

# PRO HEALTH 65+

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



### PROJECT POLICY BRIEF 16

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**Milena Pavlova**

Department HSR, CAPHRI,  
Maastricht University,  
The Netherlands

**Liubovė Murauskienė**

Institute of Public Health,  
Vilnius University,  
Enterprise "MTVC", Lithuania

**Elina Miteniece**

Department HSR, CAPHRI,  
Maastricht University,  
The Netherlands

**Agnieszka Sowa**

Institute of Labour and Social  
Studies, Warsaw, Poland

**Iwona Kowalska-Bobko**

**Alicja Domagała**  
Institute of Public Health,  
Jagiellonian University  
Collegium Medicum, Poland

**Wim Groot**

Department HSR, CAPHRI,  
Maastricht University,  
The Netherlands

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## COUNTRY PROFILE – LITHUANIA

### Health Promotion for Older People: between Bureaucratic and Financial Constraints

#### ABSTRACT

The health system in Lithuania has a strong focus on hospital treatment. Overall, there is a lack of sufficient funds explicitly devoted to public health.

The key problems in public health services in Lithuania, including health promotion for older persons, are the bureaucratic and financial constraints, a lack of intersectoral cooperation, staff shortages and capacity problems. The implementations of public health initiatives greatly depend on the political will and the government's ability to implement policies, which are still weak in Lithuania.

Moreover, the public health legislation lacks clarity and fails to provide an adequate base for local-level evidence-based interventions. Concrete action plans, as those recently developed in the area of healthy ageing and health inequalities, are needed to provide guidance for health promotion among older adults.

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## INTRODUCTION

The concept of public health first appeared in Lithuania in the 1990s. In 1991, the Supreme Council approved the National Health Concept of Lithuania, which outlined the need of public health reforms as well as a stronger focus on health promotion and disease prevention. The document provided a starting point for the development of public health training programs as well as legislation and regulations related to public health activities in the country. This policy brief outlines the major institutional and financing challenges for health promotion in Lithuania, specifically for health promotion focused on older adults. The brief has a policy orientation and provides an overview of the topic for decision-makers in Lithuania, as well as for those in other countries in the region who could learn from the Lithuanian experience.

## POLICY CONTEXT

The principal guidelines for the provision of public health services in Lithuania were first outlined in the Health System Law of 1994. In this period, the Public Health Surveillance Service was also established within the Ministry of Health, which replaced the Soviet-era sanitary-epidemiological services. The concept of public health was also introduced in the Lithuanian Health Program of 1998, which covered the period 1998-2010. Based on this program, in 2002, the Public Health Law and the Public Health Monitoring Law were adopted by the Lithuanian Parliament and later also the National Public Health Strategy 2006–2013.

Other laws and regulations that guide the public health sector activities in Lithuania include the Law on Consumer Protection (1994), the Law on Prevention and Prophylaxis of Communicable Diseases (1996), the Law on Alcohol Control (1995), the Law on Tobacco Control (1995), the Law on Product Safety (1999), the Law on Food (2000), the Law on Dangerous Substances Control (2001) and the Occupational Health and Safety Law (2003).

In 2011, the Lithuania's Health System Development Dimensions 2011–2020 was adopted, which stipulates the directions for the development of the Lithuanian health system. The main objective of this document is to consolidate the efforts of different health care stakeholders for the creation of more efficient and competitive health services. The key areas covered by this document are health improvements and self-responsibility for health, expansion of the health care market and creation of fair competition mechanisms, increasing transparency, cost-effectiveness and rational use of resources, as well as evidence-based care and access to safe and quality services. The Alcohol and Drug Control Program was also adopted in 2011.

The legislative and regulative base of the public health activities in Lithuania continue to develop also at present. In the period 2012–2014, the Lithuanian government approved the National Progress Program for 2014–2020, the state progress strategy Lithuanian 2030, the Lithuania Health Strategy 2014–2025, as well as the horizontal inter-institutional action plan "Health for All" as part of the Lithuanian 2030 Strategy. The improvement of population health is seen in the latter document as a horizontal priority, which is key for the achievement of the three vertical priorities, namely smart economy, smart society and smart governance. In 2015, the new Public Health Development program for 2016–2023 was approved.

## EVIDENCE AND ANALYSIS

### DATA POOL

This policy brief draws upon several national reports focused on the Lithuanian health system, and other country-specific sources in order to outline the major institutional and financing challenges for health promotion in Lithuania, specifically for older adults. The method of narrative literature review is used.

