Norwegian Public Health Act
Norway

Title in original language:

Folkehelseloven

Which 'life stage' for CVDs prevention targets the intervention?

All age groups. This being a national law, it reaches all groups, but the goal is to tackle inequity in health and therefor vulnerable groups (which groups may vary among municipalities) are at special focus.

Short description of the intervention:

The new Public Health Act was introduced in Norway 1 January 2012. The purpose of this Act is to contribute to societal development that promotes public health and reduces social inequalities in health. Public health work shall promote the population's health, well-being and good social and environmental conditions, and contribute to the prevention of mental and somatic illnesses, disorders or injuries. The Act establishes a new foundation for strengthening systematic public health work in the development of policies and planning for societal development based on regional and local challenges and needs. The Act provides a broad basis for the coordination of public health work horizontally across various sectors and actors and vertically between authorities at local, regional and national level. Only by integrating health and its social determinants as an aspect of all social and welfare development through intersectoral action, can good and equitable public health be achieved.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?

This is a comprehensive law and the work leading up to the law took all different aspects into consideration.

To which type of interventions does your example of good practice belong to ?

Policy/strategy.

How is this example of good practice funded?

National/regional/local government.

What is/was the level of implementation of your example of good practice?

National and Local (municipality level).

What are the main aim and the main objectives of your example of good practice?

This Act shall ensure that municipalities, county authorities and central government health authorities implement measures and coordinate their activities in the area of public health work. Promotion of participation and collaboration with stakeholders such as voluntary sector is an important aspect of good public health work. Central government health authorities have a duty to support the public health work of the municipalities among others by making available information and data to monitor public health and health determinants at local level. The Act aims to facilitate long-term, systematic public health work. One of the main features of the Act is that it places responsibility for public health work is as a whole-of-government and a whole-of-municipality responsibility rather

than a responsibility for the health sector alone. In public health work the municipalities must involve all sectors for the promotion of public health, not just the health sector.

The Act builds on a broad determinant perspective on public health work. Overview of public health and health determinants constitutes the starting point for evidence based public health work. Based on a local assessment of the public health challenges, public health policy development must be an integrated part of ordinary societal and spatial planning and administration processes in counties and municipalities and in other social development strategies. Instead of detailed requirements, the Act prescribes procedural requirements that will provide the municipalities and counties with a foundation for systematic and long-term public health work across the sectors, based on the municipalities' own planning and administration systems. The municipality shall implement the measures that are necessary for meeting the municipality's public health challenges. This may, for example, encompass measures relating to childhood environments and living conditions, such as housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, alcohol use and use of other psychoactive substances https://www.regjeringen.no/globalassets/upload/hod/hoeringer-fha_fos/1234.pdf .

Please give a description of the problem the good practice example wants to tackle:

Even though Norway is an egalitarian society, there are social inequalities in health, and the Public health Act was introduced among other purposes, to tackle this and ensure that municipalities, county authorities and central government health authorities implement measures and coordinate their activities in the area of public health in a proper and sufficient manner. To reach results in the public health field, it is important to have long-term plans and the act was introduced to facilitate long-term, systematic public health work.

Implementation of your example of good practice is/was:

Continuous (integrated in the system).

During implementation, did specific actions were taken to address the equity dimensions?

Health equity is one of the five main principles in the act: 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.

In design, did relevant dimensions of equity were adequately taken into consideration and targeted?

The law is stating that this should be taken into consideration in all aspects of public health. Determinants of health constitute the starting point for evidence based public health work. The municipal health profiles (http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,9032:1:0:0:::0:0&MainContent_6898=6706:0:25,9056:1:0:0:::0:0) are created for the municipalities to recognize, follow the development and be able to reach out to groups in need.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants?

Yes, the municipality shall implement the measures that are necessary for meeting the municipality's public health challenges. This may, for example, encompass measures relating to childhood environments and living conditions, such as housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, alcohol use and use of other psychoactive substances.

Was an effective partnership in place?

Yes, this act makes the municipality as a whole and at the highest level responsible for public health and health promotion and thereby giving responsibility to all sectors, not just the health sector.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?

