

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 4

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Jelena Arsenijevic
Department of Health Service
Research, CAPHRI,
Maastricht University,
The Netherlands

Wim Groot
Department of Health Service
Research, CAPHRI,
Maastricht University,
The Netherlands

FUNDING MECHANISMS FOR HEALTH PROMOTION IN EUROPE: A LACK OF MONEY OR A LACK OF INFORMATION?

ABSTRACT

Health promotion interventions (HPI) for older adults are seen as tools to decrease the costs of (curative) care. HPI are also useful to improve quality of life of older adults. However, little is known how HPI for older adults are funded. This policy brief outlines which mechanisms of funding and which agents of funding play a role in HPI in Europe. Based on desk research, we provide information about the funding mechanisms (tax funding, insurance based funding or private funding) in different European countries. General taxation and governmental bodies are the main mechanisms and main agents of funding for HPI. However, our results show that other mechanisms of funding such as donations or private payments are also present. We also, provide information how different sources of funding are combined in different EU countries. This policy brief indicates that a lack of resources is not the main obstacle in funding HPI. Lack of information related to resources and their allocation is another important obstacle.

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INTRODUCTION

Health promotion interventions (HPI) describe all individual and population based strategies that aim to tackle major risk factors for diseases. The primary risk factor usually addressed is an unhealthy life style. It is also broadly believed that HPI decreases the burden of disease and that this consequently leads to cost savings. HPI are in general considered as public goods and they are mostly funded by general taxation. The reason for this is the nature of HPI. Most but not all, HPI are non-excludable goods. People frequently cannot be excluded from HPI or exclude themselves from HPI. HPI are frequently also characterized by non-rivalry in consumption: consumption by one individual does not go at the expense of consumption by another - once developed HPI can be used by many different consumers. This is not the case with pharmaceuticals - one pharmaceutical can only be used by one person. Also, consumers of HPI are receiving an intervention that is expected to have effect in the future. For example buying a medical drug produces (almost) immediate effects and frequently only during a short period of time. The effects of HPI manifest themselves only in the long run. This is the reason that potential consumers are usually not willing to pay out-of-pocket for HPI. However, HPI have higher social benefits than its individual effect and that is why governments are willing to invest in HPI. Nowadays, private companies and international organization are sometimes willing to invest in HPI because of the impact on society. This means that general taxation is not the exclusive mechanism for funding HPI, but other mechanisms are also used such as insurance premiums or donations. Nevertheless resources available for HPI are still limited.

HPI for older adults represent a specific sub-set of health promotion activities. They focus on a particular group - adults older than 55 and they aim to cater to their health problems. The aging of the population in Europe increases the need for such interventions. HPI for older adults can potentially lead to a decrease in the demand for curative care and may contribute to healthy aging. Furthermore HPI for older adults are expected to improve their quality of life and to increase their level of active participation within society.

However, evidence shows that there is only limited information about which mechanisms are used to fund HPI in general and HPI for older adults. Also, there is a lack of systematic information about who are the responsible agents for funding. The aim of this policy brief is to describe how HPI in general and HPI for older adults are funded in different countries. Also, this brief shows which agents/ stakeholders are involved in the funding.

POLICY CONTEXT

MECHANISMS OF FUNDING

HPI in general and HPI for older adults in particular are usually funded through general taxation since they are considered as a public good. However, evidence shows that HPI can be funded through other mechanisms such as insurance contributions, private funding or funding from donations and international organizations as well. Furthermore different organizations can be responsible for funding of HPI. They include government and governmental organizations (ministries, local governments), public institutions (institutes, public funds), NGOs, private organizations, international institutions (WHO, European institutions etc.). Differences are observed between but also within the countries. However, there is still a lack of data for most European countries.

ALLOCATION OF THE RESOURCES

In the majority of European countries, resources for HPI are limited. For example, OECD countries report that they spend on average 3.1% of their public health expenditure on health promotion in general. Even when resources are allocated to general HPI, only a small part is allocated to HPI for older adults. The reason is that the returns of the investment manifest themselves after a longer period of time and health promotion is therefore frequently more effective when the investment is made at a younger age.

MICRO INDICATORS RELATED TO FUNDING OF HEALTH PROMOTION IN EUROPE

Information related to funding for health promotion such as information on the percentage of public health expenditure on general health promotion or percentage of total health expenditure invested in general HPI in European countries are not widely available. Even databases such as the WHO database (HFA-DB) or the OECD database do not provide such information. Possible reasons can be the fact that HPI in general and HPI for older adults are multi-sector activities that involve both private and public funding from different areas such as health, education etc. This means that the total amount that is invested in HPI in general is difficult to estimate.

