Evidence-based Guidelines on Health Promotion for Older People:

Social determinants, Inequality and Sustainability

National Evaluation Report – Greece

Dr. Kalokerinou Athena Ass.Prof.

Adamakidou Theodoula RN, BSc, MSc
Damianidi Maria RN, BSc, MSc
Roka Vasiliki Naval Officer RN, BSc, MSc
Velonaki Venetia - Sofia RN, BSc, MSc
Sourtzi Panayota PhD, Assoc. Prof.

Faculty of Nursing
National & Kapodistrian University of Athens

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Contents

1. The Evaluated Health Promotion Cases for Older People

The literature search into the Greek situation revealed many interesting programmes and projects which have taken place, particularly at regional level. Among them, three projects were selected as being the most effectively developed, implemented and presented according to the criteria of "Health PROelderly" project. "Action programme for older people", "The involvement and the role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases" and "The role of Health Education in Improving Compliance with treatment for the Prevention of Cardiovascular Diseases" are the three case studies; each one is a Health Promotion intervention which took place in different urban municipalities in the greater Athens area and constitutes an innovative and crucial initiative which deals with older people and undertakes health promotion action. These last two programmes were selected from the other programmes in the database because of their well-grounded theoretical approach and strategy. We also selected these programmes as they include empowerment, voice of older people and evaluation. On the other hand, the "Action programme for older people" was mainly selected because it has been running for more than 10 years (sustainability), it is accessible for all older people of the municipality where it takes place and because of its transferability.

All presented health promotion programmes have taken place within Open Care Centres for Older People (KAPI). These centres accept as members any older person over 60 years old. In KAPIs there are employed a small number of health and social care professionals, such nurses/health visitors, social workers, physiotherapists, occupational therapists, home care assistants. Their role is to promote the health of older people in any available way. KAPIs are widespread throughout the country and are very popular with older persons of both sexes. There are over 450 KAPIs today in Greece and are by local authorities, while in the everyday running of the centre older people themselves have a role to play because they are elected to participate in the administrative board of each centre.

These interventions are presented throughout this report, being clarified according the given directions.

1.1 National Selection Procedure

For the evaluation of the project "Action programme for older people", we used all the available tools. First of all, using the document analysis tool, we drew information out of the two published articles. The first was the one that gave us the most useful information and was published in the proceedings of the 6th Hellenic Congress of Gerontology and Geriatrics, in 2000 (Papadakakis et al, 2000) and the second was published in a local newspaper (ANONYMOUS Energos Dimotis Notion Proastion, 2007). The next tool, which was very useful for the evaluation of this project, was the interview. We interviewed the two coordinators and researchers of the programme. Having finished the interview we kept in touch with the coordinators and we received some more information we needed, via telephone. We also met the mayor and some of the municipality councillors who are responsible for the financing of the project, but they could not give us almost any information about the project. Finally, we used the SWOT analysis and the cost-effectiveness analysis. The cost-effectiveness analysis was very difficult to be

completed and was not really helpful, as there were not official financial elements for the project.

About the second project with title ”The involvement and the role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases” was designed as a pilot study, in order to examine the feasibility of developing the Senior Health Mentoring (SHM) concept as a model for spreading out health promotion issues. The design included two phases, a) training of SHMs and b) peer information by SHMs. The project was implemented in two municipalities in greater Athens area, with a mixture of population in terms of socio-economic characteristics. Each municipality operates four KAPIs.

As for the third case study “The role of Health Education in Improving Compliance with treatment for the Prevention of Cardiovascular Diseases” the first approach was through the archives of Hellenic Association of Gerontology and Geriatrics. Moreover, data for this case study was published in the *Int.J.Health Prom. & Educ. Vol.37 No 1 1999 26-29* with the title “*A health promotion programme for the prevention of cardiovascular diseases in elderly”.* Additionally, the final report of the project (scientific background, methodology, results and evaluation) was available, so throughout this report we had the possibility to have answers in all the questions posed and also the availability of Dr Velonakis Emmanuel was very helpful for more information. The SWOT analysis was defining enough for the structure of the searching process, while the cost-effectiveness analysis was very difficult to be completed, as there were not official financial information available for the project and the evaluation was limited to quantitative parameters, namely the modification of the participants’ behaviour.

The second and the third projects have been co-financed by the European Commission and by National funds.

1.2 Short Presentation of the Three Health Promotion Cases for Older People

The project “Action programme for older people” started in 1997 and is still going on. The project is based on previous related projects co-ordinated by the General Secretariat for Sports. These projects are implemented in different KAPIs in different municipalities. The project was run and staffed by the local Primary Health Care Services. The target group of the project is people older than 60 years old. The action programme for older people comprises of two phases. In the first phase, the elderly were informed through lectures and discussions about health related problems and the role of exercise in the improvement of their health. The second phase includes the action programme, which takes place in a special room (gym) and in outdoor athletic areas, using appropriate exercise aids. The duration of the programme is 45 minutes each time and it takes place twice a week. Each year the participants’ physical state and mobility is evaluated. The project as a whole is evaluated every 5 years.

