



REPUBLIKA SLOVENIJA



STATISTIČNI URAD REPUBLIKE SLOVENIJE
STATISTICAL OFFICE OF THE REPUBLIC OF SLOVENIA



INSTITUTE OF PUBLIC HEALTH OF
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Health and Health Care in Slovenia

Ljubljana, March 2009

Introduction

Improving health and health care of the population is one of the major priorities of Slovenia and the European Union. The basis for any such strategy is good knowledge of the health status of the population.

To present health and health care data for Slovenia and some European countries, **the Statistical Office of the Republic of Slovenia and the Institute of Public Health of the Republic of Slovenia** (as one of the authorised producers of official statistics) decided to prepare this joint publication entitled **Health and Health Care in Slovenia**, which will hopefully serve as a framework for creating the picture and profile of health and health care in Slovenia and the European Union.

The first part of the publication brings a short overview of some basic internationally comparable indicators of health and health care in the European Union, which are disseminated and used in EU Member States and are based on agreed definitions and methods of data collection.

The second part of the publication presents some results of the 2007 European Health Interview Survey (EHIS) conducted in Slovenia at the end of 2007 by the Institute of Public Health of the Republic of Slovenia.

Data on health and health care of the population are collected in two ways: within the health information system and with targeted surveys.

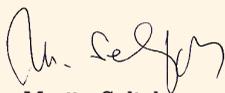
One of the ways in which we can assess the health status of the population is to conduct surveys on a representative sample of the population. To this end the mentioned **European Health Interview Survey (EHIS)** was prepared; Slovenia took part in it in 2007 and the data for our country were collected by the Institute of Public Health of the Republic of Slovenia at the end of 2007.

The survey **methodology** was being developed by experts for a number of years and is well coordinated within the framework of the European Statistical System, which consists of the Statistical Office of the European Communities (Eurostat), national statistical offices of Member States and relevant national government institutions responsible for official data on health.

The mentioned survey is to be conducted every five years and the data will be reliable and internationally comparable. Slovenia was one of the first EU Member States to carry out the survey, while the others are still carrying it out or will have carried it out by the end of 2010. The purpose of the survey is to determine the lifestyle of EU citizens in relation to health and to find out how often they use various health care services.

The implementation of the European Health Interview Survey in Slovenia marks the start of the regular monitoring of health and health care in a new, harmonised way within the framework of the European Statistical System. It brings an additional dimension and is a welcome addition to the information that had already been regularly monitored over a longer period and had already been published in publications and on the websites of the Institute of Public Health of the Republic of Slovenia, the Statistical Office of the Republic of Slovenia, Eurostat and EU institutions (see the Public Health Program). We also recommend visiting the Health-EU Portal (<http://health.europa.eu>), where one can find a lot of information on health in all official languages of the European Union.

The selection of some basic indicators from the field of health and health care shown further on is limited to key and easily understandable information. The mentioned survey, of course, contains many detailed questions, so the collected data will be a rich source for further processing and analyses required by health policies, experts, the public and interested individuals.



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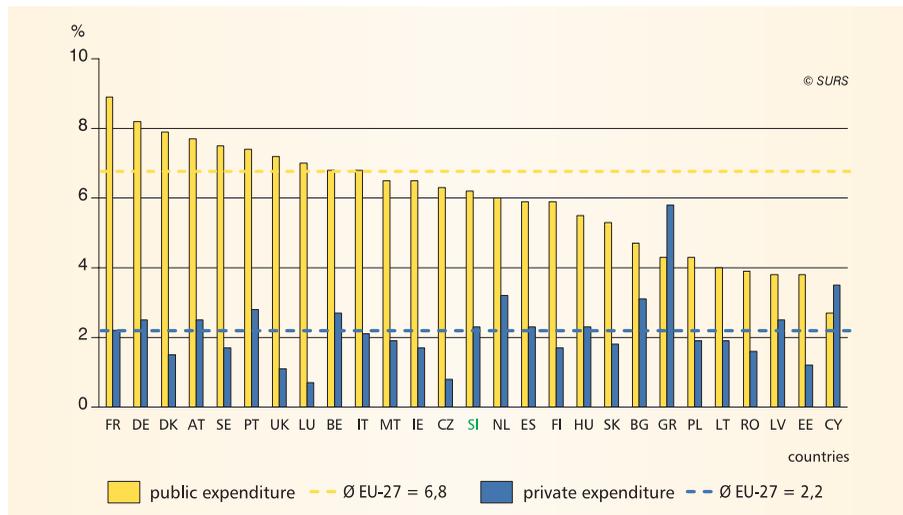
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SELECTED INDICATORS OF HEALTH AND HEALTH CARE IN THE EUROPEAN UNION

Health care in the EU

Total health expenditure as percentage of GDP, public and private expenditure, EU-27, 2005

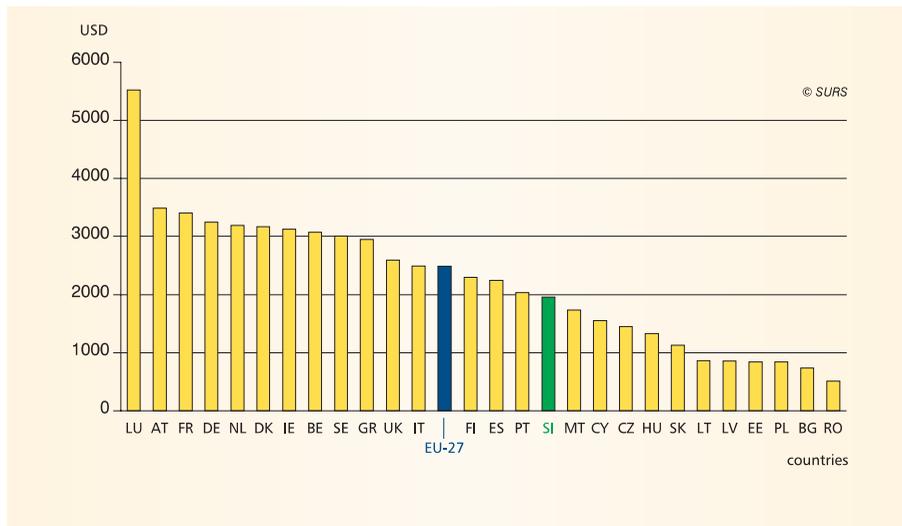


Source: World Health Organisation (<http://www.who.int>), 20 September 2008

- In 2005 the average share of total health expenditure in the gross domestic products (GDP) in the EU-27 was between 8.0% and 9.0%. However, it was quite different among the countries; from 5.0% in Estonia to 11.2% in France.
- In Slovenia the share of total health expenditure in GDP was 8.5%, 0.01% less than in 2004. The amount increased over 2004 but less than the GDP.
- In the EU-27 the share of public health expenditure in 2005 was on average 6.8% of GDP. It was the lowest in Cyprus (2.8%) and the highest in France (8.9%).
- In Slovenia the share of public health expenditure in total health expenditure was 72.9% (6.2% of GDP), while the share of private expenditure in total health expenditure was 27.1% (2.3% of GDP).

Health care in the EU

Total per capita health expenditure, EU-27, 2006

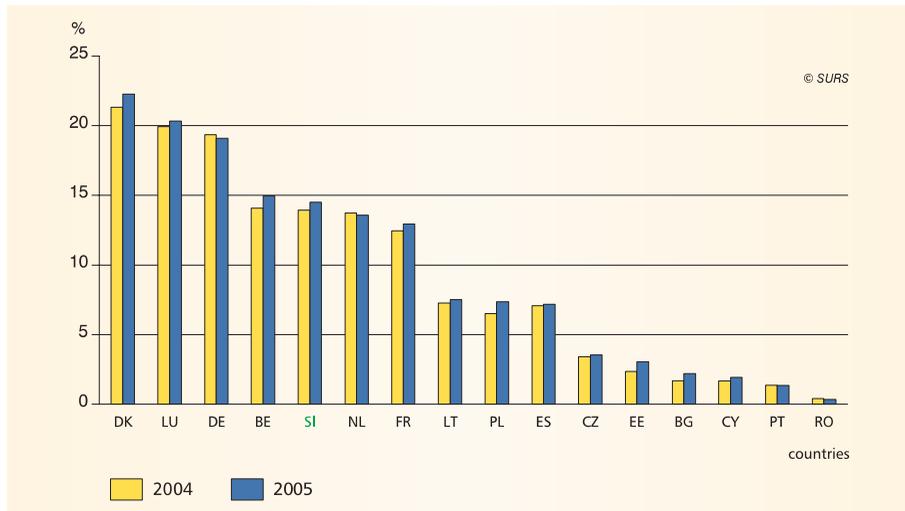


Source: World Health Organisation (<http://www.who.int>), 20 September 2008

- For international comparison of total health expenditure as percentage of GDP one must also take into account per capita health expenditure by purchasing power parity (PPP). Countries with relatively high total health expenditure as percentage of GDP also have relatively low per capita health expenditure and vice versa.
- In 2006 per capita health expenditure differed significantly among the EU-27. Averaging USD 2,488, the highest per capita health expenditure was recorded in Luxembourg (USD 5,521) and the lowest in Romania (USD 507).
- Compared to a year before, in 2006 the EU-27 Member States increased their per capita health expenditure quite differently. Countries that increased their expenditure the most are Romania (18.7%), Ireland (14.8%), Cyprus (14.4%), Estonia (14.3%) and Lithuania (14.0%), while countries that increased their expenditure the least are Hungary (1.1%), Sweden (1.6%), Belgium (2.2%), Austria (2.6%) and Germany (2.7%).
- In 2006 per capita health expenditure in Slovenia amounted to USD 1,959, which was 5.2% more than a year before.

Health care in the EU

Long-term care expenditure as percentage of current health expenditure, EU-27, 2004 and 2005

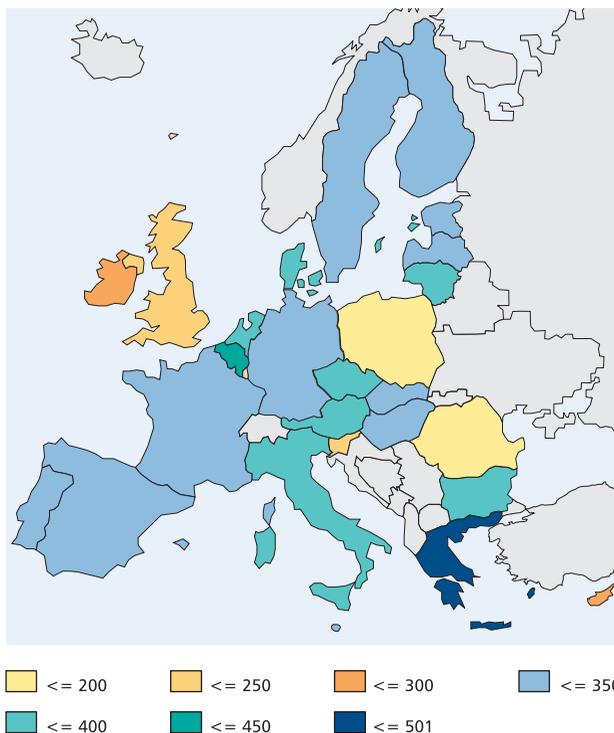


Note: Data for Austria, Greece, Finland, Hungary, Ireland, Italy, Latvia, Malta, Sweden, Slovakia and the United Kingdom are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 20 September 2008

- The increase in the number of older people and those who need help performing basic activities leads to higher costs of providing long-term care; which is why the EU-27 Member States are increasing funds for long-term care. According to Eurostat estimates, around 60,000 people in Slovenia require assistance by another person.
- In 2005 the highest share of total current health expenditure was spent on long-term care services in Denmark (22.3%) and the lowest in Romania (0.3 %).
- In Slovenia long-term care expenditure represented 8.0% of total expenditure on health. In 2005, 1.1% of GDP (14.5% of total current expenditure on health) was spent in Slovenia on this expenditure and on long-term social services expenditure, which together represent total long-term care expenditure.

Health care in the EU

Number of physicians¹ per 100,000 population, EU-27, 2006

Note: Data for Spain and the United Kingdom are not available. Data for Denmark, Luxembourg, Slovakia and Sweden are for 2004 while data for Greece, the Netherlands, Poland, Portugal and Slovenia are for 2005.

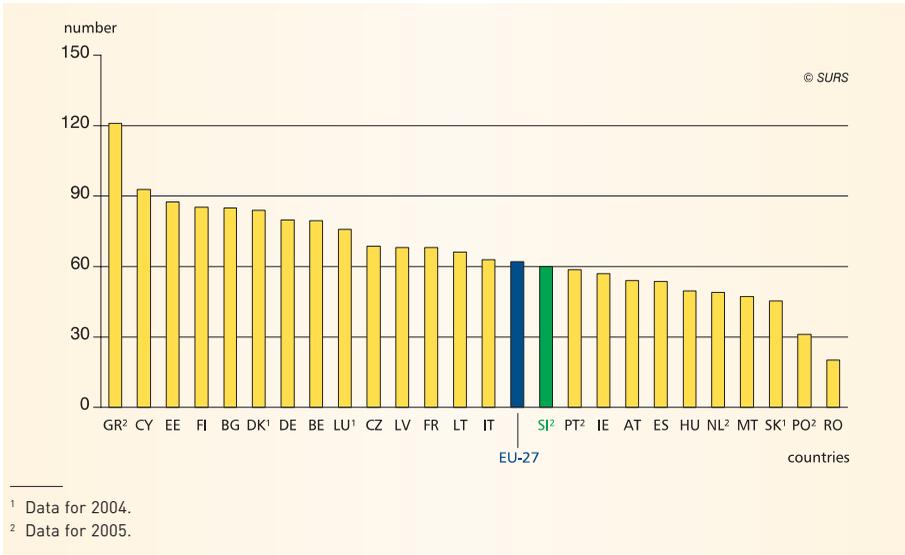
Source: World Health Organisation (<http://www.who.int>), 20 September 2008

- A sufficient number of well trained and geographically well distributed physicians is of key importance for providing high-quality health care.
- In the past 30 years the number of physicians increased significantly in all EU-27 Member States. In 2006 the average number of physicians per 100,000 population was 315.
- In the observed period the most favourable physician-to-patient ratio was recorded in Greece (500 physicians per 100,000 population) and the least favourable in Romania (192 physicians per 100,000 population).
- In 2005 there were 236 physicians per 100,000 population in Slovenia.

¹ The total number of physicians at the end of the year includes all active physicians (excluding dentists who are treated separately) who finished medical studies at university level and who work in health care (public or private) in a country, including interns. The number does not include physicians working in other activities, in other countries, who are retired or unemployed.

