



Health communication  
Digital literacy  
Prevention  
Information  
Vulnerable groups  
Trust  
Accessibility  
Disinformation  
Infodemic

# National Health Literacy Strategy 2025–2035

Intersectoral cooperation  
Chronic diseases  
Integrated care pathways  
Evidence-based decision-making  
Community  
Health equity  
Patient organizations  
Empowerment

**National  
Health Literacy Strategy  
2025–2035**

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Ladies and Gentlemen,



Health is a fundamental value of every society and one of the key conditions for the quality, active and dignified life of an individual. It is important that we know how to recognise credible information, understand our health condition and make informed decisions – for ourselves and our loved ones. In this respect, the healthcare system must be clear, understandable and accessible. It must not only offer a service to the individual, but also support in understanding, choosing and participating in treatment. It is health literacy that enables us to build the connection between the individual and the system on trust, respect and mutual responsibility. This is why we understand it as the foundation of the equality and efficiency of the healthcare system – as an ability and right of the individual and as a shared responsibility of all who help create the environment in which we live.

The national health literacy survey showed that almost half of adults in Slovenia face significant problems in this area. More than half of the population has problems finding information and accessing specialist treatment. One in four Slovenians trusts online information without checking it, and is therefore exposed to a greater risk of incorrect or even harmful health information.

This data requires that we take action, because behind the numbers are people who want to participate in taking care of their health. However, they may be deterred from this by their understanding of the functioning of the healthcare system, which a person in need can easily experience as too complicated, distant or impersonal. This is why the strategy that is before you was created with people in mind – with dialogue, cooperation and the belief that we know and can do things differently.

There are already good practices and dedicated experts in Slovenia who are paving the way for better health literacy among the population. With this strategy, we also express the broader social will to combine and upgrade existing initiatives – towards greater accessibility of information, a friendlier healthcare environment, greater support for vulnerable groups and more effective use of digital tools. The strategy connects these initiatives and expands them into various areas of social life – into educational institutions, work environments, the digital world and everyday life. It directs us towards a system that does not create obstacles, but rather offers support.

Special emphasis is placed on the communication of health professionals, as we know that the manner in which information is conveyed often determines whether people will understand and follow it. For this reason, the strategy envisages training sessions and verifying whether information is understood by healthcare system users. This is because health literacy has a significant impact on the course and outcomes of treatment. People who better understand their disease follow therapy more easily, recognise warning signs earlier, and take action more quickly. This means fewer complications, fewer hospitalisations and a better quality of life.

The National Health Literacy Strategy 2025–2035 is a commitment. A commitment that we as a society will be more open, inclusive and understanding. That we will constructively and systematically address inequalities that arise from a lack of understanding of health information, services and rights. We want to enable every individual to understand, participate in, and make decisions about their health.

Health literacy is no longer a matter of choice – it is a shared responsibility. It is the foundation of independence and a bridge connecting people to the healthcare system and strengthening trust in it.

I would like to thank everyone who contributed to the creation of this strategy with their knowledge, work and dedication. I look forward to participating in its implementation.

**dr. Valentina Prevolnik Rupel**

Minister of Health of the Republic of Slovenia

## Definition of terms



### Health promotion centres

Organisational units in community health centres that provide preventive treatment and health promotion for all population groups in the local environment and are focused on reducing health inequalities are called health promotion centres (hereinafter referred to as: HPC). Operating in all HPCs across Slovenia are interdisciplinary teams of experts, consisting of registered nurses, physiotherapists, psychologists, dietitians and kinesiologists, who perform health promotion and health education activities and other activities of the integrated programme for the prevention of chronic diseases. Activities take place in the form of group and individual preventive treatments and health promotion sessions. HPCs significantly contribute to strengthening the health literacy of the population, as they enable individuals to better understand health and disease and more effectively implement self-care behaviours in people with chronic diseases.

### Health disinformation and misinformation

Health misinformation is false or misleading claims about health that are spread for various reasons – either out of ignorance (misinformation) or with the intent to deceive (disinformation). It often circulates online, on social networks and in other communication channels and can negatively affect the health of individuals and public health.

### E-health

E-health refers to the use of digital technologies in the healthcare system to improve access to health information and services. It includes electronic health records, online patient portals, telemedicine, mobile health monitoring applications and other digital solutions that support more efficient health and healthcare management.

### Infodemic

An information epidemic (infodemic) is a rapid and uncontrolled spread of a large amount of information, which often includes false, misleading or contradictory information. It occurs mainly in crisis situations, such as pandemics or social crises, and makes access to reliable and verified data difficult. An infodemic can influence individual behaviour, undermine trust in official sources of information, and harm public health.

### List of abbreviations

- **HPC** – Health promotion centre
- **EC** – European Commission
- **ESF+** – European Social Fund Plus
- **ERDF** – European Regional Development Fund
- **EU** – European Union
- **HLS-SI<sub>19</sub>** – National Health Literacy Survey in Slovenia, conducted as part of HLS-EU<sub>19</sub>, for the 2019–2021 period
- **MVZI** – Ministry of Higher Education, Science and Innovation of the Republic of Slovenia
- **MZ** – Ministry of Health of the Republic of Slovenia
- **M-POHL** – Action Network on Measuring Population and Organizational Health Literacy
- **NIJZ** – National Institute of Public Health
- **NGO** – non-governmental organisation
- **OECD** – Organisation for Economic Co-operation and Development
- **PaRIS** – Patient-Reported Indicator Surveys
- **SWOT** – Strengths, Weaknesses, Opportunities, Threats
- **zVEM** – information system for eHealth in Slovenia
- **WHO** – World Health Organization

### Integrated care pathways

Coordinated medical treatment processes that connect different levels of health and social care and provide patients with comprehensive and continuous care are called integrated care pathways. The goal is to improve coordination between different health services and facilitate access to appropriate treatment, especially for people with chronic diseases.

### Health literacy indicators

Health literacy indicators are the criteria used to assess the level of health literacy of the population and the effectiveness of measures to improve it. They include an assessment of the accessibility and comprehensibility of health information and the ability of individuals to critically assess sources and use health services.

### Lay health advisors

Individuals who are not health professionals but are trained to provide basic health information, support and guidance to community members in finding health information and in navigating the healthcare system are referred to as lay health advisors. These are often people with experience with a particular disease or medical condition who can offer valuable assistance to other patients.

### Inter-sectoral collaboration

Inter-sectoral collaboration means connecting different sectors, areas or activities (healthcare, education, social care, media) with the aim of improving health literacy and access to health information. The most important principle of this collaboration is Health in All Policies, which ensures that impacts on health are taken into account in the creation and implementation of policies in all areas. A comprehensive method of approach enables better adaptation of strategies and greater effectiveness of measures.

### People with vulnerabilities

These are individuals or groups who, due to personal, social, cultural, linguistic, economic or health circumstances, are exposed to a greater risk of poor health literacy, limited access to information and services, and reduced ability to actively participate in decisions about their own health. These include, among others, the elderly, people with lower education or socio-economic status, individuals with mental health disorders, people with disabilities, migrants, members of the Roma community, and people with limited language skills, low level of digital literacy or other identified barriers.

**Patient-Reported Indicator Surveys (PaRIS)**

Patient-Reported Indicators (PRI) are data reported directly by patients without interpretation by health professionals. They include Patient-Reported Experience Measures (PREMs) and Patient-Reported Outcome Measures (PROMs). These indicators are used to assess the quality, safety and person-centeredness of the healthcare system. These indicators are developed and monitored by various initiatives and research at the international level, including by the Organisation for Economic Co-operation and Development (hereinafter referred to as: OECD), which collects data on the experiences and outcomes of treatment in adults with chronic diseases within primary health care through the Patient-Reported Indicators Survey (hereinafter referred to as: PaRIS) project.

**Prevention programmes**

Prevention programmes are comprehensively designed and systematically implemented measures to preserve and strengthen the health of the population and prevent disease, disability and premature mortality. They are based on reducing health risks, strengthening protective factors and eliminating harmful influences from the physical, social and economic environment. The key goals of prevention programmes are to enable healthy choices, support individuals and communities in developing a healthy lifestyle, and reduce health inequalities. In addition to various types of vaccination, screening programmes and counselling, they include measures aimed at changing behavioural, environmental and social factors that affect health.

**Telemedicine**

A form of healthcare in which patients and health professionals communicate remotely by using digital technologies is called telemedicine. It enables consultation, monitoring of chronic diseases and access to health services without a visit to a healthcare facility, which is especially important for residents in remote areas or people with limited mobility.

**Healthcare system users**

Healthcare system users are all persons who use health services or interact with the healthcare system in any way – as patients, healthy individuals participating in prevention programmes, or as relatives and carers who provide patients with support. Users include patients with acute and chronic diseases, healthy individuals who use healthcare services to maintain or improve their health, as well as children and adolescents included in mandatory and additional programmes. These include everyone who participates in various types of vaccinations, screening programmes, counselling and other activities, for example, in health promotion centres. Users are both direct recipients of services and those who actively participate in taking care of the health of others.

**Patient**

A person receiving or requiring medical care or services, including prevention, diagnosis, treatment, rehabilitation, or health counselling. The definition is in accordance with the Patients' Rights Act and allows for the inclusion of all recipients of health literacy-related content (not just acute patients). It can be used in conjunction with concepts such as active citizenship and the right to health.

**Person with a chronic disease**

An individual with a long-term disease or medical condition that usually progresses slowly, lasts for more than 12 months, and requires constant management or treatment. Chronic diseases can affect physical, mental or social functioning and often require the individual's participation in daily self-management of the disease and use of health services.

**Health professionals and associates**

Health professionals are persons who perform regulated professions in the field of healthcare and have the appropriate education, licence or permit to provide healthcare services. These include doctors, dentists, nurses, midwives, pharmacists, physiotherapists, occupational therapists, clinical psychologists, speech therapists, dietitians and other professionals who are directly or indirectly involved in the diagnosis, treatment, rehabilitation and medical care of patients. Their work is based on professional guidelines, ethical principles and legislation with the goal of protecting, preserving and improving the health of individuals and communities.

Health associates are professionals who support the work of health professionals and contribute to the comprehensive treatment of users, but they do not perform regulated health professions. These include social workers in healthcare, health administration staff, health education and health promotion providers, and others involved in informing patients and supporting, organising and monitoring healthcare services.

**Health communication**

This includes all forms of interaction between health professionals, patients and the general public, including oral, written and digital communication. The goal is to provide clear, understandable and accessible information

that enables patients to make informed decisions about their health and improves the relationship between patients and health professionals. In addition, it helps to increase health literacy, promotes preventive measures and strengthens trust in the healthcare system. Effective health communication is exceptionally important in managing public health crises, disseminating verified information and reducing the impact of misinformation and false health-related claims.

**Health inequality**

This means differences in health between different population groups that arise from social, economic, geographical, educational and other structural factors. Health literacy is often linked to these factors and can further exacerbate health inequalities by limiting an individual's ability to understand, evaluate and use health information and be effectively engaged with the healthcare system.

## 1. Introduction



In modern society, people are exposed to a large amount of health information every day, which is why **health literacy** is becoming one of the key skills for individuals and society. It is the **ability to obtain, understand, evaluate and use health information to maintain and improve health**. Its impact ranges from the quality of life and safety of healthcare system users to the efficiency of the system as a whole. Nevertheless, research shows that almost every second adult in Slovenia has limited health literacy, which makes it difficult for them to access reliable information and make appropriate health-related decisions.

Health literacy began to develop in the 1970s in the United States and Canada. In recent years, it has also been gaining importance in Europe, with the European Union (hereinafter referred to as: EU) treating it as one of the priority areas for improving the health of the population. A low level of health literacy is associated with poorer health outcomes, more frequent use of healthcare services and higher healthcare expenditure. Due to **demographic changes and the increasing burden of chronic diseases**, it is essential to introduce systemic and targeted measures that will **improve the health literacy of individuals, relieve the burden on the healthcare system, and contribute to more equitable access to health information and services**.

**The lack of health literacy** is particularly evident during crises, such as the COVID-19 pandemic. The spread of the infodemic has reduced trust in the healthcare system and made effective public health management difficult. It also revealed a low level of digital health literacy, which limits access to modern healthcare services, as an increasing amount of information is moving online, and requires appropriate digital skills. The ability to search, understand and evaluate health information obtained online is very important for equal inclusion in the healthcare system.

**Trust in the healthcare system** is the foundation for taking preventive measures, following professional advice, and seeking medical care in a timely manner. In Slovenia, challenges in this area show in long waiting times, a lack of clear information and insufficient communication during major changes in the healthcare system. **The strategy thus emphasises the importance of open, understandable and accessible communication and the adaptation of healthcare institutions so that information is clearer and closer to the needs of all healthcare system users.**

Numerous programmes to strengthen the health of the population and improve preventive measures are already implemented in Slovenia, and the country actively participates in international initiatives, such as the international Action Network on Measuring Population and Organizational Health Literacy (hereinafter referred to as: **M-POHL**) at the World Health Organization. The national health literacy survey (hereinafter referred to as: **HLS-SI**)<sup>19</sup> showed that residents have the most difficulty evaluating health information. The finding thus further confirms the need for a comprehensive and focused strategy. The international **PaRIS** survey, at the OECD also confirmed that healthcare system users with higher levels of health literacy achieve better health outcomes.

**The National Health Literacy Strategy 2025–2035** brings comprehensive goals and measures to improve health literacy in Slovenia. **It puts in the foreground the user of the healthcare system**, their ability to understand and use information, and strengthening the competences of health professionals in clear and effective communication. There is also a strong emphasis on **organisational health literacy**, which involves adjusting the operations of health institutions to make information more understandable and accessible.

A particular challenge is the **digital divide**. As the use of e-health services is becoming the norm, **the strategy includes measures to improve digital competences, access to digital solutions and strengthen the ability of residents to critically evaluate online content**.

The strategy sets out clear **strategic objectives and measures** aimed at addressing the biggest challenges, including improving access to quality health information, promoting the development of digital competences of individuals, and strengthening their ability to critically assess health information. To monitor progress, it also sets out **performance indicators**, which will enable updated **evaluation** and adjusted implementation of measures.

By adopting this strategy, we are implementing new methods of approach based on **international good practices and scientific evidence**. **The goal** is to create an environment in which healthcare system users – regardless of age, social status or education – are empowered to understand and use health information. **This will reduce**

**health inequalities, strengthen the prevention and management of chronic diseases, and relieve the burden on the healthcare system in the long term.**

The strategy will be followed by an **action plan**, which will more precisely define the **activities, bodies responsible for measures, and timelines for their implementation**. **Evaluation** will be the most important part for monitoring effectiveness and adjusting measures based on the obtained data and emerging challenges.

By implementing this strategy, we are creating opportunities for better health literacy of residents and ensuring more equal access to information and healthcare services. **Healthcare system users are placed at the forefront, and health professionals and associates provide them with access to clear information and support. By doing so, they enable them to actively participate in taking care of their health and better manage chronic diseases or other health conditions.**



## 1.1 Vision

Slovenia has a long tradition of a strong public healthcare system and a comprehensive approach to health. In recent years, we have increasingly recognised the importance of health literacy as a key factor in reducing health inequalities, strengthening public health, and the resilience of the healthcare system.

The vision of improving health literacy in Slovenia by 2035 is based on domestic and international recommendations, including guidelines from the World Health Organization and the European Commission, as well as good practices from EU member states. The strategy is also based on the findings of the first national health literacy survey in Slovenia (HLS-SI,<sup>19</sup>) and strategic documents such as the Resolution on the National Healthcare Plan 2016–2025 and the Strategy for the Development of Health Services in Primary Healthcare by 2031. The common denominator of all these documents is the pursuit of an inclusive society in which every individual is empowered to actively take care of their own health. In this regard, public institutions, the healthcare system and other stakeholders in society play a key role in ensuring access to information, services and support.

**By 2035, we want to create a society in Slovenia in which all residents – regardless of age, gender, education, language, cultural background, social and economic conditions, geographical location or level of digital inclusion – have the knowledge, skills and opportunities to obtain, understand, evaluate and use health information and services to enhance their health and community well-being.**

**Health literacy will be recognised as one of the key foundations of a responsive, inclusive and sustainable healthcare system. Clear and understandable communication, a high level of organisational health literacy, and digital tools tailored to the needs of health service users will be at the forefront. Special emphasis will be placed on people with chronic diseases, individuals with various forms of vulnerability or disability, and on creating a supportive environment that encourages critical thinking, active participation in health decision-making, and making healthy lifestyle choices.**

## 1.2 Principles of health literacy

### 1. Equity and accessibility

Health literacy must be accessible to everyone – regardless of age, gender, level of education, language, cultural background, social or economic circumstances, geographical circumstances, and level of digital inclusion. Special attention is paid to vulnerable groups and to reducing inequalities in access to information, services and opportunities for participation in making health-related decisions.

### 2. Systemicity and shared responsibility

Health literacy is not just a skill of an individual, but the result of the joint action of all actors in society. Healthcare institutions, schools, municipalities and local communities, non-governmental organisations (hereinafter referred to as: NGOs), media and state authorities are jointly responsible for creating clear, understandable and user-friendly information and establishing a supportive environment.

### 3. Comprehensibility and cultural adaptation

Health information must be linguistically clear, supported by visual material, multilingual and culturally adapted. Content must be adapted to the language, literacy level, age, cognitive and functional abilities, and life circumstances of those for whom it is intended.

### 4. Active involvement and participation

Improving health literacy is based on collaboration. Individuals, communities, patient organisations and civil society must have the opportunity to actively participate in the creation, implementation and evaluation of measures that affect their health.

### 5. Flexibility and responsiveness

A system for improving health literacy must be flexible and capable of responding to crisis events, digital trends, demographic changes and other contemporary challenges. Methods of approach must be locally adapted and regularly updated based on new circumstances and needs.

### 6. Effectiveness and measurability

Activities in the field of health literacy must be data-based, goal-oriented and supported by clearly defined indicators. Monitoring the understanding, use and impact of information is key to continuously improving the quality of communication and the effectiveness of measures.

### 7. Support for a health-friendly environment

Health literacy develops in an environment that encourages safe, healthy, and informed decisions. This includes digital accessibility, a high level of organisational health literacy, inclusive services and a long-term focus on sustainable individual and community health.

## 1.3 Purpose of the strategy

The National Health Literacy Strategy in Slovenia lays the foundation for improving the understanding and use of health information. This will enable individuals to take better care of their own health and manage chronic diseases more effectively. The strategy is focused on systemic changes that improve health literacy at the individual and organisational levels and improve access to clear, reliable and user-friendly information.

With the strategy we want to:

- **Empower individuals** to better understand health, make responsible decisions and effectively prevent and manage disease.
- **Raise awareness among the public and experts** about the impact of health literacy on the health of residents, the functioning of the healthcare system and the accessibility of services.
- **Strengthen the competences of health professionals** for clear, effective and tailored communication with healthcare system users.
- **Ensure access to understandable information** regardless of age, gender, level of education, language, cultural background, social or economic circumstances, geographical circumstances, and level of digital inclusion.
- **Promote critical thinking in obtaining and evaluating health information** and prevent and reduce the spread of disinformation.

The strategy goes beyond the individual level – it includes healthcare institutions, educational and other public organisations responsible for creating an environment in which information and services are accessible, understandable and inclusive. A comprehensive method of approach will contribute to a healthier population, reduced health inequalities and greater resilience of the healthcare system to future challenges.

## 1.4 Risks and limitations of the National Health Literacy Strategy

The National Health Literacy Strategy is an important opportunity to improve health outcomes, reduce inequalities in access to information, and strengthen the role of users in the healthcare system. Slovenia has many strengths in terms of the attainment of these goals: a strong public health infrastructure, established programmes for health promotion and improving health literacy, and the opportunities brought by digital tools and international cooperation.

Despite these strengths, the success of the implementation of the strategy will be shaped by a number of key challenges. Among the most important ones are unequal access to reliable and understandable information, the lack of coordinated and ongoing surveys on health literacy and the factors that influence it, the low level of digital competence in part of the population, and the risk of spreading disinformation. Effective implementation of the measures from the strategy will require unified political support, long-term provision of funds, and ongoing adaptation of measures to changing conditions and the needs of the population.

The success of the strategy will depend heavily on the cooperation of all key actors – health professionals and

associates, educational and scientific institutions, media, local communities, civil society organisations, and healthcare system users. Only through coordinated joint action and regular monitoring of effects will we be able to improve health literacy and thus the resilience of the healthcare system in the long term.

Table 1. SWOT analysis of the implementation of the goals of the National Health Literacy Strategy.

