



UNIWERSYTET JAGIELLOŃSKI
W KRAKOWIE



***Providing Help
to Older Ukrainian refugees -
individual and institutional experience from
Poland***

Jolanta Perek-Białas

4th of April, 2023

Plan of my speech

- Context of the situation in Poland
- Individual help what we know and why Poles are helping?
- Institutional experience of helping in Poland - examples of regions and cities
- Conclusions – what next?

Context of the situation in Poland

- **355,000** Ukrainian persons entered the Polish border from 24th to 28th of February 2022
- **March 2022 – 2 mln persons**
- **March 2023 – about 700,000 persons**
- **Flow: in and out**

Age-friendly Cities and Communities are leading the way in supporting older people, including Ukrainian refugees, in Poland

23 March 2023 | News release | Reading time: 2 min (650 words)

WHO and partners are taking action to better identify and address barriers to health care for older Ukrainian refugees in Poland. A recent survey of Ukrainian refugees found that over 70% of those over 65 years of age had experienced difficulties in seeking and accessing health care in the host country. Approaches and solutions being considered would also benefit older people in general across a variety of settings, both urban and rural.

Identifying and addressing the challenges faced by older people, including refugees in the context of the ongoing emergency in Ukraine, has been the subject of a consultation organized by WHO and the Jagiellonian University's Center for Evaluation and Analysis of Public Policies in Kraków on 20–21 March.

Ukraine is currently facing a severe humanitarian crisis affecting millions of people, both within the country and in the refugee diaspora the war has created, with a disproportionate number of older people impacted. In Poland, over 10% of the nearly 2.5 million refugees from Ukraine are over 65. During the past year, the large-scale movement of refugees from Ukraine has brought new challenges in integrating communities and providing services that enable healthy and fulfilling lives for the older population currently living in Poland. Both WHO and Polish Age-friendly Cities and Communities are committed to addressing the needs of older refugees and the wider population in Poland and beyond.

Like many European countries, Poland has been experiencing a significant change in the age distribution of its population due to factors such as changes in fertility, mortality rates and migration trends. Estimates show that by 2030, 28.8% of the Polish population will be over 60, and by 2050, this age group will make up around 40% of the population. Such a drastic demographic shift means that local policies need to be radically rethought and redesigned to prepare for the future. Many Polish cities have been working to become more age-friendly, promoting the creation of age-friendly environments and facilitating information exchange and learning amongst communities.

Individual help - what we know and why Poles are helping?

- Almost everyone was helping in first weeks of 2022 – about 60-80%
- About 2,5 mld USD were donated*
- Closeness, anticipatory fears, and social norms

* *Based on estimation of the Polish Institute of Economy*


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Article | [Open Access](#) | [Published: 26 January 2023](#)


The role of fear, closeness, and norms in shaping help towards war refugees

[Małgorzata Kossowska](#) , [Paulina Szwed](#), [Ewa Szumowska](#), [Jolanta Perek-Białas](#) & [Aneta Czernatowicz-Kukuczka](#)

[Scientific Reports](#) **13**, Article number: 1465 (2023) | [Cite this article](#)

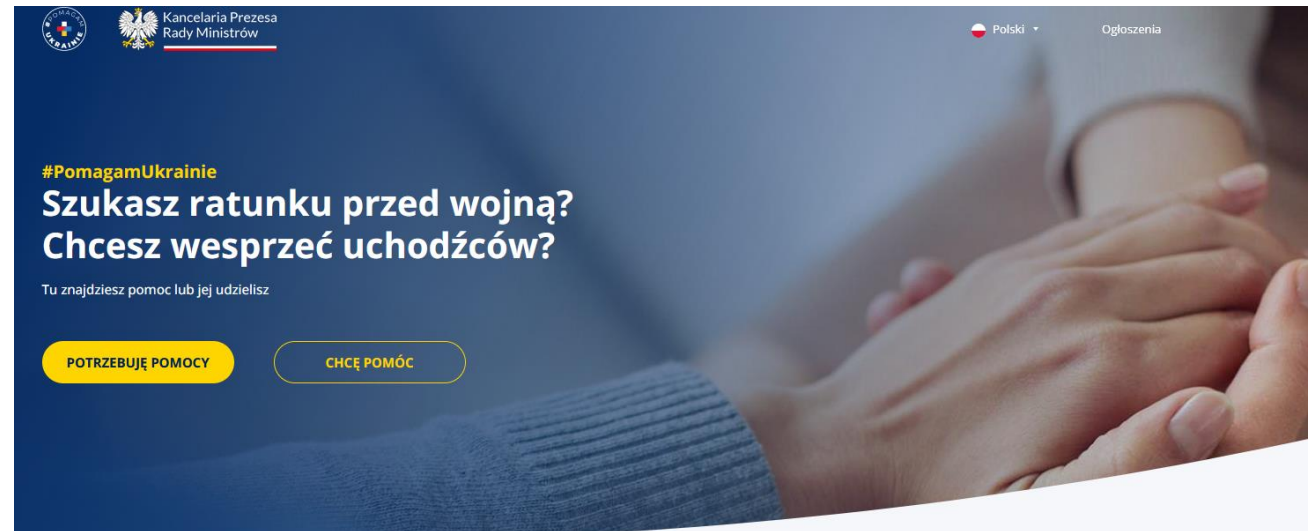
1288 Accesses | 10 Altmetric | [Metrics](#)

 A [Publisher Correction](#) to this article was published on 21 March 2023

 This article has been [updated](#)

Insitutional experience of helping in Poland

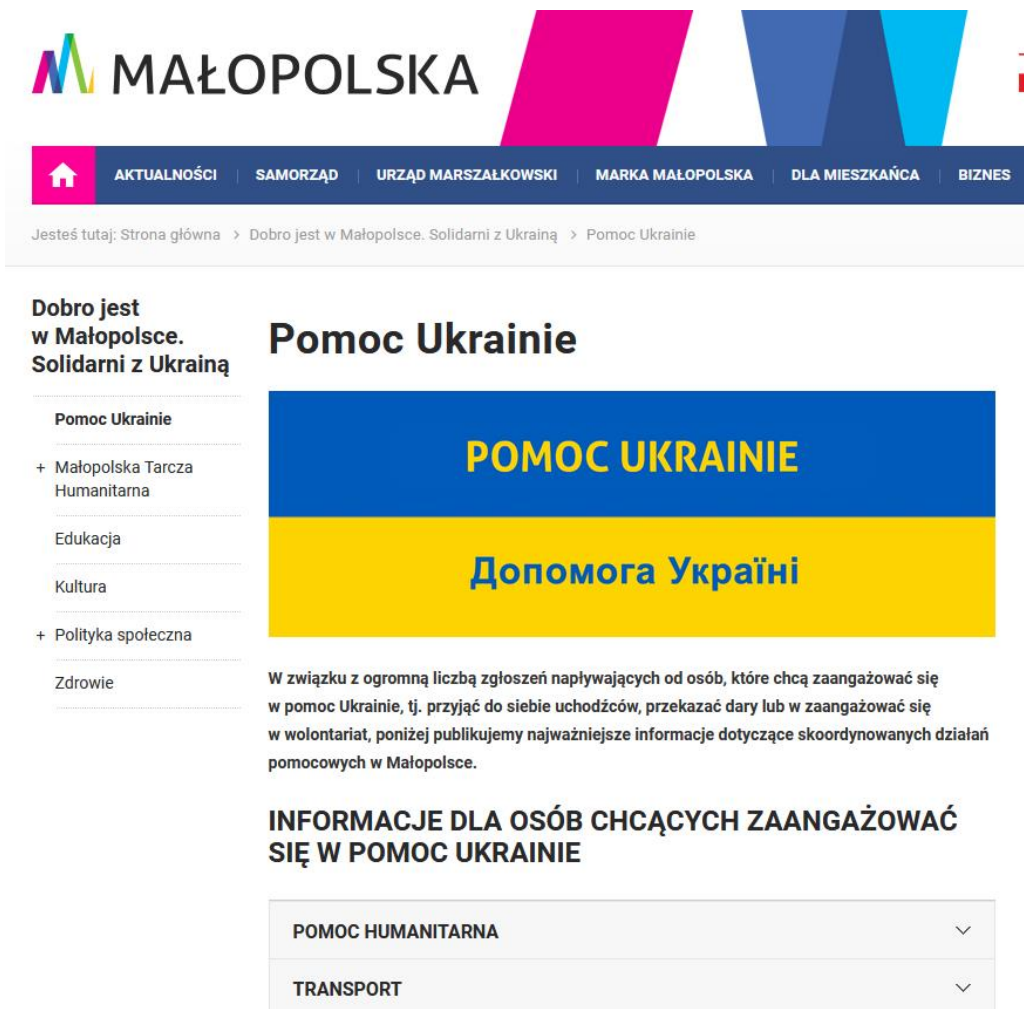
- Many programs and solutions at national level



