Government Resolution

on the Health 2015 public health programme

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

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Summary

Government Resolution on the Health 2015 public health programme. Helsinki 2001. 36 p. (Publications of the Ministry of Social Affairs and Health, ISSN 1236-2050: 2001:6) ISBN 952-00-0982-5

The Government Resolution on the Health 2015 public health programme outlines the targets for Finland's national health policy for the next fifteen years. The main focus of the strategy is on health promotion, not so much on developing the health service system. The foundation for the strategy is provided by the Health for All programme of the WHO, which was revised in 1998. The strategy is a continuation of the Finnish national HFA 2000 programme.

Health 2015 is a cooperation programme that provides a broad framework for health promotion in various component areas of society. It reaches across different sectors of administration, since public health is largely determined by factors outside health care: lifestyles, living environment, quality of products, factors promoting and factors endangering community health.

The concepts 'settings of everyday life' and 'course of life' play a key role in the programme. The strategy presents eight targets for public health, which focus on important problems requiring concerted action by various bodies. They indicate the outcome aimed at in different phases of life. In addition, there are 36 statements concerning the lines of action underlined by the Government, incorporating challenges and guidelines related to citizens' everyday environments and various actors in society.

The programme has been prepared by the Advisory Board for Public Health set up by the Government. The process involved consultation with specialists, analyses, seminars and group work.

Key words: health, public health, health promotion, health policy, health care, Health for All, WHO

Foreword

Government Resolution on the *Health 2015* public health programme.

The foundation for the World Health Organization (WHO) *Health for All by the Year 2000* programme was created over twenty years ago, at a conference in Alma Ata in 1978. This was used as the basis when the European Region and WHO Member States formulated their own targets. In its own *Health for All by the Year 2000* programme, Finland became one of the first countries in the world to attempt to formulate a systematic broad-based national health policy.

Parliament first debated health policy extensively in 1985, on the basis of a Government report. The Finnish *Health for All by the Year 2000* programme was published a year later. A WHO expert group evaluated Finnish health policy in the early '90s, and a Revised Strategy for Cooperation was drafted based on the assessment. The effects of health policy were reviewed in a first Government Public Health Report to Parliament in 1996, and in subsequent Social and Health Reports.

The World Health Assembly approved a new *Health for All in the 21st Century* follow-up programme in 1998. It continues the *Health for All* programme in a revised form, and is founded on the same values and principles, but changes in the operating environment called for some adjustment in modes of operation and, to some extent, strategies. The new global programme was designed to help the whole world deal with health problems over the next few decades. It formed the basis for the *Health 21* programme for the European Region.

The WHO's most recent global programme and the programme for the European Region were used as a basis for drawing up Finland's new *Health 2015* programme. This was compiled by the Advisory Board for Public Health set up by the Government, representing several spheres of administration, local authorities, the health services, NGOs, unions and professional organizations, and health research. The process involved consultation with specialists, analyses, seminars and group work. Representatives of organizations, and of sectors of government other than the Ministry of Social Affairs and Health, all worked together as equal partners.

The programme does not cover every conceivable aspect of health. Situations posing a risk to health can arise very rapidly and for reasons beyond our control, partly as a result of globalization.

The Governement recommends that the various parties involved, central and local government, research centres and organizations should all incorporate the principles of the programme into their own plans. The Ministry of Social Affairs and Health will be coordinating and monitoring programme implementation and attainment of its targets at various levels.

Osmo Soininvaara
Minister of Health and Social Services

Contents

1. Starting premises

One key human hope for the future is that one's own and one's family's health will remain good or improve. For communities, nations and indeed the whole human race, health is a crucial element in welfare and development. Attaining the maximum possible health is also a basic human right. Investment in health is an investment in the future. A healthy population is an important precondition for economic growth and competitiveness. Promoting public health as a component in and instrument of social development is an integral element in overall sustainable development. Globally, it is seen as a key means towards eliminating poverty.

Health can be safeguarded, and may deteriorate as a result of everyday conditions, and human interaction, ways of life and choices. Health is affected by biological, psychological, chemical, physical and social factors in people's normal environments - their homes, housing areas, traffic, schools, workplaces and leisure activities. Health is also affected by people's mutual social safety net, their sense of community and concern for each other, as well as by knowledge, skills and training. Health care is important when people fall ill, but also in the prevention of disease and the promotion of health.

The Government report to Parliament on health policy in 1985 and the 1986 *Health for All by the Year 2000* programme already stressed the joint responsibility of all the social actors for public health. This was also underlined in the revised *Health for All* programme drawn up after the international assessment process and approved by the Government in 1992 as national guidelines for health policy. The same view has guided the public health strategies of the World Health Organization (WHO) and many of its Member States. The WHO's more recent global *Health 21* programme and the programme for the European Region based on it provided the foundation for Finland's new *Health 2015* programme.

The status of health and government's broad responsibility for it were confirmed in the revised constitution, which requires government both to ensure health services and to promote health. The Programme of Paavo Lipponen´s second Government states that promotion of the population's health and functional capacity is to be made a factor guiding and acting on all public and general decision-making and activities. The

affirmation of a broadly based responsibility for health in the Treaty establishing the European Community is also influential here. Article 152 of the Treaty of Amsterdam engages to take the demands of high-quality protection of public health into account in all spheres of operation, and the Union is working on concrete tools and structures with this aim in view.

Both central and local government can influence the preconditions for the population's health through their various sectors of administration. The key decisions in terms of health promotion relate to matters such as changes in the living environment, management of welfare services, targeting of taxation, improvements in education and training, job creation, ensuring product quality, social security and equality. Private enterprises and various interest groups also have a major impact on the preconditions for health. Local decisions in homes, daycare centres, educational institutions, workplaces, services and transport may all both further or detract from the potential for good health. The choices and actions of individuals, families and various corporations are crucial here. Cooperation between the various actors and sectors of administration helps to bring about the right results.

On October 28, 1999 the Government decided on a Target and Action Plan for Social Welfare and Health Care for 2000-2003. In the Health Care 2000 project, central and local government are working together to improve health care. The present *Health 2015* programme, which has been drawn up in extensive partnership, goes even further, i.e. outside the system of public services, and is longer-range, extending up to around 2015. It is a partnership programme, also involving actors outside government, and indeed citizens themselves. Measures needed in order to implement the programme will be prepared and decided in accordance with the powers of the competent authorities.

