

Dutch infrastructure for Health Promotion



How we work

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Bureau Maat

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MAAT

Curriculum Gerard Molleman



- Till 1982 Msc Psychology, Mental Health promotion
- 1983 -1994 Manager department Prevention Regional Addiction Centre
- 1990 -1993 Chair Dutch Association Health Promotion
- 1994-1999 Own consultancy Agency Bureau MAAT
- 1994-2008 Manager National Institute for Health Promotion
- National Alcohol Campaign
 - Development of the Preffi (PhD in 2005)
 - Centre for Knowledge and Quality Management
 - Representative in Eurohealthnet (EQUIPH)
- 2008 Manager Health Promotion & Epidemiology, Nijmegen
- Bureau Maat
- Project leader Academic Centre Public Health AMPHI

Region of Nijmegen



10 communities

Population N = 320.836

Nijmegen N = 160.000

Municipal Health Service: GGD Regio Nijmegen

- 293 employees 187 FTE (50 FTE for 0-4 year)
- Budget : € 17 million; € 10 million for obligatory tasks
- General Health: n= 60
- Youth Health n=140
- **Health Promotion & Epidemiology n=22**
- Board, Finance, HRM and communication

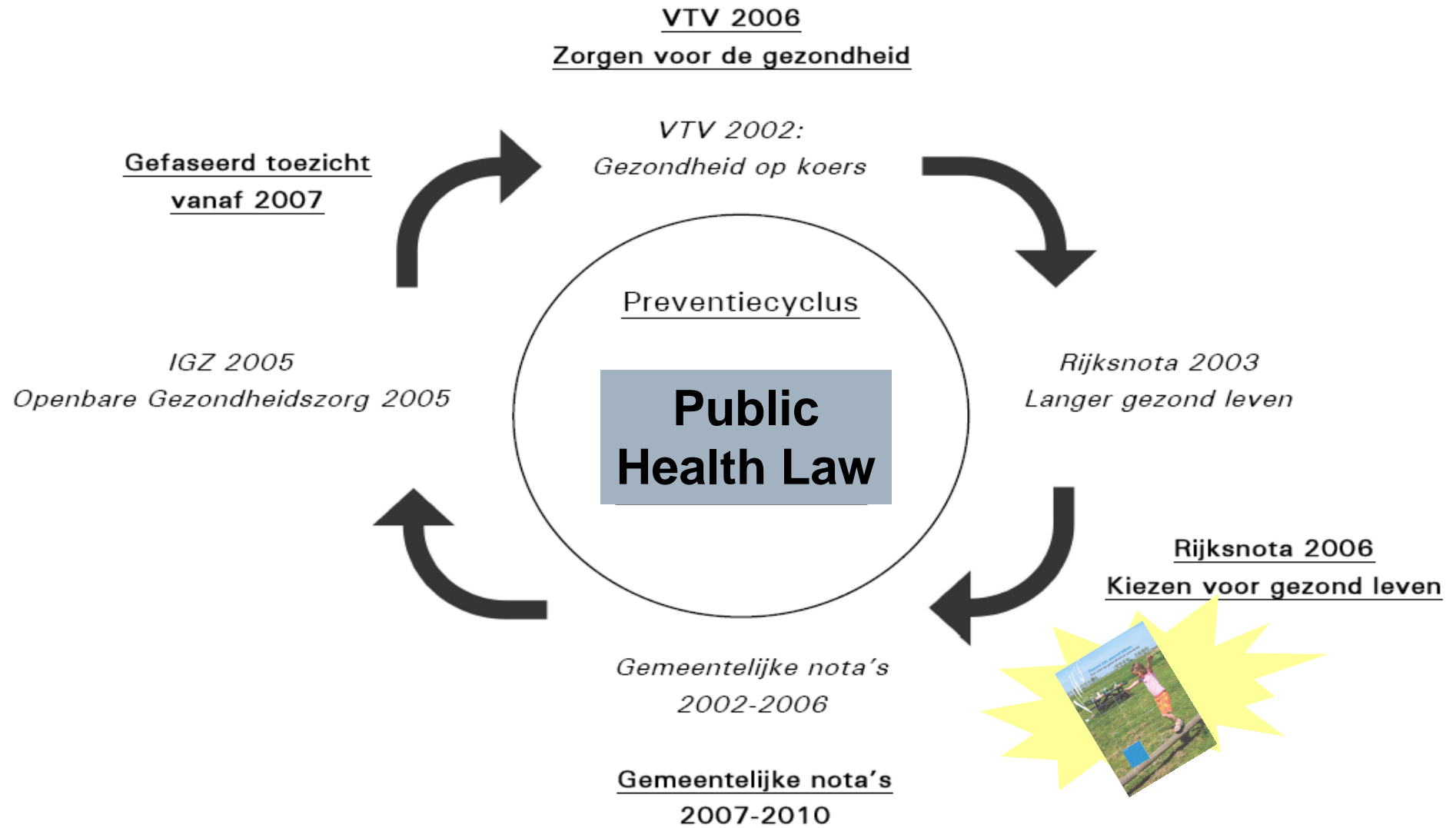
Health Promotion & Epidemiology



- Settings approach
 - Healthy schools
 - Healthy neighbourhoods/communities
- Themes: obesity and alcohol
- Coordination of health promotion regional
- Epidemiology : Cyclus of surveys every year
 - Year 1 children 0-12
 - Year 2 13 and 15 years
 - Year 3 adults
 - Year 4 elderly



