



ACTION-FOR-HEALTH



The strategic approach to health inequalities in the Pomurje region and Slovenia



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Preface

Health inequalities were quite a new issue in Slovenia and particularly in the Pomurje region in the year 2003, when the Institute of Public Health Murska Sobota started to address this problem. During the last decade, we have increased the capacity of our public health professionals and prepared a strategic approach to tackling health inequalities in our region. This approach is tailored to the needs and resources of our region. All activities have been implemented within the region, thus reaching end-beneficiaries.

Due to the results of our work, we were able to transfer this bottom-up approach to tackling health inequalities to other Slovenian regions and now to other European countries.

Based on our experiences and early results, we strongly support further systematic efforts to tackling health inequalities on a regional level. Health inequalities are an overreaching and growing problem that requires synchronised efforts at the national and regional levels.

Teodora Petraš,

Director of the Institute of Public Health Murska Sobota



I Introduction

Health inequalities in Slovenia

The health of Slovenians has improved significantly over the past decades. Life expectancy has been extended. Thus, children born in Slovenia in the second half of the first decade of this century can expect to live up to 80 years on average, which is almost ten years more than the life expectancy over 50 years ago. The average age of death is rising and premature mortality is lowering, namely mortality before the age of 65 (1).

Several factors have had an effect on this progress, such as the higher average education level, better life and working conditions and greater social security. At the same time, one cannot disregard the fact that the health care services are better and that individuals have changed their habits. All these factors have a significant impact on the level of health of the population in the community.

Even though Slovenia ranks very high compared to other countries according to numerous health status indicators, this only reflects the average. Within the average, there is a great disparity. A more detailed inspection of the data shows a less favourable situation. Regions in the eastern part of the country are characterised by a lower educational level, a higher unemployment rate and a worse health status of population.

Recent data shows differences in health status between regions in Slovenia. There is

a difference in the specific mortality rate between the population in the western and eastern parts of the country, with the health indicators being better in the more affluent western part (2,3).

The differences in health status follow the socio-economic pattern too, which is strongly connected to education level. Children in less affluent families eat less fruit and vegetables and lifestyle indicators are worse in population groups with a lower education (e.g. smoking, physical activity, nutritional habits)(4).

The population's health largely depends on the options people have to maintain and strengthen their health and also to access the health service in the event of illness. Studies that were carried out in this area have shown great dissimilarities. These are not differences resulting from genetic or biological determinants and age, which cannot be avoided. The differences are a consequence of economic conditions, environmental determinants and the possibilities of accessing a quality and appropriate health service (5).

Reducing inequality in health presents numerous challenges. With directed policies and consistent measures, it is possible to achieve a significant improvement. The health differences between various population groups have not decreased despite the general improvement to our health. On the contrary, due to the crisis



Figure 1: Slovenia, Dreznica. Photo: Paolo Petrignani, www.slovenia.info

we are now facing, the differences are increasing; mainly in the groups the crisis has affected the most. We are facing numerous new challenges, such as those related to population ageing and the implementation of new medical technologies (5).

Politics has a massive responsibility to change the conditions that enable or even increase inequality in health. The issue of social determinants that have a significant effect on health and the quality of life of the population is closely connected to the attitude of public politics. Thus, it is crucial that solving the issues arising today in Slovenia is intersectoral so that decisions are based on data and so that the goals are coordinated with the basic goals of our society.

A large share of issues with health is closely related to the social conditions in which

people live and work. The differences are based on varying levels of economic development in individual areas, geographic and cultural characteristics, historical and other reasons. In many cases, the differences are unjustified and our task is to actively tackle them (6).

A good knowledge of the conditions and the related reasons is of key importance for any further activities. It indicates the routes we can take to reduce the differences. Simultaneously, it is also a prerequisite for forming suitable policies and strategies, the goal of which will be to decrease the differences between individual groups of the population. Besides that, the education and training of experts and decision makers are very important. This is the only way to ensure their readiness to adopt innovative approaches, their cooperation when implementing adopted plans and future development in the area (7).



Intersectoral action is still under development – and not just in Slovenia. Cooperation between sectors is a novelty and as yet not a generally accepted practice in other countries as well. This is mainly a consequence of the long-term operation of the state administration within the framework of individual sectors that were often competitors when acquiring funds from the state budget.

Only now, when it is becoming increasingly clear that funds must be provided for programmes and not for administrative offices, cooperation is easier because programmes are interwoven and co-dependent. Slovenia has already made the first steps in the right direction in this area when the programme-based distribution of budget funds was first implemented in 2009.

Health inequalities in the Pomurje region

The Pomurje region in the north eastern part of Slovenia was traditionally characterised by agriculture, livestock and the textile industry. During the nineties and the early 21st century, many of factories in the region have not met the challenges of globalisation and have reduced or closed their production, leaving behind the highest rate of unemployment in Slovenia.

The high unemployment rate was accompanied by a low average level of education, a higher level of rural population and a high poverty rate (2). Health indicators were also worse than in other parts of Slovenia, particularly the indicator of lifestyle (nutrition, physical activity) (8). Specific mortality because of CVD and access to health care services was lower than average due to the lower average number of medical doctors and due to a prevalence of the rural population. Beside the above mentioned socio-economic and health indicators, the Pomurje region has been plagued by natural and emigration changes, which have resulted in a depopulation trend in region (2,9).

These indicators have been used as argumentation for social and health inequalities between Pomurje and other Slovenian regions.

We have identified some vulnerable population groups exposed to health inequalities within the Pomurje region. Existing universal policies were not sufficiently adjusted to their age, sex, ethnic and other group characteristics. Public health experts identified the following as vulnerable groups: pregnant women, children, elderly, Roma ethnic group, Hungarian national minority and school drop-outs. Unhealthy lifestyle patterns, to which vulnerable groups are particularly susceptible, have also been identified: insufficient use of preventive health care services, exposure to passive smoking and unhealthy nutrition habits during pregnancy and childhood.

