



Evidence-based Guidelines on Health  
Promotion for Older People:

Social Determinants, Inequality and  
Sustainability

## **Overview on health promotion for older people in Slovenia**

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## 1. Introduction

Slovenia has 2,000,000 inhabitants. The number of people older than 65 years is growing in proportion as well as in absolute number. In the year 2000, 14.45% of the population belonged to this age group while in the year 2003 their share was 14.86%; 3% were older than 85 years. The projection for the year 2015 is 18.57%. In the year 2010, the number of people older than 65 years will increase for 50,000 in comparison with the year 2000.

Women form the major part of this group. 12% cannot care for themselves completely and 5% need institutional care.

Most of the elderly population are retired and receive a pension, but in the year 2004 many of them were receiving a minimal pension, lower from the minimum salary in the country. Therefore, this group is socially endangered, which is influencing also their health.

Because of this reason the elderly with a minimal income receive a so-called »financial corrective«, and if they need institutional care and have no additional financial support from their family members they receive a support for covering the expenses from their local community.

To help the elderly who are living in their homes, the homes for the elderly are offering services in Day centres; these include regular meals, hairdressers, chiropodists, etc. They can also take part in social and recreational activities together with the people who are staying in these homes on a permanent basis.

Visits to Day centres also makes easier possible later move to institutional care because elderly people are already familiar with the surrounding, the regime and the people who live and work there.

In their homes the elderly are regularly visited by community nurses, who help them to keep the good physical and mental condition, which prolongs their independence.

Centres for social care and nongovernmental organizations are offering home help support for housekeeping and for the inclusion into the different social networks.

## 2. Policy initiatives for older people/health promotion

(National strategy document)

Health protection of the elderly is based on the following principles, obligations and rights:

1. As all citizens also the elderly have to take care for their own health and have to cooperate with the health team

2. The elderly are integrated into the national health system and have equal rights as all other citizens.
3. The elderly have the right to enjoy an independent life in their home surrounding, as long as this is not damaging to their health
4. They are free to choose their personal physician.
5. Whatever decisions have to be made, the elderly have the right to participate in discussions and have to give their consent to the final decision.
6. The elderly have the right for a decent treatment and for the respect of their privacy.
7. They have the right to be included in programs aimed towards the prevention of the most frequent causes of illness and premature death.

### **3. Health determinants**

In the year 2001, the expected life at birth was 75.9 years, of which 80.5 for women and 72.3 for men.

However, there are still differences among the different regions in country, caused by the social-economic situation.

The leading causes of death are cardiovascular diseases and cancer as well as accidents and suicides (more men).

Deficiencies in mental health are a growing problem. In the country there are about 21,000 patients with dementia; with the quick aging of the population the trends show that in 10 years this number will have increased for one third.

According to the WHO data from 2003, Slovenia has the highest number of suicides committed by the elderly (over 65 years). The greatest risk is with the divorced and widowed men.

### **4. Search strategy**

The literature search focused on two main sources. As our school has introduced gerontology as a postgraduate specialist programme, we have started the search by a thorough discussion with all teachers who participate in this programme and have collected their experiences and informations.

With the support of our librarian we continued the literature search by using the COBISS system, which provided all relevant professional literature.

At the first, our selection criteria were rather broad, so the collected literature comprised mixed themes, including geriatric problems and specific health prevention issues.

We were unable to cite the research studies where Slovene researchers were included into international projects but those (mostly for financial reasons) were not translated into our language.

The lack of the financial support is also the cause for the absence of books. Being a small linguistic group with even smaller specific professional population, we cannot print a larger number of books, and publishing is therefore very costly.

Because of these reasons most of the relevant literature are articles and papers from various professional journals and proceedings from professional conferences or similar events.

## 5. Themes

### Comment

According to the discussions we had and recommendations we have obtained during the process of our literature search we have reduced the number of sources from 186 to 56.

We have excluded all the articles dealing with the already existing health problems and have kept on the list only the literature sources dealing with health promotion and health maintenance, and the prevention of illnesses/injuries.

