




Helse- og omsorgstjenester

 Norges forskningsråd | Forskningsprogrammer

Research Programme on Health and Care Services 2011-2015

Work programme

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Research Programme on Health and Care Services (2011-2015)

1. Summary

This work programme describes the main thematic areas of research, priorities and instruments that form the basis of the Research Programme on Health and Care Services and the activities of the programme board in the period 2011-2015. The programme is designed to enhance the knowledge base underlying the development of sound, effective health and care services at all levels, and to help define targets and instruments that will make it possible to realise this objective.

A key objective of the programme is to study how the municipal health and care services can be strengthened in cooperation with patients' family members, non-governmental organisations, local communities and the specialist health care services. In so doing, the programme will help to improve the organisation and equitable distribution of health and care services and increase the active participation of users, staff and family members, thereby enhancing the security and welfare of the population.

The programme continues the efforts in health services research, including health economics, and the focus on care services begun during the previous programme period. The programme addresses issues that are closely linked to health policy concerns. The research findings are intended for a wide-ranging target group, and the need for dissemination of information is great. The programme will generate valid, relevant knowledge that provides a better basis for decision-making in the area of health and care policy. In addition to the research community, users of this research include politicians, public health administrators, health care professionals, patients/users and the public-at-large.

Health and care services research encompasses the entire range and all levels of services in the areas of prevention, treatment, rehabilitation and care, including practical and personal assistance such as voluntary and family-based care. During the 2011-2015 programme period, activities will be focused on the municipal health and care services because this sector is large and will be expanding in the years to come and because the sector has a broad interface with the specialist health care services as well as with families and local communities. Research-based knowledge about these services is limited, and there is a need to develop research expertise in this field.

The programme will give priority to the following thematic areas of research:

Patients and users of the health services

The programme seeks to develop knowledge about the services offered to all users. Special emphasis will be given to services for users with extensive, composite needs, in particular those with complex, chronic illnesses, patients in need of rehabilitation and home-care recipients who have long-term disabilities, as well as the elderly's health and living conditions. As a part of this, the programme will generate insight into the users' own experiences as well as professional service providers and organisations and institutions that provide health and care services.

Coordination

The programme seeks to increase knowledge about the instruments which can best ensure that patients receive the proper treatment at the right time and in the right place and which create a framework that ensures the patients receive comprehensive, high-quality health and care services.

Management, leadership, planning, financing and prioritising

The programme seeks to increase understanding about the effect of the organisation, leadership, financing and delivery of services on patient safety, availability and distribution of the services, as well as the degree to which these successfully promote the effective utilisation of resources and exert a positive influence on the living conditions and health of the population.

2. Background

2.1 Status and challenges

Prevention, treatment, rehabilitation and care comprise the core activities of the health and care services. The scope and complexity of the health and care services are expanding, and health policy increasingly involves setting priorities and allocating limited resources within a scientific and legal framework. These efforts necessitate a strict focus on quality, accessibility, efficiency and social equity.

Health and care services research encompasses the entire range and all levels of services in the areas of prevention, diagnosis, treatment, (re)habilitation and care. It also includes research on voluntary and family-based care, and cooperation between public and voluntary care services.

Health and care services research incorporates many different disciplines, and is in its essence both applied and multidisciplinary. The following serves as a broad definition:

Health services research is the multidisciplinary field of scientific investigation that studies how social factors, financing systems, organisational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately our health and well-being (Lohr and Steinwachs, 2002).¹

The basic model, then, describes the health and care services as a multifaceted, professionalised, socially-oriented sector that is continuously evolving. Research plays an important role as a provider of fundamental insight into the function of the health and care services and the interaction between groups of players, various regulatory measures, and development projects. Health and care services research must be focused on generating new knowledge that is useful to key policy makers as well as to the public debate.

The main objective of this programme is to generate basic and applied knowledge that can promote organisational and individual learning processes among organisations and participants in the health services sphere and help to stimulate long-term development of new types of players and forms of organisation in this sector.

¹ Lohr KN, Steinwachs DM. Health services research: an evolving definition of the field. *Health Services Research*. 2002;37(1):7-9.

One particular challenge in this programme period will be to encourage more research on the health and care services offered in the municipalities and on coordination between the various levels of health and care services.

Health and care services research also faces a number of challenges related to individuals with mental health disorders, substance abusers, the elderly and immigrants. Changes in the services offered to individuals with mental health disorders call for new, more in-depth knowledge about organisation, coordination and cohesiveness within the system. A rise in the number of elderly will place greater demands on the health and care services. Increased immigration leads to a population with a wider variety of health problems and different views on health and disease from those that the health services traditionally have had to address. In order to offer equitable and balanced health services to all population groups, there is a need for knowledge about the differences in access to and use of the health and care services.

