

Helsedirektoratet
Norwegian Directorate of Health

Intersectoral action
- A Norwegian case study

Tone P. Torgersen, Norwegian Directorate of Health

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Outline for this presentation

Part one: Inequalities in health in Norway

Part two: Introduction to the Norwegian Policy to reduce social inequalities in health

Part three: challenges and opportunities for intersectoral action from the health sector's perspective

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Part one:
Inequalities in health in Norway

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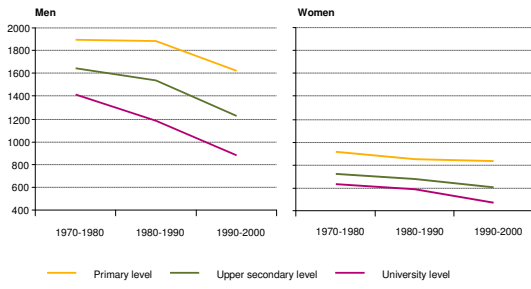
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Public health in Norway

- Life expectancy: 83 years for women and 78 years for men
- Infant mortality (<1 year): 3.3 per 1000 live births

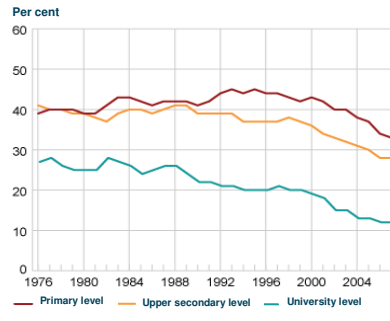
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Mortality by education. Men and women, 45-59 years. Age-adjusted, deaths per 100,000



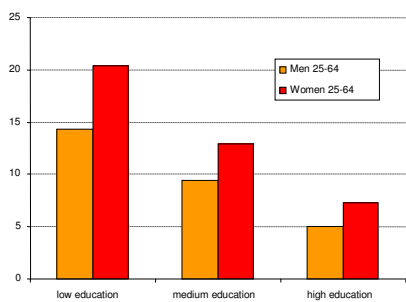
Source: Norwegian Institute of Public Health
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Daily smokers in adult population (25-74 years), by level of education, 1976-2007



Source: Statistics Norway
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Symptoms of depression and anxiety (HSCL>1,75) by level of education (%)



Source: Norwegian Institute of Public Health
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Social inequalities in health in Norway

- concern all age-groups
- concern both sexes
- are significant regardless of how social status is measured
- have been demonstrated for several health indicators
- have persisted over time and may even be increasing
- form a gradient throughout the population: the higher your socioeconomic position, the better your health

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**Part two:
Introduction to the Norwegian Policy
to reduce social inequalities in health**

