

National Policy Approaches to Promoting Physical Activity: Seven Case Studies from Europe

Final Technical Report

Part 2: Seven country case study reports



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More information on the HEPA PAT country case studies project can be found in part 1 of the Technical Report. The preparation and coordination of this Technical Report was led by a small editorial group comprising Professor Fiona Bull from The University of Western Australia, Dr Karen Milton from Loughborough University, United Kingdom, and Dr Sonja Kahlmeier from the University of Zurich, Switzerland.

This part 2 contains the 7 full country case studies.

Country Lead Teams

The country case studies were led by between one and four individuals who are acknowledged below. For full details on the methods used and how each case study was completed and the nature of any within country consultation process undertaken, please see Appendix 2 in part 1 of the project report.

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When reference is made to individual country case studies, the above country lead teams must be acknowledge as authors.

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

[FINLAND]

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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 kehittämislinoista), 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 is 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 Transport, 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 be 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.

On 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 2005).]

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

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

Early years	<input checked="" type="checkbox"/>	Sedentary/ the most inactive	<input type="checkbox"/>
Children / Young people	<input checked="" type="checkbox"/>	People from low socio-economic groups	<input type="checkbox"/>
Older adults	<input checked="" type="checkbox"/>	Families	<input checked="" type="checkbox"/>
Workforce / employees	<input checked="" type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input type="checkbox"/>	General population	<input checked="" type="checkbox"/>
People with disabilities	<input checked="" type="checkbox"/>	Other (please specify) [immigrants]	
Clinical populations/ chronic disease patients	<input type="checkbox"/>		

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 be done in three levels:

- 1) The National Institute of Health and Welfare (former National Public Health Institute) is mainly responsible for the 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 by 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 for 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 questionnaire 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 been 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 Government 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 containing 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.)

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

ITALY

Draft number: [Final]
Date: [15th February 2011
covering situation until February 2011]

Completed by:

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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.

Italy has a constitutionally-based organisational system of regionalism, composed by 19 Regions and 2 Autonomous Provinces (Local Government). The present context is characterized by an increased decentralization of decision making at the sub-national level.

State, Regions and municipalities have different competences depending by the topic (education, urban planning, health, transport, etc.). Usually, the national level has the competence to develop general strategies and goals on a subject, the Regions develop the general rules for the implementation, and municipalities and schools develop the specific rules for and carry out the implementation. In general, the municipalities are the real decision makers about many subjects affecting physical activity, for example with regard to building rules, traffic rules, sport facilities, etc.

Public healthcare is developed by the National Health Service (SSN), which is organized under the **Ministry of Health**. It was created in 1978, and then reformed through an institutional and financial decentralization, combined with a delegation of managerial autonomy to local government. “

The General Directorate for health prevention, belonging to the prevention and communication Department of the Ministry of Health, has general responsibilities in health promotion and prevention in the population in general and in specific target groups, and for promoting quality of life and healthy environments.

CCM is the Italian acronym for the National Centre for Disease Prevention and Control. It has been established to act as a coordinating centre operating between the Ministry of Health on the one side, and regional governments on the other (which are responsible for the implementation of health care and prevention), through the establishment of collaborative networks for specific projects and the development of systems for public health monitoring and surveillance. Its aim is to build an Italian prevention network.

This is how CCM has become a new public health entity, in line with the Italian regionalization process.

http://www.ccm-network.it/en_what_is_CCM (in English).

The **Ministry of Education** has general responsibilities of supervision and coordination of all educational activities carried out in the country, the promotion of education. On the local level, the Ministry is represented by regional and provincial education offices, responsible for the enforcement of laws and regulations in schools and the general management of schools in their province. Schools organise sport activities for the pupils, under the indications of the Ministry.

Until the change of government in February 2008, a **Ministry for Youth Policies and Sport** existed, which had central government functions in relation to sport, policy-making and coordination functions regarding youth policies. Since, one of the offices of the Presidency of the Council of Ministers assumed these responsibilities (which is the case if no specific ministry is created for a topic, which can also be seen as a lower prioritization). At the top of the Italian sport structure is the **CONI**, (Italian National Olympic Committee) that is “*responsible for the development and management of sports activity in the country.*” It means that every aspect of the competitive sport falls under the competence of the CONI. Non-competitive sport, instead, is under the competence of the SSN.

The **Ministry of Environment and Territory** is engaged in the field of education for environment and sustainability, especially focusing on promoting public awareness of environmental matters and behaviours in harmony with the nature and human beings. The field of PA-promoting environments is new in Italy, and only addressed by a few Regions.

The **Ministry of Infrastructure and Transportation** is, among other things, responsible for the implementation of programmes, at national level on spatial planning, urban development and transport networks.

(www.governo.it)

The responsibility for health, Physical Activity (PA), sport and recreation is shared between these governmental national and local institutions.

On May 2007, a **protocol agreement** between Ministry of Health and the representative of 22 groups of the world of industry, labour unions and sector associations was signed, in order to share efforts, skills and knowledge in the realization of projects, guidelines or action plans in the 4 fields of the National Program "Gaining Health" (see question 2 below).

(http://www.ccm-network.it/en_Gaining_Health)

In addition, there are two nongovernmental institutions that carry our PA promotion related activities.

The NGO Italian Union "**Sport for All**" (**UISP**) is a national sport association, who's main goal is to extend to all citizens the right to practice sport and physical activity, as a healthy behaviour to improve the quality of life (see <http://www.uisp.it/nazionale/>)

Legambiente (League for the Environment) is the most widespread environmental NGO in Italy, with 20 Regional branches and more than 115,000 members. They carry out activities on monitoring and defending the Italy's artistic legacy and the natural beauties. They promote healthy lifestyles, as well..

(www.legambiente.it)]

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.

HEALTH

- **Italian Constitution, 01/01/1948, Article 32**

The republic protects individual health as a basic right and in the public interest; it provides free medical care to the poor.

- **Law 23/12/1978 n. 833: National Health System (Sistema Sanitario Nazionale, SSN) and subsequent reforms**

The Italian SSN was established in 1978 in order to provide uniform and comprehensive care to Italian citizens, financed by general taxation. In article n. 2, are described the general aims of the law, namely the citizen's health education, and the disease and accident prevention, in every life environment such as working place.

In article n. 20, the law defines the meaning of prevention and also mentions the need for coherence between healthy environment, urban planning and industrial activity in general.

Since its inception in 1978, the Italian SSN has undergone a wide variety of reforms in the financing, service provision, and regulation of health care policy.

These reforms have taken place within a larger context of ongoing political development, which has afforded Regions greater autonomy in a number of key social policy areas, including health care and PA promotion.

(<http://www.normativasanitaia.it/jsp/dettaglio.jsp?aggiornamenti=&attoCompleto=si&id=21035&pa>)

[ge=&anno=null](#) (in Italian)

In 2000, under decree law reform 254, the health care in sport activity was added to the definition of prevention and thus for the first time, sport and health were brought together in a legislative act. The focus here was on health promotion, i.e. lifestyle and life conditions that can influence people's behaviours. This represented a concrete response to the 1986 WHO Ottawa Charter, based on a socio-ecological approach to health and focused on political, social, cultural, environmental, anthropological factors, that can influence health, in a positive as well as negative way.

www.normativasanitaria.it/jsp/dettaglio.jsp?id=18399&query=NUMERO%20PRV%3A%20254%20DEL%3A%2028%2007%202000%20ORDINA%20PER%3A%20emettitore (in Italian)

- **Law 26/05/2004 n. 138 – Creation of the Italian Centre for Disease Control and Prevention (CCM)**

The CCM was set up by Law 138 of 26 May 2004

(<http://www.parlamento.it/parlam/leggi/04138l.htm#decreto>) and by the Health Ministry Decree of 1 July 2004

Regarding the specific implementation, please refer to question 8.

- **Documento programmatico “Guadagnare Salute” (“Gaining Health” Programme) (Prime Minister Decree – 04/05/2007)**

This programme was inspired by the European WHO Strategy Gaining Health. Promoted by the Ministry of Health as a result of combined efforts of nine ministries and in agreement with the Regional and Provincial Governments, “Gaining Health: encouraging healthy choices” is, as the subtitle itself explains, an action plan whose main objectives are to prevent and change unhealthy behaviours (http://www.salute.gov.it/imgs/C_17_pubblicazioni_605_allegato.pdf), with the **aim of the prevention of non-communicable diseases.**

The strategy of “Guadagnare Salute” is defined by the decree of the Prime Minister as a **main goal of the health service of the country.** It is focusing on the four main changeable risk factors and major determinants for the most frequent chronic diseases and identifies four subject areas (and specific programmes):

- promoting healthy eating behaviour
- counteracting smoking
- counteracting alcohol abuse
- promoting physical activity

The Gaining Health Programme is implemented through the **National and Regional Prevention Plans**, and a specific national project on physical activity (see question n.8).

- **“National Platform on Nutrition, Physical Activity and Tobacco addiction” (Ministerial Decree 01/04/2007, n. 326)**

Issued by the Ministry of Health, the decree established a national platform, with the aim of formulating proposal and realizing initiatives, in line with the “Guadagnare Salute” program (see above).

- **The National Health Plan (Piano Sanitario Nazionale PSN) 2011-2013 (document underway)**

This plan stresses the Gaining Health's topics and formulates two strategic lines: Health in all policies and converging and complementary financing.

SPORT

- **Law 16/02/1942 n. 426**

The Italian National Olympic Committee (CONI), is responsible for the development and management of sports activity in Italy. Within Italy, CONI recognizes 45 national sports federations, 16 associated sports disciplines, 12 promotional sports organizations, 1 territorial sports organization and 19 organizations for the development of sports. In total 95,000 sports clubs with 11,000,000 members. www.italggiure.giustizia.it/nir/lexs/1942/lexs_126698.html (in Italian)

- **Ministerial Decree 28/02/1983**

Establishes the rules concerning the medical care for non-professional sport activities, including medical certificates for participants in sports associations (e.g. a swim club) that are affiliated with a federation of CONI. For the participation in private sport clubs or fitness centres, no certificate is necessary.

There are also a number of laws on health care and medical controls for professional athletes which are not presented in detail here.

EDUCATION

- **Decree Law 18/12/1975**

Technical regulations on school buildings, with indications of environmental criteria for the practice of physical activity (for example: the decree establishes the longest allowed distances between public school and homes that are different depending on the sort of the school, and that every school building has to comprise a sports hall, etc.)

- **Decree Law n. 297, 16/04/1994: body of laws and dispositions concerning educational programmes**

Art. 89, Chapter IV: it specifies that school buildings must have appropriate indoor (gym) and outdoor spaces for the practice of physical activity. www.edscuola.it/archivio/norme/decreti/dlvo297_94.html (in Italian)

- **Ministry Circular Letter, 01/07/1997**

National indications for the planning and the construction of structures for physical activity in every school level (from nursery to junior high school).

- **Protocol n. 1148/A1, 19/03/1997**

Protocol Agreement between CONI and Ministry of Education. It regulates the relation between the two Institutions, in order to enhance sport, fitness and physical activities in school, in coherence with educational programs.

www.edscuola.it/archivio/norme/edfisica/acc_coni_min.html (in Italian)

- **Protocol n. 1381/C17, 05/01/2007**

Protocol Agreement between the two Ministries of Health and Education, in which they committed themselves to defining a common strategy for health education and a realization of a program of activities, in order to combine the efforts in preventing risk factors and combating sedentary and obesity. http://www.salute.gov.it/imgs/C_17_normativa_1381_allegato.pdf (in Italian)

- **Ministry Note, Protocol n. 4273, 04/08/2009**

Guidelines on reorganization of physical activities in junior high school and high school www.edscuola.it/archivio/norme/circolari/nota_4_agosto_2009.pdf (in Italian)

All the Laws, Decrees, Circular Letters and Notes here quoted for Education, are available at: www.edscuola.it/archivio/norme/edfisica/index.html (in Italian)

ENVIRONMENT

- **Official Gazette, General Matters, n. 88, 16/04/2010**

Bike sharing and sustainable sources: a call for a public advertisement. The Ministry of Environment will finance effective projects on reduction of CO2 emissions by promoting bike sharing.]

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

[WHO Ottawa Charter for Health Promotion, 21/11/1986
 WHO Global Strategy on Diet, Physical Activity and Health, May 2004
 European Commission’s Green Paper “Promoting healthy diets and physical activity”, 08/12/2005
 European Charter on counteracting Obesity, 17/11/2006
 European Commission’s White Paper "A Strategy for Europe on Nutrition, Overweight and Obesity related health issues", 30/05/2007
 WHO 2008-2013 “Action Plan for the Global Strategy for the Prevention and Control of NCDs”, May 2008]

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).

[Laws, Decrees, Protocols and Circular Letters are developed through a political process that involves political stakeholders, with the cooperation of technical officers for each specific area or topic. Sometimes, a technical working table or a parliament group is appointed in order to emanate or amend a law text.

A more extended consultative process with the involvement of a wider group of stakeholders is generally undertaken during the development of Charters, Agreements, Programs and Plans. For example, the technical panel for the elaboration of the **Gaining Health Programme** was composed of representatives of the central government agencies, the regions and provinces, the associations representing the sectors of the food production chain, consumers groups and the leading national labour unions.

These actions and interventions integrate different actors, at central, local and community level, in coherence with a networking approach.

In order to support the implementation of **National Preventive Plan (PNP)**, a Project Management Group (PMG) was created and formally approved with a Ministry Decree, in January of 2007 (www.ccm-network.it/documenti_Ccm/Prp/DECRETO_PMG.pdf). With a networking logic, the challenge was to improve the setup of the project managers of public health, developing tools and training programs to support the implementation of the PNP. One of the main strengths and achievements of the PNP is in fact the creation of a network of referents at regional and local level for public health planning.]

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 **Gaining Health Programme** is based on the implementation and coordination of inter-sectoral strategies that address one of the 4 main risk factors (unhealthy diet, smoking, alcohol abuse and sedentary lifestyle). Projects can address either risk factor separately. However, CCM also leads 8 projects that integrate PA with other sectors, such as nutrition, environment, public transportation and street safety and has commissioned to regions some actions for a healthy life across different risk factors.

Particularly relevant is a Protocol Agreement between the two Ministries of Health and Education, in which they committed themselves to defining a common strategy for health education and a realization of a program of activities, in order to combine the efforts in preventing risk factors and combating sedentariness and obesity. http://www.normativasanitaia.it/normsan-pdf/0000/24023_1.pdf (in Italian)

A Protocol Agreement between CONI and Ministry of Education regulates the relation between the two Institutions, in order to enhance sport, fitness and physical activities in school, in coherence with educational programs.]

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.

[Italy does not have official national recommendations on physical activity levels, but the national surveillance systems (see question 15) use the internationally accepted physical activity recommendations as cut-off points for what constitutes a "sufficient" level of physical activity, specifically:

- for adult population (18 – 69 years): at least 30 minutes of moderate PA, 5 days/week, or at least 20 minutes of intense PA, 3 days/week (<http://www.epicentro.iss.it/passi/>)
- for children and young: at least 60 minutes of moderate PA every day. At least twice a week this should include weight-bearing activities that produce high physical stresses to improve bone health, muscle strength and flexibility (<http://www.epicentro.iss.it/okkioallasalute/default.asp>)

Older adults are not specifically mentioned.]

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.

[Goals and performance indicators are, in almost all cases, adopted from international Charters, Agreements or Recommendations, both from WHO and from European Commission.

There is no national goal for physical activity. However, in the new PNP 2010 – 2012 the expected goal is to

contain the prevalence of obesity under the 10%, with a combination of initiatives that combine PA promotion and counteracting obesity.

The specifications on how to reach this national goal are a responsibility of the Regions. In fact, the Regions must agree with CCM a plan of activities for the realization of this goal, specifying objectives, timeframe and indicators to monitor the implementation and allow an evaluation (see question 8).]

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.

[Not specifically. In PASSI surveillance system, there are questions monitoring satisfaction regarding the performance of health professionals, in particular investigating the counselling performance about PA and smoking but there are no nationally adopted goals in this regard.]

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).

[There is not one specific action plan on physical activity in Italy, but the implementation of the national policies is addressed through different mechanisms. The main ones are the Regional Prevention Plans.

The main implementation document of the Law 23/12/1978 n. 833: National Health System (Sistema Sanitario Nazionale, SSN) is the National Health Plan that usually is triennial.

- **National Health Plan (Piano Sanitario Nazionale PSN) 2003 – 2005**

The Plan was the response to the new approach to health in the 2000 SSN reform. In the Plan, 10 projects were identified in order to realize a change in public health strategy. One of these projects was “To promote healthy lifestyle, prevention and public health communication”. It represented the high point for prevention and health promotion in Italy, in its modern meaning.

With its articulated approach and innovative outlook, the PSN gave a opportunity to start effective actions in the area of prevention and to reach common goals. Planned interventions included providing nutrition education and promoting at least 30 minutes of physical activity daily in schools; encouraging healthy food choices in canteens and providing facilities for physical activity at workplaces; developing nutritional information campaigns and promoting physical activity within the community; guaranteeing the availability and accessibility of healthy choices; developing urban environments supporting physical activity; and cooperating with food producers, consumer associations and control authorities to avoid incorrect and misleading messages in advertisements, especially in those targeted to children.

(http://www.ccm-network.it/Pnp_intro)

www.salute.gov.it/resources/static/psn/documenti/psn_2003-2005.PDF (in Italian)

In the field of the prevention, the main implementation document is the **National Prevention Plan**. The National Prevention Plans are implementation tools of the **Guadagnare Salute programme**.

- **State – Regional Government Agreement, 23/03/2005**

This is the executive agreement for the **First National Prevention Plan 2005-2009**. With that plan, the NHS deals, for the first time, with the prevention of the NCD. The Agreement stipulates, also, that the Italian Centre for Disease Control and Prevention CCM should provide Regional Governments with technical assistance, assessment and certification of the results obtained. This was an innovative process for the Italian public health sector because it defined and implemented the same working method for projects in all Regions, with a view to starting a virtuous circle aimed at achieving uniform health objectives throughout the country. (www.ccm-network.it/documenti_Ccm/normativa/Intesa_23-3-2005.pdf)

- **State – Regional Government Agreement, 29/04/2010 - National Prevention Plan (PNP) 2010 – 2012**

This act gives effectiveness to the new **National Prevention Plan (PNP) 2010 – 2012**, the guiding line for Regions, for the adoption of **Regional Health Prevention Plans**. The Regions must give continuity to the previous PNP, activate programmes in each of the 4 macro-areas indicated in the Plan and improve the surveillance systems indicated in the PNP (http://www.comunitapnp.it/file.php/1/Allegato1_PNP_10-12.pdf, in Italian, and www.ccm-network.it/Pnp_2010-2012, in Italian). Responsibilities, specific goals, tools, available resources, timelines, indicators and milestones have to be defined, in coherence with the principles of Project Cycle Management; most Regions have developed such a plan or are finalizing it currently.

- **The Centre for Disease Control and Prevention (CCM), the Italian Centre for Disease Control and Prevention** was implemented by the **Decree of the Minister of Health 1st July 2004** (http://www.ccm-network.it/documenti_Ccm/normativa/DM_1-7-2004.pdf) and by the **Decree of the Minister of Health 18th September 2008** (http://www.ccm-network.it/documenti_Ccm/normativa/DM_18settembre_2008.pdf)

The **CCM** is a collegial entity, whose aim is to optimise plans and priority actions in terms of public health nationwide. Since it was established in 2004, more than 200 agreements have been signed in six areas of activity (surveillance, prevention and control; support to the National Preventive Plan (PNP) and to the programme "Gaining Health"; emergencies; communication and documentation; social welfare; the environment) which have involved all Regions and most public health institutions. On the one hand, Regional Governments are asked to put to the test their ideas, projects and implementation skills, on the other the MoH and CCM have to rethink their role in order to manage the plan coordination work, making it successful so that it could become a resource and an investment for the health system. CCM also coordinates and supports the Regions in writing their Regional Prevention Plans (see above).

- As part of the "Gaining Health" agreements, a specific **4-year national CCM project on PA promotion** was carried out. The project was led by the Emilia – Romagna Region from 2007-2010 ("Promoting Physical Activity - Actions for an Healthy Life" – www.ccm-network.it/azioni, in Italian), involving 6 Regions (Piedmont, Veneto, Tuscany, Marche, Puglia + Emilia-Romagna as leader). The project identified effective methods to increase PA in the general population, using recommendations and initiatives which are considered to be effective and meaningful, evidence based and good practice and tested experimental interventions. The project also created a network of National and Local PA experts and produced guidelines on the relationship between the layout and organisation of the city and the PA in the population. The project collaborated with other multi-regional and national projects, following and improving "Gaining Health" strategies. It also sought strong international input through the HEPA Europe, the European network for the promotion of health-enhancing physical activity. The CCM Project ended officially on 31 December 2010. Its Steering Committee, Scientific Committee and Networks will continue their exchange through the web page "Azioni" (<http://www.ccm-network.it/azioni/home-page>)

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.			
Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	Environment	<input checked="" type="checkbox"/>
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	<input type="checkbox"/>
Clinical health care (e.g. hospitals)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Workplace	<input checked="" type="checkbox"/>		
Senior/ older adult services	<input checked="" type="checkbox"/>		

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

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.	
<p>CCM as part of the implementation of the "Gaining health" programme, leads 8 projects that integrate PA with other sectors, such as nutrition, environment, public transportation and street safety. Examples:</p> <ul style="list-style-type: none"> - Best practices on nutrition and physical activity in preschool aged children, - Gaining health in teenagers, - Surveillance System on lifestyle and risk factors in elderly people <p>Inter-ministerial cooperation between Environment and Territory and Education, University and Research, aims to promote public consciousness of environmental matters and behaviours in harmony with the nature and human beings.]</p>	

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.	
<p>[The PNP has been characterized by a complex and innovative process in relation to the specific context and working methods.</p> <p>One of these contexts involved efficacy and scientific basis. The 2010 – 2012 Plan specifies that one of the criteria for the evaluation of regional planning will be the coherence with effective interventions, best practices and evidence-based public health. Moreover, it emphasizes and promotes the systematic use of surveillance data, as one of the essential tools for an efficient project management.]</p>	

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.

[At national level, a list of protocol agreement was signed between institutions, agencies and associations, as a result of "Gaining Health" (available (in Italian) at http://www.ccm-network.it/GS_intro; <http://www.salute.gov.it/>

Technical groups were created in order to support Regions in the planning process, which implicates stakeholder involvement in all phases of the project. Specific tools and training activities are available for operators, in PNP context as well as for CCM projects.

All the multi-ministerial agreements quoted in Question 2 have recommendations on how work together, in order to deliver policies or action plans.]

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 CCM strategic committee is responsible for the evaluation (and consequential funding) of regional, multi-regional or national projects, as explained in Q 8. The results of this evaluation determine the allocation of a specific amount of the PNP budget in Regions with a positive evaluation.

Monitoring is realized through quarterly technical and financial reports.]

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

[In response to the WHO recommendation about implementing risk factor surveillance, in 2005 and 2006, in the context the Italian behaviour risk factor surveillance system survey, two cross-sectional pilot studies were carried out to test the materials and methods for the future implementation of a national surveillance system of behavioural risk factors and preventive measures by the National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS).

For adults, the PASSI (Progressi delle Aziende Sanitarie per la Salute in Italia) system adapts the Behavioural Risk Factor Surveillance System (BRFSS) model. The system was implemented in 2007, based on monthly data collection by telephone interviews carried out on local level by health personnel of the health units; data is reported yearly. All Italian regions are participating. PASSI is based on the indication of the recommended levels of Physical Activity for adult populations (http://www.epicentro.iss.it/passi/CONTROLLARE_IL_PNP_2010-2012). The physical activity questions were adapted from the United States BRFSS physical activity module with which good experiences were made (<http://www.cdc.gov/brfss/>).

In the survey on the promotion of healthy lifestyle and growth in primary school children ("Okkio alla salute"), data have been collected since 2008 in 8- to 9-year-old children in 18 of the 21 Italian regions by self-administered questionnaires, filled in at school. The survey is foreseen to be repeated every second year (<http://www.epicentro.iss.it/okkioallasalute/>; <http://www.salute.gov.it/>). In 2010, data has been also been collected about adolescents' lifestyles (Health Behaviours School-aged Children) in 11, 13 and 15 year old children.

The CCM has charged the Region of Umbria to develop a surveillance system **lifestyle and risk factors in elderly of over 64 years of age (PASSI d'argento – PASSI silver)** from 2008 to 2010 (<http://www.epicentro.iss.it/passi-argento/default.asp>). In January 2009, the first survey was carried out in 7 Regions in over 3000 people, including questions on physical activity (being active almost all days for at least 10 minutes in a way that makes sweat, and types of activities); in 2010 the results were available. At the end of 2010, it was decided to continue and integrate PASSI d'argento into the national PASSI surveillance system.

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 Italian BRFSS surveillance system gives, for the first time in Italy, standardized data on nutritional conditions and PA behaviours in children, young people and adults, and disseminates the results in order to support evidence based public health actions. It is being implemented to improve the health profiles and prioritization processes, to help intervention planning and evaluation at national but specially at regional level, to support the National and regional Prevention Plans and to disseminate data with a specific communication plan.]

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 inclusion of obesity contrast and promotion of a healthy lifestyle as a public health priority in the recently approved new PNP represents the most important political commitment in national public health. As above described, PNP is a economically and politically binding commitment both at national and at regional level.

All the mentioned agreements and Protocols are binding for the promoting institutions. In all the relevant political programmes, PA has been mentioned as a key issue.

In 2007, Italy has defined the “Gaining Health” programme as a goal of the National health Service, but now (2010) the political commitments towards its implementation seems to have decreased (e.g. the CCM funds addressed to Health Promotion have been cut significantly).

On the other hand, the Emilia-Romagna Region was able to host the 5th annual Meeting and Symposium of HEPA Europe (Bologna, 10 – 12/11/2009).]

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).

HEALTH

Since CCM was established in 2004, more than 200 agreements have been signed in six areas of activity (surveillance, prevention and control; support to the PNP and to "Guadagnare Salute"; emergencies; communication and documentation; social welfare; the environment) which have involved all regions and most public health institutions. Another 66 agreements were signed as part of the [CCM 2008 programme](#).

CCM funding in PA promotion projects, by year:

2005: 210.000 €

2006: 1.400.000 €

2007: 4.320.000 €

2008: 2.600.000 €

http://www.ccm-network.it/documenti_Ccm/pubblicazioni/CCM_2004-2007.pdf

Budget prevision for ALL CCM regional projects supporting PNP and "Guadagnare Salute", including those on PA

2009: 11.220.000 €

http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2009.pdf

2010: 12.000.000

<http://www.ccm->

[network.it/documenti_Ccm/normativa/programma_Ccm_2010/programma_Ccm_2010.pdf](http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2010/programma_Ccm_2010.pdf)

1.600.000 of them almost only for PA

<http://www.ccm->

[network.it/documenti_Ccm/normativa/programma_Ccm_2010/progetti_approvati_progrCcm2010.pdf](http://www.ccm-network.it/documenti_Ccm/normativa/programma_Ccm_2010/progetti_approvati_progrCcm2010.pdf)

SPORT

CONI: 450.000 €

Local Administrations: 1.9 billion€]

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.

At national level, the stewardship for HEPA promotion is with the Ministry of Health, General Directorate of Prevention; and Public Health and Innovation Department. The Unit must assure a systematic approach in planning and implementing any action aimed at improving PA promotion outcomes. It is a key role, considering the increasing decentralization of decision making at the sub-national levels, requiring a strong coordination and the establishment of solid links between national, local, public and private institutions.]

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?

[]

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.

[All national level policy documents are implemented at sub-national and local level due to the decentralized health system. It is aimed at synergy and coherence through the above mentioned mechanisms, most notably CCM, and the other agreements and laws mentioned above.]

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

[In every Region participating in the CCM-Project [“Promoting Physical Activity - Actions for a Healthy Life”](#) (see question 25), a [Regional Network was created, consisting of](#) the PA delegates of the local (county) Health Services.

The CCM also coordinates and supports the Regions in writing their Regional Prevention Plans which then are implemented under the authority of the Regions (see also qu. 1).]

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. [Gaining Health]
2. [The Physical Activity promotion Networks. (see questions 20 and 25)]
3. [PNP new management system which represents a true “cultural revolution” because it is the first time that the NHS really face health promotion and its methodology, tools etc.]

Less successful interventions

1. [Formez Database of local experiences as regards the prevention of the main risk factors for chronic diseases
This database was established through a 2-year CCM project. In collaboration with all Italian regions, interventions were collected on all 4 risk factors of the “Gaining Health” programme until 2008. It now contains detailed information on 330 projects, including 168 on physical activity. However, the database was no longer available and sustained when the project (and the CCM funding) ended at the end of 2009.]
2. []
3. []

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 interface function between Regions and CCM involves a level of support that is negotiated on a per case basis, via collaborative agreements contracted by the CCM with the individual Regions. To receive funding, Regions must respect the Project Cycle Management system, therefore respond to a logic of outputs, outcomes and evaluation.]

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).

[An essential element in the **“Gaining Health” Programme**) is communication which is a basic component of the prevention actions in the sense that it is an important knowledge and information tool for professionals and the general public.

The “Guadagnare Salute” Programme is developed across three institutional communication areas:

- specific plans for each action
- an information campaign geared towards citizens’ choices for their health and encouraging governments to make healthy choices possible
- a specific programme in collaboration with schools.

The Health Ministry is preparing a Communication Plan; no further details were available as of now.]

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.

[There are several logos and slogans in use:

- “Guadagnare Salute, rendere facili le scelte sanitarie” (Gaining Health: making healthy choices easier). “Guadagnare salute” has a specific logo of the Ministry, registered. It consists of a orange smiling heart.
- “Diamoci una Mossa”, in forma con il movimento (Let’s move! Fitness through physical activity) An Intervention to enhance PA in primary schools (www.salute.gov.it/speciali/piSpecialiNuova.jsp?id=68)
- “Forchetta e Scarpetta” (Fork and Sneaker) An Intervention to enhance PA in primary schools (<http://www.salute.gov.it/stiliVita/paginaInternaMenuStiliVita.jsp?id=1714&menu=progetti>)
- “Canguro SaltalaCorda” (Skipping kangaroo): teaching materials for educational programme to promoted the adoption and maintenance of a healthy lifestyle in school aged children.]

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

[The CCM-project “Promoting Physical Activity - Actions for an Healthy Life” , together with the CCM-National Project for the Promotion of Motor Activity, created a network of national and local PA experts which is meant to serve as platform for future collaboration of the relevant stakeholders (see question 8) . The national network consists of PA delegates of the Regional Health Services to build a PA reference networks of specialists in each region of Italy and create a shared language between all operators. (www.ccm-network.it/azioni, project leader: Dr. Alberto Arlotti - AlArlotti@regione.emilia-romagna.it). CCM-National Project for the Promotion of Motor Activity also created local networks of actors involved in the physical activity promotion such as associations, municipalities, schools, health care and other public and private actors.

In addition, there is a network of regional representatives of Gaining Health and a network of contacts of the surveillance systems that also address the promotion of physical activity occasionally, sometimes also in contact with the network of contacts of school health.]

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. [The creation of systematic Surveillance Systems on risk factors, and the resulting availability of national, regional and local comparable data and sources, especially in children and young people]
2. [The “cultural revolution” in network and project management, achieved in “[Actions for an Healthy Life](#)” project and in PNP Project Management Group.]
3. [The preventive approach of “Guadagnare Salute”, a challenge and an investment in the future, intended to bring about a rapid improvement in the living conditions, favouring responsible behaviour by individuals.]

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

1. [The lack of a central co-ordination between different institutions that deal with the subject]
2. [The significant difference between northern and the southern regions of the country concerning the equality and access to services (gyms, urban environment, schools, health)]
3. [System stewardship in the decentralized Italian health system has become an essential skill, but in many cases it remains just a concept. Institutional interaction in many cases is not coordinated, creating the repetition of same projects and actions and a waste of funding.]

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 adopted methodology followed the listed procedures below:

1. Compilation of the template, using available policy documents from across multiple sectors (health, sport, transport, education, environment), combined with background knowledge, in order to create a first draft of the document;
2. Compilation of a list of potential stakeholders/experts from multiple sectors (health, sport, transport, school, spatial and environment, workplace and social, development and tourism);
3. Invitation to collaborate by email and telephone conferences, through feedback using their specific knowledge;
4. Four weeks were given to receive feedback;
5. In some case individual experts/stakeholders were identified and contacted. In other cases, the template was submitted to specific government units or departments, and the feedback was given by different officials. No feedback was received from the Ministry of Transport;
6. Reduction of the content of template version 2 according to suggestions and comments of partners from other collaborating countries.

Note 1: There was not a core writing team, but one project leader who was in charge of the task of gathering information and writing it up. Due to this fact and that Italy joined the case study project later than the other pilot test countries, and that in many cases there was a lack of answers from the experts/stakeholders, the process of gathering information and writing it down took quite some time.

