



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

National Evaluation Report

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1 The Evaluated Health Promotion Cases for Older People

1.1 National Selection Procedure

Among the programs included as part of healthPROelderly, programs meeting the inclusion criteria were chosen which scored highest in terms of meeting the largest number of criteria and were described in greatest detail in written sources. The following programs were chosen:

1. Senior Citizen Council of the district Antoniuk in Bialystok.
2. A Programme of Physical Recreation for Older People (PRROS)
3. Older Man, Older Woman.

These programs were each evaluated using three different instruments: document analysis, SWOT-analysis, and interviews with key players. A cost-effectiveness analysis (CEA) was also performed for the PRROS program.

The first stage of the evaluation involved a detailed analysis of all available published documents relating to these three programs. In addition to an analysis (e.g., books, articles) of documents collected during the first stages of the healthPROelderly program, attempts—chiefly through internet searches—were made to collect new materials concerning selected programs. A document analysis was undertaken based on the monographs from two programs, a journal wholly devoted to one program which also contained a CD of radio programs relating to the said project, and a number of articles authored by individuals involved with the project in question. None of these programs had their own web site. These projects were only mentioned and/or information provided on other sites (i.e., site related to the project coordinator).

Next, contact was established with the coordinators of these programs with the aim of collecting additional information and finding candidates for more in-depth interviews, which were conducted in person, at the program location. Respondents were key players in each of the programs: coordinators, founders, researchers, and, when possible, participants (i.e., older people). In total, nine individuals were interviewed, with six giving permission for the interview to be recorded. Interviews were made in Polish based on the interview guide and recorded. In the report the fragments of interviews translated into English were included. The duration of the interviews was between 11 minutes 30 seconds and one hour 19 minutes 53 seconds. The average time of interview was 43 minutes 52 seconds.

One individual from the PRROS program participated in the CEA. This individual was simultaneously the founder, coordinator of the program's first edition, and was performing research among the program participants.

SWOT analysis constituted the end-point of the evaluation. It was performed using a variety of materials collected during document analysis, information collected in the course of interviews, and CEA.

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

- Senior Citizen Council of the district Antoniuk in Białystok.

The project, lasting for 2 years (1993-1995), was financed by the Committee for Scientific Research and by the Foundation for Polish-German Cooperation. The project concerned the influence of mutual aid activity of senior citizens upon their environmental situation and pro-social attitudes. Research studies were conducted by the Department of Clinical and Social Gerontology of the Medical University in Białystok. Research included only those aged 60 years and over.

Though research concerning the Senior Council of Antoniuk District in Białystok ended two years after it was created as a part of an experimental program, the Association itself continued to function.

At present, all older individuals are invited to join the Association, without any strict guidelines as to age.

- A Programme of Physical Recreation for Older People.

Programme of physical activities, based on training was conducted by professionals. Keep-fit exercise classes and package holidays were held in a region of Poland which is known for outdoor pursuits. 22-weeks sports activities (twice weekly exercises and at least one 20-60 minutes walk per week) with an instructor and a 2-week holiday were also organized.

This program lasted for six months and consisted of three stages. The first stage involved qualification and information meetings (i.e., physical exams and lessons from physicians, dieticians, etc.). The second stage consisted of regular meetings consisting of physical exercises. The third stage involved education-tourism and prophylactic-leisure components (i.e., countryside holiday).

This program takes place in cities since 1992 and is aimed at physically inactive individuals, especially women, aged 60 years and older.

Research was performed before the start of this program, developed by the institutes at the Academy of Physical Education in Warsaw. The baseline of this study involved measuring knowledge concerning the role of physical fitness in older age in relation to the widely understood concept of “senior health”.

- Older Man, Older Woman.

The project has been run in Warsaw since April to December 2006. The main goals were to recognise abuse of older people, to identify problems with reaching older people with adequate help, to find solutions accepted both by an older person and the caregiver, to construct a local team to counteract abuse of older people, to motivate other people to ward against such abuse and to make the society more aware of this problem. Project meetings took place either in established venues in the district which were easy to reach (at the organisation 'Blue Line' (see p.16 for description), at the Centre of the Welfare and Social Services in Wola district) or in the homes of older people.

This program is directed towards the victims of elder abuse as well as their caregivers, whom are having difficulty in establishing contact with the senior.

This program is innovative in so far as it is one of only a few efforts aimed at combating violence directed against older people. A number of Polish older people are not aware that the actions of those closest to them are often characterized by violence (Gietka, 2006).

2 Results of the National Case Studies

2.1 In-depth Analysis of Case 1: Senior Citizen Council of the district Antoniuk in Bialystok

2.1.1 Structure Evaluation Results

This program was targeted to all interested seniors, whereas research included those aged 60 years and over. The main target group included the socially isolated, those living alone, and individuals needing support. The effectiveness of self-help groups among older people has been scientifically proven in terms of the positive impact on physical activity and, as a result, health (e.g., Szwarc & Szyszko-Wydra, 1996; Jopkiewicz, 1996). Difficulties connected with functioning in the local community resulted not only from older age itself. Religious diversity constituted one such challenge, where 80% of participants were Roman Catholic, 10% Russian orthodox, and 1% Muslim. Another challenge dealt with background, where most of the city residents had moved from rural to urban settings in middle age. This was in search of employment or occurred at an even later age, moving in with their children.

This project is based on a self-help concept, created by Smiles, who developed the idea of concept of mutual aid (Smiles, 1908). Self-help is understood

as resulting from various individual and cooperative efforts undertaken in a community environment or as a wider collection of such efforts in society (Halicka & Pędich, 1997). Self-help relies on reciprocating services in a set group of people, which simultaneously allows for getting support for one's self. Self-help efforts should focus on the meaning of being active and individual creativity in improving the quality of one's own life. This involves rekindling previously dormant individual strengths and empowering one's own life (Radlińska, 1961). Following transition processes in Poland, the participation of older people in social organizations is not universal. (Synak, 1996). Also, self-help groups were never promoted on a larger scale, especially among older people. Social services provided by the state in the period following World War II did not allow for developing social initiatives (Nowak, 1989). Improving or enhancing civic participation took place only after 1989 (Kurzewska, et al., 1993). The Senior Council in Białystok is one of the first such initiatives.

