



Mobilising action on inequalities: A Norwegian regional approach



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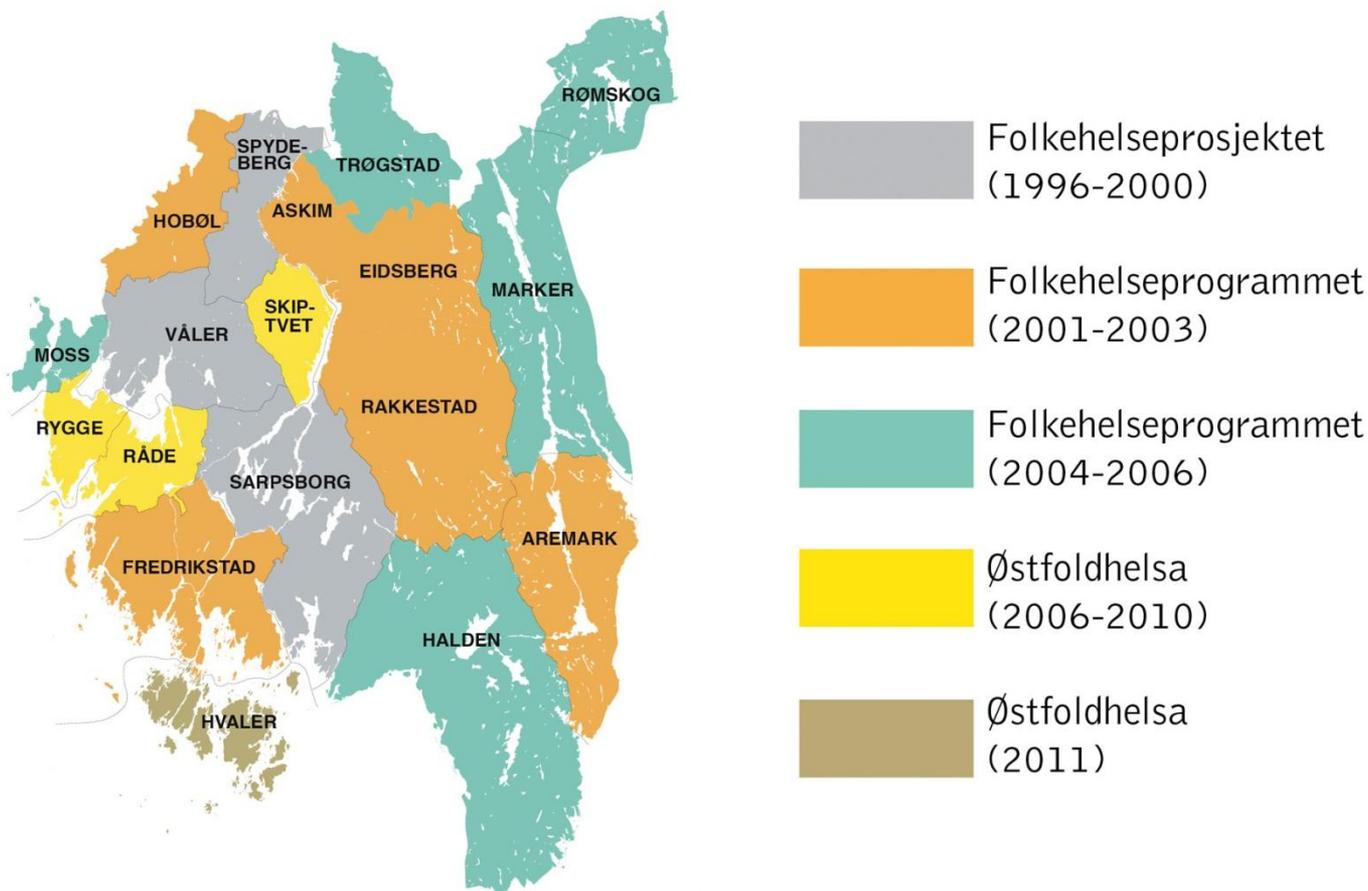


Content

- A four level approach to promote health and reduce the gap
- Give examples on how we try to mobilize on different levels
- Show how the public health work in Østfold also has been a political movement
- Give examples on how we comply with the regulations in the new public health act of 2012

