Being Healthy and Staying Healthy

A Vision of Health and Prevention The Netherlands

Ministry of Health, Welfare and Sport

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Foreword - Being Healthy and Staying Healthy

Whatever our age, we all want to be healthy and stay healthy. However, as we move through life, our desire for health is expressed in different ways and results in different priorities. In the early years of life, it is all about getting a healthy start and growing up healthy. For adults in the prime of life, the priorities are to set a good example and to invest in their own health. During old age, the focus is on carefully protecting one's relatively fragile health. Meanwhile, the concern of people affected by chronic conditions is to optimise the quality of life. In short: health matters a lot to everyone, albeit in different ways. Investing in health brings returns, in the form of more productive and healthy life-years. Health is also very important to the economy: health is wealth.

The Netherlands needs to be healthy in order to be prosperous. Health care preserves human talent and can help the Netherlands to be one of Europe's leading nations: a country where health inequalities are small. However, a great deal needs to be done before the Netherlands can be described as being in the best of health. In recent years, our country has slipped from being one of Europe's healthiest countries to being a middle-marker. And the health inequalities that exist have proved difficult to correct.

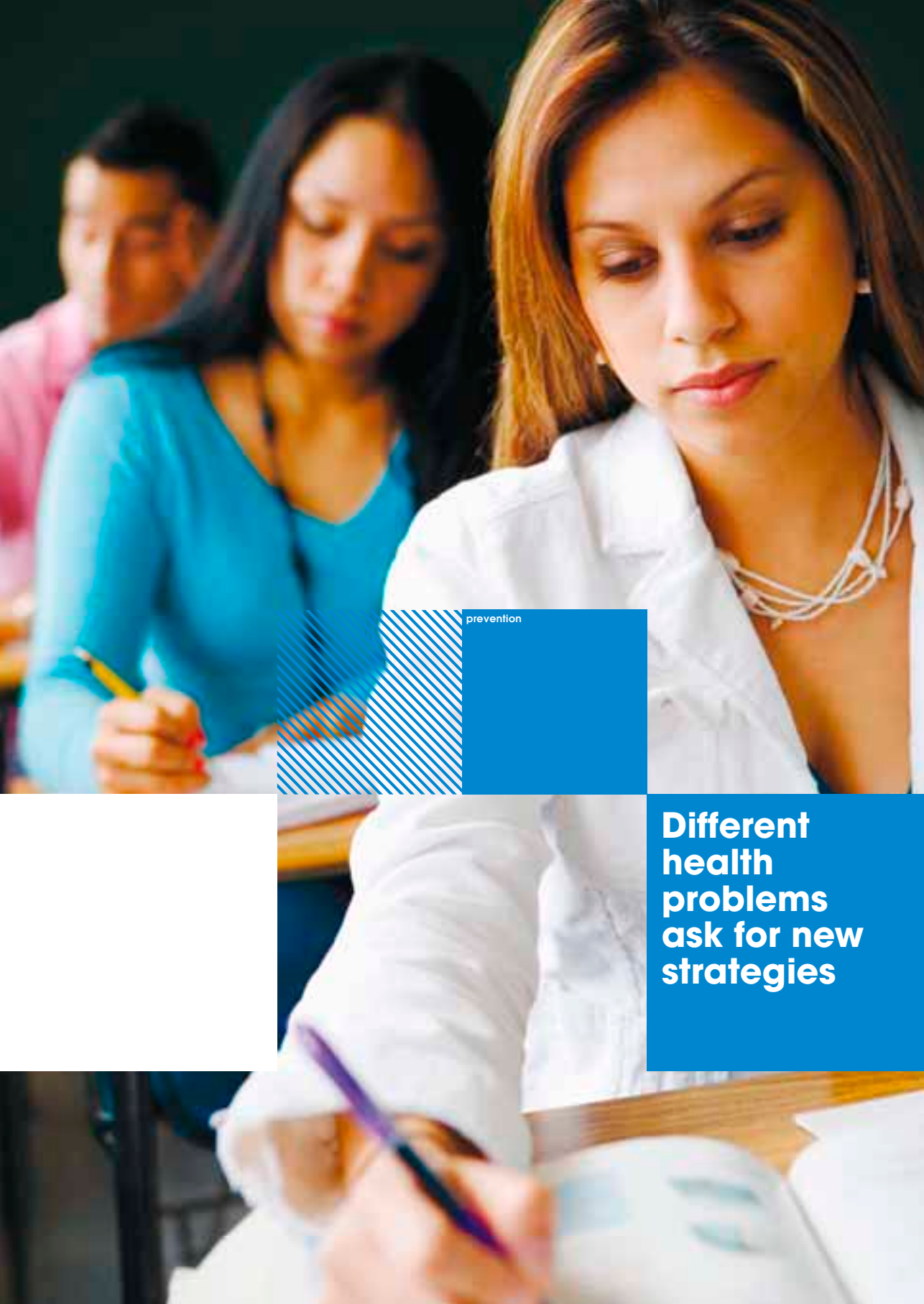
The prevention of avoidable ill health is a responsibility that everyone shares. Total reliance on the curative care system to resolve all our health problems is not realistic and an abdication of personal responsibility. A wider vision of health and prevention is therefore needed.

In order to realise that vision, we need to seek out the 'parallelism of interests': health as a reasonable aspiration, closely related to other such aspirations. It is necessary to establish how those aspirations can be mutually reinforcing and how health can support the realisation of other aspirations.

Building a healthy nation is a job that requires input from all quarters: from policy makers in The Hague and local councillors, from doctors and people working in health promotion, from insurers and policy holders, from people living in leafy suburbs and people in disadvantaged inner-city communities.

We all need to pull together for long, healthy and productive lives in a healthy nation.

Dr A. Klink
Minister of Health, Welfare and Sport
Also on behalf of the Minister for Youth and Families and the State Secretary for Health, Welfare and Sport,



prevention

Different health problems ask for new strategies

1. Introduction

The Netherlands is not as healthy as it could be. The figures are clear: the Netherlands is less healthy than many other countries, and health inequalities between population groups are not diminishing. In this document, the government outlines how it sees health policy being reformed and what principles will apply in the context of that reform. What is provided here is a vision: clear pictures of the present and target situations, plus directions for moving from the one to the other.

In 2006, the government published its policy document *Opting for a Healthy Life (Kiezen voor gezond leven)* as part of the statutory prevention cycle. The main focus of the document was health promotion. On the basis of a thorough analysis of the problems, the following priorities for preventive policy were identified: smoking, problematic drinking, overweight, diabetes and depression. The importance of addressing these issues remains as great as ever. The document also made the point that new strategies, and in some cases new actors and parties to implement them, were needed in order to tackle the health problems of the twenty-first century. It is primarily this point that is developed in the document now before you. It projects long-term policy lines and defines conceptual frameworks, within which both the ministry and, crucially, its partners can develop strategies and action plans for a healthy nation. A nation in which we do justice to the phrase *'health care'*, rather than merely providing care to those who are unwell; a nation in which health is one of a number of reasonable aspirations.

Much of the content of this document is likely to seem familiar. Numerous advisory reports have been produced by authoritative bodies in recent years, indicating the form that health policy should take. The present document draws heavily on such reports, particularly those published by the National Institute of Public Health and the Environment (RIVM), the Health Council of the Netherlands, the Netherlands Public Health Federation (NPHF), the Public Health Forum, the Social and Cultural Planning Office (SCP) and the recent report *Public Health* by the Council for Public Health and Health Care. Furthermore, various organisations that have traditionally concerned themselves primarily with curative care have in recent times published documents devoted to prevention. So, for example, the Royal Netherlands Society for the Advancement of Medicine (KNMG) has placed its vision of preventive care in the public domain, in July the Health Care Insurance Board (CVZ) brought out an advisory report on prevention, and the views of the Federation of Patients' and Consumer Organisations in the Netherlands (NPCF) on this subject are to be published towards the end of 2007. Wherever possible, the VWS vision takes account of these recent publications as well.

This vision document begins with an analysis of the present health status of the Netherlands and the implications (sections 2 and 3). The ministry's vision for the future is then presented in the context of two key themes: the relationship between the individual and his/her environment and the links between preventive health care and other forms of health care (sections 4 and 5). Section 6 identifies a number of ways in which the governmental setting must be improved and modernised. This vision will guide the way that the VWS and its partners work towards a healthy nation in the years ahead.

The Nether-lands could be a lot healthier

■ 2. Health in the Netherlands

2.1 Introduction

The Netherlands could be a lot healthier than it presently is. Although the overall average life expectancy has increased slightly in recent times, female life expectancy remains almost unchanged. Furthermore, the Netherlands is not doing as well as many other European countries and serious health inequalities persist between different population groups. This section sets out the importance of health and describes the present health status of and health prospects for Netherlands[1].

2.2 Health: a core social value

Health has a major bearing on a person's quality of life and productivity. Good health is a precondition for a functional community and for the retention and development of prosperity. However, the nation cannot achieve or maintain good health without an ongoing focus on health and constant action. Most people identify good health as one of the most important things in life. Yet, in practice, many knowingly or unknowingly make unhealthy lifestyle decisions. As a result, a lot of us suffer from avoidable and sometimes chronic medical conditions. In addition to diminishing the quality of life for the people who have them, avoidable medical conditions have implications for other people, such as the sufferers' families and co-workers. Furthermore, in a world where health care resources are stretched and there is a danger of staff shortages in the future, it has to make sense to avoid problems where we can[2]. In other words, there are many good reasons for preventing avoidable ill health. We need a shift of emphasis, from taking care of the sick to taking care of our health. It is increasingly recognised that good health and the preventive care sector make a positive contribution to society. Healthy citizens boost the vitality of the community. Like education, health care helps to produce and maintain human talent. Health care is not so much an expense as an investment, which yields a social return.

