



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 overarching and growing problem that requires synchronised efforts at the national and regional levels.

© 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 high



we are now facing, the differences are increasing; mainly in the groups affected the most. We are facing numerous new challenges, such as those related to population ageing and the implementation of new medical technologies (5). Our task is to actively tackle them (6).

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 politicians. Thus, it is crucial that solving the issues arising today in Slovenia is so that decisions are based on data and the goals are coordinated with the basic goals of our society. A good knowledge of the conditions and related reasons is of key importance for any further activities. It indicates the routes we can undertake 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

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





the creation of health inequalities. e 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 pro



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 the next few years, activities became more professional, systematic and more differentiated regarding health pro

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 will be defined.



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Comprehensive situation analysis

Project partners have considered the information from different angles. The exchange of 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 approaching the same health problem from

Raising awareness

Raising the awareness of various policy-makers from different sectors about the importance of health and health inequalities has been identified as a basic condition for all further work. Health inequalities were 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

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 expected in the process of planning and implementing actions.



SMART Objectives

Regional public health experts have been since successful health-promoting measures terminated 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 it takes years to measure the effect of health-promoting activities on health behaviour. In particular measure or activity for all involved the executors of actions have got evidence from professional expertise that the measures have chosen were accepted and really effective.

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 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

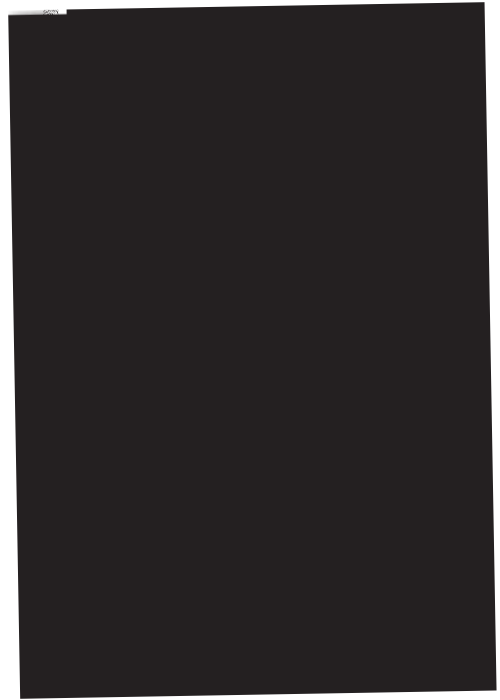
Structure of aims

The main goal of the document has been to be achieved by particular activities. Since defined as the reduction of intra-region its creation, objectives and aims from the actual and interregional health inequalities action plan have been continuously implemented in Pomurje. This is a very general wish that cannot be implemented varied depending on the resources available. Experiences and more specific objectives. We have identified results from the implementation have been 5 main areas where health promotion-intended to modify strategic objectives. All interventions could tackle health inequalities and actions have been planned to be implemented have framed them with 5 aims. Within each one the local and regional levels, reaching the of these aims were several specific objectives and beneficiaries.

Timing of actions

Our guiding principle in the preparation reduced the confidence of politicians and and, later on, the implementation of the health professionals about health promotion action plan was to achieve short term and mid and public health measures in general. Short term objectives. Short term objectives were We have chosen a different approach. A to be reached within approximately one combination of general and specific objective end of 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 of the synergistic impact of several structural 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 a “step-by-step” approach to achieve small but visible effects, which will offer evidence to target-population and to important stakeholders (policy makers and decision makers, partners in the environment) that changes in behaviour are possible.

Aim 2: Increase Community





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

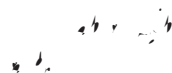
The differences in health status indicators between Pomurje and other regions in Slovenia were among the health inequalities we recognised at the beginning.



It aimed to encourage people to take a providing participants with skill and knowledge
 tive role in health promotion and protection,edge for a healthy lifestyle.



the excellent acceptance and results of the programme.
 The first evaluation encouraged us to determine the programme not only impacted the life
 this approach as a strategic objective. The prostyle of the participants but also community
 programme "Let's live healthily" has been continued cohesion and capacity. Some communities in
 ously implemented over 12 years in 50 local included healthy lifestyle with other activities in
 communities in the Pomurje region and has community; activities such as joint walking
 been transferred to all the other regions itours became regular.
 Slovenia as a part of the national public health





and children. The results from both surveys authentic data on the Roma ethnic group in Slovenia were very valuable since this was the first time.



Our work with the Roma ethnic group (education, legal, employment) 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).

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.