The programme will help to promote quality in research on the entire range of health and care services in order to create a better knowledge base for use in planning, prioritising, organising, financing, managing and developing high-quality health and care services in cooperation with users, health care personnel, families and local communities. Thus, activities under the programme will contribute to greater welfare and better health and living conditions for society as a whole, and especially for people with long-term illness or disabilities, social problems and complex needs.

The panel evaluation of research on medical and health science subjects from 2003 and the report from networking meetings on Norwegian research on health and care services from 2008-2009 both indicated that there are not enough large-scale, cross-disciplinary health and care services research groups in Norway. For the most part, Norwegian health services research is applied and has its strongest basis in the independent research institute sector. While this means that researchers can respond quickly to the requirements of decision-makers for information, it also poses a problem in connection with the need to conduct basic research and promote researcher recruitment. As a result, it is imperative that research activities based at the universities and university colleges are strengthened, and that such activities are linked more closely to the research being conducted at the independent research institutes and under the auspices of the regional health authorities.

2.2 Strategic perspectives

Health and care services research contributes to the development and renewal of the health and care services. Several major reforms have been implemented in the health and social sector in recent years, and this has given rise to new needs for research. The municipal health and social services are extensive, and the gross operational expenses for health services, social services and care services in the municipalities came to approximately NOK 91 billion in 2008. These services comprised about 35 per cent of the municipalities' annual operational expenses in 2008, with care services accounting for the largest share. In 2009, the health and care services consisted of more than 123 000 person-years and more than 265 000 individuals were the recipients of municipal care services (figures from the 2011 Norwegian national budget). The amount of research being conducted in this field is very little in relation to the size and significance of the sector.

Each year society sets aside considerable resources for the operation and development of the specialist health care services. The total resources allocated to this area are estimated at roughly NOK 100 billion and the number of person-years at 95 000. Consequently, there is a

great need for research that examines organisational, financial and management-related aspects of the specialist health care services.

Expenditures in the sector will continue to rise, and it is important to ensure that the increasing costs also lead to a genuine improvement in services for patients and users. Demographic changes involving a greater number of elderly and a higher proportion of sick elderly present a major challenge, for both the health services and the municipal care services as well as for the cooperation between municipal and specialist health care services.

It is critically important to strengthen the knowledge base for use in the further planning and development of the health and care services sector. This includes knowledge about the users and their surroundings and about the services and their role and function in society. The needs of personnel for knowledge and expertise and the trends in relevant educational programmes are key factors in the development of the services. New user groups, changing tasks and shifting expectations relating to knowledge-based practice mean that employees must keep their knowledge and expertise up-to-date. Research can produce vital knowledge and help to raise the status of, and bring attention to, a part of Norway's health and care services sector which so far has gone relatively unnoticed. There is a need for implementation research (i.e. research that develops methods for implementing new knowledge).

Health services research is a long-term priority area for the public health administration and the Research Council. The programme's thematic priorities are largely based on current, relevant government white papers, official reports and key overall strategies, as well as on research-related and scientific needs.

Report No. 25 (2005-2006) to the Storting: *Long Term Care – Future Challenges* contains the Care Plan 2015, which summarises the Norwegian Government's strategy for meeting current and future challenges. In this care plan the Government recommends strengthening research related to care services and the elderly's health and living conditions, with special focus on dementia. The aim is to strengthen research on practice-oriented care services in close cooperation with the municipal sector. The plan has been followed up with an increase in allocations to care services research in the annual national budgets. Health and care services research is also emphasised in other key public documents, such as the National Health Plan 2007-2010, the Ministry of Health and Care Services' research strategy for 2006-2011, Report No. 20 (2004-2005) to the Storting: *Commitment to Research* and Report No. 30 (2008-2009) to the Storting: *Climate for Research*, as well as the Research Council's policy on medical and health science research for 2007-2012. In Official Norwegian Reports 2005:3 *Fra stykkevis til helt - en sammenhengende helsetjeneste* ("From Piecemeal to Unified - Cohesive Health Services") the reporting commission describes the challenges resulting from a lack of coordination among the services. The commission proposed several small-scale measures, a content reform, which as a whole would improve coordination. The Coordination Reform, as set forth in Report No. 47 (2008-2009) to the Storting: *Rett behandling – på rett sted – til rett tid* ("The Right Treatment – at the Right Place and Right Time"), seeks to reduce social inequalities in health and ensure that everyone has access to the same level of health and care services regardless of diagnosis, place of residence, personal financial situation, gender, ethnic background and individual life situation.

