STRATEGIJA ZA KREPITEV ZDRAVJA IN AKCIJSKI NAČRT ZA ZMANJŠEVANJE NEENAKOSTI V ZDRAVJU V POMURSKI REGIJI

HEALTH PROMOTION STRATEGY AND ACTION PLAN FOR TACKLING HEALTH INEQUALITIES IN THE POMURJE REGION

KAZALO

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Slovenija je kot nova članica EU vložila veliko truda, da bi dosegla in obdržala evropsko povprečje na področju zdravstvenega stanja. Kljub vsemu pa, tako kot povsod po Evropi, tudi v Sloveniji še vedno obstajajo razlike med revnejšimi in premožnejšimi. "Neenakosti v zdravju" so opisane kot razlike v nekaterih zdravstvenih kazalcih (umrljivost, obolevnost, življenjski slog, dostop do zdravstvenih storitev itd.) med skupinami prebivalstva, ki temeljijo na bioloških, družbenih, gospodarskih in geografskih značilnostih. Te razlike se lahko nanašajo na medregijske in znotrajregijske neenakosti v zdravju.

Medregijske neenakosti v zdravju so povezane z razlikami v zdravstvenem stanju prebivalstva med regijami. Ker je Pomurje gospodarsko najmanj razvita regija v Sloveniji in ima najslabše zdravstvene kazalce, lahko prebivalce pomurske regije, v primerjavi s prebivalci osrednje Slovenije, na splošno označimo kot ranljivo skupino. Znotrajregijske neenakosti v zdravju se nanašajo na razlike v zdravstvenem stanju prebivalcev znotraj dane regije, t. j. Pomurja. Primeri ranljivih skupin so: nizko izobraženi ljudje, brezposelni, starejši in pripadniki etničnih manjšin.

Zmanjševanje neenakosti v zdravju med različnimi regijami v Sloveniji in med različnimi družbenimi ter etničnimi skupinami je prednostna naloga Nacionalnega programa zdravstvenega varstva Republike Slovenije "Zdravje za vse do leta 2004". V ta namen je leta 2001 začelo Ministrstvo za zdravje izvajati pilotni projekt "Vlaganje v zdravje in razvoj v Pomurju – Mura".

Za učinkovito zmanjšanje neenakosti v zdravju je potrebno pobude, kot je projekt "Vlaganje v zdravje in razvoj v Pomurju – Mura", vključiti v obsežnejšo strategijo. Zato je na eni strani potreben strateški načrt, v katerem so izpostavljeni glavni nameni in cilji vlade ter ostalih dejavnikov, ki prispevajo k zmanjševanju neenakosti v zdravju, poleg tega pa tudi strategije za doseganje teh ciljev in opredelitev kazalcev za spremljanje napredka.

Pričujoči dokument je eden takšnih strateških načrtov. Izdelan je kot rezultat projekta "Priprava strategije za zmanjšanje neenakosti v zdravju s pomočjo programov krepitve zdravja". Gre za dvostransko sodelovanje med Zavodom za zdravstveno varstvo Murska Sobota in Flamskim inštitutom za krepitev zdravja v okviru skupnega programa med flamsko vlado in državami kandidatkami iz Srednje in Vzhodne Evrope. Namen projekta je okrepiti zmožnost regijskih delavcev na področju krepitve zdravja za zmanjševanje neenakosti v zdravju s pomočjo krepitve zdravja in ustvariti takšno okolje, ki bo zmanjšalo družbene neenakosti v zdravju. Strateški načrt je pripravljen za Svet regije. S sprejetjem tega strateškega načrta bo Svet omogočil vključitev načrta v Regionalni razvojni program 2007 – 2013. Strateški načrt predstavlja okvir in smernice za zdravstvene delavce v regiji glede prednostnih nalog, ki bi jih bilo potrebno opraviti, če želimo zmanjšati neenakosti v zdravju. Čeprav je načrt oblikovan posebej za pomursko regijo, ga lahko označimo tudi kot dragocen prispevek za nacionalno strategijo na področju neenakosti v zdravju.

Strateški načrt je osredotočen na politike krepitve zdravja ki prispevajo k zmanjševanju neenakosti v zdravju. Te neenakosti večinoma izhajajo iz socialno - ekonomskega položaja posameznikov in regij. Ta pogojenost izvira iz socialne stratifikacije, različne izpostavljenosti in dovzetnosti za zdravju škodljive dejavnike in za okoliščine, ki krepijo zdravje. Po drugi strani pa ima lahko zdravstveno stanje s svojim vplivom na sposobnost dohodkovnega priliva učinek tudi na družbeni položaj posameznika. Bolezen lahko glede na socialno-ekonomski položaj izzove različne družbene posledice. Na različne vzroke, ki vodijo do neenakosti v zdravju, lahko vplivamo s posebnimi politikami. V tem pogledu lahko politika krepitve zdravja pomeni koristen dodatek ali dopolnitev obstoječih zdravstvenih politik, ki so osredotočene le na izboljšanje dostopnosti do zdravstvenih storitev. Krepitev zdravja namreč vsebuje kombinacijo intervencij, ki so posebej usmerjene na socialno-ekonomsko šibkejše skupine in presegajo zdravstveno izobraženost ter izpeljujejo strukturne in organizacijske spremembe za ustvarjanje zdravju spodbudnega okolja. Na ta način se pripadniki šibkejših skupin usposobijo do te mere, da sami prevzamejo nadzor nad svojim zdravjem.

Strateški načrt temelji na sistematičnih analizah trenutne naravnanosti politike v Sloveniji glede zmanjševanja neenakosti v zdravju. Analiza izpostavlja prednosti in pomanjkljivosti osmih (8) ukrepov politike, ki so mednarodno priznani kot učinkovito sredstvo pri zmanjševanju neenakosti v zdravju: določitev cilja glede neenakosti v zdravju, ocenjevanje vplivov na zdravje, spodbujanje medsektorskega sodelovanja, pristopi za razvoj skupnosti, omogočanje večje dostopnosti do zdravstvenih storitev in nadgradnja znanstveno dokazanih metod in pristopov za zmanjševanje neenakosti v zdravju.

S pomočjo SWOT-analiz in sodelovanja zdravstvenih delavcev so bile določene prednostne naloge in specifične ciljne skupine v regiji. Ožja projektna skupina je te prednostne naloge preoblikovala v namene, cilje in specifične cilje, določila aktivnosti za izvajanje splošnih ciljev ter kazalce za merjenje napredka.

Strateški načrt, tako kot glavni cilj, izpostavlja zmanjšanje medregijskih in znotrajregijskih neenakosti v zdravju v pomurski regiji. Za doseganje tega cilja je predlaganih pet (5) namenov. Prvi namen se nanaša na postopke, ki podpirajo učinkovite intervencije. Pomembno je predvsem dvigovanje ozaveščenosti regionalnih partnerjev in prebivalstva o pomembnosti zdravja in neenakostih v zdravju ter nadgradnja dobre osnove za znanstveno dokazane metode in pristope glede neenakosti v zdravju in krepitve zdravja. Drugi namen zagotavlja predpogoj za začetek delovanja na zmanjševanju neenakosti v zdravju in hkrati vključuje zmožnost skupnosti. Za povečanje zmožnosti skupnosti je potrebno: zdravju podporna mreža, povečana udeležba skupnosti v procesih odločanja, ki vplivajo na zdravje ter prehod iz problemsko usmerjene v izhodiščno usmerjeno miselnost. Tudi izboljšanje zmožnosti zdravstvenih delavcev in sodelavcev je pomembno za učinkovito izvajanje ukrepov za krepitev zdravja in zmanjševanja neenakosti v zdravju. Tretji namen je zmanjšanje medregijskih neenakosti v zdravju s pomočjo učinkovitega sistema izvajanja intervencij krepitve zdravja, ki spodbuja zdrav življenjski slog, duševno zdravje in družbeno blaginjo v regiji. Na tem mestu so vključena tudi posebna prizadevanja za zgodnje ugotavljanje kroničnih nenalezljivih bolezni (KNB). Četrti namen se nanaša na znotrajregijske neenakosti s podpiranjem ranljivih skupin, kot so mlade matere in otroci, osipniki, brezposelni, starejši, ljudje s posebnimi potrebami in etnične manjšine. Za vsako skupino so določeni ukrepi, ki spodbujajo zdrav življenjski slog in povečujejo zmožnost teh skupin, da postanejo samostojne in socialno mobilne. Zadnji namen je osredotočen na zdravo naravno okolje in spodbuja okolju prijazno vedenje prebivalstva ter podpira okolju prijazne politike na lokalni ravni.

Prepričani smo, da bomo z dosego teh ciljev znatno prispevali k zmanjševanju neenakosti v zdravju v pomurski regiji. Zagotovilo za uspeh je vključitev teh ukrepov v Regionalni razvojni program 2007 – 2013.

RAZVOJ STRATEŠKEGA NAČRTA

1

POTREBA PO STRATEŠKEM NAČRTU ZA ZMANJŠEVANJE NEENAKOSTI V ZDRAVJU V SLOVENIJI

Neenakosti v zdravju, ki so pogojene z razlikami v družbenem položaju, postajajo vse večji problem sodobne družbe. Neenakosti v zdravju so natančno opisane kot "Razlike v incidenci in prevalenci zdravstvenih problemov med posamezniki z nižjim oziroma višjim socialno-ekonomskim statusom"[1]. "Neenakosti v zdravju" ali "razlike v zdravju družbenih skupin" so opisane kot razlike v nekaterih zdravstvenih kazalcih (umrljivost, obolevnost, življenjski slog, dostop do zdravstvenih storitev itd.) med skupinami prebivalstva, ki lahko temeljijo na bioloških, družbenih, gospodarskih in geografskih značilnostih.

Povezava med socialno-ekonomskimi dejavniki, kot so revščina, stanovanjske razmere, izobrazba itd., in zdravjem je v današnjem času zelo očitna in tudi dokazana.

Socialno-ekonomske neenakosti in neenakosti v zdravju predstavljajo največji izziv zdravstvenih politik po vsem svetu. Podatki o pričakovani življenjski dobi, obolevnosti in umrljivosti prikazujejo razlike med regijami in se ujemajo s kazalci relativne revščine.

Za boljše razumevanje pojava družbenih neenakosti in neenakosti v zdravju v Sloveniji je potrebno izpostaviti na eni strani bivši socialistični družbeni sistem, na drugi strani pa ostale družbene, gospodarske in politične spremembe, ki so se odvijale v zadnjih petnajstih letih. Na poti do neodvisnosti in suverenosti se je slovenska družba zavzemala za enakost in družbene vrednote ter težila k odpravi dohodkovne neenakosti. Slovenija tako namenja relativno velik delež izdatkov za socialno varstvo. Socialni transferji so opazno zmanjšali dohodkovne neenakosti in slovenska socialna politika se je izkazala kot učinkovita. Socialna stratifikacija v Sloveniji je v današnjem času zaradi možnosti brezplačnega šolanja in primerljive odprtosti družbe označena z relativno nizko stopnjo dohodkovne neenakosti, nizko stopnjo revščine in visoko stopnjo družbene mobilnosti.

Slovenija si kot nova članica EU prizadeva doseči evropsko povprečje glede zdravstvenega stanja. V ta namen je bilo v okviru različnih sektorjev sprejetih več ukrepov za izboljšanje zdravstvenega stanja prebivalstva. Bistvo teh ukrepov je vzdrževanje dobro razvitega in organiziranega sistema javnih zdravstvenih domov, bolnišnic in javnih zdravstvenih zavodov, skupaj z univerzalnim zdravstvenim zavarovanjem, ki je osrednji steber zdravstvenega sistema.

Republika Slovenija poskuša svojim državljanom v največjem možnem obsegu zagotoviti univerzalen in pravičen dostop do zanesljivih zdravstvenih storitev.
Ta odločitev izhaja iz naslednjih vrednot in načel:

- univerzalno dostopen sistem zdravstvenega varstva, ki upošteva potrebe ljudi, ne pa njihov materialni status;
- pravičen dostop je zagotovljen za vse, tj. kakovostna zdravstvena oskrba pod enakimi pogoji za vse ljudi ne glede na njihove družbene okoliščine ali kraj bivanja;
- zdravstveno varstvo je v pristojnosti javnega sektorja, ki temelji na solidarnosti in kolektivnih pravicah;
- financiranje zdravstva temelji na načelu solidarnosti in trajnosti ne glede na to, ali so sredstva zbrana preko davkov, prispevkov za socialno varnost ali preko kombinacije obeh;
- zdravstvena dejavnost temelji na raznolikosti ponudnikov zdravstvenih storitev – javnih in zasebnih organizacij – skladno s cilji in vrednotami slovenske družbe.

Pričakovana življenjska doba v najmanj razvitih slovenskih regijah je za tri leta krajša kot v osrednji Sloveniji. Korelacijski koeficient med dohodki in pričakovano dolžino življenja v slovenskih občinah je 0,7, kar kaže na močno povezanost. Stopnja povezanosti med pričakovano življenjsko dobo in izobrazbo je sicer nekoliko nižja, vendar še vedno statistično pomembna. Te povezanosti socialno-ekonomskega statusa z zdravjem ne moremo pojasniti zgolj z različno dostopnostjo zdravstvene oskrbe, temveč je odvisna tudi od vedenjskih in okoljskih dejavnikov: pripadniki nižjih slojev so bolj podvrženi zdravju škodljivemu vedenju, izpostavljeni so večjim okoljskim tveganjem in so bolj dovzetni za neugodne družbene dejavnike, ki negativno vplivajo na zdravje (stres, brezposelnost ali pomanjkanje socialne podpore).

Razlike v zdravstvenem stanju med regijami sovpadajo s kazalci relativne revščine. V Sloveniji se je namreč v zadnjih petnajstih letih tranzicijskega obdobja pojavila neenakomerna gospodarska razvitost, čeprav vrednost indeksa človekovega razvoja od leta 1992 stalno narašča in kaže na stalno in trdno izboljševanje slovenskega družbenega razvoja. Indeks človekovega razvoja se giblje med 0,851 na zahodu države in 0,819 na vzhodu države in tako jasno odraža geografsko razporeditev javne blaginje v Sloveniji. Neenakosti, ki jih pogojujejo razlike med družbenimi sloji in gospodarske razmere v regijah, prikazujejo delitev države na bolj razviti zahodni del in manj razviti vzhodni del. Glavne vzroke za naraščajoče regionalne razlike v zdravju v Sloveniji bi morali iskati v socialno-ekonomskih dejavnikih in ne le v zdravstvenem sistemu. Celovita politika za zmanjševanje neenakosti tako ne bo vključevala samo zdravstvenega sistema, ampak bo posebno pozornost namenila tudi osnovnim vzrokom tega problema.

Poleg medregijskih neenakosti v zdravju so očitne tudi posamezne neenakosti v zdravju, povezane s socialno-ekonomskimi dejavniki. Neenakosti v zdravju smo preučevali glede na poklicni status, stopnjo izobrazbe in družbeni sloj, in sicer za različne zdravstvene vidike (obolevnost, nezdrav življenjski slog in dostop do zdravstvenih storitev).

To povečanje neenakosti v zdravju je med oblikovalci politik spodbudilo razpravo o zdravju in pravičnosti ter začelo prizadevanja za povečanje enakosti v zdravju. Slovenski parlament je leta 1996 sprejel strategijo "Vlaganje v zdravje", ki pomeni osnovo za razvoj politike varovanja in krepitve zdravja v državi. Na začetku leta 2000 je vlada v skladu s strateškimi cilji EU (Lizbona, 2000) sprejela Nacionalni program za boj proti revščini in socialni izključenosti.

2

NEENAKOSTI V ZDRAVJU V POMURJU

V Sloveniji ugotavljamo medregijske in znotrajregijske neenakosti v zdravju. Medregijske neenakosti v zdravju se nanašajo na razlike v zdravstvenem stanju prebivalstva v različnih regijah. Tako ugotavljamo, da so prebivalci pomurske regije v primerjavi s prebivalci osrednje Slovenije ogrožena skupina, kar se odraža v krajši pričakovani življenjski dobi kot v osrednji Sloveniji.

Znotrajregijske neenakosti v zdravju se nanašajo na razlike v zdravstvenem stanju pomurskega prebivalstva. Rizične skupine so osebe z nižjo stopnjo izobrazbe, brezposelni, starejši, etnične manjšine.

Jugovzhodna Slovenija ima nadpovprečni delež dolgotrajne brezposelnosti in visoko brezposelnost nekvalificirane delovne sile. V pomurski regiji je tudi nadpovprečni delež brezposelnosti med mladimi. Leta 2002 je imela ta regija najvišjo stopnjo brezposelnosti, kar je značilno za regije, ki so bile nekoč pomembna industrijska ali rudarska središča in so danes obremenjene z zastarelimi industrijskimi viri.

V Sloveniji ni podatkov o dohodkovni neenakosti in revščini v posamezni regiji, zato lahko regionalni obseg revščine ugotavljamo na podlagi podatkov o prejemnikih socialne pomoči in podatkov o brezposelnih. Socialna pomoč na regionalni ravni je porazdeljena na območja, ki imajo nadpovprečno stopnjo registrirane brezposelnosti. Glede na stanje v oktobru 2002 je največje število prejemnikov socialne pomoči na 1000 prebivalcev v pomurski regiji in več kot dvakrat presega državno povprečje. To dejstvo ni presenetljivo, saj je v Pomurju poleg nadpovprečne stopnje registrirane brezposelnosti prisoten še velik delež kmetovalcev z nizkimi dohodki in nadpovprečni delež starejših ljudi.

Zaradi podpovprečnega števila rojstev in nadpovprečne stopnje umrljivosti smo v zadnjih 20 letih v regiji zabeležili negativni naravni prirastek; na državni ravni je ta kazalec negativen od leta 1997. Število prebivalcev v pomurski regiji se je tako zmanjšalo za 6 %, medtem ko ostaja število prebivalcev Slovenije skoraj nespremenjeno zadnjih 20 let. V regiji je več starejših (65+) kot mladih ljudi (pod 15. letom starosti). Če se bo tak trend nadaljeval, se bo regija soočila z zaskrbljujočimi spremembami zdravstvenega stanja prebivalstva in s povečano potrebo po storitvah zdravstvenega varstva.

Zaradi tega se bo pojavila potreba po prestrukturiranju in reorganiziranju zdravstvene službe.

Podatki prikazujejo neenakosti med regijami glede pričakovane življenjske dobe, obolevnosti in umrljivosti. V Pomurju je pričakovana življenjska doba ob rojstvu krajša kot je slovensko povprečje, in sicer za 3 leta pri moških in 2 leti pri ženskah. Tudi debelost, sladkorna bolezen, ishemična bolezen srca in cerebrovaskularne bolezni so pogostejše v pomurski regiji. Rezultati raziskave kažejo, da je pri odraslih prebivalcih v Pomurju povečano tveganje za razvoj nenalezljivih bolezni. Razširjenost stresa, kajenja, nezdrave prehrane in nezadostna telesna dejavnost presegajo slovensko povprečje. To dejstvo še posebej kaže na pomembnost in nujnost aktivnosti krepitve zdravja in preprečevanja bolezni v pomurski regiji za zmanjševanje medregijskih neenakosti v zdravju.

Pomurje je prikrajšana regija tudi glede dostopa do zdravstvene oskrbe. Glede dostopa do zdravstvenih delavcev, še posebej do zdravnikov, se Slovenija z 2,3 zdravnika/1000 prebivalcev uvršča pod povprečje EU (3,8 zdravnika/1000 prebivalcev). Število zobozdravnikov in medicinskih sester sicer kaže boljšo sliko, vendar je še vedno pod povprečjem EU.

REZULTATI NACIONALNE RAZISKAVE, KI ZADEVAJO POMURSKO REGIJO

Raziskava "Dejavniki tveganja za nenalezljive bolezni pri odraslih prebivalcih Slovenije" se je izvajala leta 2001 kot del mednarodnega CINDI Health Monitorja[2]. To je prva nacionalna raziskava o življenjskem slogu, dejavnikih tveganja in tveganem vedenju, ki je povezana z nenalezljivimi boleznimi na individualni ravni. Rezultati kažejo, da so zdravstveni problemi pogostejši pri brezposelnih. Iz te skupine je namreč 25 % oseb poročalo o zdravstvenih problemih (30,8 % brezposelnih moških in 18,8 % brezposelnih žensk). V Pomurju znaša stopnja registrirane brezposelnosti 17 %. Najpogostejše bolezni so bolezni dihal, sledijo jim motnje v duševnem zdravju, bolezni kostno-mišičnega sistema in bolezni prebavil. Med brezposelnimi je tudi 700 Romov, ki zaradi nizke izobrazbene ravni, dolgotrajne brezposelnosti in drugačnega življenjskega sloga predstavljajo skupino z velikim tveganjem za slabše zdravstveno stanje.

