

Delivering equality to make a difference!

JOINT ACTION FOR SOCIAL SUSTAINABILITY REDUCES HEALTH
INEQUALITIES

Foreword

The average health situation in Sweden is getting better and better. This is a positive development, and shows that efforts that have been implemented in the welfare sector in Sweden and its local authorities, county councils and regions have been successful in many respects. Despite this improvement however, Sweden, like its Scandinavian neighbour countries, is faced with the challenge that, in some instances, health inequalities are still growing between groups in the community with respect to gender, socio-economic factors, ethnicity, etc.

The Swedish Association of Local Authorities and Regions (SALAR) has taken on this challenge. For two years, SALAR has coordinated the work of the *Joint action for social sustainability – reduce health inequalities*, and together with 20 local authorities, county councils and regions, has identified five recommendations and 23 measures that contribute to strengthening social sustainability and reducing health inequalities. An important point of departure for this work as being the WHO report *Closing the gap in a generation*, which was published in 2008.

The report entitled "Delivering equality to make a difference! Joint action for social sustainability reduces health inequalities" presents the results of this work. The results deal with, for example, measures to give children and young people a good start in life, opportunities for a good education and transitioning to working life, and the possibility of living in health-promoting and sustainable environments and communities. Our hope is that this report will inspire more organisations at the local, regional and national levels to act to strengthen social sustainability and reduce health inequalities in their communities.

Stockholm, February 2013

Håkan Sörman

President

It's time to act for social sustainability

For a long time now, the average health situation in Sweden has been steadily improving. This is a positive development, and confirmation that the efforts that have been implemented in the welfare sector in Sweden and its local authorities, county councils and regions have been successful.

At the same time, it is clear that inequalities in health between different population groups have *not* decreased. On the contrary, the health gap between different social categories has grown since the 1980s. So despite all the successful work that has been done to improve the health of Swedes, there is therefore a need to take further steps forward.

It is high time to confront these inequalities in health and their causes in order to prevent a trend towards increased social unrest, conflict and alienation, and towards negative impacts on the environment, the climate and the national economy. Working to improve social sustainability can no longer focus on 'the same for all', but instead must focus on difference – on seeing people's needs and understanding their conditions. While generalised measures are important, they must be adapted such that they are better matched to the needs of different people.

Under the banner *Joint action for social sustainability – reduce health inequalities* (the Joint Action), SALAR, along with 20 local authorities, county councils and regions, has come to the conclusion that the following action is needed:

- More health promotion and primary prevention efforts . The goal here is not only good health on equal terms for the entire population, but also a more socio-economically effective utilisation of our joint resources.
- Increased collaboration between local authorities, county councils, regions and other actors in the community. All of these actors already play an important role in people's health, but to achieve the best results requires joint action.
- Strengthening of the general welfare system with specific measures to reduce health inequalities. Most of the measures being implemented today are good, but can be made even better by adapting them in scope and design to those groups that have the greatest need.
- A good start in life for all children and young people, the foundations for becoming self-supporting and the possibility of living in sustainable environments and communities that promote good health.
- A school system that ensures that children and young people complete compulsory school and upper-secondary school with pass grades; a labour

market that takes into account the needs of individuals; and public services that are accessible in both rural areas and urban centres.

Joint action for social sustainability reduces health inequalities

Participants in the Joint action for social sustainability – reduce health inequalities

Arvika Municipality	East Sweden Region
Botkyrka Municipality	Region Halland
Eskilstuna Municipality	Region Skåne
City of Gothenburg	Tidaholm Municipality
City of Helsingborg	Upplands Väsby Municipality
Dalarna County Council	Uppsala Municipality
Sörmland County Council	Västerbotten County Council
Värmland County Council	Västra Götaland Region
Linköping Municipality	Örebro Municipality
City of Malmö	Örebro County Council

The overall objective of the Joint Action is *that organisations take action to reduce health inequalities.*

Reducing health inequalities can be viewed as both an objective and a means of sustainable development. Health promotion and primary prevention have a positive impact on the national economy, the environment and the climate, security and social cohesion, at the same time as efforts in these areas also have a positive impact on people's health.

