



Evidence Based Guidelines on Health
Promotion for Older People:
Social Determinants, Inequality and
Sustainability

Overview on health promotion for older people in Poland

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1. Introduction

The Polish population in 2003 was 38 189 000 (National Statistic Office 2005).

Older people (aged 65 years and over) made up 12.7% of the Polish general population in 2004, of which 9.9% of men and 15.3% of women in the general population were aged 65 years and over. Older people made up 12.3% of the urban population in 2004, of which 9.5% of men and 14.5% of women in the general urban population were aged 65 years and over. Older people made up 13.5% of the rural population in 2004, of which 10.4% of men and 16.5% of women in the general urban population were aged 65 years and over. There are, on average, 167 women for every 100 men in the age group 65 years and over. For those aged 60 years and over, marriage rates per 10000 are 5.58 for women and 15.99 for men. Compared to elderly men, half as many elderly women remain married. One may also observe gender-related changes in relation to family life and attitude towards marriage. The marriage rate of women declines with age: 42.3% in the 60-64 years age group and 11.6% in 80 years and over age group. In 2002, 35.99% of households were inhabited by at least one person aged over 60 years and the number of single-person households for this age group was 23.1%. A systematic increase of single-person households for those aged 60 years and over is expected.

Demographic prognoses forecast that older people will make up 13.3% of the Polish general population in 2005, 16.0% in 2015, 22.1% in 2025, and 23.8% in 2030. This data also predicts men aged 65 years and over will make up 10.4% of the general population in 2005, 12.9% in 2015, 18.9% in 2025, and 20.6% in 2030. Demographic prognoses for women in the general population include 16.0% in 2005, 18.8% in 2015, 25.2% in 2025, and 26.9% in 2030. The expected increase of the population over 70 years of age between 2000 – 2030 means that women will constitute 57.8% of this age category, though the average life expectancy of men will increase a little faster than that of women. As estimated, women will be overrepresented (67.9%) in the age group 80 years and over (Jelonek, 2004). In 2020, the average life span of those aged 60 years will be 27 years for women and 23 years for men. (Jelonek 2004).

A tremendous increase in the 80 years and over age-group will occur between 2000 – 2020. Though women will live longer than men, the feminization ratio will drop from 235 women for every 100 men in 1997 to 187 women for every 100 men in 2020.

The percentage of the population at post-productive age will increase from 14.7% in 2000 to 24% in 2030. Currently there are 63 persons at post-productive age for every 100 persons at productive age, this number is set to increase to 72 persons in 2030 (Hryniewicz, 2003).

The distribution of education in Polish older people shows significant differences between men and women aged over 60 years: 7.7% of men and 3.0% of women completed university education, 16.7% of men and 14.5% of women completed secondary school, 46.7% of men and 53.6% of women completed primary education, 14.9% of men and 23.0% of women report uncompleted primary education. Completed university-level education among older people represents an inverse relationship compared to that of the general population.

2/3 of Poland's older people live alone or in single-generation households. In real terms, this fraction represents 1,5 million older people who are living alone.

2. Policy initiatives

With respect to health and welfare, a number of laws and statutes regulate the social benefits of older people in Poland:

- The Constitution of the Republic of Poland from April 2, 1997, section on Freedom and economic, social, and cultural liberties
- Universal Health Care Act (1997): concerning the general principles of health care, this act guarantees the freedom to choose one's primary care physician, offers primary care nursing, limited freedom to choose specialist care, and the right to choose one's health care institution.
- Universal Health Care through the National Health Fund Act (1998)
- Ordinance by the Minister of Health (April 9, 2003): a series of conveniences offered to older people, for example during patient registration at health care institutions.
- Health Care Services Financed Through Public Funds Act (August 27, 2004)
- Social Welfare Acts (a series of acts passed from 1990): financial assistance to those without an income, or whose income is less than 461 zł/month when living alone, or whose income is less than 316 zł/person when living in a family environment (Journal of Statutes, 2004, nr. 64, point 593; Ordinance by the Minister of Social Politics from September 22, 2005).

- Ministry of Social Welfare Act (2004): compensation to those providing care services, specifically as resulting from age, illness, or other reasons requiring care.
- Ordinance by the Minister of Health and Social Welfare (2004): defines how, for how long, and who finances the stay of older people in nursing homes and resident care facilities.

The age of retirement in Poland is currently 60 years for women and 65 years for men. At this age, retirees are guaranteed full social benefits. Presently, due to high levels of unemployment in the general population, there is also much debate on lowering the official age of retirement by four years.

In 2003, the average age for leaving the workforce was 58,0 years, one of the earliest in Europe. Also, the percentage of Poland's workforce aged 55-64 years is one of the lowest in the European Union: 26,2%. In 2002, the average retirement pension was 1177.34 zł (approx. 395€).

3. Health determinants

Death rates per 1000 in the general population are 10.35 for men and 8.51 for women. For the age group 65-74 years, the death rate is 42.18 in men and 19.77 in women. For the age group 75 years and over, the death rate is 105.36 in men and 80.98 in women.

Data for 2005 present life expectancy at 0 years as 70.81 for men and 79.40 for women. At age 65 years, the life expectancy is 14.37 for men and 18.56 for women.

The number of disabled people per 1000 was 368 men and 351 women in the 65-69 years age group, 414 men and 415 women in the 70-74 years age group, 458 men and 463 women in the 75-79 years age group, and 472 men and 495 women in the 80 years and over age group. The weighted mean was 358 for the 65-69 years age group, 414 for the 70-74 years age group, 461 for the 75-79 years age group, 488 for the 80 years and over age group.

