Institutional analysis of Health Promotion for Older People

ABSTRACT

This Policy Brief presents analysis of institutions providing health promotion for older people (HP4OP). It has been performed in selected EU countries. The goal is to answer the following questions. Who participates in health promotion addressed to older people? Where? How?

The focus is on institutions involved in selected HP4OP interventions. The different sectors, institutions (state, self-government, NGO’s, media, sport and education institutions, health sector institutions – the MoH, providers and payers/insurers, enterprise sector institutions, social sector institutions) and their responsibilities in the HP4OP were examined. Their involvement was described and classified according to their regulated role as well as their function and activity realisation in HP4OP.

This brief focuses on knowledge accumulation of institutional arrangements in health promotion activities targeted at older people in sequenced life stages in Europe. The main goal of this document is to elaborate sectoral and institutional comparative analysis as well as to identify and describe the characteristics of sectoral involvement in HP4OP. This should be useful in planning HP4OP services, activities and programmes. It may also help to train health promoters as well as informing health policy-makers.

Disclaimer: This policy brief arises from the project Pro-Health65+ 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 authors and it is their 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 co-financed from funds for science in the years 2015-2017 allocated for implementation of an international co-financed project.

http://pro-health65plus.eu/
The institutionalised arrangement of health promotion and especially HP4OP is much more varied and less regulated than that of healthcare, which to a large degree has defined limits and is standardised, due to universally applied standards of medical procedures. Health promotion as an institutionalised activity is conducted by many entities: public and private, governmental and non-governmental, on central and local levels, aimed at the whole population and selectively, at chosen groups within the population: children, youth, adults, the older people.

The comprehensive picture of the institutional structure of health promotion is not well known and described. This also applies to health promotion for older people (HP4OP). Identification and structured description of the institutional dimension of health promotion in general and specifically for older people in selected European countries was the objective of the study undertaken by the Pro-Health 65+ EU project.

Approach and methods

The first step in identifying HP4OP institutional arrangements was to identify the main sectors in which health promotion and primary prevention of chronic disease activities are regulated and pursued. It was based on a literature review and on expert opinions using a prepared questionnaire. Those two applied methods helped to identify the leading sectors, i.e. the sectors most responsible and involved in HP4OP.

The next step was in-depth studies on HP4OP in the indicated sectors in ten European countries: two from the group of wealthy countries of continental Europe: in the Netherlands and Germany, three from the group of Mediterranean countries: Italy, Portugal and Greece and five countries in Central and Eastern Europe: Poland, the Czech Republic, Hungary, Bulgaria and Lithuania, using a similar survey tool called Template but in a much more complex and specified final survey questionnaire.

EVIDENCE AND ANALYSIS

HP4OP interventions involve various institutions. These institutions belong to different sectors: government (central and territorial); governmental departments: mainly health, social, education and research, sport & leisure, labour and occupational health, media and finally – the voluntary (NGO’s) sector. The institutions involved represent public interests- health protection and health investments.

The diagram in Figure 1 presents the sectors and their main institutions carrying out activities in the field of health promotion addressed to the elderly.
Identification of the sectoral institutions and their functions and activities

Activities in the areas of health promotion are regulated by a wide variety of acts, from the Constitution and different branches of the legislature, government resolutions and ministerial decrees to regional programmes and local plans. They are dedicated to many different activities in public health and health promotion.

Table 1. Main sectoral regulations and activities.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Regulations</th>
<th>Main directions of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Government</td>
<td>Constitution, long term - strategies, national health programmes, different laws e.g. public health, health prevention etc.</td>
<td>Conducting policy, the creation of strategies and programmes, conducting research activities undertaken by specific professionals</td>
</tr>
<tr>
<td>National Health Institute</td>
<td></td>
<td>Programmes, research, policy/strategy</td>
</tr>
<tr>
<td>Regional and local government</td>
<td>Long-term strategies at the regional level, plans and programmes at the regional and local levels.</td>
<td>Strategies and policies at the local level, activities undertaken by particular professionals at the local level (e.g. initiatives)</td>
</tr>
<tr>
<td>Health Sector</td>
<td>Constitution (guaranteeing access to health services, including prevention, within the framework of public finances); Laws on the prevention of diseases, laws on Health - mainly insurance.</td>
<td>Within service financing - prevention per se: increasing physical activity, proper diet and posture, prevention of lifestyle diseases such as: cardiovascular diseases, and vaccination. e.g. flu vaccine for people 65+</td>
</tr>
<tr>
<td>MH Payer/insurance body</td>
<td></td>
<td>Within service delivery – oriented on health conservation, improvement, postponing of worsening health condition, promotion of expected life style (improving health – diet/physical activity recommendation)</td>
</tr>
<tr>
<td>Primary care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enterprise sector</td>
<td>Safety at work laws, Health and safety regulations, Sanitary and epidemiological regulations, Law on the work of occupational medicine, Labour Code.</td>
<td>Regular checking of workers, diagnostics and other services within occupational medicine service and professionals Ergonomics Programs/ training organized at the workplace</td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>Law on Associations, Limited Liability Company Law, Voluntary Organisations Act, Socially Oriented Non-profit</td>
<td>Actions of different kinds addressed to the older population in need in different settings (determined by the NGO type and mission)</td>
</tr>
</tbody>
</table>