V regiji ugotavljamo, da je več različnih ranljivih skupin s povečanim tveganjem za slabše zdravje. Pri moških je to tveganje bolj izrazito, razen ko gre za stres, nezadostno telesno dejavnost in neuporabo varnostnega pasu v avtomobilu. Glede na starost je opaženo največje tveganje za zdravje pri ljudeh, ki so stari od 30 do 39 in od 40 do 49 let. Glede na izobrazbo pa je to tveganje največje pri ljudeh z nižjo šolsko izobrazbo. Med brezposelnimi osebami in delavci obstaja največje tveganje za slabo zdravstveno stanje. Omenjenih ranljivih skupin je največ prav v pomurski regiji, zato celotno regijo označujemo kot posebej ranljivo. Nacionalni podatki o stopnji samomora že vrsto let kažejo, da je samomor najpogostejši v marginaliziranih družbenih skupinah. Pri tem se upoštevajo specifične stopnje samomorilnosti za posamezne kategorije prebivalstva: delavci z osnovnošolsko izobrazbo, (pol) kvalificirani delavci, brezposelni in alkoholiki. Stopnja umrljivosti pri moških je trikrat višja kot pri ženskah. Takšen trend dokazuje, da je najbolj ogrožena tista skupina prebivalstva, ki živi v družbeni revščini.

Tako je jasno razvidno, da številne medregijske in znotrajregijske neenakosti v zdravju še vedno obstajajo in se zadnjih nekaj let celo povečujejo. To dejstvo jasno kaže na nujnost ukrepanja na tem področju.

V tem okviru je bila politika zmanjševanja neenakosti v zdravju med različnimi regijami v Sloveniji in med različnimi družbenimi in etničnimi skupinami določena kot ena izmed prednostnih nalog nacionalnega zdravstvenega programa "Zdravje za vse do leta 2004".

Na pobudo Ministrstva za zdravje se je leta 2001 začel izvajati pilotni projekt z naslovom "Vlaganje v zdravje in razvoj v Pomurju - Mura". Njegov namen je izboljšati zdravstveno stanje prebivalstva pomurske regije, ki je gospodarsko najslabše razvita regija v Sloveniji in ima najslabše zdravstvene kazalce. Projekt se ukvarja predvsem z medregijskimi neenakostmi v zdravju, ne pa tudi z zdravjem prikrajšanih skupin znotraj regije.

Po eni strani lahko Pomurje v primerjavi z drugimi regijami v Sloveniji označimo kot gospodarsko slabše razvito regijo. Ker obstaja povezava med ekonomskim stanjem in zdravjem prebivalcev, se zdravstveni kazalci še poslabšujejo. Splošni cilj tega strateškega načrta je torej izboljšati zdravstveno stanje regionalnega prebivalstva in tako zmanjšati razlike v zdravju med regijami. Po drugi strani pa načrt obravnava tudi neenakosti v zdravju, ki obstajajo znotraj regije. S pomočjo programa za krepitev zdravja, ki je usmerjen predvsem na posameznika in ranljive skupine prebivalstva, si prizadeva vplivati na neenakosti v zdravju.

Za zmanjševanje teh neenakosti je potrebno uvesti medsektorske politike in ukrepe ter tako spremeniti družbene, ekonomske in okoljske dejavnike, ki vplivajo na življenja ljudi in njihovo zdravje. Te politike in aktivnosti predstavljajo bistvo tega strateškega načrta. Z določitvijo prednostnih nalog, ciljev in ukrepov, ki jih morajo uvesti oblikovalci politik, zdravstveni delavci in drugi, ki delujejo na področju javnega zdravja v regiji ter si prizadevajo za zmanjšanje neenakosti v zdravju, lahko ta strateški načrt služi kot izhodišče in usmeritev za zmanjševanje neenakosti v zdravju. Izvedba strategij, ki so opisane v tem strateškem načrtu, bo okrepila zmožnost regijskih zdravstvenih delavcev in sodelavcev za oblikovanje učinkovitih strategij za krepitev zdravja, ki bodo posebej usmerjene na ranljive skupine v regiji. Strateški načrt lahko prav tako prispeva k pripravi regionalnega razvojnega programa za obdobje 2007 - 2013, ki bo osnova za dodeljevanje sredstev v regiji.

Čeprav je načrt oblikovan posebej za pomursko regijo, lahko pomeni tudi dragocen prispevek za nacionalni zdravstveni program na področju neenakosti v zdravju. Glede na to, da se je nacionalni zdravstveni program iztekel in da se na Ministrstvu za zdravje pripravlja nov program, se zdaj odpira priložnost, da se posebno pozornost nameni tudi neenakostim v zdravju. Strateški načrt o zmanjševanju neenakosti v zdravju za pomursko regijo lahko v tem primeru služi kot pobuda in kot primer uporabe pristopa strateškega načrtovanja za določitev prednostnih nalog, oblikovanje strategij in ciljev ter za razvoj ukrepov za zmanjševanje neenakosti v zdravju.

3

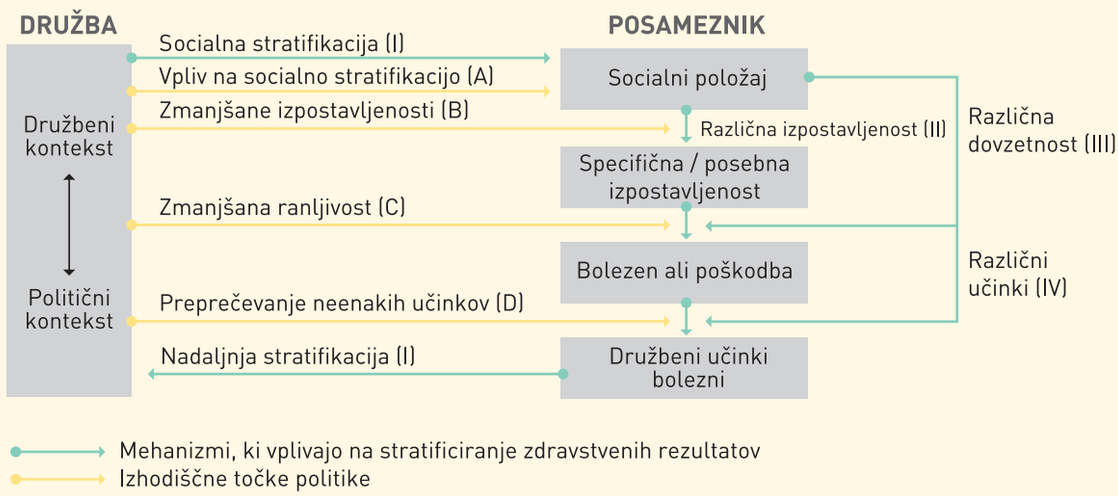
VZROKI NEENAKOSTI V ZDRAVJU IN NAČIN NJIHOVEGA ZMANJŠEVANJA

Podatki kažejo, da neenakosti v zdravju v pomurski regiji ne obstajajo samo med različnimi socialno-ekonomskimi in etničnimi skupinami, temveč hkrati tudi med regijo samo in ostalo Slovenijo. V nadaljevanju predstavljamo dejavnike, ki vplivajo na nastanek neenakosti v zdravju in kako bi jih bilo mogoče odpraviti.

3.1 DETERMINANTE ZDRAVJA

Različni dejavniki vplivajo na neenakosti v zdravju. Model, ki ga je predlagal Diderichsen[3] prikazuje te različne vzroke in predlaga možnosti ukrepanja in uporabe ustrezne politike.

SLIKA 1: **VPLIV DRUŽBENEGA KONTEKSTA NA ZDRAVSTVENE REZULTATE IN PREDLOG UPORABE USTREZNIH POLITIK**



V zgornjem okviru so predstavljeni štirje konceptualni mehanizmi, ki obravnavajo povezavo med zdravjem in socialno-ekonomskim statusom. Mehanizem socialne stratifikacije (I) razdeli ljudi v različne družbene sloje in vpliva na razlike v zdravju med različnimi socialnimi skupinami v družbi. Različna izpostavljenost za zdravje škodljivim dejavnikom (II) vpliva na kakovost zdravja. Nižji je družbeni sloj, večja je izpostavljenost. Na ta položaj dodatno vpliva dejstvo, da se zdravju škodljivi dejavniki, ki vplivajo na posameznika, še množijo. Na primer, revnejši člani družbe se slabše prehranjujejo kot premožnejši, prav tako so izpostavljeni večjim okoljskim tveganjem, so večji potrošniki tobaka, imajo manjše možnosti za izobraževanje ter so bolj podvrženi stresu, ki je povezan s stalno življenjsko negotovostjo za preživetje. V primeru, da dve ali več izpostavljenosti deluje to sinergijsko (to pomeni, da delujeta vzajemno in tako povzročita večje učinke na zdravje, kot je skupek njunih posamičnih učinkov) se vključi mehanizem različne dovzetnosti (III). Takšno vzajemno delovanje nam pojasni, zakaj lahko pri moških iz nižjih socialno-ekonomskih skupin opazimo višjo stopnjo z alkoholom povezanih bolezni in umrljivosti kot pri moških iz višjih družbeno-ekonomskih slojev, čeprav je pri obeh skupinah ugotovljena enaka poraba alkohola. Medtem ko lahko nižji družbeni sloj izzove bolezen, pa lahko le-ta preko različnih družbenih učinkov (IV), na primer razmeroma visokih stroškov za zdravstveno oskrbo in izgube sposobnosti dohodkovnega priliva, stopnjuje učinke družbene stratifikacije. Ti postopki povzročijo zmanjšanje dohodka, revščino in nadaljnja tveganja za nastanek bolezni[4]. Prvi trije zgoraj omenjeni mehanizmi - družbena stratifikacija, različna izpostavljenost in različna dovzetnost – dokazujejo soodvisnost družbenega sloja na zdravstveno stanje, kar se imenuje "učinek na zdravje". Ta vzročna zveza je prepričljivejša kot zveza, ki je omenjena v četrtem mehanizmu – "učinek na družbeni sloj", ki poudarja vpliv bolezenskega stanja na družbeni sloj posameznika.

3.2 ZMANJŠEVANJE NEENAKOSTI V ZDRAVJU

Vsak od opisanih mehanizmov lahko preko posameznih politik deluje v različnih smereh, kar je navedeno v uvodnih točkah od A do D na sliki 1. Mogoče je na primer vplivati na družbeno mobilnost in preko gospodarskih, socialnih in izobraževalnih politik na postopek socialne stratifikacije, kar zmanjšuje razlike med različnimi družbenimi skupinami. Vse to zajema ukrepe na makro ravni porazdelitve sredstev, ki jih imenujemo "intervencije od spodaj navzgor". Te vključujejo politike, ki obravnavajo temeljne vzroke neenakosti v zdravju in so usmerjene na socialno-ekonomsko prikrajšane družbene skupine. Vključujejo izboljšanje življenjskega standarda preko sistema socialne varnosti, izobraževalnega sistema, zaposlovanja in stanovanjske politike. Da bi te intervencije lahko uresničili, se mora zdravstveni sektor povezati z drugimi področji, tako da bo zagotovljeno učinkovito ukrepanje.

Podobno so lahko ukrepi politik usmerjeni na zmanjševanje večje izpostavljenosti prikrajšanih članov družbe okoljskim dejavnikom in/ali njihove dovzetnosti za ravnanje, ki je škodljivo zdravju. Družbeni, naravni in gospodarski dejavniki ter okolje, v katerem živimo, vplivajo na naše zdravje posredno, preko psihosocialnih procesov (socialni nadzor, osamljenost, socialna podpora, socialna varnost itd.) in življenjskega sloga (prehrana, telesna dejavnost, zasvojenost itd.) ali neposredno, preko poškodb, nesreč, nasilja in drugih dejavnikov. Prikrajšani člani družbe so večkrat izpostavljeni okolju, ki je bolj škodljivo zdravju in ne spodbuja zdravega načina življenja. Ti ljudje se težje spopadejo z manj ugodnimi dejavniki. Cilj t. i. "vmesnih intervencij" je zmanjševanje izpostavljenosti in vpliva neugodnih materialnih pogojev, psihosocialnih dejavnikov, vedenjskih dejavnikov tveganja pri socialno-ekonomsko šibkejših skupinah. Za izboljšanje zdravstvenega stanja revnih je potrebno spremeniti med drugim tudi njihova vsakodnevna ravnanja in navade, ki negativno vplivajo na zdravje.

Prav tako bi bilo potrebno preprečiti neenake posledice slabega zdravstvenega stanja ljudi iz prikrajšanih skupin. T. i. "intervencije od zgoraj navzdol" pa izvaja sektor za zdravstveno varstvo, da bi dosegel splošno izboljšanje zdravja in kvalitete življenja prikrajšanih članov družbe. Čeprav lahko predvidevamo, da intervencije na nivoju zdravstvenega varstva škodo le popravijo, ne pa tudi odpravijo, igrajo pomembno vlogo pri izboljšanju določenih vidikov življenja teh ljudi.[5]

Model tako prikazuje, da mora strategija za odpravljanje neenakosti v zdravju poleg ukrepov za dober sistem zdravstvenega varstva vključevati še ukrepe za ustvarjanje enakih družbenih možnosti za dobro zdravje. Ker vse te determinante ne delujejo ločeno, temveč se medsebojno dopolnjujejo, je potrebno ukrepe združevati z obravnavanjem vseh teh dejavnikov in mehanizmov.

3.3 PRISPEVEK PROGRAMOV ZA KREPITEV ZDRAVJA K ZMANJŠEVANJU NEENAKOSTI V ZDRAVJU

Krepitev zdravja v glavnem obsega kombinacijo t. i. "vmesnih intervencij" in "intervencij od spodaj navzgor". Krepitev zdravja je v Ottawski listini[6] določena kot proces, ki ljudem omogoča, da povečajo nadzor nad determinantami zdravja in tako izboljšajo svoje zdravje. Predstavlja obširen družbeni in politični proces, ki ne zajema le ukrepov za izboljšanje znanj, veščin in zmožnosti posameznikov, ampak tudi ukrepe, ki so usmerjeni k spreminjanju družbenih, okoljskih, ekonomskih in političnih pogojev, tako da bi zmanjšali vpliv na javno zdravje in zdravje posameznikov[7]. Razvijemo lahko učinkovite strategije za krepitev zdravja, ki so posebej usmerjene na socialno-ekonomsko prikrajšane skupine in ki obsegajo več kot le zdravstveno izobraževanje. Te strategije prinašajo strukturne ter organizacijske spremembe za ustvarjanje okolja, ki spodbuja zdravo življenje ter prikrajšanim skupinam omogoča, da prevzamejo nadzor nad svojim zdravjem. Vendar tudi prispevek ukrepov s področja krepitve zdravja je, v svojih učinkih omejen. Politika krepitve zdravja namreč sama ne more zmanjšati učinka determinant slabšega zdravja, kot so revščina, brezposelnost, kulturne ovire itd. Vsekakor pa izpostavlja pomen medsektorskih politik, kjer so determinante zdravja integrirane v druge politike na nacionalni, regionalni in lokalni ravni z namenom, zmanjšati neenakosti v zdravju.

Usmeritev na determinante zdravja s pomočjo kombinacije intervencij, ki vključujejo "vmesne intervencije" in "intervencije od spodaj navzgor", predstavlja obetajoč pristop k odpravljanju temeljnih vzrokov neenakosti, saj hkrati vpliva tudi na izpostavljenost pogojem, ki prispevajo k tej neenakosti. Za dosego tega cilja je najbolj pomembno, da država, oblast na lokalni ravni, institucije in prebivalstvo združijo svoje sile, da bi ustvarili in uresničili ciljno naravnane ukrepe javne politike.

Učinkovitost takih intervencij je seveda težko oceniti, vendar lahko veliko pridobimo iz primerov dobrih politik in praks. Ta metoda je bila uporabljena v enem od evropskih projektov[8], kjer so bili zbrani in analizirani primeri politik krepitve zdravja in intervencij, ki so bile usmerjene v odpravljanje neenakosti v zdravju v članicah EU z namenom, da bi ugotovili najbolj perspektivne strategije in področja delovanja. Oblikovanih je bilo osem priporočil, ki so prikazana v tabeli 1. Vključujejo vzpostavitev podpornega političnega okolja, oblikovanje regionalnih in lokalnih partnerstev za zdravje, uporabo pristopov, ki temeljijo na skupnosti, izboljšanje dostopnosti do zdravstvenih storitev, obravnavo migracij in okrepitev znanstveno dokazanih metod za odpravljanje neenakosti v zdravju s pomočjo krepitve zdravja. Ta področja se med seboj ne izključujejo, temveč se prekrivajo in dopolnjujejo. Priporočila politike so bila upoštevana tudi pri pripravi tega strateškega načrta.

Tabela 1: Priporočila za zmanjševanje neenakosti v zdravju s pomočjo krepitve zdravja

RAZVOJ POLITIKE – NACIONALNI CILJI GLEDE NEENAKOSTI V ZDRAVJU

- "Določiti in udejanjati relevantne nacionalne in regijske cilje na področju zdravja, vplivati na determinante zdravja za zmanjšanje neenakosti v zdravju."

RAZVOJ POLITIKE – VKLJUČITEV DETERMINANT ZDRAVJA V DRUGA PODROČJA POLITIKE

- "Vključiti determinante zdravja v druge politike na nacionalni, regijski in lokalni ravni za zmanjšanje neenakosti v zdravju (pomembnost medsektorske politike)."

RAZVOJ POLITIKE – UDEJSTVOVANJE NA LOKALNI RAVNI

- "Podpirati in vzpodbujati pristope razvoja skupnosti pri zmanjševanju neenakosti v zdravju."
- "Učinkovit razvoj skupnosti zahteva vključitev lokalnih služb, razvoj mulitdisciplinarnih skupin in lokalnih pristopov, dobro načrtovane ocene potreb v okviru danih možnosti, udejstvovanje skupnosti in partnerstev kot nepogrešljiv člen za trajne dosežke."

DOSTOP DO ZDRAVSTVENIH STORITEV

- "Zmanjšati ovire, povečati in zagotoviti koriščenje in dostop do učinkovitega zdravstvenega varstva in preventivnih storitev socialno šibkejšim in ranljivim skupinam (npr. migranti, mladina in otroci, starejši)."

OBLIKOVANJE IZHODIŠČ ZA ZNANSTVENO DOKAZANE METODE IN PRISTOPE – SPREMLJANJE

- "Podpirati nadaljnji razvoj kazalcev in sistemov spremljanja za oceno neenakosti v zdravju. Potrebno je pridobiti več podatkov za razkritje determinant zdravja (vedenje), kot so strukturni dejavniki in zdravstvena pismenost in ne le dejavnikov, ki vplivajo na umrljivost in obolevnost. Pri tem mora biti upoštevan družbeni sloj, spol, etnična pripadnost itd."
- "Vzpostavitev sodelovanja na evropski ravni za povečano primerljivost podatkov o neenakostih na področju zdravja in oblikovanje smernic za zbiranje podatkov."

OBLIKOVANJE IZHODIŠČ ZA ZNANSTVENO DOKAZANE METODE IN PRISTOPE – OCENA VPLIVOV ZDRAVJA

- "Vzpodbujati uporabo ocen o vplivu neenakosti v zdravju kot učinkovitega sredstva za zmanjševanje neenakosti v zdravju."

OBLIKOVANJE IZHODIŠČ ZA ZNANSTVENO DOKAZANE METODE IN PRISTOPE – VREDNOTENJE

- "Zagotoviti zadostna finančna sredstva in usposabljanje za vrednotenje z namenom, da se poglobi znanje o učinkovitem zmanjševanju neenakosti v zdravju."

OBLIKOVANJE IZHODIŠČ ZA ZNANSTVENO DOKAZANE METODE IN PRISTOPE – ŠIRITEV

- "Oblikovati in podpirati možnosti za širitev modelov dobre prakse, metodoloških pristopov, podkrepljenih s podatki, vključno z vrednotenjem, da se zmanjšajo neenakosti v zdravju (npr. vzpostaviti bazo podatkov za intervencije, ki so uspešno zmanjšale neenakosti v zdravju). "

Pričujoča strategija, katere namen je zmanjševanje neenakosti v zdravju, se osredotoča na prispevek krepitve zdravja k temu rastočemu problemu in ne obravnava ostalih vplivov na zdravje.

Krepitev zdravja lahko opredelimo kot proces, ki ljudem omogoča, da povečajo nadzor nad svojim zdravjem in ga izboljšajo. Okolje, ki spodbuja zdravo vedenje, omogoča, da se ljudje lažje odločijo za zdrav način življenja. Naloga celotne družbe, od posameznika do države, je, da ustvari takšno okolje.

Krepitev zdravja lahko pripomore k odpravljanju neenakosti v zdravju, saj razlike v zdravju med različnimi družbenimi skupinami niso le posledica različnega dostopa do zdravstvenih storitev, ampak jih je potrebno razlagati tudi z vidika vedenjskih in okoljskih dejavnikov. Razviti je mogoče učinkovite strategije krepitve zdravja, ki so posebej usmerjene na socialno-ekonomsko prikrajšane skupine in ki obsegajo več kot le zdravstveno izobraževanje ter prinašajo strukturne in organizacijske spremembe za ustvarjanje okolja, ki spodbuja zdravje ter prikrajšanim skupinam omogoča, da prevzamejo nadzor nad svojim zdravjem.