<https://pomagamukrainie.gov.pl/>

Insitutional experience of helping in Poland

- Many programs and solutions at regional level



The screenshot shows the website 'Pomoc Ukrainie' on the Małopolska regional government website. The header features the 'MAŁOPOLSKA' logo and a navigation menu with items: AKTUALNOŚCI, SAMORZĄD, URZĄD MARSZAŁKOWSKI, MARKA MAŁOPOLSKA, DLA MIESZKAŃCA, and BIZNES. A breadcrumb trail reads: Jesteś tutaj: Strona główna > Dobro jest w Małopolsce. Solidarni z Ukrainą > Pomoc Ukrainie.

The main content area is titled 'Dobro jest w Małopolsce. Solidarni z Ukrainą' and 'Pomoc Ukrainie'. It features a large graphic with the text 'POMOC UKRAINIE' in yellow on a blue background and 'Допомога Україні' in blue on a yellow background.

Below the graphic, there is a text block: 'W związku z ogromną liczbą zgłoszeń napływających od osób, które chcą zaangażować się w pomoc Ukrainie, tj. przyjmując do siebie uchodźców, przekazać dary lub w zaangażować się w wolontariat, poniżej publikujemy najważniejsze informacje dotyczące skoordynowanych działań pomocowych w Małopolsce.'

Below the text, there is a section titled 'INFORMACJE DLA OSÓB CHCĄCYCH ZAANGAŻOWAĆ SIĘ W POMOC UKRAINIE' with a dropdown menu showing 'POMOC HUMANITARNA' and 'TRANSPORT'.

<https://www.malopolska.pl/pomoc-ukrainie/pomoc-ukrainie>

Insitutional experience of helping in Poland

- Many programs and solutions at city level/gmina level

Start > Aktualności

Pomoc Ukrainie – sprawdź gdzie i w jakiej formie / Краків продовжує допомагати біженцям – де можна отримати допомогу

wtorek, 4 kwietnia 2023 r.

AAA 

Na terenie Krakowa prowadzona jest nadal różnorodna pomoc na rzecz uchodźców z Ukrainy. Poniżej lista miejsc, do których można się udać w celu uzyskania wsparcia.

У Кракові досі здійснюється різноманітна допомога біженцям з України. Нижче наведено список місць, куди можна звернутися за підтримкою.



Insitutional experience of helping in Poland

- Information in Polish and in Ukrainian
- Partial co-funding
- No payment for 60+ women and 65+ men

ZAKWATEROWANIE I WYŻYWIENIE UCHODźCÓW. WAŻNE ZMIANY

Od 1 marca 2023 r.

Obywatele Ukrainy będą pokrywać część kosztów zakwaterowania i całodziennego wyżywienia podczas pobytu w Polsce

➔ po upływie **120 dni** od dnia pierwszego wjazdu do Polski -
50% kosztów pomocy, nie więcej niż 40 zł za osobę na dzień (od 1 marca 2023 r.)

➔ po upływie **180 dni** od dnia pierwszego wjazdu do Polski -
75% kosztów pomocy, nie więcej niż 60 zł za osobę na dzień (od 1 maja 2023 r.)

Osoby, które do dnia wyznaczonego przez właściciela obiektu nie opłacą pobytu, są zobowiązane najpóźniej w tym dniu opuścić zajmowany lokal

ZWOLNIENIE Z ODPLATNOŚCI

1. do 120 dni od dnia pierwszego wjazdu na terytorium Rzeczypospolitej Polskiej
2. osoby niepełnosprawne
3. osoby, które ukończyły, w przypadku kobiet - 60. rok życia, w przypadku mężczyzn - 65. rok życia
4. kobiety w ciąży
5. osoby wychowujące dziecko do 12. miesiąca życia
6. osoby, które samotnie sprawują na terytorium Rzeczypospolitej Polskiej opiekę nad trojgiem i więcej dzieci 7. młodoletni
8. osoby sprawujące opiekę nad osobami, które posiadają orzeczenie o niepełnosprawności
9. opiekunowie tymczasowi ustanowieni dla małoletnich, o których mowa w art. 25a ustawy o pomocy obywatelom Ukrainy w związku z konfliktem zbrojnym na terytorium tego państwa
10. osoby znajdujące się w trudnej sytuacji życiowej uniemożliwiającej im udział w kosztach pomocy



Conclusions as challenges

- Using health and care services not enough
- Resources not only financial needed but also psychological support
- Lack of more detailed data on refugees in Poland (education, background, etc.) to better tailored help



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W KRAKOWIE

CEAPP
Centrum Ewaluacji i Analiz Polityk Publicznych



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Thank you for your attention!

Personal and public health remote monitor
the older workers and older adults, as non-
migrants and emigrant's Ukrainian citizens
2020-2023

The focus professional life, health and overall working capacity from COVID-19 pandemic crisis to war
time

MD, PhD Olena Tomarevska
Senior Scientific Researcher of the Laboratory Occupational –Labor Health
D.F. Chebotarev Institute of Gerontology of NAMS of Ukraine



Philadelphia 4th April 2023, 6 p.m. Eastern time (US) EST UTC-5

Short Biography

- MD, PhD Olena Tomarevska was born 1981. Secondary education I successfully finished at the Mykolaiv Licey with the Certificate of completion of the training course of the Mykolaiv Informatics and Mathematics Lyceum in the "Computer Science and Applied Mathematics" program with the qualification of operator of electronic computing machines (1998). Higher medical education I got the Diploma of the physician, medical doctor at National Medical University by O.O. Bogomolec (2004). My actual scientific work (PhD diploma) was about physiological possibilities of ensuring the overall working ability and residual capacity of elderly people (speciality normal physiology in medical sciences) in D.F. Chebotarev Institute of Gerontology of the National Academy of Medical Sciences of Ukraine.
- I been working as senior scientific researcher for the Laboratory Occupational and Labor Rehabilitation at the D.F. Chebotarev Institute of Gerontology of the National Academy Medical Sciences of Ukraine now (from 01.10. 2007 to present). I addition I'm working as a Scientific officer for Social Gerontology and Public Health Department at Institute of Gerontology (from 2008 to present). I was Head of the Council of Young Scientists in Institute of Gerontology from 2015 to 2022.
- During 2017, I was lecturer for medical students at the Kyiv Medical University of UAEM at specialty Normal Physiology and for post-graduate course for top managers from Ministry of Labor and Social Policy in Ukraine. I was scientific officer and expert at the contract in State Experts Center of Ministry of Healthcare of Ukraine (from 26.06.2019 to 31.12.2020).
- I'm member of «The Gerontological Society of America», «NGO Committee on Ageing United Nations, New York», "EU Pact for Skills", «Digital Competence Certification CoP», "MyDigiSkills.eu", "Lithuanian Scientific Society". Data analyst and founder "CLeaProSkills" project for digital skills lifelong learning of the older workers and Human Health Passport for monitoring health, occupational health and rehabilitation of the workers and work activity retirees persons, social activity pensioners. I have over seventy-five publications.