The project”The involvement and the role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases” was designed as a pilot study, in order to examine the feasibility of developing the Senior Health Mentoring concept, which is referring to the involvement of older people themselves in health promotion activities, by reinforcing their existing experience with appropriate knowledge, as a model for spreading out health promotion issues. During the first

phase of the project a number of older volunteers were trained in teaching and communication principles, as well as contemporary nutritional information based on the Mediterranean diet. In the second phase of the project SHMs started spreading out their new knowledge in their respective KAPIs as well as in KAPIs of other municipalities in the greater Athens area. Following the successful evaluation of the project an information package was produced and this was sent out to all KAPIs in the country. From anecdotal data we are aware that the model was used by health professionals in other KAPIs and is still used.

The project "The role of Health Education in Improving Compliance for the Prevention of Cardiovascular Diseases" was a health education programme, focusing on access to and adoption of healthier lifestyles for the prevention of cardiovascular risks in elderly and it was implemented in two KAPIs in an urban municipality in the greater Athens area. The results of this intervention were compared with those in the control group that was comprised of the other two KAPIs in the same municipality, where no health intervention was implemented. The objective of this study was to evaluate effectiveness of health promotion activities aiming at the reduction of cardiovascular risk factors in the elderly. Following again the successful evaluation of the intervention, this was also implemented in the two KAPIs that were used as controls in the formal phase. Although this project was continued the published results show that health education activities are worthwhile with older people.

2 Results of the National Case Studies

2.1 In-depth Analysis of Case 1: Action programme for older people

2.1.1 Structure Evaluation Results

The project "Action programme for older people" is part of the health promotion policy of the department of health and welfare of the municipality of Agios Dimitrios. There are also other relevant projects concerning dancing, singing and theatre. The project "Action programme for older people" is based on previous related projects co-ordinated by the General Secretariat for sports (1995). These projects are implemented in different KAPIs in different municipalities. Mr Babanas Athanasios, the physiotherapist of the municipality of Ag. Dimitrios and Ms Koureta Aikaterini, occupational therapist had observed that the participants in the previous projects were very often injured. That is why when drawing "Action programme for older people" they did many changes in the strategy of the previous projects, according to their own and to their colleagues' (in the KAPIs) experience.

All older people of the municipality of Agios Dimitrios who are interested can participate in this project. The target group of the project is people older than 60, as the coordinators observed that people of this age have to deal with many mobility problems that may make them lose their ability to self-care and be autonomous. People with serious health problems (e.g. permanent disability, such

as after stroke) are excluded. That is why all those who are interested in participating must bring a health certificate. Old people of the municipality were informed about the project via local press, one national newspaper (“Ta Nea”, 1999) and via lectures and discussion in the four KAPIs of the municipality. Lectures and discussion were not only about the project, but also about scientific subjects, such as information about health problems, about the importance of physical activity and of healthy diet. Lectures and discussion are still going on, in the framework of phase I of the project.

This project aims to improve and maintain the mobility and functional ability of older people, via the implementation of an exercise programme. Main goals are the maintenance and improvement of older people's mobility, autonomy and self-care. The exercise programme was mainly focused on the improvement of the mobility of the spinal column and of the shoulder and legs joints, which seem to have reduced mobility as the age advances at an ever-increasing rate.

The project was drawn and has been run by the physiotherapist and the occupational therapist of the municipality of Ag. Dimitrios. Only these two employees work for the project. Their pay for running the project is included in their monthly salary for the whole work they do as employees in the municipality, because they run the programme during their working hours. The project is totally financed by the municipality of Ag. Dimitrios. For example, the Athletic Organization of the municipality provides the special facilities and the appropriate aids. At the beginning, this programme was taking place in a small room with only a few participants. This room was the only one available. Some years later, the project was taking place in a bigger room and finally today, the programme takes place in the gym of the municipality of Ag. Dimitrios.

2.1.2 Process Evaluation Results

During the present study period, there are 50 participants in this programme. Most of them are from 60 to 85 years old. However, there are some (4-5) younger people (older than 45), who participate in this programme because they cannot attend a common gym programme. All the participants are women, except for four men. Old people can be actively involved in the project. They can make proposals concerning both phases of the programme (phases I and II). For example, they can share their concern about a specific health problem. This health problem may be the main topic of one of the next lectures or discussions (phase I). In addition, sometimes, the participants make proposals concerning exercising (phase II). For example some of them proposed to organize an excursion or walking up a hill, while others proposed specific kinds of exercises or just more exercises. Moreover, the participants ask for running the programme three times per week (instead of twice a week) and the coordinators examine if this is feasible. The coordinators examine all the proposals and if it is possible to implement them, they incorporate them in the programme. Finally, the participants were involved in the definition of some evaluation standards. People with mobility disorders were interviewed on the way these problems influence their daily life. The participants’ daily activities and their ability to carry them out were recorded. The results of this phase were used to define some evaluation standards.