Source: Golinowska et al. (2017).
<table>
<thead>
<tr>
<th>Sector</th>
<th>MAIN Institutions with their health promotion functions indicated for the project purposes</th>
<th>Place of setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Government</td>
<td>Different Ministries (e.g. the Ministry of Health, MoSP) National public health agencies/organs/bodies</td>
<td>Different settings (depends on the particular activity)</td>
</tr>
<tr>
<td>National Institutes of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional/ Local Authorities</td>
<td>Regional/local public health departments, special healthy ageing units e.g. senior councils</td>
<td>Different settings (depends on the particular activity)</td>
</tr>
<tr>
<td>Health (health care sector understood as involved mainly in diagnostics, treatment, prophylactic processes)</td>
<td>GP/ Primary care organisations Insurers and others</td>
<td>Health centres/units Patient’s homes</td>
</tr>
<tr>
<td>Enterprise</td>
<td>Occupational Health and Safety services (including inspectorates) Trade unions and workers organisations Employers organisations Insurance companies</td>
<td>Companies/work places Occupational medicine units Fitness centres and/or Public parks</td>
</tr>
<tr>
<td>NGO/Voluntary</td>
<td>Social and civic organisations – NGOs</td>
<td>Different settings (depends on the particular NGO and particular activity)</td>
</tr>
<tr>
<td>Sport and Leisure</td>
<td>Education offices/institutions Sports organisations/clubs/associations</td>
<td>Schools, other educational institutions</td>
</tr>
</tbody>
</table>

Source: WP6 researchers own elaboration

**Sectors responsibilities in HP4OP**

In the ten analysed European countries HP4OP mainly operates within: territorial self-government (regional and local) in the health sector and voluntary sector (non-governmental social and civic society organisations). Differences still exist in relation to the different public priorities resulting from political interest, social values and traditions in life style of leading groups of the population. In Germany, for example, in addition to those mentioned above, outside of the health sector and local government, the sports and education sector is considered to be important. In the Czech Republic - the social sector is also of importance, and in Italy – the workplace and the occupational medicine health services within it.

There are many institutions, as well as places of living (the Setting Based Approach), indicated in a given sector which perform various functions of HP4OP. The concept of implementing health promotion rules in people’s dwelling place has gained widespread recognition.

Table 2. Institutions and settings of health promotion for older people?

<table>
<thead>
<tr>
<th>Sector</th>
<th>MAIN Institutions with their health promotion functions indicated for the project purposes</th>
<th>Place of setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Government</td>
<td>Different Ministries (e.g. the Ministry of Health, MoSP) National public health agencies/organs/bodies</td>
<td>Different settings (depends on the particular activity)</td>
</tr>
<tr>
<td>National Institutes of Public Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional/ Local Authorities</td>
<td>Regional/local public health departments, special healthy ageing units e.g. senior councils</td>
<td>Different settings (depends on the particular activity)</td>
</tr>
<tr>
<td>Health (health care sector understood as involved mainly in diagnostics, treatment, prophylactic processes)</td>
<td>GP/ Primary care organisations Insurers and others</td>
<td>Health centres/units Patient’s homes</td>
</tr>
<tr>
<td>Enterprise</td>
<td>Occupational Health and Safety services (including inspectorates) Trade unions and workers organisations Employers organisations Insurance companies</td>
<td>Companies/work places Occupational medicine units Fitness centres and/or Public parks</td>
</tr>
<tr>
<td>NGO/Voluntary</td>
<td>Social and civic organisations – NGOs</td>
<td>Different settings (depends on the particular NGO and particular activity)</td>
</tr>
<tr>
<td>Sport and Leisure</td>
<td>Education offices/institutions Sports organisations/clubs/associations</td>
<td>Schools, other educational institutions</td>
</tr>
</tbody>
</table>
Government sector

