

# PRO HEALTH 65+

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



### PROJECT POLICY BRIEF 11

September 2016

---

#### Roberto Falvo

Department of Public Health,  
Università Cattolica del Sacro  
Cuore

#### Andrea Poscia

Department of Public Health,  
Università Cattolica del Sacro  
Cuore, Rome, Italy

---

## COUNTRY PROFILE – PORTUGAL

### Health Promotion for the Elderly in Portugal: Context and Policies

#### ABSTRACT

In Portugal, health promotion for the elderly (HPFE) is a relevant issue. National programs such as the National Health Plan 2016-2020 include strategies to tackle this top priority problem by facilitating health promotion, providing access to health and social services and reducing chronic diseases. Health Promotion Funds are provided mainly by the Ministry of Health but also by the Ministry of Labour, Solidarity and Social Policies. However, institutions can also access European and other funds to develop initiatives in this field. Regional Health Administrations adopt health plans according to programs outlined at national level and the Groups of Health Centres guide implementation at local level with the help of dedicated units that work within the primary health care context. Private Institutions for Social Solidarity, NGOs, municipalities, the voluntary sector and other stakeholders. Portugal has established general health promotion policies and specific programs for the elderly. Nevertheless, HPFE programs are not implemented in the same way throughout the country due to differences at regional and local level, inadequate resources and the difficulty some health professionals encounter in addressing HPFE.

**Disclaimer:** This policy brief arises from the project Pro-Health65+ which has received funding from the European Union, in the framework of the Health Programme (2008-2013). The content of this publication represents the views of the authors and it is their sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.



Co-funded by  
the Health Programme  
of the European Union

## INTRODUCTION

In 2014, life expectancy at birth in Portugal was 76.7 and 82.6 years for males and females, respectively, and according to the “Índice Global de Envelhecimento, 2013” the percentage of the elderly population is expected to rise from the current 26.6% to 40.4% by 2050. Similar data were reported by EUROSTAT in the population projections of the 2010 EUROPOP project. Ageing, dependence and longevity indexes are all increasing (127.8, 28.8, and 47.9 respectively, in 2012) and 72% of the population is living in urban areas.

Chronic diseases are more widespread, and the main causes of mortality are circulatory and cerebrovascular diseases and malignant neoplasms. Moreover, in 2012, the standardized mortality rate for obesity and hyperalimentation in the 65+ age group was 7.3 per 100.000 (double the figure for 2007: 3.4 per 100.000) with women recording a higher rate (9.2 per 100.000 vs. 4.3 per 100.000).

Due to the recent economic crisis, there are many inequalities and inequities in regions and social groups. In 2014, Portugal had a Gini coefficient (a measure of statistical dispersion representing the income distribution of a nation's residents, which is near to zero when there is perfect equality) of 34.5 and an income quintile share ratio S80/S20 of 6, indicating an increased risk of poverty among certain groups of the population, such as the elderly. Governments have been (and still are) sensitive to the aforementioned issues and have undertaken a wide-ranging set of structural reforms to obtain fiscal sustainability and improve the efficiency and quality of the health care system. Health promotion for the elderly is considered to be a priority issue.

## POLICY CONTEXT

Before the Carnation Revolution in 1974, healthcare in Portugal was in the hands of social health insurances administered by sickness funds. In 1976, Art. 64 of the Portuguese Constitution declared health protection and promotion to be rights and that a free, universal, national health service would guarantee these rights. In accordance with this declaration, the Portuguese National Health Service (Serviço Nacional de Saúde - SNS) was created on 15 September 1979.

The Basic Health law n°48/1990 (Lei de Bases) and Law 23/93 that established the Statute of the National Health Service, were milestones in the development of a universal, tax-based, National Healthcare System (NHS). Nevertheless, health subsystems, financed mainly through employee and employer contributions, still cover about 20-25% of the population and a private voluntary health insurance - VHI - provides additional coverage for 10–20% of the population.

