

The current state and challenges for the future of health promotion in Polish older people

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Abstract

Objective Still in its early stages, much work remains to be done in terms of the health promotion of older people in Poland. The aim of this paper is to present the current state of health promotion in older people in Poland on the basis of research conducted within the framework of the health-PROelderly project, presenting the state of health promotion in older people after 1989, and to provide practical recommendations for future interventions.

Methods (1) Content analysis of scientific and popular publications; (2) document analysis of policy papers; (3) review of existing Polish health promotion programs; (4) program case studies; (5) SWOT analysis of the state of health promotion in Poland.

Results In the past 10 years, in terms of planning and realization, efforts aimed at health promotion in older people were only sporadically realized. There were no macrostructural programs targeting this age group nor was this an element of national health policy. Only a small number of health promotion programs targeting older people were found.

Conclusions There should be a renewed focus on health promotion, as opposed to preventing disease. Health promotion campaigns should target those with a decreased awareness of their health needs, with improvement in health status being based on increasing this awareness. In an effort to develop more health-conscious attitudes and

behaviors in older age, health promotion initiatives should also be marketed to pre-retirement aged individuals.

Keywords Health promotion · Older people · HealthPROelderly · Poland

Introduction

Poland has noted an increasing interest in health promotion following its period of political-economic transformation. According to the Ottawa Charter (1986) health promotion includes five dimensions: building healthy public policy, creating supportive environments, strengthening community actions aimed at improving health, developing personal skills, and reorienting health services. Yet implementing health promotion in this form significantly exceeded the abilities and mandate of Poland's Ministry of Health in the first years following the period of transformation. Numerous cabinet changes meant that the ruling political party also felt relieved from the responsibility of thinking prospectively. This led to a lack of interest in health promotion by the Polish government, including a lack of financial, legislative, and organizational support. Thus, health promotion was initially a social movement, supported by a small number of organizations and associations employing individuals interested in health promotion. This movement did find support in scientific, health-related institutions (Sadowski 1994).

Despite difficult beginnings, later decades noted steady development in the field of health promotion. This included new legislation regulating the practice of health promotion, training a new generation of professionals, and creating institutions working exclusively on health promotion, and putting into practice different programs/campaigns meant

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to promote healthy lifestyle habits. Health promotion became one of the priorities of the National Health Program, being directed mainly towards balancing the negative consequences of transformation which especially affected younger and middle-aged generations. Older people were not a target group of health-promoting initiatives because, as was then regarded, they did not suffer heavy losses associated with the systemic transformation.

The first years of health promotion in Poland implemented a “normative-restrictive” model. Health promoters, working in-line with this model, mainly focused their attention on popularizing health regulating norms, conducive to good health. However, they failed to consider socioeconomic determinants, used to explain why certain population groups did or did not apply these norms. Such health promotion interventions did not take into account the actual determinants of health-damaging behavior. Consequently, these interventions targeted mostly groups of higher socioeconomic status and, as a result, served to reinforce and sometimes even deepen existing health inequalities (Słońska 2000).

The greatest influence on the development of health promotion in Poland dealt with use of the bio-medical model, which served as the dominant mechanism by which health-related problems were resolved in this country. However, it failed to consider the multifactorial etiopathogenesis of disease (Słońska 2000), including the socioeconomic or socio-cultural variables influencing health (Emmons 2000). Very often, health promotion was confused with primary health prevention and, as such, was focused on reducing risk factors, as opposed to increasing health potential and improving quality of life. Still, medical and public health professionals remain uncertain about how the definition of health promotion should be applied in practice.

Social changes as well as new social challenges raised the necessity of evaluating the effects of health promotion. Among others, this included promoting health within the framework of international agreements ratified by Poland (i.e., The Universal Declaration of Health, ratified by Poland in 1998; Health Strategy 21, health for all in the XXI century; foundation of the EU public health program, decision 1786/2002/WE; European Parliament and Council decision for a common health program for 2007–2013). Program documents forecast health promotion campaigns aimed at building future health potential, most often in younger generations. Examples of health promotion programs commonly encountered in Poland included Healthy City, Healthy School, and Healthy Hospital. However, health promotion campaigns seldom targeted older people, this despite their significant contribution to the demographic structure of society as well as increasing size of their age group.

