

# National Policy Update SLOVENIA

**Dr. Mojca Gabrijelčič Blenkuš - NIPH**

Dr. Marjeta Recek, Dr. Katja Povhe Jemec – MoH,

Dr. Gregor Starc - FS UL,

Dr. Nada Rotovnik Kozjek - OI,

Dr. Milena Kovač Blaž, Dr. Tonka Poplas Sučič PHC Lj,

Prof. Dr. Rado Pišot, Prof. Dr. Boštjan Šimunič - UP

# Presentation outline

1. Starting point – evaluation of FNAP 2005 - 2010
2. National strategy on food, nutrition and physical activity 2015 – 2025
3. Good practices to share, linked to EU AP on childhood obesity
4. Longevity society and CSRs for Slovenia – the case for nutrition and physical activity in ageing
5. Instead of conclusions – new challenge

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# Slovene FNAP 2005-10 evaluation

	Situation analysis, priorities set <b>Q1</b>	Measures were defined <b>Q2</b>	Measures were adopted <b>Q3</b>	Measures were implemented <b>Q4</b>	Health inequalities considered <b>Q5</b>	Measure reached >50% target population <b>Q6</b>	Adequate funding available <b>Q7</b>	Goal in line with strategic aims <b>Q8</b>	Implemented activities in line with goals <b>Q9</b>	Level of success
<b>Food safety</b>	4,3	4,5	4,3	3,5	NA	4,5	4,0	5,0	5,0	<b>substantial/moderate</b>
<b>Healthy nutrition</b>	4,1	4,1	3,1	2,8	3,2	2,4	2,4	4,6	3,7	<b>moderate/little</b>
Pregnant & lactating women, infants	3,8	3,8	2,6	2,2	3,0	3,8	2,2	5,0	4,2	moderate/little
Children & adolescents	4,4	4,5	4,0	3,3	4,5	3,4	2,8	5,0	3,5	moderate
Active population	4,1	4,3	2,9	2,6	3,3	1,9	2,9	4,1	3,7	moderate/little
Healthy food offer	4,0	3,0	3,0	3,0	1,0	1,0	1,0	3,0	3,0	little/minimal
Nutrition education	3,3	3,7	3,0	2,0	1,7	2,3	2,3	4,0	3,0	little
<b>Local sustainable food supply</b>	4,3	3,7	3,5	3,2	2,8	3,3	2,3	4,7	4,2	<b>Moderate</b>

Silos – doesn't work

Importance of communication

Lowest level of implementation: Health sector!

New FN&PA AP 2015- 2015:  
Whole chapter dedicated to health sector

# ReNPPTD 2015-2025

EVALUATING THE IMPLEMENTATION OF THE  
RESOLUTION ON THE NATIONAL PROGRAMME OF  
FOOD AND NUTRITION POLICY 2005-2010  
(ReNPPP 2005-10)

Report for the Ministry of Health  
English short version of the Research report

Editor  
Mojca Gabrijelečič Blenkuš

English short version prepared by  
Mojca Gabrijelečič Blenkuš, Matej Gregorič, IVZ RS  
Marijan Ivanusa, WHO Country Office in Slovenia

Ljubljana, 2011

[http://www.nijz.si/sites/www.nijz.si/files/uploaded/slovenefnap2005-10evaluation\\_shortenversion\\_dec2011\\_final.pdf](http://www.nijz.si/sites/www.nijz.si/files/uploaded/slovenefnap2005-10evaluation_shortenversion_dec2011_final.pdf)

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Zagotovljeni so bili zadostni finančni viri V7	Cilji so skladni s strateškim namenom politike V8	Implementirane aktivnosti so v skladu s cilji V9	Skupne opisne ocene
4,0	5,0	5,0	Znatno /zmerno
2,4	4,6	3,7	Zmerno/malo
2,2	5,0	4,2	Zmerno/malo
2,8	5,0	3,5	Zmerno
2,9	4,1	3,7	Zmerno/malo
1,0	1,0	3,0	Malo/minimalno
3,3	3,7	3,0	Malo
4,3	3,7	3,5	Zmerno

Majority of the goals directed to the structure: policy and supportive environment level.

New action plan 2015-25: joint nutrition and physical activity goals

Prehransko izobraževanje

Lokalna trajnostna oskrba

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Prehransko izobraževanje	3,3	3,7	3,0	2,0	1,7	2,3
Lokalna trajnostna oskrba	4,3	3,7	3,5	3,2	2,8	3,3

1

1,0

# ReNPPTD 2015-2025

Na podlagi 30. člena Zakona o zdravstveni ustreznosti živil in izdelkov ter snovi, ki prihajajo v stik z žvili (Uradni list RS, št. 52/00, 42/02 in 47/04 – ZdPPZ) in 109. člena Poslovnika državnega zbora (Uradni list RS, št. 92/07 – uradno prečiščeno besedilo, 105/10 in 80/13) je Državni zbor na seji dne 15.7.2015 sprejel

## RESOLUCIJO

### O NACIONALNEM PROGRAMU O PREHRANI IN TELESNI DEJAVNOSTI ZA ZDRAVJE 2015–2025 (ReNPPTDZ)

#### 1. UVOD

Zdravo prehranjevanje in redna telesna dejavnost sta med ključnimi dejavniki varovanja in krepitev zdravja, ki prispevata k boljšemu zdravju, večji kakovosti življenja in k vzdržnosti zdravstvenih sistemov. Med odrasčanjem zagotavljata optimalno rast in razvoj, izboljšujeta počutje in delovno storilnost pri odraslih, dolgoročno pa predvsem krepi zdravje, povečujeta kakovost življenja in prispevata k aktivnemu in zdravemu staranju.

Prehara in telesna dejavnost sta visoko na lestvici prednostnih tem Svetovne zdravstvene organizacije (v nadaljnjem besedilu: SZO), kar dokazuje tudi sprejetje akcijskega načrta SZO za preprečevanje in obvladovanje nenalezljivih bolezni (WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020). V zadnjem desetletju se s problematiko intenzivno ukvarja celotna Evropska unija (v nadaljnjem besedilu: EU), saj bomo le z učinkovitimi ukrepi za krepitev in ohranjanje zdravja lahko bolje obvladovali breme kroničnih bolezni v dolgoživih družbah. Nezdravo prehranjevanje in premalo telesne dejavnosti namreč pomembno prispevata k bremenu kroničnih nenalezljivih bolezni ter k stroškom zdravstvenih blagajn. Podatki na ravni EU (Sklepi Sveta o prehrani in telesni dejavnosti (2014/C 213/01)(UL L št. 213 z dne 8. 7. 2014, str. 1; v nadaljnjem besedilu: Sklepi Sveta) kažejo, da predstavljajo stroški bolezni, povezanih z debelostjo, približno 7 % sredstev (to je približno 100 milijard evrov v državah članicah EU) od vseh izdatkov za zdravstveno oskrbo, s tem da k tej številki niso vključeni posredni stroški, ki se nanašajo na slabšo storilnost zaradi zdravstvenih težav in prezgodnje smrti. V Republiki Sloveniji ocenjujemo, da neposredni stroški zdravstvene oskrbe zgolj sladkorne bolezni, ki jo ima približno 7 % ljudi v Republiki Sloveniji, znašajo najmanj 114,3 milijona evrov letno. Če ne bomo učinkovito ukrepali, se bo število obolelih vsako leto povečalo za približno 3 %.

Resolucija o nacionalnem programu prehranske politike 2005–2010 (Uradni list RS, št. 39/05; v nadaljnjem besedilu: nacionalni program 2005–2010), ki jo je sprejel Državni zbor Republike Slovenije leta 2005, je povežala ključne resorje in partnerje v prizadevanjih, da bi prebivalcem Republike Slovenije zagotovili ne le varno in kakovostno hrano, ampak bi jim z različnimi ukrepi tudi omogočili zdravo prehranjevanje. Dve leti zatem je bil sprejet komplementaren dokument, Nacionalni program spodbujanja telesne dejavnosti za krepitev zdravja od 2007 do 2012. Z izvajanjem ukrepov je rastlo tudi zavedanje, da zdravo prehranjevanje in telesna dejavnost vplivata na zdravje posamično in skupaj – v sinergiji, ter da se učinki obeh dopolnjujejo, kar kaže na smiselnost skupnega nacionalnega programa za prehrano in telesno dejavnost. Poleg tega se je krepilo tudi zavedanje, da zdravje ne nastaja

[http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno\\_zdravje\\_2015/resolucija\\_preh\\_gib/ReNPPTDZ\\_resolucija\\_o\\_prehrani\\_in\\_gibanju\\_150715.pdf](http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_2015/resolucija_preh_gib/ReNPPTDZ_resolucija_o_prehrani_in_gibanju_150715.pdf)

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# National program on nutrition and physical activity for health 2015-25

## Mission

All residents have good eating habits and access to healthy eating choices as well as opportunities for physical activity.

## Guiding principles

To improve the nutritional and physical habits of the population - from the early years until old age.

To reverse the increasing weight trend of the population and affect incidence of CND.

The envisaged measures intends to influence the equal opportunities for good health for all citizens, including the socially and economically disadvantaged groups.



# Strategic goals

- Reduce the proportion of overweight and obese;
- Reduce the proportion of those who are physically inactive;
- To increase the proportion of breastfed children;
- Reducing the proportion of undernourished and functionally less capable older patients;
- Increase the daily breakfast consumption;
- Increase consumption of vegetables and fruits;
- Reduce intake of saturated fats, sugar and salt;
- To reduce the content of trans fats in foods.

# Objectives for action 2015-25

**Effective coordination and cooperation** at inter-ministerial level to ensure the best cooperation and optimisation of all policies and financial instruments available.

To achieving **synergies** between health sectoral policies, agriculture, education, sports, the economy, the environment and other practices as well as other stakeholders, including civil society and non-governmental organizations and local communities.

