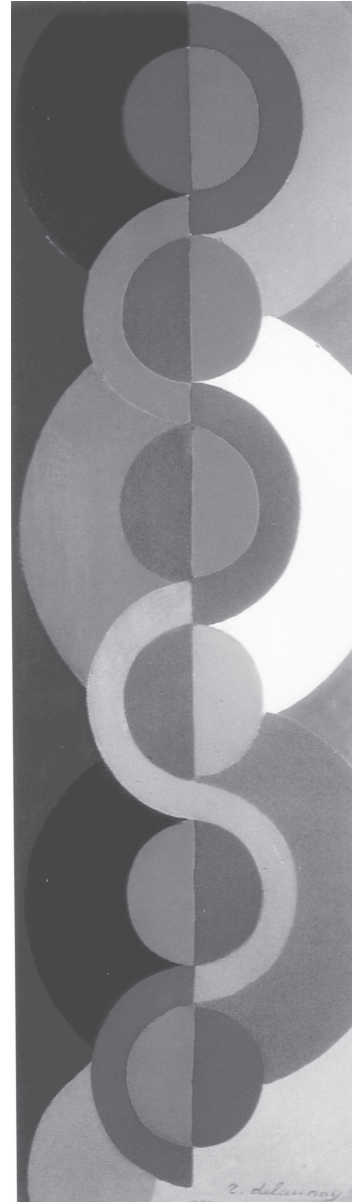

DOSSIER

**SWEDEN'S NEW
PUBLIC HEALTH POLICY**
**National public health
objectives for sweden**
sweden's new public health policy

Gunnar Ågren



Sweden's New Public Health Policy

NATIONAL PUBLIC HEALTH OBJECTIVES FOR SWEDEN¹

Gunnar Ågren²

As a result of the Swedish Parliament, the Riksdag, passing the Government's Public Health Objectives Bill in April 2003, Sweden now has a national public health policy.

The overall aim of Swedish public health policy is to create social conditions which ensure good health for the entire population. It is also established that improving the public health of those groups most vulnerable to ill-health is particularly important.

Health is not easy to define even though most people have an intuitive understanding of the concept. The World Health Organization, WHO, defines health in very broad terms – “a state of complete physical, mental and social well-being and not just freedom from disease and disability”.

Good health is hence something more than freedom from disease. A person can experience

good health even though he or she has been diagnosed with a medical condition and conversely, he or she may feel ill without suffering from a known disease. There is nevertheless a clear connection between ill-health and disease and people who experience impaired health run a much greater risk of premature death regardless of any medical diagnosis.

Most people perceive good health as a very desirable goal and sustained good health is the basis of so many other things. People being affected by ill-health which can be avoided is therefore difficult to accept and it is also unreasonable for people to be affected by disease or serious ill-health if there are methods available to prevent it. Similarly, it is difficult to accept the fact that there are disparities in the health of different social groups despite it being possible to do something about them.

1 © Swedish National Institute of Public Health, revised edition 2003:582

2 Director General, Swedish National Institute of Public Health

* This article is a faithful copy of the original version. It omits the photos because it was impossible to have the original files.

ISSN: 1651-8624

ISBN: 91-7257-253-1

Cover photo: Getty Images/Stone

Other photos: Getty Images/Stone, IBL Bildbyrå, Imagebank, Pix Gallery

Graphic design: Sandler Mergel, www.sandler.se

Printing: Sandvikens tryckeri, Sandviken 2003

swedish national institute of public health www.fhi.se

8



Nº 10 JULIO DE 2006

Since health is such a desirable goal, it is only natural for the health of the whole population, i.e. public health, to be one of the most important political objectives. Even if public health policy has been strengthened on a national level, we still have a long way to go before it is considered to be equally as important as economic policy, labour market policy or social policy. The most important aim of the bill is to make public health an fundamental part of social policy. Since public health concerns and is influenced by many different sectors of society, is it also important to set objectives that can act as guiding principles for the work done within the various sectors.

Background

Sweden has a long tradition of public health work on the national level and indeed, we were the first country in the world to carry out compulsory civil registration, when parish priests were instructed to register all births, deaths and causes thereof. This happened as early as 1748 and was implemented for population policy purposes. The governing forces were worried that the country had too few inhabitants and they wanted to obtain knowledge that could be used to increase the birth rate and reduce the death rate primarily among young people.

We have also been able to use population statistics to pinpoint the important causes of ill-health. The fact that mortality among the poor far exceeds that among the rich and that poor urban populations suffer much more from feverish diseases than those living in rural areas is old knowledge.

During the 19th century, public health work concentrated on the struggle against alcohol and drunkenness that had developed into a gigantic public health problem. Towards the end of the century, we learnt how to successfully

combat waterborne infections by improving water and wastewater systems and by introducing regulations on food hygiene. The full emergence of democracy meant that representatives of the large popular movements, temperance societies, labour movements and to some extent the free churches of the era began to dominate most Swedish political assemblies. All these movements had an active interest when it came to both healthy living conditions and lifestyles and it became natural for municipal temperance, healthcare and child care committees to take an interest in issues relating to human health. Society also had a legitimate interest in these types of issues. Citizens did not see the government, municipality and county council as their enemies as they did in many other countries.

