



# **TOWARDS BETTER HEALTH AND REDUCING INEQUALITIES IN HEALTH TOGETHER FOR HEALTH**

Presentation of the project with key positions, results  
and guidelines for further development

Edited by:

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Issuer and publisher: National Institute of Public Health, Trubarjeva 2, 1000 Ljubljana

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The publication is free of charge.

Ljubljana, May 2016

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## CONTENT OF THE PUBLICATION

### FOREWORDS

- I. INTRODUCTION  
TOWARDS BETTER HEALTH AND REDUCING INEQUALITIES  
IN HEALTH – TOGETHER FOR HEALTH
- II. THE PROJECT – TOWARDS BETTER HEALTH AND REDUCING  
INEQUALITIES IN HEALTH IN THE PERIOD FROM 24 SEPTEMBER 2013  
TO 30 SEPTEMBER 2016
  1. WORK PACKAGE 1 – PREVENTIVE HEALTH PROGRAMMES FOR CHILDREN AND ADOLESCENTS
  2. WORK PACKAGE 2 – PROGRAMME FOR THE INTEGRATED PREVENTION AND MANAGEMENT OF  
LIFESTYLE RELATED CHRONIC DISEASES, IN ADULTS
- III. KEY MESSAGES OF THE PROJECT AND FUTURE VIEW
- IV. IN ADDITION TO THE PLANNED PROJECT RESULTS, THE PROFESSIONAL  
COOPERATION BETWEEN SLOVENIA AND NORWAY DELIVERED  
ADDITIONAL POSITIVE EFFECTS – "HEALTH IN A MUNICIPALITY"  
INDICATORS

Prim. assist. prof. dr. Ivan Eržen, dr. med., spec.,  
Director of the National Institute of Public Health



## COMPREHENSIVE CARE FOR GOOD PUBLIC HEALTH

The increase of lifestyle-related chronic non-communicable diseases is a challenge for the majority of the developed countries that is becoming more evident with the ageing population. As an example, we may take a closer look at cancer mortality, which is decreasing but actually increasing due to the ageing population. For the experts in public health this problem is important in several aspects. Since we are aware that no health system will be able to manage this increasing burden in terms of financing as well as its implementation, the attention is paid to the programmes that could contribute to the decrease of the burden of chronic non-communicable diseases or at least postpone these diseases to a later stage of life.

In addition to the traditionally successful programmes and projects that are, for example, directed towards reducing the prevalence of two risk factors with extremely far-reaching negative consequences for public health (excessive alcohol consumption and smoking), in recent years the National Institute of Public Health has undertaken the development of more comprehensive programmes that more widely and from various perspectives address the issue of chronic diseases.

The Together for Health programme is an excellent example of such a project, since in addition to professionals in the field of public health it also included experts from numerous other fields – in the field of health as well as other fields. From their respective perspectives these professionals contributed to the formation of new programmes and approaches, and thus promoted preventive health care programmes.

I am certain that, in the long term, the results of this project will contribute to a better health of the population of Slovenia. We will work on the recognition and application of results in the formation of future programmes to be implemented in Slovenia within the scope of health care– in favour of future generations of children and adolescents as well as all other population groups in Slovenia.



MA Marija Magajne, dr. med., spec.,  
Project Manager of the "Towards better health  
and reducing inequalities in health" project

## TOGETHER FOR HEALTH

The predefined project "Towards better health and reducing inequalities in health" has grown from the initial project, which focused on the preparation of expert bases to renew the preventive health care of children and adolescents as well as adults, to more complex activities that go beyond the limits of a single project.

Numerous experts who participated in the preparation of contents and new models recognised the fields that must be renewed and thus created new models. The role of various stakeholders was recognised, e.g. social work centres, employment service, some humanitarian organisations and others who through their participation can contribute to a better inclusion of individuals, in particular vulnerable population groups, in the preventive programmes. Again, the central role of the health care centre was emphasised in the sense that it shall provide an active care for all the population of its respective area.

The experts participating in the project in various ways are so numerous that we cannot specifically state them at this point. A contribution of each individual, albeit seemingly small, meant a necessary piece in the mosaic of a comprehensive programme of preventive health care, for which scientific bases were formed. I appreciate the contribution of each and every one of them.

Nevertheless, I would like to point out both heads of areas who, together with their closest associates, were the heart of this project. Polonca Truden Dobrin and Jožica Maučec Zakotnik, thank you sincerely. Special thanks goes to the management and health care workers and other profiles in pilot projects carried out in health care centres. Such a large-scale project could not be executed without additional financial means, and thus we thank the Ministry of Health, which decided to support a pre-defined project within the NFM programme. And the greatest thanks goes to all the representatives of users of preventive programmes and health care services who were willing to share their observations and proposals for improvement.

Let me conclude by sharing the opinion of many participants in the project: we gladly participated in the interesting and extensive project and look forward to the effects of our work.

# I. INTRODUCTION

## TOWARDS BETTER HEALTH AND REDUCING INEQUALITIES IN HEALTH - TOGETHER FOR HEALTH

The **For Better Health and Reducing Inequalities in Health** project, in short **Together for Health**, has begun in 2013. It is financed by the **Norwegian Financial Mechanism 2009-2014**. The project holder is the National Institute of Public Health (NIJZ), while the Norwegian Institute of Public Health participates as a partner.

The general objective of the project is to reduce lifestyle related chronic non-communicable diseases through upgraded and promoted preventive health programmes for children and adolescents as well as adults.

The purpose and the key goal of the project was to establish new models and approaches in the field of preventive health care and contribute to better health and reduce inequalities in health for all population groups. To increase the accessibility of preventive health care for some vulnerable groups, the strengthening of the capacity and cross-sectoral cooperation would be applied. Two key products of the project are thus an upgraded programme of preventive health care for children and adolescents and an upgraded programme to prevent chronic non-communicable diseases in adults.

The project activities focused on the development of new approaches in the field of preventive health care for children and adolescents, including health education for children, adolescents, pregnant women and parents, as well as new approaches to prevent and reduce the burden of chronic non-communicable diseases in adults.

An example of good practice of cross-sectoral cooperation of experts of different profiles and professions

In the development as well as pilot tests of the extensive and professionally designed project, over 60 experts of different profiles from all units of the National Institute of Public Health participated together with more than 100 external experts in the field of family medicine, paediatrics, school healthcare, health care, health education, clinical psychology, community health care, gynaecology and obstetrics, midwifery, psychiatry, speech and language therapy, physical therapy, physical education, food technology, nutrition, dietetics, anthropology, sociology and other professional fields. Institutions of other sectors that through their activities and knowledge contribute to overcoming the obstacles of vulnerable population groups, such as social work centres, employment services and non-governmental organisations, participated as well. The cooperation with the Health Insurance Institute of Slovenia was also good.

## Structure of the "Together for Health" project

The core of the project comprises of two content work packages – the first in the field of preventive programmes for children and adolescents and the second in the field of preventive programmes of integrated management of chronic diseases in adults related to lifestyle. The activities in the third and fourth work packages provided support for a smooth implementation of the activities of the first two work packages.

The majority of the activities of the Together for Health project will be concluded by the end of June 2016, while the effects, knowledge, findings and newly designed or improved models in the field of preventive health programmes intended for children, adolescents and adults will be of a long-term nature.

More information on the project, progress and events is available on the project's web page

[www.skupajzazdravje.si/en](http://www.skupajzazdravje.si/en).

## Presentation of the project "Together for Health"

Name: Towards better health and reducing inequalities in health

Short name: Together for Health (SZZ)

Holder: National institute of public health (NIJZ)

Partner: Norwegian Institute of Public Health – FHI

Project Manager: Marija Magajne

Head of Work Package 1 – Children and adolescents:

Polonca Truden Dobrin

Head of Work Package 2 – Adults:

Jožica Maučec Zakotnik

Participants: Slovenian experts in the field of

preventive health care, representatives of the

professional associations and health care providers

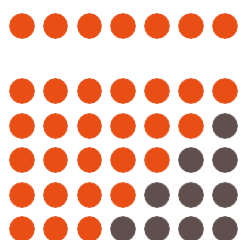
Duration: from 24 September 2013 to 30 September

2016

Financing: Norwegian Financial Mechanism 2009-2014

Programme: Public health initiatives

Project type: Pre-defined project



Over

# 100

PROFESSIONALS  
of different  
profiles and  
disciplines  
participated in the  
project



Over

# 100

WORKSHOPS,  
EVENTS,  
PROFESSIONAL  
MEETINGS,  
EDUCATION  
PROGRAMMES

were carried  
out in the  
2013 - 2016  
period



## PROFESSIONALS

of different profiles and  
disciplines in the field of public  
health, family medicine,  
paediatrics, school healthcare,  
health care, health promotion,  
clinical psychology, community  
health care, gynaecology and  
obstetrics, midwifery,  
psychiatry, speech and  
language therapy, physical  
therapy, physical education,  
food technology, nutrition,  
dietetics, anthropology, etc.