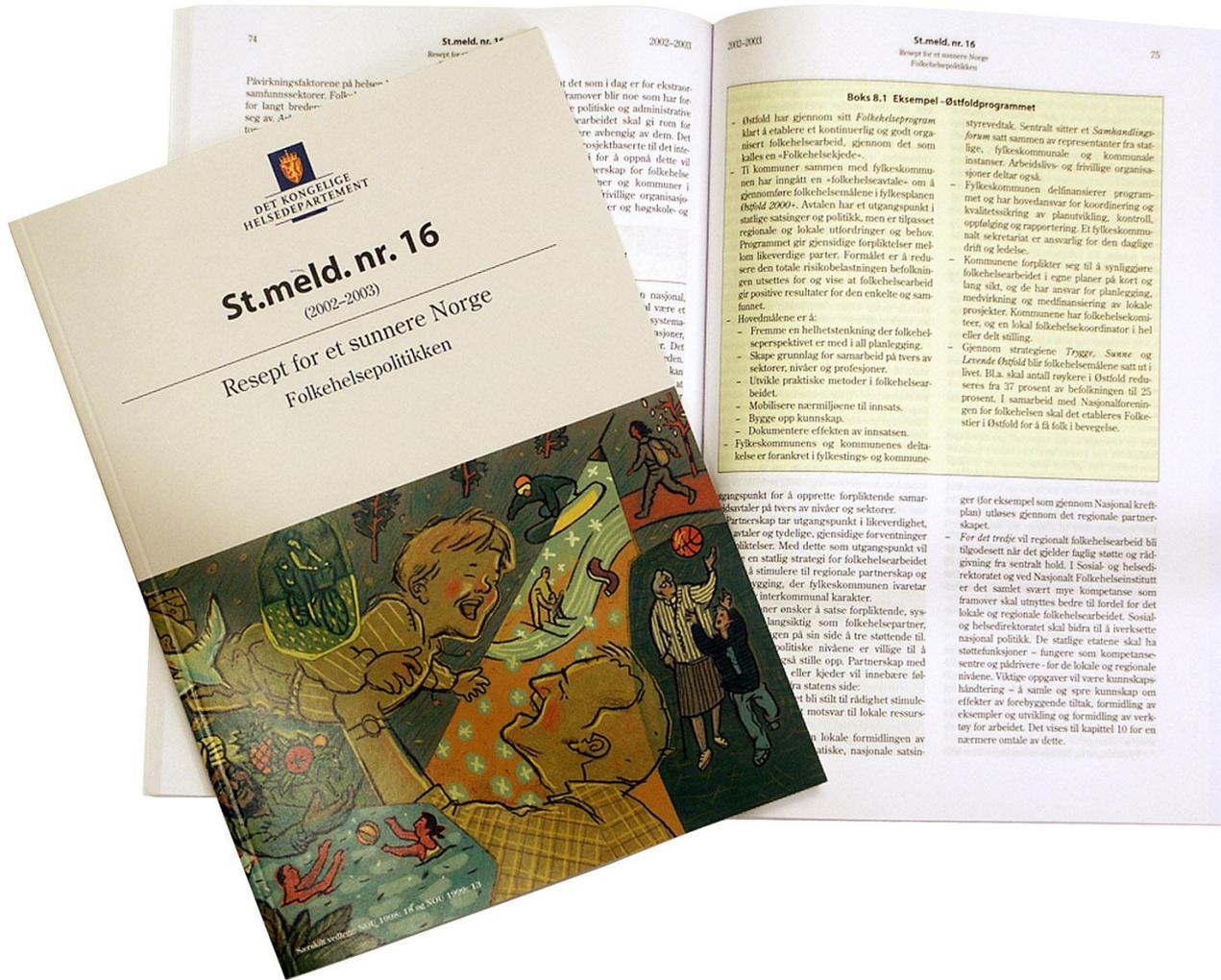


Municipalities in the partnership: The Public Health Programme in Østfold



Ongoing process: Renegotiation of the agreement, under which the county council seeks to strengthen municipal efforts to reduce social inequalities in health: A part of the HEPROGRESS project.





St.meld. nr. 16
(2002-2003)
Resept for et sunnere Norge
Folkehelsepolitikken

Boks 8.1 Eksempel - Østfoldprogrammet

- Østfold har gjennom sitt *Folkehelseprogram* klart å etablere et kontinuerlig og godt organisert folkehelsearbeid, gjennom det som kalles «Folkehelsekjede».
- Ti kommuner sammen med fylkeskommunen har inngått en «folkehelseavtale» om å gjennomføre folkehelseplanene i fylkesplanen *Østfold 2009*. Avtalen har et utgangspunkt i statlige satsinger og politikk, men er tilpasset regionale og lokale utfordringer og behov. Programmet gir gjensidige forpliktelser mellom likeverdige parter. Formålet er å redusere den totale risikobelastningen befolkningen utsettes for og vise at folkehelsearbeid gir positive resultater for den enkelte og samfunnet.
- Hovedmålene er å:
 - Fremme en helhetstenkning der folkehelseperspektivet er med i all planlegging.
 - Skape grunnlag for samarbeid på tvers av sektorer, nivåer og profesjoner.
 - Utvikle praktiske metoder i folkehelsearbeidet.
 - Mobilisere nærmiljøene til innsats.
 - Bygge opp kunnskap.
 - Dokumentere effekten av innsatsen.
 - Fylkeskommunens og kommunenes deltakelse er forankret i fylkestings- og kommunestyrevedtak. Sentralt sitter et *Samlingsforum* satt sammen av representanter fra statlige, fylkeskommunale og kommunale instanser, Arbeidslivs- og frivillige organisasjoner deltar også.
 - Fylkeskommunen delfinansierer programmet og har hovedansvar for koordinering og kvalitetssikring av planutvikling, kontroll, oppfølging og rapportering. Et fylkeskommunalt sekretariat er ansvarlig for den daglige drift og ledelse.
 - Kommunene forplikter seg til å synliggjøre folkehelsearbeidet i egne planer på kort og lang sikt, og de har ansvar for planlegging, medvirkning og medfinansiering av lokale prosjekter. Kommunene har folkehelsekomiteer, og en lokal folkehelsekoordinator i hel eller delt stilling.
 - Gjennom strategiene *Trygge, Sunne og Levende Østfold* blir folkehelseplanene satt ut i livet. I tillegg skal antall røykere i Østfold reduseres fra 37 prosent av befolkningen til 25 prosent, i samarbeid med Nasjonalforeningen for folkehelsen skal det etableres Folkestier i Østfold for å få folk i bevegelse.

