Section I: Summary

According to the World Health Organization, the average life expectancy in Slovenia is 77 years and Slovenes spend approximately 9% of that time (7 years) with illness and disability. In 2001, the Institute of Public Health initiated Programme MURA (named after the River Mura) in the north-eastern Pomurje region of Slovenia to address the problems of physical inactivity, poor nutrition, and other health inequalities. Pomurje was selected as the first region to pilot the initiative because of wide differences in health and lifestyle indicators in the region compared to other parts of the country. Through partnerships with other sectors, Programme MURA attempts to integrate health into broader economic development agendas to promote and sustain the health of Slovenes and improve socioeconomic indicators that contribute to health and wellbeing.

Section II: Statement of Purpose

The Programme MURA is based on the concept of “investment for health” which integrates health into economic development and other sectors to create conditions that allow people to make healthy choices and help reduce socioeconomic disparities associated with poor health. The programme takes an intersectoral approach to reach across health, environment, education, and economic sectors with the idea that proper economic and environmental development is integral to maintaining and improving the health and quality of life of the population. Based on this philosophy, four key priorities were established for Programme MURA:

- improving healthy lifestyles
- increasing healthy food production and distribution
- developing healthy tourism products and programs
- preserving the natural and cultural heritage and reducing the ecological burden

The key mechanisms used to achieve these goals were (1) ensuring financial support for the programme, (2) creating inter-sectoral collaboration at national and regional levels, and (3) linking with other national policies and strategies to integrate health promotion activities into the policies of other sectors. Funding was made a priority in the Regional Development Programme for Pomurje for 2002-2006, with financing from the Ministry of Health, the Regional Development Agency, and different European Union funds. Intersectoral collaboration was supported through an inter-ministerial project group for health and sustainable development in Pomurje, the Institute of Public Health Murska Sobota, the Centre for Health and
Development, and a Regional Programme Council of 25 organizations and four work groups on communities, tourism, food industry, and healthy environment.

The Programme MURA created a strong partnership network to implement a number of initiatives from 2001-2007 to address the key programme priorities. These included initiatives related to healthy communities, healthy food, and healthy tourism. Some of these initiatives and outcomes are outlined below.

Section III: Outcomes

Healthy Community Initiatives

• “Let’s Live Healthy” health promotion program – Piloted in 8 communities in 2001, the Let’s Live Healthy program is now active in more than 50 communities reaching approximately 30,000 people. The program focuses on specific risks factors and a reduction in heart disease, diabetes, hypertension, cancer. The program is an intersectoral partnership that promotes healthy lifestyles and encourages individual responsibility for health through mass media and events such as workshops and physical activities. Early results indicate that 95% of participants have reported at least some change in nutrition/dietary habits. An evaluation one year after implementation in the first pilot community showed improvement participants’ risk indicators such as BMI, cholesterol, and blood pressure.

• Programs for high risk groups – This includes a project targeting high school dropouts that provides training and support to increase social skills, self-image, and healthy behavior while providing access to vocational education. Approximately 87% of participants either re-enter school or find employment. The programme received the European Regional Champions Award among the social programs in the European Union for the year 2007.

• Increased opportunities for higher education – Programs were developed to promote higher education in associated fields, for example creation of a programs in Agricultural Management and Biotechnics, and Management of Tourism and related studies; a Regional Research and Educational Center was also established.

Healthy Food Initiatives

• An intersectoral collaboration of the Ministries of Health, Agriculture, Education, and Labor resulted in establishment of nutrition guidelines and quality standards for children and adolescents, guidelines and standards for healthy nutrition in public institutions, including schools, and a Health Impact Assessment for a transition to sustainable food production.
• Creation of consortium of 13 fruit and vegetable producers to increase supply of healthy foods to 20 institutions.
• Creation of ecological centers to support organic farming.
• Establishment of healthy nutrition education and awareness programs.
• Revision of procurement rules for public institutions to promote demand for locally-produced, healthy products.

Healthy Tourism Initiatives

• Increasing infrastructure for ecotourism and health-promoting recreation.
• Creation of healthy nutrition programs at spas and restaurants.
• Establishment of a Center for Nordic Walking, with 100 trained and licensed walking guides.

Environmental Initiatives

• Support for construction of a regional drinking water supply system.
• Education on environmental protection and preservation.

Assessment of outcomes has focused primarily on changes in physical activity and lifestyle. Surveys completed in 2001 and 2004 indicated positive changes among residents in the region, including increased consumption of fruits and vegetables, more consumption of healthy fats in place of unhealthy fats, and less consumption of sugar, salt, and unhealthy foods. The Let’s Live Healthy program has been recognized as a “good practice” and has been transferred to over 30 communities in other parts of Slovenia. It has also been piloted in one municipality in Hungary.

Section IV: Additional Resources

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