The physical environment has also been identified as a determinant of health, designed by the social, cultural and political environment. The physical environment as such affects



Figure 2: *Pomurje*

the creation of health inequalities. The WHO reported the impact of the physical environment in disadvantaged neighbourhoods on the health of inhabitants (10). Pomurje has been characterized by agriculture and the mass production of crops and livestock, which all have negative impact on the physical environment, particularly on water quality, measurable as higher than average levels of microbiological and chemical pollutants (11).

The impact of social and economic determinants of health in Pomurje has been accompanied by a lower level of medical doctors per 1000 inhabitants and less access to health services. The Slovenian average was 2.3 medical doctors per 1000 inhabitants, whereas in the

Pomurje region there was 1.7/1000 inhabitants in the year 2003(2).

In 2003, the Ministry of health of Slovenia recognised the growing problem of health inequalities as an overreaching social issue and approached it within the programme of bilateral collaboration with the Flemish Government Ministry of Foreign Affairs. As part of bilateral collaboration, the Flemish institute of health promotion (VIG) and the Institute of Public Health Murska Sobota – Zavod za zdravstveno varstvo Murska Sobota (ZZV MS) have implemented a project aimed at expanding the capacity of public health professionals in the Pomurje region in the fields of health promotion and health inequalities.



II The Strategic Approach to Health Inequalities in Pomurje

Background

The Murska Sobota institute of public health started to implement health promotion activities adjusted to different target groups in the regional and local environment back in the late nineties. The first steps were individual activities targeted at raising the awareness of the adult urban population regarding health risks and the promotion of healthy lifestyles. Examples of these activities were stands at seasonal fairs, offering information on a healthy lifestyle, measurements of health risk indicators such as blood pressure and cholesterol, body mass index and individual counselling on healthy lifestyle. During next few years, activities became more professional, systematic and more differentiated regarding health promotion topic and target group.

In the year 2001, Murska Sobota institute of public health started a pilot project of promoting healthy lifestyles in the local rural communities. The target group was the adult rural population in 9 local communities simultaneously. The pilot project called “Let’s live healthily” has been extraordinary well received by the target group. After evaluating the pilot project, it was evident that the selected approach has been successful. The project grew

into a programme and has been continuously implemented ever since in other local communities (12). This programme has been successfully transferred to all the Slovenian regions since 2010 and was equally well accepted by the target population.

Health promotion activities targeting other population groups have been developed simultaneously with the implementation of the programme “Let’s live healthily”. These other activities were directed toward different target groups (e.g. preschool and school children, Roma, the Hungarian minority).

This increasing amount of work was followed by the building of an expert team - increasing the number and knowledge of health promotion as well as involving different but complementary fields of expertise (medical doctors, nurses, anthropologists, food and nutrition engineers, sanitary engineers, teachers etc.).

An important step in capacity building for public health professionals in the Murska Sobota institute of public health was a bilateral project between the Ministry of Foreign Affairs of the Government of Flanders, represented by the Flemish institute for

health promotion (VIG) and the Slovenian Government Ministry of Health, represented by the Murska Sobota institute of public health (ZZV MS).

The crucial output of this project was the preparation and simultaneous implementation of the document named “Health promotion strategy and action plan for tackling health inequalities in the Pomurje region”. The preparation process contained several interconnected components. Capacity building of regional public health experts in the field of health inequalities during the whole project time was the most important element to enable the successful performance of the project and the sustainability of project results in future years. Experts from VIG, the Ministry of health of Slovenia and public health experts from ZZV MS were involved in the planning phase, where situation analysis and SWAT analysis were made. Respecting the results of the situation analysis, it has been decided to start the process of strategic planning from regional level and to follow a bottom-up approach.

In the next project phase, priority aims and objectives have been defined, respecting regional human and infrastructure resources. The involvement of regional stakeholders in the planning period and respecting their needs

enabled shared ownership and commitment to strategic objectives. After a comprehensive analysis of the situation in the region and respecting the available resources including projections of results in the midterm period, the team of experts decided to use health promotion as a guiding principle and approach to achieve strategic objectives.

We have experienced qualitative changes in the approach to the public health situation in the region. We have started to recognise the existing inequalities and their causes. Looking at the health of the population through lenses of health inequalities required a deepened knowledge about the impact of social determinants on health. Gained knowledge and an understanding of the impact of social determinants on the causes of bad health helped public health experts identify particular target groups whose health is more negatively impacted by social determinants.

The core Project team composed of experts from VIG and ZZV MS identified priority public health aims and objectives, respecting the results of consultations with regional stakeholders and national policy makers.

The result of this process was a document called Health promotion strategy and action plan for tackling health inequalities in the Pomurje region.

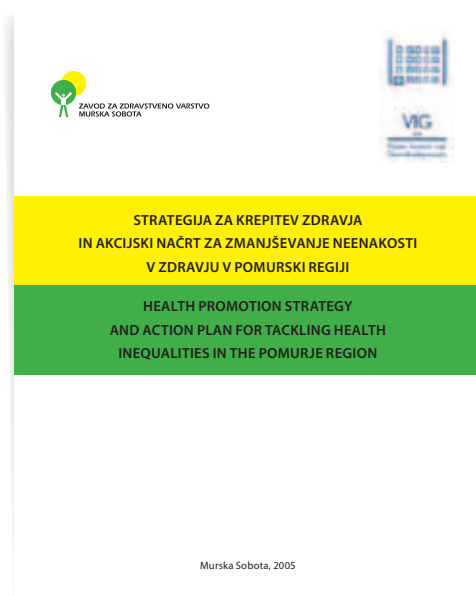


Figure 3: *Health promotion strategy and action plan for tackling social inequalities in health in the Pomurje region*

The creation of a regional action plan to tackle health inequalities

Health is influenced by numerous determinants, including social determinants such as education or employment status. Health inequalities exist throughout the social ladder, following the pattern of worsening health with declining of social position. Historically, inequalities in Slovenia have not been a political issue, since solidarity and equality were much

appreciated social values. The transition from the former system to capitalism and the broad social and economic changes during this period increased the socio-economic differences between different social and economic groups.

Public health experts have chosen to follow several principles while designing the action plan.

