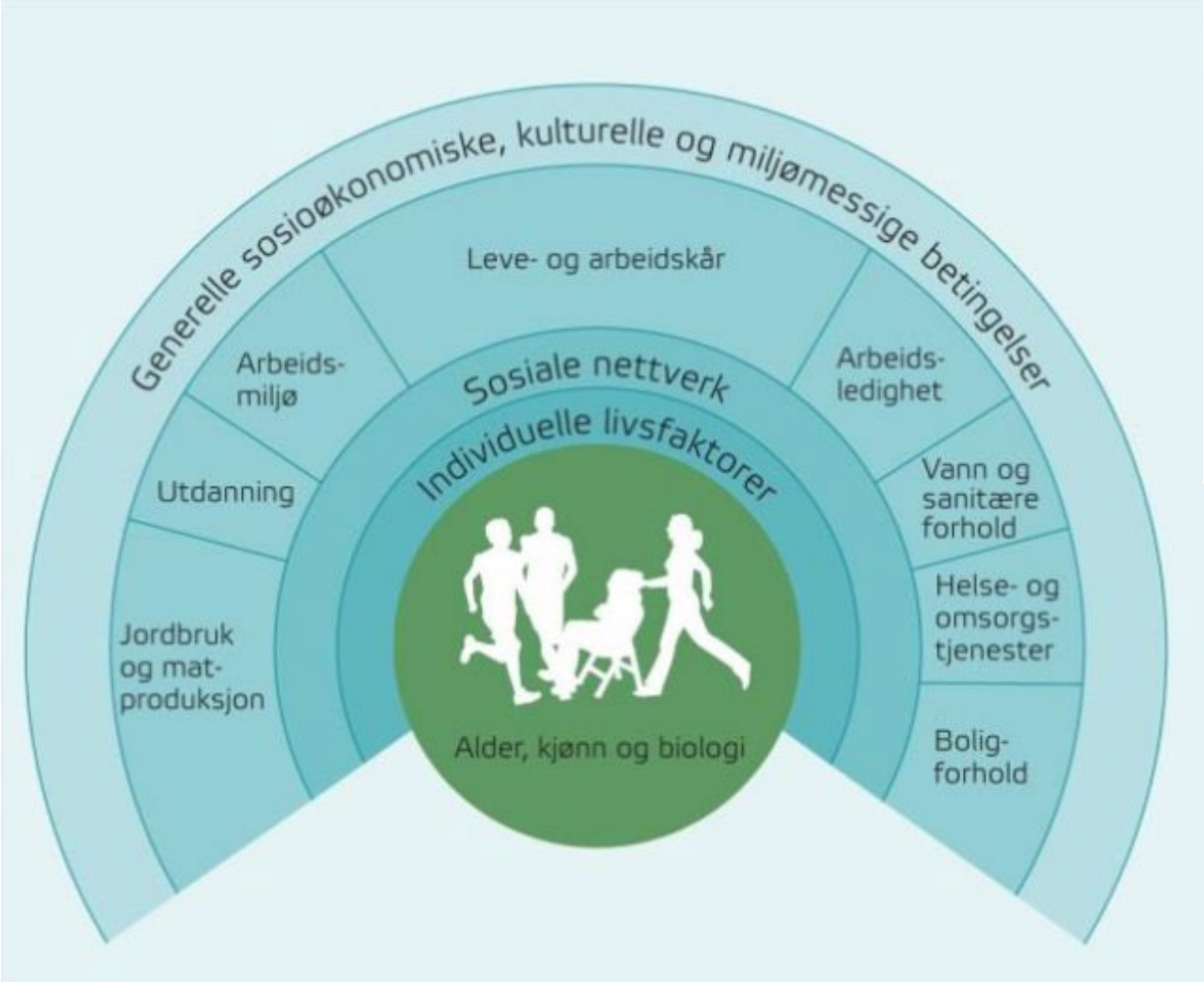
Motvirke sosial ulikhet i kommunal folkehelsearbeid

