



Health Promoting Schools in Health Promoting communities

A comprehensive approach to promote health
and wellbeing at the local level in Iceland

Department Determinants of Health and Wellbeing
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Iceland



- Size: 103.000 km²
- Population: 348.450 in Jan. '18 (~60% in the capital region).
- Two administrative levels: The state and the Local governments.
- 74 municipalities in Jan. '18 (204 in 1990).
- 9 municipalities with population >5.000, 3 with population >20.000.



Foundation for the HPC and schools work

- **Directorate of Health, act and policy:**

Good health and wellbeing with health promotion and prevention work and accessible and safe health care services based on best available knowledge and experience.

⇒ Comprehensive approach, relying on active participation across sectors and levels is effective.

- **Public Health Policy 2030 (2016):**

All municipalities should become Health promoting communities, including preschools, compulsory schools, upper secondary schools and workplaces

- **National curriculum guides (2011)**

Health and welfare one of six pillars of education.

- **The Association of Local Authorities strategy 2018-2022:**

3.3.19: The Association collaborates with the Directorate of Health to support and encourage municipalities to become Health promoting communities and guards their interests.

3.2.10: The Association collaborates with the Directorate of Health to implement the Public health policy, i.e. Health promoting schools and the Mental health strategy, with special focus on wellbeing and welfare of children.

- **The UN Sustainable Development Goals 2030**

- **National Health Policy**

- **Other policies and plans at national and local level.**

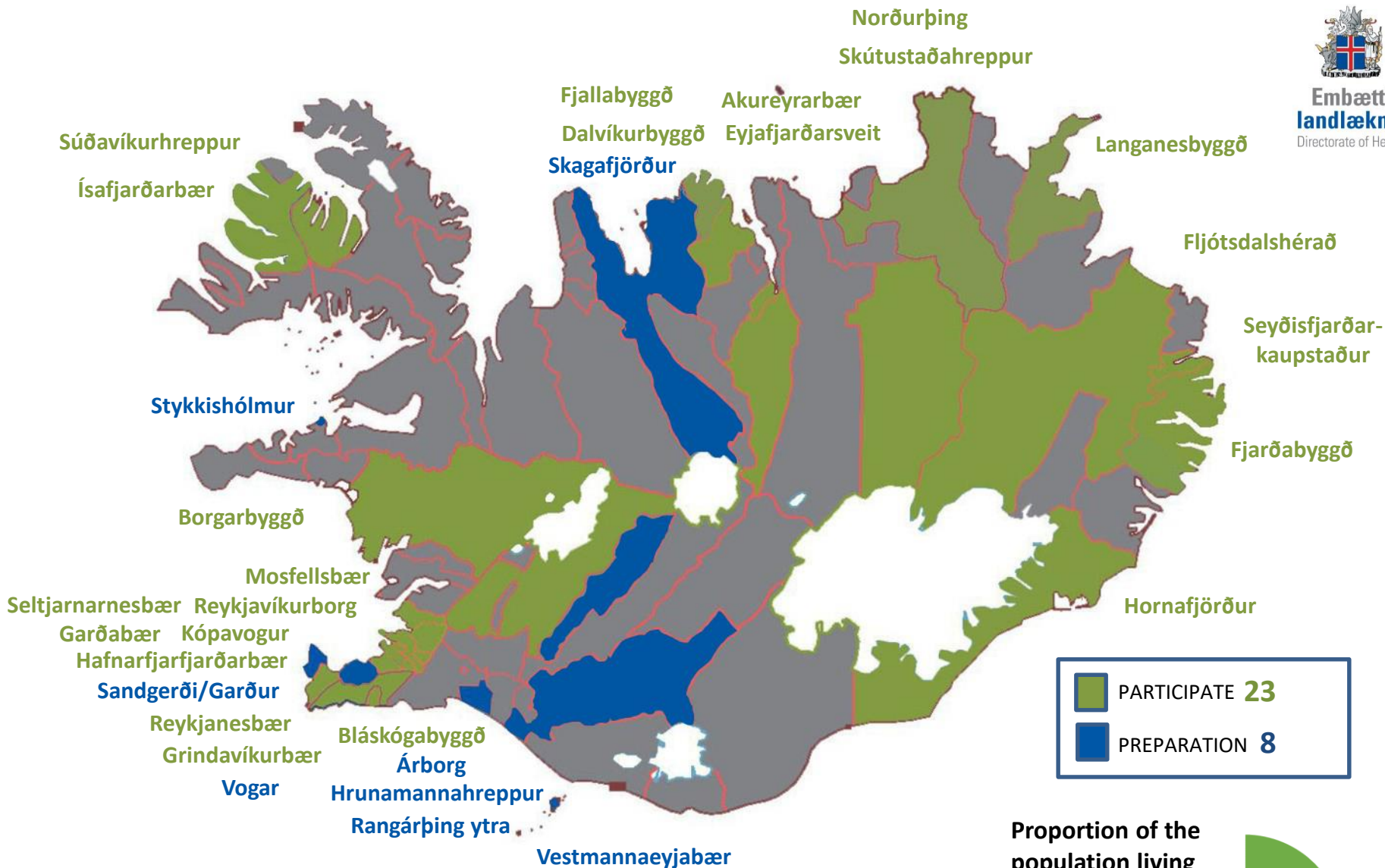




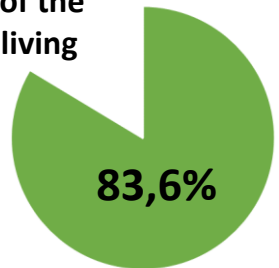
HEALTH PROMOTING community

Wellbeing for All





Proportion of the population living in HPC



Health promoting communities


November 2018

HEALTH IN THE SDG ERA





The background of the HPC program

- The Ottawa Charter for Health Promotion (1986)
- Health in All Policies (HiAP)
- Schools for Health in Europe (SHE)
- Healthy Cities
- Previous health promotion and prevention work in Iceland, Nordic countries, Europe, the world ← Conferences, meetings, networks, European projects etc.
-  **CHRODIS+** - Implementing selected elements of JOGG.



