

EUNAAPA Work Package 6

National Report – Poland

Part 1 – Analysis of Mini Phone Survey

Methodology:

In the first part of Work Package 6 a Mini Phone Survey was carried out among people who can influence health policy and particularly health promotion and physical activity promotion among elderly people in Poland. The experts were chosen according to the sampling matrix delivered by the leader of WP 6 (Table 1). The table was constructed in such way that chosen experts were covering the most important sectors connected with health care and health promotion: health care, sport, social affairs, as well as all relevant levels: national, regional and local.

Table 1.

EUNAAPA Work Package 6

Draft ISS Erlangen 14/08/07

Matrix for the selection of participants in national policy-makers' workshop with box numbers for SPSS/Excel Spreadsheets

	Sport sector		Health Care Sector		Social Care Sector	
	Government/ political parties	NGOs	Government/ political parties	NGOs	Government/ political parties	NGOs
National/ regional	ministry of sport, national sports institute national or parliamentary advisory board on sport party expert or advisory board on sports <div style="text-align: center;">1</div>	national sports association, sports association for older people <div style="text-align: center;">2</div>	ministry of health, national institute of public health national or parliamentary advisory board on health party expert on health <div style="text-align: center;">3</div>	national network for prevention, doctors' association, physiotherapists' association, <div style="text-align: center;">4</div>	ministry of social affairs/senior citizens/family affairs national or parliamentary advisory board on social care party expert on social affairs, seniors' organization of a political party, party representing older people <div style="text-align: center;">5</div>	national social association, ¹ social care organization, senior citizens' association <div style="text-align: center;">6</div>
Local	local or community sports authority local sports advisory board <div style="text-align: center;">7</div>	local sports club <div style="text-align: center;">8</div>	local or community health authority local health advisory board <div style="text-align: center;">9</div>	local branch of a health care association, representative of a local hospital or rehabilitation institution, geriatrician <div style="text-align: center;">10</div>	local or community social care authority local social care advisory board <div style="text-align: center;">11</div>	senior citizens' local advisory council local branch of a social care organization, local representative of a senior citizens' association <div style="text-align: center;">12</div>

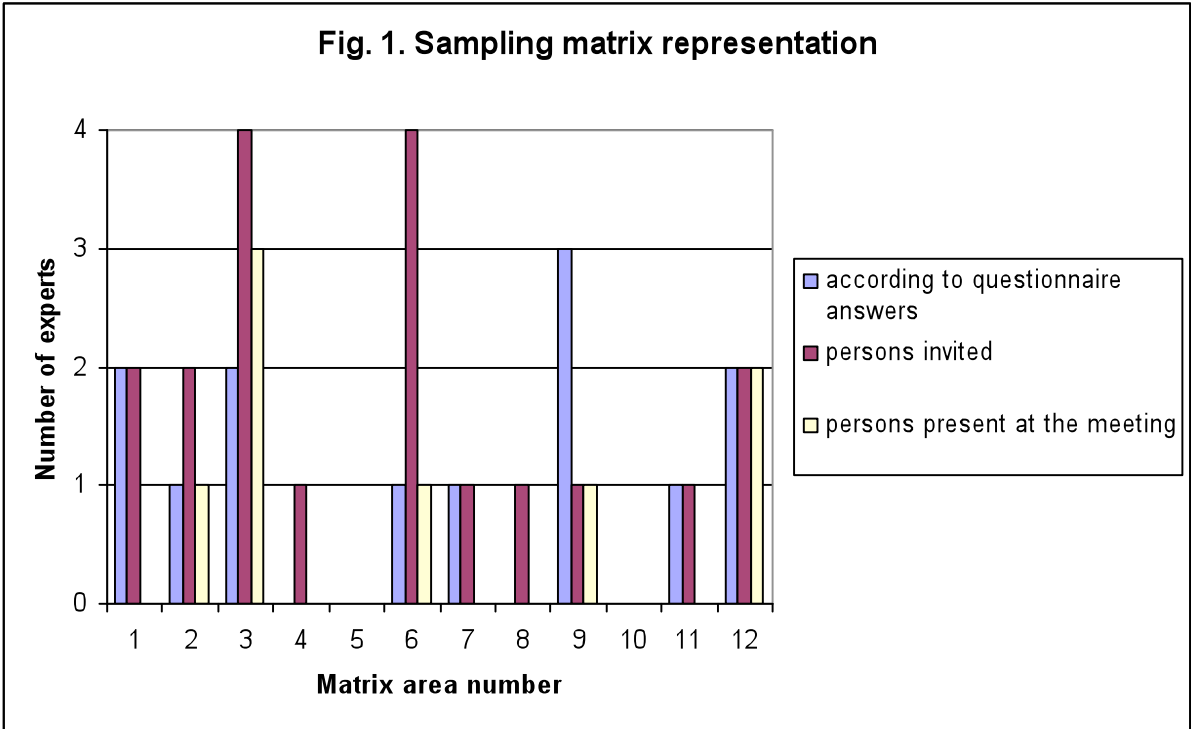
Please note:

- 15 to 20 policy-makers should be invited to the national workshop.
- Ideally, at least one policy-maker should be selected from each of the 12 boxes. Where this is not possible, two policy-makers may be selected from one box while another box is left empty. If the phone screening shows that certain policy-makers are especially promising, more than two policy-makers may be selected from one box.
- Important: Partners should explicitly try to approach policy-makers, not "scientists".

¹ see AGE-platform for your national organization (www.age-platform.org)

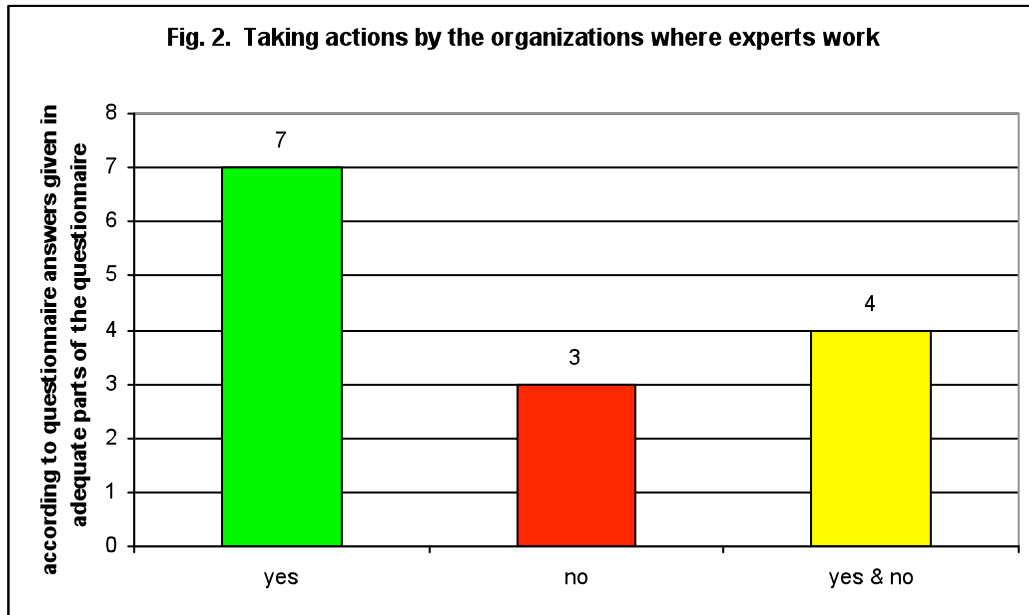
Most of national and regional experts were known personally to the National Partner. Additionally the questionnaire was distributed during a meeting of Regional Public Health Centers representatives which was organized by the Ministry of Health where EUNAAPA project was also presented. To select NGOs representatives we turned to the Forum 50+ – an association of NGOs which take up activities for elderly people all over the country. Totally 32 questionnaires were distributed on the meeting and by e-mail (10 – NGOs, 16 – Regional Public Health Centers, 6 – Ministry of Health and other experts known to the National Partner)

The filled questionnaires were collected from 14 persons; 9 represented governmental and self governmental institutions and only 4 were form NGOs. Since the representation of NGOs was not satisfactory the National Partner decided to enhance the representation of NGOs and limit the number of governmental representatives invited to the meeting (Fig. 1).