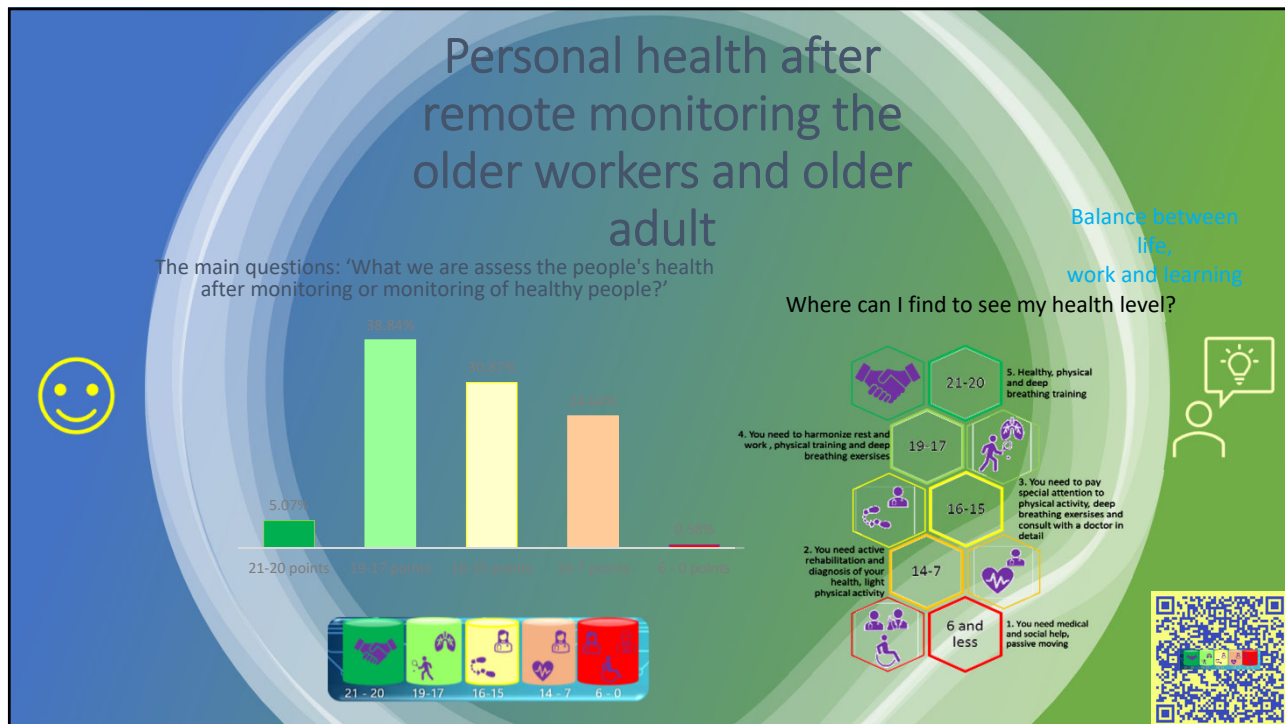
Human Health Passport

1. You need medical and social help, passive moving
2. You need active rehabilitation and diagnosis of your health, light physical activity
3. You need to pay special attention to physical activity, deep breathing exercises and consult with a doctor in detail
4. You need to harmonize rest and work, physical training and deep breathing exercises
5. Healthy, physical and deep breathing training

Kind criteria definitions of migrants or non-migrants in Human Health Passport

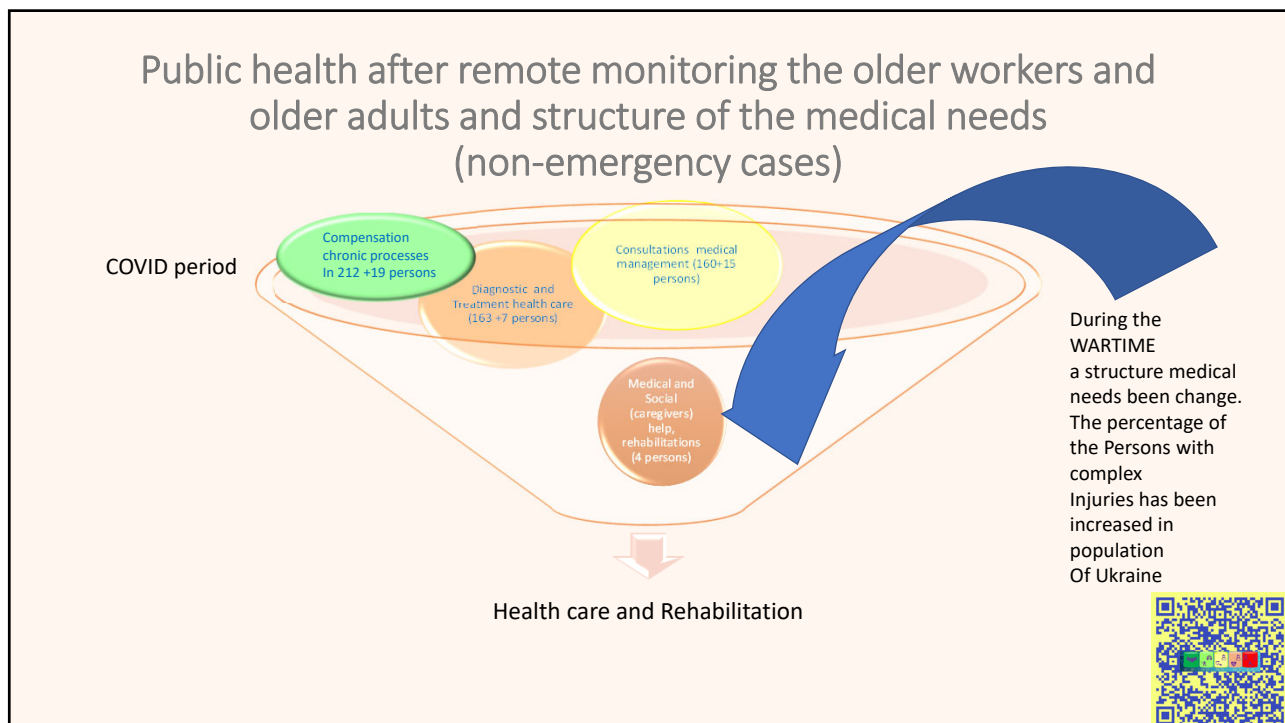
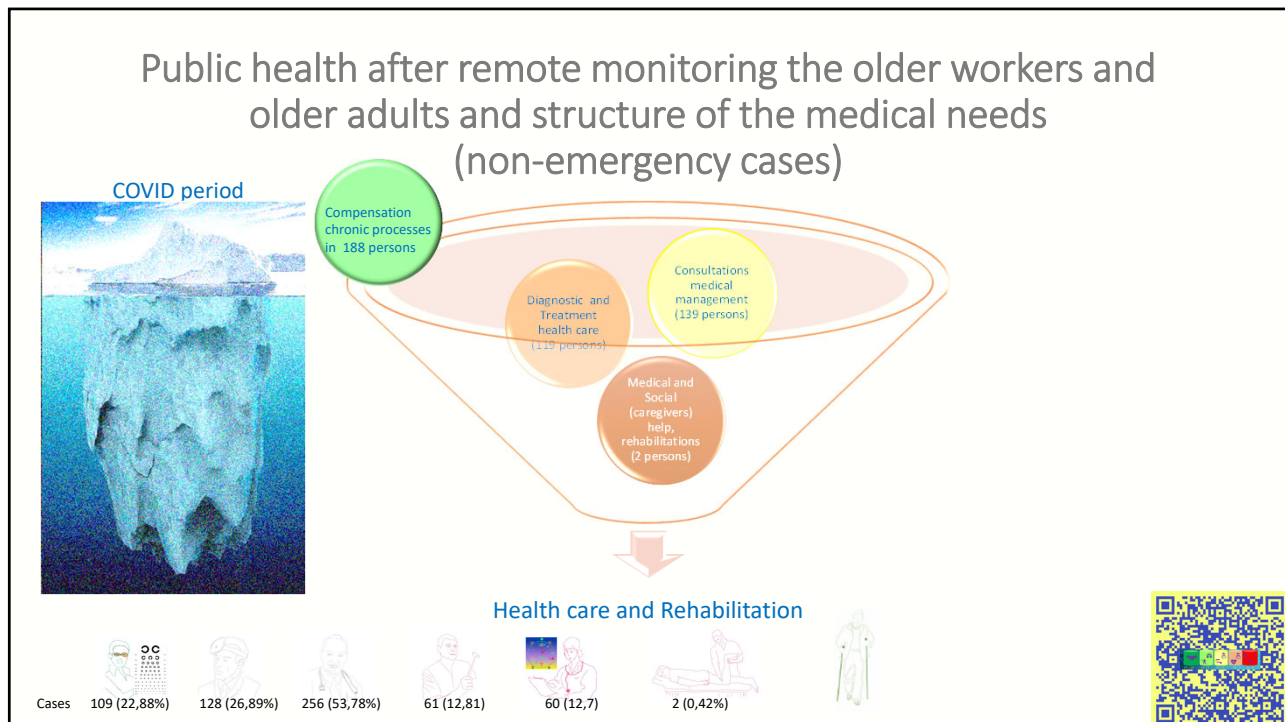
- **Timestamp**
- **What area are you in now?**
- **How many time do you live in this country at the movement of the study?**
 Week, Month, Two months, Half of year, Year,