4

OKVIR STRATEŠKEGA NAČRTA

Pričujoči strateški načrt je izdelan v okviru projekta "Priprava strategije za zmanjšanje neenakosti v zdravju s pomočjo programov krepitve zdravja". Gre za dvostransko sodelovanje med Slovenijo, ki jo zastopa območni Zavod za zdravstveno varstvo Murska Sobota, in Belgijo, ki jo zastopa Flamski inštitut za krepitev zdravja. Namen projekta je izboljšati zmožnosti delavcev na področju krepitve zdravja v regiji, s pomočjo programov krepitve zdravja zmanjšati neenakosti v zdravju in ustvariti politično okolje, ki zmanjšuje družbene neenakosti. V ta namen je bil oblikovan in deloma tudi že izveden strateški načrt.

Strateški načrt je bil oblikovan za pomursko regijo v severovzhodni Sloveniji. Regija je razdeljena na 26 občin, župani sestavljajo Svet regije. Predstavniki občin, predstavniki zasebnega sektorja, regionalnih institucij, nevladnih organizacij ter romske skupnosti in madžarske narodnostne skupnosti sestavljajo regionalni razvojni svet. Strateški načrt za zmanjševanje neenakosti v zdravju v Pomurju je bil pripravljen za Svet regije, ki bo s sprejetjem načrta dal zeleno luč za njegovo vključitev v regionalni razvojni načrt 2007–2013. Strateški načrt hkrati predstavlja okvir in smernice za zdravstvene delavce v regiji o tem, kje bi bilo potrebno zmanjšati neenakosti v zdravju. To pa ne pomeni, da se bo izvajanje načrta začelo šele leta 2007. Nekatere dejavnosti so bile načrtovane za leto 2004 in so že bile izvedene.

Na nacionalni ravni lahko ta dokument služi kot primer za druge regije in za Ministrstvo za zdravje kot izhodišče za nacionalni program zdravstvenega varstva, ki bo prav tako vključeval poglavje o neenakostih v zdravju. Na mednarodni ravni pa je dokument lahko primer pristopa razvoja skupnosti (community development approach), ki obravnava neenakosti v zdravju, informativne in inovativne narave ter lahko predstavlja primer dobre prakse za druge regije.

5

METODA NAČRTOVANJA

Strateški načrt zahteva temeljite priprave in natančen postopek implementacije. Zaporedni koraki v postopku so bili analiza stanja in analiza SWOT o političnem okolju, izbira strategije, opravljena s pomočjo ožje projektne skupine, ki temelji na prispevkih delavcev na področju krepitve zdravja v regiji. V nadaljevanju so podrobneje opisani koraki pri načrtovanju.

5.1 ANALIZA STANJA

Prvi korak v postopku strateškega načrtovanja je analiza trenutnega stanja, ki vključuje oceno zdravstvenega stanja prebivalcev, izobraževalnega, ekološkega in političnega okolja. Ti podatki so povzeti v poročilu. Z dostopnimi podatki so bile opravljene primerjave na nacionalni in regionalni ravni.

Prav tako so bile uporabljene nekatere ocene in še neobjavljeni podatki. Za preiskavo zdravstvenega stanja smo uporabili okvir, v katerem zdravje ni opredeljeno samo z življenjskim slogom prebivalcev (prehranjevanje, poraba tobaka, alkohola in drog), koriščenjem zdravstvenih storitev, temveč tudi z drugimi dejavniki: socialno-ekonomski (dohodki, izobrazba), socialno-psihološki (samozadostnost, zaznava varnosti, itd.) in socialno-strukturni (socialne mreže, delo v skupinah). Sistematične variacije med temi dejavniki pri različnih socialno-ekonomskih skupinah so osnovni razlog za socialne neenakosti v zdravju. Preučevanje teh dejavnikov omogoča vpogled v neenakosti v zdravju v Sloveniji.

Za opis trenutnega stanja politik in strategij, ki se nanašajo na neenakosti v zdravju, so bile opravljene ocene trenutnega stanja vključevanja 8 priporočil. Ta priporočila temeljijo na dvoletnem evropskem raziskovalnem projektu "Zmanjševanje socialnih neenakosti v zdravju: Vloga krepitve zdravja", ki ga je izvedel Flamski inštitut za krepitev zdravja v sodelovanju z Evropsko mrežo agencij za krepitev zdravja (ENHPA). Glavni cilj je bil raziskati učinkovite strategije za krepitev zdravja, ki so posebej usmerjene na socialno-ekonomsko šibkejše skupine in služijo kot osnova za uskladitev politik in strategij za zmanjševanje neenakosti v zdravju preko politike krepitve zdravja. Rezultati so bili omejeni na skupek osmih soglasnih priporočil, s poudarkom na razvoju politike (določiti specifične cilje glede neenakosti v zdravju na nacionalni ravni, vključiti determinante zdravja v druge politike in podpirati pristope razvoja skupnosti - community development approach), dostopu do zdravstvenih in preventivnih storitev ter na oblikovanju izhodišč za podkrepitev s podatki (spremljanje, ocena vpliva zdravja, vrednotenje in širitev). Stanje političnega okolja v Sloveniji v zvezi s temi osmimi priporočili je opisano v poročilu.

Po prvem delu analize stanja, ki je zgolj opisna, se je pojavila potreba po nadaljnjih analizah, t. i. SWOT-analizah, kot metodah strateškega načrtovanja. SWOT je angleški akronim za prednosti, pomanjkljivosti, priložnosti in nevarnosti. Namen te analize je zagotoviti podatke o notranjih prednostih in pomanjkljivostih organizacije/sektorja v zvezi z zunanjimi priložnostmi in nevarnostmi, s katerimi se sooča.[9]

Najosnovnejše analize SWOT o priporočilih je izvedla ožja projektna skupina predstavnikov flamske in slovenske projektne skupine. Ožja projektna skupina je nato na podlagi prispevkov regijskih strokovnjakov izpeljala določene sklepe. Strokovnjaki so se osredotočili predvsem na načrtovanje izvedbe in izvedbo samo. Na podlagi začetne udeležbe strokovnjakov in njihovih posredovanih podatkov je ožja projektna skupina izbrala bistvena vprašanja in tako dejstva postavila v bolj abstrakten in strateški okvir.

Analiza SWOT je bila uporabljena za ugotovitev strateških vprašanj in akcijskih prednosti. V razpravi je ožja slovensko-flamska projektna skupina za izpopolnitev okvira za načrtovanje SWOT-analiz uporabila podatke iz poročila stanja, splošno znanje o političnem okolju in priporočilih. Ta shema se je po metodi Delphi dopolnila in preko elektronske pošte uskladila s strokovnjaki na nacionalni in regionalni ravni. Na ta način se je zagotovila podpora regije in vključitev dodatnih vsebin.

5.2 METODE DOLOČITVE SPLOŠNIH IN SPECIFIČNIH CILJEV

Na podlagi pridobljenih podatkov na delavnicah za pripravo analiz SWOT, so se določile ciljne skupine in strateške smernice. Slednje je ožja projektna skupina razdelila v namene in cilje. Preko elektronske pošte je bilo doseženo soglasje z drugimi partnerji. Za razlago postopka in pričakovanih rezultatov je bilo na tej stopnji potrebno opraviti individualna srečanja s partnerji.

Ko je bilo doseženo soglasje glede namenov in ciljev, je ožja projektna skupina nadaljevala delo z oblikovanjem specifičnih ciljev in aktivnosti kot način za uresničitev namenov. Pri tem so uporabili prispevke regijskih strokovnjakov.
Strateški načrt eksplicitno ne omenja prednostnih nalog splošnih ciljev, niti ne razlikuje med dolgoročnimi in kratkoročnimi cilji. Prednostne naloge bodo zastavljene šele takrat, ko bo strategijo odobril Svet regije in bo ta načrt vključen v regionalni razvojni načrt.

Dokončno izoblikovanje dokumenta je opravila slovensko-flamska ožja projektna skupina. Dokument je bil dopolnjen v skladu s povratnimi informacijami in priporočili strokovnega odbora projekta in partnerjev, ki so sodelovali pri pripravi dokumenta.

Končna različica dokumenta upošteva predlagane postopke in določa ciljne skupine, ki so bile ugotovljene v zgodnji fazi pisanja dokumenta.

VSEBINA STRATEGIJE

Namen v tej strategiji opisanega pripravljalnega postopka je s pomočjo krepitve zdravja zmanjšati medregijske in znotrajregijske neenakosti v zdravju v Pomurju. Ta strategija temelji na analizi trenutnega stanja in na prednostnih nalogah regije. Izvira iz splošnega cilja, ki je v nadaljevanju podrobneje opredeljen in razdeljen na 5 namenov. Pri vsakem namenu je podano izhodišče za oblikovanje namenov in ciljev. V nadaljevanju so določeni specifični cilji, aktivnosti in kazalci.

Za enotno razumevanje uporabljene terminologije bomo opredelili ključne besede.
SPLOŠNI CILJ je zelo splošen in širok opis želenih rezultatov.
NAMEN je natančneje opredeljen rezultat, npr. zdravstvene potrebe ali pravice ljudi.
CILJ je bolj konkretna opredelitev splošnega cilja in namena ter določa način v okviru katerega mora biti dosežen namen.
SPECIFIČNI CILJ je ožji od cilja, ima določene roke in je največkrat tudi merjen.
KAZALCI so izbrani za preverjanje doseganja cilja oziroma približevanja predhodno določenemu specifičnemu cilju.

SPLOŠNI CILJ: ZMANJŠEVANJE MEDREGIJSKIH IN ZNOTRAJREGIJSKIH NEENAKOSTI V ZDRAVJU V POMURJU

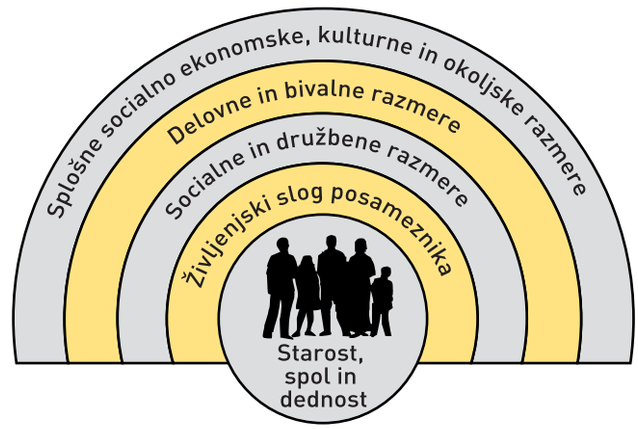
V Sloveniji lahko, kot je bilo že omenjeno, opazimo medregijske in znotrajregijske neenakosti v zdravju.

Medregijske neenakosti v zdravju se nanašajo na razlike v zdravstvenem stanju prebivalstva v različnih regijah. Tako lahko opazimo, da so prebivalci pomurske regije, v primerjavi s prebivalci osrednje Slovenije, ogrožena skupina na področju zdravja, kar se odraža v krajši pričakovani življenjski dobi kot v osrednji Sloveniji.

Znotrajregijske neenakosti v zdravju se pripisujejo razlikam v zdravstvenem stanju pomurskega prebivalstva. Primeri zdravstveno ogroženih skupin so osebe z nižjo izobrazbo, brezposelni, starejši, etnične manjšine. Gre za ogrožene skupine s povečanim tveganjem na področju zdravja. Naš cilj je dvigniti raven zdravstvenega stanja v regiji na raven osrednje Slovenije. To bomo dosegli s spodbujanjem prebivalcev regije, in še posebej ogroženih skupin znotraj regije, na poti k zdravemu življenjskemu slogu in zdravemu okolju.

NAMEN 1: POSTAVITI NEENAKOSTI V ZDRAVJU V SREDIŠČE POZORNOSTI SKUPNOSTI IN POSAMEZNIKA

Da bi lahko kakorkoli vplivali na neenakosti v zdravju, se morajo posamezniki in skupnost zavedati pomembnosti zdravja kot "stanja popolnega telesnega, duševnega in družbenega ugodja in ne le odsotnost bolezni ali slabosti"[10].



Slika 2: Determinante zdravja

Model zdravja prikazan na sliki 2[11], ki ga podpira SZO, prikazuje vpliv različnih dejavnikov na zdravje: genetski dejavniki, način življenja, makro socialno-ekonomski, kulturni in okoljski dejavniki ter socialna kohezija, ki pri tem igra ključno vlogo, še posebej pri ogroženih skupinah.

Zdravje je skupna odgovornost posameznikov, družin, skupnosti v celoti ter države. V regiji si zadnjih nekaj let prizadevamo doseči razumevanje zdravja kot razvojnega potenciala. Vlaganje v boljše zdravje bo namreč imelo vpliv na gospodarski potencial regije. Ozaveščenost prebivalstva o pomembnosti zdravja za blaginjo in razvoj regije je predpogoj za izvajanje konkretnih aktivnosti na področju zdravega življenjskega sloga in okolja. Naš namen je torej povečati zavest o pomenu zdravja za prebivalstvo in regijske dejavnike ter vključiti zdravje v politike in aktivnosti v drugih sektorjih.

Za natančen prikaz obstoječih neenakosti v zdravju in zdravstvenih potreb ter za nadaljnje delo na tem področju so na dokazih temelječi podatki.

CILJ 1.1

Povečati odgovornost regionalnih dejavnikov o neenakostih v zdravju v regiji ter pomembnosti zdravja za razvoj regije

Aktivnosti
- Vzpostaviti in vzdrževati komunikacijo z lokalnimi partnerji (politiki, zdravstveno zavarovanje, podjetniki, nevladne organizacije, mediji)
- Pripraviti in izvesti aktivnosti, ki povečujejo osveščenost o neenakostih na področju zdravja

Kazalci
- Število aktivnosti na področju ozaveščanja in komunikacije o zdravju

CILJ 1.2

Vključiti zdravje kot vrednoto v druge politike in regijsko odobrene programe iz drugih sektorjev

Specifični cilj 1: Zagotoviti, da regijski partnerji sprejmejo strategijo o zmanjševanju neenakosti v zdravju

Aktivnosti
- Predstavitev strategije regijskim partnerjem
- Lobiranje za sprejetje strategije na ravni regije

Kazalci
- Uradna potrditev strategije

Specifični cilj 2: Povečati vključenost zdravja v politikah, programih in aktivnostih drugih sektorjev

Aktivnosti
- Okrepiti medregijsko sodelovanje pri razvoju politik
- Pripraviti skupne medsektorske aktivnosti, projekte in programe
- Vključiti problematiko neenakosti v zdravju v regijski razvojni načrt

Kazalci
- Število skupnih aktivnosti, projektov in programov
- Število izpostavljenih problemov o neenakostih v zdravju v regijskem razvojnem načrtu

CILJ 1.3

Povečati osveščenost in odgovornost lokalnega prebivalstva za svoje zdravje in vzpodbujati njihovo vključevanje v lokalne aktivnosti

Aktivnosti
- Organizirati lokalne aktivnosti za krepitev zdravja
- Vzpodbuditi vključevanje lokalnih partnerjev in drugih v lokalne aktivnosti za promocijo zdravja

Kazalci
- Stopnja udeleženosti v lokalnih aktivnostih za krepitev zdravja

CILJ 1.4

Podpreti na dokazih temelječo zbirko podatkov o neenakostih v zdravju in krepitvi zdravja

Specifični cilj 1: Pospešiti razvoj zdravstvene statistike v zvezi z neenakostmi zdravja

Aktivnosti
- Lobirati za kazalce neenakosti v zdravju v nacionalnem in regionalnem poročilu o zdravju
- Izvajati periodične raziskave dejavnikov tveganja, ki so posledica načina življenja, za nenalezljive bolezni (NNB) pri odraslih

Kazalci
- Prisotnost kazalcev neenakosti v zdravju v nacionalnem in regionalnem poročilu o zdravju
- Poročilo o življenjskem slogu prebivalcev regije

Specifični cilj 2: Izboljšati uporabo podatkov o učinkovitosti intervencij za krepitev zdravja

Aktivnosti
- Lobiranje za nacionalno bazo podatkov o intervencijah za krepitev zdravja in njihovi učinkovitosti
- Lobirati za pospešeno raziskovanje na področju neenakosti v zdravju in krepitvi zdravja

Kazalci
- Vzpostavitev nacionalne baze podatkov
- Število raziskovalnih projektov o neenakostih v zdravju in krepitvi zdravja

NAMEN 2: POVEČATI ZMOŽNOST SKUPNOSTI (MREŽE)

Graditev in povečanje zmožnosti skupnosti je razvojno delo, ki krepi zmožnost skupnosti za oblikovanje struktur, sistemov, ljudi in spretnosti za vzpostavitev in uresničevanje ciljev ter razvijanje občutka pripadnosti skupnosti. Vključuje lahko usposabljanje, organizacijski in osebni razvoj ter načrtovanje sredstev na način, ki odseva načelo prenosa moči in odgovornosti na skupnost.

Zmožnost skupnosti lahko razdelimo na štiri področja, ki zajemajo glavne zmožnosti mreže za vključevanje in vzdrževanje razvojnega programa.

Ta štiri področja so:

1. **Mrežna partnerstva** - povezave med skupinami in organizacijami znotraj skupnosti ali mreže. Vključuje tako širino kot kakovost teh povezav.
2. **Prenos znanja in veščin** - razvoj, izmenjava in uporaba podatkov znotraj skupine in med skupinami ter organizacijami v okviru skupnosti ali mreže.
3. **Reševanje problematike** - zmožnost uporabe uveljavljenih metod.
4. **Infrastruktura** se nanaša na stopnjo vlaganja mrežnih skupin in organizacij v mreže. To vključuje tako materialne kot tudi nematerialne naložbe, kot so vlaganje v razvoj politike in protokola, družbeni kapital, človeški kapital in denarni kapital.

Izhodišče za razvoj skupnosti, usposabljanja in krepitev zdravja je načelo prenosa moči in odgovornosti na skupnost in uporabo obstoječih virov v regiji. Delo poteka s pomočjo učinkovite dejavnosti skupnosti pri določanju prednostnih nalog, pri odločanju, načrtovanju strategij in vključevanju le-teh, s ciljem, da se doseže boljše zdravstveno stanje prebivalcev regije. V ospredju tega procesa je načelo prenosa moči in odgovornosti na skupnost, lastništvo in nadzor nad prizadevanji in usmeritvami.

Izhodiščne ocene zmožnosti skupnosti dokazujejo, da v pomurski regiji visoke zmožnosti skupnosti že obstajajo. Vendar še vedno ostaja nekaj področij, ki bi jih bilo potrebno izboljšati, na primer vzpostavitev mreže, udeleženost skupnosti in prenos znanja v skupnosti. Naš namen je torej izboljšati zmožnost skupnosti. Povečana sposobnost skupnosti in prenos odgovornosti na posameznika bosta neposredno vplivala na zdravje in povečala sposobnost reševanja težav v skupnosti, kar bo imelo neposredni učinek na zdravje.

CILJ 2.1

Izboljšati zdravju podporno mrežo lokalnih institucij, nevladnih organizacij in posameznikov

Aktivnosti

- Identificirati potencialne člane mreže
- Ugotoviti skupni interes in tako spodbuditi morebitne člane za sodelovanje v mreži
- Zagotoviti znanje članov mreže o krepitvi zdravja kot načinu za boljše zdravje
- Zagotoviti upravljanje mreže

Kazalci

- Število članov mreže
- Število aktivnih članov mreže, vključenih v medsektorske aktivnosti in programe

CILJ 2.2

Spodbuditi skupnost, da sodeluje v procesu odločanja

Aktivnosti

- Lobiranje za sodelovanje pri odločanju
- Usposobiti oblikovalce politik, da bodo že v zgodnji fazi postopka oblikovanja predlogov vključili javnost

Kazalci

- Število udeležencev v usposabljanju
- Ugotovljena sprememba udeleženosti v postopku odločanja

CILJ 2.3

Spodbuditi uporabo obstoječih virov skupnosti za blaginjo njenih prebivalcev

Aktivnosti

- Izdelati pristop za identifikacijo virov v skupnosti
- Pripraviti pregled virov skupnosti

Kazalci

- Možen pristop
- Število identificiranih virov

CILJ 2.4

Izboljšati zmožnosti zdravstvenih delavcev in sodelavcev na področju krepitve zdravja

Specifični cilj 1: Povečati zmožnost javno – zdravstvenih delavcev pri krepitvi zdravja

Aktivnosti
- Zagotoviti strokovno izobraževanje in usposabljanje na temo varovanja in krepitve zdravja
- Zagotoviti preprost dostop do strokovne literature o krepitvi zdravja
- Usposobiti zdravstvene delavce za uporabo metodologije vrednotenja

Kazalci
- Število vključenih v usposabljanje in izobraževanje
- Ugotovljeno pridobljeno znanje o krepitvi zdravja
- Število ocen učinkov programov

Specifični cilj 2: Izboljšati zmožnosti članov in sodelavcev podporne mreže na področju krepitve zdravja

Aktivnosti
- Zagotoviti osnovno znanje o konceptih krepitve zdravja
- Nuditi izobraževanje o osnovah vrednotenja članom in sodelavcem podporne mreže

Kazalci
- Pridobljeno znanje o konceptih krepitve zdravja in ocena

NAMEN 3: ZMANJŠATI MEDREGIJSKE NEENAKOSTI V ZDRAVJU S POMOČJO AKTIVNOSTI KREPITVE ZDRAVJA

Prebivalci pomurske regije so v primerjavi s prebivalci osrednje Slovenije ogrožena skupina. Očitno je, da so razlike v zdravstvenem stanju med regijami sorazmerne kazalcem revščine. Indeks človekovega razvoja se giblje med 0,851 na zahodu države in 0,819 na vzhodu države, in tako jasno odraža geografsko razporejen model javne blaginje v Sloveniji.