This goal can be achieved by working with the five recommendations that have been identified. These five recommendations should be viewed as parts of a whole that are closely intertwined and mutually dependent on each other. The first two are fundamental to all the measures.

The recommendations comprise 23 measures. How these measures are put into practice is up to each organisation to decide. The Joint Action's recommendations and measures can and should be supplemented with additional measures adapted for the local and regional levels. The work of the State and the EU on this issue is also important for the measures to be successful at the local and regional levels.

The measures are about health promotion and primary prevention. They are universal, but in their scope and design they are adapted to those groups with the greatest need. They are based on a rights perspective, and aim to provide

groups that are not currently being reached by the community's social and welfare services with the opportunity to benefit from these. The measures have broad scientific support, in particular from the recommendations and measures delivered by the commissions of enquiry previously appointed for the purpose of taking action in relation to the social determinants of health.

Recommendation 1: Integrate equity in health into all policies, and into normal governance and management

The goal here is for organisations to have structures, tools and working methods that lay the foundations for reductions in health inequalities in the long-term perspective.

1. Formulate short-term and long-term objectives

Write specific short-term and long-term objectives into the organisation's policy documents.

2. Organise for sustainable governance and management

Establish a good organisation, which in turn lays the foundations for long-term undertakings, cross-sectoral collaboration and the involvement of actors in the local community such as the third sector, commerce and industry and government agencies.

3. Use budgets as instruments

Budget allocations should be based on the groups with the greatest need. This requires a good system for monitoring.

4. Do economic calculations and focus on social investments

Focus on social investments in collaboration with other actors. The foundations for such collaborations can be laid through economic calculations of the benefits conferred by reduced inequalities.

5. Use public procurement as an instrument

Create the conditions for including social requirements in public procurements.

6. Assess the consequences of health inequalities in conjunction with decision-making at different levels

Impact assessments of decisions should include aspects concerning how health inequalities will be impacted. These impacts should be assessed in relation to other factors such as the economy, the environment and the climate.

7. Implement efforts that contribute to the empowerment of all inhabitants

Focus on efforts to empower inhabitants as part of normal activities. These efforts should target in particular those groups that currently are experiencing a low level of empowerment.

Recommendation 2: Measure and analyse the problem and evaluate the impacts of various measures

The goal is for organisations to measure, analyse and assess the impacts of the measures taken to reduce health inequalities.

8. Secure access to general population data and child health data in particular

Compile population data – in particular, child health data – that make visible health inequalities at local and regional levels.

9. Formulate indicators for social sustainability

Develop indicators for social sustainability that shed light on health inequalities, that can be used over the longer term and that are relevant from the local and regional perspectives.

10. Integrate health inequalities into the organisation's normal system for monitoring and analysis

Use the normal system for monitoring and analysis of health inequalities after the specific measures for reducing health inequalities have been implemented.

11. Assure knowledge levels in the organisation concerning norm criticism, interculturality and public health

Invest in competence in the science of public health and knowledge of norm-critical and intercultural approaches to be able to measure, analyse and assess the impacts of measures designed to reduce health inequalities.

12. Use scientific support for measures at the local and regional levels

When implementing measures to reduce health inequalities, use scientific evidence to support the measures. If such evidence is lacking, it is particularly important that the measures are monitored and evaluated thoroughly.

Recommendation 3: Give all children and young people a good start in life

The goal here is to reduce inequalities in the health of children and young people.

13. Lay sound foundations for collaboration

Put the focus on children and their parents and relatives when it comes to the organisation of activities that affect children. The child perspective ought to be well integrated into these activities.

14. Assure knowledge levels and competence among staff and elected representatives concerning inequalities in conditions for children and young people

Adapt competence and assure knowledge levels among staff in activities that concern children, based on those children who have the greatest need. The purpose here is to give all children equal opportunities in life.

15. Develop local and regional strategies to reduce the number of children living in economically vulnerable households

Develop a strategy – based on local conditions – to reduce the number of children living in economically vulnerable households.

Recommendation 4: Provide all the necessary conditions for becoming self-supporting

The goal here is that all people have the basic prerequisites to be able to participate in working life in accordance with their own abilities.

16. Take measures so that children and young people will complete compulsory school and upper-secondary school with pass grades

Focus on schools and on well-functioning transitions between preschool, compulsory school and upper-secondary school in order to improve opportunities for children and young people to complete their school education with pass grades.