The municipal public health profiles are designed to give each municipality insight in their populations of special needs and the Public Health Act requires the municipalities to act on theses specific challenges **§ 5** Overview of public health and health determinants in the municipality: The municipality shall have sufficient overview of the population's health and the positive and negative factors that may influence this. This overview shall be based i.e. on: information that the central government health authorities and county authorities make available in accordance with Sections 20 and 25; knowledge from the municipal health and care services, cf. Health and Care Services Act Section 3-3; and knowledge of factors and development trends in the environment and local community that may influence the health of the population. This overview shall be in writing and identify the public health challenges in the municipality, including an assessment of the impact and the causal factors. The municipality shall in particular pay attention to development trends that may create or maintain social or health-related problems, or social inequalities in health. The Ministry may prescribe, by regulations, detailed provisions relating to the requirements for the municipality's overview. Entry into force 1 January 2012, cf. Section 34. **§ 6** *Goals and planning*. The overview in accordance with Section 5, second paragraph shall be included as a basis for work on the municipality's planning strategy. A discussion of the municipality's public health challenges should be included in the strategy, cf. Section 10-1 of the Planning and Building Act. In its work on the municipal master plan pursuant to Chapter 11 of the Planning and Building Act, the municipality shall define the overall goals and strategies for public health that are appropriate for meeting the challenges facing the municipality based on the overview in accordance with Section 5, second paragraph.

Were potential burdens, including harm, of the intervention for the target population addressed?

Yes, the law, the profiles and the public health plans (in those municipalities which have developed such plan) are all accessible for everyone.

Did the evaluation results achieve the stated goals and objectives?

This is a law and it has not been through an evaluation like an intervention would have. But research has been done on the implementation and we will link to written qualitative project reports and master theses on the subject:

- Master's thesis on "Implementation of the Public Health Act in a Norwegian municipality with regard to Health in All Policies and Health Inequity" https://bora.uib.no/bitstream/handle/1956/8217/120877258.pdf?sequence=1
- Project reports "Use of Norwegian Municipal Public Health Prifukes and Data Bank: A qualitative study"
- http://brage.bibsys.no/xmlui/bitstream/id/244968/Folkehelseprofiler%20og%20Kommunehelsa%20HELY.pdf
- DETERMINANTS IN NORWEGIAN LOCAL GOVERNMENT HEALTH PROMOTION _ INSTITUTIONAL PERSPECTIVES, Marit K. Helgesen and Hege Hofstad: http://www.emeraldinsight.com/doi/abs/10.1108/S0275-495920140000032019

Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?

The counties (19 all together) have the responsibility for supervising the municipalities´ adherence to the law. The Ministry of Health and Care services will conduct inspections with both counties and municipalities to check if they

have executed according to the Act and the health overview standards (Norwegian Board of Health Supervision, available at http://www.helsetilsynet.no/no/Tilsyn/Tilsynsomrader/Tilsyn-pa-folkehelseomradet/) **§ 31** *Supervisory authority for the Public Health Act* . The county governor shall supervise the legality of the municipality's and county authority's fulfilment of the duties imposed in or pursuant to Sections 4 to 9, 20, 21, and 27 to 30 of this Act. The rules in Chapter 10 A of the Local Government Act apply to the supervisory activities in accordance with the first paragraph.

Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?

There is a big program run by the Public health institute (www.fhi.no) on public health profiles for all regions and municipalities to feed statistics to the municipalities for them to be able to tailor the interventions in their community. Public health profiles:
http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,9032:1:0:0:::0:0&MainContent_6898=6706:0:25,9056:1:0:0:::0:0

What are the main results/conclusions/recommendations from the evaluation?

"This present study reveals that the participants do not consider the health sector to be the most important sector in the health promotion work. It also deviates from these studies with regard to the broad and partly extensive participation from all sectors. This corresponds with the basic idea of HiAP and the importance of SDH and the policy behind the Public Health Act. The participants regard the Public Health Act as a helpful tool for systematic, inter-sectoral health promotion work in the municipality." (p 72 Implementation of the Public Health Act in a Norwegian municipality with regard to Health in All Policies and Health Inequity" https://bora.uib.no/bitstream/handle/1956/8217/120877258.pdf?sequence=1)

Is the evaluation report available, preferably in English or at least an English summary?

