



Evidence-based Guidelines on Health
Promotion for Older People:

Social determinants, Inequality and
Sustainability

Overview on health promotion for older people in Spain

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1 Introduction

The number of elderly people in our country is 6,800,000, or 17% of the total population, with the top age bracket being the fastest growing (1,500,000 people). It is predicted that the number of people over 80 will increase by 6.5 percent between 2000 and 2050.

1.1. Poverty

At the end of the 1990s, one out of four elderly people was considered poor, as opposed to 14.7% of the Spanish population overall. No other age group has such a high rate of poverty. Women earn 40% less than men. People 85 years of age and older collect pensions under the minimum for the retirement system.

1.2. Invisible group (stereotypes and images of the elderly)

The image that projected in society does not correspond to what the elderly population in Spain thinks and feels.

An indispensable element for the quality of life of the elderly is their emotional wellbeing, which is diminished by attitudes that make the elderly an invisible group when it comes to access and control of financial, health and development resources in our societies.

Generally speaking, elderly people believe that society undervalues their skills and experience. However, the contribution of elderly people to their family and community is fundamental (caring for grandchildren and ailing family members, volunteer work with numerous associations, etc.).

1.3. Isolation: social, geographic (rural areas) and structural surroundings:

More than a million elderly people live alone in Spain. The predominance of women in this case is indisputable: two of every 10 elderly women live alone, as opposed to six of every 100 men.

The lack of social support leads to unhealthy lifestyles, which helps increase the risk of degenerative illnesses and to serious dependency. Experts predict that the number of people in Spain over 65 who live alone will reach nearly 1,200,000 by 2010.

Moreover, access problems in buildings and cities are genuine obstacles to enjoying a life of full autonomy in the community

1.4. Dependency: The inadequacy of social/health resources and the role of the family in long-term care

In Spain there are 1,125,190 people who are unable to care for themselves: the elderly and the severely disabled. Their care is mainly assumed by their families, particularly women.

Some 1,125,190 have a serious or severe dependency in our country. Of those, 826,551 are more than 65 years old. In addition, there are 1,657,400 people who need some type of help for some daily activity. Demographic forecasts indicate that in 2020 there will be nearly 1.5 million dependent persons in our country.

Social/health resources for dependent elderly people

On the one hand, regarding health problems, the assistance required by dependent elderly people is the same as that required for other people who become ill (hospital care, primary care, etc.). On the other hand, regarding the problems caused by dependency, the type of assistance required involves help with certain activities, which is to say long-term care (LTC).

The types of care required by elderly people in Spain are:

- Healthcare: primary care, specialized and hospital care
- Social/health services for long-term care:
- Care outside the home: nursing homes, assisted living facilities
- Care in the usual environment of the elderly person: home care (basic and supplemental), remote care, day centres and informal help.

Despite great progress in the last 20 years, there is no adequate or uniform coverage of public social/health services for long-term care in Spain. The reality is the following:

- Just 6.5% of families caring for dependent persons receive help from social services.
- Just 3.14% of elderly people receive care in the home, 2.05% receive remote care, and 0.46% receive care in a day centre... For every 100 people over 65, there is space for three in a nursing home. The European average is seven. The percentages for home care and remote care are three times less than the European average. Regarding day centres, temporary stays or assisted living facilities, the rate is less than one percent, almost five points below the European average.
- Public coverage of social services is clearly inadequate. There are differences between Spain's autonomous regions and between urban and rural areas
- Currently, around EUR4,000 million is earmarked for the care of dependent people (2,500 million from the autonomous regional governments and municipalities, and 1,500 million from the Institute for the Elderly and Social Services (IMSERSO)).

- Other data indicate that the cost associated with the care of dependent persons represents 0.6% of GDP and is borne by the families (83%) and, to a lesser extent, by the state (27%)

2 Policy initiatives for older people/health promotion

Good health when growing old means more than the absence of illness. For the elderly, good health means the ability to remain self-sufficient and independent, taking part in decisions that affect them.

