The New Swedish Public Health Policy and Equity in health

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The new Swedish Public Health Policy

- The overall national public health aim is to “create social conditions that will ensure good health on equal terms for the entire population”.

- Under the policy, equity in health has a high priority (age, gender, class, ethnic group or sexual orientation) and many sectors and players are responsible.

- The overall aim shall be achieved by implementing initiatives in 31 public policy areas related to 11 domains of objectives.

- Approved by the Parliament in April 2003.

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One overarching aim: **To create social conditions that will ensure good health on equal terms for the entire population**

### 11 Objective domains in brief

**Societal structures and living conditions**

1-3: Participation and influence in society – Economic and social security – Secure and favourable conditions during childhood and adolescence

**Settings and environments**

4-8: Healthier working life – Healthy and safe environments & products – A more health promoting health service – Effective protection against communicable diseases – Safe sexuality and a good reproductive health

**Lifestyles and health behaviours**

9-11: Increased physical activity - Good eating habits and safe food - Tobacco, alcohol, illicit drugs, doping, harmful gambling

*Bosse Pettersson, 2003*
What defines health inequalities?

• **Access** to health and medical care?
• Equal **opportunities** and life chances?
• Health **outcomes** – life expectancy, DALY’s, HALE’s, ...
• What can be **influenced by society and/or the individual**?
• Most **vulnerable** groups (eg. homeless, indigenous people)?
What do we mean ...?

... any systematic health differences between groups of people due to social circumstances are unfair, thus avoidable, and contributes to health inequities.
Average lifespan in Sweden 1751-2000
Life expectancy at birth
(Source WHO World Health report 2001)
Determinants of social inequities in health

1. Different levels of power and resources
2. Different levels of exposure to health hazards
3. The same level of exposures leading to differential impacts
4. Life course effects
5. Different social and economic effects of sickness
Ability to appeal against a government decision

Source: Statistics Sweden
Proportion of daily smokers

- Blue-collar workers
- Intermediate and higher non-manual employees
- Lower non-manual employees

Women
Men

Source: Swedish National Institute of Public Health
Odds ratios (OR) with 95% confidence interval of adverse social and economic consequences among persons with limiting longstanding illness compared with persons without limiting longstanding illness stratified for socioeconomic position, adjusted for age, sex, marital state, being foreign born and living region.

Implementation and monitoring of the National Public Health Policy

Interventions

Effects

Determinants

Correlation

Health-outcomes

Public Health Policy Report

Indicator system

Monitoring

Public Health Report

Bosse Pettersson, 2002
Relative differences

- The relative risk (RR) for male workers to die between the age 45-65 years compared to civil servants varies between 1.33 and 1.70 for ten European countries (Kunst et al 1998).

- RR for Denmark 1.33 (1), Sweden 1.40 (7) and France 1.70 (10).
Absolute differences

- A possibility to avoid the “blindness” of the relative measure for inequity in real death risks is to use an absolute measure in terms of risk differences.

- The risk difference for male workers to die between the age 45-65 years compared to civil servants is:

  for Norway 5.2% (1), Sweden 5.6% (2), Denmark 6.3% (6), France 11.5% (10).
The absolute level among the worst off

- Minimising the health gap can only be reached with a faster positive health development amongst people who are worst off in terms of burden of disease.

- One way to solve difficult problems about inequity is to focus directly on the health situation for groups of disadvantaged people.

- The death risk for male workers to die between the age 45-65 is:
  - for Sweden 19.7% (1), Norway 20.9% (2), Denmark 25.4% (7), France 27.6% (8), Ireland 29.1% (10).

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What can we do ...?

- Social determinants are the conditions in which people live and work. They are the "causes behind the causes" of ill-health. They include poverty, social exclusion, inappropriate housing, shortcomings in safeguarding early childhood development, unsafe employment conditions, and lack of quality health systems.

WHO Commission on Social Determinants and Health/Launch; Santiago de Chile 13-18 March 2005
Some proposals from the 2005 Public Health Policy Report

• Strengthen labour market policy initiatives for the long-term unemployed and for people who do not qualify for unemployment benefit.

• Give those living in vulnerable urban districts the opportunity for greater participation in and influence over the development of their own district and their own living conditions.
Some proposals from the 2005 Public Health Policy Report

- Make international public health research into pre-schools, schools, skills and health available to teachers and other key personnel in the education system.

- Put more resources into health-promoting and disease-preventing efforts within the health service.
Some proposals from the 2005 Public Health Policy Report

- Develop supportive environments for health - accessible and safe cycle paths, footpaths, green areas and housing areas.

- Make energy-dense and low-nutrient food less accessible whilst simultaneously increasing the accessibility of fruit and vegetables.
Some proposals from the 2005 Public Health Policy Report

- Make efforts to ensure the coordinated, stepwise increase of the price of tobacco both in Sweden and within the framework of EU cooperation.

- Adapt tobacco cessation to suit different target groups and make it available to all those in need of support.
Some proposals from the 2005 Public Health Policy Report

• Develop further measures to limit availability to alcohol beverages (inspection and enforcement); restaurateurs, pub landlords, retailers and parents are key target groups in this respect.

• Make freedom from gender-related violence a new sub-goal of the public health policy.
Main conclusions

- The New Swedish Public Health Policy puts equity in health high on the political agenda.
- It focuses on the social determinants of health and has a broad population perspective with a special focus on vulnerable groups.
- It aims at developing public health work by strengthening inter-sectoral regular responsibilities both nationally, regionally, and locally, focusing on health improvements.
- ... and regular monitoring and reporting to the Government who reports to the Parliament.

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