
Facilitating Co-production in Health Promotion: Study of Senior Councils in Poland

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Abstract:

Purpose: Health promotion is one of the core functions of public health which should be even more strongly recognized as a public good in the time of Covid-19 crisis. The purpose of this paper is to indicate the possibility of using the mechanisms of co-production in health and social care services.

Design/Methodology/Approach: Drawing on a literature review, analysis of documents, observation of practices, and an opinion survey, this paper sheds light on the role of Senior Councils in co-production of health promotion activities and explores the requisite conditions for positive results of co-production.

Findings: The research shows that SC are active co-producers in the field of health promotion. Through the co-production of the health promotion activities members of SC receive personal benefits with spillover effects for the whole society and in this way contribute to increasing the wellbeing of the elderly and co-creating the public value. The identified conditions of co-production effectiveness are active engagement of users, mutual trust, co-production capability, willingness of the co-producers to contribute, and users' motivation to co-produce.

Practical Implications: The identification of the factors requisite for the positive results of co-production in health promotion may constitute practical recommendations for policy-makers and public managers which help them better fulfilled societal needs by social policy in the public sphere, and senior policy in particular.

Originality/Value: The co-production of health promotion activities is conducive to the maintenance of health and prevention of disease, thus helping improve the wellbeing of seniors which constitutes the personal value for them. There is also the spillover effect of this co-production for the whole society which constitutes the public value.

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1. Introduction

Across all social policy domains, on issues as vast as poverty, homelessness, educational inequality, social injustice, environmental degradation, and health care, the core question is: “How can we create positive societal change and sustainable impact?” (Lumpkin and Bacq, 2019). Depending on the economic and political doctrine currently prevailing in the EU, solutions proposed in this respect tend to follow either the use of private sector mechanisms (New Public Management) or the stimulation of bottom-up mechanisms by encouraging the participation of citizens and their organizational representatives in the design and delivery of services (New Governance).

In the latter model of public management, co-production is seen as a way to create value by stimulating cooperation (Steijn *et al.*, 2011) and have become a prevalent practice. Under this logic, it is individuals who are placed at the center of health promotion strategies, as opposed to overarching social systems also determining health outcomes. They are seen not as the potential cause of health problems but foremost the solution and, thus, are made to be responsible for their own health.

However, when exercising one’s freedom and autonomy, it is expected that the accountable citizen will allow his or her lifestyle to be guided under the auspices of knowledgeable experts and normative prescriptions of what it means to be healthy (Ayo, 2012). This indicated logic of action is particularly important in a situation where we observe an increase in the number of older people in society. The prolongation of human life affects the nature of the societal requests that can and should be fulfilled by social policy in the public sphere, and senior policy in particular (European Commission, 2019).

The needs of older people, like every age group, are complex and touch on many aspects of life. Although seniors are one of the most diverse social groups, many of their needs are common and result from changes in the aging body (Mänty *et al.*, 2018). Many older people enjoy life, but a significant proportion struggle with isolation, loneliness, low-level mental health problems like depression, or even more serious problems that can lead to suicide. At more risk of poor emotional wellbeing are “the poorest, the very elderly, some minority ethnic groups, the most isolated, those with worse physical health, and the most significant though often neglected, those without an active social or community life” (Allen, 2008). The greater care for the health of the society will help avoid many burdensome illnesses and improve quality of life during the biological aging process of the human body. The need to shift health policy more towards public health than health care (treatment) is emphasized by healthy aging strategy. Here at the core are health promotion and disease prevention.

The European Union policy is in the line with this approach. In May 2020 the EU presented a joint document on European medium-term recovery, a strategy towards

European health ‘sovereignty’. The EU4Health proposal highlights the need to consider public health a European global public good and to adapt institutions to provide it efficiently at the EU level, the national level, and the local level (Social Europe). Whereas in all EU countries, central government institutions are responsible for health prevention and health promotion, nevertheless, implementation of health promotion programs is usually carried out by local authorities along with actors from private and social sectors.

