Health in All Policies-The Finnish Initiative: Background, Principles, and Current Issues

Case Metadata
FIN--Finland_SPR_Puska_and_Stahl_2010-2010

Intersectoral Action Experience Approximate Start Date: Friday, June 16, 1972
Intersectoral Action Experience Duration: 38 years (on-going)

Case Geography
Jurisdiction(s) of Implementation: North Karelia province
Country: Finland

Policy Issue
Policy Issue: In the late 1960s, Eastern Finland and the province of North Karelia were particularly affected by cardiovascular disease (CVD). Smoking was common (mainly among men) and blood cholesterol and blood pressure levels were high due to a local diet based on a high intake of saturated dairy fat and salt, and a low consumption of fruit and vegetables. Research indicated the important role of people's serum cholesterol levels as a strong correlate of atherosclerotic CVD and its dietary determinants (i.e., the amount and quality of fat intake), which indicated the need of prevent those diseases by improving nutrition among the general public. Representatives of the people in North Karelia, "including politicians and civil society leaders", created a petition that stressed the need for intervention. Although it is unclear if the policy issue was originally framed by the government as a problem of inequity, it may be understood that in this case it reflected a health gradient across the province population.
Explicitness of Equity: Implicit
Type of Inequality: Overall socioeconomic gradient
Short Phrase: Non-communicable diseases impacts [1]

Policy Solution
Overview: The North Karelia Project was launched "to carry out and evaluate a comprehensive programme to prevent CVDs" in the province. It consisted of actions to change the "social, physical and policy environment" in North Karelia in order to improve the healthfulness of nutritional intake (e.g., "to generally reduce saturated fat and salt intake"). This included community-based action to provide preventive services and information in collaboration with NGOs, the private sector and political decision makers. It was launched originally for a five-year period (1972-1977) after which it was continued in the area and extended nationally with some additional measures added. Initially, the project in North Karelia focused on different forms of health education (e.g. posters, leaflets, meetings), as well as work to convince local food producers to produce or promote healthier foods. After the initial five-year period, those actions were intensified and expanded in North Karelia (e.g. a lower blood cholesterol target was endorsed). A national initiative with a similar focus on health education and communication with partners in the food industry was also launched, which was based on the experience gained from the initial project in North Karelia. In addition, a number of policy actions were action taken at the national level to improve the healthfulness of the food environment in Finland.
Policy Solution: Distributive, Constituents [2]
Sector To Whom Implementation of Policy Solution is Accountable: Initially, the Project
appeared to be directed by "experts and authorities" (unclear); while coordination to scale-up the project to the national level was the responsibility of the National Public Health Institute.

**Instruments for Implementation and Institutional Context**: Provincial programme implemented by provincial and national levels of government.

**Financing**: MI

**Program Theory**

**Strategy**: The North Karelia Project represented a population strategy since it supported healthier dietary habits for the entire population in the province.

**Category of Main Strategy**: Population [3]

**Scope of Intervention**: Whole population or universal

**Unit Level of Intervention**: Individuals, families and communities [4]

**Social Determinants of Health Entry Point**: The North Karelia project aimed to change dietary habits of the whole population (an intermediate determinant of health) by addressing various entry points. In the local iteration of the Project, action addressed differential exposure to poor nutrition by using "various forms of health education" in health care settings, schools and elsewhere in the community. In this initial stage, differential exposure was also addressed as dairy and sausage manufacturers were convinced to begin producing and/or promoting healthier products for the Finnish market. In the second stage (i.e., in North Karelia but also at the national level), social stratification was also addressed through a number of national policies (i.e., structural determinants of health). These included policies to strengthen nutrition guidelines, and to alter agricultural legislation to encourage the production and use of healthier ingredients (e.g., dairy, pork, oil, fruit and berries). Second, addressing a number of social and differential exposure to health damaging factors by people in the community with high saturated dairy fat intake by improving intermediate determinants of health, including their behaviour (dietary habits) and their material circumstances (food availability), as well as access of health services such as nutrition counselling.

**Social Determinants of Health Category**: Structural [5]

**Summary**: A provincial project aimed to strengthen prevention of cardiovascular disease. In addressing a health gradient, the project used a population strategy to promote the production and use of healthier foods; thus addressing both structural and intermediate determinants of health.

**Details on Intersectoral Engagement Process Leading To or Implementing Intersectoral Action**: No

**Sectors Involved in Leadership**: "Initiation: A petition created by public representatives ("politicians and civil society leaders") resulted in the launch of the project (Unclear).

**Development**: MI Implementation-Evaluation: "Finnish experts and authorities launched the North Karelia Project" and after the initial five-year period "national authorities" decided to continue it in the area and expand it nationally (Unclear). The National Public Health Institute was responsible for coordination of implementation along with the National Ministry of Social Affairs and Health."

**Description of Industry/Private Sector Involvement**: "Local food manufacturers" collaborated in the implementation of the North Karelia Project: "the large local dairy" promoted light milk products and "a local sausage factory" started to produce some type of sausages with less fat. "Food industry" was very suspicious and the "national dairy industry" very negative about the North Karelia Project's messages and actions. As the population's interest in the nutrition issues increased, "many food producers started to develop and produce food items that complied with the project's message", and participated in joint activities.

**Description of Civil Society Involvement**: During its implementation, "the project started to collaborate with many NGOs." Marttas' local clubs worked as an important "channel for housewives to influence their food-purchasing and cooking habits", and "[a] network of lay leaders was recruited and trained to serve as agents of change for local villages". The local newspapers and radio station covered many of the project's activities and debates surrounding the initial reluctance of the dairy farming culture's to switch from butter to margarine. In the 1980s the North Karelia Project "hosted several national risk-reduction television programmes [e.g. Keys to Health] in which dietary changes were central themes".

**Description of Academic Involvement**: During its implementation, "the [North Karelia] project started to collaborate with many NGOs." "Finnish experts and authorities launched the North Karelia
Description of Use of Impact Assessment: No

Concept of Success of the Policy Solution: A target of the Project was to reduce the intake of highly saturated fat and to shift consumption of fat from unsaturated to saturated fats. In the late 1980s, when surveys showed a stagnation in the reduction of blood cholesterol levels, "[a] new blood cholesterol target - below 5 mmol 1^-1 - was emphasized".

Source URL: https://extranet.who.int/isacs/case/1094

Links:
[3] https://extranet.who.int/isacs/strategy-type/population
[5] https://extranet.who.int/isacs/social-determinants-health-category/structural