What is Health promoting community?

Health promoting community, a community where impact on **health and wellbeing** is considered in policy making and actions in all sectors (*Health in All Policies, HiAP*).

All sectors have a role in a Health promoting community.



Guiding principles

- **Active participation of all stakeholders** across sectors and levels.
- Work is based on **best knowledge and experience** available.
- ***Do no harm.***
- **Equity** in health, universal measures and additional effort to meet the needs of vulnerable groups.
- **Sustainability.** Long term approach.



Intersectoral collaboration – National level

- **The HPC high level steering group**

- Prime ministers office
- Ministry of Health
- Ministry of Social affairs
- Ministry of Education and Culture
- Association of Local Authorities
- Development Centre of the Primary health care
- Directorate of Health

- **The HPC and SDGs Consultation platform**

Ministry of Transport and Local Government, Ministry for the Environment and Natural Resources, Directorate of Education, Environment Agency, National Planning Agency, Icelandic Transport Authority, National Commissioner of the Icelandic Police, The Office of Ombudsman for Children, Icelandic Food and Veterinary Authority, Administration of Occupational Safety and Health, VIRK – Vocational Rehabilitation Fund, The UN Association in Iceland, UNICEF, The Multicultural Centre, The National Olympic and Sports Association of Iceland, The Icelandic Youth Association, Association 78 and National Association for the elderly. More stakeholders are joining.



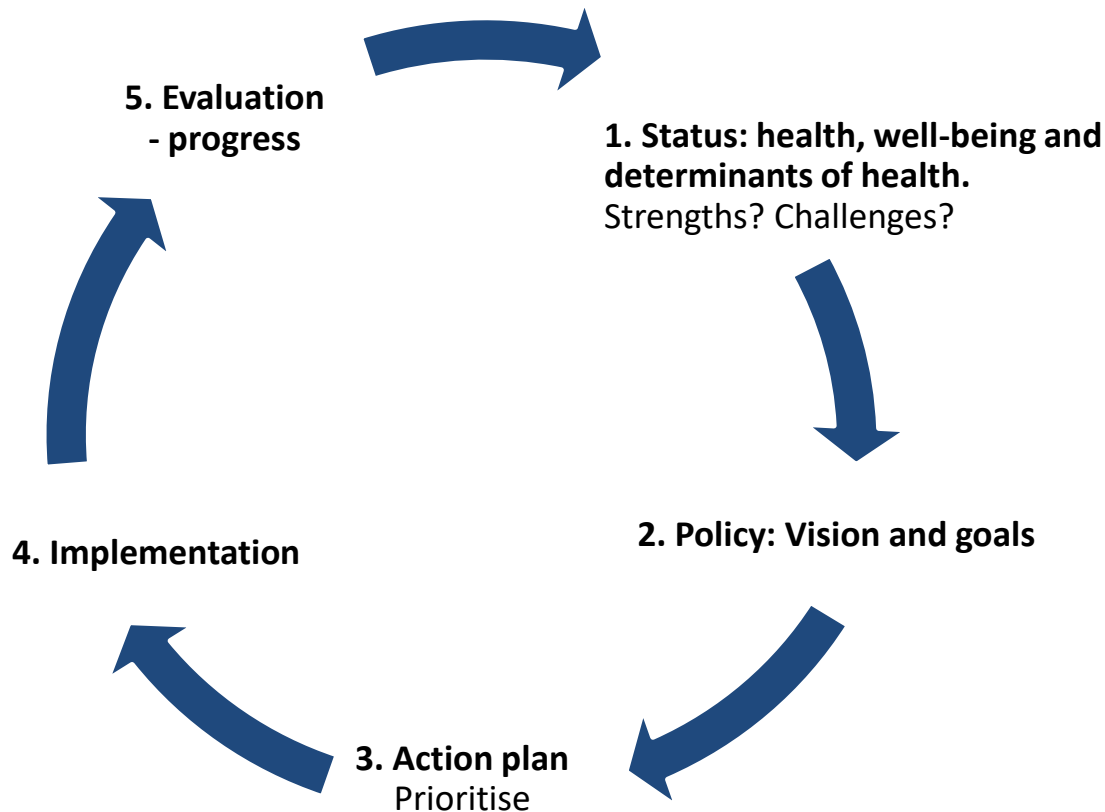


Key elements of HPC and S

- Voluntary participation, application signed by the director of the municipality/ headmaster of the school.
- Appoint coordinator, contact to DOHI.
- Steering group, ensure involvement of key stakeholders.
- Systematic public health work in line with the guiding principles.
- Use the on-line working area when available.

Systematic public health work in HPC and S

1. HPC/HPS steering group, other key stakeholders.
2. Systematic public health work, from data to policy and action:



Status – how?

- Public health indicators, other indicators and data
- Own data and inside knowledge of the community/ school.

Interactive working area,

heilsueflandi.is being developed

- Check-lists
- Measurements
- Reports



Determinants of health and wellbeing



DOHI adapted from Dahlgren & Whitehead, 1991

Why printing posters is not enough?

Public health indicators since 2016

Suðurnes

LÝÐHEILSUVÍSAR 2017

Lýðheilsuvísar eftir heilbrigðisumdæmum á Íslandi

Hvers vegna lýðheilsuvísar?

