



Swedish National Institute  
of **Public Health**

# Jämlik eller ojämlik hälsa – hur ser den ut?

Sarah Wamala, Statens folkhälsoinstitut

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*Stockholm 22 oktober 2010*

# Den nationella folkhälsopolitiken (prop. 2002/03:35)



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# Politikområde folkhälsa – det övergripande målet

Skapa samhälleliga förutsättningar  
för en god hälsa på lika villkor  
för hela befolkningen



# Folkhälsopolitikens 11 målområden (2003)

1. Delaktighet och inflytande
2. Ekonomiska och sociala förutsättningar
3. Barn och ungas uppväxtvillkor
4. Hälsa i arbetslivet
5. Miljöer och produkter
6. Hälsöfrämjande hälsosjukvård
7. Skydd mot smittspridning
8. Sexualitet och reproduktiv hälsa
9. Fysiskaktivitet
10. Matvanor och livsmedel
11. Tobak, narkotika, dopning och spel



# Folkhälsopolitiska rapport November 2010

- Folkhälsopolitisk rapport 2010 delar in folkhälsans elva målområden i tre strategiska områden:
  - Goda livsvillkor
  - Hälsofrämjande livsmiljöer och levnadsvanor
  - Alkohol, narkotika, dopning, tobak och spel
- Socialministern tar emot rapporten 12 november, Östersund
- Nationell konferens 26 november, Stockholm



# Några viktiga arenor som kan bidra till jämlik hälsa

- Hälsa- sjukvården
- Samhällsplanerare och byggbranschen
- Skola
- Arbetsplats
- Näringslivet





# Folk mår som vi planerar och bygger

Chalmers den 6 oktober 2010

## Strategidagen 2010: Samhällsbyggnadssektorns betydelse för folkhälsan

*Samarbete mellan Statens folkhälsoinstitut, Centrum för  
Management i Byggsektorn och Chalmers Högskolan*



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# Övervikt, fetma och fysisk aktivitet

Män och kvinnor, 2004 resp. 2009

	MÄN		KVINNOR	
	2004	2009	2004	2009
Övervikt	43%	41%	28%	27%
Fetma	11%	12%	11%	12%
Fysiskt aktiv (30 min/dag)	69%	66%	65%	65%

