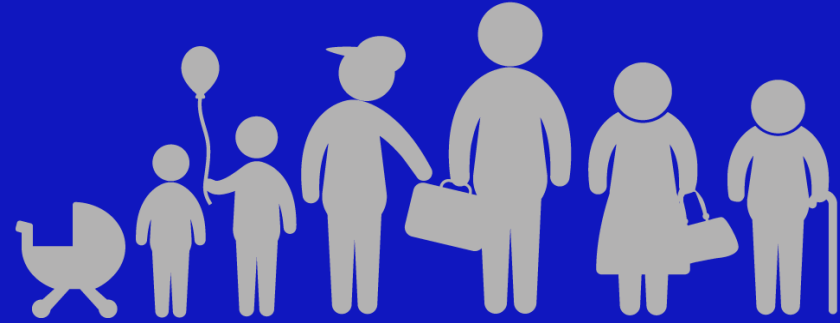




HELSINKI HEALTH AND WELFARE BAROMETER

Annual summary 2018



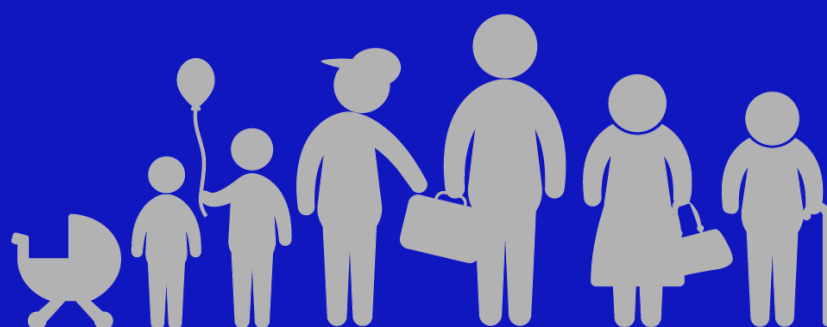
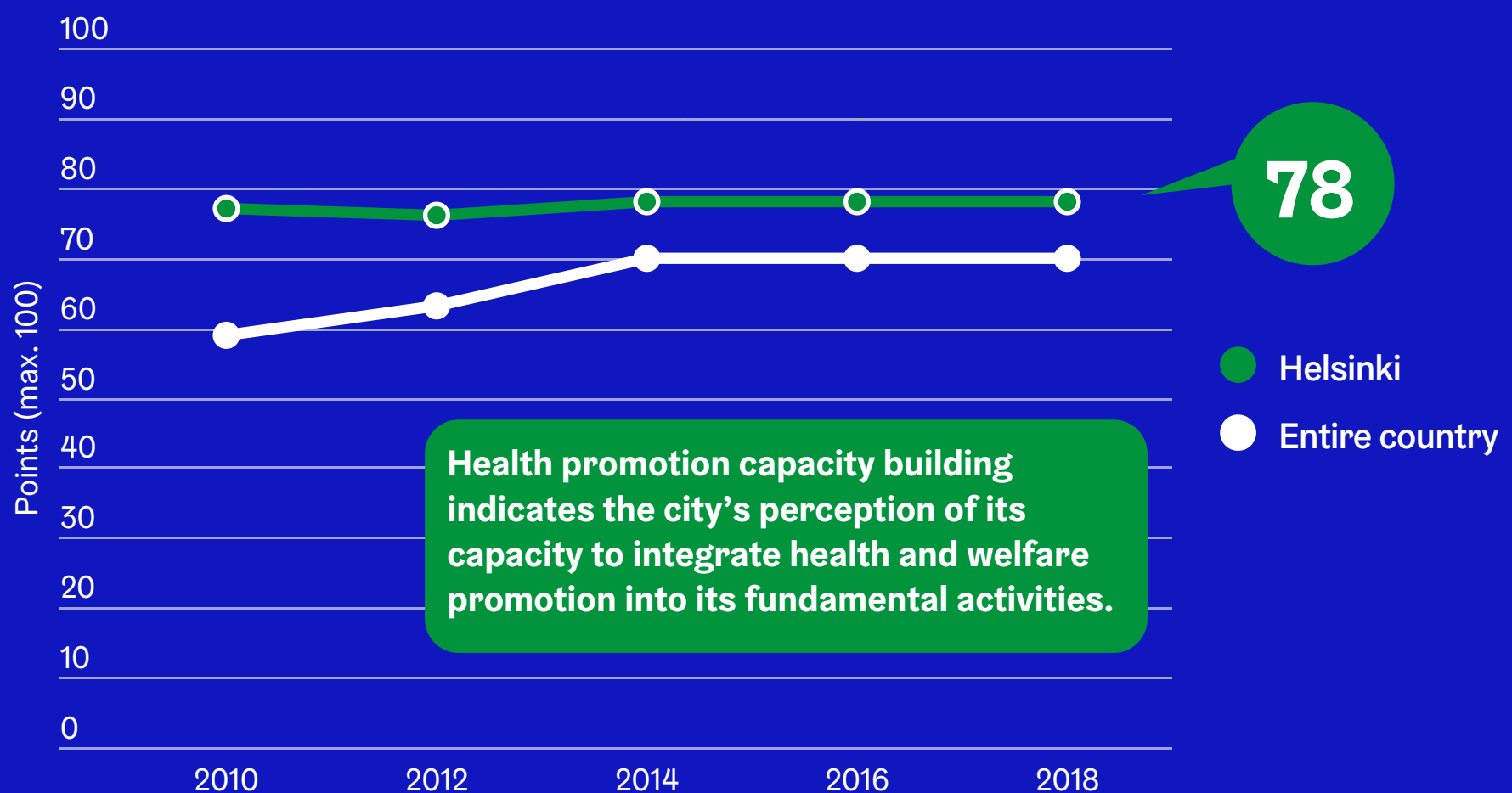
What is it about?

The HEALTH AND WELFARE BAROMETER

is Helsinki's health and welfare promotion and welfare planning work monitor, used for observing the development trends of Helsinki's well-being. The information is updated on an annual basis and used to focus health and welfare promotion activities as a part of financial and operational planning and management.

The 2018 HEALTH AND WELFARE BAROMETER features highlights regarding Helsinki's physical activity, mental well-being, lifestyles and perceptions of safety from the viewpoints of different population groups. A few socioeconomic background factors of inequality have also been highlighted. In future, the HEALTH AND WELFARE BAROMETER will also include an assessment of the progress and impacts of health and welfare promotion measures.

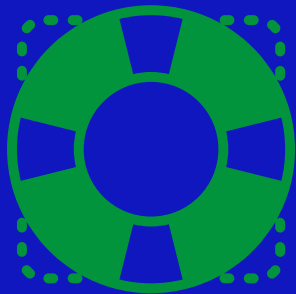
Capacity building for health promotion in Helsinki has remained almost unchanged



Helsinki's health and welfare promotion

Vision for Helsinki's health and welfare promotion

All Helsinkians – young, old or with functional defects – should have the opportunity to live a good and fulfilling life and receive the necessary support and services at all stages of their life. Health and welfare promotion influences the comfort of life of the citizens, improves their experienced well-being, quality of life and health and ensures that their everyday environments support a good and physically active life.



