

Health promotion for the oldest seniors in the social sector. Examples of policies and programmes from Poland and the Czech Republic

Agnieszka Sowa-Kofta ⁽¹⁾, Anna Szetela ⁽²⁾, Stanisława Golinowska ⁽³⁾

(1) Department of Social Policy, Institute of Labour and Social Studies, Warsaw, Poland

(2) Department of Health Policy and Management, Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Cracow, Poland

(3) Chair of Department of Health Economics and Social Security, Institute of Public Health, Jagiellonian University Medical College Cracow/Chair of Department of Social Policy, Institute of Labour and Social Studies, Warsaw, Poland

CORRESPONDING AUTHOR: Agnieszka Sowa-Kofta, Department of Social Policy, Institute of Labour and Social Studies. E-mail: a.sowa@ipiss.com.pl

DOI: 10.2427/12512

Accepted on July 6, 2017

ABSTRACT

This article identifies health promotion activities for the oldest people, who often become users of social services due to a loss of capabilities, solitude and raising care needs related to worsening health status. The analysis is based on a literature overview, experts' consultations and interviews on the role of social sector institutions in health promotion in selected countries. Examples of best practices in health promotion for older people in the social sector are presented. These include programmes of health information and campaigns on health risk avoidance, stimulation of physical activity, healthy eating for the oldest seniors, promotion of mental health and support of cognitive abilities, primary prevention activities and stimulation of social and cultural participation. The article concludes that health promotion activities for the oldest population and their carers, although not among the main activities of the social sector, are an important element of the activities of public and non-public institutions in providing care to dependent populations. The good practices identified typically involve numerous health promotion activities and require cooperation at the national – policy setting – level and within the community.

Key words: health promotion for older people, healthy ageing, social sector, Czech Republic, Poland

INTRODUCTION

Health promotion activities are organised and implemented predominantly by institutions belonging to the health sector [1], but also social sector is of importance.

The social sector is defined differently depending on the criterion of the scope and types of social benefits. In a broader sense it includes all income redistribution aimed at the achievement of social goals. In a narrower sense it is a sector that supports the so-called vulnerable groups, sensitive to deprivation and social exclusion. In the present analysis,

health promotion in the social sector includes health actions in favour of one of the most significant vulnerable groups – older people, who in many countries are an important group of assistance beneficiaries as living in older age often means not only living in poor health, but a decrease in quality of life due to poor living conditions, the risk of low incomes and inadequate housing or loneliness.

Aged people, especially in the so-called fourth age (80/85+) constitute on average 5% of the European population, about 70% suffers from chronic illnesses and from 65% to 80% reports multimorbidity [2]. Being prone to dependency they often require care at home or in institutions. Therefore, next to older people themselves, carers of older people (family caregivers, institutional nursing, community nurses, social workers and volunteers) are a group important for health promotion activities. Health promotion for the oldest old is strongly related to, and in many cases impossible to distinguish from, care. It plays a crucial role in easing the ageing process of the population. For older seniors health promotion and disease prevention aim not primarily at visible health improvements, as they are rather difficult to achieve, but reduction of the nuisance of illnesses, improving security and wellbeing of oldest people. The ultimate result of health promotion in the oldest population is sustaining quality of life, also in its latest stage. A significant amount of evidence confirms that these activities bring long-term positive results in the oldest age, preventing further health decline, decreasing the risk of hospitalisation, mortality and even increasing functional capacities, quality of life and life satisfaction [3, 4, 5, 6, 7, 8, 9].

The role of residential homes in health promotion and disease prevention was for a long time underestimated,

if not neglected [10], however there is an evidence pointing to the beneficial role of promotion activities towards institutionalised population [11, 12]. Maintaining an adequate level of physical and cognitive function brings improvement in quality of life in community dwelling older residents and – although to a lesser extent – among residents of nursing and care institutions [13]. Analysis undertaken within the Pro-Health 65+ project based on individual analysis using SHELTER data shows that undertaking physical activity, non-smoking and low alcohol consumption by institutionalised older people in eight European countries is negatively related with mortality [14].

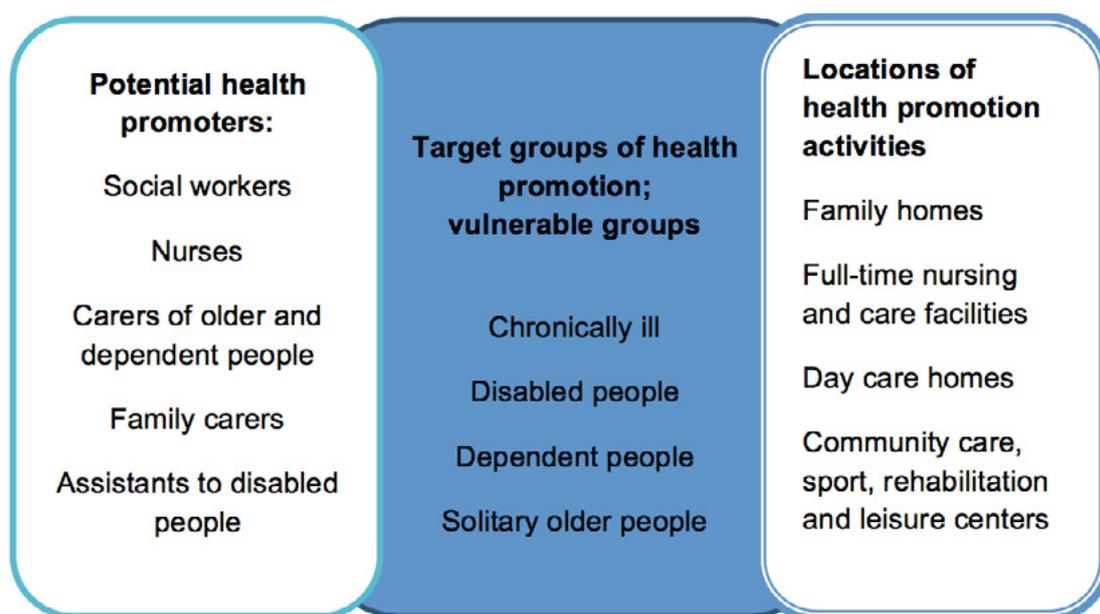
The scheme below presents the range of considerations in this article: the target groups of the oldest old who are in need of care and health promotion, potential health promoters and locations of health promotion activities in the social sector.

