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WP6 - LITERATURE REVIEW INSTITUTIONS OF HEALTH PROMOTION FOR THE ELDERLY IN TEN SELECTED EUROPEAN COUNTRIES

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Goals:

1. The gathering of information on HP4E in selected EU countries concerning:
 - ⊙ main sectors of institutions and key institutions (organisations);
 - ⊙ health promotion interventions (programmes and other activities) addressed towards the elderly performed by the identified institutions within sectors;
 - ⊙ and roles performed by those institutions for given interventions – i.e. institutional interrelations and other institutional arrangement such as:
 - legal basis and source(s) of financing for identified institutions and programmes or interventions;
 - evidence based interventions guarantees (sources of professional knowledge);
 - financial and human resources mobilised;
 - cross-sector cooperation;
 - other specific socio-political contexts.

Goals:

2. The synthesis of collected information for further research within this work package:
 - ⦿ an adequate definition of health promotion for the purpose of institutional analysis;
 - ⦿ proper analytical framework for further institutional analysis (including desk research and interviews) – most notably common set of roles or functions performed for HP4E interventions;
 - ⦿ conclusions on the state-of-the-art in the subject – also gaps in knowledge and additional readings – for the purpose of interviews and further literature collection

METHOD

- ⦿ Systematic and narrative literature review methods
- ⦿ Systematic reviews:
 - for English-language papers on HP4E
 - in 10 selected countries
 - published between 2000 and 2015.
 - Three separate searches (different sets of search terms) – for three institutional areas of HP4E:
 - in general (for all sectors),
 - the enterprises sector (WHP – workplace health promotion),
 - and voluntary sector (NGOs, NPOs).
 - databases:
 - PubMed
 - healthPROelderly.
- ⦿ narrative review of other available sources (including grey literature)
 - a supplementary role in data extraction process
 - + elaboration of institutional approach to health promotion and to further elaborate data extraction criteria