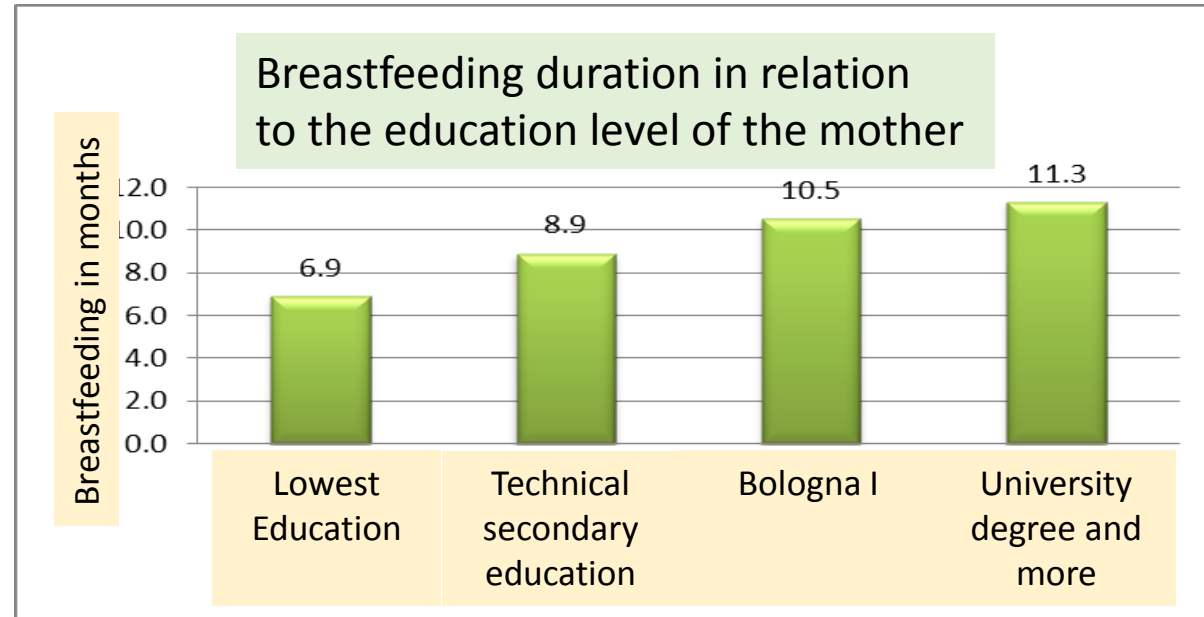
# Priority areas for action 2015-25

- ➔ Eating in accordance with guidelines and recommendations;
- ➔ Healthy Choices in Hospitality and Tourism;
- ➔ Health-beneficial food products and industry participation;
- ➔ Availability of healthy offers to socio-econ. disadvantaged groups;
- ➔ Providing a safe and health-beneficial food;
- ➔ The labeling, presentation and marketing of food;
- ➔ Promoting physical activity of the population;
- ➔ Strengthening the role of the health sector;
- ➔ Education and Training;
- ➔ Information and public awareness.

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# Action area 1: Support a healthy start in life



# Breastfeeding, SES and supportive working environment

Country	% of mothers who were breastfeeding after 6 months	Maternity leave, in weeks, (paid fully or partialy)
Sweden	53	9.6
Norway	50	9.0
Poland	10	18.0
Canada	24	8.4
Netherlands	25	16.0
Great Britain	21	9.3
USA	20	0.0
Slovenia	<b>65</b>	<b>52</b>

Source: HRAST project, Slovenia, 2012

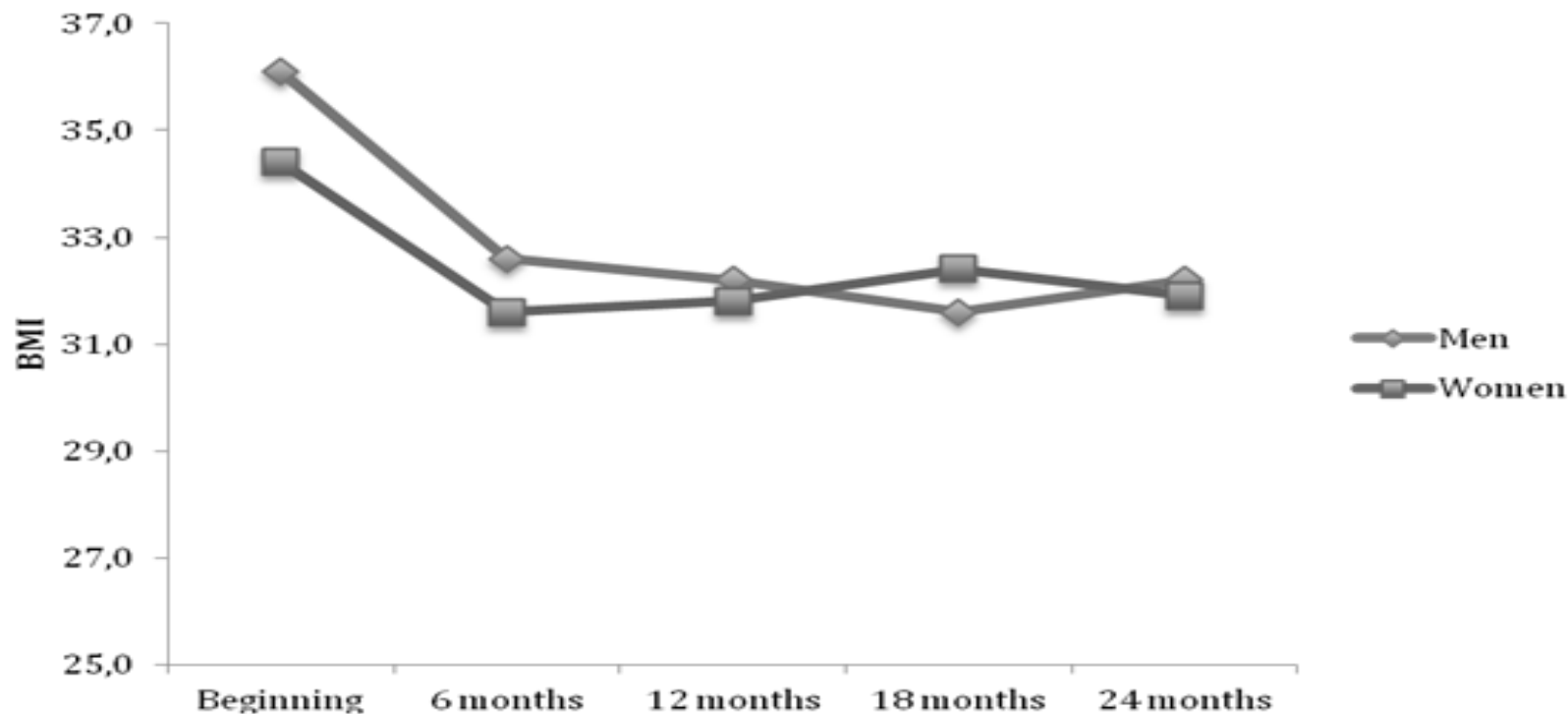
# Family treatment of obesity in children and adolescents in Primary Health Centre – pilot in 2015



# 1. Response in Health Sector: “Together for health” project 2014-16, NFM Comprehensive primary health care intervention, for all population group, strong low SES focus

