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Health Promotion for Older People in Portugal

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Abstract

In a country like Portugal where life expectancy is very high, Health Promotion for Older People (HP4OP) is a relevant issue and specific strategies are considered within priority health programmes defined at the national level by the Directorate-General of Health on behalf of the Ministry of Health. The National Health Plan 2016–2020 includes directives to facilitate health promotion and access to health and social services, as well as to reduce the burden of chronic diseases.

HP4OP funds and resources derive mainly from the Ministry of Health and also from the Ministry of Labour, Solidarity and Social Security. Moreover, institutions can access European and other funds to develop projects in this field and some municipalities also finance projects and initiatives. Health plans, strategies and programmes outlined at the national level are adopted by Regional Health Administrations and the Groups of Health Centres guide implementation at the local level through dedicated units that work within the primary health care context.

The integration of both social and health actions in terms of HP4OP depends on collaboration between the Ministry of Health; the Ministry of Labour, Solidarity and Social Security; municipalities; institutions in the cooperative and social sector and other stakeholders such as families, educational institutions, religious communities and health professionals.

As a whole, health promotion policies for the older people in Portugal tackle the social determinants of health too. Nevertheless, a systematic approach and an integrated strategy to tackle HP4OP might constitute an important condition for the full implementation of such policies. Additionally, fragmentation of initiatives at the regional and local levels, together with other barriers to addressing health promotion activities among health professionals, might lead to the non-homogeneous implementation of interventions of HP4OP throughout the country.

It is expected that many of these constraints will be overcome with the launch and implementation of the intersectoral National Strategy for the Promotion of Active Ageing from 2017.

Key words: **Health Promotion, elderly, Public Health, healthy ageing, policy, Portugal**

1. The Portuguese context for public health and Health Promotion for Older People

Portugal, like other European countries, has been experiencing important demographic changes due to increased longevity and the percentage of the population aged 65 or older as well as falling birth rates and the percentage of the population under 15 [1].

The Portuguese population in 2015 was 10,358,076 inhabitants. Of these, 20.5% were 65 years old or older, 65.3% were 15 to 64 years old and 14.2% were 0 to 14 years old. Life expectancy at birth in Portugal was 77.4 years and 83.2 years for males and females respectively in 2014 [1]. Despite this high life expectancy, healthy life years at age 65 in this same year were estimated to be 6.9 and 5.6 for males and females respectively, showing potential for improvements [2].

Article 64 of the Constitution of the Portuguese Republic states that everyone has the right to health protection and the duty to defend and promote health; a universal and general national health service (NHS) is the means to fulfil the right to health protection and shall generally be free of charge [3].

Currently, the Portuguese health care system is based on the universal, tax-based NHS, but health subsystems, financed mainly through employee and employer contributions, still cover about 20–25% of the population and a private voluntary health insurance provides additional coverage for 10–20% of the population [4].

Regarding the levels of care, primary health care is the gatekeeper of the NHS and is provided through a network of health centres, staffed by family doctors, nurses and different types of multidisciplinary teams. As for the second level of care, relations of complementarity and technical support among all hospitals are regulated by Hospital Referral Networks that ensure all patients access to hospital health care services and units. There are several kinds of Hospital Referral Networks, such as Mental Health and Psychiatry, Neurology, Physical Medicine and Rehabilitation and Medical Genetics, among others. Finally, at the third level of care, the National Network for Long-term Care, created by the Ministry of Health and the Ministry of Labour, Solidarity and Social Security in 2006 [5], includes inpatient units and home care teams and provides continuous and integrated health care, health promotion and social support to people who, regardless of age, are in a situation of dependency. It is worth noting that all three levels of care contribute to health promotion for older people (HP4OP) and the specificities of each level in this field will be dealt with later in the text.

The central government is responsible for the development of health policies and evaluating their implementation through the Ministry of Health. According to Decree-Law n° 86-A/2011 (Lei Orgânica do 19º Governo Constitucional) [6] and Decree-Law nº 124/2011 (Lei Orgânica do Ministério da Saúde) [7], which approve the organic law of the Ministry of Health, the main function of the Ministry of Health is the regulation, planning and management of the NHS and it is also responsible for the regulation, auditing and inspection of private health service providers, whether they have agreements with the NHS or not. Among the central services of the Ministry of Health, the Directorate-General of Health plans, regulates, coordinates and supervises all health promotion and disease prevention activities and defines technical conditions for the proper provision of health care. The Directorate-General of Health is also responsible for public health programmes, quality and epidemiological surveillance, health statistics and studies and for the design, evaluation and implementation of the National Health Plan [8].

The five Regional Health Administrations are responsible for the implementation of national health policies and the management of the NHS at the re-

- In 2015, people 0 to 14 years old accounted for 14.2% of the population, while people 15 to 64 years old accounted for 65.3% and people aged 65 years old or over accounted for 20.5% [1];
- In 2014, life expectancy at birth was 77.4 years and 83.2 years for males and females respectively [1];
- In 2014, life expectancy at 65 was 17.3 and 20.7 years for males and females respectively [10];
- In 2014, healthy life years at age 65 were 6.9 and 5.6 for males and females respectively [11];
- The population ageing index rose from 32.9 in 1970 to 143.9 in 2015 and the Longevity Index rose from 32.6 to 49 in the same years (**Table I**) [10].

Box 1. *Population ageing indicators.*

Source: Own work.

