

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 5

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GOOD PRACTICE PHYSICAL ACTIVITY PROGRAMS FOR OLDER ADULTS IN EU

ABSTRACT

Stimulating physical activity often is the primary focus of health promotion for older adults because regular physical exercises have been identified as one of the most important contributors to the health of the elderly. This policy brief outlines the features of good practice physical activity programs provided in the EU and analyzes their association with context-related factors.

The evidence shows that wealthy EU member states with a high population size are more likely to provide good practice state programs, which may reflect the relation with population size and economies of scale in developing good practices. It can also reflect more favorable economic conditions for good practices in general. Less wealthy countries find it more difficult to generate sufficient resources for the health care system and most of the resources are spent on curative medicine leaving public health underfunded.

It is essential to create capacity and stimulate the implementation of good practice physical activities programs for elderly in all parts of Europe.

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INTRODUCTION

Stimulating physical activity often is the primary focus of health promotion for older adults because regular physical exercises have been identified as an important contributor to the health of the elderly. The aim of this policy brief is to outline the features of good practice physical activity programs related to healthy ageing in the EU and to analyze their association with context-related factors. The good practice programs are analyzed taking into account different aspects such as: funding, eligibility, type of services offered and main providers. All 28 EU member states are included. The countries are compared by different country-specific indicators (e.g. GDP, GDP growth, per capita public expenditure on health, government effectiveness, political constraints, share of older persons, perception of individual responsibility) that are expected to be associated with the availability of good practice programs and with the type of program that is provided. The brief fosters our understanding of how to create a good environment for healthy ageing and how to make better-informed choices at a national level. Moreover, this brief could benefit policy makers who are interested in good practice programs for healthy aging and their assessment.

POLICY CONTEXT

“The 2015 Ageing Report” (http://ec.europa.eu/economy_finance/publications/european_economy/2015/pdf/ee3_en.pdf) highlights the EU aging phenomenon as one of the main challenges for present and future policy-making in the EU member states. The proportion of people aged 65+ in Europe is already the largest in the world and will continue to grow. According to Eurostat (http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing), it is expected that more than 28% of the European population will be over 65+ in 2080. The demographic changes that EU member states face, demand new approaches to ensure “healthy aging” for all. As life expectancy is rising, it is important to keep elderly people healthy. Health promotion may contribute to that. A secondary reason to pay attention to health promotion for the elderly is that it may contribute to reducing the increase in the cost of health care in the EU.

The availability of health promotion programs for elderly differs across EU countries. The diversity in ageing policies in the EU has various reasons, including differences in demographic trends and the characteristics of the health care system. The evidence on health promotion programs in EU countries is rather limited. The benefit of studying the differences between the health promotion programs in the EU is the possible identification of good practices. By identifying good practices in EU health care systems, weaknesses and strengths can be revealed. Good practices may inspire other countries to implement these interventions as well.

EVIDENCE AND ANALYSIS

DATA POOL

The data are collected in a desk review. First, reports presenting an overview of good practice physical activity programs for elderly in the EU are identified. Further details on such programs are retrieved from various sources: official reports of international organizations (EU, WHO and OECD), national reports and research papers. Thus,

the method of triangulation is used to validate the information. Second, data on context-related country indicators are collected by reviewing relevant international and national databases.

FINDINGS

Two sources are identified that present good practice physical activity programs for elderly in EU:

- *The report of the European Commission titled “A compilation of good practices”*
http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/qp_b3.pdf
The good practice programs are collected in the framework of the “Action Group working on Innovation for age-friendly buildings, cities and environments” which ran from July to October 2013 under the European Innovation Partnership on Active and Healthy Ageing.
- *The website of EuroHealthNet on “Healthy Ageing”*
<http://www.healthyageing.eu/project/eurohealthnet-healthy-ageing>
EuroHealthNet is a not-for-profit partnership between organizations, agencies and statutory bodies that work together on the objective of a healthier Europe. The programs that are listed as “Healthy Ageing Good Practices” include national programs in the EU member states as well as Pan-European programs.

