



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

Overview on health promotion for older people in Slovakia

Zuzana Katreniakova

Slovak Public Health Association

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Contents

1 Introduction	1
2 Policy initiatives for older people/health promotion	2
3 Health determinants	3
4 Search strategy	5
5 Themes	6
5.1. <i>Promoting mental health</i>	6
5.1.1 Addressing depression.....	6
5.1.2 Addressing stress and burn-out	6
5.1.3 Cognitive issues	7
5.1.4 Self-respect / dignity.....	7
5.1.5 Emotional support	8
5.2 <i>Empowerment</i>	8
5.3 <i>Social participation / inclusion</i>	8
5.3.1 Life-long learning / education of older people	9
5.3.2 Social support / networks	9
5.3.3 Self-help groups	10
5.3.4 Volunteering	10
5.4 <i>Lifestyle</i>	10
5.4.1 Nutrition	11
5.4.2 Physical activity	12
5.4.3 Sexual activity	12
5.4.4 Substance abuse (smoking, alcohol, drugs)	13
5.4.5 Safety	13
5.4.6 Preventing abuse / violence against older people	13
6 Transversal issues	14
6.1 Research Methods	14
6.2 <i>Strategies of health promotion.....</i>	14
6.3 <i>Settings</i>	14
6.4 <i>Inequality / Diversity</i>	15
6.5 <i>Sustainability and cost-effectiveness</i>	15
6.7 <i>Consumer involvement.....</i>	15
Conclusions / summary	16
References	17

1 Introduction

Referring to the data provided by the National Statistical Office, there was a population of 5 389 180 inhabitants in Slovakia as of 31 December 2005, including 48.45% of males (2 615 872). The age structure of the Slovak population could be characterised as uneven and ageing. During recent years, the proportion of the post-productive group (people aged 65 and over) has risen from 17.6% of the population in 1996 (UZIS SR, 1999^a) to 19.0% in 2004 (UZIS SR, 2005). The mean age of the Slovak population is increasing together with the values of the ageing index. While in 1997 the mean age was 35.1 and ageing index was 84.2 (UZIS SR, 1999^b), in 2004 it was 37.1 (35.5 in males and 38.7 in females) and 111.2 (72 in males and 152.4 in females) respectively (UZIS SR, 2005). In all age groups (age 50 and over) the increasing share of women is visible as a result of higher premature mortality of men in younger age groups. In 2004, the life expectancy at birth was 70.3 years in males and 77.8 years in females (UZIS SR, 2005). The life expectancy of the Roma population (as the largest ethnic minority in Slovakia) is lower and also their health status is worse (Ginter et al, 2004^b).

In Slovakia, health care for older people is provided as geriatric care including prevention, diagnosis, treatment, rehabilitation and nursing care. It is aimed at supporting the elderly by keeping them self-sufficient and living at home as long as possible. Geriatric care is a comprehensive service that combines health intervention, psychotherapy and social intervention. At present it tackles problems such as arteriosclerosis, coronary heart disease, ischaemic legs or brain disease, hypertension, diabetes mellitus, cancer, influenza and pneumonia, dementia, care for patients with adaptation failure in old age and/or geriatric social syndromes, terminal care, as well as changing the infrastructure of health and social care services and facilities according to demographic trends and regional needs. Primary health care is provided as general and specialised outpatient care. During recent years community health care has been improved by the introduction of home-care nursing agencies. Inpatient geriatric care is provided through the geriatric and gerontopsychiatric wards in university hospitals, general and psychiatric hospitals, as well as in specialised geriatric, long-term care and palliative care facilities. In 2005 specialised geriatric care was provided by 50 outpatient clinics and 65 wards in hospitals with 2743 beds (19 geriatric wards and 46 wards for long-term care). Although the infrastructure of health care for the elderly has been improved, it is still not sufficient (SGGS, 2006).