2. Trends in public health and elements of change

In 1986 four general targets were set for the population's health under the *Health for All* programme:

- ***Adding years to life**, i.e. a decline in premature deaths*
- ***Adding health to life**, i.e. a decline in chronic diseases, accidents and other health problems*
- ***Adding life to years,** i.e. good health and functional capacity for longer in life, with welfare to match*
- ***Reducing health disparities between population groups,** i.e. smaller health differences between genders, socioeconomic categories and people living in different regions.*

In the case of the *first target*, considerable progress has been made in the last few decades. The average life expectancy of a Finnish woman has risen about six years since the beginning of the '70s and that of a man about seven years. Women can on average expect to live slightly longer than women in other EU countries. Men still lag behind the EU average, but now by only about a year. Infant mortality has long been well below the EU average. Mortality among the over 65s has also declined considerably, though for men we are still 1-2 years behind the longest-lived western Europeans.

That said, the mortality rate among young adults, especially men, has been slow to fall and is still high by west European standards. Accidental and violent deaths, suicides and deaths related to alcohol and mental health problems are still common. Though deaths from cardiovascular disease have decreased rapidly, the level is still about twice that of the Mediterranean EU countries.

Some progress has also been made with the *second target*. Morbidity from several serious diseases such as heart attacks, strokes, hypertension, rheumatoid arthritis and many infectious diseases has fallen. Dental caries has decreased substantially, especially among young people.

However, these encouraging developments are overshadowed by several figures that reflect a deterioration, or no improvement. The percentage of young people suffering from long-term disease rose in the early '90s, and remained unchanged for middle-aged and older people. Asthma and allergies, diabetes, alcohol and drug problems, cases of falls among old people, mental health problems among the young, cancers and other diseases related to more smoking among women, and prostate cancer among men have all become more common. Circulatory and musculoskeletal diseases, and mental health problems among adults, all seem to be as common now as in the '80s.

Better progress has been made with the *third target*, too. With better general health and fitness levels, the percentage of under-55s on disability pension has fallen. That of over-65s who can cope alone without needing continuous help from others has also risen appreciably. Research shows that Finns, especially middle-aged and older people, feel healthier on average than their peers in the '70s.

One negative aspect of the current picture is that more and more working-age people in the older categories no longer have a job, though this is mostly because of other factors such as rapid workplace change, new early retirement schemes, and attitudes favouring retirement, and not just for health reasons.

Some progress has been made with the *fourth target*, as mortality differences between the genders and different parts of the country have declined. The inter-gender difference is still exceptionally large, however, compared with most west European countries. Inter-regional differences have decreased in absolute terms, but relative differentials remain unchanged.

It is particularly worrying that differences between certain socioeconomic groups have actually increased in some respects. For instance, the average life expectancy of a male upper-level white-collar worker of 35 is about 5.5 years longer than that of a male blue-collar worker of the same age. Between the '80s and the '90s the differential rose by one year. The differences in morbidity between various socioeconomic groups are also very great.

Many factors are at work shaping the overall picture of the nation's health. The main beneficial influences are improvements in working, housing and other living conditions, higher levels of education and financial wellbeing, less smoking among men, and more healthy eating habits. Care of serious diseases gets better results these days, and preventive action such as inoculations and screenings have also been effective. Considerable advances have also been made since the early '70s in getting health services to more remote areas and to the lower income groups.

There are many reasons behind the problems that still exist. Growing welfare and better living conditions are not spread evenly, and there has also been some marginalization from the overall mainstream of progress, as well as a widening income gap in the '90s. Economic growth has been accompanied by risks, including exclusion from the keener competition in the labour market and in education and training, more psychosocial stress, new biological, chemical and physical risks in the environment, changes within families and in other intimate relationships, repetitive stress injury, less exercise in everyday pursuits, and unhealthy eating and drinking habits. These risks are often spread unevenly among different population groups. There is also still some marginalization of the lowest social groupings in health care services.

3. New challenges

The values on which health policy is based, the main principles behind the arrangement of health care and the general goals of health policy enjoy extremely wide support among the nation. The progress made overall in public health recently also provides a good basis for further advances in future.

Many recent problems will remain key challenges for the future, however. It will not be enough to go on as before, and a firm overall commitment must be made to better health policy.

Increasingly, decisions made in the European Union, but also those related to cooperation with neighbouring areas and in other parts of the world, have an impact on Finnish health. In legal regulation of many health risks, national sovereignty has already shifted to the EU. This is why there must be a stronger international dimension in new health policy initiatives and impact.

Inside the Finnish government system, local authorities play an increasingly important role. Governance in practice also strives to replace 'top downwards' approaches with 'bottom upwards' management, involving people much more in local decision-making. Health policy should go through a corresponding shake-up, though care must be taken to ensure that there is sufficiently effective management to safeguard the national goals and equity of health policy.

The ageing population and cultural and ethnic diversification pose challenges for health policy. All population groups must be given the chance to promote their health and contribute to the workings of society. Exclusion for reasons of age or cultural differences must be avoided, not least because it has obvious effects on health. There is a clear risk of greater social and regional marginalization. Before health policy can succeed, any further discrepancies between socioeconomic groups and people in different regions must be prevented, and more effective action taken to reduce them.

There have been, and probably will continue to be, rapid changes in the technological and economic basis of society. Such change can strengthen the foundation for welfare and health and ensure that they are spread fairly among the population. Ad-

vances in technology, medicine and other scientific disciplines offer new potential for the care of disease. They can also create better conditions for maintaining health and conserving functional capacity even when illness or injury might otherwise threaten them. But there are also more dangerous features attached to economic and technological change - for example the possibility of economic, informational and cultural exclusion, new biological, chemical and physical risks, and more unhealthy ways of life. Decisions about the technological and economic future are thus crucial for public health and should be made in broad partnership.

The level of education has risen and knowledge utilization is getting better all the time, creating good potential for better health. There is plenty of information available in a variety of forms concerning health and the factors affecting it.

4. Main targets up to 2015

Finnish health policy continues to aim to give people a longer and healthier life and to reduce health differentials between population groups. These general targets are still valid, and basing itself upon them and on research and expert opinions, the Government concludes that by 2015 it will be possible to reach the following *Health 2015* milestones. Indicators will be devised to assess attainment of the targets, and these will be monitored.