For those aged 60-69 years, the percentage distribution of disabled people is 39.5%. In the general population, 42.3% of men, 35.2% of women, 37.4% of urban residents, and 43.3% of rural residents aged 60-69 years report some form of disability. For those aged 70 years and over, the percentage distribution of disabled people is 52.2%. In the general population, 49.1% of men, 53.9% of women, 51.3% of urban

residents, and 53.3% of rural residents aged 70 years and over report some form of disability.

In 2002, based on a physician's judgment, 5.8% of those in the 65 years and over age group were deemed unable to work or to engage in basic self-care. In the general population, this constituted 2.6% of men and 10.4% of women aged 65 years and over.

Polish studies on health-assessment for those aged 65 years and over show that elderly women assess their health status more poorly than men. Only 5% of women and 8% of men assessed their health as very good; 34% and 42%, respectively, as rather good; 36% and 27%, respectively, as rather bad; and 22% and 19%, respectively, as very bad (Halik 2002).

Epidemiological data showed that 38.0% of men and 23.1% of women currently smoke and more than 22.3% and 14.2%, respectively, have smoked at one point in their lives. Poles collectively smoke more than 1900 cigarettes per person per year. On average, 3.4 litres of pure alcohol are consumed per person in Poland. This represents 5.4 litres for men and 1.2 litres for women. Poland records a loss 543000 DALY resulting from depression. Each year notes 6700 successful suicides. This ranks suicide as the seventh most common cause of death in Poland.

The rate of the elderly male smokers is three-times as high (40.8%) as for women (18.33%). Almost twice as many elderly women have never smoked (66.7% vs. 34.5% men). The rate of elderly women who drank alcohol was much lower than that of elderly men and also lower than in younger female age groups (Central Statistical Office, GUS, 1999).

Assessment of the availability of medical services, or being seen by one's primary care physician upon arrival in an outpatient clinic, produced varied results among those aged 65 and over. 51% of women and 47% of men assessed it as easy; 36% and 38%, respectively, as rather easy; 8% and 11%, respectively, as rather difficult; and 3% of women and men assessed it as definitely difficult (Halik, 2002).

The position of the elderly people in Poland was largely shaped by the transition of the Polish economy into a market economy that brought about various social consequences such as changes in the distribution of incomes, growth of poverty in some groups of people, unemployment and homelessness.

Political and economic changes since 1989 have been accompanied by the changes in the system of values, standards and behaviors. These processes have reduced in

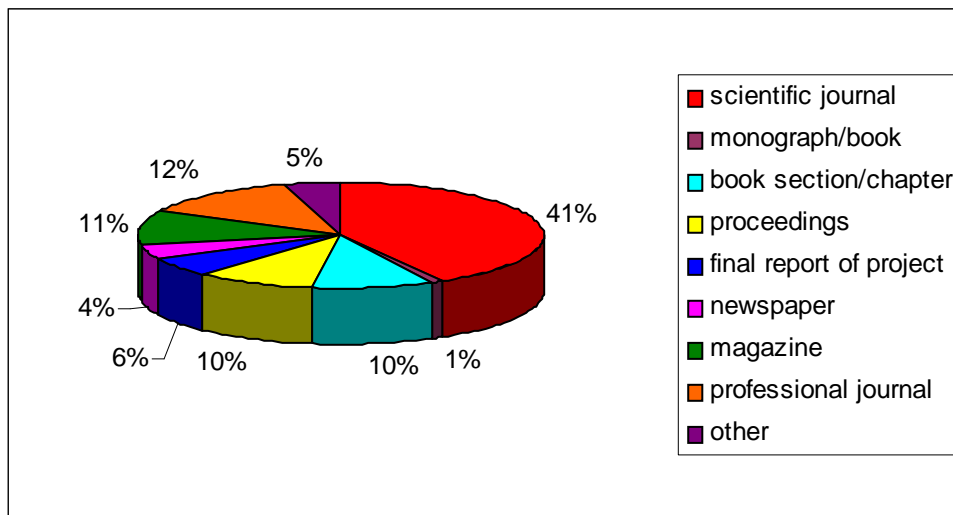
many elderly people feeling of social security, caused problems with self-identification, alienation and discrimination (Tobiasz-Adamczyk, 2002, 2006).

4. Search strategy

A literature search concerning health promotion among older people was performed on a number of levels. Firstly, a search was performed through PubMed, an international database, using the keywords “elderly” and “Poland”. Next, a search was performed through database of catalogues of the Jagiellonian University Library in Kraków using variations on the following keywords: (in translation) “elderly”, “senior”, and “old age”, when used in connection with the terms “health promotion” and “activization”. The libraries of the following institutions were also studied: Chair of Epidemiology and Preventive Medicine (Jagiellonian University Medical College – UJ CM), Medical Library (UJ CM), the Pontifical Theological Academy, and the University School of Philosophy and Education IGNATIANUM. Also studied were articles collected by the following Kraków institutions: Faculty of Public Health (UJ CM), Institute of Sociology (Jagiellonian University), the Academy of Physical Education, the Regional Public Library, as well as literature collected by the Fullness of Life Academy. Literature concerning nursing was received in electronic form from the Polish Society of Nursing, a supporting partner in the “Health Pro-Elderly” project. The *Health Education and Health Promotion Bibliography* (Barbara Woynarowska, editor, 2001) was also analyzed. Contact was established with Regional Social Services Centers in all larger cities in Poland. We also sent out surveys to churches whose addresses were listed on the internet. We also examined the internet sites of the Ministry of Health, National Health Fund, NGOs, internet sites marketed to older people (www.senior.pl, www.intersenior.pl), and church web pages. We also reviewed a CD-ROM marketed to seniors, included in a local newspaper. A panel of experts from the National Board was also asked for suggestions as to where one may find additional literature concerning health promotion among elderly people. Our literature search was then limited to material published from 1996-2005 and, in limited circumstances, 2006. As a reference age, we used material targeted to groups aged 60 years and over. This age group was minimally expanded at limited points throughout the literature search. Material concerning purely clinical issues and health promotion in general, limited only to program guidelines, was excluded from

the search. Most of the analyzed literature was made up of scientific publications: peer-reviewed journals, professional journals, conference proceedings, and books (Table 1). This was due to relatively easier access to scientific literature, as compared to other types of publications. Scientific literature most often discussed experimental programs, targeted to a predefined population, presenting the results along with a detailed analysis. Institutions and other organizations working with health promotion in Poland most often do not publish their results or would present details of their respective program in a very general manner. Project end-reports generally did not consider specific age groups and evaluations, if present, were presented only with a minimal degree of detail (Szczerbińska 2006).