We did not specific classify the themes such as alcohol, smoking, and drugs but have included them into lifelong learning or health education.

We had some problems with the category TARGET GROUPS. When addressing the preparation for old age, what is an important part of health promotion/health maintenance, we added the term «active population» meaning adults who have to take special precautions in time to keep healthy and in good physical and mental condition for old age.

The same was with the term MENTAL HEALTH. The literature on health promotion includes the sources dealing with the support to mental health, which also means the prevention of depression or dementia; the articles dealing with social inclusion,

emotional support or memory training have also been chosen and the term "mental health-general" was added.

NURSING within the Primary Health Care System in Slovenia means in major part the active health promotion and health maintenance from the birth throughout the whole life.

Nurses are working for Community health and for family health including the elderly in all phases of health and illness - to the decent terminal phase of life. Nursing-related articles which were dealing mainly with the general understanding of this issue were not included..

### *Thematic analysis*

Compared with the literature of other partner countries our list is rather modest because our language region consists of only 2,000.000 people. We have collected literature from:

- 7 monographs / books
- 12 book sections/chapters
- 37 articles from different professional journals

## **5.1 Promoting mental health**

For the understanding of the position of the elderly in the country, psychological studies are very important. In his works, Vid Pečjak is analysing the nowadays situation of elderly from the psychological aspect. They are a strong political group, important consumers and a considerable number of young families are supported by their parents and grandparents. But they are still victims of old prejudices and stereotypes, which is the cause of emotional and motivational problems and loosing of self-respect.

An important part of the contents is devoted to self-help groups, which have been active for a considerable period of time and are covering mostly non-material social needs (Tone Kladnik).

### **5.1.1 Addressing depression – 3**

Aged people of today are in a better physical and mental condition as they were decades ago. They are more active at work and socially and expect more from their environment. Being numerous, they have a great political and social power. But they are still victims of various prejudices and stereotypes, two of which are especially important: first, that all the aged people are the same and secondly, that all mental functions decline at the same speed. The truth is exactly the opposite: differences among them are bigger than in earlier years, and their functions deteriorate at various rates. Reactive abilities deteriorate most rapidly, followed by the sensory ones. Out of intellectual functions the fluid intelligence deteriorates more rapidly, while crystallized intelligence and wisdom persist and can for time even increase. Decline of intellectual functions can be influenced also by emotional (i. e. depression) and motivational reasons (i. e. apathy). Preservation of mental functions depends also from individual's self-image ("ego") and real life (physical and intellectual activities, compensations, social relations and prevailing mental state) (Pečjak, 1999).

### **5.1.2 Addressing stress & burnout – 1**

Stress and burnout was addressed only in 1 article and are probably underrepresented due to the time lag between the published literature products and the everyday practice.

### **5.1.3 Cognitive issues (e.g. memory training) – 2**

Memory training/mental training and lifelong learning are key issues for mentally active older population.

### **5.1.4 Self-respect, dignity – 12**

In every life phase people are social beings and the quality of life in old age depends on the proper support of the society and the conscious decision of a person, what she/he will insert into the effects for healthy old age (Hojnik Zupanc, 1997).

### **5.1.5 Emotional support – 12**

Emotional support is offered by family, friends and also with practical activities like physical training, lectures, courses etc.

## **5.2 Empowerment**

### **5.2.1 Empowerment – 26**

Almost a half of all Slovenian literature on health promotion stresses the issue of empowerment. Empowerment means keeping older adults as active citizens and participating members of their society with the same rights and the same power and influence as other groups living in their community.

## **5.3 Social participation**

The gerontology has to find place in all study programmes because of the rapid increase of old population, tabooisation of old age and the decline of intergenerational solidarity. In Slovenia is the link between health care and social work very strong in health promotional, preventive and curative field of work, because of etiological connection between somatic health, mental state of mind and social relations. As a starting point of social gerontology, the integral six-dimensional notion of a man, evolutional scheme of the three periods of life, evolutional image of old age and the needs in old age are the most important. (Ramovš, 2004).