The White Paper, Prescriptions for a Healthier Norway (2002-2003)



Facts about Østfold:

- **270 000 inhabitants**
 - Equals 5,6 % of the total population in Norway
- **4 140 square kilometers**
 - Equals to 1,3 % of the total area of Norway
- **18 municipalities**
 - 6 towns
- **Gateway to Europe**
 - E6 and E18
 - Railways
 - Harbours
 - Airport





Three public/political levels:

Part of the public Norway

- **The National State**
- **The County Councils**
- **The Municipalities**

The County Council provides services too big for each municipality to deliver efficiently and services across the borders of the municipalities



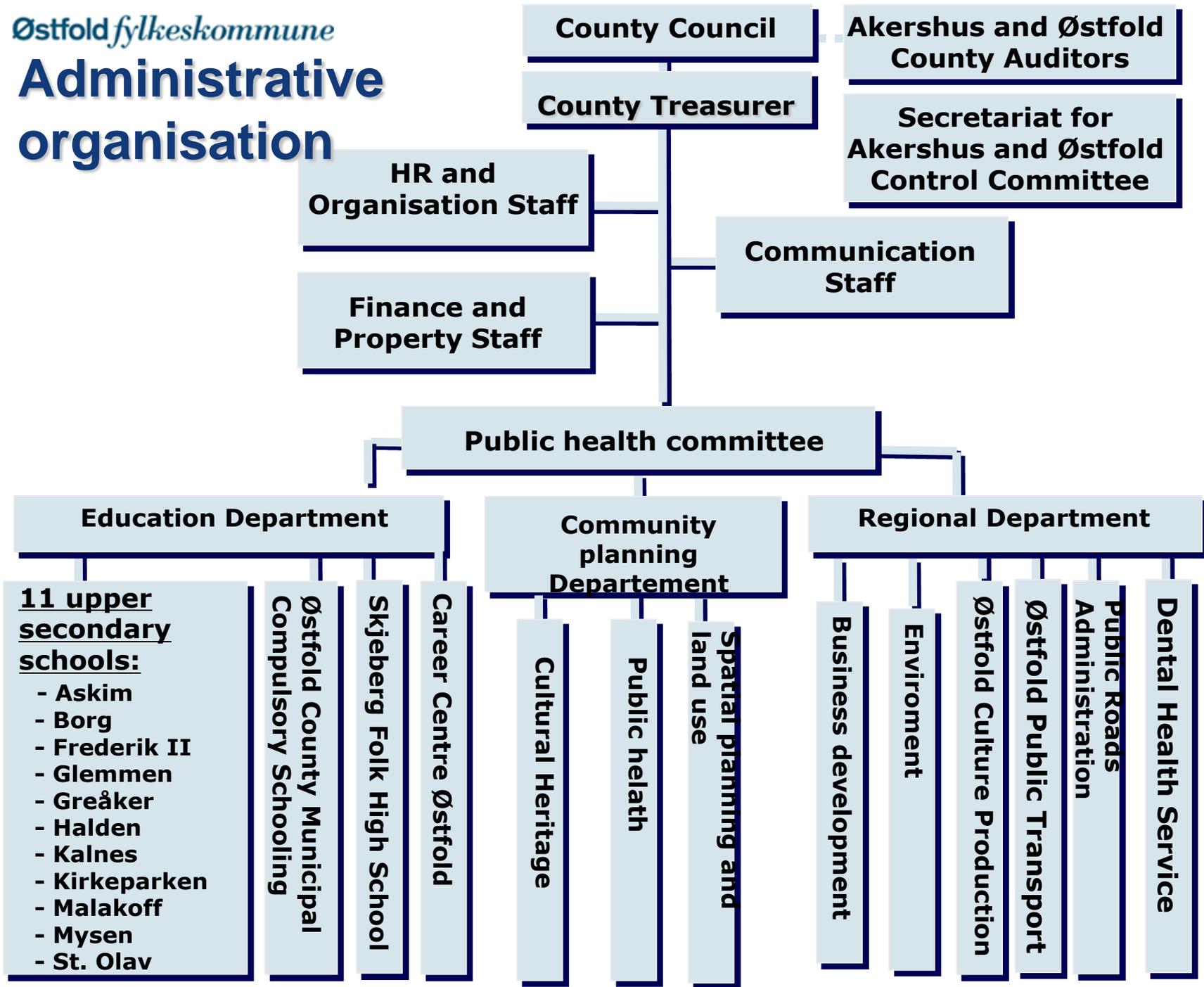
Norwegian municipalities and regions

- 431 municipalities
- About half has less than 5 000 inhabitants
- 19 regions, Oslo almost 587.000 and Finnmark 73.000





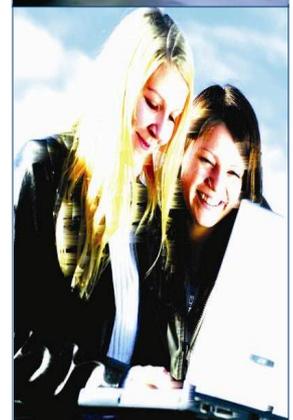
Administrative organisation





Multi-sectoral Public Health Committee

- Board chairman of The public health programme and head of the Committee on Education, Culture and Health, Inger-Christin Torp.
- Head of the Committee on Transport, Industry and the Environment, Olav Moe.
- Chief County Executive, Atle Haga
- Director for community planning, Elisabeth Dahle
- Regional Director Håkon Bjarne Johnsen
- County Director for the Education Division, Egil F. Olsen
- Head of the Public Health Unit Knut-Johan Rognlien (Secretary)





