



Evidence-based Guidelines on Health  
Promotion for Older People:

Social Determinants, Inequality and  
Sustainability

## **National Evaluation Report – Slovenia**

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# 1 The Evaluated Health Promotion Cases for Older People

From the onset of the healthPROelderly project it was very clear that the manner by which we located models of good practice would be different from other partner countries, because in our country all models dealing with to the care for older people to address the needs of an emerging situation and no projects had been built on tried and tested empirical research, and later transferred into practice. The way of assessing the value of individual models was through choosing those that were seen as models of good practice and had been initiated some time ago. Because of their usefulness and benefit for older people these models are still running, are spread all over the country, and the number of older people involved is still increasing.

Because these models were not tested as research projects, no evaluative evidence was found. We therefore decided to select the models which had been tested using the instruments of national organizations. One exception is the innovative model Career Plan 50+ because it is relatively new (since 2005). The results are not yet measurable but we envisage its outcome to mirror the prolonged active professional life of older people as in other EU countries.

The model was developed in cooperation with international organizations (Glotta, Inti) and is financially supported by the European Union, for which reason we believe that the model could be included into our presentation in spite of its short existence.

When defining the models of health promotion of older people we based our decisions on the fact that impacts on human health are not limited to specific health policies, and that this theme is common to all sectors, and therefore were able in this context to widen our scope.

## 1.1 National Selection Procedure

Our task was that each partner chose three models - one typical health promotion project for older people, one of a broader nature dealing also with health promotion for older people, and one that should include innovative aspects of the same task – therefore we followed these directions when looking for the models of best practice all over the country.

We gave priority to those models which are spread all over the country and are accessible to all older people 65+. The second important fact was that these models had to be acceptable by older people. The third important fact was that the models had to be transferable and not aligned to the different socio-political systems in the different countries. The reason for this thinking was the fact that all models needed to be presented openly and offered as examples for other European countries.

As has already been said, the models are not based on theoretical research. We therefore travelled all over the country, visited the organizations and places where the models are implemented, had discussions with professional organizers, volunteers, local politicians and, of course, with older people who are participating in the models. Official literature dealing specifically with health promotion for older people is not very extensive but the journals, leaflets and movies which have been produced in those organizations offer a very rich view into these models.

For each of 19 models we interviewed on average 12 people. Occasionally, we met with working teams, and we also joined a few meetings or group sessions. Some interviews were performed by phone if the place was very distant. We have also attended the national conference on community nursing and the conference dealing with the problems of older people in state council.

## **1.2 A Short Presentation of the Three Health Promotion Cases for Older People**

### **Model 1: Self – Help Groups for Older People – a broader model which also includes health promotion contents**

The model has existed since 1987 and is still running in 465 groups all over the country both in urban and rural areas (local community, neighbourhood, city, rural area, person's own home, and residences for older people). These groups consist of older people of both sexes 65+.

Older people are co-creators of all activities within the self-help groups, and the groups themselves advise and make proposals aimed at different organisations involved with older people.

### **Model 2: Community Nursing Care – health promotion model**

The model has been in existence since 1962 and is still running. It is implemented in all local communities in the frame of primary health care services. All older people 65+ are visited by the community nurse working in the respective local community, and individual plans for care are prepared for each of them.

Community nurses have to support successful ageing of older people in order to better adapt to functioning in a changing world. Community nurses understand that the value system of each older person is rooted in the interrelationships among one's beliefs, life experiences and personality.

### **Model 3: Career Plan for 50 + - innovative health promotion model**

When reaching fifty, some people begin to lose their feeling of belonging and they feel that they are not useful any more, neither to others nor to themselves. The model supports participants in search of intellectual and practical skills which were not used in the first part of their active life and could support their second career.

Programmes include a range of options: physical skills, intellectual activities and arts - in order to reach the various interests of the older people who take part in them.

