

# ACTION-FOR-HEALTH



## REDUCTION OF HEALTH INEQUALITIES IN TRNAVA TOWN USING A HEALTH PROMOTION LIFE-COURSE PERSPECTIVE



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# REDUCTION OF HEALTH INEQUALITIES IN TRNAVA TOWN USING A HEALTH PROMOTION LIFE-COURSE PERSPECTIVE.

**An Action Plan**



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## Executive Summary

Trnava town is a relatively productive and prosperous town in Slovakia. This has a lot to do with the location of various industries and foreign-owned companies in the region, all in proximity to Trnava town. Trnava is also geographically close to Bratislava, the country's capital, thus enabling many people to easily commute and work in the capital city, where industry and economy is booming compared to the rest of the country.

Located within the Trnava region of Slovakia, the region (which has Trnava town as its centre/ capital) enjoys a lower unemployment rate (10.6 % in 2011) compared to the national average (13.5 % in 2011) (1). Trnava region has a population of 554 765 inhabitants as recorded in July 2011; 270 929.5 males, 283 835.5 females (2). Most of the inhabitants live within Trnava town.

As with all villages, towns, regions, countries and continents in the world, health inequalities persist. The W.H.O. provides an accurate working definition of health inequality, as the "differences in health status or in the distribution of health determinants between different population groups" (3). Health inequalities are accepted as wholly preventable and unjust, and they exist throughout the EU, between and within countries and regions (4). It is the group of health inequalities experienced by people who are placed at risk for cardiovascular disease (CVD) within a town in Slovakia which we are concerned with in this action plan. Although the health and wellbeing of Trnava's residents is reasonably good there are a number of population groups which are more vulnerable and more affected by the health determinants and thus engage in health risk behaviours which lower their life expectancy and quality of life.

In Slovakia and in the Trnava region the main causes of death are respectively cardiovascular diseases (52.6% versus 50%), cancer (23% versus 25.4%), diseases of the digestive system (6,3% Trnava) and injuries (5,4% Slovakia) (1).

In Slovakia, in total, more women die from circulatory diseases (55% of total 27 306 CVD deaths in 2011) than men (1). In the aetiology of cardiovascular diseases, behavioural risk factors are more significant than biological factors - which include, smoking, poor diet associated with overweight and obesity, lack of physical activity, excessive alcohol intake and inability to cope with stress (5, 6). The prevalence of hypercholesterolemia was in 2011 46.2%, the prevalence of overweight and obesity was 61.8% and the prevalence of hypertension was 21.1% (7). The latter three biological factors are influenced by nutritional habits.

This Action Plan for Trnava town will adopt a health promotion life course perspective in order to address and tackle health inequalities in the town's population. This approach is an effective way to target a specific geographic population at different stages of life in addressing health inequalities. The goal of the Action Plan will be to reduce health inequalities in Trnava town using a health promotion life-course perspective, with a focus on addressing the risk factors for CVD and promoting healthy behaviours.

Based on the needs of the population, diet and nutrition will be given a high priority within the Action Plan. Building partnerships and improving inter-sectoral working is a vital part of



this action plan. It is important that those working in tackling CVD work together, especially in promoting healthier public policies at a local level. Health promoting skills will be developed in building healthier lifestyle behaviours within supportive environments. In order to focus the target groups, the action plan will be focused on children (in primary schools), young adults and retired people. The topic of the action plan is addressing the risk factors for CVD and promoting better health for all.



## I. The Development of the Action Plan

### 1. The need for a strategic plan to tackle health inequalities in Trnava Town

Health inequalities are caused by differences in social status and are increasingly a problem for modern societies (8). Trnava town does not escape the existence or presence of health inequalities. Although much data is missing in our assessment of the health status of Slovak and Trnava population, based on the information we have gathered, it is very clear that health inequalities persist in our town.

It is necessary for us to focus our efforts on addressing the underlying causes of the inequalities in health. To be able to develop an action plan for health, information from the Trnava region is needed such as health determinants which could explain the prevalence and incidence of cardiovascular disease in Trnava region. Education and health are closely linked and could be a lead to focus on in the action plan for health in Trnava region. Inter-sectoral policy making and programming could be one of the possibilities and should therefore be explored. Creating goodwill for health is cross sectoral and can be enhanced. One policy which could be supporting is that there is a current plan to build a bicycle pathway in Trnava which will greatly enable people to access a sport arena; more activities such as this can be facilitated and supported in future structural funds.

