

WP 5 meeting - Lisboa, 21.-22. November 2016

Bilateral meeting of Norway and Iceland in Oslo, June 2016

The Public health act and Healthy life centres - Summary

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Why this bilateral meeting?

- Norwegian good practices (GP) submitted in JA CHRODIS:
 - The Public Health Act
 - The Healthy Life Centres
- In line with the current focus of health promotion and prevention work in Iceland:
 - Comprehensive, intersectoral work in **key settings on the local level** (different school levels and communities), with the emphasis on promoting wellbeing for all.
 - Development of Public Health Indicators
 - Strengthen further development of interdisciplinary health promotion and prevention work in primary health care.

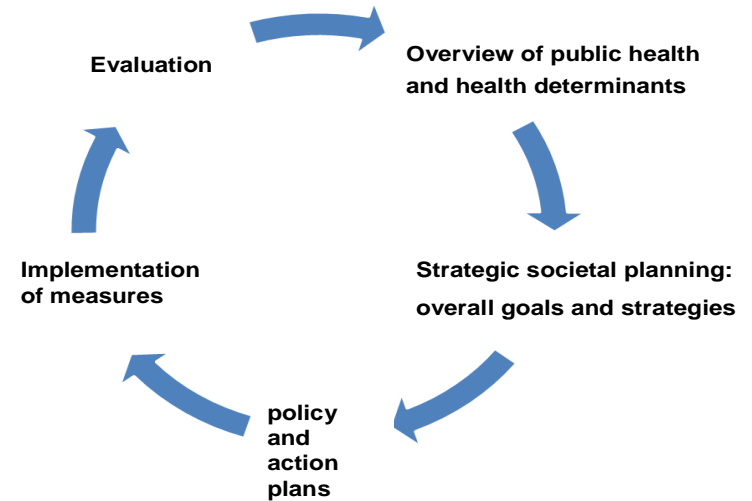
The Norwegian Public Health Act (2011), WHY?

- From 1984 the municipalities public health work was rooted in the Municipal Health Care Act.
- New challenges in public health.
- New methods of public health operations developed in municipalities and counties
- The existing legislation had not worked out as intended, i.e.
 - Responsibility only given to the health sector, not to other sectors
 - Central health authorities had no obligations to support the municipalities
- Window of opportunity: The health reform of 2012

Public Health Act (2011): Empowering communities

Purpose: Societal development in order to promote public health and reduce health inequalities.

New foundation to strengthen systematic public health work for the long term.



Public Health Act (2011) – Fundamental principles

The Act is based on **five fundamental principles** that shall underpin policies and action to improve population health:

1. **Health equity** – Address social determinants of health.
2. **Health in all policies** – All sectors have responsibility, HIA.
3. **Sustainable development** – Long term perspective
4. **Precautionary principle** – Do no harm, people and environment
5. **Participation** – Inclusion of all key stakeholders, including civil society.

Public Health Act (2011), the main content

- Responsibilities at the local (municipality), regional (county) and national (state) levels are specified.
- The local and regional levels are key stakeholders, making the healthy choice the easy one where people live, work and play. Also clear responsibility for the national level to support the work.
- The responsibility for public health work has been moved from the Health Service sector to the Municipality itself.

Source: Helsedirektoratet. (2016). The Norwegian Public Health Act – Presentation for bilateral meeting of Norway and Iceland in June

The Public Health Act (2011): Systematic public health work is the key

Municipalities/counties shall:

- **have overview of the status** of health and the determinants of health in their population = The basis for other responsibilities in the act.
- **define their public health challenges** – What should be prioritized?
- **define concrete overall goals and strategies** to meet the public health challenges - systematic planning every 4th year.
- **implement measures** to meet the public health challenges, addressing not only health related behaviors but also social determinants, including housing, education, employment and income.
- **conduct evaluation** of stated goals, strategies and efforts each planning period (every 4th year). Also, annual review of all public health efforts should be undertaken by the elected municipal council.