The work of the Association takes into consideration physical and social health. Efforts are directed towards individual functioning in their social environment during older age, following retirement. These efforts look to change the behaviour of older people: *"Everything is done to fill the void which exists in the lives of individuals following retirement"* (Interview 1). This involves moving from a sedentary to an active lifestyle and deepening ties in the local community.

Initially, this program incorporated residents from one part of town. This area was chosen not only for demographic reasons (i.e., >10% of residents were of retirement age) but also because of the social and health problems of its residents as well as involvement by the local offices from the Centre for Social Services (Halicka & Pędich, 1997). The residents constitute a diverse community in terms of religion, most residents came from rural settings, and moved to the city in search of work or to join their children. The Association office's were located in this area due to their proximity to the community they would be serving.

This project was created through the initiative of the Department of Clinical and Social Gerontology of the Medical Academy in Białystok, in cooperation with workers from the Centre for Social Services. In time, contact was established with the Seniorengenossenschaft, German associations from the cities of Riedlingen and Geislingen (Landau-Wirtembergia). With financial assistance from the Foundation for Polish-German Cooperation, a cultural exchange was also organized in 1994-95 (Halicka & Pędich, 1997).

The main goal of this project was to organize and support self-effort initiatives among the residents of this area, a mutual exchange of experiences, and cooperation with German senior organizations. The efforts of the Senior council were initially based on encouraging social activity among the local population for the benefit of older people, generational and community integration of older people, and, most especially, developing mutual assistance (Halicka & Pędich, 1997). An indirect goal was to achieve support from the local, municipal, and regional governments for

senior self-help efforts. As part of its mandate, the Association organizes countryside holidays, different special occasions (e.g., Grandmother/father Day, birthdays, name days), mutual religious services, and sightseeing trips. At the core of the Association's efforts is to encourage older people to work for their mutual benefit.

From its founding, the Association was managed by a single individual who, as a worker from the Centre for Social Assistance, played a vital role in the organization and work of the Senior Council. The Association does not possess a guaranteed source of income. However, as a legal entity, it can petition for funding and co-financing from a variety of institutions and organizations: *"At present, we do not have a daily source of financial support, recently we have received a grant from PFRON¹"* (Interview 1). Certain activities undertaken as part of the Association (e.g., countryside holidays) are co-financed by the participants themselves, though only in a modest, symbolic sum, considering the already fixed incomes of the members.

2.1.2 Process Evaluation Results

The possibilities surrounding participation in the Association *"were predominantly communicated by word-of-mouth"* (Interview 2). *"Individuals joining the association were most often those who lived alone and had trouble establishing contact with their families and/or neighbours"* (Interview 1). Older people are involved in all aspects of the Association's functioning. Individuals from outside the Association are not hired and management is completely self-reliant. This is motivated by the possibility of spending free time as a group. Members accommodate the efforts of the Association to their own needs and expectations: *"If we want to go on a holiday, then we organize it ourselves"* (Interview 1). Seniors are exclusively involved in the functioning of the Association:

"We publish our own bulletin "The Smiling Senior". This was a serious undertaking, since the bulletin was written for seniors by seniors. There was no expert involvement, nobody was specially educated in this area, we did it on our own (...) Each year we organize two-month-long holidays in the countryside (...) Once there, everybody sees to their own assignments. There

¹ PFRON – the State Fund for Rehabilitation of Disabled Persons. The Fund's resources will be used to establish new and retain the existing jobs for the disabled, to fund social rehabilitation of such persons and co-finance tasks under governmental programs.

is no cook, cleaner, supplier, or cultural-educational coordinator. Everything is done by seniors.” (Interview 1).

One of the tasks performed by the Association was supplementing the care services provided by municipal institutions (e.g., Centres for Social Assistance, Polish Red Cross, Polish Committee for Social Welfare). Several points of focus were developed within the Senior Council: supplementing the care provided by the Polish Red Cross on weekends (i.e., help in household chores, shopping, keeping company), technical work (i.e., small repairs in the homes of older people, repairing household appliances), handy work (i.e., learning how to complete small tasks and other household chores). For a time, there also existed the “Harfa” choir, involving parents and children. Unfortunately, following the death of the choir leader, no individual was found who could maintain the choir. Since 1996, a cabaret group called “Smile” has been performing, where the scripts and performances are all developed by seniors (Halicka & Pędich, 1997).

Wanting to participate in the Senior Council was, above all, motivated by the desire to help others and the possibility of maintaining social contact: *“Mostly individuals living alone, who had trouble in keeping in touch with their families and neighbours, signed up to the Association” (Interview 1).*

Often, this also included the possibility of remaining physically active. The Council is mostly made up of single or widowed women, living alone or with non-relatives, mostly aged 70-79 years. This is in contrast to other organizations, where members are mostly men. Considering the ability to move around, this included individuals who were able to leave their homes, rating their health as average or less than average (Halicka & Pędich, 2007).

The Senior Council does not operate its own location and uses, at no-cost, space made available by the “Metafora” club, located in their area of the city. As a result of the interest shown and an increasing membership, this location did not meet the needs of the Association. Members wished to meet more often than once per week for two hours. The Centre for Social Services offered the Association their offices, located in the city centre, available five days per week, from morning until afternoon hours. Considering its location and purpose, it seems to be most suited to the needs of older people.

