



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

Overview on health promotion for older people in the Czech Republic

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1 Introduction

The population of the Czech Republic constitutes by its 10,25 mil. of inhabitants 2,3% of the total of the extended EU (before January 2007). In the Czech Republic ageing is rapidly increasing due to gain in life expectancy (M 73 yrs, F 79 yrs) and extremely low birth rate since 1990's (fertility rate slightly rising from minimum 1,13 in 1999 to 1,3 in 2005). In 2005 14% of inhabitants were aged 65+ (more than 1,4 mil.), while in 2030 their share is expected to reach 22,8%, in 2050 31,3% respectively. The proportion of persons in the highest age (85+) is growing most rapidly and the ongoing increase of life expectancy in both sexes is expected (up to 84 years in males and 88 years in females estimated by 2065). The relative share of seniors will unevenly increase in coming decades due to ageing of the early 1970's "population boom" age cohort which was the consequence of large pro-natality measurements in social policy of the so called political "normalization" period. The age structure in the CR measured by the age preference index so far belongs to the EU average, but if present trends persist the population of the CR will gradually become one of the oldest in Europe (www.uzis.cz).

Each older citizen is entitled to retirement benefits and the minimum pension is secured. The age of retirement is different in females and males and spans from 55 to 62 years while the age limit subsequently increases towards the final range of 59-63 years which will be reached by 2020. The reform of the pension system is currently politically debated as an urgent issue. Equal access to comprehensive health care through the mandatory public health insurance is guaranteed to every citizen. The coverage is large and the level of co-payments at the point of use is relatively low when compared to other EU countries, but new co-payments will be in force from January 2008. Health insurance of pensioners is financed from the state budget. Traditionally, provision of health and social care was concentrated in modern institutions (hospitals, elderly homes, residential nursing homes etc.). Only recently, new trends of extramural care (e.g. home care) have been subsequently implemented in small steps and the support of independent living and family care has been politically declared. However, rising financial tensions in the health care budget and persisting mental and organisational stereotypes and traditions (giving priority to large professional health and social care institutions instead of small independent outpatient providers or lay care) are the causes why the implementation of reforms lags behind the practical needs. During the 1990's decentralization and privatisation have led to diversification of providers, especially in out-patient health care, nursing care and social services. The senior population is likely to be heterogeneous both from the health, mental, social and/or economic perspective, however the inequalities have not been systematically studied, yet, despite the high political value of equity. The only exemption may be the regional differences in life

Formatiert: Nummerierung und Aufzählungszeichen

expectancy, mortality, and accessibility to health care which have been systematically monitored by the national health statistical system.

2 Policy initiatives for older people/health promotion

The Czech Republic has joined the EU health and social policy. The WHO programme “Health for all- Agenda 21” was adopted as the basic document of the national health policy. The country has been actively participating in the Healthy Ageing project and consequently, national projects were developed like e.g. the ActiveAge project.

During the social democratic government since 1998, the National Programme on Preparation for Ageing for the Period 2003-2007 was passed in 2002. This programme is rooted in the UN and other international political documents on older people. The National Programme on Preparation for Ageing for the Period 2003-2007 is based on the respect to human rights and ethical values, like solidarity, self-determination and dignity. Ageing is perceived as a problem of the entire society, not only of the senior group. Preparation for ageing is considered to be a life-long process which apart from the social and collective responsibility embraces also the individual contribution of each person. The Ministry of Labour and Social Affairs has elaborated the Law on Social Services which has since 2007 profoundly changed the provision of out-patient social services enhancing the purchasing competence of the beneficiary. The beneficiary receives financial resources which empower him to decide what services he will buy in the end. In 2004 the National Action Plan for Social Inclusion for the period of 2004-2006 was adopted by the government in order to prevent people, including seniors from poverty and social exclusion. During 2004-2005 the National Programme on Computer Literacy has been in process focusing especially on the higher age groups. Many steps were undertaken in order to eliminate the geographical barriers in access to public buildings and transport means. In 2004 the new draft on home care was passed and in 2005 the government has adopted the concept of integrated care within the new act on health care (yet not passed). The Governmental advisory council for the senior population and ageing has been settled in 2006 at the Ministry of Labour and Social Affairs. Its four working groups shall concentrate on the priorities as following: support of employment and enterprise of senior citizens, improvement of functional health of seniors, prevention from discrimination based on age, protection of seniors against abuse and violence, communication on ageing within the public discourse and networking between the national, regional and local administration, nongovernmental associations and other social partners. Due to the recent government change these groups are not very

active so far. The National Programme on Preparation for Ageing for the Period 2003-2007 has stimulated diverse scope of activities for older people, provided not only by the state/public institutions but also by numerous non-governmental non-profit organisations. Further, large research projects were started on mapping the situation of old people in the CR.

Even though age discrimination (at least in the field of employment) is forbidden by law (Labour Code 262/2006 Coll.), various signs of negative attitudes towards the elderly have not been fully eliminated yet, and are likely to be the by-product of the complex social change in 1989 which has favoured most the young and healthy persons. Especially the disadvantaged situation of older workers on the labour market and a required diversification of future geriatric care within the community care demand our further attention, the official documents say. Generally, a higher responsiveness of both public and private providers to the needs of elderly and to their voice is necessary. Mass media have been trying to contribute from time to time to the discourse on the intergenerational relations. In his 2007 New Year Speech also the state president Václav Klaus has remembered the importance of decent and proper behaviour to older people as an indicator of a cultural society.

Since 1994 state subvention programme “Health Promoting Projects” has been started. Within its goals also intervention projects dealing with senior population are subsidised. In 2004 another state grant programme “Healthy Ageing Projects” was launched focusing on population of 55+ years, but in 2007 it was once again reorganised and the age-specific focus was abandoned. Through this programme health promoting activities of NGO’s, religious organisations and municipalities/communities were implemented. Only projects of 1-year duration were eligible. Those projects include e.g. relaxation stays for seniors, weekly courses and trainings, lectures and education, editorial and information activities, counselling, networking and rental of health aids and appliances. Both grant schemes were administered by The Ministry of Health or its subordinated organisations (National Institute of Health) and financed by the state resources. Since 2005 the annual prize Makropulos has been awarded in order to praise the best-practice health promoting project for seniors.