	USEFUL	HARMFUL
INTERNAL FACTORS	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>– systematic inter-sectoral action to improve health literacy at the national level</li> <li>– strong public health infrastructure</li> <li>– prevention and health promotion programmes for various groups of the population</li> <li>– screening programmes for early detection of cancer (they strengthen understanding of the connection between prevention and health, promote informed decision-making and increase access to verified sources of information, while strengthening of health literacy improves responsiveness, as screening programmes contribute to reducing health inequalities and include the training of providers in clear communication)</li> <li>– a comprehensive method of approach that encompasses all levels of prevention</li> <li>– health promotion and health education activities for various groups of the population (in kindergartens, schools, local communities, work organisations, health organisations, etc.)</li> <li>– research on health literacy of residents of Slovenia using available national data</li> <li>– introduction of a community-based model of action in the field of health and active involvement of non-governmental organisations</li> <li>– active role of key institutions in implementing measures</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>– lack of content on health literacy in formal education curricula for future health professionals</li> <li>– lack of competences of health professionals and associates in the field of health literacy</li> <li>– lack of continuous and systematic cooperation and networking between different sectors and institutions that can contribute to improving health literacy</li> <li>– lack of formalised support mechanisms for inter-institutional and inter-sectoral collaboration</li> <li>– inadequate access to clear and reliable health information</li> <li>– different levels of digital literacy in the population</li> <li>– complexity of measuring progress and effectiveness of measures</li> <li>– limited human and financial resources for the most efficient implementation of the strategy</li> </ul>
EXTERNAL FACTORS	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>– political support</li> <li>– regular and long-term financing</li> <li>– fair access to user-friendly digital solutions</li> <li>– systematic integration of health literacy content into the formal education of future health professionals and associates</li> <li>– enhanced support for people with vulnerabilities</li> <li>– active involvement of various stakeholders (for example, from healthcare, education, social services, labour, civil society, local communities, etc.) and inter-sectoral cooperation</li> <li>– introduction of a community-based model of action in the field of health at the national level</li> <li>– responsible use of modern technologies and digital tools</li> <li>– integration into European and other international networks and initiatives</li> <li>– increased interest in prevention and a healthy lifestyle</li> <li>– cooperation with media and (digital) influencers</li> <li>– conducting research in the field of health literacy and data support</li> <li>– reducing disparities in access to health services</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>– lack of knowledge on health literacy and its importance among the general and professional public</li> <li>– stakeholders who can contribute to improving health literacy do not recognise their role in this regard</li> <li>– emergence of infodemics, the spread of disinformation and conspiracy theories, the spread of false information, especially on social networks</li> <li>– resistance to change in the healthcare system and reluctance to develop and introduce innovation</li> <li>– socio-economic and political instability (political, economic upheavals and crises, austerity measures, health threats, pandemics)</li> <li>– large time span to achieve observable effects and demonstrate the effectiveness of measures</li> <li>– not the best possible access to various healthcare services (people do not know what they are entitled to in the healthcare system and outside to properly take care of their health)</li> <li>– increased social division and decreased trust in the healthcare system</li> </ul>

## 1.5 Improving health literacy for an empowered and healthy society

In Slovenia, public health has long been understood as a common asset and the foundation of security, solidarity and community cohesion. Its beginnings date back to 1919, when the Hygiene Institute in Ljubljana, the predecessor of today's National Institute of Public Health (hereinafter referred to as: NIJZ), was established. In the decades after World War II, the system was consolidated with a network of community health centres, outpatient clinics and hygiene services that combined treatment, disease prevention and health education. Even at that time, the principles of accessibility, control of infectious diseases and fair treatment – values that remain the foundation of our system – were established. After independence, an emphasis on personal responsibility and the active involvement of people in taking care of their health were added to these principles. The understanding that the individual is not only a user of services, but also a co-creator of a healthy environment has come to the fore. Caring for physical activity, contact with nature and quality living have become widely accepted social norms.

However, modern society brings new challenges. Inequalities still exist in access to information, services and opportunities for a healthy life. This is why equity remains one of the key values – the system must also ensure equal access at the level of language, culture and digital skills. Health literacy is gaining a central role in this context. It is a bridge between values such as solidarity, justice and cooperation and people's everyday choices. It is not only a personal ability, but also a systemic responsibility that must be supported by the environment.

At the same time, patient empowerment is no longer understood solely as a process in which patients gain the knowledge, skills and confidence to take greater responsibility for their own health.<sup>1</sup> The modern understanding of empowerment is moving away from an individual-oriented model and increasingly sees it as an interactive, system-supported and culturally sensitive process that involves cooperation, power exchange and building the capacity for independent decision-making.<sup>2</sup> Health literacy is gaining a new role in this context. It is no longer just about understanding information, but about the ability to critically evaluate and use it in decision-making that affects the health of the individual and the community.<sup>3</sup> A higher level of health literacy usually also means a higher level of empowerment – that is, the willingness and ability to actively participate in decision-making and greater effectiveness in self-care of disease, i.e. care of one's health.<sup>4</sup>

Research shows that excessive shifting of responsibility to the individual, without adequate systemic support, can deepen health inequalities.<sup>5</sup> Empowerment must therefore not remain just an individual task, but must include changes in the healthcare system that ensure the fair and effective participation of all stakeholders.<sup>6</sup> Contemporary models emphasise collective and organisational dimensions of empowerment, such as engagement, information, cooperation, commitment and tolerance for uncertainty – all of this is particularly important in challenging health situations.<sup>7</sup> Digital tools (e.g. applications, portals, telemedicine) that enable personalised support for patients have also become increasingly prominent in recent years. These tools can increase a sense of control over one's own health, but they must be accessible and understandable to all users – otherwise they can further widen the digital and health divide.<sup>8</sup> It is also important to understand the definition of organisational health literacy. It emphasises the responsibility of organisations to create environments in which patient empowerment is systemically supported – not just through information, but also through patient engagement, adapted communication and removal of structural barriers.<sup>9</sup>

Today, empowerment is therefore no longer just an individual goal, but the result of coordinated action by patients, professionals and healthcare institutions. Specific systemic and organisational measures for empowerment are as follows:

<sup>1</sup> Aujoulat, I., d'Hoore, W., Depribiližnoche, A. (2007). Patient empowerment in theory and practice: Polysemy or cacophony? *Patient Education and Counseling*, 66(1), 13–20.

<sup>2</sup> Bravo, P., Edwards, A., Barr, P. J., Scholl, I., Elwyn, G., McAllister, M. (2015). Conceptualising patient empowerment: A mixed methods study. *BMC Health Services Research*, 15, 252. Fumagalli, L. P., Radicelli, G., Lettieri, E., Bertele', P., Masella, C. (2015). Patient empowerment and its neighbours: Clarifying the boundaries and their mutual relationships. *Health Policy*, 119(3), 384–394. Bremer, A., Nilsson, L., Holmberg, M., Sandman, L., Svensson, A. (2021). Power and powerlessness in patient empowerment: A grounded theory study of patient perceptions in chronic illness. *BMC Health Services Research*, 21, 624.

<sup>3</sup> Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078.

<sup>4</sup> Schulz, P. J., Nakamoto, K. (2013). Health literacy and patient empowerment in health communication: The importance of separating conjoined twins. *Patient Education and Counseling*, 90(4), 4–11. Palumbo, R. (2021). The Bright Side and the Dark Side of Patient Empowerment: Co-Creation and Co-Destruction of Value in the Healthcare Environment. Cham: Springer.

<sup>5</sup> Triter, J. Q. (2009). Revolution or evolution: The challenges of conceptualizing patient and public involvement in a consumerist world. *Health Expectations*, 12(3), 275–287. Meggetto, E., Schröder-Bäck, P., Brand, H. (2020). Health literacy and health equity: The role of policy and systems. *International Journal of Environmental Research and Public Health*, 17(14), 5184.

<sup>6</sup> Ekdahl, A. W., Hellström, I., Andersson, L. (2011). "Too complex and time-consuming to fit in": Physicians' experiences of elderly patients and their participation in medical decision making. *Scandinavian Journal of Primary Health Care*, 28(3), 150–155. Bremer, A., Nilsson, L., Holmberg, M., Sandman, L., Svensson, A. (2021). Power and powerlessness in patient empowerment: A grounded theory study of patient perceptions in chronic illness. *BMC Health Services Research*, 21, 624.

<sup>7</sup> Johnson, B. L. (2011). Dimensionality of patient empowerment: Development and initial testing of a new instrument. PhD dissertation, University of Utah.

<sup>8</sup> Lupton, D. (2014). Critical perspectives on digital health technologies. *Sociology Compass*, 8(12), 1344–1359. Navarro Martínez, R., López Seguí, F., Vidal-Alaball, J., García Cuyás, F. (2021). Digital health literacy and access to digital health tools in chronically ill patients: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 18(13), 7053.

<sup>9</sup> Palumbo, R. (2021). The Bright Side and the Dark Side of Patient Empowerment: Co-Creation and Co-Destruction of Value in the Healthcare Environment. Cham: Springer. Bremer, A., Nilsson, L., Holmberg, M., Sandman, L., Svensson, A. (2021). Power and powerlessness in patient empowerment: A grounded theory study of patient perceptions in chronic illness. *BMC Health Services Research*, 21, 624.

- strengthening partnerships between patients and health professionals,<sup>10</sup>
- adapting information to different levels of health literacy and taking into account socio-cultural background,
- strengthening digital literacy and ensuring equal access to digital solutions,
- supporting patients in making decisions.<sup>11</sup>

Only with such a comprehensive method of approach can we ensure true empowerment as a process of cooperation, learning and shared responsibility – not only as an individual task, but as a common path for all actors in the healthcare system.

Important support for this method of approach is provided by the findings of the international PaRIS survey conducted by the OECD. The survey shows that people with chronic diseases who are better informed and involved in the treatment process have better health outcomes, fewer complications and a higher quality of life. The key findings of the PaRIS survey for people with chronic diseases are as follows:

- better disease manageability – patients who understand their condition, regularly monitor symptoms and adhere to prescribed treatment achieve better health outcomes;
- fewer emergency visits and hospitalisations – people with chronic diseases who have access to clear information and support are less likely to need emergency medical care or hospitalisation;
- greater satisfaction with medical care – patients who participate in decisions about their treatment and have support in self-care are more satisfied with the healthcare system;
- increased self-confidence and independence – effective support for patients increases their ability to manage their disease and mitigates the feeling of helplessness.

The survey findings offer valuable guidelines for improving the healthcare system, especially in the treatment of chronic patients. Key measures anticipate:

- development of tailored self-care programmes that provide people who have chronic disease with practical guidance for managing their disease;
- increased accessibility of digital tools such as mobile health monitoring apps and telemedicine services;
- strengthened role of lay advisors – experienced patients who support other patients;
- improved communication between health professionals and patients so that information is clear, understandable and tailored to the individual.

The survey shows that empowering people who have chronic disease helps improve health outcomes, reduces the burden on the healthcare system, and increases the quality of life of patients. Cooperation of all stakeholders – patients, communities, experts, local authorities and civil society – is therefore one of the foundations on which we can build the healthcare system of the future. Cooperation is not just a symbolic act, but the most important mechanism for building trust in the healthcare system and improving its efficiency and reputation. Only through coordinated action can empowerment become a process of collaboration, learning and shared responsibility – the foundation of a modern, equitable and resilient healthcare system.

## 1.6 Trust in the healthcare system

Trust is the foundation of an efficient, accessible and equitable healthcare system. People who trust the healthcare system and its representatives seek help more often, attend preventive examinations, vaccinations and screening programmes, and follow health recommendations, which contributes to better treatment outcomes and greater satisfaction.<sup>12</sup>

According to the findings of surveys conducted in Slovenia, individuals often trust individual health professionals more than the system as a whole, which emphasises the importance of personal relationships and at the same time the need to strengthen systemic trust.<sup>13</sup>

Surveys confirm the connection between trust and willingness to change – a higher level of trust is often associated with stronger relationships and less support for large-scale changes in the healthcare system, while people with lower trust are more likely to support change.<sup>14</sup>

<sup>10</sup> Castro, E. M., Van Regenmortel, T., Vanhaecht, K., Sermeus, W., Van Hecke, A. (2016). Patient empowerment, patient participation and patient-centeredness in hospital care: A concept analysis based on a literature review. *Patient Education and Counseling*, 99(12), 1923–1939.

<sup>11</sup> Meggetto, E., Schröder-Bäck, P., Brand, H. (2020). Health literacy and health equity: The role of policy and systems. *International Journal of Environmental Research and Public Health*, 17(14), 5184. Navarro Martínez, R., López Seguí, F., Vidal-Alaball, J., García Cuyás, F. (2021). Digital health literacy and access to digital health tools in chronically ill patients: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 18(13), 7053.

<sup>12</sup> Çayır, D. A., Akdur, G. (2025). The mediating role of health literacy between trust in health authorities and distrust in health system. *BMC Public Health*, 25, 22123.

<sup>13</sup> NIJZ. (2023). Results of the EHIS 2022 survey – Trust and satisfaction with the healthcare system. National Institute of Public Health.

<sup>14</sup> Peretti-Watel, P., Verger, P., Ward, J. K. (2024). Health Literacy, Trust in the Health Care System, and Attitudes Toward Vaccination in France. *JMIR Public Health and Surveillance*, 10(1), e45837.

Health literacy plays a key role in building trust. Individuals with a higher level of health literacy are better able to understand procedures, evaluate the quality of information and communicate with health professionals. Therefore, greater health literacy not only improves health outcomes, but also encourages trust in the system.<sup>15</sup>

Furthermore, health literacy is of key importance for entering the healthcare system. People with a lower level of health literacy often delay seeking help because they feel insecure or unheard. This further reduces trust and deepens inequalities in access.<sup>16</sup> A new survey conducted in Turkey has shown that people who are more health literate – that is, those who better understand health information and know how to use health services – are more likely to trust messages from health professionals and institutions and are less likely to question the functioning of the healthcare system as a whole.<sup>17</sup>

A survey from the United States further confirms that trust is an independent predictor of behaviour – people with a higher level of trust enter the healthcare system much more frequently, regardless of accessibility or knowledge of services.<sup>18</sup>

The importance of trust has been particularly evident in times of crisis, such as the COVID-19 pandemic. People who trusted healthcare institutions were more likely to follow recommendations, get vaccinated and participate in public health measures.<sup>19</sup>

Trust also affects the internal functioning of the healthcare system – from the motivation of health professionals to their willingness to stay in the public sector. An important role is also played by political institutions, the decisions of which must be understood as justified and fair.<sup>20</sup>

Trust in the healthcare system is built gradually based on experience, transparency of operations and consistent communication. It is very sensitive and can be quickly lost when irregularities or discrepancies are detected between the expectations and behaviour of the system. It is therefore important that trust-building is systematically integrated into the health policy and daily practice – not as an additional task, but as a key condition for the functioning of a responsive, inclusive and equitable healthcare system.



## 2. Starting points



## 2. Starting points



### 2.1 Health literacy and its importance

Health literacy encompasses the knowledge, motivation and competences of individuals to **access health information** (this refers to the ability to search for and obtain health information) and **understand, evaluate** (this is related to the ability to interpret the health information obtained, select important information and evaluate it) and **use** it to make everyday decisions to maintain or improve health, specifically in the areas of health promotion and prevention and as part of health treatment.<sup>21</sup> Accessing, understanding, evaluating and using health information are the four dimensions of health literacy (Table 2). This knowledge and abilities of an individual are developed through everyday activities, social interactions and experience being passed down to the next generation. The formation of this knowledge and skills is significantly influenced by organisational structures and the availability of resources that enable individuals to access, understand, evaluate and use health information and services. This ensures that health literacy contributes to maintaining and strengthening the health and well-being of both the individual and the wider community.<sup>22</sup>

Table 2. Health literacy dimension matrix.

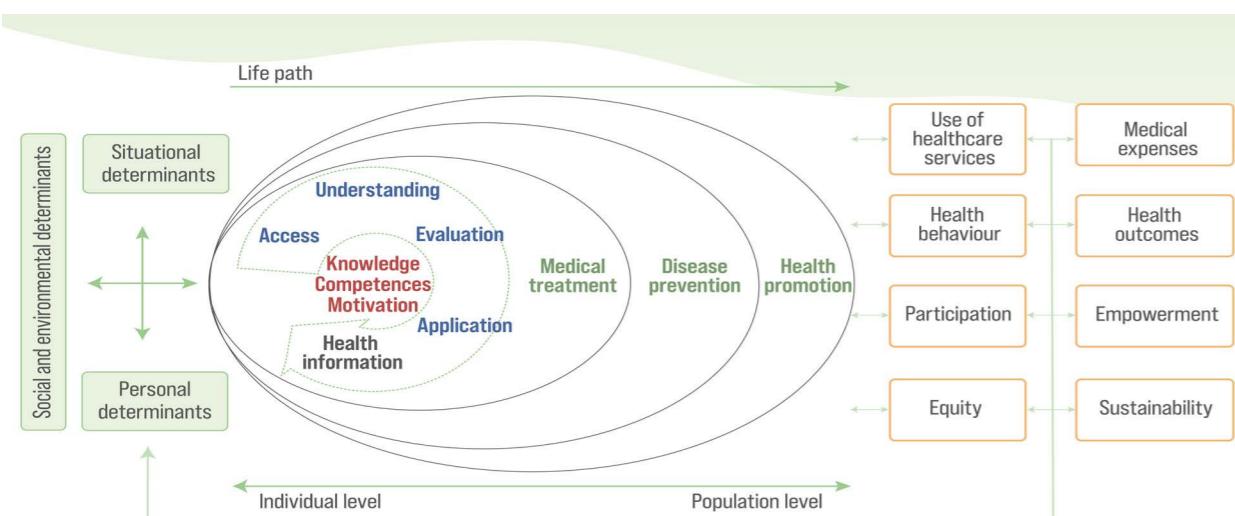
	ACCESS TO OR OBTAINING HEALTH INFORMATION	UNDERSTANDING HEALTH INFORMATION	EVALUATING HEALTH INFORMATION	USING HEALTH INFORMATION
MEDICAL TREATMENT	Ability to access health information.	Ability to understand health information and derive meaning.	Ability to interpret and evaluate health information.	Ability to make informed decisions regarding medical treatment.
DISEASE PREVENTION	Ability to access health information about risk factors.	Ability to understand health information about risk factors and derive meaning.	Ability to interpret and evaluate health information about risk factors.	Ability to make informed decisions about risk factors.
HEALTH PROMOTION	Ability to update or upgrade health information on determinants, aspects and indicators of health in the social and physical environment.	Ability to understand health information about determinants of health in the social and physical environment and derive meaning.	Ability to interpret and evaluate health information on determinants of health in the social and physical environment and derive meaning.	Ability to make informed decisions about determinants of health in the social and physical environment.

The integrated model of health literacy (Figure 1) links the medical and public health aspects of health literacy. It is influenced by many factors: the broader social environment (e.g. demographics, culture, language, politics), personal determinants (e.g. age, gender, education, socio-economic status, employment status, occupation, income) and situational determinants (e.g. social support, family, media use, physical environment). On the other hand, health literacy influences the use of healthcare services, medical expenses, health behaviour, health outcomes, the level of empowerment of individuals, their active involvement in care for health, and the reduction of inequalities and the provision of a sustainable healthcare system.

21 Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H., HLS-EU Consortium. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80.

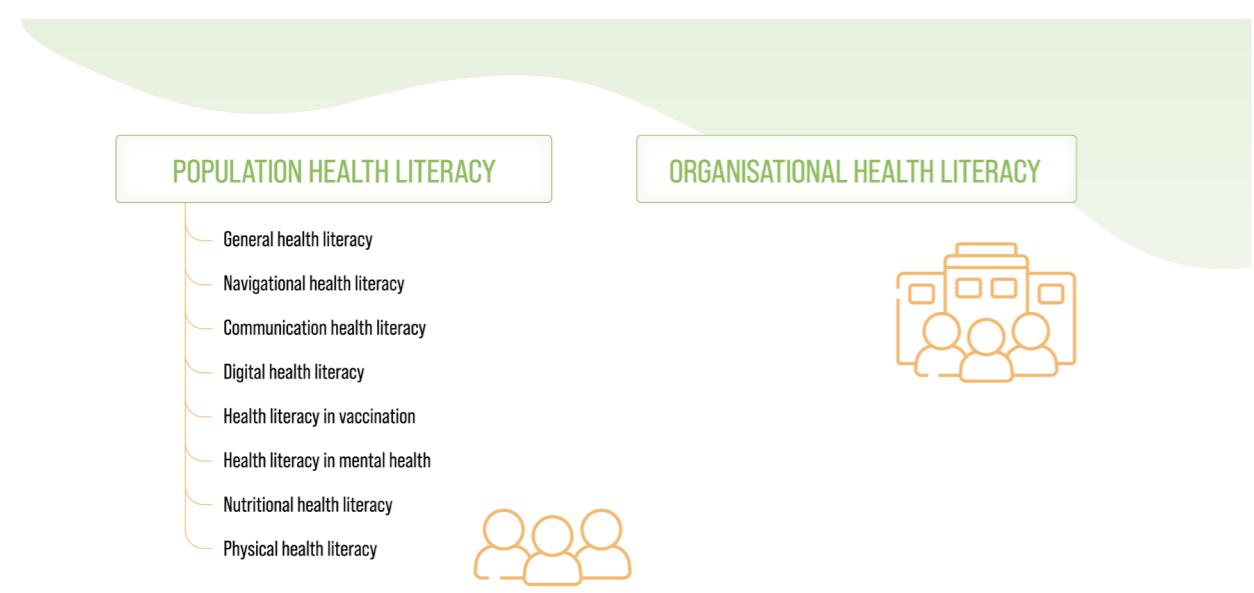
22 World Health Organization. (2021). Health promotion glossary of terms 2021. World Health Organization.

Figure 1. Integrated health literacy model



Health literacy does not cover just one dimension, but is a broad and multifaceted concept that encompasses various areas of knowledge and competences required for an individual to actively care for their health. In addition to general health literacy, which encompasses a basic understanding of health, disease and the healthcare system, specific types of health literacy that reflect the multifaceted and complex nature of everyday health decision-making and the individual's adaptation to the increasingly diverse challenges of modern life have been increasingly developed and implemented in recent years. There are different types of health literacy of individuals, and some of the key ones are (Figure 2): communication health literacy, navigational health literacy, digital health literacy, health literacy in vaccination, health literacy in mental health, nutritional health literacy, physical health literacy and the like. Recognising different types of health literacy enables more targeted measures and the development of tailored methods that meet the different needs of individuals and population groups. Only comprehensive action to improve health literacy can contribute to greater equality and inclusion and better care for the health of all residents.

Figure 2. Types of health literacy



Health literacy plays a key role in the active care of individuals for their health and successful navigation through the healthcare system. It enables individuals to better understand and use health information, which in turn contributes to better health outcomes. The positive effects of a high level of health literacy are shown in Figure 3.

In addition, health literacy significantly contributes to **preventive action**. Surveys show that individuals with a higher level of health literacy better understand information about health, risk factors for developing disease and appropriate preventive measures,<sup>23</sup> which is crucial for active engagement in preventive activities. The more health literate people are, the more likely they are to be aware of the benefits of regular preventive examinations, vaccinations and a healthy lifestyle, to attend preventive and screening examinations and to distinguish between reliable and unreliable sources of information.<sup>24</sup> All this enables them to contribute in the long term to better health, longer healthy lifespans, higher quality of life, prevention of (chronic) diseases and a reduced burden on the healthcare system and society.

