



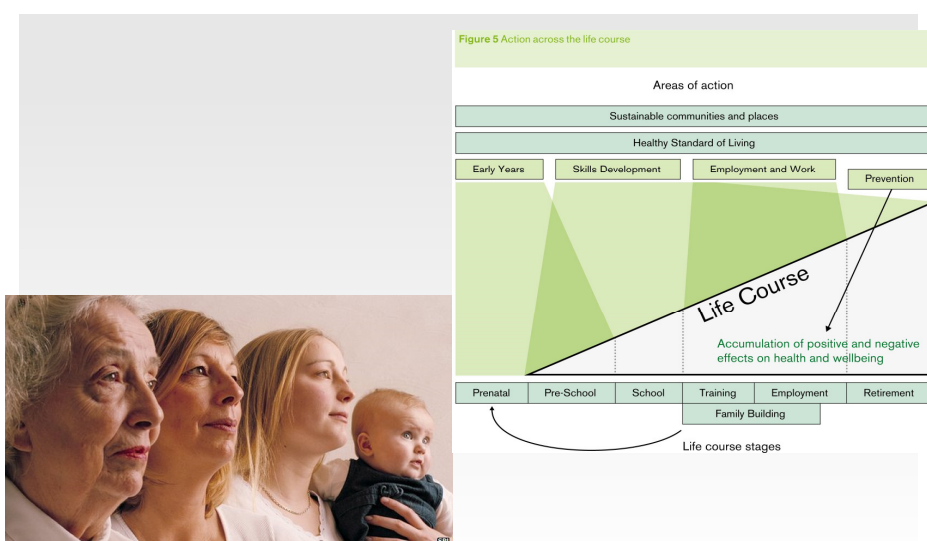
## Towards Better Health and Reducing Inequalities in Health – Changing the preventive health care for children and adolescents in Slovenia

**Za boljše zdravje in zmanjšanje neenakosti v zdravju**  
Project is supported by the Norwegian financial mechanism

Polonca Truden-Dobrin

EUSPR 2015, Ljubljana  
24th of October 2015

## Life course approach – the importance for health



## Life course approach – the importance for health (WHO/NMH/HPS/00.2)

eea grants  
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- A life course approach incorporates ‘the fetal origins hypothesis’ (programming) which links conditions in the intrauterine environment to the later development of adult chronic disease (Barker, 1998).
- Growing evidence suggests that there are critical periods of growth and development, not just in utero and early infancy but also during childhood and adolescence.
- Importance of environmental exposures, sensitive developmental stages in childhood and adolescence when social and cognitive skills, habits, coping strategies, attitudes and values are acquired.
- Additionally, a life course approach considers the long term health consequences of biological and social experiences in early and mid adulthood to attenuate or exacerbate long term risks to health.

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## Inequalities in health

(prof. Michael Marmot)

### Fair Society, Healthy Lives - Marmot



- Social gradient in health and well-being
- Evidence based approach to tackle inequalities
- [www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)

## Marmot domains

- A: Give every child the best start in life
- B: Enable all children young people and adults to maximise their capabilities and have control over their lives
- C: Create fair employment and good work for all
- D: Ensure healthy standard of living for all
- E: Create and develop healthy and sustainable places and communities
- F: Strengthen the role and impact of ill health prevention



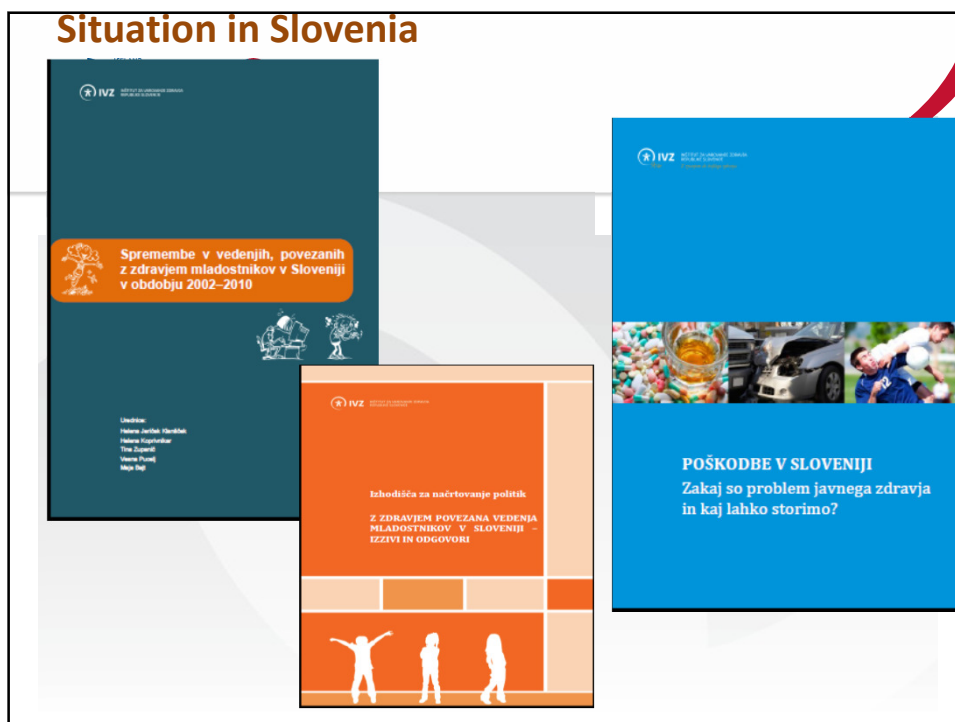
**UCL Institute of Health Equity**  
Reducing Health Inequities Through Action  
on the Social Determinants of Health

## Investing in children: the European child and adolescent health strategy 2015–2020 (september 2014):

Guiding principles :

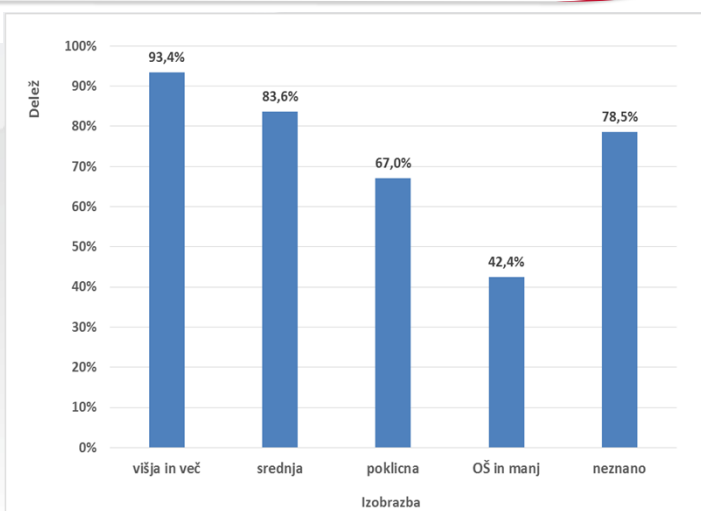
- Adopting a life-course approach
- Adopting an evidence-informed approach
- Promoting strong partnerships and intersectoral collaboration
- Adopting a rights-based approach