Erfaringer fra Program for folkehelsearbeid
I Trøndelag

Ruca Maass 2026

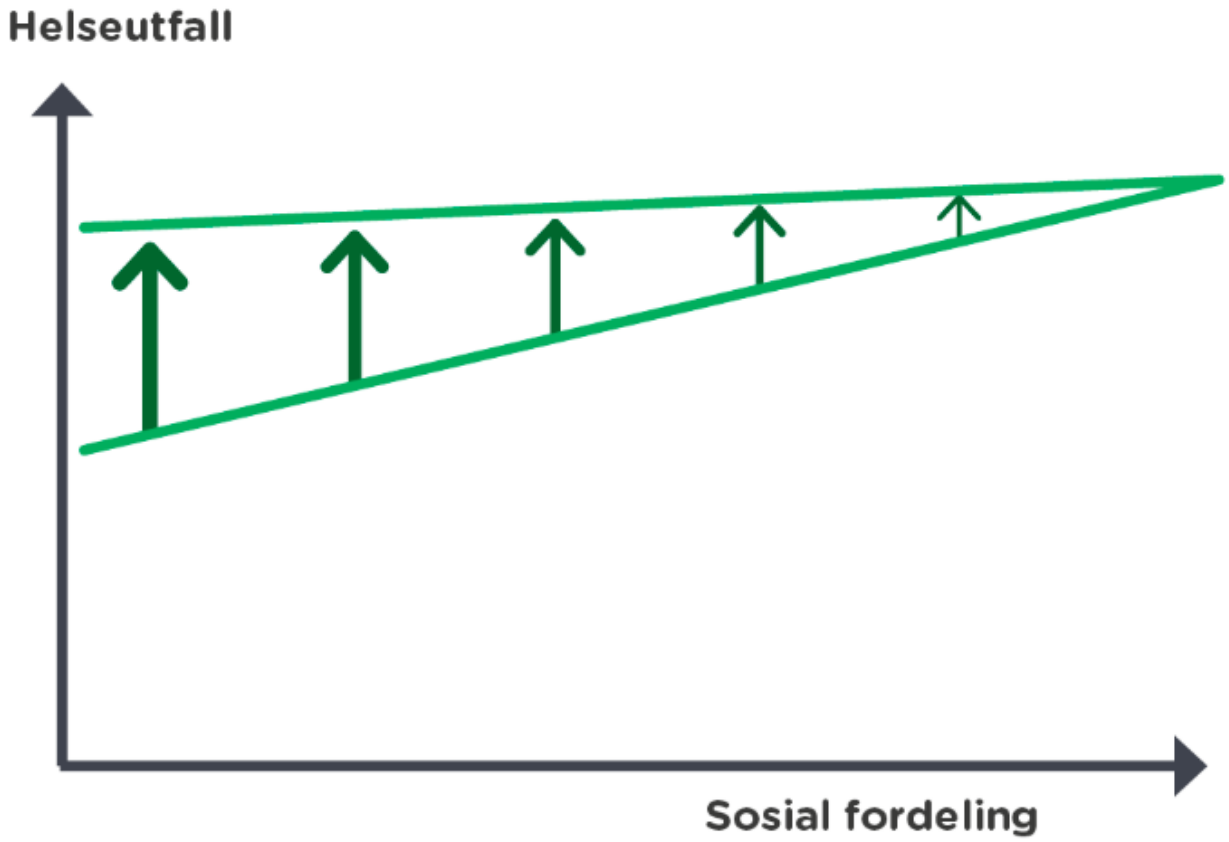

«Health equity»


Generelle sosioøkonomiske, kulturelle og miljømessige betingelser
Leve- og arbeidskår
Arbeids-miljø
Arbeids-ledighet
Utdanning
Vann og sanitære forhold
Helse- og omsorgs-tjenester
Jordbruk og mat-produksjon
Bolig-forhold
Sosiale nettverk
Individuelle livsfaktorer
Alder, kjønn og biologi


«Health equity»

Proporsjonal universalisme

Figur E.15 Proporsjonal universalisme – utjevning av den sosiale gradienten i helse

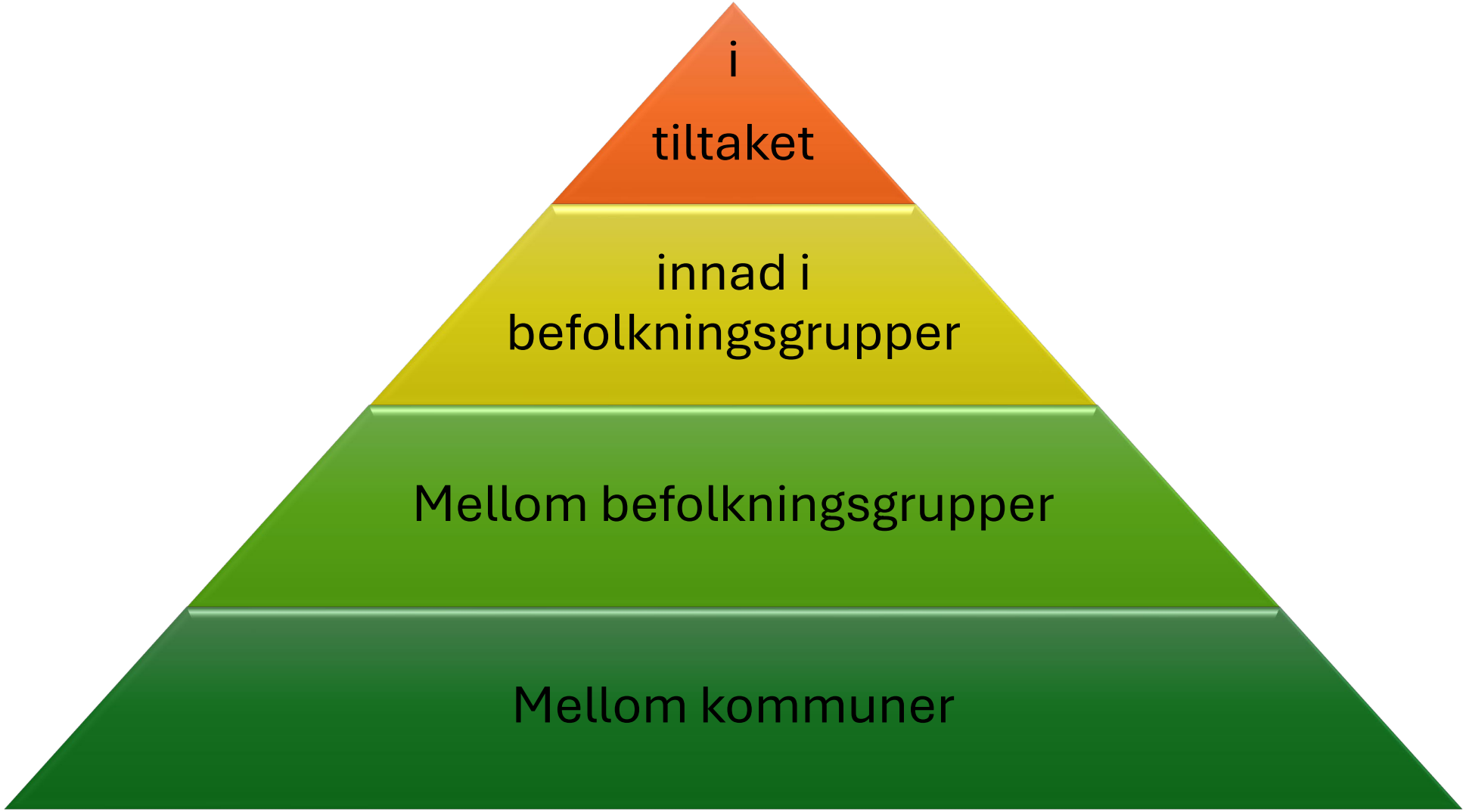


Fra Systemet for utjevning av helseforskjeller i Norge - Helsedirektoratet

Kilde: WHO 2014 (64).