Targets for different age groups

1. *Child wellbeing and health will increase, and symptoms and diseases caused by insecurity will decrease appreciably.*

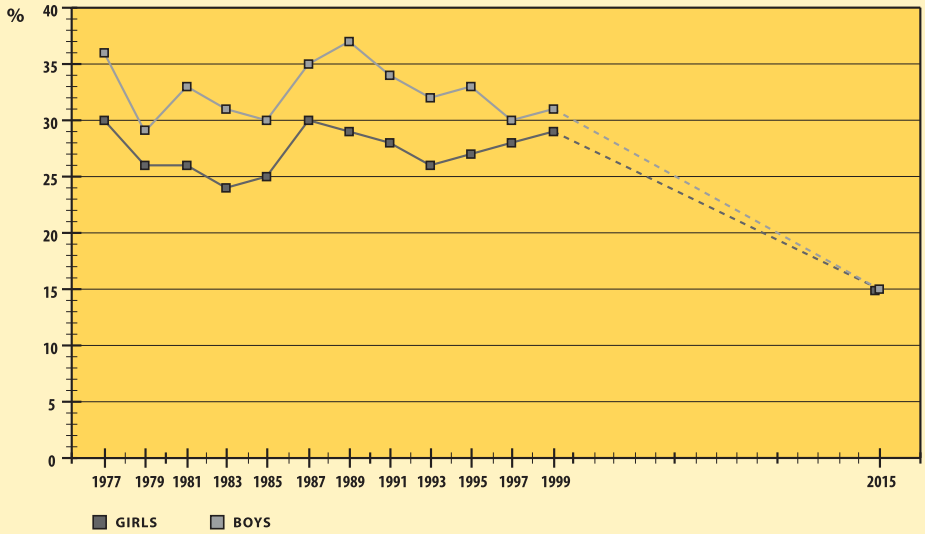
2. *Smoking by young people will decrease, to less than 15% of those aged 16-18; health problems associated with alcohol and drug use among the young will be dealt with appropriately and will not exceed the level of the early '90s.*

3. *Accidental and violent death among young adult men will be cut by a third on the level during the late ´90s.*

4. *Working and functional capacity among people of working age and workplace conditions will improve, helping people to cope longer in working life; retirement will be about three years later than in 2000.*

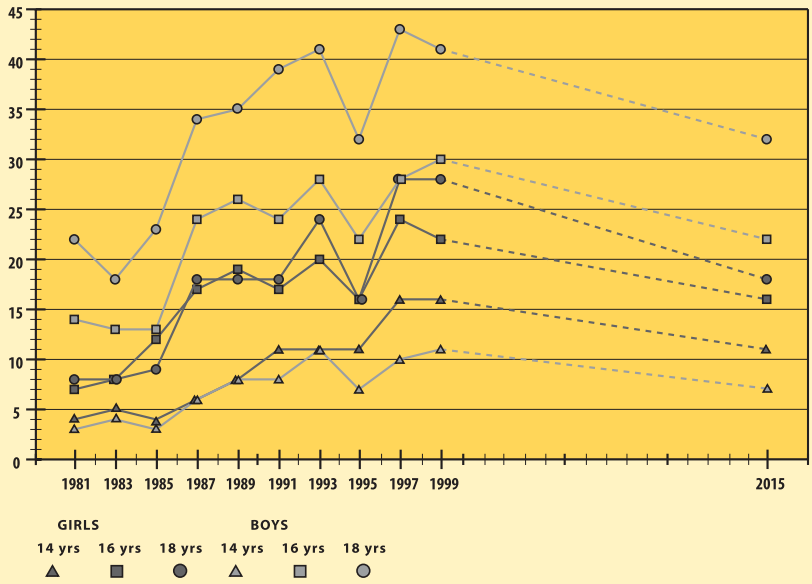
5. *Average functional capacity among people over 75 will continue to improve as it has during the last 20 years.*

Target 2a. Proportion of daily smokers (%) among 16 – 18-year-old girls and boys since 1977 and target for 2015



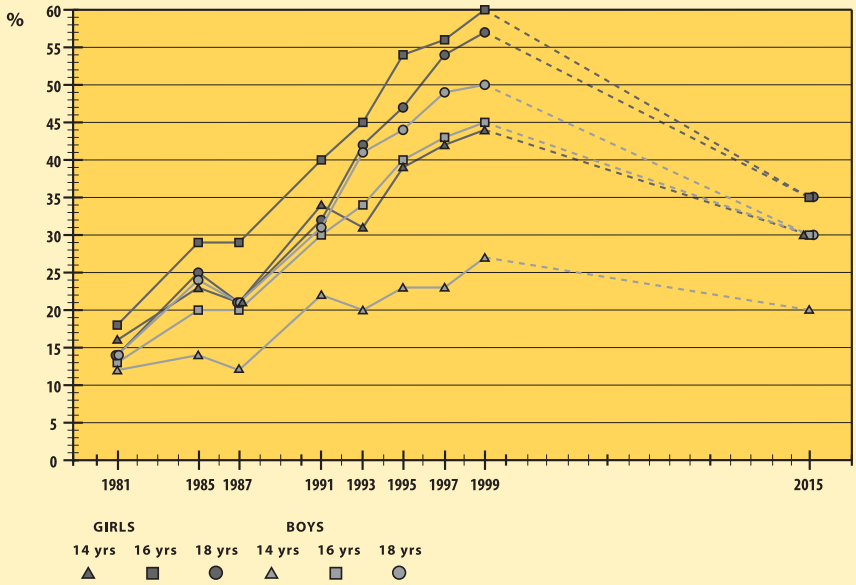
Source: Rimpelä A, Vikat A, Rimpelä M, Lintonen T, Ahlström S, Huhtala H. Young people's health habits in 1999. Changes in smoking and substance use. National Research and Development Centre for Welfare and Health, STAKES, Themes 18/1999, Helsinki 1999

Target 2b. Proportion of those drinking to intoxication at least once a month (%) among girls and boys aged 14, 16 and 18 since 1981 and target for 2015