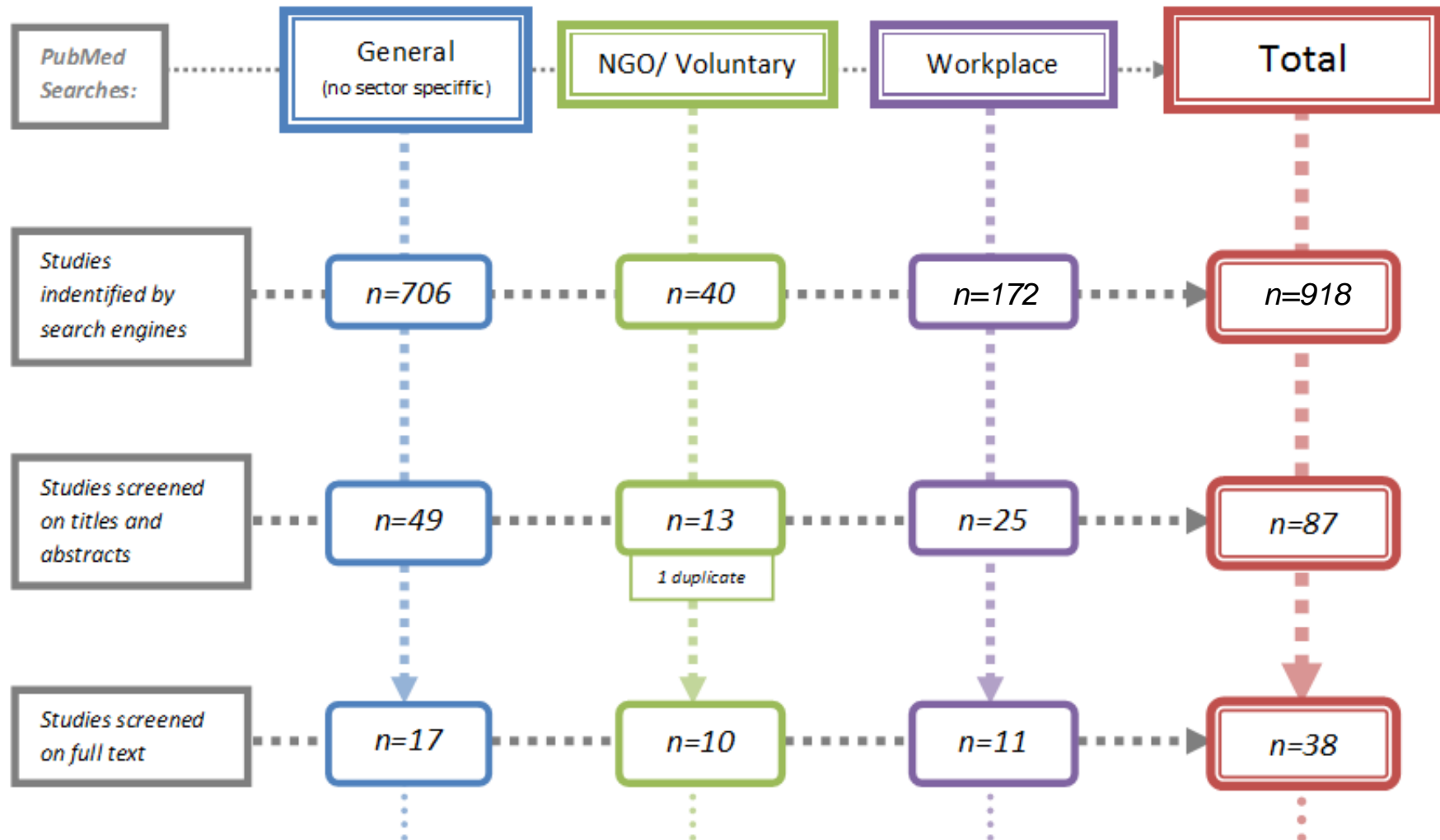
EXCLUSION CRITERIA

- ⦿ No explicit mention of health promotion,
- ⦿ focusing on treating diseases,
- ⦿ not addressing the target group 50+ explicitly
- ⦿ and having a purely medical-care focus were excluded.

