international and national institutions.

This year's Symposium hosted **eight eminent experts** from various scientific fields.

**Professor Stjepan Orešković** founded and directed the WHO Collaborating Centre for Strategic Information in HIV Surveillance in which professionals are trained in surveillance, monitoring and evaluation – the skills and knowledge desperately required for the control and mitigation of the COVID-19 pandemic. He is also the Principal Investigator (PI) for the Global GRAND Pfizer Project (2017 - 2021), comprising of 70 clinical, behavioral, and data science experts as team members from the Harvard Medical School - Massachusetts General Hospital, Medical School of Ljubljana, and Zagreb University.

**Zlatko Trobonjača** is a **professor** of Physiology, Immunology and Pathophysiology of the Faculty of Medicine Rijeka and Medical Faculty Mostar. He spent two and half years of the advanced training in Institute for pharmacological research „Mario Negri“ in Milan, and in University of Ulm in Germany. He is author and co-author of more than 30 scientific papers, mostly in the field of mucosal and liver immunity.

**Aleksandar Racz** is a **professor** of a various courses in the field of global public health, environmental health, general epidemiology, and environmental ethics at the University of Applied Health Sciences, Zagreb. He is the author and co-author of almost hundred scientific and professional papers and two textbooks. The focus of his work are marginalized groups, primarily homeless people, children as victims of domestic violence as well Roma people.

**Tea Vukušić Rukavina** is an **assistant professor** at the Department of Medical Sociology and Health Economics, Andrija Štampar School of Public Health, School of Medicine, University of Zagreb. Her main areas of scientific interests are media and health, management of mental health services, mental health promotion and social marketing campaigns.

**Oscar Zanutto** is the **former manager** of ISRAA – Institute for Hospitalization Services and Assistance to the Elderly, Treviso, Italy, and he is currently the chief of quality, ICT and European Projects affairs. He has been working as project manager in several Italian and EU projects in the field of active ageing, IoT and ICT application to home care delivery and community-based interventions.

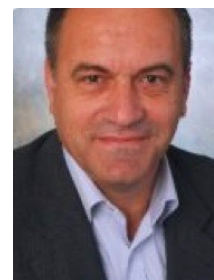
**Bojan Jelaković** works as **full professor** at the Medical Faculty of the University of Zagreb. He is also head of the Department of Nephrology, Dialysis and Arterial Hypertension at the Clinic for Internal Medicine of the University Hospital Center Zagreb and the president of the Croatian Society for Arterial Hypertension of the Croatian Medical Association. He is a leading Croatian hypertensiologist with an enviable international reputation and also one of the leading European experts and researchers in the field of arterial hypertension.

**Assistant professor Vladimir Mozetič** is a specialist in urology and he worked in several public and private medical institutions as urologist and healthcare manager. During the last four years he is the director of the Community Health Center of the Primorje-Gorski Kotar County. He is also the president of Kvarner Health Tourism Cluster from and a member of the Governing Board of the Croatian Society of Urology as well as a member of the Council for Health of the regional County and a member of Council for Competitiveness of the Rijeka Urban Agglomeration.

**Hein Raat** is a **professor** and expert in E-health and M-health applications in community care for high-risk groups such as youth and families, frail older citizens, and citizens with chronic conditions and with regard to patient reported outcome measures (PROMs) to include the patient perspective in health care evaluations. He also participates in the development, implementation, and evaluation of information technology (E- and M-health) that empowers patients and (informal) caregivers. Professor Raat is the coordinator of two currently ongoing EU projects: SEFAC – Social Engagement Framework for Addressing the Chronic-disease-challenge (GA no. 738202) and ValueCare – Value-based Methodology for Integrated Care Supported by ICT (GA no. 875215). He also studies the impact of social factors including migrant status and poverty on health.

The participants that attended the 8th International Symposium “Health for All?!” were awarded with **educational credits** by the Croatian Medical Chamber and the Croatian Chamber of Health Professionals. The Croatian Medical Chamber awarded active participation with 15 points and passive with 10 points and the Croatian Chamber of Health Professionals awarded passive participation with 9 points.

