

# Healthcare on (un)equal terms?

April 28 2015

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It can be difficult for socially vulnerable groups to find their way in the healthcare system. Credit: Matton

Healthcare on equal terms is the basis of good public health. As socially exposed groups find it increasingly difficult to enter the healthcare system, our entire society risks becoming weaker, says Professor Ragnar Westerling.

Despite the regulations in the Health and Medical Service Act,

healthcare services don't benefit everyone equally. Socially vulnerable groups often end up outside the system; particularly those born outside Sweden, who are twice as likely as Swedes not to seek healthcare when in need.

'Swedish healthcare has undergone a structural change, with a focus on freedom of choice, demand and entrepreneurial spirit. This entails a risk that the public [health](#) perspective—the central point of the Health and Medical Service Act—is overlooked. Today we see differences increasing and socially vulnerable groups finding it ever more difficult to access the healthcare system. This is a development which can weaken society, as illness quickly impedes entry to the employment market', says Ragnar Westerling, professor in social medicine.

The insight first came about in 1987, when the Swedish National Board of Health and Welfare in its first [public health](#) report noted the relatively uneven distribution of health among the population, and that the greatest illness was found among socially vulnerable groups. The situation has continued, and in 2012 Project Athena began, involving a number of actors in Uppsala county coming together to promote health and proximity to the employment market among foreign-born, long-term unemployed women.

'In total 91 participants have taken part in specially designed health circles in which they received information in their own native language on subject such as diet, exercise, mental health and how the Swedish healthcare system functions. Our goal has been to create a method to give each person a clearer structure in their life and the tools to find their way in the [healthcare system](#) and to come closer to the employment market. And our evaluations show that we have been successful', says Ragnar Westerling.

In the summary for Project Athena, it was noted that four out of five

participants found some form of employment market related activity, that half of the participants received reduced income support and that their general health and ability to acquire and use health information had significantly improved. The participants also described in their own words how they had 'become more conscious of my mental health', 'feel much better', how 'my children are proud that I have a job'.

'There has been great interest in the project and the method is currently being distributed nationally via NBV Educational Association. This gives us every reason to continue to develop our efforts and hopefully to contribute to better utilisation of Swedish healthcare resources', says Ragnar Westerling.

Provided by Uppsala University

Citation: Healthcare on (un)equal terms? (2015, April 28) retrieved 24 April 2024 from <https://medicalxpress.com/news/2015-04-healthcare-unequal-terms.html>

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