The socioeconomic process of transformation influenced the health of Polish society. This influence was most prominent between 1989–1991 with ever worsening mortality indicators (especially for men in the 15–64 years age group), increasing substance abuse, and increasing incidence of tuberculosis. These changes in the health of society were interpreted as the social cost of transformation (Ostrowska 2000). This unfortunate picture eventually stabilized during the 1990s, during which improvement was noted for general mortality, mortality related to cardiovascular disease, and infant mortality. However, it is not possible to define these changes as the exclusive result of health promotion efforts.

In the last 13 years, longevity increased 4.6 years for men and 4 years for women. In 2004, the average life span for men was 70.7 years and 79.2 years for women. Notwithstanding these improvements, the health of Poles is generally worse than most European Union (EU) countries. The average life span in Poland in 2003 was significantly lower than the average for all 25 member states, by 4.6 years for men and 2.5 years for women (Goryński et al. 2005).

According to estimates by the WHO in 2002, Poles live in good health for approximately 65.8 years (63.1 years for men and 68.5 years for women), 4.9 years less than the average EU citizen. According to statistical data from 2002, older people aged 60 years and over made up 17% of the general population (i.e., 13.9% of men and 19.8% of women, respectively), while those aged 65 years and over made up 12.7% of the general population (i.e., 9.9% of men and 12.7% of women, respectively). Life expectancy after 60 is 17.7 years for men and 22.8 years for women (Concise Statistical Yearbook of Poland 2007). Demographic forecasts predict that by 2020, 24.8% of the general population will be aged 60 years and over and 17.6% will be aged 65 years and over. By 2050, 35.6% of the general population is expected to be aged over 60 years and 27.9% is expected to be aged over 65 years (Szukalski 2002).

Taking into consideration Poland’s systemic transformation as well as demographic changes, this paper attempts to present the current state of health promotion in older people in Poland on the basis of document analysis and the results of research conducted within the framework of the healthPROelderly project (<http://www.healthPROelderly.org>). The project was carried out from 1 April 2006 to 31 December 2008 within the framework of first Public Health Programme, co-financed by the European Commission and by the Fund for a Healthy Austria (Grant agreement number: 2005318). The main goals of healthPROelderly include developing evidence-based guidelines concerning health promotion in older people. The most effective health promotion programs in partner countries were analyzed for social determinants, inequality and sustainability. Then

guidelines for those working with health promotion in older people were developed.

Methods

An analysis of legal documents dealing with health promotion in Poland was performed. As part of the healthPROelderly program, a content analysis was performed of studies and publications related to health promotion in older age groups and case studies of existing health promotion interventions targeting older people.

Data from the content analysis was analyzed using qualitative or quantitative methods. According to Bowling (2002), content analysis is a research method based on systematic coding which means relating sections of the data (e.g., the contents of books, magazines) to the categories developed previously by the researcher. Publications from 1996 to 2000 were included in the content analysis, limited to material targeted to groups aged 60 years and over. A literature search concerning health promotion in older people and health promotion programs targeting older people was performed at a number of levels. A “program” was defined as the organization’s entire ensemble of health promotion initiatives (programs, interventions, etc.), the objectives of which should have been related to the health of older adults (Richard et al. 2008). Data were organized into the following categories: promoting mental health (e.g., depression, stress and “burnout”, cognitive issues, memory training, self-respect/dignity, emotional support); lifestyle (e.g., nutrition, physical activity, sexual activity, substance abuse, safety and prevention of falls, preventing abuse/violence), social participation-inclusion (e.g., lifelong learning, social support/network, self-help groups, volunteering), and prevention of disease.

In order to identify good practice, the following quality criteria were used to analyze the effectiveness of health promotion programs targeting older people: well-grounded theoretical approach, evidence of cost effectiveness, sustainability, voice of older people, project involving visible and invisible target groups, diversity, geographical and physical accessibility, gender sensitivity, multi-faceted/holistic intervention, projects that included empowerment, transferability of the project, consumer satisfaction, public recognition/award, strategy, multi-agency approach, and evaluation.

Among the analyzed projects three programs were selected which met the greatest number of criteria, then undertaking a more in-depth analysis of these programs. Each analysis (case study) employed a variety of research methods: document and cost-effectiveness analysis and interviews with key persons in each of the programs. Data collection also included a SWOT analysis of each

individual program, performed by each project’s key persons. This in-depth analysis was done with the aim of better conceptualizing the current state of health promotion among older people in Poland. Based on this data, the authors then performed a SWOT analysis of the state of health promotion in Poland.