Tomislav Rukavina, MD, PhD



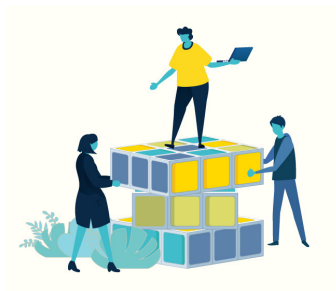


## 4. FLASH ON EU NEWS

### European Council Conclusions on the Recovery effort under Next Generation EU and the 2021-2027 Multiannual Financial Framework, 17-21 July 2020



A special meeting of the European Council was held on 17 to 21 July 2020. After difficult negotiations in very difficult times for all Europeans, the final decision of the Council ended in success for all 27 member states and their inhabitants. EU leaders have agreed to a comprehensive package of **€1 824.3 billion** which combines the **multiannual financial framework (MFF)** and an extraordinary recovery effort under the **Next Generation EU (NGEU)** instrument.



source of the picture:  
<https://www.consilium.europa.eu/en/policies/the-eu-budget/long-term-eu-budget-2021-2027/>

#### Long-term EU budget

The new Multiannual Financial Framework, reinforced by the Next Generation EU, will be the main instrument for implementing the recovery package to tackle the socio-economic consequences of the COVID-19 pandemic. The size of the MFF - **€1 074.3 billion** - will allow the EU to fulfill its long-term objectives and preserve the full capacity of the recovery plan. This proposal is largely based on the proposal made by President Michel in February, in which he reflected on two years of debates between member states.

#### Recovery fund

Next Generation EU will support the European States to face the challenges posed by the COVID-19 pandemic. Under the agreement the Commission will be able to borrow up to **€750 billion** from the markets. The amounts available under NGEU will be allocated to seven individual programs:

- Recovery and Resilience Facility (RFF)
- ReactEU
- Horizon Europe
- InvestEU
- Rural Development
- Just Transition Fund
- RescEU.

The exceptional nature of the economic and social situation due to the COVID-19 crisis requires exceptional measures to support the recovery and resilience of the economies of the Member States. The plan for European recovery will need massive public and private investment at the European level to set the Union firmly on the path to a sustainable and resilient recovery. This is necessary to create jobs and repair the immediate damage caused by the COVID-19 pandemic, whilst supporting the Union's green and digital priorities. The MFF, reinforced by NGEU, will be the main European tool.

### **Next Generation EU will help to repair damage from the crisis and prepare a better future for the next generation.**

This Covid-19 crisis is first and foremost a human tragedy. Beyond continued efforts to tackle the health dimension, the EU must prioritize the social dimension of this, notably by implementing the **European Pillar of Social Rights. The virus has also been particularly painful for the elderly, who are hit hardest by the virus and are secluded in their homes the most. The Commission's upcoming work on ageing and on persons with disabilities will take into account the experience and the lessons of the crisis.**

<https://www.consilium.europa.eu/en/press/press-releases/2020/07/21/european-council-conclusions-17-21-july-2020/>

### **Conference on the Future of Europe**

Europeans must have their say on how their Union is run and what it pledges. This is why a Conference on the Future of Europe is due to start in 2020 and run for two years. This should gather citizens of all ages from across our European Union, as well as civil society and European institutions. A wide debate, clear objectives and a tangible follow-up on what is agreed is needed.



source of the picture: [https://ec.europa.eu/info/strategy/future-europe\\_en](https://ec.europa.eu/info/strategy/future-europe_en)

## Green paper on ageing

The European Commission presented the 27/01/21 a green paper to launch a broad policy debate on the challenges and opportunities of Europe's ageing society. It sets out the impact of this pronounced demographic trend cross our economy and society and invites the public to express their views on how to respond to this in a public consultation, which will run for 12 weeks.

