

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



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COUNTRY PROFILE – HUNGARY

Health Promotion for Older People in Hungary – the Need for More Actions

ABSTRACT

The health status of the Hungarian population is relatively poor, compared to other countries of similar socio-economic development. According to Eurostat statistics, the prevalence of disability in the Hungarian population of older people, is the highest out of all 28 EU countries. Yet, Hungary belongs to a group of countries with the lowest per capita expenditure on prevention and public health, and that the level of this expenditure is decreasing.

Although Hungary developed the National Ageing Strategy (2009-2034), health promotion programmes targeted at older people are lacking. The available programmes are implemented by some municipalities, often those in the capital city. The largest, well-known is the programme on Municipality of Ujbuda in Budapest. Central and territorial self-governments fulfilling their responsibilities for health promotion rely on the support of non-governmental partners, particularly NGOs. Although, NGOs can be valuable partners for public institutions, they require more support (financial administrative and infrastructural) to ensure a greater prevalence and sustainability of health promotion initiatives.

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INTRODUCTION

Hungary is a high income country (World Bank classification) located in central Europe. It has a population of nearly 10 million inhabitants, more than one quarter of the population lives in the metropolitan area of capital city Budapest. The share of older population (65+) in Hungary is 17.5%, slightly below the EU-28 average. However, it is foreseen that unfavorable demographic tendency will result in a significant increase in the old age dependency ratio from 26.4% in 2015 to 52.4% in 2060. The health status of Hungarian population is remarkably poor, leaving Hungary not only behind Western European countries, but also some central European countries. The average life expectancy at birth accounts to 79.1 years of life for females (4 years less than EU-28 average) and 72.1 years for men (nearly 6 years less than the EU-28 average). Cardiovascular system diseases are the main cause of death in general population and among people 65+. According to Eurostat data, the prevalence of disability in the Hungarian population of older people is the highest out of all 28 EU countries. Women and men aged 65 tend to spend in good health and without disability only 32% and 42% of their expected life, respectively. Unhealthy diet, smoking, alcohol consumption and low physical activity, remain important factors shaping health status of Hungarian population.

POLICY CONTEXT

In Hungary, there is no legislation specifically dedicated to public health (Public Health Act) and the matters of public health and health promotion are regulated by various acts. The legislation considered to be the main legislation in the area of public health, is the Act XI of 1991 on the National Public Health and Medical Officer Service and the Government, along with the Decree No. 362/2006 on the National Public Health and Medical Officer Service and the Designation of the Pharmaceutical Public Administration Authority.

The directions for public health policy are set in National Public Health Programmes. Last Programme 'National Programme for the Decade of Health' which set priorities and defined actions for 10 years, was established in 2003.

Hungary has developed a National Ageing Strategy (2009-2034), approved by the Hungarian Parliament in 2009. The goals defined in the strategy correspondent with the overall health and active ageing objectives. The long-term goals defined in this document include, inter alia: aligning life expectancy with the EU average and increasing the number of years spent in good health. The Strategy stresses need to develop programmes for prevention, rehabilitation, health promotion and sports for older people.

EVIDENCE AND ANALYSIS

DATA POOL

To present essential information on the organization and financing of health promotion in Hungary, a desk research was performed. The main sources used were comparative databases provided by international organizations

(particularly by EU, OECD, WHO), scientific papers, grey literature as well as other national materials, including government reports, strategic documents and legal regulations. Moreover, to collect in-depth information on health promotion for older people by key institutions i.e. NGOs and territorial self-governments, semi-structured interviews with national experts were performed.

FINDINGS

FINANCING PUBLIC HEALTH AND HEALTH PROMOTION IN HUNGARY

Hungary spends 7.4% of its GDP on health (2013) which is below the EU-28 average but higher than in many countries of the Central and Eastern European region (e.g. Poland, Czech Republic). The share of public resources in health funding, has decreased in the last decade, and it is relatively low (65%), compared to most OECD countries.

The OECD health statistics indicate that Hungary belongs to a group of countries with the lowest expenditure on prevention and public health (see Figure 1). Only 2.7% of the total health expenditure is spent on prevention and public health services. Moreover, a decreasing trend can be observed, i.e. between 2005 and 2013, the real per capita expenditure on prevention and public health decreased by more than 40% (Figure 2). The decrease is due to the reduction in public spending which are is the main source of funds for public health and health promotion.