Little changes to the first draw of the project have been done. The exercises are almost the same. Only a few new exercises were added, such as resistance

exercises, feather weight-lifting and games.

The action programme takes place in the gym of municipality of Agios Dimitrios and in outdoor athletic areas, weather permitting, using the appropriate exercise aids. The gym has all the appropriate facilities, such as parquet and locker-room and is accessible. Previous rooms used for the programme were not so convenient for this kind of use. In addition, some times, especially during spring or summer, the exercise programme may take place outdoors, such as near the sea or up on a hill.

According to the coordinators of this project, the most important strategy is keeping good relationships between team members. According to Ms Koureta, who is the occupational therapist, “Games and balance exercises strengthen good relationships between team members”. Team spirit makes them support and encourage each other. “Team members are friends. Sometimes they go all together for lunch or dinner…” Mr Babanas, the physiotherapist adds.

Another strategy is providing information and sharing concern, via informative lectures, discussions on problems the participants face and on the importance of physical exercise and of healthy diet to improve their health (phase I). Finally, the physical exercise programme (phase II) includes aerobic, breathing exercises, stretching exercises, active and non-active exercises for the joints, muscle strengthening exercises, resistance exercises, balance exercises, exercise for pleasure such as various games and recently feather weight-lifting. “What is of great importance is not the success of doing an exercise, but the effort the participant does to execute it”, Mr Babanas says.

2.1.3 Outcome Evaluation Results

Firstly, health professionals examined new participants for existing health problems and evaluated their mobility and their functional ability in order that participation in the exercise programme would not cause any problems in them. Then, people with mobility disorders were interviewed on the way these problems influence their daily life. The participants’ daily activities and their ability to carry them out were also recorded. The results of this phase were used to define some evaluation standards. The criteria used for the evaluation are: sitting and standing up from a chair or a bed, turning by the bed, self-care – personal hygiene (bath, hair-brush, dressing etc), going up the stairs, using the kitchen room’ cupboards - even those who are overhead-, body balance and walking ability. New participants’ joint functional ability is evaluated, via these specific criteria concerning their daily activities. The exercise programme is focused on the rehabilitation of the most common joint mobility disorders. Participants are re-evaluated each year, using the same criteria. Every 5 years an evaluation of the programme takes place (statistical data, report).

According to the 10th year evaluation, the coordinators realized that 20% of the participants had stopped participating in the programme, for different reasons. Using the evaluation criteria, they realized that all the participants had great improvement of their joint functional ability. The participants' mobility had improved in such a way that they could participate more actively in daily activities (bath, dressing, walking, self-care). Their body balance was improved and they gained better neuromuscular control on their movements. Amelioration of their psychology and participation in more activities and hobbies was also observed. Being more

active in their life make them feel that they could participate in different activities. 60% of the participants in the "action programme for older people", started participating in other projects of the municipality, such as, dancing, singing and theatre. They were also informed about all the events in the municipality. It could be said that the project has contributed greatly to the participants' socialization. In addition they seem to have adapted healthier habits (nutrition, physical activity etc). Finally, another interesting statistical remark is that from the begging of this project, the number of older people who ask for physiotherapy at the municipal health centre has been decreased (30% lower). They realised that 80% of those that stopped asking for physiotherapy, were participants in this project.

The effects are sustainable in a way. The participants learn how to do some exercises that they may practise throughout their whole life. In addition, through the project the elderly gain useful information about their health, physical activity and healthy diet, which may also be useful for their whole life. Finally, physical exercising is one of the best kinds of health promotion. All these effects have been achieved, by running the programme regularly, always from the same professionals. However, Mr Babanas expressed his fear, that unless new staff are educated in how to run the project, the project may not be continued, when he and his colleague would come to retire. He believes that the sustainability of the project has much to do with his personal and permanent effort.

The "Action programme for older people" is a low budget health promotion project, with many good effects in the participants' feelings and in their physical and social health. The cost of project: a) Campus 400 € per month, b) employers (2 persons and 3 volunteers) 3,000€ per month. The employers are staff of KAPI and they work for the project 2 hours per day. c) other costs 800€ per month.

The "Action programme for older people" is an easily transferable project. Many municipalities in Greece (eg. Municipalities of Zografou, Amaroussion, and others) tried to implement this programme. However, according to Mr Babanas, none of these new projects has yet succeeded, because of organizational problems and lack of infrastructure. The coordinators of "Action programme for older people" plan to organise a conference to share knowledge with other professionals, all over Greece. During this conference there will be presentations of the project and exchange of views and ideas. This way the programme could be ameliorated and transferred in other municipalities or in KAPIs.