Members of the Association are active in different fields, such as social evenings, Senior Day, meetings for those living alone, tourism, and countryside holidays. The work of the Association is made possible thanks to financial support from different governmental and nongovernmental organizations (i.e., City Council, Municipal Centre for Social Services, Foundation for Polish-German Cooperation, Medical Academy, PFRON). These institutions co-finance the publication of the Association’s bulletin, trips, and holidays. Students from the Technical School for Social Work, friends, and relatives of members have also become involved in the

work of the Association. They volunteer their services in helping organize large parties, computer courses, and German-language course for older people.

The Association tailors its work to the expectations, possibilities, and talents of its members, since *“Everybody can do something well, one sings, another plays...”* (Interview 3). At present, organized on a regular basis are once per week gymnastics lessons, local and international sightseeing trips, two one-month countryside holidays in June and August, and different interest groups (e.g., caregiving, technical work, handy work).

Interest in the program lead to a desire by residents from other city areas to become members. After their initial locale proved too small, it was changed to another location in the city centre. The efforts of the Senior Council were initially based on encouraging community activity for the benefit of older people, social and generational integration of seniors, and, especially, developing mutual assistance (Halicka & Pędich, 1997). The quarterly *“Smiling Senior”* was also published. With time, the Association expanded its efforts to include different activities appropriate to the expectations of members, such as computer courses, choirs, cabaret groups, and gymnastics classes. The reference point for these endeavours is that *“people must have the possibility for self-realization”* (Interview 1).

2.1.3 Outcome Evaluation Results

This project has yet to be formally evaluated. Yet, the initiator of the Association (i.e., the Department of Clinical and Social Gerontology of the Medical Academy in Białystok) distributed three surveys in the course of the project. The main aim of the study was to evaluate the influence of mutual aid activity upon the attitudes of the elderly and their social position in local environment. The initial study took place four months after the Association was established in a random sample of 150 residents aged 60 years and over. The work of the Association was not very popular, with only 20% of residents having reported hearing about the Association, 10% had contact with the bulletin, and the social attitude of 96% of residents was passive. Two following studies, undertaken in a random sample of 10% of residents (n=250) in 1994 and 1995, found an increase in the percentage of individuals feeling the need to help others, who considered mutual assistance to be of value, reported being socially active, an increase in the popularity of the Senior Council, a decrease in the percentage of individuals making use of the Centre for Social Services, and a modest increase in the percentage of people feeling themselves able bodied enough to help others (Halicka & Pędich, 1997).

As found in the study by the Department of Clinical and Social Gerontology of the Medical Academy in Białystok, the work of the Association led to an increase in the percentage of socially active individuals (from 3,5% of respondents in 1993 to

10,3% in 1995) as well as a decrease in the percentage of individuals making use of the Centre for Social Services (from 14,2% of respondents in 1993 to 9% in 1995) (Halicka & Pędich, 1997). Community campaigning and the influence of public opinion led to similar groups being organized in other parts of the city, though managed by the Senior Council of Antoniuk District, and the establishing of a Third Age University in Białystok.

Participating in the Association allows for rebuilding social ties, gives the feeling that one is valued, needed, and useful. One of the participants, handicapped following a stroke, though, thanks to the help of others, regained her mobility says how *“the most important thing is to be able to come here and spend time with others”* (Interview 2). The positive influence on older people of feeling needed is best described in the story of a single mother who *“(…) was so involved in her work that she forgot about her illness. When she was finally immobilized, the doctors said she lived so long only thanks to her work. We gave her an extra two years of life”* (Interview 1). The ability to take action does not always have a rational explanation. *“A certain lady whose hands were not fully functional had the ability to paint and make other decorations. When she first came to us, she said “Look! I can’t do anything, I’m not able…” To the contrary, she was able”* (Interview 1). Being aware that one’s help is needed further reflects on the physical health of older people. *“Ala became acquainted with her neighbour, for whom she offered cared. Once the neighbour moved, Ala began to be sick”* (Interview 1).

Despite financial troubles, the Association has been able to work continuously since 1993. An added effect of the Association was that other self-help groups established themselves in and around the city, taking the example from the Senior Council. Self-help groups in Białystok are coordinated by one individual, which allows for an exchange of experiences and makes cooperation easier. This effect was made possible thanks to the fact that a large group of older people made use of services from the Association. Most often, these were individuals for whom no space was available in other organization due to their low income, disability, or low education.

Similar effects can be achieved in other cities, provided the form of the organization is tailored to the expectations and possibilities of the potential recipients. An additional advantage is the possibility of modifying such efforts based on observed need.

The Association actively works on behalf of older people by taking part in a variety of initiatives, not only in their city, but also nationally. *“Our bulletin was even honoured!”* (Interview 1). Unfortunately, due to financial constraints, the bulletin is not currently being published. *“We are proud of the fact that we have been recognized in Poland”* (Interview 1) as well as in their own city. The local press published information about our work.

Participants best express the satisfaction felt by members of the Association. *“This is where I found the joy of life”* (Interview 2). Older people, seeing the effects of healthPROelderly – National Report (Poland)

their work, feel that they are needed. *“One has satisfaction in being needed, that you can do something for someone, that someone will be pleased with your work”* (Interview 3). The satisfaction of participants is confirmed by the fact that these individuals meet from Monday to Friday and feel the need to maintain these contacts. *“Come Sunday, I can’t wait for Monday, when I will have the chance to go to a meeting and see the others”* (Interview 2).

Efforts undertaken through self-help develop an active lifestyle and the individual creativity of members, which leads to improvement in quality of life. Older people take responsibility, for their mutual wellbeing and their own lives (i.e., empowerment). Members of the association work on their own to realize the goals and plans they set for themselves and actively look for help should their own capabilities not suffice. Being active in self-help encourages older people to assume responsibility for their fate and positively influences younger generations and the local community (Halicka & Pędlich, 1997). Self-help groups may influence local policy affecting older people and the disabled. Still, the example from Białystok shows that cooperation and a mutual understanding of ones goals is not an easy task.