Källa. Nationella folkhälsoenkäten



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11-02-25

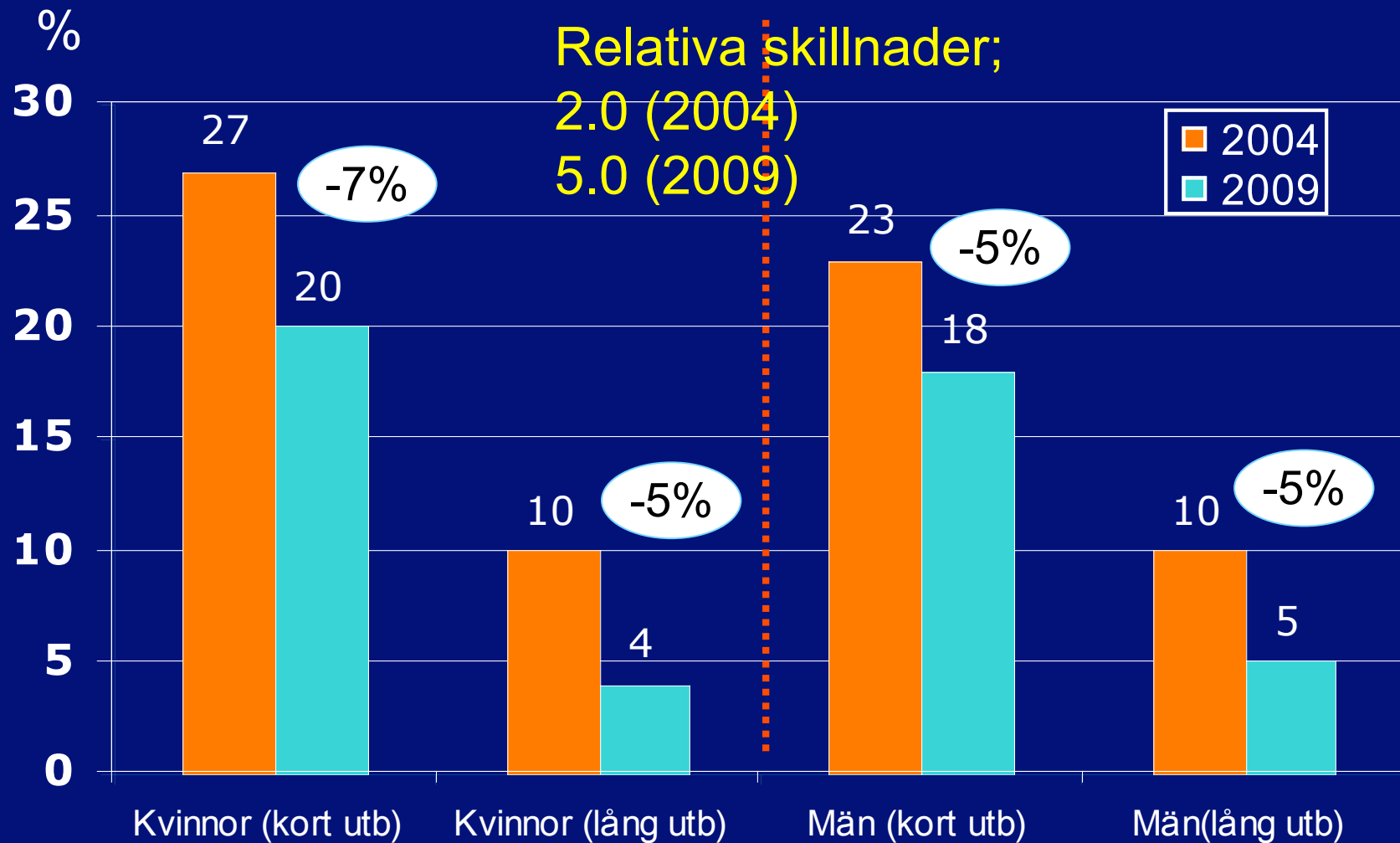
# Hälsoläge för svenska befolkningen (exempel, 2009)

- Mera än hälften män (55%) och kvinnor (51%) i ålder 65-84 år använder blodtryckssänkande medicin.
- 35% av äldre män och 29% av äldre kvinnor använder blodfettssänkande medicin.
- 15% av äldre män och 9% äldre kvinnor använder diabetesmedicin.