Pomurje. We declared a strategic objective to be encouraging the positive behaviour of people toward the physical environment and also





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

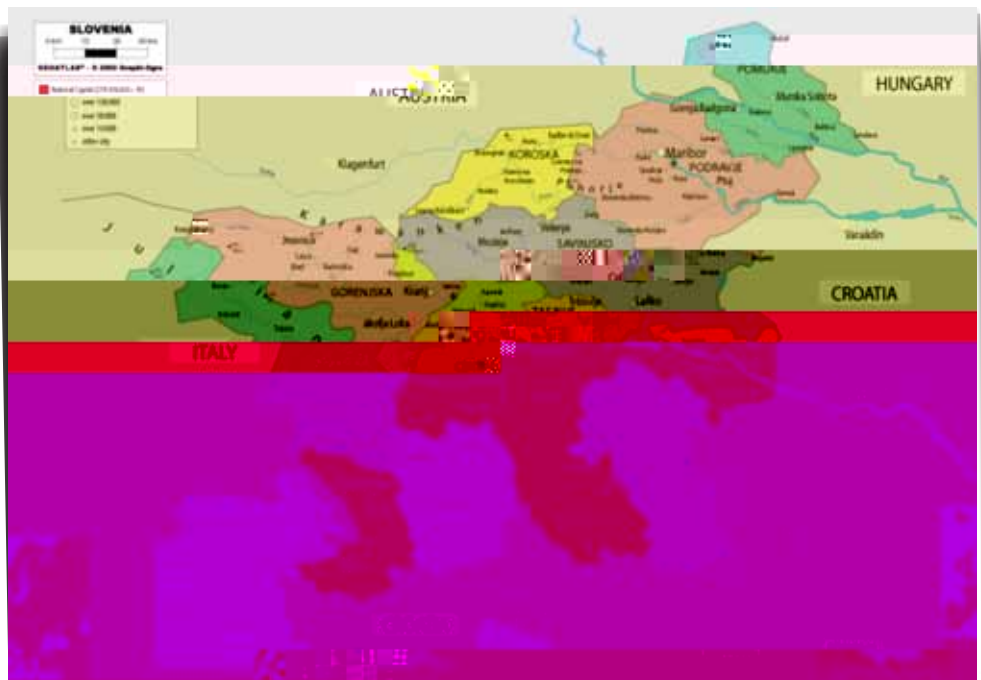
Strategic documents and action plans have usually been made for relatively large territory units, such as on the state, continent or global level.

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.



III Horizontal Transfer of the Approach

The existence of health inequalities in the Pomurje Region (Pomurje strategy) were preconditions for the transfer of this approach to all the regions in Slovenia. The results of the implementation of the Health promotion strategy and action plans in Slovenia.



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We wanted to improve the capacity of public health professionals and collaborators in all regions to apply health promotion programmes, and create an environment that reduces social inequalities.

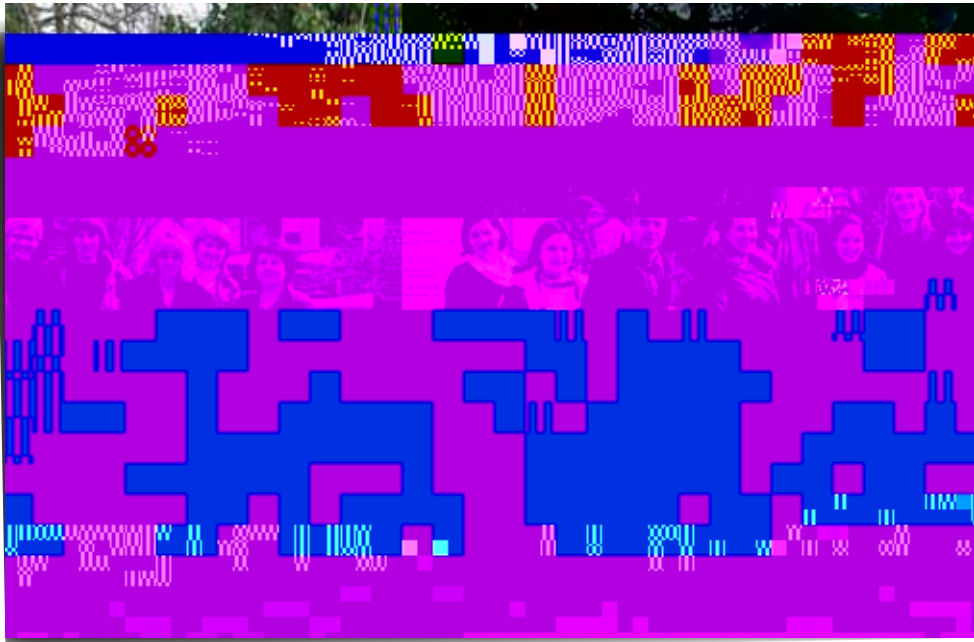
Objectives and the target population

The following objectives were set:

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network that would support the implementation and continuity of the health promo



