Ten years of Swedish public health policy
– Summary report

THE RESULTS FROM A SURVEY OF MUNICIPALITIES’, COUNTY COUNCILS’ AND REGIONS’ COUNTY ADMINISTRATIVE BOARDS’, AUTHORITIES’ AND NON-PROFIT ORGANISATIONS’ OVERALL PUBLIC HEALTH EFFORTS
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THE SWEDISH NATIONAL INSTITUTE of Public Health has been commissioned by the government to analyse and follow up the overarching aim and the eleven objective domains of the national public health policy (Government Bill 2002/03:35). The first public health policy report was published in 2005 and was followed by a second in 2010. The reports give the government an overview of the development of public health and also recommend interventions for the coming years. It is gratifying to see that many of our recommendations have been implemented in the government’s strategic choices and priorities in the field of public health.

The purpose of this report, which is based on a number of questionnaire surveys, is to describe how the overarching public health aim and the eleven objective domains have permeated public health practice in Sweden between 2004 and 2013. The focus of the surveys was to assess how different public health efforts are prioritised, planned and monitored.

The results show that the public health policy has facilitated municipalities, county councils and regions carry on systematic public health efforts. Many good examples show that the public health policy is used as tool to prioritise public health measures aiming to create prerequisites for good health among disadvantaged groups. However, the results also show that there is a need for more national health data that describes the development of the determinants of health at local level, clearly defined objectives for public health practice, and better control and monitoring systems at all levels.

Our hope is that the report will provide a good foundation for politicians and decision-makers in future strategic choices and priorities to improve the health of population.

This abbreviated version in English was authored by Kontie Moussa and Marlene Makenzius at the Swedish National Institute of Public Health. Anna Bessö, Director of the Department of Monitoring and Evaluation, had overall responsibility for the project. The objective was to provide a
brief overview of the report “Ten years of Swedish public health policy”, which is available only in Swedish.

Professor Johan Hallqvist of the Department of Public Health and Caring Sciences at Uppsala University performed the scientific review.

We would in particular like to thank all the municipalities, county councils, regions, county administrative boards, authorities and non-profit organisations who participated in the surveys and whose responses have formed part of the basis for the report. The high response rate in this survey indicates that there is commitment and solid ground to further enhance public health practice.

Östersund, April 2013
Sarah Wamala
Director-General
Ten years of Swedish public health policy

THE OVERARCHING AIM of public health is multi-sectorial and is based on the overarching national objective of creating societal prerequisites for good health on equal terms for the entire population. The focus for the government and other public health stakeholders at national, regional and local level is to gain more knowledge, by means of follow-up activities, of how different interventions affect the population’s health. One of the tasks of the Swedish National Institute of Public Health is to monitor the development of health determinants and evaluate public health interventions.

The purpose of the report is to describe how the overarching public health objective and the 11 objective domains permeate the public health efforts during the period 2004–2013. The survey highlights how public health practice is systematised through setting up priority areas, planning and monitoring at local, regional and national levels.

The results show that the public health policy has facilitated systematic public health activities in most municipalities, county councils and regions. It is more common to use the overarching public health objective and the eleven objective domains in the planning rather than in the monitoring of public health interventions.

Half of the authorities and non-profit organisations that responded to the survey stated that they had good knowledge of Sweden’s public health policy, but few of them stated that the public health policy has facilitated their work to enhance population health. The overarching aim of the public health policy and the objective domains is used to a limited extent in the planning and following up of authorities’ and non-profit organisations’ work. However, all of the authorities and non-profit organisations that responded to the survey prioritise particularly vulnerable groups, first and foremost children, young people and the elderly.
In many cases the results show systematic work and progress in local and regional public health efforts in all aspects of the strategic areas Good Living Conditions, Health-promoting Living Environments and Living Habits, and prevention of Alcohol, Illicit Drugs, Doping, Tobacco and Gambling.

Welfare balance sheets, parental support and the Swedish National Board of Health and Welfare’s National Guidelines for Methods of Preventing Disease are examples of interventions that have had a very strong impact on the municipal and regional level over the past ten years. Examples of broad, cross-sectorial collaboration that encompass municipalities, county councils, regions, authorities, local and regional organisations, trade and industry, universities and civil society are described. Nonetheless, there is still room for development of different forms of collaboration.

The county administrative boards have prioritised public health efforts based on the objective domains focusing on alcohol, illicit drugs, tobacco and doping (ANDT) in the counties and regions. The new ANDT strategy is an important motor for work in this area and the objective is to develop structured, long-term, knowledge-based local ANDT activity.

Half of the municipalities and most of the county councils and regions use specific indicators to measure their public health efforts goals. Seven of the ten authorities that responded and ten of the 36 non-profit organisations use indicators that are relevant to the public health policy to monitor and measure their goals. This is in line with the attempts to establish goals and data for their own activities and for the local and city district levels that can be compared with development in the rest of the country.
Improved control and management systems at different levels were also considered important to develop the monitoring of public health efforts.

**Summarising reflections**

- The high participation rates in the survey and the examples described show that there is a high level of engagement among important public health actors at all levels to enforce the national public health policy.
- The majority of respondents (municipalities, county councils and regions) demonstrate that the national public health policy has facilitated systematic public health praxis.
- The national public health policy has been used as a tool, often in collaboration with other public health stakeholders, to prioritise efforts to create societal conditions for good health on equal terms for the entire population.
- Systematic public health efforts are being made regionally and locally in the three strategic areas: Good living conditions, Health-promoting living environments and living habits, and Alcohol, Illicit drugs, Doping, Tobacco and Gambling.
- The overarching public health aim and the eleven objective domains are used more often in the process of planning than in the monitoring public health efforts.
- Areas of improvement identified by stakeholders are a need for clear targets and a monitoring system for public health practices.
THE SWEDISH NATIONAL Institute of Public Health is the government agency responsible for the follow up, analysis and evaluation of the national public health policy. The overarching aim of public health efforts is to create societal prerequisites for good health on equal terms for the entire population. The starting point for all public health efforts in Sweden is the eleven objective domains for public health that were adopted by Parliament in 2003. These objective domains are:

<table>
<thead>
<tr>
<th>THE ELEVEN OBJECTIVE DOMAINS FOR PUBLIC HEALTH</th>
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<tr>
<td>1. Participation and influence in society</td>
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<td>2. Economic and social prerequisites</td>
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<td>3. Conditions during childhood and adolescence</td>
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<td>4. Health in working life</td>
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<td>5. Environments and products</td>
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<td>6. Health-promoting health services</td>
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<td>7. Protection against communicable diseases</td>
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<td>8. Sexuality and reproductive health</td>
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<td>9. Physical activity</td>
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<tr>
<td>10. Eating habits and food</td>
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<tr>
<td>11. Alcohol, illicit drugs, doping, tobacco and gambling</td>
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Public health thus encompasses a range of issues from the individual’s own choices and habits to structural factors such as external environments and democratic rights in society. In order to give a more general picture of the objective domains, the present report combines the eleven objective domains into the three strategic areas used in the Public Health Policy Report of 2010, viz. Good Living Conditions, Health-promoting Living Environments and Living Habits and Alcohol, Illicit Drugs, Doping, Tobacco and Gambling (ANDTS). The first of the three strategic areas encompasses the first three objective domains concerning factors on societal level, while the two other strategic areas encompass the remaining eight domains that mainly concern living environments or particular living habits. Many authorities work to a greater or lesser degree with the eleven objective domains, but the Swedish National Institute of Public Health is the government agency that monitors, analyses and evaluates the national public health policy. The purpose of this report is to describe how the overarching public health objective and the eleven objective domains permeate local, regional and national public health stakeholders’ public health efforts. The report is based on results from questionnaire surveys among representatives of municipalities, county councils and regions, county administrative boards, authorities that have public health commissions and non-profit organisations. The focus of the surveys was on the planning, prioritisation and monitoring of public health interventions.
Background

International perspective

The vision of reducing the unequal distribution of health is underpinned by a global value system, where health is perceived as a human right: “Everyone should have the opportunity and support to reach their full health potential and wellbeing”. Realising this vision is considered to be one of the biggest public health challenges of modern times. One reason to work for health on equal terms is that good health among the population is a driving force for the developing of society in general, an important factor for socio-economic development.

The health problems that both rich and poor countries have are becoming increasingly similar and they must be solved. In 2005 the World Health Organization (WHO) established the Commission on Social Determinants of Health. Its task was to highlight opportunities to attain equality in health and to work for global mobilisation. During the course of the work several countries, including Sweden have joined the commission as collaborating partners. The commission is urging the WHO and all governments to take the initiative for global action to influence the social determinants of health in order to attain health equality. It is possible to influence important determinants of health through both political decisions and people’s choice of living habits and lifestyle.

Many countries have public health objectives and public health policy strategies. Over time, however, there has been a shift away from the traditional public health policy towards “The New Public Health”. Sweden’s public health policy is one example and places the main emphasis on the importance of the social environment for public health. The Swedish model is a breakthrough for this innovative approach and is sometimes called the third wave of a public health revolution. This development means that the focus is shifted from the individual’s health resources and prerequisites
to issues that concern accessibility to health services, supportive environment, political control and social and economic development.

As a result, health of the population has gradually improved and life expectancy has doubled since the mid-1700s.

**Sweden’s public health policy**

In autumn 2000, commissioned by the Swedish government, the National Public Health Committee submitted its proposals for Health on equal terms – national objectives for public health. In April 2003, the Parliament decided on an overarching national objective and a sector-independent objective structure for public health efforts based on eleven objective domains. In spring 2008, the Parliament decided to reword the names of some of the public health policy’s objectives but the overarching aim structure was retained. In 2012 an official communication was published that clearly states that the individual’s acceptance of responsibility is to be supported through efficient collaboration between public, private and civil society stakeholders. Realisation of such a policy rests on five important building blocks:

- **Start** – Conditions during childhood and adolescence
- **Support** – To facilitate healthy choices
- **Protection** – Effective, safe protection against health threats
- **Collaboration** – Shared responsibility for good health
- **Strengthened knowledge control** – For more effective public health efforts

In line with the WHO’s Commission on Social Determinants of Health, Sweden’s Renewed Public Health Policy, emphasises the importance of a holistic and people-centered approach. The unequal distribution of health between and within different groups is considered to be a central problem, and Sweden’s public health policy emphasises the need for comprehensive public health reporting that enables the policy to be followed up through analysis and assessment of intervention outcomes in the eleven objective domains. The advantage of using the determinants of health as the starting point is that the objectives are accessible for political decision-making and can thus be targeted by interventions of various kinds.
Strategic collaboration on regional and local level

Sweden’s 290 municipalities are responsible for a large part of the services provided in the country. Among their most important responsibilities are pre-schools, schools, the social services and care of the elderly. The 21 county councils and regions (regions are county councils with a broader responsibility for regional development) are responsible for tasks that are
common to larger geographical areas and that often demand substantial financial resources. The most important task of the county councils and regions is to provide healthcare services and to strengthen the regions’ growth and development. Local and regional work is very important for the success of public health policy measures. Improving public health is often a long-term and complex effort since it can take many years to realise effects on health. It is also difficult to attribute the effects to specific interventions. Strategic collaboration between and within authorities, municipalities, county councils and regions, non-profit organisations, trade and industry and civil society is therefore important.
A short summary of the development of the determinants of health in the eleven objective domains can be found below. The eleven objective domains of the Swedish national public health policy, were divided in three strategic areas (figure 1): Good living conditions (objective domains 1–3 and parts of objective domain 6); Health-promoting Living Environments and Living Habits (objective domains 4–10); Alcohol, Illicit Drugs, Doping, Tobacco and Gambling (objective domain 11 and parts of objective domain 6).

Figure 1. Thematic diagram of the three strategic areas.