Lýðheilsuvísar eru safn mælikvarða sem gefa vísendingar um heilsu og líðan þjóðarinnar. Birting lýðheilsuvísra eftir heilbrigðisumdæmum á Íslandi er líður í því að veita yfirsýn yfir lýðheilsu í hverju umdæmi fyrir sig í samanburði við landið í heild. Lýðheilsuvísar eru ætlað að auðvelda sveitarfélögum og heilbrigðisþjónustu að greina stöðuna í elgin umdæmi, finna styrkleika og veikleika og skilja þarfr líðanna þannig að hægt sé að vinna að því að bæta heilsu og líðan.

Hvað hefur áhrif á heilsu og líðan?

Fjólmargin þættir hafa áhrif á heilsu og líðan einstaklinga. Sumum áhrifaþáttum heilsu er ekki hægt að breyta, t.d. aldri og erfðum. Margir aðrir áhrifaþættir heilbrigðis eru hins vegar þess eðlis að hafa mikið áhrif á þá og stuðla þannig að þættir heilsu og vellíðan einstaklinga og minnka líkur á sjúkdómum. Má þar nefna lífnaðarhætti á borð við áfengis- og tóbaksneyslu, mataræði og hreyfingu og samskipti við fjölskyldu og vini. Lífskilyrði eins og framboð og aðgengi að menntun, atvinnu, húsnæði, heilbrigðis- og félagsþjónustu hafa einnig mikil áhrif á heilsu og líðan svo fátt eitt sé nefnt (Dahlgren G, Whitehead M, 1991). Með því að hafa heilsu og líðan að leiðarljósi í allri stefnumótun og aðgerðum má skapa umhverfi og aðstæður, t.d. í skólum, á vinnustöðum og almennit í samfélögum, sem stuðla að heilbrigðari lífnaðarháttum, betri heilsu og líðan og minnka ójöfnuð m.t.t. heilsu.



Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.

Svæðisbundinn munur á heilsu – ójöfnuður

Svæðisbundinn munur á heilsu og líðan er þekktur um allan heild. Til þess að draga úr svæðisbundnum mun á heilsu og líðan þarf að fylgjast með mælikvörðum sem gefa þennan mun til kynna og miðla upplýsingum til þeirra sem starfa á vettvangi. Hjá Embætti landlæknis er unnið að heilsuefningu

Suðurnes

Hér eru dæmi um lýðheilsuvísra þar sem tölur fyrir Suðurnes eru frábrugðnar tölum fyrir landið í heild.

- Fjölgun íbúa yfir landsmeðaltali
- Ölvunardrykkja framhaldsskólana undir landsmeðaltali
- Hlutfall framhaldsskólana sem hefur prófað kannabis er undir landsmeðaltali
- Gosdrykkjaneysla bæði framhaldsskólana og fullorðinna er hæst á landinu
- Streita fullorðinna er yfir landsmeðaltali
- Fleiri sjúkráðslegur vegna langvinnrar lungnateppu

á heildrænan hátt í gegnum Heilsuefandi samfélag og Heilsuefandi leik-, grunn- og framhaldsskóla þar sem áhersla er lögð á að skapa aðstæður sem stuðla að heilsu og vellíðan allra. Á grundvelli svæðisbundinna lýðheilsuvísra og Heilsuefandi samfélags geta sveitarfélög og heilbrigðisþjónusta unnið saman að því að bæta heilsu og líðan íbúanna.

Val á lýðheilsuvísrum

Við val á lýðheilsuvísrum var sjónum beint að þeim áhrifaþáttum heilsu og líðanar sem fela í sér tækifæri til heilsuefingar og forvarna. Einnig var leitast við að velja þá þætti í sjúkdómabyrði sem mikilvægt er að heilbrigðisþjónusta hvers umdæmis geri sér grein fyrir og bregðist við eftir föngum. Mikilvægur stefnur og aðgerðaáætlanir á sviði lýðheilsu eru hafðar til hilisjónar. Þar má nefna stefnu velferðarráðuneytisins um lýðheilsu og aðgerðir sem stuðla að Heilsuefandi samfélagi frá 2016, stefnu Evrópuðeldar Alþjóðahelbrigðismálastofnunarinnar um heilsu kvenna frá 2016, aðgerðaráætlan Alþjóðahelbrigðismálastofnunarinnar vegna langvinnrar sjúkdóma frá 2013 og árlegar starfsáætlanir Embættis landlæknis.

Gögn

Margvísleg göggin liggja til grundvallar útreikningum lýðheilsuvísra. Notuð eru gögn úr heilbrigðisskrám og könnunum landlæknis, gögn úr könnunum Rannsóknar og greininga og Háskólans á Akureyri og gögn frá Hagstofu Íslands og Sjúkratryggingum Íslands. Birtar eru upplýsingar úr gögnum sem nýjust eru hverju sinni.

Suðurnes

LÝÐHEILSUVÍSAR 2017

- Heilbrigðisumdæmið er marktækt frábrugðin landinu öllu
- Heilbrigðisumdæmið er ekki marktækt frábrugðin landinu öllu
- Ekki er prófað fyrir marktækni
- Landið allt
- Dreifing heilbrigðisumdæmanna sjó