 2-5 years, 6-10 years, 11-20 years, More 21 years
- **What is your native language and what other languages do you know well (can you write, read, understand and speak)?**



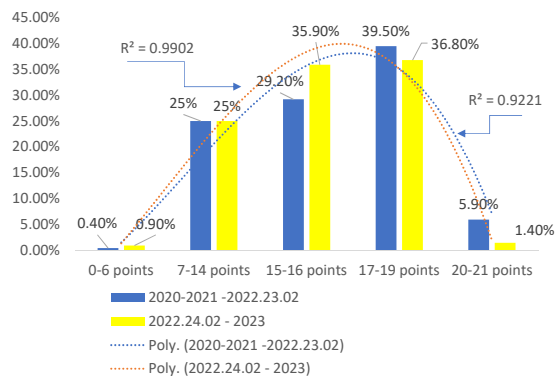
Personal health after remote monitoring the older workers and older adults

- Blood Pressure and medication correction
- Cognitive and Sensory functions
- Time (in seconds) of Left Leg Standing with closed eyes
- Time (in seconds) of Five time Sit-to-Stand within 14 seconds
- Time (in second) for holding breath after deep inhaling _____ deep exhaling _____
- Friendly remind about necessity for creation personal CV and Skills, especially Digital Skills as important base of overall working capacity 🙌

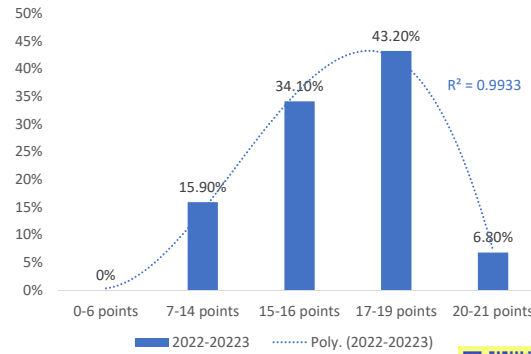


Public health after remote monitoring non-migrants and emigrant's Ukrainian citizens 2020-2023 (percentages)

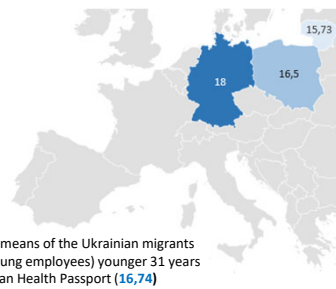
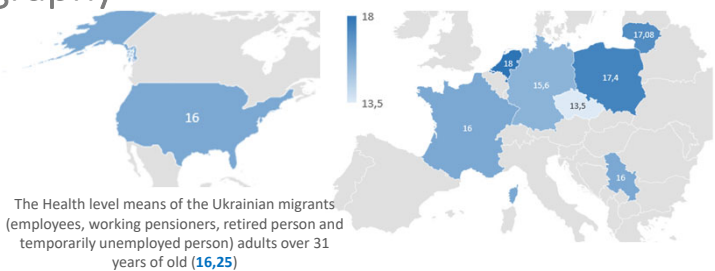
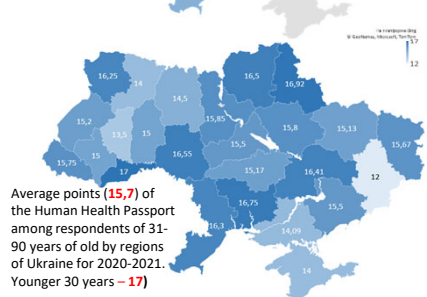
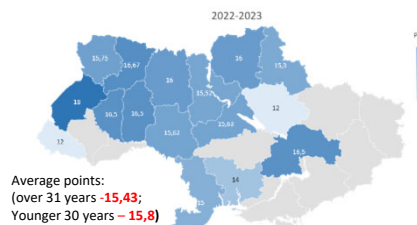
➤ non-migrants 2020-2023



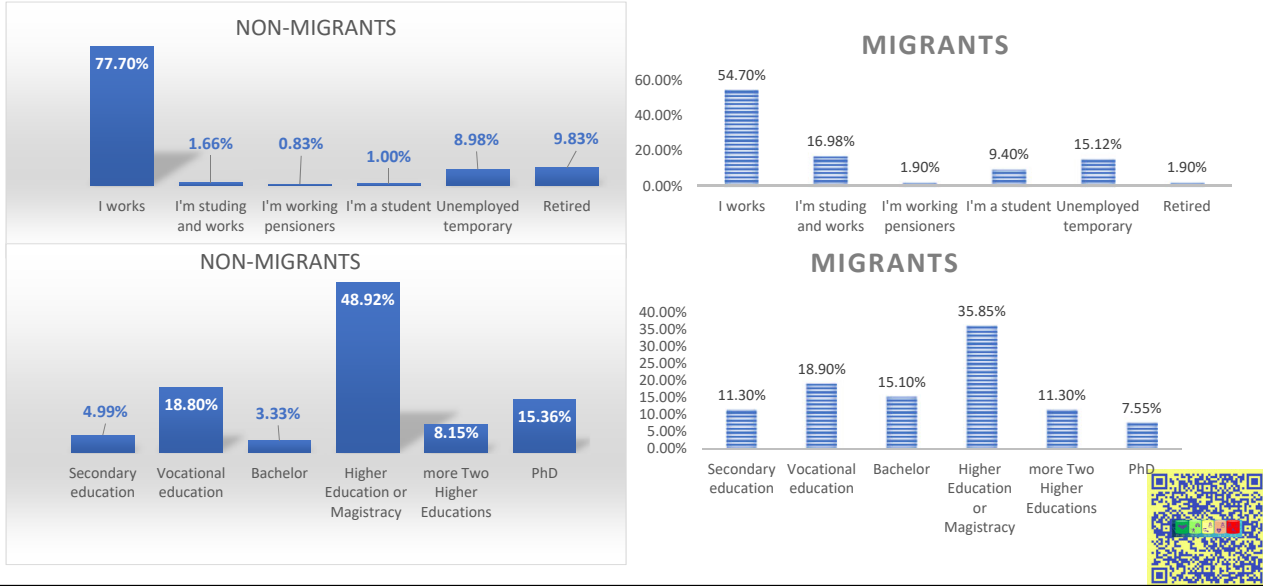
migrants 2022-2023



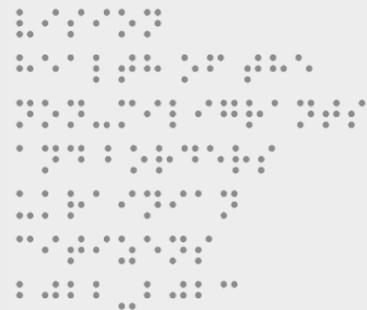
The health non-migrants and emigrant's Ukrainian citizens 2020-2023 geography



