

White Paper No. 19 (2018-2019)

# Public Health Report – A Good Life in a Safe Society

Short version



Ministry of  
Health and Care Services

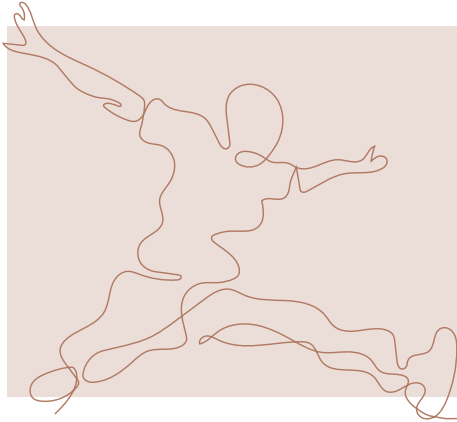


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# Chapter 1

## *Sustainable Public Health Work*

Health and well-being are important to everyone. The health and quality of life of the population impacts the development of society, which in turn is also affected by social change.

The Government will contribute to a sustainable welfare state through a good and systematic cross-sectoral population based public health promotion. Norway will follow up the UN sustainability development goals and, in order to meet the goals, good health promotion for all is essential. Sustainability is therefore a consistent topic throughout this report.

Public health work largely takes place in all sectors and at all administrative levels. The Government emphasises that the voluntary sector, non-profit organisations, commerce and industry, and public authorities must all cooperate on the effort. The work will be knowledge-based

and we shall promote the use of new technology where relevant.

Good living conditions, good health, quality of life and well-being are interconnected. Health promotion must facilitate good health for everyone and contribute to reduced social inequality in health. The Government prioritises early intervention to help ensure that children and youths have a good and safe childhood. At the same time, however, health promotion must apply to all life phases. We are living longer, which demands the facilitation of activities, participation and good quality of life in old age.

The Government has a broad approach towards public health policy. In addition to a widespread health promotion to reach the entire population, the Government considers it important to facilitate good health and good quality of life

amongst those with special needs. For example, people with a chronic disease or functional disability. The efforts of next of kin must be taken seriously. In line with the Granavolden platform, the Government will use the principle of 'prevention is better than cure', as a basis in health promotion.

### *Main Elements of the Report*

The Government will continue to further develop effective, systematic and long-term public health work. An important part of this is to create a safe society and promote healthy choices. In particular, the Government wants to strengthen the effort in some areas:

- Early intervention for children and youths.
- Prevention of loneliness.
- Reduced social inequalities in health.

There is widespread agreement about most parts of the health policy, which provides a good foundation for long-term work. This report further builds on White Paper No. 19 (2014-2015) "Public Health Report – Coping and Opportunities". The main characteristics of the challenges we face are primarily the same as in 2015. Health promotion must be long-term, and many of the elements from the previous report are continued and reinforced.

Parts of White Paper No. 15 (2017-2018) "A Full Life - All Your Life. A Quality Reform for Older Persons", will be followed up in this public health report. The report must also be seen in connection with other reports, plans, strategies, and other efforts of the Government. A number of other reports, strategies and action plans that impact health promotion have been developed.

In addition, forthcoming and ongoing work will be mentioned.

### *Stronger Effort*

In terms of children and youths, the Government emphasises that early intervention is critical for good public health. The life situation, childhood and development of children and youths plays an important role, and it is important to facilitate good parenting, safe and good homes, and a safe and good local environment. In this way, the Government can promote good physical and mental health in the population. Good quality kindergartens, schools and out-of-school clubs (SFO) are crucial to learning, well-being and health. Good cooperation across public services is also important. The prevention of violence and abuse is an important part of the work to give children a good childhood.

Norway is one of the best countries in which to live and for most people the

### *Strategies in the Report and Planned or Reports, Strategies and Action Plans under work*

- Strategy for Preventing Loneliness (2019-2023) (included in this report)
- National Tobacco Strategy 2019-2021 (included in this report)
- Zero Vision 2019-2027 - Reduction of Serious Fall Accidents in the Home (included in this report)
- Dementia Plan 2025
- Action plan on Municipal GP Services
- Action plan on Improved Disease Control with focus on Health Institutions
- Action plan on Physical Activity
- Action plan on Equality for People with Functional Disabilities
- Action plan on the Prevention of Suicide
- Action Plan to Combat Racism and Discrimination based on Ethnicity and Religion
- Report to the Storting (White Paper) on Children and Youth Culture
- Report to the Storting (White Paper) on the Human Rights of the Mentally Disabled and Equality
- Report to the Storting (White Paper) on National Minority Groups
- Report to the Storting (White Paper) on Early Intervention and an Inclusive Education in Kindergartens, Schools and Day-care facilities for school children
- Report to the Storting (White Paper) on Youth Policy
- National Alcohol Strategy
- National Health and Hospital Plan 2019
- National Plan against the Outbreak of Highly Communicable Diseases
- National Programme for an Age-Friendly Norway (2019-2023)
- NCD Strategy (Non-Communicable Diseases)
- New Strategy for Radioactive Contamination in Animals, Animal Feed and Foods arranged by the Norwegian Radiation and Nuclear Safety Authority (DSA) and the Norwegian Food Safety Authority.
- Cooperation Strategy to Promote Participation and Strengthen the Opportunities of Children in Low-Income Families
- Strategy to Increase HL (Health Literacy)
- Strategy to Combat Internet-Related Abuse



materially standard of living is high. Nevertheless, there are social differences, which cause social health differences in all age groups. A major challenge is the fact that many children live in families with a permanently low income. The Government will reinforce the effort to reduce social differences through targeted measures, and by creating equal opportunities and good living conditions for everyone, regardless of sex, age, disability, ethnicity, religion, sexual orientation and gender identity. For the Government, real equality does not just mean formal rights, but also real opportunities. Education, work and financial resources contribute towards counteracting differences.

