

Trening på grønn resept?

«Utfordringer og nye muligheter»

Trondheim, Mars













Riksgräns
NORGE

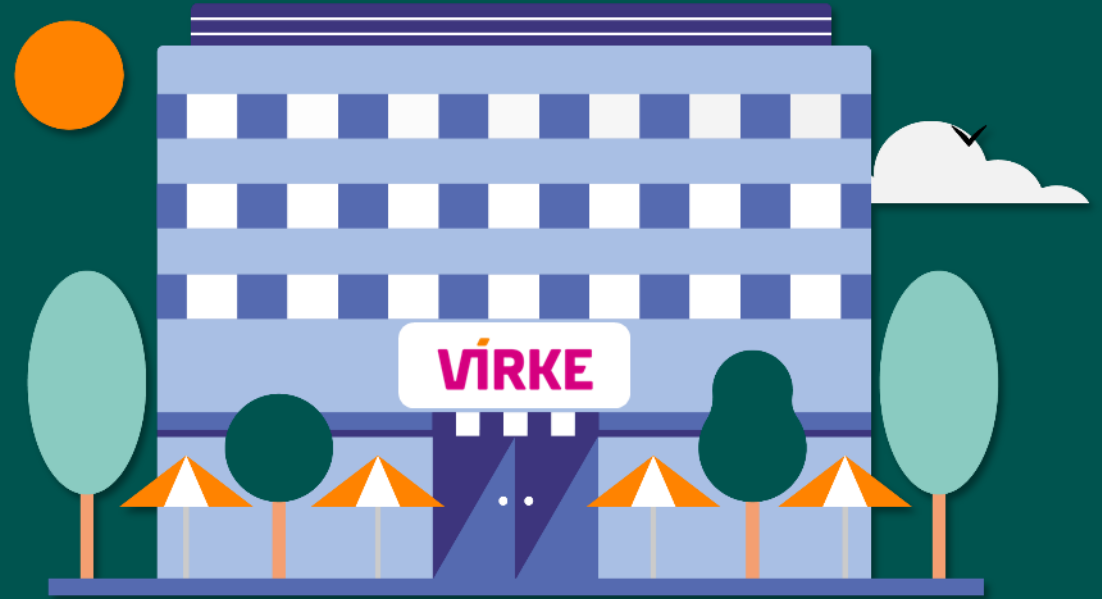


Østfold
fylke
Halden
kommune

Kornsje



Bransjeleder
Aktiv Helse
Morten Mørland



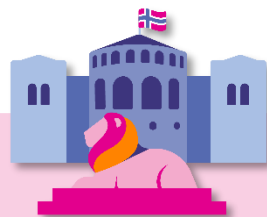
**Virke er bindeleddet mellom
arbeidsgiverne og
myndighetene**





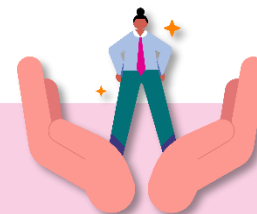
Tydelig samfunnsaktør

Virke skal være relevant og synlig på de store sakene som preger samfunnsdebatten og våre medlemmers hverdag.



Økt innflytelse

Virke skal sikre gode rammevilkår for virksomheter i handels- og tjenestenæringene gjennom trepartssamarbeidet, og tett kontakt med beslutningstakere.



Enklere hverdag

Virke skal gjøre det enklere å drive virksomhet i Norge.

Vi skal sikre lønnsomhet og konkurransekraft for handels- og tjenestenæringene.

Virke representerer handels- og tjenestenæringene

25 000+ medlemmer

300 000+ arbeidstakere

Noen utvalgte bransjer:



Teknologi



Kultur



Frivillighet



Servicehandel



Byggevarer



Service



Aktiv helse



Ideell



Handel



Reiseliv



Rådgivning



Utdanning



Dagligvarer



MORTEN HELLEVANG
CHAIRMAN OF THE
BOARD
FITNESS GROUP
NORDIC (EVO)