Tab. 1 Type of Literature



5. Thematic analysis

5.1 Promoting mental health

5.1.1 Addressing depressions

Psychological health, presented within the context of depression, made up 17.1% of the analyzed literature. Psychological health—presented in the context of depression—was presented 40 times in scientific journals, 4 times in popular-scientific publications, 9 times in books, 18 times in conference publications, twice in project reports, 14 times in newspapers and magazines, and 25 times in professional magazines. Depression would very often be presented with issues such as emotional and social support. Preventing depression could be encountered in literature

marketed to social workers and would present therapeutic methods for working with seniors (Gielas 2001; Gielas 2002). Promoting psychological health in older people and their families was the topic of a program sponsored by the Department of Psychiatry (Frenkiel – Zydek 2000). In most entries, this issue was discussed only theoretically, focusing on the clinical symptoms of psychiatric illnesses. Such articles could be found in both scientific and popular publications (por. Klich-Rączka 2005; Leśniak 1996; Prasałek 2002; Góra 2005).

Stress and burn-out were mentioned much more rarely in the analyzed literature (6.6%).

5.1.2 Addressing stress and “burn out”

Stress and “burn out” were presented 5 times in scientific journals, twice in books, 4 times in conference publications, once in a project report, 8 times in newspapers, 5 times in magazines, and 20 times in magazines marketed to nurses and social workers. This topic was most often mentioned along with other psychological health problems. Stress and burn-out could result from a lack of acceptance of one’s situation as an older person as well as the aging process itself, which could also be inclusive of experiencing social exclusion (Gielas 2002).

5.1.3 Cognitive issues: memory training

Cognitive issues made up 11.1% of the analyzed literature, found mostly in popular and professional publications. Cognitive issues were presented 5 times in scientific journals, 6 times in books, 10 times in conference publications, 6 times in project reports, 7 times in newspapers, 12 times in magazines, and 17 times in professional magazines. Cognitive issues were also mentioned 12 times in brochures and other lay information directed towards older people. Articles dealing with this topic tended to focus on delaying some ill effects of the aging process by encouraging cognitive activity in older people. These authors would recommend specific cognitive exercises, especially geared towards memory improvement. These exercises included reading books, working on crossword puzzles, and participating in games such as chess. On a few occasions, memory tests would be included in these publications, allowing older people to measure their memory aptitude (Biały 2005; Tuleja 2005; Prasałek 2003).

5.1.4 Self-respect / dignity

Self-respect and dignity were relatively seldom encountered topics, making up only 9.6% of the analyzed literature and often accompanying such issues as depression and emotional support. Emphasis was placed on the need to feel respected. This point was especially made to the care givers of older people who were suffering from chronic disease(s) and therefore seemingly burdensome to their environment (Cisek 2005). Self-respect and dignity were presented 4 times in scientific journals, 11 times in books, 5 times in conferences publications, 21 times in project reports, 3 times in newspapers and magazines, and 14 times in professional magazines.

5.1.5 Emotional support

Emotional support was present in 19.2% of the analyzed literature and, as already mentioned, was most often connected with the issue of preventing depression in older persons. Emotional support was presented 22 times in scientific journals, 19 times in books or compilations, 16 times in conference publications, 22 times in empirical studies, 7 times in newspapers and magazines, and 34 times in popular magazines. This shows that current literature, marketed to those who take care of older people, talks at great lengths about emotional support. Depression and emotional problems were often paired with this topic.

Magazines geared towards professional education, specifically rehabilitation and social work, tended to include advice on improving the health of older people, the intellectually impaired, those affected by depression and dementia (4 articles) and forgetfulness (1 article). This included therapeutic options such as geriatric validation and reality oriented training. In publications marketed to social workers, psychological health was widely discussed. These topics included depression, stress, "burn out", cognitive issues, dignity, and emotional support. Emphasis was given to group therapy, emotional support, a holistic approach to the individual, making decisions on one's own, organizing the daily schedule of older people, and mental exercises. The onus was placed on developing a bio-psycho-social approach in the care giver to the variety of problems faced by older people and those aged 80 years and over. (Gielas 1999; Gielas 2001). It is worth mentioning that in physical medicine and rehabilitation publications, psychological health was seldom mentioned.

5.2 Empowerment

There is no single or generally accepted definition of empowerment. We based our discussion on definitions presented in Polish gerontology publications and literature dealing with health promotion. Empowerment was understood as: taking care of one's self, deciding for one's self, „giving strength/independence to the individual as well as society with the aim of controlling one's own health by being able to make appropriate choices” (Szczerbińska 2006, pg. 118), „returning strength and control to one's life by uncovering and supporting sources of energy and competence” (Gielas 1999). Empowerment is considered a fundamental theme of health promotion and is reflected in policy dealing with patient rights, social welfare, and local community ordinances (Szczerbińska 2006, pg. 118).