The main goal of this article¹ is to identify the role of social sector institutions in the field of health promotion for the oldest seniors, describe institutional conditions for this group and show examples (good practices) of health promotion activities and methods in the social sector in the two countries selected for analysis: Poland and the Czech Republic.

METHODS

The article is based on several approaches and numerous sources of information. The first step of the analysis was a systematic literature review on the role of different sectors in health promotion for older people

SCHEME 1. Health promotion for older people in the social sector: health promoters, target groups and settings.



[1]. For this purpose a SPOFER framework was used arranging the identified articles according to the following categories of roles/functions performed by identified institutions: settings (S), delivering promotion (P), organizing (O), funding (F), expertise (E), and regulation (R). Data provided by systematic reviews on institutions involved in health promotion mostly required further specifications performed via narrative review (on character, status, sector classification, etc.) [15]. Some complementary sources of information were experts' consultations on the role of social sector institutions in health promotion in ten analysed European countries: Bulgaria, the Czech Republic, Germany, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland and Portugal. The experts contacted had been indicated by the Board of Health Promoters of the "Pro-Health 65+" project, who represent the main health promotion institutions in four countries: Germany, the Netherlands, Italy and Poland. In order to collect the key information for the country-specific perspective regarding the engagement of the sector's institutions in health promotion for older people, a dedicated questionnaire was prepared and mailed to respondents, requesting that they identify the most important institutions involved in health promotion for older people in each country. Questions covered organisations and programmes provided by social sector institutions, activities undertaken by these institutions, their involvement in health promotion, occupations engaged in health promotion activities and resources used, barriers and cooperation between health and social institutions in health promotion.

Experts from the Czech Republic and Poland indicated social sector institutions as potentially beneficial establishment for health promotion [1] and provided significant evidence on health promotion in the social sector, what however does not indicate that in other countries health promotion and prevention towards the oldest people in the social sector do not exist. Many sources and researches point that such activities take place in Germany and the Netherlands [16]. Further, a questionnaire was sent to experts in the Czech Republic and Poland, requesting more detailed information on health promotion approach and policies implemented in the social sector in these two countries. This information was supplemented with an overview of legal regulations, policies and programmes targeted to older people based on national documents, grey and scientific literature. Finally, an overview of good practices in the health promotion field in the two selected countries was based on a data bank of good practices in health promotion for older people in European countries prepared within the project. Selected practices were presented in the health promotion for older people manual which is being

used for training health promoters in Poland, Italy and the Netherlands [16].

Social sector policies addressing health promotion for older people

Activities in health promotion in the Czech Republic are supported with national regulations on provision of social services to dependent people whilst in Poland they are strongly stimulated by local governments and third sector organisations and national regulations only set main policy directions. In both countries, care institutions for older people located in the social sector are complementary to the ones in the health sector, where community nursing and residential nursing facilities operate. Care services in the social sector cover home care and residential care homes. There are no formal regulations on the type and scope of health promotion in home care and care institutions; however, both countries have adopted policies that tackle the social care sector and encompass the idea of supporting healthy ageing.

The basic regulation on care provision in the Czech Republic is the Social Services Act of 2006, introducing a cash allowance that can be used either for supporting informal carers or – and that was its aim – paying for social services provided in the community by professional care organisations. Residential care is also provided in senior residential homes. Social services include practical assistance and help with self-maintenance, and are of crucial importance when considering the promotion of healthy ageing in the community and place of living. This kind of social care is often complemented by medical home care [17].

The main policy document on ageing, care to older people and health in the social sector (supervised by the Ministry of Labour and Social Affairs - MoLSA) is the National Action Plan for Positive Ageing for the period 2013-2017 [18]. While this document is the most recent, health promotion, prevention of disease and ageing issues have been in the spotlight of national policy since the early 2000s with the National Programmes of Preparation for Ageing 2003-2007 and 2007-2012. Currently the new edition of the National Plan for Positive Ageing for the period 2018-2022 is under preparation and in the process of intersectoral consultations. However, already in the 2000s issues related to social participation, the life course perspective on healthy ageing and well-being in old age were being emphasised [19]. According to the National Plan for Social Inclusion for 2004-2006 prepared within the European Commission open method of coordination, in the area of social and health services

¹ The presented article builds on the results of the project "Pro-Health65+ Health promotion and prevention of risk – actions for seniors".

an emphasis was placed on support of living in the natural environment, on integrated community care, support to a growing numbers of dependent older people and on promotion of an active way of life. Social services have been perceived as a key instrument of integration of vulnerable groups into society and the labour market. Participation of older people in developing and planning social services has been guaranteed by community planning, based on mutual co-operation between local and regional authorities and users and providers of social services. Community planning was aimed at promotion of partnership in development of regional and local social policies, and especially social services [20].

