

IDENTITY CARD OF THE PROJECT

Title of the project: Potentials of residents and institutions of the region of Pomurje in reducing health and social inequalities of older people in local environments.

Acronym of the project: NAZDRAVJE

Project developer: Center za zdravje in razvoj Murska Sobota

Project manager: Mojca Makovec Haložan, mojca@czr.si, 041 722 788

Project partners: Inštitut Emonicum, zavod za aktivno in zdravo staranje, Ljubljana
Zveza društev upokojencev Slovenije (ZDUS), Ljubljana
Inštitut za trajnostni razvoj lokalnih skupnosti, Ljutomer
Municipality of Razkrižje
DOSOR, dom starejših občanov d.o.o. Radenci
KUN equal opportunities centre from Norway

Total eligible costs of the project: 594,884.70

Duration of the project: from the 3rd of February 2015 until the 30th of April 2016

Region of the implementation of the project: the region of Pomurje

Programme: The Program of the Norwegian Financial Mechanism 2009-2014 (SI05)

DESCRIPTION OF THE PROJECT

The project addresses health inequalities arising or accruing due to differences in the socioeconomic status and due to the system and people not being adapted to longer life.

The project addresses three challenges arising from the extended life expectancy of the inhabitants of Slovenia:

- unreadiness for retirement or life in old age,
- unconnected sectors that take care of older people and older people themselves and the lack of responsiveness or inclusion of older people in active ageing programs,
- excessive burden and lack of qualification of informal caregivers of older people at home.

All three challenges in long term lead to inequalities in health among older people themselves and between older people and the rest of the population.

The project aims at reducing differences between the users and specifically at developing programmes for the preparation for old age, establishment of an inter-sectoral support network for care of the

elderly and their inclusion and the reduction of differences in the quality of home care in comparison to institutional care, and thus differences amongst users.

Extended old age is a challenge for each individual and for the society. It is an added period of life for which one must prepare for, like for the period of school or work. Nevertheless, after retiring everyone is left to time as a self-taught person, most people do not possess the necessary knowledge and skills for this period, therefore social and health differences are rapidly growing amongst older people, particularly for those that are economically weakest. In Slovenia, we do not have programs for the professional preparation for old age with simple, meaningful and workable advice. The first challenge is the development of an educational program and the training of those who will expand it. This challenge presents the need for a professional preparation for life after retirement or in old age. This includes the understanding of demographic changes, health-related issues of social integration, typical age related great changes, property and legal decisions. At the level of the society, we want to encourage a longer maintenance of professional fitness, the promotion of social policies and various forms of social inclusion, maintain the dignity of older people and draw attention to various forms of discrimination against them as well as search for new forms of intergenerational solidarity. The target group are people over 55 years of age.

The second challenge is the inclusion of older people in programs for active ageing and the increasing inability of equal treatment of the system of socially isolated and socio-economically disadvantaged older people in rural areas, which are not reached by systemically oriented services. In the region of Pomurje, the economic status has a significant impact on the access to health services and on the inclusion of older people. A problem is also the mobility of older people - in rural areas the result of poor mobility is isolation and dependency on foreign aid. Since this assistance is not systemically sustainably settled (it is becoming an excessive burden in terms of finances and human resources), inequalities in health are emerging. These lead to premature institutionalization and unnecessary deterioration of health. Through measures aimed at local partner integration, the upgrading of existing networks and the training of institutions and people within the project, we will increase the integration of older people in programs for active ageing, reduce isolation and thus enable a longer and improved quality of living of older people at home. At the level of local communities will be establish pilot clubs 65+, which will activate and connect local resources for the implementation of preventive health care, social and other programs and services for the target groups in the local environment.

The third challenge is the care for the sick elderly and/or elderly people with special needs, which is largely born on the shoulders of their relatives. People caring for elderly at their home (lay or informal

home caregivers) are not sufficiently educated and trained for their quality care. Family reasons are a common the cause of referrals of care recipients to the nursing care in a nursing facility or a hospital. Care recipients in domestic environments rarely receive healthcare services since it is almost impossible to provide conditions for adequate health care, social care and rehabilitation at home. To solve the problem, we will develop and test a pilot model of health and social care, which will enable the longest possible stay in the domestic environment. We will also improve the quality and the offer of the care, health care and social services in the field of care for the elderly in their own homes. For this purpose, we will train and professionally support informal and formal caregivers from different sectors and thereby reduce the differences in the quality of care and health surveillance among the elderly who live at home and the elderly in institutional care. To improve the chances of rehabilitation at home, we will set up a pilot mobile multidisciplinary rehabilitation team and test the mobile rehabilitation service at home.