Policy structure Public Health



Organisation Public Health



National health monitor

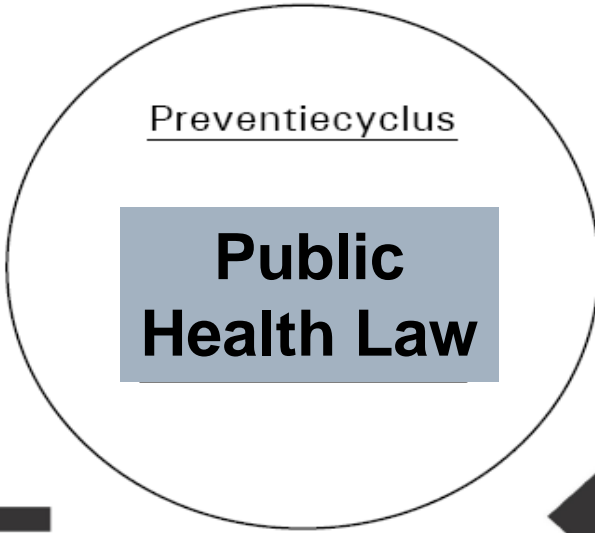
VTV 2006
Zorgen voor de gezondheid

VTV 2002:
Gezondheid op koers

Gefaseerd toezicht
vanaf 2007

IGZ 2005
Openbare Gezondheidszorg 2005

Rijksnota 2003
Langer gezond leven



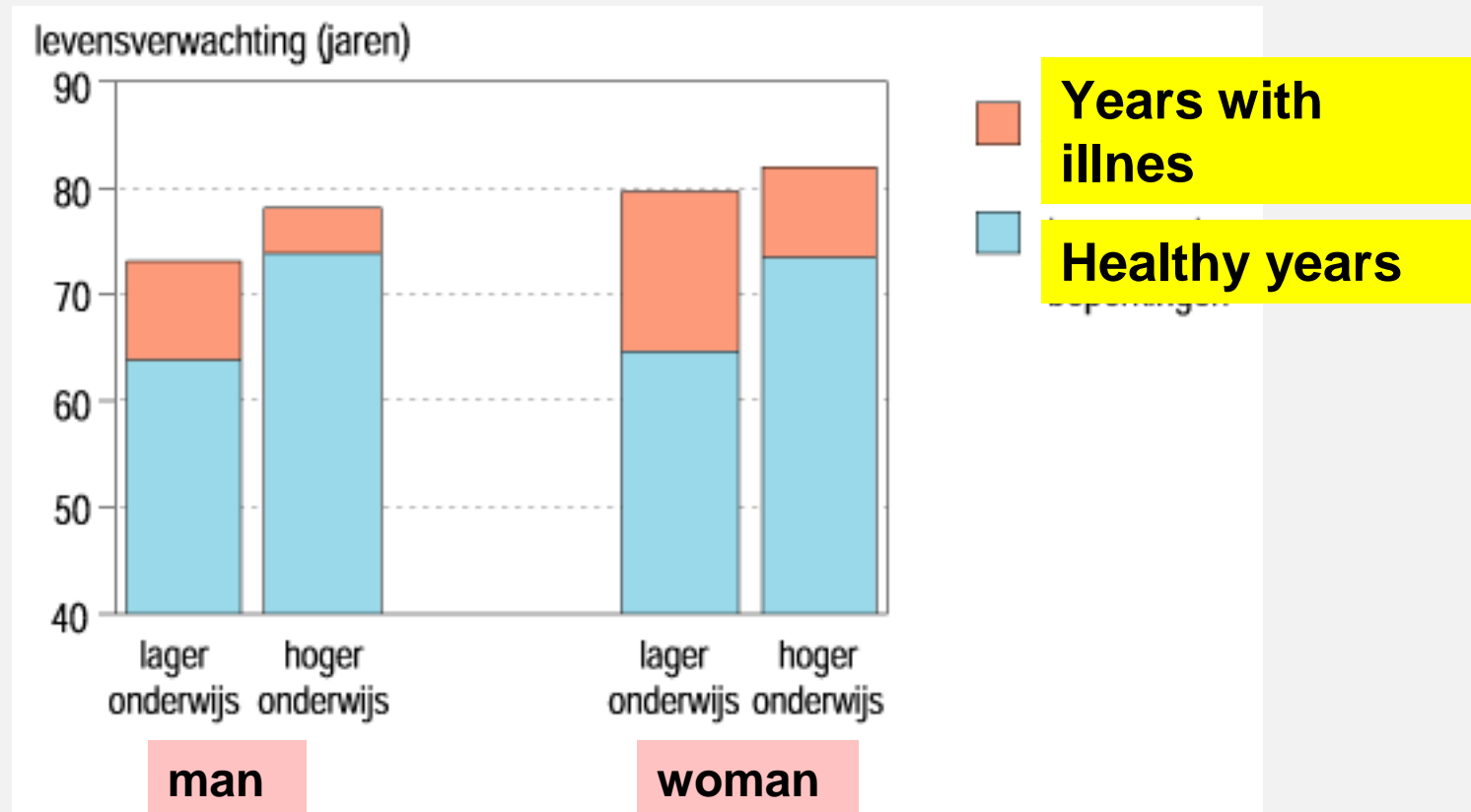
Rijksnota 2006
Kiezen voor gezond leven



Gemeentelijke nota's
2002-2006

Gemeentelijke nota's
2007-2010

Life expectancy and years in healthy condition: ■ ■ ■ Health inequalities are serious problem



Differences are not diminishing (Health Forecast report, 2010)

