The healthy choice should be the easy choice.
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The Swedish Medical Association’s policy for promoting health and preventing disease in Sweden

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The Swedish Medical Association strongly hold the opinion that Sweden must continue to run proactive health policy efforts. Existing possibilities for further improvements in population health must be utilized. Measures to reduce differences in health inequalities need to be prioritized even more in the future.

Research clearly shows that it is not enough only to target risks by treating symptoms like high cholesterol and high blood pressure or giving advice on habits on an individual level if we intend to improve the health of the whole population. The health care system has a significant effect on our health, but physicians must also support activities that lie outside the field of health care.

If we really want change we have to target the societal structures which are the ultimate determinants of the risks that give rise to illnesses, injuries and preventable deaths. It is about changing attitudes and finding new ways to manage and organize in a new era where yesterday’s systems are no longer adequate.

Health is crucial to the way people view their living conditions. Continued health promotion and disease prevention efforts are essential in building joint policies for a sustainable welfare. The whole of society must be involved and the objectives must be set high.

The Swedish Medical Association’s program presented in the following text is based on the idea that health policy efforts must facilitate ways for the population to live a healthy life and make healthy choices. However, ultimately the basic functions of society, like a qualitative and egalitarian educational system, good societal planning, conditions offering community participation, security and work, lay the foundation for the population’s health.

Qualified competence in epidemiology and public health research is necessary. Swedish physicians have specific knowledge and experience of patients’ illnesses and injuries as well as the factors that promote or create risk of disease. But competence and interest in epidemiology and public health and social determinants of health must improve. As physicians, we have a responsibility to share our knowledge to the general public and decision makers. The strategic intent is to jointly work for better and more equal health.

For many years, Sweden has been among the countries in the forefront in developing proactive health policies, particularly aiming at reducing health inequalities. This ambition should be upheld. In this program you will find the prioritized proposals by the Swedish Medical Association.

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The health of the Swedish population is very good from an historical and international perspective. Just like the rest of the world, however, the non-communicable diseases such as cancer, cardiovascular disease and diabetes, chronic respiratory disease, mental illness, injuries and violence are the great challenges for the future. There is a clear correlation between the risk of developing these illnesses and the lifestyle of the population; for example physical inactivity, unhealthy diets, smoking, risky alcohol consumption and dangerous stress. According to the WHO, are 80 percent of all cardiovascular disease and 30 percent of all cancers preventable [1, 2]. The Swedish Medical Association commit itself to the UN and WHO challenges to tackle the global NCD burden.

The differences in health and lifestyles between the various parts of the population show that there is room for improvements. To level out or compensate for social differences is the most important strategy to achieve health improvements. The medical knowledge of physicians about how to prevent illness is an important asset for good public health.

The Swedish Medical Association is here presenting a broad health policy program. The starting point is to pass on the experiences and lessons learned by Swedish physicians in their daily work and to help avoid unnecessary suffering and ill health. The Medical Association considers that the preventive efforts must be based on certain clear principles. Hopefully the program will stimulate the continued development of preventive efforts in society. The goal is to level out socioeconomic health inequalities, improve public health and emphasise the importance of making use of the knowledge and commitment of physicians.
Preventative and health promoting measures – both a public and an individual responsibility

A central theme of the Swedish debate on public health concerns the relationship between society and the individual. How far-reaching is the responsibility of the individual? Should society intervene in the choices and habits of the individual? If habits are solely considered to be the responsibility of the individual we disregard that choices are made within the framework set by society. Health risks related to the environment is an area where political decisions are essential. Another example is the work environment where the legislation in Sweden clearly gives the primary responsibility to the employer. The link between employment position and health is also strong. The probability of a man between the ages of 35-64 dying is twice as high if his level of education is limited compared to a man with a university degree. Even though the mortality rate has dropped for all groups during the past 20 years, this ratio has not improved [3]. A well-functioning education system is thus an important determinant for society to promote public health.

