

Summary

Living habits. Progress report 2009

One out of two women and one out of four men ages 16-84 live healthily and report no unhealthy living habits. This proportion increased somewhat in 2009 compared with 2004 and the trend indicates that health promotion efforts at various levels of society may be showing results. Another clear trend is that the proportion of daily smokers, the proportion of people who eat too little fruits and vegetables and the proportion of daily moist snuff users decreased between 2004 and 2009. No change had occurred over time for other living habits.

Although the proportion of people with an insufficient fruit and vegetable intake has decreased over time, one fourth of the population still eats too little fruits and vegetables. There are 1.9 million Swedes ages 16-84 who eat too little fruits and vegetables, making this the most common unhealthy living habit. The trend for overweight and obesity appears to have levelled off. However, there is still a clear social pattern with regard to overweight and obesity.

The report also indicates that social differences in unhealthy living habits have decreased somewhat, but still remain large. For example, four times as many women with little education smoke every day compared with women with extensive education. Statistics also show that people with extensive education and strong financial margins more often have good eating habits and are more physically active than people with a low income and little education. People with some kind of disability show an overrepresentation of unhealthy living habits.

In the past year, the Swedish National Institute of Public Health (SNIPH) has worked with health promotion efforts backed by strong scientific evidence of promoting living habits that can in turn prevent morbidity and reduce healthcare costs.

SNIPH has conducted the following efforts:

- 1.** Trained healthcare personnel in FYSS (a compilation that presents positive health effects of physical activity).
- 2.** Developed an educational and continuing education package concerning the motivational interviewing method and physical activity on prescription (FaR®) for those professionally active in healthcare (FaR®). An increase in prescriptions of physical activity FaR® has been noted in the county councils, 1,000 per county council and year on average.
- 3.** Trained county council physicians through the Hazardous Use Project to systematically ask questions about living habits with a statistically significant increase in 2008 compared with 2006.
- 4.** Commenced a cross-sectional, long-term development effort concerning the significance of the built environment to physical activity, primarily by developing manuals to promote physical activity in social planning and to facilitate the planning of built environments.
- 5.** Initiated work on how municipalities can create social meeting places for the elderly with an aim of promoting good eating habits and physical activity. Previous efforts show that good living habits in society can be promoted and unhealthy living habits can be prevented through greater equality and participation in society. Additionally, it has been shown that access to information, efforts targets on risk groups, greater supervision and better cooperation with various actors in society have a positive effect.

Twelve of the proposals in the 2008 status report remain to be implemented, in part or in whole. In the tobacco area, four of the five proposals remain, and in terms of narcotics, all three proposals still need to be implemented. Ten of the remaining proposals either need to be implemented in cooperation with other actors or are directly dependent on rule changes in legislation. In some cases, actors other than SNIPH must act with the help of the documentation that the Institute has prepared.