

Seniors' health in Poland – legal, social and financial conditions

Zdrowie seniorów w Polsce – uwarunkowania prawne, społeczne i finansowe

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Abstract

Introduction. Polish society, like that of many developed countries, is aging. This means that older people pose an increasing burden on the healthcare system. Health programs aimed at older adults are a key element of disease prevention, also reducing treatment costs. **Aim.** The aim of this study was to identify sources of funding for health programmes in Poland. **Material and Methods.** The keywords: 'aging,' 'health programmes,' 'older people,' and 'foundations' were used in the Pubmed/Medline/Scopus literature databases and in the resources of the Ministry, the Central Statistical Office, and the National Health Fund. The obtained data were analyzed for consistency with the study topic, duplicates were removed, and the results were discussed by the remaining authors. **Results.** Literature data and legal acts regarding healthcare for older adults were obtained. Governmental and non-governmental organizations involved in healthcare for older adults were identified. Health programmes targeted at people aged 65+ were identified. **Conclusions.** Elderly people in Poland have adequate medical care and access to health programmes. However, there are limitations related to their place of residence. Rural areas and small towns require greater involvement of government and non-governmental entities to maintain uniform care for older people. (*Gerontol Pol* 2025; 33; 257-262) doi: 10.53139/GP.20253332

Keywords: ageing, health programmes, elderly, foundations

Streszczenie

Wprowadzenie. Polskie społeczeństwo, podobnie zresztą jak społeczeństwa wielu krajów rozwiniętych – starzeje się. Oznacza to, że osoby starsze stanowią coraz większe obciążenie dla systemu ochrony zdrowia. Elementem profilaktyki chorób są programy prozdrowotne skierowane do osób starszych. **Cel.** Celem pracy było wskazanie źródeł finansowania programów prozdrowotnych w Polsce. **Materiał i metody.** Słowa kluczowe: 'starzenie się', 'programy prozdrowotne', 'osoby starsze', 'fundacje' zostały zastosowane w bazach danych piśmienniczych Pubmed/Medline/Scopus oraz w zasobach ministerialnych, Głównego Urzędu Statystycznego i Narodowego Funduszu Zdrowia. Uzyskane dane zostały przeanalizowane pod kątem zgodności z tematyką badania, powtórzenia zostały usunięte, wyniki przedyskutowane przez pozostałych autorów. **Wyniki.** Uzyskano dane piśmiennicze oraz akty prawne dotyczące opieki medycznej nad osobami starszymi. Zidentyfikowano organizacje rządowe oraz pozarządowe zaangażowane w opiekę nad osobami starszymi. Zidentyfikowano programy prozdrowotne skierowane do osób 65+. **Wnioski.** Osoby starsze w Polsce mają zapewnioną opiekę medyczną oraz dostęp do programów prozdrowotnych. Na uwagę zwracają jednak ograniczenia związane z miejscem zamieszkania. Obszary wiejskie oraz małe miasteczka wymagają większego zaangażowania jednostek rządowych oraz pozarządowych w celu utrzymania jednolitej opieki nad osobami starszymi. (*Gerontol Pol* 2025; 33; 257-262) doi: 10.53139/GP.20253332

Słowa kluczowe: starzenie się, programy prozdrowotne, osoby starsze, fundacje

Introduction

Population ageing has become one of the major challenges faced by highly developed countries. In 2023, individuals aged 65 years or older accounted for approximately 20% of the population of European Union co-

untries, and this proportion is projected to increase to nearly 30% by 2050 [1]. In certain nations like Italy, Portugal, and Bulgaria, older adults already constitute over 23% of the total population. This rise stems from longer life expectancies and falling birth rates, intensifying the demographic pressure exerted by the non-working-age

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group on the working population [2]. At the end of 2023, Poles aged 60 years and older totaled 9.9 million, comprising approximately 26% of the overall population. It is projected that the number of people aged ≥ 65 years will increase by more than one third, while the number of individuals aged ≥ 80 years will double by 2060 [3,4].

Demographic aging in certain European countries, such as Poland, intensifies the need for specialized geriatric and long-term care, resulting in elevated health-care expenditures [5]. Preventive interventions targeting lifestyle- and senescence-associated medical conditions, designed to alleviate these costs, were already established many years ago. These solutions, referred to as health-promoting programs, are not specific to Poland, but are implemented in various forms and at different levels of financing also in other countries. Notably, the prevalence of specific aging-associated conditions fluctuates depending on sociocultural, economic, climatic and geographical determinants (e.g., [6-9]), giving rise to differences in state-level interventions addressing senior health risks.