2.2 In-depth Analysis of Case 2: A Programme of Physical Recreation for Older People

2.2.1 Structure Evaluation Results

Older, inactive individuals, aged 60-74 years, made up the target group. They were most likely resident in cities and had not previously experienced the positive effects of regular physical activity and, hence, did not feel the need to participate in such a program. The program was mainly geared towards women because, in this age group, they typically express more interest than men. Therefore, as women constituted the majority of participants (i.e., 95%), the exercise program was chiefly tailored to their needs. The target group included only mobile individuals, excluding the disabled.

It is worth noting that *“individuals aged less than 60 years were not excluded from the program. Individuals aged 55-60 years were also able to participate. Also, older people aged over 74 years could also participate, provided they were in good physical condition. Generally, the goal was to encourage all retirees who were physically mobile”* (Interview 4).

This Program was preceded by a multi-year pilot study among older people. They were surveyed to find the most effective method for motivating older, inactive

individuals to participate in physical exercises, what types of exercises were older people most interested in, and what might create difficulty.

The Older People's Program for Active Recreation was based on theoretical and methodological indicators for active recreation and medical recommendations concerning the form, substance, and means of such recreation (Kozdroń, 2006).

The creation of this program was preceded by a number of studies, in cooperation with different research institutions, chiefly those dealing with medicine, rehabilitation, and psychology. Study were undertaken concerning motor ability, cardiovascular and respiratory efficiency, musculoskeletal agility, joint function of older people, immunological studies, and dietary investigations, especially concerning knowledge of healthy dietary habits among seniors.

The goal of this program was to change the lifestyle of older people through achieving physical fitness, simultaneously improving their psychomotor functioning. By encouraging physical exercises and teaching different exercise techniques, attempts were made to influence individual approaches to physical activity and develop health-promoting habits.

Health eating habits constituted an additional lifestyle aspect incorporated by the authors of this program. An additional aspect taken into consideration, was the prevention of selected diseases as well as preventing falls and the effects of falls (i.e., improving coordination, balance, mobility).

The Program was initially designed for an urban setting, in cities of different sizes, to be implemented on a national scale. The first project was in Warsaw, involving individuals from all over the city.

The Program founders initially thought to incorporate the program into work areas, where individuals finishing their professional careers could participate. This was meant to give such individuals the opportunity to learn about the benefits of an active lifestyle before leaving the workforce and give alternative options for how to spend their free time. This idea has yet to be realized, yet plans are underway to see it brought into practice.

The Program was brought into practice through the cooperation of different organizations and associations related to healthcare, education, physical culture, and tourism. Initially, research institutions from the Academy of Physical Education and University of Warsaw were involved in this project. Their focus was centered on sport, kinetics, rehabilitation, and psychology. It was initially brought into practice at the Academy of Physical Education, in cooperation with the Society for Promoting Physical Fitness (Towarzystwo Krzewienia Kultury Fizycznej, TKKF), Senior Clubs, and the Third Age University. Further cooperation was engaged with social day care centres and branches of the Polish Society for Health Education (Polskie Towarzystwo Oświaty Zdrowotnej). At further stages, contact was established with the European Association for Promoting Physical Activity 50+ (Europejskie

Stowarzyszenie Promocji Aktywności Ruchowej 50+, ESPAR). Centers were established for bringing the program to different cities working through the TKKF.

The main goal of this project was to promote a healthy lifestyle among older people, chiefly through convincing inactive individuals to systematically incorporate physical activity into their lifestyles. Also, this was done through teaching them basic knowledge concerning health eating habits.

Management of this project varied depending on the city where it was implemented. A project plan is available to organizations looking to incorporate it into their cities. For example, in Warsaw it is implemented as part of a municipal social welfare program executed at a local level. The slogan for this program is “Warsaw-A Senior Friendly City”.

The program works according to the following schema. First it is transferred to a specific organization for incorporation, along with a grant from the Ministry of Sport, after which they implement a six-month trial phase. Next, in subsequent phases as the Program gains acceptance, the Program independently looks for outside funding, which may come from , city governments for example.

Certain modifications to the Program are allowed, depending on the organizational background of the institution bringing the Program into practice. For example, an institution with a gym may offer different exercises than an institution with a swimming pool. However, the goals of the Program as well as the three-staged structure must remain unchanged in all cases: education, gymnastics, and tourism-recreation.

2.2.2 Process Evaluation Results

Informational-advertising efforts concerning recruitment took place 3-4 weeks before the beginning of the program and took the form of informational meetings organized for participants of the Third Age University, Society for Promoting Physical Activity, and senior clubs located throughout the city. Information was also published in the local press and posters were hung-up in public places. Advertising by word-of-mouth was equally effective.

This first stage of the Program (i.e., lectures) was addressed to all those interested. Later stages could only be accessed after receiving a physician’s certificate of health. As a result, not everyone was able to move on to the second stage, which was dependent on their state of health.

The Program is based on theoretical-methodological indicators concerning active recreation and medical recommendations. Moving from theory to practice took place through applying scientific methods at each stage, from the moment of designing the Program using the results of scientific research from sports medicine

and rehabilitation sciences, to rating the influence of the Program on the functionality and motor agility of participants using statistical methods (Kozdroń, 2006).

Exercises were chosen based on the physical tolerance of participants, which was systematically measured using objective (e.g., heart rate, blood pressure) and subjective (e.g., Borg's work burden scale) tools.

The effectiveness of the program was studied using a variety of empirical indicators to measure (1) changes in exercise tolerance, dependent upon cardiovascular health, (2) tolerance, strength, and agility as well as range of movement in one's back, upper body, hips, and knees, (3) body composition (i.e., percentage fat, hydration), (4) bone density, and (5) emotional state. Measurement was done using a number of techniques and research instruments, specific for each indicator (Kozdroń, 2006).

