



Joint action
cardiovascular diseases
and diabetes

The role of JACARDI in enhancing CVD and diabetes prevention and management

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JACARDI: Project overview

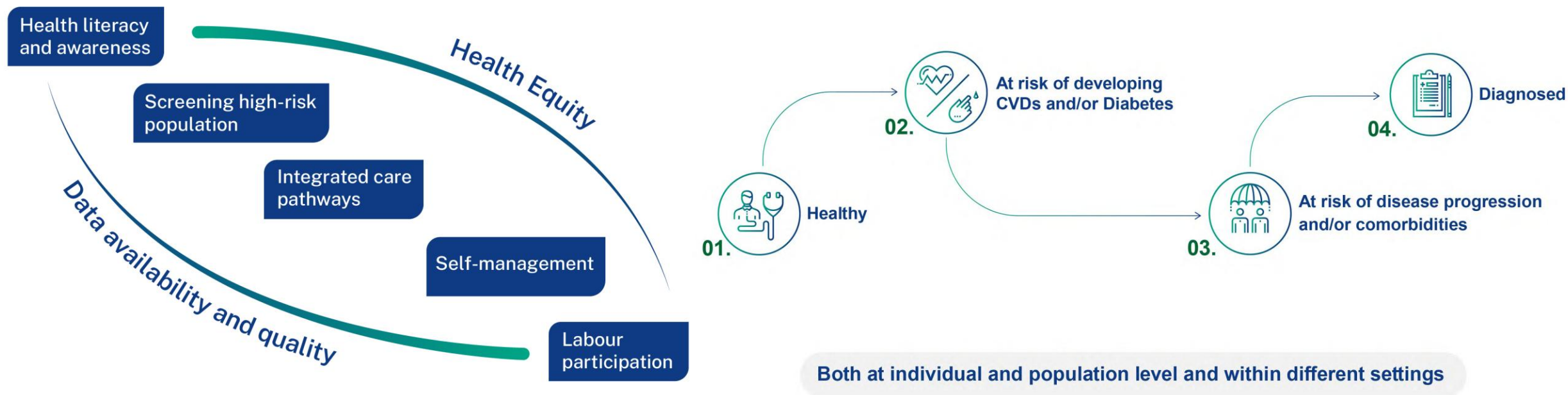
- Total budget: **€66 Million**
- Duration: **01 November 2023 – 31 October 2027**
- Coordinator: **Istituto Superiore di Sanità (Italy)**
- Number of European Countries: **21**
- Number of Partners: **81**
- Pilots to be implemented: **143**

- To **reduce the burden of CVD and DM**, both at individual and societal level, while assuring health systems **sustainability and equity**
- Enhance the **implementation of best practices**, and **pilot testing** of innovative practices

JACARDI's comprehensive approach involves **143 pilots projects across 18 European countries**, aiming to **implement best practices and innovative strategies** to reduce the burden of CVD and DM