The aim of the most recent National Plan for Positive Ageing for the Period 2013-2017 is to change society's attitudes towards ageing, improve the involvement of older people in society and promote active ageing as a prevention of social exclusion and health problems [20]. Two sections of the document refer to health promotion: "healthy ageing" and "care for elderly". In line with the document, healthy ageing should be supported in actions undertaken by national and community level social partners. The idea of supporting health and healthy lifestyles is strongly related with care institutions, including residential care. Municipalities and regions, which are also social service providers, are cooperating partners in almost all specific objectives of the programme. The role of social services is highlighted in the "care for the elderly" section, with an emphasis on a broad offer of interconnected social and health services. Social partners and social service providers are named as key actors in training and educational programmes (also for informal carers). Quality of social work activities and promotion of good practices are perceived as crucial for healthy ageing. Residential homes and people's own homes are the main settings for health promotion activities, preferred over public space like cities, regions, schools or workplaces [21].

Although the policy documents are broad, the actual involvement of social sector institutions in health promotion is difficult to assess. Generally, the sector and indicated institutions' activities are not oriented primarily on health promotion, even if in fact the involvement of local administration social assistance departments as well as residential and semi-residential care is important. For social assistance departments, health promotion activities are undertaken in addition to their standard duties, especially in home care. The main activities in health promotion include: awareness raising, providing knowledge and information, employing staff for health promotion and education on public health issues.

In Poland the basic act regulating care towards older, solitary, chronically ill or dependent people in the social sector is the Social Assistance Act (from 1990, amended in 2004). According to the law, regular home services and special home services are provided to the

older and dependent population with care needs living in the community. Residential care is provided to the older, dependent population whose needs cannot be satisfied by family and within the community. The main policy document on ageing, incorporating health promotion for older people is entitled Assumptions for Long-term Senior Policy for the period of 2014-2020 and was adopted in 2014 [22]. Other policy documents in the field of social policy, such as the National Plan on Social Exclusion, although touching upon the situation of older people in points related to support of social services, have not addressed problems of healthy ageing and health promotion for the older population. In fact, social policy during the transformation period was oriented towards alleviation of other social risks, such as poverty and unemployment, for a long time disregarding the ageing problem [23]. This is largely attributable to the fact that Poland is still a relatively young European country, with 11% of the population aged 65 to 79 and 3.9% of the population above 80 years of age [24], which is below the average of the EU-28 (13.4% and 5.1% of the population respectively) in 2014. However, it will become one of the most aged European societies in the next 50 years when the share of the population aged 65+ is foreseen to more than double (from 19.9% in 2014 to 32.9% in 2060).

Assumptions for Long-term Senior Policy is the first comprehensive policy on ageing related problems in Poland, with its second priority oriented towards health promotion and prevention of diseases in the older population. It aims at creating conditions for maintaining good health of older people and supporting their self-sufficiency for as long as possible in an individual lifecycle. Special attention is given to the development of personalised social services supporting older people and day care centres within the so called "Senior-Vigour" programme (since 2017 "Senior+").

The role of health promotion in the social sector has been underlined, pointing to the need for health support and health education. The policy also addresses the problem of coordination of care between institutions and professionals in the health and social sector: physicians (especially primary care physicians), nurses and carers aimed at supporting healthy living of older people. It should be underlined that much more attention is given to supporting home care and informal carers, also in the field of personalisation of care and health promotion, than residential care. Health promotion activities in the social assistance sector, although not anchored in law, might be provided during home visits of social workers and specialists (physiotherapists, other specialists). Health promotion activities are often provided in day care homes run by social assistance centres, non-profit or religious organisations. Health advocacy and education is an important field of local communities' activities aimed at older people, including dedicated programmes in

local community activity centres and non-governmental organisations or educational programmes of increasingly popular third age universities [25]. At the same time little is known or reported on health promotion activities in residential care facilities. They typically cooperate with primary care units, community nurses and physiotherapists, though often this cooperation is not formalised and neither are the activities provided [26].

Examples of health promotion programmes for the oldest people implemented in the social sector

Health promotion activities might be of different types. Often they are classified depending on (i) methods used for health promotion or (ii) types of healthy lifestyle activities that are promoted [16]. The main methods indicated include: health information, health education (learning activities), advocacy (consulting, lobbying, enabling social engagement and social support), social campaigns concerning health risk avoidance and primary prevention programmes for typical chronic diseases (e.g. diabetes, hypertension). Although two theoretical approaches can be distinguished, actual programmes frequently combine both: methods and activities.

In relation to the oldest people, often activities are targeted to both receivers (beneficiaries) – seniors and their – formal or informal – carers. Whilst some of the activities are typically undertaken in the health sector (i.e. primary prevention of selected diseases), others might be successfully provided in other sectors (i.e. health information and education, advocacy). However, lifestyle oriented activities, related to promotion of physical activity, nutrition or behaviours related to health risk avoidance are often provided by institutions in the social sector. Despite the sector they might be primarily identified with, in many cases actual activities for vulnerable groups of older population cover a combination of health promotion, prevention, treatment and care.

Selected examples of good practices presenting health promotion activities in the Czech Republic and in Poland cover programmes undertaken primarily by social sector institutions, often in cooperation with health care sector institutions and supported by non-governmental organisations. As the information on the impact of these programmes is limited, they might not always fulfil all of the rigid good practice criteria for interventions in health promotion: effectiveness, impact, feasibility, sustainability, transferability, social participation, engagement and cooperation of numerous stakeholders [16]. Some of the presented programmes were evaluated, while others were not subjected to an evaluation process but receive public funding, are highly valued by experts and are reported on in the literature and research [21, 24, 27, 28, 29, 30], which point out their potential health and

social effectiveness and positive stakeholders' reviews. It should be also noted that the selected programmes do not represent activities undertaken on a large scale, but rather local, often innovative, interventions. These activities are also highly ethically and emotionally valued by the recipients' families and communities.