PATRIK OSCARSSON
BOARD MEMBER
ACTIC



**TOR FREDRIK
NEUMANN BERG**
BOARD MEMBER
FAMILY SPORTSCLUB



**ANNE SIGRID
CHRISTOFFERSEN**
DEPUTY CHAIRMAN OF
THE BOARD
SPREK TRENING



JAMIE SØRENSEN
BOARD MEMBER
NIVÅ TRENING



HILDE HOLCK
BOARD MEMBER
3T TRENING



EIRIN BOLLE
BOARD MEMBER
SPENST

VIRKE

evo

spenst

**3T TRIM
TRENING
TRIVSEL**

**Family
SPORTS CLUB**

SPREK



4 prioriterte satsningsområder



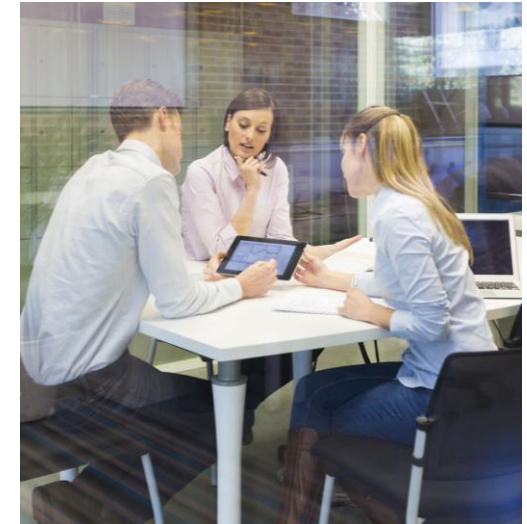
Like konkurransevilkår



Styrke bransjens
omdømme



Videreutvikle posisjon som
folkehelseaktør



Kompetanseheving





Formålet var å fremme fysisk aktivitet og sunnere livsstil som et alternativ eller supplement til medikamentell behandling, spesielt for livsstilssykdommer. Konseptet gikk ut på at leger kunne "foreskrive" fysisk aktivitet og kostholdsendringer i stedet for eller i tillegg til medisiner.

101

Individuell, strukturert veiledning ved tidlig intervensjon relatert til kosthold, røykeavvenning og/eller fysisk aktivitet for pasienter med, eller med risiko for hjerte- og karsykdom, diabetes 2 eller fedme.



FRISKLVSSENTRALEN



Leisure-time physical activity and disability pension: 9 years follow-up of the HUNT Study, Norway

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The objective of this study was to prospectively examine the association between leisure-time physical activity and risk of disability pension, as well as risk of disability pension because of musculoskeletal or mental disorders in a large population-based cohort. Data on participants aged 20–65 years in the Norwegian Nord-Trøndelag Health Study 1995–1997 (HUNT2) were linked to the National Insurance Database. Cox regression was used to calculate hazard ratios (HR) and 95% confidence intervals for disability pension across physical activity categories. During a follow-up of 9.3 years and 235 657 person-years, 1266 of 13 823 men (9%) and 1734 of 14 531 women (12%) received disability pension. Compared

with individuals in the inactive group, those in the highly active group had a 50% lower risk of receiving disability pension (HR for men: 0.50, 0.40–0.64; women: 0.50, 0.39–0.63). After comprehensive adjustment for potential confounders, the risk remained 32–35% lower (HR for men: 0.68, 0.53–0.86; women: 0.65, 0.51–0.83). The associations were stronger for disability pension due to musculoskeletal disorders than mental disorders. In summary, we observed strong inverse associations between leisure-time physical activity and disability pension. Our findings strengthen the hypothesis that leisure-time physical activity may be important for occupational health in reducing disability pension.

Permanent exclusion from working life because of health problems or disability has serious consequences both for individuals and the society (OECD, 2010). For individuals and their families, loss of work because of ill health represents a social and financial loss. At the societal level, it is important to have a high proportion of the workforce fit for work, especially with the challenge of aging populations in most industrialized countries. It is therefore essential to identify factors that can prevent premature exit from work.

Physical activity may be attractive for prevention as it provides substantial benefits for a range of health outcomes, including chronic diseases such as type 2 diabetes, coronary heart disease, some cancers, as well as overall mortality (Wen et al., 2011; Villeneuve et al., 1998; Haskell et al., 2007; Lee et al., 2012; U.S. Department of Health and Human Services, 2008).

The article contains original material, which has not previously been published, and is not currently under consideration elsewhere, nor will be submitted elsewhere until a final decision has been made by the *Scandinavian Journal of Medicine and Science in Sports*.

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There is also evidence that leisure-time physical activity promotes good musculoskeletal- and mental health, in addition to increased functional ability (Lahti et al., 2010a; Physical Activity Guidelines Advisory Committee Report, 2008; U.S. Department of Health and Human Services, 2008).

