

Health in All Policies

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Across jurisdictions - snapshots from Sweden

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Examples of some critical building blocks



Population 9,+ millions



Life expectancy (2008, SoS/FHR)

Women 82,9

Men 78,7

**Infant mortality 300/100 000 under
age of 1 year**

**Health inequalities according to
education – remaining life
expectancy;**

Women 30+


Increase 2,0 to 4,5 years 1986-2007

Men 30+

Increase 3,4 to 4,9 years 1986-2007

Societal structural pillars – 3 levels

- **290 municipalities (taxation rights and governments by public elections)**
- **21 Regions/County Councils (taxation rights and governments by public elections)**
- **Sectoral central state agencies – c f to ministerial functions in most countries**
- **Relatively small Ministries to serve the Government**
- **349 MEP's in the Riksdag – Swedish Parliament**

A pair of blue sneakers with white laces and soles is shown on a wooden surface. The sneakers are positioned diagonally, with the left shoe in the foreground and the right shoe slightly behind it. The text "Universal access to health and medical care services" is overlaid in white, bold font on the blue fabric of the shoes.

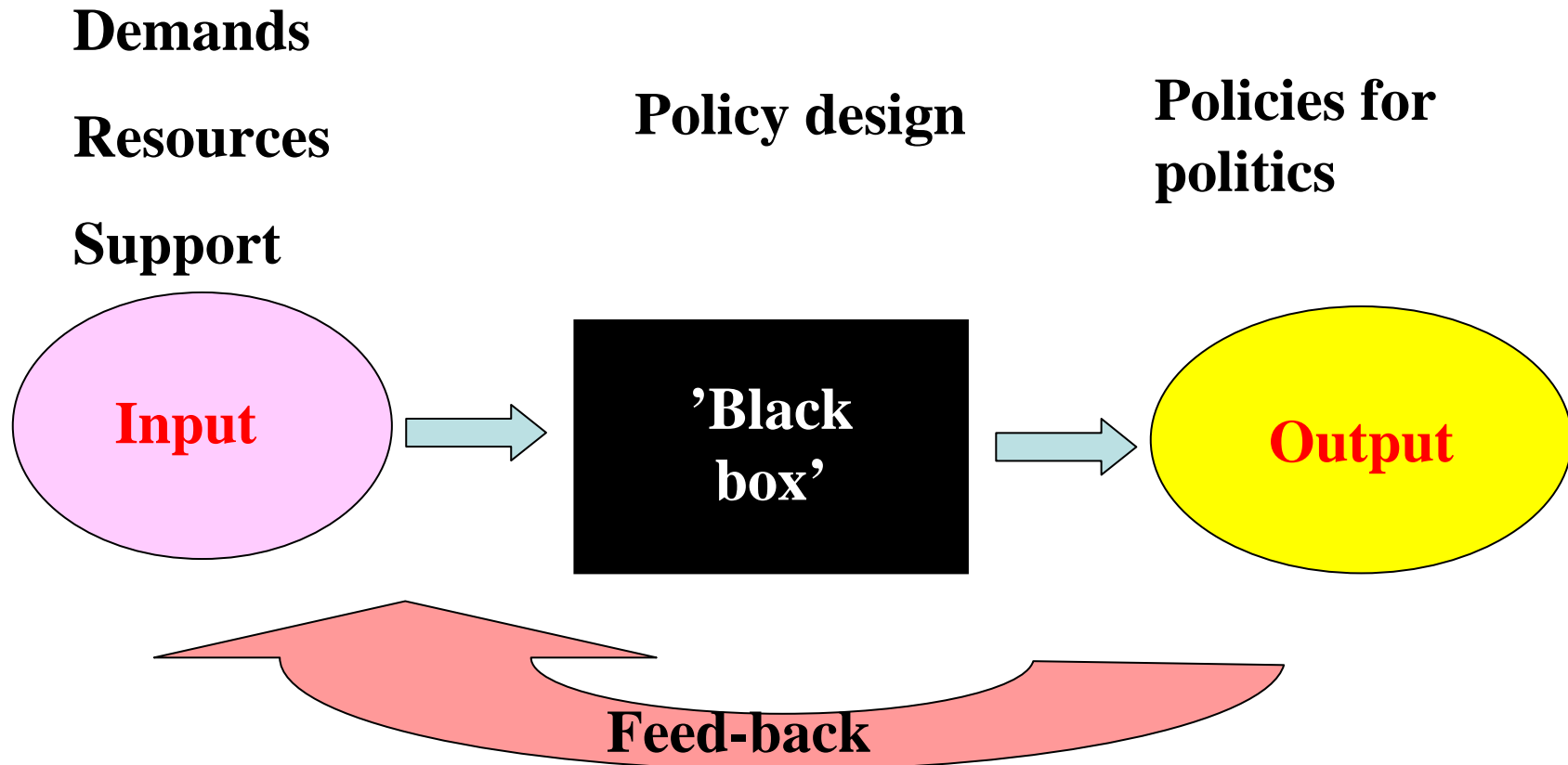
**Universal access to
health and medical
care services**

Addressing three lessons – HOW?