Social care services include long-term inpatient care, day-care centres and social services for older people, patients with chronic illness or other groups with special needs. Community care and home care for the elderly and people with disabilities is supported by legislation that

provides several types of social benefits and social services. The ageing population brings along at least a twofold effect on the Slovak social care system: the labour force is increasingly shifting towards unemployment and social welfare due to insufficient job creation; and there is a growing imbalance between the economically active and inactive population groups calling into question who will be supporting the subsistence of the ageing population (GVG, 2003).

It is estimated by professionals that the social care for older people and for people depending on the assistance of other persons is presently provided mainly by the informal sector, primarily by the family, but also by friends and neighbours. In the years 2005-2006 the government of the SR, aiming to increase the overall quality of social services and to establish conditions for integration of older people and people with disabilities into society, implemented a project entitled "Transformation of the existing social service facilities". Latest trends in the care for the elderly confirm that the most suitable forms of care for older people depending on others are those enabling them to stay in their domestic environments as long as possible. Although such services are available in Slovakia, their scope and contents are as yet insufficiently prepared to cope with the consequences of ageing, which require not only high-quality social services but their interlinkage with health care as well, and cooperation of the concerned departments in this respect is unavoidable. (MPSVR SR, 2006).

Health and social inequalities are present in the older population in Slovakia. Moreover, there are regional differences in health status, the reasons for which are more complex and could be associated with regional differences in lifestyle - especially in nutrition habits and smoking (Ginter et al, 2004^a), as well as in socio-economic status.

2 Policy initiatives for older people/health promotion

During the last ten years, in relation to older people, two key policy documents have been accepted in Slovakia: the National Programme for Protection of the Elderly (11.08.1999) and the National Programme for Improvement of the Living Conditions for Disabled People in All Living Areas (2001) prepared by the Ministry of Labour, Social Affairs and Family of the SR. The main aim of these documents lies in applying the UNO principles for older people within the state policy at all levels and sectors, as well as forming social policy in a wider context including not only social welfare and employment policy, but also health care, housing and education.

The State Health Policy (accepted in 08.11.2000) as a key document of health policy of the SR has 11 priorities, and one of its targets entitled “Healthy ageing” focuses on: life-long health promotion, decreasing the need for dependency, increasing self-sufficiency and creating the resources and environment for age-adequate quality of life, building an infrastructure of geriatric outpatient clinics and centres.

A key document on health promotion is the National Health Promotion Programme (first adopted in 1992 and last updated in 2004) with the main aim to initiate partnerships between particular components of society to provide support and improvement of public health in order to achieve continuous improvement in public health status. Its objectives are based on the Report on Public Health Status of the SR and the most recent survey of public health awareness and behaviour in the SR. Health promotion activities which are focused also on older people are covered mainly by the following objectives: healthy lifestyle; health care; healthy nutrition; reduction of damage due to alcohol, drugs and tobacco products; reduction of the incidence of infectious diseases; reduction of the incidence of non-infectious diseases and physical activity.

Other policy documents associated with older people in Slovakia are: Conceptual Framework of Health Care for Elderly and Long-term Care (2004), National Action Plan on Social Inclusion 2004-2006 (2004) and National Programme for Education and Learning (1998).

The latest policy document covering the field of social services and/or long-term care for older people is the SR Government’s Statement of Policy on Public Health for 2006–2010 (August 2006). In this document the government lays stress on further changes in legislation, interlinking of social and health care services, and creating a supportive environment for home care services. Preparation of the Act on the Social and Legal Protection of the Elderly and Disabled People, establishment of the Government Council for Seniors, as well as the Care for Seniors Programme are also actions planned within the field of health and social care for the elderly in Slovakia.

