

# Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)

[NORWAY]

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## Overview of the HEPA PAT

This tool is divided into four sections:

- Section A** aims to capture an overview of the *government structure* and *history* of physical activity policy in your country;
- Section B** is concerned with the *content* of relevant policy and the *development* process of identified HEPA policy;
- Section C** is focused on the experience of *implementation* of the HEPA policy;
- Section D** presents a short summary of the *process undertaken* to complete the HEPA Policy Audit Tool and who was involved in the process

### SECTION A – Background information and context

1. Please provide an overview of the ***institutional structure*** in your country. Provide enough detail to assist the reader in understanding the government / organisational system in your country and where physical activity policy and action has previously been addressed. Include details of whether your country has a centralised or federal structure, as well as which level of government is responsible for health, physical activity, sports and recreation.

#### *The Storting*

The Storting is the Norwegian Parliament. It is the supreme arena for political debate and decision-making in the Kingdom of Norway. The Storting represents the ultimate expression of the sovereignty of the Norwegian people. Through the Storting, it is the people who govern the country, introduce legislation, authorize public spending, impose taxes and control the work of the Government.

There are 169 elected members of the Storting. Parliamentary elections take place every four years. There are no by-elections, nor is there any constitutional provision to dissolve the Storting between elections.

The system of parliamentary rule means that it is the Storting that determines the composition of the Norwegian Government. It is also the decision of the Storting to decide whether or not to initiate a referendum on a particular issue.

The main functions of the Storting are to

- pass new legislation, and amend and repeal existing legislation,
- determine annual state revenues and expenditures by considering and adopting the Fiscal Budget,
- supervise the Government and public administration,
- authorize plans and guidelines for the activities of the State and debate broader domestic and foreign policy issues.

#### *The Government*

17 ministries are represented in the Government. The Ministry of Health and Care Services has the overall responsibility for government policy on health and care services, as well as physical activity. The majority of the seventeen ministries have a responsibility for public health work in general and physical activity in particular.

### *Regional development*

There are 19 counties in Norway and the country is divided into 435 local authorities.

### Regional councils' public health tasks (1 January 2010)

County councils have been allocated increased responsibility in relation to public health.

#### *§ 3 The regional council's tasks in promoting public health*

The regional council shall promote public health, cf. § 1, within the context of those tasks that are allocated to the county council, including regional development and planning, administration and the provision of services.

The county council shall instigate and co-ordinate work in the area of public health within the county by means of measures to include the building of alliances and partnerships and supporting municipal public health measures.

Two or more county councils may co-operate on the performance of their statutory obligations where co-operation across county borders is appropriate.

#### *§ 4 Monitoring the status of public health and factors affecting public health in the county*

As a basis for public-health related work in the county, cf. § 3, the county council shall monitor as necessary the status of public health in the county and factors that may affect public health, including development trends that may create or sustain social differences in health.

The ministry may promulgate more detailed regulations and requirements concerning the county council's monitoring of the status of public health in the county, together with contributing factors, including the duty to undertake surveys of the population of the county and of the content and implementation of such county surveys.

More information;

<http://stortinget.no/en/In-English/>  
[www.regjeringen.no/en/the-government/stoltenberg-ii.html?id=85843](http://www.regjeringen.no/en/the-government/stoltenberg-ii.html?id=85843)  
[www.government.no](http://www.government.no)  
[www.fylkesmannen.no](http://www.fylkesmannen.no)

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2. a. Please provide details (title, publication date, issuing body) of the **key policy documents** in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English.
- In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8.

The answer to this question is divided into strategic documents (white papers and other

action plans) in the different sectors. The sectors listed below are health, the environment, sport, transportation, education and working life. Finally, some other relevant documents are mentioned. The overview is not complete.

## Health sector

### **The Parliament White Paper No.16 (2002-2003) Prescription for a healthier Norway** (The Ministry of Health and Care Services, 10. January, 2003)

In recent decades, White Paper No.16 (2002-2003) (2003) *Prescription for a healthier Norway* has brought physical activity onto the political agenda. *The Action Plan on Physical Activity (2005 – 2009)* is one result of this white paper and is an important document that brings together the inter-sectorial work to promote physical activity and helps one to understand the factors that influence physical activity. The details of the action plan are described in question eight and the following questions.

“Prescription for a healthier Norway” emphasises the importance of physical activity for the health and wellbeing of the population. The paper describes public health work as the total effort of society to strengthen whatever contributes to improved health and to counter whatever poses a health risk.

The white paper underlines the importance of physical activity in public health work and is one of the most important political documents related to public health and physical activity of the last 10 years.

More information:

<http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/20022003/stmeld-nr-16-2002-2003-.html?id=196640> (Norwegian)

### **White Paper No. 47 (2008-2009) The Coordination Reform Proper treatment – at the right place and right time** (The Ministry of Health and Care Services, 19. June 2009)

In public health spending per capita, Norway ranks high among the OECD (the Organisation for Economic Co-operation and Development) nations – but we have not achieved correspondingly high health gains. Increases in the incidence of diseases that require long-term care and geriatric needs, have led to long waiting periods. Moreover, the cost of modern treatment needed by most of those cases, is high. These have raised the question of sustainability, which requires our immediate attention.

The Coordination Reform identifies three major challenges Norwegian health services face. It recommends five means of resolving them.

#### *Challenges:*

- 1 Patients’ need for coordinated services is inadequately met.
2. Increase in the avoidable medical problems arising from inadequacies in the health services in disease limitation and prevention.
3. Changes in demography and types and incidence of disease.

Some of the key steps for the future work are:

- A clearer role for the patient
- A new municipal role emphasising prevention, early intervention efforts, low threshold initiatives and interdisciplinary measures
- Changing the funding system so that municipal co-funding of the specialist health care services is a vital element
- Developing the specialist health care services to enable them to apply their specialised competence to a greater extent

This white paper is one of the most important documents of recent years. It is important to be aware that the document deals solely with the health sector's responsibility and does not involve the other sectors. Developing of Healthy Living Centres is a high-priority task in the Coordination Reform.

The Healthy Living Centres are included in primary health services, and physiotherapists have the professional responsibility for many of those. Where necessary, expertise has been brought in for motivational interviewing, counselling on physical activity, eating habits and smoking cessation

treatment. In the new National health care plan (2011-2015), is a new a cross sectional public health strategy mentioned. The strategy will be developed in 2012. In the new Norwegian Public Health Act, the local authorities get a greater responsibility for public health, including physical activity. This includes among others *Overview of public health and health determinants in the municipality (§5)*, *determine Goals and planning (§6)* and *The local authorities shall implement the measures that are necessary for meeting the municipality's public health challenges (§7)*

#### More information:

The Coordination Reform, summary:

[http://www.regjeringen.no/upload/HOD/Dokumenter%20INFO/Samhandling%20engelsk\\_PDFS.pdf](http://www.regjeringen.no/upload/HOD/Dokumenter%20INFO/Samhandling%20engelsk_PDFS.pdf) (English)

The Coordination Reform, full version: <http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2008-2009/stmeld-nr-47-2008-2009-.html?id=567201> (Norwegian)

National health care plan (2011-2015), full version: <http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2010-2011/meld-st-16-20102011.html?id=639794> (Norwegian)

The Norwegian Public Health Act : [http://www.regjeringen.no/upload/HOD/Hoeringer%20FHA\\_FOS/123.pdf](http://www.regjeringen.no/upload/HOD/Hoeringer%20FHA_FOS/123.pdf) (English)

#### **Primary Health Services Act**

Legislation has been used to promote physical activity by primary health services. Local authorities shall thereby promote public health and well-being and good social and environmental conditions, and shall seek to prevent and treat disease, injury and physical defects. They shall disseminate information concerning, and shall promote interest in, measures individuals themselves and the general public may take to enhance their own well-being and health, as well as public health in general.

A municipal health service shall make proposals regarding health-promoting and preventive measures in the municipality. The service shall assist in ensuring that health-related considerations are taken into account by other official bodies whose activities may affect public health. The health service shall do this by measures including the provision of advice and the making of statements and by participating in such planning and coordination bodies as may be established. The municipal health service shall provide on its own initiative information concerning the conditions referred to in the first point of the second paragraph to official bodies that have responsibility for the implementation of measures that may affect health.

#### *Regulation concerning environmental health*

The regulation clarifies and elaborates the tasks contained in chapter 4a and § 1-4 of the Municipal Health Services Act. The municipal body responsible for tasks in the area of environmental health shall give advice and make pronouncements concerning health-related considerations, including physical activity, to authorities in other sectors, as well as businesses and the general public. The regulation guidelines (Directorate of Health, IS-1104) describes forms of cooperation, arenas and fora for cross-sector co-operation in project-planning and urban-planning processes. The adviser shall contribute basic insights and the necessary factual knowledge, which shall also encompass conditions for physical activity.

#### **Environment** (including Outdoor recreation)

**White Paper No.39 (2000-2001) Outdoor recreation (Friluftsliv) - A way to better the quality of life** (The Ministry of the Environment, 27. April 2001)

The objective of the white paper is to enable everyone to engage in outdoor activities where they live, with a view to better health and a sense of wellbeing.

An important part of the work will be to secure areas for outdoor recreation (both by the purchase of land and by the use of the Planning and Building Act), facilitation and information, and to ensure the implementation of the Outdoor Recreation Act.

The White Paper is not followed up with a public national action plan. The Norwegian Directorate for Nature Management is working a strategy for improving the local environment and the opportunities for outdoor recreation and physical activity.

More information:

<http://www.regjeringen.no/nb/dep/md/dokument/proposisjonar-og-meldingar/stortingsmeldingar/20002001/stmeld-nr-39-2000-2001-.html?id=194963> (Norwegian)

**The Government's Environmental Policy and the State of the Environment in Norway.** Report No. 21 (2004–2005) to the Storting (The Ministry of Environment, 18. March 2005)

An important document for outdoor recreation activities, securing recreational areas and environmental issues related to physical activity (e.g. active transportation).

The Norwegian Directorate for Nature Management is working with a national action plan for recreation areas. The action plan is planned to be launched in 2012.

More information:

[http://www.regjeringen.no/Rpub/STM/20042005/021EN/PDFS/STM200420050021000EN\\_PDFS.pdf](http://www.regjeringen.no/Rpub/STM/20042005/021EN/PDFS/STM200420050021000EN_PDFS.pdf) (English summary)  
<http://www.regjeringen.no/nb/dep/md/dok/regpubl/stmeld/20042005/stmeld-nr-21-2004-2005-.html?id=406982> (Norwegian)

### **Outdoor Recreation Act**

The Outdoor Recreation Act establishes public rights of access to and passage through the countryside, as well as limitations to those rights. Most importantly, it establishes the universal right of free access to and passage through uncultivated land in the countryside - a right that applies regardless of ownership. The objective of the statute is "to protect the natural basis for outdoor recreation and to safeguard the public right of access to and passage through the countryside and the right to spend time there, etc., so that opportunities for outdoor recreation as a leisure activity that is healthy, promotes a sense of well-being and is environmentally sound are preserved and promoted."