EVIDENCE AND ANALYSIS

DATA POOL

We use data obtained from desk research. Data are coming from different sources such as scientific papers, reports, policy documents and documents coming from international organizations. We use these sources to identify mechanisms of funding (tax based funding, insurance based funding, private funding, other types of funding) and to identify agents of funding (government, local, government, NGOs, international institutions and private companies) for HPI in general and HPI for older adults.

Also, we have used 8 project databases related to HPI for older adults namely the Health and Aging Project (HALE) database, the Health Pro Elderly project database, the AGE platform Europe database, the European network for mental health promotion database (the ProMenPol Database), European network for work promotion database, the National Institute for Public Health Netherlands database, the EuroHealthNet database and the EUNAAPA project. Through these databases we have identified 98 HPI-programs for older adults. We present data on how those programs are funded.

FINDINGS

Our results show that in European countries mechanisms of collecting funds (general taxation, indirect taxes, earmarked taxes, social insurance contributions, private insurance contributions, out-of-pocket patient payments and other funding like funding from NGOs or EU) and different agents of funding (federal, regional or local government, insurance companies, EU institutions, NGOs or private institutions) are combined in various ways. In most European countries general taxes are the main source of funding, but they are combined with other funding mechanisms such as social insurance premiums and earmarked taxes (taxes on alcohol or tobacco products). In countries like Germany, the Netherlands, Sweden, Switzerland and UK, out-of-pocket patient payments are used

as additional sources of funding. Federal and local governments are most often registered as the main agents of funding, but international organizations and NGOs also act as agents of funding.

For clarification we have divided the sources of funding in three categories: *public funding* (taxes and social insurance contributions), *private funding* (private insurance contribution, out-of-pocket payments, employers) and *others funding* (from international organizations, EU funds, NGOs funds or funds from foreign governments). The evidence shows that in the majority of European countries public sources are most often used in the funding of HPI. They are sometimes combined with other sources such as funding from international organizations, EU contributions and/or out-of-pocket patient payments. Table 1 shows that in countries where the health care system funding is tax based such as Cyprus, Finland, Italy, Iceland, Portugal, Spain and Sweden, HPI are predominantly funded by public sources. A combination of public and private sources is observed in Germany, Ireland, the Netherlands, Norway, Slovenia and Switzerland. These countries have different types of health care system funding and usually use private sources as additional ways of funding. In some countries, to secure funding and also to secure the allocation of resources for HPI, governments have created specific institutions for health promotion. Only few European countries such as Germany, Finland, Iceland, the Netherlands, Norway and Sweden have a specific budget line in their national budget for general health promotion. One successful example is the Fund for a Healthy Austria (FGOE). Also in the Netherlands regional funds are established in order to facilitate cooperation between local municipalities and insurance companies.

Table 1. Funding of health promotion activities based on type of sources and type of health system funding

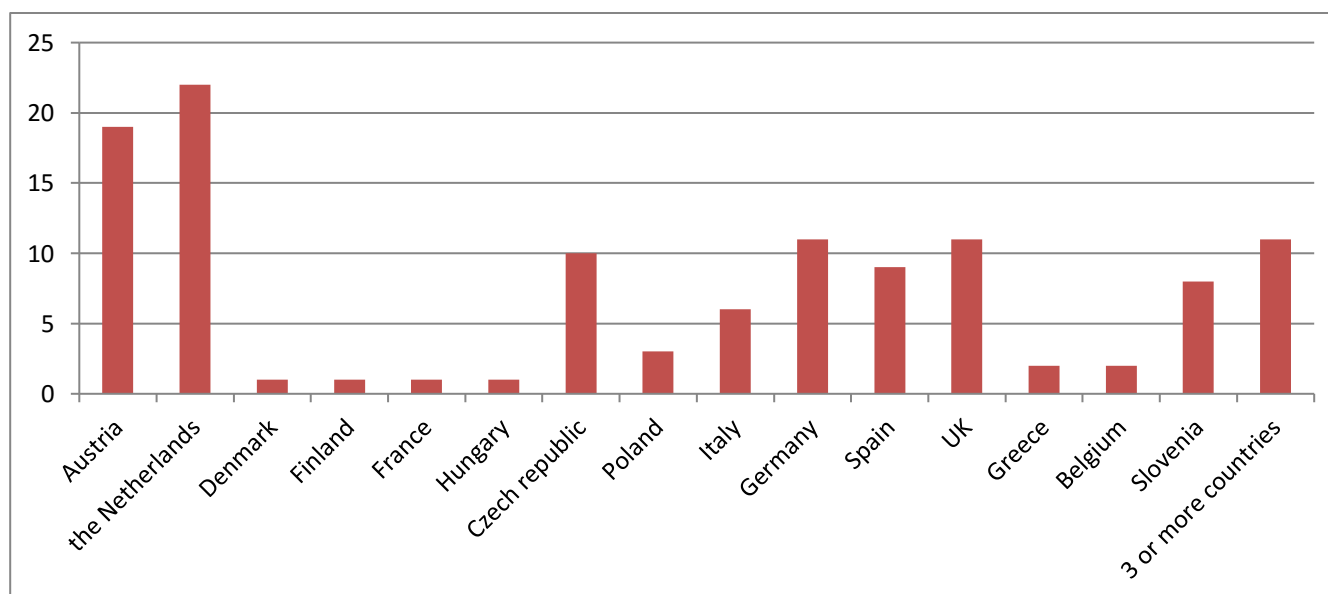
Country	Type of sources for funding health promotion	Type of health system funding
Austria	Public and others sources	Insurance based
Belgium	Public sources	Insurance based
Bulgaria	Public and other sources	Insurance based
Croatia	Public and others sources	Insurance based
Cyprus	Public sources	Tax-based
Czech Republic	Public sources	Insurance based
Denmark	Public and others sources	Tax based
Estonia	Public and others sources	Insurance based
Finland	Public sources	Tax based
France	Public sources	Insurance based
Germany	Public private and others sources	Insurance based
Greece	Public sources	Mixed funding
Hungary	Public sources	Insurance based
Ireland	Public and private sources	Tax based
Italy	Public sources	Tax based
Iceland	Public sources	Tax based

