



All about health...

The National Prevention Programme 2014 - 2016



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Part 1

The programme

1. Introduction

Overall, public health in the Netherlands is good. Recent figures show a further two-year increase in average life expectancy, time that most people will enjoy in good health and without any severe restrictions to their mobility and independence. There are several aspects of public health in which the Netherlands is outperforming other countries. But is there room for improvement? And is improvement necessary? The answer to both questions is yes.

There are two trends which call for attention. First, there are already notable health differences between people with a high (graduate) level of education and those with lower or no educational qualifications. Those differences are threatening to become even more marked. Second, there has been a significant increase in the number of patients with a chronic condition, as well as an increase in comorbidity (where a person has been diagnosed with more than one chronic condition). Some chronic health problems can be averted altogether. These trends must be halted and reversed if we are to create a vital and healthy nation, both today and in the future.

There are already many organizations and individuals who are committed to improving public health: in the home, at work and in all other aspects of our everyday lives. Central government, local authorities, schools, healthcare providers, companies, sports clubs and countless other organizations devote much time and energy to various health programmes. They do so in the knowledge that the patterns of health and disease have altered in recent decades, not only in the Netherlands but throughout the developed world. The focus is no longer on curing patients who are sick, but rather on preventing people from becoming ill in the first place.¹

We must now build on past successes. However, efforts to date have often been small-scale, fragmented and ad hoc. Their impact has remained limited, their potential untapped. A fully effective approach calls for commitment, engagement, upscaling, cooperation and focus. All the individual 'drops in the ocean' will then combine to form a tidal wave with the force needed to make a real difference and to ensure a vital and healthy population. The government is therefore to join forces with the existing partners to adopt All about health as the National Prevention Programme 2014-2016.

Over the coming three years, the programme will establish the necessary preconditions and form the framework within which the various activities and initiatives will achieve a permanent effect. It will form the connective tissue between those activities, facilitating cooperation and promoting synergy. All about health should not be seen as solely a government programme, since health is not solely a government concern. Health is a matter for everyone.

¹ The concept of health is now being approached in terms of (social) function and participation rather than in the somatic or psychological sense of the word. As long ago as 1948, the World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In its Public Health Status and Forecasts Report 2010, the National Institute for Public Health and the Environment (RIVM) draws attention to the paradoxical situation in which see a simultaneous rise in both 'health' (life expectancy and years spent without significant health problems) and 'disease' (the number of people living with a chronic condition). See also: Polder, J. et al, *De gezondheidsepidemie*, 2012. In 2011, the British Medical Journal published an article in which the authors propose a rewording of the WHO definition of health to become, "the ability to adapt and self manage in the face of social, physical, and emotional challenges." Both the research underlying this new definition and the international discussion continue. See: Huber, M. et al., 'How should we define health?', in: *BMJ*, July 2011.

The physical environment of the home, school and workplace can have a significant influence on people's health and their opportunities to pursue good health. It is for this reason that the programme adopts these domains as the main loci of its activities and interventions.

Part 1 of this document sets out the principles, objectives, methods and primary components of the programme. Part 2 contains a more detailed description of the activities which the programme partners, including the government, will undertake in each of the three domains.

2. The challenges we face

The necessity of maintaining health and improving health protection

The past one hundred years have seen enormous advances in our ability to protect ourselves against threats to our health. We now have safe and healthy food and water, effective safety measures in the workplace and on the roads, improved air quality, better hygiene and vaccinations to protect against many of the most common infectious diseases. Such progress accounts for much of our country's welfare and prosperity, as well as the increase in our average life expectancy. But we must not rest on our laurels. There remain several areas, such as air quality and working conditions, in which further improvement is possible. Moreover, new threats and challenges emerge with some regularity: new infectious diseases, environmental hazards and antibiotic resistance, for example. As noted in the policy document *Gezondheid dichtbij* ('Health close by'; May 2011), the public expects the government to take a prominent role in addressing these threats because most are beyond the individual's sphere of influence.

Why must health be further improved?

Although we have succeeded in protecting ourselves against many external threats, the resultant high level of welfare brings its own problems. We are living for longer, whereby a greater number of us are developing one or more chronic conditions. However, by no means all such conditions can be attributed to age; many are due to an unhealthy lifestyle. The increased risk of developing a chronic condition demands attention, not only in the interests of the individual's quality of life but also to safeguard his or her participation in society and the active workforce. Current projections suggest that the number of people with Type 2 diabetes will reach 1.3 million by 2025. There is a direct correlation between this increase and the prevalence of overweight and obesity, not only among adults but more especially among children. Alcohol consumption among young adults is (too) high, resulting in both permanent health damage and significant social problems such as public disorder. At present, 26% of the Dutch population smoke tobacco, a relatively small number compared to many other European member states. Nevertheless, there are still great gains to be made by discouraging young people from taking up the habit, as the success achieved by some other countries confirms.² Last but not least, we must concede that, despite all our efforts, there are still substantial health differences between certain demographic groups. Those differences are not becoming any smaller, and are having an adverse effect on social cohesion.

² Canada and Australia, in which the prevalence of smoking is approximately 15%, have already implemented more stringent measures such as printing explicit photographs of diseased lungs on cigarette packages.

Economic considerations

Several recent publications conclude that prevention, in the form of interventions to promote a healthy lifestyle, brings significant benefits for the individual. He or she be able to make an active contribution to society for longer, and can enjoy a full and active retirement. But employers, the government and many other organizations will also benefit if continued good health enables people to learn, work and participate for longer.³ The economic impact of health-related absenteeism and lost productivity is high.⁴ Psychological complaints are a growing cause of absenteeism and long-term incapacity⁵. Learning ability can also be negatively affected by unhealthy lifestyle choices and environmental factors such as poor air quality. In short, health is of immense value in both the personal and economic contexts.



3 See: Gezondheid loont, tussen keuze en solidariteit ('Health pays: between choice and solidarity'), Netherlands Bureau for Economic Policy Analysis (CPB), March 2013.

4 The total costs of health-related absenteeism and incapacity (sick pay, insurance claims, health costs and lost productivity) amount to approximately 26 billion euros per annum (Arbobalans 2011). In a study commissioned by the Ministry of Social Affairs and Employment (SWZ), CapGemini calculated that cutting health related absenteeism from the current average of 4% to 3% would reduce employers' costs by 2.6 billion euros per annum. Moreover, a 1% rise in productivity would generate an extra 6 billion euros in GNP. (See: www.duurzameinzetbaarheid.nl).

5 A significant proportion of lost productivity is due not so much to absenteeism but to 'presenteeism': the employee attends the workplace but does not perform to his or her full potential.

3. Principles

Existing spearheads to be maintained

With a view to consistency, the programme will adhere to the spearheads established by previous policy documents, i.e. Smoking, Alcohol, Overweight, Depression and Diabetes. The most recent such document, *Gezondheid dichtbij*, adds physical activity (exercise) to the list. These factors account for the lion's share of the preventable health burden in the Netherlands. By maintaining the same spearheads, we emphasize that prevention is a long-term undertaking.

More focus, coordination and synergy

The programme will pursue these spearheads within a number of domains, and in a coherent and coordinated manner. The importance of a broad and fully integrated approach is acknowledged by all partners. Activities and interventions must be undertaken as close to the target groups as possible, within their own setting and their own frame of reference. The overall scope of prevention activities is set out in previous policy documents. This programme builds upon past efforts, but we now wish to strengthen their effect by means of greater focus, cooperation and synergy. What happens at the local level should be closely linked to what happens in the wider healthcare sector, and vice versa. Developments within the workplace are reflected by those in the school setting, while actors such as local authorities and insurers generally have a role to play in all domains.

An integrated approach with government one of many partners

All about health is not solely a government programme: far from it. It will rely on the input of many (social) organizations active in various fields. Each will be able to make a worthwhile contribution. We shall therefore seek opportunities for synergy between health and other societal objectives. Fit employees are essential to the vitality of a company, while only fit and healthy students can derive full value from the Netherlands' excellent education system. In their activities, the partners must work towards meeting all the long-term objectives of the National Prevention Programme.

Moving forward

There is already growing attention for prevention and good health. The National Prevention Programme will push forward this welcome development. Combining the many 'drops in the ocean' to form a tidal wave of appropriate intensity is not something that can be achieved overnight. Establishing effective prevention is a long-term process which demands patience and perseverance. While there will be an emphasis on 'actions rather than words', there will also be differences between (and within) the various domains in terms of phasing and the timing of concrete activities. As the programme period draws to a close in 2016, we shall review progress and adapt course as necessary. It is already certain that there will remain much to do.

Decentralization

A process of decentralization is underway in the Netherlands, with responsibility for aspects such as social participation, the funding of special care provisions, and youth welfare services passing from central government to local authorities. Those authorities are therefore being given a new role, and their relationship with the healthcare system and health insurers is changing. The process is both dynamic and hectic, but it does offer new opportunities to establish closer links between prevention and other policy domains. The tasks and responsibilities which have already been decentralized form a good basis for a 'smart' approach to be developed. To date, for example, responsibility for public health rests with the municipal health departments (GGDs), while the manner in which sport and physical activity are organized and promoted has been left to other local partners, who inevitably adopt a different approach. To ensure that everyone can participate fully in society, it is essential that prevention activities are not confined solely to health issues but also address social problems. This should be an intrinsic part of the decentralization process at the local level.

4. Objectives

The fundamental aim of any public health programme is to ensure that all citizens enjoy a good quality of life, are able to participate in society, and can be reasonably certain that all external risks have been minimized. Based on this broad perspective and the challenges outlined in Section 2, we have established a number of long-term objectives to be met by 2030. The current programme has three focal points:

- To promote individual health and prevent chronic illness by means of an integrated approach within the settings in which people live, work and learn.
- To give prevention a prominent place within healthcare
- To maintain the quality of health protection, responding promptly to any new threats.

In addition, we wish to bring about a significant increase the healthy life expectancy of people with lower educational qualifications, whereby we shall seek synergy with other social and economic objectives.

Long-term objectives

Prevention is a particularly long-term undertaking in which there is often a period of several years between the (policy-making) activities and actual health effects becoming visible. Accordingly, we have adopted a number of long-term objectives which are to be achieved by 2030. Within the National Prevention Programme, we establish agreements with our partners whereby there is to be a significant improvement in each of the spearheads – smoking, overweight, excessive alcohol consumption, physical activity, depression and diabetes – compared to the situation which would be seen in 2030 if current trends are allowed to continue. We also establish clear goals for each of the activities to be undertaken during the coming three years (see ‘Output targets’ below). We remain mindful that practice is complex and uncertain, while the scientific evidence supporting a relationship between interventions and long-term effects is perhaps even more so. Nevertheless, there are enough indications of success at the local level and enough international good practice examples⁶ to justify our confidence that the proposed integrated approach will indeed achieve the intended results.

Each of the spearheads is to be subject to monitoring against key performance indicators. To establish the baseline, we draw on the most recent statistics published by the Netherlands Institute for Public Health and the Environment (RIVM) in its ‘Public Health Status and Forecasts Report 2012’. These statistics are in turn based on national and local monitoring by Statistics Netherlands (CBS) and the municipal health departments. The first Public Health Status and Forecasts Report was published in 1993. The series represents the most consistent and reliable source of information available. The report currently in preparation will present a number of alternative scenarios, setting out the likely consequences in terms of various health determinants and the incidence of certain conditions if the current trends are allowed to continue unchecked.

6 Refer to recent RIVM report “Wereldkansen voor preventie” (‘Great opportunities for prevention’), 2013.

Output targets

Alongside the long-term objectives, the results to be achieved in each domain by 2016 have been agreed, and wherever possible in the form of a measurable 'output target' (see Part 2 for details). For example, no fewer than 850 schools should be certified as a 'Healthy School, whereupon over 180,000 children will be assured of a safe and healthy learning environment. The programme will form a stepping stone on the way to having all eight thousand schools in the Netherlands certified. There are a number of areas in which the partners are still investigating how to measure results and what the appropriate targets should be. These areas will therefore be subject to process management agreements, particularly in the first year of the programme term. Further details are given in Part 2.

Objectives with regard to health deficits

At present, there is a marked difference in life expectancy between those with a higher (graduate) level of education and those with only lower or basic qualifications: 7.3 years for men and 6.4 years for women⁷. In view of current trends in the main health determinants, the difference is likely to become even more marked in future. (See also Section 5. 'Health deficits'). The long-term objective is that the differences should be no greater in 2030 than they are today, and preferably somewhat smaller. Stabilization at the current level does not seem a particularly ambitious aim, but will indeed be a major accomplishment given the ongoing trends and the Netherlands' international position in this regard⁸. The difference in healthy life expectancy (i.e. the number of years spent in good health or with a quality of life which is perceived as good by the individual) is even greater: 19.2 years for men and 20.6 years for women.⁹ Once again, the ambition is to achieve a significant reduction in the discrepancy between the demographic subgroups.

⁷ Source: National Public Health Compass, RIVM.

⁸ Although outperformed by some others, the Netherlands is among the developed countries with the smallest differences in life expectancy.

⁹ National Public Health Compass, RIVM.

5. Health deficits

As stated above, the National Prevention Programme is also intended to reduce the existing health deficits. Although there have been many improvements in the general health of the Dutch population, there remain significant differences in life expectancy between those with a high (graduate) level of education and those with only basic (secondary) education. There are also gender differences which demand attention; although women generally live longer, they are also more likely to spend their 'extra' years in relatively poor health.

Programme interventions will therefore target those groups which are subject to the greatest health risks, both physical and mental. It is not only socio-economic status (income and education) which sets these groups apart. Accordingly, the activities within the programme must take a broader approach. The partners believe that focusing on socio-economic status alone offers too few opportunities for practicable solutions. The programme therefore also considers the physical and social environment in which people live: their 'setting'.

The risk profile of a demographic (sub-)group is determined by a wide range of factors. Some factors are largely beyond the individual's direct influence: the neighbourhood in which he or she lives, for example, and his or her working conditions. There are however other factors which people can indeed influence. They include lifestyle factors such as smoking, drinking (alcohol), diet and exercise. The difference between the higher and lower socio-economic groups in terms of healthy behaviour is evident, and is certainly one of the causes of the discrepancy in life expectancy. Only 17.2% of those with higher educational qualifications smoke tobacco products, compared to 30.7 % of semi-skilled or unskilled workers. Similarly, only 35.6% of graduates can be described as (mildly) overweight or obese, compared to 59.4% of those with lower qualifications.¹⁰ Also relevant are differences in disease patterns, certain genetic factors, and perceptions of health and illness, including susceptibility to stress. Differences in the effectiveness of healthcare and support may also play a role. The programme will seek to mitigate all such risk factors.

It is important to strike an appropriate balance between generic measures and interventions targeting smaller groups or individuals. Generic measures, particularly in the sphere of health protection (e.g. less salt and saturated fats in food products) will certainly provide health gains, particularly among the target group. Other solutions should be sought nearer to the target group itself, in the neighbourhood, at school or in the workplace for example. The same applies to improving the conditions in these three domains, and in promoting healthy behaviour. The programme will therefore focus primarily on those settings in which unhealthy behaviour is particularly common (e.g. vocational colleges and employment sectors such as transport and construction). With regard to healthcare and support, it may be necessary to devote greater attention to the self-management skills of certain at-risk groups.

¹⁰ CBS Statline. See also Van gezond naar better ('From Healthy to Better') RIVM 2010 Ch. 5, and Gezondheid loont, tussen keuze en solidariteit ('Health pays, between choice and solidarity') CPB, March 2013, Section 5.3.

6. Activities

As noted above, the programme will focus on three areas or 'strands':

- 6.1. 'Health close by' will seek to improve health and prevent chronic illness or infirmity by means of an integrated approach in the setting in which people live, work and learn.
- 6.2 Prevention is to be given a prominent place in healthcare.
- 6.3 Maintaining health protection, responding promptly to any new threats.



The activities are often closely linked and interdependent. In the interests of clarity we nevertheless classify them according to these three programme strands, while many are also subclassified according to the three domains (home and neighbourhood, school and workplace).

6.1 Health close by: vital people in a healthy environment, an integrated approach in three domains

Diabetes, overweight and obesity, smoking, excessive alcohol consumption, depression and physical activity are the established spearheads of national health policy. These are the areas greatest concern, and those in which appropriate interventions can have the greatest positive effect. The risk factors are both further to individual choices and the setting in which people live, work or learn. That setting can either facilitate or hamper healthy living. Experience at home and abroad indicates that positive effects can only be achieved through consistency and persistence, and by means of measures which address several aspects simultaneously, as close to people's own setting and frame of reference as possible. For this reason, the programme incorporates a series of cohesive measures which combine to form an integrated approach addressing the three domains of school, workplace and neighbourhood. (Figure 1).

Figure 1.

spearhead	diabetes	depression	smoking	alcohol	overweight	physical activity
domain						
school and education						
work						
district						

6.1.1 A healthy start: family and school

This domain focuses on a health start to life: the child. Parents, childcare, nursery education and primary schools are partners in the child's upbringing and development. Other organizations such as sports clubs, the local authority (responsible for youth health and welfare, the Centres for Children and Families and the municipal health departments) and private sector companies can also support parents and schools by making a strong and effective contribution to a 'healthy start', whereby sound lifestyle choices will be maintained into adult life.

