

# **PUBLIC HEALTH REPORT 2007**

## **SUMMARY**

The 2007 Public Health Report (FHR 2007) is the sixth public health report published in Stockholm County. The purpose of the report is to describe current trends in health, illness, mortality and health-related lifestyles in the county. Developments at county level are also set in relation to the national public health objectives.

Like previous public health reports, many of the results are based on the findings of the regional public health survey carried out about every four years. Other basic data have been acquired from the Regional Planning, Traffic and Public Transport Office, Onkologiskt centrum (Oncology Centre), County Council patient data, Statistics Sweden and the Centre for Epidemiology at the National Board of Health and Welfare, and various other survey data.

### **Chapter 2 Population and social trends**

The age structure of the population has gradually tended to move up towards the older age brackets. The proportion of people over 65 has increased from 12 percent in 1970 to 16 percent in 2005. This shift in the age structure may result in more people who are ill and give rise to a correspondingly greater need for healthcare and nursing services.

Employment continues to rise, as does the average income. More and more people now have advanced educations, while fewer need financial support. But despite this, there are still social groupings that have been excluded from the trend towards increased welfare. Many young people (aged 18–24) experience difficulties in entering the labour market, as do persons of foreign extraction. Housing segregation by country of birth, education and financial status seems to be on the increase in the County of Stockholm.

### **Chapter 3 Developments in public health**

Since the seventies, the average life expectancy at birth in the County of Stockholm has increased by about seven years and is today 78 for men and 83 for women. The remaining average life expectancy at the age of 65 is also rising. Infant mortality continues to decrease, even though today's figure is at a unique low considered both internationally and historically.

The differences in remaining life expectancy noted for the various municipalities of Stockholm County have, however, increased by comparison with the 2003 Public Health Report (FHR 2003). The difference in average life expectancy between the municipality with the highest average life expectancy (Danderyd) and the one with the lowest (Sundbyberg) is almost four years for women and six years for men.

The proportion of those who assessed themselves as having poor health increased during the end of the nineties but has remained stable for the past few years. A decline in health-related quality of life was noted between 1998 and 2002, while there are tendencies towards an improvement between 2002 and 2006. Differences exist between socioeconomic groups and geographical areas for self-assessed health, long-term illnesses and health-related quality of life.

The occurrence of mental illness (according to the GHQ12 instrument) increased between 1990 and 2002 but have now decreased, primarily among young women aged 21–24. However, the proportion is still high in this group. The proportion of those suffering from mental illness is very high among people on the sick list, those on early retirement and women born outside Europe. There are no great differences between socioeconomic groups in the occurrence of mental illness.

The overall sickness absence rate, which reflects absence from work owing to illness-induced inability to work, has been decreasing since 2003, both in Stockholm County and in Sweden as a whole, although the big gender differences, with higher ill health rates seen among women, persist. The sickness absence rate is higher among older people, and varies from under 20 in Danderyd to more than 45 in Norrtälje.

## **Chapter 4 Health risks and protective factors**

### *Participation and influence*

Participation in elections has increased somewhat since 2003 and is now about 80 percent of all those entitled to vote. Among foreign citizens, the proportion of voters is just under 40 percent. The proportion of those who seldom take part in social activities is, for women, about 45 percent in all age groups. Among men, however, there is a sharp increase with increasing age, rising from just under 30 percent to 50 percent.

### *Financial and social security*

A financial crisis, defined as having been forced to borrow money or apply for social security benefits to meet regular expenses during the past 12 months, was noted among 15 percent of men and 18 percent of women. However, fewer people were obliged to forgo medical care or medicines for financial reasons (women 7%, men 5%). Young adults (aged 18–24), in particular young women, and people born outside Europe experience financial crises, forgo treatment and are unemployed more frequently than other groups.

### *Good, safe childhood and youth*

Overall, 10 percent of the county's families with children have a low standard of income, more among single-parent families. Just over 70 percent of children in the County of Stockholm live with both parents. Many pupils consider that they have only a limited influence on their own working environments, and 13 percent state that they have been badly treated by a teacher. Analyses show that adults who live with children (18–55 age group) enjoy better mental health, feel safer and have a healthier lifestyle than adults who do not live with children.

### *Improved health at work*

About one in three women and one in four men in gainful employment state that they feel stressed at work a few days per week or more. Work-induced disorders caused by mental stress are also more common among women (13%) than among men (7%). Work-induced disorders caused by physical stress are reported by approx. 9 percent. Of the men, about 20 percent are exposed to airborne pollutants at work.

### *Healthy, safe environments and products*

Following a reduction in emissions from heating and energy production plants, the county's air has improved. About 4,000 of the county's inhabitants live in areas with particle contents above the EU limit value, while about 15% have their homes in places where the contents are just under the norm. Between three and eight percent of residents of blocks of flats report problems caused by the interior air, such as nasal or eye irritations and disorders involving coughing or skin irritations. The highest proportion of people with health disorders lives in buildings constructed between 1961 and 1975.