## **2 Results of the National Case Studies**

### **2.1 In-depth Analysis of Case 1: Self-help Groups for Older People**

#### **2.1.1 Structure Evaluation Results**

The target groups are people aged 65+. They are not chosen but invited into the self-help groups. They are approached at their homes or residences for the older people by volunteers, community nurses and social workers. Older people are often lonely because they are isolated in their homes, without contact with friends and relatives. The older people who join self-help groups are never lonely, they are included into a social network and are receiving essential information for solving their everyday problems (Kladnik, 1998).

As a big problem of the older people is loneliness, the open-door-system of self-help groups and the very informal communication system offer a possibility to meet the nonmaterial needs of the people of different educational and social status. This provides the optimal solution for the inclusion also of older people who are living on the margin.

The theoretical basis for gerontological studies in Slovenia is the document WHO Euro Reports and Studies 71.

“It is a very interesting belief that older people do not have any role in the society. 80 % of older people taking part in an interview have denied this belief and the analysis of those interviews has confirmed that older people cannot be treated as a specific and isolated social group. They are members of the society with different skills and interests. The stereotypes about older people needs to be changed (<http://www.instantonatrstenjaka.si/medgeneracije.html>, 2007)”.

“Self-help means: personal engagement in the solving of one’s own problems and elimination of difficulties by socializing in different social groups (Hojnik-Zupanc, 1997)”.

It was stated that people who are not included into a social network are frequently neglecting the care for their health. The model includes the support of all elements of health physical, mental and social health.

### **Target group**

The target group is aged 65+. They were not chosen but invited into the self-help groups. They were approached at their homes or residences for the older people by volunteers, community nurses and social workers in residences for the older people (Kladnik, 1998).

### **Theoretical foundation**

Inter generational programmes for quality ageing have their origin in 1987, based on the 2 year project named "Project-men for older people people", under the funding of the European programme Phare-Lien. When developing and implementing the concept of local and national network of self-support groups for older people. Between the years 1989 and 1991, the first 50 self-support groups were formed in nine Slovenian regions. In the following years the model of self-support groups has spread all over Slovenia. In the year 1997 the development of the Network of self-support groups for older people people. Two important features of this social network are that it is decentralized and that it is based on volunteer work (<http://www.instantonatrstenjaka.si/medgeneracije.html>, 2007; Hojnik-Zupanc, 1997).

### **Health determinants**

It was stated that people who are not included into whatever social network frequently neglect the care for their health. The model includes the support of all elements of health: physical, mental and social health (Prepletanja, 2003, p. 14).

### **Setting**

The settings are different according to the possibilities in local communities: in schools and residences for the older people as well as in the locations of different non-governmental organizations (Prepletanja, 2004, p. 12-17).

## **Stakeholders**

Project partners are: associations of retired people, residences for the older people, local communities, community nursing services, social centers, Gerontological Association of Slovenia, Ministry of Labour, Family and Social Affairs and Foundation for the Financing of Disability and Humanitarian Organizations in the Republic of Slovenia. They are, according to their tasks, connected with the whole older people population (Prepletanja, 2006, p. 33).

## **Goals of the project**

To support the quality of life of the older people and the establishment of interpersonal communication among different generations and detabuisation of old age. The mission is also to set up conditions and possibilities for quality life of the older people in the field of interpersonal relationships and intergenerational connectedness. It also offers support to the middle generation for the preparation for their own old age ([http://www.skupine.si/programi/skupine\\_za\\_samopomoc/](http://www.skupine.si/programi/skupine_za_samopomoc/), 2007).

## **Management structure and budgetary arrangements**

The model is funded by the Ministry of Labour, Family and Social Affairs, Foundation for the Financing of Disability and Humanitarian Organizations in the Republic of Slovenia and Local Community ([http://www.skupine.si/o\\_zvezi/financiranje/](http://www.skupine.si/o_zvezi/financiranje/), 2007; Statut, 2006).

### **2.1.2 Process Evaluation Results**

#### **Involvement and activation of target groups**

A group consists of up to 15-30 people and meets once a week. The work is organized and supervised by a trained couple of supervisors, mostly from the middle generation. The basic activity in a group is discussion. Parallel activities are singing, reading, exercising, excursions, meeting guests, praying, dancing, creative workshops, trekking... (Prepletanja, 2002,p. 17).

