

WELCOME

— Practical Information

- Emergency exits
- Toilets
- Lunch buffet by the canteen

Agenda

- Day 1

- **Norwegian Health System**
- **Norwegian health personnel**
- **Lunch break**
- **Public Health Act and Public Health Profiles**
- **Alcohol Control and Prevention**
- **Tobacco Control and Prevention**
- **Overweight and Obesity**

— Agenda

- Day 2

- **Welfare technology and remote care in Norway**

The Norwegian healthcare system

Overview of roles and tasks

Erlend Tuseth Aasheim, February 27, 2024



MD, PhD, MPhil, Specialist in Public Health Medicine

Director, Global Health and Health Intelligence

- ✓ **The Norwegian Healthcare System**
- ✓ **Challenges**
- ✓ **Sustainability**

Erlend Tuseth Aasheim, February 27, 2024



MD, PhD, MPhil, Specialist in Public Health Medicine

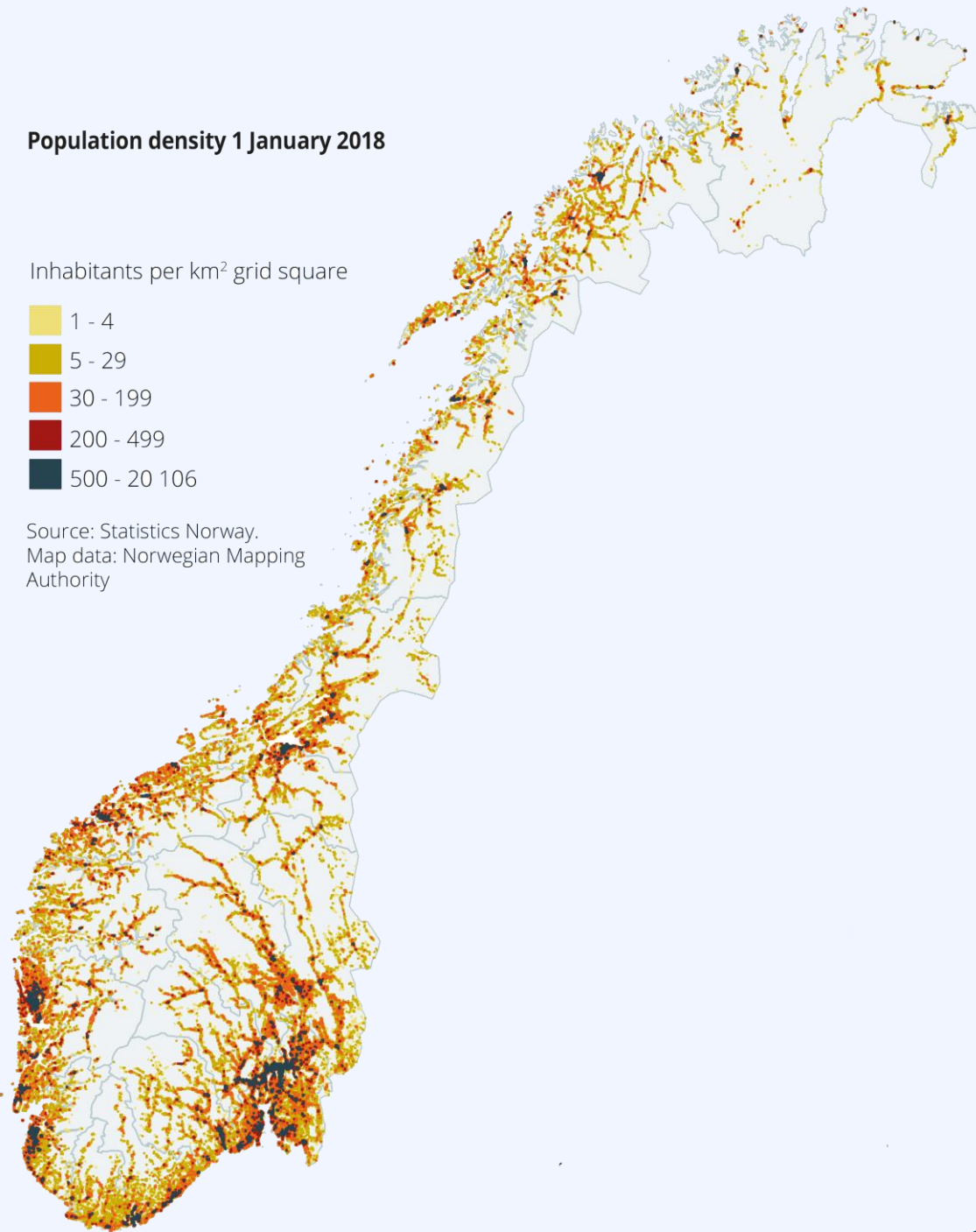
Director, Global Health and Health Intelligence

Population density 1 January 2018

Inhabitants per km² grid square



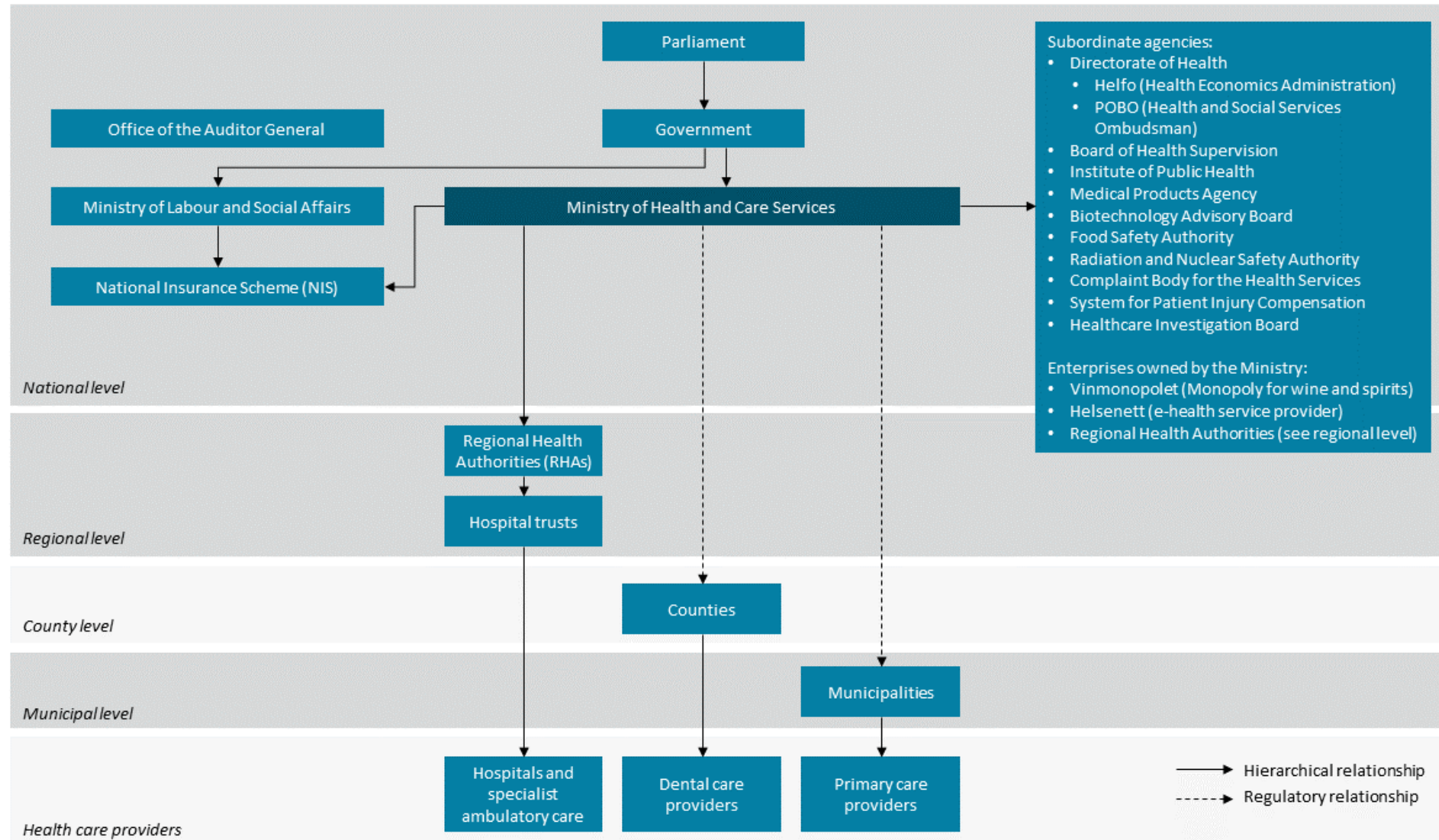
Source: Statistics Norway.
Map data: Norwegian Mapping
Authority



Geography and demograpics

- Population: 5.5 million
- 11 counties and 356 municipalities
- Large variation in the size of municipalities
- 8 out of 10 people live in urban areas
- Aging population, especially in rural areas
- Life expectancy: 82.6 years
- Fertility rate: 1.48 children per woman

The healthcare sector





The Norwegian Directorate of Health works to promote health and resilience, and is a driving force for sustainable, coordinated and equitable health and care services.

We lead the way in digitalisation of the health sector in Norway.



The Norwegian Directorate of Health

Executive agency under the Ministry of Health

Mandate

To improve health of individuals and the community as a whole through targeted activities across sectors, services and administrative levels

Roles

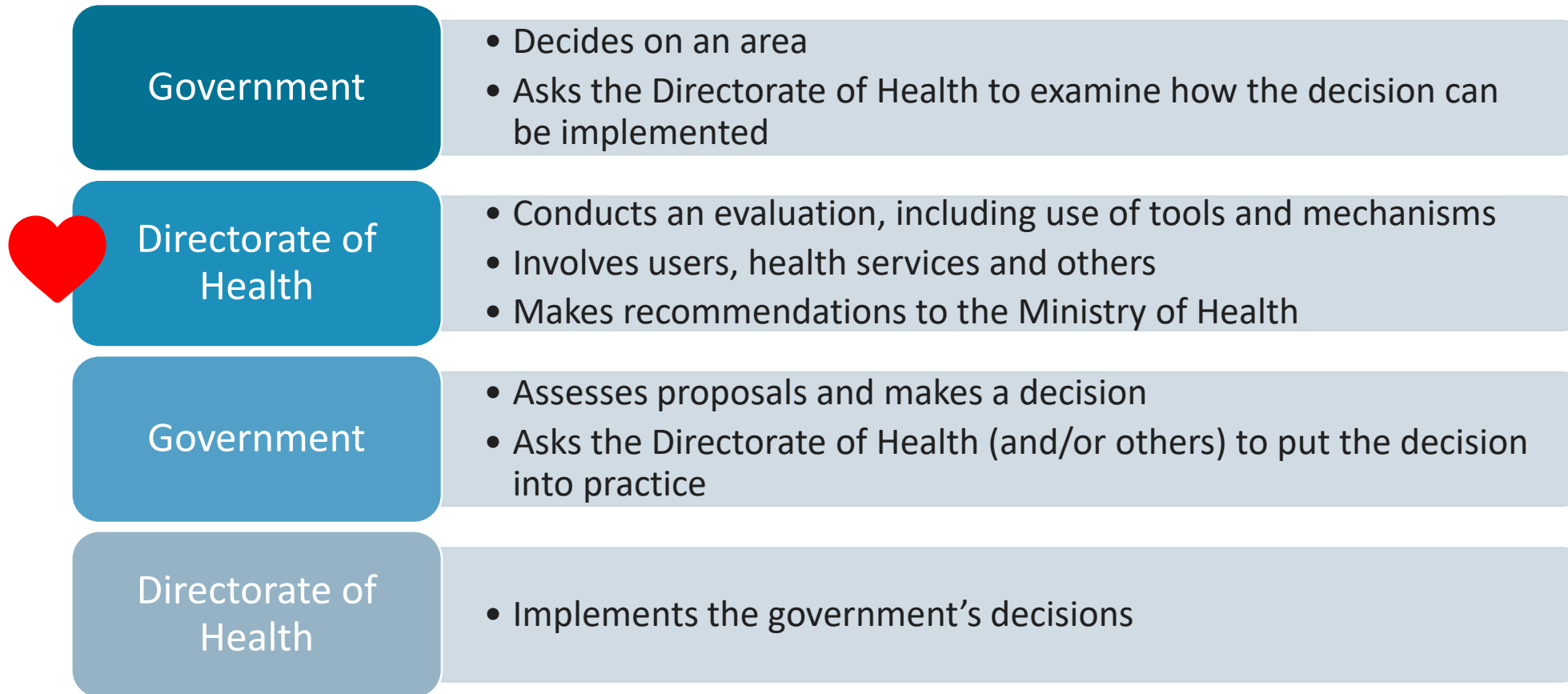
Advisory – We monitor public health and the healthcare system, advise national authorities on health and welfare policy issues, and formulate national guidelines to enhance health and welfare services. We provide technical support and guidance to regional and local authorities, services and the general public.

Legislative – We are the regulatory authority on components of health and welfare legislation.

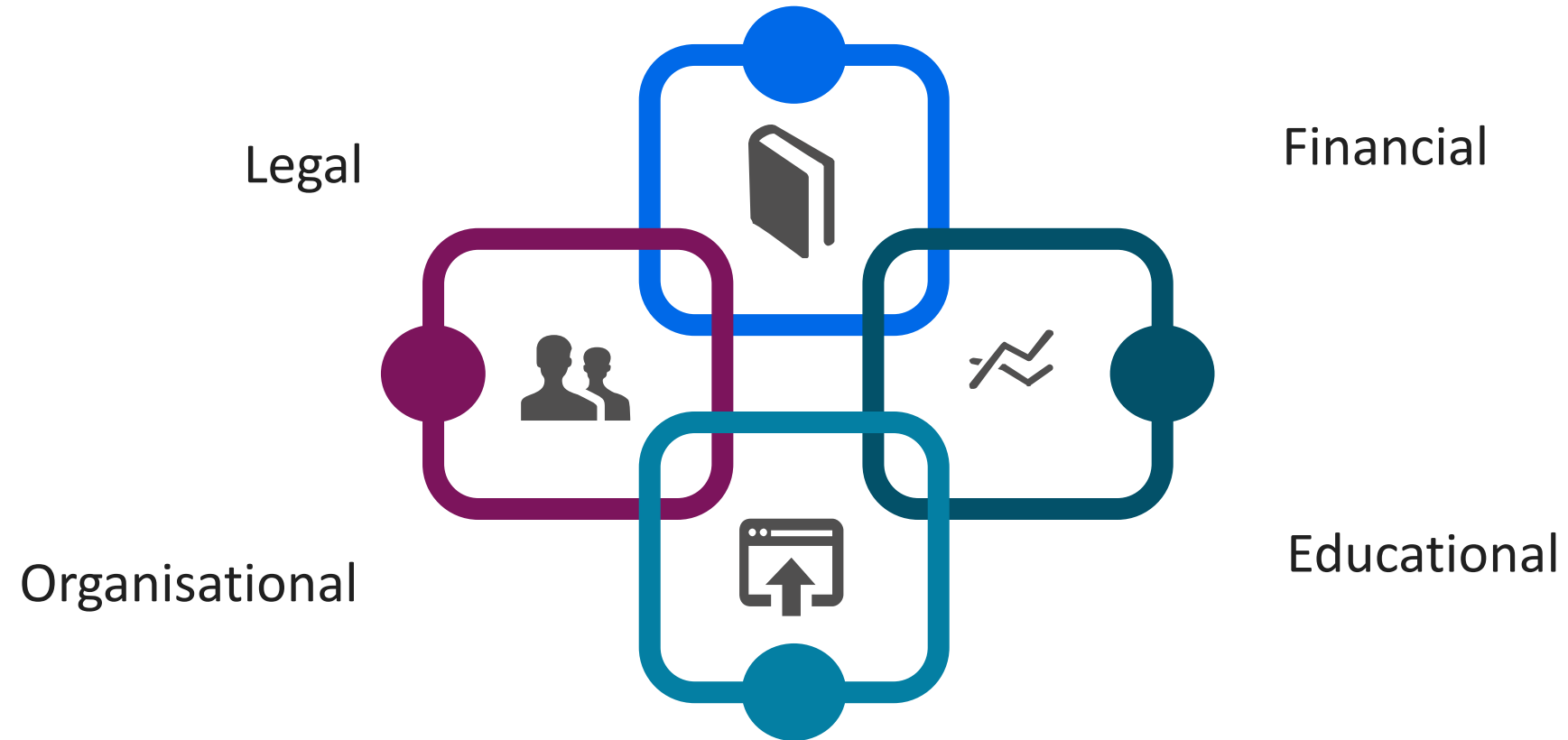
Implementation – We implement national health and welfare policy.

Emergency response – We have a central role in national health emergency preparedness and response, as well as international collaboration.

From political decision to practical implementation



The tools we use



Legislative framework

Defining responsibilities for municipalities and counties at regional and national level

The Public Health Act

[...] 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 Health and Care Services Act

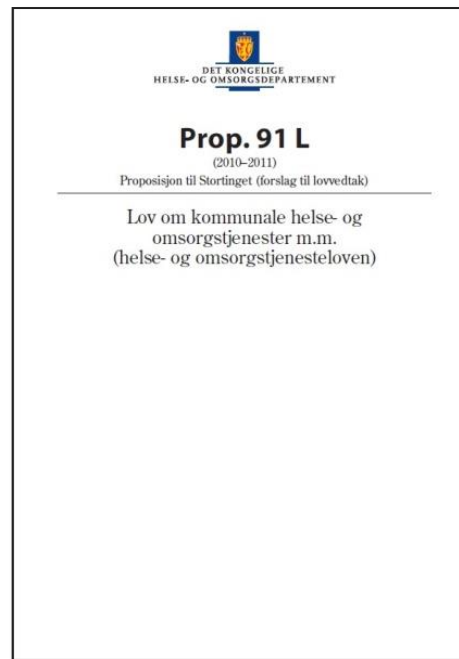
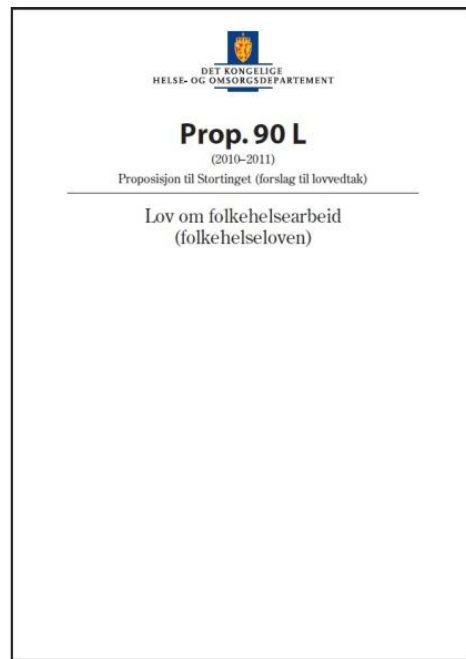
- The municipality must offer health-promoting and preventive services
- Specifies what services and types of personnel groups

The Patient and Users' Rights Act

- Help to ensure equal access to good quality services for the population by giving patients and users rights vis-à-vis health and care services
- Example: Children have the right to essential medical care, including check-ups

Documents introduced in 2011:

- new Public Health Act
- revised Municipal Health Care Act
- National Health and Care Services Plan (2011-2015)



Public Health Act 2011

Background

- Before 2011 the responsibility for public health work was within the health sector only
- Need for a more systematic, cross-sectoral approach
- Defined responsibilities for municipalities and for county, regional and national level

Purpose of the Public Health Act:

[...] 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.

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 in a proper and sufficient manner. The Act shall facilitate long-term, systematic public health work.

