

SLOVENIA PHYSICAL ACTIVITY FACTSHEET

This is one of the 28 European Union Member States factsheets on health-enhancing physical activity, developed as a part of a joint initiative between the European Commission (EC) and WHO Regional Office for Europe in the context of the implementation of the Recommendation of the Council of the European Union on promoting health-enhancing physical activity across sectors and the European Noncommunicable Diseases Action Plan 2012-2016.

The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile.



**World Health
Organization**
REGIONAL OFFICE FOR
Europe

SLOVENIA

PREVALENCE (%) OF ADULTS REACHING THE
RECOMMENDED PHYSICAL ACTIVITY LEVELS, 2012

%	ADULTS (25-64 YEARS)
MALES	60.6
FEMALES	56.9
BOTH SEXES	58.8

Total population: 2 062 874

Median age: 42.5 years

Life expectancy at birth males: 77.2 years

Life expectancy at birth females: 83.6 years

GDP per capita: €17 100

GDP spent on health: 8.9% (1)



Monitoring and surveillance

Physical activity in adults

Slovenia's national recommendation and cut-off point for adults reaching physical activity for health are based on WHO's *Global recommendations on physical activity for health* (2010) (2) and address young people, adults and older adults (3).

Slovenia established its national health monitoring and surveillance system for physical activity through the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) health monitor (4), under the leadership of the National Institute of Public Health. Data are collected every 4 years. Physical activity measures collected include frequency, duration and intensity of physical activity, and data can be disaggregated by age and socioeconomic status.

The latest national study provides disaggregated data from 2012 (5) for adults (aged 25–64 years) and older adults (aged 65–74 years), reporting that the percentages of the population reaching the WHO recommended physical activity levels for health were 58.8% and 50.2%, respectively, for these age groups (see Table 1). The proportion of males active at the recommended level (60.6%) is higher than that of females (56.9%).

Table 1. Prevalence (%) of adults reaching the recommended physical activity levels, 2012

%	ADULTS (25–64 YEARS)	OLDER ADULTS (65–74 YEARS)
MALES	60.6	N/A
FEMALES	56.9	N/A
BOTH SEXES	58.8	50.2

Note. n/a: not available.
Source: Tomšič et al., 2014 (5).

WHO Global Health Observatory (GHO) estimates from 2010 for Slovenian adults (aged 18+ years) (2) show higher percentages than the latest national data, with 75.9% of adults meeting the WHO recommended physical activity levels for health. Females are less likely than males to meet the recommended levels (70.8% versus 81.2%).

Physical activity in children and adolescents

Slovenia uses the international cut-off point for children and adolescents reaching the recommended physical activity levels, as defined in WHO's *Global recommendations on physical activity for health* (2010) (2).

Physical activity levels in Slovenian adolescents are assessed through the Health Behaviour in School-aged Children (HBSC) study (6).

According to the HBSC data from 2009/2010 (7), 20.3% of adolescents in Slovenia (aged 11–15 years) meet the recommended physical activity levels for health, with boys being more active (25.5%) than girls (14.9%) (see Table 2).

Table 2. Prevalence (%) of adolescents reaching the recommended physical activity levels, 2009/2010

%	ADOLESCENTS
MALES	25.5
FEMALES	14.9
BOTH SEXES	20.3

Source: Currie et al., 2012 (7).

WHO GHO 2010 estimates for Slovenian adolescents (defined as aged 11–17 years in relation to WHO data) (2) are very similar to the HBSC 2009/2010 survey results: 20.2% of adolescents meet the recommended physical activity levels, with the likelihood of boys meeting the recommended levels being significantly higher (25.3%) than is the case for girls (15.0%).

Policy response

Major policy documents adopted by government bodies

Following a government resolution, the National Programme for Nutrition and HEPA 2015–2025 is scheduled to be adopted in 2015 (8). The programme aims to address the physical activity habits of the Slovenian population from the early years of life to old age, as well as promoting daily physical activity. It is led by the Ministry of Health, but will also involve around 16 ministries and/or administrative agencies and institutes, in addition to nongovernmental organizations and professional associations. Proposed measures include a commitment to ensure the availability of green open spaces for recreation and organized sports activities, especially for socially disadvantaged groups; the promotion of nature as a space for recreation and physical activity (walking, cycling, hiking/trekking); the promotion of active transport; measures to ensure the affordability of high-quality sports and HEPA programmes, financed from public funds; and cooperation between the health, education and social services sectors, sports clubs and local communities in increasing the physical activity levels of children, especially children from lower socioeconomic backgrounds. Action plans will be prepared for the implementation of the specific measures, along with monitoring and evaluation. The Ministry of Education, Science and Sport has also created the National Programme of Sports of the Republic of Slovenia 2014–2023. The objectives of this programme are to increase to 70% the share of the adult population active in sports and to enhance the visibility of sports in society (9).