At the level of local authority there are departments of social and health policy directly engaged in health promotion activities. Additionally, in many European countries on the municipality level there are special dedicated aging policy institutions, e.g., Districts in Italy, Community Care Units – CCUs in Portugal, Community Centers for Senior Citizens, Adult Education Centers and Senior Sport Clubs in Germany, or *Thuiszors* – the neighborhood care homes the elderly – in the Netherlands (Golinowska, 2017). In Poland these institutions are Senior Councils – organizational actors in the area of self-governmental authority that participate in creating local public policies, including those in the health domain. Indeed, to achieve societal impact and catalyze societal change the involvement of multiple stakeholders is vital to success (Lumpkin and Bacq, 2019).

In Poland the main document in the domain of public policy targeted at seniors – the Guidelines for Long-term Senior Policy for 2014-2020 – identify health and autonomy as one of the five areas of key importance. This strategy requires new actors in the field of health promotion and disease prevention, such as Senior Councils. They perform their tasks by: (a) cooperating with entities working to activate older people; (b) representing older people's interests; (c) integrating seniors with the local community and drawing attention to their needs; and (d) cooperating with the media in propagating information activities, promoting a positive image of seniors, and overcoming stereotypes (Frączkiewicz-Wronka *et al.*, 2019). Senior Councils in Poland play an important role in local communities and operate in many areas as, but their main activities are those specifically related to shaping disease prevention and health promotion addressed to older people.

Since the job of Senior Councils in Poland is to work with local authorities and local communities to more effectively identify the needs of older people and to influence the decision-making process in terms of planning and implementation – including the field of health promotion – co-production may be a suitable model for the design and delivery of health promotion services (Domagała and Kowalska-Bobko, 2017a; Golinowska, 2017).

This paper sheds light on the role of Senior Councils in co-production of health promotion activities at the local level in Poland. This study seeks to address the following research questions:

- *RQ 1: What activities and forms of co-production are undertaken by Senior Councils in the terms of health promotion?*

- *RQ 2: How to categorize by importance the factors responsible for positive results of the co-production process?*

2. Material and Methods

Presented research concerns Poland, where according to long-term demographic projections, the population of Poland will continue systematically decreasing, and the pace of this decline will be higher (Roszkowska, 2018; Statistics Poland, 2020). The average age in Poland is likely to exceed 50 between 2040 and 2050, whereas in the same period the EU-28 average will not exceed 47. Due to the increase in life expectancy and the low fertility rate, the share of people aged 65+ in Poland is foreseen to increase from 16% in 2016 to 33.4% in 2060 (29% in the EU-28). At the same time, the proportion of the oldest old (80+) will triple in Poland, reaching 12.6% of the total population in 2060 (increasing by a factor of 2.2 in the EU-28 to 12.1% of total population). This demographic trend will result in an increase at the old age dependency ratio from 23 in 2016 to 65 in 2060 in Poland, compared to 52 in the EU-28 (Eurostat Database).

Our research method was an opinion poll which was conducted among Senior Councils operating in Poland in 2020. The register of SCs was downloaded from the Ministry of Family, Labor and Social Policy (Information on the situation of older people in Poland for 2018). The prepared questionnaire was addressed to Senior Councils and they selected representatives to take part in the survey. Participants in the survey did not have to be involved in co-production activities but had to have experience of cooperation with public organizations. We sent questionnaires to the 290 Senior Councils (as of December 31, 2017). 106 respondents replied, of which 85 correctly filled in the questionnaire (answering all questions and filling in the table) and were thus qualified for further analysis. The effective sample is therefore 29.31% of the prepared frame.

The questions in a survey questionnaire were formulated as a consequence of analysis of documents concerning SC's activity and synthesis of literature analysis results. The questionnaire consisted of 4 part and 64 questions.