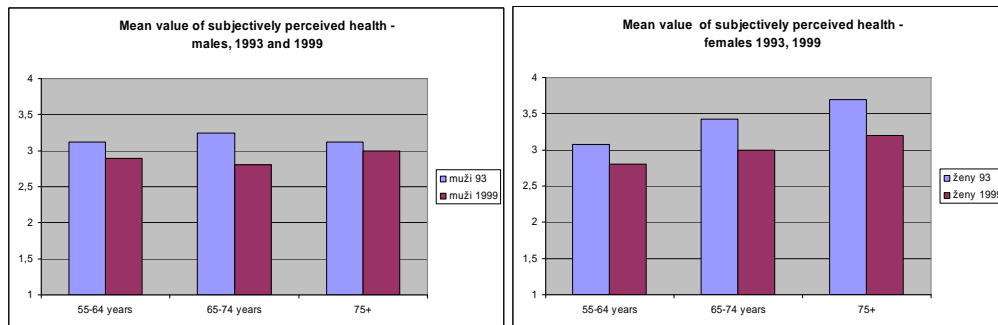
During the post-war decades the paternalistic approach in provision of health and social services became widespread and its still persisting spirit is to be overcome in many cases, both on the side of older people as the potential users, and on the side of providers of the services. Only 7 % of adult population believed that state had a very little or no responsibility in the care for elderly (Vidovičová, Rabušic 2003). More recent surveys document an ongoing shift in attitudes towards greater autonomy and

personal responsibility, showing that among people aged 55 – 65 years 54% claimed there was individual responsibility for one's health, 34% believed it was a responsibility shared between the state and individual and the remaining 12% still believed, that responsibility for one's health laid full with the state (Vidovičová 2007).

3 Health determinants

During the 1990-2005 positive changes in life expectancy of both males and females occurred in the CR which have somewhat reduced the lag behind the EU countries. Among countries of Central and Eastern Europe it ranks second, behind Slovenia. The main causes of mortality in the long-term perspective are the diseases of the circulatory system (52%), cancer (26%) with a high share of breast cancer in females and cancer of colon in males and external injuries and poisonings. The contribution of behavioural and environmental components and the share of the so called "civilization" diseases is relatively high. Only 25% of males at the age of 65-74 years and 8,3% of females of the same age category did not report any chronic disease. From the civilization diseases, hypertension, arthritis, musculoskeletal disorders, chronic headache and allergies are frequent leading to high prevalence of chronic pain and influencing negatively the quality of life. Next to pain, recurrent complaints of seniors encompass sleep disorders, dyspnoea, giddiness (vertigo) and fatigue (Zavázalová 2001). Similarly, many negative health consequences are implied by high incidence and prevalence of diabetes mellitus II. However, some positive trends have occurred in the stagnation and potential decrease of mortality due to malignant neoplasms in the near future. The proportion of obese and overweight persons is considerable, 21% of males and 29% of females in the age group of 65-74 years old have the BMI ≥ 30 . The highest share of obese persons is in the category 55-64 years of age. However, the trends are positive, for the most recent surveys indicate that the dietary index is slightly improving and what is most notable, it is becoming the best in the oldest groups. Even when cardiovascular mortality has remarkably decreased since 1990 thanks to technological modernisation of cardiosurgery care and also thanks to positive changes in the lifestyle (decrease in consumption of meat and animal fat, increase of consumption of fruits and vegetables) the burden by chronic diseases is relatively high causing a high consumption of medical services, high use of medical drugs and low subjective satisfaction with personal health. When compared to EU15 only 31,8% of Czech citizens between 65-74 years, 21% of Czech citizens between 75-84 years and 17,4% of Czech citizens over 85 years perceived their health as good or very good (while the appropriate values in EU15 were 35,1%, 27% and 23,7% respectively). Nevertheless, also in this respect a positive shift was found. In the literature

database we found only 40% of items which mentioned health determinants which was slightly less than in other participating countries.



4 Search strategy

The literature search comprised of three main strategies. The first addressed the information collected by the national databases of health promoting projects which were of two sorts. One was administered by the National Institute of Health who is responsible for archive of application forms and interim as well as final reports of health promoting projects with the subvention of the National Programme on Health. For the purposes of this literature search only those projects were eligible, which focused on population over 50 years. This National Programme on Health was started in 1994, hence projects of the period of 1996-2005 were selected by the collaborating staff of the National Institute of Health. Secondly, a paper database of Ministry of Health, Health Care Department, Unit of Health and Social Projects, programme “Healthy Ageing” was used, however only marginally due to the fact that the programme Healthy Ageing was only launched in 2004. The documents were accessible in the paper version and exclusively on the spot. The information provided by the archives of health promoting projects do not have the qualities of scientific outputs, on the contrary it describes the practical health promoting activities within particular projects. The approval procedure consists of a review of each submitted application, and of a final selection of those only which are considered relevant, well-planned, transparent, and cost-efficient. The chosen projects are then allocated with the public resources. During the implementation an annual assessment of the process is provided by the means of interim reports and routinely the final evaluation after the termination of the projects is carried out. Both in the initial and in the final phase the projects are evaluated on the 4 point scale from excellent (1) to poor (4). One-year projects are mostly accepted, while only rarely two- or three year projects were subsidised. From that perspective however, it is troublesome to assess the sustainability for it was one of the conditions that only short-term projects would be

financed in order to help as many new initiatives as possible start successfully. While health promoting projects of the programme “National Programme on health - Health promotion” which is being administered by the National Institute of Health included the evaluation criteria both in the approval procedure and in the implementation and final periods, it was not true for the second grant programme of Healthy Ageing, which was administered directly by the Health Ministry. Neither the applications at the moment of submission, nor the final reports were exposed to any evaluation process.

The second source of literature consisted of the bibliographical search in the national (Bibliographica medica cechoslovaca) and international databases of scientific literature (EBSCO, Procite, Embase, Medline etc.). In the search key words in the following logical operation (health promotion OR health enhancement OR health maintenance) AND (elderly OR seniors OR old people) were used. Thanks to them 43 items were gained. Even when there were some articles published in prestigious international journals and written in English, they were not included in the final database due to their purely medical focus (vaccination against flu in seniors, e.g.). Therefore most articles provided by the national scientific database are published in Czech language in not peer-reviewed professional journals or represent the grey literature (information leaflets for public or health professionals). They mostly do not have the ambition of scientific outputs, hence they rather contribute to the public discourse on health promotion and on seniors generally. They usually do not result from a rigorous empirical research but more or less describe the practical effort in health promotion for elderly.

