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The Norwegian Harkness-experience 2010–2025

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The Harkness Fellowships, offered by The Commonwealth Fund, provide mid-career professionals from selected countries—including Norway—with a year-long opportunity to conduct health policy research in the U.S. The program aims to develop international leaders by fostering comparative research and collaboration across health systems. Fellows are placed at leading U.S. institutions, engage with mentors, participate in seminars, site visits, and policy briefings, and present their findings at a final seminar. Since Norway joined the program in 2010, 14 Norwegian fellows have completed the program, supported by the Norwegian Knowledge Centre for Health Services, the Norwegian Institute of Public Health and the Research Council of Norway.

The Norwegian fellows have explored a wide range of topics including equity, overdiagnosis, telemedicine, and care for chronic conditions. They report that the program fosters both professional and personal development, new research collaborations, and lasting networks. Their contributions have enriched Norwegian health services research and policy through publications, policy advice, and policy and practice innovation. The program is considered a valuable source of international perspective and leadership development for improving health care systems.

The Harkness Fellowships in Health Care Policy and Practice, offered by The Commonwealth Fund, is a prestigious, year-long fellowship program designed for midcareer professionals — policymakers, researchers, clinical leaders, health care executives, and journalists — from selected countries, including Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Singapore, and the United Kingdom (1).

The Harkness Fellowships are named after Edward Stephen Harkness (1874–1940) (fig. 1), an American philanthropist who established the fellowships in 1925. He was the son of Anna Maria Harkness (1837–1926)

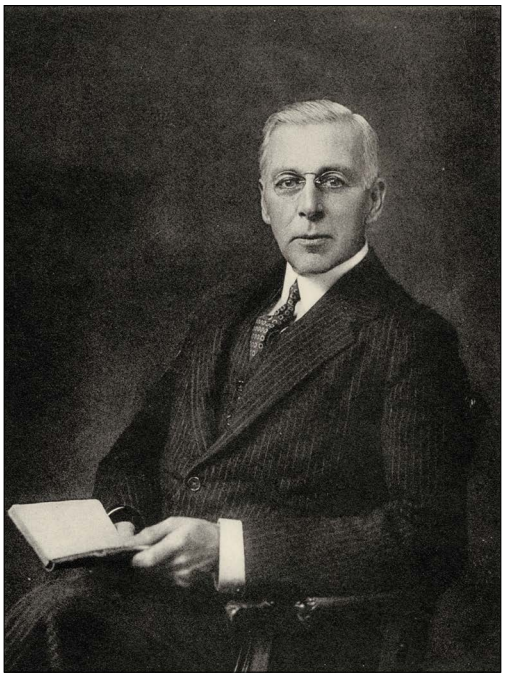

Figure 1. Edward Stephen Harkness (1874–1940)

Figure 2. Anna Maria Harkness (1837–1926)

(fig. 2) and Stephen Vanderburgh Harkness (1818–1888), an American businessman based in Cleveland, Ohio. Anna M. Harkness founded the Commonwealth Fund in 1918. The fellowships were first offered in 1925 and envisioned as a "reverse Rhodes Scholarship" with a broader societal scope (2).

Today, the Commonwealth Fund's mission is "to promote a high-performing, equitable health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including people of color, people with low income, and those who are uninsured" (3). Since 1997, the fellowship program has focused exclusively on health care policy and practice, and it remains a flagship of the Fund's International Health Policy and Practice Innovations program.

Norwegian health care

Norway is a Nordic country with a population of approximately 5,6 million, known for its strong welfare state and commitment to social equity. Its tax-based government funded health care system is a central pillar of this

model, emphasizing universal access, equity, and high quality of care. Norway provides universal health care coverage to all residents through membership of the National Insurance Scheme (4). Four regional health authorities, owned by the central government, are responsible for provision of specialist health services for the population in their region, while primary health care is the responsibility of 357 municipalities.

Like many other developed countries, Norway faces challenges such as an aging population, waiting times for elective procedures, workforce shortages, and balancing cost containment with innovation and quality. The Norwegian health care system is often ranked in the top tier in the Commonwealth Fund's international survey of health systems (5) and in other international comparisons of system performance like OECD's international comparative report *Health at a Glance* (6). Coordination of care across and within service levels continues to be a challenge due to lack of an integrated electronic health record, lack of organizational structures, different financing models and regulatory frameworks across the two levels of the health care system.