The key to healthiness in old age is active aging, which is defined by the World Health Organisation as the “process of optimizing opportunities for *health, participation and safety*, aimed at increasing the quality of life of older people.” This concept involves the participation of the elderly in the economic, cultural and social life of the community.

The purpose of policies aimed at favouring healthy aging in our country are:

- to prevent different degrees of dependency of the elderly, through:
 - promotion of health education and healthy habits among the elderly.
 - to facilitate a social and physical environment that maintains the self-sufficiency and dignity of the individual.
- to promote the integration and contribution of the elderly person in his or her community through lifelong education, and promote volunteerism among the elderly as active participants in the development of our societies
- to spread a positive image of active elderly people in society through awareness campaigns, which eliminate false stereotypes and reduce obstacles to participation

3 Health determinants

Around two-thirds of the literature reviewed on the subject explicitly and specifically mention health determinants. From the perspective of the WHO, health has three components: the physical, the psychological and the social. These three components are addressed separately or together, depending on the nature and scope of the documents. This does not mean that the documents addressing these components individually do not acknowledge that health is determined by the interaction of all three within a certain context.

Regarding health determinants, lifestyle is the one that appears most frequently in the documents reviewed. Physical exercise, proper diet and the avoidance of alcohol, tobacco and other harmful substances are identified as the most significant determinants, and are the aspects on which the majority of health promotion programmes for the elderly focus. Moreover, there is more empirical

evidence about the effectiveness and implementation strategies of these types of programmes dealing with the lifestyles of the elderly.

The environment is a determinant that exercises pressure on the state of a person's health to a lesser degree than lifestyle, according to (Ariola Manchola, 2001). In this respect, there seems to be no standard criteria on the role of the environment itself. In other documents reviewed, there are perspectives that address it as a dynamic process of interaction between various agents or determinants (individual, social and environmental) in which, as we mentioned previously, the health system itself (identified as a significant determinant in the documents) must play a greater role and adapt to the needs determined by the lack of theory and practice in health promotion for the elderly. Moreover, ageism (age discrimination), an ailment which afflicts the health system, leads to insufficient and inadequate care, which affects the health of elderly users.

Other determinants identified involve: the self-perception of the elderly person and his or her health; greater social inequality for the elderly (especially with respect to the lack of resources) and social networks, if they exist in the person's environment, which reduce the risk of depression, cognitive deterioration, disabilities, and even death.

4 Search strategy

The search for documentation for the bibliographical review was performed according to the criteria established by the project itself. Accordingly, the Internet was initially chosen as a medium through which information could be gathered in a simple and effective manner. In this respect, the key words "elderly people," "health promotion," and a combination of both were used. These terms were entered in Google Spain (<http://www.google.es>), Google Scholar (Google Académico: <http://scholar.google.es>), and in on-line magazines and magazine databases (www.doyma.es and medline.cos.com).

In accordance with the objectives and methodology of the project, the number of documents and other resources (websites, articles) was not considered sufficient to contribute a sufficient body of documentation on which to establish well-founded conclusions. This implies a lack of online resources, documents and information regarding health promotion for the elderly, and even resources on a physical format.

In order to refine the search criteria even more, key words relevant to the proposed topics were used: “promotion of mental health,” “empowerment,” “social participation, inclusion” and “lifestyles”. These search terms were used both separately and together with the aforementioned “elderly people” and “health promotion.”

As a result, 300 documents found with these searches were deemed valid. Of these documents, 70 were analysed and make up the database for the bibliographical review. The reason for which only 20% of these documents are included in the final bibliographical review is that the other documents only deal indirectly with the topics to be reviewed, or they are of no use for our purposes, since they deal with aspects outside of the scope of our research, even if they address topics related to health promotion.

There are few descriptions of health promotion projects or plans. Those found were included in the bibliographical database.

5 Themes

5.1. Promoting mental health

General remarks

A third of the reviewed documents refer to determinants of mental illness and ways to approach the topic with different areas of emphasis, including the health promotion field with the aforementioned areas of emphasis. One aspect highlighted in various documents is the social stigma associated with mental illness. Consequently, diagnosis and treatment, as well as preventive measures and the promotion of mental health are hindered by the lack of adequate data required to map the community's needs in this area.