Leading role of developing Østfold, some examples

- Communications and infrastructure
- Business development
- Cultural initiatives and cultural heritage protection
- County planning and environmental protection
- Public health
- Coordinated societal and spatial planning
- International engagement

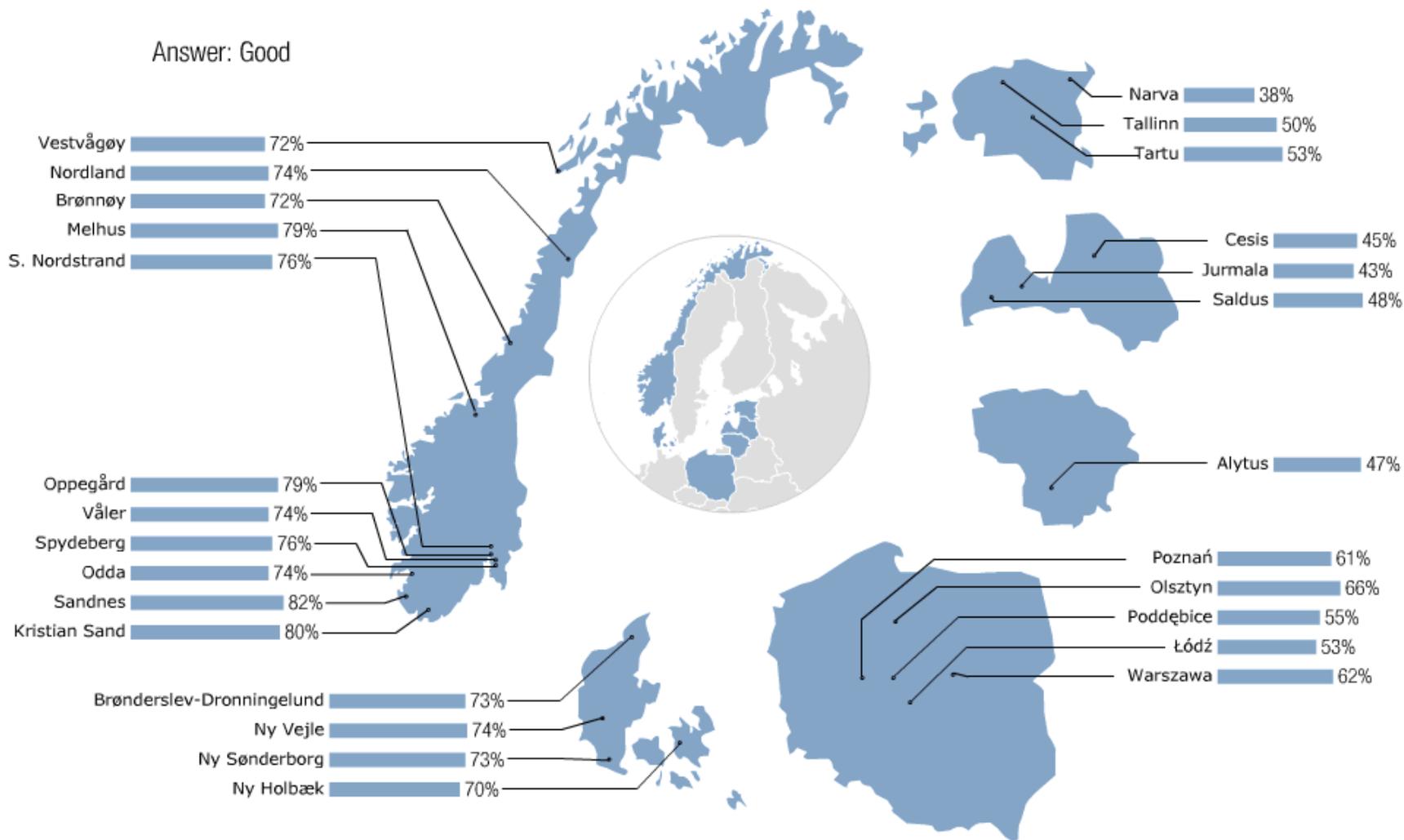




HEPRO 2007

Q1 How do you rate your present state of health, in general?

Answer: Good







HEPROGRESS

- Reducing health related social and gender inequalities and barriers to social and economic participation. Evidence based local policies, interventions and empowerment planning.

Lead partner: Østfold County Council

- *A project supported by the European Union Programme for Employment and Social Solidarity – PROGRESS (2007-2013) and managed by the Directorate-General for Employment, social affairs and equal opportunities of the European Commission.*

www.heprocom.net/heprogress



Østfold Health Profile 2011-12

Percentage of people who have very good or good health

	Average	Higher university education	Primary school as their highest education	Working	Unemployed / insured / welfare recipient
ØSTFOLD	73,4	86,2	59,3	83,4	36,1
Moss	71,8	83	65,8	81,1	42,4
Sarpsborg	71,2	85,5	58,4	81,5	36,9
Halden	75,6	89,7	59,4	86,9	34
Fredrikstad	73,6	87,7	53,2	84,1	33,6
Aremark	71,8	92,9	61,8	85,7	39,4
Eidsberg	74,2	82,3	62	84,1	37,9

About 45.000 people in Østfold were asked, 38,3 % replied.



