Central and territorial governmental institutions involved in health promotion for older people in selected European Union countries

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ABSTRACT

Defining, planning and achieving health goals, including health promotion and health promotion for older people (HP4OP), are always the responsibility of the public authority. In European countries the public health and health promotion strategic framework, including HP4OP is provided by the Ministry of Health or other national public health organisations which are responsible for defining legal regulations on the different aspects of health promotion.

The goal of this article is the analysis of the central and territorial government (CTG) sector's involvement in the issue of HP4OP in selected countries, their functions, activities and responsibilities in this area. The analysis is focused on the main differences and similarities between CTG's institutions in European Pro-Health 65+ project's countries: Italy, Portugal, the Netherlands, Germany, Bulgaria, Poland, the Czech Republic, Lithuania, Greece and Hungary.

The authors have triangulated data collected using varied methods: literature review, questionnaire research and in-depth interviews with national experts from selected countries.

In the majority of the analysed countries, the central government and municipalities are the main stakeholders responsible for providing funding for these programmes. The operational level for the implementation of the majority of HP4OP is the local level. The research countries have been identified as strongly varying in institutional, legal and political specificity. The analysis shows the increasing position of HP4OP in public health policy. Many of the identified problems come from the implementation of a fragmented approach, the duplication of efforts undertaken by different stakeholders and the lack of a co-ordinated strategy and dedicated legal regulations at both the national and regional/local levels.

Key words: health promotion, health promotion programme, central and territorial government, older people, healthy ageing

INTRODUCTION

The sector of public authority is differently organised across the European Union, especially when it comes to the relation between central and territorial governments. A common issue is the important role of the central and territorial government (CTG) with regard to public health, heath promotion, and health promotion for older people (HP4OP). A definition of the public authority sector is difficult to provide because there are different types of authority: social power, public authority, state power, self-government power, political power. In general terms, the public authority sector consists of different kinds of governments and all publicly funded or publicly controlled enterprises, agencies and other entities that provide public goods, programmes, or services [1]. It is not, however, always clear as to whether any specific institution/organisation should be included in the public authority sector.

For the last 15 years, a significant change has been happening in public decision making and public policy building. Decentralisation of tasks by central governments and designation of prerogatives to lower institutional levels have been increasing. The participation of those different public sector organisations in the real decision-making process in social policy, and especially in public health and health promotion depends on the model of the political system and governance as well as the forms of decentralisation (deconcentration, devolution, delegation).

As has been established in the European scientific debate and research, decentralisation can yield positive effects but it does not happen automatically [2,3,4]. Decentralisation reforms, which have become a major element of systemic reforms aimed at democratising the process of government and improving its efficiency, increase social participation and the efficient management of resources.

Decentralisation reforms in European countries have resulted in both the transfer of decision-making to a lower level of government (in countries with historically developed and established structures of territorial self-government) and in the creation of these levels (Italy, Spain, Poland).

Within the concept of multi-level governance, decentralisation requires coordination among many actors in several dimensions: within the governmental structures relative to regional and local conditions, between the central and territorial government units, within the context of territorial self-government units, as well as between stakeholders of various sectors. The multi-level framework is a module of the broader institutional analysis and development framework [5]. The concept is used largely in the social sciences to analyse the governance of common resources, mainly the aspects of ownership [5, 6]. These levels of multi-level framework are defined as operational governance, collective governance and constitutional governance [7]. In this paper, a multi-level governance framework has been applied for use in analysing health promotion and HP4OP governance. While concentrating on a similar variety of stakeholders (governments, providers, and patients/citizens) [8], this framework differs by positioning them as not only stakeholders but also as potential governance practitioners within the health system.

BOX 1. HP4OP in the public authority sector

An analysis of the public health, health promotion and HP4OP functions and activities within the public authority sector is important and necessary. Defining, planning and achieving health goals including health promotion and HP4OP tasks are always the responsibility of the public authority. A description and understanding of the different models of political systems, governance, forms of decentralisation etc. are crucial to interpret and realise how the political, coordination and cooperation processes regarding the issue of HP4OP are implemented.

The sector of public authority is differently organised across the European Union (EU), especially when it comes to the relation between central and territorial governments. A common issue is the important role of the CTG with regard to public health, health promotion, and health promotion for older people.

The main aim of this article is a description of the central and territorial government sector's involvement in the issue of health promotion for older people: indication of the key sectoral institutions, identification of their role, as well as presentation of example of HP4OP initiated, implemented and coordinated by the sector's institutions.

METHODS

Three data collection methods were used including: a literature review, a questionnaire survey and in-depth interviews. The first step of the methodology was a literature review on health promotion and HP4OP, performed by CTG institutions in European Union countries. The goal of the literature review was identification of CTG institutions involved in HP4OP, their roles, tasks, status, sector classification and responsibilities. A literature review on countries' institutional specificity was performed for English-language papers on HP4OP published between 2000 and 2015 in ten 65+ Pro-Health project' countries. The database selection was limited to PubMed and healthPROelderly. The two independent researchers performed the source selection in two stages: by abstract and full text screening [10].