Health care in the EU

Number of dentists per 100,000 population, EU-27, 2006



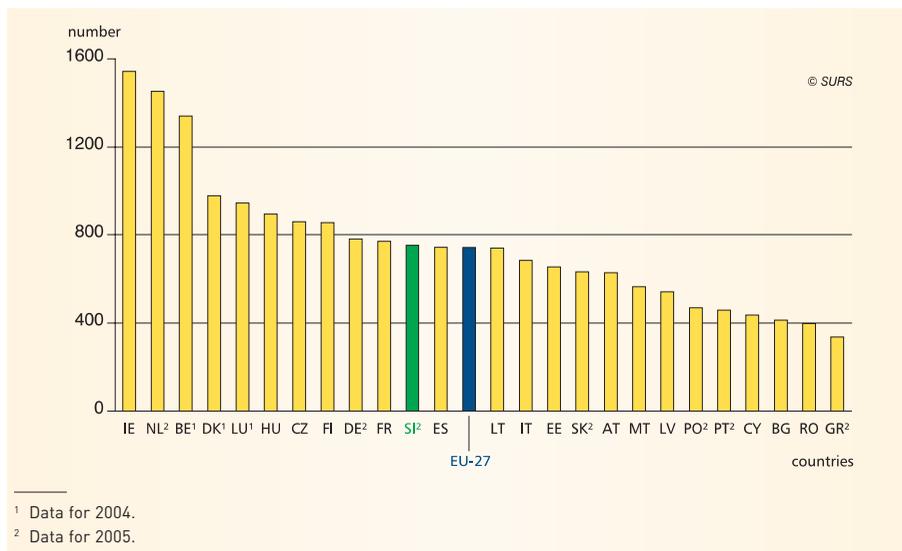
Note: Data for Sweden and the United Kingdom are not available.

Source: World Health Organisation (<http://www.who.int>), 5 December 2008

- In the observed period there were on average 62 dentists per 100,000 population in the EU-27. The highest number of dentists per 100,000 population was recorded in Greece (121) and the lowest in Romania (20).
- In the observed period there were 60 dentists per 100,000 population in Slovenia.

Health care in the EU

Number of nurses per 100,000 population, EU-27, 2006



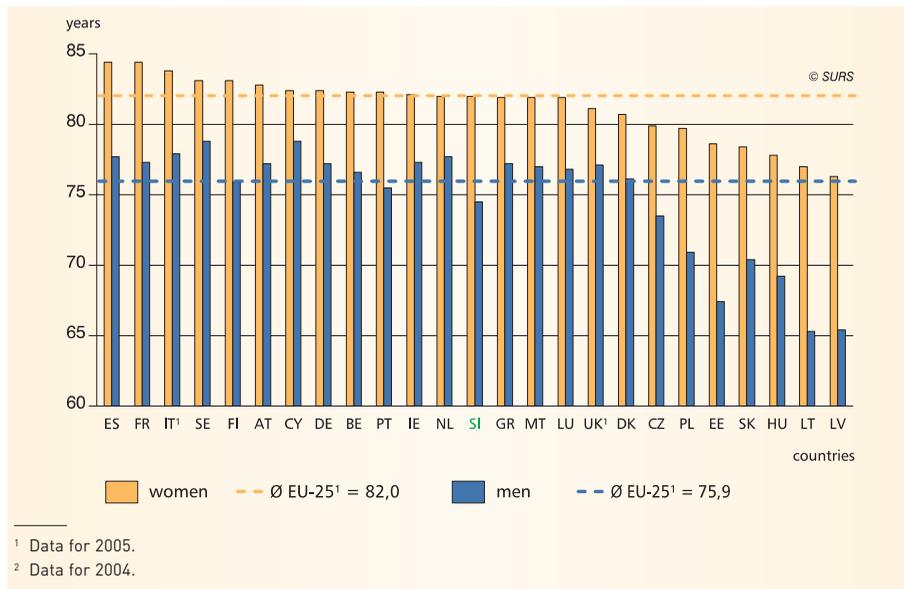
Note: Data for Sweden and the United Kingdom are not available.

Source: World Health Organisation (<http://www.who.int>), 5 December 2008

- In the observed period there were on average 742 nurses per 100,000 population in the EU-27. The highest number of nurses per 100,000 population was recorded in Ireland (1,543) and the lowest in Greece² (338).
- In the observed period there were 752 nurses per 100,000 population in Slovenia.

Health status in the EU

Life expectancy by sex, EU-25, 2006

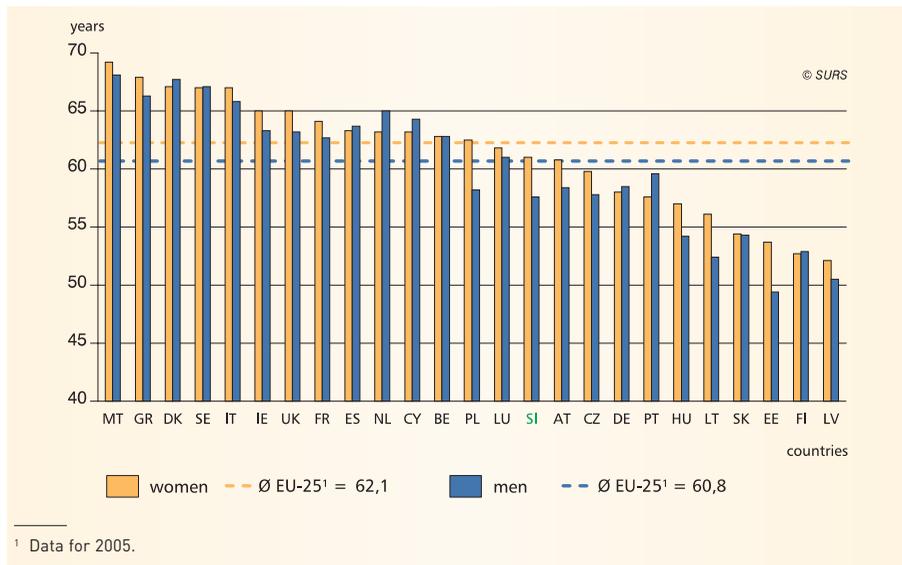


Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 4 December 2007

- In recent decades life expectancy at birth has been increasing significantly in the EU Member States, which reflects in lower death rates in all age groups. Longer life expectancy is the result of many factors, including better living standard, lifestyle and education, and better access to high-quality health services.
- Life expectancy at birth is the longest in Northern and Western Europe, much shorter in Central and Southern Europe, and the shortest in Eastern Europe. If mortality remains the same, it is expected that boys born in 2006 in Cyprus and Sweden and girls born in Spain and France will live longest (78.8 and 84.4 years, respectively).
- As regards male life expectancy, in 2006 Slovenia was 18th among the EU-25 Member States with 74.5 years, while as regards female life expectancy our country was 12th together with the Netherlands (82.0 years). Among countries that joined the EU in 2004 life expectancy for men and women was longer only in both Mediterranean countries; Malta and Cyprus. Life expectancy for boys born in Cyprus was 4.3 years (in Malta 2.5 years) longer than for boys born in Slovenia (Malta 77.0, Cyprus 78.8 years), while life expectancy for girls was slightly longer only in Cyprus (by 0.4 year - 82.4 years). Among these countries male life expectancy was the shortest in Lithuania (65.3 years) while female life expectancy was the shortest in Latvia (76.3 years).

Health status in the EU

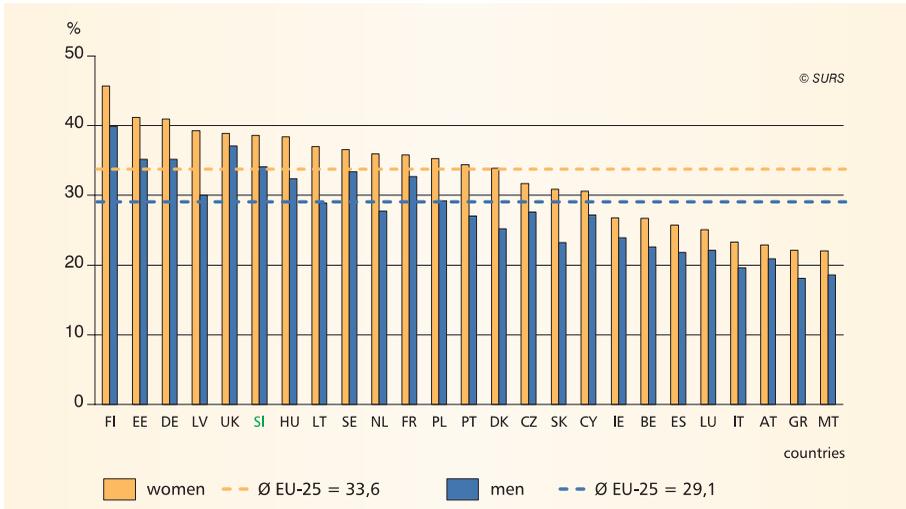
Healthy life years by sex, EU-25, 2006



Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 20 September 2008

- In the EU-25 the healthy life years indicator for boys born in 2005 was 15.1 years shorter and for girls 19.9 years shorter than life expectancy. If mortality remains the same, it is expected that boys and girls born in the EU-25 in 2005 will live 80.1% and 75.8% of their lives respectively without limits regarding their activities.
- Girls born in Slovenia in 2006 can expect to live 3.4 years more healthy life years than boys (girls 61 years or 74.4% of their lives and boys 57.6 years or 77.3% of their lives).
- The expected number of healthy life years for boys born in Slovenia in 2006 was 1.3 years (1.1%) shorter than for boys born in 2005. On the other hand, the expected number of healthy life years for girls born in Slovenia in 2006 was 1.1 years (0.4%) longer than for girls born in 2005.

Health status in the EU

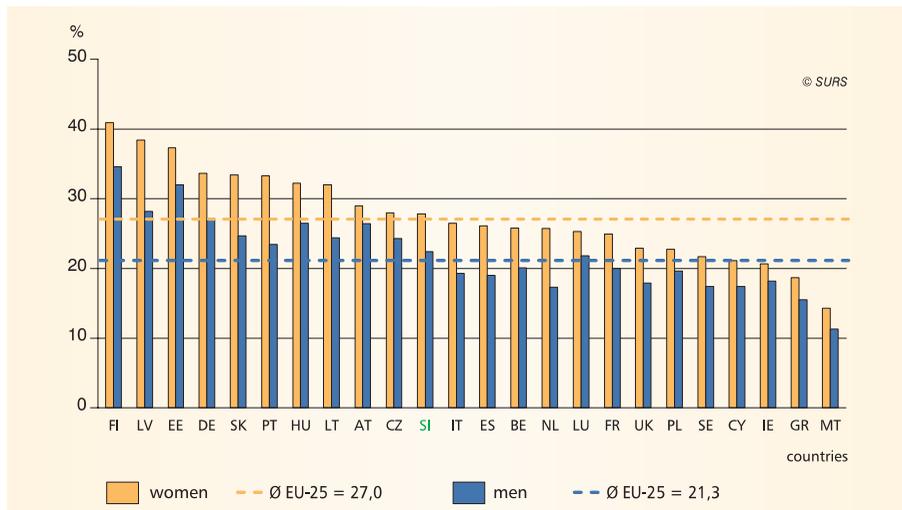
People having a long-standing illness or long-standing health problem² by sex, EU-25, 2006

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 20 September 2008

- In 2006, 31.4% of people in the EU-25 had a long-standing illness or long-standing health problem; the share for men was 29.1% and the share for women 33.6%.
- The highest share of people with a long-standing illness or long-standing health problem was recorded in Finland (43.1%; 39.9% for men and 45.7% for women) and the lowest in Greece (20.2%; 18.1% for men and 22.1% for women).
- In Slovenia 36.4% of people had a long-standing illness or long-standing health problem: the share for men was 34.1% and the share for women 38.6%.
- The share of people with a long-standing illness or long-standing health problem grows with age. In 2006, 68.4% of people aged 85+ had such problems in the EU-27; 66.4% of men and 69.3% of women.

² Data on a long-standing illness or long-standing health problem reflect own evaluation made by people responding to the Survey on Income and Living Conditions (EU-SILC).

Health status in the EU

People limited in their usual activities due to health problems³ by sex, EU-25, 2006

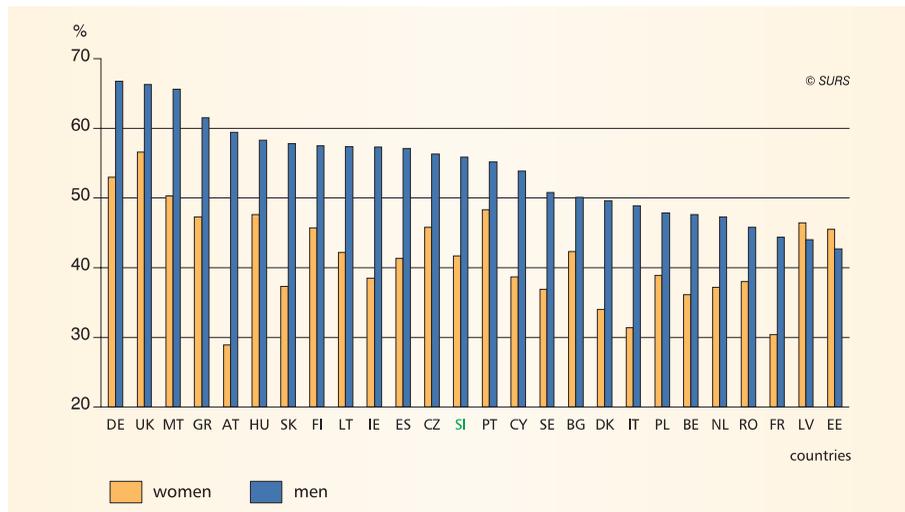
Note: Data for Denmark are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 20 September 2008

- In 2006, 24.2% of people in the EU-25 were limited in their usual activities due to health problems; the share for men was 21.3% and the share for women 27.0%.
- The highest share of people limited in their usual activities due to health problems was recorded in Finland (38.0%; 34.6% for men and 40.9% for women) and the lowest in Malta (12.8%; 11.3% for men and 14.3% for women).
- In Slovenia 26.5% of people were limited in their usual activities due to health problems: the share for men was 22.4% and the share for women 27.8%.

³ Data on limitation of usual activities are evaluations made by people responding to the Survey on Income and Living Conditions (EU-SILC).

Health status in the EU

Overweight and obese people aged 15+⁴ by sex, EU-27 (1999-2003)

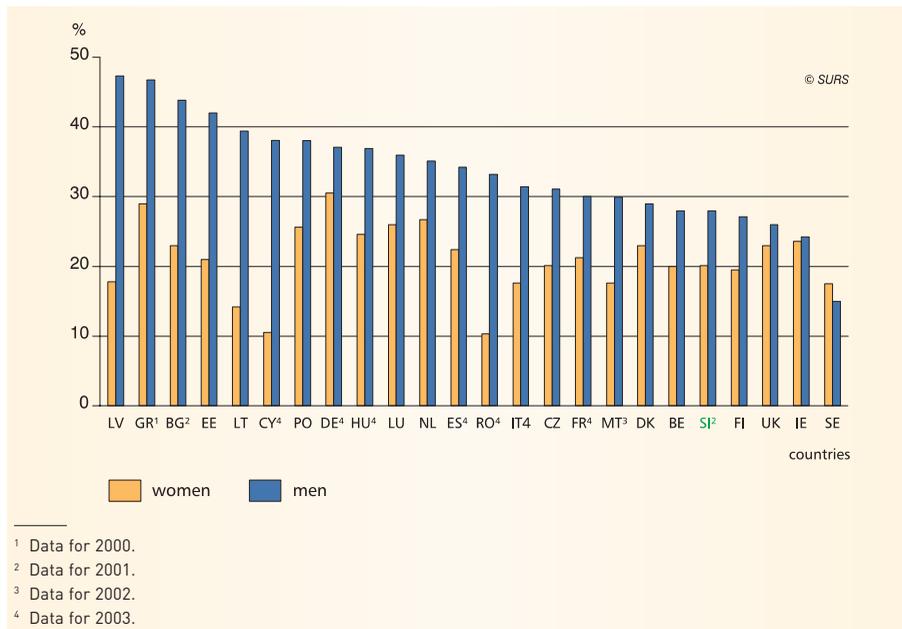
Note: Data for Luxembourg are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 20 September 2008

- Data for the EU-27 show an increasing trend of people being overweight and obese, both children and adults.
- As regards the EU-27, in the observed period the highest share of overweight and obese people aged 15+ was recorded in the United Kingdom (61.0%) and the lowest in France (37.1%). The highest share of overweight and obese men was recorded in Germany (66.7%) and the lowest in Estonia (42.7%), while the highest share of overweight and obese women was recorded in the United Kingdom (56.6%) and the lowest in Austria (28.9%).
- In the observed period 48.5% of people in Slovenia aged 15+ were overweight and obese: the share for men was 55.9% and for women 41.7%. The highest share of overweight and obese people in Slovenia was recorded in the age group 55 to 64, namely 69.7%, for men 78.3% and for women 61.0%.