Governments in many countries, besides having departmental (ministerial) institutions, also have their own separate government institutions, usually performing functions that involve strategic-planning to deal with comprehensive, general problems and coordination of shared ministerial responsibility for affairs in various fields.

As ageing is one of the biggest challenges at present, many countries have created at the central level special councils or committees to deal with issues concerning the elderly (e.g. in Italy – the parliamentary group called "Active ageing"; in the Czech Republic - the Government Council for the Elderly and the Ageing population; and in Hungary - the Committee for the Ageing).

Most EU countries have put into place research institutes, with expert backgrounds, which usually operate at the national level. They are responsible for examining and monitoring the health of the population, preparing expertise and cooperating with other centers in order to rationalise the decision-making process in public health and health promotion. These are usually National Institutes of Health (or Public Health). Obviously, these institutions do not only deal with the issue of ageing, but in almost all countries have produced documents that deal with ageing or related problems, such as chronic illness and disability.

Regional and local authorities

Decentralised structures also take part in health promotion initiatives through differentiated mechanisms between the various countries. Tasks in the field of health promotion for older people are conducted for the most part at the regional level, which is sometimes equipped with a feature for planning and coordination. Regional authorities play a very important and even essential role in health promotion activities, including HP4OP. They may be self-governing (independent) and governmental, which does not change the fact that they are of high importance for health promotion activities for the elderly. In some countries, the Region is quite autonomous in the organisation of tasks in health care (e.g. Italian regionalism, German Landers). Almost all regions have or cooperate with research institutes, with expert backgrounds.

The health programmes for the older population that function at the local level in EU countries usually draw attention primarily to the prevention of mental illness, injuries and accidents, loneliness, or the promotion of physical activity, healthy nutrition and the fight against addiction.

In some countries, i.e. in the Netherlands and Poland, special Senior Councils, which are local institutions of public health, are responsible for the planning, implementation, monitoring and evaluation of health programmes for the elderly at peripheral level.

The local level (municipality) is responsible in most countries for the implementation of many programmes of health promotion. This applies particularly to the prevention of communicable and non-communicable diseases, sexual health, vaccination programmes, prevention of and assistance in the event of disasters and catastrophes. The local level also implements programmes in the field of environmental health, mental health and health education. Many of them are addressed specifically to the elderly.
Measures for health promotion at the local level are often undertaken in collaboration with health care providers (mainly PC) and NGOs.

Health Sector (HS)

The greatest engagement in relation to programmes of health promotion for elderly people is directed at the health sector. In European countries, the health sector is not uniform, and the existing differences depend on the model of the health system and its financing methods, system of government and the adaptation of the concept of public health.

Health issues generally belong to a ministry and responsibility for them falls under the Ministry of Health, although public health problems tend to be deposited at the government level. Matters of health promotion and disease prevention are also present in other ministries like, e.g. Labour and Social Policy Education, Science and Sport, or Regional Cooperation.

The health sector covers both health services and payments. In health insurance systems it is the insurers who carry out health promotion programmes. In budgetary systems, the Ministry of Finance and Health are responsible for financing and running health promotion programmes.

Health insurance institutions play an important role in health promotion within the health sector. An obvious example is the health insurance funds in Germany and Austria. German health insurance funds are legally obliged to spend 7 euros for each insured person in health promotion and primary prevention. In Poland, the National Health Fund finances vaccination for influenza for people over 65 years of age, which in Italy is free of charge for elderly people under the National Health System.

Workplace

Workplace health promotion (WHP) activities seem quite common in Europe. This usually involves all employees without a specific age-based approach. The distribution of WHP for older workers shows considerable differences across the given country. This could be mainly justified by different systems and policies concerning the ageing workforce, probably also as a consequence of the different employment rate of the older population (55-64 years). Furthermore, activities performed in a country with a “labouristic” approach to the workplace safety are rarely seen as promoting health, since they are the specific target of occupational health services (OHS) and are usually mandatory. When healthy behaviors are promoted to workers of all ages, there is common knowledge that benefits will only be visible when workers reach old age.