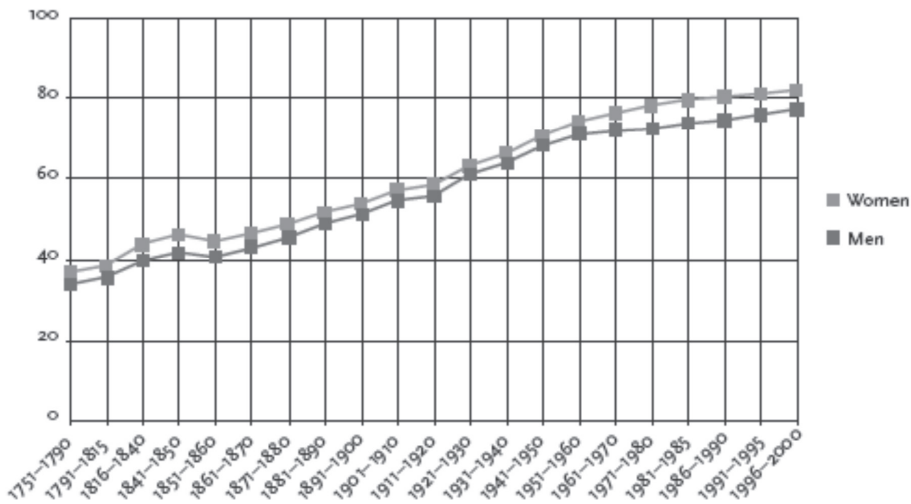
The development of the welfare society during the first half of the 20th century included many elements of health policy; expansion of child healthcare, school meals, support to families with children and a social housing policy. The drop in infant mortality and the increase in average life expectancy were seen as the result of social welfare policy.

During the post-Second World War decades, the nature of health issues became increasingly more medical and professional. The discovery of new drugs and other irrefutable medical progress laid the foundations for a strong belief in the ability of doctors and the health service to solve all the major health problems. Health policy became increasingly synonymous with medical care policy, with the debate centring on how we should finance and recruit personnel to an ever-swelling hospital sector. Preventive health care tended increasingly to take a back seat.

A stronger position for public health work

Public health work began to regain a stronger position during the 1980s. The spread of aids





Average life expectancy in Sweden since 1751

dealt a deathblow to the belief in the health service's ability to overcome major health problems and instead, many people began to question whether growing medical care costs really did lead to an improvement in public health. The realization that there were large and growing class differences even in Swedish society also helped bring about a rethink in health policy.

In 1987, the Government appointed a commission made up of state secretaries to formulate guidelines for a more carefully considered public health policy. One concrete proposal put forward by the commission was the establishment of a national institute of public health in 1992, charged with the task of promoting and coordinating public health issues on the national level.

The focus of the institute was, however, more on promoting individual health programmes

rather than coordinating national public health work.

A parliamentary commission, the National Public Health Committee, was appointed in 1997 and was made up of members from all the parliamentary parties, a large number of experts from the research community and a number of important interest groups. The Committee put forward a proposal covering 18 national public health objectives to which appurtenant targets and in many cases quantifiable indicators were attached. The National Institute of Public Health was given a new role to monitor these national objectives. The Government submitted a proposal covering 11 general objectives for public health work in December 2002.

Public health determinants

An important strategic crossroads has been reached with the new public health policy.



Where objectives had previously been based on diseases or health problems, health determinants were now chosen instead. Health determinants are factors in society or in our living conditions that contribute to good or bad health.

The benefit of using determinants as a basis is that the objectives will then be accessible for political decisions and can be influenced by certain types of societal measures. If we set objectives in terms of disease, e.g. to reduce the number of heart attacks, they do not provide any guidance as to what measures may be effective in achieving them. It is impossible to say, for example, whether a reduction in the number of heart attacks is due to improved public health or to other reasons.

It is important to clarify how a determinant impacts health. There is a relationship between greater economic inequality and poorer public health, but the mechanisms behind this relationship have not been particularly well clarified. This means in turn that the public health argument does not carry quite so much weight in the public debate as for example economic arguments do. Formulating public health objectives in terms of health determinants requires public health work to be very much knowledge-based.

Using health determinants as a basis means the vast majority of public health work must take place outside the medical care service. Most of the factors that impact health are to be found outside the spheres of medical competence and knowledge. When it comes to influencing unemployment figures, social security, housing segregation and alcohol habits, decisions taken in municipal assemblies and other democratic bodies play a much more important role than efforts made in the medical care sector.

Eleven general objectives for public health work

Swedish public health policy is based on eleven objectives containing the most important determinants of Swedish public health. The overarching aim is to create the conditions for good health on equal terms for the entire population.

These eleven objectives are as follows:

1. Participation and influence in society
2. Economic and social security
3. Secure and favourable conditions during childhood and adolescence
4. Healthier working life
5. Healthy and safe environments and products
6. Health and medical care that more actively promotes good health
7. Effective protection against communicable diseases
8. Safe sexuality and good reproductive health
9. Increased physical activity
10. Good eating habits and safe food
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling

These objectives are based to a large extent on those set by the National Public Health

Committee. The objectives that have been removed relate first and foremost to how public health work should be organized, the need for research and training and how to provide better, more extensive health information. These issues are discussed as part of other government assignments given primarily to the National Institute of Public Health.

The first six objectives relate to what are normally considered to be structural factors, i.e. conditions in society and our surroundings that can be influenced primarily by moulding public opinion and by taking political decisions on different levels. The last five objectives concern lifestyles which an individual can influence him/herself, but where the social environment normally plays a very important part.

Objectives are pointless if they are not concretized and monitored. It is therefore the National Institute of Public Health's task to formulate interim targets as and when necessary and develop indicators as to how well the objectives are being fulfilled. The idea is for the Government to be kept informed of developments through regular public health policy reports that form the basis of a discussion on how successful the policy has been in improving public health.

1. Participation and influence in society

The power and possibility of people to influence the world around them is probably of crucial significance for their health. Societies with a low election turn-out, where few people feel there is any point in participating in NGO activities or trying to influence development, are also characterized

by the occurrence of serious health problems. Increasing people's level of participation in society life is therefore one of the most important national public health objectives.