The first part of the questionnaire consisted of 22 questions and concerned the identification of activities carried out in the surveyed SC. It concerned the identification of areas of health promotion activities undertaken by the given Senior Council. In order to prepare this part of the questionnaire we used the analysis of documents. Based on information obtained from resolutions, strategies, annual reports, and press releases we determine the Senior Council's activity areas. This section asked whether the following areas of health promotion activities were undertaken by the respondents: physical activities, healthy nutrition, education in life-cycle, healthy housing, vaccinations, prevention of risks factors, sexual health, emotional health. For each of the listed areas, examples were given of collaboration between the Senior Council and the community.

Respondents were also given an opportunity to indicate areas of activity other than those mentioned in the prepared questionnaire and examples of their implementation undertaken in cooperation with the community.

The second part of the questionnaire consisted of 22 questions and concerned the determination of the form of co-production in which the previously indicated activity is carried out. It sought to indicate the form of co-production in which health promotion activities were carried out by Senior Councils. We used the typology of co-production proposed by Nabatchi *et al.* (2017) where three levels and four phases of the service cycle are merged. On the “co” side, we analyze who is involved in the process on the side of lay actors, and what types of benefits are produced.

We can distinguish: (a) individual co-production – wherein state actors work with a lay actor, who receives personal benefits, though spillover social benefits are possible; (b) group co-production – wherein state actors work with a number of lay actors in a specific population category, who receive personal benefits with potential spillover social benefits; and (c) collective co-production – where in state actors work with several lay actors from the community to generate social benefits, though participants may also experience personal benefits.

On the “production” side, we analyze when in the service cycle co-production occurs, and what is generated in the process. We have specified four service cycle phases: (a) co-commissioning; (b) co-design; (c) co-delivery; and (d) co-assessment (76). All these terms used in the questionnaire were explained in detail in the cover letter attached to the material sent to the respondents. Respondents were asked to study the description of co-production forms prepared in the cover letter and then to answer the question.

The third part of the questionnaire consisted of 21 questions and concerned identification of the level of influence of the indicated factor on the co-production process. It sought out the factors determining positive results. The list of factors positively determining the co-production process was prepared on the basis of a synthesis of the subject literature. We analyzed the international scientific literature and cover issues related to determinants of effective co-production.

Publications connected with inter-organizational collaboration in the public and non-profit sectors and the involvement of multiple stakeholders in wellbeing creation through activities connected with health promotion played a key role in this. In order to obtain as objective a picture of co-production and inter-organizational collaboration as possible, we focused on literature indexed in high quality databases (Ebsco, Web of Science, Scopus and ProQuest) and published in English. The systematic literature review (Tranfield 2003) included several steps, as presented in the Table 1.

Table 1. *The systematic literature review*

Selection criteria	Number of records					
	Ebsco	Science Direct	Emerald	Pro Quest	Scopus	Web of Science
1 Co-production in title OR abstract OR key words	9,287	1,754	2,401	3,777	6,771	6,645
2 Co-production of services in title OR abstract OR key words	561	115	2,197	564	1,170	1,036
3 Co-production AND public services OR co-production AND social services in title OR abstract OR key words	70	32	169	80	240	193
4 Papers written in English and published in peer-reviewed journals	61	26	60	57	103	149
5 The subject areas of management science and operations, public management and administration, public and social policy	55	11	27	57	100	115
6 Elimination of duplicate publications	187					
7 Verification of abstracts due to co-production as a leading subject of research	134					
8 Identification of records containing classifications of factors influencing the outcome of the co-production process	11					

Source: Authors' own elaboration.

The gradual reduction of the obtained articles and chapters in monographs enabled the identification of 11 articles in which authors classified factors affecting results of the co-production process (Table 2).

