Rotterdam: a healthy city
Public Health Memorandum 2016 - 2020

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The municipality of Rotterdam has an important role in protecting its residents from health risks. By preventing and countering the spread of infectious diseases. By advising on health risks in the event of air pollution, noise, (imminent) disasters and complaints about indoor environments, for example. And by monitoring cleanliness in day care centers, tattoo and piercing studios, sex clubs and international ships calling at our port, among others.

The municipality also promotes the health of Rotterdam residents by ensuring that prevention has a prominent place in the healthcare and welfare services.

Prevention really is better than cure. We’ve reached agreements about this with healthcare insurers and healthcare and welfare organisations. There are many things we can all do to remain as healthy as possible. Exercise, eating healthily, not smoking, and limiting our alcohol consumption. We know it’s good for us, but there’s often a world of difference between knowing and doing. How can we persuade the people of Rotterdam to adopt healthy behaviour? That, too, is a task for the municipality. In a city with a good system of bicycle lanes for example, you’re more likely to get on your bike. And in a city with plenty of playgrounds, children are more likely to play outdoors.

Health is not only important for us all as individuals, but also for the city as a whole. Healthy people are the backbone of a thriving, resilient and economically successful city. We are on the right track. Life expectancy is increasing. But, the residents of the various districts of Rotterdam differ greatly in their perceptions of their own health situation.

In the Public Health memorandum, “Rotterdam: a healthy city”, we outline the challenges facing us in improving health, and the approach we shall take. Together, we can improve health and vitality in the city. We want to see this reflected in the healthy life expectancy of residents and in terms of lifestyle and air quality.

We are glad that many locals and professionals from various fields, both within and beyond the municipality, have brainstormed with us about the contents of this memorandum. We would like to hold on to this positive energy and to continue the dialogue during the further development and implementation of the necessary measures. I warmly invite everyone to share their ideas with us. And also to accept the challenge and work with us to make Rotterdam a healthy city which is home to healthy people.

Hugo de Jonge
Alderman for Education, Youth and Care

Preface

Being healthy is so obvious that you barely think about it. Until something happens to your health. Only then do you realise what your health means to you and that good health is not a given fact.

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Hugo de Jonge
Alderman for Education, Youth and Care
Chapter 1
A sound ambition: a healthy city which is home to healthy people

The residents of Rotterdam are pretty down to earth, and say exactly what they think. They don’t talk too much, they just do it. They don’t accept being lectured to. They don’t appreciate a warning finger and someone dictating what they can and can’t do. Their health issues are no exception. They make their own choices.

The people of Rotterdam love their city. And rightly so! Rotterdam is enterprising and dynamic. That’s the power of Rotterdam. Rotterdam wants to be a healthy city which is home to healthy people. A city where you can grow up, live, work, study and grow old, healthily and happily.

A dynamic city in which talent development, initiative and an enterprising spirit are important to everyone, at any age. Where people care about each other. A city where neighbourhood initiatives contribute to good health. And where GPs, community nurses, social workers and sports organizations know what makes residents tick, and act accordingly.

A coherent approach is necessary in all areas that are important for a healthy life expectancy, in order to promote the vitality of the city of Rotterdam. Residents themselves must be actively involved.

1.1 Challenges for 2016 - 2020

Where are we now?

Life expectancy is on the rise in Rotterdam. And, on average, the majority of the people of Rotterdam feel healthy. In Rotterdam, the distribution of good health is particularly striking: within the city, the contrasts are immense. This concerns the variation in residents’ opinions regarding their personal health, and differences in the degree to which people suffer from overweight, diabetes type II, cardiovascular diseases or mental health issues, among others.

Districts with health disadvantages

A major challenge is to achieve health benefits in those areas and districts which are disadvantaged, health-wise.

Four out of five Rotterdam residents are satisfied with their personal health. But there is a significant difference between the districts. A large group of young people grow up with a disadvantage in health, safety and talent development, and serious health issues such as diabetes type II are common in the disadvantaged districts. The percentage of people with diabetes in Hillegersberg-Schiebroek is 4.8% for example, versus 8.3% in Feijenoord. In areas disadvantaged in terms of health, we see more problems related to unhealthy behaviour, psychological stress and an unhealthy indoor environment in homes. In addition to habits, lifestyle and the living environment, health is greatly affected by education and employment. The number of professionals in Rotterdam is increasing rapidly.

In the near future however, the current relatively low level of education in a number of areas of Rotterdam will remain a major factor in determining health standards. The improving employment situation is specifically expected to produce jobs for professionals and for those people in technical and creative professions, with much less benefit for those in the lower education groups. This, too, will have an impact on the distribution of health in the city. Wherever there is a health gap, there is also room for improvement. In the next few years, the city of Rotterdam aims to boost healthy life expectancy, also in disadvantaged areas.

1. Wijkprofiel Rotterdam 2016 (District Profile Rotterdam 2016).
2. The health monitors mentioned in this memorandum do not differentiate between diabetes type 1 and 2, we therefore use the term ‘diabetes’. The proposed measures are aimed at reducing diabetes type 2, where possible we mention this explicitly.
3. Wijkprofiel Rotterdam 2016 (District Profile Rotterdam 2016)
1.2 Ambition and perspective on public health

Good health is important for everyone. Health and vitality make it much easier to find and keep a job, to develop skills, to enjoy education and to look after other people. In short, to get involved. Good health is our personal and social capital. Rotterdam wants to be a healthy city which is home to healthy citizens. Because healthy citizens are the backbone of a thriving, resilient and economically successful city.

The notion of good health is changing; not only illness or disability determine how healthy you are, but so does the ability to continue to live life to the full, whatever happens. The potential for citizens to remain as fit and active as possible, is key.

The municipality assumes that:

- first and foremost, the people of Rotterdam are personally responsible for their health. The municipality encourages and enables this;
- healthcare and welfare professionals can contribute to the health of the people of Rotterdam. The municipality can make agreements with them about prevention;
- the municipality protects the health of the people in the city;
- digital developments can help in being healthy and self-reliant;
- health benefits can be achieved, even in the disadvantaged districts, thanks to an integrated approach. This means that health should be part of all policies that are important to defining health;
- it is important to work on being healthy as early as possible. Every efforts should be made to reduce risks and promote health, before birth and during infancy.

1.3 Objective of Public Health Memorandum 2016 - 2020

Over the next four years (2016 – 2020), the municipality will be investing in the ambition “Rotterdam: a healthy city which is home to healthy citizens” by promoting and connecting and, when it comes to health protection, by setting the goals and executing policies and measures. By latching on to the objectives and motivations of citizens and partners, we can together improve the health and vitality of the city. We want to see this reflected in the healthy life expectancy of residents and in the scores in priority areas such as lifestyle and air quality.

- 1.2 Ambition and perspective on public health
- 1.3 Objective of Public Health Memorandum 2016 - 2020

Main objective: In 2020, the healthy life expectancy in Rotterdam will have increased versus 2012. This increase is also reflected in vulnerable groups.

Main objective: Rotterdam achieves the health value objectives that contribute to a healthy life expectancy: less smokers, healthy weight, enough exercise, lower alcohol consumption, reduced levels of Diabetes type II and depression, better air quality and reducing noise-induced hearing loss.

- 4. The definition of health by M. Huber 2014: “Health is the ability of people to adapt and implement their own schedule, in light of physical, emotional and social challenges of life.”
- 5. By prevention, we mean promoting the health of the residents of Rotterdam (universal prevention), specific groups with health risks (selective prevention) and preventing any worsening health (indicated prevention).
- 6. Healthy life expectancy indicates the average number of years that people can expect to live a healthy life, starting from birth.

Figure 1 Elaboration of the main objectives

<table>
<thead>
<tr>
<th>By means of the following objectives, Rotterdam follows the spearheads of the nationwide Public Health memorandum:</th>
<th>Measuring instrument</th>
</tr>
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<tbody>
<tr>
<td>Fewer smokers</td>
<td>Health monitor (youth and adults)</td>
</tr>
<tr>
<td>Healthy weight</td>
<td>Health monitor (youth and adults)</td>
</tr>
<tr>
<td>Sufficient exercise</td>
<td>Health monitor (youth and adults)</td>
</tr>
<tr>
<td>Less alcohol use</td>
<td>Health monitor (youth and adults)</td>
</tr>
<tr>
<td>Reducing Diabetes</td>
<td>Health monitor (adults)</td>
</tr>
<tr>
<td>Better socio-emotional health and less depression</td>
<td>Health monitor (youth and adults)</td>
</tr>
<tr>
<td>Better air quality</td>
<td>Monitoring in the context of the Directional memorandum</td>
</tr>
<tr>
<td>Less noise-induced hearing loss</td>
<td>Health monitor (youth and adults)</td>
</tr>
</tbody>
</table>

7. Also see Sport beweegt Rotterdam, the Sports memorandum 2017-2020.
8. Blf. holder - Drug & Alcohol Programme II.
9. Young people in vocational training and special education, and the first two levels of the Regional Training Centres.
1.4 A coherent approach

The greatest health benefits can be achieved in Rotterdam by encouraging healthy behaviour and improving air quality. Although not part of the health domain, investment in the education and income of the residents of Rotterdam is also very beneficial to health11.

Healthy behaviour refers to not smoking, healthy eating, getting sufficient exercise and consuming little or no alcohol. Self-control and mental health are underlying and very important factors. The focus lies on encouraging healthy behaviour: how can we make the healthy choices easy and attractive?

The combination of healthy mobility and environmental measures, such as establishing an environmental zone, contributes to cleaner air in Rotterdam. In terms of education and income, opportunities lie in the linking of employment and education policies to measures in the field of sports, activation and welfare. With this in mind, the prevention of debt and the municipal debt mediation service is also important, because debts are a major source of stress and deprivation in the city.

Health benefits will be achieved within four areas of action:

• your health in your own hands: how the municipality contributes to Rotterdam residents taking the initiative and responsibility to live healthy and active lives;
• prominent prevention in healthcare, welfare and youth policy: those actions that strengthen cooperation between healthcare and welfare, with agreements on prevention and care from the onset;
• health and safety in the city: those actions taken by the municipality to protect the health of the city;
• e-public health and innovation: how we use new digital technologies and digital services for healthy and active living in the city.

How do we work?

We choose an approach that has proven to be effective and consistent with motives and drivers of our target groups and partners. It is all about reducing risk factors and promoting protective factors. Preventing problems and improving perspectives are both very important. That certainly applies to the young people of Rotterdam. There are measures that can already contribute to a healthy start for a child even during pregnancy.

The intentions of the municipality are aimed at cooperation. This memorandum signals the start of a renewed process of dialogue and development. The policy is a continuous process that is shaped by a series of dialogues. The dialogues began with strategic partners in April 2016, and will be expanded to discussions with other partners and citizens in the coming period. We agree on activities and processes that will contribute to the realisation of our objectives. Some activities will be aimed at the people of Rotterdam in general, while others will focus on specific target groups.

This memorandum will be implemented in the Rotterdam areas, in collaboration with the area committees and district networks, and adapted to the local health situation.