Motstridende tilnærminger?

Hvor oppstår ulikhet?



Hvordan oppstår ulikhet?

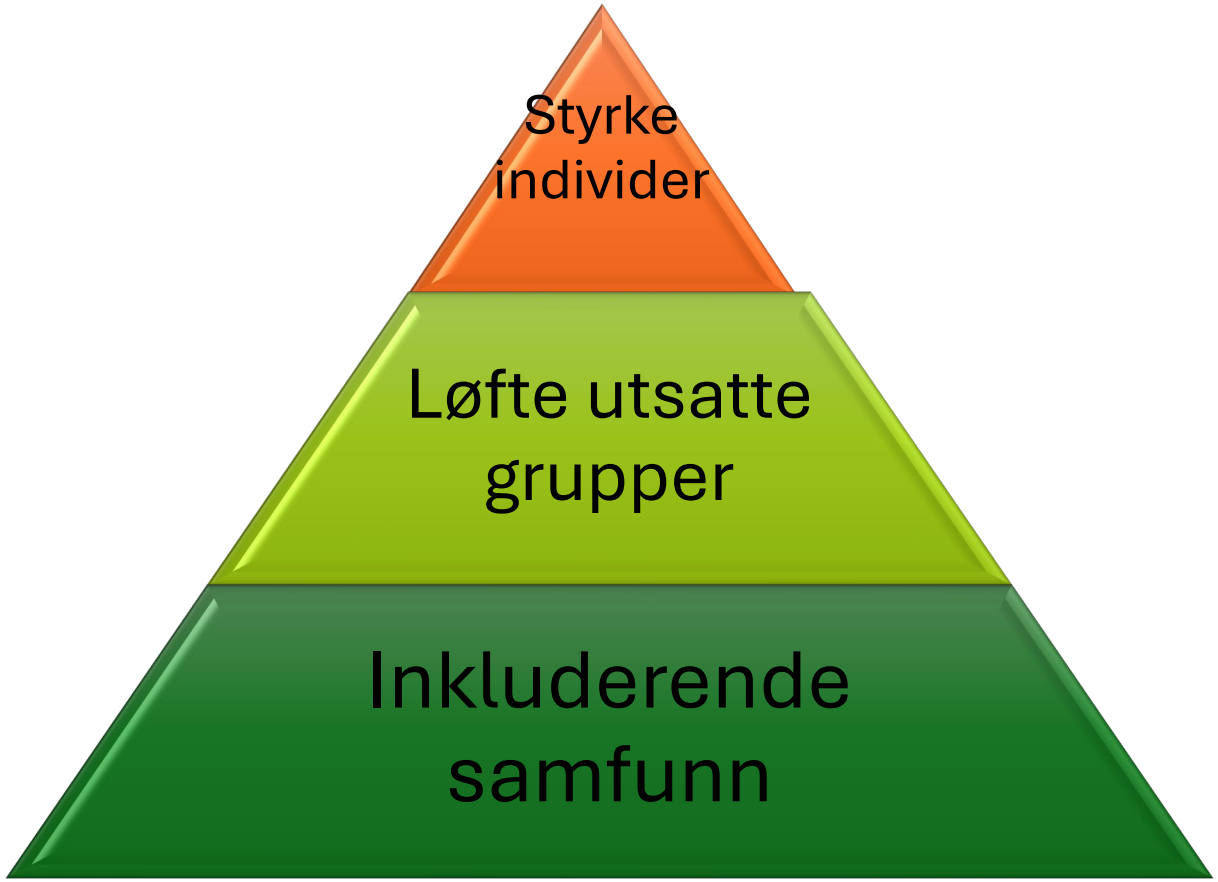
Fordeling av ressurser

- Personlige ressurser
  - Inntekt, utdanning, bolig....
- Felles ressurser
  - Utdanning, Velferd, Fritidstilbud...

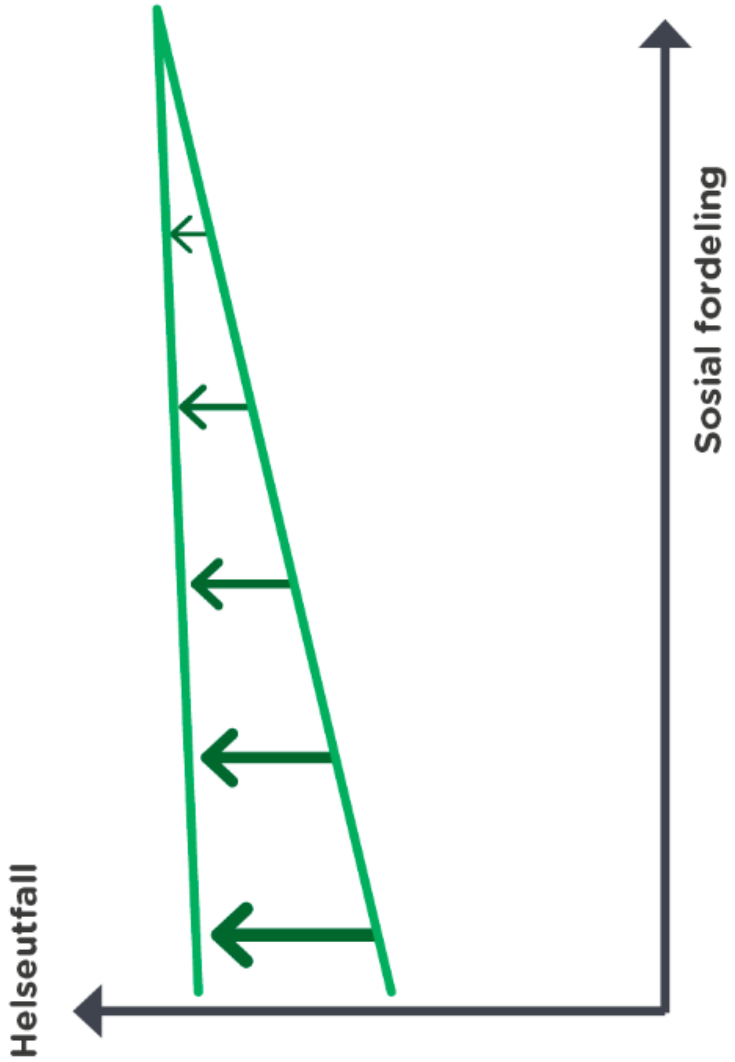
Deltagelse i beslutningsprosesser

- Formelle prosesser
  - Valg, lokaldemokrati, organisasjoner, medvirkningsprosesser...
- Uformelle prosesser
  - Offentlig ordskifte, nettverk, aktivisme...

