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

Finland

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Completed by:

Tommi Vasankari,

Lead author Tommi Vasankari

Contact details tommi.vasankari@uta.fi

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.
In Finland, the laws concerning PA are handled by government. The proposals of the laws are given by government and accepted by parliament. In addition, the government can give governmental resolutions (like resolution on directions for development of health-enhancing physical activity) which are not laws, but policy papers. Key Ministries involved in HEPA in Finland are: Ministry of Social Affairs and Health Ministry of Education and Culture Ministry of Environment Ministry of Transport and Communications Ministry of Employment and Economy (former Ministry of Labour) Funding for programs is from various Ministries. Other national level agencies working to promote HEPA in Finland are: UKK Institute Finnish Heart Foundation LIKES Research Centre Finnish Institute of Occupational Health Association of Finnish Local and Regional Authorities Finland's Slot Machine Association Finnish Sports Federation National Institute of Health and Welfare Finnish Center for Health Promotion University of Jyväskylä Two town - city of Turku and city of Oulu

In the Finnish structure, the local authorities / local government in towns and rural district communes has a strong independency concerning budgets how much local money is invested in PA. As an example, the city of Helsinki, the capital, has bigger budget on sports and exercise than the governmental budget on sports and exercise. Therefore, although Finnish national government is strongly committed to enhancement of PA, the current situation varies somewhat on the local level.

Some neighbour cities and rural district communes are also working together to enhance PA. Currently several towns and rural district communes are developing their own HEPA policies – how they can enhance HEPA in the actions of the town / commune. But because the number of towns (in January 2011; 108 towns – approximately 10-20,000 population) and communes (in January 2011; 228 communes) and because of the local independency, the status of HEPA promotion varies a lot in the local level (towns/communes). In addition, several non-governmental organisations nationally and locally are also very active in HEPA promotion. These organisations come from both sport and health sectors. Local sports clubs and local employees form association like Finnish Heart Association, Finnish Diabetes Association, etc are active in HEPA promotion and they are not dependent on Finnish government or local authorities. All together in Finland, both the policies and the actions on PA are done at both governmental and local level by both governmental / local authorities and non-governmental organisations.

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.

In June 2008 the Finnish government published **resolution concerning the development of health enhancing physical activity and diet.** The statement was developed by mainly the Finnish Ministry of Health and Social Affairs in collaboration with the Ministry Education and Culture (who oversee the sports and exercise field in Finland). This document contains specific population targets and proposes the main ways to enhance HEPA and healthy diet. The title of the statement is "Valtioneuvoston periaatepäätös terveyttä edistävän liikunnan ja ravinnon kehittämislinjoista", published June 2008.
In web: http://www.stm.fi/c/document_library/get_file?folderId=28707&name= DLFE-3875.pdf& title =Valtioneuvoston_periaatepaatos_terveytta_edistavan_liikunnan_ja_ravinnon_kehittamislinjoista_fi.pdf

The document has 20 pages and contains chapters how HEPA and healthy diet is enhanced in
- different population (children, young people, families, students, workers, elder people),
- through the local environments (including equal access)
-political decisions at the local level
-education (doctors, nurses, teachers, etc)

-national surveys and follow-ups
The last chapter underlines how this statement is put in action, and how it will be followed. This resolution is multisectoral of nature.

This is this is the main political paper on HEPA currently providing the political and government strategy for PA in Finland.

In addition to that governmental resolution concerning HEPA and healthy diet, government (mainly Finnish Ministry of Education and Culture – handle in Finland the sports and exercise field) published an independent governmental resolution of enhancing sports and exercise ("Valtioneuvoston periaatepäätös liikunnan edistämisen linjoista, published December 2008; http://www.minedu.fi/export/sites/default/OPM/Liikunta/liikuntapolitiikka/linjaukset_ohjelmat_ja_hankkeet/liitteet/VN_periaatepaatos_111208.pdf). This document contains a focus on the sport and exercise agenda and includes the total scope of sport including elite sport. This document links to HEPA but does not contain as much information about HEPA and refers readers to the above document. .

In the period of 2007 – 2011, the Finnish government has three separate POLITIIKKAOHJELMA which translates to "political program" and one of them is **Health enhancement** and this political agenda also contains HEPA. In this document, HEPA and healthy diet are mentioned several times, but it is mainly strategy paper. One of the opening concepts in this political agenda of health enhancement is exercise prescription. Within this strategy the Government is trying to activate physicians and nurses to provide patients with exercise prescriptions. This particular focus has subsequently finished with the election of the new government.