One good example is provided by the RIVM Centre for Healthy Living (Centrum Gezond Leven; CGL), which has developed the Healthy School Programme, a structured method with which schools and professionals can promote a healthy lifestyle among children and adolescents. Central government acknowledges its own responsibility, in keeping with its role. Several activities are described in detail in Part 2 of this document. We shall, for example, work to ensure that all eight thousand schools in the Netherlands qualify for accreditation as a 'Healthy School' by 2030, based on the efforts of the schools themselves. By 2016, at least 850 schools should be accredited, thus demonstrating the attention they devote to promoting a healthy lifestyle among their pupils. These 850 schools will offer a healthy learning environment to some 180,000 pupils.

6.1.2 Living in a healthy neighbourhood and a healthy environment

Many local authorities have already adopted a structured and integrated approach to urban regeneration at the district or neighbourhood level, one aim being to improve the health of the more vulnerable members of society. These efforts form part of various national and local programmes and their success is borne out by hard figures. In the designated 'districts for special attention', the number of people who perceive themselves to be in good health has risen by five per cent, while the number of people experiencing psychological or psychiatric problems has fallen by four per cent. No comparable reduction has been seen in other parts of the country. The number of smokers has also fallen more rapidly than the national average (source: Statistics Netherlands/CBS). The improvements seen at the neighbourhood level are the result of a targeted, local approach. In Overvecht, a district of Utrecht, the number of children who are overweight has fallen by six per cent, the number of people suffering from psychological complaints by four per cent, and the number of people who feel socially isolated by four per cent. Moreover, health costs have also been reduced by four per cent. To make a real difference, the same approach should now be rolled out on a much larger scale.

There is a clear link between human health and nature. All public spaces should be designed with health interests in mind. We are currently in discussions with the Ministry of Economic Affairs (EZ), the Ministry of Infrastructure and the (I&M), local authorities, (landscape) architects and stakeholder organizations to identify ways in which this aim can be accomplished. Recent years have seen many initiatives, both large and small, exploring how spatial design and development can help to promote health. The knowledge thus gained has now been collated to form the 'Human Environment Atlas' website (www.atlasleefomgeving.nl) which includes a 'Handbook for healthy design'. There are also indications that linking nature and health has economic benefits too.¹¹

¹¹ Groen, gezond en productief ('Green, healthy and productive'), report by TEEB/KPMG, 2012.

6.1.3 Working is healthy and healthy working can be improved

Participation in the employment process promotes an individual's sense of worth and wellbeing, and is therefore healthy. In the current economic climate, the ability to work and earn an income is foremost in many people's minds. The government therefore wishes to assist those groups for whom finding or keeping a job is more difficult. Employees with a disability or chronic condition call for special attention, not only in terms of (curative) care but also in the workplace. This group may need additional provisions. The government also intends to promote participation by those whose position on the employment market is especially weak, such as benefits claimants with psychiatric disorders, by various means including health improvement measures.

Ensuring the long-term employability of every worker is essential to the national economy and to the maintenance of our social security and pensions system. This is particularly true given the current demographic trend of population ageing. It is therefore important that all employees take steps to maintain their own health and fitness. A healthy and safe working environment, with efficient and ergonomic working methods, will help them to do so. Employer and employee alike have a role to play in adopting a healthy lifestyle, developing professional knowledge and skills, and promoting mobility within the labour market. Many large companies have already implemented 'employability' programmes which combine these aspects. The challenge now is for smaller companies to do likewise. We shall therefore support employers and employees, providing them with the relevant knowledge, instruments and best practice examples. This is one way in which to make working even healthier.

Both employers and employees cite psychosocial pressure – stress – as the most significant risk factor for illness and time off work (Arbobalans 2012). We are therefore developing an approach intended to rectify this situation. It will also devote attention to factors within the employee's personal life, such as having to combine work with caring for a relative, which may exacerbate any work-related stress.

6.2 Giving prevention a prominent place in healthcare

To achieve actual health gains demands more than a focus on the patient's current health problem in the doctor's surgery. Alongside providing good curative care with optimum outcomes, the health profession must do more to support people in maintaining good health. Attention must be devoted to their social functioning. The healthcare field has formally acknowledged its responsibility for the prevention task within the Healthcare Agenda, and it has also undertaken to improve cooperation.¹² We shall speak with the relevant parties about that cooperation and about the networking function of local care providers, which is to be strengthened to achieve tangible health gains. The various organizations will make their proposals in this regard by the end of 2013. The focus will be on good coordination and management at the local (neighbourhood) level, as well as ways in which healthcare professionals can support prevention in the workplace. A system of financial incentives is currently under discussion, the intention being to arrive at fair remuneration for the time and energy that healthcare professionals devote to helping people maintain good health. We are also working to improve the early identification of at-risk patients and have joined the partners in developing a programmatic approach intended to prevent depression. The 'Delta Plan on Dementia' also seeks opportunities for prevention. Last but not least, we are working to develop the preventive aspects of the care chain for children who are overweight or obese, as well the care chain from conception to birth and beyond, in order to improve the health of (prospective) mothers and newborn babies. The relevant agreements and activities are described in detail in Part 2.

6.3 Maintaining health protection

Although we have accomplished much in terms of health protection, vigilance remains the cornerstone of our health policy. That vigilance extends to the known risks while we also remain constantly alert to new risks. Many ongoing activities at the international, national and local levels will be continued. Within the National Prevention Programme, we shall devote special attention to zoonoses, antibiotic resistance, the National Vaccination Programme (which will be subject to revision as necessary), food safety, reduction of physical and mental strain at work, and a healthy (human) environment. The relevant activities are described in detail in Part 2.

¹² Healthcare providers have cited the fragmentation of the system, which gives rise to a lack of transparency, as one of the main obstacles to effective cooperation. See Preventie in de Zorg ('Prevention in Healthcare') RIVM, October 2013.

7. Organization

The programme will run for a period of three years, 2014-2016, for which formal agreements and output targets will be established. Many of the necessary discussions and negotiations are still ongoing, whereby part of the programme's first year will be given over to finalizing the agreements.

Success demands the input and commitment of many organizations, departments, authorities and individuals. Several ministries are already actively involved, as are lower levels of government, notably local authorities, and various non-governmental organizations. We must inspire and motivate each other, achieve visible results and learn from our experiences without becoming bogged down in bureaucracy and red tape. For this reason, there will be no single party 'in charge', making all decisions and monitoring progress. Each partner will be directly responsible for the activities and results in its own domain and will be accountable to the other partners and to society at large.

At the same time, however, we wish to achieve all the benefits of synergy. The government will work alongside the partners, benefiting from their expertise, ensuring that the successes are given due prominence and that the concept of effective prevention achieves widespread support. For this reason, we intend to establish a small programme bureau with the help of the partners themselves. Its purpose will be to bring the partners together and help them to inspire each other. Central government will be only one of the parties represented in this programme bureau.

Regular meetings will be held with all partners, either in the form of large conferences or smaller, informal discussions. The proposed schedule of larger meetings is:

- Start-up conference, February 2014
- 1st progress review, December 2014
- 2nd progress review, December 2015
- Concluding meeting, December 2016.

The National Prevention Programme will thus take a form which unites organizations and individuals in pursuit of a common ambition, which inspires them to take direct responsibility, and to implement activities which will help to achieve that ambition. The importance of good communication must not be overlooked. The programme will recruit role models and 'ambassadors' who are able to support its ambitions, a practice which has already been adopted in other areas. Knowledge will of course be shared online, the programme having its own dedicated website.

We shall adopt methods and procedures which provide full transparency with regard to activities and results. This will enable lessons to be learnt and the strategy to be adjusted as necessary. Each project description or plan should include a section which sets out precisely how progress and results are to be reported and disseminated. The programme bureau will oversee adherence to these arrangements, thus ensuring that project information, results and the lessons learnt are readily available to all.

Financial summary

All partners are to make a direct investment in the National Prevention Programme from their own resources and within their mission, remit and accountability structure. The Netherlands Institute for Public Health and the Environment (RIVM) reports that total expenditure on prevention and health promotion activities in the Netherlands was 13 billion euros in 2007.¹³ For the purposes of the current document, it is neither possible nor particularly useful to specify precisely how that amount was spent. Appendix 1 therefore provides a breakdown of expenditure by the Ministry of Health, Welfare and Sport on prevention activities which are relevant to this programme. They are the activities and resources for which the ministry is directly accountable. Other ministries will account to parliament by means of the standard budgetary procedures.

¹³ Parliamentary Proceedings 32.620 no 91, 2 July 2013.



Part 2

Detailed description



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8. Health close by

Vital people in a healthy environment: an integrated approach within three domains



8.1. Healthy start: the family and school domain

Children are the future, the future is theirs. This is certainly true if they are encouraged to adopt a healthy lifestyle at an early age. The 'healthy start' is therefore the key focus within the domain of family and school.

Parents, childcare services and schools work together to create a healthy living and learning environment. Local authorities (through the Centres for Child and Family, municipal health departments and the dedicated youth services), sports clubs and private sector companies can also help to ensure a healthy start and healthy lifestyle. This domain is closely linked to that of the neighbourhood.



The government promotes a healthy lifestyle by providing reliable information to parents, schools, healthcare professionals and young people themselves. In addition, close attention is devoted to early identification of risks, and to promoting children's resilience whereby they can make the right choices and resist any (unhealthy) temptations.

The school is the child's day-to-day environment. A healthy school encourages responsible choices. Healthy children are better equipped to perform well at school, which in the fullness of time will help to ensure their ongoing good health and social success. Moreover, a healthy school provides a good working environment for staff, thus increasing job satisfaction. Given the position of teachers as role models, and the fact that they are training the employees of the future, the domains of school and work are closely related.

The intended results of activities in this domain are:

- no fewer than 850 schools will qualify for accreditation as a 'Healthy School' by 2015 (compared to 62 schools at 1 September 2013)
- the rise in childhood overweight and obesity will be halted and reversed
- a greater number of children will meet the government's guidelines for physical activity
- there will be fewer (young) smokers
- harmful alcohol consumption will be reduced.

8.1.1 Support for parents, schools and children

Awareness and health information in childcare and pre-school education (ages 0-4)

Objective

By 2016 there will be a complete and integrated range of information and tools to help the target group adopt a healthy lifestyle. The information will be compiled based on the needs of professionals in the pre-school sector (childcare and nursery education). The approach will form a continuous line with the 'Healthy School' programme, described below.

Partners, activities and resources

- The Ministry of VWS will commission a study to determine the requirements of the pre-school sector with regard to the 'Healthy Childcare' approach, a structured and integrated method of promoting health and the healthy lifestyle. If the study reveals a clear demand, the RIVM Healthy Living Centre will join other partners (such as Stichting Kinderopvang Nederland and BOinK) in developing an appropriate programme. Their involvement will ensure good coordination with the Healthy School programme and the inclusion of the 0-4 age group in the 'Sport, Exercise and Healthy Lifestyle for ages 0-24 Plan', to be published in 2014.
- GGD Nederland, as the umbrella organization of municipal and regional health departments, will develop an accreditation system for the pre-school sector, whereby certified organizations will be entitled to display a special logo.
- In consultation with the relevant parties, the Netherlands Youth Institute (Nji) will investigate whether the proposed activities and programmes are enough to underpin a structured and integrated approach to health promotion. By 2016, the relevant partners are to deliver a complete, integrated package of information and activities which enable the pre-school sector to address the healthy lifestyle in an effective manner.
- During the 2013-2014 school year, JOGG (a programme to reduce childhood obesity which forms part of the Healthy Weight Covenant) will encourage children to drink enough water. The 'DrinkWater' project will target day-care centres and primary schools, and will provide special beakers for children together with a digital 'toolkit' containing information, advice and best practice examples for professionals. The Healthy Weight Covenant is a coalition of 26 public and private partners which enjoy the support of six national corporate sponsors. To date, 27 local authorities have joined the JOGG programme.



Quality and consistency of communication and programmes for schools

Objective

By 2030, the healthy school will no longer be exceptional but, through the efforts of schools themselves, a fully integrated feature of the education system. Within the current programme, no fewer than 850 schools are to be accredited as a 'Healthy School' by 2016,¹⁴ thus entitled to display a special logo demonstrating their attention to the healthy lifestyle and/or a specific health-related theme. There will be a website to make information about the healthy lifestyle readily available to all schools.

Partners, activities and resources

- Schools must have access to practical and proven interventions and programmes. The Ministry of VWS and the Ministry of Education, Culture and Science (OCW) have entered into formal agreements with the health institutes by means of the Schools Agenda for Sport, Physical Activity and Healthy Lifestyle (SBGL), and the 'Healthy School' programme devised and implemented by the Centre for Healthy Living. The government devotes ongoing attention to the quality of these programmes, seeking improvement wherever possible. The Centre for Healthy Living (part of RIVM) provides relevant information through the website www.gezondeschool.nl, including information about 'healthy teachers'.
- Between 7 October and 29 November 2013, schools (in the primary, secondary and intermediate vocational sectors) can use the website to apply for advice or financial support for their own health promotion activities in 2014. The Ministry of VWS and the Ministry of OCW have reserved 1.14 million under the Jeugdimpuls ('Youth Impulse') and Onderwijsagenda ('Education Agenda') programmes. Depending on demand, support may be continued.
- To position the Healthy School programme and its activities effectively, the partners will work to strengthen its structure, improve quality and promote the Healthy School logo. From 2014, schools in the primary, secondary and (intermediate) vocational sectors will be eligible to apply for accreditation.
- In 2014, Stichting Leerplan Ontwikkeling (the national centre of expertise in curriculum development) is to develop an integrated, continuous curriculum covering sport, physical activity and the healthy lifestyle for all young people aged 0 to 24. This curriculum will provide professionals, those responsible for interventions and educational publishers with a framework within which to design and improve the education sector's involvement in sport, exercise and promoting a healthy lifestyle. It will also ensure greater cohesion in the overall range of programmes and interventions. The Ministry of VWS, Ministry of OCW, health institutes, education sector and childcare organizations will provide appropriate support. By 2016, all activities will be in line with the curriculum. Cooperation with relevant partners will be sought in all further development and improvement processes.

¹⁴ The Vignet Gezonde School is a logo with which schools can demonstrate that they devote ongoing attention to health and meet the accreditation criteria. Qualifying schools receive a plaque which can be displayed on the school premises, and are entitled to use the logo on all printed materials. There are eight themes within the programme, each of which has its own certificate: 1. diet and nutrition, 2. sport and exercise, 3. smoking and drinking, 4. hygiene, skincare, oral hygiene and hearing, 5. socio-emotional development, 6. relationships and sexuality, 7. physical safety, and 8. environment (and interior climate).



- The Education Councils and the programme partners are committed to the website www.gezondeschool.nl as the main information portal and the Healthy School logo as the public manifestation of the programme. All communications about health education and interventions are to include a reference to the website and the logo. The partners are to make any necessary alterations to their existing materials by the end of 2014. This will enhance the uniformity, accessibility and quality of the information.

Involving parents in health education at school

Objective

Parents bear primary responsibility for their children's healthy upbringing. The government provides support through the youth health and welfare services and by publishing reliable information. Parents are also encouraged to take an active interest in their children's school and in its policy development processes. Topics such as healthy snacks and bullying can then be approached jointly. It is in the child's best interests for there to be clear links between the world they experience in the home, in the neighbourhood and at school.

Partners, activities and resources

- Parent involvement is an essential component of the Healthy School programme and the relevant interventions. The websites www.gezondeschool.nl and www.loketgezondleven.nl offer local partners (such as the official health protection agencies and education departments) the tools they need to provide adequate support to schools, parents, healthcare professionals and young people themselves. Ways in which the level of support can be raised yet further are currently being explored. During the latter half of 2013 there will be five regional start-up conferences for the Ministry of OCW's 'Parents and Schools Together' programme. A healthy lifestyle is one of the topics on which schools and parents will be offered information.

Closer links between schools and the youth health and welfare services

Objective

Cooperation between youth health and welfare departments (known by the abbreviation JGZ) and the education sector is to be intensified. The staff of the specialist departments can support schools in issues relating to upbringing and child development. The local authority is a partner to school boards of management in making appropriate agreements about the links between education and youth welfare.¹⁵ The JGZs themselves will be involved in making such agreements, particularly where the school itself has identified a requirement for input within its school policy. From 2016, all arrangements will be made at the local level.

Partners, activities and resources

- Youth health and welfare departments and schools can assist each other by providing information and advice about lifestyle choices, through the early identification of any potential problems, and by explicating those problems. Support can also be provided to the school (teaching) staff. The final report produced by a commission appointed to evaluate the basic tasks of JGZ services draws attention to the importance of good cooperation with schools.

¹⁵ Local authorities establish agreements by means of four-yearly policy plans, as required by the Wet Publieke Gezondheid (Public Health Act) and the new Jeugdwet (Youth Act).