There is a very clear relationship between the power to influence and health on the individual level. A lack of influence combined with a high workload causes hormone imbalance and increases the risk of heart attack and other diseases. A link has also been established between limited decision-making powers and the incidence of sick leave and it seems in particular as if long-term sick leave is aggravated by a lack of influence. Greater work participation also seems to improve mental health.

It is more difficult to substantiate the positive effects of democracy on health on the societal level. There is a connection between high election turn-out and a high level of trust in authorities and good health, but it is difficult to know how much of this is connected with the degree of influence and how much for example is linked to economic factors. Discrimination, depriving groups of people of their chance to influence, definitely has a negative impact on health and this may explain the much poorer health of a number of immigrant groups. The deteriorated health of the long-term unemployed may be connected to some extent to reduced powers of influence. Less influence probably also leads to less of a chance to "choose" a reasonably healthy lifestyle, which includes physical activity and diet, as well as alcohol and other illicit drugs.

The Public Health Bill emphasizes that efforts to strengthen democracy and defend human rights also reinforce the feeling of affinity in society as a whole and increases trust between people, both of which promote good health. It also stresses the significance of media policy and information and the importance of it reaching all groups in society.

Labour market policy, gender equality, integration and disability policies are among



those fields that are particularly important to allow all citizens the chance to participate in the governing and development of society. Culture, popular movements, youth policy, efforts to strengthen vulnerable metropolitan areas are other examples of activities that strengthen public participation and influence.

2. Economic and social security

Economics and health are connected. Poverty and poor health go hand in hand while conversely, high-income earners enjoy better-than-average health. Economic factors are probably among the significant causes of major regional and geographical discrepancies in health. There are, for example, considerable differences both in average life expectancy and ill-health statistics between rich and less well-off municipalities in Sweden.

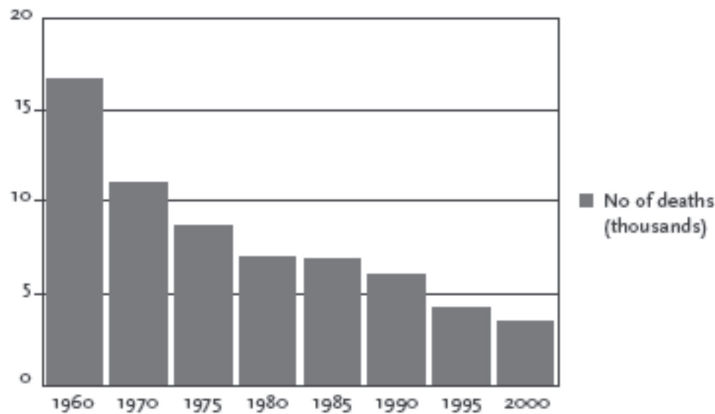
This link is even stronger internationally speaking. As one might expect, public health in rich countries is on average better than in poor countries. The relationship between economic situation and health is weaker, however, when a certain income threshold is reached. It is important to ask ourselves what has caused these economically related health discrepancies. Poverty and a lack of resources can not only lead to insecurity and a form of economic stress but also to reduced access to basic medical care and other social resources. An important question is to what extent the size of these income divides also affects the average state of health. There are many indications that societies with relatively minor income differences are healthier to live in than those with wide social divides, which can also contribute to more criminality and a greater fear among people of being the victim of crime.

Not only does the Public Health Bill stress that sustainable economic growth is a precondition of successful welfare policy, but also that income divides can in themselves be a risk factor for ill-health. The considerable importance of social security in order to prevent economic stress is emphasized and regarded as particularly important when it comes to combating mental health. Regarding the social security system, special importance is attached to support to families with children and to the elderly as well as to health insurance and housing policy. Labour market and education policies are also important, as are measures to make health and medical care accessible to less prioritized groups. Social services, the judicial system and criminal policy are examples of social areas that are of particular importance for socially deprived groups.

3. Secure and favourable conditions during childhood and adolescence

A summary of socially determined discrepancies regarding the health of children and young people has recently been compiled by associate professor Sven Bremberg at the request of the National Institute of Public Health.

The study shows that there are also very obvious inequalities regarding children's health. Physical health problems, for example, are on average 60 per cent more common among socially less privileged children and mental health problems are 70 per cent more common. There is an even steeper social gradient when it comes to specific types of health problems. Sudden infant death syndrome or cot death is between 3 and 4 times more common in more deprived social environments and attempted suicide and self-inflicted violence are much more common among socially less privileged young people. Smoking, physical inactivity and alcohol are among the risk



Infant mortality 1960 – 2000. No of deaths during the first year of life per 1,000 live births.

factors for disease that are greatly influenced by the social environment. We can also see an area-wise variation when it comes to children's health.

The major inequality concerning children's health is of particular significance, since it has been proven that health during the first few years of life probably has considerable bearing on health development later on. Low birth weight, for example, increases the risk of heart disease in adult life.

Preventive measures concerning children and young people must concentrate on improving the societal conditions for families with children, strengthening child care and developing health-promoting schools. Direct support to families with young children, more parent education and targeted preventive action during pre-school years are important measures to break the trend towards poorer mental health.

The Bill establishes that there is a very strong link between conditions during childhood and adolescence and the economic and social security of adults as well as influence and participation. Family circumstances, school

and recreation are seen as the most important aspects of children's health. It is stressed that there are children living in conditions that are far worse than those of others, examples including children of substance abusers and of refugees. The analysis concludes that economic family policies, the social insurance system and the social services play key roles when it comes to strengthening the position of families with children in general. Otherwise, the Bill refers to the same policy areas for this objective as those mentioned under the previous two.