Comprehensive situation analysis

Project partners have considered the information on the public health situation in the region, which has been gained from other regional stakeholders during the situation analysis process. This information improved the comprehensiveness of the action plan, enabling genuine cooperation between sectors and also approaching the same health problem from

different angles. The exchange of information improved the understanding of the root causes of a particular health or public health problem. Acknowledgement of public health problems that have been identified by stakeholders outside of the health system have increased the commitment of regional partners to the shared objectives.

Raising awareness

Raising the awareness of various areas of the public regarding health inequalities has been identified as a basic condition for all further work. Health inequalities was a new term and it was necessary to explain its meaning and its importance for the population. Public health professionals decided to raise the awareness of policy and decision

makers from different sectors about the importance of health and health inequalities. Health inequalities are not solely the consequence of a person's own choice, but the results of the impact of different factors, including unjust ones.

This process ran simultaneously with intensive health promotion work in the field.

Action plan tailored to regional resources

The content of the action plan has been tailored to existing human and financial resources and the available infrastructure. The development of human resources has been seen as a crucial precondition for future work. Available infrastructural resources have always been respected in the process of planning and implementing actions.

The extent of the implementation of a particular objective has been defined by the available financial resources. In cases of earmarked resources, the implementation of a particular objective has been extensive, but other objectives have been continuously implemented as well, but to a moderate extent according to available human resources.



SMART Objectives

Regional public health experts have been determined to create an action plan, whose objectives will be continuously implemented. All objectives were specific, measurable, attainable, relevant and time-bound (SMART). Particular attention has been dedicated to creating achievable and realistic, yet relevant specific objectives. The implementation of such objectives was used as evidence of the effectiveness of a particular measure or activity for all involved. The executors of actions have got evidence from professional expertise that the measures they have chosen were accepted and really effective.

Since successful health-promoting measures have to be tailored to the target group, the target group has the benefit of improving their health or health behaviour in a way that is acceptable to them. The success of health-promoting measures relays in many cases on the support of policy and decision makers. Very often, it takes years to measure the effect of health-promoting activities on health behaviour. In order to pursue policy and decision makers to support health-promoting activities, it is important to create objectives with an effect that could be visible in a very short time e.g. a year.

Health promotion and a bottom-up approach

Health promotion has been chosen as a guiding approach throughout the action plan. It is cost-effective, accessible to all and by definition it allows people to take more control over the determinants of health. We were well aware that we could not make a broad impact on important social determinants such as employment, education and housing conditions. Our aim was enable people to take more control of their health by providing skills and

knowledge, and to strengthen the role of the individual in the local community.

We wanted to start the process from a local and regional level, increasing local capacity to cope with problems with the available resources and mutual support and at the place where the problems actually exist, without waiting for them to be solved from the outside (from the national centre or by a higher power).

Structure of aims

The main goal of the document has been defined as the reduction of intra-regional and interregional health inequalities in Pomurje. This is a very general wish that can be achieved by defining and implementing more specific objectives. We have identified 5 main areas where health promotion interventions could tackle health inequalities and have framed them with 5 aims. Within each of these aims were several specific objectives

to be achieved by particular activities. Since its creation, objectives and aims from the action plan have been continuously implemented. The implementation varied depending on the resources available. Experiences and results from the implementation have been used to modify strategic objectives. All actions have been planned to be implemented on the local and regional levels, reaching the end-beneficiaries.

Timing of actions

Our guiding principle in the preparation and, later on, the implementation of the action plan was to achieve short term and mid-term objectives. Short term objectives were to be reached within approximately one calendar year by implementing specific activities. Midterm objectives were planned to be reached within period of a few years, without a precise definition of timing. This approach without a strict timeframe was used deliberately, because of experience in the implementation of several national and global strategies that had both a precise time frame and very precise target indicator to be achieved. After failing to reach these target indicators, these strategies were labelled unsuccessful and the goals as unachievable, which significantly

reduced the confidence of politicians and health professionals about health promotion and public health measures in general.

We have chosen a different approach. A combination of general and specific objective put balance between short term and midterm indicators, offering early results for all the participants. Since health inequalities are a result of the synergistic impact of several structural determinants, public health experts who prepared the regional action plan decided to use health promotion measures and a “step-by-step” approach to achieve small but visible effects, which will offer evidence to target population and to important stakeholders (policy and decision makers, partners in the environment) that changes in behaviour are possible.



The implementation of the action plan in Pomurje

The process of identifying and creating aims and objectives was built on the experiences from the continuous implementation of health promotion activities in the region. During the implementation of each action, we have used a comprehensive approach to health promotion. Better health of the target group was the guiding principle, to which we adjusted the means and methods. This also includes collaboration with other sectors in order to achieve the same or similar objectives, targeting several target groups at the same time as well as different but interconnected topics (e.g. nutrition and PA or targeting schoolchildren and teachers). The common denominator to all these aims is health promotion as the idea of enabling people to take more control over health determinants and health.

During the period from 2005 to 2013, we have implemented all the strategic aims and objectives, but not all at the same time. We have adjusted our efforts to the available resources in a changing environment. Examples of the implementation of all five aims are presented below.

Aim 1: Put Health Inequalities at the Centre of Attention for the Community and Individuals

Understanding the causes and consequences of systematic differences between social groups has been seen as a precondition for the motivation of stakeholders from different sectors to support the efforts against health

inequalities. Therefore we declared this aim as the first one, although all the aims are equally important, interconnected and implemented simultaneously.

In order to achieve it, we identified priority target groups and activities to reach them, as well as indicators of success. The objectives are directed towards: increasing the awareness and responsibility of regional stakeholders about health inequalities, integrating health as a value to other policies and programmes, increasing the awareness and responsibility of the general public and promoting an evidence-based approach to health inequalities and health promotion.

During the years, we have implemented activities to achieve each of these objectives.

Example of the implemented objective

Among numerous implemented activities, we would stress the inclusion of health inequalities as a topic within the regional development plan. This regional political act is a formalisation of intersectoral collaboration, enabling access to additional financial resources. In the Pomurje region, we have managed to integrate health inequalities into the Regional development plan from 2007-2013 and also into the plan for the 2014-2020 period.