Year	Ageing Index	Longevity Index
1970	32.9	32.6
1980	43.8	33.8
1990	65.7	39.4
2001	101.6	41.9
2015	143.9	49

Table I. *Ageing, dependence and longevity indexes 1970–2015.*

Source: PORDATA, 2015b [10].

Mortality data from the Office of National Statistics [12], analysed in the report "Higher age in numbers – 2014" ("Idade maior em números – 2014") published by Directorate-General of Health [13]:

- In 2014, the total mortality rate (death for all causes) was 10 per 1,000 inhabitants. The mortality rate has declined more than 0.7 percentage points since 1975 and has showed a stable trend in the last 15 years. This trend reflects both improved access to an expanding health care network, thanks to continued political commitment and economic growth until 2000, which led to improved living standards and increasing investment in health care;
- In 2014, circulatory system diseases and malignant neoplasms remained the two main underlying causes of death in Portugal, accounting for 55.6% of deaths in the country (respectively, 30.7% and 24.9% of deaths, respectively increasing by 2.4% and 1.2% from 2013). The main cause of death were Malignant neoplasms in the age group of 65 to 75 years old and cardiovascular diseases in people over 75, both in men and women (**Table II**);
- The standardised mortality rate attributed to obesity and hyper-alimentation in the age group over 65 was equal to 7.3 per 100,000 in 2012, 9.2 per 100,000 and 4.3 per 100,000 respectively for women and men. This rate has doubled since 2007, when it was 3.4 per 100,000;
- On the contrary, the standardised mortality rate in the age group over 65 due to alcohol fell from 58.4 per 100,000 in 2007 to 56.9 per 100,000 in 2012 and the standardised rate of mental disturbance correlated to alcohol in the age group over 65 decreased from 2007 to 2012 falling from 2.9 to 1.6 per 100,000 respectively.

Box 2. *Health status of the older population.*

Source: Own work.

Age groups	1st cause of death	2nd cause of death
65–75	Malignant neoplasms 582.2 deaths per 100,000	Cardiovascular diseases 359.3 deaths per 100,000
over 75	Cardiovascular diseases 2,679 deaths per 100,000	Malignant neoplasms 1,276 deaths per 100,000

Table II. *Main causes of death at age 65 and over.*

Source: Instituto Nacional de Estatística, 2014 [12].

gional level. Specifically, according to Decree-Law nº 28/2008, of 22 February, under Regional Health Administrations' authority and administration are the Groups of Health Centres, a set of functional units that ensure the provision of primary health care to a given population and geographical area through health promotion, disease prevention, treatment and continuity of care activities [9].

Besides these institutions, a central role in HP4OP in the Portuguese healthcare system is played by the Private Institutions for Social Solidarity (Instituições Privadas de Solidariedade Social, IPSS), which obtain funding from both the Ministry of Health and the Ministry of Labour, Solidarity and Social Security to provide integrated continuous care within the National Network for Long-term Care [5].

In 2013 and 2014, total health expenditure in Portugal was estimated at 9.1% of the Gross Domestic Product, around 1,500€ per capita (**Table III**) [14]. These percentages are close to the values in other European countries, such as Italy (9.3%), the United Kingdom (9.1%) and Spain (9%) [15].

Box 3. *Health system indicators.*

Source: Own work.

Year	Governmental schemes and com-pulsory contributory health financ-ing schemes	Voluntary health care payment schemes + NPISHs[2] financing schemes + Enterprises financing schemes	Household out-of-pocket pay-ment	Total current health exp.
2013	10,306,405€	960,174€	4,216,615€	15,483,194€
	66.6%	6.2%	27.2%	100%
2014	10,374,099€	961,549€	4,346,287€	15,681,935€
	66.2%	6.1%	27.7%	100%

Table III. *Health expenditures by financing schemes (As absolute values and percentages of total expenditure on health), year 2013–2014*[1].

[1] Data calculated according to the new methodological manual System of Health Accounts – SHA 2011.

[2] Non-profit Institutions Serving Households.

Source: Adapted from Instituto Nacional de Estatística, 2016 [14].

2. Funding of health promotion interventions for older people

In Portugal, as in most of the countries in Europe, a specific fund for HP4OP is not in place. Potential sources of funding identified through the questionnaires and interviews are described in **Table IV**.

It must be noted that most of the initiatives in the field of HP4OP are funded by public resources, mainly by the national health fund managed by the Ministry of Health. The Ministry of Labour, Solidarity and Social Security is also very involved in direct or indirect financing social actions and programmes regarding HP4OP. Information on social fund distribution can be found in the Social Report of the Ministry of Labour and Social Solidarity, issued annually. Some specific initiatives and projects are also sponsored by the Ministry of Science, Technology and Higher Education and municipalities. Rare and irregular private funds are allocated for some practices and initiatives and institutions can access European and other funds to develop projects in the field of HP4OP. As will be clarified later in the text, ministries are involved in HP4OP planning and financing while implementation of HP4OP actions depend on local level institutions and stakeholders.

A fund financing non-profit organisation projects both within and outside of the scope of priority health programmes is managed by the Directorate-General of Health. Examples of interventions considered within priority health programmes are the project "Integrated Training of the Elderly with Diabetes" ("Capacitação Integrada da Pessoa Idosa com Diabetes") within the National Programme of Diabetes, the "MentHA – Mental Health Ageing" project and the project "Care for Dementia" ("Cuidados para a Demência – CuiDem") within the National Programme for Mental Health. According to the data collected through questionnaires and interviews of Pro-Health 65+, several other HP4OP projects are also developed within other national priority health programmes (**Table V**).