Lýðheilsuvísir	Ár	Umdæmi	Ísland	Eining	Suðurnes
Samfélag	1 Íbúafjöldi	2016	23.251	335.439	
	2 Íbúafjöldi (fjölgun/fækkun)	2012-16	9,6	4,6	%
	3 Íbúar ≥ 80 ára	2016	2,4	3,6	%
	4 Kynjahlutfall	2016	1,08	1,02	kk/kvk
	5 Fæðingarátíðni	2012-16	55,6	54,1	Á 1.000
	6 Lesskilningur (10. b.)	2015	71,1	77,8	%
	7 Háskólamenntaðir	2016	20,6	37,8	%
	8 Ráðstöfunartekjur	2015	3.251	3.352	1.000 kr
Lífnaðarhættir	9 Hamingja fullorðinna	2016	61,3	61,0	%
	10 Hamingja (8.-10. b.)	2016	83,5	84,2	%
	11 Lúkamsmynd stúlkna (8.-10. b.)	2016	56,1	56,0	%
	12 Ófbelldi og stríðni (5.-7. b.)	2017	16,5	14,8	%
	13 Einmanaleiki framhaldsskólana	2016	10,0	10,7	%
	14 Stuttur svefn framhaldsskólana	2016	71,1	70,3	%
	15 Streita fullorðinna	2016	29,0	22,2	%
	16 Virkur ferðamáti í vinnu/skóla, fullorðnir	2016	10,4	20,3	%
	17 Þátttaka í skipulögðu íþróttastarfi (8.-10. b.)	2016	55,1	55,3	%
	18 Grænmetis- og ávaxtaneysla fullorðinna	2016	8,9	10,1	%
	19 Gosdrykkjaneysla framhaldsskólana	2016	33,0	24,1	%
	20 Gosdrykkjaneysla fullorðinna	2016	25,3	18,0	%
	21 Áhættudrykkja fullorðinna	2016	27,4	28,0	%
	22 Ölvunardrykkja framhaldsskólana	2016	36,4	38,3	%
	23 Reykingar fullorðinna	2016	12,5	10,2	%
	24 Tóbaksnotkun í vör, framhaldsskólana	2016	22,2	19,7	%
	25 Prófað kannabis, framhaldsskólana	2016	17,1	20,0	%
Heilsa og sjúkdómur	26 Meta andlega heilsu samfélaga/élegra, fullorðnir	2016	30,4	27,6	%
	27 Þunglyndisliyfjanotkun, kk	2016	81,9	94,2	DPD
	28 Þunglyndisliyfjanotkun, kvk	2016	160,7	168,3	DPD
	29 Blóðsykurslækkandi lyf, önnur en insúlín	2016	40,8	33,5	DPD
	30 Háþrýstingslyfjanotkun	2016	282,5	261,6	DPD
	31 Blóðflutlækkandi lyf	2016	85,1	87,6	DPD
	32 Langv. lungnateppa, sjúkráðslegur, kk	2012-16	292,1	155,9	Á 100.000
	33 Langv. lungnateppa, sjúkráðslegur, kvk	2012-16	399,0	234,2	Á 100.000
	34 Ótima bætur dauðsföll v/ langv. sjúkdóma	2012-16	28,9	22,7	%
	35 Dánartíðni vegna krabbameina	2012-16	248,0	187,1	Á 100.000
	36 Sýklalyfjagævisnir < 5 ára	2016	1.362	1.269	Á 1.000
	37 Bólusetningar barna, 12 mán.	2016	87,6	87,9	%
	38 Inflúensubólusetning ≥ 60 ára	2016-17	17,3	22,6	%
	39 Leghúskrabbaeinsköðun	2015	62,0	71,0	%
	40 Brjóstamyndataka	2015	48	58	%
	41 Lífskipti aðgerðir á mjóðm	2012-16	208	233	Á 100.000
	42 Blóðlíti eftir hjúkrunarmými, ≥ 67 ára	2016	12,1	7,6	Á 1.000
43 Heilsugæsluheimisóknir	2015	3,1	2,7	Á íbúa	
44 Sérfræðingheimisóknir	2016	1,3	1,5	Á íbúa	

Þýðing

1. Hagst. 2. Hagst. 3. Hagst. 4. Hagst. 5. F. Lífslífi fædd börn á 1.000 konur 15-49 ára. 6. Mtm. Lúgamarkhæfni (lúskning) í PISA. 7. Hagst. 25-74 ára. 8. Hagst. Vegið mæðgildi ráðstöfunartekna skattar. ≥ 16 ára. 9. Vöktun. Svær 10 á harringsváru (1-10). 10. R&G. Mjögþekkt harringsvöktun. 11. R&G. Mjögþekkt árangur með Íkarna árs. 12. R&G. Þættir/áhrif og/ða ströðir og/ða skilríki (ástandi í skóla) ≥ 21 árs. 13. R&G. Öfl eimanna í líku. 14. R&G. ≥ 7 kíló/míttú. 15. Vöktun. Þessa öfl/mjög öfl fyrir mekkli ströðu. 16. Vöktun. Gangþjölgja ≥ 3x í viku. 17. R&G. Elfa ljúðir ≥ 3x í viku. 18. Vöktun. Bætur grænmetis og veitir ≥ 5/dag. 19. R&G. Sýklalyf og/ða sýklalyf ≥ daglega. 20. Vöktun. Sýklalyf og/ða sýklalyf ≥ daglega. 21. Vöktun. ALDIT-C samræmingur eftir kyni. 22. R&G. ≥ 3x í v. mín. 23. Vöktun. Daglega. 24. R&G. 1x í v. mín. 25. R&G. Prófað ≥ 1x um ávina. 26. Vöktun. 27. Vöktun. 28. Vöktun. 29. Vöktun. 30. Vöktun. 31. Vöktun. 32. Vöktun. 33. Vöktun. 34. Vöktun. 35. Vöktun. 36. Vöktun. 37. Vöktun. 38. Vöktun. 39. Vöktun. 40. Vöktun. 41. Vöktun. 42. Vöktun. 43. Vöktun. 44. Vöktun.

...if we measure the right thing, we might end up doing the right thing





Example – Make the healthy choice the easy choice:

What is needed to promote cycling to school?



The child

- Interest and the skills needed to cycle.

Parents

- Knowledge (importance of PA, safety issues), will and financial capacity to buy bike and helmet.
- Motivate and educate the child.

