MOZIRJE

Health in the municipality 2016 is an overview of key health indicators that show how a specific municipality compares to the regional and Slovenian average.

The living and working environment has an important impact on community health. By comparing specific health indicators, we wish to help and encourage stakeholders at local level, particularly decision-makers, to implement health promotion and prevention activities within local communities.

For the health profiles of other municipalities, definitions of indicators and additional municipality health maps visit: `http://obcine.nijz.si`. For other health data visit also: `https://podatki.nijz.si`.

SOME MUNICIPAL HEALTH FEATURES

Health status and mortality

- The share of the municipal population with good self-reported health was higher than the Slovenian average.
- The average sick leave within the active working population was 13.7 calendar days per person, which was identical to the national level.
- The percentage of people taking prescribed medication for high blood pressure was higher than the Slovenian average, while it was close to the Slovenian average regarding people with prescriptions for diabetes medication.
- The hospital admission rate for heart attacks was 2.8 per 1,000, aged 35-74 years, while in Slovenia it was 1.9.
- The hospital admission rate for hip fractures in the elderly was 3.1 per 1,000, while this level was 6.4 in Slovenia.
- The percentage of people using 'help at home' services was close to the Slovenian average.

- The suicide mortality rate was 20 per 100,000 people, while it was 22 in Slovenia.

Risk factors and prevention

- The physical fitness index of children was close to the Slovenian average.
- The share of smokers was 19%, whereas it was 24% in Slovenia.
- The hospital admission rate due to road traffic injuries was 1.0 per 1,000; in Slovenia, it was 1.8.
- The share of traffic accidents caused by drunk drivers was higher than the Slovenian average.
- The response rate for the colorectal cancer screening programme – Svit was 60.9%, while it was 60.4% at national level.
- The participation rate in the cervical cancer screening programme - ZORA was 75.2%, while it was 71.3% at national level.

	< 20 %
	20.0 % - 24.9 %
	25.0 % - 29.9 %
	30.0 % - 34.9 %
	≥ 35 %
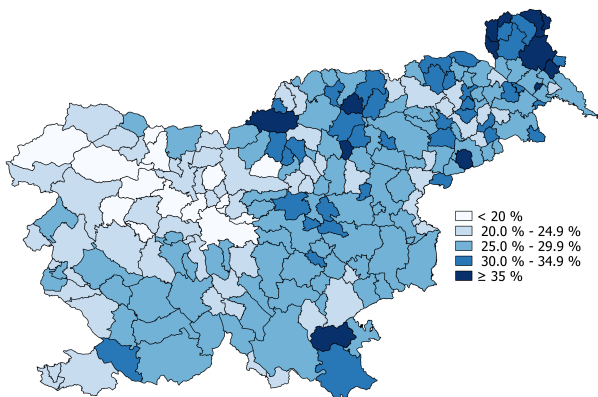
Figure 1: The share of overweight and obese primary-school children by municipality in 2014.

	< 930
	930 - 1029
	≥ 1030
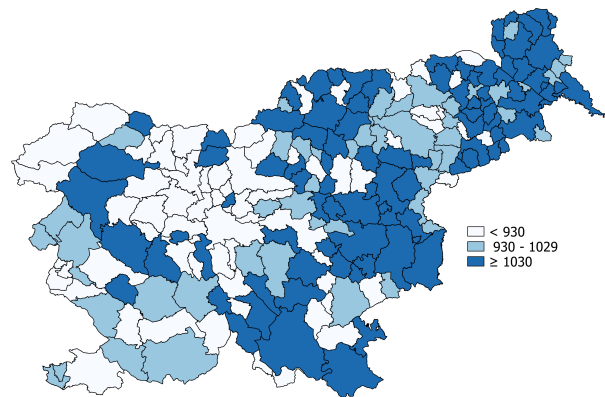
Figure 2: All causes mortality rate per municipality per 100,000 population – age standardised average for the period 2011–13.

NIJZ National institute of **Public Health**

The usefulness of health information

Information on the population's health, healthcare and related factors are important for decision-making in all areas of life and functioning of the community. We use health information to assess the situation, plan health system infrastructure and care and monitor societal, political, social and other impacts on the state of health and the healthcare system. Health and disease indicators within the environment where people live demonstrate a solid starting point and help to find suitable solutions and plan improvements.