There are no specific or systematic financial incentives defined at the national level for HP4OP. Nevertheless, incentives based on a fee for service payment model are awarded to primary health care teams that achieve some targets, like vaccinating their patients in accordance with national recommendations for flu prevention, specifically targeted to older people.

In addition, social subsides and access to social services are guaranteed to older people living alone or to low income and disabled older people [16]. Even if these incentives are usually granted to older people to ensure better care rather than to promote health or to prevent chronic diseases, they might have an indirect effect and help older people participate more in social life and events.

In some districts, older people have the right to discounted or free fares on public transportation to avoid isolation and improve physical activity.

3. Institutional analysis of health promotion interventions for older adults

Despite the economic crisis experienced in Portugal in recent years and the consequent shortage of both human and financial resources, HP4OP in Portugal is considered an important issue to address. Nevertheless, several players are involved in this field, notably institutions belonging to the health and cooperative and social sectors, and a systematic approach with an integrated strategy to tackle HP4OP is needed.

It must be noted that primary health care units, including their health care professionals, and non-profit organisations, such as the IPSS, play a fundamental role in the HP4OP field but universities and research centres also coordinate HP4OP intervention projects funded by National and European funds and municipalities carry out initiatives and projects in this area (**Figure 1**).

Source of funding	Beneficiary	Kind of HP4OP activities
Taxes, *including:* • general taxes • local taxes • earmarked taxes	State Budget → Ministry of Health State Budget → Ministry of Labour, Solidarity and Social Security State Budget → Ministry of Science, Technology and Higher Education Municipal Budget → Juntas de freguesia and municipalities	National Health Service; National Network for Long--term Care; Health promotion projects and initiatives
National lottery	National priority health programmes (Directorate-General of Health) → Non-profit organisations	Health promotion projects and initiatives
Voluntary and/or private insurance and private health care providers	Rare and irregular funds allocated for practices and initiatives	Health promotion practices, projects and initiatives
Funds from employers	Rare and irregular funds for health promotion at workplace	Health promotion projects and initiatives
Foreign	Funds from EU and others	Health promotion projects and initiatives
Others	Religious institutions	Health promotion projects and initiatives

Table IV. *Health Promotion sources of funding identified through the questionnaires and interviews of Pro-Health 65+.*
Source: Questionnaires and interviews of Pro-Health 65+.

National priority health programmes	Project	Institution	Exp. €	Source of financing
Diabetes	Integrated Training of the Elderly with Diabetes (Capacitação Integrada da Pessoa Idosa com Diabetes)	Association for the Protection of Diabetics of Portugal (Associação Protetora dos Diabéticos de Portugal)	22,951	National lottery
Mental health	Training for primary health care professionals in the provision of care for people with Alzheimer's disease and other dementias. (Formação para profissionais de saúde dos cuidados de saúde primários no âmbito da prestação de cuidados a pessoas com Doença de Alzheimer e outras demências)	Alzheimer Portugal Association (Associação Alzheimer Portugal)	30,000	National lottery
	Identification of problems and psychosocial needs of the elderly in day centres and nursing homes (Identificação de problemas e necessidades psicossociais de pessoas idosas em centros de dia e lares residenciais)	Antroposcience. Research, Education and Consulting, Lda. (Antroposcience. Pesquisa, Ensino e Consultoria, Lda)	52,000	National lottery
	Characterization of functional and biological factors with impact on cognitive decline in the Portuguese population (Caracterização fatores funcionais e biológicos com impacto no declínio cognitivo na População Portuguesa)	Centre for Neuroscience and Cell Biology of the Coimbra's University (Centro de Neurociência e Biologia Celular da Universidade de Coimbra)	50,000	National lottery
	Study of incidence of cognitive deficit and dementia in a representative sample of the Portuguese population (Estudo de incidência de défice cognitivo e demência numa amostra representativa da população portuguesa)	Centre for Research of the Centre for Studies and Cognitive and Behavioral Intervention of the Coimbra's University (Centro de Investigação do Núcleo de Estudos e Intervenção Cognitiva e Comportamental da Universidade de Coimbra	15,000	National lottery
	Training of formal caregivers of elderly in nursing homes (Formação de cuidadores formais de idosos em lares de terceira idade)	Dr. Lopes Dias School of the Castelo Branco Polytechnic Institute (Escola Superior Dr. Lopes Dias do Instituto Politécnico de Castelo Branco)	2,650	National lottery
	Care for Dementia (Cuidados para a Demência – CuiDem)	Call center 50+ (Centro de Atendimento 50+ – CA50+)	129,273	National lottery
	Survey on the care situation of the elderly in psychiatry and mental health. Dementia opinion questionnaire. (Inquérito sobre a situação assistencial das pessoas idosas no âmbito da psiquiatria e saúde mental. Questionário de opinião sobre as demências)	Researcher Pedro Machado Santos (Investigador Pedro Machado Santos)	5,000	National lottery
	MentHA – Mental Health Ageing	Centre for Research and Development of Beira, Association (Centro de Investigação e Desenvolvimento da Beira, Associação)	148,961	National lottery
Promotion of healthy nutrition	Nutrition and Alzheimer's Disease Manual (Manual Nutrição e Doença de Alzheimer)	National Programme for the Promotion of Healthy Eating (Programa Nacional para a Promoção da Alimentação Saudável)	2,200	National lottery

Table V. *Expenditures on HP4OP activities carried out by non-profit institutions within projects funded by Directorate-General of Health in 2015.*

Source: Questionnaires and interviews of Pro-Health 65+.