However, this concealment (due to the social stigma) has no significant effect on the volume of literature and knowledge regarding mental illnesses, especially with respect to the elderly. The reality of the elderly person is affected by a series of changes that start with adulthood. These changes (personal, economic, social, etc.) may have a negative impact, and lead to mental illness or some type of cognitive deterioration. Despite these changes, research statistics and other data collected show that elderly people in Spain enjoy good mental health. Regarding these determinants, as the review noted mentions

that there can be no promotion of mental health without policies that deal with individual, social and environmental determinants

The body of scientific evidence on the promotion of mental health for the elderly is limited. Literature on this topic refers to effective empowerment strategies for such areas as controlling nutrition and drug consumption. It also refers to strengthening community networks, preventing violent situations in a number of different environments, facilitating social participation, facilitating income for the elderly, and training healthcare workers to deal with these situations and provide more active social services to promote mental health. Serious long-term mental disorders must be treated as both a health and a social problem

5.1.1 Addressing depression

Elderly women are more likely to suffer this disorder than elderly men. However, the bibliography does not contain significant references to this problem. Therefore, there is a lack of appropriate emphasis on gender in the bibliographical review. However, this does not mean that there is no literature on the prevalence of this disorder in the elderly and, as we mentioned, effective and tested mechanisms for addressing the illness.

The good practices indicated for dealing with depression are those which facilitate optimism, promote the pursuit of hobbies and stimulate social and community participation. Even programmes to promote physical health result in an improvement of the individual's mood, reduce depression when present, or increase the effects of the three aforementioned factors (good practices). The relationship between physical and mental health is framed in the dynamic and integral conception of health, determined by biological, institutional (health services), personal and structural factors. In this framework, the social health factor is one of the key elements that exercise influence regarding the emergence of symptoms of depression.

Therefore, social support, access to social networks and participation in community matters are significant determinants when it comes to the presence or absence of depression. These are identified in the bibliography as areas in which health promotion programmes must have an impact.

5.1.2 Addressing stress and burn-out

The psychological phenomena (behavioural and representational, intrapsychic and mental) occurring in any painful situation (loss, frustration) are experiences of great tension and stress for the elderly person. Social support is a regulating variable that acts as a buffer against situations of stress.

Likewise, retirement, the absence of a social role, the lack of functions normally attributed to the elderly by society, a decline in economic level and psychoaffective damage also determine the emergence of dysfunction and stress, contributing to great and rapid cognitive and psychoaffective deterioration.

5.1.3 Cognitive issues: memory training

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5.1.4 Self-respect / dignity

An identifying factor when addressing issues involving dignity, self-esteem and self-respect, in accordance with the review, is the lack of financial income due to the absence of paid activity. The situation created by low income leads to exclusion, discrimination, disability and illness. The absence of paid activities, or the absence of a sense of usefulness, are major factors that lead to mental disorders. One approach identified as appropriate to address this problem is to facilitate means of income for the elderly person. This approach should also be considered in all relevant health promotion policies.

In the review, the adaptation of housing to meet standards of dignity is repeatedly cited as a factor affecting the health of the elderly and a fundamental part of a dignified lifestyle.

5.1.5 Emotional support

The most characteristic and specific disorder suffered by individuals with serious long-term mental illness is the inability to relate with others, which represents a significant obstacle to social integration. Moreover, people with few social ties, or those who lose them, are more likely to develop some kind of mental illness.

Emotional support is a significant tool for addressing mental disorders. The creation of support networks, the facilitation and strengthening of social contact and participation are elements that are repeatedly mentioned in the bibliographic documents reviewed.

In addition, there are specific programmes aimed at cognitive rehabilitation, social skills and self-sufficiency to address this disability associated with mental illness.

5.2 Empowerment

As the bibliographical review shows, empowerment, as an essential part of health promotion, involves teaching individuals to play a role in the management of their own health. This means facilitating the acquisition of knowledge and skills, and promoting responsibility and commitment for the proper and effective management of health.

