

## Sweden and the World – Swedish National Institute of Public Health

CONFERENCE IN STOCKHOLM May 13 &14 2013

*Reflecting on ten years of public health policy based on the social determinants of Health*

Opening –

Report by Michael Moore

*Minister for Social Affairs – Goran Haggland*

Important for the individual and society

Sweden is in a good position but there are no shortage of challenges

- Survey –what is most important in life –
  - 95% - Health
  - Family
- Absence of illness
- Promoting good health on a socially equitable basis

Look forward as well as looking back

- Shape policies for the next ten years
- Doing well against all international measures
- We add 13 or 14 days of active healthy living
  - One year in every ten
  - Discrepancy very compressed against every other nation
- We are in very good position
  - Tobacco down
  - Alcohol down
- Sir Michael Marmot
  - 85% have been adopted in Sweden
- 2013 report – concerns
  - lower education
  - lower socio-economic
- Determination made at the earliest years
  - Family is the key element
    - “You can never be careful enough in choosing your parents”
  - The early school years
  - More structured and systematic fashion
    - Analysis of what works
- Currently using Environmental Impact Assessment
  - Should be doing the same with impact on families
  - Govt asked Institute of Public Health to focus on Family
    - Children, Family, Schools
- Greater emphasis on the individual responsibility

### Take home message from Minister

Structural issues have played a role but Sweden needs to focus more on individual responsibility and the role of the family

## **SWEDEN: Reflecting on ten years of public health policy based on the social determinants of Health**

- This is something that needs to be done
- JOINT RESPONSIBILITY
  - Structural and individual
- Common delusion – public health is about bans and limits to restrict people’s freedom
  - It should be about “easier to make health choices”
- Current intervention examples
  - First few years of life
    - Parental support – increased funding
    - Children’s mental health – recent survey gloomy
      - How can so many children feel so bad when they live in one of the wealthiest nations in the world
      - Why are so many people vulnerable and feeling lack of hope for the future
  - Getting information about our own health
    - Ehealth
  - Injury prevention
    - Immunisation
    - Readiness for epidemics
    - How we build cities
    - Getting young people to and from school and work safely
- Amazingly fortunate situation in Sweden compared to other countries
  - Opportunity to involve more stakeholders in this area
  - Good health rates so highly for this country
  - About every individual but also about society.

**Sarah Wamala Director General, Swedish National Institute of Public Health**

Global Challenges

What parts of the 2003 Policies need challenging?

Major challenges of public health

- High Blood Pressure
- Tobacco
- Alcohol

New Challenges

- **Idle Hands** – globally 15% of the youth idle
- Young women not involved well in the studies
- Challenges in Africa and Asia

Educational background is key:

- Major public health issue

Complete public health policy is complex and inclusive

### Take home message

New challenges:

- Mental Health
- “Idle hands”

**SWEDEN: Reflecting on ten years of public health policy based on the social determinants of Health**

- The individual is at the centre
  - New Swedish approach
- Cooperation and collaboration are critical

**Johan Carlson Director General of the Swedish Institute of Communicable Disease Control**

NEW PUBLIC HEALTH AGENCY – Due to start in the New Year 2014

- One large agency to work across the whole field
- Long term and short term issues in public health
- What the new agency should do and how it should work
- Independent analysis
- Separation from:
  - Politics
  - Special interest group
  - Take control of the issues
- Knowledge control
  - Rather knowledge support (can't control knowledge)
  - Requires trust, respect and relevance
  - Overestimate the importance of knowledge

Take home message  
New PUBLIC HEALTH AGENCY to take a broad and key role on public health issues

How Can the Agency become successful?