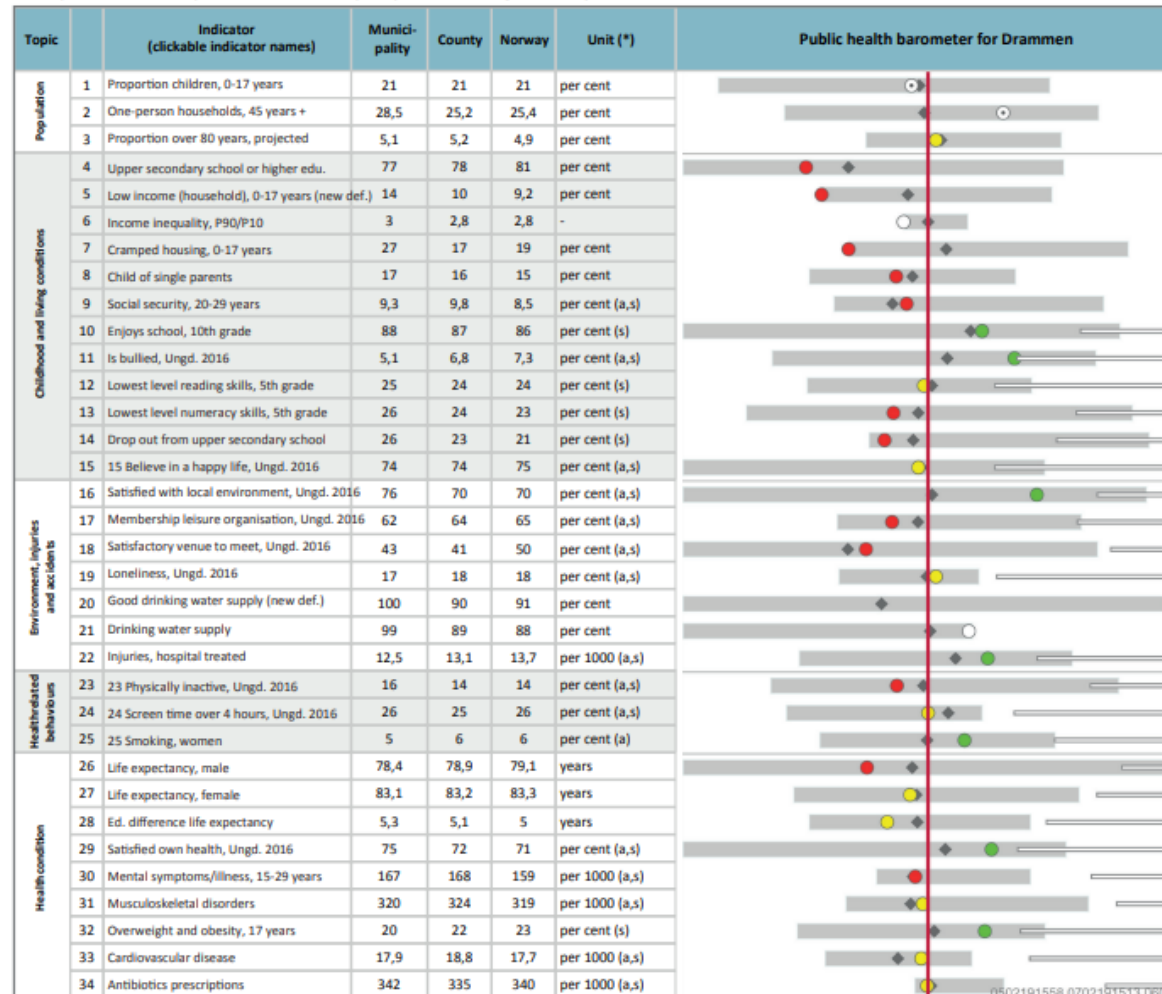
PUBLIC HEALTH PROFILE 2019

Public health barometer for the municipality

The overview below compares some key figures for the municipality and county with national figures. The figures and the data columns take into account different age and gender compositions that municipalities and counties may have compared to the country. In the Norwegian version, the indicator names are clickable and lead to the Municipal Data Bank.

Please note that "green" values may also pose a public health challenge for the municipality, because the country level is not necessarily optimal. Being among the top ten best municipalities in the country may be something to strive for.

- Significantly better than the country for this year or these years
- Significantly worse than the country
- Not significantly different (often due to population size)
- 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



Explanation (numbers indicate line in table above):

* = standardised values, a = age standardised and s = sex standardised

Primary healthcare

Municipalities are responsible for primary healthcare. This includes:

- The general practitioner (GP) scheme
- Nursing care within and outside of institutions, including long-term care
- Services for mental health and for substance abuse
- Physiotherapy in the public system
- Health stations providing services for pregnant people, children, young people and school healthcare services
- Emergency services (legevakt)
- A medical officer responsible for infection control

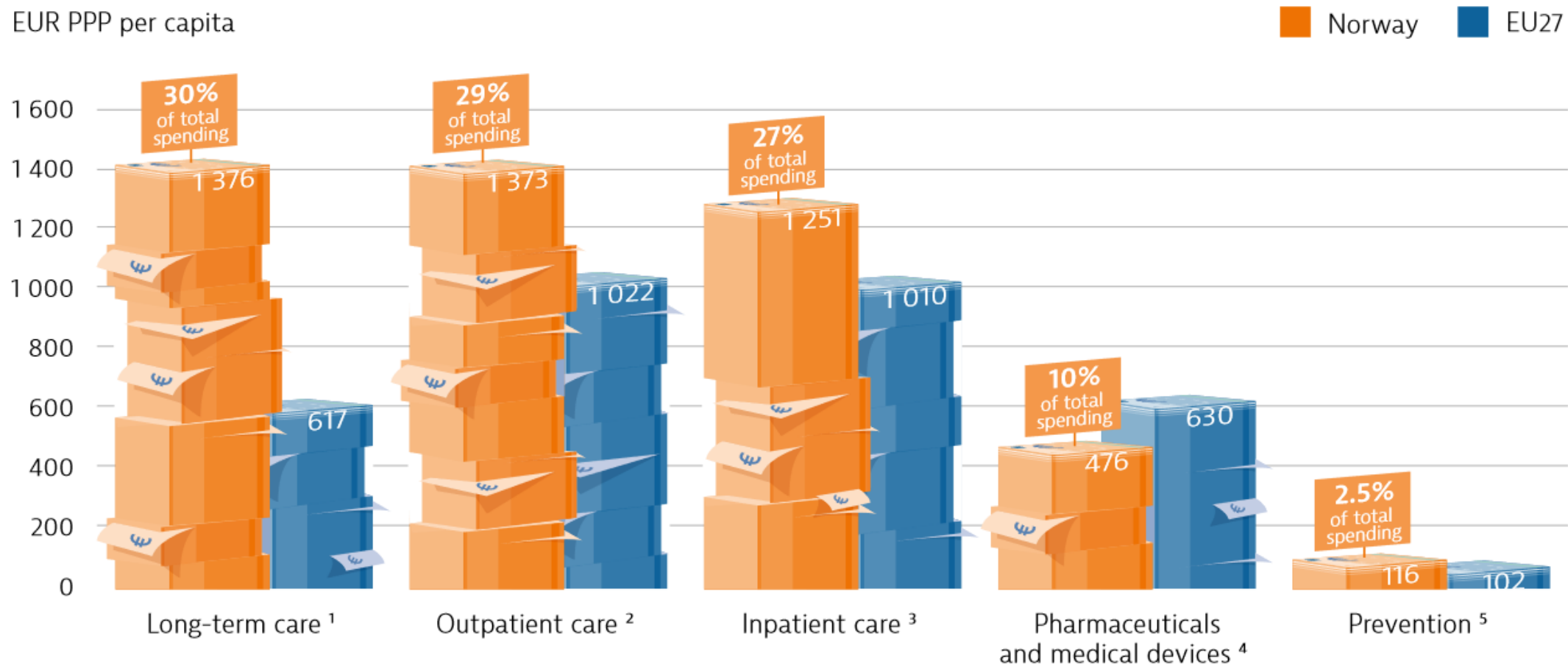
Specialist healthcare

The main institutions in the specialist healthcare system are:

- Hospitals
- Out-patient clinics and treatment centres
- Rehabilitation centres
- Institutions for specialised treatment of substance abuse disorders, in- and out-patient
- Emergency medical services (pre-hospital)
- Private practitioners
- Laboratory and X-ray services

Distribution of healthcare spending

Figure 7. Norway spends more on long-term care than other European countries



Who has access and what costs are covered?

Every documented resident of Norway is entitled to publically-funded healthcare services. Residents from the EU and EEA have the same entitlement to health services as Norwegians.

Free-of-charge:

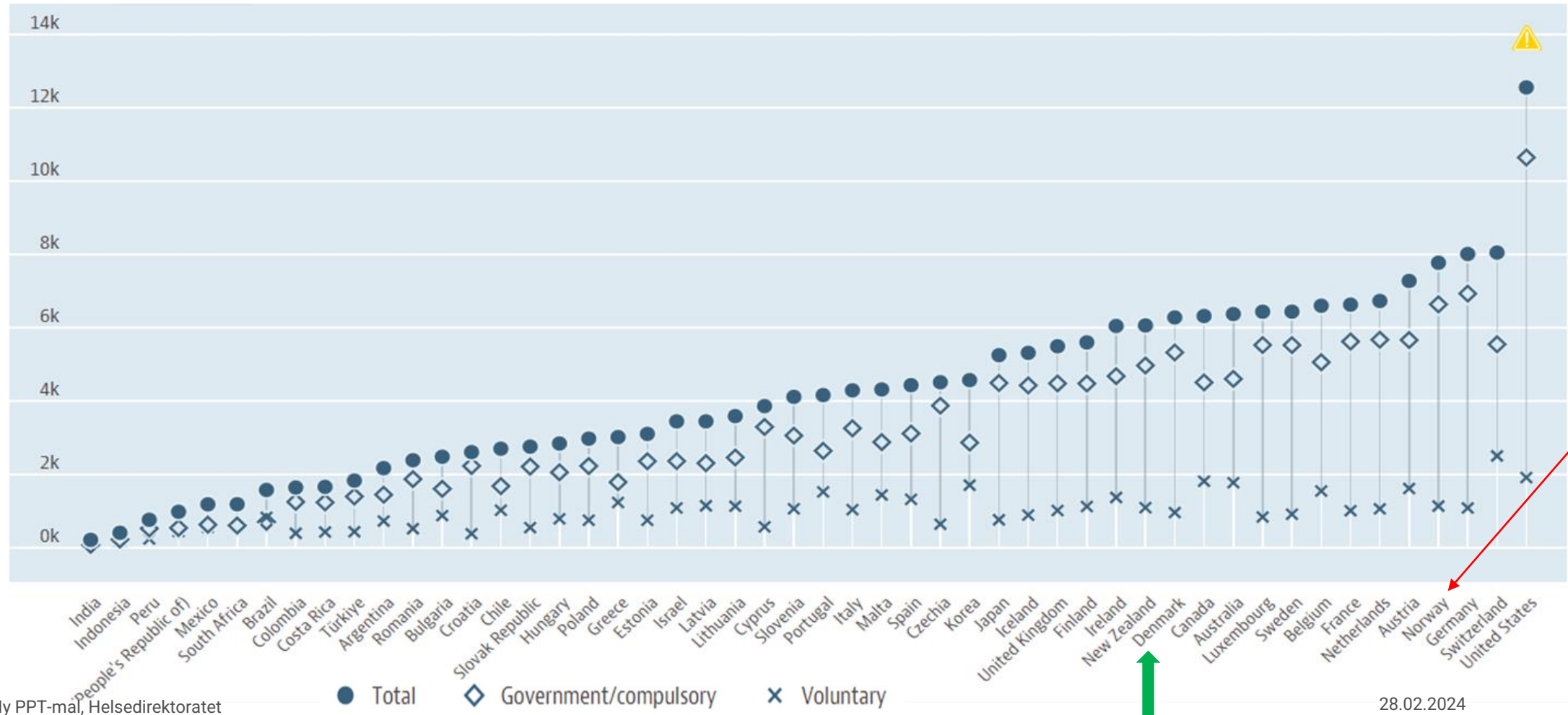
- In-patient care in public and private hospitals contracted by regional health authorities
- Home-based services, including nursing is usually free-of-charge
- Medical examinations during and after pregnancy
- Child immunisation

Co-payment:

- GP visits
- Out-patient hospital care, radiology and laboratory services
- Physiotherapy
- Prescription drugs on the “blue list”
- Long-term institutional care for people with disabilities and the elderly

Out-of-pocket payments account for 14% of total health expenditure.

Public financing (◇) as a share of total health spending, OECD 2022, US dollars/capita

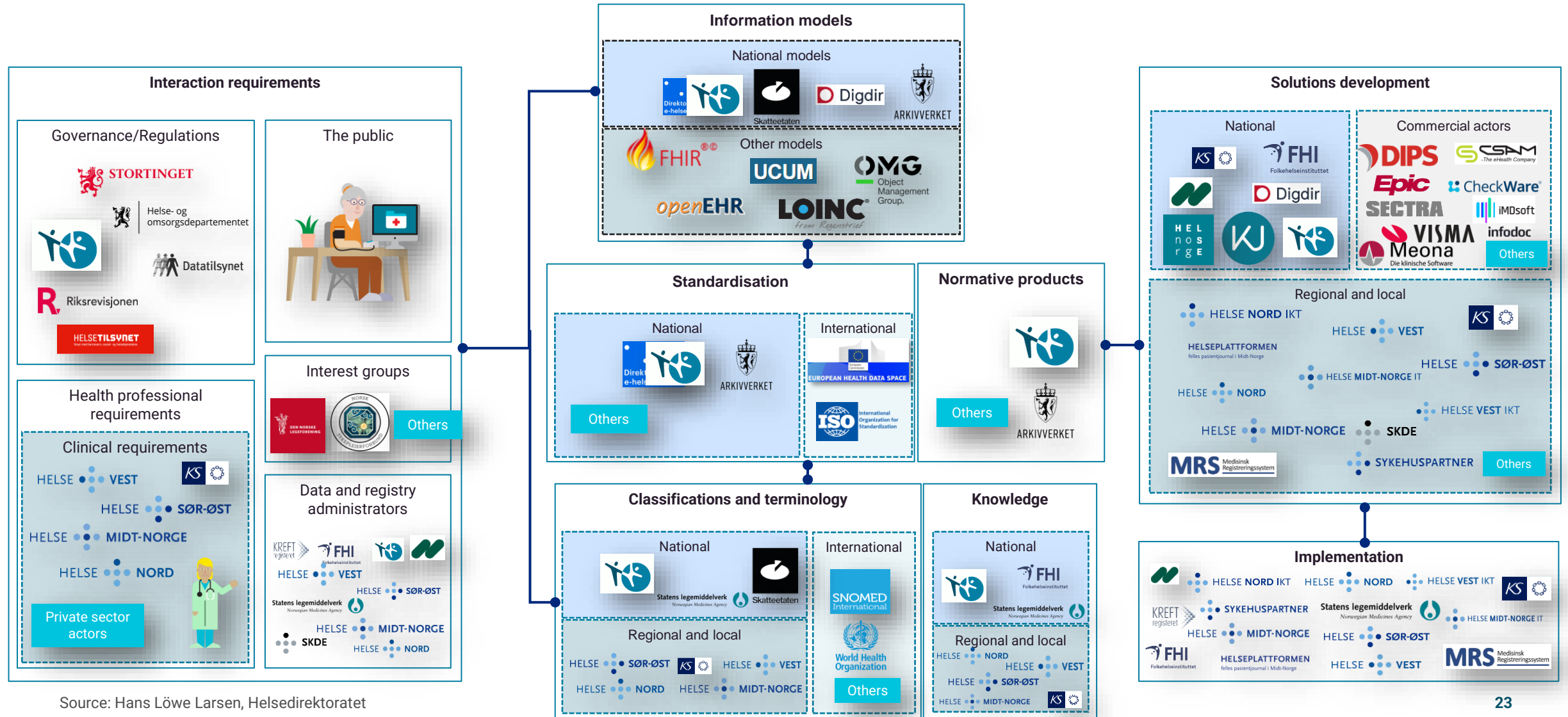




Challenges

Digitalisation in the health system

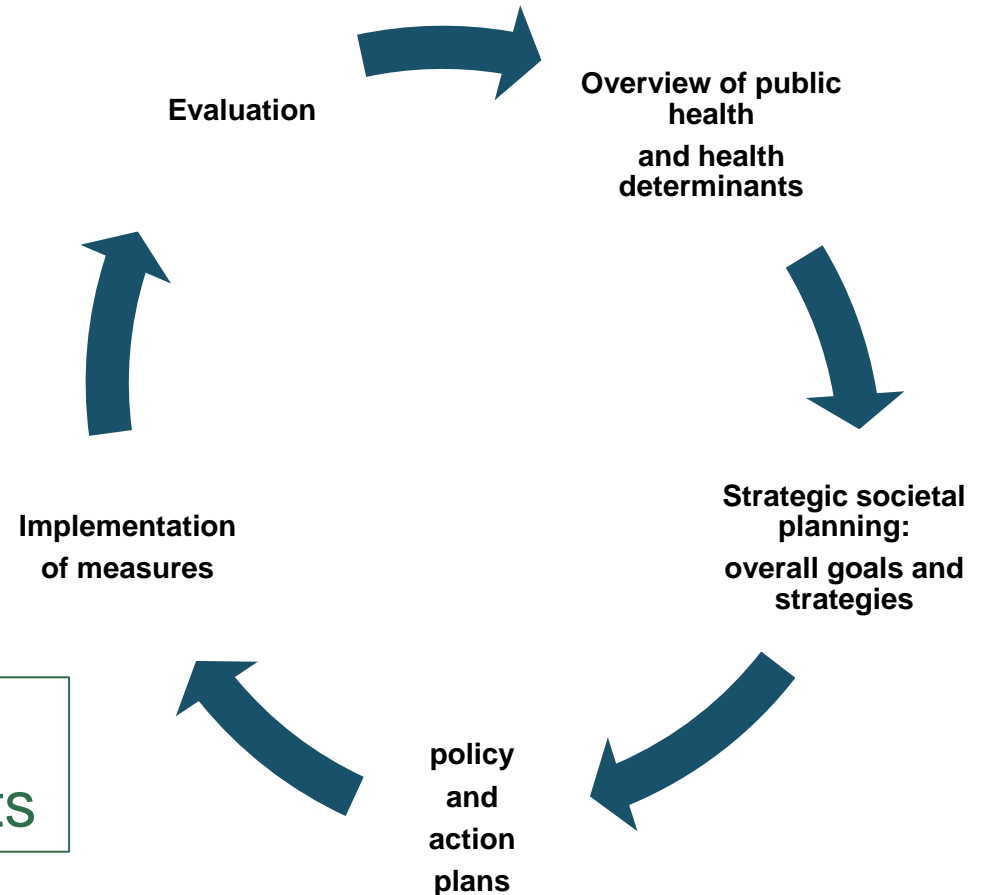
Information management in a complex landscape



Systematic public health work - illustrated

Overview of health status and health determinants

- Continuous overview
- Document every 4 years



Consideration of social inequalities in health must be taken into account in all the elements

Public health profiles

Main features

FOLKEHELSEPROFIL 2019

Molde

Noen trekk ved kommunens folkehelse

Trygghet og tryk i oppveksten er temaet for folkehelseprofilen 2019, og inneholder opplysninger om tryk og trygghet i ulike temaer.

Befolkning

• Andelen barn (0-17 år) i kommunen er større enn i landet som helhet.

Oppvekst og levekår

• Andelen barn (0-17 år) som bor i husstander med lav lønnsnivå, er større enn i landet som helhet. Lav lønnsnivå kan være et av de faktorene som har størst innvirkning på barns helse.

Skole og helse

• Andelen barn som går på skole, er større enn i landet som helhet. Dette kan være et tegn på at barna har god utdanning og helse.

Levekår

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More information on specific subjects, municipal figures

FOLKEHELSEPROFIL 2019

Trygghet og godt oppvekstmiljø i kommunen

Trygghet og godt oppvekstmiljø er et viktig tema for folkehelseprofilen 2019, og inneholder opplysninger om tryk og trygghet i ulike temaer.

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Public health barometer and tables

FOLKEHELSEPROFIL 2019

Public health barometer

Public health barometer is a tool for monitoring and evaluating public health. It consists of a series of indicators that are used to measure the health of the population.

Tables

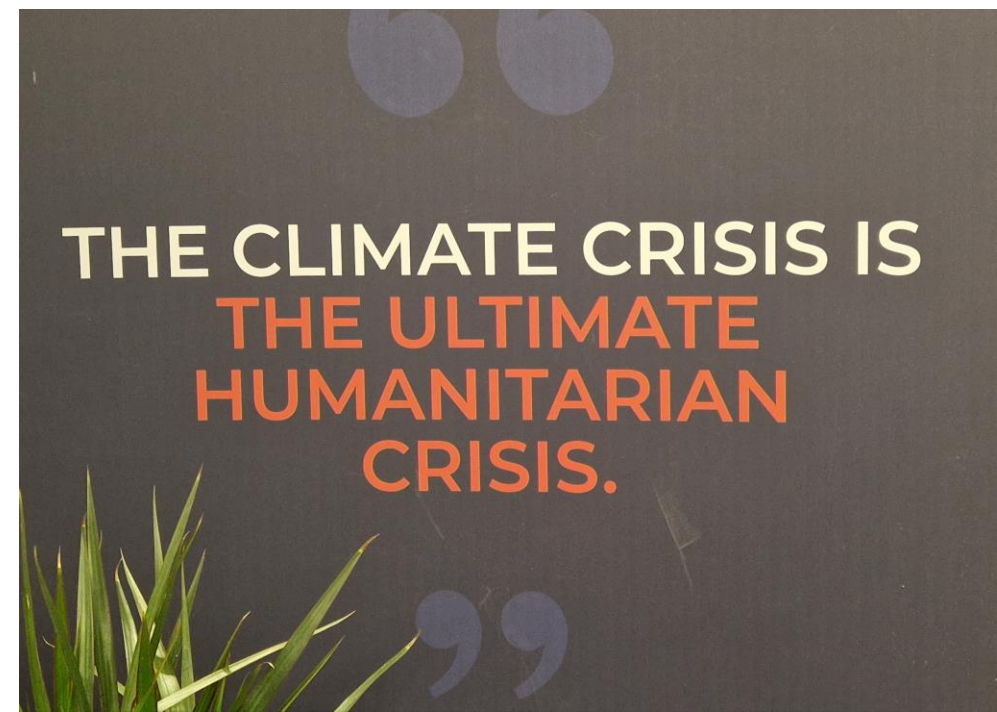
Tables are used to present data in a structured way. They are often used to compare data across different categories or over time.