Its contribution is also important in **reducing health inequalities**. People with a lower socio-economic status, a lower level of education, and older people often have poorer access to and difficulty understanding health information, which can lead to poorer health outcomes. A low level of health literacy is therefore one of the factors that further exacerbate health inequalities.<sup>25</sup> Investing in improving health literacy among people with vulnerabilities can thus significantly contribute to reducing these disparities.

With the digitalisation of healthcare and the use of e-health services (e.g. telemedicine, health apps, online patient portals), **digital health literacy** is becoming increasingly important. Access to health information and communication between healthcare system users and health professionals can be improved with a proper understanding of these tools. Health inequalities can be further exacerbated by the digital divide if tools are not adequately adapted to the needs of different (sub)groups of the population.<sup>26</sup> Therefore, the healthcare system must take an active role in providing understandable, accessible and culturally appropriate information and in developing supportive environments that enable all individuals to participate equally in health care regardless of their circumstances.<sup>27</sup>

Individuals with a higher level of health literacy can **participate more actively in care for their health**, make decisions about their health more easily, participate more effectively in treatment and better understand different treatment options, their long-term consequences and potential side effects, which contributes to better treatment outcomes and greater satisfaction. In addition, they can more easily recognise early signs of a worsening health condition and take timely action, thereby reducing the risk of progression of disease or the occurrence of more serious complications. They better understand and follow medication instructions more closely, thereby reducing the risk of medication errors (for example, taking the wrong dose, at the wrong time, or using harmful combinations of medications). This is especially important for the elderly, who often take several medications simultaneously. For people with chronic diseases such as diabetes, hypertension or chronic obstructive pulmonary disease, a higher level of health literacy contributes to better self-care behaviours, more regular intake of prescribed medications, better nutrition, physical activity, smoking cessation and consistent attendance at medical check-ups, all of which leads to reduced complications and a higher quality of life.<sup>28</sup>

23 Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80.

24 Levin-Zamir, D., Bertschi, I. (2018). Media health literacy, eHealth literacy, and the role of the social environment in context. *International Journal of Environmental Research and Public Health*, 15(8), 1643. Van der Heide, I., Wang, J., Droomers, M., Spreeuwenberg, P., Rademakers, J., Utters, E. (2013). The relationship between health, education, and health literacy: Results from the Dutch Adult Literacy and Life Skills Survey. *Journal of Health Communication*, 18(sup1), 172–184. Kickbusch, I., Pelikan, J. M., Apfel, F., Tsourou, A. D. (2013). Health literacy: The solid facts. WHO Regional Office for Europe. Fleary, S. A., Etienne, R. (2019). The relationship between health literacy, health-related behaviors, and health status among adolescents: A systematic review. *Journal of Adolescence*, 68, 164–172. Rowlands, G., Protheroe, J., Winkley, J., Richardson, M., Seed, P. T., Rudd, R. (2015). A mismatch between population health literacy and the complexity of health information: An observational study. *British Journal of General Practice*, 65(635), e379–e386.

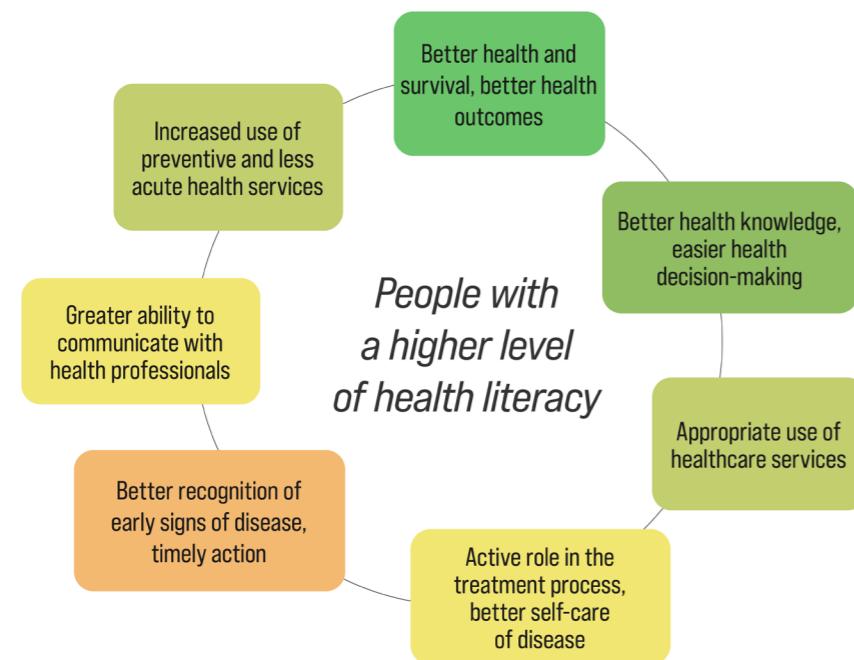
25 Sørensen, K., Pelikan, J. M., Röthlin, F., Ganahl, K., Slonska, Z., Doyle, G., ... Brand, H. (2015). Health literacy in Europe: Comparative results of the European Health Literacy Survey (HLS-EU). *European Journal of Public Health*, 25(6), 1053–1058. Schaeffer, D., Berens, E.-M., Vogt, D. (2021). Health literacy in the context of pandemic and crisis management: Evidence and implications. *International Journal of Environmental Research and Public Health*, 18(23), 12516.

26 Levin-Zamir, D., Bertschi, I. (2018). Media health literacy, eHealth literacy, and the role of the social environment in context. *International Journal of Environmental Research and Public Health*, 15(8), 1643. van der Vaart, R., Drossaert, C. (2017). Development of the digital health literacy instrument: Measuring a broad spectrum of health 1.0 and health 2.0 skills. *Journal of Medical Internet Research*, 19(1), e27.

27 World Health Organization. (2021). Health Promotion Glossary of Terms 2021. WHO.

28 Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12(1), 80. Bostock, S., Steptoe, A. (2012). Association between low functional health literacy and mortality in older adults: Longitudinal cohort study. *BMJ*, 344, e1602. Kickbusch, I., Pelikan, J. M., Apfel, F., Tsourou, A. D. (2013). Health literacy: The solid facts. WHO Regional Office for Europe. Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97–107. Rowsell, A., Müller, J., Murray, E., Little, P., Byrne, C. D., Ganahl, K., Müller, G., Gibney, S., Lyles, C. R., Lucas, A., Nutbeam, D. (2015). Views of people with high and low levels of health literacy about a digital intervention to promote physical activity for diabetes: A qualitative study in five countries. *Journal of Medical Internet Research*, 17(10), e230.

Figure 3. Positive effects of a high level of health literacy



Investing in improving health literacy can also contribute to **reducing the costs of the healthcare system**. Individuals with a higher level of health literacy participate in preventive activities more often, which contributes to more effective prevention, early detection of diseases and a reduced risk of complications. This also reduces the number of hospitalisations and the need for more complex forms of treatment, thereby relieving the financial and human resources burden on the healthcare system. Health economists estimate that limited health literacy accounts for three to five percent of all healthcare spending.<sup>29</sup>

## 2.2 Organisational health literacy

At the beginning of the 21<sup>st</sup> century, another view of health literacy began to gain traction. It focuses on the manner of operation, organisational culture and the complex composition of healthcare systems and health organisations, and is called **organisational health literacy**. It defines how people are provided with access to health information and resources in organisations and systems and in the provision of services, with regard to their health literacy. Organisational health literacy means that healthcare institutions provide patients with easy access to health information, communicate it clearly and understandably, and assist in its use when decisions about treatment are made. Although it is important for every individual to be health literate, this alone is not enough. The healthcare system is often complex, so healthcare organisations must also improve their operations to make it easier for patients to navigate the system and enable them to better understand services, rights and treatment options. A high level of organisational health literacy means that health information is accessible and understandable to all patients, regardless of their education, age or other circumstances. This involves eliminating bureaucratic obstacles, ensuring clear communication and adapting health services to different population groups.<sup>30</sup>

A high level of organisational health literacy thus significantly contributes to more equal and fair access to health information and services, more active user participation and greater efficiency of the healthcare system.

The World Health Organization defines **ten key attributes** of health literate institutions (Figure 4) that health organisations must take into consideration in their work:<sup>31</sup>

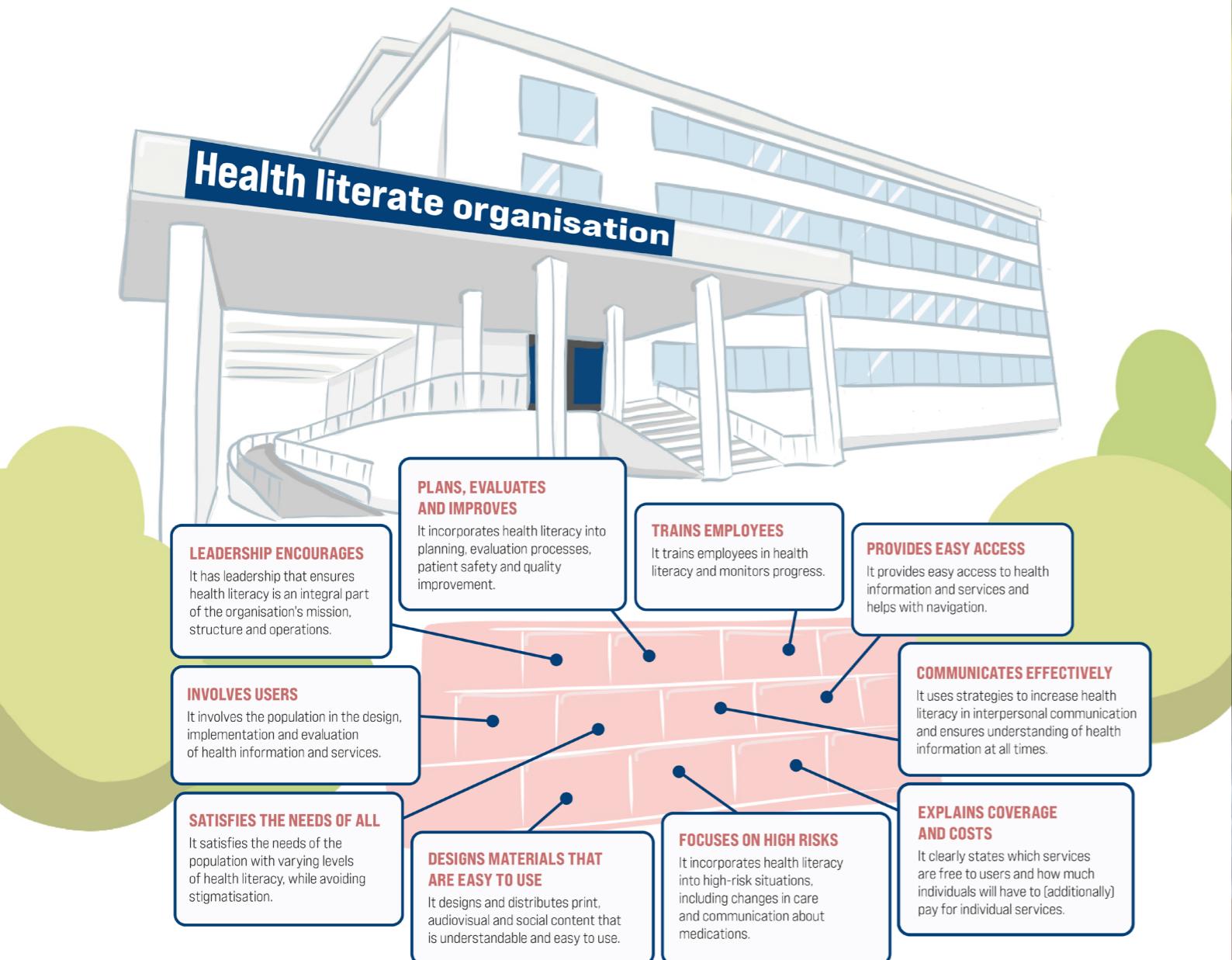
1. **Leadership and strategy** – Leadership of healthcare institutions makes health literacy integral to its plans and operations.
2. **Simplifying access to services** – Reducing bureaucratic barriers and ensuring easier access to health information.
3. **Creating a friendly environment** – Adapting the physical and digital environment to make it easier for patients to find and understand information.
4. **Clear communication** – Using simple language and visual aids to allow a better understanding of medical instructions.
5. **Support in making decisions** – Helping patients make informed decisions about their health.
6. **Employee training** – Regular education of health professionals on the importance of clear and empathetic communication.
7. **Adapting services** – Creating services that are also accessible to vulnerable groups, such as the elderly, foreigners or people with lower levels of health literacy.
8. **Patient involvement** – Active involvement of patients in creating health policies and system improvements.
9. **Accessible documentation** – Providing simple and understandable health documents and forms.
10. **Monitoring and improvements** – Regularly checking how effectively healthcare organisations communicate with patients and adjusting approaches as needed.

<sup>29</sup> Eichler, K., Wieser, S., Brügger, U. (2009). The costs of limited health literacy: A systematic review. *International Journal of Public Health*, 54(5), 313–324.

<sup>30</sup> Bremer, D., Klockmann, I., Jaß, L., Härtel, M., von dem Knesebeck, O., Lüdecke, D. (2021). Which criteria characterize a health literate health care organization? – A scoping review on organizational health literacy. *BMC Health Services Research*, 21, 664.

<sup>31</sup> Brach, C., Keller, D., Hernandez, L. M., Baur, C., Parker, R., Dreyer, B., Schyve, P., Lemerise, A. J., Schillinger, D. (2012). Ten attributes of health literate health care organizations. National Academy of Medicine.

Figure 4. Ten attributes of health literate institutions



As healthcare systems are becoming increasingly complex, organisational health literacy focuses on how healthcare institutions can make it easier for users to access information and healthcare services and make health-related decisions. The responsibility for understanding information should not rest solely with the individual – healthcare organisations must adapt, too. It is important that patients are provided with clear, understandable and practical information that is easy to use. To systematically improve health literacy, this thinking must be incorporated into the mission, strategic guidelines and quality management systems in healthcare institutions. Health literacy should become an integral part of the planning, implementation and evaluation of healthcare services.

Health professionals and associates, as well as other healthcare employees, play a key role in this. They must be trained in the use of effective communication techniques, checking understanding of information and using various communication tools – from printed material to video content and digital platforms. Information material should be adapted to different user groups. Particular attention should be paid to circumstances with a higher risk of misunderstanding or making a wrong decision – for example, during significant changes in treatment, medication prescriptions, or in emergencies. Healthcare institutions must also present to patients in a transparent and understandable manner which services are included in basic health insurance and which are self-pay. By introducing such a method of approach, they not only contribute to greater accessibility of information, but also strengthen the trust of users, increase their involvement in medical treatment and thereby improve health outcomes.

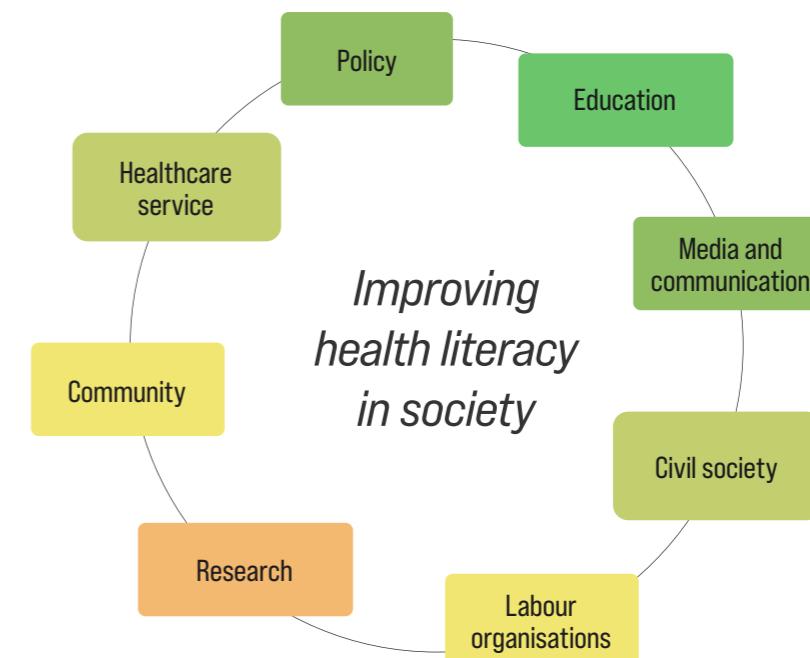
## 2.3 Improving health literacy outside the healthcare system

To effectively improve health literacy, it is not enough to merely adopt measures within the healthcare system. Inter-sectoral collaboration is of key importance, as many factors that influence the search, understanding and use of health information arise from other areas of society. Improving health literacy requires coordinated action by different sectors that contribute to more accessible, understandable and reliable health information.

- **Policy:** National policies must ensure access to reliable health information and quality healthcare services and promote the systematic integration of health education throughout all stages of life.
- **Education:** Health literacy should be an integral part of educational programmes, from kindergarten to university. Special attention should be paid to educating future health professionals on effective and clear communication with patients.
- **Media:** Mass and digital media play an important role in disseminating verified, understandable and accessible health information, and in promoting the use of reliable sources.
- **Civil society:** NGOs and local communities are key stakeholders in population groups that are harder for the healthcare system to reach.
- **Working environment:** Workplace health promotion can significantly contribute to improving the health literacy of employees, encouraging a healthy lifestyle and inclusion in preventive programmes.
- **Research:** Scientific research helps identify effective methods to improve health literacy and identify vulnerable groups that need additional support.
- **Technology:** Digital platforms, mobile applications and telemedicine significantly contribute to greater accessibility of health information and services. They also enable better access to information.
- **Community:** An active community is key in promoting healthy lifestyle choices, disseminating reliable information and creating a supportive environment for maintaining health. Healthcare services must be accessible, of high quality and tailored to the needs of people in their local environment, as this strengthens trust in the system, improves patient participation and enables more comprehensive and sustainable healthcare.

Health literacy is developed in everyday life – where people live, work, learn and communicate. Therefore, improving health literacy cannot be limited to healthcare alone. Coordinated cooperation between different areas of society – from politics, education, media and the workplace to local communities and civil society – is key. Only through mutual connection and focused action can we create circumstances that will enable all individuals to access reliable information and effective care for their health.

Figure 5. Improving health literacy outside the healthcare system



## 2.4 International political framework

Health literacy has become a global priority in politics, as it has a significant impact on the health of individuals and communities. Governments, international organisations and NGOs include it in their strategies to promote health, prevent disease and improve access to healthcare services.

European and global political documents supporting health literacy:

- The EU's "Together for Health" strategy highlights health literacy as key to empowering citizens.
- The United Nations Ministerial Declaration (2009) calls on countries to develop action plans to promote health literacy.
- The Nairobi Call to Action notes the importance of policies that promote information and communication technologies to improve health literacy.
- The Shanghai Declaration of the World Health Organization calls for national and local strategies to improve health literacy.
- The Montevideo Roadmap 2018–2030 cites health literacy as key to tackling non-communicable diseases.
- The WHO's Declaration of Astana stresses the importance of providing reliable health information for patients and their carers.
- The OECD Health Literacy Report analyses how countries improve access to health information and understanding of healthcare systems.
- Europe's Beating Cancer Plan (2021) integrates health literacy into all stages of cancer treatment – from prevention to treatment and rehabilitation.
- The EU Health Programme 2021–2027 (EU4Health) recognises health literacy as key to equal access to healthcare services.

- The EU Global Health Strategy (2022) highlights health literacy as a tool for better responding to pandemics and the digitalisation of healthcare.
- The European Health Union promotes better cooperation between EU member states in improving health literacy and responding to health crises.

Furthermore, health literacy is linked to broader international initiatives, such as the Sustainable Development Goals, universal health coverage, prevention of non-communicable diseases and social determinants of health. Many countries, including European countries, have already formulated their own strategies to improve health literacy, as it contributes to better health outcomes, reduced inequalities and increased trust in the healthcare system. Health literacy is thus one of the priorities in national strategies in the field of health. Below are some notable examples from foreign countries.

#### Austria

At the forefront of the Austrian Health Promotion Strategy 2024 is the provision of understandable health information. The use of simple language, visual aids and digital platforms with explanations about healthcare services is encouraged. Educational programmes in schools and workplaces teach residents how to find and understand health information. Health professionals and associates receive additional training in communicating with patients, especially vulnerable groups. They will establish advisory points where free information on healthy living, prevention and vaccination will be provided.

#### Czech Republic

The Health 2030 Strategic Framework emphasises that health literacy is key to the better health of the population. They have launched a health literacy portal, which provides verified health information. Health professionals and associates are trained to better communicate with patients, while prevention campaigns promote a healthy lifestyle and breaking bad habits. Community projects, such as Healthy Cities and Health Promoting School, involve residents in efforts to improve health literacy.

#### Germany

The German National Action Plan on Health Literacy responds to the challenge of more than half of the German population having limited health literacy. The strategy envisages education from childhood, improving communication between health professionals and associates and patients, and simplifying navigation through the healthcare system. Special emphasis is placed on self-care for chronic diseases, with tailored information and support services. They introduced 15 recommendations for better functioning of healthcare organisations and greater accessibility of services.

#### Norway

The 2019–2023 strategy emphasises patient engagement in their own care through clearer communication in healthcare institutions. The Helsenorge.no portal offers extensive information on patient rights and self-management of chronic conditions, while the Just Ask handbook encourages patients to take an active role in their treatment. Norway also runs campaigns to promote healthy lifestyles and recognise and manage stroke, which involve residents and health professionals.

#### Scotland

Scotland's Making it Easier (2017–2025) strategy aims for a society, in which all residents have the knowledge to take care of their own health. The strategy improves access to information, involves patients in health planning and strengthens health literate organisations. The Teachback programmes checks patients' understanding of information, while the What Matters to You? initiative encourages doctors to consider patients' values. Initiatives, such as Childsmile (for children's oral health) and those to improve signage in hospitals, are helping to reduce health inequalities.