Note 2: The recent government crisis could create some problem in gathering the final feedback from the experts/stakeholders (in some case, units of departments could have changed their human resources composition).

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

[The Netherlands]

Draft number: Final
Date: 1st September 2011
covering situation until October 2010

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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.

National level

On a governmental or national level the Ministry of Health, Welfare and Sport (VWS) is responsible for sport, physical activity and health policy, initiation of and delivery of framework for action plans/programs guidelines and subsidies; also linkages with other ministries (and sectors) concerning physical activity promotion is one of their tasks.

On a national level we have two private/NGO's that support provincial and local sports and p.a. promotion:

1. NOC*NSF (National Sports Federation): organization of (specific) sport associations and local sport clubs. They also implement non-specific sport programs like the Olympic plan and National campaign 'Netherlands sporting country'.
2. NISB (Netherlands Institute for Sport and Physical Activity): its mission is to promote sport and p.a. in order to improve health, participation and other social values. It is an institute involved in knowledge and innovation, and implementation of programs and interventions, for example sports for all, sport and health and education, social inclusion of migrant youth through sport, campaign '30 minutes moving' etc. NISB executes monitoring and evaluation of programs/projects but is not implementing scientific research. NISB is an important player in implementation of government policy.

Provincial level

Provincial government makes policy which concerns the provincial area but transcends the interest of single municipalities. This may result in support to improve the sports and physical infrastructure, environment, promotion both within the province as well as within individual or a group of municipalities, depending on policy. In general provincial policy follows in main lines national policy.

Each province has a provincial sports organization (ngo) that offers support to municipalities and local sports organizations in the implementation of sports and physical activity programs, projects and activities.

Local level

Municipal authorities are responsible for local sport and recreation, infrastructural activities, relation with other relevant sectors (health, education, youth etc.)

In the Netherlands there is a decentralized system of government. National government provides for policy and the framework for sports and p.a. , though municipalities decide themselves to what extent they follow national policy and provide for and support sports infrastructure, programs, activities etc. There is no law that obliges municipalities to undertake action in this field. Though, municipalities tend to follow national policy and guidelines, where possible and applicable. Local sports and p.a. activities get and find their financial means through many ways: through national programs and projects, provincial government, local government, NGO-projects, private funds/sponsorships etc.

An example of decentralized governance is implementation of cycling policy. Before 2000 the government made a lot of directives and decisions about cycling (infrastructure). Nowadays its role is more at distance and facilitating, and less directive, with the same level of funding. This changing role has been well accepted by the Dutch cycling world, being convinced that local authorities and organizations are well capable to implement cycling policy.

On local level there are institutions like GGD (municipal health authorities), schools, private and non-for-profit sport clubs etc. that are involved in promoting and implementing sport and p.a. activities. In the Netherlands a large network of sports clubs exists: about 25.000 clubs

with more than 4 million members.

In addition to VWS, other ministries involved in PA include:

- Ministry of Housing, Spatial Planning and the Environment, (VROM))
- Ministry of Housing, Communities and Integration (WWI, a recent 'connecting' or 'project' ministry, not sure that it will be continued by the upcoming Cabinet))
- Ministry of Social affairs and Employment (SZW)
- Ministry of transport, public works and water management, (VenW))
- Ministry of Agriculture, Nature and Fishery, (LNV) – responsible for Nature, recreation, green spaces
- Ministry of Education, Culture and Science (OCW))
- (ministry of Youth and Family, also a connecting, project ministry; important theme is overweight in children).

Note: after recent elections, a new cabinet has been installed in October 2010 in the Netherlands, whereby various ministries and thus sectors have been put together and changed names. These names have not yet been incorporated in this document. The new ministries are Infrastructure and Environment (formerly VROM and VenW) and Economic Affairs, Agriculture and Innovation (formerly LNV and Economic Affairs (EZ)). The temporary project ministries (WWI and Family and Youth) have not been continued. These topics are taken up by other ministries.]

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.

Sectors

1. Sports and physical activity (Ministry of Health Welfare and Sport (VWS))

The policy on physical activity promotion in the Netherlands is the responsibility of the Sports division within the Ministry of Health Welfare and Sport. Since 1996 the attention for the social values of sport, as health, is growing. Also collaboration with the Public Health division of the Ministry with respect to the prevention of obesity and related illnesses has become more intensive since the early years of 2000 .

Interest in and attention for sports, physical activity and health are laid down in policy documents of the nineties and early 2000: What sport sets in motion, 1996 and Sport Exercise and health 2001) (no pdf's found anymore on website of ministry).

Recent relevant policy documents on physical activity are the following:

- 1.1) Policy paper to the Parliament '**Time for Sport**', **2005** (also English translation), that outlines plans for sport policy up till 2010. The government wants to invest in a sport society and outlines the choices that will be made to this end in this policy document. During this period major investments will be made in sports; totaling nearly € 100 million annually from 2006 onwards. The paper focuses on 3 main issues:

- healthy through sport
- participation through sport
- top-class sport

The further development and implementation of the policy plan has been carried out in consultation with relevant partners in the sports sector.

http://english.minvws.nl/includes/dl/openbestand.asp?File=/images/time-for-sport---excercise-participate-perform3_tcm20-108198.pdf

1.2) Policy implementation paper to the Parliament **'Together for Sport', 2006** (only Dutch) outlines implementation strategy of the policy paper Time for Sport, for the years 2006-2010. http://sport.old.cda.nl/Portals/568/docs/samen-voor-sport_tcm19-98759.pdf
For further details refer to Question 8.

The Netherlands Institute for sport and physical activity has an important role in the implementation of the policy mentioned under 1 and 2 (health and participation).

1.3) Letter to the Parliament **'The power of Sport', 2008** (also English translation) <http://english.minvws.nl/en/reports/ds/2008/the-power-of-sport.asp>

In this letter is stated how government further intends to continue the implementation of the policy papers Time for Sport (2005) and Together for Sport (2006) and how budgets will be allocated, over the period of 2008-2012.

1.4) Excellence at Every Level (2009)

In 2009 NOC*NSF (National Sports Federation), in collaboration with other sport partners, presented **the Olympic Plan 2028** (OP2028) to the government. Aim of OP2028 is to improve sports for all and (top) sport level in the Netherlands. To have the Olympic Games in the Netherlands in 2028 is seen as a possible result of this plan. The Dutch government has described its reaction on this Olympic Plan in the document Excellence at Every Level (2009), in which it acknowledges the importance of sport. In this document the ambitions of government that are emphasized are:

- The Netherlands has Talent
- The Netherlands: Participation
- The Netherlands: Fit and Healthy
- The map of the Netherlands
- The Netherlands in the Spotlight
- Olympic Games 2028

In this statement the government declares to further examine the possibility to support the Olympic ambition, but no concrete goals (in numbers) are set yet. This will be worked out in the course of 2010-2011.

<http://english.minvws.nl/en/themes/sports/>

The next governmental policy paper on physical activity and sport is expected in the course of 2011.

The national action plan sports and physical activity continues till 2014. Even when new policy papers/letters are written and approved this plan continues to be implemented. Excellence at Every Level is a reaction specifically on the Olympic ambition of NOC*NSF (with other partners).

2. Health (Public Health Division of Ministry of Health Welfare and Sport (VWS))

2.1) Policy paper *Opting for a healthy life, Public Health policy in the Netherlands 2007-2010, 2006*

The public health policy document, *Opting for a healthy life* lays down the broad outlines of the public health policy for the period from 2007 to 2010. The title deliberately puts the emphasis on the ability to choose. Not only can an individual choose between a healthy and an unhealthy lifestyle, but – more than ever before – healthcare workers can also put more emphasis on promoting the healthy option to their clients. In this policy document the State also chooses: to focus prevention policy for the coming four years on five priorities and to put the emphasis on healthy living. Overweight (diet and p.a.) is one of the 5 spearheads. Aims: number of adults with overweight does not increase, number of youth with overweight reduces. Focus of governmental support is on development of local policy, strategies and networks. The implementation of this policy does not include funding for sport and p.a. http://www.rivm.nl/vtv/object_binary/o4495_Prevention%20policy%20document.pdf

2.2) *Being Healthy and Staying Healthy: A Vision of Health and Prevention, 2007*

In order to address pressing public health problems and to enable preventive care to make a full contribution to society and to the sustainability of the care system, it will be necessary to adjust existing policies and to define a direction for new policies. In this context, the Ministry of VWS is concentrating on four themes: 1. Nurture and innovation; 2. Coherent and integrated health policy; 3. Integration of preventive care into the mainstream health care system; 4. The administrative setting: integration, cooperation and modernization. Development of the four policy themes and the two central themes of this vision will be consistent with the following common principles: Parallelism of interests; Effectiveness as a basic criterion; The healthy option as easy – or only – option; Innovative communication; Learning from other countries and sectors; Young people at the centre of preventive care policy. The government calls on all its partners in preventive care with parallel interests – those within the health sector and especially those in other sectors – to play their part in the realisation of this agenda for the reform and reinforcement of our preventive care policy. <http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/being-healthy-and-staying-healthy.html>

A new public health policy document is underway and is expected in the course of 2011. This policy will last for 4 years according to the Public Health Act. Most probably overweight (and thus attention for p.a.) will remain a priority. It is also expected that there will be a linkage with the Olympic Plan OP 2028.

2.3) *Law public healthcare* (Wet publieke gezondheidszorg, 2008, (Wpg)) is a law about the organization of general public health and prevention of diseases of groups at risk at municipal level. The law implements the international health regulation (WHO, 2005). Municipalities (local government) and local health authorities have the responsibility to implement this law (Wpg).

2.4) Memorandum on Obesity; *Out of Balance: the Burden of Obesity, 2009.*

Though a lot of activities to fight overweight are taking place in the Netherlands, in view of figures about prevalence of overweight they are insufficient. This document outlines the various measures designed to assist the parties in their efforts to prevent overweight and the memorandum also closely examines the manner in which overweight and obesity can be tackled in the domain of public health and by the ministry for youth and families. <http://english.minvws.nl/en/themes/prevention/>

In the papers from the public health division, mentioned above (nr 1,2 and 3 and 4) , the importance of sport and p.a. is emphasized, but there is no separate funding for sport.

2.5) *Health Insurance Law*

In the Netherlands there is a distinction between public and individual health care. Public health care is directed, among other things, at collective prevention, for example vaccinations. The implementation of public health care takes place at municipal level by the

municipal health authorities. Individual health care is subdivided in 'cure' and 'care'. The payment of cure is regulated by the Healthcare insurance law, a basic insurance, which is obliged for all Dutch habitants. Without a health insurance one has no right to receive cure! At this moment there is little (or no) attention for prevention in the Healthcare insurance law. This means that when overweight persons want to follow a p.a. program, they have to pay themselves the costs. It is not (yet) insured by the healthcare insurance. Healthcare insurance organizations spend a little part of their budget to prevention. They may sponsor prevention projects or activities. For instance they may contribute to the costs of participation in a p.a. program for an overweight person in order to prevent overweight or diseases. Though recent developments indicate possible chances for the near future. By 1-1-2011 a program to support people to stop smoking is incorporated in the Healthcare insurance law. Moreover, the government is planning to integrate the 'combined lifestyle intervention' (Beweegkuur, see under sport division of this chapter and question 11) in the Health care insurance law by 1-1-2012. The 'combined lifestyle intervention' combines a physical activity, nutrition and behavioural changing aspects in one programme and is indicated for people who are overweight to prevent chronic disorders such as diabetes. Besides the basic insurance it is possible to take (buy) an additional insurance. In the additional insurance some health promoting interventions are offered by the insurers. The 'care' contain especially the long-term care for the elderly and disabled, there is no specific attention to prevention in this.

3) Welfare (Welfare division of Ministry of Health Welfare and Sport (VWS))

This department subsidizes for a major part the program/action plan 'Participation in sports for migrant youth'.

Law Social Support. (Wet maatschappelijke ondersteuning (Wmo)): The new law provides a juridical basis for municipalities to arrange special support for vulnerable groups to enable them to participate in society. The law is referred to as the participation law. It is an open law as well, giving municipalities the opportunity to select own goals and results, based on local situation. For example one may choose to offer physical activity programs for elderly in order to enable them to stay longer independently. Reality is though that many of the municipalities choose other ways instead of sports programs to reach the goal of making people participate in society. A recent survey shows that for coming 4 years an increasing number of Dutch municipalities intend to use sport and p.a. programs to stimulate participation. In this law no percentages or obligations are mentioned referring to level of p.a. or amount of people to be reached, that should be reached by the municipalities.

4) Education

In **2008 the Ministries of VWS and Ministry of Education culture and Science (OCW)**

joined forces in a framework policy document on Sport, Physical Activity and Education.

Highlights are:

- strengthening professionals and volunteers
- development of and support for effective interventions
- adapted offer of sport by sport clubs (fitting to educational sector)
- focus on high risk groups (in terms of inactiveness)
- innovation in building of facilities and playgrounds and empowering co-operation
- enhancing the conditions for sport and top talents in educational setting

An important instrument to realize above priorities is to employ professionals who have a specific task in linking sport clubs, their volunteers and activities with schools and their activities for pupils. Government makes the employment of such professionals possible by providing structural financial means to municipalities for education and sports (co-funding).

(Name of the policy document on Sport, Physical Activity and Education: **Beleidskader Sport Bewegen en Onderwijs was published in 2008**)

<http://www.rijksoverheid.nl/documenten-en->

publicaties/kamerstukken/2008/10/14/beleidskader-sport-bewegen-en-onderwijs.html (in Dutch)

The **amount of hours for physical education at schools** is partly arranged by law

Primary education: there is no obligation. In general schools organize 2 hrs per week (per class)

Secondary school: schools are obliged to take up 2 hrs physical education per week per class. A recent development is that a number of schools arrange extra sports classes/curriculum, both to make the school attractive (profiling) both because of health reasons of their pupils.

Higher education: no obligation and thus few institutions arrange specific hours for physical education. There may exist sports facilities but it is your own choice to practice sports. First steps are taken to take up again p.e. hours in the curriculum. Funds are allocated for this, noted down in the policy document on Sport, Physical Activity and Education.

The **advice to government (Rijpstra 2004)**, advocating for 3 hrs p.e. per week for all pupils till 16 year, has been accepted by the parliament, but has not yet been put into practice.

5) Health at the workplace

The government (**Ministry of Social affairs and Employment (SZW)**) sets target regulations for the degree to which employees should be protected, where it concerns health and safety at work. The target regulations are laid down in the Working Conditions Act, the Working Conditions Decree and the Working Conditions Regulation. Employees and employers then have to agree on how to achieve these targets on healthy and safe working conditions. In July 2009 the program Participation and Health have been launched, which offers opportunities to implement the BRAVO approach (promotion of p.a., non-smoking, little drinking and safety at the workplace). Up till now explicit attention for p.a. is lacking. Attention for stimulation on p.a. at the workplace is initiated and funded by the **Ministry of Health Welfare and Sport** through the **National Action Plan Sports and Physical Activity (NASB)** (see under question 8).

6) Environment and health

Ministry of Housing, Spatial Planning and the Environment (VROM): this ministry is responsible for amongst others infrastructure, environment, urbanity.

Nationale aanpak gezondheid en milieu 2008-2012 (National Plan Environment and Health)

Living in a healthy and safe environment is necessary for good health. In this plan is stated what government does to reduce or limit negative health consequences of environmental effect. In the national Plan Environment and Health (2008) the priorities of the government in this area are mentioned. Both ministry of VROM as well as VWS are responsible for this plan. This plan links with the 4-year action plan Environment and health of the EU.

One of the priority areas is Youth, environment and health. There is collaboration with ministries of related sectors like education, transport and nature. What government aims at in this field is stated in the action program Health and Environment; Youth, Environment and Health. The aim of the program is to create a child friendly living environment, that protects and supports the development and health of children. Also an environment that invites children to be physical activity. Therefore the action plan is directed on aspects of the physical living environment of the youth that influences their health and development, amongst which physical (in)activity. Issues mentioned are policy on space for children to play, research into physical environment and effects on physical inactivity.

National Plan Environment and Health, Youth, environment and health:

<http://www.rijksoverheid.nl/onderwerpen/milieu-en-gezondheid/documenten-en->

publicaties/publicaties-pb51/actieprogramma-gezondheid-en-milieu-jeugd-milieu-en-gezondheid.html (only in Dutch)

National Plan Environment and Health : <http://www.rijksoverheid.nl/onderwerpen/milieu-en-gezondheid/documenten-en-publicaties/kamerstukken/2008/04/09/nationale-aanpak-milieu-en-gezondheid-2008-2012-kamerbrief.html> (in Dutch and not available in English)

Issues concerning the green environment and health are taken up by the **Ministry of Agriculture, Nature and Food quality (LNV)**.

The document Green and the City (www.groenendestad.nl , in Dutch) emphasizes:

- importance of green environment for health
- importance of play grounds for children

In the policy document is described that a vital city needs vital green. Therefore funding is made available in 2009 (till 2012) to stimulate green spaces for 40 low socio-economic neighborhoods in 18 cities in the Netherlands.

7) Spatial Planning and Mobility

The **Mobility policy document (September 2004)**, covers the period to 2020) is a joined publication from both **Ministry of VROM and Ministry of Transport Public Works and Water Management (VenW)**.

http://www.irfnet.ch/files-upload/knowledges/Netherlands_MobilityPolicy.pdf

The **Mobility Policy Document** elaborates the **Spatial Planning Policy document**.

The Spatial Planning Policy Document outlines the spatial planning strategy for achieving a strong economy, a safe society, a good living environment and an attractive country. The interrelationship between space, transport and the economy is to be strengthened at every level (municipal, regional and national). The Mobility Policy Document works these starting points out in greater detail:

- promotion of bicycle use as means of active transport
- providing knowledge to decentralized governments
- reduction of cycle theft
- reduction of victims of traffic accidents
- contribution to realization of connecting national cycling path network
- innovation in the cycling industry and trade

8) Cycling

Bicycle Master Plan project (The Dutch Bicycle Master Plan, 1999)

<http://www.fietsberaad.nl/index.cfm?lang=nl§ion=Kennisbank&mode=detail&repository=The+Dutch+Bicycle+Master+Plan>), **Ministry of Transport, Public Works and Water Management (VenW)**,

By the end of 2008 a member of parliament introduced a discussion/opinion paper on promotion and facilitation of cycling in the Netherlands (Initiatiefnota Atsma 2008: Fietsen in Nederland... een tandje erbij. Voorstellen voor actief fietsbeleid in Nederland, 2009), with 45 recommendations for governmental support for implementation of cycling policy. The recommendations vary from low taxes on parking places for bicycles , improvement of cycling roads to financial support for cyclists.

<http://www.fietsberaad.nl/index.cfm?lang=nl&repository=Fietsen+in+Nederland%E2%80%A6+een+tandje+erbij> (Dutch). This paper, which was also supported by and connects interests of various sectors and ministries, as health, sports, environment, mobility and infrastructure, resulted in a reaction, a policy letter, from the Ministry of transport, Public Works and Water management (VenW)(letter from the minister VenW 2010, in Dutch). In this reaction most of the recommendations are supported by the ministry (as well as other ministries) and translated into actions to stimulate more people to cycle (more) and to create good provisions

for that. Cycling is seen as an easy, safe and cheap means of transport, with extra focus on stimulation of bicycle use to get to work. (Cycling in the Netherlands , 2009 <http://www.fietsberaad.nl/index.cfm?lang=nl§ion=Kennisbank&mode=detail&repository=Cycling+in+the+Netherlands>).

Another result is that 3 ministries (VWS, VenW and VROM) decided to support the cycling campaign **Heel Nederland Fietst** (The whole of the Netherlands is cycling), a cycling promotion campaign executed by NISB and the Cycling Federation.

9) Walking

The '**Agenda for a living countryside: multi-year program for a living countryside ' (2007-2013)** forms the basis for support to provincial and local government to plan for multi-functional use of the country site. This policy document is a co-production of ministries VenW, VROM, LNV and OCW.

Provinces get a strong directive role in implementation of national policy concerning planning of the use of the country site.

http://www.minlnv.nl/portal/page?_pageid=116,1640360&_dad=portal&_schema=PORTAL&_file_id=13790

Within the framework of this policy investment has been made available (Investment Budget Countryside (ILG)) for provinces to make plans.

<http://www.vitaalplatteland.nu/beleidsdossiers/investeringsbudget-landelijk-gebied.html>

(Dutch)

This has led to the development of a **Multi-year Program Walking Structure 2007-2013** by the provinces. Both national and provincial government contribute on a 50/50 basis to 3 main themes: infrastructural improvements, reconstruction of routes, management of walking networks and promotion of walking.

Municipalities are involved in implementation of walking policy, and involved in management and development of walking routes.

10) Urban renewal, neighborhood upgrading and social cohesion

(Ministry VROM and Ministry of Housing communities and integration (WVI)).

In 2007 the action plan for upgrading 40 (deprived) neighborhoods in 18 municipalities in the Netherlands was launched, in order to improve the physical, health and socio-economic situation of the habitants.

<http://www.kei-centrum.nl/websites/kei/files/KEI2003/documentatie/Actieplan-Krachtwijken-2007.pdf> (dutch).

A number of neighborhoods face specific problems that hampers a successful upgrading. So 7 experiments have been started with the focus on one specific problem. Within the experiments experiences with innovative methods are created. Those experiences and gained knowledge about successful approaches will be applied later on in other cities/neighborhoods. Within the Healthy Neighborhood Experiment, that started in 9 cities in 2008, sports and physical activity is seen as an important issue to improve health within the neighborhoods of those 9 cities.

<http://www.rijksoverheid.nl/onderwerpen/aandachtswijken/experimenten-in-aandachtswijken/gezonde-wijk>

(in Dutch)

Within the framework of reaching social cohesion, this ministry co-funded the program Participation of migrant youth in sports (see also under A.2), together with ministry of VWS. This Program has shown to be very successful as youth membership has substantially increased.

2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.
<ul style="list-style-type: none"> - Council of Europe: guidelines for policy developments on several aspects (e.g. sports for all) - EU: developments on European sports policies - EU white paper on Sport and following the EU guidelines on p.a. and health - IMPALA guidelines (guidelines for physical environment and infrastructure related to p.a. promotion) <p>In general EU and WHO guidelines are always taken into account where it concerns health and p.a. policy and issues (as well as other sectors).]</p>

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).
<p>Ministry of Health Welfare and Sport Sports division</p> <p>The actual policy documents are in a row from 1996 onwards (What sport sets in motion, 1996 and Sport Exercise and health 2001). Then was shown that physical activity was below standards for over 75% of the population. The consultation process for that document was limited to a small number of the most relevant stakeholders like NOC*NSF, NISB and the VNG (Union of local authorities).</p> <p>The policy document Sport, exercise and Health (2001) covered most health aspects of sports (e.g. injuries, doping) including physical activity in wider scope. That memorandum has been based upon extensive consultations: sports organisations, municipalities, universities, organisations in public health and sports health care.</p> <ul style="list-style-type: none"> - Sports organisation were involved for more than one reason (for the positive aspects and for the prevention of side-effects). The role of the sports organisations and their umbrella organisation was some times 'claiming' the monopoly of exercise, which actually is not the case: only about 5% of all physical activity in the population is related with sports; - Local Public Health organisations were involved for there connecting role in youth health care. A bit complicating is that many aspects of public health is the responsibility of the municipalities and there is no legal obligation to promote sports and or an active life style. <p>An important facilitating element was the positive economic evaluation (report University of Amsterdam) of physical activity (lower yearly health care costs and the lower sick leave costs amongst people with active lifestyle despite extra costs from sports injuries).</p> <p>For the recent documents (Time for Sport, 2005) several discussion sessions were organized (sports organisations, local public health, other government departments) and many partners participated in policy making . For the goal setting a special report was written by TNO and RIVM (2005, Eng summary, Cost-effectiveness and health gains when achieving policy ambitions for physical activity and overweight - Scientific basis for National Action Plan for Sport and Physical activity http://www.rivm.nl/bibliotheek/rapporten/260701001.html</p>

The memorandum Together for Sport (2006) has been launched as an implement document during a specially organised event for multiple stakeholders.

The Olympic Plan 2028 (2009) is a combined effort and plan by sportsorganisations, government, local authorities, private companies and the media. Many stakeholders have been involved and shall be involved in the future planning and implementation.

In the formulation and implementation process of the cycling policy various stakeholders take part:

- NISB,
- Cycling association
- Netherlands Cycling Union
- And several others

In general: in all implementation programmes (topsport, sports for all, education etc.) there are many cross-links with other sectors like health, schools, youth, active transport, infrastructure, healthy cities, special target groups like youth, elderly people, people with disabilities, and certain migrant-groups in the large cities (f.e. non-western migrant girls and women).

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.

There is collaboration with the implementation of the policy on obesity and the policy on diabetes. However there is no complete integration. For the prevention of obesity a covenant has been made up between the government and non-governmental partners (food industry, sports, fitness etc).

http://www.convenantgezondgewicht.nl/convenant_gezond_gewicht/koepelconvenant

The relevant government funded organisations, Netherlands Institute for Sport and Exercise and The Netherlands Nutrition Centre are working together more closely in several public health campaigns.

An important project is 'BeweegKuur', a combined life style intervention (physical activity and healthy eating habits) meant for people with diabetes type 2 and people with overweight and (other) health risks. The aim is to implement this intervention in the social health care insurance by 2011, so it will be free and feasible for people in lower income situation.

<http://www.rijksoverheid.nl/ministeries/vws/documenten-en-publicaties/kamerstukken/2010/05/17/voortgangsbrief-programmatische-aanpak-van-chronische-ziekten.html> (in Dutch)

More recent is the more intensive collaboration with the ministry of Transport and the ministry of Spatial Planning and Environment in promoting bicycle use. Although the length of cycling lanes and cycling paths is substantial in the Netherlands, extra investments for safe crossings with road and railways will be done. Special 'high speed' suburban cycling tracks are being created. A initiative of the Lower House to promote the use of bicycles in a very wide range (i.e. including cycling sports events) is being answered by the government. The collaboration with the transport sector is not only important for PA (the contribution of cycling to the total amount of PA in the Netherlands is 7%, which is more than the contribution of the whole sports sector: 5%) but also to prevent traffic congestion in urban and suburban areas. For the prevention of local air pollution cycling is important as well.

Special attention is being paid to the further collaboration between schools (primary education) and after-school activities and the sports organizations, sport clubs on local level. In the Netherlands these are separate sectors which are being stimulated to combine their efforts in the promotion of sport and physical activities. Therefore a platform has been launched in which both VWS and OCW participates. This is also part of the policy paper on Sport, Physical Activity and Education.

Thanks to the development and implementation of the cycling campaign there is integration of health, environment and mobility sectors. This campaign receives mixed funding from the ministries VWS, VenW and VROM.

There is also collaboration between WWI and VWS in the program Participation of migrant youth in sports.]

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 Netherlands policy ('Time for Sport', 2005) promotes the international recommendations on (the amount of) physical activity for health:

Netherlands Norm for Healthy physical activity (NNGB)

- Adults: minimum 30 minutes moderate intensity activity per day, at least 5 days a week
- Youth: 60 minutes moderate intensity activity, each day of the week
- Elderly: 30 minutes moderate intensity activity per day, at least 5 days a week

Fit norm (based on ACSM):

- 3 times a week 20 minutes vigorous intensity physical activity

Combinorm

Combination of the NNGB and fit norm: compliance to either NNGB or Fit norm is enough.]

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.

[Time for Sport (2005): health through sport

- By 2010 65% (2004 60%) of the adult population in the Netherlands will meet the international exercise standard
- The percentage of the adult population that does not exercise adequately on any day of the week on average will have dropped from 8% to 7% by 2010

- The number of companies that focus on sport and exercise during or after working hours (14%) must increase to 25% by 2010

After intermediate measurement of percentages of the Dutch population that reach the recommendations, new goals are set in the policy letter Power of sport (2008): objectives are based on results from the past 2 years:

- in 2012, at least 70% of adults (18+) do the recommended amount of exercise (2005 63%)
- in 2012, at least 50% of young people (aged 4-17) do the recommended amount of exercise (2005 40%)
- in 2012, no more than 5% of adults in the Netherlands are inactive (2005; 6%)]

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.

1) **Goals and performance indicators mentioned in the policy document Time for sport (2005):**

a) health through sports: goals related to top sport health

- By 2008, sports medicine will occupy a position in its own right within the occupational and educational structure of health care
- By 2008, no more than four regional centres will provide preventive sport-related medical supervision for elite athletes
- By 2010, the likelihood of an injury per 1000 hours of sport will drop by 10% from 1.0 to 0.9 injuries
- In the project 'beweegkuur' targets are: 600 professionals are educated to practise the beweegkuur, 236.000 people will participate in courses aimed at improving diet and p.a. performance.

b) participation through sports:

- By 2010, 90 % of all schools will enable every pupil to practise sport every day during and outside school hours
- the number of youths (12-17 years old) that meet the exercise standard will increase from 35% in 2004 to 40% by 2010
- by 2010, the disparity in sports participation among youths from immigrant backgrounds will have disappeared and 500 sports clubs and sports schools will work together to provide additional supervision, while 50 will focus on care programmes for immigrant youths
- by 2010 the quality mark for modern sports clubs will have been introduced in 25% of clubs
- 10 branches of sport where refereeing is important, 90% of matches played in league competitions will be controlled by referees qualified for this purpose by 2010

2) In 2008 the Ministries of VWS and OCW joined forces in a framework **policy document on Sport, Physical Activity and Education**. In this policy framework the goal that has been stipulated in "de Kracht van Sport" (the power of sports) is underpinned:

- In 2012 the percentage of youth (4-17 yrs) reaching the PA norms is at least 50% (2005: 40%)
- 5 projects, carried out by national organisations on the field of sport, PA and education, are financed by this policy framework. In these 5 projects concrete goals and targets have been worked out.

An impuls to local sport and P.A. work is given through the **Impuls Sports for all** (regulation combined functions/ profession) in 2011 a total number of 2500 professionals should be working on a local level to increase youth participation in sport, PA and culture. The main aim is to make links between the sport and PA sector and the educational sector.

3) In the **National Plan Environment and Health** (see question 2) is indicated that there should be 75m² green space per household, and 3% of habitation area should be playground for children.

4) **Green and the City**: In order to stimulate green areas around cities the government has made funds available of 750 millions € for the period 2007-2013 to realize 16.000 ha recreation green near to big cities.

More general goals/intentions:

In 2009 the Dutch government adopted her position on the Olympic ambition, stated in Excellence at all levels: in this statement the government declared her support for the Olympic ambition, but no concrete goals (in numbers) are set. This will be worked out in the course of 2010. The ambitions that are emphasized are:

- participation in sport
- participation through sport
- strengthening sport infrastructures
- healthy lifestyle promotion
- challenging environment

There are no concrete goals yet.

National government stimulates and supports provisions and infrastructure for walking and cycling but concrete goals or targets are hard to find. Most of the responsibility in this field is given to municipalities.]

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).

[Policy implementation paper to the Parliament '**Together for Sport**', 2006 (only Dutch)(see question 2) outlines implementation strategy of the policy paper Time for Sport, for the years 2006-2010.

http://sport.old.cda.nl/Portals/568/docs/samen-voor-sport_tcm19-98759.pdf

The strategy consists of various programs:

- related to physical activity and health: National Action Plan Sport and Physical activity (2008-2014), Beweegkuur (2007-2012)
- related to sports and participation: Alliance School and sports, Participation of migrant youth in sports, BOS program (Neighbourhood, Education and Sport)
- development of new sports opportunities

Two important program/projects on p.a. and health are:

- '**BeweegKuur**'(2007-2012),, a combined life style intervention (promotion of physical activity and healthy eating habits) meant for people with diabetes type 2 and people with

overweight and (other) health risks. 100.000's of people are targeted the coming years (see for more details question 11).

- **National Action Plan Sports and Physical Activity (NASB)(2008-2014)**: this action plan is targeting people who are not sufficiently active compared to the norm of physical activity (see question 5). The NASB provides support to municipalities to implement sport and p.a. interventions, especially those that have been proven to be effective or successful. Also NASB stimulates connection and collaboration between sport and public health on local level. In order to reach its goals the program provides for extra financial means for 100 out of 400 municipalities. Municipalities are selected based on, amongst others, the number of habitants with a low socio-economic position. NASB provides also for other support like information, workshops and training, on how to set up a local action plan, and how to implement specific interventions. Also municipalities that don't receive extra financial means, can participate in this. These two major projects are also mentioned further in this template.

For the first time, VWS has made funding available in 2010 for the Program Physical Activity Friendly Neighbourhoods, which shows growing interest and importance of physical environment for p.a. promotion. This funding has been made available through NASB (so it's part of NASB).

The implementation strategy of NASB can be described as follows:

The target group of the country's physical activity policy are people who are not physically active at all or who get too little physical activity. Those people can be found in different settings: school, health care, local communities/neighbourhoods, sports, workplace.

To achieve implementation of physical activity policy, it is necessary to work with different organisations and different levels. The Netherlands Institute for Sport and Physical (NISB) activity has got an important role in the coordination of implementation of the NASB. The strategy of NISB is a multi layer approach.

