



VELENJE



Health in the Community 2023 is designed to provide an overview of the key indicators of health within a community in comparison with the national and regional average.

The environment in which people live and work has a significant impact on their health. By providing details about people's health, we wish to support local stakeholders (and particularly decision-makers) in their activities to promote and improve the health of the people who live in their community.

Data for all Slovenian municipalities, additional graphical presentations and definitions of the indicators can be found at <http://obcine.nijz.si>.

More information on health can be found at <https://podatki.nijz.si>.

SOME FACTS ABOUT HEALTH IN VELENJE

Health status and mortality

- An average of 22.1 calendar days of sick leave per year were taken by the workforce in employment, compared to the national average of 19.4 days.
- The percentage of people taking medication for high blood pressure was higher than the national average. The same applied to those taking medication for diabetes.
- The hospital treatment rate for heart attacks was 3.2 per 1,000 inhabitants aged between 35 and 74, compared to a national rate of 2.0.
- Among the elderly population, the hospital treatment rate for hip fractures was 6.1 per 1,000, compared to a national rate of 6.4.
- The percentage of users of home help services was lower than the national average.
- The suicide mortality rate was 18 per 100,000 population – exactly the same as the national rate.

Health risk factors and prevention

- Children's physical fitness was close to the national average.
- The hospital treatment rate for injuries sustained in road accidents was 0.9 per 1,000 inhabitants (national rate of 1.1).
- The percentage of road accidents caused by drink driving was close to the Slovenian average.
- The rate of response to the Svit programme (screening for colorectal cancer) was 66.9%, against a national average of 63.4%.
- The screening rate in the Zora programme (screening for cervical cancer) was 71%, against a national average of 71.7%.

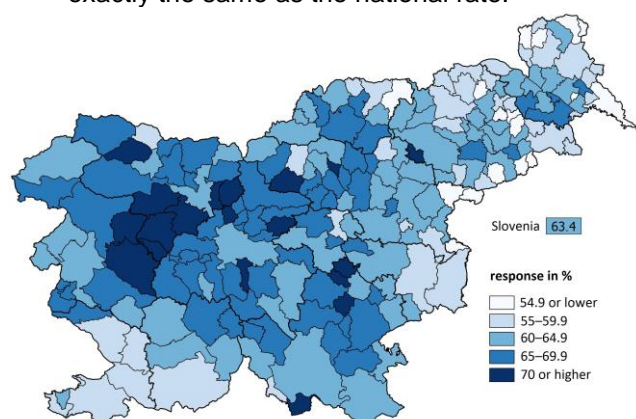


Figure 1: Response to the Svit programme, 2021

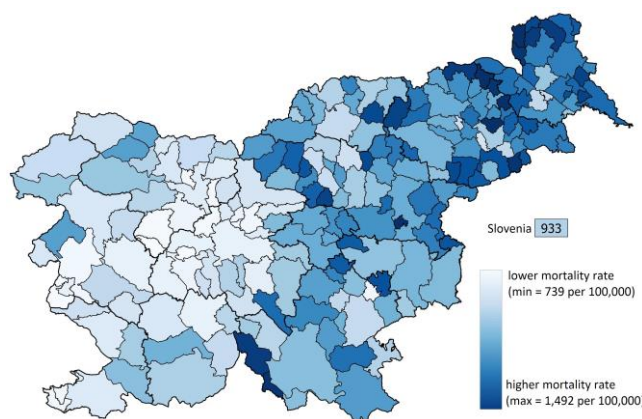


Figure 2: Mortality by place of permanent residence per 100,000 inhabitants (age-standardised, 2017–2021 average)





Health literacy in Slovenia

Concept of health literacy

Looking after your health requires you to take a series of decisions to undergo and participate in treatment when you are ill, and to act preventively and carry out activities to maintain and bolster your health at other times. Information about health, which individuals are required to know how to access, to understand, to assess the relevance of and apply in their everyday lives, is the basis for such decision-making. The set of skills, knowledge and motivation to successfully take all the steps required to process health information is called 'health literacy'.

