

# **Healthy diets and physical activity among older people, national good practices - Slovenia**

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in cooperation with

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**Nutrition and Physical activity from childhood to old age: challenges and opportunities**

**High Level Conference,**

Athens, Greece, 25th – 26th February 2014

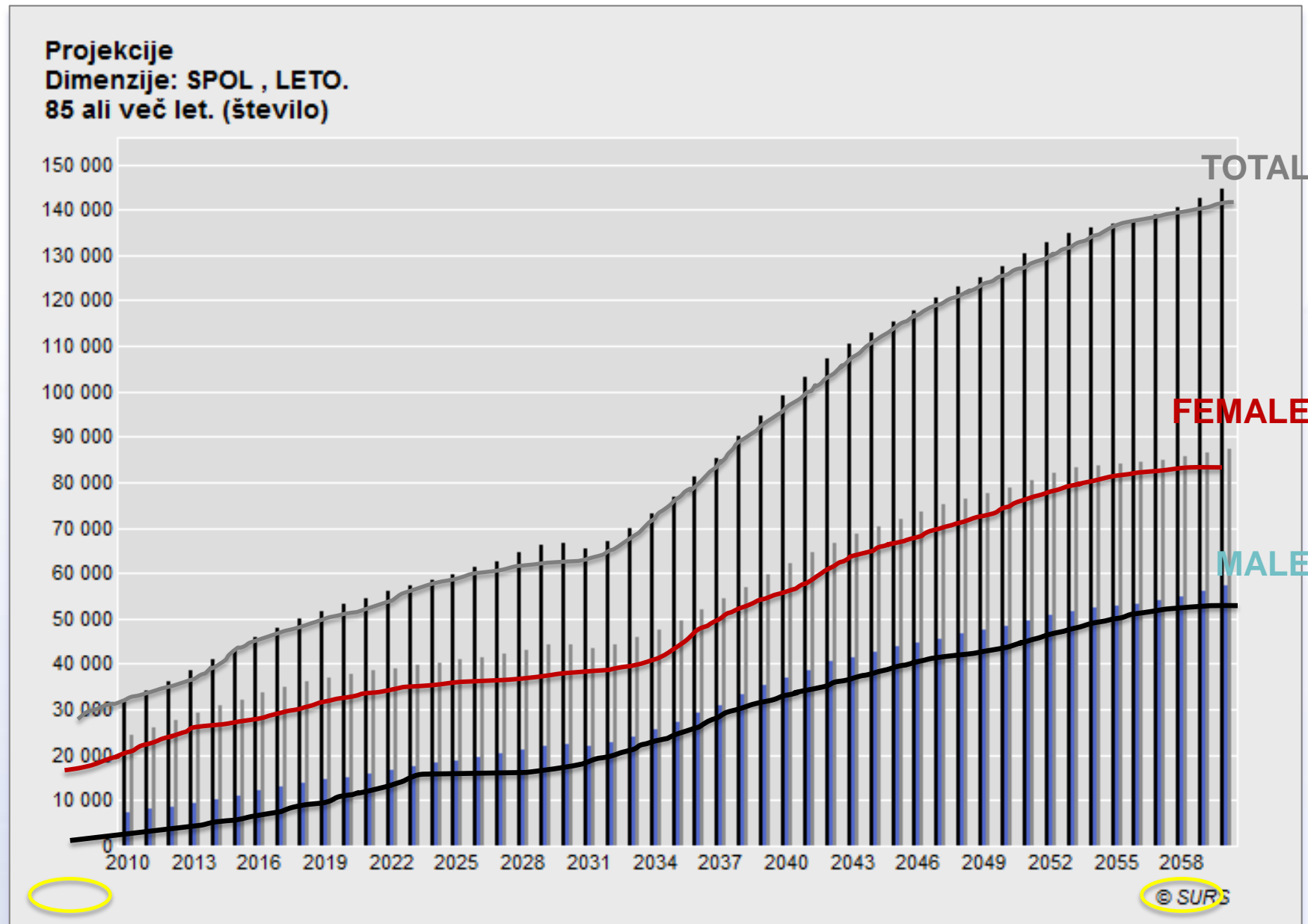
# Content of presentation

1. **Challenges of Nutrition and Physical Activity in Active and Healthy Ageing in Slovenia**
2. Research and priority setting
3. Knowledge translation
4. Conclusions