Empowerment was noted in more than half (52.1%) of the analyzed texts. However, how empowerment was presented in the different forms of literature varied greatly. Empowerment was present in almost all project end-reports and popular press (i.e. newspapers and magazines), relatively often in professional publications, and rarely in scientific journals. Empowerment was discussed in 9 medical publications. 31 entries in scientific journals and books were devoted to empowerment. This topic constituted 24 articles in physical medicine and rehabilitation publications. Empowerment, however, occurs much more often in professional journals (58 articles). It seems to be the main topic discussed in media directed towards social workers and care givers of older people. Nursing literature notes 6 articles on this topic. Empowerment was mentioned 60 times as the subject of projects, project reports, and conference materials. A total of 89 articles on empowerment were most often found in daily newspapers and popular-scientific publications dealing with health.

5.3 Social participation – inclusion

5.3.1 Lifelong learning

Lifelong learning was discussed in 17% of the analyzed literature. Lifelong learning was mentioned in 10 scientific journals, 15 books, 18 conference publications, 26 project reports, 10 times in newspapers, 13 times in popular magazines, and 10 times in professional magazines. This topic was almost always mentioned in the

context of Third Generation Universities and courses for older people, such as computer and language classes. Lifelong learning was almost always discussed within the context of Third Generation Universities: the health education which took place in this environment and the continued education of older people (e.g. computer and language classes). Beyond Third Generation Universities, NGOs and other foundations, such as the Full of Life Academy, also oversaw the continued education of older people. The goal of the Academy is to intellectually stimulate older people through language courses (e.g. English, German, and French) and computer classes, including lessons on how to use the internet (Buczak 2006). This foundation also published two textbooks for seniors on how to use computers (Kaszkur-Niechwiej 2005).

5.3.2 Social support / network

Social support and social network were mentioned in 26% of entries, most often in project end-reports. Social support / network was mentioned 4 times in medical journals with regards to education among older people. Overall, this topic was mentioned 36 times in books and there were 35 articles written in scientific journals. Publications marketed to social workers cited this topic in 11 articles and 5 times in nursing publications. Project reports and conference publications mentioned social support/network 19 times. Literature tends to highlight the role of social support as a protective element against the social isolation of older people. Emphasis is placed on social participation and preventing the marginalization and isolation of older people by encouraging public debate on social politics and the discrimination of older people and the need to prevent ageism in health care, social benefits, and, most especially, labor laws. Emphasis is also placed on intergenerational cooperation (Tokarz 2006).

5.3.3 Self-help groups

Self-help groups were very rarely (6.8%) encountered in the analyzed literature. Self-help groups numbered 2 articles in scientific journals and 8 articles in publications marketed to social workers. This topic was not mentioned in nursing publications. Self-help groups were mentioned 10 times in project reports and conference publications. In popular-scientific and everyday publications, there was only one entry devoted to self-help groups. The rare occurrence of this topic is connected to the fact that self-help groups are a relatively new development in Poland. The goal of one of

the first projects ever geared to those aged 60 years and over, which took place in Antoniuk near Białystok, was to organize and promote self-help principles and develop pro-social attitudes among seniors (Halicka, Pędich 1996). Polish studies find that women, frequently widowed or single, of average health and limited mobility, often experiencing the problems connected with older age, help one another reciprocally, specifically in terms of practical and material help as well as encouraging social integration by seniors (Halicka, Pędich 1997). Promoting senior initiatives, senior clubs, and self-help groups are new strategies being applied to better incorporate older people in society.

5.3.4 Volunteering

Volunteering is also a new and rare topic in literature, occurring in only 3.4% of literature. The reason for this is that volunteering is a relatively new concept, resulting from the cultural transformation which took place in Poland and changes in the social welfare system. In Poland, volunteering is a new means for stimulating older people to get involved in society (Mazur 2006). Volunteering was mentioned in scientific literature only once. Physical medicine and rehabilitation literature and literature marketed to social workers and nurses did not mention volunteering at all. Volunteering was mentioned 5 times in project reports and conference publications and 12 times in books. There was only 1 article on volunteering found in popular literature, newspapers, and magazines. Publications dealing with this topic discussed volunteering by as well as volunteering for older people (Vidal 2004; Zaorska 2004). Studies find that one in four volunteers is a senior. Free time and religious motivation are often listed as factors encouraging this type of involvement (Kluz 2000). There is much discussion on better taking advantage of the potential for volunteering among seniors (Gawrońska 2006).

The question of social participation, including preventing marginalization and isolation in society, was discussed in the following Polish programs aimed at stimulating older people:

Golden Age Atlas—aimed at creating an internet database of senior initiatives; thusfar 600 such initiatives have been listed.

- Us too, seniors in the EU—aimed at preventing the social exclusion of seniors, providing information on the EU, and supporting senior organizations

- STOP age discrimination—Development of the „Stop age discrimination” project was motivated by ageism practices present in the national health care system, including unfavorable laws and a lack of financial resources for the health care of older people. This meant adopting an unfavorable opinion of older people in most all „person to person” relations.
- Active Aging—aimed at stimulating seniors through language and komputer courses
- Connecting generations—consisting of 23 subprograms aimed at preventing the isolation of older people by reducing the distance between generations, a part of the social program in the city of Poznań. The aims of the „Connecting generations” program include:
 1. presenting new technology as a barrier for older people and other factors increasing the distance between generations;
 2. protecting folklore and local customs;
 3. cultivating oral family traditions;
 4. teaching and skill building of younger generations.

The central problem of most intervention programs is encouraging an active lifestyle and eliminating the barriers, inequality, and discrimination which older people often encounter. The analyzed publications do not constitute a uniform group based on proposed problems. A common factor is that authors are aware that older people need to be encouraged to lead an active lifestyle. “Active” is understood as a multidimensional concept, including the promotion of a healthy lifestyle, continued education, encouraging participation in one’s community, and combating discrimination and marginalization of the elderly.