At the same time the Medical Society believes that it is important also to emphasise the personal responsibility since significant opportunities exists to influence the individual’s health. We believe that the key role of society for public health work is to support the individual’s options for making healthy choices, without putting the blame on the individual. The healthy choice should be the easy choice and the society has a particular responsibility for supporting individuals that are less able to influence their situation.

- Preventive and health promoting work is a shared responsibility between the individual and society.

- Health promoting efforts by society should make it easier to make healthy choices and support the individual’s willingness and ability to take increase control for his/her own health.

- A basic principle for all public health work must be that the individual should not be victim blamed.
Health issues must be given attention in all areas of society

The opportunities for health are primarily created in the social community where people live and work. Living conditions in the form of a safe environment, favourable conditions for participation in society and interact with other people, access to quality education, work according to ability, a good physical and mental work environment and security in old age are the cornerstones of a society that supports good health.

Societal factors such as water, sanitation and food quality, improved economy, education level, general hygiene, residential and work environment are of major importance in order to increase the average life expectancy. The role of health and medical institutions should however, not be underestimated.

In order to achieve further improvements to public health, societal policy efforts must be directed at breaking the alienation of marginalised groups. Health-oriented efforts should start by having a clear child perspective. Initiatives by society to support families with children, especially single parents, should be given priority. We believe that there should be an increase in government subsidies to families with children. OECD has pointed out that Sweden is one of the countries where inequality between families with children has increased the most [5]. Social differences in childhood conditions may not be reinforced by school or other public functions. There are strong reasons to reduce the number of students who leave school without accomplishing their basic obligations/requirements, in accordance with EU’s targets for Europe 2020 [6].

- Public health is a joint responsibility for all public functions.
- Preventive efforts should primarily be of a general nature.
- Continued improvements of living conditions - with particular focus on marginalised groups – form the basis for a policy for better health.
- The general government subsidies to families with children should be significantly increased.
- Both primary and secondary school must offer schooling tailored to the various requirements of all children.
- Efforts to minimise drop-out rates from primary and secondary schools must be strengthened.
Healthy choices should be simple and cheap

Policies in relevant areas of society must be given a clearer focus on facilitating and stimulating healthy choices and to minimise health risks. Traffic safety is one area where far reaching political decisions have been very successful in Sweden. The experience gained from this sector must be taken advantage of and be used in other areas of society. The planning of the physical environment and landscape management are long-term public decisions that will have consequences for future generations. The requirements should be far reaching when it comes to facilitating physical activities and stimulating an active leisure time, for example by having more safe bike cycle paths. The infrastructure and regulations should facilitate choices that result in a healthier lifestyle. Cultural events should be considered when they can stimulate a healthy and active leisure time.

Legislation, taxes, fees and subsidies are powerful control instruments that may promote healthy choices and that should be used strategically however, high requirements must be set for follow-ups and evaluations.

- Regulations and targets for social structures should even more clearly strengthen the foundations for providing good physical, mental and social quality of life.
- Legislation, taxes, fees and subsidies should be used more actively to support healthy choices.
Knowledge-based public health work

High demands must be set so that all health policy measures are based on a solid foundation of knowledge. This is particularly important since so many preventive initiatives interfere with people’s personal lives.

The area of public health is often subject to multiple opinions. An important public government responsibility is to find good ways for how the state of knowledge is presented. In order to achieve equal health opportunities it is essential to have knowledge about how less favoured groups may be reached. Those in the population that are in good health are often the ones that are first to acquire and adapt to the new knowledge. It is much harder to reach those that are less healthy and are most in need of health promoting activities. There is a great need for development here which several authorities would like to pay attention to [7,8].

Knowledge about the defining factors of ill health and epidemiology is crucial for preventive efforts. Social medicine and occupational and environmental medicine are important areas of knowledge that need to be developed in order to promote public health work. Public health and prevention are included in the objective descriptions for doctors’ basic training and specialist service. It is important to create conditions for achieving these objectives.