- Collaboration/partnership with others
  - Social partners
  - Academics
  - Local Councils
- Agency needs to be strong, kind and humble

**Q&A**

Minister

Confusing health system and public health

- need both

Take home message  
Public health workforce needs to be widespread and well trained

Structure of the public health workforce

- How do we use the staff in curing and prevention
- Respect for health care workers
- Proposal for new courses

Sara

- 60% of people are connected to health care systems every year
- Keep in mind the 40% who are healthy
- Need more men in public health
  - Currently 80% women

Johan – on separation from government

- Well gathered knowledge base
- So often skip from shallow analysis to solution
- In partnership work out where are the major problems and deal with them
- ANTIBIOTIC RESISTANCE – Agency will be dealing with as a centre for disease control
  - Swedish CDC is investing in this
  - Behaviour and view of this issue is critical
  - Need support to work with these issues
    - Expectations of the public health

**Finn Diderichsen – Denmark Prof Public Health Uni Copenhagen**

Principles

- Knowledge based governance –evidence
  - What were the consequences?
  - Planning according to need
  - Efficiency in implementation
- Societal sectors and aspects that need coordinating
  - Difficult in Sweden
  - Used to be an “investment for the future”
  - Social sustainability and societal sustainability
- Who has the power in public health
  - Who is the legitimate decision makers
  - 70s was the hospitals
  - Later many determinants across many sectors (40 years ago)
    - Canada, Alma Ata, Ottawa declaration
- Demand and evidence base in health care system
  - The health system skewed
  - Primary health care system very weak
  - Private physician was very active at the time
    - Cross-sectional system needed
- Needs based demand
  - Related to health and hospital care
  - Inequalities increased at the time
  - Increase in illness affecting adults
  - Health development going in the wrong direction
- Principles
  - 1993 investment in Health – coming from World Bank
  - Based on need
  - One solution – but equality aspects lost in discussion
  - Swedish national study
    - Patient organisations had influence
    - National Swedish public health committee
- Public health on the map

Take home message

Although doing well in many ways there are still many challenges – mental health being one

- 10 years an increase
  - Inequality
  - Mental health
- Cooperation
- Targets and goals
- What are realistic goals?
- Not real analysis
  - Not able to justify against other demands
  - Could not see the fruits of the work
- 11 Target areas from 2003 and reinforced in 2008
  - Still in place
  - Public Health Report
- Where have the health arguments been verified
  - Length of life a challenge for politics
  - Other Nordic countries
    - Denmark not doing so well (eg Alcohol)
  - Australian contributions
    - Could learn from the reporting and implementation effects
    - Targets to reach and measure
  - When we go to the details on prevention
    - The issues are about inequality
- Health in all policy
  - Other countries not matching Swedish 13
  - Finland did ok but did not listen on alcohol
- Cost and benefit analysis is important
  - Important about population understanding
  - Sustainability principle
  - BruntlandKommission and Michael Marmot Report
- Can political lever this cohesive power

#### Power in health policy

- Minister said people to maintain and live the life you want
- Some conflict between what is best and what is needed to achieve this individual
- Controversial areas should be subject to political conflict

#### Q&A - What is the greatest challenge?

- Political conflict – a plan governed by knowledge
- Health policy government needs more support
- An ever more individualistic society
- Short term politics but long term vision for health

#### **Take home message**

Sweden had the highest increase last year in inequality – is there a contradiction?

#### Sweden had the highest increase last year in inequality – is there a contradiction?

- Social inequality is increasing while some of the things we are concerned about

- Some risks have come down (tobacco)
- Have clustered in lower socio-economic
- In many countries social mobility has increased

Public Health issue are largely outside the remit of public health

- This is why Norway is putting public health at local council level

**Anna Besso Dept of Monitoring and Evaluation**

**## Report in bag ##**

- Survey on how has public health worked
  - Primary focus on municipalities
  - Also NGOs
  - Questions
  - Has public policy worked
  - Priorities
  - Indicators
  - What could improve measuring
  - What would make it easier to do the follow up
- Break into three areas
  - Living conditions
  - Social and life style, protection from communicable disease
  - Alcohol Drugs etc
- Period spanning ten years – risk of confounding factors
  - Response rate
  - Risk about who is asked
  - Influence of recent thinking
- Concept
  - Overarching concept of what works
- Primarily looking at municipal governments
  - 74% agree it has influenced / facilitated systematic public health approach
    - 214 responded
    - 11 Target areas are used
  - Provided guidance
    - Target areas provided guidance
    - Understanding of the issues
    - Used as advice
  - Priorities over the last ten years in the three areas
    - First area - Children and upbringing and influencing society
      - eg projects
    - Second area - Food and lifestyle and physical activity
      - eg canteens, focus on schools, capital works
    - Third area -Alcohol and tobacco prevention

