



SOCIAL GRADIENT POTENTIAL IN REDUCING HEALTH INEQUALITIES IN THE ELDERLY

Mag. Ksenija Ramovš

IFA 11th GLOBAL CONFERENCE ON AGEING, Prague



ANTON TRSTENJAK INSTITUTE OF GERONTOLOGY AND INTERGENERATIONAL RELATIONS (1992)

- ... is the national scientific and expert institution.
- ... was founded by few experts as private individuals, Slovenian Academy of Sciences and Art in 1992 and in 2004 by the Government of the Republic of Slovenia.
- ... work is interdisciplinary and includes sociology, psychology, medical science ...
- ... has quite early realised the seriousness of demographic changes in Slovenia and therefore made some studies, developed new social programmes and implemented new social programmes in this field.

The main focus is given to the development of the new programmes for quality ageing and good intergenerational relations.



SOCIAL GRADIENT – RISK OR POTENTIAL?

“Being poor is really bad for your health.”

- Evidence shows a global phenomenon: in general, the lower an individual's socioeconomic position the worse his health.
- WHO, EC are trying to reduce these negative effects by adopting policies that combat health inequities.
- But what if we did not only focus on the negative? What if we could use the concept of social gradient for facilitating health improvement?



RESEARCH PROJECT OVERVIEW

FOCUS:

- Contributing to healthier lifestyle of elderly with high blood pressure.

RESEARCH QUESTION:

- In general, elderly people with high socioeconomic positions manage their condition better than those with low socioeconomic positions. Could they “pass the knowledge” to their peers?

KEY OBJECTIVES:

- Explore social gradient potential for reduction of health inequities.
- Develop interventions, assess their transferability and applicability.
- Changing life habits through social learning in groups.



METHODOLOGY

EXPERIMENTAL DESIGN:

- Intervention: peer-learning groups with moderators and workbooks.
- 10 weekly sessions (topics like nutrition, workout, relationships...).
- Three separate groups in two countries.
- 34 participants, half with low and half with high education, half of them were men and half were women.
- Pre-tests and post-tests (medical and psychosocial tests).

MIXED METHODS RESEARCH:

- Qualitative analysis (session transcripts, self-evaluations).
- Quantitative analysis (data from medical exam before and after the intervention, questionnaire on attitudes, evaluation questionnaire)



QUALITATIVE ANALYSIS: PRELIMINARY FINDINGS

- Participants express satisfaction with group work.
- Participants state that they have learned from their peers.
- Participants report improvements in healthy lifestyle choices, especially for water consumption, exercise and nutrition.
- Participants with lower socioeconomic position tend to report more initial risk factors in regard to their lifestyle.
- Participants with lower socioeconomic position tend to report more improvements in healthy lifestyle choices due to meetings.
- From qualitative data alone it is unclear how social gradient is linked to peer learning: qualitative analysis suggests that other variables might play a bigger role.



EXAMPLES: Satisfaction with group work

“ I have heard all these things from my doctor, but in the group we spoke from personal experience. This will stay with me throughout my life.

“ I have been talking to other group members and everyone feels very good as a part of this group.”