- Best practice examples are to be disseminated by the knowledge institutes (NCJ, Nji and CGL), through the websites www.gezondeschool.nl and www.voordejeugd.nl, at conferences, in the SBGL and possibly in a new handbook. One important aspect is how the JGZs can be made more accessible to parents, students and school staff. The possibilities include 'open door' consultations and the appointment of a permanent contact person to each school. The government will facilitate any such measures.
- There is also to be further professionalization of the (policy) advice capacity of youth health and welfare departments, which should be able to operate independently on the basis of their own findings, advising local authorities and schools about any collective measures they consider necessary or appropriate.¹⁶

Extra contact moment for adolescents; early identification of risks

Objective

Starting in the 2013/2014 school year, there will be an additional contact moment with JGZs for adolescents. The intention is to achieve full outreach to all young people of school age (compared to the current 80%).

Partners, activities and resources

- At the additional appointment, young people will be encouraged to examine their own lifestyle and to consider the choices they make. The approach will encourage the healthy lifestyle and provide information about matters such as drugs and sexual resilience. Content will be appropriate to the target group. In January 2013, the amount of 15 million euros was added to the regular local authority budget to cover the costs of this additional contact moment, which will become part of the basic statutory responsibilities of JGZ departments from 1 January 2015.
- GGD Nederland is to support the JGZ departments during the introduction of the new arrangements, and will monitor implementation nationwide on behalf of the Ministry of VWS.
- The current intention is to evaluate the effectiveness of the additional contact moment as part of the fifth ZonMw prevention programme.



¹⁶ See also Letter dated 25 June 2013, Parliamentary Proceedings no 31.839.



8.1.2 A healthy school environment

The quality of the school environment is closely linked to that of the neighbourhood in which the school is located. The various activities undertaken to create a healthier neighbourhood can also improve the school environment, and vice versa. The JOGG programme is a good example in that it targets young people but is firmly anchored in the neighbourhood. See also Para. 1.2.

Green, activity-friendly and smoke-free school grounds as part of the healthy neighbourhood

Objective

All school grounds are to be 'healthy' by 2025. (The term 'grounds' refers to all exterior areas of the school, whether paved or laid out as playing fields). Central government will encourage and facilitate schools and local authorities in this regard. During the period to 2016, at least seventy schools will have their grounds redesigned to provide an example for others to follow. Ideally, these schools will be located in the designated 'areas for special attention' and/or in JOGG neighbourhoods. A healthy school exterior has extensive greenery, is 'activity-friendly' and entirely smoke-free. In practice, schools will also be able to devote attention to other themes such as nutrition and safety.

Partners, activities and resources

- School grounds fall under the responsibility of school (managements) and the relevant local authority.
- To encourage efforts to upgrade both school land public play areas, schools and local authorities will be able to apply for subsidies under a subsidy scheme. The necessary resources have been reserved by a coalition comprising the Ministry of VWS and the Ministry of OCW (under the Education Agenda SBGL), Jantje Beton, the Institute for Nature and Sustainability (IVN) and the CGL. A total of five million euros will be available, as well as expert advice and guidance. One of the conditions of funding is that the local authority is also involved in the project. A well-structured and healthy school exterior can have functions which extend beyond the school itself. The target group is therefore the broader community.
- The project Rookvrije schoolpleinen (Smoke-free school grounds) is an initiative of the Netherlands Lung Foundation. Under the slogan 'You don't light up anything at school!', it provides practical information and best practice examples. As at 1 September 2013, 52 schools were entirely smoke-free, inside and out, due to the project. The Lung Foundation wishes to see this number rise to one hundred by the end of 2013. In any event, the project will continue throughout 2014. Smoke-free schools are shown on a map which can be accessed at www.longfonds.nl. Partners in the project are the Netherlands Heart Foundation, the KWF cancer research fund, the Trimbos Institute, municipal health departments and the Ministry of VWS. The project is also linked to the Education Agenda and Healthy School programmes.



Healthy school canteens

Objective

By 2015 all secondary schools (including those providing intermediate vocational education) will have a healthy school canteen.

Partners, activities and resources

This project is further to one of the ambitions stated in the 'Healthy Weight Covenant' and is supported by the Netherlands Nutrition Centre working under the instructions of the Ministry of VWS. A budget of 1.3 million euros was made available in 2013, which finances various activities such as the 'School Canteen Brigade' which provides tailor-made advice. A comparable level of (financial) support will be provided in 2014.

Private sector companies such as caterers, vending machine operators and suppliers are also working to provide a healthier selection of meals and snacks in schools, further to an agreement (the Handvest Gezonder Voedingsaanbod op Scholen) which thus far has forty signatories.

A healthy interior climate in schools

Objective

By 2015, primary schools with natural ventilation and five hundred schools with mechanical ventilation will have been given individual advice on ways to improve their interior climate. Primary schools already have access to relevant information.

Partners, activities and resources

- The programme seeks to raise awareness of the importance of good ventilation among municipal health departments and schools. It is to be expanded to include five hundred schools which have mechanical ventilation (or air-conditioning). The programme will continue throughout 2014, with an assessment in 2015. The programme is jointly administered by the Ministry of Infrastructure and the Environment ((I&M) and the Ministry of Education. It has a budget of seven million euros.
- Further to the programme and a parliamentary motion tabled by member Eric Lucassen,¹⁷ building regulations were amended in 2012 whereby it is now mandatory to install a carbon dioxide meter in all occupied areas of newbuild primary schools (and in conversion projects requiring planning permission). Existing schools which do not yet have a meter can obtain one free of charge. The precise arrangements are being finalized in consultation with municipal health departments.
- Attention for the interior climate is to be embedded within existing frameworks and programmes, such as the Healthy School, with online tools and information as well as guest lectures at teacher training colleges.

¹⁷ Parliamentary Proceedings no. 32.757, 26 October 2011.

8.1.3 Miscellaneous activities in and around the school

Participation in sport to be improved: 'Mission Olympic' and school sports clubs

Objective

Young people's ongoing participation in sports is to rise by ten per cent. This increase will be encouraged by 'Mission Olympic' and the establishment of school sports clubs (of which there will be 26 by 2016). Sports participation among primary school children in the Netherlands is high; we wish to see the same level maintained throughout secondary and further education. Particular attention will therefore be devoted to those students who discontinue playing sports, as well as those who never started. Many such students are in the VMBO (preparatory intermediate vocational education) stream.

Partners, activities and resources

- Mission Olympic is a joint initiative by the Netherlands Olympic Committee and National Sports Federation (NOC*NSF) the Royal Society for Physical Education (KVLO) and Coca-Cola. It is the largest national school sports competition and has Olympic gymnast Epke Zonderland as its ambassador. In 2013, the project was able to welcome health insurance company Achmea as a full partner. This enables the regional championships to be expanded, with an even greater number of schools and students taking part in the project (partly due to its links with the school sports clubs). The entire project is privately funded.
- The School Sports Club in Secondary Education (SSV VO) project aims to allow all secondary school students to take part in sports at least once a week as part of the school timetable. Through their schools, students will be able to join an association or club for diverse sports. They will then go on to take part in an inter-school competition with rounds held over the course of 25 weeks, playing against teams from six to eight other schools. Teams will be coached by the school's own gym teacher. The project involves local authorities, the schools themselves, national sports federations and local sports clubs. Initially, it will focus on the 75 schools which have adopted sports participation by otherwise inactive students as a spearhead of their policy.

Extra gym lesson in primary education

The State Secretary for Education, Culture and Science is to inform the house of the details of proposals to increase the number of gym (physical education) lessons in the primary school curriculum, as noted in the Coalition Agreement.



Seven steps to a healthier lifestyle

‘Join Feedback’ is a lifestyle movement which has stated the aim of encouraging one million young people (aged 12 to 20) to adopt a lifestyle which will improve their own health and that of the world around them. The timeframe for this programme is three years. With the help of its partners, schools, universities and various media, the Feedback Foundation recently launched the ‘7 Days of Feedback’, a social media challenge intended to prompt younger secondary school students to adopt a healthier lifestyle. On each of the seven days, participants are given a specific challenge relating to diet and exercise. The programme has been tested in 17 schools, and some 12,000 students have taken out a ‘lifetime subscription’ to Join Feedback. The intention is to increase this number yet further by means of a public-private partnership.

See www.joinfeedback.com

Intermediate Vocational Education: training healthy employees

Objective

There is to be greater attention for health and safety within vocational education. ‘A healthy start’ also applies to those entering into employment for the first time. Students will be prepared to face the physical and mental challenges. By teaching them to work in a healthy and safe way, we can help to ensure that the national workforce remains as healthy as possible in future.

Partners, activities and resources

- The MBO Council will strive to achieve the ‘5% norm’, i.e. one hour’s tuition per week on lifestyle-related topics, further to the Vital Citizenship component of the national curriculum. Since the 2011-2012 school year, final examination requirements have included Career and Citizenship, which is understood to include ‘vital’ citizenship. Students will be given instruction in health lifestyle choices and activities which promote good health, both in the workplace and in their role as members of society.
- The MBO Council will also draw attention to the ‘Vital Employeeship’ component of the curriculum among the schools for which it is responsible and the school managers who form the governing boards of the Vocational Education and Industry Knowledge Centres.



8.2 Living in a healthy neighbourhood and (human) environment.

It is increasingly important for local authorities to devote attention to care and support for residents, which must be organized effectively. Under the Wet Publieke Gezondheid (Public Health Act), local authorities have a statutory responsibility to promote public health and to ensure good coordination with the curative care sector. Other legislation – the Wet Maatschappelijke Ondersteuning (Social Support Act; WMO) requires local authorities to ensure that residents can participate in society, and are able to live in their own familiar surroundings for as long as possible. The ongoing decentralization process passes further welfare responsibilities to the local level, including those established by the Algemene Wet Bijzondere Ziektekosten (Exceptional Medical Expenses Act; AWBZ), the new Jeugdwet (Youth Act), and the Participatiewet (Participation Act, which relates to work and income). All such responsibilities converge at the level of the district or neighbourhood.

Targeted health programmes at the district or neighbourhood level

To improve the health of more vulnerable members of society calls for a structured and integrated approach at the district or neighbourhood level. There must of course be readily accessible health and welfare services. At the same time, it is essential to work within resident's own frame of reference, to ensure a healthy human environment, and to encourage social participation.¹⁸ A number of recent and ongoing projects have produced valuable learning experiences. They include the local regeneration of Overvecht, a district of Utrecht, Healthy Pregnancy for All (HP4All, intended to reduce infant mortality) District Nurses as Visible Links, projects in which neighbourhoods have been redesigned to encourage and facilitate physical activity, and the JOGG project. All confirm that an integrated approach can indeed improve the health of vulnerable people.

¹⁸ For details, see <http://www.experimentgezondewijk.nl/gezondewijk/eboek/eboekgezondewijk.pdf>



To bring about a real difference, the National Prevention Programme will strive to roll out the successful neighbourhood approach to many other towns and cities in the Netherlands. This involves a three-pronged strategy:

1. Incentivizing neighbourhood health programmes.
2. Including health interests in the design of public spaces (the link between health and nature).
3. Giving local authorities more responsibility for prevention activities (as part of the ongoing decentralization process).

8.2.1 Incentivizing neighbourhood health programmes

Objective

A greater number of towns, cities and regions (including those with a shrinking population) are to adopt the targeted neighbourhood or district approach with a view to improving public health. This is of particular importance in those neighbourhoods with a proportionately large number of residents who may be described as vulnerable, i.e. the 'deprived' or 'underprivileged' neighbourhoods, since it is here that the health problems are most acute and it is here that the greatest health gains can be achieved. The ambition is to raise the overall standard of health in these districts to the regional level (or in the case of the regions with a shrinking population, to the national level). Local and regional authorities will be able to draw on the experience of the towns and cities which have already achieved good results, and on the body of knowledge which has been compiled. In the case of smaller local authorities, such as those in the rural areas, the district or neighbourhood approach will become more of a regional approach undertaken by a coalition of authorities. It then becomes essential that all parties involved have a clear vision of how the targeted approach can help to improve health, and that they arrive at clear agreements on how to proceed in practice. Health insurance companies, which finance a large part of healthcare provision, have a role to play in ensuring that the services available are appropriate to the specific needs of the local population. It is now increasingly common for local authorities and health insurers to enter into formal agreements in this regard. Their cooperation is now even more important in the light of decentralization.

Partners, activities and resources

Many partners will be involved in the broader roll-out of the targeted neighbourhood approach.¹⁹ Agreements are to be made with these partners with regard to who is willing – and able – to undertake the various activities. The government will therefore hold discussions with the local and regional authorities, knowledge institutes, primary healthcare providers, welfare departments, housing corporations, health insurers and other private sector parties, the education sector and sports organizations.

The activities include:

- Neighbourhoods with a large number of vulnerable residents will be identified,²⁰ whereupon those with notably acute health problems and healthcare costs will be selected. Where possible and appropriate they will be in local authority areas in which some experience of the targeted approach has already been gained in other projects, and which have already entered into agreements with health insurance companies. Consultation with the authorities concerned will reveal whether it is possible to build upon prior projects so that activities are mutually strengthening. Prevention and health will be incorporated into ongoing

¹⁹ Or regional, in the case of smaller local authority areas which will form a coalition.

²⁰ Based on status score, incorporating education, income and employment or employability.



neighbourhood projects. The requirements for further progress will be discussed. At present, 13 local authorities have implemented the Healthy Neighbourhood approach in 25 separate neighbourhoods or districts. The intention is to double this number over the coming three years.

- Local authorities and the other partners will be supported in their implementation of the targeted neighbourhood approach. The focus will be on intensifying cooperation between the authorities, health insurers, primary healthcare providers (GPs, municipal health departments, domiciliary care services and mental health departments), housing corporations, welfare organizations, local (sports) coaches, health brokers and sports clubs.
- Experience tells us that a thorough neighbourhood analysis, common objectives, effective agreements about implementation and good management²¹ are all essential components of successful cooperation. The government will support these processes by disseminating best practice examples and will promote the use of proven interventions. The details of how it intends to do so are included in the document *Gezonde wijk in praktijk*, together with a list of local authorities which have achieved good results with the approach. Further information (in Dutch) can also be found in the handbooks *Handreiking Gezonde Wijk* (RIVM), *Handreiking Gezonde Gemeente* and *GezondOntwerpWijzer*.
- A thorough neighbourhood analysis will provide a wealth of information about the extent, nature and urgency of residents' problems, as well as those residents' own wishes and requirements. Local authorities are being given increasing responsibility for matters of (public) health and welfare, whereupon there is a growing need for relevant information at the local level. Neighbourhood analyses can draw on information compiled by the municipal health departments, with input from health insurers, professionals and the residents themselves. The results will enable the partners to determine the contribution they can make to improving health. The Ministry of VWS has requested RIVM to compile profiles for all local authority areas in the Netherlands, based on the available information and knowledge about public health and care requirements, in order to support local policy. It is also necessary to ascertain how the local organizations can be given access to similar information, and whether the various data sources can be interlinked.
- It is important to monitor and assess programmes at the local level to determine whether they are indeed producing the intended results. One mean of doing so is the Urban40 research project, while other instruments include a 'Social Costs and Returns Analysis'. RIVM will continue to monitor health differences based on socio-economic status over time as part of the Public Health Status and Forecasts research programme. The overall objective is to improve the health of the more vulnerable members of society. We shall measure success in terms of the healthy life expectancy and perceived health as included in the Public Health Status and Forecasts programme. Interim progress will be measured using a number of process indicators such as the number of local authorities, districts and neighbourhoods which implemented an integrated, targeted approach (such as *Gezonde Wijken*, JOGG and projects to reduce infant mortality).

²¹ Report of study by the Health Care Inspectorate (IGZ): *Integrale leefstijlondersteuning in achterstandswijken* ('Integrated lifestyle support in underprivileged neighbourhoods') 2013.



Within the targeted neighbourhood approach, special attention must be devoted to certain specific themes in the years ahead.

Integrated local health care services

Objective

Neighbourhoods are to have accessible and cohesive ('joined up') health care services, with full attention given to prevention and health maintenance.