**Take home message**

Monitoring and evaluation are key to ensuring ongoing support of programs

- eg Schools, agreements, tobacco cessation groups

Do municipalities use specific indicators or targets

- 55% say YES, 29% NO, 16% sometimes
  - Across a range
  - Many say they have just started
    - Finding it challenging and difficult
- In public health the measurement of effect can take a long time
  - What improves the opportunity?
  - All the Municipalities wanted help in
    - More measurable goals
    - Better data systems

**Take home message**

Involvement of local governments  
fundamental to better health

County Councils and regions

- Similarly overarching goals and 11 target areas are used in planning rather than follow up
- Structure and mandate as guiding principles in the work
- Tobacco given higher priority than alcohol
- Sexual and reproductive health
- Health communications
- Lifestyle in health and health dialogue
- Support to parents
- Health promoting schools
- Health promoting health care
- Addiction approaches
- Physical activity prescriptions
- 15 of 19 County Councils do use indicators
  - Further development going on
  - All the County Councils wanted help in (similar to Municipalities)
    - More measurable goals
    - Better data systems

NGOs and Federal government agencies were also surveyed

- 5 of 14 NGOs has facilitated
- Similar views to the others

Summary

- Huge involvement and systematic approach
- Public health policy is used to prioritise
- Overarching policy and target areas
  - Used in planning
- Challenges are about
  - Measurable goals
  - Access to data on local and regional level

- Easily accessible

***Ulrika Johansson Swedish Assoc of Local Authorities and Regions***

- Local level consequences are noticed
- Closeness of population and the local democracy
- Landed in the right place to start off
- Positive effect
  - Regional
  - Local level
- What have we learnt for future
  - Social determinants now essential for the local and regional planning
  - Marmot commission has been greater influence
- 23 Different measures supporting strategic approach
  - Public health policies will form an important role
  - Increasing inequality
    - Danger of focusing on individual at national level
    - National Govt not had this as a high priority over the last few years
    - Need for National level to listen
  - Need for National Local govt authority to support knowledge, advice, interventions
  - Future challenge for Nat govt to spread this out amongst other authorities
    - Provide them with a clear commission
    - Danger of losing knowledge at local level
  - Indicators need to be developed and implemented across the whole country
    - Allowing comparative
    - Collaboration across the system
    - Initiative to support local government on public health issues
  - Dialogue 2014
    - Forum for exchange of knowledge
    - Sustainable approach
    - Corresponding approach to

*Take home message*

Importance of involving the local municipalities in the public health policies right across their responsibilities

***Bosse Pettersson Independent Consultant***

Ten years of public health policy

- There are more than one policy
- 2003 and 2008 changes
- The third one that is now being presented is being debated in parliament
  - Focus on the individual
  - Difficult to respond to survey of ten years
    - Response appears to be current approach
  - Different instructions come from different government's approach
  - Results and examples
    - Not very different than twenty or thirty years ago
- It is not clear that we are moving to a better public health

- Are there other factors
- Contradictory approaches around management systems
- Question of perspectives
  - Health as an absence of illness thinking in contrast to health as around lifestyle
  - Indicators, benchmarks are being used by more people
    - But how much more?
- Collaboration can only be achieved by people sitting down together
  - Data collection will need to be assessed systematically
  - Next survey should be consistent
  - There are excellent opportunities
- Public Health Policy does need to be questioned
  - Survey – where was the Institute of Public Health in the report
  - Local and regional is the backbone of the public health work
    - Critical for reciprocal trust and understanding
- High priority
  - Alcohol, tobacco and other drugs – directly funded centrally
  - How should we use the resources in the future
    - Fragmented approach directed centrally on a range of interventions
      - Norway has special dept for public health at the regional level
- International concepts in the report
  - Leaves out how Sweden might contribute at the National level
    - Need to be involved right across the spectrum
- Time for review
  - Wait until after the election
    - Some confusion between determinants and individual health
    - Accountability
    - Need to take into account older population and other groups that are not really covered by the current policies
  - Cross-sectional collaboration is working to a certain extent better at more local levels
  - Disparity is growing and this is a major concern

Take home message

Collaboration is essential but means people must “sit down together.”