Health promotion is also about promoting good quality of life. Among other things, this implies that one can take part in society and experience social support. Many people are lonely, which is a high risk factor. By preventing loneliness, it may be possible to enhance quality of life and physical health, as well as prevent disease and premature deaths. The Government will increase the effort to combat loneliness and launch a strategy to prevent loneliness in this report. The voluntary sector is an important resource.

### *Effort for a Safe Society and Healthy Lifestyle*

A good local community and local environment are basic prerequisites for good health and quality of life. A good residential area with access to recreational areas and safe school routes are examples of things that mean something in everyday life.

The Government will facilitate activities, participation and social community for the elderly with the aim of nurturing relationships with family and friends, social networks, and creating good experiences and friendships across the generations. In 2019, the Government will establish a national programme for an age-friendly Norway (White Paper No. 15 (2017-2018) A Full Life - All Your Life). In 2019, the Government established the 'Council for an Age-Friendly Norway' to help with the implementation of the programme. In the labour market, we have encouraged people to work longer and our pension policy has increased the retirement age for both men and women. Senior resources are an important contribution to society.

In spring 2019, the Government presented an escalation plan for the mental health of children and youths. The work on integrating mental health into health promotion continues.



The health consequences resulting from violence and abuse can be complex, serious and potentially fatal. The Government will continue the effort against violence and abuse.

The prevention of injuries and accidents will be a priority task in the future and special weight will be placed on a vision of zero serious fall accidents in the home.

There may be a risk that important parts of public health work will be taken for granted. Fresh air, clean nature and healthy indoor climate are fundamental to health. Work on preventing antibiotic resistance is one of the major health challenges we currently face. Radiation protection, disease prevention through a good disease control system, and work on safe food and drinking water are crucial. It is impossible to maintain the good health enjoyed in Norway today without protecting these areas. The Government will therefore point out the importance of further commitment to these areas, which are also closely linked to preparedness in terms of drinking water and disease control, etc.

The ability to make healthy choices is a prerequisite for the good health of each individual. The Government will continue the work on encouraging healthy choices by focusing on increased physical activity, a healthier diet and less use of tobacco

and intoxicants. Society shall help ensure that healthy choices are easy choices. More emphasis shall be placed on how information about healthy choices can reach everyone. It is important that each person can make informed choices.

The Government is launching a new national tobacco strategy in this report, which also presents the overarching goals, strategies and main focus areas for physical activity, as a basis for a new action plan on increased physical activity.

The Government will put forward a new national alcohol strategy. Cooperation with commerce and industry on healthy eating will be continued.

Health promotion must reach a variety of target groups in society, which is important. People with chronic diseases or functional disabilities experience special challenges and must be taken care of. Health promotion must encourage good health and well-being amongst all citizens.

### *Effective Public Health work*

One of the hallmarks of health promotion is the cross-sectoral effort and awareness of how important it is that society as a whole makes an effort to influence factors that promote health and well-being in the population. Cross-sectoral cooperation is therefore necessary in health promotion. Similarly, it is important that private actors and volunteers work together with public authorities.

In order for health promotion to be effective, it must be organised well, and there must be a system to monitor the effort and development of health and risk factors. This applies at national, municipal and regional level. The Norwegian public health model provides a good starting point for this. It is necessary to conduct research on causes and effective instruments. The Government wants to enhance work on the further development of knowledge-based public health work.

### *Potential of Prevention*

Good health promotion can be cost-saving for both the individual and society at large. Both the individual and health service are exposed to massive costs attached to poor health and quality of life in the population, which challenges a sustainable welfare system. Health affects participation in education and the labour market. It is positive that there are more elderly people and that longevity is increasing, but it is important that the extra years of a person's life are good.

With this type of perspective, preventive and health-promoting work is vital and it has proven to be cost-efficient in both the long and short-term (WHO 2014). A wide range of preventive and health-promoting measures aimed at environmental and social conditions, the facilitation of a healthy lifestyle and preventive measures, such as screening and vaccinations, is necessary. This contributes to good health in the population, reduced social inequalities in health, and a more sustainable society and welfare state (WHO 2014).

It has also been demonstrated that investment in health services also plays a major role in life expectancy. The hallmarks of countries with high life expectancy are: a high GDP per capita, investment in the health service and education, and a healthier lifestyle. This requires effort across the sectors (OECD 2017).

There is no data to show how much the Norwegian society would save through good health promotion, but the Norwegian Directorate of Health has carried out several socioeconomic estimates on preventive measures. For example, the Directorate has found out that if the population followed the official dietary advice the social gain would potentially be NOK 154 billion per annum (based on data for 2013). The highest sum is connected to longevity and improved health (NOK 136 billion), including reduced healthcare costs and lost productivity (Norwegian Directorate of Health 2016).

Another example is that social costs related to illness and accidents were estimated to be around NOK 1,860 billion in 2013, therefore preventive measures have huge potential (Norwegian Directorate of Health 2016). This also shows that the burden of disease is responsible for the largest portion of social costs at 75%, healthcare costs are estimated to represent 15% of all social costs and the loss of productivity is estimated to represent 10% of the social costs combined.

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## ***National Goals and the UN Sustainable Development Goals***

### ***National Goals***

There is widespread cross-party agreement on the Government's three national goals in the public health policy:

1. Norway shall be one of the top three countries in the world with the highest life expectancy.
2. The population shall experience more years of good health and well-being, with reduced social inequalities in health.
3. We shall create a society that promotes good health throughout the entire population.

The Government will pursue these three national goals. The goals must be seen in relation to one another; but combined they widely represent the public health policy, which primarily must be aimed at the population. In addition, the goals require an effort from all social sectors.