The data on a population's health status in a smaller area can substantially differ from the overall national data, which represents average values. It is possible to obtain certain health data in Slovenia at the municipal level. By following data on a population's health, municipalities and their decision-makers can plan activities and propose measures for improving the health of the population.

Determinants of health
The health of an individual is changeable and related to numerous factors, called determinants of health (Image 3). We cannot influence some factors, such as gender, age and genetics, but can influence many others. Lifestyle, as one of the important determinants, can promote better health; on the other hand, it can lead to illness. Lifestyle includes what and how much we eat, how much we exercise as well as bad habits, such as smoking and drinking alcohol, etc. Our way of thinking and functioning as well as our way of coping with stress are also important for our health. Our education, employment possibilities and financial status influence our lifestyle.
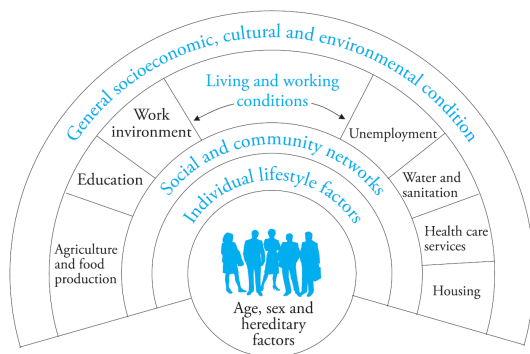

Figure 3: Determinants of health (Dahlgreen and Whitehead, 2006).

Living in isolation can impact individual health and it is important to have the possibility to join different social networks, which represent opportunities for social help and support.

Lifestyle is not exclusively formed by personal choices because there are many factors beyond our control. Our surrounding environment and the society in which we live, work, play, love, age, etc. have an important role. We more readily make healthy choices if our environment enables and encourages them. Children's playgrounds, which encourage motor skills, are a great example of a health-promoting environment - so are cycling networks, which are used by people for leisure or travel. Creating such possibilities in residential areas encourages healthy choices. If such possibilities do not exist, individuals tend to make unhealthy decisions more often.

The health of a population directly affects the economy. Healthy individuals are active and creative, employed and quickly recover from acute diseases and thus benefit society as a whole.

Inequalities in health
Lifestyle is often associated with education and income. People with higher education and higher incomes usually have healthier lifestyle habits and consequently better health, and vice versa – people with lower education and lower incomes live less healthy and get ill more often. Socio-economic status is one of the main reasons behind the occurrence of inequalities in health, which are unfair and can be prevented.

ALCOHOL ▸
The population's drinking habits, attitudes towards alcohol and high availability of alcohol are a major problem in Slovenia. The public is extremely tolerant to alcohol consumption and binge drinking. Every day in Slovenia, 10 persons are admitted to hospitals due to alcohol-related reasons. Over 800 people die each year due to diseases and conditions directly attributable to alcohol. An additional 75 persons die each year due to traffic accidents caused by drunk drivers.
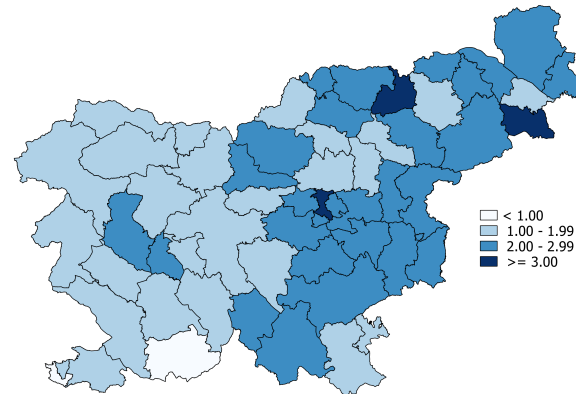

Figure 4: Hospital admission rate due to diseases directly attributable to alcohol in persons aged 15+ years, per 100,000, Slovenia, 2011–13.

