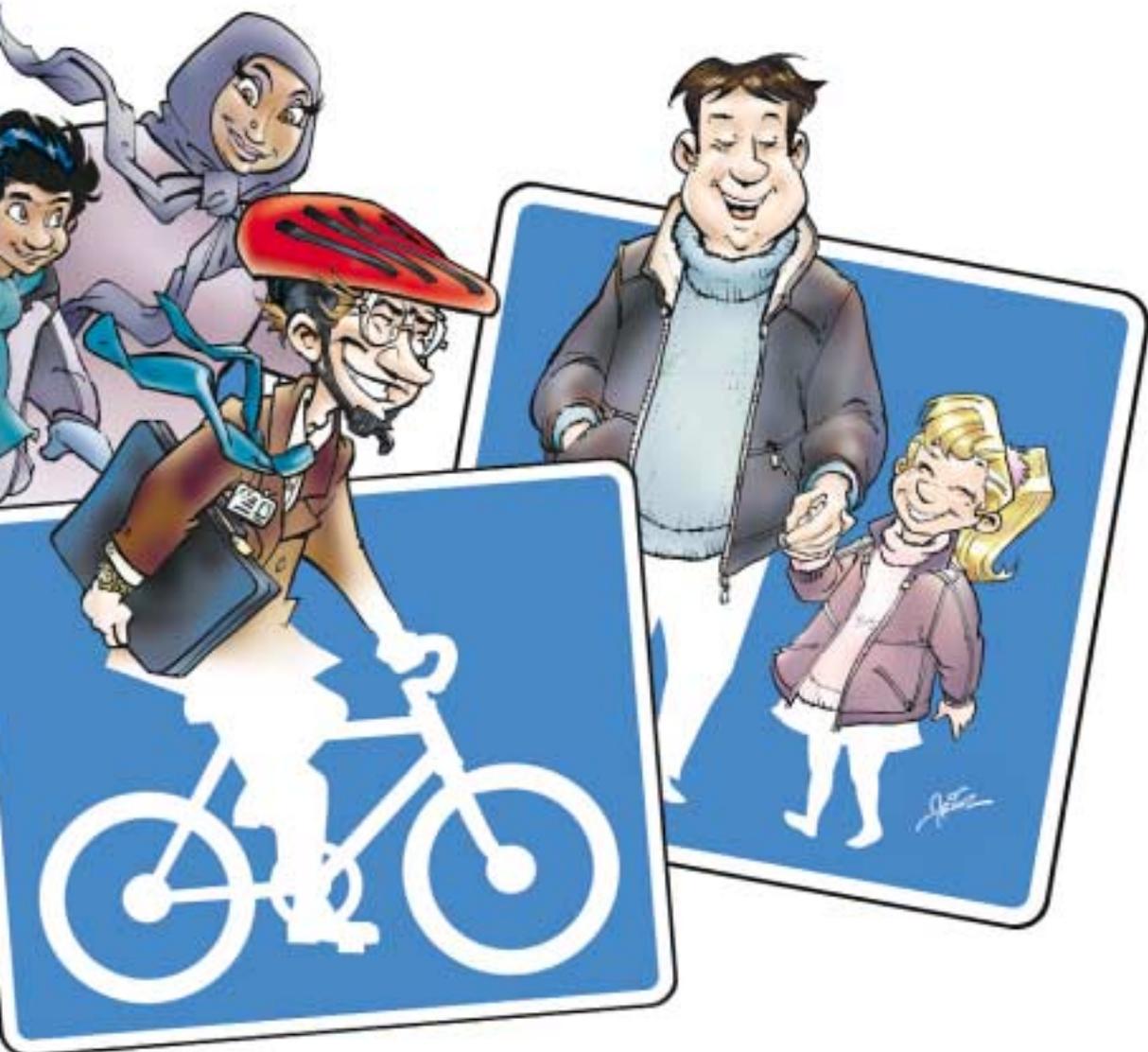


THE ACTION PLAN ON PHYSICAL ACTIVITY 2005-2009

Working together for physical activity



DEPARTEMENTENE

Ministries

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Preface

Physical activity is preventive to a number of diseases and is a source of joy, expression of life and positive self-affirmative experiences. The Parliament White Paper No.16 (2002-2003) "Prescription for a healthier Norway" emphasises the importance of physical activity for the health and well-being of the population. The Paper describes public health work as the total effort of society to "strengthen whatever contributes to improved health and impair whatever involves health risks." The Parliament White Paper as well as the World Health Organization (WHO) points out that physical inactivity is the great health challenge of the future.

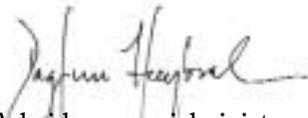
The Government was asked to develop an action plan on physical activity in connection with the discussion of "Prescription for a healthier Norway" in Parliament. In the proposition we may read as follows: "The plan must comprise concrete measures in various fields of society. Different parties in working life, such as trade unions and other stakeholders, must be actively engaged in the work. This also applies to The Sport Association of Norway. The Norwegian Parliament must be currently informed about the progress of the work."

Many people believe that most Norwegians lead physically active lives, and that life style diseases caused by physical inactivity are not predominant in Norway. There is, however, well-founded evidence that Norway is also succumbing to the health-impairing lifestyle of post-modern society, a lifestyle that among other things involves a decrease in the level of activity.

The negative development in the level of physical activity of the population is part of a trend in all industrialised countries. The increase in body weight on a global scale is so strong that The World Health Organization (WHO) defines it as a global epidemic with immense consequences for people's health. Because of this trend WHO adopted a Global Strategy for nutrition, activity and health in the spring of 2004. Norway has adopted this strategy that emphasises the significance of each individual member state developing its own cross-sectorial strategy plans.

The Action Plan on Physical Activity aims at increasing and strengthening factors that promote physical activity in the population and reduce factors that lead to physical inactivity. An increased physical activity will be attained through a total strategy that includes measures in diverse areas of society – in kindergartens, schools, at work, in transport, in the local environment and in leisure. This initiative requires co-operation between different sectors and levels of administration, and eight ministries collaborate in the development and the follow-up of this plan.

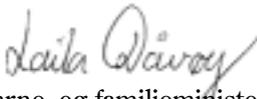
The Action Plan on Physical Activity is a national mobilisation in order to promote improved public health through increased physical activity, and The Year of Outdoor Life 2005 is a good start of the period of the Action Plan, that runs from 2005 until 2009.



