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FINANCING AND FUNDING OF HEALTH PROMOTION FOR THE ELDERLY

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Author:	Wim GROOT ^a (WP leader), Stanislaw GOLINOWSKA ^b , Jelena ARSENIJEVIC ^a , Marzena TAMBOR ^b , Christoph SOWADA ^b , Reza REZAYATMAND ^a , Milena PAVLOVA ^a ^a Maastricht University, the Netherlands ^b Jagiellonian University Medical College, Poland
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ABSTRACT

A multitude of behaviors affect our health. The most commonly mentioned types of health behavior – smoking, alcohol use and exercise/eating habits – are only a selection of the behavioral aspects of health. A healthy life style can be promoted by various means, including providing financial incentives and counseling programs for a healthy life style. These interventions can further be offered in various ways, ranging from general legislative measures to programmatic interventions. These interventions can also take different forms, from small projects to large national programs. They can be funded and organized by donations from individuals or NGOs, or through taxation by national governments. In short, health promotion is typified by heterogeneity in every conceivable aspect. This holds for health promotion in general, but also for health promotion for the elderly.

The large heterogeneity hamper the possibilities for generalization about health promotion and its effects. This Work Package (WP) aims at increasing our knowledge and insight on the financing of health promotion. As a corollary of the heterogeneity in health promotion interventions, the ways by which they are financed is diverse as well. This WP provides a rather systematic overview of the financing mechanisms of health promotion for the elderly in EU countries.

The resources for health promotion do not exclusively come from general taxation. Sometimes the beneficiaries of the programs have to pay a user charge. In this WP, we provide a review of out-of-pocket payments for health promotion as well. User charges are part of the financial incentives in health promotion. As a third contribution to this WP, we provide an analysis of the role of financial incentives in health promotion for the elderly.

An alternative approach to our efforts to systematically analyze health promotion interventions is to focus on specific interventions. In this WP, we take two approaches to this. The first is a review of ‘good practice physical activity programs’ in the EU. We analyze the financing mechanisms underlying these good practices. The second approach focuses on a singly intervention. Here, we have chosen for a widely applied health promotion program for elderly: physical activity on prescription. We systematically review the evidence on this widely applied intervention. A final dimension in which health promotion differs is by the people who participate in. The elderly population is not a homogeneous group. To account for this, we add a separate chapter on the life style of older migrants in the EU.

The subsequent chapters summarize the progress that has been made on these six themes. It should be emphasized here that all of this is work in progress and that this progress report on the six themes in this WP reflects what has been done so far and not the final outcomes of the studies on this multifaceted topic.