Feedback period 27 January 2021 – 21 April 2021 (midnight Brussels time)

[https://ec.europa.eu/commission/presscorner/detail/en/ip\\_21\\_191](https://ec.europa.eu/commission/presscorner/detail/en/ip_21_191)

[https://ec.europa.eu/info/sites/info/files/1\\_en\\_act\\_part1\\_v8\\_0.pdf](https://ec.europa.eu/info/sites/info/files/1_en_act_part1_v8_0.pdf)

factsheet:

[https://ec.europa.eu/info/sites/info/files/green\\_paper\\_ageing\\_factsheet\\_en\\_1.pdf](https://ec.europa.eu/info/sites/info/files/green_paper_ageing_factsheet_en_1.pdf)



source of the picture:

<https://www.age-platform.eu/special-briefing/first-eu-report-demographic-change-prompts-reflection-europes-ageing-population>

## Council of Europe

The Conference of INGOs Commission on Democracy and Social Cohesion and Global Challenges – COVID-19 Pandemic: Calls for ethical and human rights compliant management. A draft recommendation is to be approved.

The members are concerned by:

- the consequences of the erratic management of the pandemic in most EU States, mainly due to the lack of anticipation by public authorities and the inability of public health systems to adapt to crisis situations. This sometimes derived from limits imposed on their choices by economic objectives;
- the dramatic worsening of currently present malfunctioning in most areas of health governance;
- the worrying roll back of fundamental human rights in the therapeutic care of the most vulnerable people, particularly on the basis of criteria related to disability or age.

The members are convinced of the need to support health care providers who face unprecedented ethical, medical and material challenges throughout Europe.

COUNCIL OF EUROPE



CONSEIL DE L'EUROPE



## EU4Health 2021-2027 – a vision for a healthier European Union



EU4Health is the EU's response to COVID-19, which has had a major impact on medical and healthcare staff, patients and health systems in Europe. By investing €5.1 billion, therefore becoming the largest health program ever in monetary terms, EU4Health will provide funding to EU countries, health organizations and NGOs. Funding will be open for applications in 2021.

### Areas of action:

EU4Health will boost EU's preparedness for major cross border health threats by creating reserves of medical supplies for crises and a reserve of healthcare staff and experts that can be mobilized to respond to crisis across the EU. The program will increase surveillance of health threats and strengthen health systems so that they can face epidemics as well as long-term challenges. It will be done by stimulating disease prevention and health promotion in an ageing population. Its areas of action will include the digital transformation of health systems giving access to health care for vulnerable groups and making medication and medical devices available and affordable. It then advocates the prudent and efficient use of antimicrobials as well as the promotion medical and pharmaceutical innovation and greener manufacturing.

### Commission's health priorities:

Our work on urgent health priorities such as the fight against cancer, reducing the number of antimicrobial-resistant infections and improving vaccination rates will also be boosted. The EU will expand successful networks like the European Reference Networks for rare diseases and continue to pursue international cooperation on global health threats and challenges.

### More funding for health policies:

Other EU programs will provide additional investments in the health sector to complement EU4Health:

- European Social Fund Plus (ESF+) will support vulnerable groups in accessing Healthcare;
- European Regional and Development Fund will improve regional health Infrastructure Horizon Europe for health research;
- Union Civil Protection Mechanism/rescEU will create stockpiles for emergency medical supplies;
- Digital Europe and Connecting Europe Facility will create the digital infrastructure needed for digital health tools.

### More information:

- EU4Health proposal (and annexes)
- EU4Health MEMO
- EU4Health factsheet Search for available translations of the preceding link
- Recovery plan for Europe
- MFF 2021-2027 Communication

## 5. SYNERGIES WITH OTHER PROJECTS



### Value Care

The ValueCare project aims to provide efficient integrated care (health and social) to elderly people suffering from cognitive deficits, frailty and multiple chronic health conditions. And improve their quality of life (and that of their families) and the sustainability of health and social care systems in Europe.

The vision of the integrated value-based care project will be supported by a robust, secure and scalable digital solution that will be tested and evaluated in 7 large-scale pilots in Europe by following a solid methodology developed by the project partners together with the end users.

The project started in December 2019 and will last 4 years (some adaptations or an extension may be necessary, depending on the COVID-19 situation).

