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# **In search of Good Practices in Health Promotion for Older People**

**2nd Conference of the European Project „Pro-health 65+”  
Health promotion and prevention of risk. Actions for seniors  
Reporting on the research results  
Rome, September 29-30, 2016**

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# Presentation plan

- On the project: framework and goals
- Structure and steps of the research
- Background: health promotion and healthy aging
- Health status of older people
- Effectiveness of health promotion and prevention
- Funding
- Institutional analysis
- Health promotion for older people policies
- Comparative perspective
- Deliverables
- Publishing of results
- Final report



# On the project

**Framework:** The Second Programme of European Community Action in the Field of Health 2008-2013:

- to improve citizens' health security;
- to promote health, including the reduction of health inequalities;
- to generate and disseminate health information and knowledge.

**Aim:** To make evidence, indicate and disseminate knowledge on effective methods of promoting healthy behaviours (lifestyle) and healthy conditions addressed to different groups of older population in the EU countries

**Mission:** to support changes in behaviour and in the environment that will improve health

**Duration** of the project: 36 month: 24 for research and 12 for training of health promoters

# Participants

- Main partners:
  - UJ Collegium Medicum in Krakow
  - Maastricht University
  - Universita Catholica de Sacro Cour in Rome
  - Universität Bremen
- Collaborating partners:
  - Portugal - University of Lisbona - Institute of Preventive Medicine and Public Health
  - Greece - National School of Public Health in Athens
  - Bulgaria - Medical University in Varna
  - Hungary - Corvinus University of Budapest
  - Czech Republic - Masaryk University in Brno
  - Lithuania - Public Enterprise MTVC in Vilnius
  - Poland – Instytut Medycyny Pracy in Lodz - Nofer Institute of Occupational Medicine

# Challenges

- Older people are not a typical target group of health promotion both in studies and actions
- Salutogenic orientation (maintain health and wellbeing of older people – healthy aging)
- Heterogeneity of target groups – so called older people
- Theoretical background and evidence on HP4OP effectiveness are rather poor so far
- Country-specific system of public health and health promotion
- Interdisciplinarity: medicine, biology, sociology, psychology, economics and political sciences
- Combination of research with actions



# Background: Health promotion

Health promotion (based on the Ottawa Charter):  
*the process of enabling people to increase **control** over, and to **improve**, their health.*

Concerning older people: rather *to maintain* health than to improve



# Background: healthy aging strategy

Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

*Healthy and active aging*

Words and declarations at the EU level – very firm, courageous and intent



# Health promotion components used in the project

**Actions:** policies, programmes, interventions, services

**Function of HP activities:** information, education, advocacy, diseases prevention,...

**Kind of activities:** physical activity, healthy diet, protecting mental health, protecting health at the workplace and public units, avoiding health risk, chronic diseases prevention, ...

**Subjects:** healthy lifestyle, healthy environment, health equity

**Health promoters:** public institutions, civic and private organisations, individual professionals

# Classification of health promotion activities

## According to functions:

- Information
- Knowledge building and dissemination
- Education
- Primary prevention and screening
- Motivation and encouragement
- Health advocacy

## According to type of activities:

- Physical activity
- Healthy diet and nutrition
- Home safety and warmth
- Healthy and safe workplaces
- Risk prevention: smoking, excessive alcohol drinking, dangerous sex, falls, obesity, social isolation
- Medical treatments (interventions) in the framework of primary prevention: medical consultancy and supervisory (e.g. home visits), vaccinations, rehabilitation
- Social and leisure participation – avoiding loneliness
- Further learning



# Health promoters

## street level health promoters

Organisations, professionals and activist  
creating, organising and providing health  
promotion and diseases preventive  
programmes, actions and interventions



# Older people as target groups

## **Population of professionally active persons, aged 60-67**

In the phase of professional activity work conditions strongly influence individual health. An additional aspect of the currently proposed research is the analysis oriented on examining the hypothesis that work is a form of active ageing.

## **Population aged 67-80/85**

Studying of this group of the elderly should allow for verification of the hypothesis on the influence of such factors like the level of education, the previously performed professional occupation, the familial situation, the place of residence, the access to information on public health.

