

# **Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)**

SLOVENIA

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covering situation until May 2011

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## Overview of the HEPA PAT

This tool is divided into four sections:

- Section A** aims to capture an overview of the *government structure* and *history* of physical activity policy in your country;
- Section B** is concerned with the *content* of relevant policy and the *development* process of identified HEPA policy;
- Section C** is focused on the experience of *implementation* of the HEPA policy;
- Section D** presents a short summary of the *process undertaken* to complete the HEPA Policy Audit Tool and who was involved in the process

### **SECTION A – Background information and context**

1. Please provide an overview of the **institutional structure** in your country. Provide enough detail to assist the reader in understanding the government / organisational system in your country and where physical activity policy and action has previously been addressed. Include details of whether your country has a centralised or federal structure, as well as which level of Government is responsible for health, physical activity, sports and recreation.

The Republic of Slovenia is a *parliamentary representative democratic republic* since 25 June 1991. The present *Constitution of the Republic of Slovenia* was adopted on 23 December 1991. Slovenia became an EU member on 1 May 2004.

Head of state:

*The President of the Republic* is elected for a maximum of two, five-year terms by direct elections.

Legislative authority:

*The Slovenian Parliament* consist of the *National Assembly* that has 90 deputies and *The National Council* that has 40 members. The National Assembly has the highest legislative role in the country and members are elected every four-years. The National Council performs an advisory role and members are elected for a five-year term.

Executive authority:

*The Government* consists of the *Prime Minister* and *18 Ministers* (3 of them are without portfolio). The government and the ministers are independent within the framework of their jurisdiction, and responsible to the National Assembly. The following ministries, which are integrated into the Government, are: Ministry of Agriculture, Forestry and Food; Ministry of Culture; Ministry of Defence; Ministry of the Economy; Ministry of Education and Sport; Ministry of the Environment and Spatial Planning; Ministry of Finance; Ministry of Foreign Affairs; Ministry of Health; Ministry of Higher Education, Science and Technology; Ministry of the Interior; Ministry of Justice; Ministry of Labour, Family and Social Affairs; Ministry of Public Administration; Ministry of Transport; Ministry for Development and European Affairs; [Government office of the Republic of Slovenia for local self-government and regional policy](#); Minister without Portfolio Responsible for Slovenians Abroad.

Capital and municipalities:

Capital is Ljubljana with 260,000 residents. Slovenia has 210 municipalities. 11 of them have urban municipality status.

Responsibilities of authorities regarding health, physical activity, sports and recreation:

*National authorities* such as a *Slovenian Parliament and Government* are responsible for execution of all adopted national (and when appropriate also regional) documents.

*Ministry of Health* is the most responsible for health and (health enhancing) physical activity documents and *Ministry of Education and Sport* for documents regarding sport and recreation.

On the other hand *local authorities (municipalities)* are responsible for all adopted local (and when appropriate also regional) documents regarding health, physical activity, sport and recreation.

*More information:*

[http://www.vlada.si/en/about\\_slovenia/political\\_system/](http://www.vlada.si/en/about_slovenia/political_system/)

2. a. Please provide details (title, publication date, issuing body) of the key policy documents in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English. In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8.

### **SCHOOL SECTOR:**

**School Physical Education (PE) is compulsory subject at all education levels from kindergarten to university.**

## **Pre-school education**

Kindergartens have to follow the national **Curriculum for Kindergartens** in which Physical education (PE) is called *Movement* and does not specify how many hours should be devoted to PA, but it must last at least 30 minutes per day. The document presents the scientific basis for work in kindergartens and was confirmed in 18th of March 1999 by the Council of Experts for General Education of the Republic of Slovenia. The kindergarten programme is based on **Kindergarten Act** (first published at OG no. 12 in 1996- link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=569>; last published cleared version was at OG no. 100/05- link: <http://www.uradni-list.si/1/objava.jsp?urlid=2005100&stevilka=4349>).

Version in Slovene:

[http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/vrtci/pdf/vrtci\\_kur.pdf](http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/vrtci/pdf/vrtci_kur.pdf)

Comment: To assist the derivation of the curriculum so called **Guide to curriculum for pre-school institutions** is being used, which provides background and examples of planning and implementation of specific activities. Besides regular PE kindergartens offer also *extracurricular sport programmes*.

## **Compulsory elementary school education**

Comment: It lasts for 9 years and begins when the child reaches the age of 6. It is divided into first (1<sup>st</sup>-3<sup>rd</sup> grade), second (4<sup>th</sup>-6<sup>th</sup> grade) and third (7<sup>th</sup>-9<sup>th</sup> grade) period/ cycle/ triennium. The *Compulsory Elementary School Curriculum* is based on several *national curricular documents* which were prepared and adopted by the National Curricular Council and the Council of Experts for General Education of the Republic of Slovenia (1998-2006) and were launched by Ministerial decrees, and issued in accordance with the **Elementary School Act** (first published at OG no. 12 in 1996- link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=570>; and last published cleared version was at OG no. 81/06- link: <http://www.uradni-list.si/1/objava.jsp?urlid=200681&stevilka=3535>). Last *Amendments on Elementary School Act* were published at OG no. 102/07 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=2007102&stevilka=5073>).

*National curricular documents* consist of **the syllabus** for the 9-year elementary school (from 2008)

(link: [http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmetniki/Predmetnik\\_splosni.pdf](http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmetniki/Predmetnik_splosni.pdf)), national subject curriculum for compulsory and optional subjects along with the definitions of cross curricular content, extra-curricular activities, after-school classes and other forms of day-care, out of school classes, as well as lists of approved text books and learning materials and other documents concerning the protection of rights of pupils, parents and teachers. The syllabus specifies the exact number of yearly and weekly lessons for individual subjects, the number of discussion periods and the minimum number of hours, required for the implementation of the curriculum. All *national subject curricula* include general aims, objectives and core contents of the subject, didactic principles and recommendations and knowledge standards. Municipalities may participate in the formulation and implementation of the extended curriculum and extra-standard quality of education provision. Each elementary school autonomously adopts its *own annual working plan* by taking into account the prescribed elements of the curriculum.

Physical Education (PE) is performed as:

a compulsory subject called PHYSICAL EDUCATION/SPORT EDUCATION (PE/SE) (3 mandatory PE lessons per week in first and second triennium- up to 105 hours per year; 2 mandatory lessons per week in third triennium- 70 hours per year; 1 lesson lasts 45 minutes),

selective/optional subjects called SPORT and DANCING ACTIVITIES (only for pupils in third triennium; mandatory for school, but pupil can select 2 sport-related selective subjects; mandatory 1 lesson per week each),

so called Sport Days (5 of them per year; each lasts 5 hours; obligatory for school and pupils),

so called Schools in Nature (in summer and winter; with predominately sporting contents; obligatory for school and voluntary for pupils),

extra-curricular activities (PE/SE programmes defined by National Programme of Sport also called INTEREST SPORT ACTIVITIES; i.e. swimming courses, skiing courses, school sport competitions, sport programmes for children and youth such as GOLDEN SUN or KRPAN),

as after-school classes/care (outside regular compulsory education system; up to 5 sport activity classes per week),

programmes for pupils with special needs (obligatory for schools, but voluntary for pupils),

out of school classes (mainly organised by sport associations and sport clubs; i.e. HOORAY, LIESURE TIME or WIND IN

YOUR HAIR- SPORT AGAINST DRUGS) and

a part of cross curricular content.

*Versions of curriculums with PE content in Slovene:*

- **Curriculum: Elementary Schools Education Programme, Physical Education**, adopted in 1998 (published as a 4<sup>th</sup> ed. publication in 2006), defines up to compulsory 105 PE lessons per year in the first and second triennium and 70 compulsory hours per year in the third triennium (*This is the most important document for PA/PE because elementary school is obligatory for all Slovenian citizens.*)(link: [http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti\\_obvezni/Sportna\\_vzgoja\\_obvezni.pdf](http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_obvezni/Sportna_vzgoja_obvezni.pdf));

- **Curriculum for the Optional Subjects: Sport (Sport for Health, Selective Sport, Sport for Relaxation)**, adopted in 1999 (published as a publication 2001)

(link: [http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti\\_izbirni/Sport\\_izbirni.pdf](http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_izbirni/Sport_izbirni.pdf) );

- **Curriculum for the Optional Subjects: Dance Activities (Dance, Folk Dance, Old and Social Dances)** adopted in 1999 (published as a 2<sup>nd</sup> ed. publication in 2004) (link:

[http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti\\_izbirni/Plesne\\_dejavnosti\\_izbirni.pdf](http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_izbirni/Plesne_dejavnosti_izbirni.pdf) ) and

- **Cycling Training Programme in Elementary Schools**, adopted (by the Scientific Council of the Ministry of Education, Science and Sport) in 2002 as a part of curriculum (according to the *Law on Road Traffic Safety* from 1998), defines the objectives, content, methods and forms in training pupils from 1<sup>st</sup> till 5<sup>th</sup> grade to ride bicycles

(link: [http://www.vozimo-pametno.si/index.php?option=com\\_content&task=view&id=89&Itemid=127](http://www.vozimo-pametno.si/index.php?option=com_content&task=view&id=89&Itemid=127)).

### **(Upper) secondary education**

Comment: Programs in secondary schools (SS) vary in content, duration, goals and knowledge standards. The same applies to the *physical education (PE) knowledge catalogues (Vocational and Technical (Upper)- SS) or PE curriculum (General Upper- SS)*. Different schools have different amount of PE classes and other sport-related activities. There are also GRAMMAR SCHOOL WITH A SPORT CLASS for students talented in sport performance.

Physical Education (PE) in SS is performed as:

- a compulsory subject called PHYSICAL EDUCATION/SPORT EDUCATION (PE/SE) (3 mandatory PE lessons per week in General Upper- SS, 6 mandatory PE lessons per week in General Upper-SS with Sport Classes and 1-3 PE lessons in others; 1 lesson lasts 45 minutes),
- Sport Days (INTEREST ACTIVITIES; obligatory for school and pupils; 30 hours per year in lower vocational SS, 72 hours per year in Upper vocational SS, 96 hours in Expert and Vocational-Technical SS, 35 hours per year in General SS/Grammar Schools) and
- selective/optional contents (mandatory for school, but voluntary for pupils; at least 15 hours per year; i.g. SPORT CAMPS and SCHOOLS IN NATURE).

Knowledge catalogues for VOCATIONAL and TECHNICAL SS were adopted on 12<sup>th</sup> of February 2010 by Council of Experts for Vocational and Technical Education of the Republic of Slovenia.

(These catalogues represent very important group of documents for PA/SE/PE at secondary level education because they define number of obligatory PE lessons per year.) They are based on

**Vocational Education Act-1, 2007** (published in Official Gazette (OG) no. 79/2007, link: <http://www.uradni-list.si/1/objava.jsp?urlid=200679&stevilka=3449>).

Links to knowledge catalogues do not exist at the moment and they are named:

- **Knowledge catalogue for Vocational Upper-Secondary Education**, defines 164 compulsory PE lessons per year,
- **Knowledge catalogue for Shorter Vocational Education**, defines 124 compulsory PE lessons per year,
- **Knowledge catalogue for Vocational Upper-Secondary Education**, defines 164 compulsory PE lessons per year,
- **Knowledge catalogue for Technical Upper-Secondary Education and Vocational-Technical Upper- Secondary Education**, defines 340 compulsory PE lessons per year.