### FINDINGS

#### THE PUBLIC HEALTH SYSTEM

With the decentralization of the Lithuanian health system in the 1990s, the provision of primary and social care, and public health activities at the local level became the responsibility of the municipalities. It was expected that the municipalities can better meet the needs of the communities. This became difficult to achieve in the recent years because public health spending was reduced as a result of the economic crisis. In 2013, the total expenditure on preventive services was only 1.34% of the total expenditure on health. Recently however, there were significant investments in the network of local health bureaus and central public health organizations.

Potential sources of funding for public health activities, including health promotion activities, comprise: state and municipalities' budgets; the NHIF budget, EU funds and other international funds, the health promoters' own funds, and other funding sources. The funding of public health institutions is the responsibility of either the government or the municipality. National public health institutions, such as specialized public health institutions of the Ministry of Health, as well as the State Food and Veterinary Service, the State Labor Inspectorate, and the Drug, Tobacco and Alcohol Control Department, are financed through the state budget.

Other stakeholders in the Lithuanian public health sector include voluntary organizations (NGOs such as the Red Cross Society and the Caritas Federation) and associations of patients with chronic diseases (the Diabetes Association, the Association of the Blind, the National Tobacco and Alcohol Control Coalition, the Lithuanian Heart Association). They are involved in the public debates and some of them are active in providing assistance, disseminating information and promoting proper treatment and prevention, as well as lobbying the interests of certain patient groups. These stakeholders are active at both national and regional/municipal level.

#### OLDER POPULATION IN LITHUANIA

An important demographic feature in Lithuania, is the considerable gender gap in life expectancy at birth, which is the highest among the EU member states. In 2013, men were expected to live 68.5 years compared with 79.6 years for women. Besides, similar to most Central and Eastern European countries, a reduction in the population size was experienced in Lithuania due to the low fertility rate and substantial migration during the transition period as well as during the recent economic crisis. At the same time, life expectancy has increased. The intensity of these demographic changes characterizes Lithuania as one of the fastest ageing countries in Europe. Hence, there are concerns that the working-age population will decline dramatically in the coming years, which will bring a number of economic, labor market and social challenges, and could make it difficult to sustain the economic growth and improvements in living standards.

Like most Central and Eastern European countries, Lithuania scores below the EU average on most of the main health indicators. Most importantly, over the past decades, mortality due to preventable causes, such as unhealthy lifestyle, was higher in Lithuania than in Western European countries. Important concerns are the risk factors such as smoking, overweight and obesity, unhealthy nutrition habits, as well as physical inactivity. To a great extent, this is attributed to the lack of inter-sectoral public health interventions, particularly in relation to public health and lifestyle changes. Such unhealthy lifestyle trends are observed among older adults as well.

Gender differences related to the health status of older persons in Lithuania, are also found. In particular, long-standing illnesses and limitations in usual activities due to health problems, are more prevalent among older women than among older men (Table 1). These gender differences, to a certain extent, are attributable to the worse social position for elderly women as a result of lower level of socialization, education and social networks, and also to their longer life expectancy. Prevalent mental health problems among elderly include: anxiety, sleeping and eating disorders, depression, mania, Dementia (Alzheimer and Pick disease). An increased level of suicides among elderly is observed.

**Table 1.** Population ageing and Health status of older population – Lithuania (data for 2014/2015).

<p><b>Life expectancy and share of older population:</b></p> <p>Life expectancy at birth: 74.7 years</p> <p>Life expectancy at 65: 17.4 years</p> <p>Proportion of population aged 65+: 18.7% total population</p> <p>Proportion of population aged 80+: 5.1% total population</p> <p>Old age dependency ratio 65+: 28.1%</p>	<p><b>Self-perceived long-standing limitations in usual activities:</b></p> <p>- due to health problems</p> <p>Age group 65–74 males/females: 49.2%/57.3%</p> <p>Age group 75–84 males/females: 64.2%/77.1%</p> <p>Age group 85+ males/females: 83.0%/87.1%</p>
<p><b>Healthy life years:</b></p> <p>Healthy life years at 65 males: 6.1 years</p> <p>Healthy life years at 65 females: 6.1 years</p>	<p><b>Prevalence of long-standing illness:</b></p> <p>Age group 65–74 males/females: 58.4%/64.7%</p> <p>Age group 75–84 males/females: 71.1%/81.5%</p> <p>Age group 85+ males/females: 89.0%/89.9%</p>

Source: Based on the Eurostat and EU-SILC databases.

## HP4OP – HEALTH PROMOTION FOR OLDER PEOPLE

In Lithuania, there are various nationwide programs that have a direct or indirect relation to health promotion and prevention among people aged 50+. These programs are implemented by applying a complex approach contributing to solving the age-related problems. However, direct financial-incentive programs related to health promotion that target the group of elderly are absent. Some activities in the field of “active ageing” could be found in the frame of international projects. Overall, these activities are relatively few, scattered and lack sustainability.