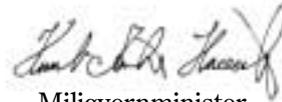
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Kultur- og kirkeminister



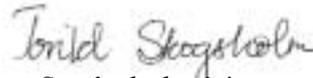
Barne- og familieminister



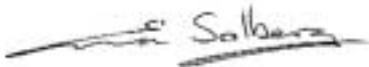
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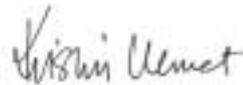
Helse- og omsorgsminister



Samferdselsminister



Kommunal- og regionalminister



Utdannings- og forskningsminister

Contents

1	Public health and physical activity	5
1.1	Physical activity and health.....	7
1.2	The level of physical activity in the population.....	9
1.3	Options of activities.....	9
2	Challenges and targets	11
2.1	Areas of priority.....	12
2.2	Targets and target groups.....	12
3	Active leisure time	13
3.1	Sports	14
3.2	Outdoor life.....	14
3.3	Physical activity for everyone.....	15
4	Active everyday life	16
4.1	Active upbringing.....	17
4.2	Active working life	18
5	Active local environment	19
5.1	Health considerations in planning.....	20
5.2	A local environment promoting physical activity	21
5.3	A transport system promoting physical activity	22
6	Active according to capacity	24
6.1	Municipal health services	25
6.2	Municipal social services	26
6.3	The Specialist Health Care Service	27
7	Working together for physical activity	28
7.1	Partnerships for Public Health.....	29
7.2	Voluntary effort for public health and physical activity	29
8	A better foundation of knowledge	31
8.1	Monitoring physical activity.....	31
8.2	Research and summary of knowledge	32
8.3	Education and the advancement of competence	32
9	Communication	34
9.1	Communication strategy	34
	Appendix	36

1 Public health and physical activity



Physical activity is a source of well-being and good health. In children's growth and in the senso-motoric development physical activity plays an important role. Furthermore playing with other children is significant for social and emotional development. For adults and elderly people physical activity may be a source of relaxation, spending time together with others, and it also promotes self confidence and the pure joy of being in good form. In addition to this physical activity protects you against a number of diseases and ailments.

Each individual person bears the responsibility for his/her own state of health and is responsible for his/her decisions in life. If these decisions were independent of social circumstances the effects of health threatening lifestyle would have been evenly distributed within all groups in society. This is not necessarily the case. Physical environment, social background and political influences are factors that are of major importance for the health of the population. The occurrence of disease reflects the general development in society and the circumstances in which we live.

Society is able to affect individual decisions by obtaining and procuring knowledge and influencing people's attitudes, and it should indeed exploit every opportunity of positive persuasion. Furthermore measures that focus upon "healthy" decisions and make these more attractive must be taken. This may also imply making health threatening choices less feasible, please see illustration 1.



Illustration 1: The illustration shows the relation between the responsibility of the individual regarding his/her health and the responsibility of society of paving the way. Society is responsible for making the hill possible to climb, thus illustrating the individual person taking care of his/her own health in a reasonable way.

In order to attain increased physical activity in the population measures within the following areas are necessary:

- Arrangement of the physical environment emphasising accessibility for everybody
- Contribute to the organisation of local "low threshold activities" and good opportunities of physical activity during leisure time, and bring about general areas of activity and procuring good possibilities of physical leisure time activities
- Encourage an active lifestyle in important fields such as in kindergartens, schools and at work.

Scopes of the action plan for physical activity (2005-2009)

The Action Plan on Physical Activity has been developed through a co-operation of eight different Ministries:

Ministry of Labour and Social Affairs, MLSA
 Ministry of Children and Family Affairs, MCFA
 Ministry of Health and Care Services, MHCS
 Ministry of Local Government and Regional Development, MLGRD
 Ministry of Culture and Church Affairs, MCCA
 Ministry of the Environment, ME
 Ministry of Transport and Communications, MTC
 Ministry of Education and Research, MER

The Ministry of Agriculture and Food, MAF, has also contributed to the development of provisions within the plan.

The Action Plan shall be followed up by a co-coordinating group that will establish a report system and create prerequisites for evaluating the plan.

1.1 Physical activity and health

Physical activity is defined as “all body movement produced by skeletal musculature resulting in a significant increase of energy consumption beyond rest level”. This includes several terms related to physical display such as physical exercise, outdoor life, play, training, trim, work, sports, gymnastics, physical education etc.

During a relatively short course of time society has gone through immense changes regarding daily demands of physical activity. Nowadays we have to actively seek out and give priority to a number of the experiences, challenges and skills that constituted an integral part of every day life in the past.

Children’s every day life is increasingly ruled by adult related activities allowing less time for free play. As opposed to the past the children in our time usually play indoors. Stationary work and work saving technical gadgets are also more predominant in the daily lives of adults than they used to be only a few decades ago. At the same time it seems as if increased physical activity during leisure time such as training may only partly compensate for reduced activity in our daily lives.

The causal connection between physical activity and health is well documented. Regular physical activity protects against a number of diseases and ailments, whereas inactivity increases the chances of mortality and reduces functional capacity.

As cardio vascular diseases are concerned physical inactivity may be counted as an independent risk factor at an equal level as overweight, high blood pressure, unfavorable levels of blood lipids and smoking.

In addition to preventing a number of diseases, physical activity is also a source of joy, an expression of life and positive experiences. Physical activity influences our mental state; it gives energy and reduces stress, improves the relationship to one's own body and promotes positive social relations.

Physical activity—recommendations

Adults and elderly people in good form are recommended to be physically active for at least 30 minutes every day on moderate to high levels of intensity. Moderate activity corresponds to quick walking. This activity may be split up in shorter periods of for instance ten minutes during the course of the day. In order to prevent an increase in body weight 60 minutes of physical activity seem to be required daily. A further increase in the activity beyond these recommendations will promote and improve your health even more!

Children and adolescents are recommended to be physically active for at least 60 minutes every day, and the activity ought to be moderately as well as highly intensive. The activity may be divided into shorter periods throughout the day, and should be as versatile and inspiring as possible.

1.2 The level of physical activity in the population

Generally speaking the level of activity in the Norwegian population is too low, and there are marked social differences. The majority of physically inactive people are to be found within groups in society that are less privileged regarding social status and health. Persons with university degrees train more frequently than persons who only have elementary education, and children whose parents have an academic training train more frequently than children whose parents have a poor education. Investigations on the level of activity of adolescents in Oslo indicate that adolescents in affluent families are more physically active than adolescents in poorer families. Men are somewhat more physically active than women, and the level of activity decreases with increasing age.

Available data tell us that the average level of activity during leisure time is relatively stable, whereas there has been a marked decrease during the past decades in physical activity within working life. There is little knowledge on physical activity in connection with transport, care, housework and other doings beyond the domain of work and leisure time activities. We do assume, however, that this type of physical activity has been reduced. The increase in body weight during the past decades is an indication of this decreased level of activity. The body weight of adults has increased with 5 to 6 kilos since 1985. In Oslo 9- and 15-year olds have increased their body weight of 2 to 3 kilos since 1975. In 1993 there were 7.5% of the Norwegian 15-year olds who were overweight, whereas there were 11.5% in 2000.

1.3 Options of activities

Among adults between 16 and 79 years 76 % state that they exercise or train at least once per month. The major part of the adults' physical activity is performed on an individual basis. Outdoor activities are most common; particularly walking, but also cycling, cross country skiing and swimming. In addition to this the extent of commercial options of activity has increased during the past decade. Private agents play an important role offering flexible options of activity that are specially designed for the adult population. Among adults who state that they exercise at least once a month, a total of 36% have been training at a training- or fitness centre during the past twelve months. It is particularly women and young fitness activists who utilise such options.

Children are more dependent than adults are as regards adjustment of the local surroundings for play and activity. Approximately 80 % of all children between 6 and 10 years use pedestrian zones and tranquil roads for daily play and activity.

It is primarily children and adolescents who participate in organized sports. In 2002 34% of all children/adolescents in the age group 8 to 24 years were training and/or competing in a sport club. It is, however, a fact that several adolescents abandon sports during their teens. In a statistical inquiry from 2002 adolescents declare that one of the causes of their quitting organised sports is lack of interest.

2 Challenges and targets

Physical inactivity causes overweight and the development of diseases. This is becoming a major health problem in our time. There is a strong indication that the diminishing level of activity is due to a decrease in every day activities. It is a great challenge to counteract this negative development and thus prevent a further reduction of the present level of activity.

