

# Dutch infrastructure for Health Promotion



## How we work

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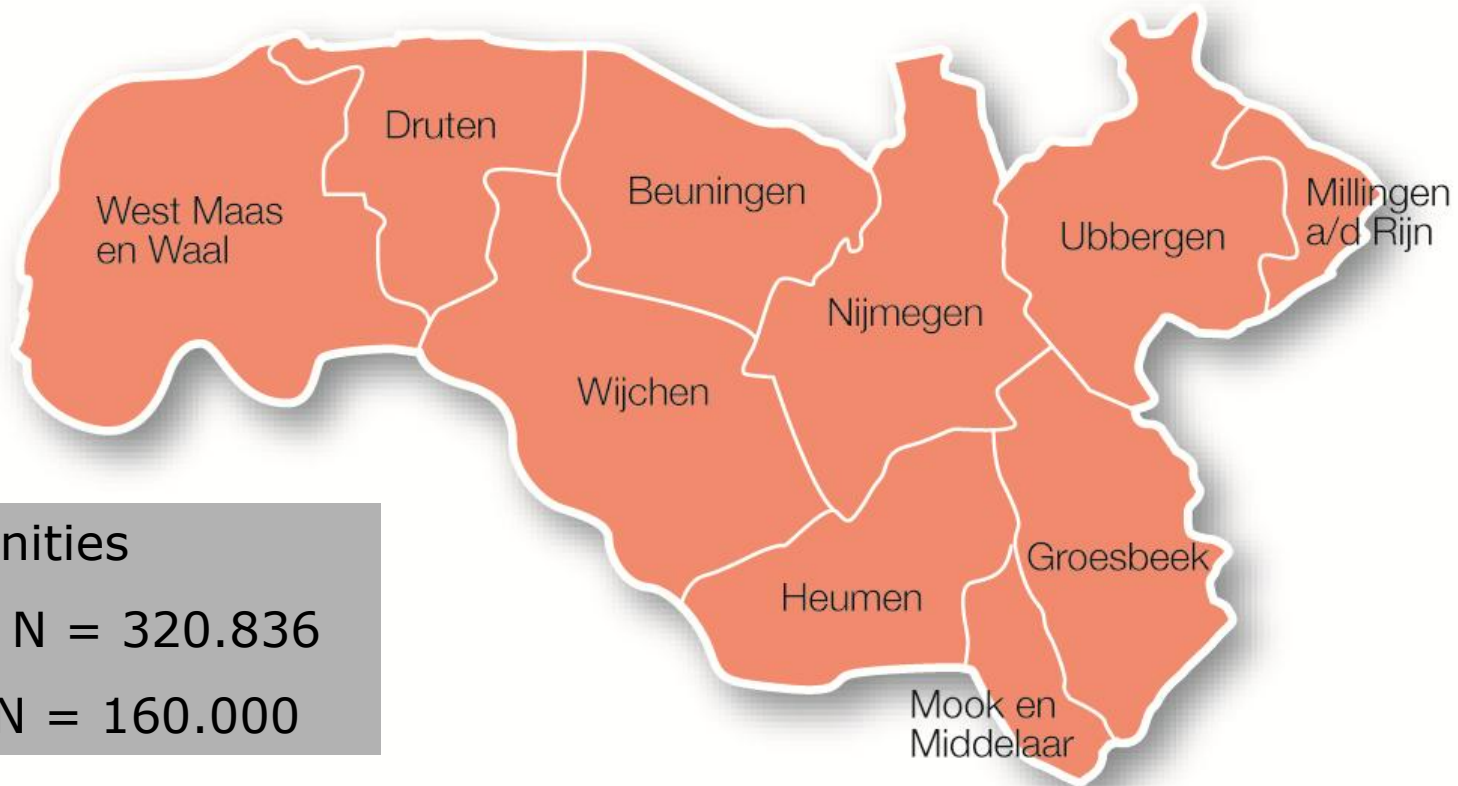
# Curriculum Gerard Molleman