## **II. PROJECT “TOWARDS BETTER HEALTH AND REDUCING INEQUALITIES IN HEALTH” IN THE PERIOD FROM 24 September 2013 TO 30 September 2016**

In the continuation of the publication, the key results, achievements and progress of the activities of the "Together for Health" project are presented with the focus on two important content work packages:

- WORK PACKAGE 1 – PREVENTIVE HEALTH PROGRAMMES FOR CHILDREN AND ADOLESCENTS and
- WORK PACKAGE 2 – PROGRAMME FOR THE INTEGRATED PREVENTION AND MANAGEMENT OF CHRONIC DISEASES IN ADULTS RELATED TO LIFESTYLE.

## 1. WORK PACKAGE 1 – PREVENTIVE HEALTH PROGRAMMES FOR CHILDREN AND ADOLESCENTS



Today, there is no doubt that the foundations of long-term health of an individual start to form already before birth and upgrade in the first years of life. Thus, the quality screening and preventive programmes, supported by evidence, programmes of promotion and health protection of pregnant women, children and adolescents, which are to the greatest extent possible adapted to the needs of beneficiaries, are vital to health promotion and reduction of health inequalities. Updated contents and methods of implementation are designed to ensure all children, adolescents, their parents and future parents access to high-quality preventive health services. Thus, we wish to contribute to better health of today for tomorrow.

Updated contents and methods of implementation of the preparation for childbirth and parenthood are formed to provide all future parents access to high-quality and verified information and skills. Thus, we wish to contribute to better health of pregnant women, babies and the whole new family. We updated the contents and methods of implementing the preventive activities in maternity hospitals at childbirth and preventive visits carried out by district nurses at home of neonatal mother and baby, and thus provide very important support to the young family. Through the updated programme and new gradual interventions, we wish to adapt to changes that occurred due to the shortening of the length of stay in maternity hospitals which caused the district nurses of today to experience different problems of neonatal mothers and babies.

**A basis for good primary health care is a preventive programme for babies, pre-school and school children, and students.** All contents of the programme, i.e. the examinations and health education consultancy, individual and group forms of work, were revised while the preventive examinations were logically placed according to the growth and development of a child, and rationally outlined by eliminating some visits. We updated

prim. Polonca Truden Dobrin, dr. med., MSc, spec.  
Head of the Work Package 1



contents of health education which importantly contribute to the awareness and the acquisition of skills for a healthy lifestyle. We studied all screening tests, laboratory tests, measurements, collections of data with targeted medical history, applied questionnaires, and the content of clinical examination.

We addressed an important public health issue of excessive weight and obesity among children and adolescents and defined the collection of data with questionnaires, measurements and the link with sport-education charts to define the clinical condition. It is a child-oriented care for healthy body weight and physical activity in the partnership with parents and schools or kindergartens and the graded observation at the primary level. In this field, we outlined individual and group measures that we plan to upgrade and link with the supportive environment and activities in schools and the local community in the future.

From the users' opinions we understand that the established preventive programme with a long tradition in Slovenia has a low profile. The name chosen for the project was ZDAJ (**NOW**). – **Today's Health for Tomorrow** which beautifully epitomises the lifelong health perspective. We developed a visual identity of the programme and approached the users with a web page and the adolescents with a technically advanced on-line counselling. This was also based on Slovenian and foreign good practices.

An important objective of the project was to reduce health inequalities. Immigrants fall under the groups at risk for poor health outcomes, in particular since they do not know the country's health system and have problems in acquiring information and communicating with health staff due to language barriers. Thus, we prepared the material in different languages with basic information on the operation of the health care system in Slovenia and information on healthy lifestyle during pregnancy.

The new programme of workshops for drop-outs directly addresses the increased inclusion of the target population in the preventive programme and the reduction of health inequalities. We developed a model of cooperation of mentors in the social inclusion programmes, performers of health care and experts in the field of public health.

Each quality preventive programme requires management, professional handling, regular updating and adapting to new developments. To provide efficient management, it is necessary to monitor the implementation of the programme and the health status of the population with a modern information system. This is an important challenge in order to provide the evaluation of individual measures and the programme and to go beyond the indirect conclusions on its efficiency. The information system is also extremely important to increase the inclusion of the target population. In order to truly provide the same level of accessibility, it is necessary to enable active operation for the inclusion of non-respondents of all ages, from the systematic information on home care services at the discharge of the neonatal mother and her baby from the maternity hospital to the monitoring of the inclusion of pre-school children and school children in the preventive programme. Special attention must be paid to vulnerable groups of children and adolescents who should be included in preventive care.

In the Work Package "Children and adolescents", the screening, preventive care and activities to promote health from the pregnancy up to 19 years of age were outlined. All stakeholders were joined in partnership, and we went beyond the limits of health care in the sectors that are crucial for children's health. Eighty outworkers, forty co-workers from NIJZ, fifteen children, important decision-makers, ambitious assistants included in pilot tests, mentors, teachers, educators, youth workers and those for whom the preventive programme is intended: children, adolescents, parents, future parents – we all joined **together for health**. We are glad that new opportunities arise for our operation and attainment of common objectives.

## BACKGROUND

Healthy beginning of life and health care of the young are also considered as fundamental health care objectives in the National Programme for Children and Adolescents in the Republic of Slovenia 2006-2016, which defines that children and adolescents must be provided with optimum conditions for a healthy development, from birth on, in various environments. The health of children and adolescents, protection of the vulnerable young and family-friendly health care activities are addressed in international documents within the scope of the protection of children's rights. With changes in the social environment and lifestyle, there are different risk factors for health and new illnesses. The impact of social determinants in the first years of life on the child's future health and other outcomes that determine the welfare of an individual is important. Thus, health care must be developed and upgraded, and priority objectives must be directed towards reducing differences and eliminating health inequalities also with preventive programmes and approaches for endangered and underprivileged groups. The importance of health care adjusted to the changed health care needs is increasing also due to the trends of unhealthy lifestyles and chronic diseases among the adult population.

To enable children and adolescents to attain their full health and development potential, and to reduce the burden of illnesses, our work included the guidelines of the European strategy for child and adolescent health and development to adopt and implement efficient interventions for child's health, equal access to quality health care services for all children, to promote the support of the health system for child's health and provide cooperation of the community in improving the children's health. In the process leading to equal health opportunities, we were guided by the principles of the lifelong approach, from the prenatal period to adolescence and adulthood, providing equality and observing the needs of the underprivileged, cross-sectoral operation and cooperation of target groups. The project first

included users in all phases, from the needs assessment to the evaluation of the proposed novelties and discussions on the possible implementation of the preventive programme. Special attention was paid to vulnerable groups, an increased inclusion of the target population in the preventive programme, development of good practices for early detection of children and adolescents with a higher health risk, and development of efficient inter-disciplinary and cross-sectoral cooperation.

## OBJECTIVES

The objective of Work Package 1 was to update preventive health care for children and adolescents with new programmes, tools and interventions with the focus on reducing inequalities and risks of chronic non-communicable diseases by using the concept of youth-friendly health care services and the approach of a life-long perspective. To reach the objective, we set a task to upgrade the preventive programme for children and adolescents and increase the capacity and resources of the preventive programme through preparation and implementation of new education programmes and trainings.

**By renovating the Programme of preventive health care for children and adolescents, we wish to enable children and adolescents to attain their full health and development potential and reduce the burden of diseases related to lifestyle.**



## WORKING GROUPS

To provide more quality and efficient work on the project, the participating experts were organised in several working groups (WG), within the scope of which they prepared the contents for individual fields:

Within the Working Package “Children and Adolescents”, the working groups were formed as follows:

- WG –Assessment of needs,
- WG – Preventive examinations with sub-groups for new-born, pre-school and school children.
- WG – Prevention of obesity and healthy lifestyle of a child and family,
- WG – Quality parenthood for a healthy beginning,
- WG – Health care services for adolescents in the local community
- WG – Evaluation, indicators and monitoring of preventive health care for children and adolescents,
- WG – Health education for children, adolescents and their parents, and
- WG – Health education for future parents.

