Attaining the goal of good health in Stockholm County will require joint action between the County Council, municipalities, government agencies, the voluntary sector, and the business community. Further, the County Council must work together with the county’s inhabitants towards influencing lifestyle-related ill health among women and men and girls and boys. With a knowledge-based, dynamic, long-term public health perspective, we can cooperate in order to provide the county’s inhabitants with the conditions necessary for good health.

In 2003, the Swedish Parliament adopted a series of national public health objectives. The overarching aim was to create the preconditions for good health among the entire population. Of particular importance is improving public health for the most vulnerable groups, such as young women, the long-term unemployed, and people in jobs that are mentally or physically highly strenuous.

A strategic choice was made when adopting the national objectives. Instead of using diseases or health problems as the basis, the point of reference would be the determinants of health, that is, how societal structures and the living conditions of individuals contribute to health or ill health.

To discern which factors influence health - and to what degree – it is important that public health work becomes even more evidence-based than is the case today. This will place special demands on the County Council’s public health work.

This public health policy makes clear that the various actors in the County Council are responsible for ensuring that their operations and activities are based on a health-promotion perspective. The County Council also influences the health of the county’s population through its role as one of the county’s largest employers. This does not mean, however, that the health and medical services do not play a key role in the County Council’s public health efforts; the health care system offers unique competence in health promotion as well as broad-based knowledge, authority, and a large contact interface with the population. Nevertheless, there is a growing need to supplement the traditional perspective of the health and medical services – that of alleviating and curing - with a health-oriented and health-promotion perspective.

Birgitta Sevefjord (Left Party)        Inger Ros (Social Democratic Party)
COUNTY COMMISSIONER FOR HEALTH       COUNTY COMMISSIONER FOR HEALTH

CROSS-PARTY STEERING COMMITTEE: Chair Birgitta Sevefjord (Left Party), 1st vice chair Bengt Cedrenius (Green Party), 2nd vice chair Torbjörn Rosdahl (Moderate Party).
MEMBERS: Cecilia Carpelan (Liberal Party), Håkan Jörnehed (Left Party), Dag Larsson (Social Democratic Party), Marie Ljungberg-Schött (Moderate Party), Inger Roos (Social Democratic Party), Jan Stefanson (Christian Democratic Party)
INTRODUCTION

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Directions for The Introduction of Stockholm County Council’s Public Health Policy

The National Public Health Target
It is the intention of the Stockholm County Council to work to achieve good health among the county’s entire population. A public health policy is required to provide all County Council activities with a common platform for this work.

The overall objective of the policy is good health on equal terms for all inhabitants in the county. This links up well with the national public health target and its objectives. It also fits well into our work to achieve a good environment and sustainable development; at a minimum, future generations must be able to enjoy the same quality of life as does today’s.

The Stockholm County Council is not only an important employer and economic actor; it also encompasses a high level of knowledge about health and ill-health and its causes. Since it is responsible for the county’s health care, public transport, and regional development planning, the County Council exerts great influence on public health and its determinants, particularly when working in coordination with the county’s municipalities and other actors.

All County Council departments and enterprises are mandated to review how their own activities affect the health of the county’s population and on the basis of this establish their own objectives and plans. Further, they are instructed to work towards attaining the overall objectives of the public health policy. The plans are to be followed up in the annual report of each department and enterprise and for the County Council as a whole. They are to be updated on an ongoing basis. Other County Council guidelines and action plans that underpin the public health policy are to be observed and followed.

The policy is divided into three sections: Objectives, background, and strategy. In the section on Objectives, the important tasks required to achieve each objective are described.
Objective 1. Good health for all

Reduced inequality in health

Good health in the population is a prerequisite for society to develop in a positive direction. The County Council can contribute to sustainable development through long-term promotion of public health in collaboration with other actors. This will be achieved this by working to create good living conditions and health equality.

Equality in health means that everyone, regardless of age, gender, class, ethnic or cultural background, sexual orientation, disability or other characteristics are to have a fair chance of reaching their full health potential.

Differences in living conditions lead to differences in health. Differences in the conditions of men and women and between different groups lead to inequality in health. Low levels of education, a lack of resources, and marginalisation all reduce people’s chances of achieving change, and all impact negatively on health. Social integration and good living conditions are therefore very important both for the health of the population and for the development of the county. This is particularly true with respect to children and young people. A determining factor for health is people’s sense of belonging and of being in control of their lives.

THE OVERALL OBJECTIVE OF THE SCC PUBLIC HEALTH POLICY: Good health on equal terms for all inhabitants in the county.