- 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

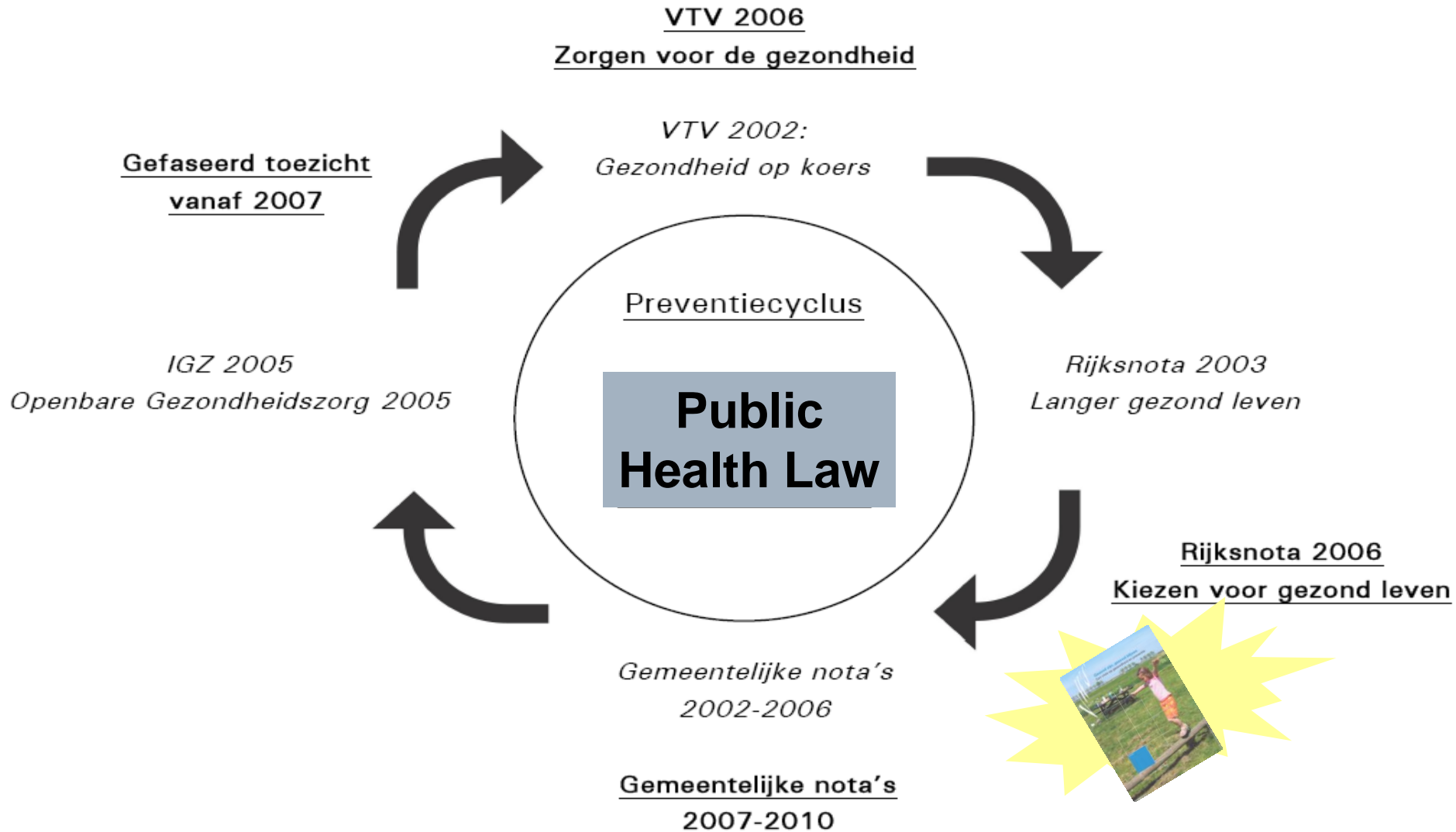
# Health Promotion & Epidemiology



- 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



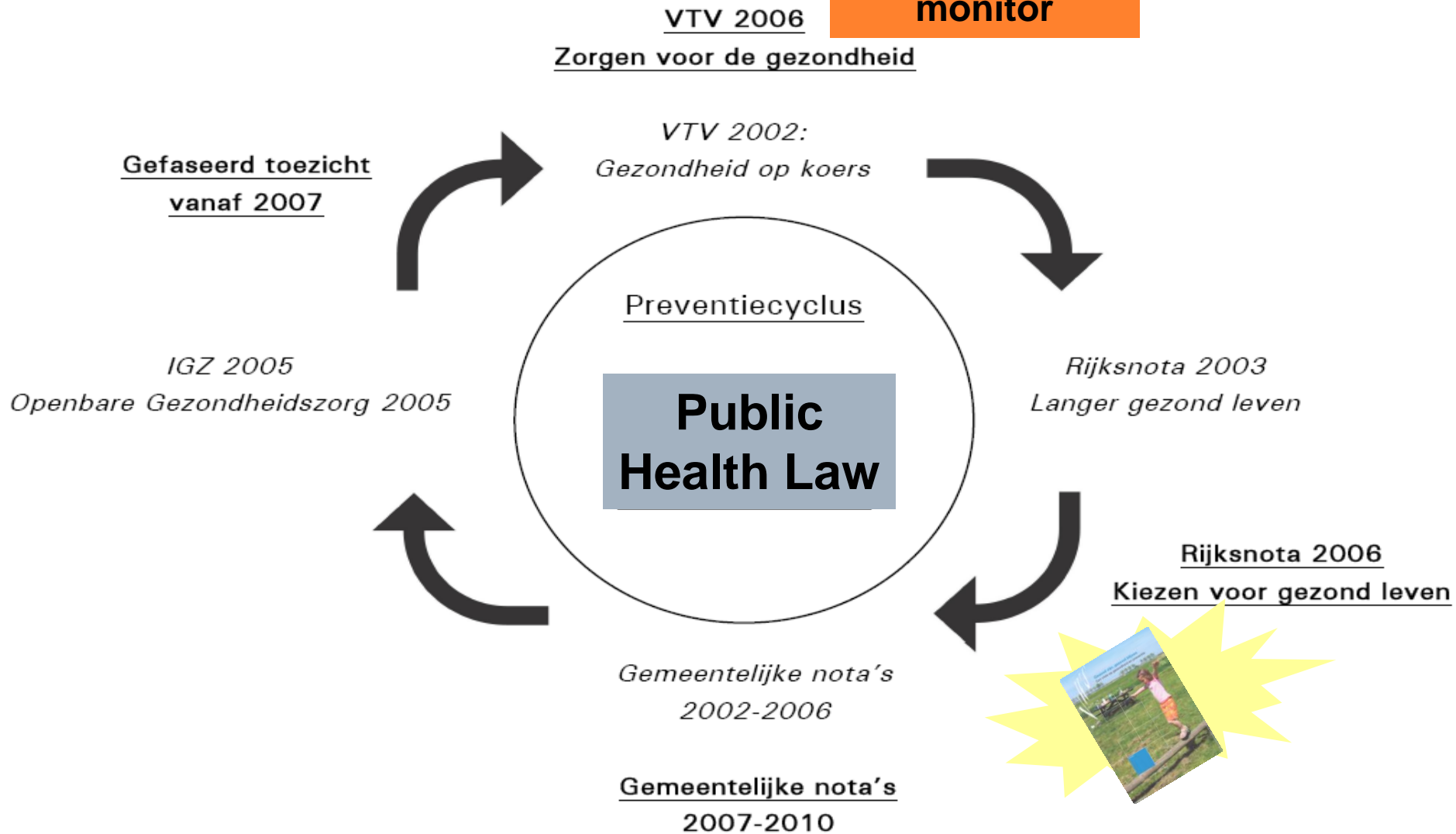