For more information on the project, see

<https://projectvaluecare.eu/> and  
<https://cordis.europa.eu/project/id/875215>



### INTERREG ITALY SLOVENIA - ISE-EMH Ecosystem for electronic and mobile health (Ecosistema italo-sloveno per la sanità elettronica e mobile)

The goal of ISE-EMH is the creation of a cross border digital health system, more specifically to extend and improve the e-health and mobile health project that is part of the Eco SMART project. Its value is 8.66 million euros. The result of the three-year project, which ends in 6 months, is already clear: a distributed ecosystem of services, systems and data. (Partners: Polo Tecnologico di Pordenone, Ospedale Burlo Garofalo di Trieste, Università Cà Foscari di Venezia, Istituto di Ricerca Sloveno Joseph Stefan, Arctur doo and Robotina doo).

Invitation to the event: good practices for smart digital health systems-Project ISE-EMH.

[www.polo.pn.it](http://www.polo.pn.it) | E: [diego.santaliana@polo.pn.it](mailto:diego.santaliana@polo.pn.it)

## PROTOCOLS - Erasmus+ project "PROTOCOLS" innovative rehabilitation practices

The project "European Training on innovative Restorative Protocols for clinical and technological changeable" was born from the idea of Dr. Humberto Cerrel Bazo, Head of the Recovery and Functional Rehabilitation Unit of the Highly Specialized Rehabilitation Hospital (ORAS SpA) and is rooted in the research for innovative home care rehabilitation paths for discharged patients. The project aims at innovating the vocational education and training in the field of Restorative Neurology through the use of wearable technologies, for healthcare professionals and professional trainers.

The innovative competences and skills in the field of rehabilitation that will arise from this project assume greater relevance and importance in view of the emergency caused by COVID-19.

ORAS will lead the consortium of the "Hospital Nacional de Paraplejicos" (Toledo, Spain), "Sword Health SA" (Porto, Portugal), the Technology Park of Ljubljana (Slovenia), the professional institutes "AEVA" (Aveiro, Portugal) and "Fondazione Lepido Rocco" (Italy).



Transversal Working Group on Social and Territorial Cohesion

### Elderly - Disability working groups

#### Opportunities of the new MFF

**December 14, 2020**

ENSA, European Network of Social Authorities organized, jointly with the City of Rotterdam, the Department Council of Val de Marne, the Ile-de-France region and the INGO Conference of the Council of Europe a meeting focused on the opportunities of the Multiannual Financial Framework in times of adversity.

At international level information and reflections were provided about possible contributions to the 2030 Agenda for Sustainable Development with at its heart the 17 Sustainable Development Goals. Indeed they represent an urgent call for actions and provide orientations to build strategies, partnerships and exchange practices. The Division for Sustainable Development Goals (DSDG) in the United Nations Department of Economic and Social Affairs (UNDESA) provides concrete support and capacity-building for the SDGs and their related thematic issues.



Essential in this present context has been the next multiannual financial framework and recovery package. An overview about the new funding possibilities has been provided to participants together with the recommendation just adopted by the Committee of Democracy and Social Cohesion of the Conference of INGOS of the Council of Europe: COVID 19 pandemic: call for ethical and human right's compliant management.

Let's also highlight the contributions of prof. Hein Raat from the Erasmus Medical Center of Rotterdam who, in connection with SEFAC, gave the opportunity of exchanges through H2020, and presented the project: "Value-based methodology for integrated care supported by ICT – VALUECARE."

In addition ISRAA Treviso/ FABER gave information about how to provide resilience to overcome loneliness and burnout perception by older, formal and informal caregivers in pandemic time. SAFE Consortium findings <https://www.safe-consortium.eu/>

The disruptive and changing COVID-19 crisis is first of all a human tragedy, beyond the efforts to tackle the health dimension, the social dimension is to be prioritized by the EU, notably by implementing the European Pillar of Social Rights this is why we also choose to follow up and address reflections on this possibility.



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***Greetings from the S.E.F.A.C. partnership!***



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