- **A 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.
- 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.
- **It is made much more clear that the responsibility shall be moved from the local health care sector to the political council** (In the administration, the new act point to the chief executive and not the municipal medical officer as the former act on municipal health care services did)
- 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**



The principles of the Public Health Act

- Health equity
- Health in all policies
- Sustainable development
- Precautionary principle
- Participation





The Norwegian Public Health Act, the process behind seen from our angle

- The beginning, autumn 2006: White paper: Regional advantages - regional future. About new regions' size and tasks. (Including Possible re-organization). Responsible body: Ministry of Local Government and Regional Development
- February 2007: Open hearing in The Norwegian Parliament, the Committee for [Local Government and Public Administration](#). We invite the Norwegian Healthy Cities network to join forces, and together we argued for our case.
- Our main message: We ask the Parliament to request the government that public health must be made mandatory for the county councils.
- **Result:** From this point of: Public health gets separated from the other process of deciding the region's size and tasks. The government decide that the ministry of Health shall prepare a consultation paper on a statutory public health responsibility for Norwegian regions.
- Østfold County Council was invited to take part in a working group that should develop a proposal for the upcoming act.
- We suggested that the purpose of the act should be to reduce health inequalities, which was adopted.



The Norwegian Public Health Act for County Councils, 2010

1. Motivate and coordinate in respect of municipalities, by developing alliances and partnerships and by supporting the municipalities' public health initiatives.
2. Possess the necessary overview of the general state of health among the county population – and factors that influence this – including characteristics that can create or maintain social differences in the public's health.
3. Health in all: Public health initiatives shall be included in the county council's ordinary operations and enterprises.





The Consultation paper out on a hearing, December 2008-January 2009

- We mobilize 16 out of 18 regions and give more or less a common statement, inter alia:
- ***It should in the long term instead be created a more comprehensive law on public health, where all levels responsibility, authority, duties and remedies in the health promotion work is included, and the relationship between these are visible.*** *The county task portfolio must be viewed in the context of the roles and responsibilities as all players in the field must fulfill, and this is not discussed well enough in the consultation paper. Necessary clarification of roles, for example, has not been made.*
- ***Work on a comprehensive national interdisciplinary, cross-sectoral and cross-level public health policy must be developed for all relevant ministries. In such a strategy, also national institutions and bodies outside of the ministry of health must be obliged.*** *Various state governments have to see this work in context and not in isolation from each other.*



Other parallel strategies in this period:

- Offensive media work
- We mobilized The Norwegian Association of Local and Regional Authorities
- We sent a note to the health minister from all the county mayors
- We get County Mayors to have meeting with a secretary of state (Rigmor Aasrud, now Minister of Government Administration, Reform and Church Affairs)





Which issues did we raise with her?

- *The county council are not positive to the bill is seen as a temporary law, which later can be implemented in either the Act on Municipal Health Care Services or The Act on Dental Health It should in the long term instead be created a more comprehensive law on public health, where all levels responsibility, authority, duties and remedies in the health promotion work is included.*
- ***Despite an active social welfare policy in Norway over the past 50 years, the social inequalities in health is maintained and enhanced.*** *The Financial crisis can lead to increased inequalities and reinforce poverty. Poor economy among the municipalities local will likely lead to a downgrade of prevention and health promotion work . It will reinforce health inequalities. **The county councils must be given the opportunity to address these challenges.** Counties want to play an important role in the politicization, mobilization, planning, coordination, quality assurance and implementation of the broad, comprehensive and overarching public health work. **We want to and we can. If we get the chance ...?***



April 2009: Proposition promoted by the government.

- The Government writes:

The bill is relatively general in its content. It does not follow up the idea of a more comprehensive law that deals with municipal public health responsibilities - that has been desired by a majority of respondents to the consultation. Such an enactment will require a review of municipal public health tasks and therefore demand a new investigation. The Ministry will consider this issue in more detail, including in conjunction with the White Paper on the Coordination Reform.

- Østfold politicians take action



Lobbying towards Parliament continues

- Østfold politician takes responsibility and lobby in front of the treatment of the proposition in the Committee on Health and Care Services in the Parliament. They get the committee's support that the public health act for county councils should be extended in the future to include municipalities and state.
- The politicians from Østfold request that the Committee consider whether there should be signals about the importance of knowledge-based public health efforts at the local and regional level, as the Norwegian county mayors already have wanted mandatory, which the ministry did not comply to. **The Parliament agree's.**



Parallell: The Coordination Reform is launched

- The biggest health care reform in Norway ever?
- June 2009: The White Paper on the Coordination Reform is launched. IT is called: Proper treatment – at the right place and right time. What does this mean for health prevention and health promotion? Focus on secondary prevention, at best. And, a sectorisation of public health work in the health care sector.





The Norwegian Public Health Act for County Councils

- The act is made applicable from 2010
- The Initiatives from Østfold goes through. In the autumn of 2010 another consultation paper is distributed, this time on a proposal for a comprehensive Public Health Act, applicable also for the state and the municipalities.
- **What happens then?**





The paradox

- IT is suggested that the Scope of the Act should apply to municipalities, county authorities and the central **government's health (care) sector**.
- Once again, Østfold mobilize counties and municipalities to give coordinated written submissions. A great number of organization's express their concern: It is a paradox that when one purpose of The purpose of this Act is to contribute to societal development that promotes public health and reduces social inequalities in health, the act shall not apply to all ministries. After all, one of the four principles that the law is founded on, is the principle on health in all. The Government meets several of our objections and the objection is incorporated: Health for all now applies to all.
- It was in the same process also decided that a national inter-ministerial public health plan shall be prepared.
- In the hearing, we (many county councils/municipalities) also called for 5th principle: Empowerment, that was adopted.