⁴ Data on body mass come from national health surveys conducted in the 1999-2003 period and the calculated body mass index (BMI). Data for Slovenia: Slovenian Public Opinion Survey 2001/3: Attitudes towards Health and Health System IV. and the Survey about Defence and Security .

Health status in the EU

Regular (daily) smokers⁵ by sex, EU-27, 2004

Note: Data for Austria, Portugal and Slovakia are not available.

Source: World Health Organisation (<http://www.who.int>), 20 September 2008

- About a third of people in the EU are smokers and smoking is the cause of death of around 650,000 people per year. Almost half of them die between 35 and 69 years of age, which is well below average life expectancy⁶.
- The share of regular (daily) smokers differs among the EU-27 Member States both as regards sex and neighbouring countries.
- In the observed period 27.8% of people in the EU-27 were daily smokers: the lowest share was recorded in Sweden (16.2%) and the highest in Greece (36.5%). The highest share of male smokers was recorded in Latvia (47.3%) and the lowest in Sweden (15%), while the highest share of female smokers was recorded in Germany (30.5%) and the lowest in Romania (10.3%).
- In Slovenia 23.7% of people were daily smokers in 2001: the share for men was 28.0% and the share for women 20.1%.

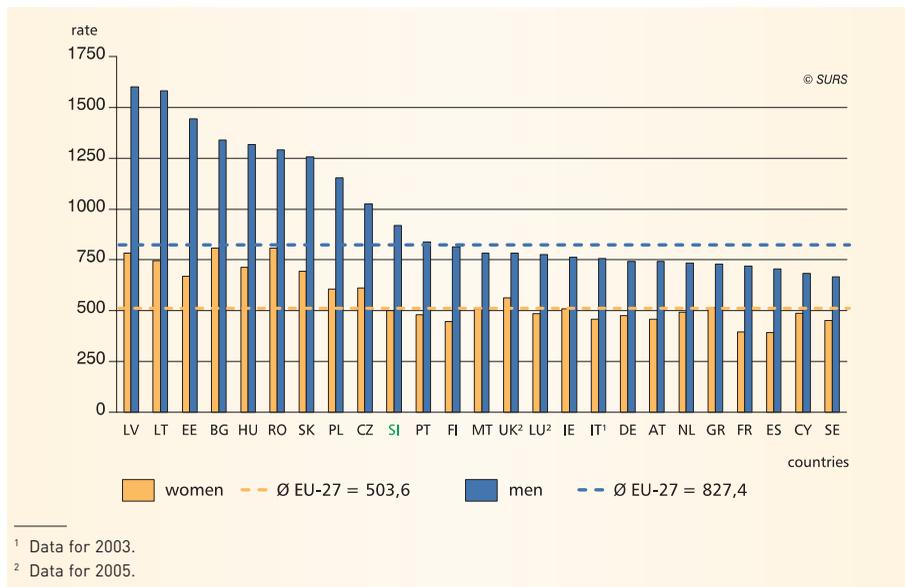
⁵ Regular (daily) smokers as percentage of total population.

⁶ Health-EU, The Public Health Portal of the European Union (<http://ec.europa.eu/health-eu>).

Health status in the EU

The general death rate is a rough indicator of mortality since it is affected by the age structure of the population, which can significantly differ from country to country. In order to reduce this impact, in the publication the data are standardised so that the European standard population is used as the standard reference population. All calculations are thus expressed per 100,000 standardised population.

Standardised death rate by sex, EU-27, 2006



Note: Data for Belgium and Denmark are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 17 December 2008

- In 2006 the standardised death rate in the EU-27 was 648.1 per 100,000 population. It was higher for men (827.4 per 100,000 men) than for women (503.6 per 100,000 women).
- In 2006 the standardised death rate per 100,000 population was the highest in Eastern Europe (in Latvia 1,113.1 per 100,000) and the lowest in Spain, France and Sweden (fewer than 550 per 100,000).
- In Slovenia the lowest number of deaths since 1979 was recorded in 2006 as 18,180 people (9,270 men and 8,910 women) died. The standardised death rate was 678.9 per 100,000 population (919.9 per 100,000 men and 500.3 per 100,000 women).

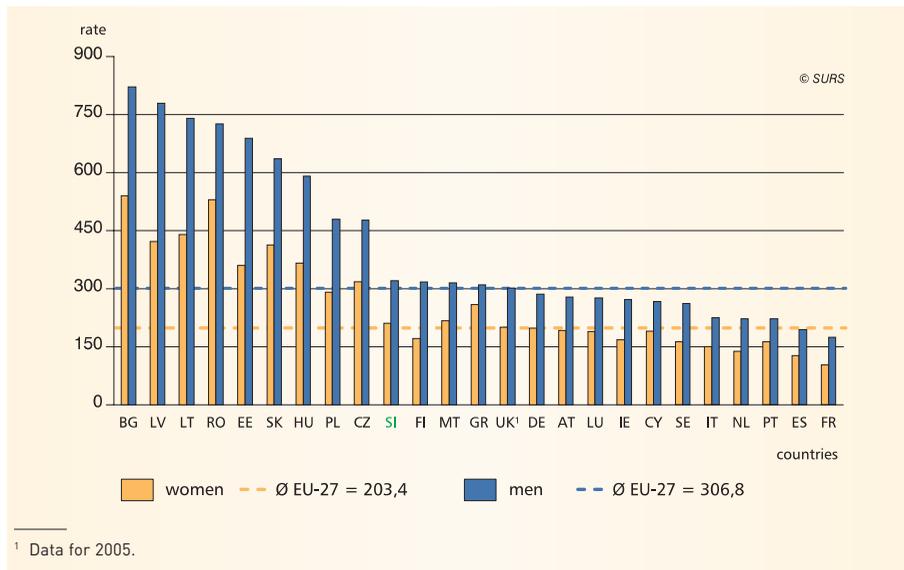
Health status in the EU

- Prevention of premature, potentially avoidable deaths and increasing the mean age at death are two of the priorities of public health care in Slovenia. The fact that the health status of people in Slovenia is improving is confirmed by the decrease in the so-called premature deaths⁷. In three decades the share of premature deaths decreased from 32.4% to 24.4%. In 2006 the share of premature deaths was much higher for men (34.6%) than for women (13.8%).
- Both in the EU-27 and in Slovenia the main causes of death were cardiovascular diseases (40% of all deaths), malign neoplasms (30%), respiratory diseases (7%), diseases of the digestive system (6%) and accidents (5%).

⁷ Health statistics determine premature deaths as deaths before age 65.

Health status in the EU

Standardised death rate due to diseases of circulatory system per 100,000 population by sex, EU-27, 2006



Note: Data for Belgium and Denmark are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

■ Diseases of circulatory system are the most frequent cause of death in the EU as they account for around 40% of deaths or 2 million deaths per year. In 2006 the financial burden for health care systems in the EU-27 caused by this group of diseases was estimated at slightly less than EUR 110 billion or EUR 223 per person per year or 10% of the total health care expenditure in the EU-27⁸.

■ In 2006 the standardised death rate due to diseases of circulatory system in the EU-27 was 250.4 per 100,000 population; it was higher for men (306.8 per 100,000 men) than for women (203.4 per 100,000 women).

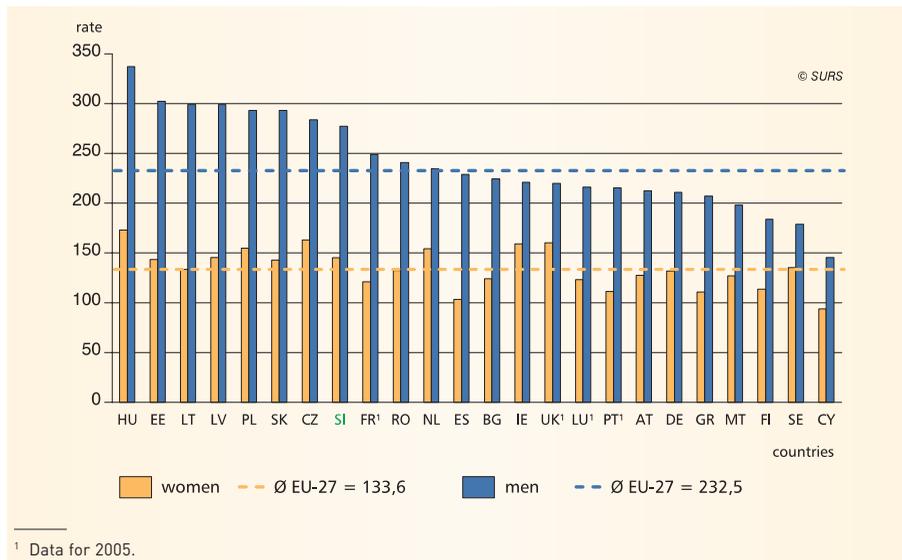
■ In 2006 the highest death rates due to diseases of circulatory system were recorded in Eastern Europe (in Bulgaria 665.7 per 100,000 population: 821.8 for men and 540.8 for women). The lowest rate was recorded in France (134.4 per 100,000 population: 175.4 for men and 103.0 for women).

■ In Slovenia the standardised death rate due to diseases of circulatory system was 260.1 per 100,000 population (for men 321.2 per 100,000 men and for women 211.2 per 100,000 women), which is 9.3% less than in 2005.

⁸ Health-EU, The Public Health Portal of the European Union (<http://ec.europa.eu/health-eu>)

Health status in the EU

Standardised death rate due to malignant neoplasms (cancer) per 100,000 population by sex, EU-27, 2006



Note: Data for Belgium, Denmark and Italy are not available.

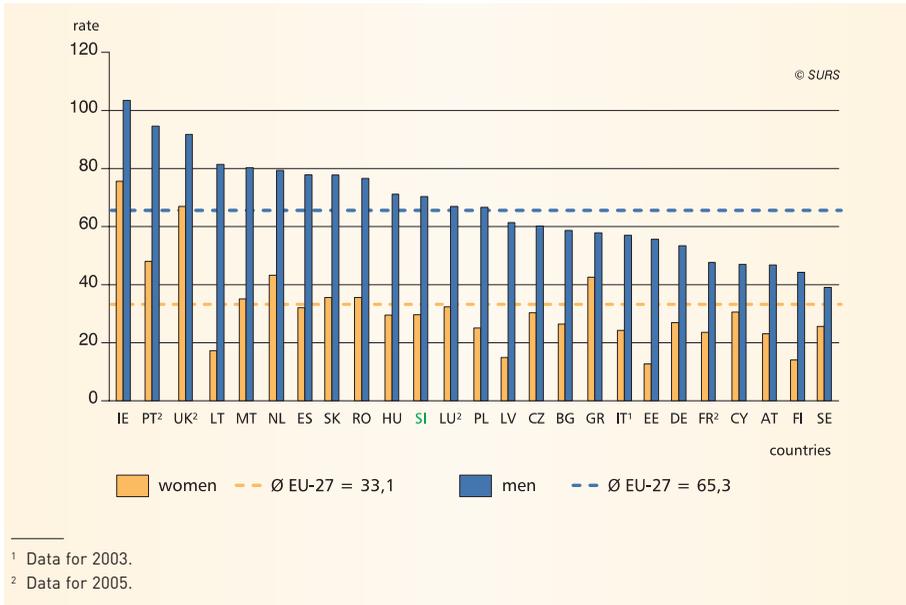
Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

- Every year 3.2 million Europeans are diagnosed with cancer, the most frequently breast cancer, colorectal cancer and lung cancer⁹.
- In 2006 the standardised death rate due to malign neoplasms in the EU-27 was 175.6 per 100,000 population; it was higher for men (232.5 per 100,000 men) than for women (133.6 per 100,000 women).
- In 2006 the highest death rates due to malignant neoplasms were recorded in Eastern Europe (in Hungary 239.9 per 100,000 population: 337.1 for men and 172.9 for women). The lowest rate was recorded in Cyprus (116.4 per 100,000 population: 145.6 per 100,000 men and 93.6 per 100,000 women).
- In Slovenia the standardised death rate due to malignant neoplasms was 197.8 per 100,000 population (for men 277.3 per 100,000 men and for women 145.3 per 100,000 women), while in 2005 it was 196.8 per 100,000 population.
- As regards men who died due to malignant neoplasms, in Slovenia the most frequent cause of death was lung cancer (28.0% of all male cancer deaths in 2006), followed by prostate cancer (12.2%), colorectal cancer (7.3%), stomach cancer (7.1%) and cancer of lymphatic, blood-producing and similar tissue (6.7%). As regards women, breast cancer was first with 17.6% of all female cancer deaths in 2006, followed by lung cancer (12.4%), colorectal cancer (7.0%), pancreatic cancer (6.8%) and ovarian cancer (5.6%).

⁹ Health-EU, The Public Health Portal of the European Union (<http://ec.europa.eu/health-eu>)

Health status in the EU

Standardised death rate due to diseases of the respiratory system per 100,000 population by sex, EU-27, 2006



Note: Data for Belgium and Denmark are not available.

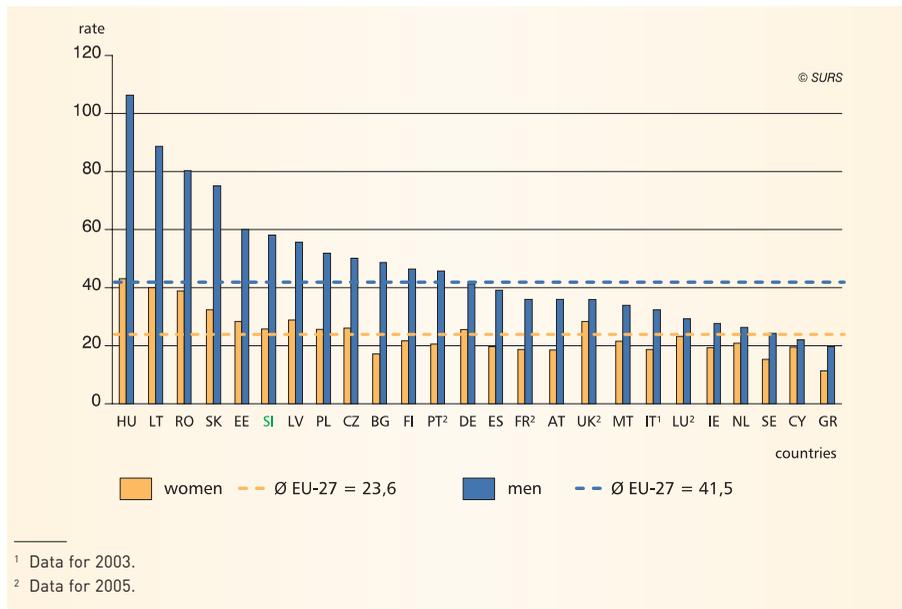
Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

- Diseases of the respiratory system are an important socioeconomic problem, which according to European Commission estimates costs European health services more than EUR 102 billion per year¹⁰.
- In 2006 the standardised death rate due diseases of the respiratory system in the EU-27 was 45.7 per 100,000 population; it was higher for men (65.3 per 100,000 men) than for women (33.1 per 100,000 women).
- In 2006 the highest death rate due to diseases of the respiratory system was recorded in Ireland (86.9 per 100,000 population: 103.5 for men and 75.6 for women). The lowest rate was recorded in Finland (25.0 per 100,000 population: 44.2 per 100,000 men and 14.0 per 100,000 women).
- In Slovenia the standardised death rate due to diseases of the respiratory system was 43.3 per 100,000 population (for men 70.4 per 100,000 men and for women 29.6 per 100,000 women), which is 16.2% less than in 2005.