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# Population projections - Slovenia, gender and age, 2010-2060; **85+** (numbers)



Social group  
most in poverty:  
old, alone,  
women

Source: Novak M. et al, SPI  
RS, 2004

Slovenia 2010:  
- 2nd lowest  
GINI index in  
EU

Source: WHO Euro 2013  
Marmot report

**Slovenia 2014?**  
**ACT TO RESTORE  
PUBLIC FINANCES**

Source: Statistical Office of the R of Slovenia

# ACTIVE AGEING INDEX (AAI) – Slovenia

Overall score: 21 / 27

## Specific scores

1. **Employment rates** 55-59, 60-64, 65-59, 70-74: **19** / 27
2. **Participation in society** (voluntary activities; care to children, grandchildren; care to older adults; political participation): **16** / 27
3. **Independent, healthy and secure living** (physical exercise, access to health and dental care, independent living, financial security, physical safety, lifelong learning): **10** / 27
4. **Capacity for healthy ageing** (remaining life expectancy at age of 55, share of healthy life expectancy at age 55, mental well being, use of ICT, social connectedness, educational attainment): **19** / 27

# Life and health expectancies at age 65

## based on activity limitation (Healthy Life Years), chronic morbidity and perceived health for Slovenia

### Life Expectancy at age 65 and expected years

- Without activity limitation
- With moderate activity limitation
- With severe activity limitation

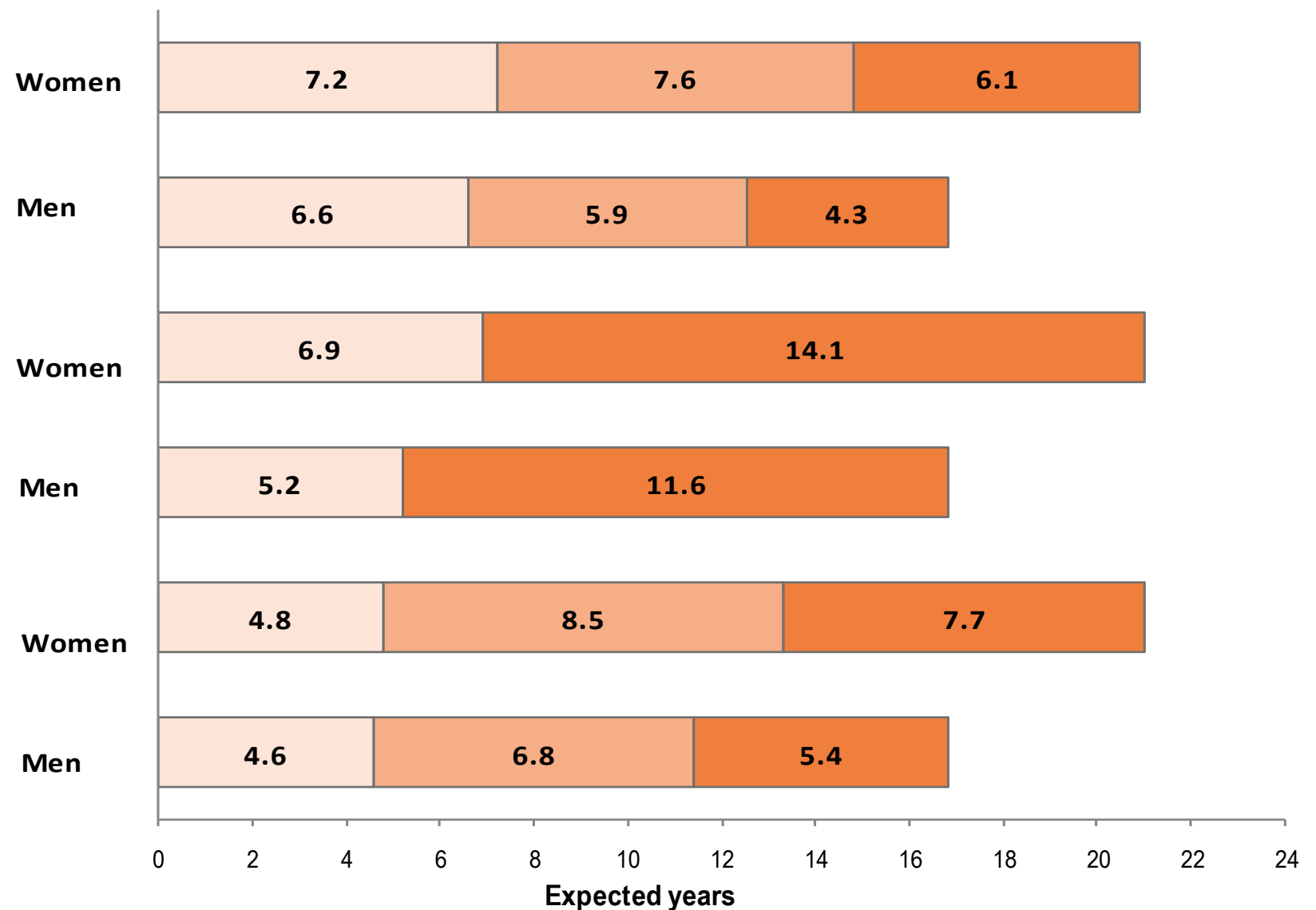
### Life Expectancy at age 65 and expected years