Finland has a very active history in the field of HEPA promotion. Therefore, several policies, agendas and documents concerning HEPA promotion have been published earlier. The earlier situation in Finland has been summarized in several articles, e.g. Vuori et al. Physical activity policy and program development: the experience in Finland. Public Health reports 2004; 119: 331-345.

Some important past documents:

Health sector:
-National plans to develop health education 1983. Ministry of Health. 1983. PA included as a health habit to be promoted.
-Report of the Ministry of Health to the parliament on health policy (1985) and Health for All by the Year 2000 (1986). Recommendations to increase and improve opportunities for HEPA in daily activities.
-Report of the Committee on Development of Health-Enhancing Physical Activity, Ministry of Social Affairs and Health, 2001. This report led to Government Resolution on Policies to Develop Health-Enhancing Physical Activity (Valtioneuvoston periaatepäätös terveyttä edistävän liikunnan kehittämislinjoista), Ministry of Social Affairs and Health, 2002.

Sport sector:
-Report of the Sport Committee, Wellbeing through physical activity - physical activity for all, Ministry of Education, 1990

Liikuntalaki (which translates to sport / exercise) Ministry of Education, 1998 (http://www.finlex.fi/fi/laki/ajantasa/1998/19981054). Health was taken as a key argument in law to promote sport and exercise. The purpose of the law was to enhance the well-being and health in population and to endorse the growth and development of children and young through sport and exercise. The government has attempted to update this and work is continuing and it should be finished under the new Government

Education sector
PE is a study subject in Finnish obligatory schools (usually 2 lessons a 45 min per week). This is regulated by PERUSOPETUSLAKI (http://www.finlex.fi/fi/laki/ajantasa/1998/19980628). In other school levels (high schools, vocational schools and universities), PE in usually not obligatory.

Transport sector:
-**Policy and action plan on cycling promotion**, Ministry of transport. 1992. Contained the goal to double cycling in seven years using health as one important argument. This was revised / replaced within the 2020 document (see below)-Transport: Policy and action plan on cycling and walking (New vigour to cycling). Ministry of Transports, 2001.

-**National strategy on walking and cycling to year 2020**. Ministry of Transport and Communication, 2010. At the political and strategy level the promotion of walking and cycling had been already established but a more specific action plan and clear national approach had been missing. This Strategy contains following aims:
1) **Numeral aims**
- at year 2020, 300 million more short trips are done by walking or cycling than at year 2005 (less short car trips).
- Safety in walking and cycling should increased so that the number of accidents and deaths when cycling or walking is reduced 50 % from year 2005 (time to the reduction is few decades).

2) **Quality aims**
- City neighbourhoods are cosy, easy to move and unobstructed, which make walking and cycling at short trips attractive, pleasant and easy.
- The importance of walking and cycling as a health enhancing physical activity is increased in all age groups.
- Walking and cycling are a parts of journeys containing different ways to move (e.g. a trip to work containing cycling+train+walking)

3) **Action aims** –
- Walking and cycling are priory ways in transport and they are promoted and enhanced in national and local policies.
- Collaboration between national and local levels is condensed.

There is also an action plan (Liikenneviraston kävelyn ja pyöräilyn valtakunnallinen toimenpidesuunnitelma 2020) from the Finnish Transport Agency (this agency that acts on the Ministry of Transport) as part of the National Strategy on Walking and Cycling to year 2020. But even in this action plan it is not very specific on actions and

Multisectoral:
-National recommendations for the local promotion of HEPA. Ministry of Social Affairs and Health 2000. The multisectoral guidelines on how to promote locally HEPA.

-Health in all policies (HiAP) – the main health theme of the Finnish European Union (EU) Presidency in 2006 – is a natural continuation of Finland's long term horizontal health policy.

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

There are certain number international documents, which may have influenced the development of Finnish PA policy. However, because Finland has also itself been very active in this field, there is not consensus on this. However, based on the personal (T Vasankari) and one other opinion (Pekka Oja) the following documents are seen to be such documents.

Physical Activity and Health: A report of the Surgeon General. US Department of Health and Human Services, 1996.

Promotion of Health-Enhancing Physical Activity. Development of a European Strategy, Network and Action Program. UKK Institute for Health Promotion Research, 1996.

Global Strategy on Diet, Physical Activity and Health. WHO 2004.

Physical Activity and Health in Europe; Evidence for Action. WHO/Europe 2006.