V pričujočem načrtu ne nameravamo iskati razlage medregijskih razlik v zdravju, kot je na primer različna gospodarska razvitost, temveč želimo izpostaviti prispevek politike krepitve zdravja k zmanjševanju neenakosti v zdravju.
Krepitev zdravja je proces usposabljanja ljudi, da bodo v večji meri prevzeli odgovornost za svoje zdravje in ga izboljšali. Za dosego stanja popolnega telesnega, duševnega in družbenega ugodja, morajo biti posamezniki in skupine sposobni zadovoljiti svoje potrebe in spremeniti oziroma si prilagoditi okolje. Koncept t. i. pozitivnega zdravja poudarja družbene in osebne vire ter telesne zmogljivosti posameznika. Krepitev zdravja ni zgolj odgovornost zdravstvenega sektorja, temveč obsega tudi zdrav življenjski slog, blaginjo itd. Varovanje in krepitev zdravja ter preprečevanje bolezni lahko zmanjša stroške zdravstvenih storitev.

Ugotovitve mnogih epidemioloških študij so pokazale, da nenalezljive bolezni (NNB) izvirajo iz nezdravega življenjskega sloga ali škodljivega naravnega in družbenega okolja. Determinante zdravja, ki se nanašajo na način življenja (kajenje, prekomerno uživanje alkohola in nezdrava prehrana), so večdimenzionalne. Te determinante so vzrok za številne zdravstvene težave. Prehrana in telesna dejavnost sta ključni za zdravje in za preprečevanje bolezni. Med boleznimi, ki so povezane z nezdravo prehrano in telesno neaktivnostjo, spadajo bolezni srca in ožilja, sladkorna bolezen tipa 2, povišan krvni tlak, osteoporoza in določene oblike raka. Raziskave so pokazale, da imajo Pomurci najbolj nezdravo prehrano v Sloveniji. S pričujočim načrtom nameravamo izboljšati tudi prehranjevalne navade in telesno aktivnost pomurskega prebivalstva.

CILJ 3.1

Spodbujati zdrav način življenja

Prehrana in telesna dejavnost sta ključna za zdravje in za preprečevanje bolezni. Med boleznimi, ki so povezane s slabo prehrano in telesno neaktivnostjo, spadajo bolezni srca in ožilja, sladkorna bolezen tipa 2, povišan krvni tlak, osteoporoza in določene oblike raka. Raziskave so pokazale, da imajo Pomurci najbolj nezdravo prehrano v Sloveniji. S tem načrtom torej nameravamo izboljšati prehranjevalne navade in telesno aktivnost pomurskega prebivalstva.

Specifični cilj 1: Spodbujati zdravo prehranjevanje

Aktivnosti
- Zagotoviti znanje in izpopolniti veščine glede zdravega prehranjevanja
- Spodbuditi izbiro zdravih živil in razviti podporno okolje

Kazalci
- Pridobljeno znanje in veščine udeležencev na delavnicah
- Poročilo o razvoju oskrbe z zdravo hrano

Specifični cilj 2: Povečati vsakodnevno zmerno telesno dejavnost

Aktivnosti
- Nuditi znanje in veščine za izvajanje telesne dejavnosti
- Izvajati organizirane telesne dejavnosti v skupinah
- Vključiti telesno dejavnost v razne dogodke

Kazalci
- Stopnja znanja in veščine udeležencev v telesnih dejavnostih
- Število organiziranih telesnih dejavnosti v skupinah

Uživanje legalnih ali nelegalnih drog lahko povzroči telesno in duševno škodo posamezniku kot tudi njegovi družini in širši skupnosti. Kajenje predstavlja tveganje za srčne bolezni, infarkt in rak, hkrati pa pasivno kajenje predstavlja tveganje tudi za zdravje nekadilcev. Kajenje je edini vzrok za prezgodnjo umrljivost in obolevnost, ki ga lahko učinkovito preprečimo. Uživanje alkohola je zelo razširjeno in pogosto povezano s praznovanji in celo kulturnimi prireditvami. Zloraba alkohola je povezana z razvojem številnih bolezni, npr. bolezni srca in ožilja, bolezni jeter, nekatere oblike raka, vnetja trebušne slinavke in želodca ter nekatere duševne bolezni in poškodbe.

Specifični cilj 3: Spodbuditi razvoj pozitivnih stališč do nekajenja, oblikovati priporočila za omejitev uživanja alkohola in ostalih drog med mladimi

Aktivnosti
- Zagotoviti izobraževanje o zdravstvenih, družbenih in pravnih posledicah ter tveganjih zlorabe tobaka, alkohola in drog
- Spodbuditi pozitivno podobo o življenju brez zasvojenosti

Kazalci
- Boljše znanje o posledicah zlorabe drog

Nezgode so zelo pogoste in lahko imajo težke posledice za osebe vseh starosti. V Pomurju je število nezgod v domačem okolju (na kmetijah) in število prometnih nezgod visoko. Veliko prometnih nezgod je povezanih z uživanjem alkohola, zato bomo spodbujali varno vožnjo.

Specifični cilj 4: Spodbujati varno vožnjo in varnost v prometu

Aktivnosti
- Spodbujati popolno treznost za volanom
- Spodbujati spoštovanje hitrostnih omejitev
- Spodbujati uporabo varnostnih pasov in zaščitnih čelad

Kazalci
- Število programov
- Število udeležencev v programih
- Medijska pokritost

Specifični cilj 5: Spodbujati okolje, ki podpira zdrav in varen življenjski slog

Aktivnosti
- Spodbujati uporabo varnostne opreme
- Podpirati programe drugih sektorjev za varno upravljanje z gospodinjskimi napravami in kmetijskimi stroji ter orodji

Kazalci
- Število partnerskih organizacij, vključenih v preverjanje varnosti starejših v njihovem domačem okolju (na domu)
- Število medsektorskih programov o varnosti in zdravju starejših

CILJ 3.2
Povečati socialno blaginjo prebivalstva in posameznikov

Poleg zdravega načina življenja, ki je povezan tudi z duševnim zdravjem, si prizadevamo tudi za krepitev duševnega zdravja, ki je sposobnost posameznika ali skupin, da si nudijo čustveno podporo, ki vpliva na zaznavo zadovoljenosti lastnih potreb, pozitivno pripomore k posameznikovi socialni identiteti in samovrednotenju. Ker preko raznih fizioloških procesov (nevroendokrinega odgovora) vpliva na telesno delovanje, je osnovnega pomena za telesno zdravje. Duševno zdravje je torej eden izmed ključnih elementov zdravja in kakovosti življenja.

Duševne težave so zelo pogoste in so povezane z visoko stopnjo stisk in obolevnosti. Ljudje z duševnimi težavami so žal v družbi še pogosto stigmatizirani. Duševno stanje dojenčkov, otrok in mladih je tesno povezano z njihovim telesnim in splošnim zdravjem ter njihovo sposobnostjo izkoristiti možnosti izobraževanja in navezovanja stikov. Duševne težave ali pomanjkanje čustvenega ugodja prizadene otrokov razvoj in lahko pusti posledice tudi v odraslem obdobju.
Pozitivno duševno zdravje dosežemo z učenjem veščin za spoprijemanje s težavami, izboljševanjem zmožnosti za obvladovanje stresa, razvijanjem socialnih mrež in zagotavljanjem državljanskih pravic, kjer se enakovredno obravnava vsakega posameznika. Široka in spodbudna

mreža prijateljev, družine in sosedov ter udeleženost in zaupanje v skupnost izboljša zdravje in blaginjo.

Posebna pozornost je namenjena tudi problematiki stresa. Stres je medsebojno vplivanje dejavnikov vključno s telesnimi in duševnimi odzivi na zaznavo okolja. Če je stres dolgotrajen, premočan ali presega človekovo zmožnost obvladovanja stresa, lahko pride do raznih učinkov, od strahu do resnih zdravstvenih težav. Stres lahko zmanjšamo s pomočjo individualnega obravnavanja stresa, vključno z odstranitvijo vzroka stresa, izboljšanjem obvladovalnih veščin ter učinkovito in dostopno podporno mrežo.

Posebna pozornost je namenjena tudi duševnemu zdravju otrok. Otroštvo in adolescenca sta občutljivi obdobji, v katerih pride do največjih telesnih, duševnih in socialnih sprememb. Šola je ključni socializacijski dejavnik v tem obdobju in je pravi kraj za razvijanje socialnih veščin, ki so osnova za obvladovanje stresa in ustvarjanja spodbudnega okolja.

Specifični cilj 1: Povečati blaginjo v skupnosti

Aktivnosti
- Pripraviti aktivnosti za izboljšanje družbenih stikov in spodbujati socialno integracijo
- Pripraviti delavnice za učenje veščin reševanja problemov in spoprijemanja s težavami
- Povečati ozaveščenost o duševnih težavah, da bi tako zmanjšali tovrstno stigmatizacijo
- Spodbujati in pripraviti aktivnosti zmanjševanja stresa med prebivalstvom
- Podpirati usposabljanja delavcev za zmanjševanje stresa

Kazalci
- Stopnja udeležbe v družbenih aktivnostih na lokalni ravni
- Stopnja znanja in veščin reševanja težav
- Stopnja znanja in veščin udeležencev glede prepoznavanja in obvladovanja stresa
- Povečana dostopnost do programov za zmanjševanje stresa
- Število podjetij, ki so vpeljale programe za obvladovanje stresa

Specifični cilj 2: Izboljšati socialno vzdušje v šolah

Aktivnosti
- Spodbujati vključevanje šolarjev v dodatne učne dejavnosti na šolah in skupnosti za spodbujanje pozitivnega šolskega okolja
- Spodbujati razvijanje komunikacijskih veščin mladih (pozitivna samopodoba, medosebna komunikacija, zoperstavitev pritiskom okolja)

Kazalci
- Stopnja vključenosti učencev v dodatne učne dejavnosti
- Obseg izvedenih aktivnosti
- Število sodelujočih šol in učencev

CILJ 3.3
Povečati zgodnje odkrivanje KNB

Zgodnje odkrivanje KNB (kroničnih nenalezljivih bolezni) in ustrezno ukrepanje lahko zmanjšata negativne učinke bolezni. Naš namen je spodbujati tudi osebe iz ogroženih skupin, da se bodo udeleževale rednih preventivnih pregledov (presejanje) in da bodo znale poiskati ustrezno pomoč.

Specifični cilj 1: Izobraziti prebivalstvo za zgodnjo prepoznavo bolezenskih znakov in ustrezno ukrepanje

Aktivnosti
- Posredovati prilagojene informacije o zgodnjih simptomih bolezni in nazorne in ciljnim skupinam
- Spodbujati ljudi, da bodo nasvete poiskali že v zgodnji fazi pojavljanja simptomov

Kazalci
- Večje število zgodaj odkritih KNB

Specifični cilj 2: Povečati koriščenje storitev za zgodnje ugotavljanje bolezni

Aktivnosti
- Zagotoviti informacije o prednostih zgodnjega ugotavljanja bolezni
- Organizirati redne preventivne preglede in aktivno vabiti člane ogroženih skupin na tovrstne preglede

Kazalci
- Večja uporaba preventivnih storitev
- Povečano število ugotovljenih primerov KNB

NAMEN 4: ZMANJŠATI ZNOTRAJREGIJSKE NEENAKOSTI V ZDRAVJU S PODPIRANJEM RANLJIVIH SKUPIN

Prebivalce pomurske regije sicer lahko na splošno označimo kot ogroženo skupino na področju zdravja, vendar pa obstajajo tudi znotraj te skupine razlike v zdravstvenem stanju in socialni vključenosti. Ljudje imajo v različnih življenjskih obdobjih, ko so bolj ranljivi in potrebujejo posebno nego, različne potrebe, ki so odvisne od starosti in življenjskih okoliščin. Veliko pripadnikov manjšine in etničnih skupin je socialno izključenih, kar pomembno vpliva na neenakosti v zdravju. Dejavniki, kot so revščina, slabe stanovanjske razmere, brezposelnost, nizka izobrazba, denarna stiska neposredno škodujejo zdravju ali posredno z zdravju škodljivim vedenjem.

S prepoznavanjem in ugotavljanjem različnih potreb prebivalstva si prizadevamo za družbeno stabilno pravično ter trdno skupnost in regijo. Naš namen je zmanjšati znotrajregijske neenakosti v zdravju s pomočjo spodbujanja zdravega vedenja preko zdravstveno preventivnih programov, posebej prilagojenih ciljni skupini. Včasih lahko boljše zdravstveno stanje ciljne skupine dosežemo že s splošno podporo, ki je usmerjena na temeljne vzroke razlik v zdravju, kot je na primer socialna izključenost.

Ciljne skupine, ki so na prednostnem seznamu tega regionalnega načrta, so: otroci in matere, osipniki, brezposelni, osebe s posebnimi potrebami, starejši in ljudje različnih etničnih skupin.

Podpirati matere in otroke

Zdravje v otroštvu v veliki meri pogojuje zdravje v odraslem obdobju. Zato je toliko bolj pomembno, da se skrb za otrokovo zdravje začne že v nosečnosti in se nadaljuje v otroštvu in adolescenci. Zdrav način življenja in zdravo okolje so ključnega pomena za dobro zdravstveno stanje.

Pravilna in ustrezna prehrana je tesno povezana z optimalnim razvojem, dobrimi učnimi rezultati in zdravjem skozi vsa življenjska obdobja ter prispeva k ekonomski in družbeni blaginji skupnosti. Dokazano je, da slaba prehrana, še posebej med razvojem zarodka, ne prizadene samo rasti in razvoja otroka, temveč poveča tveganje za debelost, sladkorno bolezen tipa 2 in krvožilne bolezni. Dojenje in materino mleko kot edina prehrana do 6. meseca starosti je najboljši začetek za otroka in pomeni naložbo v novorojenčkovo zdravje. Prva leta otrokovega življenja so bistvenega pomena za vzpostavljanje prehranskih navad in odnosa do hrane.

Nizka porodna teža in nizka gestacijska starost sta povezana z aktivnim kajenjem med nosečnostjo. Zakajeno okolje pri otrocih poveča tveganje za razvoj bolezni dihal in sindroma nenadne smrti dojenčka. Zato je naš namen povečati koriščenje predporodnih storitev s strani ogroženih skupin, spodbuditi zdravo prehrano in okolje brez cigaretnega dima.

CILJ 4.1

Povečati zgodnjo udeležbo na preventivnih pregledih v nosečnosti pri nosečnicah iz različnih ogroženih skupin (Romkinje, samske matere, ženske iz socialno prikrajšanega okolja itd.)

Aktivnosti

- Nuditi znanje o pomembnosti preventivnih pregledov v nosečnosti
- Nuditi znanje o njihovih pravicah do koriščenja preventivnih pregledov v nosečnosti

Kazalci

- Sprememba stopnje koriščenja preventivnih pregledov v nosečnosti

CILJ 4.2

Spodbujati nosečnost brez kajenja in otroško okolje brez cigaretnega dima

Aktivnosti

- Podpirati programe za prenehanje kajenja med nosečnostjo v primarnem zdravstvenem varstvu in zagotoviti osebno svetovanje
- Obveščati o škodljivosti kajenja in pasivnega kajenja med nosečnostjo in v otroštvu

Kazalci

- Obseg programov za prenehanje kajenja
- Stopnja ozaveščenosti o škodljivosti kajenja

CILJ 4.3
Spodbuditi zdravo prehranjevanje nosečnic in otrok

Specifični cilj 1: Spodbujati zdravo prehranjevanje v domačem okolju

Aktivnosti
- Obveščati o prednostih dojenja do otrokovega šestega meseca starosti
- Motivirati in izobraziti zdravstvene delavce, druge zdravstvene delavce in delavce na področju otroškega varstva, da bodo spodbujali zdravo prehrano mater

Kazalci
- Povečanje števila dojenih otrok v starosti od 3. do 6. meseca starosti
- Število zdravstvenih delavcev in delavcev na področju otroškega varstva, ki so se vključili v programe zdrave prehrane

Specifični cilj 2: Povečati ponudbo zdrave prehrane v šolah in drugih javnih institucijah

Aktivnosti
- Podpirati vključitev standardov zdrave prehrane v šole, vrtce in druge izobraževalne ustanove v regiji
- Spodbujati pristop šole do zdravega prehranjevanja
- Usposobiti učitelje in organizatorje prehrane o zdravi prehrani

Kazalci
- Število institucij, ki uporabljajo standarde zdrave prehrane
- Število šol, ki so sodelovale pri izvajanju promocije zdravega prehranjevanja v šolah
- Število udeležencev v usposabljanju

Podpirati osipnike

Vsako leto nekaj mladih iz različnih razlogov (slabi učni rezultati, spor z učiteljem, izostajanje od pouka, zdravstvene težave, težave v družini) opusti šolanje in imajo status brezposelne osebe. Ti mladi med 15. in 25. letom starosti imajo neuresničljiva pričakovanja o delu in možnostih zaposlitve ter neustrezne načrte za poklicno prihodnost.

Ti dejavniki pogosto vodijo do socialne izključenosti mladih ljudi, marginalizacije in tudi do agresivnega vedenja. Tako se osipniki pogosto soočajo z medsebojno povezanimi težavami in negativno samopodobo, kar lahko vodi tudi do razvoja duševnih motenj. Naš namen je izboljšati samopodobo in socialne veščine osipnikov ter s tem povečati njihovo sposobnost socialnega vključevanja.

CILJ 4.4
Izboljšati samopodobo in zdrav življenjski slog osipnikov

Aktivnosti
- Spodbujati partnerstva za izvajanje medsektorskih programov za osipnike
- Izdelati ustrezen program usposabljanja za krepitev pozitivne samopodobe in zdravega ravnanja
- Izvesti program usposabljanja

Kazalci
- Vzpostavitev programa usposabljanja
- Število udeležencev v usposabljanju
- Raven samopodobe po usposabljanju

Podpora brezposelnim osebam

Stopnja brezposelnosti v pomurski regiji znaša 17 %, kar je visoko nad državnim povprečjem. Pri brezposelnih osebah lahko opazimo nižjo stopnjo socialne vključenosti in družbenih stikov ter manj zdrav življenjski slog. Dolgotrajna brezposelnost je povezana z večjo stopnjo depresije ter nižjo stopnjo samospoštovanja. Stopnja tveganja za samomor je pri ljudeh, ki so izgubili službo, skoraj dvojna. Izguba dohodka je glavni vzrok za stres in lahko prizadene zdravje in samovrednotenje te osebe, njegove družine ter širše skupnosti. Naš namen je izboljšati komunikacijske veščine brezposelnih oseb ter jim tako olajšati pot pri iskanju spodbudnih družabnih stikov in izbiri zdravega vedenja.

CILJ 4.5
Izboljšati veščine brezposelnih

Aktivnosti
- Usposabljanje na področju razvijanja komunikacijskih veščin
- Pripraviti delavnice za izboljšanje znanja in veščin o zdravem načinu življenja
- Pripraviti delavnice na temo obvladovanja stresa
- Podpirati skupine za samopomoč brezposelnim s ciljem, da bi izboljšali veščine sporazumevanja in obvladovanja stresa

Kazalci
- Število udeležencev na usposabljanju in delavnicah
- Stopnja znanja o zdravem vedenju
- Dostopnost skupin samopomoči

Podpora starejšim osebam

Zaradi podpovprečnega števila rojstev in nadpovprečne

stopnje umrljivosti smo v zadnjih 20ih letih v regiji zabeležili negativni naravni prirastek. Na državni ravni je negativen od leta 1997. Število prebivalcev v pomurski regiji se je tako zmanjšalo za 6 %, medtem ko ostaja število prebivalcev Slovenije skoraj nespremenjeno zadnjih 20 let. V regiji je več starejših (65+) kot mladih ljudi (pod 15. letom starosti). Prav zato je pomembno, da tudi ta skupina v večji meri sodeluje v skupnosti.

Mlajši odrasli iz urbanih središč v regiji odidejo od doma, zapustijo starše in si ustvarijo lastno družino. Starejši tako pogosto ostanejo sami ali odidejo v domove za starejše. Družine na podeželju po tradiciji skrbijo za svoje starejše družinske člane, ki ostanejo in živijo doma. Ekonomsko šibkejše družine največkrat nimajo zadostnih sredstev za plačevanje specializirane nege v domu za starejše. Na drugi strani pa veliko težavo predstavlja tudi pomanjkanje mest v domovih za starejše in nezadostne dostopnosti in strokovnosti nege na domu. Zato se je pojavilo večje povpraševanje po negi na domu. Naš namen je usposobiti ljudi v domačem okolju za domačo nego. Bivanje v domačem okolju s primerno domačo nego lahko pozitivno vpliva na kakovost življenja, družbene odnose in spodbuja mobilnost ter varno življenjsko okolje starejših ljudi.