The third search strategy was represented by collegial contacts and recommendations and certain items were provided by national partners home and departmental libraries. Entirely, 109 items have been collected. The highest number of items was found in the calendar years 2003 and 2005 (each by 20%), respectively in 2001 (12%). Consequently, the number of items was increasing in time; during the first 5 year period (1996-2000) 25% of items were gained, while in the subsequent 5 year period (2001-2005) 72% of items were collected. Year 2006 cannot be taken fully into account due to the fact that it was not possible to include the complete annual production of this year.

5 Themes

The highest share of the literature items are the final reports of health promoting projects (42%) followed by articles in professional journals (37%). Most articles and health promoting projects aimed at promotion of healthy lifestyle (84%), either by

training new skills and activities or by provision of information and knowledge. The strategy is usually accommodated to the recipients of the health promoting activity. The less independent clients (owing to their mental and physical state) are usually offered some concrete activity (physical training), while autonomous elderly people are more frequently addressed by health education, lectures, seminars etc. However, this is only a hypothetical and very vague borderline and health promoting activities in the form of concrete trainings are also offered to independent seniors. The lifestyle category is dominated by two subthemes like nutrition and physical training (including some alternative forms like Chinese trainings or dance therapy) which were the most frequent. From the comparative perspective in the Czech republic a stronger emphasis is laid on lifestyle generally, on nutrition, physical activity and prevention of disease as its subthemes. Also the frequency of social support, cognitive issues and emotional support exceeded the average of complete results of all participating countries.

5.1. Promoting mental health

Relatively numerous articles and reports emphasised the interdependence between bodily and mental processes especially in elderly. Remarkably many contributions (58% of all items) addressed the mental component of health and health promotion activities in various forms.

5.1.1 Addressing depression

10 items (9%), but merely 4 health promoting projects focused on depression. In the literature the central theme was to point out at the close relation between somatic and mental processes and strive for reduction of depression or its prevention by means of diverse social activities of old people. The effort to diminish the risk of depression was often connected with social activities (senior cafés, internet cafés, senior fashion shows) or physical activities (walking, dance therapy, memory boxes-remembrance therapy). Animal therapy like e.g. canistherapy embraced both social activity and physical contact with animals. Certain projects focused on prevention of mental disease and improvement of quality of life in senior women by means of lectures, information leaflets and week-end workshops, some others aimed at health education about the risks of modern life style, information about the prevention and reduction of its negative consequences. Summing up, depression was not addressed separately from other health promoting goals, but rather within a holistic approach.

Vostrovská Helena	The alternative for the third age	Alternativa třetího věku
Radová, Jiřina	Elderly women and prevention of mental disease	Seniorky a prevence duševních onemocnění
Veleta, Petr	Physical Movement Programme for Seniors	Pohybový program pro seniory
Broklová, Hana, Čermáková Miloslava	Canistherapy for seniors	Canisterapie pro seniory

5.1.2 Addressing stress and burn-out

7 items (6%) mentioned stress and burn-out. As concerns burn-out rather than that of family members caring for e.g. dementia patients at home or professional health and social care providers was considered. However, also health promoting projects aiming at stress reduction in older people were implemented. These projects focused mostly on the concept of safety (and consequently prevention of stress from insecurity) and broad distribution of practical information on available health and social services and help. A system of distress hot line was successfully arranged by the NGO Život 90 in Prague in order to sustain safety of senior people living in their single households. Elderly people suffering most probably from chronic disease like cardiovascular disease are equipped with a monitoring technology and centralized dispatching centres are responsible for keeping in regular touch with the seniors. As far as the contact is mute the staff shall prove the situation and initiate a control directly in the household calling first neighbours. This project called Areion was awarded the annual prize Makropulos of the Czech Ministry of Health for the best-practice project.

“Distress hot line AREÍON is a complex social service for elderly and physically disadvantaged persons. It consists of permanent (non-stop) voice and electronic communication with persons who are due to their age or chronic diseases or disability exposed to higher or permanent health risks or life threat. The provider is monitoring the client in his household and ensures an immediate provision of emergency services if necessary. The client may signal the emergency by pushing the button.

The project “Distress hot line AREÍON” is repeatedly being implemented since 1992, when the first dispatching centre and household stations were established in Prague by the Civic Association (NGO) ŽIVOT 90. Due to responsibility and high quality the number of users is continuously growing, currently reaching 995 persons in 6 Czech regions (4 dispatching centres- 1 in Prague, 3 out of Prague). The number of users is expected further to increase”.

http://www.zivot90.cz/download/cena_makropulos.doc, retrieved 12.3.2007.

5.1.3 Cognitive issues: memory trainin

Numerous courses on memory training and on training of cognitive skills were implemented during the recent decade, therefore this focus reached the highest share within the promoting mental health category (16%). Some courses are organised within the framework of Third Age Universities, some other as a part of multifaceted activities in seniors daily centres (like Život 90). In this respect a civic association “Česká společnost pro trénování paměti a mozkový jogging” (“The Czech society for memory training and brain jogging”) was founded as a NGO in 1998 in Prague and has been organising courses both for public and memory trainers in more than 7 Czech locations. The organisation operates its own website (<http://www.trenovanipameti.cz/>). Free courses of memory training were offered also by Foundation Elpida, which was established by the pharmaceutical company GlaxoSmithKline (GSK). This foundation organises also computer courses for seniors in order to support computer literacy like use of internet or skills in powerpoint presentation etc.). In Moravia a NGO Letokruhy is active in the field of preventive care for seniors with Alzheimer disease. Memory training and reminiscence therapy is a part of their standard proposition (<http://www.letokruhy-vs.cz/>, retrieved 5.3.2007).

5.1.4 Self-respect / dignity

A relatively smaller share of items is represented by those which explicitly address self-respect and dignity (7%). It is much more likely, that the aim to increase/preserve/protect self-respect or dignity is implicitly reached by strategies which are primarily targeted on memory training, social activization or education. However, focus on concepts of autonomy and independence, which may be perceived as synonymous to a large degree, have frequently been found within the keywords. After 1989, the impact was laid on restoration of basic human and civic values in the entire society, including elderly population groups.

5.1.5 Emotional support

Similarly, only 7% of items explicitly tackle emotional support and once again the aim to provide emotional support is likely to be gained via practical and concrete activities, like group physical training, lectures, courses etc. Pet therapy and canistherapy were found among the health promoting strategies which may be subsumed under the subcategory of emotional support.