However, empowerment is a term that is mainly applied to communities - empowerment of communities. In this regard, and considering health as a cyclical and dynamic process of interaction between numerous agents at a personal, micro-, meso- and macrosocial level, empowerment of the elderly must go further than merely managing issues affecting their lifestyle, especially nutrition, physical activity and healthy living habits. Participation in community matters, in support networks, in the design and implementation of policies, and in activities and acts of intervention that directly affect the elderly, is a fundamental part of their empowerment.

5.3 Social participation – inclusion

General remarks

Matters related to inclusion can seriously affect elderly people. In this respect, elderly people face exclusion and discrimination in the healthcare sector. The elderly is the group for which the most health resources are budgeted, and there are problems with access to services and benefits. There is obvious age discrimination at every stage of healthcare. An example of this is the shortage of literature that addresses specific health promotion for the elderly.

The discrimination faced by the elderly may affect them in many ways. The challenging of stereotypes, the principal method employed by public authorities to counter this discriminatory situation, hardly receives mention in the bibliography, nor do the many other important issues related to inclusion.

5.3.1 Life long learning / education of older people (health)

Little of the literature reviewed explicitly refers to knowledge of the vital process as a continuous learning process. In Spain, this knowledge is present to a great degree in geriatric policies, within the framework proposed by active aging. Regarding education about and for the elderly and in geriatrics, there is a broad range of policies and activities. However, as the reviewed literature shows, there is insufficient knowledge for its application to the field of health promotion. Universities for the elderly are appropriate for this type of education, and there are programmes that mainly focus on physical activity and leisure with obvious consequences.

5.3.2 Social support / networks

The social participation of the elderly is a fundamental element of any geriatric policy. In the field of health promotion, participation in community matters is also crucial for several reasons, as we have indicated.

In the evidence found in the bibliographical review, participation in community matters and, in this case, in all phases of a health promotion programme, is a characteristic element of promotional programmes that have had effective and lasting results.

Participation in the community has both the effect of creating social networks and of providing social support through these networks. Throughout this report, the importance of social support and social networks is highlighted as essential to health promotion and the fostering and empowering of individual programmes.

5.3.3 Self-help groups

(In database: 0)

5.3.4 Volunteering

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5.4 Lifestyle

Health promotion programmes are accepted and their effectiveness is recognized is found once in the literature. This contrasts with the evidence demonstrated by the lack of documents and literature on the subject, and with the assertions we found in the bibliographical review.

As a reflection of the status of health promotion among the elderly, which is mainly limited to the ambit of healthy living and encouraging physical activity, we consider these to be the areas that receive the greatest attention.

An effective indicator of an elderly person's health is whether they have retained the capacities and potentialities acquired during childhood. In light of this, it becomes clear that health promotion among the elderly can be made even more proactive by implementing promotion mechanisms that enable such a retention of capacities during adulthood.

However, even within lifestyle-related issues, we find that actions targeting illness prevention are far more commonplace than those targeting health promotion.

5.4.1 Nutrition

Nutrition and physical activity are the most commonly targeted areas for health promotion among the elderly. As regards nutrition, the most effective strategy is to imbue an elderly person with the capacity and awareness to look after their own health, to empower them and to raise their awareness as to the importance of a balanced diet.

A significant proportion of elderly Spanish people suffer from dietary deficiencies, undernutrition, malnutrition and other such conditions. There are many reasons for this, of differing tendency and nature: economical, cultural, etc.

Challenging myths about nutrition involves a decisive intervention in order to promote healthy eating habits. Doing so implies the development of educational programmes, which are considered the principal strategy, and the identification a balanced diet for the elderly which is low in fats and sugars. (Ariola Manchola, 2001).

Nevertheless, national nutrition policies should, according to Instituto Madrileño de la Salud (2000), promote healthy habits over and above economic and political considerations. An effective intervention with this objective in mind, as cited in the bibliography, would be the establishment of price controls for certain foodstuffs. This would thereby allow the elderly, a social group with limited resources, the means to a balanced diet.