## 2.5 Health literacy of residents of Slovenia

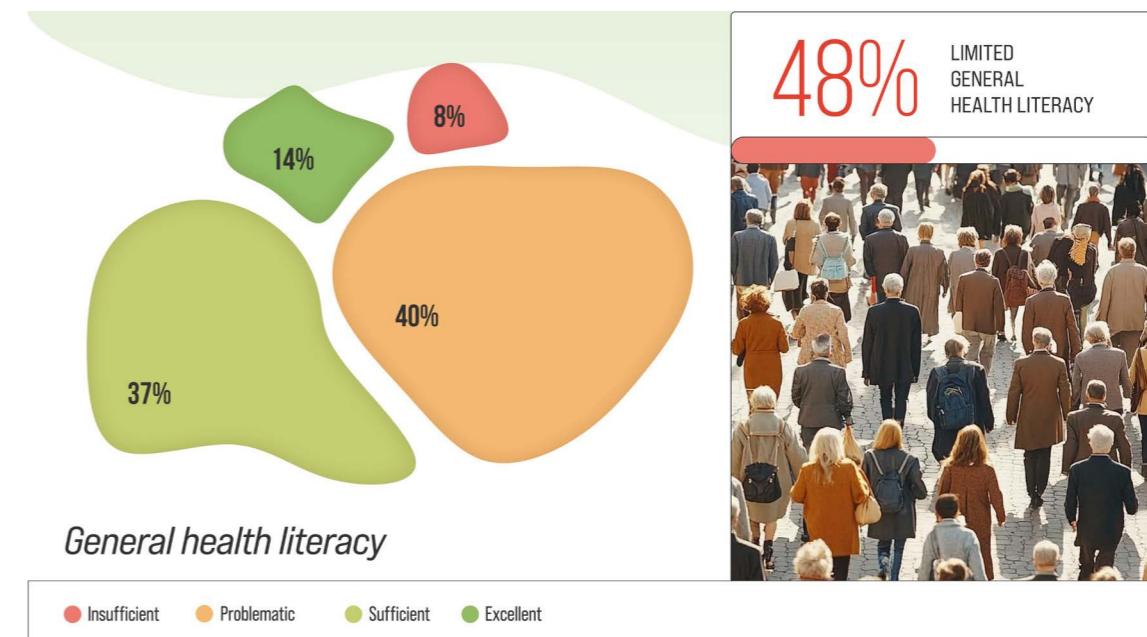
To improve the health of residents, it is crucial that people are able to find and understand health information, evaluate its relevance and use it to treat or prevent disease and promote health. In addition, certain circumstances of an individual, such as social status, health status and accessibility of health services, must also be taken into account, as these greatly influence the individual's ability to make appropriate health-related decisions **effectively**.

In 2019, Slovenia joined the international M-POHL network, the purpose of which is to study and monitor health literacy with the aim of improving it in the participating countries and beyond. As part of M-POHL, the HLS-SI<sup>19</sup> survey was conducted to comprehensively evaluate the health literacy of adult residents of Slovenia for the first time. The survey covered the studying of general health literacy, and additionally also of certain specific types of health literacy, such as communication, navigational and digital health literacy, and literacy related to vaccination.

#### General health literacy

The key finding of the survey is that almost **half of the adult population of Slovenia has limited health literacy, and just under a tenth has insufficient health literacy** (Figure 6).

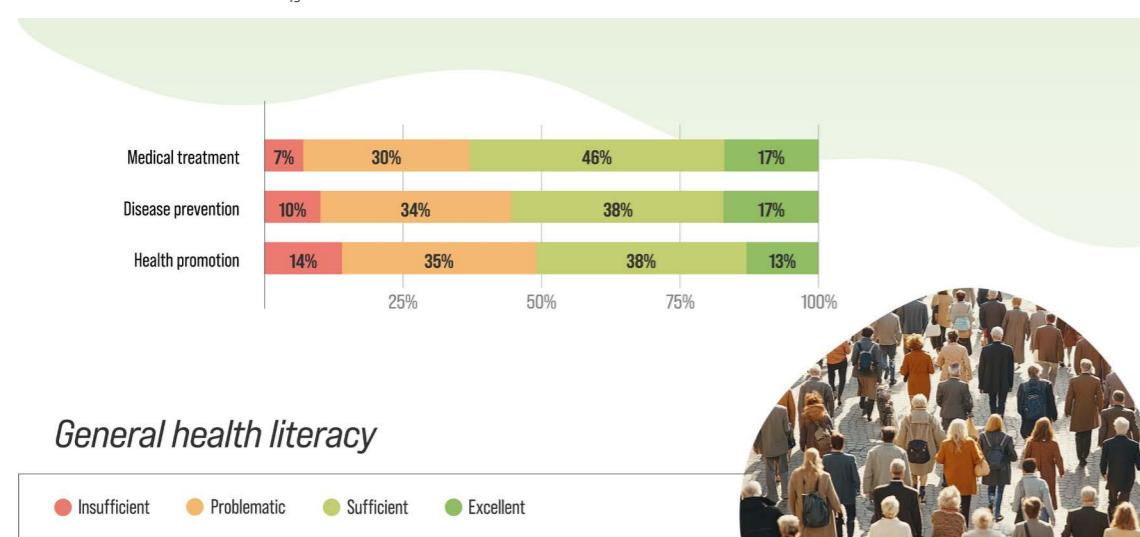
Figure 6. General health literacy of adult residents of Slovenia, National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>)<sup>32</sup>



As already mentioned, general health literacy covers three key areas of care for health – as part of medical treatment, disease prevention and health promotion. The most important finding is that adult residents have the most problems with health promotion, with almost half of them having limited health literacy, while the proportion of residents with limited health literacy in the field of medical treatment is only a good third. This also shows that individuals are less motivated and involved in taking care of their health and strengthening it than when they have health problems and solve them within or outside the healthcare system (Figure 7).

<sup>32</sup> Vrdelja, M., Vrbovšek, S., Berzelak, N. (2022). Health literacy of adults in Slovenia: Results of the National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>). National Institute of Public Health.

Figure 7. General health literacy of adult residents of Slovenia by individual areas of care for health, National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>)<sup>33</sup>

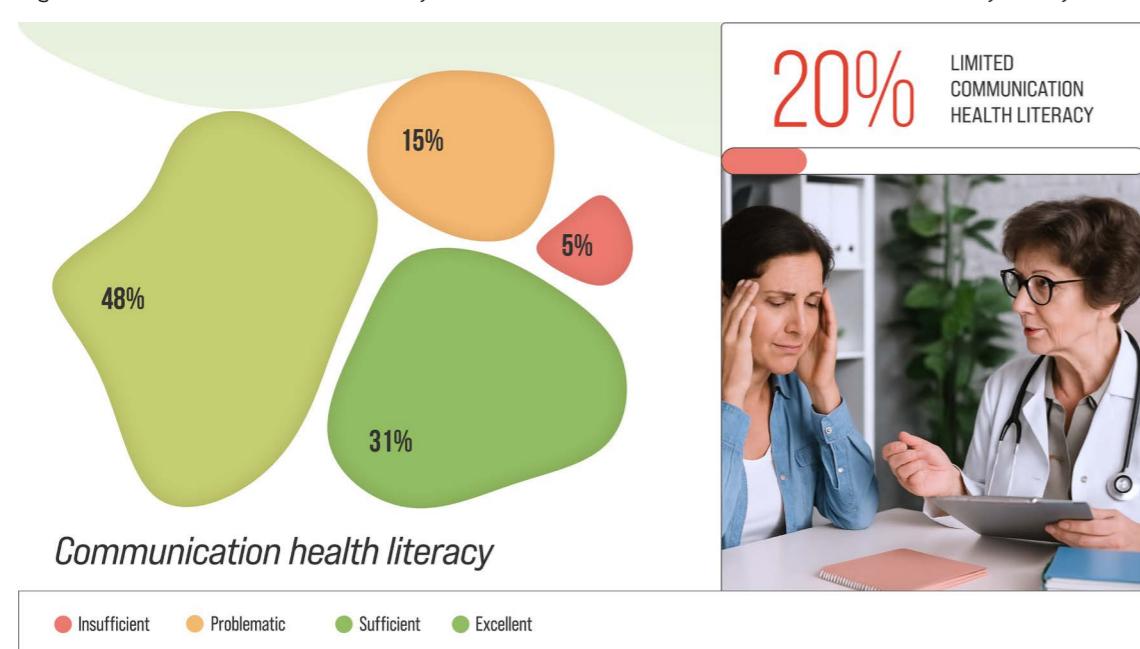


These findings clearly indicate the need to introduce methods of approach and strengthen systemic measures to improve the accessibility, clarity and usability of health information for all population groups. Particular attention should be paid to residents who belong to more vulnerable groups – the elderly, the less educated, residents with a poor financial situation and poor health – in order to ensure that all residents have equal opportunities to improve health literacy and their ability to maintain and strengthen their own health.

#### Communication health literacy

High-quality communication between healthcare system users and health professionals and associates is the foundation of good care. Communication health literacy refers to those communication and social skills of patients that enable them to actively engage in in-person meetings with health professionals, communicate and search for information, determine its meaning, and use this information to co-shape care about their health and make decisions about it. The survey showed that **one in five adults has limited communication skills, while ensuring sufficient time for consultation with a health professional or associate and greater involvement of healthcare system users in making decisions about their health are the biggest challenges** (Figure 8).

Figure 8. Communication health literacy of adult residents of Slovenia, National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>)

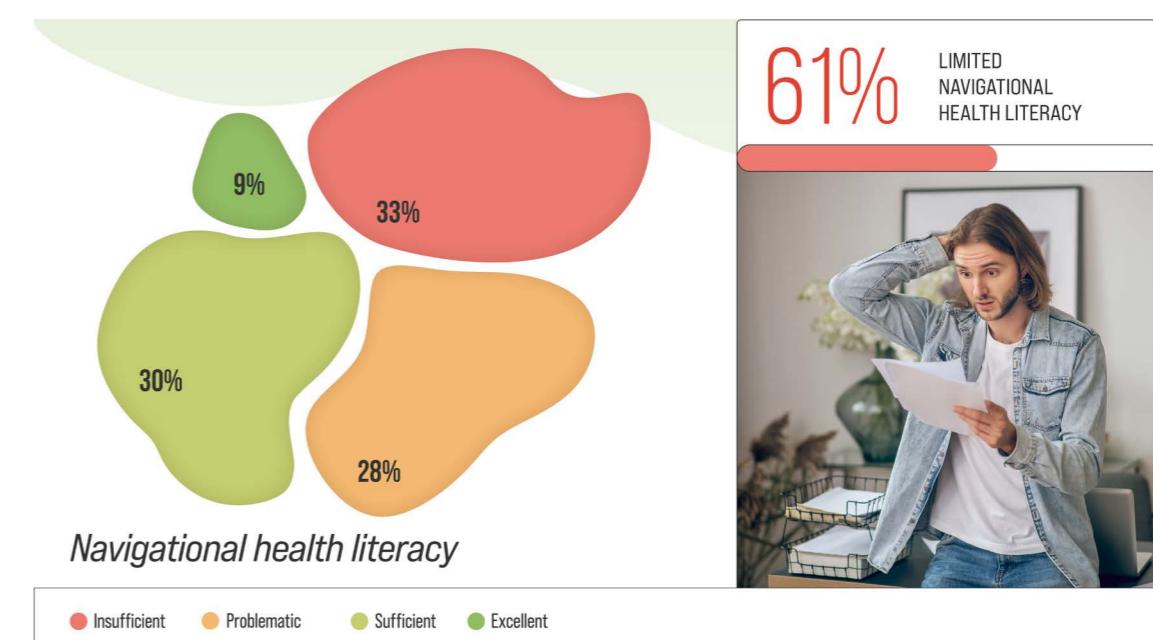


<sup>33</sup> Vrdelja, M., Vrbovšek, S., Berzelak, N. (2022). Health literacy of adults in Slovenia: Results of the National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>). National Institute of Public Health.

#### Navigational health literacy

Navigational health literacy refers to the knowledge, motivation, and skills that people have to access information and understand, evaluate and use it to appropriately navigate the healthcare system in order to receive the most appropriate medical treatment for themselves or their loved ones. The survey showed that 61% of adult residents have significant problems with this (Figure 9).

Figure 9. Navigational health literacy of adult residents of Slovenia, National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>)



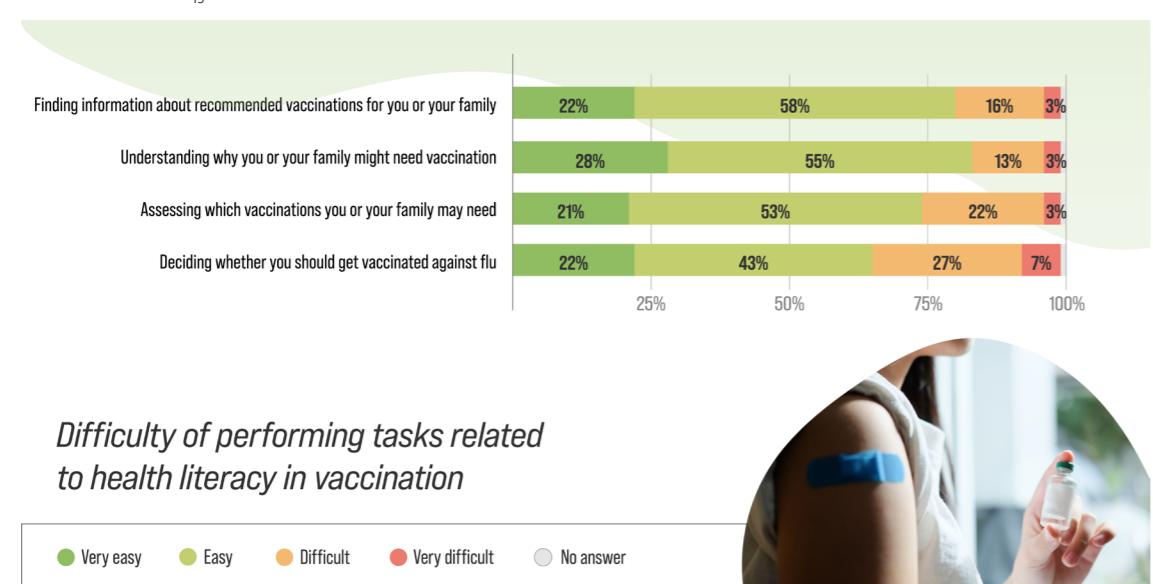
Some groups are particularly vulnerable when it comes to navigating the healthcare system. These are people over 70 years old, with lower education – mainly residents with vocational education or less, and residents with a very poor social and financial situation. There are no significant differences between genders. It is particularly difficult for residents to understand information about healthcare reforms that could affect their medical care, and to evaluate whether a particular healthcare service will meet their expectations and how much of the service is covered by their health insurance.

#### Health literacy in the field of vaccination

Health literacy in the field of vaccination refers to the knowledge, motivation and skills of an individual to search for, understand, and evaluate vaccination-related information, and to use it to make decisions about vaccination.

The results of the HLS-SI<sub>19</sub> survey showed that residents in Slovenia have the most difficulty deciding, based on health information, whether to be vaccinated against seasonal flu or not and, in general, deciding which vaccination to opt for. They have much less difficulty finding and understanding information about vaccination. These findings are important for designing clearer and more accessible information, which will contribute to better care and greater public confidence in vaccination (Figure 10).

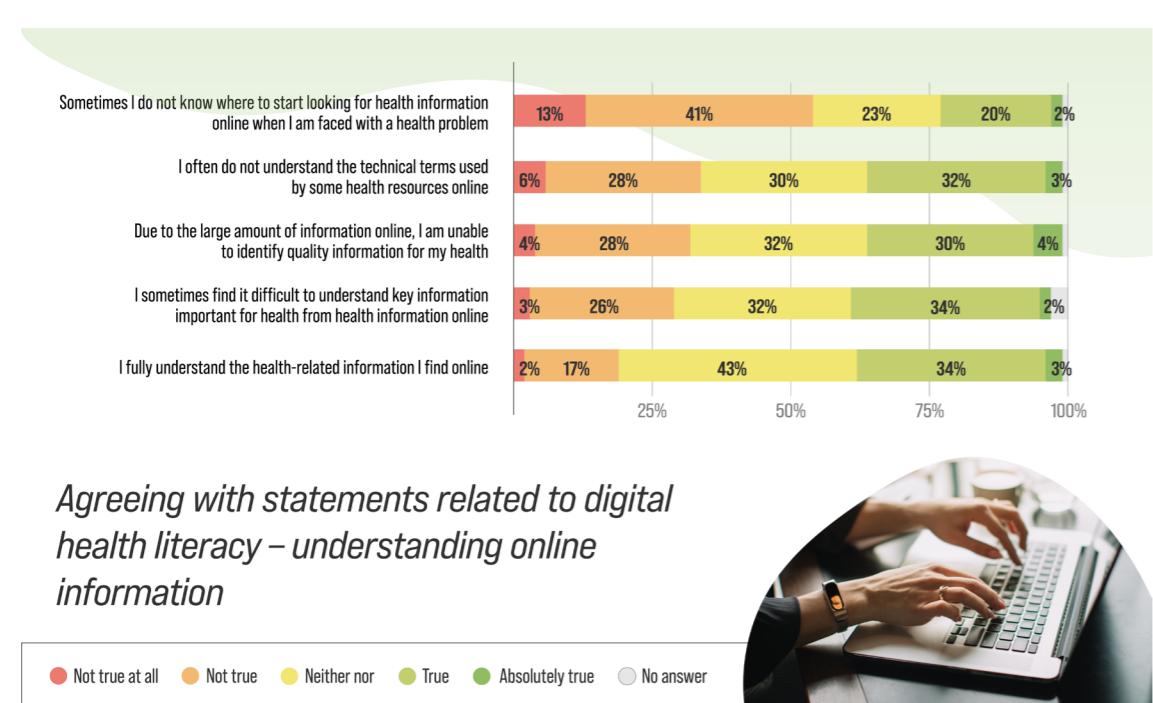
Figure 10. Difficulty of performing tasks related to health literacy in the field of vaccination, National Health Literacy Survey in Slovenia (HLS-SI<sub>19</sub>)



#### Digital health literacy

The widespread digitalisation enabling wide access to health information, the increasing range of information channels for communicating information and the increasing availability and use of digital (electronic) resources in healthcare represent new challenges and demands for the skills needed to search for and use such information. The survey showed that more than half of adult residents do not fully understand the health-related information they find online, approximately a third of the population has difficulty discerning which information is important for their health and differentiating between good quality and poor quality health information online (Figure 11).

Figure 11. Agreeing with statements related to digital health literacy – understanding online information



#### Health literacy in the field of mental health

Between November 2021 and January 2022, the NIJZ conducted the cross-sectional **National Survey on Mental Health Literacy** on a sample of residents of Slovenia. The final sample included 2,677 participants, while the response rate was 30.3%. Part of health literacy in the field of mental health is reflected in knowledge of depressive and anxiety disorders. The survey has found that knowledge of these is better among women, younger people, people with a higher level of education, people with a higher subjective social status, and people who have personally experienced mental health problems. Furthermore, younger people appear to have a more negative attitude towards seeking professional help and less intention to seek professional help compared to older people. This may be related to concerns about confidentiality, a lower level of self-esteem, different ways of coping with distress, and a greater importance of peer support in times of distress. Among the sources of help for mental distress or problems, the willingness or intention to seek help from an intimate partner was listed first, followed by a mental health professional and personal doctor. Positive attitudes towards professionals, acceptance of professional help in the field of mental health and trust in its effectiveness should be further strengthened.

## 2.6 Established practices for improving health literacy in Slovenia

Slovenia has a long tradition of investing in prevention and implementing national prevention and screening programmes, health promotion and awareness-raising campaigns (Figure 12). These measures have been helping to reduce the burden of disease, detect health risks early and promote healthy lifestyles for many years. Their goals are early detection of disease, improving self-sufficiency of individuals in taking care of their health, and reducing health inequalities. Although these programmes significantly contribute to improving health literacy, their role is often insufficiently recognised and systematically under-utilised. Without a clear focus on improving health literacy and empowering residents, such programmes may function primarily as a one-way transfer of information, rather than as an opportunity to develop critical thinking and the understanding, evaluation and use of health information in everyday life.

National preventive and screening programmes hold a special place among good practices in improving health literacy, as they are among the few by which the healthcare system proactively addresses the entire target population – including those residents who would not otherwise seek help themselves. These programmes are based on proven, clear and accessible communication methods and enable learning through direct experience. Participants acquire important skills: how to understand the invitation, how to interpret the medical report, find additional information, communicate with health professionals and make informed decisions. These skills can also be transferred to other parts of medical treatment, such as managing chronic conditions, using medications, or navigating the healthcare system. At the same time, experience from screening programmes clearly shows how important it is to systematically address disparities in health literacy. With the adjustments already introduced for people with disabilities and other vulnerabilities, these programmes offer a good model that could sensibly be expanded to other levels of healthcare – for example, to hospitals, outpatient clinics for people with chronic diseases and palliative care teams.

Health literacy is not only improved through prevention programmes. An important source of gaining knowledge and experience is also daily contact with the healthcare system – from diagnostic examinations and treatment to rehabilitation and palliative care.

Numerous activities at the secondary and tertiary levels of healthcare also significantly contribute to improving health literacy. These include health education in hospitals, education of people with chronic diseases, rehabilitation programmes (for example, outpatient cardiac rehabilitation), counselling and various forms of support for relatives, palliative care team services, and numerous other forms of assistance for patients and relatives. All of the above practices, when used with appropriate methods and adequate accessibility, contribute to improving the understanding and ability to evaluate and use health information, and the empowerment of users of the healthcare system.

The Health Literacy Strategy therefore builds on and connects these practices into a unified, systematic framework that will ensure the improvement of health literacy at all levels of healthcare and beyond – not only as an accompanying activity, but as an exceptionally important part of quality and equitable healthcare.