TOP 5 of Helsinki's health and welfare promotion

- 1 Good and effective practices
- 2 Shared concept of welfare for Helsinki
- 3 City-wide activities
- 4 Well-being through culture for all citizens
- 5 Implementing health and welfare promotion in everyday activities and networks



Philosophy of Helsinki's health and welfare promotion

Health and welfare promotion is seen in Helsinki in a broad sense. The citizens' health and well-being are influenced by economic, employment, education, housing, regional, social and health policy and community planning solutions.

Health and welfare promotion is an activity focused on the individual, family, communities, populations and their living environments carried out by the various city divisions working together.



Helsinki's health and welfare focuses for council term 2019–2021

- 1 Reduce inequality
- 2 A city for all – healthy and on the move
- 3 Preventing the marginalisation of children and youth
- 4 Buttressing elderly people's ability to function and their feeling of partnership
- 5 Promoting mental well-being and the non-use of intoxicants
- 6 Lively, distinct and safe neighbourhoods

More information about Helsinki's health and welfare promotion

<https://www.hel.fi/helsinki/en/administration/strategy/strategy/health-welfare-promotion/>

Reduce inequality

The increasing segregation of the realities of city residents is one of the biggest challenges for cities world-wide. The general level of health and well-being has constantly improved, but health and well-being are still unevenly distributed. Health and welfare disparities are linked to a complex network of different interconnected factors. The increasing segregation of Helsinki’s neighbourhoods in regard to income level and well-being is taken very seriously. The City will continue to pursue the position of a model city of segregation prevention in Europe, facilitating the equality and well-being of different neighbourhoods and population groups.

Morbidity index (2017)

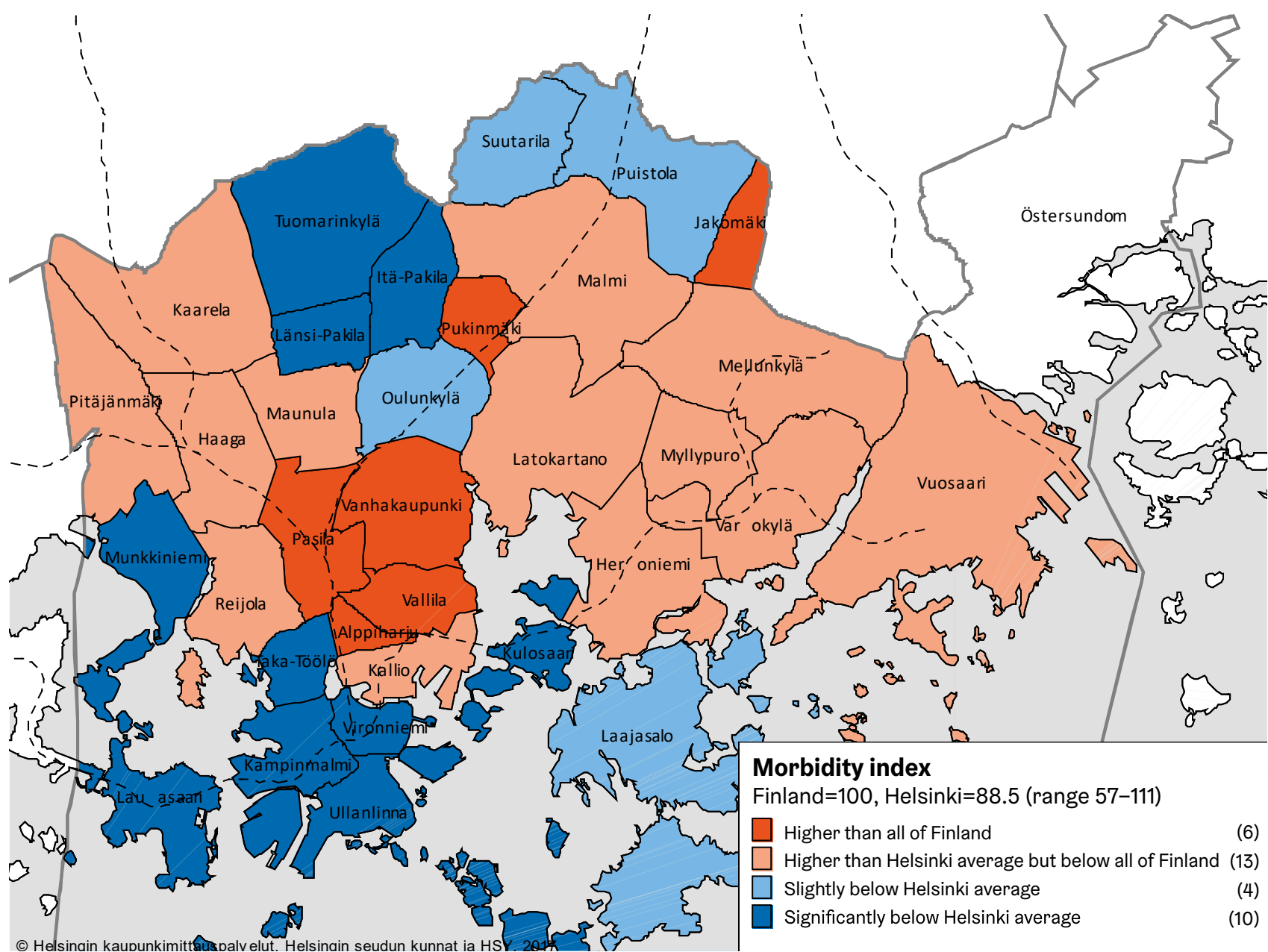
89 | difference between districts, points
49

Index of diseases of public health importance (2017)

80 | difference between districts, points
46

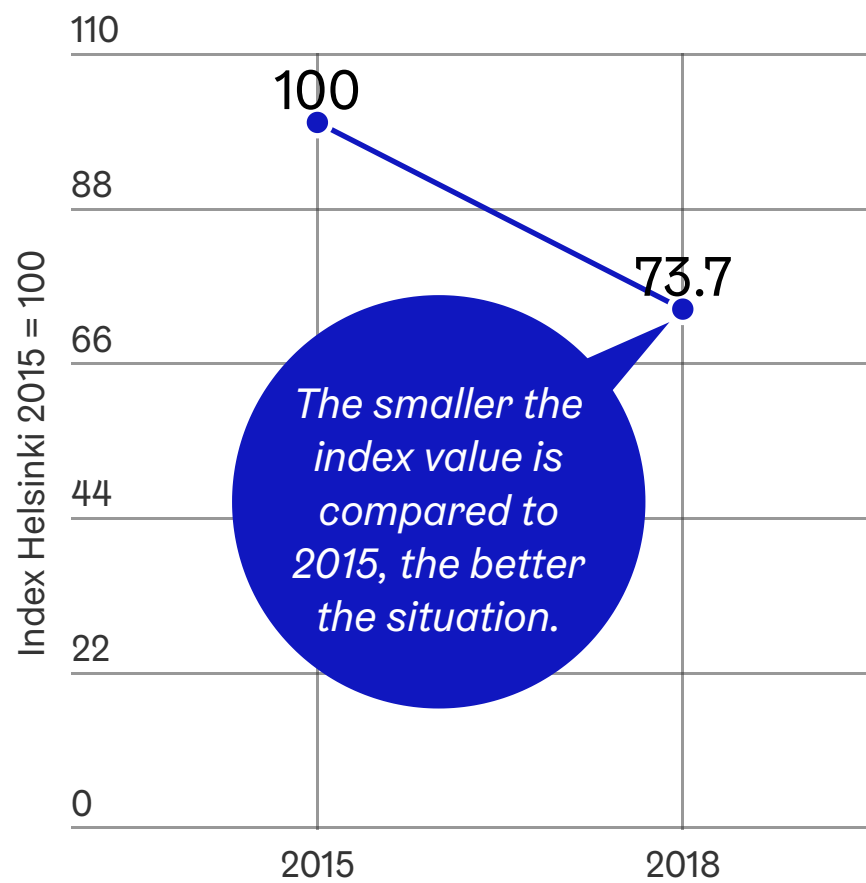
Helsinki residents are healthier than Finns on average, but there are major differences between areas in Helsinki.