Curriculums for GENERAL/GRAMMAR SCHOOLS are based on **Grammar School Act, 1996**

(published in Official Gazette (OG) no. 12/1996,

link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=571>; and last cleared version of it in OG no.

1/2007, link: <http://www.uradni-list.si/1/objava.jsp?urlid=20071&stevilka=2>).

- **Curriculum for General, Classical and Expert Grammar Schools**, defines 420 compulsory PE lessons/y.

(link: [http://portal.mss.edus.si/msswww/programi2010/programi/media/pdf/un\\_gimnazija/un\\_sportna\\_vzgoja\\_gimn.pdf](http://portal.mss.edus.si/msswww/programi2010/programi/media/pdf/un_gimnazija/un_sportna_vzgoja_gimn.pdf)),

- **Curriculum for Grammar Schools with Sport Class**, defines 735-840 compulsory PE lessons (1<sup>st</sup> -3<sup>rd</sup> grade 210 lessons per year; 4<sup>th</sup> year 105-210 lessons per year) (link:

[http://portal.mss.edus.si/msswww/programi2009/programi/media/pdf/un\\_gimnazija/un\\_sportna\\_vzgoja\\_sportna\\_gimn.pdf](http://portal.mss.edus.si/msswww/programi2009/programi/media/pdf/un_gimnazija/un_sportna_vzgoja_sportna_gimn.pdf)).

### **Higher vocational and higher education**

Comment: PE classes were recently canceled from universities obligatory programmes/curricula. So providing PE classes to students is a matter of choice of each Higher Vocational School, College or University.

## **SPORT SECTOR:**

**National Programme of Sport in the Republic of Slovenia, 2000-2010** (shortly called: **National Programme of Sport- NPS**) (It is the most important national document for sport & recreation.)

The document was adopted by the National Assembly of Republic of Slovenia on 3<sup>rd</sup> of March 2000.

The coordinator of the programme on the national level is Ministry of Education and Sport- mostly Sport sector. It is based on the **Law of Sport of the Republic of Slovenia 1998** (also called **Sport Legislation in Slovenia**), published at OG no. 22 in 1998. With this programme the State co-creates the conditions for the development of sport. This national programme includes a comprehensive organization of sport activities, that is: *physical education* (PE) (extracurricular PE of pre-school children, school children, youth and students; PE of children and youth, oriented in high performance and top sport; and also PE of children with special needs); *leisure time sports activities*; *high performance sports*; *top sport*; and *sport for disabled persons*; which is in public interest. Sports activities for children and youth are priority. Every year there are (*annual*) *Sport(s) Programme(s)* prepared.

**Comment:** Ministry for Education and Sport prepared a draft for new **National Programme of Sport 2011-2020**. 4<sup>th</sup> version of it is available on website

([link:http://www.olympic.si/index.php?id=189&tx\\_ttnews\[tt\\_news\]=651&tx\\_ttnews\[backPid\]=1&cHash=8a33c7bff9](http://www.olympic.si/index.php?id=189&tx_ttnews[tt_news]=651&tx_ttnews[backPid]=1&cHash=8a33c7bff9)), but it is not yet the final version of it. In addition the new National Programme of Sport 2011-2020 is probably going to represent a base for the **new National Sport Legislation** (and not the other way around).

Version of NSP 2000-2010 in Slovene: [http://www.mss.gov.si/si/delovna\\_podrocja/sport/](http://www.mss.gov.si/si/delovna_podrocja/sport/)

English versions of NPS 2000-2010 and also Sport Legislation in Slovenia 1998 do exist, but there are not available on-line

### **HEALTH SECTOR:**

All of below described documents under health sector one way or another are based on health legislation such as:

- **Health Care and Health Insurance Act, 1992** ([link: http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=459](http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=459)) published in Official Gazette (OG) no. 9/1992 and last cleared version of it in OG no. 72/2006 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200672&stevilka=3075](http://www.uradni-list.si/1/objava.jsp?urlid=200672&stevilka=3075)),
- **Health Services Act, 1992** ([link: http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=460](http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=460)) published in OG no. 9/1992 and last cleared version of it in OG no. 23/2005 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200523&stevilka=778](http://www.uradni-list.si/1/objava.jsp?urlid=200523&stevilka=778)),
- **Patients Rights Act, 2008** published in OG no. 15/2008 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200815&stevilka=455](http://www.uradni-list.si/1/objava.jsp?urlid=200815&stevilka=455)).

**Instructions for the Implementation of Preventive Health Protection at the Primary Level, 1998** and

**Rules Amending the Instructions for Implementation of Preventive Health Care at Primary Level, 2001**

The first version of these *instructions* were published in OG no. 19/98. Later on several versions of *rules amending these instructions* were also published in OG no. 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07 and 22/2009. The purpose of preventive programs is to systematically assess and monitor health, risk factors, risk behaviors and lifestyle habits (also physical (in)activity) of individuals and target groups and to appropriately intervene if necessary. The above mentioned rules from OG no. 67/01 were also a kick-off for so called *National Programme for Primary Prevention of Cardiovascular Diseases*.

Version of "Instructions for the Implementation of Preventive Health Protection at the Primary Level" in Slovene from 1998:

<http://www.uradni-list.si/1/objava.jsp?urlid=199819&stevilka=807>

Version of the "Rules Amending Instructions for the Implementation of Preventive Health Protection at the Primary Level" in Slovene from 2001: <http://www.uradni-list.si/1/objava.jsp?urlid=200167&stevilka=3579>

**Resolution on the National Programme of Food and Nutrition Policy 2005-2010** (shortly called: **National Food and Nutrition Policy**)

Adopted by the National Assembly of the Republic of Slovenia in on 22<sup>nd</sup> March 2005 and published in OG. The document has three basic pillars that are important for assuring safe and healthy nutrition. It also contains a chapter on importance of physical activity for health which defines specific PA guidelines and recommendations. Summarized version of it is called *Food and Nutrition Action Plan for Slovenia 2005-2010*.

Long version in Slovene:

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz\\_dokumenti/delovna\\_podrocja/javno\\_zdravje/petric/Resolucija\\_o\\_prehranski\\_politiki\\_Uradni\\_list\\_39-05\\_.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/petric/Resolucija_o_prehranski_politiki_Uradni_list_39-05_.pdf)

Long version in English:

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz\\_dokumenti/delovna\\_podrocja/javno\\_zdravje/nacional\\_programme\\_of\\_food\\_and\\_nutrition.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/nacional_programme_of_food_and_nutrition.pdf)

Summarized- user friendly- version in Slovene:

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_09/Nacionalni\\_program\\_prehranske\\_politike\\_slo.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_prehranske_politike_slo.pdf)

*Summarized- user friendly- version in English:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_09/Nacionalni\\_program\\_prehranske\\_politike\\_ang.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_prehranske_politike_ang.pdf)

**National Health Enhancing Physical Activity Programme 2007-2012** (shortly called: **HEPA Slovenia Programme** or **National HEPA Strategy** or **National HEPA Policy- NHP**) (*This is the most important national PA document- direct HEPA document.*)

Adopted by the Government on 7<sup>th</sup> March 2007 with leadership and coordination on the national level by Ministry of Health with a help of Ministry of Education and Sport. Long (57 pages) version was published in OG and summarised (36 pages) version outside OG in december 2007. The basic goal of National HEPA Policy (NHP) isto encourage all forms of regular physical activity (PA) and exercise aiming to enhance health and to be maintained throughout the entire lifetime. Regarding its goals, vision and measures this strategic document has a clear cross-sectoral and synergetic layout. The strategies of NHP are exerced through the planing and implementation of national measures and activities in cooperation with various publics and organizations of civil society. The NHP has three main pillars: 1. Recreational sports, 2. HEPA in the Work or School Environment (including Extracurricular) and 3. Transport-related HEPA.

Comment: Ministry of Health in collaboration with school, sport, transport and other health (governmental and non-governmental) sectors is preparing *National HEPA Action Plan for the next two years*, which would be actualy the first of its kind ever.

*Long version in Slovene:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz\\_dokumenti/delovna\\_podrocja/javno\\_zdravje/strategija\\_vlade\\_RS\\_podrocje\\_telesne\\_dejavnosti.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/strategija_vlade_RS_podrocje_telesne_dejavnosti.pdf)

*Long version in English:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/angleska\\_verzija\\_MZ/HEPA-Slovenia-prevod\\_ang.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/angleska_verzija_MZ/HEPA-Slovenia-prevod_ang.pdf)

*Summarised- user friendly- version in Slovene:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_09/Nacionalni\\_program\\_telesna\\_dejavnost\\_slo.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_telesna_dejavnost_slo.pdf)

*Summarised- user friendly- version in English:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_09/Nacionalni\\_program\\_telesna\\_dejavnost\\_ang.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_telesna_dejavnost_ang.pdf)

**Resolution on the National Plan of Health Care 2008-2013 "Satisfied Users and Performers of Medical Services"**

Adopted by the National Assembly of Republic of Slovenia on 26<sup>th</sup> of June 2008 and published in OG. It presents the umbrella document. It is based on the a new EU health strategy *Together for Health: A Strategic Approach for the EU 2008-2013* and older national staregic documents such as National Health Protection Programme of the Republic of Slovenia "Health for All by 2000" follow by "Health for All by 2004" (*link: <http://www.uradni-list.si/1/objava.jsp?urlid=200049&stevilka=2333>*). The *resolution* sets among its development priorities and essential objectives greater healthy life expectancy and a further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases. It also stresses out the importance of cooperation of the civil society and specifies the importance of the physical activity and healthy nutrition to reduce obesity and other non-communicable diseases.

*Version in Slovene:* [http://www.uradni-list.si/files/RS\\_-2008-074-03286-OB~P001-0000.PDF](http://www.uradni-list.si/files/RS_-2008-074-03286-OB~P001-0000.PDF)

*Summarised- user friendly- version in Slovene:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/zlozenke\\_periodika\\_2008/resolucija\\_nac\\_plana/resolucija2k.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/zlozenke_periodika_2008/resolucija_nac_plana/resolucija2k.pdf)

**Diabetes Prevention and Care Development Programme 2010-2020, Slovenia**

Adopted by the Government of the Republic of Slovenia on 8<sup>th</sup> April 2010. The Programme constitutes the strategic basis for prevention, early detection and treatment of diabetes and for ensuring monitoring, research and training in this area. Two-year *Action Plans* are available and outlines expected improvements regarding diabetes in Slovenia. The importance of regular physical activity is mentioned along with several health education programs on management of diabetes and healthy lifestyle available countrywide among which we can find lectures and workshops on how to increase physical activity.