Partners, activities and resources

- Social teams working at the neighbourhood level are to be involved in the local health programmes. The Ministry of VWS and the Ministry of the Interior and Kingdom Relations (BZK) will join local authorities (represented by the Association of Netherlands Municipalities; VNG), Radar, MOVISIE, the Aedes-Actiz Kenniscentrum (knowledge centre for housing and care; KCWZ), Platform 31 and GGD-NL in examining ways in which to establish connections between social and medical interventions, and the support required by local social work teams, e.g. models, meetings and/or facilitation of knowledge sharing. The local health programmes are to have strong connections with first-line care. Pharos, for example, has already implemented a number of successful interventions among vulnerable groups, establishing more effective communication with people with limited literacy (or knowledge of Dutch) and/or limited personal health management skills. Similar projects can be rolled out on a much larger scale. Pharos also provides support, advice and training to ensure the availability of accessible services for all, including those in the lower socio-economic groups and migrants.
- The Ministry of VWS is to hold talks with the VNG and the consultancy BS&F to determine how prevention and the targeted neighbourhood approach can be given a more prominent place in the contracts between local authorities and health insurers which provide cover for those on social security benefits.
- It is becoming increasingly common for local authorities and health insurers to enter into formal agreements covering joint efforts to establish a good range of health services at the local level. VGZ and a number of local authorities have taken the lead in integrating the efforts of the neighbourhood social and care networks, resulting in mutual reinforcement. The social networks fall under the responsibility of the local authorities, while VGZ oversees the care network. Together, those two networks play a very important part in improving both public health and the quality (or 'liveability') of the neighbourhood. They can make a significant difference. Where appropriate, links will also be established with the Gezonde Wijk programme and/or local authorities' prevention programmes. As a health insurance provider, VGZ is particularly active in neighbourhoods with a relatively large proportion of low-income households, people with a physical or psychological incapacity, chronic patients and vulnerable seniors. There are significant health gains to be made in such neighbourhoods.
- With a view to assisting the regional partners in the implementation of local care and welfare activities, the Ministry of VWS has commissioned ZonMw to conduct the programme Zorg en Ondersteuning in de buurt ('Care and Support in the Neighbourhood'; ZOIB). It will draw on the knowledge and experience gained in a number of ZonMw 'neighbourhood direction'

programmes²² in order to firmly embed welfare and care activities into day-to-day practices. The results of past programmes (as well as those of other organizations and knowledge institutes) will be integrated and applied in a way which is appropriate to local requirements.

Healthy lifestyle

Objectives

Local residents are to become fully aware of their own health and the ways in which they can protect and promote it. They will know whom to contact with their wishes and preferences, with any health-related questions, or to bring problems to the attention of the appropriate authorities.

Partners, activities and resources

There are several ongoing initiatives in various parts of the country, some with a specific theme such as 'sport and exercise' or 'healthy weight', which are helping to achieve these objectives. Because most address a combination of risk factors, it is important that the activities converge at the neighbourhood level. This will provide greater clarity for both the partners and local residents, and will ensure that the activities are mutually reinforcing. Moreover, it is important that local residents are involved in the design and implementation of neighbourhood programmes to the greatest extent possible, so that the activities are entirely appropriate to the target group's setting and frame of reference.

²² Visible Link, Preventive Strength close to home, Public Healthcare Training Establishments, Healthy Power, National Programme Care for the Elderly, Disease Management in Chronic Conditions, 'Op één lijn', and Patient participation in research, quality and policy.





Sport and physical activity in the neighbourhood

Objective

More people are to take part in sports or engage in other forms of physical activity within the neighbourhood. At the local level there will be greater cooperation between local authorities, schools, sports clubs, health and welfare organizations and the private sector. Attention will also be devoted to the importance of avoiding an (overly) sedentary lifestyle.

Partners, activities and resources

Many ongoing initiatives are making a valuable contribution to these aims:

- *Local organizations can draw upon the methods and resources of the 'Sport and Physical Activity in the Neighbourhood Programme (which include the input of neighbourhood sports coaches and the 'Sport Impulse' guidelines).*
- All interventions currently available are listed in a database which can be accessed via www.loketgezondleven.nl.
- 'Eredivisie FIT' is a social programme which draws upon the appeal of football to encourage people of all ages to work on the general fitness, both physical and mental. Professional footballers past and present will be recruited to act as role models. The programme, which officially begins on 1 January 2014, will build upon the success of various past projects such as Scoren voor Gezondheid ('Score for Health'). The national football premiership federation Eredivisie Voetbal and Stichting Meer dan Voetbal ('More than Football Foundation') will seek cooperation with relevant public and private sector parties, the media, social organizations and the federations representing other sports. The precise form of their cooperation will be the subject of discussions with the Ministry of VWS and the Ministry of BZK during the months ahead.
- There are many examples of local and regional authorities which actively promote physical activity among their residents. The province of Overijssel, for example, has adopted the WIJ(K) Lekker fit! programme, in which an innovative feature is the direct cooperation between the local programme director and the paediatric nurse(s) of municipal health departments, thus bringing together expertise in the fields of health, nature, nutrition, exercise and sport. As a result, local residents have access to clear information and advice about a healthy and active lifestyle.
- The Krajicek Foundation and the Johan Cruyff Foundation have been active for many years in encouraging young people to be physically active, providing safe and secure sports facilities. The activity deficit in many neighbourhood remains high, particularly among young members of the ethnic minority groups. There are now over 150 'Cruyff Courts' and over 100 'Krajicek Playgrounds' which promote both social cohesion and personal development.
- On 14 August 2013, the Netherlands Organization for Applied Scientific Research (TNO) hosted an Invitational Conference on Sedentary Behaviour at the request of the Ministry of Social Affairs and Employment (SZW) and the Ministry of VWS. The conference considered the problem of activity deficit, particularly that due to long periods of sitting at work, and sought potential solutions. An action plan, the 'Agenda for Sport and Exercise', has drawn up by various organizations, some of whom are not the most obvious bedfellows. Sport is, however, a common medium through which various (health) objectives can be pursued at the local level.



- The Ministry of VWS facilitates a platform through which various partners can achieve innovative and sometimes unexpected forms of cooperation by 'looking over each other's fences'. The ministry invites local and national parties, including (representatives of) physiotherapists, district nurses, fitness centres, welfare organizations, health insurers, local authorities and sports associations, to hold discussions with each other. VWS also organizes informal meetings with local authorities with a view to agreeing the respective contributions of national and local government in respect of achieving (health) objectives.
- As part of the Sport and Physical Activity in the Neighbourhood Programme, the Vereniging Sport en Gemeenten (Sport and Local Authorities Association; VSG) organizes annual networking meetings alongside partners such as NISB, NOC*NSF and ZonMw. The Ministry of VWS provides input in the form of the new insights gained from the aforementioned processes.

Healthy weight

Objective

At least 75 local authorities should be taking part in the JOGG programme by 2015, the eventual target being all 408.

Partners, activities and resources

Thus far, 27 local authorities have joined the Jongeren Op Gezond Gewicht '(Young People at a Healthy Weight; JOGG) programme and have therefore implemented the intersectoral JOGG approach which has been shown to be effective in halting and reversing the rising trend in childhood overweight and obesity.

Infant mortality

Objectives

The health of mothers and newborn babies is to be improved, as is the quality of the perinatal and postnatal chain care.

Partners, activities and resources

HP4All is a three-year project, coordinated by Erasmus University Medical Center (Rotterdam) since 1 March 2011 and co-funded by the Ministry of VWS. Experiments have been conducted in 14 towns and cities with a view to introducing programmatic pre-conception care and improved risk selection during pregnancy. The intention is to arrive at a system of risk-led personalized care, with obstetric and midwifery services expanded to address non-medical risks such as those relating to socio-economic disadvantage. Local authorities are working alongside the healthcare sector to achieve these aims. The partners are also examining how changes to the existing systems can influence attitudes and cooperation.

A follow-up project, currently in preparation will commence on 1 March 2014. It will run for three years during which the key areas of focus will be:

- expansion of risk-led care to a younger target group (through JGZ departments)
- embedding of the initial HP4All project results
- continuation of the pre-conception care experiments to determine effectiveness.



Healthy participation

Objective

All members of the public should be able to participate in society effectively and in a healthy manner.

Partners, activities and resources

- As part of the Gezonde Wijk programme, residents will be encouraged to take an active part in their local community. For examples, see the handbook *Gezonde Wijk in Praktijk* (in Dutch).
- Where necessary, local authorities and professionals can call on assistance in order to establish an effective dialogue with residents and clients, and to encourage them to improve self-management skills and community involvement.
- The Ministry of SZW and the Federation of Small and Medium-sized Enterprises are to examine ways in which the SME sector can assist in promoting community involvement at the local level.
- Further to the decentralization process (see para. 1.2.3), local authorities will have more opportunities to provide assistance to those vulnerable residents who are otherwise unable to participate in society.



A healthy human environment

Objective

The neighbourhood and district should provide a setting in which children can grow up in good health, and which enables residents to live in the healthiest possible manner. Recent years have seen numerous initiatives in which public spaces have been (re-) designed to encourage greater use and physical activity.

Partners, activities and resources

- The Gezonde Wijk programme pursues the healthiest possible human environment (see [Gezonde Wijk in Praktijk](#) handbook).
- Many initiatives, both large and small, have been undertaken with regard to spatial design which promotes health and the healthy lifestyle. The resultant knowledge and expertise have been collated to form the website www.AtlasLeefomgeving.nl which includes a handbook (the [GezondOntwerpWijzer](#)). In addition, a digital 'toolbox' has been developed for the use of local authorities, RIVM and municipal health departments.
- The RIVM handbook [Gezonde Wijk](#) and the publication [Gezonde Gemeente](#) provide information about how to create a human environment which promotes healthy behaviour, together with best practice examples and useful resources.
- Over the years ahead, a coalition of the Education Agenda partners, Jantje Beton, IVN and CGL will work to create green, 'activity-friendly' school playgrounds which have clear connections with the wider neighbourhood. This programme builds upon earlier initiatives, as described in Para. 1.1 ('Healthy Start').
- The Netherlands Institute for Sport and Physical Activity (NISB) has collated knowledge about activity-friendly environments to form a toolbox. This knowledge will become widely available in late 2013. As a follow-up, the NISB intends to collect best practice examples of activity-friendly school playgrounds, the temporary redesignation of vacant urban areas for alternative uses, and local application of a minimum norm for the area to be devoted to sports and play. The current research programme on Sport is to be expanded to include an 'economy and space' component, while RIVM and the Mulier Institute are to develop a Sport Atlas, showing all areas devoted to sport and exercise nationwide.
- The Ministry of I&M is to make knowledge and expertise available to promote the development of healthy towns and cities as part of the Gezonde verstedelijking ('Healthy Urban Development') programme. Two pilot projects will identify the practical obstacles to healthy urbanization and their solutions. Particular attention will be devoted to greenery, sustainable development, active mobility, water quality and water safety. The project will demand the input of many partners at the local level, and will therefore involve a system of 'co-creation' with organizations and individuals in order to provide an effective response to the issues.



Including health interests in the design of public areas

Alongside the local neighbourhood initiatives which involve the (re-) design of public spaces (see Para. 1.2.1), there are also a number of projects which call for a coordinated nationwide approach. The spatial structure of the Netherlands is something that occupies central government, provincial authorities and local authorities every day. Alongside some very large infrastructural projects, there are many smaller interventions which influence the human environment at the local level. In this type of project, the local authority plays an important role as process director. However, many other organizations such as private sector companies, school boards of management, consultants and residents' organizations also have a part to play in the (re-) design of public spaces.

There are many indications that nature has a positive influence on human health, whether physical, mental and social. Nature within the urban setting offers opportunities for physical recreation, encourages child development, provides an 'oasis of calm', and encourages social interaction. Greenery makes the urban area more attractive and mitigates the adverse effects of the urban climate by reducing fluctuations in temperature and maintaining a comfortable humidity level.

To date, there is little hard scientific evidence to support the contention that nature does have a positive influence on human health. The results of a study conducted by KPMG, which included an analysis of the (social) costs and returns of nature are an initial step in rectifying this omission. More knowledge of the mechanisms involved may well provide a greater understanding of the factors which influence those costs and returns, such as a potential decrease in demand for healthcare services, and a concomitant reduction in healthcare costs. A number of the projects described below will attempt to confirm and quantify the positive effects of nature on health.

Objective

A direct relationship between nature and health has been postulated. Links between the two aspects will be established whereby health interests become an intrinsic consideration in the design of public spaces.

Partners, activities and resources

- The instruments developed thus far to support the interlinking of health and the human environment are not entirely in keeping with the concepts and vocabulary of spatial planners. A small group of health researchers, designers and municipal health department professionals have therefore established the 'Healthy Design Platform' with a view to promoting cooperation with design professionals (as well as with other stakeholders such as health insurers, housing corporations and the general public), and facilitating the exchange of knowledge which will also be applied in practical situations. The platform will make its expertise available to all local authorities.
- The results of many past initiatives suggest that nature does indeed promote (the perception of) good health and contributes to the individual's sense of well-being. However, hard scientific evidence is scant. Research into the principles which underlie the positive effects of nature in the urban environment will be encouraged. At the request of the Ministry of VWS and the Ministry of Economic Affairs (EZ), RIVM and Alterra are to conduct pilot studies in two medium-sized cities in which the relationship between greenery and health will be examined more closely.

- It is not only public spaces which can influence human health: the interior climate of homes and other buildings is also an important factor. It is essential to address issues such as noise nuisance and the presence of hazardous substances in the interior atmosphere. Good ventilation is of prime importance to the quality of the interior climate, as is effective regulation of emissions from products and materials. In 2012, many companies in the construction and real estate sectors endorsed the 'Action Plan to Improve Ventilation in Newbuild Homes'. They will work to provide relevant training to the industry and to increase awareness among consumers. The partners are also to devise a ventilation rating system, comparable to the existing 'energy label'. If possible, the two ratings systems may be used in conjunction.
- On 22 June 2013, the Ministry of Economic Affairs held a meeting to discuss a new vision and policy on nature. It was attended by representatives of other government departments, the healthcare professions, patient organizations and the private sector, who turned their attention to the theme, 'Healthier through Greenery'. The meeting considered the current stock of green space and how its health potential can be maximized by means of restructuring, communication, improved accessibility and nature management. One of the outcomes is that the Nature Assisted Health Foundation, the Health Council of the Province of Noord-Brabant, the central Brabant regional health authority, IVN Consultants Brabant and the City of Eindhoven are to implement a follow-up programme. The province will organize four regional 'green table meetings' on the relationship between nature, health, care services and the economy. Eindhoven is to restructure public spaces in one city neighbourhood in consultation with its residents, the aim being to create a space which invites social interaction between all local residents. This will provide a response to acute problems such as dementia, depression and loneliness. In addition, the redesigned space will invite physical activity, help to counter overweight among the younger residents and encourage 'active ageing' among the senior members of the community. The project will be monitored over time to establish the precise value of local greenery in terms of health and wellbeing.



8.2.2 Include prevention in the decentralization process

It is increasingly important for local authorities to ensure that care services are well organized. Alongside their statutory responsibilities for social support and public health (further to extant legislation), local authorities are soon to assume greater responsibility for administering the payment of exceptional medical expenses, youth welfare and social participation further to an ongoing process of decentralization. Prevention is another statutory responsibility to be included in the decentralization process.

Objective

Prevention activities should be given a prominent place within the new local authority responsibilities, and attention must be devoted to prevention during the decentralization process itself in order to avoid or mitigate problems.

Partners, activities and resources

- Instruments and resources are to be developed to assist local authorities and professionals in fulfilling their new responsibilities under the Social Support Act (WMO). These resources will also devote attention to prevention and health. They will include:
 - instructions for conducting informal meetings with clients and their informal carers (the 'kitchen table chat'), which allow any problems to be identified at the earliest possible moment
 - other guidelines and instructions relevant to the transition
 - training for staff of WMO workplaces
 - materials for neighbourhood social work teams and closer contact with counterparts in the healthcare sector
 - a masterclass for local authority officials on cooperation with health insurers
 - formal agreements between local authorities and health insurers.
- The new arrangements for youth welfare services will entail a move towards more intense prevention efforts, greater reliance on self-management and the client's own social networks, and appropriate individualized assistance, the exact nature of which will be determined on a case-by-case basis. The main objective of the proposed system modifications is to anticipate and resolve problems before they are serious to warrant intensive medical or social assistance. The decentralization of all youth welfare services to local authorities, with the budgets reallocated accordingly, will increase the incentives for prevention and integrated assistance to families ("one family, one plan, one case manager.") Many local authorities have already tested the concept of multidisciplinary neighbourhood teams which provide health and welfare services. Central government and the VNG support such experiments through various channels, including the Transitiebureau Jeugd ('Youth Transition Bureau'). The following initiatives will help to intensify prevention efforts:
 - Local authorities, professionals, welfare organizations, parents and young people all have a major part to play in ensuring the success of the transition process. Preparing for the changes demands good support. Central government and the VNG have therefore joined the field in producing the 'Youth Transformation Agenda.'²³ A number of local offices will be established to guide local authorities in determining the level of assistance required by the field parties. The Agenda activities will also include the development and dissemination of best practice examples, by means of the website www.voordejeugd.nl. The Youth Transformation Agenda was implemented during the first half of 2013.

²³ Further to the parliamentary motion tabled by members Vera Bergkamp and Loes Ypma, Proceedings II 2012/13, 31839, no. 278.



- There can be no doubt that specialist treatment, including medication, can enhance the quality of life for many young people. However, due caution must be exercised: we must not be too hasty in referring young people with behavioural problems to the medical profession. A 'Demedicalization Agenda' has therefore been prepared. At the initiative of the Ministry of VWS, the issue was discussed at a round table meeting held in April 2013 and attended by parliamentarians, the Children's Ombudsman and representatives of the relevant professional groups – paediatricians, youth welfare experts, general practitioners and psychiatrists. The professionals proposed the production of a joint action plan. Further outcomes of the meeting include:

The current NHG protocol for ADHD is to be reviewed.