There are many promising practices available from the previous national programmes on CVD. There are some health and non-health sector professionals motivated to be involved in a possible network due to motivation for lifelong learning and for being involved in an international project. This expertise needs to be joined into a network. On the other hand there is a need for capacity building in Trnava City in the area of health determinants for CVD, inter-sectoral collaboration, creating goodwill to support cross sector and finding structural funds. These conditions and factors will be taken into account and will be subject of the Action Plan for Health in Trnava town.

### 2. Health inequalities in Trnava town

Trnava region is quite productive in both industry and agriculture. Its proximity to the capital Bratislava is an asset as many of the region's residents travel daily to work in Bratislava. The main types of industry in the Trnava region include the following: motor industry, electro-technic industry, metallurgical industry, and chemical industry (9). The productivity in the Trnava region is reflected in the lower unemployment rates compared to the national average of 2011; 10.6% in Trnava region vs. 13.5% national average (1). Also the risk to live under the 60% poverty line is less prevalent in this region: 9.5% versus 13% in the Slovakia (2011) (2). In the Trnava region 40.3 % of the population finished at least upper secondary education compared to the national average of 43.4% (10). This could be a possible reason for the slightly lower average net income of €639 in Trnava compared to the national average income of €665 (2). Overall Trnava is a region in which most socio- economic factors do not differ a lot compared with the national average.



## Health and Health Inequality

In Trnava region the life expectancy at birth was on average 75.7 years old in year 2011, which is slightly higher than the national average of 75.4 years. Women in Trnava live to 79.4 years, 7.0 years longer than men (9). There is no data found which show how many years of those expected life years people in Trnava and in Slovakia live in good health.

In Slovakia and in the Trnava region the main causes of death are respectively cardiovascular diseases (52.6% vs 50%), cancer (23% vs 25.4%), diseases of the digestive system (6,3% Trnava) and injuries (5,4% Slovakia). In Trnava the three main causes of death are most prevalent of all Slovakian regions (1). Information of CDC risk factor prevalence is only available on national level in Slovakia. The situation in Trnava region may be similar to national level and are therefore discussed in the next paragraph.

In Slovakia more women die of circulatory diseases (55% of total 27 306 CVD deaths in 2011) than men (1). In aetiology of cardiovascular diseases, behavioural risk factors are more significant than biological factors – which include, smoking, poor diet associated with overweight and obesity, lack of physical activity, excessive alcohol intake and inability to cope with stress (5, 6). The prevalence of hypercholesterolemia was in 2011 46.2%, the prevalence of overweight and obesity was 61.8% and the prevalence of hypertension was 21.1% (7). The latter three biological factors are influenced by nutritional habits.

### Nutrition factors

A trend in eating habits within the Slovak population which enhances these risk factors on cardiovascular disease is the increased energy intake and high consumption of animal fat and protein. Difference in energy intake was shown with ageing and between sexes. There were negligible differences in consumption of vitamin C, fluid intake, fibre, NaCl and cholesterol in the diet between younger and older women. Younger (age group 19 to 34) and older males (35-54) had higher energy intake and higher consumption of animal fats and proteins than women. Younger men had worse eating habits compared to younger women (high intake of fats, protein and salt). Older women (age group 35 to 54) consumed more animal fat and proteins. In older men, an increase in overweight and obesity were reported. In younger man the overweight and high cholesterol were twice higher compare to younger women which is directly linked to their diet (high energy intake, high intake of fat and protein) (11).

### Smoking

According to European Health Interview Survey in 2009 the prevalence of daily smokers in Slovakia 19.5% (27.1% males, 12.5% females), occasional smokers 9% (10.3% males, 7.7% females), never smokers 71.5% (62.6% males, 79.8% females) (12). The prevalence of smoking is since 1993 decreasing (7).

### Health Inequalities and Cardiovascular disease

There are general data for social determinants however we were not able to obtain the specific data on SES, the environment and the context describing the relationship between these factors to circulatory diseases.

### Drinking water

In 2005, 84.9% of Slovak population had access to clean water from public water supply. In the Trnava region it was 84.7% (13). In Trnava city, 94.2% of inhabitants had access to clean



water (14). According to the Slovak Environmental Agency, in SR is recorded decreasing trend in the consumption of drinking water from public water supplies. Growing number of people prefer water from their own wells or bottled water. 14 % of people in Slovakia use the water from individual resources (wells) but 80 – 85 % of these water resources does not meet the hygiene and sensory requirements and are possible hazard for health (15).