Table 1. Funding of health promotion activities based on type of sources and type of health system funding (continued)

Country	Type of sources for funding health promotion	Type of health system funding
Lithuania	Public and others sources	Insurance based
The Netherlands	Public, others and private sources	Insurance based
Norway	Public , others and private sources	Tax based
Poland	Public and others sources	Insurance based
Portugal	Public sources	Tax based
Slovakia	Public and others sources	Insurance based
Slovenia	Public, others and private sources	Insurance based
Spain	Public sources	Tax based
Sweden	Public sources	Tax based
Switzerland	Public and private sources	Insurance based
United Kingdom	Public and private sources	Tax based

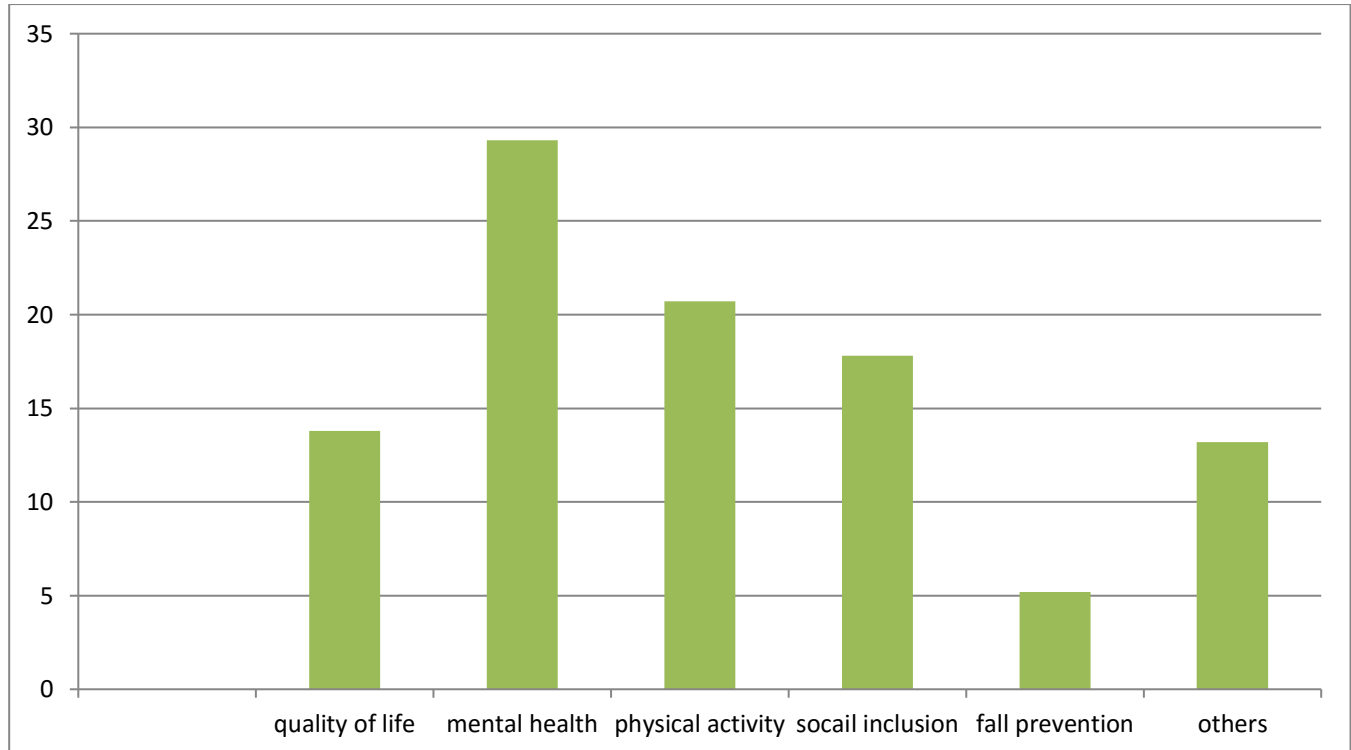
The evidence also shows that HPI for older adults are usually funded by the same mechanisms and by the same agents of funding as general HPI. Results related to health promotion programs that target older adults show that government sources are most often used for funding. Nearly one in six (15.5%) of all programs are funded through specialized funds for health promotion activities. Programs with private funding (participants and/or private companies) are less often identified (10.4 %). Programs that are funded through a public-private mix represent 10.3% of the 98 programs identified in in 8 project databases.