THE COUNTY COUNCIL’S DEPARTMENTS AND ENTERPRISES SHALL:

- Take into account differences in health between groups, with particular focus on gender, ethnic origin, and socioeconomic status.
- Counteract social exclusion and segregation and stimulate participation.
- Highlight the living conditions of boys and girls in accordance with the UN Convention on the Rights of the Child.
- Improve conditions for those population groups and areas in which average life expectancy is lower and health poorer.
- Plan and conduct public health work on the basis of knowledge of health determinants.
- Monitor health trends and health determinants in the county, and promote knowledge of living conditions and health equality.
- Work on coordination with other actors to create health-promoting living conditions and lifestyles.
Objective 2. A good environment

Improved environmentally-related health

Access to clean water, clean air and good outdoor and indoor environments are basic factors for good health. Healthy and safe environments and products prevent and counteract unnecessary injuries and diseases. Children and young people are at particular risk. Environmental effects during childhood and adolescence can affect health throughout later life.

The County Council is responsible for mapping and distributing information about the link between environment and health. This follows from the national environmental objectives as well as from objectives for public health and infectious disease control. Environmental legislation and awareness of environmental risks are important cornerstones of public health work. The links between the County Council’s internal environmental work and public health issues need to be further developed.

There are numerous risks in a big city; for example, substances that do not easily biodegrade become concentrated in the environment and the human body. Noise is a growing problem, and the need for peace and quiet in a big city needs to be addressed. Traffic does not just generate noise; it is also the single most important cause of local pollution. In this context, the County Council’s role as the county’s public transport authority provides great opportunities for health promotion work.

The biggest indoor health risks include tobacco smoke, dampness, radon, poor ventilation, and risks of injury in the home environment. The ways in which different types of radiation affect health must be monitored. Of particular importance is following up and working according to the County Council’s environmental programme, the action plan concerning allergies, and the county’s meals and food policy.

THE COUNTY COUNCIL’S DEPARTMENTS AND ENTERPRISES SHALL:

- Emphasise health aspects in their internal environmental work.
- Work actively to remove the risk of injury and environmental health risks.
- Work through contracts and purchasing agreements to create a health-promoting environment in the county.
- Work actively to collect and distribute information about links and measures regarding health and the environment.
- Emphasise health aspects in joint activities concerning regional and local environmental issues.
Objective 3. Good working conditions
Improved work-related health

The national public health target underlines the importance to public health of access to meaningful employment and good working conditions. A good working environment with equal opportunities can promote long-term health and lead to a lower rate of sickness absence. Inversely, insecure employment and working conditions can increase the risk of poor health and disease.

The Health and Medical Service Act, the Swedish Work Environment Act, and general knowledge about environmental hazards form the basis of the activities aimed at improving the working environment.

The greatest work-related health risks, apart from unemployment, include lack of influence and support, high demands and physical overloading, threats and violence, noise, air pollution, and other chemical factors.

In the county, both the public and private sectors have a large unstructured labour market with many temporary employees. A flexible labour market allows new businesses to grow quickly. This can be seen as a good thing by some groups, but can also involve health risks. It is mainly women and young people in short-term employments. Frequent structural and organisational changes can also impact negatively on health.

The school is a workplace, and pupils are also covered by work environment legislation. The school is also an arena in which health-promoting information can easily reach children and adolescents.

It is particularly important to continue to promote work-related health in the County Council’s own departments and enterprises by introducing – and following up – the County Council’s health plan and personnel policy.

THE COUNTY COUNCIL’S DEPARTMENTS AND ENTERPRISES SHALL:

• Promote a good work environment in its own operations and enterprises.
• Work actively to improve the health of its staff.
• Support health-promoting workplaces in its contractual and purchasing agreements.
• Identify and analyse links between working conditions and health, and inform the county’s actors of these links.
• Develop and distribute information about health risks and measures for a good work environment and health, as well as work-oriented rehabilitation.
• Promote a good work environment in schools and the care sector in collaboration with other work environment actors in the county.

“THE COUNTY COUNCIL IS TO HAVE ATTRACTIVE AND HEALTH-PROMOTING WORKPLACES WITH COMMITTED LEADERSHIP, EMPLOYEE PARTICIPATION AND ACTIVE WORK ENVIRONMENT WORK.”

(VISION FOR THE COUNTY COUNCIL HEALTH PLAN)
Objective 4. A healthy lifestyle
Healthier lifestyles and reduced lifestyle-related ill health

Our lifestyle increasingly affects our health. A good lifestyle improves health, and can help women and men with chronic diseases to reduce the impact of the disease on their lives. The foundation of our lifestyle is formed early in life, so that children, young people and young adults are particularly important target groups. Children with less favourable social backgrounds often have less healthy lifestyles. They should be made a priority group.

The national public health objective emphasises that physical activity, diet, sexual habits and the consumption of addictive substances such as tobacco, alcohol and narcotics, as well as gambling addiction, all affect our health.