4. Healthier working life

Working life is of crucial importance to public health. People's work is the most significant determinant as regards the very considerable health discrepancies between different population groups. There is much higher mortality and greater ill-health among blue-collar workers than among

white-collar workers in managerial positions. The greatest health risks can be found among those who are excluded from the labour market. There are a number of direct relationships between people's work environment



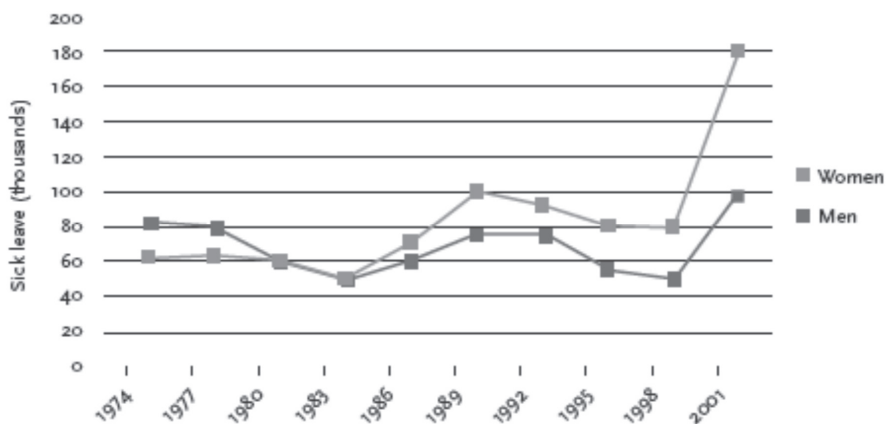
and various health outcomes. Negative stress – i.e. tough work requirements combined with a low level of influence over one's work – dramatically increases the risk both of cardiovascular diseases and mental complaints, such as depression and sleeping disorders. Monotonous work strain is closely associated with muscular pain which is a leading cause of sick leave. The negative development in working life has affected women to a greater extent than men and they are generally over-represented within high-risk professions both regarding negative stress and monotonous muscle strain.

Improving our work environments must therefore be a central and prioritized element of public health work, a fact indicated not least by the current development in work-related ill-health with about 800,000 people of working age being excluded from working life either because they are on long-term sick leave or disability pension. The costs for sickness absence are in excess of EUR 13 billion per year and threaten both the budget balance and the future expansion of the social welfare system. This development is also a direct threat to public health since long-term sick leave leads to people being cut off from social

contact and causes them to become passive invalids. In order to break this trend, efforts are needed to make workplaces healthier, where good working conditions are combined with real influence and where employees are given the opportunity to take physical exercise during working-hours. It is also very important to review the role of the medical care services in relation to working life. There is a considerable need for occupational medicine skills and the role of occupational healthcare needs to be strengthened. The Swedish Work Environment Authority has a key role to play when it comes to developing requirements both for the physical and the psycho-social work environment.

The Public Health Bill underlines the central role of working life policies and stresses the fact that a healthy and well-functioning working life is the key to breaking the negative trend.

Particular emphasis is placed on the importance of highlighting women's health and the objectives that have been established within the policy areas of gender equality, integration and disability.



Sick leave (thousands) Sick leave (thousands) Number of people on sick leave for more than 30 days 1976-2001



5. Healthy and safe environments and products

The Government stresses that the requirement for healthy and safe environments is to be regarded in the context of Sweden's environmental quality objectives and the requirement for an ecologically sustainable society, a requirement that affects most policy areas. It is important to increase our knowledge on the environmental impact on health and to apply the precautionary principle when introducing new technology. Of the 15 environmental quality objectives, it is primarily those relating to A good urban environment, Limited climate change, Clean air, A non-toxic environment, A protective ozone layer and A safe radiation environment that are of significance to public health.

The indoor environment is crucial to human health and radon, damp and mould are among the factors that have a very negative impact.

The Bill also highlights the National Public Health Committee's requirement for access to green areas adjacent to housing, which has a considerable bearing on people's opportunities for physical activities, recreation and recuperation. It is particularly important to ensure that children, the elderly and the disabled have access to green areas.

Injury prevention is also part of this objective. Sweden has been very successful for instance when it comes to preventing accidents involving children through systematic injury-prevention efforts. Such efforts demand involvement on the regional and local levels as well as the incorporation of traffic policies and society's protection and contingency capabilities to deal with accidents. Suicide prevention is also an important element. The requirement for a national injury claims registration system is highlighted as especially

important when it comes to developing systematic injury-prevention measures.

Efforts to make products safe must also take consumer policies into account. Very tight control of products that are being introduced onto the market is needed as is good information on the health risks of products already in use. It is important to highlight the risks of developing allergies or of aggravating existing allergy disorders. Guidance and information must be formulated so that children and young people are also protected.

6. Health and medical care that more actively promotes good health

The health and medical care services already have a legal responsibility for the population's health and for conducting preventive measures. The Bill states that the medical care services play a key role in public health work due to their specific competence, broad knowledge, authority and extensive contact with the population. The Bill also points out, however, that the services need to be much more health-oriented, which implies a shift in perspective towards a holistic view of people's problems and a transition to more health-promoting and preventive policy. Such a change to the medical care services would also improve their efficiency and quality. It emphasizes in particular that advice from the medical care services on lifestyle issues is very cost-effective and that primary care has a key role as a result of its extensive contact with people of all ages.

The Bill also points out the current shortcomings in the medical care services' preventive efforts. The potential for being able to intervene at an early stage concerning smoking, physical activity, unhealthy eating habits and alcohol consumption is poorly utilized and there is too much of a tendency to use



pharmaceuticals as a preventive course of actino instead of proposing non-medicinal measures.

To better promote good health, the health and medical care services must develop in several areas. Preventive measures must be integrated into care chains, at the same time as targeted activities are carried out, including maternity and child healthcare, youth guidance centres, healthcare in schools and companies and in certain cases medical examinations of selected target groups. The health and medical care services have a unique insight into people's living conditions and their consequences and it is important for this knowledge to be harnessed and integrated into the formulation of regional and local strategies for preventive measures. Public health and social medicine departments have a key role to play in this respect and they can also act as important knowledge disseminators between the National Institute of Public Health and other central bodies and local public health promoters. A greater focus on public health in the medical care services calls for strengthened social medicine activities and more training in public health issues.