*Version in Slovene:*

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz\\_dokumenti/zakonodaja/NP\\_diabetes/Nacionalni\\_program\\_obvladovanja\\_sladkorne\\_bolezni\\_210410.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/zakonodaja/NP_diabetes/Nacionalni_program_obvladovanja_sladkorne_bolezni_210410.pdf)

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz\\_dokumenti/zakonodaja/NP\\_diabetes/Nacionalni\\_program\\_obvladovanja\\_sladkorne\\_bolezni\\_210410.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/zakonodaja/NP_diabetes/Nacionalni_program_obvladovanja_sladkorne_bolezni_210410.pdf)

*Official abstract of a document in English does exist, but it is not available on-line.*

## WORKPLACE & SOCIAL SECTOR:

### **Resolution on National Programme of Safety and Health at Work, 2003**

It was adopted by the National Assembly of Republic of Slovenia on 26th of November 2003 and it is based on **Occupational Health and Safety Act** (first published at OG no. 56 in 1999. link: <http://www.uradni-list.si/1/objava.jsp?urlid=199956&stevilka=2652>). Essential objectives of the programme are ensuring healthy and safe working environment for workers, maintaining working capability, reducing early retirements, absenteeism, preventing accidents at work etc. To achieve these objectives the system for health promotion should be built on the basis of existing practice in the field of safety and health at work, health promotion on the working place and health promotion for healthy environment. In the *resolution's* chapter on *Health Promotion at Work* an implementation of physical activity module in work organizations is mentioned, supported by management, health professionals and workers-educators, but more as an informal action. Maintaining a good working capability is strongly connected with sport recreation, healthy way of living, healthy nutrition etc. All of these have to become a constituent part of management policies of all enterprises and administration bodies.

*Version in Slovene:*

[http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti\\_pdf/nac\\_program\\_vzd.pdf](http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/nac_program_vzd.pdf) or  
<http://www.uradni-list.si/1/objava.jsp?urlid=2003126&stevilka=5394>

## SPATIAL & ENVIRONMENT SECTOR:

### **Spatial Development Strategy of the Republic of Slovenia, 2004** (shortly called: **Spatial Development Strategy- SDS**)

This is a strategic document, adopted by the National Assembly of the Republic of Slovenia on 18th of June 2004 (published in OG no. 74/2004). Regulations that were basis for SDS is **Spatial Planning Act** published in OG no. 1104/2002 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=2002110&stevilka=5386>) and new **Spatial Planning Act** from 2007 published in OG no. 33/2007 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200733&stevilka=1761>). SDS among other things states that within an urban settlement system also recreational and sport facilities shall be located. It is written that in order to reduce the negative impacts of motorized road traffic, emphasis shall be given to all kinds of non-motorized traffic (cycling, walking). It states that the networks of cycling tracks and pedestrian footpaths shall be planned, developed and linked in accordance with an ecologically oriented range of tourist services to enable healthy physical activity for the population. Special attention is devoted to the spatial development of leisure activities, intended primarily for the recreation and relaxation of the population. Recreational potential of forests in the vicinity of settlements is mentioned. Furthermore waters with suitable water quality, thermal waters and mountainous areas are suggested to be suitable developed and put in recreational and tourist use.

*SDS version in Slovene:*

[http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/sprs\\_slo.pdf](http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/sprs_slo.pdf)

*SDS version in English:*

[http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/en/sprs\\_eng.pdf](http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/en/sprs_eng.pdf)

*Version of Spatial Planning Act in English:*

[http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/zakonodaja/prostor/nactovanje/prostorsko\\_nactovanje\\_en.pdf](http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/zakonodaja/prostor/nactovanje/prostorsko_nactovanje_en.pdf)

## TRANSPORT SECTOR:

All of these documents are one way or another based on traffic legislation such as:

- **Road Traffic Safety Act** (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200483&stevilka=3690>) published in Official Gazette (OG) no. 83/2004 with last cleared version of it in OG no. 56/2008 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200856&stevilka=2345>) and
- **Law Amending the Road Traffic Safety Act** published in Official Gazette (OG) no. 36/2010 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=201036&stevilka=1738>). Last one emphasises the establishment of so called *Public Agency for Traffic Safety*, which is (among other things) responsible for the implementation of regulatory, developmental, technical and administrative tasks in the field of prevention, education and training in road safety and has a professional duty to prepare and implement a **National Program on Road Safety**.



**Resolution on the Transport Policy of the Republic of Slovenia (Intermodality: Time for Synergy), 2006** (shortly called: **Transport Policy- TP**) (*This is very important document for walking and cycling.*)

The document was adopted by the National Assembly of Republic of Slovenia on 3<sup>rd</sup> of May 2006. The aim is to ensure adequate transport arrangements in the country in order to reduce the negative impacts of transport on the environment and on the population of Slovenia. TP specifies the importance of intermodality and use of public transport. It emphasizes the accessibility of public transport by foot, walking and other non-motorized modes of transport such as cycling. It talks about the need to change the travel habits in urban areas by taking the measures to promote walking, cycling, use of public transport and raise ecological awareness of population. It also describes how to design and construct the means of transport and infrastructure by taking into account the different needs of individuals (i.e. disabled people, pedestrians, cyclists) to create equal possibilities for all and provide better safety. It emphasizes that cyclist is an equal participant in the traffic. In addition it suggests that the system of public transport should ensure that cyclists can use public transport without a special surcharge carriage of their bikes. It also states that European Union has given the initiative to develop a network of cycle links across Europe and that Slovenia is also included in this.

*Version in Slovene:*

<http://www.uradni-list.si/1/objava.jsp?urlid=200658&stevilka=2426> or [http://www.uradni-list.si/\\_pdf/2006/Ur/u2006058.pdf](http://www.uradni-list.si/_pdf/2006/Ur/u2006058.pdf)

**Resolution on the National Programme on Road Safety, 2007-2011**

The document was adopted by the Slovene Parliament on December 18<sup>th</sup>, 2006. The coordinator of the programme on the national level is Ministry of Transport. For each year of the programme the government adopts the operational *Action Plan*. For the operational execution of the programme others are included as well (see answer under question 4). The main priorities set in the programme are: speeding, driving under influence of alcohol, use of safety-belt and child restraint systems (CRS), two-wheelers, pedestrians. Also there are some traditional activities included as well regarding the safety of vulnerable road users (children, pedestrians, cyclist), for example: *Cycling Training Programme in Primary Schools* as part of the school curriculum (see more under school sector).

*National Programme on Road Safety (version in Slovene):*

[http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Nacionalni\\_program\\_-\\_cistopis.doc](http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Nacionalni_program_-_cistopis.doc)

*Action plan for the period 2010 and 2011 (version in Slovene):*

[http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Obdobni\\_nacrt\\_za\\_zagotavljanje\\_varnosti\\_cestnega\\_prometa\\_2010\\_2011.pdf](http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Obdobni_nacrt_za_zagotavljanje_varnosti_cestnega_prometa_2010_2011.pdf)

**Law on Disabled Persons Organisation, 2002**

It was adopted by the National Assembly of Republic of Slovenia on 27<sup>st</sup> of November 2002. The 10<sup>th</sup> article of this law specifies the tasks that are obligatory for disabled persons organizations. Two of them involves sport and recreation. Task no. 2 talks about planning, organizing and implementing programmes that allow certain groups of people with disabilities towards more independent lives which also includes sport and recreation. Task no. 4 describes assistance in promoting the needs of disabled people in terms of health, sport and recreation.

*Version in Slovene:*

<http://www.uradni-list.si/1/objava.jsp?urlid=2002108&stevilka=5311>

**DEVELOPMENT & TOURISM SECTOR:**

**Slovenia's Development Strategy, 2007-2013**

It was adopted by the Government of the Republic of Slovenia on 23<sup>rd</sup> of June 2005. It sets out the vision and objectives of Slovenia's development, including development priorities with the corresponding *Action Plans*. One of the key national development objectives of Slovenia in 2007-2013 is to enhance every person's opportunities for a long, healthy and active life by investing in education, health, culture, living conditions and other resources that individuals need to realise their potential.

*Version in Slovene:*

[http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/DPK/StrategijarazvojaSlovenije\\_-\\_final.pdf](http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/DPK/StrategijarazvojaSlovenije_-_final.pdf) or

[http://www.svez.gov.si/fileadmin/svez.gov.si/pageuploads/docs/katal\\_inf\\_javn\\_znac/02\\_StrategijarazvojaSlovenije.pdf](http://www.svez.gov.si/fileadmin/svez.gov.si/pageuploads/docs/katal_inf_javn_znac/02_StrategijarazvojaSlovenije.pdf)

*Version in English:* <http://www.arrs.gov.si/en/agencija/inc/ssd-new.pdf>

On the basis of Slovenia's Development Strategy two subsequent documents were created:

- **Development Plan and Policies of Slovene Tourism, 2007-2011**

One of the aims stated in this document, which have 8 policies, is raising a quality of life. Healthy and active life is one of the identified values of this document. Under the 7th policy called *Policy of Business Environment and Investment Development* it is written that a more systemic approach towards the implementation of investment in the public sports and tourist infrastructure and the implementation of investments in the conservation of natural values is needed.

Version in Slovene:

[www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST\\_2007-2011-popravki\\_10.7.2006.pdf](http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST_2007-2011-popravki_10.7.2006.pdf)

Abstract in English:

[www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST-summary-final.pdf](http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST-summary-final.pdf) and

- **Tourism Policy for the year 2009 with Policies for 2010**

The document was adopted by Slovene Government on 16<sup>th</sup> of April 2009. One of the values in it is orientated towards healthy and active life.

Version in Slovene:

[www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/razpisi/JN/DT/Turisticna\\_politika\\_09-10\\_koncno\\_na\\_splet.pdf](http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/razpisi/JN/DT/Turisticna_politika_09-10_koncno_na_splet.pdf)

2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.

**International documents that guided the development of HEPA National Programme**

1. The European Community legislation (in a wider context):

All the Articles below refers to the Treaty establishing the European Community (the consolidated version is available on: [http://www.frontex.europa.eu/assets/Legal\\_basis/12002E\\_EN.pdf](http://www.frontex.europa.eu/assets/Legal_basis/12002E_EN.pdf)).

- in Article 3 of the Treaty, on removing the obstacles to the free movement of goods, persons, services and capital;

- in Article 43- freedom of establishment;

- in Article 49- on the implementation of services;

- in Article 82- on the abuse of a dominant position;

- in Article 87- on discrimination linked to nationality and citizenship, and especially

- in Article 87- on state aid;

- in Article 152- on public health;

- in Decision No. 1786/2002/EC of the European Parliament and of the Council (23.9.2002) on the adoption of the document: "Action Programme 2003-2008 on health protection, abuse of certain substances (alcohol, tobacco...) and physical activity and healthy diet";

- in Annex to the Amsterdam Treaty (2 October 1997) – "Declaration on Sport" which emphasizes social significance and meaning of amateur sport;

- in some conventions of the Council of Europe on spectator violence and misbehavior (1987), on the fight against doping (1989), and the recognition of the legal to international non-governmental organizations (1986).

2. World Health Organization documents:

- WHO (WHA55/23) Assembly – May 2002: the adopted resolution on physical activity for health "Move for Health, Active Youth, Move your Body, Stretch your Mind";

- WHO (WHA57/17) Assembly – 2004: the adopted resolution on »Global Strategy on Diet, Physical Activity and Health«;

-WHO- 2006: "Declaration on Countering Obesity" which was formulated by WHO Regional Office for Europe.

3. Other:

- health programme on "Health Agenda for the 21<sup>st</sup> century" that was signed by EU member states of WHO.