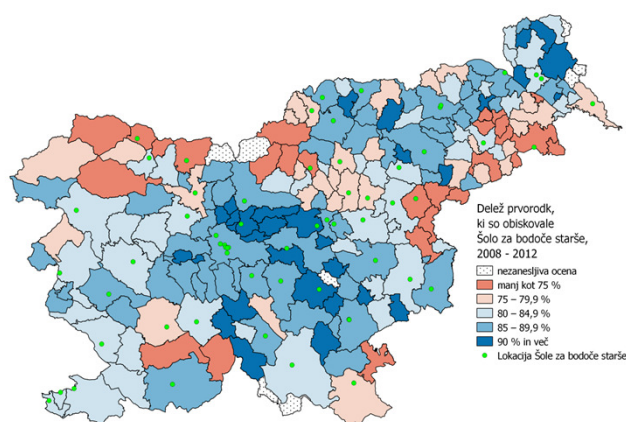




**Attendance at parental classes as proportion of primipara by education, Slovenia 2008 – 2012. Source: Mihevc Ponikvar B, Rudolf A (2014).**

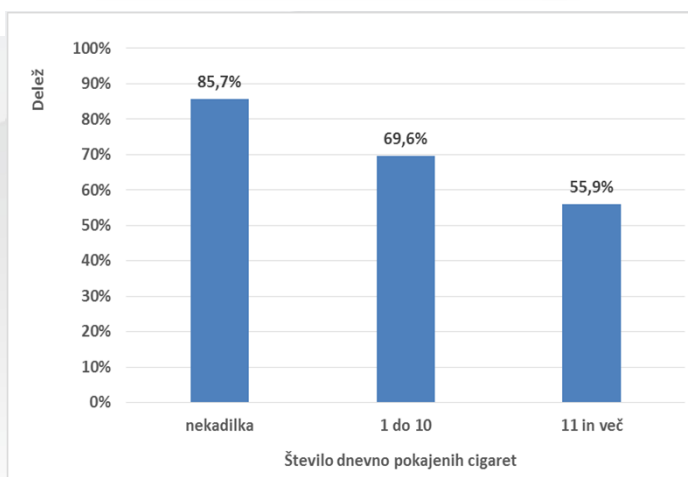


**Attendance at parental classes as proportion of primipara by residence and location of classes, Slovenia 2008 – 2012. Source: Mihevc Ponikvar B, Rudolf A (2014).**



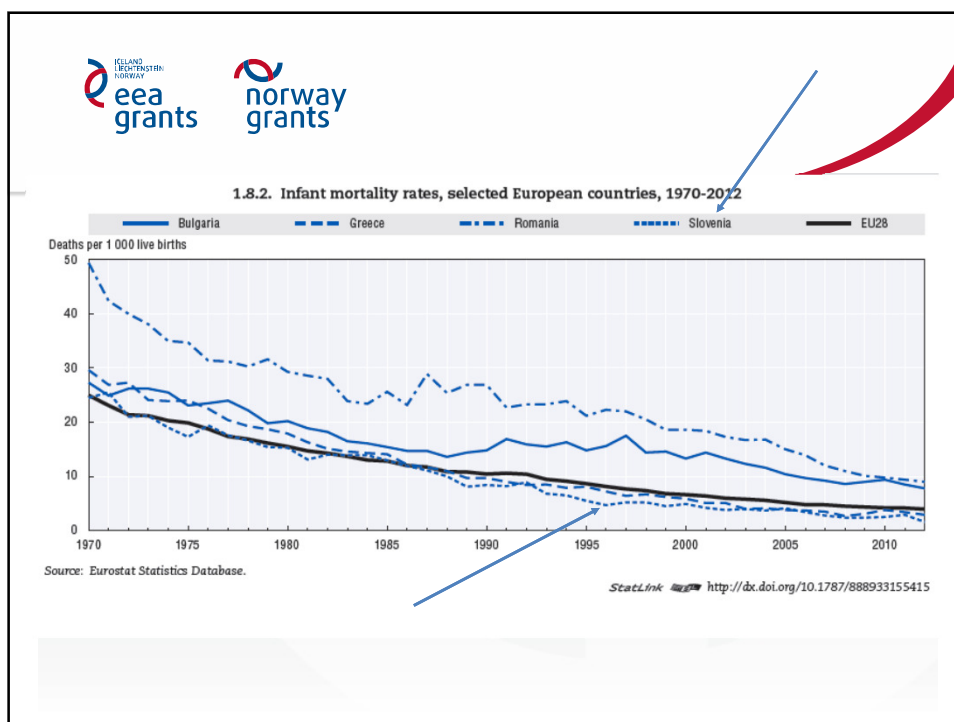
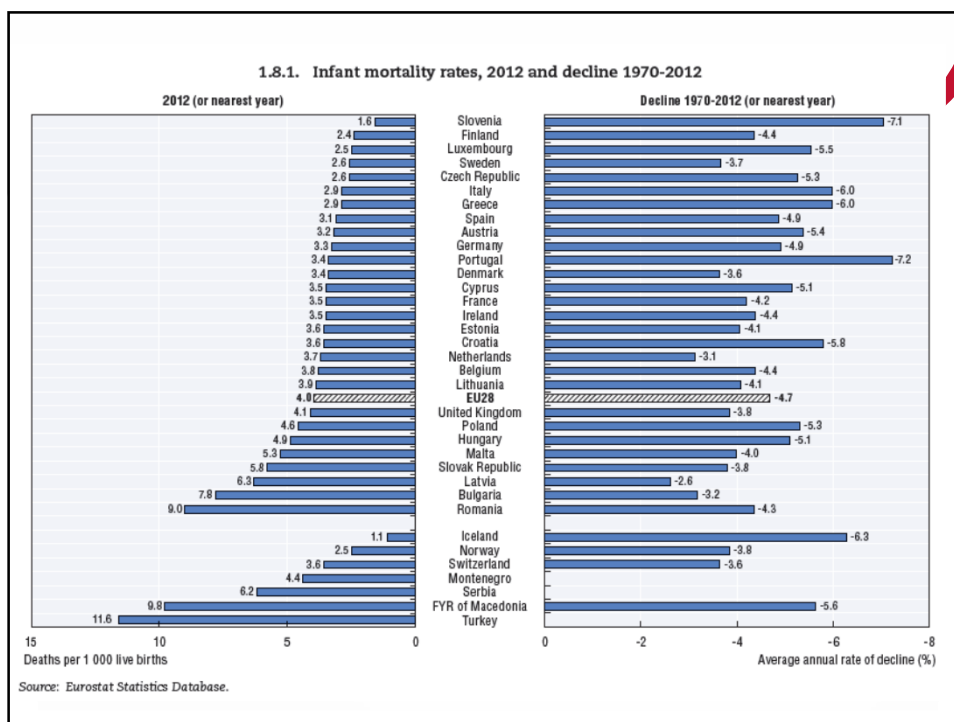