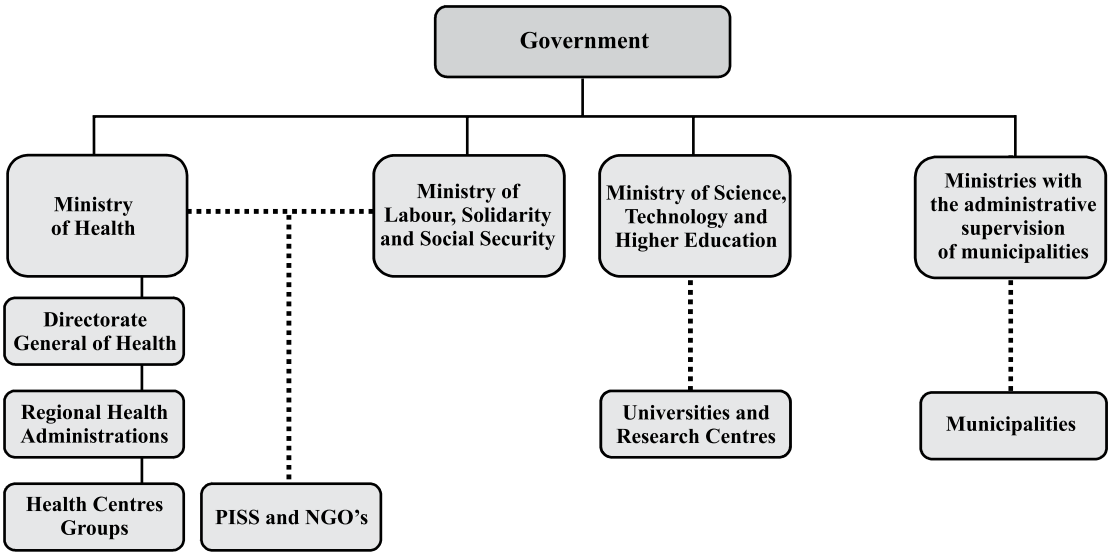

Figure 1. *Overview of some actors involved in HP4OP activities.*
Source: Questionnaires and interviews of Pro-Health 65+.

3.1. HP4OP performed by the health sector

The health sector was described by the interviewed experts as the most important sector in terms of HP4OP development and strategic planning and the Directorate-General of Health was identified as the fundamental actor for HP4OP in the health sector.

The Directorate-General of Health is involved in the definition of national health promotion policy through the Directorate of Disease Prevention and Health Promotion. This Directorate directly or indirectly addresses HP4OP by:

- promoting health gains through policies and objectives defined by the Ministry of Health;
- guiding, coordinating and evaluating the activities of health promotion and education, throughout both the individual and the family lifecycle, as well as in specific environments, including environmental and occupational factors;
- guiding, coordinating and monitoring activities for the prevention and control of communicable diseases, including the National Vaccination Programme, and non-communicable diseases;
- assuring collaboration with governmental and non-governmental organisations in the areas of health promotion and protection;
- collaborating in emergency health planning with the National Institute of Medical Emergency [17].

Directorate-General of Health orientations and directives are adopted at the regional level by the five Regional Health Administrations whose mission is to ensure the provision of health care to the population of the respective geographical scope of access, adapting the available resources to the region's needs, and to comply with and enforce health policies and programmes in their area of intervention, developing and monitoring Regional Health Plans.

Regional Health Plans are developed by the Departments of Public Health, which are also in charge of monitoring their implementation. Regional Health Plans identify and rank the health needs of the population, propose intervention strategies to address the identified needs, define health objectives for the population and present recommendations for their implementation by the various actors involved [18].

Health promotion interventions for older people within the health sector mostly depend on primary health care, namely family doctors, public health doctors, nurses, physiotherapists, nutritionists, psychologists and other health professionals that work in the units of Groups of Health Centres. In accordance with questionnaire respondents, the primary health care setting plays an important role in the dissemination and implementation of health promotion projects and practices.

Groups of Health Centres are responsible for the provision of primary care in each population of a certain geographical territory [9] through specific units, namely:

- Family Health Units and Personalised Health Care Units

Mainly composed by general practitioners (family health doctors) and nurses, their main activity is to provide personalised health care for the population of a given geographical area [9].

- Community Care Units

Composed of physicians, nurses, social workers, psychologists, physiotherapists, oral hygienists, speech therapists and nutritionists, continuously or in partial collaboration, Community Care Units provide care to groups with special needs (such as older people living

alone or people with disabilities), deliver community interventions, provide health protection, health promotion and prevention of diseases in the community. Within the National Network for Long-term Care, home care interventions, including HP4OP interventions, are conducted by these teams. They often work in partnership with other community institutions and are responsible for health promotion activities, namely for older people. Sessions of health education in IPSS and health centres and education and training of family caregivers (including older people) are examples of activities regularly performed by the Community Care Unit's teams [9].

- Public Health Units

Composed of public health doctors, public health nurses or community health nurses and health environmental technicians, they work as a local health observatory, developing and monitoring local health programmes, projects and activities (community interventions) in the fields of disease prevention, health protection and health promotion [9].