Källa. Nationella folkhälsoenkäten



# Daglig rökning i relation till utbildningsnivån



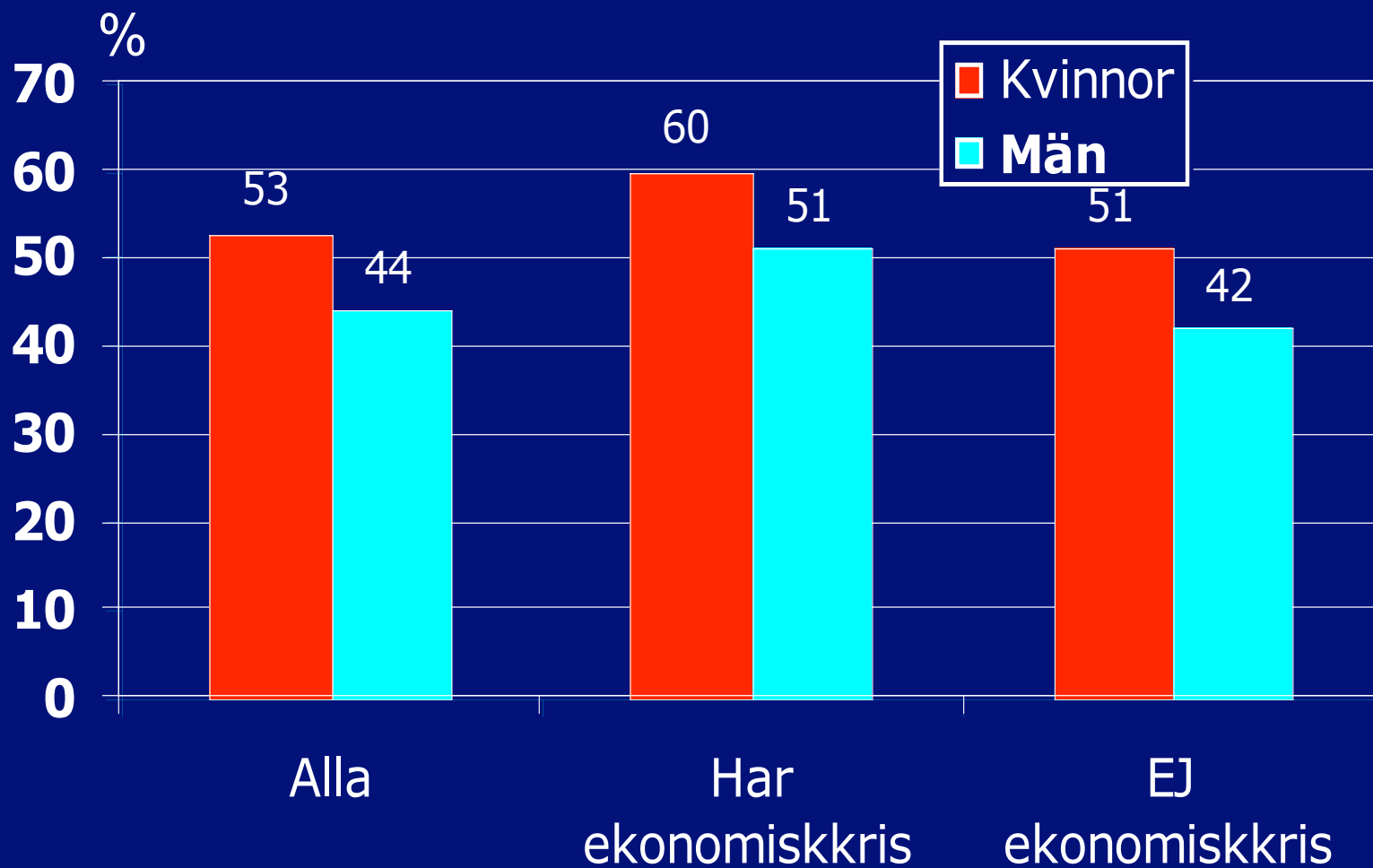
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Källa. Nationella folkhälsoenkäten

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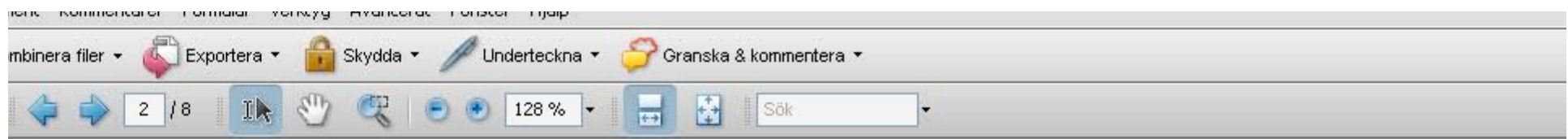
# Kontakt med hälso- sjukvården (2009)



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Ref. Wamala, et al, Intern J for Quality in Health Care; 2007; Vol 19

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## EVIDENCE BASED PUBLIC HEALTH POLICY AND PRACTICE

# Perceived discrimination, socioeconomic disadvantage and refraining from seeking medical treatment in Sweden

Sarah Wamala, Juan Merlo, Gunnel Boström, Christer Hogstedt

*J Epidemiol Community Health* 2007;**61**:409–415. doi: 10.1136/jech.2006.049995

**Study objective:** To analyse the association between perceived discrimination and refraining from seeking required medical treatment and the contribution of socioeconomic disadvantage.