Collaboration, co-creation and dialogue form the basis of all activities and initiatives. In many ways, the municipality simply “sits down for a good chat” with city residents and partners. Not just once in a while, but continuously. We do so by forming alliances such as Werf Gezond 01012, consultation via De Brede Raad 010, dialogue sessions on the follow-up to the memorandum, research into the perception of health and, of course, via social media and online contact with citizens. The municipality also confers with professionals about effective prevention measures in healthcare and welfare, through expertise and quality sessions. The aim is to collect, generate and share knowledge, so that everyone can access it and we can all work together with it. We also make use of the Healthy Cities international network of the World Health Organization.

A meeting is scheduled for evaluation and revision of the memorandum, together with citizens and partners in 2018.

1.5 The framework of this memorandum

This memorandum lists those activities that will receive special attention in the 2016-2020 period (Chapters 3-4). The legal tasks are addressed in Chapter 7, and form the basis of the regular work on public health13. We will highlight three tasks, because they give a relevant picture of public healthcare in Rotterdam. Child healthcare is one of them. Child healthcare is aimed at reducing health risks and promoting good health, right from the start of pregnancy.

Several municipal memorandums are key in the relationship with the policy fields of health and welfare, youth and education, language, sports, culture, public space, economy, sustainability and the environment, work & participation, poverty and security (Annex 1).

An important related memorandum is Rotterdam Groet (the Youth Policy framework 2015-2020). Investing in a healthy childhood is one of the three key elements of the Rotterdam youth policy. Health is of great importance in the 2015 Wmo framework, Rotterdammers voor elkaar (The people of Rotterdam, there for each other), New Rotterdams Welzijn (New Rotterdam Welfare) 2016-2019 and the Voor Mekaar (There for Each Other) programme; the Rotterdam Mobility Agenda and the memorandum on Sports and Recreation which is currently under development. To connect to the main definers of health in work, income and education, we refer to the policy frameworks and programmes in the field of education: Leren Loent (Education pays off), language and participation: Met taal versta je elkaar (Language helps us understand each other), the Multi-annual plan Work & Income and the policy of De Tegenprestatie (Quod Pro Quo). A healthy and active life is also an important objective for Rotterdam, in the Sports Memorandum 2017-2020.

Central government policy and broad municipal programmes such as Agenda Stad (City Agenda), Sterke schouder (Strong Shoulders) and policies emanating from the Toekomstverkenning (Exploring the Future) social domain, also shape the health policy. Implementation of these memorandums contributes significantly to the health of the people of Rotterdam, both young and old.

The central government and municipality act together in formulating their duties and responsibilities. Recently, the Public Health Act was expanded with the provision that municipalities’ quadrennial health memorandums must specify how they will implement the national priorities15.

The municipal memorandum is overall in line with the National policy memorandum on health for 2016 - 201916. It focuses on the following points:

• promoting people’s health and preventing chronic illnesses through an integrated approach to the environment in which people reside, work, learn and live. (Based on six lifestyle priorities: smoking, excessive alcohol consumption, (severe) overweight, exercise, depression and diabetes. The integrated approach is sought in education, community and environment, employment and child healthcare);
• prevention will be prominent in healthcare;
• maintaining health protection and coping with new threats;
• stabilizing or reducing health disparities between poorly-qualified and highly-qualified people.

1.6 Reflecting on the previous memorandum 2011-2014

This memorandum is a follow-up to the Gezonde Stad (Rotterdam, Healthy City) memorandum, Rotterdam Health Policy Framework Document 2011-2014, which covered four related goals:

1. a solid foundation for the healthy development of children;
2. additional support for children and their parents, in cases where a problematic development towards maturity is less likely;
3. strengthening health by removing health disparities in socio-economically disadvantaged groups;
4. a safety net and chain approach for vulnerable persons.

These ambitions have been translated into a plan of action for building a solid base, and into three programmes: Ieder Kind Wint (Every Child Wins), Samen Werken aan een Goede Gezondheid (Working Together towards Good Health) and the Plan van Aanpak Kwetsbare Personen (Plan of Action Vulnerable Persons). These programmes yielded benefits for a wide group of vulnerable persons, and each had its own dynamics and (final) report to the City council.

11. Results from the GIDS modeling project by Buitstof et al., which investigated the engagement points with which to achieve the greatest health benefits in Rotterdam.
12. See chapter 3.1.
13. Appendix 2 summarises the legal duties of public health.
The goal of the Every Child Wins programme was to boost the number of children growing up in a safe home with good prospects. An important learning point was that professionals will need time to achieve the desired new mindset. The programme was the precursor to a new broad policy framework for the entire target group of children and youth, known as Rotterdam is Growing.

The Working together towards Good Health programme put health issues on the map within the municipal policy and was a collaboration with residents from six target districts on good (perceived) health. One learning point is that while perceived health can in itself be an effective way of measuring health, it can be influenced by many factors. The plan of action for Vulnerable Persons has ensured that all vulnerable Rotterdam residents, young and old, can receive support in all areas of life. A closed chain of healthcare and support has been developed and the range of services has been expanded, with solid implementation in districts and neighbourhoods through the so-called ‘Home Ports of Rotterdam’. This made the city a safer and better place to live, while also resulting in more understanding and concern for vulnerable persons. As time passes and laws and regulations change, this group has proven to need constant attention. This is described in the Eerder Thuis (Home Sooner) action programme 2015-2018 and in the action plan for ‘confused’ persons.

A common factor of all these programmes is that the context has changed completely in recent years. 2015 saw the decentralisation of Youth, the Social Support Act (Wmo) and participation. This resulted in a complete change in the manner of thinking and acting, as well as new opportunities to work on the system of public healthcare with partners in the field, such as family doctors, hospitals and healthcare insurers. The coverage also created a new infrastructure. No more semi-independent boroughs, but rather 14 areas with 42 integrated district teams. Attitudes are also evolving regarding prevention and illness. The concept of encouraging healthy behaviour, such as exercise and sports, supporting people’s ability to adapt, to be themselves, to take control and to make healthy behaviour as easy as possible, is making headway into both the social and the medical domain.
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Examples in retrospect and development of projects:

Grip & Glans (Grip & Gloss)

Senior Turkish and Moroccan people in Rotterdam often suffer more chronic disorders and depression than the indigenous elderly people. The Grip & Gloss course was designed to address this. Grip & Gloss are the two key concepts in the course: Grip refers to senior citizens gaining personal control of their lives, while Gloss is about the five areas of well-being. The Grip & Gloss pilot for elderly Turkish and Moroccan people was launched in three districts in the borough of Feijenoord in 2015. The results are positive: self-management, quality of life and well-being have improved significantly. In 2016, the Griessoudiester won the Nuts Ohra Fund, while being co-financed by the municipality of Rotterdam. Various partners in the district work together, thus offering perspective for the sustainable use of the method in the long term. After starting in the Bloemhof and Grooszijk districts, the projects will expand to Spangen.

Healthy Eating and Exercise, together

Thanks to a programme aimed at “Healthy eating & exercising together”, a healthy lifestyle spreads like ripples on water in areas with significant health problems. The train-the-trainer approach is attracting an increasingly larger group of women, who are sharing their expertise in the area of healthy foods and healthy exercise, in their own environment. Healthy Eating and Exercising together has been financed for several years by the Nuts Ohra Fund, while being co-financed by the municipality of Rotterdam. Various partners in the district work together, thus offering perspective for the sustainable use of the method in the long term. After starting in the Bizerhof and Grooszijk districts, the project will expand to Spangen.

The district nurse has a seat on the social district team.

Link district nurses in the district teams

The Visible Links project has been underway in Rotterdam for several years and, together with other projects, formed the basis for the new system of district nurses. Zilveren Kruis Healthcare insurer is now buying all the so-called linked tasks. In many district teams, the linked district nurses are nowadays involved in case study discussions, the nurses accompany members of the district team on home visits and thus gain experience in combined triage. The district nurse has a seat on the social district team, with the value of her knowledge of the healthcare domain, her contact with GPs and care-related interventions. She focuses not only on individual care, but also on community-based prevention and avoidance of non-essential healthcare. For example, by organising training courses and promoting a healthy lifestyle.

The Green Connection in Delfshaven

In Delfshaven, various parties are steadily working on connecting healthcare and a green city. The Green Connection programme aims to connect green spaces and routes to the needs of adjacent healthcare and welfare organisations. They are working on visibility, encouraging mutual contact, the attractiveness of sites and routes and the removal of physical hurdles. The municipality is a sparring partner and encourages the implementation, which also helps to reach other partners (including financial partners).

Public-private partnership dedicated to sustainable healthcare and a more vibrant society.

Expedition Sustainable Healthcare and Mobile Expedition

Expedition Sustainable Healthcare is an initiative by the Dutch Diabetes Federation and a public-private partnership dedicated to sustainable healthcare and a more vibrant society. In the pilot projects of Expedition Sustainable Healthcare, local networks work together on (diabetes) healthcare and customised prevention, integrated in a healthy community approach. These are living labs. Rotterdam is one of the three national pilot projects of the Expedition Sustainable Healthcare in the borough of Feijenoord, in the districts Afrikaanderwijk, Hillesluis and Bloemhof. The Mobile Expedition is part of the broader expedition of sustainable healthcare. It is a travelling health carousel, in which many sports, health and welfare organisations work together to identify people with a (high) risk of diabetes type II and to help them have a healthier lifestyle. The Mobile expedition manages to get in touch with hard-to-reach risk groups: residents with limited knowledge of health and illness, who are not always known to the family doctor. The pilot project is now officially completed. The partners are working on the evaluation and assurance of the collaboration and the projects.
Chapter 2
Health in Rotterdam

Life expectancy is on the rise in Rotterdam. At the same time, we see significant health disparities among and within the areas of Rotterdam.

2.1 Starting point: health in 2016

The starting point for the health and vitality ambition for the next four years, is the health situation in Rotterdam as known in 2016. Annexes 3, 4 and 5 contain summaries of data on life expectancy, health values and scores for the primary contributors to health. This chapter describes the current situation, while subsequent chapters discuss the actions deployed.

Healthy life expectancy
The current state of health of the city can easily be concluded from the life expectancy. Life expectancy in Rotterdam is on the rise, as in the Netherlands and in other major cities. Life expectancy is however lower in Rotterdam than in other major cities and in the Netherlands. Adding more years doesn’t really say much. It is years in good health which matter, and they vary greatly within Rotterdam. In Pernis, women may expect to live an average of 63 years in good health. In the Feijenoord area this figure is considerably lower, where the healthy life expectancy is 48 years (Table 1). That’s a 15 year difference in healthy life expectancy. A ride on the subway takes you through neighbourhoods with often significant differences in healthy life expectancy.

Figure 2 A ride on the subway: the differences in healthy life expectancy within Rotterdam are significant.

Bron: Based upon a presentation by Prof. A. Burdorf, data: Rotterdam Gezondheidsatlas, 2012
Perceived health

Eight out of ten Rotterdam residents aged 15 and older score their health as ‘good’ or ‘very good’, regardless of the presence of an illness or a disability. In people aged 65 and older, this figure is two out of three.16 Many people are in good health therefore, but there is always room for improvement, as some Rotterdam resident groups are disadvantaged in terms of health. Moroccan, Turkish and Surinamese Dutch elderly give their health a significantly lower score than their Dutch peers.17 There are also significant differences in perceived health between the districts themselves.