Table 2. *Identified typologies of factors affecting results of the co-production process*

Authors	Typology of factors	
Brandsen and Helderma (2012)	External conditions	Internal requirements

Verschuere, Brandsen and Pestoff (2012)	Conditions on the organization side		Conditions on the consumer side		Other	
Parrado, Van Ryzin, Bovaird and Löffler (2013)	Co-production behaviors	Willingness to co-produce (volunteer)	Efficacy of citizens (making a difference)	Government performance, information, and consultation	Conditions	Demographic controls
Voorberg, Bekkers and Tummers (2014)	Influential factors on the organizational side			Influential factors on the citizen side		
Podgórnjak-Krzykacz (2015)	The attitudes and feelings of residents		The attitudes of the Council		Cooperation	Organization and management
Bassani, Cattaneo and Galizzi (2016)	Factors at the operational level		Factors at the strategic level		Intertwined factors working at both levels	
Kleinhans (2017)	Organizational factors			Individual factors		
van Eijk (2018)	Factors influencing professionals' engagement		Factors influencing citizens' engagement		Factors contributing to citizen-professional collaboration	
Alonso, Andrews, Clifton and Diaz-Fuentes (2019)	Local government level explanatory variables			Individual level explanatory variables		
Flemig and Osborne (2019)	Co-Production implementation		Co-Production context		Co-Production potential	
Sicilia, Sancino, Nabatchi, and Guarini (2019)	Organizational factors			Procedural factors		

Source: Authors' own elaboration based on the systematic literature review result.

The analysis and aggregation of the identified factors led to the distinction of the following leading factors (in alphabetical order): active professionals and users engagement, building relational capital among the stakeholders, capability of professionals and users to co-produce, clear communication of the values by the organization, finding a balance between private value and public value, internal efficacy, involvement of third sector organizations, organizational culture and support, participation of citizens, reciprocity, relationships between users and professionals, a sense of shared responsibility for the provision of a new service, social capital, structure of political institutions, structure of political institutions, suitable ways to motivate the users, mutual trust, type of the service, understanding and responding to users' needs, users' motivation to co-produce, and willingness of professionals and users to contribute.

These factors were listed in the third part of the questionnaire to determine factors favoring the positive results of the co-production process. In this part of the survey the respondents were asked to indicate to what extent the factors identified as a result of the literature studies contributed to the effectiveness of the co-production process. This was assessed by a three-point scale: 1 – weak influence, 2 – medium influence, 3 – strong influence. The fourth part of the survey consisted of 3 questions

and concerned the geographic area of SC activity, age and gender of the respondent.

3. Co-Production and Health Promotion

As it is assumed to be part of the solution to tackle various societal issues, such as an aging population and health inequality, citizen engagement is increasingly popular (Durose 2011; Brandsen *et al.*, 2014; Vanleene *et al.*, 2017). The concept of engagement is related to such concepts as participation, involvement, enablement, activation, and empowerment. Where the concepts of enablement and engagement converge, the notion of empowerment and activation is. Citizen engagement can be perceived as the consequence or the cause of empowerment (Fumagalli *et al.*, 2015).

The notion of engagement is also crucial for health promotion. Health promotion, according to The Ottawa Charter for Health Promotion “works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health. At the heart of this process is the empowerment of communities – their ownership and control of their own endeavours and destinies” (WHO, 1986). The areas of health promotion activities are physical health, healthy nutrition, education in life-cycle, healthy housing, vaccinations, prevention of risks factors, sexual health and emotional health (Golinowska 2017). Since empowerment of communities is supplemented by empowerment of individuals which is a key topic in public health (Schneider-Kamp and Askegaard, 2020), a suitable model for designing and delivering health promotion activates is co-production of services.

Nowadays co-production is considered a route to move beyond established routines that will make delivery of social services more effective, efficient and sustainable (Boyle and Harris, 2009). Rantamaki (2017) is more explicit and claimed that “co-production may even offer the only realistic hope for the survival of social and health services. But it also has the potential to demonstrate the way in which a new, more sustainable society in terms of economic, social, and ecological dimensions can be created in practice”.

