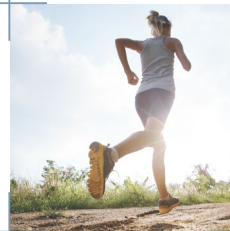


Work programme

2017 –

Programme
Better Health and Quality of Life – BEDREHELSE



Work programme 2017-

Research Programme on Better Health and Quality of Life
BEDREHELSE

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Summary

The primary objective of the Research Programme on Better Health and Quality of Life (BEDREHELSE) is to promote research and research-based innovation of high quality that can help to improve public health, enhance quality of life and reduce social inequalities in health.

The highest priority area under the BEDREHELSE programme is developing and strengthening intervention research, and the programme is intended to promote research that enhances the basis for new, effective national health-promoting and preventative measures. Key activities include the development, implementation and evaluation of measures designed to improve public health, as well as research carried out in, about and with the municipalities.

The BEDREHELSE programme will give priority to research on health promotion and primary prevention. This entails research on factors that increase or reduce the risk of disease occurring, either in healthy persons or in people with an established disorder, condition or illness.

The programme will not provide funding for research whose purpose is to identify and treat clinical conditions (diagnoses) that halt or slow down disease progression. Nor will the programme fund research encompassing rehabilitation of primary illness, or measures to prevent relapse and deterioration of primary condition.

Research funded under the programme must have a benefit and incorporate user involvement in the planning, execution and implementation of the measures developed.

The programme seeks to increase interdisciplinary and cross-sectoral cooperation; enhance national, Nordic and international cooperation; and expand participation in the competition for EU funding. The programme aims to promote innovation and encourage commercial development in the public health field. The BEDREHELSE programme will encourage transdisciplinary research that incorporates the entire range of disciplinary perspectives and involves stakeholders from different scientific disciplines as well as non-academic sectors.

1 Background and challenges

1.1 Background

Society is subject to ongoing change, and there is an ever-present need for knowledge to deal with health and societal challenges. Emerging challenges related to new disease patterns, shifts in social structures, increased social and cultural diversity, migration and other demographic changes make it increasingly important to carry out research on prevention and health-promoting activities as well as on ways to enable those dealing with different health issues to master both their day-to-day activities and their life in the workplace.

The BEDREHELSE programme has a long-term perspective and is targeted towards a wide range of areas across many sectors. The programme promotes new knowledge that can help to improve public health, enhance quality of life and reduce social inequalities in health. The

programme encompasses research on the prevalence and causes of disease and the development, implementation and impact of measures designed to improve public mental and somatic health. Mental and somatic health should be viewed in relation to each other. The highest priority area under the BEDREHELSE programme is developing and strengthening intervention research. The programme seeks to expand the knowledge base for design and implementation of public health measures and policy.

The BEDREHELSE programme focuses on preventive and health-promoting efforts and, together with the Research Council's other health research programmes, is targeted towards dealing with critical health and societal challenges. It is a policy-oriented programme seeking to generate knowledge for effective measures targeted at specific segments of the population. In this way it differs from the FRIPRO funding scheme for independent projects, which comprises an open national competitive arena for research funding for projects in all fields and disciplines, with no thematic guidelines and no requirements relating to the applicability or immediate utility of the research. The BEDREHELSE programme will facilitate transdisciplinary cooperation involving a variety of actors in order to enhance the relevance and benefit of the research and contribute towards sustainable solutions in society and the business sector.

Research activities under the programme will lay a foundation for international cooperation and higher-quality grant applications in response to Nordic, European and other international calls for proposals.

The BEDREHELSE programme is based on a number of key documents describing political priorities, strategic guidelines, health and societal challenges, and research and innovation needs (see Chapter 9, References).

1.2 Scientific challenges

The scientific perspectives are based on the type of knowledge needed to achieve the public health objectives set out in the white papers on public health (2013 and 2015) and the Public Health Act (2012).

1.2.1 Prevention and health-promoting activities

A successful public health effort requires identifying preventive and health-promoting factors at the individual, social, cultural, environmental and societal levels, as well as the ways in which these factors are linked together and mutually affect each other. Whereas prevention focuses on reducing risk factors, a health-promoting perspective centres on promoting health and quality of life by encouraging active user involvement, motivation and mastery related to taking care of one's own health and the health of others, whether a person is healthy, has reduced functionality or is living with illness.

From the perspective of prevention and health promotion with a focus on life phases, it is especially crucial to study the factors that promote and weaken the health of children and adolescents with the aim of laying the earliest possible foundation for good public health that can be carried into adulthood. Key factors to focus on in this context involve the conditions under which children and adolescents grow up at home, in local communities, at school, and in recreational activities.

In a life-cycle perspective, transitions between life phases and especially challenging life events may have a major impact on health and quality of life in the short and long term. It is important to acquire knowledge about transitions in life where individuals may be particularly vulnerable, as well as knowledge about measures that may ease such transitions and prevent problems and ill health.