5.2 Empowerment

During the 1990's concept of empowerment was imported into the Czech Republic and interpreted in line with its genuine content. Empowerment was the challenge how to reduce the traditional paternalism in the Czech society. In the Czech literature or information resources empowerment is used in order to describe the process of increasing personal or group (community) power to influence or control one's own situation. The goal of empowerment is to improve individual or groups life due to increasing autonomy, independence, information, skills and knowledge. Therefore, empowerment is defined in the Czech literature as gaining access to resources and development of personal capabilities with the aim to influence actively the economic, social and political conditions of life and life of community. Empowerment means a shift from a passive attitude to an active attitude. Empowerment is today a well-acknowledged notion in the Czech health and social care and the consensus is widely shared that an effective help provided to seniors (or women, ethnic minorities, disabled etc.) does not mean their passive consumption of what professionals offer but that the sustainable, irreversible and effective improvement of the situation of elderly includes their active contribution and participation on decision-making and responsibility, which is entirely expressed in the concept of empowerment. This may explain a relatively high proportion of items which addressed empowerment (42%), which similarly high as in Poland, Germany and Slovenia. Let us show one example how empowerment might have been reached through training new cooking and dietary habits. A health promoting project "Delicious Life" consisted of a series of practical gastronomic demonstrations of healthy diet with a special emphasis laid on Mediterranean food.

Komárek Lumír

Delicious Life (2003-2005)

Chutný život, www.szu.cz

5.3 Social participation – inclusion

Health promoting activities for elderly since 1990 have taken up the advanced tradition and well-developed practice of geriatrics and gerontology in the Czechoslovak Republic (Hegyí 1985, Pacovský 1990, Kalvach 2004), so the emphasis laid on social participation is unsurprisingly high. In our literature search 58% of items have addressed the issue of social participation/inclusion in the very diverse manners. Two major parts consisted of social activities focusing on cognitive issues (like education courses, third age universities, lectures, computer courses) and physical activities organised in a group (physical trainings, walking, trips, swimming, dance, excursions). Further, practical activities like cooking, arts, handicrafts, painting, are commonly organised. The health promoting project of

Miroslav Podhajský e.g. aims to enlarge and enhance the knowledge on healthy ageing and healthy life style in seniors by the means of a series of lectures, workshops, physical activities, social encounters and creative sessions. The main goal was to strengthen the available potential of seniors, protect it as much as possible and prepare seniors for their role of multipliers of healthy life style within their families and neighbourhoods. Also Dagmar Benešová combined different activities like lectures, workshops, individual and group health counselling with physical group activities.

Podhajský, Miroslav	Healthy Ageing	Zdravé stáří
Benešová, Dagmar	No fear from ageing	Nebojme se stáří

5.3.1 Life long learning / education of older people (health): e.g University of third age

Almost ¼ of items (23%) addressed the issue of education and life long learning in senior population. Especially the health promoting projects (which were the second main source of literature items in the database) deliberately included lectures, preparation of information leaflets, seminars, training courses. They have very often addressed healthy lifestyle and risks in the senior age, including prevention of falls and injuries. Surprisingly, even when in the practice there is a well established structure of Third Age Universities, provided mostly by universities themselves or by non governmental civic associations, no literature was found that would have studied and documented the effect of Third Age Universities on health, which was probably caused by the fact that those bibliographical items (informing about the education activities) were not described in the scientific database with the key words of health promotion or prevention. It is worth to note that some courses especially those ones which are offered by medical faculties systematically address health issues and educate the senior population in the matters of healthy lifestyle and prevention of diseases. However, their effect has not been examined, yet, therefore no articles were discovered which have focused on the influence on health of attendants of University of Third Age. In this respect the underrepresentation of this theme may be logically expected.

5.3.2 Social support / networks

26% of the total number of items addressed social support and networking within the category of participation. The problem of loneliness and social isolation is well-acknowledged as well as the consequences it has on human organism, the more in

the higher age. Therefore many projects and articles have tackled the best effective strategies of social support/networking within health promoting projects as one of their most important elements.

5.3.3 Self-help groups

Self-help groups were mentioned only in a small number of literature items (6%). Rather, self-help groups of family carers for e.g. patients with dementia were mentioned in the health promoting projects or in the literature. The Czech Alzheimer Society opened a counselling and a self-help group for family carers of patients suffering from dementia and provides them with information on useful help and copying strategies.

5.3.4 Volunteering

Volunteering was addressed only in one article, which seems to be underrepresented due to the time lag between the everyday practice and the published outcomes. Volunteering has developed dynamically in the recent 5 years, and many seniors are integrated in very diverse volunteering activities, which are most likely organised by NGO's. However, articles or surveys which would describe the activities or examine the phenomenon itself have not emerged, yet, because the phenomenon of volunteering is relatively of a recent date.

5.4 Lifestyle

Lifestyle was the central category which health promoting projects and articles in the Czech database have dealt with. Similarly, concept of quality of life is considered in that similarly large extent. Health promotion and prevention as well are based on the consensus that lifestyle is being the most important health determinant. Entirely, 84% of all items focused on the lifestyle component whereas the dominant subcategories were nutrition and physical movement (each represented by almost 34% of the total items).

5.4.1 Nutrition

Nutrition one of the major topics of health promoting projects and literature was addressed in 1/3 of items. To change eating habits, to inform on healthy food, to teach healthy cooking and to enhance diversity in cooking stereotypes were the most frequent goals of health promoting projects. Also in professional journals specific

nutrition needs of elderly were reconsidered from the perspective of the most recent scientific findings. A health promoting project “Delicious Life”, which was evaluated as one of the most successful projects, consisted of a series of practical demonstrations of healthy diet embracing examples of Mediterranean (Italian, Spanish, Greek, French and Turkey food), Central European (Bohemian, German, Hungarian, Polish and Russian food), Asian (Japanese, Chinese and Thai food) and Special diet (vegetarian, carrot, cheese, cereals, honey diet). A detailed manual has been elaborated with the purpose to provide the local organisers with the common methodology. The project was implemented in 11 cities, usually in elderly homes or homes with domiciliary services. Local and regional mass media informed about the project implementation. Some of the lectures which were integral part of the project apart from practical food preparation and degustation were presented by seniors themselves. Seniors also suggested their receipts or participated directly on cooking. A short physical training was prepared as an opening component of the session. Thanks to audiovisual documentation a film was completed with the title “Good eating leads to longer life”. Further, a book of international receipts was edited and published in 4000 pieces. All receipts were revised from the perspective of healthy diet. The project was designed in three year duration. An evaluation was carried out at the end of each calendar year. The findings say that approximately 50% of participants have included new receipts into their regular nutrition. The project intends to measure the effects in future and to examine durability of achieved changes in eating habits. The project was placed in the database of EuroHealthNet which compiled an overview of good practices from the health field.

