Tackling the problem of obesity: the Dutch approach

Renders CM¹, Halberstadt J², Frenkel CS³, Rosenmöller P³, Seidell JC¹,²,⁴, Hirasing RA¹

¹ Knowledge Center Overweight, EMGO Institute for Health and Care Research, VUmc, Amsterdam
² Partnership Overweight Netherlands, EMGO Institute for Health and Care Research VUmc, Amsterdam
³ Convenant on Overweight, The Hague
⁴ Faculty of Earth and Life Sciences, Department of Nutrition and Health, VUmc and VU, Amsterdam
Obesity in the Netherlands
adults - self reported height and weight CBS
Overweight and obesity in the Netherlands

• Beginning 2000-> agenda of Ministry of Health

• Policy document “Living longer in a healthy way (2004-2007)”: The Dutch Government has set itself the goal to reduce the prevalence of overweight, obesity and related chronic diseases.

• 3 important initiatives to tackle overweight and obesity
Approach in the Netherlands

Ministry of health

- National and local prevention Covenant Overweight
- Knowledge Center Overweight
- National and local Management Partnership Overweight
Starting the Knowledge Centre Overweight (KCO)

- Prevalence overweight /obesity adults 1980-1997

  - Overweight: 5 -> 12%
  - Obesity: 0,2 -> 1,6%

- Also observed by Youth Health Care professionals
Knowledge Center Overweight (KCO)
Expertise Center Overweight (2002)

Objective:

enhancing knowledge about the aetiology, prevention, treatment options and consequences of overweight and obesity

• provide professionals access to the knowledge
• encourage research on gaps in knowledge
• answer questions of professionals
• Information desk for enquiries and information from e.g. the media
• supports the Ministry of Health, municipal health services in the development of policy in the field of obesity.
Platform Knowledge Center Overweight/Obesity
(health promotion organisations, universities, research institutes, professional groups)

• Ministry of Public Health,
• Dutch Ass. Study of Obesity (NASO)
• The Netherlands Nutrition Centre
• The Netherlands Heart Foundation
• The Netherlands Institute for Sport and Physical Activity
• TNO-Quality of Life
• Netherlands Society of General Practitioners
• Municipal Health Services
• Maastricht University
• Erasmus University Rotterdam
• Netherlands Society of Dieticians
• Dutch Diabetes Federation
• Heideheuvel Asthma Centre
• The Health Council of the Netherlands
• Dutch Food Industry Federation
• The Covenant on Overweight
Main activities KCO

1) to collect and spread knowledge
2) to stimulate tuning and collaboration between different health supporting organisations, professionals and research
3) to support national and local policy
4) to breed knowledge.
Welcome to the web site of the Knowledge Centre for Obesity!

Overweight and obesity constitute one of the main public health problems in modern society. Prevalence is approximately 51% of men and 42% of women (self-reported data, Statistics Netherlands, 2006). Among children, 14.5% of the boys and 17.5% of the girls are overweight (van den Hurk, 2003).

The Knowledge Centre for Obesity provides professionals with access to scientific information about overweight and obesity. This web site includes information about, for example, prevention, diagnosis and treatment. You can download the publications and products of the Knowledge Centre for Obesity and its partners. We will also keep you informed about current news and interesting activities.

This web site is meant for professionals. If you are a parent with questions about obesity in children, or if you have a weight problem yourself, you can find an overview of relevant web sites here.
Het aantal mensen dat in Nederland aan overgewicht of obesitas lijdt is de laatste decennia sterk gestegen. In 2002 hadden 45% van de mannen en 35% van de vrouwen van 20-59 jaar overgewicht of obesitas (Vischer, 2002). Van deze groep had 18% obesitas. Recentere gegevens duidden erop dat het percentage obesitas nu iets hoger ligt dan 10% (RIVM, Schokker, 2006; CBS, 2006; Gezondheidsraad, 2003).

**Prevalentie van overgewicht bij kinderen**

Uit cijfers uit 2004 blijkt dat gemiddeld 14.5% van de 4 tot 16-jarige jongens en 17.5% van de meisjes overgewicht (inclusief obesitas) had. Dit is een flinke toeneming sinds 1980 toen de percentages 3.9% respectievelijk 6.9% waren en sinds 1997 toen deze 9.7% en 13.0% waren. Ook voor obesitas zijn de percentage toegenomen van 0.2% in 1980, naar 1.2% in 1997 naar 3.6% in 2004 voor de jongens en van 0.5% naar 2.0% naar 3.3% voor de meisjes (van den Hurk, 2007; Hirasing 2001).