### **5.3.1 Lifelong learning, education of older people – 18**

Gerontological Association as well as associations of the retired people have built up a lot of programs supporting physical and mental activities for the elderly. A very important and supportive institution is also the The University of the Third Age – the institution offering a diversity of study programs, organised study journeys and possibilities for learning ,e.g. foreign languages.

People in old age can be start the activities which were not available for them in former life periods because of different personal or objective reasons.

Local communities organize specific health educational programs for the elderly.

### **5.3.2 Social support, networks – 33**

People are still full of prejudice and stereotypes about elderly and often do not pay attention to their needs, abilities and wishes. The responsibility of the society and state is to enable the elderly after retirement and in illness to live a

life of high quality. New forms of institutional care for the elderly should be developed and sufficient capacities in old people's homes should be provided. The role of old people's homes should be redefined. The quality of life in the institution depends to a great extent on professional staff. They need therefore adequate professional education on all levels. (Križaj, 1999).

### **5.3.3 Self - help groups – 12**

The tradition of self-help groups in Slovenia is long; it started already, when the population of people over 65 years did not exceed yet 10%. The long practice has confirmed the value of these activities, which are covering the non-material social needs of elderly. (Kladnik, 1998).

### **5.3.4 Volunteering - 6**

Volunteering was mentioned in few literature sources. The role of neighbours is significant for the social inclusion but frequently as a source of material support and housekeeping assistance..Neighbour networks have an important potential and are vital, especially for people who are living alone. (Filipovič, Kogovšek, Hlebec, 2005).

## **5.4 Lifestyle**

Lifestyle component is the main category which the health promoting literature is directed at. It addresses issues such as nutrition, physical activity, , safety, the prevention of abuse and violence, diseases and substance abuse.

### **5.4.1 Nutrition – 10**

Nutrition is important for health and well-being of elderly population. To change the eating habits and the information about healthy food were the most frequent themes.

### **5.4.2 Physical activity – 13**

The recommended physical activity as individual or group physical training, walking, swimming, gardening, walking, etc is mentioned in the articles,. It is important not

only for the support to good physical condition but is also preventing the social isolation and therefore supports mental health.

#### **5.4.3 Sexual activity – 6**

Sexual activity was mentioned only in a few literature sources ..

#### **5.4.4 Substance abuse (e.g. smoking, alcohol, drugs) – 9**

Substance abuses such as smoking, alcohol and drugs have addictive properties as well as social effects on behaviour and personality also in old age..

#### **5.4.5 Safety (e.g. prevention from falls, accidents, injuries) – 12**

Decreasing mobility as well as medication can be seen as the main reasons for falls and accidents. Proper physical environment at home and also in the local community are a strong preventive element.

#### **5.4.6 Preventing abuse/violence against older people – 8**

Preventing abuse and violence against older people is important and it has to be taken into the account that it is frequently not observed by others but it exists hidden in families as also in the institutions.

#### **5.4.7 Prevention of disease - 14**

Prevention of diseases is mainly mentioned as a healthy lifestyle, healthy nutrition and physical activity, etc.

## **6. Transversal Issues**

### **1 Research methods**

The surveyed literature could in fact not be defined as presentation of theoretical research results, since it mostly contained the results of analytical work and case studies. It does not include projects and prospective studies but is more result of applied research, is retrospective and describes the evidence based models which proved to be good and efficient. As the books and articles are meant for everybody

involved in the care of the elderly they have a rather general level and the content. We could judge therefore only on the content if it is describing the situations on the basis of qualitative and quantitative practical research.

When presenting the themes the names of authors were cited only if the article/book was dealing deeper with a specific theme.

### **6.1.1 Qualitative research - 17**

### **6.1.2 Quantitative research - 3**

Many of the articles are based on empirical research and on qualitative case studies (17), and only few as a result of quantitative research (3). Some of them are theoretical papers lacking clear evidence that the author was writing on the basis of a conducted research.

A very broad and grounded analysis of life quality of the elderly population was conducted during the years 1992-1996 by the Institute for Public Health of Slovenia. It was cofinanced by the Slovenian Health Insurance services and was the basis for the new approach in health and social protection of the elderly and its implementation which has started in 1999 (Marinček Črt et al.).