The questionnaire consisted of two parts: the first was to be filled by persons working in organizations which take up activities for elderly people health and physical activity promotion, the other for people who work in organizations which do not take up such activities. Out of 14 respondents 11 answered that the organization they work for do take up activities for elderly people, however in this group 4 persons gave answers also to the questions given in the second part of the questionnaire (Fig. 2). We conclude that those people

show a need to extend activities in this area in their organizations; those persons represented mostly regional governmental organizations, which do not have activities addressed to elderly people in their organization statutes, despite that they take up this kind of activities to answer needs which occur in local societies.



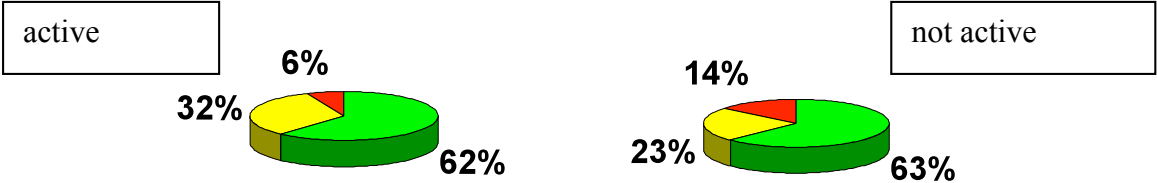
In the questionnaire the experts were evaluating 4 basic elements:

1. organization goals – whether are concrete enough, officially spelled out, centered on improving health of the population.
2. obligations which the respondent and their organizations are governed by regarding actions – scientific basis of the actions, professional duties or personal obligations.
3. resources available to the organization – population support, personnel, capacities, financial resources.
4. overall set-up – involvement of the population, media’s interest, experts’ own interest, cooperation within the organization.

In each question experts were choosing one number on 1 – 5 scale. Answers were qualified as positive if experts were choosing 4 or 5 (green color), neutral for 3 (yellow color) and negative if experts indicated 1 or 2 (red color).

In both groups positive answers exceeds, and constituted over 60% of all answers (Fig. 3)

Fig. 3. Percentage of positive (green), neutral (yellow) and negative (red) answers in the group of experts who work in organizations which are ACTIVE in the field of health and physical activity promotion among elderly people and in organizations which are NOT ACTIVE in the field.



Experts who work in organizations which are active in the field of health and physical activity promotion among elderly people evaluated the organization goals very highly, over 88% of answers were classified as positive (Table 2).

Table 2. Goals – experts’ opinions

	not true at all 1	2	3	4	definitely true 5
The goals are concrete enough.		1		2	8
The goals are officially spelled out.	1		1	1	8
The actions centers on improving the health of the population.			1	2	8

Similarly in case of obligations the positive evaluations predominated, however it has been noticed that in some cases the actions were not part of experts’ professional duties. It has been assumed that a large proportion of activities is taken up due to individual initiatives as a result of recognizing local social needs, not due to official obligations (Table 3).

Table 3. Obligations – experts’ opinions

	not true at all 1	2	3	4	definitely true 5
Scientific results demand the action.					9
The action is part of my professional duties.	2		2	2	3
Personally I feel obliged to do something in this field				4	5

Considering resources which are available to the organizations the answers were more moderate so that resources were more often perceived as insufficient (Table 4).

Table 4. Resources available – experts’ opinions

	not true at all 1	2	3	4	definitely true 5
The population supports the action.			1	2	6
There is enough personnel.	1	1		7	
My organization has the necessary capacities.	1		4	2	2
There are sufficient financial resources.	1	1	5	1	1

The possibility of enhancing cooperation and engagement of target population were also evaluated positively (Table 5).

Table 5. overall set-up – experts’ opinions

	...has worsened 1	2	3	4	...has improved. 5
The involvement of the population...			2	3	4
The media’s interest...		1	2	4	2
My own involvement...			1	2	6
The cooperation within my organization...			1	5	3

The most often indicated reasons why organizations do not take up actions in the field of health and physical activity promotion among elderly people were as follows:

- Lack of decision makers involvement (on all levels: national, regional as well as local);
- The need to deal with other, more important, problems;
- Lack of adequate goals in organization statutes;
- Inclusion of elderly people health and physical activity promotion into other more general goals (e.g. health promotion in the whole population);
- Lack or insufficient financial resources.

