PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors

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COUNTRY PROFILE – POLAND

The activities of older people when healthy aging policy and funding is limited: Institutional and financial dimensions of health promotion for older people

ABSTRACT

Despite the numerous legislative and organisational changes in the health care sector since 1989 and the strengthening of the public health institutions in Poland, the country lacks a long-term, sustainable policy perspective in the public health area. The traditionally higher priority attached to curative care than to public health actions, is one of the major reasons for the shortcomings of public health policy and the insufficient resources for health promotion and primary prevention in general, and health promotion for older adults specifically. However, there are also many weaknesses at the organisational level. There is a need for a greater coordination and information exchange concerning plans and financial possibilities, more competent health educators with better communication skills, as well as less bureaucratic burdens, and better financial conditions.

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INTRODUCTION

With the transformation of the political and economic system initiated in 1989, significant changes took place in the health care sector. The budget financing of health care (Semashko model) was abandoned in favour of a quasi-insurance system (since 2004, a single payer system with National Health Fund/NFZ as the monopolistic insurer). The decision-making process has been decentralized and privatisation of provision and financing of health care, has begun. The objective of this policy brief is collecting and presenting essential information on the organisation and funding of health promotion activities targeted at older people in Poland.

POLICY CONTEXT

The turning away from the Semashko model affected the sphere of health promotion and disease prevention which, as in other countries, are grouped primarily, but not exclusively, within the health care system. Therefore, most legislative regulations concerning health promotion are adopted in different areas of health care, e.g. the Law on Therapeutic Activity (2011), the Law on Health Care Services Financed from Public Sources (2004). There are also different local government acts which define the organisational and financial responsibilities of territorial government bodies in the area of health promotion. Bearing in mind the implementation of the many and varied tasks related to health promotion, the Law on Public Benefit and Volunteer Activities as well the Law on the National Sanitary Inspectorate, can also be considered crucial legal acts.

A new impulse for fostering health promotion ideas in Poland is expected to come from the Law on Public Health of 11 September 2015. Among other tasks, it lists health education, health promotion and disease prevention tailored to different groups of the population, including the growing group of older people with their specific health status and health needs. It also organises, to some extent, provisions concerning the responsibility of public and private institutions at various levels for the implementation and financing of the tasks in the field of public health, including health promotion and health education. The Law on Public Health establishes the National Health Programme as the most important document and tool for implementing public health policy. The first such programme was scheduled for the years 1996–2005 and the second for 2007–2015. The new one for 2016–2020 has been passed by the Polish government on 16th September 2016. Last but not least, the law mandates the NHF to allocate at least 1.5% of their total expenditure to health care costs, for health promotion and disease prevention, including the funding of health policy programmes.

EVIDENCE AND ANALYSIS

DATA POOL

To give an overview of how health promotion is funded and organised, both generally and specifically for older people, we used desk research. We identify relevant sources of information such as official national documents, legal acts, international databases and scientific articles. Additionally, the pilot research performed in Poland with the use of health care sector templates, helps to identify both, the main limitations and good practices concerning

activities in health promotion for older people. In our report, we concentrate on the activities of three sectors: health, voluntary and territorial governance. The method of narrative literature review is used.

FINDINGS

EXPENDITURES FOR HEALTH IN AN AGING POLISH SOCIETY

The current total health expenditure in Poland accounted for 6.4% of GDP in 2015. During the period of 2000–2015, the real current health expenditure per capita (base year 2005) has nearly doubled. Approximately 70% of the expenditure comes from public sources (largely from health insurance contributions). Households' out-of-pocket expenditure as a share of the total health expenditure, is approximately 23%. A vast majority of health resources (95%) is devoted to finance individual health care services. The expenditure on collective health care accounts for about 5% of the total current health expenditure, and approximately half of these resources are spent on prevention and public health services.

Poland is still a relatively young European country, with 11.4% of the population aged 65 to 79 and 4.0% of the population above 80 years of age in 2015. The average life expectancy at birth has been increasing over the past two decades, amounting to 81.7 years for females and 73.7 years for males in 2014 (the EU-28 average is 83.6 for females and 78.1 for males). The life expectancy at the age of 65 amounts to 20.4 years for females, and about 39% of life in older age is expected to be spent in good health and without disability. For males the life expectancy at the age of 65 amounts to 15.9 years and about 45% is estimated to be spent healthily. Due to the increase in life expectancy and the low fertility rate, the share of people 65+ in Poland is foreseen to raise from 14.9% in 2014 to 32.9% in 2060. At the same time, the proportion of the oldest old (80+) will triple, amounting to 12% of the total population in 2060. This demographic trend will result in an increase in the old age dependency ratio from 21.8 in 2015 to 60.9 in 2060.