### **Implementation of the theoretical foundation**

The main task of coordinators and animators of the group was to enable interpersonal communication and active involvement of all participants. Loneliness and social isolation are one of the most common social determinants of health.

Gerontological studies of specific life situations of the older people in Slovenia (Faculty of Health Sciences, Faculty of Social Sciences and Dr. Anton Trstenjak Institute) have built the theoretical basis for gerontological care in Slovenia (<http://www.skupine.si/forum/read.php?2,14>, 2007).

### **Addressing health determinants**

Much of the time is devoted to physical activities and social engagement as also to mental training by specific social games (Prepletanja, 2006, p. 11-13).

### **Accessibility of the setting**

Because the place where people are meeting does not demand special qualities it is never a problem to find another location if it happens that a setting is not available any more. According to the season of the year the groups meet and spend a lot of time in open places (Prepletanja, 2004, p. 12-17).

### **Involvement and activation of stakeholders**

All the organizations involved in the financing or those approaching the older people and inviting them to visit the groups are constantly involved with all activities because they are in line with their professional or voluntary work ([www.varuh-rs.si](http://www.varuh-rs.si), 2007; Prepletanja, 2006, p. 4-7).

### **Strategies and methods used**

The form of self-help groups is not rigid; it is changing with the changes within the society, with the position of the older people in the country and is supporting the new understanding of the role of the older people in the society: Therefore, the programs are constantly adapted according to the new needs of the older people ([http://www.skupine.si/programi/skupine\\_za\\_samopomoc/](http://www.skupine.si/programi/skupine_za_samopomoc/), 2007).

## **Changes and contingencies within the project**

The changes are the result of the changing situation of the older people (individual persons, groups) and therefore the programme and the work of self-help groups are not rigid and are acting in an agreed frame but diversity is very strong (Pečjak, 2007).

### **2.1.3 Outcome Evaluation Results**

#### **Evaluation methods and results**

The founders regularly measure the satisfaction of participants in all self-help groups. A longitudinal study is running and it measures the usefulness of self-help groups.

The evaluation is performed by the national coordinator according to the Article 19 of “Standing Rules for the Implementation of the Program Self-help Groups of Older people People (Statut, 2006)”.

The thorough evaluation of the model was done by dr. Simona Hvalič Touzery and was published in the internal publication from the Od pomladi do jeseni (from Spring till Autumn) in the year 2007 (Kakovostna starost, 2007, p. 78-79).

#### **Cost-effectiveness of the project**

This is a non profit network without many material demands, but the result is optimal; people are more independent, activated and therefore better prepared to care for themselves. The self-help groups are replacing quite a part of the obligations which should be otherwise provided by professional organizations where the lack of staff is very high (social work, psychological support) (Prepletanja, 2004, p. 30-35).

#### **Effects on health (physical, mental, social health)**

The model supports physical health, animates the participants of the groups and makes it easier for them to establish contact with formal and informal support institutions if they need them (Prepletanja, 2003, p. 11-17).

#### **Sustainable effects**

As the model was established in the year 1987 and the network of this group is still growing, this is the proof that the concept is sustainable. All the involved institutions

continue to offer financial support (Prepletanja, 2003, p. 28-32; [http://www.skupine.si/o\\_zvezi/razvoj\\_zdruzenja/](http://www.skupine.si/o_zvezi/razvoj_zdruzenja/), 2007).

### **Transferable effects**

All the effects are transferable because the organization of such groups is financially not demanding ([http://www.skupine.si/o\\_zvezi/razvoj\\_zdruzenja/](http://www.skupine.si/o_zvezi/razvoj_zdruzenja/), 2007).

### **Public recognition and awards**

Self-help groups are recognized by the whole population, by formal authorities, therefore they are also financially supported by legal bodies and donors.

### **Consumer satisfaction**

Self-help groups regularly discuss the work of the groups, they are critical in a positive way; they propose additional activities and constantly evaluate the work of the group (Prepletanja, 2004, p. 25).

