

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 12

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COUNTRY PROFILE – GREECE

Institutional and Financial Dimension of Health Promotion for Older People

ABSTRACT

Despite the numerous legislative documents and public health institutions in Greece, the country lacks a comprehensive and robust long-term policy perspective in the public health area. The traditionally higher priority attached to curative care than to public health actions, is the major reason of the shortcomings.

The separation of the public health budget from the budget for curative care is the first essential step in Greece in strengthening the public health services in the country, including health promotion actions for elderly persons.

Health promotion actions for elderly persons do take place in Greece but mainly in urban areas and/or within the framework of EU-funded projects. Government efforts are required to stimulate coordinated public health interventions at the local level focusing on the positive effects of health promotion. The health promotion programs that are successfully implemented, should receive the necessary government support to assure their long-term sustainability.

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INTRODUCTION

The public health concept has been interwoven in many laws and government regulations in Greece. Numerous public health institutions have been also established (e.g. the Central Health Council, the National Council of Public Health, the Health Region Authorities). Yet, a long-term policy perspective in the public health area is still lacking, and coordinated health promotion actions are practically absent. The traditionally higher priority attached to curative care than to public health actions, is the major reason of the shortcomings. This policy brief outlines the major institutional and financing challenges for health promotion in Greece, and specifically for health promotion for older adults.

POLICY CONTEXT

Greece introduced legal provisions in the area of public health already in the nineteenth and early twentieth centuries but only with regard to communicable diseases and without an effective implementation of the legislation in practice. In the mid-twentieth century, the legal and regulatory actions focused on medical care. There were only sporadic public health actions mostly as a response to tuberculosis and sexually transmitted diseases. During the dictatorship period (1967–1974), the first attempt to organize a comprehensive health care system was observed, although this objective was not successfully achieved. Following the democratic changes in 1974, the need for health care reforms became evident and was acknowledged as a major government priority. However, due to the political and medical societies' opposition, the reform proposals were never implemented.

Only in 1983, an effective legislation for the establishment of the Greek National Health System (Law 1397/83) was passed. The ambition was to create a universal coverage and equal access to health services. Nevertheless, the public health actions did not receive much attention in the twentieth century. For the first time in 2003, in the anticipation of the 2004 Athens Olympic Games, the Greek government seriously attempted to control infectious diseases effectively. It should be mentioned however that this effort did not include a well-conceptualized vision and had many shortcomings, including the lack of clarity about jurisdictional boundaries, lines of command, and procedural requirements.

In 2005, a new law was passed (Law 3370), which is still active and regulates the public health actions for preventing diseases, protecting and promoting health, lengthening life expectancy and improving quality of life. The law declares that disease prevention and health promotion are the main functions of public health. Together with this law, the General Secretariat for Public Health and the General Directorate for Public Health were established at the Ministry of Health and Social Solidarity. Their direct responsibility is to implement measures within the framework of the National Action Plan for Public Health, to inspect public health agencies and to monitor and supervise the implementation of EU policies.

Despite this new legislation, public health services in Greece remain of low priority compared to curative care. Also, public health professionals have a rather low status within the National Health System, which results in understaffed public health facilities. Nevertheless, some positive changes are observed, namely health promotion and health education are increasingly perceived as essential for the population health. The perceived importance of a healthy lifestyle is also growing among the Greek population. More policy efforts are however needed to assure a modern and comprehensive system of public health services focused on health determinants and needs of vulnerable groups (for example the elderly and disabled). Such system is still absent in the country.

EVIDENCE AND ANALYSIS

DATA POOL

The data for this policy brief is gathered through a review of key national reports focused on the Greek health system and other country-specific sources. The method of narrative literature review is used. The brief targets the decision-makers in Greece, as well as those elsewhere in Europe, who would like to get insights in the public health developments in Greece.

FINDINGS

NATIONAL HEALTH PROMOTION POLICY GENERALLY AND ADDRESSED AT THE OLDER PEOPLE

The most recent health care reforms in Greece, since 2005, have aimed to assure the financial viability of the health system in the short term and its sustainability in the long term. Nevertheless, the reforms have been criticized for their controversy, clientelism and political influence on the health administration. Overall, a comprehensive and universal health system has not yet been established in Greece. The achievement of this objective has become even more difficult with the start of the latest economic crisis. There is an overall lack of sufficient buildings, basic technological equipment and computerization, as well as a lack of a fair distribution of the limited public health resources and understaffing. This contributes to poor quality and inequalities in access, especially for the elderly persons.