Komárek Lumír

Delicious Life (2003-2005)

Chutný život, www.szu.cz
www.eurohealthnet.eu

5.4.2 Physical activity

Identically like nutrition, physical activity is one of the traditional pillars of preventative and health promoting activities in the Czech Republic. Physical movement, represented by diverse activities, like individual or group physical training, walking, swimming, pétanque, “small sport competitions” or dance therapy ranked second in health promoting projects and/or articles. One of the most innovative projects was the dance therapy, which was organised not only for elderly patients with dementia and Alzheimer disease, but also in the form of dance evenings for healthy independent older people. The project “Dance therapy for seniors” is significantly connected with the personality of Peter Veleta who is a former professional ballet dancer. In recent years he has not only organised dance sessions for elderly including dementia patients, but he also organised education and training

courses for trainers of dance therapy which was accredited by the Ministry of Education, Youth and Sports. The course on dance therapy is spread over the most area of the Czech Republic. After several years of successful practical implementation a research project was approved in order to measure the effects of dance therapy on health status and quality of life of senior residents of elderly homes.

Veleta, Petr	Effect of Dance Therapy on health status and quality of life in inhabitants of residential homes	www.gerontocentrum.cz
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5.4.3 Sexual activity

No health promoting projects addressing explicitly sexual activity of seniors were found. However, one important representative quantitative survey was conducted in 1996-1998 which described the sexual activities in relation to age. Due to lacking keyword of health promotion or prevention this article was not included in the database. Further, one foreign publication on sexual life in elderly has been translated by Tamara Tošnerová.

Weiss, P., Zvěřina, J	Věk a sexuální aktivita obyvatel České republiky: výsledky národního výzkumu. (Age and sexual activity of the population of the Czech Republic: Results of a national survey).	Praktický lékař, vol. 78/N.2, 1998: 64-66
Tošnerová, Tamara	Sexualita ve stáří, "Sexual Life in elderly age"	Translation of a foreign publication

5.4.4 Smoking

No health promoting projects nor articles have addressed smoking of seniors. Very probably it is due to the fact that many seniors have already stopped their smoking habits in the higher age. According to the health interview survey HIS 2002 the share of lifetime non-smokers was highest in the oldest age groups: 47% of males between 65-74 years and 55,4% of men over 75 years, respectively 72,5% women of 65-74 age and 89,1% of women over 75 years have never smoked.

5.4.5 Alcohol

No health promoting projects nor articles have addressed alcohol consumption in older people. Heavy drinking is probably not a serious problem in this age group. According to the Health Interview Survey 2002 the share of total abstainers was highest in the age group over 65 years in both sexes.

5.4.6 Drugs

No health promoting projects nor articles have addressed drug consumption in seniors, neither in the sense of illicit nor in the sense of legal drugs –like medication.

5.4.7 Safety – e.g. prevention of falls, accidents and injuries

5 items explicitly mentioned the risk of falls and accidents/injuries, sometimes in connection with other health promoting topics like healthy nutrition or physical activity. Several projects have targeted the issue of prevention of falls and injuries at diverse age groups – seniors and children. Also the risk of poisoning was sometimes added to the risk of falls and injuries.

5.4.8 Preventing abuse/violence against older people

Recently, a debate on abuse of elderly has been initiated therefore the awareness of vulnerability of old people by professional carers or family members is continuously growing up. Information has been spread out and many preventative as well as supporting activities involved health professionals, nurses and/or family members especially from families with senior patients suffering from dementia and Alzheimer disease. However, only 4 literature items have explicitly addressed the risk of abuse and violence against older people.

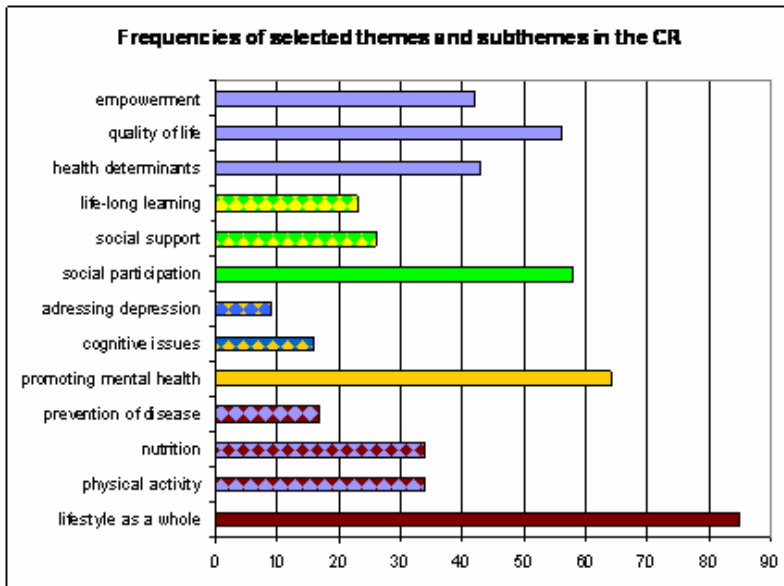
5.4.9 Prevention of disease

The concept of prevention has a very long history and tradition in the Czech medicine and healthcare and is frequently used in connection with health promotion, especially in those projects and articles which have specifically targeted the health promoting activity at a concrete domain. E.g. healthy nutrition may be considered in a tight relation to prevention of high blood pressure, obesity, malnutrition, high level of

cholesterol, cardiovascular disorders, etc. The same may be true for physical activities aiming at prevention of chronic back pain, cardiovascular disorders, diabetes, etc. This explains the relatively high number of items addressing prevention within the lifestyle category – almost 17% of items. The concept of prevention is most familiar and institutionalised within medicine and healthcare and that is why the production of literature items on prevention was mainly represented by nursing (17,6%), medicine (11,1%) and consequently in the same share by community health, gerontology/geriatrics and social and preventive medicine (each discipline by 10% of explicitly prevention items). The distinction between medicine (=clinical medicine) and social and preventive medicine results from the fact that some health promoting projects were implemented by clinical departments extending from primary, secondary and/or tertiary prevention in specific risk population (people with hypertension, diabetes etc.) to health promotion while others were carried on by departments of social and preventive medicine without the clinical focus. Some articles were also produced by sociologists, psychologists and some dealt with social policy issues. Only 7 items could have been subsumed under the science of health promotion.