# Policy structure Public Health



# Organisation Public Health

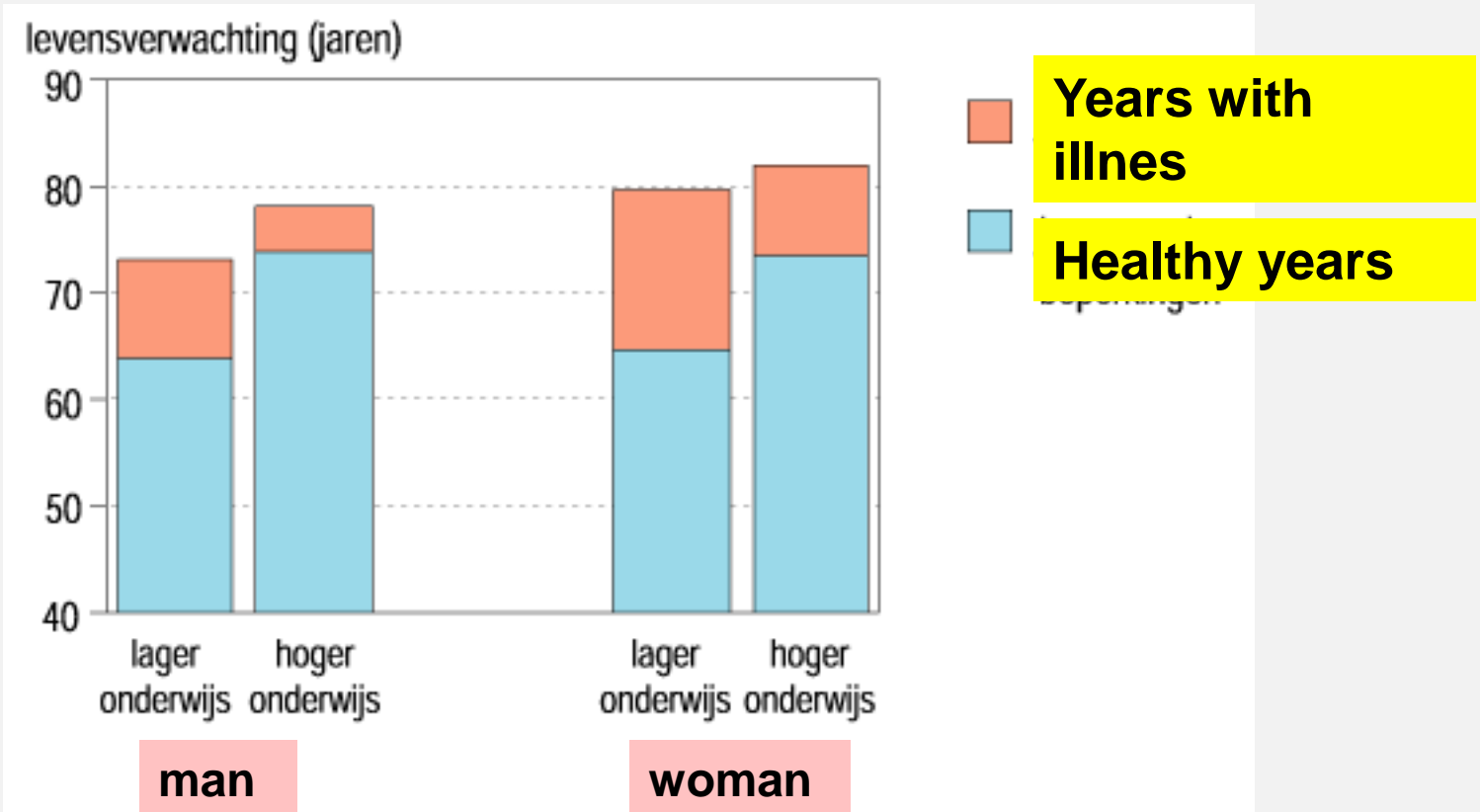


**National health monitor**



# Life expectancy and years in healthy condition: ■ ■ ■

Health inequalities are serious problem



Differences are not diminishing (Health Forecast report, 2010)