CILJ 4.6

Spodbujati družabne stike, mobilnost in samostojnost starejših

Specifični cilj 1: Spodbujati sodelovanje starejših v skupnosti

Aktivnosti
- Izdelati programe za usposobitev starejših za polno sodelovanje v skupnostih
- Izvajati te programe
- Spodbuditi nevladne organizacije za sodelovanje pri programih

Kazalci
- Število programov, ki podpirajo sodelovanje starejših
- Število vključenih nevladnih organizacij
- Število vključenih starejših

Specifični cilj 2: Povečati zmožnosti družinskih članov in prijateljev za izvajanje nege na domu

Aktivnosti
- Organizirati programe usposabljanja o negi na domu za družinske člane in prijatelje

Kazalci
- Število udeležencev v usposabljanju
- Stopnja znanja in veščine udeležencev

Specifični cilj 3: Podpirati varno bivalno okolje

Aktivnosti
- Zagotoviti znanje in izpopolniti veščine o varnih stanovanjskih pogojih
- Ustanoviti partnerstva za izvajanje preverjanja varnosti na domu starejših ljudi

Kazalci
- Stopnja znanja in veščin udeležencev usposabljanja
- Število partnerstev vključenih v izvajanje preverjanja varnosti na domu starejših ljudi

Podpirati ljudi s posebnimi potrebami

Za ustrezne pogoje dela, socialno varnost in zdravstveno oskrbo ljudi s posebnimi potrebami je sicer pravno poskrbljeno, vendar se pogosto pojavijo razne ovire za dostop do teh storitev. Pogosto se te osebe žal soočajo tudi z zaznamovanostjo, kar vpliva tudi na nižjo stopnjo socialne vključenosti.

Zaradi posebnih potreb in razmeroma majhnega števila so osebe s posebnimi potrebami posebna ciljna skupina v okviru preventivnih zdravstvenih dejavnosti pogosto zapostavljeni. Naš namen je oblikovanje njim prilagojenih programov s posebnimi metodami.

CILJ 4.7

Podpirati varovanje in krepitev zdravja oseb s posebnimi potrebami

Specifični cilj: Spodbujati zdravo življenje oseb s posebnimi potrebami

Aktivnosti
- Izdelati ustrezne pristope, metode in programe o krepitvi zdravja za osebe s posebnimi potrebami
- Izvajati programe

Kazalci
- Obseg sprejetih promocijskih aktivnosti

Podpirati manjšine in etnične skupine

V Sloveniji živi več kot 6.000 Madžarov, največ v pomurski regiji. V tej regiji prav tako živi okrog 4.000 Romov. V obeh skupinah opažamo jezikovne ovire in drugačno kulturno ozadje, kar lahko vodi do socialne izključenosti in slabšega zdravstvenega stanja.

Vsaka kultura ima svoje vrednote in norme, ki posredno ali neposredno usmerjajo ravnanje in vedenje. Ključ do medkulturne krepitve zdravja je razumevanje vrednot drugih kultur in njihovega vpliva na zdravje. Na podlagi pristopa, ki vključuje aktivno vlogo skupnosti bomo v programe krepitve zdravja vključili madžarsko manjšino in romsko skupnost in tako izboljšali kakovost življenja v teh dveh skupnostih. Skupnosti načeloma določijo ključne razvojne izzive in predlagajo aktivnosti za reševanje posameznih vprašanj. Te aktivnosti nato pomenijo osnovno podlago za lokalne, regionalne in nacionalne programe. Tak pristop namenja posebno pozornost marginaliziranim skupinam znotraj skupnosti, vključno z ženskami. Vendar pa ne izključuje drugih strani. Prenos odgovornosti in pristojnosti na skupnost je cikličen in vzajemen proces, v okviru katerega se pripadniki skupnosti združujejo v formalne ali neformalne skupine, kjer si izmenjujejo znanja in izkušnje ter zastavijo skupne cilje. Gre za proces, ki temelji na štirih ključnih načelih: gospodarske priložnosti, trajnega razvoja, na skupnosti temelječe partnerstvo in strateško predvidevanje sprememb.

Pri madžarski manjšini si prizadevamo premagati jezikovne ovire pri izvajanju aktivnosti krepitve zdravja. Za romsko skupnost bo potrebno uporabiti pristop prenosa odgovornosti in poiskati rešitve za njihove zdravstvene probleme. Na ta način bomo identificirali zdravstvene probleme s katerimi se soočajo in oblikovali posebej prilagojene programe.

CILJ 4.8

Spodbuditi razvoj bolj zdravega življenjskega sloga manjšin in etničnih skupin

Specifični cilj 1: Omogočiti madžarski manjšini izvajanje aktivnosti za krepitev zdravja v madžarskem jeziku

Aktivnosti
- Zagotoviti izvajanje aktivnosti krepitve zdravja v madžarskem jeziku
- Izdelati propagandni material v madžarskem jeziku
- Zagotoviti medijsko podporo aktivnostim za krepitev zdravja v madžarskem jeziku

Kazalci
- Obseg aktivnosti krepitve zdravja v madžarskem jeziku
- Razdeljevanje tiskovin v madžarskem jeziku
- Medijska pokritost programov krepitve zdravja v madžarskem jeziku

Specifični cilj 2: Spodbuditi romsko skupnost k sodelovanju pri obravnavi posamezne zdravstvene problematike s pomočjo pristopa prenosa odgovornosti

Aktivnosti
- Vzpostaviti trajno aktivno partnerstvo z romsko skupnostjo
- Uporabiti pristop prenosa odgovornosti za spodbuditev romskega prebivalstva k sodelovanju

Kazalci
- Stopnja partnerstva z romsko skupnostjo

Specifični cilj 3: Identifikacija zdravstvenih potreb romske skupnosti

Aktivnosti
- Oblikovati in izvesti raziskave o načinu življenja, ki bodo periodično ponovljene
- Usposabljati romsko skupnost, da bi sami identificirali svoje potrebe

Kazalci
- Poročilo o načinu življenja
- Zdravstveno stanje romske skupnosti

Specifični cilj 4: Povečati stopnjo kulturno ustrezne politike krepitve zdravja za romsko skupnost

Aktivnosti
- Izdelati programe krepitve zdravja za romsko skupnost in Rome pritegniti k aktivnemu sodelovanju
- Izvesti programe krepitve zdravja za Rome

Kazalci
- Izdelani kulturno primerni program krepitve zdravja
- Število izvedenih programov

Specifični cilj 5: Povečati udeležbo pri programih preventivne zdravstvene oskrbe med Romi

Aktivnosti
- Vključiti preventivne zdravstvene storitve v programe za krepitev zdravja za Rome
- Usposabljati zdravstvene delavce iz preprečevalne dejavnosti za delo z Romi

Kazalci
- Število udeležencev v usposabljanju
- Ocenjena sprememba stopnje koriščenja preventivne zdravstvene storitve med Romi

NAMEN 5: ČISTO IN ZDRAVO NARAVNO OKOLJE

Naravno okolje v veliki meri vpliva na zdravje. To pa ne vključuje samo študije o neposrednih patoloških učinkih različnih kemičnih, naravnih in bioloških dejavnikov, ampak tudi učinke širšega naravnega in družbenega okolja, vključno s stanovanjsko politiko, urbanim razvojem, prostorskim načrtovanjem, transportnim sistemom, industrijo in kmetijstvom, na zdravje.[12] V zadnjih desetletjih zavest, da moramo spoštovati in varovati ter skrbeti za zdravje širšega okolja.

V Sloveniji je bilo obdobje 1997 – 2000 zaznamovano z najbolj kritično stopnjo onesnaženosti podtalnice s pesticidi in nitrati. V tem obdobju so se vodni viri v severovzhodni Sloveniji, vključno s Pomurjem, soočili z največjo onesnaženostjo z nitrati.

Podatki kažejo, da se v Sloveniji vsako leto ustvari za okrog 450 kg komunalnih odpadkov na prebivalca. Delež prebivalstva, ki je vključen v javno mrežo ali redno zbiranje in odvažanje odpadkov, stalno narašča in se je leta 2001 dvignil nad 93 %. 70 % javnih podjetij za komunalne storitve ima ločeno zbirališče odpadkov. Pri ozaveščanju o okolju prijaznem načinu življenja pa je potrebno opraviti še veliko dela. Tako prebivalce kot oblikovalce politik je potrebno spodbujati k izbiranju in podpiranju okolju prijaznih možnosti.

CILJ 5.1
Spodbujati pozitiven odnos ljudi do naravnega okolja

Aktivnosti
- Zagotoviti znanje o zdravem okolju, da bi povečali zavest prebivalstva o vplivu okolja na življenja ljudi
- Razviti programe za preprečevanje človekovega onesnaževanja okolja
- Izvedba programov
- Organizirati aktivnosti za spodbuditev ljudi, da bi uporabljali okolju prijazne ukrepe in izbirali okolju prijazne možnosti
- Zagotoviti medijsko podporo aktivnostim

Kazalci
- Obseg sporočil o zdravem okolju
- Število izvedenih programov o preprečevanju onesnaževanja
- Število aktivnosti izbiranja okolju prijaznih možnosti
- Medijska pokritost dejavnosti

CILJ 5.2
Spodbuditi okolju prijazne politike na lokalni ravni

Aktivnosti
- Zagotoviti znanje in izpopolniti veščine lokalnih partnerjev za oblikovanje okolju prijaznih politik
- Lobiranje za okolju prijazne politike

Kazalci
- Število okolju prijaznih politik

ZAKLJUČEK

Pričujoča strategija predstavlja večje možnosti za zmanjševanje neenakosti v zdravju v Pomurju. Načrt strategije temelji na kombinaciji priporočil politike za zmanjševanje neenakosti v zdravju iz izsledkov raziskav in prispevkov zdravstvenih delavcev in sodelavcev v regiji. Vsebina načrta je postavljena v regionalno okolje in zato daje boljši vpogled v dejansko stanje. V naslednji fazi ga mora sprejeti koordinacija pomurskih županov in ga uporabiti v regionalnem razvojnem načrtu 2007 – 2013. V tem procesu bodo določene prednostne naloge.

Vendar smo že pred sprejetjem strategije izpeljali določene aktivnosti: na primer usposabljanje za pridobitev veščin za nego starejših na domu in program spoprijemanja s težavami za osipnike. Te aktivnosti dokazujejo, da je načrt možno izvesti.

Strateški načrt ima velik pomen za regijo in predstavlja dober primer sodelovanja na regionalni ravni. Izkušnje se lahko ob prilagoditvi uporabijo tudi v drugih regijah ali za oblikovanje priporočil za nacionalno strategijo zmanjševanja neenakosti v zdravju. Inovativni pristop od spodaj navzgor je ovrednoten tudi po mednarodnih merilih kot dober primer sodelovanja pri strateškem načrtovanju na regionalni ravni.

SPLOŠNI CILJ	NAMEN
Zmanjševanje medregijskih in znotrajregijskih neenakosti v zdravju v Pomurju	Postaviti neenakosti v zdravju v središče pozornosti skupnosti in posameznika
	Povečati zmožnost skupnosti (mreže)
	Zmanjšati medregijske neenakosti v zdravju s pomočjo aktivnosti krepitve zdravja
	Zmanjšati znotrajregijske neenakosti v zdravju s podpiranjem ranljivih skupin
	Čisto in zdravo naravno okolje

CILJ	SPECIFIČNI CILJI
Povečati odgovornost regionalnih dejavnikov o neenakostih v zdravju v regiji ter pomembnosti zdravja za razvoj regije	Zagotoviti, da regijski partnerji sprejmejo strategijo o zmanjšanje neenakosti v zdravju
Vključiti zdravje kot vrednoto v druge politike in regijsko odobrene programe iz drugih sektorjev	Povečati vključenost zdravja v politikah, programih in aktivnostih in drugih sektorjev
Povečati osveščenost in odgovornost lokalnega prebivalstva za svoje zdravje in vzpodbujati njihovo vključevanje v lokalne aktivnosti	Pospešiti razvoj zdravstvene statistike v zvezi z neenakostmi zdravja
	Izboljšati uporabo podatkov o učinkovitosti intervencij za krepitev zdravja
Podpreti na dokazih temelječo zbirko podatkov o neenakostih v zdravju in krepitvi zdravja	
Izboljšati zmožnost zdravstvenih delavcev in sodelavcev na področju krepitve zdravja	Povečati zmožnost javno - zdravstvenih delavcev pri krepitvi zdravja
	Izbojšati zmožnosti članov in sodelavcev podporne mreže na področju krepitve zdravja
Spodbuditi skupnost, da sodeluje v procesu odločanja	
Spodbuditi uporabo obstoječih virov skupnosti za blaginjo njenih prebivalcev	
Izboljšati zdravju podporno mrežo lokalnih institucij, nevladnih organizacij in posameznikov	
Spodbujati zdrav način življenja	Spodbujati zdravo prehranjevanje
	Povečati vsakodnevno telesno dejavnost
	Spodbujati razvoj pozitivnih stališč do nekajenja, oblikovanje priporočila za omejitev uživanja alkohola in ostalih drog med mladimi
	Spodbujati varno vožnjo in varnost v prometu
	Spodbujati okolje, ki podpira zdrav in varen življenjski slog
Povečati socialno blaginjo prebivalstva in posameznikov	Povečati blaginjo v skupnosti
	Izboljšati socialno vzdušje v šolah
Povečati zgodnje odkrivanje KNB	Izobraziti prebivalstvo za zgodnjo prepoznavo bolezenskih znakov in ustrezno ukrepanje
	Povečanje koriščanja storitev za zgodnje ugotavljanje bolezi
Povečati zgodnjo udeležbo na preventivnih pregledih v nosečnosti pri nosečnicah iz različnih ogroženih skupin	Spodbujati zdravo prehranjevanje v domačem okolju
Spodbuditi zdravo prehranjevanje nosečnic in otrok	Povečati ponudbo zdrave prehrane v šolah in drugih javnih institucijah
Spodbujati nosečnost brez kajenja in otroško okolje brez cigaretnega dima	
Spodbujati družabne stike, mobilnost in samostojnost starejših	Spodbujati sodelovanje starejših v skupnosti
	Povečati zmožnosti družinskih članov in prijateljev za izvajanje nege na domu
	Podpirati varno bivalno okolje
Izboljšati veščine brezposelnih	
Izboljšati samopodobo in zdrav življenjski slog osipnikov	
Podpirati varovanja in krepitev zdravja oseb s posebnimi potrebami	
Spodbuditi razvoj bolj zdravega sloga manjšin in etičnih skupin	Omogočiti madžarski manjšini izvajanje aktivnosti za krepitev zdravja v madžarskem jeziku
	Spodbuditi romsko skupnost k sodelovanju pri obravnavi posamezne zdravstvene problematike s pomočjo pristopa prenosa odgovornosti
	Identifikacija zdravstvenih potreb pri romski skupnosti
	Povečati stopnjo kulturno ustrezne politike krepitve zdravja za romsko skupnost
	Povečati udeležbo pri programih preventive zdravstvene oskrbe med Romi
Spodbujati pozitiven odnos ljudi do naravnega okolja	
Spodbuditi okolju - prijazne politike na naravni ravni	

EXECUTIVE SUMMARY

As a new Member State of EU, Slovenia has invested a lot to achieve and retain the EU average in health status. Nevertheless, inequalities in health between the poor and the better-off remain in Slovenia, as in the whole of Europe. 'Health inequalities' have been defined as differences in several health aspects (mortality, morbidity, life style, access to health care, etc.) across subgroups of the population, which may be based on biological, social, economic or geographical characteristics. These differences may refer to both interregional as intra-regional health inequalities.

Interregional health inequalities refer to the difference in mean health status of the population in different regions of the country. Since the Pomurje region is the least economically developed region of Slovenia and also has the poorest health indicators, it's population can be considered in general as a risk group for less favourable health compared to the population in central Slovenia. Intra-regional health inequalities refer to the difference in health status within the population of a given region, e.g. within the Pomurje region. Examples of risk groups for a less favourable health status are less educated people, unemployed, elderly and ethnic minorities.

Reducing health inequalities between different regions in Slovenia and between different social and ethnic groups is set up as the priority task of the National Health Plan 'Health for all by 2004'. In 2001, Ministry of Health launched the pilot project 'Investment in Health and Development in Pomurje – Mura'.

However, in order to effectively reduce inequalities in health, initiatives like the 'Investment in Health and Development in Pomurje – Mura' project should be integrated in a more encompassing strategy. To that effect, a strategic plan is required, which identifies the main aims and objectives for the government and other stakeholders to contribute to reducing health inequalities, as well as the strategies to reach these objectives and indicators to monitor progress.

This document provides for such a strategic plan. It is developed as a result of the project 'Establishing a strategy to reduce health inequalities through health promotion', which is a bilateral collaboration between the Institute of Public Health Murska Sobota in Slovenia and the Flemish Institute for Health Promotion, within the co-operation programme between Flanders and the Candidate Member States of Central and Eastern Europe. The project aim is to strengthen the capacity of the health promotion workers in the region to tackle health inequalities through health promotion and to create a policy environment, which reduces social inequalities in health. The strategic plan is prepared for the Regional Council. By adopting this strategic plan, the council will enable its integration into the Regional Development Program 2007-2013. At the same time, the strategic plan provides a framework and guideline for the health workers in the region as to the emphasis and priority actions that should be taken to reduce health inequalities. Although it is specifically designed for the Pomurje region, the strategic plan also provides a valuable input for the national strategy in the field of health inequalities.

The strategic plan focuses on the contribution of health promotion to the reduction of health inequalities. Health inequalities often arise from the socio-economic position of individuals and regions through the processes of social stratification, differential exposure and different susceptibility to health-damaging and health-enhancing conditions. On the other hand, the health status can also effect the social position of an individual by its influence on the capacity to generate income. Depending on the socio-economic status, an illness can have differential social consequences. These different pathways leading to health inequalities can be tackled by specific policies. In this regard, health promotion can offer a valuable addition to existing health policies, which typically focus on improving the access of disadvantaged persons to health care. Health promotion entails a mix of interventions specifically targeted at the socio-economically disadvantaged groups, which go beyond health education and bring about structural or organizational changes to create a health-enhancing environment, thus enabling disadvantaged groups to take control of their own health.

The strategic plan is based on a systematic analysis of the current state of the policy environment in Slovenia with regard to tackling health inequalities. In this analysis, the strengths, weaknesses, opportunities and threats were identified with regard to 8 policy mechanisms that are internationally regarded as effective to tackle health inequalities: setting health inequality targets, performing health impact assessment, enhancing intersectoral cooperation, community development approaches, providing better access to health services, and improving the evidence base on effective actions to tackle health inequalities. Starting from the results of this SWOT analysis, regional priorities for action and specific target groups were identified in participation with the health workers. A core planning team transformed these priorities into aims, objectives and targets and identified activities to implement the goals and indicators to measure the progress in the implementation.

The resulting strategic plan identifies the reduction of interregional and intraregional health inequalities in the Pomurje region as its main goal. To achieve this goal, five aims are proposed. The first aim refers to processes which underpin effective interventions, and is concerned especially with raising the awareness of regional stakeholders as well as the general population of the importance of health and health inequalities, and building a strong evidence base on health inequalities and health promotion. The second aim provides an important precondition to enable action to reduce health inequalities, and is concerned with community capacity. To increase the community capacity the following conditions must be met: a health support network, an enlarged participation of the community in decision making processes which impact health, and a change from a problem-oriented to a resources-oriented mentality. In addition, an improved capacity of professionals and lay-workers in health promotion is also important for effective health promotion interventions to tackle health inequalities.

The third is to reduce the interregional health inequalities by developing an effective system of health promotion interventions which encourage a healthy lifestyle and social and emotional wellbeing in the region. Specific efforts to increase the early detection of non-communicable chronic diseases are also involved here. The fourth aim addresses intra-regional inequalities by supporting vulnerable groups like young mothers and children, dropouts, unemployed, elderly, people with special needs and ethnic minorities. For each group, specific interventions are identified to encourage a healthy lifestyle and increase their capacities for gaining independence and upward social mobility. The final aim focuses on a healthy physical environment. It aims to encourage environment friendly behaviour of the population, and to support environment friendly policies at the local level.

It is strongly believed that the implementation of these aims will contribute considerably to the reduction of health inequalities in the Pomurje region. The integration of these aims and interventions into the Regional Development Program 2007-2013 is the key to success.

THE DEVELOPMENT OF THE STRATEGIC PLAN

1

THE NEED FOR A STRATEGIC PLAN TO TACKLE HEALTH INEQUALITIES IN SLOVENIA

Inequalities in health caused by differences in social status are a growing problem of modern societies. The definition says specifically that health inequalities are 'Differences in the prevalence or incidence of health problems between individual people of higher and lower socio-economic status'[1]. 'Health inequalities', or better 'social group health differences', have been defined as differences in several health aspects (mortality, morbidity, life style, access to health care, etc.) across subgroups of the population, which may be based on biological, social, economic or geographical characteristics. Nowadays, the link between socio-economic factors such as poverty, housing, education, etc. and health is obvious and well documented.

Socio-economic inequalities in health are a major challenge for health policies worldwide. Life expectancy, morbidity and mortality data show disparities between regions that correspond to indices of relative poverty.