5.4.10 Other

Lucie Ehrenbergerová (married Vidovičová) has compiled her master thesis with the title “Aging in educational literature for the elderly - An interpretative analysis” (published in Sociologický časopis- see References). This article deals with the presentation and image building of old age how it is portrayed in the most recent Czech health education literature for elderly since 1995. The educational type of literature involved most probably guide handbooks that propose individual health promotion strategies and recommend a specific life-style for old age. The theoretical part of the study presents aging as an individual as well as societal experience, which must be understood in a new social and cultural context. The interpretative analysis looks at the themes of general life style, health and disease, and sexuality. These themes were discussed in the analysed literature on the basis of arguments about the possibility to affect the process of individual aging, with an emphasis on self-responsibility and health maintenance. Educational literature for elderly people represents a type of social acquisition, which is intended to help people achieve the ideal of a new (and successful) type of aging.



6 Transversal issues

It is important to note that the compilation of literature has already been started in August 2006, before the final decision on transversal issues was made hence the information on transversal issues was put retrospectively and is not fully reliable from the purely quantitative point of view.

6.1 Research Methods

A rigorous scientific research aiming at measurement of health promoting effects on selected health indicators has only recently been started in the Czech Republic. The hitherto activities are prevailingly practice-oriented, pragmatic by their essence, theoretically embedded in the well-known WHO-concept of health promotion which is in fact taken for granted and causes no doubts or hesitation. Consequently, health promoting projects justify their legitimacy with the WHO approach and long tradition of prevention and health education. After 1990, prevention and health education were conceptually enriched with theoretical concepts of health promotion, health maintenance and health enhancement and with the new WHO social settings approach which emphasises the importance of social context (as determining and stimulating) unlike the individual will and knowledge of health risks. Further, the salutogenic conception of Aaron Antonovsky became popularised in the Czech Republic. Hence the main priority in the recent 15 years was to make health promotion democratic and widely publicly available. However, even when the effects

of health promoting projects are not always rigorously measured and the outcomes are usually not strictly controlled in a consequent and systematic way, we may assume that process-evaluation has become a routine part of the control and supervision which is usually provided by the granting body. Increasingly, there is a strive to measure also the effects of health promotion projects (outcomes-evaluation) but the problem is how to measure the possibly long-term effects on health in a short-term perspective which demands to bring the evidence immediately at the moment of implementation. The collection of evidence usually concentrated on the short-term effects which may disqualify those who aim to attain long-term changes in health or health behaviour.

Transparency as well as cost-efficiency are both highly demanded values and a special emphasis is put on them during the evaluation of the project application and project implementation. The public grant agencies assess if the application is relevant for the goals and priorities of the programme. They further evaluate if the intentions, strategies and time plan are clear as well as if the budget is appropriate. Further, the same criteria (transparency, well shaped design and timing, cost-effectiveness) are repeatedly taken into account during the implementation phase (when an interim evaluation is produced) and after the termination of the project when the final report is supervised from the perspective of goal achievement and costs. Several health promoting projects were implemented or co-organised by medical staff, hence the focus on medical check-ups and clinical measurement of the health status before and after the health promoting intervention was included. Frequently, satisfaction questionnaires submitted to clients or recipients of health promoting activities were carried out in order to gain the feed back from the beneficiaries. However, sometimes the quality of those feed back instruments is imperfect and the validity as well as the reliability are doubtful. Nevertheless, there is a growing awareness that it is necessary to measure the effects of health promoting activities or detect them using other methods. Below we mention projects which represent this new emphasis laid on evidence and measurement of outcomes. We may conclude, that scientific research on health promotion effectiveness certainly exists in the Czech republic and its importance is not impeached but it suffers from insufficient quality and lack of independency which both have to be improved.

In 42% items of the entire number the criterion of quantitative nor qualitative research methods was not applicable. Approximately 16% of total items did mention quantitative research methods employed in the preparatory, implementation or evaluation phase of the project, usually as the means of voice of users or process-evaluation. Seemingly, the qualitative research methods prevail reaching almost 41% of items, however it is important to note that the classification procedure might have contained subjective elements and the category of qualitative research method was defined in a much broader than purely sociological sense. Qualitative methods were

purposefully used in the project on reminiscence therapy, during which clients of residents homes for elderly created their memory life boxes based on collecting the relevant objects and pieces resembling the most remarkable life moments, personal life experience or life periods. The high number of items classified within the category of qualitative research methods is likely to be affected by the fact that also health promoting interventions were subsumed under it so far they contained a verbal evaluation of the activity or some observation techniques.

Veleta Petr	Effect of Dance Therapy on health status and quality of life in inhabitants of residential homes (2005-2007)	www.gerontocentrum.cz
Komárek Lumír	Delicious Life (2003-2005)	Chutný život, www.szu.cz www.eurohealthnet.eu
Janečková, Hana	Effect of reminiscence therapy on health status and quality of life in inhabitants of residential homes (2005-2007)	www.gerontocentrum.cz

6.2 Strategies of health promotion

Strategies of health promotion which have been practised in the Czech Republic embrace a whole scope of diverse procedures which span from social settings approach like Healthy City, Healthy School, Healthy Family and Healthy Workplace to individual or group interventions and/or health information and health education via lectures, DVD's and booklets. The concept of health promotion was popularised in the 90ies and most stakeholders acknowledge its specific meaning which differs from prevention of disease. Concept of health promotion is well embedded in the Czech health and social care. Most people are aware of the fact that the concept is predominantly non-medical and consequently that health promoting activities are the agenda of many stakeholders, not merely medical or healthcare professionals. Further, apart from that health promoting activities are organised by diverse disciplines, the remarkable contribution of nongovernmental sector (civic associations) should also be noted. Some health promoting projects are firmly based on the so called social settings approach and the age specific health promoting projects are integrated under the entire umbrella project like "Healthy City" or "Healthy Region". Some others aim at inclusion of new elements into the everyday practice, e.g. physical training in nursing homes, elderly homes or within the home care services. Several projects are very specific and partial and try to be concrete in description of their goals and strategies of their achievements, some others are rather holistic and complex and include many diverse health promoting activities and

means, ranging from education to group training. Apparently, there is a growing impact on production of concrete outputs of the projects, indicated e.g. by an information leaflet, DVDs or by an information campaign for the public etc. Some projects are interdisciplinary and holistic, embracing a whole range of activities and providers of diverse services under the “auspices” of health. However, this holistic approach usually cannot be used in the formal applications, because the grant agencies put the priority on concrete and transparent goals, therefore a successful and wide-range project is likely to be split into numerous applications which address one by one particular concrete goals and tasks.