1.2.2 Social inequalities in health

Norway has extensive, systematic inequalities (gradients) in disease and health related to socioeconomic factors such as place of residence, ethnicity, education, income and profession. To obtain more knowledge about health and quality of life, we must better understand the significance of social inequalities. Projects under the programme should therefore incorporate social inequalities as a general approach. More knowledge is needed about how these differences arise and are sustained throughout all phases of life and how best to take these into account when designing and implementing measures. Knowledge about health and quality of life in national minorities is also insufficient, and there is a need for culturally sensitive, research-based approaches and measures.

1.2.3 Factors that influence health

Causes and risk factors, as well as preventive and health-promoting conditions, will encompass psychological, environmental and genetic factors, behaviour and lifestyle habits, and familial, social, cultural, economic and other social factors. The term “environmental factors” is used here in a broad sense, and includes, for example, climate, hazardous substances, local communities, relationships with family and friends, circumstances at school and work, as well as the risk of infection. Health behaviour and lifestyle habits encompass, for example, stress, sleep habits, physical activity, diet, and use of tobacco, alcohol and drugs. Many lifestyle diseases can be prevented through changes in health-related behaviour.

Antimicrobial resistance is a global public health problem that requires special attention. Increased international travel and trade of food commodities and breeding animals, changes in eating habits, and a high consumption of antibiotics in many countries are giving rise to challenges related to future communicable diseases and outbreaks, including in Norway. Compared with most countries, Norway and the other Nordic countries have strict guidelines regarding the use of antibiotics. There is a correlation between the use of antibiotics in animals and humans (One Health perspective), and resistance to antibiotics poses a challenge for global public health. More knowledge about antimicrobial resistance is needed.

1.2.4 Causes and risk factors

We do not have a complete overview of all the causes and risk factors of many of the conditions that comprise an increasing share of the disease burden in the population. This is especially true for mental illness. Nor do we have enough knowledge about the sources of resistance and human resources that create good health. More knowledge is needed about the individual and environmental factors that promote health and quality of life, and thus provide the basis for a long, good and active life. Personalised medicine is a prominent topic on the research front, and may have a parallel in personalised prevention in which, for example, genetic and/or biological factors, conditions under which children and adolescents grow up, and lifestyle factors will play a role.

Causal mechanisms that are important for improving prevention cannot be clearly distinguished from factors that are vital for identifying risk and early intervention. Thus, high-quality research for enhancing prevention and promoting health often requires collaboration with research groups within social science, health science and natural science disciplines.

1.2.5 Prevalence

There is a need to produce better, more precise and up-to-date descriptions of prevalence and distribution of disease, risk factors, and preventive and health-promoting factors by age, gender, ethnicity, living conditions, and social and economic conditions. These factors must be scientifically described and targeted towards user needs.

1.2.6 Interventions and impact

Knowledge is needed about the development and implementation of measures, as well as about the impact of measures and strategies that can prevent disease and promote health, healthy habits and quality of life. This requires close cooperation between researchers and stakeholders that decide on and implement measures, such as public authorities, the business sector, non-governmental organisations and other local, national and international actors. There is a need for systematic testing of entire interventions or components of interventions. Such testing should be carried out in the form of small-scale studies and on a large scale with scientific evaluations of the measures, where the scientific testing is a part of the intervention itself and influences the design of the measure from the outset. Formative evaluations, process evaluations and impact evaluations all comprise relevant methods/research design. Health economics analyses and assessment are a vital part of such testing.

It is important to generate knowledge about which measures can be developed and how this can best be accomplished. There is a need to develop measures and implementation and carry out impact evaluations. Development of measures should be based on theory and take into account the measure's target group and objective. As regards research on the implementation of measures, it is important to distinguish between two different types. One type focuses on the implementation of measures in the testing and evaluation phase. The other type entails national or international expansion of measures, i.e. large-scale implementation, such as a programme of measures launched within the entire pre-school sector or the municipal health care services. In order to enhance national public health efforts, there is also a need to study the implementation and impact of national initiatives and reforms.

2 Objectives for the programme

The purpose of the programme is to promote research and innovation of high quality and benefit to society that can help the population to have more years of good health and wellbeing and that can reduce social inequalities in health. The programme will generate new knowledge about the prevalence and causes of ill health and health and about the development, implementation and impact of health-promoting measures.

Together with the other Nordic countries, Norway can use its socioeconomic data and health data, among other things, to gain a unique international position in population-oriented health

research and innovation. Thus the programme has high ambitions when it comes to the quality and relevance of the research to be funded.

The BEDREHELSE programme’s scientific approach will be broad and open to ideas and collaboration across scientific boundaries and sectors in society. To gain better insight into the complexity of the interaction between preventive and health-promoting factors, both individual and environmental, it is essential that research in the field is interdisciplinary. It is necessary to employ approaches from various disciplines, such as social sciences, humanities, law, economics, health science, and technology and natural science. Cooperation among the various disciplines encourages the production of new knowledge, and interdisciplinary research collaboration creates new synergies.

Health and societal challenges are complex issues, and research funded under the programme should employ a variety of approaches and preferably combine qualitative and quantitative methods. The BEDREHELSE programme has a population-oriented perspective and will cooperate with other Research Council programmes when this is beneficial for studying problems that cut across the scopes of the programmes.