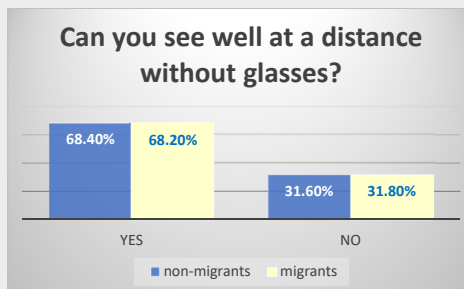
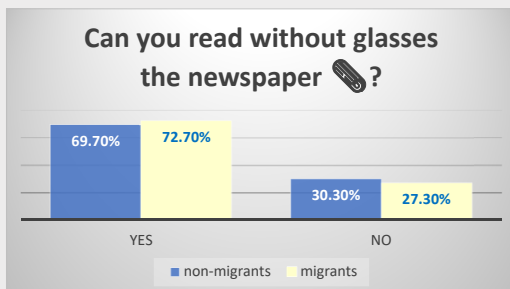
The health non-migrants and borders Ukrainian citizens 2020-2023 work and education



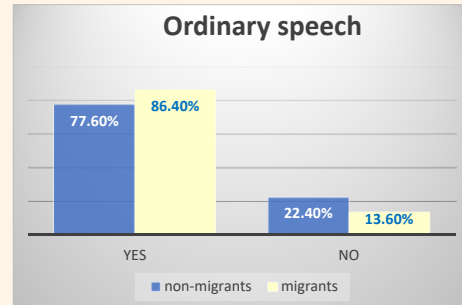
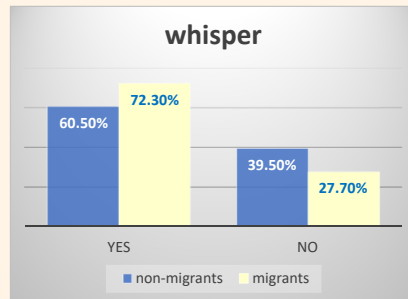
Vision health of the non-migrants and borders Ukrainian citizens 2020-2023



In World of tactile and sound signals



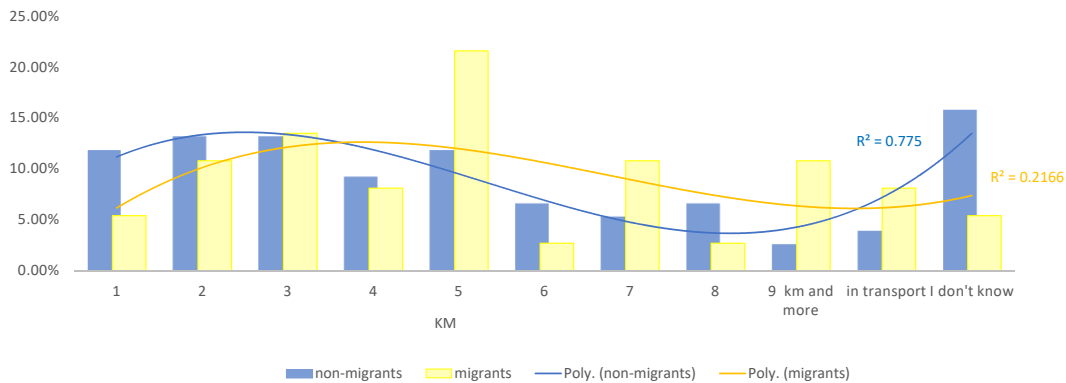
Hearing health and listening skills non-migrants and borders Ukrainian citizens 2020-2023




In World of dactyl signs



Physical activity non-migrants and borders Ukrainian citizens 2022-2023






In conclude


The tasks of the Human Health Passport

- Monitor and assessment the needing in health care services and physical training, activity, rehabilitation services and caregiver's care
- Assessment the trend of the pace of the functional aging
- Recommendation and remind about physical activities possibilities accordance health level

Development perspectives of the Human Health Passport in a future

- Automatically to sent conclusions about the pace of the functional aging and interpretation.
- Recommendation for slow down the rate of functional aging
- Accessible to using for improving health of the older adults from any age and adults with disabilities

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Scientific activity of the D.F. Chebotarev Institute of Gerontology and health care and social issues retired persons in Ukraine

The presentation will be about to the history of the Institute of Gerontology and the current main directions in the study of the mechanisms of human aging. In addition, I will show the main results of the actual situation dealing of the older adults, older workers and pensioners in Ukraine. The aspects of occupational rehabilitation of older workers, the needs for medical and social services, their provision with health care and social service support will also be presented.

Prof, MD, PhD Oleksandr Poliakov

Head of the Laboratory Occupational –Labor Health

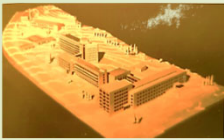





D.F. Chebotarev Institute of Gerontology of NASIS of Ukraine

Philadelphia 4th April 2023, 6 p.m. Eastern time (US) EST UTC -5

Short Biography

- I was born on February 11, 1958, in Ukraine. Graduated from secondary school No. 86 (1975) with honors. Graduated from the O.O. Bogomolets Kyiv Medical Institute in 1981 with honors and received diploma a specialty Hygiene, Epidemiology and Sanitation and recommendation for science workplace from the Institute's Academic Council. Candidate of Medical Sciences since 1988 in the specialty "Hygiene", senior researcher since 1998, Doctor of Medical Sciences in the specialty "Normal Physiology" since 2002. Head of the laboratory of Occupational-Labor Rehabilitation from 1998 to present.
- Participant of the international educational program "Health Care of the USA" (1994). I'm member of the European Academy of Aging Medicine since 1996 (Switzerland). Since 2016, Professor of the Physiology Department of Kyiv Medical University.
- Area of interests: normal physiology of labor activity of older workers, occupational rehabilitation, occupational training and retraining, sports activities of older people.
- The results of the dissertation served as the basis for 4 inventions that were registered as patents. Methods of determining the functional age and estimating the pace of human aging have been developed on this basis.
- Additional information: Master of Sports of the USSR in paddling on kayaks and canoes, Candidate of Master of Sports of the USSR in all-around GPO (GTO), First adult category in swimming. Champion of Ukraine in kayaking, champion of Ukraine in all-around GPO (GTO).
- Vice President of the Kyiv Canoe Federation, coach of canoe masters, head of the "Kyiv" club of canoe masters, judge of the national category of kayak and canoe masters, head of the public organization "Trukhaniv Island for the Kyiv Community".

History Background of the Dmitry F. Chebotarev Institute of Gerontology of the National Academy of Medical Sciences of Ukraine

1958 founded

1972 IAGG World Congress in Kyiv


More than 60 years the Institute has been carrying out research along three main directions:

clinical gerontology and geriatrics,


social gerontology and geriatric hygiene,

biology of aging.

<http://www.geront.kiev.ua>



"To live long and in the peace are equivalent concepts. I wish you a long life on the peaceful planet."



History

Laboratory Occupational – Labor Rehabilitation

N.K. Witte turned to the key problem of labor physiology - the rationalization of the regime of work and rest. He substantiated proposals on the mode of performing one of the most labor-intensive work - sugar beet weeding (12 minutes of work, 3 minutes of rest and an additional 10 minutes of rest every 2 hours of work), as a result of which an increase in labor productivity was achieved (on average by 68%) while improving the well-being of workers. He wrote that physical labor in production naturally goes into the realm of legends and is replaced by professions where the functions of observation, nervous and emotional stress, attention and responsibility predominate. He developed a schematic diagram and operating principle of the chronoreflexometer. He created and determined the main scientific direction of the laboratory - labor hygiene, which involves the study of the factors and conditions of longevity at work.