More information on the substantive scope of individual working groups is available on the webpage [www.skupajzazdravje.si/otroci-in-mladostniki/delovne-skupine](http://www.skupajzazdravje.si/otroci-in-mladostniki/delovne-skupine).

## ACTIVITIES OF THE PROJECT

The activities of the project also aimed to:

- supplement mechanisms and upgrade the programmes directed to the prevention of diseases, early detection, timely action and health promotion,
- rationally schedule the terms and define the content of treatments and interventions,
- develop competences in parents and children,
- join the performers within health care centres in the prevention team,
- link preventive teams for children and adolescents with kindergartens or schools, the local community
- strengthen the links between the performers of preventive programmes and NIJZ,
- increase the inclusion of the target population and work to reduce health inequalities,
- strengthen the capacity to implement activities in preventive health care.

The activities of the project are stated on the following page of the publication.



ZDRAVJE  
DANES  
ZA JUTRI

Programme of preventive health  
care for children and adolescents

## ACTIVITIES OF THE PROJECT (continued from the previous page)

### 1. ASSESSMENT OF NEEDS

Through the assessment of needs, which is a basis to plan improvements of preventive health care of children and adolescents, and approaches to reduce health inequalities, the needs of children and their parents were highlighted, in particular the vulnerable and underprivileged groups of children and adolescents. Through networking, the stakeholders in the field of preventive health care for children and adolescents were linked and included in the project work. The assessment of the state was also prepared to plan better and more efficient measures.

### 2. PROGRAMME AND MODEL DEVELOPMENT

All contents of the preventive programme for new-borns, infants, pre-school children, school children and students were examined and on the basis of the assessment of needs and state, comparative analysis of programmes and scientific results, the proposal of a renewed preventive programme was prepared with new contents, tools and approaches. The preparation of the proposal included the principles of child- and adolescent-friendly health care services. Special attention was paid to adolescent drop-outs and a special programme of health education and procedure of inclusion in the preventive programme was prepared for them to increase the inclusion of the target population in the programme.

### 3. PREPARATION AND DETERMINATION OF INDICATORS AND METHODOLOGY TO MONITOR AND EVALUATE THE PREVENTIVE PROGRAMME AND THE DESIGN OF THE MANAGEMENT SYSTEM

Within the scope of the project, the proposal of indicators that will be used as a tool to monitor the implementation and evaluation of preventive programmes and assistance in assessing health of children and adolescents was prepared. The proposal to manage the preventive programme was prepared with the purpose of better coordination of the implementation and increase of inclusion of the target population. Thus, the network will be linked with preventive teams for children and adolescents across Slovenia. The objective is also the integration of and cooperation with kindergartens, schools and the local community.

### 4. COMMUNICATION STRATEGY

The prevention programme was given a new identity – it was named the ZDAJ programme – Today's health for tomorrow, which epitomises the approach of a lifelong perspective. A web page was created with key information on preventive examinations and health and educational activities. The on-line counselling room "This is me" was upgraded.

### 5. PILOT TESTING OF NEW MODELS

The programmes of updates designed within the scope of the project were pilot tested in different environments. On completion of the project, the reports on the implementation of pilot tests will be available. Users and providers were satisfied with the updates and accepted them well.

### 6. EVALUATION OF THE PROGRAMME PILOTS AND ADJUSTMENTS

Experience gained by the performers of pilot tests will be analysed and the supplements of the proposed updates will be prepared.

### 7. HARMONISATION OF THE RESULTS IN THE BROADEST PROFESSIONAL CIRCLES

Results were presented to various professional circles at numerous national and international meetings and published on the project web page and the web page of the ZDAJ Programme. Updates and proposals will be presented to all key stakeholders.

### 8. PREPARATION AND IMPLEMENTATION OF NEW PUBLIC HEALTH COURSES

Within the scope of the project, new training programmes for performers of preventive health care were prepared and also implemented. They are already using the acquired knowledge and skills in their work. We updated the training programme Public health of children and adolescents for paediatrics specialists.



## PROGRAMME OF PREVENTIVE HEALTH CARE OF CHILDREN AND ADOLESCENTS – NOW PROGRAMME – TODAY'S HEALTH FOR TOMORROW

The programme of preventive health care of children and adolescents was named the ZDAJ Programme – TODAY'S HEALTH FOR TOMORROW with its key message that actions for the health of children and adolescents are crucial for the health of the active and ageing population. These actions stem from the scientific knowledge of evidence-based medicine and public health.

In addition to the foregoing activities and findings of the ZDAJ Programme, the development of the model to manage and monitor the implementation and evaluation is planned so that the ZDAJ Programme operates according to the modern principles of preventive and screening programmes, pursues development and includes efficient interventions.

## WEBSITE WITH INFORMATION ON THE PROGRAMME OF PREVENTIVE HEALTH CARE OF CHILDREN AND ADOLESCENTS

Within the scope of the project, the web page of the Programme of preventive health care of children and adolescents (ZDAJ) was created and is available at **[www.zdaj.net](http://www.zdaj.net)**.

This web page provides key information on the Programme of preventive health care of children and adolescents. It is intended for parents, future parents, guardians, children, adolescents and other general public.



## UPGRADE OF THE ONLINE CONSULTANCY ROOM [WWW.TOSEMJAZ.NET](http://WWW.TOSEMJAZ.NET) THAT BOASTS WITH 15 YEARS OF TRADITION IN THE FIELD OF ONLINE CONSULTANCY FOR ADOLESCENTS

Adolescents may also use the on-line consultancy room **[www.tosemjaz.net](http://www.tosemjaz.net)** that provides an easy and quick access to professional advice. The network of on-line advisers – volunteers – includes 65 experts of different profiles. The advisers answer approximately 3,000 questions per year related to dilemmas and problems of growing up. This is a modern attempt to approach adolescents in the field of public health. The basic purpose of networking of the Tosemjaz web page and the web page of the ZDAJ Programme is to integrate the existing preventive contents with new approaches.

## PREVENTION OF OBESITY AND A HEALTHY LIFESTYLE OF A CHILD AND A FAMILY

One of the working groups dealt with the public health problem of excessive body weight and obesity of children and adolescents. It prepared a proposal that defines the collection of data through questionnaires, measurements and the link with sport-educational charts to define the clinical state. The application of unified anthropometric criteria, profound diet history and a greater emphasis on the psycho-social aspect of overnutrition at all age levels are important. It is a child-oriented care for healthy body weight and physical activity in the partnership with parents and schools or kindergartens and the graded observation at the primary level.

Individual and group measures were outlined that are planned to upgrade and link the supportive environment and activities in schools and the local community in the future.



## PILOT IMPLEMENTATION

Some of the prepared novelties were pilot tested and thus examined in practice. Within WORK PACKAGE 1 – Children and adolescents there were five pilot tests at four locations. The pilot tests of renewed preventive programmes took place in the Health Care Centres of Sevnica, Vrhnika and Celje, at the Murska Sobota Adult Education Institute, within the scope of the Project learning for young adults (PUM) programme and the Salesianum Institute in the regional unit PUM Celje.

### Quality parenthood for a healthy beginning

The group for "**Quality parenthood for a healthy beginning**" prepared a pilot implementation of preventive home health care of new-borns, infants and neonatal mothers. The purpose was to address target populations in terms of health promotion and maintenance, prevention of diseases and potential complications, and empowerment of women and their partners in taking care of their new-borns. The group prepared an updated scheme of visits to neonatal mothers and new-borns with complemented and updated contents for individual visits.

Special attention was paid to the recognition of vulnerable groups within the target population. In the case of detected vulnerability criteria, district nurses had an option to have up to three additional preventive visits. Pilot tests profoundly dealt with breastfeeding and counselling in the case of potential problems related to breastfeeding and mental health of a neonatal mother. A district nurse conducted a screening test for a postnatal depression by using a questionnaire and in the event of a positive result took measures according to the guidelines. During the implementation of the pilot test, district nurses had an opportunity to consult an IBCLC adviser, clinical psychologist and psychiatrist. Pilot tests took place in Celje and Sevnica.

### Health education for future parents

The working group "**Health education for future parents**" prepared the contents and upgrade of the School for future parents programme. The preparation for childbirth and parenthood is intended for pregnant women and their partners to familiarise themselves with the course of pregnancy, healthy lifestyle during pregnancy and after childbirth, the course of childbirth and childbirth preparations, as well as the post-natal period with the care of an infant. They also acquire some crucial skills important for the transitional period from partnership to family life.