Schools

- Rules must allow cycling.
- Safe place to store the bike and helmet.
- Motivate and educate parents and children.

Municipalities – local governments

- Priorities funds for cycle lanes, lighting, cleaning + guards with streets with heavy traffic.
- Active police actions, speed limits etc.

National government

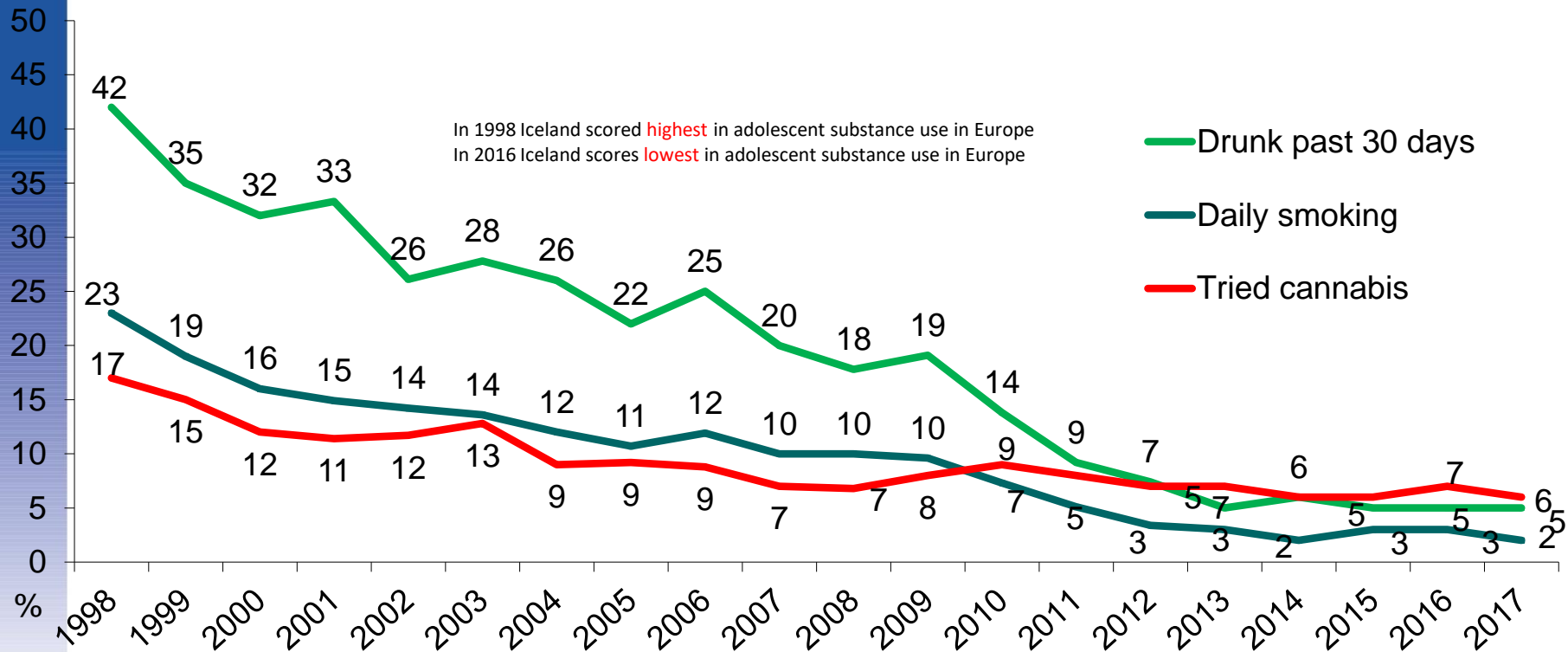
- Traffic law and regulations.
- Policies and actions support active travel (↑cyclists ⇒ ↑safety).

**COMPREHENSIVE APPROACH, ACCROSS SECTORS
AND LEVELS IS THE KEY TO SUCCESS**





From highest to lowest in substance use – 15/16 year old students



©ICSRA



Comprehensive approach – *universal actions* to decrease youth drinking and promote health and wellbeing

The State

- Act on how long children can stay outside – outdoor time limits (curfew) (2002)
- Taxes on alcohol
- Age limit, access to places selling alcohol.
- High age limit for buying alcohol and alcohol monopoly.

Municipality

- **Data driven intervention**
- Information to parents and other stakeholders – **magnets with the outdoor hours** published and distributed.
- Encourage parents/caregivers to comply with the law.
- Organise search in collaboration with Police.
- Access to organised sports and other constructive leisure time activities – **“The leisure card”**.

Schools- youth centres – sports clubs and others providing constructive leisure time options for children

- Alcohol-free gatherings, **in line with the outdoor hours law**.
- Education to parents and students
- Support parent-groups (education, provide facilities for their work).
- Availability, access and quality

Parents

- Parents-walks around neighbourhoods to **follow up on the outdoor hours** (social capacity, share information).
- Parent contracts on **outdoor hours etc**.
- **Joint family time -> encouraged to spend more time with their children**.
- Support participation in healthy recreational activities like organised sports via the **leisure card**.

Youth

- **Informed about laws** and regulations.
- **Spending more time with parents/family**.
- Increased participation in organised sports and other organised leisure time activities via the **leisure card**.