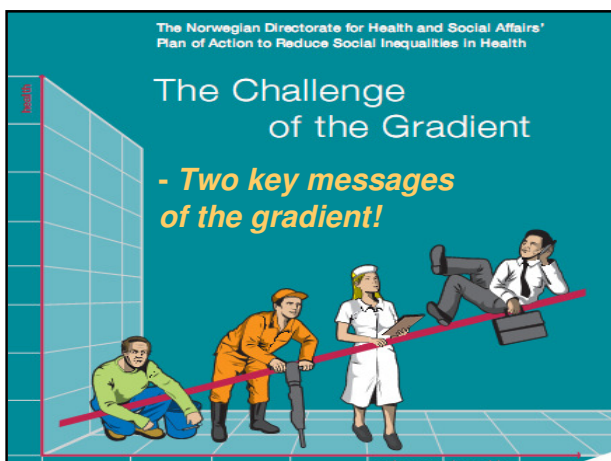
**Norwegian
strategy:**

**Aim:
Reduce social
inequalities in
health
by levelling up**

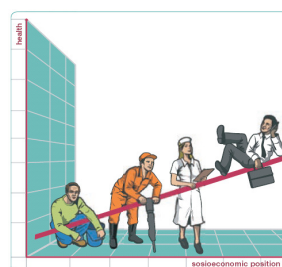


**The Challenge
of the Gradient**

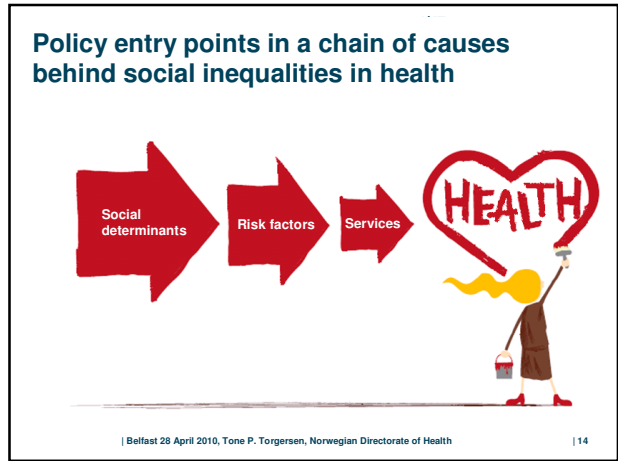
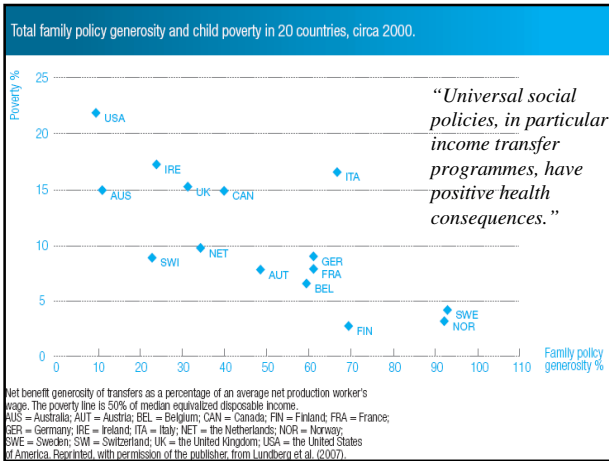
**- Two key messages
of the gradient!**



**The challenge of the gradient:
What kind of measures work?**



1. Measures should be directed towards the entire population (not only high-risk groups)
2. Measures should be directed towards social structures (not only towards individual behaviour)



Intervention map for comprehensive policies

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	Social reform Upstream	Risk reduction Midstream	Effect reduction Downstream
Universal measures	education, labour market policies, housing	working/living environment, structural lifestyle measures	universal health service
Selective measures	means-tested social benefits	targeted lifestyle measures	targeted health services

1, 2, 3 are circled in red in the original image.

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- ### Four priority areas for action
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- 1) Reduce social inequalities that contribute to inequalities in health (income, childhood conditions including education, work)
 - 2) Reduce social inequalities in health behaviour and use of health services
 - 3) Targeted initiatives to promote social inclusion
 - 4) Develop knowledge and cross-sectoral tools
-
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**Part three:
Intersectoral action
from the health sector's perspective**

- challenges and opportunities

Challenges

- **Horizontal:** Cooperation across silos
- **Vertical:** Implementation across levels
- **Time:** lag between successful interventions and measurable health effects
- **Setting targets:** up-stream or down-stream?
- **Knowledge regimes:** narrow conception of evidence problematic in this field

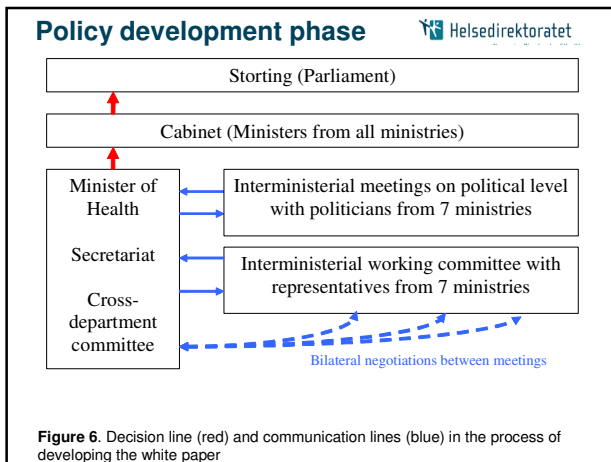
Opportunities


1. Framing the issue

	Social reform Upstream	Risk reduction Midstream	Effect reduction Downstream
Universal measures	education, taxes, labour market policies, housing	working/living environment, structural lifestyle measures	universal health service
Selective measures	means-tested social benefits	targeted lifestyle measures	targeted health services

**2. Organisational structure to overcome
silo thinking**

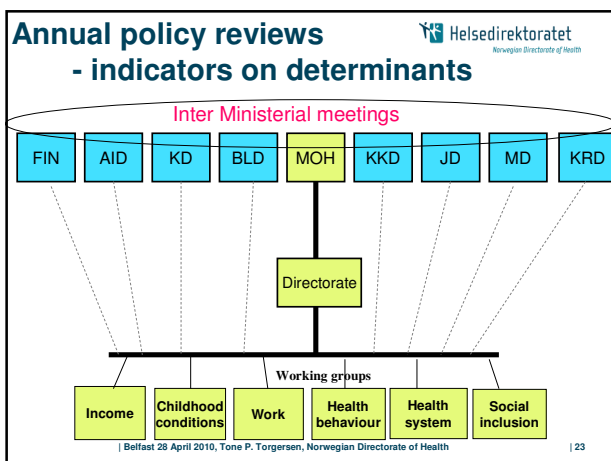
- **Will any structure that persist over time end up like a silo?**
- **Can committees to cut across silos end up like another silo?**
- **Maybe a bigger problem nationally than locally??**