Results

It was not until 2005 that older people were directly named in the National Health Program. The new National Health Program for 2007–2015, for the first time, added “to create conditions for a healthy and active life for older people” as an operational goal. The goals of the program include, among others, promoting health and preventing illness, building and implementing health programs for those aged over 60 years, creating a supportive and safe environment for older people, decreasing risk factors for disease, supporting health-promoting factors in local communities, encouraging training and individual education of health promoters in older age groups, and supporting local community interventions meant to cultivate healthy lifestyle habits in older people.

In the course of the content analysis, undertaken as part of the healthPROelderly project, 678 publications concerning older people were found. This group was then subdivided into 254 (37.5%) publications touching upon what could be widely understood as health promotion. The results of this analysis showed certain groups of topics as being connected indirectly with the health promotion of older people. It also showed certain thematic groups which were the object of scientific research, prophylactic efforts, and/or health promotion campaigns.

In analyzed literature and examples of good practice the following topics were presented:

Lifestyle:

- *Nutrition* Most often described in the context of preventing certain diseases. Almost a quarter of all health promotion literature is devoted to this topic. Proper nutrition was described as a key element of a healthy lifestyle.
- *Physical activity* is described in 26.5% of the analyzed literature. It made up 34.3% of health promotion entries. This topic was often combined with disease prevention and presented as one element of a healthy lifestyle. The need to engage in physical activity was underlined in most all literature.
- *Sexual activity* in relation to older people, was mentioned in 1.3% of all articles and 2% of articles concerning health promotion. Overall, this topic was seldom discussed. 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.

- *Substance abuse* only 5% of all literature and 11% of articles dealing with health promotion. Smoking constitutes a serious problem in Poland. It affects a variety of age groups, including older people. Social support is a key factor to remaining a nonsmoker.
- *Safety and prevention of falls* is mentioned in 5.5% of articles and in 7.1% of health promotion articles. 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.
- *Preventing abuse/violence* is only sporadically mentioned in general literature (2.1%) as well as health promotion publications (2.4%). Rarely was maltreatment a topic of interest and analysis.
- *Prevention of disease* constituted 21.8% of articles, significantly more (34.3%) in health promotion articles. Cardiovascular diseases constitute one of the main causes of death in Polish society.

Promoting mental health:

- *Cognitive issues* made-up 15% of health promotion-related articles. This topic tended to focus on delaying some ill effects of the aging process by encouraging cognitive activity in older people.
- *Self-respect and dignity* relatively seldom encountered topics, making up only 9.6% of the analyzed literature and 11.8% of articles dealing with health promotion. Emphasis was placed on the need to feel respected, accompanying such issues as depression and emotional support.
- *Psychological health* presented within the context of depression, made up 17.1% of the analyzed literature and 17.3% of health promotion literature. Depression would very often be presented with issues such as emotional and social support.
- *Stress and burnout* mentioned much more rarely in the analyzed literature (6.6%) and even less in health promotion literature (4.7%). This topic was most often mentioned along with other psychological health problems. Stress and burnout 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.
- *Emotional support* present in 19.2% of the analyzed literature and 21.3% of health promotion literature. As already mentioned, this topic was most often connected with the issue of preventing depression in older persons. Depression and emotional problems were often paired with this topic.

- *Lifelong learning* discussed in 17% of the analyzed literature. This topic was almost always mentioned in the context of Third Age Universities and courses for older people, such as computer and language classes. Lifelong learning was almost always discussed within the context of Third Age 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 Age Universities, NGOs and other foundations, such as the Academy of the Fullness of Life, also oversaw the continued education of older people.
- *Social support and social network* mentioned in 26% of entries, most often in project end-reports, and 31.5% of health promotion articles. Emphasis is placed on social participation and preventing the marginalization and isolation of older people by encouraging public debate on social policy, ageism (i.e., 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.
- *Self-help groups* were very rarely (6.8%) encountered in the analyzed literature and slightly more often (7.9%) in health promotion literature. Promoting senior initiatives, senior clubs, and self-help groups are new strategies being applied to better incorporate older people in society.
- *Volunteering* a new and rare topic in literature, occurring in only 3.4% of articles and 3.9% in health promotion articles. 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. Publications dealing with this topic discussed volunteering by as well as for older people. 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.