## SECTION B – Content and development of national policy

3. During the **development** of the policies/action plans mentioned in Question 2 was a **consultative process** used involving relevant stakeholders? If yes, please list the organisations that have been involved in the development of the policies and briefly comment on their role and any challenges to engaging other agencies in the development of policy related to physical activity in your country (if known).

Consultation process among relevant stakeholders should be a normal part of the national documents development, but in practice it is sometimes hard to involve all relevant stakeholders. Just before a national document is adopted by the national authorities it must go through the process of inter-ministerial consultation and coordination as well. Before that a proposal of a certain document is available to the professionals and general public for open debate on it.

During the development of the National HEPA Programme for example there were several national stakeholders (governmental and NGO's) included in the consultation process (see appendix 1).

4. In the documents introduced in Question 2, are there indications of **integration** of physical activity with other related sectors (e.g. with health such as cross links to obesity strategies, with transport with cross links to walking and cycling agendas)? Please provide details and examples.

Integration of PA with other related sectors is most visible in following national documents:

### **National HEPA Programme 2007-2012**

Each strategy in NHP has its own goals, tasks and activities. There are ministries responsible and task performers written down under every strategy as well. Also there is a programme evaluation with health indicators described at the end. Ministries responsible for *health, education and sport, transport, environment and spatial planning, labour, family and social affairs* play major role in the development and implementation of these HEPA strategies.

### **National Programme of Food and Nutrition Policy 2005-2010**

Besides assuring healthy and safe nutrition it contains a chapter on importance of physical activity for health which defines specific PA guidelines and recommendations for the population.

### **National Programme on Plan for Health Care 2008-2013**

It sets among its development priorities and essential objectives greater healthy life expectancy and a further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases. In addition it stresses out the importance of cooperation of the civil society and specifies the importance of the physical activity and healthy nutrition to reduce obesity and other non-communicable diseases.

### **National Programme on Road Safety, 2007-2011**

For the operational execution of *the programme* there are many sectors involved (Ministry of Transport, Slovene Roads Agency, Slovene Road Safety Council, Road Inspection, representatives of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Finance, representatives of some NGOs).

### **National Programme of Sport, 2000-2010**

It is written that familie, school, sport associations, appropriate and available sport facilities with a help of skilled professionals and mass media play an important role in increasing the number of sportly active people. Sports has in its development reached the point, which requires a thoroughly conceived system of the regulation of expert, organisational and management work of local communities and the state.

5. a) Does your country have **national recommendations on physical activity levels**? National recommendations refer to consensus statements on how much activity is required for health benefits. If your country has established recommendations, please state who issued them and what is the recommended level of physical activity. Please also specify any variation in the recommendations on physical activity levels for different population subgroups, for example for children or older adults.

Please also state in which document and year these recommendations were announced.

b) Please state if the national government has endorsed these recommendations, or if recommendations by another nationally recognized body or international institution have been officially adopted.

c) If your country has no recommendations on physical activity, please state if there are any plans to develop them. If recommendations on physical activity have been issued at sub-national level (e.g. in case of countries with a federal structure), please state so.

National recommendations on physical activity levels are included in two national strategies:

1. National Health Enhancing Physical Activity Programme 2007-2012 (adopted by the national government) and
2. Resolution on the National Programme of Food and Nutrition Policy 2005-2010 (adopted by the national assembly).

The following text is included in both documents (long versions):

### **Guidelines and Recommendations**

When determining what a sufficient and adequate physical activity is to benefit and protect health, it is important to consider several criteria – the type of physical activity, its intensity, frequency and duration. In this regard, the amount of regular physical activity and health benefits are proportionally related. However, it is known that for significant effects on health, the exercise does not necessarily have to be vigorous – it is enough to be physically active regularly and moderately. Traditional and new guidelines for individual of the above stated criteria are mentioned below.

1. Types of physical activity: Traditional recommendations advice predominantly aerobic rhythmic exercises which involve movement of the large muscular groups and are sustained for a considerable amount of time (brisk walking, running, cycling, swimming, ice-skating, cross-country skiing etc.). Newer guidelines recommend and lay stress on walking or any other physical activity that can be carried out daily with an intensity similar to brisk walking;

- moderate housework (such as lifting or carrying objects);
- moderately intense gardening;
- ball games and other games while walking or slowly running with children,
- moderately intense swimming;
- slow running (approx. 7 km/h).

It is important that all types of performed physical activity are balanced. The general recommendation is that the time spent on various types of exercise should be divided accordingly - 50 % on aerobic exercise, 25 % on flexibility exercises and 25 % on exercises for muscular strength.

2. Intensity of physical activity: Traditional guidelines advise that the intensity of the exercise in an individual needs to be 50-85% of individual's heart rate reserve which corresponds to 50-85% of the maximum aerobic power (oxygen consumption). In the majority of adults this means a heart rate frequency of 140-160 beats per minute. The latest recommendations define (with reference to point one) moderate-intensity activity at the level of effort equivalent to 3-6 metabolic equivalents (MET) or any activity that burns 4-7 kcal/min.

3. Frequency of physical activity: Until recently, the guidelines recommended to be physically active at least three times a week, however, the new guidelines recommend more and more often daily exercise or physical activity that takes place at least 5 times a week.

4. Duration of physical activity: Traditional recommendations recommend duration in the range of 30-60 minutes, the latest guidelines allow intermittent exercise in several daily sessions or with longer or shorter breaks if the activity cannot be carried out continuously. The duration of a single session should not be shorter than 10-15 minutes; a total recommended daily duration should be at least 30 minutes.

### **Summary of Recommendations concerning Physical Activity for Adult Population**

To achieve positive effects (protection, maintenance and/or improvement) of physical activity on health, a minimum of half an hour of moderate-intensity activity at least five times a week is sufficient. Moderate-intensity physical activity is defined as activity which leaves the individual feeling slightly warm and winded (which means that a person is active at the level of 40-60% of the aerobic capacity and burns 4-7 kcal per minute which is an equivalent to 3.6 MET). The exercise should be as diverse as possible and it can be carried out in various settings (at home, at work, for transportation purposes), it should be safe (adjusted to age, health status and physical circumstances), balanced

with regard to type (50% of aerobic exercise, 25% of flexibility exercise and 25% of strength exercise) and it should be enjoyable.

In order to preserve and strengthen health, a zero balance between energy intake and energy consumption is of utmost importance, or in short between food intake and physical activity. Healthy nutrition and regular physical activity influence health each one on their own, however, in a healthy lifestyle due account is being taken of both elements, they produce a synergic effect.

#### **Guidelines on Healthy Dietary Habits Based on a Dietary Model - Food Based Dietary Guidelines (FBDG):**

Guideline no. 4. Is the only one related to PA: "Be physically active to such an extent that your body weight is normal (BMI value should be within the range of 20 to 25)."

*(Source: CINDI Dietary Guide WHO Regional Office for Europe, EUR/00/5018028.2000).*

#### ***Recommendations/guidelines concerning Physical Activity for Children and Adolescents***

*No publised political national document has them, so in Slovenia we follow WHO Physical Activity Guidelines and ACSM Physical Activity Reccomentations. Slovenian nongovernmental sport organizations follow EU Physical Activity Guidelines.*

#### ***Recommendations/guidelines concerning Physical Activity for Seniors***

*No publised political national document has them, so in Slovenia we mostly follow WHO Physical Activity Guidelines and ACSM Physical Activity Reccomentations.*

#### ***Recommendations/guidelines concerning Physical Activity for Pregnant Women***

*No publised political national document has them, so in Slovenia we usually follow recommendations by ACOG (American College of Obstetricians and Gynecologists) 2002, RCOG (Royal College of Obstetricians and Gynaecologists) 2007 and ACSM 2010 Physical Activity Guidelines.*

6. Does your country have any clear ***national goals (targets) and performance indicators*** for population prevalence of physical activity for a specific time period i.e. a statement of what level of population change in physical activity is desired across a timeframe?

If yes, please provide details and specify in which policy document(s) these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

### **Goals of the National HEPA Programme, 2007-2012**

The basic goal of NHP is to encourage all forms of regular physical activity (PA) and exercise aiming to enhance health and to be maintained throughout the entire lifetime. Furthermore it is targeted at a common long-term goal- to reduce the incidence of chronic non-communicable diseases.

The concrete objectives of the Health Enhancing Physical Activity Strategy from 2007 to 2012 by target groups of the population of the Republic of Slovenia are:

1. Children and adolescents (up to 18):
  - increasing the share of children and adolescents doing physical activity for at least one hour every day by 30 %,
  - increasing the share of children and adolescents who normally walk or cycle to school and in their everyday routine by 20 %,
  - reducing the share of children and adolescents who in their free time spend more than four hours a day sitting in front of the television or computer by 30 %,
2. Adults (aged 18 to 65):
  - reducing the share of physically completely inactive adults by 30 %,
  - increasing the share of adults who in line with expert recommendations take regular and sufficient physical exercise to protect and strengthen health by 20 %,
  - increasing the share of adults who normally walk or cycle to work and in their everyday routine by 20 %,
  - reducing the share of adults who in their free time spend more than four hours a day sitting in front of the television or computer by 30 %,
3. Over-65s:
  - reducing the share of physically completely inactive over-65s by 20 %,
  - increasing the share of over-65s who in line with expert recommendations take regular and sufficient physical exercise to protect and strengthen health by 20 %,
  - reducing the share of over-65s who in their free time spend more than four hours a day sitting in front of the television or computer by 20 %,
4. Pregnant women:
  - increasing the share of participation of pregnant women in physical activity programmes by 40 %.

### **Goals of the National Programme of Sport, 2000-2010 (NPS)**

One of the most important goal related to PA level change in this document is: to increase the number of sportly active people annually (more specifically: 2.5% annual increase of regular sportly active people and 1% increase of (curently non) sportly active citizens).

7. Does your country have any other related **goals and performance indicators** formulated in the policy document(s)? For example, there may be goals for health professionals to screen more patients for physical activity, or for a reduction in car trips. If so, please give examples and indicate the time period for the desired change, if available.

### **HEALTH:**

#### **Other target group goals of the National HEPA Programme, 2007-2012**

1. Children and adolescents (up to 18):
  - reducing the share of overweight and obesity in children and adolescents by 10 %,
2. Families<sup>1</sup>:
  - achievement of the strategic objectives for families takes into account the objectives defining the population of children and adolescents, the adult population and the population of over-65s,
3. Disabled persons:
  - Ensuring equal opportunities for health enhancing physical activity for persons with special needs or for all disabled persons in accordance with the measures contained in the Action Programme for Disabled Persons from 2007 to 2013,
4. Employees in the workplace:
  - establishing and implementing a strategy of physical activity for employees in 10 % of large and medium-sized enterprises and public institutions, and
  - establishing physical activity programmes at work for 20 % of employees in the public administration, special programmes to inform all small enterprises of the health benefits of regular physical activity at work.

#### **Goals of the Resolution on the National Plan of Health Care 2008-2013 "Satisfied Users and Performers of Medical Services"**

The resolution's essential objectives are greater healthy life expectancy and further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases.

### **SPORT:**

#### **Other goals of the National Programme of Sport, 2000-2010 (NPS)**

The main long-term goal is to become a sport nation. That can be reached by: increasing the number of sportly active people; growth of sports culture and awareness of Slovenian nation; development of sport profession and science; rising the awareness of the individual, that also through participating in sports activities they can take care of their own health; using nature as the largest sport area; building a network of sports facilities and sites for all categories, etc.