Part 2 – National meeting

National meeting was entitled „Evaluation of needs and possible actions in elderly population health promotion”; it took place 15.04.2008 and consisted of following parts:

- Evaluation of demographic and health situation in elderly population in Poland (presented by Dr Paweł Goryński)
- Presentation of EUNAAPA Project (presented by Dr Anita Gębska-Kuczerowska and Izabela Sakowska)
- An example of “a good practice” physical activity programme for elderly people (presented by Dr Ewa Kozdroń)

- Physical activity of elderly people in Poland – a population research (presented by Dr Bożena Moskalewicz)

The meeting ended up with a discussion on the status of health promotion and physical activity of elderly people in Poland. Possible chances and threats were talked over and future development directions were proposed.

Out of 19 invited people 8 experts took part in the meeting (4 persons from governmental and 4 from non-governmental organizations), despite that the course of the meeting and the discussion were estimated highly by the National Partner. In addition there were 5 students of Public Health Department of Medical University in Łódź; it has been evaluated highly by the National Partner as an increase of interest in the problem discussed among young professionals, and as a result a chance for development of this public health area.

The overall status of health promotion and physical activity of elderly people in Poland is, according to experts, rather positive. In spite of financial shortage and still not sufficient number of instructors, taken up initiatives bring results which are often far beyond expectations of the organizers.

As illustrated on Scheme 1 the directions of future development proposed during the meeting were divided into 5 areas:

1. Myths (stereotypes);
2. Offer;
3. Education and information;
4. Local policy;
5. Cooperation.

1. Widely spread in Poland stereotype of an elder person limit taking up physical activities in this population. Any physical effort, especially physical exercises, is perceived as harmful and contraindicated in this age group, taking into account also chronic diseases which are most common in this population. Social activity of retired people is mostly associated with taking care over grandchildren, which is often very absorbing and exhausting and prevents engagement in other types of activities including individual hobbies. Stereotypes are supported by media which make taking decision to enroll for exercise programme even more difficult for potential participants. In connection with that it has been indicated that there is a need to break psychological barriers through creating new image of an elderly person perceived as active, independent and having their own hobbies. Cooperation with media is necessary to achieve this goal since their wide access to both elderly and general population

can cause opinion changes. According to national meeting participants it is essential to change way of speaking and language used while describing elderly people and particularly to limit overuse of “family language” e.g. widely spread calling every elderly person “Grammy” or “Grandpa”. It may occur a problem to convince media representatives that elderly people problems may be an interesting topic also for commercial television channels. In that aspect joining and integrating generations instead of opposing them may be an interesting attitude.

2. During the discussion the need of preparing more diverse offers of exercise programs for elderly people was risen.

Currently running group programs are attended mostly by women. According to experts adjusting offers to men needs should include more individual exercises and larger share of strength exercises which are preferred by men.

It is also necessary to prepare programs specially adjusted to handicapped persons who do not need rehabilitation but have contraindications to exercises taken up by healthy elderly people. Separate problem is adjusting offered programs to the needs of people who actively help their children to bring up grandchildren. This should include adequate facilities which allow for taking care over grandchildren when their grandparents are exercising.

A possibility to achieve population of elderly people who do not take part in any form of physical activity, including recreation, has also been considered. These people are usually not interested in taking up any physical activity so convincing them will need showing positive examples of elderly people who took up exercising for the first time being already seniors.

Elderly population can be reached not only in senior clubs, which gather most active individuals but above all churches and out-patient departments. A newly taken up project aims to establish the most effective ways of providing information about health promotion and physical activity to elderly people living in the country and small towns. If it succeeds the results will become a model for taking up further initiatives in these areas.

Additional problem is preparing those who participate in physical activity programs to take up further efforts after the program has ended. Organizers experience indicate that imposing persistent habits need at least 6 month program. There are already examples of self organized groups which are still active although the program has ended. Such groups have been contacted by the organizers 2 years after the end of the program and include over 90% of initial participants (the groups are still active).