### ***Global Goals for Reducing Non-Communicable Diseases***

Norway has aligned itself with WHO's goal to reduce the number of people who prematurely die from non-communicable diseases (NCD), such as cardiovascular disease, diabetes, COPD and cancer. The goal being 25% by 2025. Due to a decision

on UN sustainability goals, the goal was later changed to a 30% reduction by 2030.

Specific goals have been set for the most important risk factors: alcohol, tobacco, physical inactivity and unhealthy diets. The development in Norway seems to be heading in the right direction for most of the goals; however when it comes to the goal to stop the increase in obesity and diabetes, it is not. When it comes to the goal to reduce the intake of salt in diets by 30%, there is some uncertainty due to the fact that there are no figures for Norway over a prolonged period of time (see Folkehelseinstituttet 2018 (the Norwegian Institute of Public Health 2018) and <https://www.fhi.no/nettpub/ncd/>).

In October 2018, the UN adopted a new declaration on non-communicable disease, where air pollution and mental health are included on the NCD Agenda (UN 2018).

### ***UN Sustainability Goals***

The UN 2030 Agenda for Sustainable Development Goals (SDGs) forms the basis for both national and international policy development. The SDGs consist of 17 global goals to be achieved by 2030. With these goals, a new framework has been adopted for development and cooperation on global challenges, where efforts on health, quality of life and social equalisation play a central role. Norway

also uses the universal 2030 Agenda as a basis for national administration and policies. The Granavolden platform demonstrates that the Government considers the SDGs to be important to solve global challenges.

One of the main principles in the SDGs is that no one shall be excluded (“Leaving no one behind”), which implies that the most vulnerable in society shall be prioritised. The third goal implies that the health and quality of life of each individual shall be guaranteed, regardless of age. Several of the sub-goals are important for public health:

- Reduce the number of premature deaths caused by non-communicable diseases by 30% through prevention and treatment
- Promote mental health and quality of life
- Reinforce the prevention and treatment of drug and alcohol abuse, etc.
- Reduce the number of deaths and diseases caused by hazardous chemicals, air pollution, and contaminated water and soil

The manner in which Norway follows up the sustainability agenda will have consequences for health promotion locally, regionally and nationally. Cooperation is crucial in order to reach the goals. In addition to Goal 3 relating

to health, many of the goals are relevant to the health and quality of life of the population. For example, the nutrition goal (Goal 2), the goal for clean water and good sanitation (Goal 6), eradication of all types of violence against all girls and women (Goal 5), equal access to all health services (Goal 10) and responsible use of medicines to counteract antibiotic resistance. Safeguarding sustainable social development in line with the sustainability goals provides direction for the public health policy in the future.

Monitoring of the SDGs has been integrated into the ordinary daily work of the Government. Co-ordination of the monitoring has been assigned to one ministry for each of the seventeen goals. The ministry submits a monitoring report about the goal it is responsible for in its budget documents. The Norwegian Ministry of Foreign Affairs coordinates international monitoring and the Ministry of Finance summarises the main points in the report in the national budget.

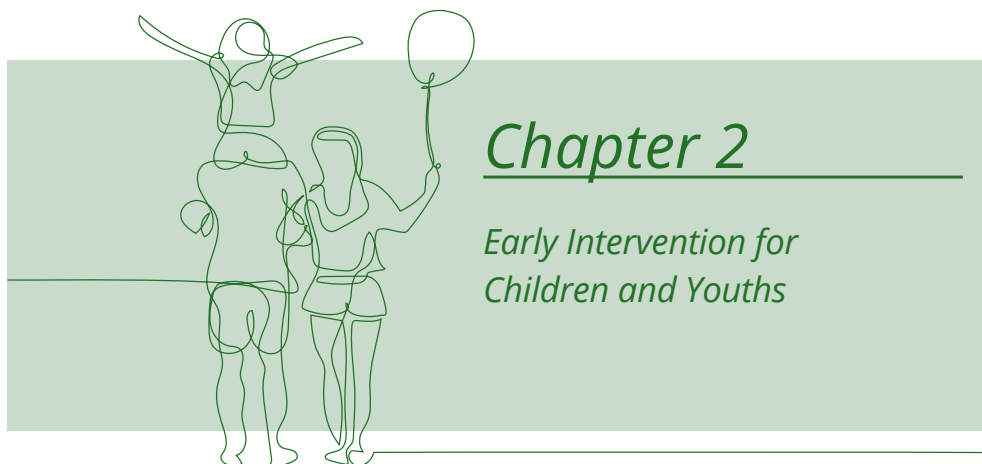


# *Part 1*

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*Stronger Effort*





## Chapter 2

### *Early Intervention for Children and Youths*

*Chapter 2 takes into account that early intervention for children and youths is a cross-sectoral responsibility and one of the most important tasks in a society. Early intervention is necessary to prevent the need for more invasive measures at a later stage and to provide a foundation for sustainable social development. This chapter highlights the Government's work on the strengthening of parenting skills, the provision of good quality healthcare and welfare services, and good quality kindergartens, schools and out of school clubs. This chapter addresses the importance of good cultural and recreational services, and a safe local environment. Special measures aimed at youths will also be emphasised, for example, student healthcare and welfare services.*