- Increased resources for research is needed that can explore what causes health and ill health.
- Method development to become better at reaching less favored groups must be prioritised.
- The methods for implementation and follow-up of public health work need to be developed.
- A review of how the medical/professional specialities social medicine and occupational and environmental medicine may be developed to strengthen public health work.
- Health-oriented and illness prevention work must be given a clearer focus in the basic medical training for doctors.
- The importance of lifestyle habits for health and the causes of ill health need to be given much more attention in doctors’ continuing professional development.
The current healthcare structure

From an international perspective Sweden has very low maternal and child mortality rates. Within these areas differences related to socio-economic factors have been substantially reduced. [9]. Independent specialised healthcare operations – maternity and child health service (MVC and BVC) - have demonstrated to provide significant public health benefits. Beyond MVC and BVC there are also, school health services, youth services and corporate health services where healthcare professionals can develop the preventive work in integrated with providing medical care. The Medical Association believes that knowledge gained from such activities should be made better use of.

It is important that health and medical institutions and the local authorities have a well-developed collaboration for health problems related to substance abusers, the homeless and other vulnerable groups. The local authorities have the key responsible for coordination of such activities and the coordination has to be more effective and well structured. It should be looked into how the local authorities may develop public health work by strengthening their medical expertise. Government incentives are needed for pilot activities with a coordinated local structure for evidence-based healthcare.

- It needs to be analysed how local health-oriented activities may be further developed in order to make use of the lessons learned from the long-standing tradition in Sweden of having special units for maternity and children’s health services (MVC and BVC).
- The Government should allocate special funds to local efforts to create a coordinated structure for health work aimed for groups with special needs.
Healthcare services should increase the use of disease prevention methods

It is important that healthcare professionals pay attention to the importance of lifestyle health behaviours. People place a great trust in healthcare professionals and the individual is often receptive to information and advice concerning health matters. A change in lifestyle habits is often part of the medical treatment. Stopping smoking for chronic obstructive pulmonary disease (COPD) patients or in connection with surgery are examples of changed lifestyle habits that are of great medical importance [10].

Doctors should be given increased opportunities to work with illness prevention. This requires economic resources, continuous upgrading of skills and supportive activities such as specialised units for quitting smoking. A well-established primary healthcare is essential for public health work. The Swedish healthcare legislation has established that health-oriented advisory services are included in the duties of healthcare professionals. The National Board for Health and Welfare recently presented unique guidelines, from an international perspective, for illness preventive efforts. The operations are thus based on a solid foundation and doctors should increase their use of illness preventive methods.

• The structure must create local opportunities for the effective implementation of public health work.
• Healthcare professionals need continuous upgrading of skills in disease prevention.
Mental health

Increased attention must be paid to mental illness. Mental illness is a huge public health problem in modern society and carries very high costs, primarily as a consequence of the inability to work which it causes [11]. Knowledge development about the mechanisms behind mental illness should be prioritised from a public health perspective and more research is needed on how to best deal with the causes.

Mental diseases affect people of working age to a greater extent than many other illnesses. Many people also have to live with severe disabilities for a great part of their lives [11, 12]. A meaningful occupation and participation in society is important for mental health.

Depression is an illness that causes much suffering and the importance of the illness is quickly increasing. In the year 2010 depression was considered to be the second largest illness in terms of loss of quality of life [13]. The number of older people with mental illness is increasing. Various efforts have resulted in close to a 50 percent reduction of suicides since 1980. However, 1,400 people still end their own life in Sweden each year [14, 15].

Knowledge development about the defining factors of mental illness must be given priority in order for this area not to fall further behind. The Swedish Medical Association would like to see an expanded work program for developing forms for health promotion and prevention against mental illness.