- Without chronic morbidity
- With chronic morbidity

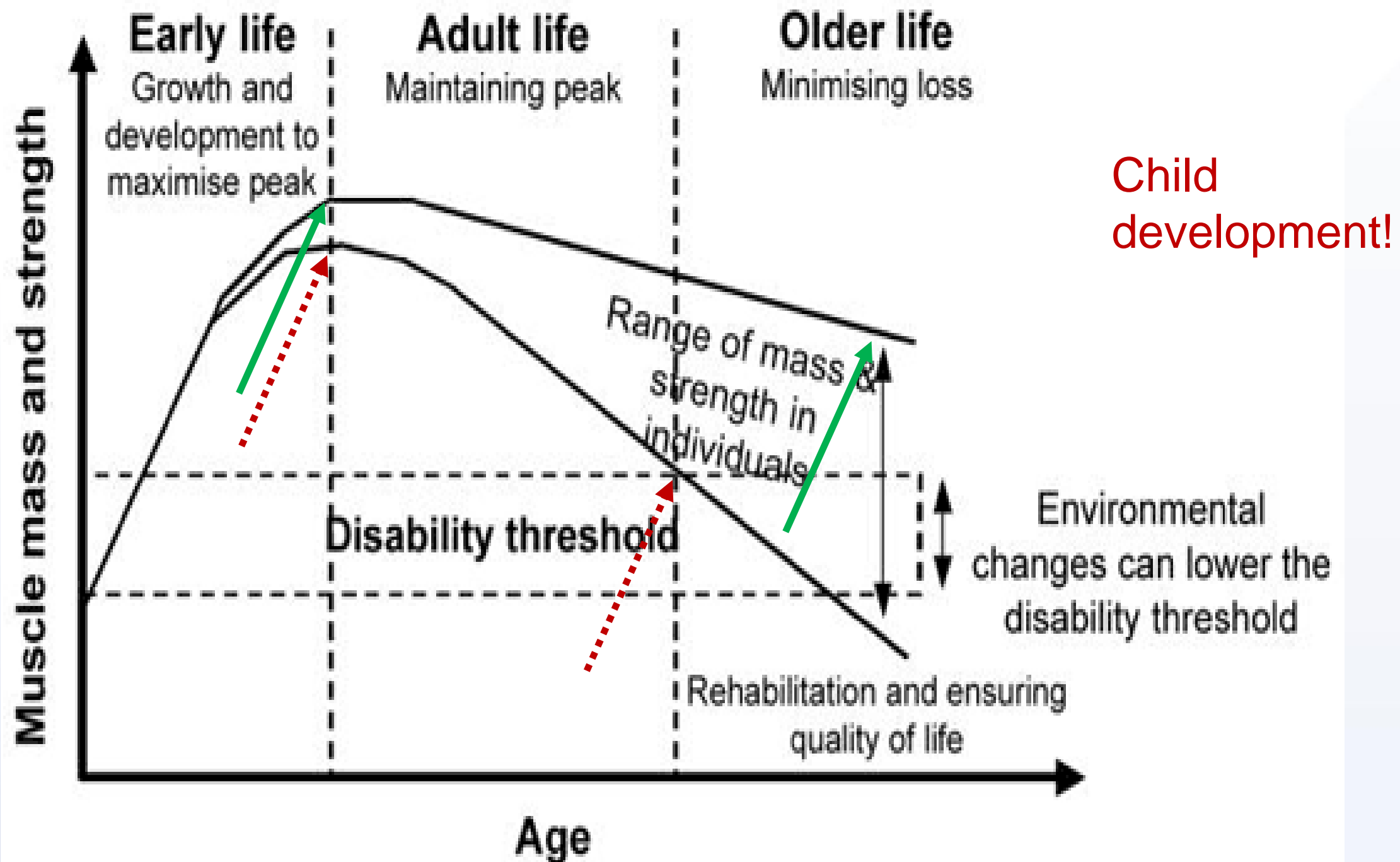
### Life Expectancy at age 65 and expected years