3 Health determinants

Trends in mortality changes in the SR are similar, to some degree, to those elsewhere in the European Union. Cardiovascular diseases, cancer, external causes (e.g. accidents, intoxications, homicides, suicides) and poisonings, respiratory diseases and diseases of the digestive system represent 95% of all deaths. Cardiovascular diseases and cancer account

quantitatively for the most important causes of death. The highest mortality due to cardiovascular diseases in both sexes at the age of 65 years and older has been noted in southern and south-eastern regions of the SR. This relates to cerebrovascular diseases, ischemic heart disease, and myocardial infarction. The trend of age-specific mortality due to chronic heart diseases has remained almost unchanged in the whole population in the last three decades. An improvement (although minimal) in age-specific mortality due to cerebrovascular diseases has been noted in all age categories, particularly in males in the last decade. The most prevalent cancer types in males are as follows: lung, bronchial and tracheal cancer, non-melanoma skin cancer, colorectal cancer, prostate cancer, oral and oropharyngeal cancer. The most frequent cancer type in women is breast cancer, followed by skin cancer, colorectal cancer, endometrial, cervical and ovarian cancer, and lung cancer (National Health Promotion Programme, 2005).

For the first time in the last few years, a monograph entitled “Vieme zdravo žiť? (Do we know how to live healthily?)” has presented the results of a longitudinal national survey carried out between 1999-2004 among 16 748 adults - volunteers (mean age 47.3+/-14.7 years). Obesity, higher total cholesterol and blood pressure and diabetes mellitus were recognised as the main risk factors with increasing prevalence in older age groups (Jurkovičová, 2005). In 2000, the highest prevalence of obesity in the adult population was within the 50-59, 60-69 and 40-49 age groups (Ginter, Havelková, 2004). These results are associated mainly with unhealthy nutrition and eating habits, as well as lack of physical activity. In the field of nutrition the most significant are: very low consumption of milk and cheese products, fishes and legumes, low consumption of fresh fruits and vegetables, and too high consumption of salt and pasta (National Health Promotion Programme, 2005). In the field of drug use, surveys indicate a decreasing prevalence of smoking with ageing (Jurkovičová et al., 2003; Dobiášová et al., 2005). Also the prevalence of alcohol abuse is decreasing among the over-65 age group in Slovakia (Hanisková, 2006).

Of the psychosocial factors the most important seem to be stress associated with work or family (Jurkovičová et al., 2003) and social isolation. In 1999, the first wider survey focused on living conditions was carried out among 900 older people in Slovakia. In 2004 the survey was repeated with 600 respondents and the results were compared. The findings showed that older people in Slovakia are most afraid of health and financial problems. Because of the lower value of pensions they are also afraid of poverty. In the field of social participation, they are active as volunteers, however their interest for education is decreasing, and participation in club activities or hobbies is increasing (Bednárík, Bodnárová, 2005).

4 Search strategy

The national literature search was carried out from June 2006 to January 2007 and was implemented in several steps.

Firstly, international medical science databases *Medline* and *Medscape* were searched under keywords “health promotion” or “health prevention”, and “older people” or “elderly” or “seniors”, and “Slovakia”. The national database of scientific literature *Bibliomedica* was searched under the same keywords in Slovak language and the same keywords were used also for a wider national search using *Google*.

In Slovakia, no national database of either scientific or health promoting projects is available. However, the projects database of the Agency for Support of Research and Development and two lists of projects carried out within the National Health Promotion Programme (from 2001) were checked with keywords “health promotion” and “older people” or “elderly” or “seniors”.

Searches in national scientific and professional journals, monographs and proceedings were performed using the facilities of the *State Research Library* and the *Library of the Medical Faculty, PJ Safarik University in Kosice*.

Further searching was done through checking the *national websites of organisations and institutions* which play an important role in this field: Ministries of the SR (Health Care; Labour, Social Affairs and Family; Education; Culture; Transport, Posts and Telecommunications), the WHO Country Office, Public Health Authority of the SR, Slovak Gerontology and Geriatrics Society, Institute for Labour and Family Research, Slovakian Red Cross, Association of Universities of the Third Age, Association of Healthy Cities of Slovakia, Slovak Demography Society, and health insurance companies.