Based on this information, it is clear that Trnava residents suffer from the number of health inequalities in the town, affecting overall wellbeing and quality of life.

### 3. The Causes of health inequalities and how to tackle them

The previous section shows us that health inequalities exist in Trnava and in Slovakia despite our dearth of data and information on the socio-economic determinants of health. This following section will briefly outline how health inequalities evolve and how they can be tackled in general.

#### a) Health determinants

There are many factors which influence our health. Traditionally it was thought that the biophysical influences or determinants on health were the primary players in determining health status, however we know today that a range of social, political, psychological, and lifestyle factors as well as biophysical impact on our health, through a variety of causal pathways (16). Figure 1 is a well cited and accepted graphical demonstration of the determinants of health, and illustrates very clearly the range of factors influencing our health. The “determinants of health are factors which influence health status and determine health differentials or health inequalities.” Thus the inequalities in health that are recognised today as lowering life expectancy for some groups over others, is determined that the factors influencing our daily lives.

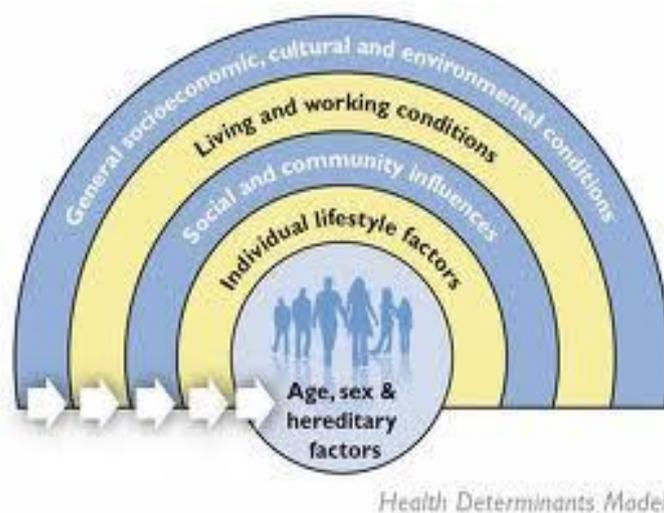


Figure 1: Health Determinants Model (Social Determinants of Health), Dahlgren, G. and Whitehead, M (1991) *Policies and Strategies to Promote Social Equity in Health*. Stockholm: Institute for Future Studies.



### *b) Tackling health inequalities and health inequities*

*“Lower socio-economic status is probably the most powerful single contributor to premature morbidity and mortality, not only in the United States, but worldwide” (17).*

Health inequalities are “preventable and unfair differences in health status between groups, population or individuals. They exist because of unequal distributions of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to have access to the right treatments.” (18). Sometimes health inequalities are a result of biological differences or free choice; whilst others are a result of structural and environmental external conditions over which individuals and groups have no control over, thus creating health inequities. Inequity in health is grossly unjust and requires interventions at policy as well as community and individual levels. Health inequity has a moral and ethical dimension.

### *c) The contribution of health promotion to tackling health inequalities*

Health promotion is defined as the “process of enabling people to increase control over, and to improve their health.” (19) Health promotion consists of a social and political process, focusing not only on developing person skills of individuals, but also targeting action towards changing the social, environmental, economic and political conditions in which people live. The purpose of this is to promote positive impacts on health of these conditions and to reduce the negative impacts. Health promotion therefore is a process of enabling people to increase control over the determinants of health, which would therefore improve their overall health and wellbeing. (20) As defined in the Ottawa Charter (which resulted from the First Global Health Promotion Conference), health can be promoted in practitioner work in three ways: advocacy, enablement and mediation. Through advocacy in particular, health promotion may ensure the interests of the disadvantaged are made known to the local, regional and national policy makers and practitioners. (21) Health promotion seeks to facilitate social change whilst tackling health inequalities on the ground. In the Ottawa Charter (1986) five action areas were identified. Figure 2 illustrates these action areas (Building healthy public policy; reorienting health services; creating supportive environments; strengthening community action; and developing personal skills) are facilitated by the three previously mentioned approaches to operationalise health promotion (enable, advocate, mediate).



