Disease Prevention in the Swedish Healthcare System:

Health situation, national guidelines and implementation

Socialstyrelsen
THE NATIONAL BOARD OF HEALTH AND WELFARE

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Summary

This brochure describes how we, in Sweden, are working to bolster the work of disease prevention in the healthcare system.

The general health of the Swedish population is relatively good. However, by adopting healthier lifestyles, we could feel even better and live longer. Unhealthy eating habits are the most important risk factor, but smoking, lack of physical activity and the hazardous use of alcohol also adversely affect health.

Public health policy in Sweden is constructed around the requirement that many different arenas work together in order that we may enjoy good public health. Public health measures aimed at the general population have long enjoyed a high status. Recently, we have also placed a greater focus on the role of the healthcare system in preventing disease. One expression of this is that the National Board of Health and Welfare has produced national guidelines for disease prevention methods.

These national guidelines provide recommendation to the healthcare system on counselling methods which should be offered to patients who want and need to change their lifestyle. This counselling can also be complemented with medication or other supplementary measures which support the behavioural changes.

The government has commissioned the National Board of Health and Welfare to, over the course of four years, support the implementation of the national guidelines for disease prevention methods. Our work to support the implementation of the guidelines is also described in this brochure.

1. Lifestyles and health in Sweden

Lifestyles affect health

The general health of the Swedish population is good. We enjoy long, healthy lives. Health-adjusted life expectancy at birth was close to 70 years in 2010, and was surpassed only by Japan, Switzerland and Australia. But much of the ill-health that we have in Sweden is caused by diseases which are affected by our lifestyles. Years of life lost is caused, above all, by cardiovascular disease and lung cancer, but, taking the disease burden into consideration, back pain and 'major depressive disorder' are also important causes of ill-health.

The eight most important risk factors for disability-adjusted life years (DALY) for Sweden are all connected to our lifestyles. The most important risk factor is unhealthy eating. At number two comes high blood pressure, and high body mass index (BMI) is number three. Smoking and insufficient physical activity are four and five. The use of alcohol comes in at number eight on the list of the most important risk factors.

Lifestyle also has a great influence on health in Europe and globally. According to the World Health Organisation's (WHO) European Strategy for the Prevention and Control of Noncommunicable Diseases, a healthy lifestyle can prevent 90 per cent of all diabetes, 80 per cent of all myocardial infarctions and 30 per cent of all cancers. Those who refrain from smoking, eat healthily, engage in moderate physical activity and consume moderate quantities of alcohol live an average of 14 years longer than those with unhealthy lifestyles.

The incidence of unhealthy lifestyles in Sweden

Smoking has decreased in Sweden. In 2012, 11 per cent of the population were habitual smokers. The highest proportion of smokers is found in those between 45 and 64 years of age. Women are either more likely or just as likely as men to smoke in all age groups. There is a large difference between groups with different educational levels. In the group with a short education, a total of 18 per cent are smokers, compared with only five per cent of the group with a long education.

Hazardous alcohol consumption is still significantly more common among men than among women. Sixteen per cent of men and ten per cent of women reported hazardous alcohol consumption in a survey in 2012. However, amongst younger people, i.e. the 16–29 age group, hazardous alcohol consumption is just as common among women as among men, and reaches 28 per cent.

One in three Swedes is active for less than 30 minutes per day. This applies to both men and women. Physical activity is a little more common among younger people than the other age groups. In a survey, 13 per cent of the population have reported that they spend their free time doing sedentary activities. Those with more extensive education are more likely to be physically active than those with less extensive education.

Good eating habits involves such things as eating 500 grammes of fruit and vegetables each day. Only 17 per cent of Swedes manage to eat the recommended quantity of fruit and vegetables. Good eating habits also include eating fish regularly, eating whole-grain products and unsaturated fats and only rarely eating biscuits, sweets, snacks and fizzy drinks. Scarcely one third of the population eat fish two to three times per week, and only 12 per cent eat sufficient whole-grains. Forty per cent eat too many products containing added sugar, most often sweet drinks, pastries, sweets and chocolate.