Hvordan motvirke ulikhet?



Hvordan motvirke ulikhet?



Trøndelag fylkeskommune
Tröndelagen fylhkentjïelte

NTNU – Trondheim
Norwegian University of Science and Technology

SINTEF

NORD universitet

KORUS

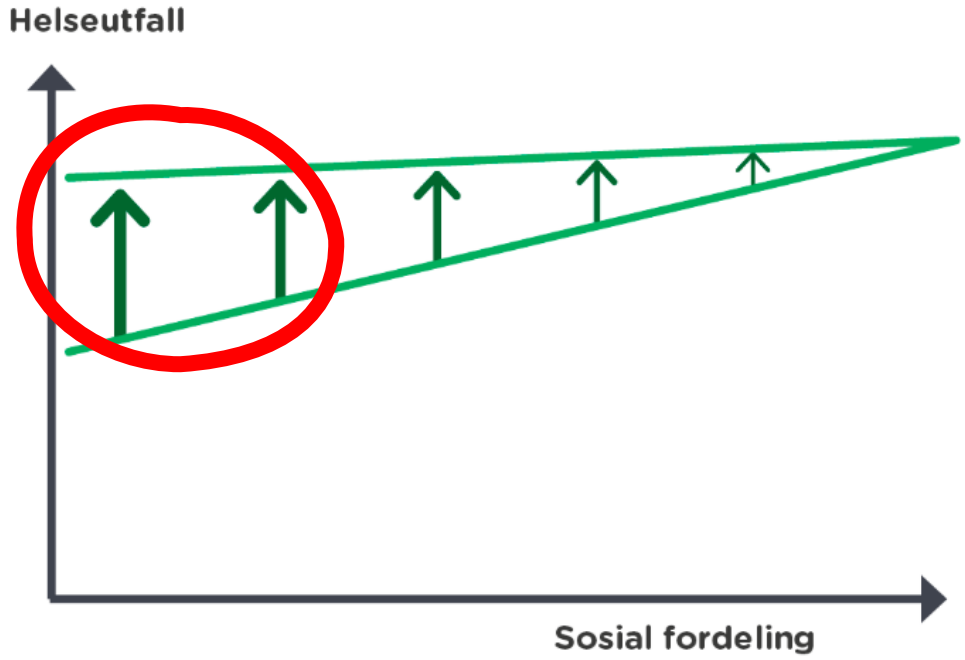
Erfaringer fra Programmet

Program for folkehelsearbeid i Trøndelag - Trøndelag fylkeskommune

Ulikhet mellom kommuner

- Vises for eksempel i
  - Kommunehelseprofil
  - Ungdata
  - Levekårs/folkehelsemeldinger

- Ofte viktig i begynnelsen av prosessen for å **avklare innsatsområde**
  - Hva skårer vi dårlig på?
  - Hvilke ressurser har vi?

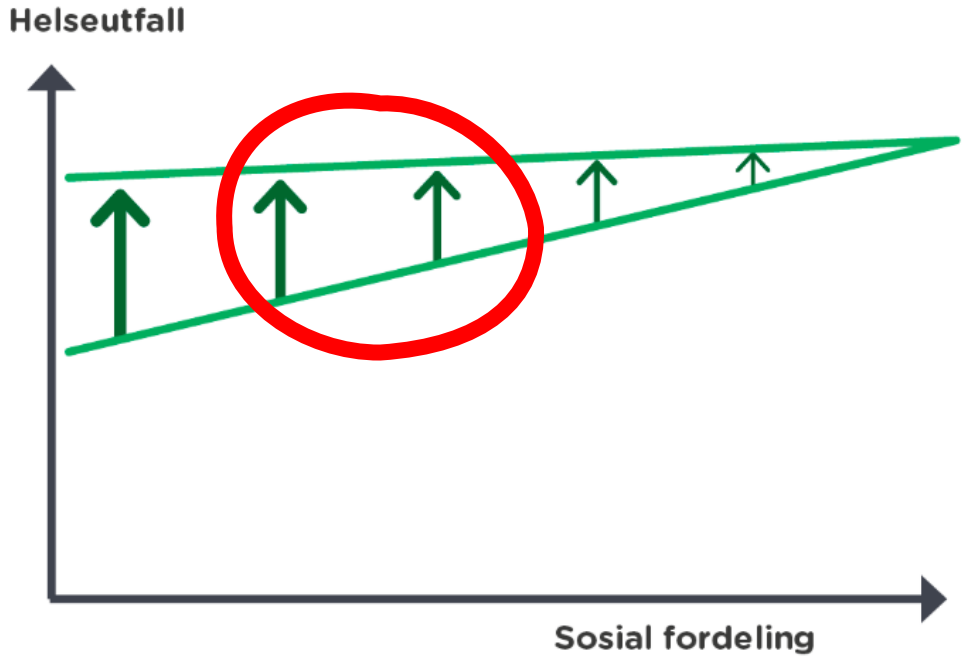


Ulikhet mellom befolkningsgrupper

- Hvem er utsatt her hos oss?
  - Ungdata, folkehelsemeldinger,
  - Bruk av helsetjenestebruk
  - Erfaringer fra enhetene