Leisure-time physical activity and cardiorespiratory fitness have been inversely related to sickness absence in several (van den Heuvel et al., 2005; Bernaards et al., 2006; Proper et al., 2006; van Amelsvoort et al., 2006; Lahti et al., 2010b; Holtermann et al., 2011; Kristensen et al., 2012; Robroek et al., 2013b), but not all (Christensen et al., 2007), previous studies. A recent review on risk factors for disability pension indicated that lack of physical activity was associated with disability pension, although the results were not conclusive (Robroek et al., 2013b). In addition, most previous studies investigating the association between leisure-time physical activity and sickness absence or disability pension have either had small samples, short follow-up periods and/or only included subpopulations (e.g., only men, a narrow age span, or specific disorders or occupations), limiting validity of the results.

The association between physical inactivity and disability pension could be biased because of no- or limited adjustments for potential confounders. As age, marital status, education, smoking, socioeconomic position,

32–35 %

80 %

3/10

33,8 mill

20 %

6,67 mill



**1,31-1,78 mill
dagsverk**

5235-7105 årsverk!

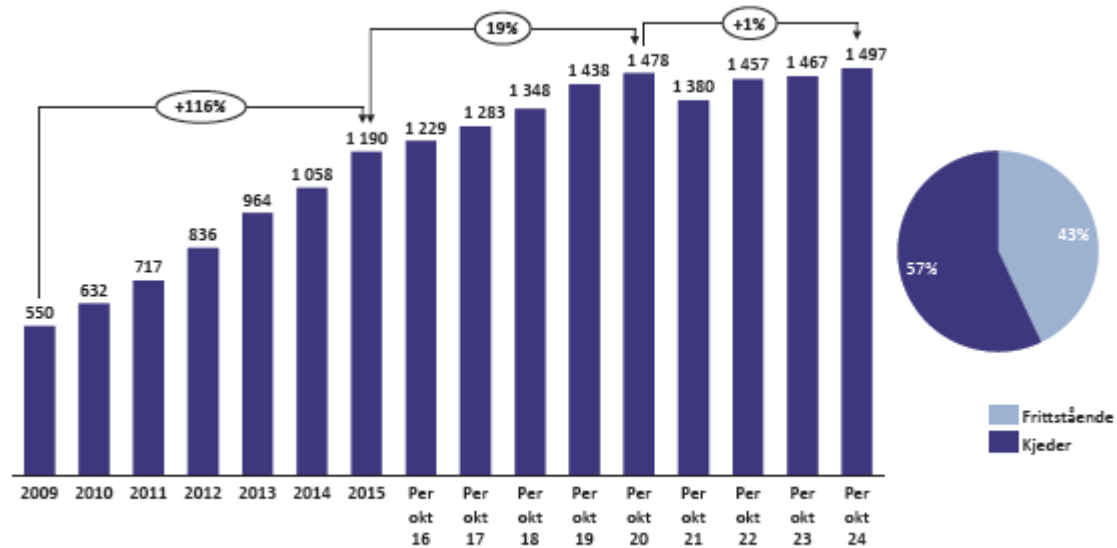






**En bransje i
endring**

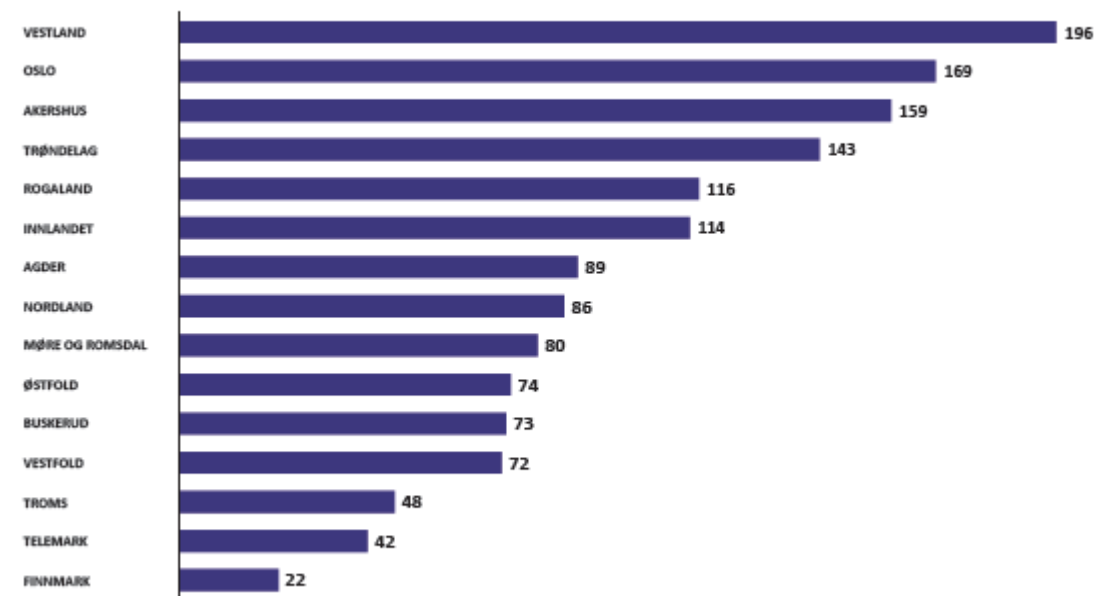
VIRKE



Figur 1.4: Antall treningssentre per 31.12 for 2009 til 2015, per 31.10 for 2016 til 2024. Andel kjedetilknyttede og frittstående treningssentre per oktober 2024.
Kilde: Virkes Retaildatabase / Virke Analyse.

Geografisk fordeling av treningssentre 2024

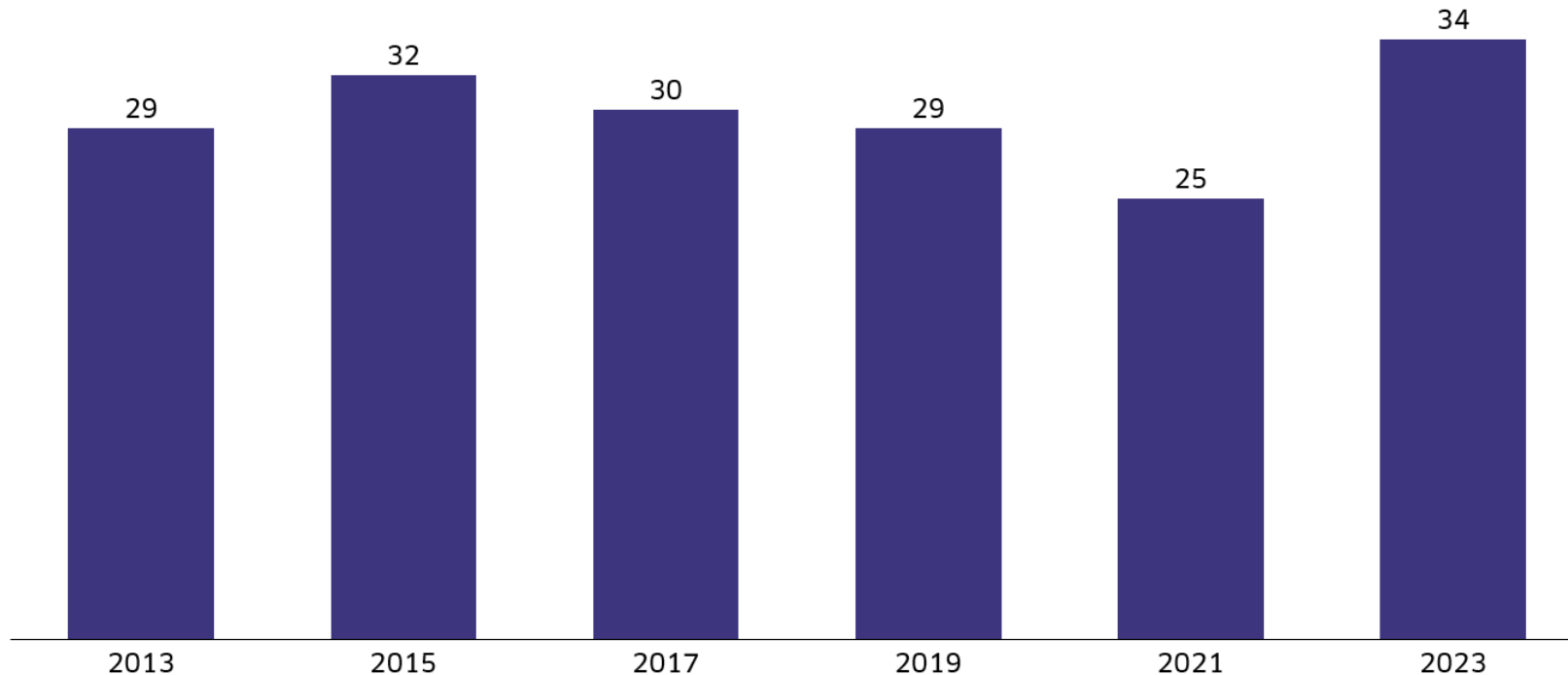
Antall treningssentre i Norge etter fylke



Figur 1.10: Geografisk fordeling av antall treningssentre i Norge etter fylke per oktober 2024.
Kilde: Virke Analyse

ANDELEN SOM TRENER PÅ TRENINGSSENTER ØKER!