Increased leisure time activity can only partly compensate for reduced everyday activity. There is evidence suggesting that this applies particularly to privileged groups in society. As we already know the number of physically active persons increases according to the level of socio-economic status. Furthermore, successful persons with higher education respond best to advice and recommendations concerning a health promotive lifestyle. Thus promoting physical activity within the least active groups in society is a major challenge.

Public health is developed and maintained in municipalities and communities where people live and work. Thus the most significant challenges consist in contributing to the realisation of habitations and environments promoting physical activity enabling everyone the opportunity of choosing an active lifestyle. Walking and cycling to school or work must be safe and secure. The environment must have qualities enabling a range of physical activities and encouraging play and physical expression. Such a range of activities must be versatile, also to include people who have little experience of physical activity and therefore less likely to participate in this.

A society promoting physical activity is dependent on the co-operation and inter-relation of a number of different forces within all sectors and on all levels of administration. Thus interplay of many factors is necessary. National measures and provisions are to contribute to the actualisation of a positive framework for a comprehensive public health work emphasising increased physical activity. At the same time counties as well as municipalities must be challenged to contribute within their fields of responsibility. In the same way voluntary organisations and private sectors will be invited to lend a hand within their relevant fields, in co-operation with public sectors.

2.1 Areas of priority

The areas of priority within the Action Plan on Physical Activity are as follows:

- Active leisure time
- Active everyday life
- Active environment
- Activity according to capacity
- Working together for physical activity
- A better foundation of knowledge
- Communication

2.2 Targets and target groups

Vision:

A general improvement in public health through increased physical activity in the population.

Main target no.1:

An increase in the number of children and youth who are physically active for at least 60 minutes pr day.

Main target no.2:

An increase in the number of adults and elderly people who are moderately physically active for at least 30 minutes per day.

Moderate physical activity implies activity corresponding to the intensity level of quick walking.

The primary target groups for the action plan include decision makers, planners and professionals/ highly skilled persons on all levels within public, private and voluntary sectors. Obviously there are persons like these who are going to contribute to the realisation of the intentions and the measures within the plan.

The target group for the intentions and ideas in the action plan is the entire population; especially children and adolescents and persons who have a low level of physical activity. A sense of responsibility of the entire population is a necessary condition in this matter, as individual decisions are concerned, and also as contributors and active participants in the development of activity schemes in the local communities as well as in the environment.

3 Active leisure time



Sub- target: A higher number of people who are physically active during their leisure time.

It is through positive and pleasure-giving activities that physical activity may be established as an integral part of people's leisure time. There are strong indications of marked differences in the levels of activity within the various groups in the population, and it is a true challenge to facilitate physical activity for the least active groups. Sports policies, leisure time policies and the realisation of "low -threshold" activities for persons who are incapable of participating in the range of ordinary schemes of activities.

3.1 Sports

National sport policies are founded on the intrinsic value of sport and physical activity, and encouragement of physical activity both under the auspices of voluntary, member-based sports and individually organised activities. The arena of the sport club is the local environment and is thus a social meeting place where social participation is a valuable factor, transcending the primary goals of the organisation. By providing the sport movement with working conditions, thus enabling it to pursue its primary activity, the aim of a general improvement in the state of public health may be fulfilled. The overriding vision for national sport policies is “sport and physical activity for all”.

Every year the Ministry of Culture and Church Affairs (MCC) distributes lottery funds¹ for the construction and improvement of ordinary sports facilities, sports facilities in the local environment and arenas for outdoor activities. Included are sports facilities that may be used for organised and non-organised activities. There is a continuous elaboration of instruction material for the municipalities and counties regarding lottery funds to facilities for sports and physical activities, and the system of distribution of lottery funds is revised on a yearly basis.

3.2 Outdoor life

Outdoor life is pursued by the majority of the population. It is not competitive and does usually not require major private investments. The possibilities of pursuing an outdoor life is a welfare quality that must be secured and distributed evenly in the population as a contribution to life quality, well-being, improved public health and sustainable development. The politics of outdoor life is based on the idea that outdoor life is a value per se through the pure joy of the activity itself, nature experiences and possibilities of recreation, relaxation and spending time together with others. The strategic target in the outdoor White Paper is that: “Everybody shall have the opportunity of pursuing outdoor life as a health-enhancing, joy-creating and environmentally positive activity in the local environment and in nature as such.” The efforts in the area of outdoor life shall secure the possibilities of the population of enjoying outdoor life through:

- securing/acquiring areas for public sojourn and travel
- adjusting these areas to the needs of different users
- encouraging the realisation of outdoor life

1 Proceeds from various pools in connection to sports competitions and number games are called lottery funds.

3.3 Physical activity for everyone

Systematic organisation and preparation of arenas in the local environment, illuminated and marked foot paths, paths for pedestrians and cycle tracks are factors that together with various options of physical activity will promote physical activity. In spite of this, there are still a lot of people who are not physically active on a large scale. There seems to exist a blurred border line between activities run by public service administration and activities run by voluntary organisations and private agents. It is important that public authorities take on the responsibility of arranging schemes of activities in this undefined area, also for the sake of following up persons with reduced functional capacity when they are no longer being followed up by the health service.

Means were granted to develop health preventive work through physical activity for the first time in the National Budget of 2004. This agreement of subsidy has been granted in order to endeavour to activate groups of people that have a low level of activity and who usually do not participate in common options of physical activity. From 2005 onwards subsidies are being transferred through regional partnerships for public health or via the Chief Administrative County Officer.

The promotion of physical activity within all groups of the population must no doubt be based on tradition and experience. This implies considering the significance of physical activity in different cultures, and pay attention to various traditions and customs in the endeavour to promote physical activity—in other words, we have to “speak the same language” as the target groups. We need to research further into the views of immigrant groups regarding different types of physical activity, and also about the present usage of the existing options of physical activity and possible reasons why certain options are not being exploited.

Low threshold activities

Low threshold activities are activities that are organised for persons who are basically inactive by attempting to break a number of barriers. Little equipment and no specific skills are required for these activities. They may either be free of charge, or low-cost and be easily accessible in a physical, social and cultural sense. It is also essential to organise positive initiatives and models for low threshold activities.

4 Active everyday life



Sub-target: Opportunities for physical activity in kindergartens, schools and at work.

The greatest challenges regarding the desire to increase the level of physical activity in the population are to be found in everyday life. Thus this chapter deals with the possibility of being physically active in the kindergarten, at school and at work.

4.1 Active upbringing

As children and youth are concerned there are particularly three areas in which we may render physical activity possible: In the kindergarten, at school and in the so called “after school child care” institutions (ASCC). An ever increasing number of children spend much time in these institutions, and for this reason it is essential that they have the opportunity of being physically active during the time they spend there. This entails a public responsibility for the organisation of the school day/ the kindergarten day, suitable outdoor areas, a competent staff and the involvement of children, parents and the local environment as such.

The elementary tuition will undergo a number of changes as a result of guidelines in the Parliament White Paper no. 30 (2003-2004) “Culture for Learning”. Within the new comprehensive learning scheme there will be an intermediary transition between a general part and a specific learning scheme for subjects that fall into the category of the so called “Learning-Poster”. The “Learning-Poster” contains requirements for the physical and psycho-social environment at school with reference to § 9a in the Act of Tuition. An increase in the number of lessons in physical education in primary school from 494 to 637 lessons per year has been proposed in order to enhance the physical development of the pupils and stimulate their interest for physical activity and play. In addition to this various models for daily physical activity at school are being tested out through the project “Physical activity and meals at school”, a project that is a co-operation between The Ministry of Education and Culture and The Ministry of Health and Care Services.