Obesity is just as common among women as among men, and 14 per cent of the population were obese in 2012. Obesity is more common among the middle-aged than in the younger age groups, and also more common among those with a less extensive education than those with an more extensive education.

2. The healthcare systems role in the preventative effort

The healthcare system can support patients as they move towards healthier lifestyles

Swedish public health policy is built around many arenas and policy areas, together, playing an important role in order to promote good public health. In Sweden, the importance of, for example, good conditions during children's upbringing for good public health is often highlighted. At the same time, the healthcare system has a particularly important role to play in the promotion of public health and the prevention of disease, as set out in the Health and Medical Services Act (Swedish Code of Statutes 1982:763)

There is scientific evidence that health promotion and disease prevention measures within the healthcare system can be effective in changing patients' lifestyles. Because the healthcare system comes into contact with many people and is trusted by the general public, the preconditions are in place to allow it to contribute to improved public health. Several investigations also show that patients would like the healthcare system to work preventatively.

Staff and managers would like to work more to prevent disease

There is also strong support amongst staff and managers in the Swedish healthcare system for the work to prevent disease. About 80 per cent of healthcare staff and 90 per cent of managers state that lifestyle advice is important within their own activities. Doctors are also in favour of disease prevention, with 85 per cent of doctors believing that it is important to provide lifestyle advice within their own field.

Sixty per cent of healthcare staff would like to be able to offer more advice about eating habits and physical activity, and 50 per cent would like to be able to offer more advice about tobacco and the hazardous use of alcohol. It is more common to offer lifestyle advice within primary care than in specialised care.

3. The division of responsibility within the Swedish healthcare system

County councils and municipalities are responsible for providing a good standard of care to patients

The responsibility for healthcare in the Swedish system is divided between central government, county councils and municipalities. The Health and Medical Services Act sets out the respective responsibilities of county councils and municipalities. The Act is designed to give county councils and municipalities considerable freedom with regard to the organisation of their health services.

Central government is responsible for overall healthcare policy. The government provides general grants to county council healthcare services. In addition, it earmarks specific funds to enable county councils to increase the accessibility of care and of reimbursements for medication.

There are 20 county councils in Sweden. County councils are responsible for organising healthcare in such a way as to ensure that all residents have access to high quality care.

Most county council activities are funded by the county council tax. Each county council makes an independent decision on the tax rate and how to allocate tax revenues. County councils also receive income from patient fees and by selling services.

The National Board of Health and Welfare produces national guidelines

The National Board of Health and Welfare is a governmental agency which performs a number of tasks within healthcare and social services. One of its assignments is to collect the best available information and distribute this to those in charge of municipalities and county councils. An important task is that of producing national guidelines for good practice within the healthcare system.

The National Board of Health and Welfare's national guidelines offer support for governance and management of the healthcare system. The objective is to promote the efficient use of healthcare resources, as well as their allocation on the basis of need and their management on the basis of systematic and transparent priorities. Thus, the guidelines' principal target groups are healthcare decision-makers (elected officials, senior civil servants and hospital administrators), as well as healthcare professionals.

The National Board of Health and Welfare engages a large number of experts with scientific and clinical experience when drawing up its national guidelines. The effort begins with a systematic review of the current state of research in the area concerned. The guidelines are based on the best available knowledge first and foremost, of meta-analyses. The scientific evidence is reviewed, assessed and presented in accordance with predetermined criteria.

The priorities proposed by the National Board of Health and Welfare are based on the national model for prioritisation[6]. Prioritisation take place in accordance with this model on the basis of a combined appraisal of three dimensions:

- severity of the condition
- efficacy of the method
- cost-effectiveness

4. National guidelines for disease prevention methods

In order to promote knowledge-based development of the work to prevent disease, the National Board of Health and Welfare has produced national guidelines for disease prevention methods. These guidelines provide recommendations for methods which may be used to support patients who smoke, use alcohol hazardously, take insufficient physical activity or have unhealthy eating habits.