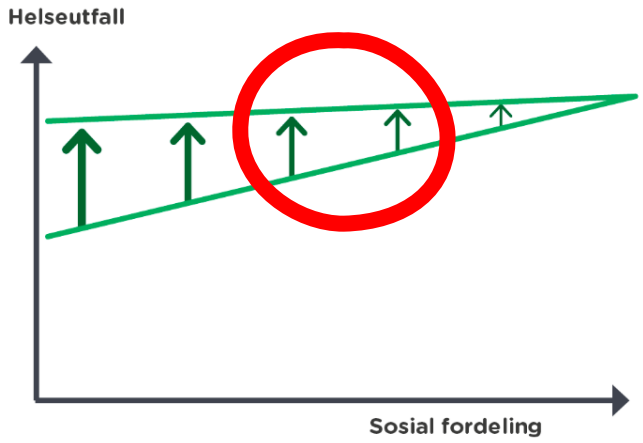
- Viktig aspekt i avgrensning av målgruppa
  - Både ift hvem tiltak skal tjene
  - **Og hvem som skal være involvert!**

- Målrettet prioritering og involvering
  - Mer ressurser til utsatte grupper
  - Inkluderende prosesser
  - Bidrar tiltaket til å jevne ut noe av ulikheten v ser?



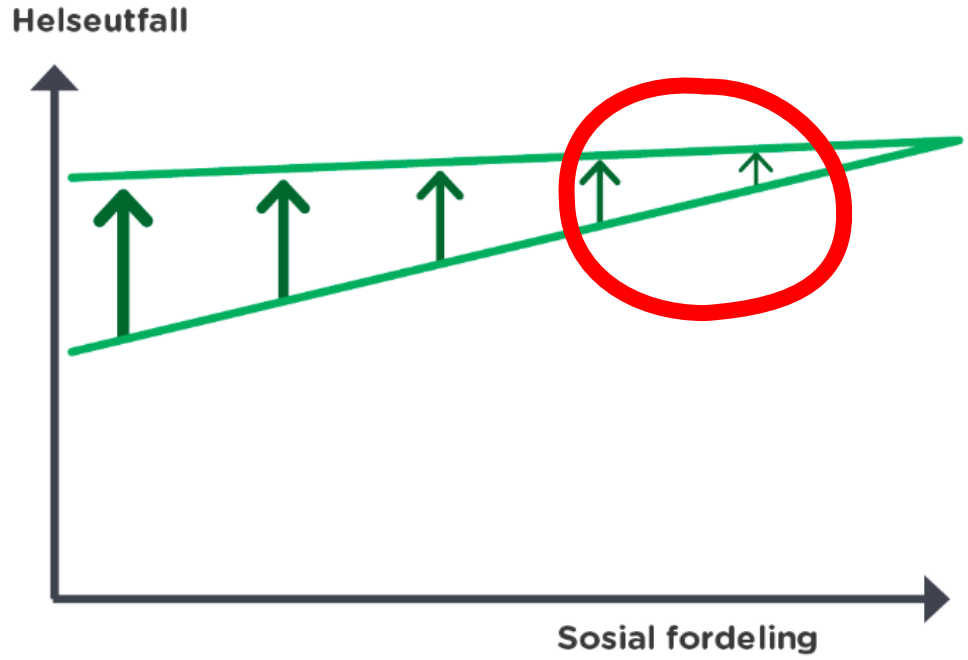
Ulikhet innad i befolkningsgrupper

- Kan være vanskelig å oppdage «utenfra»
- Kan være vanskelig å trekke klare linjer og oppfatte ulike typer ulikhet
  - Kjønn, sosio-økonomisk status, kultur…
- Ressurser forsterker ofte denne ulikheten- med mindre en har fokus på det motsatte!
- Også involvering og deltagende prosesser kan reprodusere og forsterke denne urettferdigheten!
- Kan være vanskelig å nå de som ikke engasjerer seg
  - Hvor og hvordan når vi de som ikke dukker opp?
  - Deltagelse kan være skummel



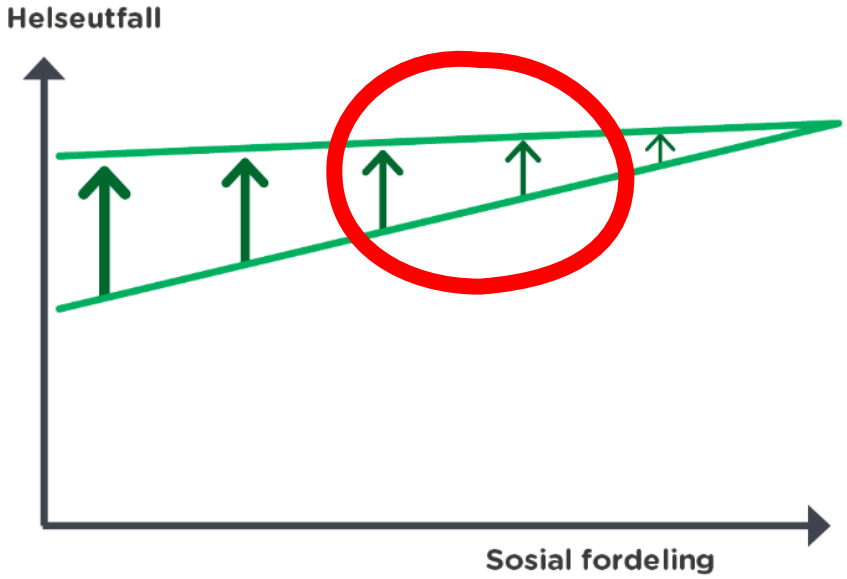
Ulikhet i selve tiltaket og prosessene rundt

- Hvem fungerer tiltaket for?
- Hvem trenger ekstra støtte for å kunne ta i bruk tiltaket?
  - F. eks. transport
  - Utstyr
  - «lov» fra foreldre
  - Troen på at en er velkommen
- Hvem fungerer ikke tiltaket for?
  - (Hvordan) kan det tilpasses?
  - Hva ellers kan vi gjøre?