Despite the fact that the social setting approach is widely known and commonly used e.g. in the Healthy Cities projects (or Healthy School) traditional use of health education by the means of lectures, exhibitions, seminars persists as a very popular strategy. However, health education is more likely to be provided in those projects which are organised by medical and health staff (e.g. by the Departments of Public Health or Regional Departments of Public Health), while non-medical providers are focusing rather on practical training of new skills and competencies in a group. Health promotion strategies are always fitted into the somatic and mental potential of recipients and use to distinguish between healthy and chronically ill older people, between independently living seniors and residents of elderly homes etc.

Concerning the target groups of health promotion in elderly not only older people are the recipients of health education or health promotion projects, whereas some courses were organised for health professionals and/or lay carers including the family members in order to improve the quality of care and prevent the burn-out syndrome and neglect/abuse of elderly.

6.3 Settings

Health promoting projects concentrate prevalingly on two main settings. In the highest number they try to affect seniors who live independently in their households (30% of the total number of items was directed to peoples own homes). Consequently, health promoting effort in the residential homes for elderly people ranked second (20%). 9 items (8%) were implementing health promotion within a hospital, out-patient clinic or medical faculty. Similarly, 10 items (9%) were taking into account the community in the sense of city or region, and usually incorporated the health promoting activity for seniors into the entire frame of the Healthy City or Healthy Region projects. Only marginally the workplace was mentioned within health promotion literature (3 items). Almost ¼ of items was not eligible to be classified in

the transversal category of setting due to the fact that no health promotion project has been described.

The geographic scope of the study/project depends mostly on the activity itself. As concerns health promoting projects, the local scope was the most likely (34%), followed with the regional scope (21%), while articles in journals usually did not specify the geographical scope and might have been classified within the national level (37%). Only 5 items have been obviously related to EU projects and 1 to even broader international scope. Generally, more than half of items (55%) concentrated on the local or regional scope and represented the practical effort in a concrete environment.

6.4 Inequality/ Diversity

In the Czech Republic the political importance of inequality is well known. On the representative political level numerous documents have been passed which explicitly emphasise the value of equality and equity and consider the reduction of socially and culturally produced inequalities as necessary. Equal civic rights are also guaranteed by the Charter on Basic Rights and Freedoms. Further, the older population is no more deemed to be homogeneous as in the past, on the contrary, it was publicly acknowledged that a far-reaching differentiation in the economic, psychological, social and cultural sense as one of the consequences of the social change after 1989 is real. E.g. at the national level information was published about the differences in demographic share of old people, on life expectancy and mortality in 14 regions of the CR. The official priority is to support the most vulnerable elderly, however it is important to admit that some health promoting activities may be easier accessible for healthy, more educated and wealthy older people, living in big cities (e.g. the University of Third Age, internet cafés, etc), than for those living in remote areas, with poor health etc.

Even when inequality is not frequently mentioned in an explicit and separate mode in the literature items (only by 11% of items), the awareness of the problem is though implicitly present in the background and conceptual frameworks of the projects. Health promoting activities are organised both for residents of elderly homes and for independently living seniors, in each case the activities are accommodated to the needs and potential of the recipients. The conclusion is that inequality is addressed rather in an implicit way. Similarly, most projects in the Czech database did not define the age-specific eligibility. 50% of items refer to “seniors” without any age concretisation, and next 30% did not specify the age group at all. The word “senior”

has a meaning which is fairly different from the English original and is becoming very popular in the Czech public discourse and scientific literature. In the Czech context it may even resemble the “politically correct” language and carries much more positive content, than the other Czech equivalents for elderly or old people have. Preliminary results of a qualitative analysis which examined the way people speak about old age show that “a senior” is in the Czech lay view considered to be younger, healthier and better off person than “old pensioner”. The concept of “senior” is assessed as less stigmatising. It is visible also in the mass media discourse, where different labels are used in order to differentiate between third- and fourth-age decades (Sedláková, Vidovičová, 2006).

In our literature database three main target groups were identified being addressed in the analysed materials – elderly/seniors (60%), health care professionals (18%); and public (20%, incl. family members and lay carers). Only a minor attention (only up to 4 items) is being paid to other groups such as women, migrants etc. Not only older people were the target groups. Some health promoting projects combined senior-specific health promotion with health promotion in school children. Merely a few projects were directed at senior women exclusively. 13 items (12%) have mentioned it, especially the projects submitted by the women’s associations. However, the same remark that has already been mentioned above on inequality is probably true also for gender issue. Even when gender dimension is not explicitly articulated, the projects practically take into account the potential target groups and tailor the activities to their needs. They usually reflect the higher prevalence of women among senior beneficiaries of health promoting activities.

So far health promoting projects rarely have addressed older people from ethnic minorities. One project has focused on Jewish seniors of the Prague Jewish community and prepared a “Healthy Club” for them. Further, some aspects of diversity may also be seen in the fact, that several health promoting projects are disease- or condition-specific and aim at a specific patients population like cardiac or diabetes patients.

The preliminary conclusion is, that at the theoretical level the inner diversification of health promotion in respect to health conditions, culture, education and/or gender is well known. Theoreticians and practitioners are familiar with the most recent European and WHO literature which puts the emphasis on equality/equity and sustainability and apply it in their work. Perhaps on the practical level those concepts are usually perceived implicitly, without being openly articulated and systematically reflected. A transparent and firm bridging between the theoretical and practical areas seems to be still lacking. Transversal issues are usually not consciously

acknowledged even when they are practically applied, perhaps rather intuitively and on the base of common sense and certain tradition of interpersonal relations.

6.5 Sustainability

Sustainability was not explicitly addressed in the Czech literature on health promotion for older people. Only 7 items contained some vague notes on it. The lag arises from the fact that the state grant agencies supporting health promoting projects intentionally shortened the duration of their formal support to one year. Organisations have to apply each year with a new or renewed project which may be very similar to the previous though formally it is a new grant application. The purpose was to enlarge as much as possible the number of organisations which can be granted the state subvention for an initial launch of their health promotion project. Later they are expected to raise also other funds and become independent on the state resources. The state support within the National Programme on Health aims to provide equal starting conditions, however from the long-term perspective the organisations are expected to find their own income to sustain their activity. The long-term support of health promotion projects is nowadays rather rare. Further, it is presumed that a very high level of motivation and quality of performance will be achieved through high competition of applicants. The probability of health promoting projects to be repeatedly subsidised by the state grant agencies increase essentially with their positive evaluation of the interim and final reports.