Report No. 7 (2008-2009) to the Storting: *An Innovative and Sustainable Norway* emphasises the need for innovation in the health and care services sector. It is believed that research-based renewal can result in better services and considerable savings. On the basis of this white paper, the Government has continued, expanded and strengthened the ongoing joint initiative

between the Ministry of Trade and Industry and the Ministry of Health and Care Services on innovation in the health services. The Government also appointed an official commission on innovation and care that will develop new solutions to address future care challenges, focusing in particular on technology, architecture, new forms of ownership and operation, organisation and research.

Health and care services must be of high quality. The Norwegian national strategy for quality enhancement in the social and health services (2005-2015) defines high-quality services as those which are: 1) effective, 2) safe and secure, 3) involve the user, 4) are coordinated, 5) utilise the resources available, and 6) are accessible and distributed equitably. Achieving these objectives is a key aim of health and care services research.

2.3 Scientific perspectives

In order to offer equitable and balanced health services to all population groups, there is a need for knowledge about the differences in access to and use of the health and care services. Insight that promotes the development of health and care services of high quality is also needed.

- Changes in demographics involving an ageing population will lead to an increase in the number of users who have chronic, complex problems and diseases, and this may present a major challenge related to securing an adequate number of qualified personnel.
- Changes in the illness panorama among the general population, including an increase in chronic diseases such as COPD, diabetes, dementia, cancer, muscular and skeletal diseases and a continued high prevalence of mental health disorders.
- Internationalisation and migration results in new user groups and new groups of health and social services personnel with diverse cultural and ethnic backgrounds. This creates opportunities as well as challenges. Immigration leads to a population with a wider variety of health problems and different views on health and disease from those the health and care services traditionally have had to address.
- Changes in the services offered to individuals with mental health disorders, substance abusers, the elderly, immigrants and patients with chronic diseases call for new, more in-depth knowledge about organisation, quality, coordination and cohesiveness within the system.
- Because the health and care services sector is dominated by women, among both employees and users, it is important to give consideration to the female and gender perspective in all health and care services research, including applying the gender dimension as an analytical tool for both women's and men's experiences as patients and employees. The Ministry of Health and Care Service and the Research Council give priority to this approach. The programme is seeking research projects that shed light on issues and challenges related to gender and health and care work, including research on the recruitment of men to professions in the care services and especially on the health of elderly women and the services offered to them.

- Social inequalities may give rise to differences in the need for health and care services and in the ability of users to benefit from these services. Activities under the programme should generate insight into how the health and care services can counteract social inequalities instead of reinforcing them.
- The health and care services are in continual flux. In the future, the field of medicine will be characterised by specialisation and even greater user of medical technology. New treatment possibilities pose challenges to the health services with regard to capacity and priority-setting, but may also improve efficiency and reduce costs. Comparative effectiveness research (CER) will enhance systematic knowledge about the treatments, public health measures and measures related to the organisation of services that work best and yield the highest return on investment. Activities under the programme should generate insight into the most appropriate expertise and professional practice in the health and care services sector, which is crucial to the quality of the services.

3. Objectives of the programme

3a Primary objective

The primary objective of the Research Programme on Health and Care Services (HELSEOMSORG) is to identify the most effective methods of organising, managing, financing and delivering high-quality health and care services, lowering the incidence of undesirable incidents, minimising differences in people's access to health services, and providing better security for the individual patient and user.

In particular, activities under the programme will be aimed at developing satisfactory, effective health and care services at the local level and increasing insight into how the municipal services may be strengthened in cooperation with families, local communities and the specialist health care services. The programme will also promote research on financing, organisation, management and prioritising within the specialist health care services, thus helping to strengthen the knowledge base underlying – and framework for – planning, prioritisation, organisation, management, funding and development of the overall health and care service. Furthermore, activities will be targeted towards attaining the equitable distribution of services and increasing the active involvement of users, staff and family members, thereby enhancing safety and welfare, especially for those with a long-term need for treatment and/or care. Importance will be attached to achieving greater focus on user perspectives in research.

3b Secondary objectives

Prioritised issues

3.1 During the programme period, the focus on research within and on the municipal health and care services will be given priority.

3.2 During the programme period, research that promotes innovation and the application and implementation of research results in the field of practice will be strengthened.

Methodology

3.3 During the programme period, priority will be given to larger-scale, high-quality research projects that evaluate complex interventions and can foster methodological development in the field.

3.4 During the programme period, priority will be given to research projects that develop and evaluate methods for improving efficiency in terms of resource utilisation and strengthening the patients'/users' own mastery, as well as to projects that can help to reduce differences in people's access to the health and care services.