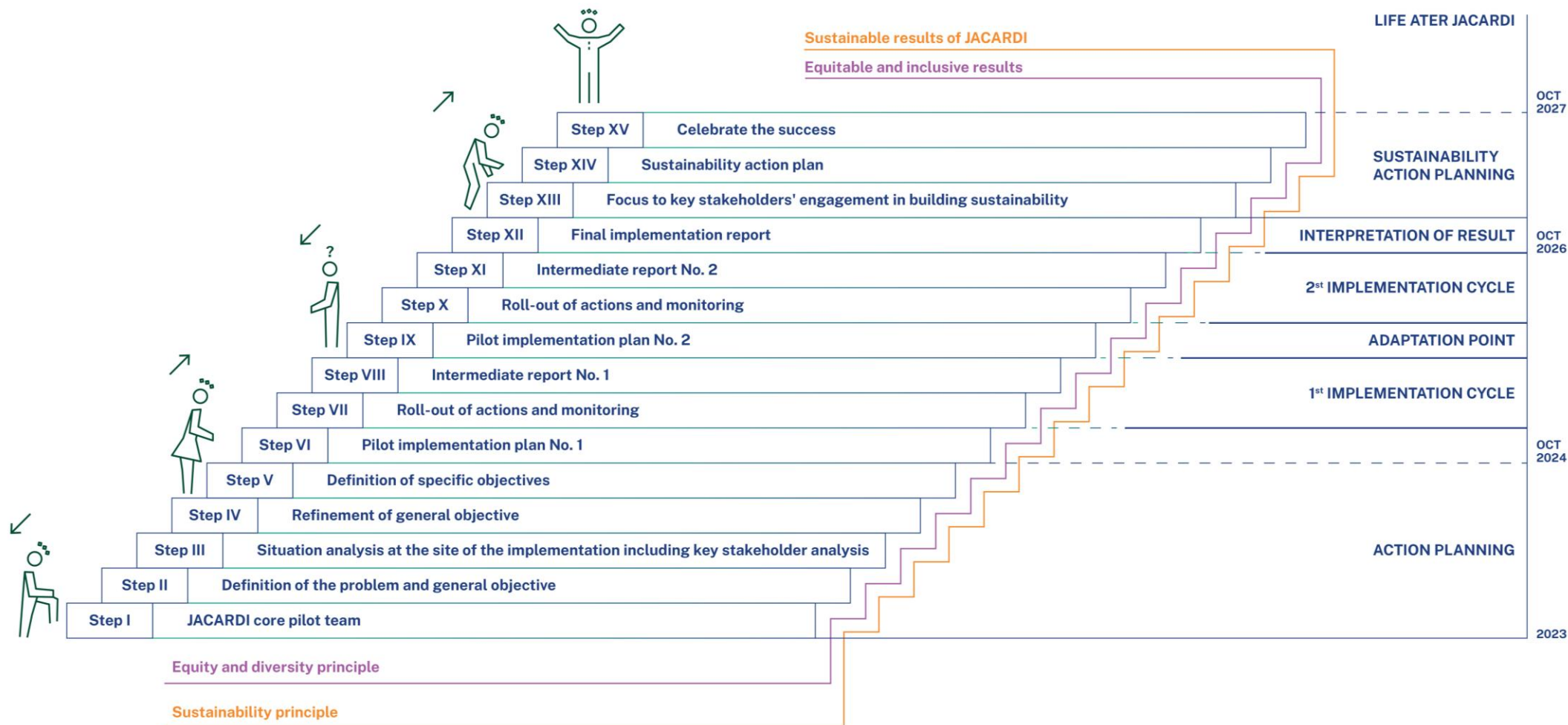
A shared framework: the Patient Journey



CVD and diabetes within a single framework



JACARDI methodological guidance





Equity lens and tools

Critical reflection



Context and Data



Co-design



Communications



The aim is to cross-cuttingly integrate cultural and ethnic diversity, other social determinants and commercial determinants in pilot actions



