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**HEALTH EDUCATION AND PREVENTION AMONGST  
THE ELDERLY AND CHRONICALLY ILL**

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AND CHRONICALLY ILL

**Keywords:** health education, health prophylaxis, the elderly, chronically ill.

The aim of the article is to show the importance of evaluation of health education and prevention among the activities of work with the elderly and chronically ill. There are many reasons for these changes, which are influenced by the progress of civilization, as well as the greater possibilities of algorithms for changes in human consciousness. The positive effect of changes can be achieved in gaining knowledge about health and ways of taking care of it. The new era offers us many perspectives on health perception and shows the essence of the importance of preventive measures.

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Modern health education should focus on promoting pro-health activities with the use of telemedicine and should be related to traditional methods. Its aims to educate in the correct selection of all information that reaches us and, above all, to be based on confirmed scientific and research results.

## EDUKACJA ZDROWOTNA I ZAPOBIEGANIE CHOROBYM WŚRÓD OSÓB STARSZYCH I PRZEWLEKLE CHORYCH

**Słowa kluczowe:** edukacja zdrowotna, profilaktyka zdrowotna, osoby starsze, przewlekłe chore.

Celem artykułu jest ukazanie znaczenia edukacji zdrowotnej i profilaktyki zdrowotnej wśród osób starszych i przewlekłe chorych. Istnieje wiele przyczyn chorób, na które wpływ ma m.in. postęp cywilizacyjny, a także zmiany w ludzkiej świadomości. Pozytywny efekt zmian można osiągnąć poprzez pogłębienie wiedzy o zdrowiu oraz sposobach dbania o nie. Współczesna nauka oferuje nam wiele perspektyw postrzegania zdrowia i ukazuje istotę znaczenia działań profilaktycznych. Nowoczesna edukacja zdrowotna powinna koncentrować się na promowaniu działań prozdrowotnych z wykorzystaniem telemedycyny i powinna być powiązana z tradycyjnymi metodami. Jej celem jest edukacja o prawidłowym doborze wszelkich informacji, które do nas docierają, a przede wszystkim opieranie się na potwierdzonych wynikach naukowo-badawczych.

Health education is a process aimed at making people aware of the scale of the importance of active participation in treatment as a basic element of successful prevention of illness and minimizing the negative consequences of a disease in the event of falling ill (Sierakowska 2016, p. 25). Education can be focused on three aspects depending on the situation we are in. During the disease on the ways to deal with it; the understanding of the dangers of the factors that increase the risk of it; and in maintaining good health and well being (Ciechaniewicz 2008, p. 291).

There are many methods of education. The method used depends on the social group we want to influence and the location and the educational effect we want to achieve (Ciechaniewicz 2008, p. 294). A properly selected method will enable patients to apply the knowledge they will acquire in their lives and incorporate it into everyday activities (American Nurses Association 2015, p. 11). Educational needs assessment involves gathering subjective and objective information to identify preferences and opportunities while

taking into account available resources (London 2016; Smith, Engelke 2016). Patient characteristics that may influence learning include a willingness to acquire new knowledge, previous experience, health status, age, ethnicity, and psychosocial factors (Falvo 2011, Stewart 2012).

Globalization has influenced the goals of education and the ways that man struggles with the problems of the 21st century in regard to his health. We commonly find ourselves leading a fast-paced life, exposing ourselves to long-term stress and setting ourselves difficult goals. As a result, we lead a lifestyle which is far from being healthy (Giddens 2008, p. 90). Responding to contemporary needs, it is important to focus on both the physical and mental health of people living in modern times. Easier access to information forced a more active approach in preventing and coping with disease (Dworak 2018, p. 159). Information from social media is an important source of information on effective disease prevention in the modern world (Cylkowska-Nowak, Wierzejska 2017, p. 204).

The approach to health education policy has evolved over the past few decades. Advances in technology are critical to this evolution as the use of mobile devices and the use of Internet access by different age and social groups is increasing. Currently, there are many social networks related to health promotion that can be accessed by every user (Edington et al. 2016). Therefore, there is a need to effectively use technological tools to create culturally adapted health promotion programs (Welch et al. 2016).

