



**NATIONAL INSTITUTE
OF PUBLIC HEALTH – SWEDEN**

**SOCIAL DETERMINANTS, RISK
FACTORS & HEALTH PROMOTION**

*5th International Conference, Behavioural Risk Factor
Surveillance in Rome 24-26 October 2007*

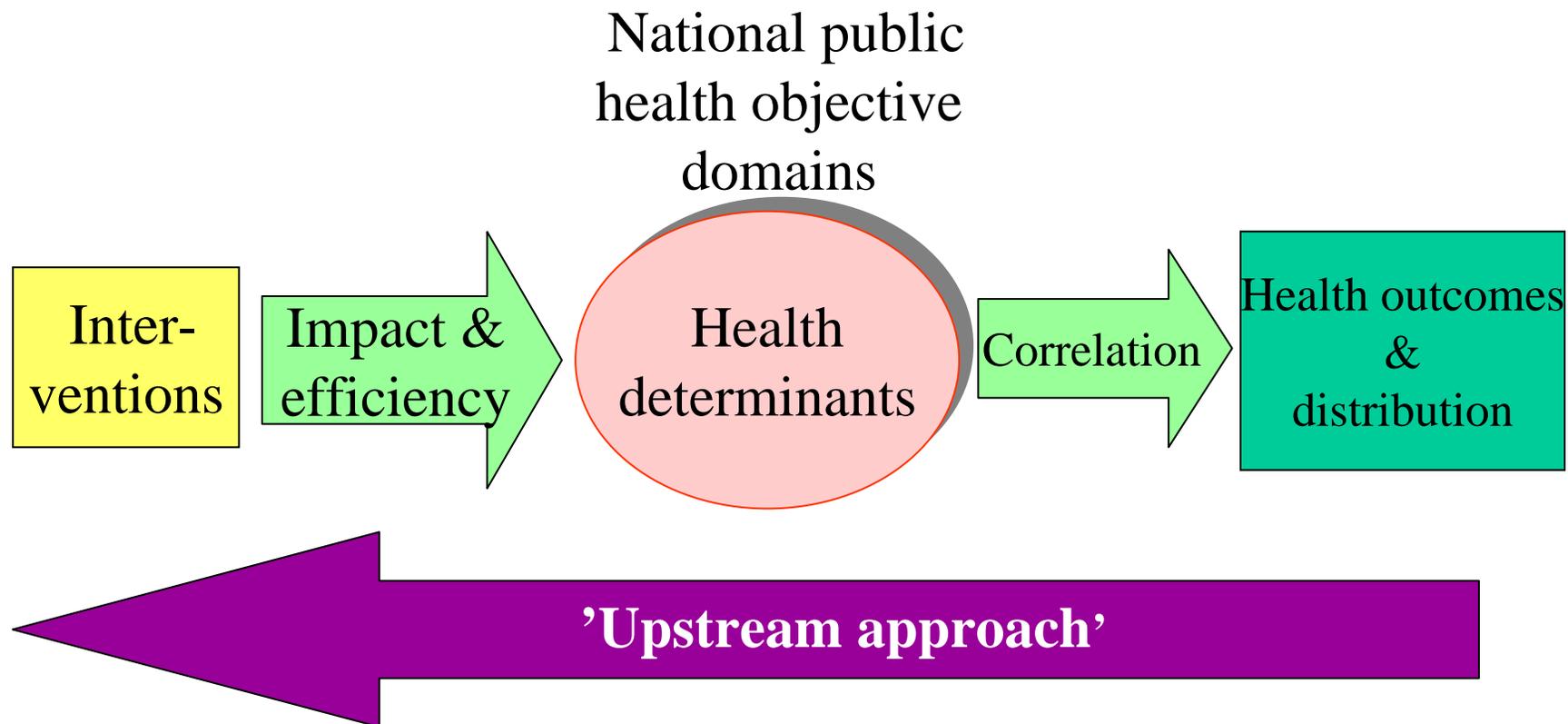
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Model for national public health strategy – the links





One overarching aim: **To provide societal conditions for good health on equal terms for the entire population**