§ 21 *Overview of public health and health determinants in the county*

- The county authority shall have sufficient overview of the population's health in the county and the positive and negative factors that may influence this. This overview shall be based i.a. on:

a) information that the central government health authorities make available in accordance with Section 25,

b) relevant knowledge from the municipalities, dental services and other portions of the county authority's activities that are of significance to public health.

This overview shall be in writing and identify the public health challenges in the county, including an assessment of the impact and the causal factors. The county authority shall in particular pay attention to development trends that may create or maintain social or health-related problems or social inequalities in health.

The overview of the county authority's public health challenges in accordance with the second paragraph shall be included as a basis for work on the regional planning strategy.



§ 20 County authority's responsibility for public health

- The county council shall promote public health within the duties and means that are assigned to the county authority (**Health in all**). This shall take place **through regional development and planning**, administration and the provision of services, and measures that can meet the county's public health challenges, cf. Section 21, second paragraph.

(...)

The county authority **shall promote and coordinate public health work in the county through, for example through partnership-strategies.**



Why is the regional level important if you wanna change national policies? Some examples?

- Very good political contacts
- Member of parliament need their support to get re-nominated
- Full time politicians, they have the time to follow up initiatives
- The regions know the municipalites, and can easier mobilize them
- Our competence is higher than the municipalities, which is important when we prepare the professional arguments.
- Our allies in ministries and agencies need the power and legitimacy that comes through formal policy statements from lower levels.



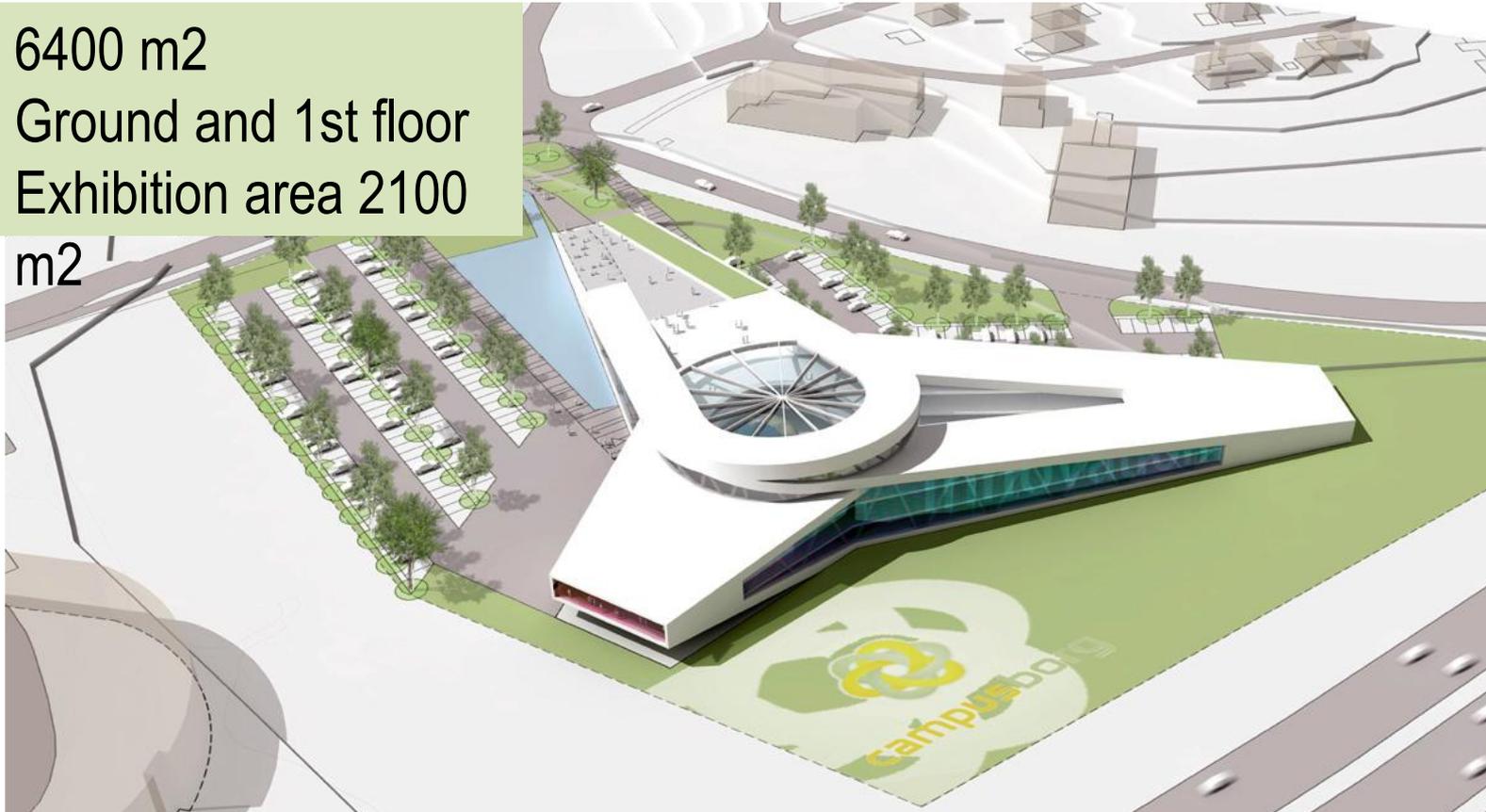
Regional developer, example

6400 m²

Ground and 1st floor

Exhibition area 2100

m²





Learning with fun!