Social media improves health communication and the dissemination of relevant health information. This communication medium offers promising new prospects for improving and streamlining health education policy. While social media somewhat succeeded in education about the health of a society, there are also complications and challenges that need to be addressed. Inaccurate information can be disseminated just as effectively by users as real information created by medical educators. Currently, we are struggling with anti-vaccine supporters, people promoting fashionable and unnecessary diets that have a negative effect on our health, persuading people to refrain from treating various disease entities or to treat them in a way that threatens human life. The measures taken to prevent confusion are most often ineffective and performed too late. This way of teaching also has some limitations. Older people, people who do not use modern forms of communication and people with mental disorders will not be able to find the information provided there. It is therefore important to design campaigns with the participation of social media that are appropriate for the population to use them (Stellefson et al. 2020, pp. 6-7).

Self-interest in one's health condition, questioning the available

methods of treatment and practicing the basic principles of a healthy lifestyle play an important role in human life. Knowledge of available institutions, such as the University of the Third Age, provides the opportunity to use them in times of need (Dworak 2018, p. 126). It was recognized that the involvement of the individual is one of the key factors influencing its independence and communication with medical staff (Graffigna, Barello 2018).

Educating patients about treatment by healthcare professionals is an important part of the entire therapeutic process. A patient who has knowledge about his disease and treatment of it supports the entire treatment process (Kubica 2006, pp. 44-47). A patient-centered, individualized educational approach can influence clinical outcomes (Stewart 2012; van Driel et al. 2016; Sonya, Fladers 2018). It broadens knowledge, improves the quality of life and has a positive effect on independence. It reduces the number of readmissions and provides a more responsible approach to medical adherence, such as taking medications (Casmir et al. 2014). Educational activities carried out by healthcare professionals should take place both during their working hours and outside of it. Their knowledge must be constantly updated with the latest recommendations and in line with current medical knowledge. Effective promotion of health in each of the elements of health care, i.e. during diagnosis, treatment and subsequent convalescence, brings positive results. During the diagnosis of the disease, it facilitates the performance of all the necessary procedures that enable the correct diagnosis. During treatment, it supports the entire process, thanks to the patient's good cooperation with the staff and during convalescence, it accelerates the return to the pre-illness state. (Lizak et al. 2014).

Patients learn from their experiences related to the disease they are struggling with (Dylewicz et al. 2002) and from third parties. We can divide informants into three groups. The first one is the most reliable health care workers; it is from them that the flow of information should be the greatest. The second group are people who know a given disease because of their experience. It is not a particularly reliable source because the facts can be enriched with a subjective opinion. The last group includes people who do not belong to medical personnel, but promote information that is not supported by scientific research and consistent with current medical knowledge (Kubica et al. 2005). In order to prevent the spread of incorrect information, it is important to transfer knowledge in various ways, through various sources and in an accessible way for each patient (Kubica 2010, p. 94).

In teaching about the health of older people, special emphasis is placed on promoting an active aging process that focuses on increasing the chances of healthy participation in social, cultural, spiritual and civic life. (Mallmann et al. 2015, p. 764). The main goal is to keep the elderly and chronically ill in a healthy condition enabling them to be independent, thus increasing their quality of life (Kornatowski, Grzešk 2010). Independence is related to the quality of life, as it ensures coping with the problems of everyday life without burdening others with oneself and ensures economic and cultural independence. Educational activities should also be aimed at improving self-esteem and self-image in order to maintain good social relations. Medical personnel are of the greatest importance in the education of seniors. Doctors, nurses and other employees of medical facilities have the greatest influence on elderly patients and are able to motivate them to improve their health by practicing health-promoting behaviors. It is important to constantly work with the patient and not to leave him alone (Mallmann et al. 2015: 1764). Group meetings focusing on health promotion can also bring the desired result. They facilitate establishing interpersonal contacts with people struggling with similar problems, thanks to which the identification of factors that have a negative impact on health and finding possible solutions is much faster (Tamari et al. 2012). Regular physical activity is one of the main aspects of preventive health care in any age group. Research shows that older people exercising regularly led longer independent lives and their perception of quality of life was higher than people with low physical activity due to coping better with basic life activities (Mallmann et al. 2015, p. 1764).