Our experimental data indicate that with aging, the ratio of the excitability of negative and positive emotional zones in the brain changes unequally - the excitability of negative ones increases, thus, the emotional orientation in old age is based on certain neurochemical, physiological changes. Hence, the position on the importance of motivation for work, its positive emotional coloring, is physiologically substantiated. Thus, it is important to adapt not only the functionality to the conditions of production, but also the production to the functionality of an aging person. In any case, it should not be the stimulation of working capacity at any cost, but the tactics of influences that improve the processes of vitauction - the process of long-term preservation of the viability of the organism [Frolkis V.V. 1988]

Express methods have been developed for determining the functional age and rate of physical development of the body of adolescents, as well as for determining the functional age and rate of aging of the body of an adult. Physiological mechanisms of compensation for the age-related decrease in the level of physical, psychomotor and mental performance in people of middle and older age have been shown. Mathematical models of the dynamics of the formation of the tension of the regulatory systems of the body in the modes of continuous physical and mental activity of a person have been created.

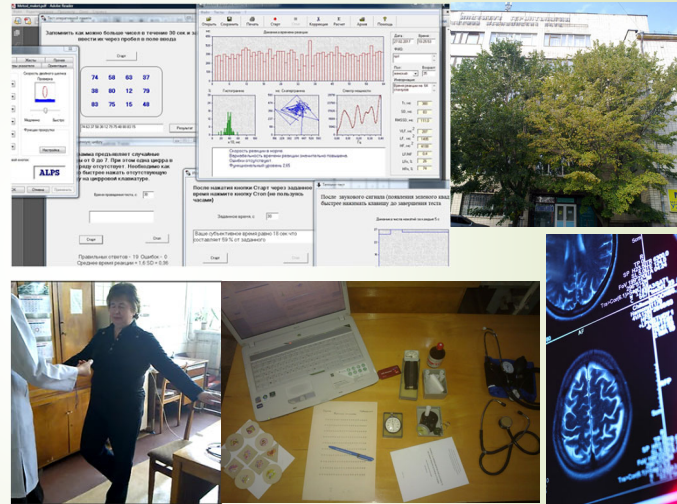






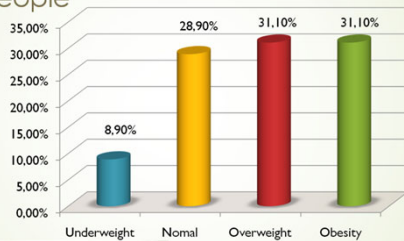

Current main directions in the study of the mechanisms of human aging in older workers

- Software package for spectral analysis of reaction time variability, working memory percentage, maximum hand movement rate, mental performance, subjective perception of time
- determination of residual working capacity
- determination of the functional aging pace of and functional age



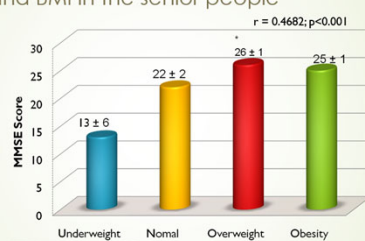
Body Mass Index and Human capacity in aging

Body Mass Index percentage in senior people



45 elderly people in 80 – 94 years of old
 • 8 male (18%)
 • 37 female (82%)

Mini Mental State Examination Score and BMI in the senior people



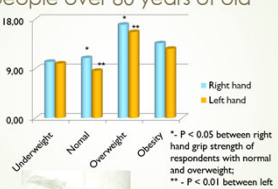
* - P < 0.05 between overweight and normal

Barthel Index and BMI in the senior people



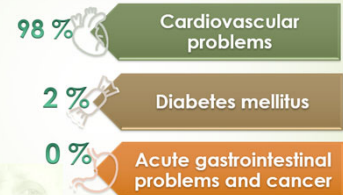
* - P < 0.01 between 1 group (underweight and normal) and 2 group (overweight and obesity)

Hand grip strength and BMI of people over 80 years of old



* - P < 0.05 between right hand grip strength of respondents with normal and overweight
 ** - P < 0.01 between left hand grip strength of respondents with normal and overweight

Characteristics of the morbidity of a representative sample in senior people



the main results of the actual situation dealing of the older adults, older workers and pensioners in Ukraine

Residual capacity of human - is the actual functional state of a person aged 60 years or older, can successfully perform professional, industrial, everyday tasks and is valued as a percentage of capacity of the healthy young workers (aged less than 30 years).

To evaluate the objective function uses the following indicators: the level of cognitive clinical features scale (MMSE), the amount of self-service (by Barthel index); hand grip strength (the sum strength of the left and right hand); assessment of auditory and visual, motor abilities and success of the respective correction; static balancing; tactile productivity; auditory productivity; successful work with the touchpad; visual productivity (number of correct answers per minute); the number of correct answers in the test for the missed number per minute (computer model for evaluating intellectual efficiency); the maximum number of clicks on the button PC computer model of tapping-test; short memory of human; vital lung capacity; the average time visual-motor response in milliseconds (computer model of the test); Mode of the time variability of visual-motor response in milliseconds; average response time in the test evaluation of mental capacity.

Rating Scale percent residual human health:

- 90% - 100% characterizes the rate of residual capacity accordance capabilities of young people.
- 70% - 89% characterizes the rate of residual capacity possible to employ in the workplace, but the class tension and severity should not exceed 2 class.
- 50% - 69% is characterized as possible to increase the working efficiency using gerontechnology
- 20% - 49% is characterized means overstrains of organism and requires rehabilitation
- 1% - 19% of the related frailty. Persons are need of surveillance gerontechnology, support and "tips" narrows social activity.



The term "residual capacity of human" conceptually proposed by Academic (Professor) Chebotarev D.F. and Professor Stezhenskaya E. I. as a designation of the residual disability a person approaching retirement age. Semantically, the term refers to the total working capacity of an old man, but the term wore abstract.

Innovative development of technology has significantly changed the nature of many trades especially physical labor. At present, the contribution of physical effort in the overall industrial production does not exceed 10%. Thus, the standards of overall health for people of all ages fell. So, are proved biomedical appropriateness of physical activity and rational labor organization. This is expanding the possibilities of attracting older people to work in retirement age. The constant increase of requirements in the workplace to the cognitive capabilities requires continuous training and retraining of personnel. In this connection there was a need for quantitative characterization study of residual capacity of human at the age of 60 years and older, for an individual assessment of working capacity and efficiency for accordance developed standards of the objective assessment to the functional human capabilities. Functionality, determining 47.54% of the actual performance of people aged 60 - 89 years was significantly due to accelerated aging. Study of residual capacity of persons over 60 years showed that nearly 57% of the elderly and 96.7% of people of old age require the use of ergonomic innovation in manufacturing and in the home to increase physical independence from outside help and compensation for age-efficiency reduction. The study showed that the residual performance of people aged over 60 is due to the following factors: professional labor 17.04%, of social family-household 15.31%, level of health 12.74%, physical activity 12.73%, nutrition 10.53% .

The aspects of occupational rehabilitation of older workers,



Management and control

Technology

Technique

Environment

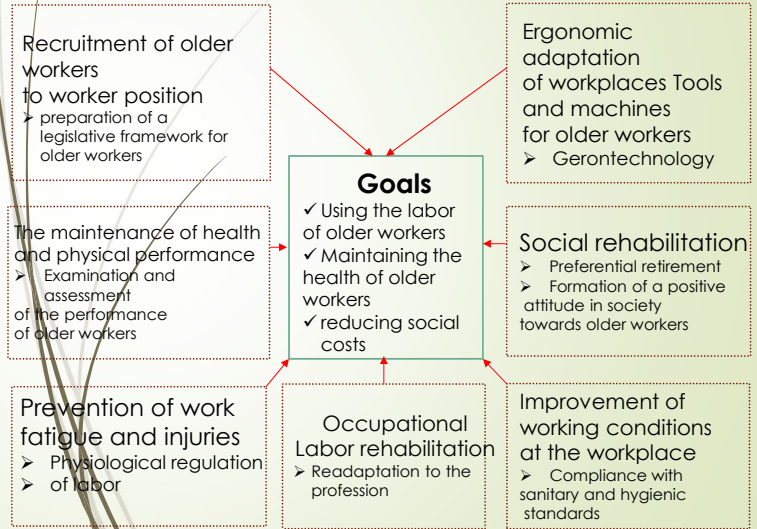
Medicine

Human

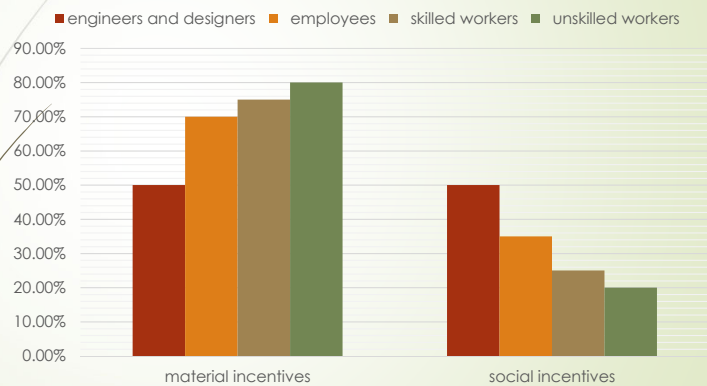
principal production optimization system for older workers