All in all, 66 pieces have been collected dealing with health promotion and older people on both theoretical and practical levels. Policy documents show growing interest in the socio-economic situation, social integration and health of the elderly. However, most of the literature deals with prevalence of single health determinants, health promotion in general or on the theoretical level, and with health-promoting activities focusing on older people along with other population groups.

Finally, 19 literature pieces were put into the national database of health-promoting programmes or projects focused on the elderly in Slovakia. The review is dominated by final, interim or annual reports of programmes, projects or organisations – 42.1%. A further 31.6% come from proceedings, 10.5% originate from professional journals and grey literature (each) and 5.3% of items are from monographs.

Based on the year of publication, only 10.5% was published from 1996 to 2000 and 89.5% in the time period from 2001 to 2006. These findings could be explained by the fact that, apart from the National Health Promotion Programme, the key policy documents focusing on older people were adopted after 1999 (see chapter 2).

The generic weak point of all health-promoting activities presented in the national database is lack of information about the design as well as evaluation of these activities.

5 Themes

5.1. Promoting mental health

Less than half of the Slovak literature (47.4%) dealt with themes related to the mental health promotion in the elderly. The most frequent were sub-categories addressing cognitive issues (four pieces). Further sources were concerned with depression, stress and burn-out (three pieces for both), self-respect and dignity (two pieces) and emotional support (only one). In two cases the field of mental health promotion was not specified.

5.1.1 Addressing depression

From three pieces collected from the literature, two projects dealt with depression together with life style themes. However, the one entitled “Successful Ageing” is intended for people who will soon reach the age of retirement - from 50 to 60 years (Rovný, 2004) and the other, named “I am 65+ and happy to live a healthy life“, is targeted on older people over 65 years (Morvicová, 2006).

As unemployment is one of the risk factors for depression and other mental health problems, providing the possibility of further education and inclusion in active society increases self-esteem as well as physical, mental, financial and social independence. The third project is interested in increasing adaptability and mobility of people belonging to disadvantaged groups in the labour market (mainly above 50 years of age, after maternal/parental leaves, with disabilities and long-term unemployed) (Rajchlová, 2006) .

5.1.2 Addressing stress and burn-out

Results from national surveys show that Slovak older people are mainly afraid of health status and financial problems (Bednárík, Bodnárová, 2005).

Besides depression, the project “I am 65+ and happy to live a healthy life” also addresses stress (Morvicová, 2006).

Within the CINDI program (which has been going on in Slovakia since 1993), Health Counselling Centres were established under the Public Health Authority of the SR and the Regional Public Health Institutes with the aim of decreasing life-style risk factors. In 2001, out of 2092 clients who used counselling services focussing on coping with stress, 47.8% were over 45 years old. More than 80% from this age group were women (Ochaba, 2003).

Stress is one of the key risk factors for cardio-vascular disease, which is why it is also included in the “House of the heart” project (Farský, 2001).

5.1.3 Cognitive issues

The only one out of four sources addressing cognitive issues describes a special educational program aiming at cognitive memory training for seniors. The target groups of this training are clients of health and social care facilities with communication and co-ordination disabilities, medium-level memory disabilities, or different types of dementia (Slížová, 2006).

On the other hand, other forms of educational activities such as life-long learning, health education or educational activities to support working abilities (Hrapková, 2006; Morvicová, 2006; Rajchlová, 2006) could also be considered as ways through which the memory is trained in the elderly.

5.1.4 Self-respect / dignity

Only two articles mention the aspect of self-respect and dignity (Slížová, 2006; Rajchlová, 2006). In Slovakia, self-esteem and dignity are often linked with economic independence as well as self-sufficiency in activities of daily living. Slovak people who participated in a national survey of the socio-economic situation among older people admitted retrospectively that they should have paid more attention to improving their own financial situation in the phase of preparation for retirement (Bednárík, Bodnárová, 2005).