*Regulation concerning the distribution of the share of the profit made by Norsk Tipping AS that is designated for sporting activities*

The regulation sets out overall guidelines regarding the use of the share of the profit made by Norsk Tipping AS that is designated for sporting activities. In general the guidelines state that the funds shall be applied for the development of sporting facilities and for the administration of the Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF), as well as for such other sporting purposes as the Ministry of Culture finds worthy of financial aid.

More information:

<http://www.regjeringen.no/en/doc/Laws/Acts/Outdoor-Recreation-Act.html?id=172932>

**The Planning and Building Act** (1. July 2009)

The configuration of our physical surroundings will affect our opportunities for being physically active. The **The Planning and Building Act will her be an important document.**

**§ 3-1.** Statutory tasks and considerations when planning building or construction projects

Within the framework of § 1-1, plans subject to this Act shall:

- f) promote the health of the Norwegian population and counter social differences in health, as well as contributing to the prevention of crime

More information:

The Planning and Building Act; <http://www.lovdato.no/all/tl-20080627-071-006.html#3-1> (Norwegian)

## Sport

**White Paper No. 14 to the Storting (1999) Sport in a State of Change - About the State's relationship to sport and physical activity** (The Ministry of Culture, 10. December 1999).

This Report to the Storting (white paper) is a follow up to Report to the Storting no. 41 (1991–92) *About sport. Popular movement and popular entertainment*.

The reasons for government involvement and support schemes for sporting purposes are linked to the intrinsic value and benefits of physical activity. By intrinsic value we mean the experience the actual performance of the activity gives in the form of pleasure and satisfaction.

Sport has often been synonymous with participation in a group activity, which has value for both the individual and society, through the establishment of networks and organisations.

The primary target groups for the state's engagement in sport, as outlined in the white paper, are children (aged 6 to 12) and young people (aged 13 to 19). It is stressed that a comprehensive offer of sports and physical activities must be ensured for children.

The white paper outlines three different objectives for interaction with voluntary organisations: a) strengthen local, voluntary membership-based activities, b) enter into value-based forms of collaboration with voluntary organisations and c) give economic support to non-profit making production of welfare services.

In the white paper, strengthening voluntary, local work for sport is a priority. Four main reasons are given for this prioritising:

- 1) Local, voluntary organised sporting activities give a number of *social benefits*, in addition to the sporting ones. The voluntary organisation of sport helps to strengthen the local community and create social bonds between parents, neighbours, competitors and other participants.
- 2) Voluntary sport provides training in *democratic forms of interaction*.
- 3) Voluntary organised sport itself provides a substantial contribution to its own operation in the form of *unpaid input*. A considerable part of this input is aimed at the operation of activities and the organisation.
- 4) Membership-based sport has traditionally been based on a *non-profit making form of organisation*.

Building sports facilities is central to increasing sporting and physical activity. The combined sporting facilities shall give as many people as possible the opportunity to participate in sport and physical activity. The buildings and facilities shall be tailored to the activity profile of the population. The white paper points out that the government wishes to have a greater focus on developing local facilities in connection with the outdoor areas of local schools.

The state also wishes to support voluntary, membership-based sport economically, so that the sports organisations can maintain and develop a good and comprehensive range of activities, primarily at local level. The intentions were to strengthen the regulatory framework for voluntary, membership-based sport at local level. Government funding for activities will

initially be channelled through The Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF). NIF is an umbrella organisation which organises all national sports federations in Norway. NIF has approximately 2.047.000 memberships and consists of 54 national federations, 19 regional confederations, app. 366 sports councils and 11.793 clubs. The Ministry's intention with the white paper is to introduce a new budgetary structure for transferring lottery funds to NIF. The goal is that a greater proportion of the funds shall be applied at local level where the activities are created.

The white paper points out that sports teams are a very important arena for creating local social networks, which will contribute to good, safe local communities.

The white paper also indicates that research and development activities shall be gradually increased.

More information:

<http://www.regjeringen.no/Rpub/STM/19992000/014/PDFA/STM199920000014000DDDPDFA.pdf> (Norwegian)

**Provisions regarding grants for facilities for sport and physical activity – 2010** (The Ministry of Culture, 2010).

It is the government's goal to contribute to the building and renovation of infrastructure, so that as many as possible can participate in sporting and physical activity. The document gives guidelines for building sporting facilities, local community facilities and facilities for outdoor pursuits in the mountains. It also discusses auditing, accounts and local and county government procedures for distributing grants.

More information:

[http://www.regjeringen.no/upload/KUD/Idrett/Publikasjoner/V-0732B\\_2010.pdf](http://www.regjeringen.no/upload/KUD/Idrett/Publikasjoner/V-0732B_2010.pdf) (Norwegian)

**Sports policy document 2007-2011 - Open and inclusive sport** (The Norwegian Olympic and Paralympic Committee and Confederation of Sports, 28. August 2007)

This document may be regarded as The Norwegian Olympic and Paralympic Committee and Confederation of Sports overall strategy document.

NIF's vision is "Sport for all". In the document, "Open and inclusive sport" is chosen as the primary goal for sports policy during the period 2007 to 2011. By means of this focus, sport wishes to:

- Give a better offer to children, young people and adults.
- Prioritise groups that are not well enough catered for in the sports clubs.
- Show respect for human worth and ensure equal opportunities for growth and development.
- Increase voluntary commitment to local value creation.

A decision on developing a new sports policy document will be taken in May 2011.

More information:

<http://nif.idrett.no/omnif/jpd/Documents/jpd.pdf> (Norwegian)

## Transportation

**White Paper No. 24 (2003-2004) National Transport Plan 2006-2015** (The Ministry of Transport and Communications, 24. March 2004)

The National Transport Plan is the main document for transportation policies in Norway. The



plan is revised frequently.

The Norwegian Public Roads Administration has developed the National cycling strategy - safe and attractive to bicycle (2003) and a follow up document *National cycling strategy - Attractive to cycling for all* (2007) which is a part of The National Transport Plan 2010-2019.

The national goals in *The National Transport Plan 2010-2019. National cycling strategy - Attractive to cycling for all* (2007).

- Increase the share of cycling trips out of the total number of trips from 5% to 8% before 2019.
- Increase the proportion of children and young people (less than 15 years) that are walking or cycling to school from 60 % to 80% before 2019.
- Increase road safety.

More information:

Report No. 24 to the Storting (2003-2004) National Transport Plan 2006–2015. Summary in English:

[www.regjeringen.no/upload/kilde/sd/red/2004/0172/ddd/pdfv/213002-english\\_summary\\_ntp.pdf](http://www.regjeringen.no/upload/kilde/sd/red/2004/0172/ddd/pdfv/213002-english_summary_ntp.pdf) (English)

National Transport Plan 2006-2015: [www.regjeringen.no/nb/dep/sd/dok/regpubl/stmeld/20032004/stmeld-nr-024-2003-2004-.html?id=197953](http://www.regjeringen.no/nb/dep/sd/dok/regpubl/stmeld/20032004/stmeld-nr-024-2003-2004-.html?id=197953) (Norwegian)

National Transport Plan 2010-2019: [www.regjeringen.no/upload/SD/Vedlegg/NTP/Binder1ntp\\_engNY.pdf](http://www.regjeringen.no/upload/SD/Vedlegg/NTP/Binder1ntp_engNY.pdf) (English)

National Transport Plan 2010-2019 full version: [www.regjeringen.no/nb/dep/sd/dok/regpubl/stmeld/2008-2009/stmeld-nr-16-2008-2009-.html?id=548837](http://www.regjeringen.no/nb/dep/sd/dok/regpubl/stmeld/2008-2009/stmeld-nr-16-2008-2009-.html?id=548837) (Norwegian)

Cycling Strategy, summary: [www.vegvesen.no/en/Professional/Environment/National+cycling+strategy](http://www.vegvesen.no/en/Professional/Environment/National+cycling+strategy) (English)

National cycling strategy - Attractive to cycling for all (2007): [www.vegvesen.no/attachment/98891/binary/155543](http://www.vegvesen.no/attachment/98891/binary/155543) (Norwegian)

Other document: [www.vegvesen.no/Fag/Fokusomrader/Miljoevnlig+transport/Sykeltrafikk](http://www.vegvesen.no/Fag/Fokusomrader/Miljoevnlig+transport/Sykeltrafikk) (Norwegian)

Other document: [www.vegvesen.no/Fag/Fokusomrader/Miljoevnlig+transport/G%C3%A5ende](http://www.vegvesen.no/Fag/Fokusomrader/Miljoevnlig+transport/G%C3%A5ende) (Norwegian)

### **Road Traffic Act** (from 1. July 1965)

The Road Traffic Act applies to all traffic on roads or in areas used for general traffic involving motorized vehicles. The Road Traffic Act, traffic rules and road-sign regulations apply as much to cyclists as to ordinary traffic.

More information:

<http://www.ub.uio.no/ujur/ulovdata/lov-19650618-004-eng.pdf> (English)

## **Education**

### **Kindergarten Act**

The Kindergarten Act provides that kindergartens shall be educational institutions and that a framework plan for kindergartens shall be established setting out guidelines for kindergartens' content and tasks.

#### *Regulation concerning a Framework Plan for Content and Tasks for Kindergartens*

The Framework Plan for Kindergartens is a regulation promulgated under powers conferred by the Kindergarten Act. The whole of chapter 5.2.5 of the framework plan is dedicated to physical activity and health. The chapter concludes by stating the following goals: Through its work in the field of physical activity and health, the kindergarten shall contribute to the children's

- development of body-management, basic locomotor-movement and manipulative skills and a positive self image
- development of positive attitudes to the active use of their own bodies through a diverse range of experiences and challenges
- development of positive attitudes to walks and recreational activities outdoors
- acquisition of good personal habits and basic knowledge of how to care for their own bodies, health and well-being.

## **Working Life**

### **Working Environment Act** (1 January 2006)

In connection with the adoption of the Action Plan on Physical Activity, this Act was amended to include new wording to clarify employers' obligations with regard to physical activity.

#### *Section 3-4. Assessment of measures for physical activity*

In connection with the systematic health, environment and safety work, the employer shall, assess measures to promote physical activity among the employees.

More information:

<http://www.arbeidstilsynet.no/binfil/download2.php?tid=92156> (English)

**Labour and Welfare Administration Act** (Lov om arbeids- og velferdsforvaltningen), **National Insurance Act** (Folketrygdloven), **Labour Market Act** (Arbeidsmarkedsløven), **Social Welfare Act** (Sosialtjenesteløven).

Following a reform in 2006, the Norwegian Labour and Welfare Administration has taken over the responsibility for the previous Labour Market Administration and the National Insurance Service. The scope of work includes payment of different benefits, employment service and motivational work at large to stimulate people to a more active way of life.