**1300 PANEL SESSION**

The panel discussion looking at the conflicting priorities between individual emphasis and focussing on society parameters

- Moderator Johan Jonsson: Concerned about Sweden going backwards – has been a world leader but this will not remain if public health professionals are complacent.
- Elisabeth Skoog: Botkyrka Municipality. Local governments concerned about individual choices / emphasis may undermine the challenges and achievements that have been made so far. Role of sports, schools, leisure activity etc
- Annika Norstrand: County council in North. The overarching goals gave a national mandate to the county council to prioritise and ensure that public health should permeate all through

the departments. Joint effort by Council and Municipality to jointly draft strategy and then to follow up with action plans and implementation plan

- NGO – Linda Engstrom: President of the Youth Swedish Temperance Association -Alcohol consumption amongst young people has come down when the national alcohol policy has not changed. Perhaps it is about the local government. Cannot understand a national alcohol policy that seeks zero tolerance for alcohol under 18. Intermittent sobriety – when is it important to not drink
- Jan Linde- NGO – President Swedish Association for Public Health Work. Works across all issues, The impact of the public health act ... gave a remit to participation and implementation. Main driver is that all policy relates to public health. No-one has been able to find one
- Elisabeth – Public Health Region Skane. Equality for all in health which listed social determinants with infectious diseases etc within a structure that would work. Items could be put on the agenda and discussed widely
- Karin Alsen: Network of municipalities within Gothenburg. For ten years the local work has been strengthened. Public health must be followed up in all committees and departments. Prioritising of socio-economic disparity, particularly in health care. Provided a basic course in public health science for a wide range of workers. Not just the passionate few anymore – but many involved. Public health included in city planning

#### Discussion

- Ethical and moral issue around disparity and inequality which is on the increase every year
  - People are put under pressure
  - Too much spent on attempting to make the terminally ill well
- Where will be in 10 years
  - Let the ideas sector have a renaissance
  - Ideas are critical area – a slumbering resource
- Overarching public health target is hiding in the bushes
  - A lot of work going on in the local government
  - International reflection on inequality in health
  - This is a great challenge
    - We have produced documents but no matter where you are in Sweden the gap is increasing
- Health gap for people with disabilities, gay, people living with other conditions such as mental health. Exacerbated by living in isolated communities such as communities in the far north.
- Public health is “everyone’s responsibility”. Trouble is “everyone’s responsibility becomes no-one’s responsibility”
- Public health law is not enough. Have to break up old silos and find new collaborative structures.
- Interesting concept from Youth Temperance – we know best and should have leading edge decision making such as getting rid of alcohol advertising ahead of community opinion.

#### Take home message

Trouble is “everyone’s responsibility becomes no-one’s responsibility”

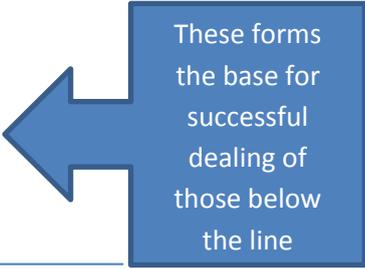
## SWEDEN: Reflecting on ten years of public health policy based on the social determinants of Health

- “Social sustainability”. New words, new language to involve more people. Coining new phrases is important as language involves. Positive force in public health. Works parallel and needs to ensure appropriate perspective. Cause and effect.
- Knowledge on cause and effect. We need to incorporate this into public health as happens with education. Distinction between public health and population health. Distinction between seeing people as individuals and groups.
- Profit makers that undermine public health
  - Should there be a public health law?
  - Look at the policy and go back to the law again
  - Give public health the same weight as other areas
- Standing committee working on public health in the parliament
  - Perhaps a national committee or Commission
  - Should keep an eye on the gaps, monitor, watch the evaluation