## **Population aged 80/85 and more**

In this group we face significant increase of special health care needs. Health promotion for the oldest persons should focus more on immediate effects and take into account their caregivers and families.

# Structure of the research tasks on HP4OP

## WHY

Health status  
and its  
determinants  
within older  
group of  
people:

60- 67  
67- 80/85  
80/85 and  
more

## WHICH

Evidence-  
based  
evaluation  
of HPA  
focused on  
selected  
groups of  
older people

## WHO WHERE

Recognitions  
of health  
promoters;  
institutions  
and  
organization  
in European  
countries  
and its  
programmes

## HOW much & effective

Funding  
financing  
and  
economic  
evaluations  
of HPA

## WHAT policies

HPA in  
health  
policies  
at the  
European  
and  
analysed  
countries  
level

# Analysed countries – rationale for selection

Selection of countries are based on Esping – Andersen classification, taken into account the welfare regimes modified by Ferrera and by Raphael - including health outcome criteria :

- Continental Europe: Netherlands and Germany
- Southern Europe (Mediterranean): Italy, Portugal, Greece
- Eastern Europe: Poland, Czech Republic, Hungary, Bulgaria and Lithuania

# Research steps

- Literature overviews
- Methodology development - Questionnaires and contributions of country experts
- Glossary
- Studies and analysis
- Writing of reports based on a defined and agreed structure
- Preparing of policy briefs
- Publishing papers

# Systematic literature overviews

- Successful aging and healthy aging definitions (WP4)
- A systematic review of EU legislation on healthy ageing (WP8)
- Scoping review of health promotion interventions addressed to elderly (PICO strategy) (WP5).
- Systematic review on economic evaluation of health promotion actions for older people (WP7b)
- Overview of the literature search on institutions of health promotion for older people in ten selected European countries based on SPOFER framework (WP6)