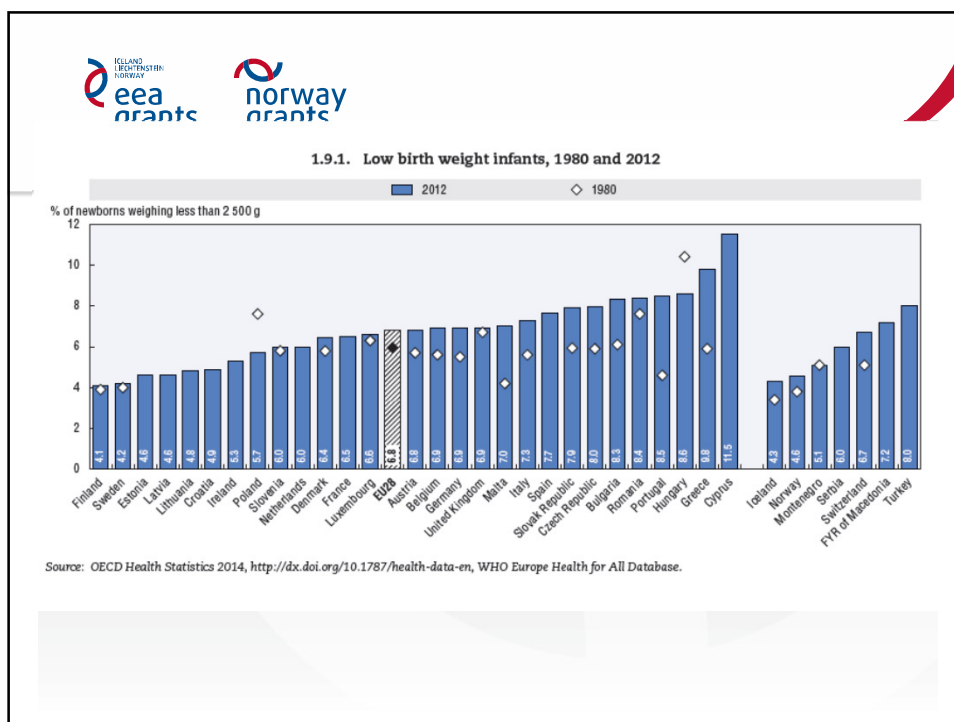
**Attendance at parental classes of women smoking in pregnancy by number of cigarette smoked daily, Slovenia 2008 – 2012. Source: Mihevc Ponikvar B, Rudolf A (2014).**



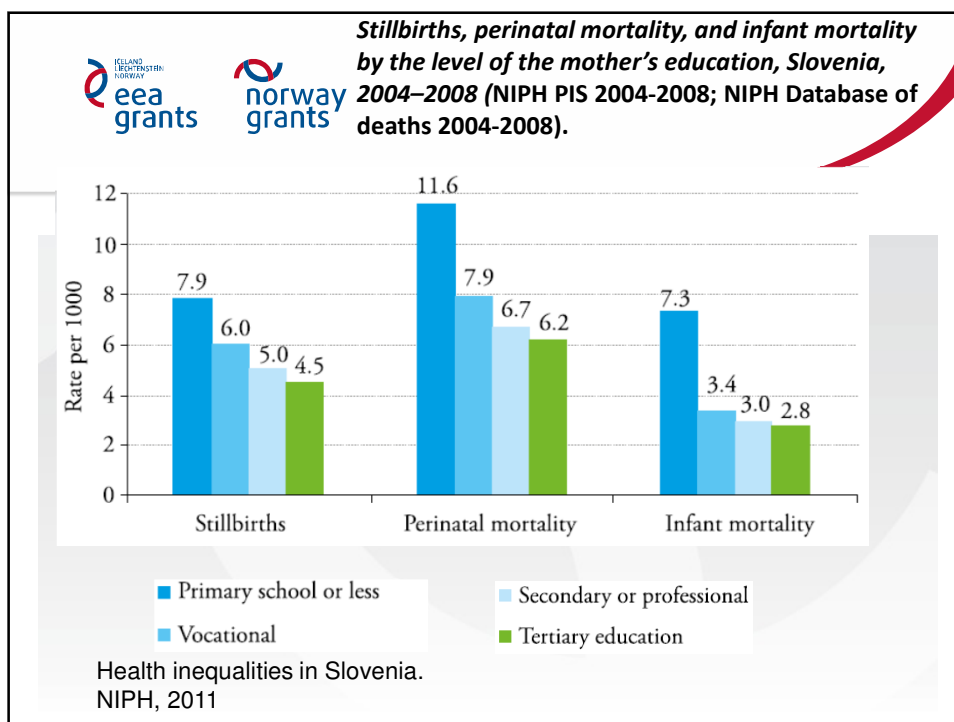
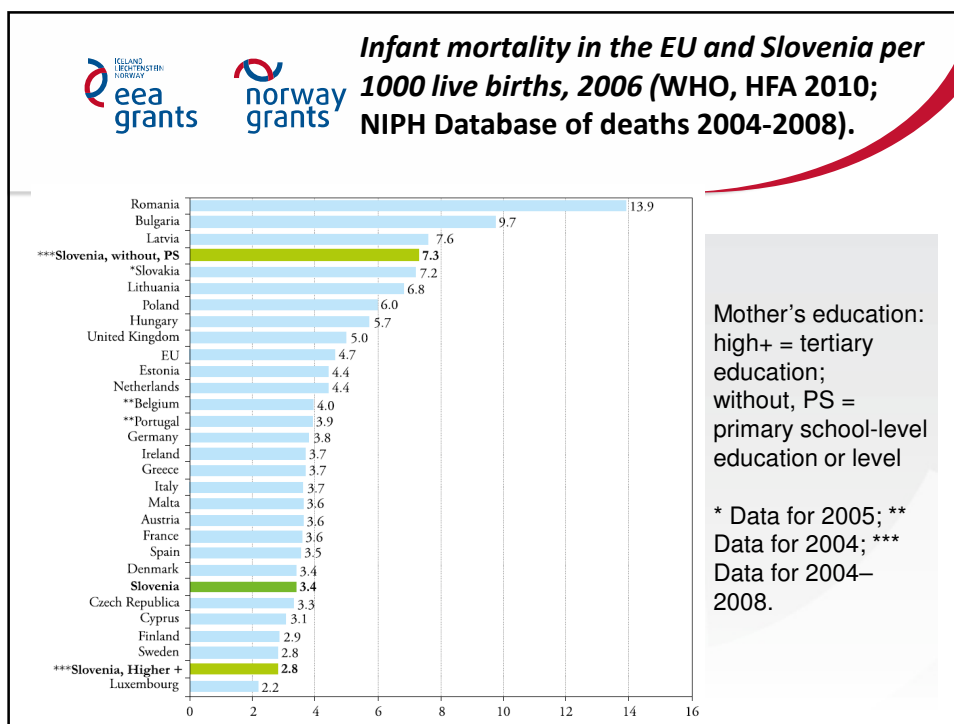
**Health at a Glance: Europe 2014**