The specific objectives of sport recreation, as defined in the NPS are: to maintain and improve the overall health status; humanize human life; reducing the negative impact of the current way of life; and prevent a general decline in vitality in order to attract a larger number of people in regular sport activities.

Two orientations are referring to cooperation between sport and health sector: to develop health preventive and health enhancing sport programmes; and to promote sports preventive activities to improve health condition of Slovenians together with the Ministry of Health and other departments.

### **TRANSPORT & ENVIRONMENT:**

#### **Goals of Transport Policy of the Republic of Slovenia, 2006**

One of the major objectives is to integrate cycling with public transport stops and parking spaces for motor vehicles.

**Goals of other documents:**

National spatial and transport policy documents do not set any specific and direct physical activity-related goals and targets. In recent time a goal has been set in many documents for the Municipality of Ljubljana, to increase the share of bicycle trips from 8 % (last systematic measurement of modal split in Ljubljana in 2003) for 20 % in the following years. Documents including this goals are *Environmental action program for Municipality of Ljubljana 2007-2013 (2007)*, *Spatial development strategy of the Municipality of Ljubljana (draft December 2009)* and *Comprehensive cycling strategy of the Municipality of Ljubljana (draft March 2010)*.

**SCHOOL/EDUCATION:**

In all PE curriculums/knowledge catalogues for primary and secondary level education there are subject goals defined mostly aiming at healthy physical development and psychological relief.

**The next few questions explore the contents of physical activity related action plans and whether your country has a detailed plan of what will be implemented and who has responsibility.**

8. Do the relevant documents (as listed in question 2) have any related **action plan(s)** which outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones.  
If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).

The detailed *Action Plan for the National HEPA Programme* is in preparation process. It would involve almost all target groups and settings. It is planned that different organizations from public and private sector mentioned also in National HEPA Programme (see *appendix 1*) and others are going to work jointly together in order to achieve National HEPA Programme goals.

National *Annual Programs of Sport* are relevant for the implementation of general *National Programme of Sport 2000 - 2010*. These annual programs are adopted by Slovenian government.

Some of the other documents described under Question no. 2 have related action plans as well, but there are of less importance to HEPA matters.

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.

Kindergarten	X	Sport and leisure	X
Primary schools	X	Transport	X
High schools	X	Tourism	X
Colleges/Universities	X	Environment	X
Primary health care	X	Urban Planning	X
Clinical health care (e.g. hospitals)	X	Other (please specify):	
Workplace	X		
Senior/ Older Adult Services	X		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.

Early years	X	Families	X
Young people	X	Indigenous people	
Older adults	X	General population	X
Workforce / Employees	X	Other (please specify):	
Women	X		Pregnant women
People with disabilities	X		Chronic disease patients Professionals (health, sport, education, tourism)



11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.

### **CHILDREN:**

#### **Golden Sun** (related to NPS)

Golden Sun programme, managed by the Ministry of Education and Sports from 1997 onwards, is designed for children from 5 to 8 years of age and it lasts for four years. Each year it includes about 84% of all targeted children (58,800). By involving children in the program they receive additional basic information regarding physical activity (skating, skiing, swimming, cycling, hiking, etc.). Every year for the successful completion of the programme a child receives award - a medal. The programme is divided according to the age of children in A, B, C and D programme.

#### **Krpan** (related to NPS)

Krpan program, managed by the Ministry of Education and Sports since 1999 onwards, is designed for children from 9 to 11 years of age and it lasts for three years (in second triad). Every year, it includes 65% of all targeted children (36,100). The program aims to enrich the school physical education with additional motivational approaches. Furthermore it aims at motivating those pupils who are normally not involved in additional sports programs. Every year for the successful completion of the program children receive award - bronze, silver or gold medal.

### **MOSTLY ADULTS & SENIORS:**

#### **Move for Health** (previously called *Slovenia on the Move- Move for Health*) (related to HEPA Slovene Programme, NPS and Transport Policy)

(links: [http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com\\_content&task=view](http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view) or <http://www.zzs.si/zdravje/gibanje.html> or link to Move for Health 2010 publication with HEPA recommendations and free of charge walk tests dates countrywide : <http://cindi-slovenija.net/images/stories/trgovina/zlozenke/knjizica%20Z%20gibanjem%20do%20zdravja%202010.pdf> )

This is a national and population oriented HEPA promotion project/programme, financially supported by Health Insurance Institute of Slovenia and occasionally by PA-related EU project. Ministry of Health and the Ministry of Education and Sport support the programme morally. The purpose of it is to encourage inactive or inadequately active adults, elderly citizens of Slovenia and families to engage in regular and at least moderate physical activity. In the period from 1999 till 2006, while it was still called Slovenia on the Move- Move for Health, it was managed jointly by CINDI Slovenia and Sports Union of Slovenia. From 2006 onwards project got a new name Move for Health (MFH), new logo and partly renewed concept. The renewed project- MFH- is managed only by CINDI Slovenia. Project is using a network of health and sports professionals/organizations in collaboration with mass media to promote HEPA recommendations. Production and dissemination of free promotional and educational material plays also a big role in raising the awareness and help people to increase physical activity habits. The main method of work is organizing and conducting free of charge 2 km walk tests (UKK walk tests) annually, which are performed countywide in rural and urban areas. Walk tests are usually planned as a local event on or around major international days connected with health and PA: e.g. health day, move for health day, car free day, walk day. They are accompanied by blood pressure measurements, individual HEPA counselling and Nordic walking demonstrations in more than 100 towns. Approximately 78 health, sport and other organisation participate in this. 1375 walk tests were performed in the period from 1999 to 2009. 17 000 people were tested in the first five years of the project. 2/3 of them were women from 35 to 60 years of age. The average fitness index of tested people started to decline throughout the years, since more and more adults with risk factors for health (among which are physical inactivity and overweight) have been participated. By the summer of 2007, CINDI Slovenia with some other partners trained around 1750 medical staff and sports experts in the field of health promotion, 2 km walk test performance and HEPA counselling. The other and more detailed results of the project are still in working process. From 2005, in collaboration with the Association for Nordic walking and recreation of Slovenia and some others, there were more than 300

INWA (International Nordic Walking Association) guides trained in teaching Nordic walking to people with risk of CV and other CNDs. Most of them are health workers. Ministry of Transport with their departments, Regional Environmental Centre and Olympic Committee of Slovenia became also project partners in the near past, because project is getting more and more involved in promoting walking and cycling as a healthy way of transport and suitable form of recreation for the whole family.

*(CINDI Slovenia was previously a part of Community Health Centre Ljubljana, but it became a part of National Institute of Public Health in July 2009 as a Centre for Preventing Chronic Diseases CINDI.)*

**Healthy Club** (related to NPS) (link: <http://www.sportna-unija.si/zdravodrustvo/>)

Sport Union of Slovenia wished to expand national project "Slovenia on the Move – Move for Health", so they developed a quality label "Healthy Club" for members/sport societies of this union in 2006. The purpose of project is to promote healthy lifestyle and establish high quality national network of sports clubs with the best range of sports programs for the strengthening, preservation and recovery of health, through sport. With the label "Healthy Club" the societies are able to prove to the outer public that their offer of "healthy exercise programs" is of high quality. The main goals of the project are: strengthening the physical sources of health; strengthening the psycho-social sources of health; reducing the number of risk factors; dealing with complaints and problems connected with health; getting the people used to health beneficial physical activity; improving motor skills. This can be ensured with properly qualified trainers/coordinators who have the knowledge, the teaching skills and psycho-social abilities needed and who will also take into account the criteria of "Healthy Club" such as: comprehensively set goals; uniform organisation structure; competent trainers; preventive medical checkups; constant quality control; and the society's role as a partner in health strengthening.

**Prescription for healthy life through sport/physical activity** (related to NPS) (link: <http://www.receptzaziviljenje.si/>)

It is an original project of Olympic Committee of Slovenia - Association of Sport Federations (OCS-ASF) taking place every year since year 2000 with an aim to facilitate cooperation between sport and health sector in encouraging citizens to start workout and practice different type of sport. Sport as a social phenomena has wide attributes concerning health and could promote health in all of its dimensions and contribute to bio, psycho and social wellbeing of citizens. Every year 100.000 leaflets/prescriptions with instructions for healthy sport/ physical activity are distributed through sport associations and other partner organizations. Project had got a price and support from Swedish king Gustaf foundation in year 2001. This project contributed to achievement of aims of National program of sport in the field of sport recreation. The concrete sport actions that support this project are **Slovenia Runs** (for Health) (link: [www.slovenijatece.si](http://www.slovenijatece.si)) and **Slovenia Cycle** (link: <http://www.slovenijakolesari.si/>). They are connecting sport clubs, organizers of running and cycling events, Cycling association of Slovenia and Tourist association of Slovenia. Furthermore they are both trying to encourage people to run and cycle as a part of their everyday lifestyle and to socialize on events with cominded people. Cycling is also promoted as an alternative, nature friendly way of transportation and as a chance for developing new tourist product in Slovenia. Slovenia Runs started in 1996 and Slovenia Cycle in 2000. Action Slovenia runs offers more than 120 events all over the country from March to December. From April to October 50 to 60 sport and touristic associations countrywide organize cycling events. Special awards are given to those who participate on more than five events and also families. Every year more than 20 000 people participate in running events and 400 of them get special awards. Every year 25 000 people join at least one cycling event and 300 of them get awards. In the second phase a "vademeum" of more health friendly sport programmes in Slovenia will be prepared.

12. Please comment on how well you think the interventions outlined in the policy documents(s) (question 2) and/or action plan(s) (question 8) reflect current **scientific knowledge on effective interventions**. We are interested in how well evidence is informing practice.

First we have to have National HEPA Action Plan finished and approved. Nevertheless we expect that evidence-based programmes and projects are going to be supported in the first place. Because evidence shows that regular participation in physical activity programmes provides all people with a wide range of physical, social and mental health benefits. Such active participation also complements strategies to improve diet, discourage the use of tobacco, alcohol and drugs and enhance functional

capacity. Consequently, physical activity is an effective method of disease prevention for the individual and, for nations, a cost-effective way to improve public health.

According to the *NPS 2000-2010 Analysis* (Kolar, Jurak and Kovač, 2010), made by Faculty of Sport, showed that the goal about increase in number of sportly active citizens for approximately 2% every year was fully achieved in the mentioned period. The predicted share in 2009 was supposed to be 28%, but results showed that 33% residents of Slovenia were regulary active in the year 2009.

13. Are there recommendations of how **agencies/ institutions/ stakeholders** should be **working together** to deliver the policy / action plan(s)? This can be through partnerships and/or alliances and within or between sectors.