Exhibitions – Planetarium – Cultural hall - Science Cafe – Science shop

FAMILY





Public health – our shared responsibility

...some examples from other units:

- Østfold Public Transport: Major focus on the environment and public health. Have initiated walking buses, focus on accessibility, etc.
- Planning Section: Watchdog and motivator. Advisor in respect of urban planning and public health.
- Education: Systematic environmental and public health work at all upper secondary schools, among the leading counties in Norway on reducing drop outs.
- Communication Staff: Project manager for a national pilot project on accessibility.
- Culture Section: Sports, physical activity and voluntary services
- Dental Health Department: Winner of two national public health work awards.



What is the dental health project about?

- The dental health service teach children about dental health and nutrition
- Is planning to implement tobacco
- Include all children in the region in thee different grades (2, 4, 7)
- Is trying to also implement the concept in 10th grade.
- Educates everyone in three cohorts, regardless of their background and dental health status.











How did we get political support from the 90's and up to today?

Example: The water cooler project





Planning and public health



The county plan:

- Not all regions have county regional plans.
- Regional planning shall (by law):
 - Stimulate the development and set goals for the physical, environmental, economical, social, cultural and healthy development within the region.
 - Shall coordinate the activities in the region, follow up vital national goals.
- Regional planning sets a basis for governmental and local planning. (Meaning, both the County Council and the County Governor can veto local plans, which results in further negotiations).
- As the only region in Norway, Østfold County Council has established guidelines for how the areal can be used as a part of the county plan. Guidelines for the aesthetics conservation and development of buildings and cultural landscape have been developed.
- The municipalities are legally binded by the plan's regulation of land use, but not legally binded by the community part of the plan. However, in Østfold we see that it has much impact on local planning.



The county plan gives priority to the environment and public health

■ Three main priorities:

1. Public health
2. Environment
3. Business development

■ One of the plan's main areas of focus:
Reduce the social inequalities of health.

■ Two overarching areas of focus in the plan:
Environment and public health



How to advise and support municipalities in their planning?

- Norwegian County Councils provide hearings to plans / strategies described above within a variety of areas (transport, culture, environment, etc). This is also done in Østfold, but the spatial planning and land use unit is very active also to promote health (which is not typical for all regions). **Example**, zoning plan in Fredrikstad.
- In addition, the regional public health partnership, The Public Health Programme in Østfold, give similar statements – however solely with the purpose of improving public health work. Thus, one can go much more in depth e.g. on issues related to social inequalities in health.



Guide for public health planning

- It is prepared a public health guide for the municipalities in Østfold that they can use in the preparation of their plans. This also is actively used in hearings and early advices in the beginning phases of the planning processes, both from County Council in Østfold but also from the regional public health partnership. The statements have had important impact on the master plans. Any impact on the municipal planning strategies is too early to say.
- *Municipal planning strategy: After each election, the municipal council shall adopt a municipal planning strategy that will identify key planning tasks to be pursued during the coming electoral term. The municipal planning strategy should also 1) assess long-term land use as well as 2) which planning tasks should be given priority.*
- *Municipal master plan: Is intended to provide the overall principles and framework for efforts within various sectors as well as the preparation of zoning plans. The overall municipal master plan shall comprise 1) a social component with an implementation element and 2) a land-use element for the whole municipality.*



- 1 Relation to national goals and strategies
- 2 Relationship with regional goals and partnership strategies
- 3 Demographics
- 4 Living Conditions
- 5 School and work opportunities
- 6 Financial Security
- 7 Health and lifestyle
- 8 Vulnerable groups
- 9 Environment
- 10 Livelihoods and culture
- 11 Social inequalities in health, affiliations, social capital and democracy
- 12 Accessibility
- 13 Health Monitoring, accident prevention, security and transport
- 14 Participation, dialogue, interaction and coordination
- 15 How to see public health as a consistently commitment in the social components of the Municipal Master Plan's / the municipalities sector plans / their planning programs strategies
- 16 Land use and Public Health
- 17 Municipal master plan and it's action plan and economic strategies
- 18 Annual report – review of public health work



The end.....?





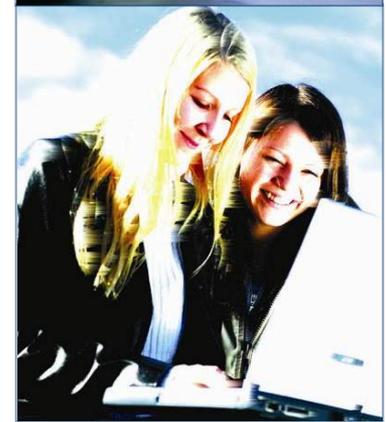
Not really....