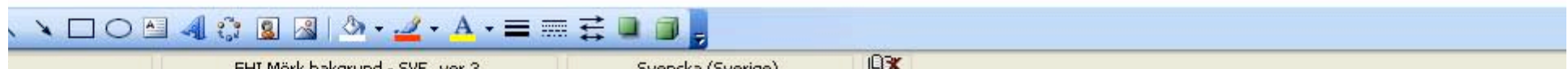
**Design and setting:** Data from the Swedish National Survey of Public Health 2004 were used for analysis. Respondents were asked whether they had refrained from seeking required medical treatment during the past 3 months. Perceived discrimination was based on whether respondents reported that they had been treated in a way that made them feel humiliated (due to ethnicity/race, religion, gender, sexual orientation, age or disability). The Socioeconomic Disadvantage Index (SDI) was developed to measure economic deprivation (social welfare beneficiary, being unemployed, financial crisis and lack of cash reserves).

**Participants:** Swedish population-based survey of 14 736 men and 17 115 women.

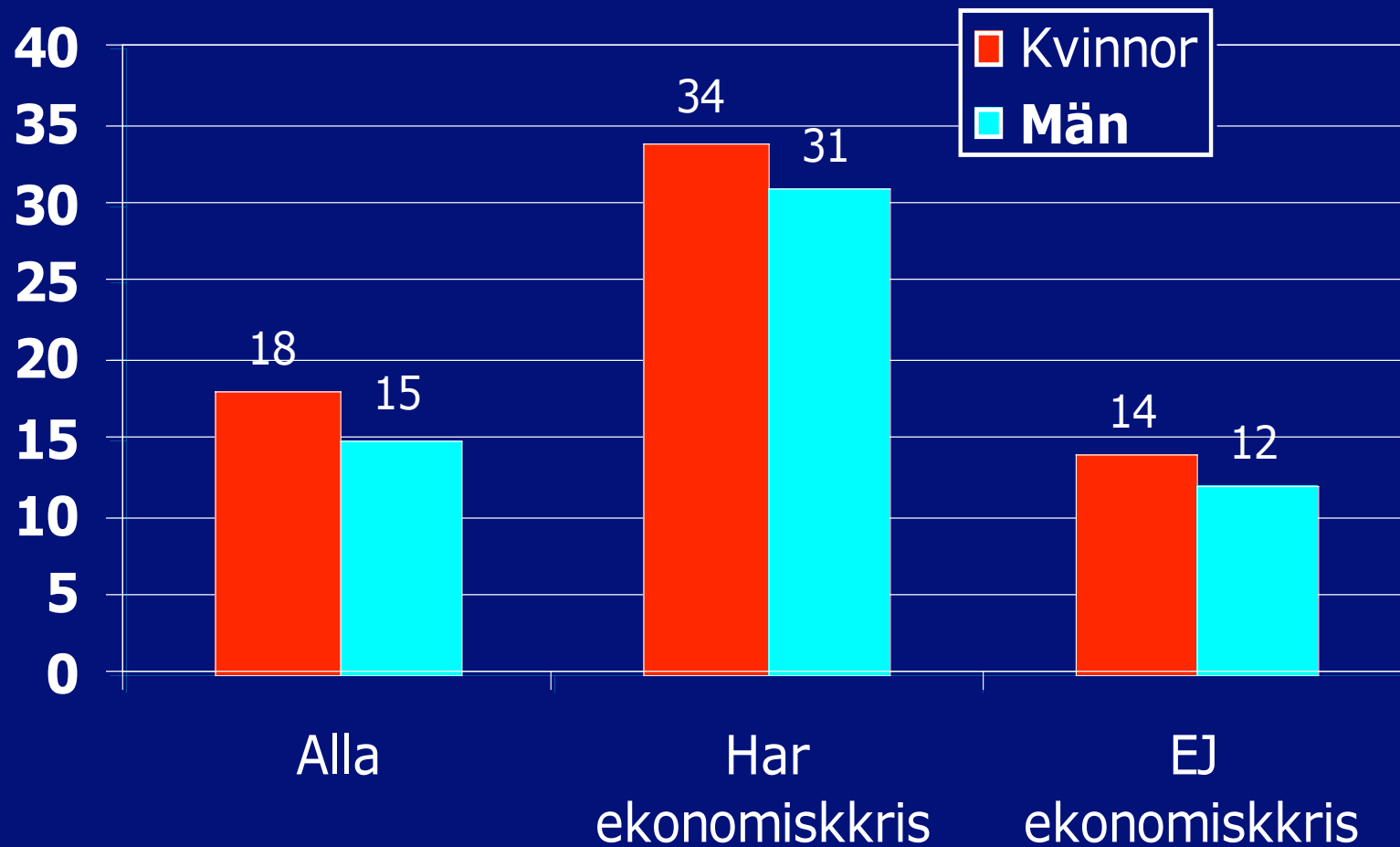
**Main results:** Both perceived discrimination and socioeconomic disadvantage were independently associated with refraining from seeking medical treatment. Experiences of frequent discrimination even without any socioeconomic disadvantage were associated with three to nine-fold increased odds for refraining from seeking medical treatment. A combination of both frequent discrimination and severe SDI was associated with