Documents not explicitly mentioning health promotion, focused on the clinical aspects of diseases, not addressing the group of the elderly explicitly were excluded. Data from review on countries' institutional and organisational specificity mostly required further specifications. For this purpose, a follow-up narrative review of other available sources, including the grey literature, as well as others materials: strategic documents, official statements, national programmes and projects, guidelines and other publicly

accessible sources, was performed for better identification of the institutions. At the end of this step a supplementary review was also performed using the following databases: the European Observatory on Health Systems and Policies, the Health Systems and Policies Network, Health Policy Journal, Public Health Journal, Health Policy Journal, the Journal of Public Health and Health Systems in Transition. The authors also searched for information from websites of national and international organisations dealing with issues related to the topic and international projects dedicated to healthy and active ageing [10].

The next step of the research methodology was questionnaire survey which has been elaborated and used in order to collect the overall country-specific information about health promotion with special stress on HP4OP [9], [10]. This questionnaire was prepared in order to supplement and confirm information for the country-specific perspective regarding the engagement of selected sectors in HP4OP actions obtained from the literature review. The analysis was undertaken with two goals: identification of the sectors most engaged in HP4OP in EU countries, and acknowledgment of country specific sectors and institutions. The respondents, country experts selected by the project's collaborating partners, were asked to fill in the custom designed questionnaire concerning HP4OP institutional aspects. The questionnaire was composed of ten main questions divided into two parts: relating to public health in general, and HP4OP particular. The survey itself and communication with experts were conducted in English. The first part of the survey sought to identify the sectors and institutions most active in health promotion in general and HP4OP in particular. The respondents had the possibility to identify seven sectors: Health, Social, Central Government, Regional/Local Authorities, Voluntary/NGO, Education & Sport and Media.

The institutional approach was conducted towards three main aspects: 1) health policy concept, creation, standards and plans; 2) policy/strategy introduction into the system 3) implementation of policy, practical application/ introduction and monitoring, control and surveillance, and the final process of assessment and evaluation.

In five out of ten analysed countries the regional/local government was indicated by national experts as one of the crucial stakeholders in the field of health promotion for older people. These countries are as follow: Poland, Hungary, Bulgaria, Italy and Portugal [9, 10].

To get more detailed information from the countries listed above, we have conducted in-depth interviews with national experts. The tool used during these interviews was a special *Regional and Local self-Government Sector Template*, developed within the Pro-Health65+ Project [9]. The most important questions and issues in this template are as follow:

- key health promotion strategies/programmes for the elderly attributed to different regional and local authorities,
- cooperation between the different levels of self – government in the sphere of HP4OP,
- monitoring and evaluation of HP4OP,
- human and financial resources involved in preparation/development of HP4OP,
- character of organisation involvement and support from public authorities,
- involvement/assistant from health sector institutions, the social sector, NGOs and the media,
- evidence based knowledge used in planning and development of HP4OP activities,
- the main limitations and barriers in implementation of HP4OP.

More details about this research and its results are presented in the Pro-Health 65+ project report titled: Health promotion for older people realised by central and territorial governments in European countries [9].

Central and territorial government responsibility in health promotion in European countries

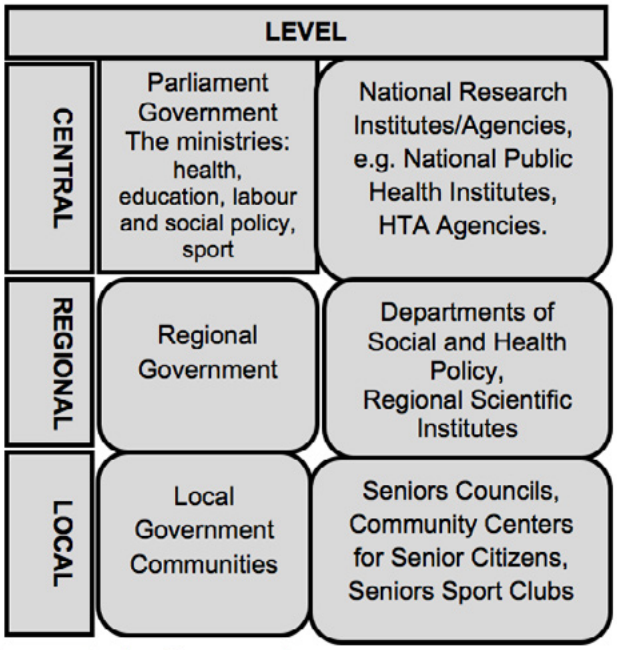
Figure 1 shows the main central and territorial government sectoral institutions active in the field of health promotion addressed to older people at three levels of public health authority: national, regional and local.

The operational level for the implementation of the majority of public health functions/operations, including health promotion and HP4OP, is regional or local [e.g., Italy, the Scandinavian countries (Denmark, Finland, Sweden) Switzerland, Spain and the UK] [11]. In Germany and Austria, the Länder (states) are self-government in many aspects of public health and health promotion, but they delegate some responsibilities to the local authorities and regional health insurance funds [11]. In big countries like Germany or Italy public health goals are distributed across regions. Public health authorities on the regional level are responsible for guidance, expertise, and coordination.