Steps to Health; A European Framework to Promote Physical Activity for Health. WHO/Europe 2007.

The guidelines of the U.S. Department of Health and Human Services 2008. www.health.gov/paguidelines

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).

In Finland, both the policies and the action plans are usually worked out through an Advisory Committees. In the case of PA, the first advisory committee was established 2002 and the current one (September 1st 2008 to August 31th 2011) is the 3rd. In the committees there are usually members from governmental organisations (Ministries of Health, Education and Culture, Environment, Labour and Transport), local authorities (representatives from towns) and representatives from non-governmental organisations (both health and sport; from research institutes and associations familiar with more practical work). Examples of non-governmental organisations include the Finnish Heart Foundation, UKK Institute, LIKES Research Center.

In addition to this, in case of certain policy papers, a separate process is used to give relevant organisations (like health and sport associations) to make a statement about the policies. When developing policies in the HEPA field, the number of organisations that are requested to give a statement is about 50. Because of this kind of “hearing” the policies go through a process, where many relevant organisations have possibility to influence the given policy.

When national policies and action plans are planned, the Ministries responsible for the main concept usually (in case of HEPA usually Health and Education and culture) have the chairpersons and secretary. But all other organisations have a possibility to influence the process and the content of the policy and action plan. When planning the policies and action plans in the national level, the interest of government, local authorities and non-governmental organisations has been very similar and major disagreement has not been seen.

In the local level (towns and rural districts), the local government is fully responsible for both planning and executing the policies and action plans, but they might call local non-governmental organisations (like health associations and sport clubs) or private companies from HEPA sector to help them in planning or executing the policies/action plans.

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 2008 Finnish government resolution concerning the development of health enhancing physical activity and diet is a multi-sectoral resolution. It was developed with input from many sectors and directs actions across multiple sectors and at the national and local levels. This document does represent an integrated approach and is considered to be a good example multi-sectoral

In addition to this, there are other agendas which cross link: eg Transport: -**National strategy on walking and cycling to year 2020 -**

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 2008 Resolution on HEPA does not include national recommendations on physical activity levels.

But in January 2008 national PA recommendations were published for children and young (1-2 h physical exercise daily for 7-18 years of age) by a national advisory group convened by Young Finland Association and the recommendations were “certified” by Ministry of Education and Culture.
Also, in 2008 the UKK Institute updated and modified the Physical activity pie according to the recommendations of CDC in the USA . However, the Pie is not the official governmental policy document (aerobic physical activity for 2 hours and 30 minutes a week at a moderate intensity or 1 hour and 15 minutes a week at a vigorous intensity. An equivalent combination of both is also possible. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week, at least 3 times a week. In addition, muscle-strengthening activities at least twice a week.) Therefore, the CDC’s recommendations are considered as unofficial governmental recommendations, also for older adults.
http://www.ukkinstituutti.fi/en/products/physical_activity_pie

There is no agenda within government to adopt or create new adult Finish guidelines despite some differences

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.

The 2008 HEPA resolution does not contain clear targets for prevalence. But it states that the number of people exercising enough for their health **increases** and the number of those who does not exercise at all **decreased**. (In web: http://www.stm.fi/c/document_library/get_file?folderId=28707&name= DLFE-3875.pdf& title). Although the document does not say how much exercise is "enough", it can be concluded that it means the current recommendations of PA.
In addition the document states that the health problems caused by inadequate physical activity diminished and HEPA increases especially in people with poorer socio-economic situation.

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 special political program "Health enhancement" contain HEPA and one of the goals is exercise prescription. Government tries to activate physicians and nurses to give their patients exercise prescriptions, but no specific goals were given as numbers.

There is also a goal to increase the Health enhancements substance containing also HEPA in education of health professionals (no goal given as numbers).

In addition, there are many other targets in governmental resolution concerning the development of health enhancing physical activity and diet (see answer 1), but the targets are not very sharp. As an examples:
-The knowledge of HEPA and healthy diet is increased in health and exercise professionals.
-More knowledge, support and opportunities for physically active life style are available for children, youngs and families.
-Environment and operational culture of children care and schools support physically active life style.
-Students and employees have an opportunity to get support and encourage for increasing physical activity.
-Employers have effective ways to enhance physical activity of employees.
-Older people have high-quality, easily reached and cost-effective exercise service available.
-Every age group has "easy reached" sport and exercise places near by their homes.
-Ever people have good possibilities to every day physical activity.
-"Health in all policies" –principle is taken into account in local decisions.
-HEPA is principal part of wellness politic in local level.
-In primary health care, there is enough exercise guidance services available.