*Figure 2: Health Promotion Logo (19)*



Participation of all partners in the process is vital in health promotion; it is important that any interventions that are designed include the people they are being designed for, at all stages of creation. This is often the most difficult part of health promotion, especially in Trnava, as groups and individuals are satisfied to accept interventions available to them as determined by the relevant agencies and bodies. Health promotion, by focusing less on the individual, promotes the concept that health activities and policies should take place within the context where people live, learn, work and play- the settings of our lives. Taking a settings approach to improving health will ensure greater sustainability of actions, increased ownership of the actions by all participants in the process and will ultimately lead to healthier lives for all. (31) A life-course perspective, when addressing health inequalities, is a useful way of improving health. It is known that disease status is affected by exposures right throughout the life, from growth *in utero*, to the traditional adult risk factors (smoking, hypertension, obesity, physical inactivity, et cetera). (22)

How can health promotion contribute to the tackling of health inequalities in Trnava? It is our goal to design and plan for a variety of interventions, incorporating the five action areas of health promotion, adopting a settings approach and life-course perspective, whilst developing personal skills and knowledge.

#### 4. Structural Funds Programme in Slovakia (2014-2020)

The purpose of the Structural Funds Programme of the European Commission is to promote and support growth, development and employment in regions and countries across the European Union. The funding programme aims to strengthen economic development in Member States. Connected to economic development as the disciplines of public health and social science recognise is the health of the nation. There can be no full economic prosperity with adequate incomes and employment without a healthy and happy workforce, made up of the people currently suffering from the epidemic of chronic disease, most of which are preventable and unnecessary. (23) The role of this action plan is to enable Trnava inhabitants to reach their fullest health potential within the spectrum of activities endorsed by the health promotion approach, whilst connecting explicitly with the priorities for Structural Funds in the country.

Each country has their own priorities for the Structural Funds Programme, which are based on the thematic objectives proposed in Art. 9 of the draft of "Regulation of the European Parliament and of the Council laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund covered by the Common Strategic Framework and laying down general provisions on the European Regional Development Fund, the European Social Fund and the Cohesion Fund and repealing Council Regulation (EC) No 1083/2006." These thematic objectives at the European level are as follows:

- ❖ Strengthening research, technological development and innovation;
- ❖ Enhancing access to, and use and quality of, information and communication technologies;
- ❖ enhancing the competitiveness of small and medium-sized enterprises, the agricultural sector (for the EAFRD) and the fisheries and aquaculture sector (for the EMFF);
- ❖ Supporting the shift towards a low-carbon economy in all sectors;
- ❖ Promoting climate change adaptation, risk prevention and management;



- ❖ Preserving and protecting the environment and promoting resource efficiency;
- ❖ Promoting sustainable transport and removing bottlenecks in key network infrastructures;
- ❖ Promoting sustainable and quality employment and supporting labour mobility;
- ❖ Promoting social inclusion, combating poverty and any discrimination;
- ❖ Investing in education, training and vocational training for skills and lifelong learning;
- ❖ Enhancing institutional capacity of public authorities and stakeholders and an efficient public administration.

The priorities for funding in the next programming period 2014 - 2020 for Slovakia are the following:

- ❖ Innovation-friendly business environment;
- ❖ Infrastructure for economic growth and jobs;
- ❖ Human capital growth and improved labour market participation;
- ❖ Sustainable and efficient use of natural resources;
- ❖ A modern and professional administration.

In all of these priorities public health has a role to play, especially when one takes into account what we know about health determinants and health inequalities. In particular, this action plan can increase and improve human capital growth and by ensuring that the population of Trnava is a healthy and satisfied one, then labour market participation can continue to grow and expand to meet the demands of the market place.

In terms of sustainable and efficient use of natural resources, it is our aim to improve the physical environment of Trnava and thereby Trnava's inhabitants connection to its natural resources in partnership with various community groups and the municipality.

## 5. Framework of the Action Plan

The action plan has been developed as part of the DG SANCO funded project entitled 'Reducing health inequalities: Preparation for action plans and structural funds projects' (ACTION-FOR-HEALTH) (2012-2014). The goal is that this plan is useful and will be used by all sectors in Trnava town that have an influence on health, from the health sector to the educational, from the local municipality to grassroots community groups. The plan also incorporates in its aims due recognition and connection with the priorities for Slovakia for Structural Funds (SF) for the programme period (2014-2020). In this way, we hope that the plan can enable projects to develop after the lifetime of the project, which can apply for funding from the SF programme. Since the programme period 2014-2020 does not have explicit public health priorities, it is important that connections are made between the priorities and health actions addressing inequalities in Trnava town.