1. The target group itself: it is important to know what their knowledge, behaviour and attitude is towards physical activity. Through focus group conversations with the target group it is possible to learn and understand more about the needs and wishes of the target group. In this way, the target group is participating in the making a realistic plan.

2. Another important group is the group of professionals who are working with the target group. Professionals are being trained so that delegation of knowledge takes place. Training is organised by different institutes with specific knowledge on physical activity.

3. Successful interventions are promoted and are being supported to get implemented nationally.

Local and regional meetings are organised to disseminate best practices.

4. Agenda setting is necessary to involve local governments. National policy has to become local policy as well. The campaign 30 minutes of movement every day is meant for agenda setting, but also for increase of consciousness,

Apart from the NASB there is also the Olympic Plan 2028 (2009-), which aims at making the Netherlands a sportive and physical active country (see under question 2).

In general all the policy documents contain a certain kind of action plan. Examples are:

- 1) NASB (see above in this question 8)
- 2) policy framework for sport, p.a. and education:
 - combination functions (local authorities)
 - school sport
 - etc.
- 3) action plan on promoting 'sport and physical activities friendly neighbourhoods (NISB)

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.			
Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input checked="" type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	Environment	<input checked="" type="checkbox"/>
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	<input checked="" type="checkbox"/>
Clinical health care (e.g. hospitals)	<input type="checkbox"/>	Other (please specify)	
Workplace	<input checked="" type="checkbox"/>		
Senior/ older adult services	<input checked="" type="checkbox"/>		

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

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.	
<p>- Communities on the move: this is a principle based intervention which is aimed at promoting and stimulates an active lifestyle among specific groups with low socio-economic background. It targets e.g. elderly, youth with low education level, migrant groups, people with chronic diseases. The principles are:</p> <ul style="list-style-type: none"> • Use social relations and networks of the target group (communities) as entrance for (daily) p.a. activities • Stimulate as much as possible active participation of the target group in planning, organisation and implementation (choice of activities) and monitoring and evaluation of programs on active lifestyle • Focus on joy in practising p.a. • Attention for the group process <p>The intervention Communities on the Move is one of the promising and successful interventions that are promoted (with extra financial support) within the framework of National Action Plan Sports and Physical Activity.</p> <p>- Physical activity promotion through primary health care (Beweegkuur) Commissioned by the Dutch Ministry of Health, Welfare and Sports (VWS), sports division, a lifestyle programme called 'Beweegkuur' ('A Course of Exercise') is being developed (2007-2012) by NISB in cooperation with Dutch umbrella and patient organisations. The</p>	

BeweegKuur is a combined lifestyle intervention tailored to the individual needs of patients either with health problems or with a high risk of developing health problems. At present the *BeweegKuur* is available for people with type 2 diabetes mellitus and those that have a high risk of developing it, and for people who are overweight or suffer from obesity.

The *BeweegKuur* starts and ends at the local doctor's (General Practitioner) practice and focuses on three principles: improving physical activity, changing dietary habits, and maintaining the change in behaviour. The GP practice is responsible for the inclusion of the patient, their coaching and supervision and their referral to paramedic and/or local exercise coaches or a sports physician. The ultimate aim of the 12-month intervention is to ease transfer to local exercise facilities¹.

- **Meedoen: sport participation of migrant youth**

'Meedoen' (Dutch word for 'join') is a program that promotes sport to reach educational and societal goals. It instigates cooperation between municipalities, sport organizations and sport clubs. Sport organizations are supported to develop a strategy/intervention that motivates youth to become a member of a sport club. Municipalities subsequently link the sport clubs to primary and secondary schools. Hereby, municipalities and sport organizations collaborate in making sport widely available and interesting for youth. NISB is the national coordinator of the program and supports municipalities, sport organizations and sport clubs in executing the program.

'Meedoen' aims at:

- Stimulating sport participation of migrant youth;
- Stimulating sport clubs in using sport for integration, educational and societal goals.

In 2009, 500 sport clubs participated in 'Meedoen'. They recruited 20.400 new youth members from which approximately half had a migrant background.]

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.

In general all interventions reflect scientific knowledge, as far as it is available. During the development of interventions, organizations like government and NISB work together with relevant scientific organisations like universities and other research institutes:

- Mulier Institute is an independent national sports research institute that also provides scientific backgrounds.
- the National Institute for Public Health and the Environment (RIVM Centre for Healthy Living) & the Netherlands Youth Institute (NJI) provide systematic and uniform assessment systems for health promotion interventions, which contribute to better quality assurance and control in health promotion practice. interventions on physical activity promotion have been assessed and approved, either evidence and/or theoretical based effective, by these institutes.

NIVEL – the Netherlands Institute for Health Services Research - is the national institute for health services research in the Netherlands. Its domain is applied and applicable health services research. NIVEL has a dual mission: scientific and societal. The National Action

¹ Helmink J, Meis J, Weerdt I de, Vries N de, Visser F, Kremers S: Development and implementation of a lifestyle intervention to promote physical activity and healthy diet in the Dutch general practice setting: The BeweegKuur. In progress

plan sports and physical activity includes several strategies. One of these strategies is promoting effective physical activity & sport interventions to be implemented in the local (governmental) setting. These interventions are reviewed every year on their local feasibility and effectiveness on exercise by NIVEL. Recommendations on (lack of) effectiveness or feasibility are reported back to the owners of the interventions to stimulate further development.]

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.

On national level

The related laws (cross government department) are about the social care tasks of the municipalities (WMO) and the law on Public Health (WPG (ministry of VWS), but there is not an explicit reference tot sports and/or PA.

In the afore mentioned policy documents recommendations were made concerning collaboration. Important instruments in the implementation are two financial impulses (subsidies) from the state to the local authorities:

- Community Schools, Sport and Culture (about 2500 combined jobs)
- National Action Plan Sport and PA

For former a coordinating platform has been installed, for the latter an extensive coordination and supporting task has been commissioned to NISB. The sports umbrella NOC*NSF is coordinating the PA-projects within the sports sector. All with financial support from the government.

The collaboration between public health campaigns (e.g. PA and food, PA and sports injuries) is being coordinated by ZonMw; the Netherlands organisation for health research and development

National Action Plan Sports and Physical Activity (NASB)

Concerning the implementation of the NASB:

Working together does not only take place at national but also regional and local levels:

National Level

NISB Works on national level together with the National Nutritional Centre (Voedingscentrum), National Institute for health promotion (NIGZ), Institute for Consumer Affaires and Safety (Consument & veiligheid) enz.

Regional level

NISB Works together with 12 regional sports organisations in 2 different ways:

- on development of interventions, methods and instruments
- on implementation of interventions, methods and instruments

Usually NISB formulates an assignment (on a contract basis) for the regional sports institutes.

Regional sports organisations are being stimulated to work together with municipal health authorities (GGD'en) and regional care and welfare organisations. NISB facilitates the meetings between those organisations.

On local level different sections of the local government are working more and more together to reach common targets (for instance more healthy people, better physical environment, more facilities and possibilities for physical activity, but there is still a lot of work

to do at this level.

Prevention of overweight:

In its prevention policy memorandum entitled "Living Healthy Longer 2004-2007", the policy paper that preceded 'Being Healthy and Staying Healthy: A Vision of Health and Prevention, 2007' (see question 2) the Dutch Cabinet has set itself the goal of stopping the increasing incidence of overweight in the Netherlands and reversing the trend among children. The Minister of Health, Welfare and Sport has taken the first step towards tackling the problem together with partners in the community. To formalize these efforts, the parties signed the Covenant on Overweight and Obesity on January 27, 2005 (see question 4).

In general most policy documents contain recommendations about partnerships or alliances between sectors. That is certainly the case with the policy documents about sport (VWS) and the framework for sport, p.a. and education. Sometimes certain tasks in implementation are concretely handed over to specific stakeholders like NOC*NSF or NISB.]

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 the National Action plan sports and physical activity is broadly divided in 2:
1) the outcome evaluation of the action plans of local governments
2) the evaluation of the coordination of implementation

The first evaluation is conducted by an independent research institute (SGBO). They look at the local policies and development of local actions on physical activity.

The second evaluation is a combination of methods, and overviewed by NISB. This evaluation consists of process evaluations with stakeholders, evaluation and use of communication materials and websites. Important in the second evaluation is also a yearly monitor (digital questionnaire), which is sent to stakeholders and professionals working in the field of sports and physical activity.

In general: there is not one way of evaluating processes, results and effects of policy implementation. Sometime there are specific guidelines for evaluation, sometimes independent organisations are being asked for evaluation of the more extended programs or projects.]

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?

[Yes we have a health monitoring system, implemented by the health sector.

TNO Quality of Life (institute for applied sciences) measures, since 2000, every year the rate of p.a. and p.a. behaviour in general of the Dutch population. Every two years a report is published with the results. This survey is called **National Survey on Injuries and Physical Activity in the Netherlands (IPAN)**. The IPAN is a continuous survey amongst a yearly representative sample of 10,000 Dutch inhabitants (4 years and older) on injuries and physical activity. Target groups are youth (4-11 year, 12-17 years), adults, elderly, employees, chronically diseased. The aim of the IPAN is to provide incidence and prevalence data on injuries and data on physical activity to monitor and evaluate health policy on physical activity and sports. Data on physical activity refer to the Dutch health

norms, activity patterns, determinants of physical activity, and familiarity with national campaigns on the subject

Ownership is held by the Ministry of Health, Welfare and Sports. Several national organizations are involved to analyze data and to guard the quality of data.

General statistics (number of sportsclubs, facilities etc) are monitored by CBS (Central Office for Statistics), since 2000, yearly. Also participation in sport and (daily) physical activity is measured: frequency, duration and intensity. Target groups are aged from 12+: with specifications on age (5 categories), education, income, family composition.

Difference amongst IPAN and CBS is that IPAN is more focussed and provides more details on physical activity and CBS on sports.

The National Institute for Public Health and the Environment (RIVM) implements every 4 years a broad health surveillance, amongst which physical activity, with the aim of predicting future development of health in the Netherlands. Target groups are: 2-4, 4-12, 12-19 years and adults.

The Netherlands are divided in regions. Each of the regions has its health authorities, that monitors health of the population in their region. The data collected by municipal health authorities are integrated in the national surveillance by RIVM.]

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.

[In the past especially data about sport for people with disabilities, migrants and low socio-economic groups attracted political attention and subsequent policy measures.]

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.

Although is not a top priority of the State policy, there is substantial political commitment for physical activity:

- In all recent relevant documents PA has been mentioned. In the sport policy documents PA is one of the key issues.
- The budgets to promote PA have been risen in recent years.
- A very extensive budget is being spent to the preparation of the combined life style intervention **Beweegkuur** (PA and healthy nutrition promotion).
- The Minister and State Secretary are promoting sports and PA in speeches and video's.

The (state) policy on sports and PA is now under review (2010) to be reported to the Parliament in 2011.

Result is an increased awareness in other sectors (like health, youth, education, environment) for the importance of sport and p.a., for the promotion of an active and healthy life-style.]

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).

Government funding (in millions of euro) by the Ministry of Health, Welfare and Sport

	2005	2006	2007	2008	2009
Healthy through sport and exercise	4,6	6,6	8,6	17,4	23,2
Participation through sport	37,6	71,3	68,9	70,3	77,2

Government funding by the Ministry of Education, Culture and Science

	2005	2006	2007	2008	2009
Participation through sport				9,4	7,8

Not included is the government funding on PE-teachers, Sports education and Sports facilities (i.e. swimming pools, sporting fields, gyms).]

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.

<p>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.</p>
<p>[There is not <i>one</i> organisation in the Netherlands, we have the culture that relevant stakeholders work together and, depending on the topic, some are more ‘in the lead’. For example for top sport NOC*NSF, for sport for all NISB and local authorities.]</p>
<p>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?</p>
<p>[The role of government is: - development of policy plans - subsidies (f.e. NISB) for implementation - national/international coordination]</p>
<p>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.</p>
<p>[There is good and close cooperation both on political and professional level between national and local level and between government and non-governmental organisations (like sports organizations) There are several ‘platforms’/alliances for different themes; there is regular contact and coordination on political level and stakeholders work together on programs like NASB and Olympic Plan 2028 (see question 2). Planning, building and maintenance of facilities is almost exclusively the domain of the local authorities.]</p>

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

Communities receive financial resources from the National Sport and Physical Activity Plan (NASB) to implement at local level promising interventions to encourage inactive people to move. The interventions are accessible and focus on target groups which are generally inactive. To support municipalities in implementing the NASB local, regional advisers are deployed and the most promising interventions. The strength of the NASB that pass interventions at local level and be used according to the local situation but as far as possible based on promising elements.
Concerning the organisation of sport and sport activities on local level the sport clubs play the most important role.]

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. Lokaal actief (Local active): local action plan to promote physical activity and health. Each municipality, that participates, has its own plan.]
2. Program participation of migrant youth in sports (see question 11)]
3. Beweegkriebels: course to train professionals of kindergartens (day care) to integrate physical activity in the daily activities of children from 0-4 years.

It is not clear which interventions are less successful, though in general some remarks can be made:

Less successful interventions

1. In general changes within organisations, professionals and target groups go slowly and need to be introduced step by step]
2. Intersectoral collaboration, especially with sector spatial planning, is not easy
- 3.

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 evaluation of de National Action plan sports and physical activity is broadly divided in 2:
1) the outcome evaluation of the action plans of local governments:
Thus far, 2 times. One evaluation on t=0, baseline. And one evaluations on t=1 (first year of National Action plan in first 41 local governments).
2) the evaluation of the coordination of implementation:
Two times, first results over 2008, second results over 2009.

Effects of local sports and physical activity interventions are not registered on a national level.]

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity?
Please provide details of the communication activities (if any).

National Campaign 30 minutes moving

The campaign 30 minutes moving, organized by NISB, has as main focus to spread the message to the general public about 30 minutes p.a. per day, specifically daily physical activity. This campaign has several actions like: climbing stairs week, a bus 'what to eat and how to move' which drives around, a website for consumers and other.

Within this campaign there are several sub campaigns targeting specific groups like:

- Double 30: directed on secondary school children
- Vital Kids: directed on primary school children
- Elderly
- Local campaigns: directed on municipalities
- Specific actions

NISB executes a number of other campaigns together with partners:

- the cycling campaign 'Heel Nederland fietst' (the whole of Netherland is cycling). This campaign is implemented together with the national cycling association, for a period of 3 years, starting in 2009. Three ministries, Public Health, Welfare and Sports, Spatial planning and environment, and transport, support this campaign.
- Campaign for children 0-4 years and their parents: a collaboration between NISB and Nutritional Centre
- Campaign Prevention of falling for Elderly
- Campaign directed on people with Diabetes

The general strategy of the campaigns is that mass media is combined with local campaigns. Professionals and local organizations are stimulated and supported to organize local campaigns in which various interventions are used and local sports and p.a. infrastructure and programs are re-enforced.]

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

[In the Netherlands the slogan is ' 30 minutes moving'

]

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.

[All organisations have their websites with information for professionals and/or consumers. There is not an official network for professionals working in p.a. promotion.]

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. [Health and physical activity] 2. [physical activity and education] 3. [participation of migrant youth in sport]
26.b. Please list up to three areas or issues that remain as more difficult challenges to address.
1. [relation with spatial planning] 2. [intersectoral collaboration] 3. [low socio-economic groups]
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
<p>Steps taken on the country level:</p> <ol style="list-style-type: none"> 1) consultation with a few colleagues of NISB in order to identify organisations/persons who can play a role in providing information 2) consultation with ministry of VWS for all questions (policy, implementation, processes and evaluation) that relate to the sector sports and p.a. and connections with other sectors 3) Internal consultation of colleagues who are involved in programs and projects in which sports and p.a. are related to other sectors, like health, welfare, cycling, environment. 4) Consultation of documents and other ministries and organisations in case additional information was needed (this was at stake in most of the cases) <p>Besides this there was regular contact with the other participating countries and the leaders of this international project. Contact was realised by email, a number of telephone conferences and one meeting in the Netherlands.</p> <p>In the case of the Netherlands there was not an installed writing group, but just one project leader who was given time to realise the task of gathering information and writing it up. The fact that no one else had really time to have an active role (it was an extra task for others), the process of gathering information and writing it down took quiet some time.</p>

List of main contributors to the realisation of this document:

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

[NORWAY]

Draft number: [Final]
Date: [24th October 2011
covering situation until January 2011]

Completed by:

[Olov Belander, Norwegian Directorate of Health]

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SECTION A – Background information and context

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

The Storting

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

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

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

The main functions of the Storting are to

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

The Government

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

Regional development

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

Regional councils' public health tasks (1 January 2010)

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

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

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

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

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

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

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

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

More information;

<http://stortinget.no/en/In-English/>

www.regjeringen.no/en/the-government/stoltenberg-ii.html?id=85843

www.government.no

www.fylkesmannen.no

]

2. a. Please provide details (title, publication date, issuing body) of the **key policy documents** in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English.

In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8.

The answer to this question is divided into strategic documents (white papers and other action plans) in the different sectors. The sectors listed below are health, the environment, sport, transportation, education and working life. Finally, some other relevant documents are mentioned. The overview is not complete.

Health sector

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

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

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

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

More information:

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

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

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

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

Challenges:

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

Some of the key steps for the future work are:

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

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

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

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

More information:

The Coordination Reform, summary:

http://www.regjeringen.no/upload/HOD/Dokumenter%20INFO/Samhandling%20engelsk_PDFS.pdf (English)

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

National health care plan (2011-2015), full version: <http://www.regjeringen.no/nb/dep/hod/dok/regpubl/stmeld/2010-2011/meld-st-16-20102011.html?id=639794> (Norwegian)
The Norwegian Public Health Act : http://www.regjeringen.no/upload/HOD/Hoeringer%20FHA_FOS/123.pdf (English)

Primary Health Services Act

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

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

Regulation concerning environmental health

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

Environment (including Outdoor recreation)

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

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

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

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

More information:

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

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

An important document for outdoor recreation activities, securing recreational areas and

environmental issues related to physical activity (e.g. active transportation).

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

More information:

http://www.regjeringen.no/Rpub/STM/20042005/021EN/PDFS/STM200420050021000EN_PDFS.pdf (English summary)

<http://www.regjeringen.no/nb/dep/md/dok/regpubl/stmeld/20042005/stmeld-nr-21-2004-2005-.html?id=406982> (Norwegian)

Outdoor Recreation Act

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

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

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

More information:

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

The Planning and Building Act (1. July 2009)

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

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

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

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

More information:

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

Sport

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

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

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

and satisfaction.

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

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

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

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

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

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

The state also wishes to support voluntary, membership-based sport economically, so that the sports organisations can maintain and develop a good and comprehensive range of activities, primarily at local level. The intentions were to strengthen the regulatory framework for voluntary, membership-based sport at local level. Government funding for activities will initially be channelled through The Norwegian Olympic and Paralympic Committee and Confederation of Sports (NIF). NIF is an umbrella organisation which organises all national sports federations in Norway. NIF has approximately 2.047.000 memberships and consists of 54 national federations, 19 regional confederations, app. 366 sports councils and 11.793 clubs. The Ministry's intention with the white paper is to introduce a new budgetary structure for transferring lottery funds to NIF. The goal is that a greater proportion of the funds shall be applied at local level where the activities are created.

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

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

More information:

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

Provisions regarding grants for facilities for sport and physical activity – 2010 (The

Ministry of Culture, 2010).

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

More information:

http://www.regjeringen.no/upload/KUD/Idrett/Publikasjoner/V-0732B_2010.pdf (Norwegian)

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

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

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

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

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

More information:

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

Transportation

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

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

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

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

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

More information:

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

www.regjeringen.no/upload/kilde/sd/red/2004/0172/ddd/pdfv/213002-english_summary_ntp.pdf (English)

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

National Transport Plan 2010-2019: www.regjeringen.no/upload/SD/Vedlegg/NTP/Binder1ntp_engNY.pdf (English)

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

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

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

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

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

Road Traffic Act (from 1. July 1965)

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

More information:

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

Education

Kindergarten Act

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

Regulation concerning a Framework Plan for Content and Tasks for Kindergartens

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

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

Working Life

Working Environment Act (1 January 2006)

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

Section 3-4. Assessment of measures for physical activity

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

More information:

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

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

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

Other relevant documents

New laws and strategies under development

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

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

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

Some important documents are listed below.

Facts

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

Global Action Plan

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

European Action Plans

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

Nordic Action Plan

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

SECTION B – Content and development of national policy

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

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

The action plan is the result of collaboration between eight ministries²:

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

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

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

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

Non Governmental organisations

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

² The ministerial names and areas of responsibility that applied in August 2009 throughout the assessment. These names correspond to those used in the last report on the action plan (May 2009), but differ to some extent from the ministerial names and areas of responsibility that applied when the action plan was drawn up. You will find the original name in the action plan:

http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the_action_plan_on_physical_activity_2005_2009_28337

Working life

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

Public sector

Directorates from the involved Ministries

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

Others

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

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

The Action Plan on Physical Activity

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

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

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

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

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

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

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

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

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

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

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

The Norwegian recommendations for physical activity

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

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

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

The general recommendation are

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

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

In 2004, recommendations were also published for physical activity for people who are physically disabled. In these recommendations, physical activity related to eleven disabilities is described. These recommendations are available in Norwegian at http://www.helsedirektoratet.no/publikasjoner/rapporter/fysisk_aktivitet_for_mennesker_med_funksjonsnedsettelse_2602.

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

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

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

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

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

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

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

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

The Action Plan on Physical Activity (2005-2009)

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

There were also seven rather general secondary goals:

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

The National Transport Plan (2010-2019)

The Government's aim is that the proportion of cycling trips out of the total number of trips will be

increased from the current 4-5 per cent to 8 per cent by the end of the plan period (2019).

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

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

It is also a goal that cities and towns should establish a network of continuous bicycle routes.

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

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

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

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

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

8. Do the relevant documents (as listed in question 2) have any related **action plan(s)** which outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones.
If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).

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

December 2004) will be described in the following.

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

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

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

There were seven main groups of action and 108 measures.

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

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

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

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

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

More information:

Summary:

http://www.helsedirektoratet.no/publikasjoner/handlingsplaner/the_action_plan_on_physical_activity_2005_2009_28337 (English)

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

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

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

More information:

http://www.helsedirektoratet.no/ernaering/publikasjoner/handlingsplaner/norwegian_action_plan_on_nutrition_104884 (English)

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

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

Building bicycle roads is the main priority area. Especially building consistent primary network for bicycle traffic in cities and towns. School routes and other routes where many infants are travelling are also prioritised. Furthermore will speed limits in towns and urban areas be reviewed and implement campaigns to promote cycling and safety in cycling.

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

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

More information:

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

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.			
Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input checked="" type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input checked="" type="checkbox"/>	Environment	<input checked="" type="checkbox"/>
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	<input checked="" type="checkbox"/>
Clinical health care (e.g. hospitals)	<input checked="" type="checkbox"/>	Other (please specify) []	
Workplace	<input checked="" type="checkbox"/>		
Senior/ older adult services	<input checked="" type="checkbox"/>		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.			
Early years	<input checked="" type="checkbox"/>	Sedentary/ the most inactive	<input checked="" type="checkbox"/>
Children / Young people	<input checked="" type="checkbox"/>	People from low socio-economic groups	<input checked="" type="checkbox"/>
Older adults	<input checked="" type="checkbox"/>	Families	<input type="checkbox"/>
Workforce / employees	<input checked="" type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	General population	<input checked="" type="checkbox"/>
People with disabilities	<input checked="" type="checkbox"/>	Other (please specify) [People who are physical inactive. There was a special focus on children and youth.]	
Clinical populations/ chronic disease patients	<input checked="" type="checkbox"/>		

11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.	
The Action Plan on Physical Activity 2005-2009	
Three examples of interventions from different sectors and types of measures are listed below.	
<p>Measure no 23 – funding NGOs Allocate funds to Non Governmental Organisations that would like to contribute to the work of adapting local “low threshold” activities.</p> <p>The funding came from the health sector, and the nineteen counties administered the funding to the NGOs. The size of the fund changed from year to year. NOK 420,000/53,500 EUR to each county in 2005, NOK 315,000/40,100 EUR in 2006 and NOK 500,000/63,700 EUR in 2007, 2008 and 2009. Around 500-700 activities were funded every year. Most of the grants were awarded to organisations locally and some grants were awarded to organisations at a regional level, for example a regional sports organisation. There was a wide variety of activities that were funded: “walking buses” to school for children, outdoor recreation activities to promote mental health, outdoor camps for disabled young people, swimming classes for foreigners, dancing and walking groups for the elderly etc.</p> <p>The evaluation of this measure shows that this funding is an important type of work but that it is a challenge to reach the right groups: the inactive. The funds were distributed regionally and locally. The NGOs at central level had wanted funds centrally so that they could implement measures throughout their organisations.</p>	

Measure no 43 – a new law

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

Section 3-4. Assessment of measures for physical activity

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

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

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

Measure no 104 – higher competence

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

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

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

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

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

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

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

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

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

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

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

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

Some of the work from [The Action Plan on Physical Activity 2005-2009](#) is described below. The subtitle to the plan is *Working together for physical activity* and indicates that collaboration

between sectors is an important part of the work of getting inhabitants active. Chapter seven of the action plan is called *Working together for physical activity* and the measures in this chapter are about how to work intersectionally.

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

Public health work requires intersectorial effort because the necessary conditions for good health in the population are to be found within various sectors of society. For this reason the work to promote public health, including the endeavours to increase the level of physical activity in the population, must be more comprehensive than the domain of the health sector alone.

(page 28, http://www.helsedirektoratet.no/vp/multimedia/archive/00004/IS-0162_E_Kort_4546a.pdf)

Below is a short quotation about partnership from the plan:

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

In the action plan there are some measures connected to partnership work. Examples of the measures are listed below. The partnership work is at regional and local level. There is not the same development of written partnerships relating to physical activity at a national level

(government, directorate, private sector and non governmental organisations) in Norway. It is unclear why it this has not been carried to the national level. It appears to be easier to implement the partnerships at local and regional level and more difficult to commit to them at a national level.

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

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

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

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

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

No 90 – Physical activity in partnerships

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

No 91 – Agenda 21

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

No 92 - Incentives form national projects

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

No 93 - FYSAK

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

No 94 – Meeting places

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

No 95 – Voluntary achievement and low threshold activities

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

No 96 – Dialogue with the children- and youth organisations

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

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

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

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

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14. Does your country have a specific plan for the **evaluation** of the policy implementation?

If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

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

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

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

The evaluation examines the problems categorised under the following themes:

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

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

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

Conclusion

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

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

Political choices and orders of priority must be clear in order to set up a more durable structure for the organisation of work for public health generally and physical activity specifically. A further challenge will be to move from project-based activity to integrated activity. This requires firm attachments, legitimacy and attention, more knowledge, and the documentation of effects in relation to the resources committed, and not least a systematic approach to the work and continuity. The knowledge that has been gathered during the period covered by the action plan forms a solid foundation for making considerable progress in the next five years, regardless of whether the work is organised in the form of an Action Plan or through other strategies.

Recommendations

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

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

- i) Influencing individual health behaviour and lifestyle through public information and better guidance from the health services
- ii) developing low-threshold³ physical activities for inactive groups and opportunities for physical activity on multiple scenes
- iii) Planning and constructing the physical surroundings with the aim of making it easier for people to choose an active lifestyle individually.

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

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

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

More information:

http://vista-analyse.no/no/projects/samspill_uten_retning_og_midler_hvem_skal_aktivere_hvem_evaluerer_av_handl and www.1-2-30.no/bedre_helse/aktuelt/article618514.ece?id=618514 (Norwegian)

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

http://www.helsedirektoratet.no/vp/multimedia/archive/00325/Synopsis_of_the_Eva_325279a.pdf

Some ten to fifteen of the 108 measures have been evaluated. A weakness with all the evaluations is that they not could say anything about the physical activity level (short and long term effect) in the different activities.

National Transport Plan

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

³ Low -threshold physical activities are activities with low costs and who are easy to join. Some examples of these kinds of activities is to stimulate to physical activity to and from work, establishing walking groups, swimming pools for free etc.

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

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

www.regjeringen.no/en/dep/sd/tema/nasjonal_transportplan.html?id=12198

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

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

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

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

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

Summary 9 and 15 years old:

www.helsedirektoratet.no/fysiskaktivitet/publikasjoner/fysisk_aktivitet_blant_barn_og_ungdom_kortversjon_engelsk_74138_4?dummy=null

(English)

Full version 9 and 15 years old:

www.helsedirektoratet.no/publikasjoner/rapporter/fysisk_aktivitet_blant_barn_og_unge_i_norge_196644 (Norwegian)

Article 9 and 15 years old:

KOLLE, E., J. STEENE-JOHANNESSEN, L. KLASSON-HEGGEBØ, L. B. ANDERSEN, and S. A. ANDERSSON. A 5-yr Change in Norwegian 9-yr-Olds' Objectively Assessed Physical Activity Level. *Med. Sci. Sports Exerc.*, Vol. 41, No. 7, pp. 1368-1373, 2009.

Article 9 and 15 years old:

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

Full version adults and older people:

www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/planer/2004/handlingsplan-for-fysisk-aktivitet-2005-.html?id=102065

(Norwegian)

<p>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.</p>
<p>The monitoring data has been published in different reports describing Norwegian public health trends and in political guidelines and budget proposals.</p> <p>The surveys have contributed to physical activity being objectively measured in larger national samples for the first time in Norway. The surveys are considered to be very important for describing the status of the physical activity level. Follow up studies will be important for work on increased physical activity in the years to come. The studies alone are not enough to progress the agenda.</p>
<p>15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.</p>
<p>[]</p>

<p>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.</p>
<p>[It is difficult to assess political commitment to the promotion of physical activity in Norway, because the answer one receives depends on whom one asks. While some are satisfied with the current political commitment to increasing the level of physical activity in the country, others are far from being so.</p> <p>Overall, insufficient political commitment to undertaking necessary action has led to a considerable increase in health problems associated with insufficient physical activity during the last twenty years.</p> <p>At the same time, during the last ten years the promotion of physical activity has received growing attention in national, regional and local politics. It led to the National Action Plan to Promote Physical Activity, as well as to the inclusion of physical activity in national policy papers, various plans and directives.</p> <p>In recent years, the rise in health expenditure has underlined the importance of prevention. Physical activity is one of its significant components.</p> <p>In the annual national health conference held in May, the prime minister and minister of health spoke of the importance of taking steps to enable the people to engage in physical activity as a means of meeting the country's future health challenges. Physical activity at schools and extending walkways and cycling paths are important in fighting habit-related ill health.</p> <p>In January 2011 it is still unclear if the Action Plan for Physical Activity 2005-2009 will be followed up with an action plan or strategy or if one would like to see physical activity as one part of public health work.]</p>

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

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

No. 1

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

2005: 349 million NOK

2006: 349 million NOK

2007: 352 million NOK

2008: 354 million NOK *

2009: 354 million NOK *

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

Norwegian kroner in 2008 and 2009 respectively.

Source: The Ministry of Culture

No. 2

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

2005: 120 million NOK

2006: 120 million NOK

2007: 125 million NOK

2008: 125 million NOK *

2009: 125 million NOK *

* Moreover, the Norwegian Sports Association received one-time grants of 50,5 million and 55 million Norwegian kroner in 2008 and 2009.

Source: The Ministry of Culture

No. 3

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

2005: 2 million NOK

2006: 2 million NOK

2007: 2 million NOK

2008: 2 million NOK

2009: 2 million NOK

Source: The Ministry of Culture

No. 4

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

2005: To increase the participation in organized sports by children and the adolescents of the minorities, especially the females. 6,5 million NOK

2006: No allocations made, measure under revision.

2007: 8 million NOK

2008: 8 million NOK

2009: 8 million NOK

Source: The Ministry of Culture

No. 5

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

Annual grants to sports facilities in local authorities:

2005: 596 million NOK

2006: 612,8 million NOK

2007: 636 million NOK

2008: 632,5 million NOK

2009: 651,6 million NOK *

* An additional one-time grant of 25 million NOK was made in 2009.

Source: The Ministry of Culture

No. 7

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

Annual grants; priority is given to sports facilities in densely populated areas.

2005: 105 million NOK

2006: 105 million NOK

2007: 85 million NOK

2008: 70 million NOK. Reduction in grants reflects reallocation of funds.

2009: 75 million NOK.

Source: The Ministry of Culture

No. 8

Work to develop planning competence locally as well as regionally.

Annual grants to provinces for planning and development

2005: 1,9 million NOK

2006: 1,9 million NOK

2007: 1,9 million NOK

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

2009: 950 000 kroner.

Source: The Ministry of Culture

No. 14

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

2007: 15 million NOK

2008: 15 million NOK

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

Source: The Ministry of the Environment

No. 18

Allocate funds to activity promotive outdoor life activities.