The following cases describe good practice programs and projects in Lithuania that have a relation to the maintenance of the health and social activities of older persons:

- **The National Screening Programs** financed by the NHIF. Women up to 60 years are offered cervical cancer screening every three years, and those aged 50–69 years are offered breast cancer screening every two years. Men aged 50–75 years (and over 45 for those at risk) are eligible for prostate cancer checks every two years. In addition, biannual colorectal cancer screening is available for adults aged 50–75 years; annual screening for those with high cardiovascular risk is available to men aged 40–55 years and women aged 50–65 years.

- **The National Anti-Discrimination Programs** aim to foster the respect for human beings, including elderly persons, to support the implementation of the principle of non-discrimination and equal opportunities within the Lithuanian legislation, to raise social awareness and understanding of tolerance based on age, gender, race, nationality, language, origin, social status, religion, convictions or beliefs, sexual orientation, disability etc. The programs provide a platform for organizing various educational events and NGO supportive activities aimed at reducing discrimination. The initiatives of the Office of the Equal Opportunities Ombudsperson are some examples of such programs [14]. These programs can be especially beneficial for the elderly population because discrimination based on age (e.g. discrimination of elderly patients within the health system) has been observed in the country.

- **Cross-border initiatives** to support the employability of older people. These initiatives are funded by the European Social Fund. Examples of such initiatives in Lithuania are the EQUAL Network “Elderly 45+” and Older Workers Learning Net. The EQUAL Network “Elderly 45+”, among other things, offers a toolbox “Ageing in the Professional Life”, which includes instruments against age discrimination and promotion of the employment of older workers. This toolbox is designed with the participation of various European countries, including Lithuania. In addition, the Older Workers Learning Net includes educational institutions from Lithuania and other EU member states that cooperate in the development of e-learning programs for older workers. These e-learning programs are developed by taking into account the individual learning pace and living habits of the elderly individuals. Another goal of the network is to promote the benefit from business training of older workers.

- **Being Healthy and Fit in Later Life (HEFILL)** was a Grundtvig Learning Partnership Project provided by two seniors citizens associations from Lithuania and Austria, and two sport associations from Germany and Italy (2010–2012). This project aimed to: exchange experience and good practice in the field of sports and physical activities in the later life and to make proposals on how to increase the level of physical activity among inactive older people. The qualified trainers and adult learners attended workshops, where services, activities and exercises targeting seniors, were demonstrated. These physical activities and exercises were filmed and will be made available in a DVD format for further implementation into practice in project’s countries.

- **From Isolation to Inclusion (i2i-project)** was an international project focused on the identification and improvement of measures that enable population groups at a multi-dimensional risk of social exclusion, to actively and fully participate in the community life. The project was implemented in cooperation between local authority and external experts. The target group was older people at the risk of isolation and poverty, with disabilities or chronic disease. The project aim was to strengthen initiatives by older people for older people and establish the supporting networks for these initiatives. The aim was also to facilitate and encourage social and political changes focused on the improvement of the life conditions of the target group.

- **Cultural and artistic projects for older persons.** The Lithuanian government provides annual funding for cultural and artistic projects, which aim to encourage the citizens, including elderly people, to participate in creative activities and cultural initiatives. As a result, many elderly are members of cultural institutions, such as cultural centers that offer amateur artistic activities, as well as public libraries that promote public access. There are also public libraries for disabled and elderly people supported at home. These libraries bring prints by bus to the homes of such persons, and set up out-patient items in remote rural areas, disabled communities, and society centers. To a certain extent, these projects help older people in dealing with social exclusion, employment, education and lifelong learning issues and enable them to foster their social connections.

## IMPLICATIONS AND RECOMMENDATIONS

- Overall, medical, cultural and social services for older people, as well as health promotion services, are underdeveloped in Lithuania and require the government's attention. Adequate access to such services is important for maintaining the health and well-being of older persons, and for providing them with an opportunity for an independent living.
- There is also a need of a more comprehensive approach to the development of public health programs, and specifically in the area of health promotion. The focus should be on the evaluation of health promotion programs and the integration of this evidence in the development of subsequent programs. The evaluation should not only cover the program outcomes but also the implementation process to better understand how health promotion interventions can be best implemented in Lithuania.
- Currently, there are only few good practices described in the public health area. Overall, multi-disciplinary research on primary prevention or health promotion is lacking. Cooperation between the health and non-health sectors is also absent. Generation of empirical evidence on public health interventions and their dissemination among stakeholders that are directly or indirectly related to the public health sector, seem imperative for the improvement of population health in Lithuania.

## 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

<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>