Aim

The aim of this study was to discuss the legal framework and financing of elderly care in Poland.

Material and Methods

This literature review included scientific papers published in peer-reviewed journals. The MEDLINE/PubMed and Google Scholar databases were searched for 2014–2024 publications related to eldercare in Poland. The search strategy included three main phraseological clusters and employed different keyword combinations referring to:

- population: ‘elderly’, ‘older adults’, ‘older people’, ‘geriatric’,
- country/region: ‘Poland’, ‘EU’,
- support systems: ‘healthcare service delivery’, ‘integrated care for older people’, ‘geriatric medicine’, ‘silver economy’, ‘older employees’, ‘non-governmental organizations’, ‘pro-health programs’.

The above-mentioned keyword combinations were also utilized to search online resources outside the main databases indicated above. English-language terms were used for this purpose, while their Polish-language equivalents were applied in a separate search of online resources.

Additionally, set phrases in Polish were used to search national written sources and legal databases (lex.pl, sejm.gov.pl). These combinations also served to evaluate online materials regarding systemic solutions in other European Union countries, encompassing relevant statistical data.

Results

A review of scientific publications in MEDLINE/PubMed and Google Scholar databases yielded 37 and 49 references, respectively. Overall, 86 publications were retrieved and screened. Supplementary online searches identified three additional publications absent from PubMed, MEDLINE, or Google Scholar. Preliminary evaluation of the assembled data identified 65 duplicate or marginally relevant publications, narrowing the pool to 24, of which further three papers were excluded as they comprised dissertations or full-text conference proceedings included in monographs. Three more articles were disqualified as they addressed the topic only in the context of comparisons between the European Union and selected non-EU countries. Ultimately, 18 publications proceeded to comprehensive title, abstract, and full-text content, only a subset of which was used in the discussion of this paper (figure 1).

The review of legal acts included two of the most commonly used and independent online repositories: sejm.gov.pl and lex.pl. Applying consistent keywords yielded 38 (sejm.gov.pl) and 44 (lex.pl) legal acts (82 in total), which narrowed to 37 following checks for duplicates and topical relevance. In the subsequent phase, further 13 acts were eliminated as they represented amendments to existing regulations. This left 24 legal acts addressing the study’s topic and applicable within the Republic of Poland for further analysis (figure 1).

An additional review of online resources, supplementing the above-mentioned analyses and focusing on statistical and literature data, was not verified using the PRISM method; however, the obtained data were used in the subsequent part of discussion following topical relevance confirmation.

Discussion

Eldercare systems across Europe differ by country, shaped by distinct legal frameworks and cultural norms. For example, Scandinavian nations offer comprehensive services for older adults, while southern European countries place greater responsibility on families of the elderly [10]. Meanwhile, in Germany, these issues are main-

