

# GOOD PRACTICE BRIEF

## CENTRE FOR HEALTHY LIVING IN THE NETHERLANDS: Building sustainable capacity and alliances for effective health promotion

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### Summary

The National Institute for Public Health and the Environment (RIVM) Centre for Healthy Living serves as the national hub for integrated expertise on health promotion in The Netherlands. Key activities are a systematic procedure to assess the quality of interventions, a web portal complemented by specific websites and tailored face-to-face support, training and coaching.

It is an example of how a national government has taken up its stewardship role for health promotion, shaped by both local government responsibilities and a variety of theme-specific health promotion institutes operating nationally. Based in the RIVM, the Centre works with a wide range of partners within and outside the health sector. It gathers, enriches and disseminates knowledge, which is then “translated” into practical tools that can be applied at grassroots level.

An evaluation has demonstrated the Centre’s success in fostering coherent health promotion in The Netherlands. Its systematic approach to assessing the quality of interventions is instrumental in advancing intersectoral health promotion policy and practice across the country.

Each month, an average of 14 000 individuals access it on the Gezondleven.nl web portal, and 5000 individuals access the intervention database.

### Motivation

Health promotion in The Netherlands involves many players. Expertise and interventions are provided by a variety of health-related organizations, each focusing on one or more themes and operating mainly nationally. Local governments are responsible for the health of their populations, and health promotion is done primarily by local professionals. In 2005, the Health Care Inspectorate observed that local professionals felt overwhelmed by the volume of health promotion activities but lacked insight into their quality. Uptake of effective interventions was insufficient, and it was considered that the coherence of local health policy could be improved.

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### Key Messages

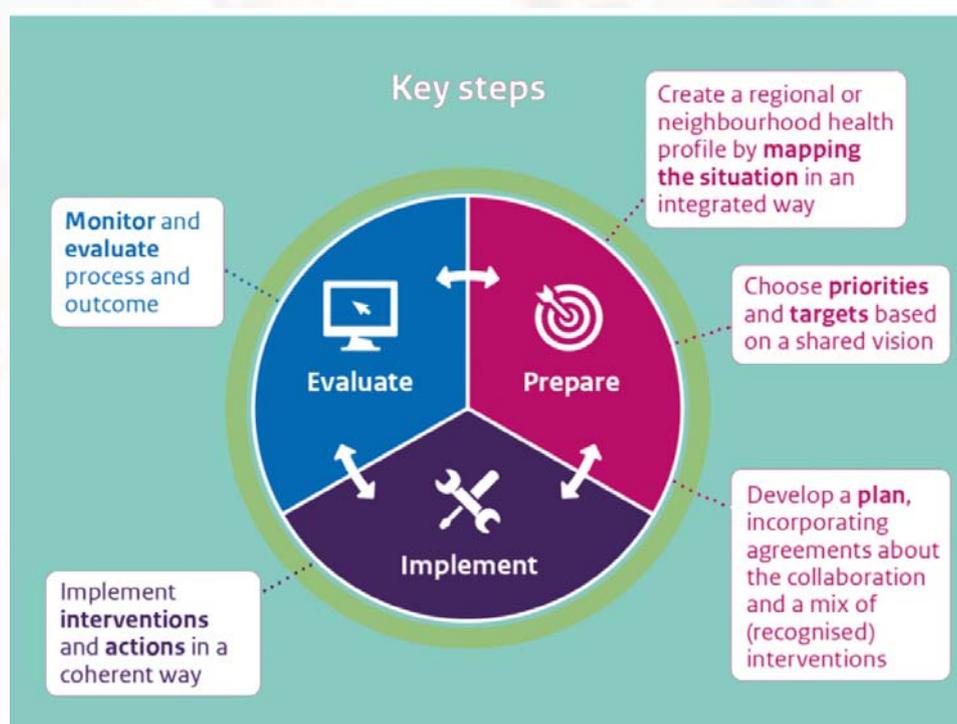
- The aim of the Centre is to contribute to the health of all Dutch citizens by enhancing the quality and efficiency of health promotion in the country and ensuring coherence among health-promotion actors and organizations.
- “Co-creation” is a fundamental principle of the Centre, to maximize translation of knowledge into practice.
- The systematic assessment and the intervention database are the main products of the co-creation process and a major factor in the Centre’s success, as they demonstrate the quality, effectiveness and feasibility of health promotion interventions.
- Support and validation from the Government and especially the Ministry of Health, Welfare and Sport are essential.
- Health promotion professionals and local policy-makers appreciate the accessible, highly structured format in which the best available evidence is presented to them via the Internet.