When it comes to children and health, it’s all about a good start. Compared to Amsterdam, The Hague and Utrecht, large numbers of children in Rotterdam grow up without good prospects. A poor start affects their subsequent development and health.18

Health differences between districts

People with low education and low income tend to live shorter lives and to suffer more health problems at an earlier age. They are more likely to have worries, money problems, and unemployment and housing problems. In 2015, the proportion of residents aged 15 and older with a low household income was 23%.19 One in six Rotterdam residents have literacy problems.20

Low literacy and poor health go hand in hand: people struggle to comprehend health issues.

In addition to education and income, an unhealthy lifestyle and air poor quality have a significant impact on the differences in health between the Rotterdam districts. Smoking and air pollution by fine particles have the biggest influence. These are followed by overweight, lack of exercise and alcohol consumption. Mental health issues are often underlying. Almost one in seven Rotterdam residents (15%) indicates a lack of control over the things in their own lives.22

2.2 Major health problems and trends

Psychological complaints

Psychological disorders such anxiety disorders and depression cause the largest burden of illness in the Netherlands. Early detection of psycho-social problems in young and old can prevent a whole range of complaints.

The group of people affected is considerable: in 2012, approximately one in two adults and senior citizens had a moderate to high risk of depression and anxiety disorders.23 In 2014, problems with social and emotional development in young people rose to 9% in Rotterdam.24 The risk of psychosocial problems seems to be declining among children aged 4 to 11 years (from 12% to 10% between 2011 and 2014).25 Among older persons, Dutch

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16. Wijkprofiel Rotterdam 2016 (District Profile Rotterdam 2016)
20. The District Profile 2016 shows that 15% of the Rotterdam residents aged 15 years and older say that they have difficulty reading, and 18% writing in Dutch.
22. 15 years old and older, Wijkprofiel 2016 (District Profile 2016).
Moroccans aged 65 and older stand out most: three in ten had serious psychological problems in 2012, compared with one in sixteen Dutch older persons26. Depression is significantly more common in the unemployed and those in a stressful job. There is a national trend of increasing burnouts and stress in people in their twenties and thirties27.

Smoking

The proportion of smokers among adults is still significant: more than one in four adult Rotterdam residents smokes. The rates are lower among young people. The percentage of adult smokers in Rotterdam has decreased slightly since 201028, as is the case nationwide. The National Institute for Public Health and the Environment (RIVM) expects this trend to continue. The difference in the proportion of smokers between the groups of poorly-qualified and highly-qualified people, has increased however28. In general, adults with low education and migrants are more likely to be smokers, with the exception of people of Moroccan origin. In schools, the proportion of pupils who smoke daily is relatively low. Only 5% of 15 to 16-year-olds at secondary school smoke daily. These scores can and must be further improved, especially considering the relationship between smoking and poor health,30 and the declining national trend.

Overweight

In recent years, the increase in overweight among adults and the children in Rotterdam, appears to have been

In recent years, the increase in overweight among adults remains a major health problem in the city. Rotterdam scores relatively well. In Rotterdam we see a decrease in the proportion of adults who drink too much. The number of people in the city with diabetes, respiratory and cardiovascular diseases. People can

In terms of smoking, drinking and alcohol consumption, Rotterdam scores relatively well. In Rotterdam we see a decrease in the proportion of adults who drink too much. Over the past four years, the use of alcohol and drugs has been halved among 14 and 15-year-old children. This is a good result. We will now focus on young people in vocational and special education. Another trend among young people is that they drink less and start drinking alcohol at a later age. This positive trend is likely to continue, now the

More exercise and sports

Rotterdam residents exercise more than in 2015, they also exercise more frequently. There is more emphasis on everyday exercise: such as cycling, running and taking the stairs. The same survey shows that sports participation has increased slightly among Rotterdam residents aged 6 to 80 years in 2015, when compared with the stable number of sportmen and women since 2009 (59%). Even though the overall rate of participation in sport has increased slightly, Rotterdam continues to lag behind other major cities and the national average, which has been between 65% and 70% for many years. Interestingly, the increase in Rotterdam is entirely attributable to the number of people who exercise individually or with others, unorganized, rather than at a sports club, a gym or fitness centre. Differences in sport and exercise participation are apparent between the districts. In 2015, the overall sports participation was highest in Hillegersberg-Schiebroek and Rotterdam City Centre, and lowest in Feijenoord, Hoogvliet and Charlois. An important spearhead of the Sports guideline Sports participation (RSO), which defines people as an athlete, if they participate in sport at least 12 times a year . Hoeymans et al RIVM 2014. Hoeymans et al RIVM 2014. Differences in sport and exercise participation are

increase in Rotterdam is entirely attributable to the number of people who exercise individually or with others, unorganized, rather than at a sports club, a gym or fitness centre. Differences in sport and exercise participation are apparent between the districts. In 2015, the overall sports participation was highest in Hillegersberg-Schiebroek and Rotterdam City Centre, and lowest in Feijenoord, Hoogvliet and Charlois. An important spearhead of the Sports guideline Sports participation (RSO), which defines people as an athlete, if they participate in sport at least 12 times a year. Care is increasingly often

In terms of population, Rotterdam has the highest number of reported cases of infectious diseases in the Netherlands. Vulnerable groups such as children, the elderly and the poorly educated are more prone to infection. As a port and as a city where many residents have ties to countries where infectious diseases are common, the infection risk is high. An important problem in the control of infectious diseases is the increase in resistant micro-organisms, resulting in ineffectual antibiotics and vaccines. TB has been declining for years, but remains a “big city disease”.

The number of people with a sexually transmitted disease (STD) has barely declined in Rotterdam in recent years. STDs are particularly common in poorly-educated young people, and the proportion of young people confronted with an STD is expected to continue to increase. People are sometimes unaware that they are HIV infected. Unlike in Amsterdam, the Rotterdam problem is not primarily present among men who have sex with men (MSM), but rather among the migrant population.
2.4 Urban developments which affect health

Changes in the population structure

Rotterdam is growing. By 2020, it is estimated that 645,000 people will live in Rotterdam. The proportion of older persons in the city is also growing. With more and more older residents, who will also reach an older age, there will not only be an increase in chronic illnesses but also increased problems with mobility and self-sufficiency. A quarter of the older persons indicates that they don’t know whom to call if they need help. Loneliness is a major problem. The rapidly growing group of older persons of non-Dutch ethnicity form a special group, who have more health problems than Dutch people of the same age, in terms of both physical conditions and limitations or complaints in the social-emotional sphere.

The proportion of youth - now 22% of the total population - is expected to remain the same. This means that Rotterdam has an aging population, but less so than the Netherlands average. The city remains relatively young. In Rotterdam, the proportion of highly educated people is also growing. And fast, even faster than on average in the Netherlands, also among people of non-Dutch ethnicity. The latter is completely at odds with the general trend, and this may have a positive influence on the health and life expectancy in the city.

There is no clear trend in the increase or decrease of unemployment in the city. Employment is picking up, but jobs will also be lost. In Rotterdam too, more people are expected to be in debt over the next few years. Debt problems are common and often stand in the way of solutions to other problems. One in five households already struggles with problematic or risky debts. One in four children in Rotterdam grows up in a low-income family. Health problems often go hand in hand with a debt situation.

Changing climate and environment

The city will have to deal with climate change and its consequences. Such as intense periods of heat and more rainfall. Greening and adapted use of water in the city should help the city stay liveable for everyone, including vulnerable and older persons.

In the coming period, Rotterdam’s clean air policy should start paying off. This means less stress on health caused by fine particles and nitrogen dioxide (NO2), and a positive effect on the life expectancy of Rotterdam residents. Less fine particles in the air is the most important health factor, and mainly involves reducing exposure to the finest particulate, which is also known as soot. The approach to NO2 is equally important however. Recently it was announced that nitrogen dioxide is much more detrimental to health than previously assumed. Reducing the NO2 concentrations in Rotterdam will take some time. It is expected that the air will be cleaner over the next few years, but that the noise will increase. Noise pollution significantly affects health (including the risk of cardiovascular disease).

Greening, sustainability and ‘cleaner’ mobility measures offer more opportunities for exercising, cycling, sports and relaxation. They strengthen social cohesion and contribute to activation.

Self-reliance and independence

175,000 volunteers are active in Rotterdam. Helping one another is part of the Rotterdam mentality of ‘rolling up the shirt sleeves’. In 2015, 1200 volunteers visited older persons, to see how they are doing, what they need and how the community can support them. Self-reliance and independence are and will remain important over the next few years. The arrival of 14 information booths and 42 district teams has formed an infrastructure that brings the municipal authorities into the heart of the districts. This construction makes it easier for caregivers and residents to make contact with the district teams and to address the available resources. Even when people become less independent, they should be able to live at home and return home following hospital discharge. Independence requires citizens with social and digital skills. For example, skills to build a social network, where they can find support when needed. And certainly also skills that help them live active and healthy lives. After all, good health is imperative in any learning process, in the ability to acquire new job skills and in coping with change, especially considering the expected developments in the employment market.

2.5 From challenge to action

In the coming period, we want to focus on actions that can be defined in four themes.

- Health in your own hands
- Prominent prevention in healthcare, welfare and youth policy
- Health and safety in the city
- E-public health and innovation

The themes contain actions that yield the greatest health benefits for Rotterdam. They address lifestyle, air quality, income and education, and their aim is to protect public health.

The city devotes attention to healthy living of all residents, and provides customised services to generate vitality and dynamism in the city. This means that our actions invest in both the Rotterdam population as a whole, and in those groups with the biggest health problems. We shall examine how the municipality can connect to the specific experience and motivations of the various population groups, per topic – such as “more exercise”. People’s requirement profiles will contribute to an effective and innovative approach.
Chapter 3
Health in your own hands

The people of Rotterdam, young and old, are first and foremost responsible for their own health, which is in line with the Rotterdam DIY mentality. In the city and in the neighbourhoods themselves, many initiatives already contribute to a healthy lifestyle. The municipality wants to strengthen these activities. This can be done in two ways: firstly by encouraging activities that enhance health literacy and self-control. It is important that everyone can participate. To this end, the municipality has established district-based and community-based agreements. Secondly, by providing an environment that makes it easy to make healthy choices and invites people to play, exercise, relax and socialise.

3.1 Healthy lifestyle

A healthy and active lifestyle can prevent 20 to 30 percent of major illnesses. This can be achieved by not smoking, following a healthy diet, getting enough exercise and consuming less alcohol. Infectious diseases can be prevented through good hand-washing and coughing hygiene and safe sexual behaviour. The municipality is committed to these topics, and aims to deploy new insight into behavioural changes. A healthy lifestyle is all about behaviour after all. We do this together with the Erasmus University, in the Rotterdam Centre for Health Promotion.

Objective
Health in your own hands

- More and more Rotterdam residents are making healthy lifestyle choices and are sufficiently literate in terms of a healthy and active lifestyle (not smoking, eating healthily and exercising, self-control, social interaction, language and participation).
- The Rotterdam outdoor environment invites people to play, participate in sports, exercise and socialise.

Rotterdam: a healthy city
Public Health Memorandum 2016 - 2020

Rotterdam will establish alliances on the spearheads around not smoking, healthy weight, more exercise and less alcohol and drug use. Together with our partners in the city and in the neighbourhoods, we are taking action to fortify healthy behaviour.