Ulikhet i selve tiltaket og prosessene rundt

- Hvem har «definisjonsmakt»? Hvem tar ordet? Hvem «eier» problemet- og hvem «eier» løsningen?
- Ikke ødelegge for medvirkning fra de som er ivrig- men gi rom for de som ikke er det
  - Varierte aktiviteter
  - Ansvarliggjøring
- Involvere de som er nølende på meningsfulle måter
  - Varierte aktiviteter
  - Formbare prosesser (!)

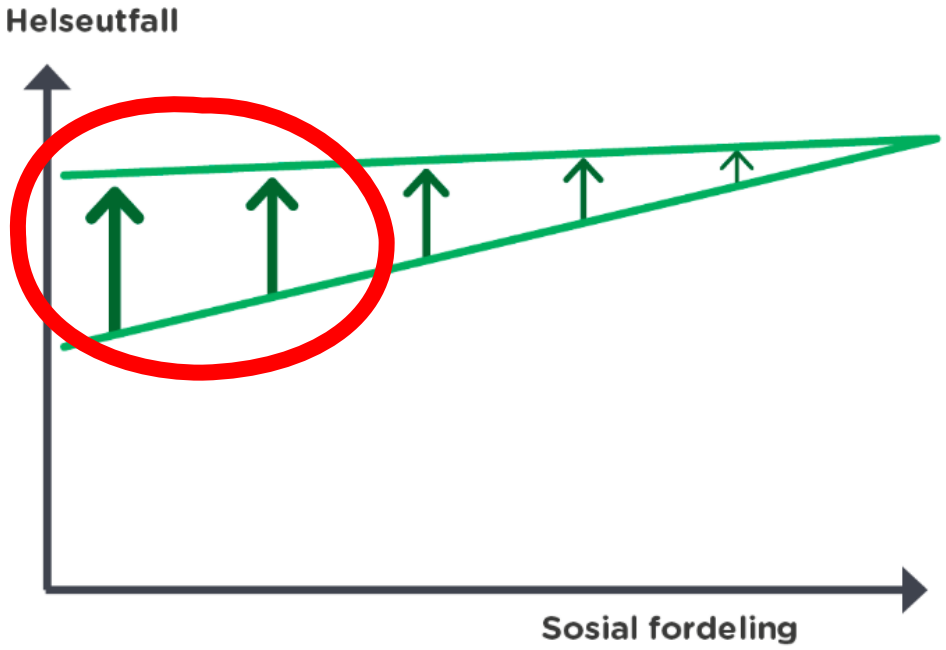


Systematisk samarbeid

Folkehelseloven krever at det jobbes systematisk, kunnskapsbasert og med bred involvering-

<u>for å motvirke sosiale ulikhet</u>

- Langsiktige prioriteringer
- Implementering
- Måloppnåelse
- Rettferdighet over tid
- Direkte mulighet til påvirkning



Case study 2022

societies

MDPI

Article

Involvement and Multi-Sectoral Collaboration: Applying Principles of Health Promotion during the Implementation of Local Policies and Measures—A Case Study

Monica Lillefjell * and Ruca Elisa Katrin Maass

- Findings indicate that an equity perspective was actively used during all steps-of-implementation (…), **by assessing potential benefits and hazards for people in vulnerable situations before conducting each step-of-implementation.**
- findings show that efforts were undertaken to mobilize especially vulnerable groups to participate in the activities (…). Predictable processes ensured that their contributions were used actively during implementation.
- findings from this study show that involving groups and people that feel marginalized in society, in **this kind of implementation process with visible outcomes, can contribute to perceptions of ownership, feeling valued and mastery, and can reinforce belonging to the place and the local social community**, which are important aspects of health.
- Moreover, including target groups in the implementation of amenities can increase **perceived "fit" and satisfaction with, as well as use of, these amenities**.
- The main challenge identified in this regard is, as pointed out earlier, to recruit among people in vulnerable positions (….) Thus, **predictable processes and an atmosphere of trust emerged as key factors for participation among vulnerable groups**.

Multiple case study 2023

societies

MDPI

Article

Planning for Health Equity: How Municipal Strategic Documents and Project Plans Reflect Intentions Instructed by the Norwegian Public Health Act

Monica Lillefjell [1,2,*], Siren Hope [1], Kirsti Sarheim Anthun [1,3], Eirin Hermansen [4], John Tore Vik [4], Erik R. Sund [5,6,7], Bodil Elisabeth Valstad Aasan [5,6], Mari Sylte [1] and Ruca Maass [1]

- **Public health process aims** (systematic knowledge-based approach, cross-sectoral governance**) receive more attention than outcome aims (health equity)**
- **Cross-sectoral governance was** thereby **described** as both an ambition (outcome) and **as a prerequisite for achieving (..) intentions of levelling the social gradient in health (outcome aim), which is related to health equity**. Meanwhile, the process aims of systematic and knowledge-based approaches were hardly linked to the main outcome (health equity) in the included documents.
- **Health equity is emphasised as an overall aim or ambition** either in the municipalities plans or the program project or in both. However, **only rarely would the documents contain operationalizations to achieve the health equity goal**. This is also highlighted by cross-municipality variations in respect to tracing the concept of 'health equity' across levels of municipal plans (from the MPS over the MMP to the MAP).