Golghetto Casemiro et al. conducted a study in 2017 that looked at how health education affects older patients with mild cognitive impairment. They analyzed how it affects cognitive, anxiety related and depressive symptoms. The authors conducted therapeutic meetings for seniors with the onset of dementia. It was shown that participants exercising physically presented a better cognitive state than those with a sedentary lifestyle. This result suggests the importance of stimulating physical activity among the elderly as a strategy for promoting physical and mental health. Conducting teaching meetings about health, improved cognitive functions. It has also been found that older people who are socially engaged and have good health habits have a better memory. Since cognitive decline is a natural process of aging, it is important that older people continue to train their cognitive domains to minimize loss, despite some genetic factors contributing to individual differences. Studies of participants also showed improvements in language and orientation. The task of remembering the place, date and

time of an after-school meeting improved greatly. The results showed that health education improves cognitive abilities in patients with mild cognitive impairment, which is particularly important as this disease may progress to Alzheimer's disease. We are able to counteract this with an effective health policy. Older people who attended group therapy meetings showed interest in the meetings because they realized that they could learn new things and share information. The information gained in the group helped the participants to develop and change. In addition, social interactions became part of their lives, which contributed to increased commitment and satisfaction. As a result, participants displayed reduced depressive symptoms. The groups tried to bring together people of similar age, marital status and health problems. The above study confirms that health promotion prevents disability and helps maintain the cognitive performance of senior citizens (Casemiro et al. 2018).

The mortality of patients with heart failure is still relatively high. An improperly balanced diet, low physical activity, and a stressful lifestyle may increase the risk of heart failure and its related complications. The earlier the symptoms are detected, the lower the risk of exacerbation of symptoms is and it enables avoiding hospitalization. Non-specific symptoms delay diagnosis and intervention. Patients have a variety of complaints and these can change with each incident. Providing appropriate education increases awareness in this group of patients and helps to identify the failure more quickly. It is important to start educating both patients and their families as soon as possible. Patients after the first incident may be confused and frightened by the new situation. Coping with the new burdens caused by the disease can be difficult, and having the knowledge to help you progress through this first stage of the disease. A person undertaking to increase the knowledge and awareness of the patient should have extensive knowledge and appropriately adjust the way of conveying this information depending on the health condition and age of the patient. Only a well-conducted transfer of knowledge on the prevention and quick recognition of emerging symptoms will bring the expected results in patients with heart failure (Saha 2022, pp. 41-43).

Research examining the impact of technology-led education on cardiovascular risk factors in patients with ischemic heart disease shows that interventions through mobile applications, telehealth and websites have assisted patients in reducing modifiable factors. The patients improved their diets, increased the time of daily physical activity and stopped smoking. This change resulted in reductions in total cholesterol and LDL cholesterol levels. Promoting healthy behavior using technology had similar

effects to educator face-to-face education, but combining the two gave the most satisfactory results. This shows that the modern method can be an alternative to the traditional method or a performance enhancer. It will be especially useful in places where access to cardiology education is limited and not available to all those in need. The most successful were personalized applications covering many aspects. The limitation of this method is the reluctance of some patients, especially the elderly, to use this method. The lack of the ability to use modern technologies makes it impossible to start fruitful cooperation. Such patients insisted on sticking to the traditional method of teaching with an educator. Due to the current shortage of medical staff, it is important to encourage patients to choose education through technology and to match them with the most appropriate methods (Halldorsdottir et al. 2020, pp. 2023-2025).

A study conducted by Daria Gorczyca-Siudak and Jerzy Mosiewicz (2016), which assessed the level of knowledge among patients with atrial fibrillation on antithrombotic prevention, showed that patients do not have sufficient knowledge. Among younger patients and those who read the leaflet attached to the medicine, the level of knowledge was higher. Patients who knew the course of therapy better monitored the blood clotting index (INR) and actively participated in controlling the effectiveness of the treatment. The correlation between the level of knowledge and the equalization of INR values was also demonstrated. Participants in the presented study were not aware of the basic contraindications related to taking drugs from this group.