The RIVM Centre was therefore established in 2008, commissioned by the Dutch Ministry for Health, Welfare and Sport and based within RIVM, a Government agency. The aim of the Centre is to contribute to the health of all Dutch citizens by ensuring coherence among health-promoting organizations and by improving the quality and efficiency of health promotion in The Netherlands. It encourages systematic, informed approaches, supports local professionals and policy-makers and coordinates health promotion across the country.

## The Centre for Healthy Living

The Centre is the national hub for health promotion expertise, gathering, enriching and disseminating information. It supports health promotion professionals and local authorities through the “Loketgezondleven.nl” web portal, complemented by websites for healthy schools and healthy child care, and by providing tailored face-to-face support, training and coaching in programmes in schools, nurseries, workplaces, (primary) care centres, municipalities and neighbourhoods (1). As an example, Fig. 1 presents the steps in the Centre’s neighbourhood approach.

Fig 1. Steps in the healthy neighbourhood approach



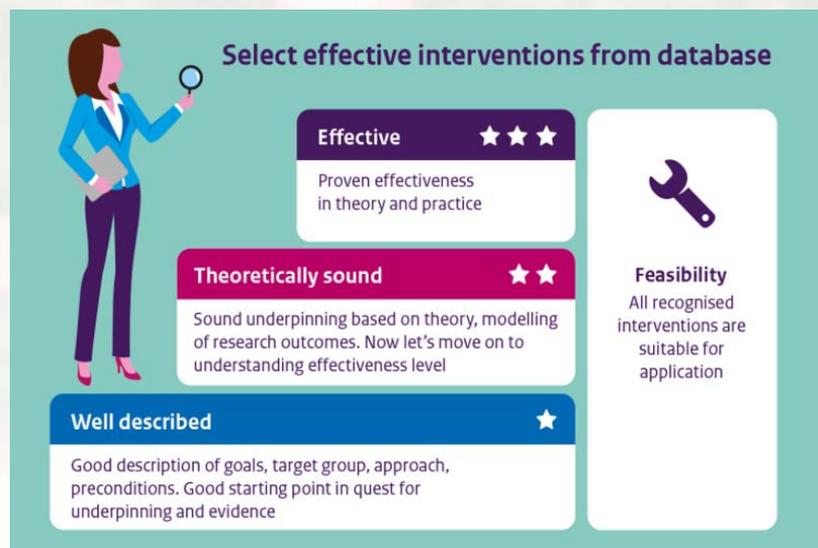
The “intervention database for healthy and active living” provides access to information on the quality, effectiveness and feasibility of a wide range of interventions. The information is collected and assessed systematically as “well described”, “theoretically sound” or “effective” (2,3). This recognition system for interventions was developed in collaboration with national centres of expertise outside the health promotion sector: social and welfare, children and youth services, long-term care, mental health services and sports. All the partners agreed to use the same assessment process and to encourage uptake of interventions in their own field. This national assessment approach aims to advance intersectoral policy and practice across The Netherlands.

The database can be accessed via various search functions in the Loketgezondleven.nl web portal. The portal presents health promotion interventions in a prestructured format, categorized by health theme, target groups and settings (schools, nurseries, workplaces, (primary) care, municipalities and neighbourhoods). It includes manuals, stepped approaches and examples of good practice, allowing professionals to choose the interventions that correspond to their needs and encouraging overall uptake of the informed approaches. The interventions are also outlined in online manuals. Fig. 2 presents some figures on the three-step assessment process and the intervention database.