5.4.2 Physical activity

Fostering and promoting physical activity has a myriad of effects on the physical and psychological wellbeing of the elderly. Regarding the latter, the bibliography cites extensively the necessity to promote physical activity as a means of dealing with problems of a psychological nature, keeping in mind that cardiovascular illnesses are the leading cause of death in Spain.

One obstacle to such health promotion programmes is identified in what (Varo Cenarruzabeitia) takes from its study. The study shows that the elderly represent the age of majority group in Spain least inclined to change their habits regarding physical activity in a positive way, compared with the elderly of other European nations

Promoting physical activity, therefore, has as its ultimate goal the maintaining of the individual's ability to perform the functions of everyday life. It is clear that, from the perspective of health promotion and integration, the fostering and empowerment of elderly regarding physical activity is a factor that should not be overlooked in these programmes.

5.4.3 Sexual activity

(In database: 0)

5.4.4 Substance abuse

There is little literature available concerning how best to approach problems of substance abuse. Substance abuse is, however, causally linked to the emergence of mental problems and episodes of violence. One important detail to note is the fact that 30% of alcoholics begin to suffer from these symptoms after the age of 60, according to (Ariola Manchola, 2001).

Speaking in terms of prevention and with the goal of optimizing the use of available resources, the treatment, prevention and promotion of health should deal with substance abuse as an issue directly related to the individual's life expectancy. In other words, if the individual has little time left before reaching their life expectancy, an intervention requiring more time than this difference is not recommended.

This perspective conflicts directly with the approach of public policies which hold as their mandate the respect for the equal rights, integration and inclusion of the elderly

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

When discussing the safety of the elderly, a number of intrinsic personal factors and extrinsic, environmental factors must be considered. These include housing conditions, the conditions of the urban setting, and individual issues such as muscular frailty, whether or not the individual has previously suffered from falls, balance problems etc. (Séculi Sánchez, 2004)

This highlights the need to improve our knowledge of the diverse causes as well as how to deal with them, in order to effectively intervene. Such an intervention, nevertheless, would have to be intersectorial and involve the coordination and supervision of health services and social services (Séculi Sánchez, 2004).

5.4.6 Preventing abuse/violence against older people

Abuse directed at the elderly is of a distinct type, always keeping in mind the sense of vulnerability that they experience. One type of abuse frequently seen in Spain is the emergence of violent episodes that result from the stress of caring for an elderly person in a dependent state. The support of the caregiver, according to this perspective, is of central importance, and should be given a

key role in health services. In this way, they themselves can contribute to the identification and management of risk factors, which can be of great help in establishing programmes to prevent violence in all stages of life(Fernández-Alonso, 2006).

5.4.7 Prevention of disease

The principal role of primary care is the prevention of illnesses. To achieve this end, education is the principal instrument. It is also the most relevant in the hour of creating appropriate mechanisms for disease prevention. The objectives of prevention, according to Vaqué are not simply , to increase life expectancy, but to increase the active life expectancy, free of disability. It is here where the health promotion programmes, especially in Spain, lack the theoretical content and a framework for action for what the preventative perspective possesses.

The group perspective, therefore, is not a fundamental element in the field of the prevention of illness, but is fundamental to the promotion of health. This takes into account that any intervention must be acceptable to the individual, over and above any other factors or concerns.

6 Transversal issues

6.1 Research Methods

Adequate planning and evaluation of health promotion programmes is vital for building evidence-based knowledge. Evaluation can and should be both quantitative and qualitative in nature: indeed, Vázquez Navarrete regards the latter as being of enormous value, not only for evaluating, but also for designing a programme according to the reality and needs that exist. Thus, instruments such as discussion groups, surveys and life histories have proven to be of great assistance for making effective contributions towards the health of the community.

Evaluation, according to Gonzalez Pascual (2004) should not be based on a cause-effect viewpoint but should ponder the short, medium and long-term impact and results of the programme, both for the target population and for the professionals that have taken part in the programme. Furthermore, the context and the capacity for applying successful programmes to other ambits and

scenarios should also be considered. This provides insight into which mechanisms enable a successful or unsuccessful action.