Figure 1. Number of programs identified through 8 project databases targeting older adults in different countries



Also, information at program level shows that the number of programs for older adults differs per country, irrespectively of the health care system financing in that particular country (see Figure 1). Our results show that certain types of HPI for older adults are more often funded in all countries. For example, HPI related to social inclusion, quality of life, mental health and physical activity are most prevalent in all countries. Some of these HPI are sustainable over a longer period of time even if they are funded not only by public but also by private sources (GALM physical activity program in the Netherlands). This may imply that those HPI are also well accepted by older adults. In Figure 2, we present percentage of programs per type of activity.

Figure 2. Percentage of the programs related to older adults identified through 8 databases per type of activity.



Our results from the literature review and the findings for HPI programs identified in 8 project databases, show that there is great diversity in the mechanisms of funding for HPI. However, the main obstacle in funding HPI is not related to the available resources, but rather to a lack of information. Even in countries where special institutions to finance health promotion exist, information about the funding of general health promotion is limited. A separate budget line for funding general health promotion with governmental annual budgets may overcome this. Furthermore, it is necessary to provide information not only on the funding of health promotions based on the type of intervention (mental health promotion, tobacco cessation), but also based on the target group (older adults, vulnerable groups etc.). Such a strategy can increase transparency in the use of resources and improve the sustainability of health promotion interventions.

IMPLICATIONS AND RECOMMENDATIONS

EUROPEAN LEVEL

- Encourage reporting of micro-indicators related to HPI in general and HPI for older adults in European countries. Micro-indicators such as the percentage of public health expenditure and the contributions from other sources of funding on health promotion improves the monitoring of resource allocation for HPI.
- Encourage the development of special funds or similar agents within European countries that are responsible for the funding and quality of HPI in general.

NATIONAL LEVEL

- Encourage separate budget lines in the annual budget for health promotion. Also, information on the type of resources (private, public or international) can provide better insight in funding of HPI but also yields to better data for assessing the cost-effectiveness of HPI.
- Encourage the funding of HPI for older adults by combining public resources with private payments. Private payments can be used as financial incentives. Small amounts of payment can contribute to the sustainability of HPI and at the same time can increase motivation of participants.
- Encourage the provision of information not only for funding health promotion based on the type of intervention (mental health promotion, tobacco cessation), but also based on target group (older adults, vulnerable groups etc.). Such a strategy can increase transparency in the use of resources and improve the sustainability of health promotion interventions.

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.

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
COORDINATORS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
ASSOCIATED PARTNERS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE www.uj.edu.pl Principle investigator: Prof. dr. hab. Stanisława Golinowska MAASTRICHT UNIVERSITY www.maastrichtuniversity.nl Principle investigator: Prof. dr. Wim Groot UNIVERSITÀ CATTOLICA DEL SACRO CUORE www.unicatt.it Principle investigator: Prof. dr. Nicola Magnavita UNIVERSITÄT BREMEN www.uni-bremen.de Principle investigator: Prof. dr. Heinz Rothgang
FUNDING SCHEME	Pro-Health65+ which has received funding from the European Union in the framework of the Health Programme (2008-2013)
DURATION	August 2015 – July 2017 (36 months)
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
FOR MORE INFORMATION	PROJECT OFFICE 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 E-MAIL andrzej.kropiwnicki@uj.edu.pl anna.najduchowska@uj.edu.pl