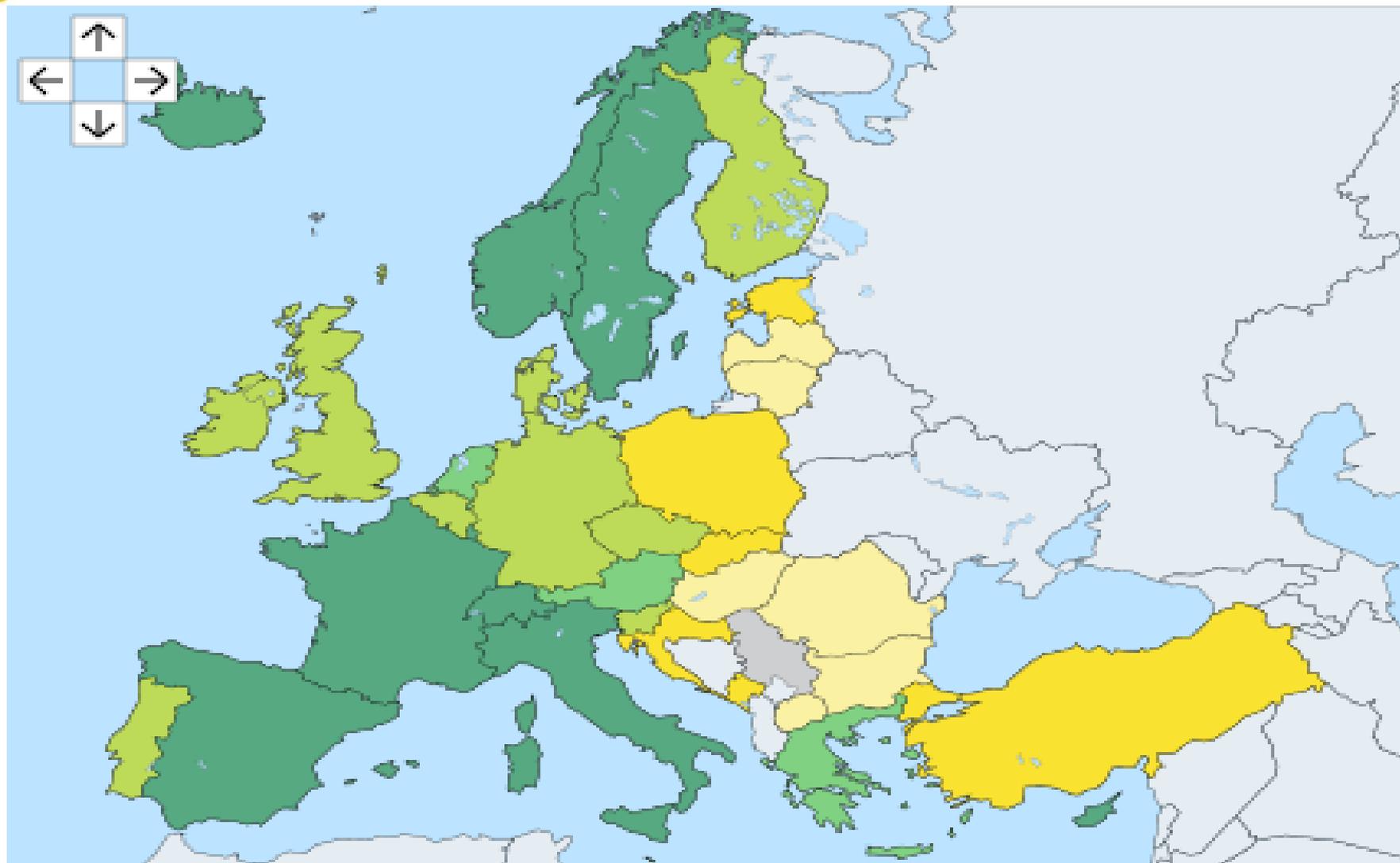
# Glossary

The Glossary has been prepared to facilitate the communication in the multidisciplinary project team and to