The National Health Care Program provides a solid basis for the health care of the elderly and is a correction to the present health legislation where the elderly are not specifically mentioned (Košir Tone).

Homes for elderly are receiving new tasks and their function has to be redefined, as people are changing their home environment for the institutional life for reasons which are different from those some years ago (Mencej Meta).

Considerable importance is attributed to the new new educational concept for gerontology, which has to be multidisciplinary (Danica Železnik).

## 6.2 Strategies for health promotion

These themes are included in several articles most of them address these issues in a more general way, few of them are stressing specific the term "health promotion".

The systematic support to health promotion of elderly is provided by the educational and health system.

Gerontology is a part of undergraduate and postgraduate study programs for many professions dealing with old age: the strongest accent is given to this subject in the educational programs for social workers and nurses and also in specialist programs in family medicine.

Health promotion programs could be also partial and dealing with specific health prevention- according to the health trends in the country as e.g. osteoporosis, cardiac diseases, diabetes, and cancer prevention.

## 6.3 Settings

Among the settings we did not locate the working place, as most of the activities for elderly are organized by and in local communities and residential homes – in the latter also as day centres offering different programs for the elderly living in their homes in the vicinity of a residential centre: gymnastics, physiotherapy, chiropody, hairdresser, travel etc)

Community nurses visit the elderly at their homes regularly on the basis of a plan prepared for the elderly as a preventive measure and as support for their independence. The basic principles of community nursing are:

- a holistic approach,
- assessment of the health needs of individuals, families and local communities by community nurses – both current and possible future needs are assessed.

The basic tasks are:

- multisectoral cooperation with health authorities, local politicians and civil society,
- health education and support to healthy life style,
- nursing care of the sick and handicapped persons in their homes,
- care for the marginal group of the society.

### **6.3.1 Workplace - none**

### **6.3.2. Residential homes for the elderly - 18**

### **6.3.3. Community (e.g. city, region) - 40**

### **6.3.4 Neighbourhood - 8**

### **6.3.5 School - none**

### **6.3.6. People's own homes - 16**

## **6.4 Inequality**

### **6.4.1 Inequality**

Yes - 24

Inequality is addressed in about 30% of the literature sources from two points of view: the equity in opportunities and presentation of problems due to social or physical distance from the relevant institutions or networks.

The relative quick changes in the political, social and economic system have "left behind" a group of old retired people who were not able to financially contribute for their retirement. The fact that the new system plans an increased self-financement of some social and health services could endanger the quality of life of those among the elderly who have found themselves, without any personal guilt, caught into the transitional processes.

Social distance has also another meaning: people do not know all their rights and possibilities; therefore, the proper information or advocating for the elderly is an important task.

Physical inequality is an inequality caused primarily by the place where people are living and only a complete network of necessary institutions and support systems can eliminate this.

#### **6.4.2 Diversity**

Yes-26

Diversity is being discussed in connection with gender, but not that it would lead to a discriminative treatment. What is being discussed here are the specifics caused by the biological and sociological differences.

In Slovenia, men and women have a balanced social status, especially because about 46% of working population were and are women, which means that they are in a big proportion financially independent and equally educated.

#### **6.5 Sustainability**

Yes - 36

This theme was found in 36 (more than 50%) literature sources. It represents a very important issue involving the institutional support, the civil society, volunteers, the work of intergenerational groups, and also self-help groups.

In principle the institutional support is based on sound general principles; however, the other parts of society, freed from the burden of bureaucracy, can more easily and quickly react to different life situations of individuals.

#### **6.6 Cost effectiveness**

Yes-3

Cost effectiveness is represented very modestly (3 cases) and is in fact a critical point in the organization of life for the elderly. Some projections have been made and an interesting survey of what are old people, if healthy and active, contributing to the life in families and the whole society as consumers, babysitters, carers,

housekeepers, volunteers etc (Kostnapfl), but the corresponding adequate indicators are missing.