## 2. PHC community intervention, from 2003 on

*Dr. Milena Kovač Blaž, Primary health centre, Ljubljana, 2015*

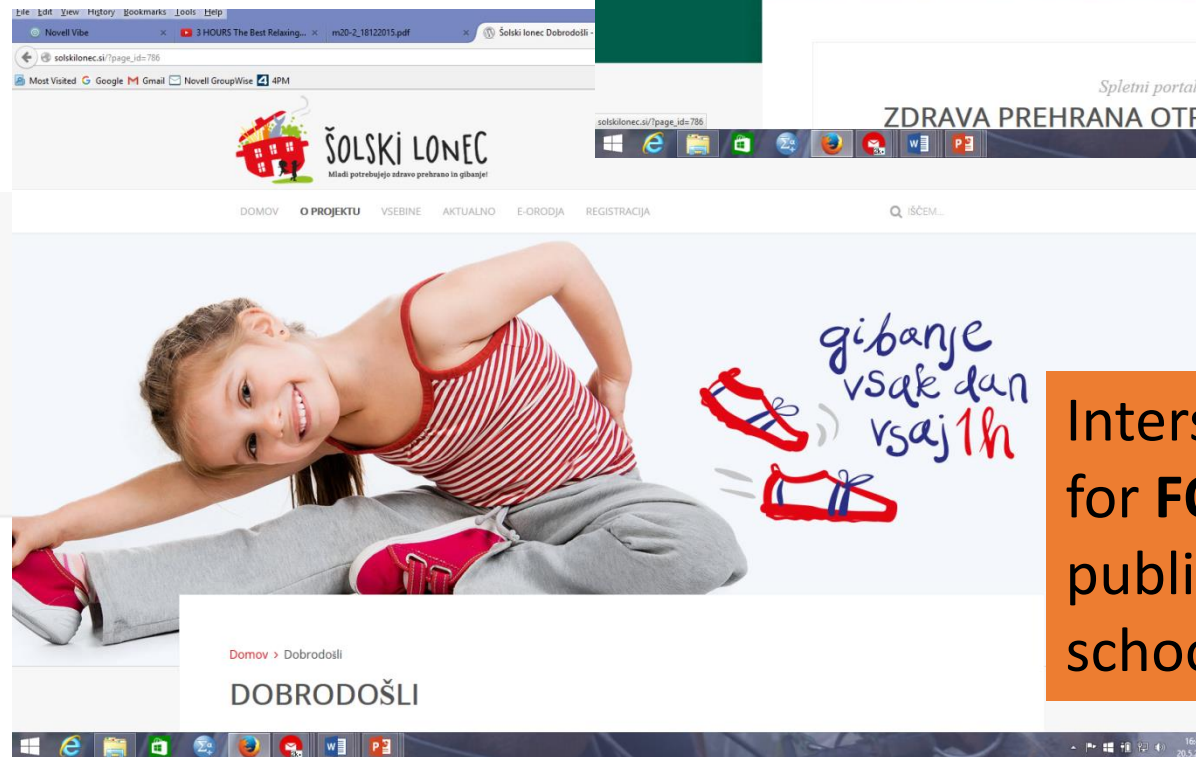
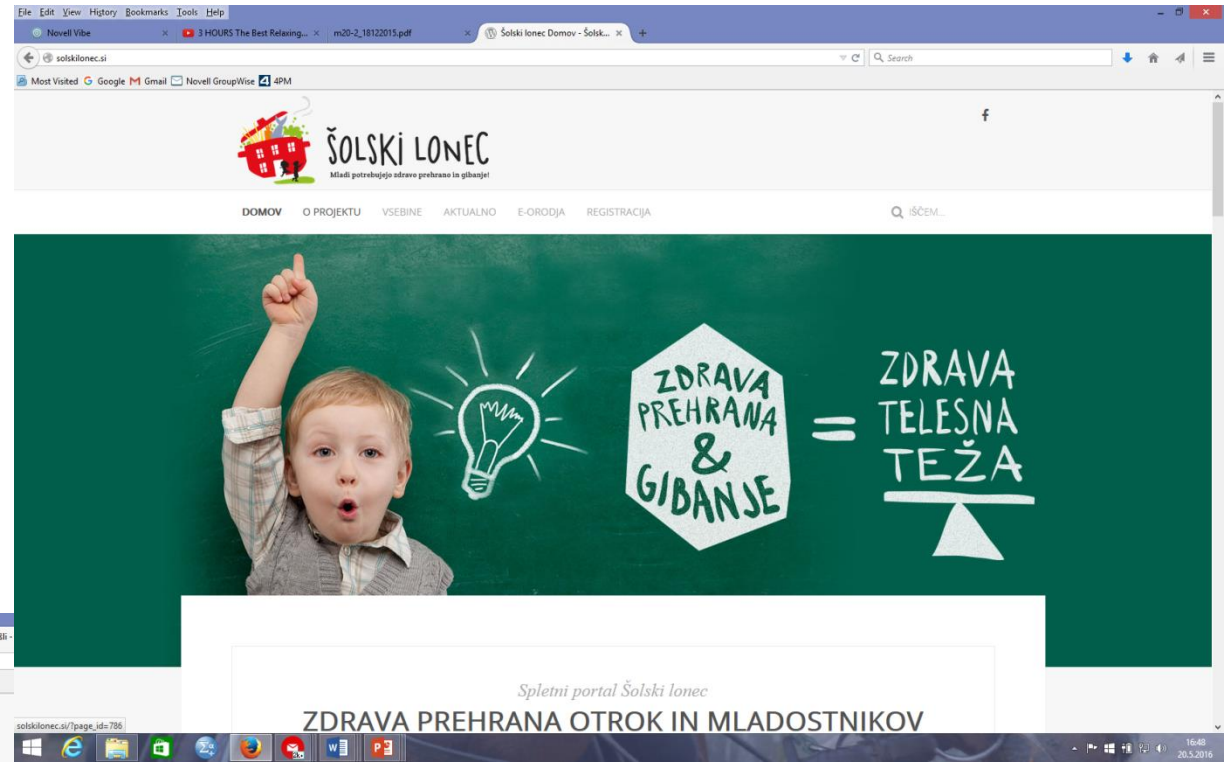


**Screening –  
overweight&obesity  
and malnutrition  
at the same time  
SAME INTERVENTION**

Values of BMI in participants at the beginning and after 6, 12, 18 and 24 months  $p < 0,05$

# Action area 2: Promote healthier environments, especially in schools and pre-schools

Implementation tools in school environment



Intersectoral working group  
for **FOOD PROCUREMENTS** in  
public kitchens, including  
schools and kindergartens

„School pot“







## School nutrition guidelines: overview of the implementation and evaluation

Matej Gregorič<sup>1</sup>, Larisa Pograjc<sup>2</sup>, Alenka Pavlovec<sup>3</sup>, Marjan Simčič<sup>4</sup> and Mojca Gabrijelčič Blenkuš<sup>1,\*</sup>

<sup>1</sup>National Institute of Public Health, Health Survey and Health Promotion Centre, Trubarjeva 2, 1000 Ljubljana, Slovenia; <sup>2</sup>Ministry of Defence of the Republic of Slovenia, Department for Military Technology, Research and Development, Ljubljana, Slovenia; <sup>3</sup>Ministry of Education, Science and Sport of the Republic of Slovenia, The Pre-School and Basic Education Directorate, Ljubljana, Slovenia; <sup>4</sup>University of Ljubljana, Biotechnical Faculty, Department of Food Science and Technology, Ljubljana, Slovenia

Submitted 27 May 2014; Final revision received 29 October 2014; Accepted 11 December 2014

### Abstract

*Objective:* To holistically evaluate the extent of implementation of dietary guidelines in schools and present various monitoring systems.

*Design:* The study comprises three methods: (i) a cross-sectional survey (process evaluation); (ii) an indicator-based evaluation (menu quality); and (iii) a 5 d weighed food record of school lunches (output evaluation).

*Setting:* Slovenian primary schools.

*Subjects:* A total 234 food-service managers from 488 schools completed a self-administrated questionnaire for process evaluation; 177 out of 194 randomly selected schools provided menus for menu quality evaluation; and 120 school lunches from twenty-four schools were measured and nutritionally analysed for output evaluation.

*Results:* The survey among food-service managers revealed high levels of implementation at almost all process evaluation areas of the guidelines. An even more successful implementation of these guidelines was found in relation to organization cultural issues as compared with technical issues. Differences found in some process evaluation areas were related to location, size and socio-economic characteristics of schools. Evaluation of school menu quality demonstrated that score values followed a normal distribution. Higher (better) nutrition scores were found in larger-sized schools and corresponding municipalities with higher socio-economic status. School lunches did not meet minimum recommendations for energy, carbohydrates or dietary fibre intake, nor for six vitamins and three (macro, micro and trace) elements.

*Conclusions:* The implementation of the guidelines was achieved differently at distinct levels. The presented multilevel evaluation suggests that different success in implementation might be attributed to different characteristics of individual schools. System changes might also be needed to support and improve implementation of the guidelines.

### Keywords

Primary school  
Menu quality scores  
Evaluation  
Nutritional value

# Action area 3: Make the healthy option the easier option

## National pledge

- Radenci, 16. september 2015
- V prisotnosti 3 ministrov:  
mag. Dejan Židan, MKGP  
Milojka Kolar Celarc, MZ  
dr. Maja Makovec Brenčič, MIZŠ



## PODROČJA zavez

- Šole
- Oglaševanje
- Označevanje izdelkov
- Razvoj / preoblikovanje izdelkov
- Promocija zdravega življenjskega sloga

Schools  
Marketing  
Labeling  
Reformulation  
Healthy lifestyle  
promotion



## Podpisniki

Coca-Cola HBC Slovenija d.o.o.

Costella d.d.

Dana d.o.o.

Droga Kolinska d.d.

Fructal d.o.o.

Nektar Natura d.o.o.

Pivovarna Laško d.d.

Pivovarna Union d.d.

Radenska d.d.

Vipi d.o.o.

Vital Mestinje d.o.o.



Vir: [https://www.gzs.si/Portals/Panoga-Kmetijska-Zivilska/6\\_Petra%20Medved%20Djurasinovic.pdf](https://www.gzs.si/Portals/Panoga-Kmetijska-Zivilska/6_Petra%20Medved%20Djurasinovic.pdf)

Kot rezultat tega se je v zadnjih petih letih zmanjšal energijski iznos povprečnega prodanega litra naših pijač za 9 %.

# Action area 4: Restrict marketing and advertising to children

- 1.
2. Meeting of the public health working group (PHWG, public health driven), **FIRST adaptation of the profile** – March 2015
3. Meeting of the working group with relevant sectors and institutions – April 2015
4. **Developments since WHO NP was published** erce of
5. Participation at the **Scandinavian monitoring workshop** – most welcomed share of experiences and approaches, very appreciated – September 2015
6. **Guidelines, based on WHO NP**, were prepared and they are in the finalization stage at the MoH – September 2015
7. Meeting with **Slovene chamber of advertisers** (voluntiered to liase with TV operators) – October 2015
8. Meeting with **Slovene Chamber of Advertizers** and **Slovene TV operators**, December 2015
9. Two meetings of PHWG to debate and prepare respond – January and February 2016
10. **Response of MoH** sent to Chamber of aAdvertisers, Chamber of Commerce and Industries, Chamber of Trade – March 2016
11. Waiting for **final responses of stakeholders** – April 2016 (feedback with the Delay in mid May 2016)
12. **Launch of the Slovene guidelines for AVM operators, based on the WHO NP** – foreseen in 2016



Home

Regulatory Authorities

Links

Login

user name:

password:

login



## About us

The Central European Regulatory Forum - CERF was set up on the 15th of December 2009 by the regulatory authorities supervising the electronic media of the Czech Republic (Council for Radio and Television Broadcasting), Hungary (Media Council of the National Media and Infocommunications Authority), Poland (National Broadcasting Council), Romania (National Audiovisual Council), Serbia (Republic Broadcasting Agency) and Slovakia (Council for Retransmission of the Slovak Republic with an aim to enhance the cooperation among the regulatory authorities of Central Europe.