The system of occupational labor rehabilitation for older workers



The leading motives for continuing the labor activity of pensioners by age



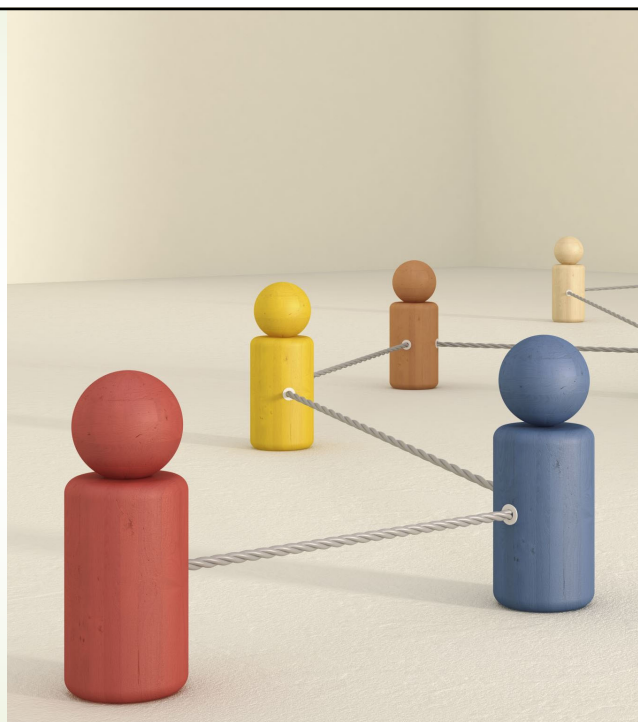
The purpose of this study was to evaluate the possibilities and prospects for increasing the retirement age for the elderly

Tasks

- ✓ Examine indicators of physical performance, psychomotor in individuals of different age;
- ✓ Evaluate the prospects of participation of older workers in manual labor.

Objects

- ✓ persons of different ages engaged in manual labor (372 persons), intellectual labor (275 persons), and centenarians (160 persons).

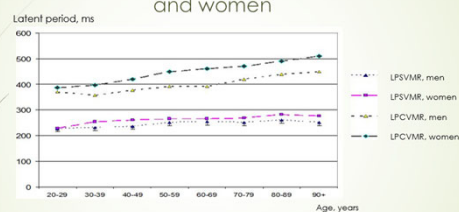


TERMS OF THE INTERNATIONAL LABOUR ORGANISATION AND OCCUPATIONAL MEDICINE

- Working age of the people - 15-72;
- Elderly workers - persons 45 years and older;
- Life expectancy after retirement (the actual age at death minus age of retirement);
- "Residual work capacity" - the actual working capacity in the retirement age;

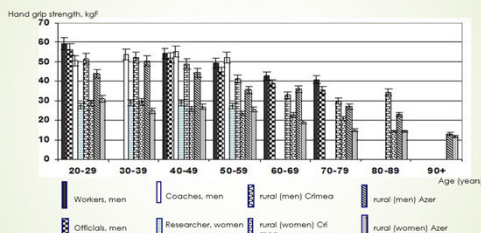


Age dynamics of the latent period of simple and complex visual-motor reactions in men and women

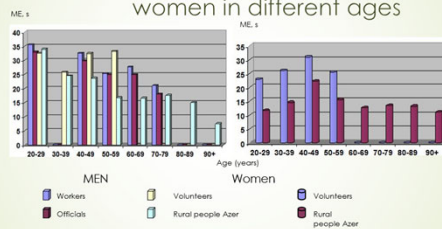


Raising the Retirement Age – Gerontechnological Prospects and Physiological Limitations of Older Workers

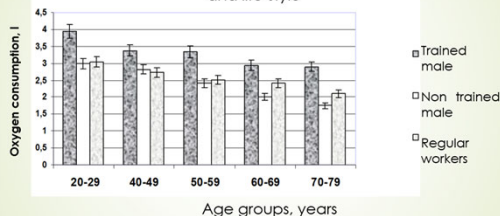
Hand grip strength of men of different ages



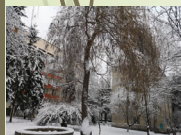
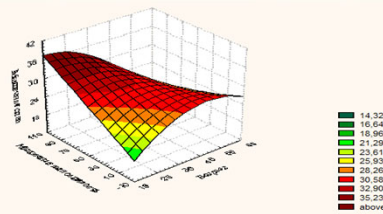
Muscular endurance of men and women in different ages



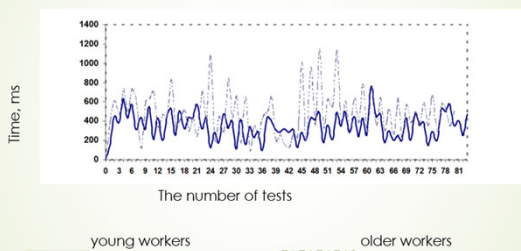
Physical working capacity according to oxygen consumption of people dealing with different profession and life-style



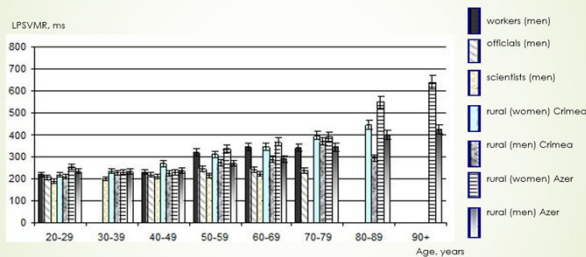
Physical working capacity of female in different age



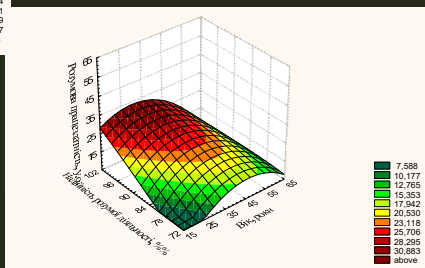
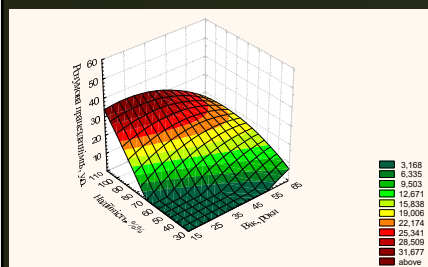
Fluctuation time solution in tests of young workers and older workers



The latent period of simple visual-motor reaction in the examined people in different ages

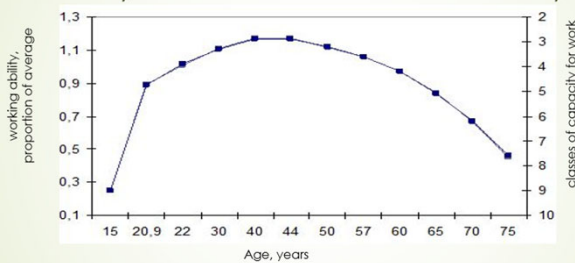


Dependence of the reliability and mental capacity of men and women according to age



RESULTS

Age dynamics of professional ability of workers in the industry



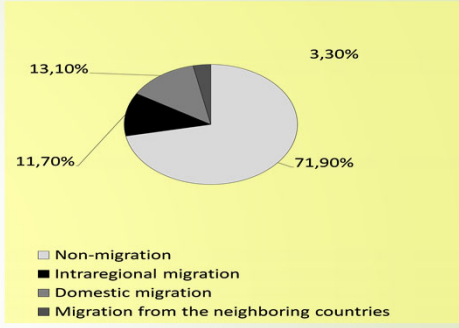
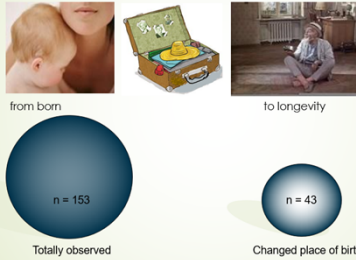
In individuals older than 30, the rate of decline in total physical capacity and psychomotor ranges from 0.5 to 2% per year. Reduction of integral indicators of occupational disability is nonlinear and ranges between 0.1-0.4% per year.