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

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

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

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

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

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

No. 19

Allocate funds to arenas for outdoor life in the mountains

Årlig tilskudd

2005: 6,5 million NOK

2006: 8,5 million NOK

2007: 10 million NOK

2008: 11 million NOK

2009: 11 million NOK

Source: The Ministry of Culture

No. 25

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

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

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

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

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

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

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

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

Source: The Ministry of Health and Care Services

No. 58

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

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

2008: 24 million NOK.

2009: 34,4 million NOK.

Source: The Ministry of the Environment

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

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

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

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

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

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

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

]

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

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

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

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

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

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

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

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

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

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

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

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

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

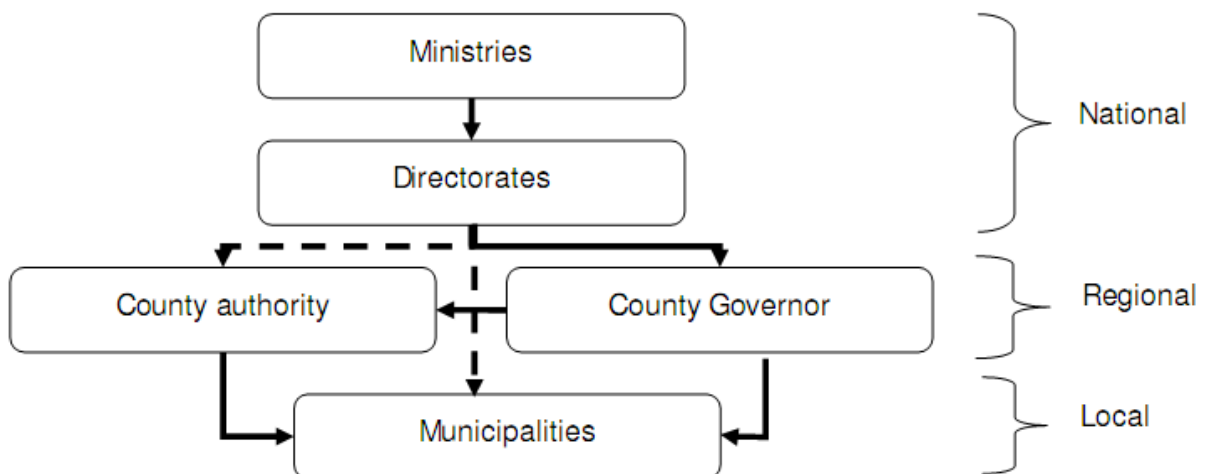
There is no systematic evaluation of the work on physical activity at sub-national and/or local level.

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

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

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

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



]

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

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

Successful interventions

1. [The transport sector. Bicycle initiatives in towns in the southern region have been successful. A special project that has involved five cities. The work could be seen in connection with the measures 65, 70 and 72 in the action plan. More information: <http://www.vegvesen.no/attachment/59068/binary/5312>]
2. [The education sector. The project on physical activity and school meals in 400 primary schools (No. 36). More information: http://www.udir.no/upload/Satsningsomraader/Veileder_Fysisk_aktivitet_og_maaltider_i_skolen.pdf]
3. [The health sector. Objective measurement of physical activity in children, young people, adults and older people (No. 97). More information, see question 15.]

Less successful interventions

1. [The health sector. Upgrading competence in different sectors, education (No. 31, 102, 107), health (No 104) and other professions (No 105, 106)]
2. [The transport sector. Overall over the whole country, it is difficult to achieve an improvement in the operation and maintenance of pedestrian paths and bicycle routes. The improvements are more local; see the first bullet above under successful interventions.]
3. [The education sector. More physical education in schools overall (No 35) and the project on physical activity and school meals in secondary schools.]

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

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

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

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

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity? Please provide details of the communication activities (if any).

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

The target groups of the strategy were decision makers and professionals in various sectors, Non Governmental Organisations and the media. A website was developed (www.1-2-30.no) with information about the ongoing work. Material was also developed with information about the plan and the relationship between physical activity and health; see below. On the website, it was possible for collaborating partners to download logos (www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/logo_i_og_p_farger/article73921.ece?id=73921) and information texts (www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/informasjonstekster/article58437.ece?id=58437) about physical activity. The website has not been updated in 2010, after the action plan, and will be closed.

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

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

http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre_helse_p_1_2_30_folder_51457 (Folder)
http://www.helsedirektoratet.no/publikasjoner/faktahefter/bedre_helse_p_1_2_30_langversionen_51462 (Brochure)
http://www.helsedirektoratet.no/vp/multimedia/archive/00017/Nyhetsbrev_2-2007_F_17190a.pdf (Newsletter)
http://www.helsedirektoratet.no/vp/multimedia/archive/00015/IS-0214_pdf_15568a.pdf (Newsletter)

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

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

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

In connection with the communication strategy in [The Action Plan on Physical Activity \(2005-2009\)](#), logos (www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/logo_i_og_p_farger/article73921.ece?id=73921) and fourteen different slogans with physical activity messages (www.1-2-30.no/bedrehelse/om_1_2_30/grafisk_profil/informasjonstekster/article58437.ece?id=58437) were designed.

Examples of two different messages were:



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

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

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

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

Move for health

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

Figure 2 shows examples of two posters for Norwegian Move for Health days. More information about the work is available on the websites below.

2010: www.helsedirektoratet.no/fysiskaktivitet/fagnytt/arkiv/logo_og_plakat_til_verdens_aktivetsdag_707974 and www.helsedirektoratet.no/fysiskaktivitet/fagnytt/verdens_aktivetsdag_10_mai_fysisk_aktivitet_for_eldre_696034
 2009: www.1-2-30.no/bedrehelse/aktuelt/article376744.ece?id=376744&type=archive
 2008: www.1-2-30.no/bedrehelse/aktuelt/article180864.ece?id=180864&type=archive , www.1-2-30.no/bedrehelse/multimedia/archive/00045/Plakat_Verdens_aktiv_45569a.pdf and www.1-2-30.no/bedrehelse/aktuelt/article183274.ece?id=183274&type=archive

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



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

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

More information:

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

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

Outdoor recreation and environment sector:

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

Education sector:

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

Transport sector:

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

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

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

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

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

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

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

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

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

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

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

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

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

Overview of process and timelines

Briefly about the process of completing the template.

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

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

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

List of experts who were consulted for input

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

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

[PORTUGAL]

Draft number: [Final]
Date: [January 2011
covering situation until December 2010]

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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 Portugal, the main law is the Constitution, dated 1976, which governs all others. Other relevant laws are the Civil Code (1966), the Criminal Code (1982), the Commercial Code (1888), the Code of Civil Procedure (1961), the Criminal Procedure Code and the Labour Code. All these laws have undergone revisions since its original publication.

There are four organs of sovereignty: the President (Head of State - moderating power, with some executive power), the Assembly of the Republic (Parliament - the legislative power), the Government (executive power) and the courts (judicial). In Portugal a semi-presidential regime is in force.

The President is the Head of State, elected by universal suffrage for a term of five years, performing a triple role of supervision over the activities of the Government of command, as Supreme Commander of Armed Forces (Army, Navy, Air Force, National Guard), and formal representation of the Portuguese overseas.

The parliament, that meets in Lisbon at the St Benedict Palace, is elected for a term of four years. At the moment it counts with 230 members, elected on 22 plurinominal circles, on party lists.

The Government is headed by the Prime Minister who, generally is the leader of the most voted party in each legislative election. He is invited by the President to form a government. It is the Prime Minister who appoints the other ministers. The following ministers integrate the Government:

- a) Minister of State for Foreign Affairs;
- b) Minister of State for Finance;
- c) **Minister of the Presidency;**
- d) Minister of National Defence;
- e) Minister of Interior;
- f) Minister of Justice;
- g) Minister of Economy, Innovation and Development;
- h) Minister of Agriculture, Rural Development and Fisheries;
- i) **Minister of Public Works, Transports and Communications;**
- j) **Minister of Environment and Spatial Planning;**
- k) Minister of Labour and Social Solidarity;
- l) **Minister of Health;**
- m) **Minister of Education;**
- n) Minister for Science, Technology and Higher Education;
- o) Minister of Culture;
- p) Minister of Parliamentary Affairs.

The Minister of the Presidency is supported by:

- a) The Secretary of State for the Presidency of the Council of Ministers, in exercise of its powers and delegated to it by the Council of Ministers or the Prime Minister;
- b) **By the Secretary of State for Youth and Sports;**
- c) The Secretary of State for Administrative Modernisation;
- d) The Secretary of State for Local Government;
- e) The Secretary of State for Equality.

The courts administer justice on behalf of the people, defending the rights and interests of citizens, preventing the violation of democratic legality and settling conflicts of interests that occur between different entities. According to the Constitution the following categories of the court are: the Constitutional Court which has the power to interpret the Constitution and supervise the compliance of laws, the Supreme Court and the courts of first instance (District Courts) and second instance (Courts of Appeal), the Supreme Administrative Court and the administrative and tax courts of first and second instance (Central Administrative Tribunals) and the Court of Auditors.]

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.

National legislation denomination is constituted by the following elements: type of legislation (Law, Decree-Law, etc.), number of the document/year of publication (before 2000, only the last two figures) and date.

Constitution of the Portuguese Republic - April 2nd, 1976 (The text of selected articles is updated to the date of the seventh constitutional review operated by Constitutional Law No. 1/2005 of August 12th)

Articles nº 2, 9, 46, 59, 60, 64, 65, 66, 69, 70, 71, 72, 73, 79, 90, 228, 237 and 267 are most relevant in regard to sport, foremost among them:

Article 64 – Health

Everyone has the right to health protection and the duty to defend and promote it. The right to health protection is accomplished by the creation of economic, social, cultural and environmental factors ensuring, the protection of children, youth and elderly, and the systematic improvement of living and working conditions, by promoting physical activity and sports culture in schools and for the rest of society and also developing health education and practices of healthy living.

Article 70 – Youth

Young people have special protection so that their economic, social and cultural rights, in particular: (...) in physical education and sport;

Article 79 - Physical education and sport

1. Everyone has the right to physical education and sport.

2. The State must promote, encourage, guide and support the practice and spread of physical education and sport, as well as preventing violence in sport, in collaboration with schools and sport associations or groups.

Law No. 3-A/2010 of April 28th (DR No. 82, Supplement, Series I, of 04/28/2010)

Adopting the Major Planning Options for 2010-2013 that integrates policy measures and investments that in 2010-2013 will contribute to achieve them. Highlights include:

I.4.4. Choice - Improving Quality of Life and Promoting Territorial Cohesion, Sustainable Development and Quality of Life

I.4.5. More Sports, Better Quality of Life:

The strategic guidelines and measures to be developed between 2009 and 2013 aimed at, first, the generalization and development of sport in partnership with local authorities and voluntary movement. In this context, the Government will, among other mainstream sport and Sport for All, enhance the contribution of the associative base, promoting the sport locally. In this context, the Government proposes to generalize the practice of sport and Sport for All, to support projects aimed at families, encouraging women's participation in sport, encourage sports among the elderly. The articulation of sport and education and social policies is another objective to develop in the legislature, which involves (i) consolidation of the increase in sport at school, in conjunction with the education system, (ii) the encouragement, in cooperation with the higher education, expansion of the sport, (iii) the operationalization of a National Training of Instructors (iv) and the implementation of a National Ethics in Sports.

The development of infrastructure and equipment - sports structures in conjunction with the environment, the territory and cities, is another line of action in sport. The development of a Program of investment in sports infrastructure, the National Network of Centers of High Performance, but also the preparation of a Manual of Good Practices Project for infrastructure - sports structures and National Sports Maps, are some concrete steps to intervention. In terms of international profile of sport and Portuguese sports development in conjunction with the Economy and Tourism, the bet will remain in Portugal to promote sport events and encouraging citizens to sport. It will also be developed bilateral and multilateral cooperation, with emphasis on the countries of the CPLP (Portuguese Community of Countries that Speak Portuguese).

There are many areas of documents that define the intentions and/or strategies of the Government for the promotion of physical activity.

HEALTH:

National Health Plan 2004 – 2010

Has strategic guidelines for the minimum package of activities that the institutions linked to the Ministry of Health must ensure within the context of an agenda for health gains and efficiency. Apart from a guide to action, defines the strategic guidelines, priorities and targets for the period 2004-2010.

Volume II of the National Health Plan is designated by "Strategic Directions", which includes a bullet on *Behaviours and lifestyles*.

Noteworthy are the following Programs with explicit reference to promoting physical activity and healthy lifestyles:

National Program for Prevention and Control of Diabetes

National Program to Combat Obesity

National Program for Prevention of Cardiovascular Diseases

National Program for the Health of Older Persons

EDUCATION:

Law No. 46/86 of 14 October - Law of the Education

Establishes the framework for the education system. In its 48 article, it states:

Leisure time and school sport

1 - Curricular activities of the different levels of education should be complemented by measures designed to provide full training and personal development of learners towards the use of their creative and formative leisure.

(...)

5 - The **school sports** is specifically designed to promote health and fitness, the acquisition of habits and motor behaviours and understanding of sport as a cultural factor, stimulating feelings of solidarity, cooperation, autonomy and creativity should be fostered by management practitioners students, safeguarding the guidance of qualified professionals.

Decree-Law No. 6 / 2001, January 18; Decree-Law No. 74/2004 of March 26

These decree laws led to compulsory physical education for all children from primary through to secondary education.

Order No. 12 591/2006 of June 16

Defines the standards to be observed during the operation of their establishments as well as the provision of activities which encourage and support family and enrichment curriculum. A weekly duration of physical activity and sport is fixed at 135 minutes (45'+90'), taught by graduates in physical education.

Order of the Secretary of State for Education, September 27, 2006

Sets the priority areas of health education at school. With the Education for Health aims to follow up, monitoring and development of health activities at school. One of the priority areas is "food and physical activity." Aims to: 1) Improve the overall health of young people, 2) Reverse the increasing trend of disease profiles associated with a poor nutrition, 3) promote the health of young people, specifically in relation to healthy eating and physical activity

TRANSPORT, ENVIRONMENT AND SPATIAL PLANNING:

Law No. 48/98 of August 11

Establishes the basis for policy planning and urban design, which defines and integrates the activities promoted by the government, to ensure proper organization and use of national territory, the prospect of their recovery, particularly in Europe and aims at the economic, social and cultural integrated, harmonious and sustainable development of the country, different regions and urban areas. Spatial planning and urban planning pursuing specific, such as a) improving living conditions and working people, respect for cultural, environmental and landscape, b) a balanced distribution of the functions of housing, work, culture and leisure.

Decree-Law No. 310/2003 of 10 December

Develops the basis for policy planning and urban planning, defining the system of coordination of national, regional and municipal system of territorial management, the general system of land use and the system of preparation, approval, implementation and evaluation of territorial instruments management. The regional plans for land management (PROT) define the regional strategy of territorial development, integrating the options set at the national level and considering the municipal and local development strategies, constituting the reference framework for the elaboration of municipal plans for land use planning.

Regional Operational Programs (2007-2013)

It is a financial instrument of regional policy; its main objective is to promote development in areas such as business innovation, growth and employment, urban regeneration, promoting social and territorial cohesion, environmental qualification and enhancement of its territory. One of the priority areas of intervention focuses on urban centers and systems,

especially in a) urban regeneration, to improve the quality of life and urban environment, b) classification of urban centers to improve service delivery to populations in culture, sport, recreation, etc., seeking also involves the reconciliation of family life, professional and personal c) support for urban mobility in order to ensure the reconciliation of family life, personally and professionally. It includes activities in the field of pedestrian and bike paths and the removal of physical barriers among other investments and initiatives. Has an operational tool called Thematic Operational Program for Territorial Enhancement (POVT).

SPORTS:

Law No. 169/99 of September 18

Establishes the legal regime of functioning of the bodies of cities and villages, as well as their respective powers. Among many responsibilities, the municipalities may authorize the boards of local authority services to decide on the granting of financial or other institutions legally constituted by its staff, and targeting the development of cultural activities, recreation and sports, as well as support or reimburse by appropriate means, to support the activities of municipal interest, social, cultural, sporting, recreational or otherwise.

Decree-Law No. 56/2006 of March 15

Determines the distribution of profits from the operation of Social Games as follows:

- a) 1.2% for the provision of social services in the areas of tourism and social senior, hydrotherapy and senior social, organization of leisure, culture and sport popular to be allocated to the National Institute of Utilization of Free Time (INATEL);
- b) 7.8% for the promotion of activities and sports infrastructures and transferred to the Portuguese Sports Institute (PSI);
- c) 1.5% for the promotion of juveniles activities and infrastructure, and transferred to the Portuguese Youth Institute;
- d) 0.6% for the promotion and development of football to be transferred to the PSI;

e) 0.2% to the Institute of Sport in Madeira, in support of school sport and investment in school sport infrastructure;

f) 0.2% to the Regional Fund for Sport in the Azores, in support of school sport and investment in school sport infrastructure.

(see Question 17 for details of the funding allocation for 2009)

Law No. 5 / 2007 of January 16 - Law on Physical Activity and Sport

Sets out the basis for development policies in physical activity and sport. Its Article 6 states: promoting physical activity

1 - It is up to the State, the Autonomous Regions and local authorities, promotion and generalization of physical activity, as an essential tool for improving the physical condition, quality of life and health of citizens.

2 - For the purposes of the preceding paragraph shall be adopted Programs designed to:

- a) Create public spaces suitable for physical activity;
- b) Encourage the integration of physical activity in everyday life habits, as well as the adoption of active lifestyles;
- c) Promote the reconciliation of physical activity with personal, family and professional.

Resolution of the Council of Ministers No. 53/2007 (DR, Series I, No. 67, April 4)

Approves the objectives and main lines of development of National Strategic Plan for Tourism, aimed, to enhance the relationship between tourism and sport.

Decree-Law No. 169/2007 of 3 May

Approves the new organic law of the PSI. Sets the PSI goal is to assist the design, implementation and evaluation of public policy in sport, promoting the spread of physical activity and it must also support the regular sports and high performance through the

provision of technical, human and financial resources. The duties of the PSI are:

- a) Propose the adoption of Programs that aim to integrate physical activity into everyday lifestyles of citizens and technical support, material and financial development of sport;
- b) to propose measures aimed at preventing and combating doping, corruption, violence, racism and xenophobia in sport;
- c) To propose and implement an integrated Program of construction and refurbishment of equipment and sport infrastructure, working in particular with local authorities as well as comment on sports safety standards to be observed in its construction and licensing;
- d) Promote the general medical check-access sports and during sports activities;
- e) Ensure the recoverability and classification of sports agents;
- f) conduct surveillance activities and to issue permits and licenses that they are committed by law and make the certifications and clearances provided by law;
- g) Promote support, in collaboration with institutions, public or private, carrying out studies and research on indicators of sport and the different factors in the development of physical activity and sport.

Decree-Law No. 315/2007, of September 18

Establishes the composition and functioning of the National Sport Council. The Council has the task of drawing and implementing the policies set for physical activity and sport, opinions or recommendations requested information, ensure the surveillance of the ethics principles of sport and implement the powers conferred upon it law.

The Council works with the Government member responsible for sport, in sections with the following:

- a) Council for Safety and Ethics in Sport;
- b) System for the Sports Council.

Decree-Law No. 273/2009 of 1 October

Defines the legal framework of Program contracts in sports development, for the award by the State, the Autonomous Regions or local authorities, directly or through bodies of dependents, financial support, materials and logistics, as well as sports sponsorship. Consider themselves sports development Program:

- a) The plans regular activities of entities that promote and run at national, regional or local level, the practice of different sports;
- b) The specific action plans to promote and disseminate physical activity and sport, with competitions organized sports or social interest or relevance to practitioners support the participation of Portugal in international events;
- c) projects of construction or improvement of facilities and sports equipment;
- d) initiatives aimed at developing and improving the practice of physical activity and sport, particularly in the areas of training, documentation, research and relations with international organizations.

Contract-Program nº461/2010 of 19 of July

Under the strategy of extending the Portuguese's practice of physical activity and sports, following the Law "Physical activity and Sport", as well as expressing European guidelines for physical activity, the PSI as the central organ of public administration responsible for the areas of physical activity and sport, should develop national Programs aimed to achieve the objective mentioned above. In this context and following the procedures and decisions that have been taken within the framework of implementing, the national Program of Walking and Running, it's necessary to finance such Program implemented through this contract.

]

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

White Paper on Sport, July 11, 2007 - European Commission

Is to establish a strategic direction for the role of sport in the EU. Recognizes the important social and economic roles of sport while respecting the requirements of Community law. Stresses matters of vital importance, such as promoting public health through sport and the role of sport education and training, among others, and bind the Portuguese State for the development of actions in these contexts.

Treaty of Lisbon on December 13, 2007

In Article 165 - Education, vocational training, youth and sports - stands out:

1. The EU contributes to the promotion of European sporting issues while taking into account their specificities, its structures based on voluntary activity and its social and educational function.

2. The EU aims to:

- Developing the European dimension in sport, by promoting fairness and openness in sport competitions and cooperation between entities responsible for sports, as well as protecting the physical and moral integrity of sportsmen and women, especially the youngest among them.

EU Physical Activity Guidelines: Recommended Policy Actions in Support of Health-Enhancing Physical Activity, 2008 (translation for Portuguese with the title "*European Union Guidelines for Physical Activity: Recommended Policies for the Promotion of Health and Welfare*"). The PSI president was part of the Expert Working Group that designed this document, adopted by all countries involved.

Decision n.º1786/2002/CE;

World Health Organization - Health 21: Health for All in the 21st century. Copenhagen: WHO, Regional Office for Europe, 1999;

World Health Organization - The World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva: WHO, 2002.

The National Health Plan 2004-2010 follows the guidelines and activities beared in mind of the Program of the 15th Constitutional Government and the respective Major Planning Options in Portugal; the Program of Community Action in the field of public health (EU); WHO guidelines on Health for All; WHO-2002 report on Health in Europe, and relevant work done by OECD.

Health for All in the 21st Century strategy (WHO, 1985)

Ottawa Charter for Health Promotion (WHO, 1986)

Local Agenda 21 (WHO, 1997)

The Healthy Cities Project seeks to place health at the top of the decision-makers' agenda, increasing local strategies related to health and sustainable development, based on the principles and objectives of the Health for All in the 21st Century strategy (WHO, 1985), the Ottawa Charter for Health Promotion (WHO, 1986) and the Local Agenda 21 (WHO, 1997).

]

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).

Yes.

During the elaboration of the National Health Plan 2004-2010 and the different national Programs more than 300 contributes were received from several sectors: health, education, physical activity, environment, local public administration, nutrition, municipalities, and civil society among others. http://www.dgsaude.min-saude.pt/pns/vol2_03.html

The consultation processes, with relevant experts, are established in Portuguese laws.

]

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.

Yes. In the several national Programs referred in Question 2 (National Program for Prevention and Control of Diabetes, National Program Against Obesity, National Program of Cardiovascular Diseases Prevention and National Program for Elderly People Health) physical activity is integrated as a disease preventive strategy and a factor of more active life styles adoption.

For instance, the National Program of Cardiovascular Diseases Prevention mentions:

A healthy lifestyle is at the same time combating the sedentary lifestyle through regular, spontaneous or planned, practice of physical activity. Through this strategy is intended to:

- *promote a better information on the physical activity advantages;*
- *encourage youth sports practice;*
- *stimulate the regular practice of physical activity in all ages;*
- *promote the municipality's participation in creating favourable conditions to sports practice.*

For this purpose, the following actions will be created and published by the General Health Director:

- *information on the benefits of physical activity and recommendations on promotion and practice of regular physical activity for the population in general and the mayors;*
- *interactive and educational computer Program about the practice of regular physical activity throughout life, not just for children and young people in mandatory schooling, as well as their educators;*
- *conclusions and recommendations of mayors national meetings to be held as the seat of consultation on "Promoting healthy active life in towns and cities."*

]

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

<p>document and year these recommendations were announced.</p> <p>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.</p> <p>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.</p>
<p>The country has no official national recommendations for physical activity levels, adopting the recommendations of the European Union.</p> <p>European Union Guidelines for Physical Activity: Recommended Policies for the Promotion of Health and Welfare (edited by the Sports Institute of Portugal, in July 2009)</p> <p><i>"According to the documents guiding the World Health Organization, the European Union and its Member States recommend a minimum of 60 minutes of daily physical activity of moderate intensity, for children and youth, and a minimum of 30 minutes daily moderate physical activity for adults, including seniors."</i>]</p>

<p>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?</p> <p>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.</p>
<p>Yes.</p> <p>The National Health Plan 2004-2010 has the following performance indicators to be obtained in 2010: It is intended by the National Health Plan 2004-2010 to reduce the prevalence of individuals who have spent most of their free time with sedentary activities:</p> <ul style="list-style-type: none"> - Persons aged 15-24 years: 45.5% to 15% in males and 64.2% to 16% in females - Individuals of 35-44 years: from 67.5% to 34% in males and 77% to 39% female - Individuals 55-64 years: 70% to 35% in males and 83.2% to 42% female - Individuals of 65-74 years: from 75.5% to 38% in males and from 87% to 44% female <p>The plan provides no details of how these ambitious targets will be achieved or evaluated.</p> <p>] </p>

<p>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.</p>
<p>No.</p>

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).

National Plan Ecotrail REFER (development of Green Routes) - Declaration of Lille for a Green Network (European) on 09.12.2000, "Integrated Plan of Regional Planning – Alentejo"

Autonomous roads, reserved for non-motorized travelling, conducted within a framework of integrated development, which enhances the environment and quality of life, and fulfills the conditions of sufficient width, slope and surface quality, to ensure a use in coexistence and security by all users, regardless his/hers physical ability. The use of roads, canals, and abandoned rail lines, is a privileged support for the development of Green Routes.

National Program of Walking and Running, **integrated within the remit of PSI (Decree-Law No. 169/2007 of 3 May):**

a) Propose the adoption of Programs that aim to integrate physical activity into everyday lifestyles of citizens and supporting technical, material and financial development of the sport. It aims to disseminate and promote healthy lifestyles among the population in general, through the practice of walking and jogging, and is a partnership between the Sports Institute of Portugal, the Portuguese Federation of Athletics and the Faculty of Sport Porto University.

Healthy Cities Network, integrated within the bullet on *Behaviours and lifestyles* of the **National Health Plan 2004-2010:**

Encourage regular physical activity:

- Recommendations will be developed on regular physical activity throughout life, adapted to the Portuguese population.
- Coordination with the Healthy Cities Network and the Portuguese Association of Municipalities will be strengthened, in order to encourage the development of projects that encourage the practice of regular exercise among the population.
- It will be increased the awareness of the advantages of adopting regular physical activity practice, appropriate to each situation and each life cycle phase in general.

There will be investments on improving the level of existing information on the habits of physical activity of Portuguese.]

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

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

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

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.	
<p>SCHOOL SPORT (School Sports Program 2009-2013) The sport in schools, in addition to a duty under the current legislative framework in the education system (Law No. 46/86 of 14 October - Law of the Education), is an instrument of great importance and usefulness in combating school failure and improving the quality of teaching and learning. In addition, the School Sport promotes healthy lifestyles that contribute to the balanced education of students and enable the development of sport in Portugal. Available data (2009/2010 report) indicates that school sport engaged 158,727 students from 6864 teams, in 33 different sports. Documents (only in Portuguese): http://www.desportoescolar.min-edu.pt/estatisticas.aspx</p>	
<p>NATIONAL PROGRAM FOR WALKING AND RUNNING (created on September 13, 2009) This Program is a new Government initiative, which aims to disseminate and promote healthy lifestyles among the population in general, through the practice of walking and running. Decree-Law No. 169/2007 of 3rd May defines PSI obligations, which include the adoption of programs that aim to integrate physical activity into everyday lifestyles. This program is a partnership between the PSI, the Portuguese Athletics Federation and the Porto Faculty of Sport. The National Walking and Running Program, aims through a serious commitment, involving several entities with different responsibilities, among which we highlight the Municipalities, decentralized services of PSI, and the District of Athletics Associations and Clubs. A structuring element of this Program is the creation of a City Walk and Run Centre in each the municipalities are members. The web platform of the National Program of Walking and Running (www.marchaecorrida.pt) was specifically developed to support this initiative to the public, thereby aiming to ensure an information service directly addressed to all interested citizens.</p>	
<p>'CICLORIA' PROJECT approved by POVT (Thematic Operational Program for Territorial Enhancement) - Axis IX - Innovative Actions for Urban Development - Accessibility and Urban Mobility. This is a project that enhances the natural heritage landscape, and wants to change the pattern of urban mobility, stating, in a creative way, the potential of the region of Aveiro for the promotion of soft modes of mobility, directed to the entire population and sectors. Document: http://issuu.com/jcmota/docs/aula-2_cycling-murtosa_final</p>	

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.

Yes.

The elaboration of the National Health Plan and the various Programs were based on scientific evidence. There are links that redirect to the electronic pages consulted: http://www.dgsaude.min-saude.pt/pns/vol2_41.html]

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.

In the translation of "European Union Guidelines for Physical Activity: Recommended Policies for the Promotion of Health and Welfare", published by the PSI, the importance of working together across sectors is mentioned, namely: Sports, Health, Education, Transport, environment, urban planning and public safety, Environment in the workplace and Services for senior citizens.

As stated on Q11, the Program for Walking and Running is also a document in which an alliance is created: PSI, the Portuguese Athletics Federation and the Porto Faculty of Sport.

As stated on Q8, Healthy Cities Network is another example of an alliance between the Directorate-General of Health and Municipalities, working to increase citizens' health and physical activities levels.

School sport has partnerships with various sports federations, clubs, municipalities and the media (those with an important purpose on marketing).]

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.

There is a Steering Committee of the National Health Plan, coordinated by the High Commissioner of Health. The committee meets quarterly and is responsible for monitoring the evolution of the indicators associated with the goals of the Plan.

Although some of the documents consulted mentioned evaluation intentions, there is no available information about its processes. For example: the Mexa-se Program included in its main document the evaluation process, nevertheless it was abolished and replaced by the Program for Walking and Running without any evaluation.]

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

In 2008/09 we carried out the first national study of prevalence of physical activity and fitness levels at the PSI, in collaboration with five universities in Portugal. Results will be available in 2010.

Current developments are hoped to form the basis of an ongoing surveillance system but

that this is not yet confirmed]
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.
Does not apply.]

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.
There is a political commitment at the level of the Major Planning Options for Government 2010 -2013, including the "Improving Quality of Life and Promoting territorial cohesion, sustainable development and quality of life - More Sports, Better Quality of Life." (mentioned in Q2) The Prime Minister appears frequently in the media carrying out his usual physical activity, even during official visits to various countries. In May 15, 2008 Jose Socrates announced on TV that he would quit smoking before starting his usual race. Regularly participate in major sporting events such as "half-marathon in Lisbon." http://www.ionline.pt/conteudo/55895-socrates-correu-manha-na-marginal-do-funchal http://aeiou.expresso.pt/video-vinte-anos-da-meia-maratona-de-lisboa=f570586]

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 compliance with the Decree-Law No. 56/2006 of March 15 (Operation of social games) distribution of profits in 2009, worth 500.6 million euros, was performed as follows (of the funds allocated to the Presidency of the Council of Ministers): a) 37,664,432 euros was earmarked for promotion of activities and sports facilities (PSI) b) 7,243,160 euros to the promotion of activities and infrastructure juveniles (Portuguese Youth Institute) c) 2,897,264 euros for the promotion and development of football (PSI). Of the funds allocated to the Ministry of Labour and Social Solidarity, 5,794,528 euros were allocated to social services in the areas of tourism and social senior, hydrotherapy and senior social, organization of leisure, culture and popular sport; Of the funds allocated to the Ministry of Education, 4,828,773 euros were allocated to support school sport and investment in school sport infrastructure; Were assigned to the Institute of Sport in Madeira and the Regional Fund for Sport Azores 965 755 euros to each of the bodies to support school sport and investment in school sport infrastructure.]

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.

<p>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.</p>
<p>[No, there is no stewardship. The Ministry of Health has responsibility for interventions in health issues only. The same happens on the other sectors, where each Minister or Secretary of State deals with their affairs.]</p>
<p>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?</p>
<p>[Not applicable.]</p>

<p>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.</p>
<p>[The National Program of Walking and Running is an example of a synergy between different levels of action. This Program is coordinated at national level (PSI) but its implementation is at local level, among all municipalities. The central government is responsible for training local level organisms and institutions to develop local initiatives by creating Municipal Walking and Running Centres. These centres intend to enhance the work that several municipalities develop in the context of the Municipal Walking and Running strategy.]</p>

<p>20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?</p>
<p>[At the regional level, the Regional Directorates of the PSI ensure and monitor the activities undertaken and supported by the PSI, in accordance with its business plan and in collaboration with the central unit. The local authorities are responsible for:</p> <ol style="list-style-type: none"> a) ensure a permanent cooperation with other public and private organizations in their operational area and develop sport actions, especially with associations, schools and local governments; b) ensure an up to date knowledge of the national sport situation; c) identify the needs of populations in relation to physical activity and sport; d) to update the files about players, clubs, associations and sports facilities; e) collaborate and update the National Sports Charter with the relevant sport organizations; f) ensure the other functions that are assigned by the President.