**The National HEPA Programme** includes recommendations how the stakeholders on different levels (international, national and local) should be working together to achieve goals and purpose of the strategic document. General HEPA promotion is a joint responsibility of all relevant ministries like ministry responsible for health, the ministry responsible for education and sport, the ministry responsible for transport, the ministry responsible for the environment and spatial planning, and the ministry responsible for labor, family and social affairs (and also ministry responsible for higher education and scientific research). I.e.:

*The ministry responsible for health*, plays a central role: in health education and raising awareness among population; in making recommendations for healthy lifestyle and HEPA for the various population groups and different environments; in designing programme(s) and appropriate work organization of health service, which aim at the realization and implementation of organized approaches to prevent disease, screen and provide appropriate health education and treatment of individuals and groups who are affected by CND (chronic non-communicable diseases). There is a particular relevance in implementation of appropriate prevention programmes at primary health care level and their coordinated integration with programmes that are designed and conducted at the secondary and tertiary health care level.

*The ministry responsible for education and sports*, provides an appropriate educational process of a healthy lifestyle and HEPA, including the circumstances to ensure a healthy lifestyle and appropriate physical activity in kindergartens, elementary schools, vocational and secondary schools.

*The ministry responsible for transport*, plays an important role in promoting healthy lifestyles and HEPA, mainly through the planning and provision of health-friendly transport policy, including the planning and provision of adequate and safe construction of bicycle paths and trails that allow safe cycling and walking.

*The ministry responsible for labor, family and socila affairs*, plays (in collaboration with representatives of employers, workers, trade unions and other interest groups and disciplines) an important role in ensuring that appropriate legislation and programs for safe and healthy working environment promote healthy lifestyles and HEPA at workplace and in wider living environment.

*The ministry responsible for environment and spatial planning* has an important role in facilitating a healthy lifestyle and HEPA promotion mainly through proper planning. Planning, which includes in particular the provision of adequate playing areas, parks, areas for sports activities, cycling and walking routes, allowing individuals and groups to decide on using physical activity and active lifestyle as a part of their daily rutine in the micro and makro living environment.

*Ministry responsible for higher education, science and technology*, promotes a healthy lifestyle and physical (motor) activity for health by funding relevant research on this issue.

*Local communities* have a key role in facilitating and promoting a healthy lifestyle and health enhancing physical activity through the specific planning and construction of infrastructure – playgrounds, parks, cycle and foot paths, gymnastic and training areas, as well as through the encouragement of financing and co-financing of programmes promoting a healthy lifestyle, health enhancing physical activities, training programmes, and sport and recreation programmes. One of the most important features and activities is the motivation of local communities and involve all structures of local communities in the program (local authority, school, pre-schools, pharmacy, community health centre, societies and associations, shops, restaurants ...). National and regional media should contribute to the popularization of the idea and program, while local media should contribute to raise the population awareness on healthy lifestyle through weekly sections in newspapers, broadcasting radio or TV series, contributions to local cable TV and radio stations, local newsletters etc.

Aiming to achieve a more efficient involvement of *NGOs* in political dialogue, the Government of the Republic of Slovenia adopted in October 2003 the **Strategy for a Systemic Development of NGOs in Slovenia** during the period 2003-2008. This document defines the significance of cooperation of *NGOs* in achieving a comprehensive and sustainable social development, in addition to improving the well-being of the society, its quality of life and social security. (*Link to this document: [http://www.mju.gov.si/fileadmin/mju.gov.si/pageuploads/nevladne\\_organizacije/Strategija-NVO.pdf](http://www.mju.gov.si/fileadmin/mju.gov.si/pageuploads/nevladne_organizacije/Strategija-NVO.pdf)*)

Comment: Advisory bodies on ministry level are usually subordinate to the interests of sectors/departments in the battle with the others, who share the so called "budget cake". At the governmental level it might be useful for HEPA stakeholders to establish councils such as "Council for Quality Lifestyle of Slovenian Residents" or "Council on Healthy Nutrition and Physical Activity", which would also include representatives of *NGOs*.

For preparation of *National HEPA Action Plan* we foreseen governmental partners on all levels as well as *NGOs*.

Collaboration of sectors in **NPS 2000-2010** is described through its specific goals. The document mentions mostly collaboration of Ministry of Education and Sports with ministries responsible for health and finances, National Olympic Committee, national/sub-national sport associations, local sport clubs, Faculty of Sport/ Sport Institute, municipalities, Foundation for Financing Sport Organizations and also volunteers. Further in it's detailed content the collaboration is very much focused on financial relationships between the partners.

For the operational execution of **the National Programme on Road Safety** besides Ministry of Transport others are included as well (Slovene Roads Agency, Slovene Road Safety Council, Road Inspection, representatives of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Finance, representatives of some *NGOs*).

14. Does your country have a specific plan for the **evaluation** of the policy implementation? If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

The **National HEPA Programme** includes a specific strategy for the evaluation.

The basic goals of the mentioned strategy are the following:

- to define indicators for the monitoring and evaluation of promotional strategies for health enhancing physical activity,
- to improve the collection and upgrade internationally comparable plans for data collection,
- to establish cost/benefit analysis of strategies and action plans for the promotion of a healthy lifestyle and health enhancing physical activity.

The foreseen responsible bodies for the HEPA Programme evaluation are:

- Ministry responsible for health (coordination),
- Ministry responsible for education and sport,
- Ministry responsible for higher education and science.

This strategy will have to be a part of National HEPA Action Plan as well.

The HEPA Programme detailed evaluation process is foreseen in 2012.

For the evaluation of **NPS 2000-2010** Ministry of Education and Sports together with schools, faculty of sports and municipalities are responsible. They monitor the implementation of the general NPS 2000-2010 through the implementation of the *Annual Programs* of Sport. Success is measured by specific indicators success of sports recreation and success of sports among children and youth. The local community council supervises the realisation of *the programme* at the local level, and at the national level the Government supervises the realisation of the programme. The government reports each year to the Parliament (National Assembly).

15. a. Does your country have an established **surveillance or health monitoring system**, which includes suitable population-based measures of physical activity? If so, for how many years has this surveillance system been in place, who coordinates the system, which target groups are surveyed, which indicators are monitored, and how often? Is this conducted and reported on a regular basis?

**Slovenia has established surveillance and monitoring system for physical characteristics and motor abilities of primary and secondary school children.** The system is coordinated by Ministry of Education and Sport in collaboration with Faculty of Sport of the University of Ljubljana.

Furthermore it also executes some surveys about health and PA habits (but not yet as official established system(s)) through other different traditional surveys described below aiming from younger to adult population groups.

#### **CHILDREN & ADOLESCENTS:**

There are two important surveys which collect data about PA in school-aged children on a regular basis:

#### **SLO Fit - Sports Educational Chart** (*These are the most important studies.*)

Sports Educational Chart is a compulsory database of physical characteristics and motor abilities of children. Physical characteristics (3 parameters: longitudinal dimension of the body; volume of the body; amount of skin fatness) and motor abilities (8 parameters: speed of alternate movements; explosive power; co-ordination of whole body movement; endurance of abdominal muscles; flexibility; muscular endurance of the shoulder girdle and arms; sprint speed; general endurance) have been systematically monitored and objectively measured since 1987, because it became a part of school legislation such as *Elementary School Act* and *Secondary School Act(s)* as well. About 94% pupils of primary schools and 70% students of secondary schools are included each year. The established developmental trends of physical fitness of children and youth on the national level are used for effective expert help to the state and to the expert community to form the appropriate strategies for the development of physical education (PE). Data is collected by PE teachers in schools and surveys are executed by Faculty of Sport of the University of Ljubljana.

#### **HBSC- Health Behaviour in School - Aged Children Survey**

The survey is repeated in four-year interval. In Slovenia the study was conducted three times (in 2002, 2006 and 2010) among 11, 13 and 15 years old children and adolescents. International standard questionnaire is used in the survey. The primary sampling unit is the school class. The survey includes two questions on physical activity: daily moderate-to-vigorous physical activity and recreation in leisure time. The HBSC studies in Slovenia are conducted by the National Institute of Public Health.

Another two studies also collect data about PA in children:

#### **Environmental determinants of physical energy expenditure in 10-15-year old children: An international comparison (USA, Croatia, Slovenia)**

The present longitudinal study from 2005 to present, which is performed each year, is based on measuring energy consumption, amount and intensity of physical activity, nutrition, etc. during the week and on weekends. The study is conducted by Faculties of Sport of each 3 countries involved.

#### **Cross-study Analysis of some correlation between physical fitness and other dimensions of psychosomatic status of Slovenian children and youth aged between 6 and 18 in the period 1970-1983-1993/1994-2003/2004**

The aim of the study is to find out the long-term trends of dimensions of the psychosomatic status of children and youth (physical characteristics, motor abilities, participation in different kind of PA/sport, particular health parameters (curvature of the spine, flat feet), motor skills, theoretical sports knowledge, attitude to sport, lifestyle, motivation for sport, values, attitudes of parents to PE and sport, ways of spending holidays, aggressiveness, personal characteristics, fluid intelligence and the correlations of individual aspects of this status. The sample represented 2% of the whole population. The theoretically defined sample included 200 entities +/- 10% for every age. The study is executed by Faculty of Sport of the University of Ljubljana.

### **ADOLESCENTS & ADULTS:**

At this time we don't have a national surveillance system for monitoring PA in adults. There are several surveys and data collections about PA in adults but most of them use different methodologies.

#### **Slovenian Public Opinion Survey** *(These are also very important studies.)*

The survey has been repeated 17 times since 1973 by the Faculty of Social Sciences of the University of Ljubljana. The observation unit of the survey includes Slovenian residents aged 15 and above (before 2004 above age 18). Data is gathered through interviews which also includes questions related to sport recreation (e.g. questions on share of sportly active population, frequency and type/form of sport recreation, activity organization).

#### **The European Health Interview Survey (EHIS)**

In 2007 the EHIS Survey was conducted in Slovenia for the first time and is to be repeated in five-year intervals. Data were gathered through interviews conducted by the National Institute of Public Health. The observation unit of the survey included Slovenian residents aged 15 and above and living in private households (not institutionalised). The survey includes questions on weekly and daily vigorous and moderate physical activity and walking.

#### CINDI surveys:

Two kinds of survey were conducted by CINDI Slovenia using CINDI methodologies. **CINDI Risk Factor/Process Evaluation Surveys (RF/PES)** were conducted in demonstration areas in years: 1990/91 (1 region), 1996/97 (1 region); and 2002/03 (3 regions) on adults aged 25-64 years. The survey included filling in a questionnaire about lifestyle (with help of an interviewer) and clinical examination (including blood sugar and cholesterol analysis). Questionnaire included also questions on physical activity: 11 PA questions in 1990/91, 6 PA questions in 1996/97. In 2000/03 PA questions were replaced with "International Physical Activity Questionnaire (IPAQ)– Long" and some adaptations and additions were added. Furthermore in the survey 2000/03 a sample of 1800 were chosen from the survey sample for participating in the **Research Project »Physical/Sport Activity for Health«**. Those people were invited to fill in 8 additional PA questions and participate in fitness testing.

The second CINDI survey is the **CINDI health monitor**. *(These are also very important studies.)* The difference to RF/PES is, that it is conducted nationwide on a representative sample and it includes only the questionnaire sent to participants by post. The survey was conducted in years 2001, 2004 and 2008 on adults aged 25-64 years (74 years in 2008). The survey included questions on physical activity from IPAQ: in 2001 the short version of IPAQ was used while in 2004 and 2008 "IPAQ- Long" with some adaptations replaced it.

Another CINDI Health Monitor is planned for the year 2012.