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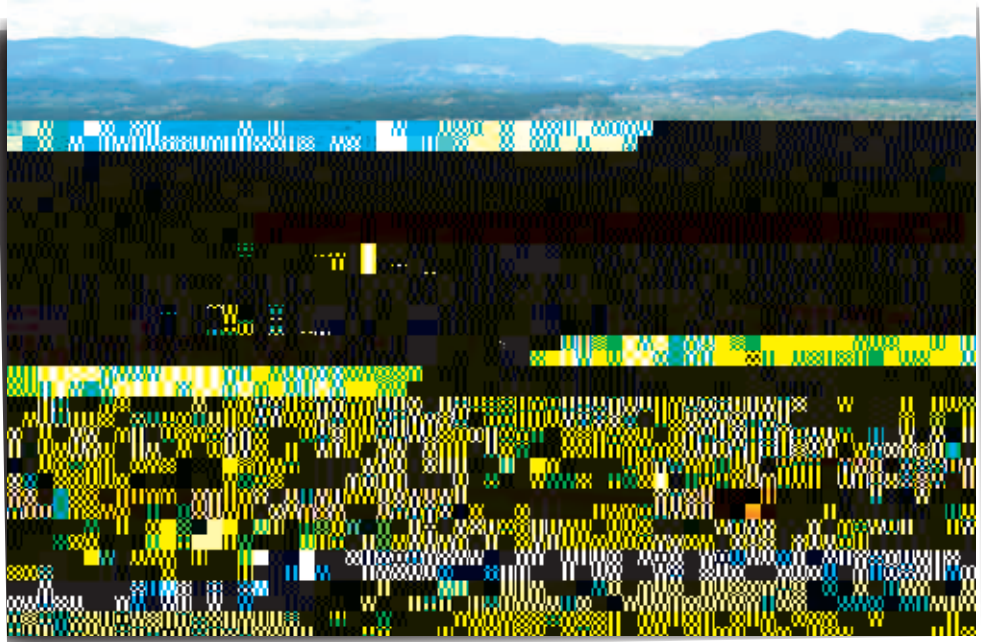
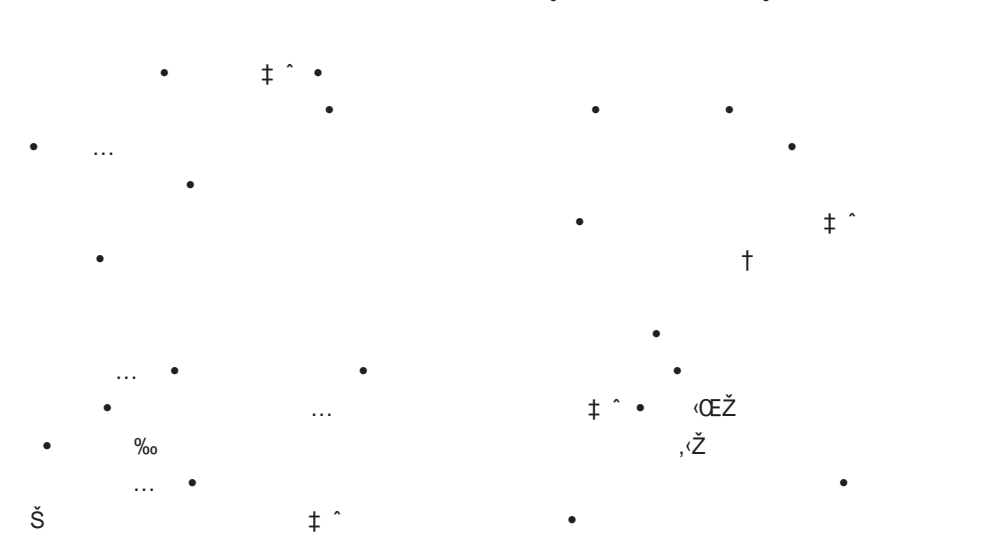