### **Empowerment of older people**

Self-help groups form an important network of the older people all over the country, and therefore the voice of these groups is reaching not only health political authorities on the local level but also the Slovenian parliament.

## **2.2 In-depth Analysis of Case 2: Community Nursing Care**

### **2.2.1 Structure Evaluation Results**

This model includes all older people 65+.

The activities of community nursing are health and social assessment of individual people, families and local communities. A community nurse always treats the complete family/household because each member of a family or household influences the life of others and, in parallel, the situation of the whole family influences the life of individual persons (<http://www.zd-mb.si/index.php?id=49>, 2007).

A community nurse is a health educator, responsible for the health and social care of older people when they are well and when they have health problems (Official Gazette RS, nb. 19/1998).

Physical health, mental and social health.

The nursing process has four phases which define the method of work (<http://lopes1.fov.uni-mb.si/CRII/clanek1.html>, 2007).

- Assessment of nursing care needs – nursing diagnoses
- Planning of nursing care and setting the goals
- Implementation
- Evaluation

### **Target group**

According to their legal tasks, community nurses are obliged to visit all older people 65+ and at the first visit establish their health needs. On the basis of an individual plan it is also decided how frequently they will contact each person and the older people receive the information how they can contact community nurses if a need occurs (<http://www.zd-mb.si/index.php?id=49>, 2007).

### **Theoretical foundation**

Health promotion in time means providing necessary knowledge in time. Because people do not always have the corresponding interest and knowledge, the active approach - visiting people at their homes - is a guarantee that everybody receives proper support in proper time (Official Gazette RS, nb. 19/1998).

### **Health determinants**

The first task of the community nurse is health and social assessment. So, when planning work, they deal with physical, mental and social health (<http://lopes1.fov.uni-mb.si/CRII/clanek1.html>, 2007).

## **Setting**

It is very important to know the surroundings and environment where the older people are living; community nurses working with families/households in the respective geographical area (1. Slovenska konferenca patronažne zdravstvene nege z mednarodno udeležbo, 2007, p. 54).

## **Stakeholders**

Community nurses as members of the primary health team. This task is a part of health legislation in the country (Official Gazzette RS, nb. 19/1998).

## **Goals of the project**

To support the autonomy of older people people in all activities of daily life as long as possible ([http://www.ivz.si/javne\\_datoteke/datoteke/1222-Patronazna\\_zdravstvena\\_dejavnost\\_1987\\_2005\\_v1.pdf](http://www.ivz.si/javne_datoteke/datoteke/1222-Patronazna_zdravstvena_dejavnost_1987_2005_v1.pdf), 2007).

## **Management structure and budgetary arrangements**

Community nursing services are part of the primary health team and are financed by national health insurance and by local communities (Official Gazzette RS, nb. 19/1998; [http://www.ivz.si/javne\\_datoteke/datoteke/1222-Patronazna\\_zdravstvena\\_dejavnost\\_1987\\_2005\\_v1.pdf](http://www.ivz.si/javne_datoteke/datoteke/1222-Patronazna_zdravstvena_dejavnost_1987_2005_v1.pdf), 2007; [http://www.revijavita.com/Vita\\_55/Patronažna\\_medicinska\\_sestra\\_s/patrona\\_na\\_medicinska\\_sestra\\_s.html](http://www.revijavita.com/Vita_55/Patronažna_medicinska_sestra_s/patrona_na_medicinska_sestra_s.html), 2007).

## **2.2.2 Process Evaluation Results**

### **Involvement and activation of target groups**

All older people people 65+ are visited by community nurses and an individual plan of work is prepared for them in close cooperation (Official Gazzette RS, nb. 19/1998).

### **Implementation of the theoretical foundation**

Community nurses have their own geographical areas and are responsible for the communication with all older people living in their area. They are working according to a national plan of health promotion of older people and on the basis of individual

plan prepared together with the each individual ([www.scotland.gov.uk/Publications/2003/10/18442/28471](http://www.scotland.gov.uk/Publications/2003/10/18442/28471), 2007).