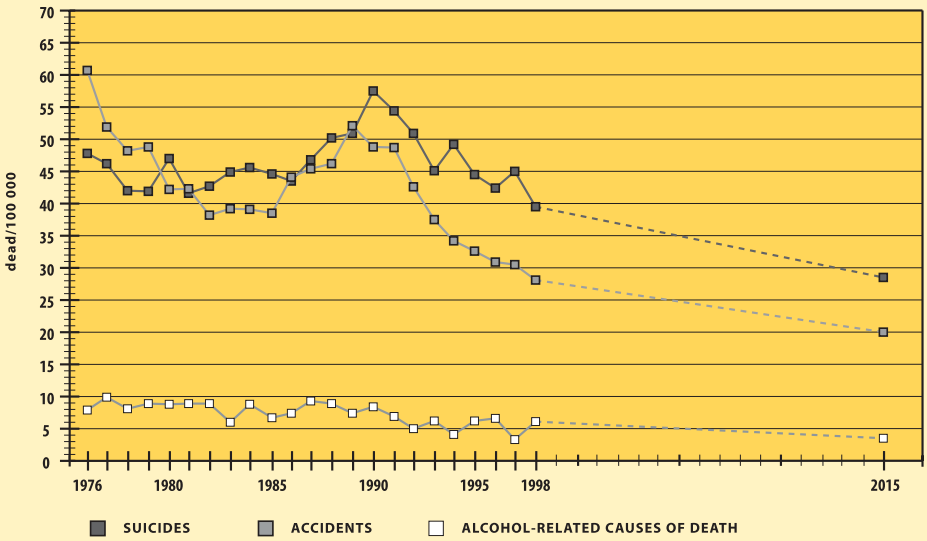
Source: Rimpelä A, Vikat A, Rimpelä M, Lintonen T, Ahlström S, Huhtala H. Young people's health habits in 1999. Changes in smoking and substance use. National Research and Development Centre for Welfare and Health, STAKES, Themes 18/1999, Helsinki 1999

Target 2c. *Proportion of girls and boys aged 14, 16 and 18 (%) who know that at least one of their acquaintances has experimented with drugs since 1981 and target for 2015*



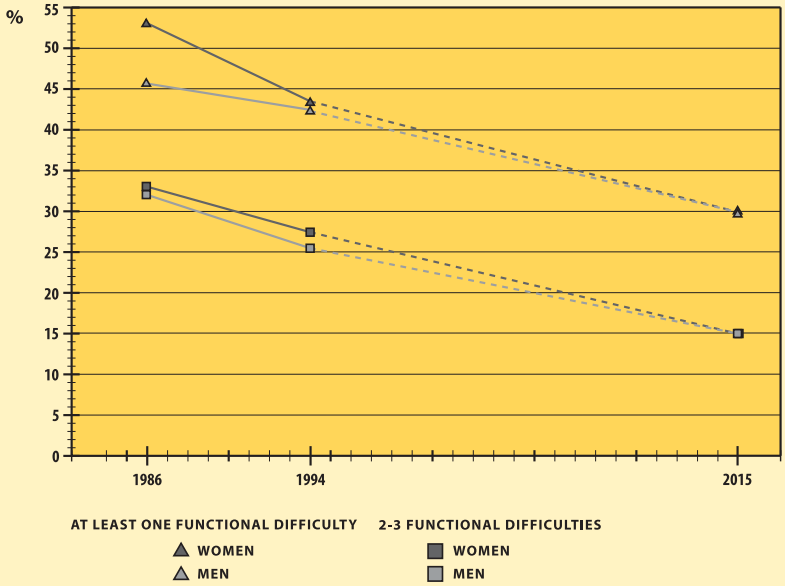
Source: Rimpelä A, Vikat A, Rimpelä M, Lintonen T, Ahlström S, Huhtala H. Young people's health habits in 1999. Changes in smoking and substance use. National Research and Development Centre for Welfare and Health, STAKES, Themes 18/1999, Helsinki 1999

Target 3. *Age-adjusted mortality of 15 – 34-year-old men (dead/100,000) from suicide, accidents and alcohol-related causes of death since 1976 and target for 2015*



Source: Statistics Finland

Target 5. Prevalence of daily functional difficulties (%) among those aged 75 and over in 1986 and 1994 and target for 2015



Source: Statistics Finland, unpublished calculations from the material for the studies of living conditions in 1986 and 1994, cf. Aromaa A, Koskinen S, Huttunen J, ed. Finns' Health 1996. Edita. Helsinki 1997

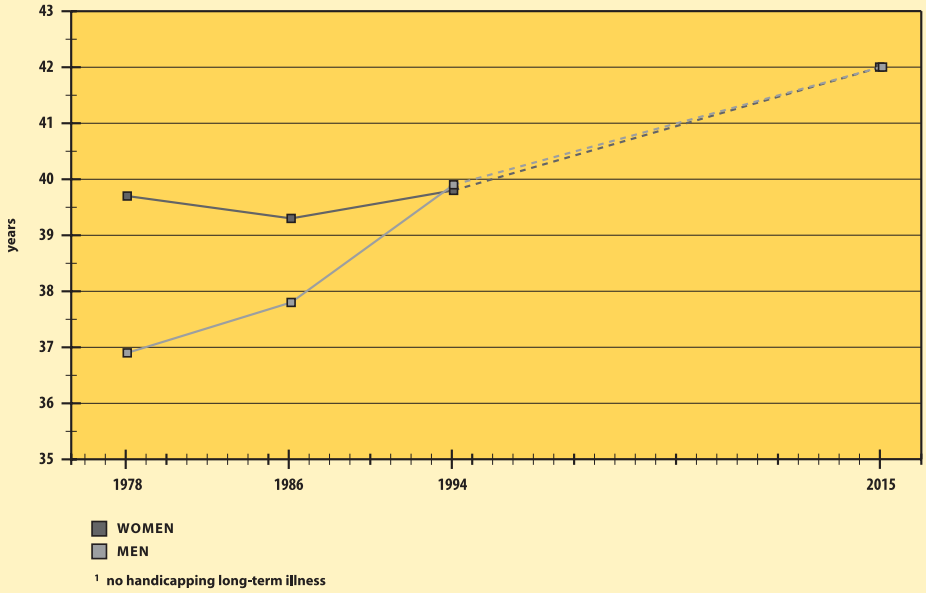
Targets for everyone

6. *Finns can expect to remain healthy for an average of two years longer than in 2000.*

7. *Finnish satisfaction with health service availability and functioning, and subjective healthiness and experiences of environment impacts on personal health will remain at least at the present level.*

8. *In implementing these targets, another aim will be to reduce inequality and increase the welfare and relative status of those population groups in the weakest position. The objective will then be to reduce mortality differences between the genders, groups with different educational backgrounds, and different vocational groupings by a fifth.*