Organisation Public Health



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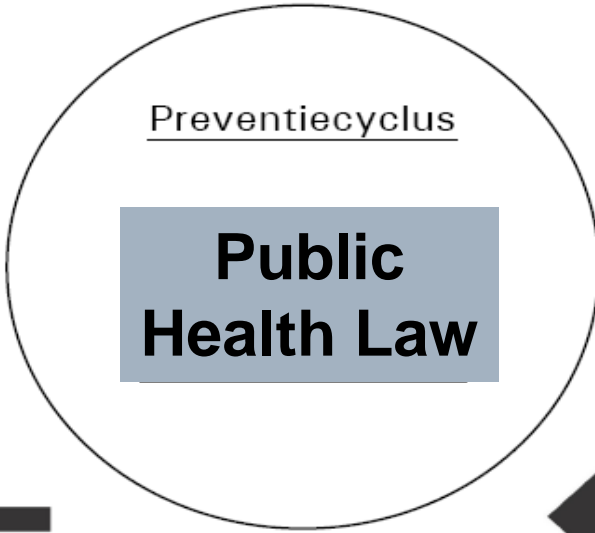


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Priorities ministry of Health

- Smoking
- Alcohol
- Obesity (nutrition and physical exercise)
- Diabetes (nutrition and physical exercise)
- Depression

- Reducing Health Inequalities

Organisation Public Health



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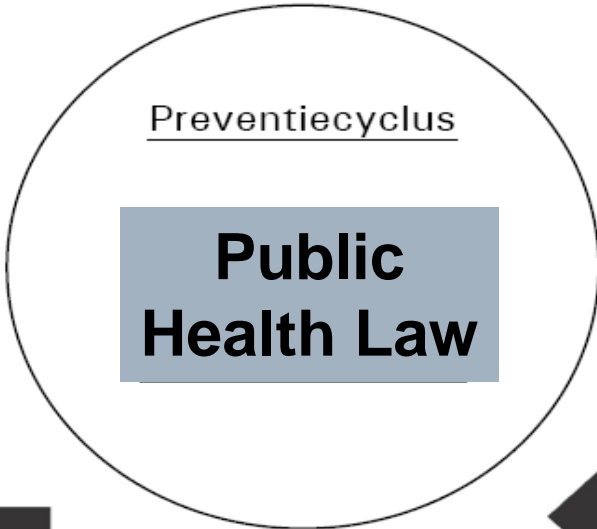
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Public Health Law

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Local health monitor

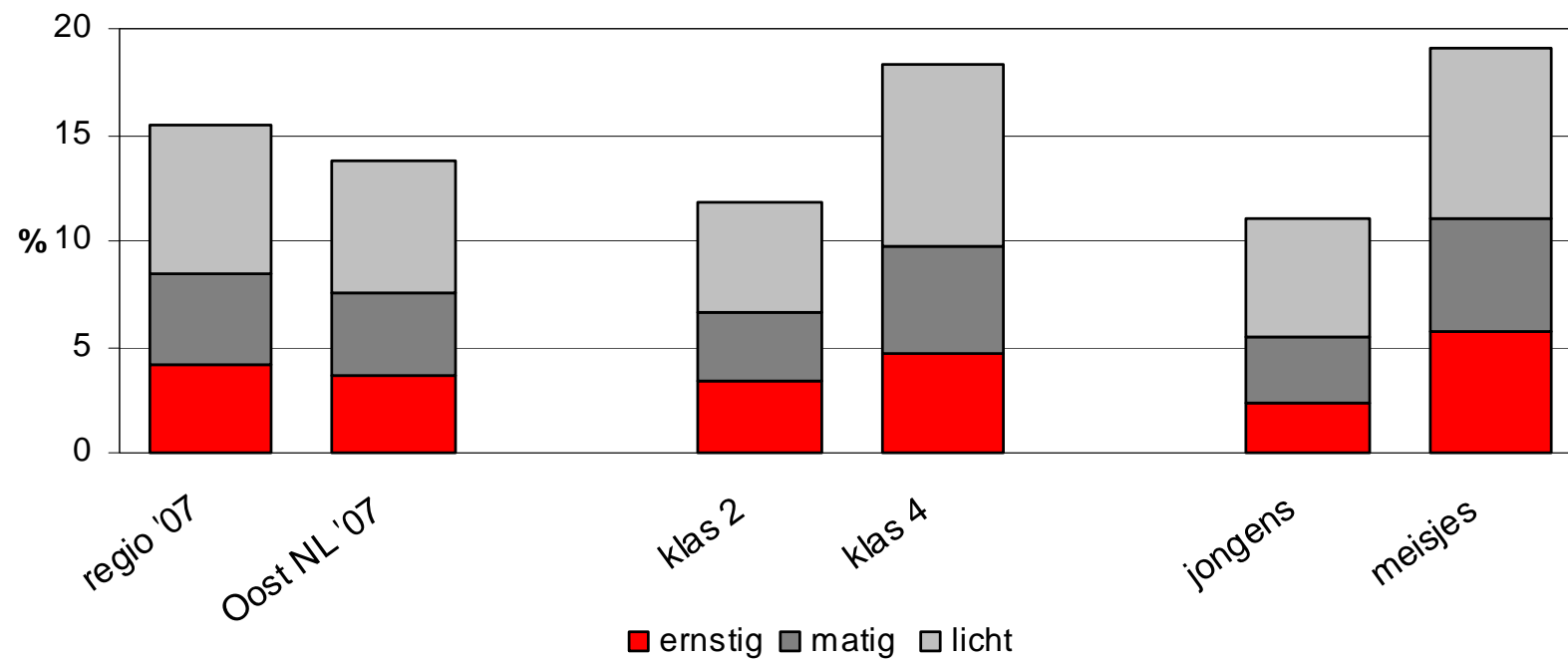
Figures on Youth health problems in the Nijmegen Region; uit: Emovo 2007/2008



(group 2 and 4 of secondary school)