The definition of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. PREAMBLE TO THE CONSTITUTION OF WORLD HEALTH ORGANISATION (WHO)

[1] For more information about health in the Netherlands, see: Volksgezondheid Toekomst Verkenning 2006: Care for Health (Public Health Forecast 2006). RIVM, 2006 and the RIVM-managed website www.nationaalkompas.nl

[2] It is estimated that, assuming continuation of present labour productivity levels, a further 500,000 workers will be needed in the health care sector, far outstripping the forecast overall growth in the working population of the Netherlands (250,000). Controlling growth in the demand for care though prevention is therefore a key policy objective. A 10 per cent reduction in the demand for 'AWBZ care' would reduce the labour requirement by roughly 90,000.

2.3 Health in the Netherlands

There are many threats to the health of the Dutch population, some long-established and some new. But, whereas in the past the hazards were predominantly 'external', the health of the twenty-first-century citizen is often put at risk by his or her own actions, albeit unintentionally in most cases.

Although the life expectancy of the average Dutch person continues to rise gradually and the extra life years are mainly healthy years, the Netherlands is 'only' half way up the European 'health league'. A lot of today's major causes of premature death and lost quality of life are the result of yesterday's lifestyles. Paradoxical correlations have started to emerge between prosperity and health: as the nation becomes wealthier, people can more easily afford to indulge unhealthy habits, such as smoking or excessive eating or drinking. The way people behave now is an important determinant of the nation's future health. And by no means all the established behaviour patterns are healthy, with many young people making a particularly poor start in life.

Overweight, for example, is a rapidly growing problem, not only among adults, but also among children. The combination of lifestyles that involve less exercise and the availability of plentiful and often 'unhealthy' food are creating weight problems that threaten to rival those in the USA. Overweight is associated with diabetes type 2, an elevated risk of cardiovascular disease and premature death. Furthermore, obese children are more likely to suffer psychosocial problems, including bullying, negative self-image and school absenteeism. On average, an obese person lives 4,5 years less than someone of a healthy weight. The cost of overweight to the health care system is put at about € 1.2 billion. Weight- and obesity-related occupational disability and absenteeism cost the economy roughly € 2 billion a year.

The patterns of alcohol use and smoking in the Netherlands also give cause for concern. Dutch adults are among the heaviest smokers in Europe, and the nation's young people among the heaviest drinkers. One in three people aged fifteen or older smokes: about twice as many as in countries such as Canada, the USA and Sweden. Luxemburg, Hungary and Greece are the only OECD countries where a higher percentage of the population smokes, and no developed country matches the Netherlands for kilos of tobacco consumed per head of the population. The average smoker's life expectancy is seven years less than the average non-smoker's. What is more, smoking costs the health care system an estimated € 2,5 billion a year.

Young people in the Netherlands have the dubious distinction of being Europe's heaviest drinkers. Alcohol consumption is not inherently hazardous to health. However, excessive drinking can have significant undesirable consequences, both for the young people concerned and for public order.

Nearly two thirds of Dutch twelve-year olds have tried alcohol. Quite apart from the health implications, certainly for children, the drinking culture among young people causes considerable problems for the wider community. It is estimated that at least 40 per cent of all incidents attended by the police at weekends are alcohol-related. More than 27 per cent of all violent offences involve the use of alcohol, and more than 5 per cent of the public report having been troubled by drunks in the street. Furthermore, alcohol is responsible for about 25 to 30 per cent of road traffic fatalities.

Unhealthy behaviour impacts not only on the individual whose health is affected, but also on the community as a whole. Avoidable ill health is expected to add unnecessarily to rising health care expenditure and to place an additional burden on the already overstretched care infrastructure and workforce. Outside the sector, it is likely to result in occupational disability and absenteeism and to necessitate additional public investment in everything from bus and train seating to hospital beds.
On the other hand, the care sector can make an enormous contribution to the health of the community, through both preventive and curative activities.

2.4 The increasing prevalence of chronic disease

Avoidable illness places an unnecessary burden on the health care system. More than 70 per cent of care expenditure involves the treatment of people with chronic diseases. The RIVM has calculated that, over the next twenty years (2005 to 2025), the number of people with chronic conditions will rise sharply.

While much of this is attributable to population aging, unhealthy behaviour also plays a major role. A great deal of chronic disease is caused or aggravated by unhealthy lifestyle factors, chiefly smoking, lack of exercise and poor diet. Furthermore, it is not uncommon for people to suffer from several chronic conditions at once (multi-morbidity).

Figure 1 shows the forecast percentage increases in various diseases. It will be apparent, for example, that, if the number of overweight people in the population continues to rise at the present rate, the prevalence of diabetes will go up by more than 70 per cent, to 940,000 by 2025. By that time, it is expected that 540,000 people will suffer from chronic obstructive pulmonary disease (COPD), with the prevalence going up by 12 per cent in men and no less than 30 per cent in women. At-risk groups need to be protected from developing the condition, or at least from developing it early in life. In cases where people cannot be prevented from developing the condition, it is important that good secondary and tertiary preventive mechanisms come into operation.

Chronic disease reduces the quality and length of life and places a burden on society by 'consuming' formal and informal care and by reducing labour productivity and participation. Prevention and healthy lifestyle choices help to limit the personal and social repercussions of chronic disease.

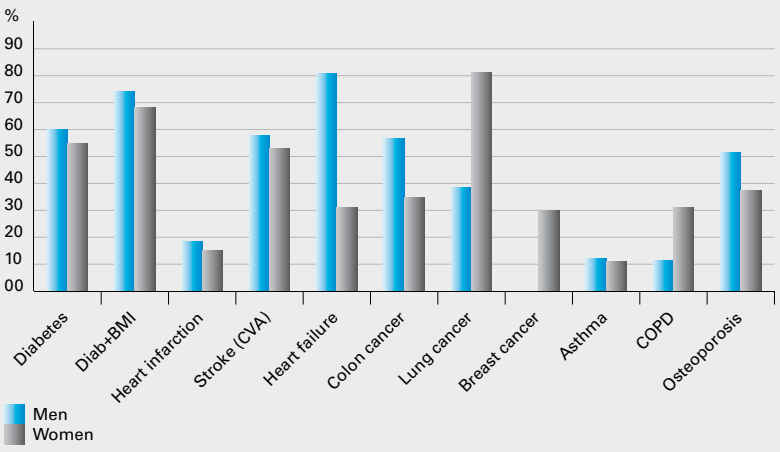


Figure 1. Percentage rises in the main chronic conditions 2005-2025

SOURCE: RIVM, IMPACT OF THE AGEING POPULATION ON BURDEN OF DISEASE, JULY 2007

2.5 Health inequalities

As well as slipping to the middle of the European 'health league', the Netherlands remains a country with considerable regional and local inequalities in health and in the distribution of risk factors for disease and mortality. The average life expectancy in the country's 'unhealthiest' region is fifteen years less than that in the 'healthiest'. On almost all indexes, the health of people of low socio-economic status is not as good as that of people of high socio-economic status. The less well off perceive themselves to be in poorer health, and are more likely to suffer chronic conditions or disabilities. The ethnic minorities are also disadvantaged in terms of health. People from minority backgrounds are more likely to be overweight, and mortality rates are higher among children in these groups.

The conclusions of the RIVM's analysis are clear: socio-economic and ethnic health inequalities have not diminished in recent decades. Furthermore, health disadvantages are closely related to other forms of disadvantage. Inequalities are greatest at the neighbourhood and district levels. A 'poor'

neighbourhood with lower-quality housing, less favourable environmental characteristics and fewer facilities tends to draw in individuals with less positive socio-economic prospects, while those with better prospects are apt to leave. In addition, the quality of the housing and the local environment has a direct effect on the health of the people who live there. Finally, the prevailing social standards are liable to promote less healthy patterns of behaviour and personal interaction.

Summary of key points

- Health is a core social value that requires constant attention and action.
- Good health and health care make a positive contribution to society. Healthy citizens add to the vitality of the community. The health care system as a whole produces and maintains human talent.
  The Netherlands could be a lot healthier than it presently is. The nation is not as healthy as many other European countries.
- Health inequalities between different groups within Dutch society are considerable.
- It is important to remain alert to longstanding health threats and to new ones.
- A lot of today's major causes of premature death and lost quality of life are the result of yesterday's lifestyles. A great deal of health benefit could be gained through healthier behaviour.
- Prevention is also necessary to ensure that the care system is not placed under undue strain in the future. The appropriate allocation of finite financial and human resources is important if wider society's solidarity with the sick is to be retained. Prevention can help to mitigate possible future staff shortages.

Health also serves other reasonable aspirations

3. Stakes, responsibilities and forms of prevention

3.1 Introduction

Investing in health can enhance quality of life, increase productivity and put the Netherlands back on a par with Europe's leading nations. The Ministry of VWS sees contributing to the community as part of its mission. In today's complex society, there are numerous actors, with their own stakes in good health and their own health-related responsibilities. Each individual citizen, of course, stands to gain from being in good health. However, various other parties – friends and family, co-workers and associates, the government and the care sector – also have an interest in the health of the individual and of the community as a whole. In practice, the interrelationships are complex, with countless interfaces and occasionally conflicts between the various responsibilities and aspirations. On the following pages, we describe the various forms of prevention, which – together with the stakeholder analysis – form the basis for the material presented in the subsequent sections.

3.2 Analysis of stakes and responsibilities

The individual citizen

Stake in good health Everyone benefits from being in good health or, at least, in the best possible state of health. A long life, spent in good health as far as possible, provides a sound basis for happiness, independence and the ability to participate in and contribute to society. That is not to suggest that a life characterised by infirmity is without value, or that happiness and independence are impossible without good health; a person's quality of life is determined by many factors, including his or her ability to cope with adversity. However, health and well-being do play an important role.
Responsibilities The individual has primary responsibility for his or her own health and for dealing with periods of diminished health. People are generally familiar with the behavioural and risk factors that are relevant to health. In many cases, people can influence the development of health problems or the course of problems they already have. Everyone needs to be aware that his or her approach to health and ill health has a direct effect on others – especially their relatives – and therefore on others' willingness to show solidarity.