Explanatory framework

Glossary

Matrix tool

Expert consultations

Masterclasses



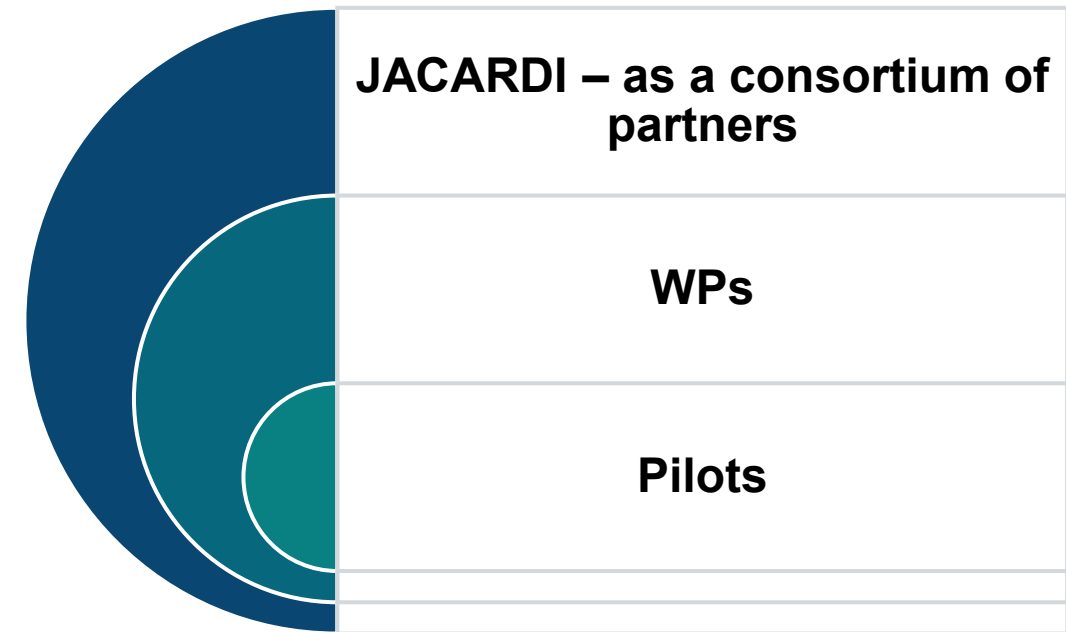
Some pilots directly **addressing racism in healthcare and health disparities among populations living in vulnerable situation** (e.g. migrants).

This level of integration should become a **standardized model across all EU health initiatives**



JACARDI **Sustainability** lens and science-to-policy interactions

- In the “Science-to-Policy” interactions and **communications-courses**, approximately **50 trained members** of the JACARDI consortium (covering all countries with pilots) will **deliver capacity building courses** to approximately 300 pilot team representatives with an aim to support Steps XIII-XV in delivering Sustainability action plan.
- The courses that the trainers provide are designed **to improve** the pilot teams’ **competencies in enhancing the translation of pilot findings into arguments for sustainable changes** in policies and other actions at local, regional, and national levels **by designing and delivering the Sustainability Action Plan**.





JACARDI in the time of CVH Plan



Prevention

Addressed through health literacy



Early detection

Addressed through screening of high-risk populations.



Treatment & Care

Addressed through integrated care & self-management.

Cross-Cutting Principle: Equity & Reducing Socio-Economic Inequalities



Health literacy and awareness

- **Improve health literacy on CVD risk factors among vulnerable groups**, including adolescents, pregnant women, and healthcare professionals.
- **Empower healthier behaviours** through education, media campaigns, and culturally tailored interventions.
- **Promote equity by engaging communities, schools, and health providers** to co-create supportive environments for prevention and care.

COUNTRIES OF IMPLEMENTATION

Croatia, Czech Republic, Finland, France, Iceland, Italy, Lithuania, Malta, Portugal, Romania, Spain, Ukraine

24 Pilots projects

Pilots:

- **Portugal:** Pilot in **Lisbon Metropolitan Area** improving health literacy to prevent CVD and diabetes among **migrants**, using the participatory **Ophelia approach** to co-create inclusive, gender- and equity-sensitive interventions that strengthen access, trust, and culturally relevant care.
- **Spain:** **School-based pilot in Aragón** promoting healthy eating and physical activity **among children (6–12 yrs)** through co-designed, adaptable, and sustainable activities integrated into the curriculum, engaging teachers, families, and health professionals to build lasting, health-promoting school environments.



