Is there a gap in the health equity expressed in policy and practice?

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Background and study aim

● *Equity in health* - that people’s needs guide the distribution of opportunities for well-being […] that all people have an equal opportunity to develop and maintain their health 
  
  (WHO, 1998)

● The overarching objective - creating societal prerequisites for good health on equal terms for the entire population
  
  (Swedish National Public Health Policy, 2003, 2007)

● **Aim** † To study occurrence of, and how health equality was expressed in municipalities polices and measures
Methods and limitations

Study object
- Four Swedish municipalities
- Years 2006 & 2012

Material
- Interviews ‡ politicians and chief executives
- Policy documents ‡ annual reports

Content analysis

Presentation of results from 2 of 4 municipalities
Timeline – data collection

- Election year 2002
  - National Public Health policy 2003

- Election year 2006

- Election year 2010

Timeline: 2006 2012
In total 450 concepts related to equality were identified. After a pilot analysis 28 concepts were selected as representative. E.g. Integration, support, safety, housing, employment, education, children, occupational health, lifestyle issues + additional justice, segregation, vulnerability
Results - Documents

- equity, justice

+ safety, employment, integration, housing, children, lifestyle issues, needs, support

Measures

Financial support, labour market, intersectoral collaboration, policies and programs

“The social services, gives support and health care for the elderly and disabled, providing activities for children, youth and families in vulnerable situations” (S, 2006)
Results - Interviews

- equality, justice and vulnerable groups
+ segregation, life styles issues, safety, housing, employment, education, children, youths

Measures
Integration, intersectoral collaboration, family support

“The ability to self-sufficiency is the key to integration and we're not just talking about foreign-born but of young people in society also” (F, 2012)
Results - Obstacles

● Priorities of limited resources

“Who should be helped by the municipality, who should we support? It's like some kind of a left wing thought, for one should support the weak, but it is almost, I think one way to try to keep people, individuals, organizations in weakness” (F, pol, 2006)

● Barriers mentioned in documents and interviews were the lack of qualified personnel such as social workers and support staff in schools
Summarized results

Equity in health wasn’t explicitly expressed.

Concepts related to national and international policies on Equity in Health occurred in both documents and interviews.

Measures taken were social and financial support, integration efforts, appropriate housing, promotion of employment, education, safety and a safe childhood.
Summarized results

- Priority groups were children, youths and in addition year 2012, immigrants

- Measures similar, but

  Social support was more explicit in (S)
  Supporting employment more explicit in (F)

- Consensus among politicians and chief executives

- New in 2012 † Time perspectives

  “long-term socially sustainable” (S)
  “Breaking the dependencies of support for a long time” (F)
Conclusions

In a comparison with a study of the Swedish National Institute of Public Health (2010)

- Conditions during childhood and adolescence, lifestyle issues ‡ Were stated and measures taken
- Participation and influence in society, health-promoting health services, sexuality and reproductive health ‡ Were not or hardly mentioned

- On the contrary ‡ The municipalities highlights a safe and secure childhood, working life, old age and environment
Conclusions

There is a gap…

But it isn’t impossible to bridge

Health equity and reducing the gaps were not explicitly stated

But, an insight that disadvantaged groups needs support through actions and tailored training programs, and work based on the individuals’ different conditions was emphasized
Thank you!
References & supplementary literature


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