Since the Norwegian health care system is predominantly publicly funded, most hospitals are owned by the government, and most municipalities are small in population size, exposure to integrated and digitally mature health systems in other countries may model and inspire new ways of delivering health services. The last 15 years, Norway's participation in the Harkness fellowship program has been important for exchange of ideas and inspiration to how health care systems and health care delivery can be improved.

The Harkness Fellowship program

The aim of the Harkness Fellowship program is to develop international leaders in health policy and practice by providing them with the opportunity to conduct comparative research on critical health care issues in the U.S. Applicants must demonstrate a commitment to improving health care systems, especially for vulnerable populations, and have a strong track record in policy, research, or leadership. The Commonwealth Fund appoints up to 13 Harkness Fellows each year. The typical current annual distribution is one each from Australia, Canada, and France; two each from Germany and the Netherlands; one each from New Zealand and Norway; and four from the United Kingdom.

Fellows are placed at leading U.S. universities and health care organizations. Each fellow is paired with one or more mentors based in the U.S. who offers mentoring, guidance, technical expertise, and provides access to networks and data.

Harkness Fellows build a strong international network of health policy experts, and during their year in the U.S. they are expected to produce policy-relevant outputs such as journal articles, policy briefs, or multimedia content.

Fellows usually start their year in the U.S. in August or September. The fellowship program starts with an orientation week held at the Commonwealth Fund headquarters in New York City. During this week Harkness fellows are introduced to each other and to the Commonwealth Fund, and they learn about current health care delivery system and health policy issues in the U.S.

The fellow program contains regular seminars, site visits to health care organizations and agencies, and policy briefings. Fellows are given the opportunities to meet with policy leaders, academics, and health care professionals who are involved in innovation and improvement of health care service delivery. During a week in Washington D.C. fellows get a firsthand understanding of how health policy is developed and implemented in the U.S. Fellows meet with members of Congress, experts in Medicare and Medicaid policy, leaders of political advocacy organizations, and political strategists. The year is closed with a final reporting seminar where fellows present their findings. The Fund arranges dinners for family members and partners.

During the final lunch, all the fellows are asked to share their most important experiences from their stay. One question that everyone is asked during this round is the following: If you were to fall ill and need medical care, after having observed the U.S. healthcare system for about a year, would you choose to be treated here or in your home country? Interestingly, as far as is known, all Norwegian fellows have chosen the Norwegian healthcare system over those in the U.S.

Norwegian Harkness Fellows

John-Arne Røttingen, who served as Chief Executive of the Norwegian Knowledge Centre for the Health Services (Nasjonalt kunnskapssenter for helsetjenesten) from 2004 to 2011, initiated Norwegian participation in the Harkness Fellowship program from 2010. The Norwegian Knowledge Centre for the Health Services served as the Norwegian collaborating institution for The Commonwealth Fund until 2016, when the Knowledge Centre was incorporated into The Norwegian Institute of Public Health. Since then, The Norwegian Institute of Public Health has been the responsible collaborating institution in Norway. The Research Council of Norway has been a reliable sponsor of the Norwegian Harkness fellowship program from the onset in 2010 throughout the last 15 years.

Applications for the fellowship has each year been openly invited from "skilled professionals in the healthcare sector who are mid-career and are

engaged in improving the healthcare system through analysis and research, as well as leadership". The target group for the fellowship has been researchers, leaders or journalists who are in a phase of their professional development where the experiences gained from such a scholarship can have significant value for their future work.

The selection process has been managed by a Norwegian Harkness Selection Committee in cooperation with the Commonwealth Fund. The selection Committee has included representatives from the Norwegian Knowledge Centre for the Health Services, the Norwegian Institute of Public Health (from 2016), the chairs of the Board for the Research Programme on Health and Care Services (until 2015) and the Board of the Health, Care and Welfare Services Research (HELSEVEL) (until 2024) at the Norwegian Research Council, and Norwegian experts on health care. Advertising for next year's scholarship usually begins in the preceding spring, with an application deadline in November the year before. The committee may approach and nominate potential applicants.