11 Objective domains in brief

9-11: **Physical activity**

-Eating habits and safe food

-Tobacco, alcohol, illicit drugs, doping, harmful gambling

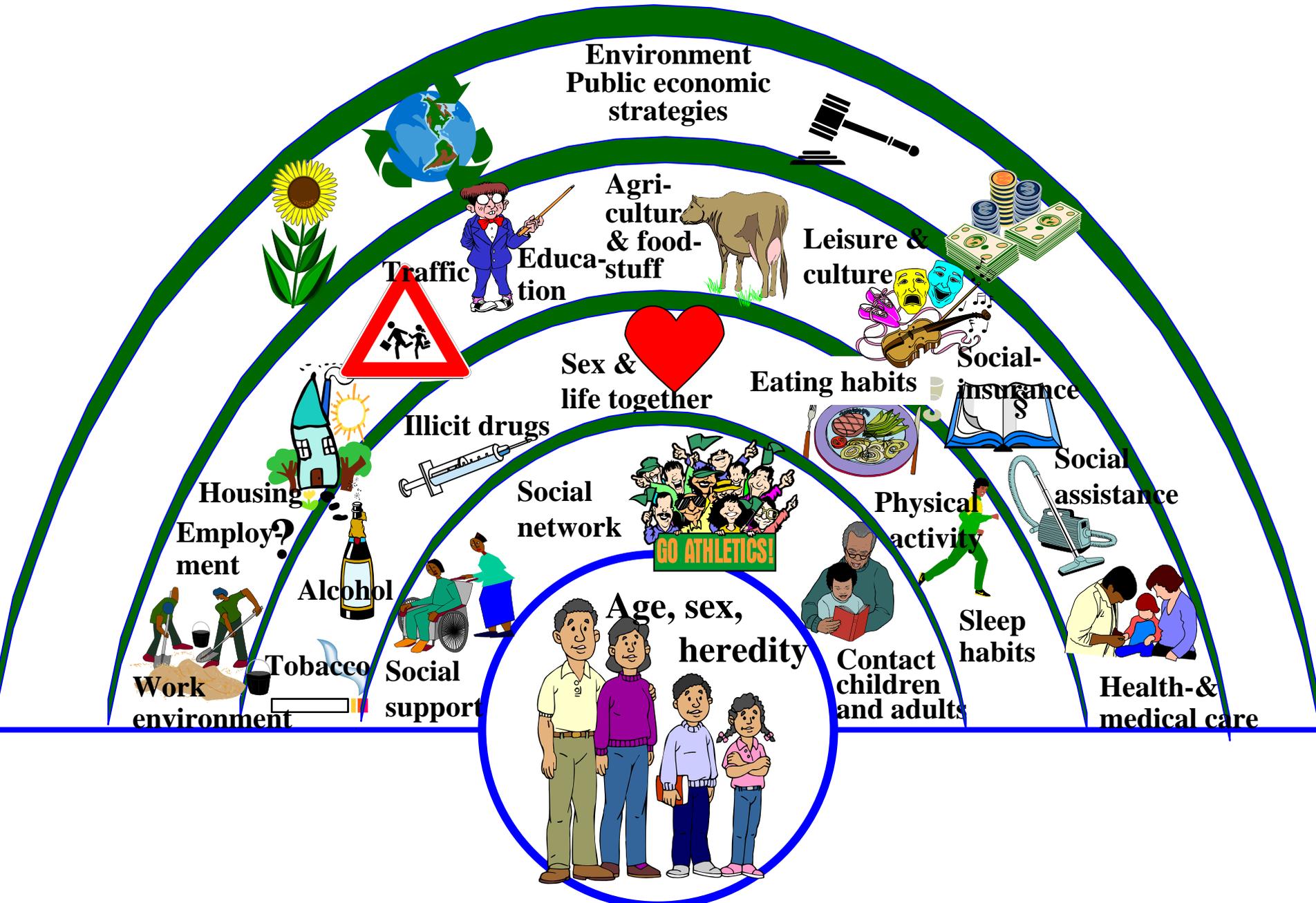
Lifestyles and health behaviours

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

Settings and environments

1- 3: **Participation and influence on the society – Economic and social security – Safe and favorable growing up conditions**

Societal structures and living conditions



Environment
Public economic
strategies



Agri-
culture
& food-
stuff



Educa-
tion



Leisure &
culture



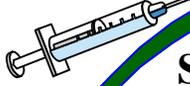
Sex &
life together



Eating habits



Illicit drugs



Social
network



Physical
activity



Social
assistance



Housing



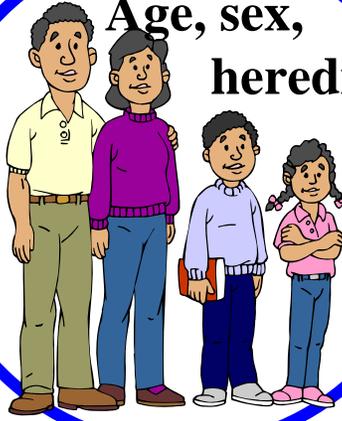
Employ-
ment



Alcohol



Age, sex,
heredity



Contact
children
and adults



Sleep
habits



Health-&
medical care

Work
environment



Social
support





Demands on indicators

- Strong correlation to health.
- Strong validity for the determinant.
- **Meaningful and possible to change by political decisions.**
- Be relatively inexpensive to administrate.
- **Stratified by sex, age, type of family, different geographical levels (including the municipal level), socio-economic group and ethnicity where possible.**



Information sources

- Research findings on the determinants-health correlations
- 42 determinants, 36 principal indicators and 47 sub-indicators
- Public statistics and own investigations
- Reports from 22 national authorities
- Visits to 8 county administrative boards
- A questionnaire to all local authorities
- Visits to 10 municipalities (total n=290)
- Interviews with all county councils (total n=21)



1.1 Participation and influence in society

- 1) Election turnout in municipal elections
(municipal level)
- 2) Index of gender equality (municipal level)
- 3) Percentage of actively employed in the
workforce (municipal level)