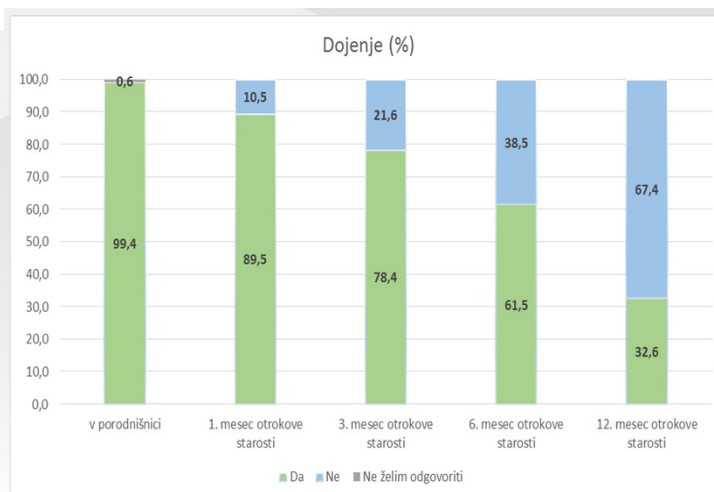




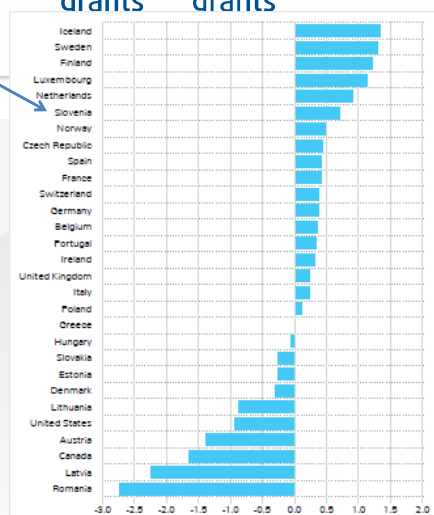


### Proportion of breastfed infants, Slovenia 2009

Source: Raziskava Hrast 2009, NIPH

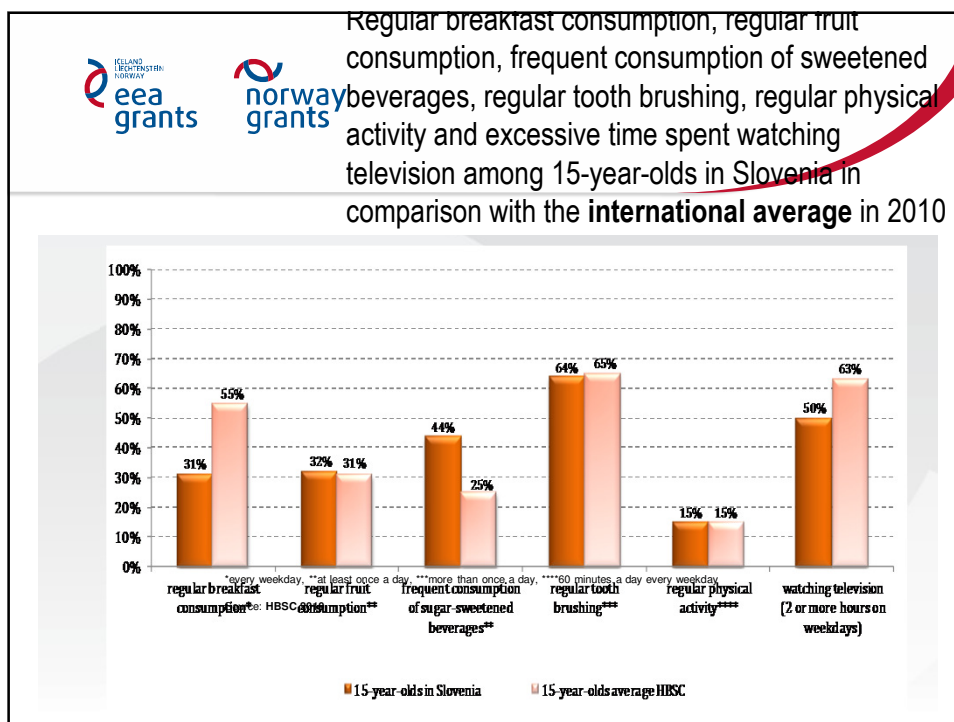
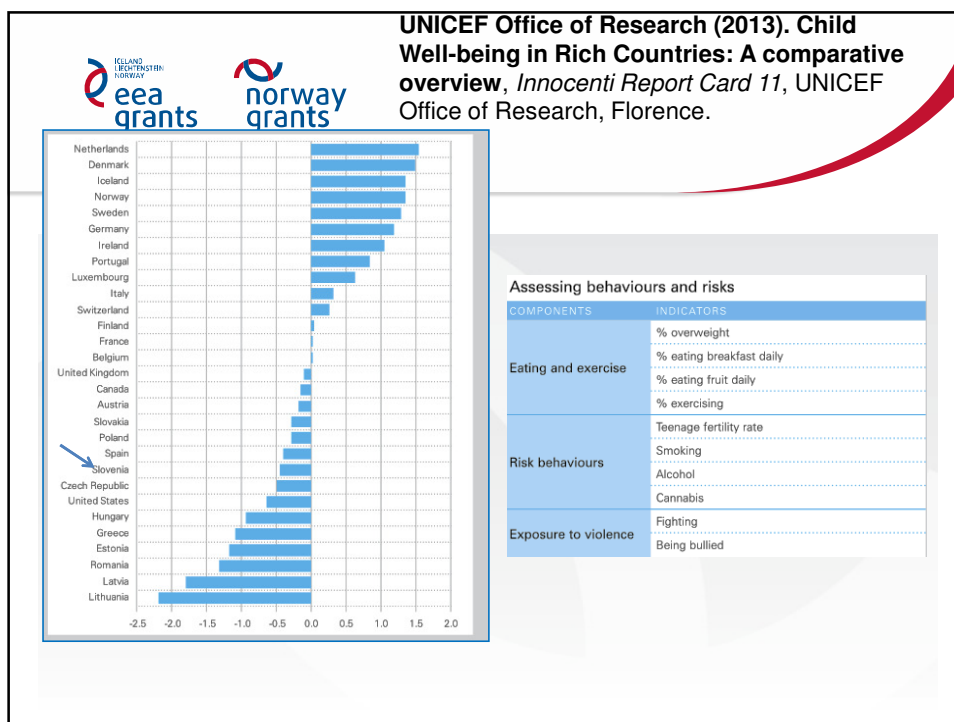