The self-assessed health status of older people is poor, although it has slightly improved over recent years. 65% of people aged 60–69, 79% of people aged 70–79 and 88% of people above 80 years of age assessed their health status as worse than good in 2014. More than 85% of people aged 60+ reported suffering from long-term illness, and at the age of 80+ this share rose to 90%. The main chronic conditions of older people are cardiovascular system diseases, pulmonary diseases, diabetes, osteoporosis and arthritis, vision and hearing impairments and cognitive disorders. Dementia is reported in about 1.3% of the total population, but some sort of cognitive impairments are observed in as much as 60% of older people (65+). About one third of older people suffer from moderate depression. Long standing limitations in everyday activities are reported by 44.6% of men/46.3% of women aged 65–74 and increases to 69.3% of men/79.1% of women above 85 years of age in 2014.

FUNDING OF PUBLIC HEALTH AND HEALTH PROMOTION – POTENTIAL SOURCES AND MAIN INSTITUTIONS

The estimates of the Polish Statistical Office show that the expenditure on prevention and public health in Poland in 2013 represented 2.57% of the total expenditure on health (approx. PLN 2.7 bn). The NHA estimates indicate that public spending (including the state budget, local government budgets and the National Health Fund) in 2013 accounted for almost 73% of total expenditure on prevention and public health (less than PLN 2 bn), which corresponds to the structure of total expenditure on health in Poland, in which public funds also

constitute a 70 percent share. Private spending on prevention and public health in 2013 amounted to PLN 741.1 million. More than 80% of this amount was provided by businesses.

Box. Potential sources for health promotion

Source of funding	Beneficiary	Comments
General taxation	Central government institutions: • Central offices • The State Sanitary Inspection • Local government bodies – for the implementation of assigned tasks • National research institutes (e.g. the National Public Health Institute and the National Hygiene Institute, the Nofer Institute of Occupational Medicine in Łódź, the Central Institute of Labour Protection, the Institute of Rural Medicine in Lublin, the Institute of Occupational Medicine and Environmental Health in Sosnowiec) • Health care providers implementing the central/national health programmes* • NGOs **	*Contracting of health care services through the National Health Fund **NGOs through grants and subsidies
Local taxes and fees	• Local government bodies – for the implementation of their own mandatory tasks • Local initiatives • Schools and other educational and care facilities • NGOs* • Health care providers**	*NGOs through grants and subsidies **for the implementation of tasks assigned by the local government - usually for the entities in which the local government is the founding body
Health insurance premiums	• Primary health care providers within capitation rates • Health care providers implementing their own NHF health programmes	
Funds from the employers	• Bodies carrying out tasks in the area of occupational medicine • Private initiatives/NGOs* • Local communities' initiatives* • Churches and religious associations*	*funding/sponsoring
Business operations*	• Institutes • Private initiatives/NGOs • Local communities' initiatives	*research institutes, NGOs/local initiatives: organising meetings, conferences/festivals, publishing, providing services
Households	• Health care providers * • NGOs/Associations **	*charges **membership fees, donations, legacies
Foundations*	• Health care providers • NGOs/Associations • Local initiatives • Third age universities	*e.g. the Polish-American Freedom Foundation, university foundations
Foreign*	Grant beneficiaries – research institutes, health care providers, schools and colleges, NGOs, local initiatives	*European funds, Norwegian and Swiss funds, the World Health Organization, European associations (e.g. the European Healthy Cities Network), foreign households

ORGANISATION OF HEALTH PROMOTION INTERVENTIONS FOR OLDER ADULTS

In Poland, three sectors seem to play a major role in providing health promotion interventions for older people: the sector of local governments and municipalities, the voluntary sector and the health sector.