Public health doctors (medical doctors with a four-year specialist internship) are responsible for the epidemiological surveillance of the health status of the population and for activities such as health promotion. Public health doctors' responsibilities include: surveillance and control of communicable disease; surveillance of water quality parameters; environmental health surveillance (with municipalities); ensuring compliance of local services (including health facilities) with health and safety standards; environmental inspections of workplaces and work conditions; building safety and housing inspection (with municipalities). Due to their specific background and knowledge, public health doctors are fundamental for intersectoral collaboration and cooperation in terms of HP4OP.

- Shared Healthcare Resources Units

Composed of various health professionals, as doctors of many specialties other than family medicine and public health, as well as social workers, psychologists, nutritionists, physiotherapists and health technicians, they provide consulting and assistance services to the other functional units and organise functional links to hospital services [9].

3.1.1. Key health promotion interventions for older people performed within the health sector

As mentioned before, some HP4OP initiatives and projects are considered within wider national programmes such as the project "Integrated Training of the Elderly with Diabetes" ("Capacitação Integrada da Pessoa Idosa com Diabetes") within the National Programme of Diabetes or the "MentHA - Mental Health Ageing" project and the project "Care for Dementia" (Cuidados para a Demência – CuiDem) within the National Programme for Mental Health. The National Health Plan 2012–2016 [19] has been extended to 2020 and in the new plan, HP4OP is seen a relevant contribution to the country's economic development and social cohesion. In particular, the new goals of the plan for 2020 are: a 30% reduction in premature mortality (before the age of 70), improving healthy life expectancy (at 65 years), and also the reduction of risk factors related to non-communicable diseases [8]. In this context, in 2016, the nine existing priority health programmes were also renewed for the period 2016–2020 and two more programmes – the promotion of physical activity and the prevention of viral hepatitis – have been added (Dispatch No. 6401/2016, of 16 May). Particularly, the new National Programme for the Promotion of Physical Activity aims to promote healthy lifestyles and tackle a sedentary lifestyle at all stages of life [20].

At the national level, interviewed experts suggested the following HP4OP actions and projects (valid nationwide) that have been carried on to disseminate the concept of health promotion and active and healthy ageing among older people:

a) "Health 24" ("Saúde 24"): a permanent telephone helpline which incorporates strategies to promote empowerment by providing counselling and guidance to citizens. In 2014, the average number of calls per day was 1,832 [21].
b) "Local Plans of Action on Housing and Health" ("Planos Locais de Ação em Habitação e Saúde"): this manual of the World Health Organisation was published in Portuguese by the Directorate-General of Health in 2008 and represents a guide to housing and health projects at the local level. It provides information for project preparation, collection and analysis of data and policy options to put into practice. Attention is dedicated to housing accessibility, safety of older people (elimination of barriers and obstacles, better interior design, etc.) and physical, social and mental well-being [22].

3.1.2. Possible cooperation of health providers with other sectors in health promotion interventions for older people

The successful realisation of health promotion is closely related to the engagement of different sectors and activities and interinstitutional and cross-sectoral cooperation [23], which is effective in Portugal. A clear example of interinstitutional cooperation in the field of HP4OP is the creation of the National Network for Long-term Care in 2006, as a response to the lack of resources in long-term and palliative care, social support and social security services. The network obtains financing from both the Ministry of Health and the Ministry of Labour, Solidarity and Social Security and involves cooperation between health, cooperative and social sector institutions and professionals [5].

3.2. HP4OP performed by the cooperative and social sectors

In general, the social enterprise concept is not yet fully stabilised in Portugal and there is an on-going discussion about the meaning and the contents of this concept [24]. Nevertheless, according to the law on social economy, the third sector organisations that integrate the

Portuguese social economy are: cooperatives, mutual societies, Misericórdias (Mercies), foundations, other private institutions of social solidarity, associations with altruistic aims that act in the cultural or sports sphere or in local development, entities in the communitarian and self-managing subsectors, integrated in the terms of the Constitution and active in the cooperative and social sector and other entities with statutes that respect the principles of social economy [25].

Some of these organisations act as providers of public services through contracts with the public sector, public grants, subsidies and other source of funds. In this aspect, the public sector is becoming increasingly dependent on the cooperative and social sectors in the field of HP4OP.

The IPSS play a central role in the Portuguese health system and their efforts and values are strongly recognised by the Portuguese population, mostly for historical reasons. The IPSS are non-profit institutions, created by private initiative, with the purpose of giving organised expression to the moral duty of solidarity and justice between individuals. They are not administered by the State or local government bodies in pursuing their goals of, among other things, the provision of goods and services [26].

As a whole, the IPSS are a very important actor within the National Network for Long-term Care (**Table VI**).

According to the Health System Central Administration report on the implementation and monitoring of the National Network for Long-term Care [27], the IPSS account for more than 5,000 beds, contracted for the third level of care, covering 72.5% of bed availability. The IPSS's main objectives are to support children and young people; to support families; to protect older people and people with disabilities and to help people without means of subsistence or the capacity to work. Moreover, education and training of older people, health promotion and protection as well as solving housing problems are also main IPSS objectives [27].

3.2.1. Focus on Mercies (Santas Casas da Misericórdia)

Mercies represent the oldest private non-profit organisations in Portugal and their creation dates from the sixteenth century. Their intervention in the health sector began through actions by individuals of the Christian community, later evolving into the structuring of various facilities and services, including hospitals, to serve the communities in which they operate [28]. Nowadays, these organisations work as a private body in terms of resources and financial management, but they maintain features typical of public institutions regarding their structural, organic and administrative plans.

The Mercies gathered to create the Union of Mercies and work in close cooperation with the State (and the NHS) in a complementary fashion, providing a wide range of services, from primary health care to hospital care and continuous care, offering specialised care such as mental health care as well.