“Co-production” is an umbrella concept capturing a wide variety of activities that may occur in any phase of the public service cycle and in which state actors (e.g., local government units) and non-public stakeholders’ participants (e.g., Senior Councils) work together to produce benefits (Nabatchi *et al.*, 2017; Sicilia *et al.*, 2019). Co-production is understood as the involvement of public (including social) service users in the design, management, delivery and/or evaluation of public services (Osborne *et al.*, 2016). Co-production is characterized by a regular, long-term relationship between service providers and service users, where all parties make a significant contribution of resources (Bovaird, 2007) and a tool for better solutions in public service delivery models (Flemig and Osborne, 2019).

The co-production concept has been known for decades but in the recent years it has

increasingly attracted interest of researchers drawing on theory of public management and public policies (Ostrom, 1972, 1990; Osborne *et al.*, 2016). As summed up by Nabatchi *et al.* (2017), we can distinguish three main reasons of the concept regained popularity. First, as we mentioned in the Introduction, conducive for co-production is the current public management logic which “emphasizes a pluralistic model of public service based on interorganizational relationships, networks, collaborative partnerships, and other forms of multiactor policy making and public action” (Nabatchi *et al.*, 2017).

Second, the economic crisis of public administration has prompted scholars and practitioners to look for a better and cheaper way of solving social problems. Co-production promises such solutions because of introducing service users’ resources into the process of planning and delivering social services (Pestoff, 2012). There are also evidences of its impact on the maximization of the economic and public value of initiatives that are undertaken (Calabro, 2012). Third, the progressive decline of citizenship and the sense of community has given rise to the need for “new public service delivery mechanisms that will reinvigorate the role of citizens in their communities beyond simply voter and customer” (Nabatchi *et al.*, 2017). Co-production is such path to active citizenship and active communities.

Ryan (2012) pointed out that “health and other areas of social policy have been the field where active client involvement in policy development and service delivery started emerging first in the 1980s and 1990s. These initiatives were often local, sometimes associated with local government”. Moreover, the systematic literature review by Voorberg *et al.* (2014) “shows that co-creation/co-production is a practice to be found in numerous policy sectors (...) but predominantly in health care (30 records of 122) and education (15 records of 122)”. They say that “it can be explained by the more direct relationships established between citizens and public officials in these sectors when compared with other sectors, such as water management”. The possibility of using co-production and co-creation in the area of health care is indicated by, among others, Iedema *et al.* (2008), Dunston *et al.* (2009), Loeffler *et al.* (2013), Amery (2014), and Batalden *et al.* (2016). Only recently, the benefits of co-production in the provision of health and social care services have been highlighted by Cepiku *et al.* (2020).

Summarizing the above deliberations, we note that the actors involved in the process of co-production decide on the form of co-production to be carried out and decide on the actions that are taken, and it is important to identify the factors that determine the positive results of the actions taken. What determines the effectiveness of the co-production process? What makes co-production effective, i.e., when does co-production contribute to the creation of public value? In order to achieve the ultimate goal of co-production – which is public value creation – we have to identify the factors that influence the effectiveness of this process.

4. Results

RQ1. What activities and forms of co-production are undertaken by Senior Councils in the terms of health promotion?:

Our research shows that Senior Councils are active actors in the field of social services, prevention, and health promotion with such activities as, lobbying for increased numbers of geriatricians by raising limits in specialist medical training; support for the establishment of local social service centers, especially those that combine social and health care services; creating conditions for joint initiatives of the social and medical services sectors; promotional programs on preventive health care for senior citizens (e.g., community nurses educating the elderly in their homes); promoting initiatives that activate residents; promoting a healthy life style; mobile health care outlets – providing health care services and preventive health care at places of residence. In all these activities, Senior Councils can cooperate with the government and such collaboration can take the form of co-production of public services.