Role of regional and local self-government in Health Promotion for Older People

In the area of health care, territorial self-governments are mainly responsible for health promotion and prevention, and for tasks related to their function as the proprietors of public health care units. Several forms of local governmental activity apply to the issue of health promotion for older people. This includes the development of local health care systems, including the development and implementation of community health promotion and prevention programmes (impact raising public awareness in the field of "healthy aging," the promotion of a healthy lifestyle, etc.). Local government units work to create opportunities to facilitate increased access to diagnosis and treatment, support the implementation of screening programmes, promote early diagnosis, and modernise construct infrastructure facilities for older people.,They also prioritise the development and support of various initiatives dedicated to the elderly undertaken by NGOs. Community health promotion and prevention programmes are mainly funded by their own-sources. Regional and local self-governments can also apply for financial support from national and international financial sources.

A few Polish self-governments (especially big cities) are very active in the field of health promotion for older people and provide their own programmes that could be indicated as good practices, e.g.: the programme "Golden Autumn" of the OpolskieVoivodship, "SENIOR CAPITAL" and "Quality Ageing in an Urban Environment" of the Municipality of Sopot, PASIOS (Programme for social activity and integration of older people) and "The Golden Age" of the Municipality of Krakow. In many cases the regional and local governments in Poland are also obliged to implement national programmes e.g. the Programme for Social Participation of Senior Citizens (ASOS) (addressed directly at supporting actions/projects based on priorities: education, integration promoting solidarity between generations, social participation and services for older citizens as a key element of active ageing), the Long Term Senior Policy in Poland 2014-2020 (LTSP) (as a follow up of the Programme for Social Participation of Senior Citizens, ASOS), the "Senior – Wigor" programme (local governments are obliged to organize day care/activation centres offering various forms of activities like: educational courses, sports exercises, rehabilitation, dance and others for the elderly 60+).

Role of voluntary sector in health promotion for older people

Different Polish non-governmental organisations, often supported by local and regional authorities, activate older people and promote cooperation in a very professional way, at the same time taking care of their health and intellectual prowess. The main NGOs' activities in the field of health promotion for older people within the voluntary sector fall into several categories: social engagement and self-support or providing healthy activities (sport, recreation, tourism, travel) as well as health information, education and marketing. Often, NGOs also organise health screenings and diseases prevention with assistance from other sectors. Another noteworthy field are Universities of the Third Age. It is an increasingly common practice that NGOs perform delegated public tasks. The subsidies for those duties as well as other grants from the central and local governments are a significant and growing source of income for NGOs.

There are also several more current initiatives that potentially could be indicated as good practices in the sector. The MANKO Association, for instance, received a training from the Johns Hopkins Bloomberg School of Public

Health, which was financed by Mike Bloomberg's Philanthropies. Also, for the consultation of ongoing activities, MANKO created a Council of Experts within "Senior's Voice" magazine (Głos Seniora Portal Nowoczesnego Seniora). It is composed of specialists and practitioners from universities and various organisations, as well as some parliament members. Also, other initiatives of the MANKO Association performed in collaboration with multiple organisations from other sectors: Senioriada and Senior's Days, local events that involve educational actions (lectures) and health screening opportunities, are performed together with the health sector. A discount "Nationwide Senior's Card" is issued in collaboration with various enterprises as well as health care providers. Another interesting initiative comes from the Organisation "Forum 50+ Seniors of the XXI century", an independent coalition of 22 NGOs, that has been in operation since 2011 and that works primarily as an advocacy organisation for the interests of older people.

Role of the health sector in health promotion for older people

Since 1 January 2015, on the basis of the systemic legislation amendment of the Law on Health Care Services Financed from Public Sources, the NFZ may elaborate, implement, realise and finance services other than the strictly medical or therapeutic which serve the whole population or a particular group of beneficiaries. Health promotion programmes are mainly implemented in health sector institutions with primary care providers as the point of first contact. In this context, the cooperation between the primary care unit and medical professionals, such as community nurses and midwives (often employed as people responsible for health promotion – health promoters – in the primary care unit), is crucial for the success of the programme. Health care sector also cooperates with different local social initiatives. Such cooperation includes varied activities: organisation of educational and cultural events focused on health promotion issues, discussion meetings, individual contact with doctors and nurses, psychologists, community nurses, social workers and other professionals devoted to health advisory and concentrated on health risk prevention and enabling citizens' contact with health providers, medical practices and specialists.