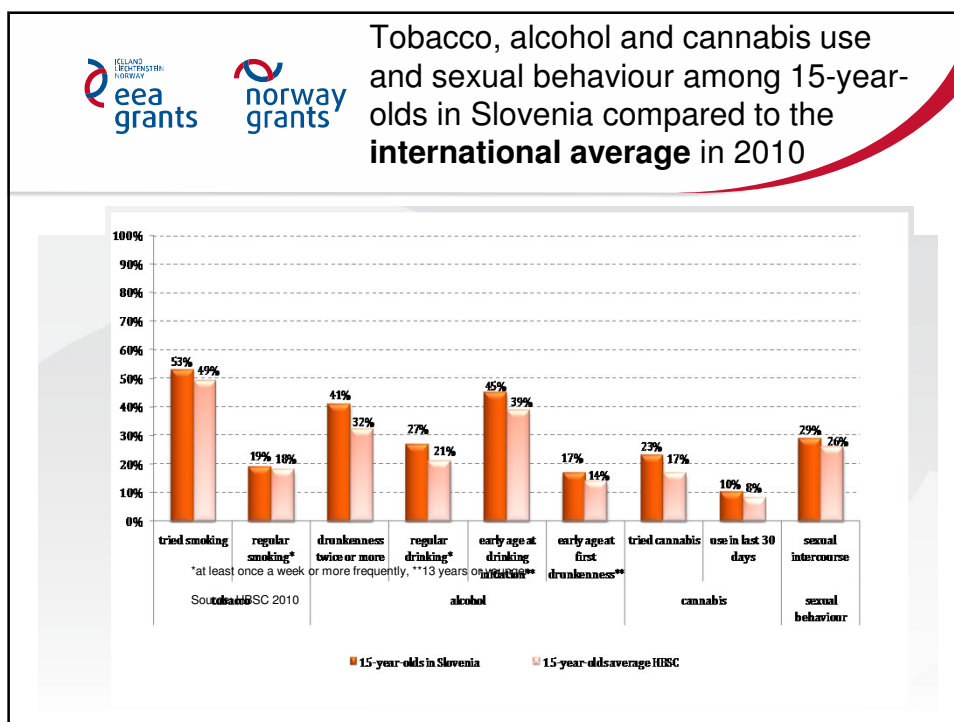
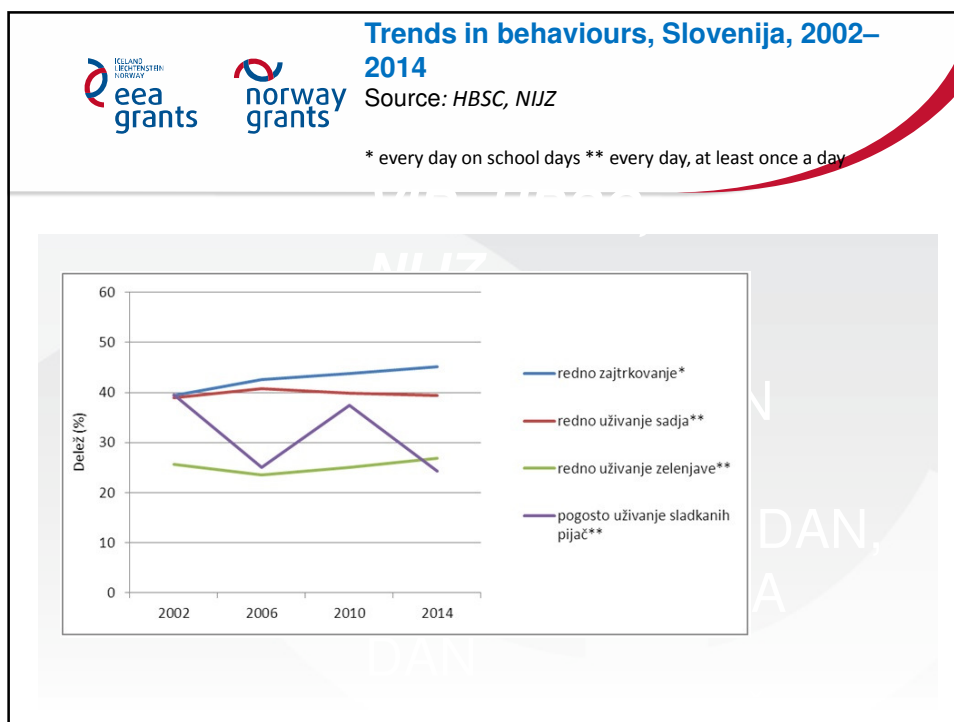
### UNICEF Office of Research (2013): Child Well-being in Rich Countries: A comparative overview, *Innocenti Report Card 11*, UNICEF Office of Research, Florence.

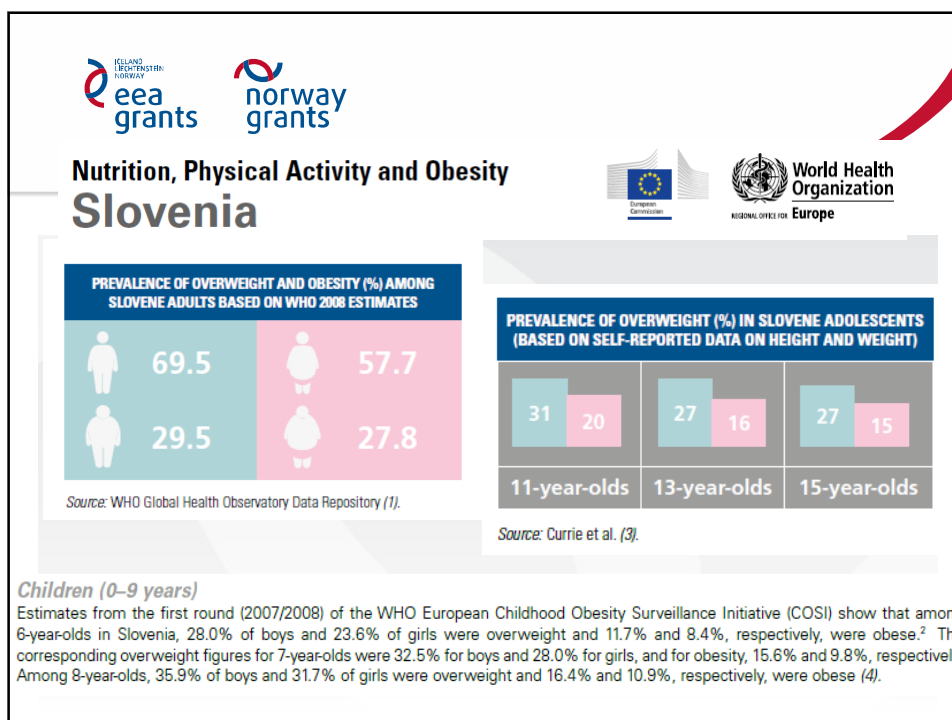
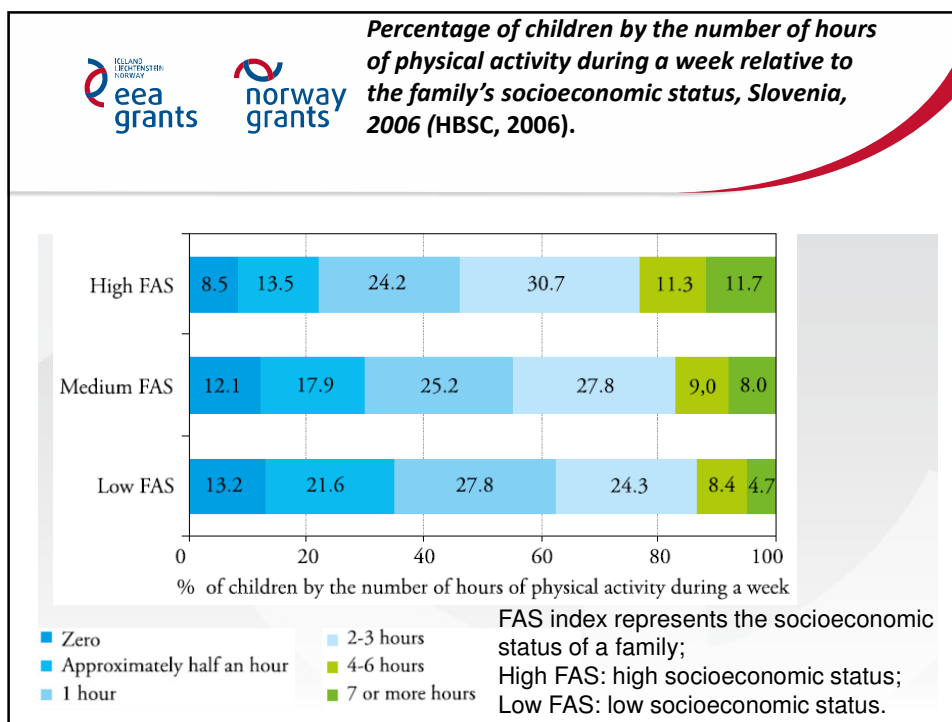