## *Early Intervention for Children and Youths*

### **The Government will:**

- consider testing out schemes by carrying out the 4-year child check-up in kindergartens;
- continue the all-inclusive commitment to the training and continuing education of teachers and head teachers;
- strengthen early intervention and competence on minority language children and youths throughout their education in accordance with the Government's Integration Through Knowledge Strategy (2019-2022);
- present a report (white paper) on early intervention and an inclusive education;
- continue the work on competency to combat bullying with more schools and kindergartens, as participants;
- present a report (white paper) on children and youth culture;
- further develop ung.no so the online resource is even more user-friendly as a communication channel between the state and young people;
- strengthen the family counselling service through following up the parental support strategy;
- present a report (white paper) on youth policy;
- present a cooperation strategy to promote participation and strengthen the opportunities of children in low-income families;
- consider following up the research project by trialling extra time for physical activity and PE in schools;
- collect and identify good ideas and concrete solutions for breakfast schemes in lower secondary schools and disseminate them in a suitable manner;
- make the national professional guidelines on food and meals in schools and out of school clubs (SFO) more known, and contribute to developing and making available courses and competence programmes for out of school club employees;
- further develop a selection of existing successful outdoor pursuit initiatives aimed at children and youths in educational institutions, such as kindergartens, out of school clubs and schools through Norsk Friluftliv's out-of-classroom learning project;
- give the Norwegian Outdoor Board (Friluftsrådernes Landsforbund) financial support to develop and run a project that shall map and systematically further develop successful outdoor activity measures for children and youths during holidays and recreation;
- continue the work on establishing low threshold mental health services, including digital solutions for students;
- encourage the hosting municipalities to review the prevention and early intervention services they have for student;
- continue to stimulate student welfare associations and higher education institutions to offer initiatives for better mental health to students, make information about mental health more readily available and increase expertise on mental health issues at the education institutions;
- assess how work on the prevention of loneliness can be organised to benefit students;
- consider introducing a trial scheme combining care with student homes.



## Chapter 3

*Together Against Loneliness  
– the Government's strategy  
to prevent loneliness  
(2019-2023)*

*Chapter 3 reviews the Government's strategy to prevent loneliness. Loneliness as public health issue shall be highlighted through campaigns and measures for increased social participation. The Government will also acquire more knowledge about loneliness and the most effective measures to reduce unwanted loneliness. The work on preventing loneliness shall be more systematic and generate increased social support.*

## What is loneliness?

- In Norway the word ‘loneliness’ is used for both wanted and unwanted loneliness.
- In England the word ‘loneliness’ is used for the unwanted and sad loneliness, whilst ‘solitude’ is used for wanted loneliness: self-chosen isolation and withdrawal for needed rest, calmness, or to carry out a creative project, etc.

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### *Three Main Goals of the Strategy*

The Government’s strategy to combat loneliness contains the following three main goals and associated focus areas:

1. Highlight loneliness as a public health issue and stimulate increased social participation.
2. Acquire more knowledge about loneliness and effective measures.
3. Work systematically to prevent loneliness and to generate increased social support.

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### *Together Against Loneliness*

#### **The Government will:**

- highlight loneliness as a public health issue through campaigns, and increase national and local awareness about loneliness;
- stimulate the establishment of gathering places to increase social participation;
- acquire more knowledge about loneliness and effective measures;
- work systematically to prevent loneliness and increase social support.

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## *Together Against Loneliness (2019-2023) Overview*

### ■ Main Goal 1

Highlight loneliness as a public health issue and stimulate increased social participation

#### *Focus area 1*

*Cooperate with the voluntary sector to help combat loneliness*

#### *Focus area 2*

*Measures aimed to lonely youths*

- Highlight loneliness and meetings across generations as part of the programme for municipal health promotion (2017-2026)
- Consider establishing youth panels.
- Place life management skills on the timetable.
- Work towards social participation amongst children and youths.
- Assess the need for new gathering places.
- Make it easier for children and youths to participate in recreational activities.
- Provide technological support for recreational activities for children and youths with functional disabilities, and their families.
- Improve the mental health of students and prevent loneliness.

#### *Focus area 3*

*Measures aimed to lonely elderly people*

- Develop and test technological tools to help combat loneliness amongst the elderly.
- Activity measures to counteract loneliness and passivity.
- Preventive home visits.
- Give the elderly zest for life and zest for life certification.
- Visiting and activity friends in elderly care.
- Local gathering places.
- Contribute to the development of more diverse gathering places across generations.

## ■ Main Goal 2

Acquire more knowledge about loneliness and effective measures

### *Focus area 4*

*Summaries of knowledge and research on loneliness and effective measures*

- Consider measures that will allow data on quality of life to be made available in the best possible way.
- Consider how to develop indicators for loneliness amongst adults in the public health profiles.
- Contribute to more knowledge about the affect loneliness has on mental health.
- Contribute towards systematic evaluations on the effect of measures for the prevention of loneliness and increase social support.
- Research on technological assistive devices to increase social contact and cooperation across the generations.
- Contribute to more research on what social media means to the lonely and social support.

## ■ Main Goal 3

Work systematically to prevent loneliness and generate increased social support

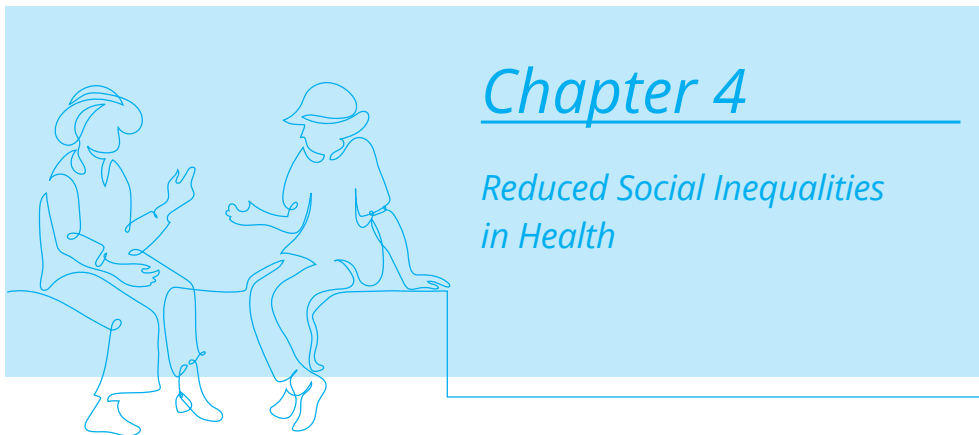
### *Focus area 5*

*Loneliness and incorporation into the Norwegian Public Health Act, Section 7*

### *Focus area 6*

*Ensure that emphasis is placed on loneliness and social support when assessing new measures in all relevant sectors*

- Use planning and building measures to develop local communities that may prevent loneliness.
- Accessibility, transport and homes for the future.