Studies show that people with a high level of health literacy make better health-related decisions in their everyday lives, and use more preventive and fewer acute healthcare services; this is because, as patients, they are better able to communicate their health problems to health staff and are able to take a more active role in treating their disease themselves. All this contributes to improved quality of life, better health and lower mortality. Providing the basis for better health literacy is one of the key objectives of public health in its attempts to improve and strengthen the population's health. The ability of the healthcare system, and of other structures and activities associated with it, to adapt to the differing levels of health literacy of its users plays an important role here. A portion of these activities also takes place in local communities with health centres, health education centres and health promotion centres, non-governmental health organisations, municipal administrations and others.

In 2020 the National Institute of Public Health conducted the Slovenian Health Literacy Survey (HLS-SI₁₉) in order to gain an insight into the different dimensions of the health literacy of the Slovenian population. The survey was one of the starting points for the development of policies to improve health literacy in Slovenia and to introduce systemic adjustments to improve access and promote population-wide good health.

Implementation of the study

The study was carried out in cooperation with the *WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL)*. A total of 3,360 adults in Slovenia took part in the study; they were selected using probability sampling in order to ensure an adequately representative sample. The data was collected using online, face-to-face and postal surveys.

The questionnaire contained questions relating to the search for and the understanding, assessment and use of information in different areas of healthcare, disease prevention and health promotion (strengthening). The responses formed the basis for calculating the number of points scored (from 0 to 100) and therefore the level of general health literacy, which was classified into four categories on the basis of the literature: excellent, sufficient, problematic and insufficient health literacy.

General adult health literacy level

According to the number of points scored, almost half the adult population of Slovenia had insufficient or problematic general health literacy (Figure 3). This result suggests that we can expect, with increased probability, that a relatively large proportion of adults have problems obtaining, understanding, assessing and using health-related information.

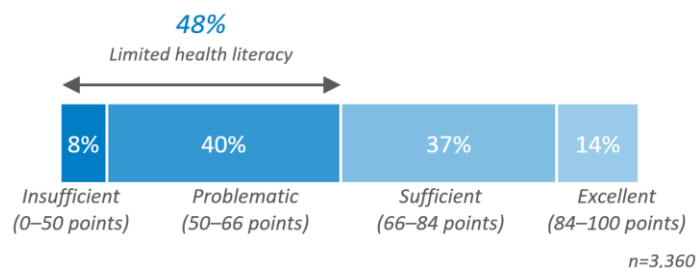


Figure 3: Proportion of people per individual general health literacy category.

On average, the respondents scored 68 of a possible total of 100 points for general health literacy, with differences in the number of points scored per area (Figure 4). Generally speaking, the respondents more frequently assessed tasks in the areas of disease prevention and health promotion as more difficult than those in the area of healthcare.

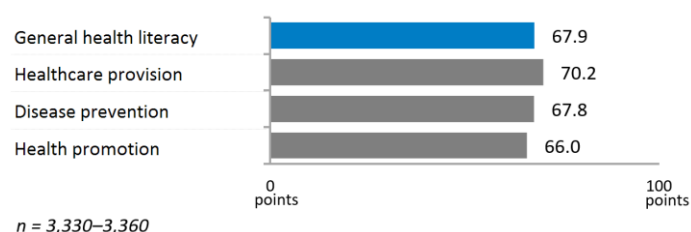


Figure 4: Average number of points scored for general health literacy per area of healthcare.

Difficulty of specific tasks

More than two fifths of respondents said that it was 'difficult' or 'very difficult' to assess the reliability of media information on diseases and health risks and to find information on health-related legislative changes (Figure 5). Around a third said that deciding on whether to get vaccinated against flu, protecting themselves against disease on the basis of information in the media and assessing the requirement to seek a second medical opinion was 'difficult' or 'very difficult'. Searching for information and becoming involved in health promotion activities in home and local settings were also more frequently assessed as 'difficult'. Just below two fifths of respondents said that participation in group activities for improving health was 'difficult'; this could be the result of a lack of such types of activity in some local environments, a lack of awareness of them or other difficulties. Just over a quarter of respondents believed it would be (very) difficult to find ways of improving their health in their own environment or improve their living conditions as they relate to health.