3.5 During the programme period, priority will be given to research projects that investigate methods for increasing the use of electronic information generated during clinical activities and electronic communication channels with a view to improving and enhancing the effectiveness of planning, quality assurance and management activities.

Circles of expertise

3.6 The programme will continue its focus on the regional centres for care research.

3.7 A research entity that will employ an interdisciplinary, cross-sectoral approach to developing expertise and conducting high-calibre research on selected areas within the habilitation and rehabilitation field will be established.

Internationalisation

3.8 In cooperation with the Norwegian Knowledge Centre for the Health Services, the programme will provide funding for a Norwegian "Harkness Fellowship in Health Care Policy and Practice" (The Commonwealth Fund) during the entire programme period.

3.9 The programme will encourage Norwegian researchers to establish contacts with researchers abroad and researcher networks, and to initiate collaboration on projects and grant proposals under relevant Nordic and European programmes or schemes, such as NordForsk, the EU Framework Programme, European Cooperation in Science and Technology (COST) and the ERA-NET scheme.

4. Priority research tasks

4a Thematic priority areas

Patients and users of the health and care services

Traditionally, users of health services have been referred to as patients. In recent years the term user has come to be applied as an umbrella term, due in part to the need and desire for users to influence the services. The term user also includes family members and users of services who are not defined as patients. This trend has led to various forms of user participation and user choice, such as the user's right to choose a general practitioner, hospital or provider of in-home nursing services, and the user-managed personal assistant scheme. Health legislation gives now patients rights relating to coordination with the health services.

Broad-based health care research generates knowledge about how the various degrees of disease and illness and the services offered affect the quality of life and health of patients. During this programme period, it will be especially crucial to learn more about the services offered to the most resource-intensive and weakest user groups, especially home-care recipients who have long-term, serious disabilities as well as individuals with complex,

chronic diseases and elderly in need of assistance, including those with dementia. More insight is also needed about the services oriented towards providing good treatment and care in the final phase of life. This is essential to learning more about the circumstances of different user groups and for evaluating existing services and developing new ones.

There is a need for more knowledge about how the health and care services can identify patients' needs and implement measures at a sufficiently early stage of a development trajectory before a more serious situation develops for the individual user/patient and for the services. It is important to study the strengths and weaknesses of residential care services, including care homes and nursing homes, and the degree to which (and under what conditions) these function as alternative or complementary services. Other key issues are which instruments maximise user involvement, genuine user choice, patients' rights and positive user experiences.

Smoothly functioning health and care services must take into account the values and preferences of the individual user and user group. It is essential to have knowledge about users' expectations of and demands for the services in light of the social trend towards younger and "new" user groups, and to identify effective models for coordination between the public sector, the care provided by families and volunteer organisations, and the users themselves. We have limited knowledge about how organisational and financing models and the delivery of services affect users' experience and the differences in health among the population. In the final analysis, the ability of the health and care service to fulfil its social responsibility must be viewed in light of the users' experience. A central issue is acquiring knowledge that can help to ensure that the professional expertise in the sector corresponds to the needs of the user groups.

Knowledge about risk factors, disease, prognosis and treatment is unevenly distributed between the practitioner and user (information asymmetry). Various user groups may have vastly different needs. As a result, it may be difficult to identify effective mechanisms for achieving user participation. More knowledge is needed about how health personnel interact with each other to promote user participation as part of a cohesive patient pathway. How do the health services meet patients with especially complex needs, and which instruments are effective for implementing user participation and ensuring its success? It would also be interesting to investigate the degree to which the users' assessments of processes and treatment results correspond to the services' and practitioners' own assessments of the quality of services. Greater understanding is needed about the experience of users and practitioners with reorganisation and changes in the services offered, and the perception of these groups of the dynamic between professionalism, efficiency and user participation.

Little is known about how the rights granted to users influence user participation, particularly in relation to the quality, effectiveness and accessibility/distribution of services. Relevant research questions in this context include, for example, examining the mechanisms used to enhance user participation and the manner in which these function in the health services. What significance do individual characteristics, group characteristics, and social inequalities have for values, preferences, participation, assessment of treatment results and the health services as a whole? What does strengthening the position of the patient/user imply for distribution and prioritisation between the various health and care services?