7. Effective protection against communicable diseases

Internationally speaking, Sweden is in a favourable position when it comes to communicable diseases. This is mainly the result of effective preventive measures in the form of information campaigns, often customized to suit specific target groups, vaccinations and other targeted measures such as testing and contact tracking. A serious international threat does, however, present itself and the situation can rapidly deteriorate as a result of increased travel. The rise in infections that are resistant to antibiotics is also a palpable problem in Sweden. There has also been a

marked increase in sexually transmitted infections, which in the long run may also affect the situation with regards to HIV/aids.

Combating HIV/aids has been a central element of the efforts to prevent the spread of communicable diseases. The National Institute of Public Health is responsible for coordinating these efforts on the national level and a special investigator has been appointed to propose how the responsibility may be allocated in the future.

8. Safe sexuality and good reproductive health

The Government points out that Sweden has a very long tradition of conducting information campaigns on the subject of sexuality and partnership, which has been a cornerstone of public health work. It is stressed that efforts should aim to strengthen the individual's own identity and that a positive view of sexuality should be promoted. At the same time, however, it is important to inform people about the risk of sexual transmitted diseases. Efforts to prevent unwanted pregnancies must continue.

The right to safe and secure sexuality must also apply to homosexuals, bisexuals and transsexuals and combating discrimination on the grounds of sexual orientation is a matter of the utmost urgency.

9. Increased physical activity

The value of physical activity to prevent disease has been very convincingly documented in recent years. Physical activity influences a number of diseases and states of health. Of most practical significance is probably its favourable effect on cardio-vascular diseases. The risk, for example, of being stricken with or developing the symptoms of coronary



disease is considerably reduced as is the risk of dying from heart failure. It seems as though there is a proportionate relationship between training intensity and risk reduction. Half an hour of moderate physical activity per day, e.g. walking quickly, is sufficient to have a substantial preventive effect for most Swedes.

Physical activity prevents hypertension and significantly lowers the blood pressure. This can be set against the fact that antihypertension drugs cost society more than EUR 110 million per year. In many cases, the need for drugs would decrease substantially if doctors recommended physical activity as treatment. This is important not least bearing in mind the fact that many drugs used have serious side-effects.

Type 2 diabetes, i.e. the form of the disease that affects middle-aged and elderly people, is influenced considerably by physical activity. Type 2 diabetes is one of our most widespread diseases and in many cases gives rise to serious complications resulting in blindness and amputations. Physical activity has both a preventive effect and reduces the need for hypoglycaemic drugs.

There is convincing scientific evidence that physical activity has a preventive effect on such widely differing conditions as colorectal cancer, depression and the effects of osteoporosis. There is also a relationship between physical activity and excess weight. Even though physical activity does not itself constitute a weight-reducing measure, it does facilitate weight reduction in the long term and has a positive disease-prevention effect even in those who are overweight.

There are considerable social differences both when it comes to people's opportunity to do physical activity and them actually doing it. Less well educated people, for

example, take less exercise than those who are better educated. And girls don't have the same opportunity to participate in organized sports activities as boys do. The opportunity for an active outdoor life and daily exercise is much more limited for immigrants, people excluded from the labour market and the disabled.

The Government's bill refers to the importance of good sports policies that increase people's opportunities to practise sport and take exercise. Physical activity in school and pre-school is seen as essential and the subject of sports and health should aim to develop new working methods that allow all children to participate. Outdoor life should be stimulated both through support to popular movements and better community planning, where access to green areas is important. Physical activity during working hours is of central importance and the number of times people cycle to and from work should increase dramatically.

10. Good eating habits and safe food

Food is of crucial importance to our health. While globally speaking, malnutrition is still an enormous

public health problem, excess weight is becoming the predominant problem in an increasing number of countries, including Sweden. Almost 10 per cent of the adult population is seriously overweight and the proportion of overweight children and young people is increasingly rapidly. Excess weight follows a distinct social pattern, in which socially deprived people are worst affected.

Excess weight gives rise to a number of health problems with the considerably greater risk of cardio-vascular diseases, diabetes, musculo-skeletal diseases and some forms of cancer, including colorectal cancer. A



key cause of excess weight is a poorly composed diet containing too many calories. The consumption of sugar and fat, especially saturated fat, is too high whilst the intake of fruit and vegetables should increase.

The intensive marketing of sugary and fatty foods, often in the form of semi-finished products or fast food, exacerbates this unfavourable situation. As a result of the European Common Agricultural Policy, many unhealthy products are subsidized, e.g. full-fat milk products, whilst fruit and vegetables are disadvantaged.

In its public health bill, the Government stresses the importance of formulating an objective for societal measures relating to eating habits. The aim of food policy is to bring about ecologically, economically and socially sustainable food production but it is also important to include a public health perspective in this policy. Increasing citizens' knowledge of the relationship between food and health is also important.

11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping and a reduction in the harmful effects of excessive gambling

Smoking and alcohol use in particular cause enormous public health problems. Around 7,000 people die each year from smoking-related diseases. The number of tobacco-related deaths has decreased somewhat as a result of fewer and fewer Swedish people smoking. The number of alcohol-related deaths amounts to between 4,000 and 5,000 annually, about half of which are violent deaths affecting relatively young people.

Smoking has decreased over subsequent years and about one fifth of the adult population now smoke. The use of moist

snuff has, however, increased among men though its health risks have yet to be fully investigated.