A special case of regional engagement and the differences in public health and health promotion is Italy. Italian regions have implemented their autonomy in different ways. Northern parts have been more effective in founding operative structures for public health and health promotion programme delivery as well as health monitoring and evaluation than southern regions. Regional disparities show differences in political, economic, contextual, and cultural factors, as well as differences between regional health systems [12].

In the remaining European countries, the central authorities are primarily responsible for planning and organising public health and health promotion services and programmes/strategies. However, implementation and governance are often delegated to lower levels of authorities. The health system in Ireland and Portugal used to be categorised as decentralised but has been

FIGURE 1. The main CTG institutions active in the field of HP4OP.



Source: Authors' own work

recentralised, including its public health services [13].

Another way in which public health services change across Europe is in their managerial set-up. In such countries as the Netherlands and Germany, many core public health operations are subordinated to the local government, while in Wales, Scotland and Northern Ireland they are under the domain of health ministries. In England, the delivery of public health services was changed in April 2013, when the Cameron health care reform was implemented and the new responsibilities for public health and health promotion activities were transferred from primary care trusts to the local government authorities [14].

There are few main misgivings and challenges concerning the different aspects of the health promotion programme planning and implementation process. The first is to contain the health promotion outside the public arena for policy-making. The second is to underline the importance of individual behaviours rather than structural measures to address health determinants. There is also the possibility of potential conflicts of interest when funds are acquired from activities such as gambling or sales of health-damaging products. One of the challenges is how to monitor and evaluate the quality and effectiveness of these activities. Another is how health promotion actions should be planned to take into account the real needs of the population and guarantee equitable access. Another still is how to accomplish cooperation and sustainability between NGOs and professional organisations [15]. There are also European networks which have been developed to exchange experience and advocate for action, e.g. the European Network for Health Promotion Agencies (EuroHealthNet) and the European Public Health Alliance (EPHA).

The education, training, and skills of health promotion professionals also differ across the countries. The largest improvement in this field has been noticed in Central and Eastern Europe and in the former Soviet states. There are also many problems identified in these aspects in Western Europe. One of the most important goals is to move beyond a narrow focus on behaviours, individual lifestyles and risks in the direction of overriding approaches that address the major determinants of health, whichever sector they emit from.

To achieve growth in promoting population health it is important to mobilise public support and involve public institutions into public health and health promotion activities (the HIA – Health Impact Assessment perspective). It is also essential to ensure the quality of health promotion programmes, especially in light of equitable coverage and better use of emerging technologies.

As was mentioned above public health and health promotion should be a responsibility for all levels of government. There is generally some degree of imbalance between central and territorial authorities' engagement in public health and HP (see above) and especially in HP4OP activities. The different socio-economic approaches and institutional structures of political systems influence the commitment level to the most extensive approaches to health promotion (health advocacy) [9].

The operational level for health promotion and HP4OP must be the local level. Local governments should adopt and implement a life course concept according to this plan and organise a healthy ageing policy. Local governments could play a more important role in promoting intergenerational acceptance. To be more effective the implementation role of local government should be supported across all participants in the community, e.g. health service providers, the voluntary sector, police, housing, social workers, health care professionals and other so called street level promoters. A very important role of local government is to provide and share good practices in HP4OP. The local government association could play a guiding role in finding and promoting effective cooperation and adaptation methods.

An important function of health promotion and HP4OP is to ensure age-friendly environments with good access to community facilities such as public transport, meeting places, seating, bicycle paths, swimming pools and sports centres. Local government is responsible for guarantying the access to basic infrastructure and facilities that allow community members (population 65 plus) to participate in physical activity. An important goal for the future is to achieve a satisfactory level of health and social care integration.

However, involvement in essential health promotion activities in areas such as cancer prevention, injury prevention and safety promotion, nutrition or physical activity promotion is not as common or constantly successful in the obligatory health protection functions. The local government is very often the inventor of the education

activities of the older community participants. The ageing of the society implies permanent growth in the demand for health services. Actually, the healthcare system is not ready to cope with the impending problem. In this context it is important for local government units to create chances to facilitate growing access to diagnosis and treatment, promote early diagnosis and support the application of screening programmes.

The main national/central and territorial government institutions active in HP4OP

The territorial government sector was indicated by national experts from five of the ten analysed countries as one of the two most active sectors in health promotion for the elderly: Poland, Italy, Bulgaria, Hungary and Portugal. A grey literature review also shows that regional and local authorities are increasingly involved in the practical implementation of HP4OP, but the degree of their engagement varies from one country to the next; therefore it requires in-depth analysis.