Both sources operationalize the term “good practice program” indirectly and similarly to the definition provided in the Oxford Dictionary: “commercial or professional procedures that are accepted or prescribed as being correct or most effective”. However, no detailed information about the operational definition of the term is provided. The sources include programs that directly aim at physical activities as well as programs that involve physical activities although this is not their direct aim. In total, we identified 35 good practice physical activity programs for older adults in the two sources. Examples of these programs are shown below.

PIEDIBUS – An intergenerational “Walk to school” program in the promotion of physical activity

PIEDIBUS can be described as a “Walk to school” program that has been established in Italy in the region of Lombardia. The program promotes active ageing by involving parents and grandparents to take part in the program. Participants lead groups of children to school on foot and in complete safety. The adults participating are volunteers and by spending some hours walking with children, they become involved in the community and more participative in life. The physical activity that results out of this program, keeps the older people active and in better health.

STILL STANDING – BOEBS: Blijf Op Eigen Benen Staan

STILL STANDING is a community program that aims at preventing falls among the community dwelling elderly in Flanders, Belgium, by stimulating physical activity and creating a safe private and public environment. The program consists of five steps in which municipalities are guided to setup local fall prevention policy. In the scope of the program, a project-team is put together consisting of all local partners involved with elderly. They decide on what mix of interventions will take place. In the final stage, the project-team and relevant partners keep organizing activities or to sustain the achieved changes to ensure the continuity of the program and the reduction of falls in future.

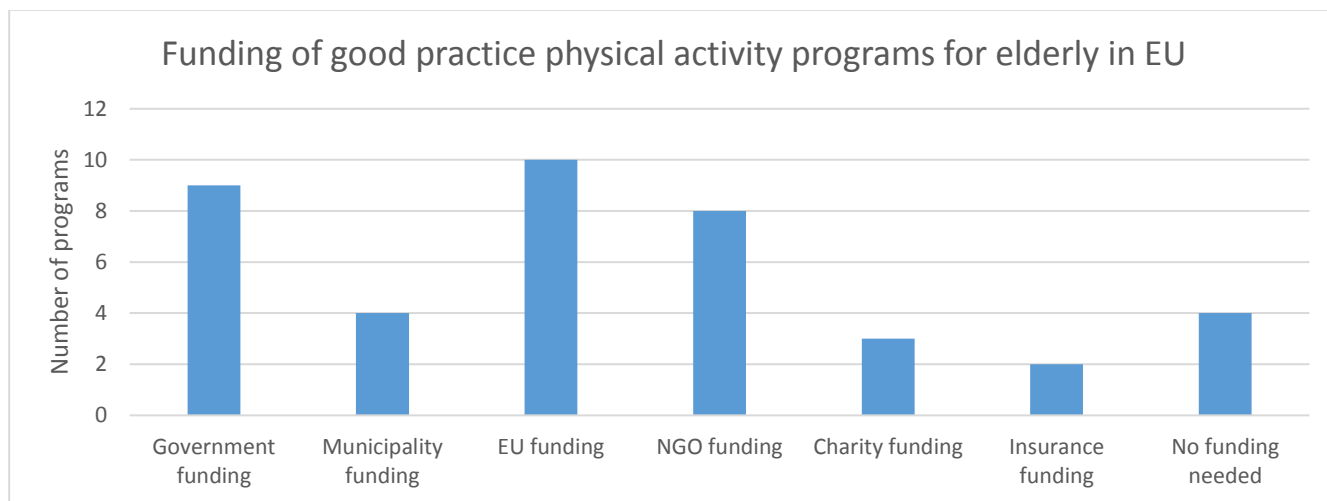
FARSEEING – Fall Repository for the design of smart and self-adaptive environments

FARSEEING is a program that aims to promote better prediction, prevention and support for older people. The program collects data using smartphones, wearable and environmental sensors with regard to behavior and physiological parameters. The included population consists of both high functioning community dwelling elderly and high-risk fallers. By setting up this database and processing the data on falls, daily activity and physiological factors, FARSEEING aims at building the world’s largest fall repository.