It is also necessary to prepare an offer for the younger population of 45-64 age, to develop habits of exercising in people who have not yet retired. It is particularly important since it has

been shown that health problems appear and health status deteriorate particularly in this age group.

To assure safety is one of the key elements which influence enrolment in physical exercise programs, so it is essential to provide adequate equipment, infra-structure, properly educated staff and adequate information concerning safety of the participants. It has been stressed that providing information on necessity of taking up physical activity is not enough since it has to be followed by the information on what kind of activity is adequate to given age and physical limitations of every single person. Individuals who have not taken any physical activity since school time do not have proper experience and knowledge which may lead to injuries.

Self-government councilors are responsible for taking up decisions on financial allocations, including sport and recreation for different groups; in that aspect improvement in cooperation with self-government should lead to improve infra-structure (rooms and equipment), geographical localization (higher number of places where participants can enroll for a program to improve access for people living in the country, as well as in city districts), subsidies which will allow for lowering fees for participants, which is particularly important in situation of progressing pauperization of elderly population.

3. Education is one of the most important elements which influence both target population interest in participation and knowledge of positive consequences of physical activity, safety and accessibility of particular programs.

Proper education of recreation instructors, including first aid training, has been indicated as one of the most important points assuring safety of participants.

Education is also important for health professionals cooperation e.g. recreation instructors and medical doctors or health care administrators. There are many doubts concerning recommended forms of physical activity in elderly people among doctors and other medical staff since there are no agreed guidelines which would take under consideration adequate forms of exercising in relation with disease and disability burden. Thus popularization of the knowledge, especially among family doctors is needed.

Decision makers education, especially on local level, influence cooperation, help to notice the need to take up actions addressed to elderly population as one of the aspects of local policy and foresee advantages gained by these actions.

4. Amicable and answering needs of elderly population local policy should be created in the process of cooperation between governmental and non-governmental organizations and based on scientific evidence.