Standardised morbidity index in Helsinki by district (2017)



Reduce inequality

Deprivation index in Helsinki



The index consists of the following indicators:

2.8

Homeless singles per 1,000 residents

8.8%

Proportion of binge-drinkers

8.5%

Proportion of those who feel lonely

4.1%

Proportion of long-term recipients (at least 10 months) of basic income support

Recent studies indicate that health and welfare disparities cannot be resolved without interventions targeted at the root causes of inequality, such as unemployment, poverty, loneliness and illness.

Unemployment rate (February 2019)

9%

–1.0%-pp.
down from
February 2018

Proportion of long-term unemployed in the total number of unemployed (February 2019)

33.6%

–1.9%-pp.
down from
February 2018

Family poverty (2017)

Number of under 18-year-olds living in low-income households

12,383

proportion of all
under 18-year-olds
12%

Education, 25–64-year-olds (2016)

Those with a higher education degree:

22%

Those with no post-comprehensive degree:

19%



Reduce inequality

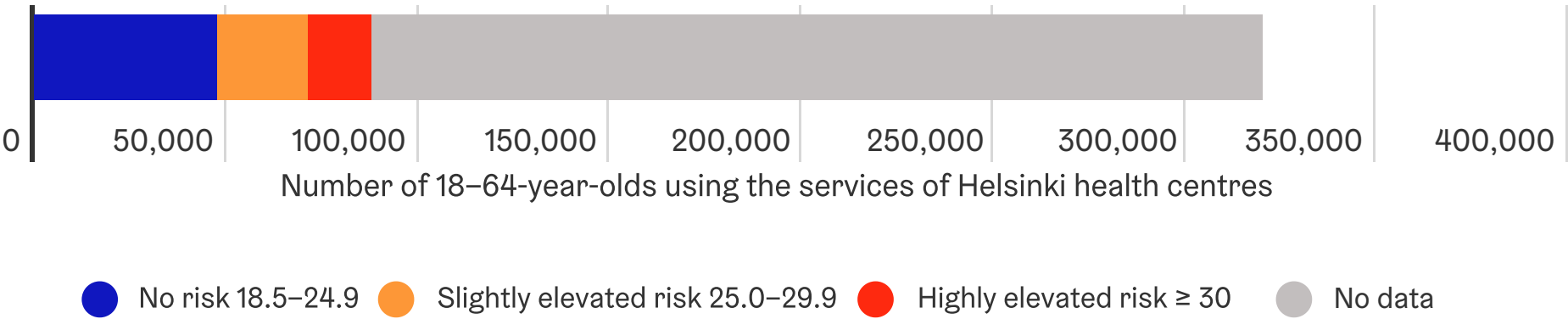
Effectiveness of preventive activities

The indicator represents the risk factors and lifestyles linked to key diseases of public health importance, such as heart and vascular diseases, in Helsinki overall and later divided by area. Clients with risk factors can be guided to the right service process, intervention and preventive support of self-care.

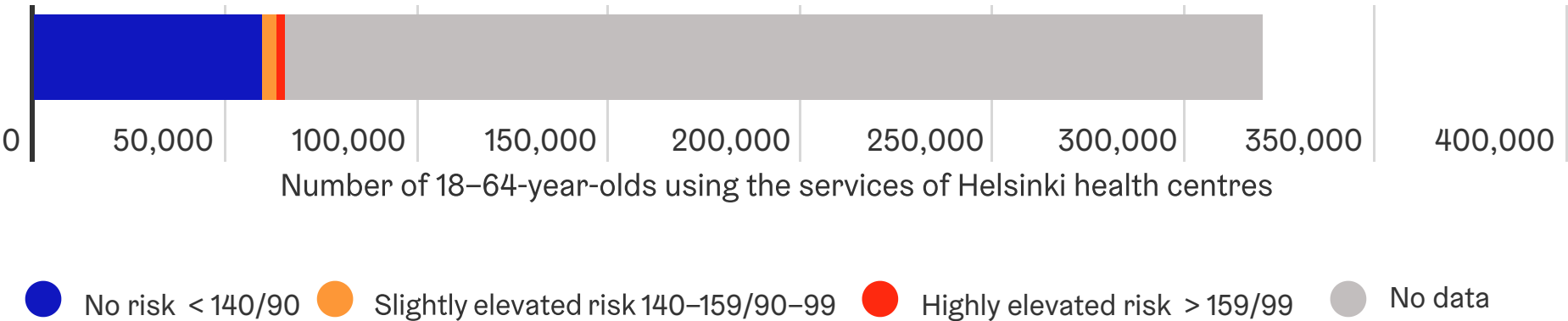
The aim is to identify the risk factors as early as possible. Measurement and broaching the issue are methods that support the mapping of the client’s overall situation and short-term counselling, which seem like effective methods based on existing research.

Indicator values for 18–64-year-old Helsinki residents who are clients of health centres (2018)

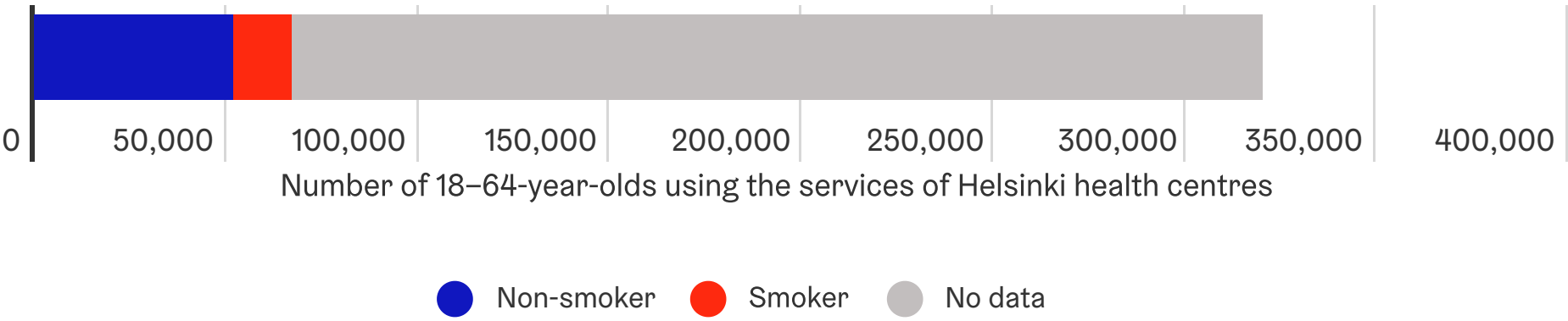
Body mass index (BMI)



Blood pressure (Syst/Diast)



Smoking



The body mass index is calculated based on height and weight data. The body mass index is a value measured by the patient at home or at a health centre, or by a doctor or nurse at a health centre. Blood pressure is an average of double measurement measured by the patient at home or at a health centre, or by a doctor or nurse at a health centre during an appointment. Smoking data is provided by the patient.