Source: Helsedirektoratet. (2016). The Norwegian Public Health Act – Presentation, bilateral meeting of Norway and Iceland in June

Support from national health authorities, examples

Data support and guidance:

Monitor implementation:

- Baseline
- Indicators in reporting system (Kostra)

Capacity and competence:

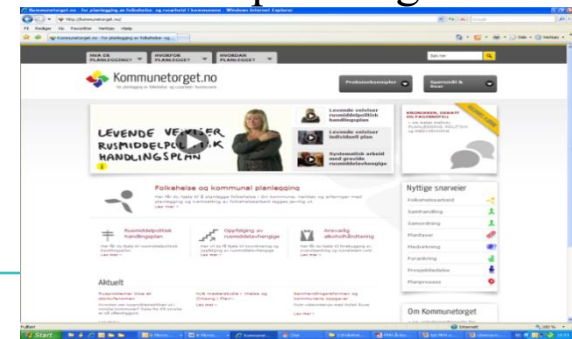
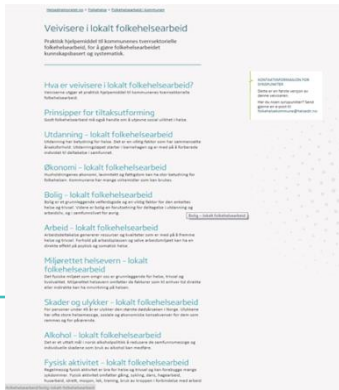
- Seminars/courses
- Networking
- Collaboration with universities/colleges

Source: Helsedirektoratet. (2016). The Norwegian Public Health Act – Presentation, bilateral meeting of Norway and Iceland in June



Guidance: «health in planning»

Guidance:
Impl. of measures




Public Health Profiles

Main features

FOLKEHELSEPROFIL 2013

Ullensaker



Noen trekk ved kommunens folkehelse

Ullensaker er en av de mest velstående kommunene i Norge, og har høye nivåer på utdanning og helse. Kommunen har også et høyt nivå på utdanning og helse.

Om befolkningen

- Kommunen består av 15 000 innbyggere
- Kommunen er en av de mest velstående kommunene i Norge
- Kommunen har et høyt nivå på utdanning og helse

Levrer

- Kommunen har et høyt nivå på utdanning og helse
- Kommunen har et høyt nivå på utdanning og helse

Miljø

- Kommunen har et høyt nivå på utdanning og helse
- Kommunen har et høyt nivå på utdanning og helse

Skole

- Kommunen har et høyt nivå på utdanning og helse
- Kommunen har et høyt nivå på utdanning og helse

Levetider

- Kommunen har et høyt nivå på utdanning og helse
- Kommunen har et høyt nivå på utdanning og helse

Helse og sykdom

- Kommunen har et høyt nivå på utdanning og helse
- Kommunen har et høyt nivå på utdanning og helse

Folkehelseinstituttet

Folkehelseprofil for Ullensaker januar 2013, Bekkingsveipermis per 1 januar 2012, 2014

More information on specific subjects, municipal figures

Sykdomsmønstre spiller levaner, miljø og kreft

Betydelige helseforandringer

Studier viser at levaner og miljø har stor betydning for sykdomsmønstre. Dette gjelder spesielt for kreftsykdommer og sykdommer som er relatert til livsstil.

Figur 1. Flerkategorierte sykdommer for helse og livskvalitet



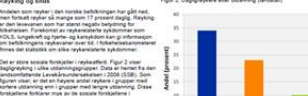
Figur 2. Helse og livskvalitet

Ullensaker har et høyt nivå på helse og livskvalitet. Dette er spesielt tydelig for sykdommer som er relatert til livsstil.

Folkehelseprofil for Ullensaker januar 2013, Bekkingsveipermis per 1 januar 2012, 2014

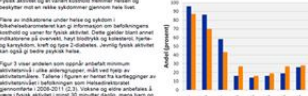
Public health barometer and tables

Figur 2. Drogtrykkesaker etter utdanning (barnst.)




Utdanning	Antall
Grunnskole	~15
Videregående	~35
Ungfagbrev	~10

Figur 3. Andelen som oppgir å ha tatt antibiotika (barnst.)



Utdanning	Andelen (%)
Grunnskole	~65
Videregående	~75
Ungfagbrev	~85

Figur 4. Omvendt relatert helse og livskvalitet



Folkehelseprofil for Ullensaker januar 2013, Bekkingsveipermis per 1 januar 2012, 2014

Folkehelsebarometer for Ullensaker

Ullensaker har et høyt nivå på helse og livskvalitet. Dette er spesielt tydelig for sykdommer som er relatert til livsstil.