Addressing Health Determinants with comprehensive settings approach



Health Promotion for Older Adults



Health Promoting Preschools



HEILSUEFLANDI grunnskóli

Health Promoting Compulsory schools



HEILSUEFLANDI framhaldsskóli

Health Promoting Upper Secondary schools



HEILSUEFLANDI vinnustaður

Health Promoting Workplaces



Health Promoting Schools

Well-being for all



HEILSUEFLANDI
leikskóli

velliðan fyrir alla

**Health
Promoting
Preschools**



HEILSUEFLANDI
grunnskóli

velliðan fyrir alla

**Health
Promoting
Compulsory
schools**



HEILSUEFLANDI
framhaldsskóli

**Health Promoting
Upper Secondary
schools**



ICELAND

- **31** Upper secondary schools (16-19/20 years old)
23.500 pupils
- **176** Compulsory schools (6-16 years old)
44.500 pupils
- **254** Preschools (1,5-6 years old)
19.000 children



National Curriculum Guide with emphasis on health and wellbeing

Health and wellbeing is one of six fundamental pillars of education on which the curriculum guidelines are based



- The fundamental pillars are meant to accentuate the principle of general education and encourage increased continuity in school activities as a whole.
- The Ministry of Education promotes the Health Promoting Schools Projects as a suggested means towards success in the health and wellbeing pillar.

Six fundamental pillars of education: Literacy, Sustainability, **Health and wellbeing**, Democracy and human rights, **Equality**, Creativity.



SHE



World Health
Organization

Schools for Health in Europe

www.schools-for-health.eu

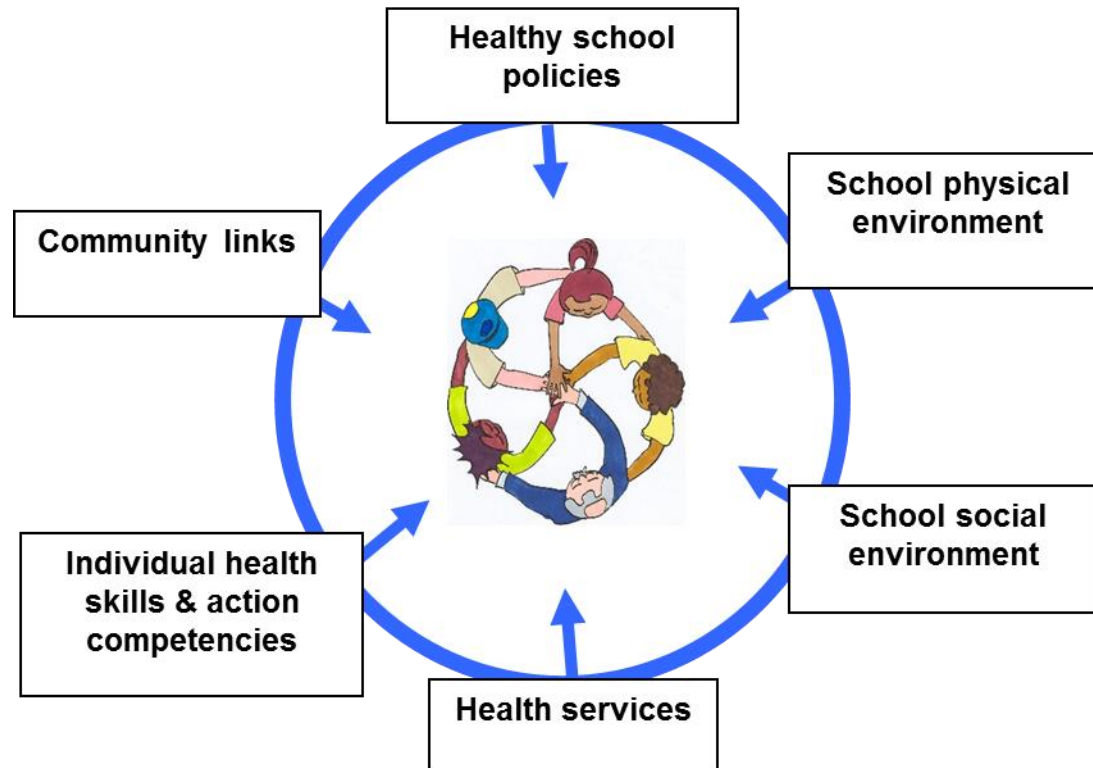


Acting for better schools, leading to better lives



Embætti
landlæknis
Directorate of Health

Whole-school approach



The Ottawa Charter for Health Promotion (1986)



10 Health Promoting School principles

- 1. Democracy***
- 2. Equity***
- 3. Empowerment and action competence***
- 4. School environment***
- 5. Curriculum***
- 6. Teacher training***
- 7. Measuring success***
- 8. Cooperation***
- 9. Communities***
- 10. Sustainability***

Health Promoting School Programs

- Long-term in nature and apply to the **whole school approach**.
- Involves students, parents, school staff and the surrounding community.
- The main themes are nutrition, physical activity, mental health promotion and life skills.





Health Promoting Preschools



68 schools (~25%) are participating in the program.

Municipalities run the Preschools.

- Online manual and information
- Online working area (www.heilsueflandi.is)
- Guidance, checklists and support
- Teaching materials and working tools

- Schools choose themes

Themes/emphasis for Health Promoting Preschools



Safety

Safety observation regularly, e.tc.

ÖRYGGI



Local community

Involve the local community.

NÆRSAMFÉLAG



Nutrition

Healthy choices in food and drink.
Education about nutrition and healthy choices.

MATARÆÐI



Physical activity

More physical activity incorporated in the whole school program.

HREYFING



Dental health promotion

Tooth brushing in some schools, education about dental health.

TANNHEILSA



Mental health promotion

Well-being, caring environment.

GEDRÆKT



Parents and family

Involvement and information.