Multiple case study 2023

societies

MDPI

Article

Planning for Health Equity: How Municipal Strategic Documents and Project Plans Reflect Intentions Instructed by the Norwegian Public Health Act

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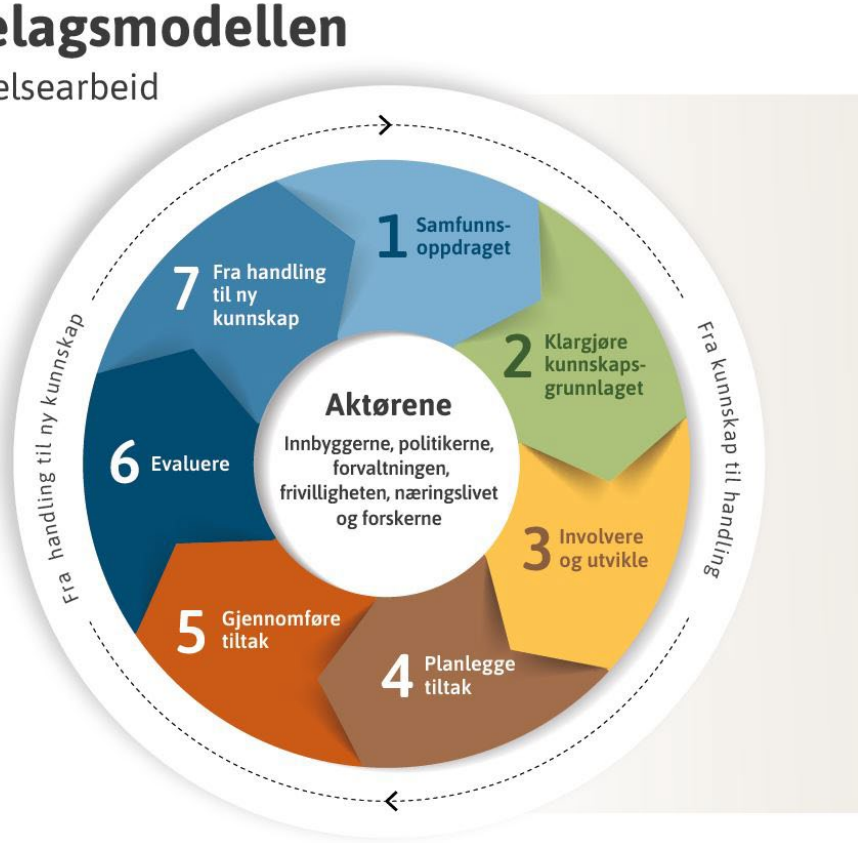
Health equity was most often addressed through the establishment of project-specific aims linked to addressing mental health in adolescents. **This might be understood as a 'translation' or project-specific operationalization of 'reducing health inequities' by targeting a vulnerable group and resolving specific challenges based in social inequality.** This could contribute to the establishment of a mutual understanding and make it easier to define sector- and level-specific responsibilities and aims.

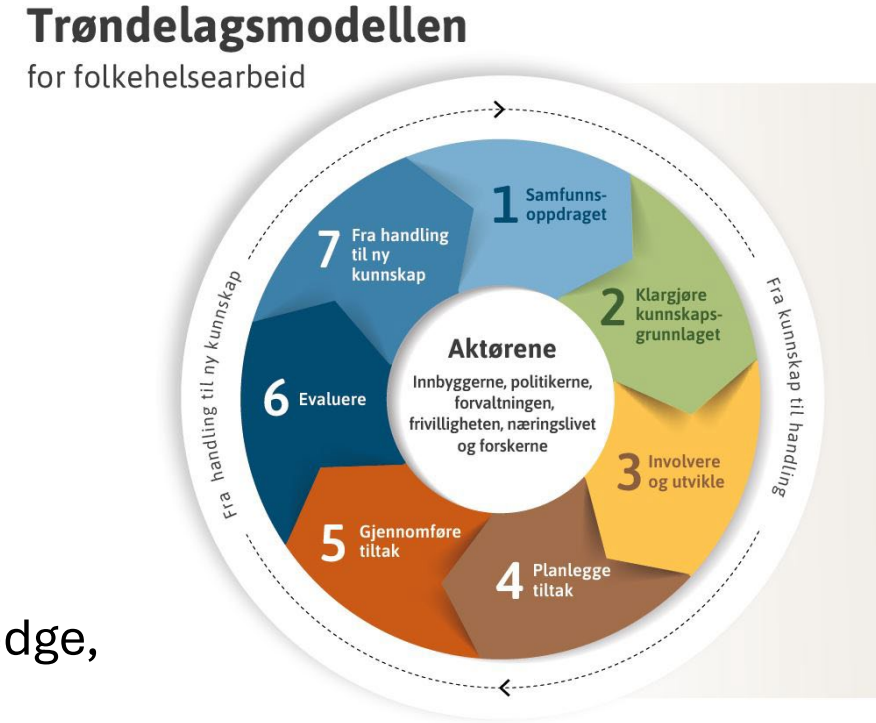
However, **not linking these efforts to the overarching goal of health equity might increase the risk of unintended side-effects and adverse consequences** (for example, lowering the priority of other vulnerable groups). Eventually, this might even contribute to fragmentation and represent a major challenge for multi-sectoral, systematic approaches.

Systematisk samarbeid

- The model development process followed the key principles of health promotion. (...) In line with these principles, the model emphasizes the promotion of knowledge-based, systematic, multi-sectoral public health work as well as joint ownership of local resources, initiatives and policies; it **offers a step-by-step process (...) aimed at promoting health, quality of life and health equity** in, for and with municipalities.
- The working model presented **here enables health promoters to systematically work towards wide-ranging health goals** in a specific setting in line with the WHO's key principles of health promotion



Systematisk samarbeid



The Trøndelag model for public health Work

- ensures a balance between bottom-up and top-down decision-making throughout the work process.
- emphasizes the use of a broader knowledge base, including not only research evidence but also professional and lay knowledge, throughout the process.
- it assigns dedicated roles to various participants during all steps, and it goes beyond the health sector to find these (including commercial actors, voluntary associations, NGOs, research institutions and citizens).
- is an operationalization of the HiAP approach and the settings approach.
- **The model and interventions presented demonstrate how the applied frameworks can be useful in optimizing the systematic planning, implementation and evaluation of health promotion interventions.**

Ungdomsmedvirkning

Voksnes erfaringer: fremmere og hemmere for medvirkning

1) Prosjektlengde
2) Kunnskap og bevissthet blant ungdom
3) Kompetanse og ressurser
4) Holdninger og syn på medvirkning