Another main objective of the Centre is to foster coherent health promotion throughout the country. The Ministry for Health, Welfare and Sport plays a stewardship role for the Centre and other national health promotion institutes by ensuring complementarity and collaboration. In addition, the Centre encourages synergy among thematic programmes and facilitates networking events and collaborating structures.

The Centre aspires to base its work on the best available knowledge and evidence. Hence, it participates in international networks such as the Schools for Health Network and EuroHealthNet. The Centre is the mandated Dutch partner in several European Union Joint Actions and in the prevention of chronic diseases, enabling it to share expertise, gain new perspectives and contribute to innovations in health promotion.

Fig 2. Intervention database and recognition system assessment levels



## Impact

In 2018, the Centre will have been operational for 10 years. After 5 years (2013), it was evaluated by an external assessor through an online questionnaire, with which 1200 professionals assessed the Centre's products and services, 20 interviews with key stakeholders and partners including the Ministry of Health, Welfare and Sport, and data on website visitors (4). The conclusion was that the Centre had succeeded in fostering coherence and coordination of health promotion in The Netherlands. The intervention database and online healthy municipalities and healthy schools manuals were commended in particular by the user groups. The actual uptake of interventions in practice and application of the knowledge shared could, however, be improved. Consequently, the Centre has developed more ready-to-use products and practical tools.

Each of the Centre's programmes is evaluated regularly to find options for further improvement and to align them with professionals' needs. The healthy municipalities and healthy schools programmes include dedicated user panels, which are consulted two or three times a year; they demonstrate the importance of supportive national and local policy and funding. These can and do provide positive incentives to encourage or require local uptake of practices from the database and use of systematic, informed approaches.

The recognition system for interventions was evaluated in 2011 (5,6) and 2017 (not published yet). Professionals, stakeholders and partners were either interviewed or filled in a questionnaire (N=700 with a 51% response rate in 2017). The results indicated that the system is well appreciated, especially with regard to information on the quality and effectiveness of interventions. Respondents suggested the inclusion of more information on the practical applicability of interventions, with options for adjustments, and that local policy-makers be made more familiar with the system and its benefits.

Each month, an average of 14 000 individuals access the Centre's Gezondleven.nl portal, and 5000 access the intervention database. The Centre is active on social media: in early 2018, its Twitter account had close to 8000 followers, and 700 people follow its Facebook pages.

The Centre has attracted clear interest from abroad due to its international work. Partners in the European Union Joint Action on Reducing Alcohol-related Harm, for instance, adopted the recognition system for interventions to evaluate all good practices within the project. At the request of partners in the European Union Joint Action on Chronic Diseases, the Centre hosted a dedicated cross-learning visit on the systematic assessment approach for interventions and the role of the web portal in encouraging uptake of interventions in practice.

## Lessons learned

- National governments can play a stewardship role in fostering robust, comprehensive health promotion, even within a health system with devolved, diversified responsibilities.
- The independent mandate of RIVM was a key factor in developing and sustaining healthy alliances throughout the country and in building a joint knowledge base.
- Maintaining such alliances at the interface of local policy and national expertise centres requires long-term, sustained efforts by all partners.
- Accumulating and disseminating knowledge must be accompanied by support for national and local policies and funding incentives that encourage or even demand informed approaches.
- National capacity-building for local professionals requires a comprehensive package of services, which should combine training in standard skills and expertise with tailor-made support, outreach and consultation through both online and offline tools. Peer-based learning can also be helpful.
- Work with partners in other sectors can build on more general (process) approaches but must also take into account differences among sectors. Opportunities for collaboration and mutual benefits vary, as does the time frame within which progress can be made.
- Insights into and scientific evidence on health promotion are not obtained overnight. Societies and local conditions often change faster, and local professionals and policy-makers prefer to tackle actual challenges. This may clash with the aspiration to maximize the uptake of the best available interventions.

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