The scientific basis for these guidelines involves counselling methods which aim to change the patient's lifestyle. In certain cases, the counselling methods may be complemented with medication or other supplementary measures.

The methods have been assigned to three different levels – brief advice, counselling and advanced counselling. This classification takes into account a number of factors into consideration, such as the structure, content and scope of the methods, based on how they have been described in the scientific literature.

The recommendations in the guidelines provide the basis from which the healthcare system can develop care programmes, come up with procedures for the measures that the patients will be offered and decide which resources and skills are required in order for patients to receive good care.

Table 1. The National Board of Health and Welfare's three levels of disease prevention methods

Level	Description	Amount of time
Brief advice	• Information and brief, standardised advice and recommendations about lifestyle (not equivalent to asking questions about lifestyle). • Possible addition of written information.	Usually less than 5 minutes.
Counselling	• Dialogue between the healthcare professional and the patient. • Adapted to the individual patient's age, health, risk factors etc. • Possible addition of various tools and devices, as well as specific follow-up.	Usually 10–15 minutes, occasionally up to 30 minutes.
Advanced Counselling	• Dialogue between the healthcare professional and the patient. • Adapted to the individual patient's age, health, risk factors etc. • Possible addition of various tools and devices, as well as specific follow-up. • Ordinarily theory-based or structured, e.g. - Social learning theory/Social cognitive theory - Health belief model - Theory of planned behaviour - Stages of change/Trans-theoretical model - Motivational interviewing (MI) - Cognitive behavioural therapy (CBT) - Method with components from more than one theory. • Healthcare professionals with training in the method used.	Often longer than counselling.

Recommendations

Smoking
The healthcare system should offer advanced counselling to patients who smoke. Methods to help patients quit smoking are presumed to be common already, but the National Board of Health and Welfare believes that the recommendations are more ambitious and thus increase the associated healthcare costs.

Smoking refers to habitual smoking, regardless of the number of cigarettes. More sporadic smoking is also included in the case of those who are pregnant, breastfeeding or facing surgery; they are subject to special recommendations.

Hazardous drinking
The healthcare system should offer counselling to patients who drink alcohol hazardously. Hazardous drinking refers either to high average consumption or to binge drinking at least once a month. High average consumption is defined as drinking in excess of 14 standard glasses (21 UK units) per week for men and 9 standard glasses (14 UK units) for women. Binge drinking is defined as consuming five or more standard glasses (8 UK units) on the same occasion for men and four or more standard glasses (6 UK units) for women. A standard glass corresponds to 330 ml of beer, 120–150 ml of wine or just under 40 ml of spirits.

It is important that healthcare professionals are aware of the fact that it is possible, with fairly small efforts, to help patients reduce their consumption of alcohol. This knowledge is not sufficiently spread today.

WHAT IS A STANDARD GLASS

330 ml of beer

120-150 ml of wine

80 ml of desert wine

40 ml of spirits

Insufficient physical activity

The healthcare system should offer counselling with the addition of a written prescription of physical activity and a pedometer, as well as specific monitoring to patients who are not sufficiently physically active. The National Board of Health and Welfare believes that the healthcare system is already making some effort in this area, but that there are large variations throughout the country. Additional resources are probably required in order to comply with this recommendation.

Insufficient physical activity refers to total physical activity of less than 30 minutes per day.

Unhealthy eating habits

The healthcare system should offer advanced counselling to patients with unhealthy eating habits. Eating habits is probably the aspect of lifestyle to which the healthcare system currently devotes the least resources. As a result, it is presumed that an increased focus on this area will lead to significant cost increases.

Patients with unhealthy eating habits are defined as those who achieve a low score on a dietary index that the National Board of Health and Welfare developed during its work on these guidelines. The index is based on the consumption of fruit, vegetables, fish and low-nutrition food (such as sweets, crisps, buns and cakes, and fizzy drinks). Based on this definition, approximately 20 per cent of the population has un-healthy eating habits.