### **Other relevant documents**

#### **New laws and strategies under development**

Physical activity will be relevant in connection with the drafting of two new laws. Work is ongoing in Norway on a new Public Health Act. The legislation is currently being drafted and will come into force in 2012. Work is also ongoing on a new Health and Care Services Act. A proposal of the Public health act is available on <http://www.regjeringen.no/pages/16245842/PDFS/PRP201020110090000DDDPDFS.pdf> and a proposal of the Health and Care Services Act can be downloaded from <http://www.regjeringen.no/pages/16246070/PDFS/PRP201020110091000DDDPDFS.pdf>. More information will be available on: <http://www.regjeringen.no/en/dep/hod.html?id=421> and [www.lovdatab.no](http://www.lovdatab.no).

In 2011, there are some other ongoing processes that are relevant to the work of increasing physical activity. A new white paper on sports, a new health care plan, a national walking strategy and a national action plan for outdoor recreation areas will all be developed.

2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.

Some important documents are listed below.

#### **Facts**

- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion The President's Council on Physical Fitness and Sports (1996) Physical Activity and Health A Report of the Surgeon General
- WHO (2002) World Health Report 2002 Reducing Risks, Promoting Healthy Life The
- WHO (2008) Closing the gap in a generation Health equity through action on the social determinants of health

#### **Global Action Plan**

- WHO (2004) Global Strategy on Diet, Physical Activity and Health

### European Action Plans

- WHO Europe (2006) Physical activity and health in Europe: evidence for action
- WHO Europe (2006) Promoting physical activity and active living in urban environments: the role of local governments. The solid facts.
- WHO Europe (2007) Steps to health. A European framework to promote physical activity for health

### Nordic Action Plan

- Nordic Council of Ministers (2008) Nordic Plan of Action on better health and quality of life through diet and physical activity (<http://www.norden.org/sv/publikationer/publikationer/2006-745>)

## SECTION B – Content and development of national policy

3. During the **development** of the policies/action plans mentioned in question 2 was a **consultative process** used involving relevant stakeholders? If yes, please list the organizations that have been involved in the development of the policies, and briefly comment on their role and any challenges to engaging other agencies in the development of policy related to physical activity in your country (if known).

*The Action Plan on Physical Activity 2005 – 2009* is a relevant document.

The action plan is the result of collaboration between eight ministries<sup>1</sup>:

- The Ministry of Labour and Social Inclusion
- The Ministry of Children and Equality
- The Ministry of Health and Care Services
- The Ministry of Culture and Church Affairs
- The Ministry of the Environment
- The Ministry of Transport and Communications
- The Ministry of Local Government and Regional Development
- The Ministry of Education and Research

In addition, the Ministry of Agriculture and Food has contributed to the formulation of some measures in its area of responsibility and has been responsible for following up on three of these measures.

The ministries and the directorates to each ministry were responsible for the development of the action plan. The Ministry of Health and Care Services and the Norwegian Directorate of Health had overall responsibility for coordination.

There was a wide ranging process involving collaborating partners. This was done through different meetings and written comments during 2003-2004. A steering committee made up of the eight ministries was established. During the development of the plan, there was a reference group made up of various organisations, some of which are listed below:

<sup>1</sup> The ministerial names and areas of responsibility that applied in August 2009 throughout the assessment. These names correspond to those used in the last report on the action plan (May 2009), but differ to some extent from the ministerial names and areas of responsibility that applied when the action plan was drawn up. You will find the original name in the action plan: [http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the\\_action\\_plan\\_on\\_physical\\_activity\\_2005\\_2009\\_28337](http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the_action_plan_on_physical_activity_2005_2009_28337)

**Non Governmental organisations**

- The Norwegian Olympic and Paralympic Committee and Confederation of Sports
- The Norwegian Diabetes Association
- Norwegian Cancer Society
- The Norwegian Council for Road Safety
- The Association of Intermunicipal Outdoor Recreation Boards
- Norwegian Trekking Association
- The Norwegian Guide and Scout Association
- The Norwegian Association of Hunters and Anglers
- Norwegian Federation of Organisations of Disabled People

**Working life**

- The Norwegian Confederation of Trade Unions (LO)
- Confederation of Norwegian Enterprise (NHO)
- The Confederation of Vocational Unions (YS)
- The Norwegian Association of Local and Regional Authorities (KS)
- The Confederation of Unions for Professionals, Norway (Unio)

**Public sector**

Directorates from the involved Ministries

- The Norwegian Directorate of Health
- The Norwegian Directorate for Nature Management
- The Norwegian Labour Inspection Authority
- The Norwegian Labour and Welfare Service
- The Norwegian Public Roads Administration
- The Norwegian Directorate for Education and Training
- The Norwegian Ombudsman for children
- The Norwegian Directorate for Children, Youth and Family Affairs
- The Norwegian State Housing Bank
- The Directorate of Integration and Diversity

**Others**

- The Norwegian Institute of Public Health
- Research Council of Norway
- The Norwegian Knowledge Centre for the Health Services
- The National Council for Senior Citizens
- The Research Council of Norway

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4. In the documents introduced in question 2, are there indications of *integration* of physical activity with other related sectors (e.g. with health such as links to obesity strategies, with transport such as links to walking and cycling agendas)? Please provide details and examples.

**The Action Plan on Physical Activity**

In the Action Plan, eight different ministries are involved in seven different areas. The involved sectors are labour, health care, sport and leisure, the environment, transport and education.

**The Government's Environmental Policy and the State of the Environment in Norway**

Some relevant areas in the document that relate to physical activity are the implementation of outdoor recreation year 2005, the establishment of the forum for outdoor activities in schools, securing several large recreational areas for the public, the prioritising of environmentally friendly business travel, universal design and public health in planning.

**White Paper No. 16 (2008-2009) National Transport Plan**

One priority area is better facilitation of cycling through the development of the main network for bicycle traffic in cities and towns, in cooperation with municipalities and counties. Arrangements for good, safe access to school routes is the other main priority.

Funding has been given to inspection and enhancement of existing pedestrian and cycle routes along national roads, with regard to accessibility and safety. Improved operation and maintenance has been given priority. Crossing points have been secured and speed limits in cities and towns have been lowered to 30 and 40 kph where required.

The Norwegian Public Roads Administration is responsible for the development and dissemination of knowledge within their own agency and to municipalities, counties, employers, the travel and tourism industry and others. An important tool for the dissemination of knowledge is the Network of Cycling Cities and this is operated by The Norwegian Public Roads Administration, see [www.sykkelby.no](http://www.sykkelby.no).

**White Paper No. 14 to the Storting (1999) Sport in a State of Change - About the State's relationship to sport and physical activity**

The work of building and renovating sports facilities has clear interfaces with other sectors. The local community and schools are two other areas mentioned in the white paper.

]

5. a) Does your country have ***national recommendations on physical activity levels?*** National recommendations refer to consensus statements on how much activity is required for health benefits. If your country has established recommendations, please state who issued them and what is the recommended level of physical activity. Please also specify any variation in the recommendations on physical activity levels for different population subgroups, for example for children or older adults. Please also state in which document and year these recommendations were announced.
- b) Please state if the national government has endorsed these recommendations, or if recommendations by another nationally recognized body or international institution have been officially adopted.
- c) If your country has no recommendations on physical activity, please state if there are any plans to develop them. If recommendations on physical activity have been issued at sub-national level (e.g. in case of countries with a federal structure), please state so.

The national recommendations were involved in *The Action Plan on Physical Activity 2005 – 2009*.



### **The Norwegian recommendations for physical activity**

The first Norwegian recommendations were published in 2000 in the report Physical Activity and Health – recommendations. The report is only available in Norwegian (Statens råd for ernæring og fysisk aktivitet (2000) Fysisk aktivitet og helse – Anbefalinger, [http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk\\_aktivitet\\_og\\_helse\\_anbefalinger\\_15509](http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk_aktivitet_og_helse_anbefalinger_15509)).

In 2004, the recommendations were updated through the *Nordic Nutrition Recommendations 2004. 4th edition Integrating nutrition and physical activity* and specified by pointing out that there is a dose-response relationship between physical activity and health. These recommendations are available in English at <http://www.norden.org/fi/julkaisut/julkaisut/2004-013/excerpt>.

Revised recommendations for children and young people will be available in 2011.

The general recommendation are

- Children and young people are recommended to take at least 60 minutes of moderate or vigorous physical activity every day.
- Adults and older adults are recommended to take at least 30 minutes of moderate or vigorous physical activity every day.

This activity could be made up of several sessions during the day, each lasting at least 10 minutes.

In 2004, recommendations were also published for physical activity for people who are physically disabled. In these recommendations, physical activity related to eleven disabilities is described. These recommendations are available in Norwegian at [http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk\\_aktivitet\\_for\\_mennesker\\_med\\_funksjonsnedsettelse\\_2602](http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk_aktivitet_for_mennesker_med_funksjonsnedsettelse_2602).

In 2009, Norway published the book Physical Activity in the Prevention and Treatment of Disease (Aktivitetshåndboken – fysisk aktivitet i forebygging og behandling). The book summarises the up-to-date scientific knowledge on how to prevent and treat various diseases and conditions in which physical activity has a documented effect. The work was a collaboration between the Norwegian Directorate of Health and the Swedish National Institute of Public Health. The Swedish version of the book is available in English; <http://www.fhi.se/Publikationer/Alla-publikationer/Physical-Activity-in-the-Prevention-and-Treatment-of-Disease/>

Other countries and in 2010 WHO developed specific recommendations for older adults. Currently, there exist no additional, specific guidelines for physical activity for older adults in Norway.]

6. Does your country have any clear ***national goals (targets) and performance indicators*** for population prevalence of physical activity for a specific time period i.e. a statement of what level of population change in physical activity is desired across a timeframe?

If yes, please provide details and specify in which policy document(s) these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

[There are no clear indicators. In [The Action Plan on Physical Activity 2005-2009](#) the targets where not clear. The following targets where mentioned.

- *Main target no.1 in the Action Plan* - An increase in the number of children and youth who are physically active for at least 60 minutes pr day.
- *Main target no.2 in the Action Plan* - An increase in the number of adults and elderly people who are moderately physically active for at least 30 minutes per day.

In 2005-2006 and 2009-2010, Norway completed national studies in which physical activity was measured objectively with accelerometers and with the aid of questionnaires. These studies will make it easier to establish accurate targets when the next plan/strategy is developed.

]

7. Does your country have any other related ***goals and performance indicators*** formulated in the policy document(s)? For example, there may be goals for health professionals to screen more patients for physical activity, or for a reduction in car trips. If so, please give examples and indicate the time period for the desired change, if available.

#### **The Action Plan on Physical Activity (2005-2009)**

The primary target groups for the action plan include decision makers, planners, professionals and highly skilled persons at all levels within public, private and non governmental organisations. Obviously people like these will contribute to the realisation of the intensions and the measures within the plan.