The analysis of the institutional involvement in HP4OP was based on the results of the literature review, questionnaire surveys [10] and in-depth interviews with national experts [9]. Moreover, essential contributions to this paper came from the country profiles developed within the project Pro-Health 65+ for such countries as: the Netherlands [16], Germany [17], Italy [18], Portugal [19], Greece [20], Poland [21], the Czech Republic [22], Hungary [23] Bulgaria [24] and Lithuania [25].

For a general overview of those results, please consult Table 1. The table also shows the level of diversity of central and territorial institutions engaged in HP4OP and financing health promotion activities.

The administrative structure in EU countries is different and depends on of many of the above-identified factors like administrative system (federal, unitary), social policy and health system models, type of decentralisation and others.

Most of the analysed countries are divided into three territorial government levels: regional, intermediary and local (Poland, Italy, Germany, and Portugal). Five of Italy's twenty regions have a special status (Aosta Valley, Trentino-Alto Adige/South Tyrol, Friuli-Venezia Giulia, Sardinia and Sicily) for historic, linguistic and minority-related reasons. The regions of Trento and Bolzano have the status of an autonomous province, with their own legislation and their own budget. In Italy, each municipality is linked to a province but can directly deal with its region and/or the national government. Municipalities can only gain the status of a city if the president of Italy grants them this title. In Poland, 65 urban municipalities have a special status ("the big cities"). In the Netherlands and Portugal, there are two levels of self – government identified – regional and local. Alongside the municipalities and parishes, Portuguese local self-government units include other types of authorities, such as inter-municipal communities, associations of municipalities, big metropolitan areas and urban communities. These authorities principally aim at coordinating the municipal investments of supra-municipal interests and at coordinating relations between municipalities and national administration services. Their competencies also include strategic, economic, social and territorial management. In Hungary only the local level is indicated. The capital city of Budapest is composed of two levels: the city's local government and 23 districts. These two levels are managed by autonomous local entities, which have the status of a municipality. A municipality can become a city at the initiative of its body of representatives, depending on its level of development and its impact at the regional level.

At the central level, the national public health agencies/organs and the main resorts/ministries engaged in the HP4OP have been designated. The ageing policy is situated in the different governmental institutions, mainly in the ministries like e.g. the Ministry of Labour & Social Policy (Poland, Bulgaria, Portugal), the Ministry of Health (Poland, Italy, Bulgaria), the Ministry of Interior Affairs (Italy), the Ministry of Health, Welfare and Sport and the Ministry of Economics (the Netherlands), the Ministries of Finance, Regional Development and Welfare, Education and Science, Environment and Tourism, Youth and Sport, Agriculture and Food (Bulgaria), the Ministry of Human Capacities (Hungary), the Ministry of Solidarity and Social Security and the Ministry of Territorial Planning (Portugal) as well as the National Institutes of Public Health (Poland, the Netherlands, Bulgaria), For Health Assistance of Aged People (Italy), the National Institute for Health Development (NEFI) – (Hungary), the Federal Centre for Health Education (BzgA) (Germany). The only ministry partly dedicated to the older population has been established in Germany (the Ministry of Family Affairs, Senior Citizens, Women and Youth).

In Hungary, there is a special Council, established in 2002, pursuant to a government decree. The Council is an advisory body to the government that provides opinions, recommendations, assessment and coordination on certain issues. The work of the Council for the Affairs of the Elderly is coordinated by the Division of Elderly Affairs and Old Age Pension (*Idősügyi és Nyugdíjbiztosítási Főosztály*) that is under the control of the government secretariat responsible for Social Policies in the Ministry of Human Resources.

The central government institutions in all EU countries are responsible for health prevention and health promotion. However, implementation of health promotion programmes (HPP), including HP4OP is usually done by local municipalities and regional authorities.

In the Netherlands, there are regional public health centres (GGDs) - regional institutes for public health. GGDs are involved in community health prevention activities related to the elderly (wpg). GGDs are responsible for

TABLE 1. The main national/central and territorial government institutions active in HP4OP.