Welfare to the people of Østfold

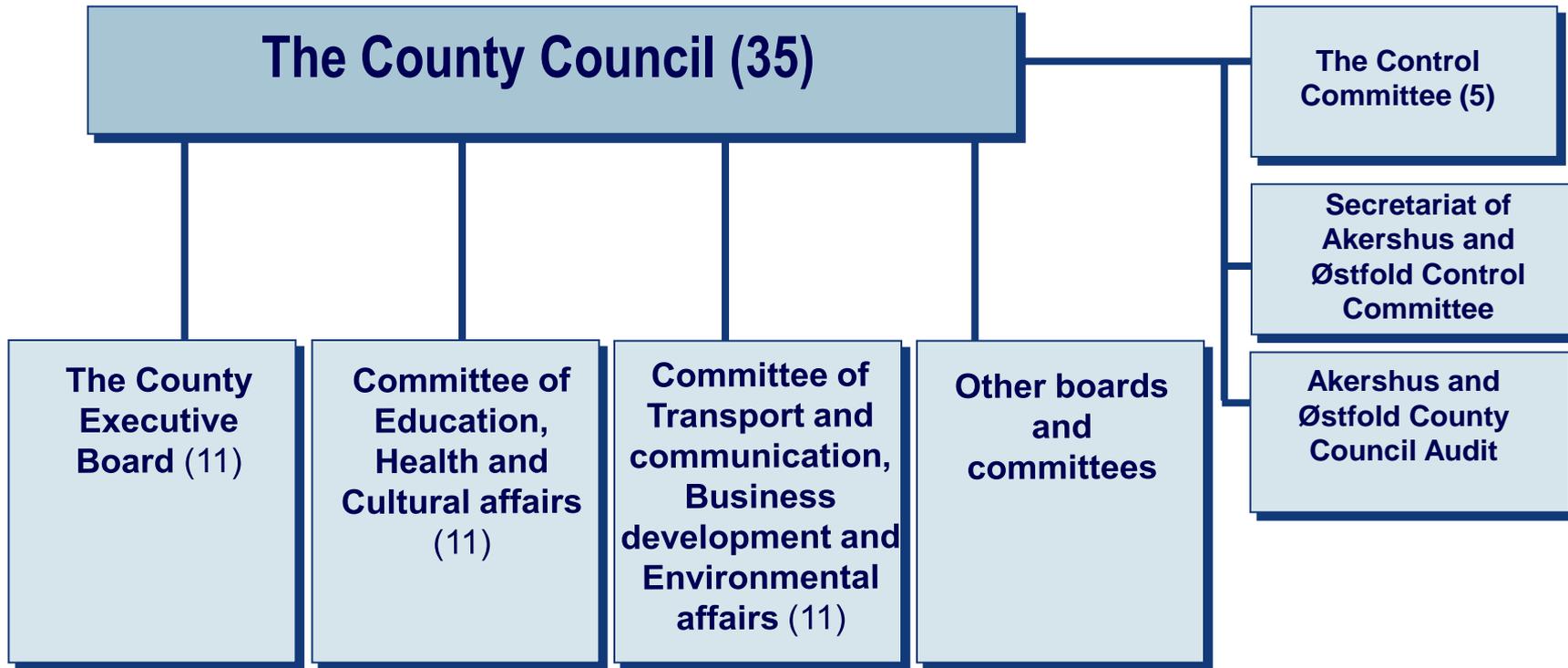
The County Administration is responsible for:

- Approx. 2,500 employees in departments, clinics and schools all over Østfold
- 11 upper secondary schools and one folk high school - a total of 10,000 places in school and businesses
- 22 dental clinics
- County library
- County theatre
- County cultural production
- Approx. 1655 kilometers of roads
- Approx. 250,000 square meters of buildings
- Public transport – among others for 13,000 pupils every day





Political structure





YOU decide who is to decide....

- The County Council is governed by politicians, democratically elected by the people
- There is an election to the County Council every 4th year, last election in September 2007
- The County Council, with its 35 elected members, is the highest political level in the County.





The County Governor and the County Council

Different roles and responsibilities in the public health work.





The County Governor's responsibilities

- Communicates the Parliament's and government's policies in the public health sector to the players in the county and contributes to understanding and securing government goals and interests.
- Handles strategies, initiatives and activities the government thinks should be implemented in the same way all over the country.
- Offers guidance as a sector level authority in several sectors relevant to public health, but focuses in particular on the health sector's preventive and health promotion activities.
- Responsible for coordinating the different regional state agencies.
- The County Governor tasks follows from three defined roles:
 1. Professional body (e.g. health): Systematic surveillance of the situation in the county, among others public health.
 2. Responsible for carrying out some of the national policy.
 3. Interpret regulations.





Cooperation between the County Municipality and the County Governor

- Based on these principles the county governor and the county municipality must agree on the division of duties and responsibilities in a tight and continuous cooperation e.g. within public health work.
- Evaluations initiated by the Health Directorate show that in most counties the professional cooperation between the county governor and the county municipality with regard to public health work is considered to be good.





The County Council's responsibilities

- Attends to health aspects and promotes health in regional planning and in the county municipality's role as a regional developer.
- Attends to strategies, initiatives and activities where there is a regionally political scope so that national guidelines can be implemented with regional adaptation.
- Focuses especially on the broad and cross-sector aspects of the public health work in its guiding role to the municipalities, among other things planning advising duties according to the Planning and Building Act.





Østfold County Council...

- ...a large "producer" of public services to the people of the region
- ...is to have a leading role in the development of the region
- ...has a leading role in the regional partnership





→ Boxes of reporting
→ Lines of information

