Is the Swedish national public health policy closing the Gap?

Lessons learned from the WHO Commission on

Social Determinants of Health

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Overarching aim of the Swedish national public health policy

'to create social conditions that will ensure good health, on equal terms, for the entire population'

The 11 national objective domains Priorities (2007-2010)

- Participation and influence in society
 Economic and social prerequisites
 Conditions during childhood and adolescence
 Health in working life
 Environments and products
- 6. Health-promoting health care services

7. Protection against
communicable diseases
8. Sexuality and
reproductive health
9. Physical activity
10. Eating habits and
food
11. Tobacco, alcohol,
illicit drugs, doping and
gambling



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Selected examples of specific priorities in Sweden during 2007-2010 with positive implications for equity in health:

- 1. The Swedish Risk Drinking Project with the main aim to implement alcohol prevention practice in primary health care and occupational health care (approximately 4 million Euros/ year, 2006-2010)
- 2. The National Strategy for Parental Support offered to all parents with children 0-18 years of age (approximately 7 million Euros/ year, 2009, 2010)
- 3. Joint public health strategies, targeting children in risky environments and situations, with the aim to prevent poor health and addiction behaviours at later age (approximately 7.5 million Euros/ year, 2006-2010)
- 4. Supporting intersectoral local public health practice for municipalities in collaboration with universities, with the aim to promote mental health among children and youth (approximately 5 million Euros)
- 5. Supporting local partnerships in the development of urban planning strategies through structured mapping protocols regarding contextual social determinants of health
- 6. Supporting the implementation of physical activity on prescription in combination with Motivational Interviewing (MI) in health care
- 7. Development a national survey to systematically assess and follow up psychological well being among adolescents aged 12 and 15 years.



Government task:



Uppdrag att analysera vilka lärdomar som kan dras för svensk del av det arbete som har bedrivits av Kommissionen om sociala bestämningsfaktorer för hälsa

"analyse which lessons can be drawn, for Sweden's part, from the recommendations by the Commission on the social determinants of health"



Objective domain 3:

Conditions during childhood and adolescence

positive trend / equality

Mental well-being among youth decreasing; Trends in social inequalities in health - uncertain

negative trend / inequality



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Social differences in daily smoking by level of education 2004-2009 Relative differences; 2.0 (2004) % 30 Relative differences; 5.0 (2009) 27 2004 2009 -7% 25 $\frac{23}{2}$ -5% 20 20 18 15 10 10 -5% -5% 10 5 4 5 0 Women (low Women (high Men (low Men (high educational level) educational level) educational level) educational level) Swedish National Institute

of Public Health

Source: The Swedish Public Health Survey

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20/04/2010

Recommendations to achieve equity in health in Sweden

General structural for intersectoral coordination

Establish an intersectoral nationally coordinated committee to lay out recommendations for political actions and strategies for implementing health in all policies perspective

 Improve routine follow-up of social inequalities in determinants of health at both national and regional level

Objective domain 6: Health promoting health care services

Revise the national health- and medical care law to include ensure that the compensation system and economic incentives in general health care are weighted towards health promotion and illness prevention efforts, as well as efforts aiming at reducing health inequalities.

Objective domain3: Conditions during childhood and adolescence

- i. Expand the current National strategy for parental support to target parents from low socioeconomic groups and parents to children with disabilities
- ii. Establish wider strategies that focus on youths with incomplete schooling at both primary and high school levels
- iii. Expand the current national measurement of psychological health among teenagers to include younger children aged 4 years.
- iv. Develop a national, systematic followup protocols and strengthen partnerships of local actors aiming at improving health and well-being of children in vulnerable environments.



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Thank you

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Wamala 20/04/2010