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of the European Union



# HEALTH PROMOTION FOR OLDER PEOPLE INSTITUTIONAL AND FINANCIAL DIMENSION **Country profile – POLAND**

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# Outline

1. Introduction
2. Facts positively assessed
3. Main limitations and barriers in planning and implementing health promotion programs
4. Recommendations



# Content of the Report

## **Introduction**

- 1. Position of public health and health promotion in the health sector in Poland**
- 2. Funding of Public Health and Health Promotion – potential sources and main institutions**
- 3. Financing of health promotion interventions for older adults**
  - 3.1. Health promotion for older people performed by local governments**
  - 3.2. Health promotion for older people performed and provided by voluntary sector**
  - 3.3. Health promotion for older people in the health sector**
- 4. Conclusions and discussion**
- 5. Recommendations**



# Facts positively assessed

- Level of funding
- Diversification of financial resources
- Legal acts
- Tremendous number of initiatives and programs

# Level of funding

	2000	2007	2010	2013	Change 2013 to 2000	Change 2013 to 2007
Current health expenditure per capita, constant prices OECD base year in zloty	1171.0	1728.6	2104.1	2254.1	+92.49%	+30.4%
GDP per capita, national currency at GDP price level 2005 in zloty	22101.3	29412.9	32598.1	35333.9	+60.64%	+24.11%
Current health expenditure as % of GDP	5.3	5.9	6.5	6.4	+1.1	+0.5
Share of prevention and public health services in current expenditure on health	-	2.4	2.1	2.6		



# Diversification of financial resources

- Public funding
  - National Health Fund
  - State Budget
  - Local governments
- Private funding
  - Corporations and Business
  - Private households
  - Foundations

# Legal acts

- Law on public health, dated 11 September 2015 (Journal of Laws 2015, Item 1916 as amended)
- Law on Therapeutic Activity dated 15 April 2011, dated 15 April 2011 (Journal of Laws 2011, No. 112, Item 654, as amended)
- Law on Health Care Services Financed from Public Sources, dated 27 August 2004 (Journal of Laws 2004, No. 210, Item 2135, as amended)
- Law on local self-government, dated 8 March 1990 (Journal of Laws 1990, No. 16, Item 95, as amended)
- Law on powiat self-government, dated 5 June 1998 (Journal of Laws 1998, No. 91, Item 578, as amended)
- Law on voivodeship self-government, dated 5 June 1998 (Journal of Laws 1998, No. 91, Item 576, as amended)
- Different Ministry Regulations and Decrees of the National Health Fund President

# Examples of initiatives and programs

- Program for Social Participation of Senior Citizens (ASOS)
- „Senior – Wigor”, started by the Ministry of Labour and Social Policy
- „Golden Autumn” as a part of the Development Strategy for the Opolskie Voivodship until 2020
- “SENIOR CAPITAL” (Develop human capital of seniors to increase their economic and social value in a knowledge based and competitive economy) in Sopot
- "The Golden Age,, in Krakow (focused on educational activities and preventing unhealthy lifestyle)
- PASIOS (Program for social activity and integration of older people) in Krakow
- Variety of initiatives by the MANKO Association – e.g.: “Senior’s Voice” magazine; Senioriada and Senior’s Days, “Nationwide Senior’s Card”
- Organisation „Forum 50+. Seniors of the XXI century”





# Main barriers in planning and implementing health promotion programs

- Coordination and cooperation within the sectors and with institutions from other sectors
- Long term financial sustainability of specific initiatives
- Insufficient evaluation of programs' cost-effectiveness
- Deficits in human resources and management skills
- Bureaucratic burdens
- Dominating stereotype concerning health promotion for older people

# Crucial recommendations I

1. Bringing together all the stakeholders active in health promotion/ health promotion for older people to achieve better coordination of different programs and activities.
2. Building of a comprehensive publicly accessible database of all implemented in Poland programs and activities aimed at improving the socioeconomic and health status of the elderly to identify over- and under-provision fields with health promotion services, and to address selected problem areas, with examples of policies that have a proven record of efficiency.
3. Integration of selected local public health programs to achieve better results and improve their cost-effectiveness.

## Crucial recommendations II

4. Implementation of the system for mandatory monitoring and evaluation of national and local programs and their effects and mandatory comprehensive cost-effectiveness analysis and quality control instruments to identify the best practices and subsequently eliminate or modify programs which are not cost-effective.
5. Stabilization of the sources of financing of health promotion programs for the older adults.
6. Changing of contracting rules to allow Public Benefit Organizations reasonable prospective annual budgeting and reduce the reliance on PBOs own contributions.
7. Developing of new instruments triggering positive incentives for intensification of health promotion activities in the health sector.
8. Improving the education of medical and non-medical personnel to increase their competences in the promotion of healthy lifestyle of patients and to develop needed social and communication skills.