2.1 Primary objective

The primary objective of the Research Programme on Better Health and Quality of Life (BEDREHELSE) is to promote research and research-based innovation of high quality that can help to improve public health, enhance quality of life and reduce social inequalities in health.

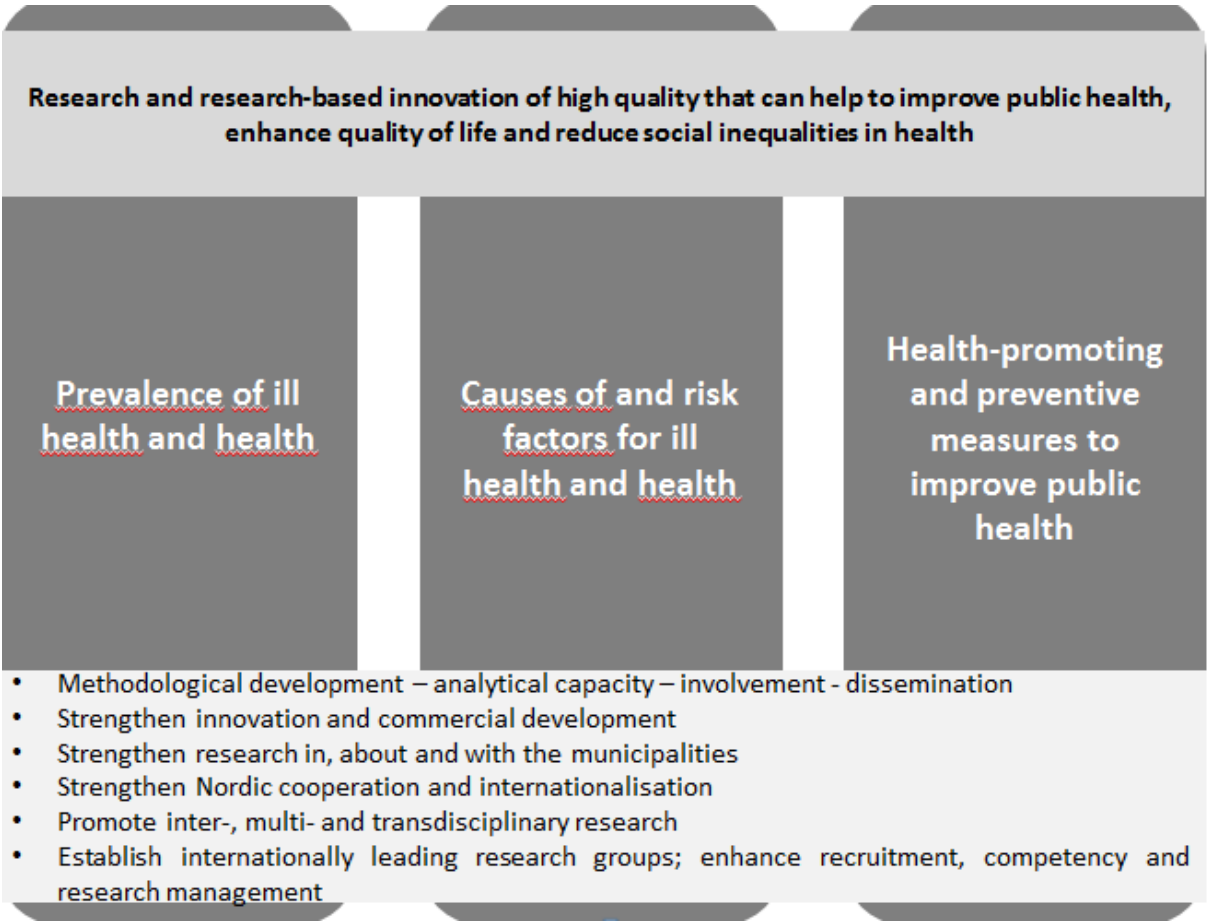


Figure 1: Targets for the BEDREHELSE programme.

2.2 Secondary objectives

1. To promote research encompassing the development, implementation and evaluation of measures designed to foster health and quality of life, prevent disease and premature death, and reduce social inequalities in health;
2. To promote research on the causes of ill health, health, quality of life and social inequalities in health;
3. To promote research on the prevalence and distribution of quality of life, health, disease, mortality, risk factors, and preventive and health-promoting factors in specific areas where knowledge is lacking, is considered necessary and can be of benefit;
4. To encourage methodological development and analytical capacity, improve the evidence base and promote sharing of data and research results;
5. To develop and strengthen user involvement, personal privacy, communication and dissemination activities;
6. To promote and develop research-based innovation and facilitate commercial development activities for public health;
7. To develop and strengthen research in, about and with the municipalities;
8. To develop and strengthen Nordic cooperation and internationalisation;
9. To help to establish internationally leading research groups and enhance recruitment, competency and research management;
10. To promote inter-, multi- and transdisciplinary research.

3 Thematic and scientific priority areas

The highest priority area under the BEDREHELSE programme is developing and strengthening intervention research.

