

SoGraP

**Social gradient potential in reducing
health inequalities in the elderly**

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»Health inequities are avoidable health inequalities between different groups of people.«

WHO

»People need people to change their unhealthy behaviour: to stop smoking, to stop excessive drinking or to become more physically active.«

B. Badura



SOCIAL GRADIENT IN HEALTH

Inequ(al)ity in health

- Higher education
- Better income
- Healthy lifestyle
- Longer living

- Lower education
- Lower income
- Unhealthy habits
- Shorter lifespan



WHO Resolution WHA62.14:

Reducing health inequities through action on the social determinants of health

3. Urges member states:

(8) to generate new, or make use of existing, methods and evidence, tailored to national contexts in order to address the social determinants and social gradients of health and health inequities

SOCIAL GRADIENT IN HEALTH

another perspective

- Higher education
- Better income
- Healthy lifestyle (with NCD)
- Longer living



- Practical knowledge
- Experience
- Avoiding risk factors

- Lower education
- Lower income
- Unhealthy habits
- Shorter lifespan



- Low awareness
- Problems with illness
- Present risk factors



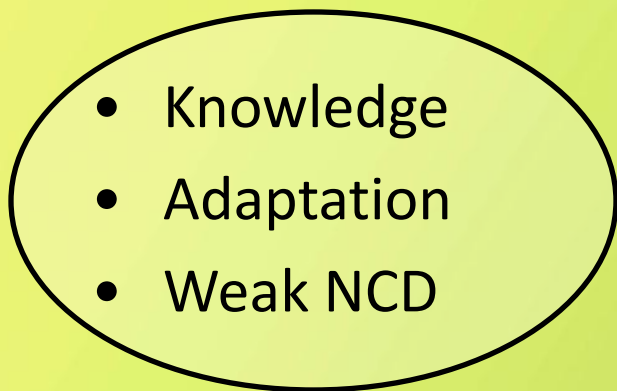
Personal complacency?

Public good?



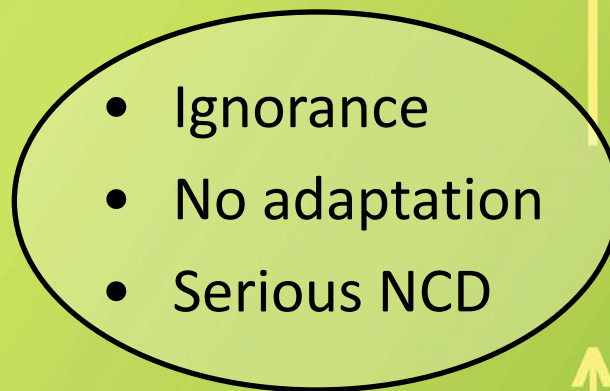
SOCIAL GRADIENT IN HEALTH WITH NCD

- Surveillance
- Regular medication
- Healthy lifestyle

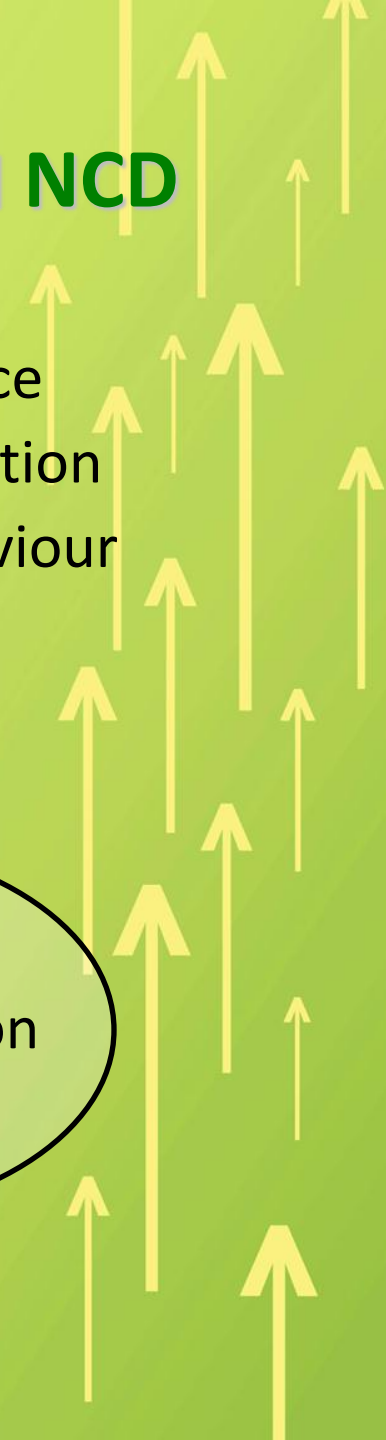


POSITIVE POTENTIAL

- Weak surveillance
- Irregular medication
- Unhealthy behaviour



CHANGE



SOCIAL GRADIENT IN HEALTH IN CASE OF HYPERTENSION

- Well-controlled
- Healthy & active life
- Less problems with CVS
- Uncontrolled
- Unhealthy behaviour patterns
- Problems with CVS and target organs