	CENTRAL LEVEL	REGIONAL LEVEL	LOCAL LEVEL	Sources of financing HP4OP
POLAND	Ministry of Family, Labour and Social Policy, Ministry of Health, National research institutes (e.g. National Public Health Institute, National Hygiene Institute, Occupational Medicine Institute in Łódź, the Central Institute of Labour Protection, the Institute of Rural Medicine in Lublin	Regional level: 16 regions (voivodship-województwo) Departments of Health and Social Policy	2.479 municipalities (gmina) Departments of Social Policy and Health Senior Councils	Regional/local governments; central budget
ITALY	Ministry of Health - General Directorate for Health Prevention (DG per la prevenzione sanitaria), the General Directorate for Health Care Planning (DG della Programmazione Sanitaria) and the General Directorate for Hygiene and Safety of food and nutrition (DG per l'igiene e la sicurezza degli alement e la nutrizione) Ministry of Internal Affairs National Institute for Health Assistance of aged people & Health Ministry INAIL (National Institute for Assurance against work injuries and disease) Rete delle aziende che promuovono salute- Health Workplace Promotion Network (WHPN) National Centre for Disease Prevention and Control (CCM)	20 Italian Regions with Regional Health Promotion Plan and the Regional Health Plan ("Piano Sociale e Sanitario Regionale") Regional Health Departments Assessorate of Social Policies Standing Conference for Regional Health and Social Care Planning Rete Città Sane DoRS - Centro regionale di Documentazione per la Promozione della Salute - Regione Piemonte Società della Salute Firenze (Society of Health, city of Florence)	8 094 municipalities (comuni) Local health authorities (Aziende Sanitarie Locali-ASL) Districts Department of Prevention of the Local Health Authorities (ASLs). Provincia Autonoma di Bolzano (and other individual local authorities)	Regional/local authorities, About 3-4 % of the National Health Budget
GERMANY	Federal Ministry of Family Affairs, Senior Citizens, Women and Youth Federal Centre for Health Education (BzgA)	Regional level: 16 regions (Länder) Health insurance companies	11 500 municipalities (Gemeinden) and cities (Städte) Communal Public Health agencies Community centres for senior citizens Sports clubs Adult education centres	Statutory health insurance (45%) Public budgets (19%) Statutory accident insurance (11%) Private households (10%) Employers (9%) According to data from 2013
The NETHERLANDS	Ministry of Health, Welfare and Sport (VWS) -Ministry of economics (consumer safety and food safety) A Centrum Gezonde Leven developed within the Dutch National Institute for Public Health (RIVM).	12 provinces (provincies) Academic Collaborative Centers (ACC)-assist in the cooperation between policy makers, researchers and street-level health promotors. Regional public health institutes (GGDs).	418 municipalities (gemeenten) Different Dutch municipalities, GGDs and other partners are involved in the organization of so-called Centre for older population groups or Consultatiebureau voor ouderen. -Thuiszorg is home care organized within neighborhood for elderly including local volunteers but also public and private partners	Central government and municipalities, health insurance companies and care offices.
PORTUGAL	Ministry of Health Directorate General of Health Ministry of Labour, Solidarity and Social Security Ministry of Territorial Planning	Regional Health Administrations – RHAs - Departments of Public Health Groups of Health Centres (Agrupamentos de CEntros de Saúde-ACES)	Public Health Units - local health authorities integrated at ACES - groups of Primary Care Centres Community care units – CCU Public Health Units - PHU	Mainly central budget
BULGARIA	Ministries of: Finance, Regional Development & Welfare, Education and Science, Health, Environment and Tourism, Youth & Sport, Labour & Social Policy, Agriculture and Food and National Centre of Public Health	Regional government not existing.	264 municipalities (obshtina)	Central and local governmental budgets
HUNGARY	Ministry of Humnan Capacities/ Secretariat of Health - responsible for strategy Partly involved: Ministry of Human Capacities/ Secretariat of Sport Ministry of National Resources National Institute for Health Development (NEFI) National Public Health and Medical Officer's Service (ANTSZ-OTH) Council for the Issues of the Elderly (Idősügyi Tanács).	Regional government not existing.	3175 municipalities (települések), cities (városok), cities with county rank (megyei jogú városok), capital city districts (fővárosi kerületek) and the City of Budapest	Central budget and municipalities

Based on: Local and Regional Government in Europa, Structures and Competences, CCRE, CEMR, ProHealth-65+ Questionnaire: Bulgaria – Emanuela Mutafova; Germany Kai Huter, Hungary- Petra Baji; Italy - Umberto Moskato; The Netherlands - Milena Pavlova.

the education of older people as well as developing, supporting and realising health promotion and health prevention activities for the elderly such as prevention of depression and loneliness, promotion of active movement, prevention of accidents and fall prevention, and promotion of healthy nutrition. GGDs also monitor the health status of the elderly population [16].

In Italy, regional governments are responsible and have exclusive authority at the execution-level of planning and delivering healthcare, prevention and promotion services as well as health-related disciplines (labour safety, organisation of professions, food safety, and scientific research) [18]. In Italy at the local level, geographically based local health authorities (*Aziende Sanitarie Locali-ASL*) deliver public health, health promotion, community health services and primary care. The local departments of prevention are responsible for planning and coordination of HP4OP.

At the level of regional and local authority there are departments of social and health policy directly engaged in HP4OP activities. In some cases, on the local - municipality level, there are special dedicated ageing policy institutions, e.g. the Senior Council in Poland, Districts in Italy, Community Centers for Senior Citizens and Adult Education Centers as well as Senior Sport Clubs in Germany and Centres for Older Population Groups or Thuiszors – homes care organised within neighborhoods for the elderly in the Netherlands.

In Portugal there is a special link between local authorities and primary care, called Groups of Health Centres (Agrupamentos de CEntros de Saúde-ACES). ACES are responsible for the provision of primary care and include specific units (Family Health Units, Personalised Health Care Units, Community Care Units – CCU, Public Health Units – PHU, Shared Healthcare Resources Units). The most important for HP4OP are CCU, which cooperate with other community institutions and are responsible for HPP, especially for the elderly; they provide educational trainings in health centers and education of family caregivers [19].