*Chapter 4 describes the Government's policy for reducing social inequalities in health. Public health and social differences in healthcare are closely linked to the development of welfare and differences in living conditions, employment, education and income. It is necessary to have measures aimed at the whole cause and effect chain - from basic living conditions to lifestyles, and physical and social environmental factors and health services. Potential differential impacts of measures and strategies at both local and national levels must be assessed, and an external review of Norway's policy for reducing social health differences must be considered.*



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## *Reduced Social Inequalities in Health*

### **The Government will:**

- place emphasis on differential impacts when prioritising public health measures;
- continue sector reports on the status of national public health work and reinforce the differential perspective in indicator reports;
- facilitate fulfilment of the Norwegian Public Health Act and Instructions for Official Studies relating to the assessment of consequences for public health (where relevant) through a systematic assessment of how measures and strategies impact the distribution of healthcare to the population socially and geographically;
- consider an external review of the national policy for equalisation of social health differences. Such a review could form the basis for a new national strategy for equalisation of social health differences;
- unveil the causes of social inequalities when using health services and in treatment results;
- continue the effort against child poverty;
- continue the work on improving living conditions in exposed urban areas through priority areas;
- continue the work on reducing upper secondary school dropout rates;
- follow up the effort on inclusion and integration to get more people having a work.



# *Part 2*

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*Effort for a Safe Society  
and Healthy Lifestyle*



## Chapter 5

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### *Effort for a Safe and Health-Promoting Society*

*Chapter 5 is about a more health-promoting society and places emphasis on the development of a society that promotes health and well-being. It includes a society that promotes good mental health and has an age-friendly approach. Active ageing is about looking upon the elderly as a social resource, and facilitating participation and involvement. An age-friendly society will include measures that stimulate activity and coping skills.*

*The local environment and local social development are central in public health work. A good local community is important for quality of life and development of social networks, which contribute to well-being, the sense of belonging and good health. One of the goals is to develop a more health-promoting environment and protect the population against environmental factors, such as air pollution, environmental toxins, radiation, poor indoor climate, the risk of accidents and injuries, and food and waterborne diseases. The prevention of violence is a central aspect of the work.*

*The chapter presents a zero vision for serious fall accidents in the home and discusses the Government's work on strengthening and acquiring more knowledge about the population's quality of life.*

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## *Local Environment and Local Social Development*

### **The Government will:**

- continue to work on priority areas in the largest towns and cities to improve boroughs with social problems;
- draw attention to and support the building of homes in high-density building projects that provide a good local environment;
- draw attention to and support the development of activity-friendly residential areas, local environments and local communities in a new action plan on physical activity;
- revise the guidelines on nature-friendly adaptation and complete the guideline materials for planning and facilitating outdoor recreation pathways;
- initiate a multi-year pathways project with the aim of promoting a coherent network of hiking trails in municipalities;
- put forward a proposal in 2019 stating that the Norwegian Outdoor Recreation Act can give general access to non-motorised roaming on uncultivated land.

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## *Promotion of Quality of Life and Good Mental Health in the Population*

### **The Government will:**

- follow up the Government's strategy for good mental health 'Coping with Life' (2017-2022)
- assess how data on quality of life can best be made available;
- facilitate further work on ethical guidelines for influencers, networks and advertisers to prevent body-image pressure;
- recapitulate known knowledge and conduct research on how lifestyle affects mental health;
- develop and adapt tools and methods to integrate consideration towards the living conditions, health and quality of life of immigrants in local health promotion;
- draft a new action plan on the prevention of suicide.

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## *Age-Friendly Society*

### **The Government will:**

- implement a national programme for an age-friendly Norway as part of the quality reform for the elderly– A Full Life - All Your Life. The programme shall be included and concretise 'More Years - More Opportunities. The Government's strategy for an age-friendly society'. The programme shall build on partnerships and cooperation with various enterprises and organisations across the sectors;
- establish a national ombudsman for the elderly.

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## *Injuries and Accidents*

### **The Government will:**

- strengthen the knowledge base for injuries and accidents, as well as, for example, provide better and more complete injury data, and make such data more available;
- facilitate cooperation between the public, private and voluntary sectors, and reinforce injury prevention forums and so forth.

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## *Zero Vision 2019-2027 – Reduction of Serious Fall Accidents in the Home*

### **The Government will:**

- develop a cross-sectoral zero vision action plan on serious fall accidents in the home. Among other things, the action plan shall cover assistive devices and welfare technology, prevention-based home visits, physical activity and balance training, dietary measures, review of prescription drug use and follow up after a fall. It may also include home adaptation and counselling.

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## *Violence and Abuse*

### **The Government will:**

- continue the effort against violence and abuse, and follow up the Government's escalation plan;
- further develop the action plan on violence in close relationships;
- draft a strategy to tackle internet-related abuse;
- follow up a new action plan on rape (2019-2022);
- ensure that indicators for violence and abuse are incorporated into the public health profiles;
- consider further monitoring of measures to combat violence and abuse in the public health programme;
- prioritise work on the prevention of violence and abuse against children and reinforcing treatment offered to people guilty of abuse;



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## *Infection Prevention and Control and Antibiotic Resistance*

### **The Government will:**

- continue to prioritise the work on antibiotic resistance through the implementation of a national strategy on antibiotic resistance (2015-2020), action plans on antibiotic resistance in the health service and improved infection prevention and control;
- enable health personnel in Norway to take Master degree programmes in infection prevention and control;
- initiate a process that will pave the way for earlier inclusion of knowledge about infection prevention and control in all relevant medical specialities;
- consider an accreditation system for infection epidemiology.