ENVIRONMENTS

3 groups in different environments:

- Middle-European urban environment – MARIBOR, north-eastern Slovenia
- Remote rural environment – LOŠKI POTOK, south-eastern Slovenia
- Serbian urban environment – BELGRADE, Serbia



FOCUS GROUP

- 10 - 12 participants, ♂ ♀
- Active and healthy & less active and healthy
- Hypertension
- Age: 65 – 75
- Family doctors
- Local social gradient



COLLECTED DATA

- Blood pressure
- Lipids
- Blood sugar
- Smoking
- Harmful drinking of alcohol
- BMI
- Diet
- Physical activity

- Initial and final check-up by family doctor



PRINCIPLES OF THE GROUP WORK


“How can we help each other in living with hypertension?”

- Moderators
- Peers in illness
- Tolerance
- No competition
- Social capital
- Diary



OBJECTIVES

Testing of:

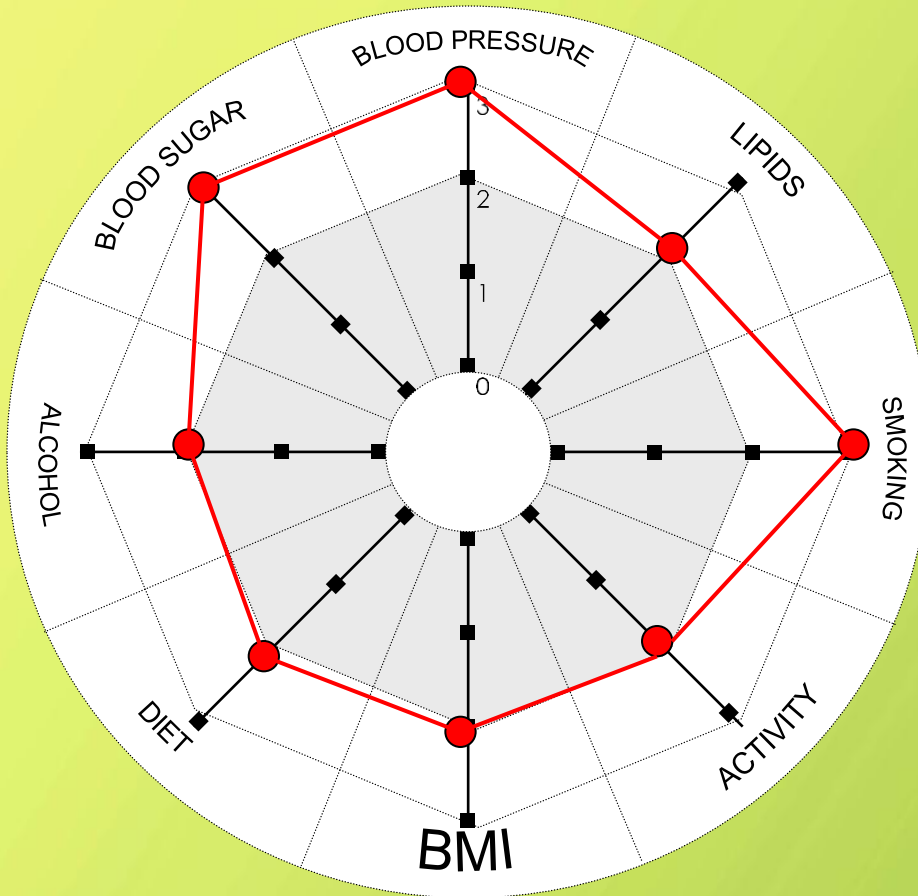
1. Expanding force of the positive potential of health in the social gradient
 2. The possibility of the lower part within gradient to change their habits
 3. The role of illness in social networking
 4. Preventive possibilities of lay people in local environments
 5. The possibility of engaging patients as future multipliers of active life and healthy habits
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INTENTIONS

- To increase health culture among the participants
- To positively influence life with illness
- To strengthen individual responsibility in healthy and active life
- To support social responsibility and social capital in connection with illness



HAL diagram



Thank you for your
attention!