Coordination

Smoothly functioning health services require extensive cooperation and coordination within and between specialist health care services and municipal health and care services - across organisations, areas of specialisation, levels and professions. It is essential that treatment is provided at the right time and in the right place. There is a need for more knowledge about when and how the services should be organised to ensure that the needs for measures and resources can be identified at the right point in time during a patient pathway. One important aspect of coordination is correctly setting priorities for a development trajectory. It is also vital that the users feel they are receiving safe and “seamless” health and care services of high quality. It is essential to generate knowledge about how the services can implement optimal processes and trajectories that enable users and patients to move efficiently through the system, from one point to the next, including the length of time spent at various stages, etc.

A critical issue is the distribution and implementation of responsibility for rehabilitation following a hospital stay. This involves both rehabilitation in the home and in municipal institutions, including the circumstances and roles of local nursing homes. More knowledge is needed about coordination within the treatment teams, between municipal and specialist institutions, placement of responsibility in relation to level, and coordination between established medicine and alternative and complementary medicine. The same holds true for the implementation of and responsibility for preventive health services, cf. experience with various ways of organising these services in the municipalities. There is little research-based knowledge about the design, composition, organisation and management of preventive health services.

Greater understanding of the organisational, profession-related and financial factors that may promote or inhibit coordination is also needed. This is especially true in relation to the allocation of responsibility for various types of services at different administrative levels. It also applies to financing of the services and to determining the level of differentiation between primary and specialist health care services. Coordination takes place within organisations and between professions. Due to the trend towards increasingly in-depth medical specialisation, coordination within the hospitals is a major challenge, especially with regard to patients with an unclear medical situation and complex needs. It is important to investigate the degree to which an increasingly specialised health service is able to maintain a holistic approach to the patients.

Coordination highlights the need for cross-disciplinary cooperation and greater scientific breadth. Research should therefore be tied to the most important professional groups and cooperation between them. Links between national registries that contain data on social factors, employment status and health at the individual level could increase knowledge about the use and quality of the health services. Research on this type of registry data makes it possible to study how reforms and changes in the management and financing systems work. Research on how various processes are performed and the effects of various methods of coordination may be useful for developing better services.

Medical developments have resulted in shorter patient stays in hospital and more frequent use of out-patient services at polyclinics. Users are receiving an increasing number of municipal health and care services in their own homes and spend only short periods in institutions. In recent years a number of measures have been implemented to achieve better patient pathways and a higher quality of services, such as area geriatric teams, regional medical and psychiatric centres, coordinated measures to increase competency in hospitals and municipalities,

practical training and visiting student schemes. Research in areas where coordination is both essential and challenging may be a source of valuable insight. This is especially the case for rehabilitation and health and care services for individuals with mental disorders, substance abusers, the chronically ill, and persons with age-related disorders.

Information and communication technology (ICT) and telemedicine are playing an increasingly important role in the health and care services. The Coordination Reform identifies structural conditions that must be in place to achieve effective coordination, and mentions ICT in particular. Research-based development of telemedicine and ICT solutions for the health and care services may boost improvements in the services and help to improve treatment for patients.

Management, leadership, planning, financing and prioritising

Some of the welfare state's most important, and most complicated, tasks lie within the realm of health services. This is the case for the specialist health care services, which are now administered through state ownership, as well as the municipal health and care services, which are largely shaped at the local level. The health and care services are continually faced with new challenges related to management and leadership. The health and care sector is in a constant state of growth, fuelled by research and technological development - including ICT - which yield new treatment possibilities and forms. New technology may provide the basis for significant savings, but may also initially entail increased costs. It is important to analyse the priorities that are being set at various levels and what it is that drives these, including priorities related to new, expensive technology and treatment. The demand for health and care services is, in principle, insatiable, and it is escalating as a result of medical and technological developments as well as cultural and demographic trends.

Norway leads the world in terms of resource investment in health and care services. There is a need for research-based knowledge about the organisation and management of the health and care services viewed in relation to priorities, cost effectiveness, needs for expertise, quality, patient safety and user satisfaction on the one hand and the social significance of these services for value creation and productivity on the other.

Norway has a growing number of immigrants with a variety of cultural backgrounds who are both users and employees of the health and care services, and more knowledge is needed about the challenges and opportunities inherent in this.

In order to meet future challenges, knowledge about measures for recruiting and keeping personnel, including men, in the care services is essential. It is also important to learn more about how scientific expertise and good quality within the services can be safeguarded. This includes a culture for user-centred services that emphasises human contact and puts focus on quality enhancement and patient safety. The more long-term national and municipal planning of the health and social services sector should be followed up with research on planning processes, planning documents, implementation and evaluation. A key issue is the extent to which there is correlation between national policy on the one hand and the activities that are planned and implemented within the municipalities and regional health authorities on the other. Research is intended to enhance the knowledge base underlying planning activities, both at the national and local level. This requires understanding of historical development trends, the social significance of these services and the considerable challenges that arise from e.g. demographic trends. Research for use in planning also implies that it must be possible to link activities to development efforts and innovation in the health and care services field.