A Smoke-free generation
Rotterdam’s ambition is to have its young people grow up free from (passive) smoke in 2017, following the example of the Smoke-free generation, initiated by the ‘Alliantie Nederland Rookvrij’ (Dutch smoke-free Alliance). The premise of this alliance is that children are protected from tobacco smoke at every stage of growing up, and will be less tempted to start smoking. This begins with a healthy pregnancy – for example through the Stevige Start (Solid Start) programme: smoke-free children’s daycare centres, playgrounds, sports clubs and schools; tobacco is out of sight; there is effective support to quit smoking, additional awareness and tax increases. In anticipation of introduction of a law banning smoking on school grounds in 2020, the municipality wants to see at least 75% of schools taking measures aimed at a smoke-free school and a smoke-free schoolyard, by 2018. The Ministry of VWS (Health, Welfare and Sport) supports the local approach to the Smoke-free generation with nationwide communications and research.

Healthy weight: a healthy diet and more exercise
The “Lekker Fit!” programme has put down a strong foundation to a healthy weight among young people. The municipality is continuing this policy and emphatically combining healthy eating and physical activities for young people, with activities aimed at the whole family and the Rotterdam environment. The 2017-2020 Sports Memorandum included numerous activities which link health, participation, sports and exercise. Enjoying exercising is paramount. It is important to provide access to sporting activities, for everyone in Rotterdam, also by removing financial barriers.

VWS and G4 (The Netherlands’ four largest cities, Amsterdam, Rotterdam, The Hague and Utrecht) intend to start pilot projects to enforce the smoking prohibition in and around schools, to reduce the availability of tobacco products in the hospitality industry and to reach arrangements about this with supermarkets.

Rotterdam Centre for Health Promotion
Much of our behaviour is habitual, and occurs less consciously than we might imagine. While more information on a healthy lifestyle is useful, especially when faced with a knowledge gap, it’s not always the solution. Having fun, building on what gets people moving and interventions in the community which make it easy and attractive to make healthy choices, will often have a greater reach and will be less costly. Many of the healthy lifestyle interventions are effective, but reach far too few people or are too costly for use on a regular basis. We therefore want to focus on developing and testing interventions and tests that gently push people in the right direction, so-called nudges, while at the same time removing barriers. The interventions directly affect people’s behaviour. The challenge is to reach the widest possible audience, with minimum resources. To do so, Erasmus University and the municipality of Rotterdam are joining forces to establish the Rotterdam Centre for Health Promotion in 2016.

“Werf Gezond 010”
In the autumn of 2016, the municipality initiated the organisation of “Werf Gezond 010”, the beginnings of a partnership in which various partners roll up their sleeves together. The alliance is in line with the National Prevention Programme titled Alles is Gezondheid (health is everything). Apart from the usual partners from the healthcare and welfare domain, Rotterdam entrepreneurs, large employers, schools and organisations have also been invited to boost a healthier city from new angles. They include RET; Creating 010 by Hogeschool Rotterdam, RTV Rijnmond and starter businesses from the Medical Delta entrepreneur group. Being a leading employer, the municipality of Rotterdam is obviously an important party, and plays a pioneering role. For its employees, the municipality deploys the Health Coach Programme and the online training courses of GoodHabitz, among others.

The purpose of ‘Werf Gezond 010’ is that participants connect their ‘own’ activities to the health of the city. For example in terms of realisation of a Health Impact Bond or investing in the ‘health economy’ using the concept of ‘Health Coins’. The projects can be supported for extended periods by students of the Veldacademie or Hogeschool Rotterdam.

49. Prof. Dr. S. Denktas, Erasmus University: Nudges lure people into healthy behavior and / or healthy choices.
In "Wef Gezond 010" the municipality promotes a healthy and active lifestyle in Rotterdam. At the start of the alliance, the healthy weight of the city’s people will be key. Parties in the initiative are supermarkets, exercise providers and other companies.

**A Rotterdam food policy**

Leaders in business want to cooperate with the city of Rotterdam in health and food. There are all kinds of food innovations taking place: short chains, product innovation, participation of citizens, creation of societal values and personalised food. Health and economy are important motivators in this, and there is a growing need for a modern, umbrella food policy. The Rotterdam urban agriculture document ‘Food & the City’ (2012) is a starting point, as are the ‘Lekker Fit!’ and ‘De Stad Uit!’ programmes. The plan is to involve not only the corporate community but also to encourage a broad public debate on a Rotterdam food policy. Nutrition is of great value to our health, in preventing illness, but also for healing purposes. Diabetes type II sufferers and those who are well on their way to developing the illness, can halt this process with a healthy eating pattern.

**Drugs and alcohol policy**

Regular (excessive) alcohol consumption and drug use is harmful to health and often leads to problems. For example aggression in the nightlife, vandalism and traffic accidents. Since 1 January 2014, it’s illegal to sell alcohol to young people under 18 years of age, who are also punishable if they possess alcohol. In pubs and sports canteens, for example, but equally so in the park and on the street.

Alcohol is extra harmful for young people, and the municipality wants to protect them through legislation and education. The use of drugs can be equally damaging to the health of the user.

In the Drugs & Alcohol II programme (2014-2018), the emphasis is on effective prevention through a combination of information and education, policies and regulations, and supervision and enforcement. This is an important role for the JGZ youth healthcare team. According to the Public Health law, JGZ has the task of advice, instruction and fulfils it in preventing and reducing drug and alcohol use among young people. The Solid Start programme creates extra attention for support in stopping drinking during pregnancy.

**Mental health**

Rotterdam implements effective interventions to augment the social-emotional competencies of young people, and thereby to prevent problems like depression, anxiety, aggression and problematic behaviour, and provide better coping mechanisms for ADHD. Various proven methodologies are applied, aimed at young people and/or their environment at school and at home. Risks are regularly reported by the youth healthcare team, and help is available when problems arise. For adults and older persons, the policy is aimed at reducing poverty and unemployment, encouraging exercise, reducing loneliness and providing a green outdoor environment and possibilities for socialising, aimed at preventing depression. Extra prevention efforts are made in 12 focus areas 50 with training, prevention and early signalling by professionals who deal with depression, a focused policy on the risk groups - including the lonely older persons - and improving collaboration and referral in the neighbourhoods.

**Sexual health**

Healthy sexual development means that:

- sex is safe (preventing unintended pregnancy and preventing infection with HIV and other sexually transmitted diseases, known as STDs)
- sex is voluntary and takes place by mutual consent (with established acceptable limits, preventing sexual coercion and abuse)

We refer to unhealthy sexual behaviour if it is unsafe, unwanted or undesirable. Unhealthy sexual development can also be due to social norms and traditional practices, such as LGBT intolerance or female circumcision.

Obviously, sexuality and relationships are the private domain of the people of Rotterdam, and primarily their own personal responsibility. At the same time, sexual health affects the public domain. HIV and other STDs are infectious diseases and their spread affects public health. Teenage pregnancies lead to girls dropping out of school. Incidents of inappropriate sexual behaviour can lead to a sense of social insecurity. Rotterdam therefore has an active policy on promoting sexual health:

- monitoring the health status (such as tracking the number of STDs);
- promoting sex education (in schools for example);
- information on sexuality at the special Sense consultations provided at the STD clinic;
- promotion of good care (including Veilig thuis (Safe At Home) and the Centrum voor Seksueel Geweld (Centre for Sexual Violence));
- overseeing law enforcement (in case of sexual violence, LGBT intolerance).

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50. Tarweijk, Pandrecht, Hillesluis, Bloemhof, Afrikaanderwijk, Bospolder, Tussendijken, Spangenberg, Lombardijen, Hoogvliet (whole area), Oude Noorden and Crooswijk.
For many years, Rotterdam’s ROC secondary education colleges have been an excellent partner in caring for sexual health of young people. The GGD Public Health Service provides information and consultation hours there, with annual deliberation between the two parties to determine the required content. A national site aimed at this group provides information about STDs and sexual health and advises ROC students to check the Sense website.

3.2 Participation

Efforts in the areas of participation, sport, work, income, education and language reduce the health gap. And vice versa, health is a means to participate in employment, to learn, to undertake and to be active in the community. A good example of the combination of participation and care is the social initiative known as Zorgvrijstaat Rotterdam West. This, and similar initiatives in which people cook, garden or jog together, often start in the community, with or without a municipal subsidy. The 48 community centres, established by the municipality, play an important role. The Rotterdam youth policy, as formulated in ‘Rotterdam Groeit’, the ‘Voor Mekaar’, ‘Nieuw Rotterdams Welzijn’ programmes and the ‘Tegenprestatie’ scheme have responded to this, and focus their activities on participation and strengthening self-reliance and mutual self-reliance. One such example is the ‘Taal en Gezondheid’ (Language and Health) programme, in which language is used for health purposes, in educating illiterate people about the way the Dutch healthcare system works, in conjunction with language skills.

The 2017-2020 Sports memorandum refers to activities aimed at making sports and exercise enjoyable and attractive for people who would not normally participate or cannot afford to do so. The municipality has deployed a number of instruments to remove barriers for groups lagging behind in sports and exercise participation. The Youth Sports Fund for example, the use of community sports coaches, Rotterdam Sport op Maat (Tailored Sport), Rotterdam “Lekker Fit!”, Sport Plus Clubs and SportRegie (Sport Direction).

In the areas of employment and income, the municipal policy is aimed at participation, including tackling debts under the debt services scheme 2016-2019. Rotterdam is also committed to strengthening the economic structure, to create more jobs.

3.3 The Rotterdam outdoor environment encourages an active lifestyle

The municipality is investing in the outdoor space of Rotterdam. Both in activities that ensure the outdoor space is well used and kept free from littering and other undesirable behaviour, and also in activities that provide more greenery, especially where it is lacking. The outdoor space is also important for good health. When it invites people to exercise, is attractive and safe as a meeting place for young and old, offers opportunities for sports, and features greenery, this contributes to good health. The maintenance and management of such spaces in the city can employ people via participation or compensation schemes. Rotterdam has many such initiatives, with the possibility of linking to various programmes, such as ‘Langer Thuis’ (Live home longer), and the Sports memorandum 2017-2020 titled Sport beweegt Rotterdam (Sport moves Rotterdam). Also new is the integrated vision ‘Kom op naar buiten, spelen, sporten, bewegen en ontmoeten!’ (Come on out, play, exercise and socialize).

This involves a comprehensive vision of games, sports, exercise and socialising in a public space, for all ages and target groups, with attention for health.

Rotterdam cycling city

Cycling is an easy way to get enough exercise, every day, and it’s good for the environment. Rotterdam does everything possible to get more people onto bikes and to give cyclists more of a say in the city. The goal is that Rotterdam cyclists see their city as an ideal cycling city. Cycling is also important in the Rotterdam Urban Traffic Plan for 2016-2030 and in the Bicycle Plan 2014-2018, titled ‘Fietsen heeft voorrang’ (Cycling has priority).

Rotterdam wants to create a cycling culture and become the cycling capital of the Netherlands, in order to become a healthy, attractive and economically dynamic city for residents, visitors and commuters. Within three years, the main counting locations must show the number of cyclists in the city to have increased by at least 10%. The municipality has linked the Rotterdam cycling policy to the national Tour de Force cycling project, and has adopted the role of Ambassador. In the project, organisations such as Jongeren op Gezond Gewicht (Youth at a Healthy Weight), ANBO (protecting the interests of older persons), Veilig Verkeer Nederland (Traffic Safety) and other parties work together with the city. There is also a link to the Lekker Fit! program-

me, for example, in the programme whereby young people explore the countryside on the outskirts of Rotterdam by bike, via their schools.