See end of article for authors' affiliations

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# Åldersjusterad andel som avstår från söka läkarvård



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Ref. Wamala, et al, Intern J for Quality in Health Care; 2007; Vol 19

Wamala 11-02-25

# Socioeconomic disadvantage and primary non-adherence with medication in Sweden

SARAH WAMALA<sup>1</sup>, JUAN MERLO<sup>2</sup>, GUNNEL BOSTROM<sup>3</sup>, CHRISTER HOGSTEDT<sup>3</sup> AND GUNNER AGREN<sup>3</sup>

<sup>1</sup>Karolinska Institutet, Stockholm, Sweden, <sup>2</sup>Medical Faculty, Lund University, Malmö, Sweden, and <sup>3</sup>Swedish National Institute of Public Health, Stockholm, Sweden

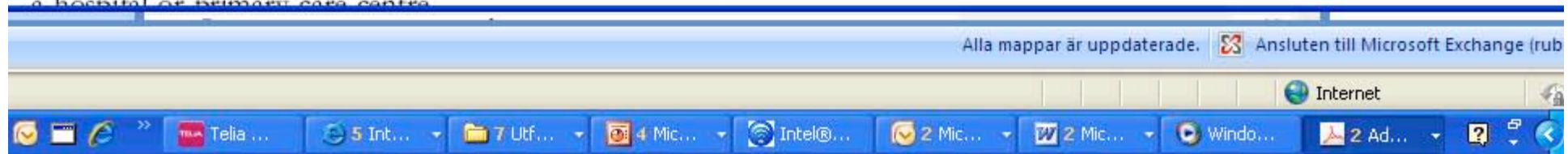
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## Abstract

**Objective.** Lack of adherence with pharmacological therapy is a public health concern that compels tremendous costs for the health care system and the community. To analyse the association between socioeconomic disadvantage and primary non-adherence with medication, and to explore possible mediating effects of trust in health care and lifestyle profile.