15. b. Please comment on the extent to which the national surveillance system in your country provides policy-relevant data and is therefore useful for assessing progress towards national goals (if stated in question 6) and the effectiveness of national policy and implementation.

The results of surveillance data were helping in development and content of both most important PA national document such as NPS 2000-2010 and National HEPA Programme and also national Annual Action Plan of Sport. Furthermore they are going to influence the development and content of new NPS 2010-2020 and National HEPA Action Plan.

15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.

It is also expected that documents from other sectors (that health and sports) are going to be influenced by PA results of population groups as well, because Slovenia would like to follow the worldwide trend "Health in all policies" and PA is a very important part of human health.

16. What evidence is there of current **political commitment** to the physical activity agenda and the development/implementation of national policies and action plans? Examples of political commitment might include: the inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events; personal participation in HEPA.

All described documents under question number 2 were adopted by Slovenian government or National Assembly, that means that the state is obliged to implement them and mostly also review them at the end. The same applies to documents adopted by regional authorities/Regional Development Agencies (Regional Development Councils) and local authorities/Municipalities (Municipal Councils).

PA and sports are mentioned in political speeches from time to time and some important politicians are also actively engaged in PA and sports, but from the public health point of view PA is still not very high enough on political agenda as it should be.

17. Is the **funding** for the delivery and implementation of interventions listed in the policy / action plan(s)? If yes, please provide details of the level of funding commitment, any increases/ decreases, and from what sources (if available).

The documents foreseen the annual action programmes/plans which are prepared in coordination with the relevant ministries. Ministries are obliged to provide financial resources in their own annual programmes/plans. That is way usually each year they make a call for co-financing non-profit programmes that promote HEPA and involvement of specific target groups in sport activities including infrastructural support and support regarding training of experts. Also appropriate professional literature and population oriented promotional materials are co-financed as well as relevant research.

Furthermore sport sector has additional resources through Foundation for Financing Sport Organizations in Slovenia, while health oriented programmes/projects can be financed by Health Insurance Institute of Slovenia. There are also various local communities/ municipalities funding and different EU co-funding available as well. On the other hand regional authorities do not provide any financial means, but they support implementation of strategies/programmes/projects/action plans.

According to NPS 200-2010 local communities are being the most important source of funds, primarily co-financing the sports programmes of children and youth, sports recreation, and the construction of sports facilities and their maintenance. While the state of Slovenia financially and professionally supports the development of sport, especially in those areas, which significantly contribute to the development of sport such as education, qualification and training, specialisation of sports experts, construction of sports facilities, and scientific and research work.

An important financing source for sport in Slovenia is also the Foundation for Financing Sport Organizations that distributes the funds gathered through the sport lottery according to a special rule book.

## Section C – Implementation of the physical activity policy/action plan

This section aims to capture details on the experiences of actually implementing physical activity policies and actions. The “reality” can be very different from the “theory” and it is of interest to learn about the process and impact that national policy has had in terms of what is actually underway to promote physical activity in your country.

18. a. Is there a designated government department, non government group or individual providing overall **stewardship (i.e. a combination of leadership, coordination and advocacy with other sectors)** for HEPA promotion in your country? Does their role include stewardship of the implementation of the policy and/or action plan(s)? If yes, please describe their role.

### **National HEPA Programme, 2007-2012**

Responsible bodies for leadership and coordination of the National HEPA Programme are Ministry and health and Ministry of Education and Sport. In April 2010 we established the intersectoral working group, which will be responsible for coordinative implementation of the National HEPA Programme.

The working group will also prepare the annual action plan(s) with the concrete tasks and financial resources necessary for the implementation.

### **Resolution on the National Programme on Road Safety, 2007-2011**

The coordinator of the programme on the national level is Ministry of Transport. In the board for the operational execution of the programme (beside Ministry of Transport and their bodies like Slovene Roads Agency, Slovene Road Safety Council, Transport Inspectorate) are included representatives of other ministries and their bodies such as representatives of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education and Sport, Ministry of Justice, Ministry of Finance and representatives of some NGOs. *Law Amending the Road Traffic Safety Act* from 2010 emphasises the establishment of so called *Public Agency for Traffic Safety*, which has (among other things) a professional duty to prepare and implement a National Program on Road Safety.

### **National Programme of Sport (NPS), 2000-2010**

Ministry of Education and Sport is responsible for the preparation, leadership and coordination of the general National Programme of Sport as well as Annual National Programmes of Sport. There is an emphasis on exercising (or non-exercising) parts of general NPS when planning annual national programmes and co-funding of activities. The preliminary results on analysis of NPS have been presented orally at some expert meetings, but official publication regarding that analysis produced by Ministry of Education and Sport has not yet being published. One of the goals set in NPS refers to promotion of sports preventive activities to improve health condition of Slovenians together with the Ministry of Health and other departments.

18 b. If responsibility for the leadership and coordination of the action plan implementation has been delegated outside of government, what is the role of government (if any) and what level of government support is evident towards the implementation of the action plans in your country?

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19. Please outline the extent to which the national level policy documents and leadership (if present) guides the implementation of policy and other physical activity promotion actions at a sub-national or local level. When working on this question, you may be interested in discussing whether there is synergy and coherence between these levels of implementation and action.

*Comment: Below mentioned examples are the the results of different interventions, but these results are not directly connected to National HEPA Programme, because many of these intervention started before mentioned programme was developed and National HEPA Action Plan is still in preparation. They are also not directly connected to the NPS 2000-2010. Some of examples below described are results of the other documents mentioned in answers under question 2. Despite this situation all of described examples outline the impact of other important national, sub-national and local documents that are also able to make positive change in PA promotion. The examples also shaw the sinergy and coherance between levels.*

### **NATIONAL LEVEL:**

**National Programme for Primary Prevention of Cardiovascular Diseases** (mostly related to health legislation such as national health care plans, Instructions for the Implementation of Preventive Health Protection at the Primary Level and rules amending these instructions) is unique programme, assessible countrywide and fully financed by National Health Insurance Company. Leadership and coordination of this programme is provided by National Institute of Public Health, it is regionaly coordinated and supervised by 9 regional Institutes of Public Health. It based on CINDI methodology and distinguished by a systematic, comprehensive and integrated approach to screening, prevention and monitoring of risk factors for cardiovascular and (consequently) other chronic non-communicable diseases. It aims in reducing risk of CVD at medium lifespan (mostly involving men from 35-65 and women 45-70 years of age). Furthermore it is based on team approach (i.e. doctors, nurses, physiotherapists) and oriented towards non-medication interventions (called also *Health Education Programme- HEP*). Almost 600.000 adults were screened through clinical exam and almost 200.000 joined the HEP in 7 years. HEP is implemented by 60 local so called *Health Education Centers* countrywide through individual counseling and/or workshops (on *healthy lifestyle, risk factors, walk test, healthy nutrition, physical activity, weight loss, quit smoking and alcohol abuse reduction*). 2 km walk tests are used to promote HEPA, assess fitness index of participants and evaluate success of PA related workshops. The main purpose of these workshops is to influence a positive lifestyle change (which also includes increase in



PA habits).

### **REGIONAL - POMURJE REGION:**

Based on implementation of regional programmes like **Let's live healthily** and **MURA** and others findings show that each year the life of Pomurje population is changing. (These programmes are mostly related to health legislation such as national health care plans and also regional document called *Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region*- link to Slovene and English version together: <http://www.zzv-ms.si/si/zdravje-razvoj/documents/HealthFIN-tisk.pdf>). The people have started to realize the importance of healthy life, they started to improve their lifestyles and to appreciate their health. Great success of the regional programmes/projects is seen in local communities where people started to exercise by themselves and not just in organized groups. More and more people go hiking, cycling, and they eat more fruit and vegetables. Bicycle trails became more important, field hiking trails came to life. Also the local authorities, who are arranging numerous activities for better quality of individuals and the entire community through the year, realized the importance of These programmes/ projects/ interventions. They increased the building of bicycle and hiking trails and sports facilities. Health promotion became part of their lives.

### **LOCAL LEVEL- CITY OF LJUBLJANA:**

The result of long-term successful collaboration between experts from different sectors together with their policies, resources (Slovenian and EU), knowledge and experiences is a draft of the **Comprehensive Cycling Strategy of the City of Ljubljana** from March 2010 (mostly related to national Transport policy and national Spatial Development Strategy). This document includes chapter on health aspects of various types of cycling with an emphasis on cycling to work/school and recommendations for promotion of the urban cycling in the city of Ljubljana. It is planned that the document will be adopted by Municipal Council of the City of Ljubljana till the end of the year 2010. Also from January 2010 there has been a cycling coordinator employed by Municipality/City of Ljubljana for the first time in history.

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?

The municipalities are responsible for providing leadership and coordination of physical activity related activities at the local levels.

At the regional and national level it is a little bit more complicated. It differentiates from region to region. There has been a constant rivalry between health, education and sport sectors and in addition with NGOs as well.

21. Please provide up to three examples of interventions which have been successfully implemented following the development of the policy and action plan. Please also give examples of any less successful interventions, as these often provide important lessons.

Successful interventions (*Details on interventions are described under question no. 11.*):

1. (Slovenia on the Move) Move for Health (*It is a national and population oriented HEPA promotion program, coordinated by CINDI Slovenia from 1999 onwards – now part of National Institute of Public Health, aiming at not enough PA adults, elderly and families. All intervention activities are free of charge and performed mostly by a network of health and sports professionals/organizations along with mass media.*)

(link: [http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com\\_content&task=view](http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view) or link to project publication 2010 with HEPA recommendations and free of charge walk tests countrywide: <http://cindi-slovenija.net/images/stories/trgovina/zlozenke/knjizica%20Z%20gibanjem%20do%20zdravja%202010.pdf>)

2. Slovenia Runs (*It is a national sport action, run by National Olympic Committee from 1996 onwards, aiming in encouraging people to run on everyday basis and organizing numerous running events countrywide along with special awards for regular participants and families.*) (link: [www.slovenijatece.si](http://www.slovenijatece.si))

3. Slovenia Cycle (*It is a national sport action, run by National Olympic Committee from 2000 onwards, aiming in encouraging people to cycle on everyday basis and organizing numerous cycling events countrywide along with special awards for regular participants and families.*) (link: [www.slovenijakolesari.si](http://www.slovenijakolesari.si))

Less successful interventions:

1. PA interventions in the work environment (*There have been some pilot lifestyle and PA interventions in the past made on the national level, but the impact was poor, because the outcomes has not been implemented into the practice countrywide so far.*)
2. PA interventions among pregnant women and elderly (*There are not equal opportunities for these to target groups to join organized PA exercise classes in local communities and/or health care settings; also we still do not have national PA guidelines and recommendations for these two target groups.*)
3. PA interventions among children and adolescent (*Despite the numerous and positive developments and interventions in the field of organized leisure time sports for children and adolescents, we did not achieve a neutralization of the negative changes in living styles among mentioned population because an increase in the share of overweight and obese children (aged mainly between 8 and 13 years of age) has been detected and also negative changes in the functional indicators such as aerobic endurance of children and adolescents occurred.*)

22. Is there any evaluation of physical activity interventions at the sub-national and/or local level? Please give a general overview of the role of evidence and evaluation of practice undertaken in your country in relation to HEPA promotion.