6.2 Strategies of health promotion

Evidence, is shown as a fundamental device for ascertaining exactly what needs to be done within the area of health, should only be considered by taking into account both social and communal actions (OMS, 2004), so laboratory-based trials and models lack the necessary substance for such a purpose.

There is limited evidence regarding health in Spain, and the most abundant deals with actions aimed at encouraging physical exercise and healthy habits in general (we can also assume that this area receives a greater level of attention) rather than other issues such as mental illness, participation and addressing domestic violence.

The limited socio-health care coordination that exists in Spain has an impact on the efficiency of health promotion programmes, which are mainly initiated through the health care services, as we have mentioned, who focus more on illness prevention and assistance than on health promotion itself.

6.3 Settings

64.2 % of the documents pinpoint the areas in which health promotion: a) is performed in the greatest proportion; b) assumes the areas in which this action is most effective; and c) should be focused on the community environment and primary care. To a lesser extent, actions focusing on an elderly person's home make up 9.5% of the references in this context.

Within health care services, according to the Union for Health Promotion and Education even today there is limited evidence regarding applied health promotion programmes. Empowerment and development of the community, as well as the boosting of primary care health services, are the lines that should therefore be followed in order to develop, increase and improve health promotion programmes. This perspective includes greater integration of health care services into community life, along with a third element to be integrated: social services. The most favourable situation for encouraging health promotion

programmes implies a more intense socio-health care coordination that is fully integrated and plays a leading role in the community.

Homes for the elderly are environments that require special attention due to the frequent appearance of symptomatology that are identified only after admittance to an institution and, to a certain degree, are caused by the admittance itself. Homes for the elderly are environments in which health promotion should form an essential part of their philosophy, policy and action, forsaking the pre-eminence of their care-oriented nature.

Universities for the elderly, which are an excellent ambit for health education and empowerment, are barely mentioned in the literature reviewed.

Also, home care is the best and most often-employed method of assistance aimed at over 65's who suffer from chronic pluripathologies, and primary health care teams (doctor, nurse and social worker) are the best qualified to address this issue comprehensively, taking into account the person in need of care as well as their environment and family.

6.4 Inequality/ Diversity

In Spain, aging is spoken about in feminine, due to the ratio of women to men over 65, where the scales are tipped very much in favour of women as age increases. In Spain, women live longer than men, although men live better. This greater life expectancy is in stark contrast to the lower disability-free life expectancy and the greater prevalence of illness among elderly women compared to elderly men. The inequalities suffered by women occur for two reasons: biological reasons and social reasons.

The gender perspective for analysing inequalities within the Health Care System is relatively recent as is the study of discrimination in the System due to other reasons: age and social status. Only 20% of the reviewed literature cites or applies a gender perspective, or integrates it sufficiently, when addressing health promotion.

By the Health Care System adopting the role that the reviewed documents believe it should assume, the gender perspective and addressing the discrimination that arises therein, have been identified that should form part of

all actions in the approach to health promotion from a comprehensive perspective. These include: education, literacy and community development.

Inequalities deriving from income levels are also highlighted in the literature. However, little mention is given to the non-national population, which is very large in Spain. It should be taken into account, within the need to increase the body of theoretical and practical knowledge on health promotion, that the immigrants who now have employment should be the target of policies and actions of promotion according to their background and their vital and cultural realities. The literature proposes that the Health Care System and its professionals should adapt to the cultural peculiarities of the immigrant population, as well as the setting up of social support networks.

6.5 Sustainability

The reviewed literature pinpoints the elements that are needed in order for health promotion programmes to be sustainable. These elements include unequivocal proof that the programme is effective, by way of adequate evaluative methodologies; involvement of the target population during all phases of the programme, from identification of the needs through to its design and implementation; the capacity to generate funding; its adequate integration in the community context and the existence of clearly-defined leadership, also during all phases that comprise the health promotion programme.

