



## **European Health Award 2011: Prevention of child injuries, cardiovascular risk assessment, osteoporosis networks and diabetes prevention are all among the short listed projects**

*Nine cross-border health projects have now been short listed for the European Health Award 2011. They cover topics such as child injuries, cardiovascular risk, osteoporosis, the strengthening of primary care, education about sexual diseases or diabetes prevention. Panel of judges will pick the winning project from this short list. The prestigious award for health initiatives will be presented at the European Health Forum Gastein in early October.*

**Bad Hofgastein, August 31, 2011** – Ahead of the annual convention, which takes place from October 5 to 8 this year, the European Health Forum Gastein has nominated the projects that advance to the final selection round for the European Health Award. The award is endowed with € 10,000 and will be sponsored this year for the first time by FOPI, the association of research-based pharmaceutical and biotechnology companies in Austria. A panel of judges consisting of leading health experts will choose this year's awardee from the short list. The award ceremony will be held as part of the 14<sup>th</sup> European Forum Gastein.

The European Health Award honors projects and initiatives for the improvement of medical care in Europe. The main criteria are that more than one European country be involved in a project and that the results be transferable to other states and directly benefit a substantial part of the population or relatively large patient groups.

“Numerous projects throughout Europe show just how important and effective cross-border cooperation in the health sector is. These are trail-blazing initiatives for European health policy,” EHFG President and head of the panel of judges Dr. Günther Leiner noted. “They show in a creative way how inequalities in access to the health care system can be eliminated. We want to put these committed projects in the spotlight with the European Health Award and demonstrate how they can benefit the health of all Europeans.”

### **The nine projects on the short list are as follows:**

#### **1. ECORN-CF – Cystic fibrosis**

*How can equal access to high quality information be assured to patients with a rare disease like Cystic fibrosis?*

Expertise on Cystic fibrosis (also known as CF or mucoviscidosis) is not evenly distributed across the EU Member States. Prognosis has been shown to improve if patients are treated with regimens provided by centres specialising in CF. The ECORN-CF Project is a web-based expert/advisor system for ensuring all patients access to high quality medical expertise. It reduces the need of affected individuals to travel to find adequate treatment. ECORN-CF can serve as a model project for information transfer on CF and other rare diseases within the EU Member States. The program is quality controlled and available in ten languages. Dynamic content has

been published in a central archive. Thus far it comprises a total of 1038 questions and answers.

**Participating countries:** Czech Republic, Slovakia, Belgium, Netherlands, Germany, Austria, Switzerland, Greece, United Kingdom, France, Lithuania, Poland, Romania, and Sweden

## **2. Child Safety Report Cards – Prevention of accidents among children**

### ***How can we be more effective in preventing accidents among children?***

Accidental injury is the leading cause of death and disability among children in every EU Member State. An estimated 90 percent of these child injuries could be prevented, yet no EU Member State has adopted and/or implemented all strategies known to be effective. The Child Safety Report Cards are a monitoring and benchmarking tool for use in the prevention of accidents among children. They contribute to an evidence-based approach to planning strategic action at national level. This initiative is aimed at increasing awareness and knowledge of evidence-based child injury prevention policies and at saving children's lives and reducing unnecessary child injuries.

The project uses special indicators to assess the level of evidence-based prevention activities in individual countries. The Report Cards are used as a basis for analysing the strengths, weaknesses and gaps in current child safety policy in each country and for giving concrete recommendations for improvement. The Child Safety Report Cards thus help to measure national performance in the prevention of childhood injuries and to draw international comparisons.

**Participating countries:** 32 countries in the European region including all 27 EU Member States

## **3. IMAGE Project – Diabetes prevention**

### ***How can quality management on the treatment and prevention of type 2 diabetes be improved?***

There are more than 230 million people worldwide that have type 2 diabetes, in other words about six percent of the world population. This disease could cause global life expectancy to decrease for the first time after 200 years of steady increases. Diabetes is closely linked to cardiovascular diseases; more than 75 percent of diabetic patients also have ischemic CVD, which puts a heavy burden on health care budgets.

More than 100 experts worked together for the IMAGE Project to develop materials on medical treatment and prevention to address the rapidly growing diabetes epidemic. These materials include a practice toolkit and a training curriculum for the training of diabetes prevention managers. The goal is to develop European standards for quality management and quality control in diabetes prevention.

**Participating countries:** The IMAGE toolkit is currently implemented in all EU Member States and used by a growing number of countries in the Gulf Region, eight South American countries and numerous countries in Asia.

## **4. HeartScore – Tool for assessing and managing cardiovascular disease**

### ***What lifestyle changes can be made to prevent cardiovascular diseases in the long term?***

Cardiovascular disease is the number one killer in Europe. The aim of the HeartScore Project is to help clinicians to optimise the reduction of individual cardiovascular risk for their patients. HeartScore estimates the risk of cardiovascular death based on age, gender, smoking habits, blood pressure and blood cholesterol. Then it calculates the

expected effect of intervention and gives health advice based on customised patient profiles.

HeartScore seeks to increase the number of healthy years patients have in life and to shift their attention from treatment to prevention. The project is also meant to standardise the system of risk assessment and management throughout Europe.