# Organisation Public Health



**National health monitor**

VTV 2006  
*Zorgen voor de gezondheid*

*VTV 2002:*  
*Gezondheid op koers*

Gefaseerd toezicht  
vanaf 2007

**National health policy paper**

*Rijksnota 2003*  
*Langer gezond leven*

*IGZ 2005*  
*Openbare Gezondheidszorg 2005*

Preventiecyclus

**Public Health Law**

Rijksnota 2006  
Kiezen voor gezond leven

*Gemeentelijke nota's*  
*2002-2006*

Gemeentelijke nota's  
2007-2010

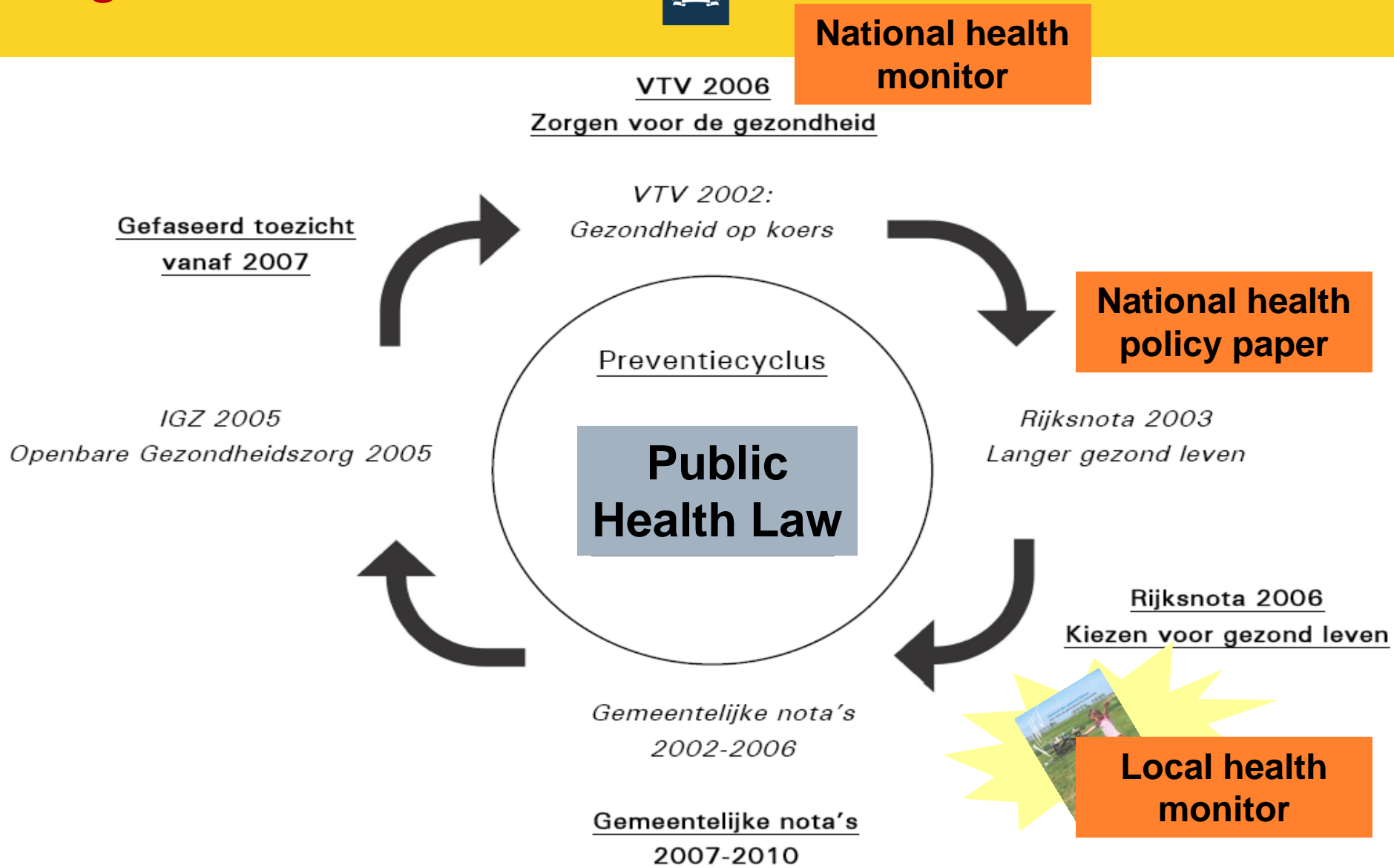




# Priorities ministry of Health

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

# Organisation Public Health



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

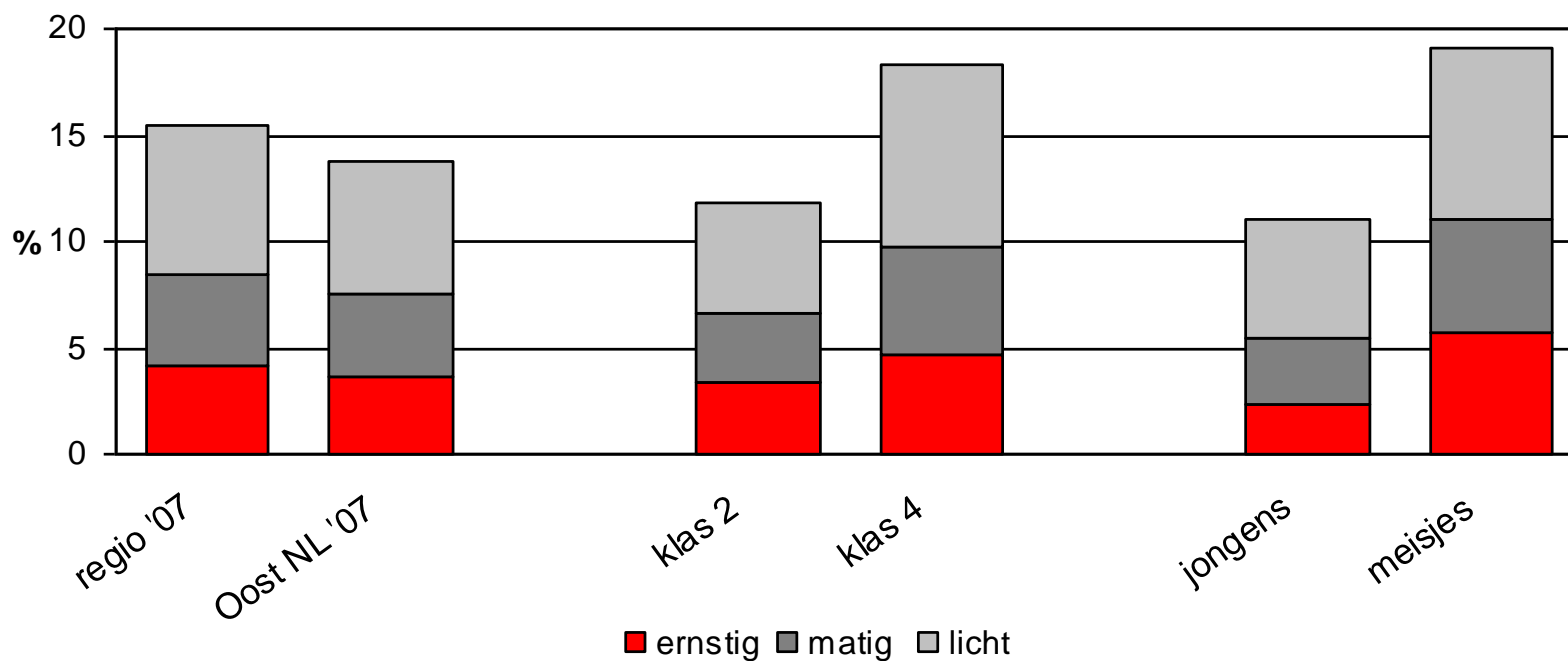


(group 2 and 4 of secondary school)