Figure 12. Established national prevention and screening programmes, health promotion activities, and programmes and projects to improve health literacy in Slovenia



### 3. Strategic goal, sub-goals and measures



Health literacy plays a key role in providing quality, safe and effective healthcare and strengthening public health. In recent years, it has become clear that a high level of health literacy is not only important for the individual, but is also a prerequisite for a functioning, responsive and financially sustainable healthcare system. People with a higher level of health literacy better understand the instructions of experts, use preventive programmes more effectively, seek emergency medical services less often, and follow therapeutic recommendations more correctly.

Conversely, a low level of health literacy significantly contributes to higher morbidity, poorer treatment outcomes, higher costs of care and a greater burden on the system. Therefore, improving health literacy cannot be the responsibility of the individual alone – it requires a systemic response, coordinated action by institutions and strategically planned measures that are sustainable, inclusive and accessible to all residents.

**By 2035, we want to achieve a situation in which at least 60 percent of residents of Slovenia will have sufficient or excellent health literacy, which would be an increase of eight percentage points compared to the baseline value. This will strengthen the ability of residents to independently care for their health, make informed decisions and actively participate in the healthcare system and community.**

The strategic goal of the National Health Literacy Strategy 2025–2035 is based on the results of the national HLS-SI<sup>19</sup> survey and international recommendations. It covers all key stakeholders – from health professionals and associates, educational institutions, local communities, non-governmental organisations to civil society and healthcare system users. The strategy framework comprises nine strategic sub-goals and 29 measures that comprehensively address the improvement of health literacy at the individual and system levels and at the level of society.

**The body responsible for the measure** is the organisation or institution responsible for coordinating, planning, implementing and monitoring the implementation of an individual measure from the strategy. The responsible body ensures that the measure is implemented in accordance with the set goals, deadlines and performance indicators, and cooperates with other stakeholders where foreseen. The role of the responsible body includes reporting on progress and proposing possible adjustments as part of action plans.

**Participants in the measure** are organisations, institutions, foundations or individual experts who cooperate with the body responsible for the measure in the planning, implementation or evaluation of the measure. They have supportive, advisory or implementing roles, with the aim of ensuring adequacy in terms of content, efficiency and inter-sectoral integration in achieving the goals of the strategy.

Strategic sub-goals	Measures	Bodies responsible for the measures
<b>Strategic sub-goal 1</b> <b>Empowering residents of Slovenia by providing access to clear, understandable, reliable and culturally appropriate health information</b>	Measure 1.1 Developing and implementing nationally led and unified health communication campaigns in the field of health promotion and disease prevention and control	NIJZ
	Measure 1.2 Preparing and implementing guidelines for clear and understandable communication about health content in healthcare institutions	NIJZ
	Measure 1.3 Preparing and implementing guidelines for responsible and supportive media reporting on health topics	NIJZ
	Measure 1.4 Strengthening the competences of residents for easier navigation of the healthcare system	NIJZ
<b>Strategic sub-goal 2</b> <b>Strengthening the role of healthcare organisations as institutions that systematically improve health literacy</b>	Measure 2.1 Preparing and implementing a standard for the operation of healthcare institutions as organisations that improve health literacy	NIJZ
	Measure 2.2 Defining and including organisational health literacy indicators among quality indicators in healthcare	NIJZ
	Measure 2.3 Establishing a system for monitoring and evaluating the implementation of measures for the operation of healthcare organisations as institutions that improve health literacy	NIJZ
<b>Strategic sub-goal 3</b> <b>Improving the competences of health professionals in the field of health literacy</b>	Measure 3.1 Incorporating the concept of health literacy into formal educational programmes for future health professionals	MZ
	Measure 3.2 Developing the competences of health professionals in the field of health literacy	MZ
<b>Strategic sub-goal 4</b> <b>Improving the health literacy of people with chronic diseases for their empowerment, active participation and improvement of self-care</b>	Measure 4.1 Developing and implementing specific activities and approaches for the self-care of people with chronic diseases, aimed at improving their health literacy	NIJZ
	Measure 4.2 Developing and implementing integrated pathways for people with chronic diseases in the healthcare system and the broader context of care	NIJZ
	Measure 4.3 Developing and implementing a model of lay advisors for people with chronic diseases	NIJZ

Strategic sub-goals	Measures	Bodies responsible for the measures
<b>Strategic sub-goal 5</b> <b>Improving digital health literacy for effective and equitable access to health information and services</b>	Measure 5.1 Adapting the communication of health information to selected target groups and sub-groups, taking into account the development of technologies	NIJZ
	Measure 5.2 Strengthening the competences of residents to use digital solutions in the field of healthcare	NIJZ
	Measure 5.3 Development and ethical use of digital tools for people with chronic diseases and ensuring the security and credibility of health information	NIJZ
<b>Strategic sub-goal 6</b> <b>Improving the health literacy of the population through lifelong learning programmes, in various living environments and with the active participation of civil society</b>	Measure 6.1 Developing and implementing health content and approaches to improve health literacy in the educational system	MZ
	Measure 6.2 Developing and implementing health content and approaches to improve health literacy in adult lifelong learning and social care programmes	MZ
	Measure 6.3 Developing and implementing health content and approaches to improve health literacy in work organisations	NIJZ
	Measure 6.4 Involving civil society and relevant stakeholders in the development and implementation of activities and programmes to improve the health literacy of the population in local communities	NIJZ
	Measure 6.5 Upgrading, developing and implementing activities and programmes aimed at health promotion and prevention for various population (sub)groups	NIJZ
<b>Strategic sub-goal 7</b> <b>Increasing the scope and quality of health literacy research and development</b>	Measure 7.1 Researching the health literacy of population groups and subgroups	NIJZ
	Measure 7.2 Researching organisational health literacy	NIJZ
	Measure 7.3 Developing and implementing activities and programmes to improve health literacy in the field of health promotion and disease prevention and control	NIJZ
	Measure 7.4 Promoting innovations that introduce new approaches and practices to improve health literacy	NIJZ

Strategic sub-goals	Measures	Bodies responsible for the measures
<b>Strategic sub-goal 8</b> <b>Strengthening advocacy and systematically integrating health literacy into public policies and inter-sectoral collaboration</b>	Measure 8.1 Integrating health literacy into key public policies and strengthening inter-sectoral collaboration to improve health literacy	MZ
<b>Strategic sub-goal 9</b> <b>Increasing the active involvement of Slovenia in international cooperation in developing and improving health literacy</b>	Measure 9.1 Active participation in international networks, bilateral partnerships and joint projects	MZ and NIJZ
	Measure 9.2 Organising international conferences and professional meetings	MZ and NIJZ
	Measure 9.3 Adapting and implementing international guidelines	MZ and NIJZ

### 3.1 Strategic sub-goal 1.

#### Empowering residents of Slovenia by providing access to clear, understandable, reliable and culturally appropriate health information

To improve the health literacy of all residents of Slovenia, it is necessary to ensure the easiest possible access to high-quality, reliable and standardised health information. It must be credible, verifiable, understandable, unambiguous and adapted to the needs of individuals, taking into account their social and cultural background and different forms of vulnerability. In this regard, activities should be directed towards improving knowledge and motivation and developing skills for searching, understanding, evaluating and effectively using health information in everyday life. Empowering residents will increase their ability to make better decisions about their own health, prevent disease and appropriately use healthcare services, which will in the long term contribute to both better population health and reduce the burden on the healthcare system. Empowering residents is crucial for improving the health literacy of all population groups and community health in general, as empowered individuals feel capable and ready to make decisions about their health, which includes actively seeking information, asking questions and critically evaluating advice and recommendations, as well as medications. Empowered individuals also find it easier to navigate the information ecosystem, which is defined by a large amount of information that can be relevant, correct and appropriate, or incorrect, misleading and false.

For this reason, the following aspects should be taken into account:

- Ensuring access: accessibility of health information means that it must be available in different locations and in different formats (printed materials, digital channels, oral information). It should also be taken into account that information is also accessible to people with special needs (such as the visually impaired, the hearing impaired).
- Access to clear information: clear information is information that uses simple and unambiguous language, without the use of complex or technical terms. This way, people can understand what they need to know faster and easier, regardless of their level of education.
- Comprehensibility of information: comprehensible information takes into account the different levels of understanding and abilities of individuals. Using simple phrases, examples from daily life and simple visual elements (images, infographics, videos) can significantly increase the comprehensibility of the content.
- Reliability of information and information sources: it is important that the information is reliable, relevant/adequate and based on evidence (scientific research), which is essential from the aspect of official



healthcare institutions, as this increases the level of trust among residents.

- Cultural appropriateness: culturally appropriate information takes into account the diversity in beliefs, customs and values of different population groups, enabling better understanding, acceptance and adherence to health recommendations.

It is also important to establish educational programmes, workshops and other activities that can contribute to better health literacy. In doing so, individuals should be offered the opportunity to actively participate in these training sessions to develop their knowledge and acquire skills to manage their health. The community must also be involved in the development and dissemination of health information, thereby strengthening a sense of belonging and responsibility. When residents are actively involved in the education process, they become not only recipients of information, but also active participants.

This is why the goal is to ensure easy access to the health information that people need to make everyday decisions related to their health throughout the healthcare system and in all healthcare institutions. The task of health professionals will therefore be to provide clear and understandable health information tailored to the target audience. In this regard, special attention will need to be paid to vulnerable groups. This will strengthen the health literacy of all residents of Slovenia.<sup>34</sup>

#### **Measure 1.1: Developing and implementing nationally led and unified health communication campaigns in the field of health promotion and disease prevention and control**

Communication campaigns are planned communication projects that usually include numerous activities, use various communication channels, and address multiple target audiences. Their goal is to achieve changes at various levels – at the level of information, knowledge, awareness, viewpoints, understanding, attitude, opinion or even behaviour of target audiences regarding a specific topic. The following characteristics are key in communication campaigns:

- Target orientation: campaigns are usually designed to address specific target groups (e.g. youth, the elderly, families). This increases the likelihood that they will find messages relevant and effective.
- Using various communication channels: effective campaigns use various communication channels to reach a wide audience, such as television, radio, print media, social networks, community events, and more.
- Clarity and comprehensibility of messages: messages must be clear and easy to understand so that they can be recognised and understood by the general public.
- Evaluation and adaptability: it is important to continuously monitor the effectiveness of campaigns by means of various indicators (for example, reach, message acceptance, changes in behaviour and conduct) and possibly adjust the strategy to achieve better results. Evaluation should also be carried out after the end of the communication campaign.

Planning, preparing and managing comprehensive nationally led health communication campaigns is a challenging task, but the best content and cost-effectiveness are usually achieved. Such nationally led campaigns, which would also be implemented at a lower (regional and local) level, would contribute to unified and coordinated communication throughout the system. This would make health messages more visible, and would also help improve the health literacy of residents and encourage people to adopt a healthy lifestyle. The campaigns will focus on key areas of health promotion and prevention, such as healthy nutrition, health-enhancing physical activity, mental health promotion, prevention and management of chronic diseases, and infectious diseases and protection against them. In this regard, the main principles for improving health literacy – simple, clear and understandable key messages, adapted to the needs and abilities of different population groups – should be taken into account. For campaigns to be successful and effective, activities must be planned so that they are inclusive and accessible to all residents, with special attention paid to vulnerable groups such as the elderly, people with a low level of health literacy, people with various forms of disabilities, and individuals from different cultural and linguistic backgrounds.

The starting point for preparing these communication campaigns will be a strategic reflection on priority public health challenges and areas. It will be important to deepen the behavioural and communication analysis when determining and defining target audiences. This will be the basis for determining strategical and tactical communication and designing the content, and selecting communication channels and methods, including the adaptation of messages to individual target groups. Campaigns will use various communication channels, such

<sup>34</sup> Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267. Sørensen, K., Van den Broucke, S., Fullam, J., De Winter, A., Papiblignoud, F., Phe, M., P. P. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *BMC Public Health*, 12, 80. Ratzan, S. C., Parker, R. M. (2000). Introduction. In: Selwyn, J., Woolf, F. (Eds.) *Health literacy: A prescription to end confusion*. National Academy Press. Easton, A., McGee, P., E. A. (2010). Health literacy in primary care: A qualitative study of perceptions of patients and staff. *BMC Health Services Research*, 10, 164. Schillinger, D., Grumbach, K., Piette, J., et al. (2002). Association of health literacy with diabetes outcomes. *Journal of the American Medical Association*, 288(6), 475–482. Koh, H. K., Graham, G. (2010). Health literacy: A challenge for public health. *Health Affairs*, 29(3), 372–378. Vrdelja, M., Vrbovsek, S., Berzelak, J. (2022). Health literacy of adults in Slovenia: Results of the National Health Literacy Survey in Slovenia (HLS-SI). National Institute of Public Health, Ljubljana. World Health Organization. (2016). *Shanghai declaration on promoting health in the 2030 Agenda for Sustainable Development*. WHO.

as mass media (television, radio, print), digital media (websites, social networks), public events and more. It will also be important to take into account the development of new technologies and digital solutions that enable dialogical and interactive communication and the use of various tools to address the issue of infodemics, often marked by disinformation and conspiracy theories. Based on the results of the evaluation, campaigns will be adjusted and improved as necessary to make them as successful and effective as possible. With this measure, Slovenia will strengthen public health communication, raise awareness of the importance of preventive measures and improve the general health literacy of the population, which will contribute to better health outcomes and a lower burden of disease in society.

The aim of this measure is to achieve (in terms of content and timing) coordinated and unified communication on selected public health topics among the stakeholders involved (in the healthcare system). This provides for greater uniformity of communication messages, greater campaign visibility and the best possible reach of communication messages. This increases the key effects of communication and strengthens trust in healthcare as a whole. The measure will contribute to improving the quality of health information and the health literacy of the population, and will play a particularly important role for people with chronic diseases.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, Ministry of Education of the Republic of Slovenia, Ministry of Higher Education, Science and Innovation of the Republic of Slovenia, healthcare institutions, health professionals and associates, media outlets, digital platforms, municipalities and local communities, NGOs, social welfare institutions and providers of social programmes.

#### Measure 1.2: Preparing and implementing guidelines for clear and understandable communication about health content in healthcare institutions

Unified communication with the general public, i.e. its sub-groups, is key to successful communication. For more coordinated communication on health topics, which would contribute to improving the health literacy of residents, unified guidelines for communication on health content in healthcare institutions, which would also take into account the latest global findings in the field of communication, would be needed.

These guidelines will ensure the use of simple language and visual aids that will provide clear, understandable and accessible information for all residents, which will contribute to improving their overall health literacy. Special attention will be paid to adapting communication to people with various disabilities (for example, blind, deaf, visually impaired) and members of different cultural and linguistic groups to ensure equal opportunities in accessing health information. The guidelines will also include directions for designing websites that are user-friendly, i.e. accessible and easy to navigate, for healthcare institutions. Health professionals and associates from healthcare institutions will receive specific training in the use of these guidelines, which will also include knowledge about effective communication strategies, the use of digital tools and adapting communication to the different needs of users, which will contribute to improving health literacy and better inclusion of users in the healthcare system. The evaluation will monitor their satisfaction, level of understanding of information and accessibility for vulnerable groups, and the guidelines will be regularly adjusted based on identified needs.

The goal of the measure is to ensure that healthcare institutions in Slovenia communicate in a way that is clear, accessible and adapted to different groups of residents. This will contribute to a higher level of health literacy and thus more favourable health outcomes and a better user experience when accessing health services.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, NGOs, professional organisations, health professionals and associates, faculties and institutes, Health Insurance Institute of Slovenia, representatives of vulnerable groups, translators and interpreters, user experience design experts.

#### Measure 1.3: Preparing and implementing guidelines for responsible and supportive media reporting on health topics

Despite the changed global social circumstances, journalists and the media still play an important role in modern society and influence people in many ways:

- Publicity and information: they provide information about health, disease, treatment and prevention, and report on the latest research, health policies and public health events.
- Education: Health content in the media can increase awareness of a healthy lifestyle, protection against diseases and proper conduct in the event of potential health problems.

- Reducing stigma: they can help reduce the stigma associated with certain health conditions, such as mental illness, suicide, alcoholism, and the like, which encourages open dialogue and help-seeking.
- Impact on policy: they can have a significant impact on health policy-making and decisions, as they often address important public health issues and increase pressure on decision-makers.

It is therefore important to consider the media and journalists as partners with whom healthcare institutions can reach their target audiences and carry out their mission. For journalists and media outlets that are aware of their responsibility, but which, due to the changed circumstances in which they operate, are facing the issue of a lack of knowledge, information and time to learn more about individual topics and discuss them in depth, guidelines for media reporting will be prepared that will help improve the health literacy of the population. These guidelines will promote responsible and supportive reporting on health topics with the aim of ensuring that health information in the media is reliable, clear, accessible and easy to understand, which will contribute to a higher level of health literacy of the population. They will help the media, which are important shapers of public opinion, in (co)creating content that promotes prevention, a healthy lifestyle and appropriate disease management. Special emphasis will be placed on preventing the spread of disinformation, sensationalism and intimidation of the population in media reporting. The media will be encouraged to use reliable sources of information and to adapt their reporting to different population groups, including vulnerable groups. Evaluation of the measure will monitor the extent to which the media adhere to the guidelines, and will also determine the impact of reporting on health behaviour and understanding among residents, as well as the degree to which the spread of misinformation about health has been reduced.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, media organisations and journalist associations, healthcare institutions, health professionals and associates, NGOs, research and educational institutions, Agency for Communication Networks and Services of the Republic of Slovenia.

#### Measure 1.4: Strengthening the competences of residents for easier navigation of the healthcare system

Healthcare system navigation refers to the ability of an individual to effectively navigate the complex structure of the healthcare system, including understanding how it works, what services are available, and how to find a doctor, medical specialist or other sources of medical care. Navigational health literacy is crucial for managing personal health, as it helps individuals make informed decisions and effectively navigate the healthcare system for information and healthcare services. Effective navigation through the healthcare system increases the ability of individuals to actively engage in caring for their own health and well-being.

The goals of the measure are to more effectively inform people and provide them with a better understanding of the functioning of the Slovenian healthcare system, reduce barriers to access healthcare, improve the navigation and orientation of people in the healthcare system (so that they can find their way around it more easily), and improve their ability to use healthcare services appropriately. Explanatory material (in various formats) adapted to different population groups, and instructions for healthcare organisations on how to prepare navigation (for example, information boards or signs, digital boards and screens) in their institutions, and what to pay attention to when communicating with their users, will be prepared.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, health professionals and associates, faculties and research institutions, NGOs, local communities and social work centres, digital platforms and online solution providers.

### 3.2 Strategic sub-goal 2.

#### Strengthening the role of healthcare organisations as institutions that systematically improve health literacy

Healthcare organisations are the first and most important point of contact for residents with the healthcare system and play a key role in providing clear, understandable and accessible health information. Their mission goes beyond treatment itself – it is also important to create an environment that enables healthcare system users to more easily understand information, make informed decisions and actively participate in the care of their own health.



To ensure uniform and user-friendly communication in the healthcare system, it will be necessary to design and systematically implement in healthcare institutions processes aimed at strengthening health literacy. This includes developing guidelines and protocols for effective communication, improving the accessibility of information (e.g. through simple language, visual aids, adapted materials), and better signage and orientation in healthcare institution premises. Special attention will also be paid to developing digital solutions and training health professionals to identify and appropriately respond to the needs of healthcare system users with varying levels of health literacy.

The effectiveness of measures will be monitored by developing organisational health literacy indicators and systematic evaluation of practices in healthcare organisations. This will enable continuous improvement of the functioning of healthcare institutions and contribute to more accessible, friendly and patient-adapted medical treatment.

**Measure 2.1: Preparing and implementing a standard for the operation of healthcare organisations as institutions that improve health literacy**

Healthcare organisations play an important role in ensuring the accessibility, clarity and comprehensibility of health information for healthcare system users, regardless of their experience, level of health literacy and language or cultural barriers. The measure focuses on the development, pilot testing and implementation of guidelines and protocols that will help healthcare organisations become institutions that improve health literacy. This is the way to ensure that healthcare organisations upgrade their methods of approach in communicating with healthcare system users, with an emphasis placed on the clarity and accessibility of healthcare information.

To this end, national guidelines and protocols will be developed for clear written and oral communication and for adapting the provision of information to the different needs of healthcare system users, so that they can obtain information more easily, understand it and use it effectively in their everyday lives. In addition, the measure will also be aimed at improving the orientation of users in healthcare institution premises, making it easier for them to find their way around the healthcare system. Support will be provided to healthcare institutions in implementing the measures, including guidance in introducing the guidelines into daily practice.

This measure will enable healthcare institutions to become active players in improving health literacy, which will contribute to greater patient engagement, better understanding of their health conditions and better health outcomes.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, health professionals and associates, NGOs, professional organisations, faculties and research institutions, municipalities and local communities.

**Measure 2.2: Defining and including organisational health literacy indicators among quality indicators in healthcare**

The measure is aimed at defining and including organisational health literacy indicators among quality indicators in healthcare. The indicator will measure the extent to which healthcare institutions act as organisations that improve health literacy, for example, by providing access to clear and understandable health information and supporting healthcare system users in understanding and effectively using this information in taking care of their health.

Incorporating the indicator into established quality monitoring systems in healthcare will encourage healthcare organisations to improve communication practices, adapt information to different population groups and create an environment friendly to healthcare system users.

The introduction of the indicator will make health literacy an important part of assessing the quality of healthcare services. This will further encourage healthcare organisations to establish accessible and supportive services, thereby contributing to better health outcomes and greater patient involvement in their treatment.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, professional organisations, NGOs, Public Agency of the Republic of Slovenia for Healthcare Quality, Health Insurance Institute of Slovenia, faculties and research institutes, experts in data management and IT support in healthcare.

**Measure 2.3: Establishing a system for monitoring and evaluating the implementation of measures for the operation of healthcare organisations as institutions that improve health literacy**

The measure envisages the establishment of a system for monitoring and evaluating the progress of health institutions in implementing measures to improve health literacy. The system envisages an annual evaluation of whether healthcare institutions effectively maintain and upgrade measures that ensure accessibility and comprehensibility of health information and easier orientation in healthcare institution premises for healthcare system users.