Data availability, quality, sharing and harmonisation

- Content areas: **risk factors**, **disease-related conditions**, and **modifiers of disease or care** (medical, social, or structural) crucial for understanding both disease burden and care inequities.
- Information structured by **settings** (population, healthcare), **indicator type** (epidemiological and clinical), **measurement** (risk factors, diseases and step of care) and **source of inequity/variation** (determinants of health, morbidities) offering a comprehensive and standardised approach to data mapping.
- This work can **enable harmonised data collection across pilots, enhance data comparability and interoperability, and provide a model to strengthen integrated health information systems at the EU level.**

Conceptual framework that defines the key information needed to assess the status of CVDs and diabetes across EU

COUNTRIES OF IMPLEMENTATION

France, Finland, Spain, Iceland, Belgium, Romania, Latvia, Italy

42 Pilots projects

SETTING	INDICATOR TYPE	FOCUS OF MEASUREMENT (DISEASE / INTERVENTION)	SOURCE OF VARIATION / INEQUITY
Population	Epidemiological • Frequency • Burden/Severity	Health phenomenon Risk Factors Diseases: CVDs, DM	Non-clinical (Determinants of health / care...)
Healthcare	Clinical - Structure - Process (PMs) • QIs - Outcomes (Clinical & patient-related)	Step of care Modality of care Diagnostic Lifestyle/Behaviour Preventive Procedures Medications Therapeutic Devices	Clinical (Comorbidities)

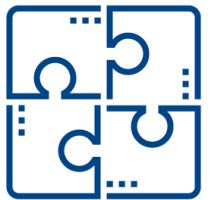


Gender-sensitive approaches to CVD

JACARDI is advancing this agenda with a **strong gender-sensitive lens**, following *The Lancet Commission on Women and Cardiovascular Disease* which underscores the **need to embed sex- and gender-specific data into every level of policy and practice**

Pilots focusing on gender and CVDs in JACARDI:

- **Spain – Gender Health Atlas:** A web-based interactive dashboard **mapping regional gender inequalities** in socio-economic determinants and sex differences in cardiovascular health. The tool enables visualization, benchmarking, and exploration of associations between social gender inequities and CVD outcomes, supporting evidence-based, equitable public health policies.
- **France – Gender & Socioeconomic Disparities:** Using the French National Health Data System (SNDS), this pilot generates **high-resolution data on sex and socioeconomic differences in cardiovascular disease and diabetes**. Findings inform targeted interventions, policy development, and public engagement to reduce inequities in prevention, diagnosis, and care.





Screening and early detection

- Implement screening programmes for early detection of CVDs
- Evaluate the reliability of established CVD risk scores in predicting 10-year CVD risk among specific populations (e.g. migrants), including recalibration of existing CVD risk scores
- Expand access to CVD screening services through mobile units, multilingual online risk assessment tools, or community-based outreach to reach underserved groups

Protocols have been developed aiming to harmonize screening strategies, assisting EU Member States in organization of screening programmes, and supporting the design and sustainability of effective pilot projects within JACARDI