¹⁰ European Lung White Book, European Respiratory Society (ERS) and the European Lung Foundation (ELF), November 2003

Health status in the EU

Standardised death rate due to diseases of the digestive system per 100,000 population by sex, EU-27, 2006

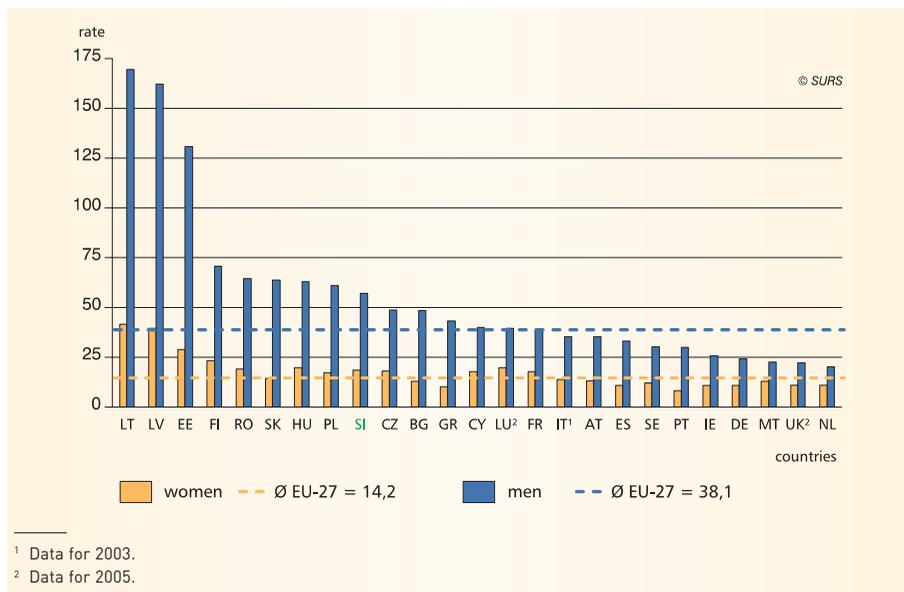


Note: Data for Belgium and Denmark are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

- In 2006 the standardised death rate due to diseases of the digestive system in the EU-27 was 32.0 per 100,000 population; it was higher for men (41.5 per 100,000 men) than for women (23.6 per 100,000 women).
- In 2006 the highest death rates due to diseases of the digestive system were recorded in Eastern Europe and Slovenia (in Hungary 71.4 per 100,000 population: 106.3 per 100,000 men and 43.0 per 100,000 women). The lowest rate was recorded in Greece (15.3 per 100,000 population: 19.7 per 100,000 men and 11.3 per 100,000 women).
- In Slovenia the standardised death rate due to diseases of the digestive system was 40.6 per 100,000 population (for men 58.1 per 100,000 men and for women 25.8 per 100,000 women), 4.2% less than in 2005.

Health status in the EU

Standardised death rate due to accidents¹¹ per 100,000 population by sex, EU-27, 2006

Note: Data for Belgium and Denmark are not available.

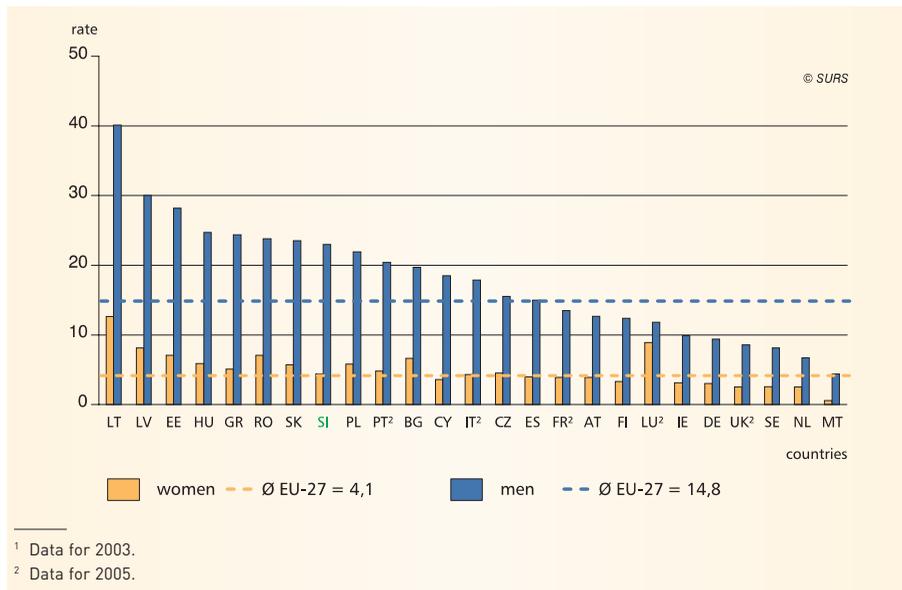
Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 17 December 2008

- In 2006 the standardised death rate due to accidents in the EU-27 was 25.8 per 100,000 population; it was higher for men (38.1 per 100,000 men) than for women (14.2 per 100,000 women). 72.5% of people who died due to accidents were less than 65 years old.
- In 2006 the highest death rates due to accidents were recorded in Eastern Europe and Finland (in Lithuania 99.4 per 100,000 population: 169.6 per 100,000 men and 41.5 per 100,000 women). The lowest rate was recorded in the Netherlands (15.2 per 100,000 population: 20.2 per 100,000 men and 10.9 per 100,000 women).
- In Slovenia the standardised death rate due to accidents was 36.7 per 100,000 population (for men 57.1 per 100,000 men and for women 18.5 per 100,000 women), which is 14.7% more than in 2005. 61.3% of people who died due to accidents in Slovenia were less than 65 years old.

¹¹ Excluding suicides and intentional self-harm.

Health status in the EU

Standardised death rate due to transport accidents per 100,000 population by sex, EU-27, 2006



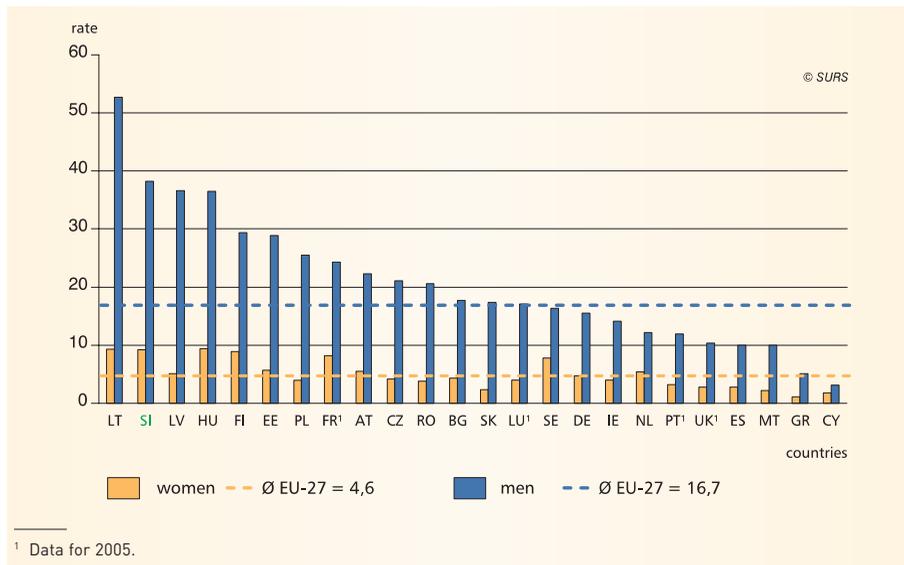
Note: Data for Belgium, Denmark and Italy are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

- In 2006 the standardised death rate due to transport accidents in the EU-27 was 9.4 per 100,000 population: it was higher for men (14.8 per 100,000 men) than for women (4.1 per 100,000 women). In the EU-27 more than 46,300 people died due to transport accidents in 2006.
- In 2006 the highest death rates due to transport accidents were recorded in Eastern Europe (in Lithuania 25.3 per 100,000 population: 40.1 per 100,000 men and 12.6 per 100,000 women). The lowest rate was recorded in Malta (2.5 per 100,000 population: 4.4 per 100,000 men and 0.6 per 100,000 women).
- In Slovenia the standardised death rate due to transport accidents was 13.7 per 100,000 population (for men 23.0 per 100,000 men and for women 4.4 per 100,000 women), which is 5.4% more than in 2005. 98.5% of people who died due to transport accidents in Slovenia were less than 65 years old.

Health status in the EU

Standardised death rate due to suicide and intentional self-harm per 100,000 population by sex, EU-27, 2006



Note: Data for Belgium, Denmark and Italy are not available.

Source: Eurostat (<http://epp.eurostat.ec.europa.eu>), 3 December 2008

- According to World Health Organisation estimates about a million people die every year due to suicide and intentional self-harm. In the past 45 years the global incidence of suicide and intentional self-harm increased by about 60% and is becoming an ever greater burden of modern societies.
- In 2006 the standardised death rate due suicide and intentional self-harm in the EU-27 was 10.4 per 100,000 population; it was higher for men (16.7 per 100,000 men) than for women (4.6 per 100,000 women). In the EU-27 on average more than 140 people died due to suicide and intentional self-harm every day in 2006, which gives a yearly total of more than 51,200.
- In 2006, 529 people (415 men and 114 women) died in Slovenia due to suicide and intentional self-harm.
- In 2006 the highest death rate due to suicide and intentional self-harm were recorded in Eastern Europe and Slovenia (in Lithuania 28.9 per 100,000 population: 52.7 per 100,000 men and 9.3 per 100,000 women). The lowest rates were recorded in the Mediterranean countries (in Cyprus 2.4 per 100,000 population: 3.1 per 100,000 men and 1.8 per 100,000 women) and in the United Kingdom.

Health status in the EU

- As regards suicide and intentional self-harm, in 2006 Slovenia was second among the EU-27 Member States with the death rate of 22.8 per 100,000 (38.2 per 100,000 men and 9.2 per 100,000 women). Compared to 2005 the number of people who died due to suicide and intentional self-harm increased by 3.6%. 86.0% of people who died due to suicide and intentional self-harm in Slovenia were less than 65 years old.

2

HEALTH AND HEALTH CARE, SLOVENIA, 2007

Data presented further on were collected with the European Health Interview Survey 2007, which was conducted by the Institute of Public Health of the Republic of Slovenia on a representative sample of Slovenian residents aged 15 years or more.

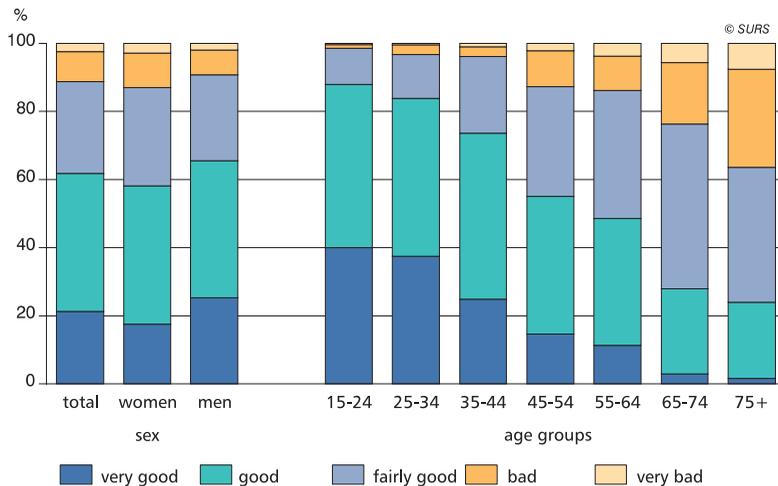
The survey was conducted in the period between 20th October and the end of 2007. The data were collected with personal interviewing at the addresses of persons selected for the sample. All the data presented here refer to residents aged 15 years or more (hereinafter they are called residents or respondents).

In the methodology of the mentioned survey Eurostat recommendations were followed.

This publication presents the first selected results. More data are published on the website of the Institute of Public Health of the Republic of Slovenia (<http://www.ivz.si>).

2.1 Health status, Slovenia, 2007

General health status of the population by sex and age groups, Slovenia, 2007

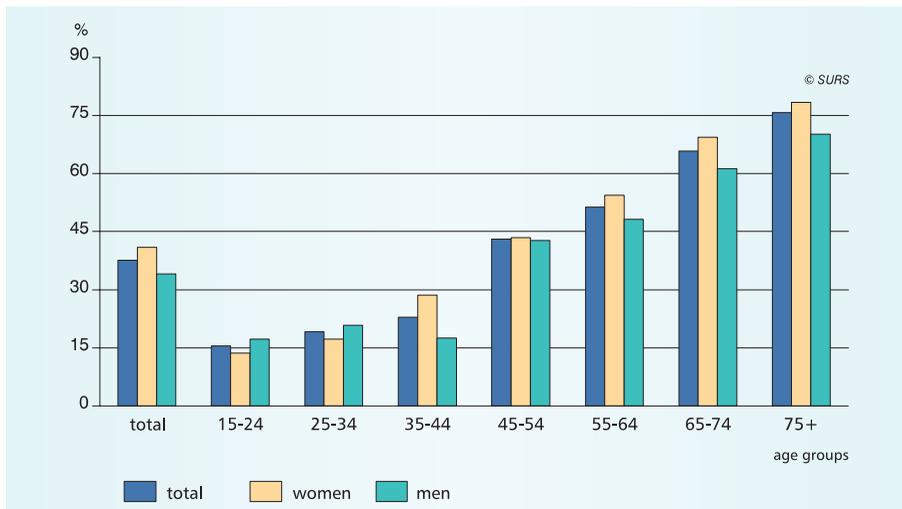


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- Almost two thirds (61.8%) of residents aged 15 years or more evaluated their general health status as *good* or *very good*, and 27.1% as *fairly good*.
- Men have a slightly better opinion about their health than women do about theirs.
- Older people in Slovenia evaluated their general health status in 2007 worse than younger people did. In other words: the higher the age of the respondents, the worse their evaluation of their health in general. For example, 87.9% of respondents aged 15-24 years and only 24% of respondents over 75 years of age evaluated their health in general as *good* or *very good*.

