

Healthy Life Centres

THE NORWEGIAN DIRECTORATE OF HEALTH

*on behalf of the Joint Action on Chronic Diseases and Promoting Healthy Ageing Across the Life Cycle
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A Healthy Life Centre (HLC) is an interdisciplinary primary health care service which offers effective, knowledge-based programs and methods for people with, or in high risk of disease, who need support in health behavior change and in coping with health problems and chronic diseases.

Basic services

The HLC is part of the public health care service in the municipality. HLC programs have a patient oriented approach and aim at strengthening the individual's control of his or her own health (empowerment). As a minimum HLCs offer various exercise groups, and individually or group based counselling or courses for increased physical activity, healthy nutrition and tobacco cessation. Many HLCs also offer counselling, support and education on issues related to mental health, sleep and alcohol. Counselling is based on Motivational Interviewing (MI) ^{1, 2}. In the municipality, the HLC functions as a resource-, knowledge- and contact center for behavior change, health promotion and disease prevention. When contacting the HLC, either on their own or by referral, participants get a consultation to examine their needs and motivations. The participant is then enrolled in a 12 week program. During the program, they can get an individual consultation if needed. The duration of the program may be prolonged.

The service must follow law regulations regarding municipal health care services. All personnel providing health care at the HLC, is regarded as health-personnel. Their practice must follow the regulations in the health personnel act. The Norwegian directorate of health has published a guide for the establishment, management and quality of the HLC. ⁹ The guide will be updated in 2015 and later translated to English.

Cooperation

Cooperation with other municipal health care services, hospitals, Non-Governmental Organizations (NGOs), private and public organizations and local authorities is of vital importance in order to provide continuous and integrated health care and help people to establish independent and lasting health enhancing habits. A key task for the HLC is to guide the participants into suitable and feasible local programs and activities that they can continue with on their own after participation in the HLC. The HLCs should provide a good overview of such programs.

Results

Evaluations have shown that HLCs recruit people who do not on their own seek or participate in other services such as fitness centres. ³ The HCLs therefore plays an important role in reducing social differences in health behavior and health. Participants in HCLs need help to find appropriate services, build motivation and to create strategies for maintaining sustainable coping and behavior change. General practitioners who refer patients to HCLs are of the opinion that the HCLs offer good services. ³ Studies of HCLs in Norway indicate that participation in the programs can lead to improved physical fitness, weight loss and improved self-perceived health and quality of life, as well as maintaining health behavior change one year after the follow-up. ^{4, 5}

A systematic review ⁶ who included 23 randomized controlled studies of interventions similar to those given in HCL's, meant to answer questions about effects of organized follow-up on change of health behaviors (physical activity, diet, and use of tobacco) over a period of 3 months. Based on the summary of the findings and assessment of the quality of the documentation, the following conclusions were drawn:

- Referral to a local center and follow-up, and training on one's own with follow up probably increase physical activity in the intervention period and in the short term (3 months after the intervention period).
- We lack documentation of sufficient quality about interventions from international studies to conclude about change of diet and physical activity.
- Self-help materials and follow-up may increase abstinence from smoking during the intervention period.
- Referral to a nurse may increase the number of persons who abstain from smoking 6 months after starting the intervention.

More knowledge about the impact of the services offered by the HLCs is needed. A three year national effect study on Healthy Life Centers is therefore planned from the autumn of 2015.

Cost –efficient

Studies have shown that behavior change interventions are profitable/cost-efficient. For example it is estimated that for each person who does not smoke, who avoids overweight and is regularly physically active, the welfare benefit/gain/reward will be at NOK 7.5-12.5 million. Another example is that dietary and exercise changes can be equally efficient as treatment with insulin in type 2 diabetics, while it may be less expensive than the drug therapy.^{7,8}

History

2015: More than 250 municipals have HLC, and the number is continuously increasing

2013: Health White Paper emphasizes the need to strengthen the municipal health services efforts in supporting health behavior change. More and more municipalities establish HLC. Growing international interest in this kind of healthcare

2013: A new edition of "Guidelines for municipal Healthy Life Centers." HLC is referred to as a preventive health care service.

2012: New law on public health and a new law on health services. All municipalities are recommended to establish Healthy Life Center.

2011: The Norwegian Directorate of Health publishes " Guidelines for municipal Healthy Life Centers", largely based on the results from the project in Troms, Oppland, Buskerud, Vest- Agder og Nordland. A Health service reform that emphasizes the need for strengthening prevention in health services is launched by the minister of health at a Healthy Life Center.

2008: The number of municipals with HLCs has increased to 42.

2004: The Norwegian Directorate of Health signed a project in cooperation with the regions of Troms, Oppland, Buskerud, Vest-Agder and Nordland, that aimed to develop and try out different models for referral and follow-up measures for behavior change support. (physical activity, diet and smoking cessation)

2002: Green prescription is launched – a new tariff doctors can use in follow up patients with type 2 diabetes and high blood pressure. Doctors report the need for a service to which they can refer patients.

1996: The first Healthy Life Centre is established in Modum municipality.

1984: The Municipality of Vinje provides behavior change support (physical activity) in public health service.

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