The applications contain a statement of professional objectives, a curriculum vitae, four letters of reference, and examples of work products, such as journal articles, reports, or other pieces of writing. Candidates are also asked to include an outline of a research project of interest and relevance both to Norwegian and U.S. health care policy in their application. The last three years, the number of applicants has varied between three and four well-qualified professionals. During winter and springtime, applicants have been interviewed and a new fellow selected. The choice of placement and mentors has been administered by the Commonwealth Fund.

Except from the academic year 2020–2021, when the program was paused due to the COVID-19 pandemic, a Norwegian Harkness fellow has been selected each year since 2010. So far, 14 fellows, seven women and seven men from various Norwegian universities, colleges, research institutes, and agencies, have completed the program. They represent a diverse background from medicine, nursing, ethics and health economics (table 1).

Impact and experiences

In this book, 13 Norwegian Harkness fellows share their experiences and reflections. They were invited to describe their research projects, main findings, and how the project has had an impact nationally and internationally. Further, we invited them to share their thoughts on how the experiences and exposure to U.S. health care and health policy has had an impact careerwise. We also welcomed any reflections on future research or policy work to promote access, equity, and quality.

Table 1. Norwegian Harkness fellows' placements, projects and mentors.

Fellow (year) and placement	*Project title and mentor(s)*
Berit Bringedal (2010–2011) Harvard School of Public Health	**Project title:** *Should Personal Responsibility for Health Influence Access to Health Care? The Use of Wellness Incentives in U.S. Workplaces* **Mentors:** Professor Norman Daniels (Harvard School of Public Health). Professor and Director James Sabin (Harvard Pilgrim Health Care Ethics Program, Harvard Medical School)
Atle Fretheim (2011–2012) Harvard Medical School	**Project title:** *A Comparative Study of Methods for Evaluating Health System Interventions* **Mentor:** Professor Stephen Soumerai (Harvard Medical School)
Hans Olav Melberg (2012–2013) University of Pennsylvania	**Project title:** *Integrated Care and Incentives: Who Are the Most Expensive Patients and What Does It Tell Us About the Health Care System?* **Mentor:** Professor Mark Pauly (Wharton School University of Pennsylvania)
Jan Frich (2013–2014) **Placement:** Yale School of Public Health	**Project title:** *Building Capacity for Clinical Leadership* **Mentor:** Professor Elizabeth H. Bradley (Yale School of Public Health)
Bjørn Hofmann (2014–2015) Dartmouth Institute for Health Policy and Clinical Practice, Dartmouth College	**Project title:** *Avoiding Over-Diagnosis as a Strategy for a High Performing Health Care System* **Mentors:** Professor Glyn Elwyn (Dartmouth College) and Dr. H. Gilbert Welch (Dartmouth College)
Meetali Kakad (2015–2016) Brigham and Women's Hospital	**Project title:** *Using Big Data to Transform Healthcare Outcomes: Lessons from the Field* **Mentor:** David Bates (Brigham and Women's Hospital and Harvard School of Public Health)
Birgitte Graverholt (2016–2017) Brown University School of Public Health	**Project title:** *Reducing Hospitalizations from Nursing Homes* **Mentor:** Professor Vincent Mor (Brown University School of Public Health)
Marianne Storm (2017–2018) The Dartmouth Institute of Health Policy and Clinical Practice, Dartmouth College	**Project title:** *Quality in the Coordination and Continuity of Mental Healthcare* **Mentors:** Professor and Director Stephen (The Dartmouth Institute for Health Policy and Clinical Practice), Professor Martha L. Bruce (Geisel School of Medicine)
Unni Gopinathan (2018–2019) Department of Population Medicine, Harvard Pilgrim Health Care Institute and Harvard Medical School	**Project title:** *Driving Leadership and Priority for Prevention and Population Health: Impact and Experiences from Health Policy and Organizational Models in the United States* **Mentors:** Director Frank Wharam (Harvard Medical School) and Clinical Professor / Adjunct Professor Roberta Goldman (Brown University / Harvard T.H. Chan School of Public Health)