17. Develop a common view of the knowledge and skills required in tomorrow's working life and community life

Develop a common view of the competence required, through efforts to facilitate the transition from school to working life, for example, in entrepreneurship, in order to facilitate entry into the labour market.

18. Work together to create an integrated, broad entry to the labour market

Organise activities so that the individual's needs are the focus in order to facilitate entry into the labour market.

19. Stimulate the development of social enterprises and cooperatives

Stimulate the development of social enterprises and cooperatives in order to promote entrepreneurship and contribute to growth in employment and growth in the community based on the groups which have the greatest need.

Recommendation 5: Create health-promoting and sustainable environments and communities

The goal here is that all people have home, residential and neighbourhood environments that contribute to a reduction in health inequalities.

20. Plan based on the conditions and needs in all regions and towns/cities in relation to their broader geographical context

Pay attention to and plan towns and cities based on local conditions and needs, but also take into account social planning in their surrounding

areas – what functions there are and communications between these – in order to achieve reductions in health inequalities.

21. Plan for a health-promoting living environment with a varied stock of housing and a mix of functions

Plan the construction of new dwellings and housing improvement programmes so that the dwellings created are of good quality and adapted to people's differing needs and circumstances.

22. Plan for a health-promoting living environment

Plan communities to provide health-promoting neighbourhood environments by including pedestrian and cycle pathways and taking into account near access to forests and green/parkland areas, natural meeting points and confidence and security; as well as the need for exercise, spontaneous activity and access to safe environments to explore.

23. Make public services accessible to all inhabitants

Ensure that basic public services are perceived as accessible based on each individual's circumstances and needs, even if these services are not physically present in the individual's neighbourhood. Town planning, the use of new technology, the organisational form and how people are treated are important elements when it comes to improving actual accessibility.

Implementing the recommendations and measures in practice

The Joint Action's work has resulted in five recommendations and 23 measures to strengthen social sustainability and reduce health inequalities. The biggest challenge lies in putting these measures into practice.

Each individual has a responsibility for their own health, but the community must in turn offer individuals opportunities to take this responsibility. All societal partners are therefore important and necessary for strengthening social sustainability and reducing health inequalities.

The Joint Action's work has pointed out many of the opportunities that exist within the areas of responsibility of local authorities, county councils and regions, where health and medical care, preschools, schools, social services and urban and regional planning are examples of activities with a major impact on population health. Within their geographical areas, there are also excellent opportunities for taking initiatives to develop collaborations with industry, the third sector, research institutions and government agencies.

The work of the State and of the EU on this issue are also important to ensuring that the measures will be successful at the local and regional levels.

- The public employment service, the police, the social insurance office, the county administrative board and other organisations should be open to collaborations to reduce health inequalities. This can be done through various local and regional efforts, for example, in the labour market, rehabilitation, social security and supervision.
- The Swedish National Agency for Education, the National Housing Board, the Swedish Institute of Public Health, the National Board of Health and Welfare and other government agencies should act in a coordinated way and in dialogue with the local and regional levels to reduce health inequalities. This applies, for example, to methodology development, surveys and national campaigns and information actions.
- Health trends should be continuously monitored at the national, local and regional levels. This monitoring should also highlight the health inequalities between different groups in the population more systematically than it does today, with a particular emphasis on children and young people.
- SALAR, the National Board of Health and Welfare and the Swedish Institute of Public Health should, in "open comparisons" make visible inequalities in health at the local and regional levels. Where this is not possible, it is still important that health inequalities are made visible at the

national level in order to serve as knowledge support for local authorities, county councils and regions.

- Social investments in local authorities, county councils and regions have good socio-economic impacts for the State. For this reason, it is good if the State supports this work.
- There is a need for more research into the social determinants of health and their links to health inequalities. It is important that research is focused on generating scientific evidence to support measures at the local and regional level to a higher degree than it is today.
- The EU has a significant impact on decision-making at the local and regional levels. It is therefore good if the State works to ensure that reductions in health inequalities are viewed as a priority for EU decisions. For example, this might contribute to the Structural Funds giving precedence to a higher degree than today to initiatives that contribute to reduced health inequalities.

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