Figure 1. Co-produced health promotion activities

Health promotion activities	Example of collaboration between a Senior Council and public organization	Service cycle phase			
		Co-commissioning	Co-design	Co-delivery	Co-assessment
Physical activities	Outdoor gyms	•	•		
	Sport/exercise	•	•	•	
	Senior Day	•	•		
Healthy nutrition	Consultations	•	•		
	Workshops	•	•		•
	Lectures		•		
	Third Age University	•	•		
Education in life-cycle	Lectures		•		
	Preparation for the old age			•	
	Educating society about aging processes		•	•	
	Conferences		•	•	•
Prevention of risks factors	Free tests, e.g. eyesight, blood pressure and sugar level, spirometry		•	•	
	Senior Club		•	•	
	Senior Day		•	•	
	Promotion to proper lifestyle	•	•		
Emotional health	Support groups due to the end of work activity and changing roles in the family and society	•	•		•
	Mechanisms of psychological help for people experiencing a crisis related to the aging process	•	•		•
Others	Diagnosis of the health and social situation and needs of seniors	•			
	Working teams	•			

Source: Authors' own elaboration based on research results.

Furthermore, the arrangements between Senior Councils and local governments are the type of group co-production where a state actor works directly and simultaneously with a specific cluster of lay actors who share common interests or characteristics. In this case the state actor is the local government, and the cluster of lay actors is the Senior Council. This type of co-production targets a specific segment of the population – elderly people in our case, is aimed at producing public value for the group members' wellbeing, and results in spillover effects that generate social benefit – health as a public good (Figure 1).

Health promotion activities that are co-produced by Senior Councils and local governments in Poland (according to respondents) are marked with an indication in which service cycle phase the co-production occurs. Blanks mean that no examples of co-production have been identified in the particular service cycle phase in the analyzed documents. Respondents could choose more than one option.

Table 3 shows that Senior Councils co-produce activities in almost all areas of health. Healthy housing, vaccinations, and sexual health are the only areas where Senior Councils are not involved as co-producer. Co-production by Senior Councils and local governments most often occurs in the phase of co-commissioning and co-designing a service. First, at the phase of service commissioning Senior Councils are engaged in activities aimed at strategically identifying and prioritizing needs and outcomes in such areas as physical activity, healthy nutrition, life-cycle education, promotion of proper lifestyle and emotional health. In this way Senior Councils help to diagnose the health and social situation of seniors by providing the best possible insight.

Second, Senior Councils are involved in co-designing outdoor gyms and sport/exercise activities, senior's day stay home, activities aimed at promoting a proper lifestyle. Third Age Universities and other forms of life-cycle education, and disease prevention, as well as support groups and mechanisms of psychological help for older people. At the phase of service delivery, Senior Councils are co-organizers of sport/exercise activities, preparation for old age, educating society about aging processes, workshops, lectures, conferences, Senior Clubs, and Senior Days. Finally, Senior Councils are relatively rarely co-producers in the evaluation of services. According to our analysis, they only co-assess workshops, conferences, support groups and mechanisms of psychological help.

RQ2. How to categorize by importance the factors responsible for positive results of the co-production process:

The formulation of answers to the question posed required the analysis of the responses given to the requests prepared in the third part of the prepared questionnaire. Synthesizing the information analyzed from the answers to the opinion survey allowed also for the identification of conditions conducive to the co-production process achieving positive results (Table 3).

Table 3. Hierarchy of conditions for service co-production to yield positive results