The ability to make healthy choices is influenced by environmental conditions as well as the individual’s knowledge, skills and self-esteem. Lifestyle information is regularly presented on TV, on the radio and in newspapers and magazines. Objective and fact-based health information should be distributed to a greater extent than is the case presently through the County Council’s information channels and by staff in the health and medical services, preschools, schools, and other operations. This would facilitate it for the individual to evaluate the health information conveyed in the media, as well as serve as support in changing lifestyles.

It is of particular importance that the work with the County Council’s action plan against being overweight and obesity, HIV/STIs (Sexually Transmitted Infections,) and alcohol abuse proceeds. To a large extent, the lifestyle arenas and actors are found outside the County Council’s departments and enterprises. This means, for example, that working with the voluntary sector, municipalities, and the private sector is essential.

THE COUNTY COUNCIL’S DEPARTMENTS AND ENTERPRISES SHALL:

- Help individuals make healthy choices and develop a healthy lifestyle.
- Promote healthy habits such as good diet and exercise habits and safe sexuality.
- Counteract harmful habits such as smoking and the abuse of alcohol and other drugs.
- Help children and young people develop a healthy lifestyle.
- Map and distribute information about the links between lifestyle and health.
- Highlight and develop the work for improving the lifestyle of the county council’s own staff.
- Work with other actors to improve local and regional lifestyles.
- Promote a healthy lifestyle through contracts and purchasing agreements.
Objective 5. Good psychological health
Improved psychological health

Good psychological health is the basis of a functioning everyday life, good quality of life, and balance in life. Good self-esteem and self-confidence underpin individual growth.

Psychological ill-health is not the same thing as mental illness. Psychological ill-health means reduced mental functioning, such as fatigue, dejection, and listlessness.

Childhood and adolescence, family circumstances, and our social networks are of defining importance in our psychological health and our ability to cope with stress. Factors such as work environment, level of education, socioeconomic status, gender roles, and cultural footing all affect our ability to handle psychological stress. Personal loss, trauma, mental and physical suffering, excessive alcohol consumption or drug abuse are all factors that make people more vulnerable. Threats, violence, and fear of violence result in social isolation and psychological ill health. Substance abuse and men’s violence towards women are public health problems that have a great impact on close relatives, not least on children.

There is an alarming increase in psychological ill-health in Stockholm county, primarily among young people, and there is a continuing high suicide rate among the county’s young people. There are substantial differences in psychological health between men and women as well as between different ethnic groups and socioeconomic groups. This shows the importance of living conditions in attaining equality in psychological health.

The diversity of a big city provides people with great scope to live their lives as they wish. It is easy to meet new people; however, this does not automatically lead to the long-term social networks that we need to feel well. The difference between the media image of the individual’s possibilities to form his/her own life, and the crass reality, can lead to frustration and ill-health. Big cities also attract many people who are seeking anonymity due to psychological ill-health.

There are, then, several reasons to particularly address psychological ill-health in a metropolitan region. The County Council’s future public health work should aim to improve psychological health more than it does today. This should take place in collaboration with municipalities and other actors.
Factors affecting health

The public health policy is based on knowledge about those factors that have a positive or negative impact on health. These factors, which are part of the national public health objective, are also called health determinants. As illustrated below, these interact in various ways.
Society – its design and organisation – influences developments in public health. Working life, the physical environment, daily communications and cultural activities also affect human health. Unemployment, loneliness, and isolation increase the risk of ill health, while work, a sense of belonging, love, friendship and attention protect us from ill-health. An individual's potential for good health improves when the individual sees his/her life as meaningful and manageable.

Some lifestyle choices – exercise, a balanced diet, good sleep, and relaxation – contribute to good health. Tobacco, alcohol, and other drugs threaten it. Lifestyle is in turn affected by many factors such as traditions, financial situation, values and standards. The conditions in which children and adolescents grow up affect their current and future health.

If people are to make healthy and conscious choices, they need facts. Supportive standards, values, and access to resources make these choices easier. The community’s work and organisations must therefore make it easier for people to choose a good lifestyle. This applies particularly to young people who are looking for influence and guidance in their lives.

The Stockholm region

– natural features, population & society

Stockholm county is an area of great biological, cultural, and social diversity. The county contains landscapes typical of north and south, inland and coast. It has farmland and forest, small factory towns and large industrial towns, and the city of Stockholm itself with its metropolitan pulse.

The county is highly defined by the national capital, at the same time as it is part of the growing Stockholm-Mälaren Region. Important sources of employment are culture and services provided by the private and public sectors (not least within the County Council).

A defining feature of metropolitan areas is the constant influx of people to the city from the rest of the country and from abroad. Additionally, there is continual movement within the city. This creates social and geographic mobility that can be stimulating and provide new opportunities but which can also be difficult for those who need stability and calm.