Health status, Slovenia, 2007

People with a long-standing illness or long-standing health problem by age groups and sex, Slovenia, 2007



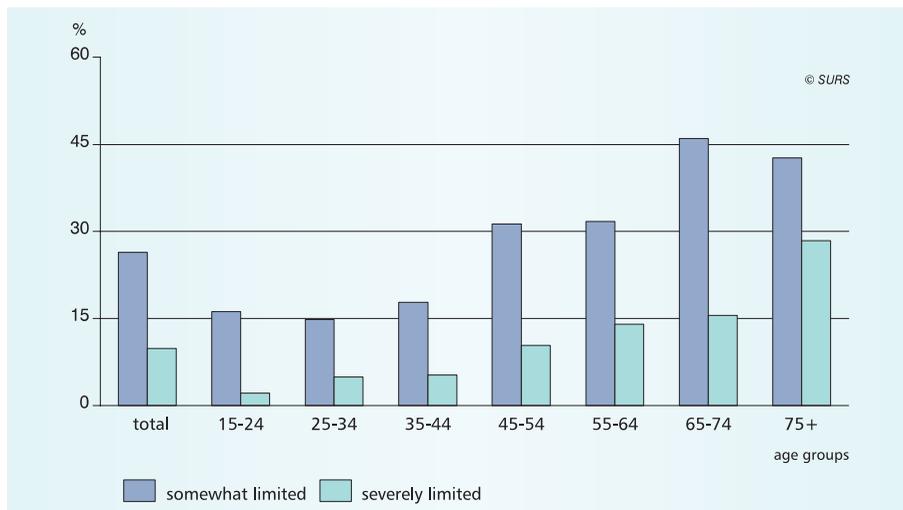
Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- Among residents aged 15 years or more 37.6% had a long-standing illness or long-standing health problem¹².
- The share of residents with a long-standing illness or long-standing health problem increases with age. Thus in 2007 75.8% of respondents aged 75+ and only 15.5% of respondents aged 15-24 had a long-standing illness or long-standing health problem.
- In general and in most of the age groups the share of people with a long-standing illness or long-standing health problem was higher among women. Only in the age groups 15-24 and 25-34 the shares of men with a long-standing illness or long-standing health problem were slightly higher than the shares of women.

¹² A long-standing illness or long-standing health problem is an illness or health problem which have lasted, or is expected to last, for 6 months or more (European Health Interview Survey 2007).

Health status, Slovenia, 2007

People limited in usual activities due to a health problem, by age groups, Slovenia, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the last 6 months before interviewing 36.3% of respondents aged 15 years or more were limited in usual activities. However, people usually do not report problems if they are only somewhat limited, since they frequently control their health problems to such an extent that these don't cause them substantial problems in the activities they usually do.
- The share of respondents aged 15 years or more who had been in 2007 for at least 6 months before interviewing severely limited in usual activities increases with age. For example, 2.1% of respondents aged 15 to 24 years had for at least 6 months before interviewing been severely limited in usual activities, while the share for respondents aged 65-74 was 15.5% and for respondents aged 75+ 28.4%.

Health status, Slovenia, 2007

People who have or had ever had any of the following diseases or conditions, Slovenia, 2007

Disease or condition	%
Low back disorder or other chronic back defect	40.7
High blood pressure (hypertension)	26.3
Neck disorder or other chronic neck defect	20.1
Severe headache such as migraine	15.7
Allergy, such as rhinitis, eye inflammation, dermatitis, food allergy or other (allergic asthma excluded)	15.3
Rheumatoid arthritis (inflammation of the joints)	12.7
Permanent injury or defect caused by an accident	10.5
Urinary incontinence, problems in controlling the bladder	9.8
Stomach ulcer (gastric or duodenal ulcer)	8.4
Osteoarthritis (arthrosis, joint degeneration)	7.1
Diabetes	6.9
Chronic bronchitis, chronic obstructive pulmonary disease, emphysema	6.1
Asthma (allergic asthma included)	6.0
Coronary heart disease (angina pectoris)	5.3
Chronic anxiety	4.8
Chronic depression	4.6
Cancer (malignant tumour, also including leukaemia and lymphoma)	3.8
Other mental problems	2.7
Myocardial infarction	2.4
Stroke (cerebral haemorrhage, cerebral thrombosis)	1.6
Cirrhosis of the liver, liver dysfunction	1.4

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- Three quarters (74.3%) of residents aged 15 years or more have or had ever had at least one of the stated diseases or conditions.
- In 2007 the most frequent disease or condition among respondents aged 15 years or more was low back disorder or other chronic back defect (40.7%), followed by high blood pressure (26.3%), neck disorder or other chronic neck defect (20.1%), severe headache such as migraine (15.7%), allergy (15.3%), rheumatoid arthritis (12.7%) and permanent injury or defect caused by an accident (10.5%). Other diseases or conditions were revealed by fewer than 10% of respondents.

Health status, Slovenia, 2007

People with high blood pressure, Slovenia, 2007

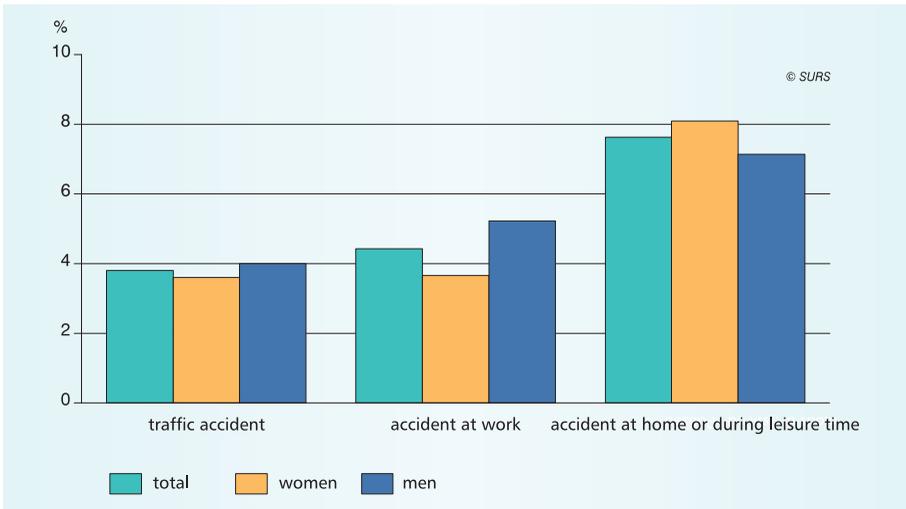
	%
High blood pressure	26.3
Of which	
diagnosed by a medical doctor	25.4
not diagnosed by a medical doctor	0.9
Have never had high blood pressure	73.7

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 26.3% of residents aged 15 years or more have or had ever had high blood pressure.
- A quarter (25.4%) of residents was diagnosed as having high blood pressure by a medical doctor, and 21.6% of residents had had high blood pressure in the last 12 months before interviewing.

Health status, Slovenia, 2007

People who had an accident (on the road, at work, at home) resulting in injury, by type of accident and sex, Slovenia, 2007



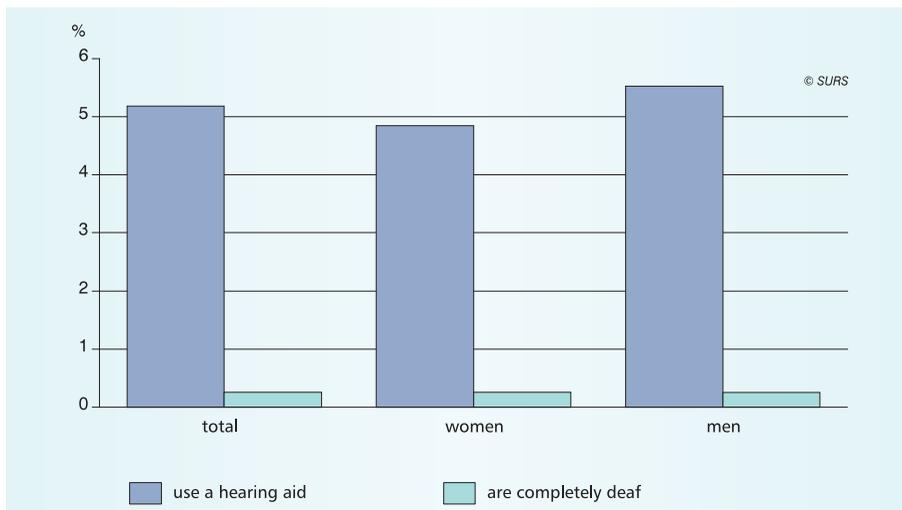
Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

In the last 12 months before interviewing...

- ...3.8% of respondents aged 15 years or more had had a road traffic accident resulting in injury, the share for men being 4.0% and for women 3.6%.
- ...4.4% of respondents aged 15 years or more had had an accident at work, the share for men being 5.2% and for women 3.7%.
- ...7.6% of respondents aged 15 years or more had had an accident at home or during leisure time, the share for men being 7.1% and for women 8.1%.

Health status, Slovenia, 2007

People who used a hearing aid or who were completely deaf, by sex, Slovenia, 2007

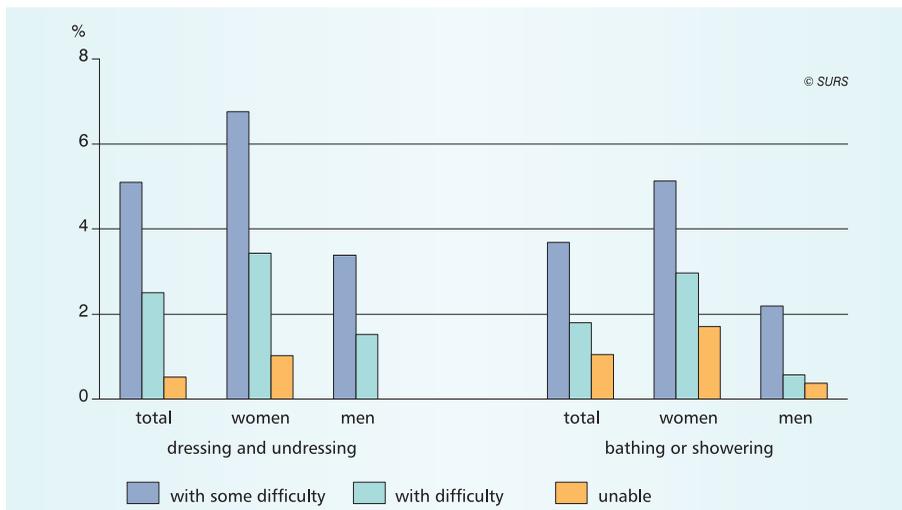


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In 2007 a hearing aid was used by 5.2% of respondents aged 15 years or more, the share for men being 5.5% and for women 4.8%. Less than 1% of respondents were completely deaf.
- In a conversation among several people the uttered words could be heard:
 - without difficulty by 85.7% of respondents (84.8% men and 86.6% women),
 - with some difficulty by 10.5% of respondents (11.8% men and 9.3% women),
 - with considerable difficulty by 3.1% of respondents (2.7% men and 3.3% women).
- Less than 1% of respondents aged 15 years or more did not hear words uttered in a conversation among several people at all.

Health status, Slovenia, 2007

People with difficulty doing some of the everyday activities, by sex, Slovenia, 2007

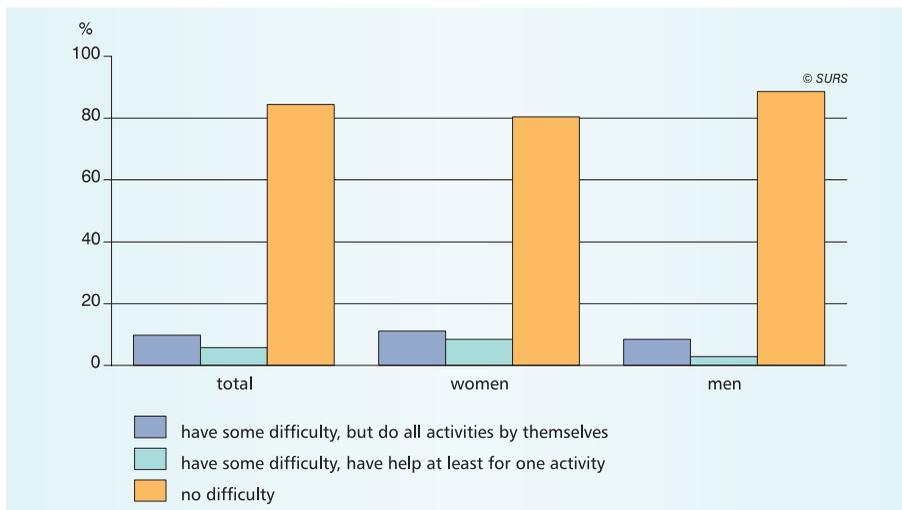


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- The majority of respondents aged 15 years or more had no difficulty in dressing and undressing (91.9%) and in bathing or showering (93.5%).
- Help in dressing and undressing was required by less than 1% of respondents, while help in bathing or showering was required by 1% of the respondents aged 15 years or more.
- Slightly more women than men had difficulties performing the mentioned activities; 11.2% of women had at least some difficulties in dressing and undressing, and 9.8% in bathing or showering.

Health status, Slovenia, 2007

People who require help with everyday personal care activities, by sex, Slovenia, 2007

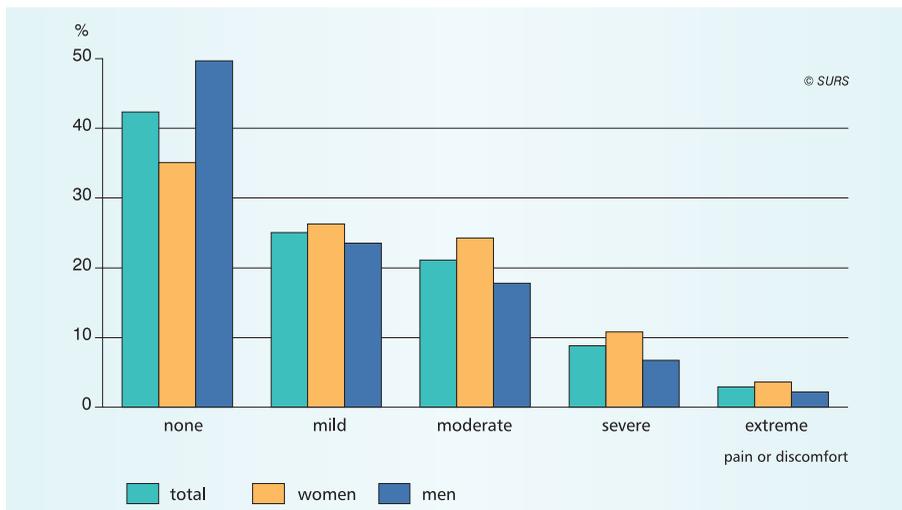


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 84.4% of residents aged 15 or more had no difficulty in taking care of themselves (feeding themselves, dressing and undressing, getting in and out of a bed or chair, using toilets, bathing or showering), 9.8% had some difficulty, but did all activities by themselves, and 5.8% had some difficulty and had help at least for one of the everyday personal care activities.
- Slightly more women than men had at least some difficulty in taking care of themselves. And slightly more women than men needed help at least for one of the everyday personal care activities.