Even if WHP was usually carried out by Occupational Health and Safety paid for by the employer according to the traditional "Occupational Health and Safety" approach, more recently specific programmes targeted to older workers are being implemented by a broad range of performers, from central/local institutions to NGOs or research organisations, according to the modern, holistic approach to WHP, which includes all workers and all health risks, both occupational and non-occupational.

The greatest part of WHP activities addressed to older workers has been focused on general aspects of global OSH prevention and were aimed at reaching such results as: the improvement of work climate and attitudes toward OW, qualification and training, the adaptation of work organisation to older workers, and health promotion and well-being.

Voluntary sector

Institutions in the voluntary sector perform a number of functions to promote health for the elderly. These include: monitoring the health situation, production and transfer of health information, educating and conducting health marketing, and prevention of diseases. Activities undertaken by NGOs to promote the health of the elderly include, above all, the propagation of physical activity, healthy diet, social integration, support for the elderly (financial, psychological), activation, including
professional activation of older people, prevention of diseases, accidents and injuries, mental health, lifelong learning, access to healthcare (long-term care, PC, professional services, social care).

In many countries the non-governmental sector frequently takes on the role of the contractor or co-executor of programmes organised or financed by other institutions. NGOs usually collaborate with local authorities, but also with regional and central authorities. NGOs engage in a variety of functions and activities. In wealthier countries, this sector operates independently and based on its own resources. In poorer countries, the sector often loses its independence, although it often touts as a contractor.

**Sport and leisure**

In some countries Sport or S&L is singled out as a sector. The main object of their responsibility is physical activity.

Recognition of institutional solutions for physical activity for seniors can be divided into three areas. Firstly, it is a sport activity (field sports). The nature of the activities of this type is highly institutionalised (sports clubs, sports federations). The second type of physical activity is framed within recreation and leisure. In this case it very often takes the form of non-institutional or commercial activities. The third type of physical activity refers to the workplace and is promoted by the employer, often with the specific aim of maintaining the working capacity of the employees. The latter type of activity, specifically suited to sedentary workers, must be clearly differentiated from physical occupational activity. Indeed, while recreational physical exercise or physical activity promotion programmes can have beneficial effects on cardiovascular health, occupational physical activity is a recognised cardiovascular risk factor and increases mortality.

The sport and recreation sector is, for the most part, operated by professionals. These are sports instructors, athletic trainers, personal trainers, and include also many physiotherapists responsible for rehabilitation.

**Social sector**

Health promotion in social institutions is carried out by both medical professionals (doctors, nurses, physiotherapists, nutritionists) and social workers. These two groups work together in the patient's home and in long term care facilities. In this sector the beneficiary population is over 80 years of age.

Nursing homes have great potential, which can be directed to optimise resources, directing them not only to care for the elderly, but also to promote, maintain and improve health. Such activities should include programmes aimed at citizens and their families, workers and the environment (which can include other institutions, NGOs, and the national and local government) and encompass activities such as rehabilitation, adequate nutrition, psychological support, prevention of falls and injuries, fighting against addiction, and social integration.

The Social and other sectors in some countries work in an integrated way; in others, this integration is weak and there is a lack of coordination.

**The media**

Modern media is now one of the main sources of information, including health information. Seniors, however, still watch TV, listen to the radio and read the press. Among the traditional media, television, radio and newspapers play a separate role. Television is still the most popular among seniors.

Although electronic media are tremendously dynamic, seniors still primarily enjoy traditional media. This situation may change due to change in the structure of the elderly, who in the future will be the people who often use the electronic media now.
Analysing mass-media engagement in HP4OP, the majority of their content is focused on dissemination of information about different specific activities of health promotion based on control of or improving health, physical activity, healthy diet and nutrition, physical and behavioral (mental) health and also avoiding health risks. Research confirms the significant role of media that deliver targeted/tailored content and interactive media channels which assume feedback directed personally to users because they can better match individual’s needs and the preferences of older people. Although the media is crucial in providing health information and promotion, experts did not include the media as a significant sector for professional health promotion. Experts have not indicated the media probably because professional health promotion is a marginal area of media functions. Even as it relates to health it is more in the field of drug advertising or the indication for treatment than health promotion.