It is worth noting that during the first stage of the Program, participants were invited to a series of lectures held by physicians, psychologists, dieticians, and specialists in physical fitness.

A healthy lifestyle and health promoting attitudes were developed through encouraging and including older people into a program of systematic physical exercises, giving them appropriate knowledge concerning the basic skills of leading an active lifestyle, and presenting the values and goals of being physically active.

Promoting and implementing health conscious behaviours into the lifestyles of older people took place through (1) informing and educating them as to the bio-psycho-social benefits of the program, (2) motivating participants to incorporate changes to their lifestyle, taking advantage of consultations with physicians, psychologists, dieticians, and physical therapists, (3) encouraging participants to participate in individual and independent forms of physical activity organized as part of the Program, which could lay the foundation for an active lifestyle, and (4) suggesting different forms of activity (e.g., dance, jogging, tourism, relaxation, and water gymnastics), appreciative of individual participant preferences, or making it possible for them to learn about other previously unknown sports (Kozdroń, 2006).

The educational element of the program also underlined the role of healthy dietary habits in relation to general health, quality of life in older age, and the prevention of disease. Practical information was provided, such as which ingredients should be added to one's diet to prevent osteoporosis.

Exercises took place in locations most convenient for participants. For example, seniors from one part of town were invited to a gymnastics hall in close proximity to their residence. Buildings were not specially tailored to the needs of older people.

The project is marketed to *“all organizations interested in applying it into practice. Organizations dealing with older people and health education and health*

promotion, especially physical fitness at a local, municipal level, were invited to cooperate. The first edition of the Program, in cooperation with the Society for Promoting Physical Fitness, incorporated 20 centres throughout Poland, located at branches of the Society. These centres were funded by the Ministry of Sport and were used to promote the PRROS in other Polish cities” (Interview 4). A later edition was based at 30 physical therapy centres located in different Polish cities, also funded by the Ministry of Sport.

The active recreation which makes up this program is based on field exercises (e.g., jogging) and gymnastics in closed facilities. In the case of activities not included in the set course outline, the possibility exists for choosing exercises appropriate to the possibilities (i.e., available equipment) of different sports centers (e.g., swimming pools, gymnastics halls). When it came to recruiting different organizations or associations for incorporating this Program at a local level, no preset requirements (e.g., needing to have a swimming pool) were announced. However, emphasis was placed on the professional preparation of individuals scheduled to lead exercises with seniors, preferably those with a higher education in physical fitness or rehabilitation sciences. Because of the financial resources in that program coordinators have *“it is not very expensive, does not require special equipment, and is easy to incorporate at a local level” (Interview 4).*

Education, in the form of one month of lectures, was the basic strategy for encouraging seniors to become active. Next, the program incorporated five months of physical exercises. The six-month program ended with a two-week long field trip.

Gymnastics takes place in a closed area (e.g., swimming pool, gym, etc.) twice per week and jogging takes place outside once per week. Gymnastics is always supervised by an instructor, whereas jogging is supervised only during the first month of the Program’s second stage. Afterwards the participants are divided into smaller groups and go jogging on their schedule. Participants also receive a set of exercise to complete at home.

Different types of activities (e.g., dancing, recreational games, tourism) continue to be presented during educational-informative trips. The premise is to teach the greatest variety of activities so that each individual can choose what suits them most. Lectures and individual consultations are also organized.

The program was not modified during its realization. Because it was on the first stage of the realisation adopted to the needs of the target group *„the program is elastic, allowing it to be individualized to particular needs. It is open to modification in terms of the suggested exercises, infrastructure, group needs, etc” (Interview 4).*

2.2.3 Outcome Evaluation Results

The Program was not evaluated. The effectiveness of the Program was measured when it was still in its research phase. To this end, a number of studies were performed. Firstly, Bassey's walking test (Bassey, Fentem, MacDonald, Scriven, 1976) found that cardiovascular functioning as well as exercise tolerance improved during the Program. The 3S test (Bell, Collis, Hoshizaki, 1985) measured tolerance, strength, and flexibility, where joint range of motion was measured using the SFTR method (Zembaty, 1989). All participants (52 women) noted an increase in abdominal and shoulder muscle strength, tolerance, and an increased range of motion in their shoulders, back, and hips. Body composition was also measured, with the Program influencing a decrease in body fat and better hydration. A delayed loss of bone density was also noted as part of the Program. Finally, the emotional state, structure of participants' needs, and intellectual functioning of participants was measured. Psycho-emotional changes were assessed using ISCL, Polish version of Spielberger's anxiety scales (Wrześniewski, Sosnowski, 1996) and POMS - the Profile of Mood States (McNair, Lorr, Doppleman, 1971). Raven's standard matrix test (TMS) was used to measure intellectual functioning (Jaworowska, Szustrowa, Raven, 2000) and the mental needs were assessed by adjective checklists (ACL) of Gough and Heidelbrun (1983). The study group noted improvement in their level of positive states, scored higher on intelligence tests than before beginning their exercise regime, and noted changes to their psychological needs (i.e., need for autonomy and change).

Considering its elasticity and low financial requirements, the Program for Active Recreation can be considered an affordable form of preventative medicine, one advantage of which are decreased costs related to the healthcare of older people. Effectiveness is dependent upon proper motivation and the ability to overcome barriers related to active recreation.

A variety of positive health effects were observed in the participants of the Program, both in terms of physical as well as psychological health. They gained greater motor functioning and improved cardiovascular wellbeing. Even though this was not a program geared toward weight loss, an improvement in outward appearance and a decrease in body fat was also observed. Participants were also better able to deal with certain situations, such as getting up after a fall, and knowledge of how to avoid certain burdens. Self-rated health was also studied during this program, where more than 60% of participants noted significant improvement, 20% noted some improvement, and approximately 8% did not notice any difference in self-rated health (Kozdroń, 2006). Participants also reported an improvement in mood and increased satisfaction with life. Feelings of loneliness and social isolation also decreased. This was due to an increase in social activity related to a greater number of acquaintances and friends. *"Groups of friends were formed, which met not only during but also following exercise meetings"* (Interview 4).