Concerning alcohol, there has been a rapid rise in consumption since the end of the 1990s. In 2002, the average consumption was estimated at 10 litres of pure alcohol per adult Swede – the highest consumption level in a century. An increase can be seen in certain types of damage to health from alcohol, such as alcoholic poisoning among young people and a number of alcohol-related acute deaths.

The availability of tobacco and alcohol plays an important part. The Tobacco Act has led to the disappearance of smoking from a number of public places and a smoking ban in restaurants and other catering premises is currently under discussion, something which could further cut down smoking. On the other hand, the tax on cigarettes has been lowered as a result of the increased import and smuggling of tobacco products from other countries. The availability of alcoholic drinks has increased dramatically as a result of Sweden being forced to adjust to EU import regulations which allow alcohol taxed at a lower rate in one country to be brought into another. Systembolaget AB (the Swedish alcohol retailing monopoly) has increased its number of retail outlets and opening hours whilst the tax on wine has been reduced.

To combat the effects of alcohol drinks becoming more available, the Government has appointed a special alcohol committee whose task is to restrict the harmful consumption of alcohol. The committee has been allocated special resources, the majority of which are to be used to support local preventive measures. The committee has endeavoured to reduce intoxication, limit the alcohol consumption of young people and combat consumption in connection with work, pregnancy and road

traffic. The National Institute of Public Health has been charged with the task of monitoring the work of the alcohol committee.

Special funds have been placed at the disposal of the Institute for tobacco prevention work. Important objectives for this work are to combat first-time smoking among young people and to support anti-smoking measures.

Drug abuse is much less of a public health problem than alcohol and tobacco.

It is, however, a significant cause of death among relatively young people from socially deprived groups and both drug-use and drug-related deaths rose during the 1990s. The Government has appointed a special narcotics coordinator who also has targeted funding at his disposal.

Gambling addiction is also a problem that seems to be on the rise. The number of people with a gambling problem amounts to nearly 100,000, of which 30,000 are addicts. At the request of the Government, the National Institute of Public Health has proposed a special action plan to help gambling addicts.

The public health objectives must be monitored

Objectives are not much use unless they are systematically monitored. This is particularly true if many actors are involved and there is a need for them to work together. The 11 public health objectives involve an estimated 50 or so government agencies. In addition, municipalities and county councils have a major responsibility for conducting public health work on the local and regional levels, as it is on the local level that most of the decisions affecting people's actual living

conditions are taken and the county councils have a responsibility to implement preventive measures under the Health and Medical Care Services Act.

Under the Government's Public Health Bill, the National Institute of Public Health is responsible for monitoring the 11 objectives. The intention is to draw up a public health policy report every fourth year which will present developments in public health based on health determinants.

Indicators for the various determinants are needed for this to be possible. Whereas an indicator need not correspond directly to a public health objective, it is nevertheless important for there to be a clear connection between the indicator and the determinant. Naturally, it is also crucial that the indicator is relevant to the health trend and actually measures something that affects human health. It is also important to make use of indicators that can monitor development on the regional and local levels as well.

The public health report can be said to be an attempt to monitor the impact on health of the national policy regarding the 11 public health objectives. Health impact assessments are also becoming increasingly important concerning the monitoring of policies within individual sectors of society. A case in point is the analysis of the European Common Agricultural Policy (CAP) performed by the National Institute of Public Health. About 45 per cent of the EU budget of more than EUR 88 billion is used to finance the CAP. The policy involves not only giving support to some types of agricultural production but also providing a certain amount of consumption aid and has been criticized for being very costly and because it makes it more difficult for poor countries to compete on the European market. The National Institute of Public Health's analysis shows that the policy has a



number of negative effects on health. Many unhealthy foodstuffs are subsidized, such as full-fat milk products, whilst access to fruit and vegetables is obstructed. As a result, the policy exacerbates what is already Europe's biggest health problem, namely the ever-increasing number of overweight people and the excessive fat intake. Production support to tobacco, which costs the Swedish taxpayer nearly EUR 33 million a year, is the most flagrant example of the policy going against fundamental public health interests.

Health impact assessments help to analyse the effects on human health of different proposals and measures, as far as possible in quantitative terms. This may apply to government bills, proposals from various committees and boards, municipal budgets or existing activities. It is important for health impact assessments to be based on fact and be scientifically substantiated in order for them to be used to influence development.

Health information

An important aspect of the future public health policy to be solved is the responsibility for providing society with health information, a responsibility that is currently divided up among several parties. More extensive efforts have been made regarding HIV/aids and sexually transmitted diseases, alcohol, illicit drugs, tobacco and road safety.

Information on HIV/aids began in the middle of the 1980s, firstly through the government aids delegation and later on through the National Institute of Public Health. Activities have targeted different groups such as young people, immigrants and homo- and bisexuals. These efforts have probably helped Sweden to reach a favourable position regarding the level of HIV infection compared to other countries.

Regarding alcohol, an important aim has been to combat the negative effects of the adjustments made to the Swedish alcohol policy to bring it into line with the EU regulatory framework, such as the new import regulations which make it difficult to maintain a high level of tax on alcohol. In 2001, the Swedish Riksdag adopted a new national action plan to combat the harmful consumption of alcohol and a special alcohol committee was set up whose responsibilities included information dissemination. Correspondingly, the government's special narcotics coordinator has funds at his disposal for information campaigns, etc. The National Institute of Public Health has the responsibility for information on tobacco and has also run a specific campaign to increase physical activity among the population called "Sweden on the move".

An important issue is how to secure long-term resources to provide better dietary information since poorly composed diets, excess weight and a number of associated diseases have together become one of the largest and fastest growing public health problems. Both the trade sector and industry market foodstuffs intensively. New food articles are often launched based on loosely founded health claims and products with a high fat and sugar content are marketed very forcibly. It is becoming very difficult for the individual consumer to obtain an overall picture and form an opinion as to what is a well composed diet.