Health status, Slovenia, 2007

People who experienced physical pain or physical discomfort, by sex, Slovenia, 2007

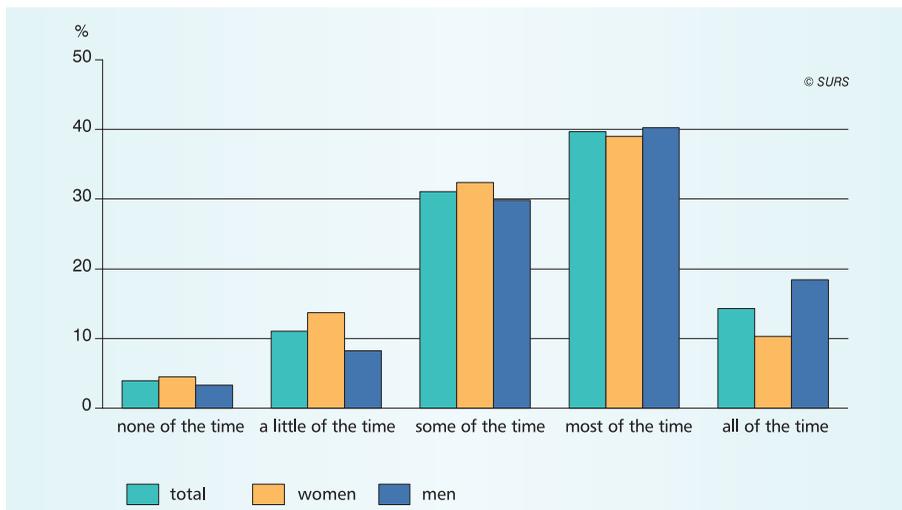


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- More than two fifths (42.3%) of respondents aged 15 years or more had not had any physical pain or physical discomfort during the last four weeks before interviewing, 21.1% of respondents had had moderate physical pain or physical discomfort, 8.8% had had severe physical pain or physical discomfort, and 2.9% had had extreme physical pain or physical discomfort.
- Slightly more women than men had had physical pain or physical discomfort during the last four weeks before interviewing, both as regards total population and as regards individual age groups.
- The share of residents aged 15 or more who during the last four weeks before interviewing experienced physical pain or physical discomfort increased with age.

Health status, Slovenia, 2007

People by how much of the time they felt full of life, by sex, Slovenia, 2007

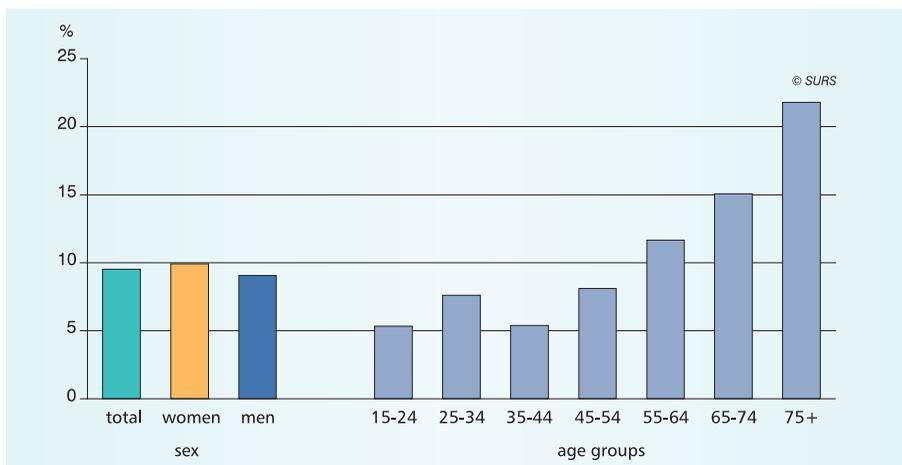


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- More than half (54%) of respondents aged 15 years or more had felt full of life all or most of the time in the last four weeks before interviewing, 11% had felt full of life for a little of the time, and 3.9% had never felt full of life in the mentioned period.
- As regards people who had felt full of life for a little of the time or who had never felt full of life, the share of women was slightly higher than the share of men. On the other hand, among people who had felt full of life all or most of the time the share of men was higher than the share of women.
- The share of respondents who had felt full of life for a little of the time or who had never felt full of life in the mentioned period increased with age.

2.2 Health care, Slovenia, 2007

People who had been in hospital as an in-patient, by sex and age groups, Slovenia, 2007

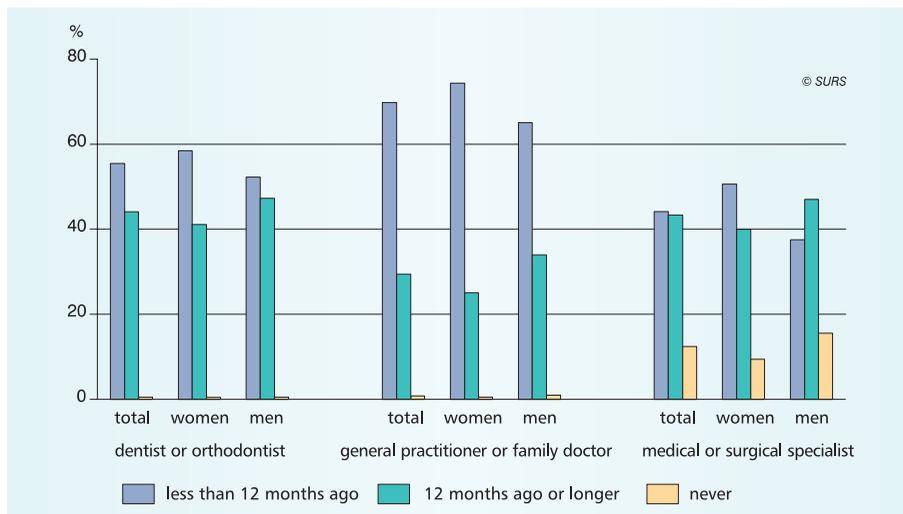


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- During the last 12 months before interviewing 9.5% of respondents aged 15 years or more (9.1% of men and 9.9% of women) had been in hospital either overnight or longer.
- The share of respondents who had been in hospital either overnight or longer in the mentioned period increased with age.
- In the mentioned period 2.7% of respondents aged 15 years or more needed to be hospitalised following a recommendation from a doctor, but they had not been; the share was slightly higher for women than for men.
- The main reasons for not being hospitalised despite a recommendation from a doctor were waiting lists, lack of time (because of work, care for children or for others) and fear of surgery/treatment.

Health care, Slovenia, 2007

People by when they last visited a dentist or orthodontist, consulted a general practitioner or family doctor, or consulted a medical or surgical specialist, by sex, Slovenia, 2007

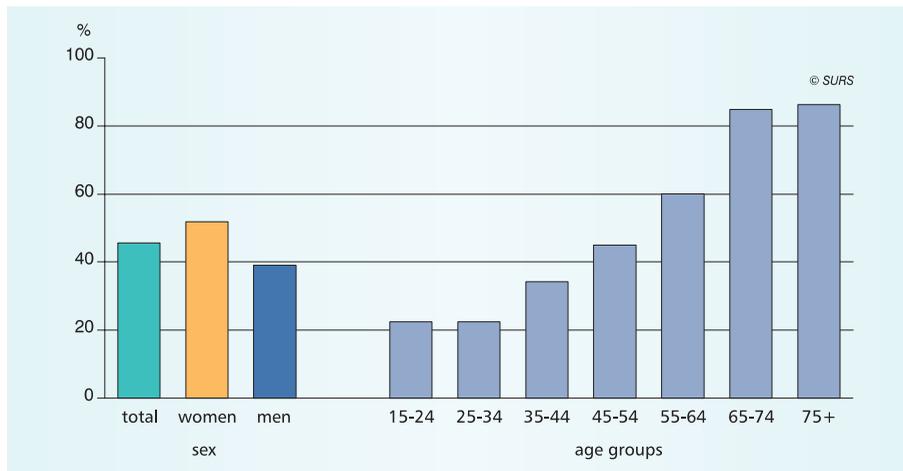


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- During the last 12 months before interviewing more than half (55.4%) of respondents aged 15 years or more had visited a dentist or orthodontist on their own behalf and less than 1% of respondents had never visited a dentist or orthodontists on their own behalf as they had not needed to.
- In the mentioned period 69.8% of respondents had consulted a general practitioner or family doctor and 44.2% of respondents had consulted a medical or surgical specialist on their own behalf.
- On the other hand, less than 1% of respondents had never consulted a practitioner or family doctor and 12.4% had never consulted a medical or surgical specialist on their own behalf as they had not needed to.

Health care, Slovenia, 2007

People who used medicines prescribed or recommended by their doctors, by sex and age groups, Slovenia, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the last two weeks before interviewing 45.6% of respondents aged 15 years or more had used medicines prescribed or recommended by their doctors. The share was slightly higher for women than for men.
- The share of respondents who had used medicines prescribed or recommended by their doctors increased with age.
- Medicines, dietary preparations, herbal medicaments or vitamins that were not prescribed by doctors had been used by more than a third (35.6%) of residents aged 15 years or more.

Health care, Slovenia, 2007

Medicines prescribed or recommended in order to treat some illnesses and the shares of people who were taking them in the last two weeks before the interview, Slovenia, 2007

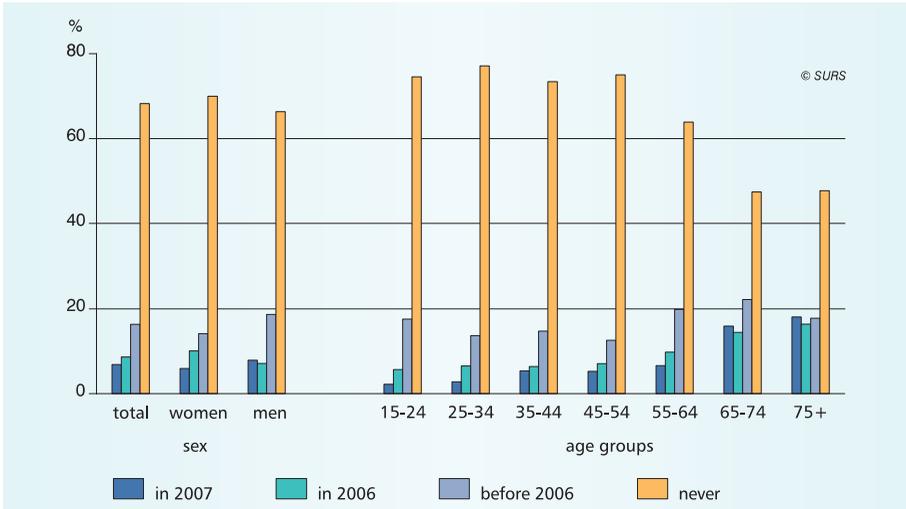
Medicines prescribed or recommended due to ...	%
high blood pressure.	43.7
pain in the neck or back.	21.3
other pain.	19.0
pain in the joints (arthrosis, arthritis).	18.6
lowering the blood cholesterol level.	18.0
headache or migraine.	14.7
other cardiovascular disease, such as stroke and heart attack.	12.2
stomach troubles.	11.1
diabetes.	8.9
tension or anxiety.	7.5
depression.	6.6
asthma.	5.7
allergic symptoms (eczema, rhinitis, hay fever).	5.3
chronic bronchitis, chronic obstructive pulmonary disease, emphysema.	4.2
cancer (chemotherapy).	2.0

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the last two weeks before interviewing 45.6% of respondents aged 15 years or more had used medicines prescribed or recommended by their doctors.
- 43.7% of them had used medicines for high blood pressure, 21.3% for pain in the neck or back, 19% for other pain, 18.6% for pain in the joints, 18% for lowering blood cholesterol level, 14.7% for headache and migraine, 12.2% for other cardiovascular disease, such as stroke and heart attack, 11.1% for stomach troubles and 8.9% for diabetes. Other medicines had been used by less than 8% of respondents.

Health care, Slovenia, 2007

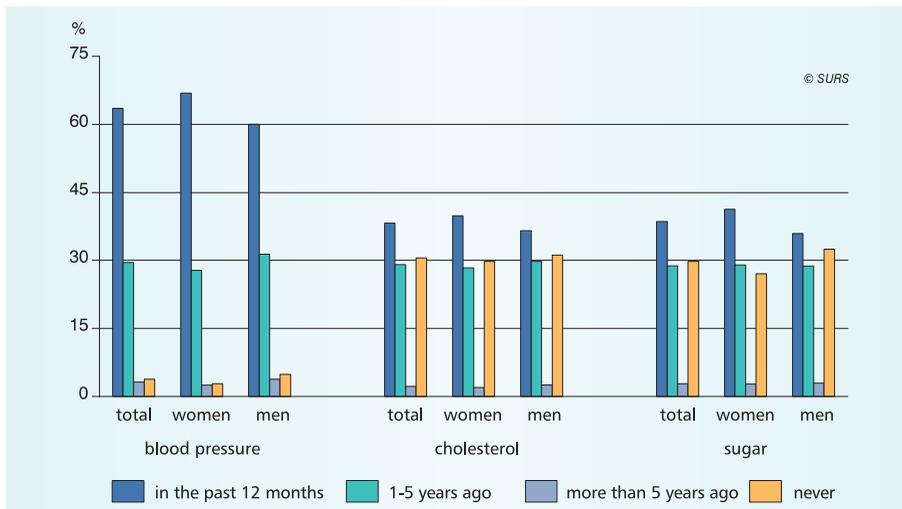
People who had ever been vaccinated against flu, by the time of the last vaccination, by sex and age groups, Slovenia, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 31.7% of respondents aged 15 years or more had at some time in their lives been vaccinated against flu, among which 6.8% were vaccinated in 2007, 8.6% in 2006, and 16.3% before 2006.
- More men than women had been vaccinated against flu. The share increased with age, especially the share of respondents aged 65+ compared to younger respondents.

Health care, Slovenia, 2007

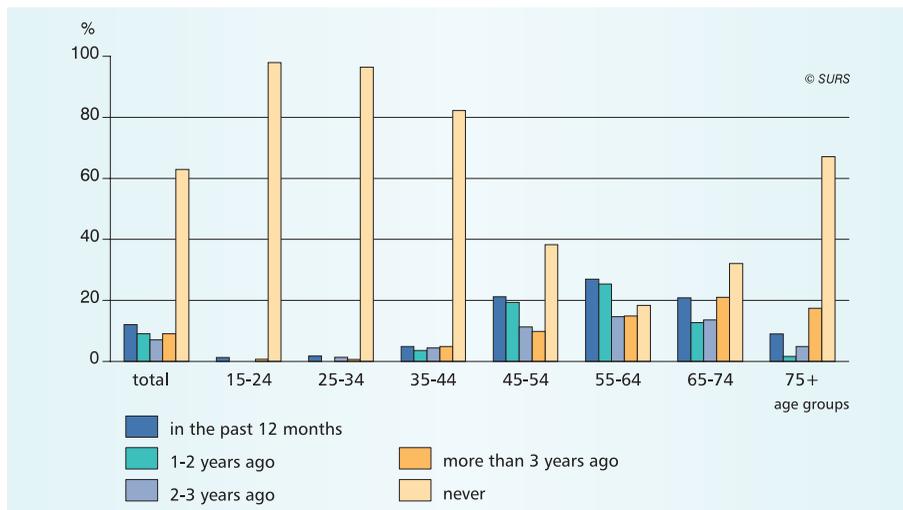
People who had ever been measured blood pressure, cholesterol and sugar by a health care professional, by the time of the last measurement, by sex, Slovenia, 2007

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 96.2% of respondents aged 15 years or more had ever been measured blood pressure, among whom 63.5% had been measured within the past 12 months before interviewing, 29.5% had been measured one to five years before interviewing, and 3.1% had been measured more than five years before interviewing. On the other hand, 3.8% of respondents had never been measured blood pressure.
- 69.5% of respondents aged 15 years or more had ever been measured blood cholesterol, among whom 38.2% had been measured within the past 12 months before interviewing, 29.1% had been measured one to five years before interviewing, and 2.3% had been measured more than five years before interviewing. On the other hand, 30.5% of respondents had never been measured blood cholesterol.
- 70.2% of respondents aged 15 years or more had ever been measured blood sugar, among whom 38.6% had been measured within the past 12 months before interviewing, 28.8% had been measured one to five years before interviewing, and 2.8% had been measured more than five years before interviewing. On the other hand, 29.8% of respondents had never been measured blood sugar.
- Among residents who had ever been measured blood pressure, cholesterol and/or sugar the share of women was slightly higher than the share of men.