The achieved health effects proved to be permanent, because *“the majority of Program participants continued their newfound active lifestyle by participating in later editions of the Program or performing exercises at home. The Program gained social acceptance and is continued in a number of cities throughout Poland. Exercise groups seem to develop at the initiative of the older people themselves”* (Interview 4).

The Program can and is incorporated in different cities and works well in urban settings. According to those who first initiated this program, it is not applicable to rural settings, where other types of activities are needed. This means a model based on lectures, group exercises, and chartered trips would not necessarily gain acceptance.

As this program is relatively affordable, it can be applied in most settings, and focuses on several key lifestyle elements (e.g., physical fitness, healthy diet, leisure time activities), it stands to influence the health and functioning of all individuals, even those of older age. The need to remain physically active at all ages is well known and confirmed by a number of studies. Combining physical training with health education seems to be a good idea for increasing the awareness of Program participants about healthy lifestyles. Combining theory and practice makes the Program that much more attractive.

“Though organized walks, which make up the second stage of the Program, constitute the cheapest and most accessible form of gymnastics, they remain relatively unpopular in Poland. They seem to be an activity easily applied in different settings” (Interview 4).

The biggest challenge faced by Program organizers is to ensure highly qualified staff for all the activities.

The Program is not yet widely recognized even though *„TENAP, an European project related to rehabilitation science, honoured Program as an example of good work”* (Interview 4).

Participants seem to express great satisfaction in the Program, where a number of individuals choose to participate in subsequent editions. For example, *“98% of participants in Warsaw chose to continue their training regimen”* (Interview 4). Older people have come to appreciate the influence of physical fitness on health. A part of participants chose to sign up for commercial exercise programs. *“Participants report feeling relaxed, well trained, safer thanks to better physical condition, and move about with more confidence. They relate how the lectures and exercises have taught them to act in unsafe situations,(e.g., falling techniques, how to rise after a fall”* (Interview 4).

There are links to empowerment on a number of levels. Knowledge concerning healthy eating habits has increased, with recommendations being applied in practice. Thanks to a basic knowledge of human anatomy and proper exercise training, older people are better able to deal with different pains (e.g., arthritic) by changing their body position or performing a set of exercises. Feelings of

independence and autonomy have increased thanks to new possibilities of dealing with pain. Confidence in moving outside the home has increased thanks to learning techniques for dealing with falls. Also, intensive training during the Program has increased confidence in one's own abilities. Participants also mastered basic skills for monitoring one's health (e.g., pulse rate).

2.3 In-depth Analysis of Case 3: Older Man, Older Woman

2.3.1 Structure Evaluation Results

Older people experiencing violence as well as helping caregivers made up the target group of this program. *"From the beginning it was clear that helping older people also meant helping their caregivers, be they professionals or family, since the fate of older people is directly connected with their caregiver"* (Durda, Koziel, Kuźmicz, Piątek, 2006, p.18). The Polish Emergency Service for Victims Of Domestic Violence "Blue Line" developed two sets of brochures, one for the older person and another for professionals (e.g., social workers, physicians, nurses). An information campaign consisting of brochures and posters took place in social welfare centres, healthcare facilities, and allied senior organizations. Social workers and neighbourhood police officers also made up the beneficiaries of this project by their participation in project seminars.

Helping older people *"requires connecting knowledge and competence with a variety of fields, including finding innovative solutions"* (Durda et al., 2006, p. 17).

The Project was directed towards all residents of Warsaw. *"The participant had to be a resident of Warsaw, as this Project was financed by the City of Warsaw"* (Interview 6). The second phase of the program was implemented in the Wola District of Warsaw and financed by the Wola Area Council. Because of financial constraints, the Project is currently suspended. Individuals interested in participating signed up personally, whereas information concerning individuals needing extra support or help was conveyed by social workers and neighbourhood police officers.

Studies concerning violence are lacking in Poland. Studies from the North America and Europe reveal the existence of violence (Pillemer, Finkelhor, 1988; Tornstam, 1989; Podnieks, 1992), where the experiences of the Polish Nationwide Emergency Service for Victims Of Domestic Violence "Blue Line" have confirmed that many older victims of violence require support. Additional signals concerning this problem came from society and media reports, concerning specific cases of violence, both in families and in residential care centres. The Project was therefore based on experiences.

Included in this project were plans for a crisis hotline offering psychological support, help in identifying a situation, information about where to seek help, individual rights, and motivation for action. Additional plans included individual consultations, psychological support for seniors and their caregivers, legal consultations for victims and their supportive networks, psychiatric care in cases of need, and three different support groups for older people, individual caregivers, and workers of residential care centres (Durda et al., 2006).

Psychological and social health, and the activity levels of older people were the elements under focus. *“Contact with immobile individuals was established in a different way, where the psychologist would make home visits”* (Interview 6). Attention was drawn to the mobility of older people and their psychological problems (e.g., stupor related to older age).

The Project was implemented in a municipal setting. Since older people *“do not often leave their homes or are unable to move about the city (...) we assumed that we would meet our clients in any place most convenient for them: the Blue Line office (far from the city centre), the Nowolipie Centre for Care-Social Services (in the city centre), or in their homes”* (Durda et al., 2006). The location of the consultation was most often tailored to the needs and possibilities of the older person. As these were places which already provided other services for older people (e.g., welfare centres, care services), they were already equipped with hand rails, barriers, etc. Unfortunately, the “Blue Line” is not equipped for dealing with older people. As this is a new complex, plans are underway to widen the doors and eliminate stairs to make room for wheeled devices. *“Consultation centres for clients (with psychologists, psychiatrists, lawyers), and support groups remained unchanged throughout the course of the Project. The Project also offered field visits for immobile and disabled individuals”* (Interview 6).