The implementation of this objective also explains the philosophy of this strategic approach regarding the timing. It is an activity that can be done once in 6 years, hence cannot be repeated every year. But once done, it has consequences for all the years following the implementation of the regional development plan.

Aim 2: Increase Community Capacity

We have defined community capacity as the sum of all efforts that strengthen a sense of community and empower the community to control its resources and development. The four elements of community capacity have been defined as: network partnerships, knowledge transfer, problem solving ability and infrastructure. The aim was to increase community capacity in order to achieve better health for the community members.

The objectives to achieve this aim were: improving the partnership network, enforcing community to participate in decision making, encouraging the use of existing resources and increasing the capacity in health promotion.

We have implemented these objectives, particularly those on building a partnership network and increasing the capacity in health promotion.

Example of the implemented objective

An example of the implementation of both these objectives simultaneously (building capacity and partnerships) was the collaboration with the Regional Red Cross organisation. The Murska Sobotra Local Red Cross Organisation identified a lack of capacity of family members, neighbours and volunteers to take care of the elderly at the place where they live / at home. It is a group of elderly who need help or support, but are not able to cover the financial burden of living in nursing home for elderly

or did not want to leave their homes. We have jointly developed and implemented a project aimed at increasing the capacity of lay-workers in nursing and taking care of the elderly at home. The course with a curriculum and teaching manual for lay-help for the elderly at home has been transferred via the Red Cross Organisation throughout the country. This was an example of a combined approach, connecting partners from different sectors by employing their existing capacity and resources, and increasing capacity in health promotion and also tackling several vulnerable groups (the elderly and their relatives).

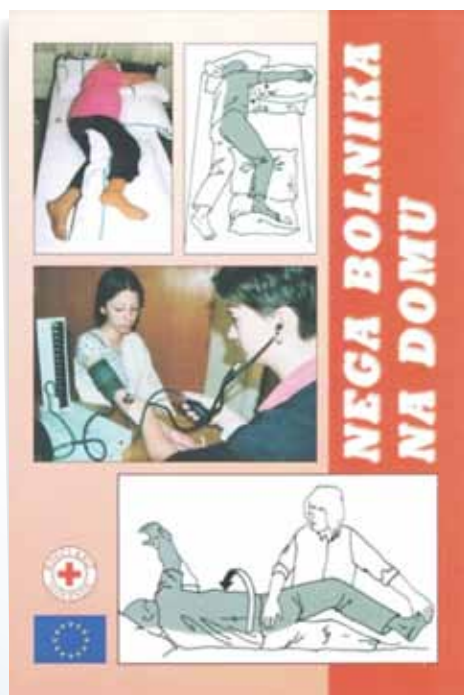


Figure 4: *Teaching manual for lay-help at home*



Aim 3: Reduce Inter-Regional Health Inequalities Using Health Promotion Activities

The differences in health status indicators between Pomurje and other regions in Slovenia were among the health inequalities we recognised at the beginning.

An unhealthy lifestyle has been recognised as the main cause of prevailing health problems in various population groups. We have accessed the issue of an unhealthy lifestyle through the promotion of healthy nutrition, physical activity and drug-free life as a strategic objective. Within these objectives, tailored activities for different target group have been created and implemented. The guiding idea of all these actions was to encourage people to take more control over the determinants of health.

We defined our strategic objectives as follows: the promotion of a healthy lifestyle and within it the promotion of healthy nutrition, PH, a drug-free life, safe road behaviour and the promotion of a safe environment; enhance

social wellbeing and mental health and support the early detection of CND.

After analysis of the available data on the lifestyle of the population in Slovenia and the findings in literature, we have defined lifestyle as a priority area for long-term and systematic commitment to reducing health inequalities. The available data indicated that the adult population in the Pomurje region has a less healthy lifestyle than the average in Slovenia, particularly the inhabitants of local rural communities. We understood these differences as health inequalities between regions.

Example of the implemented objective

We have developed a comprehensive programme of promoting a healthy lifestyle for adult inhabitants in local rural communities. This programme called “Let’s live healthily” was culturally adjusted and implemented in the local communities where people live. The programme focused on the promotion of healthy nutrition, appropriate physical activity and the early detection of CND.



Figure 5: *Measurement of risk factor for CVD in shopping centre*

It aimed to encourage people to take active role in health promotion and protection,

providing participants with skill and knowledge for a healthy lifestyle.



Figure 6: *Workshop on healthy cooking in local community*

The excellent acceptance and results of the first evaluation encouraged us to determine this approach as a strategic objective. The programme “Let’s live healthily” has been continuously implemented over 12 years in 50 local communities in the Pomurje region and has been transferred to all the other regions in Slovenia as a part of the national public health

programme.

The programme not only impacted the lifestyle of the participants but also community cohesion and capacity. Some communities included healthy lifestyle with other activities in community; activities such as joint walking tours became regular.



Figure 7: *Joint walking tours*



Figure 8: *Joint walking tours*

Together with different partners from the region (e.g. schools and preschool institutions, police stations, NGO's), we have continuously performed numerous activities, projects and interventions, all aimed at promoting a healthy lifestyle.

Aim 4: Reduce Intra-Regional Health Inequalities by Supporting Vulnerable Groups

Different vulnerable groups have different needs and cannot be approached effectively with a universal approach. We have identified vulnerable groups that experience inequalities for several reasons: gender, age, social status or ethnicity and proposed actions to reduce these inequalities. These actions have been tailored to the specific needs of each vulnerable group, respecting the available resources and the impact of social and cultural environment.

We have identified the following as vulnerable: pregnant women particularly from

different risk groups and their lifestyle, children, school drop-outs, unemployed, elderly, people with special needs and members of minorities and ethnic groups.

We have created and implemented interventions for each of these groups.

Example of the implemented objective

Collaboration and work with the Roma ethnic group have been the most systematic and comprehensive and an example of the implementation of all the strategic aims with one vulnerable group. We have started by raising awareness and establishing partnerships with representatives of the Roma community, based on mutual respect and understanding.