## **6.7. Consumer involvement & voice of older people**

Yes -18

The presence of consumer voices and their active participation in decision-making processes are getting stronger. An important support to the transfer of consumers' opinion and expectations are the members of the Slovenian parliament representing DESUS - party of the retired people, who are in this mandate even members of the big coalition; their voice is also very strong on local level, especially in the communities where the elderly are playing an active role in the political life on this level.

## **7. Conclusion**

### **a. The situation of elderly population in Slovenia**

Following the trends as evident from our literature search and the sources that were not included in the final selection, we can state that the question how to help to overcome the negative effects of the unexpected quicker aging of the national population in a way that would not only provide a quality and decent life in old age but would also help the state/society to be able to cover the expenses is very much present.

In the year 1990, each member of the active population in Slovenia was providing for about 0.9 of inactive citizens (children, unemployed or retired people); in 2004, one active citizen had to provide already for 1.3 inactive persons.

Both the quality of life of the elderly and the support of the state/society depend on how much and how long the elderly are able to retain their autonomy and are capable for an independent life.

Growing unemployment is causing that many young families depend on the support provided by the elderly, who are babysitters, drivers, cooks but also financial supporters to young families with financial problems. For many young families the house of their parents is their first home.

All these and many other facts of to-day life strengthen the understanding that old age is a normal phase of life if the elderly are enabled to live it as whole persons and normal members of the society. A fact, specific for this country, is perhaps that the change from a patriarchal society with close contact between the generations was relative quick. Younger generation thus feel a certain guilt if they cannot take care for the elderly or be in closer contact with them. Also, expectations of the elderly are sometimes unrealistic because all the life conditions have changed. It is therefore necessary that we eliminate this wrong feeling of personal guilt by a collective, official and non-governmental care for a healthy and quality life in old age.

### **b. Professionals, most involved in the care for the elderly**

In our literature search we could observe that the professionals who are most involved in the healthy aging activities are family doctors, community nurses and also social workers. The best research basis is provided by psychologists and sociologists, the professions that are mainly oriented toward mental and social health.

### **c. Health promotion in the programmes of occupational health**

As the elderly population in Slovenia involves people over 65 we did not include the literature dealing with health promotion during the active period of life. Due to the fact that the legislation will be changed by the year 2012 and the working period will be prolonged, we are adding the abstracts of two literature sources to explain how is health promotion organized in the occupational health activities.

“Health Promotion is the answer to the demands for changes in the health care system, which is no longer able to meet the expectations in the area. It means education of all people to be able to take care for their health and environmental changes. Workplace health promotion has a special position - we have to deal with a well defined group of people and with environment, which is well managed. We speak about a legal basis of workplace Health Promotion (Ottawa Charter, Directive 89/391/EEC, Law on Safety and Health at Work, Convention No. 161, WHO Strategy, Luxemburg Declarations). We point to the key stakeholders involved in workplace health promotion (employers, employees, employees representatives, national authority institutions, insurance institutions) and to their interests and motivations. We present ethics in workplace health promotion, regulations, instruments and ways of conducting activities. We speak about most important activities and obstacles on the entrepreneurial as well as national level. Besides discussing more theoretical issues we offer some practical advice on activities for workplace health promotion.” (Teržan Metka)

“The key objectives of promoting health at work are to provide a healthy and safe work environment, preserve capabilities to work, reduce cases of early retirement and excessive sick-leave, prevent industrial injuries, occupational diseases and diseases caused or triggered by certain jobs, environmental factors, lifestyle or social factors, enable an optimal balance between economic interests and working capacities for all employees, and facilitate the production of health-promoting and environmentally-friendly products for humans. Companies play a role especially in the following: the protection of human health against negative influences of the work environment, the promotion of mental health and healthy lifestyles by introducing specific policies of preserving working capabilities and employability throughout one's life. The majority of recent international studies dealing with health-promotion activities in the workplace have produced very positive results in improving both employees' health as well as the financial results. The contribution gives an overview of health-promotion practices in the world and efforts made in Slovenia.” (Fikfak-Dodič Metoda).

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