These institutions dedicate about 3,596 beds (out of 7,160) to the management of all 4 types of in-patient care of the National Network for Long-term Care (Convalescence; Medium and long term recovery; Very long term-stay and maintenance; Palliative care) providing more than 50% of the beds dedicated to the third level of care [27].

According to the Portuguese National Health Plan 2012–2016 and the subsequent extension 2016–2020, health policies should be brought forward in all settings and at all stages of life [8, 19]; in this aspect, Mercies are involved in the construction and administration of nursing homes targeted at older people. In these facilities, several activities are carried out such as social support activities, collective housing, food supply, health promotion and hygiene and guests are encouraged to socialise and take part in leisure activities [29]. Particularly, a new kind of nursing home for older people with mental health issues or dementia was created and launched in Lisbon and other cities around Portugal, where professionals are trained on how to manage these specific conditions: a specific project called "Lifes Project" ("Projeto Vidas") was initiated to provide education and training for health professionals on these themes but also to improve the competence of families affected directly or indirectly by such conditions.

Finally, Mercies are involved in the home care of older people and several projects are carried out to prevent isolation, loneliness and inactivity. The "Inter Generations Programme" ("Programa Inter-Gerações") must also be mentioned, in which young citizens went around Lisbon's neighbourhoods, street by street, building by building, to ask the older people about the problems and difficulties they face every day and to promote healthy lifestyles, physical activity, social involvement and healthy behaviours.

Provider	n° of beds contracted for RNCCI	% of beds contracted per provider
NHS public	443	6.2%
IPSS – Mercies	3,596	50.2%
IPSS others	1,598	22.3%
Private	1,523	21.3%
Total	**7,160**	

Table VI. *National Network for Long-term Care.*

Source: Administração Central do Sistema de Saúde, 2016b.

3.2.2. HP4OP actions and projects in the Cooperative and Social Sector

a) "Third Age Online Project" ("ProjetoTerceira Idade Online"). Carried out by the Life Association (Associação Vida), it essentially seeks to encourage Internet use by older people, thus contributing to their integration in the new information society, promoting their health and quality of life and fostering relationships and understanding between generations (www.projectotio.net).
b) "Active Ageing: a challenge for public Health" ("Envelhecimento ativo: um desafio para a saúde pública"). A conference organised by an association (Associação Portuguesa para a Promoção da Saúde Pública) that is a health and social solidarity oriented institution and the cofounder of the European Public Health Association.
c) "Living with Quality" ("Viver com Qualidade"). In development since 2005, by the Association for Community Intervention and Social and Health Development (Associação de Intervenção Comunitária, Desenvolvimento Social e de Saúde), this project is addressed to people with home care needs in extended hours. It is a 24 hour/day service and provides several support activities in health care, welfare, hygiene and comfort for dependents or semi-dependent people (https://www.facebook.com/AJPASglobal/).
d) "Wills: a volunteering initiative" ("Vontades: uma Iniciativa de voluntariado"). The integration of volunteers in the history of the Association for Community Intervention and Social and Health Development (Associação de Intervenção Comunitária, Desenvolvimento Social e de Saúde) dates to 1993 when, through youth health promoters, the association began to intervene in the slums of the municipality of Amadora. Its area of intervention is essentially health promotion and disease prevention, with special emphasis on dependent people and situations of social isolation. The project "Wills" plans to extend and focus its voluntary implementation and operations to target groups such as older people (https://www.facebook.com/AJPASglobal/).
e) "Solidarity Network" ("Rede solidária"). This is a digital platform created to allow Internet access to non-governmental organisations working with older people and people with deficiencies at risk of social exclusion (https://www.facebook.com/redesolidariafct).
f) "PT Special Solutions" ("Soluções Especiais PT"). An initiative of the PT Foundation (Fundação PT) that constitutes a range of equipment and services dedicated to fighting info-exclusion, namely for older people at risk, people with visual or hearing impairments, speech, communication and neuromotor dysfunctions (http://www.fundacao.telecom.pt/Home/Acesso%C3%A0scomunica%C3%A7%C3%B5es/Solu%C3%A7%C3%B5esEspeciaisPT.aspx).

3.3. HP4OP performed by municipalities

At the local level, the Healthy Cities Network (29 municipalities, representing 25% of the Portuguese population) and the Social Network project (implemented in all 308 municipalities) are currently established and very well placed to assume Health in All Policies [29]; these are very good fields for public health action and health promotion, including HP4OP.

Many municipalities are involved, together with Public Health Units, in the development of Local Health Plans that address local health problems and establish common inter-sectoral objectives in health programme design.

In addition, municipalities run Local Health and Home Action Plans [22], defined at the local level in accordance with the manual issued by the Directorate-General of Health. The implementation of these plans is made in cooperation with the health sector, particularly family doctors, public health doctors and nurses, as well as other primary care health professionals. At the same time, municipalities are involved in drafting Social Development Plans that are implemented in collaboration with the third sector [30].

Examples of good practices of HP4OP implemented at the regional and local levels are presented in **Table VII**.

4. National health promotion policies generally and those addressed at the older people

The Ministry of Health, through the Directorate-General of Health, showed direct involvement in HP4OP, launching the National Programme for the Health of Elderly People [31] as part of the National Health Plan 2004–2010. Most of its directives have been proposed again in the successive National Health Plan 2012–2016 and its extension 2016–2020, taking into consideration European policies towards older people, such as healthy ageing and active ageing [8, 19, 32, 33].