The Ministry of Health has created the Strategy for the Health of Children and Youth in Connection with the Environment (2012–2020). One of the 4 main topics covered in this strategy is reducing the problem of obesity and injuries by ensuring that a safe environment is provided for physical activity and healthy nutrition (10).

Guidelines and goals

In Slovenia, independent national recommendations on physical activity for health are currently being prepared by an intersectoral group headed by the Ministry of Education, Science and Sports. These national recommendations are based on WHO's *Global recommendations on physical activity for health* (2010) (2) and are included in the National Programme for Nutrition and HEPA 2015–2025 (8), which is scheduled to be adopted in 2015.

Table 3 presents a summary of the key measures in place to monitor and address physical activity in Slovenia.

Table 3. Summary of key physical activity initiatives in Slovenia

HEALTH	SPORTS	EDUCATION	TRANSPORT	MONITORING	GUIDELINES
Counselling on physical activity as part of primary health care services	Existence of a national Sports for All policy(ies)	Mandatory physical activity in primary and secondary schools	National or subnational schemes promoting active travel to school and/or workplace	Physical activity included in the national health monitoring system or separate routine survey	Existence of national recommendation on physical activity
YES	YES	YES	YES	YES	YES*

* National recommendations are envisaged to be implemented by 2017.

Additional information on action in key areas

Counselling schemes to promote physical activity

In Slovenia, the National Institute of Public Health conducts a National Programme of Primary Prevention of Cardiovascular Diseases. This is a universally accessible, national-level prevention programme, which has been successfully running since 2002 (11). It includes men between the ages of 35 and 65 years, and women aged 45–70 years. The programme aims to identify individuals at risk of developing cardiovascular disease and to implement action, such as counselling on modifying physical activity levels and improving lifestyles, in order to prevent and manage chronic diseases. The programme involves a national network of 61 health education centres operating in Slovenian health centres, to which individuals can be referred by their family doctor or outpatient clinics.

Physical activity in the workplace

Active travel to work in Slovenia is promoted through various measures. The Intersectoral Coordination Body for the Organization of the European Mobility Week was established by the Ministry of Infrastructure and Spatial Planning in 2014 to coordinate national activities in Slovenia, including initiatives to encourage health-promoting modes of travel to and from work (12). In addition, the Health and Safety at Work Act has been in place since 2011 (13). Overseen by the Labour Inspectorate, this act makes it mandatory for employers to adopt a health promotion plan in the workplace and self-employed individuals are required to declare that they are familiar with the guidelines for health promotion at work (published by the Ministry of Health). According to article 32 of the legal guidelines, employers are obliged to provide funds to implement health promotion practices at work and to monitor the results.

Physical activity in schools

It is mandatory for primary schools to provide 2–3 lessons (each of 45 minutes) of physical education (PE) per week. In secondary schools, it is mandatory to provide 1–3 lessons (each of 45 minutes) per week. The Ministry of Education, Science and Sports runs a national scheme for after-school HEPA promotion entitled Healthy Lifestyle (*Zdrav življenjski slog*). The aim of the project is to encourage primary school children to adopt a healthy lifestyle. The programme currently reaches 20–30% of the primary school population and provides a further 5 hours of physical activity per week on top of the mandatory PE lessons during school hours (14). The National Programme for Nutrition and HEPA 2015–2025, which is envisaged to be implemented by 2017, also involves promoting active travel to school.

Physical activity among marginalized groups

The Resolution on the National Programme for Nutrition and HEPA 2015–2025 discusses addressing the socioeconomic determinants of health and aims to adopt measures which will help to provide equitable health opportunities, especially in terms of nutrition and physical activity choices for the population. Cooperation is required between the health and education sectors, social services, sports clubs and local communities in order to enhance children's physical activity levels (especially children from lower socioeconomic backgrounds).

Transport and the built environment

The Slovenian Healthy Cities Network was formally launched in 1992. The country is a member of the WHO European Healthy Cities Network and the City of Ljubljana is a member city of Phase VI of the WHO European Healthy Cities Network (15).

Successful approaches

SLOFIT surveillance system

Since 1987, a surveillance system entitled SLOFIT has been operating in Slovenia to monitor the physical and motor development of children and adolescents. It includes approximately 90% of the Slovenian population in the age range 6–19 years (16). With the help of the SLOFIT, children and their parents can monitor their physical and motor development, and PE teachers have access to important information to enable children and adolescents with development problems to receive professional help and guidance. SLOFIT also gathers information on the nutritional status of children, including body weight.

The SLOFIT test battery includes 8 motor tests (arm plate tapping, standing long jump, polygon backwards, sit-ups, standing reach touch, bent arm hang, 60m run and 600m run), and 3 anthropometric measurements (body height, body weight, and triceps skinfold thickness). Measurements are taken annually by trained PE teachers, according to the standard protocol. Throughout the existence of this system, the response rates have remained above 94% in primary schools and between 60% and 86% in secondary schools. Currently, about 210 000 children and youth in Slovenia take part in SLOFIT each year (16).

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