Analyses of disease burden, analyses of quality of life and causal research are to be strengthened as well. Studies that are limited to describing prevalence of risk factors, illness and mortality will not be relevant without an explanation of why these studies are needed in a public health perspective.

The BEDREHELSE programme will give priority to research on health promotion and primary prevention. This entails research on factors that increase or reduce the risk of disease occurring, either in healthy persons or by preventing people with an established disorder, condition or illness from developing additional ones. The programme will encompass research that focuses on quality of life, mastery and participation in working life and society, including studies of people with an established disorder.

The programme will not provide funding for research whose purpose is to identify and treat clinical conditions (diagnoses) that halt or slow down disease progression. Nor will the programme fund research encompassing rehabilitation of primary illness, or measures to prevent relapse and deterioration of primary condition. Research on treatment where quality of life is one of the outcome measures is also not covered under the programme.

3.1 Thematic priority areas

The BEDREHELSE programme is a population-oriented programme. The thematic priority areas represent major health and societal challenges. Understanding and solving such complex challenges often requires viewing these priority areas within a unified context. The research activities carried out under the programme are to give priority to generating knowledge about how social differences in health, ill health and quality of life arise (causal research), and how to prevent or reduce them (intervention research). Research projects must describe how the knowledge to be generated can help to reduce social differences in health and ill health.

The programme's thematic priority areas:

- Mental health;
- Alcohol and drug use and addiction;
- Neurodegenerative diseases;
- Prevention of non-communicable diseases (NCD-Strategy: cardiovascular disease, diabetes, chronic lung disease and cancer);
- Antimicrobial resistance;
- Transitions in life and vulnerable periods in life;
- Physical activity, sedentary lifestyle and diet;
- Environmental factors, cocktail effects and health impacts of climate change;
- Interaction between the individual and the environment with regard to health and quality of life.

The municipality is an important arena and actor for health-promoting and preventive health efforts. Development of knowledge about public health efforts must take place in close cooperation with this sector, where there is insight into what the population needs and which is responsible for implementing measures. The programme encompasses prevention and health promotion throughout the entire life cycle. Children, adolescents, the elderly and minorities are the most important target groups for the programme. The term minorities here is defined as a small population segment characterised by social or health-related vulnerabilities.

3.2 Strategic priorities

- Strengthen recruitment and build expertise and capacity by e.g. establishing core groups with associated national consortia, as well as Nordic and international networks.
- Enhance cooperation across scientific boundaries and sectors by supporting larger-scale projects targeted towards dealing with critical health and societal challenges.
- Develop processes for identifying needs, and increase user involvement in the entire research process to enhance the relevance and benefit of the research.
- Strengthen cooperation across research programmes, including programmes other than the health research programmes, and create a framework for joint calls or other instruments for enhancing cooperation.
- Strengthen Nordic cooperation and exploit Nordic advantages such as data from population surveys, biobanks and registries.
- Promote increased international cooperation with and participation in EU health research under the European Research Area (ERA) in general and the EU framework programme in particular. Those who receive funding from the BEDREHELSE programme will be given special guidelines for seeking funding from the EU.

- Establish meeting places and networks across subject areas and sectors to promote unity, boost recruitment and develop sustainable research and innovation activities.
- Strengthen the infrastructure for research and innovation by requiring data sharing and reuse of data from registries, linkages between registries, health surveys, biobanks and experimental research within the regulatory framework and duty of confidentiality.

4 Priorities for structuring the research effort

There is a stated objective for societal development to become more knowledge-based. Research must reflect the greater heterogeneity of the population. Individual differences and socio-cultural variations related to gender and ethnic background must be given wider consideration.

4.1 Health data, registries and biobanks

High-quality data from health registries, other health data, registries containing information from other sectors, population-based health surveys and biobanks containing human biological material, along with materials from microbes and environmental samples, comprise a Norwegian advantage that can be better exploited. The programme will encourage research that advances this aim.

Data from various population surveys, biobanks and registries can provide valuable insight for health promotion and disease prevention efforts. Data are already available in a number of registries, biobanks and population surveys in Norway. Causal and intervention studies that make use of and are based on such data will be viewed as especially relevant. Priority initiatives have been launched by the Research Council and several ministries to pave the way for making better use of such data sources.

Health data and biobank material from the health care services and population are essential for conducting high-quality research at the population level and research encompassing groups that do not often take part in clinical studies. Registries and population data are also relevant for research on the factors that prevent disease and promote health. Studies that make use of registries, population-based health surveys, biobanks and experiments in combination with causal and intervention research will be viewed as important under the BEDREHELSE programme.

Norwegian research groups should be able to excel internationally in the development and use of research methods that employ sound population-based health data and biobanks. Such data make it possible to develop and use methods that combine randomised trials with the use of epidemiological data and observational studies. The application of quantitative methods will be a key approach for projects under the BEDREHELSE programme, and it will be seen as beneficial to combine these with qualitative methods. Systematic controlled trials are important when planning public health measures. Data collection in connection with such trials should be combined with the use and improvement of registries and biobanks. Experimental methods and models for studying causal connections between health, environmental exposures and lifestyle will be developed. Data sharing will be a requirement under the BEDREHELSE programme.