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

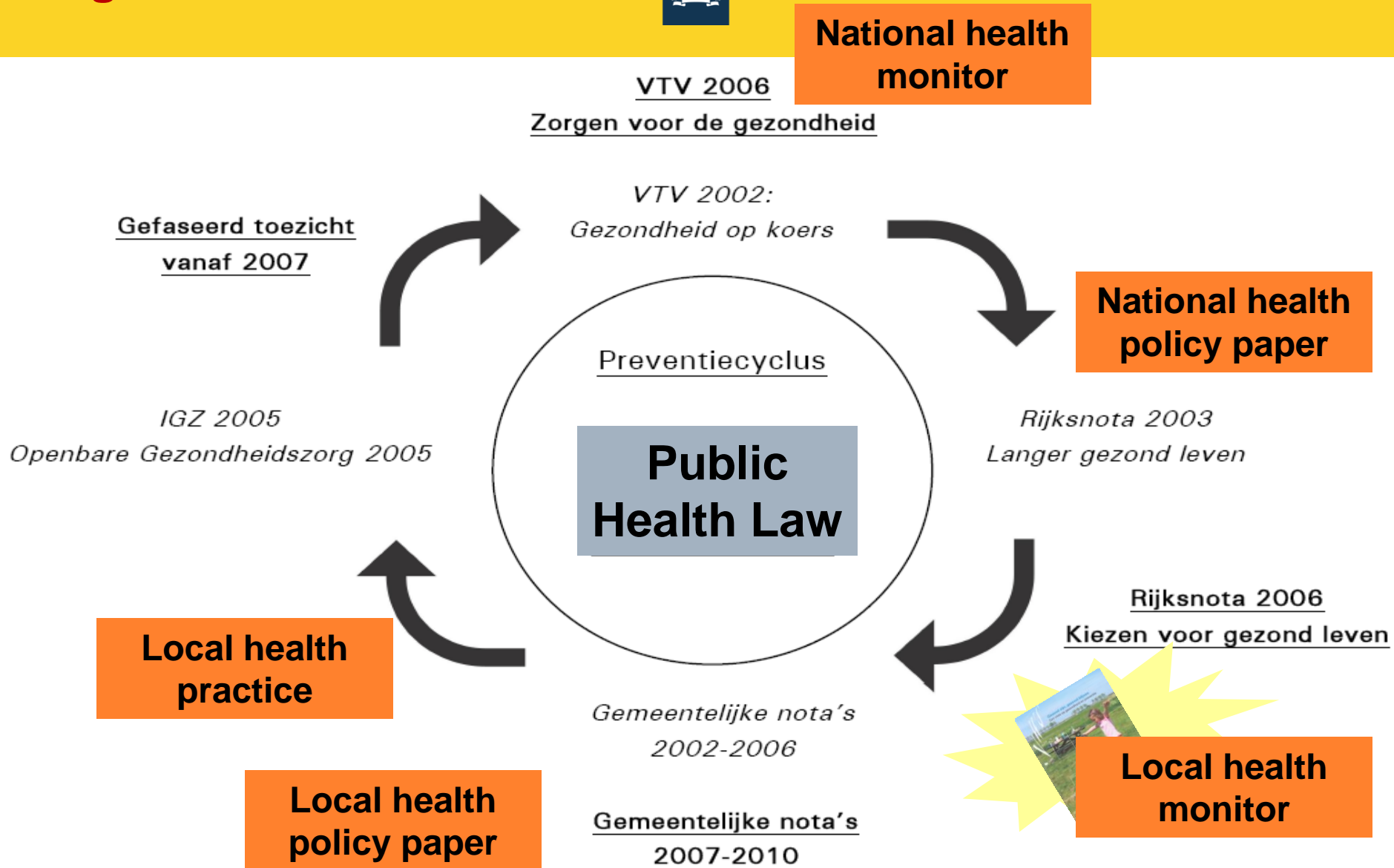


# Depressive feelings (serious, moderate, few)



Bron: Emovo 2007/2008, GGD Regio Nijmegen

# Organisation Public Health



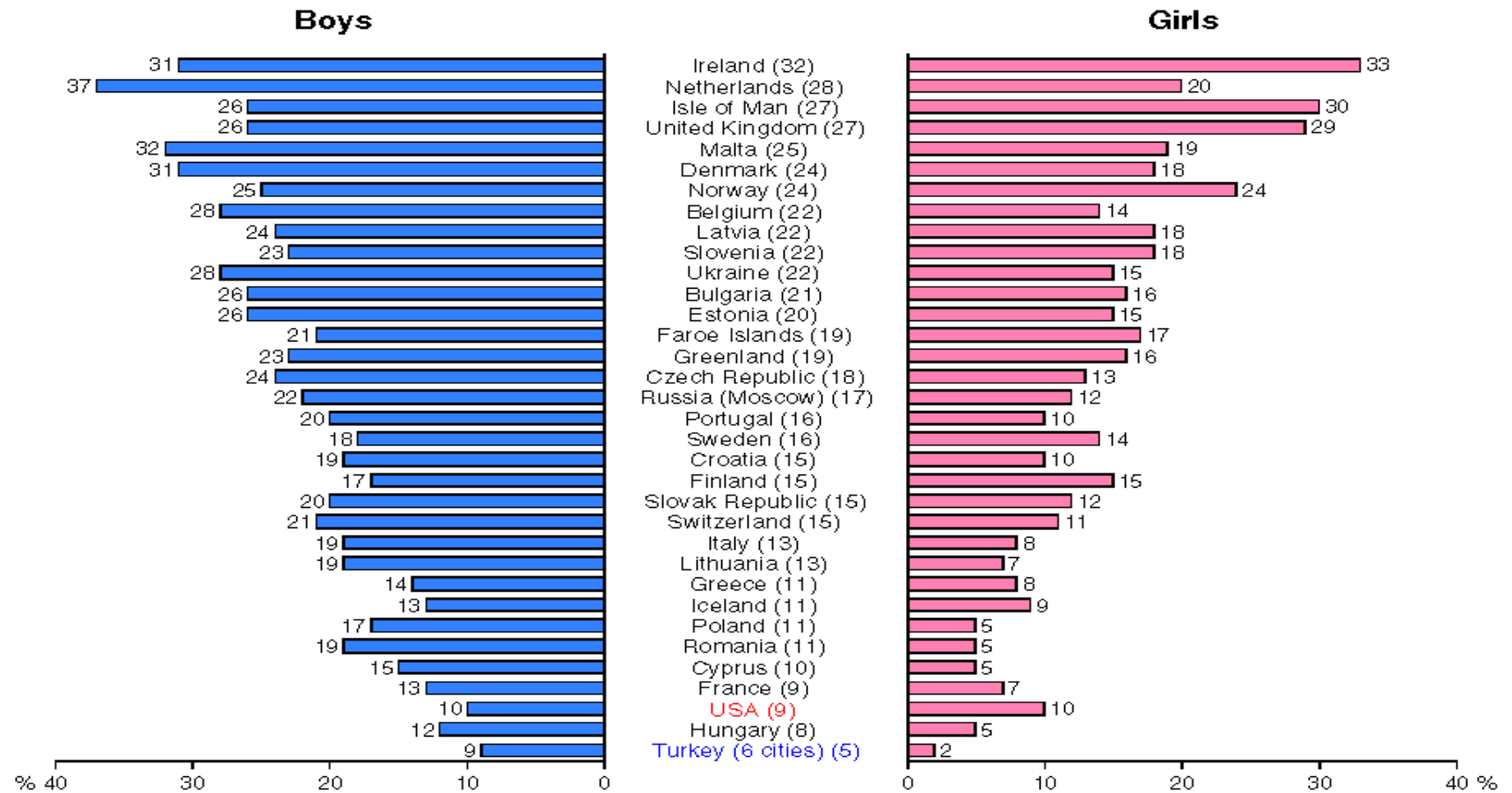


# NO ALCOHOL UNDER 16

## Regional alcohol policy Nijmegen



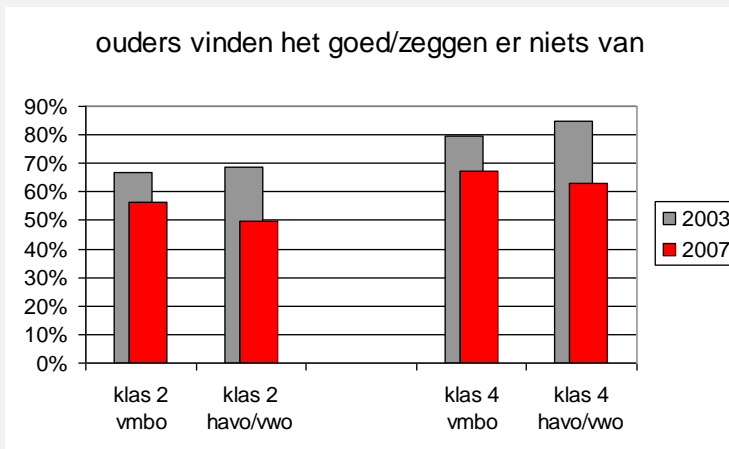