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## *Food Safety*

### **The Government will:**

- follow developments in relation to contamination from vegetable food products and will ask the Norwegian Food Safety Authority to continue to oversee that Norwegian enterprises and importers have good systems in place to ensure that ready-to-eat vegetable products are safe;
- consider measures to protect children and youths against health damage caused by a high-consumption of energy drinks;
- draft a new strategy on the strengthening of preparedness and information in the management of radioactive contamination in animals, animal feed and foodstuffs arranged by the Norwegian Radiation and Nuclear Safety Authority (DSA) and the Norwegian Food Safety Authority.

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## *Drinking Water*

### **The Government will:**

- take part in the work on capacity building and development of international support tools for monitoring disease, as well as risk-based monitoring of the quality of drinking water in conjunction with the UNECE – WHO/Europe Protocol on Water and Health;
- evaluate and update the implementation plan for national water and health goals by 2020;
- consider a technology development programme for the water industry;
- establish an interdepartmental cooperation forum aimed at unified management, with an aim to see water, sewerage, etc., which might affect drinking water or if it is important for the safety of the community in context;
- consider forming a committee to review water reports aimed at identifying weaknesses and challenges within this field and make it more efficient.

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## *Environment and Health*

### **The Government will:**

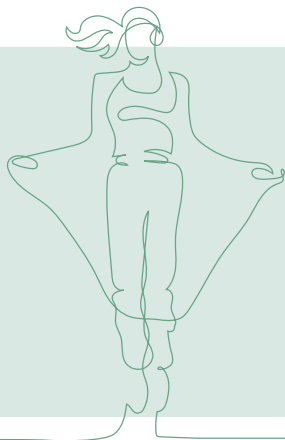
- consider models that will provide better support to municipalities within the context of environment and health;
- continue cooperation with other European countries on monitoring developments relating to the contents of environmental toxins in the population, and continue to work on mapping and observing environmental chemical exposure in the Norwegian population, for example, synergy effects between radioactive contamination and other environmental toxins, as well as provide a good knowledge base to assess potential health effects;
- increase knowledge about air pollution through research and systematic mapping, for example, about the effect of such measures;
- consider whether the zone boundaries in the guidelines for the treatment of air quality in land use planning (T-1520) should be changed in line with new national goals, as well as potentially change the zone boundaries;
- consider updating the knowledge base for the threshold values of airborne particles that should apply from 2020;
- consider measures to strengthen local air quality implementation capacities;
- start the work on setting new national goals for noise, for example, work out new noise measurement indicators focusing on sleep, unveil cost-efficient noise reducing measures and consider implementing recommended measures;
- evaluate how technical building requirements take into consideration health matters.

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## *Preparedness*

### **The Government will:**

- plan and execute a national preparedness drill in 2020/2021 related to radiation and nuclear preparedness;
- follow up the work on securing objects in drinking water zones in accordance with the new Norwegian Act on National Security;
- follow up work on security and preparedness in municipalities and water works;
- follow up the opinions of the stormwater management advisory committee (overvassutvalet);
- follow up the review of the Norwegian Directorate of Health on disaster medicine preparedness;
- strengthen the cooperation with the voluntary and private sectors to teach the general public more about first aid;



## Chapter 6

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### *Good Lifestyle and Healthy Choices*

*The Government will continue the work on making healthy choices easier through encouraging healthier diets and increased physical activity, etc. Chapter 6 of the report announces the drafting of a new NCD strategy that shall include, for example, mental health, and musculoskeletal disorders. In addition, the chapter presents a new national tobacco strategy for the period 2019-2021, as well as goals and strategies for a new action plan on physical activity.*

*The Norwegian action plan for a healthier diet will be followed up. Work connected to food and meals for the elderly will be continued. A strategy on alcohol will be drafted. In addition, a strategy on health literacy (understanding and using information about health) will be announced.*

*The Government will promote good health and quality of life for people with chronic diseases and functional disabilities, for example, sensory loss. It has previously been announced that there will be a stronger commitment to prevention work in health and care services, which must adapt to the challenges that lifestyle diseases bring, as well as more patients with chronic disorders.*

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## *NCDs and Challenges*

### **The Government will:**

- draft a new NCD strategy, which will include musculoskeletal health and mental health;
- follow up the data in the registers of six national health registers for musculoskeletal diseases and findings in the Norwegian Healthcare Atlases for orthopaedics in order to prevent disease, combat unwanted variations in treatment and increase patient safety;
- establish a national network between the regional asthma, allergy and sensitivity centres (RAAO) to promote a unified, nationwide and equal service;
- introduce care packages for musculoskeletal disorders.

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## *Improved Health and Quality of Life for People with Chronic Diseases or Sensory Loss*

### **The Government will:**

- use the results of the Hunt4, the Norwegian Director of Health's study on the organisation of services for hearing and vision and the Sintef report on the issuing of hearing devices to assess relevant measures;
- consider measures to prevent hearing loss, for example, information aimed at exposed groups, and measures at occupational and recreational venues, such as concerts, graduation celebrations and other recreational domains for youths;
- encourage municipalities to consider sensory loss as an element of the work on monitoring situations that impact health and quality of life;
- improved follow up and training of people with chronic diseases through the testing of primary health teams, and the learning and coping services of the Healthy Life Centres;
- aim to draft a next of kin strategy in line with the Granavolden platform.