Good Living Conditions
The aim of the strategic area Good Living Conditions is to create opportunities for a good start in life. This can be promoted through the home environment, the environment in pre-school and school (Objective domain 3: Conditions during childhood and adolescence) and children’s attainment of an educational level that gives them the opportunity for employment, the economic prerequisites to support themselves and access to good housing (Objective domain 2: Economic and social prerequisites). Good
living conditions also includes possibilities to participate and have influence in society (Objective domain 1: Participation and influence in society) and access to healthcare on equal terms (Objective domain 6: Health-promoting health services).

- Turnout at general elections has been in decline since the 1970s but increased again at the general elections of 2006 and 2010. Turnout is lower among men than among women and lower among people with low levels of education (i.e. only compulsory education or less) than among people with high levels of education (i.e. post-secondary education).

- Almost every other young person lacks trust in other people and every third young person has experienced abusive behaviour.
• Unemployment among both women and men is lowest among persons with a high level of education and highest among those with a low level of education.
• The proportion of parents who live in relative poverty (i.e. have a dispos- sal income lower than 60% of the national median) has increased during the first decade of the millennium. Differences between groups have also increased. Single parents are particularly vulnerable; the proportion living in relative poverty has nearly doubled between 2000 and 2010. In 2010 relative poverty was roughly three times more common among single parents than among cohabitants with children.
• The proportion of children living in a household with relative poverty has increased in the last ten years, but on the other hand, the proportion of adults with children under 18 years, who do not have cash margin or have difficulties to cope with running costs has reduced.
• Parents’ education level increasingly influences children’s and young people’s prerequisites for achieving good results in school and the possibility of establishing themselves in the labour market. The proportion of pupils in year nine who was not eligible to study at upper secondary school has fallen during most of the period from 2000 onwards. The proportion of upper secondary school pupils receiving a final grade within four years, however, has remained relatively unchanged since 2000. In terms of eligibility for upper secondary school studies and final grade within four years, children of parents with a high level of education do considerably better than children of parents with a low level of education.

Health-promoting Living Environments and Living Habits
The strategic area Health-promoting living environments and living habits focuses on work environment (objective domain 4) and the physical and psychosocial environment where we live and spend our leisure time (objective domain 5). The environments can provide support in the work of promoting physical activity (objective domain 9), good eating habits (objective domain 10) and reproductive health (objective domain 8). The living environments (objective domain 7) can also be designed so as to reduce the risk of spreading contagion, accidents and violence (objective domain 5).
• Self-perceived ill-health due to work in the form of load- and stress-related problems has fallen in recent years. Women, however, report ill-health caused by work more often than men. The proportion of people who are dissatisfied with their jobs is higher among people with low education.
• Nitrogen oxides (NO\textsubscript{x}) emission in Sweden’s urban areas fell continuously during the 1990s but this positive trend has since diminished and no clear trend can be seen for the period from 2003 to 2011.
• Physical activity on prescription appears to be continuing to increase.
• The number of cases of Methicillin-resistant staphylococcus aureus (MRSA) has quintupled in Sweden over the past decade, from 425 in 2001 to 2,097 cases in 2012. MRSA is nowadays mainly spread in society at large rather than at hospitals, as was previously the case.
• An increasing number of teenagers are having abortions, although it is unusual for women to give birth in their teens in Sweden.
• The number of cases of rape reported to the police among persons 15 years of age or older has more than doubled over the past decade, from 1,798 in 2002 to a preliminary figure of 4,200 in 2012.
• Self-reported sedentary leisure time has remained unchanged among both men and women between 2004 and 2012. For both sexes, those with a low level of education are more often sedentary during their leisure time than those with a high level of education.
• Overweight and obesity have become more common in the population over the past two decades, with the greatest increase among persons below the age of 50. In both sexes obesity is more common among people with a low level of education than among people with a high level of education.
• The proportion of overweight children and young people is larger than ever and there are no indications that it is decreasing.
Alcohol, Illicit Drugs, Doping, Tobacco and Gambling

The aim of the strategic area Alcohol, illicit drugs, doping, tobacco and gambling is to reduce the use of alcohol and tobacco, lead to a society free of illicit drugs and doping and reduce the harmful effects of excessive gambling (objective domain 11 and parts of objective domain 6).

- Total alcohol consumption in the country rose between 2000 and 2004 and has fallen gradually since then. The preliminary estimate for 2012 is 9.1 litres of pure alcohol per inhabitant aged 15 or older. Annual consumption has also fallen over the past decade among pupils in year 9 at compulsory school and year 2 at upper secondary school.
- Daily smoking has been decreasing in the population since 2004, mostly among women. In both men and women daily smoking is more common among people with a low level of education than people with a high level of education. Daily smoking has also decreased among pupils in year 9 in compulsory school over the period 2000 to 2011. Conversely, the number of daily smokers among pupils in year 2 in upper secondary school has increased among boys, although has remained unchanged among girls over the same period.
- Daily snuff (snus) use declined among boys in year 9 in compulsory school and year 2 in upper secondary school whereas it has not increased among girls between 2000 and 2011.
- Approximately 2% of the population have a problem with excessive gambling behaviour. This figure has remained unchanged over the past ten years. On the other hand, the proportion of problem gamblers among men between the ages of 18 and 24 has doubled since 1997/1998 and today almost one person in ten in the group has a problem with gambling for money.
- No change can be seen in the proportion of people who use cannabis between 2004 and 2012 for either sex. Cannabis use, however, is more common among men. Among school pupils, the use of illicit drugs since the beginning of the millennium has increased among boys, first and foremost in year 2 in upper secondary school.
- Doping is more common among men between the ages of 18 and 34 who work out at a gym on a regular basis, but no reliable data exists on the use of doping agents in Sweden. There are certain indications that doping may have become more common.
Method

Selection
A web-based survey was conducted to assess the impact of national public health policy over the past ten years. The sample selection for the survey was all municipalities, county councils and regions, county administrative boards, government authorities and non-profit organisations in Sweden. The survey questionnaire was aimed at individuals with overarching responsibility for public health issues in their organisations in terms of planning, implementing and evaluating. Among authorities and non-profit organisations, we selected those that according to appropriation directions were tasked with delivering basic information for the follow-up of the public health policy carried out by the Swedish National Institute of Public Health in 2010. Response rate for the municipalities was 76% (219/290), county councils and regions 90% (19/21), county administrative boards 67% (14/21), authorities 77% (10/13) and non-profit organisations 62% (36/58).