The National Programme for the Health of Elderly People aims to maintain autonomy, independence, quality of life and overall recovery of older people primarily in their homes and everyday life contexts. The programme calls for the multidisciplinary work of health care services, including the Network of Continuous Health Care created by Law n° 281/2003 [34].

The National Programme for the Health of Elderly People was addressed to regional health authorities and all health care providers to produce health gains and an improvement in terms of years of life in good health and free of impairment; moreover, the achievement of a better quality of life for older people would help use and better allocate the available resources.

The main strategies proposed in the National Programme for the Health of Elderly People were:

- promotion of healthy ageing;
- tailoring care to the needs of the older people;
- promoting the development of enabling environments.

City of implementation	Name of the HP4OP Project	Content, agreements, partnerships
LISBON	Age Friendly Cities (Cidades amigas das pessoas idosas)	Cooperation agreement between the Directorate-General of Health and the Municipal Chamber of Lisbon. In 2008, the Directorate-General of Health signed a cooperation agreement with the Municipal Chamber of Lisbon to develop the concept of "Age Friendly Cities" in the context of promotion of healthy ageing and health and autonomy for older people.
OPORTO	Integration and Help in an Age Friendly City (Integra & Ajuda na Cidade Amiga)	This project has implemented in the city of Oporto the methodology developed and proposed by the World Health Organisation for the Age Friendly Cities. This methodology involves listening to older people about their everyday reality and as citizens of their town through the implementation of the Friendly City Control List, adapted from the checklist presented in the Global Age Friendly Cities Guide, and subsequent dissemination and discussion of results of both older people and decision makers
AMADORA	Several HP4OP projects and activities	The Municipality Chamber of Amadora in collaboration with several local institutions carried out a series of HP4OP projects for both dependent and independent older people such as: physical activities, intellectual activities, housing projects to reduce falls, healthy lifestyles and nutrition.
SEIXAL	Healthy Seixal (Seixal Saudável)	A project developed by the Municipality of Seixal, which launched in its newsletter of December 2010, spreading information about „Friendly Cities for Active Ageing".
COIMBRA	Aging@Coimbra	Carried out by the University of Coimbra.
GONDOMAR (Global WHO Database of Age Friendly Practices [34]).	Senior University of Gondomar (promoted by the Union of Parishes of Gondomar, Valbom and Jovim)	A programme addressed to citizens aged 50 or older, oriented to enhancing participation and engagement in cultural activities & citizenship, maintaining mental activity and increasing intellectual efforts. The programme aims at fostering research on gerontology issues.
ALFÂNDEGA DA FÉ, ANGRA DO HEROÍSMO, MAIA, PORTIMÃO, VILA NOVA DE FOZ CÔA, VILA REAL DE SANTO ANTÓNIO E PÓVOA DE LANHOSO	Beating Time in the Seven Cities (Vencer o Tempo nas Sete Cidades)	The „Beating Time in 7 Cities" project is intended to help 7 Portuguese municipalities to implement in their own territories, equipment and actions to support older people in order to be recognised as Age-Friendly Cities.

Table VII. *Examples of HP4OP projects active locally.*
Source: Questionnaires and interviews of Pro-Health 65+.

From these three strategies of the National Programme for the Health of Elderly People, recommendations for action were set, considering age, gender specificities, culture and the participation of older people in the health system [31].

After 2010, at the central level, HP4OP was not considered specifically in one programme but projects and initiatives concerning HP4OP were developed within priority health programmes [20].

Local and regional plans are developed and implemented in accordance with the strategies defined in the National Health Plan and health programmes and follow Directorate-General of Health directives. One objective of the National Health Plan 2012–2016 was to strengthen public health at both regional and local levels through the provision of epidemiological expertise and leadership functions in health promotion. Responsibilities such as the epidemiological surveillance of the population's health status, disease surveillance and health promotion had to be borne by public health doctors [19].

In the newest National Plan, the extension 2016–2020, HP4OP is considered an important activity to contribute to the country's economic development and social cohesion. The new goals of the plan for 2020 are: a 30% reduction in premature mortality (before the age of 70), improving healthy life expectancy at 65 years old and the reduction of the prevalence of two risk factors related to non-communicable diseases, namely childhood obesity and smoking tobacco products [8].

It is also worth mentioning the recently launched National Health Education, Literacy and Self-care Programme and its integrated approach on all health policies implementation. One of the projects currently developed under the scope of this Programme is the project "Aging, self-care and informal caregivers".

5. Identification of the main limitations and barriers in planning and implementation of HP4OP

One of the main requirements for the full implementation of HP4OP policies and the dissemination of HP4OP initiatives is a well-designed intersectoral strategy in this field, as specific HP4OP strategies and funds are not clearly defined and the fragmentation of initiatives at regional and local levels is an issue.

The implementation of health promotion activities for older people is also limited by the shortage of public health doctors, nutritionists, psychologists, physiothera-

pists social workers and other professionals directly or indirectly involved in HP4OP and the difficulty of family doctors and nurses dedicating more of their time to this issue. Moreover, a clear definition and meaning of health promotion is not shared by all stakeholders.

Summary and conclusions

Health promotion in Portugal is considered an important issue to address, particularly for disadvantaged groups like older people. Information collected through the Pro-Health 65+ questionnaires and interviews and literature consultation showed that, despite the lack of a specific and continuous programme on HP4OP in place nationwide, several projects and activities are being carried out in this field.