Monitoring will be based on precisely defined indicators that will measure the success of organisations in ensuring clear and user-friendly communication, training health professionals to improve the health literacy of healthcare system users, and using appropriate tools and methods of approach to improve information and the involvement of healthcare system users. The annual assessment will include both internal and external evaluations, with a focus on progress and continuous improvement of practices.

This measure will ensure continuous monitoring and constant improvements of healthcare institutions in the implementation of measures to improve health literacy.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, professional organisations, NGOs, faculties and research institutions, Health Insurance Institute of Slovenia, health professionals and associates, Public Agency of the Republic of Slovenia for Healthcare Quality, support services for digital services and analytics.

### 3.3 Strategic sub-goal 3.

#### Improving the competences of health professionals in the field of health literacy

Health professionals play a central role in communicating health information, supporting healthcare system users in understanding their health and promoting informed decision-making. Clear, understandable and accessible communication is key to improving the health literacy of residents, but research shows that many professionals are not adequately trained to adapt information to different levels of health literacy. This can lead to misunderstanding of health recommendations, poorer compliance with treatment, and thus less favourable health outcomes.

To ensure better competence of health professionals in transferring information to healthcare system users, health literacy needs to be systematically included in their education and further training. This will be achieved by integrating health literacy content into formal education curricula for health professions, developing and implementing continuing professional development programmes, and training health professionals to adapt information to different target groups, including the use of visual and interactive tools. It will also be important to develop guidelines and recommendations for improving communication practices in healthcare institutions and to establish systematic cooperation between healthcare organisations and educational and research institutions for the continuous upgrading of health literacy content.

The effectiveness of measures will be monitored through a systematic evaluation of the inclusion of health literacy content in educational programmes, analyses of the effectiveness of training and feedback from healthcare system users on the quality of communication with professionals.

This will improve the competences of health professionals, which will contribute to better communication with healthcare system users, greater accessibility and comprehensibility of health information and improved health literacy among residents.

**Measure 3.1: Incorporating the concept of health literacy into formal educational programmes for future health professionals**

To improve the health literacy among residents, it is crucial that health professionals are trained to communicate clearly, understandably and appropriately with healthcare system users. The existing formal education programmes for health professionals often do not include enough content on how to adapt information to different groups of healthcare system users, recognising a low level of health literacy, and effective communication techniques. The lack of these competences can lead to poorer patient understanding of health information, reduced compliance with treatment and a greater burden on the healthcare system.

This measure will ensure that health literacy is systematically included in educational programmes for health



professions at both formal and informal levels. Students and health professionals who are already employed will gain knowledge and skills to more effectively convey health information and adapt communication to different levels of understanding. Adjustments will be introduced into the curricula of secondary schools, higher education and postgraduate programmes, and into programmes for continuous in-service training of health professionals.

In addition to changes in formal education, informal educational programmes and workshops intended for health professionals who are already employed will also be established. Emphasis will be placed on practical training, the development of guidelines for effective communication and cooperation with research institutions and patient organisations, which will contribute to the upgrade of educational programmes in terms of content.

**Body responsible for the measure:** Ministry of Health

**Participants:** Ministry of Higher Education, Science and Innovation, Ministry of Education, faculties and secondary education institutions for health professions, professional organisations, National Institute of Public Health, healthcare institutions, NGOs, research institutions.

This measure will ensure that health professionals acquire key knowledge and competences for effective communication and promoting health literacy among residents during their formal education, which will contribute to better treatment of healthcare system users, increased compliance with treatment and greater trust in the healthcare system.

### Measure 3.2: Developing the competences of health professionals in the field of health literacy

Health professionals play a key role in communicating health information, supporting healthcare system users in understanding their health and guiding them to appropriate healthcare. Effective communication contributes to a better understanding of diagnoses, treatments and preventive measures, which increases patient compliance with treatment and improves health outcomes. Nevertheless, many health professionals are not adequately trained to adapt information to different levels of health literacy. This can lead to misunderstanding of medical instructions, poorer patient cooperation in treatment and reduced trust in the healthcare system.

This measure will strengthen the competences of health professionals in health literacy so that they can communicate more effectively with healthcare system users and adequately support them in understanding health information and making health-related decisions. Targeted training programmes, which will include the use of simple and understandable language, adaptation of communication to different groups of healthcare system users and checking whether they have understood the information (for example, the "tell me in your own words" method), will be implemented. Emphasis will be placed on the use of visual and interactive tools that can make it easier for healthcare system users to understand health content.

In order to ensure long-term improvement of the competences of health professionals in health literacy, a system of continuous in-service training will be introduced. It will be included in advanced training programmes for health professionals. A national framework for education in this area, which will include mandatory and optional educational modules with an emphasis on modern communication strategies, recognition of low levels of health literacy and the use of adapted methods for providing information to healthcare system users, will be established. Mentoring and the exchange of good practices between experienced health professionals and younger generations will be encouraged, and standards for measuring the effectiveness of training and its impact on practice in healthcare institutions will be introduced.

**Body responsible for the measure:** Ministry of Health

**Participants:** professional organisations, educational institutions, faculties and research institutions and evaluators, Ministry of Education, Ministry of Higher Education, Science and Innovation, NGOs, healthcare institutions, Health Insurance Institute of Slovenia, pedagogical and adult education institutes.

## 3.4 Strategic sub-goal 4.

### Improving the health literacy of people with chronic diseases for their empowerment, active participation and improvement of self-care

This strategic sub-goal focuses on improving the health literacy of people with chronic diseases with the aim of their empowerment, active participation in the treatment process and improvement of self-care behaviours. Chronic diseases are one of the greatest public health challenges of modern times, as they significantly affect the

quality of life of individuals and their families, can cause long-term health complications and are a great burden on the healthcare system and society in general.

Effective management of chronic diseases requires a comprehensive approach that includes medical treatment at all levels of healthcare and also the active role of patients in taking care of their own health. Health literacy is one of the key factors for empowering people with chronic diseases. People with a higher level of health literacy better understand their disease, communicate more easily with health professionals about their health problems, better understand treatment options, make informed decisions and find their way around the healthcare system more easily and, in most cases, they are able to take a more active role in the self-care of their disease (healthy diet, physical activity, strengthening mental health, monitoring symptoms, taking medication consistently, seeking help in a timely manner when symptoms worsen, etc.).

Implementation of measures as part of this strategic sub-goal – developing and implementing specific activities, such as preventive treatment, counselling, materials, teaching aids, etc., developing and implementing integrated pathways for people with chronic diseases in the healthcare system and the broader context of care and establishing a network of lay advisors – will contribute to improving the health literacy of people with chronic diseases, which will help them become more independent in managing their disease, find help both within and outside the healthcare system, achieve better health outcomes and ultimately also improve their quality of life. The likelihood of complications will also be reduced and healthcare resources will be used more efficiently.

### Measure 4.1: Developing and implementing specific activities and approaches for the self-care of people with chronic diseases, aimed at improving their health literacy

This measure is aimed at developing and implementing activities and programmes intended for people with chronic diseases to improve their general and specific health literacy. General health literacy includes the basic ability to understand and use health information to maintain and improve health, while specific health literacy encompasses the somewhat more in-depth knowledge and skills needed to manage a specific chronic disease.

Activities, programmes, tools and methods adapted to the needs of people with chronic diseases will be developed. These will enable better understanding and management of their disease, more appropriate symptom management and informed decision-making related to health, thereby contributing to improving their quality of life.

The newly developed activities will be implemented in a way that will make them accessible to everyone, regardless of their socio-economic status, cultural or linguistic differences, which will contribute to reducing health inequalities. By being provided access to quality information and self-care tools, people with chronic diseases will be empowered to take a more active role in caring for their own health. This will contribute to better management of chronic diseases, reduced likelihood of complications and reduced need for healthcare services, thereby improving the overall health of the population and relieving the burden on the healthcare system.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, health professionals and associates, professional organisations, NGOs, municipalities and local communities, Health Insurance Institute of Slovenia, faculties and research institutions, social welfare institutions and social work centres.

### Measure 4.2: Developing and implementing integrated pathways for people with chronic diseases in the healthcare system and the broader context of care

Establishing integrated pathways for people with chronic diseases ensures comprehensive treatment and makes it easier for patients to navigate within and outside the healthcare system. It is important that these pathways do not only cover the services available in the healthcare system, as successful management of chronic diseases requires a comprehensive approach that includes various aspects of the patient's life. Chronic diseases not only affect physical and mental health, but also social inclusion, economic status and daily activities of an individual, so medical treatment alone is not enough. Integrated pathways should also include support services and structures outside the healthcare system (for example, social services, psychological support, patient associations, etc.). Such treatment provides patients with support on multiple levels and goes beyond just treating the disease, as it also focuses on their social and other needs. Integrating different structures into these pathways improves coordination between health professionals and between healthcare institutions and local communities, thereby reducing gaps in treatment. This not only improves health outcomes, but also reduces the need for frequent admissions to the healthcare system.

The measure focuses on the development and establishment of integrated pathways for people with various chronic diseases. These pathways include healthcare and other support services that are not part of the standard



clinical pathway for patient treatment. The key goal of the measure is to ensure that patients navigate different levels of the healthcare system as easily as possible, while taking into account their specific needs, especially from the aspect of navigational health literacy. This enables them to successfully navigate the complex system of healthcare services – from finding the right professional to understanding their rights and accessing appropriate services. It is also important that people with chronic diseases find their way in everyday life, when they are not in contact with the healthcare system. This includes understanding how to monitor their medical condition, manage symptoms, respond appropriately to changes in their well-being, and seek appropriate support in their local community or workplace. This increases their ability to successfully manage their disease, which directly contributes to improving their quality of life.

To develop integrated pathways for people with chronic diseases, a national protocol setting the uniform rules and guidelines for their creation will first be prepared. The protocol will define who should be involved in the development of the pathway, validation procedures (for example, as part of expanded professional boards) and key criteria for quality and compliance. This method will enable the development of integrated pathways in a standardised manner and provide coordinated, transparent and evidence-based guidelines for the treatment and support of people with chronic diseases – both in the healthcare system and in the community.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, health professionals and associates, NGOs, social work centres and other social welfare institutions, local communities, Health Insurance Institute of Slovenia, faculties and research institutions, Ministry of Labour, Family, Social Affairs and Equal Opportunities, employer organisations and workplace health promotion services.

This measure will enable people with chronic diseases to better understand their disease, navigate the healthcare system more easily and increase their ability to make informed decisions. The development of integrated care pathways will also help to improve the coordination of healthcare and social services, improve the patient experience and reduce the burden on the healthcare system.

#### **Measure 4.3: Developing and implementing a model of lay advisors for people with chronic diseases**

Lay advisory for people with chronic diseases is a form of support provided by individuals who do not have a formal medical education, but have their own experience of chronic disease. Lay advisors are a bridge between a person with a chronic disease and the healthcare system, as they can offer psychosocial support, practical advice and encourage people with chronic disease to better self-care and active participation in the process of care for health based on an established relationship of trust, accessibility and personal experience.

The purpose of this measure is to establish a sustainable and effective model of lay advisory for people with chronic diseases, which can also significantly contribute to improving their health literacy.

In the first part, a model of lay advisory adapted to the Slovenian environment will be developed as part of the measure. The model will be created taking into account the special needs of people with chronic diseases and the options of lay advisory operating in different environments. An important link in this part will be the drafting of legal bases that will enable the systemic introduction of lay advisory, the definition of the role of lay advisors and the creation of a programme for their training. The development of the model will be followed by a pilot implementation, monitoring of effects, adjustments based on practical experience and a gradual introduction at the national level.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, NGOs, social welfare institutions, local communities, faculties and educational institutions, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Health Insurance Institute of Slovenia, legal experts, professional organisations.

### **3.5 Strategic sub-goal 5.**

#### **Improving digital health literacy for effective and equitable access to health information and services**

Digitalisation in healthcare enables faster access to health information, better organisation of healthcare services and greater involvement of healthcare system users in managing their own health. Electronic health records, online portals for healthcare system users, mobile applications for health monitoring and telemedicine services

are becoming an indispensable part of the modern healthcare system. Despite the benefits, surveys show that many residents lack the appropriate digital competences to use e-health services, which makes it difficult for them to access healthcare services and increases the risk of misinterpreting health information.

The lack of digital health literacy is particularly pronounced among the elderly, people with lower education levels and vulnerable groups who have limited access to digital technologies or are not skilled in their use. In addition, the spread of disinformation and unverified health content online makes it even more difficult to make correct health-related decisions. It is thus essential to establish systemic solutions that will enable residents to have better access to digital health services and equip them with the knowledge and skills to use digital resources safely and effectively.

This will be achieved through educational programmes and workshops that will train residents to use digital health services and help them identify reliable online resources. It will also be important to develop user-friendly digital solutions that are accessible to different groups of residents, including the elderly and people with various forms of disabilities. Advisory points in healthcare institutions and local communities will provide practical assistance in the use of digital healthcare services, and health professionals and associates will be trained to provide support to healthcare system users in the use of digital tools.

The effectiveness of measures will be monitored by measuring the level of digital health literacy of residents, analysing the user experience and conducting surveys on the impact of digital solutions on the accessibility of healthcare services.

This will enable residents to have easier and equal access to digital healthcare services, increase their confidence in using digital tools and reduce the risk of digital exclusion, which will contribute to better use of healthcare resources and improved health outcomes.

**Measure 5.1: Adapting the communication of health information to selected target groups and sub-groups, taking into account the development of technologies**

Effective communication of health information requires adapting content to different target groups and sub-groups, as residents are at various levels of health literacy and have different opportunities for access to technology and different information needs. The advancement of digital technologies opens up new opportunities for more accessible, understandable and interactive provision of health information, but this also poses a risk that some population groups will be left without access to key information.

This measure will ensure that health information is adapted to different population groups, including vulnerable groups, the elderly, people with various forms of disabilities, and those with limited access to digital resources. A multi-channel provision of health information will be developed, encompassing print, digital, audio and video content, to ensure that the information reaches the broadest possible audience. Special emphasis will be placed on adapting information for people with various forms of disabilities, including the blind and visually impaired, the deaf and hearing impaired, and people with intellectual disabilities. The information will be formulated in simple and understandable language so that it will also be accessible to people with lower levels of health literacy. Interactive digital solutions, such as online platforms, applications and chatbots, will be developed to enable easier access to verified health information. Social networks and digital channels will be used to reach younger generations and groups that are more inclined to seek information online. A system of health information accessibility analyses will be established, which will enable the updated adaptation of communication strategies in accordance with the needs of target groups. Patient organisations and NGOs will participate in the development of customised information content, helping to design, verify and disseminate information.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, faculties and research institutions, Ministry of Digital Transformation, NGOs, media, municipalities, local communities and libraries, digital agencies, web content designers and application developers, social networks and web platform providers, easy reading and interpretation experts.

This measure will ensure that health information is accessible, clear and tailored to the needs of different population groups, which will contribute to more informed individual decisions, improved health outcomes and greater trust in the healthcare system.

**Measure 5.2: Strengthening the competences of residents to use digital solutions in the field of healthcare**

The digitalisation of healthcare services enables faster access to health information, easier appointments for



examinations, monitoring of personal health status and more efficient communication with health professionals. Despite these benefits, surveys show that many residents lack the appropriate digital competences to use e-health services, which limits their ability to effectively manage their own health.

Those facing the most challenges in using digital health solutions include older people, people with low levels of digital literacy, vulnerable groups and residents of rural areas, where access to digital services can be difficult. Lack of knowledge and skills to use these services can lead to unequal access to medical care, increased workload for health professionals, and lower use of preventive and curative services available on digital platforms. This is why it is crucial to provide residents with targeted education and support in the use of digital health solutions.

The goal of this measure is to systematically strengthen the digital competences of residents so that they can confidently and effectively use modern digital health solutions. To this end, workshops and practical training sessions on the use of digital health services, such as e-appointments, access to electronic health records and the use of mobile health applications, will be organised. Interactive learning materials, online guides and video guides will be developed to enable residents independently learn to use digital health tools. Advisory points will be established in healthcare institutions and local communities where residents will be able to receive individual assistance in using digital health solutions. In addition, health professionals and associates will receive additional training to provide support to healthcare system users in the use of digital tools and help them with digital access to healthcare information and services. Patient organisations, NGOs, libraries, educational institutions and volunteers will participate in the implementation of the measure, helping to increase the degree of digital health literacy at the local level.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, health professionals and associates, Ministry of Digital Transformation, NGOs, libraries and adult education centres, faculties and educational institutions, municipalities and local communities, developers of digital healthcare services.

#### Measure 5.3: Development and ethical use of digital tools for people with chronic diseases and ensuring the security and credibility of health information

Digital solutions in healthcare enable people with chronic diseases to more easily monitor their health status, cooperate better with health professionals and access information and services more quickly. Despite these benefits, challenges arise in data security, ethical use of digital tools and the spread of health misinformation on digital platforms. People with chronic diseases often face the issues of digital illiteracy, limited access to verified sources and a lack of knowledge about the safe use of digital health services.

As part of this measure, safe and ethical digital tools will be developed for people with chronic diseases, while ensuring that digital health information is verified, protected and used ethically. Safe digital tools and mobile applications adapted to different patient groups, including people with various forms of disabilities, will be developed. Standards will be introduced for the security and protection of the health data of individuals in line with data protection legislation (GDPR) and best practices in cybersecurity. Also, the use of verified digital sources will be encouraged and a system for certification of trusted online sources of health information and mechanisms for verifying and flagging misinformation about health on social networks and digital platforms will be established. Special emphasis will be placed on training health professionals and residents to recognise misinformation and safely use digital health solutions. In collaboration with patient organisations and technology developers, it will be ensured that digital tools are ethical, user-friendly and adapted to the needs of different population groups.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, healthcare institutions, NGOs, technology companies and digital solution developers, Ministry of Digital Transformation, municipalities and local communities, faculties and research institutions, information commissioner, social networks and digital communication platforms.

### 3.6 Strategic sub-goal 6.

#### Improving the health literacy of the population through lifelong learning programmes, in various living environments and with the active participation of civil society

Health literacy is a lifelong process. The ability of an individual to understand and use health information develops, shapes and adapts to the circumstances, in which the individual lives throughout their life. It is therefore crucial

that improving health literacy is systematically integrated into educational programmes, work environments, communities and support systems for the elderly, as this is the only way to ensure long-term positive effects on the health of the population.

Surveys show that children and adolescents often have limited health literacy competences, which affects their lifestyle habits and long-term health. Adults often lack sufficient knowledge to critically evaluate health information and have difficulty navigating the healthcare system. Older residents often face difficulties in accessing information and understanding health recommendations. Particularly vulnerable are groups with lower education, people with chronic diseases, and socio-economically disadvantaged individuals who face greater barriers to obtaining and using health information. In times of widespread climate change and various types of environmental pollution, environmental risk factors are also an exceptionally important aspect of improving health literacy.

The goal of this strategic area is to include health literacy as a basic skill in various living environments and adapt measures to the needs of individual age groups. This will be achieved by including content that improves health literacy in school curricula, providing additional training to teachers and educators, developing programmes to improve health literacy in various environments (educational institutions, work organisations, local communities), introducing support services for the elderly and providing adapted sources of information for all age groups.

A comprehensive approach enables lifelong improvement of health literacy, contributing to more informed individuals, better population health and a more efficient functioning of the healthcare system.

#### Measure 6.1: Developing and implementing health content and approaches to improve health literacy in the educational system

Health literacy begins to form as early as childhood and adolescence, so it is crucial that the educational system systematically includes content and methods that will teach young people how to find, understand and use health information and make healthy decisions. Young people often lack the appropriate knowledge to critically evaluate health information, understand how the healthcare system works and identify credible sources of health information.

The goal of this measure is the development and systematic implementation of health content in the education system, with an emphasis on acquiring key skills for health literacy. This will be achieved by including health content in primary and secondary education so that young people systematically acquire knowledge about health and the healthcare system. Interactive educational materials adapted to different age groups will be developed, and teacher training programmes will be introduced, providing teachers with the appropriate knowledge and methods to effectively present health-related topics. In addition, cooperation between educational institutions and health professionals will be strengthened, which will enable greater integration of preventive programmes and health promotion into the school environment. It will also be important to develop digital learning tools with which students will be introduced to health content in an interactive way and their ability to critically evaluate health information will be strengthened.

**Body responsible for the measure:** Ministry of Health

**Participants:** Ministry of Education, Ministry of Higher Education, Science and Innovation, healthcare institutions, National Institute of Public Health, educational institutions, NGOs, municipalities and local communities, National Education Institute Slovenia, faculties with pedagogical and healthcare programmes, educational publishers and digital tool developers, institutes and research institutions.

#### Measure 6.2: Developing and implementing health content and approaches to improve health literacy in adult lifelong learning and social care programmes

Health literacy is important throughout a person's life, but many adults lack sufficient knowledge and skills to effectively find, understand and use health information. This is especially true for vulnerable groups, older residents and those with lower education, who often have limited access to healthcare resources and difficulty navigating the healthcare system. Insufficient health literacy can lead to inappropriate use of healthcare services, a lower level of self-care and a higher risk of adverse health outcomes.

The goal of this measure is to integrate health content into lifelong learning and social care programmes so that adults can acquire key competences to better understand and use health information. This will be achieved by developing and implementing educational programmes at adult education centres, and as part of social welfare programmes. Adapted educational materials will be prepared and made available in print, digital and audio-visual formats to suit different groups of adults. In addition, advisory points will be established in local communities where residents will be able to obtain verified information about health, prevention and the functioning of the



healthcare system. NGOs and social welfare institutions will participate in the implementation of the measure by implementing targeted programmes for vulnerable groups, including people with low levels of digital literacy. Special attention will be paid to the use of digital educational tools – these will also provide access to verified health information for those who cannot attend educational programmes in person.

**Body responsible for the measure:** Ministry of Health

**Participants:** National Institute of Public Health, Ministry of Education, Ministry of Higher Education, Science and Innovation, Ministry of Labour, Family, Social Affairs and Equal Opportunities, adult education centres, healthcare institutions, social work centres and social welfare institutions, nursing homes, NGOs, municipalities, local communities, media, digital agencies, creators of educational content and application developers, faculties and research institutions, libraries and other cultural and educational institutions.