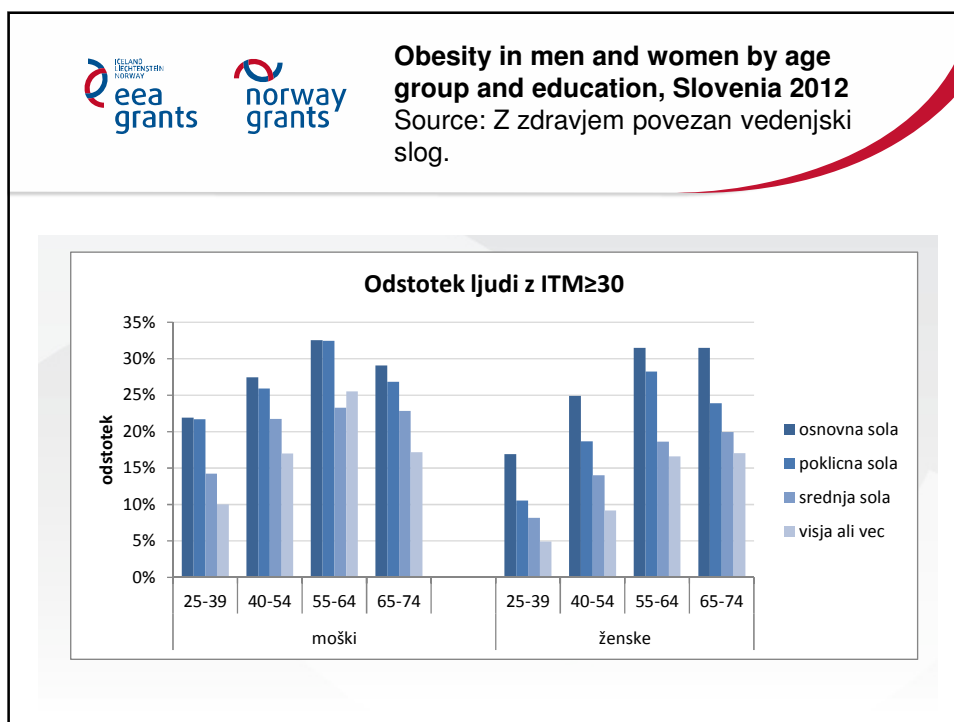
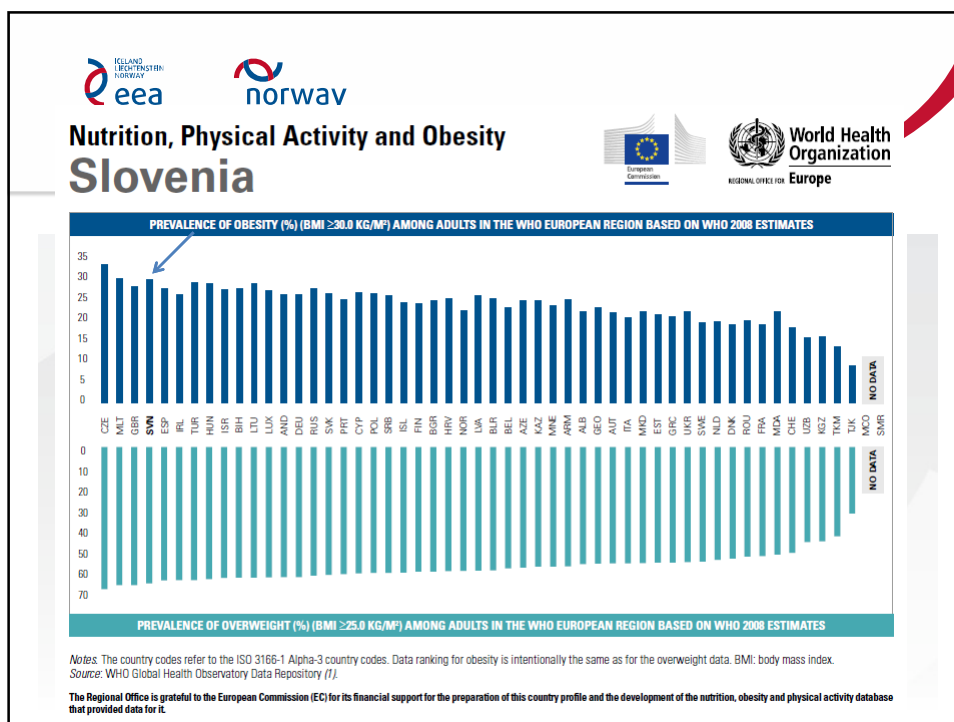
#### Assessing health and safety

COMPONENTS	INDICATORS
Health at birth	Infant mortality rate (deaths under 12 months old per 1,000 live births)
	Low birthweight rate (% babies born below 2,500 grammes)
Preventive health services	National immunization rate (average coverage for measles, polio and DPT3 for children age 12 to 23 months)
Child and youth mortality	Overall child and youth mortality rate (deaths per 100,000 aged 1 to 19)











## Current preventive health care programmes at primary level

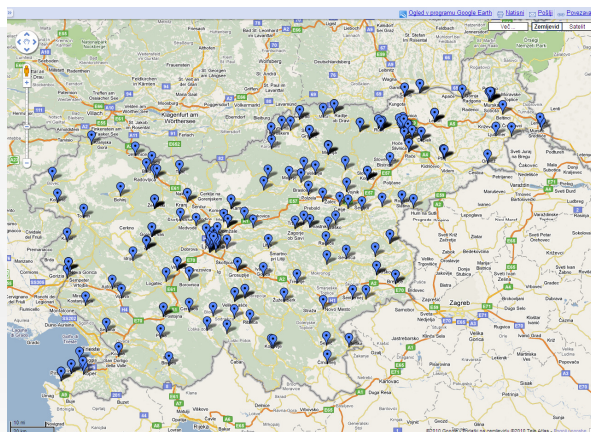
Defined by the Rules on preventive health care at the primary level

(Official Gazette, No. [19/1998](#)):