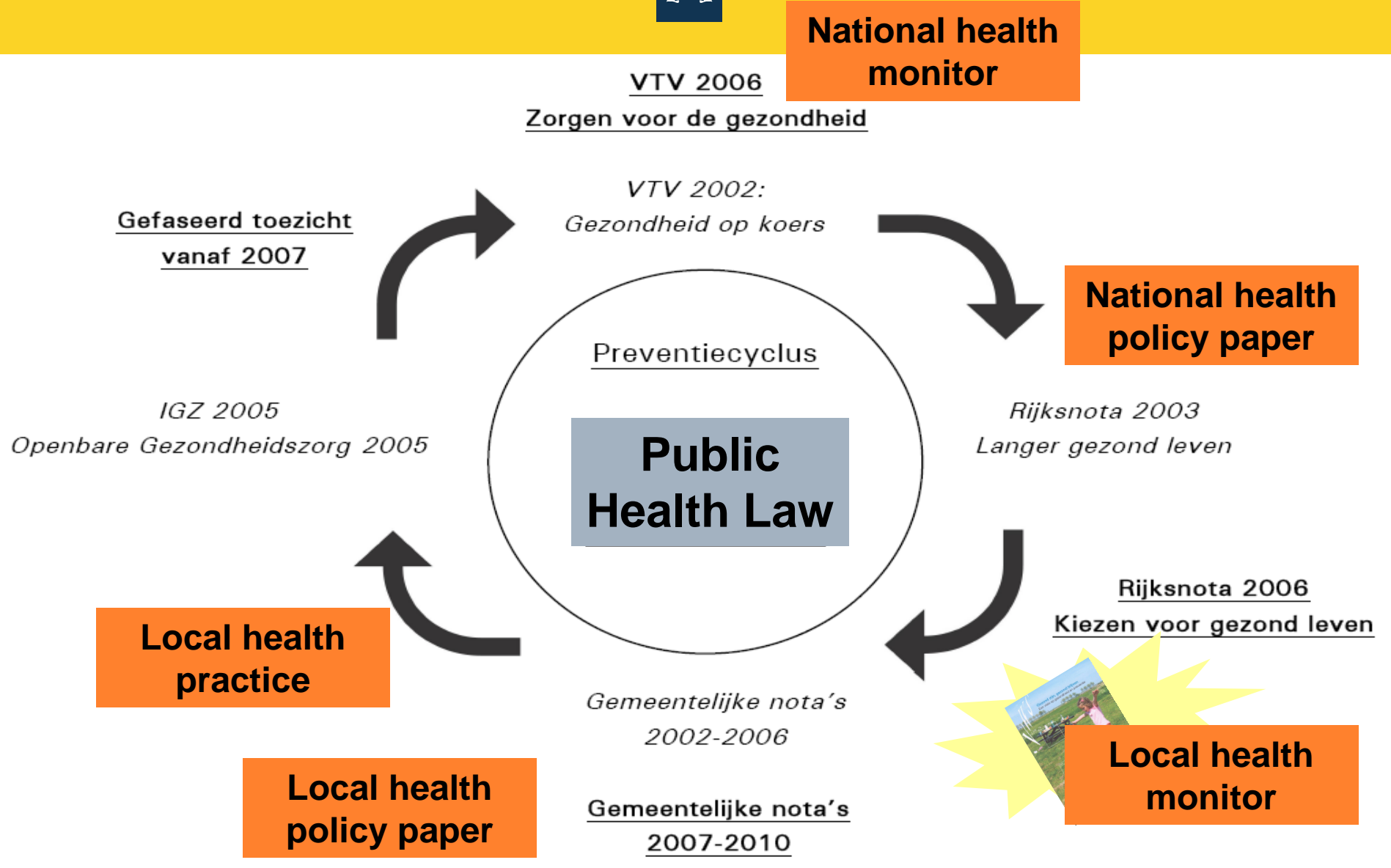
- Smoking 18 %
- Alcohol (binge drinking) 38 %
- Overweight 15 %
- Below exercise norm 18 %
- Low vegetable consumption 59 %
- **Mental problems (MHI-5) 18 %**
- **Depressive symptoms 15 %**

Depressive feelings (serious, moderate, few)



Bron: Emovo 2007/2008, GGD Regio Nijmegen

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NO ALCOHOL UNDER 16

Regional alcohol policy Nijmegen



Binge drinking last months (3>)