The region covers a large surface area. This means that many people commute long distances, leading to long working days. The county also contains rural areas that have problems with a diminishing and ageing population.

The urban environment contains risks in the form of noise, exhaust fumes, and traffic. This can lead to clashes between public health objectives. For example, the need for transport and access to goods can clash with air quality demands. Population pressure propels a need for new housing areas at the same time as the need for recreational and green areas has to be met.

The work to achieve sustainable development and good public health requires that a balance be struck between economic, environmental, and housing ambitions.

One-fifth of Sweden’s population lives in Stockholm County. A large, and growing, proportion of the country’s teenagers and young adults live...
here. There are over 80,000 students in higher education in the county. Many of these have moved here to study and otherwise have only weak links to the region. All of these circumstances make it essential to conduct health promotion work that is future-oriented and to assume responsibility for public health throughout the county.

Compared to the rest of the country, the Stockholm region has a vigorous labour market - unemployment is relatively low. On the other hand, there are several areas in the county where the proportion of people in work is very low and where there are significant social problems.

The range of higher education on offer is insufficient to meet needs, while at the same time there is a large unstructured labour market for unqualified work.

Numbers of teenagers are growing, while the baby boomer generation of the 1940s is gradually leaving the labour market.

The growing number of elderly people makes great demands on medical and other care services. This increases the burden on those who are of working age. This is worrisome in light of the growing sense of exclusion experienced by young adults without jobs or homes of their own.

Many areas of the county have average incomes and social indicators that are far above the national average. Even if the county as a whole is characterised by diversity and a wealth of opportunity – economically, socially, and culturally – these opportunities are not always evenly distributed geographically or available to everyone. Housing is strongly segregated which results in differences in living conditions in different areas. Those who have a weak financial position, who suffer from ill health or who have no links with traditional Swedish culture may find it hard to take advantage of the opportunities on offer.

The health situation in Stockholm County

People in Stockholm County are living longer and healthier lives, and this is a trend that seems to be going to continue. But it also means that people are older when they do experience ill-health.

The 2003 public health report analyses health trends over the past decade and finds that the nature of public health has changed. Apace with substantial falls in mortality from cardiovascular disease, cancer, and injuries, there has been an increase in low-mortality health problems including pain, allergic diseases, and self-reported psychological ill-health.

The health situation of single mothers and young adults deteriorated during the 1990s. It should be pointed out that some groups with big health risks, such as the homeless, the mentally ill and new immigrants, are not visible in this type of population study. For this reason, there is a need for more in-depth and complementary studies of the health situation.

Some conditions are more common in women than in men, such as psychological ill-health and diseases of the musculoskeletal apparatus. Since the late 1990s, there has been a clear rise in the number of people on long-term sickness leave and disability pensions. This has primarily affected women working in the health and medical services.
Self-reported health is generally poorer among women than among men. At the same time, the average life expectancy among men is five years lower than that of women. Contributing factors in this include a much higher male mortality from alcohol-related diseases, injuries, and lung cancer.

There are growing health gaps between different groups in society; not just between women and men, but also between different socioeconomic groups, between geographical areas of the county, and between those born in Sweden and those born abroad.

Lifestyle factors that impact on health show positive trends in some areas but negative ones in others. Fewer people smoke, but smoking is still the single greatest health risk. Being overweight and obesity are rising steeply in all age groups. There is also a troublesome increase in alcohol consumption among both women and men.

The 2004 “Worklife and Health” report shows that many working people have problems in their neck, shoulder, and lumbar regions. Many jobs still involve heavy physical strain. Work-related impairments in psychological well-being are becoming more frequent. This is particularly common among female nursing assistants and other care-giving groups.

It is suspected that environmental factors have contributed to the steep rise in allergies in recent decades. Eczema and allergy problems in the respiratory tract are common in the health care services and in professions where air pollution is present.

The 2003 Public Health Report points to some circumstances which are particularly important in achieving the national public health target:

- There is a link between health gaps and inequality and segregation, and these gaps are expanding.
- Unhealthy lifestyles are a growing threat to health.
- Psychological health is an increasingly important resource in society.
- The interplay between social development, the environment, the work environment and living conditions continues to be highly important for health.

Public health at different times of life

The prerequisites for good health, and how much support people need, vary throughout life. Children and adolescents, young adults, those in “mid-life” and the elderly all have their specific problems as well as possibilities. The proposed measures under each text are to be regarded as an inspiration and basis for discussion.
CHILDREN & ADOLESCENTS

Secure, favourable conditions in which to grow up are crucial in determining the health and well-being of children and young adolescents, whose health is important for long-term public health and regional development.

The situation of parents affects how children grow up; children from more disadvantaged situations more often experience poor health, being overweight and injuries. This might apply to children in areas where there is high unemployment and significant social problems, or to children who grow up in relative poverty or with parents who are mentally ill or substance abusers. The increase in psychological ill-health among children and young people should be particularly addressed.