At the local level, leadership is usually attributed to the Alderman of Sports of each municipality. Other municipalities have Municipal Companies that manage all activities relating to physical activity and sport, whose administrator is the responsible for the activities related to this area.

The Healthy Cities network in Portugal states that: *“Portuguese municipalities that develop the Healthy Cities Project locally have followed strategic objectives that lead to improving people’s quality of life through the development of actions and projects that seek to promote equality in health, preventing social exclusion; quality physical environment; qualification of health services; promotion of health in relation to ethnic minorities, the elderly and children, investing in health education programs; strategic development of municipalities, encouraging investment in the economic sector, creating jobs and creating wealth.”*

http://www.redecidadessaudaveis.com/gestor/doc_up/documento_pub_65.pdf]

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. [Cycling Murtosa/Cicloria.]
2. [National Program of Walking and Running]
3. [National School Sports Program]

Less successful interventions

1. [The end of “Mexa-se” at national level although at local level the concept is still being used to base other initiatives.]
2. []
3. []

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.

[Not until now, although the National Program of Walking and Running includes on its main goals the evaluation of its implementation.

The National Health Plan also refers the need for the creation of specific plans to monitor health indicators. For example, in the National Program to Combat Obesity, the monitoring of its implementation and annual assessment is the DGS (Health General Department) responsibility, through a National Coordination Committee. Periodic monitoring of the National Program to Combat Obesity is made, based on the following indicators disaggregated by sex:

- Prevalence of obesity at 12 and 24 months;
- Prevalence of obesity at 5, 11, 15 and 18 years;
- Prevalence of pre-obesity from 19 to 64 years;
- Prevalence of obesity of 19 to 64 years;
- Proportion of individuals with BMI between 25 and 30;

Proportion of individuals with BMI \geq 30.]

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).

[No.]

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.

["Move yourself" - this slogan from an extinct PSI Program, is still adopted by the Local Public Administration in developing programs to promote physical activity.]

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.

Since 1983, the Portuguese Society of Physical Education (SPEF) is the entity that represents, at a national level, the scientific community within the Physical Education and Sport. At an international level, the SPEF is a member of the FIEP (International Physical Education Federation), of FETEF (European Federation of the Physical Education Degreed), of ICHPER (International Council For Health Physical Education Recreation) and founding member of EUPEA (European Physical Education Association). The SPEF's mission is the study and promotion of physical activity, explicitly: to promote a scientific attitude, in consideration of the bodily activities problems and interventions; in stimulating the interaction between experts from different areas through the organization of scientific sessions and collaboration; and in fostering the creation of research projects, preferably in interdisciplinary areas, aimed at deepening the knowledge and looking for suggested solutions to problems that affect the development of the Physical Education application areas.

The National Council of Teachers and Physical Education Professionals Association (CNAPEF) aims to:

1. Promote cultural, scientific, technical and pedagogic of their members in all areas of Education, Sport and Physical Education, 2. Contribute to the defence of ethics and professional ethics; 3. Affirm and dignify the role and activities of the professional group in the School 4. Coordinate and streamline the work inter-associative as well as promoting the training of its members, 5. Cooperate with official institutions in development of Physical Education and Sport 6. Affirm and promote the role and activities of the professional group in the areas of Education, Health and Exercise and Training.

The Association of Teachers of Physical Education (APPEFis) aims to:

- Promote scientific and pedagogic update of its associates.
- Contribute to an exchange of experiences among its members, other associations and counterparts to develop a permanent reflection on the problems inherent in all areas of Physical Education.
- Intervene with the official entities, Unions and the public on issues related to physical education in general and in particular the Physical Education.
- Provide training, from needs assessment, development of training content, coordination and monitoring of training.
- Conduct studies and projects for the development of innovative methodologies and innovative instruments to support vocational training and teacher training as part of Sport Sciences and Physical Education;

- Participate in international projects that stimulate the European culture and spirit, particularly in respect of Sport Sciences and Physical Education.

The Portuguese Healthy Cities Network Association of Municipalities: a group of municipalities aware of the holistic approach to health promoted by the Healthy Cities Project, aware that the health of people who live in an urban environment is strongly determined by multiple social, economic, political, environmental and behavioural causes, have created a promoter committee that, on 10 October 1997, via public deed in Viana do Castelo, created the Portuguese Healthy Cities Network Association of Municipalities.]

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. [The completion of the first prevalence study on physical activity and fitness levels of the Portuguese population]
2. [The inclusion of physical activity indicators in the national health programs]
3. [The creation of large events on the importance of physical activity to health (HEPA) such as, Lisbon and Oporto bike tours, mini-marathons among others, that involves thousands of participants namely public figures and politicians (Prime-Minister).]

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

1. [Evaluate the effectiveness of national Programs underway.]
2. [The lack of funding for HEPA initiatives.]
3. [The lack of inter-sectoral coordination.]

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

[
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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 adopted methodology followed the listed procedures below:

1. Translation of the template to Portuguese;
2. Completion of the template, using available policy documents from across multiple sectors (health, sport, transport, education, environment), combined with background knowledge, in order to experts better understand the goals of each question;
3. Identification of experts from each sector (governmental and non-governmental) and invitation to collaborate by filling the template with their specific knowledge, i.e. to provide further input and additional comments:
 - Cicloria (project on active transport use on Aveiro's lagoon neighbour municipalities)
 - General Directorate for Health
 - General Directorate for Innovation and Curriculum Development (Ministry of Education)
 - Portuguese Healthy Cities Network
 - Portuguese High Commissioner for Health
 - Portuguese Sports Institute (National and Regional Level)
 - Walking and Running project
4. Three weeks were given to receive the filled templates (late July). Meanwhile, the template was back translated with our half filled answers;
5. Due to the lack of answers, a new contact by phone was made and two more weeks were given to complete the task (mid August);
6. Finally, we gathered all the information collected (expert answers) and consulted (legislation, documents, strategic programs, plans, among others) in one single document.

]

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

SLOVENIA

Draft number: Final
Date: June 2012
covering situation until May 2011

Completed by:

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SECTION A – Background information and context

<p>1. Please provide an overview of the <i>institutional structure</i> 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.</p>
<p>The Republic of Slovenia is a <i>parliamentary representative democratic republic</i> since 25 June 1991. The present <i>Constitution of the Republic of Slovenia</i> was adopted on 23 December 1991. Slovenia became an EU member on 1 May 2004.</p> <p><u>Head of state:</u> <i>The President of the Republic</i> is elected for a maximum of two, five-year terms by direct elections.</p> <p><u>Legislative authority:</u> <i>The Slovenian Parliament</i> consist of the <i>National Assembly</i> that has 90 deputies and <i>The National Council</i> that has 40 members. The National Assembly has the highest legislative role in the country and members are elected every four-years. The National Council performs an advisory role and members are elected for a five-year term.</p> <p><u>Executive authority:</u> <i>The Government</i> consists of the <i>Prime Minister</i> and <i>18 Ministers</i> (3 of them are without portfolio). The government and the ministers are independent within the framework of their jurisdiction, and responsible to the National Assembly. The following ministries, which are integrated into the Government, are: Ministry of Agriculture, Forestry and Food; Ministry of Culture; Ministry of Defence; Ministry of the Economy; Ministry of Education and Sport; Ministry of the Environment and Spatial Planning; Ministry of Finance; Ministry of Foreign Affairs; Ministry of Health; Ministry of Higher Education, Science and Technology; Ministry of the Interior; Ministry of Justice; Ministry of Labour, Family and Social Affairs; Ministry of Public Administration; Ministry of Transport; Ministry for Development and European Affairs; Government office of the Republic of Slovenia for local self-government and regional policy; Minister without Portfolio Responsible for Slovenians Abroad.</p> <p><u>Capital and municipalities:</u> Capital is Ljubljana with 260,000 residents. Slovenia has 210 municipalities. 11 of them have urban municipality status.</p> <p><u>Responsibilities of authorities regarding health, physical activity, sports and recreation:</u> <i>National authorities</i> such as a <i>Slovenian Parliament and Government</i> are responsible for execution of all adopted national (and when appropriate also regional) documents. <i>Ministry of Health</i> is the most responsible for health and (health enhancing) physical activity documents and <i>Ministry of Education and Sport</i> for documents regarding sport and recreation. On the other hand <i>local authorities (municipalities)</i> are responsible for all adopted local (and when appropriate also regional) documents regarding health, physical activity, sport and recreation.</p> <p><u>More information:</u> http://www.vlada.si/en/about_slovenia/political_system/</p>

<p>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.</p> <p>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.</p>
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SCHOOL SECTOR:

School Physical Education (PE) is compulsory subject at all education levels from kindergarten to university.

Pre-school education

Kindergartens have to follow the national **Curriculum for Kindergartens** in which Physical Education (PE) is called *Movement* and does not specify how many hours should be devoted to PA, but it must last at least 30 minutes per day. The document presents the scientific basis for work in kindergartens and was confirmed in 18th of March 1999 by the Council of Experts for General Education of the Republic of Slovenia. The kindergarten programme is based on **Kindergarten Act** (first published at OG no. 12 in 1996- link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=569>; last published cleared version was at OG no. 100/05- link: <http://www.uradni-list.si/1/objava.jsp?urlid=2005100&stevilka=4349>).

Version in Slovene:

http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/vrtci/pdf/vrtci_kur.pdf

Comment: To assist the derivation of the curriculum so called **Guide to curriculum for pre-school institutions** is being used, which provides background and examples of planning and implementation of specific activities. Besides regular PE kindergartens offer also *extracurricular sport programmes*.

Compulsory elementary school education

Comment: It lasts for 9 years and begins when the child reaches the age of 6. It is divided into first (1st-3rd grade), second (4th-6th grade) and third (7th-9th grade) period/ cycle/ triennium. The *Compulsory Elementary School Curriculum* is based on several *national curricular documents* which were prepared and adopted by the National Curricular Council and the Council of Experts for General Education of the Republic of Slovenia (1998-2006) and were launched by Ministerial decrees, and issued in accordance with the **Elementary School Act** (first published at OG no. 12 in 1996- link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=570>; and last published cleared version was at OG no. 81/06- link: <http://www.uradni-list.si/1/objava.jsp?urlid=200681&stevilka=3535>). Last *Amendments on Elementary School Act* were published at OG no. 102/07 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=2007102&stevilka=5073>).

National curricular documents consist of **the syllabus** for the 9-year elementary school (from 2008) (link:

http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devletletka/predmetniki/Predmetnik_splosni.pdf),

national subject curriculum for compulsory and optional subjects along with the definitions of cross curricular content, extra-curricular activities, after-school classes and other forms of day-care, out of school classes, as well as lists of approved text books and learning materials and other documents concerning the protection of rights of pupils, parents and teachers. The syllabus specifies the exact number of yearly and weekly lessons for individual subjects, the number of discussion periods and the minimum number of hours, required for the implementation of the curriculum. All *national subject curricula* include general aims, objectives and core contents of the subject, didactic principles and recommendations and knowledge standards. Municipalities may participate in the formulation and implementation of the extended curriculum and extra-standard quality of education provision. Each elementary school autonomously adopts its *own annual working plan* by taking into account the prescribed elements of the curriculum.

Physical Education (PE) is performed as:

a compulsory subject called PHYSICAL EDUCATION/SPORT EDUCATION (PE/SE) (3 mandatory PE lessons per week in first and second triennium- up to 105 hours per year; 2 mandatory lessons per week in third triennium- 70 hours per year; 1 lesson lasts 45 minutes),

selective/optional subjects called SPORT and DANCING ACTIVITIES (only for pupils in third triennium; mandatory for school, but pupil can select 2 sport-related selective subjects; mandatory 1 lesson per week each),

so called Sport Days (5 of them per year; each lasting 5 hours; obligatory for school and pupils),

so called Schools in Nature (in summer and winter; with predominately sporting contents; obligatory for school and voluntary for pupils),

extra-curricular activities (PE/SE programmes defined by National Programme of Sport also called INTEREST SPORT ACTIVITIES; i.e. swimming courses, skiing courses, school sport competitions, sport programmes for children and youth such as GOLDEN SUN or KR PAN),

as after-school classes/care (outside regular compulsory education system; up to 5 sport activity classes per week),

programmes for pupils with special needs (obligatory for schools, but voluntary for pupils),

out of school classes (mainly organised by sport associations and sport clubs; i.e. HOORAY, LIESURE TIME or WIND IN YOUR HAIR- SPORT AGAINST DRUGS) and

a part of cross curricular content.

Versions of curriculums with PE content in Slovene:

- **Curriculum: Elementary Schools Education Programme, Physical Education**, adopted in 1998 (published as a 4th ed. publication in 2006), defines up to compulsory 105 PE lessons per year in the first and second triennium and 70 compulsory hours per year in the third triennium (*This is the most important document for PA/PE because elementary school is obligatory for all Slovenian citizens.*)(link: http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_obvezni/Sportna_vzgoja_obvezni.pdf);
- **Curriculum for the Optional Subjects: Sport (Sport for Health, Selective Sport, Sport for Relaxation)**, adopted in 1999 (published as a publication 2001) (link: http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_izbirni/Sport_izbirni.pdf);
- **Curriculum for the Optional Subjects: Dance Activities (Dance, Folk Dance, Old and Social Dances)** adopted in 1999 (published as a 2nd ed. publication in 2004) (link: http://www.mss.gov.si/fileadmin/mss.gov.si/pageuploads/podrocje/os/devetletka/predmeti_izbirni/Plesne_dejavnosti_izbirni.pdf) and
- **Cycling Training Programme in Elementary Schools**, adopted (by the Scientific Council of the Ministry of Education, Science and Sport) in 2002 as a part of curriculum (according to the *Law on Road Traffic Safety* from 1998), defines the objectives, content, methods and forms in training pupils from 1st till 5th grade to ride bicycles (link: http://www.vozimo-pametno.si/index.php?option=com_content&task=view&id=89&Itemid=127).

(Upper) secondary education

Comment: Programs in secondary schools (SS) vary in content, duration, goals and knowledge standards. The same applies to the *physical education (PE) knowledge catalogues (Vocational and Technical (Upper)- SS) or PE curriculum (General Upper- SS)*. Different schools have different amount of PE classes and other sport-related activities. There are also GRAMMAR SCHOOL WITH A SPORT CLASS for students talented in sport performance.

Physical Education (PE) in SS is performed as:

- a compulsory subject called PHYSICAL EDUCATION/SPORT EDUCATION (PE/SE) (3 mandatory PE lessons per week in General Upper- SS, 6 mandatory PE lessons per week in General Upper-SS with Sport Classes and 1-3 PE lessons in others; 1 lesson lasts 45 minutes),
- Sport Days (INTEREST ACTIVITIES; obligatory for school and pupils; 30 hours per year in lower vocational SS, 72 hours per year in Upper vocational SS, 96 hours in Expert and Vocational-Technical SS, 35 hours per year in General SS/Grammar Schools) and
- selective/optional contents (mandatory for school, but voluntary for pupils; at least 15 hours per year; i.g. SPORT CAMPS and SCHOOLS IN NATURE).

Knowledge catalogues for VOCATIONAL and TECHNICAL SS were adopted on 12th of February 2010 by Council of Experts for Vocational and Technical Education of the Republic of Slovenia.

(*These catalogues represent very important group of documents for PA/SE/PE at secondary level education because they define number of obligatory PE lessons per year.*) They are based on **Vocational Education Act-1, 2007** (published in Official Gazette (OG) no. 79/2007, link: <http://www.uradni-list.si/1/objava.jsp?urlid=200679&stevilka=3449>).

Links to knowledge catalogues do not exist at the moment and they are named:

- **Knowledge catalogue for Vocational Upper-Secondary Education**, defines 164 compulsory PE lessons per year,
- **Knowledge catalogue for Shorter Vocational Education**, defines 124 compulsory PE lessons per year,
- **Knowledge catalogue for Vocational Upper-Secondary Education**, defines 164 compulsory PE lessons per year,
- **Knowledge catalogue for Technical Upper-Secondary Education and Vocational-Technical Upper- Secondary Education**, defines 340 compulsory PE lessons per year.

Curriculums for GENERAL/GRAMMAR SCHOOLS are based on **Grammar School Act, 1996** (published in Official Gazette (OG) no. 12/1996,

link: <http://www.uradni-list.si/1/objava.jsp?urlid=199612&stevilka=571>; and last cleared version of it in OG no. 1/2007, link: <http://www.uradni-list.si/1/objava.jsp?urlid=20071&stevilka=2>).

- **Curriculum for General, Classical and Expert Grammar Schools**, defines 420 compulsory PE lessons/y.

(link: http://portal.mss.edus.si/msswww/programi2010/programi/media/pdf/un_gimnazija/un_sportna_vzgoja_gimn.pdf),

- **Curriculum for Grammar Schools with Sport Class**, defines 735-840 compulsory PE lessons (1st -3rd grade 210 lessons per year; 4th year 105-210 lessons per year) (link: http://portal.mss.edus.si/msswww/programi2009/programi/media/pdf/un_gimnazija/un_sportna_vzgoja_sportna_gimn.pdf)

Higher vocational and higher education

Comment: PE classes were recently canceled from universities obligatory programmes/curricula. So providing PE classes to students is a matter of choice of each Higher Vocational School, College or University.

SPORT SECTOR:

National Programme of Sport in the Republic of Slovenia, 2000-2010 (shortly called: **National Programme of Sport- NPS**) (*It is the most important national document for sport & recreation.*)

The document was adopted by the National Assembly of Republic of Slovenia on 3rd of March 2000. The coordinator of the programme on the national level is Ministry of Education and Sport - mostly Sport sector. It is based on the **Law of Sport of the Republic of Slovenia 1998** (also called **Sport Legislation in Slovenia**), published at OG no. 22 in 1998. With this programme the State co-creates the conditions for the development of sport. This national programme includes a comprehensive organization of sport activities, that is: *physical education* (PE) (extracurricular PE of pre-school children, school children, youth and students; PE of children and youth, oriented in high performance and top sport; and also PE of children with special needs); *leisure time sports activities*; *high performance sports*; *top sport*; and *sport for disabled persons*; which is in public interest. Sports activities for children and youth are priority. Every year there are (*annual*) *Sport(s) Programme(s)* prepared.

Comment: Ministry for Education and Sport prepared a draft for new **National Programme of Sport 2011-2020**. 4th version of it is available on website

([link:http://www.olympic.si/index.php?id=189&tx_ttnews\[tt_news\]=651&tx_ttnews\[backPid\]=1&cHash=8a33c7bff9](http://www.olympic.si/index.php?id=189&tx_ttnews[tt_news]=651&tx_ttnews[backPid]=1&cHash=8a33c7bff9)), but it is not yet the final version of it. In addition the new National Programme of Sport 2011-2020 is probably going to represent a base for the **new National Sport Legislation** (and not the other way around).

Version of NSP 2000-2010 in Slovene: http://www.mss.gov.si/si/delovna_podrocja/sport/

English versions of NPS 2000-2010 and also Sport Legislation in Slovenia 1998 do exist, but there are not available on-line

HEALTH SECTOR:

All of below described documents under health sector one way or another are based on health legislation such as:

- **Health Care and Health Insurance Act, 1992** ([link: http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=459](http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=459)) published in Official Gazette (OG) no. 9/1992 and last cleared version of it in OG no. 72/2006 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200672&stevilka=3075](http://www.uradni-list.si/1/objava.jsp?urlid=200672&stevilka=3075)),
- **Health Services Act, 1992** ([link: http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=460](http://www.uradni-list.si/1/objava.jsp?urlid=19929&stevilka=460)) published in OG no. 9/1992 and last cleared version of it in OG no. 23/2005 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200523&stevilka=778](http://www.uradni-list.si/1/objava.jsp?urlid=200523&stevilka=778)),
- **Patients Rights Act, 2008** published in OG no. 15/2008 ([link: http://www.uradni-list.si/1/objava.jsp?urlid=200815&stevilka=455](http://www.uradni-list.si/1/objava.jsp?urlid=200815&stevilka=455)).

Instructions for the Implementation of Preventive Health Protection at the Primary Level, 1998 and

Rules Amending the Instructions for Implementation of Preventive Health Care at Primary Level, 2001

The first version of these *instructions* were published in OG no. 19/98. Later on several versions of *rules amending these instructions* were also published in OG no. 47/98, 26/00, 67/01, 33/02, 37/03, 117/04, 31/05, 83/07 and 22/2009. The purpose of preventive programs is to systematically assess and monitor health, risk factors, risk behaviors and lifestyle habits (also physical (in)activity) of individuals and target groups and to appropriately intervene if necessary. The above mentioned rules from OG no. 67/01 were also a kick-off for so called *National Programme for Primary Prevention of Cardiovascular Diseases*.

Version of "Instructions for the Implementation of Preventive Health Protection at the Primary Level" in Slovene from 1998:

<http://www.uradni-list.si/1/objava.jsp?urlid=199819&stevilka=807>

Version of the "Rules Amending Instructions for the Implementation of Preventive Health Protection at the Primary Level" in Slovene from 2001: <http://www.uradni-list.si/1/objava.jsp?urlid=200167&stevilka=3579>

Resolution on the National Programme of Food and Nutrition Policy 2005-2010 (shortly called: **National Food and Nutrition Policy**)

Adopted by the National Assembly of the Republic of Slovenia in on 22nd March 2005 and published in OG. The document has three basic pillars that are important for assuring safe and healthy nutrition. It also contains a chapter on importance of physical activity for health which defines specific PA guidelines and recommendations. Summarized version of it is called *Food and Nutrition Action Plan for Slovenia 2005-2010*.

Long version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/petric/Resolucija_o_prehranski_politiki_Uradni_list_39-05_.pdf

Long version in English:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/national_programme_of_food_and_nutrition.pdf

Summarized- user friendly- version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_prehranske_politike_slo.pdf

Summarized- user friendly- version in English:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_prehranske_politike_ang.pdf

National Health Enhancing Physical Activity Programme 2007-2012 (shortly called: **HEPA Slovenia Programme** or **National HEPA Strategy** or **National HEPA Policy- NHP**) (*This is the most important national PA document- direct HEPA document.*)

Adopted by the Government on 7th March 2007 with leadership and coordination on the national level by Ministry of Health with a help of Ministry of Education and Sport. Long (57 pages) version was published in OG and summarised (36 pages) version outside OG in december 2007. The basic goal of National HEPA Policy (NHP) isto encourage all forms of regular physical activity (PA) and exercise aiming to enhance health and to be maintained throughout the entire lifetime. Regarding its goals, vision and measures this strategic document has a clear cross-sectoral and synergetic layout. The strategies of NHP are exsercised through the planing and implementation of national

measures and activities in cooperation with various publics and organizations of civil society. The NHP has three main pillars: 1. Recreational sports, 2. HEPA in the Work or School Environment (including Extracurricular) and 3. Transport-related HEPA.

Comment: Ministry of Health in collaboration with school, sport, transport and other health (governmental and non-governmental) sectors is preparing *National HEPA Action Plan for the next two years*, which would be actualy the first of its kind ever.

Long version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/delovna_podrocja/javno_zdravje/strategija_vlade_RS_podrocje_telesne_dejavnosti.pdf

Long version in English:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/angleska_verzija_MZ/HEPA-Slovenia-prevod_ang.pdf

Summarised- user friendly- version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_telesna_dejavnost_slo.pdf

Summarised- user friendly- version in English:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Nacionalni_program_telesna_dejavnost_ang.pdf

Resolution on the National Plan of Health Care 2008-2013 "Satisfied Users and Performers of Medical Services"

Adopted by the National Assembly of Republic of Slovenia on 26th of June 2008 and published in OG. It presents the umbrella document. It is based on the a new EU health strategy *Together for Health: A Strategic Approach for the EU 2008-2013* and older national staregic documents such as National Health Protection Programme of the Republic of Slovenia "Health for All by 2000" follow by "Health for All by 2004" (*link: <http://www.uradni-list.si/1/objava.jsp?urlid=200049&stevilka=2333>*). The *resolution* sets among its development priorities and essential objectives greater healthy life expectancy and a further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases. It also stresses out the importance of cooperation of the civil society and specifies the importance of the physical activity and healthy nutrition to reduce obesity and other non-communicable diseases.

Version in Slovene: http://www.uradni-list.si/files/RS_-2008-074-03286-OB~P001-0000.PDF

Summarised- user friendly- version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/zlozenke_periodika_2008/resolucija_nac_plana/resolucija2k.pdf

Diabetes Prevention and Care Development Programme 2010-2020, Slovenia

Adopted by the Government of the Republic of Slovenia on 8th April 2010. The Programme constitutes the strategic basis for prevention, early detection and treatment of diabetes and for ensuring monitoring, research and training in this area. Two-year *Action Plans* are available and outlines expected improvements regarding diabetes in Slovenia. The importance of regular physical activity is mentioned along with several health education programs on management of diabetes and healthy lifestyle available countrywide among which we can find lectures and workshops on how to increase physical activity.

Version in Slovene:

http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/zakonodaja/NP_diabetes/Nacionalni_program_obvladovanja_sladkorne_bolezni_210410.pdf
http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/mz_dokumenti/zakonodaja/NP_diabetes/Nacionalni_program_obvladovanja_sladkorne_bolezni_210410.pdf

Official abstract of a document in English does exist, but it is not available on-line.

WORKPLACE & SOCIAL SECTOR:

Resolution on National Programme of Safety and Health at Work, 2003

It was adopted by the National Assembly of Republic of Slovenia on 26st of November 2003 and it is based on **Occupational Health and Safety Act** (first published at OG no. 56 in 1999- link: <http://www.uradni-list.si/1/objava.jsp?urlid=199956&stevilka=2652>). Essential objectives of the programme are ensuring healthy and safe working environment for workers, maintaining working capability, reducing early retirements, absenteeism, preventing accidents at work etc. To achieve these objectives the system for health promotion should be built on the basis of existing practice in the field of safety and health at work, health promotion on the working place and health promotion for healthy environment. In the *resolution's* chapter on *Health Promotion at Work* an implementation of physical activity module in work organizations is mentioned, supported by management, health professionals and workers-educators, but more as an informal action. Maintaining a good working capability is strongly connected with sport recreation, healthy way of living, healthy nutrition etc. All of these have to become a constituent part of management policies of all enterprises and administration bodies.

Version in Slovene:

http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/nac_program_vzd.pdf or
<http://www.uradni-list.si/1/objava.jsp?urlid=2003126&stevilka=5394>

SPATIAL & ENVIRONMENT SECTOR:

Spatial Development Strategy of the Republic of Slovenia, 2004 (shortly called: **Spatial Development Strategy- SDS)**

This is a strategic document, adopted by the National Assembly of the Republic of Slovenia on 18th of June 2004 (published in OG no. 74/2004). Regulations that were basis for SDS is **Spatial Planning Act** published in OG no. 1104/2002 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=2002110&stevilka=5386>) and new **Spatial Planning Act** from 2007 published in OG no. 33/2007 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200733&stevilka=1761>). SDS among other things states that within an urban settlement system also recreational and sport facilities shall be located. It is written that in order to reduce the negative impacts of motorized road traffic, emphasis shall be given to all kinds of non-motorized traffic (cycling, walking). It states that the networks of cycling tracks and pedestrian footpaths shall be planned, developed and linked in accordance with an ecologically oriented range of tourist services to enable healthy physical activity for the population. Special attention is devoted to the spatial development of leisure activities, intended primarily for the recreation and relaxation of the population. Recreational potential of forests in the vicinity of settlements is mentioned. Furthermore waters with suitable water quality, thermal waters and mountainous areas are suggested to be suitable developed and put in recreational and tourist use.

SDS version in Slovene: http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/sprs_slo.pdf

SDS version in English: http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/publikacije/drugo/en/sprs_eng.pdf

Version of Spatial Planning Act in English:

http://www.mop.gov.si/fileadmin/mop.gov.si/pageuploads/zakonodaja/prostor/nactovanje/prostorsko_nactovanje_en.pdf

TRANSPORT SECTOR:

All of these documents are one way or another based on traffic legislation such as:

- **Road Traffic Safety Act** (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200483&stevilka=3690>) published in Official Gazette (OG) no. 83/2004 with last cleared version of it in OG no. 56/2008 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=200856&stevilka=2345>) and
- **Law Amending the Road Traffic Safety Act** published in Official Gazette (OG) no. 36/2010 (link: <http://www.uradni-list.si/1/objava.jsp?urlid=201036&stevilka=1738>). Last one emphasises the establishment of so called *Public Agency for Traffic Safety*, which is (among other things) responsible for the implementation of regulatory, developmental, technical and administrative tasks in the field of prevention, education and training in road safety and has a professional duty to prepare and implement a **National Program on Road Safety**.

Resolution on the Transport Policy of the Republic of Slovenia (Intermodality: Time for Synergy), 2006 (shortly called: **Transport Policy- TP**) (*This is very important document for walking and cycling.*)

The document was adopted by the National Assembly of Republic of Slovenia on 3rd of May 2006. The aim is to ensure adequate transport arrangements in the country in order to reduce the negative impacts of transport on the environment and on the population of Slovenia. TP specifies the importance of intermodality and use of public transport. It emphasizes the accessibility of public transport by foot, walking and other non-motorized modes of transport such as cycling. It talks about the need to change the travel habits in urban areas by taking the measures to promote walking, cycling, use of public transport and raise ecological awareness of population. It also describes how to design and construct the means of transport and infrastructure by taking into account the different needs of individuals (i.e. disabled people, pedestrians, cyclists) to create equal possibilities for all and provide better safety. It emphasizes that cyclist is an equal participant in the traffic. In addition it suggests that the system of public transport should ensure that cyclists can use public transport without a special surcharge carriage of their bikes. It also states that European Union has given the initiative to develop a network of cycle links across Europe and that Slovenia is also included in this.

Version in Slovene:

<http://www.uradni-list.si/1/objava.jsp?urlid=200658&stevilka=2426> or <http://www.uradni-list.si/pdf/2006/Ur/u2006058.pdf>

Resolution on the National Programme on Road Safety, 2007-2011

The document was adopted by the Slovene Parliament on December 18th, 2006. The coordinator of the programme on the national level is Ministry of Transport. For each year of the programme the government adopts the operational *Action Plan*. For the operational execution of the programme others are included as well (see answer under question 4). The main priorities set in the programme are: speeding, driving under influence of alcohol, use of safety-belt and child restraint systems (CRS), two-wheelers, pedestrians. Also there are some traditional activities included as well regarding the safety of vulnerable road users (children, pedestrians, cyclist), for example: *Cycling Training Programme in Primary Schools* as part of the school curriculum (see more under school sector).

National Programme on Road Safety (version in Slovene):

http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Nacionalni_program_-_cistopis.doc

Action plan for the period 2010 and 2011 (version in Slovene):

http://www.mzp.gov.si/fileadmin/mzp.gov.si/pageuploads/Razno/Obdobni_nactr_za_zagotavljanje_varnosti_cestnega_prometa_2010_2011.pdf

Law on Disabled Persons Organisation, 2002

It was adopted by the National Assembly of Republic of Slovenia on 27st of November 2002. The 10th article of this law specifies the tasks that are obligatory for disabled persons organizations. Two of them involves sport and recreation. Task no. 2 talks about planning, organizing and implementing programmes that allow certain groups of people with disabilities towards more independent lives which also includes sport and recreation. Task no. 4 describes assistance in promoting the needs of disabled people in terms of health, sport and recreation.

Version in Slovene:

<http://www.uradni-list.si/1/objava.jsp?urlid=2002108&stevilka=5311>

DEVELOPMENT & TOURISM SECTOR:

Slovenia's Development Strategy, 2007-2013

It was adopted by the Government of the Republic of Slovenia on 23rd of June 2005. It sets out the vision and objectives of Slovenia's development, including development priorities with the corresponding *Action Plans*. One of the key national development objectives of Slovenia in 2007-2013 is to enhance every person's opportunities for a long, healthy and active life by investing in education, health, culture, living conditions and other resources that individuals need to realise their potential.

Version in Slovene:

http://www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/DPK/StrategijarazvojaSlovenije_-_final.pdf or

http://www.svez.gov.si/fileadmin/svez.gov.si/pageuploads/docs/katal_inf_javn_znac/02_StrategijarazvojaSlovenije.pdf

Version in English: <http://www.arrs.gov.si/en/agencija/inc/ssd-new.pdf>

On the basis of Slovenia's Development Strategy two subsequent documents were created:

- Development Plan and Policies of Slovene Tourism, 2007-2011

One of the aims stated in this document, which have 8 policies, is raising a quality of life. Healthy and active life is one of the identified values of this document. Under the 7th policy called *Policy of Business Environment and Investment Development* it is written that a more systemic approach towards the implementation of investment in the public sports and tourist infrastructure and the implementation of investments in the conservation of natural values is needed.

Version in Slovene:

www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST_2007-2011-popravki_10.7.2006.pdf

Abstract in English:

www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/turizem/RNUST-summary-final.pdf and

- Tourism Policy for the year 2009 with Policies for 2010

The document was adopted by Slovene Government on 16th of April 2009. One of the values in it is orientated towards healthy and active life.