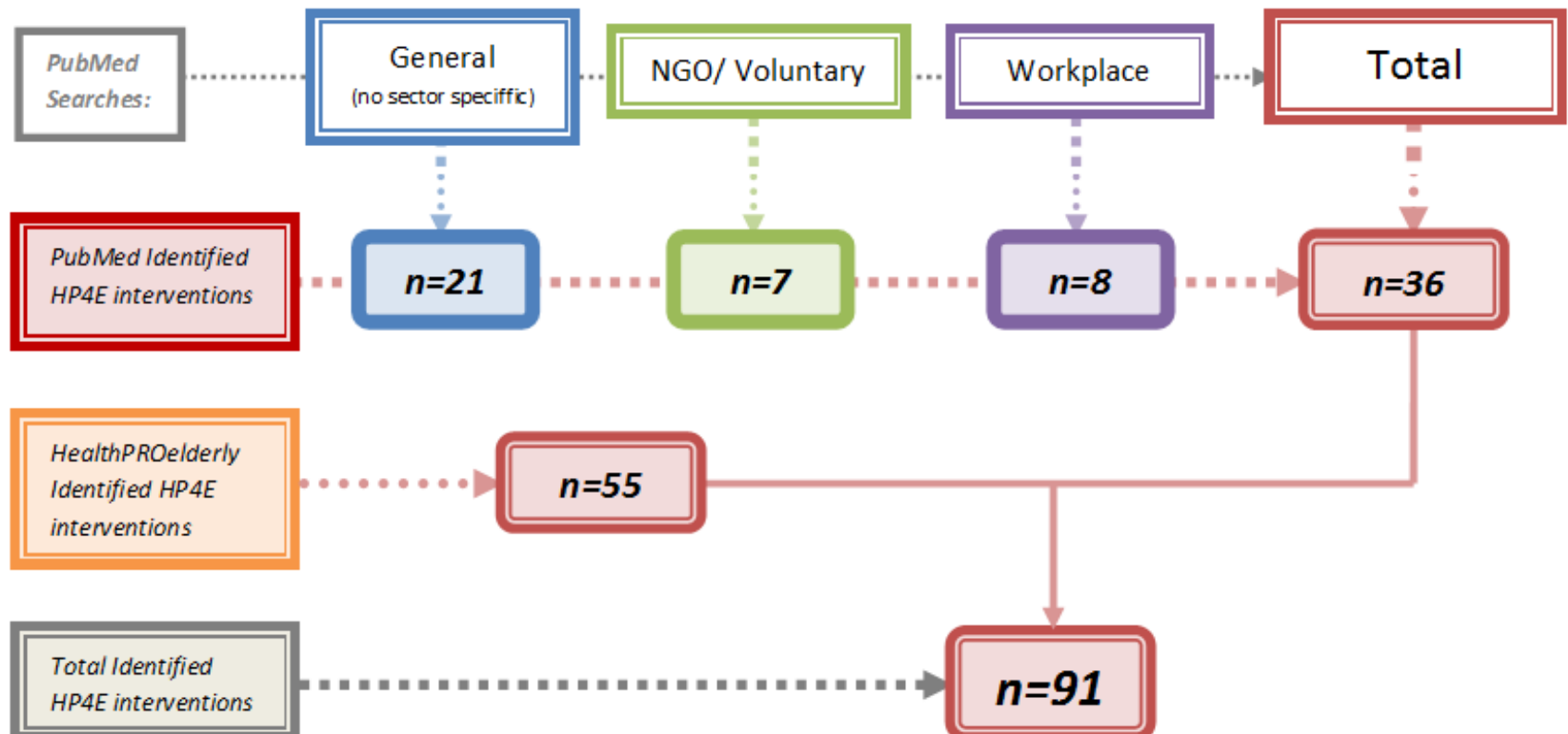
INCLUSION CRITERIA

- ⦿ Medical care interventions for the chronically ill that were explicitly oriented towards health promotion
- ⦿ Publications concerning screening or clinical evaluation of projects as well as studies on ageing population were included in order to identify institutions that study, monitor, evaluate and produce evidence based knowledge for HP4E
- ⦿ Programs aiming at general population though oriented on diseases for which age 50+ is a risk factor