5.4 Life style

5.4.1 Nutrition

Nutrition was mentioned in 15.8% of the analyzed literature. Nutrition was often described in the context of preventing certain diseases and proper nutrition was described as a key element of a healthy lifestyle (Gabrowska, Spodaryk 2006). The higher susceptibility of older people to the negative effects of malnutrition was also discussed (Haynes, Harris 2003). The poor knowledge of older people on proper nutrition, how lower socioeconomic status may influence nutritional choices, and

nutritional deficiencies in general were highlighted. (Kołtajtis-Dołowy, Tyska 2004; Kraus 2002). Medical literature yielded 11 articles on nutrition. Scientific literature had 22 articles on this topic. Physical medicine and rehabilitation had 5 articles, literature for social workers had 4 articles, and publications for nurses yielded 4 articles. Conference publications mentioned nutrition 5 times. Popular-scientific, newspapers, and magazines had 48 articles devoted to nutrition in older people. This topic was not mentioned in project reports. Nutrition was a central issue in popular media, where specific nutritional recommendations for older people and recommendations on developing a balanced diet were offered. Authors would often provide recipes for specific dishes (Makarewicz-Wujec, Kozłowska-Wojciechowska 2000; Szukała 2001; Karpińska 2004).

5.4.2 Physical activity

Physical activity made up 26.5% of the analyzed literature. This topic was often combined with disease prevention and presented a one element of a healthy lifestyle. The need to engage in physical activity was underlined in most all literature. This constituted part of a national Polish campaign geared towards all age groups, “Revitalize your heart”, encouraging an active lifestyle (Ruszkowska-Majzel, Drygas 2005). One of the proposed forms of physical activity was strength training, such as that used in rehabilitation regimens and health promotion programs in older people (Kostka 2002; Żak, Mika 1997). Recommendations also included stretching (Piec 2006) and gymnastics incorporating elements of Tai Chi (Mętel 2003). Studies find that older people seldom take advantage of “active” relaxation, opting instead for less intensive options. This is influenced by cultural factors, as in Poland active relaxation is not popular. „More fall in spring” is a program supporting an active lifestyle among seniors and their families, including preventing the marginalization of older people in the Wielkopolska Voivodeship (Warsaw area).

In popular publications, physical activity was a favorite topic among authors. They underline the need for maintaining an active lifestyle, encouraging exercise and taking walks. These articles are targeted to both healthy people as well as those suffering from motor difficulties (Tuleja 2004; Romaszkan 2005).

Medical literature devoted 4 articles to physical activity, scientific journals had 46 articles, physical medicine and rehabilitation literature had 22 articles, 18 articles were published in literature for social workers, and 6 articles in literature for nurses.

Physical activity was mentioned in 43 popular-scientific articles, newspapers, and magazines. 4 project reports discussed physical activity.

5.4.3 Sexual activity

Sexual activity among older people was mentioned in 2 articles in medical literature. 2 articles were also written in physical medicine and rehabilitation literature, 1 article was written in literature for social workers, while popular-scientific publication, newspapers, and magazines had 6 articles devoted to this topic. Overall, this topic was seldom discussed in most all literature. There exists the stereotype that old age constitutes an asexual period of life. This stereotype is often part of the tendency to infantilize older people (Parlak 2000). Most articles concerning sexuality and sexual activity of older people can be found on the internet (www.senior.pl; www.intersenior.pl). These articles stress the relevance of sexual activity in older age and encourage not resigning from this type of activity (Dobosiewicz 2006; Oniszk 2006; Krajewska 1998).

5.4.4 / 5.4.5 / 5.4.6 Smoking / alcohol / drugs

The topic of substance abuse constituted only 5% of all literature. Smoking was noted 13 times in scientific journals. Physical medicine and rehabilitation publications and literature marketed to social workers did not mention smoking, alcohol consumption, or addictions at all. Nursing literature mentioned smoking once, while popular literature noted 16 articles. Alcohol was the topic of 4 articles in popular literature and 3 articles in conference publications. Drugs were not mentioned in any media. Only one scientific article discussed the effects of multiple medications and smoking.

Smoking constitutes a serious problem in Poland. It affects a variety of age groups, including older people (Kałucka 2005, Suwała, et al. 2005). As one of the risk factors for Chronic Obstructive Pulmonary Disease (COPD), programs aimed at diagnosing and preventing COPD target those who smoke, including those who quit smoking but smoked for a number of years (Biskupska, Wysocki 2004). Social support is a key factor for remaining a nonsmoker (Broszkiewicz, Szymańska, Pikała, Drygas 2004).

5.4.7 Safety (e.g. prevention of falls)

Safety and prevention of falls were mentioned in 5.5% of articles. Articles on safety and preventing falls occurred in geriatric literature 6 times and 12 articles were written in literature devoted to social workers and specialists from physical medicine and rehabilitation. These publications were devoted to educating health professionals and social workers who provide care to older people. For this reason, safety issues are most pertinent to these two groups. Preventing falls was the subject of 9 articles in popular literature and 2 project final reports. Programs aimed at preventing falls are usually preceded by measuring the risk of falling and the possibilities for prevention. This allows for specific interventions to be designed targeting those most at risk (Żak 2000; Żak 2002). In this way, a number of programs have been designed to help high-risk groups, such as older persons, older persons living alone, and those in social welfare homes, where falls tend to happen most often. The heightened risk of falling in social welfare homes is related to the fact that in Poland the physical condition of these residents is such that they can not function normally in society. Rehabilitation programs aim to decrease the risk of falling in older people by informing them of the risks associated with falling, educating them about existing threats, and preparing them should a fall occur (Żak 2004). Most falls in older people are caused by motor imbalance. For this reason, programs specially designed to prevent falling, such as Stop Falls (Augustyniak, Szymanowicz 2004), are aimed at safely and effectively mobilizing seniors and at the same time minimizing motor imbalances (Rajewska – Twardowska 2006). The goals of the „Stop Falls!” project are to prevent falls and prevent femur fractures (the most often encountered fracture among older people), educating older people how to prevent falls, how to fall safely, and how to prevent osteoporosis. The need for physical fitness and the advantages of being continuously active were also stressed. The project takes places over a six month period, twice per year.

