



NATIONAL INSTITUTE
OF PUBLIC HEALTH

Health INEQUALITIES in Slovenia

IANPHI Annual Meeting

Session: Social Determinants of Health

Helsinki, September 2011

Marija Seljak

National Institute of Public Health Slovenia

Slovenia

AREA: 20,000 sq km (<0.5% of the total EU area)

POPULATION: 2 millions (<0.5% of the EU pop.)

41.4 YEARS MEAN AGE (EU 40,4);
16,1% >65 years (EU 17,1%) and
13,9% <14 years (EU 18%)

(2060: 33,4% > 65 years; EU 30,0%)

URBAN POPULATION: 50%

GDP PER CAPITA (2010): € 17,286

Report “Health INEQUALITIES in Slovenia” *

- Prepared by :
 - National Institute of Public Health Slovenia (IVZ),
 - Statistical Office of the Republic of Slovenia (SORS),
 - Institute of Macroeconomic Analysis and Development (IMAD),
 - Institute of Oncology Ljubljana,
 - Centre for Health and Development Murska Sobota,
 - World Health Organization (WHO) Regional Office for Europe

* available in English at:

http://www.ivz.si/Mp.aspx?ni=0&pi=7&_7_FileName=2924.pdf&_7_MediaId=2924&_7_AutoResize=false&pl=0-7.3.

Approach

- to monitor health and quality of life of the population and to compare the results with other countries;
- to monitor health of different socioeconomic groups within the country, to detect existing health inequalities, and try to prevent and reduce them.

Socioeconomic conditions and the lifestyle of the population

- Children in poorer families consume less fruit and vegetables and are less often physically active.
- The percentage of overweight and obese adults is greater among the population with a low socioeconomic status.
- The percentage of smokers for both men and women is higher in the population group with vocational or primary education.

Differences in morbidity between the different socioeconomic population group

- The frequency of arterial hypertension and heart disease in the age group 45–64 years is most prevalent in the population group with the lowest educational level.
- Depression and musculoskeletal problems are less common with the more educated population.

Differences in morbidity between the different socioeconomic population group

- In the economically deprived north-eastern part is a higher risk of head and neck cancer for men than in the more developed central and western parts of the country.
- Risk of malign melanoma and breast cancer is higher for women in the economically privileged areas of central and western Slovenia.

Differences in life expectancy and mortality

- A 30 year-old man with higher education can expect to live 7.3 years longer than a man with a lower level of education, and 4.3 years less than a 30-year-old woman with higher education
- Mortality rate in municipalities with a lower GDP is higher than in municipalities with a higher GDP
- Similarly, this holds true for premature mortality in both genders due to liver cirrhosis, and for suicide and traffic injury-related mortality in men

For the Future

- To decide where we are going, we must first know where we are
- More in-depth continuous monitoring of health inequalities that will be based on individual data
- The availability of information at an individual level, with links between socioeconomic and health data and the development of new sources of data, is of vital importance

NIPH and its role in the proces

- In the Strategic Development Plan IVZ adopted in 2010 strategic goals are defined:
 - By 2015, IVZ will have established a system for providing up-to-date information on the health of Slovenia's populace, health-affecting determinants, and measures required for improving health.
 - By 2015, IIVZ will be the most important source of information and the central partner for various sectors for the formation of health policies and health improvement programs.

Conclusions

- Why should NIPH take the leading role in combating social health inequalities?
 - Evidences
 - Translation of the data to information (for policy makers)
 - Advocacy
 - Partnerships
 - Education
 - Mission