An attitude promoting health during lifestyle counselling

The National Board of Health and Welfare stresses the importance of healthcare professionals exhibiting an attitude which promotes health when implementing these guidelines. The primary role of healthcare professionals during an interview about lifestyle is to provide patients with the information, tools and support they need to improve their health.

An interview should be structured in such as way as to form a supportive dialogue that is based on the patient's own experience of a specific aspect of their lifestyle and which takes the patient's motivation for change into consideration. This type of approach strengthens the patient's sense of empowerment and offers the patient a central role in improving their health. Health promotion is important in all healthcare situations, but it is especially important when the treatment involves a change in the patient's lifestyle – in other words, altering daily routines and ingrained patterns of behaviour.

Deciding when to ask

According to the Health and Medical Services Act, the healthcare system shall strive to prevent ill-health. Anyone who comes into contact with the healthcare system should, when appropriate, be offered information and advice about methods for preventing disease or injury. The National Board of Health and Welfare feels that the healthcare system should pay more attention to patients' lifestyles than it currently does. Thus, all healthcare professionals should have the tools they require in order to ask questions, offer preventative methods or refer the patient to someone with more expertise.

As with all other diagnoses and treatment, unhealthy lifestyles should be identified in a manner that feels relevant to the patient. Occasionally, there may be specific reasons for not bringing this issue up. Healthcare professionals must always perform an individual assessment in order to determine when and how to ask questions so that they can do so in the best possible way, while being sensitive to each patient's expectations and values.

5. Support for the implementation of the national guidelines for disease prevention methods.

Government Commission

The government have decided to give the National Board of Health and Welfare a four year commission to support the implementation of the Board's national guidelines for disease prevention measures. The commission involves the Board,

- together with representatives of various professions, spreading knowledge of the guidelines within county councils and municipalities,
- setting out the requirements and for supporting the development of methods for the preventative efforts within healthcare and long-term care,
- creating interactive training resources for different occupational groups with the help of IT solutions and
- developing models or methods to ensure the accessibility of data to enable the follow-up of the implementation of the guidelines.

In order to carry out this commission, the National Board of Health and Welfare has been given SEK 64 million over the first three years.

It is unusual that the government has made a specific investment in the implementation of national guidelines, however, the motivation for this investment is that it is important to strengthen efforts to prevent disease with the healthcare system. The government have also judged that these guidelines are harder to implement in the healthcare system than many other guidelines because there are many organisations and groups of personnel that need to assimilate the recommendations on disease prevention. Most other guidelines are directed at a more specific group of specialists.

The implementation project's goals

Five goals have been set for the implementation project.

a) Care providers should have structures which support the effort at health promotion and disease prevention in accordance with the national guidelines.

b) Patients should be offered support to change their unhealthy lifestyles, in accordance with the recommendations in the national guidelines.

c) All those who work in the healthcare system and come into contact with patients should have the knowledge and ability to work in accordance with the guidelines on disease prevention methods.

   The professional bodies should promote a positive attitude to health promotion, and staff in the healthcare system should make disease prevention methods available to patients when they come into contact with them.

d) The project should have contributed to the development of methods which promote the availability of disease prevention methods in the healthcare system. The methods developed may comprise both those concerned with implementation at the organisational level and those which are used during patient contact.

e) It should be possible to follow-up the health promotion efforts and the use of the guidelines for disease prevention methods in all county councils and regions. Open comparison should be possible for the health promotion efforts. It should be possible to follow-up the indicators, which have been determined in the guidelines project, using data.

Support strategy for the implementation

The National Board of Health and Welfare's project is aimed at supporting the county councils' implementation efforts. The project works toward adapting the permanent structures in the healthcare system to new working practices. In order for the recommendations to be implemented on a broad front, clear commissions, care programmes or similar, and clear procedures for the measures that the patients will be offered are required.

Implementation research talks of the importance of those who will be working with new methods, which will be introduced, understanding their urgency. It is also important that there are clear change advocates, in whom the groups of staff have faith. It is especially important in the healthcare system to receive the support of the medical profession.