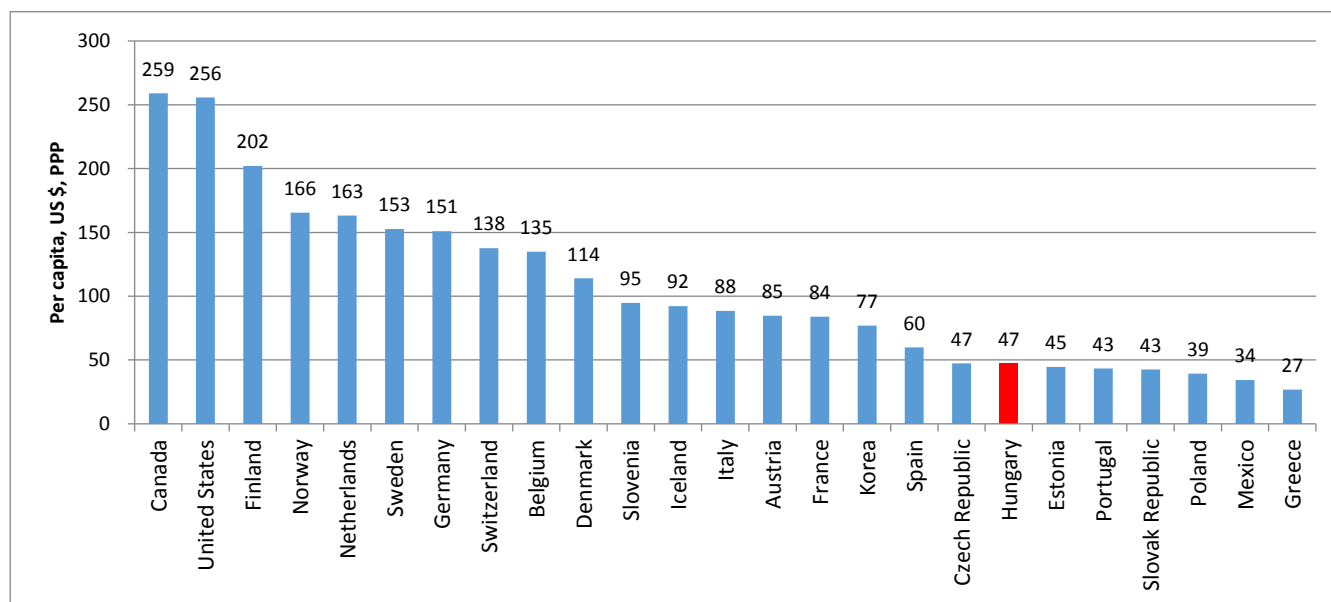


Figure 1. Expenditure on prevention and public health per capita (US\$ PPP) in OECD countries, 2013 (OECD health statistics)

The resources for public health in Hungary include (Figure 3):

- Health Insurance revenues spent on prevention of communicable and non-communicable diseases, maternal and child health, family planning, and school.

- Tax revenues, namely general taxes and taxes on unhealthy food and beverages (introduced in 2011). There is no specific allocation of the revenues from excise taxes on tobacco and alcohol to public health, though this has been under political discussion.
- Resources of corporations, mostly spent on occupational health.
- Resources of non-profit organisations (NGOs) which are individual and corporate donations, including the '1% of tax' and members' contributions, grants from governmental institutions and foreign organisations.
- Household out-of-pocket expenditure which has increased in last years, due to the diminished role of private insurance in financing health promotion (preventive services or screenings no longer are offered in private health insurance packages).

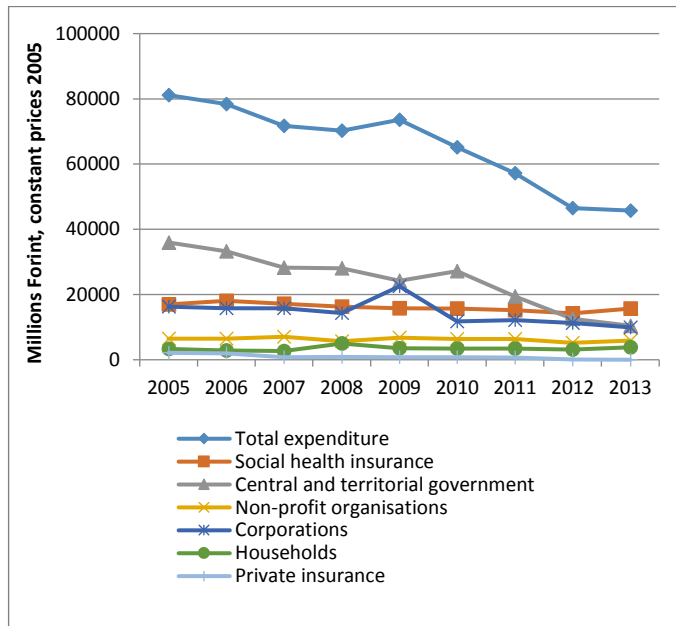


Figure 2. Real expenditure on prevention and public health in Hungary, 2005-2013 (based on OECD health statistics).