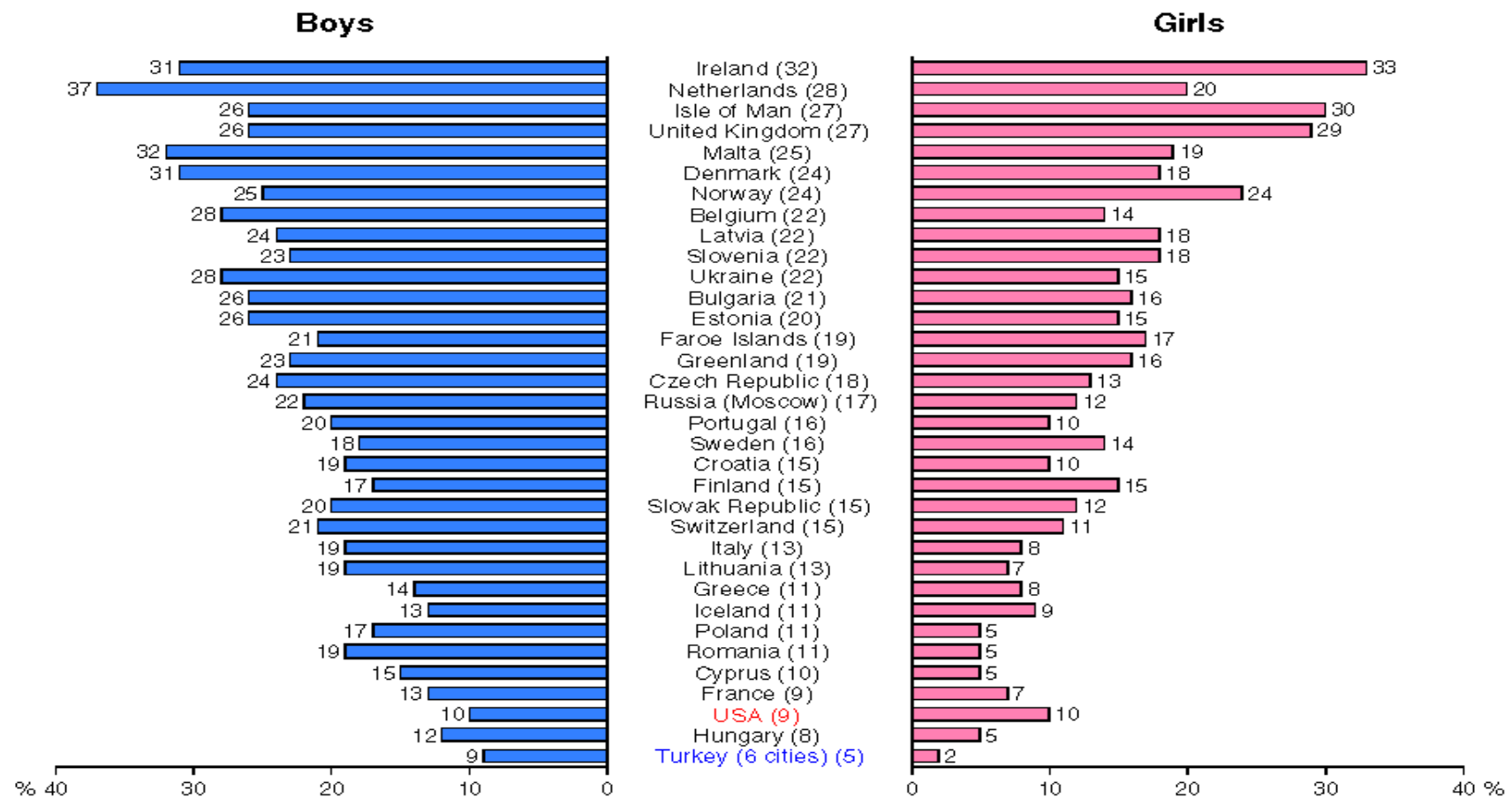
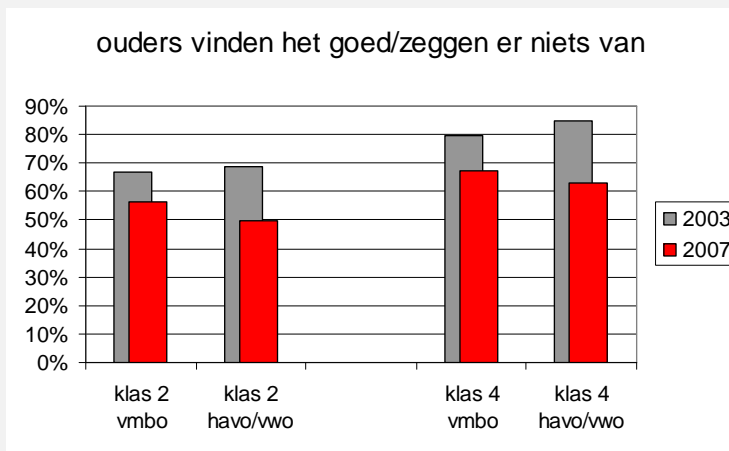
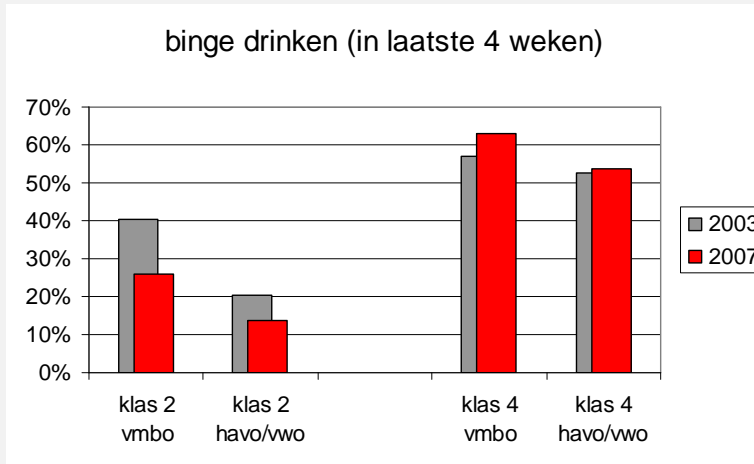
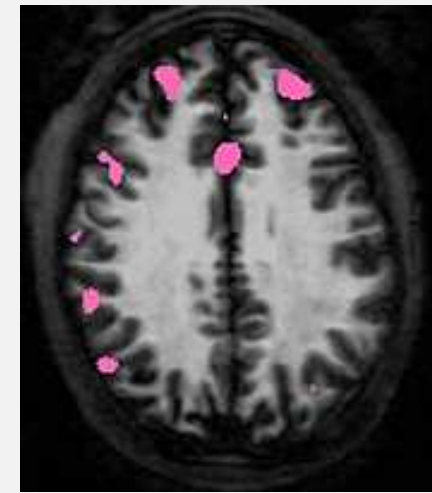
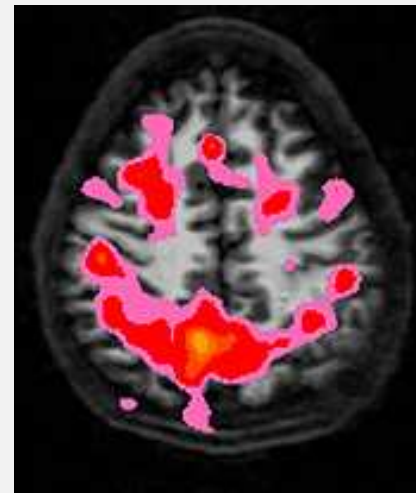


Figure 45b. Proportion of boys and girls who reported “binge drinking” 3 times or more during the last 30 days. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage. USA: Limited comparability.

