Country experiences with monitoring action on SDH - Slovenia

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WHO Technical Meeting on Measuring and Monitoring Action on the Social Determinants of Health
Ottawa, 20th – 22nd June 2016
Ljubljana 2016

Green Cities Fit for Life
Context in which monitoring started
Interlinks of policy and expert cycle – importance of HiAP, multidisciplinary competence, SDH

Defining and testing theories
Methodology development
Interpretation of scientific results

Negotiations where different interests are existing
Preparation and enforcement in implementation of regulation and soft legislation

PARTICIPATIVITY (including stakeholders, citizens)

Analysis and interpretation of the relevant knowledge in the field
Defining priorities

Definition of goals and target groups
Definition of indictors

Implementation
Providing resources
Definition of channels
Evaluation

Definition of relevant policies/sectors
Definition of measures
Interactive communication strategies

Source: Gabrijelčič Blenkuš et al., NIPH, 2012
Government of Slovenia
2008-2013 Development strategy for Slovenia
IMAD
Development report (annual, going on without new strategy)

MoH
“Together for healthy society” 2016-25, under monitoring chapter the obligation for periodical monitoring of SDH (report every 4-5 years)

NIPH
Financial crisis in 2008-09: Inequalities in Health in Slovenia 2011

MLFSA and Parliamentarian decision
Mandate for the regular reporting on social situation in Slovenia

SPI
Social situation (position) in Slovenia, since 2013/14, annual reports
Reporting process
Reporting process:
Importance of networking, joining sources, working together, building new relationships, ...

Goal: Aligned work of different institutions, with different working procedures, definitions, conceptual understanding – necessary to develop multidisciplinary competences

Supportive: the same legislative framework in data protection, the same statistical reporting system, linked to EUROSTAT, WHO, OECD

Reporting back:
IMAD reports annually to the government, ISP reports annually to the MLFSA, NIJZ reports to MoH every 4-5 years

Reports are resources for EU, WHO and OECD reporting; harmonized international reporting very helpful for smaller countries

Reporting to the different target audiences, via different channels - media, journals (importance of communication strategy – KT/KB)
Scope of system coverage of SDH
Inequalities in Health in Slovenia, 2011
main aim: presentation of the situation, call for action, activation; definition of what we need in the area of SDH to take action, what are the priorities; awareness raising
Development report 2016

3 Prebivalstvo in socialna država

3.1 Stopnja rodnosti
3.2 Selitveni prirast
3.3 Pričakovano trajanje življenja
3.4 Koeficient starostne strukture
3.5 Stopnja delovne aktivnosti
3.6 Stopnja brezposelnosti
3.7 Stopnja dolgotrajne brezposelnosti
3.8 Začasne in delne zaposlitev
3.9 Minimalna plača...
3.10 Mladi, ki niso zapošljeni
3.11 Izdatki za socialno zavarovanje
3.12 Izdatki za zdravstveno zavarovanje
3.13 Izdatki za dolgotrajno brezposelnost
3.14 Izdatki za pokojninsko zavarovanje
3.15 Stopnja pokritosti
3.16 Bruto prilagojeni nacionalni izid
3.17 Dohodkovna neenakost
3.18 Zadolženost prebivalstva
3.19 Zadovoljstvo z življenjem
3.20 Leta zdravega življenja
3.21 Delež prebivalstva...
3.22 Stopnja tveganja revscine
3.23 Materialna prikrajšanost

Life expectancy and healthy life years expectancy
Employment and unemployment rates
Minimal wages
Education dropouts
Social coverage expenses
Health expenses
Long term care expenses
Income inequalities
Share of inhabitants with minimum secondary education
Poverty risk ratio
Material deprivation

…
Policies and measures, impacting the social conditions
Macroeconomic and demographic situation
Labour market conditions, employment and unemployment, employment policies
Social protection expenditure
Social policies and measures, social protection

Focus of 2013/14 report:
social situation of families with children
Qualitative part – focus groups and interviews with key informants on the social situation of families, identification of the vulnerable groups, ...
Inequalities in Health in Slovenia, 2016, under preparation

1. Data on inequality in Slovenia (life expectancy, healthy life expectancy; infant mortality; HBSC, SHARE, self-perceived health (EU-SILC)

2. »Main health stories«, such as:
   - smoking, lung cancer and new tobacco legislation and taxation
   - alcohol, alcohol related mortality and stakeholders mobilization
   - physical activity, nutrition, obesity CVD, diabetes and policy measures (including active and healthy ageing strategy; food reformulation and reducing marketing pressure to children)
   - mental health, depression, suicide and the call for the national mental health strategy
   - oral health, focus on older population, need for equitable dental health care access

3. Health expenditure data

4. Good practices: SVIT – colon cancer screening), preventive programs for children and adolescent, nutrition policy and curbing/reversing obesity trends; potential others
How to measure the global economic environment as the SDH? National states are in controle of a part of the social determinants of health. Global economic environment is substantionally influencing socio-economic environment in many of the WHO MS.
Best data example from your system
Fig. 2.2 Infant mortality in the EU and Slovenia per 1000 live births, 2006 (WHO, HFA 2010; NIPH Database of deaths 2004-2008).
Active and Healthy ageing in Slovenia

www.staranje.si/aktualno

Domain 2, linked to 2.b, 2.b.1 and 2.b.2
<table>
<thead>
<tr>
<th>Food safety</th>
<th>Situation analysis, priorities set</th>
<th>Measur...</th>
<th>Measur...</th>
<th>Measure...</th>
<th>Health inequalitie...</th>
<th>Measure reached &gt;50% target population</th>
<th>Adequate funding available</th>
<th>Achieving statical aims</th>
<th>Implemented activities in line with goals</th>
<th>Level of success</th>
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<tbody>
<tr>
<td>Domain 5, linked to 5.a, 5.a.2</td>
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<td>4,5</td>
<td>4,3</td>
<td>3,5</td>
<td>NA</td>
<td>4,5</td>
<td>4,0</td>
<td>5,0</td>
<td>Moderate/little</td>
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<td>Healthy nutrition</td>
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<td>4,1</td>
<td>3,1</td>
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<td>3,2</td>
<td>2,4</td>
<td>2,4</td>
<td>4,6</td>
<td>3,7</td>
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<tr>
<td>Pregnant &amp; lactating women, infants</td>
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<td>3,8</td>
<td>3,8</td>
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<td>3,0</td>
<td>3,8</td>
<td>2,2</td>
<td>5,0</td>
<td>4,2</td>
</tr>
<tr>
<td>Children &amp; adolescent s</td>
<td></td>
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<td>4,5</td>
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<td>4,5</td>
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<td>5,0</td>
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<td>Active population</td>
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<td>2,6</td>
<td>3,3</td>
<td>1,9</td>
<td>2,9</td>
<td>4,1</td>
<td>Moderate/little</td>
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<td>2,3</td>
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<td>little</td>
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<tr>
<td>Local sustainable food supply</td>
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<td>3,3</td>
<td>2,3</td>
<td>4,7</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
School nutrition policy (defined in implemented in 1960s), two main goals:

1. reducing gender inequalities in entering labour market (up to 94% women in active age entered the labour market; depending on unemployment rates today)

and

2. reducing socio-economic inequalities in child and adolescent nutrition and thus development (one meal subsidized for the whole population, the rest of the meals for the most economic price; additional subsidies for low SE groups, approx. one third of the generation – school meals for free)