Even though children and adolescents spend a lot of their time in kindergartens and schools, it is primarily the parents who are responsible for a sufficient level of physical activity as their children are concerned. Children whose parents are physically active are more active than children whose parents are inactive; obviously the parents’ attitudes and habits regarding physical activity influence their children. Thus children and adolescents as well as their parents should acknowledge the connection between physical activity and health in all phases of life. In the chapter entitled “Active according to capacity” that is about the contribution of social- and health services to promote physical activity in the population, we shall be dealing with the role of the maternal and child health centres and the school health services regarding the increase in the level of activity of children and adolescents.

4.2 Active working life

There has been a dramatic decrease in physical activity as a natural part of the working day of adults as a result of mechanisation implying an overall reduction of manual labour.

Consequently working life, that in former times used to be an area of physical activity as the workers were concerned has now become an area of inactivity. There are, however, many indications that physical activity as well as good physical health, have positive effects upon the working environment and productivity. Thus working places must be organised in a way that promotes health and well-being.

To make enterprises and companies focus upon activity there is a proposal as to include a provision in the new Working Environment Act that obliges employers to consider physical activity as a part of the company's systematic health-, environmental and safety at work (HES). Such measures will be considered in co-operation with representatives of the employees. Suitable measures are, however, bound to vary from company to company.

5 Active local environment



Sub-target: Physical environments promoting an active lifestyle.

The challenges we are facing today demand that society and our physical environment are arranged and organised as to encourage and facilitate an active life, and that makes it safer as well as more attractive and pleasurable to choose an active lifestyle for all groups of the population. It has been proved that qualities in the physical environment influence the level of physical activity within various groups of the population. A straight forward and natural way in which you may be physically active is to incorporate this activity into your daily routines such as walking or cycling to and from school, work and other daily activities. This chapter deals with various physical arrangements and dispositions of physical space that are necessary in order to promote a physically active lifestyle. It also talks about the importance of a well organised implementation of such arrangements.

5.1 Health considerations in planning

The shaping of the physical environment, particularly the local environment, constitutes the conditions for opportunities of physical activity of the individual. This must be taken into consideration in the planning processes of public areas, and it implies the assessment of possibilities of physical activity in connection with:

- local and regional area- and transport planning
- location and arrangement of habitations, schools and kindergartens
- planning and adapting new as well as already existing projects and areas designed for physical activity
- protecting areas of nature and recreation.

The principle advocating a universal realisation of these ideas is essential in the endeavour to protect environments promoting physical activity.

According to The Public Health White Paper, public health is to be an overall consideration in all public planning. This has been followed up in the proposal of a new Planning- and Building Act, NOU 2003:14 *“Improved municipal and regional planning according to the second Planning- and Building Act”*. In the parliamentary bill it is stated clearly that the consideration of the health of the population shall be safeguarded according to the Planning- and Building Act. Thus the planners are in urgent need of advice from the health sector regarding problems and obstacles of a health related character. Development of health impact assessments and health profiles, as well as the implementation of the municipal plan as a basis of public health work are essential in the follow up of the Public Health White Paper. These are important tools and methods that contribute to the creation of favourable conditions for physical activity within processes of planning and the decision-making bodies.

According to UN's Child Convention, Article 12, children as well as adolescents have the right to express their views and to be listened to. In Norway “National political directives to enhance the interests of children and adolescents in planning“ was adopted already in 1989. The guidelines are founded on the Planning- and Building Act, and include among other things demands regarding the organisation of the planning processes of the municipalities in such a way that children and adolescents are able to participate.

5.2 A local environment promoting physical activity

The local environment comprises human habitations, parks, open spaces, roads, streets, playgrounds, nature reserves and cultivated farmland. It also includes institutions such as kindergartens and schools. A local environment containing green areas close to habitations as well as playgrounds is a prerequisite for the free self-expression of children and adolescents as well as adults and elderly people. At the same time such areas are significant social meeting places in the local environment. All groups in the population must be given the opportunity of being physically active independently of age and physical capacity, socio-economic status, ethnic background and cultural circumstances. Nature reserves must be accessible without us having to surmount physical barriers and obstacles. Children, elderly people and others with a reduced physical capacity are particularly dependent on nature areas that are easily accessible. Furthermore, good accessibility to nature is important for kindergartens and schools as arenas of play as well as learning, and also for the possibility of utilising nature and the local environment in the tuition.

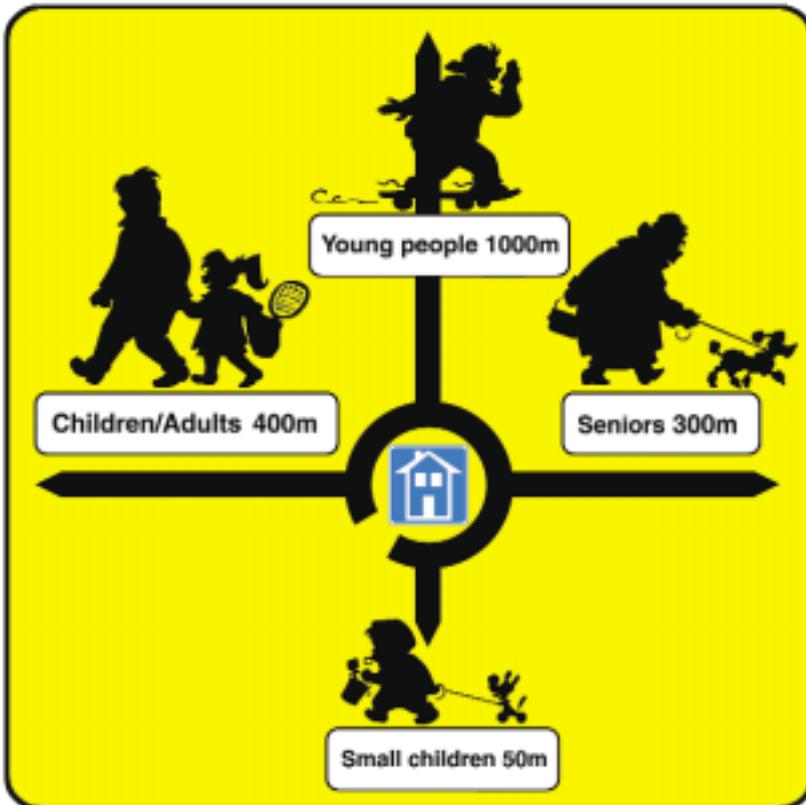


Figure 5: The range of which people move around varies with age.

The physical environment of the kindergarten must possess qualities that are safe for children in different age groups as well as stimulating motoric development through play and physical expression. Regarding their shape as well as their size, outdoor areas must be adapted to versatile play and expression under safe circumstances. Ideally speaking, the outdoor space of the kindergarten should be six times the size of the indoor space.

The school ground is the working place for teachers, pupils and other staff at school during school hours, as well as it serves as a location that clubs, organisations and the local inhabitants may use outside of school hours. For these reasons the school ground must be adapted to organised tuition as well as to individually organised activities during breaks in the school day and during leisure time. The Directorate of Education runs an advisory service for school grounds, e-mail: www.skoleanlegg.utdanningsdirektoratet.no

5.3 A transport system promoting physical activity

The Parliament White Paper concerning The National Transport Plan (NTP) is the supreme planning document within the field of transport, and is a 10 year plan that is rotated every four years. The so called NTP lines up various priorities within the transport sector, and action programmes within the different departments of transport are laid down in accordance with Parliament's reading of the NTP.