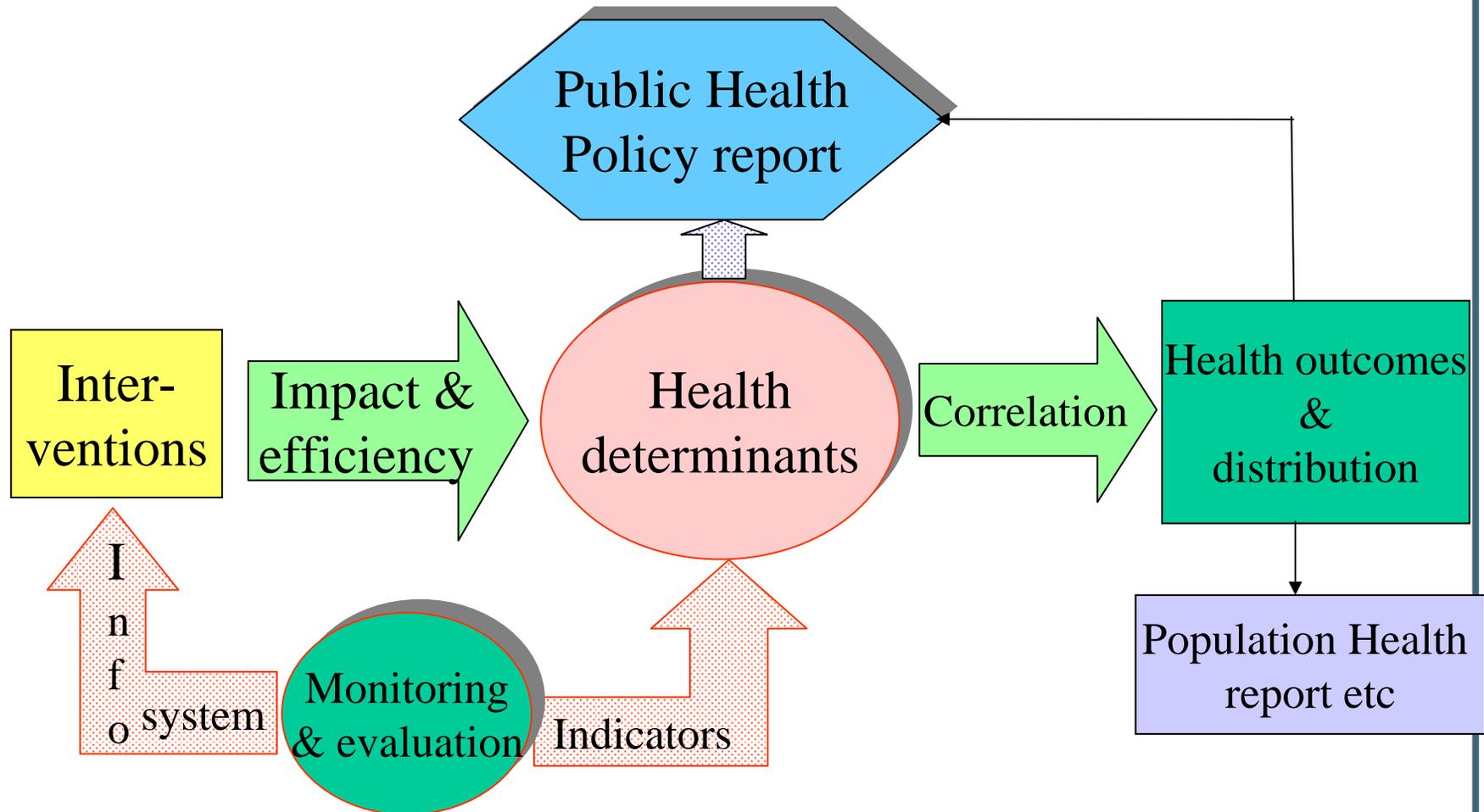


1.2 Economic and social security

- 4) Income inequality (Gini-coefficient; municipal level)
- 5) Percentage with a low economic standard among families with children, pensioners, persons on sick leave and long term disability (< 50, 60% of median income, < national poverty level; municipal level)
- 6) Index of ill-health (sickness benefit, early retirement; municipal level)
- 7) Percentage of long-term unemployed and long term registered at the employment office (municipal level)



Monitoring and evaluation of public health strategy





Turn the perspective around - from national to local equity in health. An empirical approach.

- In which Swedish municipality (n=290) can we find the most "good" equitable health?
 - Avoidable mortality
 - Risk factor exposure
 - Sickness absence
- ... a PILOT – does it have a potential for learning about equity oriented interventions ?



The Regional Committee urges Member States to:

1. to develop or strengthen **national public health strategies** for tackling NCD
2. to **strengthen health systems** towards improved prevention and control of NCD
3. to regard **prevention throughout the life-course** as an effective investment
4. to **ensure universal access** to health promotion, disease prevention and health services
5. to set up mechanisms for the **implementation** and regular **monitoring** of the public health strategies