Figur 2.4 Andel som trener på treningssenter - Totalt

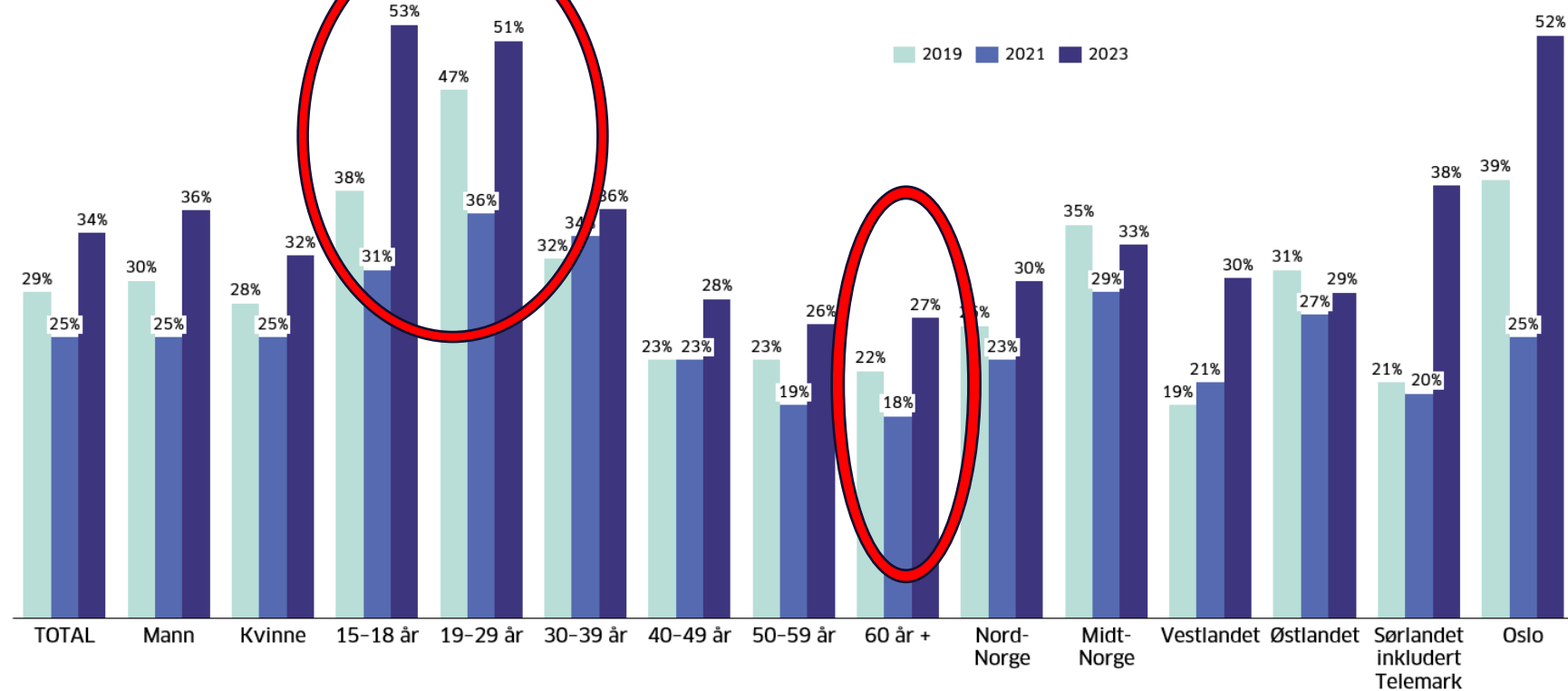


VIRKE

Figur x Treningsarenaer. Andel svart «Privat treningssenter» eller fra 2023 «Treningssenter» Kilde: Virkes befolkningsundersøkelse.
N = 1021 (2023)
Kilde: Virkes befolkningsundersøkelse 2023

STØRST ØKNING BLANT DE YNGSTE & ELDSTE

Figur 2.5 Andel som trener på treningssenter



VIRKE

Figur x Bruk av treningssenter etter kjønn, alder og geografi.
Filter: de som har svart at de trener på treningssenter.
N = 348 (2023)
Kilde: Virkes befolkningsundersøkelse 2019-2023

***Påvirker og former fremtidens
helseutfordringer (de unge)***

KONSEKVENSER AV UTVIKLINGEN?