“Fietsen op Zuid” (Cycling in the South of Rotterdam)

The Cyclists’ union (Fietsersbond), the municipality and market parties have initiated the “Cycling in Zuid” campaign. There is relatively little cycling traffic in Zuid, versus an increase in the rest of the city. The municipality provides advice and encouragement via the Rotterdamse Doortrappers (Rotterdam Cyclist), among others.
Chapter 4
Prevention prominent in healthcare, welfare and youth policy

For most people living in Rotterdam, their family doctor is the first professional with whom they discuss health, care and support issues. In addition to the family doctor, children and their parents can also consult the JGZ youth healthcare doctor, who is the person to address overweight, more exercise and loneliness in a consultation. The national health policy memorandum 2016-2019 refers to primary care as a major form of prevention, for good reason\textsuperscript{51}.

It’s not just about what the doctor himself can do, but also about connecting primary care to community initiatives, welfare, sports and physical activities, activation and debt services. People with (onset) symptoms should be nudged in to taking up healthy activities and an active lifestyle in the community, rather than simply stay in the health care system.

For young people, it’s particularly important to prevent problems and to strengthen their prospects for a good future. The underlying theme in this approach lies in addressing risk factors and promoting protective factors.

The municipality contributes to this by reaching agreements with VGZ and Zilveren Kruis healthcare insurers, and with healthcare and welfare parties regarding preventive services.

These agreements assume that a healthy lifestyle and self-reliance are given timely attention during contact between professionals and their clients and patients. In, treatment and in the referral to the healthy and active lifestyle initiatives in the community, especially in those neighbourhoods which are home to relatively many vulnerable groups.

Objective
Prevention is prominent in healthcare, welfare and youth policy

- For the people of Rotterdam there are more preventive options available in contracted healthcare and welfare services.
- Healthcare and welfare professionals are increasingly focussed on healthy and active lifestyles of patients and clients.

\textsuperscript{51} Primary care refers to the welfare, the district teams, the nurse and family doctor care. Prevention refers to: 1. Universal prevention: promoting the health of Rotterdam residents (such as basic youth healthcare or the “Lekker Fit! programma”). Selective prevention: prevention for specific groups with health risks (such as an information meeting for people with diabetes on-site). Indicated prevention: preventing any worsening in existing health problems.
4.1 Prevention in the healthcare and welfare services, collaboration with healthcare insurers

The community network plays an important role in prevention. Welfare, sports providers, self-help organisations, voluntary organisations and residents’ initiatives are important partners here.

In Rotterdam, there are 42 district teams and 14 information servicepoints who arrange healthcare and support close to home and collaborate closely with district nurses. The district nurses form an important link between the primary care and activities in the neighbourhood. Their broad overview of the health situation enables them to naturally address prevention, with clients and with healthcare providers. Youth care services became decentralised through the inclusion of youth support in the district teams, among other things. The CJG Centrum voor Jeugd en Gezin (centre for youth and family) became the link to the family doctor. The professionals of the CJG (youth healthcare professionals, teachers and the network directors) are familiar with the community and form the natural link between primary care, the district network and the district team.

The municipality wishes to clarify and strengthen agreements between the primary care, information booth and district network providers regarding referral of patients and clients. There is also attention for the quality and effectiveness of the applied interventions.

Many health problems can be solved by primary healthcare. Health problems are often related to social problems, which can only truly be solved via cooperation between the social and medical fields. It is important that family doctors and district teams have effective, two-way contact. Caregivers must be able to easily refer people to local activities, such as sports and physical activities in the neighbourhood. In their role as purchaser, the insurers and the municipality want to permanently facilitate and actively promote this collaboration. The municipality therefore concluded agreements with Zilveren Kruis and VGZ insurers in 2013, to effectively coordinate the care and support of people in Rotterdam. VGZ is responsible for execution of the VGZ Rotterdam Package.

In conjunction with the VGZ agreement, the municipality of Rotterdam offers those citizens who earn less than 130% of the statutory minimum wage, the opportunity to participate in a collective health insurance package: the VGZ Rotterdam package. This applies to more than 52,000 people who, on average, have high healthcare consumption. This insurance offers not only comprehensive curative care, but also preventive care, allowing us to deploy more targeted interventions for this group. The municipality makes arrangements with healthcare insurers that facilitate a healthy lifestyle. The box shows examples of the interventions.

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Together with healthcare insurer VGZ, the municipality develops interventions:

• a first intervention concerns people insured via the Rotterdam Package, who often have high healthcare costs. This mainly involves costs of mental healthcare, pharmacy and physiotherapy. Assuming there is a relationship between healthcare costs and dysfunction in several areas of life, in-depth research has been conducted into the use of healthcare services by people who incurred mental healthcare costs and pharmacy costs over the last 8 years. The possibility of joint interventions is being assessed for:
  1. people with long-term mental health problems & reduction of medication costs;
  2. in 2016, investments will be made by Welfare department in the Rotterdam districts, in terms of health promotion activities in cooperation with VGZ, as implementation of the Social Return on Investment (SROI) policy. SROI is aimed at job-seekers receiving benefits, from whom the municipality of Rotterdam expects something in return. 2016 is a pilot year;
  3. connecting exercise-based healthcare from the VGZ Rotterdam Package to exercise opportunities in the community, in order to limit the number of physiotherapy treatments. If the pilot is successful, they will determine whether it can be included in the supplementary insurance package.

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Expectations are that the increasing number of older persons in Rotterdam will push up demand for care in the city. Hospital and nursing home care will move more and more towards primary care. The municipality and healthcare insurer Zilveren Kruis will encourage parties in primary care - such as welfare providers, district teams, family doctors and district nurses - to reach concrete agreements on collaboration, which will also include Rotterdam hospitals. One such example of collaboration is the managed care bridge, a project based in the Usselend Hospital and intended to improve the ‘hospital to home’ transition of patients.

4.2 Prevention and early detection starts with young people

Investing in prevention and early detection means investing in youth healthcare. JGZ youth healthcare has the important task of tracking every child’s development right from birth. Early intervention, while any issues are still small, is generally cheaper, better for children’s overall development and offers greater health benefits.

Within the municipality, CJG Rijnmond is the youth health organisation of choice for health and youth care, with knowledge and experience in the field of early detection and risk assessment. Due to contact moments covered by the basic package, the new system positions JGZ child healthcare as the eyes and ears of the community when it comes to healthy development of young people.

From this central position, JGZ coordinates with neighbourhood welfare providers and social workers at schools and child care locations. It is an important partner for these parties, in maintaining a relationship with parents, participating in the dossier structure and forming the link to the district network in terms of health and care.

JGZ plays a role in connecting signals from the district to the appropriate services, for example through the process of road-maps in the Stevige Start (Solid Start) programme. The expertise of JGZ in the field of early detection and risk assessment has further been reinforced by research and development, so that the assessment instruments and approach are in line with the latest insight into risk and protective factors.
4.3 An infrastructure for collaboration and early detection

Maintaining a healthy weight and tackling excess weight and obesity are health aspects to which professionals can contribute. A well-functioning infrastructure for cooperation and early detection is essential for this purpose. This infrastructure is worked out in care pathways, whose structure is central to the Gezond Gewicht en Actief Leven (Healthy Weight and Active Lifestyle) chain approach.

**Healthy Weight and Active Living chain approach**

Rotterdam has taken the initiative to start the Gezond Gewicht en Actief Leven (Healthy Weight and Active Living) chain approach in the “Werf Gezond 010”. Good collaboration between partners from (youth) healthcare, welfare, sports and physical activity helps the people of Rotterdam maintain a healthy weight for themselves and their children. The ”Lekker Fit” programme, in cooperation with youth healthcare services and the Healthy Weight programme has already been frequently deployed for young people and their parents. A connection has been established with childcare and primary care. Over the next few years, this direction will be continued even more strongly with partners in welfare, sports and exercise. This involves (early) detection, referral agreements, use of interventions, monitoring, information supply, professional development and coordination. In short, the realisation of care pathways between the medical and social domains.

Overweight is an appropriate subject for all parties in furthering development of the district network and district team. Professionals can also exchange good practices with each other and achieve a lasting and close cooperation with partners in the field of healthcare, welfare, sports & exercise and healthcare insurers. Insurer Zilveren Kruis is considering expanding its good practice in the field of childhood overweight from Amsterdam to Rotterdam.

**Work, health and exercise**

In the infrastructure for cooperation and early detection, the municipality is investing in the connection between work, exercise and healthcare. It is well known that the most important definer for health is having a job. It is therefore also important to focus on employment in order to achieve health benefits. Job-seekers on welfare benefits often also have health problems. They are (possibly) regular visitors to the work counselor and to caregivers or local welfare workers. The municipality expects the job-seekers on welfare benefits to do something in return. Depending on the primary need of the client, the step towards employment can begin in healthcare, in a walking group or other activity aimed at a healthy and active lifestyle. A quid pro quo may consist of intensive participation in an exercise activity, aimed at getting fit, or as a volunteer, for example, as an Exercise Buddy. The next move is then communal assistance towards employment.

**“Bewegen naar Beter” (Move to Improve)**

Sports and exercise have been proven effective in improving the health of people with chronic disorders. Nevertheless, the majority of people with diabetes or cardiovascular disease do not meet the Dutch Standard for Healthy Exercise. Many find it difficult to include sports and exercise in daily life, despite repeated advice from family doctors.

IZER (the Integral Care Group for Primary Care in Rijnmond), FysioHolland, MEE Rotterdam-Rijnmond and Rotterdam Sportsupport are convinced that a significant proportion of people with a chronic condition can indeed be motivated to exercise. The four organisations jointly launched the Move to Improve project in Rotterdam, based on a streamlined approach that starts at a family doctor’s practice and, in many cases, ends at a sports club. Participants are actively advised on sports and exercise opportunities and can rely on the guidance of physiotherapists from FysioHolland or a sports advisor from MEE Rotterdam-Rijnmond. Move to Improve uses the nationwide Neighbourhood Sports Coach scheme, with co-funding from the Municipality of Rotterdam.

A preliminary investigation was kicked off in 2016, to be followed by a 2017 pilot project which will focus on the “pre-matching” group: a group of job-seekers who are relatively promising on the employment market. We expect the connection of employment, health, exercise and sports to work well for this group52.

**Early detection**

The healthcare playing field is changing, and healthcare professions are also developing rapidly. In the coming years, the focus by healthcare providers will shift to supporting self-control and self-management. Providers will therefore increasingly focus on strengthening self-reliance of people and their networks. The municipality initiates professional development and actively seeks a connection with healthcare educators in Rotterdam, to help shape the turnaround in healthcare professions. The municipality offers students opportunities to gain experience in prevention in healthcare and in the community. We do so through alliances with Hogeschool Rotterdam, Erasmus University and ROC colleges.

The parties will establish a joint knowledge agenda, from various angles. A major challenge is that of development and application of tools for early detection of, for example, alcohol abuse and mental health problems. Other subjects are equally topical however. For example, the approach required for frail older persons, or for care and nature, the design of the outside environment or the socio-economic perspective. Students have the opportunity to undertake challenges in the city.