Society is responsible for providing children and adolescents with support that compensates, when possible, for differences in living conditions. The antenatal clinic, paediatric clinic, preschool, school and after-school centre all have an important role to play here. But children and young people should also be allowed to assume responsibility for their own health as much as their capacity allows.

Attention must also be paid to the varying circumstances for different groups and regions, and between those for boys and girls, if improvements in equality in health are to be achieved.

The teenage years are the time when adult lives and identities are shaped. Young people try out adult behaviours. Parental knowledge and support are important, as is access to support from other close adult relatives. The immediate social environment is also very important in forming alcohol and tobacco habits. Additionally, the teenage years are the years in which the basis of good sexual health can be established through communicating a positive attitude towards sexuality, factual sex education, and access to sexual and contraception advisory services for adolescents.

The UN Convention on the Rights of the Child emphasises that the rights of children and young people to play, education, information, and influence and participation are important for their health and well-being. Children and young people must be allowed to express their views and influence both their own situation and social developments as a whole.

WHAT CAN BE DONE TO SUPPORT THE HEALTH OF CHILDREN AND YOUNG PEOPLE:

- Work from the perspective of children’s needs and improve collaboration between various actors in the interests of the child.
- Help create favourable environments in the region for children to grow up in.
- Provide general supportive measures related to family building and giving birth.
- Help and encourage children and young people to assume responsibility for their own health as far as possible.
- Support adults in their role as parents.
- Support a health-promoting preschool, school, and leisure.
- Ease young people’s transition into adult life by allowing them to develop their personalities and self-esteem.
- Highlight positive lifestyle choices.
- Develop indicators with which to monitor the health of children and young people.
YOUNG ADULTS
The period of youth has become prolonged, and people between the ages of 20 and 30 years are today called young adults. Of these, three out of four in Stockholm County say that they are happy with life as a whole. Some areas and groups, however, demonstrate negative health trends. Ill-health among young adults is partly caused by structural social problems that can only be dealt with using coordinated measures.

The increasingly tough demands of the labour market mean that young people often find it hard to find a steady job. The problematic housing situation in Stockholm means that many young people are excluded from the housing market. People are settling down and starting families later and later in life.

These factors impede good health in young adults and make it difficult for them to live independent lives and take full responsibility as members of society. A sign of this is that fewer young people vote in elections and that fewer and fewer are getting involved in politics.

The media image of a society in which everyone is able to control their own future can be frustrating for those who do not have the resources to achieve their goals. This is particularly noticeable in young adults who suffer discrimination, or who leave school with incomplete qualifications.

Several studies show that many young adults feel dejected and tired, and have relationship problems. Many of them turn to the health and medical services. More relevant supportive measures could be provided outside the framework of the health and medical services. The County Council must work together with municipalities and other bodies to promote psychological health.

There are health risks in the lifestyles of young people, and these risks are rising significantly in several areas. There is a steep rise in alcohol consumption among both women and men. High alcohol consumption is associated with a greater risk of violence and drug abuse. Unwanted pregnancy and sexually transmitted infections, including HIV, pose health risks to young people. Being overweight is increasing, and is especially prevalent among the young men of the county. Knowledge of risks and alternative options, and good self-esteem, make people better able to make healthy choices.

WHAT CAN BE DONE TO SUPPORT THE HEALTH OF YOUNG ADULTS:
- Boost the participation of young people in planning, decision-making, and democratic processes.
- Enhance knowledge about what can improve the health of young adults.
- Counteract segregation and discrimination.
- Together with other actors, improve the circumstances of young adults in society as a whole, including in the labour and housing markets, education, culture and health care.
- Improve young adults’ own resources for reducing psychological ill-health.
- Help young people to make healthy lifestyle choices.
- Support safe and equal sexuality.
**MID-LIFE**

In the mid-life period, most people’s lives are dominated by parenthood and work. In Stockholm County, women have their first child on average around the age of 30. Late entry into adult life and the delay in starting a family mean that the period with small children nowadays often coincides with the period in which people are most involved in their jobs and perhaps must help ageing parents. From a health viewpoint, it is important that there is a balance between demands and control. Public services must therefore be designed on the basis of the needs of their users.

The Stockholm region has many single-person and single-parent households, although this varies widely within the county. In some municipalities, one of every three children lives with only one parent. The health of single mothers deteriorated in the 1990s. Due to the high level of migration into the county, many people’s relatives and childhood friends are far off, which may lead to a weak social network.

There is extensive social and ethnic segregation in the county. Those living in areas with low levels of income and education run a higher risk of suffering ill-health. Those who find it difficult to make ends meet financially tend to experience poorer physical and mental well-being.