On the whole, it is the Ministry of Health and the Ministry of Labour, Solidarity and Social Security that are involved in directly or indirectly financing and promoting projects regarding HP4OP; some specific actions are also sponsored by the Ministry of Science, Technology and Higher Education and municipalities.

In the health sector, the Directorate-General of Health regulates, guides and coordinates all health promotion and disease prevention activities and defines the technical conditions for proper provision of health care. It is Regional Health Administrations responsibility to develop, implement and monitor regional health plans for the population that take into consideration the strategies defined in the National Health Plan and others directives of the Directorate-General of Health. The local level implementation of such plans depends on Groups of Health Centres and their primary care units, which act in accordance with local health plans.

In the cooperative and social sector, an important role in terms of HP4OP is played at the local level by non-profit institutions, such as the IPSS, which is one of the most important actors within the Network of Integrated Continuous Care financed by both the Ministry of Health and the Ministry of Labour, Solidarity and Social Security.

In addition, at the local level, municipalities and "juntas de freguesias" (small administrative districts with their members elected directly by the population) might coordinate specific HP4OP projects if these issues are considered priorities in that given area.

Some rare and irregular private funds are allocated for practices and initiatives and institutions can also access European and other funds to develop projects in the field of HP4OP.

Health promotion policies for older people in Portugal tackle the social-health determinants of health too. Nevertheless, a systematic approach with an intersectoral strategy to tackle HP4OP might constitute an important condition for the full implementation of such policies. Additionally, fragmentation of initiatives at the regional and local levels, together with other barriers to addressing health promotion activities among health professionals might lead to the non-homogeneous implementation of interventions of HP4OP throughout the country

Last but not least important is the fact that Portugal faced a deep economic crisis between 2009 and 2014/15 and this had an influence on the health system as a whole and inequalities and inequities among regions and between social groups still exist: the Gini coefficient of equivalised disposable income in 2014 in Portugal was equal to 34.5 [35], income distribution is unequal (the income quintile share ratio S80/S20 is equal to 6) [36], the risk of poverty among older people could rise [37] and private health expenditure, including out-of-pocket payments and cost sharing has increased disproportionately, placing an additional burden on disadvantaged households and potentially limiting access to care, especially for the older people.

The response of the government to the crises led to the implementation of a comprehensive set of structural reforms to work towards fiscal sustainability, improved efficiency and better quality in the health care system, including health promotion. Particularly, the extension of the National Health Plan until 2020 provides an important platform and an opportunity to address some of the challenges raised, including, for example, strategies to promote healthy lifestyles, citizenship, active ageing and quality in health care. The new goals of the plan for 2020 are: a 20% reduction in premature mortality (before the age of 70), improving healthy life expectancy at 65 years by 30%, and also the reduction of risk factors related to non-communicable diseases, in particular, reducing the prevalence of smoking in the population aged $\geq$ 15 years and eliminating exposure to environmental tobacco smoke, controlling the incidence and prevalence of overweight and obesity in children and schoolchildren, limiting growth by 2020 [8].

As for health inequalities, even though the economic crises had a strong impact on the country and austerity posed challenges to municipalities in terms of provision of financial and technical resources, a network of Age Friendly Cities has been created in accordance with World Health Organisation concepts of healthy ageing and active ageing. Furthermore, the Portuguese Healthy Cities Network has been developing a National Roadmap for Health which aims to engage all municipalities in considering inequalities and engage local politicians in interventions and advocacy [30].

Finally, it is expected that many of the constraints to the full implementation of HP4OP policies will be overcome with the launch and implementation of the intersectoral National Strategy for the Promotion of Active Ageing of 2017.

These results, among others, demonstrate the Portuguese government's commitment to improving health and promoting good health policies, including HP4OP.

What to do next

A critical element in improving health system performance with limited resources is the ability to make policy choices to allocate resources in areas where they can be most effective in improving health and equity. It is es-

sential to recognise that, although "health" is the goal of the health system, other systems and policies have a significant impact on the level of health and on health inequalities. Within this context, the following core policy recommendations can be formulated:

- Continue to promote health policies targeting health gains and reduce health inequalities in all sectors: health promotion should be sustained as a policy of equity;
- Invest in upstream and gender-responsive health promotion activities to tackle risk factors and integrate the determinants of health into public health, health promotion and disease prevention programmes;
- Increase the value of investments in health by prioritising spending on prevention, health promotion and public health, and by enhancing the efficiency of service delivery;
- Improve access to healthcare in rural areas and easier transportation to health facilities;
- Strengthen governance of primary health care, hospital and long term care so that decision making is adequate, effective and monitored and so that citizens can more quickly access the care they need;
- Improve intersectoral governance actions: decisions and investments in health promotion should be planned and undertaken together by all the ministries involved, thus exerting influence on overall government effectiveness;
- Improve the health information and promotion capacity on both old and new information channels: internet and WEB 2.0 channels, including social media, are already being used by part of the older population so it is essential to promote "new" concepts such as e-health, health literacy and empowerment;
- Ensure a broader engagement of older patients and the public in the health system and health promotion decision-making by strengthening public health departments and supporting the partnerships between public health specialists and other health professionals, including family doctors, nurses and pharmacists (given the degree of confidence and credibility they have among the population);
- Clarify the role of the private sector, the IPSS and the NGOs in the management of older people through a coherent policy framework: regulate and ensure compliance with requirements for public reporting, standards of quality and safety, rules for dual employment, and pricing and payment mechanisms.

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