Decree n. 86-A/2011, Lei Orgânica do XIX Governo Constitucional and Decree n. 124/2011, Lei Orgânica do Ministério da Saúde, centralised the planning, financing and management of the health care system and several institutions are controlled by the Ministry of Health (MoH). In particular, the Directorate General of Health (DGH) is the institution that plans, regulates, coordinates and supervises all health promotion and disease prevention activities and establishes the technical conditions for providing health care. The DGH is also responsible for public health programs, quality and epidemiological surveillance, health statistics and for the design, evaluation and implementation of the National Health Plan (such as the NHP 2004 - 2010, NHP 2012 – 2016 and its extension to 2020). The National Institute of Health is responsible for monitoring activities.

Regional Health Administrations - RHAs (Administrações Regionais de Saúde - ARS) are responsible for implementing national health policies and managing the NHS at regional level. Decree n. 28/2008 (February 22nd) placed the Health Centre Groups (Agrupamentos de Centros de Saúde-ACES) under the authority and administration of the RHAs. These Groups comprise a set of functional units that ensure the provision of primary health care to a given population and geographical area by means of health promotion, disease prevention, treatment and follow-up care.

At local level, providers with different legal status such as public entities, private companies and non-profit organizations play a fundamental role in the realization of systemic objectives and successful health promotion. They work together with municipalities to implement specific HPFE projects. In fact, over the last ten years, initiatives such as the “Projeto de Capacitação em Promoção da Saúde – PROCAPS” (Capacity Building in Health Promotion) have been undertaken in cooperation with municipalities to promote greater traffic and pedestrian safety, encourage physical exercise, improve housing, and implement WHO concepts of age-friendly cities and healthy aging. These projects were partially funded by the Ministry of Territorial Planning.

In the Portuguese healthcare system, a central role in health promotion for the elderly is played by Private Institutions for Social Solidarity (IPSS) and other NGOs, that obtain funding from the Ministry of Health and the Ministry of Social Solidarity to provide permanent integrated care (Rede Nacional de Cuidados Continuados Integrados - RNCCI, established under Decree n. 101/2006).

## EVIDENCE AND ANALYSIS

### DATA POOL

On the basis of expert opinions described by Sitko et al. (2016) “Institutional Analysis of Health Promotion for Older People in Europe - Concept and Research Tool” published in BMC Health Services Research 16(Suppl 5):327, the most relevant fields engaged in HP4E in Portugal were identified as the health, social assistance and regional/local authority sectors.

Data on health promotion for the elderly in Portugal were collected, pooled and analyzed after searching government websites, strategic documents, and publications on health promotion programmes and projects. Furthermore, national and international reports and databases such as Eurostat, Pubmed, WHO, World Bank, OECD, PORDATA etc. were used to describe the HPFE context, and the way this has evolved and been implemented.

Data collection included the responses of three versions of the PRO-HEALTH65+ questionnaire administered to experts at national, regional and local level. The criteria used to select experts were: a minimum of 3 years of experience in HP4E at institutional central and local level; a specialization in public health, health promotion or related fields; direct experience in NGO management and administration; considerable working experience in the social and voluntary field. Questionnaires were sent by email to the experts indicated by the Portuguese ProHealth65+ partner and/or administered directly by an interviewer during a face-to-face meeting at the respondents' workplace.

In addition to those included in the questionnaires, other topics were investigated such as the human and financial resources involved in the development of HP4E; cooperation with street level workers involved in the realization of HP4E programs; the characteristics of HP4E programs; support from public authorities; the

involvement in HP4E of health or social sector institutions, NGOs and media; the evidence-based knowledge used in the planning and development of HP4E activities and lastly the main limitations and barriers in the realization of projects.

## FINDINGS

In Portugal, health promotion is considered an important issue, especially for disadvantaged groups such as the elderly. Although Portugal has no specific and permanent nationwide program on health promotion for the elderly, information collected through the PRO-HEALTH 65+ questionnaires and interviews showed that, several projects and activities are carried out in this field.