FJÖLSKYLDA



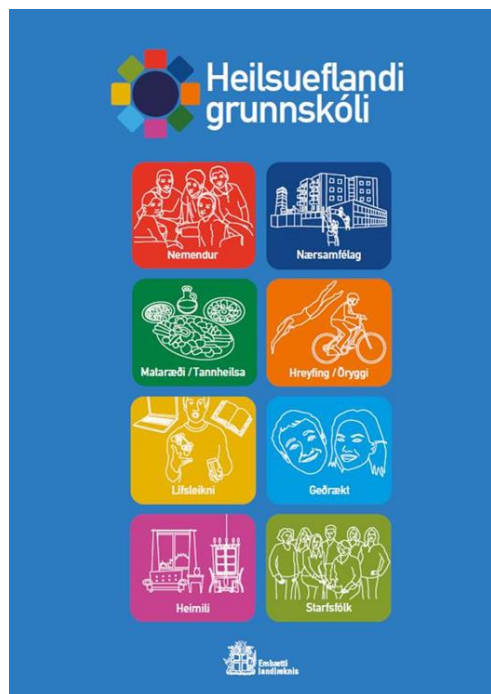
Staff

Positive motivation, support, dedication to health promotion.

STARFSFÖLK



Health Promoting Compulsory Schools



94 schools (~55%) are participating in the program

Municipalities run the Compulsory schools

- Manual and online information
- Online working area (www.heilsueflandi.is)
- Guidance, checklists and support
- Teaching materials and working tools

- Schools choose themes

Themes/emphasis for Health Promoting Compulsory schools



Students

Their rights and involvement in the school community.



Local community

Involve local community.



Nutrition and dental health

Healthy choices in food and drink.
Education about nutrition and healthy choices.

Dental health promotion.



Physical activity and safety

Transport, recess and physical education
More physical activity incorporated in the whole school program.

Safety observation regularly, etc.



Life Skills

Critical thinking; tobacco, alcohol and drug prevention.
Sexual health, sleeping and use of new media in a safe and positive way.



Mental health promotion

Well-being, building strong identity, bullying prevention, etc.



Parents and family

Involvement and information.



Staff

Positive motivation, support, dedication to health promotion.



First year
PREPERATION

**Health Promoting Upper
Secondary Schools (100%)
Run by the government**

Second year
NUTRITION



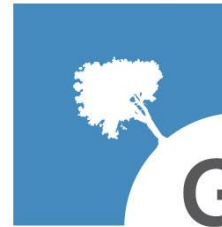
NÆRING

Third year
PHYSICAL ACTIVITY



HREYFING

Fourth year
**MENTAL HEALTH
PROMOTION**



GEÐRÆKT

Fifth year
LIFE SKILLS



LÍFSSTÍLL

HAS BEEN UPDATED





New and updated themes/emphasis for Health Promoting Upper Secondary Schools

- Physical activity
 - Nutrition
 - Mental health promotion
 - Tobacco, e cigarettes, alcohol and drug prevention
 - Equality and sexual health
 - Safety – injury and violence prevention
 - Staff
- **Schools choose themes**
- ✓ **State runs the Upper Secondary Schools**
 - ✓ **All schools (100%) are participating in the program**

Heilsueflandi.is

Closed Interactive website for participants

HEILSUEFLANDI

Velkomin(n) á heilsueflandi.is

Heilsueflandi.is er vettvangur heilsueflandi starfs í samfélögum og skólum. Meginmarkmið starfsins er að skapa umhverfi og aðstæður sem stuðla að heilbrigðum lífsvenjum, heilsu og vellíðan allra landsmanna.

Viltu nánari upplýsingar um starfið? Smelltu á viðeigandi myndir hér að neðan.

Fulltrúar þátttakandi skóla og samfélaga geta nýtt sér vinnusvæði heilsueflandi.is, sjá Innskráning.



HEILSUEFLANDI
samfélag



HEILSUEFLANDI
leikskóli



HEILSUEFLANDI
grunnskóli



HEILSUEFLANDI
framhaldsskóli

Kæri notandi, vinsamlega fylltu inn þínar notendaupplýsingar. Ef þú lendir í vandræðum vinsamlega hafðu samband við tengilið.

[Gleymt aðgangsorð](#)

[Innskrá](#)



About heilsueflandi.is

Main aim:

Make it easier for communities, schools and DOHI to organise and evaluate the progress of the work.

- Comprehensive: policy – objectives/indicators – actions – progress
→ Activate data and translate into action.
- Increased access to data (cost, knowledge ...).
- Easier to disseminate information about the work.
- Automatic reports → minimise paper work
- Central storage of data → Sustainability of the work



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Basic information

- Steering groups and other stakeholders – roles, e-mail.
- Vision for the future.
- What is emphasised this year.





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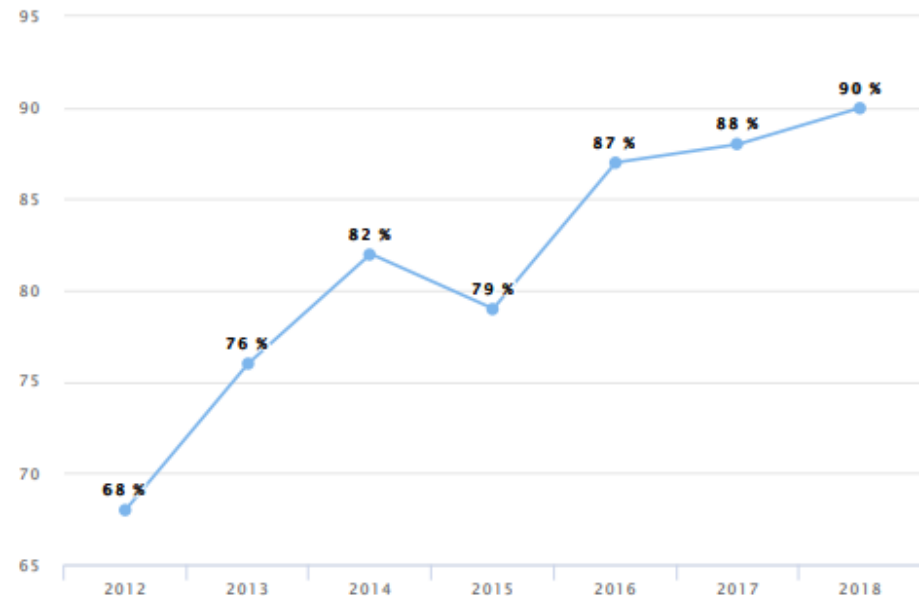
Indicators

1. Indicators defined by DOHI – communities/schools register data.
2. Own indicators and data.
3. Indicators defined by DOHI – data loaded in by DOHI.