Many people have their first alcohol drink in adolescence
In comparison with the international average, Slovenian adolescents drink more alcohol and they do so more frequently. Children and adolescents are more vulnerable to alcohol related harm because of their continued development (mainly unfinished brain maturation, which continues until at least age 25). The younger the individual is when they start drinking alcohol, the higher the risk for alcohol-related problems later in life. Tolerance to adolescent alcohol consumption, or even worse, the enabling of such consumption, is therefore not acceptable. In Slovenia, this is still the case all too often, e.g. when celebrating the completion of primary or high school education.
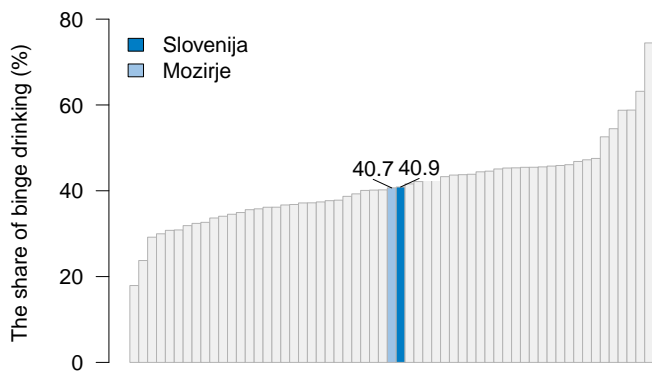
Figure 5: The share of persons aged 15+ years, who reported binge drinking in the past year; Mozirje Administrative Unit, including Mozirje Municipality, 2014.

Alcohol-related costs
The estimated sum of alcohol-related health and other costs (such as traffic accidents, domestic violence, alcohol-related crime), is high – in 2011 the costs amounted to EUR 242 million in Slovenia. In contrast, the excise duties from alcohol generated only EUR 90 million for the national budget.

Working together to reduce alcohol-related harm
Family, friends, social networks, local communities, kindergartens, schools, working environments and other institutions, policymakers and decision-makers at all levels, as well as experts, media and civil society as a whole must work together to reduce alcohol related harm to the greatest possible degree.

PHYSICAL ACTIVITY, OBESITY ▸
In Slovenia as well as in most other European countries, the percentage of overweight and obese individuals is increasing. This problem affects the length and the quality of life and contributes to various chronic diseases. Obesity is more prevalent in lower educated and lower income segments of the population and is associated with different nutritional habits in different social classes.

The trend of increasingly overweight and obese children and adolescents is worrisome. In the past 25 years, the share of overweight boys aged 7-18 years increased from 5.5% to 12.7%, while in girls, in the same age period, it increased from 3.3% to 7.9%.
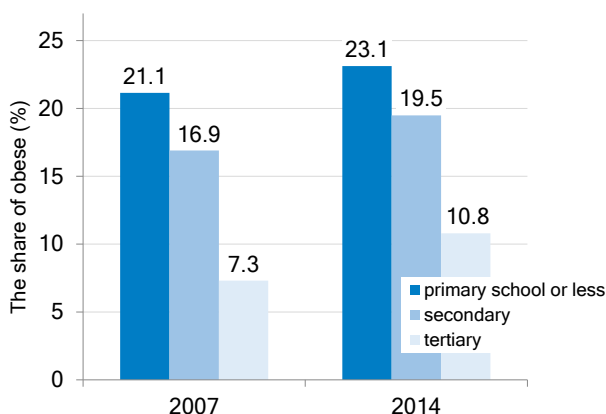

Figure 6: The share of obese persons aged 15+ years, according to their educational attainment, Slovenia, 2007 and 2014.

Sedentary lifestyle
Adults, as well as children and adolescents, are exposed to numerous risk factors for the occurrence of various diseases due to sedentary lifestyles and lack of physical activity.

The recommended amount of daily physical activity for adults and older adults is at least 30 minutes daily, while we recommend at least 60 minutes of physical activity daily for children and adolescents.

In Slovenia, 18.2% of adolescents aged 11, 13 and 15 years spend their leisure time seated for over 4 hours per day during the school week. The share of children who spend their leisure time seated increases with age; thus, 8.2% of 11-year-olds spend their leisure time in this way, with the numbers increasing to 18% of 13-year-olds and 28.4% of 15-year-olds.
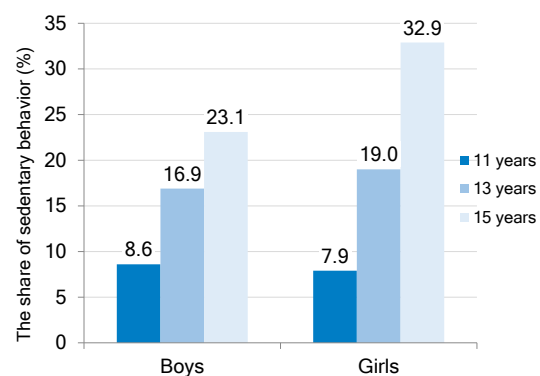
Figure 7: The share of adolescents aged 11, 13 and 15 years, who spend their leisure time seated for over 4 hours per day during the school week, Slovenia, 2014.