The Polish Nationwide Emergency Service for Victims Of Domestic Violence “Blue Line”, and the Office for Social Policy at the City of Warsaw were both involved in financing this project. Conceptualizing this project saw cooperation from various people, institutions, and organizations: The “After 60” Association, Polish Association for Supporting Individuals with Alzheimer’s, Polish Gerontological Society, and the Department of Psychogeriatrics at the Institute of Psychiatry and Neurology in Warsaw (Durda et al., 2006). Psychologists, psychiatrists, lawyers, social workers, and neighbourhood police officers all had contact with older people.

2.3.2 Process Evaluation Results

As part of psychoeducation, visits were scheduled at senior centres, Third Age Universities, and a senior picnic. The older people would register on their own or with the help of social workers and neighbourhood police officers. Mass media also

became interested with the problem of violence. As many older people learned about this project from the radio, programs broadcast on Radio Joseph, whose listeners are in large part older people, also generated a large amount of interest. These programs touched on various issues and problems experienced by older people. Experts of different specialties participated in these programs. The end-point of this series of broadcasts was a special issue of *Blue Line*, containing articles by experts and a CD of recording from Radio Joseph (Kuźmicz, 2007). *“We reached our clients via ten broadcasts on Radio Joseph (...), Radio Vox, Polish Radio I, and Radio Prague”* (Durda et al., 2006).

“The Project was directed towards all residents of Warsaw, though sometimes interventions took place in other parts of the country. (...) yet still a few cases occurred where participants came from outside the city” (Interview 6). The place where this project was held was not specially adapted to the needs of older people. Renovating the Blue Line Emergency Services centre is an indirect result of better tailoring this location to the needs of older and disabled people.

The Blue Line realized individual consultations for seniors and caregivers, support groups and crisis hotline. The lawyer involved in this project was an employee of the “Blue Line”. Two psychologists of different ages were also recruited, where the older person could choose if they wished to consult the younger or the older of the two. A psychiatrist with extensive experience dealing with older victims of violence also participated in the project. The project dealt with the needs of older people and their caregivers. *“If someone found out about this project, they would ask for a brochure and information in an effort to refer the victim of violence directly to the project coordinators”* (Interview 6). This also related to professionals connected with caring for older people, who were not always aware of how to deal with older victims of violence. Especially helpful for this group was the possibility of referring their clients to individuals better prepared for such work. The Project coordinator established contact with individuals and organizations interested in this field. Reaching out to different institutions and organizations (e.g., Centres for Social Services, outpatient clinics, senior organizations) garnered support and a readiness for cooperation. The topic of violence directed against older people became the topic of constructive discussions and seminars (Kuźmicz, 2007), frequented by professionals dealing with the issue of violence. The greater involvement of special services (police, social service) in dealing with problems of the elderly was noticed.

By incorporating a psychologist, lawyer, social worker, and, in cases of need, psychiatrists, this Project adopts a holistic approach to the dealing with violence. It is based on Blue Card procedures and sometimes mandatory toxicology treatment as well as psychiatric observation. The individual schedules a meeting with a psychologist. Next, their situation is assessed, possible options weighed and accommodated to the possibilities and needs of the individual. After some time, the

participant may chose to take part in a support group. Contact with the individual is maintained until such time as their expectations are met.

The general tenets of the Project remain unchanged, however, in the course of implementation, certain modifications were incorporated. *“It seems that there is a significantly greater need for home visits than previously expected. So the number of hours allotted for field visits has been increased”* (Interview 6). Despite the need, no additional individuals were recruited. This is due to complicated formalities connected with signing additional work contracts.

2.3.3 Outcome Evaluation Results

The project was not evaluated. However, the project designers feel that their offer directed towards the relative caregivers (i.e., perpetrators of violence) was unsuccessful. Support was meant to include constructive anger and frustration management as well as how to work against violence. Only a minor percentage of caregivers took advantage of individual consultations (Kuźmicz, 2007). Contrary to expectations, it was even more difficult to recruit professional caregivers, meaning the workers of residential care centres. Consequently, the decision was made to restrict our staff to the workers of one Warsaw branch of the Centre for Social Services (Durda et al., 2006).

The Office for Social Police simultaneously commissioned studies concerning the prevalence of violence directed against older people and a measure as to the effectiveness of support options (Durda et al., 2006).

Halting neglect or violence directed against older people may directly lead to lifesaving measures. Psychological help for the victims of violence relieves their burden and shows that certain interventions are possible, mobilizing them to action. Violence is often connected with the social isolation of the victim. By requesting help, the older person removes themselves from social isolation, often returning to normal a social life. *“Participants of the Project maintain a certain level of calm. This permanent effect is especially evident in cases following legal action, where the victim no longer lives with the perpetrator”* (Interview 6).

The Project can be moved to different areas. This is confirmed by the experiences of different Centres for Social Services. Though certain modifications should be incorporated depending on the location (i.e., rural or urban), bringing the project to different areas is indeed possible.

The project is recognized in local settings as associated with the Blue Line. This fact is supported by media and information campaigns. Project coordinators have discussed violence in different forms of media (e.g., morning programs), at the

same time inviting interested individuals to participate in the Project. The Project did not take part in any competitions.

The satisfaction of the participants was not measured, but it was observed. This is demonstrated through increased efficiency, self-esteem, and self-reliance. A large portion of participants returns to leading an active life. *“Mrs. Z. signed up to the Third Age University and actively participates in the Senior Club. She is an example for other others and me that anything is possible”* (Kuźmicz, 2006). No studies were conducted among participants. Offering help in crisis situations is associated with an outpouring of gratitude. *“Participants are satisfied. However, this may be basically connected with the resolution of a crisis situation”* (Interview 6).