Only a small number of health promotion programs targeting older people were found (Table 1), with only six programs meeting healthPROelderly quality criteria. Compared to other partner countries, 36 programs met quality criteria in Austria, 20 in The Netherlands, 18 in Germany, 19 in Slovenia, and 20 in the UK. Three programs meeting these quality criteria were chosen as case studies.

Especially interesting was the Senior Citizen Council of Antoniuk district in Białystok. The main goal of this project is to organize and support self-help initiatives among the residents of Antoniuk district in Białystok, a mutual exchange of experiences, and cooperation with German senior organizations. The efforts of the Senior council were

Table 1 Health promotion initiatives targeting older people

Name	Main goals	Location and implementation
Let's do it together—computer textbooks for seniors	In cooperation with seniors, designing and writing a textbook about basic computer operations and a how-to-guide for those wishing to organize computer courses for older people	Regional, 2005 (6 months)
Golden Age Atlas (Tokarz 2003)	Creating an internet database of initiatives aimed at seniors	National, 2002–2003
Count us in! Seniors in the EU (Tokarz 2004)	Preventing the marginalization of seniors, educating about EU, and supporting organizations working with seniors	2003–2004
Integrating generations (Tokarz 2006)	Supporting trans-generational projects	Regional, 2005–2006
Short program for senior mobility with the aim of minimalizing balance problems (Rajewska-Twardowska 2006)	Decreasing the risk of falls in older people at “Sunny Stop” Day Care Home	Regional
STOP discrimination (Tokarz 2005)	Coping with ageism	National, 2005
50 and over. Supporting professional activity in individuals over 50 years of age	Computer and language classes	Regional, 2005–2006
The Woman II Project (Milewicz et al. 2003)	Improving the clinical effectiveness and continuity of care of menopausal women and health personnel interested in the menopause-related health issues	Regional
Seniors! Get active! A prophylactic health program directed towards older people	Motivating responsibility for own health; promoting interest in physical fitness and regular sporting activity; performing regular wellness check-ups; increasing awareness in health workers	Regional, 2005–present

initially based on encouraging social activity among the local population for the benefit of older people, generational and community integration of older people, and, most especially, developing mutual assistance. An indirect goal was to receive the support of local, municipal, and regional governments for senior self-help efforts. Studies found that the work of the senior council led to an increase in the percentage of socially active individuals as well as a decrease in the percentage of individuals making use of welfare services (Halicka and Pędich 1996, 1997).

Another unique program was A Programme of Physical Recreation for Older People. The goal of this program was to change the lifestyle of older people through achieving physical fitness, simultaneously improving their psychomotor functioning. Participants reported gaining greater motor functioning, improved cardiovascular well-being, and significant improvement in self-rated health. The study group also noted improvement in their level of positive states, scored higher on intelligence tests than before beginning their exercise regime, and noted changes to their psychological needs (Kozdroń 2006).

A third example of good practice was found in the Warsaw Older Gentleman, Older Lady program. The main objective of this project was to provide psychological support to victims of abuse, help in identifying situations suspected for abuse, information about where to seek help, increase knowledge about individual rights, etc. Participants demonstrated increased efficiency, self-esteem, and

self-reliance. A large portion of participants returned to leading an active life. By simply asking to participate in the Project, the older person assumes some control over their own life, removing themselves from the violent environment (Durda et al. 2006).

Using the results of the literature analysis and examples of health promotion projects implemented in Poland, the authors were able to evaluate the state of health promotion in older people using SWOT analysis (Table 2). As health promotion in older people in Poland remains in its early stages, the fact that such programs even exist may be considered a great accomplishment. Yet a strategy reflective of Dean and Holstein (1991) is still lacking, where the specific needs of older people (e.g., chronic disease patients) would be addressed.