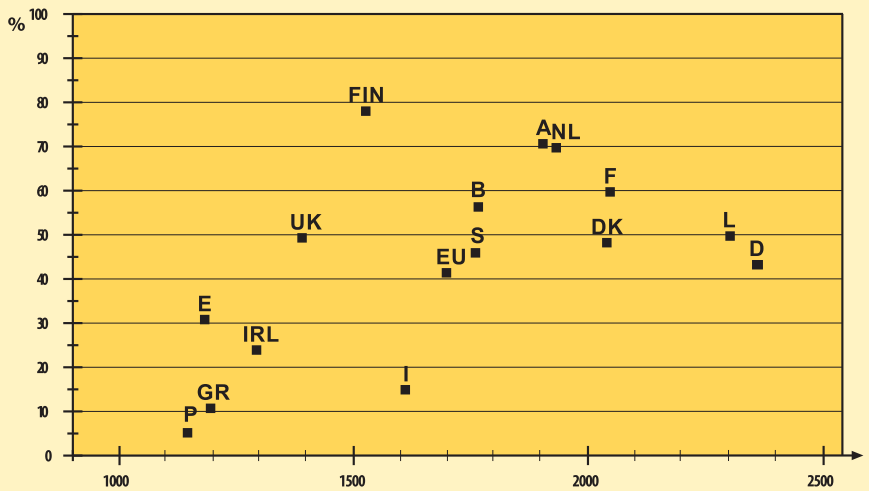
Target 6. Life expectancy for healthy years of life[1] of those aged 15 since 1978 and target for 2015.



[1] no handicapping long-term illness

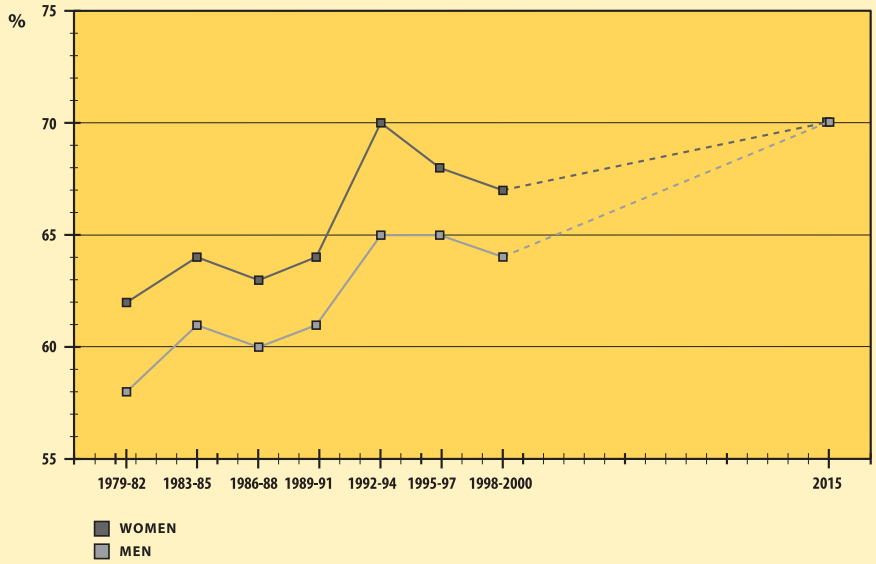
Source: Sihvonen A-P. Active years of life. In: Aromaa A, Huttunen J, Koskinen S, Teperi J. Finns' Health 2000. Duodecim, Helsinki 2001.

Target 7a. Satisfaction with health services in EU states in 1998



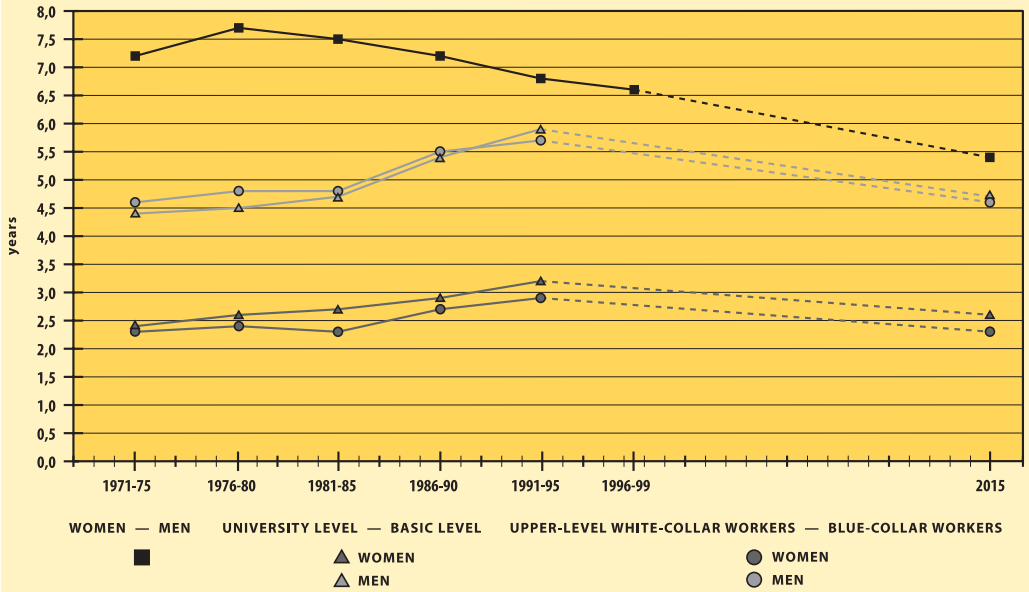
Source: Eurostat, Key Data on health 2000

Target 7b. *Age-adjusted proportion (%) of those estimating their state of health as good or fairly good among 25 – 64-year-old Finns since 1979 and target for 2015*



Source: National Public Health Institute, questionnaires concerning health behaviour among the adult population from 1979-2000

Target 8. *Differences by population group in life expectancy of those aged 35 since 1971 and target for 2015*



Sources: Statistical Yearbook of Finland 2000, Statistics Finland, Helsinki 2000, p. 123; Valkonen T, Martelin T, Rimpelä A, Notkola V, Savela S. Socio-economic differences in mortality 1981-90, Statistics Finland, Population 1992:8, Helsinki 1992, pp. 97-100; unpublished findings from studies by Tapani Valkonen's research group.