Version in Slovene:

www.mg.gov.si/fileadmin/mg.gov.si/pageuploads/razpisi/JN/DT/Turisticna_politika_09-10_koncno_na_splet.pdf

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

International documents that guided the development of HEPA National Programme

1. The European Community legislation (in a wider context):

All the Articles below refers to the Treaty establishing the European Community (the consolidated version is available on: http://www.frontex.europa.eu/assets/Legal_basis/12002E_EN.pdf).

- in Article 3 of the Treaty, on removing the obstacles to the free movement of goods, persons, services and capital;

- in Article 43- freedom of establishment;

- in Article 49- on the implementation of services;

- in Article 82- on the abuse of a dominant position;

- in Article 87- on discrimination linked to nationality and citizenship, and especially

- in Article 87- on state aid;

- in Article 152- on public health;

- in Decision No. 1786/2002/EC of the European Parliament and of the Council (23.9.2002) on the adoption of the document: "Action Programme 2003-2008 on health protection, abuse of certain substances (alcohol, tobacco...) and physical activity and healthy diet";

- in Annex to the Amsterdam Treaty (2 October 1997) – "Declaration on Sport" which emphasizes social significance and meaning of amateur sport;

- in some conventions of the Council of Europe on spectator violence and misbehavior (1987), on the fight against doping (1989), and the recognition of the legal to international non-governmental organizations (1986).

2. World Health Organization documents:

- WHO (WHA55/23) Assembly – May 2002: the adopted resolution on physical

activity for health “Move for Health, Active Youth, Move your Body, Stretch your Mind«;
 - WHO (WHA57/17) Assembly – 2004: the adopted resolution on »Global Strategy on Diet, Physical Activity and Health«;
 -WHO- 2006: “Declaration on Countering Obesity” which was formulated by WHO Regional Office for Europe.
 3. Other:
 - health programme on “Health Agenda for the 21st century” that was signed by EU member states of WHO.

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 organisations 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).

Consultation process among relevant stakeholders should be a normal part of the national documents development, but in practice it is sometimes hard to involve all relevant stakeholders. Just before a national document is adopted by the national authorities it must go through the process of inter-ministerial consultation and coordination as well. Before that a proposal of a certain document is available to the professionals and general public for open debate on it. During the development of the National HEPA Programme for example there were several national stakeholders (governmental and NGO's) included in the consultation process (see appendix 1).

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 cross links to obesity strategies, with transport with cross links to walking and cycling agendas)? Please provide details and examples.

Integration of PA with other related sectors is most visible in following national documents:

National HEPA Programme 2007-2012

Each strategy in NHP has its own goals, tasks and activities. There are ministries responsible and task performers written down under every strategy as well. Also there is a programme evaluation with health indicators described at the end. Ministries responsible for *health, education and sport, transport, environment and spatial planning, labour, family and social affairs* play major role in the development and implementation of these HEPA strategies.

National Programme of Food and Nutrition Policy 2005-2010

Besides assuring healthy and safe nutrition it contains a chapter on importance of physical activity for health which defines specific PA guidelines and recommendations for the population.

National Programme on Plan for Health Care 2008-2013

It sets among its development priorities and essential objectives greater healthy life expectancy and a further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases. In addition it stresses out the importance of cooperation of the civil society and specifies the importance of the physical activity and healthy nutrition to reduce obesity and other non-communicable diseases.

National Programme on Road Safety, 2007-2011

For the operational execution of *the programme* there are many sectors involved (Ministry of Transport, Slovene Roads Agency, Slovene Road Safety Council, Road Inspection, representatives

of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Finance, representatives of some NGOs).

National Programme of Sport, 2000-2010

It is written that familie, school, sport associations, appropriate and available sport facilities with a help of skilled professionals and mass media play an important role in increasing the number of sportly active people. Sports has in its development reached the point, which requires a thoroughly conceived system of the regulation of expert, organisational and management work of local communities and the state.

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.

National recommendations on physical activity levels are included in two national strategies:

1. National Health Enhancing Physical Activity Programme 2007-2012 (adopted by the national government) and
2. Resolution on the National Programme of Food and Nutrition Policy 2005-2010 (adopted by the national assembly).

The following text is included in both documents (long versions):

Guidelines and Recommendations

When determining what a sufficient and adequate physical activity is to benefit and protect health, it is important to consider several criteria – the type of physical activity, its intensity, frequency and duration. In this regard, the amount of regular physical activity and health benefits are proportionally related. However, it is known that for significant effects on health, the exercise does not necessarily have to be vigorous – it is enough to be physically active regularly and moderately. Traditional and new guidelines for individual of the above stated criteria are mentioned below.

1. Types of physical activity: Traditional recommendations advice predominantly aerobic rhythmic exercises which involve movement of the large muscular groups and are sustained for a considerable amount of time (brisk walking, running, cycling, swimming, ice-skating, cross-country skiing etc.). Newer guidelines recommend and lay stress on walking or any other physical activity that can be carried out daily with an intensity similar to brisk walking;

- moderate housework (such as lifting or carrying objects);
- moderately intense gardening;
- ball games and other games while walking or slowly running with children,
- moderately intense swimming;
- slow running (approx. 7 km/h).

It is important that all types of performed physical activity are balanced. The general recommendation is that the time spent on various types of exercise should be divided accordingly - 50 % on aerobic exercise, 25 % on flexibility exercises and 25 % on exercises for muscular strength.

2. Intensity of physical activity: Traditional guidelines advise that the intensity of the exercise in

an individual needs to be 50-85% of individual's heart rate reserve which corresponds to 50-85% of the maximum aerobic power (oxygen consumption). In the majority of adults this means a heart rate frequency of 140-160 beats per minute. The latest recommendations define (with reference to point one) moderate-intensity activity at the level of effort equivalent to 3-6 metabolic equivalents (MET) or any activity that burns 4-7 kcal/min.

3. Frequency of physical activity: Until recently, the guidelines recommended to be physically active at least three times a week, however, the new guidelines recommend more and more often daily exercise or physical activity that takes place at least 5 times a week.

4. Duration of physical activity: Traditional recommendations recommend duration in the range of 30-60 minutes, the latest guidelines allow intermittent exercise in several daily sessions or with longer or shorter breaks if the activity cannot be carried out continuously. The duration of a single session should not be shorter than 10-15 minutes; a total recommended daily duration should be at least 30 minutes.

Summary of Recommendations concerning Physical Activity for Adult Population

To achieve positive effects (protection, maintenance and/or improvement) of physical activity on health, a minimum of half an hour of moderate-intensity activity at least five times a week is sufficient. Moderate-intensity physical activity is defined as activity which leaves the individual feeling slightly warm and winded (which means that a person is active at the level of 40-60% of the aerobic capacity and burns 4-7 kcal per minute which is an equivalent to 3.6 MET). The exercise should be as diverse as possible and it can be carried out in various settings (at home, at work, for transportation purposes), it should be safe (adjusted to age, health status and physical circumstances), balanced with regard to type (50% of aerobic exercise, 25% of flexibility exercise and 25% of strength exercise) and it should be enjoyable.

In order to preserve and strengthen health, a zero balance between energy intake and energy consumption is of utmost importance, or in short between food intake and physical activity. Healthy nutrition and regular physical activity influence health each one on their own, however, in a healthy lifestyle due account is being taken of both elements, they produce a synergic effect.

Guidelines on Healthy Dietary Habits Based on a Dietary Model - Food Based Dietary Guidelines (FBDG):

Guideline no. 4. Is the only one related to PA: "Be physically active to such an extent that your body weight is normal (BMI value should be within the range of 20 to 25)."

(Source: CINDI Dietary Guide WHO Regional Office for Europe, EUR/00/5018028.2000).

Recommendations/guidelines concerning Physical Activity for Children and Adolescents

No published political national document has them, so in Slovenia we follow WHO Physical Activity Guidelines and ACSM Physical Activity Recommendations. Slovenian nongovernmental sport organizations follow EU Physical Activity Guidelines.

Recommendations/guidelines concerning Physical Activity for Seniors

No published political national document has them, so in Slovenia we mostly follow WHO Physical Activity Guidelines and ACSM Physical Activity Recommendations.

Recommendations/guidelines concerning Physical Activity for Pregnant Women

No published political national document has them, so in Slovenia we usually follow recommendations by ACOG (American College of Obstetricians and Gynecologists) 2002, RCOG (Royal College of Obstetricians and Gynaecologists) 2007 and ACSM 2010 Physical Activity Guidelines.

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.

Goals of the National HEPA Programme, 2007-2012

The basic goal of NHP is to encourage all forms of regular physical activity (PA) and exercise aiming to enhance health and to be maintained throughout the entire lifetime. Furthermore it is targeted at a common long-term goal- to reduce the incidence of chronic non-communicable diseases.

The concrete objectives of the Health Enhancing Physical Activity Strategy from 2007 to 2012 by target groups of the population of the Republic of Slovenia are:

1. Children and adolescents (up to 18):
 - increasing the share of children and adolescents doing physical activity for at least one hour every day by 30 %,
 - increasing the share of children and adolescents who normally walk or cycle to school and in their everyday routine by 20 %,
 - reducing the share of children and adolescents who in their free time spend more than four hours a day sitting in front of the television or computer by 30 %,
2. Adults (aged 18 to 65):
 - reducing the share of physically completely inactive adults by 30 %,
 - increasing the share of adults who in line with expert recommendations take regular and sufficient physical exercise to protect and strengthen health by 20 %,
 - increasing the share of adults who normally walk or cycle to work and in their everyday routine by 20 %,
 - reducing the share of adults who in their free time spend more than four hours a day sitting in front of the television or computer by 30 %,
3. Over-65s:
 - reducing the share of physically completely inactive over-65s by 20 %,
 - increasing the share of over-65s who in line with expert recommendations take regular and sufficient physical exercise to protect and strengthen health by 20 %,
 - reducing the share of over-65s who in their free time spend more than four hours a day sitting in front of the television or computer by 20 %,
4. Pregnant women:
 - increasing the share of participation of pregnant women in physical activity programmes by 40 %.

Goals of the National Programme of Sport, 2000-2010 (NPS)

One of the most important goal related to PA level change in this document is: to increase the number of sportly active people annually (more specifically: 2.5% annual increase of regular sportly active people and 1% increase of (curently non) sportly active citizens).

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.

HEALTH:

Other target group goals of the National HEPA Programme, 2007-2012

1. Children and adolescents (up to 18):
 - reducing the share of overweight and obesity in children and adolescents by 10 %,
2. Families:
 - achievement of the strategic objectives for families takes into account the objectives defining the population of children and adolescents, the adult population and the population

of over-65s,

3. Disabled persons:

- Ensuring equal opportunities for health enhancing physical activity for persons with special needs or for all disabled persons in accordance with the measures contained in the Action Programme for Disabled Persons from 2007 to 2013,

4. Employees in the workplace:

- establishing and implementing a strategy of physical activity for employees in 10 % of large and medium-sized enterprises and public institutions, and
- establishing physical activity programmes at work for 20 % of employees in the public administration, special programmes to inform all small enterprises of the health benefits of regular physical activity at work.

Goals of the Resolution on the National Plan of Health Care 2008-2013 "Satisfied Users and Performers of Medical Services"

The resolution's essential objectives are greater healthy life expectancy and further increase in the quality of life for all population groups, health promotion and health education, reduction of health inequalities and early detection of chronic non-communicable diseases.

SPORT:

Other goals of the National Programme of Sport, 2000-2010 (NPS)

The main long-term goal is to become a sport nation. That can be reached by: increasing the number of sportly active people; growth of sports culture and awareness of Slovenian nation; development of sport profession and science; rising the awareness of the individual, that also through participating in sports activities they can take care of their own health; using nature as the largest sport area; building a network of sports facilities and sites for all categories, etc.

The specific objectives of sport recreation, as defined in the NPS are: to maintain and improve the overall health status; humanize human life; reducing the negative impact of the current way of life; and prevent a general decline in vitality in order to attract a larger number of people in regular sport activities.

Two orientations are referring to cooperation between sport and health sector: to develop health preventive and health enhancing sport programmes; and to promote sports preventive activities to improve health condition of Slovenians together with the Ministry of Health and other departments.

TRANSPORT & ENVIRONMENT:

Goals of Transport Policy of the Republic of Slovenia, 2006

One of the major objectives is to integrate cycling with public transport stops and parking spaces for motor vehicles.

Goals of other documents:

National spatial and transport policy documents do not set any specific and direct physical activity-related goals and targets. In recent time a goal has been set in many documents for the Municipality of Ljubljana, to increase the share of bicycle trips from 8 % (last systematic measurement of modal split in Ljubljana in 2003) for 20 % in the following years. Documents including this goals are *Environmental action program for Municipality of Ljubljana 2007-2013 (2007)*, *Spatial development strategy of the Municipality of Ljubljana (draft December 2009)* and *Comprehensive cycling strategy of the Municipality of Ljubljana (draft March 2010)*.

SCHOOL/EDUCATION:

In all PE curriculums/knowledge catalogues for primary and secondary level education there are subject goals defined mostly aiming at healthy physical development and psychological relief.

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 detailed *Action Plan for the National HEPA Programme* is in preparation process. It would involve almost all target groups and settings. It is planned that different organizations from public and private sector mentioned also in National HEPA Programme (see appendix 1) and others are going to work jointly together in order to achieve National HEPA Programme goals.

National Annual Programs of Sport are relevant for the implementation of general *National Programme of Sport 2000 - 2010*. These annual programs are adopted by Slovenian government.

Some of the other documents described under Question no. 2 have related action plans as well,

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	X
Colleges/Universities	X	Environment	X
Primary health care	X	Urban 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	Families	X
Young people	X	Indigenous people	
Older adults	X	General population	X
Workforce / Employees	X	Other (please specify):	
Women	X		Pregnant women
People with disabilities	X		Chronic disease patients Professionals (health, sport, education, tourism)

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.

CHILDREN:

Golden Sun (related to NPS)

Golden Sun programme, managed by the Ministry of Education and Sports from 1997 onwards, is designed for children from 5 to 8 years of age and it lasts for four years. Each year it includes about 84% of all targeted children (58,800). By involving children in the program they receive additional

basic information regarding physical activity (skating, skiing, swimming, cycling, hiking, etc.). Every year for the successful completion of the programme a child receives award - a medal. The programme is divided according to the age of children in A, B, C and D programme.

Krpan (related to NPS)

Krpan program, managed by the Ministry of Education and Sports since 1999 onwards, is designed for children from 9 to 11 years of age and it lasts for three years (in second triad). Every year, it includes 65% of all targeted children (36,100). The program aims to enrich the school physical education with additional motivational approaches. Furthermore it aims at motivating those pupils who are normally not involved in additional sports programs. Every year for the successful completion of the program children receive award - bronze, silver or gold medal.

MOSTLY ADULTS & SENIORS:

Move for Health (previously called *Slovenia on the Move- Move for Health*) (related to HEPA Slovene Programme, NPS and Transport Policy)

(links: http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view or <http://www.zzs.si/zdravje/gibanje.html> or link to Move for Health 2010 publication with HEPA recommendations and free of charge walk tests dates countrywide :

<http://cindi-slovenija.net/images/stories/trgovina/zlozenke/knjizica%20Z%20gibanjem%20do%20zdravja%202010.pdf>)

This is a national and population oriented HEPA promotion project/programme, financially supported by Health Insurance Institute of Slovenia and occasionally by PA-related EU project. Ministry of Health and the Ministry of Education and Sport support the programme morally. The purpose of it is to encourage inactive or inadequately active adults, elderly citizens of Slovenia and families to engage in regular and at least moderate physical activity. In the period from 1999 till 2006, while it was still called Slovenia on the Move- Move for Health, it was managed jointly by CINDI Slovenia and Sports Union of Slovenia. From 2006 onwards project got a new name Move for Health (MFH), new logo and partly renewed concept. The renewed project- MFH- is managed only by CINDI Slovenia. Project is using a network of health and sports professionals/organizations in collaboration with mass media to promote HEPA recommendations. Production and dissemination of free promotional and educational material plays also a big role in raising the awareness and help people to increase physical activity habits. The main method of work is organizing and conducting free of charge 2 km walk tests (UKK walk tests) annually, which are performed countywide in rural and urban areas. Walk tests are usually planned as a local event on or around major international days connected with health and PA: e.g. health day, move for health day, car free day, walk day. They are accompanied by blood pressure measurements, individual HEPA counselling and Nordic walking demonstrations in more than 100 towns. Approximately 78 health, sport and other organisation participate in this. 1375 walk tests were performed in the period from 1999 to 2009. 17 000 people were tested in the first five years of the project. 2/3 of them were women from 35 to 60 years of age. The average fitness index of tested people started to decline throughout the years, since more and more adults with risk factors for health (among which are physical inactivity and overweight) have been participated. By the summer of 2007, CINDI Slovenia with some other partners trained around 1750 medical staff and sports experts in the field of health promotion, 2 km walk test performance and HEPA counselling. The other and more detailed results of the project are still in working process. From 2005, in collaboration with the Association for Nordic walking and recreation of Slovenia and some others, there were more than 300 INWA (International Nordic Walking Association) guides trained in teaching Nordic walking to people with risk of CV and other CNDs. Most of them are health workers. Ministry of Transport with their departments, Regional Environmental Centre and Olympic Committee of Slovenia became also project partners in the near past, because project is getting more and more involved in promoting walking and cycling as a healthy way of transport and suitable form of recreation for the whole family.

(CINDI Slovenia was previously a part of Community Health Centre Ljubljana, but it became a part of National Institute of Public Health in July 2009 as a Centre for Preventing Chronic Diseases

CINDI.)

Healthy Club (related to NPS) (link: <http://www.sportna-unija.si/zdravodrustvo/>)

Sport Union of Slovenia wished to expand national project "Slovenia on the Move – Move for Health", so they developed a quality label "Healthy Club" for members/sport societies of this union in 2006. The purpose of project is to promote healthy lifestyle and establish high quality national network of sports clubs with the best range of sports programs for the strengthening, preservation and recovery of health, through sport. With the label "Healthy Club" the societies are able to prove to the outer public that their offer of "healthy exercise programs" is of high quality. The main goals of the project are: strengthening the physical sources of health; strengthening the psycho-social sources of health; reducing the number of risk factors; dealing with complaints and problems connected with health; getting the people used to health beneficial physical activity; improving motor skills. This can be ensured with properly qualified trainers/coordinators who have the knowledge, the teaching skills and psycho-social abilities needed and who will also take into account the criteria of "Healthy Club" such as: comprehensively set goals; uniform organisation structure; competent trainers; preventive medical checkups; constant quality control; and the society's role as a partner in health strengthening.

Prescription for healthy life through sport/physical activity (related to NPS) (link: <http://www.receptzaviljenje.si/>)

It is an original project of Olympic Committee of Slovenia - Association of Sport Federations (OCS-ASF) taking place every year since year 2000 with an aim to facilitate cooperation between sport and health sector in encouraging citizens to start workout and practice different type of sport. Sport as a social phenomena has wide attributes concerning health and could promote health in all of it's dimensions and contribute to bio, psycho and social wellbeing of citizens. Every year 100.000 leaflets/ prescriptions with instructions for healthy sport/ physical activity are distributed through sport associations and other partner organizations. Project had got a price and support from Swedish king Gustaf foundation in year 2001. This project contributed to achievement of aims of National program of sport in the field of sport recreation. The concrete sport actions that support this project are **Slovenia Runs** (for Health) (link: www.slovenijatece.si) and **Slovenia Cycle** (link: <http://www.slovenijakolesari.si/>). They are connecting sport clubs, organizers of running and cycling events, Cycling association of Slovenia and Tourist association of Slovenia. Furthermore they are both trying to encourage people to run and cycle as a part of their everyday lifesyle and to socialize on events with cominded people. Cycling is also promoted as an alternative, nature friendly way of transportation and as a chance for developing new tourist product in Slovenia. Slovenia Runs started in 1996 and Slovenia Cycle in 2000. Action Slovenia runs offers more than 120 events all over the country from March to December. From April to October 50 to 60 sport and touristic associations countrywide organize cycling events. Special awards are given to those who participate on more than five events and also families. Every year more than 20 000 people participate in running events and 400 of them get special awards. Every year 25 000 people join at least one cycling event and 300 of them get awards. In the second phase a "vademecum" of more health friendly sport programmes in Slovenia will be prepared.

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**. We are interested in how well evidence is informing practice.

First we have to have National HEPA Action Plan finished and approved. Nevertheless we expect that evidence-based programmes and projects are going to be supported in the first place. Because evidence shows that regular participation in physical activity programmes provides all people with a wide range of physical, social and mental health benefits. Such active participation also complements strategies to improve diet, discourage the use of tobacco, alcohol and drugs and enhance functional capacity. Consequently, physical activity is an effective method of disease prevention for the individual and, for nations, a cost-effective way to improve public health.

According to the *NPS 2000-2010 Analysis* (Kolar, Jurak and Kovač, 2010), made by Faculty of

Sport, showed that the goal about increase in number of sportly active citizens for approximately 2% every year was fully achieved in the mentioned period. The predicted share in 2009 was supposed to be 28%, but results showed that 33% residents of Slovenia were regulary active in the year 2009.

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 National HEPA Programme includes recommendations how the stakeholders on different levels (international, national and local) should be working together to achieve goals and purpose of the strategic document. General HEPA promotion is a joint responsibility of all relevant ministries like ministry responsible for health, the ministry responsible for education and sport, the ministry responsible for transport, the ministry responsible for the environment and spatial planning, and the ministry responsible for labor, family and social affairs (and also ministry responsible for higher education and scientific research). I.e.:

The ministry responsible for health, plays a central role: in health education and raising awareness among population; in making recommendations for healthy lifestyle and HEPA for the various population groups and different environments; in designing programme(s) and appropriate work organization of health service, which aim at the realization and implementation of organized approaches to prevent disease, screen and provide appropriate health education and treatment of individuals and groups who are affected by CND (chronic non-communicable diseases). There is a particular relevance in implementation of appropriate prevention programmes at primary health care level and their coordinated integration with programmes that are designed and conducted at the secondary and tertiary health care level.

The ministry responsible for education and sports, provides an appropriate educational process of a healthy lifestyle and HEPA, including the circumstances to ensure a healthy lifestyle and appropriate physical activity in kindergartens, elementary schools, vocational and secondary schools.

The ministry responsible for transport, plays an important role in promoting healthy lifestyles and HEPA, mainly through the planning and provision of health-friendly transport policy, including the planning and provision of adequate and safe construction of bicycle paths and trails that allow safe cycling and walking.

The ministry responsible for labor, family and socila affairs, plays (in collaboration with representatives of employers, workers, trade unions and other interest groups and disciplines) an important role in ensuring that appropriate legislation and programs for safe and healthy working environment promote healthy lifestyles and HEPA at workplace and in wider living environment.

The ministry responsible for environment and spatial planning has an important role in facilitating a healthy lifestyle and HEPA promotion mainly through proper planning. Planning, which includes in particular the provision of adequate playing areas, parks, areas for sports activities, cycling and walking routes, allowing individuals and groups to decide on using physical activity and active lifestyle as a part of their daily rutine in the micro and makro living environment.

Ministry responsible for higher education, science and technology, promotes a healthy lifestyle and physical (motor) activity for health by funding relevant research on this issue.

Local communities have a key role in facilitating and promoting a healthy lifestyle and health enhancing physical activity through the specific planning and construction of infrastructure – playgrounds, parks, cycle and foot paths, gymnastic and training areas, as well as through the encouragement of financing and co-financing of programmes promoting a healthy lifestyle, health enhancing physical activities, training programmes, and sport and recreation programmes. One of the most important features and activities is the motivation of local communities and involve all structures of local communities in the program (local authority, school, pre-schools, pharmacy, community health centre, societies and associations, shops, restaurants ...). National and regional media should contribute to the popularization of the idea and program, while local media should contribute to raise the population awareness on healthy lifestyle through weekly sections in newspapers, broadcasting radio or TV series, contributions to local cable TV and radio stations,

local newsletters etc.
<p>Aiming to achieve a more efficient involvement of <i>NGOs</i> in political dialogue, the Government of the Republic of Slovenia adopted in October 2003 the Strategy for a Systemic Development of NGOs in Slovenia during the period 2003-2008. This document defines the significance of cooperation of <i>NGOs</i> in achieving a comprehensive and sustainable social development, in addition to improving the well-being of the society, its quality of life and social security. (Link to this document: http://www.mju.gov.si/fileadmin/mju.gov.si/pageuploads/nevladne_organizacije/Strategija-NVO.pdf)</p> <p><u>Comment:</u> Advisory bodies on ministry level are usually subordinate to the interests of sectors/departments in the battle with the others, who share the so called "budget cake". At the governmental level it might be useful for HEPA stakeholders to establish councils such as "Council for Quality Lifestyle of Slovenian Residents" or "Council on Healthy Nutrition and Physical Activity", which would also include representatives of <i>NGOs</i>.</p> <p>For preparation of <i>National HEPA Action Plan</i> we foreseen governmental partners on all levels as well as <i>NGOs</i>.</p> <p>Collaboration of sectors in NPS 2000-2010 is described through its specific goals. The document mentions mostly collaboration of Ministry of Education and Sports with ministries responsible for health and finances, National Olympic Committee, national/sub-national sport associations, local sport clubs, Faculty of Sport/ Sport Institute, municipalities, Foundation for Financing Sport Organizations and also volunteers. Further in it's detailed content the collaboration is very much focused on financial relationships between the partners.</p> <p>For the operational execution of the National Programme on Road Safety besides Ministry of Transport others are included as well (Slovene Roads Agency, Slovene Road Safety Council, Road Inspection, representatives of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education, Ministry of Justice, Ministry of Finance, representatives of some <i>NGOs</i>).</p>

<p>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.</p>
<p>The National HEPA Programme includes a specific strategy for the evaluation.</p> <p>The basic goals of the mentioned strategy are the following:</p> <ul style="list-style-type: none"> - to define indicators for the monitoring and evaluation of promotional strategies for health enhancing physical activity, - to improve the collection and upgrade internationally comparable plans for data collection, - to establish cost/benefit analysis of strategies and action plans for the promotion of a healthy lifestyle and health enhancing physical activity. <p>The foreseen responsible bodies for the HEPA Programme evaluation are:</p> <ul style="list-style-type: none"> - Ministry responsible for health (coordination), - Ministry responsible for education and sport, - Ministry responsible for higher education and science. <p>This strategy will have to be a part of <i>National HEPA Action Plan</i> as well.</p> <p>The HEPA Programme detailed evaluation process is foreseen in 2012.</p> <p>For the evaluation of NPS 2000-2010 Ministry of Education and Sports together with schools, faculty of sports and municipalities are responsible. They monitor the implementation of the general NPS 2000 -2010 through the implementation of the <i>Annual Programs</i> of Sport. Success is measured by specific indicators success of sports recreation and success of sports among children and youth. The local community council supervises the realisation of <i>the programme</i> at the local level, and at the national level the Government supervises the realisation of the programme. The government reports each year to the Parliament (National Assembly).</p>

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?

Slovenia has established surveillance and monitoring system for physical characteristics and motor abilities of primary and secondary school children. The system is coordinated by Ministry of Education and Sport in collaboration with Faculty of Sport of the University of Ljubljana.

Furthermore it also executes some surveys about health and PA habits (but not yet as official established system(s)) through other different traditional surveys described below aiming from younger to adult population groups.

CHILDREN & ADOLESCENTS:

There are two important surveys which collect data about PA in school-aged children on a regular basis:

SLO Fit - Sports Educational Chart (*These are the most important studies.*)

Sports Educational Chart is a compulsory database of physical characteristics and motor abilities of children. Physical characteristics (3 parameters: longitudinal dimension of the body; volume of the body; amount of skin fatness) and motor abilities (8 parameters: speed of alternate movements; explosive power; co-ordination of whole body movement; endurance of abdominal muscles; flexibility; muscular endurance of the shoulder girdle and arms; sprint speed; general endurance) have been systematically monitored and objectively measured since 1987, because it became a part of school legislation such as *Elementary School Act* and *Secondary School Act(s)* as well. About 94% pupils of primary schools and 70% students of secondary schools are included each year. The established developmental trends of physical fitness of children and youth on the national level are used for effective expert help to the state and to the expert community to form the appropriate strategies for the development of physical education (PE). Data is collected by PE teachers in schools and surveys are executed by Faculty of Sport of the University of Ljubljana.

HBSC- Health Behaviour in School - Aged Children Survey

The survey is repeated in four-year interval. In Slovenia the study was conducted three times (in 2002, 2006 and 2010) among 11, 13 and 15 years old children and adolescents. International standard questionnaire is used in the survey. The primary sampling unit is the school class. The survey includes two questions on physical activity: daily moderate-to-vigorous physical activity and recreation in leisure time. The HBSC studies in Slovenia are conducted by the National Institute of Public Health.

Another two studies also collect data about PA in children:

Environmental determinants of physical energy expenditure in 10-15-year old children: An international comparison (USA, Croatia, Slovenia)

The present longitudinal study from 2005 to present, which is performed each year, is based on measuring energy consumption, amount and intensity of physical activity, nutrition, etc. during the week and on weekends. The study is conducted by Faculties of Sport of each 3 countries involved.

Cross-study Analysis of some correlation between physical fitness and other dimensions of psychosomatic status of Slovenian children and youth aged between 6 and 18 in the period 1970-1983-1993/1994-2003/2004

The aim of the study is to find out the long-term trends of dimensions of the psychosomatic status of children and youth (physical characteristics, motor abilities, participation in different kind of PA/sport, particular health parameters (curvature of the spine, flat feet), motor skills, theoretical sports knowledge, attitude to sport, lifestyle, motivation for sport, values, attitudes of parents to PE and sport, ways of spending holidays, aggressiveness, personal characteristics, fluid intelligence and the correlations of individual aspects of this status. The sample represented 2% of the whole population. The theoretically defined sample included 200 entities +/- 10% for every age. The study is executed by Faculty of Sport of the University of Ljubljana.

ADOLESCENTS & ADULTS:

At this time we don't have a national surveillance system for monitoring PA in adults. There are several surveys and data collections about PA in adults but most of them use different methodologies.

Slovenian Public Opinion Survey (*These are also very important studies.*)

The survey has been repeated 17 times since 1973 by the Faculty of Social Sciences of the University of Ljubljana. The observation unit of the survey includes Slovenian residents aged 15 and above (before 2004 above age 18). Data is gathered through interviews which also includes questions related to sport recreation (e.g. questions on share of sportly active population, frequency and type/form of sport recreation, activity organization).

The European Health Interview Survey (EHIS)

In 2007 the EHIS Survey was conducted in Slovenia for the first time and is to be repeated in five-year intervals. Data were gathered through interviews conducted by the National Institute of Public Health. The observation unit of the survey included Slovenian residents aged 15 and above and living in private households (not institutionalised). The survey includes questions on weekly and daily vigorous and moderate physical activity and walking.

CINDI surveys:

Two kinds of survey were conducted by CINDI Slovenia using CINDI methodologies. **CINDI Risk Factor/Process Evaluation Surveys (RF/PES)** were conducted in demonstration areas in years: 1990/91 (1 region), 1996/97 (1 region); and 2002/03 (3 regions) on adults aged 25-64 years. The survey included filling in a questionnaire about lifestyle (with help of an interviewer) and clinical examination (including blood sugar and cholesterol analysis). Questionnaire included also questions on physical activity: 11 PA questions in 1990/91, 6 PA questions in 1996/97. In 2000/03 PA questions were replaced with "International Physical Activity Questionnaire (IPAQ)- Long" and some adaptations and additions were added. Furthermore in the survey 2000/03 a sample of 1800 were chosen from the survey sample for participating in the **Research Project »Physical/Sport Activity for Health«**. Those people were invited to fill in 8 additional PA questions and participate in fitness testing.

The second CINDI survey is the **CINDI health monitor**. (*These are also very important studies.*) The difference to RF/PES is, that it is conducted nationwide on a representative sample and it includes only the questionnaire sent to participants by post. The survey was conducted in years 2001, 2004 and 2008 on adults aged 25-64 years (74 years in 2008). The survey included questions on physical activity from IPAQ: in 2001 the short version of IPAQ was used while in 2004 and 2008 "IPAQ- Long" with some adaptations replaced it.

Another CINDI Health Monitor is planned for the year 2012.

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 results of surveillance data were helping in development and content of both most important PA national document such as NPS 2000-2010 and National HEPA Programme and also national Annual Action Plan of Sport. Furthermore they are going to influence the development and content of new NPS 2010-2020 and National HEPA Action Plan.

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

It is also expected that documents from other sectors (that health and sports) are going to be influenced by PA results of population groups as well, because Slovenia would like to follow the worldwide trend "Health in all policies" and PA is a very important part of human health.

16. What evidence is there of current **political commitment** to the physical activity agenda and the development/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.

All described documents under question number 2 were adopted by Slovenian government or National Assembly, that means that the state is obliged to implement them and mostly also review them at the end. The same applies to documents adopted by regional authorities/Regional Development Agencies (Regional Development Councils) and local authorities/Municipalities (Municipal Councils).