The Memorandum of Understanding establishing the Central European Regulatory Forum by no means intends to create legal relations among the signatories, but it serves as a useful tool to address the challenges posed by the advent of digitalization with special regard to the prolific number of transfrontier broadcasts. The regular exchange of ideas and best practices are important elements of the cooperation, yet the pivotal goal of the regulatory forum is the handling of complaints against transfrontier broadcasts.

The CERF holds one meeting a year at the invitation of a regulatory authority. The next meeting of the CERF is scheduled for 15-16 September in Warsaw at the invitation of the National Broadcasting Council (Poland).

This website serves the administrative purposes of the CERF members. For more information, please consult the website of the national authorities.

For further information, please contact:

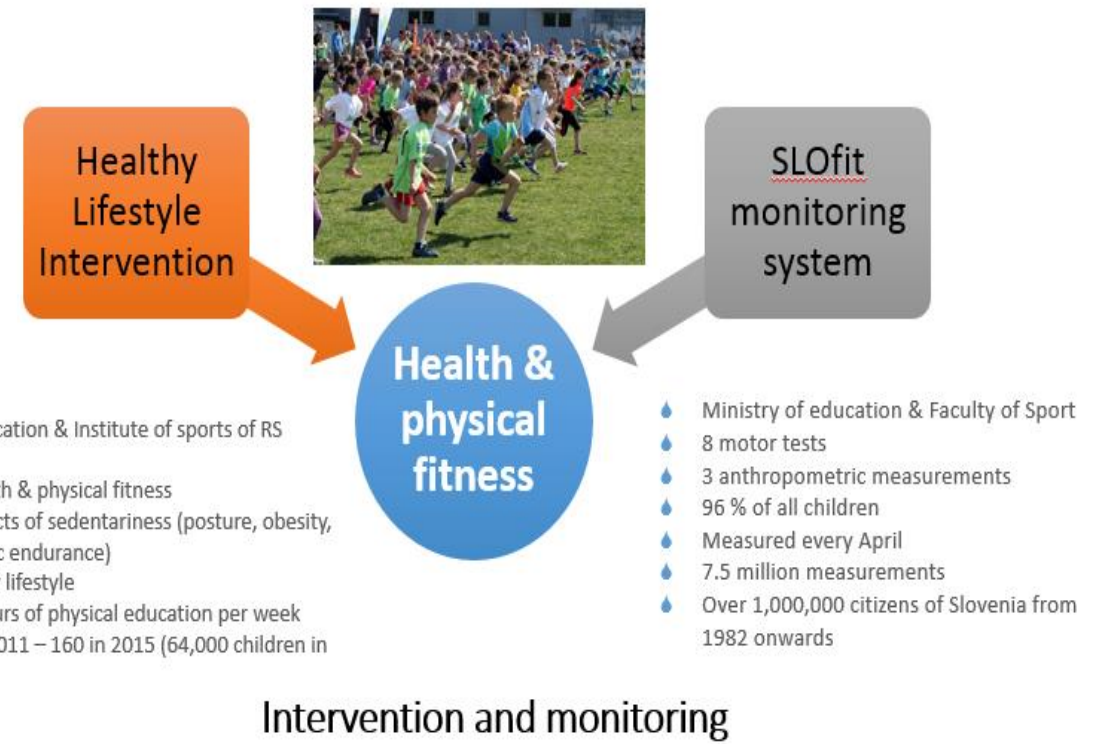
CERF presentation,  
Ljubljana, Nov 2015 –  
impact in the  
Central European  
countries:  
Albania, Croatia, Czech  
Republic, Hungary,  
Poland, Romania,  
Serbia, Slovakia,  
Slovenia

# Action area 5: Inform and empower families



# Action area 6: Encourage physical activity

- The outcomes of the Healthy Lifestyle intervention on children's physical fitness: A case of Slovenia



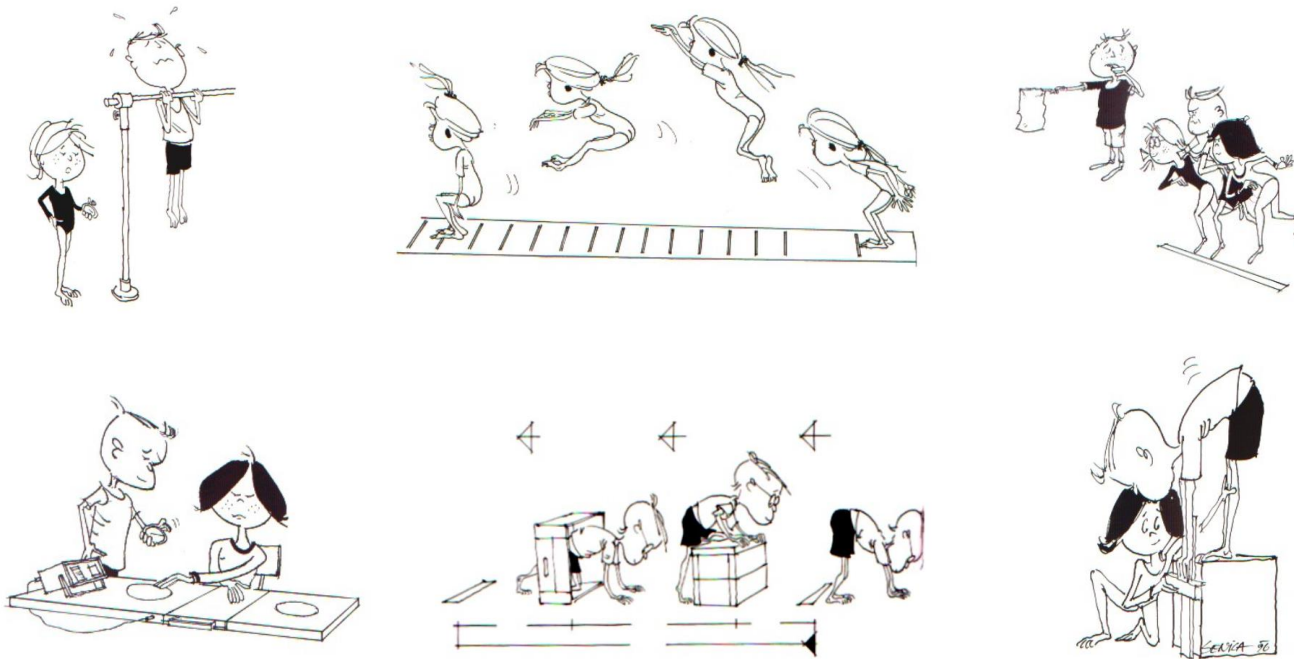
			national level – Y/partly/N			
Establish annual monitoring of the physical activity of the students as a part of	Agreement on the EU sustainable and harmonized data source on physical fitness of children.  Identification of Eurydice as the possible monitoring	Member States	2007 indicator 12  Developed program of monitoring of physical activity of	Eurydice system  <a href="http://eacea.ec.europa.eu/education/eurydice/index_en.php">http://eacea.ec.europa.eu/education/eurydice/index_en.php</a>	By end 2020	75 % of Member States reporting via Eurydice system

## Action area 7: Monitor and Evaluate

regular sports curricula in primary and secondary schools.	tool.  Definition and implementation of the physical activity indicators of the children to the Eurydice.		children in primary and secondary schools in Member States  - Y/partly/N  % of children achieving the agreed level of physical activity, by gender, age groups and BMI, in primary			
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# SLOFIT protocol

1. Regular procedure to evaluate the success of the child and of the teacher in **ALL primary and secondary schools**
2. Every school year, last 14 days in April
3. 8 tests of physical fitness, BW, BH and skinfold
4. All the data are sent to the common database, anonymized and analyzed



**Potrebujemo:** blazino in štoparico ali ročno uro z velikim kazalcem za sekunde.

**Naloga:** merjenec leži na blazini s pokrčenimi nogami pod pravim kotom. Roke ima prekrížane na prsih, dlani pa na nasprotnih ramenih. Merjenec se dviguje v sedeči položaj. Roke se ne smejo odmakniti od prsi. Dvigovanje v sed je končano, ko se komolci dotaknejo stegna. Merjenec se vrača v začetni položaj tako dolgo, dokler se s sredino hrbta ne dotakne podlage.