Health care, Slovenia, 2007

Women who had ever had a mammography, by the time since the last mammography, by age groups, Slovenia, 2007

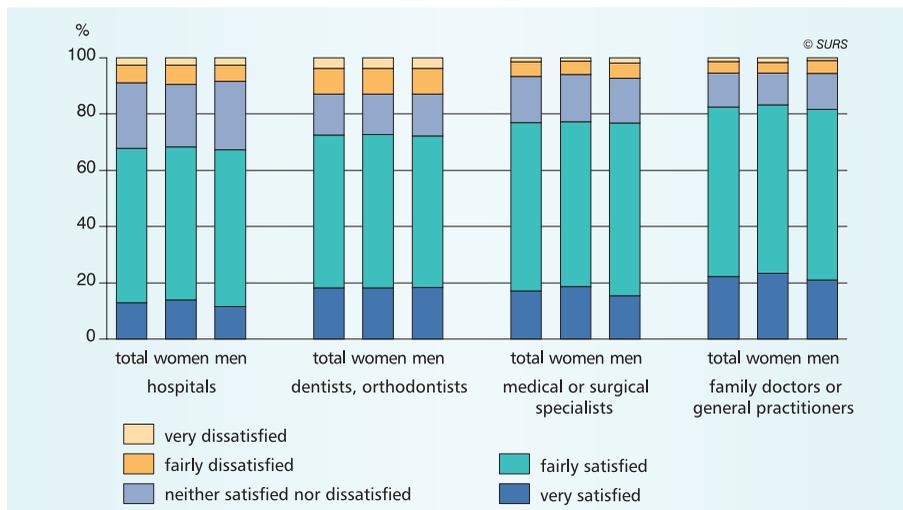


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 37.1% of the interviewed women aged 15 years or more had ever had a mammography, i.e. x-ray of one or both breasts. The highest share of women that had had a mammography were those 55 to 64 years old (81.8%), followed by those 65 to 74 years old (68%) and those 45 to 54 years old (61.7%).
- The highest share of women that had had a mammography within the past 12 months before interviewing represent women 55 to 64 years old (26.9%), followed by those 45 to 54 years old (21.2%) and those 65 to 74 years old (20.8%).
- Mammography is used as a screening test for early detection of breast cancer. In Slovenia the national screening program started at the end of March 2008 and covers the target population of women aged 50 to 69.

Health care, Slovenia, 2007

Satisfaction with services provided by health care providers, by sex, Slovenia, 2007

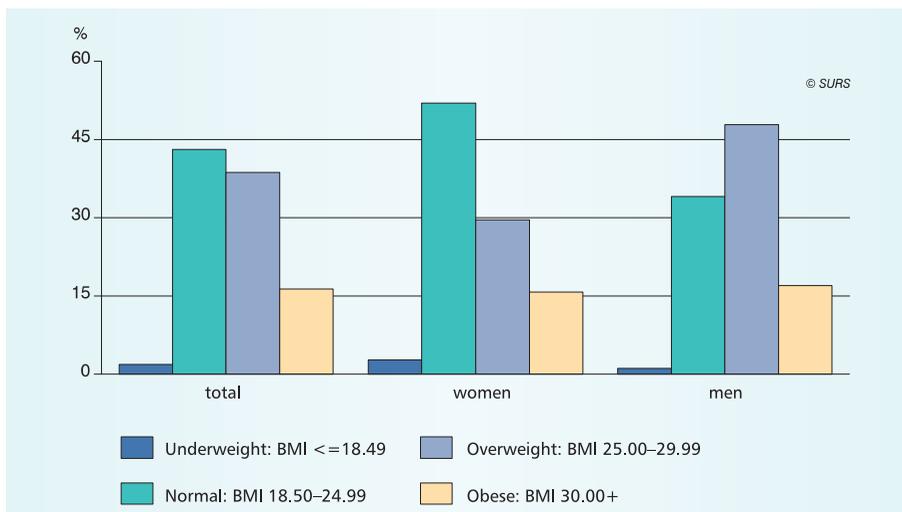


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In Slovenia the highest share of respondents aged 15 years or more was at least fairly satisfied with family doctors or general practitioners (82.4%) and with medical or surgical specialists (77.1%). On the other hand, 5.5% of respondents were dissatisfied.
- Most of the respondents were dissatisfied with dentists and orthodontists and other dental care specialists (12.9%).
- As regards sex, there were no significant differences in the level of satisfaction with health care services. Women were slightly less satisfied with family doctors and general practitioners than men, while men were slightly less satisfied with hospitals (including emergency departments) than women.

2.3 Health determinants, Slovenia, 2007

Body mass index (BMI)¹³ by sex, Slovenia, 2007



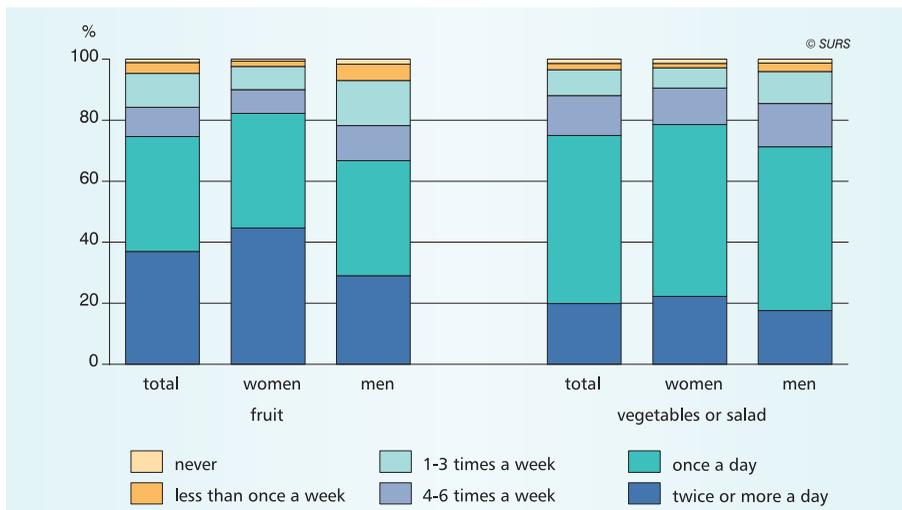
Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 55.1% of residents aged 15 years or more were overweight or obese, 43% had normal weight and less than 2% were underweight.
- More men (64.9%) than women (45.4%) were overweight or obese. As regards obesity, 17% of men and 15.8% of women were obese.

¹³ The body mass index [BMI] can be calculated from a person's weight in kilograms and height in metres as it represents the ratio between weight and the square of height.

Health determinants, Slovenia, 2007

People by how often they eat fruits, and vegetables or salad, by sex, Slovenia, 2007

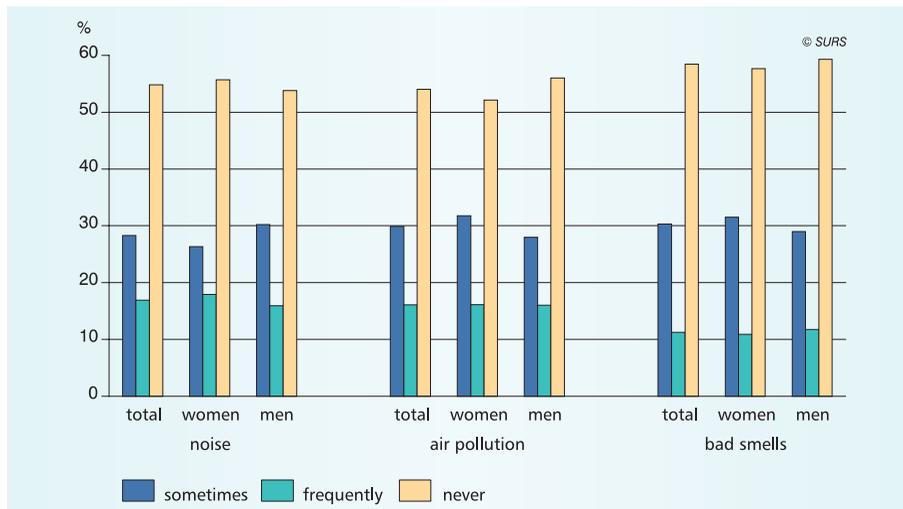


Note: Data for fruit exclude fruit juice and data for vegetables exclude vegetable juice.

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- 37% of respondents aged 15 years or more ate fruits twice or more a day, 37.7% once a day, 3.6% less than once a week and 1.1% never.
- 19.9% of respondents aged 15 years or more ate vegetables twice or more a day, 55.1% once a day, 2.1% less than once a week and 1.3% never.
- Women ate fruits and vegetables more often than men.

Health determinants, Slovenia, 2007

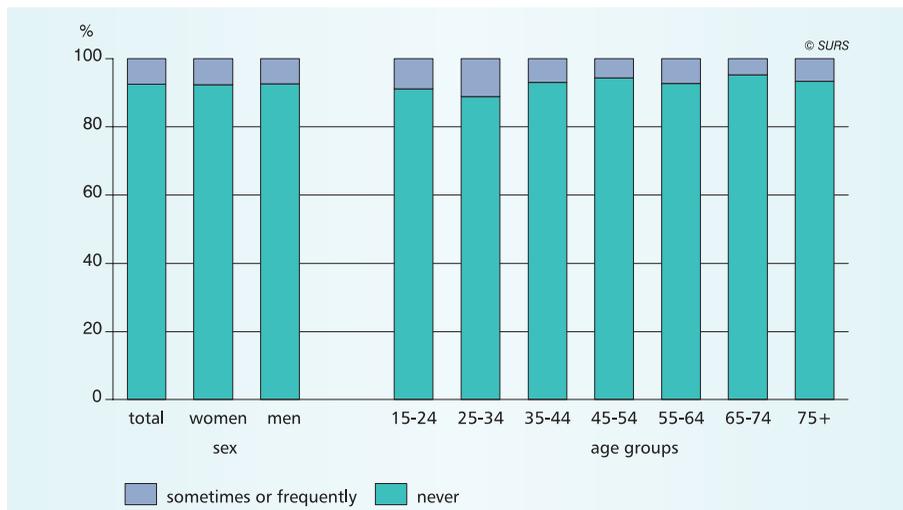
People by how often they were exposed to unhealthy conditions at home¹⁴, by sex, Slovenia, 2007

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the past 12 months before interviewing 16.9% of respondents aged 15 years or more had been at home frequently exposed to noise, 16.1% had been frequently exposed to air pollution and 11.3% had been frequently exposed to bad smells. 28.3% of respondents had been at home sometimes exposed to noise, 29.9% had been sometimes exposed to air pollution and 30.3% had been sometimes exposed to bad smells.
- Women had been slightly more exposed to air pollution and bad smells than men, while men were slightly more exposed to noise than women.

¹⁴ Noise (road, railway or air traffic, factories, neighbours, animals, restaurants, bars, discos); air pollution (fine dust, grime, dust, smoke, ozone); bad smell (industry, agriculture, sewer, waste).

Health determinants, Slovenia, 2007

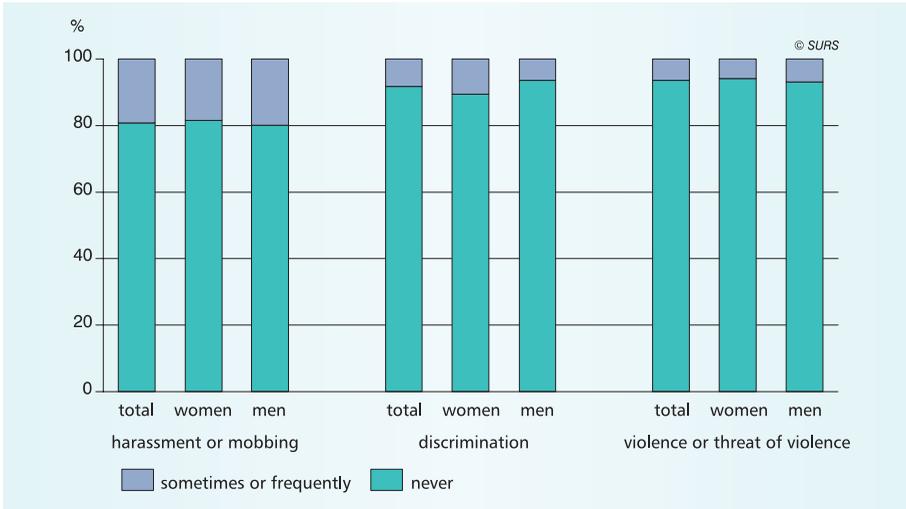
People by how often they were exposed to crime, violence or vandalism at home or in the area where they live, by age groups and sex, Slovenia, 2007

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the past 12 months before interviewing 7.5% of respondents aged 15 years or more had been sometimes or frequently exposed to crime, violence or vandalism at home or in the area where they live and 92.5% had never been exposed.
- As regards age groups, residents aged 25 to 34 years had been slightly more frequently exposed to violence or vandalism at home or in the area where they live.

Health determinants, Slovenia, 2007

People by how often they were exposed to harassment, discrimination and violence at the workplace, by sex, Slovenia, 2007

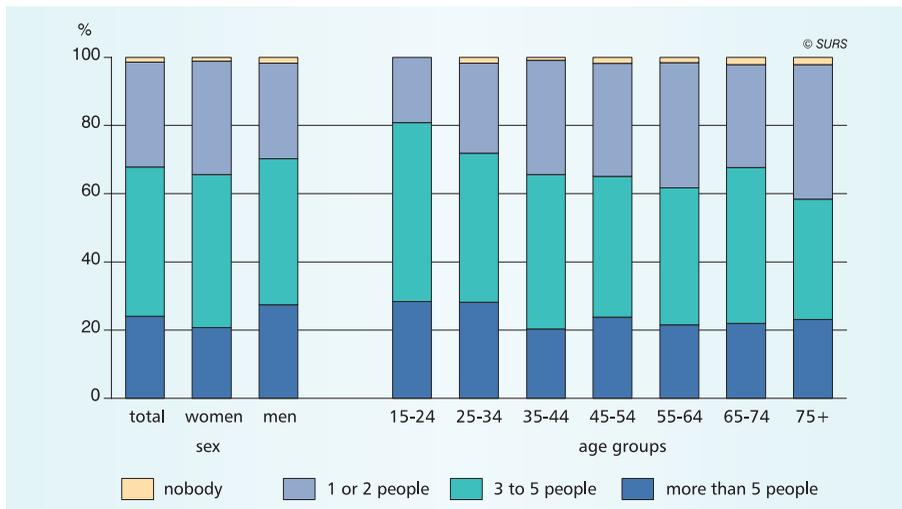


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- At their workplace 19.3% of respondents aged 15 years or more were sometimes or frequently exposed to harassment or mobbing, 8.2% were sometimes or frequently exposed to discrimination and 6.4% were sometimes or frequently exposed to violence or threat of violence.
- More women (10.6%) than men (6.4%) were exposed to discrimination at the workplace.