The group objective was to update the contents of the school for future parents and unify their implementation to contribute to health promotion for all family members at the very beginning. The implementation of the pilot "Preparation for childbirth and parenthood" took place at the pilot locations in Celje, Sevnica and Vrhnika.

Within the scope of the project, the **school for parents** entitled **Advice and Discussion on the Infant** was also re-emphasised. In the first year of a child's life, there are three meetings foreseen where young parents will gain information on the topics relevant to that period, such as care for new-borns and infants, breastfeeding and diet, dealing with acute diseases, safety and prevention of injuries, and mental health during the childbirth period. The meeting in the 2nd month after the childbirth was pilot tested. The implementation of the pilot took place in the health care centres in Celje and Sevnica.

### Health education for children, adolescents and parents

The group "**Health education for children, adolescents and parents**" prepared the pilot test "Health education in schools". The purpose of the pilot was to establish cooperation between health care workers and schools with the aim to provide a comprehensive implementation of health education in supportive environments. At the level of the target population, the focus is in particular on the provision of the unified knowledge standard (knowledge, skills, competences) of children and adolescents in the field of health and healthy lifestyle, and also on reducing health inequalities.

Within the scope of the project, together with the performers of health education, we prepared the plan of cooperation with kindergartens and schools in the selected environments. Through monitoring the cooperation with kindergartens and schools and the preparation of the plan to implement health education, the critical points and problems were identified that occur during the entering of health care workers in kindergartens and schools. Thus, an example of good practice was developed that will be used in regions where such cooperation has still not been established. The pilot test was carried out in the health care centres in Celje, Sevnica and Vrhnika.

## Health care services for adolescents in local communities

The work group "**Health care for adolescents in local communities**" prepared the programme "Health promotion in the group of drop-outs". The main purpose of the programme is to promote and protect mental health and stimulate a healthy lifestyle of adolescents. It is designed for the young people aged between 15 and 25 who are included in the Project learning for young people (PUM) programme that is now called Project learning for young adults (PUMO).

The programme comprises of a series of interactive workshops in the field of mental health, safe sex practices, healthy diet and promotion of physical activity, and the preventive examination for the participants after the programme for the third grade of the secondary school. The pilot implementation of the learning workshops took place within the scope of the PUM programme in Murska Sobota and Celje.

## EDUCATION AND TRAINING

To attain the objective of increasing the capacity and resources for the preventive programme with the preparation and implementation of new education and training programmes, the curricula were prepared and implemented:

- Education for the implementation of the programme of home preventive care for new-borns, infants and neonatal mothers;
- Education for the implementation of the programme of the school for future parents;
- Interdisciplinary education for the implementation of the programme Health Promotion in the Group of Drop-outs;
- Curriculum of a six-week postgraduate course for paediatrics specialists in public health for children and adolescents was updated.



## PRODUCTS OF WORK PACKAGE 1

**According to the project plan, individual working groups of WORK PACKAGE 1 prepared the following products during the project implementation:**

### **Working Group "Assessment of Needs":**

- Reports on the implementation of the assessment of needs;
- Publication of the assessment of needs – in the phase of preparation for printing and publication on the web page.

### **Working Group "Preventive programmes with the subgroups for new-borns, preschool children and school children:**

- Proposal for the upgraded preventive programme for new-borns in the maternity hospital – in phase of preparation to be published on the web page.
- Proposal for the upgraded preventive programme for preschool children – in phase of preparation to be published on the web page.
- Proposal for the upgraded preventive programme for school children and pupils – in phase of preparation to be published on the web page.

### **Working Group "Prevention of obesity and a healthy lifestyle of a child and a family:**

- Definition and observation of overnourished and obese children and adolescents – proposal in the supplementing phase.

### **Working group "Quality parenthood for a healthy beginning":**

- Preventive home health care of pregnant women,
- Preventive home health care of neonatal mothers,
- Preventive home health care of new-borns and infants,
- Forms to record visits
- List to control safety at home: See and check whether your home is safe for the infant. (products are available on the web page),
- Presentation of professional contents for the performers with key emphasis on an individual topic – ppt. presentations.

### **Working group "Health education for future parents":**

- Preparation for childbirth and parenthood,
- Advice and discussion on the infant,
- Material for users (selection by individual topics selected),
- Material for performers of preparations for childbirth and parenthood (selection by individual topics),

- Material for providers of advice and discussion on the infant (selection of contents for Advice and Discussion on the Infant),
- Handouts for users (selection by individual topics),
- Presentation of professional contents for the performers with key emphasis on an individual topic – ppt. presentations (by individual meetings),
- Infographics – information on the health system in Slovenia for immigrants in several languages (products are available on the web page).

### **Working group "Health care services for adolescents in local communities":**

- Health promotion in drop-outs in the programme Project learning for young adults (with a presentational documentary, products are available on the web page)
- Evaluation report on the implementation of the programme Project learning for young adults – in the preparation phase to be published online,
- Presentation of professional contents for performers with key emphasis on an individual topic – ppt. presentations.

### **Working group "Health education for children, adolescents and parents":**

- Programme of health education for children and adolescents (with emphasis on the cooperation with schools),
- Selected workshops for some target populations (good poise for the 3rd grade, workshops for children in kindergartens). Documents are in the preparation phase to be published online.

### **Working group "Evaluation, indicators and monitoring of preventive health care for children and adolescents":**

- Catalogue of indicators to monitor and evaluate the programme – in the preparation phase to be published online,
- Document on the management of the ZDAJ Programme – document is in the supplementing phase.

### **The following products were prepared as well:**

- Report on the implementation of the pilot tests (for rural and urban environments),
- Evaluation report of the pilot tests
- Curriculum of a six-week postgraduate course for the paediatrics specialists in public health for children and adolescents,
- The web page [www.zdaj.net](http://www.zdaj.net),
- Upgraded online counselling room "To sem jaz" [www.tosemjaz.net](http://www.tosemjaz.net).









## 2. WORK PACKAGE 2 – PROGRAMME FOR THE INTEGRATED PREVENTION AND MANAGEMENT OF LIFESTYLE RELATED CHRONIC DISEASES IN ADULTS



With the purpose to attain better health and reduce health inequalities, the existing preventive programme for the adult population was upgraded within the scope of the project, and new contents, tools and approaches were developed for a more efficient inclusion of the target population, and a non-medical address that better observes the needs of users.

Integration, which is a basic concept of the Programme for the integrated prevention of chronic diseases and reducing health inequalities in adults, is a concept of inclusion, cooperation and integration of the existing and new processes, communication channels, considerations, target groups, teams in preventive discussions, monitoring and evaluation, as well as management at the national, regional and local level.

The mission of a health care centre in terms of public health is wide and comprehensive – active care to attain the highest possible level of local community health and reduce health inequalities, systematic implementation of different preventive programmes and health promotion activities, provision of an efficient integration of population with a preventive approach in approaching an individual with high risk, structured and individual-oriented health education, provision of an active participative role of users in the processes of determining priority actions, and realisation of the common health approach. In the project Together for Health, the solutions to promote the mission of health care centres in terms of public health were developed first.

For an efficient reduction of health inequalities, it is crucial that the inequalities are comprehensively recognised – what they are, what causes them and which population groups are affected the most. With this purpose, an extensive quality field study was carried out in 2014 within the scope of the project "Towards better health and reducing inequalities in health – Together for Health", by which some key

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Head of Work Package 2



groups of vulnerable persons were identified. These include the unemployed, precarious workers, immigrants, the homeless, illegal drug users, persons with mental health problems, Roma, persons with various disability forms, and others. At the same time, their obstacles in taking care for their own health as well as obstacles in accessing the system of health care were defined, with the specific emphasis on the obstacles in their inclusion in preventive programmes.

Within the scope of the Together for Health project, and according to the legislative baselines for preventive health care at the primary health care level and key findings of the assessment of needs and the analysis of state, the concept of health promotion centres (CKZ) was prepared. These are independent organisational units in the organisational structure of the health care centre and key organisational structures at the primary level of health care to provide activities of health promotion, health education and reducing health inequalities in local communities. One of the key new features and advantages of CKZs is accessibility for the local community.

In pilot tests of the feasibility of the upgraded preventive programme that took place in three health care centres, namely Health Centre Sevnica, Health Centre Vrhnika and Health Centre Celje, with pertaining local environments, different institutions participated (social work centres, Employment Service of Slovenia, Health Insurance Institute of Slovenia, NIJZ regional unit, the municipality), as well as non-governmental organisations and numerous experts. The health care centres were key partners in supporting and realising the new concept of the community approach to promote health and reduce health inequalities in the local community.