In the NTP the Norwegian Public Roads Administration is given a special responsibility of co-ordinating and initiating the endeavour for increased cycling. The bicycle is a non-pollutive means of transport that may be a good alternative to the car on shorter trips. Promotion of physical health is an additional beneficent effect of cycling. In co-operation with The Directorate of Health and Social Welfare, The Norwegian Association of Local and Regional Authorities and The National Cyclists Club, The Norwegian Public Roads Administration has developed "National Cycle Strategy" that was presented in 2003. This strategy is part of the NTP and its principal objective is to make cycling safer and more attractive. At the national cyclist conference in 2004 a national network of "cycle cities" was established, and the Ministry of Transport and Communications will contribute to running it.

The means applied in order to improve the situation for cyclists will in most cases also improve the safety and passability for pedestrians. Lower speed limits for cars, construction of special paths and tracks for pedestrians and cyclists, the building of cycle tracks and subways and footbridges as well as pedestrian crossings are examples of such measures.

The investigation “Children’s journeys to school” (TØI 616/2002) reveals that 40 % of all children in the primary school are being driven to school (by car, public transport etc.) The overall aim is to give children a safe way to school so that their parents can safely let them walk or cycle to and from school. Safe school ways are also important regarding the possibility for children using their school grounds also during leisure time.

The present subsidies to the construction of pedestrian and cycle zones/tracks shall be increased by approximately 2600 million NOK during the period 2006-2015. It is presupposed that the county municipalities follow up this particular action, as the major part of remaining investments are intended for the construction of motor roads. The county municipalities will have a strong say in this matter.

6 Active according to capacity



Sub-target: Focus on physical activity in social- and health services.

Physical activity in municipal social- and health services and in the specialist health service must be accentuated as sources of health and well-being, as well as active constituents within the fields of treatment and rehabilitation. In this chapter we shall deal with the implementation of physical activity in these services.

6.1 Municipal health services

The municipal health service shall at all times have a general survey of the health condition within the municipality and factors that may influence it. Furthermore, the health service shall propose health promotive and health preventive measures in the municipality, including provisions to develop physical activity in the population as a whole as well as following up patients with specific needs of physical activity. The social- and health service shall also contribute to the realisation of various activities designed for groups with specific needs and groups that for some reason or other are not included in the ordinary activities.

The maternal and child health centres and the school health service are health promotive and health preventive services aimed at expectant mothers, children and adolescents. As many pregnant women and the majority of mothers with young babies use the services offered at the maternal and child health centres, this is a significant arena regarding information about the importance of physical activity concerning the health of children as well as mothers. The maternal and child health centre also plays an important role in the endeavour to discover and follow up signs of motoric aberrations in children. The school health service has been playing an important role in the planning processes regarding physical activity in schools, being a prop and mainstay as well as advisor within the work of preparing and adapting activities adjusted to different groups of pupils, including pupils suffering from chronic diseases and/or reduced functionary capacity. In the organisation of activities for pupils with reduced physical capacity we need to consider the physical environment of the school.

The Public Health White Paper contains a proposition concerning the introduction of a special rate for Regular General Practitioners in order to encourage them to give advice regarding lifestyle as part of the treatment of patients with a high liability for cardio-vascular diseases. This rate is applicable in cases where a “green prescription” is prescribed as an alternative to medical treatment when treating patients with the diagnoses high blood pressure and diabetes type 2. It is also written in the Public Health White Paper that programmes for follow-up must be developed, programmes in which the social- and health care service collaborates with other agents and voluntary organisations regarding among other things measures of activity for “green prescription patients”. Evaluating the “green prescription programme” we shall create a basis for the further development of this system, including procuring medical guidelines for doctors and actualising a regular follow-up of patients.

Today there are a number of health institutions offering physical training for persons who are physically handicapped. If an intensive training programme in a health institution is to cause a permanent improvement of the “functionary level” of patients, a good follow-up in the local environment is a prerequisite. A regulation on habilitation and rehabilitation based on the Municipal Health Service Act obliges the municipality to offer the required reports and follow-up regarding needs for habilitation and rehabilitation for everybody who lives or stays within the municipality.

A high quality level of each individual service is the aim of the nursing- and care service. Options of varied activities adjusted to the needs and qualifications of the individual are seen to be a fundamental need that the municipality is obliged to follow up. Regarding elderly people and functionally disabled people it is in some cases relevant to develop specially adapted training programmes. Some voluntary organisations also offer various types of activities for elderly people. The municipalities may continue this work through institutions such as centres for the elderly, voluntary centres and other relevant organisations. Specially adapted physical activity may postpone and reduce the need for assistance from the nursing- and care service.

6.2 Municipal social services

It is the responsibility of the social service to become acquainted with the living conditions in the municipality, pay attention to circumstances that may cause problems and work out preventive measures. The social service may contribute to an increased level of motivation regarding physical activity as the individual user is concerned by a purposeful employment of personal assistants and leisure time assistants who strive to promote physical activity and a meaningful leisure time for vulnerable groups of people.

The organisation of physical activity will become an integral part of an individual plan for persons who are in need of long lasting and co-coordinated services. The users may for instance receive financial support in order to participate in various training programmes or specially adjusted physical activities. Physical activity and co-coordinated training programmes have proved to have a positive effect on many people as part of the care and treatment for drug addicts. At the same time it has been established that drug addiction is often related to other health problems such as mental disorders, and in such cases physical activity will also have a beneficial effect. In addition to this the participation in various activities will be important in order to increase

social capacities, develop social relations and networks, and in this way contribute to rehabilitation regarding social as well as working capacities.

On January 1st 2003 The Ministry of Social Affairs extended the age limit qualifying for financial support for “training, stimulation and activation” from 18 to 26 years. This resolution includes the acquisition of special equipment for play and sport as these activities are of great significance for the every day life and overall development of children and adolescents. Regarding special needs for special equipment and other remedies of persons older than 26 years, this age limit was removed in the National Budget for 2005.

6.3 The Specialist Health Care Service

It has been laid down in the regulations that the Act of Specialist Health Care Service shall promote public health and counteract illness, injury, ailment and functional disability. The organisation of physical activity adapted to the individual patient as part of a treatment, habilitation or rehabilitation programme is essential. The regulation concerning habilitation and rehabilitation based on the Specialist Health Care Service Act, obliges the regional health enterprises to include habilitation as well as rehabilitation in the total scheme of the enterprise. Physical activity and training specially adapted to the individual will constitute a vital part of a rehabilitation process for individual users. It is of vital importance that knowledge of physical inactivity and health risks as well as knowledge of the significance of physical activity for different groups of patients are integrated into all sections of The Specialist Health Care Service. Thus it is necessary to utilise this knowledge in relevant contexts and with different groups of patients. At the so called learning- and activity centres the knowledge of the importance of physical activity is particularly relevant.

7 Working together for physical activity



Sub-target: Intersectorial and co-coordinated efforts to promote physical activity in the population.

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.

7.1 Partnerships for public health and physical activity

The Public Health White Paper emphasises partnerships as a main strategy for a more committed, permanent and intersectorial co-operative process in order to promote public health. 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. The majority of the counties formulate “county schemes” for sports, physical activity and outdoor life. In the same way a number of municipalities formulate similar “municipality schemes” or “topic schemes”. The so called “topic schemes” form a good basis for the establishment of obligatory co-operation concerning the realisation of measures.