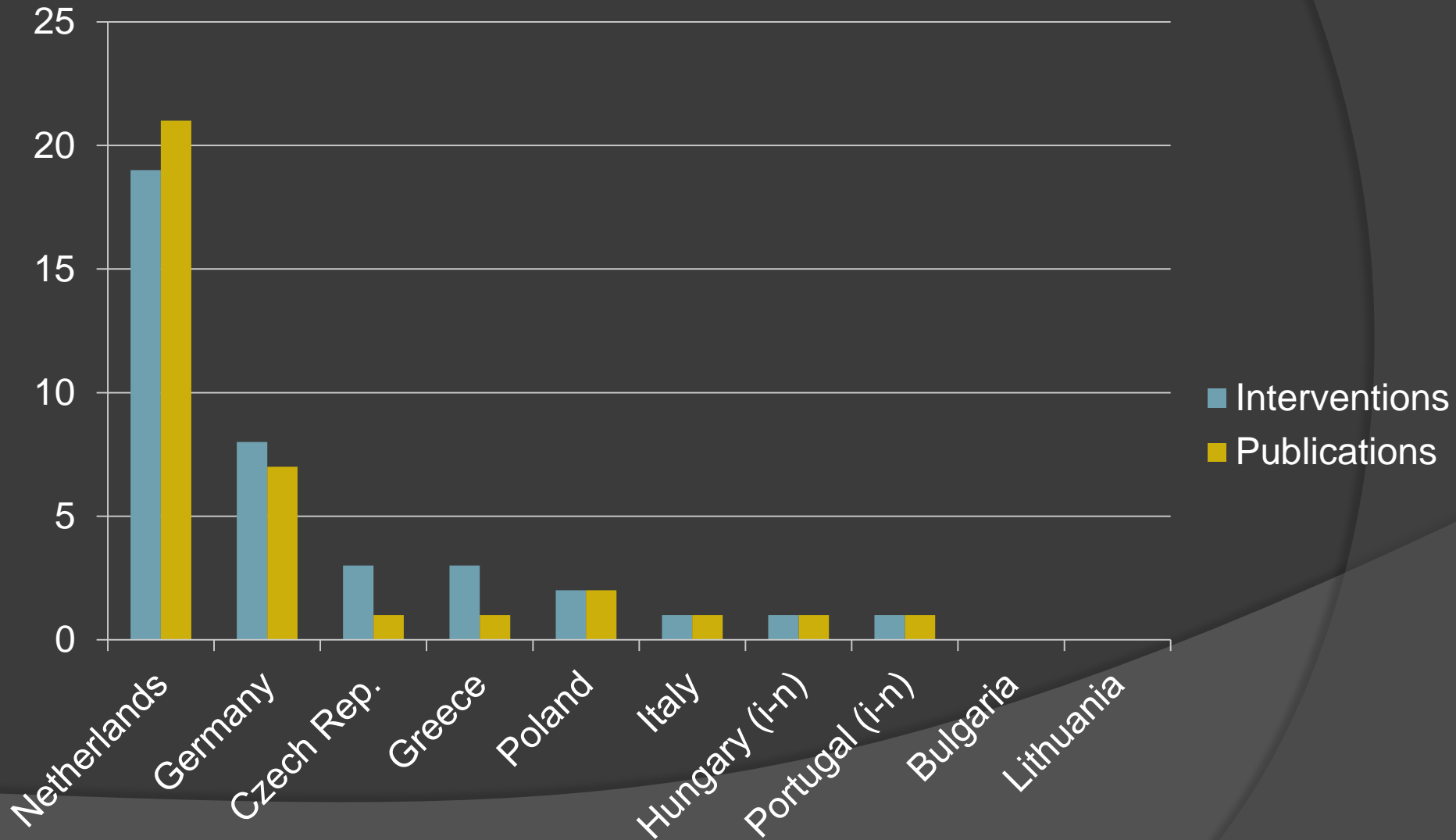
RESULTS: publications