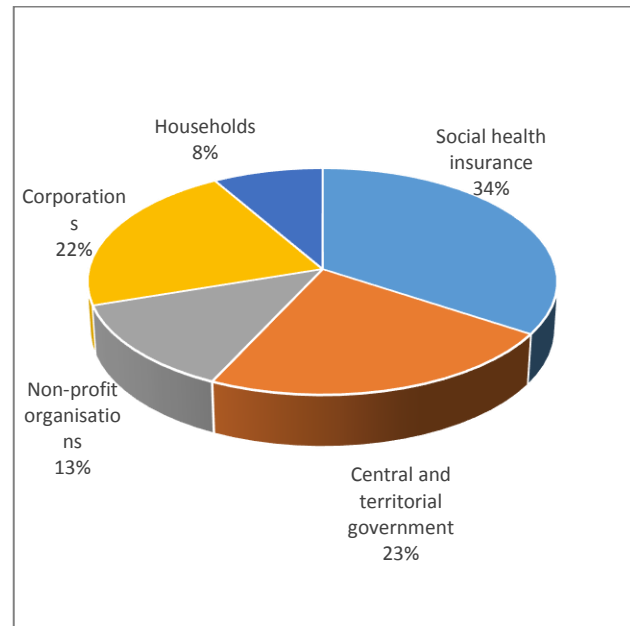


Figure 3. The structure of prevention and public health expenditure by financing agent, in 2013 (based on OECD health statistics).

INSTITUTIONS INVOLVED HEALTH PROMOTION IN HUNGARY AND THEIR HEALTHY AGEING PROGRAMMES

Public health services are mainly the responsibility of the central government (Ministry of Human Capacities), which provides these services through the National Public Health and Medical Officer Service (NPHMOS). The NPHMOS was established in 1991 on the basis of the State Supervisory Agency for Public Hygiene and Infectious Diseases and inherited some of its shortcomings in responding to the challenges of non-communicable diseases.

The NPHMOS is supported by various national institutes. Among them, the National Institute for Health Development (Nemzeti Egészségfejlesztési Intézet, NEFI) is an important methodological institution with a mission of 'influencing the health behaviour of the population and providing health related information in the field of public health'.

Key institutions in health promotion for older people in Hungary are territorial self-governments. Despite the limited financial capacity to spend on health, some territorial governments (often those in the capital city) have

implemented health promotion programmes targeted at older people, usually with external EU financial aid. The largest, well-known healthy ageing programme in Hungary is programme of Municipality of Ujbuda in Budapest. The Ujbuda's Programme is considered as good practice in the area of healthy ageing. It brings together numerous of older people (700-800 participants per month) who regularly engage in various activities (the programme offers 35 different courses for older people, run by trained volunteers). The Programme is highly valued among older people. In 2009 and 2013 Ujbuda received a Friendly Municipality prize of the Elderly (for more details on the programme see Box 1).

Box 1. Municipality of Ujbuda's Programme for Elderly People 60+



Objectives: Increasing quality of life of older people through the activities focused on: fighting loneliness, eliminating generation gap, ensuring and providing life-long learning, maintaining health and an active lifestyle, ensuring a safe environment and maintaining the independence, maintaining activity and dignity of elderly people as long as possible.

Target group: 60+ citizens of Ujbuda

Activities:

- Building communities (organised and run by trained volunteers on different subjects, e.g. shopping, teaching English, German, Esperanto, dermatology courses).
- Ujbuda 60+CARD, which entitles the elderly to take part in centrally organised programmes and courses at a low cost or free of charge.
- 'Communication – in time, specifically for elderly people (the district newspaper, an internet webpage and newsletters inform about the events and programmes). Information is provided in the Ujbuda 60+ Programme Centre in person and on the phone every working day. Moreover, the Media Workshop Group is one of the volunteer communities where trained journalists deliver news for the elderly about the elderly.
- Culture – several dozens of programmes from hand crafts to playing musical instruments.
- Senior Academy Ujbuda - lectures and courses.
- Health and sports – courses and competitions.
- Crime prevention sub-programme – to make people to feel safer.
- Telephone for elderly people – a device specifically for the elderly.