6.6 Cost-effectiveness

The resources which are disposable for health promotion are very limited therefore there is a high impact on cost-effectiveness and transparent financial plan. Also, the size of the target population is taken into account when the resources are assessed. Often, the health promotion grant covers only partially the costs and the organisation has to participate on the budget by additional resources. Most likely, the material expenses are reimbursed while personal costs are rather secondary and the labour of staff within a health promotion project is often included in their usual workload. Explicitly, only in 8% this transversal issues was mentioned.

6.7 Consumer involvement

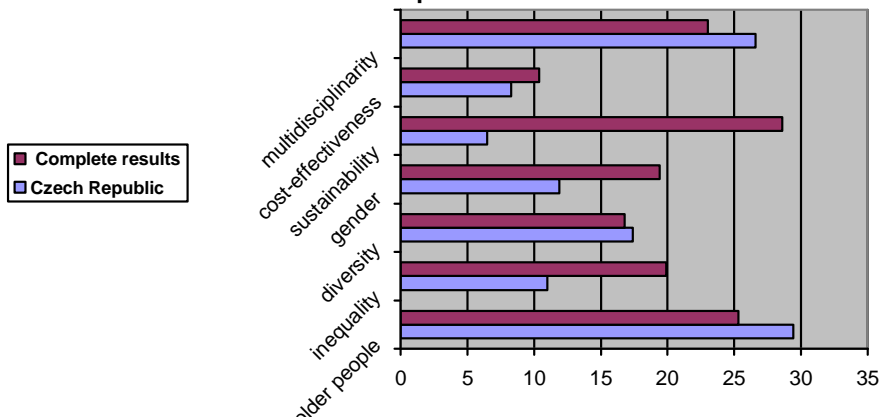
The view of recipients is considered be highly important and a systematic attention is paid to their feedback, therefore approximately in 29% of items some remarks mentioning the voice of users might have been found. Most frequently it was gained

by questionnaires surveys, or by the statistics of use of the services (number of visitors, number of FAQs, number of phone calls etc.). The recipients are often given the chance to comment on the health promoting projects, either at the point of start or at the point of implementation. However, the quality of the evaluation process should be improved, the satisfaction surveys are sometimes conducted without the sufficient know-how knowledge, usually they are not carried out by independent bodies, but by those persons, who are directly involved in the project, hence strongly motivated in its positive evaluation (=project managers).

6.7.1 Other issues

In the literature database there appears a new emphasis laid on active contribution and personal responsibility of seniors for their health. This new approach is featured by the shift from the passive position towards a more active even in the elderly age. It strives to diminish the negative portrayal of old age and focuses on positive sides of growing old and challenges of old age. The new attitude was obvious e.g. in a radio broadcast with a title “Being manager of one’s own health.”

Comparison of transversal issues between CR and complete results



7. Conclusions/summary

7.1. Conceptual innovation in the 90's

Prevention and health education were key elements also of the previous socialist health care system, however the approach was rather paternalistic and insisted on the prevailing collective (state) responsibility for health and social care having completely neglected the role of individual and family. Since 1990, new concept of subsidiarity and division of responsibilities among public and private stakeholders occurred as a part of the global social and political change. Health promotion (or health maintenance/health enhancement respectively) in the wording of WHO emerged as a new agenda very soon after 1990 and redirected the traditionally paternalistic preventative endeavours. 1991-92, The National Institute of Health Education was renamed to The National Institute of Health Promotion, however in the following years during the right-oriented government the institute was reorganised and partly merged with the National Institute of Health, where the Department for Health and Environment is responsible for the agenda of health promotion. Thanks to open borders, democratization of the Czech society and a rich intellectual exchange of experts within Europe the lags in health promotion theory and practice have quickly been compensated. Broad-scale social settings programmes like Healthy Cities, Healthy Hospitals, Healthy Regions, Healthy School, and Healthy Workplace have been settled, while Healthy School and Healthy Cities (Healthy Regions) as the most successful initiatives have created their national networks and established also international connections. Health promotion today is a well-embedded notion thanks to a widely debated shift from prevention and health education in the medical or pedagogical sense to health promotion in the societal and community sense which occurred in the early 90's. Of course, the term prevention is continuously used but it is rather reserved for medical activities. Health promotion is commonly preferred as soon as behavioural aspects, communities and social settings are taken into account. In this respect the WHO strategy was fully incorporated both theoretically and practically in the Czech health and social care since the 90's. The conclusion is that there is a clear distinction between health promotion, health education and prevention and there exists a new interdisciplinary cooperation in the field.

7.2. Diversity of strategies

There is a wide scope of approaches and strategies aiming at diverse target groups within the senior population embracing both the healthy and wealthy independent seniors as well as the disabled dependent recipients of permanent health and social

care. As above mentioned, different strategies are used being influenced also by the professional background of the organiser. Social workers are likely to use more trainings of skills and group activities, while social and preventive medicine focuses rather on the individual intervention by the means of new information, vitamins supply, vaccination or regular physical training (walking, swimming) and sometimes check the user's health status in order to measure the health effects of the interventions. From the perspective of settings health promotion is not only offered in health and social care institutions but also to individual households. Only rarely workplace was a setting of health promotion programme for elderly people. Sometimes, children and elderly became the parallel target groups in a health promotion project.

Traditionally a high priority is given to nutrition, physical movement and mental and social well-being. Recently, quality of life became also a relevant dimension of the health promoting activities. From the geographical perspective, health promoting activities are successfully developed apart from Prague also in numerous regions and many have regional or even only local effect. Many projects have a small size and short-term duration, but they often combine different goals and strategies and do not aim only at one specific issue. E.g. they combine mental and physical training with regular social activities, ergotherapy, lectures and cultural events. However, it is likely that for each specific activity one formal application (=1 project) is submitted in order to enhance transparency. Impact of foreign know-how is very strong and many projects have been encouraged by designs of successful European or US/Canadian activities (e.g. the reminiscence therapy and memory making, social settings approach etc.). Hence, diversity as a value or goal was found in cca 17% of all items.

7.3. New stakeholders

Unlike health education and prevention activities which dominated in the previous political system current approach is based on respect to human freedom and focuses rather on personal motivation for health in a healthy community. Further, unlike the preceding governing way of institutional care for older people in health or social care facilities (homes with social care, elderly homes, nursing homes, pensioners homes, hospitals) today the tendency prevails to extend extramural care and support independent living as long as possible. In this purpose, seniors and their families are offered new types of services and support like home care, home social services, day centres, centre of short-term (respite) nursing care, hospices, mobile hospices etc. Substantial is the contribution of the re-established non-governmental non-profit sector which organises programmes and services thanks to huge number of civic associations, religious and municipal bodies.

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