5.4.8 Preventing abuse / violence

Preventing abuse/violence was only sporadically mentioned in the literature (2.1%). Rarely was maltreatment a topic of interest and analysis, most often discussed in relation to children, less often towards women, and without any special reference to

age. It seems that discrimination and the more widely understood sense of maltreatment are more frequently discussed in professional literature, especially in terms of social services. Preventing abuse / violence was the subject of only one article in scientific literature and collectively mentioned 9 times in project reports, books, and conference reports. It was not mentioned in physical medicine and rehabilitation literature, literature for social workers, or any form of popular literature.

5.4.9 Prevention of disease

Prevention of disease constituted 21.8% of articles in the analyzed literature and was present in 66 articles in scientific journals, 14 articles in physical medicine and rehabilitation literature, and one article in medical literature. Falling was usually paired with osteoporosis in 10 articles and musculoskeletal changes in 4 articles. Other health problems included obesity in older age (2 articles), quality of life after mastectomy (2 articles), Parkinsons disease (2 articles), chronic pain management (2 articles), andropause (1 article), and prostatic hypertrophy (1 article). Nursing literature devoted 5 articles to preventing disease, while literature for social workers did not devote any. Project final reports and conference publications noted 11 entries devoted to prevention of disease. Popular media had 39 articles written on this topic. Cardiovascular diseases constitute one of the main causes of death in Polish society. One way to prevent cardiovascular disease is treating hypertension in older people (Kocemba 2000). Emphasis is placed on educating the patient on the long-term effects of hypertension, with the physician and nurses being most responsible for such health education (Zielińska-Więczkowska 2003; Szczęch, et. al 2000). In Kraków, a program is underway to prevent recurring myocardial infarction (MI) (Kawecka Jaszcz, et. al 2001, 2003). Following a diagnosed MI, patients start rehabilitation exercises while still on the hospital grounds (Jurowiecki, Michalski 2000). Rehabilitation in post-MI patients is also aimed at reducing stress (Tylka 1996).

One way to prevent illness is through preventative interventions undertaken by a number of programs, most often aimed at preventing cancer (Bannach, Grabiec, Rybka 2005). Prophylactic interventions tend to address large groups and are not always effective with respect to older people (Wabiszewska 2005; Biskupska, Wysocki 2005). The diseases most often mentioned in popular media included:

- Benign and malignant prostatic hypertrophy: 11 articles

- Andropause and consequent systemic changes: 6 articles
- Parkinsons disease: 3 articles
- Ocular problems (e.g. cataracts): 3 articles
- Memory problems (e.g. Alzheimer's): 3 articles
- Dementia and depression: 2 articles
- Falling: 2 articles
- Osteoporosis: 2 articles
- Diabetes: 2 articles

6. Transversal issues

6.1 Research methods

Studies concerning older people and health promotion most often used quantitative methods. 168 studies found in the analyzed literature used this method, while 65 articles used qualitative methods, and 18 used a combined approach. Meta analysis was used 55 times. Of note is that the majority of health promotion initiatives are not evaluated, or are evaluated only in part (Szczerbińska 2006). Also, the results of most programs which were in fact evaluated, were not published. In 11 cases a quantitative evaluation was used, in 5 cases a qualitative evaluation, and in 1 case a process evaluation. It was not possible to discern the evaluation method in 13 examples.

6.2 Strategies of health promotion

Basing on the analyzed literature, one may discern a number of health promotion strategies dependent on a target audience of the literature and/or programme. The publishers responsible for the literature analyzed in this study targeted a wide audience: older people, individuals promoting active lifestyles among older people, care givers, such as physicians, nurses, physiotherapists, rehabilitation specialists, social workers, and families, as well as those devoting scientific study to this topic.

The analyzed literature was chiefly directed to those who take care of older people in a professional capacity. Such publications promote health mainly by educating these professionals. They contain articles discussing techniques for working with older people and rehabilitation methods for individuals suffering from a variety of diseases.

Health education in older people (especially *empowerment*) is frequently cited as a popular strategy for health promotion. It was most often presented in professional journals marketed to nurses and physicians. Some Third Generation Universities promote such education through the older person's social group. As part of their course schedule, students - seniors learn about health and illness and are then expected to share their knowledge with friends, acquaintances, and peers. Unfortunately, this approach is not widely practiced.

Literature addressed directly to older people tends to promote health by encouraging a healthy lifestyle, specifically through:

- The role of physical activity (e.g. sports, physical fitness, walks)
- Diet (e.g. proper nourishment)
- Additions (e.g. cigarettes and alcohol)
- Cognitive activity (e.g. memory training and reading)

Authors of publications marketed to older people often provide practical advice on how to exercise, how much time to devote to physical activity, and how to prepare healthy food (including recipes). Articles on cognitive activity include memory tests and memory exercises. Older people are as a rule encouraged to learn and try new things. Also, articles generally directed to anyone wanting to live a long and healthy life discussed smoking and alcohol specifically in the context of potential health complications resulting from use.

Popular media and web-pages often devote a number of articles to diseases affecting older people, describing their symptoms, advice on observing one's own body, and the necessity of visiting a physician should any symptoms arise. These media give lifestyle advice and advice on how to deal with diseases already affecting a person (e.g. exercises for those diagnosed with Parkinsons disease).

The analyzed literature also gave advice on prophylactic health tests, such as which tests should be done at what age, which medical specialty to turn to, what a given test looks like, etc.

A number of articles in popular media were addressed specifically to the care givers of older people, especially families. They contained advice on how to take care of seniors, especially those suffer from some disease. Less often there was advice on encouraging physical activity and how not to isolate the older person from other groups. Underlined is the need to continuously educate the caregivers of older people (Kraus 1998).