There were also seven rather general secondary goals:

- More in physical activity at leisure time
- Opportunities for physical activity kindergarten, school and workplace
- Physical environments that promote an active lifestyle
- Focus on physical activity in health and social services
- Sectoral and concerted efforts to promote physical activity in the population
- Enhanced knowledge and improved skills on physical activity and health
- Communication, physical activity and health and motivation to an active lifestyle

#### **The National Transport Plan (2010-2019)**

The Government's aim is that the proportion of cycling trips out of the total number of trips will be increased from the current 4-5 per cent to 8 per cent by the end of the plan period (2019). This would

mean that the amount of cycling has to approximately double. In line with its Climate Message, the government evaluated a figure of 10 per cent, but concluded that it would be very difficult to reach such a goal in the plan period, although it is desirable.

There are also goals in the Transportation Plan to increase the proportion of children and young people (less than 15 years) who are walking or cycling to school from 60 % to 80% before 2019 and a overall goal to increase the road safety.

It is also a goal that cities and towns should establish a network of continuous bicycle routes. The National Public Roads Administration, in cooperation with the municipalities and counties, aimed to ensure that 50 per cent of all cities and towns with more than 5,000 inhabitants (about 100) should have a plan for a network of continuous bicycle routes in 2009. This goal has been reached, the new goal is that all towns shall have a plan by 2013.

**Report no. 14 to the Storting (1999) Sport in a State of Change - About the State's relationship to sport and physical activity** (The Ministry of Culture 10 December 1999).

The vision for sports policy is "*sport and physical activity for all*". This means that as many people as possible shall be given the opportunity to participate in sporting and physical activity.

The white paper sets out general goals for developing facilities. The goal for developing facilities is to give as many people as possible the opportunity to participate in sport and physical activity. Types of facilities that harmonise with the activity profile of children and young people will be a particular priority. There will also be a focus on types of facilities that can be used by many and that provide an opportunity for self-organised physical activity. The goals have not been quantified.

**The next few questions explore the contents of physical activity related action plans and whether your country has a detailed plan of what will be implemented and who has responsibility.**

8. Do the relevant documents (as listed in question 2) have any related **action plan(s)** which outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones.

If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).

**The Action Plan on Physical Activity (2005 – 2009) Working together for physical activity** (21.

December 2004) will be described in the following.

The Action Plan on Physical Activity aims at increasing and strengthening factors that promote physical activity in the population and reducing factors that lead to physical inactivity. Increased physical activity will be attained through a total strategy that includes measures in diverse areas of society – in kindergartens, in schools, at work, in transport, in



the local environment and in leisure. This initiative requires cooperation between different sectors and levels of administration, and eight ministries collaborate in the development and the follow up of this plan.

The Action Plan on Physical Activity is a national mobilisation intended to promote improved public health through increased physical activity.

The plan involves collaboration among eight ministries and is probably the most important national document for increased physical activity in Norway in recent decades.

There were seven main groups of action and 108 measures.

1. Active leisure time
2. Active everyday life
3. Active local environment
4. Active according to capacity
5. Working together for physical activity
6. A better foundation of knowledge
7. Communication

The 108 measures are listed at the end of the plan. There is a responsible ministry for every measure.

For some of the measures more than one sector is responsible, but there is always one ministry with primary responsibility.

The ministries reported the status of the work on each measure in a common matrix once a year. The matrix was reviewed at one of the two annual steering meetings. There was no specific indicator to describe to what degree each measure was completed.

No milestones or evaluation were determined during the plan period regarding the level of population who should change their physical activity level or increase their physical activity level so that they reached the recommended level of physical activity.

More information:

Summary:

[http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the\\_action\\_plan\\_on\\_physical\\_activity\\_2005\\_2009\\_28337](http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the_action_plan_on_physical_activity_2005_2009_28337)  
(English)

Full version: [http://www.regjeringen.no/nb/dep/hod/dok/rapporter\\_planer/planer/2004/handlingsplan-for-fysisk-aktivitet-2005-.html?id=102065](http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/planer/2004/handlingsplan-for-fysisk-aktivitet-2005-.html?id=102065) (Norwegian)

### **The Norwegian Action Plan on Nutrition (2007-2011) Recipe for a healthier diet**

Several measures in the action plan can be seen in the context of physical activity and general public health work.

More information:

[http://www.helsedirektoratet.no/ernaering/publikasjoner/handlingsplaner/norwegian\\_action\\_plan\\_on\\_nutrition\\_104884](http://www.helsedirektoratet.no/ernaering/publikasjoner/handlingsplaner/norwegian_action_plan_on_nutrition_104884) (English)

### **The National Transport Plan 2010-2019. National cycling strategy - Attractive to cycling for all (2007).**

The document is a revised version of the strategy *National cycling strategy – safe and attractive to bicycle* (2003).

Building bicycle roads is the main priority area. Especially building consistent primary network for bicycle traffic in cities and towns. School routes and other routes where many

infants are travelling are also prioritised. Furthermore will speed limits in towns and urban areas be reviewed and implement campaigns to promote cycling and safety in cycling.

There is established a professional network where The Norwegian Public Roads Administration, Cyclists Association, local authorities and county authorities participates.

In the Action Programme for 2006-2015 it is planned to use approximately 3.7 billion NOK to develop bicycle roads.

More information:

[www.vegvesen.no/attachment/98891/binary/155543](http://www.vegvesen.no/attachment/98891/binary/155543) and <http://www.sykkelby.no/Publikasjoner/3220> (Norwegian)

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.

Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input checked="" type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input checked="" type="checkbox"/>	Environment	<input checked="" type="checkbox"/>
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	<input checked="" type="checkbox"/>
Clinical health care (e.g. hospitals)	<input checked="" type="checkbox"/>	Other (please specify)	
Workplace	<input checked="" type="checkbox"/>	[ ]	
Senior/ older adult services	<input checked="" type="checkbox"/>		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.

Early years	<input checked="" type="checkbox"/>	Sedentary/ the most inactive	<input checked="" type="checkbox"/>
Children / Young people	<input checked="" type="checkbox"/>	People from low socio-economic groups	<input checked="" type="checkbox"/>
Older adults	<input checked="" type="checkbox"/>	Families	<input type="checkbox"/>
Workforce / employees	<input checked="" type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	General population	<input checked="" type="checkbox"/>
People with disabilities	<input checked="" type="checkbox"/>	Other (please specify)	
Clinical populations/ chronic disease patients	<input checked="" type="checkbox"/>	[People who are physical inactive. There was a special focus on children and youth. ]	

11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.

[The Action Plan on Physical Activity 2005-2009](#)

Three examples of interventions from different sectors and types of measures are listed below.

#### Measure no 23 – funding NGOs

Allocate funds to Non Governmental Organisations that would like to contribute to the work of adapting local “low threshold” activities.

The funding came from the health sector, and the nineteen counties administered the funding to the NGOs. The size of the fund changed from year to year. NOK 420,000/53,500 EUR to each county in 2005, NOK 315,000/40,100 EUR in 2006 and NOK 500,000/63,700 EUR in 2007, 2008 and 2009. Around 500-700 activities were funded every year. Most of the grants were awarded to organisations locally and some grants were awarded to organisations at a regional level, for example a regional sports organisation. There was a wide variety of activities that were funded: "walking buses" to school for children, outdoor recreation activities to promote mental health, outdoor camps for disabled young people, swimming classes for foreigners, dancing and walking groups for the elderly etc.

The evaluation of this measure shows that this funding is an important type of work but that it is a challenge to reach the right groups: the inactive. The funds were distributed regionally and locally. The NGOs at central level had wanted funds centrally so that they could implement measures throughout their organisations.

### **Measure no 43 – a new law**

A new article is proposed in the new Working Environment Act that obliges employers to consider physical activity for their employees as part of the systematic health, environmental and security work in the enterprise. Section 3-4 has been modified.

#### *Section 3-4. Assessment of measures for physical activity*

In connection with systematic health, environment and safety work, the employer shall assess measures to promote physical activity among the employees.

Implementation of this article would only be subject to follow-up if the employer can provide documentary evidence that promotion of physical activity among employees is a constituent of the concern's activities.

The article does not require an employer to undertake programs to promote physical activity among the employees, but only to ascertain the possible means of doing so. Therefore, the supervisory authorities cannot require an employer to implement those measures.

### **Measure no 104 – higher competence**

Strengthen the tuition of physical activity and health in elementary education courses and in postgraduate and upgrading courses for doctors and other social and health personnel.

Norway and Sweden have published a book (one in each language) on the use of physical activity in prevention and treatment.

([www.helsedirektoratet.no/fysiskaktivitet/aktivitetshandboken/](http://www.helsedirektoratet.no/fysiskaktivitet/aktivitetshandboken/)). The book is called Aktiviteshåndboken in Norwegian and the Swedish version has been translated into English. The book may be downloaded from [www.fhi.se/Publikationer/Alla-publikationer/Physical-Activity-in-the-Prevention-and-Treatment-of-Desease/](http://www.fhi.se/Publikationer/Alla-publikationer/Physical-Activity-in-the-Prevention-and-Treatment-of-Desease/)

About 25,000 copies of the Norwegian version of the book have been sent to universities, university colleges, doctors, physiotherapists etc. Around 10,000 doctors and physiotherapists received the book free of charge.

]

12. Please comment on how well you think the interventions outlined in the policy documents(s) (question 2) and/or action plan(s) (question 8) reflect current **scientific knowledge on effective interventions**. When working on this question, you may be interested in discussing how well evidence is informing practice.

[The criteria for the selection of measures vary between the different sectors; strategies and action plans vary. How the measures to be undertaken are given priority also varies among the plans drawn up by the different sectors.

The goal of the [The Action Plan on Physical Activity 2005-2009](#) was that the measures should be based on scientific evidence. However, the achievement of this objective has only been partially successful. This may be due to the variations in method used in formulating measures by the different contributors (sectors) to the action plan. The evaluation of the action plan summarises that the plan has had limited attention to cost effectiveness and that it will be important to focus on scientific knowledge interventions in the future.

Norwegian parliamentary policy paper no. 39 (2000-2001) entitled Outdoor life - A way to higher quality of life, was knowledge based, but limited in scope. The Norwegian Public Roads Administration supposes that the measures to promote physical activity proposed in parliamentary policy paper no. 16 (2008-2009) on National Transport Plan reflect the latest scientific knowledge in some areas.

We have not looked scientifically into whether the low levels of physical activity in Norway can be explained by the way our population is divided between cities and countryside, with a large proportion of the population living in the countryside with long distances to school, work etc. In addition to this, accessibility for private cars is good in most towns and cities, area use is rather car based and driving is affordable for most Norwegians.

Like the answers to several other issues in this template, the answer to this question will probably vary depending on whether scientists, bureaucrats from different sectors or public health workers answer the question.

]

13. Are there recommendations of how **agencies/ institutions/ stakeholders** should be **working together** to deliver the policy / action plan(s)? This can be through partnerships and/or alliances and within or between sectors.