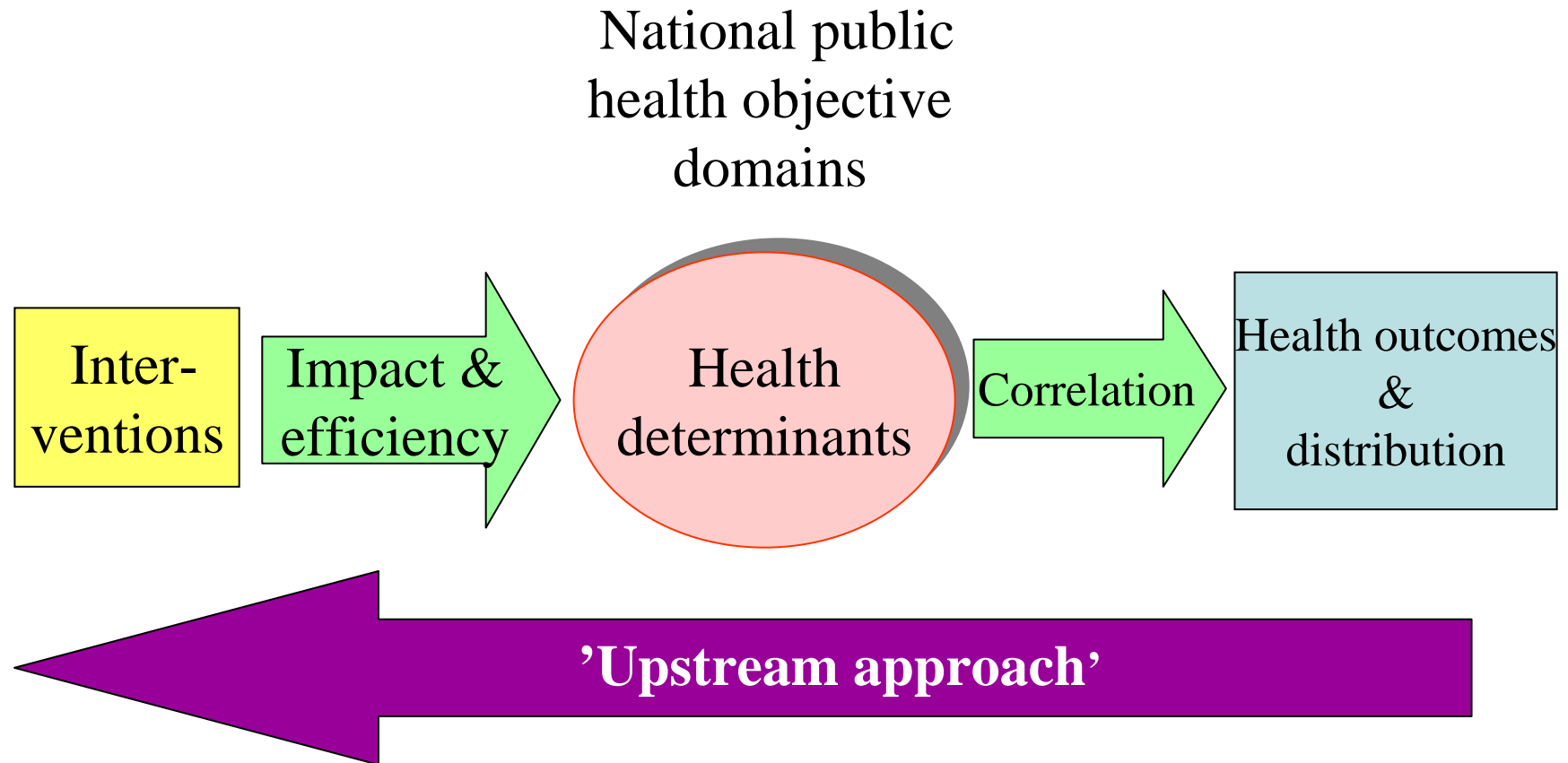
- 1. Process of identifying shared concerns - what determines health in other sectors?**
- 2. Health imperialism, ownership and language - how to respect other sectors' territories?**
- 3. Experiences of governance**

Empirically based!

A view from the 'black box' in the policy process



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
(as by present Government 2008)

9-11: **Physical activity**
-Eating habits and food
-Tobacco, alcohol, illicit drugs, doping, and gambling

Lifestyles and health behaviours

4-8: **Working life – Environments & products – Health promoting health services – Protection from communicable diseases – Sexuality and reproductive health**

Settings and environments

1- 3: **Participation and influence in society – Economic and social prerequisites – Growing up conditions**

Societal structures and living conditions

1. Process of identifying shared concerns – What determines health in other sectors?

- Determinants' approach very functional but takes time to be understood
- Dialogue (continuous) – start anchor in the top. A long term process – mutual patience
- Identify already existing health determinants (remit, legislation etc)
- Develop and agree on indicators for monitoring and evaluation
- Sectoral responsibility

2. Health 'imperialism' ownership and language – how to respect other sectors' territories?

- Equal footing
- Do it their way – support on request
- Many sectors "do health" under different labels, without pushing from the health sector
- Too much ignorance from health sector
- Skip health jargon

3. Experiences of governance

- Leadership essential – but differentiate
 - > administrative – datasets, planning tools
 - > scientific
 - > political – Senior Public Health Minister
- Institutionalize – Public Health Institute
- Establish Public Health Policy Reporting from Government to Parliament
- Measurable targets

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Lifestyles and health behaviours

5. Health promoting health services

Settings and environments

3. Growing up conditions – parental support and child & adolescent health

Societal structures and living conditions

Three final observations

- **Determinants' based public health policy takes time – it is a learning process**
 - **A critical mass is needed – 5 to 10 people can be enough**
- Learn and engage in policy making**





Thank you!