- The Government should initiate a broad effort to stimulate preventive actions against mental ill-health.
- Actions for preventing mental ill-health in the adult population should be taken. An important part of the aim should be to increase the level of employment.
- Actions for supporting relatives, in particular young people, living in families with other family members suffering from serious mental illness or substance abuse must continue to be developed both in medical care and in society at large.
Towards a smoke-free Sweden in year 2025

Despite the widespread knowledge about the harmful effect of tobacco about one million Swedes (about 10% of the population) still smoke daily and approximately the same number of people use wet oral snuff [16]. Just over 12,000 die prematurely each year due to their own tobacco use or that of others [17]. The benefits of quitting smoking are huge, both from an individual and a societal perspective. About 40 severe illnesses may be linked to smoking [17]. Passive smoking brings with it unacceptable health risks, especially for children [18]. Countries like South Africa and Bahrain have banned smoking in vehicles transporting children, and in Mauritius a ban is in place regardless of the age of the passenger [19]. In 2005 the Swedish Parliament joined WHO’s Tobacco Convention, but the implementation process is lagging behind. Smoking is most common among socio-economically weaker groups and is an important reason for the health inequalities [16].

Efforts to support becoming smoke-free and preventing starting to smoke must be strengthened. The Swedish Medical Association would like to see a shift of perspective from “blame the smoker” to “shame the tobacco industry”.

Sweden should have a high level of ambition where we, just like Finland and New Zealand, set a date for when the use of tobacco should be phased out – “the tobacco end game” [20]. The Swedish Medical Association believes that the government should appoint a commission that would have the mandate to propose an action plan for the tobacco end game by the year 2025 at the latest.

- The government should take the initiative to investigate how tobacco use may be phased out in Sweden by 2025 at the latest.
- A guaranteed supply of quitting smoking facilities should be established in health and medical services.
- Increased legal protection against passive smoking.
- Sweden should promote the immediate introduction of plain tobacco packaging and that the remaining articles of the WHO Tobacco Convention are implemented with no delay.
Alcohol and health

Addictive use of alcohol is one of the most serious health risks. It is connected with a broad range of illnesses and injuries and the social consequences are often dramatic. A large proportion of the Swedish population has a risk consumption. Even if the medical and social impact of risk drinking often are relatively minor at the individual level is the total impact of risk drinking most substantial. Figures from 2010 showed that the financial costs for alcohol at that time was close to EUR 7 billion for the society at large [21].

The alcohol policies in Sweden represent a good example of how comprehensive preventive efforts could be shown to be effective, notable is particularly how different restrictions have gained legitimacy in the Swedish population in recent years. Support for the retail monopoly has increased since joining the EU in 1995 [22]. The previous Swedish alcohol strategy has now evolved into a comprehensive strategy for alcohol, drugs, doping and tobacco. The Swedish Medical Association regard this as a good example and believes that the present national strategy should be continued.

It is important that healthcare professionals have efficient tools for prevention as issued in the national guidelines by the Swedish National Board of Health and Welfare. In the UK alcoholic containers are labelled with the number of standard units. The direct effect on alcohol consumption is marginal, but it is a tool that can stimulate discussions about alcohol habits in the consulting room. Alcoholic beverages should also be labelled with a content declaration, at least equal to the requirements set for other beverages.

Changes to the regulation concerning advertisements for alcoholic beverages have resulted in that the industry’s investments in advertising have multiplied in recent years [22].

- The Swedish national alcohol policy measures such as the coordination of the measures against alcohol, drugs, doping and tobacco should be extended and further elaborated.
- Alcoholic beverages should be labelled with information about the number of standard glasses of alcohol the product equals to.
- Alcoholic beverages should be labelled with a content declaration, at least equal to the requirements set for other beverages.
- No volume discounts should be permitted for the pricing of alcoholic beverages.
Physical activity is the best medicine

Over the past decades there has been an explosive development of the knowledge about the importance of physical activity and health. Even relatively modest levels of physical activity have been shown to have positive effects on cardiovascular disease, mental illness and cancer [23]. Physical activity may modify the negative health effects of other lifestyle factors such as it may reduce the risk of developing illnesses and is important for the treatment results for many chronic diseases [23]. Relevant initiatives in a number of areas of society to promote physical activity have proven to have good effect with few negative side implications. The Swedish Medical Association believes that health and medical institutions should take the lead in providing information about physical activity and motivation for good exercise habits and physical activity in everyday life. School health services in particular are well placed to communicate such concepts.