We performed two surveys. The first was on the lifestyle of adult Roma, based on the same methodology as in the research into the lifestyle indicators of the majority population. The second survey was on the utilisation of health services by Roma women

and children. The results from both surveys were very valuable since this was the first

authentic data on the Roma ethnic group in Slovenia.



Figure 9: *Interview with survey participant*

Our work with the Roma ethnic group was based on two pillars. One pillar was raising the awareness of the majority population about the health inequalities and their roots in the Roma community, hence about impact of social determinants of health. An example of such activity was the organisation of national conferences on health inequalities in the Roma community, where we approached the problem from various angles (social, health,

education, legal, employment).

The second pillar was the development and implementation of tailored approaches targeting public health issues in the Roma community. We have respected their wishes and combined them with needs identified in surveys.

Our ground work in Roma communities was adjusted to the available infrastructure and seasonal changes. We performed workshops during summer season.



Figure 10: *Workshop on promotion of healthy nutrition for children*

Because of insufficient infrastructure, there were no available facilities to perform activities at some common public place. The situation was totally opposite in local rural communities with the Slovenian majority population. Each community has its own well equipped public village house where activities (workshops, lectures, events) took place.

Excellent collaboration has been established with the Roma radio station, where we have performed regular weekly radio shows for last 4 years. These radio shows are also popular among the majority population, because of the popular music broadcast by Roma radio.

Aim 5: Support a Clean and Healthy Physical Environment

The impact of the physical environment on health is well documented, yet not all environments are equally safe and clean. One of most important economic sectors in Pomurje is tourism. For this reason and because of the pollution of underground water and the lack of long-term and sustainable sewage disposal (particularly in the north-eastern part of Slovenia), the need for the responsible treatment of the physical environment has been recognised as one of the strategic interests of

Pomurje. We declared a strategic objective to be encouraging the positive behaviour of people toward the physical environment and also to support environment friendly policies at a local level.

In order to achieve these objectives, we have connected with partners from the region and performed joint activities and projects; we have performed media activities, workshops lectures and projects.

Example of the implemented objective

In order to encourage sustainable and environmentally friendly behaviour, we have

implemented a project to promote the use of more environmental friendly shopping bags instead of plastic bags. The aim of the project was to raise awareness about PVC as a dangerous and overall present pollutant and to motivate inhabitants to use more environmental friendly carriers. There was a competition, in which all the schools from the region have been included. Pupils drew paintings on fabric shopping bags, which were used as promotional material. There were several partners collaborating in the project: primary schools, public health institutes and one health insurance company. Beside the implementation



Figure 11: *Exhibition of painted fabric shopping bags*



Figure 12: *Exhibition of painted fabric shopping bags*



of strategic environmental aim, this project strengthened the partnership and promoted environmental friendly behaviour, which all have been declared strategic aims. Soon after

our project, a major supermarket chain introduced a very similar project and banned free plastic bags. Other supermarkets followed this example.

Comments

Major reserves and criticisms of this regional strategic document and action plan have involved: limited territory, abundance of timeframe and quantified indicators of results.

Strategic documents and action plans have usually been made for relatively large territory units, such as on the state, continent or global level.

The reserves toward the regional level of the strategy were regarding sufficient available regional resources, in particular human resources and regarding an effect limited to the population living in a region compared to the total population. The coordinator of activities on the regional level recognised the importance of the issue. The process of preparation of the strategic document gave crucial support to increase the regional human capacity. The Murska Sobota institute of public health became a leading institution in the field of health inequalities and health promotion in Slovenia. New capacities (new skills and knowledge and additional human resources) enabled the implementation of the action plan in the region and the transfer of the approach to the country level and beyond.

The absence of exact dates of achieving results has been the most serious criticism. We

argued that the open timeframe offers flexibility in the use of resources. The circumstances and opportunities in the environment change. Smaller areas, such as a region or community, are more susceptible to these changes; hence have to be flexible to the changing environment in order to seize new or unexpected opportunities. The open timeframe enabled the executors of the action plan to adjust the resources to additional opportunities (financial and human). This flexibility enabled the maximal use of resources and achieving better results than would have been possible if the action plan was rigid and too defined. We also witnessed that the presence of exact dates of achievement of goals is not a guarantee for achieving this.

The structure of the action plan has been defined through aims, objectives and activities. By defining these terms and their content, it was explained that aims and objectives are to be reached in the longer and mid-term period, while activities will be implemented on a yearly basis. After 7 years of implementation, we have achieved almost all the process indicators and in some cases also the outcome indicators. We have performed more activities than stated in original action plan, and we have used the available

resources with flexibility. We have measured an improvement in lifestyle indicators among adults in the region, despite a worsening of all the social and economic indicators (13).

What makes this strategy and action plan different from the majority of similar documents is the fact that all the objectives have been implemented.



III Horizontal Transfer of the Approach

The existence of health inequalities in Slovenia, both inter-regional and intra-regional, and the results of the implementation of the Health promotion strategy and action plan

for tackling health inequalities in the Pomurje Region (Pomurje strategy) were preconditions for the transfer of this approach to all the regions in Slovenia.



Figure 13: Statistical regions in Slovenia

We wanted to improve the capacity of public health professionals and collaborators in all regions in the field of health promotion, contribute

to the reduction of health inequalities by applying health promotion programmes, and create an environment that reduces social inequalities.

Objectives and the target population

The following objectives were set:

- To train experts in the field of public health (public health experts and collaborators) within regional Public Health Institutes (hereinafter referred to as: Institutes) to prepare regional strategies and action plans aimed at reducing health inequalities by means of health promotion;
- To prepare the drafts of regional strategies and action plans aimed at reducing health inequalities by means of health promotion (hereinafter referred to as: the regional strategy);

- To implement selected objectives from the regional strategies.

The target population of this approach was experts in the field of public health from regional institutes and other stakeholders in the local environment from various sectors (local administration, education, economy, NGOs, etc.) who were directly involved in the preparation of the regional strategies.