Among the important programmes offered by the Ministry of Health which crucially concern the scope of primary care liabilities and are focused on the population 65+, is the National Programme for fighting oncological diseases and its subsidiary, the Programme of Early Detection of Breast Cancer (addressed at women 50–69), and the National Programme for civilisation diseases (overweight, obesity, cardiovascular diseases, cancers and diabetes). The Ministry of Health also introduced the Programme for early prevention of genitourinary cancers among men aged 45+. Since 2012, complex geriatric evaluation has been included in the health sector in order to improve the knowledge of older patients' needs and states and enhance the effects of health promotion for older people.

Main limitations and barriers in planning and implementing health promotion programmes for older people

Institutions promoting and developing modern (i.e. efficient and effective) health promotion programmes encounter numerous obstacles, such as the limited ability to coordinate intra- and cross-sectoral cooperation, low funding for research and practical activity and, last but not least, similarly to many other countries, still a relatively low degree of health awareness among the general public and limited interest in public health among health care providers (dominating stereotype is that, it is too late for health promotion in older age. Lack of professionals poses a particular challenge for the planning and implementing of community health promotion programmes. All programmes developed by the territorial self-governments must be submitted to The Agency for Health Technology Assessment and Tariff System (AOTMiT), which conducts an appraisal process. The

analysis of the opinions' texts reveals the most common problems: an unclear description of programme objectives, a lack of a precise description of the programme's expected outcomes (which consequently hinders the monitoring and evaluation process), inadequate information on the programme's financing sources, the lack of a programme budget (which makes it impossible to assess the programme's cost-effectiveness) and the lack of relation to local epidemiological data. Another significant barrier is the unwillingness to participate in the health promotion programmes.

In the area of organization (in all the sectors), one of the biggest limitation is the lack of human resources (e.g. competent health educators) and human resource management, as well as the communication skills needed for developing and implementing successful projects. The voluntary sector also makes claims about excessive bureaucratic burdens, complicated administrative procedures, short deadlines for amendments, a problematic financing timetable and problems with obligatory financial self-contribution. As was indicated in interviews with voluntary sector practitioners, there is also a problem with the attitudes of older people: elderly people distrust volunteers, they are more pretentious and are not ready to change their lifestyle or diet or they are not even willing to participate in the programmes offered by public institutions.

IMPLICATIONS AND RECOMMENDATIONS

- Since 1989, different reform activities were focused on decentralisation in the health area. The recovered autonomy and freedom of territorial self-government entities, as well as private non-profit initiatives, resulted in thousands of new programmes and services in health promotion and disease prevention. However, the abundance of new programmes, projects and actions which are frequently directly related to health promotion, does not wholly alleviate the ills of the new reality.
- Bearing in mind all the limitations, barriers and problems in planning, financing and implementing health promotion activities for older people, provided by both public and private institutions, the situation seems to be challenging and difficult. In view of the large number of widely dispersed programmes, it is necessary to integrate selected local public health programmes to achieve better results and improve their cost-effectiveness. A necessary condition to improve the effective use of resources is also the implementation of a system for monitoring and evaluating national and local programmes. Without the introduction of mandatory, comprehensive cost-effectiveness analysis and quality control instruments, it will not be possible to identify the best practices and subsequently eliminate or modify programmes which are not cost-effective.
- Building a publicly accessible database of best practices to address selected problem areas, with examples of policies that have a proven record of efficiency, could also facilitate health promotion actions. What is needed is the identification of extreme over- and under-provision of fields with health promotion services and better coordination of different programmes and activities. The precondition to achieve this is the implementation of evidence-based coordination institutions and mechanisms which are able to bring together all the stakeholders who are active in the sphere of health promotion (also for older people).
- A stable source of financing of health promotion programmes for the elderly is needed. Financing and public service contracting rules for NGOs should be arranged in a more sustainable way which allows reasonable prospective annual budgeting. Also, new instruments triggering positive incentives for intensification of health promotion in the health sector are needed as the existing methods of payment for health services do not correspond with the idea of health promotion service delivery at primary care units.

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 Ageing). 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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FUNDING SCHEME

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DURATION

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BUDGET

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WEBSITE

http://pro-health65plus.eu

LINKEDIN FORUM

https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about

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