Financing HP4OP situated in central and territorial governments

There are different sources of funding for HP4OP at different levels of public government. The report *"How to promote active ageing in Europe. EU support to local and regional actors"* indicates European sources which can be used for health promotion for older people. There are: The Cohesion Fund, The European Social Fund (ESF) and The European Regional Development Fund (ERDF).

The rules of funding for HP4OP are different in different European countries. In Portugal HP4OP is mostly funded by the Ministry of Health and the Ministry of Labour, Solidarity and Social Security, which are involved in direct or indirect financing and promoting projects regarding HP4OP, but some specific actions are also funded by the Ministry of Territorial Planning. The General Directorate of Health under the Ministry of Health in Portugal finances and organises its National Programme for the Health of Older People [26]. In Hungary territorial government is responsible for planning and providing local health services. Territorial government units have limited financial sources to spend on health and they have no earmarked funds for public health. HP4OP in Hungary is mostly funded from the central budget.

In Italy funding for health promotion programmes is frequently provided by regional/local governments. Financial support of HP4OP depends on the given regional/municipality government's capacity to apply for national or European funds. Local authorities often apply for EU funds dedicated to health promotion programmes. The Department of Social Cohesion of the Ministry of Internal Affairs has launched the national programme of *"care services to children and the frail elderly"* with the purpose of providing and implementing multidisciplinary services for older people in regions of southern Italy [18].

In Poland the community health promotion programmes are mainly funded by their own-sources. In the case of public central government programmes (e.g. ASOS and Senior-WIGOR programmes) the financing and regulatory role is attributed mainly to the Ministry of Labour and Social Policy. Regional and local authorities in Poland can also apply for financial support from national and international financial sources: from the educational sector and the sport sector, the Operational Programme - Infrastructure and Environment, EOG Funds, Norway Grants and national operational projects funded by EU funds.

In Germany funding for prevention, health protection and health promotion in 2013 was constructed as listed below: statutory health insurance (45%), public budgets (19%), statutory accident insurance (11%), private households (10%) and employers (9%) [17].

Also in the Netherlands the central government and municipalities are the main stakeholders responsible for funding health promotion activities. According to the law, all responsibilities are given to municipalities regarding health promotion and prevention activities. Responsibility for financing health promotion projects is also given to health insurance companies and care offices. Most of the public health funds are transferred to local municipalities and through them to regional public health services [16]. The role of the central government in funding is strongly defined in the Czech Republic. Since 1994 the central government has been systematically subsidising "Health Promoting Projects" and in 2004 it launched a grant programme "Healthy Ageing Projects" focusing on the population 55+. The most important sources of financing workplace programmes are represented by the Ministry of Industry and Trade and the NGOs [27].

Examples of HP4OP performed by central and territorial governments

Collecting and sharing information on good practices in a particular domain and place may form a reference or inspiration to other organisations and countries, a basis for recommendations and motivation to broaden their implementation. A good practice in health promotion can be widely understood as an activity, intervention or programme carried out in order to achieve a positive change in relation to the health of a particular population [28]. Good practices in health promotion programmes are usually based on evidence: scientific research, statistical information, experience and knowledge from previous projects. Active participation of community members and stakeholder engagement in the planning, implementation and decision-making process could help ensure that a health promotion programme will be appropriate to its context [29].

Health promotion activities dedicated to older people which are conducive to the maintenance of health and prevention of disease could be grouped into such categories as: physical activities, healthy nutrition, education in the life-cycle, healthy housing, vaccinations, prevention of risks factors (smoking, excessive drinking, falls/accidents, obesity, social isolation and social exclusion), healthy sexual life and emotional health (e.g. prevention of violence). Health promotion projects from different countries present know-how and innovative ideas of how to support healthy ageing in an active and positive way. Our literature review and research have indicated a lot of interesting activities which can be classified as good practices in HP4OP [9]. There are interesting and innovative examples, which show how to prepare and implement complex programmes taking into account different aspects of healthy and active ageing.

Below we are presenting a few examples identified during our research as good practices (as a result of literature review and in-depth interviews). We have focused primarily on interventions whose effectiveness was confirmed by analysis conducted within the ProHealth 65+ project. Physical activities have been identified as one of the key contributors to the health and quality of seniors' lives. The evidence-based list of benefits of physical activities for older people indicates that this area should be treated as a priority. An interesting example comes from the Netherlands (*Physical activity on prescription*) [16]. In this intervention older adults with a sedentary lifestyle and lifestyle related diseases receive a prescription from their family doctor to become engaged in physical activity. Together with health professionals (physiotherapist or sport advisor), the older adult makes a tailor-made plan of physical activities that she/he will perform. The intervention has a nationwide character – it has been implemented all over the Netherlands. A similar programme of prescribed physical activity in close cooperation between health and sport institutions has already been implemented in Germany (*Rezept für Bewegung*). There are other interesting programmes considered to be good practises in physical activity for seniors: the national German programme IM FORM, the Groningen Active Living Model (GALM) from the Netherlands, the Italian programmes *Colori in Movimento* (Colours in Movement), introduced in the Abruzzo region, or *Anziani in Cammino* (Seniors on the Way), established in Umbria.