Basic preconditions for the approach transfer

The basic preconditions for the approach transfer were: the knowledge, skills and experience of the experts from the Murska Sobota institute of public health; the teams of experts in public health in eight Institutes, and partnerships and the involvement of the Institutes in their environments, as well as successful cooperation of the Institutes in the dissemination and implementation of the internationally recognised »Let's live healthily« Programme, aimed at health promotion in rural communities.

In 2000, the Public Health Institute started to build and strengthen the capacities of a multi-disciplinary team in the field of public health by increasing the number of team members and by educating them (as

a form of post-graduate studies, specialisation courses and informal education events - training courses, seminars etc.) organised in Slovenia and abroad. In parallel, we identified key issues in the field of health and the health status of the population in the Pomurje Region, then developed and implemented numerous programmes for health protection and promotion. The latter were mainly implemented where people live – in local communities.

We also connected with various stakeholders in the local environment from the local administration, healthcare system, education, agriculture, tourism and various non-governmental organisations and important individuals. Through these connections, we built a



network that would support the implementation and continuity of the health promotion programmes and the reduction of health inequalities.

In addition to a successful implementation in local communities, the transfer of the »Let's live healthily" programme from local rural communities to all the regions in Slovenia had other positive effects. The experts from the Institute of Public Health Murska Sobota gained practical experience to transfer the approaches and programmes to other environments. One of the effects was the closer involvement of experts from all the regional

Institutes, which also enabled joint activities in the selected segment of health promotion.

The teams within the Institutes and their involvement in the local environment were strengthened.

This served as the basis for successful, continuous and systematic activities for the preparation of the strategy on health promotion and the action plan for tackling health inequalities in the Pomurje Region and its implementation.

The transfer of approach was carried out as a project supported by the Ministry of Health of the Republic of Slovenia.

Increasing capacity of public health professionals

The transfer of the approach was characterised by:

- a uniform methodology,
- simultaneous implementation in all eight health regions in Slovenia,
- recognizing the specificities of the individual regions.

During the initial phase of the approach transfer, the representatives from the regional public health institutes were given a detailed presentation of the approach and the course of its transfer. Additional information and consultancy services were provided to individual experts from the Institutes that were directly engaged in the preparation of the regional strategies and action plans for tackling health inequalities by means of health promotion.

This was followed by the formation of working groups for the preparation of draft regional strategies for tackling health inequalities. The working groups involved experts from the Institutes and other stakeholders from the local environment.

Those who prepared the strategy were provided with a training course at the Murska Sobota institute of public health, where they became acquainted with the implementation of the strategy in practice in Pomurje.

A two-day course including practical training was designed for public health experts to acquire the knowledge, information and practical skills necessary for the preparation and implementation of these strategies in their respective regions. This is reflected in the educational programme below.



Figure 14: *Participants at the training course in Murska Sobota*



EDUCATIONAL PROGRAMME

‘Preparation of Regional Strategic Documents for the Reduction of Health Inequalities by Means of Health Promotion’

18-19 March 2010, Murska Sobota Public Health Institute

Thursday, 18 March 2010

- 9:30 – 9:45 The importance of the regional strategic documents for tackling health inequalities by means of health promotion – *Tatjana Krajnc Nikolić*
- 9:45 – 10:15 Presentation of the ‘Health promotion strategy and action plan for tackling health inequalities in the Pomurje Region’ – *Tatjana Krajnc Nikolić*
- 10:15 – 10:45 Structure and content of the regional strategic documents for tackling health inequalities – *Branislava Belović*
- 10:45 – 11:00 Break
- 11:00 – 12:00 Presentation of the action plan objectives for tackling health inequalities – *Branislava Belović*
- 12:00 – 12:45 Break
- 12:45 – 14:30 Definition of the individual objectives of the action plan for tackling health inequalities:
Raising the awareness and responsibility of regional stakeholders about health inequalities – *Branislava Belović*
Community capacity – *Branislava Belović*
The reduction of inter-regional and intra-regional health inequalities – *Tatjana Krajnc Nikolić*
Promoting a clean and natural environment – *Tatjana Krajnc Nikolić*
- 14:30 – 14:45 Break
- 14:45 – 16:15 Workshop: The use of SWOT analysis in the preparation of a strategic document – *Romeo Varga (Regional Development Agency MURA)*
- 16:15 – 16:30 Break
- 16:30 – 17:15 Implementation of the strategy objectives (presentation of cases) – *Ema Mesarič, Anica Fujs*

Friday, 19 March 2010

- 8:30 – 10:00 Workshop: Definition of the strategy objectives I
Group 1 – *Branislava Belović, Zdenka Verban Buzeti, Gordana Toth*
Group 2 – *Tatjana Krajnc Nikolić, Ema Mesarič*
- 10:00 – 10:15 Break
- 10:15 – 11:45 Workshop: Definition of the strategy objectives II
Group 1 – *Tatjana Krajnc Nikolić, Ema Mesarič*
Group 2 – *Branislava Belović, Zdenka Verban Buzeti, Gordana Toth*
- 11:45 – 12:15 Conclusion and results
- 12:30 – 14:30 Examples of good practice and discussion – *Jasmina Papić, Zdenka Verban Buzeti*

Figure 15: Programme of the training for public health professionals

as well as in Slovenia. It is based on the recommendations of the representatives of politicians, public health experts and collaborators in the region. Its content arises from the regional environment and thus gives better insight into the current situation. The strategic plan is the

basic orientation of the Novo mesto Institute of Public Health in the field of public health for the five-year period that follows, and at the same time it is the basic document for the preparation of work plans in the period covered by the Strategy.'



Figure 16: Novo mesto. Photo: www.slovenia.info

The situation analysis of a region was the basis for the preparation of a regional strategy. In this way, the most urgent and specific problems concerning health and the health status of the population in the region were identified. The situation analysis included socio-economic, environmental and health status determinants. Since the performance of analyses and

research in the field of health and the health status of the population have been among the regular activities of the Institutes, all the necessary data and experts to perform these analyses were available. Therefore, the preparation of the situation analysis was rational, professional and relatively quickly performed. It is important to underline that a broader circle



of regional stakeholders was involved by the Institutes in the acquisition of more comprehensive data for the situation analysis.