4.2 Innovation and technology

There is a need for innovation related to public health, including the use of new technology (e.g. digital interventions and sensor technology) and innovation in social planning and community development. It is crucial that research on interventions involves future users of the research results in a manner that promotes implementation of innovative measures. Societal development and technological development pave the way for new methods of data collection, for easier and more secure access to data and biological material, and for new analysis capability (e.g. big data, high-volume digital capture of real-time data, etc.). There is a need for research that utilises and further develops such opportunities.

4.3 Interdisciplinary and cross-sectoral collaboration

Health is a product of activities that take place outside the health and care services to a large extent. The scope of the BEDREHELSE programme is not limited to the sphere of responsibility of the Ministry of Health and Care Services. All sectors of society that set out frameworks and guidelines relating to public health, or have an impact on public health, are responsible for describing the health effects of measures in their respective areas and for selecting measures that promote good public health and quality of life. The BEDREHELSE programme will therefore facilitate research collaboration across disciplines and sectors, and generally promote breadth in scientific perspectives. The programme will also encourage increased participation in international collaborative projects under and outside of EU programmes.

4.4 Type of research

The BEDREHELSE programme is primarily a policy-oriented programme. However, basic research will also be a component of the programme through research on causes and risk factors that form a basis for health-promoting and preventive measures aimed at the general public.

4.5 User participation

User participation. Users are to be involved in all phases of the research process which they and the researchers find to be relevant. User involvement will help to set better priorities, devise more relevant research questions and enhance the benefit to society of the research. Users are defined as the population at large, patients, family members, the health and care services, and the public authorities.

Benefit. The research will form the basis for new knowledge development for the research community and for knowledge-based health care policy. The knowledge acquired is considered beneficial if it is applicable and can be used in practice. This may take the form of designing new measures whose impact is evaluated and which are implemented at the national level to improve public health. Research related to the prevalence and causes of ill health and health must be viewed in the context of its benefit to the population. The municipalities are considered particularly relevant partners for and users of intervention-relevant research.

User-identified research. The programme will work to generate new knowledge based on documented knowledge gaps and knowledge needs identified by users and other relevant actors. This will help to ensure that the research will be of greater benefit to the population and the public authorities. User-identification entails systematic preparatory work prior to selecting

the research questions to be addressed. Research activities are to build on and supplement previous research, and must therefore be based on systematic overviews of previous research, when relevant.

4.6 Internationalisation

Norway has the same major health challenges as many other countries. This means that international research cooperation and knowledge sharing across national borders is essential. Cooperation and competition are the driving forces of quality, and quality leads to greater international attention and impact.

In keeping with The Research Council of Norway's [Strategy on International Cooperation 2010–2020](#) the programme has set specific objectives plans for international cooperation. The strategy lays a basis for national activities under the Research Council to supplement and complement the activities under Horizon 2020 and the European Research Area (ERA). Bilateral cooperation with selected countries outside Europe will be of relevance as well (roadmaps for bilateral research cooperation). The Government's Strategy for Research and Innovation Cooperation with the EU from June 2014 states that the Research Council is to use national funding to encourage researchers to apply for EU funding, participate in joint European activities and take primary responsibility for support and mobilisation schemes targeting the EU.

EU cooperation. The largest, most important collaborative arena for the programme is the EU framework programme, Horizon 2020 (2014-2020), and any future framework programmes. This primarily encompasses participation in thematic programmes related to health, the ERA-NET scheme (networking of national research programmes in the European Research Area), Joint Programming Initiatives (JPI) and research infrastructure within the programme's thematic priority areas, as well as any other priority areas in the area of health. Health-related calls for proposals (individual calls, ERA-NETs and JPIs) within other thematic programmes under Horizon 2020 may also be of relevance.

Nordic cooperation. Nordic cooperation must be further developed in areas where this will provide particular advantages. The strategy document [Nordic Potential in Medical Research – Cooperation for Success \(2014\)](#) from the Joint Committee of the Nordic Medical Research Councils (NOS-M), for example, has identified biobanks and registries and personalised medicine as areas within medical research where the Nordic countries have an exceptionally solid basis for success provided they collaborate. The 25 million inhabitants of the Nordic region should be viewed more widely as a shared population base. NordForsk – an organisation under the Nordic Council of Ministers that provides funding for and facilitates Nordic cooperation on research and research infrastructure – is a relevant partner for the programme, including NordForsk's Nordic Programme on Health and Welfare.

Other international cooperation. Norwegian researchers should be encouraged to increase their collaborative activities with US researchers on the basis of the Memorandum of Understanding between the Research Council and the National Institutes of Health (NIH). Bilateral cooperation with selected countries outside Europe is relevant as well, as described in the various roadmaps for bilateral cooperation.

An important aspect of the programme's activity is to assess which international programmes, activities and bilateral cooperation will be given priority and to what extent. The programme will

continually consider the use of relevant instruments such as funding for positioning activities, mobility schemes and institutional collaboration as a means of promoting more international cooperation.