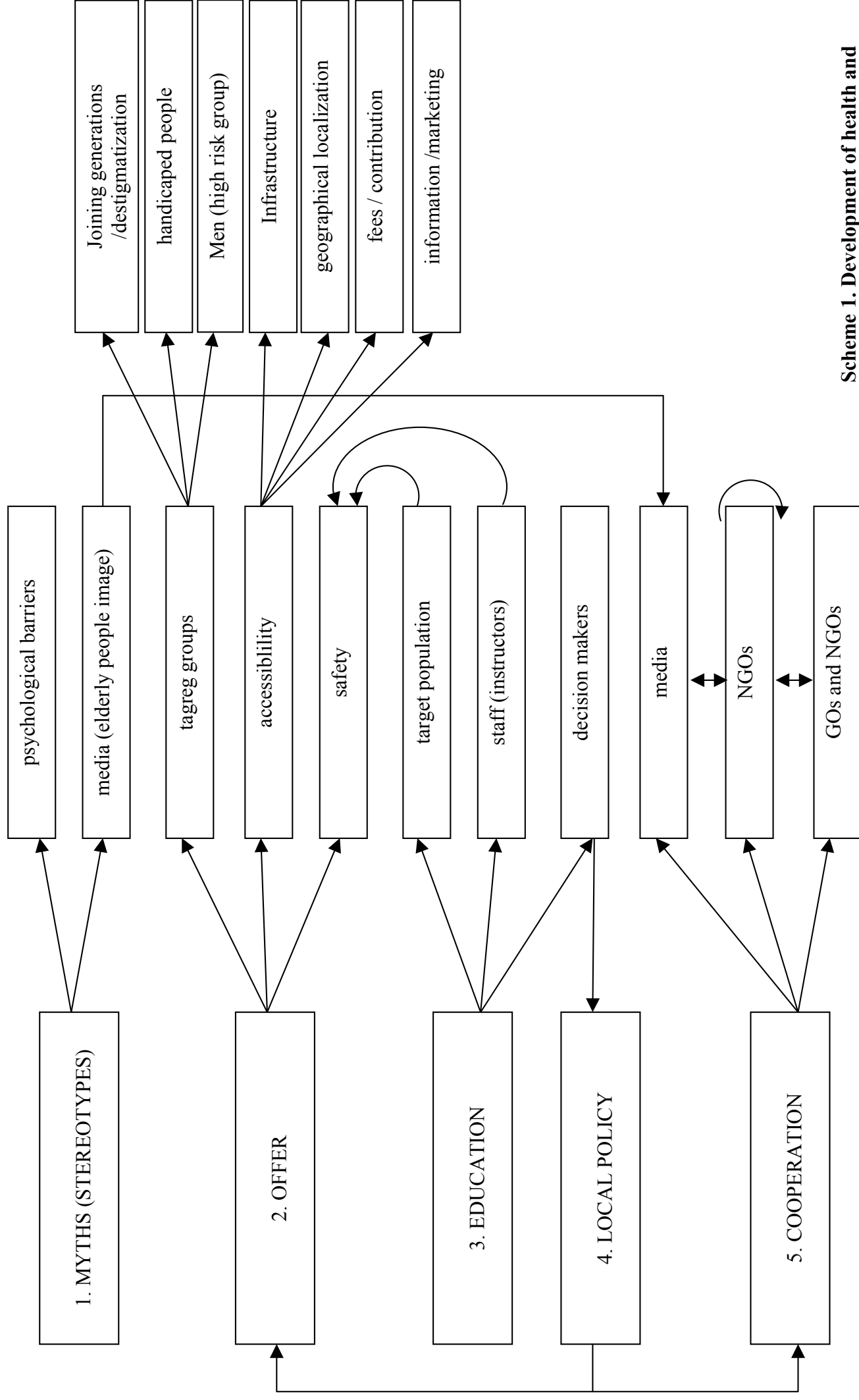
5. Development of health and physical activity promotion among elderly people depend on close cooperation of both governmental and non-governmental organizations as well as media. It is also of significant importance that non-governmental organizations cooperate among themselves, crating experience exchange platforms and joining efforts to put effective pressure on politicians and prepare successful applications for national and EU grants.

It is perceived as weakness of Polish NGOs that actions taken by them are limited to supporting elderly people with financial and material gratuitous (e.g. giving parcels), while educational and health supporting actions are insufficient.

To sum up the most important opportunities and threats which should be taken under consideration while planning actions in the field of health and physical activity promotion among elderly people in Poland were collected in Table 6.

Table 6. The status of health and physical activity promotion among elderly people in Poland – national meeting participants evaluation	
strong points	weak points
<ul style="list-style-type: none"> • National Health Program – goals concerning health promotion of elderly people • legal regulations – new law on physical culture is being prepared • positive examples of completed actions • the topic of elderly population is more often mentioned and discuss in public • joining physical activity promotion with other health promotion activities addressed to elderly people (holistic approach) 	<ul style="list-style-type: none"> • lack of effective lobbying of NGOs (cooperation) • bureaucracy on different levels of administration • lack of action coordination among NGOs • still not sufficient number of instructors
opportunities	threats
<ul style="list-style-type: none"> • society pressure – the need of implementation of adequate policy especially on local level • media – TV programs for elderly people, healthy life style promotion • “vogue” for wellness • demographical changes increasing demand for wellness • realization of training programme for gefontokinezyprohylaxis instructors 	<ul style="list-style-type: none"> • society pressure (ageism) • financial barriers (discriminating financial policy) • medycalization of elderly people problems, caused by medical professionals and pharmaceutical companies (income connected with diagnostic procedures and drug sale), but caused also by elderly people themselves (drug addiction) • lack of professionals and infrastructure (shortage of equipment, also for individual exercises at home) • worse health status of elderly population in Poland comparing with other EU countries (disease and disability burden)

Promotion of health and physical activity is currently developing in Poland. The legal regulations are not concrete enough. Changing this would give a clear competence and responsibility distribution. Fortunately currently prepared law on physical culture will deal with this problem and give basis to create adequate law acts on lower levels.



Scheme 1. Development of health and physical activity promotion in elderly people in Poland – suggested directions.