## 6. Planning method

The Action Plan for Trnava town requires preparation and a process which can inform the plan. A situational analysis was carried out in order to gather evidence and information on the key issues for the health of Trnava's population: health determinants and inequalities in health for the town's residents. The following details the process in more detail.



### *a) Situational analysis*

The initial step in a planning process is to establish the current situation. The Trnava team assessed the health of the Slovak population and then more narrowly the health status of Trnava region population and Trnava town population, whenever data was available. A number of health factors can be attributed to causing health inequalities in the resident population of Trnava town. The team also examined the policy context as is outlined in the following.

In Slovakia there have been two national programmes tackling circulatory system diseases. In recent years in the Slovak Republic a project MOST (One Month about the Heart Topics) took place (24). This could be perceived as a promising practice that increases knowledge of people about the cardiovascular diseases and their prevention. This project was part of the National Programme on Cardiovascular Diseases. From 2009 to 2012 there was a National programme on Cardiovascular diseases as well (25). Besides these two programmes there are objectives within the Slovak National Health Promotion Programme to tackle cardiovascular disease (26). However, there seems to be a gap between political and policy rhetoric and practice. This is one of the reasons why there is a need to address CVD and to plan an intervention to tackle the burden of CVD on society.

The situational analysis was presented to a number of relevant stakeholders at a workshop held in Trnava University on 13.5.2013. A discussion followed this presentation which was helpful and informed the goal and target setting.

### *b) Methods for goal and target setting*

Based on a workshop with representatives of the health, political and educational sectors in Trnava, and on meetings with community groups, strategic issues and target groups were identified and incorporated into the plan. This document recognises the discussion held with abovementioned representatives early on in the drafting process.



## II. Content of the Action Plan

### Aim 1 Encourage inter-sectoral partnership for joined-up actions and policies in tackling health inequalities in Trnava town.

It is impossible to make sustainable, long-term and significant changes to the reduction of health inequalities for certain population groups who engage in unhealthy behaviours (which then increases the risk for all chronic diseases) without joined-up action on the level amongst the relevant stakeholders. Without inter-sectoral partnership and working (which would include for instance the local town municipality, health service workers, NGOs and community groups and the education sector), there is a greater likelihood of duplication of work, inefficient use of resources, lack of collective planning in applying for Structural Funds for Trnava town (and region) and an inability of Trnava's people to maintain healthy behaviours without the appropriate healthy policies, strategies, actions. Nowadays it is clear, that alone, health education and the development of personal skills, without any attention and action on building networks for healthier local policies, is a waste of time and resources. It is wholly unsustainable and in some health promotion schools of thought, unethical. This has been the message since the adoption of the Ottawa Charter for Health Promotion (1986) (18) and continues to be the message for appropriate health promotion planning. This is the first and vital aim of this action plan. There is already much work ongoing in Trnava connected to health promotion and promoting healthy behaviours, however joined-up action, which can be enabled by the creation of a network of interested and relevant stakeholders, can enable such effective action.

#### Objective 1.1 Increase awareness, knowledge and responsibility of stakeholders for health inequalities in Trnava town.

##### Activities:

1. Scan the environment for potential network members.
2. Identify common interest in health issues amongst potential network members
3. Provide and disseminate knowledge about health inequalities to stakeholders and interested groups

**Indicators:** number of stakeholders identified, number of conference presentations made in order to provide and disseminate knowledge about health inequalities to the stakeholders locally and internationally

#### Objective 1.2 Create a network of relevant partners to enable inter-sectoral partnership and joined-up actions.

**Activities:** Make closer cooperation with relevant partners such as the Regional Office of Public Health, Healthy City Office Trnava, local schools, NGOs

**Indicators:** number of stakeholders identified, number of conference presentations made in order to provide and disseminate knowledge about health inequalities to the stakeholders locally and internationally



## **Aim 2 Improve behaviours so as to tackle health inequalities of Trnava inhabitants within supportive environments.**

A life-course perspective will be used in order to structure the improvement of health behaviours of certain at-risk population groups in Trnava town, within supportive environments. The view is to ensure that personal skills in health and wellbeing can take place within a supportive environment (school, workplace, residence) in a sustainable way.

