



High Level Presidency Conference  
Cyprus

# Healthy ageing and social gradient in health:

What can be done in later life to  
contribute to healthy ageing?

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- Healthy ageing – a comprehensive interaction of healthy habits with an active participation in social environment
- Public health issue of prime importance
- Healthy life-style, active role in one's own health
- Responsible attitude to own health
- Support of family, peers, social environment
- Suitable for healthy, ill or disabled individuals



- Later-life years accompanied with chronic conditions
- Ageing in illness
- Traditional stereotype of patients' behaviour
- Nature of chronic illnesses better understood
- Healthy habits reduce severity and symptoms
- Illness as a positive or negative incentive



- Effective management of chronic conditions is a challenge for health systems
- Shared responsibility for the outcomes
- Healthy ageing and risk factors



- Uneven distribution of healthy habits among citizens
- Less motivation in socially disadvantaged
- Scale of social positions as social gradient
- Social gradient in health
- Healthier and longer lifespans in more educated people, milder symptoms of chronic illnesses
- Socially disadvantaged patients need support in healthy habits



- Access to information on illnesses
- High knowledge and practical expertise of patients
- Unexploited public-health potential
- Self-management programmes for healthy ageing



- Active care of patients for good physical and mental health
- The Chronic Disease Self-Management Program (Stanford University)
- The Chronic Care model
- The aim is to influence patients' habits in regard to health

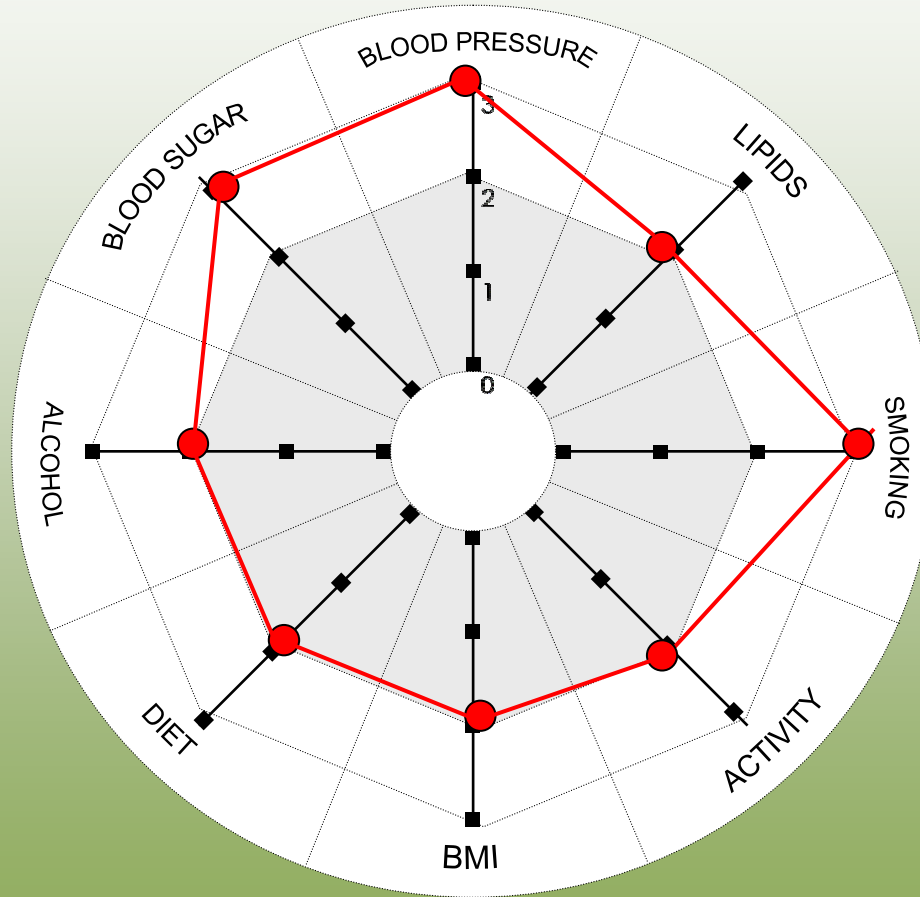


- The SoGraP model of Social Gradient Potential in Reducing Health Inequalities in Elderly
- The Anton Trstenjak Institute of Gerontology and Intergenerational Relations, Ljubljana, Slovenia
- Funded by European Commission – PROGRESS programme
- Social gradient in health as a positive potential
- Sessions and discussions of patients with different educational level and the same chronic condition
- Importance of a lay language
- Influence on health practices of less educated patients





- Medical doctors in rural, urban and metropolitan environment as selectors
- Three groups of retired different educated male and female patients with hypertension
- From academics to physical workers
- Ten weekly sessions with two facilitators
- Experiences with hypertension and other risk factors
- User friendly manual
- An octagon as a motivation and support





- Participants with compulsory health insurance and a personal doctor
- Social orientation of the SoGraP model
- Addresses habits of patients with different education and social level
- Reduces social hierarchy
- Social engagement of less advanced patients



- Outcome in all three environments comparable
- Objective measurable risk factors + and – on both sides of gradient
- More improvements in less educated
- Qualitative outcomes decidedly positive
- Satisfaction
- Feelings of acceptance and belonging
- Useful information
- Adoption of healthy habits
- Easier management of symptoms
- Pleased with facilitators
- Wish for continuation



- Outcomes of other programmes comparable
- No positive results on all indicators
- More effective symptom management
- Better functional status
- Better knowledge and self-efficacy
- Useful practical information
- Improved communication with doctors
- Social satisfaction
- Too short for long-term assessment
- Further study necessary



- Different position of patients in health systems
- Legal rights, informality, informed consent
- Democracy
- Attitude to quality of health services
- Self-management as innovative incentive
- Changing attitudes in health politics
- Position of health-care providers
- Political innovations