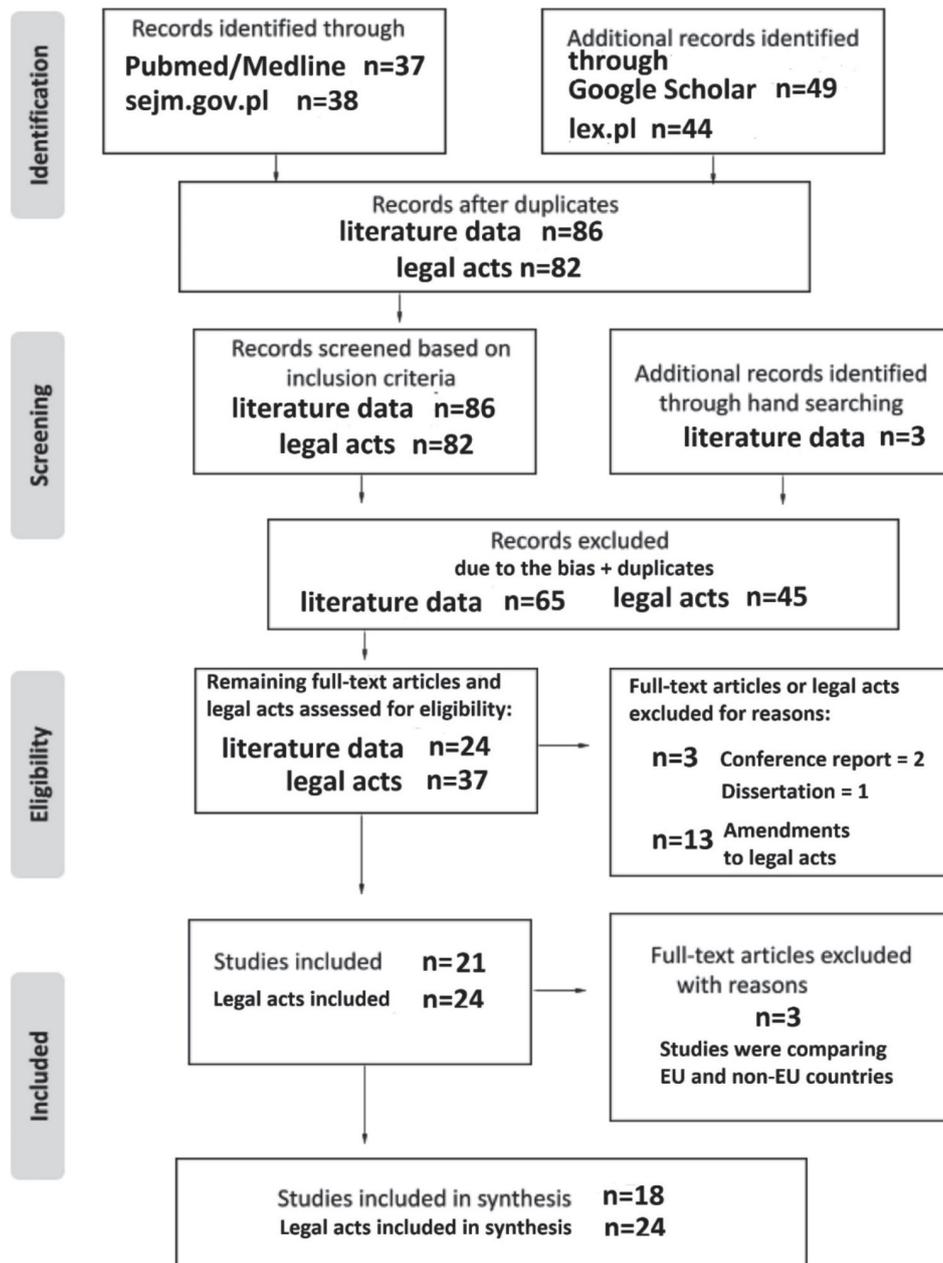


Figure 1. PRISMA flowchart for articles and legal acts

ly solved through a strategy of supporting seniors with health and social programs [11]. In Poland, despite existing regulations for care, including long-term care, the growing health needs of the elderly are becoming one of the major challenges and financial strain for the National Health Fund.

Legal acts for eldercare in Poland

Eldercare in Poland primarily is based on the value system outlined in the Constitution of the Republic of Poland, which ensures the right to health protection along with specialized medical care for older individuals and those with disabilities (see Article 68) [12]. The Act on Medical Activity regulates the functioning of medical entities delivering healthcare services designed to en-

hance the health and quality of life for seniors in need of medical support [13]. Other laws and regulations ensure access to primary healthcare, medical treatment, nursing care, and services delivered in both medical facilities and home settings, all financed by the National Health Fund [14,15]. Older adults may also access psychiatric care and social assistance designed for those unable to live independently. Social welfare delivers care services in both home environments and nursing homes, alongside support for daily activities or financial aid [16,17]. This indicates that eldercare in Poland remains largely institutional; nevertheless, home-based services, including long-term and palliative care, play a vital role within this framework.

Care and treatment facilities, along with nursing and care homes, deliver long-term medical oversight for older adults needing ongoing medical and nursing attention [17-19]. In contrast to the aforementioned facilities, hospices and palliative care units prioritize the preservation of patients' quality of life for as long as possible through comprehensive care during the end-stage of illness [20]. In 2023, Poland had over 2,100 long-term and palliative care facilities, with more than 82% of patients aged 60 years and older [4].

The Polish healthcare financing system relies mainly on public health insurance, which funds both the National Health Fund (pol. NFZ) and social services [15,21]. Financing for eldercare represents a significant portion of the total healthcare budget. According to National Health Fund data, 2023 allocations for reimbursing geriatric services in outpatient specialist care and hospital treatment totaled PLN 300.9 million, with 97% directed toward hospital-based geriatric care [4].

