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Conference Abstract

Can bureaucrats order public health? The case of Norway

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Abstract

Introduction: The implementation of a new structural reform, the Coordination Reform, prioritizing a new public health agenda, was initiated to develop a more decentralized, integrated health care system in Norway in 2012. The same year, new health legislation was implemented and due to the new Public Health Act the responsibility for implementing a new public health agenda was decentralized to the local level. Historically, due to lack of funding – these issues have got low priority among local authorities. The new public health legislation reflects a shift in policy focus from treatment to illness prevention – where planning and partnership among primary and specialist health care, as well as horizontal partnerships at the local level are mandatory by law.

Theory and methods: Neo-institutional theory, or a multiple logic approach, is applied to discuss findings obtained from descriptive data and qualitative interviews among managers and professionals from local authorities in two counties in the West and South of Norway.

Conclusions: The article concludes that public health policy may not be fulfilled because of the existence of multiple logics giving rise to many obstacles to successful multi-professional collaboration, as well as lack of economic incentives following the mandatory reform initiative.

Keywords

public health reform, top-down strategy, coordination, partnership, neo-institutional theory, Norway

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