Health information and campaigns on health risk avoidance

An important function of health promotion is provision of information on health risking behaviours. Such health promotion programmes include information and activities pointing out the negative impact of addictions (smoking, alcohol overuse) on health and the need for improvement in health literacy, especially regarding problems of medication misuse and polypharmacy. Programmes for more independent seniors include safe driving courses. Another often addressed problem is sleep management, as poor sleep negatively affects quality of life and is especially found among residents of nursing or care homes [30, 31]. Managing sleep programmes include educating older people that sleep problems are not a normal part of life; encouraging them to discuss sleep problems with care and health staff; considering environmental factors that contribute to sleep disturbance among the elderly - limited sunlight exposure, large amounts of time spent in bed, lack of physical activity, night-time noise, light, incontinence care routines [32].

The programme presented in Box 1 addresses promotion of healthy lifestyle among older residents of social assistance centres who suffered from addictions. The programme has a health promotion component combined with promotion of social inclusion.

Stimulation of physical activity

Well-tailored physical activity is important for all seniors, despite age, not only supporting functional abilities, but also playing a significant role for physiological variables such as muscle strength and reaction time, flexibility, agility and dynamic balance, as well as being important for cognitive abilities [34]. There are a great variety of activities aimed at promotion of physical activity in the older population (e.g. endurance, balance, flexibility training) that differ in the method of delivery, intensity, duration and frequency. Whatever the type of promoted activity is, attention is paid to assure a safe and friendly environment for older people, and especially for the oldest old. Box 2 presents a programme oriented at promoting physical activity in older people via dance therapy. Specifically, the programme supports functional, cognitive and social abilities of people with dementia.

BOX 1.**“Supporting addicted residents in social assistance homes for improving therapy and rehabilitation” (*System wsparcia osoby uzaleznionej – mieszkanka Domu Pomocy Społecznej, w celu wzmocnienia działań terapeutyczno – rehabilitacyjnych*)**

The programme is undertaken by the Addiction Therapy Centre in Kraków, Poland and was financed by the municipality in the period of 2013-2016. Aims of the programme include promotion of a healthy lifestyle among beneficiaries of residential homes. The programme covers the following activities:

- activities related to motivation for lifestyle changes through psychological, occupational and everyday therapy;
- teaching social skills, creating conditions of a healthy lifestyle, dealing with health and social pathologies.

These activities are carried out through meetings of the therapeutic community and various types of individual and group interactions. An interdisciplinary team working with seniors includes psychologists, addiction psychotherapists, rehabilitation therapists, occupational therapists, carers, social workers and nurses. Additionally, consultations with a psychiatrist and internist are provided. Importantly, while beneficiaries of the programme are older people living in social assistance homes, both employees and residential home managers in Cracow are recipients of the information and specialised training on stimulation of healthy behaviours (624 staff and managers from 10 residential homes) [33].

Based on: http://www.rops.rzeszow.pl/dokumenty/badania/raporty/problematyka_uzaleznienia_.pdf, (accessed February 15th 2017)

BOX 2.**“Effect of dance therapy on health status and quality of life of residents in care homes” (*Vliv tanecní terapie na zdravotní stav a kvalitu života seniorů zjištěná v institucích*)**

The project was implemented in Praha, the Czech Republic, in the period of 2005-2007. It was coordinated by the Gerontology Centre, which is a public institution operating in the social sector and funded by the Ministry of Health. Objectives of the project included:

- developing a programme of dance therapy which would be easily implemented in residential homes;
- including and activating seniors with dementia;
- improving quality of life of residents of care homes;
- improving the functional status of older people and preventing injuries and falls.;
- improving motivation and self-awareness;
- preventing depression.

During the project a dance therapy programme was prepared and implemented in seven residential care homes in Prague. Almost half of the beneficiaries (47%) were older people with dementia-related problems. Additionally, staff of residential homes were trained in organising dance therapy sessions for seniors and information on the project was distributed together with an educational movie on the dance therapy. Results of the programme were positively assessed by the interdisciplinary team of physicians, dance specialists, carers and the participants of the therapy themselves. The programme resulted in improvement of physical condition of seniors, fall prevention, improvement in integration of seniors living in a residential care facility, their quality of life and mental condition and preventing depression [21].

Based on: http://www.healthproelderly.com/database/index.php?id=1&tx_imhpeprojects_pi1%5Buid%5D=75&cHash=3dbd9adfa3dc045a246276ef31c1a52 (accessed December 10th 2016)

Healthy eating for the oldest seniors

Nutrition related programmes concern creation of dietary guidelines for older people in residential and semi-residential institutions as well as providing guidelines on healthy diet to carers, including informal ones. Although there is a tendency for health promotion nutrition programmes to focus mainly on children [35], there are examples of interventions for older people in residential homes as well. Box 3 presents a project with the primary focus of promoting healthy nutrition among older people, but simultaneously supporting physical activity and the social participation of seniors.

Promotion of mental health and support of cognitive abilities

Mental health promotion aims, among others, to reduce

the factors that place individuals, families and communities at risk of debilitating mental disorders by reducing or eliminating: anxiety, depression, stress and distress, a sense of helplessness, abuse and violence, problematic substance use, decrease the risk of suicidal attempts. Other goals are to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives and to reduce inequities and their consequent effects on mental health [36].