**FINDINGS**

The sectoral approach is not a novel kind of institutional research found in health promotion, but it often may not be as clearly defined as it is presented here. The conducted research and analysis led to following statements:

- Health promotion as a social and health policy area is regulated and implemented at central, regional and local levels. The place of H4OP issues at the state levels depends on decentralised and sectoral reforms. In Europe, at least three models of dependence between central and decentralised authorities in the described area can be identified. There is a centralised model (central level dominance), a regional model in a deconcentrated formula (lack of regional autonomy and subordination to the central authority) or regional autonomy formula, and a local model where autonomy is large. Often local institutions either operate independently or cooperate with the local authority.

- In countries with more centralised models of social and health policy, health promotion is carried out at the central level by government institutions and government ministries: such as the ministries of health, labour and social policy, education and sport. In countries with a more decentralised system, health promotion initiatives are carried out primarily by regional and local institutions, which are often autonomous and have political independence.

- Health promotion action for seniors are provided in various sectors by different institutions, but the primary area of action and funding for health promotion is the health sector (HS). The health sector plays a crucial role, both as the part of governmental sector and as a more autonomous structure. Within the sector, Primary Care (PC) is the most important and is engaged in the institution of HP4OP.

- Activities in the areas of health promotion are governed by a wide variety of legal acts. They are dedicated to many different activities in both public health and health promotion. Health promotion and disease prevention are considered the main currents of the regulated activities of the State in the realm of public health, which primarily includes laws on public health (e.g. Poland, the Netherlands, Sweden, the Czech Republic) and laws on the prevention of diseases (e.g. the Netherlands, Germany), social laws (e.g. The Netherlands, Germany, Poland), laws of health – mainly insurance (the Netherlands, Germany, Poland) and safety at work (most EU countries). Countries in the EU have laws on public health. However, more specific regulations are rare, like those that would deal only with health promotion and prevention. The exception is Germany, which in the year 2015, passed a law strengthening health promotion and prevention
(Preventive Health Care Act, PHCA). Furthermore, EU countries have adopted long-term strategies and plans, which include activities in health promotion and disease prevention, including those targeting older people.

➢ Health Promotion is taking on other sectors also, although it cannot confirm its dynamic development. Health promotion was often undertaken in the education and sport sector, where the recipients of the activities were normally children and young people rather than older people. For the oldest group of older people, the social sector was also essential, both within care institutions and regarding family support. Non-governmental organisations conduct health promotion actions in all places.

➢ Health promotion at workplaces varies considerably from country to country. There is a great disparity between countries that actively promote actions for aged workers, and countries devoid of any policy for older workers. In general, the topic of workforce ageing is on the agenda of most countries of Central and Eastern Europe but is overlooked in Mediterranean countries.

➢ Cooperation between institutions of various sectors is growing. Examples of such cooperation are various types of institutional networks focused on the health problems of a particular group of patients such as e.g. Alzheimer’s, various unions or clusters. The network may also cover professions that improve their skills for health promotion (e.g. family doctors in Italy - vaccinations, medical caretaker - dementias) Such cooperation is very important, bearing in mind that the barrier very often indicated by medical professionals concerning HP4OP is lack of time.

POLICY CONTEXT

As was underlined above the scope and intensity of activities in the field of health promotion depends on the development of public institutions in the country, the model of decentralisation, the model of the health care system and the level of social participation.

The political context of institutional analysis is linked to various reforms, both sectoral and decentralised, which affect the development of institutions and actions for health promotion, including HP4OP. The reforms are very diverse, both in content and in action. In some countries, health promotion activities are concentrated mainly in the health sector (Central and Eastern Europe). In others (the Netherlands, Germany), other sectors (voluntary, social) and other professionals (e.g. public health, social workers, etc.) are also indicated as important for HP and HP4OP.

These reforms have a more evolving character in continental Europe and are often used for benchmarking purposes. In Central and Eastern Europe, they are rather dynamic, even revolutionary, and are undertaken at a low level of funding. This indicates that health promotion in this region of Europe, despite the great need, is still underestimated.
The European Union does not have much regulatory capacity in the field of health promotion. To influence country healthy ageing policy, the EU uses soft methods. However, all these inspirations, concepts and recommendations are very valuable and crucial for the development of HP4OP. The educational role of the EU for strengthening activity and professional action in the area of public health and health promotion is very important and should be strengthened.