### **Objective 2.1 Improve nutritional knowledge and skills in Trnava population**

**Activities:** Provide knowledge and train skills for healthy nutrition

**Indicators:** number of events, number of people attended on the events, number of examined people (cholesterol et cetera)

### **Objective 2.2 Encourage more physical activity**

**Activities:**

1. Motivate participants to increase daily moderate physical activity
2. Organise mass physical activities
3. Include physical activity into diverse events (for example in the Symposium and other Congresses e.g. Cardio Run)

**Indicators:** number of events and mass physical activities; number of people attended the events

### **Objective 2.3 Support healthy lifestyle behaviours in Trnava population**

**Activities:**

1. Provide knowledge and train skills about healthy lifestyles
2. Promote positive image of a healthy lifestyle behaviour

**Indicators:** number of events, number of people attended

### **Objective 2.4 Raise awareness amongst people of the early signs of diseases and encourage people to seek advice and further information**

**Activities:**

1. Provide clear information about early symptoms of chronic non-communicable diseases (CVD, neoplasm et cetera)
2. Encourage people to seek advice at early stage of symptoms

**Indicators:** number of events, number of people attended



### **Aim 3 Improve behaviours so as to tackle health inequalities of Trnava inhabitants within vulnerable groups.**

The objectives of this aim will focus on population groups:

#### **Objective 3.1 Children**

##### **Activities:**

1. Support the implementation of standard of healthy nutrition and physical exercise to schools, kindergartens and other educational institutions in region
2. Implement whole school approach to healthy eating in the school setting
3. Training on healthy nutrition for teachers and food organisers
4. Provide information on noxiousness of smoking and second-hand smoking in childhood.

**Indicators:** number of schools participated, number of children participated, number of play areas renovated

#### **Objective 3.2 Unemployed people**

##### **Activities:**

1. Enhance the partnership to implement inter-sectoral programmes for unemployed people (early school leavers, student graduates, long-term employed people)
2. Develop an appropriate training programme to strengthen positive self-image and healthy behaviour
3. Training of social skills building
4. Organise workshops on stress management
5. Support self-help groups for unemployed in order to increase communication and coping skills

**Indicators:** number of people attended, appropriate training programme, level of self-esteem after training

#### **Objective 3.3 Senior Citizens (elderly population)**

##### **Activities:**

1. Promote appropriate physical activities
2. Promote healthy nutrition
3. Promote non-abusive behaviour
4. Develop programmes to enable elderly to participate fully in their communities and implement them.
5. Organise training programme on home care for family members
6. Promotion of safe living for the elderly and prevention of injuries at home

**Indicators:** number of programmes, number of people attended



## **Aim 4 Support a clean and healthy physical environment.**

Trnava has access to clean water and the town is maintained mostly by the municipality. Parts that are not maintained by the municipality are maintained by local community groups and active citizens and residents. In order for Trnava town to continue to enjoy a pleasing, clean and safe physical environment, this action plans proposes the following objectives:

### **Objective 4.1 Encourage environmentally friendly policies at the level of Trnava town**

**Activities:** Provide knowledge to and train local stakeholders to make environment-friendly policies. Advocate for environment – friendly policies

**Indicators:** the number of environment-friendly policies and workshops, number of stakeholders attending the workshops, collaboration with local city advocacy groups

### **Objective 4.2 Support positive behaviour and ownership of Trnava inhabitants towards their physical environment**

#### **Activities:**

1. Provide knowledge about healthy environment to increase awareness of population about the influence of environment on people's lives
2. Develop programmes to discourage pollution creating behaviour by the population
3. Improve the physical environment in Trnava town so that it is more pleasing and encourages healthier lifestyle behaviours
4. Organise activities to encourage people to use the environment-friendly policy measures and make environment-friendly choices
5. Ensure media support of activities

**Indicators:** range of messages about healthy environment, number of implemented programmes on pollution prevention, number of activities on environment friendly choices, media coverage of activities; number of activities to improve the physical environment



### III. Conclusion

This action plan promotes a range of activities and goals which all aim to improve the health and wellbeing of Trnava's inhabitants, with due recognition of the connection of the plan to the priorities of the Structural Funds Programme (2014-2020). In particular, the priorities for Slovakia (and therefore Trnava) which envisage greater employment and participation of individuals in the workforce are connected with this action plan since there can be no economic development of any kind without a healthy and fully capable workforce. The action plan adopts a health promotion approach to reducing health inequalities which result in lowered life expectancy and increased morbidity, which thus impacts on quality of life and economic activity. This approach has been taken in addressing the risk factors for chronic disease, in particular the biggest killer for Trnava inhabitants, CVD.



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