4.7 Gender balance

The Research Council works actively to enhance the gender balance in the Norwegian research sector. Each project can play a role in this by seeking to ensure gender balance in the composition of the project group. The Research Council views it as essential that gender perspectives are given adequate consideration in research projects where this is relevant. Good research must take into account biological and social differences between women and men, and the gender dimension should be one of the main pillars of the development of new knowledge.

4.8 Research ethics

All research and innovation must conform to basic ethical principles and not conflict in any way with the fundamental principles for ethics in research. Research in the medical and health sciences is closely regulated in national laws (e.g. the Act on Ethics and Integrity in Research) and international laws, regulations and conventions. Research projects designed to produce new knowledge about health and disease and that involve human subjects must be assessed and approved by the Regional Committees for Medical and Health Research Ethics (REC) to ensure that scientific and medical progress is not achieved at the expense of the rights and integrity of the individual and to regulate the obligations of researchers. Other bodies authorised to approve research projects may also be relevant.

It is important that efforts to develop knowledge that improves health and quality of life are carried out within responsible frameworks for social responsibility and ethical considerations. More knowledge is also needed about the impact and ramifications of specific measures, changes and innovations in the health care sector related to “ELSA aspects” (ethical, legal and social aspects).

4.9 Types of support

Various types of projects and support will be used to achieve the programme’s objectives and support the programme’s strategic priorities. Relevant types of support may be Researcher Projects, Personal Post-doctoral Research Fellowships, Young Research Talents, targeted funding, Personal Overseas Research Grants, and Support for Events. The programme will cooperate with the other health research programmes and other activities at the Research Council to address interfaces between the relevant programmes.

Targeted funding may involve, for example, establishing two to five core groups with associated national consortia, as well as Nordic and international networks. When targeted funding is allocated, it will be a requirement that the applicant organisation itself gives priority to the research area, and will provide long-term, sustainable continuation of the research activity.

The Research Council will develop funding instruments for user-identified research. This may involve defining and prioritising research needs based on documented knowledge gaps and knowledge needs identified by users or other relevant stakeholders. Relevant users may be the population at large, patients, family members, the health and care services, and the public

authorities. This will make it possible to better identify and prioritise research designed to meet the needs of society and better ensure that new knowledge is utilised.

4.10 Social dialogue and meeting places

Research under the programme must have a cumulative perspective and provide a basis for new knowledge development for other researchers in the field and for knowledge-based health policy. Results from the programme must have an impact and be significant for the entire population, patient groups, family members of patients and their organisations, for politicians and the health and welfare administration at all levels, for service providers and the professions, and for the business sector and the public at large. A wide array of communication and dissemination activities are needed. Another aim is to develop innovative communication and dissemination as part of the research process.

Results from the programme will be disseminated via:

- scholarly publication;
- popular science channels;
- knowledge transfer between research, the field of practice and users;
- knowledge transfer between research, trade and industry, the public administration and policy development;
- conferences and seminars.

The programme will establish different types of meeting places for researchers and users, both nationally and internationally. Dissemination activities will be tailored to the various programme arenas, and will be designed to promote an integrated research, education and innovation system (R&D&I system) in the programme's thematic priority areas. Dissemination will be a key aspect of the three-year action plans to be prepared throughout the programme period. Importance will also be attached to more long-term implementation of new knowledge when developing and implementing measures in the area of public health. The programme will help to compile data about how this follow-up takes place.

5 Interfaces with other instruments

The BEDREHELSE programme will cooperate with closely related activities when appropriate, such as on calls for proposals and scientific activities. In particular, the programme will work together with the other health programmes: the Research Programme on High-quality and Reliable Diagnostics, Treatment and Rehabilitation (BEHANDLING), the Large-scale Programme on Health, Care and Welfare Services Research (HELSEVEL) and the Programme for Global Health and Vaccination Research (GLOBVAC).

Each of the health programmes has its own focus areas. The BEDREHELSE programme is targeted towards health-promotion and prevention, as well as the causal aspects of health, ill health and quality of life. The BEHANDLING programme is targeted towards the outcomes and efficacy of diagnostics, treatment and rehabilitation. The HELSEVEL programme focuses on services research, which can provide insight into coherent patient pathways and the knowledge needed for cooperation and coordination in and between the specialist health care services, the

municipal health and care sector, and services within the welfare sector. The GLOBVAC programme addresses long-term improvements in the health status of individuals and the reduction of health inequalities for poor people in low and lower-middle income countries.

The BEDREHELSE, BEHANDLING and HELSEVEL programmes will work together to address the interfaces between the relevant programmes, e.g. through joint calls for proposals related to selected topics, complementary calls for proposals, and common application deadlines and meeting places.