- Master's thesis on "Implementation of the Public Health Act in a Norwegian municipality with regard to Health in All Policies and Health Inequity"
- https://bora.uib.no/bitstream/handle/1956/8217/120877258.pdf?sequence=1
- Project reports "Use of Norwegian Municipal Public Health Prifukes and Data Bank: A qualitative study"
- http://brage.bibsys.no/xmlui/bitstream/id/244968/Folkehelseprofiler%20og%20Kommunehelsa%20HELY.pdf

Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?

To follow the Public health act all municipalities are to organize their public health work towards the goal of health in all policies (HiP) and some decide to make their own public health plans. The municipalities are required to keep track of the status of health among their inhabitants. The national institute of public health is making yearly reports on county and municipal level (the public health profiles: http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,9032:1:0:0:::0:0&MainContent_6898=6706:0:25,9056:1:0:0:::0:0)

Who implemented the intervention?

The law is to be implemented by all municipalities thru the way the organize their primary health care, but also thru health in all policies, with public health and inequity in health as an aspect of all public interventions and plans.

What core activities are/have been implemented?

The 428 Norwegian municipalities are required to monitor the health status of their inhabitants and the determinants for health (Ibid. §1, §4, §5). In fulfilment of §5, the National Institute of Public Health annually distributes a suite of processed statistics from central registries to support the municipalities. To coordinate any municipalities have hired Public Health Coordinators. Web page for the public health profiles: http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,9032:1:0:0:::0:0&MainContent_6898=6706:0:25,9056:1:0:0:::0:0

Was the intervention designed and implemented in consultation with the target population?

The plans to be made to follow the Act are to be executed in the municipalities and require cooperation from multiple sectors.

Was the target population/s defined on the basis of needs assessment including strengths and other characteristics?

The target population for each municipality and their different actions are continuously developed and the National Institute of public health gives a yearly report on the public health situation in each county/municipality.

Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?

Continuation is ensured in this being a law.

Is there a broad support for the intervention amongst those who implement it?

It is mandatory for the municipalities to follow, execute and support the Public Act.

Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?

When the act was introduced, the funding for the municipalities was raised, but not specified towards actions to execute the intentions of the law. The intention of the act is not to raise costs, but for the municipalities to organize their public health work, in all sectors, in a different manner and use a more systematic approach.

Were sources of funding specified in regards to stability and commitment?

See answer to the last question.

Were organisational structures clearly defined and described?

This is specified in the act:
§ 30 *Internal control*: The municipality and county authority shall establish an internal control system to ensure that the requirements stipulated in or pursuant to this Act are observed. The municipalities' supervision of activities and property in accordance with Section 9 shall be documented in particular, including equal treatment and the independence of the supervision.

Is the potential impact on the population targeted assessed (if scaled up)?

This is already a national law and implemented at highest level.

Web page related to the intervention

The Norwegian public health act, official document:

https://www.regjeringen.no/globalassets/upload/hod/hoeringer-fha_fos/123.pdf

References (with possible links) to the most important articles or reports on the intervention

The Norwegian public health act, official document:
https://www.regjeringen.no/globalassets/upload/hod/hoeringer-fha_fos/123.pdf

Short version/presentation:

https://www.regjeringen.no/globalassets/upload/hod/hoeringer-fha_fos/1234.pdf

Other relevant documents:

http://brage.bibsys.no/xmlui/bitstream/id/244968/Folkehelseprofiler%20og%20Kommunehelsa%20HELY.pdf
http://www.fhi.no/eway/default.aspx?pid=240&trg=MainContent_6898&Main_6664=6898:0:25,9032:1:0:0:::0:0&MainContent_6898=6706:0:25,9056:1:0:0:::0:0
The Public Health Act, adopted in 2012 imposes Norwegian government to implement health in all policies and reduce social inequity in health. The act is important for implementing health promotion in a long term perspective as a cross- sectoral assignment. Responding to the knowledge gap the research project SODEMIFA was established in 2013. This report is project report is produced by the research project: "Implementation of the Public Health Act in a Norwegian municipality with regard to Health in all Policies and Health Inequity": https://bora.uib.no/handle/1956/8217

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