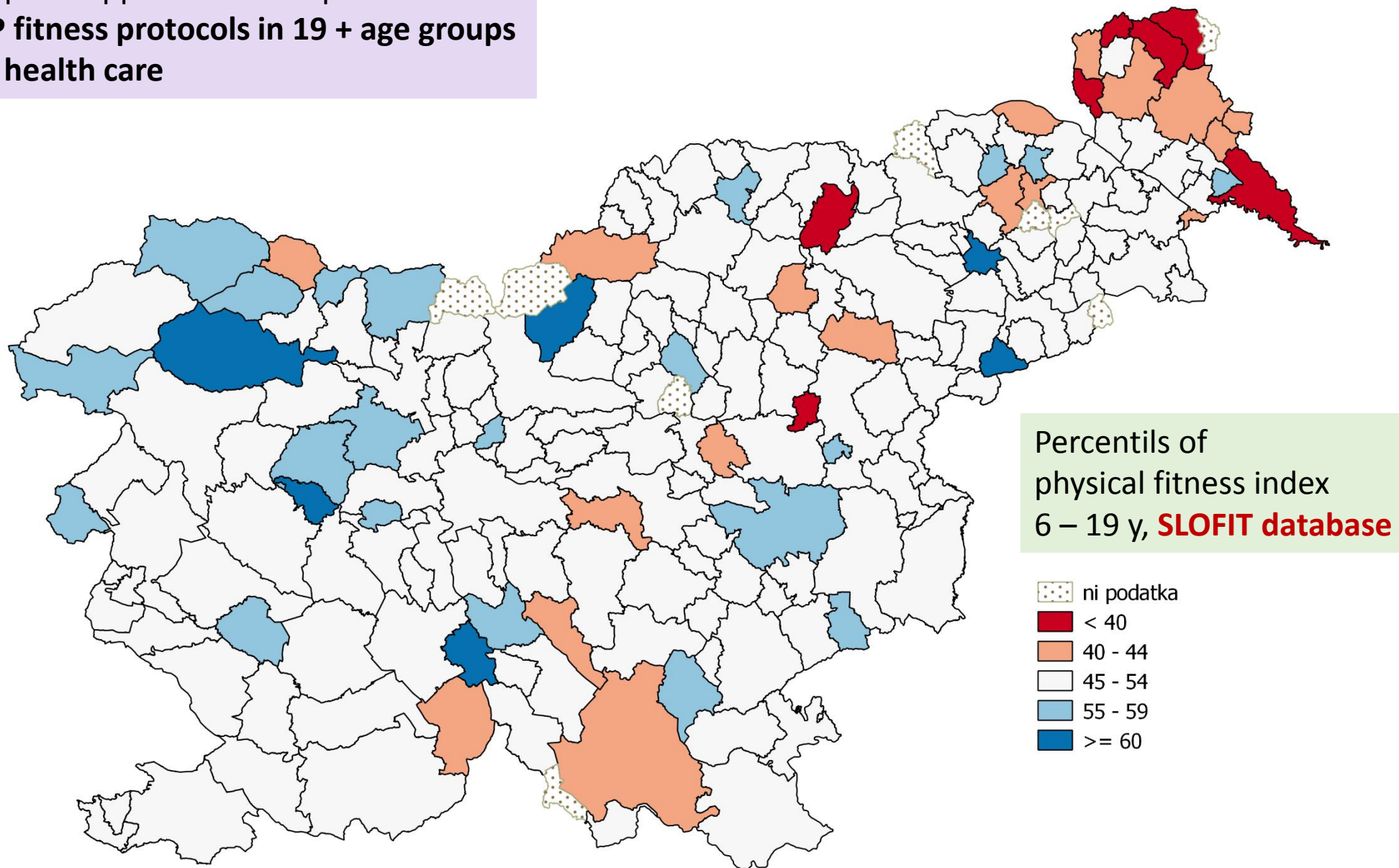
Merilec da znamenje »pozor – zdaj«. Izvajanje testa se začne na znak »zdaj« in konča, ko da merilec znak »stoj«. Rezultat je število pravilno izvedenih ponovitev v 60 sekundah. Med posameznimi ponovitvami so dovoljeni odmori; s tem morajo biti merjenci seznanjeni pred začetkom izvajanja meritev. Zapisujemo število pravilno izvedenih ponovitev v 60 sekundah. Zelo pomembno je, da so noge pokrčene pod pravim kotom in da so merjenčeva stopala v stiku s podlago. Eden izmed merilcev drži merjenčeve noge in šteje število dvigov trupa. Drugi merilec da znamenje za začetek naloge, nadzoruje čas, popravlja morebitne napake pri izvajanju naloge in da znamenje ob koncu 60 sekund. Dobro izurjeni merilec lahko meri naloge sam, le stopala mora držati druga oseba. Če merjenec izvaja nalogo prvič, mu moramo pokazati in pojasniti izvajanje testne naloge, merjenec pa naj nekajkrat samostojno izvede nalogo.

V kartonu je okence z dvema predalčkoma, vpišemo število ponovitev.

**Primer:** 9 ponovitev zapišemo 09, 40 pomeni 40 ponovitev.

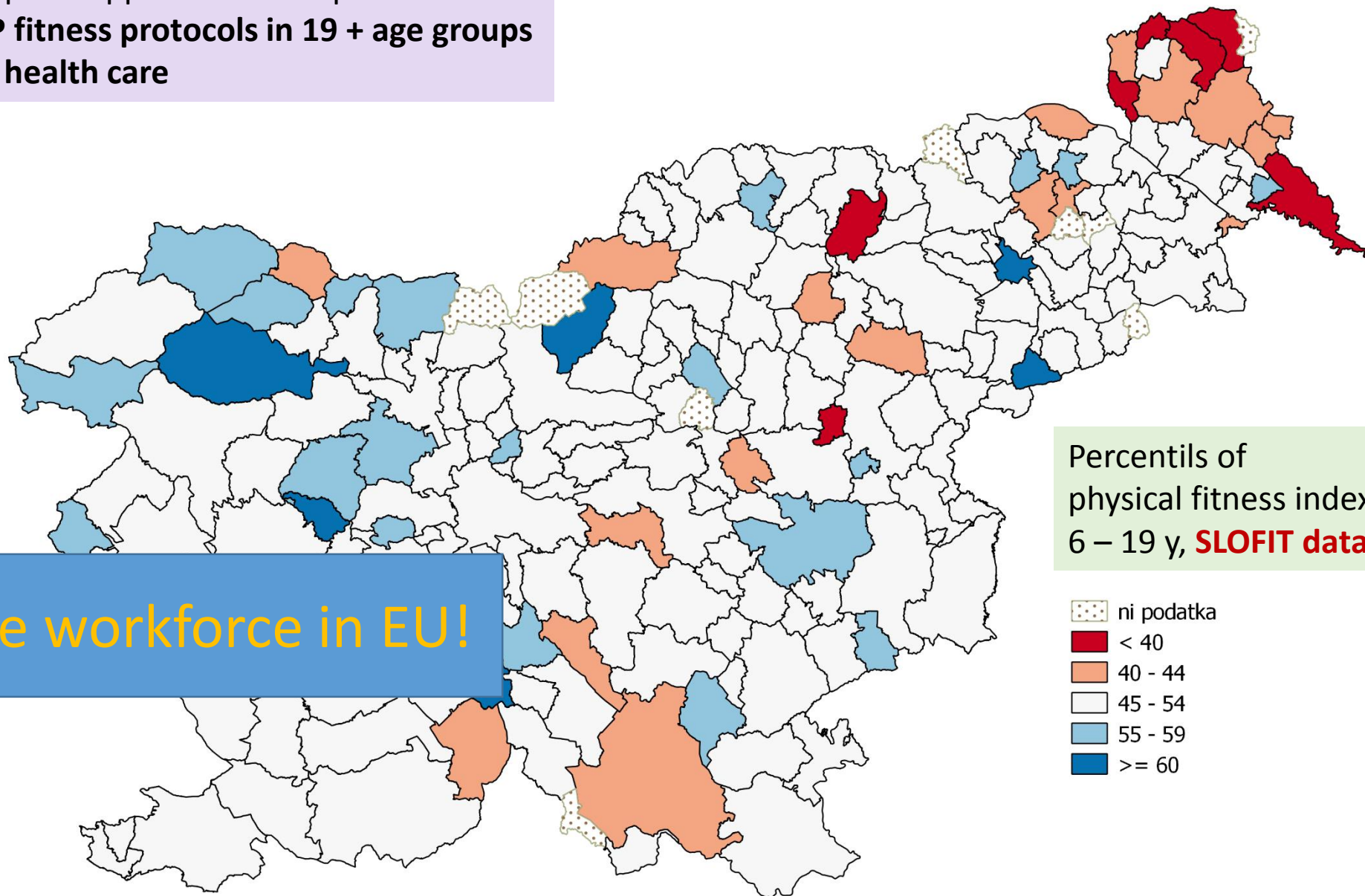
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Intention of „Together for Health“ project  
– to develop the approach and implement  
**the same P fitness protocols in 19 + age groups**  
**In primary health care**