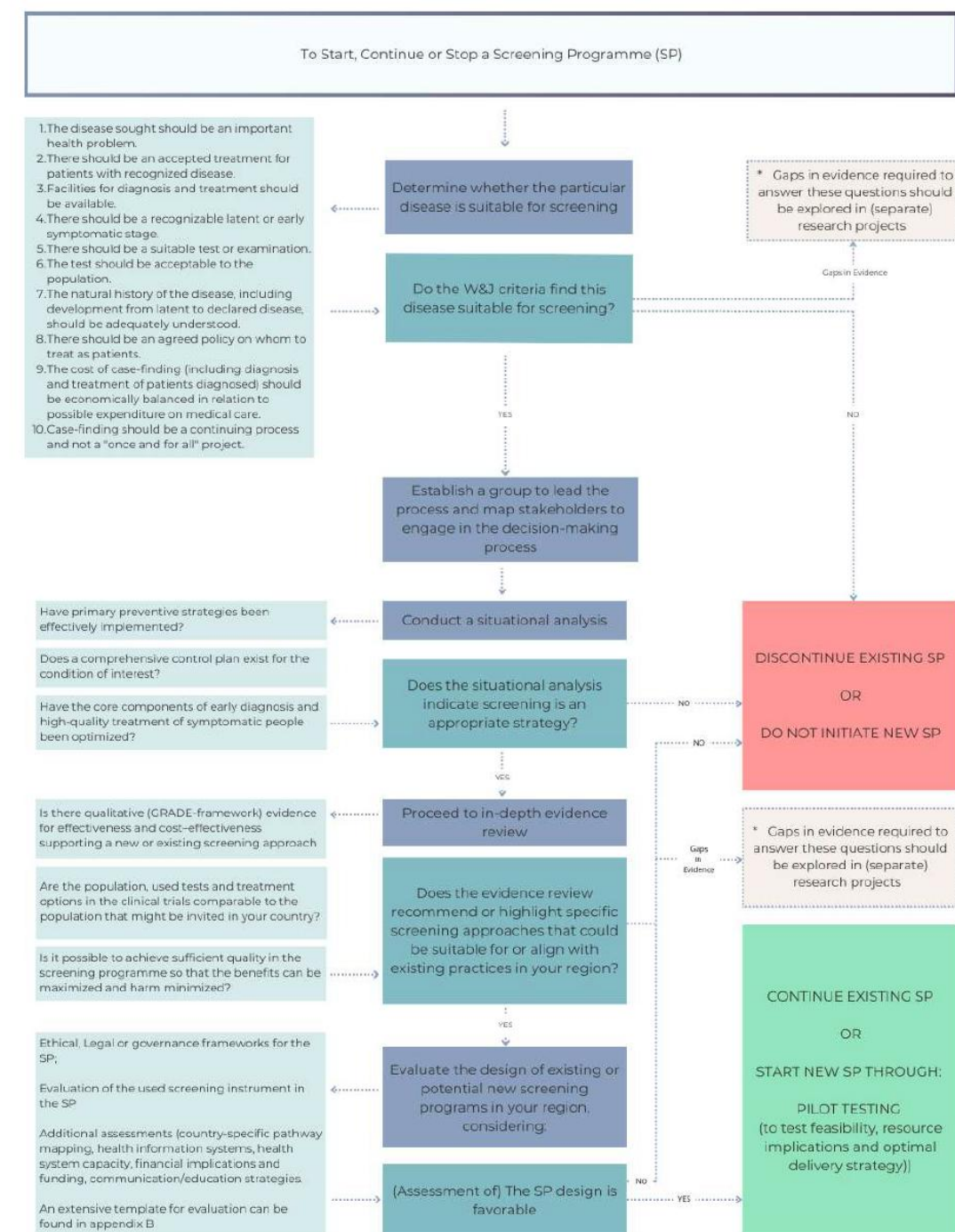


Figure 1 - Deciding on the implementation of screening activities



Pilots on screening

COUNTRIES OF IMPLEMENTATION

Belgium, Finland, France, Hungary,
Ireland, Italy, Latvia, Romania,
Slovenia, Spain, Ukraine

19 Pilots projects

Pilots:

- **Italy - HES–CUORE Project:** national health examination survey monitoring adults' health and NCD risk factors through standardized measurements, biological samples, and questionnaires, to guide prevention strategies and support WHO NCD Action Plan goals.
- **Romania – INTEGSCREEN:** community nurses identify individual at-risk of CVD and DM in rural areas through screening, awareness-raising campaign, and referral for diagnosis and behavioural change support when needed. It also includes training activities to enhance community staff skills and knowledge and the establishment of an electronic registry for data collection.