Ensuring political support in region - Letter of intent

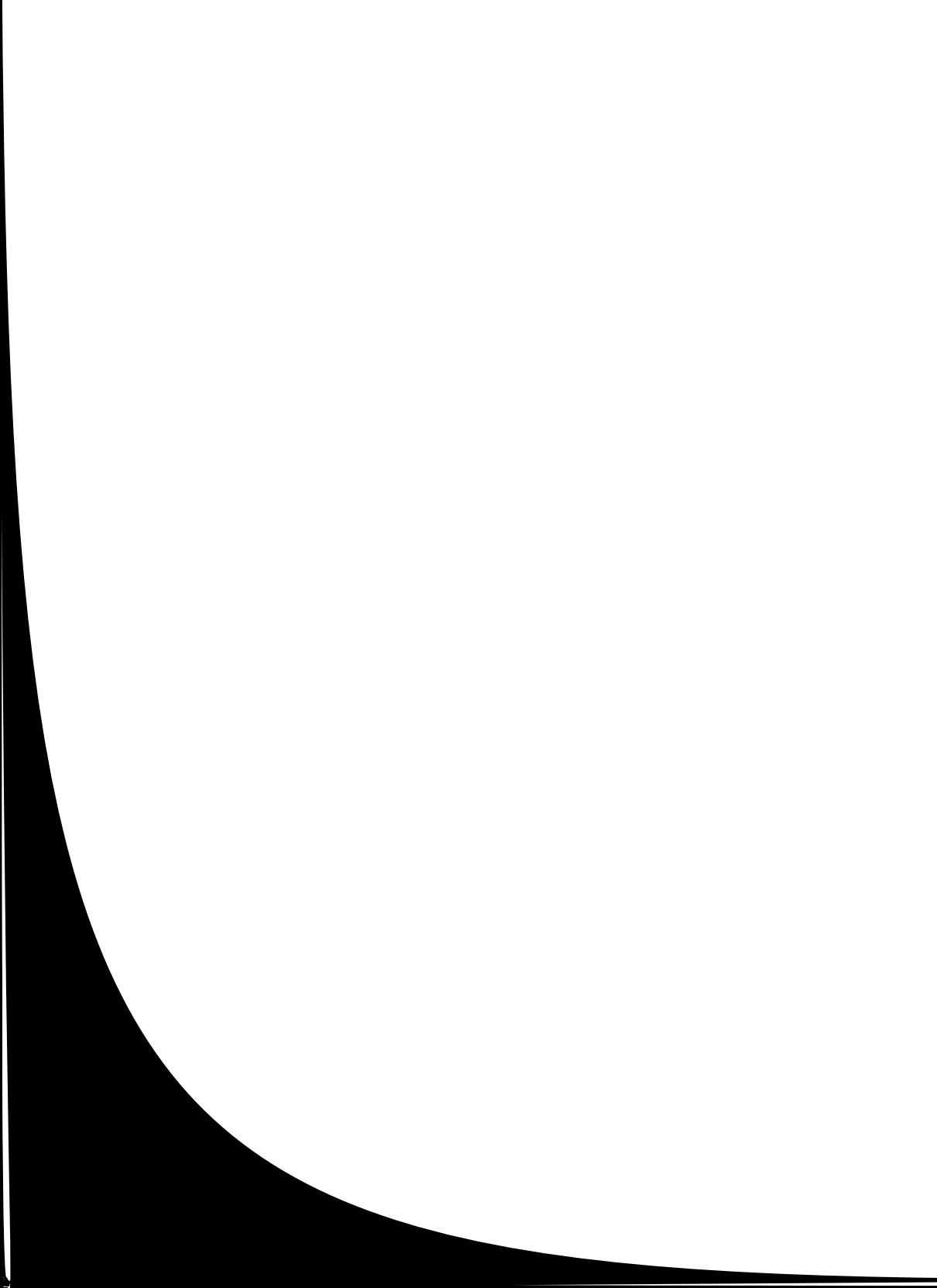
Some Institutes engaged the representatives of the local administration in the preparation of regional strategies.



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.



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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.

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.

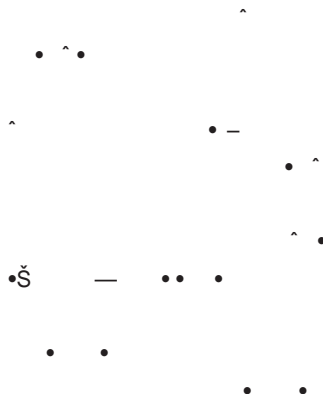
The transfer of the approach also included the pilot implementation of selected objectives as evidence of the applicability and effectiveness of the strategy in practice.

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The evaluation of the transfer was performed using open- and closed-ended questions. Some chosen on the basis of: analysis of regional strategies, results that are most relevant or common for the structured interviews and a questionnaire with majority of regions will be presented below.

The process of the approach transfer was fully implemented in all eight health regions. 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 strategies were prepared using the same methodology and contain the required elements in the appropriate form and to the appropriate extent. All the Institutes believe that the process of preparation of the regional strategies was successful.

Creators of strategies identified key and specific regional problems, formulated aims and specific objectives and proposed achievable solutions. 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 of objectives are being implemented to a varying extent.

All the Institutes are of the opinion that the documents are useful, cover important problems in the region and have been accepted by the community. They also assess that the set of objectives are being implemented to a varying extent.

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).

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 its 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.

With support from the national level for the implementation of regional strategies, the reduction of health inequalities in Slovenia has been very successful. The implementation of regional strategies, the reduction of health inequalities in Slovenia has been very successful. The implementation of regional strategies, the reduction of health inequalities in Slovenia 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





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