enhance the dissemination of project findings and their discussion.

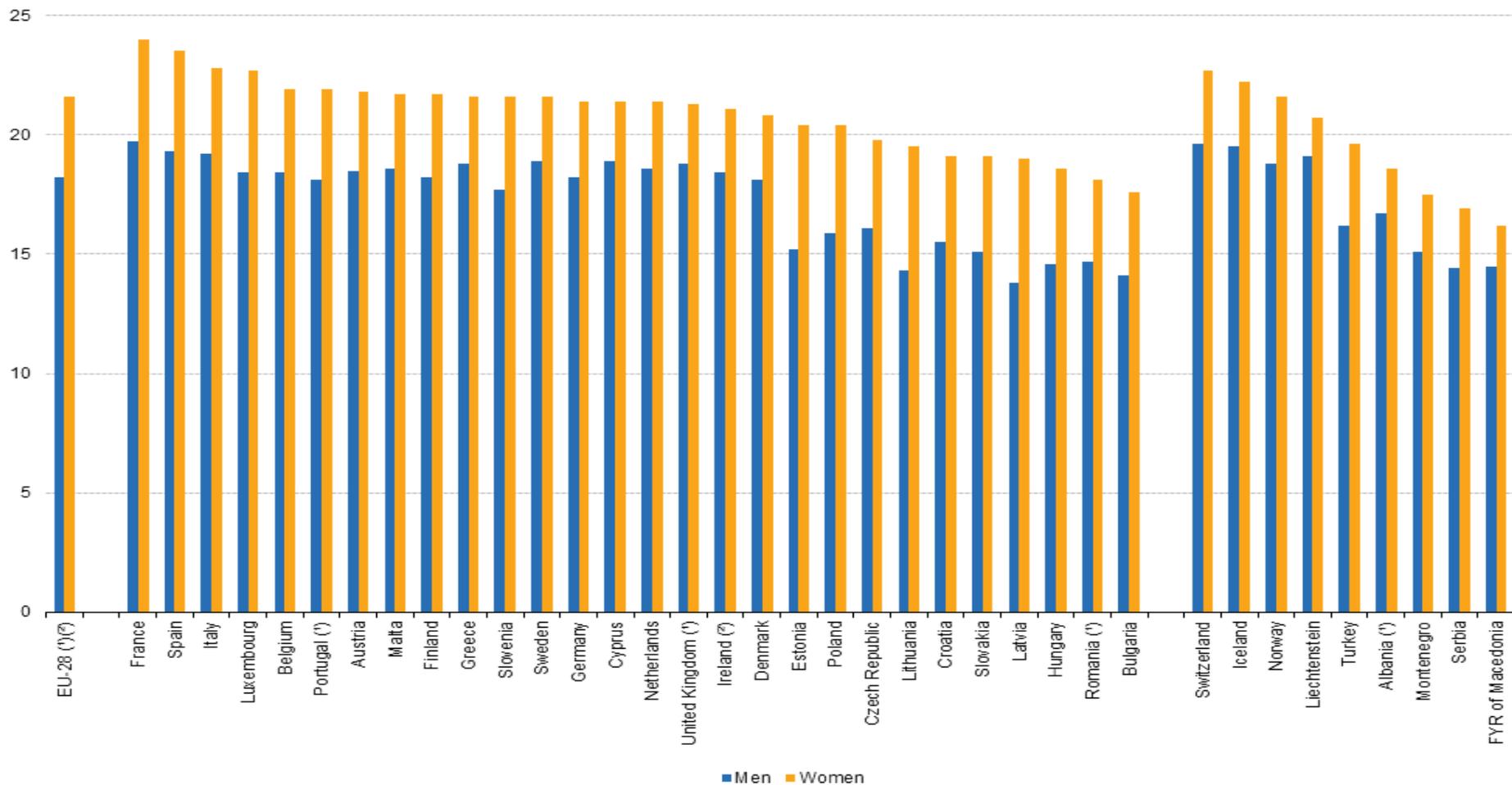
Three types of definitions are included in the Glossary:

- definitions developed by others (mostly by international organizations such as WHO, or other researchers),
- definitions developed by others and modified for the project purposes,
- definitions developed under the project,
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# Health status by countries LE at birth



# Health status by countries: LE at 65



(\*) Estimates.

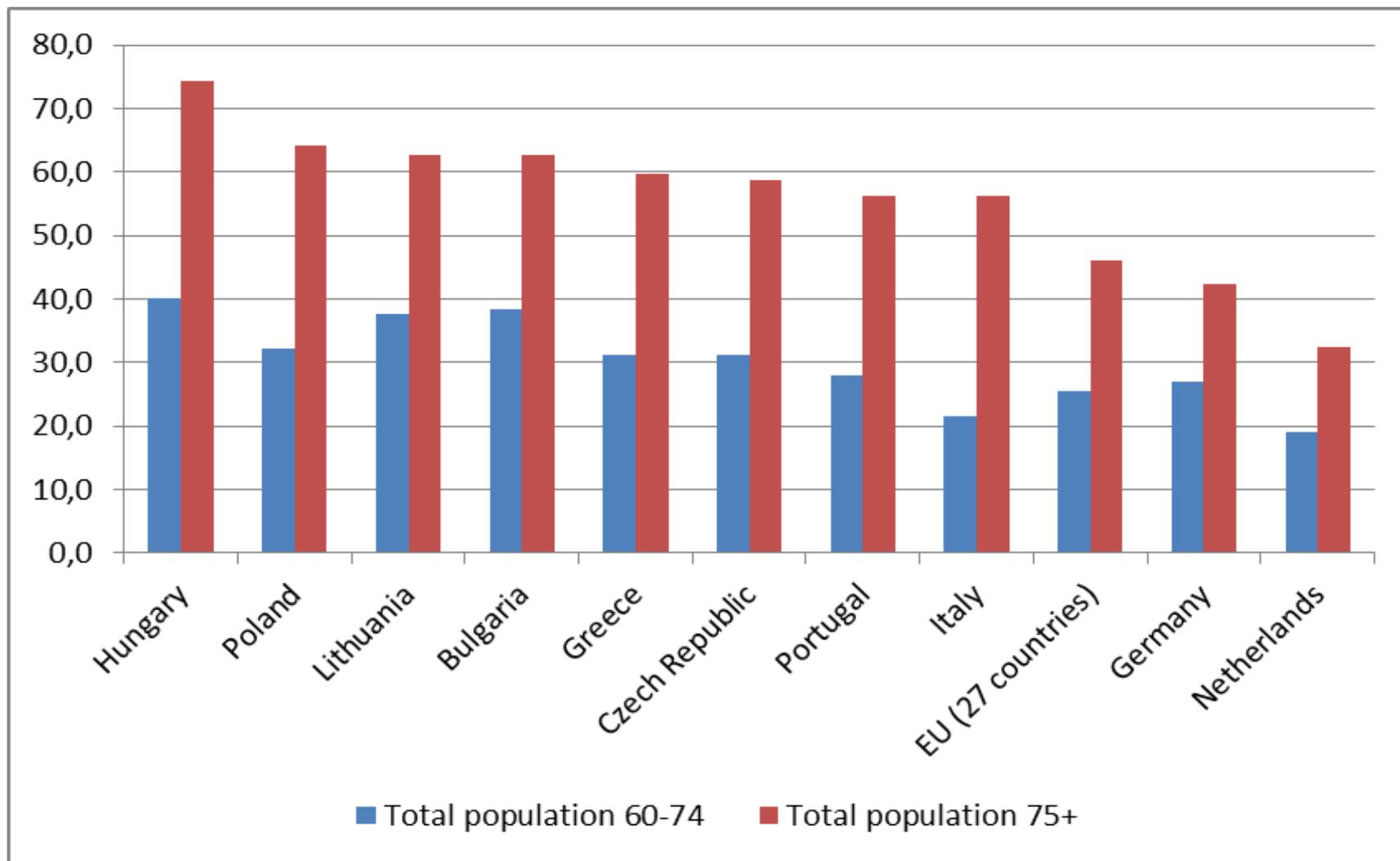
(\*) Provisional.