5.1.5 Emotional support

Emotional support is explicitly included in one project as one of the important psychosocial aspects of ageing to which more attention should to be paid in health promotion (Morvicová, 2006).

5.2 Empowerment

Only about one third of the literature (31.6%) covers the theme of empowerment. In Slovakia empowerment is more “visible” through taking into consideration “the voice of elderly” in the preparation process of policy documents and strategies, as well as in health care and social care systems reforms. In the implementation of health-promoting activities, the national non-governmental organisation (NGO) for the elderly - Jednota dôchodcov Slovenska (The Union for Seniors in Slovakia) seems to be one of the key actively-participating partners.

5.3 Social participation / inclusion

In the field of social participation / inclusion, the implementation of the National Action Plan for Social Inclusion 2004-2006 plays a very important role. In relation to the elderly, it deals mainly with changes improving their access to the labour market, increasing their employment and employability, as well as developing new health care, social care and long-term care for the elderly (Bodnárová, 2002; MPSVR SR, 2006).

In the field of social participation, the results from surveys show decreasing participation of older people in educational activities, but increasing participation in clubs and cultural activities, and quite stable participation in voluntary work. Unfortunately, the prevalence of more passive forms of leisure activities such as watching TV, reading newspapers or books is also increasing (Bednárík, Bodnárová, 2005; Suchanová et al, 2005; Suchanová, Tirpáková, 2006).

More than half of the Slovak literature (57.9%) dealt with social participation agenda. Six literature sources included two or more subcategories of this theme simultaneously. The most developed seems to be the field of life-long learning or education of older people (52.6%), followed by social support and networks (31.6%), self-help groups and volunteering (10.5% for both). One source does not specify this field exactly.

5.3.1 Life-long learning / education of older people

The Universities of the Third Age (UTAs) represent one of the most developed activities organised in the field of life-long learning for the elderly in Slovakia. The first UTAs came into existence in Slovakia in the year 1990. The Association of UTAs was established in December 1994. Today, there are approximately 10 UTAs in several cities with about 4500 senior students altogether out of the about 920 000 pensioners in Slovakia as a whole. They offer three-year courses, and the study plan of each year usually provides for 14 three-hour lectures to be presented each fortnight. During their first year the students are offered basic lectures in each of the offered disciplines, which also include healthy nutrition, for example. The second and third years are devoted to the study of optional disciplines, and students enrol in a specialised course, e.g. psychology, human – health – environment – life-style, or medicine (Tirpáková, 2005; Hrapková, 2006; senior.sk, 2006).

During the last 5 years more attention has been paid to education of older people in the field of developing their computer skills. Information about four local or regional projects were found: “Computer academy for seniors” (Skokňová, 2005), “Promotion of seniors in the regions” (Iniciatíva Ľudia - ľuďom, 2006), “Seniors, join in” (ZSS Snina, 2006) and “Seniors on-line” (Súkromné osemročné gymnázium, 2006). An internet portal www.senior.sk is the first national portal established for seniors (Skokňová, 2006). One project focuses on learning activities for people disadvantaged in the labour market - mainly the over-50s unemployed (Rajchlová, 2006). All these projects are carried out by NGOs or secondary schools.

Three projects dealing with life style are also based on learning at a higher age (Farský, 2001; Rovný, 2004; Morvicová 2006).

5.3.2 Social support / networks

For the elderly in Slovakia, social support provided to them through their relatives represents good intergenerational relations (Bednárik, Bodnárová, 2005). Besides the family, an important role is played by organisations which create a platform for active participation by older people. The largest one is Jednota dôchodcov Slovenska (The Union of Seniors of the SR). It is a civic association (NGO) established in 1990. At present it has about 70 000 members and is divided into about 800 basic organisations on local level (Spravodaj senior.sk - 2, 2006). It is a key partner organisation in various activities for older people at national, regional or local levels, including health promoting activities such as the “I am 65+ and happy to live a healthy life” initiative (Morvicová, 2006).