The system organizational culture is dominated by clinical medicine and hospital services, without an adequate attention and support for public health activities. It is therefore not surprising that the percentage of Gross Domestic Product (GDP) that Greece allocates to public health is rather low (see Table 1). The public health resources, and in particular resources for health promotion and primary prevention, are insufficient and their level is unstable. The processes of allocating funding to primary prevention and health promotion are not transparent, and are influenced by political interests.

Table 1. Health expenditure – Greece (data for 2013).

Overall indicators:	Selected functions as % of total health expenditure:
Total health expenditure per capita: 1438.78 Euro Total health expenditure as % of GDP: 8.75%	Curative care: 58.75% Pharmaceuticals and other medical non-durable goods: 29.28% Preventive care: 1.08%

Source: Based on the Eurostat database.

In Greece, the health policies, including health promotion policies for elderly persons, are the responsibility of the Ministry of Health, which is the main health policy-making authority. The ministry decides on health policy issues and national health strategies, sets priorities, determines the funding for activities, allocates resources, proposes legislative changes and undertakes the implementation of laws and/or reforms. Despite this

responsibility, so far, the ministry has not succeeded to develop a national health target program for setting priorities. The same holds for a national plan for the implementation of 'Health in All Policies'.

On the positive side, a public consultation process took place during 2007–2008, resulting in the development of the National Action Plan for Public Health for the period 2008–2013. This plan emphasized the importance to deal with health hazards such as infectious and rare diseases, drugs, dietary disorders, smoking, environmental hazards, alcohol, dental health, etc. However, only a few measures have been implemented. For example, the ban of smoking in public places has been legislated but not really/fully implemented in practice. The economic challenge that faced the country in this period, was one reason for this policy failure.

In 2012, the Health in Action Initiative was adopted. It aims to create the conditions for a more effective health system that meets the international standards and public health targets. Nevertheless, the lasting economic crisis remains a hurdle for its implementation.

Overall, the health challenges in Greece mainly remain the subject of academic discussions and EU-funded projects. Academic advisers to the Ministry of Health, as well as representatives of major NGOs have had hitherto a negligible impact on policy. Moreover, policies and programs implemented in sectors other than health, do not acknowledge their potential health impacts. In fact, there are no mechanisms in place to ensure the coordination and effective implementation of cross-sectoral interventions addressed to the prevention of chronic diseases.

The failure of the Greek government to implement a successful strategy for public health despite its intentions declared in the laws, is explained by several major barriers:

- the strong focus on curative care as well as the chronic lack of disease prevention and health promotion vision since the establishment of the National Health Care system in the 1980s;
- the fragmented and uncoordinated institutions in the public health area, which makes it difficult to implement national-level policy and impose them at the local level;
- the lack of knowledge and experience within the public health institutions on health determinants and underlying causes of mortality and morbidity;
- the significant shortage of financial resources for public health due to the economic crisis but also due to the low priority attached to public health and health promotion.

The factors listed above, also explain the lack of strategic documents on the development and implementation of health promotion programs for elderly persons in the country.

HP4OP - HEALTH PROMOTION FOR OLDER PEOPLE IN GREECE

An important aspect of the health promotion initiatives for elderly persons in Greece, is that they often take place within the Open Care Centers for Older People (KAPIs). The members of these centers are older persons (60+ years) who mostly choose to join the centers due entertainment and/or possibility for a companionship. Health and social care professionals, such as nurses, social workers, physiotherapists, occupational therapists, home care assistants are usually working at these centers. They have the task to promote a healthy lifestyle among the members. Such centers are established throughout the entire country (more than 450 centers) and are very well accepted by the elderly persons. The centers are managed and funded by the local authorities. Sometimes, elderly members are invited to participate in the administration.

Although there is no national mechanism to identify good practices in Greece, several of the health promotion initiatives implemented in the KAPIs are recognized to be well designed and effectively implemented.