Discussion

Since 1987, the Polish government has prepared a National Health Program. According to Woynarowska (2000), the National Health Program for 1987–2000 was geared towards operational and strategic (health) targets. Operational goals also included a reduction in health-related risk factors (e.g., smoking, high-fat diet, and environmental pollution) as well as streamlining diagnostic tests and treatment methods for most major health issues. A 1993 amendment to the National Health Program introduced

Table 2 SWOT analysis

<i>Strengths</i>	<i>Weaknesses</i>
1. Judging older people to be the potential beneficiaries of projects	1. Not promoting programs through media commonly used by older people
2. Incorporating older people into social health and policy programs	2. Lack of ideas on how to attract marginalized individuals; promotion usually attracts
3. Incorporating medical and psychosocial aspects of health into health promotion	3. Already active individuals addressing programs to a wide group of recipients without consideration for special needs (e.g., problems associated with transport, where the program might be held, for those with disabilities, etc.)
4. Easing the burden on governments by involving NGOs	4. Lack of evaluation mechanisms, not possible to learn from one's mistakes
5. More involvement at a regional level, being sensitive to the needs of local communities	5. Treating older people as a homogenous group, without consideration to age, education, and material or functional status
6. Better promotion of programs through the internet (search engines for seniors, etc.)	6. Targeting functional/mobile individuals
	7. Targeting individuals from of higher SES, better educated, etc.
<i>Opportunities</i>	<i>Threats</i>
1. Further developing health promotion in Poland in the National Health Plan for 2007–2015	1. Repeating mistakes due to a lack of evaluation
2. Improving the health of older people	2. Lack of feedback; not customizing projects to the changing needs of seniors
3. Evening so-called data inconsistencies	3. Too much attention being back to senior issues; deepening the divide between active and inactive individuals
4. Combating ageism in Poland	4. Increasing differences by focusing attention on individuals of higher SES and better educated
5. Eliminating differences between older people and other groups through education	
6. Increased financing through the EU and more efficient use of resources by local governments and other organizers of interventions aimed at older people	

changes to the conceptual framework of these goals. Strategic goals were now oriented towards three areas of action: increasing health awareness and a culture of health promotion in society, reducing health risks in one's work and everyday environment, and increasing access to healthcare with the goal of eliminating or restricting the potential for the development of disease. The conceptual framework of the National Health Program was based on the Ottawa Charter for Health Promotion (Goryński et al. 2005).

National Health Program goals for 1996–2005 included increasing physical fitness, improving nutritional habits, minimizing the consumption of alcohol, restricting the use of psychoactive substances, and improving the efficiency of health education and health promotion efforts, including psychological health (Goryński et al. 2005; Kuszewski and Gericke 2005). While discussing one of the goals of the National Health Program, Słońska (2005) describes how, by improving the health promotion qualifications of

professional staff, institutional efforts affected chiefly those included in the education system.

Until 2005, no strategic goals included older people as a target group (Halik 2002). One may assume that older people were the beneficiaries of such programs as Remember About Your Heart, Healthy City, and Healthy Hospital, including efforts aimed at improving nutritional habits and reducing alcohol consumption and cigarette smoking. Older people can also be considered the beneficiaries of mass media campaigns and programs aimed at improving the professional qualifications of their caregivers.

The new National Health Program for 2007–2015 was created based on WHO recommendations presented in Madrid concerning active aging, defined as the “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age...[where] the word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to

participate in the labour force” (WHO 2002). This same outline was reflected in two documents of the Political and International Declaration to Plan Active Aging. The expected advantages of incorporating this new program were, among others, decreasing the number of disabled individuals aged over 60 years, decreasing the number of non-infectious disease patients aged over 60 years, increasing the number of life-years free of symptomatic disease, and extending longevity.

A major shortcoming of Polish health promotion programs is a lack of evaluative studies to measure their results. Data concerning program participants is seldom collected, which makes it difficult to state what percentage of older people actually participate in such programs. The CLESA program (Comparison of Longitudinal European Studies on Aging, an international project carried on within the framework of 5th Framework Program from 1 April 2003 to 30 June 2004. Grant agreement number: QLRT-2001-02932. Polish partner: Institute of Public Health, Jagiellonian University Medical College) was the first program in Poland to address the actual health needs of older people in Poland, finding one could not definitively state to what extent existing health promotion programs had, up to that point, met the needs of older people (Szczerbińska and Stanach-Pajewska 2006). The assumption was that these programs were, at least in part, addressed to older people. However, considering the minimal participation of Polish seniors in these programs the question remained if seniors were at all invited to participate in such national campaigns. CLESA attempted to identify the reasons for poor participation by older people through issues of accessibility, barriers, assuming part of the cost, poor health consciousness, and/or poor program information (Bik and Przewoźniak 2006).