### **Addressing health determinants**

The professional responsibility of community nurse is to support physical, mental and social health of individuals and local communities (1. Slovenska konferenca patronažne zdravstvene nege z mednarodno udeležbo, 2007, p. 54).

### **Accessibility of the setting**

The plan of work includes all elements of the health determinants; each individual had a personal chart and all the data are registered at regularly visits, so a follow up is guaranteed (1. Slovenska konferenca patronažne zdravstvene nege z mednarodno udeležbo, 2007, p. 54).

### **Involvement and activation of stakeholders**

In a local community a community nurse is expected to be the coordinator of all health and social activities dealing with the individual or family, and she has a linking role between the formal institutions, non governmental institutions and volunteers (Official Gazzette RS, nb. 19/1998).

### **Strategies and methods**

With the growth of other non-governmental organizations in the local communities and because of the demand for the multisectoral cooperation community nursing is taking over the coordinative role in the care of individuals and families in a local community. A community nurse visits older people people in her area and is a link person to all parts of a local community dealing with health (1. Slovenska konferenca patronažne zdravstvene nege z mednarodno udeležbo, 2007, p. 54).

### **Changes and contingencies within the project**

Community nursing services have a very stable position in health legislation; in fact, it is not changing but the role is growing due to the ageing of the population and because of the increase of chronic diseases (Official Gazzette RS, nb. 19/1998).

### **2.2.3 Outcome Evaluation Results**

#### **Evaluation methods and results**

Because community nursing is a part of the national health system, it is continuously evaluated by National Health Insurance and by local health authorities on the basis of national standards for community nursing as the model was tested and accepted in WHO Euro it was also evaluated in Scotland which has introduced the model into the practice.

*“The voice of the service user provided clarity and a comprehensive view of FHN practice and highlighted the importance of including service users’ perspectives in health service research. Service users and carers were very positive about the FHN role. While they appreciated other nursing services, service users particularly valued the FHNs’ accessibility, availability and their holistic perspective which included all members of the family. They saw the nurse as a first point of contact, and valued the FHN as a lynchpin and networker on their behalf (<http://www.ivz.si/>, 2007)”.*

#### **Cost-effectiveness of the project**

Health promotion in time is supporting the autonomy and independence of the older people in all aspects of life - simply said, "cheaper older people are those who are healthy".

#### **Effects on health (physical, mental, social health)**

Community nurses work hand in hand with family doctors in support to health. They also register in time the social and mental problems and are looking for the solutions - this is their basic professional task.

#### **Sustainable effects**

The duration of the model, which is still in use and growing, is a proof of its value (1. Slovenska konferenca patronažne zdravstvene nege z mednarodno udeležbo, 2007, p. 54).

### **Transferable effects**

It is proved by WHO Euro that the model can be transferred to different countries according to the health legislation in the country (<http://www.inst-antonatrstenjaka.si/medgeneracije.html>, 2007).

### **Public recognition and awards**

Political authorities in local communities are constantly demanding the increase of community nursing services and also the official opinion of family medicine is that community nursing is the most important network for the support of health for the older people.

### **Consumer satisfaction**

Once in a year, all older people take part in a survey and are asked to fill in the questionnaires on an anonymous basis.

### **Empowerment of older people**

Older people receive necessary information and support in the decision making processes which influence their lives and therefore they can take an active part in this decision making process.

## **2.3 In-depth Analysis of Case 3: Career Plan for 50 +**

### **2.3.1 Structure Evaluation Results**

In the model are included people aged 50+.

The target group are the older people from 50 years on who are interested in their professional career in the second half of life.

One typical example could be the lady who, until her retirement, held a high administrative position. After the retirement she changed her activities and is now a successful teacher in the programme Career plan 50+ organised by the Glotta Nova organization. As the model is still in the phase of development it is not offering

opportunities to people with different educational level and the participants are mostly higher educated persons.