[There is no general recommendation of how agencies/institutions/stakeholders should work together. In numerous strategy documents on public health, an intersectorial approach is used. Some relevant documents are [The Action Plan on Physical Activity 2005-2009](#), *The Norwegian Action Plan on Nutrition (2007-2011) Recipe for a healthier diet* and *The Government's strategy for prevention* (Regjeringens strategi for forebygging).

Some of the work from [The Action Plan on Physical Activity 2005-2009](#) is described below. The subtitle to the plan is *Working together for physical activity* and indicates that collaboration between sectors is an important part of the work of getting inhabitants active. Chapter seven of the action plan is called *Working together for physical activity* and the measures in this chapter are about how to work intersectionally.

Overall we think it was a positive force for the action plan that it was altered in different sectors. A short quotation about the need of cross sectional work from the action plan :

*Public health work requires intersectorial effort because the necessary conditions for*

*good health in the population are to be found within various sectors of society. For this reason the work to promote public health, including the endeavours to increase the level of physical activity in the population, must be more comprehensive than the domain of the health sector alone.*

(page 28, [http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162\\_E\\_Kort\\_4546a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162_E_Kort_4546a.pdf))

Below is a short quotation about partnership from the plan:

*The partnership model shall strengthen public health work by securing a stronger foundation in democratic organs as well as in ordinary planning- and resolution processes. Furthermore, this model shall also create a more solid basis for the participation of voluntary organisations in public health work. As a regional development agent responsible for planning, the county municipality is challenged to initiate and co-ordinate public health work. Physical activity shall be given high priority in regional as well as local partnerships for public health. This endeavour must entail a co-operation between all relevant agents regarding the organisation of physical activity within all groups of the population, and it must also be included in general plans in counties and municipalities.* (page 29, [http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162\\_E\\_Kort\\_4546a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162_E_Kort_4546a.pdf))

In the action plan there are some measures connected to partnership work. Examples of the measures are listed below. The partnership work is at regional and local level. There is not the same development of written partnerships relating to physical activity at a national level (government, directorate, private sector and non governmental organisations) in Norway. It is unclear why it this has not been carried to the national level. It appears to be easier to implement the partnerships at local and regional level and more difficult to commit to them at a national level.

The action plan says “Private agents play an important role offering flexible options of activity that are specially designed for the adult population.” (page 9, [http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162\\_E\\_Kort\\_4546a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162_E_Kort_4546a.pdf)). There is great potential to develop the partnership with private agents at national level. The evaluation of the plan shows that the voluntary sports organisations are involved in a number of initiatives with the private sector. This work is usually organised at regional or local level, over a limited period through a project.

The evaluation shows that the interaction between NGOs, municipalities and the state, and in some cases the private sector, is well established and well functioning in some places at local level. At the same time, there are big regional and local variations.

Several of the informants from the evaluation of the action plan have indicated that cooperation from the parties in working life has been poorly developed, low prioritised or has not functioned as intended.

It is possible to read more about the intersectorial work on pages 28-30 of the action plan ([www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162\\_E\\_Kort\\_4546a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162_E_Kort_4546a.pdf)).

Below are some examples of interventions where partnerships have been central in the action plan:

#### **No 90 – Physical activity in partnerships**

Include physical activity as an area of utmost priority within regional as well as local partnerships for public health.

#### **No 91 – Agenda 21**

Support local initiatives and apply the working method used in the local agenda 21 in the work to achieve increased physical activity and social encounters.

**No 92 - Incentives form national projects**

Channel incentives form national projects on public health into local activity measures through regional partnerships in counties where they exist. In other counties try to channel such incentives through The Chief County Officer, and in this way open up the possibilities of synergy effects through comprehensive and co-ordinated endeavours.

**No 93 - FYSAK**

Co-ordinate the work with "Physical activity in the local community" (FYSAK) endeavour with the partnership model as to include physical activity as a high priority project in regional and local partnerships for public health.

**No 94 – Meeting places**

Create meeting places within the area of public health on a national level between public authorities, professional groups, and Non Governmental Organisations having a fruitful dialogue on physical activity and health, and thus contribute to similar meeting places or common arenas within counties and municipalities.

**No 95 – Voluntary achievement and low threshold activities**

Contribute to transforming voluntary centres, rural local centres, centres for the elderly, leisure time clubs etc. Into fields of voluntary achievement that may promote physical activity through transmitting and /or offering "low threshold activities" to different groups.

**No 96 – Dialogue with the children- and youth organisations**

Have an open dialogue with the children- and youth organisations regarding their role in the efforts to promote physical activity amongst children and adolescents.

In the evaluation, the overall partnership work was criticised. Below are some lines about partnership work from the evaluation:

At the regional level there are large differences in the way the intersectional collaboration has functioned and who has joined in the collaboration. This may be due to the fact that partnerships to promote public health are not equally advanced in all counties. There are also considerable differences in which players are collaborating. The process has not given the various players distinct roles or clear responsibilities and assignments in connection with the action plan. Without clear guidelines from the central level, regional and local variations are only to be expected.

The evaluation shows that the county and the County Governor's Office are the most important collaboration partners for each other and for the sports committees. The Norwegian Labour and Welfare Organisation, NAV, the parties in the business sector and private players do not often appear to be deeply involved in collaboration at regional level. At local authority level the sports councils put forward the view that there are already many different scenes for collaboration, but that because long-term framework conditions are lacking, it is difficult to start up new offers aimed at the various inactive target groups. At local level the question is raised of whether more interaction is needed between the various players, without at the same time giving priority to resources and allocating responsibility to the parties in connection with the targets and intentions of the action plan. Allocation of responsibility, clear priorities and structured framework conditions for those playing an active part in the primary target groups are mentioned as more important than interaction without clear aims and means.

]

14. Does your country have a specific plan for the **evaluation** of the policy implementation? If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

[The Action Plan on Physical Activity 2005-2009](#)

The Action Plan has been evaluated. The title of the evaluation is *Teamwork without direction and funds? Who activates whom? Assessment of the Action plan on physical activity 2005-2009*. English summary *Synopsis of the Evaluation of the Action Plan to Promote Physical Activity 2005-2009*.

The Norwegian Directorate of Health coordinated the process. The evaluation was performed by a consulting company ([www.vista-analyse.no/](http://www.vista-analyse.no/)). The contract price was NOK 1,245,000 / 157,000 EUR.

The evaluation examines the problems categorised under the following themes:

- Achievement of the targets
- Measures and methods
- Organisation and use of resources
- Is the action plan a means of achieving results in the future?

The action plan is founded on an extensive empirical base: from draft legislation to public policy manuals, minutes and reports of actions carried out, and not least other partial evaluations of selected measures or related projects and actions to promote public health. In addition, interviews have been held and selected target groups answered a web-based questionnaire. The objective of the evaluation was to establish a foundation of knowledge on which to continue developing the work to improve public health through increased physical activity in the population.

Below is a brief summary of the evaluations conclusion and recommendations for future work.

*Conclusion*

The Action plan on physical activity has had positive effects in several important areas. Considering that the plan had to be implemented without committing the ministries involved (apart from the Ministry of Health and Care Services) with regard to orders of priority and use of resources beyond those that had been settled before the Action Plan was set up, the plan and the work carried out as a result must be described as successful. The weaknesses in the action plan are primarily linked to preconditions based on overall guidelines which were not met, and an indistinct allocation of roles, assignments and responsibility between the different public players and administrative levels. This, combined with the many measures without specific targets and priority, has resulted in haphazard follow-up regionally and locally, which was partly dependent on the existence of enthusiasts who took up some of the possibilities included in the Action Plan.

In spite of the fact that the Action Plan has brought about some positive effects, there is still much to be done before the vision of the Action Plan has been realised and its targets achieved. There are many trends in the right direction, and for instance more attention is given to exercise and physical activity in society now than when the Action Plan was started up. At the same time there are also many signs that health differences in society are increasing, and that the trend towards reduced activity has not been reversed.

Political choices and orders of priority must be clear in order to set up a more durable structure for the organisation of work for public health generally and physical activity specifically. A further challenge will be to move from project-based activity to integrated activity. This requires firm attachments, legitimacy and attention, more knowledge, and the documentation of effects in relation to the resources committed, and not least a systematic

approach to the work and continuity. The knowledge that has been gathered during the period covered by the action plan forms a solid foundation for making considerable progress in the next five years, regardless of whether the work is organised in the form of an Action Plan or through other strategies.

### *Recommendations*

Having considered the results in the evaluation, the evaluation recommends that the efforts to promote physical activity should continue, but that the plan itself and to some extent the form of management, the measures and the methods should be reassessed. A clearer order of priorities and more attention to the areas where the preconditions for achieving an effect are in place will result in a greater total increase in activity in priority target groups.

We recommend that efforts are more clearly directed in the three strategic directions:

- i) Influencing individual health behaviour and lifestyle through public information and better guidance from the health services
- ii) developing low-threshold<sup>2</sup> physical activities for inactive groups and opportunities for physical activity on multiple scenes
- iii) Planning and constructing the physical surroundings with the aim of making it easier for people to choose an active lifestyle individually.

Within each of these three strategic areas, the targets, target groups and methods should be clearly defined, with the associated allocation of resources. Greater coordination is recommended in the methods that address priority target groups, with a clearer allocation of roles between the various players. At regional level in particular, roles and responsibilities must be clearly allocated.

Where the preconditions for motivation to physical activity are uncertain, it must be acknowledged that more resources (money, competence, and organisation) are necessary to make the desired changes. If the Non Governmental Organisations is to play a part in preventive health care, the framework conditions must be better planned, and the established channels and structures formed by the organisations and their knowledge and experience must be put to better use. In the future, greater importance should be attached to experience that already exists when building on measures that have proved to be effective. The various measures should be evaluated and prioritised according to the "number of hours of activity per Krone" in target groups arranged in order of priority.

A society that promotes activity requires constant attention, raising public awareness of the connection between physical activity and health, with knowledge of how each sector can influence the level of physical activity in society. In future work the strategic efforts must be based on ensuring that building up a society that promotes physical activity is given legitimacy and attention across the different sectors, and that the highly influential sectors are made responsible in their own areas. The action plan has succeeded in putting physical activity on the agenda, and in giving the work legitimacy and raising its priority in several sectors. The experience in this area should be carried over to future efforts.