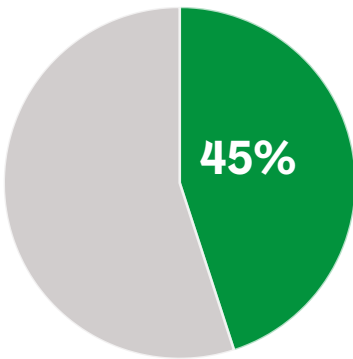
A city for all – healthy and on the move

One focus of Helsinki’s health and welfare promotion is increasing citizens’ physical activity. The Helsinki Exercise and Mobility Scheme (www.helsinkiliikkuu.fi) encourages citizens to spend more time exercising and being physically active, and less time sitting down. Its aim is to make exercise and mobility an easy, convenient and attractive choice in day-to-day life in Helsinki. ‘Even a little movement helps’ way of thinking removes blocks that hinder starting to exercise and prods everyone to change their daily habits to favour mobility. Physical activity increases mental well-being and also has a positive impact on other aspects of the person’s lifestyle.

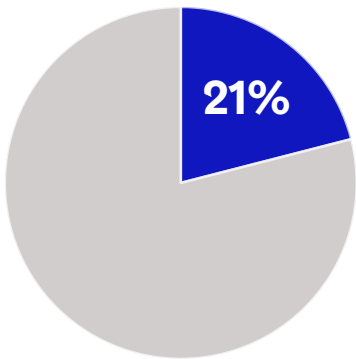


Those doing at least 1 hour of exercise every day (2017)

4th and 5th graders

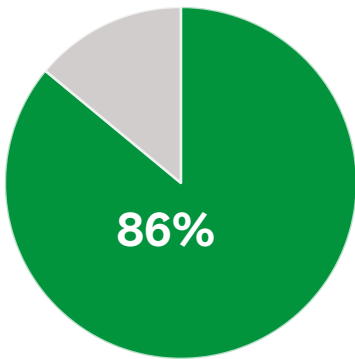


8th and 9th graders

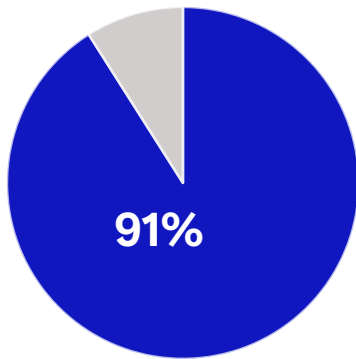


Children and youth with a hobby (2017)

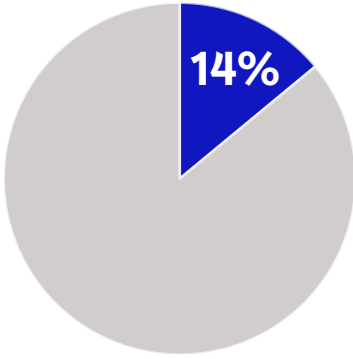
4th and 5th graders



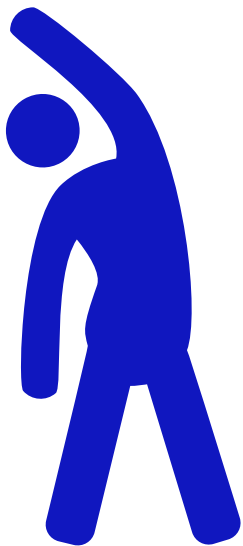
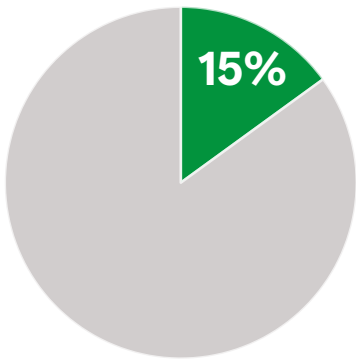
8th and 9th graders



1st and 2nd graders in upper secondary school



Vocational education



Helsinki’s top 5 city bike stations (2018)

- 1 Itämerentori
- 2 Kamppi metro station
- 3 Töölönlahdenkatu
- 4 Helsinki Railway Square/west
- 5 Ympyrätalo



6,300,000

kilometres cycled in Helsinki and Espoo
(158 times around the globe)

A city for all – healthy and on the move

Lifestyle greatly influences health and well-being. Physical inactivity and obesity, smoking and alcohol abuse are all linked to morbidity and reduced capacity to work. According to a study that mapped Helsinki's life-styles, health behaviour counts in the differences in morbidity between people with different levels of educational attainment and probably also in other health disparities between population groups. Reducing the differences in alcohol use, smoking, obesity and physical inactivity between population groups would probably also help achieve some of the aims of reducing health and mortality disparities.

Proportion (%) of those doing fitness training or sports several hours weekly, including running, skiing, swimming and ballgames, 2018

20–54-year-olds

34.3%

–0.4%-pp.
down from 2015



55–74-year-olds

20.2%

+3.5%-pp.
up from 2015



75+ year-olds

13.1%

Child obesity,
4-year-olds
(ISO BMI 2018)

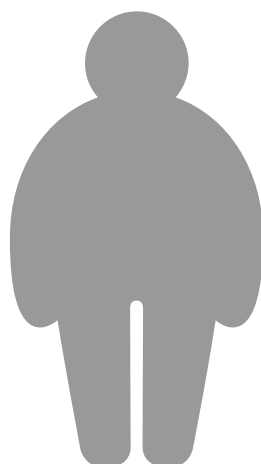


13%

–1%-pp.
down from
2017

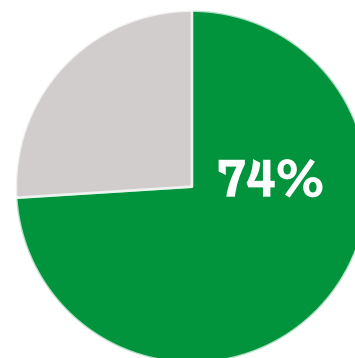
Adult obesity, BMI above
30 (2018)

16%

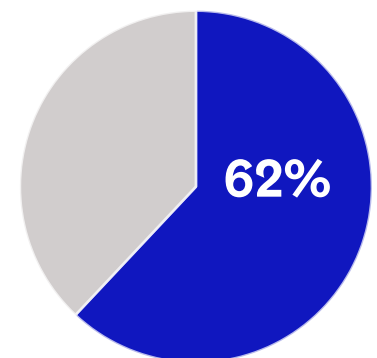


Most schoolchildren eat a hot lunch at school on all schooldays (2017)

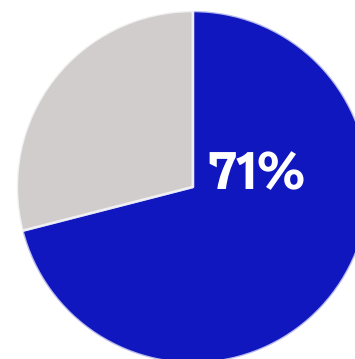
4th and 5th graders



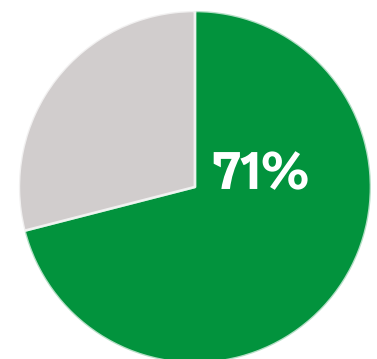
8th and 9th graders



1st and 2nd graders in
upper secondary school



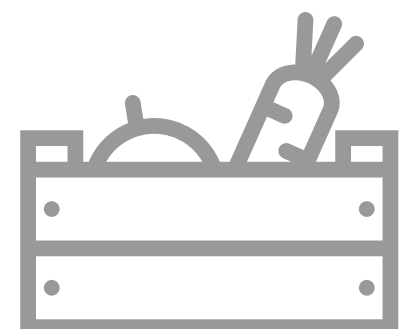
Vocational
education



Low intake of vegetables (2018)