Friends and family

Stake in good health A person's friends and family have a stake in his or her health and healthy behaviour, because these things contribute to their

happiness and quality of life. Parents have a stake in their children's health, and children in their parents' health. Ill health brings uncertainty and worry for friends and family. Having a close relative who is unwell or infirm can also be a source of considerable strain, which can ultimately have implications for the health of the person who is under strain.

Responsibilities The corollary of the mutual interest that friends and relatives have in each other's health is that each of them has a responsibility for his or her own health. This is most clear in the case of a parent. A parent's responsibility for the welfare and upbringing of his or her child implies a responsibility to protect his or her own health, in order to discharge parental responsibility.

Setting

A person's setting is formed by the people and institutions that he or she has contact with beyond his or her immediate circle of friends and family, in the neighbourhood, workplace, school, club and so forth.

Stake in good health It is not only a person's friends and relatives who have a stake in his or her health. Each person's health status and inclination to take risks with his or her health has an influence on the quality of the neighbourhood and how good a place it is for others to live. Employers also have an interest in healthy, productive workers and low levels of absenteeism. A healthy workforce contributes to a healthy business, higher labour productivity and profitability. Certain industries (such as the food and alcohol industries, the drink retailing industry, etc) and the individual concerns operating within them have an interest in protecting their reputations against health-related tarnish. More and more enterprises are now recognising that it is important for them and their products to have a healthy image. Educators want to see fit, well-rested young people, who don't bring the after-effects of indulgence into the classroom. Such youngsters are not only easier to teach, but achieve better results.

Responsibilities Once again, having a stake in good health goes hand-in-hand with having a responsibility for health. Everyone has some degree of responsibility for the health of other people in the same setting. A teacher should be able to approach parents or students who habitually appear very tired or put their health at risk. Employers have considerable influence over the well-being of their employees, through the workplace conditions they provide, and through the way the organisation is structured and the health-supporting facilities they make available. The new Working Conditions Act 2007 gives employers primary responsibility for health and safety at work, but opens the way for employers and employees to work together on the formulation of policy. It is often quite straightforward, for example, for an employer to encourage healthy eating through appropriate catering, to give staff the opportunity to participate in sports or to introduce a cycle-to-work scheme. In addition, company medical officers have an important role to play identifying stress, weight problems and occupational illnesses. Inevitably,

however, the approach taken by Small and Medium-size Entrepreneurs (SMEs) will differ from that taken by large employers.

The government

Stake in good health The government acts as the protector of society's collective interests and has the task of creating the conditions in which a vital, fair and prosperous society can flourish. Healthy people and a healthy human environment are very important in that regard. Avoidable ill health, workplace absenteeism and unnecessary growth in health care expenditure[3] all undermine prosperity. With demographic changes placing upward pressure on health care spending and possible labour shortages on the horizon, it is particularly important to make economical use of the available resources and to ensure that the system is not placed under unnecessary strain.

Responsibilities Government's primary task is to take responsibility in situations where the interests of different social actors are not necessarily mutually consistent. The government believes that it is best if people are allowed to make independent decisions on the basis of their personal preferences and the market offering. That includes making their own lifestyle decisions. The market influences the choices that people make and the physical and social setting often determines the scope that people have for choosing healthy options. And the government has a role to play structuring and regulating the settings within which people make their decisions. People can be adversely affected by the choices made by others (external effects). Moreover, certain groups within society – children and drug addicts, for example – are unable to make reasoned decisions for themselves (public information). The government also has a responsibility to promote fairness and therefore sometimes needs to intervene to protect people who are socially disadvantaged (normative intervention). The Interdepartmental Preventive Policy Study of June 2007, which looked at the efficiency of health promotion, can be very useful in this regard. The report identified three justifiable forms of lifestyle-related government intervention:

1) The management of external effects: the regulation of forms of behaviour that have an adverse effect on others
2) The rectification of information gaps: provision of the information that people need in order to arrive at sensible decisions
3) Normative intervention: the regulation of behaviour judged not to be in the target group's own interests (paternalism) or not to be in the interests of disadvantaged people to whom the target group has a responsibility (solidarity).

[3] It should be pointed out that the health care expenditure savings achievable through preventive action are savings in the medium term. In the short term and in the long term, preventive intervention – like life-prolonging curative intervention – actually costs money. In the short term, one has to meet the costs of implementation, and in the long term prevention leads to additional care consumption and prolonged entitlement to state benefits. The relationship between preventive care and the level of health care expenditure is a complex one, which appears to involve other mechanisms. However, the government wishes to make it clear that the intrinsic value of preventive care lies in the health benefits and quality-of-life benefits it can yield.

Business community

Stake in good health The business community's primary interest is in commercial continuity and thus profitability. The pursuit of these interests is sometimes seen as running contrary to an interest in health, particularly in industries popularly associated with health and/or ill health, such as agriculture, food and foodstuff production, soft and alcoholic drink production and the hotel and catering trade. While commercial interests are not always in harmony with health interests, individual enterprises and industrial sectors do have a stake in the health of the general population and, of course, in the protection of their own reputations. Increasingly, a healthy image is perceived to be valuable at both the product level and the company level.

Responsibilities Entrepreneurs and companies accept a responsibility for health that derives from their wish to maintain a 'clean' image and from their commitment to good corporate citizenship.

The health care sector

Stake in good health The health care sector seeks not only to look after the sick, but also to help people achieve and maintain good health. The public health care system, the curative care system, the supportive care system and the health insurers all have a stake in preventing ill health. Furthermore, the pressure on resources makes prevention – pre-emptive care, rather than reactive care – particularly important.

Responsibilities Their professional vocation and value systems mean that health care practitioners and other care workers have a special responsibility to promote good health. Health insurers have a similar responsibility, which derives from their interest in continuity and good corporate citizenship and can find expression through preventive activities. With a view to sustaining solidarity, the actors in the health care sector need to prioritise effective and efficient working and to act to assure the quality, accessibility and affordability of care. Greater emphasis on prevention is needed, in the health care sector just as elsewhere.

3.3 Parallelism of reasonable aspirations and cooperation

The health-related aspirations and responsibilities of the various social actors are closely interrelated. In some cases, health is itself the focal point, while in others health serves to support another fundamental value. The government actively seeks to identify fields in which the reasonable aspirations of the various actors – not only in relation to health, but also in relation to economic or social matters in which their nature or mission gives them a special interest – are in harmony. In this context, health is not necessarily the primary objective, but may merely be supportive to an organisation's or person's aspirations or

responsibilities. Reversing undesirable trends in health requires focus, cooperation, perseverance and therefore long-term commitment.

Complementary aspirations

In the light of the analysis set out above and the social importance of prevention, it is possible to identify numerous areas in which the various social actors have complementary aspirations, opening the way for cooperation. A number of examples are given below:

- Employers and entrepreneurs have a stake in reducing workplace absenteeism and preventing labour market drop-out; these aspirations are in harmony with the improvement of workers' health. A healthy workforce is advantageous in terms of corporate health, labour productivity and profitability.
- Individual enterprises and industrial sectors have a stake in protecting their reputations. It is in the interests of food and alcoholic drink manufacturers to promote healthy eating, alcohol moderation, etc.
- Increasingly, a healthy image is perceived to be valuable at both the product level and the company level. This can provide a basis for harmonised action on health.
- Irresponsible drinking has a clear relationship with antisocial behaviour and public disorder. Municipal authorities, the police and the hotel and catering trade each have their own reasons for wanting to see these problems addressed. Action on irresponsible drinking would also have health spin-offs.
- There is a growing body of evidence for an association between, on the one hand, poor school performance and absenteeism and, on the other, alcohol and drug use among young people. Meanwhile, German and US scientists have provided strong evidence that fitness and exercise enjoy a positive correlation with cognitive performance. Schools, sports clubs, youth clubs and parents that act to curb the abuse of alcohol and other substances can act as partners in disease prevention and health promotion.
- At the municipal level, there are many opportunities to exert a positive influence on health from within various disciplines, including education, environmental management, spatial planning and housing. Under the 2002 Public Health (Preventive Measures) Act, municipal authorities are obliged to pursue an integrated health policy. In recent years, the municipalities have shown increasing consideration for the health implications of policies adopted in domains other than health, including environmental management, economics and social work. Nevertheless, a great deal more could be done. Central government has a role to play encouraging integrated policy planning, while the municipal executive must accept responsibility for identifying and exploiting the opportunities that exist.

- The provision of facilities for walking, cycling and outdoor play encourages exercise. Poverty prevention measures and youth health care measures can be mutually reinforcing. So, for example, the local authority departments responsible for education, youth and sport and recreation can develop joint initiatives in the field of overweight prevention. Projects organised on this basis include the *Lekker Fit!* ('It's Fun to be Fit') project and the Maatwerk op school ('Tailor-made Schooling') project, which involved lengthening the local school week.

3.4 Forms of prevention

Preventive care is the term applied to the body of measures, employed within the health care sector and elsewhere, whose aim is the protection of health through the prevention of disease and other health problems. Within this definition, it is possible to categorise preventive care on the basis of criteria such as the extent to which the intervention is unsolicited, whether intervention is collective or individualised, and the extent to which intervention is aimed at healthy people or at those with health problems. Subdivision can also be made on the basis of disease stage, the extent to which individual behaviour is addressed, and the nature of the activity involved.
Subdivision on the basis of disease stage is common: primary prevention involves removing or reducing the causes of disease, risk factors and exposure to them; secondary prevention consists of the identification and treatment of risk factors and predispositions; tertiary prevention entails monitoring existing disease and preventing complications.
A more recent approach to the categorisation of preventive care, which was used in the CVZ's June 2007 report, focuses on the structure and funding of the care and distinguishes between universal, selective, indicated and care-related intervention. Prevention is often used to describe the measures taken to prevent absenteeism and occupational disability. This form of preventive care has a two-way relationship with health and transcends the various commonly used category boundaries.