Almost a third mentioned joining a sports club or exercise group in order to increase their levels of physical activity as 'difficult' or 'very difficult', with age, finances or deprivation being the main factors mentioned. Deprivation was calculated on the basis of a self-assessment of the difficulty of covering monthly living expenses and the costs of self-paid medical services and drugs. The difficulty of becoming involved in such activities was also mentioned by just over a fifth of respondents without financial deprivation, almost half of those with serious financial deprivation and more than half of those aged over 70. This shows the importance of having affordable organised physical activities adjusted to a range of age groups.

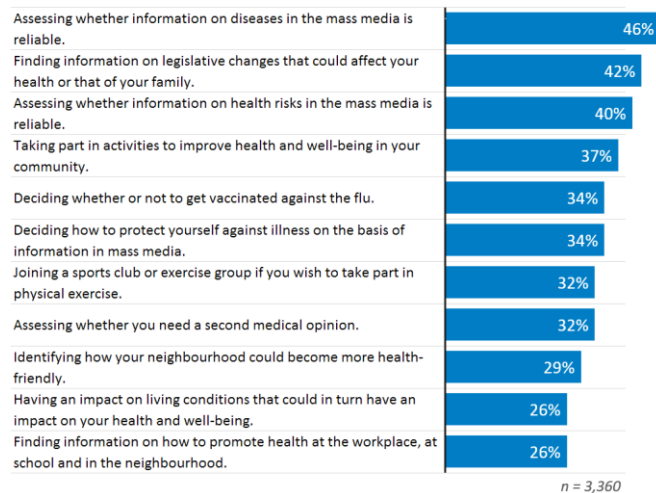


Figure 5: Proportions of 'difficult' or 'very difficult' assessments for tasks mentioned by more than a quarter of respondents.

Socially conditioned discrepancies in health literacy

To steer measures and carry out activities to increase health literacy, it is also important to understand the differences between socio-economic population groups. Particular attention should be devoted here to vulnerable groups. Age, education and income have emerged as the most important factors. Health literacy decreases with age and increases with education (Figure 6). There is a particularly marked lower average level of health literacy among the over-70s and people with primary education or lower, and to a lesser extent among those with secondary vocational or technical education. The figures also show that there is, on average, a significantly lower level of health literacy among more financially deprived individuals. These findings are particularly worrying as a lower level of health literacy is most frequently expressed among those population groups with the highest levels of health risk.

Addressing the issue of health literacy

A high proportion of adults with insufficient or problematic levels of health literacy, the pronounced difficulty of carrying out some tasks of processing health information in healthcare and the identified inequalities resulting from socio-economic position show the urgency of addressing

the issue of health literacy in Slovenia. This can be achieved, among other things, through formal and non-formal education and by making appropriate adjustments to medical services and other healthcare-related activities. These adjustments include providing straightforwardly accessible and comprehensible health information, increasing the ability to identify trustworthy sources of information, and promoting the involvement of the population in widely available activities to prevent illness and bolster health.

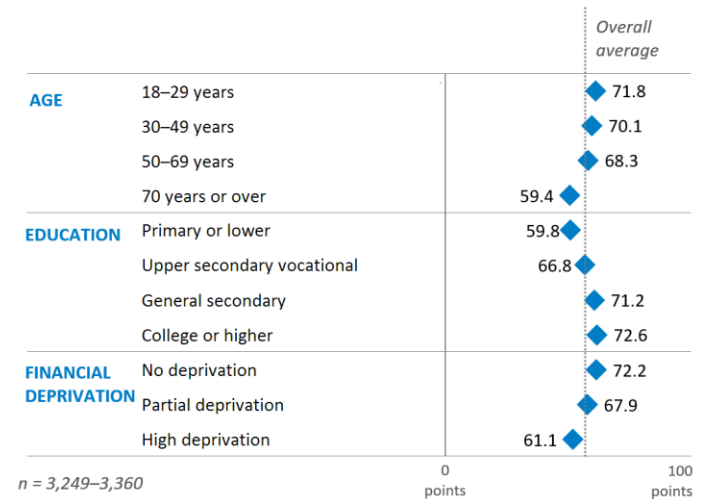


Figure 6: Average number of points scored for general health literacy relative to the respondents' socio-economic characteristics, and a comparison with the overall average (marked with a dotted line).