Questionnaire
The questions in the survey were of an overarching nature:

- Has the public health policy facilitated systematic public health efforts?
- Have the public health policy’s overarching objective and eleven objective domains been used in the planning and following up of local and regional public health efforts?
- Have any of the objective domains been given special priority over the past nine years?
- Are indicators used to measure the objectives of the public health efforts?
- What might improve the possibilities of using indicators to measure goal attainment in public health efforts?
Analyses and reporting
Most of the questions contained fixed responses according to a Likert scale (1=Fully agree, 2=Agree to a great extent, 3=Agree to some extent, 4=Disagree, and 5=Don’t know). To facilitate reporting we grouped the responses as 1=Agree (Fully agree, and Agree to a great extent), and as 2=Doubtful (Agree to some extent and Disagree).
Results

Municipalities – ten years of Swedish public health policy

Summary points

• The public health policy facilitated systematic public health efforts in the majority (74%) of the 219 municipalities that responded.
• The public health policy’s overarching objective and eleven objective domains are used more often in planning than in following up public health interventions.
• Objective domains given special priority to over the past nine years by the municipalities are Conditions during childhood and adolescence, Participation and influence in society, Physical activity, Eating habits and food and Alcohol and tobacco prevention.
• Half the municipalities use specific indicators to measure their public health efforts based on objective domains.
• To facilitate the use of indicators in measuring goal attainment in public health efforts, the municipalities suggested:
  – increasing availability of data at regional and local level for comparison with the country as a whole
  – more measurable goals for their own organisation’s public health efforts
  – better control and management systems and support from the national level.
Introduction
The municipalities carry out extensive public health efforts within all eleven national objective domains. The work done by the municipalities contributes in various ways to the fulfillment of the overarching aim of creating societal conditions for good health on equal terms for the entire population. Examples of this are child care and school, the social services, care of the elderly and urban development and environmental issues. The municipalities’ view of and application of the public health policy’s overarching aim is described below.

Systematic public health efforts in the municipalities
Of the 219 municipalities that responded, over half (53%) stated that the overarching national objective of the public health policy and the eleven objective domains (58%) fully or to a great extent guided their public health efforts. Most of the responding municipalities (74%) also state that the public health policy has facilitated their execution of systematic public health efforts, see figure 2. Three percent consider that the public health policy has not facilitated their work, 17% were unsure and 6% chose not to answer.

Figure 2. Has the public health policy facilitated systematic public health efforts in the municipalities (n=219)?
Those municipalities that stated that the public health policy had facilitated systematic public health efforts also believed that the policy contributed to raising the profile of public health for professionals, officers and politicians, and facilitated and provided guidance for the local public health goals, activity planning and welfare balance sheets. The public health policy’s objective domains were also stated as important grounds for political decisions.

**Planning and monitoring local public health efforts**

Over half (53%) of the 219 municipalities stated that they used the overarching public health objective and the eleven objective domains (61%) when planning their public health interventions. However, 34% and 31% respectively were more doubtful about using the overarching aim and the eleven objective domains in their planning, while 2% stated that they did not know and 11% and 7% respectively did not respond.

Fewer municipalities consider that they fully or to a great extent use the overarching public health objective (32%) and the eleven objective domains (45%) in following up their public health interventions. 45% and 50% respectively were more doubtful about using the overarching aim and the eleven objective domains in their following up. 6% said that they did not know and 12% and 6% respectively chose not to answer these questions.

The measures that the municipalities have implemented over the past nine years to reduce health inequalities between different groups, in addition to their basic tasks, have focused on two things: codes of practice and strategic forms of work and public health projects. A common theme among the examples was collaboration between stakeholders in different sectors at the regional and local levels.
Prioritised areas over the past nine years

Good Living Conditions

The municipalities were asked to make an assessment of which objective domains they had given highest priority over the past nine years. The strategic area Good living conditions contains four objective domains and the municipalities were allowed to choose two. Figure 3 shows that the highest priority was given to the domains Conditions during childhood and adolescence (82%) and Participation and influence in society (56%). Some, however, gave higher priority to the domains Economic and social prerequisites (16%) and Health services (7%). The restriction to two objective domains should be considered when interpreting the results.

Figure 3. Prioritised areas in the strategic area Good living conditions
Health-promoting living environments and living habits

The municipalities were asked to make an assessment of which objective domains they had given highest priority over the past nine years. The strategic area Health-promoting living environments and living habits contains six objective domains, see figure 4. The three objective domains that were given highest priority over the past nine years were Physical activity (69%), Eating habits and food (57%) and Health in working life (26%). Some municipalities stated that they had given highest priority to Environments and products (21%), Sexuality and reproductive health (13%) and Protection against communicable diseases (3%) over the past nine years, (see figure 4).

Figure 4. Prioritised areas in the strategic area Health-Promoting Living Environments and Living Habits.
Alcohol, Illicit Drugs, Doping, Tobacco and Gambling

The municipalities were asked to make an assessment of which areas they had given highest priority in their public health efforts on alcohol, illicit drugs, doping, tobacco and gambling (ANDTS) over the past nine years. Municipalities were asked to rank three areas according to which of them they had given highest priority (see figure 5). Alcohol (78%), tobacco (72%) and illicit drugs (52%) were given highest priority over the past nine years and only a few municipalities had prioritised doping (6%) and gambling (1 municipality).