Indikator	Ullensaker	Norge	Oslo	Trondheim	Bergen
Utdanning	~95	~85	~90	~80	~75
Helse og livskvalitet	~90	~80	~85	~75	~70
Levetider	~95	~85	~90	~80	~75
Utdanning	~95	~85	~90	~80	~75
Helse og livskvalitet	~90	~80	~85	~75	~70
Levetider	~95	~85	~90	~80	~75

Folkehelseprofil for Ullensaker januar 2013, Bekkingsveipermis per 1 januar 2012, 2014

Tema	Indikator	Kommune	Fylke	Norge	Enhet (*)	Folkehelsebarometer for Askim	
Om befolkningen	1	Befolkningsvekst	1,3	1,3	1,3	prosent	
	2	Befolkning over 80 år	4,6	4,7	4,4	prosent	
	3	Forventet levealder, menn	76,6	76,5	77,2	år	
	4	Forventet levealder, kvinner	80,7	81,6	82,2	år	
	5	En-personhusholdninger	17	17	18	prosent	
	6	Innvandrere og norskf. med innv.foreldre	18	13	13	prosent	
Levekår	7	Vgs eller høyere utdanning, 30-39 år	73	78	83	prosent	
	8	Lavinntekt	11	10	9,4	prosent	
	9	Inntektsulikhhet, P90/P10	2,5	2,5	2,6	-	
	10	Arbeidsledige	3,3	3,3	2,7	prosent	
	11	Uføretryktdelt, 18-44 år	2,0	2,2	2,2	prosent (a.k*)	

- Significantly better than the country for this year or these years
- Significantly worse than the country
- Not significantly different (often due to population size/selection)
- Significantly different from the country
- Not tested for statistical significance
- County average
- Norwegian average
- Spread between this county's municipalities
- The ten best municipalities in Norway

Source: Heidi Lyshol. (2016). Municipal, City District and County Public Health Profiles – Presentation, bilateral meeting of Norway and Iceland in June

Helse og sykdom	Indikator	Kommune	Fylke	Norge	Enhet (*)	Folkehelsebarometer for Askim
25	Hjerte- og karsykdom, beh. i sykehus	19	18	18	per 1000 (a,k*)	
26	KOLS og astma, legemiddelbrukere	110	109	97	per 1000 (a,k*)	
27	Type 2-diabetes, legemiddelbrukere	36	36	32	per 1000 (a,k*)	
28	Type 2-diabetes, primærhelsetjenesten	44	46	39	per 1000 (a,k*)	
29	Kreft totalt, nye tilfeller	545	564	554	per 100 000 (a,k*)	
30	Tykk- og endetarmskreft, nye tilfeller	81	81	76	per 100 000 (a,k*)	
31	Lungekreft og KOLS, dødelighet	52	43	38	per 100 000 (a,k*)	
32	Hoftebrudd, behandlet i sykehus	2,3	2,3	2,2	per 1000 (a,k*)	
33	Muskel og skjelett, primærhelsetjenesten	303	273	254	per 1000 (a,k*)	
34	Vaksinasjonsdekning, MMR, 6-åringer	93,4	94,6	94,1	prosent	

Online Municipal Databank

The screenshot shows the 'Kommunehelse statistikkbank' website. On the left is a navigation menu with categories like 'Kommunehelse', 'Om befolkningen', 'Livskvalitet', 'Helse og sykdom', and 'Levevilkår'. The main content area is titled 'Kommunehelse statistikkbank' and contains text explaining how to use the database, including instructions on selecting municipalities and viewing data. To the right of the text are three visualizations: a line graph showing trends over time, a horizontal bar chart comparing municipalities, and a map of Norway with a color-coded legend. The website is viewed in an Internet Explorer browser window.