As already mentioned in Q2 in transport sector, there is a new goal to add 300 million trips done by walking and cycling until year 2020 (compared to year 2020).

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 2008 Governmental Resolution on HEPA has an action plan or a work plan developed by the Advisory Committee. This lists what actions are taking place at the local level over the past year This work plan also lists for every area the actions and targets for the future on what should be done to enhance the situation. The planning frame is usually four years.

The situation is similar for most targets – the precise figure how will it be done is usually not mentioned. However, the HEPA advisory committee has good tools to enhance HEPA for some targets, and the at the moment in all targets there are at least pilot projects / plans going on.

The national action plan that promotes cycling and walking (Liikenneviraston kävelyn ja pyöräilyn valtakunnallinen toimenpidesuunnitelma 2020) target to increase 300 million short trips are done by walking or cycling at year 2020 than at year 2005 (less short car trips). This is mainly to make walking and cycling at short trips more attractive, pleasant and easy. Also, the action plan focus to enhance walking and cycling as parts of journeys containing different ways to move (e.g. a trip to work containing cycling+train+walking).

The national action plan that promotes PA in elderly (Ikäihmisten liikunnan kansallinen toimenpideohjelma - liikunnasta terveyttä ja hyvinvointia) (http://www.okm.fi/OPM/Tiedotteet/2011/10/ikaihmisten_liikuntaohjelma.html?lang=fi) released by Ministry of Education and Culture focus to:
-cross-sectional co-operation to enhance PA in elderly in local level
-environment and circumstances to enhance PA in elderly
-actions to enhance HEPA promotion and organized PA in elderly
-improve consciousness, attitude and knowledge towards PA in elderly
-increase research in the field of PA in elderly
-coordinate, follow and evaluate the action plan.

The action plan concerning PA in elderly is a new one (released October 19th 2011) and it will be seen how local authorities will execute it in practise.

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	X	Sport and leisure	X
Primary schools	X	Transport	X
High schools	X	Tourism	
Colleges/universities	X	Environment	
Primary health care	X	Urban design and planning	X
Clinical health care (e.g. hospitals)	X	Other (please specify)	
Workplace	X		
Senior/ older adult services	X		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.			
Early years	X	Sedentary/ the most inactive	
Children / Young people	X	People from low socio-economic groups	
Older adults	X	Families	X
Workforce / employees	X	Indigenous people	
Women		General population	X
People with disabilities	X	Other (please specify)	
Clinical populations/ chronic disease patients		immigrants	

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.
For children, there is a new plan, which tries to do the school day more active during and after the normal school day. One target of the plan is to activate the children who have been marginalized from sport and PA. In that plan/project the ministries of Education, Health and Social Affairs and Defence are involved. Website: www.nuorisuomi.fi/in_english. For already 16 years, there has been Fit for Life–program. This program tries to activate the physically passive people all around Finland. There exercise groups (Fit for Life groups) in nearly all town and greater rural districts. In addition, working places are encouraged to activate non-exercising employees. Website: www.kki.likes.fi/pages/content/Show.aspx?id=31. For elderly, we have Strength in Old Age Programme, which tries to increase the physical activity services for elderly nationwide by increasing the co-operation with local organisation (communal, private and third sector). That pilot project is finished and because of good results it will be done permanently and nationwide. Website: www.voimaavanhuuteen.fi. The program started 2005 and the second period last from 2010-2014. These examples are actions plans / programs, not policy papers, therefore they are not mentioned in Q2!

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.

There is all together 25 projects of PA in the action plan of the governmental resolution concerning the development of health enhancing physical activity and diet has a specific action plan. The diversity of projects is wide. Some of the projects are done very knowledge based, while some of them are more or less practical and do not follow evidence. However, the advisory committee is following the projects and for the major actions there will be evaluation later on. Still, the scientific knowledge is available for all projects.

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.

The Finnish governmental policy papers have strong recommendations that the actions should be done in cross-governmental manner and partnerships between different organisations are strongly encouraged. Also, in local level this is increasing, but not that good as it is in national level. When collecting funding for different actions, the working together principle needs to be considered. In Finland cross-sector work is a real life in national level and improving in local level all the time. Also, communal organisations are more frequently working together with voluntary (third sector) and private sector. The HEPA Advisory Committee launched the manual how to promote HEPA cross-sectionally at communal / town level, autumn 2010.