Health determinants, Slovenia, 2007

People who can count on other people's help if they have a serious personal problem, by sex and age groups, Slovenia, 2007

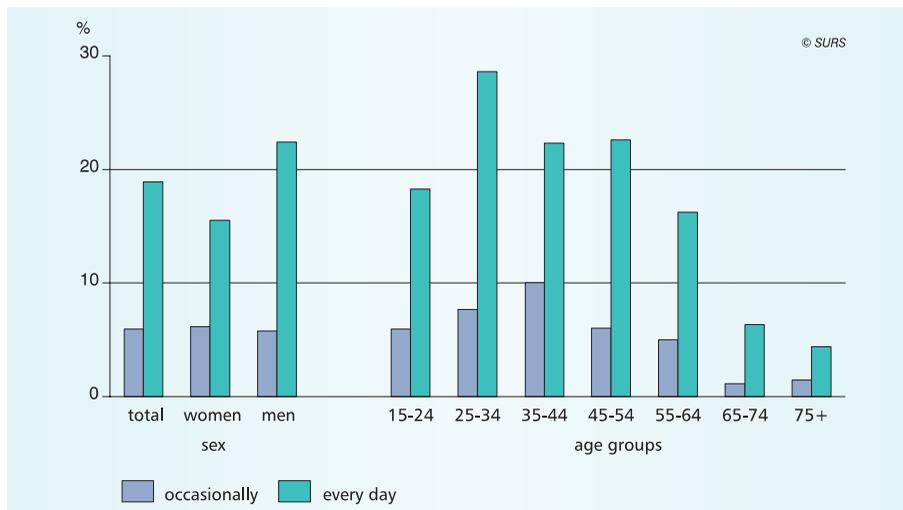


Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- At the time of interviewing a quarter (24%) of respondents aged 15 years or more could count on more than five people if they had a serious personal problem, 43.9% could count on three to five people, 30.8% could count on one or two people, and 1.4% could not count on anybody.
- More men than women could count on more than five people if they had a serious personal problem. Younger people (aged 15 to 24) could count on the greatest number of people to help them as in this age group the share of respondents who could count on only one or two people was the lowest. The number of people on whom respondents could count if they had a serious personal problem decreased with age.

Health determinants, Slovenia, 2007

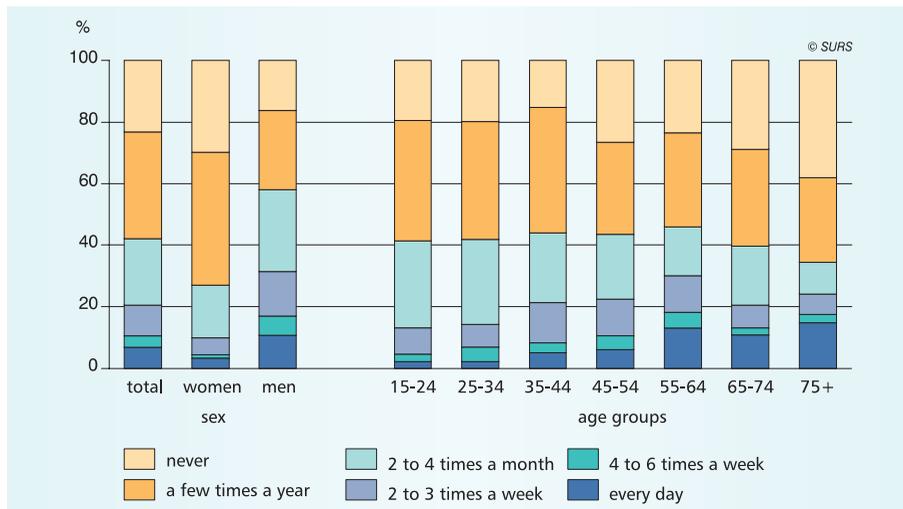
Smokers by the frequency of smoking, by sex and age groups, Slovenia, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- Three quarters (75.1%) of respondents aged 15 years or more did not smoke at all at the time of interviewing, 6% smoked occasionally and 18.9% smoked every day.
- There were more smokers among men and among people aged 25 to 44. The share of smokers decreased with age.
- Most of the daily smokers smoked factory-made cigarettes.

Health determinants, Slovenia, 2007

People by how often they had had an alcoholic drink¹⁵, by the frequency of drinking, sex and age groups, Slovenia, 2007

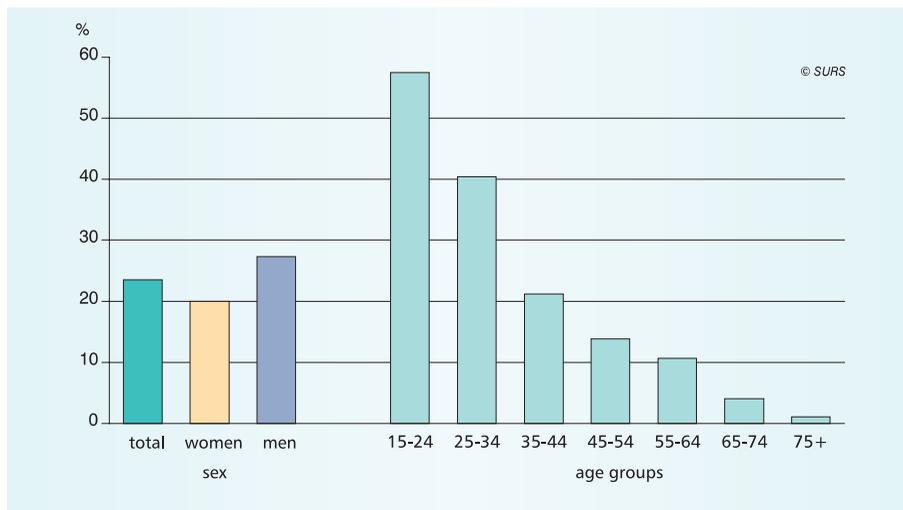
Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- In the past 12 months before interviewing, 6.9% of respondents aged 15 years or more had drunk alcoholic drinks of any kind every day, 3.7% four to six times a week, 21.7% two to three times a week, 34.6% two to four times a month, and 23.2% had not drunk any alcoholic drink of any kind.
- The share of respondents who had drunk alcoholic drinks of any kind was higher among men and among 35-44-year-olds. The share of respondents who had drunk alcoholic drinks of any kind decreased with age. On the other hand, the share of daily drinkers increased with age.
- As regards respondents who had drunk alcoholic drinks of any kind in the 12 months before interviewing at least a few times a year, more than half (55.3%) had never drunk more than 6 units of alcohol on one occasion, 30% had drunk 6 or more units less than once a month and 10.8% had drunk 6 or more units once a month. Less than 5% of respondents had drunk 6 or more units every week or every day.

¹⁵ Beer, wine, spirits, liqueurs or other alcoholic beverages.

Health determinants, Slovenia, 2007

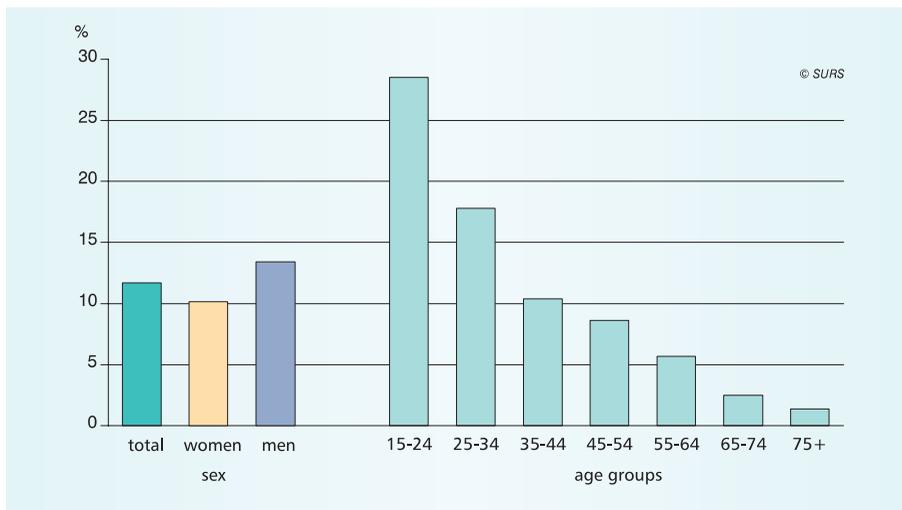
People who personally know people who take cannabis, by sex and age groups, Slovenia, 2007



Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- At the time of interviewing 23.6% of respondents aged 15 years or more personally knew people who took cannabis.
- The share of respondents who personally knew people who took cannabis was slightly higher among men than women.
- The highest share of those who personally knew people who took cannabis was among youth; in the age group 15 to 24 the share was 57.5%: for men 60.4% and for women 54.4%. The share of respondents who personally knew people who took cannabis decreased with age.

Health determinants, Slovenia, 2007

People who personally know people who take other drugs, such as cocaine, amphetamines, ecstasy or other similar substances, by sex and age groups, Slovenia, 2007

Source: European Health Interview Survey 2007, Institute of Public Health of the Republic of Slovenia

- At the time of interviewing 11.7% of respondents aged 15 years or more personally knew people who took other drugs, such as cocaine, amphetamines, ecstasy or other similar substances.
- The share of respondents who personally knew people who took these other drugs was slightly higher among men than women.
- The highest share of those who personally knew people who took other drugs was among youth; in the age group 15 to 24 the share was 28.5%: for men 32.6% and for women 24.0%.
- The share of respondents who personally knew people who took other drugs decreased with age.

3

DEFINITIONS AND EXPLANATIONS OF SOME BASIC CONCEPTS

DEFINITIONS AND EXPLANATIONS OF SOME BASIC CONCEPTS

BODY MASS INDEX (BMI) is determined as weight in kilograms divided by the square of height in metres. On the basis of the current classification of the World Health Organisation (WHO, 1997) BMI under 18.5 = underweight, 18.5 to 25 = optimum body mass, 25 to 30 = overweight, BMI over 30 = obesity.

EHIS or **EUROPEAN HEALTH INTERVIEW SURVEY** is conducted according to a common, harmonised methodology with the purpose to find out the health status of the population, how frequently people use various health care services and what their life style in relation to health is. The survey questionnaire was prepared by the Statistical Office of the European Communities (Eurostat).

EU-SILC or **STATISTICS ON INCOME AND LIVING CONDITIONS** is a multipurpose survey and a source of data for calculating social indicators published by the Statistical Office of the Republic of Slovenia and Eurostat. Because the data for calculating these indicators are collected according to a common, harmonised methodology based on Regulation (EC) No. 1177/2003 of the European Parliament and Council concerning Community statistics on income and living conditions (EU-SILC), the calculated indicators are comparable among EU Member States. In Slovenia the EU-SILC survey was conducted for the first time in 2005.

GROSS DOMESTIC PRODUCT (GDP) equals value added at basic prices plus taxes on products less subsidies on products. Gross domestic product thus equals the sum of value added at basic prices of all domestic (resident) production units and net taxes on products (taxes less subsidies on products). Gross domestic product by expenditure approach equals total domestic consumption plus external trade balance with the rest of the world. Domestic consumption includes resident households expenditures (national concept), expenditures of non-profit institutions serving households and general government and gross capital formation. Gross domestic product by income approach equals the sum of compensation of employees, net taxes on production (taxes on production less subsidies on production) and gross operating surplus and mixed income.

HEALTHY LIFE YEARS (also known as expected life free of disability) is the indicator used to measure the number of years for which it is expected that the person of a certain age will live without disability. It is used to distinguish between years of life without limitations in performing activities and years with at least one limitation. The emphasis is not on the length of life itself - as for the life expectancy at birth - but on the quality of life.

INCIDENCE is the number of new cases of a disease found within a certain population over a certain period of time in a certain territory.

LIFE EXPECTANCY AT BIRTH is the average number of years people aged x years are expected to live if age-specific mortality rate during their lifetime remains the same as the values in life tables for the observed year.

LONG-TERM CARE SERVICES are long-term health care services and long-term social services. Long-term health services encompass the organisation and delivery of a broad range of services and assistance to people who are limited in their ability to function independently on a daily basis over an extended period of time. Functional dependency can result from either physical or mental limitations and is defined in terms of the inability to

DEFINITIONS AND EXPLANATIONS OF SOME BASIC CONCEPTS

perform essential activities of daily living, such as eating, bathing, dressing, using the toilet, getting into and out of bed, and moving about the house. Long-term social services encompass activities necessary to remain independent, known as instrumental activities of daily living such as shopping, cooking, doing laundry, managing household finances, and housekeeping (OECD).

LONG-STANDING ILLNESS OR LONG-STANDING HEALTH PROBLEM is any illness/problem that lasts or is expected to last 6 months or more (EHIS).

LONG-STANDING ILLNESS OR LONG-STANDING HEALTH PROBLEM is a chronic or long-standing illness due to which one needs to go to regular medical examinations and needs to be treated for a longer time. Chronic illnesses are for example: cardiovascular diseases, diabetes, all types of cancer, chronic bronchitis, asthma, joint diseases, stomach (gastric or duodenal) ulcer, liver disease, etc. Chronic illnesses are also "seasonal" diseases lasting less than 6 months and diseases due to which a person could still work rather normally, e.g. hay fever (EU-SILC).

PARITY is the ratio of the value of a currency towards gold or a leading currency.

PREVALENCE is the total number of cases of the disease in the population at a given time.

PURCHASING POWER PARITIES (PPP) are generally defined as spatial price deflators and currency converters, which eliminate the effects of the differences in price levels between countries. PPPs have two functions: the function of spatial price deflators and the function of currency converters into some common currency. When countries have a common currency, PPPs have only the first function, i.e. the function of spatial price deflators. In their simplest form, PPPs are price relatives of individual products and services expressed in national currencies of different countries. On the level of GDP, PPPs are aggregated price relatives for the whole range of products and services of GDP. The ratio of PPP and the exchange rate for the level of GDP is the indicator of the general price level.

STANDARDISED DEATH RATE enables a comparison of health status of various population groups. This is the death rate that would be true for a population if it had a standardised age structure. The most frequently used are the world standard population or the European standard population as determined by the World Health Organisation (WHO).

TOTAL HEALTH EXPENDITURE comprises total public and private expenditure on health services provided and medical goods dispensed to Slovenian residents according to the System of Health Accounts methodology. It includes expenditure on curative care, rehabilitative care, long-term nursing care, ancillary health services, medical goods, prevention and public health services, and health administration and health insurance (expenditure on cash benefits – sickness benefits, funeral allowances – is not included).

LIST OF COUNTRIES: NAMES AND ABBREVIATIONS (ISO 3166)

Country name	Abbr.	Country name	Abbr.
EU-27, TOTAL	EU-27	Italy	IT
EU-25, TOTAL	EU-25	Latvia	LV
Austria	AT	Lithuania	LT
Belgium	BE	Luxembourg	LU
Bulgaria	BG	Malta	MT
Cyprus	CY	Netherlands	NL
Czech Republic	CZ	Poland	PL
Denmark	DK	Portugal	PT
Estonia	EE	Romania	RO
Finland	FI	Slovakia	SK
France	FR	Slovenia	SI
Germany	DE	Spain	ES
Greece	GR	Sweden	SE
Hungary	HU	United Kingdom	UK
Ireland	IE		

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