

# Who participates in Norwegian Healthy Life Centres (HLC) and does participation leads to changes in behavior change and health? An overview of results from studies on Norwegian HLC

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### Keywords

Health service, prevention, health promotion, disease, behavioral change, physical activity, diet, tobacco-cessation, participant characteristics, social support

### Background

A Healthy Life Centre (HLC) is a municipal preventive health service that provides support for behavioral change, individually and group-based, primarily physical activity, diet and tobacco-cessation. The target group is those in increased risk for, or who have a disease and are in need of support for sustainable behavior change. "*Guideline for municipal healthy life centers*" describes recommendations for establishment, organization and content of the HLCs. There are no systematic reviews of studies on Norwegian HLC. This article provides an overview of results from studies on Norwegian HLC: Who are the users/participants of the HLC in Norway, what kind of results do they achieve and what are their experiences related to participation?

### Method

The findings are based on searches in 14 Norwegian and international databases. Inclusion criteria were: Clear description of HLC in the summary as defined in the "*Guidelines for municipal HLC*", clear description of the study design and research question that answers any of our research questions. Twenty one Norwegian studies were included; seven prospective intervention studies, one cross-sectional study, one review, and eight qualitative studies.

### Results

The average age of participants in HLC is 51 years. 61-80% are women. The most common reasons for referral are musculoskeletal disorders, obesity, physical inactivity and psychological distress. Mean BMI is 30 kg/m<sup>2</sup>. Many of the participants (49-78%) are on sick leave or unemployed. The proportion of participants with low education corresponds with the normal distribution in the population. The participants achieve significantly increased physical activity, improved physical fitness, reduced weight and improved HRQOL after three months, and are followed up 1-3 years after participation. The social support they receive through the HLC is perceived to be of great importance to motivation for behavior change.

### Conclusion

HLCs are used by the target group as described in "*Guidelines for municipal HLC*". The service seems to result in significantly increased physical activity, physical fitness and health related quality of life. Participants experience the social support they receive as an important motivator for behavior change. More research on the effects of participation in Norwegian HLCs is needed.