Experts in home health care and in CZKs from pilot environments, empowered with interdisciplinary knowledge, skills, new tools, modern approaches to health promotion and health education, accessed within the community approach, with the assistance

of different health and non-health partners in the local environment, people with difficulties in accessing the preventive programmes, helped them to eliminate those problems and succeeded in including them in preventive programmes.

Within the pilot testing of the Together for Health project, 850 vulnerable persons were observed; mostly they were unemployed, socially and economically disadvantaged persons and persons with mental health issues.

As the most frequent obstacles in accessing the preventive programmes, the lack of information and motivation of users were identified. In pilot tests, the common operation of the health care centre with the support of the NIJZ regional unit proved crucial.

## BACKGROUND

Chronic non-communicable diseases, including cardiovascular diseases, diabetes, chronic obstructive pulmonary disorder, cancer, obesity, depression, dementia and functional reduced capacity of elderly people are a great burden for the society which only increases with the ageing of the population. Chronic non-communicable diseases are the cause of a higher mortality rate and premature mortality, incapacity to work and disability, and increase the costs in the field of health care and social security.

The main reason for the development of chronic non-communicable diseases is an unhealthy lifestyle, which is more prominent in groups with a poor social and economic status. Analyses show that the social and economic status importantly affects the health of the population in Slovenia. There are great differences in morbidity, mortality and life expectancy in different socio-economic population groups. The sample and extent of health inequalities is similar to other member states of the European Union.

Due to the prevalence of chronic non-communicable diseases in Slovenia, the upgrade of the existent organisation and capacity is required at the primary health care level. For an efficient management and prevention of chronic non-communicable diseases, new models and programmes are required as well as the strengthening of the capacity of medical staff in this field.

## OBJECTIVES

The objective of the Together for Health project in the field of WORK PACKAGE 2 was to form and upgrade the programme of integrated prevention and comprehensive treatment of chronic patients of adult populations at the primary level of health care activities with the included approaches to reduce health inequalities.

To attain the goal, two products were to be formed in the project:

- Model for integrated prevention and management of chronic non-communicable diseases in adults related to lifestyle,
- Improvement of the capacity and means for preventive programmes for adults.

## WORKING GROUPS

Within WORK PACKAGE 2 – PROGRAMME FOR THE INTEGRATED PREVENTION AND MANAGEMENT OF CHRONIC DISEASES IN ADULTS RELATED TO LIFESTYLE

the following working groups (DSK) were developed:

- DSK for primary and secondary prevention in the family doctors' clinics and reference clinics of family medicine,
- DSK for non-medical treatments,
- DSK to support the prevention and management of chronic non-communicable diseases at home and in the local community,
- DSK for self-treatment of cardiovascular diseases,
- DSK for self-treatment of type 2 diabetes.
- DSK for self-treatment of depression,
- DSK for self-treatment of functional reduced capacity,
- DSK for the reduction of inequalities and management of vulnerable groups,
- DSK for the development of indicators,
- DSK for the development and organisation of educational modules.
- DSK for integration and
- DSK for the preparation and dissemination of publications (editorial board).

More information on the substantive scope of individual working groups and their conducted work is available on the web page [www.skupajzazdravje.si/odrasli/delovne-skupine-153/](http://www.skupajzazdravje.si/odrasli/delovne-skupine-153/)

## ACTIVITIES OF THE PROJECT

Within the scope of the "Together for Health" project, the following activities were implemented:

### 1. ASSESSMENT OF NEEDS

Epidemiological evidence with a great level of certainty confirms a great burden of chronic non-communicable diseases related to lifestyle, their risk factors and a burden that chronic non-communicable diseases present for the whole society and the health care system. The analyses indicate also the weaknesses in organisation, capacity and operation of the health care system at the primary level to efficiently deal with non-communicable diseases with an emphasis on justice and quality. In this regard, the aspect of an individual has not yet been studied. Thus, the project initially focused on the provision of evidence and mechanisms to define special needs of vulnerable and underprivileged adults. The purpose was to provide data-based development of such models of preventive services that will sufficiently and reasonably meet their needs. The assessment of needs will offer support to decision-makers in terms of efficient application of available resources, reduction of established gaps and construction of a health system that will respond to specific needs of individual groups of users. The participation of target groups in terms of data will also help the health education models to develop.

### 2. PROGRAMME AND MODEL DEVELOPMENT

The project focuses on the development of guidelines, protocols and models for comprehensive prevention of chronic non-communicable diseases related to lifestyle in three segments of primary health care:

- Clinics of general practitioners/family doctors or reference clinics of family medicine,
- Health promotion centres and
- Home care service;

and on the development of solutions to include vulnerable population groups in preventive treatments in the local community.

### 3. PREPARATION OF THE SET OF INDICATORS AND METHODOLOGY TO MONITOR AND EVALUATE THE PREVENTIVE PROGRAMME

A set of national indicators of prevalence of chronic non-communicable diseases and risk factors in adults and the methodology to monitor and evaluate the programmes in the field of preventing chronic non-communicable diseases in adults was developed. Methodological guidance for data collection was prepared.

### 4. PILOT TESTING OF NEW MODELS

New approaches, tools, strategies, programmes and models of comprehensive prevention and treatment of chronic non-communicable diseases related to lifestyle were tested and evaluated in pilot tests. The indicators and methodology to collect data at the national level was examined as well as the monitoring and evaluation of preventive programmes of primary health care.

### 5. EVALUATION OF PROGRAMME PILOTS AND ADJUSTMENTS

Experience gained by the performers of pilot tests on new models and approaches through the performance of the pilot tests were analysed and evaluated. The supplements and upgrades of the formed models of new programmes and approaches were prepared. Feedback required to introduce the improvements was acquired also through examinations of the satisfaction level of users. The evaluation results were included in the final document that represents the evidence base for upgrading preventive programmes.

## 6. HARMONISATION OF THE RESULTS IN THE BROADEST PROFESSIONAL CIRCLES

The project was designed so that the representatives of the interested public participated in all project phases. Within the project, a special activity also took place with the aim to submit information to all stakeholders, also to those not directly included in the project. Results were and will be presented to professional circles at national and international meetings and conferences, and through professional publications.

According to the assessment of needs, different environments, health and non-health related, as well as different activities were included in the development of programmes and models: health care centres, clinics of family medicine, reference clinics of family medicine, health promotion centres, home health care, institutions at the secondary level of health care, local communities, different communities that include vulnerable groups, social work centres, the Employment Service of Slovenia, non-governmental organisations, and others.

The existing programmes and models were developed, upgraded and included as pilot programmes in the foregoing environments, communities and activities. In the development, the following key concepts to attain efficient and quality prevention of chronic non-communicable diseases were observed (chronic non-communicable diseases):

- Participation and integration of stakeholders within health care institutions and stakeholders outside the field of health care,
- Development of comprehensive integrated services to attain objectives of reducing health inequalities.

## 7. PREPARATION AND IMPLEMENTATION OF NEW PUBLIC HEALTH COURSES

Within the scope of the project, training programmes were developed and implemented for health care workers in the field of comprehensive prevention of chronic non-communicable diseases with an emphasis on reducing health inequalities. Training programmes were developed for all new fields of preventive programmes. The programmes were prepared and implemented as follows: "Training on the obstacles of vulnerable groups in the health care system and the importance of reducing health inequalities", and "Training for the development of cultural competences of health care workers". The curricula were also prepared for the foregoing trainings.

The developed solutions of the programme and models of integrated prevention of chronic non-communicable diseases, including the measures for better inclusion and proper treatment of underprivileged and vulnerable population groups, are planned to be adequately integrated into environments and activities where the prevention of chronic non-communicable diseases takes place. The developmental process of upgrades and new solutions was conducted within the scope of interdisciplinary working groups and in consultations with international and national experts and upon observing and sharing good practices.

A proposal for a more efficient organisation of preventive activity in health care centres was also prepared in terms of integration of programmes, structures and staff working in the field of prevention and treatment of disadvantaged groups. It is the so-called reorganisation and integration that is planned with the aim to:

- Provide a better link between programmes and performers;
- Attain higher quality, efficiency, accessibility, availability, acceptability and suitability of preventive programmes for users;
- Provide adequate capacities, quality and qualification of staff to implement preventive programmes and reduce health inequalities.