Example:

The involvement of a broader circle of regional stakeholders in the preparation of the regional strategy can be demonstrated by a short publication on the website of the Ravne Public Health Institute: ‘On 3 June 2010, a working meeting was held with relevant players in the local environment who are co-decision makers of the development policy to reduce inequalities. An important outcome of the

meeting was a common agreement that all the relevant stakeholders in the local environment would receive and fill in a questionnaire designed to identify the problems in individual sectors that may affect health inequalities, and to collect the existing data that individual institutions have at their disposal. The data thus collected will enable us to draft a realistic and feasible regional strategy for the reduction of health inequalities, which needs to be tackled systematically. The information reflecting the situation in the region will be collected mainly on the basis of inter-sectoral cooperation.’

Ensuring political support in region - Letter of intent

Some Institutes engaged the representatives of the local administration in the preparation of regional strategies.

Example:

'Letter of Intent for the establishment of a partnership to prepare and implement a regional strategy on the reduction of health inequalities by means of health promotion

Introduction:

The signatories to this document declare the intention of establishing a partnership for the preparation and implementation of a regional strategy on the reduction of health inequalities by means of health promotion.

The purpose of the establishment of the partnership and its planned activities are geared towards the preparation of a regional strategy on the reduction of health inequalities through health promotion.

The partnership for the preparation of a regional strategy on the reduction of health inequalities by means of health promotion was established by the signatories to create a network of partners, prepare and support the preparation of a strategy, perform joint activities aiming at the promotion of that strategy and implement it in the local environment.

The obligations of the partners:

The obligations of the partners within the partnership for the preparations and the implementation of the strategy shall be regulated in an agreement on the quality preparation and implementation of the strategy signed by the signatories to this Letter of Intent.

Final provisions:

The signatories to this letter commit to actively participating in the phase of establishing and implementing a partnership for the preparation and implementation of the strategy in the Novo mesto Region, in accordance with our common agreement.'

Figure 17: Letter of intent for establishment of partnership with municipalities



On the basis of the situation analysis in an individual region, a working group defined the key objectives of the strategy on the reduction of health inequalities through health promotion.

Example:

The situation analysis of the Celje Region, among other things, contains the following: 'The inequalities related to differences between various social layers and the economic situation in Slovenia reflect the division of the country into the more developed western area and the less developed eastern area. This polarisation is also mirrored in the self-assessment of the quality of life of the population: a relatively good self-assessment of the quality of life in Western Slovenia and low self-assessment of the quality of life in the regions of Eastern Slovenia, which also includes the Celje

region. The self-assessment of the quality of life took into consideration aspects such as happiness, satisfaction with health status, satisfaction with financial situation, the possibility of making decisions with regard to one's own life and general satisfaction with life. The data on the perception of their own life obtained from the study on behavioural style, which shows that the assessment of the population's own satisfaction with their current health status is closely related to the social classes in the Celje area, are also illustrative. As regards the assessment of the current health status, it is assessed as better by the members of the higher social classes than by the lower social classes. In the Celje Region, 87% of the upper social class population and 28% of the lower social class assess their health status as good or very good.'



Figure 18: Celje. Photo: www.slovenia.info

The situation analysis of health status reveals some evidence that can serve as the basis for planning reasonable measures of health promotion and protection and of health inequality reduction: 'By 2008, the age-standardised mortality rate in Celje was higher than the national average. But towards the end of 2008, a turnaround took place, and the mortality in the region started to approach the national average.' It has also been stressed that: 'in the Celje Region, both the mortality rate and

morbidity related to chronic non-communicable disease are higher than in the regions of Western Slovenia. The analyses of the results of the screening programmes conducted by general practitioners show that, due to cardiovascular risk factors, an average person in the Celje Region runs a slightly greater risk than an average Slovene. In the region, the number of people suffering from hypertension is also above the national average. A higher prevalence of diabetes can also be observed.'

A comprehensive overview of the situation and shared ownership

The situation with regard to health and health status and the key objectives of the strategy were presented at meetings/workshops with various invited stakeholders in each region. The participants were encouraged to suggest and select those priorities and solutions that were most relevant and acceptable to a particular region based on their own perception of the health-related issues and health status in the region, the situation analysis and the key objectives of the strategy.

Thus, the proposed strategic objectives and aims were more relevant and realistic, and stemmed from the needs and perceptions of the local environment. The participants realised that almost all their proposals could be integrated into the strategic document, be it in the objectives or in individual activities. Therefore, the strategy has become a 'common' one and, as

such, has had a greater potential to attract support from the very beginning.

The final selection of strategic objectives and activities in individual regions was conducted by the working group taking into account the situation analysis, the proposals provided by stakeholders from the local environment and the additional SWOT analysis.

The experts of the Institute of Public Health Murska Sobota took part in the process of the preparation of regional strategies and assisted working groups with their knowledge and experience. For this purpose, the experts visited all the Institutes and participated in the work of the aforementioned working groups focusing on the preparation of strategies. It needs to be stressed that the majority of working group members met the challenge of strategic planning and the preparation of a strategy for the very first time.



Definition of the objectives

All the regions in Slovenia are faced with similar health inequalities and health issues of vulnerable groups. Regional strategies can be characterised by the fact that their aims and objectives are based, not only on the needs of the region, but also on its abilities to meet them.

All eight regions identified several common strategic aims. A consensus was reached that all the strategies had to contain two common and identical aims, namely:

- to place health inequalities at the centre of the attention of the community and individuals
- to increase community capacity.

Each aim contains several objectives and/or specific objectives that are emphasised depending on the regional needs, specificities and the capacities of the regional Institute.

Examples:

In view of the specificities and needs of the Celje region, as well as its well-developed capacities in the field of mental health protection, the latter was given special emphasis.