Physically active – healthier, more successful
Physically active children and adolescents are more successful at doing schoolwork, have better memory of new subject matters and are more satisfied with their health and quality of life. Physical activity of adolescents includes playing games, transportation, recreation, and sports, either with family members or during school time or as an activity in the local community.

Regular physical activity reduces the risk for cardiovascular diseases, some cancers and type 2 diabetes. It has positive effects on joints and muscles; it contributes to the regulation of blood pressure and body weight. Regular physical activity is also linked to the better mental health of an individual.

The importance of local communities
According to the National Programme on Nutrition and Physical Activity for Health, local communities have a key role in enabling and encouraging healthy lifestyles and physical activity for health promotion. This can be achieved through proper planning and building of infrastructure – playgrounds, parks, cycling and walking routes, gyms and workout facilities – as well as through encouraging and financing/co-financing of programmes for the promotion of healthy lifestyles including programmes of physical activity for strengthening health, workout programmes and sports-recreational programmes.

The sources are available at NIJZ web page ▸

Health indicators in the municipality: Mozirje

The set of health indicators in the table show how the municipality compares with the administrative unit (AU), statistical region and national average. Comparisons of municipal and national levels are graphically displayed. The indicators are tested for statistical significance. Higher variations of indicator values are expected between particular years in smaller municipalities due to a smaller number of occurrences. Definitions, additional data and graphic images are available at ▸.

● ▲ ■ ▼ Position of municipality value in relation to Slovenian average (|) and in relation to the range of values of all Slovenian municipalities (▬). In cases, where there is no mark next to the indicator, there was no occurrence of the event in the presented period (^{n}).

The meaning of colours and shapes of markings:
▲ Green – the municipality is in a statistically significantly better position than the average in Slovenia.
■ Blue – the municipality is in a statistically significantly different position than the average in Slovenia. It was not possible to determine the direction of the indicator.
▼ Red – the municipality is in a statistically significantly worse position than the average in Slovenia.
○ Yellow – the municipality does not statistically significantly differ from the Slovenian average.
○ White – value of chosen indicator is not reliable due to the small size of the observed population and thus small number of cases.