The various ways of categorising preventive care are based on different dimensions, so it is difficult to compare the various types of intervention and there is significant overlap between types. Because this vision document is predominantly action-centred, it has accordingly been decided to subdivide preventive intervention by activity type, into health protection, disease prevention and health promotion. This system has been used to compile the table presented below. Passages that are concerned specifically with the prevention of occupational disability or absenteeism are explicitly identified.

Forms of preventive care

The various forms of preventive care can be clustered as follows:

Health protection involves the management of exposure to hazardous environmental factors through legislation, regulations, enforcement or practical intervention.
Disease prevention involves the prevention or early identification of disease.
Health promotion involves the encouragement of healthy lifestyles.

Expenditure on each activity type

Health protection	80%	10.0 billion*
Disease prevention	17%	2.1 billion
Health promotion	3%	0.4 billion
Total	100%	12.5 billion

* Most health protection expenditure is in fields such as road safety and the provision of clean water, and is not therefore part of the health care budget.

Health protection Improvements to the clean water and safe sewerage systems, safer working conditions, safer food production and enhanced road safety – all classic forms of health protection – are amongst the great achievements of the twentieth century. Such provisions remain fundamental to the Netherlands 'health bulwark', which is today reinforced by the activities below.
Disease prevention Every year, additional activities aimed at tackling particular diseases or detecting them early prevent many deaths and considerable morbidity. Such activities include the National Immunisation Programme, influenza vaccination, screening for cervical and breast cancer and the testing of infants for metabolic disorders. Disease prevention work is also undertaken in the curative care sector; examples include the prescription of hypotensive and cholesterol-reducing drugs to prevent cardiovascular disease and the recent efforts to establish a system of chain care for diabetes.
Health promotion Modern-day disease patterns in the western world inevitably draw attention to lifestyle-related issues. Health promotion involves activities whose aim is to encourage healthy lifestyles and to prevent avoidable ill health. Such activities include public information campaigns and courses designed to influence individual behaviour and social norms (e.g. anti-drink-driving campaigns and courses for people who want to stop smoking).

Finally, it is important to make the point that health is shaped by determinants on four dimensions, as identified in the model developed by Canadian health minister Lalonde in 1974, which remains in use today.

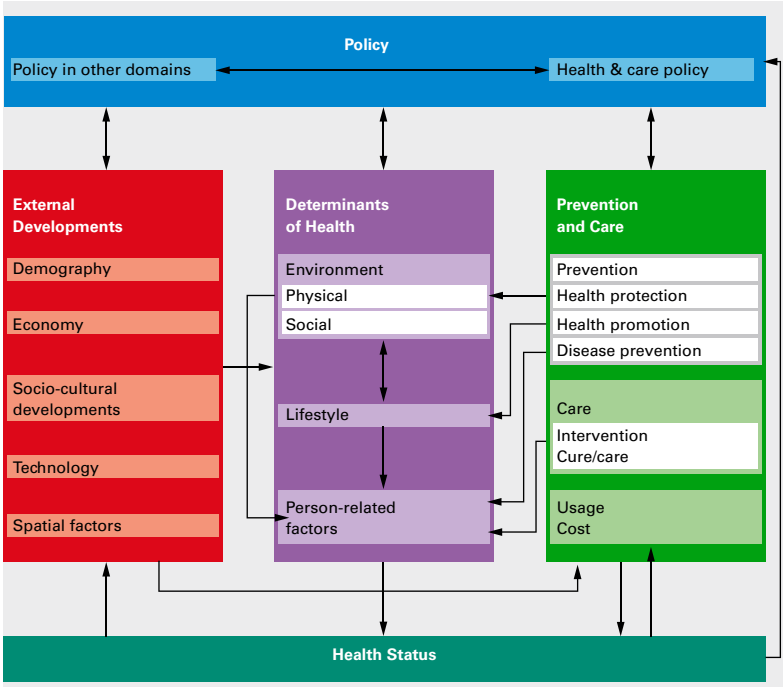


Figure 2 Determinants of health and forms of preventive care (after Lalonde)

In the early 1970s, Canadian health minister Marc Lalonde put forward a model, with health at the centre of four groups of determinants: (1) endogenic or person-related characteristics, (2) lifestyle, (3) the physical and social environment and (4) health care activities (including preventive care). The Dutch 'PHSF model', presented in the RIVM report Taking Care of Health, is based on the Lalonde model. In it, health status is interpreted as being the result of a process that features various causal factors and determinants.

SOURCE: RIVM, TAKING CARE OF HEALTH, 2006

This vision document is not concerned with the first of the four groups of determinants referred to above, i.e. the person-related genetic and biological characteristics, which are regarded as not subject to influence. Lifestyle, on the other hand, is a recurring theme throughout this publication and recognised as a key health determinant in the western world. Section 4 is devoted to the role of physical and social setting – and thus lifestyle – on a person's behaviour. Section 5 examines the relationship between health care

(as provided through primary care practices, hospitals and other establishments) and preventive care, as provided mainly by municipal health services.

This model forms the conclusion to the analysis presented in sections 2 and 3, and the basis for the vision of preventive care and health described in the remaining sections.

Summary of key points

- Everyone stands to benefit individually from being healthy. However, health is not an exclusively personal concern: friends and family, co-workers and other associates, the government and the care sector also have a stake in the health of the individual and of the community as a whole.
- The health-related and other aspirations and responsibilities of the various social actors are closely interrelated. The government actively seeks to identify fields in which the reasonable aspirations of the various actors are in harmony, in order to maximise the contribution that the care sector can make to society.
- Given the reasonable aspirations of the various social actors and the importance of preventive care, it is possible to identify numerous areas in which cooperation is possible.
- Health does not necessarily have to be the primary objective; it may merely be supportive to an organisation's or person's aspirations or responsibilities.
- In this vision document, the VWS uses the term 'preventive care' to refer to the body of measures, employed within the health care sector and elsewhere, whose aim is the protection of health through the prevention of disease and other health problems.

prevention

Healthy choice: the easy and natural choice

4. The association between setting and behaviour

4.1 Introduction

The average person in the Netherlands can look forward to a longer life and more years of good health than at any time in the past. That is the conclusion of the Public Health Status and Forecasts Report 2006 (PHSF 2006). Nevertheless, the nation's health could be improved considerably if healthier lifestyles were followed – both by people who are presently in good health and by people with (chronic) conditions. In this context, following a healthier lifestyle means 'simply' looking after oneself: eating sensibly, getting enough exercise, not smoking and not drinking too much. Decisions about such matters are not made in isolation, but in the context of influential social and physical settings. A setting is a circle in which a person grows up or lives: family, school, workplace, neighbourhood, clubs and so on. The way these settings operate and the dynamics within them have a profound effect, and the government has an important responsibility in this regard. One of the keys to improving the nation's health is therefore the relationship between a person's setting and his/her lifestyle. The government has traditionally been seen as having the task of implementing collective and programmatic measures designed to protect health and prevent disease. The nature of such measures is such that they can never be implemented at an individual level. Measures of this kind are therefore considered first below.

4.2 The promotion of health protection and disease prevention

Health protection and disease prevention are forms of preventive care that must almost always be implemented on a collective basis because of their scale or complexity, or the responsibilities involved. Hence, national or municipal government is normally tasked with these functions, which can rightly be regarded as fundamental to the Netherlands 'health bulwark'. Furthermore, the activities that health protection and, to a lesser extent, disease prevention entail are presently performed outside the health care sector to a large extent.

The provision of a safe sewerage system and clean water supplies, as advocated by medical hygienists, remains the foundation stone of healthy policy. That was the case for the Netherlands in 1900 and remains so today for Africa and for the Netherlands. If a hundred years ago the government of the Netherlands had taken the view that the principle of personal responsibility

was all that mattered, it would have confined itself with telling people to wash their hands. However, it was recognised that the control of infectious disease required something more than a change in behaviour; the country needed a health infrastructure, of which the National Immunisation Programme was to become an integral part. The development of modern sanitation at the start of the twentieth century was down to more than the arguments of the hygienists and the administrative ambition of visionary leaders. The other key factor was the recognition by powerful industrialists that it was in their interests for the nation to invest in the health of its workforce. The comparisons with the present day are unavoidable.

There is no question that the implementation of such collective 'bulwark measures' is a government task. Crisis management, pandemic preparedness, food and product safety, screening and the National Immunisation Programme will always be necessary and cannot be arranged by private citizens individually. Although such fields attract little attention, it is vital that society does not neglect them. If only for reasons of public safety, the government must always remain on active alert to developments in these fields, so that it can respond appropriately to, for example, new bio-defence threats, new forms of influenza, or resistant tuberculosis. The government also has a responsibility to monitor changing circumstances and to constantly pursue innovations and efficiency improvements in the fields of health protection and disease prevention – where much can be gained by working with other countries and seeking to learn from them. In the field of biogenetics, for instance, innovative techniques are opening the way for new forms of vaccination and diagnosis, which can help in the fight against conditions for which screening programmes already exist and against other diseases. It may also be possible to combine different screening activities, to improve logistics procedures or to better the participation rates. Furthermore, technology could make new foods available, which will hopefully bring health benefits, but might conceivably create new risks, making vigilance essential.

4.3 Individual behaviour

As indicated in section 2, the Netherlands' health status and disease burden are determined not only by the government's ability to provide protection, but also by the behaviour of individual citizens. Everyone is, in the first instance, responsible and answerable for his or her behaviour. Each of us can do a great deal to influence our health and our susceptibility to disease. The weakest link in the personal dental hygiene chain is not the toothbrush or the toothpaste, but the person holding the brush. Many people are nowadays very health conscious, as evidenced by the interest in health magazines and TV programmes and the demand for health products, such as fruit shots and

enriched dairy produce, as well as for health checks. There is also increasing interest in the concept of 'wellness'. The government wishes to tie in with these trends and to align its activities with modern perceptions of health. It is important to emphasise that a healthy lifestyle is enjoyable, and not somehow the obverse of 'the good life'. The idea of looking after oneself needs to be made attractive to more people.