### *Health promotion in health and medical care*

The majority of the county's health care centres can offer advice on tobacco, diet, obesity and physical exercise. Most work with special diabetes programmes, but over half lack programmes for patients with cardiovascular diseases or pain condition. An inventory of health promoting initiatives at the County Council's emergency hospitals shows that within the hospital organisation and management and in the treatment offered to the patients, the health promoting perspective is still underdeveloped.

### *Protection against spread of infections*

From an international standpoint, Sweden offers excellent protection against infection. Of all the children of Stockholm County, 98–99 percent are vaccinated under the public vaccination programme. The development by infectious agents of resistance to antibiotics is a problem. A prime cause of this is over-use of antibiotics, and Stockholm is among the regions where the total antibiotics prescription is among the highest in Sweden. Initiatives to enforce strict hygiene routines have helped reduce the spread of multiresistant bacteria (MRSA) in the health services. Instead, a growing proportion of cases have picked up infections outside the hospitals, in municipal homes for the elderly, in society at large or abroad.

### *Safe sexuality and good reproductive health*

About one third of young men and one quarter of young women in the 15–24 age group used neither a condom nor other form of contraceptive when they last had intercourse. One quarter report that they always use a condom. Over the past few years, use of contraceptive pills has fallen off, and more have taken to using postcoital pills instead. At the same time, the number of abortions among teenagers in Sweden has increased somewhat during the past five years.

### *Physical exercise*

Some increase in regular physical exercise can be noted, while sedentary recreations have decreased in all groups. More men (18%) than women (15%) take regular exercise during their spare time. On average, the population complies with the national guidelines recommending at least 30 minutes physical exercise a day on only three of the week's seven days.

### *Good eating habits*

The daily consumption of fruit increased by 42 percent between 1994 and 2006. Twice as many women as men eat fruit more than once a day (35% and 15% respectively). The same difference was noted for the consumption of vegetables. Young people tend to eat less fruit than older people. Twice as many white-collar workers as blue-collar workers eat vegetables more than once a day.

### *Decrease in use of tobacco and alcohol*

About 15 percent of both men and women smoke daily. Although smoking is decreasing overall, the proportion of young men (aged 18–24) who smoke daily is on the increase. More girls than boys smoke in school year 9, but the use of moist snuff (*snus*) means that boys and young men are exposed to more nicotine overall than are girls and young women.

Total alcohol consumption and the proportion of high consumers continue to rise across the entire population with the exception of the 18–20 age group. An increase has taken place both in alcohol-related consumption of medical services and in the number of persons treated in open programmes for addiction treatment. Alcohol-related mortality has also risen. At the same time, the proportion of young people who have tried drugs is decreasing, as is drug-related mortality.

## **Chapter 5 Common diseases**

### *Mental illness*

About five percent of the population have a serious depression and 0.7 percent have a psychotic condition. Among men, 3–4 percent and, among women, 5–6 percent are severely distressed and suffer from anxiety. For both suicide and attempted suicide, a downward trend was noted. An exception is the group of young women. In this group anxiety problems and attempted suicide are both on the increase. Psychosis and suicide are both more common in socioeconomically vulnerable areas.

### *Cardiovascular diseases*

The risk of coming down with or dying from a cardiovascular disease has decreased in the population at large, although if obesity continues to spread this hitherto favourable trend may be reversed. Developments are also affected by the growing proportion of elderly in the population. More cases occur in population groups with low income, poor education, low social status and residence in socioeconomically vulnerable areas.

### *Cancer*

Mortality from cancer has decreased as a result of preventive measures, earlier diagnosis and better treatment. The actual number of people diagnosed and living with cancer has increased and is expected to continue to increase, primarily owing to demographic changes and the higher proportion of elderly people in the population as a whole. A contributing factor is improved diagnostic capabilities, leading to earlier discovery and better chances of survival. The commonest forms of cancer are prostate cancer and breast cancer.

### *Injuries*

The number of people injured on the roads increased during the latter half of the nineties but has decreased somewhat since 2003. About 10 percent of those aged 65–84 state that they sought medical help following a fall on one or more occasions. In FHE 2006, three percent state that they have been exposed to physical violence during the past 12 months. Among men aged 18–24, almost 13 percent have been exposed to violence.

### *Diseases of the locomotor system*

Fewer persons reported pain in the locomotor system in 2006 than in 2002, which has reversed the trend of developments seen since 1990. In 2006, 16 percent of the women and 11 percent of the men reported daily pain in their neck, shoulders, arms or back, which is more or less the level reported in 1990. For both men and women, the proportion reporting pain increases with age, while, in all groups, more women than men report that they are troubled by pain. Both workers and persons born abroad report higher occurrence of pain compared to other groups.

### *Allergies and asthma*

The proportion of people reporting asthma doubled between 1990 and 2002, rising from five percent to 10 percent. In 2006, the figure dropped to eight percent. In the youngest age groups, the incidence of other allergic disorders is also falling. In the population, such disorders are common; 32 percent report some form of allergic disorder. The number of products emitting allergenic nickel has declined since the EU nickel directive took effect, as has the proportion of the population reporting nickel allergies.