Topic		Indicator (clickable indicator names)	Municipality	County	Norway	Unit (*)	Public health barometer for Drammen
Population	1	Proportion children, 0-17 years	21	21	21	per cent	
	2	One-person households, 45 years +	28,5	25,2	25,4	per cent	
	3	Proportion over 80 years, projected	5,1	5,2	4,9	per cent	
Childhood and living conditions	4	Upper secondary school or higher edu.	77	78	81	per cent	
	5	Low income (household), 0-17 years (new def.)	14	10	9,2	per cent	
	6	Income inequality, P90/P10	3	2,8	2,8	-	
	7	Cramped housing, 0-17 years	27	17	19	per cent	
	8	Child of single parents	17	16	15	per cent	
	9	Social security, 20-29 years	9,3	9,8	8,5	per cent (a,s)	
	10	Enjoys school, 10th grade	88	87	86	per cent (s)	
	11	Is bullied, Ungd. 2016	5,1	6,8	7,3	per cent (a,s)	
	12	Lowest level reading skills, 5th grade	25	24	24	per cent (s)	
	13	Lowest level numeracy skills, 5th grade	26	24	23	per cent (s)	
	14	Drop out from upper secondary school	26	23	21	per cent (s)	
	15	15 Believe in a happy life, Ungd. 2016	74	74	75	per cent (a,s)	
Environment, injuries and accidents	16	Satisfied with local environment, Ungd. 2016	76	70	70	per cent (a,s)	
	17	Membership leisure organisation, Ungd. 2016	62	64	65	per cent (a,s)	
	18	Satisfactory venue to meet, Ungd. 2016	43	41	50	per cent (a,s)	
	19	Loneliness, Ungd. 2016	17	18	18	per cent (a,s)	
	20	Good drinking water supply (new def.)	100	99	91	per cent	



«I truly believe that health can be a game changer for climate action, because it matters for everyone.»

- WHO general director Tedros Ghebreyesus



**THE CLIMATE CRISIS IS
THE ULTIMATE
HUMANITARIAN
CRISIS.**

WHO executive board meeting, January 2024

I'm speaking on behalf of the Nordic and Baltic countries.

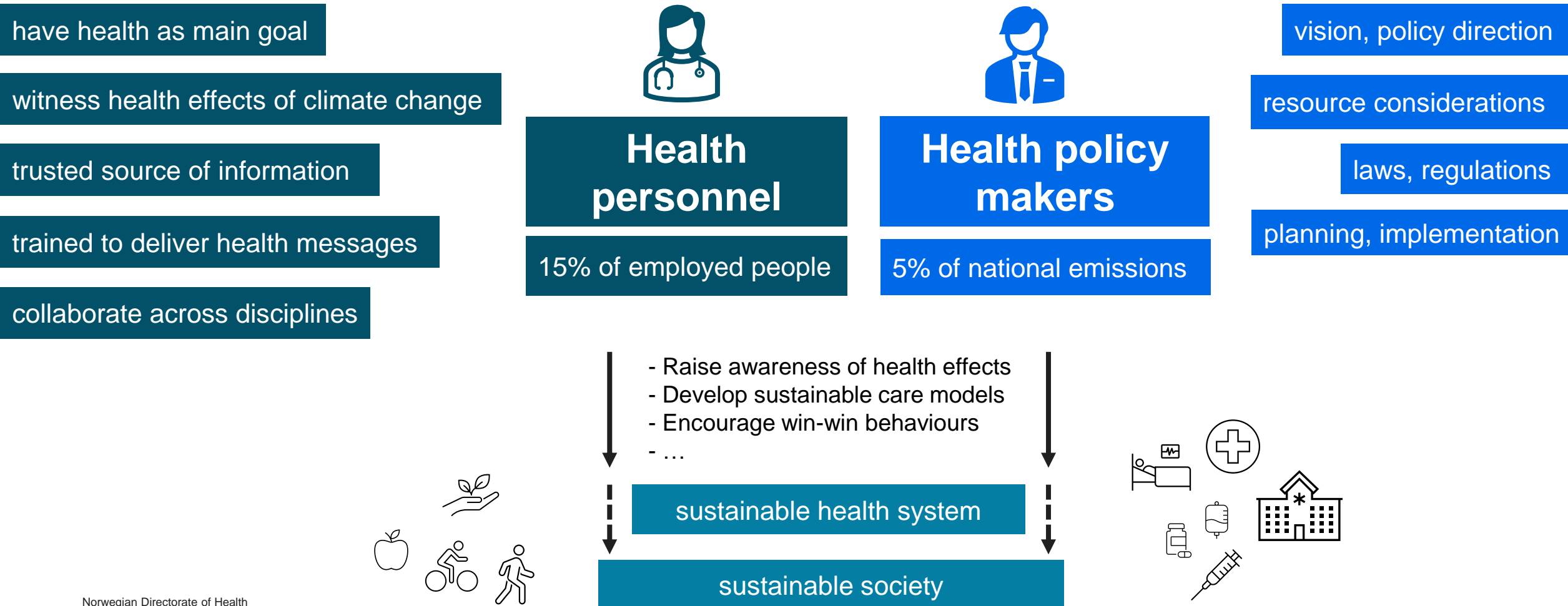
We commend WHO and Dr. Tedros for the leadership in adding health to the international climate agenda. The first ever climate and health day at COP28 was a historic milestone. The Climate and Health Declaration endorsed by 141 countries gives a strong mandate for WHO to continue leading this work as an integral part of the new General Programme of Work.

Climate change is threatening decades of progress in global health, the achievement of the goals of Agenda 2030 and the fulfilment of the Right to Health. Climate change affects health and health systems negatively, and countries and regions unequally. It has significant adverse effects on human health through heat, malnutrition, infectious diseases, and in particular through noncommunicable diseases, since people living with NCDs have an increased risk of mortality during climate related extreme events, as well as, economic and social impacts.

The climate crisis is both a health and a human rights crisis. (..)

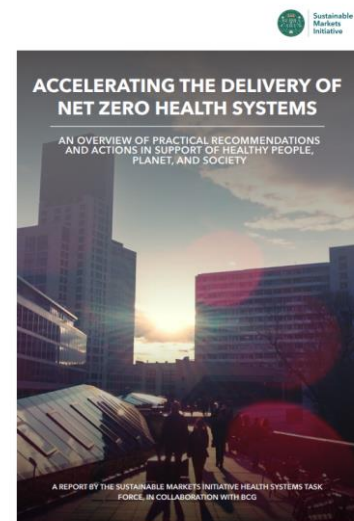
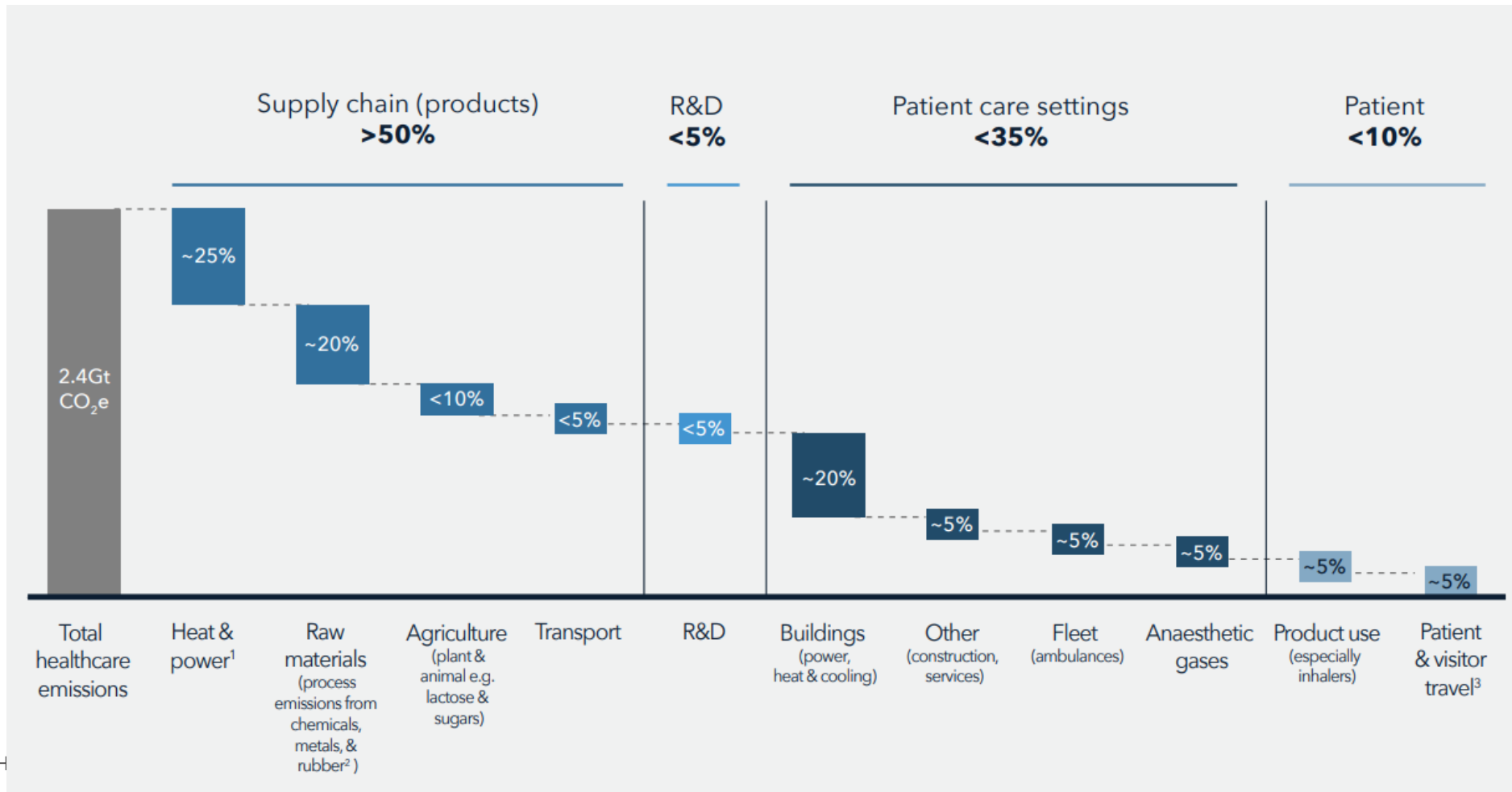
We look forward to WHO's leadership on limiting the impacts of climate change on human health, and in ensuring that health is a permanent feature on the climate agenda and that climate and health remain high on the political agenda.

Health care personnel and health policy makers are well placed to become sustainability champions and can make a big impact



Health system climate gas emissions

- mainly from supply chains and patient care settings



Baseline assessment of greenhouse gas emissions

As part of participation in the COP26 Health Programme, Norway has delivered a baseline assessment of greenhouse gas emissions in the health and care sector.

The report identified that there is considerable potential for reduction of emissions from our sector, and formed the basis for the development of a roadmap towards a sustainable, low carbon health and care sector.



Janne Strandrud, Silje Melsether, David Brasfield, Erlend Tuset Aasheim
About the authors

The Norwegian Directorate of Health has reviewed the greenhouse gas emissions generated by health and care services. The report provides a basis for developing a roadmap towards a more sustainable health and care sector.

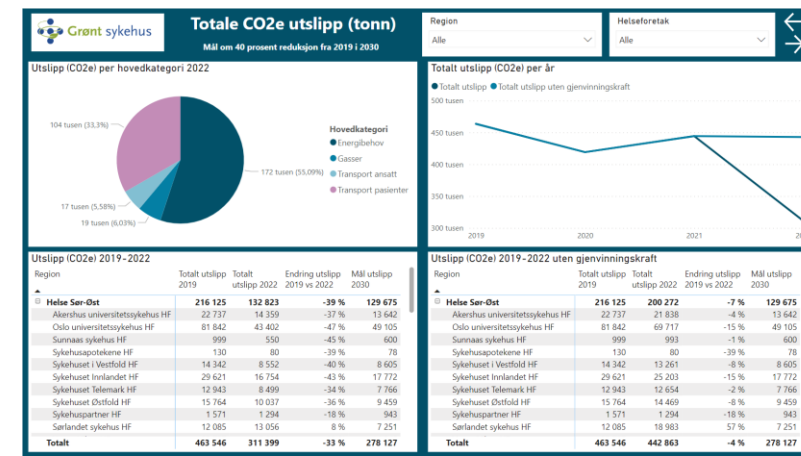
Roadmap (pre-consultation draft)

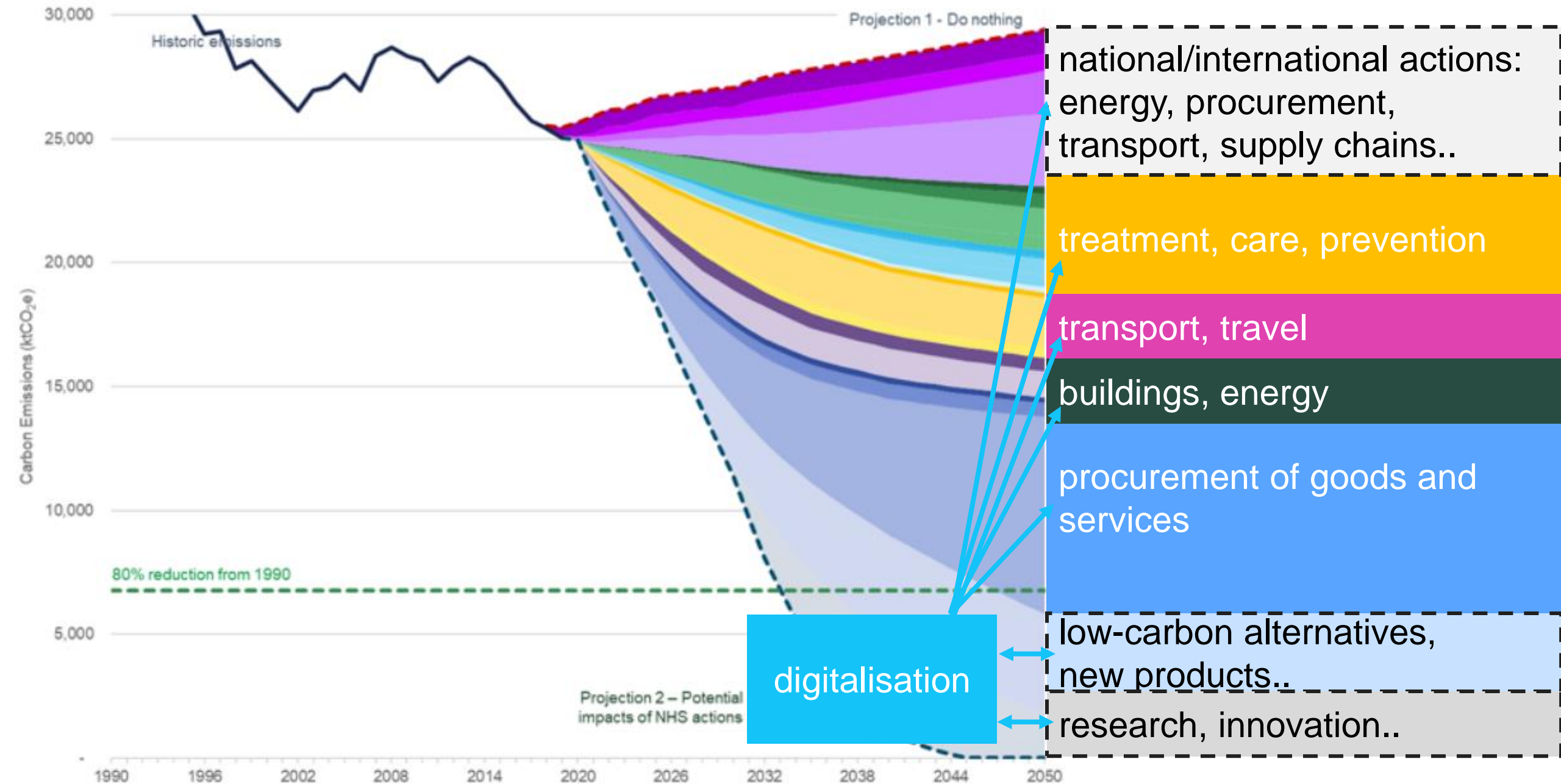
Areas for emission reduction

- Treatment, care, and prevention
- Procurement of goods and services
- Circular economy and waste
- Transport and travel
- Buildings and energy
- Digitalisation

Tools to enable success

- Data on emissions, climate budgets
- Governance and collaboration
- Finance and regulation
- Knowledge and awareness





Bæredygtighedskataloget

Stil spørgsmål til jeres medicin- beholdning

Medicin har et meget stort klimaaftryk, og selv en lille reduktion giver en stor CO₂e-besparelse.



"Vi har arbejdet på at erstatte intravenøs paracetamol med tabletter ved at time præmedicineringen. Det har givet besparelser på CO₂e-udledning og økonomi. Vi sparer både emballage og et sæt infusionsslanger. Og så koster tabletter 0,16 kr. per behandling mod 3,65 kr. for den intravenøse."

*Hedvig Lerche Mosegaard, anæstesisygeplejerske,
Bedøvelse, Operation og Intensiv, Regionshospitalet Horsens*

Inspiration

- En analyse foretaget af Hospitalsapoteket kaster lys over det skjulte "spild", der opstår, når medicin kasseres – lige fra medarbejdernes tidsforbrug til transporten væk til den særlige destruktion. Den viser, at en kassation af lagerført medicin sætter gang i otte processer à 20 minutter til i alt 77 kr., mens tallene for ikke-lagerførte lægemidler (skaffeverer) er 12 processer og 32 minutter til 122 kr. Penge, der skal lægges oven i anskaffelsesprisen og CO₂e-udledningen, og som er spildt, hver gang medicin ender i skraldespanden.
- På Regionshospitalet Randers har Kikkertundersøgelser, Anæstesi og Operationsafsnittet sat streg under fælles i deres fælles medicinrum, hvor man nu deles om præparaterne. Oprydning og systematisering har medført mindre medicinspild og et bedre arbejdsmiljø i rummet.
- På Fødeafsnittet, HEM, har de med kritiske briller reduceret mængden eller helt udfaset en række præparater, som aldrig eller sjældent blev udleveret og eventuelt kunne lånes på andre afdelinger. En af erfaringerne var, at samarbejde på tværs af afdelinger, organisationer og fagligheder var vigtig for resultaterne.