Website: <http://www.ujbuda.hu/ujbuda/sokan-voltak-a-60-gyaloglo-program-elso-setajan>

Central and territorial self-governments fulfilling their responsibilities for health promotion, rely on the support of non-governmental partners, particularly NGOs. The examples of NGOs' health promotion programmes targeted at older people are presented in Box 2. The sustainability of NGO's health promotion initiatives is however, uncertain. The NGOs strongly depend on on the financial support from donors and government, and although Hungarian government established the National Civil Fund to support NGOs, there is criticism on the over-politicisation and extensive bureaucracy of the state funding distribution.

Box 2. Health promotion programme for older people - good practices by NGOs

- ‘Walking Club for Healthier Ageing’ programme for pensioners over the age of 60 – programme promotes physical activity through club activities and supplements this with lectures on healthy ageing, culture, and other topics. The Programme is led by National Institute for Health Development [<http://www.ofi.hu/>; https://ec.europa.eu/eip/ageing/commitments-tracker/d4/establish-walking-club-network_en]
- ‘Learning through Volunteering in Senior Age’ – a project that focuses on enhancing lifelong learning by knowledge exchange and inter-generational dialogue. The side goal of this initiative is to combat national prejudices [<http://www.onkentes.hu/>].
- The activities of the non-profit company TMSZK (*Társadalomfejlesztési Módszertani és Szolgáltató Központ Nonprofit Kft.*) that is a professional-methodology centre providing ‘aid to its collaborative partners to reduce the negative social, economic and cultural effects triggered mainly by ageing as a process’. It offers professional and methodological assistance primarily to elderly and senior citizens, employers, state organisations and institutes, local governments and civil organisations covering certain areas [<http://www.tmszk.hu/en/introduction/>].
- ‘Seniors Club’ – Retired Teachers’ Association together with other institutions organised IT training, museums visits, community meetings and various other joint programmes for the elderly [<http://www.oefi.hu/>].

IMPLICATIONS AND RECOMMENDATIONS

- ☐ Given the poor health status of older people in Hungary and unfordable demographic trend, the strengthening of healthy ageing policy is needed. A greater political commitment to pursue health promotion programmes targeted at older people is highly warranted.
- ☐ The implementation of law specifically dedicated to public health, which is lacking in Hungary, might contribute to a greater political and social interest in public health and might facilitate health promotion actions.
- ☐ There is need to increase resources for public health and health promotion in Hungary. Establishing an earmarked fund for public health, might contribute to a greater sustainability in public health funding.
- ☐ Although there are good practices of territorial self-governments in health promotion, they are concentrated in the capital city. There is need to ensure more equitable distribution of programmes, so that older people living outside the capital city, can also benefit from healthy ageing programmes
- ☐ The stakeholders involved in health promotion for older people (e.g. territorial self-governments and NGOs) should learn from each other by sharing experiences and good practices.
- ☐ NGOs can be valuable partners for public institutions, in health ageing policies, however, they require more support (financial, administrative, and infrastructural) to ensure a greater prevalence and sustainability of health promotion initiatives targeted at older people.

RESEARCH PARAMETERS

PROJECT FOCUS

ProHealth 65+ is focused on health promotion and prevention of health risks among seniors. The project seeks to determine effective methods of promoting a healthy lifestyle among older population groups by bringing together knowledge and experience of main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners from Portugal, Greece, Bulgaria, Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

PROJECT OVERVIEW

Pro-Health 65+ project corresponds with directions of the EU strategic Health Program (the Second and Third Health Program). The project is focused on 'Investing in Health' as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programs implemented by well-informed and efficiently operating health promoters. It is targeted at the elderly with the intention of providing them with good health and good quality of life, and enabling them to be active and socially integrated (Healthy Aging). It will be implemented as a collaborative project in close cooperation with partner countries using a variety of research and institutional experience. It will be important to add the project activities to other European and national activities so that they are complementary and compatible.

METHODOLOGY

This project is about research and implementation. It will use two sets of tools. For research, we will accumulate and develop knowledge: analyze previous studies related to the subject of health status of older people and the health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyze institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically review cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters in the project countries.

EXPECTED OUTCOMES

Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGOs activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analyzing different institutions of public health, legal basis, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge on possibilities and barriers related to promoting health. The project will contribute to the application of relevant health promotion methods in joint actions in the field of public health.

PROJECT IDENTITY

PROJECT NAME	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
COORDINATORS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
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BUDGET	EU contribution: 960 165 Euro
WEBSITE	http://pro-health65plus.eu
LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
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