In older adults the most common mental problems include depression, which may manifest differently than in younger people, requiring different approaches to identification and treatment, and a progressing loss of cognitive abilities, which might take the form of dementia. An important fact is that depression has been shown to be common in caregivers of people with a psychiatric disorders and is most common for women providing care

BOX 3.**“Delicious Life” (Chutný život)**

The project was implemented in 12 cities of the Czech Republic in the period of 2003-2005. The main settings for project activities were social care institutions: local community and residential homes. The project was funded by several institutions: the Ministry of Health within the National Programme on Health – Health Promotion Projects, centres of social care and services and municipal authorities. The main objectives of the project were:

- to improve the knowledge and cooking skills of older people in order to encourage a healthier diet,
- to enhance their physical activity and increase their motivation for a healthy lifestyle.

The project was based on the findings that dietary habits of older people are often inappropriate and their improvement requires not only a nutritional but also a social impact. Project activities were organised around meetings during so called “Delicious Wednesdays”, which contained a short physical warm-up, educational lectures on healthy diet presenting the main world cuisines (Greek, Italian, Asian etc.) and practical lessons of meal preparation, including tastings. The lectures were given by dietary experts or by seniors themselves. Participating centres organised a “Delicious Wednesday” with a commonly shared methodical approach and always with certain specific elements. The interactive participation of seniors led to their activation. Participants selected recipes, prepared food and ate together. Participants in the “Delicious Wednesdays” were involved in the development of a desk calendar, which contained the most successful recipes, advice and other health promotion ideas. One of the results was the activation of the staff of the Regional Institutes of Public Health in health promotion for older people in the sense of agenda setting and networking; another one was involvement of the project methodology into educational courses organised by the Czech Association of Domiciliary Services.

Based on: http://www.healthproelderly.com/database/index.php?id=1&tx_imhpeprojects_pi1%5Buid%5D=74&chash=18a7ab6095cc8634eb4ba4ce24b8d345 (accessed December 10th 2016)

BOX 4.**Stop Alzheimer’s (Przystanek Alzheimer)**

This pilot project has been undertaken by a Polish member of the international organisation “le petits frères des Pauvres” since 2015 with the aim of organising a local consultation point or a self-help group for people with Alzheimer’s diseases and their family carers. The project takes place in Kraków and is funded by the municipality and the foundation, “Memory, Responsibility and the Future” (Pamięć, Odpowiedzialność i Przyszłość). During the two years of its implementation, as of 2017, over 45 workshops on subjects related to the risk of the disease, its treatment, care, diet helpful for the disease, depression among informal carers and others have been conducted. Recipients of workshops are formal and informal carers and therapists.

Based on: <https://przystanek.malibracia.org.pl/pilotazowy-program-przystanek-alzheimer/> (accessed March 15th 2017)

to someone with dementia [36]. Therefore programmes supporting mental health in older people often consider two types of beneficiaries: older people themselves and their carers, as the one presented in Box 4.

Primary prevention activities

Primary prevention for the oldest people includes vaccinations and vaccination campaigns, periodic health screenings (cancer, vision, hearing), blood pressure checks, preventive oral hygiene. A separate group of interventions is related to fall prevention (falls risk assessment, considering different factors for falls; promotion of calcium and vitamin D supplements, regular exercise, the use of hip protectors for high-risk residents, a regular review of medication, understanding the efficacy of multifaceted programmes, and environmental factors in facilities). Other interventions recommended in residential homes include: reducing infections by promoting hygiene (proper handwashing practices, good air quality, and provision of private rooms for residents with infections), improving environmental quality (including cleanliness, odours and noise) [32].

The programme presented in Box 5 is oriented towards early recognition of the first signs of dementia thanks to provision of screening tests to seniors living in a community.

A programme of fall prevention, presented in Box 6, was supported within an international research project oriented at injury prevention among residents of nursing and care homes.

Stimulation of social and cultural participation

Programmes encouraging cultural and social participation are related to leisure and educational activities, and although often benefiting younger seniors, they are also organised in residential homes as well as day centres engaging the oldest old. For these programmes it is typically recommended to closely tailor interventions, supporting older people as individuals with their unique needs and promoting personal autonomy [25].

In residential homes efforts are made to create a friendly environment by: supporting orientation and wayfinding (avoiding monotony of architectural composition and a

BOX 5.**Memory Clinic (Klinika Pamięci)**

This is a prevention programme organised by the international Angel Care foundation operating in Wrocław, Poland. The aim of the programme is to provide screenings of cognitive problems to seniors aged 65 or older. Screenings are free of charge and involve a 30-40 minutes test of cognitive capabilities run by a psychologist. If any cognitive problems are diagnosed, further consultations with neurologists are provided and an individual treatment plan is established. The screening programmes are popular, reaching several hundred people a year. Next to screenings, Angel Care senior centre organises other prevention activities, including memory trainings, dietary consultation and promotion of physical activity. The project is supported financially by the Wrocław municipality.

Based on: <http://www.angel-care.pl/z-zycia-centrum/juz-dziala-klinika-pamięci-angel-care> (accessed March 15th 2017)

BOX 6.**EUNESE: European Network for Safety Among Elderly**

A pilot project on increasing safety in nursing homes was implemented in the period of 2005-2007 and funded within the framework of the European Commission (EC) Public Health Programme (2003-2008) in several European countries, including Poland. The main aim of the project was to harmonise core activities pertaining to injury control and safety promotion among the elderly in the European Union. Main objectives of the entire project included the development of a good practice policy manual with a five year strategic plan, implementation of 4 small scale pilot projects (including the one in Poland) in various settings to test the applicability of selected injury prevention measures and the promotion of elderly safety via a conference, a developed website and information materials. The main aim of the pilot project in Poland was to reduce the number of injuries in nursing homes, with the following specific objectives:

- to enhance knowledge among the personnel regarding fall prevention,
- to elaborate and implement a monitoring system for falls in the nursing home institution,
- to implement a control trial educational intervention with follow up,
- to ameliorate the implementation of preventive procedures,
- to monitor changes in the number of falls and other indicators observed in order to measure the degree of change.