Thus, continuous training and retraining with the maximum use of experience, existing skills, dynamic stereotype, and can significantly slow down the performance involution.



Migration centenarians

Migration during long life of centenarians



Type of housing of old aged centenarians and ninety-year-old people

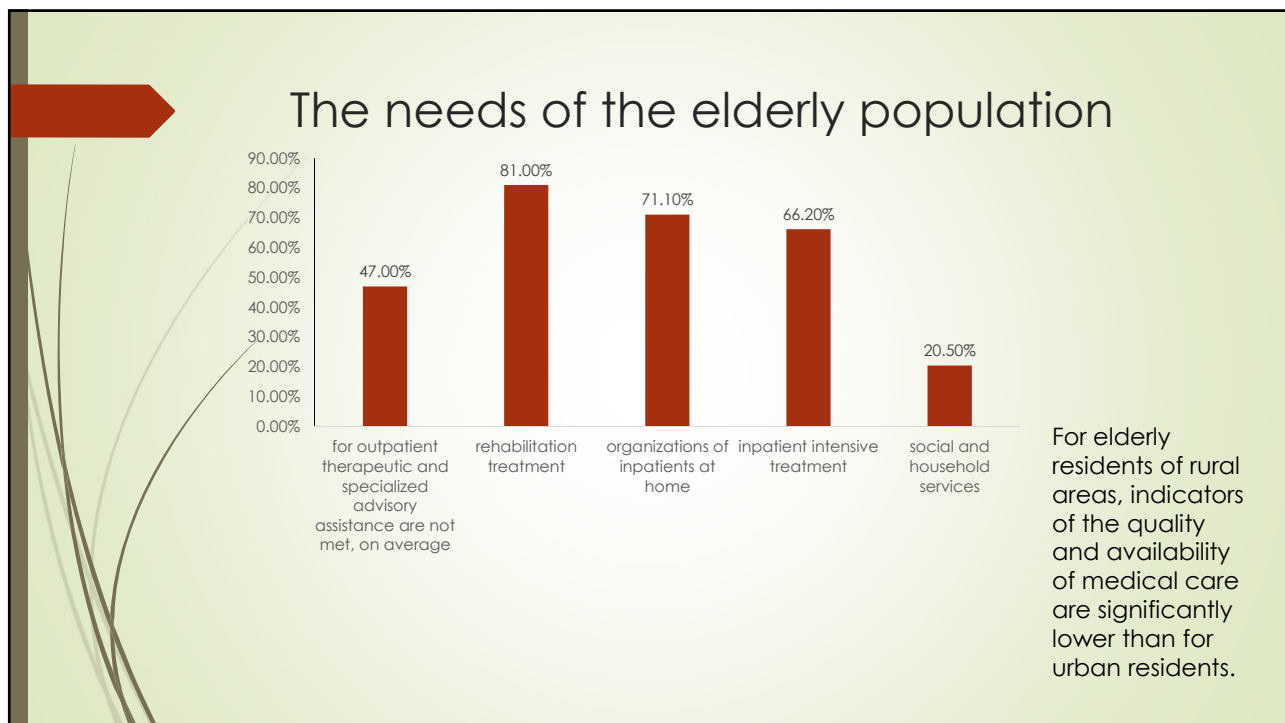
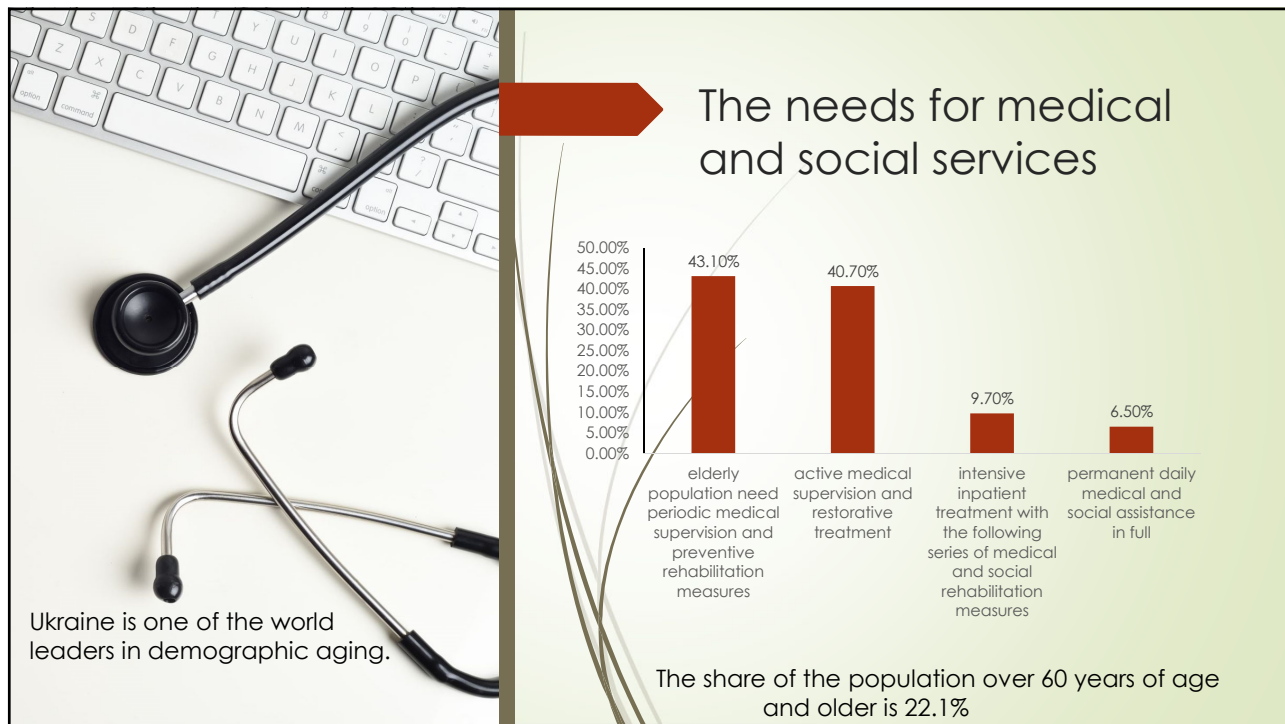


Pension amount of ninety-centenarians In 2006-2007



Migration of long-lived sibpairs





CONCLUSIONS

- I. Using the "residual working ability" of older workers should focus on preservation of their health and providing adequate working conditions.
- II. Professional performance largely depends on the functional condition of the workers organism and labor routine.
- III. Under constant time pressure, only 15% of workers were able to work. They were also most qualified and had highest competency among their peers.
- IV. Percentage of functionally young people at work is growing at the expense of firing people who have an accelerated pace of aging.
- V. Implementation of the achievements of gerontechnology should allow the older persons to maintain productivity at the level of younger workers.
- VI. Introduction of higher thresholds of the retirement age must bring medically and biologically justified labor routines of older workers accounting for individual and total labor capacity and gerontechnological aspects.
- VII. Dates of introduction of the new retirement age should be adequate and do not have the character of a "shock therapy".
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