Workforce participation of older adults

Older adults who remain employed contribute to social security through ongoing payments, providing direct financial support to the healthcare system. Furthermore, their valuable expertise is continuously kept in the workforce. Most importantly, however, their professional activity significantly reduces the demographic burden on society. In 2023, approximately 1,443,000 Poles aged 60–89 years were economically active [4]. While substantial, this figure appears moderately satisfactory relative to certain EU countries. In Sweden, the employment rate for individuals aged 60 years and older reached a record of 78% in 2023, representing one of the highest levels in the European Union [10]. Germany's rate for this group reached 75%, underscoring robust older worker participation [11]. In Spain, around 60% of individuals aged 60 years and older participated in workforce in 2023 [22]. Poland's economically active seniors (about 15%) seems a strikingly low figure compared to peers [4]. This disparity likely arises from restrictive employment regulations for older workers or health constraints limiting workforce retention at advanced ages. Further investigation is needed; meanwhile, greater participation should be encouraged among those aged ≥65 years via targeted government programs or by improving their well-being through dedicated health promotion initiatives.

Social support and health programs for seniors

Poland's support framework for older adults relies on legal and institutional measures designed to ensure that

seniors can function with dignity amid age- or illness-related limitations. The Social Assistance Act serves a central function by governing residential care and specialized services customized to individual health and functional requirements [16,23]. Individuals requiring 24h-care can access nursing homes and other residential facilities, while the system also offers financial aid to cover daily expenses [24,25]. By the end of 2023, Poland had 903 nursing homes and 680 inpatient nursing facilities, housing around 122,000 residents in total, including 83,000 individuals aged ≥60 years, who made up 68% of all residents [26].

Funding for health promotion and preventive programs primarily comes from the National Health Fund, similar to other public health initiatives, with a significant share directed toward seniors. Financing often involves contributions from the National Health Fund, Ministry of Health, and Voivode Offices in voivodeships. Local governments at regional, district, or municipal levels may also participate, among other things, by launching region-specific programs when funding conditions permit. However, nationwide health programs form the core of these initiatives, with strategies set at the national level and posted on the National Health Fund website. Notably, most programs continue annually, though criteria for funding adjustments in future years often remain unclear.

In the context of health-promoting activities for seniors and the implementation of programs of the National Health Fund (NFZ) or the Ministry of Health, this category should encompass initiatives focused on preventing the most common age-related conditions. In certain instances, preventive initiatives against aging-related diseases receive European Union funding. Here, program operators (such as the National Health Fund or Ministry of Health) recruit service providers equipped to deliver specific health promotion efforts at regional or national levels.

Health promotion programs, the most prominent and frequently cited initiatives in Poland's public discourse, target the prevention of diabetes [27], obesity [28], cardiovascular diseases [29], smoking cessation [30], mental health enhancement [31], hearing impairment prevention [32], as well as promotion of healthy nutrition (e.g., NUTRITECH) [33]. A notable advancement in health promotion programs involves new initiatives designed to enhance social well-being, including health outcomes, by addressing factors like climate change (with NUTRITECH recently evolving into such an initiative [33]). Among the aforementioned health programs, certain initiatives receive direct funding from governmental institutions, including ministries beyond the Ministry of

Health (which often collaborates closely with the National Health Fund across many efforts). One example is the nationwide “Activity for All” program, which promotes physical activity across many age groups, such as children, adolescents, adults, and seniors [33].

National health programs are supplemented by local and regional initiatives that target specific community health priorities and are frequently executed by non-governmental organizations. Funding for these efforts comes primarily from local authorities or, more recently, private donors.

Summary and conclusions

The development of senior care in Poland requires a holistic strategy integrating medical, social, and economic dimensions. Priority should focus on broadening community- and home-based care, expanding the caregiving workforce, and fostering local synergies between health and social services. Health programs form a vital

element of medical support for older adults, demonstrating high efficacy by frequently encouraging healthy behaviors in this group. Importantly, a wide range of health promotion programs exists within the Polish public sector at national and regional levels, reflecting the efficacy of legislative and executive responses to population needs; nonetheless, the financing of senior-targeted initiatives remains a topic warranting further discussion. Unfortunately, demographic aging trends suggest persistent funding shortfalls for these efforts. An additional and even more significant challenge can be seen for the access to health-promoting programs, which is predominantly urban-restricted, underscoring the need for structural reforms to ensure equal access for rural seniors.

Conflict of interest

None

Financing

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