## PILOT IMPLEMENTATION

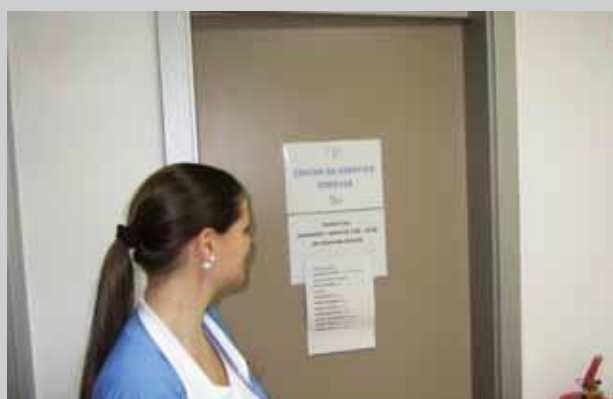
Within WORK PACKAGE 2 – PROGRAMME FOR THE INTEGRATED PREVENTION AND MANAGEMENT OF CHRONIC DISEASES IN ADULTS RELATED TO LIFESTYLE, seven pilot implementations took place at three locations. Pilot examinations of renewed preventive programmes were conducted in health centres in Sevnica, Vrhnika and Celje .

### Community approach for better health and reducing health inequalities in the local environment

On the basis of the new concept of the community approach to promote health and reduce health inequalities, the operation and cooperation of structures and stakeholders in the local environment was tested. The community approach focuses on users of the programme and is therefore adapted to their needs. The focus is on the skills and competences of all participants and the respect of the autonomy of an individual. The community approach enables a better access to services and programmes, development of supportive networks and groups for self-assistance, and observes formal and informal forms of help.

### Inclusion of vulnerable groups with different obstacles in accessing the health care service in the health system and preventive management

It was established how vulnerable groups with different obstacles in accessing the health care service are included in the health system and how they are treated. Special attention was paid to the identification of vulnerable groups and the role and integration of individual professionals, different organisations (non-governmental organisations, social work centres, employment services) and the local environment in their entering the health system. Cross-sectoral cooperation, foreseen by the community approach model is of crucial importance, as well as empowering the participants to work with vulnerable groups.





## Elimination of causes for the non-inclusion of the invited to the preventive checks and further treatment within the health service

The causes for the non-inclusion of the invited to the preventive checks were established. Among the newly developed approaches, the home visits of persons who did not respond to the preventive check at the (reference) clinics after three invitations must be emphasised. Thus, the causes for non-participation in a preventive check were addressed, persons were additionally motivated, and if they could not take a preventive check due to objective reasons, a district nurse carried out the preventive health check at their home, as per protocol.

## Operation of the newly-established health promotion centre in the health care centre and the local environment

A new organisational structure was established in the health care centre – the health promotion centre (CZK). The CZK concept upgrades the already existing health and education centres and includes the activities to attain public health objectives in the local community. CZKs are designed as independent organisational units in the organisational structure of health care centres and are considered key structures at the primary level of health care to provide health promotion activities, health education and reducing

health inequalities in the local community. The CZK activities comprise the implementation of the Health Promotion Programme and activities to realise public health objectives in the local community. In all described upgrades of the health promotion centre, the emphasis is given to integration, cooperation and communication between all performers of the preventive programme and health care professionals and representatives of non-governmental and other organisations in the local environment.

## Implementation of activities of the health promotion centre

Within the scope of the upgrades of content, the already existing Health Counselling Programme, which is conducted in health education centres, was renewed and upgraded in terms of content as well as approaches in empowering people for a long-lasting change of lifestyle that leads to better welfare and health. The new programme was named the Health Promotion Programme. At the same time, according to the professional development in the respective field, new materials were developed to support the participants of health education workshops/individual counselling in the process of monitoring an unhealthy lifestyle and promoting mental health. The Health Promotion Programme is intended to observe people with behavioural, biological and psychosocial risk factors, people at risk of developing chronic diseases and people already suffering from a chronic disease. Several contents in the field of mental health and programmes to empower chronic patients to self-care were included in the programme according to the needs of the target population.



**The Health Promotion Programme** is a standardised and structured non-medical treatment of people with behavioural, biological and psychosocial risk factors, people at risk of developing chronic diseases and people already suffering from a chronic disease. The Health Promotion Programme includes:

- Implementation of individual discussions upon entering a CZK,
- 18 non-medical treatments (health education workshops, psycho-educational workshops and individual counselling),
- Screening for functional reduced capacity for all people over 65 years,
- Conversations in a CZK.

Among the CZK activities to realise public health objectives in the local community there are monitoring of the health/epidemiological situation, demography and health inequalities in the local environment, planning and performing target activities according to the needs of the local community, implementation of activities to promote health in the local community and promoting the development of supportive environments for health, coordination tasks within the scope of the community approach to promote health, and provision of support to marginalised (vulnerable) persons in participating in preventive and screening programmes. All CZK activities are conducted at the NIJZ by the professionally trained standard team comprising of a specialised doctor, registered nurse/health education professor, a BSc-holder in physiotherapy and a BSc-holder in psychology. The management of a CZK is in the domain of a registered nurse or other adequately educated and trained staff.

## Integration, cooperation and communication channels of the preventive programme performers

Integration, cooperation and communication channels of the preventive programme performers were also examined according to the process of implementing the preventive programme and the course of a patient in the preventive programme. The course of a patient the process of inclusion of home care services in treating vulnerable groups, and the integration and cooperation of health care professionals with non-governmental and other organisations and the local environment were studied in detail.

## Suitability of public health education programmes

The suitability of public health education programmes were examined in the following fields:

- Education to implement the "Programme of the integrated prevention of chronic non-communicable diseases and reducing health inequalities";
- Training on the obstacles of vulnerable groups in the health care system and the importance of reducing health inequalities
- Education of the performers of the Health Promotion Programme in health promotion centres;
- Education of district nurses to implement the integrated prevention of chronic non-communicable diseases at home;
- Interdisciplinary education in the field of cessation of risky and harmful alcohol consumption;
- Education on the screening for anxiety and functional reduced capacity and training to develop cultural competences of health care workers.

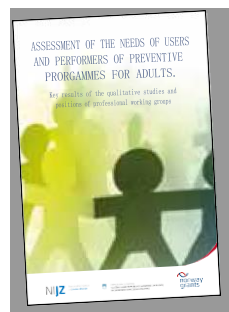


## PRODUCTS OF THE WORK PACKAGE 2

During the project, the following important products of WORK PACKAGE 2 were created:

### 1. Assessment of the needs of users and performers of preventive programmes for adults

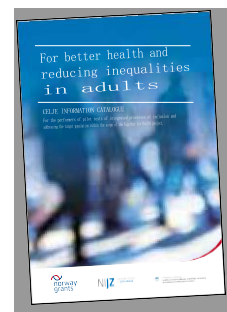
**Key results of qualitative research and positions of professional working groups**



Available on [www.nijz.si/sl/publikacije/ocena-potreb-uporabnikov-in-izvajalcev-preventivnih-programov-za-odrasle](http://www.nijz.si/sl/publikacije/ocena-potreb-uporabnikov-in-izvajalcev-preventivnih-programov-za-odrasle).

(Farkaš Lainščak J, ur. Assessment of the needs of users and performers of preventive programmes for adults: key results of qualitative studies and positions of professional working groups. Ljubljana: National Institute of Public Health, 2016).

### 4. Celje Catalogue of Information



Available at: [www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/kataloginformacij\\_celje\\_web.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/kataloginformacij_celje_web.pdf).

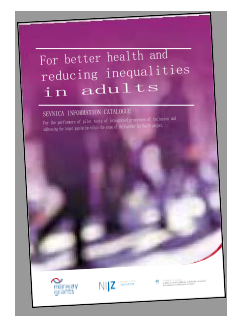
(Farkaš Lainščak J, Huber I, Mlakar K, ur. For better health and reducing health inequalities in adults. The Celje catalogue of information: for the performers of pilot tests of integrated integration processes and addressing the target population within the scope of the Together for Health project Ljubljana: National institute of public health, 2015).

### 2. Baselines for implementation of the prevention of chronic diseases and reduction of health inequalities in adult population of Slovenia. Overview of the state of play and proposals of measures



(Baselines for implementation of the integrated prevention of chronic diseases and reducing health inequalities in adult population of Slovenia. Overview of the state of play and proposals of measures. Ljubljana: National Institute of Public Health, 2015).