Greater understanding must be sought about the impact on primary goals such as prioritising, quality, patient safety, accessibility and efficiency of the choices taken with regard to the financing system, wage schemes, (de)centralisation of decision-making authority and service production, and the relationship between planned and market-driven solutions. There is a need for research on organisational decision-making, activities and attempts to initiate change to analyse how management principles and techniques are interpreted and how they shape the services at the local level. Other important issues include the consequences that the different system solutions have had, or may have, for coordination between the various players and service levels, for the position of users in the system, and for education and research. Comparisons of performance assessment frameworks and health services management may also provide crucial knowledge.

A variety of methods for prioritisation and regulation, such as health economics analyses, evaluation of medical technologies, national guidelines, instructions for priority-setting, patient pathways and accreditation, have been used to bring a greater degree of rationality to the process of establishing objectives and means. There is a need for knowledge about the processes that prompt prioritisation and regulation, as well as the principles underlying these. Cross-disciplinary and comparative studies of prioritisation and regulatory processes have great capacity to provide a better understanding of how various methods work, as well as their limitations, and potential for development.

4b Strategic priorities

Projects will be assessed on the basis of their scientific merit and relevance relative to the programme's thematic priority areas and objectives. The programme will give priority to high-quality projects that will help to develop and strengthen dynamic research communities. Grant proposals are expected to describe how the proposed project fulfils the objectives of the programme and to specify which of the work programme's thematic areas the project addresses. The programme board may stipulate more specific priorities within the thematic priority areas that are described in general in the work programme. These and other more detailed guidelines will be specified in the funding announcements issued by the programme.

The programme will attach importance to the incorporation of interdisciplinary and multidisciplinary approaches as well as collaboration between research groups to promote effective and relevant knowledge generation. The programme grants funding to researcher-initiated projects within the programme's priority thematic areas, but the programme board may also decide to initiate specific projects in an effort to strengthen certain research areas.

Priority will be given to applications for Researcher Projects and Personal Post-doctoral Research Fellowships. The programme is planning to develop an Industrial Ph.D. scheme for the public sector on a trial basis. Applicants are encouraged to integrate a doctoral research fellowship or post-doctoral research fellowship into a researcher project proposal to promote recruitment to the field. Project proposals that incorporate cross-disciplinary researcher networks or cooperation between researchers in different environments, for example, universities, independent research institutes and university colleges, will be looked upon favourably.

The objective of the Innovation Projects for the Public Sector application type is to stimulate R&D activity in the public sector. The programme will give priority to projects that contribute

especially to innovation and sustainable value creation in the public sector and among users. Potential applicants include entities from the public sector, groups of such entities and organisations representing the public sector or its users.

The programme seeks to promote international researcher exchange and will give priority to this by providing support for research stays abroad for Norwegian researchers and for international guest researchers to spend time at Norwegian institutions. For post-doctoral research fellows, a stay abroad during the fellowship period is highly recommended. International cooperation may be incorporated into Researcher Project proposals by applying for funding for Norwegian researchers to spend time abroad in an international researcher group (Personal Overseas Research Grant) and by inviting recognised international researchers to participate in Norwegian research communities (Personal Visiting Researcher Grant). Applications for these types of grants will be assessed on an ongoing basis.

In conjunction with The Commonwealth Fund in the US, the Research Council of Norway and the Norwegian Knowledge Centre for the Health Services issued a funding announcement for a Norwegian Harkness Fellowship in Health Care Policy and Practice for the first time in 2009. The award of an annual Harkness Fellowship will be given priority under the programme throughout the programme period.

Applications will be accepted for partial funding of major international researcher conferences in which Norwegian researchers have undertaken commitments as conference host and organiser. These applications will be assessed on an ongoing basis.

Both the application types and application procedures may be subject to change during the programme period, in compliance with prevailing Research Council guidelines. For more information on the various types of funding, see the Research Council's website: www.forskningsradet.no. The deadline for submission of grant proposals under the programme corresponds to the Research Council's application deadlines and will be announced on the website.

5. International cooperation

The Research Council's Strategy on International Cooperation (2010-2015) cites increased internationalisation of Norwegian research as one of five primary objectives, and the government white paper *Commitment to Research* (2008-2009) identifies internationalisation as a cross-cutting research policy area.