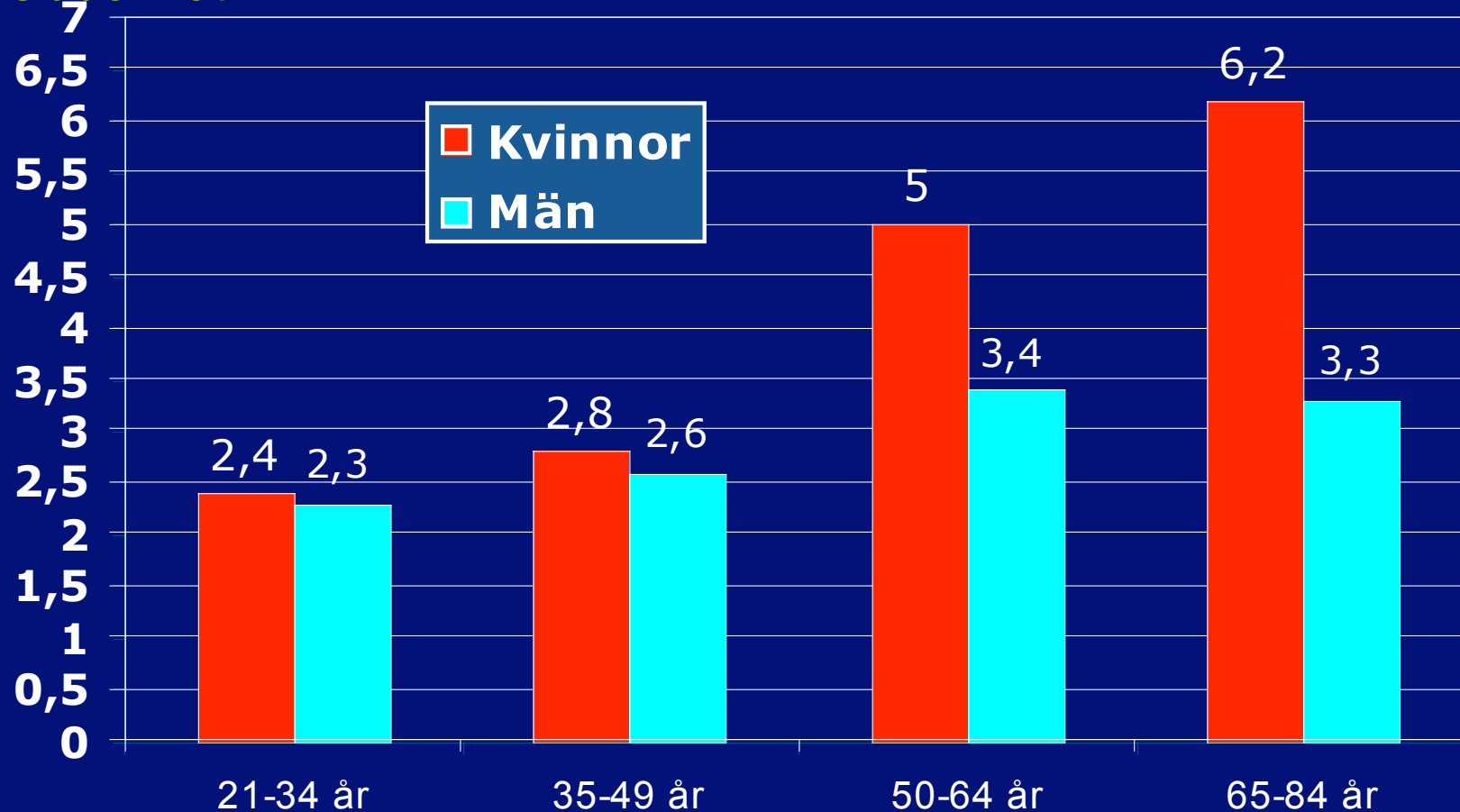
**Design.** Cross-sectional population-based study based on data from the Swedish national public health surveys 2004–2005.

**Participants.** The study comprised 13603 men and 18292 women aged 21–84 years who had any contact with a physician at a hospital or primary care centre.



# Personer med svåra socioekonomiska svårigheter som avstår från att hämta ut medicin på recept i olika åldersgrupper

Oddsquot



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# Ett stort tack

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