EU expectations are that people will prolong their working life and the older people themselves would like to be active longer - however, in accordance with their biorhythm which should be respected and also that they have the possibility to start new activities and use those competencies which they could not in their active working life before - because of different barriers or for personal reasons.

*“The theoretical basis is the social responsibility which obliges people to care not only for their personal well being but they also have to contribute something positive to the society and the surrounding where they are living. The model enables the individuals to receive advice and new knowledge with minimal financial participation. The basic principle of the organization is investment in people (www.glottanova.com/social\_responsibility.htm, 2007)”.*

The programmes include the care for physical and mental health (Karierni načrt po 50+, 2006).

### **Target group**

Participants who are interested in second life career and want to keep professional contacts or choose another professional activity.

### **Theoretical foundation**

EU expectations are that people will prolong their work life and older people themselves would like to be active longer, but also that their biorhythm is respected and that they have the possibility to start new activities and use those competencies which they could not use in their active work life before - because of different barriers or for personal reasons (www.glottanova.com/social\_responsibility.htm, 2007).

### **Health determinants**

The programmes are oriented toward the retention and development of mental activities, but as the participants understand that they have to keep their physical

skills to remain active also the interest for physical health is growing (Karierni načrt po 50+, 2006).

### **Setting**

The Library Association, The City Museum of Ljubljana, The School for Agriculture Novo Mesto; these institutions are open to new programmes and modern didactic methods.

### **Stakeholders**

Glotta Nova, Institute for adult education because they support the second life carrier ([http://www.marija-drofenik.net/o\\_meni.html](http://www.marija-drofenik.net/o_meni.html), 2007).

### **Goals of the project**

The goal of the project is twofold: first, it is oriented toward the older people and helping them to continue their active life also in old age. The second goal is to support the needs of the country; to keep people who were experts in their own professional fields active and prepared to transfer their experiences to younger generation (Karierni načrt po 50+, 2006).

### **Management structure and budgetary arrangements**

The programme is financed with the money from the interested sponsors or donors also by EU finances. Participants are contributing a small amount of money to the fee (<http://www.glottanova.si/>, 2007).

## **2.3.2 Process Evaluation Results**

### **Involvement and activation of target groups**

The model is open to everybody who wants to build a second career in life after 50. The model is presented on the internet and in the publication issued by the involved education institutions ([www.glottanova.com/social\\_responsibility.htm](http://www.glottanova.com/social_responsibility.htm), 2007).

### **Implementation of the theoretical foundation**

A so-called competency test is the starting point for the further education. The participants learn where there is an interest in the theoretical knowledge and skills that could help them to start a new career (Karierni načrt po 50+, 2006).

### **Addressing health determinants**

During the educational process the participants are motivated to take care and to promote their health, which will enable them to attain additional conditions for the change in life (Karierni načrt po 50+, 2006).

### **Accessibility of the setting**

Educational institutions (schools, libraries and museums) are accessible on the basis of a signed contract with the organizers ([www.glottanova.com/social\\_responsibility.htm](http://www.glottanova.com/social_responsibility.htm), 2007).

### **Involvement and activation of stakeholders**

When involved into the work, the participants themselves and the cooperating institutions are building up the educational programmes and are adapting them to the specific qualities of individual participants which they detect in the process of competency testing (<http://www.glottanova.si/>, 2007).

### **Strategies and methods**

The model is open to everybody and all the participants go through the same process of education competency testing and specific education (<http://www.glottanova.si/>, 2007).

### **Changes and contingencies within the project**

No, because the model is too young to trigger changes yet ([http://www.glottanova.com/global\\_learning\\_method.htm](http://www.glottanova.com/global_learning_method.htm), 2007).

### **2.3.3 Outcome Evaluation Results**

#### **Evaluation methods and results**

The achievements of participants are measured individually on the bases of a standardized form ([http://www.glottanova.com/global\\_learning\\_method.htm](http://www.glottanova.com/global_learning_method.htm), 2007).

#### **Cost-effectiveness of the project**

The longer people are active, the less they are just the consumers without any contribution to national finances.

#### **Effects on health (physical, mental, social health)**

Not measured yet.

