Ensuring a society for all ages:

Promoting quality of life and active ageing

UNECE 2012 Ministerial Conference, Vienna, Austria

SoGraP

Social Gradient Potential in Reducing Health Inequalities in the Elderly

The Project description

Social gradient, defined by the scale of social positions of individuals, is a constant in every society. These differences need not result in negative outcomes for individuals in a low social position, however, as resources are linked to access to education, health care and other social goods, social inequity is often the consequence. Social gradient in health refers to a social situation in which individuals' health varies with respect to their social positions. The governments are trying to reduce its negative effects by adopting policies that combat inequity. However, complete eradication of the social gradient is unlikely, so we are in need of a complementary approach. Our hypothesis was that in addition to the often prevailing negative consequences of the social gradient, positive outcomes relying on the opportunity for solidarity between different social gradient groups are also possible. People with more resources can provide help to those that have fewer resources by influencing a change in their behavioural patterns. Thus what is often seen as a source of the problem can be used as an additional solution in the fight against inequalities.

We conducted a qualitative research on the possibility of health culture transfer between opposing sides of the social gradient curve. The elderly are one of the most vulnerable groups in society, but at the same time reflect a strong volunteer work ethics, which is why we chose them for exploring the social gradient potential.

Chronic elderly patients with hypertension from the high and low end of the social gradient attended regular guided discussion meetings on health-related topics. Altogether were 34 participants coming from urban and rural areas in Slovenia (2 groups) and Serbia (1 group) so that different life styles were accounted for. Groups met once a week for 10 weeks, each time focused on different topic; nutrition, physical exercise, alcohol, smoking, relationships etc. Participants also received workbooks with short text and exercises for each topic.

To keep the content of the groups as similar as possible, each group had two moderators. They had clear didactical guidelines so that participants were exposed to similar information and activities. The moderators' task was not to give information, but to encourage discussion and exchange of positive experiences in disease management among the participants. This is the key tool of social learning used to achieve attitude and behaviour changes that can lead to healthier lifestyle.

Why is it considered a good practice: It reduces health inequalities in the elderly by the elderly themselves – they become more actively involved in care for their own health, which not only adds to their quality ageing but it is also cost-effective from the public health point of view.

Timeline/duration of the project: December 2010 – June 2012 (19 months)

Lessons learnt: The social gradient potential is an innovative approach to reducing health inequalities that has proven to be transferable and useful in urban and rural areas and also in different countries. It increases the knowledge and awareness on health issues and thus reduces health inequalities.

Relevance for the UNECE region: The social gradient and consequently its potential exist in all countries and communities, thus it can be used everywhere.

Location of the project: Slovenia and Serbia

Contact information, website: inst-antonatrstenjaka.si/gerontologija/projekti/14.html

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