The project "Action programme in older people" was also presented in two conferences. These two presentations took place during the 5th General assembly of FISpT in 1999 and during the 6th Hellenic conference of gerontology and geriatrics in 2000.

Lack of recognition from public authorities was a main problem for the coordinators of the project until recently. The project is continued because of their personal effort and enthusiasm. As it is already mentioned, they are afraid that following their retirement the programme may stop, as there is no provision for new specialised staff and management. Recently, the municipality authorities seem to have realised the importance of this project for the health promotion for the elderly. So the coordinators expect more staff and more benefits. On the other hand, this project reached public recognition, which is evident in the local press and in the participants' words. Ms Tsabatzoglou K. said: "I have been joining the programme for 10 years. We started exercising in a small room. Ten years ago I could not hang out the washing, or reach some cupboards. Now I stretch my

hands and I manage it". Another participant, Ms Kontouli M. says: "I have been joining the programme for 4 years. I jointed the programme because I had waist pain. Now I feel much better. I have not expected to feel so well. I was afraid that my problem would be worse. The special exercises that we do during the programme are very helpful".

According to the coordinators, many older people who live in the municipality are interested in participating in the programme, but it is not always easy to do so. That is why they believe that the programme could be run in two or three different places in the municipality, so that anyone interested could join it. In addition, they claim that the participants should be divided into two groups, according to the difficulty of the exercises they do. The one group may go walking in a hill, while the other can do some simple exercises. This way the exercise programme would be more flexible and more people of third or fourth age would join it.

Cost effectiveness, although not made in formal terms, it could be said that participants stay in good health for much longer time than their peers who do not participate in similar programmes. Therefore, scarce health and social care funds are saved, which is a significant result to show evidence that such programme are very useful and that it should be spread out.

2.2 In-depth Analysis of Case 2: The involvement and the role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases.

2.2.1 Structure Evaluation Results

The project "The involvement and the role of older volunteers in promoting healthy diet for the prevention of cardiovascular diseases" was designed as a pilot study, in order to examine the feasibility of developing the Senior Health Mentoring concept as a model for spreading out health promotion issues. The design included two phases, a) training of SHMs and b) peer information by SHMs. The project was implemented in two municipalities in greater Athens area, with a mixture of population in terms of socio-economic characteristics. Each municipality operates four KAPIs. –The sample that was selected to be trained as SHMs was volunteers from two of the KAPIs of each municipality. The size of the SHMs sample was decided in the design phase to include around 20 older people, five from each KAPI. For the implementation of the second phase of the project, the trained older volunteers would present information, on health promotion and healthy nutrition in the members of their KAPIs, as well as other KAPIs that showed interest to participate in the study.

The aims of this project were:

1. Elaboration of a methodology, including a training package, attempting to motivate and enable older individuals to become, on a voluntary basis, leaders in health promotion activities for their peers,

2. Recruitment and training of older volunteers to become health educators on specific topics, such as healthy nutrition, for their peers,

3. Promotion of healthy diet among older people by the adaptation of

traditional Mediterranean recipes and healthy cooking instructions to the strictures required for the prevention of risk factors for cardiovascular diseases.

The existing experience in the UK, on recruiting and training older people as SHMs for health promotion programmes, was adapted to suit to the Greek conditions. The Ageing Well UK Programme Core Training Pack was used as basis, as well as additional information from the literature to form the training material.

The impact of this intervention was assessed by questionnaires. Two questionnaires were developed by using the literature and the Ageing Well UK evaluation forms, as well as information regarding the specific focus of this project for the evaluation of SHMs training. An additional questionnaire with comparable information was prepared for older people, who attended the sessions run by SHMs. An observation schedule was also prepared which was used by the KAPI staff and the project team to evaluate the SHMs presentations. The UK partner reviewed the evaluation. The SHMs, before and after their training, completed the first two questionnaires. The members of KAPIs who attended the SHMs presentations also completed the questionnaire prepared for them following the presentation. The project team and the KAPI staff, were present in the sessions run by SHMs, kept notes and completed the observation schedule.

2.2.2 Process Evaluation Results

Meetings with staff and the responsible authorities in the KAPIs of the two participating municipalities took place during February 1998, following letters asking for their permission to get access in their KAPIs. During those meetings the aims of the project were explained and their help in informing KAPI members was asked and received. KAPI members were at first informed about the project by a written announcement, as well as oral ones in various occasions.

Meetings with all four selected KAPI members in order to inform them for the project and ask for their participation, followed in late February and early March 1998. Older volunteers were recruited from the four KAPIs. There was a keen interest in participating and in the first training session 45 older people appeared, although only 25 had expressed interest in participating during the meetings. During the first training session, older participants were asked to complete the SHMs questionnaire-1.