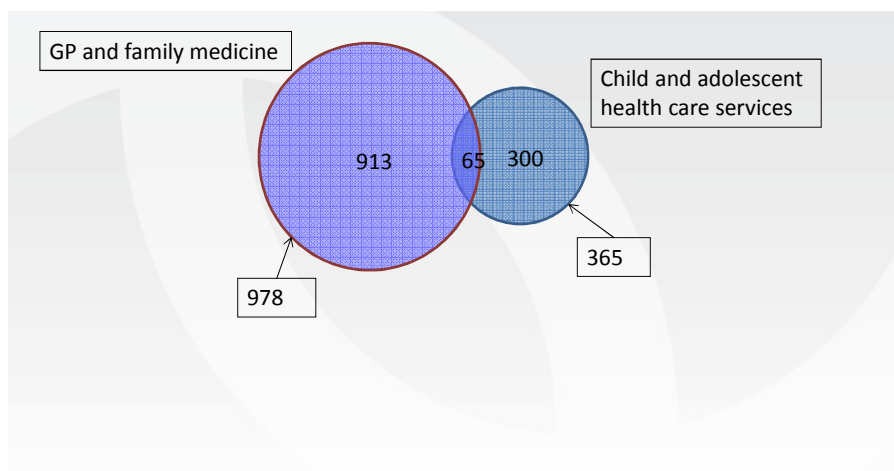
- Children and youth preventive healthcare at primary level
- Newborn preventive healthcare programme at the maternity hospitals
- Adult preventive healthcare at primary healthcare, National programme on primary prevention of cardiovascular diseases – since 2002, RA – since 2011
- Cancer screening programmes: DORA, ZORA, SVIT
- Home visiting service
- Reproductive preventive healthcare
- Oral health preventive health care
- Preventive healthcare for athletes
- Occupational preventive healthcare.

[illegible]

## Location of child and adolescent health services in Slovenia



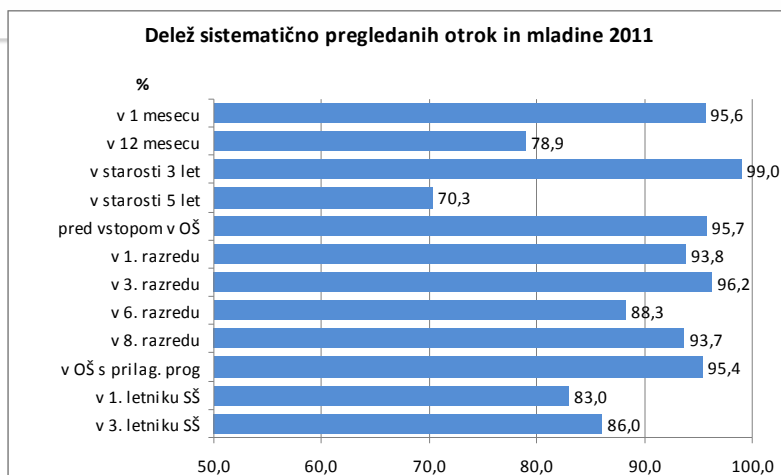
## Number of practices at the primary health care level, Slovenia 2012







## The proportion of children and adolescents that attended the preventive check-up, Slovenia 2011



## Stjepan Oreškovič commenting on situation in Slovenia, 23.10.2015

„Data are a big challenge in a modern health care system. Many topics that are being discussed today in Slovenia are on the agenda only because there are not enough indicators and measures available. This results in often opposite conclusions where everyone is right and no one guilty. In this way it is impossible to develop relevant strategies and policies.“



## Needs assessment

- **pragmatic needs assessment has been carried out in the area of preventive health care for children, adolescents and adults: analysis of routine data, literature review, case studies, interviews, discussion groups with stakeholders.**
- user perspective: focus groups with pupils, parents, kindergarten and school teachers, social workers, mentors of school drop-outs, adults
- provider perspective: interviews, discussion groups, case studies
- literature and documents review.



## Current situation - challenges in preventive health care in Slovenia

- Current preventive programmes and arrangements do not ensure inclusion of target population and equal participation and benefits of preventive healthcare for every person.
- Increasing trends in unhealthy life styles, chronic diseases, mental health problems and related inequalities in health.
- Gaps in the current organization and arrangement of preventive health care.
- Insufficient programmes and methods for identification and interventions for people at risk.



## ..Challenges

- Present programmes are not adapted enough to vulnerable /disadvantaged groups.
- Lack of education and training in preventive programme and for efficient inter-sectoral operation.
- Lack of user participation at needs assessment, service planning and evaluation.



## Preventive health care for children and adolescents in Slovenia

### **Weaknesses and gaps of the current system**

- Lack of human resources; professional demography
- Weak evidence base for the extent of the current preventive programme for children and youth
- Preventive programme for school children and youth is disregarding non attendants
- Insufficient communication between professionals in the health system - education - social care
- Inadequate monitoring and evaluation.



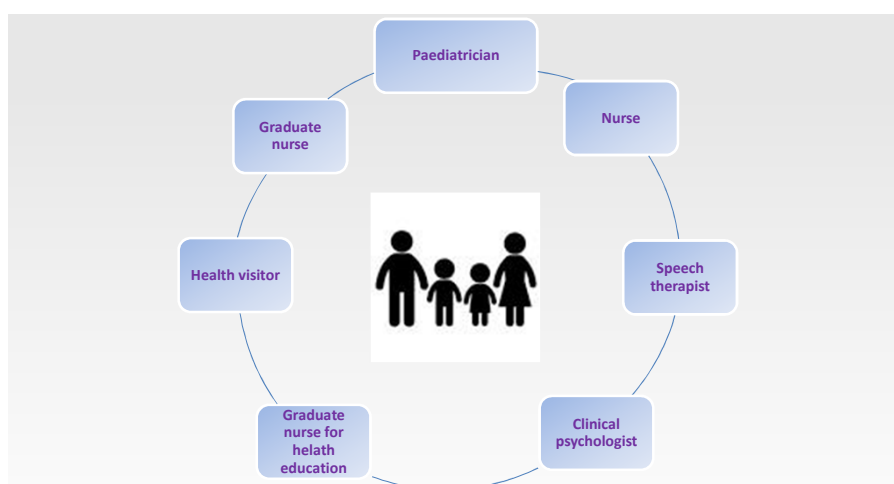
In order to achieve the overall objective, the four guiding principles adopted from the WHO European Strategy for child and adolescent health and development will be used:

- Adoption and implementation of packages of effective interventions on child health
- Equitable access to quality healthcare services for all children
- Strengthening health system support for child health (assessments of health system performance, quality of services, monitoring, health staff development and training)
- Ensuring community participation in improving child health.

**To enable children and adolescents to reach their full potential for health and development and to reduce the burden of avoidable disease, recommendations are:**

- Life-course approach, from prenatal life to adolescence and adult age
- Equity, accounting explicitly for the needs of the disadvantaged
- Intersectoral action
- Participation of target groups.