The Office of The Chief Administrative County Officer opens up the possibility of co-coordinating national policies towards the municipalities as well as the counties in a good way. This renders possible a more efficient use of national measures and means on the county level, and will enable us to view these in relation to the measures and areas of responsibility of the county municipality. In this connection allocated means from national schemes within the region of public health for local preventive measures may be channeled through regional partnerships for public health in places where such partnerships exist, and otherwise via The Chief Administrative County Officer. The allocations for FYSAK will be co-coordinated with incentives for Partnerships for Public Health, and will be integrated into an all-comprehensive endeavour for physical activity.

7.2 Voluntary effort for public health and physical activity

Voluntary effort constitutes a vital force in public health work; particularly in the endeavour to promote public health through increased physical activity. The basis of the voluntary policy is to secure favourable conditions for voluntary work in the local environment by a better co-ordination of national policy and a stronger emphasis on the

contribution of voluntary organisations in the welfare state. The voluntary children- and youth organisations organise positive and versatile activities, and are a vital part of everyday life of children and youth. A number of these organisations organise and run various schemes for physical activity.

The sport- and outdoor life organisations are, however, the key agents in the endeavour to promote physical activity, because the phenomenon physical activity is at the very core of the work of these organisations. They also stand out because of their well developed local networks of clubs. At the same time a number of so called “user- and patient organisations” will be important in the preparation and organisation of “low threshold activities”. Furthermore it is important to enable voluntary centres, village centres, centres for the elderly, leisure time clubs etc. to become fields that can trigger voluntary effort and promote physical activity through arranging and/or offering “low threshold activities” for various groups.

8 A better foundation of knowledge

Sub-target: A better basis of knowledge and improved competence regarding physical activity and health.

In The Public Health White Paper physical activity and health are emphasised as particular areas of development within the strategy for an evidence based public health policy. The background for this is that the level of knowledge concerning the level of physical activity in the population still is too low; regarding the present situation as well as possible future development. This also applies to which measures are efficient as to increase the level of activity in different groups of the population. In addition to improving the basic knowledge it is also necessary to put a stronger emphasis on physical activity within medical studies, and also within other professional studies and post-graduate studies, in up-grading courses and in extended vocational studies.

8.1 Monitoring physical activity

Knowledge regarding the state of health and factors that influence it form the basis of expressing targets, planning, realisation and evaluation of public health policies. For this reason a specific goal is to develop a health monitoring system that makes it possible to follow the development of the state of health and circumstances influencing this. Such a system will also enable us to make comparisons between different geographical areas and different groups in the population. Even though a number of investigations of the population containing queries on physical activity have been carried out; there are few data that elucidate the development of the level of physical activity during a longer course of time. The application of different methods, and also dealing with different age groups and groups in the population means that the results of various investigations cannot be compared to each other. Furthermore, we still know very little as to which factors prevent and promote physical activity. For these reasons it is necessary to establish a system of monitoring the level of physical activity in the population.

8.2 Research and summary of knowledge

Physical activity as a subject of research comprises the total range from basic research, applied research and intervention research, and it includes the domains of medicine, natural science, psychology and social science. Today research on physical activity is characterized by lack of co-ordination, absence of common reference and lack of contact between the existing “milieus”. Furthermore, research already made has been performed on a short-time, non- cumulative basis.

At present there exists a substantial documentation on the relation between physical activity and health. There is, however, little knowledge of the causal mechanisms, and the relationship between dose and response has not yet been elucidated sufficiently. There is a need for studies concerning the interactive effects of diverse physical activity on health, and studies elucidating the relation between physical activity and different ailments and diseases. Furthermore, we still know too little as to which factors influence our behaviour and habits of activity. For these reasons it is vital to increase the knowledge concerning factors influencing human attitudes, motivation, behaviour and patterns of activity. This applies to all age groups and groups of the population. But it is particularly important among people with diverse cultural backgrounds and socio-economic status. There is also an urgent need to prove effects as well as utilitarian value of measures.

8.3 Education and the advancement of competence

In order to implement the measures in the action plan it is essential that the agents who shall contribute to the implementation possess the required knowledge of physical activity and health. Thus for some profession groups and decision makers it is important to have the relevant competence concerning the optimal arrangement of the physical environment in order to promote physical activity. Others are in need of knowledge regarding the different kinds of activities that might be suitable for diverse groups, and how these various groups might be motivated to be physically active.

Physical development is compulsory within courses attended by students aspiring to become nursery school teachers. According to the set curriculum or the so called “framework plan”, the students must know how diverse types of physical activity influence the senso-motoric development of children as well as their physical and mental health. Physical development is not a compulsory subject at general colleges of education, but may be included in the syllabus during the two optional years.

However, the various institutions of teachers' education have to consider the goals of the new educational plan work for elementary training, e.g. regarding the relationship between physical activity and health; compare the "Learning Poster" subsection 9.

As part of the follow-up of The Parliament White Paper no. 30 (2003-2004) "*Culture for Learning*" The Ministry of Education and Research has been working out a strategy for the development of competence of teachers. Provisions for this strategy have been allocated for the period 2005-2008.

A survey of the competence of social- and health workers concerning the relationship between physical activity and health will be carried out. The results of this survey will indicate different approaches in order to strengthen the tuition of physical activity and health within elementary education as well as in advanced- and postgraduate courses for medical doctors and other social- and health staff.

In The Public Health White Paper it is considered important to emphasise the pre-eminence of health of the population within social planning. Health impact assessment will be included in the curriculum of medical professional- and other relevant courses of study. For these reasons we are now considering the possibility of establishing a course on health and planning on university level.

In connection with the follow-up of The Parliament White Paper no. 30 (2003-2004) "*Culture for learning*" new curricula and syllabuses will be developed in all subjects of secondary education at advanced level. According to the plan this new syllabus will be introduced in the autumn of 2006. In this connection we shall consider a stronger emphasis on the importance of physical activity in the courses for nursing auxiliaries and social care workers. In addition to this, shorter courses based on secondary advanced level of education will be established.

9 Communication

Sub-target: Enlightenment of the people regarding physical activity and health—motivation for an active lifestyle.

An essential goal for the communication of the action plan is to increase the general knowledge of physical activity and health. It is indeed important to inform the general public about effects of physical activity. It is, however, even more important to emphasise that being physically active may in fact be extremely simple, and that little effort is required to obtain positive health effects. Thus it is important to stress that physical activity may simply mean walking to the bus stop, climbing the stairs instead of going on the escalator or taking the lift, picking berries and mushrooms, going for a pleasant stroll with your neighbour, staying outside and playing with your children instead of taking them to indoor activities by car etc.

Evaluation has proved that expensive information campaigns have little effects when they are not combined with other measures. Efficient campaigns are characterized by the exploitation of social networks as well as other measures within the local environment. Investigations also prove that mass communicated information campaigns may have an effect when combined with direct communication. As a powerful means per se communication is the best intermediary of knowledge, and is also an excellent means of attracting attention and interest. Accordingly, an information campaign would be considered relevant when it could be a supplement to other measures in the action plan.