As a result, a training on "Fall Prevention in Nursing Homes" was performed according to the training plan four times to different groups of professionals (nurses, personal aids, physiotherapists, occupational therapists) in the nursing homes. This training concerned risk assessment of falls, rehabilitation, and other aspects. It included the practical guidelines of falls prevention among the elderly. An educational package for professionals in care and nursing homes was developed and distributed among the nurses, carers, personal aids, physiotherapists, occupational therapists and other medical workers. The nursing home staff was guided and supervised on implementing the risk of falls assessment and following the practical guidelines (Implementation of fall prevention programme).

Based on: http://ec.europa.eu/health/ph_projects/2003/action3/docs/2003_3_13_inter2_en.pdf (accessed March 15th 2017)

BOX 7.**"Effect of reminiscence therapy on the health status and quality of life of residents of care homes" (Vliv reminiscenční terapie na zdravotní stav a kvalitu života seniorů zijících v institucích)**

This project was implemented in the period of 2005-2007 in residential homes and was focused on improving the self-esteem and social recognition on the basis of organised group reminiscing, promoting social participation, quality of life and mental health based on communication [20]. The project was supervised by the gerontology centre in Praha as an innovative project on health promotion for older people and funded by the Internal Grant Agency of the Ministry of Health. The aim of the project was to measure the effect of groups reminiscing together. The main objectives included:

- developing reminiscence therapy adapted to the needs of older people
- evaluation of the effects of group reminiscence in 100 older people living in residential homes
- developing a training programme in reminiscence therapy for the staff
- furnishing a reminiscence corner or room for group reminiscence sessions (an old fashioned sitting room)
- facilitating an active social life in the residential homes
- including reminiscence therapy as a part of quality assurance

Qualitative analysis (based on transcriptions of group discussions both in experimental and control groups before and after the reminiscence intervention) found evidence that reminiscing in groups had a positive therapeutic effect: people were more active, had more contact with each other, expressed positive emotions and humour, were less depressed; they expressed their wish to continue this activity. Also the staff of residential home learned new skills

Based on: http://www.healthproelderly.com/database/index.php?id=1&tx_imhpeprojects_pi1%5Buid%5D=76&cHash=bfb5f3b79ff98bb018cd9d09a58cfed4 (accessed December 10th 2017)

lack of reference points, long corridors with many doors, a lack of windows or a lack of access to windows, ad hoc signage; promoting quiet environments, use of room numbers and distinguishing colours for resident rooms and doors, large signs or location maps supported by orientation training for residents, use of significant memorabilia outside residents' rooms, simple building configuration aided by explicit environmental information); increasing social interaction while providing privacy and control; promoting quality of life by providing links to family and friends; avoiding a rigid routine with few choices, resulting in a loss of dignity and sense of self; moving away from a medical model of care to one in which the well-being of the resident is central and in which active ageing is embraced; eliminating mandatory roommates [32]. The project presented in Box 7 focuses on promoting social integration of residents of senior homes, but also on supporting mental health by using reminiscence therapy.

CONCLUSIONS

In the case of the oldest population, health promotion is often limited to activities that do not decrease the quality of life of older people, rather supporting their actual health status, maintaining mental well-being and perception of life's meaningfulness. These activities are often undertaken by and addressed to carers of the oldest people, institutions providing care and local communities. The type and scope of activities is regulated by law and policies: in the Czech Republic more directly and in detail, while in Poland more indirectly, by pointing out institutions that are (should be) obliged to provide medical and social care to the oldest old. In practice however, older people, and especially the oldest old have been for many years a neglected group in health promotion policy. However, a rising awareness and changing attitudes in this area can be seen.

A special role in health promotion for people in the so called "fourth age" is played by family and informal carers of older people, who in fact often take on the role of health promoters, being in close relation with the beneficiaries. Carers are becoming providers of health promotion activities, learning rules of healthy nutrition and organising active leisure time with their dependents. They are improving communication skills and educating their dependents on healthy lifestyle. On the other hand institutional care combined with activation and health promotion is becoming an important source of respite and support for carers.

Also the oldest seniors who spend the last years of their lives in residential facilities, can benefit from health promotion activities organised and provided by the management and staff of those facilities. The offer of public residential care institutions is typically standardised, including adequate nutrition, rehabilitation services and specific forms of leisure. This offer is often carefully

prepared and implemented, both in the Czech Republic and in Poland. Some examples of good practices of activities in health promotion undertaken in public residential facilities in both countries have been presented, including fall prevention, rehabilitation from addiction, stimulation of physical activity and social and cultural life.

Although in many cases public institutions suffer from under financing and sometimes face difficulties even in assuring minimal standards of services, still they manage to organise health promotion which is often supported with public funds from governmental or non-governmental organisation projects, charity and international funds. In the Czech Republic and Poland care is often provided in private residential facilities. These are not monitored and only some – with the right mission and innovative programmes – can be treated as benchmarks, also with respect to health promotion. As the above examples show, non-governmental and private organisations tend to be more flexible in implementing health promotion programmes, not being limited to the scope of services strictly described in legal regulations.

In the case of home and day care, less standardisation and a significant openness for all types of health promotion can be observed and has been described in the literature devoted to the analysis of nursing, care and health promotion. The examples provided in this article show that home and day care is an important source of activities oriented at social integration and networking, which improves the quality of life of seniors, their well being and supports their social ties. Overall, the article shows a variety of measures that could be used to promote healthy behaviours among older people, preventing health deterioration and improving quality of life.