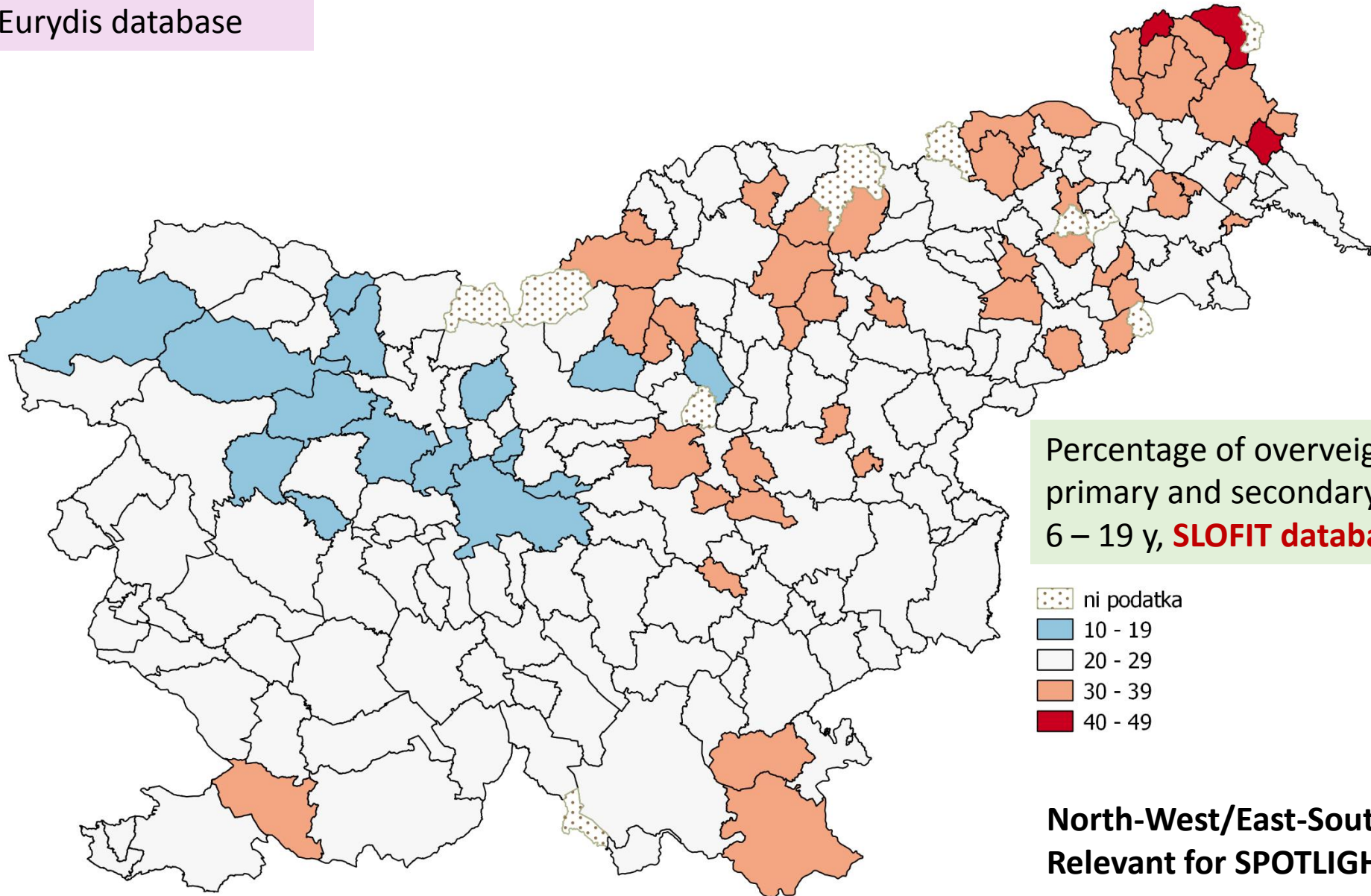


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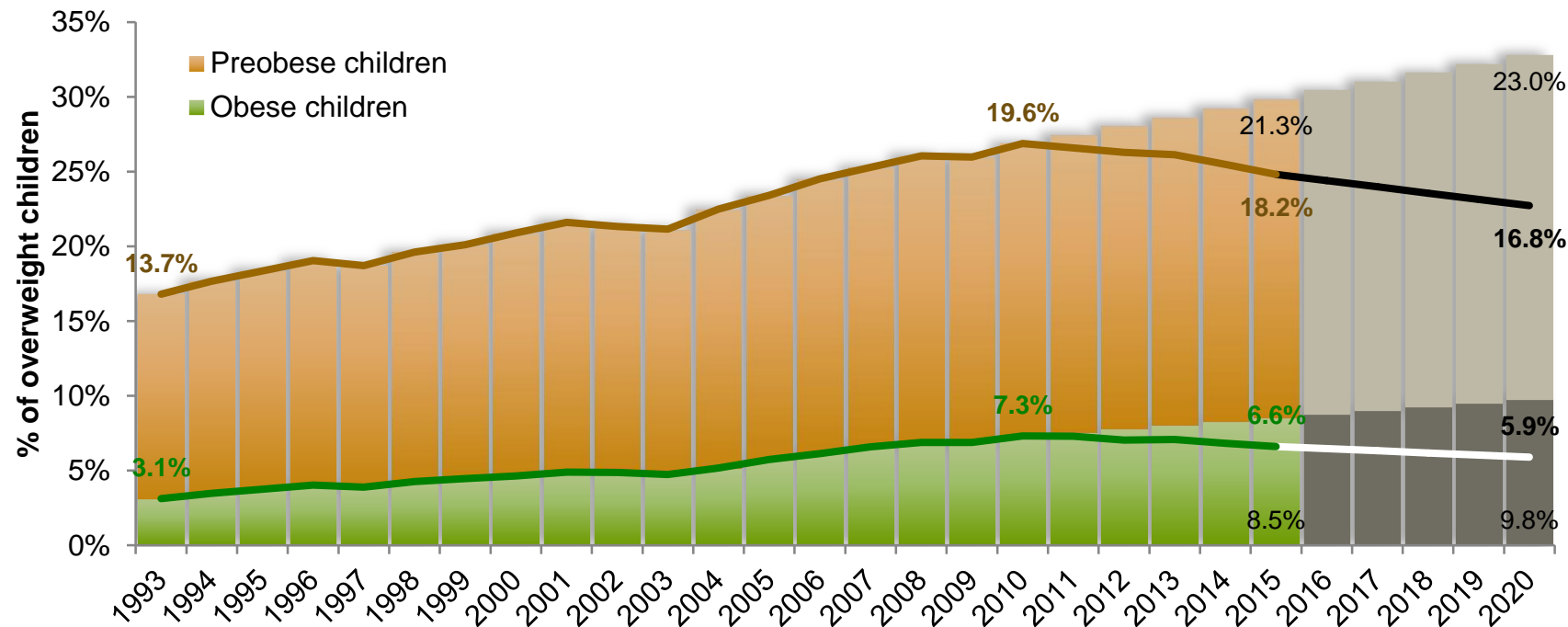


Future workforce in EU!

EU AP on childhood obesity,  
DG EAC Eurydis database



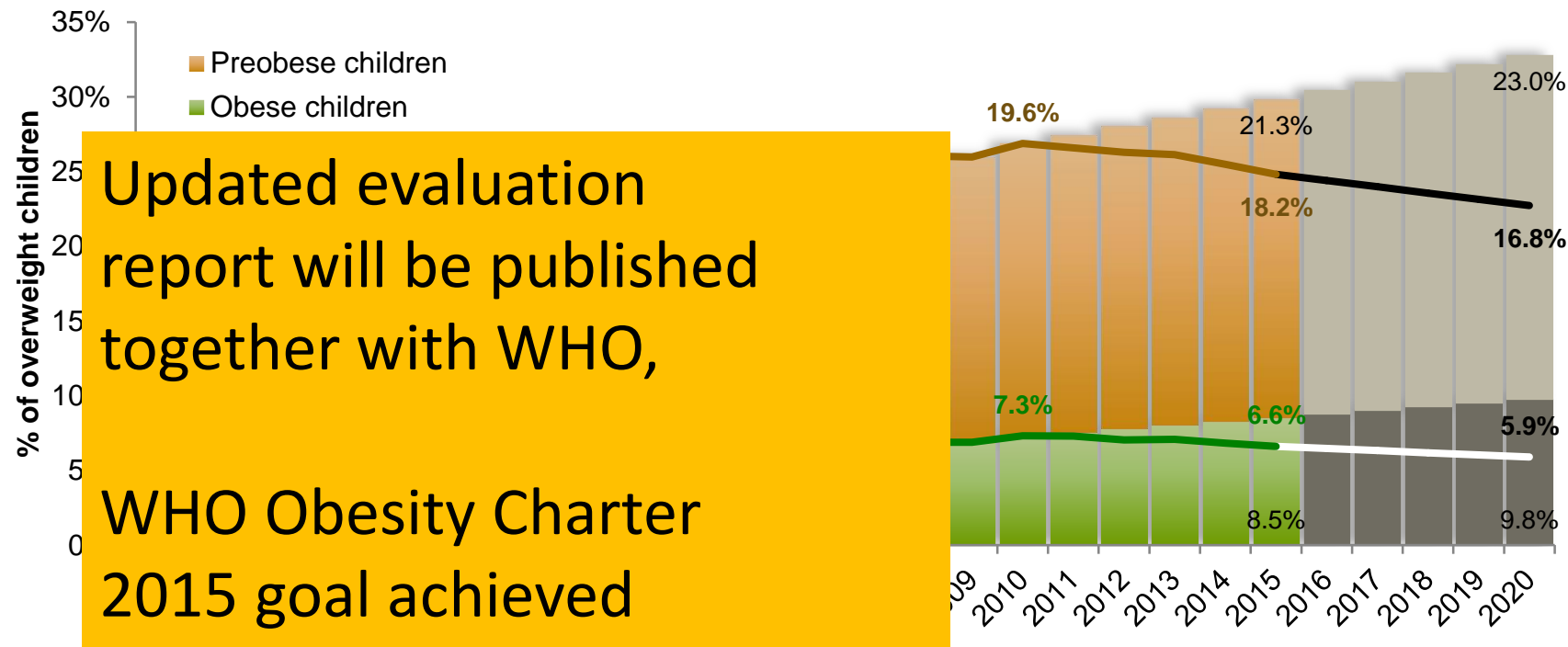
# Secular trends in overweight in Slovenia among 7 to 14-year-olds until 2015 and prediction until 2020, SLOFIT data



Cumulative data; **disagregation** by gender, regions  
showing differences among sociodemographic groups

Source: Dr. Gregor Starc, Faculty of Sport, University of Ljubljana, Slovenia – SLOFIT database

# Secular trends in overweight in Slovenia among 7 to 14-year-olds until 2015 and prediction until 2020, SLOFIT data



Cumulative data; **disagregation** by gender, regions showing differences among sociodemographic groups