Taking these factors into account is also a key part of activities to maintain and strengthen health at local level. They include not only health promotion, prevention and treatment in primary-level healthcare, but also play an indispensable role in strengthening the health-related activities of other key stakeholders in local communities – municipalities, educational institutions, social care organisations, NGOs, companies, and many other organisations and individuals. Understanding and taking into consideration the issues of health literacy in the planning and implementation of these activities can increase their accessibility and success in maintaining and strengthening health and increasing the health literacy of the local population.

More details of the study and its results can be found online in the report <https://nijz.si/publikacije/zdravstvena-pismenost-odraslih-v-sloveniji/>.

The Slovenian Health Literacy Survey was conducted as part of the 'Raising Health Literacy in Slovenia (ZaPiS)' project, which is co-financed by the Slovenian government and the European Union (via the European Social Fund, respective co-financing shares of 20% and 80%).

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Health indicators in the community: Velenje

A number of selected health indicators are shown for the municipality and compared with those for the administrative unit, the statistical region and Slovenia as a whole. The graph compares the indicators at municipal level with the national average. The indicators have been tested for statistical significance. Because of the small number of events, we can expect larger year-on-year fluctuations in the indicator values in small municipalities. Definitions, additional data and graphical presentations are available on the NIJZ website <http://obcine.nijz.si>.

● ▲ ■ ▼ Position of the municipality relative to the national average (|) and to the range of values by municipality, from lowest to highest (▬). With indicators in which there is no marking, there was no occurrence in the time period observed (*).

The colours and forms of markings have the following meanings: ▲ Green – municipality is better than the national average to a statistically significant degree. ■ Blue – municipality is different from the national average to a statistically significant degree and the desired movement in the indicators cannot be determined clearly. ▼ Red – municipality is worse than the national average to a statistically significant degree. ● Yellow – there is no statistically significant difference between the municipality and the national average. ○ White – because of the small size of the population observed (small number of examples), the value of the selected indicator is not reliable.

	Indicator	Municipality	Administrative unit	Region	SLO	Unit	Below the average	Above the average
Inhabitants and community	1.1 Level of development of municipality	1.12	/	/	1.00	index		
	1.2 Population growth	-6.0	-3.9	-0.8	-0.9	%		
	1.3 Elderly population (over 80 years)	4.1	4.3	5.1	5.5	%		
	1.4 Adults with basic education levels (primary school or lower)	16.0	15.5	14.3	12.7	%		
	1.5 Employment rate	66.3	66.6	67.8	66.1	%		
Risk factors	2.1 Children's physical fitness	37.7	38.6	43.7		index		
	2.2 Childhood obesity	30.9	30.8	28.7		%		
	2.5 Road accident injuries	0.9	1.0	1.2	1.1	ASR/1,000		
	2.6 Road accidents caused by drink driving	9.1	9.9	8.0	8.5	%		
	2.13 Access to safe cycle paths and footpaths	97.3 ^m	96.7	96.9	97.5	%		
	2.14 Participation in community decisions	53.3 ^m	57.2	49.5	50.8	%		
	Prevention	3.1 Response to the SVIT programme	66.9	66.4	63.0	63.4	%	
3.2 Screening within the ZORA programme		71.0	70.9	74.2	71.7	%		
3.4 Screening within the DORA programme		81.4	81.6	80.0	78.0	%		
Health status		4.2 Sick leave	22.1	23.1	20.4	19.4	days	
	4.3 Asthma in children and adolescents (0–19 years)	0.3	0.3	0.3	0.5	ASR/1,000		
	4.4 Illnesses directly attributable to alcohol (15 years and over)	1.4	1.5	1.6	1.7	ASR/1,000		
	4.5 Persons taking diabetes medication	6.4	6.4	6.0	5.4	ASR/100		
	4.6 Persons taking medication for high blood pressure	24.1	24.1	23.5	22.4	ASR/100		
	4.7 Persons taking anticoagulant medication	13.6	13.3	12.5	11.9	ASR/100		
	4.8 Heart attack (35–74 years)	3.2	3.1	2.6	2.0	ASR/1,000		
	4.9 Stroke (35–84 years)	2.6	2.5	2.7	2.4	ASR/1,000		
	4.10 New cancer cases	562	539	504	569	ASR/100,000		
	4.15 New colorectal cancer cases	61	62	63	64	ASR/100,000		
	4.16 New lung cancer cases	62	60	58	70	ASR/100,000		
	4.17 New breast cancer cases	135	122	116	129	ASR/100,000		
	4.19 New stomach cancer cases	27	26	25	22	ASR/100,000		
	4.11 Hip fractures among the elderly (65 years and over)	6.1	6.2	6.6	6.4	ASR/1,000		
	4.12 Persons taking medication for mental health problems	15.0	14.9	15.3	14.5	ASR/100		
	4.13 Home help	1.0	1.3	2.2	1.7	%		
	4.20 Disability hindering everyday care tasks	9.6 ^m	9.2	8.4	6.6	%		
4.14 Tick-borne encephalitis	5.9	6.5	5.6	7.3	ASR/100,000			
Mortality*	5.1 Mortality by place of permanent residence	897	914	997	933	ASR/100,000		
	5.2 Mortality from cardiovascular disease (0–74 years)	68	61	73	69	ASR/100,000		
	5.3 Mortality from cancer (all types) (0–74 years)	138	136	148	151	ASR/100,000		
	5.6 Lung cancer mortality (0–74 years)	34	32	33	38	ASR/100,000		
	5.7 Suicide mortality	18	20	23	18	ASR/100,000		