“Action Programme for Older People” is focused on the maintenance and improvement of mobility, autonomy and self-care among older persons, and it aims to achieve this through physical exercises. The program emerged in 1997 in one municipality in the city of Athens based on previous projects coordinated by the General Secretariat for Sports that were implemented in the KAPIs in different municipalities. The main funding of the program comes from private contributions, while the management is in the hands of the local Primary Health Care Services. The target group comprises people above the age of 60 years old. The program is implemented in two phases: (a) provision of information through lectures and discussions about health related problems, and the role of exercises in the improvement of health; (b) a set of physical exercises in a special sport room and outdoor athletic areas. Two program sessions per week are offered and the duration of each session is 45 minutes. The participants’ physical state and mobility is evaluated annually, including the joint functional ability and mobility, the improvement of neuromuscular control on the movements, body balance, health-related habits and the need of physiotherapy. The evaluation of the entire project takes place every 5 years and so far, it has shown positive effects.

“The Involvement and the Role of Older Volunteers in Promoting Healthy Diet” is a program based on the Senior Health Mentoring concept. The program was implemented in KAPIs in two municipalities in Athens and received funding from the European Commission and Greek national funds. The program was designed as a pilot study to test the involvement of older people in health promotion activities through the reinforcement of existing experience and knowledge. The first phase of the program included the training of older adults in teaching and communication principles, as well as in contemporary nutritional principles based on the Mediterranean diet. The second phase of the program involved the spread of knowledge gained by the trained adults among other KAPI members. The evaluation of the program demonstrated its success in terms of participants’ satisfaction, changes in their own lifestyle, useful feedback and knowledge sharing. As a results of the program, an information package was produced for all KAPIs in the country. This information package is still in use.

“The Role of Health Education in Improving Compliance for the Prevention of Cardiovascular Diseases” is a program focused on the access to preventive services and adoption of a healthier lifestyle. The program took place in two KAPIs in Athens and was co-financed by the European Commission and Greek national funds. The key objective of the program was to provide health education sessions to increase the awareness of the importance of preventive services and healthier lifestyle for the reduction of cardiovascular risks among older people. The results of the evaluation of this program showed a successful reduction of the participants’ body weight, healthier habits, more regular measurement of blood pressure and glucose, and more regular visits to the physician.

It should be mentioned however that the participation in lifelong learning and other work-related education activities in Greece is rather low, particularly for those aged 55–64, compared to other countries in the EU. Overall, such activities are rare and dependent on external funding (e.g. through EU projects) as well as on the good will of the actors involved (employers and employees). These activities also lack a systemic support (incl. financial support) by the central government, which indicates that they are not a priority for the policy-makers in Greece. Direct financial-incentives programs related to health promotion that target the group of elderly persons are also absent in Greece.

IMPLICATIONS AND RECOMMENDATIONS

- The separation of the public health budget from the budget for curative care is the first essential step in strengthening the public health services in the country, including health promotion actions for elderly persons. However, the potential effects of such separation need to be first investigated in order to identify an effective reform implementation strategy.
- Government efforts are required to stimulate coordinated information campaigns focusing on the positive effects of health promotion and disease prevention for elderly persons, but also for younger persons. Such campaigns should be designed based on empirical studies carried out among the targeted age groups.
- The participation in the KAPIs needs also to be further investigated to identify groups whose participation needs to be stimulated given the expected positive effects mentioned above. Rural health centers, as well as the KAPIs in the urban areas, could be integrated as mechanisms for the enhancement of public health and prevention policies
- Given the specific geographic features of Greece (many islands and continental main land), the difference in life style between older islanders and their main-land counterparts should also be taken into account in health promotion programs, especially those focused on the elderly.
- A national health promotion strategy should be developed and enforced at local levels. The health promotion programs that are successfully implemented, should receive the necessary government support to assure their long-term sustainability.
- There is also a need to investigate and outline mechanisms for a cooperation between the public health institutions and the legal sector to minimize confusions in the current public health legislation.
- New structural reforms implemented in practice, not just stipulated in the legislation, can help to place priority on the public health actions. Public health actions in Greece also need to become cross-sectoral to assure that the health determinants are adequately addressed.
- These general policy recommendations are equally relevant when health promotion policies for elderly persons are the specific subject of policy discussions in Greece.

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

PROJECT NAME	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
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BUDGET	EU contribution: 960 165 Euro
WEBSITE	http://pro-health65plus.eu
LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
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