**Measure 6.3: Developing and implementing health content and approaches to improve health literacy in work organisations**

Health literacy has a significant impact on the well-being and work efficiency of employees, as it enables a better understanding of health recommendations, access to appropriate health services and more effective health management. The working environment is an important space for health promotion, as employees spend a large part of their day there, but most organisations lack systematic programmes to improve health literacy. Many employees do not have access to verified health information, have difficulty navigating the healthcare system, or neglect preventive measures. This can lead to poorer health, increased absence from work and lower work efficiency.

The goal of this measure is to systematically integrate health content and methods for improving health literacy into working environments, so that employees can gain better skills in understanding and using health information and have easier access to verified sources of information on health, prevention and the functioning of the healthcare system. This will be achieved by developing and implementing programmes to improve health literacy in work organisations, such as connecting and upgrading already established activities, which will include educational workshops, access to digital resources, advisory points for employees, etc., all in cooperation with the management and the person responsible for health promotion in the work organisation, as well as experts and organisations involved in workplace health promotion. Special attention will be paid to the diverse needs of employees, including those with lower education, those performing physically demanding jobs, and those who work shifts and have limited access to healthcare services.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, healthcare institutions, NGOs, employers and managements of work organisations (public and private), responsible persons for workplace health promotion, Health Insurance Institute of Slovenia, the Chamber of Commerce and Industry of Slovenia, the Chamber of Craft and Small Business of Slovenia and other professional organisations, trade unions and employee representatives, faculties and research institutions.

**Measure 6.4: Involving civil society and relevant stakeholders in the development and implementation of activities and programmes to improve the health literacy of the population in local communities**

Local communities play a key role in providing tailored, accessible and effective health literacy programmes, as they know the needs of their residents best. Civil society, NGOs, patient associations, educational institutions and healthcare institutions are important actors in developing and implementing programmes tailored to the needs of different population groups.

Networking and collaboration between various stakeholders enables greater accessibility of health information, reducing health inequalities and strengthening public trust in the healthcare system. Currently, activities in this area are fragmented, so the goal of this measure is to establish the systematic cooperation and involvement of civil society and relevant stakeholders in developing and implementing activities and programmes to improve health literacy.

This will be achieved by establishing a platform for connecting various stakeholders, developing tailored programmes for individual target groups, organising community events and improving the physical and digital accessibility of sources of information.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, municipalities and local communities, NGOs, faculties and research institutions, healthcare institutions, educational institutions, social welfare institutions and social work centres, media, adult education centres and libraries, local media and digital platforms, religious and cultural communities.

This measure will strengthen the role of local communities and civil society in improving the health literacy of residents, ensure better accessibility of information and sources of support and reduce health inequalities between population groups.

#### Measure 6.5: Upgrading, developing and implementing activities and programmes aimed at health promotion and prevention for various population (sub)groups

Health promotion and preventive measures are key to reducing the burden of chronic and infectious diseases and improving the overall quality of life of residents. Despite existing programmes in the field of health prevention, many population groups find it difficult to participate in them due to a lack of accessible information, low levels of health literacy or other barriers such as geographical distance, socio-economic factors and language barriers.

In order to ensure greater involvement of residents in preventive and promotional activities, existing programmes need to be upgraded, and foremost linked, and approaches tailored to different population groups need to be developed. Special attention will be paid to vulnerable groups, such as the elderly, people with low levels of health literacy, residents in rural areas, migrants, members of different national and ethnic groups, religious communities, children, and people with various forms of disabilities. Environmental health risk factors particularly affect vulnerable groups, so a comprehensive understanding of the impact of the environment on health is an exceptionally important element of improving health literacy.

This will be achieved by upgrading and expanding preventive programmes, adapting information to different population groups, developing digital solutions and conducting educational workshops in local communities.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, municipalities and local communities, healthcare institutions, health professionals and associates, Ministry of Education, NGOs, employers and managements of work organisations, trade unions and employee representatives, kindergartens, primary and secondary schools and youth centres, social welfare institutions and social work centres, Health Insurance Institute of Slovenia, media and digital agencies, faculties and research institutions.

### 3.7 Strategic sub-goal 7.

#### Increasing the scope and quality of health literacy research and development

Research in the field of health literacy is key to developing effective strategies and monitoring the effectiveness of measures that contribute to its improvement. Without quality data and its analytical processing, it is difficult to assess the level of health literacy in Slovenia, identify the main challenges and develop appropriate solutions. Systematic research, on the basis of which it will be possible to create data-supported policies and programmes adapted to different population groups, is therefore needed.

Research in this area should include measuring the level of health literacy in different social groups, an analysis of the factors that influence the search for, understanding and use of health information, and evaluating the effectiveness of implemented programmes. It is also important to monitor the impact of health literacy on health inequalities, access to healthcare services and the effectiveness of preventive measures.

The goal of this strategic area is to introduce sustainable research and development mechanisms that will enable the systematic collection of data, analysis of trends and development of new methods to improve health literacy. This will be achieved through regular national surveys, the introduction of performance monitoring indicators, and the promotion of interdisciplinary cooperation between research institutions, healthcare institutions and decision-makers.

This will ensure that measures in the field of health literacy are based on verified scientific evidence and are tailored to the actual needs of the population. Data-supported strategies will enable more effective interventions, reduce inequalities in access to health information and improve health outcomes in Slovenia in the long term.

#### Measure 7.1: Researching the health literacy of population groups and subgroups

To effectively improve health literacy, it is crucial to understand the current level of health literacy in different population groups and sub-groups, and which population groups face the greatest challenges in accessing, understanding and using health information. Despite individual surveys, there is no comprehensive and systematic monitoring of health literacy in Slovenia, which makes it difficult to design tailored measures and programmes.

Understanding and using health information and services depends not only on the health literacy of an individual, but also on socio-economic, environmental, cultural, digital and organisational factors that can hinder or facilitate access to health information. There is still no comprehensive research in Slovenia that would examine which factors most influence the ability of residents to obtain, understand and use health information.

The goal of this measure is to conduct systematic health literacy surveys that will enable a better understanding of the needs of individual population groups and the development of appropriate strategies to improve their access to health information. This will be achieved through regular national surveys, studying the factors that influence health literacy, and linking with research institutions and patient organisations. The goal is also to conduct research on key factors that influence access to health information and services, and to develop recommendations for improving access to and the clarity of health content. This will be achieved by analysing the various barriers that affect access to information, exploring the impact of sources of information, and examining strategies to improve the accessibility of health information.

**Body responsible for the measure:** National Institute of Public Health

**Participants in the measure:** Ministry of Health, faculties and research institutions, NGOs, healthcare institutions, local communities, Statistical Office of the Republic of Slovenia, Health Insurance Institute of Slovenia, Ministry of Higher Education Science and Innovation, Ministry of Digital Transformation, international partners and networks.

#### Measure 7.2: Researching organisational health literacy

Organisational health literacy refers to the ability of healthcare organisations to communicate effectively with users, provide understandable information and create an environment that enables easy navigation through the healthcare system. Currently, there is no unified system for measuring and improving organisational health literacy in Slovenia, which makes it difficult to develop effective solutions.

The goal of this measure is to explore existing practices and develop recommendations for improving organisational health literacy in healthcare institutions. This will be achieved by analysing communication practices, exploring the experiences of healthcare system users and examining the organisational culture in healthcare institutions.

**Body responsible for the measure:** National Institute of Public Health

**Participants in the measure:** Ministry of Health, faculties and research institutions, healthcare institutions, NGOs, professional organisations, Public Agency of the Republic of Slovenia for Healthcare Quality, Health Insurance Institute of Slovenia, international partners and networks.

This measure will ensure that healthcare organisations act as institutions that improve health literacy, which will contribute to better treatment of healthcare system users, greater uniformity in the healthcare system and less ambiguity in accessing services.

#### Measure 7.3: Developing and implementing evidence-based activities and programmes to improve health literacy in the field of health promotion and disease prevention and control

To effectively improve health literacy, it is crucial that programmes and activities are regularly evaluated and adapted based on scientific evidence. It is not possible to ensure their effectiveness and suitability for different population groups without systematic evaluation. There is no comprehensive system in Slovenia for monitoring and adapting health literacy programmes, which limits their long-term success.

The goal of this measure is to upgrade and implement health literacy programmes and introduce new ones that will be based on research findings and regularly evaluated and adjusted based on the effects in practice. This will be achieved by developing new approaches, incorporating research findings into policy creation, and regular evaluation of programmes.



**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, faculties and research institutions, healthcare institutions, health professionals and associates, NGOs, local communities, Health Insurance Institute of Slovenia, digital agencies and e-tool developers, international research and professional partners.

This measure will ensure that health literacy programmes are based on scientific evidence, tailored to the needs of the population and regularly evaluated, which will make it possible for them to be continuously improved and adapted to new challenges.

#### **Measure 7.4: Promoting innovations that introduce new approaches and practices to improve health literacy**

With innovative approaches in the field of health literacy, it is possible to more effectively adapt information to different population groups, improve the accessibility and comprehensibility of health content and promote the active involvement of residents in protecting their own health. There is no systematic promotion of innovation in this area in Slovenia, which means that there is no organised mechanism for developing new methods of approach and the transfer and adaptation of good practices from abroad.

The goal of this measure is to promote the development and implementation of innovative solutions that will improve access to health information and increase the effectiveness of interventions to improve health literacy. This will be achieved through the development of digital tools, new educational methods and pilot projects that will test innovative approaches.

**Body responsible for the measure:** National Institute of Public Health

**Participants:** Ministry of Health, Ministry of Digital Transformation, healthcare institutions, NGOs, faculties and research institutions, start-ups, technological incubators and digital agencies, municipalities and local communities, adult education centres, foundations, social innovation supporters and funding mechanisms, international partners.

This measure will ensure that Slovenia systematically supports innovative working methods in improving health literacy. This will contribute to greater accessibility of information, better understanding of health-related topics and greater involvement of residents.

### **3.8 Strategic sub-goal 8.**

#### **Strengthening advocacy and systematically integrating health literacy into public policies and inter-sectoral collaboration**

Health literacy is not only the responsibility of an individual, but is closely linked to the broader social and political environment that influences the accessibility and comprehensibility of health information and services. Effective health literacy requires systemic changes that include adapting health and other public policies to ensure more equitable access to information, clearer communication within the healthcare system and greater support for vulnerable groups.

There is no unified system in Slovenia for improving health literacy in various policies, which means that measures are often implemented in an uncoordinated manner and without long-term strategic guidelines. It is therefore essential that health literacy principles are systematically integrated into health, education and social policies and other related policies. This is the only way to ensure sustainable improvement in health literacy and reduce disparities in access to verified health information.

The goal of this strategic area is to integrate health literacy into key national policies and strategic documents, thereby systematically improving access to health information and services. This will be achieved by establishing legislative and strategic frameworks that ensure coordinated action across various sectors, promoting cooperation between healthcare, educational and social institutions, and developing guidelines for better integration of health literacy into policy-making.

This will ensure that health literacy is recognised as a key guideline in public policy making, which will contribute to reducing health inequalities, improve access to information and improve the health of the entire population.

**Measure 8.1: Integrating health literacy into key public policies and strengthening inter-sectoral collaboration to improve health literacy**

Health literacy is a cross-cutting area that goes beyond the healthcare system and requires the cooperation of multiple sectors, including education, social care, the environment, and work and non-governmental organisations. In Slovenia, health literacy is not systematically included in the development of national policies and strategies, which limits its impact on improving the health of the population and the efficiency of the healthcare system.

This measure will ensure that health literacy is systematically integrated into all key domestic policies and strategies and that a sustainable structure for coordinating measures in this area is established at the national level. A national mechanism for monitoring and coordinating health literacy policies will be established, enabling better connectivity between different sectors and stakeholders. This will include the establishment of a national coordinator for health literacy, who will be responsible for monitoring progress, coordinating activities and ensuring a comprehensive approach in the planning and implementation of actions in this area.

At the same time, health literacy will be included in all important national strategies, including the healthcare development strategy, the healthcare system digitalisation strategy, the social care strategy and the national health education programme. A system of regular reporting on health literacy will be established, which will enable monitoring of progress and assessment of the effectiveness of measures based on measurable indicators.

As part of this measure, an inter-departmental working group will be established, bringing together representatives of the healthcare system, educational institutions, social care, the non-governmental sector and employer organisations, and ensuring strategic coordination in the implementation of measures to improve health literacy.

**Body responsible for the measure:** Ministry of Health

**Participants:** Ministry of Education, Ministry of Higher Education Science and Innovation, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Ministry of the Environment, Climate and Energy, Ministry of Natural Resources and Spatial Planning, National Institute of Public Health, municipalities, NGOs, Health Insurance Institute of Slovenia, Ministry of Digital Transformation, Institute of Macroeconomic Analysis and Development, Government Office for National Minorities, Equal Opportunities Division, Chamber of Commerce and Industry of Slovenia, Chamber of Craft and Small Business of Slovenia and trade unions, faculties and research institutions, leading institutions in strategic planning.

This measure will ensure that health literacy becomes a permanent public health priority, which will be comprehensively integrated into national policies and strategic documents and have a clear system of coordination and monitoring of progress. Establishing a national coordinator and an inter-departmental working group will enable better connectivity between different sectors, which will contribute to more effective measures, reducing health inequalities and improving the user experience of residents in accessing health information and services.

### **3.9 Strategic sub-goal 9.**

#### **Increasing the active involvement of Slovenia in international cooperation in developing and improving health literacy**

Health literacy is a global challenge that goes beyond national borders and requires international cooperation. Advanced practices, research achievements and innovative solutions in this field are constantly developing, so it is crucial that Slovenia actively participates in European and broader international initiatives and transfers proven models into its healthcare system. International cooperation enables the exchange of knowledge, the development of joint research projects, better adaptation to global health challenges and access to resources that help improve health literacy.

Slovenia already participates in certain European initiatives in the field of public health, but there are opportunities to strengthen these activities. By actively participating in European research networks, international projects and partnerships with other countries, it is possible to improve access to the latest scientific knowledge and ensure more effective implementation of strategies to improve health literacy. It is also important to participate in the policies and initiatives of the WHO (hereinafter referred to as: WHO) and the European Commission (hereinafter referred to as: EC), which lay the foundation for the development of health literacy in the region.

The goal of this strategic area is to strengthen international cooperation in the development and implementation of measures to improve health literacy. This will be achieved through the active participation of Slovenia in international projects, cooperation with research institutions and inclusion in European and global initiatives in the field of health literacy. Slovenia will also promote the exchange of good practices and the adaptation of effective foreign models to its healthcare system.



This will improve the accessibility and quality of health information, upgrade national policies and contribute to increasing the level of health literacy in Slovenia in line with the best international standards.

### Measure 9.1: Active participation in international networks, bilateral partnerships and joint projects

Health literacy is a global challenge, with countries developing various strategies, methodologies and good practices to address it and improve access to health information and strengthen the ability of their population to use it. By actively participating in international networks and initiatives, Slovenia can gain valuable experience, upgrade its own methods and contribute to the development of the field at the global level. In addition to joining broad international networks, it is also crucial to establish tangible bilateral partnerships and participate in special international projects, in which Slovenia can contribute its knowledge and experience and at the same time acquire new practices for improving health literacy at the national level.

Slovenia will strengthen participation in European and global networks, such as the WHO, the OECD and the M-POHL European Action Network on Health Literacy, and increase its involvement in international research projects and partnerships addressing health literacy. It will establish bilateral cooperation with foreign research and healthcare institutions, focusing on knowledge exchange, development of joint strategies and introduction of innovative solutions to improve access to health information. The transfer of foreign good practices will be adapted to Slovenian conditions and used to improve health literacy in various population groups. Slovenian experts will also play a key role in international working groups, where they will contribute to the development of policies and standards in this area and participate in creating guidelines for improving health literacy at the EU level and beyond. As part of this measure, Slovenia will systematically monitor international guidelines, analyse the impact of global practices on its national strategies and ensure long-term integration into international research and policy developments.

**Body responsible for the measure:** Ministry of Health

**Participants:** National Institute of Public Health, faculties and research institutions, healthcare institutions, NGOs, Ministry of Higher Education, Science and Innovation, Ministry of Foreign and European Affairs, Ministry of Digital Transformation, professional organisations, Permanent Representation of the Republic of Slovenia to the EU and the WHO, Slovenian Research and Innovation Agency.

With this measure, Slovenia will increase its involvement in international networks and strengthen bilateral partnerships and special projects in the field of health literacy. This will enable the transfer of the latest research and practices into the national healthcare system and help the creation of more effective and modern measures to improve the health literacy of the population.

### Measure 9.2: Organising international conferences and professional meetings

Slovenia has the opportunity to establish itself as one of the key players in the field of health literacy in Europe. This can also be achieved by organising international conferences and professional meetings that connect researchers, health professionals, policy-makers and other key stakeholders. Such events enable the exchange of knowledge, networking and the development of joint projects, while also contributing to the greater visibility of Slovenia in this field.

There is no regular international forum in Slovenia focused on health literacy, although there is a lot of interest in connecting experts and developing new practices.

The goal of this measure is to establish a sustainable framework for organising international events that will promote the exchange of knowledge and good practices and enable strategic networking with key stakeholders abroad.

**Body responsible for the measure:** Ministry of Health

**Participants:** National Institute of Public Health, faculties and research institutions, NGOs, municipalities, healthcare institutions, Ministry of Foreign and European Affairs, Ministry of Higher Education, Science and Innovation, Ministry of Digital Transformation, Slovenian Tourist Board, European and global networks, professional organisations.

This measure will ensure that Slovenia becomes a recognisable centre for professional discussions on health literacy. This will contribute to greater international cooperation, knowledge exchange and improvement of national strategies in this area.



**Measure 9.3: Adapting and implementing international guidelines**

Many international organisations, such as the WHO, the OECD and the EC, are developing guidelines and recommendations to improve health literacy based on scientific research and best practices. However, Slovenia does not always systematically include these guidelines in national strategies and measures, which means that it does not fully utilise opportunities to improve existing policies.

The goal of this measure is to adapt and implement relevant international guidelines to be in line with the situation and healthcare system in Slovenia, and to ensure their effective integration into national policies and programmes.

**Body responsible for the measure:** Ministry of Health

**Participants:** National Institute of Public Health, faculties and research institutions, NGOs, healthcare institutions, European Commission, Health Insurance Institute of Slovenia, Ministry of Education, Ministry of Digital Transformation, professional organisations, international partners and initiatives.

This measure will ensure that Slovenia follows the latest global guidelines and recommendations, which will enable the development of modern, effective and scientifically supported policies to improve health literacy.

**4. Sources of financing for the implementation of the strategy**

## 4. Sources of financing for the implementation of the strategy



The successful implementation of the health literacy strategy will be enabled by various sources of financing. The key source among them will be the Health Insurance Institute of Slovenia, which will allocate part of its funds to improving access to understandable health information, supporting prevention programmes and training health professionals.

The state budget will finance the development of strategies, awareness-raising campaigns and strengthening the training of healthcare staff. Additional funds will be obtained from European cohesion funds, such as the European Social Fund Plus (ESF+) and the European Regional Development Fund (ERDF), which support digital tools, surveys and educational programmes, i.e. in the content and scope as determined by the European Cohesion Policy Programme for the 2021–2027 period in Slovenia.

Slovenia will also apply for funds from the EU4Health, Horizon, Digital Europe and Erasmus programmes and the Citizens, Equality, Rights and Values Programme (CERV), which promote the digitalisation of healthcare and the improvement of health literacy.

In addition to sources of financing, Slovenia will also take advantage of the technical and expert support from international organisations, such as the WHO and the OECD, while the participation in the M-POHL network will provide access to comparative research and methodological tools for monitoring health literacy.

As this is a long-term strategy, the action plans will be continuously adapted to new funding opportunities, with the aim of improving health literacy and the quality of healthcare services in Slovenia.

organisational practice, will be implemented.

- **The second period (2028–2029)** will be aimed at consolidating and expanding the activities initiated, achieving tangible results in improving the accessibility, adaptability and quality of information and implementing measures in various settings – from healthcare institutions to local communities.
- **The third period (2030–2031)** will enable the implementation of an interim evaluation of the strategy, analysis of achieved indicators and possible adjustment of measures. During this period, emphasis will be placed on deepening collaboration with other sectors and integrating health literacy into broader public policies.
- **The fourth period (2032–2035)** will be the final period of the implementation of the strategy, focused on consolidating the achieved changes, transferring good practices into systemic solutions and preparing a final evaluation and long-term recommendations for the period after 2035.

**Such a division into periods enables continuous implementation of the strategy, while ensuring that its effects will be regularly checked, analysed and compared with previous periods, which will ensure strategic responsiveness and long-term success.**

The first action plan, which covers the 2025–2027 period, was developed alongside the strategy and forms an integral part of it as an annex. The division into periods enables more targeted planning, continuous adjustment of measures and regular monitoring of progress. After the third action plan, an interim evaluation of the entire strategy will be carried out, and a final evaluation will be prepared at the end of the 2032–2035 period.

The common denominator of the periodic plans, which are time-separated but continuous, is the strategic, systematic, focused and planned implementation of the strategy with clearly defined objectives in an effort to improve safety. The periodic plans will be prepared and coordinated with established methodologies for drafting annual work plans of state authorities, as well as methodologies and deadlines for financial planning.

Two fundamental structures – a management and a steering structure – will be established for the effective implementation of the strategy.

- **The management structure**, led by the MZ, will be responsible for the strategic direction of the implementation of the strategy at the national level. Within three months after the adoption of the strategy, the ministry will form an **inter-ministerial working group** consisting of representatives of all key ministries, institutions and stakeholders, including NGOs, local communities, the education sector and participating agencies. The tasks of the management structure will be:
  - strategic planning and coordination of the implementation of the strategy,
  - monitoring the implementation of measures and identifying systemic obstacles,
  - formulating proposals for adjustments and updates of measures,
  - ensuring the coherence of the strategy with other national and European policies,
  - drafting periodic reports on the implementation of the strategy.
- **The steering structure**, led by the NIJZ, will be responsible for professional and content-based management and support in the implementation of the strategy. Its tasks will be:
  - preparing expert analyses, recommendations and bases for the implementation of measures,
  - content-based guidance of implementers at local, regional and national levels,
  - forming and managing working groups for specific individual areas (for example, vulnerable groups, digital literacy, communication),
  - connecting with the academic and research community,
  - systematic monitoring of the achievement of indicators,
  - regular reporting to the management structure and proposing improvements based on data from the field.