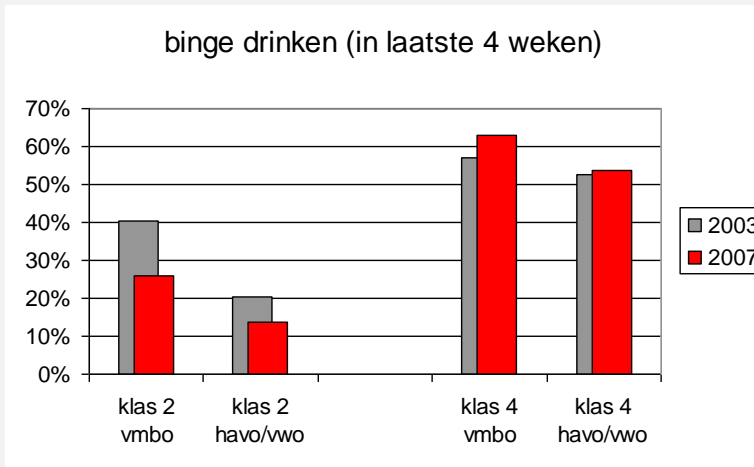
# Binge drinking last months (3>)



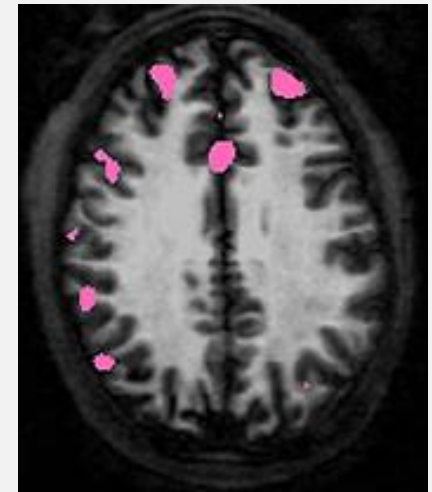
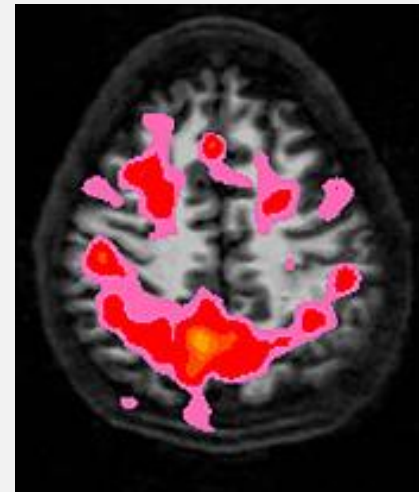
**Figure 45b.** Proportion of boys and girls who reported “binge drinking” 3 times or more during the last 30 days, 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage. USA: Limited comparability.