Another area where there is considerable need for information measures is nonmedical treatment within the medical care services. Enormous investment is put into marketing pharmaceutical products both as a preventive measure and for treatment. On the other hand, the resources put into perfectly satisfactory or often superior non-medical alternatives, such as physical activity, modi-



fied diet and changed lifestyle, are extremely modest.

The National Institute of Public Health has been instructed by the Government to examine future health information.

Research into public health

The majority of the research carried out in the health sector is basic medical research or research into diseases, disease processes and their treatment. A vast amount of this research is financed by the pharmaceutical industry or by other economic interests associated with the medical care sector.

Research into preventive measures is performed to a substantially less extent and there is hardly any research at all into the social mechanisms of ill-health. The latter constitutes just a small percentage of the total research performed.

Research policy reflects both an over-confidence in the medical care services' ability to solve fundamental health problems and the strong economic interests that exist in the field of medical treatment. An individual and often deep-rooted biological approach dominates within the field of medicine, resulting in socially determined health discrepancies being studied relatively seldom or in many cases being ignored completely.

There is a substantial need for long-term competence building and research into the social causes of health and ill-health. Concerning basically all the social determinants of health, there is a need for research into the modes of action and the efficacy of various health policy strategies. Effective knowledge-based preventive measures need to be systematically developed.

In partnership with the Swedish Council for Working Life and Social Research (FAS), the Institute of Public Health has been instructed to analyse Swedish public health research and propose improvements.

A gender perspective on public health

Gender is a very important health determinant and is in turn connected to other factors, primarily material and cultural resources. To understand the relationship between gender and health, we must look at how power and economic assets are distributed in society. Working life conditions are also of considerable significance.

Gender is a concept we use when we wish to describe socially and culturally determined discrepancies between men and women. This is significant when we wish to influence public health and may to a certain extent be in contrast to the focus of current research, which primarily looks at biological gender differences.

In all probability, there is a biological reason why women live longer than men. Younger and middle-aged women, for example, run a much lower risk of contracting cardiovascular diseases than men in the corresponding age group, which is probably associated with biological safety factors. This discrepancy disappears later in life, however.

On the other hand, women are much worse affected by ill-health than men, which has to do with societal conditions. Labour market conditions also play a significant part in this. Women are over-represented in jobs with a high level of strain but a low level of influence and are more often forced to have two jobs. They also go on long-term sick leave twice



as often as men. Discrepancies in power and influence mean that women have less access to qualified resources regarding healthcare and rehabilitation. They also earn less than men, even when the type of work and their education are taken into account, and are overrepresented among less well-off groups and as a result exposed to greater health risks.

Greater equality and less emphasis on specific female and male gender roles would probably benefit both the sexes. Many health risks, such as injury caused by violence and accident, are closely associated with male behaviour and with higher alcohol consumption among men. It would benefit many children if their fathers were more involved in their upbringing and housework. Older women often have to care for men but frequently find it difficult to obtain the care they themselves need.

A gender perspective, based on the different social situations of men and women and the varying degrees of power and influence, must be an integral part of the entire public health policy.

A lifetime perspective on public health

It is important to consider health problems in a whole-life perspective. We are not just affected by present-day health determinants but also bring with us our previous history. We are particularly impressionable during childhood and adolescence and even events before we are born can have a bearing on our future health. A low birth weight, which in some cases can be evidence of problematic circumstances during pregnancy, is associated with a higher risk of contracting cardiovascular diseases as an adult. How children relate to their parents also has considerable

bearing on their development and mental health.

Better support to parents, efforts to improve the self-confidence of parents of young children and measures to strengthen teaching skills in pre-schools are of considerably greater significance to combat mental ill-health than preventive measures and treatment administered at a later stage.

Physical activity and a good diet during childhood and adolescence are very important when it comes to combating excess weight, type 2 diabetes and osteoporosis much later on in life. Most of the foundation for social inequality in health is laid during childhood and adolescence.

A lifetime perspective does not mean that preventive measures later in life are meaningless. On the contrary, public health measures are particularly important to implement among the elderly and we can see that physical activity and a good social environment have a clearly positive effect even on very old people. Preventive measures among the elderly have unfortunately been neglected. As local authority finances have deteriorated and responsibilities have been shifted around, social measures to help our elderly have centred very much on healthcare and nursing. More investment in preventive and healthpromotion measures among the elderly would provide considerable health gains and help to reduce the future need for care and nursing.

Swedish public health in an international perspective

If we look at the issue in a global perspective, the health discrepancies are enormous. When we compare health in different countries, we normally use indicators such as average



life expectancy and infant mortality as this information is easily available and reasonably comparable. Comparing people's self-experienced health for example is more difficult, partly because there is a lack of reliable data from many countries and partly because cultural differences make it difficult to know whether the responses are comparable. The WHO and the World Bank have however tried to compare the disease burden, which is an appraisal of morbidity and mortality, between different countries.

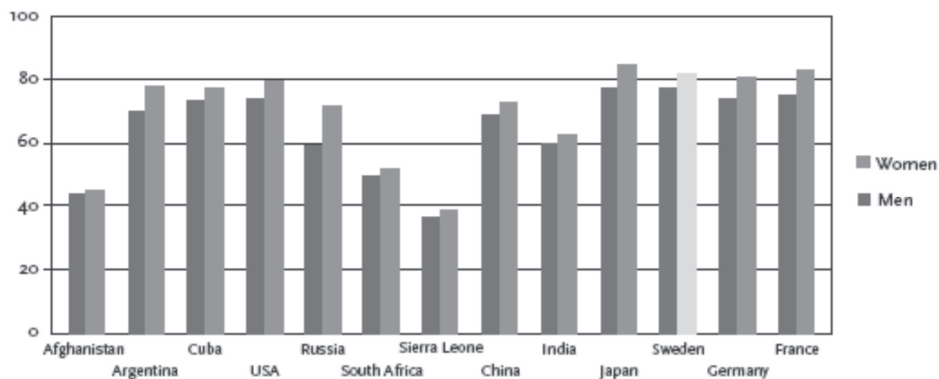
Infant mortality is an important indicator as it is probably influenced by both living standard and level of education as well as access to basic health and medical care.