To understand the wider underpinnings of social and health inequalities in Slovenia, it is necessary to emphasise on one hand past socialism and on the other hand the social, economic and political changes during the period of the last decade and a half. Through it's steps toward independence and sovereignty Slovenian society held the egalitarian and social values, as well as the values opposing great income inequality as the motor of progress, consequently allocating a relatively large share of public expenditure for social protection. Social transfers have thus significantly alleviated income inequality and Slovenia's social policy seems to be effective. Today relatively low income inequality, low poverty rate, high rates of social mobility, due to universal educational opportunities, and a comparative openness of society are characteristic of stratification in Slovenia.

As a new Member State of the EU, Slovenia invested strongly in achieving and retaining the EU average in health status. A range of measures were taken within various sectors to improve the health status of the population. Central to these efforts is to maintain a well developed and organised system of public primary health care centres, hospitals and public health institutes, combined with an almost universal health insurance coverage, as a central pillar of the health care system.

Slovenia tries to provide its citizens to the greatest possible extent with universal and just access to reliable health care services.

This decision is drawn from the following values and principles:

- general access is provided for all, i.e. universal health care taking into account people's needs and not their economic status
- just assess is ensured for all, i.e. reliable health care under equal conditions for all people regardless of their social circumstances or place of residence
- health care is a public sector activity based on solidarity and collective rather than individual rights
- the financing of health care rests on the principle of solidarity and permanence regardless of whether the funds are collected via taxes, social security contributions or a combination of both
- health care services are assured by a variety of health care providers - public and private organizations in line with the goals and values of Slovenian society.

In Slovenia, the difference in life expectancy between the least developed region and the central Slovenia is 3 years. The correlation coefficient between income and life expectancy across Slovenian municipalities is 0.7, indicating a strong relationship. The correlation between life expectancy and education is slightly lower but still statistically significant. This association between socio-economic status and health is not only due to the differential access to health care, but must also be explained in terms of behavioural and environmental factors: people in lower socio-economic situations engage in more health-damaging behaviours, are more exposed to environmental hazards, and more susceptible to unfavourable social factors affecting health such as stress, unemployment or lack of social support.

The differences in mean health status between regions seem to correspond to indices of relative poverty. Unequal economic development within Slovenia in last 15 years of transition period is appearing although the value of the index of human development has been constantly increasing since 1992, showing a constant and stable improvement in Slovenia's social development. The human development index ranges from 0,851 in west of the country to 0,819 in east of the country, and clearly shows a geographically distributed pattern of public welfare in Slovenia. These differences, caused by differentiation between social classes and significant economic differences between regions, show the polarising of the country in a more developed western and a less developed eastern part. Socio-economic factors rather than the health system itself should be recognized as the main cause of these increasing regional differences in health in Slovenia. A comprehensive policy to reduce these inequalities will involve more than the health system and will also pay attention to these root causes.

Apart from health differences between regions, individual differences in health according to socio-economic status are visible. Health differences have been observed according to occupational status, educational level and social class for several health aspects such as morbidity, unhealthy behaviour and access to health care.

This increase of health inequalities fuelled the discussion about health and equity among policy makers, and initiated efforts to enhance equality in health. The Slovene Parliament in 1996 adopted the 'Investment for Health' approach to tackle health determinants, which provided the basis for the rapid development of health promotion in the country. Furthermore, in early 2000, the government adopted the National Programme on the Fight against Poverty and Social Exclusion, thereby following the EU's strategic objectives (Lisbon, 2000).

2

HEALTH INEQUALITIES IN THE POMURJE REGION

In Slovenia we can observe both interregional health inequalities and intraregional health inequalities. Interregional health inequalities refer to the differcence in mean health status of the population in different regions. We shall see that the population of the Pomurje region can be seen in general as a risk group for less favourable health compared to the population in central Slovenia where the life expectancy is higher than in the Pomurje region.

Intraregional health inequalities on the other hand refer to difference in health status within the population of the Pomurje region. Examples of risk groups for a less favourable health status are less educated people, unemployed, elderly and ethnic minorities.

North-eastern Slovenia records above-average shares of long term and unskilled unemployment. The Pomurje region has above-average shares of unemployed young people. In 2002 this region had the highest unemployment rates, which is typical of regions that used to be important industrial and mining centers and are now burdened by outdated industrial sources.

While no data on income inequality and poverty by region are available in Slovenia, information about social assistance beneficiaries and unemployment can be used to show the regional dimension of poverty. Regional distribution of social assistance beneficiaries fairly closely corresponds with areas recording above-average registered unemployment rates. According to figures for October 2002, most social assistance beneficiaries per 1000 people were found in Pomurje region, exceeding the national average more than twofold. This is not surprising because Pomurje not only records an above-average rate of registered unemployment, but also has a large share of farmers earning a low income and an above-average share of elderly people.

Due to an under average number of births and an above average mortality rate the natural increase has been negative for the past 20 years in this region, while being negative at the national level since 1997. As a result the number of inhabitants in Pomurje region has decreased for 6%, while the number of inhabitants in Slovenia has stayed almost constant for at least 20 years. There are more elderly (65+) than young people (under 15 years of age). If this trend continues at the same pace, the region will face serious changes in health status of the population and the need for new services. Subsequently the need for restructuring and reorganisation of health care will arise.
Data show disparities between regions with regard to life expectancy, morbidity and mortality. In the Pomurje region life expectancy at birth is lower than average life expectancy of Slovenia: 3 years for men and 2 years for women. Also obesity, diabetes, ischemic heart disease and cerebrovascular disease are more common in Pomurje then in the rest of the country. Results of surveys show that the adult inhabitants of Pomurje region have an elevated risk for non-communicable diseases. The prevalence of stress, smoking, unhealthy diet and physical inactivity is higher than the Slovene average. This underpins the necessity, importance and urgency for health promotion and disease prevention activities in the Pomurje region to tackle interregional health inequalities.

Pomurje is a disadvantaged region also in regard to access to health care. Concerning access to health care professionals, particularly physicians, Slovenia is below the EU average (3,8 physicians/1000 inhabitants) with 2,3 physicians/1000 inhabitants. The number of dentists and nurses show a slightly better situation, but still below EU average.

NATIONAL SURVEY RESULTS CONCERNING THE POMURJE REGION

A 'Risk factors for non-communicable diseases among adults in Slovenia' survey has been performed in the year 2001 as a part of international CINDI Health Monitor[2]. This was the first national survey on lifestyle, risk factors, and risk behaviour connected to non-communicable diseases on an individual level. Results show that health problems are present more frequently among unemployed persons as 25% of them reported health problems (30.8% of the unemployed men and 18.8% of the unemployed women). In the Pomurje region the unemployment rate is as high as 17%. The most frequent diseases are diseases of the respiratory system, followed by mental disorders, musculoskeletal disorders and digestive system disorders. Among the unemployed there is a considerable group of 700 Roma, which represent high-risk group for a less favourable health status because of low education level, long time unemployment pattern, and different lifestyle.

Generally, we can observe several vulnerable groups with an elevated health risk in the region. Men are at higher risk than women, except for stress, insufficient physical activity and not using car seat belt. Regarding age, ages 30-39 and 40-49 are at a higher risk. Regarding education less educated persons face more health risks. Unemployed persons and the working class are at the highest risk for a less favourable health status. As these vulnerable groups are well represented within the Pomurje region, the whole region is especially vulnerable.

National data have also shown for years that suicide is most common in the marginalized parts of society. This takes into account the specific suicide rates for individual population categories: workers with only primary education, (semi-) skilled workers, unemployed people and alcoholics. The death rate for men is three time as high as the rate for women. This trend shows that the population most at risk is the segment living in social poverty.

It is thus clear that numerous interregional and intraregional health inequalities exist and moreover, are widening in recent years. This underpins clearly the urgency of the call for action on these inequalities.

Within this context, the reduction of health inequalities between different regions in Slovenia and between different social and ethnic groups was set as one of the priorities within the National Health Plan 'Health for all by 2004'.

The pilot project, entitled 'Investment in Health and Development in Pomurje - Mura' was launched in 2001 as an initiative of Ministry of Health. Its aim is to improve the health status of the population in the Pomurje region, which is the least economically developed region in Slovenia, and also has the poorest health indicators. As such, the project is concerned with interregional differences in health, and not on the health of disadvantaged groups within the region.

On the one hand, the Pomurje region can be considered as an economically less developed region compared to other regions in Slovenia. Given the link between economic conditions and population health, this gives rise to less favourable health indicators. The goal of this strategic plan is thus to improve the health status of the regional population, thus reducing the health gap with other regions. On the other hand, it also addresses the inequalities in health that exist within the region, through health promotion actions oriented at individuals and vulnerable groups of the population.

To tackle these inequalities, inter-sectoral policies and actions are required to change the social, economic and environmental factors which influence people's life and health. These policies and actions are the core of this strategic plan. By identifying the priority areas to focus on, objectives to be reached and actions to be taken by policy makers, health workers and other stakeholders to improve the health of the population in the region and to reduce health inequalities, this strategic plan can serve as a guideline to tackle inequalities in health. Furthermore, the implementation of the strategies outlined in this strategic plan will strengthen the capacity of health workers in the region to set up effective health promotion strategies, specifically targeted at vulnerable groups in the region. Additionally, the strategic plan can also provide input for the preparation of regional development programme for the period 2007-2013, which will be the basis for the allocation of founds in the region.

Although the strategic plan is specifically designed for the Pomurje region, it also provides valuable input for the national health plan in the field of health inequalities. As the National Health Plan has expired and the Ministry of Health is planning to prepare a new one, an opportunity is created to call attention to health inequalities. The strategic plan on tackling health inequalities for the Pomurje region can thereby serve as a source of inspiration and as an example of using a strategic planning approach to identify priority areas, formulate strategies and objectives, and develop actions to reduce health inequalities.

3

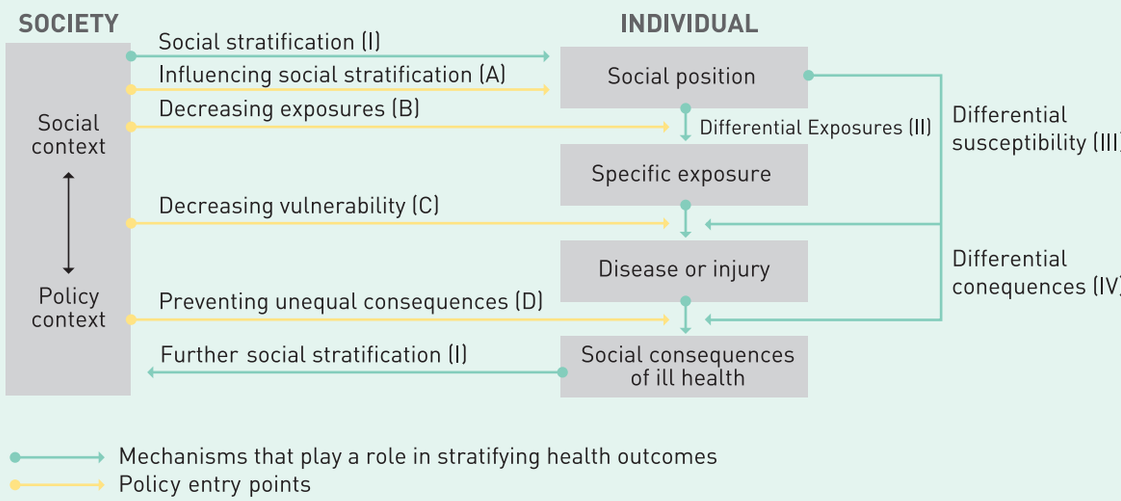
THE CAUSES OF HEALTH INEQUALITIES AND HOW TO TACKLE THEM

The data show that health inequalities exist in Pomurje region not only between different socio-economic and ethnical groups in region but additionally, between region and the rest of Slovenia. At that point we will present how health inequalities arise and how they can be tackled in general.

3.1 HEALTH DETERMINANTS

There are several causal pathways, which lead to health inequalities. The model proposed by Diderichsen[3] shows these pathways and indicates where policies can interfere in the processes.

FIGURE 1: **A FRAMEWORK FOR ELUCIDATING THE PATHWAYS FROM THE SOCIAL CONTEXT TO HEALTH OUTCOMES AND FOR INTRODUCING POLICY INTERVENTIONS**



'The framework identifies four conceptual mechanisms in the relationship between health and socio-economic position. The mechanism of social stratification (I) separates people into different social positions and influences the width of the gap between these different sections of society with regard to health. Differential exposure (II) contributes to the health gradient as exposure to health-damaging conditions increases with a decreasing social position. This situation is compounded by the fact that the health-damaging factors to which one is exposed tend to cluster. For example, less advantaged members of a society have poorer nutrition than their more affluent counterparts, and also face greater environmental hazards, higher tobacco consumption, less access to educational opportunities and more psychological stress associated with chronic livelihood insecurity. The mechanism of differential susceptibility (III) comes into play if two or more exposures act synergistically (i.e., if they interact to produce an effect on health that is greater than the sum of their separate effects). Such an interaction could explain why men from lower socio-economic groups have higher rates of alcohol-related disease and mortality than men from higher groups, although their levels of alcohol consumption are similar. Finally, while social disadvantages are likely to cause ill health, the latter may in turn enhance social stratification through its differential social consequences (IV), such as the relatively high costs for health care and the loss of income generating capacity. These processes may precipitate a downward spiral into poverty and further risks of illness'[4]. The first three mechanisms mentioned above - social stratification, differential exposure, and differential susceptibility – all show the causal influence of social position on the health status, this is called 'health causation'. This process is stronger than the 'health selection' process, visible in the fourth mechanism – differentional consequences of health status, which highlights the effect of a bad health on the social position.

3.2 TACKLING HEALTH INEQUALITIES

Each of these mechanisms described in the model may be countered by specific policies, which are outlined as policy entry points A to D in Figure 1. For instance, it is possible to influence the process of social stratification through economic, social and education policies, which decrease the divisions between different groups in society, and to influence the ease with which social mobility can take place. This implies actions on the macro level of distribution of resources. These are called 'upstream interventions' and include policies targeted at socio-economicly disadvantaged groups in society by addressing the root causes of inequalities in health. They involve improving living standards through the social security system, education, employment and housing policies. To make these interventions possible, the health sector must liaise with other policy areas to ensure effective action.

Similarly, policy measures can aim to reduce the higher exposure and/or susceptibility of disadvantaged members of society to health-damaging behaviours or environmental factors. Social, physical and economical factors and the environment, where we live, affect our health either indirectly, through psycho-social processes (social control, isolation, social support, social security, etc.) and behavior (nutrition, physical activity, use of addictive substances, etc) or directly, through injuries, accidents, violence etc factors. Disadvantaged people often face a more health destructive and less health-enhancing environment and have more difficulty to cope with these less favorable factors. So, on the meso level 'midstream interventions' aim to reduce exposure to, and the effects of, unfavourable material conditions, psychosocial factors and behavioural risk factors in lower socio-economic groups. The assumption is that improving the health status of the poor requires among others changing their day-to-day behaviors and habits with a negative impact on health.

Further also the unequal consequences of ill health among disadvantaged groups should be prevented. 'Downstream interventions', at the other end of the spectrum, are undertaken by the health care sector to generate an overall improvement of the health and quality of life of disadvantaged persons. Although health care interventions only repair damage and do not eliminate the problems, they can play an important role in improving certain aspects of the lives of these people[5].

In this way, the model shows that a strategy to tackle health inequalities has to include more than measures for a good health care system but also needs actions to create equal social opportunities for a good health. As all these determinants do not work in isolation, but often compound one another, it is necessary to combine measures addressing each of these factors and mechanisms.

3.3 THE CONTRIBUTION OF HEALTH PROMOTION TO TACKLING HEALTH INEQUALITIES

Health promotion entails a mix of mostly midstream and upstream level interventions. Health promotion is defined in the Ottawa charter[6] as the process of enabling people to increase control over the determinants of health and thus improve their health. It represents a comprehensive social and political process, which not only embraces actions directed at strengthening the skills and capabilities of individuals, but also at changing social, environmental and economic conditions so as to alleviate their impact on public and individual health[7]. Effective health promotion strategies, specifically targeted at the socio-economically disadvantaged which go beyond health education and bring about structural or organisational changes to create a health-enhancing environment, and which enable disadvantaged groups to take control of their own health can be developed. However, the contribution of health promotion, regarding its impact is also limited. The broad determinants of poorer health, like poverty, unemployment, cultural barriers can not be tackled through health promotion on its own. Though, health promotion emphasizes the importance of cross-sectoral policies where health determinants are integrated in other policy areas at a national, regional and local level in order to reduce health inequalities.

Because of its emphasis on targeting the determinants of health through a mix of interventions involving both midstream and upstream elements, health promotion provides a promising approach to address the root causes of inequality and to influence the exposure to inequality enhancing conditions. To succeed in this goal, it is of utmost importance to join forces of the government, local authorities, institutions and the population to create and realize targeted public policy measures.

While admittedly the effectiveness of such interventions is difficult to assess, a lot can be learned from examples of good policies and practices. This method was applied in a European project[8], which collected and analysed examples of health promotion policies and interventions aimed at tackling health inequalities in the EU Member States, to identify the most promising strategies and action areas. Eight policy recommendations were formulated and shown in table 1. They include creating a supportive political environment, building regional and local partnerships for health, using community based approaches, improving access to health care services, addressing migration, and strengthening the evidence base on tackling health inequalities through health promotion. These areas are not mutually exclusive, but are overlapping and complimentary. These policy recommendations were used as an inspiration for this strategic plan.

Table 1: Policy recommendations on tackling health inequalities through health promotion

POLICY DEVELOPMENT – NATIONAL HEALTH INEQUALITY TARGETS

- 'Identify and advocate relevant national and regional health targets, tackling health determinants in order to reduce health inequalities.'

POLICY DEVELOPMENT – INTEGRATING HEALTH DETERMINANTS INTO OTHER POLICY AREAS

- 'Integrate health determinants in other policy areas at a national, regional and local level in order to reduce health inequalities (importance of cross-sectoral policy).'

POLICY DEVELOPMENT – WORKING AT THE LOCAL LEVEL

- 'Support and encourage community development approaches in tackling inequalities in health.'
- 'Effective community development requires the integration of local services, the development of multidisciplinary teams and area-based approaches, well-planned needs assessments within a range of settings, community participation and partnerships as crucial elements for sustainable achievements.'

ACCESS TO HEALTH SERVICES

- 'Reduce barriers, increase and ensure access to and the utilisation of effective healthcare and prevention services for socially disadvantaged and vulnerable groups (ex. disadvantaged migrants, young people and children, the elderly).'

A STRONG BASIS FOR EVIDENCE – MONITORING

- 'Support the further development of indicators and monitoring systems to measure health inequalities. More specifically, there should be more data uncovering the determinants of health (behaviour), such as structural factors and health literacy and not just concerning mortality and morbidity. This information should be according to social class, gender, ethnicity, etc.'

- 'Establish cooperation at a European level to enhance the comparability of data on health inequalities and to develop guidelines for data collection.'

A STRONG BASIS FOR EVIDENCE - HEALTH IMPACT ASSESSMENT

- 'Encourage the use health inequality impact assessments as an effective means to tackle health inequalities.'

A STRONG BASIS FOR EVIDENCE - EVALUATION

- 'Ensure sufficient financial resources and training for evaluation to increase our knowledge on how to effectively tackle inequalities in health.'

A STRONG BASIS FOR EVIDENCE - DISSEMINATION

- 'Create and support opportunities to disseminate models of good practice, evidence-based methodological approaches, including evaluation, to tackle inequalities in health. (ex. by creating a database for interventions that have successfully reduced health inequalities).'

This strategy, aimed at tackling health inequalities, focuses on the contribution of health promotion to this rising problem, and does not represent a main all encompassing strategy.

Health promotion can be defined as the process of enabling people to increase control over and to improve their health. An environment that encourages healthy behaviour will make healthy choices a lot easier. It is the task of society, from the individual to the government, to shape this environment.

Health promotion can contribute to tackling health inequalities as the differences in health between subgroups are not only due to the differential access to health care, but must also be explained in terms of behavioural and environmental factors. Effective health promotion strategies, specifically targeted at the socio-economically disadvantaged can be developed which go beyond health education and bring about structural or organisational changes to create a health-enhancing environment, and which enable disadvantaged groups to take control of their own health.

4

FRAMEWORK OF THE STRATEGIC PLAN

The strategic plan is developed within the project 'Establishing a strategy to reduce health inequalities through health promotion'. This is a bilateral collaboration between Slovenia, represented by the Institute of Public Health Murska Sobota, and Flanders, represented by the Flemish Institute for Health Promotion. The project aims to strengthen the capacity of the health promotion workers in the region to tackle health inequalities through health promotion and to create a policy environment that reduces social inequalities in health. To this effect a strategic plan is formulated and partly implemented.

The strategic plan has been prepared for the region Pomurje in the Northeast of Slovenia. The region is divided into 26 municipalities, whose mayors form a Regional Council. The Regional Council together with representatives of private sector, regional institutions, NGOs, Roma community and Hungarian minority form the programming board of the Regional Development Plan. The strategic plan for tackling health inequalities in Pomurje is prepared for the Regional Council, who will with its adoption give green light for its integration into regional development plan 2007-2013. At the same time the strategic plan is a kind of frame and guideline for health professionals in the region on where to put emphasis to reduce health inequalities. This does not however imply that the implementation of the plan will not start before 2007. Certain actions were already planned for the year 2004 and have been implemented.