Example:

Percentage of the staff that feel good at work

Hlutfall starfsfólks sem líður vel í vinnunni





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Check-lists

1. Base-line
2. Actions - progress

Viðmið 5 - Skipulagðar hreyfistundir

Skipulagðar hreyfistundir, þar sem markvisst er unnið með hreysti (s.s. þol, styrk og liðleika) og hreyfifærni, eru í dagskipulagi yngri barna a.m.k. einu sinni í viku.

1. 2. 3. 4. 5.

Skrá aðgerð 

Þetta atriði er að miklu leyti komið til framkvæmda

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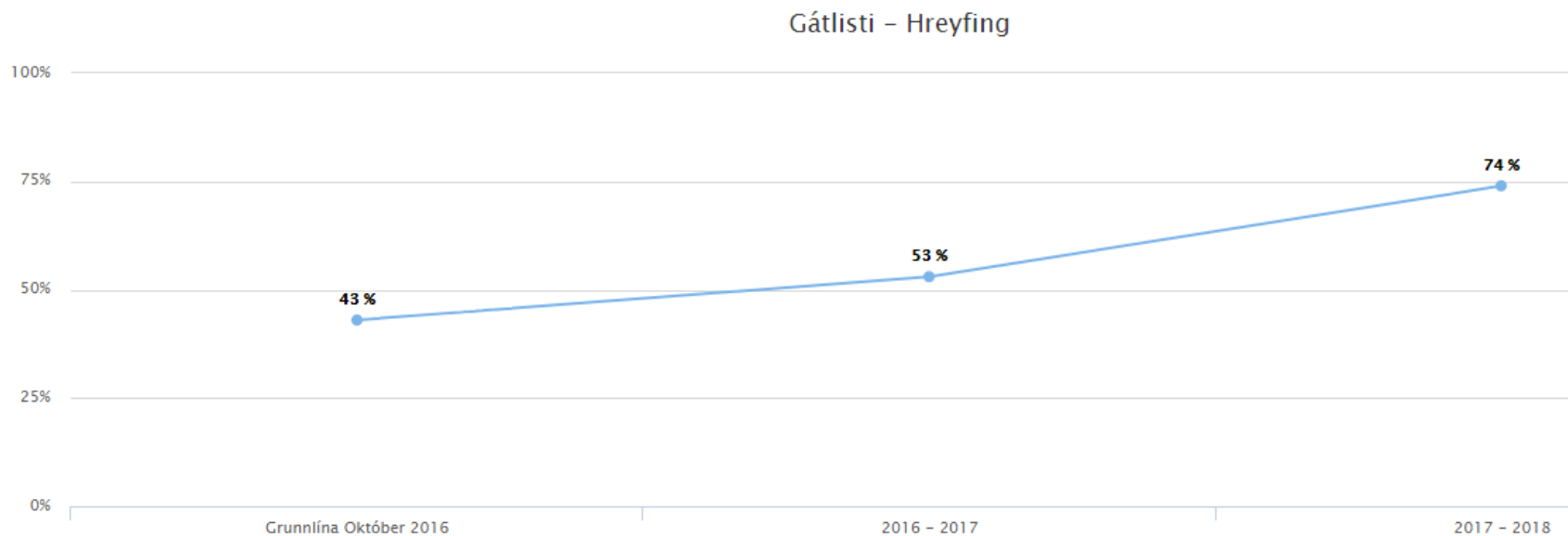


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Check-lists

(example physical activity)

Hreyfing



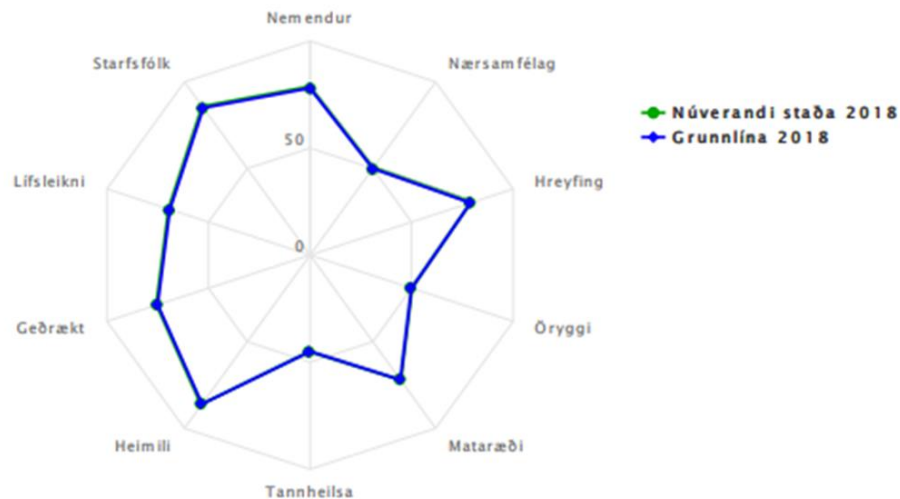


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Annual report - automatic

- Summary from the system: groups, future vision, emphasis this year, number of meetings, check-lists, actions, indicators.

Heildarstaða Gátlista





Thank you

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