Source: Eurostat (online data code: demo\_mlexpec)

# Table of results: disability prevalence

## Health and Social Integration Survey (EHSIS)

### 2012 Eurostat



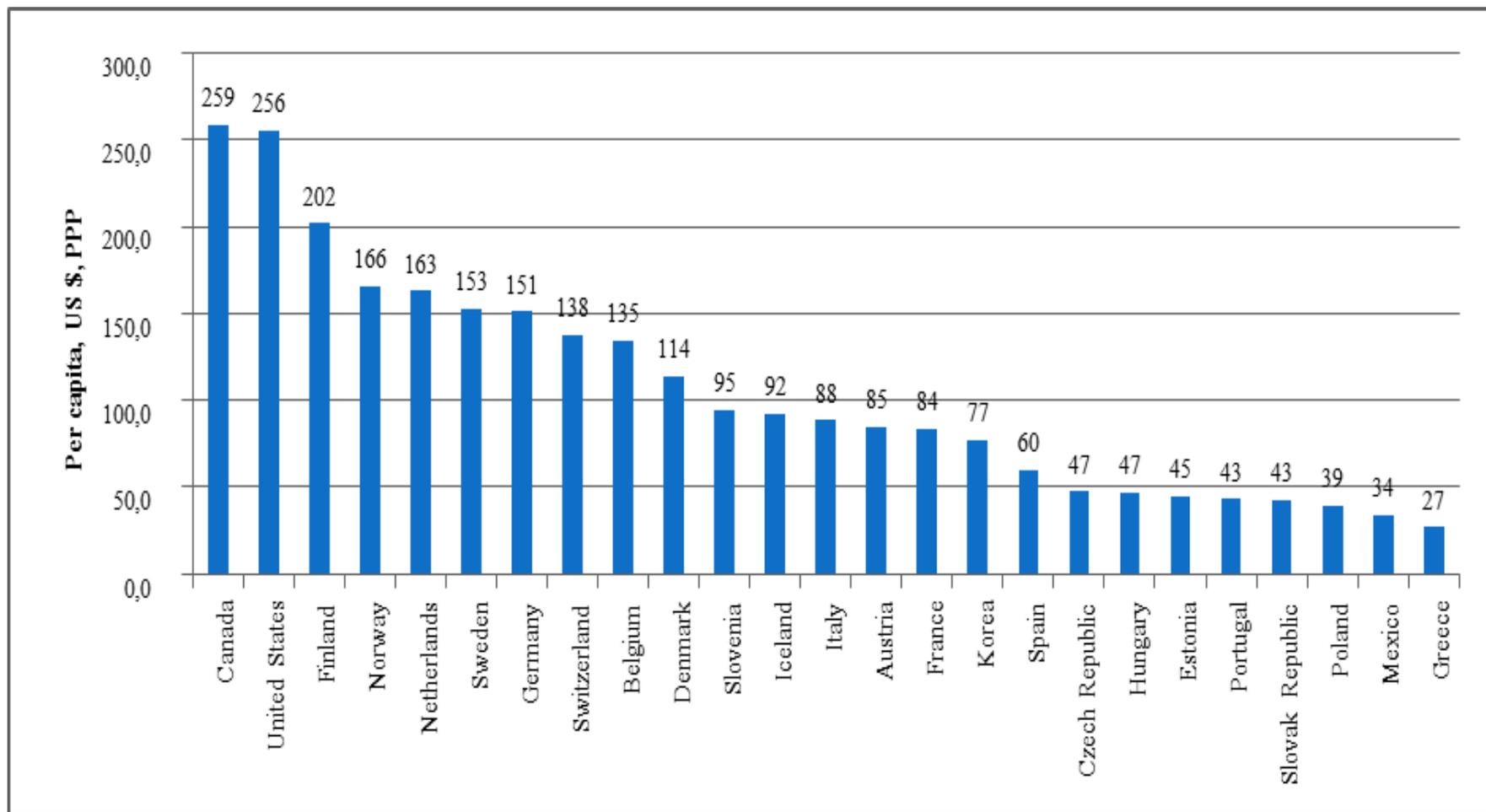
# Funding: sources of payment for HP

National budget and local governments' budgets  
General taxation  
Local taxes  
Earmarked taxes

Other sources:  
Private insurance schemes  
Individual payments  
Sponsors  
International sources

Social health insurance:  
Special-purpose programmes within general insurance premiums  
Additional payments for health programmes

# Financing: Expenditures on public health and prevention OECD 2013



# Institutional arrangements by analysed countries (examples)

Analysed countries	Key institutions for health promotion generally and for HP4OP as well	Functions of these institutions
Poland	<p>Central government  <b>Ministry of Health with public health experts (National Health Institute)</b>  <b>Regional and local (municipalities, communities) self-governments</b>            Institutions of health sector – e.g. primary care            NGOs              Media</p>	<p>Initiative of legislation  <b>Creation of strategies and programmes, consulting and negotiating</b>  <b>Planning of actions, performance of some actions</b>            Information, education, prevention            Implementation of own actions and actions assigned by governments and other public agencies, Advocacy              Information and education</p>
The Czech Republic	<p>Central government  <b>Ministry of Health with National Institute of Public Health</b>  <b>Ministry of Labour and Social Affairs</b>              Regional institutes of public health and public health authorities  <b>Municipalities, communities,</b>            Institutions of health sector, e.g. hospitals, residential care facilities            NGOs</p>	<p>Legislative initiative  <b>Planning (setting policy goals), research coordination in health promotion</b>  <b>Planning (setting policy goals) with respect to ageing policy, supervision of long-term care</b>            Planning, monitoring and control  <b>Implementation of health promotion programs</b>            Implementation of health promotion programs,              Empowerment of older people</p>
Hungary		
Bulgaria		
Lithuania		

# Institutional arrangements by sectors

Sectors	Function in HP4OP	HP4OP activities	Target groups
Central Government	Legislative initiative to establish public health/health promotion and prevention law Preparing strategic documents	Programs, research, policy/strategy	Entire population
National Health Institute	Knowledge building on healthy life style		
Regional and local government	Information Motivation and encouragement Advocacy Knowledge building and dissemination Education Organising primary and secondary prevention and health promotion	Strategies and policies on the local level, activities undertaken by particular professionals on the local level (e.g. initiatives)	Residents of a given region and community
Health Sector MH Payer/insurance body Primary care	Primary and secondary prevention delivery Information and Education	Within service delivery – oriented on health conservation, improvement, postponing of health conditioning worsening, promotion of expected life style (improving health – diet/physical activity recommendation)	Patients – ill people

# Institutional arrangements by sectors

Sectors	Function in HP4OP	HP4OP activities	Target groups
Enterprise sector - health at workplace	Prevention of occupational risks Health Promotion Information Motivation and encouragement Advocacy Knowledge building and dissemination Education	Regular checking of workers, diagnostics and other services within occupational medicine service and professionals Ergonomics Programs/ training organized at the workplace	Employees and employers
Voluntary sector	Information Motivation and encouragement Advocacy Knowledge building and dissemination Education Social inclusion and participation	Actions of different kinds addressed to older population in need in different settings (determined by the NGO type and mission)	Selected groups
Social Sector	Information Motivation and encouragement Education	Accompanying social service delivery, direct contact with professionals (advocacy for life style/ habits change, personal support )	The vulnerable population
Sport and Leisure	Information Motivation and encouragement Knowledge building and dissemination	Education programs realization, sport/ physical activity support and organization	Athletes, coaches, managers