CHARACTERISTICS OF GOOD PRACTICE PHYSICAL ACTIVITY PROGRAMS

Good practice physical activity programs for elderly are identified in Belgium (2), Denmark (2), Finland (1), France (1), Germany (3), Hungary (1), Italy (2), Lithuania (2), Netherlands (2), Poland (1), Portugal (1), Slovakia (1), Slovenia (2), Spain (4), Sweden (2) and the UK (4), in addition to 4 Pan-European programs. Programs implemented in other EU members states were either not classified as good practice or no information about the programs was available. It is also possible that such programs are absent because the countries are small (e.g. Luxemburg and Malta), the burden of an aging population is less (e.g. Cyprus) or countries lack resources to implement such programs (e.g. Bulgaria and Romania).

The funding of good practice physical activity programs can be divided into seven types: government funding, municipality funding, EU funding, NGO funding (funding by civil society organizations), charity funding (private sponsorship), insurance funding and no funding needed for the program implementation (except for some minor costs for setting up the program, e.g. the PIEDIBUS program presented in the box above). Government funding is observed in various countries, in total 9 programs. Four good practice programs are funded by municipalities. Furthermore, the EU has funded 7 national programs and 3 Pan-European programs. Eight programs are funded by NGO's. Only two national programs and one Pan-European program are funded by charity. Also, only two programs are funded by insurances and both programs are conducted in Germany. Four programs are realized with no additional funding, two of those are conducted in Italy. Mixed forms of funding are also observed like in the Netherlands, Portugal and Slovenia.



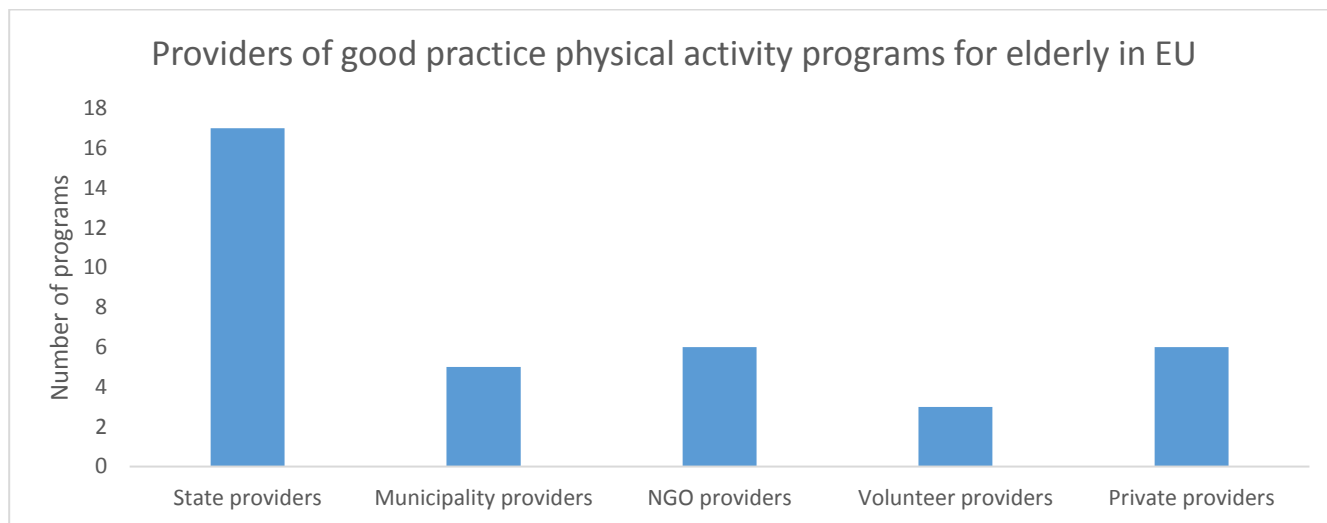
The total number exceeds 35 because some programs have multiple sources of funding

Four different age groups are specified in the good practice programs with regard to the participation eligibility: 50+ category (8 programs, 2 of them in Spain); 55+ category (1 program in France); 60+ category (2 programs, one in Lithuania and one in Germany); 65+ category (one program in Sweden). The rest of the good practice programs related to physical activity are not age specific and target the elderly in general (19 programs). All 4 programs at the Pan-European category are non-age specific.