Aged 75+ years

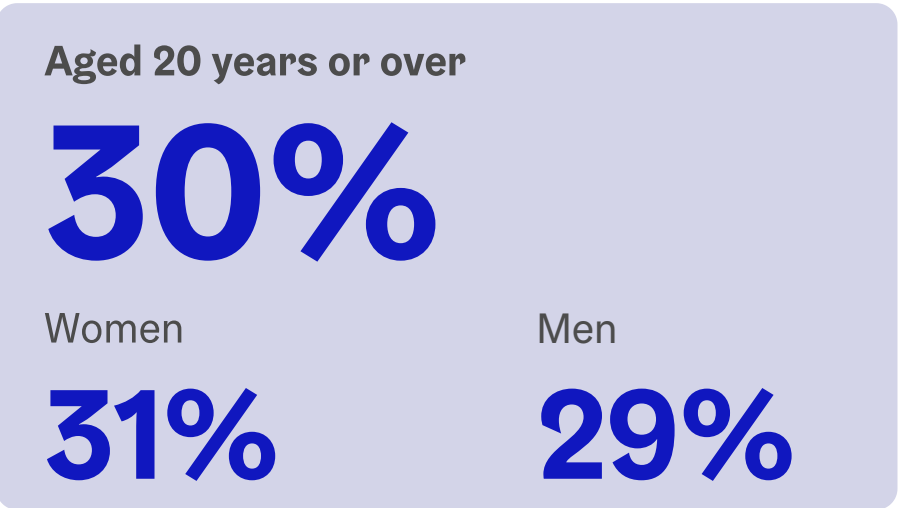
61%



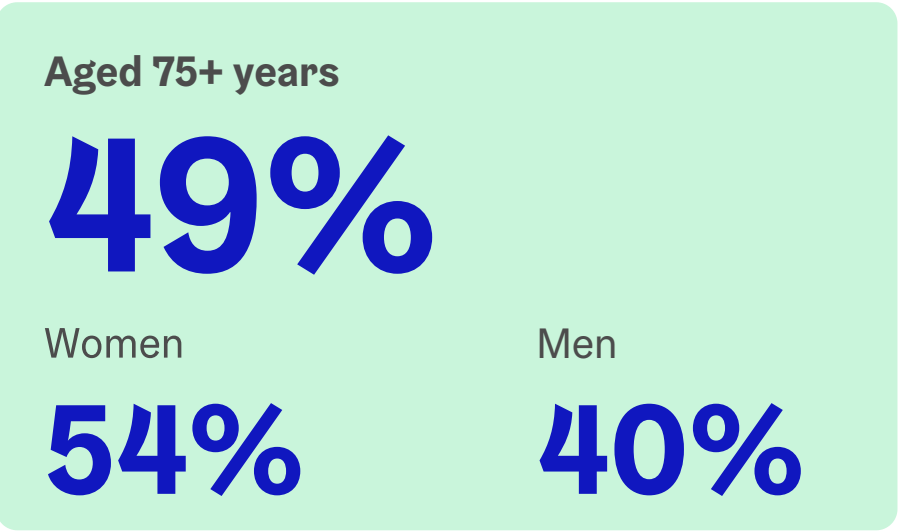
Mental well-being

A sustainable society is built on the citizens’ good mental health, which is supported in all environments and all divisions. Mental well-being is promoted by, for example, supporting parenthood, increasing the well-being of communities at schools and workplaces, reducing experiences of loneliness, offering cultural services and opportunities for exercise as well as supporting access to hobbies. The accessibility of mental health services is also key; it is increased by, for example, developing mobile and electronic services. At the moment, the number of 25–64-year-olds receiving sickness benefits on the basis of mental health issues, for example, is on the rise, and so are outpatient visits to children’s and adolescent psychiatry clinics.

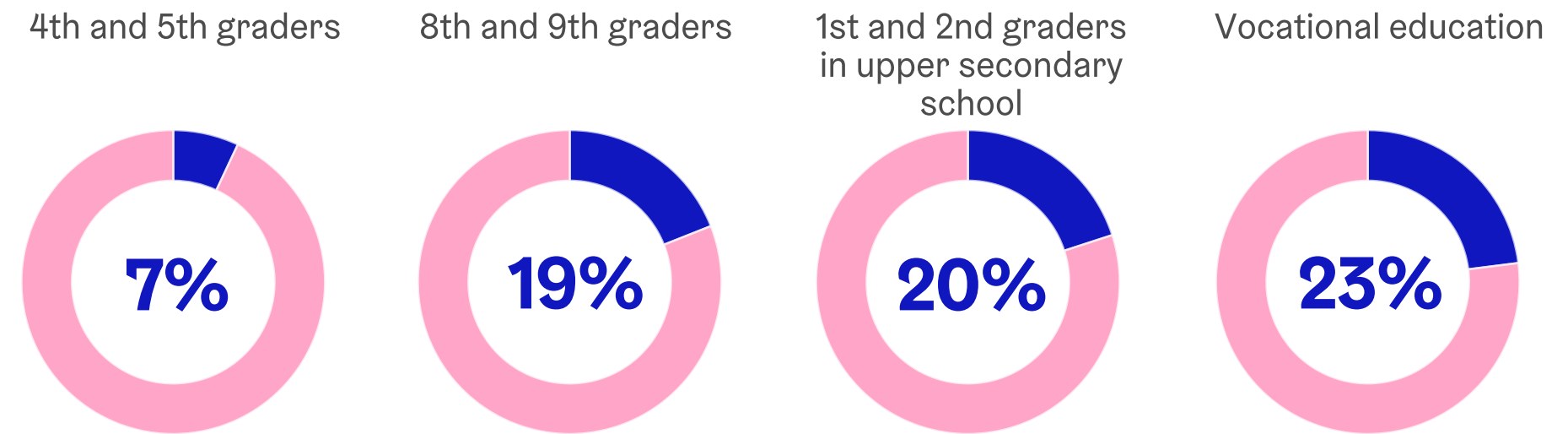
Proportion (%) of those who feel their health is mediocre or worse (2018)



Experience of poor health is often linked with a lack of active participation and a feeling of loneliness, as well as dissatisfaction with services.