More information:

[http://vista-analyse.no/no/projects/samspill\\_uten\\_retning\\_og\\_midler\\_hvem\\_skal\\_aktivere\\_hvem\\_evaluering\\_av\\_handl](http://vista-analyse.no/no/projects/samspill_uten_retning_og_midler_hvem_skal_aktivere_hvem_evaluering_av_handl)  
and [www.1-2-30.no/bedrehelse/aktuelt/article618514.ece?id=618514](http://www.1-2-30.no/bedrehelse/aktuelt/article618514.ece?id=618514) (Norwegian)

The English summary of the evaluation, *Synopsis of the Evaluation of the Action Plan to Promote Physical Activity 2005-2009* is available on website:

[http://www.helsedirektoratet.no/vp/multimedia/archive/00325/Synopsis\\_of\\_the\\_Eva\\_325279a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00325/Synopsis_of_the_Eva_325279a.pdf)

Some ten to fifteen of the 108 measures have been evaluated. A weakness with all the

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<sup>2</sup> Low -threshold physical activities are activities with low costs and who are easy to join. Some examples of these kinds of activities is to stimulate to physical activity to and from work, establishing walking groups, swimming pools for free etc.



evaluations is that they not could say anything about the physical activity level (short and long term effect) in the different activities.

#### *National Transport Plan*

The main management document of the transport sector is the National Transport Plan. This plan is revised every 4 years. Included is a revision of the Norwegian Cycling Strategy. Other agencies, such as the Directorate of Health and Care, can comment during the preparation of the plan.

The plan period 2006-09 had a targeted focus on a project in five cities in cooperation between the state, the county and the municipality. This is presently under evaluation. The preliminary results show that the proportion of cyclists has increased in the five cities.

A bicycle account is being developed, with Copenhagen's as a model. A method for CBA for pedestrian and bicycle measures has been developed. More information about work on the National Transport Plan is available at

[www.regjeringen.no/en/dep/sd/tema/nasjonal\\_transportplan.html?id=12198](http://www.regjeringen.no/en/dep/sd/tema/nasjonal_transportplan.html?id=12198)

15. a. Does your country have an established **surveillance or health monitoring system**, which includes suitable population-based measures of physical activity?  
If so, for how many years has this surveillance system been in place, who coordinates the system, which target groups are surveyed, which indicators are monitored, and how often? Is this conducted and reported on a regular basis?

In Norway, there is no national public health surveillance system that annually monitors the level of physical activity in the population. In the Action Plan for Physical Activity 2005-2009, it was intended to develop a system to monitor the level of physical activity among the Norwegian public.

During the implementation of the Action Plan, two comprehensive surveys of the level of physical activity were carried out using accelerometer and questionnaires. These surveys were intended to be the start of the monitoring system of physical activity and will be repeated every five or six years.

The work started in 2005-2006, when the physical activity level was recorded among a nationwide sample of 2,299 children and adolescents (9 to 15 years). A similar survey in adults and the elderly (20 to 85 years) was conducted in 2008-2009 in which 3,464 participated. In the survey of children and young people, physical fitness was measured in all participants and in the adult survey a random sample was chosen. In 2010-2011 there began a follow up study to the children and young persons study of 2005-2006. This time not only nine and fifteen year olds are included, but the physical activity level and determinants for physical activity will be monitored in six year old boys and girls. The fitness testing will not be part of the study this time. The surveys are planned every five or six years.

More information about the finished surveys is available in the following reports and articles:

Summary 9 and 15 years old:

[www.helsedirektoratet.no/fysiskaktivitet/publikasjoner/fysisk\\_aktivitet\\_blant\\_barn\\_og\\_ungdom\\_kortversjon\\_engelsk\\_741384?dummy=null](http://www.helsedirektoratet.no/fysiskaktivitet/publikasjoner/fysisk_aktivitet_blant_barn_og_ungdom_kortversjon_engelsk_741384?dummy=null)

(English)

Full version 9 and 15 years old:

[www.helsedirektoratet.no/publikasjoner/rapporter/fysisk\\_aktivitet\\_blant\\_barn\\_og\\_unge\\_i\\_norge\\_196644](http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk_aktivitet_blant_barn_og_unge_i_norge_196644) (Norwegian)

Article 9 and 15 years old:

KOLLE, E., J. STEENE-JOHANNESSEN, L. KLASSON-HEGGEBØ, L. B. ANDERSEN, and S. A. ANDERSSON. A 5-yr Change in Norwegian 9-yr-Olds' Objectively Assessed Physical Activity Level. *Med. Sci. Sports Exerc.*, Vol. 41, No. 7, pp. 1368-1373,

2009.

Article 9 and 15 years old:

Kolle E. , Steene-Johannessen J, Andersen LB, Anderssen, SA, Seasonal variation in objectively assessed physical activity among children and adolescents in Norway: a cross-sectional study, International Journal of Behavioral Nutrition and Physical Activity 2009, 6:36 doi:10.1186/1479-5868-6-36

Full version adults and older people:

[www.regjeringen.no/nb/dep/hod/dok/rapporter\\_planer/planer/2004/handlingsplan-for-fysisk-aktivitet-2005-.html?id=102065](http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/planer/2004/handlingsplan-for-fysisk-aktivitet-2005-.html?id=102065)

(Norwegian)

15. b. Please comment on the extent to which the national surveillance system in your country provides policy-relevant data and is therefore useful for assessing progress towards national goals (if stated in question 6) and the effectiveness of national policy and implementation.

The monitoring data has been published in different reports describing Norwegian public health trends and in political guidelines and budget proposals.

The surveys have contributed to physical activity being objectively measured in larger national samples for the first time in Norway. The surveys are considered to be very important for describing the status of the physical activity level. Follow up studies will be important for work on increased physical activity in the years to come. The studies alone are not enough to progress the agenda.

15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.

[  
]

16. What evidence is there of current **political commitment** to the physical activity agenda and the development and/or implementation of national policies and action plans? Examples of political commitment might include: the inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events; personal participation in HEPA.

It is difficult to assess political commitment to the promotion of physical activity in Norway, because the answer one receives depends on whom one asks. While some are satisfied with the current political commitment to increasing the level of physical activity in the country, others are far from being so.

Overall, insufficient political commitment to undertaking necessary action has led to a considerable increase in health problems associated with insufficient physical activity during the last twenty years.

At the same time, during the last ten years the promotion of physical activity has received growing attention in national, regional and local politics. It led to the National Action Plan to Promote Physical Activity, as well as to the inclusion of physical activity in national policy papers, various plans and

directives.

In recent years, the rise in health expenditure has underlined the importance of prevention. Physical activity is one of its significant components.

In the annual national health conference held in May, the prime minister and minister of health spoke of the importance of taking steps to enable the people to engage in physical activity as a means of meeting the country's future health challenges. Physical activity at schools and extending walkways and cycling paths are important in fighting habit-related ill health.

In January 2011 it is still unclear if the Action Plan for Physical Activity 2005-2009 will be followed up with an action plan or strategy or if one would like to see physical activity as one part of public health work.

17. Is the **funding** for the delivery and implementation of interventions listed in the policy / action plan(s)? If yes, please provide details of the level of funding commitment, any increases/ decreases, and from what sources (if available).

There were a number of different types of funding connected to the Action Plan for Physical Activity (2005-2009). Some relevant funding measures are listed below. Overall there hasn't been any clear increase of funds in the plan period. 100 NOK/Norwegian kroner = 12.53 EUR (11.08.2010).

**No. 1**

*Contribute to the maintenance and the development of positive options of activity through organised sports via annual allocations to The Norwegian Sport Association and The Olympic Committee.*

2005: 349 million NOK

2006: 349 million NOK

2007: 352 million NOK

2008: 354 million NOK \*

2009: 354 million NOK \*

\* In addition, the Norwegian Sports Association received as one-time grants 117.5 and 188 million

Norwegian kroner in 2008 and 2009 respectively.

Source: The Ministry of Culture

**No. 2**

*Allocate means to activities and participation in clubs and organisations that organise sports and physical activity for children and adolescents.*

2005: 120 million NOK

2006: 120 million NOK

2007: 125 million NOK

2008: 125 million NOK \*

2009: 125 million NOK \*

\* Moreover, the Norwegian Sports Association received one-time grants of 50,5 million and

55 million Norwegian kroner in 2008 and 2009.  
Source: The Ministry of Culture

**No. 3**

*Allocate means to groups with special needs in order to contribute to the development of already existing activities and create new possibilities for persons with reduced functional ability to participate in sports and physical activities.*

2005: 2 million NOK  
2006: 2 million NOK  
2007: 2 million NOK  
2008: 2 million NOK  
2009: 2 million NOK  
Source: The Ministry of Culture

**No. 4**

*Review allocations for development of activity and social integration in sports clubs. Allocations are earmarked projects and measures directed towards children and youth who are unable to participate in the common activity- and sport activities.*

2005: To increase the participation in organized sports by children and the adolescents of the minorities, especially the females. 6,5 million NOK  
2006: No allocations made, measure under revision.  
2007: 8 million NOK  
2008: 8 million NOK  
2009: 8 million NOK  
Source: The Ministry of Culture

**No. 5**

*Allocate means to the maintenance as well as construction of new sport arenas in the municipalities.*

Annual grants to sports facilities in local authorities:  
2005: 596 million NOK  
2006: 612,8 million NOK  
2007: 636 million NOK  
2008: 632,5 million NOK  
2009: 651,6 million NOK \*  
\* An additional one-time grant of 25 million NOK was made in 2009.  
Source: The Ministry of Culture

**No. 7**

*Further development of arrangements for arenas in the local environment adapted to individually organised activity.*

Annual grants; priority is given to sports facilities in densely populated areas.  
2005: 105 million NOK  
2006: 105 million NOK  
2007: 85 million NOK  
2008: 70 million NOK. Reduction in grants reflects reallocation of funds.  
2009: 75 million NOK.  
Source: The Ministry of Culture

**No. 8**

*Work to develop planning competence locally as well as regionally.*

Annual grants to provinces for planning and development

2005: 1,9 million NOK

2006: 1,9 million NOK

2007: 1,9 million NOK

2008: 950 000 NOK. Reduction in grants reflects reallocation of funds.

2009: 950 000 kroner.

Source: The Ministry of Culture

**No. 14**

*Reinforce endeavours to stimulate and motivate to carry on an active outdoor life in everyday life and during leisure time.*

2007: 15 million NOK

2008: 15 million NOK

2009: 17,5 million NOK (3 millioner med fokus på barn, unge, funksjonshemmede og minoriteter).

Source: The Ministry of the Environment

**No. 18**

*Allocate funds to activity promotive outdoor life activities.*

2005: 3,2 million NOK. Measures for children and youth.

2006: 5,2 million NOK. Measures for children and youth.

2007: 5,4 million NOK. Measures for children and youth.

2008 14,5 million NOK to outdoor recreation in general (The Ministry of the Environment) and 5,6 million NOK for measures for children and youth. (The Ministry of Culture)

2009: 17,5 million NOK. to outdoor recreation activities for children and youth. (The Ministry of Culture).

Source: The Ministry of the Environment and The Ministry of Culture in 2008 and 2009.

**No. 19**

*Allocate funds to arenas for outdoor life in the mountains*

Årlig tilskudd

2005: 6,5 million NOK

2006: 8,5 million NOK

2007: 10 million NOK

2008: 11 million NOK

2009: 11 million NOK

Source: The Ministry of Culture

**No. 25**

*Allocate funds to voluntary organisations that wish to contribute to the work of adapting local "low threshold activities"*

Annual grants to volunteer bodies channeled through provincial authorities, where the latter deals with the applications there to.