A number of initiatives to help older people in Poland are actually organized by local churches. Parishes, priests, and pastors organize support groups, informal education centers, clubs, pilgrimages, and holidays with the participation of seniors. Unfortunately, it was impossible to find literature describing such interventions, as any print media are usually in the form of church advertisements and/or newsletters.

6.3 Settings

This analysis finds that population studies of older people were usually initiated within communities. We note 110 such studies. Most health promotion initiatives, especially prophylactic programs, are targeted towards the general population. 27 studies were carried out in social welfare homes, 30 in homes occupied solely by older persons, and 4 in Third Generation Universities. There were also 11 comparative studies of persons living in social welfare homes and independently in their own homes. There were no interventions aimed at the workplace, let alone interventions aimed at older people who continue work. The one exception included retired physicians who continued to practice. This study was carried out in their homes and communities. Active lifestyle encouragement most often took place in social welfare homes and day-houses for older people. We noted 12 studies concerning rehabilitation interventions which took place on hospital grounds.

The type of publication most often encountered in this review was a thematic article, written by a specialist in a given field. The affiliation of such authors included sociology, geriatrics, politicians campaigning for social change, and public health professionals. The second most often encountered article concerned program descriptions. These articles sought to diagnose the social pathology, describe the intervention, and predict expected effects of the intervention. This type of literature was frequently lacking data on program evaluation and factors used for program

implementation. Each such entry included detailed contact information and encouraged participation by all those interested.

There are a wide range of internet sites concerning health promotion marketed to seniors. These sites provide a vast amount of information and are developed in form and content to cater to the needs of older people. However, the differences which exist in Polish society in accessing digital media suggest a large number of older persons may not be able to benefit from this medium. Nonetheless, considering every tenth person aged 55 years and over uses the internet, one may conclude this medium stands to significantly influence the quality of health-related information.

There were no publications detailing interventions undertaken by churches and other organizations, such as Caritas and the Boy/Girl Scouts, aimed at helping older people. One may only observe how these institutions sporadically publish articles on older age, both in theoretical and practical terms. For this reason, there exists a need to increase public and scientific interest in these institutions, especially those institutions bringing help to older people.

6.4 Inequality / diversity

Inequality was understood in an economic sense (e.g., internet access, economic group differences).

Inequality was mentioned in 27,7% of literature (188 times), most often in scientific journals, books, project reports, and publications coming from projects. In popular literature, inequality was most often reflective of personal finances, access to health care, access to social welfare benefits, and job seeking.

Diversity was mentioned in 20,2% of literature (137 times), mainly in scientific publications, books and project final reports. Diversity was measured in terms of culture, ethnicity, religion, age, and varied socio-economic status.

Gender was mentioned in 20,9% of literature. Issues of gender were present in 142 entries in books, scientific publications, and conference publications. One may notice a greater number of typically male health problems (andropause, prostatic hypertrophy) compared to female problems (osteoporosis, , cervical cancer, breast cancer).

Poland, as one of three countries, took part in the Women II project, aimed at improving the effectiveness of clinical and continuous care of women around the time of menopause. The project website is accessible in a number of languages and ensures high-quality medical information as well as online consultations and the opportunity to chat with other patients (Bolanowski, Jędrzejczuk, Milewicz 2003; www.termedia.pl). The main goal of the international WOMAN II project is to better everyday clinical practices in centers dealing with menopause. This bettering takes place through optimizing effectiveness, quality, and continuity of health care by offering information services to women and physicians. The goal is to create and promote a functional, multilingual European network for maintaining a homogenous data base for both patients and doctors. This project is currently being realized. At this stage, there are no project results.

Literature tends to stress the overrepresentation of women in older age groups, which adequately reflects the current demographic profile of Polish seniors (Tobiasz-Adamczyk, Brzyski, Bajka 2004). The social situation of older Polish women, concerning the large percentage remaining active in the workplace, should influence the analysis of those conditions affecting quality of life in older age. (Tobiasz-Adamczyk, Brzyski 2005). This fact should be better reflected in publications and programs targeted to women. Also, there is little attention paid to the issue of double discrimination (i.e. women-seniors). Older Polish women note greater social activity than men, a function not only of their greater representation. The reasons surrounding the greater social activity of women should be studied in the future.

6.5 Sustainability

Sustainability was narrowed down to mean the actions taken by institutions, NGOs, volunteer organizations, etc. in supporting older people. In Poland, there exists no such system for sharing experiences and information between organizations and institutions responsible for health promotion programs among the elderly. Our understanding of sustainability stems from the lack of practical possibilities for applying other definitions. Sustainability, because of limited experience concerning cooperation between organizations dealing with health promotion, has only limited applicability in Poland. However, helping seniors in health promoting activities is often mentioned. Sustainability, understood as helping older people through

volunteering, health education, and institutional help (NGOs), was mentioned in 40,7% of literature (276 times), mainly in project reports, newspapers, popular magazines, and professional journals. In scientific journals, this topic was mentioned only sporadically. This field was most often mentioned in the continued education of professionals, relating to their relationship with older people.

6.6 Cost-effectiveness

Poland notes a lack of experience when it comes to optimizing program cost-effectiveness. This topic is only noted in 1,8% of literature, mainly in scientific journals. Multidisciplinarity was cited only in 10% of literature (73 times), chiefly in scientific medical journals. This included encouraging the physician to adopt a more holistic approach to their older patients.

6.7 Consumer involvement

Consumer involvement and voice of user were recorded in 14% of literature (95 times), most often in publications detailing health promotion interventions. Scientific literature, books, and conference publications interpreted “consumer involvement” to mean consumer surveys, allowing for unstructured responses from the older persons. There is a lack of data concerning feedback by program participants. However, one may note an increasing interest on the part of geriatric specialists to include feedback from older people.