This article arises from the project Pro-Health65+ Health promotion and prevention of risk – actions for seniors which has received funding from the European Union, in the framework of the Health Programme (2008-2013), Contract number: 20131210



Co-funded by
the Health Programme
of the European Union

Acknowledgements

„This publication arises from the project Pro-Health 65+ which has received funding from the European Union, in the framework of the Health Programme (2008-2013).

The content of this publication represents the views of the author and it is his sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the

information it contains.

Publication financed from funds for science in the years 2015-2017 allocated for implementation of an international co-financed project"

References

1. Sitko SJ, Kowalska-Bobko I, Mokrzycka A, et al. Institutional analysis of health promotion for older people in Europe - concept and research tool BMC Health Services Research 2016; 16(Suppl 5):327 DOI: 10.1186/s12913-016-1516-1.
2. Onder G, Palmer K, Navickas R, et al. Time to face the challenge of multimorbidity. A European perspective from the joint action on chronic diseases and promoting healthy ageing across the life cycle (JA-CHRODIS). Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS), European Journal Intern Med. 2015; 26(3):157-9.
3. Golinowska S. Polityka społeczna adresowana do grup ludności w cyklu trwania życia. Wyzwania dla teorii i praktyki. [Social policy across the lifecycle. Challenges for theory and practice] Problemy Polityki Społecznej. Studia i Dyskusje [Social policy problems. Studies and discussions] 2015; 28(1): 15-43.
4. Schaeffer D., Gesundheitsförderung und Pflege, BZgA, <http://www.leitbegriffe.bzga.de/?id=angebote&idx=121> [Accessed May 24th 2017]
5. MacRae PG, Asplund LA, Schnelle JF, Ouslander JG, Abrahamse A, Morris C. A walking program for nursing home residents: effects on walk endurance, physical activity, mobility, and quality of life. J Am Geriatr Soc 1996; 44: 175-80.
6. Drewnowski A, Evans WJ. Nutrition, physical activity, and quality of life in older adults: summary. J Gerontol A Biol Sci Med Sci. 2001 ;56 (2):89-94.
7. Kahana E, Lawrence RH, Kahana B, et al. Long-term impact of preventive proactivity on quality of life of the old-old. Psychosom Med 2002; 64: 382-94.
8. Sowa A, Tobiasz-Adamczyk B, Topór-Mądry R, Poscia A, la Milia DI. Predictors of healthy ageing: Public health policy targets. BMC Health Serv Res. 2016; 5(16) Suppl 5:289. doi: 10.1186/s12913-016-1520-5.
9. Markle-Reid M, Browne G, Weir R, Gafni A, Roberts J. The Effectiveness and Efficiency of Home-Based Nursing Health Promotion for Older People: A Review of the Literature. Med Care Res Rev 2006;63(5):531-69.
10. Kayser-Jones J. Nursing Homes A Health-promoting or Dependency-promoting Environment? Fam Community Health 2009; 32 (1 Suppl): 66S-74S. Available from: http://www.canhr.org/newsroom/newdev_archive/PDF/Health-pro-Hlth-Comm.2-4-09.pdf [Accessed June 2, 2016].
11. Minkler M. The nursing home: a neglected setting for health promotion. Fam & Community Health, May 1985; 8(1):46-58. Available from: http://journals.lww.com/familyandcommunityhealth/citation/1985/05000/the_nursing_home_a_neglected_setting_for_health.7.aspx [Accessed May 15, 2016].
12. Richardson JP. Health promotion for the nursing home patient. J Am Board Fam Pract 1992 Mar-Apr;5(2):127-36. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/1575064> [Accessed May 12, 2016].
13. Borowiak E, Koska T. Predictors of quality of life in older people living at home and in institutions. Aging Clin Exp Res. 2004;16(3):212-20.
14. Tobiasz-Adamczyk B, Sowa A, Topór-Mądry R, Poscia A, Collamati A, la Milia DI, Moscato U. Health status and life style of older people in European countries. Pro-Health 65+ project policy brief 2016 Apr. Available from: <http://www.pro-health65plus.eu/userfiles/downloads/policybriefs/PRO-Health%2065+%20Policy%20brief%202.pdf> [Accessed October 12, 2017].
15. Zabdrył-Jamróż M, Kowalska I, Mokrzycka A, et al. Institutions for health promotion of the elderly in ten selected European countries. Literature overview. A report for the ProHealth 65+ project, Cracow 2016.
16. Golinowska S, Rogaczewska M, Sowa A, et al. Promocja zdrowia dla osób starszych [Health promotion for older people]. WN Scholar Warsaw 2017.
17. Pfeiferova S, Lux M, Dvorak T, Havlikova J, Mikeszova M, Sunega P, editors. HELPS: Housing and Home Care for the Elderly and Vulnerable People and Local Partnership Strategies in Central European Cities. Institute of Sociology, Academy of Sciences, the Czech Republic. Available from: http://www.central2013.eu/fileadmin/user_upload/Downloads/outputlib/HELPS_Main_Findings_Report.pdf [Accessed May 12, 2016].
18. National Active Plan for Positive Ageing for the Period 2013-2017, version 31/12/2014. Ministry of Labour and social affairs of the Czech Republic. Available from: http://www.mpsv.cz/files/clanky/21727/NAP_EN_web.pdf [Accessed April 8, 2016].
19. Wija P. Report on the Quick Scan of Policy and Research documents on empowerment and participation of older citizens in Czech Republic, 2006. Available from: http://www.i2i-project.net/pdfs/QuickScan_CzechRepublic.pdf [Accessed May 11, 2016].
20. National Reform Program of the Czech Republic, The Office of the Government of the Czech Republic, 2015. Available from: http://www.vlada.cz/assets/evropske-zalezitosti/aktualne/NPR-2015_EN.pdf [Accessed May 11, 2016].
21. Křížová E, Brzyski P, Strumpel C, Billings J, Lang G. Health promotion for older people in the Czech republic in a European perspective. Cent Eur J Public Health 2010; 18 (2): 63-69. Available from: <http://apps.szu.cz/svi/cejph/archiv/2010-2-01-full.pdf> [Accessed May 13, 2016].
22. Uchwała nr 238 Rady Ministrów z dnia 24 grudnia 2013 w sprawie przyjęcia dokumentu Założenia Długofalowej Polityki Senioralnej w Polsce na lata 2014-2020, Dziennik Ustaw [poz. 118] [Assumptions for Long-term Senior Policy in Poland for the period of 2014-2020], Warsaw 2014.
23. Szatur-Jaworska B. Polska polityka społeczna wobec starzenia się ludności w latach 1971-2013 [Polish social policy towards population ageing in the period 1971-2013], Dom Wydawniczy ELSPA 2016
24. Eurostat database 2016; <http://ec.europa.eu/eurostat/data/database>, var [indic_de] [Accessed March 30, 2016].
25. Sowa A, Beaumont K. Good practices and policies fostering social engagement of older people with health limitations. The case of Poland, Center for Social and Economic Research CASE, Warsaw 2016.
26. Golinowska S, Sowa A. Działania samorządów lokalnych w opiece i integracji niesamodzielnych osób starszych [Local governments'