The BEDREHELSE programme also shares an interface with other Research Council activities and initiatives. The most important of these are the funding scheme for independent projects (FRIPRO), the Programme on Welfare, Working Life and Migration (VAM), the Programme on Sickness Absence, Work and Health (SYKEFRAVAER), the Programme for Research and Innovation in the Educational Sector (FINNUT), the Programme on Sustainable Innovation in Food and Bio-based Industries (BIONÆR), the Programme on Environmental Research for a Green Transition (MILJØFORSK), the IKTPLUSS initiative on information technology and digital innovation (IKTPLUSS) and the National Financing Initiative for Research Infrastructure (INFRASTRUKTUR), which aims to expand national infrastructure and make it available to a wide array of research groups.

6 Anticipated results, impacts and societal outcomes

The programme seeks to generate knowledge that addresses critical challenges to health and society, and to improve the knowledge base for design and implementation of public health measures and policy. The objectives developed for the programme have their starting point in health-related and societal challenges, which are broadly described in key public documents in the area of health and research policy.

Continual follow-up and monitoring are necessary to ensure that the programme is developing in the right direction. The follow-up measures will be set out in the programme's action plans and in the planning of calls for proposals and further development of the programme. The programme will be monitored mainly through portfolio analyses and summary reports from the projects and in summaries from the programme's various focus areas during the programme period. The programme's action plans may also be revised on the basis of these analyses.

After five years, the need for a status review or external evaluation of the programme will be considered. An evaluation may look at the programme's scientific content, achievement of objectives, results and impacts (an impact assessment) or assess whether the programme is organised in a manner that is conducive to achieving the programme's objectives.

The programme has high aspirations regarding user involvement in the research projects and the benefit of the research. This will be followed up, and the programme's annual report will address the extent to which these objectives have been achieved.

The Health Research Classification System (HRCS) will be used in analyses of the portfolio. The HRCS is a tool developed in the UK (www.hrcsonline.net) to analyse research activity of

relevance for health and disease. The HRCS classifies all research in the area of health within all fields and disciplines along two dimensions: the type of research activity and the type of health or disease being studied.

The programme will also actively incorporate the [Health&Care21 monitor](#). This monitor compiles knowledge about resource use, results and impacts of research and innovation in the health and care field.

6.1 Results

To assess the extent to which programme objectives and priorities are being achieved, the quality and relevance of research is monitored in relation to the following indicators:

- scientific discoveries and scholarly publications
- new researcher networks and cooperation across different disciplines, sectors and actors
- increased cooperation and number of grant applications for Nordic and other international activities
- doctoral degrees, post-doctoral fellowships and other researcher recruitment
- patents and research-based innovation.

6.2 Impacts

The results of the programme's activities are expected to improve the knowledge base for design and implementation of public health measures and policy. New national, research-based measures and new knowledge are expected to be introduced in the municipalities. The programme is expected to help to establish internationally leading research groups in Norway and pave the way for research-based innovation and commercial development.

This is to be achieved by achieving the following performance targets for the period up to 2025:

- At least three new, effective national health-promoting measures and interventions targeted towards children and/or adolescents;
- At least one sustainable, internationally leading research group in the field of health-promoting intervention research targeted towards children and/or adolescents;
- At least three new, effective, national health-promoting measures and interventions targeted towards the elderly;
- At least one sustainable, internationally leading research group in the field of health-promoting intervention research targeted towards the elderly;
- Research-based interventions that reduce social inequalities in health and quality of life;
- Research-based interventions that can be implemented by, with and in the municipalities;
- Generation of new knowledge about the causes of health and ill health, especially within the programme's thematic priority areas;
- Life quality research and disease burden analyses of high international quality;
- Policy-relevant knowledge for reducing social inequalities in health;
- At least ten research projects on causes and interventions that use data from registries, biobanks, population surveys, municipal health data, etc.;
- New technology and innovative methods that can result in commercial development in health-promotion and prevention efforts;

- New methods of user involvement and collaboration with interested parties who are users of the research;
- Increased participation in EU programmes and activities, and enhanced Nordic cooperation.

6.3 Societal outcomes

The overall outcome of activities under the programme is expected to contribute to improving public health, enhancing quality of life and reducing social inequalities in health.

The diagram below shows the connections between the primary objective, secondary objectives, activities, anticipated results, impacts and societal outcomes for the research effort under the programme.