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52. Memo Gemeenschappelijke aanpak voor bewegen, gezondheid en werk (Memorandum Common approach to exercise, health and work), W&I 4 April 2016.
5.1 Controlling infectious diseases

Prevention of antibiotic resistance
Infections by highly resistant microorganisms (BRMO) are dangerous because regular antibiotics no longer work against them, which can result in deaths. It is important to detect BRMOs as early as possible, in order to take appropriate measures against spreading. Such measures include educating people in healthcare and promoting general hygiene measures such as hand washing. The municipality has established a regional outbreaks hotline for the detection and early identification of infectious diseases, antibiotic resistance (ABR) and highly resistant microorganisms (BRMO). Hospitals and care facilities can report an outbreak or infectious disease, including BRMO. The municipality can then take immediate action, while the notifications dashboard keeps care facilities alert to the presence of an in-house BRMO. Family doctors are an important chain partner in preventing BRMO.

In the regional project aimed at retrospective analysis of resistant microorganisms, to be initiated in family doctors’ practices in Rotterdam, the prescribing behaviour of these doctors is paid attention during consultations and opportunities for professional development. The municipality can play a facilitating and supportive role, thanks to its expertise in the field of BRMO.
A regional hotline for outbreaks

The Public Health Service for Rotterdam-Rijnmond is to realise a digital hotline for outbreaks of infectious diseases and carriers of highly resistant microorganisms. To that end, contact has first been intensified with hospitals, nursing homes, care homes and home care organisations. These care facilities now report all outbreaks of infectious diseases to the municipality, as is their legal obligation. A regional overview of outbreaks was lacking however. The new digital hotline enables reporting of outbreaks of infectious diseases to the municipality, to each other and, if necessary, to the RIVM national institute for public health and the environment. This will counter the spread of infectious diseases, promote patient safety and quality of life, and save healthcare costs.

The real-time overview of current outbreaks in the region and the multidisciplinary cooperation in prevention and the healthcare sector, are an all-time-first in the Netherlands. With this cooperation in place, the City of Rotterdam is well ahead of the proposed policy to establish regional healthcare networks.

HIV detection

Migrant groups have a relatively high percentage of HIV infections (as well as hepatitis B and C) of which the persons in question are unaware. These people are unlikely to visit the STD clinic for a test, specific advice, treatment, partner notification or hepatitis B vaccination. Research is needed in order to develop an effective manner of addressing the matter. In cooperation with (or following on from) health activities in the neighbourhoods, the municipality wants to work with Erasmus University to detect more HIV infections among the group of residents with non-Dutch backgrounds.

The municipality provides information and consultation hours on sexual health at ROC colleges, so that STD care better reaches the ROC students.

Infectious diseases and research

Knowledge is the basis of infectious disease control. In cooperation with the Erasmus Medical Center, the municipality has developed a research agenda for the 2016-2019 period, in order to ensure that research continues to improve the policy (see Chapter 8).

5.2 A healthy living environment

Environmental Code

The Environmental Code is expected to enter into force in 2019. The code is defined as the fourth decentralisation process, from the state to municipalities. The environmental code will give municipalities more policy freedom in spatial development. Citizens and our partners in the city can participate more and the leeway provided by the Act makes it possible to consider a wider variety of interests at the front end of the policy. We shall assign priority to health when detailing the Environmental Code and the environmental policy in Rotterdam. Health will therefore gain a prominent place on the environmental agenda and in the details of the Environmental Code.

Health and safety are the cornerstones of the Environmental Code. In preparation for the Act, we shall initiate a number of pilot projects which deal explicitly with these themes. In doing so, we want to learn about the process and about the usefulness of the available instruments. Three pilot projects are described in the box.

Environmental Code pilot projects: Health and Safety themes

Lead-in-bodem (Lead-in-soil) pilot

Soil contamination with lead may pose a health risk to young children. Recent research shows that, on consuming lead-contaminated soil, the level of lead absorbed by a child’s body is higher than previously assumed. In young children (0-6 years), lead has a detrimental effect on the learning ability and results in a loss of IQ points.

The Ministry of Infrastructure and the Environment saw no need to tighten the national standards based on the results of the report, and argues that upon introduction of the Environmental Code, municipalities have a more important role in determining the permissible lead levels in soil.

Rotterdam must now determine a maximum level above which action must be taken in the form of decontamination of soil, covering contaminated soil or specific targeted communication to advise on its use. A broad project group, with representatives from the DCMR environmental protection agency, various departments of Urban Development (including Communications) and the Public Health Service has started work on this. Health is therefore clearly at the forefront of the decision-making process.

Traffic Plan pilot and Environmental Health Risk indicator

The Environmental Health Risk Indicator is a tool developed by the National Institute for Public Health and the Environment to calculate the combined health impact of various environmental factors at the local level, in order to identify bottlenecks or to compare spatial scenarios. We are applying this tool as a pilot, in the new urban traffic plan for Rotterdam. The aim is to calculate the health effects of the various scenarios of the traffic plan. Insight will be gained into bottlenecks and health benefits, and health effects can be clearly included in administrative decisions.

Bicycles are a major area of interest for the Rotterdam-Rijnmond region. The municipality is developing an innovative project to optimise the traffic plan. The Environmental Protection Agency and the department of Public Works are also interested in participating in this pilot project, and the National Institute for Public Health remains involved.

Biological safety pilot

Biological safety is a major area of interest for the Rotterdam-Rijnmond region. Research institutions working with harmful pathogens, for example, in the development of vaccines, must work safely for both employees and the environment. As a region where eminent scientific research is conducted, we are directly confronted with potential risks arising from such work.

In terms of public health and public safety, the municipality is not involved in the permits process for the development of new research facilities. The permits process is fragmented, which means that the greater whole remains unseen and unassessed. The arrival of the Environmental Code creates a new opportunity to weigh applications based on their desirability and environmental burden up front, in which case the focus will lie on the external effects and the manageability of establishment in a (densely) urbanised area.

Clean air

Over the next few years, extra efforts will be made to promote healthy and clean mobility, as mentioned in, among others, the Bicycle Plan, the Rotterdam Traffic Plan and the Air Quality memorandum. All this will ensure cleaner air and better health. A reduction in motorised traffic will also have benefits in the field of noise pollution. The indoor air quality and especially ensuring fresh air in classrooms remains a point of concern.
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Noise pollution
The municipal policy is consistent with the Noise Action Plan for 2013-2018 of DCMR, the Rijnmond Environmental Protection Agency. According to the DCMR the calculated noise pollution and numbers of people who are (severely) affected by noise in Rotterdam show that the noise problem has not diminished. The evaluation of the previous Noise Action Plan however shows that benefits can be achieved.\footnote{Source: Actieplan Geluid 2013-2018, DCMR.}

Preventing hearing loss
We have opted for an approach to prevent hearing loss. The approach includes attractive activities for and by young people and event visitors, and the development of a strategic agenda on this topic. In 2016, the National Hearing Foundation and the VWS Ministry of Health, Welfare and Sport launched a national action plan to prevent hearing loss. This action plan is based on three pillars:
- Education and awareness
- Safe environment
- Screening
The municipality wishes to follow them, and translate the national action plan into an action plan for Rotterdam. The latest results from the Youth Monitor will also be incorporated.

Supervision, childcare and technical hygiene care
Inspection of childcare centres will not only pay attention to hygiene and safety but will also focus more on pedagogic practices and the quality of the professionals involved. This can effectively provide the link between health themes in schools and healthy childcare centres.

Measures are necessary in the field of technical hygiene care in order to limit and prevent the spread of infectious diseases. Technical hygiene determines where there is an increased risk of the spread of germs and recommends measures to reduce the risk. Institutions or facilities with an increased risk must take appropriate measures. This may include child daycare centres, primary schools, piercing and tattoo studios, sex businesses, saunas, catering kitchens, homeless shelters and refugee reception centres. Locations at which major events are staged, are also included.

Ships undertaking international voyages must have a valid hygiene certificate (Ship Sanitation Certification). The technical hygiene team monitors ships in the Port of Rotterdam. The municipality wishes to provide a comprehensive inspection package for ships, focusing on inspection of the vessel and those on board.

In the field of infectious diseases, the people of Rotterdam can themselves do a lot to prevent the spread of disease. Simple hand washing and coughing hygiene will help prevent contamination with infectious diseases. The municipality has an active policy to draw attention to hand washing and coughing hygiene in care homes, nursing homes and schools, among others.

Public Health Service Disaster Relief Plan
The expertise of municipal health professionals is deployed in the event of disasters and incidents. Depending on the nature and severity of the occurrence, it may require experts in the field of environmental health, infectious disease control, health monitoring and psycho-social aftercare. In case of major incidents, there is close cooperation with the regional safety organisation, in particular the GHOR which provides medical assistance in accidents and disasters.

Fresh Schools Approach
The municipality will continue to make extra investments in the indoor environment of the Rotterdam schools. By late 2019, there should be twice as many Fresh Schools as in 2014, which translates into approximately 200 Fresh Schools: 50% of the total number of primary school locations. The doubling is achieved through the investment agenda of the IHP Comprehensive Housing Plan for 2015-2019, which addresses new construction and major renovation work. In addition, we operate at existing school locations with active contributions from the schools and school boards. The Fresh Schools Approach 2015-2019 indicates which subjects will tackled in the coming years.
Technical and digital developments are rapidly advancing in apps, mobile devices and medical technology. The people of Rotterdam are quick to pick up on these developments: installing pedometers on their mobile phones or an app that keeps track of their heartbeat, mood, blood pressure or fluid intake.

Objective
E-public health and innovation
• More people in Rotterdam have access to e-health and home technology, and make use of it.

6.1 Boosting e-health and home technology

E-health
We encourage people to use lifestyle apps, handy gadgets that can be worn on the body, motivational messages via mobile phone and other digital services which provide feedback on health behaviour, while motivating them to live healthily, in a personal and fun way. Benefits are to be gained in the connection of digital developments within various municipal policy fields. For example, the link with sports and exercise, as mentioned in the Sports Memorandum for 2017-2020.

Apps and digital nudges\(^\text{54}\) make it tempting to initiate and maintain healthy behaviour. They make coaching accessible and they appeal to many people. The municipality wants to encourage the use of high-quality apps, by looking into the quality of apps and providing clear, relevant advice. We do so together with other Public Health Services and knowledge centres such as Pharos, RIVM, Nictiz, Royal Dutch Medical Association and VWS. A promising first result is the Public Health Service AppStore\(^\text{55}\).

\(^{54}\) Nudges are small changes in the environment that ensure that the healthy choice is also the most obvious choice, without making it hard for people to do so (Prof. D. de Ridder, University of Utrecht). Prof. Dr. S. Denktas, Erasmus University: Nudges lure people into healthy behaviour and / or healthy choices.

\(^{55}\) www.ggdpappstore.nl.
The idea of the Public Health Service AppStore is to create a careful, independent and transparent assessment of health apps by expert Public Health professionals from all participating Public Health Services. This knowledge has been compiled and made publicly accessible. The professionals evaluate the usability, functionality, privacy, reliability and support. Only apps that meet the criteria established by the Public Health Service, become available from the Public Health Service App Store and feature a recognisable sticker.