Internationally, there are considerable differences in child survival rates. In Sweden, only 3 infants per thousand do not survive their first year of life, whereas in several African countries, the corresponding figure is over 100, i.e. the mortality rate is 30 times as high. Infant mortality has decreased dramatically in many countries over the last 20 years but has conversely increased in several southern African countries.

We can also see major international discrepancies when it comes to average life expectancy. Japan has the longest life expectancy in the world followed by Sweden. We have also seen evidence of a catastrophic health development in a number of African states, where average life expectancy has fallen by 10-15 years over the last few decades, probably as a result of very negative economic development and the rapid spread of HIV/aids and other infections such as tuberculosis and malaria.

In Russia, it is mainly the negative health development among men that is giving cause for concern. The average life expectancy of Russian men is nearly 20 years less than that of Swedish men. Alcohol-related diseases and cardio-vascular disorders contribute substantially to the ill-health of Russian men.

Such large international discrepancies also reflect a global inequality in economic and political terms. According to the WHO 2002 World Health Report, almost a billion people are under-nourished and 12 million die of diseases that are closely connected with a



Average life expectancy in several countries in 2000. Sweden has a good standard of public health in many respects.

Source: WHO World Health Report 2001



lack of food and clean water. Whilst about the same number are afflicted with health problems that are associated with excess weight and too high a fat intake.

Global warming primarily affects people in poor countries where agriculture is often extremely sensitive to climate change and where there is a lack of drinking water.

Around ten million people die every year from communicable diseases which in most cases could be prevented or treated. A so-called Global Fund was established several years ago, into which the rich countries of the world were to deposit money to combat aids, malaria and tuberculosis. The idea was for the fund to contain USD 8 billion but so far only part of this amount has been deposited. This can be compared to the costs of war in Iraq, which are estimated to be ten times as much.

Harsh criticism has been directed towards the World Trade Organization, WTO, and its regulations, because they increase the pharmaceutical costs for poor countries by protecting the patents of large pharmaceutical multinationals. Other elements of the regulatory framework have been criticized for facilitating the privatization of medical care services and the establishment of large healthcare companies abroad. The World Bank and the International Monetary Fund, IMF, have received very harsh criticism for requiring debt-ridden poor countries to implement so-called Structural Adjustment Programmes (SAP) and forcing them to make drastic cutbacks in their state school and healthcare systems, causing further deterioration in public health.

It is becoming increasingly clear that Swedish public health work cannot be pursued in isolation from the rest of the world. A case in point concerns communicable diseases

which do not respect national borders. The majority of new HIV sufferers in Sweden, for example, have been infected abroad. There is growing realization that good public health is also a necessary prerequisite for economic and social development and hence for peace and democracy.

Public health must be at the centre of the public debate

During the 20th century, average life expectancy in Sweden rose by about 25 years. A small part of this increase is due to better medical treatment methods, new medicines such as antibiotics and anti-hypertension drugs, better surgical methods and new diagnostics. Most of the improvement in health is associated with better hygiene, better diet, better housing and lower-risk working conditions, i.e. factors that can be influenced by political decisions and community-based preventive measures.

Public health is influenced to a very large extent by social change and by political decisions that are taken by governments and parliaments as well as local and regional assemblies. The work being performed at workplaces and in housing areas is also very important, work in which trade unions and other popular movements play a key role. Public health work has undergone palpable change over the last few decades with the focus increasingly being on the regional and local levels. Municipalities naturally have a key role since it is on the local level that most decisions affecting people's everyday circumstances are taken.

The content of public health work has also changed. There has been a shift in perspective from independent health information and information campaigns to measures to which a structural approach has been applied



and an attempt has been made to integrate public health into social policy. There has also been a certain shift from combating individual health problems to applying a holistic approach to health even though this development must continue.

It is important for work to focus on the fundamental public health determinants. If we wish to change people's behaviour, we must do so while at the same time helping to create the social conditions for change. Public health work is mostly about people feeling they have power over their own health. This view of public health work as social change management also means that it is a pressing issue not just for professional public health workers but also for the entire society.

Public health is ultimately a question of what kind of society we wish to live in. There is a close connection between democracy, participation, equality and social security on the one hand and good public health on the other. The aim of the new public health policy is for human health to be seen as one of the most important overall objectives of social policy as a whole.

Sweden now has a national public health policy. The Swedish Riksdag passed the Government's Public Health Objective Bill in a April 2003.

The overall aim of Swedish public health policy is to create social conditions that will

ensure good health for the entire population. It is also establish that improving the public health of those groups most vulnerable to ill-health is particularly important.

Since health is such a desirable goal, it is only natural for the health of the whole population, i. e. public health, to be one of the most important political objectives. Even if public health policy has been strengthened on a national level, we still have a long way to go before it is considered to be equally as important as economic policy, labour market policy or social policy. The most important aim of the bill is to make public health an fundamental part of social policy. Since public health concerns and is influenced by many different sectors of society, it is also important to set objective that can act as guiding principles for the work done within the various sectors.

This publication paints a picture of public health today and provides a more detailed description of the national public health objectives.

*ISSN: 1651-8624
ISBN: 91-7257-253-1
Report: 2003:58
National Institute
of Public Health
SE-103 52 Stockholm
Fax +46 8 5661 3505
E-mail info@fhi.se
Internet: www.fhi.se*