The main problem of most intervention programs is encouraging an active lifestyle and eliminating the barriers, inequality, and discrimination which older people often encounter. Data are not homogenous based on proposed problems, but recognize 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 older people. Such activities have also served as the focus of other health promotion studies conducted among older people (Nummela et al. 2008).

The content analysis found that most publications were chiefly directed to those who took 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 is frequently cited as a popular method for health promotion. It was most often presented in professional journals marketed to nurses and physicians. Some Third Age Universities promote health 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 tended to promote health by encouraging a healthy lifestyle, specifically through underlining the role of physical activity, promoting healthy dietary habits, avoiding use of addictive substances, and encouraging cognitive activity (e.g., memory training, reading). 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 meals. Older people, as a rule, were encouraged to learn and to undertake new activities.

Popular media and internet sites 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 when any symptoms arise. These media give lifestyle recommendations and advice on coping for those already affected by disease (e.g., exercises for those diagnosed with Parkinson’s disease).

Analysis of Polish health promotion programs led to a less-than-optimistic view of health promotion in older people. Authors have found that in the past 10 years in Poland, in terms of planning and realization, efforts aimed at health promotion in older people were only sporadically realized. There were no macrostructural programs targeting this age group nor was this an element of national health policy.

Another problem concerns confusing “promotion” with “prevention”. Health promotion is defined as “the process of enabling people to increase control over and improve their health” (Last 2001). Unfortunately, health promoters in Poland are still focused on risk factors and, as a consequence, creating disease prevention rather than health promotion programs.

New initiatives aimed at encouraging an active society, changing dietary habits, and restricting smoking, signal a changing focus to better meet the needs of older people. One can safely assume that these coming years will allow for successful and effective work towards health promotion in older people, with the hope of improving the quality of life of older people.

Introducing health promotion programs targeting older people is vital should the health potential of Polish older people be improved to EU levels (i.e., years lived in good health). Such interventions should start before the target

group reaches older age (i.e., 65 years and over) and be geared towards individuals approaching retirement. It is worth remembering that one of the basic challenges of these programs will involve increasing awareness of individual health needs, inclusive of shaping health-promoting habits. This will most likely require including health education as an additional dimension of any health promotion initiative.