However, most of the people who attended the first session did not continue participating, which may mean that they came out of curiosity just to listen to the information presented and they were not prepared to be active participants. Twenty-seven older people from all four KAPIs attended and completed their training.

These volunteers were trained and provided with the necessary material in order to prepare themselves to train their peers in adopting healthier nutrition habits. When the SHMs training was over they completed the questionnaire-2.

The English partner visited Athens in March in order to help the project team with recruitment of older volunteers and to review the training pack. She also visited the participating KAPIs and discussed about the project with staff and older people.

One member of the project team also visited England in May and she had

the opportunity to discuss the project with the English partner. She also visited a project in the North of England and met SHMs.

One more visit took place in October 1998, by two members of Ageing Well UK, who had the opportunity to meet the SHMs, who had completed their training and were ready to start their new role.

Following the training, SHMs who wished to do so, started going into the KAPIs to present the subject of healthy nutrition, usually in pairs and with the presence of at least one member of the project team. Ten such sessions were planned in correspondence with KAPIs in various parts of greater Athens. Older people who participated in the sessions run by SHMs, were asked to complete the questionnaire intended for them after the presentation. Other participants could either complete it on site or take it with them and return it later in the KAPI staff.

A series of training materials for volunteers were produced. These include general health promotion instructions, practical instructions for healthy nutrition and cooking, as well as a selection of modified traditional recipes.

The three questionnaires were coded and the data entered in a database for analysis. The analysis included percentages and tabulations.

2.2.3 Outcome Evaluation Results

The impact of this intervention was assessed by questionnaires and observation. Two questionnaires were developed by using the literature, as well as information regarding the specific focus of this project for the evaluation of the SHMs training. An additional questionnaire with comparable information was prepared for older people, who attended the sessions run by SHMs. An observation schedule was also prepared, which was used by the KAPI staff and the project team to evaluate the SHMs presentations. The SHMs completed the first two questionnaires before and after their training. The members of KAPIs, who attended the SHMs presentations, also completed the questionnaire prepared for them following the presentation. Members of the project team and the KAPI staff that were present in the sessions run by SHMs kept notes and completed the observation schedule.

The three questionnaires were coded and the data entered in a database for analysis. The analysis included percentages and tabulations. Further statistical analysis was attempted but because of the sample size there were no significant differences.

A series of training materials for volunteers were produced. These include general health promotion instructions, practical instructions for healthy nutrition and cooking, as well as a selection of modified traditional recipes. For developing the healthy nutrition and cooking instructions there was cooperation with experts from the Department of Biochemistry and Nutrition of the National School of Public Health, who also provided us with slides for the training of SHMs. The education materials were first produced in the form of handouts, in order for the project team, the KAPI staff and the SHMs to have time to check usefulness, etc.

Following the evaluation of the project, the material was published as two separate booklets. The first one includes all the information needed for training older volunteers as SHMs and is intended for health professionals. The second contains the healthy nutrition information and is a useful handbook for SHMs.

The leaflet Healthy Nutrition that was based on a previous project (see case 3) was also reprinted, as well as a useful guide on the interaction of food and medicines. This booklet was prepared by professor Kafatos of Preventive Medicine and Nutrition in the University of Crete and Dr Tzimis, a hospital pharmacist, who in this way offered their work to be published and therefore produce a more complete package of written material.

The outcome evaluation results showed that all trained SHMs (100%) stated that their training concerning health promotion and healthy nutrition was useful and most of them (96,3%) were satisfied with the content and the way that the information was presented. Furthermore, the majority of SHMs (96,3%) agreed that all the topics of the session were useful, although the information was not always new for almost half of them (40,7%). There was only one volunteer who did not answer the question.

Eighteen (66,7%) out of 27 SHMs declared that they had used the information that was presented to them during the programme to make some changes in their lifestyle and most of the participants (70,4%) had shared this information with somebody else, such as their children, relatives or friends. Finally, 81,5% were satisfied with the idea of sharing the information that they had gained with their peers following their training and although 5 (18,5%) did not answer the question, no-one stated that they felt dissatisfied with or indifferent to such an idea.

The comments of KAPI staff and the impression of the project team throughout the second phase of the project were very encouraging. A further good sign is that, whilst the SHM concept may be new in Greece, it could thrive if health and social care professionals embrace the idea and develop it further.

The continuous attendance of SHMs and their expressed satisfaction with the content and organisation of the programme is the best indicator for the success of the programme. By that, we do not want to imply that the programme was perfect; rather that it met the needs of that age group to certain degree. An advantage was the use of existing literature and experience, but although the content was amended when the SHMs training was completed according to their comments that of KAPI staff and our own observation before it was sent for publication, there will always be a need for continual improvement.

Although, cost effectiveness of this programme was not evaluated, there are signs that it is sustainable.