- Efforts to facilitate physical everyday activities should be increased.
- Children’s opportunities for walking and biking to school should be promoted.
- The school’s objective should be that all school children should be physically active for at least one hour every day and the physical education classes are designed for everyone’s participation.
- Doctors and other health professionals should stimulate increased physical activity for all relevant patient groups.
Healthy eating habits

Nutrition is of great importance for our health and well-being. Changes in our diet are one of the historical explanations to improved public health. Even if Sweden is comparatively well off, half of the adult population and one in five children are overweight or obese [3]. Obesity is associated with an increased incidence of certain forms of cancer, type 2 diabetes, cardiovascular disease and generally a reduced quality of life [3]. This underlines the need for a solid scientific basis for what constitutes a healthy diet.

It is problematic that discussions on diet are often characterised by vagueness and opinions. In parallel to the public information from various authorities there are also many other parties that are acting based on their special interests. Recommendations on health and diet must be based on science. Common principles would facilitate a greater cohesion of messages between different parties at a local, national and EU level. The ambition level needs to be raised for all parties, including the medical establishment, in terms of explaining diet-related health risks and to stimulate the making of good evidence-based choices. We see the need for more active efforts with the use of legal as well as fiscal policy instruments by public authorities in order to make it easier to make healthy choices. Food policies are to a great extent governed by laws and regulations at the EU level. Sweden should work towards getting the EU regulations on food to increasingly consider health benefits and that a common system for labelling of food products should be established where both positive and negative health effects are clearly pronounced.

- Broad initiatives should be taken to create common scientifically-based principles and messages about food and health.
- The opportunities for coordinating scientifically-based health and environmental policies that matters food consumption should be investigated.
- Legislation, subsidies and taxes should be used more actively to stimulate healthy eating habits. High requirements should, however, be placed on the evaluation of the effects.
- Sweden should promote that EU regulations on food to a larger extent should consider health benefits.
- A common system for labelling of food products should be developed that will report amounts of energy, nutritional contents and health benefits.
Preventing injuries and accidents

Accidents and violence are each year the cause of a number of deaths in Sweden equivalent to breast cancer [15]. The number of deaths as a result of accidents and violence were reduced until 1995, but have subsequently remained stable thereafter [15]. The reduction in the number of traffic fatalities is offset by an increasing number of fatalities from accidental falls among the elderly. In addition to the high number of fatalities the cost of accidental falls is estimated to be more than EUR 2 billion [24]. There is a need for a well-considered prevention strategy at a local level for how accidental falls may be reduced, especially for the elderly in their own homes. In many places elderly are already being offered assistance to reduce risk situations and analyses of the risk of falling in the home are carried out. These activities have been very effective and should be increased [25].

The right of children to grow up in an environment free of risk of or alcohol abuse should be strengthened. In the choice between the freedom for adults to binge drink and the right of the child to a parent or other caregiver (for example grandparents) that is sufficiently sober to provide care, we find that the right of the child takes precedence. According to surveys made, 84 percent of adults in Sweden considers it wrong to get drunk when children are present [22]. The risk of children being harmed should be carefully considered when faced with individuals that do not seem to understand the needs of the child. According to calculations in an investigation from 2010 one in every five children live in a family where at least one parent is drinking too much alcohol [21].

Even if there has been a reduction in the number of violence-related fatalities there are still thousands of people who suffer from violence every year. The violence is inflicted by, and more often suffered by, younger men influenced by alcohol [26]. Exposure to crime has declined in the population over the past seven years. For certain groups such as single parents, people living in apartments and people with parents born outside Sweden the exposure is, however, still high, but no one is out risk [27]. The majority of violence reports concern people that are acquainted, but not closely related. An increasing percentage of violence reports concern violence in the workplace [27]. Domestic violence still constitutes the greatest individual risk for individuals and the number of unreported cases is considered to be large [26]. Society should improve its efforts directed at crime preventive actions, in particular when it comes to domestic violence.