# Policies

- Healthy aging policy of the European Union
- Healthy aging policies in analysed countries

# Comparative perspective

- Comparative study on funding and financing of HP4OP in European countries
- Comparative analyse on institutional and financial dimension of HP4OP based on analysed country profiles
- Comparative analyse on sectors and organisations provided HP4OP programs and interventions
- Assessment of health promotion policies in European countries

# Deliverable 5: Country Case Reports and Factsheets

Country profiles on institutional and financial dimension of health promotion for older people

- The Netherlands 
- Germany 
- Italy 
- Portugal 
- Greece 
- Poland 
- Hungary 
- Bulgaria 



# Deliverable 7: Set of policy papers and policy briefs

## Research and Policy Papers:

1. Health Status and Life Style of Older People in European Countries. Literature and Database Overview
2. Health Status of Older People. Evidence from Europe
3. Predictors of Healthy Ageing in The Population Living at Home. Public Health Policy Targets
4. Analysis Based on The Shelter Research for the Institutionalized Population
5. The Analysis of Health Promotion Interventions Addressed to Elderly Persons

## Policy Briefs:

1. Public Health Activities: Bringing Theoretical Considerations to The Attention of Decision-makers
2. Health Status and Lifestyle of Older People in European Countries
3. Health Promotion Interventions: Effective in Elderly Population

# Deliverable 7: Set of policy papers and policy briefs

## Policy Briefs based on research papers:

- Funding mechanisms for health promotion in Europe: a lack of money or a lack of information?
- Good practice physical activity programs for older adults in EU
- Physical Activity on prescription – moving slowly towards healthy ageing
- Is there a rationale for out-of-pocket payments in health promotion and prevention for elderly?
- Mapping the benefit of economic evaluations of health promotion interventions for older people

# Publishing of results

## Common initiative of project partners

Publisers	Topic	Form	Responsible Partner
BMC Research	Theoretical, methodological i comparative aspect of the project	Special Issue 2016	MU Maastricht
Zeszyty Naukowe Ochrony. Zdrowie Publiczne i Zarządzanie [Scientific Issues of Health Protection. Public Health and Governance]	Institutional and financial dimension of health promotion for older people (HP4OP) in analysed countries Country reports	Number 1/2017	UJ CM Krakow
	Sectoral analysis of HP4OP		Universita Catholica de Sacro Cour in Rome
	Analysis of HP4OP policies		MU Maastricht
	Manual of Good Practices in Health Promotion for Older People		UJ CM Krakow

## Next steps

- Deliverable 8: Set of policy papers and policy briefs: based on research of WP 6 and WP 8
- Preparing Manual and conducting trainings of HP4OP in Poland and Netherlands
- Final report
  - Research results based on WP reports: WP4, WP5, WP7, WP 8
  - Trainings results – outcome of the project
  - Technical part
  - Financial part



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**PRO HEALTH 65+**

**Health Promotion and Prevention of Risk – Action for Seniors**

ProHealth 65+ is focused on health promotion and prevention of health risks among seniors. The project seeks to determine effective methods of promoting a healthy lifestyle among older population groups by bringing together knowledge and experience of main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners: Portugal, Greece, Bulgaria, Czech and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

The project is coordinated by the Jagiellonian University in Cracow which cooperates in this process with the Maastricht University. Two other associated partners are Università Cattolica del Sacro Cuore from Rome and Universität Bremen. As much as 32 persons are involved with different disciplinary backgrounds including epidemiology, medical sociology, health economics, politology, law, social communications. The project is led by Stanisława Golinowska (leader) and Andrzej Kropiwnicki (manager) as well as heads of work packages: Milena Pavlova, Beata Tobiasz – Adamczyk, Mariusz Duplaga, Walter Ricciardi, Wim Groot, Heinz Rothgang, Cezary W. Włodarczyk, Stojgniew Sitko.