Violence towards women is more common in Stockholm than in the rest of the country. The most serious injury is often psychological; this affects not only the victim, but also her children and others around her.

One underlying cause of health inequality is differences in the physical and mental work environment. Changes in the labour market and in the content and organisation of work mean that we need to improve knowledge of how to protect long-term work capacity.

Unemployment and early retirement pose a health risk to the individual since the individual’s platform for identity and social status shrinks. There are still many people in working life who do not have upper secondary education. They run a higher risk than other groups of losing their jobs and need to be given the chance to supplement their education.

Another important explanation for differences in health is the lifestyle habits of adults, which vary between different population groups. Several lifestyle habits are established early in life, so it is important that adults as well are given the opportunity to choose and maintain a healthy lifestyle.

**WHAT CAN BE DONE TO SUPPORT THE HEALTH OF THOSE IN MID-LIFE:**

- Promote healthy workplaces.
- Strengthen those who are outside the labour market.
- Counteract segregation at work and during leisure time.
- Counteract male violence towards women.
- Make it easier for people to start families.
- Provide and improve training for parents.
- Increase opportunities for user influence over health care and other public services.
- Expand the possibilities for choosing a healthy lifestyle and meaningful leisure.
THE ELDERLY

Trends in the health of the elderly are extremely important in terms of the future care measures on the part of the community. These trends can be influenced by health-promotion and disease-prevention measures. The elderly are a heterogeneous group, so analyses must be based on the differing circumstances of women and men and the various groups of elderly.

Among the elderly of Stockholm, almost two-thirds of the men and half of the women aged 65–84 say that they enjoy good, or very good, health. This is encouraging, but at the same time it means that there are many who do not think their health is satisfactory. The most common problems among the elderly are aches and pain in the musculoskeletal system as well as anxiety and depression.

For most people, life ends in a period of chronic illness and impairment which increases their dependency on others and which also increases the risk of isolation and loneliness. Cardiovascular and dementia disorders are common.

Falls are another health problem, and one of the most serious outcomes of these are hip fractures – about 3,000 annually in the county. If these could be prevented, substantial health economic savings could be attained and the quality of life greatly improved for a large number of individuals.

The body needs good dietary habits and physical activity throughout life. Physical activity is as important for the elderly as it is for young people. Society should be designed to ensure that the consequences of impairments are minimal, and that everyone is able to move freely in the urban and rural environment.

Measures to safeguard and improve the health of the elderly, and which make it easier for them to live independent lives with good quality of life, should be given priority. Public transportation should be designed to make travel on elderly people’s terms easier.

This requires that various parties join efforts to create a functioning structure around the elderly. Many elderly people need medication, and the adverse effects need to be addressed as well as how well the elderly comply with their medication instructions. Municipalities have a wide-reaching responsibility for meeting the needs of the elderly. Greater coordination is necessary between the work with the elderly by the County Council and that of the municipalities.

WHAT CAN BE DONE TO SUPPORT THE HEALTH OF THE ELDERLY:

• Improve collaboration between various actors in issues concerning the elderly.
• Help improve elderly people’s chances of living independent lives of good quality.
• Provide and promote elderly people’s chances for living active physical, social, and intellectual lives.
• Support prevention efforts targeting health problems that are common among the elderly, such as falls, dementia, and strokes.
• Promote the best possible opportunities for physical activity and good dietary habits among elderly people who can no longer manage these on their own.
How the policy will be implemented

All County Council committees, boards, departments and enterprises are to describe how each operation and activity affects the health of the population. In this manner, a health-promotion perspective will be developed.

Measures are to be drawn up in accordance with this policy and in those areas in which each operation is able to influence health and its determinants. This requires improving the skills and levels of knowledge in the organisation. Various County Council operations will accordingly adopt different approaches to the issues. Some can work on community measures, others work together in a dialogue with the population, others by supporting individuals.

Example: To increase the public’s physical activity, Stockholm County Council can work on everything from collaboration with municipalities on overall land use planning and public transport to supporting sporting organisations and providing advice to patients who need health care.

Factors in success

LEADERSHIP AND A LONG-TERM VIEW

If the public health policy is to be a success, it must result in work that is conducted with a long-term view and which is integrated into the various operations.

This requires commitment on the part of politicians and senior public officials. Ongoing health-promotion efforts should be highlighted, supported, and developed in accordance with this policy.

ENSURING SUPPORT, PARTICIPATION, AND COORDINATION

Support for this policy must be established internally, and all staff should participate in this process. The various organizational units of the County Council will also actively spread the policy to various interested parties, stakeholders, and contractors. Public health work will become more effective if conducted as a joint venture. This means that collaboration is a major strategy.
Collaboration can take place by placing public health issues on the agenda at meetings and in consultative bodies. Public health experts can be made available for studies, dialogues, and discussions. The County Council can invite the actors involved when specific matters of importance to public health are the topic of decisions to be made.