Met subsidie van WVS zijn TNO en VU begonnen met de voorbereidende werkzaamheden voor de Vijfde Landelijke groeistudie, die in 2008 wordt uitgevoerd. In 2009 zullen op basis hiervan nieuwe groedigrammen worden geproduceerd.

**Risicogroepen voor het ontwikkelen van overgewicht en obesitas zijn:**

- Mensen met een lage sociaal economische status (SES)
- Allochtonen
- Chronisch zieken en gehandicapten
- Mensen die stoppen met roken
KCO
(Masterplan for Youth Health Care)

- Free to download from website (www.overgewicht.org)
- Interest of other professionals (GP's) -> webapplication
BMI Calculator voor huisartsen

Wissen

gewicht: 45.6 kg

BMI = 20.54 kg/m²
BMI classificatie: Overgewicht

Klik hier voor het schema overbruggingsplan huisartsen voor de aanpak van overgewicht bij kinderen

Berekend
Schema overbruggingsplan huisartsen voor de aanpak van overgewicht bij kinderen

1° consult (mogelijk in meerdere deelconsulten)
1. Vaststellen overgewicht
2. Afname aanrekenen
3. Lichamelijke onderzoek
4. Navragen motivatie
5. Opstellen haalbaar veranderplan
6. Meergeven huiswerk
7. Maken van herhaalafspraak na 4 weken

2° consult
1. Meten lengte, gewicht en middelomtrek
2. Navragen motivatie
3. Reciproke veranderplan, wat is gelukt, wat niet
4. Benoemen belemmeringen

Positieve verandering opgetreden:
1. Doorgaan volgens plan
2. Consultafspraak na 6 maanden
In overleg met ouders is een tussentijdse afspraak mogelijk.

Geen verandering opgetreden:
1. Aanbieden ondersteuning voor kind en ouders (bijv. diëtist, fysiotherapeut, psycholoog, multidisciplinair programma voor kinderen met overgewicht)
2. Veranderplan aanpassen.
3. Consultafspraak na 4 weken.

3° consult

4° consult of te consult
Other activities KCO

• Expertmeetings and post-graduate educations
• Newsletter
• >100 lectures and presentations /year
• Many interviews
• Involved in many (inter)national publications
Start of the Covenant on overweight

- Awareness Dutch population ↑
- change individual behaviour and environment
- Relevant parties (companies, producers, local governments) should take responsibility
- Covenant on overweight (2005)
  - to appeal parties more on their social responsibility
  - to stimulate self-regulation and tuning
Structure/organisation

Steering Committee

Covenant bureau

Prepatory Group

Working Group
Working Group
Working Group
Working Group
Working Group
Working Group
Working Group
Working Group
Partners

- Public-private partnership
- Government
  - Ministry of Health, Welfare and Sport
  - Ministry of Education, Culture and Science
  - G4 (Amsterdam, Rotterdam, The Hague, Utrecht)
- Private sector
  - e.g. Dutch Food Industry, Supermarkets, Employers Federation and the Trade Unions
- Other partners
  - e.g. Dutch Heart Foundation, Dutch Society of Dieticians, Dutch consumers Bond,
Objective

• To make the healthy choice easier for everyone, always at all places

Joint action plan ‘Striking the right energy balance’
• Actions in 4 settings:
  o Home
  o School
  o Work
  o Leisure time
Priorities

A selection:

- Healthy nutrition and excercise in primary education
- Promotion of healthy choices in the selection of food in secondary education school canteens
- Playing fields in forty ‘healthy neighbourhoods’
- One distinctive logo to facilitate healthy choices
- Role of parents in teaching a healthy lifestyle
Healthy School Canteens

• 75 schools in 2008-2009

• Healthy School Canteens Prize (Nutrition Centre)

• First prize €10,000 (£ 8780)
Current activities at home

One healthy choice logo

• This logo can be found on many brands
• Products changed their ingredients
Current activities at work

• 'Fruit at work' project
  – increasing the availability of fruits and vegetables in the workplace
Current activities -> recreation