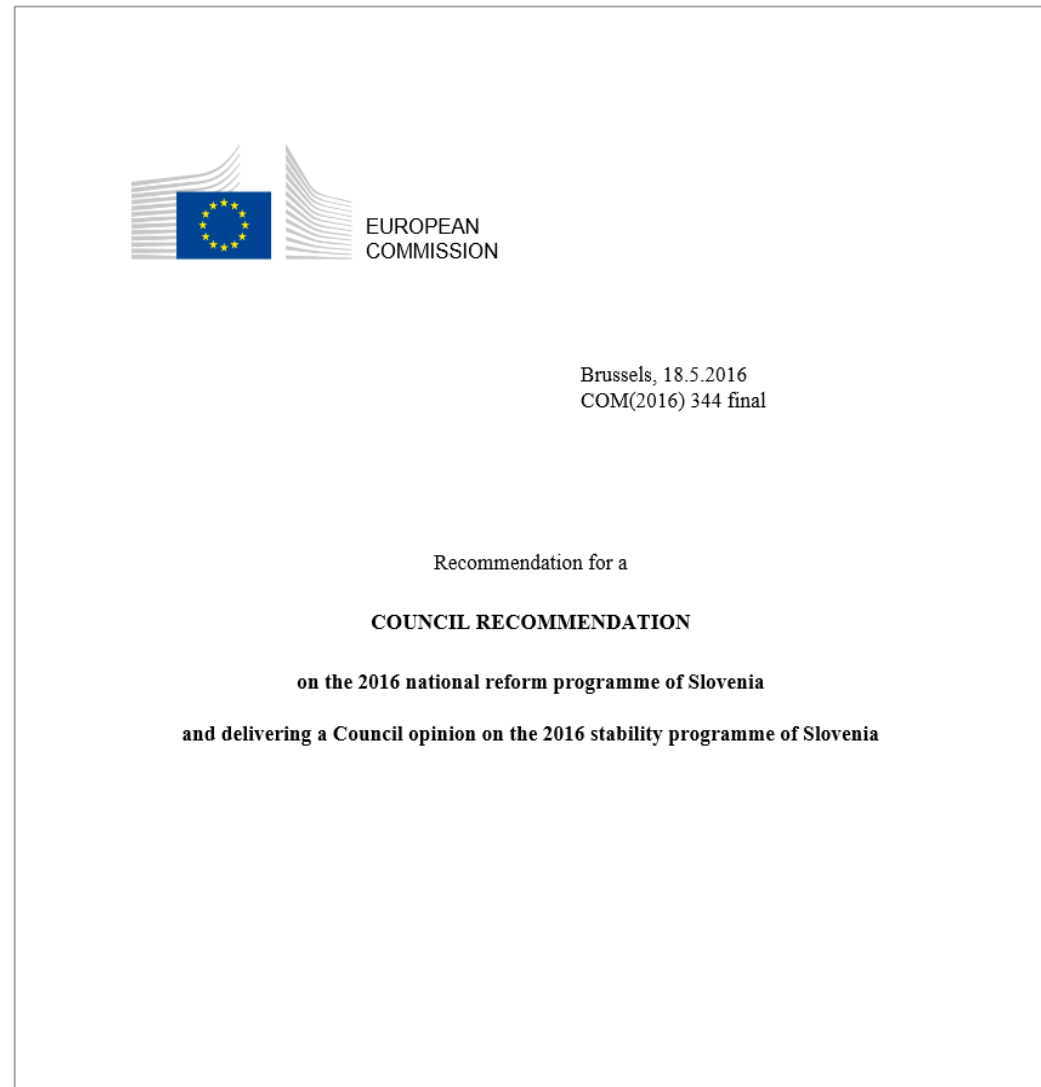
# Presentation outline

1. Starting point – evaluation of FNAP 2005 - 2010
2. National strategy on food, nutrition and physical activity 2015 – 2025
3. Good practices to share, linked to EU AP on childhood obesity
- 4. Longevity society and CSRs for Slovenia – the case for nutrition and physical activity in ageing**
5. Instead of conclusions – new challenge

# Country specific recommendations for Slovenia, 18th May 2016

Linked to

- health reform,
- long term care reform,
- pensions reform,
- reform of employment market, focus linked to older workers
- others



# Raziskovalne aktivnosti - PANGeA

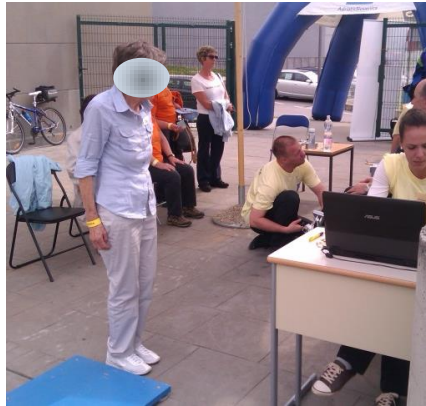
## Valdoltra Bed rest (BR) study, 2012 – research data



Univerza na Primorskem, Znanstveno raziskovalno središče (UP ZRS), Slovenija  
kontakt: prof. dr. Rado Pišot- [rado.pisot@zrs.upr.si](mailto:rado.pisot@zrs.upr.si), <http://www.pangeaeu.org/>

# Definition of N+PA healthy ageing criteria

**900 participants of mass measurements, 2012/14**  
in Slovenia (KP, LJ in KR) and Italy (Trst, Gemono, Ferrara)





# Implementation of PANGeA results

PANGeA physical activity parks, adapted for older users



TELESNA AKTIVNOST  
IN PREHRANA ZA  
KAKOVOSTNO STARANJE

ATTIVITÀ FISICA E  
NUTRIZIONE PER UN  
INVECCHIAMENTO DI QUALITÀ

Priručnik o telesni aktivnosti  
in vadbi v tretjem življenjskem obdobju  
Manuale sull'attività e sull'esercizio  
fisico nella terza età

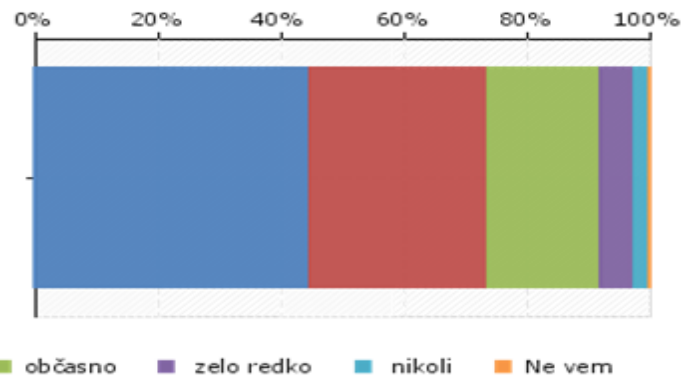


TELESNA AKTIVNOST  
IN PREHRANA ZA  
KAKOVOSTNO STARANJE

Priručnik o prehrani v tretjem življenjskem obdobju



How often do you get info on nutrition needs for your new residents?



Situation analysis of nutrition needs in residential homes, NIJZ 2013

# Local ONCA conference, *Ljubljana 2016*

## Programme

Program konference ONCA – Optimal Nutritional Care for All (Optimalna prehranska skrb ali podpora za vse)

ponedeljek, 1. februar 2016, 10–16 ure, Domus Medica, Ljubljana  
Konferenca poteka v angleškem in slovenskem jeziku, prevajanja ni.

10:00 – 10:30 Uvod (MZ, Zdravniška zbornica, Slovensko zdravniško društvo, MF)

10:30 – 10:45 Predstavitve ONCA: Gregor Venenšek, Mojca Galošpetič, Neža Rotovnik Kravica

10:45 – 11:30 **Chlo Ljungquist**: "Why nutrition and metabolism is key to improved outcomes, the TERAS case?"

11:30 – 12:00 **Frank de Meur**: Investing in nutritional care: addressing patient needs and saving costs

12:00 – 12:15 Kofejava

12:15 – 12:45 Odlomci

12:45 – 14:30 **Predstavitve aktivnosti ONCA v Sloveniji**  
Uvodnjavna 15 min, diskusija 3 min  
**Katja Prober Jerec**: Integrativni pristopi: Resolucija in nacionalni programi o prehrani in telesni dejavnosti za zbiranje 2015-2025  
**Milica Kovac - Mal**: Prehranska obravnava v primarnem zdravstvu, prisluži priključje  
**Danica Rotar Pavlič**: Prehranski izzivi v ambulanti družinskega zdravnika  
**Mojca Galošpetič**: Jemo (in gibljemo se) vsi, vsak dan, v obtem vsak po svoje, v skladu s svojimi vrednotami, zmoglostmi, potrebami, v vsakem okolju: kako lahko prilagajamo jemo zdravej?

14:30 – 15:00 Odlomci

15:00 – 16:00 Okrogla miza: Izobraževanje in multidisciplinarni pristop

## Round table

### Education:

- Network on all levels of educational system
- Terminology – clinical nutrition
- Medical faculty of Ljubljana
- Cooperation with patients' organisations



## Conclusions

- Excellent response from all levels of health system
- **AWARENESS**
- Support for ONCA from national level
- **SYSTEMIC APPROACH**
- Focus on primary health care
- **TO PEOPLE, TO PATIENTS**
- Networking in all levels of educational system



# MUST: pocket instruction manual

## Alternativni izračun ITM

- ITM je mogoče oceniti na podlagi obsega sredine nadlakti, t. i. MUAC (mid-upper arm circumference). To je obseg nadlakti na polovici razdalje med ramo (akromijem) in komolcem (olekranonom) (glejte sliko 2).



Slika 2. MUAC (mid-upper arm circumference) - obseg nadlakti na polovici razdalje med akromijem in olekranonom

## Meritev MUAC:

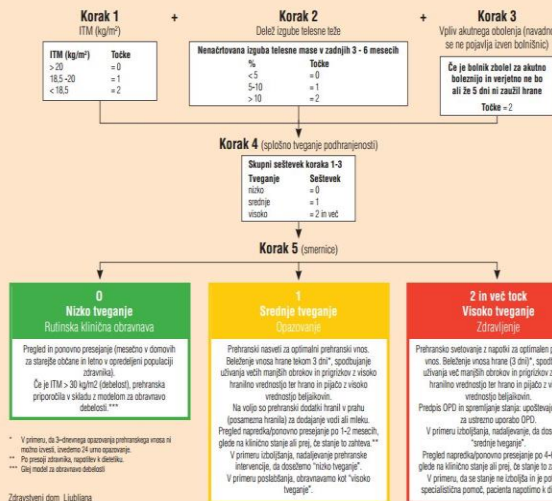
- Oseba naj sedi ali stoji.
- Zazeleno je, da je meritev opravljena na levi roki. Osebo prosite, naj se te roke slede obliko, tako da je roka gola. Locirajte ramenski akromij in olekranon na komolcu.
- Izmerite razdaljo med tema dvema točkama in na polovici razdalje naredite oznako (glejte sliko 3).
- Potem bolniku na označenem mestu z metrom izmerite obseg, in sicer tako, da meter ne pritiska roke, temveč jo rahlo obdaja.