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 evaluation of PA policy implementation is planned to done in three level:

1) The National Institute of Health and Welfare (former National Public Health Institute) is mainly responsible overall evaluation of HEPA, healthy diet, obesity, etc. Every year a postal survey is done and PA is one of the life style factors asked in the questionnaire. In addition, every fifth year a survey containing measurements is done in Finland. The physical activity and HEPA measurements are done with collaboration of UKK Institute.

2) The Governmental political Program “Health Enhancement” contains an evaluation part where also PA is involved. The evaluation is mainly based on the measurements done the National Institute of Health and Welfare.

3) Every greater national project in the field of PA will also have their own project-oriented evaluation. In Finland, this is the case today in every greater project. Financiers usually expect independent evaluation to be done in every project. The evaluation is usually external made by research institutes, universities or private firms working in this field.

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?

As mentioned in question 14, the National Institute of Health and Welfare is mainly responsible about the surveillance and health monitoring. This means annual postal surveillance Health Behaviour and Health among the Finnish Adult Population (AVTK survey) (done since 1978), similar postal survey for elderly every second year (since 1991) and FINRISK survey done every fifth year (since 1972). In these surveys, there are several questions concerning PA (leisure time PA, work commuting PA, physical activity in work). In year 2009, the AVTK survey contained a detailed questionnaire concerning PA in order to find out how well Finnish adults meet the new recommendations for PA by CDC. Next year, in the Health 2000 follow-up survey, objective measurement of PA will be done for 3.000 subjects involved in that study.

For children and young, there are two national surveys Nuorten terveystapatutkimus (www.uta.fi/laitokset/tsph/tutkimus/kansanterveystiede/nttt.php) and Kouluterveystutkimus (http://info.stakes.fi/kouluterveyskysely/FI/index.htm) , which also contain some questions about PA and also international Health Behaviour in School-aged Children (HBSC) survey. However, the specialised health survey containing also measurements, not only a questionnaires was done year 2008 and is planned to be done again in next few years.

Also, the national Finnish Sports Associations organize TNS Gallup every fourth year. The gallup is a telephone interview to find out the main modes of PA the study population (differs somewhat but is between 5-10.000 subjects/ every fourth year interview) does. Results are expressed in age groups 3-18 y, 18-65 y and 65+ y.

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 data of Health surveillances has been used for planning the agendas of PA. The certain target groups have been identified and the nationwide effectiveness of the overall actions have heen estimated by the surveillances.

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.

The political commitment is excellent at the governmental level. The topic is frequently official speeches and the key politicians are very engaged in HEPA promotion. The Ministries of the government have their own PA program, which is planned individually. Many organisations and associations active in PA have the key politicians in the board. As an example, the Prime Minister was the chairperson of Young Finland association (PA in children and adolescents)

and the Ministry of Health is the chairperson of Finnish Sport for All Association.

But at the local (communal) level, there are great variation how committed local officials and key politicians are in HEPA promotion. There are some local areas where the agenda set by the Health Enhancement agenda under the past government has raised interest and there is a willingness to do more around HEPA. This is in part due to recommendation that HEPA actions plans and strategies should be developed at the local level.

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).

In Finland, we have a very diverse and complex funding for HEPA. The money for HEPA promotion can be obtained several Ministries - mainly Ministry of Education and Culture for Sport sector and Ministry of Social Affairs and Health for health sector. Part of the money is from Finnish Machinery Association and Finnish Lotto. The money is partly for organisations and partly for projects. In addition to national money for HEPA intervention, local sport clubs and health associations have their own funding (partly from town and rural districts, partly from participants). And the local authorities (town and rural districts) has their own budget to PA interventions. Also, it has been estimated that employers invest about 350 M€ yearly to PA and sport. Therefore, it is impossible to say how much money is invested to PA interventions nationwide. If one only compares certain national project moneys for greater projects (like Fit for Life, Young Finland, Strength to Ageing, etc) year by year and see, that the sum given to HEPA in clearly increasing during the last 10 years (from about 1 m€ to nearly 10 m€). But the total absolute sums for HEPA are impossible to give.

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 government has delegated the coordination role for the HEPA Advisory Committee (at the moment number 3), named by government (mentioned earlier in question 3). The Committee has delegates from governmental organisations, local authorities and non-governmental organisations (research and associations). This Committee will plan new actions and also follow the nationally funded greater projects. However, the funding Ministries have a leading role for the action, because they have the money. Coordination work quite well in national level.