Why an alcohol policy : No alcohol under 16



According to the kids



**No drinker (left), heavy drinker (right)
brain activity 15 year kid**

How much drink 15-year old children in a weekend?



	according to parents	children
1 – 4 glasses	10%	21%
5-10 glasses	1%	8%
11-20 glasses	0%	4%
21 glasses or more	0%	2%

Tolerance of parents

Tolerance very important risquefactor for use of alcohol for children.

This is indipendent of the use of alcohol of the parents

Principles for policy



- Succes only when everybody feels responsibility
- One focus : no alcohol under 16
- Local + regional + national
- Integrated approach: mix of sectors and interventions

Important:

- Commitment
- Participation
- Planned and for at least 8 years
- Look where the motivation and energy is
- Combine with what is already happening
- Monitoring and learning



Two objectives

- Raise acceptance norm : no alcohol under 16:
 - children
 - Their parents
 - Relevant others
- For parents and relevant others:
 - Awareness: Alcohol under 16 is a problem
 - Take responsibility themselves



Indicators in 2014

- No alcohol on school parties
- No happy hours in bars on Friday afternoon
- Alternative penalty for disturbance due to alcohol
- All parents get education when children are 10 years old during visit to school doctor
- No alcohol during Carnival parades
- Sensible behaviour on alcohol from of local government
- Clear alcohol policy of sport clubs
- More control by policy and local government

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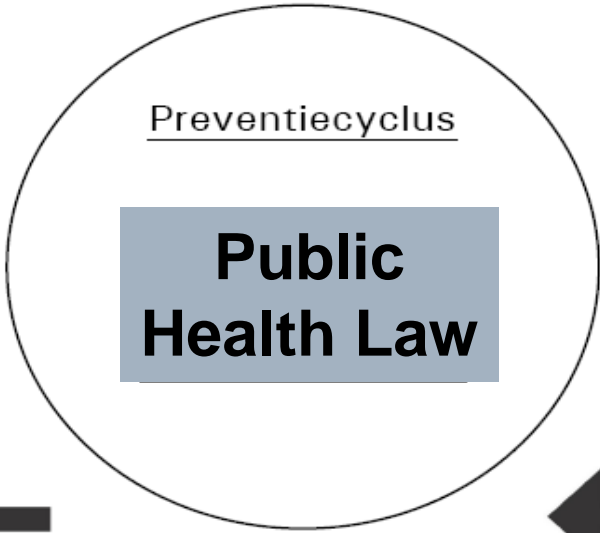
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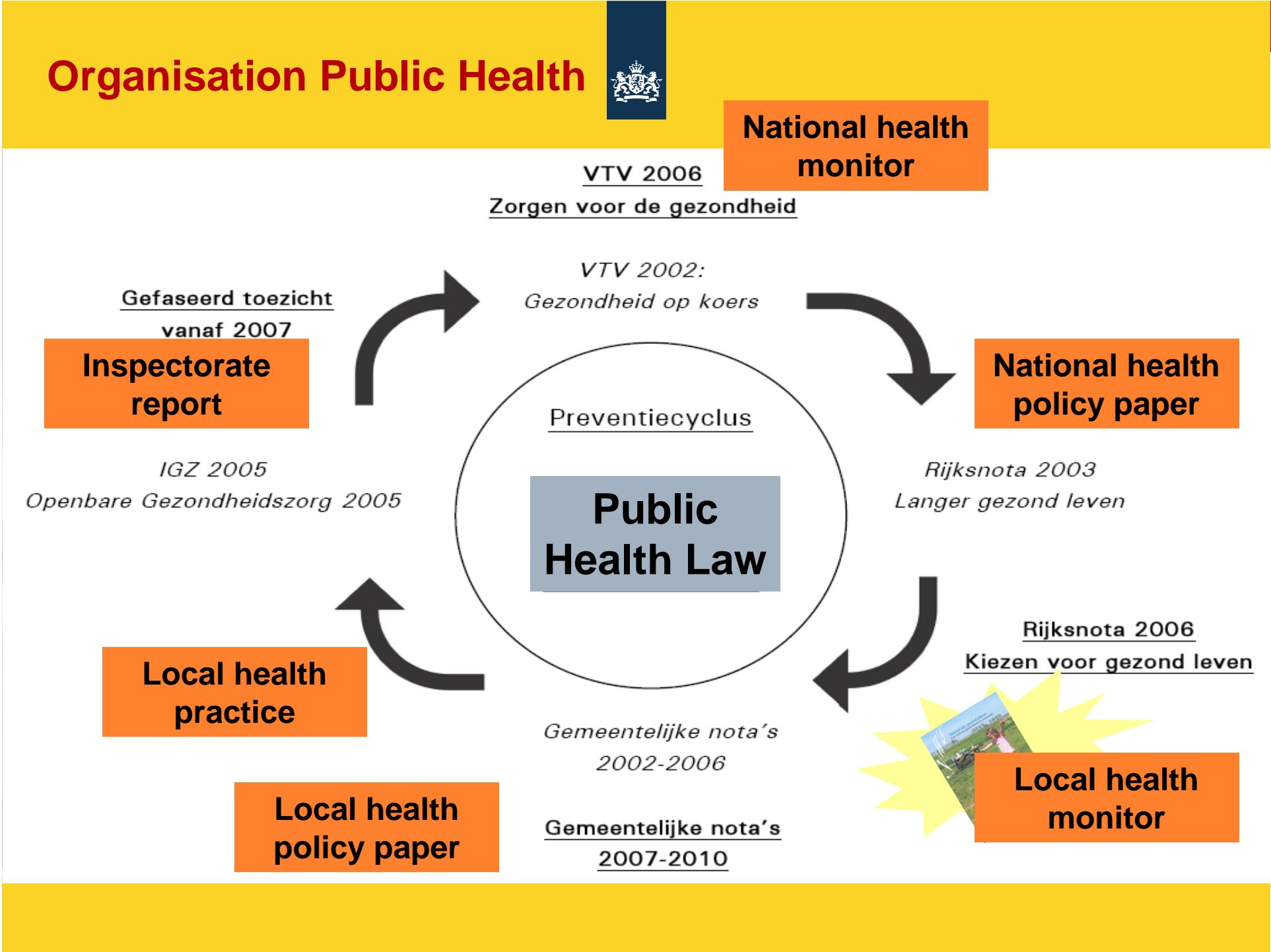
Gefaseerd toezicht
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Inspectorate report

