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PRO-HEALTH 65+
Health promotion
Prevention of risk
Action for seniors

Knowledge deficits of street-level health promoters

an exploratory study

dr Maria Rogaczewska, JUMC
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Aim of the study

The aim of the study was to explore the extent, scope and variation of existing knowledge deficits of health promoters for older people in Poland and thus to identify any **major training needs** in relation to promoting the health of older people and be able to design the future training program (*trainings-for-trainers*).

Methodology

The study has been based on two research methods:

1/ on-line questionnaire targeted at purposefully selected respondents from **4 areas**: **health service; social care services; NGO focused on services for seniors; policy makers and local government**

2/ additional 10 qualitative in-depth interviews with experts in the field (experts where taken from 4 areas as well) + **some elements of institutional etnography.**

The on-line questionnaire has been designed to be exploratory, not representative.

Purposive sampling has been used because there is a limited number of respondents that have expertise in the area being researched.

Qualitative interviews have been designed to discuss and deepen the conclusions drawn from the results of on-line questionnaire

Summary of the research

The on-line questionnaire has been completed by 41 respondents, representing 38 various institutions, from all regions of Poland (Universities of Third Age; NGOs; regional and local health departments of local governments; medical doctors)

The experts selected for in-depth interviews included: the Director of Institute for the Development of Social Services (IRSS); the representative of General Practitioners College; representatives of NGO focused on services for seniors; representative of center of psychiatry for seniors; representatives of local government.

The questionnaire is still open to respondents to cover all the regions and include more respondents

Answers to the research questions

What are the main functions of health promotion implemented by particular institutions?

- providing general information about health and health risks – 81 %

- education for better health - 90%

- primary prevention - **33%**

- screening and diagnostics - 41%

- motivating people for healthier life - 90 %

-lobbying on various levels for the health of seniors and giving voice to grass-roots health promoters – **36 %**

Answers to the research questions

Priorities of health promotion for seniors – percentage of initiatives from various fields:

Physical activity	**85% (mostly local projects)**
Emotional health and social bonds	**55% (mostly local projects)**
Healthy eating	**45% (mostly local projects)**
Prevention of obesity	**31% (mostly local projects)**
Immunisation	**25% (mostly regional projects)**
Prevention of falls	**24% (mostly local projects)**
Prevention of addiction to alcohol and smoking	**20% (mostly local projects)**
Sexual health	**5% (only individual cases)**
Home safety and warmth	0,0%

Answers to the research questions

The access to trainings and continuing education in the fields of health promotion and prevention – 21% often take part in such trainings, 54% very rarely or never.

The access to knowledge about health promotion for seniors; how this knowledge is managed and stored in an organization; how model/ good practices are used and collected – 68% do not collect such information or good practices; only 10% do it regularly;

Sources of knowledge: they use mostly their own intuition, experience (75%) and Internet, accessible books/articles (50%). Not more than 20% complete their own local diagnosis or do their own research

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Answers to the research questions

Knowledge deficits and needs reported on 4 levels:

- individual level (initiatives for improvement of individuals health condition: rehabilitation, nutrition, physical activity)

Knowledge about good practices from other countries	**72%**
Knowledge about validation, evaluation and impact assessment of such projects	**36%**
Knowledge about designing and inventing such projects	**63%**
Knowledge about financing and fund-rising	**86%**

Answers to the research questions

Knowledge deficits and needs reported on 4 levels:

- infrastructure level (initiatives for improvement of home conditions, heating, recreational space, access to public services)

Knowledge about good practices from other countries	**59%**
Knowledge about validation, evaluation and impact assessment of such projects	**40%**
Knowledge about designing and inventing such projects	**50%**
Knowledge about financing and fund-rising	**59%**

Answers to the research questions

Knowledge deficits and needs reported on 4 levels:

- institutional level (modernization of health institutions, access to public, private and non-profit institutional service, inter-sector co-operation)

Knowledge about good practices from other countries	**59%**
Knowledge about validation, evaluation and impact assessment of such projects	**45%**
Knowledge about designing and inventing such projects	**54%**
Knowledge about financing and fund-rising	**59%**

Answers to the research questions

Knowledge deficits and needs reported on 4 levels:

- local communities level (social bonds in local environment, local mobilization, community support, community programs)

Knowledge about good practices from other countries	**63%**
Knowledge about validation, evaluation and impact assessment of such projects	**45%**
Knowledge about designing and inventing such projects	**63%**
Knowledge about financing and fund-rising	**77%**

Main conclusions of the study

majority of so-called “Active Aging” or “Healthy Aging” initiatives of respondents are not based on scientific knowledge (gerontology, geriatrics, psycho-geriatrics etc.)

2. The major barriers in access to knowledge are: lack of finance; deficit of time; deficit of accessible good trainings offer.

Only 9% said that they will not know how to use the knowledge.

3. **The majority of respondents would like to get regular access to such knowledge to support their initiatives.**

4. The 3 most preferred channels for communicating knowledge are: special web portal; seminars & trainings; networking among different sectors; activists and experts joint meetings. The least preferred- e-learning and webinars .

5. The goals that could be reached if knowledge was delivered: **Rise of knowledge of seniors ; Rise of knowledge of health sector workers and GPs; Engaging all generations in community projects; Synergy and partnerships; Financially sustainable initiatives; More support from local government and policy makers.**

Main conclusions from qualitative part

1. **Scientific Knowledge resembles a genuine** "Prada" bag – it is luxury – only richest institution can afford to buy it, actualize it, to engage actively in knowledge retention, knowledge management.

2. Pharmaceutical business and medical doctors in Poland have almost none or very little interest in supporting health promotion for older people. It would be extremely difficult to build alliances with them.

3. There are great disproportions in knowledge between executive staff and street-level staff (especially in social care institutions and NGO)

4. Responsibilities of institutions are dispersed and vaguely defined

5. Extremely low empowerment of patients – huge power distance between them and professional medical staff (Citizens' Health Empowerment movements are needed)

6. Very selective interventions (mostly physical activity and community engagement), based on common-sense intutions.

7. **Syndemics – synergy of health and social problems (shock of retirement; isolation; behavioral addictions; obesity; depression and mood disorders).**

Thank you for your attention!

maria.rogaczewska@uj.edu.pl