Figure 5. Prioritised areas in the strategic area ANDTS

![Figure 5](image-url)
**Indicators used to measure the results of public health efforts**

Municipalities were asked if they use indicators to measure goal attainment in their public health efforts, see figure 6. Of the 219 municipalities, 55% stated that they did and 29% that they did not. Sixteen percent did not respond.

**Figure 6.** Does your municipality use indicators to measure goal attainment in public health work (n=219)?

![Pie chart showing the distribution of responses: 55% Yes, 29% No, 16% Did not answer.]

Some of those that stated that they used indicators noted difficulties in their use and that they sometimes lacked support in their efforts. Some stated that they had recently begun using indicators in the follow-up or were about to begin. Another group said that they had indicators but did not follow them up. The ones that did not use indicators in their follow-up of public health interventions said that they had problems in organising and managing the follow-up work. Political interest had varied, changed or hampered continuity in this regard.
Goal attainment in the municipalities’ public health efforts

Municipalities were asked what would facilitate the use of indicators to measure goal attainment in their public health efforts, figure 7. All municipalities answered the question with 57% stating that more measurable goals for the organisation’s public health efforts would facilitate their use, and 54% stated that better access to data at regional and local level would assist in this regard. Other aspects that would facilitate indicator use were better control and management systems (36%), more support from the national level (32%), more knowledge about the eleven objective domains (18%) and more legislation (15%).

Figure 7. What can improve the possibilities to measure goal attainment in the municipality’s public health interventions (n=219)?
County administrative boards
– ten years of Swedish public health policy

Summary points

• One third of the county administrative boards that responded felt that the public health policy had facilitated systematic public health efforts.
• The county administrative boards prioritised assignments to implement the ANDT policy in the county. The objective of the work was to develop a structured, long-term, knowledge-based local ANDT work.
• In the planning and monitoring of their work, they used the public health policy’s objective domains more often than the overarching aim. Few of the county administrative boards regularly used impact assessments to see how decisions influenced the population’s health.
• To facilitate the use of indicators to measure goal attainment in their public health efforts, the county administrative boards stated that better access to data at regional and local level, more measurable goals for the county administrative boards’ public health efforts, and support from the national level would help.

Introduction

The county administrative boards are the government’s representatives in the 21 counties and are tasked with ensuring that the objectives that the government and Parliament have established are fulfilled while at the same time taking the county’s abilities into consideration. A county administrative board is thus a government authority, as opposed to a county council which is a kind of secondary municipality, with an assembly elected by the county’s inhabitants.
**Systematic public health efforts, Planning and monitoring**

Five county administrative boards out of 14 fully or to a great extent agreed that the public health policy had facilitated their monitoring efforts. Half (7) agreed to some extent or not at all, one did not know and one chose not to answer the question, see figure 8.

**Figure 8.** Has the public health policy facilitated your authority’s (n=14) efforts that influence the population’s health? Actual number.

![Chart showing responses to the question](chart.png)

Two of the 14 administrative boards used the public health policy’s overarching aim fully or to a great extent in the planning of their activities while the corresponding figure for the eleven objective domains was five. A similar response pattern can be seen regarding the use of the public health policy’s overarching aims in following up activities. Few of the county administrative boards (2/14) regularly used impact assessments to see how decisions influenced the population’s health.

**The county administrative boards prioritise work on alcohol, tobacco, illicit drugs and doping**

**Dissemination of the government’s ANDT strategy**

The county administrative boards have been tasked with disseminating the objectives and focus of the ANDT policy throughout the county and to contribute to and support the development of structured, long-term knowledge-based work. An earlier survey, conducted on behalf of the Swedish National Institute of Public Health, showed that 8 of the country’s 21 county administrative boards said that they had a regional strategy for ANDT prevention in 2011. A further eight counties were working in 2011 to develop
such a regional strategy. In order to disseminate the government’s ANDT strategy, the coordinating function at the country’s county administrative boards carried out a large number of activities, including visits to municipalities to disseminate and discuss the objectives and focus of the strategy. In all, the municipal management of 76 municipalities in 16 counties were visited for this purpose in 2011.

**Regional collaboration on ANDT prevention work**

The ANDT strategy emphasises the importance of collaboration at both the regional and local level and the results of the 2011 survey show that the county administrative boards collaborated with several different stakeholders. Twenty county administrative boards had arranged meetings with non-profit organisations. There is, however, room for more collaboration with the private sector at the regional level, as only eight county administrative boards had business representatives in the county’s collaboration group in 2011. Collaboration between regional ANDT prevention and crime prevention work permeated many of the activities and this collaboration was first and foremost with the police. Thirteen of 21 counties had a regional collaboration group in 2011 and the police were represented in twelve of them.

**ANDT prevention efforts in the municipalities**

Among municipalities 80% had a municipal ANDT coordinator in 2011 and of these 30% had more than a half-time position for the prevention work. Additionally, 60% stated that they had a political programme for the ANDT preventive work but in half of these municipalities the political programme was three years old or older. Common interventions in the municipalities in 2011 included drug-free activities, alcohol and drug surveys among school pupils, cooperation for earlier detection of use of illicit drugs and education of serving staff in the Responsible Beverage Service method. Almost 70% of the municipalities stated that they had a parents’ programme regarding alcohol and drugs among children and youth in school years 6–9 in 2011. In 62% of the municipalities, work was also done to get the media to give more publicity to alcohol and drug issues. Action to restrict accessibility, including crime prevention work and countering peddling and the sale of alcohol and tobacco to minors, was carried out in 60% of the municipalities. Measures to maintain the age limits
for the sale of alcohol and tobacco had been respectively implemented in 62% and 59% of the municipalities. Fifty-five percent of the municipalities were also working to establish smoke-free schoolyards in 2011.

**Goal attainment the county administrative boards’ public health efforts**

To improve the possibilities of using indicators to measure goal attainment in their public health efforts, the county administrative boards stated that better access to data at regional and local level (6), more measurable goals for the county administrative boards’ public health efforts (2) and support from the national level (2) would help, see figure 9.