Notwithstanding the existence of individual responsibility and the increasing scope for influencing health through one's behaviour, a great deal of disease and infirmity is outside the sufferer's control. The great majority of people with a chronic illness or disability could not have avoided it by modifying their lifestyles. Furthermore, many people find it difficult, or even impossible, to adopt or maintain more healthy forms of behaviour; this is often the case with children or people with addictions, for example. Such people require support if they are going to change their lifestyles for the better. To return to the toothbrushing metaphor: it makes more sense to teach someone to clean his or her teeth than to keep filling them.

A particular problem when it comes to promoting healthy lifestyles is the considerable time interval that often separates unhealthy behaviour from the consequences, which diminishes the perceived association. Unhealthy forms of behaviour are more common in certain population groups than in others. The groups that are inclined to exhibit unhealthy habits suffer more ill health than the wider population and appear to be less receptive to government health messages. Furthermore, the government's health information budget is dwarfed by what industry spends on marketing its products. It is therefore important that government information is more closely attuned to the public's outlook. It is better to highlight positive things than to tell people that they shouldn't do things. However, in order to be effective, communication also needs to be tailored to the relevant target group(s).

4.4 Setting

Health can be promoted by various general features of a person's setting. Nevertheless, there are also specific ways in which a setting can be modified to influence behaviour. First, it is necessary to recognise that behaviour takes place in an influential physical and social context: the family, the neighbourhood, the workplace, the school, the shop, the public space, the countryside, or the health care institution. Even if one does not believe in historical materialism (or the 'makeable society') and does not see people merely as products of their setting, it is clear that there is a close relationship between setting and behaviour. Few people can, for instance, walk past the umpteen attractive food outlets at a railway station and feel no temptation to eat.

Our settings can and should promote healthy behaviour by encouraging us to walk or cycle, by surrounding us with living greenery, by offering attractive healthy products, by assuring people of a smoke-free environment and so on. It is important that the healthy option is also the easy option – and sometimes perhaps the only option. Several important settings are considered individually in the following paragraphs. The settings in question have been chosen as examples, and do not form an exhaustive list.

The healthy setting

It is clear that there is a close relationship between setting and behaviour. In order to encourage people to pay more attention to their health (perhaps subliminally), it is essential to surround them with positive influences. As indicated in section 3, the people with responsibility in a particular setting also have a stake in ensuring the presence of positive influences. Consider the following examples:

As an expression of their responsibility for the upbringing of their children, the parents in a healthy family ensure that their children eat sensibly, get enough exercise, don't eat too many sweets and snack on things such as fruit. Such parents also try not to use the car for every little trip they make with their children.

A healthy neighbourhood can be created by making sure that there are good facilities within walking distance, well maintained cycle paths, pedestrian zones and readily accessible parks and green spaces where it is a pleasure to pursue active pastimes.

An employer benefits from having a healthy workforce and therefore from providing a healthy workplace. So it is in the employer's interest to ensure that staff have the opportunity to play sport and that healthy food is served in the staff canteen.

With a view to improving academic performance and making teaching a positive experience, a healthy school places considerable emphasis on sport, exercise and a healthy lifestyle, as well as offering healthy food in the canteen.

Neighbourhood design

The design of a neighbourhood can have a major effect on health. Good cycling and pedestrian facilities can encourage people to include more exercise in their daily routines. So too can thoughtfully sited facilities, in particular shops. Open spaces, playing fields, greenery and pedestrianised residential streets can encourage outdoor play, one of the most effective ways of preventing childhood obesity. A neighbourhood's quality, diversity and atmosphere all have an influence on how safe the people who live there feel and thus on their quality of life. The presence of good social and health facilities can also make a difference. The accessibility of parks and other

green spaces in and especially around towns has a significant influence on health. When seeking to optimise neighbourhood design, the involvement and empowerment of local people is vital. The Ministry of VWS is to consult with the other relevant ministries to identify the ways in which health can facilitate good neighbourhood design and policies, and vice versa.

Nature and health

According to the Health Council's 2004 report Nature and Health, various studies have shown that a person's environment does influence the amount and intensity of the exercise that he or she takes. Research has shown that a green environment has a positive influence. From the evaluation of schemes designed to encourage exercise, it is also known that having an attractive park or green space close to home or work is the factor most likely to encourage walking and cycling. It appears that people enjoy such activities more in a green environment and consequently devote more time to them. However, recent research by NIVEL has found that Dutch GPs rarely advise people to make use of their local green spaces for exercise. In the UK, doctors have for some years been advising their patients to exercise more, particularly in parks or the countryside. The Forestry Commission, which manages state-owned woodland in the UK, works with insurers and volunteers to get people walking in the forests under supervision. The equivalent body in Netherlands, Staatsbosbeheer, is exploring the scope for similar initiatives.

The healthy workplace

As part of their total health management schemes, employers can design workplaces and workstations in such a way as to protect worker health and to encourage healthy behaviour. Healthy workplace and workstation design requires investment, but also results in less absenteeism and occupational disability, plus higher labour productivity. Possibilities include:

- The use of suitable fittings and equipment to reduce the risk of work-related injury and illness
- A positive confidence-boosting atmosphere, in which the risk of mental or stress-related conditions is minimised and workers have an incentive to perform to the best of their abilities
- Set-ups that 'oblige' people to exercise regularly, even when at work
- Sports facilities at or close to work
- Catering facilities that offer a wide choice of health foods

4.5 The workplace setting and occupation as a factor in health

Employers benefit from having healthy and productive workers, while workers benefit from working in a healthy setting. A worker should be able to reach retirement age in good health and enjoy his or her retirement without experiencing work-related health problems. It is known that paid or unpaid work plays a major part in giving people a sense of purpose and is therefore an important contributor to quality of life. The provision of good working conditions is part of a good personnel policy and one of the basic requirements for workforce health. Good working conditions help to keep down absenteeism and occupational disability, which are undesirable for the individual workers concerned (because of the financial implications and the risk of further health deterioration), for the employer (because of the productivity implications and sick pay liability) and for the wider community (because of the need to pay benefits, provide health care, etc). A recent study by Mackenbach (see PHSF 2006) showed that the working life of someone who leads a healthy life is typically eight months longer than that of the average person. The new Working Conditions Act 2007 gives employers primary responsibility for health and safety at work, but opens the way for employers and employees to work together on the formulation of policy. The government is dedicated to identifying any problems that might exist at the system level.

4.6 Long-term commitment and action on several fronts

It would be a mistake to imagine that a one-off initiative can influence behaviour or get people to change undesirable habits. Complex, persistent health problems require various forms of intervention over an extended period of time. When large groups of people have previously been persuaded to change their behaviour, as seen in the fields of road safety and smoking, they have always been won over by a raft of initiatives at various levels and over a period of some years. Comparisons can be made with major infrastructural projects, which require investment over a period that exceeds the four-year political cycle. The encouragement of healthy behaviour requires time and continuity and the will to forge alliances that are not always obvious. The government has to adopt a much more pragmatic approach.

The Council for Public Health and Health Care (RVZ) recently advised that complex problems of this kind required numerous tailor-made initiatives and a problem-oriented approach. The Ministry of VWS is to investigate ways of implementing this advice in the years ahead. Established methods have proved insufficiently effective in tackling many of the complex health

problems presently facing the country. Health policy needs to be government-wide policy that spans traditional departmental boundaries. A healthy population is a goal that everyone shares and that transcends structures, laws and regulations.

The policy domains with which cooperation will be particularly important are spatial planning, the environment, public space management, safety, the economy, education, green space management, the media, finance, sport and social affairs. Among the key actors with whom central and local government agencies need to realise alliances are health consultants, schools, businesses, institutions, neighbourhood and district centres and lobby groups such as those that represent residents, patients, consumers and nature conservationists.

Summary of key points

- Health-determining behaviour does not take place in isolation, but in the context of the social and physical settings that people grow up and live in. In order to influence such behaviour, it is therefore necessary to address these settings.
- In modern society, people are constantly tempted to make unhealthy lifestyle decisions. The government can help to redress the balance by making the healthy option the easy option wherever possible. This implies tailoring initiatives to the relevant target groups.
- Everyone lives in one or more settings. Others with whom a person shares a setting have a legitimate stake in that person's health. Government policy should be directed towards the identification of shared or complementary interests and to building upon such interests in a more intelligent and consistent manner.
- The Ministry of VWS will be working with various partners to identify ways of reinforcing and expanding existing initiatives and strategies and to find new and innovative ways of encouraging people to make healthy lifestyle decisions and to accept healthy behaviour as the social norm.
- A setting is complex and dynamic. Rafts of measures are needed to influence behaviour and change attitudes. Input and long-term commitment are therefore required from numerous actors.

Preventive care is part and parcel of proper health care

prevention

5. The association between preventive and curative care

5.1 Introduction

In the previous section, we presented the case for making a closer association between behaviour and setting. Two other policy domains cry out for more consistent association. It sometimes seems that the Netherlands has two health care systems with the shared goal of good health for all. In this section, we examine the working of the public health care system. The Ministry of VWS wishes to play its part in bringing together and promoting cooperation between the two fields of care. In this context, the point should be made that preventive action undertaken in the curative care sector goes beyond treating conditions to prevent their aggravation or the development of still more serious conditions; increasingly, the emphasis is identifying and addressing risk factors.

5.2 Providing for basic preventive care

Numerous actors contribute to the health of the Dutch population through involvement in the fields of preventive and curative care. The roles played by some of these actors, such as insurers, the business community and new primary care practitioners, such as practice support workers, are changing enormously, as indicated below. The municipal health services have traditionally played a major role in preventive care in the Netherlands. They have many responsibilities in this field, some statutory and some of a less formal nature, including consultation activities, infectious disease control and crisis management.

The dynamics of public health care are variable and not always consistent with other fields of health care, in which people are geared towards performance, transparency and innovation. Of course, many positive things are happening in public health care. Attention is being given to the certification of tasks performed under the Public Health (Preventive Measures) Act and reform is being sought through the introduction of university workplaces. However, fragmented and uncoordinated activities are not uncommon. The performance of the sector could therefore be improved by, for example, infrastructural reform, the introduction of result-driven working and funding and further professionalisation through certification, protocol definition and quality management.