Following publications of the training package, it was forwarded to all KAPIs in the country. There was interest expressed from some KAPI staff members either to visit them or present more information or even more to help them implement the programme in their own KAPIs. From unpublished information we know that a small number of KAPIs have implemented this programme as it was presented to them. There we also two cases one in a KAPI in Athens and one in Crete that went even further to develop the model by adapting it in other health promotion issues. It is certain that such programmes are of interest although not always easy to evaluate and present impressive results.

2.3 In-depth Analysis of Case 3: The Role of Health Education in Improving Compliance for the Prevention of Cardiovascular Diseases.

"The role of Health Education in Improving Compliance with treatment for the Prevention of Cardiovascular Diseases" is a health education programme, focusing on access to, and adoption of, healthier lifestyles towards cardiovascular risks in older people. It was implemented in the population of two KAPIs in an urban municipality in the greater Athens area. The results of this intervention were compared with those in a control group of the other two KAPIs in the same city, where no health intervention was implemented. The objective of this study was to evaluate the effectiveness of health promotion activities aiming at the reduction of cardiovascular risk factors in the elderly.

2.3.1 Structure Evaluation Results

All KAPI members were eligible to participate in the study, for that reason all KAPI members were informed about the project and were asked to participate voluntarily. Thus, volunteers who presented an interest in participating after they were informed about the study and had at least one factor for cardiovascular diseases present at the time that the study took place, such as hypertension, hyperlipidaemia or diabetes were the target group of this programme. Elderly with progressed dementia who were not able to consent and elderly who were not active members of the centres were excluded. The total sample was 223 elderly. From them, 123 (59 men and 64 women) originated from the intervention KAPIs and 100 (38 men and 62 women) from the controls.

Health promotion issues such as primary and secondary prevention of cardiovascular diseases, compliance with treatment and healthy diet were the object of lectures by experts, followed by open discussion, group work with participative style, written material prepared for this intervention and one-to-one counselling. The whole programme was performed for six months in the two intervention KAPIs.

Finally, a questionnaire covering various items of information, including demographic and socio-economic data, was filled in by the participants with the help of a physician who did not know if the participant belonged to the intervention or control group before the intervention and after its completion.

The project was founded mainly on the basis that many studies have proved that persons older than 65 years are at the highest risk for developing cardiovascular diseases. Many risk factors, responsible for these diseases, are modifiable. So, treating hypertension, diabetes, encouraging smoking cessation and exercising will decrease the prevalence of cardiovascular diseases.

The Health Determinants, which were addressed within this project, are associated with nutritional standards and environmental factors, which during recent years, have been altered negatively and became more threatening to health. Social and economic aspects influence the mortality and morbidity in Greece, as it is everywhere in the world, and it becomes obvious that in the future, cardiovascular diseases will be the main public health problem. For this reason, such health promotion policy is very important and the project becomes crucial in meeting recognized needs of the elderly and health issues within the political and

socio-economic background.

The programme was implemented in an urban municipality in the greater Athens area. In this municipality of 120.000 inhabitants, four KAPIs are included and a general hospital too. These stakeholders were involved as the comparison between the participants of health education intervention and the control group was feasible and the results, properly treated, could be opened to further analysis, so to refer to the general population and be used as a basis for policy makers.

The project, tended to be action oriented, based on local inter-sectoral co-operation and on existing local networks and structures. It is a programme exclusively designed for older people so as to meet their needs. The health education undertaken in this programme had a multidimensional effect concerning prevention and compliance at the same time, enhancing individual participation. It attempted to create a common collective sense within the KAPI population respecting the individual needs.

This project was the product of the co-operation of the authorities of the local municipality, the local hospital and the Greek Ministry of Health, the health and social care professionals and the Hellenic Association of Gerontology and Geriatrics – non-governmental organisation – and the older people themselves. There was also expert participation from the London School of Hygiene and Tropical Medicine. It was funded by the Commission of the European Communities Health and Safety Directorate and the Greek Ministry of Health and Welfare.

2.3.2 Process Evaluation Results

The intervention methods in order to involve and activate the target group varied from interactive methods such as lectures, discussion, one-to-one counselling, group work and role-play, to written material, such as handouts, leaflets, posters and reports. Furthermore, audio-visual methods- films, videos, computers- and mass media were used so as to achieve the main purposes.

The theoretical foundation was based on empowerment in order to succeed the presentation of risk factors associated with cardiovascular diseases. The role of each risk factor was explained and the importance of following healthy lifestyle was stressed. Healthy Diet, Exercise and Occupational therapy were mentioned between others. During the discussion there was a further possibility to clear up any misunderstandings of wrong impressions. Moreover it was explained how important is to follow the physicians instructions in taking the prescribed medicines.