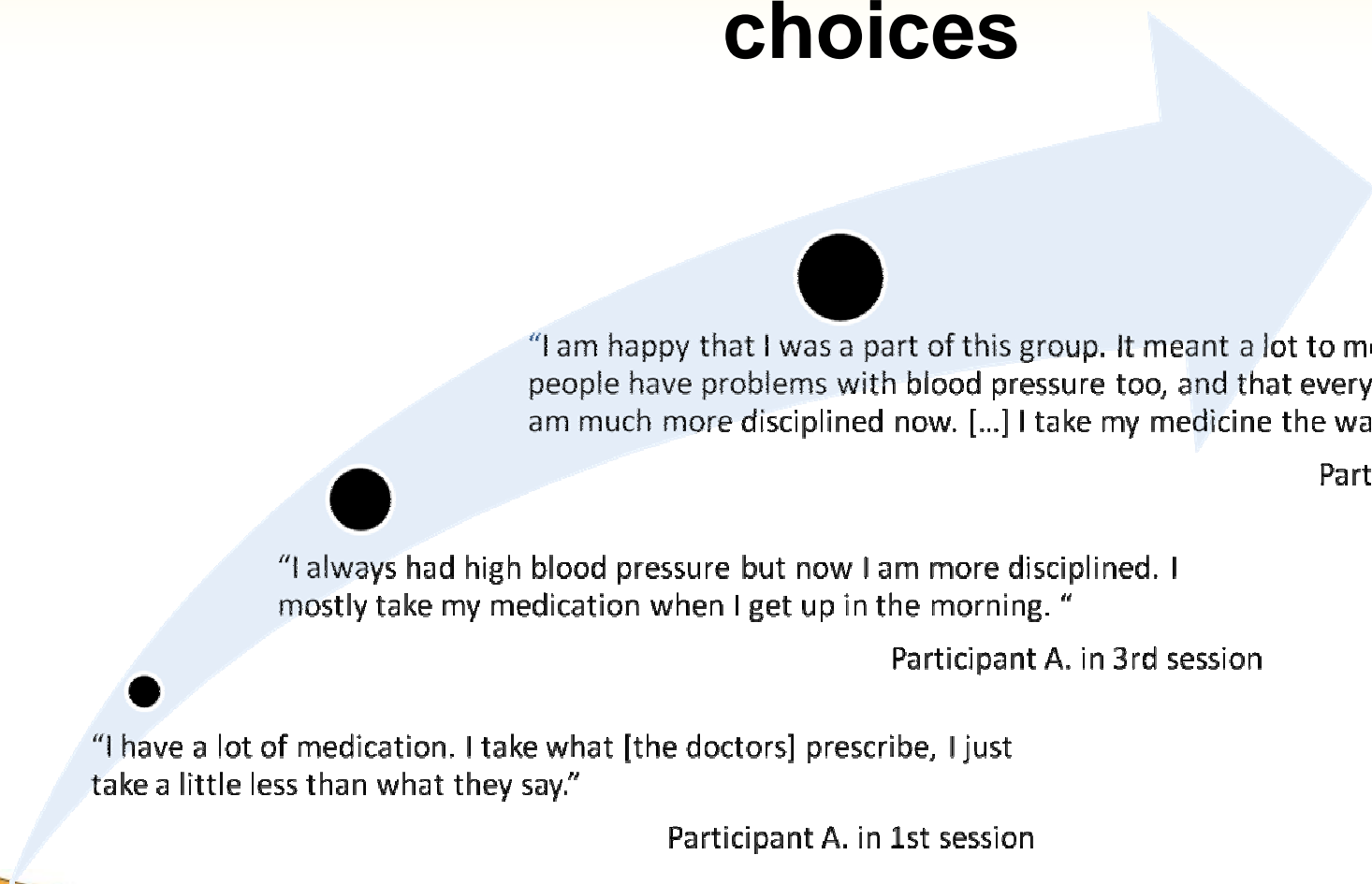
“ I would like to thank everyone for being my teachers, I learned a lot from you all.”

“ It was fantastic, wonderful, I really liked meeting with you all. Positive. I am lost for words.”

“ I learned a lot and developed many healthy habits.”



EXAMPLES: Improved lifestyle choices



“I am happy that I was a part of this group. It meant a lot to me to hear that other people have problems with blood pressure too, and that everything can be solved. I am much more disciplined now. [...] I take my medicine the way it is prescribed.”

Participant A. in 9th session.

“I always had high blood pressure but now I am more disciplined. I mostly take my medication when I get up in the morning. “