Social isolation and social exclusion are crucial problems of the older population. Health promotion programmes involving social activities may improve the situation of older people and bring many benefits in the context of a better quality of life and mental health. An interesting and innovative example from Hungary (the Ujbuda 60+ Project) has been identified, which shows how to prepare and implement a complex programme taking into account different aspects of healthy ageing [23]. This project is conducted by Ujbuda – one of the largest districts of Budapest. The main objective of this project is raising the quality of life with the instruments of the self-government and achieving results in: loneliness reduction, eliminating the generation gap, ensuring and providing life-long learning, maintaining health and an active lifestyle, ensuring a safe environment and maintaining the independence, activity and dignity of older people as long as possible.

There are also interesting examples dedicated to healthy nutrition for older people like *Delicious life* from the Czech Republic [22]. The main goal of the programme is to provide more knowledge and to enhance cooking abilities amongst older people in order to encourage them to healthy eating and to enhance their physical activity, and to motivate them to follow a healthy lifestyle. A similar programme has been implemented in Germany Fit im Alter – *Gesund essen, besser leben* [17].

In Hungary the number of active local governments, different local initiatives, new co-operations and collaborations focused on the elderly has got new impetus in recent years. In 2004 a special dedicated tender was established: the *"Senior Friendly Local Government Award"* [30]. This award is given yearly by the Ministry of the Interior and the Ministry of Human Resources. A local government applying for this award should work out effective resolutions, and these new methods should be implemented. Tenders and applications usually contain innovative methods and new initiatives relying on resources already available in the current framework. This award is able to call the attention of local governments to the importance of a proper environment for older people. There are different activities, projects and initiatives to achieve these goals in practice. In health promotion activities in Hungary, volunteering organisations play a crucial role, so such an award has a special value and prestige. The next interesting Hungarian initiatives are: *"Silver project"* and *"Elderly for youth and elderly"*. These projects are focused

on strengthening local and professional communities, intergeneration solidarity, healthy ageing, strengthening social inclusion, lifelong improvement and exchange of good practices. These projects were developed to support older people helping their community in social, educational, cultural, environment protection and settlement protection [30].

An interesting approach was indicated in the case of Portugal, where the *Portuguese Healthy Cities Network Association of Municipalities* (PHCN) was established. Now the PHCN is a large platform for sharing and discussing issues that impact people's health and quality of life. In each of the associated municipalities, partnership and cooperation networks have been established and have grown further, and programmes and actions that promote equality in health and healthy urban planning and prevention of social exclusion have been strengthened, while health development plans are currently essential instruments of local development strategies. It is worth underlining that ten Portuguese cities are members of the WHO Global Network of Age-friendly Cities and Communities.

At the central level, integrated initiatives like "Happy Ageing" in Italy have also been implemented. This is an alliance for active ageing founded in 2014 to promote national policies and programmes to protect and promote the health of older people. The alliance is composed of scientific societies (like the Italian Society of Hygiene and the Italian Society of Geriatrics and Gerontology), trade unions and seniors' representatives. The aims of this Alliance are advocacy for health promotion for older people at the national level and the collection of all good practices in the field of elderly wellness [18].

In recent years, national and local governments, as well as other organisations involved in the issue of population ageing have initiated and implemented a number of valuable actions for healthy and active ageing. Currently there are a wide range of good practices which have been developed by various national, regional and local governments. It would be valuable to enlarge and improve sharing of information regarding these practices (e.g. the WHO Global Database of Age-friendly Practices - which does exist, but the number of examples in this database is still limited). Databases of good practices make it possible to present inspiring, bottom-up initiatives for active and healthy ageing. These databases are being initiated on both national (e.g., the Pro.Sa Italian database, collecting examples of Italian health programmes considered good practices) and international (e.g. the *HealthProElderly or JA-CHRODIS* databases created within European programmes) levels. Also, databases dedicated to specific problems in HP4OP, such as prevention of falls (ProFouND) or prevention of alcohol abuse by older people (Best Practices – Vintage Project), have been developed.

A European on-line database, containing information on innovative actions and inspiration for organisations in other regions and countries, is being developed. According to the European Commission "reference sites" are regions, municipalities or local societies where complex and innovative actions for obtaining a favourable environment for active and healthy ageing are undertaken [31]. The highest numbers of such reference sites were identified in Spain, the Netherlands, Italy, and the United Kingdom.

The European Union has developed a *European Scaling-up Strategy in Active and Healthy Ageing* within the European Innovation Partnership on Active and Healthy Ageing (EIP AHA or Partnership). This platform brings together key stakeholders in this area, supports the good practices developed by its partners and can act as a catalyst to disseminate good practices across European regions and countries [32].