Health Determinants, such as the socio-economic status of the target group and the local authorities' policy were addressed throughout the project as they decisively influenced the implementation of the programme. For example, the fact that the population of the municipality is mainly blue collar workers, civil servants and owners of small enterprises and shops affected the way of approaching older people and the communication between the researchers and the objectives of the study.

Meetings with the members were held in the four KAPIs separately. The participation to the programme was voluntary and included those who presented an interest in participating after they were informed about the study.

A combination of strategies and methods were used. Education and counselling -meaning simple, clear instructions, repeated periodically with additional information as required by the participants- were basic. In, addition, interactive methods and written material were used in order to achieve the aims of the study.

The acceptance of health education intervention by both trainers and trainees is a critical point of success. The health personnel of KAPI accepted enthusiastically to contribute to the implementation of the programme. On the other side, KAPI's population found it very useful. 65% of them said that it helped them a lot, against 6%, which found it tiring. 105 of 123 wanted more group meetings and 111 out of 123 wanted more lectures. The high response of the KAPI's population is also documented by the high degree of participation in the lectures and meetings and by the almost absolute participation in the follow-up a year after the first contact. The screening of risk factors before and after the intervention certainly contributed to the increased participation in the project.

The participation of the elderly was enthusiastic and their expressed opinion about the programme was positive. They enthusiastically contributed to the implementation of the programme. Moreover, further analysis of the participants' attitudes towards health education showed that it had been modified. For example, after the intervention, they measured their blood pressure more regularly, and most of them reacted as advised according to the results of the measurement. People with diabetes also measured their blood glucose more often but there was no evidence of any statistically significant modification of their nutritional habits.

2.3.3 Outcome Evaluation Results

Outcome evaluation was made by pre- and post- intervention questionnaires. The analysis of data showed positive modifications regarding risk factors for cardiovascular diseases and compliance with treatment indices after intervention and in comparison with the control group. These findings provide useful information for the evaluation and the effectiveness of the study. The reduction of the daily salt intake as well the body weight, the increase of the daily walking time and the moderation in alcohol consumption are the observed changes, which produced statistically significant results in the intervention group. A remarkable trend of decreasing smoking habits could be added. The reduction of body weight has of particular interest because it is an objectively measured factor not influenced by bias. Generally, it has to be mentioned that the evaluation is done immediately after the implementation of the programme, so it is difficult to talk about permanent changes. It would be interesting to test the persistency of changes by a follow-up study at a later time. It would be also interesting to look for the modification of biological factors prompting for cardiovascular diseases in a long period and the modification of morbidity and mortality.

The approval of the project by the participants and the target population was accompanied with a positive response by the authorities of the local municipality and the Ministry of Health. Policy makers consider that such intervention should be encouraged for further development and broader implementation.

This project did not employ any formal cost effectiveness evaluation. However, its results that were very positive on reducing risk factors for

cardiovascular diseases as well as in increasing compliance with treatment, give us a certain starting point to support that there were very positive results against reducing treatment and hospitalisation rates.

3 Conclusions

Throughout the literature search we ascertained that the majority of the collected data reflect the situation at a local or regional level and less on a national basis. Besides, only a small number of research studies refer to old people. The overwhelming majority of them (68%) took place in KAPIs, which are certainly the right place to reach this target group. This occurs due to the fact that a large number of old people, who are generally healthy, visits KAPIs to spend their spare time in creative activities, such as painting, acting and organising festivals. The rest of them took place in the community (23%) and residential homes for older people (8%).

The health education interventions undertaken in these projects have a multidimensional effect mainly concerning people with one or more risk factors or manifested cardiovascular diseases. They are combined programmes of prevention and compliance, based on health education and on enhancing individual participation. They attempted to create a common collective sense within the KAPI population respecting the individual needs. As a matter of fact, the work-group health promotion activities contributed very much to the success of the programmes. They created a first level of communication that facilitated the free expression of the participants and facilitated their participation. On the other hand, the health personnel of the KAPI could also play a significant role in the implementation of health promotion programmes.

Moreover, the material that were developed during these projects, such as valuable handbooks and leaflets, can be used for wide dissemination of the experiences obtained within these projects and help out any one interested to implement such programmes or develop them further.

3.1 Recommendations for Successful Health Promotion for Older People.

For successful Health Promotion Programmes for Older People, the guidelines, this should be used, from the beginning, have to be distinguished according to whom they may concern. So, we have to build sets of guidelines for political health authorities in all levels (international, national, regional), for institutions and organisations providing such programmes and projects, professionals of all co-related fields, universities and researchers who may support with their work the whole effort and maybe for the community including elderly who are the subject of the project. Additionally, volunteers should be included to the guidelines- policy.

Moreover, from the phase of planning has to be clear that everything refers to a multi-agency approach. Health Promotion Programmes are multidimensional and have to be planned according the diversity of all participant parts as well as

with respect to different professional identifications. Thus, guidelines have to protect the diversity and promote the use of different workforce.

