ANTON TRSTENJAK INSTITUTE
of Gerontology and Intergenerational Relations

Resljeva 11, p. p. 4443, SI-1001 Ljubljana, Slovenia
tel/fax: +386 1 433 93 01, e-mail: info@inst-antonatrstenjaka.si

SoGraP – Social Gradient Potential in Reducing Health Inequalities in the Elderly

A short description of the action

The SoGraP research is socially oriented self-management programme on reducing health inequalities in elderly chronic patients of different educational level. Its activities were performed in accordance to the thesis, that higher educated patients in conformity to social gradient in health control their illness with higher knowledge and useful health habits more efficiently. Both can be transmitted to participants of lower educational level with the same chronic condition and ameliorate their health habits. The collaborating doctors in two Slovenian urban and rural and one Serbian urban environment selected three groups (from 12 to 14) patients with hypertension and different educational level. All participants were health insured, the main criterion for participation was different educational level. Each participant received specially prepared manual with necessary instructions and contents of sessions. For the comprehensive control of risk factors and for motivation of participants the HAL octagon was developed.

10 weekly and two monthly 120minute sessions were organized, moderated by one or two facilitators. Each session was performed in accordance with the prepared schedule and tape-recorded with the consent from participants. The equity of participants was supported by speaking circle as well as by social learning. Blood pressure was regularly and properly measured. Exercising for falls prevention took place in each session. Blood pressure, sugar, cholesterol, BMI, smoking, drinking, diet and physical activity were measured and described together with satisfaction and social attitudes in the beginning and at the end of sessions.
Participants exchanged their knowledge and experiences with hypertension and other risk factors as well as different life experiences. Commitments of participants in regard to health habits were discussed.

Main objectives of the action

- Measure possible reductions in health inequalities with quantitative and qualitative indicators; better understanding of the social gradient's positive potential;
- Verify the plausibility of designed programme and actions;
- Influence national policies in the field of health and the elderly;
- Identify possible circumstances in health inequalities that have not yet been considered in previous research;
- Measure attitudes and readiness for help among participants from different ends of the social gradient;
- Assess the transferability of the action between different environments by comparing rural and urban areas and different countries;
- Disseminate information and raise awareness of the issue of health inequalities in the vulnerable group of the elderly;
- Find out the state of health in the elderly in Slovenia and its connection to the social gradient.

Key results

The research showed that blood pressure, cholesterol and sugar level together with BMI did not change significantly and that personal ups and downs could be according to the short time of the research considered as metabolic variations. For more relevant consideration their control should be followed up. In regard to alcohol use, smoking, diet and physical activity the outcomes were more evident in participants own assessment. They obtained useful new knowledge and adopted some new good habits. Participants of lower educational level adopted, compared to higher educated peers, better habits.

Relation to illness was not primarily dependent on material background in participants, but more on health habits, which differences were partly combined with differences in education level. Nevertheless, all participants contributed to their peers interesting and useful experiences in regard to illness and life. Educational hierarchy did not influence values of belonging, social cohesion and solidarity in groups. The transferability of the programme was confirmed by equal exchange of views and experiences among participants in all three environments. Discussions were moderated by facilitators, performed in a lay-language and illness-experiences exchanged without time pressure, mostly present in doctors' surgeries. The feelings of equality influenced their satisfaction, relation to everyday life with the illness and adoption of new habits. Sessions represented not only a stimulus for better health habits, they were a kind of social incentive and most participants expressed a wish not to stop with their meetings after the end of the research.

Potential of knowledge and experiences in elderly patients with chronic conditions has also primary and secondary preventive capacities, which could in collaboration with health professionals be used in local environments. For different preventive needs in local environments there will never be enough professional staff, therefore preventive capacities of lay people should not be neglected. Patients of today should not be exclusive users of health services only, they should play more active role in health systems.

The research showed that in societies with national and compulsory health insurance social gradient in health is not as wide as in societies with no national insurance and predominantly private health care. Socially oriented chronic disease self-management programmes in patients of different educational level with chronic conditions represent an effective way for the reduction of health and social differences among them. The research confirmed the outcomes of other similar programmes, that knowledge and understanding of chronic condition can be improved among elderly patients, who are also able to adopt new habits. Therefore such activities should be in interest of health politics as well.

The SoGraP project is supported by the European Union's Programme for Employment and Social Solidarity - PROGRESS (2007-2013).