Six projects mentioned in the previous chapter (5.3.1) could be considered not only as activities aimed at improving older people's computer (or other) literacy, but they also provide a platform for developing social networks among the elderly (Skokňová, 2005; Iniciatíva Ľudia - ľuďom, 2006; ZSS Snina, 2006; Súkromné osemročné gymnázium, 2006; Skokňová, 2006; Rajchlová, 2006).

5.3.3 Self-help groups

Only two pieces of literature mentioned self-help groups (Iniciatíva Ľudia - ľuďom, 2006; Skokňová, 2006). However, older people with some chronic disease or disability have the possibility to be in contact with self-help patient organisations. These organisations mostly focus on disease prevention.

5.3.4 Volunteering

Volunteering was addressed in two articles (Rajchlová, 2006; Skokňová, 2006). Although many seniors in Slovakia are active as volunteers mainly within different NGOs or churches, voluntary work is not mentioned in the literature together with health promotion.

5.4 Lifestyle

In the most of the literature, lifestyle is considered to be a key factor which needs to be influenced as part of health promotion among older people. About 73.7% of the literature describes health-promoting activities focusing on one or more lifestyle health determinants. The most frequent were sub-categories addressing physical activity (six pieces) and nutrition (five pieces). Further sources were aimed at substance use (four pieces), prevention of disease (three pieces) and safety (two pieces). In two cases the field of lifestyle promotion was not specified. One source dealt with sexual activity and one mentioned lifestyle in general. In the subcategory of preventing abuse / violence, only theoretical articles were found.

The "Successful Ageing" programme is intended for health education of seniors (from 50 to 60 years) in the issue of healthy ageing – in the field of mental health and lifestyle in general. The project started in January 2003 (Rovný, 2004; Simočková, 2005).

The overall aim of the project “I am 65+ and happy to live a healthy life“ is to increase a quality of life and a health awareness among older people over-65s. It has 6 phases and includes a series of activities carried out from 2004 to 2006 at both regional and national levels. The project’s main activity is implementation of the educational programme for older people in Slovakia. The programme covers the following themes: life style (leisure time activities, physical activity, nutrition, drinking habits, dental hygiene, smoking, using of medications and medicinal herbs); health problems (atherosclerosis, hypertension, excess weight, diabetes mellitus, osteoporosis, urinary incontinence, injuries, vaccination); psychological aspects (depression, stress, memory training, emotional support); information about social care and Health Counselling Centres (WHO SR, 2004; Public Health Authority of the SR, 2005; Morvicová, 2006).

5.4.1 Nutrition

Nutrition is one of the key factors influencing the process of ageing and quality of life. It is important not only to inform older people about specifics in nutrition associated with higher age (Szárázová et al, 2006), but also to support them in healthy nutrition habits in their daily life.

Special emphasis is paid to nutrition of older people is mainly in the project “I am 65+ and happy to live a healthy life“ (WHO SR, 2004; Public Health Authority of the SR, 2005; Morvicová, 2006).

An important role in implementation of the Programme for Nutrition Enhancement of the Slovak Population is again played by the Health Counselling Centres working under the Public Health Authority of the SR and the Regional Public Health Institutes (Gerová, 1997; Jurkovičová, 2005). In 2001, out of 7131 clients who used counselling services focusing on healthy nutrition, 49.9% were over 45 years old. About 65% from this age group were women (Ochaba, 2003). Support for healthy nutrition among older people is also included in the “House of Heart” project (Farský, 2001).

5.4.2 Physical activity

Physical activity in older age is associated with higher quality of life. It keeps people socially active and self-sufficient. The most suitable activities recommended for the elderly in Slovakia are: walking, biking, swimming, dancing, jogging or gardening. It is suggested that people perform physical activity regularly, 3-5 times in a week, for a duration of about 30 minutes each time. Of course, the activity has to be adjusted to current health status (Kostičová, 2002).