• Increasing use of liquid cooking fats instead of solid fats in catering industry

• Score for Health
Dutch Premiership Division players provide children with a healthy example over the course of 20 weeks
Current activities (5)

EPODE-based approach
EPODE-based approach

- Local long-term political commitment
- Appointment of project manager
- Working with local heroes.
- Working with techniques like social marketing
- Public-private partnerships.
- Scientific evaluation
  - (process, monitoring).
The start of Partnership Overweight Netherlands (PON)

- Increasing attention from various professionals
- the need for the effort to connect the preventive activities with treatment e.g.
  - e.g Youth Health Care -> GP -> Pediatricians
- Partnership Overweight Netherlands (2008)
Objective

- To facilitate the development and implementation of a comprehensive system based on the principles of chronic disease management

- Integrated health care system that transcends traditional boundaries of conventional health care systems and health care professions but, instead, focuses on competences of groups of health professionals who organize care from a patient oriented perspective.
Pyramid Obesity Management in Adults

<table>
<thead>
<tr>
<th>Weight related health risk:</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely high risk</td>
<td>Intensive lifestyle therapy (optional: + medication or surgery)</td>
</tr>
<tr>
<td>Very high risk</td>
<td>Intensive lifestyle therapy (optional: + medication)</td>
</tr>
<tr>
<td>High risk</td>
<td>Lifestyle therapy</td>
</tr>
<tr>
<td>Moderately increased risk</td>
<td>General advice on healthy lifestyle</td>
</tr>
<tr>
<td>No increased risk</td>
<td>General advice on healthy lifestyle</td>
</tr>
</tbody>
</table>
Partners of Partnership Overweight
health care providers, health insurance companies, patient organisations

- ActiZ, Association of Health Care Providers
- Association of Surgeons of the Netherlands (NVvH)
- Community Health Centers (GGD Nederland)
- Dutch Association of General Practitioners (LHV)
- Dutch Association of Internal Medicine (NIV)
- Dutch College of General Practitioners (NHG)
- Dutch Dietetic Association (NVD)
- Dutch Health Care Insurance Association (ZN)
- Dutch Obesity Association (NOV)
- Dutch Professional Association of Psychologists (NIP)
- Dutch Society of Physicians in Occupational Health (NVAB)
- The Dutch Medical Association for Youth Health Care (AJN)
- The Federation of Patients and Consumer Organisations in the Netherlands (NPCF).
- The Royal Dutch Association for the Advancement of Pharmacy (KNMP)
- Paediatric Association of the Netherlands (NVK)
- Royal Dutch Society for Physical Therapy (KNGF)
- V&VN Dutch Nurses' Association
Relevant Developments

- The Health Care Insurance Board (CVZ) and Dutch Healthcare Authority (NZa) consider chronic disease management for overweight and obesity to be reimbursable in basic insurance.

- This includes long-term care for morbidly obese children and adults.

- This also includes lifestyle counseling for overweight adults.
Relevant Developments

• The Ministry created a platform for Chronic Disease Management models that link diabetes, overweight and obesity, and cardiovascular diseases (also links with COPD and depression).

• New functions (lifestyle advisor or coach) are created in primary care.
Conclusions

• An important step is taken

• Covenant Overweight:
  – encourages cooperation between public and private parties

• Partnership Overweight Netherlands
  – encourages cooperation between health care professions, health insurance companies, patient organisations
  – development and implementation of a comprehensive system -> principles of chronic disease management.

• Knowledge Center Overweight
  – supporting CO and PON with expertise and state of the art
  – distributes products, information and ‘best practices’
  – tuning and exchange of information between policy, research, health promoting institutes and professionals.
Conclusions

• stakeholders relevant to the prevention and management of overweight and obesity are willing and able to work together at all levels.

Ambition:

• first integrated, evidence based and practice based, national approach for tackling the problem of overweight and obesity
Conclusions

• Not only national, but also local health policy.

• Link national activities to local demonstration projects
  – to monitor and evaluate community intervention approaches based on the EPODE –initiative
  – to integrate prevention and management of overweight and obese individuals and those who are high at risk.

• e.g city of Zwolle
Conclusion

• The approach in the Netherlands is to integrate chronic disease management and preventative interventions.

• This may serve as an interesting model for other countries.
Thank you for your attention