# 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

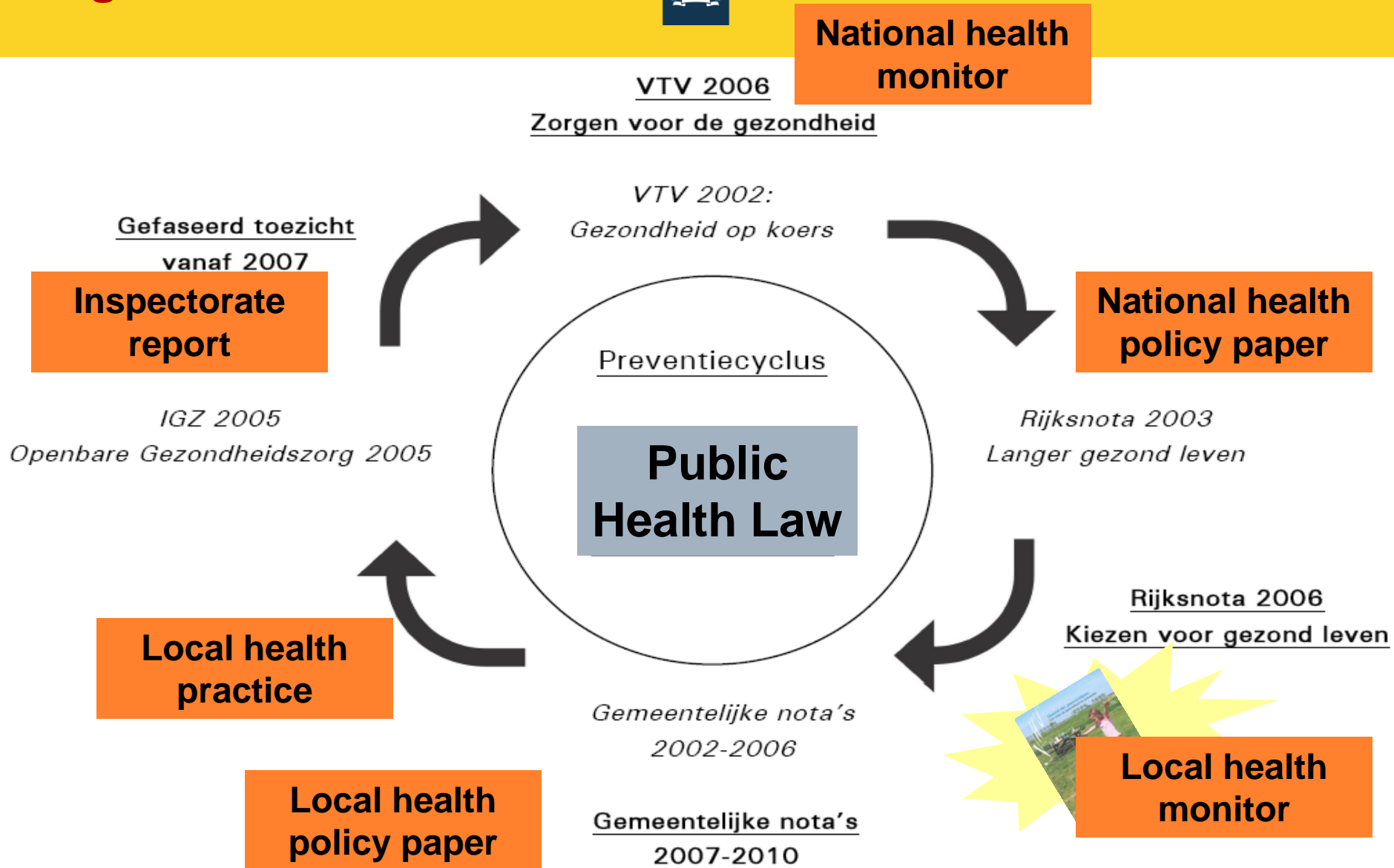
- Raise acceptance norm : no alcohol under 16:
  - children
  - Their parents
  - Relevant others
- For parents and relevant others:
  - Awareness: Alcohol under 16 is a problem
  - Take responsibility themselves