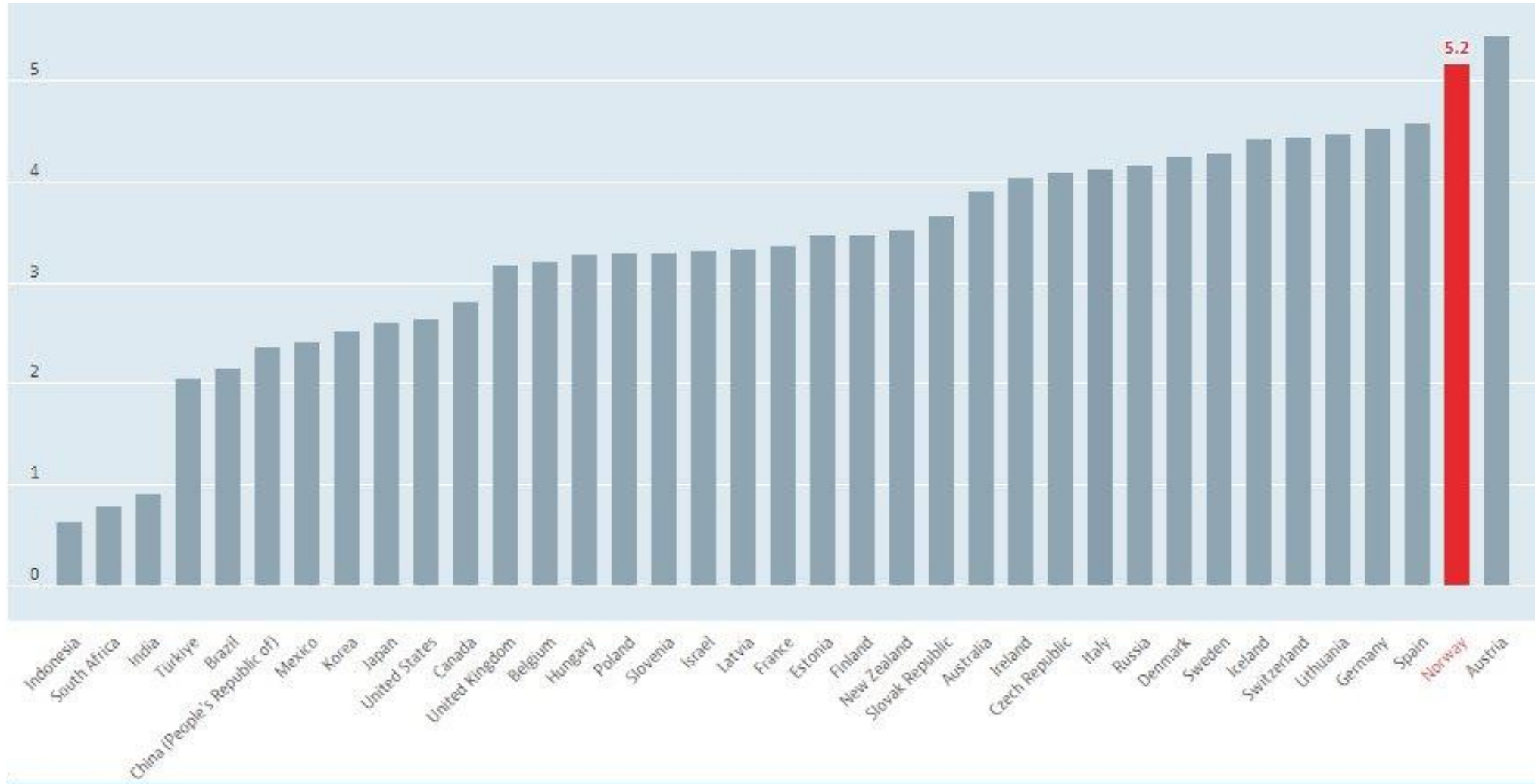
Thank you

Norwegian Health Personnel

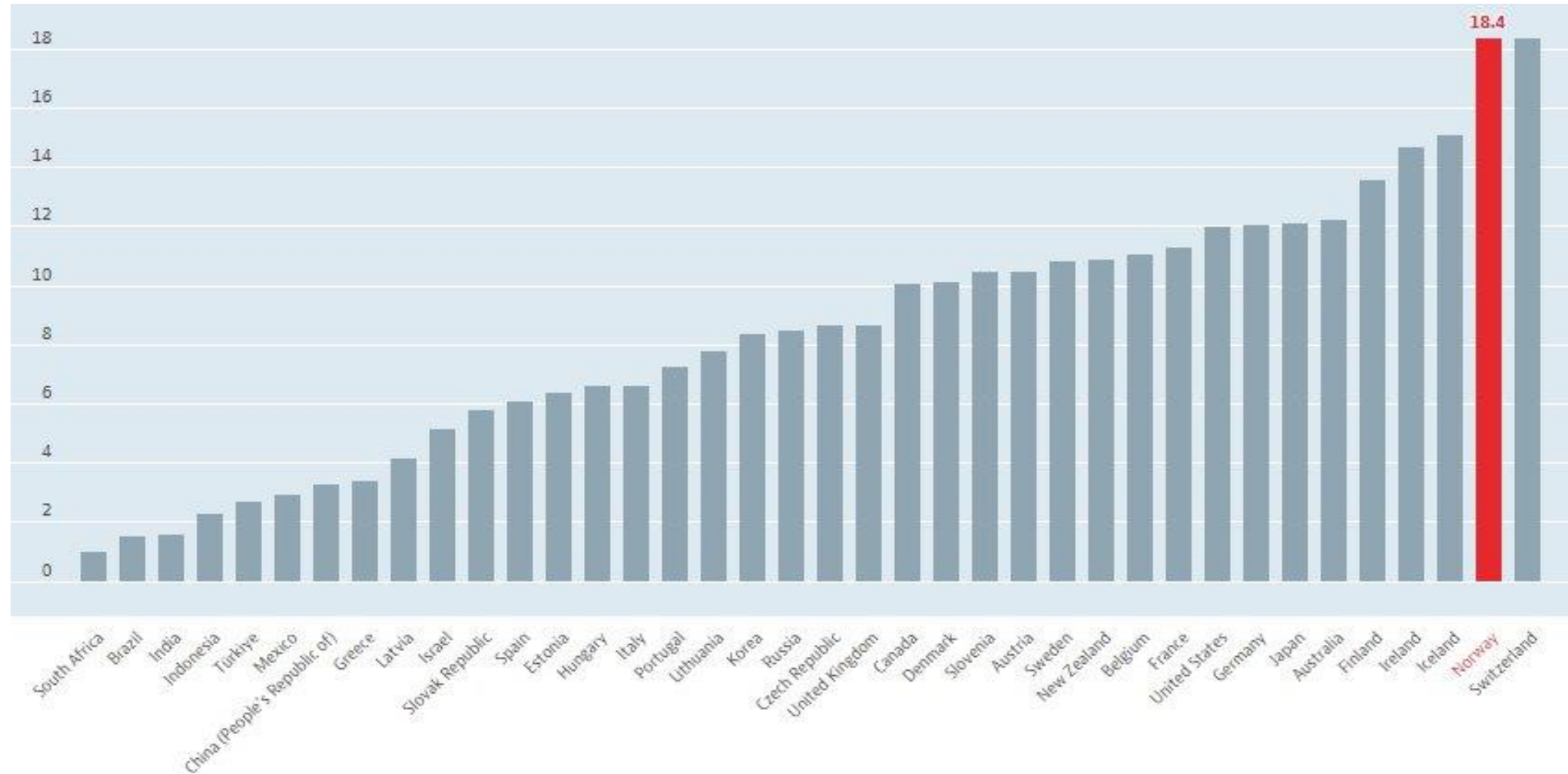
Espen Ottesen Vattekar, 27. februar 2024



Doctors 5,1 Per 1 000 inhabitants - OECD countries (2021)



Nurses 18.4 Per 1 000 inhabitants - OECD countries (2021)



Difficulties recruiting personnel

- Robusthetskommisjonen and Helsepersonellkommisjonen
 - The same challenges
 - Aging population
 - Little or no growth in inhabitants at working age
- Some differences
 - Foreign-trained personnel
 - We are looking at a scenario with fewer health personnel per patient
- HWF planning and forecasting modell (supply and demand)
 - 14 HWF occupations in 2040
 - Nurses and Nursing assistant
 - Municipalities

Main challenges at primary health care level

Four main challenges – stable over time

- Large proportion of part-time employees
- High proportion of personnel without health- and social education
- High turnover among leaders and employees
- High level of absence due to illness

In addition to difficulties recruiting personnel.



Measures to meet the challenges

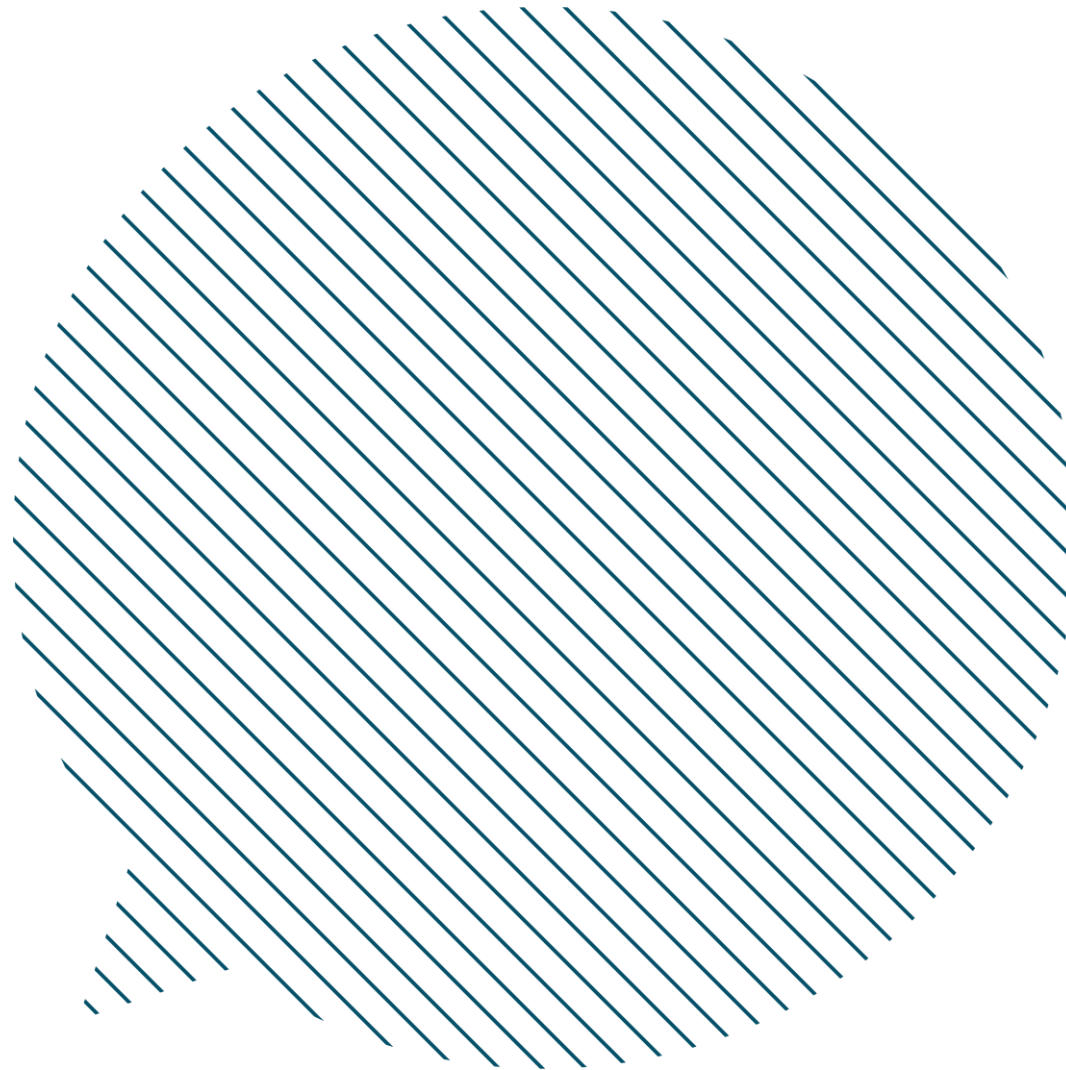
- Recruiting
- Retaining
- Reactivate
- Re-skilling
- Technological development, structure and prioritization



The Public Health Act and the Public Health Profiles

February 27th , 2024
Danish delegation visit

Heidi Lyshol, Senior advisor

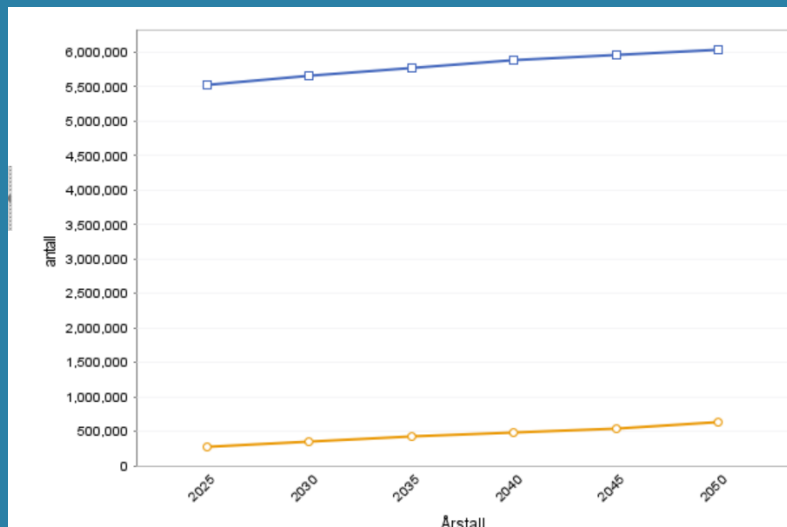


Agenda

- The Norwegian Public Health Act
- Data sources
- Presenting public health statistics

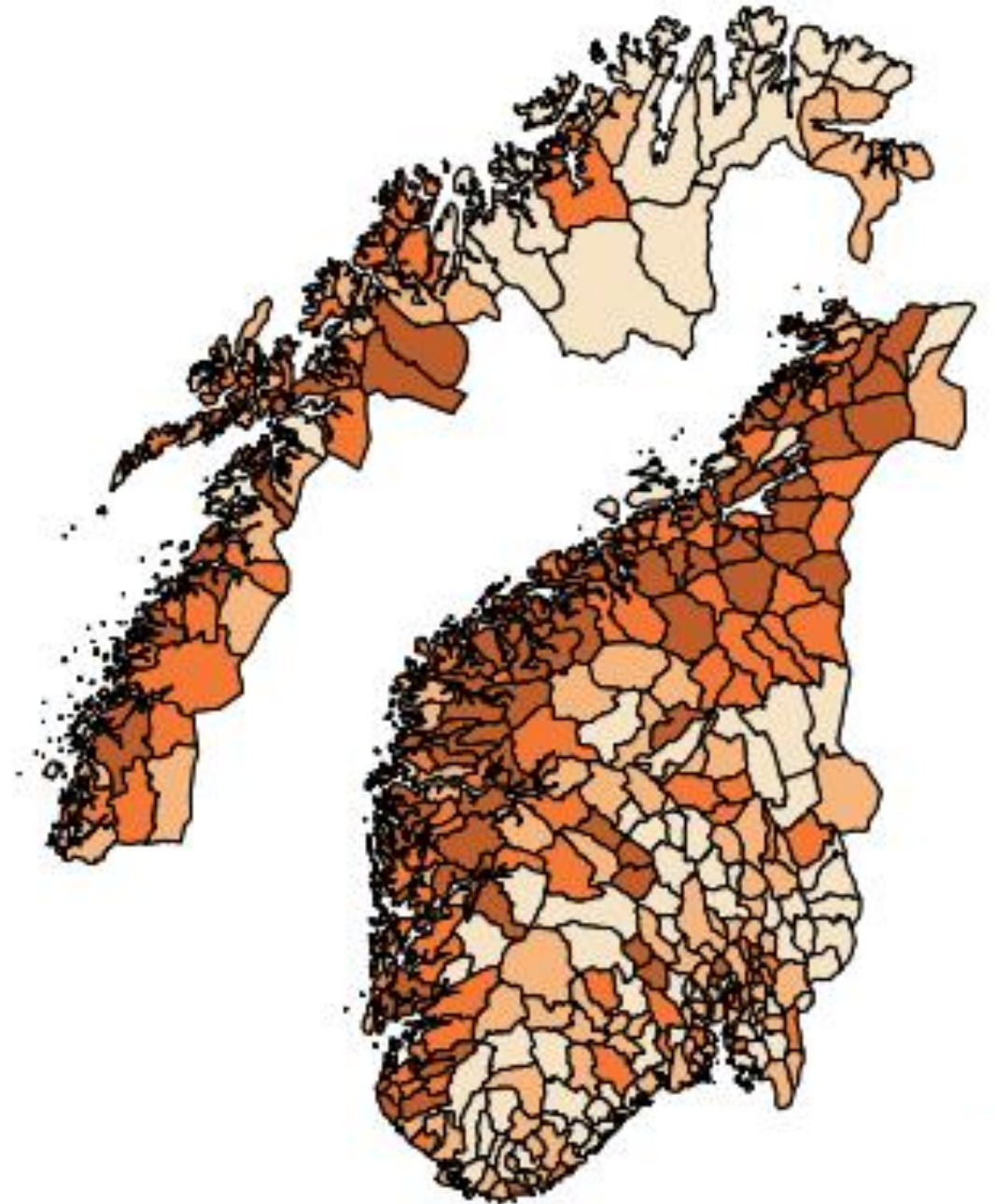
Norway

- 15 counties
- 357 municipalities
- 5.490 000 inhabitants
- Expected population growth



All ages

80+



Background

- The Public Health Act
 - Systematic, long term public health work
 - Local political grounding
 - Collaboration across the sectors
- Principles
 - Health equity
 - Health in all policies
 - Sustainable development
 - Precautionary principle
 - Participation

Public Health Act § 5 (2012)

- Norwegian counties and municipalities required to have *sufficient** overview over health conditions and influencing factors based on
 - Information made available by *central health authorities*** and the county
 - Information from municipal health and care services
 - Knowledge about factors and trends in the environment and local community that may affect the health of the population

*what is sufficient?

**NIPH =>DOH

The Norwegian Public health act - making public health:

- political committing
- a responsibility for the whole of society
- evidence based
- systematic



Dahlgren and Whitehead 1991

Social determinants of health

Scope and main content

The act applies to municipalities, county authorities and central government authorities.
[...]

The local and regional levels are key stakeholders
... supported by the national level

Responsibility of the municipalities: Continuous overview, systematic public health work, ensuring cooperation across sectors

All municipalities are obliged to:

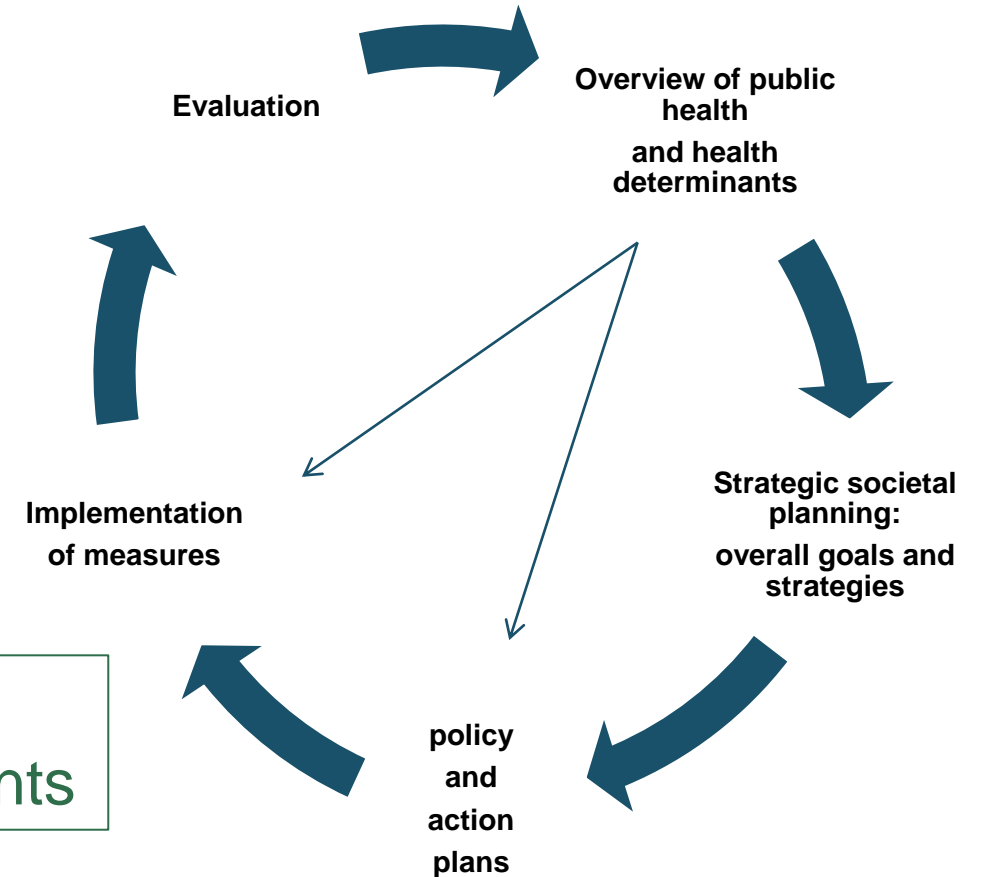
- Have an overview of the state of health in the population and the positive and negative factors that may affect this. The overview shall be based on knowledge from the municipal health and care services, and other sources
- Take the necessary measures to meet the municipality's public health challenges
- Facilitate cooperation with the voluntary sector
- Provide information, advice and guidance on what the individual and the population can do to promote health and prevent disease
- The councilor has overall responsibility

Systematic public health work - illustrated

Overview of health status and health determinants

- Continuous overview
- Document every 4 years

Consideration of social inequalities in health must be taken into account in all the elements



Some data sources

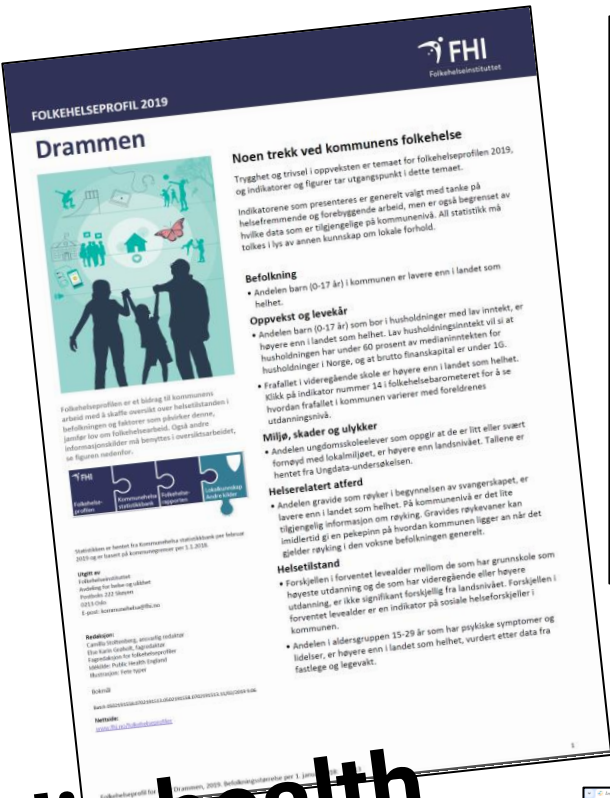
- Cause of Death Registry
- Norwegian Patient Registry
- Cancer registry of Norway
- Medical Birth Registry of Norway
- Childhood Vaccination Registry
- Norwegian Prescription Database
- The Registry of the Norwegian Armed Forces
- Registries at Statistics Norway
- Norwegian Labour and Welfare Administration
- Norwegian Directorate for Education and Training
- Water Works Registry

...and many others, including both registries, administrative systems and surveys

How do we present statistics?