Slika 3. Mesto merjenja MUAC

## Razlaga rezultatov:

- Če je MUAC manjši od 23,5 cm, je ITM najverjetneje manjši od 20 kg/m<sup>2</sup>; to pravzaprav pomeni, da je bolnik podhranjen.
- Če je MUAC večji od 32,0 cm, je ITM najverjetneje večji od 30 kg/m<sup>2</sup>; to pravzaprav pomeni, da je bolnik debel.



## ŽEPNI PRIROČNIK ZA POMOČ PRI OCENI PREHRANSKE OGROŽENOSTI



## INDEKS TELESNE MASE [ITM = kg / m<sup>2</sup>]

TELESNA VIŠINA [m]	< 18 TEŽKA PODHRANJENOST																18-20 PODHRANJENOST																20-25 NORMALNA TEŽA																> 25 DEBELOST																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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56	657	657	658	658	659	659	660	660	661	661	662	662	663	663	664	664

# Active and Healthy ageing in Slovenia

[www.staranje.si/aktualno](http://www.staranje.si/aktualno)



DG EMPL



# Active and Healthy ageing in Slovenia

[www.staranje.si/rezultati](http://www.staranje.si/rezultati)



REPUBLIKA SLOVENIJA  
VLADA REPUBLIKE SLOVENIJE

Gregorčičeva 20-25, SI-1001 Ljubljana

T: +386 1 478 1000  
F: +386 1 478 1607  
E: [gp.ge@gov.si](mailto:gp.ge@gov.si)  
<http://www.vlada.si/>

Številka: 96100-1/2016/3  
Datum: 21. 1. 2016

Na podlagi prvega odstavka 2. člena in 21. člena Zakona o Vladi Republike Slovenije (Uradni list RS, št. 24/05 – uradno prečiščeno besedilo, 109/08, 38/10 – ZUKN, 8/12, 21/13, 47/13 – ZDU-1G in 65/14) je Vlada Republike Slovenije na 71. redni seji dne 21. 1. 2016 pod točko 7A sprejela naslednji

#### SKLEP :

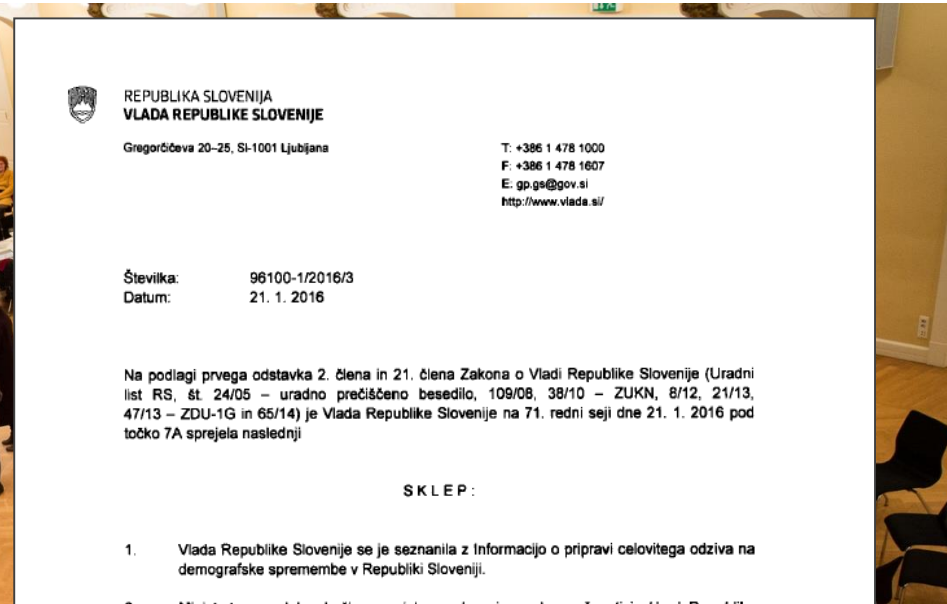
1. Vlada Republike Slovenije se je seznanila z Informacijo o pripravi celovitega odziva na demografske spremembe v Republiki Sloveniji.
2. Ministrstvo za delo, družino, socialne zadeve in enake možnosti in Urad Republike Slovenije za makroekonomske analize in razvoj izvedeta aktivnosti, povezane z odzivom na izzive demografskih sprememb, v skladu s časovnico iz informacije iz prejšnje točke.

Mag. Jaka Slokan  
namestnik generalnega sekretarja

Prejmejo:  
- ministristva  
- vladne službe

# Active and Healthy ageing in Slovenia

[www.staranje.si/rezultati](http://www.staranje.si/rezultati)



Sharing good practice – EASI funds  
**Cross-sectors collaboration for healthy and active ageing in Slovenia**  
EuroHealthNet Study visit to Slovenia, Ljubljana, 4th – 6th July 2016  
Participating members, NIPH from:  
Greece, Hungary, Latvia, Netherlands, Poland, UK – England and Scotland  
Invitation to join still open



EuroHealthNet study visits are supported by the European Commission, through the Programme for Employment and Social Innovation (EaSI 2014-2020).

# Presentation outline

1. Starting point – evaluation of FNAP 2005 - 2010
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4. Longevity society and CSRs for Slovenia – the case for nutrition and physical activity in ageing
- 5. Instead of conclusions – new challenge**

## Instead of conclusions – new challenge

Any other comments about the draft final report?

**Commission on Ending Childhood obesity is the window of opportunity to establish the Framework convention to protect and promote sustainable and diverse food supplies, diets and physical activity – FC-NPAC.**

WHO Commission on Ending Childhood Obesity

WHO Regional Consultation for Europe, Malta October 2015



# Instead of conclusions – new challenge



Strasbourg, 8.3.2016

COM(2016) 127 final

ANNEX

First preliminary outline of a European Pillar of Social Rights

Accompanying to the

COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT,  
THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE  
COMMITTEE OF THE REGIONS

Launching a consultation on a European Pillar of Social Rights

{SWD(2016) 50 final}

{SWD(2016) 51 final}

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13.Pensions

14.Unemployment benefits

15.Minimum income

16.Disability benefits

17.Long-term care

18.Childcare

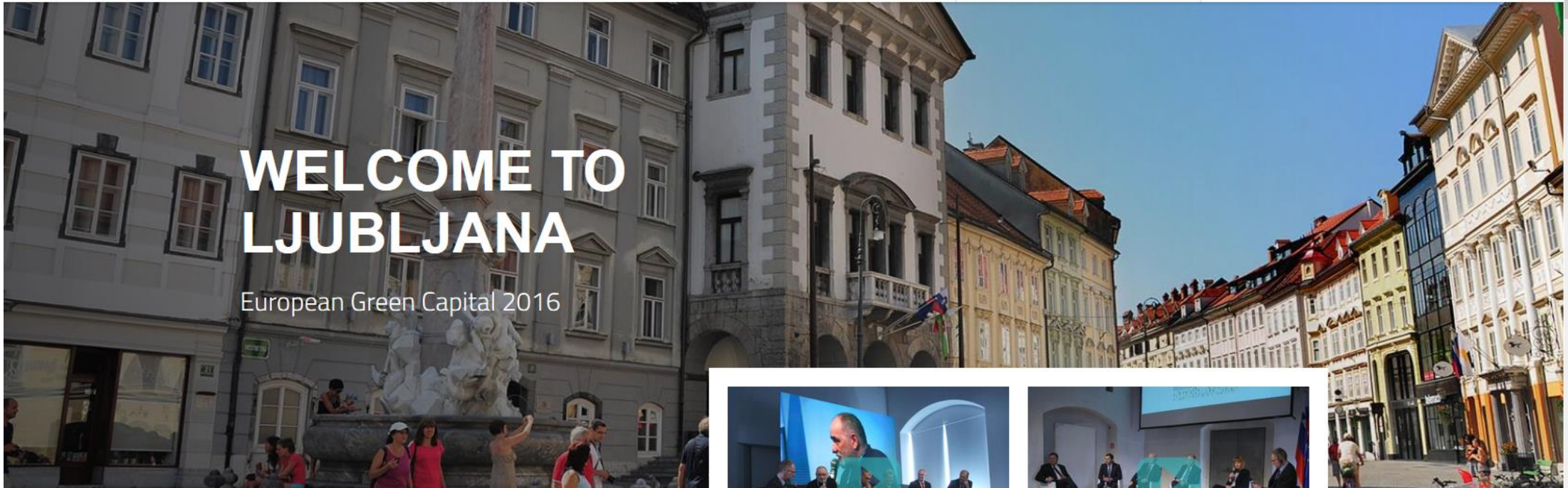
19.Housing

20.Access to essential services

Explanatory note

This annex presents a first, preliminary outline of the European Pillar of Social Rights for the consultation of the general public. The Pillar is conceived to be established within the euro area, but would also be open for other Member States to join on a voluntary basis.

The starting point of the Pillar is the social objectives and rights inscribed in the EU primary law, consisting of the Treaty on European Union (TEU), the Treaty on the Functioning of the European Union (TFEU), the Charter of Fundamental Rights and the case-law of the Court of Justice of the European Union. To ensure a broad enough basis for consultation, the Pillar touches on both on areas which are where the EU is competent to legislate and on others where Member States are primarily responsible, and where the EU has a more supportive and



# WELCOME TO LJUBLJANA

European Green Capital 2016

## EUROPEAN GREEN CAPITAL 2016

The first and only green oasis in central and south eastern Europe.



### BRUNCH AT LJUBLJANA CASTLE

Responsibility and solidarity to future generations



### MAYORS ON STAGE

Everyone's involvement needed to improve the city