Many of the key topics and challenges in Norwegian research are the focus of research activity in other countries as well. International research collaboration and the flow of knowledge across national borders are essential, especially if we are to find viable solutions to global challenges. International cooperation is vital for improving quality and enhancing capacity in Norwegian research, and Norwegian researchers should both benefit from and contribute to international knowledge sharing. International cooperation is especially crucial for conducting high-quality comparative research that can generate important new insight. The Norwegian research community must also seek to attract the very best researchers and position itself at the international forefront in selected research areas.

The programme board is responsible for implementing strategic activities to boost international research cooperation within relevant priority areas of the programme. To this end the programme board will:

- allocate funding for research stays abroad for Norwegian researchers and stays at Norwegian institutions for guest researchers;
- encourage Norwegian researchers to establish contacts with researchers abroad and researcher networks, and to initiate collaboration on projects and grant proposals under relevant Nordic and European programmes or schemes, such as NordForsk, the EU Framework Programme, European Cooperation in Science and Technology (COST) and the ERA-NET scheme;
- expand the Nordic Network for Healthcare Management Research (NOHR, www.nohrnet.org);
- based on the letter of intent between the Research Council and the NIH, establish collaboration with the US on a forum for comparative effectiveness research;
- continue cooperation with the Norwegian Knowledge Centre for the Health Services and The Commonwealth Fund on funding for Norwegian Harkness Fellowships in Health Care Policy and Practice.
- promote international research cooperation that makes use of joint European infrastructure;
- ensure that information about the programme and projects under the programme is available in English;
- assess relevant forms of international cooperation at the programme level.

The programme also aims to establish cooperative forums and networks in the Nordic region in the programme's priority areas. Research projects that include Nordic cooperation are therefore encouraged when such cooperation is relevant and appropriate.

6. Communication and dissemination activities

It is essential that findings from projects funded under the programme are published in international, peer review journals or in edited anthologies published by internationally recognised publishing houses. This is an important means of quality-assuring and disseminating research findings. International scientific cooperation at a high level is most often established in the wake of publication, with equal partners finding common interests and discerning mutual ways to benefit from cooperation.

In addition to the research community, the target groups for the research results are politicians, public health administrators, health professionals, the users, patients and the public-at-large. The programme addresses issues that are closely linked to health policy concerns, and there is a great need for wide-ranging dissemination of information.

Researchers receiving funding from the programme are encouraged to participate actively in debates, seminars and conferences in Norway and abroad. The programme will arrange research symposiums, topic-oriented meetings and conferences on a regular basis.

Aspects pertaining to information activities must be taken into account when research projects are planned. Research that is of special interest to those who plan and administer health services should be presented briefly and concisely. Other important channels for popularising research results include newspaper articles and popular magazines, etc.

The programme will seek to maintain extensive, updated information on projects and programme activities on its website: www.forskningradet.no/helseomsorg.

7. Budget

The programme spans a five-year period from 2011 to 2015, and has a budget in 2011 of NOK 73 million. The main source of funding for the programme is the Ministry of Health and Care Services, which is responsible for the policy areas described in this work programme. The programme plans to issue annual calls for proposals for research funding up to and including 2013, provided the budget allows for this.

The size of the budget will determine which activities may be launched. Efforts will be made to ensure that the projects awarded funding receive realistic allocations and thus benefit from satisfactory working conditions with a view to achieving high-quality results. This will naturally influence the degree to which the programme's objectives are achieved.

8. Coordination with other related instruments at the Research Council

Health and care services research spans a broad field that has no clear boundaries, and is by its very essence interdisciplinary, multidisciplinary and applied. This poses special challenges to the organisation of research activities within a programme framework, as well as to the establishment of thematic boundaries.

The programme shares an interface with several health science research programmes and other R&D activities at the Research Council. The most closely related are:

- The primary objective of the *Research Programme on Public Health (FOLKEHELSE)* is to generate new knowledge about the factors that influence public health, the causes of social inequalities in health, and the instruments designed to reduce these differences and improve public health. Social inequalities may lead to differing needs for health and care services and differing opportunities for benefitting from the services. Activities under the HELSEOMSORG programme will provide greater understanding of how the health and care services can counteract rather than contribute to social inequalities.
- The primary objective of the *Research Programme on Mental Health (PSYKISKHELSE)* is to generate relevant knowledge about causal relationships, prevention and treatment with the aim of promoting mental health. Activities under the HELSEOMSORG programme will develop knowledge to improve the organisation, coordination and cohesiveness of the services offered to individuals with mental health disorders.