References

- Bik B, Przewoźniak L (2006) Health Promotion in older people—theoretical perspective and assessment of actual status. (Promocja zdrowia ludzi w wieku starszym—założenia teoretyczne oraz ocena realizacji). In: Szczerbińska K (ed) *Dostępność opieki zdrowotnej i pomocy społecznej dla osób starszych w Polsce*. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków, pp 111–126
- Bowling A (2002) *Research methods in health. Investigating health and health service*. Open University Press, Buckingham
- Concise Statistical Yearbook of Poland (2007) Zakład Wydawnictw Statystycznych, Warszawa
- Dean K, Holstein BE (1991) Health promotion among elderly. In: Badura B, Kickbusch J (eds) *Health promotion research. Toward a new social epidemiology*. WHO Regional Publications, Europe Series 37, Copenhagen
- Durda R, Koziół D, Kuźmicz M, Piątek M (2006) Older man, older woman (Starszy Pan, Starsza Pani). *Niebieska Linia* 6:17–20
- Emmons KM (2000) Health behaviors in a social context. In: Berkman LF, Kawachi I (eds) *Social epidemiology*. Oxford University Press, Oxford, pp 242–266
- Goryński P, Wojtyniak B, Kuszewski K (eds) (2005) Monitoring the effects of the National Health Program for 1996–2005. (Monitoring oczekiwanych efektów realizacji Narodowego Programu Zdrowia 1996–2005). Państwowy Zakład Higieny, Warszawa
- Halicka M, Pędich W (1996) The activity of the mutual aid group and its influence on the change of thinking of the elderly—the Białystok study. (Wpływ działalności grupy samopomocowej na zmianę świadomości seniorów—studium w Białymstoku). *Gerontol Pol* 4:47–51
- Halicka M, Pędich W (1997) Mutual aid activity of the elderly. (Działania samopomocowe ludzi starszych). Akademia Medyczna w Białymstoku, Białystok
- Halik J (ed) (2002) *Older people in Poland. Social and health consequences of ageing*. (Starzy ludzie w Polsce. Społeczne i zdrowotne skutki starzenia się społeczeństwa). Instytut Spraw Publicznych, Warszawa
- Kozdroń E (2006) Organizing physical fitness activities for older women resident in cities. (Zorganizowana rekreacja ruchowa kobiet w starszym wieku w środowisku miejskim). Wydawnictwo AWF, Warszawa
- Kuszewski K, Gericke C (2005) Health system in transition: Poland. WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, Copenhagen
- Last JM (2001) *A dictionary of epidemiology*. Oxford University Press, Oxford, p 83
- Milewicz A, Jędrzejuk D, Bolanowski M (2003) Project Women II. (Projekt Women II). *Prz Menopauzalny* 5:71–72
- Nummela O, Sulander T, Rahkonen O, Uutela A (2008) Associations of self-rated health with different forms of leisure activities among ageing people. *Int J Public Health* 53:227–235
- Ostrowska A (2000) Social determinants of health-related behaviour. (Społeczne czynniki warunkujące zachowania prozdrowotne—bilans dekady). *Promoc Zdr Społecz Med* 19:46–65
- Ottawa Charter for Health Promotion (1986) World Health Organization, Geneva
- Rajewska-Twardowska J (2006) Short programme of the rehabilitation of seniors for minimizing balance disturbances. (Krótki program usprawniania seniorów w celu minimalizowania zaburzeń równowagi). *Gerontol Pol* 14:41–45
- Richard L, Gauvin L, Gosselin C, Ducharme F, Sapinski J, Trudel M (2008) Integrating the ecological approach in health promotion for older adults: a survey of programmes aimed at elder abuse prevention, falls prevention, and appropriate medication use. *Int J Public Health* 53:42–52
- Sadowski Z (1994) Health promotion—chances and necessity (Promocja zdrowia—szansa i konieczność). *Promoc Zdr Społecz Med* 3–4:15–35
- Słońska Z (2000) Health promotion in Poland, system solutions and reality (Promocja zdrowia w Polsce. Rozwiązania systemowe a rzeczywistość). *Promoc Zdr Społecz Med* 19:18–33
- Słońska Z (2005) Increasing the effectiveness of health education in society as well as health promotion efforts. In: Goryński P, Wojtyniak B, Kuszewski K (eds) *Monitoring the effects of the National Health Program for 1996–2005 (Monitoring oczekiwanych efektów realizacji Narodowego Programu Zdrowia 1996–2005)*. Państwowy Zakład Higieny, Warszawa, pp 105–115
- Szczerbińska K, Stanach-Pajewska K (2006) Accessibility of health promotion programs for older people (Dostępność działań z zakresu promocji zdrowia dla osób starszych). In: Szczerbińska K (ed) *Dostępność opieki zdrowotnej i pomocy społecznej dla osób starszych w Polsce*. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków, pp 142–148
- Szukalski P (2002) Ageing process in the context of justice and intergenerational equality (Proces starzenia się ludności a sprawiedliwość i równość międzypokoleniowa). In: Kowaleski JT, Szukalski P (eds) *Needs and challenges of an aging society (Proces starzenia się ludności—potrzeby i wyzwania)*. Wydawnictwo Biblioteka, Łódź, pp 9–18
- Tokarz B (ed) (2003) *Golden Age Atlas*. (Atlas Złotego wieku). Akademia Rozwoju Filantropii w Polsce, Warszawa
- Tokarz B (ed) (2004) *Count us in! Seniors in the EU*. (My też. Seniorzy w Unii Europejskiej). Akademia Rozwoju Filantropii w Polsce, Warszawa
- Tokarz B (ed) (2005) *Stop ageism (Stop dyskryminacji ze względu na wiek)*. Akademia Rozwoju Filantropii w Polsce, Warszawa
- Tokarz B (ed) (2006) *Integrating generations*. (Łączymy pokolenia). Akademia Rozwoju Filantropii w Polsce, Warszawa
- WHO (2002) *Active ageing. A policy framework*. World Health Organization, Madrid
- Woynarowska B (2000) National Health Program in Poland 1987–2000. Genesis, history, evolution of concept and possibilities of realisation. (Narodowy Program Zdrowia w Polsce 1987–2000. Geneza, historia, ewolucja koncepcji i możliwości realizacji). *Promoc Zdr Społecz Med* 19:34–45