Asthma, allergies and environment in schools  
Slovenia

**IMPLEMENTATION LEVEL**  National  
**SETTING**  Schools (especially classrooms, gyms, kitchen and school gardens)  
**DRIVING FORCE**  Institute of Public Health Republic of Slovenia  
**PARTNERS**  Regional Public Health Institutes, Pulmonary and Allergic Patients Association

### Background

**RATIONALE**  
Asthma and allergies are increasing mainly among children who spend much of their time at school (sometimes 9 hours and more), and cannot make decisions concerning their school environment.

**Target audience**  School staff, local authorities  
**Sectors involved**  Two: health, education  
**Project duration**  2 years and ongoing  
**Population reached**  118 schools with 32,617 pupils

**CONTRIBUTION OF EACH SECTOR**  
The National Institute of Public Health adopted a questionnaire in collaboration with Pulmonary and Allergic Patients Association and coordinated work. Regional Institutes of Public Health sent a questionnaire and visited schools (visual inspection according to checklist).

### Description of action/objectives

At the beginning of this project the Institute of Public Health tried:  
- to find out which are the most common asthma and allergy risk factors at primary schools;  
- to estimate the prevalence of asthma and allergies;  
- to introduce the checklist as a tool to identify risks and plan necessary measures to adapt the schools for allergic people; and  
- to prepare some educational material about the risk factors and measures against them.

The main objective for using the checklist was:  
- to raise awareness among school staff that the school environment should/can be protective and appropriate for children with asthma and allergies.

### Planning and implementation

**MECHANISMS USED**  
The Institute of Public Health adopted the “Checklist for allergy inspection in schools” from Sweden and adapted it to Slovenian conditions.

**DESCRIPTION OF ACTION/IMPLEMENTATION**  
- Questionnaires were sent out to 118 schools with questions about health, indoor climate and moisture, ventilation, smoking, animals, plants, cleaning and food.  
- Schools visits, visual inspection and discussions were carried out.  
- Discussion of the results with school staff, publishing preliminary results in a congress for school and university health and medicine.

**NOVELTY OF ACTION**  
This action was built on an existing structure since the public health institutes regularly meet the staff from kindergartens and schools in their region. They are solving emerging problems in the field of health and environment (indoor environment, food safety, playgrounds safety).

### Evaluation/Impact

Preliminary results consisted of identification of most common problems.

**SUSTAINABILITY**  
Improving the school environment is part of a process that integrates environmental, economic and social considerations into decision-making.

**TRANSFERABILITY**  
This action could be integrated into the ‘Healthy school network’ with pupils taking part in the inspections at the schools.

### Lessons learned

**KEY FACTORS LEADING TO SUCCESS**  
Good collaboration between the Institutes of public health and schools in their regions.

**CHALLENGES DURING PLANNING/IMPLEMENTATION**  
The data about percentage of people with asthma and/or allergy is not precise. The National Institute for Public Health does not know how...
many children actually saw a doctor or who self diagnosed and treated themselves.

**IF DONE AGAIN, WHAT WOULD BE DONE DIFFERENTLY?**

For a precise estimation of prevalence it would be better to choose more precise questionnaires and research methods such as the ISAAC protocol.

**IMPORTANT ASPECTS TO BE CONSIDERED FOR FUTURE PLANNING**

The future plan is to use the checklist as a new tool, which could help to identify risks and plan necessary measures to make school environments more “friendly” for allergic people. The Institutes of Public Health will estimate problems like moisture, ventilation, temperatures, moulds more precisely by measurements and sampling and they will prepare some health education materials for instance, about working environment, preparing the food, cleaning) for school staff and pupils.

**ADVICE TO COUNTRIES THAT WANT TO DO SOMETHING SIMILAR**

The questions posed in the checklist raised awareness of the problem. Educational material is even more effective.

It is important to have a good relationship with school staff and train the persons who visit the schools and have national coordinator and consultant available for emerging questions.

**Contacts**

Name: Ana Hojs

Address: Institute for Public Health of the Republic of Slovenia
         Trubarjeva 2
         1000 Ljubliana, Slovenia

Tel.: +386 1244 1487

Fax: +386 1244 1447

E-mail: Ana.hojs@ivz-rs.si

URL: http://www.gov.si/ivz/