Fellow (year) and placement	*Project title and mentor(s)*
Christer Mjåset (2019–2020) Harvard T.H. Chan School of Public Health and Harvard Business School	**Project title:** *From Volume to Value in Spinal Surgery: What Promotes Successful Uptake of Value-Based Health Care?* **Mentors:** Professor Meredith Rosenthal (Harvard T.H. Chan School of Public Health) and Chief Medical Officer Thomas H. Lee (Press Ganey Associates)
Ane-Kristin Finbråten (2020–2021) Weill Cornell Medical College	**Project title:** *Progress and Challenges in Eliminating Hepatitis C Virus by 2030: A Study of Two Health Care Models and the Impact of the COVID-19 Pandemic* **Mentors:** Professor Bruce Schackman (Weill Cornell Medical College), Assistant Professor Shashi Kapadia, (Weill Cornell Medicine), and Assistant Professor Benjamin Eckhardt (New York University Grossman School of Medicine)
Hanne Marie Rostad (2022–2023) Brown University School of Public Health	**Project title:** *Disparities in Dementia: The Effects of Nursing Home Quality on the Short- and Long-Term Outcomes of People with Dementia* **Mentors:** Assistant Professor Elizabeth White (Brown University School of Public Health) and Professor Vincent Mor (Brown University School of Public Health)
Iselin Dahlen Syversen (2023–2024) Stanford University	**Project title:** *Towards Equitable Access to Medicines Through Increased Transparency in the Pharmaceutical Market* **Mentors:** Professor Kevin Schulman, (Stanford University School of Medicine) and Professor Aaron Kesselheim (Harvard Medical School and Brigham and Women's Hospital)
Jacob Jorem (2024–2025) Harvard Medical School, and Columbia University Mailman School of Public Health	**Project title:** *Geographic Reach of Mental Health Specialists Adopting Telemedicine and Impact of Implementing Medicaid-Funded Mobile Crisis Services on Beneficiaries with Mental Health Conditions* **Mentors:** Professor Haiden Huskamp (Harvard Medical School) and Professor Michael Sparer (Columbia University Mailman School of Public Health)

Norwegian Harkness fellows have been placed at different institutions, including Harvard University, University of Pennsylvania, Yale University, Dartmouth College, Brown University, Cornell University, and Stanford. The fellows' projects cover a wide range of topics, including health care expenditure and financing models, priority setting, methods for evaluating heath policies, leadership development, over-diagnosis, use of "bid data", coordination of care, value-based health care, innovative health care delivery models for dementia and other chronic conditions, price negotiations for prescription drugs, and the uptake of telemedicine in mental health care (7–19). Several projects explicitly address health disparities, equity, and access to health care.

A salient feature of U.S. that differs significantly from Norway is the state-by-state variation that works as "a "laboratory" for research using comparative methods", as Unni Gopinathan puts it (14). The Norwegian fellows have learned how different regulatory frameworks, delivery systems, and financing models operate, and these insights are particularly relevant for the Norwegian health care systems with less variation.

The fellows have shared their insights and findings through presentations at conferences and meetings. Several fellows have contributed through policy advice and Norwegian government reports and White papers.

The impact of the Harkness Fellowship extends way beyond the research project. The fellows recount positive experiences of interacting with experts, academics, policy makers, and other fellows from around the world. Many fellows have made new professional contacts and have taken part in new research initiatives during or after their year in the U.S. Their accounts clearly show that new and lasting research collaborations have been formed.

Several fellows emphasize the personal development and leadership insights that the fellowship fostered, as Iselin Dalen Syversen puts it (18):

> "Reflecting on my fellowship year, I didn't just gain new knowledge and skills about disparities research—I acquired a whole new perspective on leadership. Before heading to the United States, I thought leadership was about big decisions and grand gestures, but I learned that true leadership lies in the everyday actions and interactions—sharing knowledge, offering resources, and helping others shine."

We would argue that the Norwegian participation in the Harkness Fellowships program, and the financial support from the Research Council of Norway, has benefited Norwegian health policy, health care and health services research. The Norwegian Fellows' accounts demonstrate that being exposed to the diversity of U.S. health care as a Harkness fellow nurtures curiosity, refines research and leadership skills, and provokes new ideas and questions. Further, Norwegian fellows return from the fellowship program with an international perspective, novel insights, research findings and an international network that represent steppingstones for improvement and innovation of health care services and health policy in Norway and internationally.

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