The strategy for the evaluation described in National HEPA Programme does not mention evaluation at sub-national and/or local level.

The *NPS 2000-2010 Analysis* (Kolar, Jurak and Kovač, 2010), made by Faculty of Sport, does not describes the situation at the sub-national or local levels.

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity? Please provide details of the communication activities (if any).

The National HEPA Programme includes promotional activities (for example the wide public awareness campaigns for the promotion of the benefits) of the physical activity for health. In the previous years we have already established and realized such promotion activities.

For example in 2004 (focused on general population) and 2005 (focused on children and adolescents) the Ministry of Health launched the *wide public awareness campaigns for the increasing consumption of fruit and vegetable which also contained messages on importance of physical activity for health*. The campaigns logo was a bike made of fruits and vegetables (which was used on front page/cover of National HEPA Programme). The key slogans of both campaigns were: Enjoy 5 F&V per day and at least 30 minutes (for adults) and 1 hour (for children and adolescents) of physical activity per day. The media campaigns included different communication tools (TV, radio, website, print promotional materials...), different partners and it was placed in different environments.

In 2007 Olympic Committee of Slovenia launched media campaign **Rather Move with us** (link: [www.migajznami.si](http://www.migajznami.si)) with its own logo. With a help of national and local media (from TV stations to newspapers) they are promoting sport and recreation programmes among citizens. In addition informational web platform is available ensuring user-friendly free of charge access to all organizers of programmes and media to use it in informing the public.

24. In your country are the physical activity interventions linked together by the use of any common **branding/ logo/ slogan**? Examples of this in other countries include “Agita Sao Paulo” and “Find 30”. If yes, please describe.

Please, see also the previous answer under question number 23.

National HEPA population oriented project **Move for Health** (link: [http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com\\_content&task=view](http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view)) (*family holding hands while walking and is surrounded by sun in the background*) and has two simple slogans:

- “Be active at least 30 minutes per day!”
- “Live Actively!”

Also a national TV project **Let's Enjoy Health** (2006-2007) (link: <http://www.uzivajmo.com>), implemented by CINDI Slovenia and supported by Ministry of Health, Regional Institutes of Public Health and numerous sponsors, produced 10 TV series for children and adolescents and their families on healthy eating habits and regular exercising. In each TV show one of their idols/role models were talking about their healthy habits to the host while cooking a favorite healthy meal and exercising. Also a good practice example from chosen primary or secondary school was showed. We managed to reach more than 2 million national and local TV station viewers. Afterwards all TV series were made for DVD production and donated to Slovenian schools for teaching purposes.

In addition **Rather Move with us** (link: [www.migajznami.si](http://www.migajznami.si)) is a national media campaign with its own logo (*word MOVE in rainbow colores and aperence of mascot midelage comon man practicing diferent kind of sport activity*) done by Olympic Committee of Slovenia. 5000 events and training programs a year are published in 25 media, from national TV to local newspapers inviting people to join. Production of weekly, half an hour TV show "Move with us" disseminated on National TV every Friday and Sunday. In the last year they were more than 120 TV shows produced. TV shows are presenting different possibilities for being acitive and medical experts give healthy sport advices.

25. Does your country have a **network or communication system linking and/or supporting professionals** who have an interest in physical activity and/or are working on the promotion of physical activity or related areas? If yes, please describe, providing a web-link and contact person, if available.

We have no formally structured network(s), but there are many informal ones like those in *Move for Health project, National Programme for Primary Prevention of CVD, Slovenian Network of Health Promoting Schools, Slovenian Healthy City Network, Health network* etc.

The crucial supportive organizations to the health, education and sports professionals, working in the field of HEPA, sports and PE, are their professional associations, faculties and ministries (e.g. expert councils or similar bodies). Most of the specific occupations in health, education and sports have their own system of professional training and licensing. So we can say, that they are more or less networking this way, but there is no formal networking between different professions.

Within a National HEPA Action Plan we would make *a goal to establish a formal national HEPA network* as well.

**The above questions have sought information to capture both the "what" and the "how" of your country's policy development and implementation around physical activity.**

**We are interested in what you think are the 2-3 examples of greatest progress and also what you think have been the 2-3 biggest challenges faced by your country in commencing or continuing national level approach to the promotion of HEPA.**

26. a. Please list up to three examples of an area or issue of greatest progress in recent years.

1. Development of the National HEPA Programme
2. Adoption of the National HEPA Programme
3. Development and establishment of the intersectoral working group responsible for preparation of National HEPA Action Plan

26. b. Please list up to three areas or issues that remain as more difficult challenges to address.

1. Evaluation and monitoring of the efficiency of the implementation of the National HEPA Programme
2. Maintaining suitable coorditation and work motivation among interdisciplinary partners responsible for implementing planed HEPA approaches and activities into practice
3. Maintaining consistency regarding founding of National HEPA Programme activities independently

of political changes (people and political parties changes) in the government and among local authorities

27. Please use this space to provide any further details which you were not able to provide in other sections of the template.

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## Section D – A summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please outline in brief the process used. This should include details of who initiated the process, who led the process, who was involved and how they were identified or selected as well as the timeliness of the consultation process. In addition, please include details of consultation steps that were undertaken and a list of individuals and organisations that were contacted and from whom feedback were received.

### Overview of process and timeliness

The Case study collection template was completed by followed methodology:

1. Making a list of potential partner organizations/ institutions from multiple sectors (health, sport, transport, school, spatial and environment, workplace and social, development and tourism);
2. Identification of individual experts from each sector (governmental and non-governmental).
3. Partly filling in the case study template by Andrea Backovič Juričan and Mr. Rok Poličnik from the Ministry of Health.
4. Sending the invitation to identified experts from different sectors to collaborate in case study by completing the partly filled template using their specific knowledge and by providing further input and additional comments;
5. One and a half month were given to receive the filled templates (late March 2010);
6. Finalizing template version 1 by Andrea Backovič Juričan (till late April 2010);
7. Introducing the content of the template version 1 to other collaborating countries at partner meeting in Wageningen (26<sup>th</sup> and 27<sup>th</sup> April 2010);
8. Making an article on preliminary Slovenian case study results and presenting them orally at 5th FIT International Congress: The Role of Exercise in Disease Prevention and Management in Rogaška Slatina (Slovenia) (10th and 11th of May 2010), (Article was published in congress book of articles and abstracts with title:Case study on Health Enhancing Physical Activity in Slovenia by authors Andrea Backovič Juričan and Jožica Maučec Zakotnik);
9. Sending the specific question(s) from the template version 2 to additionally identified experts in order for them to answer the specific question(s);
10. One and a half month were given to receive the filled templates (mid June 2010);
11. Finalizing the template version 2 and further consultation with some specific partners from Slovenia (throughout July and August 2010);
12. Introducing the content of the template version 2 to other collaborating countries at telephone conference (13<sup>th</sup> of September 2010);
13. Reducing the content of template version 2 according to suggestions and comments of partners from other collaborating countries and some experts from Slovenia (October and beginning of November 2010);
14. Making a pre-final long Slovenian version of template (till 23<sup>rd</sup> November 2010) and introducing it at partner meeting in Olomouc (Czech Republic) (23<sup>rd</sup> of November 2010).
15. Presenting preliminary Slovenian case study results orally at 6th International Conference Movement and Health and 2nd HEPA Europe Conference in Olomouc (Czech Republic) (24<sup>th</sup> and 25<sup>th</sup> of November 2010), (Abstract was published in congress book of abstracts

with title: *Health Enhancing Physical Activity Case study in Slovenia* by author Andrea Backovič Juričan); and

16. Editing a pre-final long Slovenian version of template several times and making a final long Slovenian version of template (till June 2012).

### List of experts who were consulted for input:

Contact person	Organisation	Input received
Vesna Kerstin Petrič	Ministry of Health	yes
Nika Berlic	Ministry of Health	yes
Ignac Polajner	Ministry of Education and Sport	yes
Mateja Reberšak	Ministry of Education and Sport	yes
Vida Starič Holobar	Ministry of Education and Sport	yes
Ksenija Švalj	Ministry of Education and Sport	yes
Zoran Verovnik	Ministry of Education and Sport	yes
Mateja Markl	Ministry of Transport and Slovene Road Safety Council	yes
Etbin Tratnik	Ministry of Labor, Family and Social Affairs	yes
Jožica Maučec Zakotnik	National Institute of Public Health	yes
Mojca Gabrijelčič Blenkuš	National Institute of Public Health	yes
Mojca Bevc Stankovič	National Institute of Public Health	yes
Mojca Janežič	National Institute of Public Health	yes
Andreja Drev	National Institute of Public Health	yes
Luka Mladenovič	Urban Planning Institute of the Republic of Slovenia	yes
Tanja Udrih	Clinical Institute for Occupational, Traffic and Sports Medicine	yes
Gorazd Cvelbar	National Olympic Committee	yes
Barbara Konda	FIT International Institute	yes
Saška Benedičič Tomat	Sports Union of Slovenia	yes
Aleš Kranjc Kušlan	Sports Union of Slovenia	yes
Marjeta Kovač	Faculty of Sport of the University of Ljubljana	yes
Boris Strel	Faculty of Sport of the University of Ljubljana	yes
Janet Klara Djomba	Faculty of Medicine of the University of Ljubljana	yes
Ema Mesarič	Regional Institute of Public Health Murska Sobota	yes
Igor Krampač	Regional Institute of Public Health Maribor	
Andrej Klemenc	Regional Environmental Center	yes

*Remark 1: Not all suggested text from above listed experts was included in this final version of the template due to objective reasons.*

*Remark 2: Except Mojca Gabrijelčič Blenkuš, Rok Poličnik and Andrea Backovič Juričan all the other experts answered only partly one or just a few questions in the template. Most of them gave also additional comments and suggestions. Furthermore a lot of them appointed Andrea Backovič Juričan to the certain literature/ documents for her to read and decide to potentially include contents of these documents into the template.*

**APPENDIX 1 – List of stakeholders participating in consultation process during development of National HEPA Programme 2007-2012:**

- Ministry of Health, Ministry of the Environment and Spatial Planning, Ministry of Transport, Ministry of Labour, Family and Social Affairs, Ministry of Education and Sport, Ministry of Higher Education, Science and Technology, National Assembly of Slovenia, Municipality of Ljubljana, Red Cross Slovenia, Fit Slovenia, Slovene Cyclist's Network, Association of Social Institutions of Slovenia, Federation of Pensioners' Societies of Slovenia, Leon Institute, Sport Union of Slovenia, Olympic Committee of Slovenia - Association of Sports Federations, University Medical Centre Ljubljana, Community Health Centre Ljubljana, Faculty of Sport, Clinical Institute for Occupational, Traffic and Sports Medicine, Faculty of Health Sciences, Faculty of Education, Institute for Sport (the Government of the Republic of Slovenia has abolished it by decree on 19 January 2009), Faculty of Medicine, Faculty of Social Work, University Rehabilitation Institute, National Institute of Public Health, Adolf Drolc Health Centre, Ilka Devetak Bignami Nursery School, Primary School Brežice, University Children's Hospital, Office for Occupational Safety and Health, Centre for Occupational, Traffic and Sports Medicine, Institute for Occupational, Traffic and Sports Medicine, Chamber of Occupational Safety and Health and Talum Kidričevo.