Within the fourth aim of 'Strengthening health factors', an objective was set that relates to mental health and reads: 'Strengthening mental health'. This objective can be further divided into two specific objectives, namely: 'Inform and raise awareness of the importance of mental health' and 'Strengthen skills for positive mental health'.

In the Ljubljana Region, there are huge disparities in the development of the

individual municipalities, which is also reflected in the health status of the population. Their third aim in the strategy relates to the reduction of health inequalities among the municipalities. Two objectives are defined: 'Monitor and evaluate health inequalities in the region' and 'Perceive health inequalities among the municipalities'.

The Ravne Public Health Institute identified the group of adult men as vulnerable and defined the health promotion activities intended for these men as a special objective.

Regional strategies for tackling health inequalities by means of health promotion were presented to the public in each region, which also represents the implementation of the first aim of the strategy. The strategies are available in written form and on the internet.

The transfer of the approach also included the pilot implementation of selected objective as evidence of the applicability and effectiveness of the strategy in practice.

Example:

The implementation of a selected objective in the Kranj Region is a good example of how to use additional opportunities to achieve the objectives of the regional strategy. During the process of the transfer of the approach, the Kranj Public Health Institute also began to implement activities within a cross-border project: 'Euroregion – Healthy Region'. The activities included, among other things, the promotion of a healthy lifestyle for pre-school and school children and the promotion of a healthy lifestyle

in the working environment. Thus, the Kranj Region simultaneously implemented two objectives within the fourth aim of their strategy,

namely: 'Promotion of the healthy development and raising of children and youth' and 'Strengthening the health of the employed'.



Figure 19: Kranj. Photo: www.slovenia.info



Evaluation of the approach transfer

The evaluation of the transfer was performed on the basis of: analysis of regional strategies, unstructured interviews and a questionnaire with

open- and closed-ended questions. Some chosen results that are most relevant or common for the majority of regions will be presented below.

Assessment by regional public health institutes

The process of the approach transfer was fully implemented in all eight health regions.

The preparation of documents directly and indirectly involved a broader circle of regional stakeholders.

All strategies were prepared using the same methodology and contain the required elements in the appropriate form and to the appropriate extent. Creators of strategies identified key and specific regional problems, formulated aims and specific objectives and proposed achievable solutions.

All the Institutes are of the opinion that the lead partner, Murska Sobota institute of public health, provided additional knowledge, information and skills necessary in the process of the transfer of the preparation of regional strategies.

The assistance and additional consultancy provided by the experts from Murska Sobota were also assessed as sufficient.

The Institutes believe that the process of the preparation of regional strategies for tackling health inequalities was adequately defined (the content, course and methodology of the transfer).

The preparation of strategies contributed to better links between the Institutes and various stakeholders in the regions, except in one where the efforts were inefficient due to insufficient professional capacities and the absence of management support at the regional Institute.

All the Institutes believe that the process of the transfer of the preparation of the regional strategy was successful.

Three years after the preparation and implementation of the strategies for tackling health inequalities by means of health promotion, experts from the Institutes assess that these documents are useful, cover important problems in the region and have been accepted by the community. They also assess that the set objectives are being implemented to a varying extent.

An example of experience in drafting a regional strategy:

'This experience was a challenge, a novelty and something interesting. The cooperation between the Institutes was very good and the positive atmosphere was distinct. The links established between the Institutes and various

stakeholders in the region, especially the municipalities, are of great importance for tackling the issue of health inequalities. As public health experts, we believe that we have prepared a good strategic document whose objectives

have been slowly implemented. It is unfortunate that not enough funds are available to attain more objectives more quickly, as, if that were the case, the changes and the results of the work would be visible sooner.'

Assessment by the Institute of Public Health Murska Sobota

From the viewpoint of the Institute of Public Health Murska Sobota, which has been dealing with the problem of health inequalities for the longest period and has been implementing the objectives of its strategy since 2004 when it was being drafted, the process of the transfer of the approach to tackle health inequalities by means of health promotion has been very successful.

The regions prepared useful strategic documents that are implemented at various scales.

All the regions in Slovenia have prepared strategic documents simultaneously using the same methodology.

The 'bottom – up' approach, which reflects the needs, desires, specificities and capacities of the regions, is the added value. It is the implementation at the local level that often fails, even with well-prepared strategies.

The transfer process additionally connected the experts of the regional public health institutes and contributed to strengthening the

capacities in the field of health inequality, particularly at the level of implementation and in local environments.

With support from the national level for the implementation of regional strategies, the reduction of health inequalities in Slovenia would be more successful and sustainable. However, with the exception of the transfer of this approach and support to the "Let's live healthily" programme, further systematic support from the national level for the implementation of regional strategies for tackling health inequalities has not been provided.

So far, support has only been granted at the regional level to various extents and to single activities, which means that health inequalities have not been reduced equally.

Despite these obstacles, various activities are being carried out at the regional and local levels in Slovenia to reduce health inequalities by means of health promotion.



Figure 20: *Institute of public health Murska Sobota*

IV Achievements and Conclusions

The most important achievements from the transfer of the bottom-up approach are:

- The capacity of public health experts with regard to strategic planning has been increased.
- The methodology for the preparation of the strategy for the reduction of health inequalities by means of health promotion was developed and tested.
- Situation analyses were conducted and important common and specific problems in the regions of Slovenia were identified, based on which the priority problems can be selected at the national level.
- Regional strategies were successfully tested in the field – objectives have been implemented.
- Regional strategies could serve as an excellent basis for the preparation of the national strategy for the reduction of health inequalities.

After nine years of continuous work on health inequalities at the regional and local level, hence with the end-beneficiaries, we can say that only a combination of national and local efforts influence health inequalities.

Coordinated actions from the national and local level are needed, which also should be comprehensive, systematic and sustainable. The results are only visible in the long-term period, but consist of numerous small steps over the years.

Sufficient professional capacity is a precondition for any action in the field of health inequalities, accompanied by financial and infrastructure resources.

It is most important to know the situation in the community and region well, including the fine differences in culture, target groups, values and to respect wishes and needs.

In order to reach a particular target group, methods and actions should be adjusted.



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