



Swedish National Institute
of **Public Health**

IANPHI Annual Meeting

Session: Social Determinants of Health

Helsinki, September 26, 2011

Presentation

Dr. Sarah Wamala, Director general

Swedish National Institute of Public Health

www.fhi.se

Outline

1. Background
2. What are the social determinants?
3. Why care about social inequalities in health?
4. Social determinants and NCDs
5. What can the NIHs do?





Closing the gap in a generation

**WHO Commission on Social
Determinants of Health, 2008**

Three principles of action to tackle social inequalities in health

1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
 - giving every child the best start in life
 - enabling all children, young people and adults to maximize their capabilities and have control over their lives
 - creating fair employment and good work for all
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

Ref. WHO Commission on Social determinants of health, 2008



What are the social determinants?



What are the social determinants of health?

- The social determinants of health are the social and economic circumstances in which people are born, grow up, live, work and age, which determine the health status of individuals or populations
- These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics

Ref. WHO Commission on Social determinants of health, 2009



Internationalisation

Globalisation

Samhällsekonomi *economics*

Miljö *Environment*

Kulturhistoria

Jordbruk *Social services*

Fritid *Living conditions*

Cultural factors

History

Hälsa- och sjukvård

Arbetsmiljö *Health care services*

Socialförsäkring

Arbetslöshet

Matvanor Motion

Sex och samlevnad

Socialtjänst *Work*

Social environment

Narkotika *Lifestyle factors*

Boende

Alkohol

Socialt stöd

Sömnvanor

Utbildning

Socioeconomic factors

Trafik

Tobak

Socialt nätverk

Barns vuxen kontakter

m m

m m

Ålder

Individual factors

Kön

Arv



Why care about social inequalities in health?



Swedish National Institute
of **Public Health**

Why care about social inequalities in health?

- There are social inequalities within countries and between countries that are unfair and unjust
- Good health on equal terms is the basic human right aspect to every individual
- Health inequities affect everyone
- Health inequalities cost societies

Ref. WHO Commission on Social determinants of health, 2009



Economic implications of socio-economic inequalities in health in the EU

Mackeback, et al. J Epidem Comm Health, 2011

- **Inequality related losses to health**
 - Account for 20% of the total costs of healthcare
 - 15% of the total costs of social security benefits.
 - Inequality related losses to health reduce labour productivity and take 1.4% off GDP each year.
 - The monetary value of health inequality related welfare losses is estimated to be €980 billion per year = 9.4% of GDP.



Social determinants and NCDs



Swedish National Institute
of **Public Health**

Social determinants and NCDs

A large proportion of social inequalities in premature deaths is explained by NCDs (about 50%)



The impact of NCDs

- Public health impact and human suffering

- NCDs contribute to 63% of mortality globally
 - 80% of mortality in low and middle income countries
 - 29% mortality occur in persons below 60 years of age
- Prevention of unhealthy lifestyles can reduce 75% of CVD, stroke, type-2 diabetes and 40% of cancer

- Economic growth impact

- Every 10% increase in the prevalence of NCDs is associated with a 1% decrease in annual economic growth
- tobacco use, alcohol consumption, physical inactivity and unhealthy eating habits are estimated to cost 5.5 billion EUROS per year



Ref. Global status on NCDs, WHO, 2010, The Swedish Public Health Policy report, 2010



What can the NIHs do?



Swedish National Institute
of **Public Health**

Relating to what public health is

- Medicine is a social science, and politics is nothing else but medicine on a large scale. Social and economic conditions have an important effect on health and disease, and these relations must be subjected to scientific investigation, and the measures to promote health must be social as well as medical (*Rudolph Virchow, 1848*)
- Public health is the science and art of prevention of diseases that prolong life and promote health through organised societal efforts (*Achenson D, 1978*)
-



.... Thus a strong political leadership is important....





The Swedish national public health policy was adopted in 2003 and has 11 national objective domains (prop. 2002/03:35)


The overarching aim is to create societal conditions that ensure good health, on equal terms, for the entire population

What can the NIHs do?

- Monitor and report trends in major determinants of health and how these are distributed in various groups in society
- Serve as a national expert agency for public health issues
 - Provide scientific evidence in public health and recommend effective public health interventions and policies
 - evaluate how public health policies impact on health in various groups in society
 - Give advise to the government on public health matters



Government task:

 REGERINGEN	Statens folkhälsainstitut	Regeringsbeslut	III:4
	Inkom 2009-04-15	2009-04-02	S2009/2924/PH
	Avd/Enh		(delvis)
	Dnr VERK 2009/152		
Socialdepartementet		Statens Folkhälsainstitut	
		831 40 ÖSTERSUND	

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 WHO Commission on the social determinants of health" Is the Swedish national public health policy closing the gap?

Need for research that addresses which public health policies and interventions that are most effective in reducing social inequalities



Pre-conference Thursday - Windows Internet Explorer

http://www.eupha.org/site/upcoming_conference.php?conference_page=25

Home Login



An independent scientific and professional voice for public health in Europe

- About EUPHA
- Public Health in Europe
- Members
- EUPHA Sections
- EUPHA Conferences
- European Journal of Public Health
- EUPHA News
- EUPHApedia
- Projects
- Links

Login to EUPHA

Copenhagen 2011 -> Programme -> Pre-conferences -> Thursday 10 November 2011



Monitoring public health trends and public health policies in the 21st century

10th November, 2011, EUPHA, Copenhagen

Steno Health Promotion Center, Steno Diabetes Center and Copenhagen School of Global Health, University of Copenhagen

Thursday 10 November (09.00 - 11.15)

€ 40

Lifestyle changes in deprived areas – emphasizing on tobacco prevention

Internet | Skyddat läge: På

3 ledigt Objekt: 4 62

Bild 23 av 41



Scientific evidence and recommendations in public health, *Workshop, October 5, 2011, Stockholm*

- The Swedish National Institute of Public Health was given a commission by the Swedish government to investigate and propose a relevant grading system of scientific evidence in public health and recommendations for interventions.



Conclusions

- Public health is largely shaped by social determinants
- Universal public health strategies are preferred to targeted strategies in efforts to reduce social inequalities
- NCDs should be recognised as a public health challenge
- NIHs have an important role to monitor trends, evaluate public health policies and contribute to evidence-based public health
- The IANPHI provides a unique platform to exchange knowledge and contribute to capacity building and efficiency of public health institutes around the world.





Thank you

www.fhi.se