



4.1 CASE EXAMPLE: A HEALTH PROMOTION STRATEGY AND ACTION PLAN FOR TACKLING HEALTH INEQUALITIES IN THE POMURJE REGION OF SLOVENIA

COUNTRY	Slovenia
CONTACT PERSON	Dr Tatjana Krajnc-Nikolić
IS THE POLICY UNDER DEVELOPMENT OR BEING IMPLEMENTED?	Implemented
NAME OF POLICY	Health promotion strategy and action plan for tackling health inequalities in Pomurje region
NATIONAL OR REGIONAL LEVEL	Regional

DESCRIPTION OF THE POLICY

Pomurje is the most deprived region in Slovenia. In 2001, a team of local public health experts identified the main health problems and developed a culturally adjusted community based programme of health promotion for adults called "Let's live healthily". This programme constituted the main part of a wider approach of investment in health in the region called "programme Mura". In 2005, a strategic plan for reducing health inequalities in the region was developed as a result of bilateral project cooperation between the Institute of Public Health Murska Sobota (IPHMS) and the Flemish Institute for Health Promotion (VIG). This plan is aimed at the reduction of health inequalities in the region between vulnerable groups and between Pomurje and other regions of Slovenia. Five priority objectives were identified, along with appropriate strategies required to implement them. The strategic plan uses health promotion as a means to improve the health of the population, and to raise awareness of health in other sectors and policies on a regional level.




The main aims of the policy are: 1) To raise the profile of the need to reduce health inequalities among communities and individuals; 2) To increase community capacity; 3) To reduce inter-regional inequalities through health promotion; 4) To reduce intra-regional inequalities by supporting the most vulnerable groups; and 5) To facilitate a health promoting environment. Specific objectives, activities and indicators have been defined for each aim.

The policy essentially adopts a downstream approach by targeting the behaviour of individuals and their communities regarding lifestyle (e.g. nutrition, physical activity, utilisation of health services, etc.) and raising awareness and motivation for change. The strategy foresees the engagement of public health experts in order to raise awareness of regional politicians and stakeholders about health and the causes of health inequalities in order to create 'health friendly' policies and actions. Aims 3 and 4 are aimed at facilitating changes in the lifestyle of particular target groups (e.g. adults, ethnic minorities (Roma), and pregnant women). Arguably the policy also adopts a midstream approach given the strategy aims to increase community capacity in the field of decision making regarding health promoting actions to support a health promoting environment.

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CASE EXAMPLE: THE GRADIENT EQUITY LENS (DIMENSION ONE) OVERVIEW

 This **Gradient Equity Lens overview sheet** is to help you gain a snapshot of the overall position of your policy action in terms of its 'gradient friendliness' i.e. its likely potential to impact on levelling-up the gradient in health and its social determinants among children, young people and their families. Simply tick **red**, **amber**, or **green** as applicable, noting any major action points or comments as required.

Gradient Equity Lens: Dimension One 	 Comments	 Action Points (including by when and by whom)
Proportionate universalism <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/>	The strategy is planned for long-term implementation; and has been adopted into the regional development programme 2007-2013. The policy is a proportionate in a sense in that vulnerable groups are covered with specific objectives; and in a sense universal: priority health problems such as lifestyle are covered in specific objectives targeting adults in local communities.	Implementation - The coordinator and main carrier of activities is the Institute of Public Health Murska Sobota (IPHMS).
Intersectoral tools for all <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Available data on examples of good practices have been used in preparation and implementation of strategic documents on regional level from Australia, Europe, Canada and the USA; using available evidence and experience. During the last 6 years a step-by-step approach to building a partnership network including stakeholders from different sectors has been adopted.	On-going partnership working with stakeholders from different sectors. Action by IPHMS.
A whole systems approach <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/>	Structure: the strategic document is sensitive to the socio-environmental context, respecting the existing political and welfare system. Reducing health inequities of children and young people is one of the specific objectives; health equity is indirectly involved in other sector policies, what has been connected with objectives of the document. There are two programmes and many serials of meaningfully connected activities, which have been implemented each year, some longer than 6 years. All programmes, project and activities are adjusted to the culture, target group and available resources and based on available evidence and empirical experience. The actions have been planned for particular vulnerable target groups, including the most vulnerable ones and for general population. Success is evaluated on a yearly basis for process and structure targets and after 5-10 years on achieved outcomes.	On-going partnership working with stakeholders from different sectors. Action by IPHMS.

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