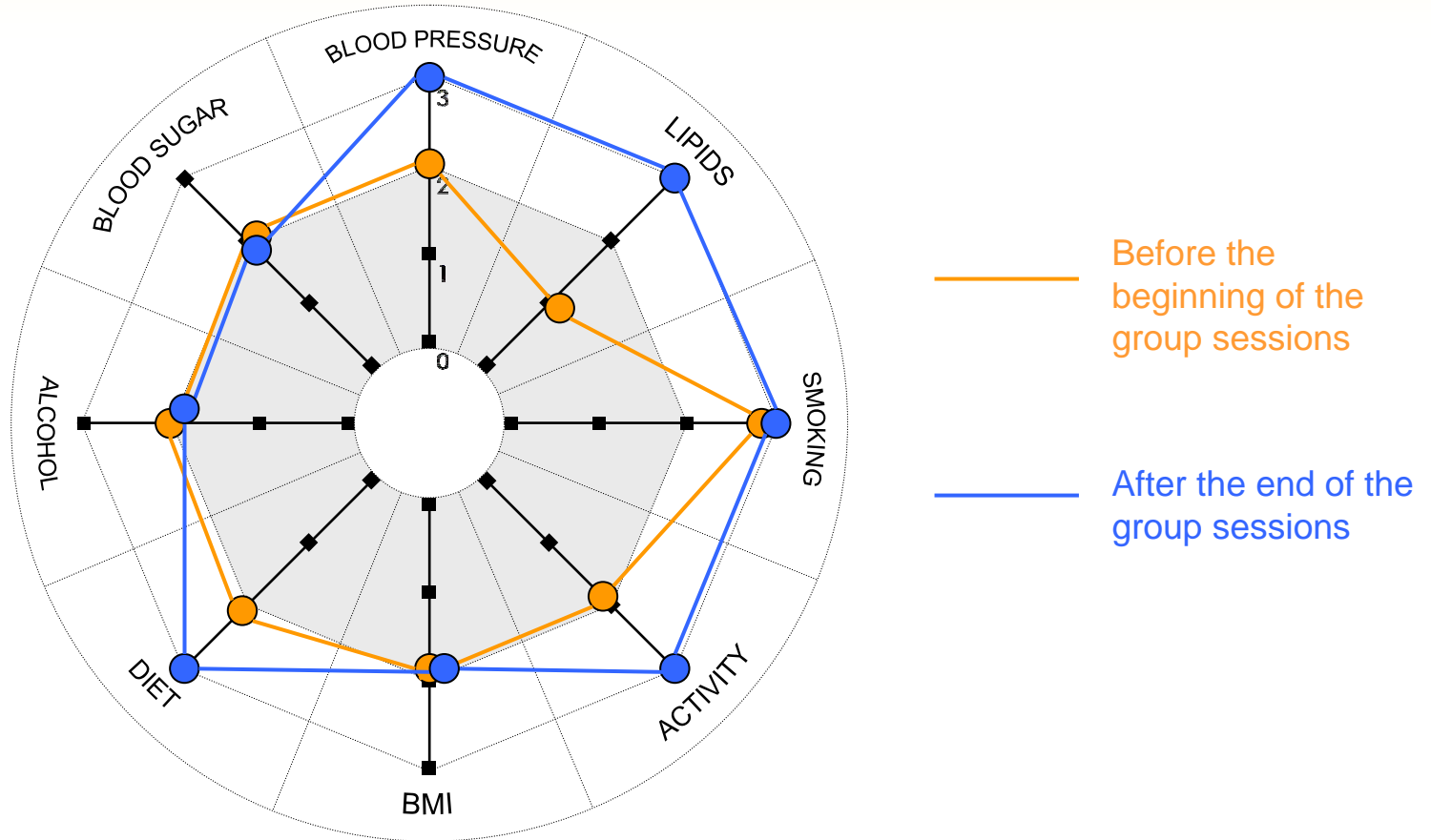
Participant A. in 3rd session

“I have a lot of medication. I take what [the doctors] prescribe, I just take a little less than what they say.”

Participant A. in 1st session



OCTAGRAM OF HEALTH – an example





EXAMPLES: Participants from lower social gradient report more lifestyle improvement.

"It's not good that I eat more fried food than cooked food. I try to avoid it, but now when I will come home I'll just quickly fry a drumstick or some french fries. Sometimes I like to eat greasy food. "

Participant (low soc.grad.), session 2



"I am really careful about my nutrition. I eat vegetables, I even lost 5 kg."

Participant (low soc.grad.), session 10

"I drink about 2 liters of water a day. I take my medicine regularly and always read side effects. I eat very healthy, soups, salads, very little meat, almost no salt, no sugar, no fried food. My only vice is a glass of wine and whiskey each day and a few cigars. "

Participant (high soc.grad.), session 3



"I am living my calm quiet life. I try to exercise sometimes. But since I overcame my depression, I still smoke cigars and drink whiskey every day."

Participant (high soc.grad.), session 10



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