9.1 Communication strategy

During the next five years a communication strategy will be developed whose aims are to increase the general knowledge of physical activity and health and to inspire the population to adopt an active lifestyle. This communication strategy could include mass communication on part of the national authorities as well as locally adjusted communication and network information. We intend to introduce a gradual escalation of communication during the period of the action plan. We are faced with a particular challenge in the endeavour to reach persons with an immigration background, persons with functional disability and elderly people. For these groups it is particularly important to cooperate with linking organisations and societies that may contribute with their knowledge.

Information and communication are essential within all fields of effort in the action plan. A significant indication of success of the action plan is a considerable increase in the general knowledge of the population, and not least in the general level of activity. A number of measures that will be actualised in the action plan period are presented in the appendix. Communication is a vital element in several of these measures. An analysis of target groups and people linked to each of these measures will constitute a vital tool in the planning process of fruitful communication.

Appendix

Ministries responsible for the measures in the Action plan:

Ministry of Labour and Social Affairs, MLSA

Ministry of Children and Family Affairs, MCFA

Ministry of Health and Care Services, MHCS

Ministry of Local Government and Regional Development, MLGRD

Ministry of Culture and Church Affairs, MCCA

Ministry of the Environment, ME

Ministry of Transport and Communications, MTC

Ministry of Education and Research, MER

Ministry of Agriculture and Food, MAF

Measures	Responsible Ministry
Sports – Chapter 3 “Active leisure time”	
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.	MCCA
2. Allocate means to activities and participation in clubs and organisations that organise sports and physical activity for children and adolescents.	MCCA
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.	MCCA
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.	MCCA
5. Allocate means to the maintenance as well as construction of new sport arenas in the municipalities..	MCCA
6. Further development of information to the municipalities concerning systems of allocations to arenas for sports and physical activity through new guidelines.	MCCA
7. Further development of arrangements for arenas in the local environment adapted to individually organised activity.	MCCA
8. Work to develop planning competence locally as well as regionally.	MCCA
9. Develop sport arenas as active meeting places in the local environment.	MCCA
10. Encourage a locally adjusted development of arenas.	MCCA
11. Give priority to the development of sport arenas that will generate much activity in densely populated stress areas.	MCCA
12. Further development of the allocation system concerning sport equipment to local sport clubs.	MCCA
Outdoor life – Chapter 3 “Active leisure time”	
13. Raise propositions in order to strengthen The Leisure Time Act and other relevant acts to grant the general public access to nature.	ME
14. Reinforce endeavours to stimulate and motivate to carry on an active outdoor life in everyday life and during leisure time.	ME, MCCA
15. Adapt and improve the access of the disabled and ethnic minorities to outdoor life.	ME
16. Actualise and evaluate “The Year of Outdoor Life 2005”.	ME
17. Better accessibility to hunting and fishing for the entire population.	ME, MAF
18. Allocate funds to activity promotive outdoor life activities.	ME, MCCA
19. Allocate funds to arenas for outdoor life in the mountains.	MCCA

Measures	Responsible Ministry
Low threshold activities" - Chapter 3 "Active leisure time"	
20. Initiate development work to adapt local "low threshold activities" to inactive groups in the population.	MHCS
21. Create good models and measures for "low threshold activities".	MHCS
22. Encourage municipalities that have made their own surveys of local activities to publish these on their websites so that they may be accessible to all that might be interested.	MHCS
23. Strengthen the intersectional co-operation in order to motivate the population to participate in "low threshold activities".	MHCS
24. Stimulate and adapt options of activity to groups in the population with special needs, (lower social classes, persons with immigrant backgrounds, disabled persons, the elderly).	MHCS
25. Allocate funds to voluntary organisations that wish to contribute to the work of adapting local "low threshold activities".	MHCS
26. Awarding the "Activity Prize" every two years.	MHCS
27. Encourage television – and radio channels to transmit programmes on physical exercise for the elderly and physical exercise for all.	MHCS
28. Develop and distribute training programmes that strengthen everyday motoric abilities of the elderly, that they may use at home on an individual basis without formal instruction.	MHCS
29. Involve active elderly persons in the participation, organisation and realisation of activities.	MHCS
Adolescence – Chapter 4 "Everyday life"	
30. Emphasise physical activity and motoric development when revising the syllabus of kindergartens.	MCFA
31. Contribute to improved competence of kindergarten personnel concerning the opportunity of physical activity for all in order to promote the sheer joy of being in movement.	MHCS, MCFA
32. Encourage kindergartens to emphasise outdoor play and outdoor life.	MCFA
33. Encourage kindergartens to co-operate with local clubs and organisations on physical activity.	MCFA
34. Further development of the guideline manual of The Act of Tuition § 9a in order to demonstrate the importance of the possibility of physical activity.	MER
35. Increase the number of lessons in physical education in primary school and encourage daily physical activity of the pupils.	MER
36. Further development of the project "Physical activity and meals at school", and disseminate results from this project. From the school year 2005/2006 the project will be extended as to also comprise secondary advanced education.	MER, MHCA
37. Further development of already existing incentives regarding positive criteria for organisation of daily physical activity in schools.	MER
38. Establish "Forum for outdoor life in schools".	ME

Measures	Responsible Ministry
39. Increase the competence of teachers, school leaders and other staff in order to improve the quality of physical activity for pupils, compare "Strategy for competence development in elementary education 2005-2008".	MER
40. Incorporate a text on physical activity when revising the guideline manual on environmentally directed health care in kindergartens, schools etc.	MHCS, MCFA
41. Contribute to the distribution of the model for health promotive schools—"HEFRES".	MER, MHCS
42. Compose an informatory pamphlet on physical activity and health amongst children, adolescents and parents under the direction of the guidelines for parents programme.	MCFA
Working life – Chapter 4 "Active everyday life"	
43. Propose a new article in the new Working Environment Act that obliges employers to consider physical activity for the employees as part of the systematic health-, environmental-, and security work in the enterprise.	MLSA
44. Develop information pamphlets that increase the knowledge of the importance of facilitating physical activity at work.	MLSA
45. Develop investigations/experiments related to physical activity at work in the programme "Experimental activity within the social security system".	MLSA
46. Encourage the municipalities to offer/ facilitate low threshold activities to social security beneficiaries and other social clients , preferably in accordance with "Active during daily life in Oslo."	MHCS, MLSA
Considerations of health in planning – Chapter 5 "Active local environment"	
47. Co-operate on the implementation of the strategy of universal development of area planning and the organisation of habitations relevant to enjoying physical activity.	ME, MHCS, MLGRD, MLSA
48. Develop and create good examples of universal organisation of city space, streets and areas for physical activity.	ME, MHCS
49. Pay attention to public health and conditions for physical activity in planning according to The Plan- and Building Act, and propose that these considerations are included in the object clause of a new Plan- and Building Act.	ME, MHCS
50. Develop and actualise a development project in order to gain experience as to how municipal plans may be improved in order to provide a better foundation for public health work.	MHCS, ME
51. Contribute to increased knowledge of physical activity in planning- and decision processes by using municipality health profiles, including indicators for physical activity as instruments in local planning.	MHCS
52. Develop necessary conditions to elucidate possible consequences for the health of the population and possibilities for physical activity in the new legislation on impact assessments according to the Plan- and Building Act.	ME, MHCS

