



**synergy
between the local &
national levels**

The Dutch experience

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Introduction



Synergism exists

Not compelling

Inspiration sources

Organisation of prevention (1)



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Central role: municipalities (458)
Local Public Health policy document

Advise & implementation: municipal health services (GGDs)
40 regions



Organisation of prevention (2)



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National Public Health policy document:

- framework
- only directions, not compelling
- input from local level (bottom-up)
- obesity is spearhead



National & local links




Another national initiative:

- agreement on overweight & obesity
- plan of activities *Energy in balance*




Energy in balance



Areas for action:

- portion size
- advertising & marketing
- nutritional content
- energy logo
- healthy canteens
- promote physical exercise



Advisory bodies



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- Health Council of the Netherlands (Gezondheidsraad)
- Netherlands Health Care Inspectorate (IGZ)
- Advisory Council on Health Research (RGO)

Knowledge centers



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- National Knowledge Centre on Obesity
- National institute for health promotion and Disease prevention (NIGZ)
- National Institute for Public Health and the Environment (RIVM)

National campaigns by:



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- Netherlands Nutrition Centre
- Netherlands Institute for Sport & Physical Activity (NISB)
- Netherlands Heart Foundation
- Diabetes Federation
- Dutch Cancer Society

Example from my practice

Move Your Heart Eat Smart

youth-based obesity prevention campaign

Collaboration between 2 GGDs

Total working area: 47 municipalities



Why this campaign?

- high obesity rates (11 & 2 %)
- also priority in National policy document
- advise Health Council useful



Barriers

- municipalities choose target groups and decide
- choice of municipalities not always based on HP criteria
- GGD only advises



(Dis)advantages of prevention structure

- + fitting to local context, creativity
- preventive work on obesity is disintegrated, poorly co-ordinated



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