### *Diabetes*

The occurrence of diabetes increased, above all in men (from 3% to 5%), between 1990 and 2006. In the 65–84 age group, nine percent of the women and 12 percent of the men state that they have diabetes. The occurrence of diabetes is twice as high among persons born outside Europe as among persons born in Sweden. Blue-collar workers are also more likely to have diabetes than senior white-collar workers.

### *Overweight and obesity*

Obesity is 4–5 times more common in Sweden today than it was at the end of the sixties. The reason is to be sought in lifestyle changes and changes in social structure. In the County of Stockholm, about 10 percent of both men and women can be classified as fat. Among middle-aged and older people, among certain groups of persons born abroad and non-skilled workers, the proportion of those who may be classified as obese is almost 15 percent. Overweight and obesity are risk factors for conditions such as diabetes and cardiovascular diseases.

### *Infectious diseases*

In Sweden, thanks to successful preventive programmes, infectious diseases represent a relatively small part of the total disease burden. However, over the past few years the incidence of sexually transmitted diseases have begun to increase once more. Since the mid-nineties, the number of chlamydia cases has more than doubled.

### *Dental health*

The elderly group (aged 65–84) is generally speaking in good health at the same time as certain conditions such as loss of physical functional abilities and pain condition are common, especially among women and among both men and women aged over 75. Most elderly have a satisfactory lifestyle in terms of smoking, diet and physical activity. By comparison with 2002, fewer elderly people are physically inactive during their spare time, more are treated for high blood pressure, a few more eat fruit and vegetables regularly, and fewer men smoke.

## **Chapter 6 Developments in certain groups**

### *Children*

Among four-year-olds, about 10 percent of the boys and 13 percent of the girls are overweight. Of the county's ten-year-olds, the figure is about 20 percent. There are also increasing social differences when it comes to overweight and obesity among boys. Smoking among young people shows a downwards or stagnating trend. At upper secondary school, 35 percent of the girls smoke, as do 25 percent of the boys, "daily or sometimes". Fewer young people in school year nine drink alcohol, although the proportion of high consumers is on the rise. The increase among girls is greater and is now at the level of that of the boys.

### *Persons born abroad*

Generally speaking, persons born abroad are less healthy than those born in Sweden. For example, the occurrence of poor or very poor self-assessed health is two to three times higher among those who were born abroad. The occurrence of mental illness is 70 percent higher, and a proportion that is twice as large reports sedentary free time. These results apply after adjustment for age, gender and socioeconomic group. At the same time, there are great differences between persons born in different countries.

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### *The socially and financially disadvantaged*

About one third of those receiving financial support and almost 20 percent of the socially and financially disadvantaged (according to an index consisting of questions on occupation, financial resources, social relationships and security) have foregone health care. This is a higher proportion than in the population at large (5%) in spite of the fact that the general state of health is significantly worse in these groups. The homeless and those receiving financial support, besides financial barriers, also report experience of poor reception and humiliating treatment in their contacts with the healthcare and medical services.

## **Chapter 7 Developments in different municipalities and city districts**

Regional analyses show that in terms of health and lifestyle there are big differences between the municipalities and districts that together make up the County of Stockholm. For example, in five different areas, more than 34 percent of the inhabitants report their health as being poor rather than good, while in three different areas the equivalent figure is under 20 percent. Among women, the proportion of those who can be classified as overweight varies between 20 percent and more than 40 percent, while among men the proportion of those who report they drink until intoxicated varies between 14 percent and about 30 percent.

There are more Stockholm municipalities and city districts that report improvements rather than deterioration in public health and health-related lifestyles. Many areas show improvements in self-assessed health, mental health and physical exercise. However, alcohol consumption is on the increase in several areas. There is a strong correlation between self-assessed health and the proportion of daily smokers and the average income within the same area.

In regional analyses, six geographical areas (Botkyrka, Rinkeby, Skärholmen, Södertälje, Kista and Vantör) occur more frequently than others among the ten areas that are the least favourably placed in terms of health and lifestyle. An improvement in the situation by comparison with 2002 can in several cases be noted for areas whose position is relatively favourable, while the situation of the others remains unchanged.

## **Chapter 8 Summary and discussion**

This chapter contains a summary of the most important results and a discussion of the various measures taken. Important factors affecting public health taken up here are, for example, segregation, eating habits and exercise, drinking habits and the mental health of young people. Preventive measures should be taken both as part of general public policies – including labour market and housing policies and physical community planning – and in the form of specific initiatives, such as health-enhancing programmes in the healthcare and medical services, the provision of care as required to the financially disadvantaged, systematic efforts to improve the working environment, including targeted health-enhancing measures, and in initiatives at school.

### **Contacts**

Peter Allebeck, project manager,  
peter.allebeck@sll.se, tel +46 8 737 38 34

Mona Backhans, general editor,  
mona.backhans@sll.se, tel +46 8 737 38 13