Measures	Responsible Ministry
53. Assure that guidelines to the new legislation on impact assessments give advice on how to include possibilities for physical activity in plans and measures.	ME, MHCS
54. Arrange work shops for children's` representatives in towns and villages, as well as county work shops for county municipalities and Chief County Officers in order to follow up national policies and guidelines in order to enhance focus on the interests and individual participation of children and adolescents in planning.	ME
55. Develop guidelines, collections of examples and instructive material in municipal planning for increased physical activity in which the interest and individual participation of children and adolescents are emphasised.	ME, MCCA, MCFA, MHCS
Local environment – Chapter 5 “Active local environment”	
56. Survey and include nature and outdoor areas, green areas in the country and in cities in city- and township planning concerning utilisation of areas and transport.	ME
57. Follow up guidelines on planning and administration of green areas in cities as a basis for activities of the municipalities in those areas.	ME
58. Secure and protect nature and leisure time areas and other green areas to the benefit of public use.	ME
59. Survey the development and secure the rights of the general public in nature areas, particularly in coastline zones.	ME
60. Develop administrative plans for all public areas of the scurries on the coast.	ME
61. Assure that important areas and properties for outdoor life which the Norwegian State wants to dispose of may be transferred to the municipalities, State Forest or the authorities of environment.	MAF, ME
62. Implement the European Landscape Convention in areas relevant to physical activity, as well as elucidating municipalities and county municipalities on the significance of this.	ME, MAF, MHCS
63. Encourage the emphasis on qualities promoting play and physical expression for children/pupils in the kindergarten/school in the planning processes of new kindergartens and schools and for the local environment in the physical environment indoors and outdoors.	MHCS, ME, MCFA, MER.
64. Further development of advisory services for school areas with special focus on guidance on optimal outdoor arenas that promote physical activity in schools and which also emphasises multiple use of the outdoor areas of the school.	MER
Transport- Chapter 5: “Active local environment”	
65. Strengthen the role of the bicycle as a means of transport, particularly in larger cities and townships.	MTC
66. Develop already existing roads and streets by e.g. giving priority to cyclists and pedestrians on an equal level to or prior to private cars in streets that are part of a comprehensive cycle track network.	MTC

Measures	Responsible Ministry
67. Revise speed limits in densely populated areas in order to introduce more limits of 30 and 40 km/h.	MTC
68. Revise signposts and markings on cycle tracks as part of the so-called "Signpost Renewal Programme".	MTC
69. Improve the requirements for physical adjustment for pedestrians and cyclists in the new version of "Handbook 017 on Road- and Street organisation norms".	MTC
70. Increase the construction of special zones for pedestrians and cyclists.	MTC
71. Implement inspections of cycle tracks followed by immediate measures and actions.	MTC
72. Contribute to the running of a professional network of "bicycle cities".	MTC
73. Convey information to municipalities and county municipalities, among other things, through the network of bicycle cities.	MTC
74. Develop a guideline manual that will give advice regarding the future development of the national cycle track network.	MTC
75. Carry out a campaign for safe cycling.	MTC
76. Secure school roads for pedestrians and cyclists within reasonable distance of public school transport.	MTC
77. Further development of the trans-sectional project "Active school children" into a permanent arrangement run by "Safe Traffic".	MTC, MHCA
78. Strive to develop more environmental city transport by reducing the need of private cars and increase various means and options of public transport.	MTC
The social- and health care services – Chapter 6 "Active according to capacity"	
79. Clarify the contents of §1-4 in The Municipality Health Care Service Act" that declares that the health care service of the municipality must at all times have a complete survey of the health conditions within the municipality and various factors which may influence these.	MHCA
80. Contribute to an intersectional collaboration in order to develop activities for groups with special needs and groups that, for some reason or other, are not included in the general range of activities.	MHCA
81. Increase the competence of the maternal and child health centres on the causal connection between physical activity and health, and also concerning various activities which are recommendable for expecting mothers and mothers with young babies.	MHCA
82. Increase the competence of the maternal and child health centres on the relation between motoric development and various stimuli and incitements, as well as the causal connection between physical activity and children's` health.	MHCA
83. Clarify ways in which the school health service may be more involved in the organisation of physical activity for all pupils, including an evaluation of the physical environment indoors as well as outdoors at school.	MHCA

Measures	Responsible Ministry
84. Develop a programme of follow up through which the social- and health services co-operate with other agents as well as voluntary organisations on offering diverse activities to people reliant on so called "green prescriptions".	MHCA
85. Elucidate how different fields of the health care service, including the physiotherapy service , may follow up "green prescription patients" and develop diverse "low threshold activities".	MHCA
86. Further development of the green prescription arrangement in relation to the evaluation of the arrangement and experience of doctors as well as patients concerning the use of the arrangement.	MHCA
87. Develop a better co-operation between the specialist- and the municipal health care services regarding the follow-up of activity measures.	MHCA
88. Initiate a widespread use of good voluntary assistants and leisure time assistants in order to encourage physical activity and a meaningful leisure time among groups at risk, and also contribute to making the establishment of such arrangements easily available for the municipalities.	MHCA
89. Consider either removing or increasing the age limit on the arrangement concerning allocations for equipment for training, stimulation and activation of disabled persons.	MLSA
Working together - Chapter 7 "Working together for physical activity"	
90. Include physical activity as an area of utmost priority within regional as well as local partnerships for public health.	MHCA
91. 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.	ME, MHCA
92. Channel incentives from 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.	MHCA
93. Co-ordinate the FYSAK endeavour with the partnership model as to include physical activity as a high priority project in regional and local partnerships for public health.	MHCA
94. Create meeting places within the area of public health on a national level between public authorities, professional groups, and voluntary organisations having a fruitful dialogue on physical activity and health, and thus contribute to similar meeting places or common arenas within counties and municipalities.	MHCA
95. 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.	MHCA
96. Have an open dialogue with the children- and youth organisations regarding their role in the efforts to promote physical activity amongst children and adolescents.	MCFA

Measures	Responsible Ministry
Research – Chapter 8 “A better foundation of knowledge”	
97. Establish a system of monitoring the level of physical activity in the population.	MHCA
98. Consider the establishment of a research project run by The Norwegian Research Council within the area of physical activity and health.	MHCA
99. Contribute to an increased focus on the relation between physical activity and health in the national investigations on the population (the so-called Mother and child investigation, Cohort of Norway) as future research is concerned.	MHCA
100. Organise a “summary of knowledge” of the effects of measures aimed at the promotion of physical activity in the population.	MHCA
101. Develop a survey of physical activity applied by the health care services in connection with treatment and rehabilitation.	MHCA
Education - Chapter 8 “A better foundation of knowledge”	
102. Intensify the tuition on physical activity and health as part of a life long learning project for teachers and nursery school teachers.	MER
103. Survey the competence of social- and health personnel of the relation between physical activity and health.	MHCA
104. Strengthen the tuition on physical activity and health in the elementary education courses and in postgraduate and up-grading courses for medical doctors and other social-and health personnel.	MHCA
105. Consider the establishment of a graduate course on health and planning in collaboration with relevant academic institutions.	MHCA
106. Collaborate with The University- and High School Council (UHSC) on including the highly interesting topic “physical activity and health” into relevant courses for teachers, nursery school teachers, engineers, landscape architects etc.	MER, MHCA
107. Emphasise the tuition on physical activity and health in connection with the establishment of new, short term courses based on Advanced level secondary education, for people working with children and adolescents, (staff in kindergartens, after school child care centres as well as youth clubs and leisure time clubs.	MER
Campaign – chapter 9 “Communication”	
108. Develop a five year scope communication strategy that aims at increasing the knowledge on physical activity and health through the enlightenment of the people, and thus motivating and inspiring us to attain a more active lifestyle	MHCA

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