The Ministry of Health and the Ministry of Labour, Solidarity and Social Security are the institutions mainly involved in the direct or indirect financing and promoting of HP4E projects. Some activities are also sponsored by the Ministry of Territorial Planning.

In the health sector, the Directorate-General of Health (DGH) regulates, guides and coordinates health promotion and disease prevention activities and establishes the technical conditions for the proper provision of health care. The Regional Health Administrations develop, implement and monitor regional health plans based on strategies defined in the National Health Plan and other DGH guidelines. The implementation of these plans is in the hands of the Health Centre Groups (Agrupamentos de Centros de Saúde-ACES) and their primary care units that act in accordance with local health plans.

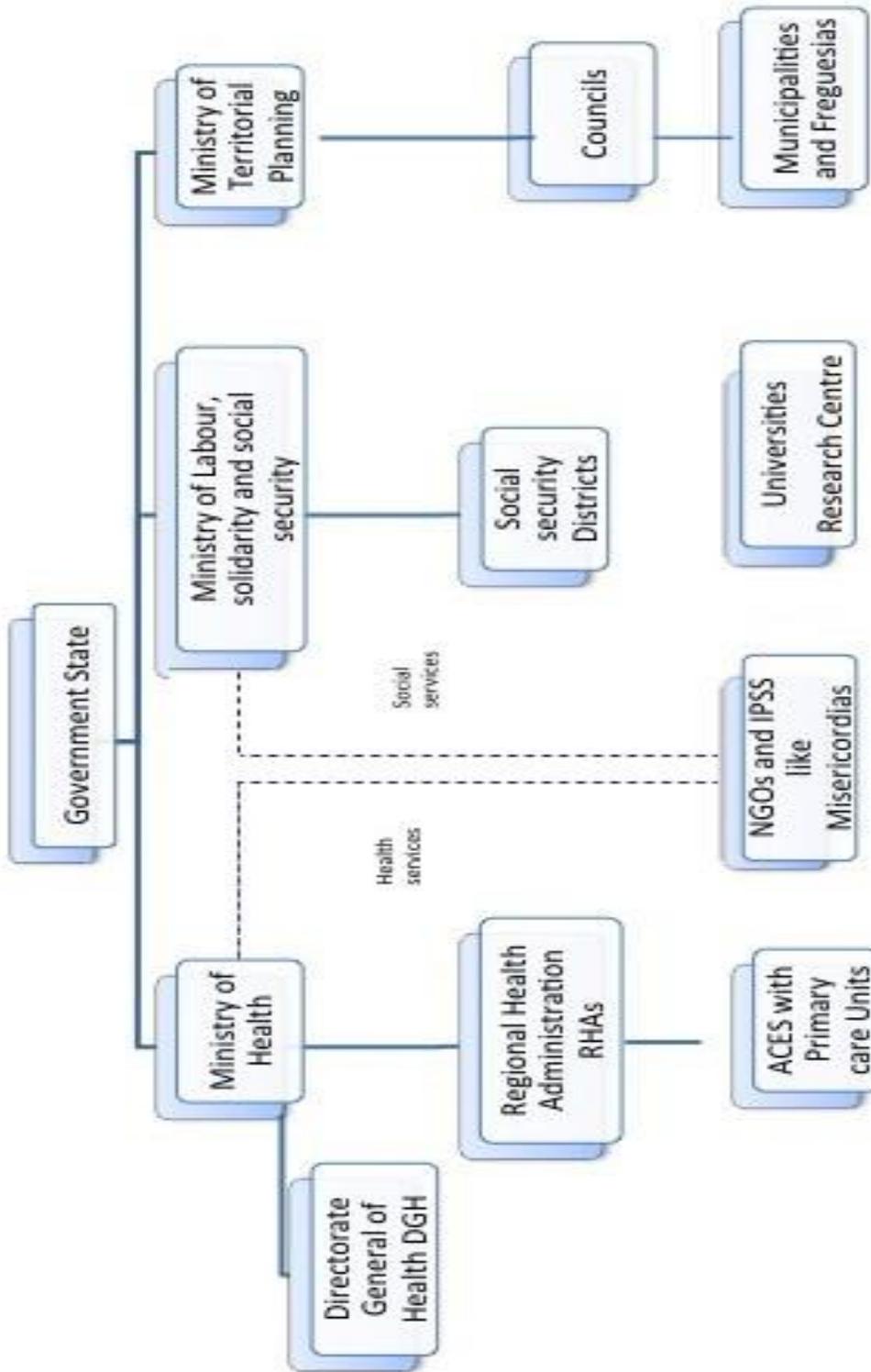
In the social assistance sector, NGOs play an important role in HP4E. One of the most important actors in the Network of Permanent Integrated Care Units financed by both the Ministry of Health and the Ministry of Labour and Social Solidarity are the Private Institutions of Social Solidarity (IPSS). Moreover, regional authorities can also adopt specific plans for social activities (Planos Regionais de Acção Social – PRAS and Planos de desenvolvimento social) depending on funds released by the Ministry of Labour, Solidarity and Social Security, or other types of funding such as that provided by the EU.