- In very good or good perceived health
- In fair perceived health
- In bad or very bad perceived health

<sup>P</sup> = provisional values



# Lean body mass and muscle strenght, by age - **HUMAN (PHYSICAL ACTIVITY) CAPITAL**



*Modified WHO/HPS, Geneva 2000*

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2. Research and priority setting  
(including salutogenesis perspective with protective and wellbeing factors;  
definition of the criteria of healthy ageing)
3. Knowledge translation
4. Conclusions



# NIPH qualitative research 2007-09

1. Discussions with key informants (doctors and nurses, social workers, volunteers, NGOs, ...) on main challenges of older population living at home; including N & PA
2. Focus groups on nutrition and physical activity in older adults (60+), living independantly at home in local environment
  - enablers and inhibitors for N&PA (stratification by gender and urbanization)

Source: Gabrijelčič Blenkuš M, Stanojević Jerković O, ed. Prehrana in telesna dejavnost za zdravje pri starejših – pregled stanja. 2010. Inštitut za varovanje zdravja RS.

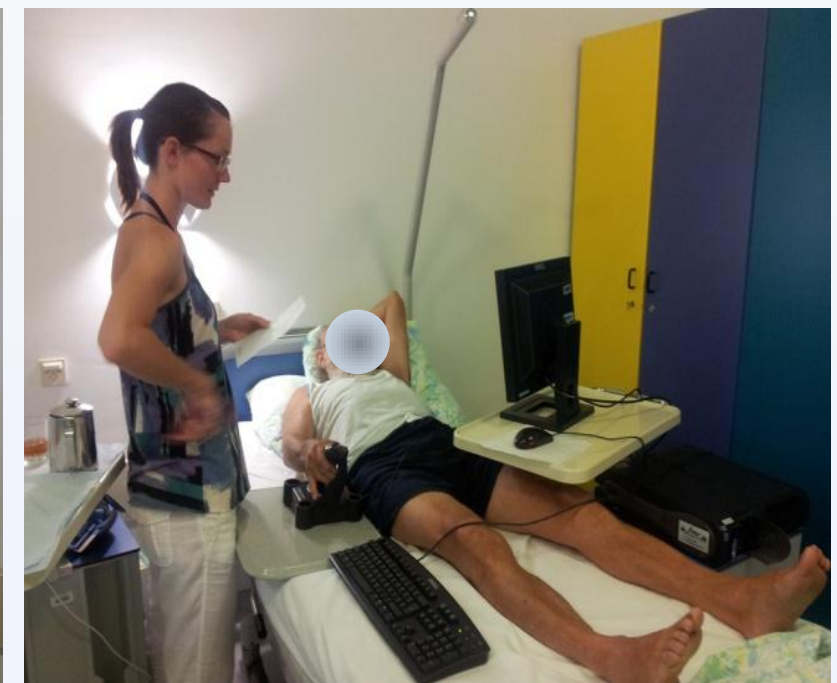
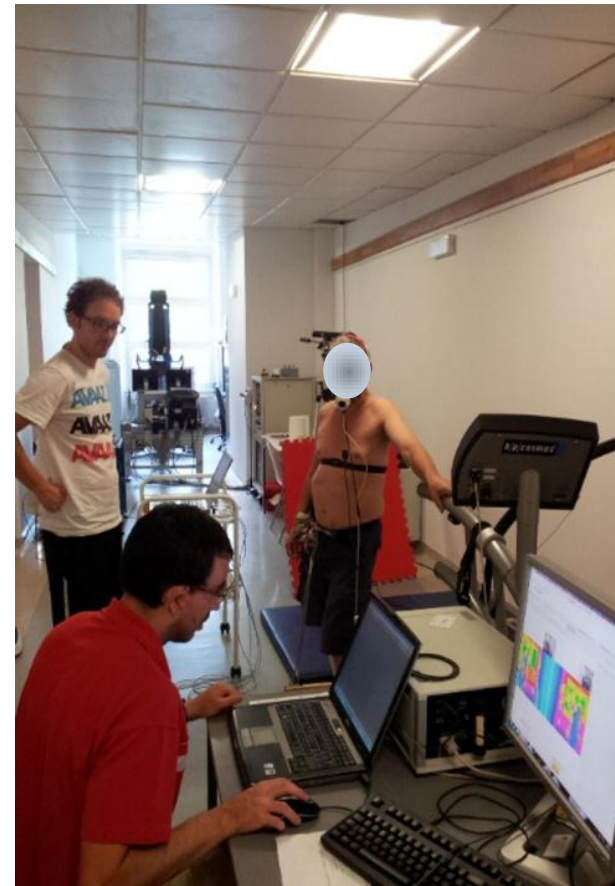
## DAFNE results 2006