Such progress means not only maintaining preconditions for the good progress that has been made in the last two decades, but also reversing the negative trends outlined above. The main preconditions that must be fulfilled are:

- *All sectors and levels of government, the private sector and civil action must make the population's health a key principle guiding choices. The social dimension must be incorporated into the public sector's long-range policies, programmes and action plans, and be made an element in result management in the administrative sector of every ministry. Progress must be monitored using indicators that will be devised for the purpose.*

- *The main arenas of everyday life, such as homes, schools, workplaces, leisure environments, transport and public services, must be given better preconditions for promoting the population's health. At the same time, everyone will be given the right to a healthy environment and opportunities to influence decision-making concerning it.*

- *Preconditions must be strengthened for health promotion at all phases of life, from birth to old age.*

5. Challenges at different phases of life

The concepts 'settings' and 'course of life' play a key role in the *Health 2015* programme. Because health is a process rather than a state of affairs, it should be studied throughout the course of life, striving to identify important transition stages and critical periods and to help people to cope with them as well as possible. Health as a process also means that many changes in people's state of health are reversible and can therefore be influenced. Background factors carry a different weight at different phases in people's lives, so the necessary action also differs. It is not just the whole course of life that must be looked at, but its various phases.

Ultimately, people decide what their lives will be like through the choices they make. The desire for autonomy is a key human characteristic: people are given information, opportunities and challenges, but they make their own decisions. Children and young people are less well equipped to make choices and need support and guidance from adults. People's lives are taking on a stronger health orientation, calling for new information provision, education and health guidance. Respecting autonomy and supporting the preconditions for it are crucial in all health guidance. On the other hand, people should always have a strong personal sense of responsibility for the consequences of the decisions they take about their lives. While this must be underlined, it may not constitute an obstacle when people lack the ability, knowledge and opportunity to control their own lives.

Child health

Small children in Finland are extremely healthy judged by infant mortality, the indicator used in international comparisons. Children of playschool and comprehensive school age nonetheless suffer symptoms, illnesses and accidents that can be prevented. Child health already begins to shape in the womb, so it is very important to promote the good health of young women, particularly when they are pregnant. Health differences between population groupings start to develop in childhood, because some children have to grow up in poorer conditions and surroundings. Daycare and

school are an important part of a child's life.

The threats to child health are symptoms and diseases related to insecurity, such as mental health problems and anti-social behaviour. Major changes in society and the social environment, the impact of the media and the emphasis on competition in society have links with growing psychosocial ill-health among children. Their everyday environments are shaped by and operate on economic, adult terms. This issue also involves the culture and lifestyles of society, and the respect for the status and care of children that they reflect.

The Government gives emphasis to the following lines of action:

1. *Cooperation between central and local government, NGOs and industry to support families and better reconcile the needs of families with children with those of working life.*
2. *In cooperation with parents, furthering the role of daycare, preschool and comprehensive school in promoting child health.*
3. *Helping children and families with children who are at risk of marginalization by providing financial assistance and psychosocial services, as part of municipal welfare policy programmes. Ways must be found in which the health and social services and the social security system can promote child health, and in particular improve the home background and educational opportunities of children in the most disadvantaged categories and risk groups.*
4. *Indicators of psychosocial wellbeing among children must be devised and a monitoring system built up based on them. Mental health care for children must be safeguarded.*

Young people's health

Serious, incapacitating or fatal diseases are rare among young people of school age, though not totally unknown. Roughly every tenth child suffers from some long-term illness or disability, the most common being asthma and allergies. Children with learning difficulties are also an important group. Excess weight, eating disorders and psychosomatic symptoms have also increased. Young people start smoking and drinking earlier and experimenting with drugs is more common. Substances causing addiction are a health risk both in the short term and later, in adult life. Changes here can only be expected if there are also changes more generally in drug and alcohol use and in attitudes to them. The risk of symptoms and unhealthy lifestyles becoming permanent among socially deprived young people living in problematic environments is greater than among those who go on to higher education and live in stable social environments.

The main preconditions for youth health include working conditions at schools and colleges, cooperation between the various parties in eliminating educational marginalization and a vicious circle of ill health, support for young people's own recreational, sporting and cultural activities, and backing for family lifestyles and for a culture respecting young people's rights and care of the young.

The Government gives emphasis to two lines of action:

5. *Collaboration between schools and other educational institutions, social and health services, municipal sports and youth departments, organizations and the media in reducing educational marginalization and poor health, e.g. by developing support functions, increasing information provision on life management and health, and influencing exercise habits.*

6. *Cooperation in municipalities throughout the country between various authorities, organizations, schools, business and industry, parents and young people themselves aimed at reducing drinking and experiments with drugs, and properly dealing with social and health problems related to alcohol and drug use.*

Health during working life

Generally speaking, the health of people of working age has improved over the last few decades. The main challenges are accidental and violent death among young adult men, morbidity related to long-term unemployment and other social exclusion, and exceptionally common premature retirement later in working life, as a result of burnout, mental health problems, and the low level of education and training among older workers. In younger age groups, reconciling work and family life presents its own challenge to health.

The main preconditions for adult health are to ensure gainful employment and further and continuing training and re-training for those that need it, and to ensure everyone an adequate income. One important task is to ensure that working environments, social relations in working life and the psychophysical demands of work are health-promoting and appropriate for workers of different ages. Support for social relationships and various forms of solidarity providing peer assistance are key preconditions for well-being and healthy lifestyles. Healthy habits in terms of eating, stimulants, exercise and transport should also be supported in working life, leisure pursuits, traffic policy, information, culture, and component areas of economic policy such as taxation.

The Government gives emphasis to the following lines of action:

7. *In order to reduce alcohol-related accidental and violent deaths and injuries among young adult men, the Ministry of Social Affairs and Health will agree on an action package with other ministries and local authorities, unions and industrial organizations, and will extend existing traffic and occupational safety and health programmes.*

8. *Every effort must be made to reduce problems related to human and family relations, domestic violence, and loneliness by developing services and training related to family life, e.g. by increasing the skill base of family counselling clinics and through special groups to combat male violence.*

9. *Every effort must be made to prevent social exclusion, ensuring that the unemployed and people in atypical jobs and workplaces have the same opportunities as others to get health services and health promotion. Occupational safety and health and occupational health services are crucial here.*

10. *The Ministry of Social Affairs and Health, Ministry of Labour and labour market organizations must intensify present efforts in line with the goals of the National Programme for Ageing Workers to ensure that employer demands can be reconciled with employee ageing and physical and mental capacities. The Government must itself show the way by ensuring that its personnel policy and strategies help its employees to cope at work.*

Health in old age

The average life expectancy of ageing people has increased considerably in the last few decades, especially in the case of those over 80. The overall functional capacity of 60 to 75-year-olds has improved and though long-term illnesses are common, nearly all people in this age group live in their own homes. The illnesses of ageing people can also be prevented, and their functional capacity promoted and rehabilitated, contributing to the preconditions for an autonomous life. In the oldest age groups, increasing disabilities make it harder to cope alone and reduce the quality of life. Even then, however, it is possible to improve the ability to cope with everyday life by preventing further deterioration and providing appropriate rehabilitation. The need for care and attention grows particularly rapidly after the age of 85, when people also tend to need various long-term care services.