The project has built up contacts with stakeholders who are important in the effort to prevent disease. Attached to the project is a reference group, made up of representatives of the healthcare system, the professions and the governmental agencies that have commissions which affect the work to prevent disease.

The project also has contacts in all of the county councils. Those who have been designated as contacts have the task of taking responsibility for the coordination and implementation of the national guidelines for disease prevention methods within their county council. The contacts meet regularly to share their experiences and provide feedback to the project's management team. The contacts are important for the harmonisation of the implementation throughout the country so that patients receive equivalent care, regardless of where in the country they live.

The project collaborates with and provides financial support to professional organisations so that it is possible for them to disseminate information about the guidelines amongst their members. Financial contributions have been made to organisations for doctors, nurses, physiotherapists, midwives, dieticians and occupational therapists.

Communication

Managers and healthcare staff who come into contact with patients need to be familiar with the recommendations contained in the guidelines. The National Board of Health and Welfare distributes information at meetings, conferences, on their website, via brochures etc. The Board wishes, primarily, to reach those who have responsibility for the management and governance of healthcare, and thus inspire others to disseminate the information further.

The information needs to be put in context. Therefore, the information that is distributed by the management of county councils to the organisations they are responsible for is important. Of particular value is when the management of county councils have chosen to develop care programmes, for example, with representatives of groups of staff and subsequently disseminate them to the staff.

Important information is also disseminated via national professional organisations. The organisations that have received support from the National Board of Health and Welfare arrange their own conferences, produce information materials and set up websites in order to distribute information about the national guidelines for disease prevention methods, with a focus on their members.

Online education

As part of the project, an online education tool has been created containing advice on good eating habits. The aim is to support and educate healthcare staff so that they gain a theoretical framework for putting into practice the recommendations on healthy eating habits that are in the national guidelines on disease prevention methods. The online education tool should contribute to enabling healthcare staff to offer adequate support to patients who need to change their unhealthy eating habits, based on the recommendations in the national guidelines for disease prevention methods.

The background is that the contacts in the county councils have requested support with regard to the development of skills and advice on good eating habits. Many county councils lack the skills and experience in this area which are required to transform the recommendations in the guidelines into practical healthcare measures. Professional organisations have also asked for support with regard to issues relating to food.

Support for methods

The project includes the setting out of the requirement for the development of methods which support the implementation of the national guidelines for disease prevention methods in healthcare. The project also provides financial support to further development of methods. This may relate to increased knowledge about various organisational conditions relating to implementation and to counselling methods which aim to reducing tobacco use, the hazardous use of alcohol, inactivity and unhealthy eating habits.

During the work to create the guidelines and while surveying within the framework of the project, it became apparent that there is a need for increased knowledge relating to the assurance of the quality of the training in counselling methods, to how the different forms of decision support can support the work with disease prevention methods and to available applications of the qualified advice on eating habits.

Knowledge is also required concerning how the healthcare system can work to help patients with various social, financial, cultural and functional conditions succeed in changing their unhealthy lifestyles. Furthermore, there is a general demand for knowledge about how new working practices within both specialised and primary care, modern IT solutions and other innovative aspects of lifestyles and methods can contribute to an increased application of the guidelines.

Follow-up and evaluation

The National Board of Health and Welfare will track how the efforts to prevent disease in the healthcare system develops and to what extent the healthcare system follows the recommendations in the national guidelines. The initial focus will lie on which measures the healthcare system implements, but, in the longer-term, we will also track the results of the efforts.

Specific codes have been produced in order to be used in patients' notes, and an important task for the National Board of Health and Welfare is to ensure that the codes are used in the same way throughout the entire country.

The National Board of Health and Welfare will also follow-up how the healthcare system's management and governance structures have been adapted in order to create the conditions for the work to prevent disease. This involves, for example, how the tasks are formulated, if there is a care programme and decision support, if there are procedures and whether there are the resources and the skills available in order to undertake counselling with the patients who need support. An initial evaluation will be presented in the autumn of 2014.

This brochure describes how we, in Sweden, are working to bolster the work of disease prevention in the healthcare system.

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