Internal/ External condition	Conditions of effective service co- production	Arithmetic mean	Dominant	Median
Internal	Active user engagement	2.48	3	3
Internal	Mutual trust	2.04	2	2
Internal	Capability of professionals and service users and professionals to co-produce	1.90	2	2
Internal	Willingness of professionals and users to contribute	1.77	1	2
Internal	Users' motivation to co-produce	1.76	1	2
Internal	Building relational capital among the stakeholders	1.69	1	2
Internal	Sense of shared responsibility for the provision of a new service	1.69	1	2
Internal	Reciprocity	1.67	1	2
Internal	Active professionals	1.67	1	2
Internal	Clear communication of the values by the organization	1.63	1	2
Internal	Suitable ways of motivating users	1.63	1	1
External	Finding a balance between private value and public value	1.58	1	1
External	Citizen participation	1.58	1	1
Internal	Internal efficacy	1.56	1	1
External	Social capital	1.44	1	1
External	Involvement of third sector organizations	1.41	1	1
Internal	Organizational culture and support	1.40	1	1
Internal	Relationships between users and professionals	1.32	1	1
External	Structure of political institutions	1.28	1	1
Internal	Understanding and responding to users' needs	1.27	1	1
External	Type of service	1.25	1	1

Source: Authors' own elaboration based on based on research results.

Since we are not dealing with a quantitative scale or an ordinal scale, two other measures have been selected (instead of, e.g., standard deviation): the dominant and the median. Based on the dominant scores, the median results and the arithmetic mean we can identify the six most important conditions for positive results of the co-production process: active engagement of users, mutual trust, capability of the service users and professionals to co-produce, willingness of the co-producers to contribute and users' motivation to co-produce. The lowest scores were achieved by such factors as: social capital, involvement of third sector organizations, organizational culture and support, relationship between users and professionals, structure of political institutions, understanding and responding to users' needs and type of service.

All the factors indicated by respondents as important are at the organizational or the individual consumer side. Despite increased attention devoted in the co-production literature to external factors, they are not perceived as strongly influencing the co-production process to yield positive results (Brandsen and Helderma, 2012; Parrado *et al.*, 2013; Kleinhans, 2017; Flemig and Osborne, 2019; Far, 2019; Osborne, 2010).

5. Discussion and Conclusions

By involving Senior Councils in health promotion, senior policy carries out its main goal of developing civic activity which increases the involvement of older people in the life of local communities and increases the role of seniors in solving social problems. First, co-produced health promotion activities are conducive to the maintenance of health and prevention of disease, thus helping improve the wellbeing of seniors which constitutes the personal value for them. Second, there is the spillover effect of this co-production for the whole society which constitutes the public value.

Our proposition of categorization by importance the factors responsible for positive results of the co-production process is in the line with previous co-production studies. In the co-production literature, we can find a number of conditions of effective service co-production.

First, similar to our research, the active engagement of users is indicated as vital for successful co-production by Dhirathiti (2018), Farooqi (2016), Lino *et al.* (2019), and Poocharoen and Ting (2015).

Next – since “co-production establishes an interactive relationship between citizens and public service providers” (Poocharoen and Ting, 2015) and because cooperation is the precondition of co-production (Ewert and Evers, 2014) – mutual trust is the currency that makes co-production relationships successful (Bovaird, 2007; Boyle and Harris, 2009; Ewert and Evers, 2014; Granier and Kudo, 2016; Verschuere *et al.* 2018).

The third identified factor of positive results of co-production is capability of the service users and professionals to co-produce. The capability to co-produce – which includes the skills, resources, knowledge, experience and competencies needed for active involvement in co-production tasks – is also considered essential for production efficiency by Cepiku and Giordano (2014), Fledderus (2015), Gao (2017), Lino *et al.* (2019), Loeffler and Bovaird (2016), Paskaleva and Cooper (2018), Sicilia *et al.* (2016), Sicilia *et al.* (2019), and Verschuere *et al.* (2018).

Furthermore, as our research shows, positive results of co-production are determined by the willingness of the co-producers to contribute. Both service users and professionals must be willing to invest their resources (time, money, efforts,

experience etc.) in co-production. Similar conclusions have been drawn from the studies of Alford (2016), Farooqi (2016), Fledderus (2015), Flemig and Osborne (2019), Lino *et al.* (2019), Palumbo (2016), van Eijk and Steen (2016), and Verschuere *et al.* (2012).