	Indicator	Municip.	AU	Region	SLO	Unit	Lower than average / Higher than average
Population and community	1.1 Municipal development index	1.1	/	/	1.0	index	○
	1.2 Population increase	-8.0	-7.3	-0.8	0.9	‰	▼
	1.3 Elderly population (aged 80+ years)	3.9	5.2	4.3	4.7	%	■
	1.4 Primary-level educated adults (primary school or less)	30.2	31.8	27.6	25.7	%	▼
	1.5 Employment rate	59.4	59.1	58.1	57.2	%	▲
	1.6 Daily labour migration	64	88	96	101	%	■
Risk factors	2.1 Physical fitness index of children	49.9	49.8	49.5	50.0	index	○
	2.2 Overweight and obesity in children	31.0	28.4	25.8	24.6	%	▼
	2.3 Regular and occasional smokers	19^m	21	24	24	%	▲
	2.4 Binge drinking	40^m	41	42	41	%	○
	2.5 Road traffic injuries	1.0	1.1	1.8	1.8	‰	○
	2.6 Road traffic accidents caused by drunk drivers	17.5	16.7	8.1	8.7	%	▼
Prevention	3.1 Response rate in colorectal cancer screening	60.9	63.3	60.3	60.4	%	○
	3.2 Participation rate in cervical cancer screening	75.2	73.9	74.6	71.3	%	▲
	3.3 Drinking water of good microbiological quality	77	/	/	87	%	▼
Health status	4.1 Self-assessed good health	76^m	77	63	66	%	▲
	4.2 Sick leave days per worker	13.7	13.9	15.0	13.7	days	○
	4.3 Asthma in children and adolescents (aged 0–19 years)	1.2	0.7	0.8	1.2	ASR/1000	○
	4.4 Diseases, directly attributable to alcohol (15+ years)	2.3	2.2	2.0	2.0	ASR/1000	○
	4.5 Persons receiving medications for diabetes	4.9	4.3	5.6	5.1	ASR/100	○
	4.6 Persons receiving medications for high blood pressure	25.7	24.3	25.1	23.7	ASR/100	■
	4.7 Persons receiving anticoagulant medications	11.3	11.9	12.6	11.8	ASR/100	○
	4.8 Heart attack hospital admission rate (35–74 years)	2.8	2.6	2.5	1.9	ASR/1000	○
	4.9 Stroke hospital admission rate (35–84 years)	2.3	3.0	3.2	2.6	ASR/1000	○
	4.10 New cancer cases	6.3	5.1	5.3	5.6	ASR/1000	○
	4.11 Hip fracture in the elderly (aged 65+ years)	3.1	4.5	4.2	6.4	ASR/1000	○
	4.12 People receiving medications for mental disorders	17.9	17.5	16.3	15.5	ASR/100	■
	4.13 Help at home service users	1.5	0.8	2.1	1.6	%	○
Mortality	5.1 All causes mortality	945	1139	1062	980	ASR/100.000	○
	5.2 Cardiovascular mortality rate (0–74 years)	117	124	98	89	ASR/100.000	○
	5.3 Cancer mortality rate (0–74 years)	137	144	169	169	ASR/100.000	○
	5.4 Colon cancer mortality rate (0–74 years)	11	8	14	11	ASR/100.000	○
	5.5 Breast cancer mortality rate (0–74 years)	16	19	21	20	ASR/100.000	○
	5.6 Lung cancer mortality rate (0–74 years)	42	29	35	41	ASR/100.000	○
	5.7 Suicide mortality rate	20	26	28	22	ASR/100.000	○

Legend: /: indicator is not available for this administrative level; ASR: age standardized rate per 100, 1,000 or 100,000 population standardized to Slovenian population on 1 July 2014.
^{m}: Data is based on a statistical model. Municip.: Municipality. AU: Administrative unit.

Indicator explanation:
Population and community: 1.1: year 2014; **1.2**: year 2014; **1.3**: year 2014, aged 80+ years; **1.4**: year 2014, aged 25–64 years; **1.5**: year 2014, aged 15–64 years; **1.6**: year 2014; **Risk factors: 2.1**: year 2014, children and adolescents, aged 6–14 years; **2.2**: year 2014, children and adolescents, aged 6–14 years; **2.3**: year 2014, aged 15+ years; **2.4**: year 2014, aged 15+ years; **2.5**: average 2011–2013; **2.6**: average 2012–2014; **Prevention: 3.1**: year 2014; **3.2**: average 2011–2014, women, aged 20–64 years; **3.3**: year 2014–2016, national monitoring; **Health status: 4.1**: year 2014, aged 15+ years; **4.2**: year 2014, employed population; **4.3**: average 2011–2013, hospital treatments, aged 0–19 years; **4.4**: average 2011–2013, hospital treatments, aged 15+ years; **4.5**: year 2014; **4.6**: year 2014; **4.7**: year 2014; **4.8**: average 2011–2013, hospital treatments, aged 35–74 years; **4.9**: average 2011–2013, hospital treatments, aged 35–84 years; **4.10**: average 2009–2011, new cancer cases except non-melanoma; **4.11**: average 2011–2013, hospital treatments, aged 65+ years; **4.12**: year 2014; **4.13**: year 2013, aged 65+ years; **Mortality: 5.1**: average 2011–2013; **5.2**: average 2011–2013, aged 0–74 years; **5.3**: average 2011–2013, aged 0–74 years; **5.4**: average 2011–2013, aged 0–74 years; **5.5**: average 2011–2013, women, aged 0-74 years; **5.6**: average 2011–2013, aged 0–74 years; **5.7**: average 2011–2013.

Data sources: National Institute of Public Health, Statistical Office of the Republic of Slovenia, Ministry of Finance, Slovenian Traffic Safety Agency, Faculty of Sports (UiLJ), Cancer Registry, Social Protection Institute of the Republic of Slovenia.