- Best practices examples are to be disseminated to discourage medicalization. One best practice example is the appointment of a Practice Support Manager within local mental health departments.
- A social debate is to be encouraged about the debilitating effect of 'labels' and better cooperation with schools.
- The professional groups agreed to hold a further round table meeting in October at which the action plan would be elaborated. Meanwhile the ministries of VWS, OCW and SZW would consult with the field to arrive at an intersectoral plan to promote participation in school and work, ready access to healthcare services where required, and demedicalization where possible.
- The Health Council is currently preparing two advisory reports: one concerning participation on the part of young people with psychiatric complaints, and one on the current scientific knowledge about ADHD (both to be published in early 2014).
- A new guideline on ADHD is in preparation (and will be issued in early 2014) to assist youth health departments in early identification so that the client can be referred to the appropriate professionals and the appropriate assistance can be provided.
- The professional groups are to prepare a new multidisciplinary treatment protocol for ADHD (available in 2016).
- The Netherlands Youth Institute is to examine our neighbouring countries' experiences and best practices in (de)medicalization to identify any lessons that can be drawn.
- A research project has commenced examining the causes of medicalization and ways in which it can be prevented (thus promoting demedicalization). The results will become available in early 2014 and will provide input for further discussions.



- The aim of the Participation Act is to ensure that every citizen is able to make a full contribution to society, preferably in the form of paid employment. Accordingly, a number of extant legislative instruments (WWB, WSW and Wajong) are to be combined to form a single directive applicable to all persons who are capable of working. Bringing more people – including those with a disability – into the regular labour force will increase the independence and financial resilience of households. Eventually, it is hoped that 125,000 additional jobs will be created for people with a disability, and those jobs will be economically productive rather than the government-subsidized ‘work guarantee’ schemes currently in place. Attention will also be devoted to prevention in policy on poverty and debt. It is essential to ensure that people do not find themselves in such financial hardship that they are unable to participate in society. Paid employment – the best remedy for poverty – is therefore a priority. It is also important to invest in the early identification of debt problems, since prompt action will have a significant effect. All efforts are to be based on the principle of personal responsibility. In times of recession there is less money in circulation, whereby everyone must adjust their spending in line with their income, reducing debt to a manageable level and avoiding unnecessary commitments. The State Secretary for Social Affairs and Employment has therefore announced that additional resources are to be made available to develop instruments which will prevent people falling into excessive debt, and will assist in the early identification of (impending) debt problems. Further details are to be found in her letter to the House of Representatives dated 3 July 2013 (Proceedings 24.515 no. 265), which also considers the role of local authorities and various social organizations in this regard.



8.3 Working is healthy: healthy working can be improved

Work represents a substantial part of many people's lives. It provides a source of income, offers opportunities for personal development, confers a sense of worth and self-confidence, provides challenge, meaning and structure, and thus contributes to good health. The government wishes to bring people into ongoing, secure employment. For those who suffer from some health-related restriction which prevents them from working, promoting health will be an important first step in increasing their chances of full (employment) participation. After all, healthy and vital employees are the bedrock of any healthy company.

Demographic trends, such as population and increasing labour market mobility make it even more important to ensure long-term employability. Promoting health and safety in the workplace is an important precondition of doing so. Employers are also in a position to encourage staff to adopt a healthy lifestyle, although employees themselves must take the necessary measures to maintain their health. Many (large) companies have already implemented policy and employability programmes. The challenge now is for smaller companies to do likewise. The government will focus on supporting employers and employees by means of knowledge, resources and best practice examples.



Alongside the benefits of work, it can bring certain health risks. Premature withdrawal from the active labour force due to illness, injury or incapacity must be avoided. At present, the most significant risk in the workplace is psychosocial strain – stress – which accounts for increasing time off work, longer-term incapacity and lost productivity. The government wishes to reverse this trend. Where employees do find themselves unable to work due to illness, efficient and effective employment-related care is essential. In particular, there is room for improvement in terms of the care provisions available for employees with a chronic condition, both in the workplace and within the healthcare system itself.

To promote employment opportunity and healthy employability for all, the Ministry of Social Affairs and Employment is to pursue a number of activities within four main tracks:

1. Encouraging the adoption of an active health policy within companies, to be accompanied by knowledge-sharing and information.
2. Raising awareness of the importance of healthy, safe work and long-term employability.
3. The efficient functioning of employment-related healthcare services
4. Additional support for a number of specific groups.

8.3.1 Encouraging the adoption of an active health policy within companies

Promoting long-term employability

Objective

Activities will seek to raise awareness of the importance of long-term employability, and to promote employability at all levels.

Partners, activities and resources

In 2012 and 2013, the Ministry of SZW worked to raise employers' awareness of the importance of employability. A group of one hundred companies was formed under the leadership of prominent businessman Tex Gunning (formerly an executive director of AzkoNobel, now CEO of TNT Express). This group undertook to inspire and assist other companies in developing an employability policy. A website, www.duurzameinzetbaarheid.nl, was created to provide information and a 'toolbox'. It includes accounts of other companies' experiences with employability programmes, as well as a checklist which helps users to gauge their current situation and to select appropriate instruments for use at the individual or organizational level. In October 2013, the Ministry of SZW launched a public information campaign intended to raise awareness on the part of employees themselves; they must realize the importance of maintaining their own employability. Healthy working practices and a healthy lifestyle will also form part of the campaign, which runs until the end of 2013. Sectors wishing to implement an employability programme can apply for a subsidy through the sectoral arrangements of the Social Accord, (published on 14 August 2013; see: www.agentschapswz.nl). The first subsidy round opened in October. A further two rounds will follow in 2014 and 2015, each with a budget of 300 million euros.

Many (larger) employers have already implemented programmes designed to promote the long-term employability of their staff. A prime example is Delft University of Technology (TU Delft), which runs a staff vitality programme known as the Health Coach Programme (HCP) as part of a package of measures intended to increase staff employability and mobility. The objective of the HCP is to bring about a permanent improvement in each employee's health, both physical and mental. It will boost their energy, motivation and commitment, thus reducing absenteeism and 'presenteeism'. Staff receive support in various forms, such as group and individual coaching sessions, pairing-off with a 'buddy', and via internet and email. The programme seeks to educate and to encourage behavioural change. Participants draw up their own action plan, to which they make any necessary adjustments over time. The programme is a very strong incentive for staff to take 'ownership' of their own health and career. Its effectiveness, both in terms of better health and cost-efficiency, will be subject to scientific evaluation in a research project involving TU Delft itself, health insurers CZ, OHRA and Delta Lloyd, the Leiden University Medical Center and Erasmus University Rotterdam. The research results will reveal whether the programme has indeed improved the health and productivity of those taking part, and whether it has reduced the medical expenses paid out by the insurers. There are plans to expand the programme and encourage its widespread adoption. It has already been taken up by the Department of Transport, Public Works and Water Management (Rijkswaterstaat) and the City of Delft.

The Healthy Company Action Plan

Objective

Companies in the SME sector are to be encouraged to implement an active health policy.

Partners, activities and resources

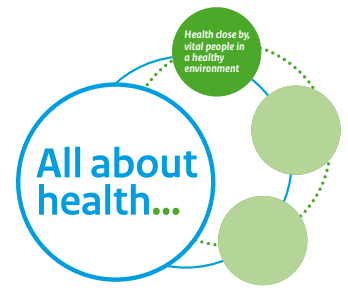
The ministries of SZW and VWS announced the 'Healthy Company Action Plan' in 2011.

The main components of the plan are:

- Raising awareness (among both employers and employees in the SME sector) that a healthy company has added value not only for the immediate stakeholders but for society at large.
- Encouraging physical activity to improve general health and fitness.
- Reducing the physical and psychological burden (strain) of work activities.
- Reducing health differences between socio-economic groups.
- Ensuring ongoing employment opportunity for persons with a chronic condition.

During the pilot phase, over three hundred SME companies were encouraged to upgrade their health policy. In the early phases, the focus was on three specific sectors: construction, transport and healthcare. The action plan is currently being refined whereby the second phase will be able to build upon the experiences gained thus far, with possible links to local initiatives such as JOGG. In late 2013, the ministers of SZW and VWS will inform parliament about the second phase of the action plan, to commence in 2014.





Prevention agenda for the social partners of the Labour Foundation

Objective

A prevention plan for employers and employees is to be refined and finalized.

Partners, activities and resources

- The central employers' and employee's organizations agree that more must be done in terms of prevention in the workplace. Prevention should not be regarded in isolation but in relation to other relevant aspects, such as working conditions, long-term employability and vitality.
- The Labour Foundation (Stichting van de Arbeid) is a national consultative body comprising the Netherlands' three largest employee federations (trade unions) and the three largest employers' associations. Its Workgroup on Health, Safety and Vitality is responsible for a number of concrete products, such as the Health and Safety 'catalogues', for the use of all sectors and companies. This workgroup is further responsible for elaborating the agreements made by the social partners in 2011 as part of the Policy Agenda 2020. Those agreements seek to enhance long-term employability by such means as establishing good working conditions under collective labour agreements. The workgroup will also determine the form of the social partners' prevention activities. The Labour Foundation intends to take the wishes and experiences of the sectors themselves fully into account.
- On 10 October 2013, the Labour Foundation and the Healthy Weight Covenant hosted a symposium entitled 'The Healthy Workplace', which focused on ways in which companies can develop their incidental activities to become a formal policy which devotes ongoing attention to vitality and the healthy lifestyle. The symposium was attended by representatives of employment organizations HR managers, and employees. Speakers included the Minister of SWZ, Lodewijk Ascher, and trade unionist-turned television presenter Paul Rosenmöller, both of whom called on companies to implement a structured policy designed to promote good general health, good working conditions and enhanced employability.



Good nutrition in the staff restaurant

Objective

Healthy diet and nutrition in the workplace (e.g. the staff restaurant) will reduce absenteeism through illness and cut healthcare costs.

Partners, activities and resources

- The catering industry federation Veneca, a major health insurance company and researchers from VU University Amsterdam are to develop an action plan and a catering concept based on sound scientific evidence.
- The concept will be tested in several companies of different types and sizes. The successful elements will be developed to form an approach which can be adopted by all employers and catering companies as part of the Healthy Workplace programme. The research development process will involve consultation with employers, HR managers and employees.
- This activity will be conducted in line with the 'workplace' component of the Healthy Weight Covenant, with practical advice and assistance from the Netherlands Nutrition Centre. Caterers Sodexo, Albron, SAB and KLM Catering Services have already agreed to take part. Test venues have yet to be finalized. The project will be coordinated with the activities of the IKB Foundation and the ministries of SZW and VWS. The action plan is to be finalized by the end of 2013, whereupon it will be published on the Healthy Weight Covenant website.

Database of effective lifestyle interventions

Objective

A central database is in place to make information about effective lifestyle interventions more readily available. It is to be given greater prominence and made accessible to a wider public.

Partners, activities and resources

At the request of the ministries of VWS and SWZ, the RIVM Centre for Healthy Living has compiled a database of interventions which have proven effective in encouraging employees to adopt a healthy lifestyle. The database has been in existence for several years. It is now to be made more visible and more accessible to a wider public, e.g. by means of links on websites which employers and employees are likely to visit on a regular basis.



8.3.2 Raising awareness

Action Plan on Stress

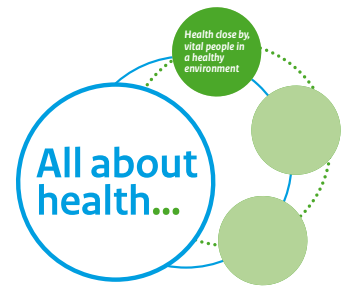
A significant number of people take time off, or are declared unfit for work for a longer period, due to stress: 40% of those deemed (partially) incapacitated under the Wet Inkomen en Arbeid (Income and Work Act) are suffering from psychological complaints which also account for 47% of time lost to short-term sick leave (Arbobalans 2012, Schaufeli, 2013). Stress in the workplace can be caused by work-related factors (such as pressure, culture and inappropriate interaction) as well as by factors in the personal sphere (family problems or a pre-existing psychological condition).

Objective

Employers and employees are to be encouraged to discuss stress and its causes more openly, thus increasing the mental resilience of workers.

Partners, activities and resources

In the Action Plan on Stress, the ministers of SZW and VWS place the emphasis on improving conditions in the workplace, while also devoting attention to factors which are not directly work-related but which can undermine mental health. The intention is that employers and employees should be able to discuss stress and its causes more openly, whereupon employees will become more mentally resilient. The ministries will discuss their proposals with the social partners, knowledge institutes, healthcare providers and insurance companies. The Action Plan on Stress will be presented to parliament before the end of 2013.



European Joint Action on Mental Health in the Workplace

Objective

A joint European policy framework is to be developed to promote good mental health at work.

Partners, activities and resources

Parallel to the development of the Action Plan on Stress (see above), the ministries of SZW and VWS are involved in the development of the policy framework underpinning the European Joint Action on Mental Health in the Workplace. In 2014 and beyond, the European Agency for Health and Safety at Work (OSHA) is to prioritize mental health within its agenda, and there will be a two-year information campaign to support its efforts.

Healthy and Safety within the vocational education curriculum

Objective

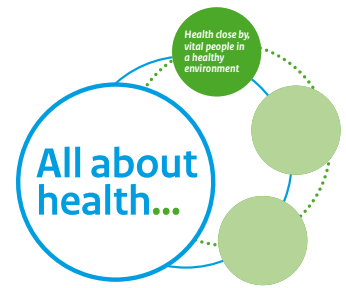
Vocational education courses (including those at intermediate level) and accredited work experience locations are to devote greater attention to safe, healthy working practices.

Partners, activities and resources

Teaching young people about health and safety during their education and early vocational training equips them to avoid accidents or other adverse health effects in later life. Most vocational courses include a period of work experience at an accredited training company. This is a setting in which healthy, safe behaviour can be reinforced. However, information gathered by the SZW Inspectorate suggests that the health and safety culture within schools and vocational colleges leaves much to be desired, as does that of the accredited training companies, particularly in the metals industry.²⁴

This is an undesirable situation, not only given the ambition of encouraging young people to become vital citizens and vital employees (under the Education Agenda on Sport, Physical Activity and Healthy Lifestyle), but also in view of the efforts to recruit a greater number of people into the technical professions (the Technology Pact) and skilled manufacturing crafts (see SER Advisory Report, *Handmade in Holland: artisanship and enterprise in the craft economy*). In the latter half of 2013, the Ministry of SZW will join the Ministry of OCW and the MBO Council in exploring ways in which vocational education in general, and the accredited training companies in the metals industry in particular, can do more to instil healthy and safe working practices into students. (See also the 'School and Family' domain.)

²⁴ (SZW Inspectorate, http://www.inspectieszw.nl/Images/Metaalproductenindustrie-2011_tcm335-343709.pdf).



Personal Work Logbook

Objective

A study is to be conducted to determine whether a 'personal work logbook' would enable workers to monitor and improve their own employability.

Partners, activities and resources

In late 2012, the social partners within the SER presented their unanimous findings and advice with regard to a system for health and safety in the workplace which would include a 'personal work logbook'. This would allow employees to record health information which is relevant to their work, taking it from one place of employment to the next throughout their career. In his response to the SER recommendations, the Minister of SZW stated that the idea was in keeping with his department's efforts to promote ongoing employability. The logbook would help the individual to exert greater influence over his or her employability. Input could be obtained from the results of the 'Periodic Occupational Health Assessment' (PAGO) while information regarding any exposure to potentially hazardous substances can be drawn from the employer's Risk Inventory and Evaluation report (RIE). It may also be appropriate to include further relevant information, such as training and experience. The logbook would assist the employee in discussions with a (potential) employer or with experts such as an occupational health doctor or specialists in training and mobility. The ministries of SZW and VWS are to commence a feasibility study which will examine aspects such as the precise purpose of the logbook, contents, ownership, privacy, and the costs and returns. A decision whether to proceed will be made in late 2014.

8.3.3 Efficient functioning of occupational health services

Good cooperation between companies' medical officers, general practitioners and specialists is crucial to ensure the proper treatment of sick employees, and to help them resume work as quickly as possible. It is important that the work situation is taken fully into account during the treatment process.



Development of a 'Work Module' to be included in the healthcare standards

Objective

The treatment plans applied by regular healthcare services are to include information about the patient's work activities.

Partners, activities and resources

At present, not all healthcare providers in the curative sector devote sufficient attention to the patient's work situation and its requirements. The ministries of SZW and VWS have therefore commissioned the Quality Institute to develop a 'Work Module' to be included in the healthcare standards. The module will be an aid for patients with chronic conditions and their care providers, who will be able to take the work situation and its requirements fully into account in treatment plans, and can ensure optimum coordination with relevant disciplines. The development of the Work Module is expected to be complete by the end of 2013. The ministries will then consult further with the Quality Institute about its successful implementation, planned for the period 2014-2016.