## 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

# Organisation Public Health



# 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**

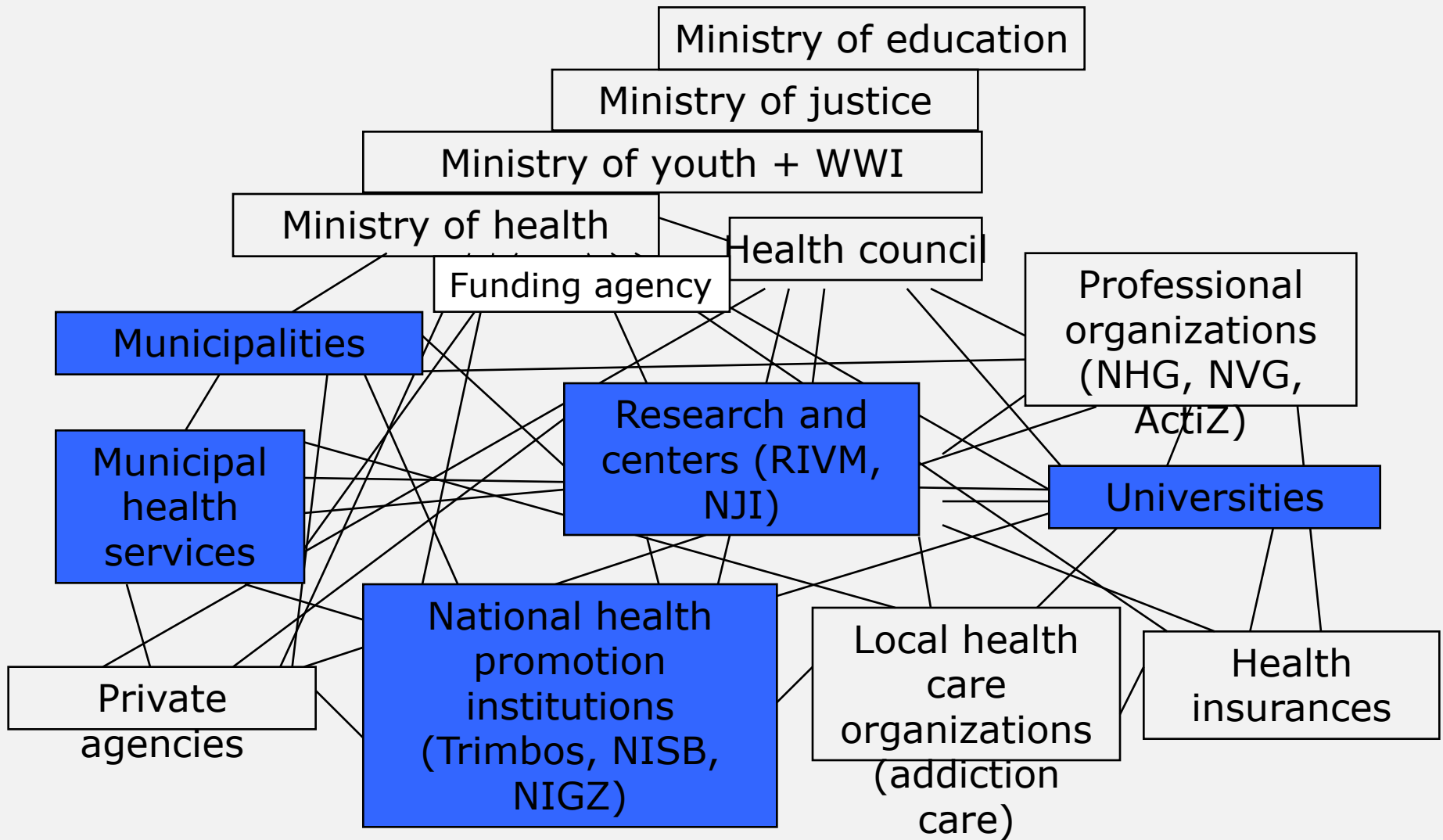
**Youht care**

**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

**Topics**

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

Overall Communication plan

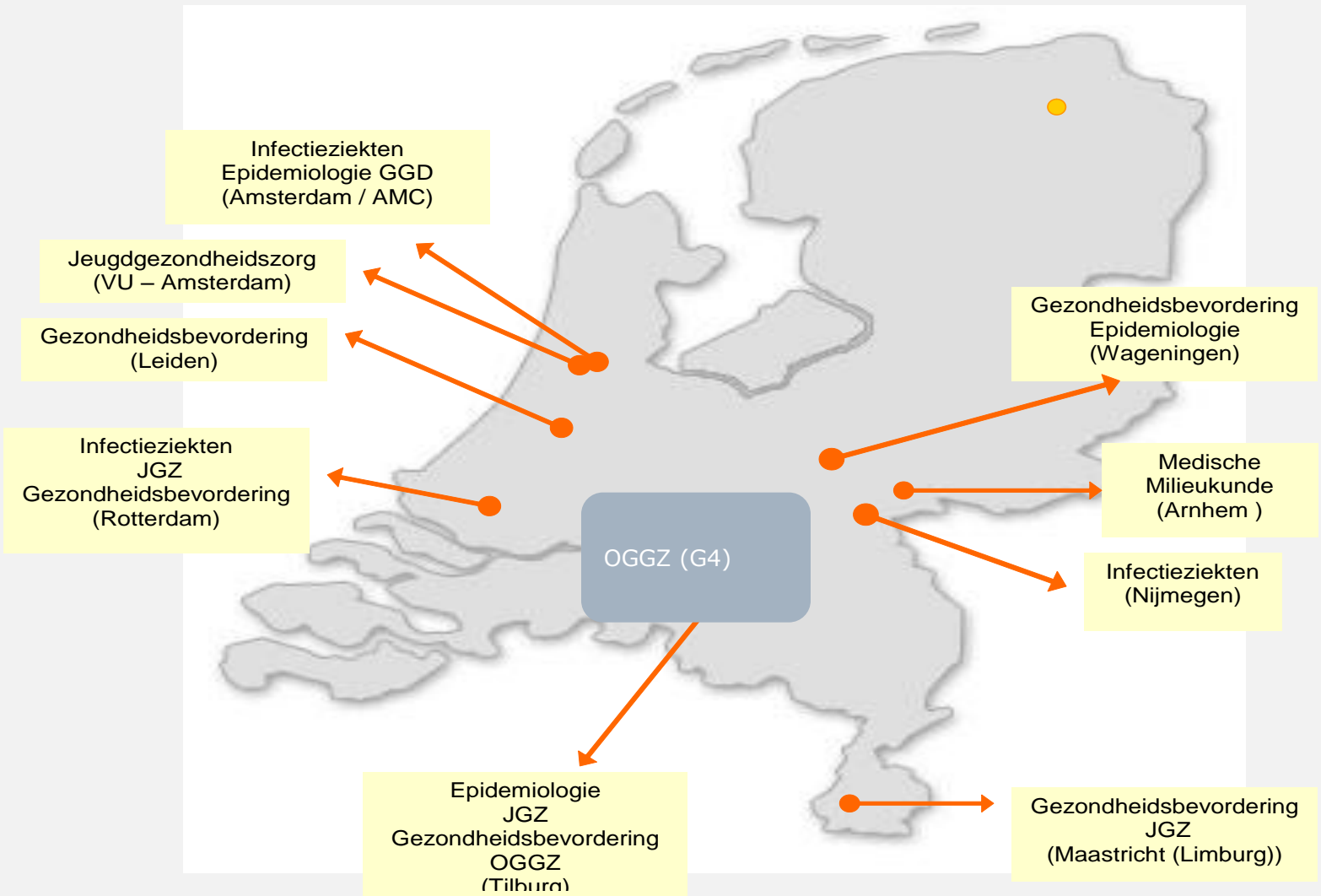
Overall Evaluationp lan

# 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