5.3 Preventive care in the mainstream care system

Primary preventive care

The Ministry of VWS wants to see preventive activities integrated into mainstream health care, along the lines we are already seeing in connection with various chronic conditions. Primary care is the logical setting for such activities and for numerous other forms of preventive care and the natural location for an interface between preventive and curative care. Many people visit GPs or other primary care practitioners on an annual basis, providing an ideal opportunity for identifying those whose risk profiles indicate a need for preventive intervention. Furthermore, primary carers operate in close contact with many target groups, whose members are relatively receptive to advice given by GPs, nurses and other such practitioners. Both the KNMG and the NPCF see the primary care sector as a whole playing an important part in bringing together curative and preventive health care. A similar view is taken by the European Observatory (a joint initiative of the WHO, the London School of Economics and various other bodies).

A great deal is already being done in the field of primary preventive care. Preventive care constitutes a variable element of many forms of therapy, supportive care and supervision. Nevertheless, a great deal could yet be achieved in areas such as standardisation, referral, the propagation of good practice and coordinated funding. The targeted provision of information can generate demand for appropriate preventive care – in which context patients' and consumers' organisations also have a role to play. Finally, opportunities exist for further or more effective cooperation between primary care practitioners and other actors in the care system, such as public health care bodies, company health care service providers, social workers and district nurses.

The role of GPs in preventive care

Most general practices are already actively involved in various forms of preventive care. GPs' basic duties include certain preventive tasks and numerous general practice standards and guidelines make reference to preventive activities. Of the eighty-plus standards published by the Dutch College of General Practitioners (NHG), ten are almost exclusively devoted to preventive care. General practice training provides a great deal of the general knowledge required to perform preventive duties, but the emphasis is nevertheless on the medical model of disease treatment. The training courses currently give insufficient attention to specific preventive interventions or to the significance of work and social setting as factors in health. Considerable scope for improvement therefore exists. GPs often provide medicinal treatment themselves, but refer patients to other primary care practitioners – physiotherapists, dieticians, practice support workers, primary psychologists, etc – for lifestyle-related advice and other such matters.

Increased collaboration between the curative and public health care sectors

Various financial, organisational and cultural issues have led to a situation where the dynamics of the curative and public health care sectors are quite distinct. Bridges between the two sectors are few and far between. This situation is not only inefficient, but also results in missed health opportunities. Realisation of a comprehensive and genuinely integrated primary sector depends on establishing closer working relations between primary care providers (GPs, health centres etc) and bodies concerned principally with public health matters, such as municipalities, municipal health services and home care providers. In order to contribute to the creation of 'healthy neighbourhoods', these various actors need to work together on targeted neighbourhood or district-level initiatives. Preventive care activities need to be defined locally, to reflect local health challenges. As indicated in section 4, the present government's neighbourhood-oriented policies provide opportunities for health centres and community centres to play a bridging role. Schools and Centres for Youth and Families (known as parent and child centres in some parts of the country) can also play a prominent role in this regard, as provided for under the Public Health (Preventive Measures) Act and the Social Support Act. Additional openings may be created by the National Sport and Exercise Action Plan.

Secondary and tertiary preventive care

One of the biggest challenges facing the health care system is creating transparency regarding the quality of care. It is beneficial to health if certain health workers who clearly provide superior products and services are rewarded by being assigned more patients and/or by being paid more. Competition on the grounds of quality is ultimately better for care. The provision of preventive care in the secondary and tertiary sectors can be advantageous in the context of patient safety and the prevention of medical errors.

One growing field of preventive care involves the supervision of patients with chronic conditions, with a view to preventing the development of more serious problems and improving quality of life. Increased emphasis on the problem of malnutrition in the secondary and tertiary sectors and following treatment could alleviate the disease burden significantly. In the more general field of rehabilitation, developments are in the pipeline, which promise to have a preventive effect, reducing recidivism or recurrence of disease. Such forms of intervention are already an integral part of the care chain in many cases and are now included in the treatment protocols and guidelines for a number of conditions. Nevertheless, here too, much remains to be done.

Towards linked care

Incorporation of not only primary preventive care, but also secondary and tertiary preventive care into the package provided to the chronically ill as a matter of course requires a broad-based programmatic approach using the

disease management model. Disease management entails a coherent chain of care, including preventive care, early detection, self-management and appropriate treatment. At every stage, the patient's needs are central and individualised care is provided by a multidisciplinary care team. In consultation with the patient, this team draws up a treatment programme based on the care protocol for the relevant condition. The patient is also expected to contribute to the success of the programme and to the maximisation of subsequent quality of life. In the future, preventive care will form an explicit component of the care protocol and of the patient's treatment programme. The quality and effectiveness of linked care provided on the basis of a care protocol will be continually assessed by patients' organisations, care providers and insurers. The health insurers will buy in care protocols for their clients and, where appropriate, enter into contracts with institutions and teams selected on qualitative grounds. Naturally, efficiency will be taken into account in the selection process, but efficiency is normally a spin-off of quality, so this should not have adverse consequences.
Hence, the use of a broad-based programmatic approach based on quality indicators and care protocols should ensure that market forces and competition promote quality, particularly in the treatment of chronic disease. Trials with such a broad-based programmatic approach are presently underway in the field of diabetes care, with the support of the health care practitioners, the insurers and the relevant patients' organisation.

Porter: health benefit in the care chain
Michael Porter, a professor at the Harvard Business School, is internationally recognised for his work in the development of strategic models. Porter has argued that the care process should be more patient-oriented than it presently is. This will result in care automatically becoming organised in a chain around the relevant medical condition. Focusing diagnosis and treatment on the cause, rather than the symptoms, will lead to more effective and cheaper care. Furthermore, greater coordination and integration throughout the care cycle and better management of chronic conditions will improve results.

Care provision by various parties

Preventive care can be provided by various parties. In terms of the market mechanics, there is no reason why provision should be the exclusive preserve of one particular group. In the field of smoking discouragement, for example, the Minimal Intervention Strategy (MIS) can be provided by GPs (or their practice support workers), midwives, lifestyle advisers working for municipal health services or home care organisations, primary psychologists and others. The only condition for provision of this form of care should be that the provider has had appropriate basic or specialised training.

Absenteeism prevention, care and social security

The importance of the workplace setting in relation to health has already been alluded to. The prevention of occupational disability and the rapid reintegration of workers who do become ill or suffer periods of occupational disability have a positive effect on health and are in the interests of both workers and employers. In legislative and regulatory terms, the social security and care systems are closely harmonised and a coherent system has developed for absenteeism prevention and reintegration. It is now up to the responsible parties to (further) translate the policy to the company level. The insurers have both a responsibility for and a stake in this process. The government's role is to supervise development, look after the interests of vulnerable groups and provide information via the Arboportaal, a digital information desk designed to support people seeking guidance on occupational health and safety, preventive care, absenteeism and reintegration. In this field, improved integration of occupational health care and primary care can have a positive effect on both health and labour market participation.

5.4 Measures, parameters and innovation

Less fragmentation and more structure

Proactivity is not commonplace. Private citizens, health workers and other actors need financial or other incentives to improve performance. A bonus or a discount: appropriate stimuli provide motivation and thus produce dynamism, in preventive care just as in other fields. At present, there is no suitable organisational structure for such care, nor any incentive to follow up the identification of at-risk people with systematic supervision. In numerous places, pilot projects and schemes have been established with a view to providing such supervision. The result is a fragmented pattern of activity often characterised by the 'not-invented-here' syndrome. Many projects are organised along ad hoc lines and are of short duration; nor is it always clear whether they are making use of evidence-based intervention methods or methods whose effectiveness is wholly unproven. The monitoring and evaluation is by no means always well organised, with the result that it is hard to say how effective an initiative has been. In short, the projects are far from instructive.

In order to create an appropriate (funding) structure and achieve continuity, it will be necessary to address various issues on a coordinated basis. These issues include remuneration of preventive health care practitioners, payment through private and/or state health insurance schemes and the creation of a 'care purchasing market', on which insurers can 'shop around' for high-quality integrated care. In this way, preventive care can be made an integral part of the care chain.

Entitlement under the Health Care Insurance Act or Exceptional Medical Expenses Act

Efficient preventive care should be an accepted integral part of health care provision. As such it should in principle qualify for funding, subject to the budgetary and other constraints that apply to other forms of care. In July 2007, the Health Care Insurance Board (CVZ) published a report on preventive care in the context of the insurance system. The term 'preventive care' touches on the social responsibility of the health insurer. The CVZ's basic conclusion was that preventive care should be insured where there is a high risk of disease. Hence, it should not be necessary to create an explicit entitlement to preventive care under the Health Care Insurance Act or Exceptional Medical Expenses Act, but an amendment to the Decree on Entitlement under the Health Care Insurance Act might be in order. All entitlement should, however, be subject to the condition that the preventive intervention in question is sufficiently (cost-)effective. Unfortunately, it may be difficult to scientifically demonstrate that preventive action taken in the context of the mainstream health care system is going to be effective. Well-monitored pilot projects can be useful in this regard. Since the introduction of the new care insurance system, the synergy generated in the field of corporate absenteeism and reintegration policy has not been as great as anticipated. This may be simply because the system is as yet too young. We must therefore wait to see whether insurers and employers are able to make important progress together.

Preventive care as a billable product

Individual preventive measures need to be defined and delineated in such a way that they constitute distinct and billable products or services. In its examination of the possibilities, the Ministry of VWS wishes to give priority to measures that support the five priorities from the Preventive Care Policy Document. An 'exercise prescription' should be regarded as essentially similar to a prescription for a hypotensive medicine, not only in its origination, but also in the way it is subsequently processed. The cost of such a product or service will of course have a bearing on the scope for its provision through the health care system.