Summary and conclusions

There are special expectations of the public authority in the field of health promotion addressed to the whole population, and especially to older people. Defining and planning health goals including public health and health promotion tasks in European countries is always the responsibility of the public authority. The knowledge of different existing models of political systems, kinds of governance, levels and forms of decentralisation are crucial to understanding how the political, coordination and cooperation processes regarding the issue of HP4OP are being implemented.

Our analysis shows that CTG institutions are actively involved in functions and activities of health promotion for older people and have developed different methods and tools to support the realisation of these roles.

Health promotion activities are very often the main goals outlined in central and territorial HP4OP programmes and strategies. The programmes are usually based on joint work from different stakeholders including local municipalities, health organisations, health professionals, sport clubs, health insurance companies, the media, universities and NGOs. However, the main role is given to the municipalities. There are many different national programmes and strategies dedicated to an ageing society. Some elements of HP4OP, mainly physical activity, nutrition and risk prevention activities are visible in national and local health programmes and strategies [9].

The key elements of healthy ageing presented in central government initiatives are: integration which promotes solidarity between generations, education, social participation and services for older citizens.

General health strategies are usually defined by a Ministry of Health. Within those strategies the ministry often highlights the importance of disease prevention and health promotion, curative care and long term care. Within health promotion and disease prevention the Ministries of

Health usually emphasise prevention of substance abuse (such as alcohol, drugs and tobacco), promotion of healthy nutrition, prevention of obesity, healthy life style and preventative care. Often the health promotion strategy is defined as being local and community based.

Understanding the political process at the regional/local level and health promotion activities in their context allow a better understanding of the main barriers and possibilities for achieving health promotion goals. Many health promotion problems including HP4OP come from the implementation of a fragmented approach, the lack of effective cooperation, the duplication of efforts undertaken by different stakeholders and the lack of co-ordinated strategy at both the national and regional/local levels. Similar barriers were indicated during our research (in-depth interviews with national experts) in the analysed countries: in Portugal one of the main limitations is the lack of a designed national strategy in the field of HP4OP and the fragmentation of policies at regional and local levels [19]. In Italy the main barrier in HP4OP is the lack of dedicated national and regional regulations in this area in the National Health Plan and in regional health and prevention plans [18].

According to country experts interviewed during our research health promotion programmes are rather not priorities for politicians and decision makers who usually prefer results of their projects and activities in the short term (Italy, Poland, Bulgaria). Awareness among institutional leaders about the importance of spending resources on health promotion projects for older people is not satisfactory.

Nevertheless, the carried out analysis shows the increasing position of HP4OP in governmental public health policy, the significant differences in the sectoral activities and institutions involved in HP4OP in the analysed countries and the differences in CTG activities from the target group perspective (the position of older persons), e.g. in Hungary and Italy most HP activities are focused on the 55+ working population.

The main functions of health promotion are information, knowledge building and dissemination, education, primary prevention and screening, motivation/encouragement and advocacy. There are different institutions engaged in these functions and realisation of HP4OP:

- at the central level, the most active are the Ministry of Health and the Ministry of Social Policy. At the central level, there is no dedicated ministry for health promotion or health promotion for older people.
- there are dedicated departments of senior policy (focused mainly on active ageing not healthy ageing issues) in the mentioned ministries. Only in Germany is there a ministry focused on this age group.
- at the local level according to numerous studies, there are social integration centres initiated by the local authority dedicated to HP4OP (e.g. Senior Councils – Poland, community centres for senior citizens, sports clubs, adult education centres in Germany, centres for older population groups or Consultatiebureau voor ouderen in the Netherlands and community care units in Portugal).

Public activities are necessary to raise and develop the health capacity of the older population in such aspects as: access to safe places of physical activity and rehabilitation which have been adapted for older people, the possibility of further activity and learning, access to healthy food and acquiring skills regarding healthy nutrition, access to the integration of older people without stigmatising and humiliating them and access to health services.

There are different sources of funding for HP4OP at different levels of public government, but in the majority of the analysed countries the central government and municipalities are the main stakeholders responsible for providing funding for health promotion programmes.

The operational level for HP4OP is the local level (community level). At this level, all functions of HP4OP are taken, therefore the local authorities should coordinate and consolidate cooperation in this field.

More attention should be focused on the implementation of multifactorial approaches of prevention and better cooperation among different stakeholders. A well-developed HP4OP policy requires a wide range of measures that enable older people to stay active and healthy as long as possible. To achieve this target, different stakeholders should be involved, including street level promoters, social partners and NGOs, as well as citizens of the local community. In the area of the social participation of senior citizens, the main focus should be put on education as well as volunteering, civic engagement and participation in social life. An important challenge for all communities is to increase the number of seniors participating in HP4OP, especially those who are alone and often poor. Therefore, it is important to ensure wider information/promotion using all possible channels to reach potential users/participants of health promotion programmes.

There are many valuable health promotion programmes targeted to the older population, but too often they have individual (or even incidental), small-scale impact. It is important to encourage the European Union member states to share good practices in healthy ageing and to participate in international networks for central and territorial governments and age-friendly communities.

Conflict of interest statement

The authors declare that they do not have any competing interests.

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