The last identified condition for successful co-production is users' motivation to co-produce. This determinant is also indicated in the literature as essential for effective co-production by Farooqi (2016), Fledderus (2015), Gao (2017), Lember *et al.* (2019), Lino *et al.* (2019), van Eijk and Steen (2016), as well as Verschuere *et al.* (2012). However, "individual motivations are necessary, but not sufficient, for the success of co-production" (Lino *et al.*, 2019, p. 287) and users may need sufficient information about their role in the co-production arrangements and some skills in addition to their motivation – they have to be capable of co-producing (Lino *et al.*, 2019; Cepiku and Giordano, 2014). Moreover, Fledderus (2015, p. 554) argued that "the more users have trust in the service provider and/or government, the more likely they will be to cooperate".

In terms of health promotion, we emphasize that co-production will be successful if it brings the desired result of creating public value. The creation of public value is one of the desired effects of co-production, and the achievement of this goal proves its effectiveness (Osborne *et al.*, 2016; Bovaird, 2007; Pestoff, 2012; Calabro, 2012; Cepiku and Giordano, 2014; Jakobsen, 2013). Public value in turn is created effectively only when the organizations involved in the provision of services cooperate with each other (Bozeman, 2007; Sorensen and Trofing, 2011). Therefore, prior to value creation, co-production must occur, the prerequisite of which is the participation of the user in the development of a service (Radnor *et al.*, 2014).

In this context an ecosystem approach provides a framework for both understanding all the interactions and resources related to actors involved in social innovation work at a given time, and for identifying what changes need to happen in order to build a field that is 'more than the sum of its parts' (Biggs *et al.*, 2010; Chapin *et al.*, 2002; Pel *et al.*, 2018). A strong factor facilitating change is also the aging society (Buliński and Błachnio, 2017), which creates the need to develop new areas of health promotion that can meet emerging health challenges through the empowerment of individuals and local societies.

Building on the argument that Senior Councils can play significantly role in the co-production of health promotion activities, future research is needed to empirically examine the role of such entities in health promotion co-production in the wider, European context. Furthermore, this paper begins to shed some light on the factors leading to the positive results of the co-production process by gathering opinions.

There are several implications arising out of our study. First, co-production is an umbrella concept capturing a wide variety of activities that may occur in any phase of the public service cycle and in which state actors (e.g., local self-governments)

and non-public stakeholders' representatives (or other members of the public) work together.

Second, the successful and effective implementation of health promotion activities addressed to older people is closely linked to the involvement of different sectors, the engagement of their stakeholders, and multi-institutional cooperation. They are all elements of the service ecosystem, which is a central concept in Service-Dominant logic (S-D logic), and it is more and more often adopted in the public service domain. Service ecosystems can be defined as “relatively self-contained self-adjusting systems of resource-integrating actors connected by shared institutional arrangements and mutual value creation through service exchange” (Vargo and Lusch, 2016; Strokosch and Osborne, 2020; McColl-Kennedy, 2020).

Finally, and most importantly, the conditions required for co-production to yield positive results are active engagement of users, mutual trust, capability of the service users and professionals to co-produce, willingness of the co-producers to contribute, and users' motivation to co-produce. The factors in the environment of the organization, which create the ecosystem in which it operates, have been completely underestimated. In our opinion, the analysis of the role and significance of external factors for successful co-production is the direction of future research.

This article presents some limitations that should be clearly stated. First, the study was conducted in the Polish context and the results are specific to Poland, requiring further studies on a larger scale and comparison with other European countries. Secondly, due to the relatively small sample, we were unable to employ more sophisticated data analysis methods. Our research also suffers from single response bias (Burchett and Ben-Porath, 2019).

Future research in our opinion should include the ecosystem as a dynamic moderator of the basic relationship in the service co-production process. In such a case, we encourage scholars to perceive the ecosystem as a community consisting of the living organisms and the nonliving components of the given natural environment space, interacting as a system. There are a number of relationships between these organisms and components that allow them to function in harmony and balance that need to be studied.

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