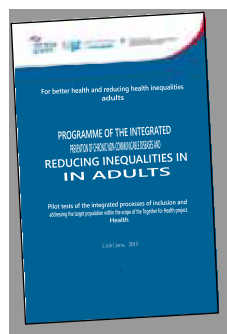
### 5. Sevnica Catalogue of Information



Available at: [www.nijz.si/sites/www.nijz.si/files/publikacijedatoteke/katalog\\_informacij\\_sevnica.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacijedatoteke/katalog_informacij_sevnica.pdf).

(Huber I, Kuhar D, Tomšič V. ur. For better health and reducing health inequalities in adults. The Sevnica catalogue of information: for the performers of pilot tests of integrated integration processes and addressing the target population within the scope of the Together for Health project Ljubljana: National Institute of Public Health, 2015).

### 3. Programme of the integrated prevention of chronic non-communicable diseases and reducing health inequalities in adults. Pilot test of integrated inclusion processes and addressing the target population within the scope of the Together for Health project



Available at [www.skupajzazdravje.si/media/e\\_verzija\\_prirocnik\\_program.integrirane.preventive.knb\\_2015.pdf](http://www.skupajzazdravje.si/media/e_verzija_prirocnik_program.integrirane.preventive.knb_2015.pdf).

(Farkaš Lainščak J, Huber I, Maučec Zakotnik J, Sedlar N, Vrbovšek S, ur. Programme of the integrated prevention of chronic non-communicable disease and reducing health inequalities in adults: pilot tests of the integrated processes of inclusion and treatments of target population within the scope of the Together for Health project (For better health and reducing health inequalities in adults). Ljubljana: National Institute of Public Health, 2015).

### 6. Vrhnika Catalogue of Information



Available at: [www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/katalog\\_informacij\\_vrhnika.pdf](http://www.nijz.si/sites/www.nijz.si/files/publikacije-datoteke/katalog_informacij_vrhnika.pdf).

(Huber I, Letnar Žbogar N, Peternel L, ur. For better health and reducing health inequalities in adults The Vrhnika catalogue of information: for the performers of pilot tests of integrated integration processes and addressing the target population within the scope of the Together for Health project. Ljubljana: National institute of public health, 2015).

**7. Syllabus:**  
Training on the obstacles of vulnerable groups in the health care system and the importance of reducing health inequalities.



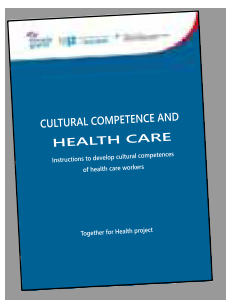
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**8. Syllabus:**  
Training for the development of cultural competences of health care workers



Available at: [www.nijz.si/sl/publikacije/ucni-nacrt-usposabljanje-za-razvijanje-kulturnih-kompetenc-zdravstvenih-delavcev](http://www.nijz.si/sl/publikacije/ucni-nacrt-usposabljanje-za-razvijanje-kulturnih-kompetenc-zdravstvenih-delavcev)

**9. Cultural competence and health care:**  
instructions to develop cultural competences of health care workers



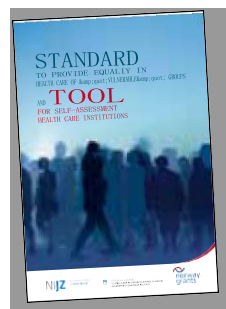
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(Lipovec Čebren U, ur. Cultural competences and health care. Instructions for the development of cultural competences of health care workers Together for Health project Ljubljana: National institute of public health, 2016).

**10. Declaration on the importance of introducing the intercultural mediation in the health care institutions in Slovenia**



**11. Standard to provide equality in health care of "vulnerable" groups and a tool for self-assessment of health care institutions**



Available on [www.nijz.si/sl/publikacije/standard-za-zagotavljanje-enakosti-v-zdravstveni-oskrbi-ranljivih-skupin](http://www.nijz.si/sl/publikacije/standard-za-zagotavljanje-enakosti-v-zdravstveni-oskrbi-ranljivih-skupin)

(Farkaš Lainščak J, Lipovec Čebren U, ur. Standard to provide equality in health care of vulnerable groups and a tool for self-assessment of health care institutions. Ljubljana: National institute of public health, 2016).

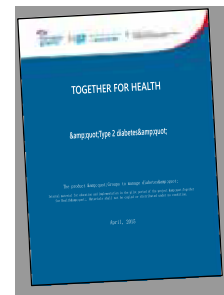
**12. Syllabus: Training for the performers of the Programme of integrated prevention of chronic non-communicable diseases and reducing health inequalities in adults**



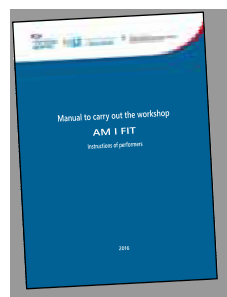
**13. GIBAM SE (I MOVE). Workbook for workshop participants**



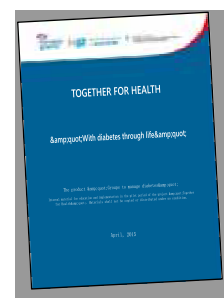
**17. Type 2 diabetes – internal material**



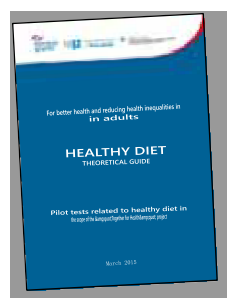
**14. Handbook to implement the workshop "Am I fit". Instructions for performers**



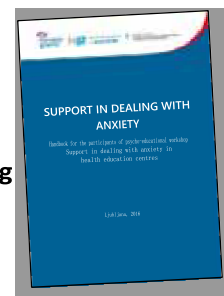
**18. With diabetes through life – internal material**



**15. HEALTHY DIET. Theoretical guide**



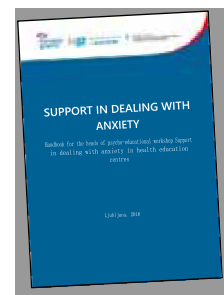
**19. SUPPORT IN DEALING WITH ANXIETY. Handbook for the participants of the psycho-educational workshop Support in dealing with anxiety in health education centres**



**16. Elevate blood sugar in persons with basal hyperglycemia and impaired glucose tolerance**

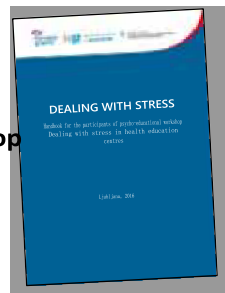


**20. SUPPORT IN DEALING WITH ANXIETY. Handbook for the heads of the psycho-educational workshop Support in dealing with anxiety in health education centres**





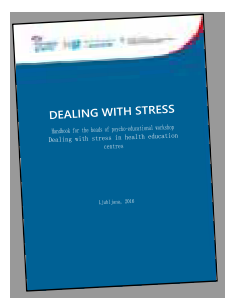
**21. DEALING WITH STRESS. Handbook for the participants of psycho-educational workshop**  
**Dealing with stress in health education centres**



**25. Brochure for users**



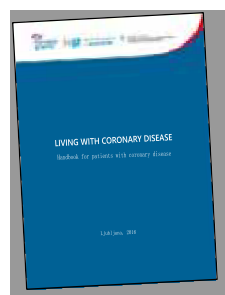
**22. DEALING WITH STRESS. Handbook for the heads of psycho-educational workshop**  
**Dealing with Stress in health education centres**



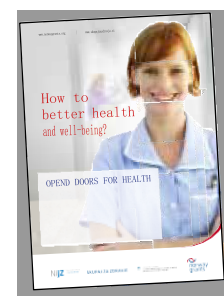
**26. Booklet for users in the Albanian language**



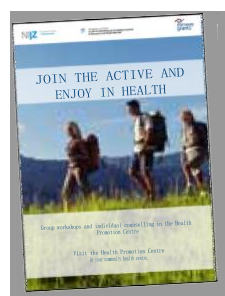
**23. Living with coronary disease**



**27. Open Doors for Health poster**



**24. Booklet of treatments for users: Group workshops and individual counselling in the health promotion centre**



**28. Programme for the integrated prevention of chronic diseases and reducing health inequalities in adults. Handbook to implement the programme with examples of good practice.**





# III. KEY MESSAGES OF THE PROJECT AND FUTURE VIEW

The **Towards Better Health and Reducing Inequalities in Health** project, **Together for Health** in short, already in its design included the aspect of **cooperation**. During the project, the cooperation of various groups of experts, different fields of work and different institutions grew on a daily basis to become a standard way of work for all the participants.