The number of drowning accidents declined steadily for a long period of time in Sweden, thanks to an increase in the general swim ability. The accidents are often linked to alcohol consumption. There is now an increase in the number of drowning accidents. A wider use of life jackets would save even more lives [28]. The Swedish Medical Association believes that anyone who is permanently residing in Sweden should be offered swimming lessons free of charge and that the mandatory swimming lessons in school should be followed up more rigorously. Studies indicate that one in ten school children in grade 5 did not achieve the objectives of the curriculum in terms of swimming ability [29].

- All risk groups among the elderly should be offered accident preventive measures in their homes and local environment.
- The right of children to grow up in an environment free of risk or alcohol abuse should be rigorously.
- The right to security for everyone in their own homes should be strengthened.
- Anyone who lives permanently in Sweden should be offered swimming lessons free of charge.
- The school’s objectives for swimming ability should be followed up and strengthened.
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3 WHO Europe 2012 Health 2020. A European policy framework and strategy for the 21st century
5 OECD Divided We Stand: Why Inequality Keeps Rising 2011 page 24
6 EU-Europe 2020 Objective 4 Education Partial Objective 1 http://ec.europa.eu/europe2020/index_en.htm
7 SKL Health promoting healthcare 2013 page 7
8 SLL Health promoting primary healthcare 2011:2 page 11
11 OECD Mental Health and Work: Sweden 2013 page 13
12 ISP Report 2013:6 page 7
13 IHME Global Burden of Disease page 28-29
14 SBM Treatment of depressive disorders 2004 page 74-83
15 SCB Causes of death 2012
16 SCB Statistics database 2012
17 SOU Recorded information about the harmful effects of smoking tobacco 2014 page 7
18 Surgeon General’s Report Health Consequences of Involuntary Exposure to Tobacco Smoke page 1-11
19 NJ GASP Smoke-free Vehicles When Children are Present www.njgasp.org
20 Tobacco facts http://tabakfakta.se/opinion/fort-om-tabac-ko-endgame-sverige-2025/
21 SOU 2011:35 Better interventions in cases of abuse and addiction 81-83
22 IQ Alcoholic Index Report 2012 2 page 4-11
23 WHO Global Health Risks 2020 page 25
24 MSB Cost of society for accidental falls 2010 page 5
25 Vinnova Fixes services in the municipalities of Sweden 2013 page 4
26 BRÅ Reported crimes 2013 page 2
27 BRÅ National Safety Investigation 2013 page 32-57
28 SLS Annual Report 2012 page 20-21
29 Board of Education Follow-up of swimming ability in grade 5 2010/024 page 3
30 WHO World Health Organisation
31 OECD Organisation for Economic Co-operation and Development
32 EU European Union
33 SKL Swedish Association of Municipalities and Counties (Sveriges kommuner och Landsting)
34 SLL Stockholm County Council (Stockholms län Landsting)
35 ISP The Swedish Social Insurance Inspectorate (Inspektionskåren för socialförsäkringen)
36 IHME Institute for Health Metrics and Evaluation
37 SBU Swedish Council of Health Technology Assessment (SBU)
38 SCB Statistics Sweden (Statistiska Centralbyrån)
39 SuS The National Board of Health and Welfare (Socialstyrelsen)
40 NJ GASP New Jersey Global Advisors on Smokefree Policy
41 SOU Swedish Government Official Reports (Statens offentliga utredningar)
42 IQ-initiativet AB, wholly-owned subsidiary of Systembolaget AB
43 MSB Swedish Civil Contingencies Agency (Myndigheten för civilailedning och beredskap)
44 BRÅ The Swedish National Council for Crime Prevention
45 SLS Sweden’s Life Saving Society (Svenska Livräddningssällskapet)
46 Vinnova Sweden’s innovation agency
47 FM The Public Health Agency of Sweden (Folkhälsomyndigheten)