Proportion (%) of children and youth who feel their health is mediocre or poor (2017)

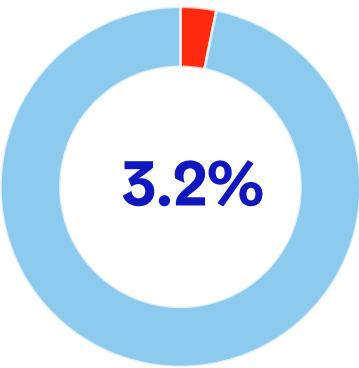
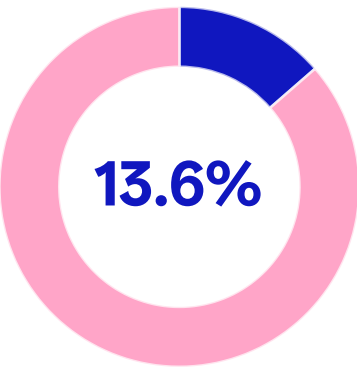


Mental well-being

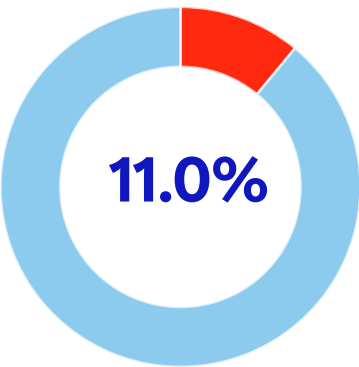
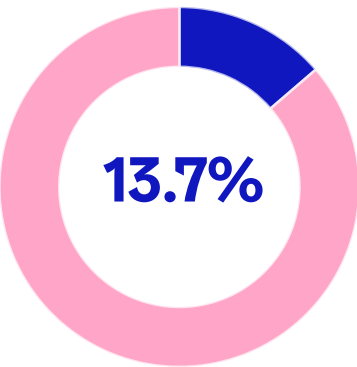
Mental and social well-being among children and youth (2017), %

MOOD DISORDERS LONELINESS

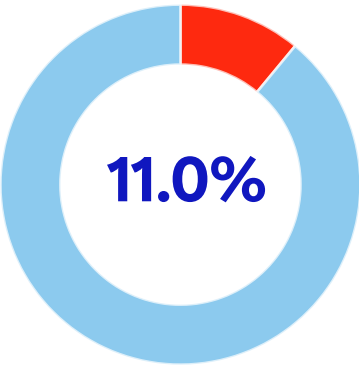
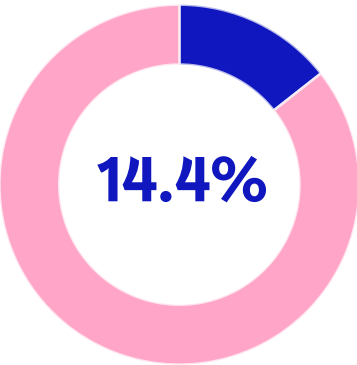
4th and 5th graders



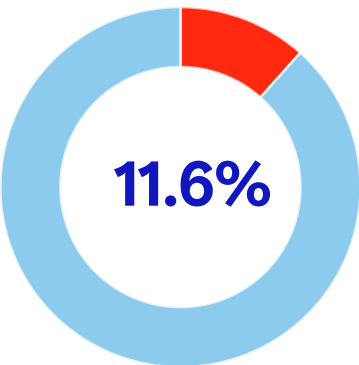
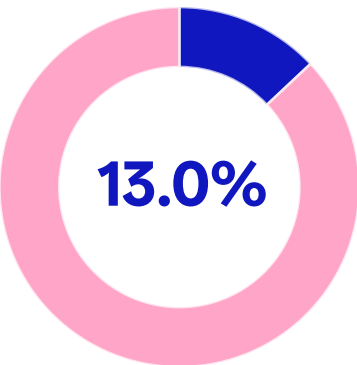
8th and 9th graders



1st and 2nd graders in upper secondary school



Vocational education

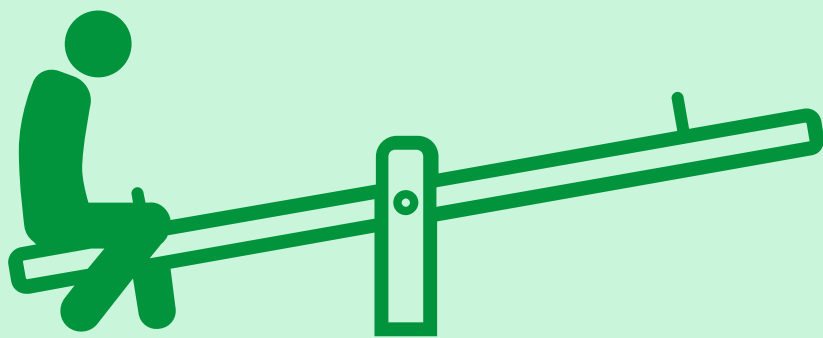
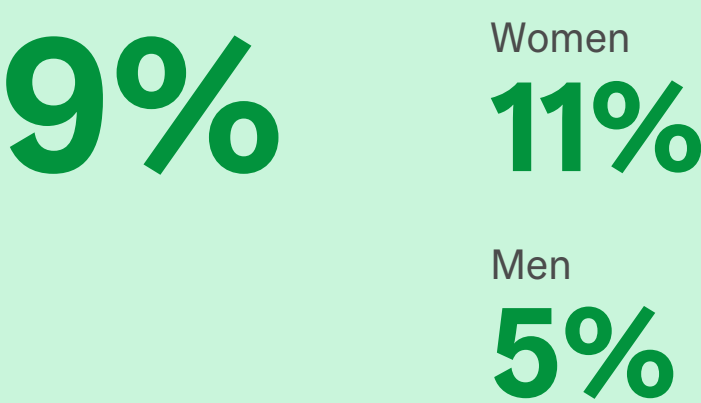


Proportion (%) of people who feel lonely (2018)

Aged 20 years or over



Aged 75+ years



Proportion (%) of those aged 20 years or over who experience mental stress (2018)



Mental well-being

The share of teetotal young people in Helsinki has increased in line with the national trend. In 2017, 64% of 8th and 9th graders were non-drinkers, as was slightly less than one-third of upper secondary level students. Drinking for the sake of intoxication is equally common in Helsinki as in Finland in general, with the exception of Helsinki's upper secondary school students, who drink for the sake of intoxication more often than Finnish upper secondary school students on average. Young people in Helsinki smoke and use snus slightly less often than Finnish young people overall, although again, upper secondary school students are the exception. Young people in Helsinki have tried cannabis significantly more often than the national average.

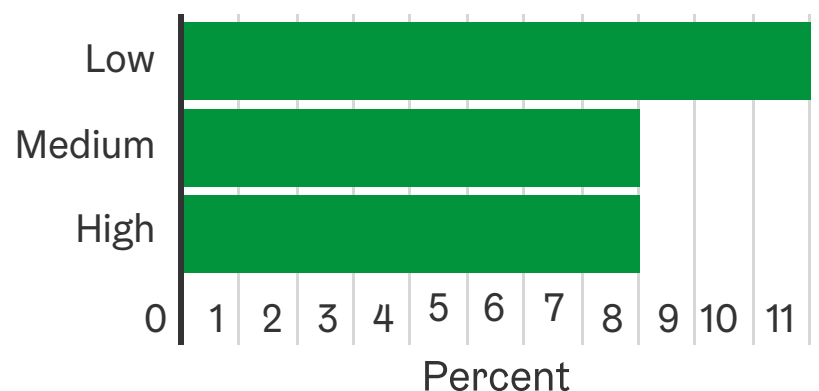
Proportion (%) of those aged 20 years or over who feel they have a gambling problem (2015)

6%



Proportion (%) of binge-drinkers among those aged 20 years or over, by educational attainment (2018)

Educational attainment:



All education groups
9%



Proportion (%) of youth who consider it easy to obtain drugs in Helsinki (2017)