PA and sports are mentioned in political speeches from time to time and some important politicians are also actively engaged in PA and sports, but from the public health point of view PA is still not very high enough on political agenda as it should be.

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).

The documents foreseen the annual action programmes/plans which are prepared in coordination with the relevant ministries. Ministries are obliged to provide financial resources in their own annual programmes/plans. That is way usually each year they make a call for co-financing non-profit programmes that promote HEPA and involvement of specific target groups in sport activities including infrastructural support and support regarding training of experts. Also appropriate professional literature and population oriented promotional materials are co-financed as well as relevant research.

Furthermore sport sector has additional resources through Foundation for Financing Sport Organizations in Slovenia, while health oriented programmes/projects can be financed by Health Insurance Institute of Slovenia. There are also various local communities/ municipalities funding and different EU co-funding available as well. On the other hand regional authorities do not provide any financial means, but they support implementation of strategies/programmes/projects/action plans.

According to NPS 200-2010 local communities are being the most important source of funds, primarily co-financing the sports programmes of children and youth, sports recreation, and the construction of sports facilities and their maintenance. While the state of Slovenia financially and professionally supports the development of sport, especially in those areas, which significantly contribute to the development of sport such as education, qualification and training, specialisation of sports experts, construction of sports facilities, and scientific and research work.

An important financing source for sport in Slovenia is also the Foundation for Financing Sport Organizations that distributes the funds gathered through the sport lottery according to a special rule book.

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, non government 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.
<p>National HEPA Programme, 2007-2012 Responsible bodies for leadership and coordination of the National HEPA Programme are Ministry and health and Ministry of Education and Sport. In April 2010 we established the intersectoral working group, which will be responsible for coordinative implementation of the National HEPA Programme. The working group will also prepare the annual action plan(s) with the concrete tasks and financial resources necessary for the implementation.</p> <p>Resolution on the National Programme on Road Safety, 2007-2011 The coordinator of the programme on the national level is Ministry of Transport. In the board for the operational execution of the programme (beside Ministry of Transport and their bodies like Slovene Roads Agency, Slovene Road Safety Council, Transport Inspectorate) are included representatives of other ministries and their bodies such as representatives of Ministry for Interior Affairs, Police, Ministry of Health, Ministry of Education and Sport, Ministry of Justice, Ministry of Finance and</p> <p>representatives of some NGOs. <i>Law Amending the Road Traffic Safety Act</i> from 2010 emphasises the establishment of so called <i>Public Agency for Traffic Safety</i>, which has (among other things) a professional duty to prepare and implement a National Program on Road Safety.</p> <p>National Programme of Sport (NPS), 2000-2010 Ministry of Education and Sport is responsible for the preparation, leadership and coordination of the general National Programme of Sport as well as Annual National Programmes of Sport. There is an emphasis on exercising (or non-exercising) parts of general NPS when planing annual national programmes and co-funding of activities. The preliminary results on analysis of NPS have been presented orally at some expert meetings, but official publication regarding that analysis produced by Ministry of Education and Sport has not yet being published. One of the goals set in NPS refers to promotion of sports preventive activities to improve health condition of Slovenians together with the Ministry of Health and other departments.</p>
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?
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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.
<p><i>Comment: Below mentioned examples are the the results of different interventions, but these results are not directly conected to National HEPA Programme, because many of these intervention started before mentioned programme was developed and National HEPA Action Plan is still in preparation. They are also not directly connected to the NPS 2000-2010. Some of examples below described are results of the other documents mentioned in answers under question 2. Despite this situation all of described examples outline the impact of other important national, sub-national and local documents that are also able to make positive change in PA promotion. The examples also shaw the sinergy and coherance between levels.</i></p> <p style="text-align: center;"><u>NATIONAL LEVEL:</u></p> <p>National Programme for Primary Prevention of Cardiovascular Diseases (mostly related to health legislation such as national health care plans, Instructions for the Implementation of Preventive Health Protection at the Primary Level and rules amending these instructions) is unique programme, assessible countrywide and fully financed by National Health Insurance Company. Leadership and coordination of this programme is provided by National Institute of Public Health, it is regionaly coordinated and supervised by 9 regional Institutes of Public Health. It based on CINDI methodology and distinguished by a</p>

systematic, comprehensive and integrated approach to screening, prevention and monitoring of risk factors for cardiovascular and (consequently) other chronic non-communicable diseases. It aims in reducing risk of CVD at medium lifespan (mostly involving men from 35-65 and women 45-70 years of age). Furthermore it is based on team approach (i.e. doctors, nurses, physiotherapists) and oriented towards non-medication interventions (called also *Health Education Programme- HEP*). Almost 600.000 adults were screened through clinical exam and almost 200.000 joined the HEP in 7 years. HEP is implemented by 60 local so called *Health Education Centers* countrywide through individual counseling and/or workshops (on *healthy lifestyle, risk factors, walk test, healthy nutrition, physical activity, weight loss, quit smoking and alcohol abuse reduction*). 2 km walk tests are used to promote HEPA, assess fitness index of participants and evaluate success of PA related workshops. The main purpose of these workshops is to influence a positive lifestyle change (which also includes increase in PA habits).

REGIONAL - POMURJE REGION:

Based on implementation of regional programmes like **Let's live healthily** and **MURA** and others findings show that each year the life of Pomurje population is changing. *(These programmes are mostly related to health legislation such as national health care plans and also regional document called Health Promotion Strategy and Action Plan for Tackling Health Inequalities in the Pomurje Region- link to Slovene and English version together: <http://www.zzv-ms.si/si/zdravje-razvoj/documents/HealthFIN-tisk.pdf>).* The people have started to realize the importance of healthy life, they started to improve their lifestyles and to appreciate their health. Great success of the regional programmes/projects is seen in local communities where people started to exercise by themselves and not just in organized groups. More and more people go hiking, cycling, and they eat more fruit and vegetables. Bicycle trails became more important, field hiking trails came to life. Also the local authorities, who are arranging numerous activities for better quality of individuals and the entire community through the year, realized the importance of These programmes/ projects/ interventions. They increased the building of bicycle and hiking trails and sports facilities. Health promotion became part of their lives.

LOCAL LEVEL- CITY OF LJUBLJANA:

The result of long-term successful collaboration between experts from different sectors together with their policies, resources (Slovenian and EU), knowledge and experiences is a draft of the **Comprehensive Cycling Strategy of the City of Ljubljana** from March 2010 *(mostly related to national Transport policy and national Spatial Development Strategy)*. This document includes chapter on health aspects of various types of cycling with an emphasis on cycling to work/school and recommendations for promotion of the urban cycling in the city of Ljubljana. It is planned that the document will be adopted by Municipal Council of the City of Ljubljana till the end of the year 2010. Also from January 2010 there has been a cycling coordinator employed by Municipality/City of Ljubljana for the first time in history.

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

The municipalities are responsible for providing leadership and coordination of physical activity related activities at the local levels.

At the regional and national level it is a little bit more complicated. It differentiate from region to region. There has been a constant rivalry between health, education and sport sectors and in addition with NGOs as well.

21. Please provide up to three examples of interventions which have been successfully implemented following the development of the policy and action plan.

Please also give examples of any less successful interventions, as these often provide important lessons.

Successful interventions *(Details on interventions are described under question no. 11.):*

1. (Slovenia on the Move) Move for Health *(It is a national and population oriented HEPA promotion program, coordinated by CINDI Slovenia from 1999 onwards – now part of National Institute of Public Health, aiming at not enough PA adults, elderly and families. All intervention activities are*

free of charge and performed mostly by a network of health and sports professionals/organizations along with mass media.)

(link: http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view or link to project publication 2010 with HEPA recommendations and free of charge walk tests countrywide: <http://cindi-slovenija.net/images/stories/trgovina/zlozenke/knjizica%20Z%20qibanjem%20do%20zdravja%202010.pdf>)

2. Slovenia Runs (*It is a national sport action, run by National Olympic Committee from 1996 onwards, aiming in encouraging people to run on everyday basis and organizing numerous running events countrywide along with special awards for regular participants and families.*) (link: www.slovenijatece.si)

3. Slovenia Cycle (*It is a national sport action, run by National Olympic Committee from 2000 onwards, aiming in encouraging people to cycle on everyday basis and organizing numerous cycling events countrywide along with special awards for regular participants and families.*) (link: www.slovenijakolesari.si)

Less successful interventions:

1. PA interventions in the work environment (*There have been some pilot lifestyle and PA interventions in the past made on the national level, but the impact was poor, because the outcomes has not been implemented into the practice countrywide so far.*)

2. PA interventions among pregnant women and elderly (*There are not equal opportunities for these to target groups to join organized PA exercise classes in local communities and/or health care settings; also we still do not have national PA guidelines and recommendations for these two target groups.*)

3. PA interventions among children and adolescent (*Despite the numerous and positive developments and interventions in the field of organized leisure time sports for children and adolescents, we did not achieve a neutralization of the negative changes in living styles among mentioned population because an increase in the share of overweight and obese children (aged mainly between 8 and 13 years of age) has been detected and also negative changes in the functional indicators such as aerobic endurance of children and adolescents occurred.*)

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 strategy for the evaluation described in National HEPA Programme does not mention evaluation at sub-national and/or local level.

The *NPS 2000-2010 Analysis* (Kolar, Jurak and Kovač, 2010), made by Faculty of Sport, does not describes the situation at the sub-national or local levels.

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).

The National HEPA Programme includes promotional activities (for example the wide public awareness campaigns for the promotion of the benefits) of the physical activity for health. In the previous years we have already established and realized such promotion activities.

For example in 2004 (focused on general population) and 2005 (focused on children and adolescents) the Ministry of Health launched the *wide public awareness campaigns for the increasing consumption of fruit and vegetable which also contained messages on importance of physical activity for health*. The campaigns logo was a bike made of fruits and vegetables (which was used on front page/cover of National HEPA Programme). The key slogans of both campaigns were: Enjoy 5 F&V per day and at least 30 minutes (for adults) and 1 hour (for children and adolescents) of physical activity per day. The media campaigns included different communication tools (TV, radio, website, print promotional materials...), different partners and it was placed in different environments.

In 2007 Olympic Committee of Slovenia launched media campaign **Rather Move with us** (link: www.migajznami.si) with its own logo. With a help of national and local media (from TV stations to newspapers) they are promoting sport and recreation programmes among citizens. In addition informational web platform is available ensuring user-friendly free of charge access to all organizers of programmes and media to use it in informing the public.

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.

Please, see also the previous answer under question number 23.

National HEPA population oriented project **Move for Health** (link: http://cindi-slovenija.net/index.php?Itemid=66&id=133&option=com_content&task=view) (*family holding hands while walking and is surrounded by sun in the background*) and has two simple slogans:

- “Be active at least 30 minutes per day!”
- “Live Actively!”

Also a national TV project **Let's Enjoy Health** (2006-2007) (link: <http://www.uzivajmo.com>), implemented by CINDI Slovenia and supported by Ministry of Health, Regional Institutes of Public Health and numerous sponsors, produced 10 TV series for children and adolescents and their families on healthy eating habits and regular exercising. In each TV show one of their idols/role models were talking about their healthy habits to the host while cooking a favorite healthy meal and exercising. Also a good practice example from chosen primary or secondary school was showed. We managed to reach more than 2 million national and local TV station viewers. Afterwards all TV series were made for DVD production and donated to Slovenian schools for teaching purposes.

In addition **Rather Move with us** (link: www.migajznami.si) is a national media campaign with its own logo (*word MOVE in rainbow colores and aperence of mascot midelage comon man practicing diferent kind of sport activity*) done by Olympic Committee of Slovenia. 5000 events and training programs a year are published in 25 media, from national TV to local newspapers inviting people to join. Production of weekly, half an hour TV show “Move with us” disseminated on National TV every Friday and Sunday. In the last year they were more than 120 TV shows produced. TV shows are presenting different possibilities for being acitive and medical experts give healthy sport advices.

25. Does your country have a **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.

We have no formally structured network(s), but there are many informal ones like those in *Move for Health project, National Programme for Primary Prevention of CVD, Slovenian Network of Health Promoting Schools, Slovenian Healthy City Network, Health network* etc.

The crucial supportive organizations to the health, education and sports professionals, working in the field of HEPA, sports and PE, are their professional associations, faculties and ministries (e.g. expert councils or similar bodies). Most of the specific occupations in health, education and sports have their own system of professional training and licensing. So we can say, that they are more or less networking this way, but there is no formal networking between different professions.

Within a National HEPA Action Plan we would make *a goal to establish a formal national HEPA network* as well.

26. a. Please list up to three examples of an area or issue of greatest progress in recent years.
1. Development of the National HEPA Programme
2. Adoption of the National HEPA Programme
3. Development and establishment of the intersectoral working group responsible for preparation of National HEPA Action Plan
26. b. Please list up to three areas or issues that remain as more difficult challenges to address.
1. Evaluation and monitoring of the efficiency of the implementation of the National HEPA Programme
2. Maintaining suitable coordination and work motivation among interdisciplinary partners responsible for implementing planned HEPA approaches and activities into practice
3. Maintaining consistency regarding founding of National HEPA Programme activities independently of political changes (people and political parties changes) in the government and among local authorities
27. Please use this space to provide any further details which you were not able to provide in other sections of the template.
/

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 timeliness 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 timeliness
The Case study collection template was completed by followed methodology:
1. Making a list of potential partner organizations/ institutions from multiple sectors (health, sport, transport, school, spatial and environment, workplace and social, development and tourism);
2. Identification of individual experts from each sector (governmental and non-governmental).
3. Partly filling in the case study template by Andrea Backovič Juričan and Mr. Rok Poličnik from the Ministry of Health.
4. Sending the invitation to identified experts from different sectors to collaborate in case study by completing the partly filled template using their specific knowledge and by providing further input and additional comments;
5. One and a half month were given to receive the filled templates (late March 2010);
6. Finalizing template version 1 by Andrea Backovič Juričan (till late April 2010);
7. Introducing the content of the template version 1 to other collaborating countries at partner meeting in Wageningen (26 th and 27 th April 2010);
8. Making an article on preliminary Slovenian case study results and presenting them orally at 5th FIT International Congress: The Role of Exercise in Disease Prevention and Management in Rogaška Slatina (Slovenia) (10th and 11th of May 2010), (Article was published in congress book of articles and abstracts with title:Case study on Health Enhancing Physical Activity in Slovenia by authors Andrea Backovič Juričan and Jožica Maučec Zakotnik);
9. Sending the specific question(s) from the template version 2 to additionally identified experts in

order for them to answer the specific question(s);

10. One and a half month were given to receive the filled templates (mid June 2010);

11. Finalizing the template version 2 and further consultation with some specific partners from Slovenia (throughout July and August 2010);

12. Introducing the content of the template version 2 to other collaborating countries at telephone conference (13th of September 2010);

13. Reducing the content of template version 2 according to suggestions and comments of partners from other collaborating countries and some experts from Slovenia (October and beginning of November 2010);

14. Making a pre-final long Slovenian version of template (till 23rd November 2010) and introducing it at partner meeting in Olomouc (Czech Republic) (23rd of November 2010).

15. Presenting preliminary Slovenian case study results orally at 6th International Conference Movement and Health and 2nd HEPA Europe Conference in Olomouc (Czech Republic) (24th and 25th of November 2010), (Abstract was published in congress book of abstracts with title: *Health Enhancing Physical Activity Case study in Slovenia* by author Andrea Backović Juričan); and

16. Editing a pre-final long Slovenian version of template several times and making a final long Slovenian version of template (till June 2012).

List of experts who were consulted for input:

Contact person	Organisation	Input received
Vesna Kerstin Petrič	Ministry of Health	yes
Nika Berlic	Ministry of Health	yes
Ignac Polajner	Ministry of Education and Sport	yes
Mateja Reberšak	Ministry of Education and Sport	yes
Vida Starič Holobar	Ministry of Education and Sport	yes
Ksenija Švalj	Ministry of Education and Sport	yes
Zoran Verovnik	Ministry of Education and Sport	yes
Mateja Markl	Ministry of Transport and Slovene Road Safety Council	yes
Etbin Tratnik	Ministry of Labor, Family and Social Affairs	yes
Jožica Maučec Zakotnik	National Institute of Public Health	yes
Mojca Gabrijelčič Blenkuš	National Institute of Public Health	yes
Mojca Bevc Stankovič	National Institute of Public Health	yes
Mojca Janežič	National Institute of Public Health	yes
Andreja Drev	National Institute of Public Health	yes
Luka Mladenovič	Urban Planning Institute of the Republic of Slovenia	yes
Tanja Udrih	Clinical Institute for Occupational, Traffic and Sports Medicine	yes
Gorazd Cvelbar	National Olympic Committee	yes
Barbara Konda	FIT International Institute	yes
Saška Benedičič Tomat	Sports Union of Slovenia	yes
Aleš Kranjc Kušlan	Sports Union of Slovenia	yes
Marjeta Kovač	Faculty of Sport of the University of Ljubljana	yes
Boris Strel	Faculty of Sport of the University of Ljubljana	yes
Janet Klara Djomba	Faculty of Medicine of the University of Ljubljana	yes
Ema Mesarič	Regional Institute of Public Health Murska Sobota	yes
Igor Krampač	Regional Institute of Public Health Maribor	
Andrej Klemenc	Regional Environmental Center	yes

Remark 1: Not all suggested text from above listed experts was included in this final version of the template due to objective reasons.

Remark 2: Except Mojca Gabrijelčič Blenkuš, Rok Poličnik and Andrea Backovič Juričan all the other experts answered only partly one or just a few questions in the template. Most of them gave also additional comments and suggestions. Furthermore a lot of them appointed Andrea Backovič Juričan to the certain literature/ documents for her to read and decide to potentially include contents of these documents into the template.

APPENDIX 1 – List of stakeholders participating in consultation process during development of National HEPA Programme 2007-2012:

- Ministry of Health, Ministry of the Environment and Spatial Planning, Ministry of Transport,
Ministry of Labour, Family and Social Affairs, Ministry of Education and Sport, Ministry of Higher Education, Science and Technology, National Assembly of Slovenia, Municipality of Ljubljana, Red Cross Slovenia, Fit Slovenia, Slovene Cyclist's Network, Association of Social Institutions of Slovenia, Federation of Pensioners' Societies of Slovenia, Leon Institute, Sport Union of Slovenia, Olympic Committee of Slovenia - Association of Sports Federations, University Medical Centre Ljubljana, Community Health Centre Ljubljana, Faculty of Sport, Clinical Institute for Occupational, Traffic and Sports Medicine, Faculty of Health Sciences, Faculty of Education, Institute for Sport (the Government of the Republic of Slovenia has abolished it by decree on 19 January 2009), Faculty of Medicine, Faculty of Social Work, University Rehabilitation Institute, National Institute of Public Health, Adolf Drolc Health Centre, Ilka Devetak Bignami Nursery School, Primary School Brežice, University Children's Hospital, Office for Occupational Safety and Health, Centre for Occupational, Traffic and Sports Medicine, Institute for Occupational, Traffic and Sports Medicine, Chamber of Occupational Safety and Health and Talum Kidričevo.

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

[SWITZERLAND]

Draft number: [Final]
Date: [13 February 2012,
covering situation until May 2011]

Completed by:

[Brian Martin, MD MPH, Institute of Social and Preventive Medicine, University of Zurich]

Eva Martin, MPH, Institute of Social and Preventive Medicine, University of Zurich

Sonja Kahlmeier, PhD, Institute of Social and Preventive Medicine, University of Zurich]

Lead author [Brian Martin]

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www.euro.who.int/hepapat

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.

Switzerland has a federalistic structure where most political responsibilities lie with the communities and with the cantons and the federal administration has a mainly subsidiary role, except for some specifically defined topics such as defence or external policy.

The responsibility for both health and education lies primarily with the cantons. In health, there are exceptions such as the fight against infectious diseases. A national prevention law for the fight against chronic diseases has been prepared and will soon be discussed in the federal parliament. In sports (and as interpreted by the Strategy of the Federal Council for a Sports Policy in Switzerland from 2000 also in physical activity promotion) there is a federal responsibility because of its historical association with defence and with the army.

In physical activity promotion, there are many activities at the local and the regional level, often not based on any national action plans and often neither based on evidence nor contributing to the body of evidence and experience.

There are some very successful private initiatives that are often not based on national policies, but that are contributing to their development and that often integrate public partners only at a later stage: The offer of the sport clubs and sport associations, the “SlowUp” events (www.slowup.ch), Switzerland Mobility (www.schweizmobil.ch), Allez Hop (see point 10), bike to work (www.biketowork.ch), bike 2 school (www.bike2school.ch) and Midnight Projects (www.mb-network.ch).

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.

Environment

- **Freedom to roam (Freies Betretungsrecht von Wald und Weide), 1907**

The freedom to roam, or everyman's right is the general public's right to access certain public or privately owned land for recreation and [exercise](#). This right is guaranteed by the [Swiss civil code](#). It states that forest and pasture are accessible freely for everyone, as long as there is no excessive usage. Except in special cases like the protection of young forest or [biotopes](#) it is not allowed to fence in forest areas. This also applies to private property. Similar regulations are in place for land which is not usable (e.g. stretches of water, rock, snow and ice), regardless of the land being under the control of the canton and not claimed as private property or being in private hand. Local or

cantonal authorities can define restrictions to this right to roam in order to protect specific areas.

- **Federal CO₂ Law (Bundesgesetz über die Reduktion der CO₂-Emissionen, CO₂-Gesetz), 1999**

The CO₂ Law defines Switzerland's obligation to reduce CO₂ emissions. Compared with the 2010 targets, the current surplus in traffic is about 2.6 million tons per year. In addition to the proposed principle measures of CO₂ tax for combustibles and climate cent for fuels, significant reductions can also be expected from the promotion of physically active transport. First estimates indicate that in the long term 17 to 20% of all trips and 3 to 4% of all kilometers in motorized individual transport could be shifted to physically active transport, resulting in savings of 0.4 to 0.5 million tons of CO₂.

German document ("CO₂-Potenzial des Langsamverkehrs ") with extensive summary in English at <http://www.astra.admin.ch/themen/langsamverkehr/00480/index.html?lang=de>

- **National environment and health action plan (Aktionsplan Umwelt und Gesundheit), 2001-2007**

The national environment and health action plan was run by the Federal Offices of Public Health, therefore it is listed below in the "health" sector.

Sport/education

- **Federal Law on the Promotion of Gymnastics and Sport (Bundesgesetz über die Förderung von Turnen und Sport), 1972**

Based on a constitutional vote in 1970, a federal law has been introduced in 1972. It covers physical education to be provided in schools by the cantons and the communities and the activities of the federal administration in the promotion of sports, particularly the Youth and Sport programme open to boys and girls of 14 to 20 and – since 1994 – 10 to 20 years of age. Currently a revision of the law is debated in the federal parliament that would include among other things an extension of the age range for Youth and Sport from 5 to 20 years.

The Federal Law is the basis of the annual budget of the Swiss Federal Office of Sport of about 140 million Swiss Francs, out of which about 60 million Swiss Francs go into the Youth and Sport programme. It is also the basis of the estimated 500 million Swiss Francs that the communities and cantons invest each year into physical education.

The Federal Law on the Promotion of Gymnastics and Sport is currently under revision by the Swiss Federal government.

Documentation at <http://www.baspo.admin.ch/internet/baspo/de/home/dokumentation/gesetzgebung.html>, but only in German, French and Italian

- **Strategy of the Federal Council for a Sports Policy in Switzerland (Konzept des Bundesrates für eine Sportpolitik in der Schweiz), 2000**

Already included at <http://data.euro.who.int/PhysicalActivity>. Summary from there:

The strategy was issued by the Swiss Federal Office of Sport in 2000. Within the area of sports and health, it is stated that the Federal Government aims at increasing the number of people in all age groups who are physically active. The type of sport and physical activity promoted and the intensity and the level at which they are pursued should be adapted to individual interests, abilities, motives and other personal and environmental factors. A list of priority activities is given.

The Government mandates the Swiss Federal Department of Defence, Civil Protection and Sport in cooperation with the cantons, municipalities and a number of other agencies to submit a national action plan on physical activity. Special emphasis should be placed on health promotion, accident prevention, sustainable development and sport for young people, senior citizens and the disabled. No specified budget or timeframe for the policy is mentioned.

Documentation at <http://www.sportobs.ch/konzept.html?&L=2>, but only in German and French.

Document available in English at www.panh.ch/hepa.ch/gf/konzeptsportpolitik

Transport

- **Federal Law on Walking and Hiking Paths (Bundesgesetz über Fuss- und Wanderwege), 1985**

The law and the respective ordinance define walking and hiking paths and the responsibility of the cantons to create and maintain them, to verify and if necessary improve the path networks, and to have an administrative structure in charge of them. It also defines the supportive role of the federal administration, in particular with respect to subsidising the private organisation Swiss Hiking (Schweizer Wanderwege) which has the overall task of maintaining the national hiking network of 60'000 kilometers.

Documentation at <http://www.astra.admin.ch/themen/langsamverkehr/index.html>, but only in German, French and Italian

- **Mission statement on human powered mobility, draft (Leitbild Langsamverkehr, Entwurf), 2002.**

Already included at <http://data.euro.who.int/PhysicalActivity>. Summary from there:

Human powered mobility (HPM) includes pedestrian traffic, hiking, cycling and other forms of non-motorized mobility such as inline-skating or kickboard scooters. This document, issued by the Swiss Federal Departments of the Environment, Transport, Energy and Communications in 2002 provides the national mission statement for the promotion of HPM which stems from the recognition of its potential to reduce traffic in urban areas at only modest infrastructural costs. It is also recognized that HPM has positive effects on the quality of life, on political targets related to energy and the environment, on the costs of health care for a large segment of population, and on economic impulses for the leisure and tourism sector. As the only explicit federal responsibility in the field of HPM in Switzerland is the promotion of hiking and pedestrian traffic through the "Footpaths Act", the mission statement aims at extending this law to include the whole range of HPM.

The document states a vision and formulates a strategy, to be implemented in 13 groups of measures. One of the targets is to increase HPM from 47% to 54% of all travel episodes within 10 years, representing a 15% increase with regard to the baseline level.

In order to improve the transport system, to reduce stresses on the environment, to promote health and also to promote "soft" tourism and reduce mobility costs, the proportion of physically active transport ("slow" transport) shall be increased in comparison with individual motorized transport and with public transport. For this purpose, the Federal Roads Authority ASTRA tries to improve the conditions for promoting physically active transport, for example by providing the cantons with: financial contributions to respective structures in the context of the programmes in urban and suburban areas (Agglomerationsprogramme, see above); guidance and materials; basic research and support for pilot projects; adaptations in transport law; evaluation and monitoring.

Additional comment: The mission statement only exists as a draft and has never been finalised. However, it has been very important in guiding the development and its contents will be taken up in the Action Plan on Human Powered Mobility (Massnahmenplan Langsamverkehr) to be finalized in 2011 as a measure of the Sustainable Development Strategy (see below).

Documentation at <http://www.astra.admin.ch/themen/langsamverkehr/index.html>, but only in German, French and Italian

- **Federal law on the Infrastructure Fund (Bundesgesetz über den Infrastrukturfonds für den Agglomerationsverkehr, das Nationalstrassennetz, sowie Hauptstrassen in Berggebieten und Randregionen – Infrastrukturfondsgesetz IFG), 2006**

Increases in mobility and related problems in urban and suburban areas (Agglomerationen) and on the national motorways shall be dealt with and the main

roads in mountain areas and border regions shall be maintained. For this purpose, the Infrastructure Fund will provide 20.8 billion Swiss Francs (about 13.5 billion Euro) over the following 20 years for the following purposes: completion of national road and motorway network (8.5 billion Swiss Francs); elimination of congestion hotspots in existing national road and motorway network (5.5 billion Swiss Francs); public and private transport infrastructure in agglomerations: 6 billion Swiss Francs, of which 2.56 billion Swiss Francs is earmarked for urgent projects and 3.44 billion Swiss Francs for agglomeration programmes; maintenance of fabric of major roads in mountain and peripheral regions: 0.8 billion Swiss Francs. The Infrastructure Fund is alimented by petrol taxes and by motorway fees (Autobahnvignette). So far, 11.86 out of the planned 20.8 billion Swiss Francs have been released. When this happened in 2009, the Swiss Federal Government stated that non-motorised transport should take on a central role in urban and suburban areas and that with relative modest means important effects could be achieved here. Therefore a relevant proportion of the means available should be used for improving the quality in non-motorised transport.

Documentation at <http://www.are.admin.ch/themen/verkehr/00250/00460/index.html?lang=en> in English and at <http://www.are.admin.ch/themen/verkehr/00250/00460/index.html?lang=de> in German, French and Italian

- **Sustainable Development Strategy – Guideline and Action Plan 2008-2011 – Extract „Human Powered Mobility“ (Strategie Nachhaltige Entwicklung: Leitlinien und Aktionsplan 2008–2011 – Auszug Langsamverkehr)**

Already included at <http://data.euro.who.int/PhysicalActivity>. Summary from there:

In April 2008 the Federal Government of Switzerland (the Federal Council) decided that the National Sustainable Development Strategy should be updated. Within the work package on “transport infrastructure fit for the future” there is a focal point on “strengthening physically active transport (“slow” transport)”, by which the Federal Council wants to increase the proportion of physically active transport stages within the modal split of overall mobility. The federal administration (overall responsibility: Federal Office for Spatial Development ARE; physically active transport: Federal Roads Authority ASTRA) is called upon to develop an action plan until the end of 2011.

Documentation at <http://www.are.admin.ch/themen/nachhaltig/00262/00528/index.html?lang=en> in English

- **Federal Leisure Transport Strategy (Strategie Freizeitverkehr), 2009**

In Switzerland, the largest share of the total traffic volume is caused by trips during leisure time. Therefore, a strategy was developed as a response to an intervention (Postulat) of the federal parliament (2002), asking for a sustainable transport policy also for leisure time trips. Overall, the strategy pursues a reduction of individual motorized transport in favor of public transport and non-motorized transport, focusing on leisure time trips within and between adjacent urban areas. On the one hand, leisure time walking and cycling are recognized as a particularly sustainable transport activity as such; on the other hand, trips to sporting activities are identified as an important field of action, because of a high number of trips and a high share of motorized transport. The strategy suggests incentives and attractive offers rather than regulations. Furthermore, collaboration between sectors and an active role for the Confederation in a network of key players from cantons and towns/cities, associations, pressure groups and private industry are suggested.

Documentation at

<http://www.are.admin.ch/themen/verkehr/00250/00462/index.html?lang=en>, but only in German, French and Italian

Health

- **Federal Health Insurance Law (Bundesgesetz über die Krankenversicherung (KVG), 1996**

Among many other aspects, the Health Insurance Law covers health promotion in its articles 19 and 20. The (private) health insurance companies are required to collect a

contribution from every insured person (which is by law everybody in the country) and together with the cantons to have an institution using these funds (currently about 18 million Swiss Francs per year) for health promotion and prevention of diseases. The foundation Health Promotion Switzerland has taken over this task. It has currently three core issues: the strengthening of health promotion and prevention, the promotion of a healthy body weight, and mental health/stress (with focus on worksite health promotion). Within the promotion of healthy body weight, Health Promotion Switzerland supports the national programme Suisse Balance on diet, nutrition and body weight. Another contributor to Suisse Balance, though on a different basis (see NPDPA below) is the Federal Office for Public Health. In addition, Health Promotion Switzerland now supports Programmes on Nutrition and Physical Activity in almost all cantons.

Documentation at www.gesundheitsfoerderung.ch in German, French and Italian and for the main contents also in English

- **National environment and health action plan (Aktionsplan Umwelt und Gesundheit), 2001-2007**

Already included at <http://data.euro.who.int/PhysicalActivity>

According to the Final Report “10 Jahre Umwelt und Gesundheit. Erfahrungen” at the Website indicated below, the Swiss National Environment and Health Action Plan was implemented from 2001 on (page 6), According to other sources it begun already in 1998. It had three priority areas: nature and wellbeing, mobility and wellbeing, living and wellbeing. The action plan had development projects in three pilot regions, project support possibilities through an innovation pool, coordination and networking elements as well as communication elements, but not a budget for large scale implementation. The action plan was discontinued in 2007.

Documentation at <http://www.bag.admin.ch/themen/gesundheitspolitik/00403/01313/index.html?lang=de>, but only in German and French.

Document available in English at www.panh.ch/material/casestudy

- **Health objectives for Switzerland (Gesundheitsziele für die Schweiz), 2002**

Within the context of the “Health for All” strategy of WHO”, Public Health Switzerland (then the Swiss Society for Public Health) has published 21 health objectives for Switzerland in 2002, in a process supported by the Federal Office of Public Health, the project for a national health policy in Switzerland, the conference of the health directors of the cantons, and the foundation Health Promotion Switzerland. The benefits of physical activity are mentioned particularly under objective 11 (living a healthier life), but also under objectives 8 (reduction of non-communicable diseases) and 13 (settings for the promotion of health). The document does not refer to the national recommendations for health-enhancing physical activity in adults issued in 1999. Its objectives are not legally binding and there is no budget.