We work on the principle of “We recommend” rather than “We don’t recommend”.

In the Public Health Service AppStore, the municipality provides the people of Rotterdam with an accessible overview of relevant and reliable e-public health applications.

In addition, the municipality and the Erasmus MC have started the development of a lifestyle app focused on nutrition and exercise. One part of the app is Healthcoin. Healthcoin wants to encourage more citizens to make healthy choices by rewarding them with Health coins, which can be used as payment when purchasing healthy products and services. The more partners who join, the stronger the concept. Bicycle repair shops, supermarkets, sports clubs, exercise providers and employers can all participate by giving away Health Coins or offering healthy choices by rewarding them with Health coins.

The Koplopersgroep (Leader Group) is a private initiative which is active in Rotterdam. The group unites various (Rotterdam) private companies, the municipality and educational institutions. The goal is to connect and broaden promising e-health initiatives, so that as many people as possible can make use of e-health applications. The group is currently discussing an (e-)Health deal with WVS Ministry for Health, Welfare and Sports.

Home technology and alerts

We encourage home technology and the use of alerts. The development of robotics and home automation will become part of the ongoing development of welfare, healthcare and youth services so that people can be more self-reliant for longer. In the context of the Langer Thuis (At home, longer) and Voor Mekaar (There for each other) programmes and the development of the Wmo social support act, the municipality is exploring digital and technical capabilities that can enable people who need help at home, to be more self-reliant.

The municipality is also exploring and encouraging the possibilities for detection, as in the case of development of a digital hotline for severe social isolation (see box). Such a hotline could also be used for other public health issues, such as for the timely identification of confused people. In principle, tools which provide alerts can be designed analogous to SISA. SISA is the alerts tool that connects professionals involved in the care of a child or young person, with each other. Multiple partners ensure that the demand for alerts and for data, are brought together digitally. Privacy is paramount in such a system of course, which is why SISA issues an alert that something has happened, but not what has happened.

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6.2. Improving digital services

The municipality is improving its digital services. This may include online assistance or issuing health messages that are useful to the people of Rotterdam, via new channels. We encourage digital services that enable citizens to contact the municipality quickly and easily, with regard to their health. We want the digital services to be approachable, easily accessible and understandable for everyone living in Rotterdam. The municipality makes use of modern tools when investing in urban health. For example: online FAQ, video advice, e-consultations, e-counters and chat assistance, such as a digital portal for youth healthcare and the digital STD clinic.

A digital notification system for social isolation

The municipality has established a digital alerts tool in which, together with social partners, we are able to identify and recognize those people in Rotterdam who find themselves in social isolation. The next step is to ensure a comprehensive monitoring process. The system uses smart linking of signals from various sources and compares them with various sources. The approach is part of the Voor Mekaar (There for each other) action programme. A pilot project has been initiated in Corswijk. If the results are positive, and following approval, the method will be introduced in the other focus areas of the Voor Mekaar programme, after the summer of 2016. In 2017, the remaining districts will also be connected.

A digital STD clinic

An example of digital services provided by the municipality of Rotterdam, is the digital STD clinic. Via this clinic, (young) people with a high risk of sexually transmitted disease can find all available information on STDs, online. They can ask questions, chat, and schedule an appointment for themselves, and receive online counselling.

6.3 Using Big Data

The use of Big Data has practical applications in many areas of community life. There is still a long way to go before everything is properly worked out. The use of big data creates opportunities: the strength lies in the combination and analysis of large data files from an unexpected perspective. Such as linking data on the physical environment to health data, for example. This data is always available, and thus always up to date. In addition to the traditional quadrennial health monitors, the municipality aims to explore the possibilities of using direct monitoring and application of big data. An interesting aspect here concerns the linking of data about the physical layout of Rotterdam with data from the social domain. We cooperated with the Big Data knowledge platform and the Medical and Care unit of the Urban Development Economics team, Medical Delta and the national Public Health Service network of the Netherlands for that purpose.

The online tracking of health data - such as diabetics measuring their blood glucose levels at home - provides information which patients and doctors can share. The link between personal health information and patient records held by doctors is expected to develop rapidly. Together with the people of Rotterdam, Medical Delta has launched a pilot project on this topic, to which the municipality is linked. The collected anonymous health data from a large group of people thereby provides up-to-date health information that is important to citizens and to the municipality. Medical Delta is working on a ResearchKit with Apple. This is a collection of software modules, which scientists can use to develop apps much faster, in order to use smartphones to collect research data. Researchers can use ResearchKit apps to collect data from potentially millions of users in the field, versus the few hundreds or thousands of participants who are now customary in a clinical study. It also saves participants time and effort, with less paperwork to be done.

Health Café

The Health Café is an initiative of the EIT health’ Medical delta and TNO*, where you can check all sorts of health measurements and save them in a personal online file. For example, there are smart scales and activity gauges. Participants can see whether they are in the safe zone or in the danger zone. With online feedback and all kinds of (e-)health tools and advice, they get to work on their health. Immediately. Data can optionally be shared with others or with TNO. The objective is to hook participants into the municipality’s programmes, such as the link to the sports and exercise opportunities.

The first Health Café was organised by TNO in April 2016, and it is the idea to implement Health Cafes in a number of areas.

In the medical field, the use of big data has led to improved diagnosis of, for instance, brain disorders in brain scans. But it is also applied in genetics. Combinations of genetic data and medical data can be deployed in the development of personalised medicine, for example, or for treatment or dietary advice tailored to individual patients. The opportunities that it offers in the future and the insight that every body is different, will increasingly influence the city’s prevention policy and public health.

The national government wishes to accelerate the widespread application of effective healthcare innovations. ‘Health Deals’ will be made between government and (private) partners to speed up health innovations health innovations. In Rotterdam, the drive for change behind such an initiative is a consultancy firm.

Chapter 7
Health Protection 24/7

The basis of public health in Rotterdam is on track, and the city meets the requirements set in various laws. In the Rotterdam Rijnmond region, 15 municipalities participate in a common scheme for execution of a number of their statutory duties.

This chapter describes and explains the most important laws for public health, along with some statutory duties. Annex 2 describes the legal framework in more detail.

7.1 Statutory duties

In the area of public health, there are various laws that are relevant for municipalities. Key among these is the Wpg (Public Health Act), which regulates the organisation of public healthcare, the control of infectious diseases and the isolation of people/means of transport that may pose international health threats. The law also regulates health care for young and elderly persons.

Supervision of childcare is governed in the Childcare Act, which states that all childcare facilities (day care centres, after-school care, kindergartens and child-minding agencies) must be inspected at least once annually by a Public Health Service supervisor. Exceptions to this are host parents, of whom at least 5% must be visited randomly each year.

The municipal approach to post mortem examinations is based on the Burial and Cremation Act. In Rotterdam, this task is performed by a private company. The Environmental Code, which is likely to enter into force by 2019, determines that the (positive and negative) health effect of any changes made to the physical environment must be included as a key decision factor. The new Environmental Code and (partly related) changes in (civic) participation call for a different policy and a different municipal approach to health and the physical environment.

A number of these statutory duties are explained in more detail below.

7.2 Infectious disease control

Preventing and countering the spread of infectious diseases is a statutory basic duty of the municipality. The municipality of Rotterdam wants to protect its people as much as possible against serious infectious diseases, and to minimise any disruption of society and economic activity which might result from an outbreak.

To take action quickly, the municipality of Rotterdam works with physicians and laboratories to identify any new cases of an infectious disease. Some diseases must be reported by law. The municipality then conducts further investigation or takes immediate measures to prevent (further) spread of the disease and to protect civilians. In case of regional epidemics, Rotterdam joins forces with the GHOR Safety Region of Rotterdam Rijnmond. In the event of a national threat, the Minister of Health is responsible for the approach, while using the expertise of Rotterdam. Practice drills are held annually. In case of an outbreak, the mayor may decide to temporarily close some buildings or place certain patients in isolation. The measures vary according to the disease. Rotterdam has amassed extensive expertise in the field of controlling infectious diseases.

In this way, Rotterdam offers rapid assistance to people with a serious infectious disease and protects the general population against this disease. The spread of infectious diseases is a real threat and can cause widespread epidemics, such as Zika, Ebola and new forms of bird flu.
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Keeping pace
Rotterdam reported 658 cases of infectious diseases in 2015, and 93 infectious outbreaks which where respond- ed to directly. In order to prevent the people of Rotter- dam from contracting infections and bringing them back following a family visit, business trip or holiday, they are offered information and travel vaccinations. In 2015, 16,701 travellers made use of this service.

The municipality monitors risk groups, such as asylum seekers, homeless people and people in prisons, for TB, which was detected in 63 people in 2015. In 2015, 8,328 people visited their local STD clinic, and 20% of these visitors proved to actually have an STD. As far as the number of consultations in Rotterdam is concerned: after Amsterdam, the Rotterdam region has the highest figures in the Netherlands.

The municipality maintains contact with all nursing homes for information, advice and reports on infectious diseases. If there are unusually high numbers of infections in any group of people, the municipality conducts a precautio- nary investigation into a possible link between the disease cases and the risk of spreading, and provides advice on possible required control measures.

Apart from following up on reports, the municipality of Rotterdam also actively detects infections in risk groups. This involves TB, STDs, HIV, hepatitis B and hepatitis C. It is important that people receive healthcare and treatment, for the sake of their own health and in order to reduce the risk of infecting others.

Constant challenge
As a hub for international trade and the home city for people of non-Dutch ethnicity from around the world, the battle against infectious diseases is a constant challenge. The RIVM predicts: "New infectious diseases are ma- king their appearance, old diseases are returning. And spreading faster than ever, in a world where humans and animals live in close proximity and large groups of people migrate all over the world." 58

We can’t always rely on the effectiveness of medication: bacteria are becoming increasingly resistant to anti- biotics and not all vaccines are still effective enough to prevent diseases. There is a gradual increase of parti- cularly resistant micro organisms (BRMO) in the world, and therefore also in Rotterdam. This means that anti- biotics are sometimes useless and people are dying from previously treatable infections. With a view to self-re- liance, patients are more often at home and patient flows between institutions and healthcare professionals are in- creasing. The number of very old people with fragile health is also increasing. This makes it more important to prevent infections by promoting basic hygiene at home, in home care, healthcare institutions and when it comes to young people, schools and kindergartens. Antibiotic resistance is a growing problem in the treatment of tuberculosis. Gonorrhea is becoming more common due to an increased resistance to antibiotics.

Sections 5.1 and 5.2 describe the measures to be taken by the municipality against the spread of resistant mi- cro-organisms.

7.3 Youth healthcare

Objective
Youth care needs to be simplified. Parents, children and other educators should be able to meet up easily at re- cognisable locations within the municipality, to voice their questions and problems, and to be able to meet peers. Families must be helped sooner, faster and tailored to their needs, if they are unable to cope alone. That is the com- mitment made by the municipality with the New Rotterdam Youth System. The municipality’s objective is that all child- ren can grow up healthy and safe, develop their talents and participate in society. Most children grow up safe and healthy, into adults who contribute to society. With support from the Youth Healthcare team, the number of healthy children can grow even more. Youth Healthcare plays an important role at the start of a human life. Children who lag behind in their development, for whatever reason, start primary school with a disadvantage. Such a disadvantage is difficult to catch up, and results in an even worse starting position in the labour market. If these children can’t active- ly participate in society as adults, it will cost society a lot of money. The strength of the youth healthcare ser- vices lies in having insight into all the children, monitoring and where necessary strengthening of the self-reliance of children growing up and being educated healthily and safely, as well as timely detection and steering, self inter- vention and referrals.