“I measure effectiveness more in terms of the number of individuals helped, which shows the need for such services. During nine months in 2006, approximately 100 individuals in the Warsaw area took advantage of our services. In the second, three-month phase, which took place in the Wola District, 30 individuals took advantage. Some people remain in contact, sending us, for example, holiday wishes. Sometimes an individual may contact us, get whatever information they feel necessary, and continue to remain in a violent situation. Such individuals return, again needing help” (Interview 6).

By simply asking to participate in the Project, the older person assumes some control over their own life, removing themselves from the violent environment. They actively look for support and help. The support group, at the request of participants, could also include elements of psychoeducation. Later, at the end of the Program, it naturally transformed into an informal self-help group (Kuźmicz, 2007).

3 Conclusions

3.1 Recommendations for Successful Health Promotion for Older People

Applying new educational technologies as well as a multidisciplinary approach may prove effective in increasing activity among older aged individuals. New, multidirectional strategies should be developed as the national and regional government, legislative, social, and professional levels. Programs directed at lifestyle change should take into consideration social and environmental factors influencing decisions connected with lifestyle change (Kozdroń, 2006).

Work done in the field of health promotion addressed to older persons should be preceded by an information campaign, using media channels accessed by seniors. For Poland, this most often includes radio and television, less often printed media,

and least of all the internet. Considering the large number of religiously devout individuals, this could also include making use of religious media. Promoting health promotion projects via those who professionally care for older people (e.g., healthcare and social workers) seems to also be worthwhile endeavour, more so than using billboards or posters. By involving seniors who are already socially active, less formal channels of communication, allowing for an easy exchange of information between acquaintances and other seniors.

Projects should appreciate the needs and expectations of older community members, this should be based on adopting a proactive approach, while helping those in need through the use of already existing social institutions. The expectations of older people should be incorporated already at a project's planning phase, taking into consideration the suggestions of the seniors themselves, if only at the level of a community consultation with senior organizations. This will allow for avoiding situations contrary to the expectations of this age group.

In an effort to improve the quality of planning and, as a consequence, the effectiveness of any intervention, it is necessary to educate professionals from different social institutions. They should understand that the idea surrounds health promotion and be familiar with the requirements of planning, implementing, and evaluating efforts addressed to a specific social group, inclusive of older people. Similar findings have been researched by Szczerbińska (2006).

Different social environments and centres should be actively incorporated into theoretical and practical endeavours, creating program options for seniors. Incorporating a wide range of social institutions into health promotion efforts aimed at older people would allow for greater social participation.

Adequate preparation and education of those realizing a project is vital. For example, individuals leading exercises with older people should possess knowledge and skills in the field of gerontological kinetics (Kozdroń, 2006). Coordinators should be individuals with an appropriate psychosocial predisposition.

Those running health promotion projects should be properly trained in acquiring financial resources as well as ensuring financial viability throughout the course of the project. Having a number of parallel, independent sources of funding acts as insurance should one of these institutions withdraw their support. Proper financing also allows for a project to be realized in its entirety.

Of special importance is directing prophylactic gerontology efforts to individuals at the start of older age, including those who are healthy as well as those who are at risk for disease.

Local communities are good places to implement different projects. Good communication with potential participants is of significant value. Project centre locations should not change while the project is being implemented. They should be tailored to the needs and possibilities of older people (e.g., ramps, wide entrances).

Including older people in project implementation increases participation, strengthens social bonds, and builds social networks among project participants.

The possibility to modify projects in the course of their implementation, in cases where the expectations of participants change or new restrictions (e.g., health related) arise, makes projects more attractive. Therefore, a project should not be inflexible but more amenable to change.

3.2 Specific Recommendations for Project Aims

Health promotion programs among older people should focus on eliminating the differences which influence health status.

Programs should not only be geared towards older people who are already active or physically active individuals who have recently retired. Those of advanced age should also be encouraged to be active, of course making sure that their activities are age-appropriate. On the other hand, special effort should be devoted towards encouraging recently retired persons to become physically active. This could also be extended towards individuals preparing for retirement, so that they are taught health-promoting habits as early as possible.

Programs should be designed for both men and women, but respectful of gender-related differences in health. For example, though women live longer than men, their health status tends to be worse. As older men are less socially active than women, special attention needs to be given towards encouraging this segment of the population.

Programs should target individuals at every level of education. Interventions should be free for program participants, because the majority of Polish seniors have low income.

Special attention should be focused on recruiting individuals who live alone, do not have any close relatives, or do not maintain contact with their extended family. Social networks based in the local community should be developed for such individuals. Efforts should also be directed towards widows, considering their increased mortality risk.

When developing a program, attention should be paid to lifestyle differences in urban and rural setting. Programs based in cities should be situated in places easily accessible by older people, whereas in rural settings transportation for those living at far distances is an issue. Attention should also be paid to where older people access information, making use of channels most often frequented by this age group.

Initiatives should be undertaken at a local level, with special consideration given to local customs.

Older people should be encouraged not to give up their active lifestyle after going on retirement. It seems that volunteer programs are a good way of achieving this goal.

Program sustainability should focus on two aspects:

Preparing projects focused on activities which are repeatable, not only once performed in a given area (e.g., cycling). Gaining a permanent source of financing is vital.

Encouraging older people to be active not only while participating in a given program. For example, in the case of a program promoting active recreation, also performing exercises in one's leisure time, not only exercises performed in the group.

4 References

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5 Annex

No of Interview	No of case	Position of the respondent
1	1	Coordinator - manager
2	1	Participant 1
3	1	Participant 2
4	2	Coordinator, researcher
5	2	Participant 1
6	3	Coordinator