Source: Gregorič et al. 2010. Inštitut za varovanje zdravja RS.



# Research activities - PANGeA

Valdoltra Bed rest (BR) study, 2012 – research data





# Research activities - PANGeA

Valdoltra Bed rest (BR) study, 2012 – research data



Effects of **brain training during bed rest** on gait characteristics

*Effect of Computerized Cognitive Training during 14-day Bed Rest on Dual-Task Costs Walking Performance in Healthy Older Adult Men, in press*

Uroš Marušič<sup>1,2</sup>, Voyko Kavcic<sup>3</sup>, Bruno Giordani<sup>4</sup>, Mitja Gerževič<sup>1</sup>, Romain Meeusen<sup>2</sup>, Rado Pišot<sup>1</sup>



# Research activities - PANGeA

Mass Measurements, 2012/13 - Koper, Kranj, Ljubljana SLOVENIA





# Situation analysis of the nutrition in homes for older people, 2013

Survey among the workers responsible for nutrition in homes for elderly:

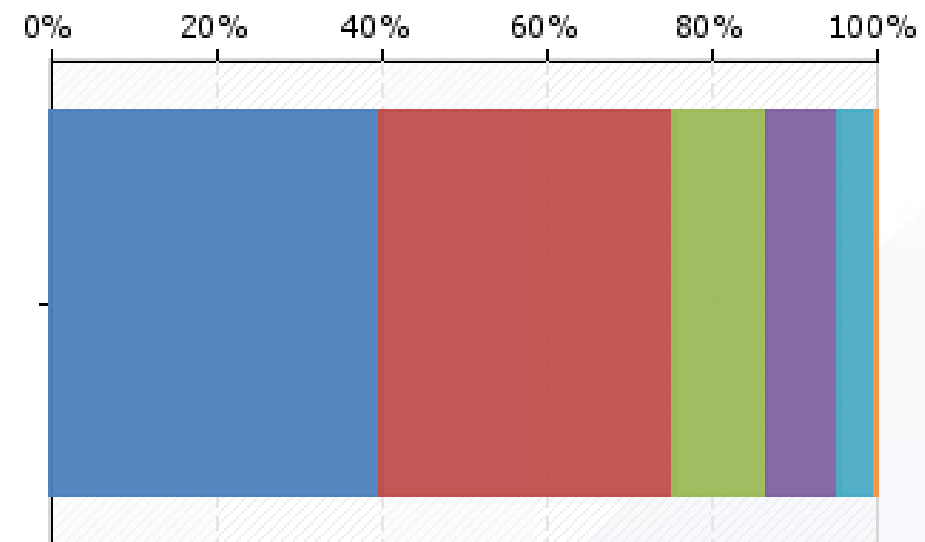
- organization, education, gaps, ...
- use of guidelines, quality of meals, need for changes, ...
- cooperation among different profiles of health and social workers, relationships with management structures, identification of challenges ...
- inclusion of target population, links to local communities, ...