- The primary objective of the *Programme on Alcohol and Drug Research (RUSMIDDEL)* is to produce relevant knowledge about alcohol and drugs with the aim of reducing substance abuse problems in society. As a result of national reforms in the field of substance abuse, the regional health authorities now have greater responsibility for the prevention and treatment of alcohol and drug-related problems, which in turn highlights the need for research-based teaching on alcohol and drug-related subjects in health profession education. Activities under the HELSEOMSORG programme will increase insight into the organisation, coordination and cohesiveness of the services offered to substance abusers.
- The primary objective of the *Research Programme on Clinical Research (KLINISKFORSKNING)* is to enhance the knowledge base for preventive measures, diagnostic methods, and treatment and rehabilitation measures through clinical trials. Clinical research conducted under the auspices of the health and care services does not lie within the scope of the HELSEOMSORG programme. However, research that investigates how the results from clinical research can be implemented in practice, known as implementation research, does.
- The *Research Programme on Welfare, Working Life and Migration (VAM)* addresses issues such as ageing, the consequences of greater prosperity and wealth, international migration, the family and society, value creation and organisation within working life, and support for and organisation and management of the welfare society. Activities under the HELSEOMSORG programme will increase insight into today's situation, in which increased immigration is leading to a population that has a wider variety of health problems and different views on health and disease from those the health services traditionally have had to address.
- The *Programme on Global Health and Vaccination Research (GLOBVAC)* conducts research to improve the health status of marginalised population groups in low- and middle-income countries. The programme is designed to produce new knowledge and products, as well as to strengthen research capacity in Norway and build international cooperation and partnerships with research groups in low and middle-income countries. Internationalisation and migration give rise to new groups of users of the health and care services as well as new groups of health and care workers with various cultural and ethnic backgrounds. Activities under the HELSEOMSORG programme will contribute new knowledge to this field.
- The funding scheme for *Independent Basic Research Projects in Medicine, Health Sciences and Biology (FRIMEDBIO)* accepts and assesses grant applications for projects on all research questions and thematic areas within health and care services research.
- The *Research Programme on Core Competence and Value Creation in ICT (VERDIKT)* is the Research Council's large-scale programme on ICT research that produces results designed to address major social challenges, especially in the areas of the environment, climate, energy and health.

Collaboration between the HELSEOMSORG programme and these related programmes on the assessment and funding of applications will be established when this is relevant.

Cooperation between programmes may also include joint measures related to dissemination, conferences and similar tasks.

Consideration will also be given to participation in a strategic collaborative effort on a national initiative on health and care services research with the regional health authorities, the universities and university colleges, and the Norwegian Association of Local and Regional Authorities (KS).

9. Organisation

9.1 The programme board

The programme board was appointed by the Research Board of the Division for Science. After the restructuring of the Research Council, and as of January 2011, the programme is administered under the auspices of the Division for Society and Health. The programme board is responsible for ensuring that the programme achieves its stipulated objectives and is implemented as efficiently as possible within the framework approved by the division research board. The tasks of the programme board are primarily strategic in nature, and the programme board reports to the division research board via the Director of the Department for Health and the Executive Director of the division. The Research Council administration is responsible for the day-to-day operation of the programme.

9.2 Smaller task forces

The programme board may delegate certain tasks, such as special assignments from the Research Council or the public administration, to a smaller task force comprised of programme board members. These task forces will report to the programme board.

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10 . Key documents

- Report No. 20 (2004-2005) to the Storting: *Commitment to Research*
- Report No. 30 (2008-2009) to the Storting: *Climate for Research*
- The Research Council of Norway's Policy for Medical and Health Science Research 2007-2012
- The Research Council of Norway's Strategy on International Cooperation 2010-2015
- Helse- og omsorgsdepartementets forskningsstrategi 2006-2011 ("The Ministry of Health and Care Services' Research Strategy 2006-2011") (Norwegian only)
- National Health Plan for Norway (2007-2010)
- Nasjonal strategi for habilitering og rehabilitering 2008-2011 ("National Strategy for Habilitation and Rehabilitation 2008-2011") (Norwegian only)
- Nasjonal strategi for kvalitetsforbedring i sosial- og helsetjenesten (2005-2015) ("National Strategy for Quality Enhancement in the Social and Health Services 2005-2015") (Norwegian only)
- Official Norwegian Reports 2005:3 *Fra stykkevis til helt - en sammenhengende helsetjeneste* ("From Piecemeal to Unified - Cohesive Health Services") (Norwegian only)
- Report No. 47 (2008-2009) to the Storting: *The Coordination Reform: Proper Treatment – at the Right Place and Right Time*
- Report No. 7 (2008-2009) to the Storting: *An Innovative and Sustainable Norway*
- Report No. 25 to the Storting (2005-2006): *Long Term Care – Future Challenges*, including the Care Plan 2015 and Dementia Plan 2015

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