Physical activity is the second very important life-style factor which is stressed in the “I am 65+ and happy to live a healthy life” project (WHO SR, 2004; Public Health Authority of the SR, 2005; Morvicová, 2006).

The national campaign (competition) “Ask your heart to move” is carrying on as part of the CINDI programme. Its main aim is to increase physical activity among the whole population over 18 years of age. For the first time it was held in spring 2005 and it is planned to be organized biennially (WHO SR, 2005).

In 2001, out of 9982 clients who visited Health Counselling Centres and used counselling services on physical activity, 25.1% were over 45 years old. More than 90% from this age group were women (Ochaba, 2003). Increasing physical activity among older people is also included in the “House of Heart” project (Farský, 2001). Physical activities are also included in the activities of NGOs, e.g. the Orchidea dance group in Bratislava from the Silver Heads Club (eight women and two men put on dance performances for various cultural events under the guidance of an instructor) or different events organised by the Union for Seniors in Slovakia.

On the other hand, the results from surveys in social care facilities show that the majority of seniors not living at home only rarely take part in physical activities (Ozorovský, 2002; Suchanová, Tirpáková, 2006). The limitations could be connected to older age, chronic diseases or disabilities. One article was found on the role of nursing care in promoting physical activity in hospitals (Schmidtová et al, 2005).

5.4.3 Sexual activity

No health-promoting project addressing the sexual activity of seniors was found. This field is covered partially in the Health Counselling Centres, however it is still seems to be a taboo in Slovak society.

5.4.4 Substance abuse (smoking, alcohol, drugs)

Support for giving up smoking is also a theme included in the “I am 65+ and happy to live a healthy life” project (Public Health Authority of the SR, 2005). No health-promoting projects for older people addressing either alcohol or drugs were found.

One other international smoking cessation competition “Quit and Win” has been held biennially in Slovakia since 1994. It is tended to support the whole population of smokers in giving up smoking. In 2006 it was organized for the sixth time. Overall the prevalence of smoking decreases with age, e.g. in 2002 about 40% of the 626 smokers who took part in this competition were over 45 years of age (Kontrošová et al, 2002).

The lower prevalence of smoking behaviour and alcohol and drugs abuse is also visible in the number of clients using health counselling services on smoking or drug prevention. In 2001, out of 1932 clients who used counselling services on smoking, 19.4% were over 45 years old and more than 55% were men. Of the 727 clients who used counselling services on drug prevention, only 3.4% were over 45 years old - 5 men and 20 women (Ochaba, 2003).

5.4.5 Safety

Only one health-promoting project addresses the safety of seniors (Morvicová, 2006).

First-aid education ranks as one of the priorities of the Slovak Red Cross (SRC). First-aid courses are carried out during the whole year in all 41 SRC Regional Branches. They are aimed at students and active young people, parents, road-users and seniors.

Two articles were found on the role of nursing care in prevention of falls and injuries in hospitals or at home (Balková et al, 2005; Schmidtová et al, 2005).

5.4.6 Preventing abuse / violence against older people

Though violence against older people is a theme which has become more discussed and published in Slovak scientific society during the last ten years (Kovaľ, 2001; Hegyi, 2002; Bérešová, 2002; Bérešová, 2003), not one reference was found on this issue in health-promotion literature.

6 Transversal issues

In general, it was much more difficult to analyze clearly transversal issues in comparison to themes in Slovak articles.

6.1 Research Methods

In 26.3% of all 19 articles, the research methods were not described. A further 73.7% of the articles mentioned quantitative research methods.

Regarding the quantitative research the following methods are mentioned most often: measuring health indicators (mortality, incidence, prevalence), cross-sectional or longitudinal studies, and self-reported questionnaires (health determinants, health-risk behaviour, self-reported health, health awareness).