6.6 Cost-effectiveness

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7 Conclusions/summary

One thing that appears clear as a result of this review is that the body of literature pertaining to the promotion of the health of the elderly is not extensive. It highlights the lack of studies and of a theoretical framework with respect to this group. This, along with the frequent ageism which affects health care services – especially primary health care – implies that the public health care sector which plays a determining role in these affairs finds itself in a state not entirely favorable in which to establish efficient mechanisms and programs to promote the health of the elderly. In spite of the fact that de Miguel Negredo (2002) establishes that the approach taken for promoting infant health should

not vary widely from that taken to promote the health of the elderly, what is written in this report represents a lack of an adequate theoretical body of work, of medical personnel inadequately trained to promote health among the elderly, and of an inherent discrimination within the public health sector. The result is that the interventions and strategies of the public health sector are focused foremost on the prevention of illness and not upon the effective health promotion.

We understand health promotion to mean a process by which the individual is empowered to increase their own level of control in their health care, to improve it, as is stated in the bibliographic review and explained in this report. This empowerment includes all determining aspects of one's health, keeping in mind that, the capacitation and empowerment of the individual directed at health promotion implies both consideration of environmental and macrosocial aspects, as well as personal factors or factors from the individual's immediate surroundings.

In this way, through empowerment and taking control of one's own health, the individual can attempt to change those factors that are within their reach. Likewise, empowerment and community development allows one to influence the effect of the community on their health and to favor the modification of certain factors which arise in their surroundings. As previously noted, health promotion, unlike the approach most commonly used up until now, should adopt a multisectorial perspective. In the field of community development, this implies the cooperation and coordinated response of both health services and social services. On a third level, public policies which go beyond community development must keep in mind that health promotion should represent the core objective of any intervention.

Regarding such interventions, taking into account the challenges which developed societies are facing with respect to rising numbers of elderly in their demographic, the promotion of health provides a means of dealing with this challenge while optimizing the use of available resources such as this approach implies.

In Spain, there are many obstacles to health promotion that arise from the very same public health service, which until now has taken the leading role in such interventions. The growth and expansion of the system, which often implies overworking health care personnel, leads to the favoring of methods of prevention of illness rather than the incorporation of appropriate policies based on health promotion.

This is also the reason why it is necessary to train the health care personnel so that they may implement the appropriate policies of promotion and foster coordination with social services.

According to Agencia de Salut Pública de Barcelona (2004), the interventions which function to promote health are: based on theoretical models of behaviour change, participation of the target population, and include evaluations. According to R. Villalbí (2001), the principal components of a functional program of health promotion are: a solid theoretical base, well-defined repeatable content, known efficacy and relevance.

Training health professionals in this way, to establish effective methodologies which consider the information outlined in this report, implies that the best strategies are those which foster the application of programmes of health promotion with verifiable results, lasting results, and results which can be replicated in other contexts.

Considering one's health as a matter affected by all types and natures of interacting factors provides us with a holistic perspective which should be applied to all interventions. Likewise, participation in the community and of all elderly persons has been identified as a fundamental factor in those programs which function well. This involvement at all stages of the population at which the intervention is directed likewise resounds in issues such as integration, inclusion, and the participation of the elderly. These three ideas play a key role in the state of health of the individual and also in their self-perception, a factor that is of pivotal importance when attempting to identify the needs which must be addressed by programmes of health promotion.

Within the perspective of active aging, an idea extensively represented in all aspects of public intervention, health promotion comprises the core value of the intervention. In short, the empowerment allows the individual to take control of their own health and allows them to have influence over the factors which affect their lives, advancing the premises of gerontology, that is, the goal of creating a society for all ages. Eliminating discrimination and fostering and favoring mechanisms of inclusion and participation of the elderly demands that their health be an issue of equal importance to that of any other age group.

In accord with what is expressed here regarding the perspective of active aging, health promotion is a right that all elderly persons have to exercise and enjoy. What has been elaborated herein with respect to the most effective methods of

applying health promotion programmes remains incomplete without the public policy to enforce these ends: to ensure that the elderly enjoy every right that, as citizens, they are due.

In conclusion, the most effective way of promoting the health of the elderly involves implementing the ideas outlined in this report on an individual, psychological, and group level. This implies an effective intervention on behalf of public authorities to forward appropriate policies of inclusion and integration, and to persist in this objective until the rights of the elderly have reached their fruition.

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