The structure of these sets of guidelines have to be simple, concrete, familiar and friendly to the users so everything to be well understood and implemented according to the plans. Besides this, they have to be practical oriented recommendations with which many non-expectable situations have to be foreseen so to minimise the time and the resources needed.

The guidelines have to be planned and developed in such a way, which favours the sustainability. It is useless to invest in programmes and projects, which meet the needs of a limited number of persons, without compromising the transferability, the ability of expansion and implementation in a more widen group of the population. Moreover, the guidelines have to support the education and the training of the group of professionals occupied with certain programmes and projects, in order to undertake the responsibility of the continuity.

If we intend to plan Health Promotion Activities with successful outcomes, the target group will pose the goals according to their special needs, social and health determinants, diversity and gender, advantages and disadvantages, possibility of participation and kind of approach. Particularly, the approach of the target group is very essential, as it will constitute the right field of the development and implementation of the programme. Moreover, the suitable intervention methods and the combination of strategies could involve and activate target groups, so it has to be precisely mentioned and suitably proposed in any case. At the same time, the needs have to be recognised in order to prioritise easily and to locate the different types of interventions without loosing the flexibility of adapting the theoretical framework to the reality. The selection of every topic has to be well justified and supported by the literature, good practice and evidence-based practice in relation to the current reality. At this point, the financial sources have to be mentioned and the cost effectiveness has to be demonstrated. Guidelines should refer to this very important topic, which may be finally ensures the viability and the success of the whole activity.

As about the process of these sets of guidelines has to be as concrete as possible and address all the aspects of posed pre-conditions, the sustainable practices and dealing with all the factors associated with Health Promotion Policies, such as environmental conditions and governmental actions and not only the modification of the human behaviour.

It is very important that the guidelines include clear evaluation strategies for either process and/or outcome. Evaluation is very essential for every phase of activity. It has to be constructed in a way which enables the assessment at all levels and provides the suitable feedback so as the process goes on. Besides this, the results will be comparable and the experience of a partial implementation will be used efficiently on a more extended basis. Moreover, it would be interesting if, according to the guidelines, an independent body could carry out the evaluation.

In addition, a health promotion programme for the elderly must always be in accordance to their needs. So, such a programme must be flexible. This means that the suitable changes must always be adapted, so that voice of older people and evaluation results are respected. It is very important, for old people to have the opportunity to be actively involved (eg making proposals concerning the programme) Of course, the coordinators will examine if their proposals are

feasible.

Very close to outcomes for the guidelines is the continuation of optimising the structures. Every successful initiative should be examined in the light of continuity and continuation. All the sets of guidelines should be constructed in a way, which foresees the evolution and has already prepared, with flexibility, the process of adaptation.

3.2 Specific Recommendations for Project Aims

In Greece inequalities in populations (target groups for health Promotion Programmes) have not been studied sufficiently. Only 6% of the literature findings refer to inequalities, while none mentions diversity. The inequalities mentioned are related to socio-economic factors such as poverty, living in a rural or urban areas, support networks and retirement. The social isolation and loneliness is a common phenomenon. In the light of this reality, it should be appropriate for each study to define inequality and for this to be taken into consideration during the phase of planning of every Health Promotion Activity. The second step should be the removal of the obstacles and the integration in the general population with respect to special characteristics. Of, course this task will be accomplished only if the target-group is actively involved in every phase of the Programme. At the same time social support networks are strong factors for successful Health Promotion activities for older people.

As for social determinants, the fact that there is a certain difficulty in providing a broad collective picture of what determines the health status of an individual with sufficiency. It is important to acknowledge that income inequality, social inclusion and exclusion, the contribution of the social economy and even factors such as family, food safety and housing are some of the health determinants that need to be taken into account. It becomes obvious that the socio-economic circumstances of the individuals and groups in Greece are equally or more important for the health status than medical care and personal health behaviours. For this reason, such as KAPIs as well as sister programmes like “Help at Home” - which provide nursing and social care services at home -, indicate the orientation of policy makers towards social determinants as a part of the whole strategic of health promotion, disease prevention and health protection. This reality imposes the deep analysis of social situation and the description of all the social determinants, which have a direct impact on the health status of older people.

On the other hand, sustainability is addressed explicitly or more implicitly by 24, 5% of the studies found. In total, 20 studies are relevant to this issue. Most studies include evaluation of their results and some of them, like the project of training SHMs in Healthy Nutrition, even provide an evaluated training pack, available to anyone interested in the implementation of a similar project (Sourtzi et al 2003). This fact reveals the necessity of evaluation of the persistency of changes in a length of time after the implementation of the programmes. Moreover, the broader development and implementation is crucial tackling the sustainability. Finally, the elaboration of complementary educational material and methods renovates and avoids the monotony of any intervention, obtaining the constant participation of the target –group.

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