**Figure 9.** What can improve the possibilities to measure goal attainment in the county administrative board's public health interventions (n=14)?
County councils and regions
– ten years of Swedish public health policy

Summary points

• The public health policy has facilitated systematic public health efforts in the majority (17) of the 19 County councils and regions that responded.
• The public health policy’s objective and the eleven objective domains are more often used in planning than following up public health interventions.
• The objective domains that the county councils and regions have prioritised over the past nine years are Living conditions during childhood and adolescence, Health-promoting health services, Physical activity, Sexuality and reproductive health and preventive work on alcohol and tobacco.
• Most county councils and regions use specific indicators to measure goal attainment in their public health efforts.
• In order to make it easier to use indicators to measure goal attainment in their public health efforts, the county councils and regions would like to have
  – better control and management systems
  – better access to data at regional and local level that can be compared with the whole country
  – more measurable goals for the for their own organisation’s public health efforts and support from the national level.

Introduction

The activities of the county councils and regions play a very important role in the population’s health. The work done by the county councils and regions to fulfill the overarching aim of creating societal prerequisites for good health on equal terms for the entire population contributes in different ways. All of the eleven national objective domains in the public health policy are in one way or another relevant to the county councils. Here we describe the county councils’ and regions’ perception and application of the public health policy’s overarching aim and the eleven objective domains.
**Systematic public health efforts in county councils and regions**

Fourteen of the 19 county councils and regions that responded stated that their public health efforts is guided completely or to a large extent by the overarching national objective of the public health policy, and 10 stated that the eleven objective domains guided their efforts. Seventeen councils considered the public health policy to have made it easier for them to conduct systematic public health efforts, while 2 answered that they were uncertain, see figure 10.

*Figure 10.* Has the public health policy facilitated systematic public health efforts in county councils and regions (n=19)? Actual number.

Those that stated that the public health policy had contributed to more systematic public health efforts also stated that, for example, the policy had provided structure in the work and given the area status and mandate. Some considered that the national public health policy was the basis for regional work. The overarching aim and the eleven objective domains made it easier to define public health and how it related to individual choices. One respondent, however, stated that the national public health policy’s objective domains risked leading to a scattering of efforts that ultimately did not promote the overarching aim.
Planning and monitoring public health efforts in county councils and regions

Fourteen of the 19 county councils and regions stated that the overarching aim of the public health policy fully or to a great extent guided the planning of their public health interventions, whereas 9 stated the same regarding the objective domains. Others were more doubtful about using the overarching aim and the eleven objective domains in the planning of their public health interventions (4 and 10, respectively). One county council did not answer the question about whether the overarching aim was used in the planning.

Fewer county councils and regions considered that they fully or to a great extent used the overarching public health objective and the eleven objective domains in following up their public health interventions (5 and 7, respectively). More were doubtful about using the overarching aim and the eleven objective domains in their monitoring work (13 and 11, respectively). One county council did not answer the question about whether the overarching aim was used.

The county councils and regions reported several examples of measures taken over the past nine years that were in line with the overarching public health objective. Most were interventions that focused on codes of practice and strategic forms of work, and several examples emphasise the cross-sectorial collaboration.
Prioritised areas over the past nine years

*Good Living Conditions*

The county councils and regions (19) were asked to make an assessment of which objective domains they had given highest priority to in their public health efforts over the past nine years. The strategic area Good living conditions contained four objective domains and the municipalities were allowed to choose two. The two objective domains with highest priority were Conditions during childhood and adolescence and Health-promoting healthcare (17 and 15, respectively). Other prioritised objective domains were Economic and social prerequisites (4) and Participation and influence in society (2), see figure 11.

**Figure 11.** Prioritised areas in the strategic area Good living conditions, actual number.
Health-promoting living environments and living habits

The county councils and regions were asked to make an assessment of which objective domains they had given highest priority to in their public health efforts over the past nine years. The strategic area Health-promoting living environments and living habits contains six objective domains and the municipalities were allowed to choose three of these. The objective domains with highest priority were Physical activity (16), Sexuality and reproductive health (14) and Eating habits and food (8), followed by Protection against communicable diseases (5), Environments and products (5) and Health in working life (1), see figure 12.

Figure 12. Prioritised areas in the strategic area Health-Promoting Living Environments and Living Habits, actual number.
Alcohol, illicit drugs, doping, tobacco and gambling

The county councils and regions were asked to make an assessment of which areas they had given highest priority in their public health efforts on alcohol, illicit drugs, doping, tobacco and gambling (ANDTS) over the past nine years. They were allowed to choose three of the five areas. Highest priority was given to tobacco (17) and alcohol (13), followed by illicit drugs (1), doping (1) and gambling (1), see figure 13.

Figure 13. Prioritised areas in the strategic area ANDTS, actual number.
Indicators used to measure the outcome of the county councils’ and regions’ public health efforts

County councils and regions were asked to state whether they used indicators to measure the outcome of the interventions and ensure that the objectives of the public health efforts are fulfilled, figure 14. Fifteen of the 19 county councils and regions stated that they used indicators to measure goal attainment in their public health interventions and 4 stated that they did not.

Figure 14. Do county councils and regions use indicators to measure goal attainment in public health efforts (n=19)? Actual number.
Goal attainment in the county councils’ and regions’ public health efforts

We asked the county councils and regions (19) what would make it easier for them to use indicators to measure goal attainment in their public health efforts. All 19 county councils and regions answered the question and half considered that better control and management systems (12) would help. Almost half wanted better access to data at regional or local level (9) and more measurable goals for their organisation’s public health efforts (8). Fewer considered that they needed more support from the national level (5) and more legislation (2). None said they needed more knowledge of the eleven objective domains, figure 15.

Figure 15. What can improve the possibilities to measure goal attainment in county councils’ and regions’ public health interventions (n=19)?
Authorities – ten years of Swedish public health policy

Summary points
• Five of the ten authorities were well acquainted with Sweden’s public health policy.
• The public health policy was considered to have facilitated those parts of the authorities’ work that have an impact on the population’s health to only a limited extent, including planning and monitoring.
• All ten authorities prioritised particularly vulnerable groups, first and foremost children, young people, and the elderly.
• Seven of the ten authorities used indicators that were relevant to the public health policy to follow up and measure goals.