### Evaluation of the strategy

**Evaluation** will take place on two levels:

- **Interim evaluation**, carried out after the end of the second action plan (by the end of 2030), will enable an assessment of progress, identification of key success factors and challenges and guidance for the final

## 5. Monitoring, management and evaluation



The effective implementation of the National Health Literacy Strategy 2025–2035 is based on a comprehensive system of monitoring, management and evaluation that provides strategic guidance, expert support and the ability to continuously respond to the needs of the population and changes in the broader social context.

Health literacy is a multidimensional field that evolves together with science, digitalisation, communication practices and understandings of social justice and participation. This is why it is crucial to understand that the implementation of the strategy is not a one-time plan, but a **dynamic process** that must be constantly monitored, evaluated and adjusted.

The strategy is based on the results of the national health literacy survey (HLS-SI<sub>19</sub>), recommendations from the EC and the WHO, and selected successful strategies and measures from other EU member states. A vision for the development of health literacy in Slovenia until 2035 has been created on this basis, with its true achievement depending primarily on the quality of implementation and the ability of the system to learn, cooperate and adapt in a timely manner.

The process of the implementation of the strategy takes into account the need for it to be a long-term strategy, and is planned in such a way that it is divided into periods in line with a uniform methodology, which will ensure its future success and provide a guideline towards the set strategic goals. The process divided into specific periods will enable periodic evaluation based on the set goals and sub-goals and ensure comparison of results between individual periods.

### Timing and action plans

The process of the implementation of the strategy takes into account the need for it to be a long-term strategy and for regular evaluation of impacts. The strategy is designed in accordance with a unified methodology, divided into four meaningful periods in terms of content and time, which will enable structured implementation of measures, continuous monitoring of achievements and comparison of results between periods. Each action plan will contain precisely defined activities, indicators, responsible bodies and a timeline and financial framework.

The implementation timeline will be based on the following periods:

- **The first period (2025–2027)** covers the initial part of the implementation of the strategy. During this period, key management mechanisms will be established, the first systemic shifts will be initiated, and fundamental measures to increase awareness and the level of training, and the first changes in

implementation period.

- **Final evaluation**, carried out after the last year of the implementation of the strategy (in 2035), will include a comprehensive assessment of the achieved goals, the effectiveness of measures and the management and implementation mechanisms, and provide recommendations for the further development of health literacy in Slovenia.

For the purposes of the evaluation, a combined method will be used, encompassing quantitative (surveys, reports, indicators) and qualitative (interviews, case analysis, expert evaluations) methods. The evaluation will be based on internationally recognised criteria:

- relevance (do the measures address true needs);
- efficiency (are the goals achieved with the most economical use of resources);
- performance (whether the expected results have been achieved);
- sustainability (do the changes have a long-term effect);
- equity (do the measures reduce inequalities).

Such a comprehensive approach will ensure that the National Health Literacy Strategy 2025–2035 is not only operationally feasible, but also strategically guided, evidence-based and socially relevant. Health literacy will become a fundamental part of a responsive, equitable and inclusive public health system that enables individuals and communities to achieve better health and a higher quality of life.

## 6. Conclusions



The National Health Literacy Strategy lays the foundations for a society in which residents of Slovenia can access reliable health information more easily, understand it and use it confidently in taking care of their health. This is the way to enable individuals to have greater autonomy in making decisions about their own health, improve the effectiveness of preventive measures and reduce the burden on the healthcare system due to chronic diseases, which pose an increasing challenge for modern society.

The strategy is based on the cooperation of healthcare institutions, the education system, NGOs, media and digital platforms. Its successful implementation will be enabled by a clear division of responsibilities, long-term financing and regular adaptation of measures to the needs of the population.

The implementation of the strategy will have far-reaching benefits – individuals will make more informed decisions about their health, the healthcare system will be less burdened, and society will gain from better health outcomes and a higher quality of life. A high level of health literacy, which will be the foundation of the health, resilience and sustainable development of Slovenia, can be achieved with joint efforts.

A comprehensive approach as part of health literacy will contribute in the long term to a healthier population, more equal access to health information and greater resilience of the healthcare system.

## 7. Indicators of the National Health Literacy Strategy

2025–2035



## 7. Indicators of the National Health Literacy Strategy 2025-2035



Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
1	1	1.1	Structure indicator	Number of national communication campaigns in the field of health promotion and prevention and management of chronic diseases	0	20	NIJZ
2	1	1.1	Structure indicator	Number of communication toolkits prepared in the field of health promotion and prevention and management of chronic diseases	0	20	NIJZ
3	1	1.1	Result indicator	Proportion of community health centres that include HPCs in the implementation of the national health promotion campaign	0	≥ 90%	NIJZ
4	1	1.1	Process indicator	Number of national health literacy surveys conducted on adults	One survey conducted (HLS-SI 2019)	Other survey conducted (for example, HLS-SI 2026)	NIJZ
5	1	1.2	Process indicator	Guidelines prepared for communication and promotion of health content for healthcare institutions	0	1	NIJZ
6	1	1.2	Result indicator	Number of healthcare institutions implementing guidelines for communication and promotion of health content	0%	50%	NIJZ
7	1	1.2	Process indicator	Number of advisory interventions carried out to support communication in healthcare institutions	0	≥ 50	NIJZ
8	1	1.2	Result indicator	Number of activities implemented to improve health literacy of children and adolescents in kindergartens, primary and secondary schools and other educational institutions	No information available	At least 50 activities implemented at national level	MZ
9	1	1.3	Process indicator	Guidelines prepared for journalists/media for responsible and supportive media reporting to improve the health literacy of the population	0	1	NIJZ
10	1	1.3	Result indicator	Periodic reports on the implementation of the guidelines for responsible and supportive media reporting	0	2	NIJZ
11	1	1.4	Structure indicator	National communication campaign focused on the functioning of the healthcare system	0	1	MZ
12	2	1.4 2.3	Impact indicator	Proportion of population with limited navigational health literacy	61%	50%	NIJZ
13	2	2.1	Structure indicator	Prepared and adopted standard for the operation of healthcare organisations as institutions that improve health literacy, and a self-assessment tool, published on the NIJZ and the MZ websites	0	2 (primary level of healthcare, secondary and tertiary levels of healthcare)	NIJZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
14	2	2.1	Process indicator	Developed online training for the implementation of the standard for the operation of healthcare organisations as institutions that improve health literacy, and for conducting self-assessment	0	1	NIJZ
15	2	2.1	Result indicator	Proportion of healthcare institutions whose employees have successfully completed online training for the implementation of the standard for the operation of healthcare organisations as institutions that improve health literacy	0%	70%	NIJZ
16	2	2.1, 2.2, 2.3	Impact indicator	A working group established at the NIJZ to support the operation of healthcare organisations as institutions that improve health literacy (development, implementation, monitoring)	0	1	NIJZ
17	2	2.1	Result indicator	Proportion of healthcare institutions that have conducted a self-assessment (including an action plan) based on the self-assessment tool for health institutions as organisations that improve health literacy	0%	60%	NIJZ
18	2	2.1	Process indicator	Developed instrument for measuring organisational health literacy	Instrument not yet developed	Instrument developed and ready for use	NIJZ
19	2	2.2	Process indicator	Developed and adopted organisational health literacy indicator and included in the healthcare quality system and ISO standards	0	1	Public Agency for Healthcare Quality
20	2	2.2	Result indicator	Proportion of healthcare institutions that regularly report on the organisational health literacy indicator as part of the healthcare quality system	0	70%	Public Agency for Healthcare Quality
21	2	2.3	Process indicator	Drafting a methodology for evaluating the implementation of activities to improve health literacy in healthcare institutions	0	1	NIJZ
22	2	2.3	Result indicator	Proportion of healthcare organisations implementing activities to improve health literacy based on the standard for the operation of healthcare institutions as organisations that improve health literacy	0	60% (all that conducted a self-assessment and prepared an action plan)	NIJZ
23	2	2.3	Process indicator	Evaluation of the implementation of the standard for the operation of healthcare organisations as institutions that improve health literacy performed, and proposals for upgrading measures prepared	0	1	NIJZ
24	2	2.3	Process indicator	Methodology for monitoring and evaluating organisational health literacy measures established and an annual evaluation report with results and recommendations prepared	0	1	NIJZ
25	3	3.1	Process indicator	A developed educational module on health literacy for teachers of secondary and higher education programmes used for education of future health professionals	0	1	NIJZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
			Impact indicator	Proportion of population with limited general health literacy	48%	40%	NIJZ
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
26	3	3.1	Result indicator	Proportion of secondary and higher education programmes for future health professionals and associates that include health literacy content (theoretical and practical aspects)	No data	75%	MZ
27	3	3.1	Result indicator	Recommendations prepared for the systematic inclusion of health literacy content in educational programmes for future health professionals and associates	0	1	MVZI
28	3	3.2	Process indicator	Developed training programme for health professionals and associates in the field of health literacy (theoretical and practical aspects)	0	1	NIJZ
29	3	3.2	Result indicator	Proportion of healthcare organisations whose employees have successfully completed a health literacy training programme	0%	75%	NIJZ
30	3	3.2	Impact indicator	Implementation of health literacy as mandatory content for licence renewal for regulated healthcare professions	0	2 (for at least two profession groups)	MZ
31	4	4.1	Impact indicator	Developed programmes to improve health literacy and self-care behaviours of chronic patients, for the most common chronic diseases/conditions, implemented at primary, secondary and tertiary levels of healthcare	4	20 (for the 20 most common chronic diseases/conditions)	NIJZ
32	4	4.1	Result indicator	Proportion of people with chronic diseases who have limited general health literacy	55%	< 45%	NIJZ
33	4	4.1	Result indicator	Number of healthcare institutions that receive and use revised health education materials as part of the Together for Health programme	0	≥ 50	NIJZ
34	4	4.1	Impact indicator	Proportion of chronic patients reporting better understanding of programme content and greater involvement in their treatment	0	≥ 60%	NIJZ
35	4	4.1	Impact indicator	Proportion of chronic patients reporting improved ability to self-care and make decisions about their health	0	≥ 60%	NIJZ
36	4	4.1	Impact indicator	Proportion of people with chronic diseases reporting greater involvement in treatment decisions and better alignment of treatment with their needs	No data	≥ 60%	NIJZ
37	4	4.1	Structure indicator	Developed protocol for the development and validation of national integrated pathways for people with chronic diseases	Not developed	Protocol developed and validated	NIJZ
38	4	4.1	Result indicator	Number of trained lay advisors to support chronic patients	0	50 trained advisors	NIJZ
39	4	4.2	Result indicator	Number of user needs analyses prepared for digital health literacy	0	At least 1	NIJZ
40	4	4.2	Result indicator	Proportion of digital solutions adapted to people with low literacy	0	At least 50% of priority digital content is adapted	NIJZ
41	4	4.2	Process indicator	Number of implemented training sessions conducted to strengthen digital competences of users	0	At least 30 training sessions conducted	NIJZ
42	4	4.2	Process indicator	Developed protocol for the development and validation of national integrated pathways for people with chronic diseases	0	1	NIJZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
			Impact indicator	Proportion of population with limited general health literacy	48%	40%	NIJZ
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
43	4	4.2	Process indicator	Integrated pathways for people with chronic diseases developed, adopted and implemented for the most common chronic diseases/conditions	0	20 (for the 20 most common chronic diseases/conditions)	NIJZ
44	4	4.2	Result indicator	Proportion of people with chronic diseases who have limited navigational health literacy	70%	< 60%	NIJZ
45	4	4.3	Impact indicator	Working group at the NIJZ for establishing and managing a national network of lay advisors to support people with chronic diseases	0	1	NIJZ
46	4	4.3	Process indicator	A developed model of lay advisory for people with chronic diseases, with defined legal bases	0	1	NIJZ
47	4	4.3	Process indicator	Developed and implemented training for lay advisors	0	1	NIJZ
48	4	4.3	Result indicator	Number of trained lay advisors	0	100	NIJZ
49	5, 6	5.1, 6.1, 6.4	Process indicator	Developed national digital platforms and other digital solutions tailored to different target groups and sub-groups	No data	10	NIJZ
50	5, 6	5.1, 6.5	Process indicator	Developed national digital platforms and other digital solutions adapted to people with various forms of vulnerability and disabilities	No data	10	NIJZ
51	5	5.2	Process indicator	Developed and implemented model for systematic improvement of the digital competences of population groups and sub-groups for the use of modern digital health solutions	0	1	MZ
52	5	5.2	Result indicator	Number of training sessions conducted to strengthen digital competences of population groups and sub-groups for the use of modern digital health solutions	No data	200	MZ
53	5	5.2	Impact indicator	Proportion of residents and their representatives who use the services of the eHealth information system portal in Slovenia (zVEM)	25%	> 50%	NIJZ
54	5	5.2	Result indicator	Existence of digital health guidelines that include ethical and legal aspects	Non-existent	Guidelines have been developed, and they include ethical and legal aspects	NIJZ
55	5	5.2	Result indicator	Curriculum prepared for the Health Literacy elective subject in the last triad of primary school	Not prepared	Curriculum prepared	MZ
56	5	5.3	Process indicator	Developed national digital platforms, telemedicine and other digital solutions for people with chronic diseases	No data	10	NIJZ
57	5	5.3	Structure indicator	Working group at the MZ for establishing, implementing and monitoring a certification system for authentic, trustworthy and evidence-based online sources of health information	0	1	MZ
58	5	5.3	Structure indicator	A certification system for authentic, trustworthy and evidence-based online sources of health information established for people with chronic diseases	0	1	MZ
59	5	5.3	Process indicator	Number of adult education centres and other adult education providers that include content and approaches to improve health literacy in their programmes	No information available	At least 15 providers	MZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
			Impact indicator	Proportion of population with limited general health literacy	48%	40%	NIJZ
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
60	5	5.3	Process indicator	Number of social welfare institutions that include content and approaches to improve health literacy in their programmes	No information available	At least 10 institutions	MZ
61	5	5.3	Result indicator	Number of Connected for Health catalogues of information for local communities	0	61	NIJZ
62	5	5.4	Result indicator	Number of employer organisations that have received and are using materials to support workplace health promotion	0	At least 100 organisations	NIJZ
63	6	6.1	Result indicator	Proportion of educational institutions in which health education for children and adolescents is carried out as part of the ZDAJ programme	/	100%	MZ
64	6	6.1	Impact indicator	Curriculum prepared for the Health Literacy elective subject in the last triad of primary school	0	1	MZ
65	6	6.1	Result indicator	Number of activities implemented to improve health literacy of children and adolescents in kindergartens, primary and secondary schools and other educational institutions	No data	/	NIJZ
66	6	6.1	Process indicator	Number of newly developed or updated activities and programmes to improve health literacy in the field of health promotion and disease prevention and control, based on scientific evidence or good practice examples	0	At least 1 new or updated activity/programme	NIJZ
67	6	6.2	Process indicator	Number of adult education centres and other adult education providers that include content and approaches to improve health literacy in their programmes	No data	≥ 30	NIJZ
68	6	6.2	Process indicator	Number of social welfare institutions that include content and approaches to improve health literacy in their programmes	No data	≥ 30	NIJZ
69	6	6.2	Impact indicator	Number of educational materials developed, translated or adapted (for different target groups), published online or available in print	No data	≥ 30	NIJZ
70	6	6.2	Structure indicator	Implemented public call for applications for support to non-governmental organisations in implementing activities to improve health literacy	Public call implemented	Public call implemented and financed	MZ
71	6	6.2	Result indicator	Number of innovative practices in the field of health literacy collected and analysed	0	At least 30	NIJZ
72	6	6.2	Process indicator	Established and functioning mechanism for interdepartmental cooperation	Mechanism not established	Mechanism established and functioning	MZ
73	6	6.2	Structure indicator	Number of strategic documents that include health literacy	0	At least 5 strategic documents	MZ
74	6	6.3	Structure indicator	Prepared and adopted standard for work organisations as institutions that improve health literacy, and a self-assessment tool, published on the NIJZ and the MZ websites	0	1	NIJZ
75	6	6.3	Result indicator	Number of work organisations that have conducted a self-assessment (including an action plan) based on the self-assessment tool for work organisations that improve health literacy	0	/	NIJZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
			Impact indicator	Proportion of population with limited general health literacy	48%	40%	NIJZ
#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
76	6	6.3	Process indicator	Prepared materials, training sessions and recommendations for implementing health promotion and promoting national preventive and screening programmes in work organisations, published on the NIJZ website	No data	10	NIJZ
77	6	6.3	Impact indicator	Proportion of people from vulnerable groups reporting better understanding of preventive content and greater involvement in health promotion programmes	No data	Increase compared to the baseline value (to be determined by evaluation)	NIJZ
78	6	6.3	Process indicator	Number of international projects with an emphasis on health literacy in which Slovenia participates	0	At least 5 projects	MZ
79	6	6.3	Process indicator	Number of professional visits or presentations at international events	0	At least 3	MZ
80	6	6.3	Result indicator	Number of international conferences on health literacy held in Slovenia	0	At least 1	MZ
81	6	6.3	Result indicator	Existence of analysed international recommendations compared with practice in Slovenia	Non-existent	They exist, and are documented	MZ
82	6	6.3	Structure indicator	Number of adapted international guidelines implemented in the Slovenian environment	0	At least 3 guidelines implemented	MZ
83	6	6.4	Process indicator	A qualitative analysis of the community-based approach to health in local communities conducted by connecting the national network of healthy cities/local health promotion groups	0	1	NIJZ
84	6	6.4	Result indicator	Developing the Connected for Health catalogues of information to connect various stakeholders in local communities with the aim of improving the navigational health literacy of the population in local communities	0	61	NIJZ
85	6	6.4	Impact indicator	Implemented calls for applications by the MZ for the development and implementation of activities to improve health literacy of population groups and sub-groups in non-governmental organisations	Every 3 years	Every 3 years	MZ
86	6	6.4	Process indicator	Organising the Healthy Connection event with the presentation of programmes and activities of non-governmental organisations to improve health literacy of population groups and sub-groups	Every 3 years	Every 3 years	MZ
87	6	6.5	Impact indicator	Developed and adapted approaches and tools for health promotion and prevention, aimed at different population (sub)groups, including those with vulnerabilities	0	10	NIJZ
88	6	6.5	Result indicator	Research conducted into the impact of private healthcare and market practices on health literacy	0	1	MZ

Strategic goal			Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
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#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
89	7	7.1	Process indicator	Number of national health literacy surveys conducted on adults	1	3	NIJZ
90	7	7.1	Impact indicator	Number of national health literacy surveys conducted on children and adolescents	0	2	NIJZ
91	7	7.1	Impact indicator	Number of national health literacy surveys conducted on people with vulnerabilities or disabilities	0	2	NIJZ
92	7	7.1	Impact indicator	Number of national health literacy surveys conducted on people with chronic diseases	0	5	NIJZ
93	7	7.1	Impact indicator	Drafting and implementation of recommendations for improving health literacy based on results of surveys	1	12	NIJZ
94	7	7.1	Result indicator	Number of conducted digital health literacy surveys with drafting and implementation of result-based recommendations	0	2	NIJZ
95	7	7.1	Process indicator	An analysis carried out on the understanding of the functioning of the healthcare system among residents and a report prepared	0	1	NIJZ
96	7	7.1	Process indicator	Activities carried out to raise awareness among key stakeholders and decision-makers about the importance of health literacy	0	At least 5 activities carried out	MZ
97	7	7.2	Process indicator	Developed and validated instrument for measuring organisational health literacy at the primary level of healthcare	0	1	NIJZ
98	7	7.2	Process indicator	Developed and validated instrument for measuring organisational health literacy at the secondary and tertiary levels of healthcare	0	1	NIJZ
99	7	7.2	Result indicator	Number of conducted organisational health literacy surveys at the primary level of healthcare	0	5	NIJZ
100	7	7.2	Result indicator	Number of conducted organisational health literacy surveys at the secondary and tertiary levels of healthcare	0	10	NIJZ
101	7	7.2	Impact indicator	Drafting and implementation of recommendations for improving organisational health literacy based on results of surveys	0	15	NIJZ
102	7	7.3	Process indicator	A research framework developed for evaluating activities and programmes to improve health literacy in the field of health promotion and disease prevention and control, with a review of international recommendations, models and practices	0	1	NIJZ
103	7	7.3	Process indicator	Number of newly developed or updated activities and programmes to improve health literacy in the field of health promotion and disease prevention and control, based on scientific evidence or examples of good practice	0	≥ 8	NIJZ
104	7	7.4	Structure indicator	Established national innovation support mechanism: creating a fund or incubator for pilot projects for the improvement of health literacy	0	1	MZ
105	7	7.4	Process indicator	Number of foreign practices for the improvement of health literacy adapted and transferred to the Slovenian environment	0	≥ 5	MZ

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#	Strategic sub-goal	Measure	Indicator type	Indicator name	Baseline value in 2025	Target value	Reporter
106	8	8.1	Impact indicator	Level of visibility of health literacy in public discourse	No data	30% increase compared to the first measurement	MZ
107	8	8.1	Structure indicator	Establishing a national professional coordinating body for health literacy	0	1	MZ
108	8	8.1	Impact indicator	Number of national policies and strategies that include health literacy	No data	≥ 10	MZ
109	9	9.1	Process indicator	Number of new international partnerships and projects	1	≥ 5	MZ
110	9	9.2	Result indicator	Number of international events organised on the topic of health literacy	0	≥ 5	MZ
111	9	9.3	Result indicator	Existence of analysed international recommendations compared with practice in Slovenia	No data	A comparative report drafted and a list of relevant recommendations compiled	MZ



**Ministry of Health of the Republic of Slovenia**

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