In Slovenia, there are still important differences in health between different socio-economic population groups. Indeed, the health system itself cannot do away with inequalities. However, it can significantly contribute to reducing health inequalities through preventive programmes and an active approach, in particular to vulnerable groups. **Thus, it is very important that the preventive programmes take care of vulnerable groups.** The project again emphasised the role of the health care centre in taking care of all population of all age groups at its respective area, while the role of a community nurse to implement an active approach was pointed out by numerous professional services.

To provide a more efficient attainment of public health objectives of the health care centre and reduction of health inequalities, the upgrade of the existing health education centres was designed in health care centres, i.e. in terms of an organisational and functional as well as substantive viewpoint, which were called health promotion centres that became key organisational structures of health care centres to implement health promotion activities, health education and reduction of health inequalities in the local community. **In these upgrades of the health promotion centre, the emphasis is given to integration, cooperation and communication between all performers of the preventive programme, health care professionals and representatives of non-governmental and other organisations in the local environment.** A new concept of organisation and operation of a health promotion centre supports the integrated prevention of chronic diseases as well as a community approach to health promotion and reduction of health inequalities, and the inclusion of vulnerable groups in the preventive programme.

The established preventive health care for children and adolescents falls behind preventive and screening programmes for adults in terms of organisation as well as information support. By upgrading the preventive programme, this developmental gap

was tried to be bridged. In this field as well, there has to be an opportunity to increase the inclusion in the preventive programme and reach the non-respondents as it is the case in the adult population. Special emphasis is put on a user-friendly and transparent health system with a clearly defined role of a preventive team. Our aim is to reduce the fragmentation at the primary level and to rationally implement the preventive programme with defined roles and competences. The continuous care and responsiveness of a preventive team strengthens the trust among the programme performers and children, adolescents and their parents, and fosters a health promotion partnership.

Within the scope of the **Together for Health** project, the upgraded preventive programme for children, adolescents and adults must be systematically introduced in all environments in Slovenia in the next couple of years and thus provide an equal level of accessibility to comprehensive preventive programmes, quality preventive health services, inclusion and observation of vulnerable population groups, as well as a reduction of health inequalities.

In the project, the **obstacles regarding the access to the health care system** and also the obstacles within health institutions were identified in different vulnerable population groups in Slovenia. Key obstacles in including vulnerable people in the preventive programme detected within the health care system in particular stem from the lack of knowledge, skills and competences of health care workers in the field of treatment of vulnerable groups. The proposals to bridge these obstacles were prepared that include training of health care workers and professionals of other institutions to work with vulnerable groups and to promote their cultural competences, and programmes to govern the status of intercultural mediators and interpreters required for equal, high-quality and professional health care of vulnerable people were formed. Information materials in foreign languages were prepared to bridge language barriers.



The **community approach** to promote health and reduce health inequalities in the local community provides responses to the needs of the population in the local environment, better access to services and treatments, development of supportive networks and groups for self-assistance, and takes into account formal and non-formal forms of help. Regarding the partners, the approach foresees harmonised and integrated bridging of obstacles and development of competences, skills and actions that go beyond the traditional institutional forms of operation. Such an approach combines numerous local structures and partners which establish conditions for better health on the basis of harmonising the initially agreed values.

It is expected that good practices, which proved to be an extremely efficient approach to taking better care for health in the local environment and reducing health inequalities, in particular through strong commitment of all participating health care workers and associates as well as experts from other sectors,

will contribute to the **systematisation of the community approach**.

This approach requires systematic **support of policies and systematic financing of the upgraded preventive programme**. The funds of the European Social Fund may, within the scope of the Operational Programme of the new financial perspective, help with the national introduction of the upgraded preventive programme for children and adolescents and the upgraded programme of integrated prevention of chronic diseases. Upgraded programmes to prevent chronic disease in 25 health care centres and related local environments are one of the objectives of the already adopted Operational Programme. For a sustainable implementation of the programme of integrated prevention of chronic diseases and reducing health inequalities in all Slovenian environments, systematic financing is required.



## IV. IN ADDITION TO THE PLANNED PROJECT RESULTS, THE PROFESSIONAL COOPERATION BETWEEN SLOVENIA AND NORWAY DELIVERED ADDITIONAL POSITIVE EFFECTS – "HEALTH IN A MUNICIPALITY" INDICATORS

Experts from the Norwegian Institute of Public Health and the Slovenian National Institute of Public Health joined forces in the preparation and evaluation of indicators to monitor the successfulness of programmes within the Together for Health project. This cooperation, exchanging visits and sharing the ideas resulted in the creation of the "Health in a Municipality" publication, which in a clear, understandable and unified way presents the selected health indicators in individual Slovenian municipalities, which is a novelty in Slovenia. The product is currently in its pilot phase and will be prepared in autumn 2016 for all Slovenian municipalities, whereas the Norwegian Institute of Public Health has been drawing up similar products, i.e. Health Profiles, since 2013.

The cooperation of experts from Slovenian and Norwegian national institutes of public health and sharing experiences and ideas, in addition to the agreed project activities, resulted also in further mutual benefits in the form of the product called "Health in a Municipality".

The idea of the product stems from the Norwegian good practice, i.e. Municipality Health Profiles. Slovenian experts got familiar with the Norwegian Health Profile in the initial period of their participation in the Together for Health project. They recognised health profiles as an additional tool that could contribute to the realisation of the project objectives. The acquired knowledge and a great interest of Slovenian experts were exploited and the work in this field commenced.

Cooperation of both institutions in the joined project foresaw study visits and professional cooperation as well as sharing of knowledge between both countries. **The most prominently identified joined area of operation related to health care data and health indicators.** Norwegian colleagues also shared with Slovenian experts their experience in developing and implementing the so-called Norwegian Health Profiles and that accelerated the development of Slovenian health indicators in municipalities. On the other hand, the cooperation with Slovenian experts provided the Norwegians a valuable critical view on their previous work, and they

also acquired experience regarding the transfer of such products to a country with a different health system, different social, economic and cultural history and also with different baselines in terms of data access and use.

**The main objective of the Health in a Municipality project is to improve the information on health-related topics and to activate the general public for health,** since it is intended to promote cross-sectoral cooperation at the local level to improve health. The short, interesting and understandable product in particular tries to highlight the importance of the effect of other fields (economic, social, educational, environmental, etc.) on the health outcomes. As we know, health is not solely in the domain of the health care sector, but largely in the environment, where people are born to, grow up, learn, work, live and grow old. It is for this reason that the responsibility for health lies in all sectors of the society. **The product is primarily intended for local decision-makers and tries to present a full picture on the health of the population in a municipality in an understandable and acceptable way,** and to stimulate local activities to improve health of the local population.

A systematic presentation of health-related data at the



level of municipalities is a novelty in Slovenia. One of the main obstacles during the first developmental phase was the accessibility of data at the level of municipalities. The final product included all the best, currently accessible data in Slovenia that more broadly describe the factors affecting the population's health and health status. In collecting the data, numerous institutions managing databases cooperated. Unfortunately,

some of the important fields of health could not be included, since there is no data available at the level of municipalities, e.g. the data on preventive health checks of children, communicable diseases and environmental factors. In addition to accessibility, the profound focus was paid also to the methodological problems related to a small number of instances, which at the level of the territorial population unit as small as a municipality (212 in Slovenia) is expected and unavoidable. In dealing with methodological issues, the cooperation with Norwegian experts was more than welcome.

The "Health in a Municipality" products are foreseen as a regular product, which is to be updated with new data on a yearly basis. By developing new, better resources, the indicators will also be updated and included in potential new topics related to health. The product will also try to present different public health contents to the general public on a yearly basis.

At the beginning of 2016, the product was presented as a pilot in 12 selected municipalities in Slovenia. On the basis of the feedback provided by local decision-makers and other public health care workers, the product has already been upgraded, while the pan-Slovenian presentation of the product is planned in autumn.

Further development also foresees the creation of web applications that will provide more data, comparisons between municipalities and graphic presentations to be included. In the Norwegian example, the web page also proved to be an important medium to disseminate information to a broader circle of users. Some other solutions, such as texts or comments related to public health, links to other databases, already implemented by the Norwegians, are planned to be introduced to Slovenia in the future as well.

Good cooperation of both expert institutions importantly contributed to the preparation of the product which will play its part in spreading the concept of health in all policies, in the general public and in reducing inequalities.

## Example of the "Health in a Municipality" draft