2005: 420 000 To each province. Total 8 million NOK.

2006: 315.000 To every 'partnership province' and 300,000 NOK to each of the others.

2007: 500.000 NOK to each province. Total 9,5 million NOK.

2008: 500.000 NOK to each province. Total 9,5 million NOK.

2009: 500.000 NOK to each province. Total 9,5 million NOK.

Awarding grants to achieve objectives related to increased physical activity in Norwegian

public has been evaluated. While it has made a significant contribution, to this end, dealing with the differences in the level of physical activity among various social groups, requires more specific measures directed at those.

Source: The Ministry of Health and Care Services

**No. 58**

*Secure and protect nature and leisure time areas and other green areas to the benefit of public use.*

2007: 34 million NOK was allocated to acquire areas of public outdoor recreation. On the average, about 25 such areas are acquired annually.

2008: 24 million NOK.

2009: 34,4 million NOK.

Source: The Ministry of the Environment

The state funds for walking and bicycle facilities along national road increased by 30% in 2010 compared to the average of the National Transport Plan 2006-2015. The National Transport Plan indicates a gradual escalation to 150% above the average for 2006-2015 (The Norwegian Public Roads Administration).

Allocation to other areas such as in outdoor recreation areas and playgrounds, laying walking trails in fallow fields, etc., are other means used to promote physical activity. ]

## Section C – Implementation of the physical activity policy/action plan

This section aims to capture details on the experiences of actually implementing physical activity policies and actions. The “reality” can be very different from the “theory” and it is of interest to learn about the process and impact that national policy has had in terms of what is actually underway to promote physical activity in your country.

18. a. Is there a designated government department, nongovernment group or individual providing overall **stewardship (i.e. a combination of leadership, coordination and advocacy with other sectors)** for HEPA promotion in your country? Does their role include stewardship of the implementation of the policy and/or action plan(s)? If yes, please describe their role.

[The Action Plan on Physical Activity \(2005-2009\)](#) had an interministerial coordination group that followed the work, with meetings twice a year. All eight ministries were participants in the coordination group. Current issues, priorities and reporting of the measures were reviewed.

The Ministry of Health and Care Services had overall responsibility for physical activity and chaired the group. The Norwegian Directorate of Health had a secretariat function.

]

18 b. If responsibility for the leadership and coordination of the action plan implementation has been delegated outside of government, what is the role of government (if any), and what level of government support is evident towards the implementation of the action plans in your country?

In day to day work, the Norwegian Directorate of Health ([www.helsedirektoratet.no](http://www.helsedirektoratet.no)) had responsibility for the measures in the health sector.

Corresponding directorates of other ministries were responsible for the implementation of other measures. Examples are the Ministry of the Environment and Directorate for Nature Management, the Ministry of Transport and Communications and Norwegian Public Roads Administration, the Ministry of Education and Research and the Norwegian Directorate for Education and Training.

The directorates are then responsible for implementation of the strategy through their subordinate departments. ]

19. Please outline the extent to which the national level policy documents and leadership (if present) guides the implementation of policy and other physical activity promotion actions at a sub-national or local level. When working on this question, you may be interested in discussing whether there is synergy and coherence between these levels of implementation and action.

[This will depend on the type of measures in question. The national level (e.g. directorates) annually sends out tasks to the regional departments for the following year. Many measures have been communicated through these channels.

The action plan has generally increased inter-sectorial cooperation through its composition and through the work on the different measures. The evaluation concluded that there is now a better understanding of the importance of physical activity in the different sectors. However, the present work requires further improvement in the future ]

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?

[At the start of the work and the implementation of [the Action Plan on Physical Activity \(2005-2009\)](#), the County Governor ([www.fylkesmannen.no](http://www.fylkesmannen.no)) had the most responsibility for the implementation of governmental decisions at sub-national level. Through a new public health act in 2009, a law that addresses regional authorities' tasks in public health work (Lov om fylkeskommuners oppgaver i folkehelsearbeidet), the County Governor was given more responsibility. More information about the act is available on <http://www.regjeringen.no/nb/dep/hod/dok/regpubl/otprp/2008-2009/otprp-nr-73-2008-2009-.html?id=556884>

The County Governor explains central policy documents in the local context, being aware of each municipality's ability to provide. Experts from the County Governor's office supervise local activities, advise and instruct – with due respect to the political judgement of local government.

The County Governor acts as a guardian of civic rights. The County Governor may look into local decisions regarding the rights of any individual in the fields of health and social care, education, building and planning, and may change the decision to the benefit of the individual. Other important fields of action are environmental protection, agriculture, emergency planning, local government finances and family matters.

The county authority is the department at regional level that is responsible for public health and implementation of physical activity. The county authority is divided into different areas (for example, culture, sports and public health, transportation, education, planning and the environment, industry and innovation).

The county authority is responsible for tasks that are too large or too complex for the

municipalities to manage alone. Central government has an overriding authority and supervises both county and municipal administration. At local level the municipalities are responsible. The county is also divided into different areas; see the county authority above.

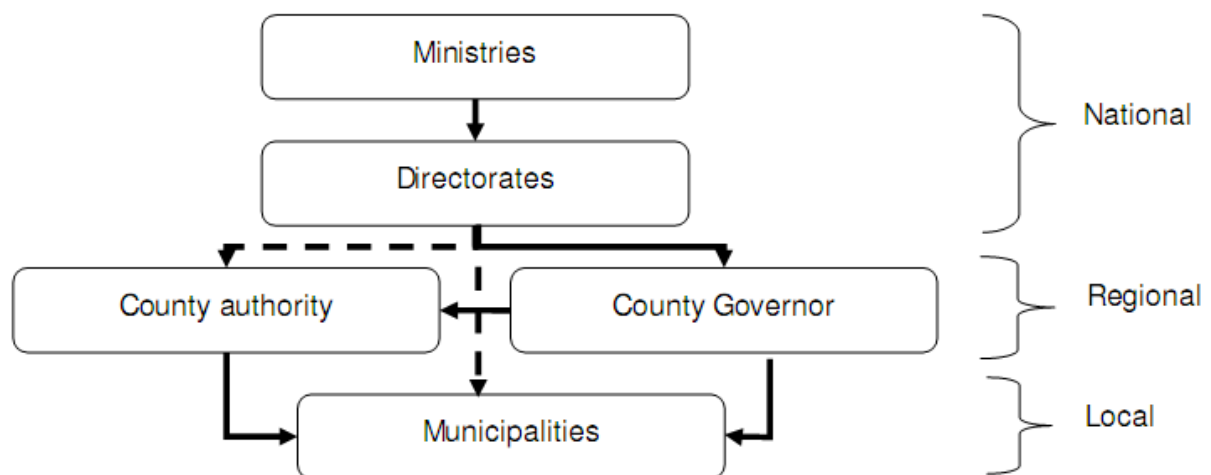
There is no systematic evaluation of the work on physical activity at sub-national and/or local level.

Some projects are evaluated. They are evaluated in different ways, with different methods and the results are of varying quality.

The regional public health work with partnerships (No 90 and 92), the project on physical activity and school meals (No. 36) and a regional funding to NGOs (No. 25) are some examples of regional evaluations that have been coordinated from the national level.

Figure 1 is a chart of the public authorities from national to local level. At regional level, in addition to the county governor and the county authority, there are nearly 20 public authorities that to various degrees are central in public health work. Examples of this type of organisation are the Norwegian Board of Health Supervision, the Norwegian Labour and Welfare Service and the Norwegian Public Roads Administration.

Figure 1. A chart showing public administration. The corporate structure varies between the different sectors and levels. The strongest structures are shown with solid lines.





21. Please provide brief details on up to three examples of interventions which have been successfully implemented following the development of the policy and action plan. Please also give 3 examples of any less successful interventions, as these often provide important lessons.

The work described below comes from experiences from the [Action Plan on Physical Activity \(2005-2009\)](#).

#### Successful interventions

1. [The transport sector. Bicycle initiatives in towns in the southern region have been successful. A special project that has involved five cities. The work could be seen in connection with the measures 65, 70 and 72 in the action plan. More information:

[http://www.vegvesen.no/\\_attachment/59068/binary/5312](http://www.vegvesen.no/_attachment/59068/binary/5312) ]

2. [The education sector. The project on physical activity and school meals in 400 primary schools (No. 36). More information:

[http://www.udir.no/upload/Satsningsomraader/Veileder\\_Fysisk\\_aktivitet\\_og\\_maaltider\\_i\\_skolen.pdf](http://www.udir.no/upload/Satsningsomraader/Veileder_Fysisk_aktivitet_og_maaltider_i_skolen.pdf) ]

3. [The health sector. Objective measurement of physical activity in children, young people, adults and older people (No. 97). More information, see question 15. ]

#### Less successful interventions

1. [The health sector. Upgrading competence in different sectors, education (No. 31, 102, 107), health (No 104) and other professions ( No 105, 106) ]

2. [The transport sector. Overall over the whole country, it is difficult to achieve an improvement in the operation and maintenance of pedestrian paths and bicycle routes. The improvements are more local; see the first bullet above under successful interventions. ]

3. [The education sector. More physical education in schools overall (No 35) and the project on physical activity and school meals in secondary schools. ]

22. Is there any evaluation of physical activity interventions at the sub-national and/or local level? Please give a general overview of the role of evidence and evaluation of practice undertaken in your country in relation to HEPA promotion.

[There is no systematic evaluation of work on physical activity at sub-national and/or local level.

Some projects are evaluated. They are evaluated in different ways, with different methods and the results are of varying quality.

The regional public health work with partnerships (No 90 and 92), the project on physical activity and school meals (No. 36) and a regional funding to NGOs (No. 25) are some examples of regional evaluations that have been coordinated from the national level. ]

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity?

Please provide details of the communication activities (if any).

[There was a communication strategy in [The Action Plan on Physical Activity \(2005-2009\)](#).

The

target groups of the strategy were decision makers and professionals in various sectors, Non Governmental Organisations and the media. A website was developed ([www.1-2-30.no](http://www.1-2-30.no)) with information about the ongoing work. Material was also developed with information about the plan and the relationship between physical activity and health; see below. On the website, it was possible for collaborating partners to download logos

([www.1-2-30.no/bedrethelse/om\\_1\\_2\\_30/grafisk\\_profil/logo\\_i\\_og\\_p\\_farger/article73921.ece?id=73921](http://www.1-2-30.no/bedrethelse/om_1_2_30/grafisk_profil/logo_i_og_p_farger/article73921.ece?id=73921)) and information

texts ([www.1-2-30.no/bedrehelse/om\\_1\\_2\\_30/grafisk\\_profil/informasjonstekster/article58437.ece?id=58437](http://www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/informasjonstekster/article58437.ece?id=58437)) about physical activity. The website has not been updated in 2010, after the action plan, and will be closed.