Asthma is a chronic disease that affects every age group. Despite recent medical advances, mortality remains relatively high. Properly controlling this disease is still the main therapeutic goal. Failure to follow medical recommendations for taking medications contributes to the deterioration of health (Poowuttikul 2019). The education and commitment of the patient and his/her family are the main factors affecting the proper control of asthma. Many studies have shown that the application of modern forms of patient education brings many benefits. The use of a mobile application reminding about medical recommendations effectively influenced their proper compliance (Weinstein et al. 2019). Online self-treatment systems had a positive effect on the quality of patients' health, lung function and reduced the frequency of exacerbations of this disease (Rasmussen et al. 2005, Ahmed et al. 2016, Araujo et al. 2012, van Gaalen et al. 2012). Telemedicine facilitated communication between the patient and the doctor, which resulted in better asthma control (Saigi-Rubio 2016).

Katarzyna Górska (2018) studied the impact of health education on patients with obstructive pulmonary disease and asthma. The results show

that the patient's knowledge of the mechanisms causing the disease and the functions of the anti-inflammatory drugs used in asthma increase the chances of compliance and taking them regularly. Prior to the introduction of the educational program, awareness of patients suffering from chronic obstructive pulmonary disease was low. After educating patients, there was an increase in knowledge about the side effects and side effects of smoking, the importance of regular intake of bronchodilators, and a physically active lifestyle in slowing disease progression. During the application of the program, a reduction in the number of participants smoking cigarettes was observed. According to the author, the success of the introduced health education is due to the method used. Each participant was approached individually. Meetings were held regularly and a doctor participated in them.

It is also important to briefly refer to the research on chronically ill children and adolescents. Because this new generation, already struggling with health problems in childhood, will be a new era of modifying the meaning of education and preventive health care. When they reach old age, they will become another indicator of changes in this field. It will also be influenced by professionalism in ICT services. The young generation struggles with social problems more often than healthy children. Day-to-day functioning with the disease requires the involvement of the whole family (Trollvik et al. 2013). There are more problems with age. Young people do not want to admit their health. Pressure from society, both physical and mental difficulties that make it difficult to keep up with peers make teenage patients ashamed of their disease (Zhong et al. 2017). Chronic diseases that begin in childhood are more and more common, therefore it is extremely important to implement effective education teaching young people to cope with the disease on their own (Lindsay et al. 2014). Early patient education enables children, adolescents and young adults to cope better with the challenges they face (Finset 2017). Research shows that young people suffering from chronic diseases want to learn about their health and the consequences for their daily lives. Most often, however, they do not have sufficient knowledge to move from pediatric care to adult health care (Morsa et al. 2017). Research studies investigating this problem show that the use of both group and individual health education allowed the participants to reduce stress, ensure better compliance with medical recommendations and the level of knowledge of the respondents was much higher. All these factors reduced the frequency of hospitalizations, visits to the GP, and therefore fewer absent days from school. Patients who had contact with peers with the same disease learned from each other, which



created a new perspective on symptoms, potential causes and ways to help in everyday life. Taking up physical activity in patients as a result of realizing its importance, resulted in the observation of a beneficial effect on the control of blood glucose levels and reaching an appropriate BMI. No studies reported negative effects of educational interventions. It is important that the attempts at teaching are adapted to the development needs of a given age group (Stenberg et al. 2019). Therefore, it should be noted that, as in the case of older people and the young generation, it is important to have an individual approach to conducting health education methods as well as evaluating prevention.

Health education and prevention are of great importance in maintaining physical independence until old age, as well as influencing the cognitive functions of the elderly and chronically ill. To achieve an educational effect, health activities must be based on an individual approach to each individual. These actions should be based on various planes. These could be meetings with healthcare professionals or other people with similar problems. Newsletters or telemedicine can also bring the desired effect. The essence is to achieve therapeutic success and this is what should be focused on in caring for the elderly and chronically ill.

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