IGZ 2005
Openbare Gezondheidszorg 2005

Local health practice

Local health policy paper





Context HP in the Netherlands

- Developing infrastructure since 1962
- 1300 HP-specialists on local level; 70% with a university training
- active professional association: DAPHE
- 10 university-centres HP-oriented
- > 6 national institutes on HP-topics
- several public/private agencies: NIGZ
- RIVM/CGL: national knowledge collection and coordination in HP

Infrastructure for Health Promotion (HP)



national level

local level

NiPH/ Center for Healthy Living

National Institutes

- Trimbos
- Nutrition Center
- Physical Activity
- Smoking
- Safety
- Sexual Health

NGO's on topics (n=100)

University centers for HP/prevention

HP Specialists

Municipal Health service (n=600)

Mental Health institutes (n=400)

Addiction Centers (n=200)

Home Care (n=100)

Important for health

Families

Local government
Housing sector

Stores, restaurants

Schools

Sportsclubs

Policy, justice

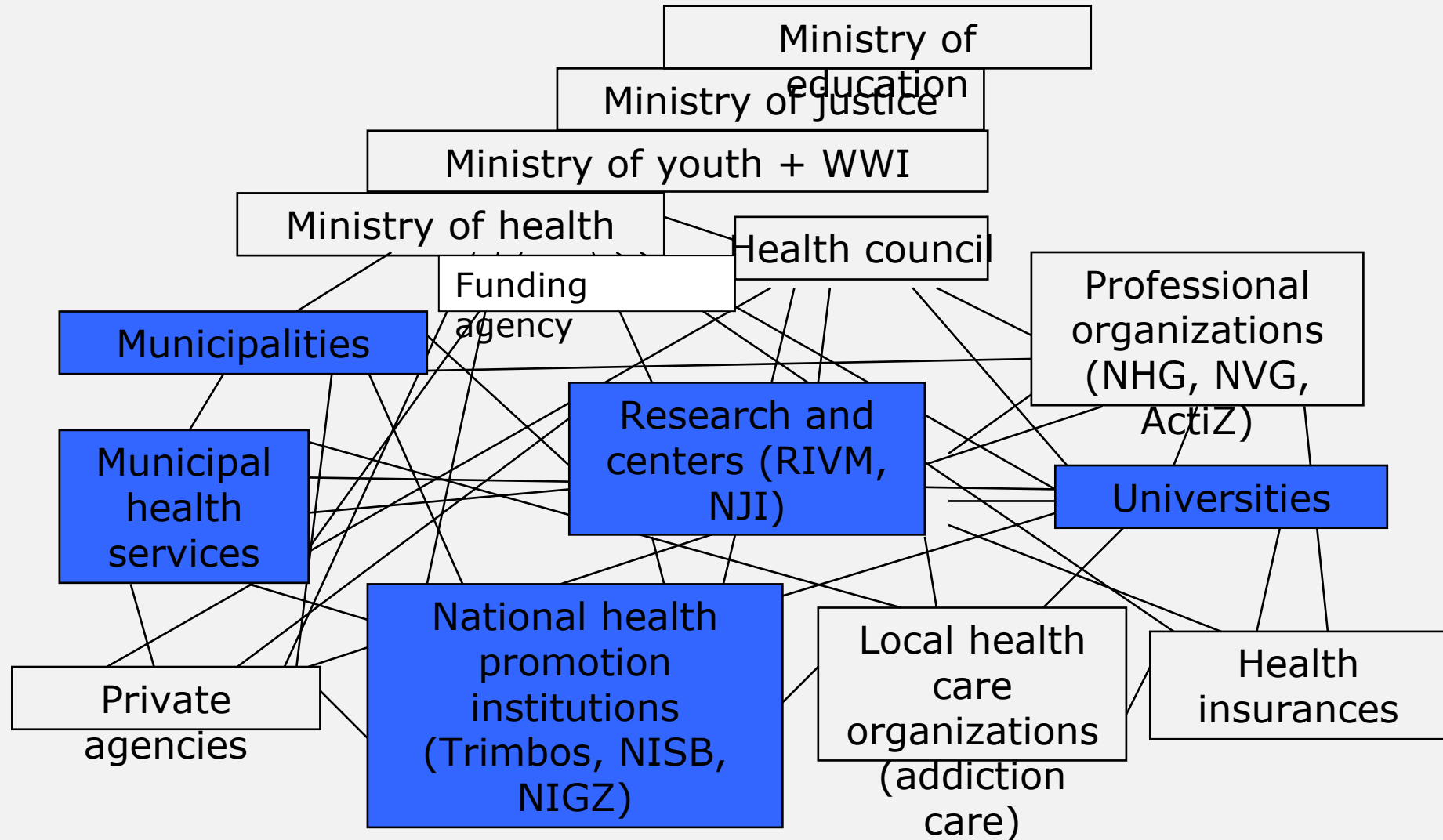
General practioners

Youht care

Hospitals



The Dutch public health sector: complex





Trends in HP policy: content

- responsibility HP primarily on the local level: integrated approach through settings (school, community, workplace, etc)
- nationwide: focus on obesity, diabetes, smoking, alcohol, mental health
- locally: focus on health inequalities, obesity, alcohol
- stimulation of local government to pay more attention to national priorities