Retaining chronic patients within the workforce

Objective

There must be an effective system of health checks, which are a reliable and important prevention instrument.

Partners, activities and resources

Patient organizations have remarked that the proposed Work Module fails to address certain matters which affect employees with a chronic condition or disability. While care standards may devote attention to the aspect of work, there may not be sufficient attention for care within the work situation. After all, care standards serve as guidance for healthcare professionals and patients, not that of employers and employees. The ministries of SZW and VWS intend to explore this matter further, in close consultation with patient organizations, healthcare insurers and the employers' and employees' federations.

Positioning of occupational health and the company medical officer

The ministries of SZW and VWS have previously noted certain issues in connection with the functioning and position of the company medical officer (in terms of accessibility, impartiality and cooperation with physicians in the curative care sector), as well as shortcomings in occupational health services (notably the inefficiency of treatment). In its advisory report *Stelsel voor gezond en veilig werken* ('A system for safe and healthy working'), the SER considers these issues and states the intention of issuing further recommendations concerning long-term occupational health services. The ministries have commissioned an exploratory study which will examine five possible organizational models for occupational health services. In July, the SER was asked to advise on the desirability and practicality of these models. Its recommendations are expected in 2014.

8.3.4 Support for certain specific groups

Full participation in society and the employment process requires a person to be as healthy as possible, and to feel healthy. Health problems (actual or perceived) can be a significant obstacle to finding and retaining paid employment. Conversely, participation creates a greater sense of wellbeing, promotes health and reduces the demand for healthcare services and social benefits.

Promoting the health and participation of benefits claimants with psychiatric problems

Objective

The government wishes to increase social and employment participation on the part of persons with psychiatric problems who currently rely on social benefits. Employment participation among those with (severe) psychiatric problems is low. At present, 85% of all new claims under the Wet Arbeidsongeschiktheidsvoorziening Jonggehandicapten (Incapacity Benefits for Young Persons with a Disability Act: 'Wajong') are further to psychiatric or psychological complaints. Moreover, assistance provided to benefits claimants accounts for over 50% of the mental health care departments' budget. A significant number of (long-term) benefits claimants suffer from some psychological or psychiatric complaint which adversely affects their ability to participate in society and the employment process. Targeted efforts to mobilize this group and channel its members into appropriate paid employment will prevent unnecessary medicalization and reduce welfare costs. Many field organizations are already making such efforts and a number of good initiatives can be seen.

Partners, activities and resources

In mid 2013, the State Secretaries of SZW and VWS, together with various field organizations, launched a project intended to promote social participation among the target group. This project, which will run until the end of 2014, combines and builds upon a number of previous initiatives. A broad-based steering committee (including representatives of GGZ Nederland, VNO-NCW/MKB, VNG, UWV, ZN and the research field) will identify the factors which prevent the target group from participating fully in society, both in practical terms and at system level. It will also identify the success factors and best practice examples. Good practices will be encouraged and obstacles resolved wherever possible.

The project includes a number of specific activities::

- Local authorities, the UWV (the organization which administers welfare benefits), mental health departments and health insurers are working together within five reference projects (in Rotterdam, Amsterdam, Leiden, Alkmaar and Brabant), concerned with health promotion, prevention and reintegration. The partners will identify success factors and good practices which can be emulated elsewhere.
- The project aims to bring about a cultural shift among professionals (UWV, treating physicians, mental health departments, local authorities and reintegration coaches). A handbook is to be compiled in consultation with the professional groups, whereby the focus will be on the patient's abilities – what he or she can do, as opposed to what he or she can not do.



- The project will also involve employers, since they clearly play a key role in engaging and retaining individuals with psychiatric problems. The intention is to raise awareness of psychiatric conditions and resolve any misconceptions which may affect employers' attitudes to their staff and potential recruits.

Facilitating the combination of work and care

Many people act as the 'informal carer' to a family member or friend. Doing so can have an adverse effect on their own health. Approximately twenty per cent of informal carers state that their health has deteriorated since they took on the role. The risk is greatest among those who provide intensive or complex care, and those who care for someone with behavioural problems. It is interesting to note that many people combine care obligations with paid employment (especially part-time employment) (source: RIVM report on Participation). Population ageing and the reform of the long-term care system may well lead to a greater strain on the life-work balance where the 'life' component includes care obligations. The government therefore wishes to facilitate the combination of work and informal care.

Objective

There are to be greater opportunities to combine work and care obligations.

Partners, activities and resources

- Between 2010 and 2012, the Ministry of VWS conducted the incentive project 'Work and Informal Care'. Its purpose was to encourage employers to adopt a more 'carer-friendly' personnel policy. The results of the subsequent assessment reveal that there remains significant room for improvement. The ministries of SZW and VWS therefore intend to implement a further project in which the focus is on informing employers and carers about the possibilities.
- Informal carers are able to call on the provisions of the Wet aanpassing arbeidsduur (Adjustment of Working Hours Act) and the Wet arbeid en zorg (Work and Care Act) which includes a section on short-term and long-term care leave with full security of employment. The opportunity to take long-term care leave is now to be extended. Draft legislation governing leave and working hours (Modernisering regelingen voor verlof en arbeidstijden, currently at the Bill stage) will also apply to employees who care for any member of their household, not necessarily a partner, parent, child or stepchild as is currently the case.
- In a letter of 11 April 2013 regarding the results of the Social Accord, the government called upon the social partners to introduce Collective Labour Agreements which do more to support the combination of work and care obligations. It further announced that it would enter into discussions with the social partners about joint efforts in this regard. By forming a 'work and care summit', the partners will be able to formulate an agenda which is in keeping with the requirements of the workforce. The government will inform parliament whether this process gives rise to any additional proposals intended to facilitate the combination of work and care obligations, and whether any amendments to the draft legislation are required.



Language education for employees with literacy deficits

The population of the Netherlands includes 1.1 million people (aged between 15 and 65) who experience severe difficulty in reading and writing: they are 'functionally illiterate'. Approximately half are in paid employment. Many employers fail to realize that even educated, Dutch-born staff may have literacy problems. Approximately a third of those deemed to be functionally illiterate hold a school diploma.

Literacy has a strong relationship with health. Those who cannot read or write fluently often have a poor state of health (compared to others), take sick leave more often, experience stress to a greater degree, may not be able to understand working procedures and safety instructions fully, and are more likely to suffer from chronic conditions. They also have a higher demand for first-line (GP) and specialist care, but make somewhat less use of preventive health services such as screening programmes. Their language difficulties also create problems for employers and colleagues, since they may not be flexible enough to take on different tasks and responsibilities. They could experience greater work pressure further to the introduction of digital resources or new reporting procedures. Moreover, employees with literacy deficits tend to work in sectors with a high degree of physical risk, such as health and welfare (25%), industry (20%), trade and catering (17%) and domestic services, security and temporary agency work (11%). In general, they work in low-grade jobs and are more likely to be exposed to stressful or physically demanding working conditions with limited autonomy.

Objective

The government wishes to improve the language skills of functionally illiterate employees in the interests of healthy, safe working practices.

Partners, activities and resources

- Stichting Lezen & Schrijven (the Reading and Writing Foundation) will focus on raising literacy levels in the Netherlands.
- Many companies of all sizes are already working to improve the language and literacy skills of their employees, using a phased plan developed by the foundation. An assessment is available to gauge current levels of literacy.
- The foundation intends to join the social partners in implementing a larger project within a specific sector to improve literacy and language skills in the workplace.

Promoting participation among women

Objective

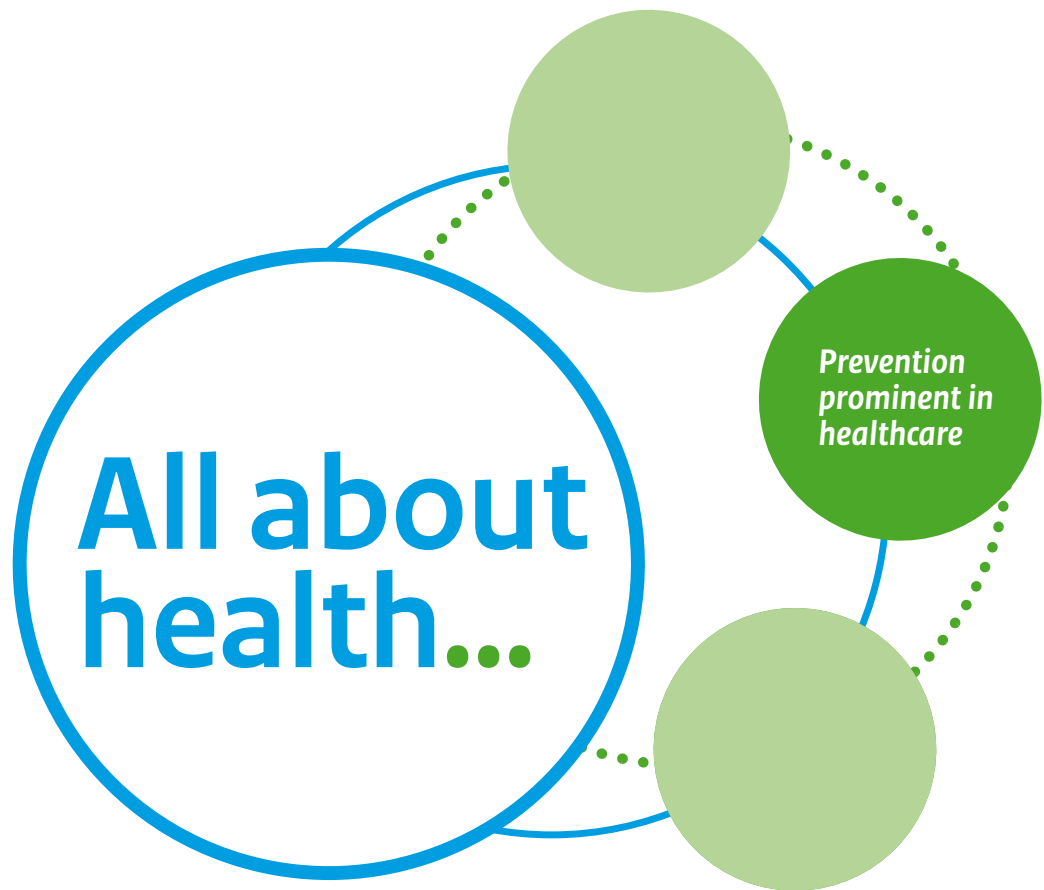
Participation on the part of unskilled and/or functionally illiterate women is to be encouraged.

Partners, activities and resources

Improving the health status of unskilled and/or functionally illiterate women can greatly increase their opportunities for social participation. This is one of the tasks of the Ministry of OCW's Directorate of Emancipation.

- An alliance of organizations concerned with gender and health has been formed. Its Eigen Kracht ('Own strength') programme devotes specific attention to encouraging social participation among the target group. In 22 local authority areas, women are helped to draw up their own self-development plan. Many have hitherto been 'invisible' to the local authority and beyond the reach of (municipal) policy because they are not benefits claimants in their own right. However, they do show a relatively high rate of health problems, both physical and mental. Working on one's own health is often the first hurdle which must be overcome on the way to training and the employment market.
- The Ministry of OCW and the Netherlands Council of Women (NVK) have implemented a pilot programme in which (former) residents of women's refuges with physical or mental health problems are helped to overcome those problems and are given practical assistance in finding appropriate employment.
- The 'GaZo' programme is intended to improve the health of women at the local (neighbourhood) level in Rotterdam.





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9. Giving prevention a prominent place in healthcare

In addition to treating patients who are ill, the healthcare sector must in future devote more attention to preventing disease and infirmity. Healthcare providers will then help to achieve the best possible health outcomes and, working alongside other actors at the neighbourhood level, will help to improve the health of local residents.

9.1. Healthcare organizations active in prevention

Agreements with health insurers

Objective

Formal agreements are to be made with health insurers covering various aspects of prevention and lifestyle interventions. The purpose of such agreements is to fast-track progress in areas which are not already governed by statutory provisions or contract terms. They are based squarely on the concept of shared responsibility for health and for reducing the health burden and associated costs.



Partners, activities and resources

- An initial exploratory study conducted by the Ministry of VWS reveals that a single agreement on prevention with only the health insurers as signatories is not a desirable option. It will be preferable to have a number of agreements, each relating to one or more specific aspects, with several parties invited to take part.
- Agreements will build upon the existing accord with the first-line healthcare providers, which devotes specific attention to prevention.
- Alongside the healthcare insurance companies umbrella organization Zorg Nederland (ZN), the Ministry of VWS has begun the process of examining and elaborating those areas in which formal agreements will be useful and appropriate. Other parties able to contribute to these specific themes will be approached in due course.

The themes identified thus far are:

- a. Healthcare providers must comply with the protocols and guidelines which include prevention activities. The role of the insurers in overseeing compliance can be strengthened. At present, there are only general supervision measures. We shall therefore examine whether compliance can be made a formal obligation within the contracts between insurers and providers.
 - b. Pre-competitive agreements between insurers are to be made with regard to e-health services relating to prevention and lifestyle, including the informal channels of patient peer groups and self-management measures. Everyone bears a personal responsibility for lifestyle and prevention, and in the first instance everyone is responsible for maintaining or improving their own health. The use of e-health resources to promote a healthy lifestyle and effective self-management offers new possibilities. One good example is the website www.thuisengezond.nl, where those caring for a relative with (worsening) dementia can follow a course, at their own tempo and in their own familiar surroundings.
 - c. The link between the workplace, liability insurers and healthcare insurers offers further opportunities to maintain the health of employees. Cooperation between insurers who cover the costs of absenteeism and the health insurance companies can be intensified: both have a vested interest in the health of their policyholders.
- The role of insurers within targeted neighbourhood prevention programmes also lends itself to formal agreements. In any amendments to budgetary arrangements, agreements regarding prevention should be given a permanent place. The decentralization of budgetary responsibility for local nursing services and for neighbourhood social work teams offers opportunities to arrive at agreements which increase complementarity. It will be possible to explore the possibility of imposing conditions for the contracting of local care services, whereby insurers and local authorities will determine what has already been agreed with regard to each of the two funding flows in order to prevent unnecessary overlap or duplication.
 - In addition to the agreements at the national level, insurers have also entered into prevention agreements with local authorities and/or healthcare providers. Examples include the various covenants which the 'preferred' insurers have signed with local authorities.



Cooperation between actors in the health sector

Objective

Health gains should be achieved by means of closer cooperation between the various actors in the healthcare system with regard to prevention efforts. In practice, healthcare providers must join forces to improve the health of the local population and prevent illness or infirmity. In doing so, they will enjoy the support and assistance of health insurers and local authorities. (See also the remarks on '[the networking function](#)' elsewhere in this section.)

Partners, activities and resources

- It is now for the professionals and their federations to make the next move. They must agree on a joint, coordinated approach at the local level.
- The partners in the Agenda for Health have stated that they see a role for themselves in prevention, and most especially in improving the organization of prevention efforts. They will therefore focus on coordination and direction at the local level, and on establishing closer connections between the regular healthcare system and prevention efforts in the workplace. The partners have undertaken to produce detailed proposals by the end of 2013.
- VWS will support a knowledge development programme undertaken by the RIVM Centre for Healthy Living (CGL) and the Dutch College of General Practitioners (NVH). The intention is that the activities of the CGL should be expanded to include aspects such as curative care. The process is concerned with familiarizing each party with the professional knowledge and expertise of the others, with a key role for the CGL's intervention database and the information systems used within first-line and multidisciplinary care. The two-year programme commenced in early 2013. A total budget of €300,000 has been made available.
- Particular attention will be devoted to agreements relating to chronic obstructive pulmonary disease (COPD). The Netherlands Lung Alliance will run the National Action Programme on Chronic Pulmonary Disease (NACL), intended to improve both prevention and care, as well as enhancing effectiveness and increasing employment participation with a view to ensuring that pulmonary care remains affordable.

The NACL has five concrete objectives for the five-year period 2013-2018:

- 1: 25% fewer hospital admission days due to asthma and COPD.
- 2: 15% less lost working time due to asthma and COPD.
- 3: 20% more yield from inhalation medications.
- 4: 25% fewer young people under 18 taking up smoking
- 5: 10% lower mortality from asthma and COPD.

The Netherlands Lung Alliance is made up of 34 organizations, including patient associations, professional groups, health insurers, expertise centres, fund administrators and private sector companies. The Ministry of Health supports the alliance with a budget of €485,000.

- Alliantie Voeding Gelderse Vallei (Gelder Valley Nutrition Alliance) is a partnership between a large regional hospital, Ziekenhuis Gelderse Vallei in Ede, and the University of Wageningen, which is striving to make nutritional advice and the ready availability of healthy food products a basic component of prevention and medical treatment. Attention is devoted to healthy eating before, during and after the treatment of any illness. As part of the programme, there is a scheme to monitor and treat malnourishment throughout the region served by the hospital. In partnership with health insurer Menzis, the scheme is to be rolled out nationwide, supported by printed information and a website.