Lifestyle and other risk-reducing medicines

Medicines are widely used for preventive purposes. The most obvious examples being hypotensive and anti-cholesterol drugs, on which about 600 million euros was spent in 2003. Much preventive medication has historically been included in the health care entitlement package. In many cases, however, other intervention options exist. Walking, dietary changes and simple self-control are legitimate alternatives to, respectively, hypotensive and anti-cholesterol drugs, slimming pills and nicotine replacement therapies. As the above-mentioned CVZ report makes clear, consensus as to what is and is not appropriate remains elusive. In some cases, the combination of a

vaccine or medicine with lifestyle advice is likely to be the most effective 'treatment'.

Reinforcing incentives within the insurance system

In parallel to the exploration of ways in which the relevant actors can integrate preventive care more firmly within the mainstream health care system, the ministry should as a matter of priority look into the scope for making adjustments to the care insurance system in order to give insurers more incentive to support preventive care activities. Research has shown that financial stimuli work well in relation to less receptive target groups.

Under the system created by the Health Care Insurance Act, insurers faced with a choice between preventive and curative care will often find that the preventive option has little financial merit. The reason being that the cost of preventive care is incurred mainly in the primary sector. An insurer has to pay such costs in full, whereas the cost of curative hospital care is aggregated and shared with other insurers. An insurer also has to share any saving made on curative care by more effective prevention. The government's policy is therefore geared to increasing the hospital care cost risk borne by individual insurers and to thorough reform of the hospital funding system. These changes are expected to promote preventive care[4].

Another stimulus for preventive care can be provided by the bill currently awaiting consideration by parliament, which proposes to make an insurance excess compulsory. The bill includes a provision allowing an Order in Council to be issued, specifying certain forms of care or other services that health insurers may exclude from the compulsory excess system, subject to conditions. It may be possible for insurers to use this provision to, for example, give a discount to clients who participate in preventive care programmes likely to improve their health prospects and reduce their medical expenses. However, it will be important to ensure that insurers do not use the information that this yields concerning their clients to engage in risk selection.

Innovation, ICT and E-health

Collaboration can yield new ideas. By bringing together people from the care sector with people from other sectors – such as commerce, education, ICT, philosophy, trend monitoring, the arts, etc. – a setting can be created which is conducive to innovation. This kind of process can already be seen at work in the university workplaces. Networks and alliances are becoming normal rather than exceptional in the health domain too.

New products are coming onto the market and the field of application for existing products is quickly expanding. Much can be gained through process-based innovation in care, often involving better use of ICT. Innovations can

[4] Letter regarding the risk spreading system, 18 January 2007, Proceedings of the Lower House 2006-2007, 29689, no. 129, Lower House, and letter regarding the extension of free pricing, 11 July 2007, Proceedings of the Lower House 2006-2007, Lower House.

be developed more quickly and in a more targeted fashion, then introduced to the field sooner and more efficiently.

Notable innovations in the field of preventive care include remote monitoring, the use of e-mail and SMS reminders to help patients to adhere to therapeutic programmes, and disease management programmes specially developed for particular conditions. Innovation is also needed for the development of individualised communications geared to people's personal circumstances.

Internet-based preventive care and treatment is a growing field. The mental health care sector is particularly active with trials in this field, and a shift can be discerned, away from treatment to preventive care and away from clinical care to self-help. Internet-based intervention programmes already exist for tackling overweight, depression, stress-related disorders, sleep disorders, smoking and drinking problems.

Summary of key points

- The public health care system is characterised by fragmented, small-scale initiatives. Infrastructural reform and a shift to result-driven working and funding are required.
- The public health care system would also benefit from innovation and further professionalisation.
- The primary care sector is already active in the field of preventive care, but major inconsistencies exist and more could be done.
- Closer integration of the primary care and public health care systems is required. All the relevant actors need to work together to minimise the financial, organisational and cultural obstacles to such integration.
- In order to create an appropriate (funding) structure and achieve continuity, it will ultimately be necessary to strike an appropriate balance between the funding of preventive health care practitioners and payment through private and/or state health insurance schemes. Nevertheless, these matters will require separate decision-making. Use of a broad-based programmatic approach based on quality indicators and care protocols should ensure that market forces and competition promote quality, leading to development of a 'care purchasing market', on which insurers can 'shop around' for high-quality integrated care.
- Two surveys are required. Priority should be given to establishing how the care insurance system can be modified to incentivise insurers to support preventive care activities. Thereafter, the scope for using innovative methods (medicines, ICT-related and other products) for improving health should be explored.

Growing role of municipalities in local health policy

prevention

6. The administrative setting: integration, cooperation and modernisation

6.1 Introduction

In section 3, we identified the parties who have a stake in improving health and described the responsibilities of each. In sections 4 and 5, the various interests were examined in the context of two key relationships: that between behaviour and setting and that between preventive care and curative care. In those sections, the ministry also identifies how a new preventive care policy can be realised.

The government's responsibility in relation to health is anchored in the Dutch constitution. In this section of our vision document, we indicate what needs to be done within the government domain to improve the administrative context where possible and to reform it where necessary. The vision presented here is based on the conviction that the era when everything could be controlled centrally has passed. Better health is primarily a matter for individual citizens and, insofar as support or guidance from the government is appropriate, is best promoted in consultation with the people, using short lines of communication. That implies considerable emphasis on the local tier of the system and places the onus on the municipalities to pursue a vigorous health policy. We need to move from public health policy to a healthy public policy!

6.2 Cycle of health policy

In the Public Health (Preventive Measures) Act, which came into force in 2002, the relationship between national and local government was formalised in the context of a four-year preventive care cycle. Central government identifies priorities and defines the parameters within which municipalities have to discharge their local policy implementation responsibilities. The Act also provides for the Department of the Chief Medical Officer (IGZ) to play a supervisory role and for the RIVM's PHSF unit to play an analytical role. The preventive care cycle is relatively new, so the municipalities will be publishing only their second local health policy documents in 2007. However, the Ministry of VWS intends to use the cycle as the basis for policy for a long time to come. The review function performed by the IGZ is vital in this regard.

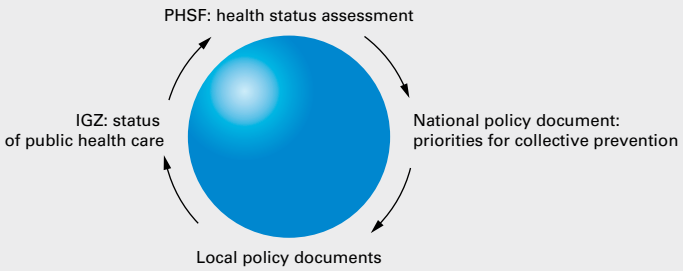


Figure 3 Cycle of health policy

The preventive care cycle is a four-year cycle, on the basis of which specific objectives for and the implementation of Dutch health policy are defined, implemented and adjusted.
The PHSF unit determines what the situation is; the Ministry of VWS then identifies its priorities and focus topics in a national policy document. The municipalities and municipal health services then develop a local health policy based on the national priorities and focus points. At the end of the cycle, the IGZ assesses the state of the public health system, and its findings are used as input for the next PHSF document.

6.3 Local policy

Health policy is increasingly important at the municipal level. Nevertheless, further improvements can be made, as indicated by the IGZ's 2005 report, which highlighted the problems that many municipalities were having implementing their plans. Numerous municipalities had insufficient insight into the local health situation to enable them to define appropriate priorities. The IGZ concluded that not enough use was being made of measures whose effectiveness was proven. In the implementation of local policy, the municipal health services (which are owned by individual municipalities or groups of municipalities) play a key role. However, an increasingly important part is also played by home care organisations, which were traditionally responsible for caring for the elderly. The VWS recognises that many municipalities are fulfilling their local health policy responsibilities energetically and wishes to see this vigour continued and translated into further effective policy measures, both in the fields where the municipalities' have a statutory duty and in other policy fields that are relevant to health. It is at the local level that there is most scope for cooperation and the alliance of complementary interests, and the municipalities can play a vital role directing and encouraging the relevant actors. Examples of what is possible are already available, including Rotterdam's *Lekker Fit!* programme, referred to above.

6.4 Modernisation of the public health care system

The public health care system is often characterised by fragmented, small-scale activities. In an effort to improve this situation, the central government is continuing to promote congruence between municipal health service regions and the unitary regions within the Accident and Disaster Medical Response Organisation (GHOR). The ministry advocates the 25-5-1 formula: twenty-five municipal health services and five regions acting as contact points for the (one) Ministry of VWS. Realisation of the RIVM's centre-forming policy will continue. In addition, the government will press ahead with modernisation of the National Immunisation Programme and of the various screening programmes. In that context, account will be taken of the independent responsibilities of all the stakeholders and the powers of the various tiers of government. All parties recognise that the present fragmentation is such that considerable efficiency benefits can be achieved.

The Ministry of VWS intends to encourage the municipal health services to raise their quality standards and their personnel training standards along the lines increasingly evident in the curative care sector. Particular emphasis will be placed on the use of tools such as guidelines, accreditation and certification.

6.5 Better knowledge management as part of the central government's supervisory role

In its supervisory capacity, the central government has a responsibility to pursue an efficient knowledge policy. It also has a responsibility to ensure the availability of knowledge and the associated applications in a usable form. To this end, the Ministry of VWS commissions health promotion institutes to develop resources and information that is suitable for use in the field. In the years ahead, more research emphasis will also be placed on characterising the social benefits of health and preventive care, by investigating the association between academic performance and health, for example. The organisation for health research, ZonMw, has the task of pursuing new discoveries and trying out new ideas. The RIVM's role is to monitor the situation and to manage the content of the investigative programmes. In line with its responsibility for knowledge policy, the central government will invest in appropriate areas and commission more work.

Healthy Living Centre

The RIVM is in the process of establishing a Healthy Living Centre. This centre will be a point where supply and demand meet in the field of health information; it will also manage the supply of behaviour-influencing methods

and, most importantly, work to achieve better cooperation amongst the existing health promoting and nationally active organisations. Better organisation of the available knowledge will enable the professionals working at the municipal health services, in schools, in industry and elsewhere to focus on tailoring knowledge to their professional needs and on good-quality knowledge application. This should reduce the proliferation of standalone projects and the constant reinvention of the wheel. Local innovations that prove to be promising should be quickly disseminated across the country.