On the national level the document can be used as an example for other regions and for the Ministry of health as an input for the national health program, which will also include a chapter on health inequalities. On the international level, the example of community-based approach to address health inequalities can be informative and innovative and presented as good practice to other regions.

5

PLANNING METHOD

A strategic plan demands careful preparation and a thorough process. The successive steps in the process were a situation analysis and a SWOT-analysis on the policy environment, followed by a strategy selection by means of a core planning team based on the input of health promotion professionals in the region. Following the steps in the process are described in more detail.

5.1 SITUATION ANALYSIS

The first step in the strategic planning process is to analyse the current situation, including the assessment of the health status of the population as well as the educational, ecological and policy environment. This information is summarised in the country report. Where the data exist comparison is made between the national and regional level. Additionally, some estimations and unpublished data has been used.

To review the health situation, we apply a framework in which health is not only determined by people's behaviour (nutrition, consumption of cigarettes, alcohol and drugs, safety behaviour), usage of health services, but which is ultimately determined by the socio-economic (income, education), socio-psychological (self-efficacy, safety perception, etc.) and socio-structural (networks, participation in groups) factors. Systematic variation in these factors across socio-economic groups is the underlying cause of social inequalities in health. Studying these factors provides an insight into health inequalities in Slovenia.

To describe the current state of policies and strategies related to tackling health inequalities, the current state of implementation of 8 policy recommendations is assessed. These recommendations are based on a two-year European research project 'Tackling social inequalities in health: The role of health promotion' carried out by the Flemish Institute on Health Promotion in collaboration with the European Network of Health Promotion Agencies (ENHPA). The main goal was to explore effective health promotion strategies, specifically targeted at the socio-economically disadvantaged as a basis for a consensus on policies and strategies to reduce health inequalities through health promotion. The results were reduced to a set of 8 consensus-based policy recommendations, focusing on policy development (identification of national health inequality targets, integrating health determinants in other policy areas, and supporting community development approaches), access to health care and preventive services, and building a strong evidence base (monitoring, health impact assessment, evaluation and dissemination). The state-of-the art of the policy environment in Slovenia with regard to these 8 recommendations is described in the report.

After this first part of the situation analysis, which is purely descriptive, there was a need for a further analysis, namely a SWOT analysis as a method for strategic planning. SWOT is an acronym for strengths, weaknesses, opportunities and threats. The purpose of this analysis is to provide information on the internal strengths and weaknesses of the organisation/sector in relation to the external opportunities and threats it faces[9].

A very basic SWOT analysis on the recommendations was carried out by the core team. This has been done in a small core group of Flemish and Slovene project team representatives that drew conclusions on the input received through several meetings with regional field workers. Regional experts had focused predominantly on planning and implementation, after initial involvement of experts and their more practical inputs, the core team teased out the issues by putting this input into a larger, more abstract and strategic framework.

The SWOT analysis was used for the identification of strategic issues and action priorities. In a discussion the core Flemish-Slovene project team used the information in the country report, general knowledge on the policy environment and on the policy recommendations to fill out the framework plotting the SWOT's for the different recommendations. This scheme is verified by an email Delphi round for feedback and additions from national policy experts and regional health professionals. This way the regional commitment has been secured and additional issues integrated.

5.2 METHODS FOR GOAL AND TARGET SETTING

Based on the information from experts during workshops in preparation of the SWOT analysis, strategic issues and target groups were identified. Afterwards a small core group classified these strategic issues into aims and objectives. Consensus was build with other partners through an email Delphi round. At this stage individual meetings with stakeholders have been necessary to explain the process and expected outcome.

Once consensus was reached on the aims and objectives, the small core group continued working on the document formulating specific targets and activities as strategies to realise the aims, while using the inputs of the regional experts.

The strategic plan does not mention explicitly a priority of goals nor does it make the distinction between short to long-term goals. This task of prioritisation will take place when the plan is integrated into the Regional Development Plan, after the strategy is approved by the regional council of mayors.

The finalisation of the document has been done by the Slovene-Flemish core team. Adjustments have been made according to feedback and recommendations from the steering group and stakeholders involved into the document preparation.

The final version of the document takes into account proposed actions and identifies target groups recognized in the participative process during the early stage of the writing process.

THE CONTENT OF THE STRATEGY

The described preparatory process resulted in this strategy aimed at tackling both interregional and intraregional health inequalities through health promotion in the Pomurje region. This strategy is based on the analysis of the current situation and on the priorities identified in the region. Our strategy originates from a single general goal, which is then devided in 5 aims. For each aim the rationale for this aim and objectives are explained. Further targets, activities and indicators are provided.

To avoid misunderstanding we chose first to define the key-words.
A **GOAL** is a very general or broad description of what should be achieved.
An **AIM** is a more well-defined outcome e.g. health needs or rights of the population.
OBJECTIVES are a more concrete elaboration of goals or aims, they define the ways in which aims are to be achieved.
TARGETS are more specific than objectives, they have a concrete deadline and are often quantified.
Indicators are selected to measure movement towards or away from a pre-defined target.

MAIN GOAL: REDUCTION OF INTRA-REGIONAL AND INTERREGIONAL HEALTH INEQUALITIES IN POMURJE

As mentioned above, we can observe in Slovenia both interregional health inequalities and intraregional health inequalities.

Interregional health inequalities refer to the difference in mean health status of the population in different regions. The population of the Pomurje region can be seen in general as a risk group for less favourable health compared to the population in central Slovenia. This is e.g. clear in the lower life expectancy in the region than in central Slovenia.

Intraregional health inequalities refer to difference in health status within the population of the Pomurje region. Examples of risk groups for a less favourable health status are persons with a lower educational status, unemployed, elderly, ethnic minorities. These risk groups have an increased risk for a less favourable health status. Our goal is to raise the health status in the region toward the level achieved in central Slovenia by supporting the population in the region and particularly the risk groups within the region towards healthy behaviour and a healthy environment.

AIM 1: PUT HEALTH (INEQUALITIES) IN THE CENTRE OF ATTENTION OF COMMUNITY AND INDIVIDUALS

To be able to work on health inequalities the individuals and the community have to realise the importance of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'[10].

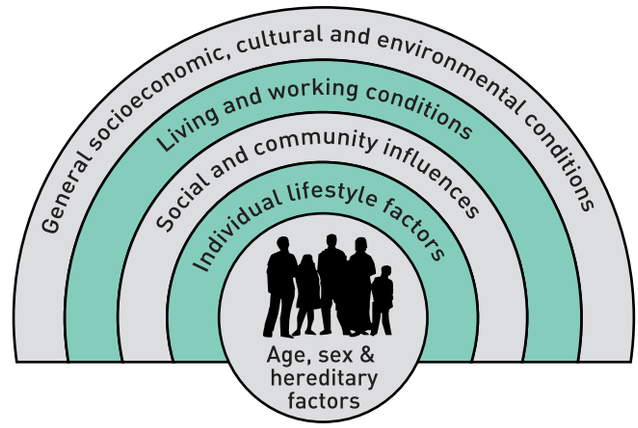


Figure 2: Health Determinants

This model of health in figure 2[11], which is supported by the WHO, demonstrates that health is affected by a range of factors. These range from individual genetic and lifestyle factors; to macro socio-economic, cultural and environmental conditions with social cohesion playing a vital role, particularly for disadvantaged communities.

We need to recognise that the ultimate responsibility for health is shared responsibility between, individuals, families, communities, governments at all levels and intra-governmental agencies.

During the past several years we have been making an effort in the region to reach an understanding of health as a development potential. An investment in better health will have consequences on the economic potential of the region. This general awareness of the importance of health for the well-being and development of the region is necessary before proceeding towards more detailed actions such as health related behaviour and healthy environment. Consequently, we aim for an increased awareness of the importance of health both to the general population as to regional stakeholders and for the broader integration of health issues into policies and activities of other sectors.
To be able to show the current health inequalities and health needs to all the people involved and work from there, a good evidence base is necessary.

OBJECTIVE 1.1

Increase the awareness and responsibility of regional stake-holders about health inequalities in region and about the importance of good health for the development of the region

Activities
- Establish and sustain communication with local stake-holders (politicians, health insurance, entrepreneurs, NGOs, media)
- Develop and implement awareness-raising activities regarding health inequalities

Indicators
- Range of health communication activities (meetings, working groups, round table discussions)

OBJECTIVE 1.2

Integrate health as a value to other policies and integrate health into regionally approved programmes of other sectors

Target 1: Ensure the adoption of the strategy on reduction of health inequalities by regional stake-holders

Activities
- Presentation of the strategy to regional stakeholders
- Lobbying for the adoption of the strategy on regional level

Indicators
- Formal endorsement statement of the strategy

Target 2: Enhance the presence of health in policies, programs and activities of other sectors

Activities
- Strengthen the intersectoral cooperation in policy development
- Develop joint intersectoral activities, projects and programs
- Integrate health inequality issues in regional development plan

Indicators
- The number of joint activities, projects and programs
- The number of exposed health inequality issues in the regional development plan

OBJECTIVE 1.3

Increase the awareness and responsibility of local population for their health and motivate them to take part in local activities

Activities
- Organise local health promotion activities
- Motivate local stake holder and people to take part in local health promotion activities

Indicators
- Participation level in local health promotion activities

OBJECTIVE 1.4

Support the evidence base on health inequalities and health promotion

Target 1: Promote the development of health inequality statistics

Activities
- Lobbying for health inequality indicators in the national and regional health report
- Periodical research on lifestyle - risk factors for non-communicable diseases (NCD) among adults

Indicators
- Presence of health inequality indicators in the national and regional health report
- Report on lifestyle

Target 2: Promote development of information on health promotion intervention effectiveness

Activities
- Lobbying for national database on health promotion interventions and their effectiveness
- Lobby for increased research on health inequalities and health promotion

Indicators
- Establishment of national database
- Number of research projects on health inequalities and health promotion

AIM 2: INCREASE COMMUNITY CAPACITY

Capacity building has been defined as developmental work that strengthens the ability of the community to build structures and arrangements, systems and people and skills so that they are better able to define and achieve goals and engage in building a sense of community. It may include training, organisational and personal development and resource building in a way, that reflects the principles of empowerment and equity.

Community capacity can be conceived to consist of four domains, which capture the main features of a network's capacity to implement and sustain a health development program.

The four domains are:

1. **Network Partnerships** - the relationships between groups and organisations within a community or network. This includes both the comprehensiveness and the quality of the relationships.
2. **Knowledge Transfer** - the development, exchange and use of information within and between the groups and organisations within a network or community.
3. **Problem Solving** - the ability to use well recognised methods to identify and solve problems
4. **Infrastructure** - refers to the level of investment in a network by the groups and organisations that make up the network. This includes both tangible and non-tangible investments, such as investment in policy and protocol development, social capital, human capital and financial capital.

Community development, capacity building and health promotion all start from the principle of empowerment and use of the existing resources in the region. They work through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the hart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinations.

The baseline measurement of the community capacity shows that the Pomurje region has a high level of community capacity already existing. However there are still a few issues that can be improved such as networking, the participation of the community and the knowledge transfer in the community. We therefore aim for an increase of the community capacity, which will therefore have a direct effect on health through the empowerment of individuals and will increase the ability to solve problems in the community, which will have an indirect effect on health.

OBJECTIVE 2.1

Improve a health support network of local institutions, NGO's and individuals

Activities

- Scan the environment for potential network members
- Identify the common interest to motivate potential members to take part in the network
- Provide knowledge on health promotion as a way to better health to network members
- Ensure management of the network

Indicators

- The number of network members
- The number of active network members involved in intersectoral activities and programmes

OBJECTIVE 2.2

Enforce the community to participate in decision-making process

Activities

- Lobbying for the importance of participation in decision making
- Train policy makers to involve public into decision taking process at an early stage through participating methodology

Indicators

- Number of participants in the training
- Estimated change in the participation in decision making process

OBJECTIVE 2.3

Encourage the use of existing resources of the community to its wellbeing

Activities
- Develop an approach for identification of resources in the community
- Create a portrait on the resources of the community

Indicators
- Approach available
- The number of portraits

OBJECTIVE 2.4

Improve the capacity of professionals and lay-workers in health promotion

Target 1: Enhance the capacity of public health professionals in health promotion

Activities
- Provide education and training on health promotion expertise
- Provide easy access to literature related to health promotion
- Train the public health professionals on evaluation methodology

Indicators
- Number of people involved in training and education
- Estimated change in expertise on health promotion
- Number of effect evaluation of the programmes

Target 2: Improve capacity of health support network members and lay workers on health promotion

Activities
- Provide basic knowledge on health promotion concepts
- Provide knowledge on the basics of evaluation to the health support network members and the lay-workers

Indicators
- Estimated change in basic knowledge on health promotion concepts and evaluation

AIM 3: REDUCE INTER-REGIONAL HEALTH INEQUALITIES USING HEALTH PROMOTION ACTIVITIES

The population of the Pomurje region can be considered in general as a risk group for less favourable health compared to the population in central Slovenia.

The differences in mean health status between regions seem to correspond to indices of relative poverty. The human development index ranges from 0,851 in west of the country to 0,819 in east of the country, and clearly showing a geographically distributed pattern of public welfare in Slovenia.

In this plan we do not aim to solve the root causes of these interregional health differences like a differential economic development, but we enlighten the contribution of health promotion to reduce these health inequalities.

Health promotion is the process of enabling people to take the responsibility and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs and to change or cope with the environment. The concept of positive health emphasizes social and personal resources, as well as physical capacities of an individual. Health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being etc. By emphasizing health promotion and disease prevention, health care costs can be diminished.

Findings of many epidemiological studies have indisputably revealed that non-communicable diseases (NCDs), or events leading to them, have their roots in unhealthy lifestyle or adverse physical and social environment. Life-style related health determinants tobacco, alcohol, and nutrition are multi-dimensional. These determinants are linked to a number of major health problems. Some specific diseases linked to poor diet and physical inactivity include cardiovascular diseases, diabetes type 2, hypertension, osteoporosis and certain cancers. Research showed that the Pomurje population has the least healthy diet in Slovenia. Therefore in this plan we aim to improve the nutritional habits and physical activity of the population of Pomurje.

OBJECTIVE 3.1
Encourage healthy lifestyle

Nutrition and physical activity are fundamental to health and to prevention of disease. Some specific diseases linked to poor diet and physical inactivity include cardiovascular diseases, diabetes type 2, hypertension, osteoporosis and certain cancers. Research showed that the Pomurje population has the least healthy diet in Slovenia. Therefore in this plan we aim to improve the nutritional habits and physical activity of the population of Pomurje.

Target 1: Encourage healthy nutrition

Activities
- Provide knowledge and train skills for healthy nutrition
- Encourage healthy food supply and develop supportive environment

Indicators
- Level of knowledge and skills of participants on the workshops
- Report on development of healthy food supply

Target 2: Increase the amount of daily moderate physical activity

Activities
- Provide knowledge and skills training in physical activity
- Organise mass physical activities
- Include physical activities into diverse events

Indicators
- Level of knowledge and skills of participants on physical activity
- Number of mass physical activities

Drug misuse whether it is of legal or illegal substances has the capacity to cause harm, at a physical and psychological level, not only for the individuals but also for their families and broader community. Smoking is known risk factor for hearth disease, stroke and cancer. Second hand smoking poses health risk for non-smokers. Tobacco use is the single most preventable cause of death and disease. Alcohol is widely used and enjoyed, and frequently associated with celebrations, social function and consumed in cultural ceremonies. Conditions associated with risky or high risk alcohol consumption include heart disease and stroke, liver disease, some cancers, pancreatitis, gastritis, some mental illnesses and injury.

Target 3: Encourage drug-, tabacco- and alcohol-free behaviour among young population

Activities
- Provide knowledge on health, social and legal consequences and risks of tobacco, alcohol and drug abuse
- Promote positive image of non-abusive behaviour

Indicators
- Increased knowledge on consequences of drug abuse

Accidents are widespread and can have severe consequences for all ages. In Pomurje the number of accidents at home, at the workplace (on the farms) and on the road are high. Many road accidents are linked to alcohol consumption. Safety behaviour will also be promoted.

Target 4: Encourage safe behaviour on the road

Activities
- Promote driving without the influence of alcohol
- Promote respect of the speed limits
- Promote use of seatbelts and helmets

Indicators
- Number of programmes
- Number of participants in the programmes
- Media coverage

Target 5: Encourage environment supporting healthy and safe lifestyle

Activities
- Promote use of appropriate safety equipment
- Support the programs of other sectors for safe use of home appliances, agricultural machines and tools

Indicators
- Number of partnership organisations involved in home safety checks for elderly
- Number of inter-sectoral programs on safety

OBJECTIVE 3.2
Enhance social wellbeing among the population and individuals

Apart from the healthy behaviour mostly related to physical health, we also aim for a better mental well-being. Mental health is the capacity of the individual, the groups and the environment to interact with one another in ways which promote subjective well-being, and it is fundamental to physical health. Mental well-being has been recognised as one of the major components of health and quality of life.

Mental health problems are common and associated with high levels of distress and morbidity. People with mental health problems are among the most excluded of society. The mental health of babies, children and young people is closely connected with their physical and overall health and their capacity for making the most of educational opportunities and making relationships. Mental health problems, or lack of emotional well – being, affect many or all aspects of a child's life – and may continue or increase in adult life.

Positive mental well-being is achieved by building resiliency, learning coping and problem solving skills, enhancing one's ability to manage stress, enhancing social support networks and ensuring citizenship where each individual is treated equitably. A wide and supportive network of friends, family and neighbours and participation and trust in the community enhance health and well-being.

Special attention is given to the problem of stress. Stress is conceptualised as an interaction process including both physical and psychological responses to the environment that the person experiences. If stress is prolonged, overly intense or beyond the capability of human coping mechanisms, these reactions to stress can lead to a variety of effects, ranging from anxiety to serious health problems. Stress can be lowered with the help of individual stress management including eliminating the sources of stress and increasing coping skills and an effective and available support network.

Special attention is also given to the mental health of children. Childhood and adolescence are vulnerable periods of the greatest physical, mental and social changes. The school is an institution that can reach nearly the whole population of children and adolescents and a good setting to work on social skills used for coping and to create a positive environment.

Target 1: Increase the wellbeing in the community

Activities
- Organising activities to increase social contacts and promote inclusion in the community
- Organise workshops to improve problem solving skills
- Increase awareness of mental health problems to reduce stigma associated with mental health problems
- Promote and organise stress reducing activities for the general population
- Support workforce training on stress reduction

Indicators
- Participation level in social activities on local level
- Level of knowledge and skills on problem solving
- Level of knowledge and skills of participants on recognising and coping with the stress
- Increased availability of stress reducing programmes
- The number of companies introducing stress reducing programmes

Target 2: Increase the social atmosphere in schools

Activities
- Promote involvement of students in extra curricular activities in school and community to promote positive school climate
- Promote development of social skills of youngsters (self confidence, inter personal skills, pressure resisting skills)

Indicators
- Level of involvement of students in extra curricular activities
- Range of performed activities
- Number of participating schools and pupils

OBJECTIVE 3.3
Increase early detection of CND

Early detection and appropriate management of CND can decrease the negative effects of diseases. We aim to encourage the use of regular screenings, also by vulnerable groups and the early search for help when people encounter health problems.

Target 1: Educate people to recognise early signs of disease and to seek advice

Activities
- Provide clear information about early symptoms of disease
- Encourage people to seek advice at an early stage of symptoms

Indicators
- Increased number of detected cases of CND

Target 2: Increase utilisation of early disease detection services

Activities
- Provide information about benefits of early diseases detection
- Organise screenings and active inviting of risk groups

Indicators
- Increased utilisation of preventive services
- Increased number of identified CND cases

AIM 4: REDUCE INTRA-REGIONAL HEALTH INEQUALITIES BY SUPPORTING VULNERABLE GROUPS

The population of the Pomurje region can not only be seen in general as a risk group for a less favourable health, also within this population there are differences in social inclusion and health status. People have different needs during the periods of life, depending on age or certain life circumstances, when they are more vulnerable and need some special care. Many people from minority and ethnic groups also experience other social exclusion factors, which interact with health inequalities, such as poverty, poor housing, unemployment, low education, financial pressures. These factors can have a directly health damaging effect or indirectly by inducing unhealthy behaviours.

By recognizing and addressing different needs of population groups we aim for a more socially stable, fair and sustainable community and region. We aim to reduce intraregional health inequalities by supporting healthy behaviour by disadvantaged groups through health programmes specifically adapted to the target group. Sometimes also a more general support to the target group, focusing on the root causes of the health differences like social exclusion, will lead indirectly to a more favourable health status. The targets groups defined as prior in this regional plan are children and mothers, school dropouts, unemployed, people with special needs, elderly and people with a different ethnic background.

Child and mother support

Health at childhood has big influence on health in adulthood. Therefore it is so important that the care for child's health starts during pregnancy and continues in childhood and adolescence. A healthy lifestyle and a healthy environment are crucial for a favourable health.