## Preventive team for children and adolescents





## Children and adolescents in the centre – the role of paediatricians, M. Blair, D. Hall:

### Paediatricians need to play several roles in a larger multidisciplinary and multi-agency team:

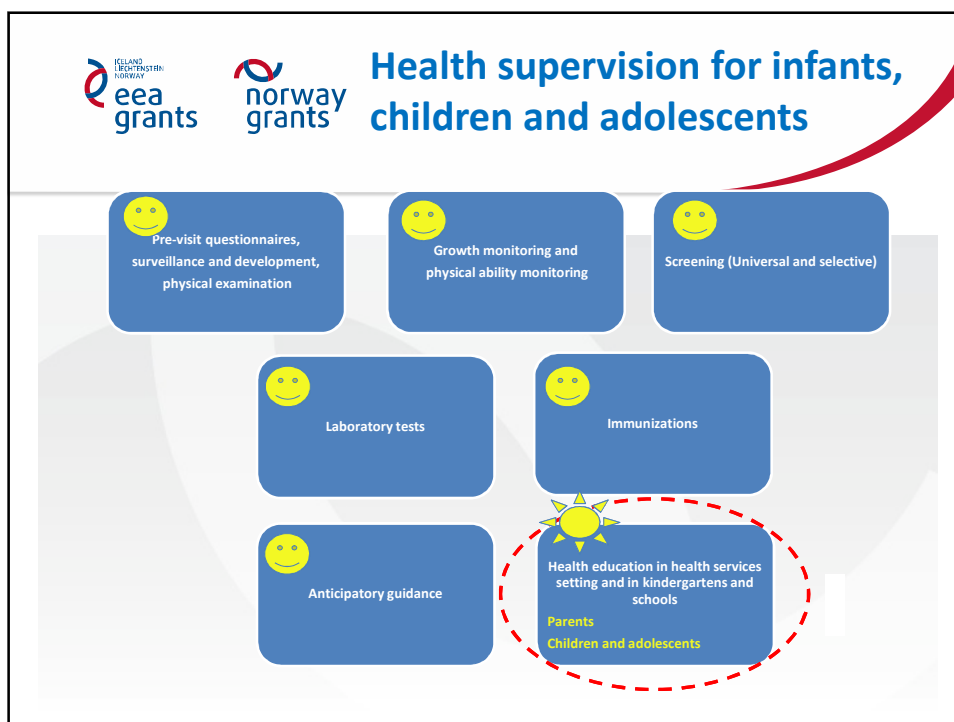
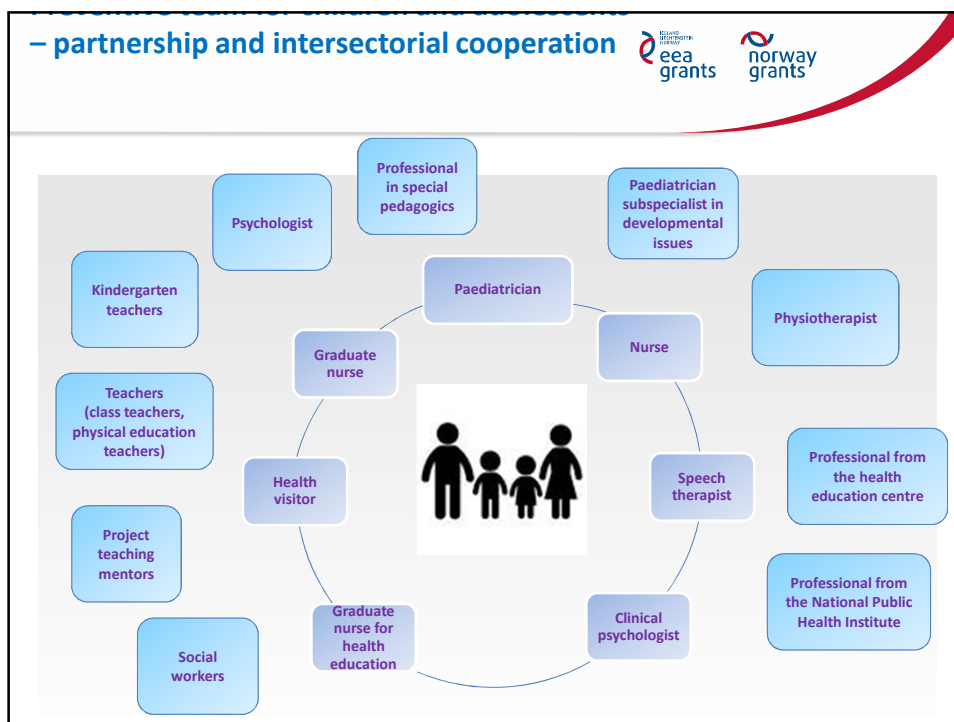
- Contributing to health promotion
- Facilitating early detection
- Providing expert diagnostic
- Providing management services.

Early intervention can change the life trajectories: **an integrated multidisciplinary approach involving health, education and social services expertise is needed...**



## Children and adolescents in focus - partnership:







### Proposed timing of preventive visits:

- **Prenatal visit at the personal paediatrician and personal health visitor**
- **Newborn baby:**
  - Preventive programme at the maternity hospital
  - Visits by health visitor (universal and intensive intervention for high risk children)
- **Infant** (1st, 3rd, 6th, 9th, 12th month)
- **Preschool child** (18th month, 3 years, 4, 5 years)
- **School child** (individual visit before entry to school, 2., 4., 6., 8. class)
- **Adolescent** (1st in 3rd grade)



### Proposed changes and improvements in the preventive programme I

- **Setting-up the preventive team for children and adolescents and integrated care approach**
- **Continuity of care and responsive care**
- **Networking at the local level with kindergartens and schools to respond to the needs of the community, use the available resources and cooperate with other professionals who work with children**
- **Programme for school dropouts to increase the coverage for target population.**



## Proposed changes and improvements in the preventive programme II

- Use of e-health record and preventive services' summary sheets to improve consistency of communication between health workers.
- Use of pre-visit questionnaires and clinical assessment to individualise care and meet the child's specific needs appropriate for the level of risk and development.
- Summary information for parents with care plan and follow-up plan.



## ZDRAVJE DANES ZA JUTRI







The screenshot shows the homepage of the ZDAJ (Zdravje danes za jutri) website. The header includes the ZDAJ logo, the text 'Program strokovnega zdravstvenega varstva otrok in mladostnikov', the 'norway grants' logo, and a navigation menu with links: 'Meni', 'Prijava/Registracija', 'Kontakt', 'Iskanje', 'Zdravniki', and 'Zdravstveno zavarovanje'. The main banner features a smiling family and the text 'ZDRAVJE DANES ZA JUTRI'. Below this is a green bar with the text 'V središču'. The content area is divided into three columns. The first column shows a family and the text 'Predstavitev programa ZDAJ'. The second column shows a child being examined and the text 'Kam in kdaj na pregled?'. The third column shows a child being examined and the text 'Za zdrav začetek - kam in kdaj na pregled? >'. A red dashed circle highlights the 'TO SEM JAZ' logo in the third column. Below the main content area are two orange buttons: 'Poišči zdravnika/ zdravstveno ustanovo >' and 'Vprašaj zdravnika/ svetovalca >'. To the right of the screenshot, the text 'Programme's web site' is displayed in blue.

Programme's web site