RESULTS: interventions

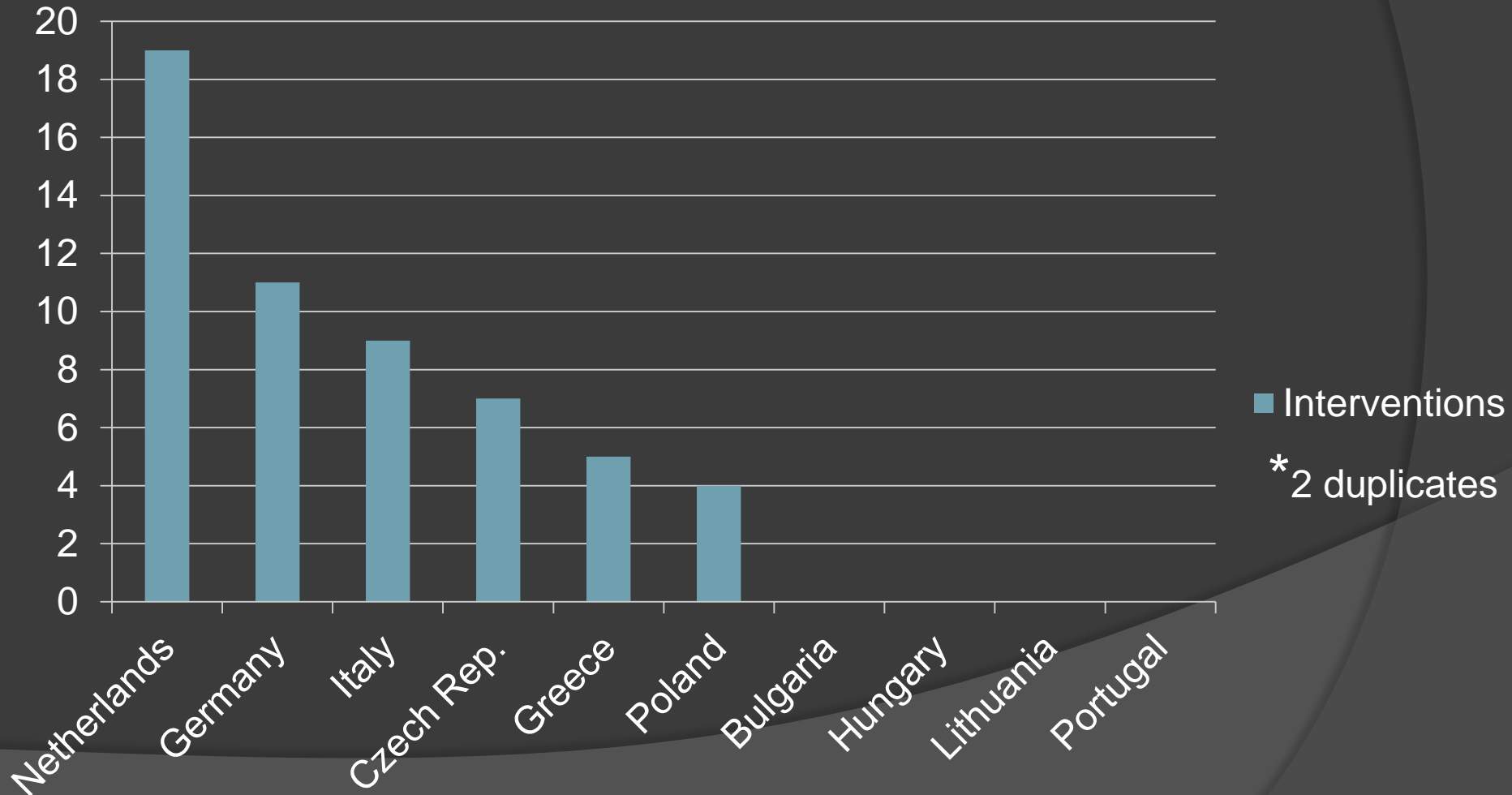


PubMed results:

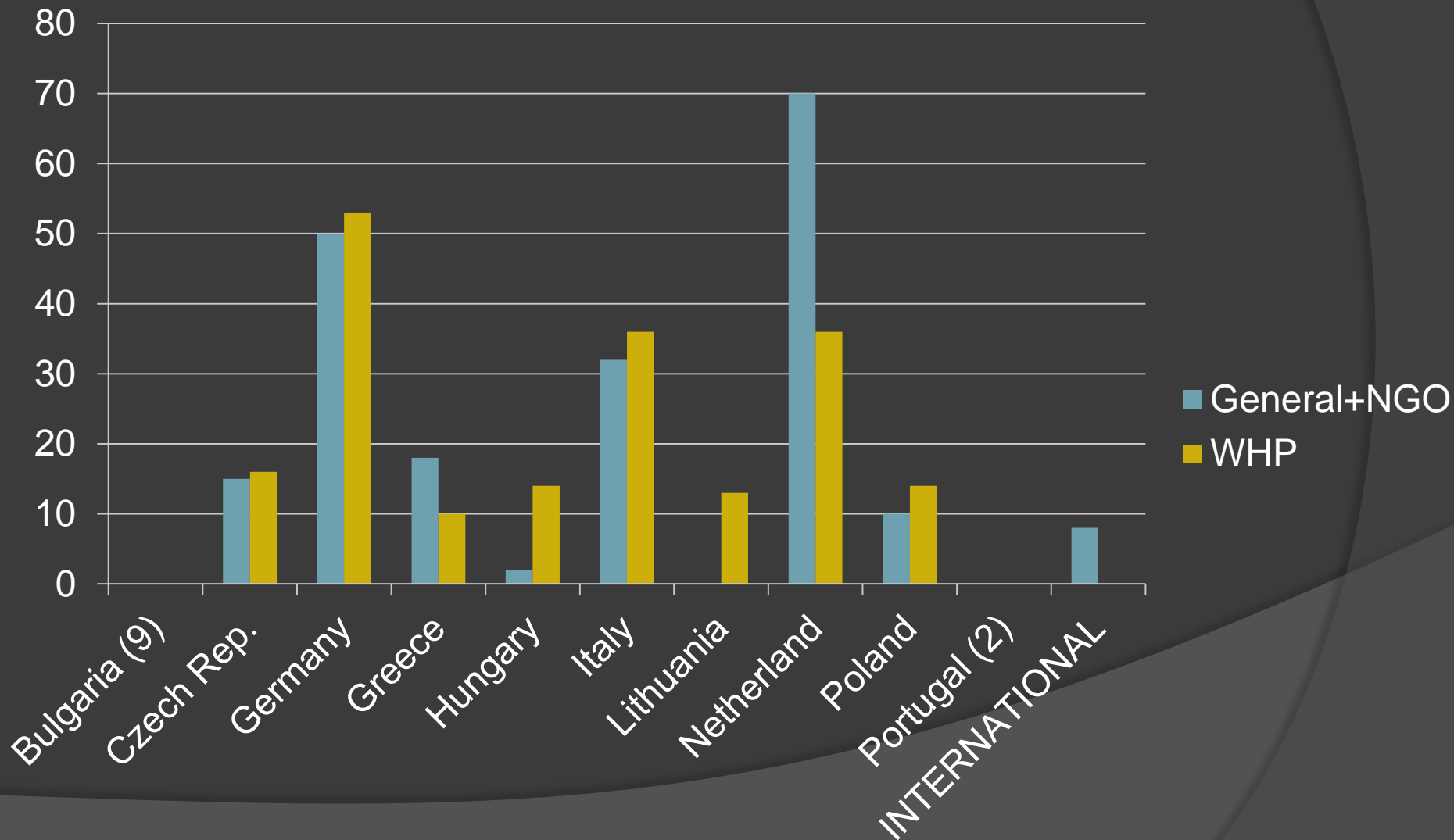


healthPROelderly results:

Interventions



Approximate no. of institutions involved in HP4E:



SPOFER Roles Analysis Framework

- ⦿ **(S) Setting** – given institution is a health promotion setting;
- ⦿ **(P) Promoter** – institution (its personnel) implements the program as street-level promoters, educators, informers or advocates;
- ⦿ **(O) Organiser** – institution responsible for organisation of a given intervention by initiating, providing administrative support, coordinating actions, managing, etc.;
- ⦿ **(F) Financing** – institution that provides funding (entirely or partly) for the given intervention;
- ⦿ **(E) Expertise & evaluation** – institution that guarantees proper evidence-based quality of health promotion intervention by providing: guidelines, knowledge, advising, training, collecting and sharing experiences, but also by evaluating results, etc.;
- ⦿ **(R) Regulation, monitoring & control** – institution that provides legal regulations, monitoring and control: by supervising, registration or issuing obligatory approval.

Data extraction process



WP6 – APPENDIX B: HP4E Interventions (General and NGO Sector) – Literature review results table

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APPENDIX B: HP4E Interventions (General and NGO Sector) – Literature review results table

Programme name	Country(s) and time	Intervention and conclusions	Resources mobilised (human, financial)	Institutions by sector. Their roles: (S) setting; (P) promoter; (O) organiser; (F) funding; (E) expertise source; (R) Regulation, monitoring & control									
				(S) Setting – given institution is a health promotion setting (P) Promoter – institution / its personnel implements the program (street-level) (O) Organizer – institution responsible for initiation, coordination and/or organization of intervention (F) Financing – institution that finances the program (entirely or partly) (E) Expertise source – institution that guarantees evidence based promotion; provides training, guidelines, evaluation, knowledge exchange, etc. (R) Regulation, monitoring & control – institution that provides legal regulations, approves, control and/or registers interventions or institutions.									
				Health sector	Education & sports	Social assist.	Central gov.	Local & reg. gov.	Enterprises	NGO	Media	Other/ Mixed/ Unidentified	
Healthy nutrition clinics for older people InPa.	Czech Republic -2004	-The main goal is to offer healthy lifestyle counselling for seniors provided by medical students and in order to prove the efficiency of		-[O] Charles University, Faculty				-[F] Ministry of Health of the					

Sector(s)	Institutions involved in identified health promotion for the elderly by country	Roles Setting Promoter Organizer Financing Expertise Regulation						Roles performed for given initiatives: (S) Setting – given institution is a health promotion setting (P) Promoter – institution / its personnel implements the program (street-level) (O) Organizer – institution responsible for initiation, coordination and/or organization of intervention (F) Financing – institution that finances the program (entirely or partly) (E) Expertise source – institution that guarantees evidence based promotion; provides training, guidelines, evaluation, knowledge exchange, etc. (R) Regulation, monitoring & control – institution that provides legal regulations, approves, control and/or registers interventions or institutions	Legend:
		S	P	O	F	E	R		*Institution mixed or character unidentified
>>>>>>	International or external								
Inter-/Supra-Gov.O	EU -European Commission				F	E			F (2013-2017): <u>MOPACT</u> , Mobilizing The Potential of Active Ageing in Europe (MoPact, 2013; van der Pas et al., 2013) E (2010-2011, funding research): The European Project on <u>OsteoArthritis (EPOSA)</u> : <u>IMCA-ActiE</u> (Schaap et al., 2011)]