Public health profiles

Public health report



Geografisk område	År	Kjønn	Måltall
Århus	2007	Samlet	10000
Århus	2008	Samlet	10000
Århus	2009	Samlet	10000
Århus	2010	Samlet	10000
Århus	2011	Samlet	10000
Århus	2012	Samlet	10000
Århus	2013	Samlet	10000
Århus	2014	Samlet	10000
Århus	2015	Samlet	10000
Århus	2016	Samlet	10000
Århus	2017	Samlet	10000
Århus	2018	Samlet	10000
Århus	2019	Samlet	10000
Århus	2020	Samlet	10000



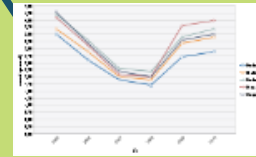
Geografisk område	År	Kjønn	Måltall
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Århus	2020	Samlet	10000

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Århus	2015	Samlet	10000
Århus	2016	Samlet	10000
Århus	2017	Samlet	10000
Århus	2018	Samlet	10000
Århus	2019	Samlet	10000
Århus	2020	Samlet	10000

Data from the
sources

Processing

Statistics bank



Key data

Public health profiles



Folkehelseprofiler

- For kommuner
- For fylker
- For bydeler i de fire største byene

FOLKEHELSEPROFIL 2021

FHI
Folkehelseinstituttet

Molde



Folkehelseprofilen er et bidrag til kommunens arbeid med å skaffe oversikt over helsetilstanden i befolkningen og faktorer som påvirker denne, jmfør lov om folkehelsearbeid. Også andre informasjonsskilder må benyttes i oversiktsarbeidet, se figuren nedenfor.



Statistikken er hentet fra Kommunehelse statistikkbank per februar 2021 og er basert på kommune- og fylkesinndelingen per 1.1.2020.

Utgitt av
Folkehelseinstituttet
Postboks 222 Skøyen
0213 Oslo
E-post: kommunehelse@fhi.no

Redaksjon:
Camilla Støtenberg, ansvarlig redaktør
Elin Karin Grøholt, lagredaktør
Fagredaksjon for folkehelseprofiler
Kilde: Public Health England
Illustrasjoner: FHI og Fete Tetter

Artikkelen på midtsidene er skrevet i samarbeid med Institutt for idrettsmedisinske fag ved Norges idrettshøgskole.

Bokmål

Barn 0102211258 1102211226 0102211259 1102211332 12/10/2021 9:28

Nettside:
www.fhi.no/folkehelseprofilen

Folkehelseprofil for 1506 Molde, 2021. Befolkningsstørrelse per 1. januar 2020: 31967

Noen trekk ved kommunens folkehelse

Fysisk aktivitet er temaet for folkehelseprofilen 2021. Temaet gjenspeiles i indikatorer og figurer. Indikatorene som presenteres i profilen er valgt med tanke på helsefremmende og forebyggende arbeid, men er også begrenset av hvilke data som er tilgjengelige på kommunenivå. All statistikk må tolkes i lys av annen kunnskap om lokale forhold.

Befolkning

- I aldersgruppen 45 år og eldre er andelen som bor alene ikke signifikant forskjellig fra landsnivået.

Oppvekst og levekår

- Andelen som bor i husholdninger med vedvarende lav inntekt, er lavere enn i landet som helhet. Vedvarende lav husholdningsinntekt vil si at den gjennomsnittlige inntekten i en treårsperiode er under 60 prosent av median husholdningsinntekt i Norge.
- Andelen som gjennomfører videregående opplæring er høyere enn landsnivået. Klikk på indikator nummer 13 i folkehelsebarometeret på side 4 for å se hvordan gjennomføringsgraden i kommunen varierer med foreldrenes utdanningsnivå.

Miljø, skader og ulykker

- Andelen ungdomsskoleelever som oppgir at de er med i en fritidsorganisasjon, er høyere enn landsnivået. Tallene er hentet fra Ungdata-undersøkelsen.
- Andelen 17-åringer som oppgir at de kan svømme 200 meter er ikke signifikant forskjellig fra landsnivået, vurdert etter resultater fra nettbasert sesjon 1 for gutter og jenter. Gode svømmeferdigheter kan bidra til å forebygge drukningsulykker.

Helserelatert atferd

- Andelen 17-åringer som oppgir at de trener sjeldnere enn ukentlig er lavere enn i landet som helhet, vurdert etter resultater fra nettbasert sesjon 1 for gutter og jenter. Les mer om fysisk aktivitet på midtsidene.

Helsetilstand

- Forskjellen i forventet levealder mellom de som har grunnskole og de som i tillegg har videregående eller høyere utdanning, er mindre enn i landet som helhet. Forskjellen i forventet levealder mellom utdanningsgruppene er en indikator på sosiale helseforskjeller i kommunen.

Hovedtema 2021: Fysisk aktivitet

Based on the needs of the users

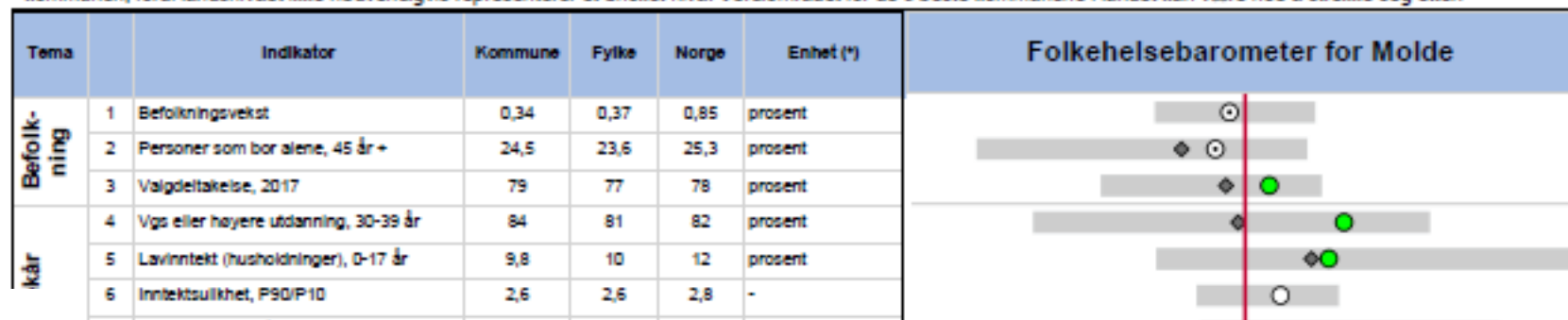
- Easily accessible information about the health of the population:
 - Interpreted statistics
 - Visual depictions
 - Public health barometer
 - Figures/diagrams
 - Selected annual topics

Topic specific profiles: Childhood! (<https://www.fhi.no/fp/oppvekst/hent-oppvekstprofil/>)

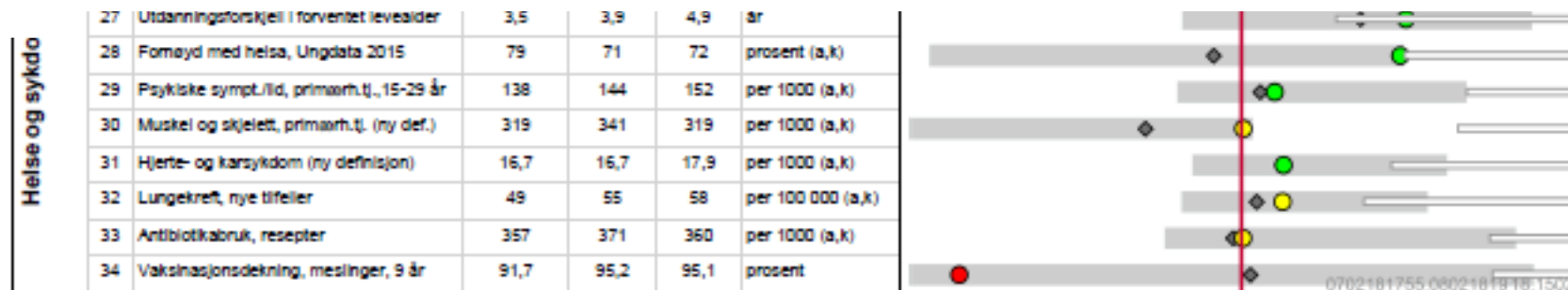
- Purpose:
- Encourage intersectoral collaboration

Folkehelseprofiler 2022: Bomiljø og folkehelse
Oppvekstprofiler 2023: Barn og unges vei gjennom pandemien:
Hva har vi lært?



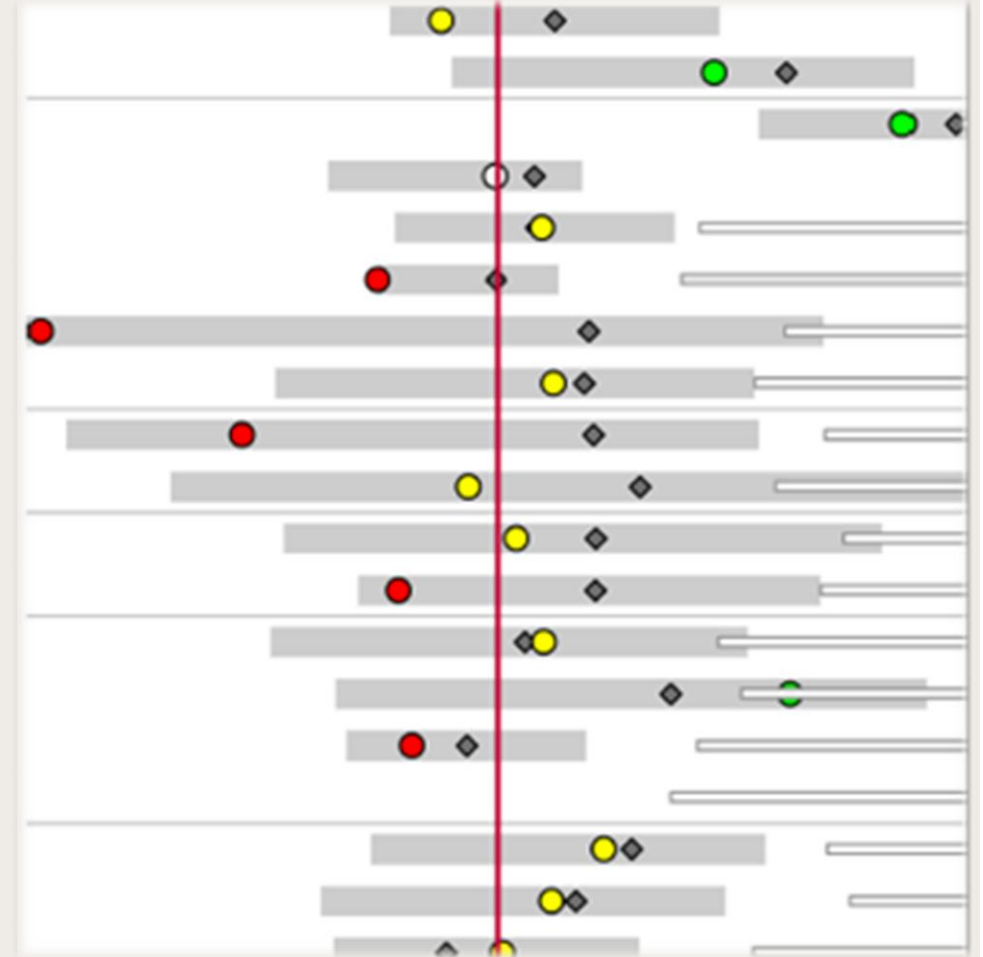


- Significantly better than the country for this year or these years
- Significantly worse than the country
- Not significantly different (often due to population size/selection)
- Significantly different from the country
- Not tested for statistical significance
- County average
- Norwegian average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



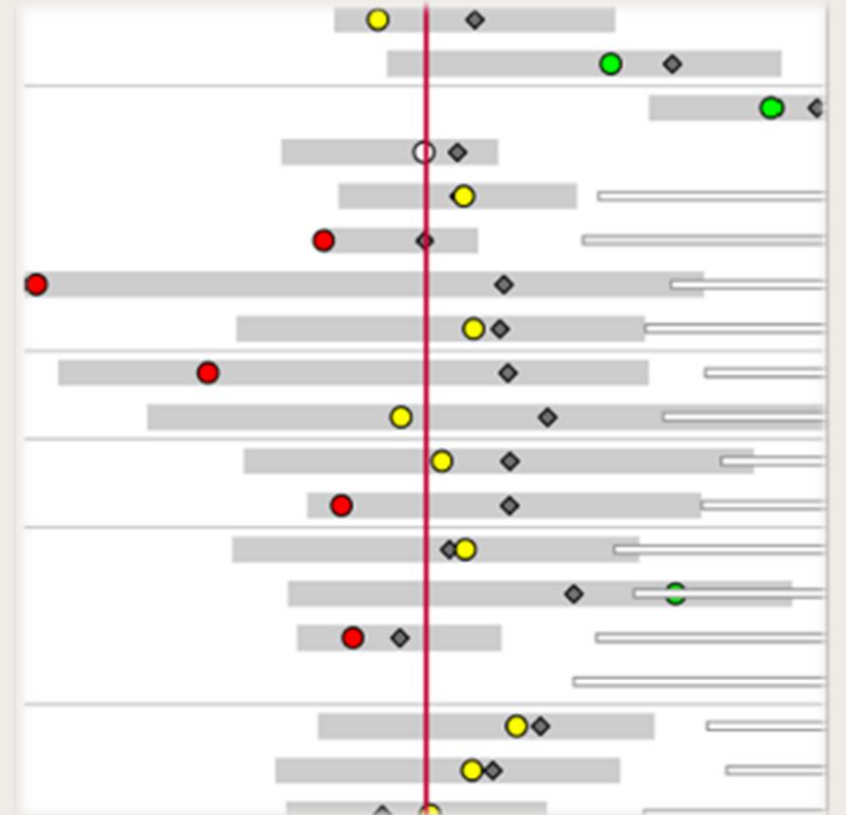
Public health profiles can be used for

- A snapshot of the situation
- Country and county comparison
- See many indicators at the same



Public health profiles can not be used to

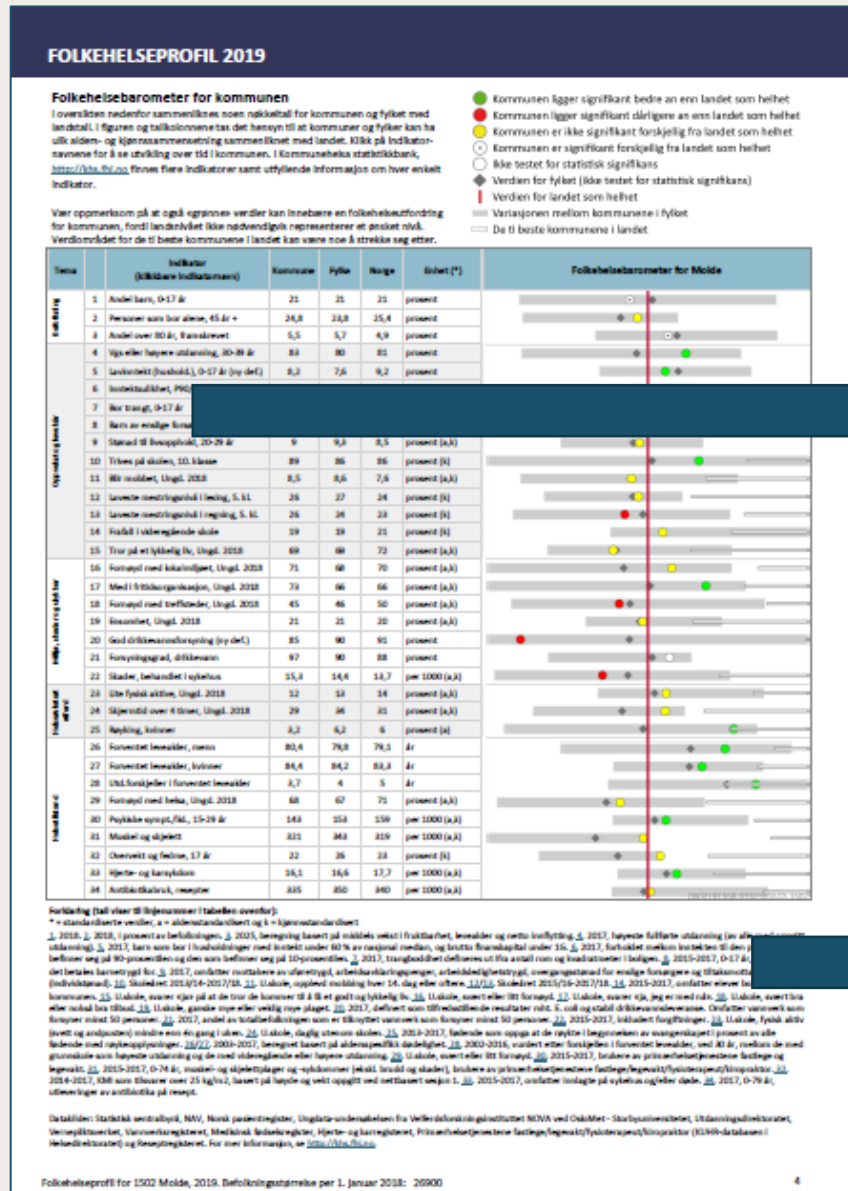
- Look at important challenges where dta are missing
- Look at age groups and sexes
- Look at developments over time



Small numbers are challenging:

- Solutions:
 - Running averages (2-15 years)
 - Large age groups
 - Significance testing
 - Age and sex standardisation
 - Removing data

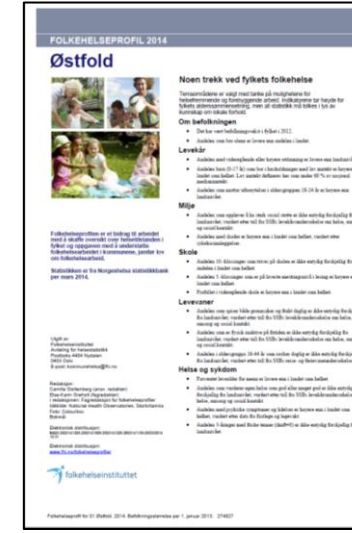
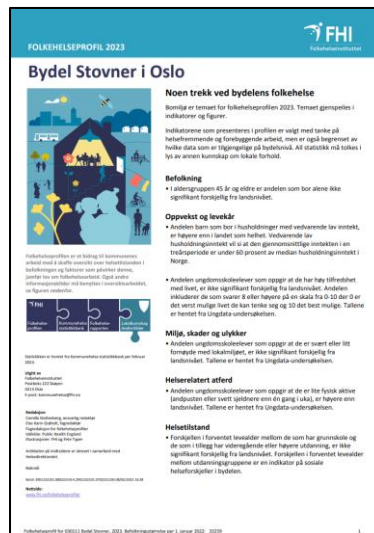
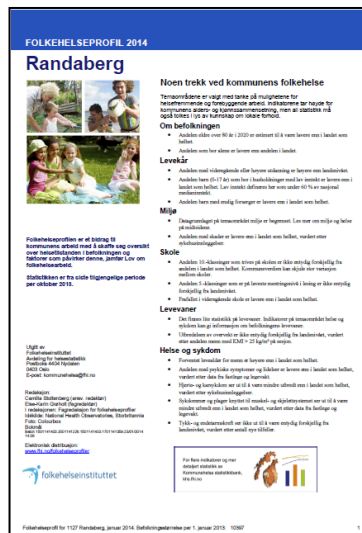
Live links to data banks



Two statistics banks (right now)

- Kommunehelsa
- Municipalities

- Norhealth
- Counties, health districts, country



New bank
underway!