At local level, municipalities and freguesias (small administrative districts where members are elected directly by the people) can coordinate (under the control of the Ministry of Territorial Planning) specific HP4E projects, if these issues are considered to be a top priority in that area.

In Portugal, the main difficulties in implementing HP4E are due to the lack of an all-inclusive program for health promotion for the elderly (especially specific HP4E funding), and the number of stakeholders involved. In the first instance, HP4E activities and projects are part of broader national programs, which means that funds can be used for other more important objectives. In the second case, the players involved in HP4E management are institutions belonging to both health and social assistance sectors and to different levels of decision making: Ministries, Regional and Local Government institutions, NGOs such as IPSS etc. Consequently, it is difficult to adopt a systematic approach to HP4E.

The implementation of HP4E is further limited by cuts in health and social care funds, the shortage of public health doctors, poor understanding of health promotion for the elderly on the part of health professionals, the difficulty GPs encounter in dedicating more of their time to this issue.

Figure 1. Overview of the actors involved in HP4E activities



Extension of the 2012-2016 National Health Plan to 2020 provides an opportunity to address some of the aforementioned issues and determine strategies for promoting healthy lifestyles, citizenship, active ageing and quality in health care. The new objectives of the 2020 plan are: a 20% reduction in premature mortality before the age of 70 years, a 30% improvement in healthy life expectancy and also a reduction in risk factors related to non-communicable diseases. The aim of the latter is to reduce by 2020 the prevalence of smoking in the population aged  $\geq 15$  years, to eliminate exposure to environmental tobacco smoke, and to control the incidence and prevalence of overweight and obesity in children.

As regards health inequalities and lack of uniformity in access to health systems, even though the economic crisis has had a severe impact on the country and municipalities have faced great difficulty in obtaining financial and technical resources on account of austerity, a network of age-friendly cities has been created in accordance with the WHO concepts of healthy and active ageing. Furthermore, the Portuguese Healthy Cities Network has been developing a National Roadmap for Health to urge all municipalities at regional and local level to address inequalities and engage local politicians in interventions and advocacy.

These activities demonstrate the Portuguese government's commitment to improving health policies that also include health promotion for the elderly.

## IMPLICATIONS AND RECOMMENDATIONS

### EUROPEAN LEVEL

- Ensure a broader engagement of elderly patients and the general public in the health system and health promotion decision-making by strengthening Public Health Departments and supporting the development of partnerships between Public health specialists and other health professionals including family doctors, nurses and pharmacists (given the degree of confidence and credibility they have among the population).
- Improve health information and promotion capacity on both old and new information channels: the Internet and WEB 2.0 channels (including social media) are already being used by a part of the elderly population, so it is essential to promote "new" concepts such as e-health, health literacy, empowerment.