Due to the growing needs of older people, national initiatives must be taken with substantive support from the EU. Common activities to support intersectoral collaboration have to be encouraged by European organisations and institutions. Cooperation in this respect needs proper methods, ways and instruments. Information concerning them should be delivered by the EU.

Not all EU countries have implemented a law on public health which is crucial for HP and HP4OP institutional engagement. The EU can support the implementation of such a regulation (a law dedicated to public health), which might facilitate health promotion actions at the national level.

National actions must be based on clear legal regulations, which in most countries, in particular new EU members, are weak, require changes and, above all, the adoption of implementation elements such as institutions, bodies responsible for proper implementation, monitoring and evaluation of policy implementation.

National policy should take into account the multiplicity of actions and the necessity to coordinate them. National institutions should facilitate and support cooperation instead of creating (even non-intentional) barriers as well as engage in the proactive dissemination of evidence-based practices, providing or facilitating quality training for promoters and organisers.

National policy should be focused on the change of HS functions: the shift from those focused on strictly medical treatment to the HP oriented system should be enhanced and stimulated by national policy incentives. The important role of PC in relation to such changes should be stressed. Health professionals should also be actively involved in this systemic change and consulted on issues regarding HP4OP within HS.

The specificity of the adapted models for systemic policy is important. Consequently, HP4OP should not be limited to just one policy provided in one sector. To make HP4OP effective, the institutions should cooperate. The cross – sectorial approach may help. Support from the social sector, NGOs or the media would also strengthen interventions undertaken within other sectors (e.g. self-government or health).

Local activities require more professionalism and focus on health education. It is necessary to increase the level of additional training, substantive support for both local government employees and health care professionals. They need to be supported in the process of such development skills. The necessary competencies should be provided in an accessible way for them. Courses, trainings and other events enabling knowledge exchange should be provided.

---

**RESEARCH PARAMETERS**

**PROJECT FOCUS**
Pro-Health 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 the main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners from Portugal, Greece, Bulgaria, the Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

PROJECT OVERVIEW

The Pro-Health 65+ project corresponds with directions of the EU strategic Health Programme (the Second and Third Health Programme). The project is focused on ‘Investing in Health’ as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programmes 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 a good quality of life, and enabling them to be active and socially integrated (Healthy Ageing). 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: analyse previous studies related to the subject of the health status of older people and health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyse institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically reviewing cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters.

EXPECTED OUTCOMES

Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGO activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analysing different institutions of public health, legal bases, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge of the 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COORDINATORS</strong></td>
<td>JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE</td>
</tr>
</tbody>
</table>
|                  | Project leader: Prof. dr. hab. Stanisława Golinowska  
Project manager: Andrzej Kropiwnicki |
| **ASSOCIATED PARTNERS** | JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE  |
|                  | www.uj.edu.pl  
Principle investigator: Prof. dr. hab. Stanisława Golinowska |
|                  | MAASTRICHT UNIVERSITY  |
|                  | www.maastrichtuniversity.nl  
Principle investigator: Prof. dr. Wim Groot |
|                  | UNIVERSITÀ CATTOLICA DEL SACRO CUORE  |
|                  | www.unicatt.it  
Principle investigator: Prof. dr. Nicola Magnavita |
|                  | UNIVERSITÄT BREMEN  |
|                  | www.uni-bremen.de  
Principle investigator: Prof. dr. Heinz Rothgang |
| **FUNDING SCHEME** | Pro-Health65+ which has received funding from the European Union  
in the framework of the Health Programme (2008-2013) |
| **DURATION** | August 2015 – July 2017 (36 months) |
| **BUDGET** | EU contribution: 960 165 Euro |
| **WEBSITE** | http://pro-health65plus.eu |
| **LINKEDIN FORUM** | https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about |
| **FOR MORE INFORMATION** | PROJECT OFFICE  |
|                  | Anna Najduchowska, leader’s assistant  
Jagiellonian University Medical College  
ul. Grzegórzecka 20, 31-531 Kraków, Poland  
Tel: +48 12 433 28 09 / +48 603 663 822 |
|                  | E-MAIL  |
|                  | andrzej.kropiwnicki@uj.edu.pl  
anna.najduchowska@uj.edu.pl |

[http://pro-health65plus.eu/](http://pro-health65plus.eu/)