Indicators at municipal level

Can create own tables and figures

Can compare municipalities with counties and country

Metadata – information about the data

(<http://khs.fhi.no>)

Example: Sørums Kommune

Organising and Anchoring the local public health work

- Established a joint, interdisciplinary public health team:
 - Chief medical doctor (public health medicine)
 - Public health coordinator
 - Advisor of environmental health
 - Leader of the Healthy Life Center
- Established a collaboration between the Planning unit and the Public Health Team, to ensure the public health perspective in the local plans
 - Planforum
 - A checklist for ensuring public health in other plans (public hearing)
- All units have to have yearly public health goals
 - The units report on public health twice a year



SØRUM
KOMMUNE

Example: Sørums Kommune cont.

- Made an overview of the public health and the factors that influence it = basis for the municipality's planning strategy
- Made a plan for health promotion and local public health work.
- Established a larger interdisciplinary group called the Public Health Forum, led by the Public Health Coordinator
 - Contribute in the work with the overview
 - Contribute with advice and input on how to follow up the local public health work (according to the plan)
 - Are meant to be local «public health ambassadors»

Source: Bettina Fossberg. (2016). Local public health work after the public health act – Presentation for bilateral meeting of Norway and Iceland in June

Status of implementation and benefits of the new Public Health Act

Overview of the population's health and determinants of health (municipalities)?

	2011	2014
Yes	18 %	38 %
No	71 %	11 %
Currently being developed		48 %
Don't know	11 %	3 %
N =	303	285

NIBR 2014:21

Source: Helsedirektoratet. (2016). The Norwegian Public Health Act – Presentation, bilateral meeting of Norway and Iceland in June

Public health coordinator (municipalities)?

	2008	2011	2014
Yes	61 %	74 %	85 %
No	35 %	24 %	15 %
Don't know	4 %	2 %	0
N =	255	347	284

NIBR 2014:21

Source: Helsedirektoratet. (2016). The Norwegian Public Health Act – Presentation, bilateral meeting of Norway and Iceland in June

Healthy Life Centres



- Interdisciplinary primary health care service in municipalities.
- Effective, knowledge-based programs and methods for people with, or in high risk of disease, who need support in health behavior change and in coping with health problems and chronic diseases.
- Participation directly or through referral. Examination of needs and motivations. 12 weeks program, possibility to extend the time. Groups and individual consultation. Facilitate participation in local programs and activities.
- Evaluation:
 - HLC recruit people who do not on their own seek or participate in other services such as fitness centres.
 - Studies indicate that participation in the programs can lead to improved physical fitness, weight loss and improved self-perceived health and quality of life, as well as maintaining health behavior change one year after the follow-up.
- The Norwegian directorate of health has published a guide for the establishment, management and quality of the HLC.
- In 2014, 57% of municipalities had HLC.

Core elements and practical points for transfer

- The Public Health Act, we can learn a lot from it's content, implementation and evaluation.
- The 5 principles of the act = foundation for quality public health work.
- The local level is the key actor for implementation with support from the national level.
- There's framework for systematic work BUT municipalities have flexibility and are organizing the public health work in different ways.
- Public health coordinators, in all counties and most municipalities are key actors. Interdisciplinary teams/forums are necessary.
- It matters where public health work is stationed within the administration of the municipalities.

Core elements and practical points for transfer

- How Norway collects and uses Public Health Data (Public health profiles, Municipal statistics databank, Fact sheets etc.) = the foundation for PH work.
- Healthy Life Centres, interdisciplinary primary health care service in municipalities, are important part of health promotion and prevention work in municipalities.
- Transfer/dissemination so far in Iceland:
 - Health promoting communities workshops in most health districts in Iceland this fall/winter.
 - Further development of Health promoting communities
 - Further development of the Public Health Indicators, including on-line databank, (made invaluable, personal contact through the meeting).

Useful links

- [JA CHRODIS country reports](#)
- Helsedirektorate – [Folkehelsearbeid i kommunen](#) (NO)
- The Public Health Act, 2011 (EN): [Full version](#), [short version](#)
- [Public Health Profiles for municipalities and counties](#) (EN)
- Online Municipal databank (NO): <http://khs.fhi.no>
- Norgeshelsa, Norhealth (EN): www.norgeshelsa.no
- [Health status in Norway, Fact sheets](#) (EN)
- Healthy Life Centres: [Fact sheet](#) (EN) – [HLC](#) (NO) - [Report 2016](#) (NO) – [Focus study among stakeholders 2016](#) (NO)



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