Experience in tackling social inequalities in health in Norway

Tone P. Torgersen  27. November 2014
Outline

• Developing the policy – actors, process and content
• Implementation mechanism – intersectoral policy review system
• Local action – new public health act
• Health in all policy system nationally
Developing the strategy- political will!

**Aim:**
Reduce social inequalities in health by levelling up
Life expectancy at age 35 by education

Men

Women

Years

Time

Primary education
Secondary education
Tertiary education
Developing national evidence and policy alongside the Marmot process

- National expert group - scientists as agenda setters
- Nordic reference group for Global review
The challenge of the gradient: - two key messages for policy design

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)
A chain of causes behind social inequalities in health

Social determinants → Risk factors → Services

Tone P. Torgersen, Vilnius 27.11.14
# Intervention map for comprehensive policies

<table>
<thead>
<tr>
<th>Universal measures</th>
<th>Social reform</th>
<th>Risk reduction</th>
<th>Effect reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Upstream</td>
<td>Midstream</td>
<td>Downstream</td>
</tr>
<tr>
<td></td>
<td>education, taxes, labour market policies, housing</td>
<td>working/living environment, structural lifestyle measures</td>
<td>universal health service</td>
</tr>
</tbody>
</table>

| Selective measuers | means-tested social benefits | targeted lifestyle measures | targeted health services |
Four priority areas for action across sectors

1) Reduce social inequalities that contribute to inequalities in health (income, childhood conditions, 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
The process: Organisational structure

- Storting (Parliament)
- Cabinet (Ministers from all ministries)
  - Minister of Health
  - Secretariat
  - Cross-department committee
  - Interministerial meetings on political level with politicians from 7 ministries
  - Interministerial working committee with representatives from 7 ministries

Decision line (red), communication line (blue)
Appraching sectors outside health: determinants approach

<table>
<thead>
<tr>
<th>Focus</th>
<th>Ownership by other sector</th>
<th>Policy response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease (Ex: cancer)</td>
<td>- Lack of ownership</td>
<td>- Health sector action</td>
</tr>
<tr>
<td>Single risk factor (Ex: physical activity)</td>
<td>- Some ownership, but experienced as contribution to reach health sector targets</td>
<td>- Isolated intersectoral initiatives</td>
</tr>
<tr>
<td>Determinant (Ex: education)</td>
<td>Potential for shared ownership and negotiation for mutual benefits Recognition of each others objectives</td>
<td>- Integrated intersectoral action</td>
</tr>
</tbody>
</table>
Determinant perspective in intersectoral action - schools

- healthy nutrition
- physical activity
- tobacco programs
- mental health programs

Psycosocial resources
(sense of control, mastery, personal efficacy)

Living conditions

Education learning

Health
Role in intersectoral action

- **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.*)
Implementation mechanism – intersectoral policy review system

- Income
- Childhood conditions, including education
- Work
- Health behavior
- Health systems
- Social inclusion
• measure the implementation and success of the strategy
• increase the awareness of social distribution (of health) across the sectors
• feed back into future policies

Objectives

Policy objectives in each sector

Indicators

Determinants across sectors

Health status

Indicator health outcome and risk factors

Overlapping indicators

• measure the implementation and success of the strategy
• increase the awareness of social distribution (of health) across the sectors
• feed back into future policies
Local action – new public health act

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

Principles:
• health equity
• health in all policies
• sustainable development
• the precautionary principle
• participation
Implementation support

Financing
Auditing

Monitor implementation:
• Baseline
• Indicators in reporting system (Kostra)

Capacity & competence:
• Seminars/courses (KS)
• Workshops
• Networking (KS)
• Collaboration with univ/colleges

Guidance: Strategies and interventions

Overview of public health and health determinants

Evaluation

Implementation of measures

Strategic societal planning:
overall goals and strategies

Policy and action plans

Guidance: «health in planning»

Data support an guidance:
Health in all policies system nationally

- Public health monitoring
- Reporting
- Continuous evaluation of implementation

Evaluation and overview

Assessment of status and challenges

Implementing measures

Objectives and strategies

- Public health challenges in Norway
- Status public health work

- Public health measures
- Health Impact Assessment
- Research and Development

- White paper for parliament
- Guidelines to regional and local municipalities
Thank you!
Existing policy review indicators
1. Reduce social inequalities that contribute to inequalities in health:

**Income -> Main objective: Reduce economic inequalities**

*Indicators:*

- Gini-coefficient,
- S80/S20
- P90/P10
- Percentage with persistent low income, 3-year period, EU method
- Percentage with persistent low income, 3-year period, OECD method
- Percentage with persistent low income for 3 in 4 years
- EU-silk, Household Data
  - Capacity to afford...
  - Difficulties to pay...
  - Ability to make ends meet
1. Reduce social inequalities that contribute to inequalities in health:

Childhood condition -> Main objective: Safe childhood conditions and equal development opportunities

Indicators:

- Coverage in kindergartens, different age groups
- Percentage of municipalities with means-tested fees
- Percentage of staff with formal training/education
- Percentage of minority-language children in kindergartens
- Percentage whose academic performance is the lowest proficiency levels (levels 1 and 2) in national literacy, numeracy and English tests in year 8 of lower secondary school, by parental level of educational attainment.

- Drop out and failure rate in upper secondary education and training.
1. Reduce social inequalities that contribute to inequalities in health

Work and working environment - Main objective: Inclusive working life and healthy working environment

*Indicators:*
- Percentage on long-term sick leave (< 13 weeks) who return to work after 1 year, by occupational group.
- Percentage of long-term unemployed, by occupational group.
- Percentage of occupational health and safety exposure, by level of education
2. Reduce social inequalities in health behaviour and use of the health services:

Health behaviour-> Main objective: Reduced social inequality in health behaviour

**Indicators:**
- Physical activity among young people, by parental ses
- Percentage of 10th graders who consume fruit and vegetables daily, by gender and parental ses
- Adults who smoke daily, by level of educational attainment

Health Services-> Main Objective: Equitable health and care services
3. Targeted initiatives to promote social inclusion

Main objective: Better living conditions for the most disadvantaged people

Indicators:

- Numbers of students in lower secondary and upper secondary education within the Norwegian Correctional Services
- Percentage of persons with reduced capacity for work who progress from employment-incentive schemes to employment
- Number of temporary occupancies longer than three months