Proper and adequate nutrition is closely related to optimal growth, good education outcomes and health throughout life, and contributes to the economic and social well-being of society. It has been proved that poor nutrition during the foetal development of the child in particular, has been shown not only to affect the growth and development of the child, but also to increase the risk of obesity, type 2 diabetes and CVD. Exclusive breastfeeding to the age of 6 months gives the best nutritional start to infant and has been shown to greatly improve a newborn s short-term and long-term health. The early years of life are critical in establishing food attitudes and habits

Low birth weight and low gestational age are associated with active smoking during pregnancy. Exposure to environmental tobacco smoke increases the infant risk of developing respiratory disease and sudden infant death syndrome. Therefore we aim for an increased use of prenatal services by risk groups, and encourage healthy nutrition and a smoke free environment for children.

OBJECTIVE 4.1

Increase early utilisation of prenatal services by pregnant women from different risk groups (Roma, single mothers, women from socially deprived environment etc.)

Activities
- Provide knowledge about the importance of prenatal services
- Provide knowledge about their rights for the use of prenatal services

Indicators
- The estimated change in level of use of prenatal services by pregnant women

OBJECTIVE 4.2

Encourage smoke-free pregnancy and a smoke free environment for children

Activities
- Support smoking cessation programmes during pregnacy on primary health care level and ensure individual counselling
- Provide information on noxiousness of smoking and second-hand smoking during pregnancy and childhood

Indicators
- Range of smoking cessation programmes
- Level of awareness on noxiousness of smoking

OBJECTIVE 4.3

Encourage healthy nutrition in pregnancy and childhood

Target 1: Encourage healthy nutrition in the home environment

Activities
- Communicate the benefits of breast feeding up to 6 months
- Motivate and educate health professionals, other local health and childcare workers to promote healthy nutrition for mother and child

Indicators
- Increased breastfeeding of infants up to the age of six months
- The number of health professionals and other local health and childcare workers involved in healthy nutrition programmes

Target 2: Increase the supply of healthy nutrition in schools and institutions

Activities
- Support the implementation of standards of healthy nutrition to schools, kindergartens and other educational institutions in the region
- Implement whole school approach to healthy eating in the school setting,
- Training on healthy nutrition for teachers and food organisers

Indicators
- Number of institution who apply the standards of healthy nutrition
- Number of schools involved in implementation of whole school approach
- Number of participants in the training

Support drop-outs

Every year a number of young people leave school because of different reasons (performance failure, dispute with teacher, absence, health problems, family tragedy) and become unemployed. These young people between 15 and 25 have unrealistic expectations about work and employment opportunities, low motivation for education and inappropriate planning of future career.

These factors often lead to social exclusion of these young persons, marginalisation and often consequently to risky and aggressive behaviour. These school drop-outs often face many interrelated problems and reduced self-esteem, which may lead to the development of severe mental health problems. We aim to increase the self-esteem and social skills of school drop-outs to increase their capacities for social inclusion.

OBJECTIVE 4.4

Encourage self-esteem and healthy behaviour of school drop-outs

Activities
- Enhance the partnership to implement intersectoral programmes for drop-outs
- Develop appropriate training programme to strengthen positive self image and healthy behaviour
- Implement a training programme

Indicators
- Appropriate training programme
- Number of participants in the training
- Level of self-esteem after training

Support unemployed

The unemployment rate in the Pomurje region is 17%, high above the country average. Unemployed often have lower social inclusion, social contacts and a less healthy lifestyle. Long-term unemployment is linked to increased level of depression, and lower self–esteem. The risk of suicide is almost double among the people who lost their jobs. The loss of income is a major cause of stress and can affect health and well-being of the person, their family and the wider community. We aim to increase the social and coping skills of the unemployed facilitating them to find supportive social contacts and choose healthy behaviour.

OBJECTIVE 4.5

Increase social and coping skills of unemployed

Activities
- Training of social skills building
- Organise workshops to improve knowledge and skills on healthy lifestyle
- Organise workshops on stress management
- Support self-help groups for unemployed in order to increase communication and coping skills

Indicators
- Number of participants in training and workshops
- Level of knowledge on healthy behaviour
- Availability of self-support groups

Support the elderly

Due to an under average number of births and an above average mortality rate the natural increase has been negative for the past 20 years in this region, while being negative at the national level since 1997. As a result the number of inhabitants in Pomurje region has decreased for 6%, while the number of inhabitants in Slovenia has stayed almost constant for at least 20 years. Consequently, there are more elderly (65+) than young people (under 15 years of age). It is important that this broad group participates to a larger extent in the community.

In urban centres in the region children leave parents and form their own family. The elderly often stay and live alone or go to elderly homes. In the countryside the family traditionally takes care for the elderly, who stay and live at home. Economically disadvantaged families do often not have enough resources to pay for specialised care in an elderly home. On the other hand there is also shortage of places in elderly homes and an insufficient capacity of professional home care services. Consequently there is a big demand for home care and we aim to train people in the home environment to provide the home care themselves. A prolonged stay in the home environment with sufficient home care can be positive for the quality of life, social contacts and encourage the mobility and safe living environment of the elderly.

OBJECTIVE 4.6

Encourage social contacts, mobility and independence of elderly

Target 1: Encourage the participation of elderly in the community

Activities

- Develop programmes to enable elderly to participate fully in their communities
- Implement these programmes
- Engage NGO's to participate in programmes

Indicators

- Number of programmes that support participation of elderly
- Number of NGO's involved
- Number of elderly involved

Target 2: Improve capacity of family members and friends to provide home care

Activities

- Organise training programme on home care for family members and friends

Indicator

- Number of participants in the training
- The level of knowledge and skills of participants

Target 3: Support safe private environment

Activities

- Provide knowledge and train skills on safe housing conditions
- Create partnerships to perform home safety checks for elderly

Indicator

- Level of knowledge and skills of participants in training
- Number of partnership organisations involved in home safety checks for elderly

Support individuals with special needs

Even though individuals with special needs have legally regulated access to work, social benefits and health care, there are often thresholds towards these services and they often face stigma. This results too often in lower social inclusion.

Because of their specific needs and relative small number they are often neglected as a specific target groups for preventive health actions. We aim for adapted programmes with specific methods.

OBJECTIVE 4.7

Support health improvement of individuals with special needs

Target: Encourage healthy lifestyle of individuals with special needs

Activities

- Develop appropriate approach, methods and programmes on health promotion for individuals with special needs
- Implement programmes

Indicators

- Range of adopted promotional activities

Support minorities and ethnical groups
More than 6.000 Hungarians live in Slovenia, predominantly in the Pomurje region. There are also around 4.000 Roma in the region. In both groups we face language barriers as well as different cultural backgrounds, which can lead to social exclusion and a less favourable health status.

Every culture has a value system and norms that dictate behaviour directly or indirectly. Key to cross-cultural health promotion is understanding these value systems of other cultures and its influence on health. Through Community Empowerment Approach we are going to involve the Hungarian minority and Roma population into health promotion programmes in order to improve the quality of life in these communities. In principle, communities define their key development challenges and propose activities designed to address these issues. These activities then form the basis of local, regional and even national programmes. The approach provides special attention for marginalised groups within the community, including women. However, this does not exclude other parties from participating. Community Empowerment is a cyclical, participatory process where community members cooperate in formal or informal groups to share their knowledge and experiences and to achieve common objectives. It is a process organised around four 'key principles': economic opportunity, sustainable development, community- based partnership, and strategic vision for change.

For the Hungarian minority we aim to overcome the linguistic barrier for health promotion activities. For the Roma a community empowerment approach will be needed for communication and to find solutions for the problems related to health problems they experience. Therefore the health problems they experience will be identified, and tailored programmes will be developed.

OBJECTIVE 4.8

Encourage healthy behaviour of minorities and ethnical groups

Target 1: Enable lingual accessibility for Hungarian minority to health promotion activities

Activities
- Ensure performance of health promotion activities in Hungarian language
- Develop printed promotional material in Hungarian language
- Engage media to support health promotion activities in Hungarian language

Indicators
- Range of health promotion activities in Hungarian language
- Distribution of printed material in Hungarian language
- Media coverage on health promotion in Hungarian language

Target 2: Mobilising Roma community on health issues through empowerment approach

Activities
- Establish sustainable working partnership with Roma community
- Apply community empowerment approach to mobilise the Roma population

Indicators
- Level of partnership with Roma community

Target 3: Identify the health needs of Roma

Activities
- Design and perform research on lifestyle, which will be periodically repeated
- Enable Roma community to identify their own needs

Indicators
- Report on lifestyle
- Health status of Roma community

Target 4: Increase level of culturally appropriate health promotion for Roma

Activities
- Develop health promotion programmes for Roma community with their active involvement
- Implement health promotion programmes for Roma

Indicators
- Developed culturally appropriate health promotion programmes
- Number of implemented programmes

Target 5: Increase utilisation of preventive health care services by Roma

Activities
- Integrate preventive health care services into health promotion programmes for Roma
- Training of health professionals from preventive services to work with Roma population

Indicators
- Number of participants in the training
- The estimated change in level of preventive health care services utillisation by Roma

AIM 5: SUPPORT CLEAN AND HEALTHY PHYSICAL ENVIRONMENT

The physical environment has a huge impact on health. This includes not only the study of the direct pathological effects of various chemical, physical, and biological agents, but also the effects on health of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture[12]. The last decades the awareness has increased that we should value and protect this physical environment.

In Slovenia the period 1997-2000 was marked by the most critical pollution of ground water by pesticides and nitrates. In this period the aquifers in northeastern Slovenia including Pomurje experienced the heaviest pollution with nitrates.

Data show that around 450 kg of municipal waste per inhabitant is generated each year in Slovenia. The share of the population incorporated into the public service or regular collection and removal of municipal waste is rising continuously, being above 93% in 2001. 70% of the municipal waste management public service contractors have separate collection of waste. There is still a lot to achieve in the field of environment friendly way of life. Both the general population and the policy makers need to be encouraged to make and promote environment friendly choices.

OBJECTIVE 5.1

Encourage positive behaviour of people towards the physical environment

Activities

- Provide knowledge about healthy environment to increase awareness of population about the influence of environment on people's lives
- Develop programmes to discourage pollution creating behaviour by the population
- Implement the programmes
- Organise activities to encourage people to use the environment-friendly policy measures and make environment-friendly choices
- Ensure media support of activities

Indicators

- Range of messages about healthy environment
- The number of implemented programmes on pollution prevention
- The number of activities on environment friendly choices
- Media coverage of activities

OBJECTIVE 5.2

Encourage environment friendly policies on local level

Activities

- Provide knowledge to and train local stake-holders to make environment-friendly policies
- Lobby for environment-friendly policies

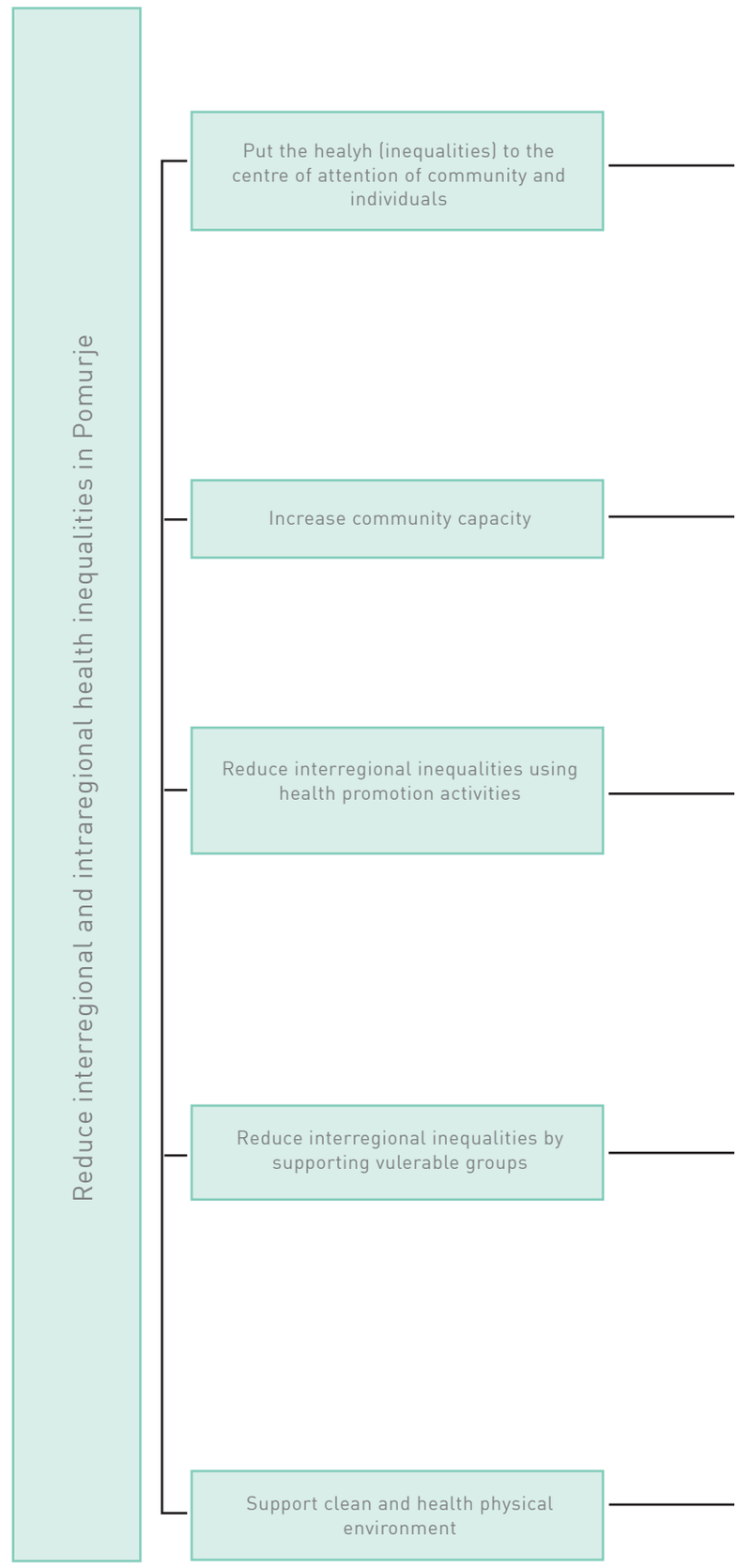
Indicators

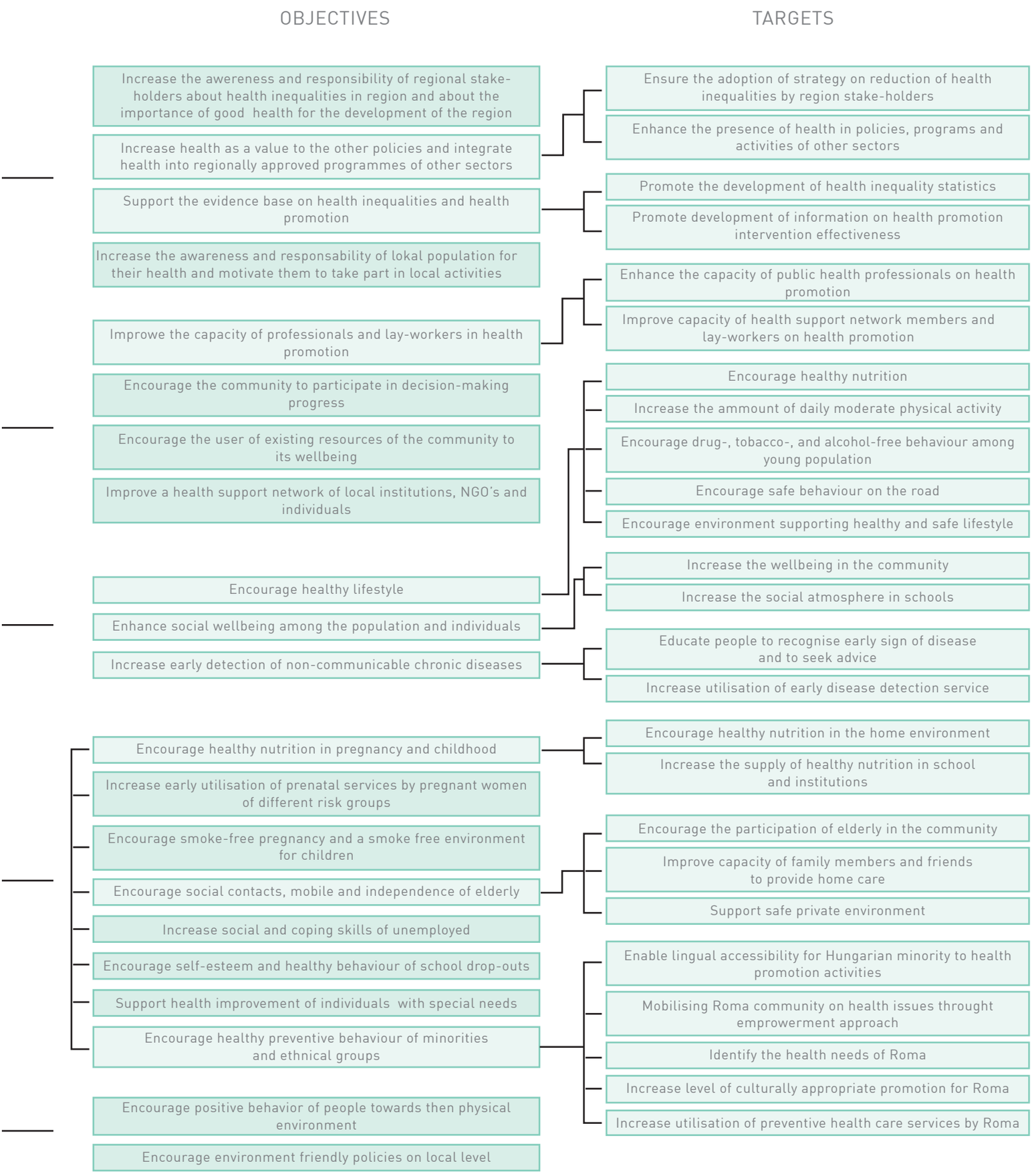
- The number of environment-friendly policies

CONCLUSION

The preparation of this strategy is an indicator of the increased capacity to tackle health inequalities in the Pomurje region. The plan is based on the mix of the policy recommendations to tackle health inequalities from previous research and the participative input of health professionals in the region. In this way the content of the plan is based on the regional context and therefore more realistic. The next step is to have it accepted by the regional council of mayors and be used in the development of the regional development plan 2007-2013. During this process a further prioritisation will take place. However, even before this political process, some activities are planned on a short time scale or have already been carried out such as the training of skills for home care of elderly and the training of self-esteem of school dropouts. These actions prove that the plan can be implemented.

The strategic plan is of great value for the region itself and it represents a good example of a participative capacity building process at the regional level. The experiences can be used to transfer the bottom-up process to other regions or for the development of recommendations for a national strategy for tackling health inequalities. The innovative bottom-up approach also has value on an international level as a good example of participative strategic planning at the regional level.




OBJECTIVES
TARGETS
Increase the awereness and responsibility of regional stake-holders about health inequalities in region and about the importance of good health for the development of the region
Increase health as a value to the other policies and integrate health into regionally approved programmes of other sectors
Ensure the adoption of strategy on reduction of health inequalities by region stake-holders
Enhance the presence of health in policies, programs and activities of other sectors
Support the evidence base on health inequalities and health promotion
Promote the development of health inequality statistics
Promote development of information on health promotion intervention effectiveness
Increase the awareness and responsability of lokal population for their health and motivate them to take part in local activities
Improwe the capacity of professionals and lay-workers in health promotion
Enhance the capacity of public health professionals on health promotion
Improve capacity of health support network members and lay-workers on health promotion
Encourage the community to participate in decision-making progress
Encourage the user of existing resources of the community to its wellbeing
Improve a health support network of local institutions, NGO's and individuals
Encourage healthy lifestyle
Enhance social wellbeing among the population and individuals
Encourage healthy nutrition
Increase the ammount of daily moderate physical activity
Encourage drug-, tobacco-, and alcohol-free behaviour among young population
Encourage safe behaviour on the road
Encourage environment supporting healthy and safe lifestyle
Increase the wellbeing in the community
Increase the social atmosphere in schools
Increase early detection of non-communicable chronic diseases
Educate people to recognise early sign of disease and to seek advice
Increase utilisation of early disease detection service
Encourage healthy nutrition in pregnancy and childhood
Increase early utilisation of prenatal services by pregnant women of different risk groups
Encourage smoke-free pregnancy and a smoke free environment for children
Encourage social contacts, mobile and independence of elderly
Increase social and coping skills of unemployed
Encourage self-esteem and healthy behaviour of school drop-outs
Support health improvement of individuals with special needs
Encourage healthy preventive behaviour of minorities and ethnical groups
Encourage healthy nutrition in the home environment
Increase the supply of healthy nutrition in school and institutions
Encourage the participation of elderly in the community
Improve capacity of family members and friends to provide home care
Support safe private environment
Enable lingual accessibility for Hungarian minority to health promotion activities
Mobilising Roma community on health issues throught emprowerment approach
Identify the health needs of Roma
Increase level of culturally appropriate promotion for Roma
Increase utilisation of preventive health care services by Roma
Encourage positive behavior of people towards then physical environment
Encourage environment friendly policies on local level

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