BEDREHELSE programme logic model

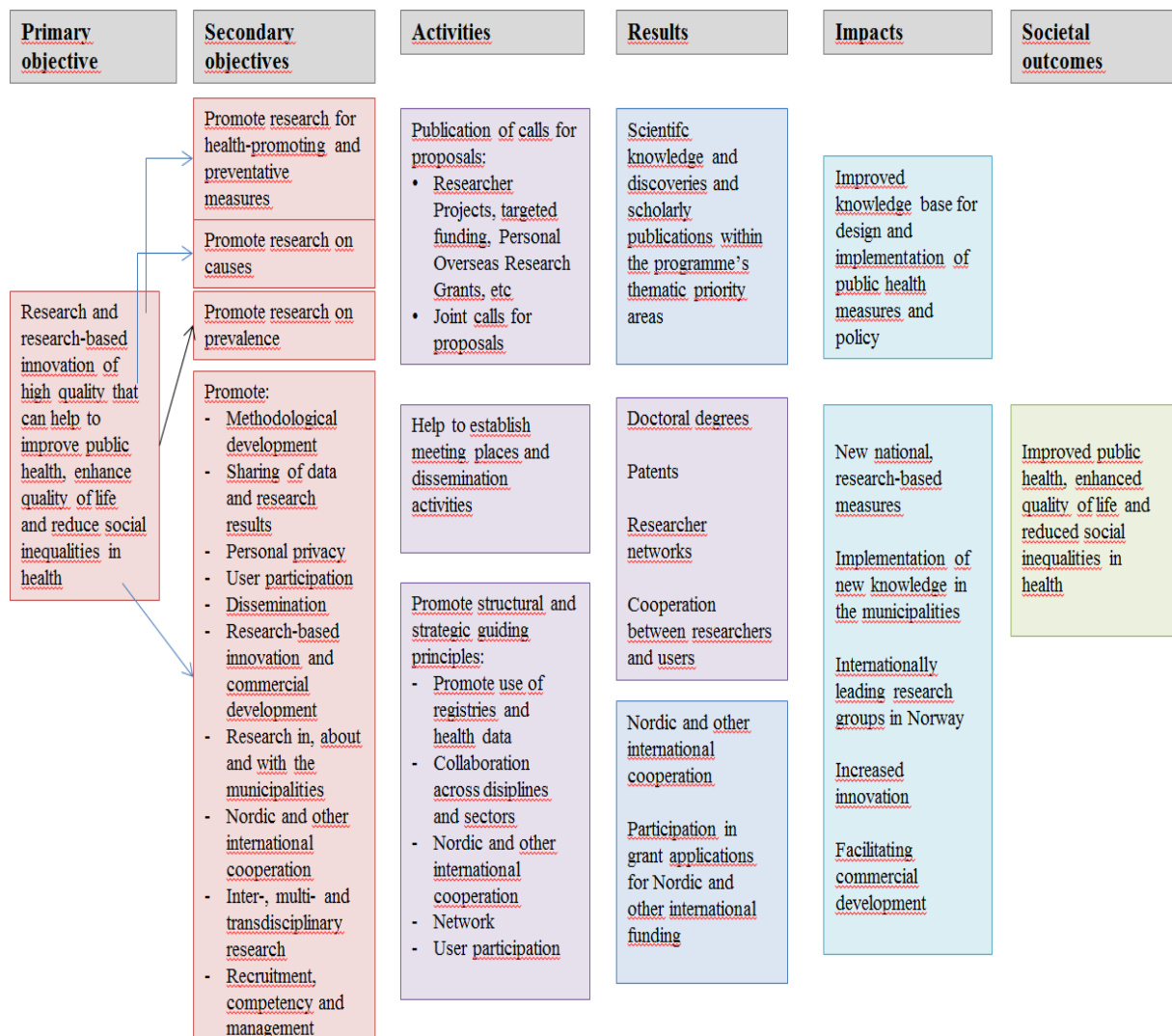


Figure 2: Simplified presentation of the primary objective, secondary objectives, activities, anticipated results, impacts and societal outcomes.

7 Resources and budget

The programme is primarily funded by the Ministry of Health and Care Services, with additional funding from the Ministry of Climate and Environment and the Ministry of Education and Research.

The objectives of research under the programme affect many sectors of society. The programme will have a greater impact if more ministries make a financial contribution. Each ministry may focus on its own main areas of responsibility, but it will also be possible and important to address the interfaces between them.

8 Governance and organisation

The BEDREHELSE programme board is appointed by and reports to the Research Board of the Division for Society and Health. The programme will be governed in keeping with the general terms of reference for programme boards. The activities of the programme board must comply with the framework approved by the division research board, including the work programme, action plan, long-term budget and schedule for funding announcements. The programme board's activities must also be in compliance with the Research Council's overall principles and guidelines for the operation of research programmes.

9 References

This work programme is based on the following documents (with links):

- [Meld. St. 34 \(2012–2013\) Public Health Report, white paper from the Ministry of Health and Care Services](#)
- [Meld. St. 19 \(2014-2015\) Folkehelsemeldingen – Mestring og muligheter](#), white paper on public health from the Ministry of Health and Care Services
- The Act relating to public health efforts (Public Health Act)
- Public Health Report, Norwegian Institute of Public Health, 2014
- [HelseOmsorg21-strategien](#), Nasjonal forsknings- og innovasjonsstrategi for helse og omsorg [The Health&Care21 strategy. National strategy for research and innovation in health and care], 2014
- The Government's action plan for follow-up of the Health&Care21 strategy (2015–2018)
- [Meld. St. 7 \(2014–2015\) Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research](#)
- [Strategy for Research and Innovation Cooperation with the EU, 2014](#)
- [Research for Innovation and Sustainability: Strategy for the Research Council of Norway 2015–2020](#)
- [The Future Nordic Co-operation on Health](#), Bo Könberg – Nordic Council of Ministers, 2014
- [NCD-Strategy \(2013–2017\), Ministry of Health and Care Services](#)
- [Dementia Plan 2020, Ministry of Health and Care Services](#)
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