***Påvirker og former dagens
helseutfordringer (de eldre)***

VIRKE



Norsk
Standard

NS-EN 17229:2019

Publisert: YYYY-MM-DD

Språk: Norsk

**Treningssentre
Krav til senterfasiliteter og drift
Drifts- og ledelseskrav**

*Fitness centres
Requirements for centre amenities and operation
Operational and managerial requirements*



Referansenummer:
NS-EN 17229:2019 (no)

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Stages 1 and 2

are the commitment to the scheme where pre-checking and validation is undertaken. Successful completion of stage 2 gives a club 'recognised' status by EuropeActive, the not-for-profit association for the fitness sector.



Stage 2

is a transition point where successful clubs progress to the next stages which are overseen by the Netherlands National Standards Body (NEN) and independent international certification bodies working to the requirements of ISO 17020.



Stage 3

is called compliant club. This is where the club will have to provide information and evidence that they meet core conformity requirements of the standard EN17229. This is confirmed by independent certification organisations following their detailed verification.



Stage 4

is called full certification. This is the 'gold standard' where clubs demonstrate 100% conformity with the requirements of EN17229.

The full requirements for conformity assessment at Stage 4 can be downloaded from NEN website at:
<https://www.nen.nl/en/ncs-17229-2022-en-298949>

Stage 5

is the revalidation of conformity criteria for clubs at stages 3 or 4, and takes place every three years. The status of clubs can be checked on the public register [here](#)

[REDACTED]
[REDACTED]
[REDACTED]

ANTIDOPINGNORGE

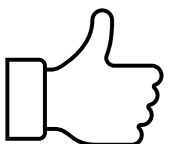
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Treningssentre som viktige folkehelseaktører

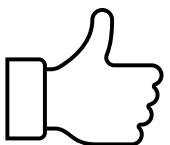
1. Når mange (over 1 million trener på et treningssenter)
2. Ca. 1500 treningssentre
3. Stor tilgjengelighet og kapasitet
4. Åpningstid
5. Kvalifisert personell (bransjestandard og kompetansekrav=
Økende andel høyt utdannede fagpersoner:
 - HTF med bachelor og master
 - Osteopater, naprapater, kiropraktorer, fysioterapeuter
 - Leger, psykologer
6. Segregering av bransjen- ubemannede senter vs. «helsehus»



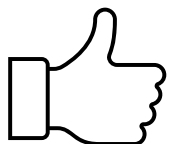
Gratis trening



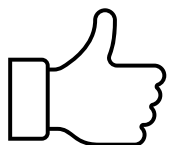
Personlig trener eller instruktør



Målrettet oppfølging og sosial støtte



Sosiale støtteordninger



Treningsglede og mestring



What Makes Individuals Stick to Their Exercise Regime? A One-Year Follow-Up Study Among Novice Exercisers in a Fitness Club Setting

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¹ Department of Sports Medicine, Norwegian School of Sport Sciences, Oslo, Norway, ² Department of Sport and Social Sciences, Norwegian School of Sport Sciences, Oslo, Norway



Det må gjøres endringer i Helfos takstsystem som innebærer at dagens livsstils-takst blir like attraktiv å ta i bruk som øvrige takster, slik at fastlegene har samme incentiver for å skrive ut resept på livsstilstiltak/trening som medikament.

Trening og bevegelse kan redusere sykefravær, øke produktiviteten og lette belastningen på helsesystemet. En økning i aktivitetsnivå i de delene av yrkesbefolkningen som er for lite aktive i dag ville bidratt til å redusere sykefraværet i Norge i 2024 med mellom 0,3 og 0,4 prosentpoeng *

For at fysisk aktivitet på resept skal ha en varig effekt for inaktive personer, viser forskning at oppfølging og støtte er avgjørende. Helsemyndighetene må derfor legge til rette for en helhetlig strategi som kombinerer oppfølging, sosial støtte og mestringsorientert trening for å sikre vedvarende endring i aktivitetsnivå.