A newsletter about the ongoing work was also sent out. The newsletter was sent out irregularly, four to ten times a year. At the most, around a thousand people received the newsletter.

More information in Norwegian about the material and newsletter can be found on these links:

[http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre\\_helse\\_p\\_1\\_2\\_30\\_folder\\_51457](http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre_helse_p_1_2_30_folder_51457) (Folder)  
[http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre\\_helse\\_p\\_1\\_2\\_30\\_langversjonen\\_51462](http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre_helse_p_1_2_30_langversjonen_51462) (Brochure)  
[http://www.helsedirektoratet.no/vp/multimedia/archive/00017/Nyhetsbrev\\_2-2007\\_F\\_17190a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00017/Nyhetsbrev_2-2007_F_17190a.pdf) (Newsletter)  
[http://www.helsedirektoratet.no/vp/multimedia/archive/00015/IS-0214\\_pdf\\_15568a.pdf](http://www.helsedirektoratet.no/vp/multimedia/archive/00015/IS-0214_pdf_15568a.pdf) (Newsletter)

It was a weakness that only the health sector supported the strategy and the strategy could have been rooted in the regional level.

In recent years, Norway also has promoted WHO's "Move for Health Day" in May. More information in the answer to the next question. ]

24. In your country are the physical activity interventions linked together by the use of any common **branding/ logo/ slogan?** Examples of this in other countries include "Agita Sao Paulo" and "Find 30". If yes, please describe.

In connection with the communication strategy in [The Action Plan on Physical Activity \(2005-2009\)](#), logos ([www.1-2-30.no/bedrehelse/om\\_1\\_2\\_30/grafisk\\_profil/logo\\_i\\_og\\_p\\_farger/article73921.ece?id=73921](http://www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/logo_i_og_p_farger/article73921.ece?id=73921)) and fourteen different slogans with physical activity messages ([www.1-2-30.no/bedrehelse/om\\_1\\_2\\_30/grafisk\\_profil/informasjonstekster/article58437.ece?id=58437](http://www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/informasjonstekster/article58437.ece?id=58437)) were designed. Examples of two different messages were:



1. Together, we'll learn more about physical activity and health.
2. Adults and the elderly are recommended to engage in moderate physical activity for at least 30 minutes every day

The logos were designed in colour and in black and white. They were available from the website and in print. See addresses above.

The slogan for the whole communication campaign was: "Bedre helse på 1-2-30" / "Better health in 1-2-30".

In addition, several counties designed their own logos and slogans for their initiatives in physical activity and public health.

#### *Move for health*

In connection with the world activity day in May, "Move for Health", newsletters, invitations, slogans, posters and t-shirts were designed and distributed to counties, local communities and voluntary organisations.

Figure 2 shows examples of two posters for Norwegian Move for Health days. More

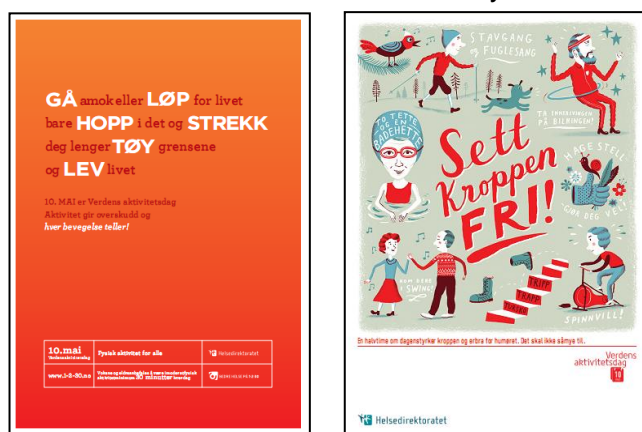
information about the work is available on the websites below.

2010: [www.helsedirektoratet.no/fysiskaktivitet/fagnytt/arkiv/logo\\_og\\_plakat\\_til\\_verdens\\_aktivetsdag\\_707974](http://www.helsedirektoratet.no/fysiskaktivitet/fagnytt/arkiv/logo_og_plakat_til_verdens_aktivetsdag_707974) and [www.helsedirektoratet.no/fysiskaktivitet/fagnytt/verdens\\_aktivetsdag\\_10\\_mai\\_fysisk\\_aktivitet\\_for\\_eldre\\_696034](http://www.helsedirektoratet.no/fysiskaktivitet/fagnytt/verdens_aktivetsdag_10_mai_fysisk_aktivitet_for_eldre_696034)

2009: [www.1-2-30.no/bedrehelsetil/aktuelt/article376744.ece?id=376744&type=archive](http://www.1-2-30.no/bedrehelsetil/aktuelt/article376744.ece?id=376744&type=archive)

2008: [www.1-2-30.no/bedrehelsetil/aktuelt/article180864.ece?id=180864&type=archive](http://www.1-2-30.no/bedrehelsetil/aktuelt/article180864.ece?id=180864&type=archive) , [www.1-2-30.no/bedrehelsetil/multimedia/archive/00045/Plakat\\_Verdens\\_aktiv\\_45569a.pdf](http://www.1-2-30.no/bedrehelsetil/multimedia/archive/00045/Plakat_Verdens_aktiv_45569a.pdf) and [www.1-2-30.no/bedrehelsetil/aktuelt/article183274.ece?id=183274&type=archive](http://www.1-2-30.no/bedrehelsetil/aktuelt/article183274.ece?id=183274&type=archive)

Figure 2. Posters for the Move for Health days in 2009 and 2010



25. Does your country have any **network or communication system linking and/or supporting professionals** who have an interest in physical activity and/or are working on the promotion of physical activity or related areas?  
If yes, please describe, providing a web-link and contact person, if available.

The government has a national council. The National Council for Physical Activity is an independent professional knowledge and skills body in the field of physical activity and health. The council consists of ten professionals and meets five or six times a year. The chairman of the council is Professor Sigmund A. Andersen of the Norwegian School of Sport Sciences.

#### More information:

General information: <http://www.helsedirektoratet.no/aktivitetsradet> (Norwegian)

Members: <http://www.helsedirektoratet.no/aktivitetsradet/aktivitetsradet/radsmedlemmer/> (Norwegian)

#### Outdoor recreation and environment sector:

Norwegian Institute for Nature Research (NINA) - Lillehammer office, Telemark University College and the Norwegian School of Sport Sciences. There is also cooperation with a number of other organisations engaged to a greater or lesser extent in research related to outdoor recreation.

#### Education sector:

Network for Physical Activity is a network of approximately 25 university colleges and universities with expertise related to physical activity.

#### Transport sector:

The professional bicycle network ([www.sykkelby.no](http://www.sykkelby.no)), has 81 members, 69 municipalities, seven counties and five regions in The Norwegian Public Roads Administration. The bicycle network has a council, of which the Ministry of the Environment, the Norwegian Public Roads Administration, the Norwegian Directorate of Health, the Cyclists Association and the Norwegian Association of Local and Regional Authorities are members.

The Norwegian Public Roads Administration has a knowledge department with about 200 employees and a budget for research and development that constantly develops competence for the road sector responsibility areas through studies and projects. ]

**The above questions have sought information to capture both the “what” and the “how” of your country’s policy development and implementation around physical activity.**

**What do you think are the 2 to 3 examples of greatest progress and also what you think have been the 2 to 3 biggest challenges faced by your country in commencing or continuing a national level approach to the promotion of HEPA.**

26.a. Please list up to three examples of an area or issue where the greatest progress has been made in your country in recent years.

Like the answers to several other issues in this template, the answer to this question will probably vary depending who is responding.

1. [ There has been much focus on outdoor recreation for disabled people and preparation for this target group (outdoor recreation and environment sector) ]
2. [ Increased awareness of the importance of physical activity at school has made it a mandatory part of the curriculum, and steps have been taken to make this possible in schools. (education sector) ]
3. [ Objective measurement of physical activity in children, young people, adults and older people. (health sector) ]

26.b. Please list up to three areas or issues that remain as more difficult challenges to address.

1. [ It is difficult to achieve a political consensus on the need to allocate funds to measures that would make it possible for more people to engage in physical activities, and to those who are responsible for planning and implementing them. ]
2. [ Superior urban planning to make it easier to be physically active and less physical inactive, i.e. restrictions for motor traffic and other efforts taking into account other environmental perspectives. ]
3. [ General skills upgrading in different sectors and education about the role of preventive work. In areas like education, health and general planning, the importance of including professional expertise in physical activity is often overlooked. ]

27. Please use this space to provide any further details which you were not able to provide in other sections of the tool.

[ In recent years, attention to physical activity has increased in the voluntary sector and in other sectors, both in strategy documents and in general work. It is possible that work on [the Action Plan on Physical Activity \(2005-2009\)](#) has contributed to this. ]

## Section D – A summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please outline in brief the process used. This should include details of who initiated the process, who led the process, who was involved and how they were identified or selected as well as the timelines of the consultation process. In addition, please include details of consultation steps that were undertaken and a list of individuals and organisations that were contacted and from whom feedback were received.

### Overview of process and timelines

Briefly about the process of completing the template.

1. The Norwegian Directorate of Health was responsible for the process. The project leader left her job early in 2010 and the project management changed.
2. In June 2010, the whole template and some of the translated questions were sent out to the directorates involved in [The Action Plan on Physical Activity 2005-2009](#). The directorates that received the template were the Norwegian Directorate for Nature Management, the Norwegian Labour Inspection Authority, the Norwegian Labour and Welfare Service, the Norwegian Public Roads Administration, the Norwegian Directorate for Education and Training, the Norwegian Ombudsman for Children, the Norwegian Directorate for Children, Youth and Family Affairs, the Norwegian State Housing Bank and the Directorate of Integration and Diversity. Some of the directorates answered directly and they also later had the opportunity to give feedback to a revised version of the template. The Ministry of Culture had later supplemented with information on Sport.
3. The major part of the template has been completed by the Norwegian Directorate of Health, Department of Healthy Public Policy. The major part of the information comes from the [The Action Plan on Physical Activity 2005-2009](#) and the evaluation of the action plan. The different participating countries and the project leaders of the HEPA working group have also provided feedback on the template.

In Norway there wasn't a project group for the project. That has been a weakness with the work.

Like the answers to several questions in this template, the answer on the whole template will probably vary depending on who is answering.

]

## List of experts who were consulted for input

Contact person	Organisation	Input received
[Elisabeth Sæthre ]	[The Norwegian Directorate for Nature Management ]	[yes ]
[Sunniva Sjøttne ]	[The Norwegian Public Roads Administration ]	[yes ]
[Gyda Grendstad ]	[The Norwegian Public Roads Administration ]	[yes ]
[Grete Haug ]	[The Norwegian Directorate for Education and Training ]	[yes ]
[Stig Magnar Løvås ]	[The Norwegian Labour Inspection Authority ]	[yes ]
[Sigrun Andenæs ]	[The Norwegian Labour and Welfare Service ]	[yes ]