48%

of 8th and 9th graders

58%

of students in upper secondary education



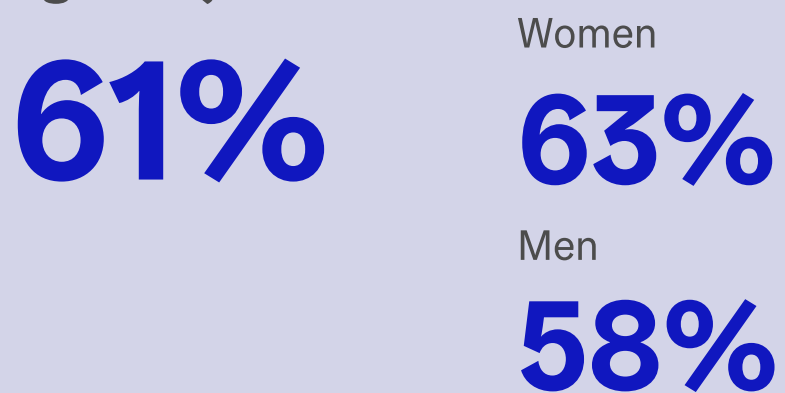
Alcohol abuse and drinking for the sake of intoxication are both clearly connected to reduced capacity to work. According to research, the probability of reduced points in capacity to work is higher among alcohol abusers, and drinking for the sake of intoxication, in particular, reduces capacity to work. Furthermore, people who had alcohol problems or drank for the sake of intoxication were almost 50% more likely to believe that they will not be able to work until the general retirement age.

Quality of life and happiness

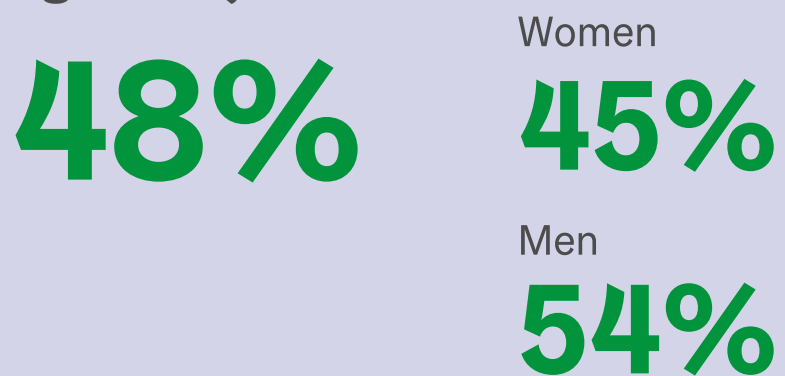
Quality of life is about the person's own assessment of their life in the environment they live in and in respect to their personal goals, expectations, values and other things that are important to them. A person's experience of their health and well-being affects their resources and also reflects on, for example, quality of life, social relationships, activity in society and ability to manage in everyday life. For example, only 14% of citizens with experiences of loneliness estimated their quality of life to be good on average. The same connection is seen in experiences of happiness; just 9% of lonely people had experiences of happiness, whereas over one-half of non-lonely people had experienced feelings of happiness in the past month.

Proportion (%) of those who consider their quality of life (WHOQOL-8) good on average (2018)

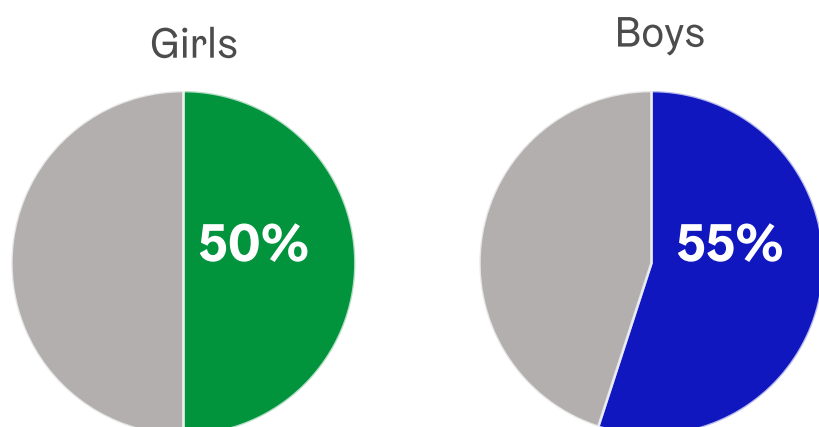
Aged 20 years or over



Aged 75+ years



Often feels happy at home and at school, 4th and 5th graders (2017)



Satisfied with life at the moment (2017)

4th and 5th graders



8th and 9th graders



Students in upper secondary education



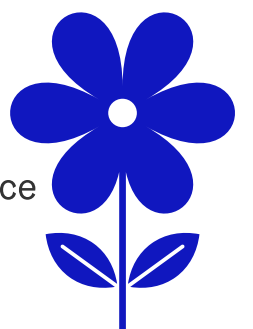
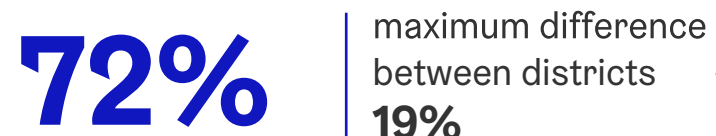
Proportion (%) of those who feel happy (2018)

Aged 20 years or over Aged 75+ years



Those who feel that life has a goal and purpose (2017)

8th and 9th graders and upper secondary level students



Lively, distinct and safe neighbourhoods

Lively neighbourhoods offer Helsinkians opportunities for participation and active agency in improving comfort in the city. Diverse events and opportunities to spend time in a safe and comfortable urban space increase well-being and the city's appeal.

I feel safe in my own neighbourhood on weekend evenings (2018)



81%

4%-pp.
up from 2015

I feel safe in the centre of Helsinki on weekend evenings (2018)



65%

6%-pp.
up from 2015

According to a survey on the well-being of Helsinkians, ensuring adequate lighting of access routes and deicing of pedestrian routes are good ways to increase citizens' physical activity.



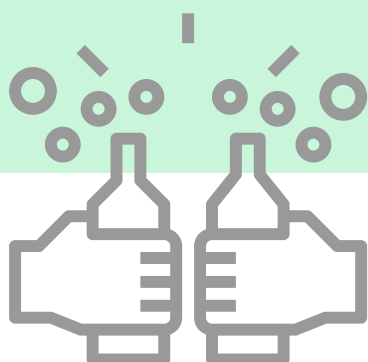
The PAKKA* operating model seeks to prevent the harm caused by substance abuse and gambling in cooperation between the city's preventive substance abuse work, regulatory authorities, retailers and licensed premises. The goal is to reduce the availability of alcohol and drugs to minors. Another aim is early identification of developments that require cooperation between different actors.