The work of health impact assessments can be developed. The County Council's public health policy can also be used as a point of reference for identifying joint objectives and when action programs are drawn up with other local and regional actors.

An important strategy in the collaboration with civil society is the use of financial resources as a policy instrument. County Council resources, in such a context, can be used to support health-promotion measures, develop forms of cooperation, and contribute to skills development.

The public sector has potential partners in the county's municipalities and governmental agencies such as the County Administrative Board, the Police, the Social Insurance Office, and the Work Environment Authority.

The private sector has private care providers and suppliers, stakeholders, and non-governmental organizations.

**KNOWLEDGE, COMPETENCE ENHANCEMENT, AND INFORMATION**

The foundation of the County Council's health work in the county will be knowledge about the health determinants in the Stockholm region and about how the County Council's own operative areas affect health.

Measurement methods and knowledge gathering must be improved on an ongoing basis to guarantee comprehensive and multi-faceted monitoring. Information about health and its prerequisites are to be distributed on an ongoing basis internally, to collaboration partners, and to the public.

Important instruments here are recurrent public health reporting as well as possibilities for obtaining improved knowledge. Successive growth of networks in public health work would be useful.

**ORGANISATION, IMPLEMENTATION, AND FOLLOW-UP**

A successful programme will require a clear organisation, allocation of responsibility, and support system.

- Each department sets its goals and describes the work in its activity plan and budget.
- Each department is responsible for carrying out its own work.
- Follow-up and suggested improvements are reported in the annual reports.
- The County Council Executive Board is responsible for coordination, communication, follow-up, and revision of the programme, and for setting up a support structure. Overall follow-up can take place within the framework of sustainability reporting.
Integration and development of SCC’s existing action programmes and policy decisions

Stockholm County Council has actively developed health-promotion and prevention work over a long period of time. There are specific political decisions and special action plans designed to promote public health. This work is under continual development, and should be coordinated with the public health policy. Current and ongoing programme work includes:

- Programme against overweight
- Programme against allergies
- Programme to prevent HIV and STIs
- Programme to help women victimized by violence
- Alcohol and drug policy programme
- Guide to equal opportunities work
- Guide to anti-discrimination work
- Food and meals policy
- Personnel policy/health plan
- Environmental policy
- Action plan for the Convention on the Rights of the Child
- Programme for the disabled

5 STEPS FROM PROGRAMME TO ACTION

1. Analyse!
   What impact do our operations have on public health? How could they help fulfil the County Council public health objectives? How can our operations prevent ill health and support the health of the county’s population? What do we do already? What could we do better?

2. Prioritise!
   What objectives and areas are relevant to our operations? What can we work with? Where is the greatest potential for success?

3. Choose S.M.A.R.T. objectives!
   Choose specific, measurable, attainable, accepted, realistic and timely objectives in the action plan.

4. Choose suitable strategies!
   What resources are at our disposal? How can we achieve our objectives? Who is to do the work? How can we help implement it in our own organisation, and in the region?

5. Plan follow-up and systematic improvement!
   How do we report work and results? How do we learn from them? How do we improve them, and set new objectives?
The County Council also makes decisions that have an indirect impact on health.

This is the reason why it is important that health aspects formulated in the health policy are also integrated into other work that impacts on the circumstances affecting the health development among the county's population. This includes the Regional Development Plan for Stockholm County (RUFS 2001), as an example of how public health issues can be integrated into ongoing work.

**Research, development, and training**

To ensure quality, the work with implementing this public health policy should be based on science as well as tested experience. Those County Council units and departments that cooperate with the Karolinska Institute and other universities and institutions of higher education in the further development of knowledge within the field of public health have an important role to play here.

It is important that the County Council continues to prioritise research and development in accordance with the intentions and objectives of the public health policy. Of particular importance is knowledge of how prevention and health-promotion measures are best implemented.

The Stockholm County Council will continue to work on and develop national and international R&D links in the public health field and apply new knowledge in its operational areas. Health issues should be addressed both in basic education and continued education of County Council staff.

**Health and medical care that more actively promotes health**

The health and medical services have a special position in public health work, in their work with patients and in the community. There are health determinants in all of the County Council’s operations, but the health and medical services are the only sector pointed out as their own target area in the national public health objective. This is of course because of the specific competence, authority and close contact with the population of the health and medical services.

**A HOLISTIC VIEW OF THE PATIENT**

Health and medical services that promote health involve a shift in perspective, towards a holistic view of people’s health problems which also includes prevention and health-promoting measures. The health and medical services can develop approaches that strengthen the resources, and thereby the health, of the individual. This also counteracts the tendency to seek medical explanations and solutions to general human problems.
LIFESTYLE WORK IN THE HEALTH SERVICES

Those who come into contact with the health services are well disposed to receive health information. Methods that help patients find a health-promoting lifestyle should have a major place in these efforts. It is particularly important to pay attention to individuals who are at increased risk, who live with numerable risk factors, or who have poor psychosocial resources.