#### **Sustainable effects**

Don't know yet, the time is too short.

#### **Transferable effects**

All effects are transferable if the special educated teachers are available.

#### **Public recognition and awards**

Associations of the older people and also enterprises are asking for the prolongation of work time for younger older people people and this model is one of the activities which can fulfil this need ([http://www.glottanova.com/global\\_learning\\_method.htm](http://www.glottanova.com/global_learning_method.htm), 2007). The model has received the award from the Institute for adult education.

#### **Consumer satisfaction**

The study is in progress.

#### **Empowerment of older people**

When active, the older people keep a stronger position in the society and their voice is heard (Karierni načrt po 50+, 2006).

### **3 Conclusions**

The three chosen models are examples of health promotive work for the older people in spite the fact that only community nursing among them is strictly oriented toward health promotion and, if necessary, toward preventive activities, and the other two are broader. Our experiences show that if people are included into a social network and are not isolating themselves from outer world their interest for personal health is higher and they are also not neglecting their physical image.

#### **3.1 Recommendations for Successful Health Promotion for Older People**

The organization should take into the account that people are living in different geographical, cultural and social conditions and they have different life experiences and different level of personal motivation it is very important for the structure of the models which have to be flexible and have to take into account all elements which influence the life of the older people.

According to selected models their services should be organized in all local communities.

The needs of society as also the needs of individuals for longer active life should be acknowledged and should be supported to enable people who are ready and willing to remain creative and active.

#### **3.2 Specific Recommendations for Project Aims**

We see our three models as a form of health promotion in the broadest meaning and as an example which could be transferred and implemented in all EU countries. The title of our project Health promotion for Older people stresses social determinants of health, inequalities and evidence-based practice. Two of our models, Self-help

groups for older people and Community nursing care fulfil all three prerequisites, Career plan 50+ has not been running not long enough and therefore we can not say that it is open to all older people people.

As our models started because of existing needs in the country and are not the results of a project research we do not have the results of theoretical research that we could offer as theoretical basis.

Self-help groups exist in a similar form also in other EU countries and our model confirms the experiences from there. Our specific, very positive experience is that self-help groups are very active in intergenerational networking and are therefore diminishing or eliminating the gaps between the generations which could lead to unnecessary tensions in the society. Intergenerational camps are a very strong support for the health promotion for physical health. In different regions of the country self-help groups have different approaches to their work and a very helpful instrument for the exchange of ideas for measuring satisfaction and for the exchange of visits is their own journal where volunteers, professional experts in health issues and mostly the members of groups contribute their experiences and ideas.

Primary health care services exist in whatever form in all EU countries and nursing education is based on the same values and principles all over Europe (Bologna processes, WHO strategy on nursing education and ICN recommendations on nursing education - tuning).

Our recommendation would be that community nursing as a basic primary health care service should be offered to all EU countries as a model, especially because WHO Euro has tested the model in a pilot study and the manual is available in seven languages and can also be translated free of charge in all WHO member states.

Among the three models community nursing is the classic type of a health promotion model, but it does not exclude other elements which influence the well being of the older people because takes place in settings where people are living and meets them before health problems occur.

The fact that the population of older people is not only a growing social and financial problem in the country but that it could and should overcome the lack of skilled and experienced professional cadres has led to the support of this model only two years ago, which is relatively late. The fact is that we do not have enough young experts for the existing needs in the country and that it was for too long understood that the retirement age should not change and that this fact would diminish the unemployment of some professional groups. Overbridging these problems is possible by keeping the older people active and productive according to their biorhythm and by establishing the possibilities that young dynamic people, who are ready to take new challenges, work together with older experts and use their experiences, connections and critical thinking. Individuals themselves can not establish such a situation, the needed prerequisite for such intergenerational professional cooperation is education or re-education of the older people and creating a situation of acceptance of such cooperation in different institutions or enterprises.

On the basis of our relatively short experience we recommend that older people should be given the possibility to learn their competencies on the basis of competence circle and support to prepare their own career plan for the second life career.

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