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## *New National Tobacco Strategy*

With this, the Government is presenting a new tobacco strategy for the period 2019-2021.

Through the Framework Convention on Tobacco Control, Norway is obliged to have up-to-date strategies and action plans for tobacco; Furthermore, Norway has aligned itself with the NCD goal to reduce tobacco consumption by 30% before 2025, and the sustainability goal to reduce the number of deaths from NCDs by a third before 2030, and to strengthen the implementation of the Framework Convention on Tobacco Control in all countries.

Through these strategies, the Government aims to reduce damage to health caused by tobacco in Norway and contribute to the fulfilment of these international obligations. The strategy follows up the Granavolden platform, where it is highlighted that the Government will draft a new tobacco strategy with the goal of having a generation with zero tobacco addiction.

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## *Main Goals in a New Strategy*

The overarching goal for the tobacco strategy is to have a tobacco-free teenage generation. At the same time, it is necessary to help more adult smokers to stop smoking if we are to reduce the massive burden of disease caused by smoking. The Government does not want this to be done in a way that restricts people's freedom to act, but at the same it is concerned with the consequences of the severely harmful effects of tobacco. The Government is also concerned with the fulfilment of Norway's obligations under the Framework Convention on Tobacco Control.

### ■ **Goals for 2021:**

- Less than 10% of the population are daily smokers (12% in 2018).
- The use of snus (snuff) amongst young people should not increase (19% were daily users and 6% used snus occasionally in 2018).
- Knowledge about using snus during pregnancy has increased.

These goals reflect the most important focus areas in the Government's tobacco policy. The Ministry will also consider how the percentage of young people using snus can be reduced beyond the strategy period.

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## *New National Tobacco Strategy*

### **The Government will:**

- further continue the current commitment to school programmes and tobacco campaigns;
  - consider measures for better information for pregnant women about the health risks associated with smoking and using snus, and obtain a better overview of the consumption habits of pregnant women when it comes to tobacco and nicotine products;
  - make amendments to the Norwegian Tobacco Injury Act for better protection against passive smoking, especially in the presence of children, and consider how the municipalities can acquire better tools for helping those who are affected by their neighbour's smoking;
  - follow up Article 5.3 of the Framework Convention on Tobacco Control relating to the obligation to prevent the tobacco industry from influencing tobacco policy, and as part of this develop information for relevant actors so the obligation becomes better known;
  - consider potential regulation to make tobacco products less attractive to young people, for example, in relation to the smallest size snus box and regulation of the design of cigarettes and e-cigarettes;
  - unveil measures to safeguard more respect for the age limit, for example, by increasing the number of inspections at tobacco sales points:
- make potential amendments to legislation on the sale of tobacco products at festivals and in special stores to avoid new ways of advertising to attract young people;
  - follow up the work on illegal trading of tobacco, for example, by considering new measures connected to enforcement, and measures against smuggling;
  - unveil new measures to make tobacco products less harmful to health, including measures aimed at cigarette filter ventilation solutions;
  - continue the current tobacco tax system:
  - carry out a systematic review of how the Framework Convention for Tobacco Control is implemented in Norway and invite the voluntary sector to partake;
  - place more emphasis on the environmental consequences of tobacco manufacturing and consumption;
  - consider measures for better implementation of the national professional guidelines on weaning tobacco users off nicotine, including routines for smoke-free patients prior to an operation;
  - consider initiating a pilot project for heavy smokers based on experiences in Denmark with cooperation between GPs, stop smoking counsellors at healthy life centres and subsidised prescription drugs until users stop smoking.



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## *Physical Activity*

### **The Government will:**

- in 2019 present an action plan from the Ministries responsible for physical activity with a time perspective of ten years with revision along the way.

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## *Nutrition and Diet*

### **The Government will:**

- continue the effort for a healthier diet by following up the national action plan for a healthier diet and carry out a mid-term evaluation of the plan in 2019;
- work to ensure that the public sector takes nutrition into consideration when procuring food and beverages;
- continue and carry on developing the cooperation with the food industry with the intention of extending the time frame for the letter of intent up until 2025;
- implement communication measures to support focus areas in the letter of intent between the health authorities and the industry;
- aim to establish a partnership on meals in collaboration with the public, private and volunteer sectors;
- contribute towards incorporating the sustainability perspective into the revision of new Nordic recommendations on nutrients;
- systematise and make available relevant informational material on diet that is culturally and linguistically adapted to different target groups;
- aim to draft a new strategy on a good diet and healthy nutrition for the elderly in line with the Granavolden platform.

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## *Intoxicants and Doping*

### **The Government will:**

- present a national alcohol strategy to follow up the current goal of reducing the consumption of alcohol in harmful amounts;
- strengthen drug and alcohol prevention work aimed at youths;
- established cooperation with sport clubs and relevant parties in the labour market about awareness of attitudes towards alcohol in sport and the labour market, and highlight the value of alcohol-free venues;
- strengthen the toolbox of the municipalities in work on the alcohol policy;
- present a drug reform;
- provide knowledge-based information on the harmful effects of using drugs.

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## *Sexual Health*

### **The Government will:**

- contribute to good sexual health in the population by following up the 'Talk About It!' strategy on sexual health (2017-2022).

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## *Sleep*

### **The Government will:**

- consider adapting courses/counselling about sleep and the prevention of sleep problems for health personnel at places other than the healthy life centres, for example, child health clinics and the school health service;
- integrate sleep into health promotion more than today by gathering better data on sleep as a basis for local, regional and national measures, and by giving advice and counselling to parents about the value of good sleeping routines for children.

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## *Communication*

### **The Government will:**

- further develop a more targeted communication strategy. See the 'Bare Du (Just You)' initiative;
- develop a national strategy on health literacy within the Ministry of Health and Care Services' area of responsibility.

