The new Norwegian Public Health Act

Prof. Knut-Inge Klepp
Director General of the Division of Public Health/
Faculty of Medicine, University of Oslo
The Directorate of Health

The Directorate of Health is a specialist directorate and an administrative body under the Ministry of Health and Care Services. The directorate has 3 roles as a:

- specialist body
- regulatory administrator
- implementer in the areas of health and care policy
Background

- Good health – still challenges
- Expensive hospital care
- The Norwegian Health Reform (2012): Health promotion and early prevention (”turning left”)
- Local knowledge to tailor planning
- Health in all policies
- Acting upstream
Social inequality in health
Life expectancy – men by educational level

[Graph showing life expectancy trends by educational level from 1981 to 2005.]
The causal chain

Social determinants: Income, Education, Work

Lifestyle & environment

Health care
### The Downstream and Selective Drivers

<table>
<thead>
<tr>
<th>Universal Measures</th>
<th>Selective Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social reform</td>
<td>Means-tested social benefits</td>
</tr>
<tr>
<td>Education, taxes, labour market policies, housing</td>
<td></td>
</tr>
<tr>
<td>Risk reduction</td>
<td>Targeted health services</td>
</tr>
<tr>
<td>Working/living environment, structural lifestyle measures</td>
<td></td>
</tr>
<tr>
<td>Effect reduction</td>
<td></td>
</tr>
<tr>
<td>Universal health service</td>
<td></td>
</tr>
</tbody>
</table>

- **Financial downturn**
- **Desire to reach the identified worst off**
- **Need for immediate results**
- **The complexity of the causal chain**
- **Research paradigm/perceived efficiency**
Public Health Legislation

• The Municipal Health Care Act of 1982
• New Public Health Act of 2012:
  • Responsibilities both at the local (municipality), regional (county) and national (state) level are specified
  • The responsibility for Public Health has been moved from the Health Service sector to the Municipality itself
  • Municipalities are to have an overview of the health status of their populations & the determinants of health
Source: Dahlgren and Whitehead, 1991
Principles of public health

1. **Health equity**: Health inequities arise from the societal conditions in which people are born, grow, live, work and age – the social determinants of health. Social inequities in health form a pattern of a gradient throughout society. Levelling up the gradient by action on the social determinants of health is a core public health objective. A fair distribution of societal resources is good public health policy.

2. **Health in all policies**: Equitable health systems are important to public health, but health inequities arise from societal factors beyond health care. Impact on health must be considered when policies and action are developed and implemented in all sectors.Joined up governance and intersectoral action is key to reduce health inequities.
Principles of public health cont.

3. **Sustainable development**: Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Public health work need to be based on a long term perspective.

4. **Precautionary principle**: If an action or policy has a suspected risk of causing harm to the public or to the environment, the absence of scientific consensus that the action or policy is harmful, cannot justify postponed action to prevent such harm.

5. **Participation**: Public health work is about transparent, inclusive processes with participation by multiple stakeholders. Promotion of participation of civil society is key to good public health policy development.
Systematic public health work

- Evaluation
- Overview of public health and health determinants
- Implementation of measures
- Strategic societal planning: overall goals and strategies
- Policy and action plans
Overview of the population’s health and determinants …

a) Information generated from national health authorities and counties

b) Knowledge from municipal health care services

c) Knowledge of factors and development trends in the environment and local community
Local health reports from national data

- A separate **written** report for each municipality
- Based on the ideas in the Health profile of the Associations of Public Health Observatories in England
- Text and figures
- Interpreted statistics
- Focus on the main local health challenges
Main challenge:
The prevalence of diabetes is higher compared to the country average.
Main challenge:

Significant more than national average die from heart disease.
**Hjerte-/karsykdommer.**

Figuren viser utvikling i dødelighet av hjerte-karsykdommer i din kommune, fylket og landet.

Sykdom i hjerte-/karsystemet er ansvarlig for nær 40 % av alle dødsfall blant personer under 75 år. Hjerte-/karsykdom kan reduseres ved tidligere diagnostisering og mer effektiv behandling, samt omlegging til en sunnere livsstil, som mindre tobakk, mer fysisk aktivitet og et bedre kosthold.

Flere fakta: www.lenke.no
Forslag til tiltak: www.lenke.no

**Kreft.**

Figuren viser utviklingen av nye krefttilfeller i din kommune, fylket og landet. Kreft er sammen med hjerte- og karsykdommer vår største folkesyke. Årlig er det ca 26 000 nye krefttilfeller og vel 10000 dødsfall av kreft i Norge. Forekomsten har økt de siste tiårene, dels fordi befolkningen er blitt eldre, og dels fordi risikoen for å få kreft har økt. Tidlig diagnostisering og behandling, samt faktorer som røyking, kosthold, arbeidsmiljø har betydning for forekomsten av kreft.