Sylte M, Lillefjell M, Anthun KS. Co-creating public health measures with adolescents in municipalities: municipal actors' views on inhibitors and promoters for adolescent involvement. *Scandinavian Journal of Public Health*. 2023;0(0). doi:10.1177/14034948231170430

Mari Sylte, 2024

Ungdommers erfaringer

- Medvirkning = påvirke prosjektet og ta avgjørelser
- Noe forskjell mellom grupper:
  - De yngste vs de eldste
  - Involverte i kort tid vs. lengre tid

Sylte, M.; Lillefjell, M.; Aasan, B.E.V.; Anthun, K.S. 'Nothing Gets Realised Anyway': Adolescents' Experience of Co-Creating Health Promotion Measures in Municipalities in Norway. *Societies* **2023**, *13*, 89. https://doi.org/10.3390/soc13040089

Mari Sylte, 2024

Mari Sylte, 2024

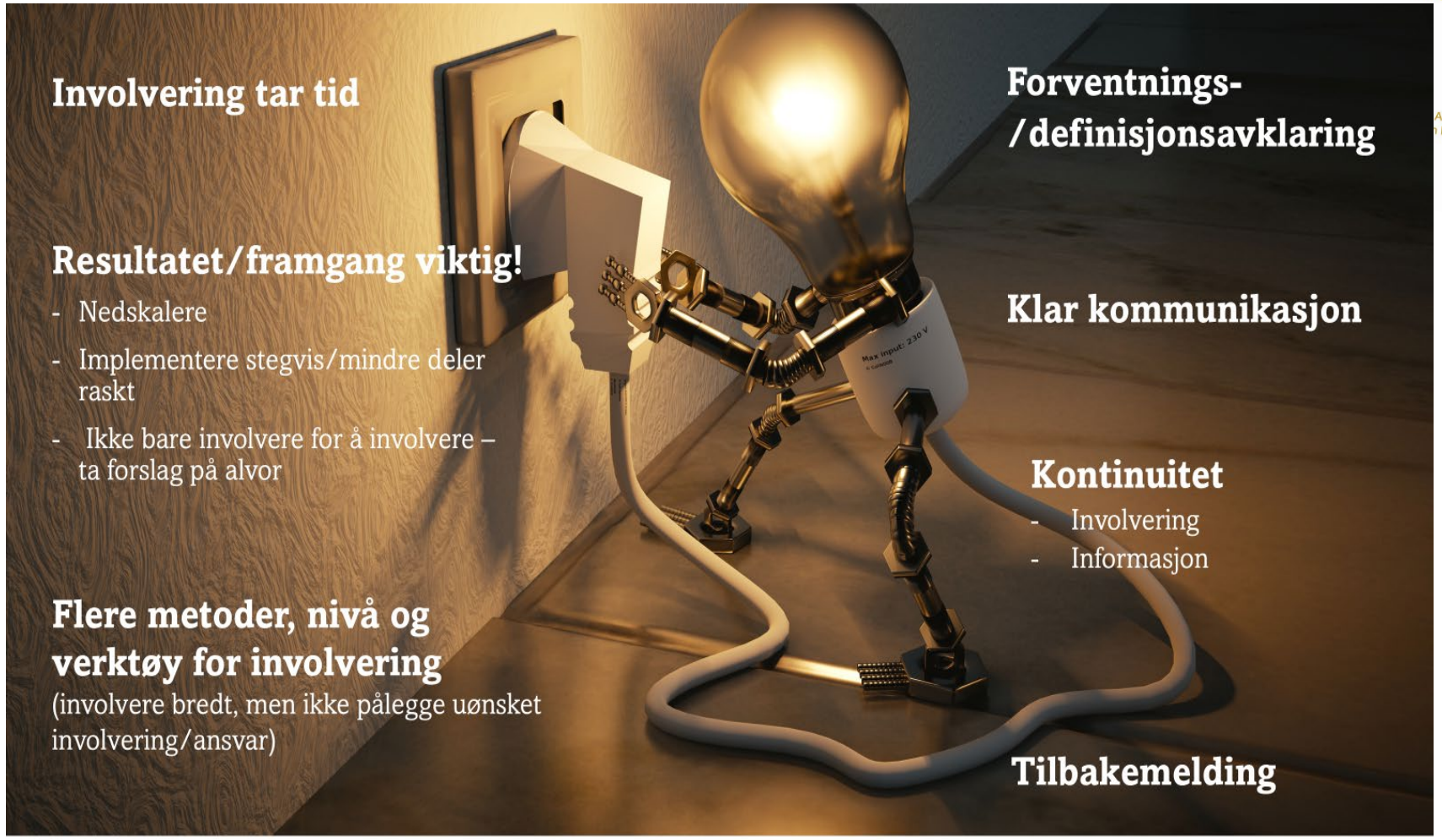
Ungdomsmedvirkning

Hvorfor?

1. Alt tar så lang tid
2. Resultatet avgjørende for opplevelsen av medvirkning
3. Lovnader ikke holdt
4. Manglende kontinuitet i involvering og informasjon

Aasan, B.E.V.; Anthun, K.S. 'Nothing Gets Realised Anyway': Adolescents' Experience of Co-Creating Health in Municipalities in Norway. *Societies* **2023**, *13*, 89. https://doi.org/10.3390/soc13040089

Mari Sylte, 2024



Mari Sylte, 2024

Sammenfatning- Erfaringer fra Programmet

Sosial ulikhet adressers i sammenheng med å

- Velge innsatsområde
- Velge målgruppe
- «oversette» utfordringer slik at de kan løses lokalt
- Involvere ungdom i beslutningsprosesser
- Under utforming av tiltaket
- Når det bygges kapasitet for systematisk samarbeid

Det mangler som regel….

Eksplisitte operasjonaliseringer

Tydelige link til aktiviteter

Evalueringen av sosial ulikhet under evaluering av tiltak!