NEW FORMS OF UNITS

The extent of ill-health in the county may create a need for new types of health services. There are good examples in antenatal, paediatric, and dental care that could serve as an inspiration and role model. Sexual health/contraception clinics for young people and family centres are examples of how prevention work can be developed jointly with other actors.

EQUALITY IN HEALTH

The health services can support public planning operations in efforts to attain an equitable development in health among the population. This can be accomplished by contributing knowledge about how health and disease are distributed throughout the population, and by calling attention to changes in health risks and disease trends. Participation in targeted local and regional measures aimed at influencing the underlying causes of disease and health is another possible strategy.

PERSONNEL HEALTH

The health services are responsible for promoting a positive health development among their own staff. This is necessary for credibility, but also due to the fact that health of the staff affects their ability to carry out health-promoting work with patients.

MORE EFFICIENT CARE THROUGH HEALTH ORIENTATION

By formulating the goals of the health services in health-promoting terms, emphasis is placed on patients’ self-perceived health and their own resources. By measuring health, health profits, and care outcomes – for both individuals and groups – it will become easier to focus on results rather than on production.
DIRECTIONS FOR THE INTRODUCTION OF STOCKHOLM COUNTY COUNCIL’S PUBLIC HEALTH POLICY

1. MOTIVE:
Within the SCC, it is our vision to conduct our operations so that we promote “Good and equal health for the population of Stockholm County”. We encourage others to join us in these efforts.

We apply an approach that emphasises health determinants and promotes public health. The work to achieve good health on equal terms in the population is to be closely linked to the work to achieve sustainable development throughout the county.

The County Council’s public health policy is directly linked to conventions, strategies, and guidelines within the fields of health, environment, and sustainable development.

2. SCOPE:
This policy is valid throughout the County Council’s operations and activities. This includes all County Council-owned and administered departments and enterprises.

3. STATUS:
The Public Health Policy Document contains directives and guidelines for work within the County Council and is to be used as an instrument for the planning, follow-up, and revision of public health work.

4. CONTENT:
We are responsible for contributing to positive health trends among the county’s population.

We will promote health and minimise the health impact of our operations where possible.

We will work actively in public health issues in our own operative areas and in collaboration with other actors.

We will incorporate specific demands that promote public health in purchasing and specifying products and services, in purchasing and ordering health care, in our own operations, and in transactions with those who in various ways provide services on our premises.

We will ensure that we have access to the right competence and skills in all the processes that will promote health in our operations.

To ensure compliance with this policy and support ongoing improvement, we will include the public health policy and associated documents in our management systems.

5. RESPONSIBILITY:
a) The County Council Assembly adopts the public health policy which is to apply to the County Council and its enterprises.
b) The County Council Executive Board is responsible for knowledge support, for updating the policy, for incorporating public health issues in budget directives, and for coordinating them and following them up in a useful manner.
c) Each board and committee is responsible for public health work within its area of operation and is therefore to draw up and adopt its own guidelines and instructions in agreement with the public health policy adopted by the County Council Assembly and the County Council Executive.

• is also responsible for ensuring that the necessary resources are allocated so that the public health policy can be implemented.

• is additionally responsible for ongoing and periodic follow-up of the public health policy, its own regulations and instructions, and for taking steps where necessary.
d) Responsibility for the County Council’s public health work is linked to delegated responsibility for activities. This means that each person who is responsible for an activity is also responsible for public health work within this activity.
e) Anyone who enters into a contract with an external supplier is responsible for ensuring that the terms of the public health policy are complied with to the extent that the contract affects and/or concerns the health of the county’s population.
THE NATIONAL PUBLIC HEALTH TARGET

The Swedish Parliament adopted several national public health objectives in 2003. These are based on insight into health determinants and into the fact that health is directly or indirectly affected by political decisions in most areas. The overarching target therefore is linked to eleven more specific objectives.

The main goal for national public health efforts is to create the conditions in society that engender good health on equal terms for the entire population.

The eleven objective areas are:

1. Participation and influence in society.
2. Economic and social security.
3. Secure and favourable conditions during childhood and adolescence.
4. Healthier working life.
5. Healthy and safe environments and products.
6. Health and medical care that more actively promotes good health.
7. Effective protection against communicable diseases.
8. Safe sexuality and good reproductive health.
9. Increase in physical activity.
10. Good eating habits and safe foods.
11. Reduced use of tobacco and alcohol, a society free from illicit drugs and doping, and a reduction in the harmful effects of excessive gambling.