Questions?

heidi.lyshol@helsedir.no



Alcohol policy in Norway

Jens J. Guslund, Senior Adviser, Dept. for the Social Determinants of Health
29.02.2024



Outline

1. Alcohol consumption in Norway
2. Prevention - policies and regulations

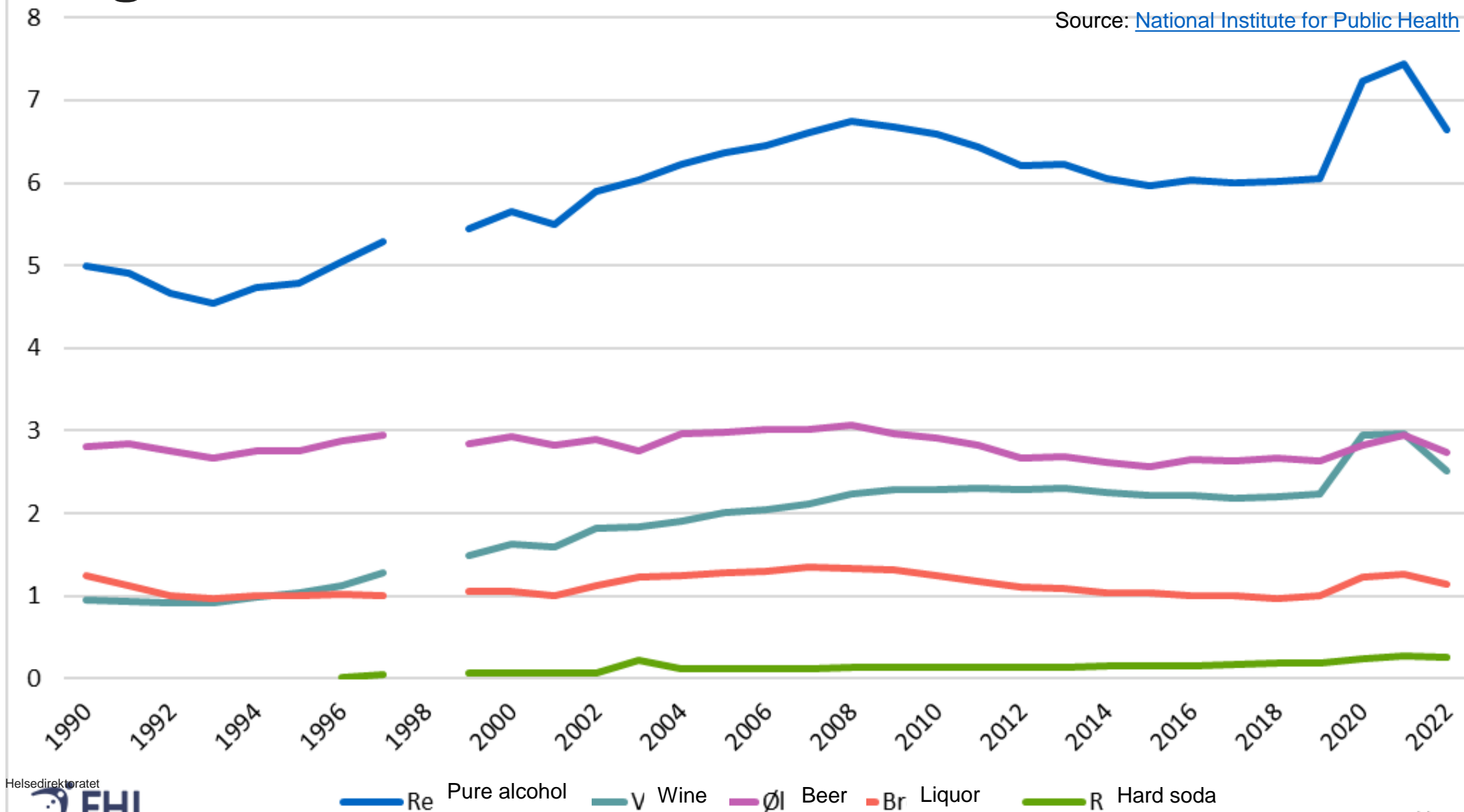
1 Alcohol consumption in Norway

Alcohol consumption in Norway 1: Adults

- Total consumption per capita per year 6,64 liters (2022), among the lowest in Europe
- Eight in ten adults have used alcohol in the last 12 months; half of them 6 or more units on at least one occasion
- Consumption has been quite stable the last decade; however, self-reported consumption went slightly down during the covid-19 pandemic
- Elder people drink more often than younger people, but young people have a riskier, more “Nordic” drinking pattern
- High income and long education is associated with a higher consumption but less risky drinking patterns
- Three in four drink only in the weekends

Registered sale of alcohol

Source: [National Institute for Public Health](#)

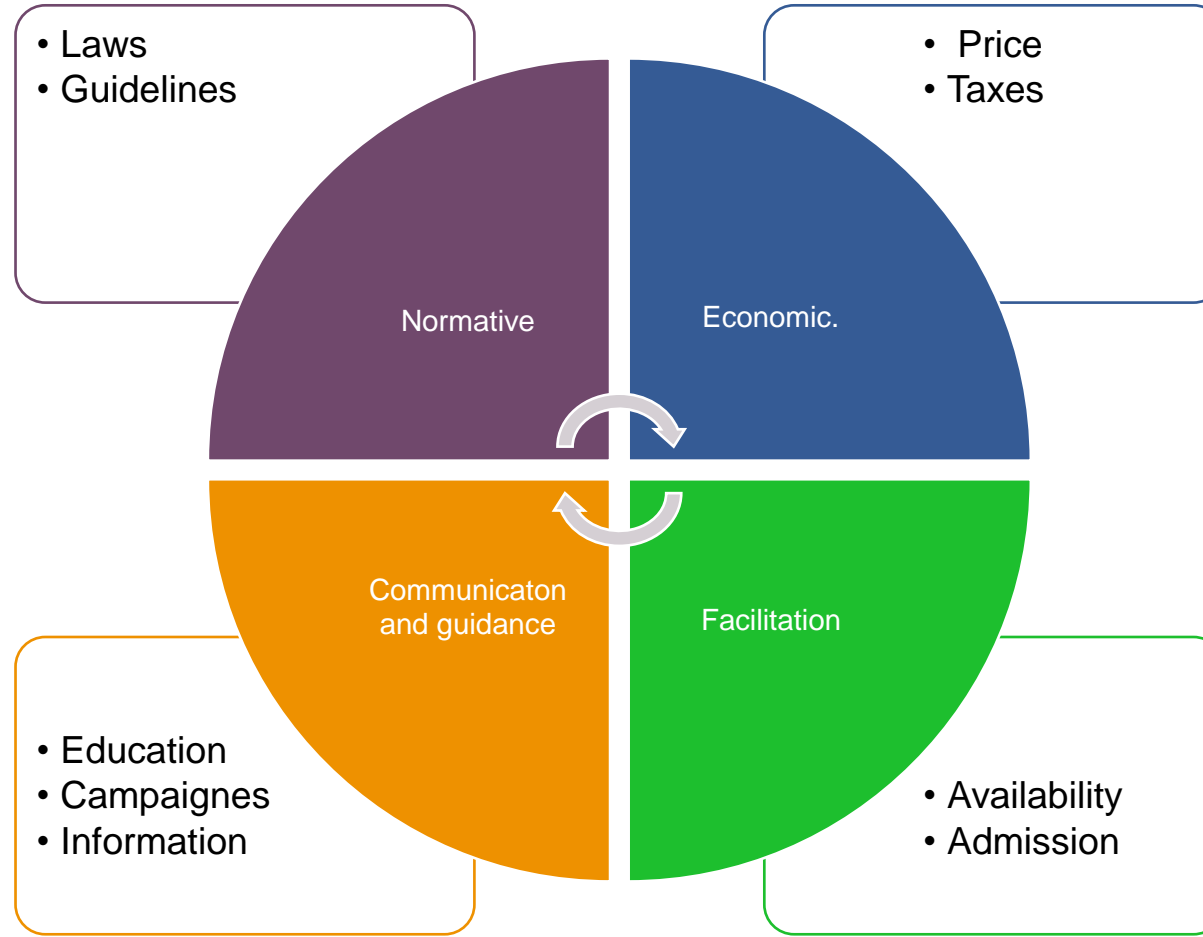


Alcohol consumption in Norway 2: Youth

- A decreasing consumption trend among youth after 2000 has levelled out after 2015
- Half of Norwegians aged 15-16 have used alcohol last 12 months; 1 in 5 have been drunk
- There has been a decreasing trend over time in the number of drinking occasions among youth
- No major differences between the sexes
- Compared to other European countries, youth consumption of alcohol in Norway is low

2 Prevention - policies and regulations

Different tools to handle and prevent alcohol harm



Alcohol policies in Norway: main principles

- A legal, but no ordinary, commodity
- “...to curb to the greatest possible extent the harm to society and the individual that may result from the consumption of alcoholic beverages.”
- Builds on the «total consumption model»: harmful use is a function of total consumption
- Best buys: Structural restrictions on availability and ban on advertising
- High prices through taxation

Availability restrictions

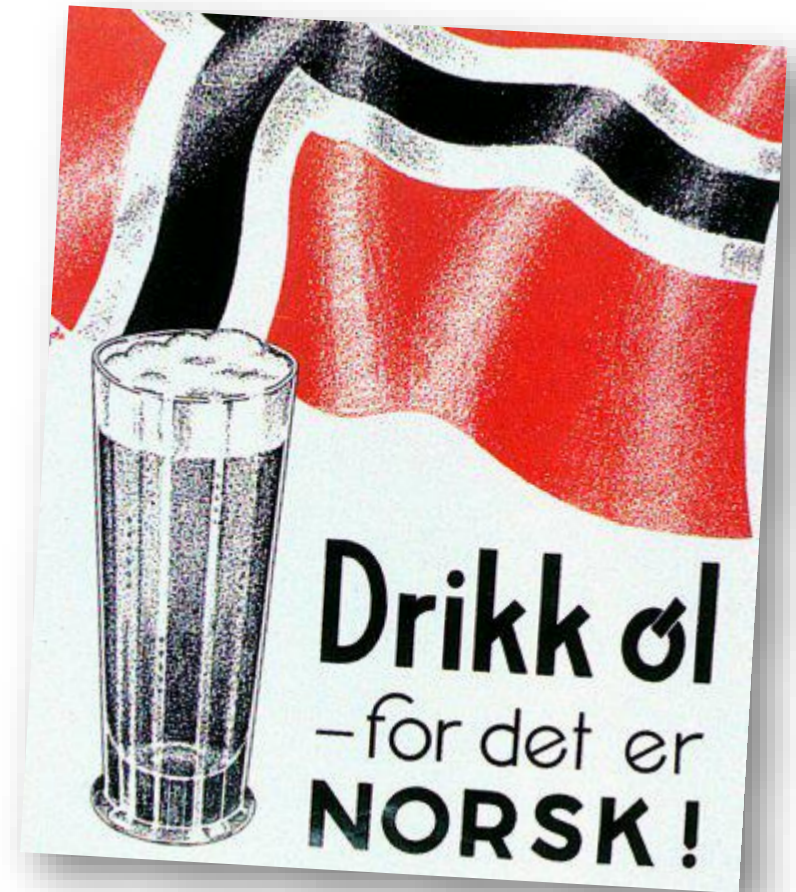
- Legal age limits
 - Liquor (between 22 and 60 per cent alcohol by volume) may not be retailed, served or supplied to anyone under the age of 20
 - Alcoholic beverages under 22 per cent alcohol by volume may not be retailed, served or supplied to anyone under the age of 18
- There are time restrictions for retailing and serving of alcohol
- Alcoholic beverages above 4,7 per cent alcohol by volume may only be retailed by Vinmonopolet
 - Exception: Sale from own establishment of alcoholic beverages above 4,7 and under 22 per cent alcohol by volume, on special requirements.
- Drinking alcohol is prohibited in public places

The license system

- Licences are required for the production, retail and serving of alcohol
- The production of alcoholic beverages requires a state license
- Retailing and serving of alcoholic beverages require municipal licenses
- Licensees must have clean records

Advertising

- Advertising of alcoholic beverages is prohibited
 - Applies to all means of mass communication intended to increase the sale of alcohol, including social media marketing
- The prohibition also applies to the advertising of other products carrying the same brand as alcoholic beverages
- Such products may not be included in advertisements for other goods or services



Important institutions

- State level
 - Ministry of Health
 - Vinmonopolet
 - Directorate of Health
 - National Institute of Public Health
- Regional level
 - Regional competence centers (Korus)
 - County governors
- Local level
 - Municipalities

The Municipalities

- Main responsible for alcohol prevention at local level
- The Public Health Act of 2012
- Programme for preventing substance abuse among youth and adolescents
- Better coordination between national authorities and directorates



Study visit by the Capital Region of Denmark

Tobacco prevention and control

2024



Hedda Refsum Schultz, senior advisor
Department of Environmental Health

Smoking and snus use (16–74 years)

7 % daily smokers

8 % men

7 % women

9 % occasional smokers

16 % daily snus users

21 % men

11 % women

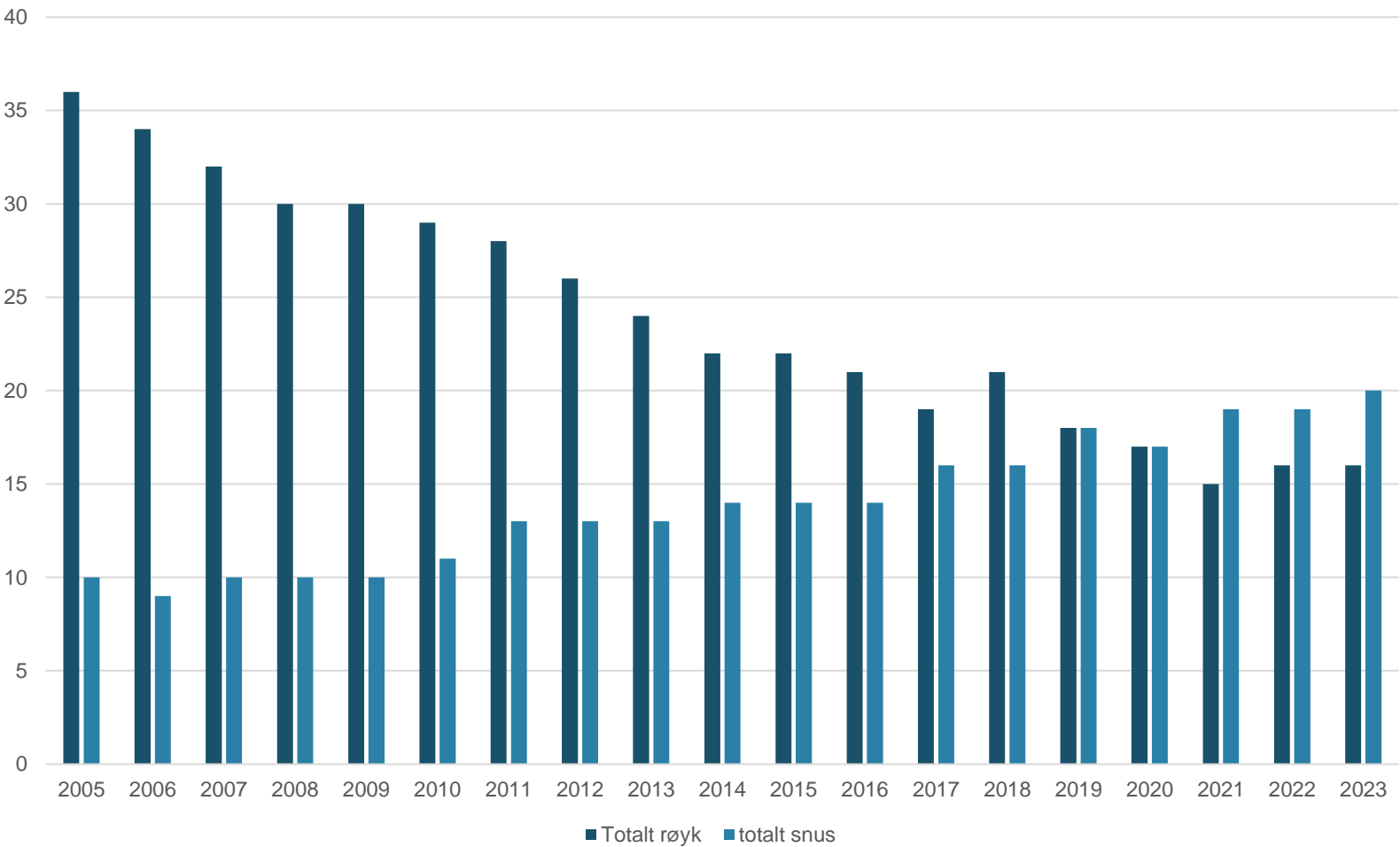
4 % occasional snus users

Around 5,000 people in Norway die every year due to tobacco-related diseases.

With today's smoking habits, 95,000 people in Norway will get cancer by 2045.

Annual benefit to society per smoker who quits is estimated at NOK 138,800 – 208,200.

Use of smoke and snus, daily and occasionally, 16-74 years

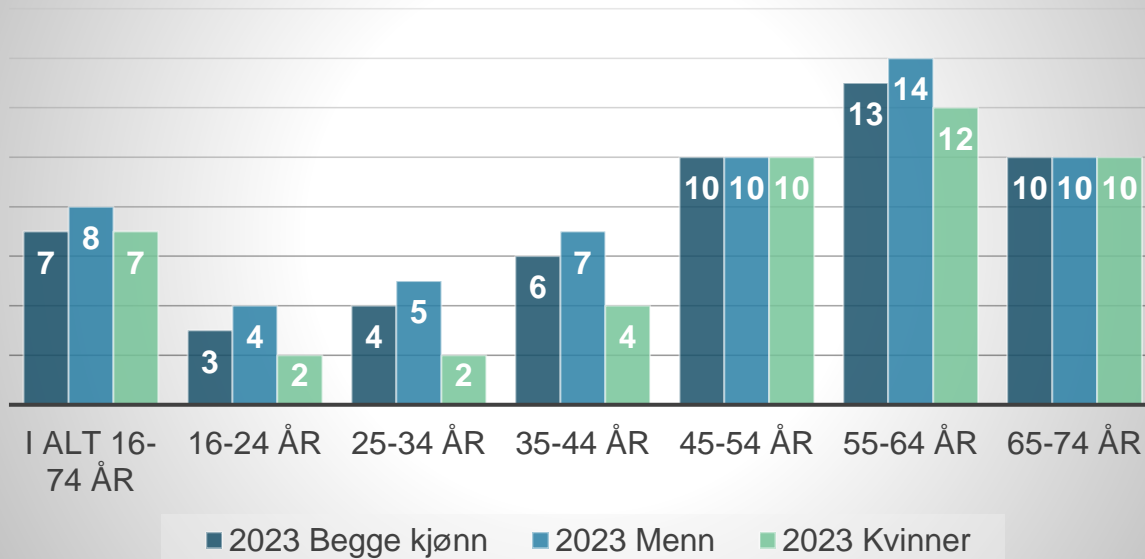


Source: [Tobacco, alcohol and other drugs, Statistics Norway, 2022](#)

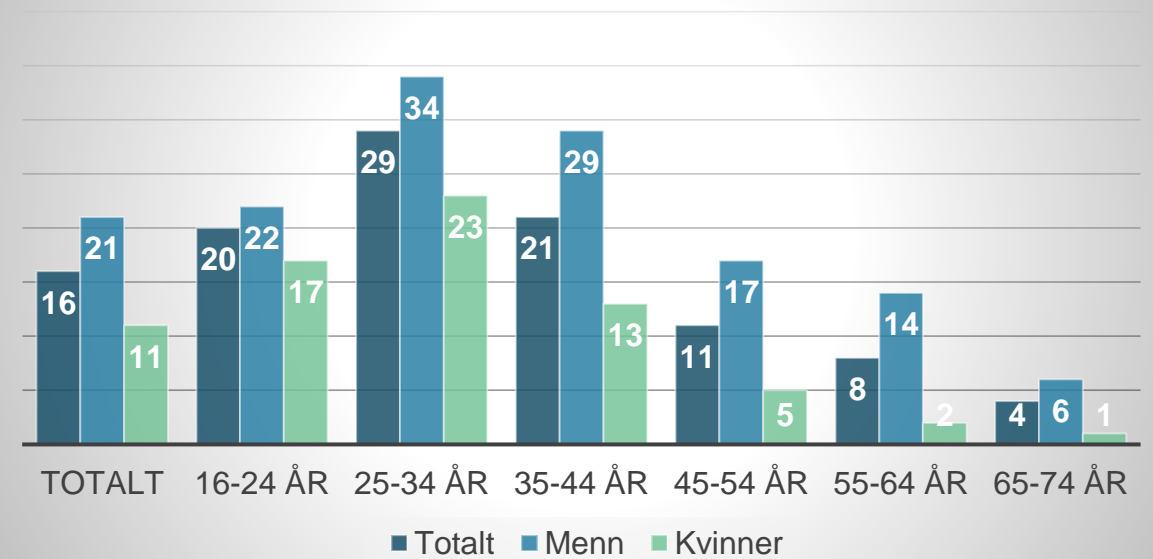
Smoking and snus use (age differences)

Age distribution of smoking and snus use is quite opposite

Daily smokers 2023



Use snus daily 2023



- 16-24 years: 3 % daily smoking & 20 % daily snus use
- 65-74 years: 10 % daily smoking & 4 % daily snus use

Still: Among secondary school students, the proportion who use snus has more than halved in the period 2010–2022.