In the Alliance's 'Cater with Care' project (2013-2016, total budget 4.3 million) private sector companies and research institutes are developing appetizing and nutritious menu options which will help to prevent and treat malnourishment among the elderly. See also: www.alliantievoeding.nl.
- Another promising initiative is the GezondNL alliance, made up of public and private partners who wish to promote health and wellbeing. The alliance is multidisciplinary, its members representing various fields of expertise from medicine to communications and ICT. GezondNL will work to distribute relevant and reliable information to the general public, helping people to make the healthy choice in their own social setting. The Alliance is aiming for an outreach of one million people over a four-year period.



System incentives

Objective

Financial incentives are to be introduced into the healthcare system whereby prevention and health maintenance efforts are duly rewarded.

Partners, activities and resources

- Recent years have seen countless research projects, advisory reports and recommendations. Yet another study examining incentives for prevention and health gains would represent little added value at this time. The Ministry of VWS has instead opted to conduct a meta-analysis of existing research to identify useful points of convergence.
- The transition to a payment system based on output offers opportunities to introduce appropriate incentives. The aim is that healthcare providers should be encouraged to achieve the best possible care results, to maintain the health of certain groups at the highest possible level, while also managing costs effectively. Output targets will therefore take an ever more prominent place within the financing agreements. Here, 'output' refers to both quantifiable, medical results (patient outcomes) and to perceived results based on indicators with which patients can evaluate the quality of care services in an objective and uniform manner.
- Financing of first-line care will rely on both outcomes and certain demographic characteristics of the patient group. The revised financing model will take efforts to maintain health and avoid the need for more intensive forms of care fully into account.
- Various field parties are now actively involved in pilot projects which test and develop new approaches to public health at the local level. The Ministry of VWS sees this as a welcome development and will continue to monitor these projects during the years ahead. The projects which are particularly concerned with prevention and health gains can provide much interesting information about what works well, and what does not, in terms of financing arrangements. The resultant knowledge can be used in other regions and to support policy development.
- The revision of the financing model for first-line mental health services will also devote attention to prevention (and prevention of relapse) and early identification. This demands adequate triage and short-term interventions with an emphasis on patient self-management. The new arrangements will address the requirements of patients who have suffered from a psychiatric condition in the past, and those who are at risk of doing so in future. Again, the aim is to prevent any escalation of problems.

The networking function

Objective

The networking function provides additional support to care providers at the local level. Information about health status must be readily shared among the relevant actors. If the ‘early warning signs’ of a health risk are communicated more effectively and more frequently than is currently the case, it will be possible to take action more promptly.

Partners, activities and resources

- Primary responsibility for improving the networking function rests with the various care providers themselves. Although the government is prepared to facilitate the process, actual improvement relies on concerted action by the healthcare providers themselves. They are many and various, including general practitioners, district nurses, physiotherapists, dentists and oral hygienists, dieticians, midwives and domiciliary care staff.
- In dental care, both dentists and oral hygienists are already doing much in terms of prevention, but an upscaling and greater efforts to reach certain high-risk groups are essential. The government is contributing to prevention efforts in this field:
 - the standard training for qualification as an oral hygienist has been extended from three to four years
 - the profession has been made directly accessible to patients (as opposed to the referrals system formerly in place)
 - the oral hygienists’ field of expertise has been extended
 - investments have been made in research programmes by ZonMw and TNO, examining how oral hygiene provisions for young people can be made more effective
 - greater prominence has been given to ‘preventive oral hygiene’ in the reimbursement schedule applied by the Dutch Healthcare Authority (NZ).

The Ministry of VWS is currently in talks with regard to long-term policy development. Prevention will feature prominently in this process.

- New connections between healthcare providers are desirable with a view to cooperation and the ‘early warning’ function. Networks of healthcare providers at the neighbourhood level should be developed further, and the government welcomes the fact that various parties have already entered into discussions, such as those concerning the relationship between oral care and domiciliary care.
- The Ministry of VWS will meet with various parties to discuss ideas which can help to strengthen the networking function. The government’s role is that of facilitator, bringing the parties together for example.
- Alongside the process of treating patients who are ill – curative care – the years ahead will see increasing importance given to preventing people from becoming ill in the first place. By devoting attention to prevention, healthcare providers and the other actors at the neighbourhood level will be helping to achieve the best possible health outcomes and to maintain the health of various groups within the local community.



‘Top sector’ policy and prevention

Objective

Good health is also of economic importance. The economic gains represented by prevention efforts should be exploited in full.

Partners, activities and resources

Private sector organizations are also keen to further the development of innovations which allow a longer and healthier life. The government has designated a number of sectors which are of particular importance to the national economy. One such ‘top sector’ is Life Sciences and Health (LSH), which is concerned with themes and programmes such as Home Care & Self Management, ‘One Health’, Specialized Nutrition, Health Technology Assessment and Quality of Life. The Netherlands is a leading member of the European Innovative Partnership on Active and Healthy Ageing. It has five accredited Reference Centres and the ‘Medical Delta’ enjoys a high international reputation for its work in preventing falls among the elderly. The national efforts in strengthening prevention policy will therefore also seek opportunities to pursue certain activities in conjunction with the LSH sector, which not only possesses much knowledge and expertise but also has the infrastructure and resources needed to arrive at appropriate solutions in partnership with government.

The Gender and Health Alliance

Objective

Gender-aware care is to be promoted.

Partners, activities and resources

Taking gender differences into account (from diagnosis to treatment) can have a significant preventive effect and help to reduce healthcare costs. The Directorate of Emancipation (Ministry of OCW) is encouraging the adoption of gender-aware care alongside an alliance of field parties, including researchers, physicians, health insurers and women’s advocacy groups. Coordination with other (prevention) activities in the domains, school, work, neighbourhood and care will be sought wherever possible.



9.2 Screening, health checks and the prevention of specific conditions

Screening

Objective

The Netherlands has had an effective National Screening Programme (NPB) for many years. The purpose of all screening is to prevent disease or to diagnose conditions at the earliest possible opportunity, thus saving lives.

Partners, activities and resources

- In 2011, the government decided to implement a new public screening programme for bowel cancer. Following careful preparation it is to commence in January 2014. In terms of the target group and projected health gains, it will be the largest cancer screening programme of all: every other year, 2.2 million men and women between the ages of 55 and 75 will be invited to submit a small stool sample for laboratory testing. It is hoped that the programme will eventually prevent 2,400 deaths each year.
- An advisory report on the screening programme for breast cancer, the neonatal 'heel prick' (Guthrie test), the quality of health checks and the assessment of the cervical cancer screening programme is forthcoming.

Health checks

Objective

Health checks can be an important prevention tool provided that they are effective and reliable. The government wishes to ensure that this is the case.

Partners, activities and resources

- The Ministry of VWS is co-funding a multidisciplinary guideline for preventive medical testing. A budget of €250,000 has been made available (via ZonMw) for its development, and a further €160,000 for implementation. The guideline was formally approved and published by the Royal Dutch Medical Association (KNMG) in June 2013.
- One important consideration is the balance between the right of the individual to have a health check and protecting that individual against the risks of doing so (see Parliamentary Proceedings 2011-2012, 32793, no. 19). This is largely a question of self-determination: a well-informed person should be entitled to attend a health check if he or she so wishes. However, there is little scientific evidence to support the effectiveness of health checks at the group level. For this reason, they will not be included in basic health insurance cover and will not be adopted as part of a general population screening programme. Should an individual consider a health check to be useful, he or she will be required to pay the costs. People require some assistance in making the decision in the form of a framework which establishes that, at the very least, the health check will provide relevant information and is safe. The government supports the concept of such a framework; the task of developing and implementing it falls to the providers themselves.
- Various measures have already been taken with regard to quality (e.g. the guideline) and informed choice. Specific attention has been devoted to the client's perspective within a number of research projects (including a 'knowledge synthesis') conducted by ZonMw and the Vereniging Samenwerkende Ouder- en Patiëntenorganisaties (VSOP), the federation of patients' and seniors' organizations. The Health Council is to produce an advisory report on the quality of health checks in mid-2014.
- The 'preventive consultation' would appear to be a promising instrument in identifying those with a high risk of developing certain conditions. Although the professionals, including general practitioners, welcome proposals in this regard, there is as yet little evidence to support the widespread adoption of the concept. It will first be necessary to establish its (cost) effectiveness, and there must be adequate follow-up in place. Further research is being undertaken by Nivel within its INTEGRATE study. The Ministry of VWS is currently in discussions with the relevant partners to determine the further action required on both sides. Within the foreseeable future, the partners of the Healthcare Agenda will assign roles and responsibilities during the implementation of the preventive consultation.

Prevention of depression

Objective

Depression should be prevented to the greatest extent possible. This entails focusing on certain high-risk groups.

Partners, activities and resources

The government and its partners are currently developing a programmatic approach for the prevention of depression.

- The Trimbos Institute will produce an action plan intended to prevent persons at high risk developing depression. The aim is to reduce the number of newly diagnosed cases, which currently stands at 350,000 per annum (compared to 800,000 patients who experience a depressive episode.) The action plan will address six high-risk groups which have been identified by the Depression Prevention Partnership and various expert meetings:
 - new mothers
 - children whose parents suffer from a psychiatric or psychological disorder and ROC students (lower-level tertiary education).
 - patients presenting to their GP with symptoms of depression
 - employees in stressful professions
 - those suffering from a chronic condition
 - informal carers.
- The approach will include both early identification of the symptoms of stress and post-diagnostic treatment.
- All relevant stakeholders will be involved in the production of the action plans. Those stakeholders may differ according to the target groups concerned, and the domains in which they are to be found (the healthcare setting, school, work, or neighbourhood). The joint action plans will be supplemented by a proposal for preventive first-line mental health services (the 'prevention architecture') at the level of the neighbourhood and the local authority area. A budget of €125,000 has been made available for the development of the action plans, and a further € 120,000 per annum for their implementation, to be undertaken in 2014 and 2015.

The Delta Plan on Dementia

Objective

This strand aims to improve the quality of life for people with dementia while also keeping care costs within reasonable bounds.

Partners, activities and resources

- The Delta Plan is expected to raise general awareness about dementia, slow the ongoing rise in the number of dementia patients, and ensure that the economic opportunities are exploited by the various sectors. Further research is needed into the causes of dementia, possible lines of treatment, opportunities for prevention, and optimization of healthcare services. Current care services can be improved by means of early diagnostics, good treatment and the implementation of tried-and-tested care concepts.
- The Delta Plan on Dementia is programme based on cooperation between the public and private sectors. It will run from 2013 until 2020. The Ministry of VWS is to participate until at least 2016, contributing €32.5 million. The plan has four main components:
 - 1: Development of a website
 - 2: Development and implementation of a register of patients with dementia
 - 3: Development and implementation of a ZonMw research programme
 - 4: Implementation and refinement of care standards and protocols.

Chain approach for childhood overweight and obesity

Objective

The chain approach for childhood overweight and obesity is to be optimized with the help of prevention and care specialists, policy-makers, health insurers and the research field.

Partners, activities and resources

- The intention is to introduce a demand-led and fully accessible system of ‘stepped care’ for young people (aged 0 to 19) with all levels of overweight or obesity, and their parents. A pilot project conducted in nine local authority areas tested this stepped care approach on small groups (of ten children) based on current guidelines and best practices. The existing care chain could then be optimized with the addition of other resources as necessary.
- The main partners in this project are the Partnership Overweight Netherlands (PON) which has been formed by the Ministry of VWS, the Healthy Weight Covenant and local authorities which are taking part in its JOGG programme, the Health Care Insurance Board (CGZ), the Quality Institute, the Netherlands Diabetes Federation and the Vital Blood Vessels platform, an alliance of 25 organizations concerned with cardiovascular health.
- A short one-week programme has been developed to educate children about the effects of the food they eat (see www.kidsdoenmijneetexperiment.nl). It is an initiative by Voeding Leeft (literally, ‘Food Lives’), an independent platform of farmers, researchers, doctors and chefs who wish to encourage people to adopt a healthy diet. The programme has a smartphone app which allows users to track their progress.

Preconception care

Objective

This programme component aims to improve the health of women planning parenthood, expectant mothers and newborn babies, and to optimize the quality of care and the care chain.

Partners, activities and resources

- There are to be pilot projects in 14 towns and cities to introduce a structured system of preconception care and improved risk selection during pregnancy. The aim is to arrive at individualized risk-based care services, whereby the scope of obstetric care will expand to include non-medical risks such as those further to socio-economic disadvantage. Local authorities and the healthcare sector are working together. The three-year project Healthy Pregnancy for All (HP4A) has been co-funded by the Ministry of VWS since 1 March 2011 and is being coordinated by Erasmus University Medical Center, Rotterdam.
- Within the ZonMw programme Zwangerschap en Geboorte ('Pregnancy and Birth') one subsidy round has been entirely devoted to preconception care with a view to promoting effective use of knowledge in this field. In June 2013, five projects were approved for funding.
- The College for Perinatal Care (CPZ) is also actively involved in efforts to improve preconception care. In association with ZonMw it has produced the Preconception Care Indication List (PIL) and is coordinating a national communication programme designed to promote safe and healthy pregnancy from the outset (www.strakswangerworden.nl).



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10. Maintaining health protection



10.1. Effective basic protection

Ongoing attention for the quality of the National Vaccination Programme

To maintain the current high level of protection afforded by the government's vaccination policy, the Ministry of VWS will devote ongoing attention to the quality of the National Vaccination Programme and its take-up. The programme will be closely monitored to safeguard its effectiveness. In addition, efforts to improve communication and information about the programme are required. With regard to vaccines which are not automatically included in the programme, perhaps because their effect is limited to certain groups rather than the entire population, we are currently investigating whether it will be possible under current legislation to make such vaccinations available to the groups which are likely to benefit.

Intensification of policy on antibiotic resistance

Antibiotic resistance is a threat to public health. The Minister's Letter to Parliament of 2 July 2013²⁵ sets out a number of new or revised measures with regard to:

- infection prevention in human medicine
- responsible use of antibiotics in human medicine
- surveillance of 'Exceptionally Resistant Micro-Organisms' (the BRMO programme)
- efforts at the international level
- the development of new antibiotics
- environment and communications.

Work to implement these measures will continue in 2014. The Netherlands' contribution to international efforts, as coordinated by the EU and WHO, will also be defined. The Ministry of Health is to intensify efforts to reduce the use of antibiotics in veterinary medicine, and specifically in livestock farming and meat production. Further details are to be found in the aforementioned letter.

Zoonoses and 'One Health'

A well-attended and inspiring meeting was held to launch a joint research project examining non-alimentary zoonoses as part of the 'One Health' policy and programme. (A zoonosis is a disease which can be transmitted from animals to humans, while 'non-alimentary' refers to transmission routes other than the ingestion of animal products). The purpose of the programme, which will run until the end of 2017, is to reduce the incidence of non-alimentary zoonoses, particularly those which cause severe symptoms. Preparations for the third International One Health Conference, to be held in Amsterdam in early 2015, are proceeding according to schedule.

²⁵ Parliamentary Proceedings 32.620 no 91, 2 July 2013.



10.2 Ready availability of healthy food; food and product safety

Availability of healthy food

Objective

It should be easier for consumers to make the healthy choice when purchasing food and food products. This will entail reducing the content of salt, saturated fats and sugar in pre-prepared food products, and providing a wide range of healthy options in school canteens, staff restaurants and other outlets with a 'captive audience'.

Partners, activities and resources

- The Minister of VWS has called upon the industry to make sector-wide agreements with regard to the improvement of various food product categories, such as pre-prepared soups, sauces, biscuits and cakes. In late 2013, the Ministry of VWS will meet with industry representatives to agree firm targets and schedules. Parliament will be informed of the outcome of these meetings.
- In 2013 and 2014, the Healthy Weight Covenant will devote special attention to sports club canteens, with assistance from the NOC*NSF sports federation, MVV Nederland (which promotes socially responsible practices in the voluntary sector) and the Royal Netherlands Hockey Federation. The main pillars of this programme are a healthier selection of food products and a responsible alcohol policy. A website (www.gezondesportkantine.nl) has been created through which sports clubs can access information and individualized advice.
- Initiatives targeting school canteens and staff restaurants are described elsewhere in this document.

Food safety

Objective

This programme strand aims to maintain the current high level of food safety, increase the public's confidence in food safety, ensure ongoing alertness to new risks, implement effective compliance measures, and provide an effective response to any incidents.