### NATIONAL LEVEL

- Improve inter-sectorial governance actions: decisions and investments in health promotion should be planned and undertaken in collaboration with all the Ministries involved, so as to influence overall effectiveness of the programs.
- Clarify the role of the private sector, IPSS and the NGOs in the management of the elderly through a coherent policy framework: regulate and ensure compliance with requirements for public reporting, standards of quality and safety, rules for dual employment, and pricing and payment mechanisms.
- Reduce barriers and make health care services more affordable: the relatively high level of out-of-pocket spending on health care services in Portugal requires policies to reduce their impact, particularly on elderly and disadvantaged households.

## RESEARCH PARAMETERS

### PROJECT FOCUS

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 from Portugal, Greece, Bulgaria, Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

### PROJECT OVERVIEW

Pro-Health 65+ project corresponds with directions of the EU strategic Health Program (the Second and Third Health Program). The project is focused on 'Investing in Health' as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programs implemented by well-informed and efficiently operating health promoters. It is targeted at the elderly with the intention of providing them with good health and good quality of life, and enabling them to be active and socially integrated (Healthy Aging). It will be implemented as a collaborative project in close cooperation with partner countries using a variety of research and institutional experience. It will be important to add the project activities to other European and national activities so that they are complementary and compatible.

### METHODOLOGY

This project is about research and implementation. It will use two sets of tools. For research, we will accumulate and develop knowledge: analyze previous studies related to the subject of health status of older people and the health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyze institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically review cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters in the project countries.

### EXPECTED OUTCOMES

Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGOs activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analyzing different institutions of public health, legal basis, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge on possibilities and barriers related to promoting health. The project will contribute to the application of relevant health promotion methods in joint actions in the field of public health.

## PROJECT IDENTITY

<b>PROJECT NAME</b>	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
<b>COORDINATORS</b>	<b>JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE</b>  Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
<b>ASSOCIATED PARTNERS</b>	<b>JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE</b> <a href="http://www.uj.edu.pl">www.uj.edu.pl</a> Principle investigator: Prof. dr. hab. Stanisława Golinowska  <b>MAASTRICHT UNIVERSITY</b> <a href="http://www.maastrichtuniversity.nl">www.maastrichtuniversity.nl</a> Principle investigator: Prof. dr. Wim Groot  <b>UNIVERSITÀ CATTOLICA DEL SACRO CUORE</b> <a href="http://www.unicatt.it">www.unicatt.it</a> Principle investigator: Prof. dr. Nicola Magnavita  <b>UNIVERSITÄT BREMEN</b> <a href="http://www.uni-bremen.de">www.uni-bremen.de</a> Principle investigator: Prof. dr. Heinz Rothgang
<b>FUNDING SCHEME</b>	Pro-Health65+ which has received funding from the European Union in the framework of the Health Programme (2008-2013)
<b>DURATION</b>	August 2015 – July 2017 (36 months)
<b>BUDGET</b>	EU contribution: 960 165 Euro
<b>WEBSITE</b>	<a href="http://pro-health65plus.eu">http://pro-health65plus.eu</a>
<b>LINKEDIN FORUM</b>	<a href="https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about">https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about</a>
<b>FOR MORE INFORMATION</b>	<b>PROJECT OFFICE</b> Anna Najduchowska, leader's assistant Jagiellonian University Medical College ul. Grzegórzecka 20, 31-531 Kraków, Poland Tel: +48 12 433 28 09 / +48 603 663 822  <b>E-MAIL</b> <a href="mailto:andrzej.kropiwnicki@uj.edu.pl">andrzej.kropiwnicki@uj.edu.pl</a> <a href="mailto:anna.najduchowska@uj.edu.pl">anna.najduchowska@uj.edu.pl</a>