Forslag til tiltak: www.lenke.no

**Mobbing**

Kartet viser geografiske forskjeller i forekomst av mobbing blant ungdomsskoleelever i kommunene i ditt fylke.


Forslag til tiltak: www.lenke.no

**Sosial ulikhet i helse.**

Kartet viser geografiske forskjeller i sosial ulikhet, målt ved utdanningsforskjeller i dødelighet, for kommunene i ditt fylke. De siste 20 årene har alle grupper i landet fått bedre helse. Bedringen har vært minst for grupper med kort utdanning og lav inntekt. Helseforskjellene gjelder både innenfor og mellom demer, og for somatisk og psykisk helse. Mange dødsfall kunne vært spart om alle hadde hatt like lav dødelighet som gruppen med høyere universitetsutdanning.

Faktorer som livsstil, boforhold, utdannings-systemet og arbeidsmiljø har betydning.

Forslag til tiltak: www.lenke.no

**Forventet levealder.**

Figuren viser utviklingen i forventet levealder i din kommune, fylket og landet. Forventet levealder er antall år en person kan vente å leve under gjeldende dødelighetsforhold og gir et speilbilde av total-dødeligheten i befolkningen. Økningen i levealder de siste 100 årene skyldes først og fremst nedgangen i spædbarnsdødelighet. Bedring i levekårerne med bedre hygiene, boforhold og ernæring, nye vaksiner og behandlingstilbud har også hatt betydning.

Forslag til tiltak: www.lenke.no

NB: Fiktive tall i figurer og kart.
## Figures and statistics

<table>
<thead>
<tr>
<th>Dødelighet</th>
<th>Sosial ulkhet i dødelighet</th>
<th>Forventet levelader, menn</th>
<th>Forventet levelader, kvinner</th>
<th>Spedbarsndødelighet</th>
<th>Dødelighet relatert til røyking</th>
<th>Dødelighet, hjært-kar sykdommer</th>
<th>Dødelighet fra kraft</th>
<th>Døde fra trafikkulykker</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>12,7</td>
<td>15,6</td>
<td>26,3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>76,7</td>
<td>77,9</td>
<td>73,6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>80,4</td>
<td>82</td>
<td>78,8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>3,1</td>
<td>3,7</td>
<td>4,6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>235</td>
<td>207</td>
<td>360</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>67</td>
<td>75</td>
<td>125</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>112</td>
<td>114</td>
<td>164</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>31</td>
<td>51</td>
<td>167</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

→ Significant more than national average die from heart disease
Examples of indicator groups

• Heart disease
• Children’s and adolescents’ well-being and environment
• Working sector and Health
• Individual lifestyle
• Social inequality
• Accidents and injuries
Data sources

- Norwegian Patient Registry
- Cancer Registry
- Cause of Death Registry
- Medical Birth Registry
- National Immunization Registry
- Norwegian Prescription Registry
- Statistics Norway
- The Norwegian Surveillance System for Communicable Diseases
- Climate and Pollution Agency
- Norwegian Institute for Air Research
- The Norwegian Labour and Welfare Administration
- Norwegian Directorate for Labour and Welfare
- Norwegian Directorate for Education and Training
Web-based StatBank

- Key statistics on health and health related factors in each municipally
- Can create tables, figures and maps
- Links to relevant fact sheets, articles and reports
- A basis for the local health report
The municipal challenge

Local knowledge
County information
National data

Analysis, causality?
Local context
Main challenges

Strategies, goals, plans, measures
Strategic planning - § 6 (1)

- Systematic planning within municipalities every 4th year
- The plans are based on identified local challenges and opportunity structure
- Public health is also included in the national expectations (directives) for regional and local planning
Policy and action plans - § 6 (2)

• The municipality should set concrete goals and strategies for their public health efforts.
• These should address the public health challenges identified (i.e. § 5) and be linked to the local Planning and Building Act.
• The plans should be reviewed annually by the local, elected politicians (Council of the municipality).
Implementation of measures - § 7

- Municipalities have to actively address the challenges identified and implement measures deemed necessary
- Measures can address social determinants, including housing, education, employment and income; social and physical environmental issues, as well as health related behaviors
Evaluation

- An evaluation of stated goals, strategies and efforts should be conducted for each planning period (§§ 5 and 6)
- Evaluation is also part of the internal quality assessment requirements (§ 30)
- An annual review of all public health efforts should be undertaken by the elected council of the municipality
Conclusion

The new Public Health Act is expected to secure:

• more systematic public health work across national, regional and local management
• Overview of the population’s health and determinants
• Strategic planning and implementation of measures addressing identified public health challenges
• Evaluation of stated goals, strategies and public health efforts

Challenges:

• Securing proper practice
• Internal quality control
• Level of required competence
• Norms and standards
• Review and supervision
Thank you for your attention!