The good practice programs are also analyzed and categorized according to what they cover. Coverage is divided in four categories: information, infrastructure, research and activities. Programs that are classified as informative are e.g. campaigns to inform about a healthy diet and the amount of physical activity (9 national

programs and one Pan-European program). Programs that improve the infrastructure (e.g. the village meeting point "idestrup" in Denmark) are also identified (7 national programs and one Pan-European program). Certain good practice programs are carried out in the form of research projects or activities (the most prevalent).

The providers who are involved in the different good practice programs related to physical activity are categorized into five different categories: the state (17 programs, 3 in the UK); municipalities (5 programs); NGO's (6 programs, including the only program in Hungary); volunteers (3 programs, 2 of them in Denmark); private providers (6 programs, most Spanish programs belong to this group). Moreover, it is important to acknowledge that certain programs have more than one provider, which results in a mixed-type of provision, e.g. in Slovenia, Poland and Italy.



The total number exceeds 35 because some programs rely on multiple providers

ASSOCIATION OF GOOD PRACTICE PROGRAMS WITH CONTEXT-RELATED FACTORS

The number of good practice programs related to physical activity is positively correlated to GDP. This means that wealthy countries with a high population size are more likely to have good practice programs related to physical activity. Government funding of good practice physical activity programs is more prevalent in countries with better governance (greater government effectiveness, more political constraints). This type of funding is also more prevalent in countries with higher GDP but lower public expenditure on health per capita. At the same time, fewer political constraints (less checks and balances) is associated with the presence of municipal funding.

The presence of EU funding of good practice physical activity program is more likely in countries that have a lower GDP and a higher share of older persons. The presence of good practice physical activity programs that do not need any additional funding is associated with lower government effectiveness and stronger perception of individual responsibility (less government responsibility), as well as with low GDP growth.

The correlation between the population covered by the good practice physical activity and the context-related country indicators gives no relevant insights. The same applies to the type of coverage. More interesting results are observed with regard to the provider of good practice physical activity programs. High-income countries with a high population size more often have good practice physical activity programs provided by the government. The presence of good practice physical activity programs provided by private partners is more likely in countries with poorer government effectiveness.

IMPLICATIONS AND RECOMMENDATIONS

EUROPEAN LEVEL

- Encourage the high-population wealthy EU member states to continue to implement good practice physical activities programs for elderly. Countries with a higher GDP seem to have higher chances of providing good practice state programs. The correlation between good practices and GDP could partly reflect the relation with the country population size and economies of scale in developing good practices. It can also reflect more favorable economic conditions for good practices in general.
- Stimulate the development of good practice physical activities programs for elderly in EU member states with a lower GDP, and especially in less advanced EU member states with less government funding available for such programs. Less wealthy countries struggle to generate sufficient resources for the health care system and most of the resources are spent on curative medicine leaving public health underfunded. It is essential that these countries create capacity for designing and implementing good practices programs.
- Continue to subsidize good practice physical activities programs for elderly, especially in EU member states with a higher percentage of elderly and lower GDP. Such EU investments will be essential for these countries to be able to cope with the higher aging burden and the lack of resources available for health promotion.
- Encourage EU member states to explore initiatives focused on physical activity among elderly that do not require additional funding for implementation, taking the PIEDIBUS programs as an example where older adults spend some hours on walking with children to school. Such programs are not only unexpansive but can also help to involve the elderly in the community and stimulate their social participation.
- Develop initiatives and implement projects focused on physical activity among elderly that can help EU member states to exchange experience. There is a wide variety of good practice programs, not only between countries but also within a country. A more uniform structural approach to such programs is recommended as well as the investigation of their cost-effectiveness.

NATIONAL LEVEL

- Focus on the design and implementation of cost-effective physical activities programs for elderly.
- Allocate resources to the implementation of good practice physical activities programs for elderly.
- Share experience on physical activity among elderly with other EU member states.
- Participate in EU projects focused on the development of programs on physical activity among elderly.
- Explore initiatives focused on physical activity among elderly that do not require additional funding.

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

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| 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 |
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| 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 |
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