Key: /: indicator at this administrative level not practical; ASR: age-standardised rate per 100, 1,000 or 100,000 inhabitants, and the Slovenian population as at 1 July 2014. *: amended calculation by place of permanent residence instead of usual residence is explained in the 'Descriptions of indicators' in the 'Methodological explanations' document on the website. Note: Data not available for all municipalities because of measures to contain the Covid-19 epidemic. ^m: Data based on the statistical model. ^s: Data cannot be shown for the selected municipality, administrative unit or statistical region because measurements were not taken in some municipalities because of the pandemic.

Notes on indicators:

Inhabitants and community: 1.1: 2022; 1.2: 2021; 1.3: 2021, 80 years and over; 1.4: 2021, 25–64 years; 1.5: 2021, 15–64 years. **Health risk factors:** 2.2: 2021, children and adolescents, 6–14 years; 2.2: 2021, children and adolescents, 6–14 years; 2.5: 2017–2021 average; 2.6: 2017–2021 average; 2.13: 2020; 2.14: 2020. **Prevention:** 3.1: 2021; 3.2: average 1 July 2018–30 June 2021, women, 20–64 years; 3.4: 1 January 2021–31 October 2022, women, 50–69 years. **Health status:** 4.2: 2021, inhabitants in employment; 4.3: 2017–2021 average, hospital treatment, 0–19 years; 4.4: 2017–2021 average, hospital treatment, 15 years and over; 4.5: 2021; 4.6: 2021; 4.7: 2021; 4.8: 2017–2021 average, hospital treatment, 35–74 years; 4.9: 2017–2021 average, hospital treatment, 35–84 years; 4.10: 2015–2019 average, newly diagnosed cases of cancer excluding non-melanoma; 4.11: 2017–2021 average, hospital treatment, 65 years and over; 4.12: 2021; 4.13: 2021, 65 years and over; 4.14: 2012–2021 average; 4.15: 2015–2019 average; 4.16: 2015–2019 average; 4.17: 2015–2019 average; 4.19: 2010–2019 average; 4.20: 2019. **Mortality:** 5.1: 2017–2021 average; 5.2: 2017–2021 average, 0–74 years; 5.3: 2017–2021 average, 0–74 years; 5.6: 2017–2021 average, 0–74 years; 5.7: 2017–2021 average.

Sources of data: National Institute of Public Health, Statistical Office of the Republic of Slovenia, Ministry of Finance, Slovenian Traffic Safety Agency, Faculty of Sport (University of Ljubljana), Cancer Registry, Social Protection Institute of the Republic of Slovenia.