Reporting system – policy review 

- Progression in implementation and indicators on each of the policy areas:
 - Income
 - Childhood conditions
 - Work and working environment
 - Health behavior
 - Health services
 - Social inclusion of vulnerable groups
- Both process and content

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3. Challenging the role of the health sector 

- From prescriptions to negotiation
- From arena to determinant perspectives

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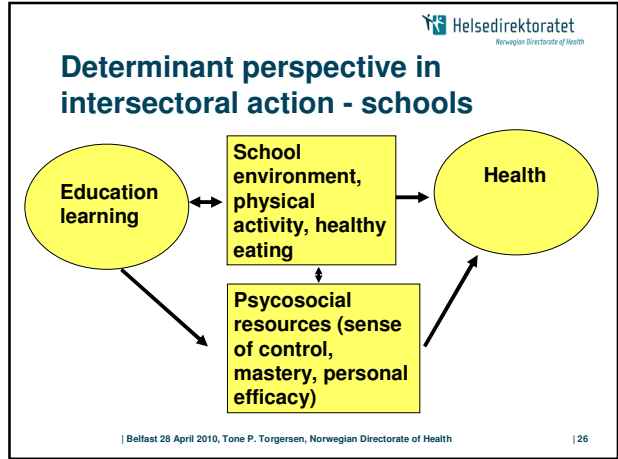
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School – from arena perspective to determinant perspective

- Universal arena – potential for reduction of inequalities through:
 - healthy nutrition
 - physical activity
 - tobacco programs
 - mental health programs



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School - the determinant perspective

- Inequalities in learning in Norway
- Learning too dependent on follow-up from parents
- Inequalities across social groups are partly socially produced
- Early interventions important

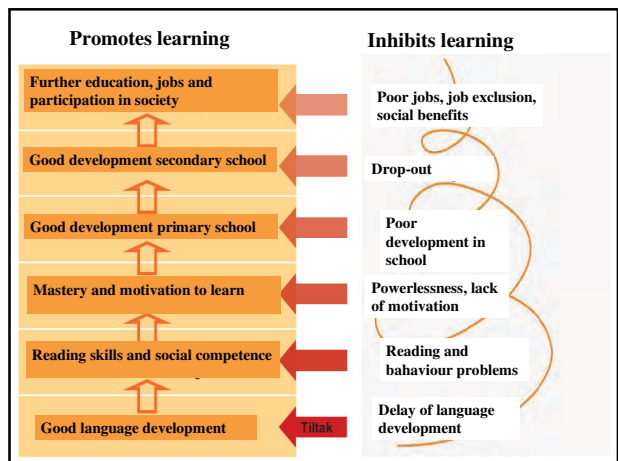


 **OVERSIKTSRAPPORT**
TIL SAMFUNNEN

Summary of Report No. 14 (2006/2007) to the Storting

Early Intervention for Lifelong Learning

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Cross sectoral cooperation in implementation of the policy

- Language screening of all children at Maternal and child health centres
- Language stimulation to all in need
- Free hours in kindergarten to all in certain areas
- Early intervention in schools
- Gradually lengthen the school day
- Include physical activity and free fruits and vegetables every day
- Further develop and build capacity in school health service

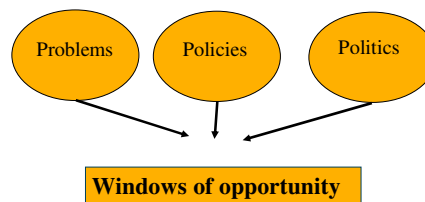
Role performance according to the issue at hand

- **Leader:** issues where the health sector both have the knowledge about effective measures *and* control those means (*preventive services, equitable health systems*)
- **Negotiator:** issues where the health sector have knowledge about effective measures but do not control the arena or means for implementing the measures (*health promoting schools - physical activity, healthy school meals etc*)
- **Partner:** determinants of health where the health sector have knowledge about the adverse health impacts of other sector policies, but where the health sector itself neither control the means for implementation nor has exact knowledge about how measures should be framed (*inclusion to the labour market, reducing social inequalities in learning in schools etc.*)

The determinants perspective – a concept of opportunity for intersectoral action

Focus	Ownership by other sector	Policy response
Disease	- Lack of ownership	- Health sector action
Single risk factor	- Some ownership, but about contribution to reach health sector targets	- Isolated inter-sectoral initiatives
Determinant	- shared ownership and negotiation for mutual benefits - Recognition of other sector's objectives	Integrated intersectoral action

4. Policy entrepreneuring and the non-linearity of policy processes



- socially responsible opportunism

Thank you!