As the whole population is ageing rapidly, there is a great challenge in arranging rehabilitation, care and attention, and high-quality comprehensive health care services, for those with reduced functional capacity and the very old, to help them cope with everyday life. Another challenge is to reduce the great health disparities be-

tween different socioeconomic groups. Social exclusion and low social standing are linked with higher morbidity and reduced functional capacity earlier in life among ageing people, too. Preconditions for promoting the health of older people and for reducing health differences should also be created by reducing prejudices and attitudes contributing to age discrimination.

The Government gives emphasis to the following lines of action:

11. *Ageing people must be ensured opportunities for functioning actively in society, for developing their knowledge and skills, and the ability to care for themselves, and for continuing to live an independent quality life with an adequate income for as long as possible.*

12. *Residential, local service and transport environments must be developed for ageing population groups that will safeguard the conditions for an independent life even when their capabilities deteriorate. Local authorities should work for these targets through an old age strategy incorporated into the municipal plan, as part of their welfare programmes, in traffic planning, and in developing and adding to housing areas.*

13. *A programme of services for old people should be worked out with the municipalities, aimed at developing care services needed in daily life and long-term care, incorporating informal care, voluntary work, commercial services and government action, and utilizing modern technology.*

6. Challenges for actors

In setting the targets and working out the lines of action for *Health 2015*, the aim was to get as close as possible to the everyday environment in which people live and work. That is why individual people, the local level and its actors, the social welfare and health care system, other local service systems and NGOs, business and industry, and culture will all play an important part in implementing the programme and achieving its goals. Health care professionals will work with other professionals involved in creating and preserving public health to build up health-promoting activities in the field. The role of government is to provide the preconditions and to support local action.

Health promotion measures will be planned for each field of action (e.g. daycare, school, the workplace, research, and business and industry). The actors involved will take responsibility in various ways, depending on the field of everyday action concerned and the age group that a person belongs to. The programme will be put together as a broad framework for future health promotion in different component areas of society, the aim being to affect primarily the entire population, while also paying attention to risk groups.

A crucial role for municipalities

Because they are autonomous and have extensive powers, the municipalities have good potential for achieving the targets of this programme. They have done considerable development work, on the basis of health and welfare strategies and reports, in the form of continuous practical day-to-day development, and for instance through local environmental health programmes and the Healthy Municipality network. Municipal health departments are able to influence local people's health potential by working with other municipal sectors and local actors such as NGOs, businesses and the media. Many of the tasks can best be implemented as collaborative projects involving several municipalities.

The Government gives emphasis to the following lines of action:

14. *The municipalities must be supported in their health promotion and in improving monitoring and evaluation, e.g. as part of their welfare programmes, by providing expert assistance. Innovative local development projects must also be supported on a national basis, using budget appropriations for the purpose. In order to ensure high quality health care for all residents, municipalities should be encouraged to cooperate with each other more closely.*

15. *Expert bodies within the Ministry of Social Affairs and Health's sphere of government will work in closer cooperation with the municipalities and improve their potential for implementing the targets of this programme through research and development.*

The health care system and health promotion

Health care and the related social services have an important role to play in implementing many of the component targets of this programme. The desired progress in public health can only be achieved if all Finns can be secured equally high-standard and accessible services in preventing and treating diseases and disabilities, and in general care and attention. This can be done by tailoring the services to the needs of the client. People can promote their own health by, for instance, taking exercise and eating sensibly, and by stopping smoking, but they also need information and support as a basis for the decisions they make. The Health Care into the 21st Century project and the Target and Action Plan for Social Welfare and Health Care are current tools for developing the service system.

The Government gives emphasis to the following lines of action:

16. *Health care must be developed in a way that will guarantee everyone equal, sufficient and high-quality services, so that regional and socioeconomic status does not limit access to the necessary services.*

17. *Social welfare and health care services must be developed so as to ensure that everyone, regardless of socioeconomic status or origin, is able to get understandable information about both their rights and their responsibilities in health care, and general information about health and its promotion, together with the chance to influence decision-making concerning their own health.*

18. *The health promotion viewpoint must be taken into better account in all health services, partly also through personnel development at workplaces. Sufficient resources for health*

promotion must be guaranteed in order to meet the need, also when services are outsourced.

19. The principles for calculating central government contributions to municipal social welfare and health care must be revised to ensure that central government subsidies also take municipal action to promote local health into account.

Business and industry

Good public health plays an integral role in the human capital that is an increasingly important precondition for national and corporate competitiveness. The fact that people hold good health in high esteem also affects the choices they make as consumers of goods and services. Healthy and health-promoting products, and welfare services enjoy a fast-growing market. Thus health is an important and worthwhile concern for business and industry in many ways.

Business and industry comprise a crucial element in the everyday environment instrumental in human health - as working environments, through the impact of production plants and operations on their surroundings, as an everyday environment of goods and services, and through the impact of marketing on people's informational and cultural environment. For the success of this programme, it is important that business and industry acknowledge both their opportunities and their responsibilities in cooperating to promote health with other interested parties.

The Government gives emphasis to the following line of action:

20. The Ministry of Social Affairs and Health must work with other relevant ministries and with universities and research centres to provide expert assistance and forums for cooperation in order to strengthen and accentuate the health-promoting role of business and industry, thereby ensuring that people have a better chance of making healthy choices. Business operations that cause health risks, such as the alcohol business, must be regulated and should be encouraged to help combat health hazards, e.g. through self-regulation.

NGOs and civil action

Individuals, families, action groups and NGOs all have an important part to play in setting goals for health promotion, in making them concrete, in action towards them, in evaluation and in any necessary reorientation. In emphasizing the 'bottom up' principle, this programme presupposes considerable intensification of civil action.

Many public health organizations are opinion-formers, mediators of information, and service providers or developers. They have a key role in forming cooperation networks between public actors, researchers, the media, active citizens and service users. Professional organizations in the health sector have a role to play here, too.