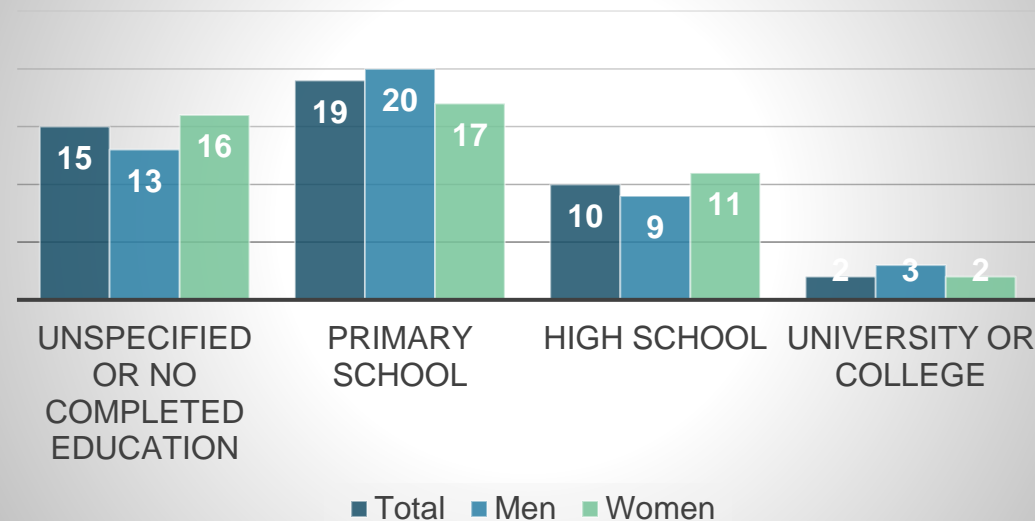
Smoking and education

- There is a clear social gradient in daily smoking. Even higher among women than men.

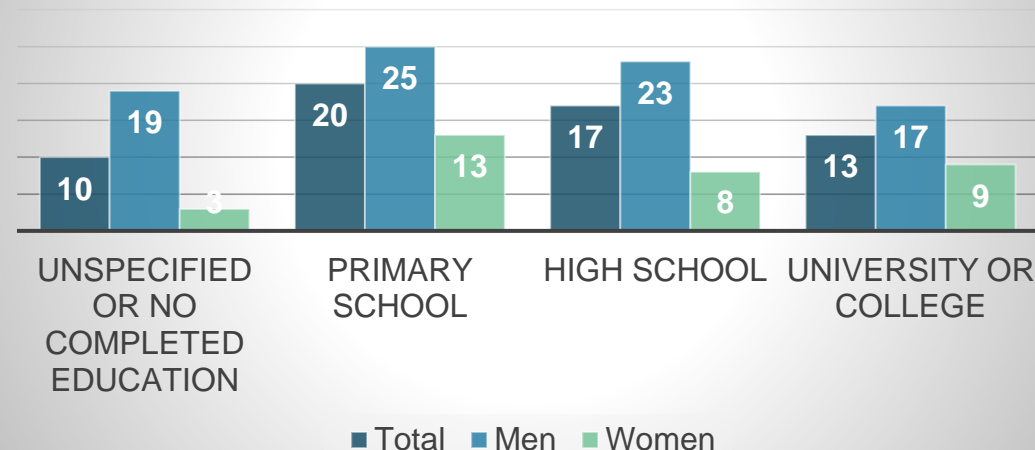
Snus use and education

- There is also a social gradient in daily use of snus among men. These differences have become visible only in the recent years.

Education level daily smokers



Education level daily snus use



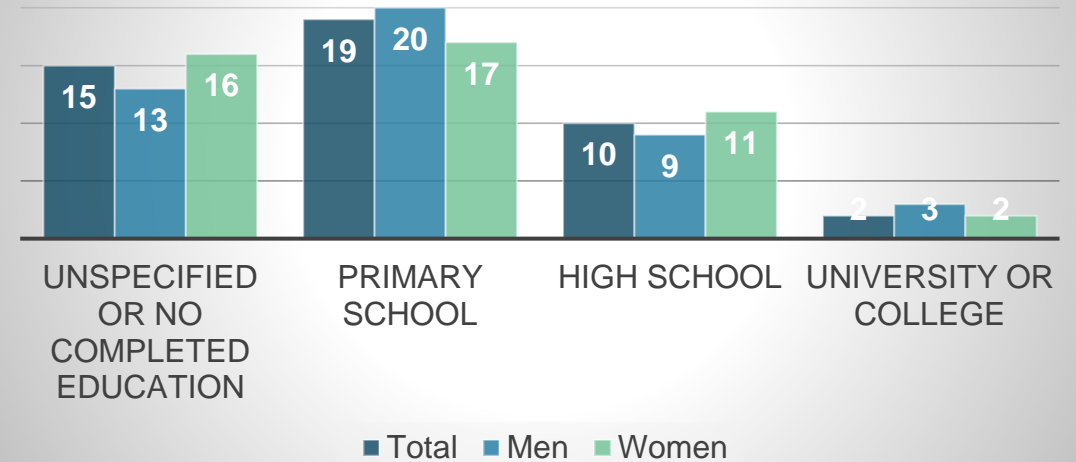
Smoking and education

- There is a clear social gradient in daily smoking. Even higher among women than men.

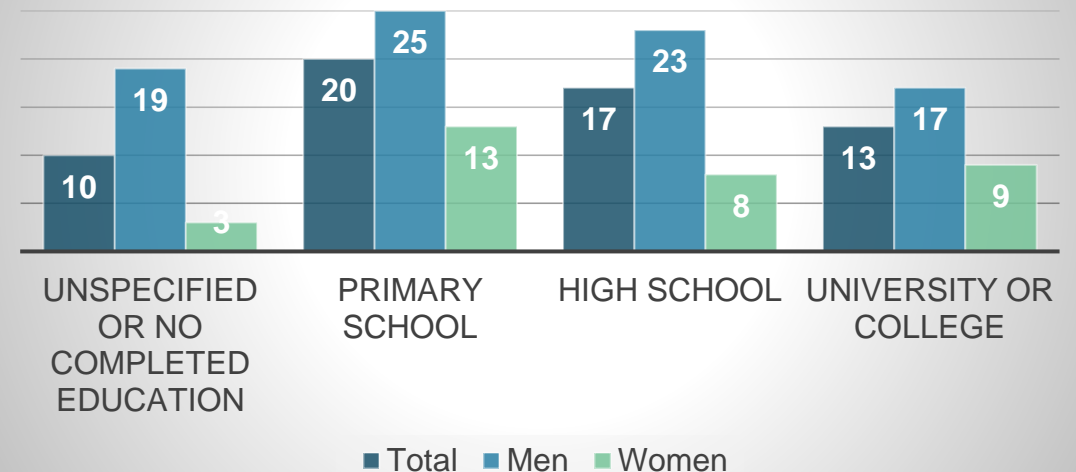
Snus use and education

- There is also a social gradient in daily use of snus among men. These differences have become visible only in the recent years.

Education level daily smokers



Education level daily snus use



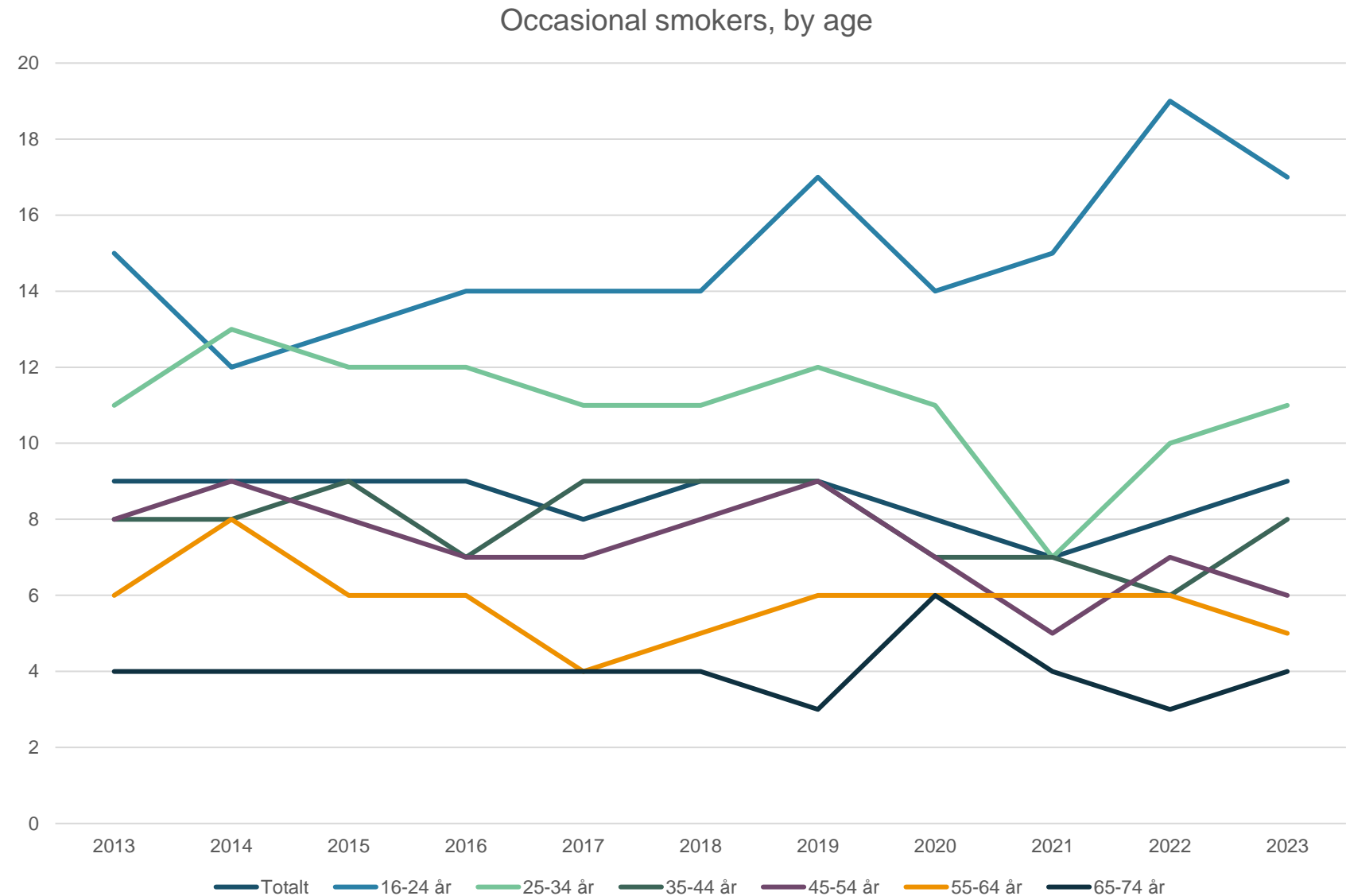
Smoking among young people (16–24 years)

- Very few daily smokers, 3 %
- an incredible decrease since 2000
- 17 % occasional smokers
- no decrease since it reached high level in 1990s

Multiple use:

- New usage pattern in today's tobacco landscape; young people individually adapting their tobacco use to create a tobacco experience that matches their lifestyle, culture, values and addiction.
- Associated with vulnerability

Source:
National Institute of Public Health, Norway, «Tobakk i Norge»,
2022



Vape

- The prevalence of e-cigarettes and vaporizers in the general population is very low and does not appear to have increased significantly in the period 2015–2022.
- About 1 percent use vape daily, and about 2 percent occasionally*.
- National figures from “Ungdata” 2021 and 2022 show that 83 percent of young people had never used vape, 1 percent vaped daily, and 4 percent vaped occasionally.
- The Oslo survey (“Ungdata”): the proportion who used vape daily increased from 1 to 3 per cent from 2021 to 2023, while the proportion who used vape occasionally increased from 2 to 14 per cent.
- The use of vape has increased most among upper secondary students.

* «Tobakk i Norge», 2022



Tobacco act

1975

- Advertising ban
- Health warning labeling
- Age limit 16 years

1996

- 18 years age limit



2004

- A ban on smoking in restaurants and bars



2010

- A ban on the visible display of tobacco products.



2013

- Smoke packs of no less than 20 cigarettes



2014

- Tobacco free schools and kindergartens



2018

- Plain packaging
- Register scheme points of sale of tobacco



2021

- Licensing scheme import, export and production
- Authorization scheme new products



2024

- Ban on characteristic flavours
- Minimum size snus packs

Law enforcement /control



- Supervision of wholesalers
- Supervision of points of sale
- Supervision of illegal advertising and labeling
- Measures against illicit trade
 - Licensing scheme
 - Track and trace
 - Security features
- Implementing the Tobacco products



New national tobacco control strategy



Main targets in the tobacco control strategy

- Prevalence of daily smokers/snus users under 5 % in all age and educational groups
- Children born in 2010 and later shall be tobacco/nicotine free
- All smokers are offered free cessation help
- The supply of tobacco and nicotine products shall be substantially reduced
- No one is exposed to secondhand smoke
- No influence by the tobacco industry on the tobacco policy, in line with our international obligations





Action points

- National program for smoking cessation
- Ban distance sale of tobacco/nicotine products
- Stricter regulation of specialist stores
- Fully implement FCTC Art. 5.3
- Continued high taxes
- Continue media campaigns + school program
- Strengthen collaboration between health and customs authorities
- Smoking bans extended to
 - private cars with children
 - Outdoor playgrounds, sporting areas and transportation platforms
 - Joint areas in apartments buildings



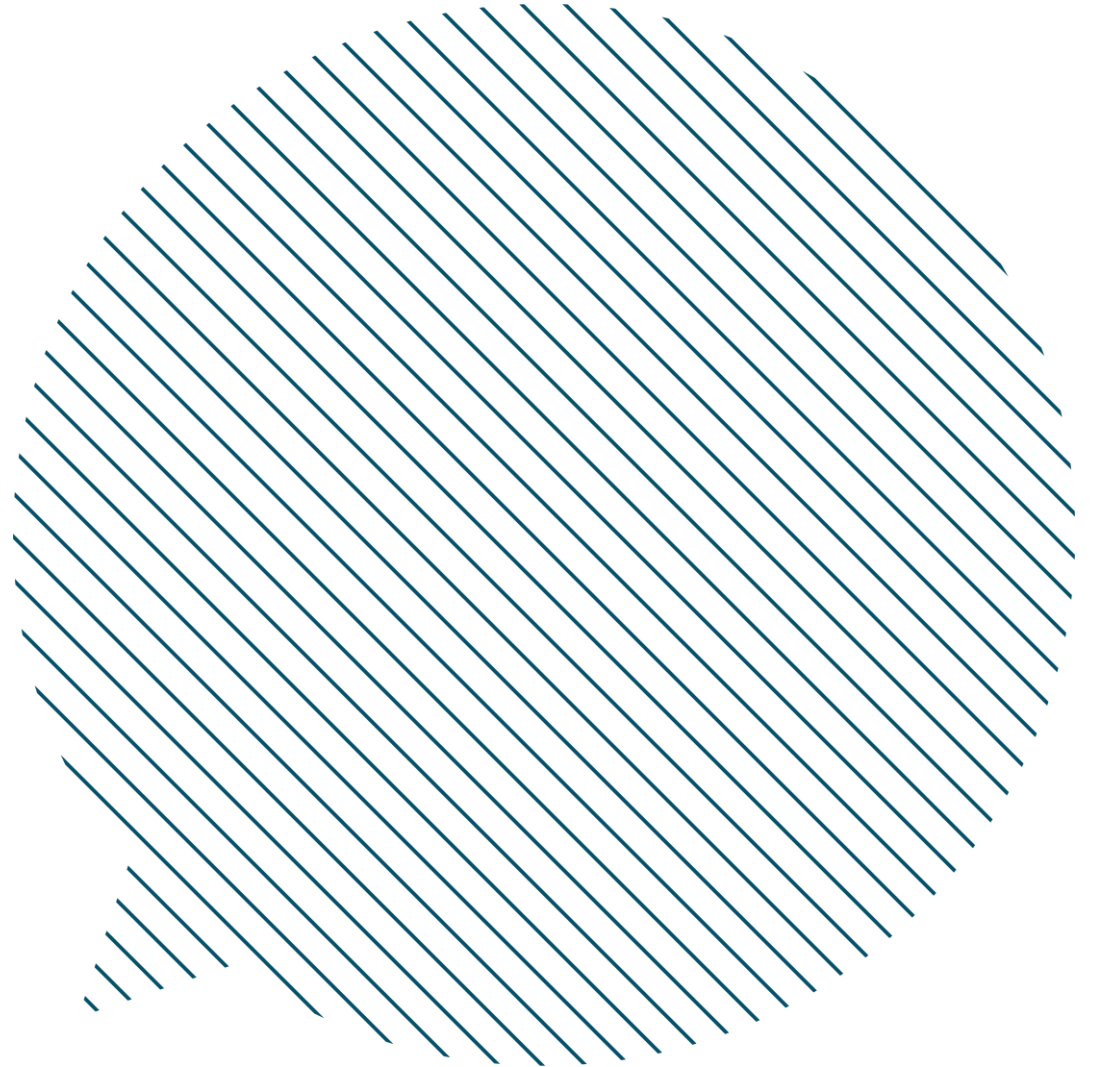
Action points

- Standardised packaging e-cigarettes
- Flavour ban e-cigarettes
- Health warnings on cigarettes
- Plastic label on snus boxes
- Stricter regulation of tobacco production
- Expand reporting duties for tobacco industry
- Regulation of content and additives
- Reduce advertising and exposure of tobacco/nicotine products in social media