Partners, activities and resources

- National legislation governing food safety is largely satisfactory and effective, much being derived from the European level. There are, however, some points which require attention. For example, EC Regulation 882/2004 ("on official controls performed to ensure the verification of compliance with feed and food law") is about to be superseded. Responsibility for compliance falls to the industry itself, with the Netherlands Food and Product Safety Authority (NVWA) as regulatory body. The NVWA is currently evaluating its own supervision strategy, a process in which it will draw upon experience gained from a small number of incidents in recent years (e.g. contaminated salmon, horsemeat labelled as beef and EHEC bacteria in beef itself). Before the end of 2013, the Minister of VWS and the State Secretary for Economic Affairs will inform parliament of the results.
- Consumer confidence has been dented by recent safety incidents. The horsemeat scandal of 2012 placed product integrity, accurate labelling and the traceability of food products high on the public and political agendas. The Minister of VWS and the State Secretary for Economic Affairs have appointed a Food Safety Taskforce which will ensure that the various links in the animal production chain (from feed supplier to retail outlet) take appropriate measures to guarantee the safety and integrity of their products.
- The programme is intended to improve risk management by the chain parties, with rapid identification of any problems and prompt communication with each other and the relevant authorities. The Taskforce is also preparing a plan for improved consumer information about food, the production process and labelling.
- Prompted by the recent incidents, the level of consumer awareness with regard to food safety risks is being assessed. Are consumers aware of the risks and do they know the appropriate action to take? The results of this study will determine the level of additional information that should be provided about the purchase, preparation and consumption of food products. Parliament will be informed of the Taskforce's progress before the end of 2013.
- It seems possible to achieve a 50% reduction in the number of Campylobacter infections from eating chicken by introducing a Process Hygiene Criterion (PHC). (Campylobacter are a group of bacteria which can cause severe gastroenteritis and, rarely, death.) The nationwide implementation of the PHC will call for close cooperation between the regulatory authorities, poultry processors (abattoirs) and the retail channel. In the absence of a European PHC, the only way in which the risks presented by imported chicken can be reduced is for the retail channel to include a PHC in its purchasing specifications. The Ministries of Health and Economic Affairs will inform parliament of progress in late 2013.



Product safety

Objective

This programme strand will seek to maintain the current high level of consumer product safety.

Partners, activities and resources

Much of the legislation governing product safety stems from the European level. The current General Product Safety Directive (2001/95/EC) is to be superseded by a new Regulation, the draft version of which provides for greater harmonization and a simplification of the current requirements applying to both governments and the private sector. The Regulation is expected to be finalized in 2014 and will, of course, provide at least the same level of consumer product safety.

10.3 Ensuring a healthy (human) environment

People live in the human environment: their 'setting'. The school, workplace and local neighbourhoods are all forms of human environment and all can be affected by a number of factors. The legislative framework established by the government is one fact, the knowledge and choices of people themselves is another. For the purposes of this document, we have opted to address alcohol consumption, smoking and hearing loss (caused by excessive noise) under one heading rather than within the separate domains of school, neighbourhood, etc.

Reinforcing the social norms with regard to smoking and alcohol consumption

The government wishes to see a tightening of the social norms in respect of smoking and drinking. The degree to which these behaviours are deemed socially acceptable can determine the age at which people light their first cigarette or take their first alcoholic drink. If young people are to be discouraged from smoking and drinking, the social norms must change.

Various measures have been proposed. They include raising the minimum age at which alcohol and tobacco may be purchased to 18, prohibiting smoking in all public venues, and the provisions of the forthcoming revision of the European Tobacco Products Directive (2001/37/EC). The measures described below indicate how the government and its partners intend to reinforce the social norms.

Objective

There must be a reduction in the overall number of smokers, and particularly young smokers, together with a reduction in harmful alcohol consumption. The minimum age at which a person may legally purchase tobacco or alcohol is to be raised to 18 with effect from 2014. The common expectation will be that no one under the age of 18 smokes or drinks.

Partners, activities and resources

- The Ministry of Health, in partnership with a number of other organizations, is developing a long-term public information campaign to usher in the new minimum purchasing age. It will centre around the new social norm, “no one under the age of 18 smokes or drinks”, and speaks to the joint responsibility of parents, schools and those who sell tobacco and alcohol. The aim is that the majority of people, including young people themselves, will accept and endorse the new social norm. The campaign is scheduled to commence in late 2013 and the broadest possible support will be sought. A change in social norms and public opinion cannot be achieved overnight; this is a process which will take several years. The development of the campaign has involved many external parties, including panels of parents and young people, the municipal health authorities, the Trimbos Institute, the National Lung Foundation, KWF, supermarkets, the hospitality industry and sports organizations. All have a role to play, and all will receive support in their relevant activities. The Ministry of Health will also inform the public about the implications of the new legislation (minimum age 18, compulsory ID, and the possibility of prosecution for underage possession of alcohol). This part of the communication process will be somewhat shorter in duration.
- KWF Cancer Research actively campaigns against smoking. Its message reinforces efforts to change the social norm, with slogans which address young people (particularly non-smokers who are discouraged from taking up the habit). VWS and KWF are working together so that their respective campaigns are mutually reinforcing. KWF was involved in the concept development of the ministry’s social norms campaign while the timing of the respective campaign messages will also be coordinated.
- Reinforcing the social norms calls for more than communication alone. The new minimum age must be enforced in practice. On 1 January 2013, responsibility for enforcing the minimum age for the purchase of alcohol passed to local authorities. Tobacco products continue to be the remit of the Food and Consumer Product Safety Authority (NVWA). From 2014, a team of 45 inspectors, themselves relatively young, will undertake the enforcement activities on behalf of the Ministry of Health. The government is currently examining the possibility of increasing the fines for supplying tobacco products to minors with a view to securing greater compliance.
- Various organizations are involved in encouraging observance of the minimum age. In late 2013, a joint pilot project was undertaken by supermarkets, the hospitality industry, drinks retailers (‘off-licences’), local authorities and the Trimbos Institute (see Parliamentary Proceedings 2012-2013, 27565, no. 122).



- Sports clubs are to be encouraged to implement a responsible alcohol policy. NOC*NSF, in association with many of the national sports federations (including those representing athletics, judo, hockey, korfbal, tennis, football and swimming) will promote socially responsible enterprise on the part of sports clubs. Alongside the alcohol policy, they will be encouraged to review the range of food products sold in their canteens. The National Hockey Federation is already doing much in this area. It aims to make all affiliated club canteens entirely alcohol-free for young people under the age 16, even during private functions. (See also Para 3.1 on the availability of healthy food products in sports club canteens.)
- The SGF (Samenwerkende Gezondheidsfondsen, the umbrella organization of health-related foundations), has developed an idea for a 'national stop smoking month'. The Ministry of Health is now helping to investigate whether it will be practicable to organize such an event on an annual basis. It would include various activities targeting smokers who wish to stop (estimated to be some 80% of all smokers). The aim is to make the event a familiar part of the annual calendar nationwide, similar to the United Kingdom's 'Stoptober', with various organizations running activities which encourage smoking cessation.
- To raise awareness of the risks of consuming alcohol during pregnancy, the industry has agreed to introduce a prominent warning logo on the labels of all alcoholic beverages. Progress is to be monitored.



A healthy and safety recreational environment

Objective

Areas in which young people visit clubs, restaurants and cafés – the ‘nightlife centres’ – should be healthy and safe. This entails limiting the availability of alcohol, drugs and tobacco.

Partners, activities and resources

- The local authority is responsible for maintaining public order in areas which attract large numbers of (young) people due to the presence of bars, clubs, cafés, etc. Local authorities are also responsible for ensuring observance of the minimum age for selling alcohol by the various outlets such as supermarkets, the hospitality industry and sports club canteens). Moreover, they have an important part to play in discouraging (illicit) smoking. At present, compliance with the regulations governing underage smoking, drinking and (soft) drugs use is low, although all can account for health problems, public nuisance and sometimes violent disorder.
- The Ministry of Health supports local authorities in their efforts to create a safe recreational environment for young people. It funds the NVWA Centre of Expertise on Licensing Regulations, which provides advice and assistance to local authorities in this area.
- Through the Trimbos Institute, the ministry also helps local authorities to devise and implement a recreation and public event policy which devotes due regard to health and safety. The objective of the Trimbos programme is reduce substance use or abuse (alcohol, tobacco and drugs), thus also reducing the resultant problems within the 16-to-24 age group. Trimbos works in association with the various stakeholders, including municipal health departments, addiction care agencies, the police and the hospitality industry.
- Efforts to prohibit smoking on school premises are described elsewhere in this document.

Preventing hearing impairment, particularly among young people and industrial workers

Objective

Far too many young people have impaired hearing. It is essential to prevent others from developing similar problems. This calls for greater awareness of the risks and firm agreements concerning safe noise levels.

Partners, activities and resources

- Various organizations are trying to raise awareness of the risks of hearing loss among young people. They include GGD Nederland, the National Hearing Foundation, the MBO Council, the Centre for Healthy Living (CGL) and the Netherlands Ear, Nose and Throat Foundation. The efforts are primarily directed at younger (primary school) children and students in the vocational stream of secondary education. These target groups are reached by linking the message to other lifestyle interventions and the Healthy School accreditation programme, which includes a specific 'hearing' component. The intention is that at least 15 primary schools and five MBO colleges should have obtained the 'hearing' certificate by 2015.
- The National Hearing Foundation's website includes online hearing tests for children, adolescents, adults and industrial workers. To date, some 90,000 people have taken these tests each year. The ambition is to achieve a twofold increase in this number by making the test for young people available as a smartphone app.
- In 2013, the National Hearing Foundation published a 'Handbook for the Prevention of Hearing Loss from Loud Music' in association with the VNG and municipal health departments. Alongside other useful advice, the handbook suggests maximum sound levels in clubs and at public music events. In 2014, between five and ten local authorities will take part in a pilot project. The findings will then be collated to form a practical 'toolkit' which will be made available through the CGL Interventions Database. The Ministry of VWS is supporting its development.
- The possibility of including hearing loss as a specific component of municipal licensing policy (as it affects music venues) is currently under investigation.
- In late 2013, the music industry, the National Hearing Foundation and the Ministry of VWS signed a covenant intended to prevent hearing loss among visitors to clubs and festivals, and the staff of such venues. It includes agreements with regard to
 - maximum sound levels
 - efforts to raise awareness of the risk of hearing loss
 - efforts to encourage the use of protective measures by both visitors and staff wherever amplified music is played.



Appendix 1

Financial summary

All parties will make a direct investment in the National Prevention Programme, within their own mission, remit and accountability system. RIVM has calculated that total expenditure in 2007 on activities intended to prevent disease and promote health was in the order of thirteen billion euros. It is neither possible nor useful to specify exactly how this amount was spent. This appendix therefore lists the financial contributions to be made by the Ministry of VWS to the National Prevention Programme 2014-2016. The ministry will provide financial accountability for the programme itself. Other ministries account for their activities by means of the regular budgetary system.

Reallocation of resources

In the current economic climate there is little room for discretionary expenditure. However, it is possible to reallocate certain resources whereby (limited) amounts will become available to the programme. The options are as follows:

1. The termination of the ZonMw programmes 'Training Establishments' and 'Preventive Strength in Domiciliary Care' will release up to €9 million euros per annum for other purposes. Both programmes are intended to strengthen health policy at the local level. It is now proposed that this aim should be pursued within the framework of the National Prevention Programme (see table below).
2. The form of the Fifth ZonMw Prevention Programme (2014 - 2018) has yet to be finalized. We shall examine whether part of the reserved budget can be redirected to fund components of the National Prevention Programme, which will itself form a sound basis for the design of the ZonMw prevention programme.

Under this option:

- the research agenda will reflect the priorities of the National Prevention Programme
 - implementation programmes will build upon the results of (earlier) research designed and financed within the ZonMw programme
 - the monitoring of activities within the National Prevention Programme will be funded from the existing budget.
3. The third option is to (co-) finance the implementation of the National Prevention Programme from the regular public health budget allocated to the Ministry of Health (under Policy Article 1: Public Health).

The table below lists the main multi-year projects and programmes, not all of which will be conducted simultaneously. The amounts shown are based on the 2013 figures, discounting inflation. In all but a few cases, resources are available but have not necessarily been allocated to the projects listed. Once a project has concluded, any remaining funds will become available for other prevention-related activities within the National Prevention Programme.

Disclaimer: All amounts are subject to revision further to the announced €13 million reduction in the amount to be made available to support and expand the knowledge infrastructure. The precise details of activities commenced after 1 January 2016, together with the division of responsibilities for those activities, will be announced in the First Supplementary Budget Review (2014).

1. Health close by

1.1 Healthy start: family and school	
	€ per annum
Ongoing VWS activities	
Support to schools (via Education Councils and RIVM/CGL)	1,140,000
Healthy School Playgrounds (Jantje Beton et al.)	1,800,000
Healthy School Canteen (VCN)	1,300,000
Healthy School Accreditation Programme (GGD NL)	450,000
Healthy School and substance use (Trimbos)	500,000
Healthy School website (RIVM/CGL)	300,000
Falling is also a sport (Veiligheid NL)	100,000
Implementation of smoke-free school premises (feasibility study; ZonMw)	550,000
Support via social media (Jeugdimpuls)	800,000
Alcohol and nightlife project (Trimbos)	450,000
Healthy Start: information campaign (VCN)	300,000
Healthy Childhood: information campaign (VCN)	200,000
Child Safety: information campaign (VNL)	200,000
Healthy Weight Covenant, school component	250,000
Sexual health (Siriz, FIOM et al.)	3,335,000
Too be funded using reallocated VWS resources:	
National campaign to accompany raising of minimum age for alcohol and tobacco purchase (in 2013 and 2014)	1,350,000 ¹
Activities of other ministries	
I&M and OCW (Healthy school environment; health school interior climate ²)	1,000,000
Other/miscellaneous	
Extra contact moment adolescents (added to Local Authority budget in 2013)	15,000,000

¹ 1.1 million euros available for 2014; budgeted only for 2013 and 2014.

² Expenditure on entire programme (2008-2014) will be 7 million euros.

1.2 Living in a healthy neighbourhood and (human) environment

	€ per annum
Ongoing VWS activities	
Neighbourhood sports coaches (local authority budget)	55,208,000
Sportimpuls (NOC*NSF)	9,135,000
Sportimpuls: involving children in sport to reduce overweight (ZonMw, NISB)	2,000,000
Healthy Sports Club Canteen	350,000
JOGG	2,000,000
Infant mortality (MC Erasmus)	1,000,000
Health and Nature (RIVM/Alterra)	250,000
Healthy Neighbourhoods co-funding (Pharos)	50,000
To be financed from reallocated VWS resources:	
Support to local authorities in improving contact between professionals; design and implementation of joint prevention agenda	4,000,000
Existing decentralisation payment Health in the City (also applicable in regions with falling population)	5,000,000
Activities of other ministries	
EZ (Health and Nature, including 'Green Table' meetings, 2013/2014)	120,000
BZK (Healthy Neighbourhoods)	120,000
Other/miscellaneous:	
Decentralization payment: Health in the City	5,000,000
Decentralization payment: Visible Links ³	10,000,000

1.3 Working is healthy and healthy working can be improved

	€ per annum
Ongoing VWS activities	
Participation and Health, in association with SZW (ZonMw)	1,100,000
The Healthy Company (VWS contribution to SZW programme)	110,000
Healthy Weight Covenant, Work component	150,000
Activities of other ministries	
Promoting ongoing employability: (2014 and 2015)	(tba)
Co-financing of sector plans (total annual budget available is € 300,000,000) ⁴	
Healthy Company, SZW contribution	(2014) 2,000,000
Participation and Health (ZonMw)	(2014) 474,000
Raising awareness:	
- Action Plan on Psychosocial Strain (stress)	(2014) 300,000
- Personal work record feasibility study	(2014) 120,000
Support for specific groups	(tba)

³ Much of this activity involves the deployment of district nurses to provide non-indicated care with a marked preventive component, e.g. early identification of persons with health problems and establishing links with welfare departments and physical activity providers.

⁴ The SZW communications campaign 'Ongoing Employability' runs until the end of 2013. Companies wishing to conduct their own activities can apply for a subsidy under the sector arrangements of the Social Accord (published 14 August 2013), the aim of which is to promote employment opportunity and mobility within specific sectors. See www.agentschapszw.nl.

2. Prevention in Healthcare

Prevention activities which form part of actual medical treatment, nursing care or social support are largely financed by means of the health insurance premiums (Zvw and AWBZ), as are the necessary medications and medical devices.

Ongoing VWS activities	
	€ per annum
Care4Obesity (PON & JOGG)	1,600,000
Depression prevention (Trimbos)	150,000
Prevention in the neighbourhood (CGL)	150,000
National Action Programme on Chronic Lung Disease	485,000
Activities of other ministries	
Gender and Health Alliance (OCW/Directorate of Emancipation)	(tba)
Other/miscellaneous	
Decentralization payment Youth and Family (local authority budget) ⁵	368,000,000

3. Maintaining health protection

Ongoing VWS activities	
	€ per annum
Food and (consumer) product safety (NVWA)	74,000,000
National Vaccination Programme	138,000,000
National Flu Prevention Programme	56,000,000
Infectious disease control: research and implementation (RIVM/CiB et al)	42,000,000
Supplementary Sexual Health programme (via RIVM)	30,000,000
Screening programmes (via RIVM)	153,000,000
Postnatal heel-prick	14,000,000

⁵ The decentralization payment in respect of Youth and Family welfare is a total amount, only part of which will directly fund prevention activities such as those of the Youth Healthcare departments.



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