- activities in care and integration of dependent older people], IPISS report for MPiPS, Warsaw 2010.
27. Sowa A, Szetela A. Healthy ageing as a visible public health activity and governmental responsibility. Health Promotion for Older People in the Czech Republic. Institutional and financial dimension. *Zeszyty Naukowe Ochrony Zdrowia Zdrowie Publiczne i Zarządzanie*. 2017; 15 (1): 85-95, <http://www.ejournals.eu/Zdrowie-Publiczne-i-Zarządzanie/2017/Tom-15-zeszyt-1/art/8697/>
 28. Sowada C, Kowalska-Bobko I, Mokrzycka A, et al. The activities of older people when healthy ageing policy and funding is limited. The institutional and financial dimensions of Health Promotion for Older People in Poland. *Zeszyty Naukowe Ochrony Zdrowia Zdrowie Publiczne i Zarządzanie*. 2017; 15 (1): 69-84, <http://www.ejournals.eu/Zdrowie-Publiczne-i-Zarządzanie/2017/Tom-15-zeszyt-1/art/8696/>
 29. Woźniak B, Tobiasz-Adamczyk B, Brzycka M. Promocja zdrowia wśród osób starszych w Polsce w świetle badań przeprowadzonych w projekcie healthPROelderly – wypracowanie opartego na faktach przewodnika dotyczącego promocji zdrowia wśród osób starszych [Health promotion among elderly people in Poland according to the research conducted within the framework of the "healthPROelderly project: evidence-based guidelines on health promotion for older people"] *Probl Hig Epidemiol* 2009, 90(4): 459-464.
 30. Bloom H, Nyberg J. The Role of Sleep in Healthy Aging. International Longevity Center-USA, 2006 Nov. Available from: https://pl.scribd.com/doc/37100404/12064-pdf?secret_password=1u yjdqgfvy0jlae9iz3a#fullscreen [Accessed May 12, 2016].
 31. Ostrowska A. Bezsenność w starszym wieku [Sleepless in older age], expertise prepared for the ProHealth 65+ project, Warsaw 2016.
 32. Savage S., Bailey S. Older persons and health promotion - an overview of the literature. For the City of Greater Geelong. Live Well: A Strategy for Healthy Mature Communities. October 2004. Available from: http://www.deakin.edu.au/__data/assets/pdf_file/0010/274528/Older-persons-and-health-promotion-An-overview-of-the-lite.pdf [Accessed May 15, 2016].
 33. Chrapisiński A. System wsparcia osoby uzależnionej – mieszkańca Domu Pomocy Społecznej, w celu wzmocnienia działań terapeutycznych – rehabilitacyjnych [Supporting addicted residents in social assistance homes for improving therapy and rehabilitation]. Municipality Center for Addictions Prevention. Presented Sept. 6, 2016. Available from: http://www.mcpc.krakow.pl/sites/default/files/system_wsparcia._a._chrapisinski.pdf [Accessed March 22, 2017].
 34. Gomez-Pinilla F, Hillman C. The Influence of Exercise on Cognitive Abilities. *Comprehensive Physiology*. 2013;3(1):403-428. doi:10.1002/cphy.c110063. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3951958/> [Accessed March 15, 2017].
 35. Bell C. Nutrition programs and research in the Barwon-South Western Region. Geelong: Deakin University and the Department of Human Services 2002, retracted by Savage S., Bailey S. Older persons and health promotion - an overview of the literature. For the City of Greater Geelong. Live Well: A Strategy for Healthy Mature Communities. 2004 Oct. Available from: http://www.deakin.edu.au/__data/assets/pdf_file/0010/274528/Older-persons-and-health-promotion-An-overview-of-the-lite.pdf [Accessed May 15, 2016].
 36. Best practice guidelines for mental health promotion programs: Older adults 55+. A joint project of the Centre for Addiction and Mental Health, Dalla Lana School of Public Health, University of Toronto and Toronto Public Health. CAMH 2010. Available from: <https://www.porticonetwork.ca/documents/81358/128451/Older+Adults+55%2B/d27d7310-ba6c-4fe8-91d1-d9e60c9ce72> [Accessed March 24, 2017].