Residents' causes of concern (2018)

Late opening hours of restaurants **7%**

Alcohol sales to those clearly intoxicated **19%**

Drinking in public places **20%**



I have witnessed the following in my neighbourhood (2018)

Violence (fighting or assault) in the past year **16%**

Drug-dealing and/or drug use, including seeing used needles **33%**

Minors using alcohol **50%**

Minors using other intoxicants such as cannabis **19%**

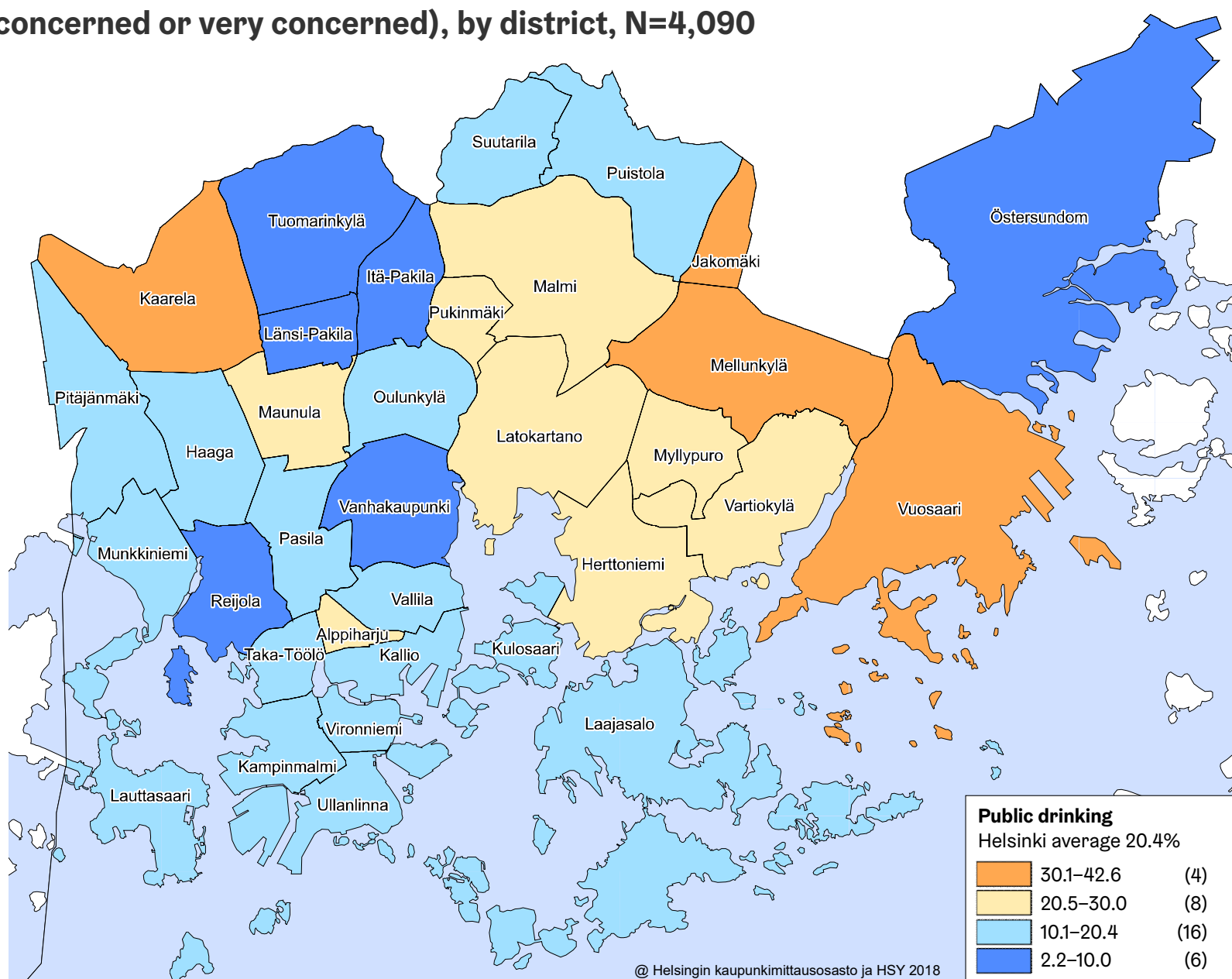
Adults supplying alcohol or tobacco to minors **16%**

**PAKKA activities are a part of local and communal alcohol, tobacco and gambling policy.*

Lively, distinct and safe neighbourhoods

One in five Helsinkians was concerned about people drinking in public places in 2018. The concern has decreased by 7 percentage points since 2012 but has remained almost unchanged for the past 3 years. Although the long-term development has been positive, people in some neighbourhoods are very concerned about people drinking in public places. In 2018, the issues that Helsinkians were the most concerned about were people's marginalisation, vandalism in terms of property damage and graffiti, decrease in green areas and unemployment.

Concerned about alcohol use in public places in my neighbourhood (fairly concerned or very concerned), by district, N=4,090



“Having lived in Helsinki all my life, I have noticed that the neighbourhood has become livelier and more international. My sense of security has decreased slightly, partly due to concerns about our children.”

Man, 43 years

“I think that I come across people who are clearly drunk or on drugs increasingly often, and they may act disruptively. This creates a sense of insecurity. Far too often on buses and other forms of public transport, too. --”

Woman, 39 years

“Drug use and dealing has become more visible on the streets, which makes it seem like drug use has become a lot more common.”

Woman, 33 years

Sources and data used for the publication

Ahlgren-Leinvuo Hanna ym (2017) Hyvinvoinnin monet ulottuvuudet. Elinolojen ja -tapojen yhteyksiä helsinkiläisten terveyteen ja hyvinvointiin. Helsingin kaupunki, tutkimuskatsauksia 2017:3

Ahlgren-Leinvuo Hanna (2018) Sairastavuus- ja kansantauti-indeksit koko Helsingissä ja peruspiireittäin 2017. Helsingin kaupunki, tilastoja 2018:21

Haapamäki Elise ja Alsu hail Faris (2016) Helsinkiläisten aikuisten koettu terveys ja elintavat. Alueellisen terveys- ja hyvinvointitutkimuksen tuloksia Helsingissä. Helsingin kaupunki, tilastoja 2016:9

Helsingin kaupunki, Hyvinvointisuunnitelmaluonnos 12.3.2019

Helsingin kaupunki, Talouden ja toiminnan seurantarportit, Liite Helsingin kaupunkistrategian 2017-2021 mittarit ja indikaattorit

HSL, Helsingin ja Espoon kaupunkipyörät 2018

Högnabba Stina ja Ranto Sanna (2017) Kouluterveyskysely 2017 - katsaus Helsingin tuloksiin. Helsingin kaupunki, tilastoja 2017:13

Ranto, Sanna (2018) Väestön koulutusrakenne Helsingissä. Helsingin kaupunki, tilastoja 2018:11

Terveyden ja hyvinvoinninlaitos, ATH aikasarjaraportti 2013–2016: Murto J., Kaikkonen R., Pentala-Nikulainen O., Koskela T., Virtala E., Härkänen T., Koskeniemi T., Jussmäki T., Vartiainen E. & Koskinen S. Aikuisten terveys-, hyvinvointi- ja palvelututkimus ATH:n perustulokset 2010–2016. Verkkojulkaisu: thl.fi/ath

Terveyden ja hyvinvoinninlaitos, ATH 2013-2015, Helsingin erillisaineisto

Terveyden ja hyvinvoinninlaitos, FinSote 2018, Helsingin erillisaineisto

Terveyden ja hyvinvoinninlaitos, Kouluterveyskysely 2017, Helsingin erillisaineisto

Terveyden ja hyvinvoinninlaitos, TEAviisari

Tilastokeskus, Tulonjaon kokonaisaineisto 2017

Turvallisuustutkimus 2018, Helsingin kaupunki, tutkimusaineisto

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Publisher

City of Helsinki, City Executive Office,

Urban Research and Statistics

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ISBN

978-952-331-664-5