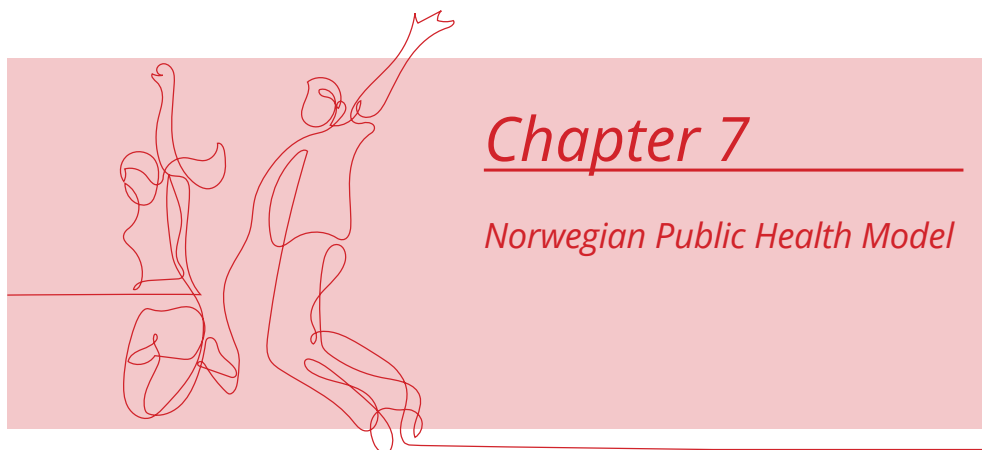




# *Part 3*

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*Effective Public Health Work*



*Chapter 7 describes the Norwegian public health model, for example, the national, regional and local system to provide systematic and long-term follow up of health promotion in line with the principles of the Norwegian Public Health Act.*

*Health promotion in the municipalities shall be strengthened through the health promotion programme, which now includes all regional counties. National authorities shall help the municipal sector by giving them data on health and influencing factors, and professional support and guidance. Four-yearly public health reports (white papers) must be based on a report from the Norwegian Institute of Public Health on health and influencing factors, and further development of indicator reports from the Norwegian Directorate of Health. Guidelines on prioritisation within public health will be unveiled and implemented.*

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## *Norwegian Public Health Model*

### **The Government will:**

- take the initiative to conduct a full review of the Norwegian Public Health Act and associated regulations;
- consider whether it is possible to obtain a better overview of the resources that are used for public health measures;
- start work on an official study for guidelines and support for prioritisation within public health;
- develop a complete guide for the Instructions on Official Studies regarding effects on the population's health and health effects in socioeconomic analyses;
- continue to support wide-ranging health promotion and reduce the variation in the systematic work between the municipalities;
- further develop the health promotion in municipalities;
- consider the need to improve and coordinate national information/statistics that have consequences for public health across the sectors;
- support work to better connect health promotion and planning work in municipalities;
- contribute to overseeing that public health profiles and county investigations are developed in line with local and regional needs.





*Chapter 8 describes the roles of each sector in public health work. That is, the public, voluntary and private sectors. Emphasis is placed on the importance of cooperation with the voluntary sector to improve public health. In addition, cooperation with the private sector will be highlighted. Cooperation with commerce and industry will be continued and it will be aimed to extend the cooperation between the voluntary, private and public sectors.*

*The report describes the responsibility of ministries and relevant processes that impact public health. To ensure good coordination of health promotion, the Ministry of Health and Care Services will continue the work in a cross-ministerial group.*

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## *Effort of the Voluntary Sector*

### **The Government will:**

- consider whether the Norwegian Public Health Act and work on obtaining an overview of public health can be further developed to highlight the role of volunteers in health promotion, for example, in relation to assistance, etc.;
- encourage municipalities to have a proactive relationship to voluntary work and enable this to happen;
- revise the declaration on voluntary work in dialogue with the voluntary and municipal sectors – assistance and coordination will still be a core element in the declaration.

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## *Cooperation with Commerce and Industry*

### **The Government will:**

- further develop cooperation with commerce and industry on health promotion in various areas;
- follow up the governmental official study on special taxes on chocolate, sugary products and non-alcohol beverages;
- facilitate forest road building. This will also contribute to more pathways for outdoor recreation and physical activity;



## Chapter 9

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### Knowledge-based Public health work

*Chapter 9 describes the need for knowledge-based public health work. Effective health promotion must be built on knowledge about health and health challenges, what affects health and what kind of instruments and measures are effective. More systematic development and use of research-based knowledge in health promotion must be facilitated. It requires good health analyses, research on measures, systematic assessment of the effect of measures through consequential research, and evaluations and knowledge summaries. Evaluation upon completion of national measures shall be facilitated to a larger degree. A good overview of health and influencing factors are needed, and the Government will build capacity in municipalities and county councils, develop better tools to take care of public health across the sectors, and acquire more knowledge about public health.*

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## *Knowledge-based Public Health work*

### **The Government will:**

- work on establishing a health analysis platform with the aim of obtaining a complete analysis system;
- facilitate evaluation of national public health measures;
- work towards a new financing scheme for population surveys.

# *Chapter 10*

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## *Economic and Administrative Consequences*

*Chapter 10 contains an overarching review of the economic and administrative consequences of the public health policy described in this report (white paper). A large part of the effort to improve the population's health can be done within existing economic frameworks and administrative system. Further development of health promotion at both local and national level is necessary. New measures to strengthen health promotion must be put forward in the annual state budget.*



Published by:

Ministry of Health and Care Services

Publication number: I-1193 E

Cover picture: Bård Løken / Samfoto/NTB scanpix

Illustrations: Kord / 07 Media AS

Design: Konsis Grafisk AS

06/2020