Integrated care pathways

- **Assessing integrated care implementation** using the validated Assessment of Chronic Illness Care tool, aligned with the Chronic Care Model
- **Testing innovative care pathways and developing tailored models of care**, including **telemonitored** follow-up for heart failure, digital interoperability, and home-based remote programs for CVD and diabetes patients
- **Measuring outcomes through PROMs and PREMs** to evaluate quality of life and perceived care, ensuring **patient-centred, well-coordinated health systems**

COUNTRIES OF IMPLEMENTATION

Italy, Poland, Romania, Slovenia, Spain, Belgium, Finland, Iceland, Hungary, France, Latvia

29 Pilots projects

Pilots

- **Hungary:** Pilot **comparing telemonitored versus conventional follow-up for chronic heart failure patients**, assessing effectiveness in improving care pathways through comprehensive assessment, multidisciplinary teamwork, coordinated care, and evidence-based practice.
- **Slovenia:** Pilot developing and testing a **comprehensive health education program for post-AMI patients in outpatient cardiac rehabilitation**, integrating primary care and lifelong support, and evaluating its effectiveness compared to usual care to improve recovery and long-term outcomes.



Patients' self-management and digital tools

- **Developing and evaluating digital CVD prevention and rehabilitation programmes** to enhance self-management of risk factors, support behaviour change, and improve medication adherence
- Establishing a **technology-enabled chronic care platform to facilitate communication between patients and healthcare teams**, promoting coordinated, multi-professional care
- **Testing mobile and digital tools to improve long-term personal adherence to all secondary CVD prevention therapies**

COUNTRIES OF IMPLEMENTATION

Finland, Belgium, Ireland, Italy, Malta, Spain

14 Pilots projects

Pilots

- **Ireland:** Healthy Hearts Club pilot **supports long-term CVD self-management post-cardiac rehabilitation**, combining in-person and digital interventions to sustain behaviour change, address nutrition, exercise, and psychosocial needs, and strengthen goal-setting, self-efficacy, and peer support for improved secondary prevention and quality of life.
- **Malta:** Pilot implementing a **remote monitoring system for cardiac rehabilitation, combining wearable devices, self-management tools, and a digital platform** to improve care coordination, medication management, and patient engagement. By promoting health literacy and healthy lifestyle behaviours, the pilot seeks to empower patients, ensuring equitable access and addressing barriers related to technological literacy.



Labour participation of people leaving with NCDs

- **Raising physician awareness** of the importance of **work reintegration** as a key component of rehabilitation for patients with CVD and DM
- **Enhancing occupational physicians' awareness** of the specific challenges faced by employees with CVD who use or are implanted with medical devices, optimising workplace environments to **better support the inclusion and sustained employment of individuals using wearable medical devices**.
- **Advancing workplace cardiovascular health** through the design of effective prevention and management programs tailored to the work environment

COUNTRIES OF IMPLEMENTATION

Spain, Finland, Italy, Lithuania, Poland

15 Pilots projects

Pilots

- **Poland:** “Health. Pass it on” **pilot integrates mandatory occupational health exams in Poland into chronic disease prevention**, using trained professionals, patient co-designed education, and structured care pathways to detect hypertension and diabetes early, ensure follow-up, and promote equity and continuity of care across the workforce.
- **Finland:** Integration of best practices into workplace to enhance **NCD prevention and work recovery and ability among employees**. Through group training sessions, participants learn to assess their own wellbeing, adopt methods to improve recovery and develop leadership skills that foster supportive work environments.



The added value of JACARDI in time of the EU Safe Hearts Plan

- JACARDI bridges research, innovation and policy implementation, facilitating the **translation of scientific evidence into policy-relevant tools and decision-making processes** at national and EU level.
- JACARDI strengthens **national and regional capacities**, enabling Member States to design, test and implement sustainable cardiovascular disease prevention and care models aligned with EU policy frameworks.
- JACARDI enhances EU added value through structured **cooperation and peer learning, reducing fragmentation and supporting policy convergence across Member States.**

JACARDI is showing what Europe can achieve when we align around shared cardiovascular health priorities - turning data into policy, collaboration into action, and evidence into lasting strategies for preventing cardiovascular disease and reducing health inequities.

JACARDI Coordination Team



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Thank you