Priority areas for education, definition of education program, based on **PANGeA results and recommendations**

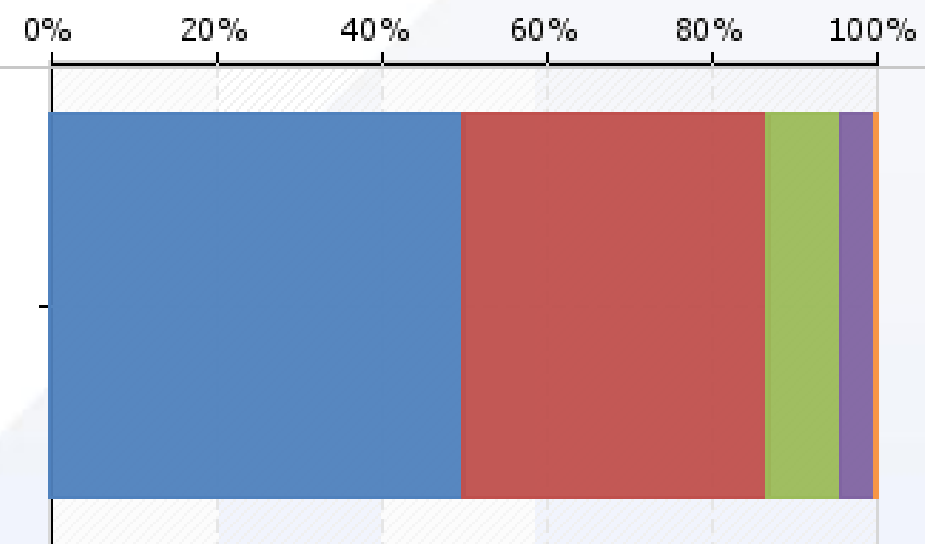
**Creation of the institutionalized measures with regular monitoring and evaluation**

# Where is the space for improvement in homes for elderly?

1. How often do you **monitor body weight** of the residents of the homes for elderly? (n = 45)



2. How often do you **monitor hydration** of the residents of the homes for elderly? (n = 46)



■ very often ■ often ■ don't know ■ rarely ■ very rarely ■ never

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# N&PA in the frame of the Active and healthy ageing strategy for Slovenia

**Agreement** on preparation of the Strategy for Active and healthy ageing in Slovenia (development of the longevity society)

**Common work** of health (including public health and health systems), labour and social sectors, possibly other sectors in the future (i.e. education, agriculture, others)

**DG EMPL „Call** for proposals VP/2013/009 to support the development of comprehensive active ageing strategies“  
- role of EuroHealthNet.



# AHA.SI project

Specific objectives of the 2 year project: elements of the strategy for **ACTIVE AND HEALTH AGEING . SLOVENIA**

- to conduct analyses and to develop recommendations for the AHA strategy in the following three areas:
  1. promotion of senior's employability and postponed retirement decisions;
  2. **active and healthy ageing for active and healthy old age**  
overview of the good practices (including **PANGeA physical activity parks for older population; nutrition in homes for older people**);
  3. assisted independent living and long-term care (LTC).
- to create **a sustainable network of relevant sectors and stakeholders** in the area of Active and Healthy Ageing for Slovenia (AHA.SI);
- to generate **greater awareness** amongst the general public and amongst identified target groups of the **urgent need** to adopt an AHA strategy;

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4. Conclusions – putting N & PA & ageing in a broader context, looking forward

	NUTRITION	HEALTH IN ALL POLICIES (main focus: health, social and education systems ; other relevant sectors)
NATIONAL LEVEL	<b>National nutrition and physical activity strategy 2014-23</b>	<p>Development strategy 2014-20 with operational axis 8 (Human capital), NRP</p> <p>Development of the national strategy of the active and healthy ageing AHA.SI project</p> <p>Lifelong learning strategy</p>
EU	Action plan on childhood obesity as a contribution to the longevity society	<p>Europe 2020</p> <p>Council conclusions and guiding principles on active and healthy ageing</p> <p>Innovation Partnership and AGE Platform EIP AHA JA</p> <p>Social Investment Package (SIP) with LTC</p> <p>European Semester</p>
WHO	2nd FNAP	Health 2020 (health systems)

# Focus to health sector

## National nutrition and physical activity strategy 2014-23 (final draft)

- actions regarding regular monitoring of nutrition status of older people in health and social systems;
- dietary and physical activity monitoring and counseling for older people within the health system (dietitians, kinesiologists);
- actions regarding malnutrition, sarcopenic obesity and protein intake in older population;
- integrated implementation of N&PA actions of health and social systems;
- education activities for health workers and specific profiles of workers within social system (related to N and PA);
- health promoting health institutions (environments promoting healthy offer & balanced nutrition and physical activity for workforce, patients and visitors).

## Role of WHO

Well being, quality of life, changed paradigm –

**CHALLENGE THE POTENTIAL OF THE PERIOD 65+**