

MÖTESPLATS **SOCIAL  
HÅLLBARHET**

The Social Sustainability Forum



# State of health in the EU

## Webbinar 23rd of January 2019



Folkhälsomyndigheten  
PUBLIC HEALTH AGENCY OF SWEDEN



Swedish Association  
of Local Authorities  
and Regions



**Socialstyrelsen**  
THE NATIONAL BOARD OF HEALTH AND WELFARE



# Introduction from the moderator

Mr. Birger Forsberg

Senior Physician, Region Stockholm & Associate Professor,  
Karolinska Institutet

# The organisers

## Organisers

- Public Health Agency of Sweden (PHAS)
- National Board of Health and Welfare
- Swedish Association of Local Authorities and Regions (SALAR)

## The Social sustainability forum

- A forum for exchanging knowledge and experience that contributes to developing society in a socially sustainable manner through reducing health inequalities and by meeting people's basic needs and rights.
- The Forum is under the joint responsibility of the Public Health Agency of Sweden and the Swedish Association of Local Authorities and Regions.





# State of health in the EU

- Puts the results from the report in a Swedish context
- Discusses implications for national, regional and local level
- Brings up implications from a European/EU-perspective
- Defines some common challenges and a need for collaboration with international partners



# Presentation

Mr. Ovidiu Dumitrescu

Policy Officer, Directorate-General for Health and Food Safety  
European Commission

Mr. Guillaume Dedet

Health Policy Analyst, OECD

# Q & A

- Q & A from the audience





# Implications for Sweden

Mr. Fredrik Lennartsson

Head of Division, Health and Social Care Division Swedish Association of Local Authorities and Regions (SALAR)

Ms. Lena Lundgren

Health Care director, Region Östergötland

Mr. Anders Tegnell

Head of Department, State Epidemiologist, Public Health Agency of Sweden

Ms. Olivia Wigzell

Director-General, National Board of Health and Welfare

# Life expectancy at 30 years of age is increasing

- Life expectancy is increasing for all, except for women with low education
- Women still have considerably higher life expectancy than men
- People with high education have higher life expectancy, than others
- The gap in life expectancy between educational groups is widening



# Mental health is not improving

- Over time, more adults report psychological distress
- More women than men report psychological distress, but more men commit suicide
- More school children report multiple health complaints more than once a week in the past six months; this increase is highest among 15-year old girls

# Over half (51%) of adults (16-84 years) are overweight or obese

- 58% of men and 45% of women are overweight or obese
- There are variations between regions and between educational groups.
- 18 % of children 6-9 years old are overweight or obese
- The prevalence increases significantly with age in children and adolescents

# Discussion



The overarching goal of the present Swedish Public Health Policy is to create societal prerequisites for good health on equal terms for the entire population, and to close the avoidable health gap within one generation.

Challenge – Reaching ALL!

- Closing the health gap between population groups: is it happening? If not, what measures should be taken?
- Have the public health policies been successful in addressing health risks and health determinants for all?
- Have health promotion and prevention measures worked for all?

# Topics to raise

- The reports touch upon several challenges in providing equal care:
  - Geographical differences concerning waiting times and medical outcomes
  - Fears that digital solutions may give rise to new or increased inequalities
  - The number of people with supplementary private health insurance has increased
- Swedish healthcare is often considered to be very hospital-centered – but according to this report Sweden already spends comparatively little on hospital inpatient care, focusing instead on outpatient care and long-term care
- Skills supply – lack of general practitioners and specialist nurses
- Low spending on prevention is a general problem across Europe

# Cervical cancer has increased in Sweden

- Cervical cancer has increased in Sweden in recent years
- Remarkable differences between regions – between 20 and 80 percent
- In the national quality register for cervical prevention, we see a great variation between the regions regarding follow-up

# Prolonged waiting times a challenge

- Waiting times is a multifaceted issue
- Relatively long waiting times in Sweden and large regional variations
- Time limits on waiting times appear inefficient and fulfillment of the health care guarantee is decreasing
- Standardized care pathways, task shifting and increased care coordination may improve waiting times and access to care



# Health workforce sustainability

- Supply of physicians is good
- Full time or part time work affects availability
- Increase of licensed and professionally active physicians between 2013-2017
- Demand for physicians remains high in almost all regions
- Recruitment remains difficult in rural areas
- Lack of physicians in family medicine, psychiatry and geriatrics
- Task shifting between nurses and physicians on the rise

# Discussion

- What can we do to reduce inequalities in health care services?
- What can we do to improve skill supply and further encourage task shifting?
- What can we do to increase spending on prevention?

# Q & A

- Q & A from the audience



# Final remarks

Mr. Ovidiu Dumitrescu

Policy Officer, Directorate-General for Health and Food Safety, European Commission

Mr. Guillaume Dedet

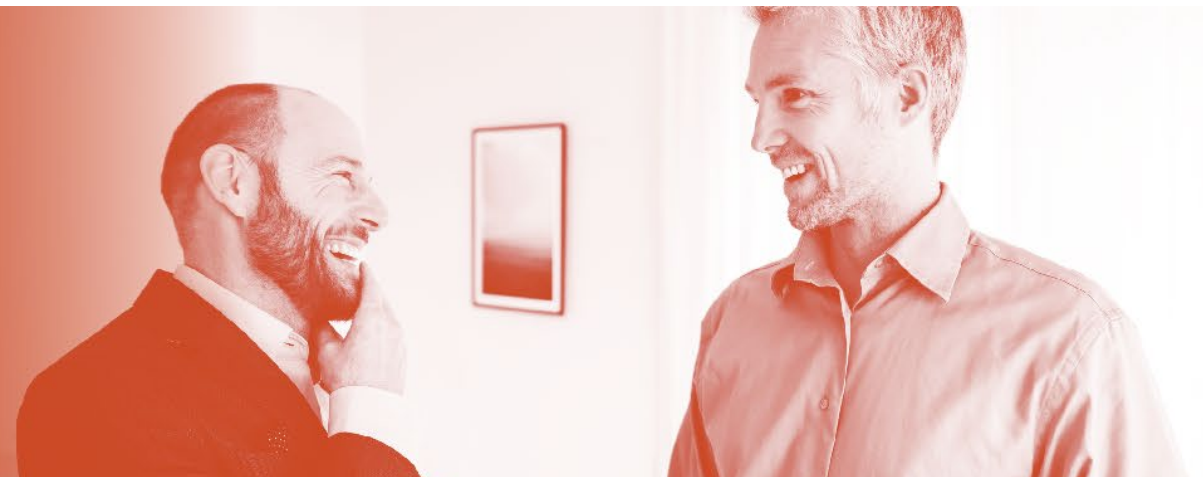
Health Policy Analyst, OECD

# The end

Mr. Birger Forsberg

Senior Physician, Region Stockholm & Associate Professor, Karolinska Institutet

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Thank you



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