6.2 Strategies of health promotion

The strategies of health promotion among Slovak older people are targetted mainly at improving personal knowledge, attitudes and behaviour. There are two strategies dominated in health-promoting activities: health education and professional health counselling (individual or grouped). Further strategies are peer education and education of professionals (training courses, workshops, conferences).

With increasing emphasis on protection of the elderly, the stress is put on achieving their self-sufficiency, social participation, integration and autonomy through changes in social policy, as well as in society. For this reason various campaigns (one day, weekly or monthly each year) or competitions are also used to train the attention of society on the elderly population.

6.3 Settings

The most prevalent settings for health promotion among older people seem to be the community (57.9%), or schools – secondary schools or universities (15.8%). At community level the usual places are: the Regional Public Health Institutes, clubs and civic associations for the elderly, or self-help patient organizations. Further articles mention people's own homes, hospital, or residential homes for older people.

6.4 Inequality / Diversity

Inequality is not addressed in 73.7% of all articles in the literature on health promotion for older people, and we were not able to review the addressing of diversity exactly in any one literature source.

6.5 Sustainability and cost-effectiveness

Sustainability is mostly not addressed in the literature on health promotion for older people. Only 8 items mentioned it explicitly, or enabled it to be predicted from the duration of the described activities. This issue is dependent on financial strategies. The more sustainable activities seem to be those carried out at national level and with multi-source financing (e.g. ministries, taxes, collections). The situation is more complicated when an activity is financed from long-term (one- or two-year) grant projects, or from single donations.

Cost-effectiveness of health-promotion activities is addressed in the literature far less than sustainability.

6.7 Consumer involvement

With changing health and social policy for older people, consumer involvement is also changing positively. The voice of users is starting to be important not only at the end but in the beginning – when health-promoting activities are planned. Some activities are initiated directly by the representatives of elderly organisations.

Most frequently consumers' views are obtained through questionnaires, surveys at the end of activities or by the prevalence of use of certain health-promoting services.

Conclusions / summary

During the last fifteen years, health promotion in SR has gone through a period of changes and development. Since the preparation of the first National Health Promotion Programme in 1992, health promotion has become an integral part of the State Health Policy of the SR (2000). Implementation of health promotion theory into practice started mainly through WHO programmes of Health Promoting Schools, Healthy Cities, Healthy Workplaces and Healthy Hospitals. In spite of these changes, orientation of the health care system towards disease prevention still dominates in comparison to health promotion.

An increasing proportion of the ageing population has become affected by the increasing focus on the health of older people over the last few years in Slovakia. During the last ten years new health care and social care political measures has been adopted. In connection with these changes, increasing attention to health promotion of older people is explicitly paid at the political level. However, there is still much more written about health promotion of the elderly at the theoretical level in comparison to the number of health-promoting activities implemented among older people at the practical level. On the other hand some activities implemented among the elderly in the field of social care and education are not considered to be health-promoting activities. Out of 66 literature pieces collected, only 19 dealt with activities focusing specifically on health promotion for the elderly. Though the Slovak elderly are still mostly included in the health-promotion activities targetting the whole population, there is a positive trend in the increasing number of activities intended for older people during the last five years.

In the field of promoting mental health, activities focusing on cognitive issues prevail, followed by activities addressing depression or stress. Empowerment is not so strongly visible as an aspect of health promotion among older people in Slovakia. Life-long learning and education together with social support and networks seem to be the most developed in the field of social participation. Among life-style health determinants, most attention is paid to improving physical activity and nutrition, as well as decreasing substance use by the elderly. A majority of health-promoting activities takes place at community level – organised by Regional Public Health Institutes in cooperation with local councils, municipalities, schools or non-governmental organizations for the elderly.

It can be concluded that the lack of strong evidence-based health promotion for the elderly in Slovakia is caused not only by the design of health-promotion activities but also by the contemporary period - health promotion for older people is quite a new field in the SR and the evaluation phase of these projects will only follow in the next few years.

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