Tasks on National level



Reviews	→	What do we know?
Database	→	What projects are there? What are good projects?)
Guidelines (Preffi)	→	Why and when does it work
Evaluation	→	What works and why
Training	→	Support and advice

Trends in HP policy: strategy collaboration national and local HP-expertise



Local level

- integrated approaches through settings
- emphasis on programs with (effective) interventions that fit with the context
- create commitment local government
- stimulate new developments from a local perspective

Phases in development of supportive products at a national level



1. Evidence based interventions
2. Certification system for interventions
3. From interventions to programs
 - a. Guidelines with interventions per topic
 - b. Integrated guidelines: schools, communities

Healthy School



Method Healthy School

"demand based"

Projectplan HS

Prim Schools, Secund,
Schools

Guideline HS

Materials and instruments

Collaboration with
Schools
Partners
Local government

Menu's

- Education
- Policy
- Environment
- Parent involvement

Topis

1. Smoking, Alcohol,
Drugs
2. Hygiene, Safety &
Climate/Milieu
3. Parenting
4. Mental Health
5. Sexual Health
6. Nutrution & Physical
activities

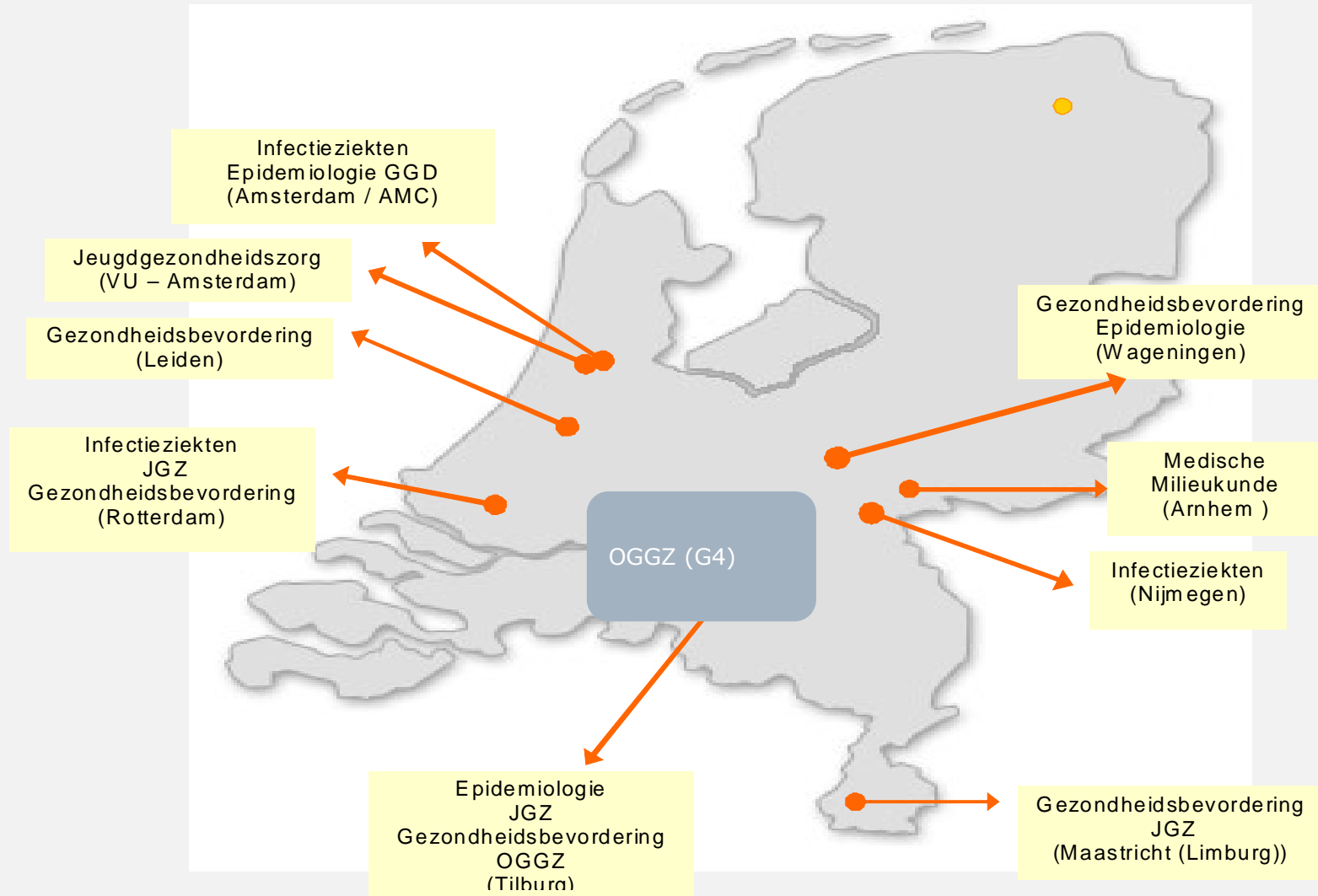
Overall Communication plan

Overall Evaluationp lan

Developments in collaboration between science and practice



- Emphasis on collaboration between science-practice-policy
- System of academic workplaces between public health/ municipal health services and academic centres
- Questions from practices is leading
- Emphases on co-creation



Experiences and learning points 2005-2009



- 4 years is (to) short
 - Role GGD-en and other institutes from practice must become more important
 - Translation questions from practice in research gets not enough attention
 - Commitment local government is missing
- More sustainable; GGD is leading