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?
As mentioned in 18 a, the government name the HEPA Advisor Committee and final funding responsibility is all the time in funding Ministries, but the Committee is to help Ministry. One can say that funding Ministries have the leading role in Finnish system.

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.
In Finland, the local level has a great independency in every action which is not requested by laws, and the number of independent town and rural districts is several hundreds. However, during the last years many local authorities have made their own Health Enhancement Strategies in local level and there PA in also more and more prominent. After seeing many of those strategies, the content follows clearly the main principles of the strategies at the national level. And also the action plans see more and more like that of national level. Still, because of great number of independent town and rural districts there is a great variability of the implementation from very similar model like the national to the absence of the implementation.

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?
In local level, the local authorities of town and rural districts are usually the leaders. More and more cross-sectoral collaboration (e.g. health and sports sector) is done also at the local level. Further, in Finland, the third sector and private sector is also quite strong and they might be an important operator of the PA interventions locally. However, also in these cases the local authorities have the leadership and coordination.

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.
Successful interventions 1. Strength to Aging projects – need for specialised supervised PA for elderly was recognized in policy, pilot was planned and operated, thereafter the model was launched to most of the cities 2. Sport Adventure around the World – an PA intervention launched all Finnish Primary schools and every year few hundred thousand children increase their PA and keep an exercise diary for certain period of time. 3.. Fit for Life – project works nationwide and have locally identified non-exercising subjects and have organized supervised PA to them.

Less successful interventions
1. Exercise prescription written by doctors and other health care persons launched about 7 years ago. Still very few health care person is writing the prescriptions to their patients. Now, the prescription is generated in the electrical patient database, which hopefully will help doctors to find it.
2. PA interventions to unemployed. This target group has been identified since early 1990's, but no major plans or interventions has been done for them so far.
3. Special PA interventions for immigrants has been done in some town, but in majority of the country no action has taken place so far.

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.

The overview of evaluation of PA interventions in Finland is already given in question 14 at national level. Because of the great diversity of plans and action at the local also the evaluation at the local level is very difficult to estimate. Certainly that is topic to discuss in some towns, but the one cannot give an overview and a realistic picture of that in about 400 town and rural districts in Finland.

The resolutions are not evaluated, but the POLITIIKKAOHJELMA, political programs of the Goverment 2007-2011 have been evaluated.

The Fit for Life program has recently been evaluated, like are many other national programs. However, at the local level, usually the projects are not evaluated.

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).

Different operators active in HEPA promotion have their own communication strategy, but the overall one national communication strategy we do not have.
In national level, we have had a TV series as well as general mass media campaigns on Health enhancing also containing PA. We also have national website containing information of health enhancement including PA. In some cities, they have published a newsletter (like in city or Turku: Turku Liikkeelle – To Move Turku) and circulated that to all household of the town area. In national level we also have had seminar series, which also include PA targeting health enhancement and a like has arranged also in some towns.

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.

This kind of linked interventions by one brand we don't recognize. But in some towns– like Turku Liikkeelle above – we have a slogan which containg different actions locally. Similarly, Fit fir Life contains different kind of activities, such as The Adventures of Joe Finn for middle-aged men, that differs from interventions like Agita Sao Paulo.

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.
There are several networks, for certain actions in national level – like Strength for elderly – project network and Fit for life –network. Similarly, there is some local / communal network for people working with PA. We also have a wide range of seminars and conference organised yearly about PA. The organisations of the certain action are responsible for the networks, but collaboration is also done. The website address is presented in question 11.

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.
1. Strong political commitment in governmental level 2. Gradually increasing funding for PA from different project money 3. The strengthening of HEPA network
26.b. Please list up to three areas or issues that remain as more difficult challenges to address.
1. Diversity how PA is handled in local level 2. Western sitting life style 3. Objective physical activity and physical fitness measurement at the population level to give more precise picture of the current situation.

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

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
The HEPA Policy Audit Tool was completed by Tommi Vasankari, after which it was circulated to the following experts for input, Pekka Oja, Ilkka Vuori, Jyrki Komulainen and to two ministries (Ministry of Health and Social Affairs and Ministry of Education and Culture). Comments were received from Pekka, Ilkka and Jyrki, but not from Ministries (the key officers from both Ministries were just retired and that might have caused the fact that the new officers did not comment the template.

List of experts who were consulted for input

Contact person	Organisation	Input received