**Participating countries:** There are 53 countries in Europe and the Mediterranean region where the European Cardiology Society (ESC) is represented by a national Society (Belgium, France, Greece, Italy, Luxembourg, Spain, Switzerland, Portugal, Bosnia-and-Herzegovina, Croatia, Estonia, Romania, Russia, Turkey, Cyprus, Czech Republic, Germany, Poland, Sweden and Slovakia).

## **5. Move for Change Campaign – Greater awareness about Parkinson’s disease**

*The standards for the management of Parkinson’s disease vary across Europe. How can these differences be evened out?*

For a period of three consecutive years (2010 through 2012), the project is investigating whether and in what ways the participating countries are improving access to experts and possible diagnosis as well as access to support services for individuals with Parkinson’s disease and whether any improvement has been made in continuous care and in how affected individuals take part in managing their own disease. The goal of the Move for Change Campaign is to establish a day of action for Parkinson’s disease and draw up a plan of action to make health care professionals more keenly aware of the problems associated with this disease. The objective is to use the collected data to depict the situation of people suffering from Parkinson’s in Europe and to push for lobbying at European level to achieve a greater understanding of Parkinson's disease in all areas of care.

**Participating countries:** Bulgaria, Czech Republic, Hungary, Poland, Romania, Denmark, Finland, Ireland, Lithuania, Norway, Sweden, Greece, United Kingdom, Israel, Italy, Malta, Slovenia, Spain, Belgium, Netherlands, Germany, Austria, Switzerland, France, Luxembourg.

## **6. OsteoLink – Osteoporosis network**

*How can adherence to therapy and quality of life be improved among osteoporosis patients?*

Osteoporosis is a common disease in Europa and is increasing along with life expectancy. One in three women and one in five men over the age of 50 will suffer an osteoporotic fracture at least once. Hip and spinal fractures have the greatest impact on quality of life. Nonetheless, 50 percent of all patients break off treatment within the first year. OsteoLink is the first online and in-person social network for people with osteoporosis. It seeks to improve communication between health care providers and patients and improve management of osteoporosis. These efforts are also intended to increase adherence to treatment that protects people from bone fractures and helps them to maintain a better quality of life.

**Participating countries:** Online and in-person communities on osteoporosis are already in place in Sweden, Austria, Switzerland and Germany. Further communities will be established in Portugal, Greece, France and Spain by the end of 2011.

## **7. GA<sup>2</sup>LEN – Allergy and asthma network**

*How can treatment standards for asthma and allergy patients be harmonised and the quality of care improved?*

There are widely differing standards of care and diagnosis for allergy and asthma patients in the various European countries and treatment centres. Standardisation is a key to successful treatment. The aim of the project is to improve the quality of research on all aspects of allergic disease and harmonise standards of diagnosis and treatment for allergy and asthma patients while creating a culture of continuous quality improvement in care. Basic quality criteria were developed from centres with their own quality initiatives. Major improvements in the standards of care have already been achieved along with a harmonisation of standards across the treatment centres. There has been an increase in the number of certified centres since the program was launched.

**Participants** Austria, Belgium, Denmark, Finland, France, Netherlands, Germany, Switzerland, Greece, Italy, United Kingdom, Poland, Sweden, Norway, Portugal, Spain.

## **8. EFPC – European Forum for Primary Care**

*How can primary care be improved in order to contribute to better health at a lower cost?*

Health care today exhibits a lack of self-management and preventive care as well as increased cost of treatment and a not always efficient use of resources, especially in the treatment of chronic conditions. Countries with a strong primary care system tend to develop more comprehensive models to manage chronic conditions; they produce better health at lower cost. The basic aim of EFPC is to improve the European population's health by promoting strong primary care at local, regional, national and international level. The Forum wants to make policymakers aware of the advantages of a multidisciplinary community-based primary care system oriented toward patients. The object of supporting the primary care system is to increase the quality and equality of health care.

**Participating countries:** EFPC has members in more than 30 countries from the WHO Europe Region, among them Belgium, Netherlands, Germany, Austria, Italy, Turkey, United Kingdom, Finland, Sweden, Spain, Cyprus, Hungary, Estonia, Slovenia, Romania.

## **9. H-CUBE – HBV-HCV-HIV prevention**

*How can young people be more effectively educated about sexually transmittable diseases? Is adherence to best practices in this area the answer?*

The rates of infection of sexually transmittable diseases such as Hepatitis B and C (HBV, HCV) and HIV continue to rise rapidly in the EU in general and in Eastern European countries in particular. Knowledge about safer sex and how to practice it helps young people aged 15 to 24 to live healthier lives. The H-CUBE Project provides a strong basis for monitoring health determinants. It identifies good practices and disseminates contents and tools for training courses and prevention campaigns. The object is to identify best practices in the fight against HBV, HCV and HIV in the partner countries and facilitate a transfer of information among EU Member States.

**Participating countries:** Italy, Czech Republic, Slovenia, Bulgaria, Greece, Hungary, Lithuania, Poland, Romania, Malta, Cyprus.

For pictures on the European Health Award 2010:

[http://www.ehfg.org/gallery/congress2010/day-3-08-10-2010/d3-plenary-1/\\_BAR2998.JPG.php](http://www.ehfg.org/gallery/congress2010/day-3-08-10-2010/d3-plenary-1/_BAR2998.JPG.php)

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