7. Results

- 1) Poor information (more knowledge than information, more action than publication)
 - a) Though literature discusses health promotion at great lengths, however unfortunate it may seem--often only theoretically, very little is known about health promotion in older age groups. A lack of data in this respect means that articles evaluating health promotion programs are published only sporadically. Reports from programs most often describe a large age group, without specifically describing older people. Problems arise when wanting to gain access to the results of specific health promotion programs. Those interested in coordinating such programs (i.e. geriatric

specialists, field nurses) often only receive incomplete data concerning the possibility of participating in promotional campaigns.

b) Older people living further away from program centers often find it difficult to take advantage of any number of initiatives due to transportation problems and a lack of information. Certain marketing methods are not always effective in reaching particular age groups, such as through the internet, used by only 5% of people aged 65 years and over. Local churches, especially in the countryside, widely trusted by older people, constitute a highly effective means of reaching this age group. Field nurses could also play a similar role. Printed media are also not properly taken advantage of when it comes to printing health related articles addressed to older people.

2) Age restrictions for program participants (a too wide or too narrow target group)

Most initiatives are seen only among younger age groups and participation in such programs is thusly dependent on age. This prevents the participation of older persons. Even initiatives by charitable institutions, such as the Polish Red Cross, target predominantly younger age groups. The programs analyzed in this study were targeted to various age groups, including older people. The target group was most often aged 30-75 years and thusly included senior populations, however this did not exclusively include seniors. The target group was not divided into smaller age groups and the intervention was not targeted only to older persons. Of note is that very few programs mentioned in scientific journals concerned the age group 60 years and over. There should be more prevention and clinical initiatives targeting these groups, so as to avoid the charge of discrimination.

3) Lack of feedback

In prevention programs, even those targeting exclusively seniors, there was often no way to get feedback from the older people themselves. Thusly, it was not possible to gauge the opinions of the target group. Not including feedback in a study may lead to weakened cooperation with the program's target group. No feedback leads to impeded program development and impeded expansion of health promotion programs.

4) Lack of evaluation

Evaluations were not found for most prevention programs included as part of this study. Thusly, it is hard to comment on their effectiveness or the possibility of further applying them in the future. Lacking an evaluation is not a good sign that a specific program or that program's health-promotion technique(s) will be used in the future. In a large portion of reports, it is difficult to reach a definitive conclusion concerning the effectiveness of the intervention(s) or to critically verify an institution's organizational structure.

5) Gender insensitivity in programs targeted to seniors

Specific problems connected with gender groups can be found as a side point in publications dealing with discrimination and marginalization. The specific problems faced by women through their overrepresentation among older age groups are not mentioned in publications or programs.

6) Lack of cohesion among initiatives

Health promotion programs are realized through a number of organizations and institutions (Ministry of Health, National Health Fund, NGOs, hospitals, research centers). However, they most often involve a one-time intervention or action, which fragments the work done and impedes communication between project coordinators. Programs are scattered and lack structural planning and incorporation of health-promoting information, such as help and information centers.

In light of discrimination against seniors, no prevention programs concerned themselves with the possible differences in access to modern goods and services among older age groups. It would be worth launching such a program, if only to better understand the depth of this problem in Poland.

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10. Attachments

List of analyzed publications, journals, and magazines

Scientific journals:

Aktywizacja Zawodowa Osób Niepełnosprawnych

Chirurgia Narządów Ruchu i Ortopedia Polska

CROSS : miesięcznik szkoleniowo-informacyjny Stowarzyszenia Kultury Fizycznej,
Sportu i Turystyki Niewidomych i Słabowidzących

Gerontologia Polska

Ginekologia Praktyczna

Fizjoterapia

Fizjoterapia Polska

Kardiologia Polska

Kultura i społeczeństwo

Medycyna Sportowa

Neurologia Neurochirurgia Polska

New Medicine

Niepełnosprawność i Rehabilitacja

Niepełnosprawność i Zdrowie

Pielęgniarstwo XXI wieku

Pielęgniarstwo Polskie

Postępy Rehabilitacji

Promocja Zdrowia

Problemy Pielęgniarstwa

Przegląd Epidemiologiczny

Przegląd Lekarski

Przegląd Menopauzalny

Przewodnik Lekarza

Rehabilitacja Medyczna

Reumatologia

Roczniki Akademii Medycznej w Białymstoku

Roczniki Polskiego Zakładu Higieny

Roczniki Teologiczne
Sport niepełnosprawnych
Sztuka Leczenia
Urologia Polska
Współczesna Onkologia
Zdrowie Publiczne
Żywnienie i Metabolizm Człowieka

Professional Magazines:

Pielęgniarka i Położna
Pielęgniarstwo 2000
Polityka Społeczna
Polski Merkurusz lekarski (Polski Tygodnik Lekarski)
Problemy Rodziny
Tematy
Wspólne Tematy

Popular magazines:

Autoportret. Pismo o dobrej przestrzeni. Nr 14. Przestrzenie starości
Żyjmy dłużej: magazyn medyczny dla wszystkich
Zdrowie
Moje Zdrowie. Domowy poradnik medyczny
Medycyna dla Ciebie. Ekologia, żywność, a zdrowie, farmakologia, uroda
Świat to Apteka
Samo zdrowie. Magazyn o dobrym życiu
Żyj Zdrowo i Aktywnie. Euromagazyn

Newspapers:

Dziennik Bałtycki
Dziennik Elbląski
Dziennik Łódzki
Dziennik Polski
Dziennik Zachodni
Express Ilustrowany

Gazeta Krakowska

Gazeta Olsztyńska

Gazeta Poznańska

Gazeta Wrocławska

Gazeta Wyborcza

Słowo Polskie Gazeta Wrocławska

Trybuna Śląska

Wieczór Wybrzeża