Documentation at http://www.public-health.ch/logicio/pmws/indexDOM.php?client_id=publichealth&page_id=publikation&lang_iso639=de, but

only in German and French

- **National Programme on Diet and Physical Activity (Nationales Programm Ernährung und Bewegung), 2008-2012**

Already included at <http://data.euro.who.int/PhysicalActivity>

The National Programme on Diet and Physical Activity (NPDPA) was developed based on a mandate been given by the Swiss Federal Council in 2004. It aims at facilitating the making of health promoting choices in order to prevent non-communicable disease more efficiently and to lead to a more effective counteraction of, among others, overweight and obesity among the population in general, and especially among children and young people. This programme is designed to overcome the weaknesses that currently exist, and in particular to improve the coordination between the different sectors.

Documentation available in English at

www.bag.admin.ch/themen/ernaehrung_bewegung/05141/05142/index.html?lang=en

Main documents

It was not possible to select a few documents as “the most important documents” as such because there are documents in different sectors as well as historic documents and current developments (which cannot yet be judged regarding their impact). In conclusion:

- Environment: The **Freedom to roam (1907)** is a very important historic key element both for the environment and for transport. The impact of the **Federal CO₂ Law (1999)** still remains to be seen.
- Sport/education: The **Federal Law on the Promotion of Gymnastics and Sport (1972)** is the most important basis. The **Strategy of the Federal Council for a Sports Policy in Switzerland (2000)** followed.
- Transport: The **Freedom to roam (1907)** and the **Federal Law on Walking and Hiking Paths (1985)** are very important historic key elements. Even though the **Mission statement on human powered mobility (2002)** has not been finalized officially, it has guided strongly further developments in this area. The impact of the most recent laws (**Federal CO₂, law 1999, Federal law on the Infrastructure Fund 2006**) and strategies (**Federal Leisure Transport Strategy, 2009**) is to be seen.
- Health: The **Federal Health Insurance Law (1996)** was an important step, defining among other things the role of the foundation “Health Promotion Switzerland”. The **National environment and health action plan (2001-2007)** had a key role in bringing together the different sectors but has had limited concrete impact and has been discontinued. The **Health objectives for Switzerland (2002)** were probably less important in terms of direct impact, but they are one of the pillars of the upcoming prevention law. The **National Programme on Diet and Physical Activity (2008-2012)** is the latest development in this sector.

Interlinkages between the documents are illustrated in the below graph.]

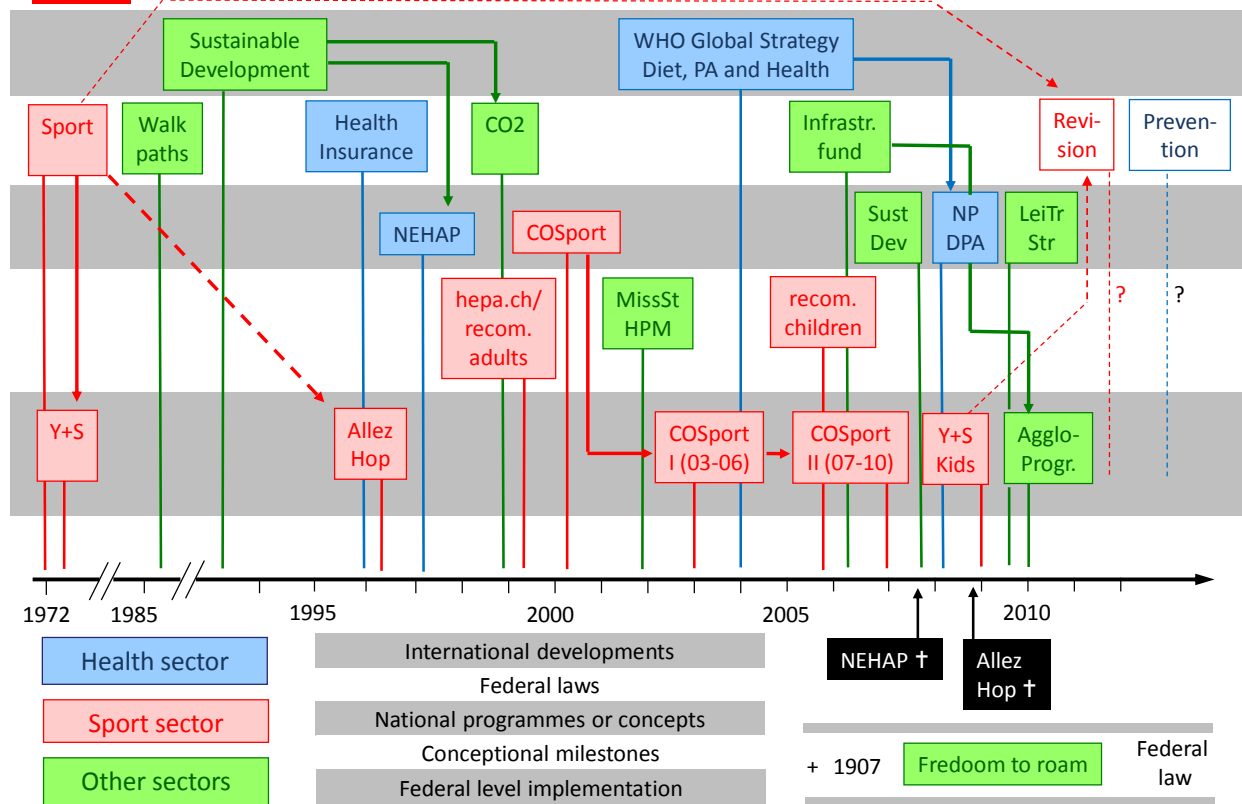
2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.

Supportive for the development of Swiss documents were the following international processes:

- The Rio Conference on Sustainable Development (1992) for policy and activities on sustainable transport, including cycling and walking
- The Global Strategy on Diet, Physical Activity (2004) and Health and the European WHO Ministerial Conference on Counteracting Obesity (2006) for policy and activities on diet and physical activity.



Overview of documents and developments



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).

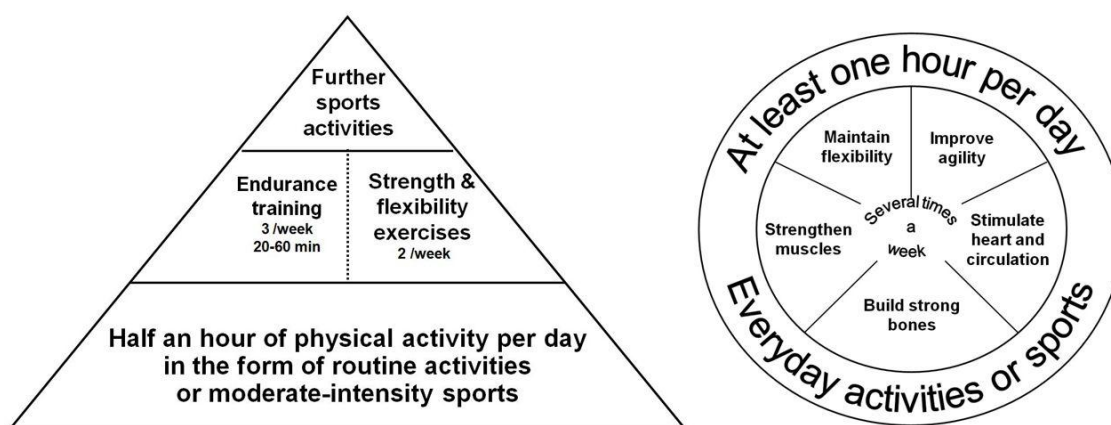
- Strategy of the Federal Council for a Sports Policy in Switzerland, 2000: Broad consultation of all relevant partners during development of policy document. No more involvement of partners in definition of measures.
- National Programme on Diet and Physical Activity 2008-2012 (Nationales Programm Ernährung und Bewegung 2008–2012):
A first development phase took part with the main national partners and representatives of the cantons, in addition three workshops were carried out with more than 100 participants from different interested circle. The actual programme was developed in a following phase by the Federal Office of Public Health in cooperation with the Federal Office of Sport, the foundation Health Promotion Switzerland and the Coordinating Conference of the Health Directors of the Cantons. Before being agreed on by the Federal Council, the programme had the usual consultation round by the involved units of the federal administration.
- Federal laws: there are well established processes for consultation with all relevant public and private partners during the preparation and establishment of federal laws in Switzerland.]

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.

- Many of the policy documents mentioned under point 2 are examples of inter-sectoral approaches.
- The “National Programme on Diet and Physical Activity” has a strategic steering group including both the health and the sport sector.
- Health Promotion Switzerland combines in its long-term strategy for a healthy body weight (2007-2018) the two main action fields “nutrition” and “physical activity”.
- Based on the “Federal Law on Walking and Hiking Paths”, the “Federal law on the Infrastructure Fund” and the “Sustainable Development Strategy”, the Federal Roads Authority has a coordinating group within the federal administration on physically active transport (Bundeskoordination Langsamverkehr) which includes the sectors of transport, environment, spatial development, energy, economy, sport and health.
- There are similar groups on leisure time traffic (Kompetenzzentrum und Koordinationsgruppe Freizeitverkehr) and development of suburban open spaces (suburbane Freiraumentwicklung), both organised by the Federal Office for Spatial Development.
- The network HEPA Switzerland is supported by the Federal Offices of Sport and Public Health, by the Foundation Health Promotion Switzerland and the Swiss Council for Accident Prevention and has more than 100 member institutions from different sectors.
- There is great interest for physical activity promotion in the national accident prevention organization. The Swiss Council for Accident Prevention bfu is one of the institutions supporting the network HEPA Switzerland (see point 25), the Swiss Accident Insurance Fund is one of its members. The Swiss Council for Accident Prevention bfu has launched a project to explore and define possibilities for improving collaboration between physical activity promotion and accident prevention.]

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.

National HEPA recommendations have been issued by the Federal Offices of Sport and Public Health, Health Promotion Switzerland and the Network HEPA Switzerland, for adults in 1999 and for children in 2006:



In adults, the minimal recommendations of half an hour of moderate intensity activities a day are already promising substantial health effects, they represent the first level of the Swiss Physical Activity Pyramid. Additional benefits can be derived from cardio-respiratory fitness training, strength training and stretching exercises. The top of the pyramid can be reached by further sports activities.

The recommendations in form of the Physical Activity Disk state that adolescents should be active for a total of at least an hour a day, children at the beginning of school age considerably more. All activities of at least 10 min duration can be added up. As optimal development requires a full variety of exercise and sports, within or in addition to the daily "minimal hour" activities should be carried out several times a week for at least 10 minutes that increase bone strength, stimulate the cardio-vascular system, increase muscle strength, maintain flexibility, and improve agility. Activities and pastimes that involve no physical activity should not last longer than about two hours without interruption. They are cited in the "Strategy of the Federal Council for a Sports Policy in Switzerland" (only adults, children not yet available in 2000) and in the "National Programme on Diet and Physical Activity", but not in the "Health objectives for Switzerland"

References for recommendations

- Swiss Federal Office of Sports, Swiss Federal Office of Public Health, Health Promotion Switzerland, Network HEPA Switzerland: Health-Enhancing Physical Activity. A Base Document. Magglingen: Swiss Federal Office of Sports, 2009. www.hepa.ch or www.panh.ch/documents

- Federal Office of Sport, Federal Office of Public Health, Network HEPA Switzerland. Muscle-Powered Mobility. Base Document for Switzerland. Magglingen: Federal Office of Sport 2008.
www.hepa.ch or www.panh.ch/documents
- Martin BW, Mäder U, Stamm HP, Braun-Fahrländer C. Physical activity and health – what are the recommendations and where do we find the Swiss population? Schweiz Z Sportmed Sporttraumatol 2009, 57 (2), 37-43.
(http://www.sgsm.ch/de/public/ssms_publication/index/page/308 -> Ausgabe 57-2009/2).]

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 “Strategy of the Federal Council for a Sports Policy in Switzerland” has defined the increase of physically active people in Switzerland as the first goal of the Swiss Sports Policy. The strategy has had two “packages of measures” (Massnahmenpakete) so far, one from 2003 to 2006 and one from 2007 to 2010. The “package of measures” 2003 to 2006 has stated the target of first stabilizing and then increasing by one percent per year the proportion of physically active people in Switzerland. Recent analyses of physical activity behaviour have shown an increase in the proportion of the adult population meeting current HEPA recommendations by 4% between 2002 and 2007. The “package of measures” 2007 to 2010 did not state anymore specific targets.
- The “National Programme on Diet and Physical Activity” states as its third goal “the promotion of physical activity and sport”. No specific targets are defined.]

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.

- [In the first “packages of measures” of the “Strategy of the Federal Council for a Sports Policy in Switzerland” from 2003 to 2006 specific targets were defined for the measure of the local physical activity networks: by the end of 2006 75% of all communities with 5000 to 10’000 inhabitants and 50% of all communities with 2000 to 5000 communities should have a functioning physical activity and sport network with a coordinator. 75% of all communities with more than 10’000 inhabitants should have a sport vision statement and strategy. Overall, Switzerland has some 2’600 communities. In the report on the success of the measures it is stated that 20 local networks have participated in the programme.
- The “Sustainable Development Strategy” states as one of its goals the increase of the proportion of physically active transport stages within the modal split of overall mobility. No specific targets are defined.

- The “Mission statement on human powered mobility” which exists only as a draft so far has one target on increasing physically active transport by 15% within 10 years (see question 1).
- The “Federal Leisure Transport Strategy” pursues a reduction of individual motorized transport in favor of public transport and non-motorized transport. No specific targets are defined.
- The “Federal Law on the Promotion of Gymnastics and Sport” states the obligation of the cantons and communities to provide three lessons of physical education per week in their schools.
Recent analyses have shown that the law is partly implemented (www.sportobs.ch)
- The “observatory sport and physical activity Switzerland” (www.sportobs.ch) contains a whole series of indicators which are being used to follow the development and the success of the Swiss Sport Policy”.]

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).

- As stated above, the “Strategy of the Federal Council for a Sports Policy in Switzerland” has had two “packages of measures” (Massnahmenpakete) so far, one from 2003 to 2006 and one from 2007 to 2010.
- National Programme on Diet and Physical Activity 2008-2012 (Nationales Programm Ernährung und Bewegung 2008–2012): There is no action plan.
But the Federal Office of Public Health has an initiative for voluntary collaboration from the private industry (www.actionsante.ch). The commitments in the actionsanté initiative so far relate only to nutrition. A document for a monitoring system on nutrition and physical activity was developed (www.moseb.ch), multi-sectoral approaches are seen as an important tool, and a series of networks and projects are or were supported such as www.suisse-balance.ch, www.euro.who.int/hepa, www.hepa.ch, www.mb-network.ch, www.bike2school.ch, www.biketowork.ch, www.bildungundgesundheit.ch and www.are.admin.ch/dienstleistungen/00908/index.html.
- Sustainable Development Strategy – Guideline and Action Plan 2008-2011 – Extract „Human Powered Mobility“ (Strategie Nachhaltige Entwicklung: Leitlinien und Aktionsplan 2008–2011 – Auszug Langsamverkehr):
The federal administration is called upon to develop an action plan until 2011, it is not available yet.
- The “Federal Leisure Transport Strategy” does not have a specific related action plan; however, suggested measures are implemented continuously.
- The federal laws mentioned under point 2 do not necessarily have corresponding action plans, but ordinances defining the ways in which the corresponding financial means are being used.]

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.			
Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input checked="" type="checkbox"/>	Environment	<input type="checkbox"/>
Primary health care	<input type="checkbox"/>	Urban design and planning	<input checked="" type="checkbox"/>
Clinical health care (e.g. hospitals)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Workplace	<input type="checkbox"/>	[]	<input type="checkbox"/>
Senior/ older adult services	<input type="checkbox"/>		<input type="checkbox"/>

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

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.	
<ul style="list-style-type: none"> Youth and Sports -> Youth and Sports is the national sports promotion programme for 5-20 year olds. It reaches more than half a million children and adolescents every year and now also has offers for 5 to 10 year old children. Youth and Sports is based on the Federal Law on the Promotion of Gymnastics and Sport. See also points 2 and 16. More detailed information: Kelly P, Cavill N, Foster C. An Analysis of National Approaches to Promoting Physical Activity and Sports in Children and Adolescents. Report. Oxford, British Heart Foundation Health Promotion Research Group, University of Oxford 2009. <i>Report and summary report available at www.panh.ch/material/casestudy</i> Allez Hop -> For about a decade, Allez Hop offered weekly activity sessions (e. g. Nordic walking) for middle age adults. In the best years, more than 20'000 individuals were reached. Allez Hop started as a private initiative, but became part of a measure in the Strategy of the Federal Council for a Sports Policy in Switzerland. See also points 2 and 21. More detailed information: Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Allez Hop, a nation-wide programme for the promotion of physical activity in Switzerland: what is the evidence for a population impact after one decade of implementation? Pretest posttest survey and population-based cross-sectional surveys. Brit J Sport Med, in press. <i>Document available at http://bjsm.bmj.com/content/early/2010/06/01/bjism.2009.070201.full</i> 	

- **Primary care interventions ->**

A number of approaches for physical activity promotion have been developed in Switzerland. They have been coordinated and were part of a measure in the Strategy of the Federal Council for a Sports Policy in Switzerland.

More detailed information: Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: The situation in Switzerland. *Schweiz Z Sportmed Sporttraumatol* 2008, 56 (3), 112–116.

Document available at http://www.sgsm.ch/de/public/ssms_publication/index/page/308 -> Ausgabe 56-2008/3

or at www.panh.ch/material/casestudy]

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

- [The “Strategy of the Federal Council for a Sports Policy in Switzerland”: The current “packages of measures” (Massnahmenpaket) 2007 to 2010 has some measures that explicitly aim at generating and providing evidence or practical experience, also about effective interventions: approaches in children (“Sport- und Bewegung im Kindesalter, neue Ansätze und Fördermassnahmen”) and basics in the promotion of physical activity and sport (“Grundlagen, Empfehlungen und neue Ansätze zur Förderung von Bewegung und Sport: Verhaltens- und Verhältnissebene”) and promotion of physical activity and sport in urban space (“Sport- und Bewegungsförderung im städtischen Raum”).

However only two specifically budgeted measures actually target physical activity promotion at the population level: development of senior citizens’ sport („Allez Hop und Seniorensport: Weiterentwicklung in Richtung Dachmarke”), local physical activity networks (“Lokale Bewegungs- und Sportnetze: Entwicklung und Umsetzung, Gemeindecouch”). They both make only limited use of the latest scientific knowledge in the field.

- The Youth and Sport programme is recently beginning to take into account the scientific evidence, particularly with the Oxford University report mentioned above, with evaluation of the reach of the programme (documentation available in German and French), with systematic evaluation of instructors’ training (documentation available in German and French), and with the yet unpublished evaluation of the Youth and Sport Kids (5 to 10 years) pilot study.
- The monitoring systems described in question 15 aim at providing an accurate picture of the situation in Switzerland, which is essential for the development of coherent strategies.]

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.

- [General recommendations are included in several of the documents.
- The “National Programme on Diet and Physical Activity” has stated the intention and the general principles. New developments have been the programme’s strategic steering group including both the health and the sport sector and the initiative actionsanté for voluntary collaboration from the industry.]

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 “Strategy of the Federal Council for a Sports Policy in Switzerland” had some evaluation of its first package of measures done by the Federal Office of Sport. There are no specific plans for the second and current measure of packages. However, the “observatory sport and physical activity Switzerland” (www.sportobs.ch) contains a whole series of indicators which are being used to follow the development and the success of the Swiss Sport Policy.
- An evaluation of the “National Programme on Diet and Physical Activity” is planned for 2011, aimed at demonstrating whether it can be pursued in the same direction or whether it needs to be re-oriented.
- The overall strategy of Health Promotion Switzerland for a healthy body weight is being evaluated by different monitoring and evaluation projects. For example, the cantonal programmes for a healthy body weight are accompanied by a formative evaluation.]

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?

- [The “observatory sport and physical activity Switzerland” (www.sportobs.ch) contains a whole series of indicators that are being used to follow the development and the results of the Swiss Sport Policy.
The Swiss Health Survey provides the best estimates of overall physical activity behaviour in adults. Questions on high-intensity leisure time physical activity are included since 1992 and were repeated every 5 years, which allows trend analysis but not the complete assessment of the national PA recommendations.
The best survey for overall physical activity behaviour in adolescents is the Health Behaviour in School Children HBSC, in which Switzerland participates since 1985. Data from both surveys rely on standardised, nationally representative samples providing robust estimates, but they are based on self-report instruments of untested, poor or questionable validity against objective measurements of physical activity. No nationally representative data is available on compliance of children with HEPA recommendations.
- Since 2002, the MONET-indicator system on sustainable development also uses an indicator on physical activity from the Swiss Health Survey.
- A concept for a Monitoring System on Nutrition and Physical Activity (www.moseb.ch) has been developed in the context of the “National Programme on Diet and Physical Activity” and a collection of indicators has been published, currently including 4 core indicators from sources such as the two mentioned above and the Microcensus Transport. The indicators are based on all epidemiological data existing for Switzerland in the field of nutrition and physical activity from the last 40 years. The MOSEB also identifies data gaps.
- Currently, none of the above monitoring systems addresses the question of the measurement properties of the physical activity questionnaires used in Switzerland and further methodological developments are mentioned only for nutrition.

Overview:

Martin BW, Mäder U, Stamm HP, Braun-Fahrländer C. Physical activity and health – what are the recommendations and where do we find the Swiss population? Schweiz Z Sportmed Sporttraumatol 2009, 57 (2), 37-43.
(http://www.sgsm.ch/de/public/ssms_publication/index/page/308 -> Ausgabe 57-2009/2).

References for monitoring systems:

- Observatory sport and physical activity Switzerland:
Overview in English at www.sportobs.ch, detailed reports in German
- MONET:
Overview in English at <http://www.bfs.admin.ch/bfs/portal/en/index/themen/21/02/01.html>, detailed reports in German and French
- MOSEB:
In English at http://www.bag.admin.ch/themen/ernaehrung_bewegung/05190/05293/index.html?lang=en, including the an outline of the concept (Federal Office of Public Health. Monitoring System for Nutrition and Physical Activity (MOSEB). Outline. Final version of 11 February 2009. Federal Office of Public Health, 2009.), reports and information brochures.]

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 provided through the national surveillance system is regularly taken up in the public and the political debate.
However, as stated in question 6 there are only few examples of quantified objectives for national policy which limits the possibilities for judging the effectiveness of national policy and implementation.]

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

- [Monitoring data has been a basis for the development of the Sport Strategy and the National Programme on Diet and Physical Activity
- A recently demonstrated decline in cycling among children and adolescents in the Microcensus Transport has helped to sensitize different stakeholders and to initiate a discussion on how this negative trend could be addressed.]

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.

[In Switzerland, there have been different historical phases and events:

- Youth and Sport has had very strong political support on different political levels (cantons and national) since the 1970s. So against the explicit will of the respective minister, the parliament has agreed on full federal funding for the Youth and Sport Kids extension of the programme (covering not only 10 to 20, but also 5 to 10 year olds) in 2008.

- The “Strategy of the Federal Council for a Sports Policy in Switzerland” has had strong political support during its development in the late 1990s, but only limited additional resources (about 3% of the overall budget of the Federal Office of Sport) have materialised for the concrete measures.
- The political support for the (first ever) national prevention law and for initiatives in the same direction will become clear in the upcoming discussions of the law in the federal parliament. The lack of coordination and cooperation between the different players in the fields was one of the reasons for the development of the law, but in some political parties and also in some cantons there is opposition to more federal responsibility and more federal funding in this field.
- At the same time, there is growing interest and growing support for all aspects of physical activity promotion at the level of cities and cantons. For example, 22 of 26 Swiss cantons have politically committed on a cantonal programme for a healthy body weight, combining nutrition and physical activity. For each of the 22 cantonal programmes the signature of the responsible member of the cantonal government was required.
- After a decline after the late 1990s, there is again growing interest and political support for the promotion of walking and cycling also under the aspects of transport and spatial planning as well as environmental protection (CO₂ reduction).
- Many figures of public life like to present themselves as physically active or active in sports. However, this does not imply any particular position towards physical activity promotion as a public task.]

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).

- The “Strategy of the Federal Council for a Sports Policy in Switzerland” has had two “packages of measures” (Massnahmenpakete) so far, one from 2003 to 2006 and one from 2007 to 2010. The first package of measures had an annual budget of about EUR 3 million, the second one of about EUR 2.6 million, corresponding to about 3% of the annual budget of the Swiss Federal Office of Sport. About EUR 750.000 were spent on health-related measures, corresponding to less than 1% of the annual budget of the Swiss Federal Office of Sport.
- The “National Programme on Diet and Physical Activity” has an annual budget of EUR 1.9 million. This covers project staff, administration and selected network and project support.
- The Foundation “Health Promotion Switzerland” has an overall annual budget of about EUR 13 million. A growing proportion of this budget (ca EUR 3 mio/year) goes into the financial support of the Nutrition and Physical Activity programmes in the cantons.
- The “Sustainable Development Strategy”, the “Federal Leisure Transport Strategy” and the draft of the “Mission Statement on Human Powered Mobility” do not state mechanisms or sources for funding.
- The federal laws mentioned under point 1 have specific funding mechanisms (see there).]

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.

<p>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.</p>
<p>[There is not one single institution providing overall stewardship. However, there are different bodies responsible for partial aspects, including:</p> <ul style="list-style-type: none"> • Strategy of the Federal Council for a Sports Policy in Switzerland, 2000 Federal Office of Sport • National Programme on Diet and Physical Activity 2008-2012 (Nationales Programm Ernährung und Bewegung 2008–2012): Overall: Federal Office of Public Health Physical activity in everyday life: Federal Office of Public Health Sport: Federal Office of Sport Promotion of healthy body weight: Foundation Health Promotion Switzerland • Federal laws: see point 1]
<p>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?</p>
<p>[There is not one overall action plan funded for physical activity promotion. However, some activities have been delegated outside of government. One example is the Foundation Health Promotion Switzerland as described in questions 2, 4 and 17. The federal administration is represented (together with representatives of cantonal governments, of health insurances and with other partners) in the foundation board of Health Promotion Switzerland. There is no clear mechanism for government support to the foundation’s activities.]</p>
<p>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.</p>
<p>[Examples for good synergies and coherence:</p> <ol style="list-style-type: none"> 1. Development of programmes on Nutrition and Physical Activity in cantons, supported by the non-ministerial structure Health Promotion Switzerland (see point 17). In the case of the integrated projects of Suisse Balance combining physical activity and nutrition (www.suissebalance.ch), the activities are supported by both Health Promotion Switzerland and the Federal Office of Public Health. 2. Development of sport strategies of cantons, following the initiative of the Federal Office of Sport but funded by their own resources 3. Initiatives of several cantons in Youth and Sport Kids and related offers since 2008. (see point 11)]

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

- Health promotion authorities in cantons and cities
- Sport promotion authorities in cantons and cities
- Urban planning authorities in cantons and cities
- Transport planning authorities in cantons and cities
- Education authorities in cantons and cities
- Network HEPA Switzerland as a voluntary exchange platform for actors at the canton and community level
- Institutionalised coordinating mechanisms (so-called coordination conferences) for the members of governments of the cantons (so-called councillors) in the respective sectors (e.g. public transport, health etc.)]

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

[Good examples for the sub-national level were described in question 19; there is currently no particular national example that has been successfully implemented as the consequence of a policy or action plan.]

Less successful interventions

1. [Discontinuation of Allez Hop at the national level. Despite its obvious success, the programme was discontinued in 2008 without consideration of evaluation results (see point 11)]
2. [Failure to reach objectives in local sport networks and absence of consideration of respective evaluation results in second package of measures of the “Strategy of the Federal Council for a Sports Policy in Switzerland” (see points 6 and 12)]
3. [Discontinuation of HPM (physically active transport) activities at Federal Office of Sport. Despite reaching all of its objectives in the first package of measures of the “Strategy of the Federal Council for a Sports Policy in Switzerland”, it was discontinued in the second package of measures without consideration of evaluation results.]

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.

- Independent evaluation of selected approaches
- The cantonal programmes of nutrition and physical activity are currently being evaluated (information available in German and French).

Link:

http://www.gesundheitsfoerderung.ch/pages/Gesundes_Koerpergewicht/Grundlagen_Wissen/evaluationen.php]

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).

- Health promotion Switzerland has had different campaigns also addressing physical activity (www.gesundheitsfoerderung.ch)
- The “Schweiz bewegt” campaign (Switzerland on the move) tries to encourage communities every spring to organize events for WHO’s Physical Activity Day or the week around it (www.schweizbewegt.ch). It is organised by the Federal Office of Sport, the foundation health promotion Switzerland and other partners.]

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.

- The “Youth+Sport” brand is known by the vast majority of the Swiss population and has an excellent reputation.
- The “Programme Nutrition and Physical Activity” has established the initiative “actionsanté” for coordinating voluntary action of the private industry. The private sector can use the “actionsanté” logo for the communication when it is partner of actionsanté but it has not been used yet for physical activity promotion.
- The “Schweiz bewegt” brand (see qu. 23)]

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.

- Network HEPA Switzerland
National network with more than 100 member institutions, website at www.hepa.ch
see “Promotion of Health-Enhancing Physical Activity HEPA in Switzerland”
in report of 2004 expert meeting at
<http://www.physicalactivityandhealth.ch/hepaeurope/expertmeeting/default.htm>
- Health Promotion Switzerland is the responsible institution for the network of the 22 cantonal programmes on nutrition and physical activity.
- The Youth and Sport programme has – together with the cantons and the sports federations – an extensive system for training and continuing education of sport instructors.]

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.
<ol style="list-style-type: none"> 1. [Extension of the Youth and Sport programme to 5 to 10 year olds in 2008. (see points 11 and 16)] 2. [Consensus on recommendations and principles of physical activity and health (see points 2 and 23); growing interest in the topic in the media and in the public.] 3. [Growing involvement and number of actions by other sectors]
26.b. Please list up to three areas or issues that remain as more difficult challenges to address.
<ol style="list-style-type: none"> 1. [Clarification of roles and joint actions by national institutions] 2. [Better mechanisms (funding, structures) for supporting action and change] 3. [Monitoring system on physical activity for all age groups]

27. Please use this space to provide any further details which you were not able to provide in other sections of the tool.
<p>It has to be noted that there were diverging numbers available for some of the budgetary information reported in question 17.</p> <p>So the Federal Office for Public Health has confirmed repeatedly that the annual budget of the “National Programme on Diet and Physical Activity” is EUR 1.9 million (2.3 million Swiss Francs). At the same time, the official website of the Office has kept indicating until 13.02.12 that the Office spends about EUR 2.5 million (3 million Swiss Francs) for the programme. This discrepancy was pointed out in early December 2011, but no explanation was given for it and the information on the website remained unchanged (http://www.bag.admin.ch/themen/ernaehrung_bewegung/05304/index.html?lang=de).]</p>

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

In Switzerland, the Physical Activity and Health Unit of the Institute of Social and Preventive Medicine (University of Zurich) was responsible for the collection of information and the consensus process. The project was funded by the Federal Office of Sports. Because Switzerland was among the first pilot countries, the development of the tool and the completion of the country template were conducted in parallel.

Work steps

- Starting in January 2010, the Swiss project group compiled a first draft based on their experience and knowledge.
- This draft was then discussed at a workshop of the Swiss NGO Alliance Nutrition and Physical Activity; furthermore, the Federal Office of Sports provided first comments.
- A first version of the document was then sent out for consultation to the following national institutions:
 - Swiss Federal Office of Public Health
 - Swiss Federal Office of Sports
 - Swiss Federal Roads Office
 - Swiss Federal Office for Spatial Development ARE
 - Swiss Federal Office for the Environment
 - Swiss Council for Accident Prevention bfu
 - Foundation Health Promotion Switzerland.
- By April 2010, the key information had been included and the document was sent out for a second round of consultation. The content and the template were then refined with the international project group in a stepwise process. Until May 2011, consent on the amended Swiss document was obtained from all partners except the Federal Office of Public Health.
- By February 2012, the feedback from all national institutions was integrated. All institutions which had been contacted were given the opportunity to state potential discrepancies with the authors' assessment under question 27. None of the institutions wished to do so.

In hindsight, the process was complicated by the fact that not all national institutions recognised the completion of the Swiss HEPA PAT as an independent research project trying to identify both strengths and potential for improvement.

List of experts who were consulted for input

Contact person	Organisation	Input received
Nadja Mahler	Swiss Federal Office of Sport	Yes
Andy Biedermann	Swiss NGO Alliance Nutrition and Physical Activity	Yes
Roger Keller	Swiss Federal Office for the Environment	Yes
Heidi Meyer	Swiss Federal Roads Office	Yes
Peter Schild	Swiss Federal Office for Spatial Development ARE	Yes
Othmar Brügger	Swiss Council for Accident Prevention bfu	Yes
Günter Ackermann	Foundation Health Promotion Switzerland	Yes
Liliane Bruggmann	Swiss Federal Office for Public Health	Yes