(F.O.R.) FUNDING, ORGANISING AND REGULATING

- ⦿ public authorities, both central and local
- ⦿ regulatory (R) function that, to some extent, remains a governmental monopoly
- ⦿ organizing (O) and funding (F) roles are distributed among institutions of various sectors, most notably public administration, education, healthcare, business (including pharmaceutical companies) and even voluntary sector
- ⦿ almost half of identified initiatives had organization (O) and/or funding (F) roles split between at least two institutions
- ⦿ (F) plurality of funding sources

(E) SOURCES OF EXPERTISE (1/3)

- ⦿ Proper expertise (E) is considered as essential for the success of health promotion intervention
- ⦿ Lack of training is linked with interventions' ineffectiveness (Arthur, Jagger, Lindesay, & Matthews, 2002)
- ⦿ positive results linked with interventions where expertise was provided (Banerjee, Shamash, Macdonald, & Mann, 1996; Blanchard, Waterreus, & Mann, 1995)
- ⦿ Even training promoters themselves is considered as a health promotion strategy (Strümpel & Billings, 2008, p. 48).

(E) SOURCES OF EXPERTISE (2/3)

- ◎ National research organizations have flourished in the last decade
 - Health Council of the **Netherlands** – an “independent scientific advisory body for government and parliament”
 - Organisation for Applied Scientific Research TNO - Department of Work, Health & Care in The Netherland
- ◎ The **Netherlands** has a vast network of national (mostly “independent state”) and non-governmental research institutions
- ◎ European level education and research centres,
 - EURON – European Graduate School of Neuroscience (Department of Psychiatry and Neuropsychology),
 - CEPS – Centre for European Policy Studies, Age Platform Europe (hPe, 2008);
 - EuroHealthNet (EuroHealthNet, 2012);
 - SlforAGE Consortium (SlforAge, n.d.);
 - European Networks of Workplace Health Promotion
- ◎ International and foreign:
 - American AARP, a nonprofit – the “AARP Best Employers International Award” In 2009, 2011 and 2014 (Germany, Italy, Poland, Netherlands).

(E) Evaluation (3/3)

- It is typical for various programs to be based “on well-known WHO concepts or other established theoretical frameworks”
- Literature shows a lack of systematic empirical verification and evidence-based foundation upon which health promotion activity is based – lack of evaluation or failure to indicate method of evaluation
 - *HealthPROelderly* project established that “for most countries rigorous scientific research aimed at the measurement of health promoting effects was not prevalent” (Strümpel & Billings, 2008).
 - Also, available examples quasi-experimental design evaluation are not entirely free from doubts about their quality, accuracy and conclusiveness (Stiggelbout, Popkema, Hopman-Rock, de Greef, & van Mechelen, 2004).
 - In WHP, the number of RCTs targeted to older worker is very limited, the methods of evaluation are usually partial and studies show often with inconsistency of findings (Cloostermans et al., 2015).

(S.P.) SETTING AND PROMOTERS (1/4)

- ⦿ There is a wide range of „delivery agents” of health promotion (promoter or providers)
 - organisations and staff members in various professions (individual personnel employed in the implementation of HP4E) but also a non-professional personnel, most notably volunteers (Strümpel & Billings, 2008, p. 73).
- ⦿ Workplace Health Promotion was usually carried out by the Occupational Health Service paid by the employer in the traditional "Occupational Health and Safety" approach,
 - more recently specific programs targeted to elderly are implemented by a broad range of performers, from central/local institutions to NGOs or research organizations, according to the modern, holistic approach to workplace health promotion (WHP) that includes all workers and all health risks, both occupational and non-occupational (Boukal & Meggeneder, 2008).

(S.P.) SETTING AND PROMOTERS (2/4)

Promoter competence criterion distinguishes projects that

(A) EMPLOY HEALTH PROFESSIONALS

- Czech Republic, Italy and the Netherlands frequently employ physicians, community nurses and social workers – individually or in multi-disciplinary teams (Strijbos et al., 2013);
- Occupational Health Professionals represent the peculiar healthcare promoters in the workplace setting in most of all the selected countries (McDermott, Kazi, Munir, & Haslam, 2010)

(B) NON-PROFESSIONALS

- informal promoters: volunteers, peers, side-promotes, for instance members of religious organisations.
- also be representatives of other professions relevant for the design of the intervention – artists, musicians, entertainers, etc.
 - Greek programmes of music therapy with artists/entertainers interventions teams
 - The Italian “clowntherapy” initiative,
 - The German project “Really fit from 50 onward” that involves former male sportsmen and employers
 - Czech dance therapy project (hPe, 2008)