The preventive care programme of ZonMw (organisation for health research)
ZonMw's preventive care programme contributes to the expansion of knowledge about preventive care and preventive care initiatives. The programme focuses on the development and application of effective measures, and on efficiency, effectiveness and implementation. The gaps in what is presently known about preventive care have been mapped out in consultation with the RGO, EUR/MGZ and TNO. Other parties active in ZonMw's work sphere include the home care organisations, health promoting institutes and municipal health services. The programme covers the period 1997 to 2014, which is divided into three periods, during each of which various subprojects are to operate.

6.6 Knowledge about cost-effectiveness

Alongside the need for better control of the knowledge management process (see subsection 6.4), there is also a need for greater insight into the cost-effectiveness of various forms of intervention. Without such insight, it is difficult to formulate optimal programmes of. In many cases, only some of the costs, benefits and effects are considered in the context of project evaluation, it is not known what effect measures have on particular target groups (e.g. low-SES individuals or young people) and further research is often needed in order to ascertain the circumstances under which general rollout is likely to prove successful. Trials involving interventions that have proved effective can yield further information about viable investment in preventive care. When programming research, the government will attach particular importance to gathering information about cost-effectiveness (in the broadest sense of the term) in line with this vision. The ZonMw programme described in the box above will play a particularly important role in the years ahead.

6.7 Health as a condition for and a consequence of participation

The Social Support Act 2007 provides the municipalities with another set of tools with which to construct an effective health policy. The purpose of the act is to promote participation in the community. The promotion of social participation and the promotion of health are closely related. However, their relationship is not linear: health and participation are mutually facilitating. Good health makes participation easier, and participation makes people feel better. As the average age in the population increases, the number of chronically ill people rises and there are more people with psychical or mental infirmities in the community, quality of life becomes an increasingly prominent issue. The new act enables municipalities to place more emphasis on quality of life: they have the opportunity to improve living conditions with a view to preventing problems and enabling people to lead healthy lives. The identification and harmonisation of complementary aspirations in different sectors is of particular importance in this context. Municipalities can improve the physical infrastructure by providing accessible facilities, by addressing poverty and by integrating youth care and action on problem neighbourhoods. The Ministry of VWS will additionally facilitate local policy by making knowledge available, by commissioning comparative research and by arranging contact amongst municipal services.

6.8 Centres for Youth and Families

As indicated in the 'Alle kansen voor kinderen' ('Every Opportunity for Children') programme established by the Ministry for Youth and Families, the government is to energetically pursue the establishment of Centres for Youth and Families. These centres are intended as readily identifiable low-threshold central information points for parents, children and young people (from infants to twenty-three-year-olds) seeking effective and appropriate support, and as hubs for the coordination of such support. The centres will provide help to all parents, children and young people, not merely 'problem families'. They are to have their roots in the youth care system, which is accessible to more than 95 per cent of the target group and has a very low threshold. For professionals working in this field, the centres will serve as a central medium for the early identification of problems. The centres will bring together various bodies and functionalities that presently operate too much in isolation from one another.

6.9 Improving enforcement and supervision

One of the most important ways of controlling alcohol consumption by young people is more effective enforcement of the existing rules on the minimum age for purchasing alcoholic drinks. To enable the Food and Consumer Product Safety Authority (VWA) to enforce these rules and the forthcoming ban on smoking in bars and restaurants, additional funding is being made available from 2008. In addition, a number of pilot projects are being organised in 2008 in consultation with the Ministry of the Interior and Kingdom Relations (BZK), to investigate the possibility of municipal enforcement of the Alcohol and Catering Act. If the pilots are successful, the Ministries of VWS and BZK will consider how to extend municipal enforcement and what role the VWA should play.

6.10 International cooperation and making use of international contacts

At the other end of the geographical spectrum, the Netherlands is just a small part of a rapidly globalising world. International cooperation is vital in the field of health protection, particularly in connection with matters such as the control of major infectious diseases. However, many social problems, such as the obesity epidemic, are common to almost all developed countries. Many non-governmental social actors, including the business community, are organised at an international level. Furthermore, ICT applications and developments are almost never geographically confined.

Increasingly, the national government's legislative and regulatory activities are led by international and European agreements and regulations. Not only do regulations passed by the European Union (EU) influence what happens in the Netherlands, but it is also the case that the Netherlands sometimes needs the EU in order to tackle an issue effectively. In more and more instances, the national government will need to align the Netherlands with global or European agreements. The Ministry of VWS is committed to playing a proactive role in shaping such agreements.

International organisations such as the EU, the Organisation for Economic Cooperation and Development (OECD), the World Health Organization (WHO) and the World Bank are an invaluable source of knowledge. The Ministry of VWS intends to make better use of such knowledge, especially in connection with the two central themes of this vision: the relationship between behaviour and setting and the integration of preventive and curative care.

Progress can also be made by maintaining contacts with other similar countries and learning from their experiences. The Ministry of VWS needs to use international comparison as a tool to facilitate the improvement of its own performance and responsiveness. In the fields of integrated government policy, modernisation of the public health care system and innovative preventive care concepts, much can be learnt from the Scandinavian countries, the UK and certain other Anglo-Saxon countries, such as Canada, Australia and New Zealand.

In the field of health, the Ministry of VWS will ensure that better use is made of the experience gained by such countries than has previously been the case. Sometimes, the Netherlands has to recognise the merit of following others, instead of always seeking to lead the way. The exchange of knowledge has to be a two-way process, however. Observers in other countries are very interested in the way the Netherlands has reformed its health care system and in the moves to integrate preventive and curative care. The Ministry of VWS will ensure the effective dissemination of Dutch knowledge in such fields.

Summary of key points

- Although the preventive care cycle is fairly new, it is already apparent that the municipalities are taking on more responsibility for health policy. Further progress depends upon clear demarcation between the municipal health services and the curative health care system.
- The municipalities are ideally suited to serve as the cradles and hubs of cooperation, and are therefore the natural vehicles for operationalisation of the concept of 'parallelism of interests'.
- In its supervisory role, the national government will improve knowledge management by, for example, bringing the Healthy Living Centre into being.
- The Ministry of VWS will seek to anticipate the needs of other departments and will adopt a solution-oriented approach that takes account of the interests represented by such departments.
- Health and participation are mutually influential. The Ministry of VWS wishes to see municipalities pursuing synergy between local health policies and the Social Support Act.
- Enforcement of the rules on the minimum age for buying alcohol is to be improved.
- The international arena can serve as a source of inspiration. International cooperation is therefore to be reinforced and better use made of international contacts.

Working together for a healthier nation

prevention

7. Conclusion

From the analysis presented above, it will be apparent that in too many cases policy and task performance are presently optional, fragmented and insufficiently productive in terms of improved health. However, the importance of a good health policy, including a good preventive care policy, does not lie exclusively in its ability to deliver better health. It is increasingly recognised that health and the health care sector make a positive contribution to wider society. Furthermore, preventive care can enhance the sustainability of the care system itself by helping to reduce the pressure on finite human and other resources. In order to address pressing public health problems and to enable preventive care to make a full contribution to society and to the sustainability of the care system, it will be necessary to adjust existing policies and to define a direction for new policies. In this context, the Ministry of VWS is concentrating on four themes:

1. Nurture and innovation
2. Coherent and integrated health policy
3. Integration of preventive care into the mainstream health care system
4. The administrative setting: integration, cooperation and modernisation

Each of these themes will be developed further, in line with this vision and in consultation with the relevant stakeholders. In partnership with the Minister for Youth and Families, the Minister of VWS will follow up this preventive care vision document with a statement of principle on alcohol policy, a draft amendment to the policy on licensing and the hotel and catering industry, and a policy document on overweight.
Over the next year, the Ministry of VWS will publish a Public Health Bill, a Policy Document on Nutrition, a Substance Abuse Prevention Plan and a Tobacco Action Plan. The ministry will also promote 'exercise prescriptions' and health care system support for people who want to stop smoking. Furthermore, in consultation with the RIVM, ZonMw, the Health Council and others, the Ministry of VWS will look into ways of using existing advice programmes to establish an effective system for monitoring and evaluating implementation of the preventive care policy and its effects.

Development of the four policy themes and the two central themes of this vision will be consistent with the following common principles:

- **Parallelism of interests** The government sees health not only as a core social value, but also as one of a number of interrelated legitimate aspirations. Actively seeking to identify ways in which these aspirations are complementary or ways in which health can support other legitimate aspirations can generate valuable synergy.
- **Effectiveness as a basic criterion** Forms of preventive intervention that do not work will be stopped, and promising forms of intervention will be

investigated to establish how (cost-) effective they are. Forms of intervention that are known to be effective should, in principle, be funded through the appropriate insurance systems, subject to the usual budgetary constraints.

- **The healthy option as easy – or only – option** The settings in which people grow up, live and work should be organised in such a way, and products made available in such a way, that people are automatically inclined to make healthy choices.
- **Innovative communication** Better use should be made of old and new media and of marketing strategies and health messages from various settings that complement one another.
- **Learning from other countries and sectors** We should not try to do everything our own way, we should share our successes and make our knowledge available for the improvement of health.
- **Young people at the centre of preventive care policy** Preventive care policy should focus specifically on measures that benefit young people, because what's learnt in the cradle lasts till the grave. A person's lifestyle is to a significant extent shaped by his or her upbringing.

The government calls on all its partners in preventive care with parallel interests – those within the health sector and especially those in other sectors – to play their part in the realisation of this agenda for the reform and reinforcement of our preventive care policy. However, the government does not intend to content itself merely with calling on others to act. Particularly where the problems associated with alcohol, drugs and overweight are concerned, we will work to intensify and institutionalise cooperation and to create an administrative framework within which such cooperation can thrive. We also appeal to our partners to give more explicit attention to preventive care in their own policies.

Let us work together to build a healthier nation!

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