### Sir Michael Marmot – Social Determinants of Health

Introduction into different countries

- Sweden takes the topic seriously – particularly locally
- English review for implication for UK - *Fair Society, Health Lives* – Marmot Review
- Globally, nationally and regionally
  - Keeping in on the agenda
- Swedish public health policy
  - Participation in Society
  - Economic and Social Security
  - Conditions of childhood and adolescence
  - Healthier working life
  - Environments and impacts
  - Health promoting Medical Care
  - Alcohol drugs
  - Eating safe food
  - Physical activity
  - Sexual health
  - Preventable communicable disease



These forms the base for successful dealing of those below the line

Female life expectancy in Europe

- Russia and Kyrgistan doing poorly
- Sweden has equal to best health in Europe
  - Is there a Swedish paradox?
    - Early childhood development =
    - Better education =
    - Better working =
    - Better health
- Social justice
  - Health equity
  - Intergenerational equity (from Bruntland Review)

Take home message

**“Create the conditions for people to be able to make a healthy choice”**

**Sir Michael Marmot**

## **SWEDEN: Reflecting on ten years of public health policy based on the social determinants of Health**

- Personal responsibility – choice- BUT WHAT ABOUT THE CHILDREN?
- Create the conditions for people to be able to make a healthy choice
- Gender equity
- Child well-being indicator – UNICEF report 2013
- Unemployment and suicide
  - 3% rise in unemployment associated with 3% rise in suicide
    - Except if expenditure appropriate
- Summary
  - Good evidence base
  - Local Authorities and some countries
  - Commitment to fairer society

### **Helen McAvoy - Ireland Progress**

Institute of Public Health in Ireland (IPH)

- *Healthy Ireland – A Framework for Improved Health and Wellbeing.....2013-* (just published)
- Previously - attempting to match public health policy and fairness with social inclusion
- Life expectancy caught up to Europe and passed it
  - COPD disease – blend of the following
    - Cardiologist claim success
    - Public health tobacco control
    - Political and economic
- Decline in road fatality
  - Intersectoral mandate
  - Good leadership
- Affordable energy
  - Warmer homes – retrofitting of houses for energy efficiency
- Learning from other nations
- Ireland drinking problems – not success
  - Breastfeeding
    - Social but also national overlay
  - Alcohol
    - Boom period – increase in drinking with disposable income increasing
    - Disproportionate destructive impact on lower socio-economic performance
- Children
  - Overweight and obesity on the increase

#### Take home message

**Intersectoral approaches achieve results**

**Public Health is much more difficult in challenging economic times**

### **Tone P Torgesen Senior Advisor Norwegian Health Directorate**

*Topic Swedish influence on Norway*

- 90s Public Health Policy primarily disease prevention
- 2002 moved from disease to determinants
  - But not taking into account social determinants
- 2005 *Principles of Action to tackle social inequality of health*

**SWEDEN: Reflecting on ten years of public health policy based on the social determinants of Health**

- National Expert group
- Working alongside Sir Michael Marmot process
- Reference group
- Knowledge network
- Looking at root cause analysis
  - A fair distribution is good public health policy
    - Legislation
    - Shift from health responsibility to across all – at municipal level
- Review of health policies each year and new strategy every four years
- A health promoting society
  - Reduce inequalities
  - Social support/inclusion
  - Safe and healthy ..
  - ....
- Public Health Policy Reports
  - Rely on indicators
  - Independent – Norwegian Commission on Social Determinants of Health
- Should Norway still look to Sweden
  - Malmo report
  - Watching the debate over individual responsibility

Take home message

**Look at the causes of the causes –  
root cause analysis**

Take home message

**Watch the increasing swing internationally away from structural change  
to individual responsibility**

*The comments above are the impression gained at the meeting by Michael Moore CEO of the Public Health Association of Australia. His take on the messages were often as translated by an interpreter. It is an attempt at a fair assessment of what was discussed but is the opinion of the author.*

*Michael Moore*

13 May 2013