(S.P.) SETTING AND PROMOTERS

(3/4)

- **Residential/care homes** for the elderly were indicated as setting (S) for HP4E in almost half of the selected countries:
 - **Germany** [Training Study PATRAS, Fit for 100 (hPe, 2008)];
 - **Greece** [Group and personal music therapy for older people in a care home setting, Intervention team of artists and entertainers for people with dementia who live in a care home for older people (hPe, 2008)];
 - **Italy** [Technical report for the definition of health objectives and strategies – older people, Clowns in health care homes (hPe, 2008)];
 - the **Netherlands** [Pink buddies, Moving with pleasure: FLASH! (hPe, 2008)].
- **Healthcare providers** (hospitals, primary care practices, etc.) were indicated as a setting (S) and employment institutions for promoters (P)
- **Individual homes** of the elderly or their other daily environments (local communities, immigrant meeting centers) were also indicated as a relevant setting
- Scientific literature specifically targeted to older workers in the selected European Countries (few) describe specific interventions usually carried out in workplace (Oude Hengel et al., 2010, 2011), or near the worksite, (The Vital@Work intervention - Strijk et al., 2011, 2012, 2013).

(S.P.) SETTING AND PROMOTERS (4/4)

- **Poland** is an example of significant role of **religious organisations**, most notably local churches. Role of setting (S) but also of promotion (P) and organisation (O) is performed by parishes, priests and pastors that organise support groups, centres for informal education, clubs, and also pilgrimages and holidays for the elderly.
- **Sports & recreation** (formally classified as belonging to the voluntary sector) plays a significant role in **Germany** and the **Netherlands** (Strümpel & Billings, 2008, pp. 62, 74).
- Supplementary role in HP4E can be dedicated to media (local press, web pages, broadcasting services, internet providers, etc.) – in health information and marketing as well as in recruitment of beneficiaries and promoters (Wijlhuizen et al., 2010).

PROMOTER–BENEFICIARY RELATION

- Projects aimed at behavioural change tend to give the elderly “an active role in policy processes...”.
- There is a growing interest in the notion of empowerment in HP4E in Europe – from almost non-existent before 1995 to being included in nearly 50% of the European publications devoted to health promotion in 2006 (Strümpel & Billings, 2008)
- Empowerment is an integral element of increasing elderly people’s autonomy.
 - *Visiting service for older widowed individuals* (Onrust et al., 2008) from the **Netherlands** (widowed volunteers were trained to assist other widowed persons in providing support and combating loneliness)

Overall conclusions: scientific literature

- ① Scientific papers are usually focuses on content of health promotion rather than on its institutional arrangements.
- ① **However, when available, scientific papers represent the most reliable and complete source of information (peer review and measured outcome)**
 - Aside from few examples, there is a lack of systematic institutional analysis on HP for the elderly, and the existing ones feature some deficiencies due to lack of complete data.
- ① There are several publications on institutional design of health promotion, however for the subject in general and rarely specifically for the elderly

Overall conclusions: grey literature

- Systematic information on institutions involved in HP4E is sometimes provided in grey literature, projects reports (Strümpel & Billings, 2008) and programmes registries. These sources contain information about various programs describing their organisational factors or only contents of good health promotion practice (without substantial organisational information) (EuroHealthNet, 2012)

Overall conclusions

- Emerging picture of selected countries' institutional infrastructure for HP4E is very incomplete and heterogeneous.
- Disproportionally large amount of information is available on the **Netherlands** and **Germany**.
- Inter-sectors cooperation
 - – shift in policy model towards concept of *good governance / stewardship* promoted by Ottawa (WHO, 1986) and Bangkok (WHO, 2005) Charters
 - – sometimes however it leads to fragmentation and poor performance

Overall conclusions

- ⦿ Sources usually provide general information on institutions involved in given initiatives –indicating setting, providers and institution that organizes and finances – and also human and financial resources that were mobilized. Often, information is highly vague.
- ⦿ Problems with proper classification
- ⦿ Acquired information on institutions required further inquiry on the character (name!) and role performed by given institution – follow-up narrative review