Introduction
Central authorities like the Swedish National Institute of Public Health, the Swedish Institute for Communicable Disease Control, and the National Board of Health and Welfare have a major impact on public health in the execution of their assignments. These authorities act as national knowledge centres, they are responsible for following up and evaluating the development of public health and measures in the field of public health, and they exercise supervision and epidemiological supervision. One of the Swedish National Institute of Public Health’s tasks is to follow up and evaluate measures in the public health field, but the public health policy is multi-sectorial and the work of several other authorities’ is of importance to the development of public health.
Planning and monitoring

Those authorities that answered the questionnaire (10/13) represent activities that concern all eleven objective domains, see figure 16.

**Figure 16.** Which of the public health policy’s objective domains agree(s) best with your activities (n=10)? Actual number.

Of the 10 authorities that answered the questionnaire, half (5) were fully or very well acquainted with Sweden’s public health policy, and four were not so well acquainted with the public health policy.
Three (3/10) authorities fully or to a great extent agreed that the public health policy had facilitated their work to influence the population’s health, figure 17. Five agreed to some extent or not at all, 1 did not know and 1 chose not to answer the question.

**Figure 17.** Has the public health policy facilitated your authority’s (n=10) efforts that influence the population’s health? Actual number.

Only one of the ten authorities stated that they use the public health policy’s overarching aim and the eleven objective domains in full or in part in planning and following up the activities.

**Prioritisation of target groups**

All ten authorities prioritised particularly vulnerable groups, see figure 17. One third (3) listed children, young people and the elderly, but other groups were also prioritised, for example based on disability (2), socio-economic circumstances (1), ethnic affiliation or religious belief (1) and sexual preference, trans-gender identity or expression (1). One authority stated that they represented the government in dialogue with the county councils on their cultural plans and in that respect the importance of work with children and young people, equality, accessibility, national minorities and national and international work were emphasised. Six authorities answered that they prioritised other groups than the ones given, for example discrimination due to disability, groups that run a greater risk of being exposed to a communicable disease, and persons who come in contact with harmful effects from radiation.
Authorities use indicators to measure goal attainment in their public health efforts

Seven of the ten authorities used indicators to follow up goals that are of relevance to the public health policy, see figure 18. One example of an indicator is the number of domestic cases of disease communicated between animals and humans (zoonosis).

**Figure 18.** Does your authority \((n=10)\) use indicators to measure goal attainment in the objective domains that are relevant to the public health policy? Actual number.
Non-profit organisations – ten years of Swedish public health policy

Summary points
- Sixteen of the 36 organisations were well acquainted with Sweden’s public health policy.
- The public health policy was considered to facilitate to only a limited extent those parts of the organisations’ work that has an impact on the population’s health.
- The overarching aim of the public health policy and the eleven objective domains are used to a limited extent in the planning and following up of the organisations’ efforts. But those who do use them consider them to be a good support.
- All 36 organisations prioritised particularly vulnerable groups, first and foremost children young people and the elderly.
- All 36 organisations had a broad collaboration with other societal stakeholders who influenced the population’s health.
- Ten of the 36 organisations used indicators to measure effects and follow up goals that were relevant to the public health policy.

Introduction
Non-profit organisations are separated from the state. The non-profit sector plays an important role in Swedish society as an opinion-former and executor of welfare services, not least in public health efforts. Most non-profit organisations are funded among other things through grants from the state, the municipalities and the county councils, and through membership fees. Many organisations are engaged by municipalities and county councils to carry out interventions in the public health policy’s objective domains.
Planning and following up

Those non-profit organisations that answered the questionnaire (36/60) collectively conducted activities in all of the eleven objective domains, see figure 19.

Figure 19. Which of the public health policy’s objective domains agree(s) best with your activities (n=36)? Actual number.

Of the 36 organisations that answered the questionnaire, 16 were fully or very well acquainted with Sweden’s public health policy, and half (18) were not so well acquainted with the public health policy.
Seven organisations fully or to a great extent agreed that the public health policy had facilitated their work to influence the population’s health. Over half (19) agreed to some extent or not at all, 9 did not know and 1 chose not to answer the question, see figure 20.

**Figure 20.** Has the public health policy facilitated your organisation’s (n=36) efforts that influence the population’s health? Actual number.

![Pie chart showing responses]

Six of the 36 organisations used the public health policy’s overarching aim and the eleven objective domains fully or to a great extent in planning their activities. A similar pattern was seen regarding the use of the public health policy’s overarching aims in following up their activities.

**Prioritisation of target groups and collaboration**

Most of the organisations (36) prioritised particular groups in their activities, based first and foremost on age (23), such as children, young people and the elderly, but also the disability (11), socio-economic circumstances (11), gender (8), ethnicity or religious faith (8) and sexual preference, trans-gender identity or expression (7). Eight organisations did not answer the question and three stated that they prioritised other groups than the ones given, such as politicians and decision-makers. Most of the organisations (36) collaborate with other stakeholders on issues that concern the population’s health. The majority (33) collaborate with other non-profit organisations, more than half with authorities (e.g. the police, the social insurance office, the public employment service, etc) and municipalities (e.g. child and family care, school culture and leisure). Just under half (16) collaborate with county councils (e.g. primary care: maternity care, child healthcare, social and medical counselling centres for young people, and
psychiatric and hospital care services). Three organisations collaborate with the private sector (e.g. local businesses).

**Use indicators to measure the outcome of the organisation’s public health efforts**

We asked the organisations if they use indicators to follow up and measure the organisations’ outcomes that are relevant to the public health policy. Ten of the 36 organisations answered that they use indicators, see figure 21. They gave examples of indicators, such as within the framework for traffic policy objectives (e.g. Vision Zero) linked to the public health policy.