The Government gives emphasis to the following line of action:

21. In implementing this programme, evaluating its achievements and reshaping it in response to changing circumstances, care must be taken to involve and listen to individuals, NGOs and public health organizations both nationally, locally and in all administrative sectors involved in the programme. Central and local government also carries some responsibility for ensuring and furthering ways in which NGOs can exert influence and operate. Individuals must be encouraged to be active in promoting their own health.

Research and training

Research, monitoring and evaluation of the health and functional capacity of the population and the factors affecting them are crucial elements in health policy. It is essential not only to monitor the health of the population but also to identify the reasons for health disparities between population groups, why they emerge and how they can be reduced. The importance of the individual's own actions in maintaining and promoting health is great, so information is needed on the factors that influence people's choices and how health-promoting choices can be encouraged. Research into the strategic choices open to social and health policy and how they are put into effect can provide crucial support for attainment of the programme's targets. One of the most important challenges faced by health research is passing on research findings to those who need them, and integrating the best available information into health policy.

The Government gives emphasis to the following lines of action:

22. The Academy of Finland, the ministries and other parties will carry out a research programme on health promotion jointly with universities and State research institutes. The availability of research findings supporting health promotion must be improved.

23. The standing of health policy research at universities and research centres, and in WHO and EU research programmes, must be strengthened.

24. *The health promotion viewpoint must also be taken into more account in the training of all health care professionals, from basic training upwards. A national public health training and research network must be set up between the universities and institutes within the Ministry of Social Affairs and Health's purview. Familiarity with health impacts in working life will be improved in health care training by developing the network education model.*

25. *State research funding must be allocated to work on health disparities between social groups and the reasons for them, and especially into the identification of groups at risk of poor health or premature death, and the development of means to alleviate these problems.*

International activities

Finland has always supported the work done by the United Nations system, and especially the World Health Organization, to promote health more effectively worldwide, and specifically to improve the standing of nations and groupings facing the greatest health risks. Globalization of the world economy and other social action and increasing interaction between nations prompt a growing need to give the most effective possible content to increasingly international action for health. The European Union, in particular, influences the preconditions for health in ever increasing ways, equally in economic decision-making, through its policies on the environment, and through its legislation on health protection. Nordic cooperation in building welfare societies continues. At the international level, decisions are all too often made without first identifying their positive or negative effects on health.

The Government gives emphasis to the following lines of action:

26. *Initiative and inputs in the health-promoting activities of international organizations must be increased. Finland is still an active member of the WHO, one of its aims being to achieve an international framework convention on tobacco control.*

27. *In accordance with Article 152 of the Treaty of Amsterdam, assessment of health impacts must be incorporated into preparations for all EU decision-making, and similar practices proposed for other intergovernmental organizations. Health targets should be promoted specifically through the EU's agricultural, transport, food, consumer and environmental policies.*

28. *Active cooperation with neighbouring areas must continue in the field of public health and in combating contagious diseases, and emphasis placed on the health content of the Northern Dimension.*

29. *Cooperation between the various responsible ministries must be increased in planning international activities so that national impact can be assessed as early as possible.*

Assessing health impacts

Drafting of new legislation, budgets, strategies, programmes and plans, and assessment of activities in various sectors rarely analyses sufficiently the negative and positive effects of options on the health of people living within the impact area of the project or activity concerned. As a result, many health-promoting opportunities may be left unutilised, or harmful effects on health result out of ignorance. Assessment of health impacts has so far only come up as part of statutory environmental impact assessment. According to the Finnish Government Programme and Article 152 of the Treaty of Amsterdam, assessment will be expanded to drafting, preparatory work and re-evaluation of all policies and activities. Health impact assessment should possibly be carried out as part of a broader human impact assessment.

The Government gives emphasis to the following lines of action:

30. *Every fourth year an external assessment should be made of the health impact of activities in various sectors of policy, utilizing, for instance, the Social and Health Report. Using this assessment, the Government will decide on any necessary action.*

31. *The Ministry of Social Affairs and Health must work with the Prime Minister's Office to produce guidelines for procedures for advance assessment of the health impacts of central government policies and decisions. All the ministries concerned will be ensured sufficient resources to develop and maintain the necessary assessment methods.*

32. *Models will be compiled jointly with the municipalities for assessment of the health impacts of measures at the municipal level, permitting this to be incorporated into municipal operational and financial planning.*

33. *The Ministry of Social Affairs and Health and the other ministries should draw up operating models for promoting health impact assessment in decision-making by business and industry.*

Promoting public health in areas of everyday life

The responsibility of various sectors for public health will find reflection in the ways in which they succeed in supporting health promotion in various arenas of everyday life. Individual citizens play a crucial role in promoting their own health. The Government underlines the importance of homes, schools, employers, transport, housing areas, consumption and leisure environments, and local communities in achieving its health policy goals. The main immediate tasks specifically concern progress in these everyday arenas. Generally speaking, the focus should be on giving everyone the chance to play a full part in activities in every arena and in decision-making that concerns them, irrespective of their own personal situation.

7. Monitoring and updating

Implementation of this Resolution will be monitored regularly as part of the overall process of monitoring the activities of the Government and ministries. Attainment of the targets laid down in this Resolution will be evaluated at least through the below, and new action proposed as necessary.

34. Monitoring comprehensively covering various sectors and levels of government will take place in connection with the Social and Health Report made every four years.

35. An external assessment of health promotion structures, resources and activities will be carried out jointly with the WHO in 2001.

36. An external evaluation of national health policy will be made during the present decade.

Implementation of the *Health 2015* public health programme outlined in this Resolution and attainment of the targets incorporated into it will require a separate FIM 2.5 million allocation in the national budget. This will be needed to prepare, print and distribute information and training material for the various sectors of the administration, to arrange information and training sessions, to pay for project workers, to promote separate projects in programme implementation, monitoring and assessment, and to support the various ministries as they strive to incorporate health considerations more consistently into their own operations.

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The Health 2015 public health programme outlines the targets for Finnish national health policy for the next fifteen years. It is a cooperation programme that serves as a broad framework for health promotion in different component areas of society. It reaches across different sectors of administration, since public health is largely determined by factors outside health care: lifestyles, living environment, quality of products, factors promoting and factors endangering people's health. The implementation of the targets presupposes that citizens' health is made an important principle guiding decisions and choices. The strategy is a continuation of the Finnish national Health for All by the Year 2000 programme.

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