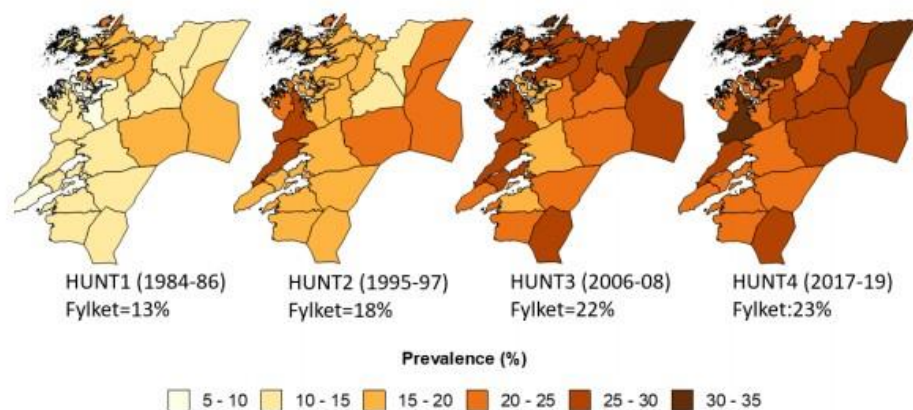
Overweight and Obesity

Henriette Øien, Dept.of Non-Communicable Diseases

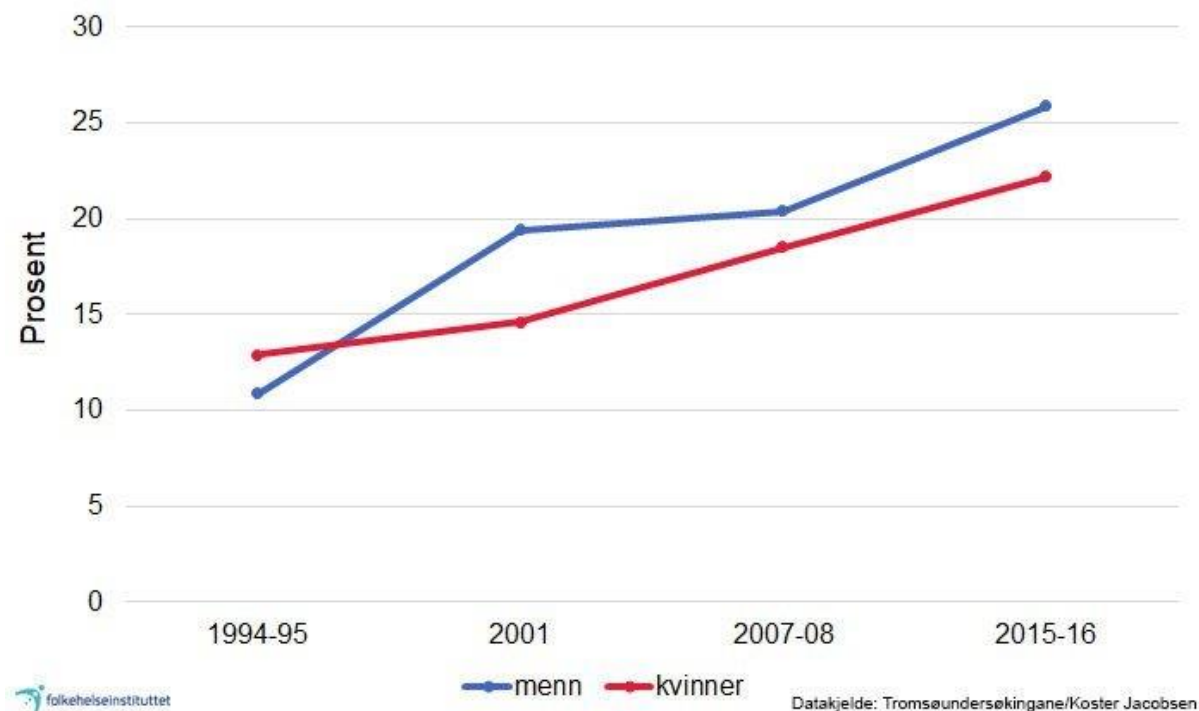
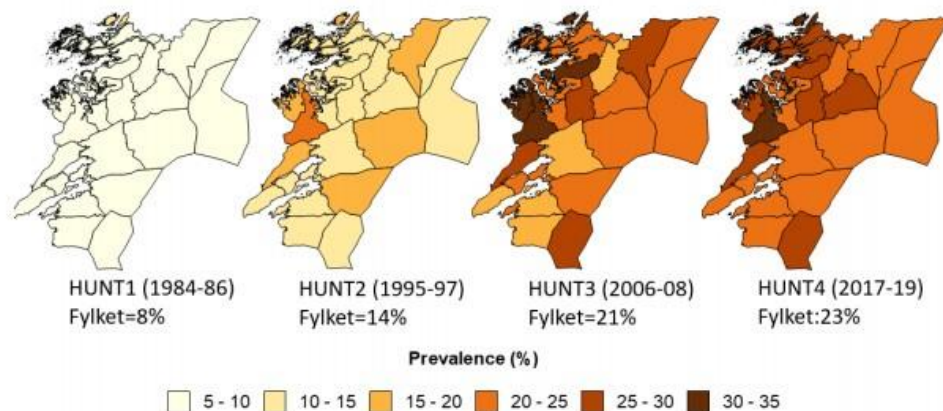


Utviklingen i andel kvinner og menn med fedme på kommunenivå i tidligere Nord-Trøndelag fylke og Tromsø fylke

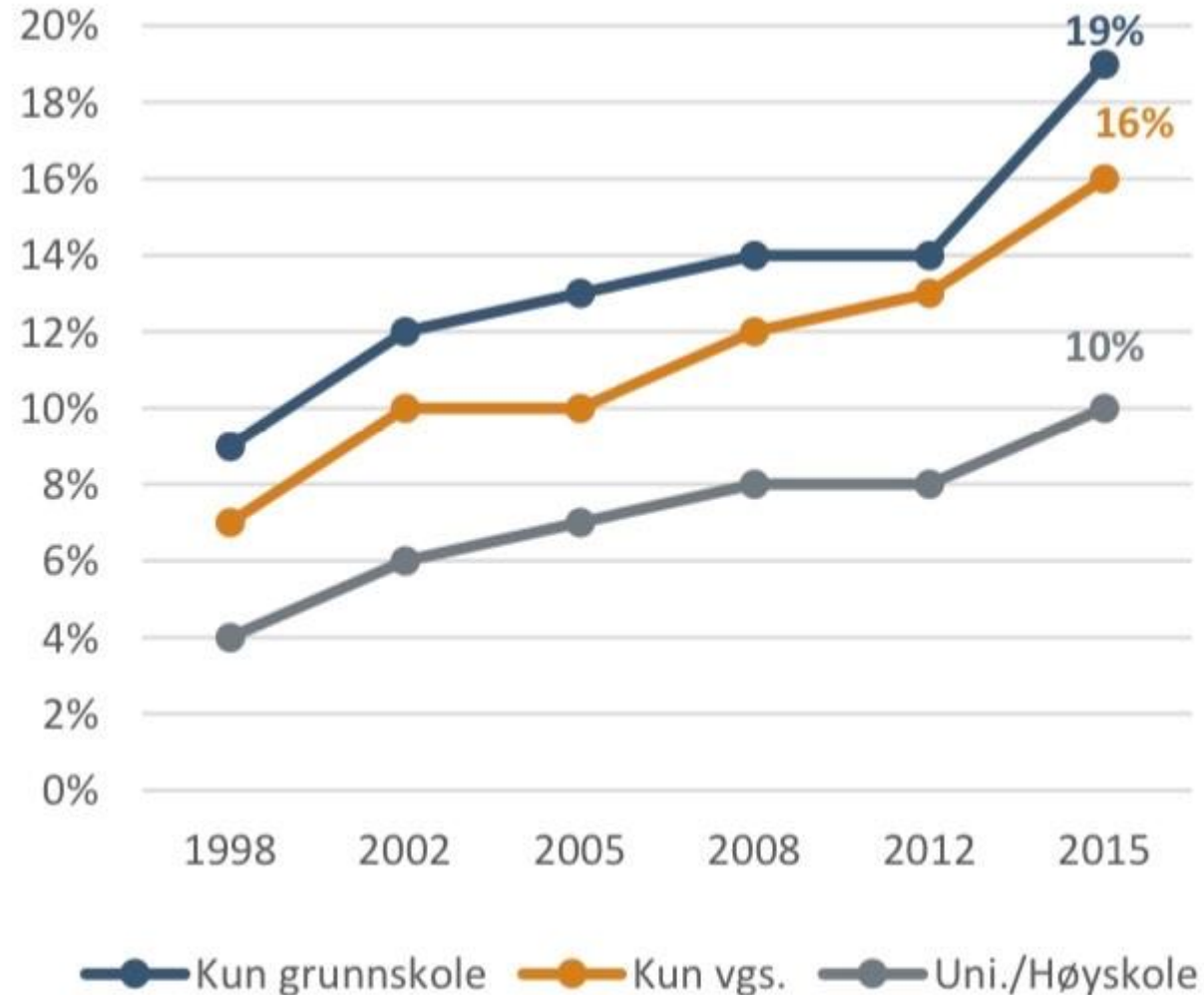
Fedme kvinner i % (BMI \geq 30)



Fedme menn i % (BMI \geq 30)



Andel med fedme etter utdanningsnivå (25-79 år)



WHO-målsettinger for NCD



9 VOLUNTARY GLOBAL TARGETS AGREED UPON FOR THE PREVENTION AND CONTROL OF NCDs

25% reduksjon i for tidlig død av de ikke-smittsomme sykdommene innen 2025
Kreft, Hjerte- og karsykdom, Kols og Diabetes

Skadelig alkoholbruk
10 %

Tobakksbruk
30 %

Fysisk inaktivitet
10 %

Saltinntak
30 %


Forhøyet blodtrykk
25 %

Diabetes/fedme
0 %

Misbruk-behandling og terapi
50 %

Medisiner og teknologi
80 %



Mål for ikkje-smittsame sjukdommar 2010-2025		Når vi målet?
	Mål 1: Dødsfall før 70 års alder: 33 prosent nedgang *	Går rett veg: 29 prosent nedgang
	Mål 2: Alkohol: Minst 10 prosent nedgang i skadeleg bruk	Går rett veg: 8 prosent nedgang
	Mål 3: Fysisk inaktivitet: 10 prosent nedgang	Nærmast oss ikkje målet for barn og unge
	Mål 4: Salt i kosthaldet: 30 prosent reduksjon	?
	Mål 5: Tobakksbruk: 30 prosent reduksjon	Går rett veg: 5-13 prosent nedgang
	Mål 6: Høgt blodtrykk: 25 prosent nedgang i andelen som har høgt blodtrykk	Går rett veg: 14-25 prosent nedgang
	Mål 7: Stoppe auken i andelen med fedme og diabetes	Går feil veg for diabetes. Auke i fedme, teikn til mindre bratt auke
	Mål 8: Hjärte- og karsjukdom: Minst 50 prosent av dei som treng det, får behandling med legemiddel eller rådgiving for å førebyggje hjartefarkt og hjerneslag	JA
	Mål 9: Minst 80 prosent av befolkninga har tilgang til medisinsk behandling for ikkje-smittsame sjukdommar	JA

* Mål 1 er utvida i tråd med FN sitt globale berekraftsmål for helse til 33% nedgang og perioden for å oppnå måla er utvida til 2030. Mål 1 var opprinnelig definert av WHO som 25% nedgang i perioden frå 2010 til 2025.

Norwegian National Action Plan for a Healthier Diet 2017-2021/23

Quantitative targets 2021



A 20 % increase in consumption of whole grain products



22 % reduced intake of salt



A 20 % increase in consumption of vegetables and 20 % increase in consumption of fruits and berries



Reduced content of saturated fat in the diet to **12 percentage of energy**



A 20 % increase in consumption of fish



Reduced content of added sugar in the diet to **11 percentage of energy**



60 % are exclusively breastfed at **4 months**,
25 % are exclusively breastfed up to **6 months** and
50 % are breastfed at **12 months of age**

Norwegian National Action Plan for a Healthier Diet – an outline

Healthy diet, meal enjoyment and good health for everyone!



Norwegian Ministries

Systematic public health work



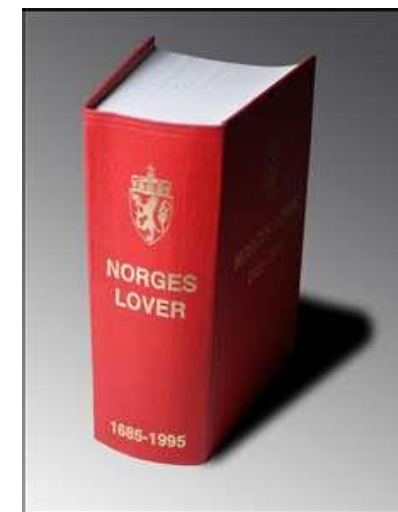
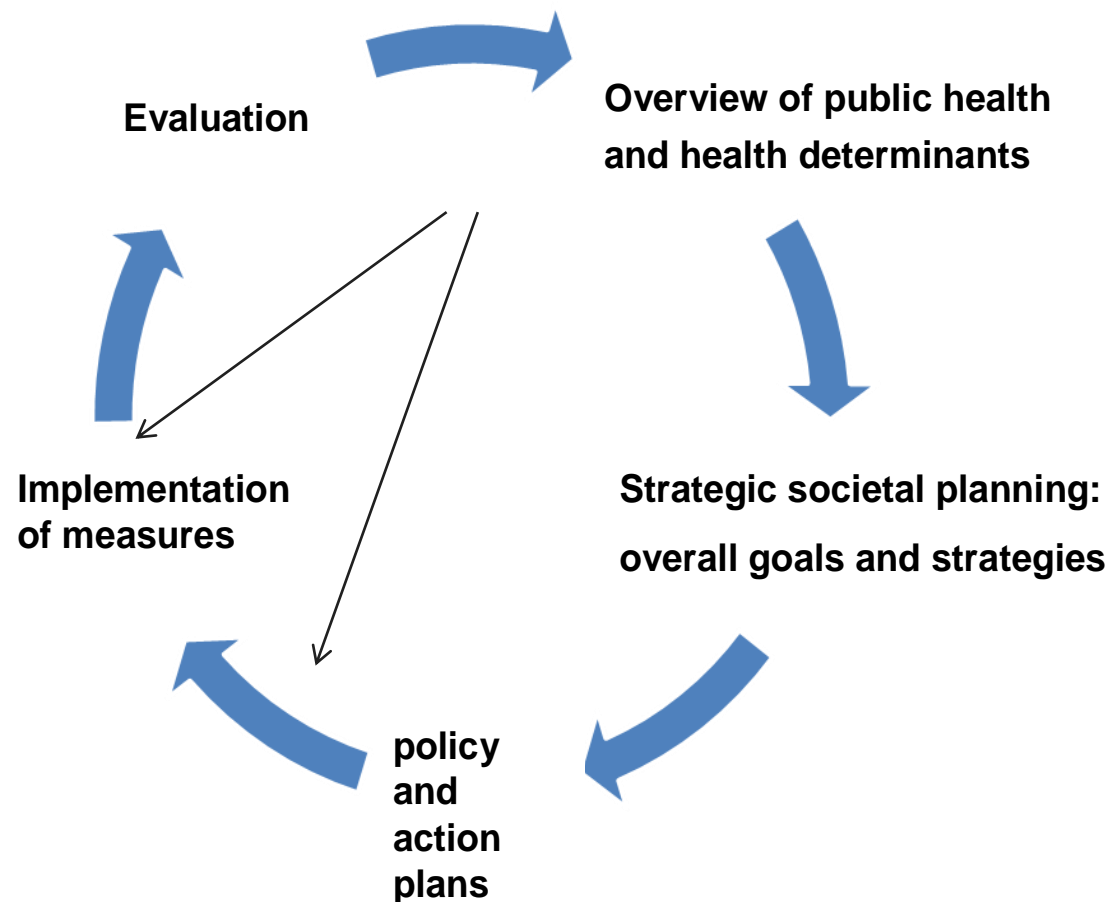
Meld. St. 19

(2014–2015)

Melding til Stortinget

Folkehelsemeldingen

Mestring og muligheter




**Lokale folkehelseiltak – veiviser for kommunen**

- 1 Hva er veivisere i lokale folkehelseiltak?
- 2 Prinsipper for tiltaksutforming
- 3 Alkohol – lokalt folkehelsearbeid
- 4 Fysisk aktivitet – lokalt folkehelsearbeid
- 5 Seksuell helse – lokalt folkehelsearbeid
- 6 Tobakk – lokalt folkehelsearbeid
- 7 Ernæring – lokalt folkehelsearbeid**
- 8 Bolig – lokalt folkehelsearbeid
- 9 Arbeid – lokalt folkehelsearbeid
- 10 Økonomi – lokalt folkehelsearbeid
- 11 Psykisk helse og livskvalitet – lokalt folkehelsearbeid

 [Søk i nasjonale faglige råd](#)

7. Ernæring – lokalt folkehelsearbeid

Råd og anbefalinger om kosthold. Kommunens virkemidler med utgangspunkt i ansvaret de har for skoler og barnehage, som planmyndighet, arbeidsgiver og tjenesteyter.

Kommunen bør ivareta ernæringshensyn i lokal utvikling, forvaltning, planarbeid og i folkehelsearbeid 

Kommunen skal ivareta helsefremmende og forebyggende ernæringsarbeid i helse- og omsorgstjenestene 

Kommunen bør tilrettelegge for sunne mat- og drikkevalg som arbeidsgiver og i drift av kultur- og fritidstilbud 



Elements that are important in treatment of



- Recognition of obesity as a chronic disease
- Identify the root causes of obesity
- Structured program with individually tailored treatment and follow-up
- Health Personnel with high competence
- Knowledge-based intervention methods
- Taking care of health (both physical and mental) and quality of life - not just a focus on weight reduction
- Long-term/lifelong follow-up

5 A's of Obesity Management



What is a healthy Life Centre

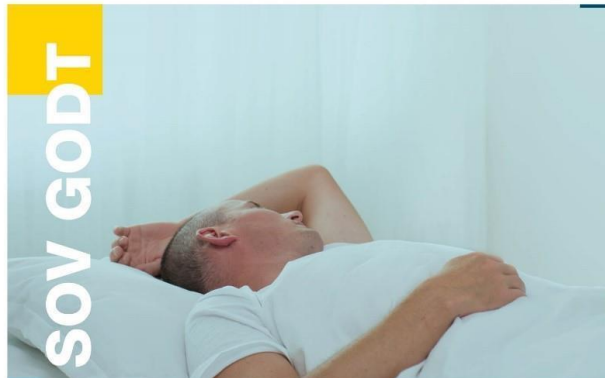
A Healthy Life Centre (HLC)

- A primary health care service which offers 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.





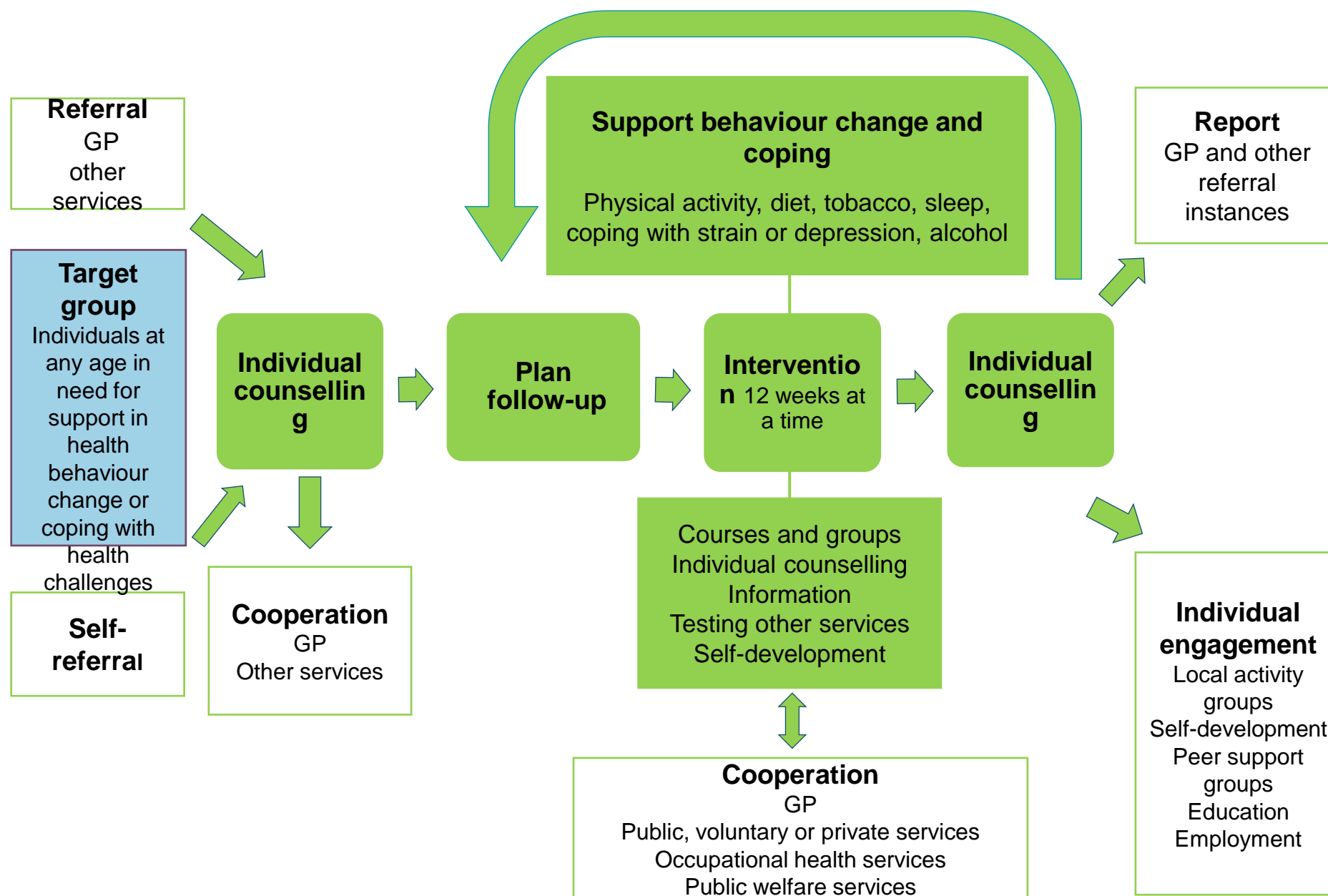
FRISKLVSSENTRALEN



How?

- Physicians and other healthcare professionals, NAV, occupational healthcare can refer patients til the Healthy Life Centre (HCL). Individuals can also take directly contact.
- A person may participate before, during, instead of or after other treatment/health care.
- Offers a 12-week follow-up program with participation in various exercise groups and individually or groupbased counselling and courses for increased physical activity, healthy nutrition and tobacco cessation.
- Many HLCs also offer counselling, support and education on issues related to mental health, sleep and alcohol.

Structured follow-up at Healthy Life Centres



Thank you for
your attention!