**Figure 21.** Do non-profit organisations use indicators to measure goal attainment in public health efforts (n=36)?
Discussion

Systematic work and progress in public health efforts

The results of the survey show that there is a common theme in international recommendations, the national public health policy and local and regional public health efforts. Most municipalities, county councils and regions to a great extent conduct active public health efforts on a broad front with each other and other public health stakeholders separate. A survey conducted in 2009 showed that municipalities, county councils and regions wanted to improve, among other things, efforts to develop important policy documents within the framework of public health efforts. This survey shows that many municipalities, county councils and regions consider the most important interventions they have worked with over the past nine years to be developing policy and strategy documents for their activities and operations. Public health is an integrated perspective in regional development plans and some have established social investment funds. This is indicative of systematic work and progress in local and regional public health efforts. One example of regional development is the Malmö commission’s work for socially sustainable development with the aim of achieving better and more equal health development in Malmö. The commission aimed to find a common frame of reference for how the concepts public health, equality, socially sustainable development and sustainable development are linked together. Their starting point is the Brundtland commission’s model to describe sustainable development that centres around the human-ecological system.

Municipalities, county councils and regions generally focus on conditions during childhood and adolescence, one of the objective domains in strategic area 1, Good living conditions. Good living conditions allow individuals to make personal decisions that affect health more positively. Leaving school with complete grades and finding employment are of great importance for develops positive health development later in life. Good
living conditions also creates the grounds for better health in the other two strategic areas.

The results demonstrate that different project work being done to strengthen children’s conditions while efforts focused on growing up is more strategic in some municipalities and county councils, for example through health-promoting interventions in schools and child balance sheets where the interventions are followed up and analysed.

One municipality has drawn up a plan for children and young people based the United Nations Convention on the Rights of the Child that is to permeate the work all committees, administrations and units. Physical activity, eating habits, alcohol and tobacco have been prioritised in most municipalities, county councils and regions over the past nine years. These areas are on the focus of the Swedish National Board of Health and Welfare’s
National Guidelines for Methods of Preventing Disease, although these have not yet been fully introduced throughout the country. Many have recently begun to develop codes of practice and projects for achieving health on equal terms. Equality work is ongoing in several areas with the support of the Swedish Association of Local Authorities and Regions (SKL) and many county councils and regions have joined networks for Health Promoting Hospitals and Health services. It is therefore hopeful that positive development will continue in these areas in the coming years.

Most of the county administrative boards say that the public health policy has facilitated systematic public health efforts. This view is not as strong among the responding county administrative boards, authorities and non-profit organisations, although they do prioritise particularly vulnerable groups, first and foremost children, young people and the elderly in their interventions. This shows that the overarching public health objective is taken into consideration to some extent. All authorities and non-profit organisations have their own codes of practice, which might also explain why many of them do not use the overarching public health policy objective and the eleven objective domains as their starting point in their planning and following up.

**Using scientific support to strengthen monitoring**

Goal-oriented work based on the public health policy’s eleven objective domains is more common in municipalities and county administrative boards, while county councils base their efforts more on the overarching aim. More than half of the municipalities, county councils and regions use the overarching aim and the eleven objective domains in planning their interventions. But considerably fewer use them in monitoring their interventions, in particular the overarching aim.

This may be due to the presence of clear indicators for the public health policy’s objective domains, while there is no corresponding indicator for the overarching aim.

Some municipalities pointed out problems with follow-up efforts, stating that monitoring statistics for the health determinants need to be more closely linked to specific activities. The indicators cannot always be cohesively linked to interventions as the effects of these often come much later.

The municipalities and county administrative boards also express the need for data at municipal and city district levels that can be compared to
data at national level. Some municipalities are also suggesting more support from the national level to be able to provide this sort of comparison data. To improve public health efforts, following up and comparing local and regional results with the rest of the country is important. Statistics are available from many sources today but cannot always be compared due to differences in wording and selection methods.

In other municipalities, those who work with public health are asking for more resources, support and interest from the municipal management. Public health efforts need to permeate all of the municipality’s activities and not just a few sections. In these cases the public health policy provides little support. This may be one of the reasons why many municipalities, county councils and regions request better control and management systems and more goals in their own activities.

Methods with scientific support are being increasingly used, first and foremost in parental support and living habit interventions. The Swedish National Institute of Public Health believes that systematic work with grading of evidence will contribute to continued knowledge development in the field of public health. Over the long term, this work can improve the scientific support for different public health interventions.
Summarising reflections

- The high participation rates in the survey and the examples described show that there is a high level of engagement among important public health actors at all levels to enforce the national public health policy.
- The majority of respondents (municipalities, county councils and regions) demonstrate that the national public health policy has facilitated systematic public health praxis.
- The national public health policy has been used as a tool, often in collaboration with other public health stakeholders, to prioritise efforts to create societal conditions for good health on equal terms for the entire population.
- Systematic public health efforts are being made regionally and locally in the three strategic areas: Good living conditions, Health-promoting living environments and living habits, and Alcohol, Illicit drugs, Doping, Tobacco and Gambling.
- The overarching public health aim and the eleven objective domains are used more often in the process of planning than in the monitoring public health efforts.
- Areas of improvement identified by stakeholders are a need for clear targets and a monitoring system for public health practices.
The overarching aim of public health is to create the societal conditions for good health on equal terms for the entire population. The purpose of public health efforts is to attain the objective of giving the entire population the prerequisites for good health on equal terms. To achieve this, long-term public health measures and collaboration between different stakeholders in society are needed.

The Swedish National Institute of Public Health has been commissioned to monitor the development of the determinants of health and evaluate the interventions in the public health field.

This summarised version contains a compilation of most important results of the Ten years of Swedish public health policy report- the results from a survey of municipalities’, county councils’ and regions’ county administrative boards’, authorities’ and non-profit-making organisations’. The focus of the surveys was how certain public health interventions are prioritised, planned, executed, and followed up.

The objective of this summarised version in English is to give an overview of the results of Ten years of Swedish public health policy.