The planned transformation of youth healthcare will put greater emphasis on prevention, early detection and sup- port. This development fits in well with the youth health- care approach. Youth Healthcare reinforces the inherent strength of families, promotes healthy living and positive education and growing up in cooperation with parents and children. Youth Healthcare also focuses on effective cooperation with primary and secondary healthcare, kindergartens, day care centres, schools, welfare and informal (volunteer) networks.

Organisation
Youth Healthcare is part of the Public health service and is collectively provided to all children in the Netherlands. The statutory package offered by Youth healthcare is cal- led the basic package.

A national study 59 has shown that every Euro invested annually in Youth healthcare, yields 11 Euro. All residents of the Netherlands owe one year of their healthy life to the healthcare they received as a child.

58. Timen et al. RIVM 2015.
59. PP Dam, by Verdonck, monasteries and associates riv Actiz, 2012.
an additional package, which falls under the framework of juvenile law. This entails products and programmes specifically targeted at Rotterdam’s social and societal challenges and policy priorities. The Youth and Family Centre is risk-oriented.

Youth healthcare is a pillar of our youth policy because it covers all children from birth, follows their development and detects and addresses the first signs of any obstacles to this development, together with parents/educators. Youth Healthcare is at the source and is therefore ideally suited to preventively support the themes and problem areas in a way that promotes the positive development of children and limits the risk factors. Linking of Youth health-care with developments in the social domain has added focus on adolescents over 14 years of age. Previously, there was no separate point of contact for this age group, but the new package changed this by introducing the adolescent contact moment. This now enables a focus on a healthy lifestyle, for this group. Along with the attention for school absenteeism, this contact moment provides a good level of care in preventing early school drop-out.

A developmental trajectory was initiated together with the Youth and Family Centre in order to shape the transformation of Youth healthcare in our city. In early 2017, this process will lead to a multi-annual development agenda for Youth healthcare, which describes the tasks and the approach to the development of Youth healthcare, as well as the positioning of Youth healthcare in the community for the upcoming period. Youth healthcare has centred on following principles in the development process.

Youth healthcare:
• focuses on child, family and society/community;
• focuses on individual educational support and a good educational climate in the neighbourhoods;
• has a medical and social approach;
• leaves the family in control where possible.

Priorities in youth healthcare
On location: Youth Healthcare establishes further neighbourhood cooperation, regarding neighbourhood programming: identifying of present demand and needs in order to develop a suitable offer, together. Over the next few years, the Youth and Family Centre aims to increase its outreach: the Youth and Family Centre is present in places where the client or family system is located, and intensifies contacts with family doctors, midwives, schools and welfare organisations among the local residents.

Expansion to the prenatal period: Under the Solid Start programme the Youth and Family Centre is expanding its focus to the prenatal period: from birth to 9 months! While there is already close collaboration between midwives, maternity care institutions and hospitals for early detection of health problems within specific groups, the Youth healthcare focus has expanded to 9 months for all expectant parents. This was implemented further by providing information to prospective parents, education in schools, information on the website and through a pilot project with prenatal visits. In addition, the consultations between prenatal partners will be intensified, and screening and detection will be even more interconnected. In 2016, the Youth and Family Centre has already initiated a pilot project to reach prospective parents before pregnancy, and to guide them to the Planned Parenthood Consultation offered by family doctors and midwives.

The Youth and Family Centre collaborates with, among others, the District Obstetrics Platform and the ‘Mothers of Rotterdam’ programme. The focus lies on vulnerable pregnant women in Rotterdam. ‘Vulnerable’ means that these women experience a great deal of stress, must cope with social problems and cannot independently find relief from their difficult situation. The goal of this project is to increase the chances of a healthy pregnancy and a safe postnatal period, with a good start for the child. The Solid Start programme also pays attention to stop smoking and drinking during pregnancy. Midwives and maternity nurses receive support in counseling pregnant women to quitting their smoking and drinking habits. These efforts are in line with the Non Smoking Free Generation program.

Digital services: the Youth and Family Centre aims to lower thresholds. A digital client portal enables digital scheduling of appointments and offering e-consultations. Further innovation and digitization are high on the agenda.

7.4 Environmental Health Studies
6% of the disease burden in the Netherlands can be attributed to environmental factors (RIVM, Health Perspectives 2014). Environmental Health Studies (MKM) gives local authorities insight into their ability to influence public health through the physical environment. MKM offers concrete solutions, when considering health factors in new urbanisation projects for example, in response to complaints and signals from citizens.

Medical environmental experts provide advice on air pollution, noise pollution, and expansion of livestock enterprises, asbestos, soil contamination and indoor environment complaints. MKM has much in common with other Public Health Service tasks. The Medical environmental tasks are sometimes more likely to focus on health promotion, as in the “Fresh Schools” projects for a healthy indoor environment in schools. MKM is sometimes more supervisory and resembles technical hygiene care. There are also strong similarities with monitoring health issues in administrative decisions affecting public health.

In 2005, a field standard was formulated for the required scope and competence for performance of the MKM tasks. Rotterdam complies with this standard, as it works according to the guidelines of the RIVM for environmental health studies. The new Environmental code and partly related - changes with regard to (civil) participation, call for a different policy and a different municipal approach to health and the physical living environment. Citizens have an active role in decisions about the design of the physical environment and requests for information.

These developments call for a renewed interpretation of the role of environmental health studies.

In case of (impending) disasters, the Medical Health Advisers for Hazardous Substances (known in Dutch as GAGS) support the municipality in assessing health risks, and provide medical health advice. The GAGS function is an upscaled function within the GHOR organisation. Trained medical environmental advisers employed by the Public Health Service also work in the GAGS call-up team of the GHOR Safety region.
Chapter 8
Monitoring, research and dialogue

The main objective of this memorandum is a healthy city and healthy citizens, for which a number of existing tools are available to monitor the results. The Public Health Service health monitor has been the main source of health information on adults and older persons since 2012, information on newborns to 12-year-olds from 2014 on, and on adolescents from 2015. Furthermore, the District Profile 2016 is a source of health information in 2015. These instruments are the starting point of the monitoring.

8.1 Monitoring results

The data for the final report will be derived from various years, focusing on the Public Health Service health monitor, the annual ‘Staat van de Jeugd’ and the District Profile. Figure 3 shows the monitors and the dates of the data collection and delivery of the results. In 2018, at the end of the municipal council’s term, an interim report will be delivered on the implementation of the memorandum. The final report will take place in 2020.

Figure 3 Monitoring health data

<table>
<thead>
<tr>
<th>Health</th>
<th>Start monitor</th>
<th>Follow-up monitor</th>
<th>Result in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td>• Health monitor Youth 2014 (0-12 yrs)</td>
<td>• Based on the Public Health Act (Wpg)</td>
<td>2019</td>
</tr>
<tr>
<td></td>
<td>• Health monitor Youth 2015 (secondary ed. years 2 and 4)</td>
<td>• Staat van de jeugd Based on the Public Health Act (Wpg)</td>
<td>Annual from 2016</td>
</tr>
<tr>
<td>Adults and older persons</td>
<td>• Health monitor 2012</td>
<td>• Health monitor 2016</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>• District profile 2015 (result in 2016)</td>
<td>• Health monitor 2020</td>
<td>2021</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• District profile 2017</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• District profile 2019</td>
<td>2020</td>
</tr>
</tbody>
</table>
Increased healthy life expectancy
The results of the main objective of “Rotterdam Healthy city with healthy people” is translated into scores for several health indicators. We summarise overall health aspects together in a single score for healthy life expectancy. by 2020, we want to see an increase in healthy life expectancy in Rotterdam, compared with the 2012 figures. This increase must also be reflected in vulnerable groups. In addition to healthy life expectancy, we monitor indicators that say something about health. The first six indicators are priorities in both the Rotterdam memorandum and the National framework policy document. The objectives of these priorities contribute to a good healthy lifestyle.

Fewer smokers
By 2020, we want to reduce the number of smokers in Rotterdam, both among young people and adults. The number of smokers must have decreased versus the 2015 estimate for young people, and the 2012 estimate for adults.

More Rotterdam residents with a healthy weight
The proportion of overweight people in the country is stabilising, after years of growth. We don’t just want overweight to stabilise in Rotterdam, we want it to decrease. The target for 2020 is that more Rotterdam residents will have a healthier weight by 2020, when compared with the 2012 figures. This applies to young people and adults alike.

Enough exercise
In order to gain and maintain a healthy weight and good health, it is important to get enough exercise, even at an advanced age. According to the Dutch Standard for Healthy Exercise (NNGB), exercise has a positive effect on people’s health. Our objective is to get more people exercising in Rotterdam by 2020, according to the NNGB figures, versus the estimate in 2012.

Less alcohol consumption
When reducing alcohol consumption, our focus is mainly on young people. The target given in the Alcohol and Drugs II programme has been extended to 2020, and we would like to see a decrease in the use of alcohol and drugs among high school students versus 2013. We would also like to see a decrease in the use of alcohol and drugs among risk groups (youth) and in risk settings, when compared with 2013.

Reducing diabetes type II
A healthy weight and more exercise will help reduce the proportion of people with diabetes in the city. We are committed to this. As the number of older persons is expected to increase in the city, so too will the number of people with diabetes type II. We want the number of people with diabetes in 2020 to at least remain unchanged when compared with the estimate in 2012, taking into account the ageing population.

Better socio-emotional health and less depression
As far as young people are concerned, we measure mental health as a score for socio-emotional health. We want more young people to have improved socio-emotional health in 2020, versus 2015. For adults, we want the increasing number of people in Rotterdam who are suffering from depression to have levelled off by 2020, when compared with 2012.

For Rotterdam, targets are also specified for the following indicators:

Less onset hearing damage
For teenagers and young adults, we want to reduce hearing loss later in life. The municipality aims to have fewer young people and young adults reporting (onset) hearing loss in 2020, versus the 2015 estimate.

Improved air quality
Improving air quality effectively contributes to health benefits in Rotterdam. The municipality wants decrease exposure to elemental carbon (soot) and nitrogen dioxide (NO2) in the air, when compared with the 2014 estimate. The municipality closely monitors the air quality. We also monitor the (process) objectives for the four strategic lines of action. Existing and new monitoring tools and/or sources are used for this purpose.

Figure 4 Objectives in four areas of action and measuring instruments

<table>
<thead>
<tr>
<th>Health in your own hands</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More people of Rotterdam are making healthy choices.</td>
<td>Advanced research (new Health monitor (young people and adults).</td>
</tr>
<tr>
<td>• The Rotterdam outdoor environment invites you to play, participate in sports, exercise and socialise with other people.</td>
<td>The memorandum, Come and play outside, exercise and meet people, and the Sport is moving Rotterdam, Sports memorandum 2017-2020.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention prominent in healthcare, welfare and youth policy</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For the people of Rotterdam, there are more preventative options available in contracted healthcare and welfare services.</td>
<td>Recording agreements in subsidy and purchase decisions and the evaluation thereof.</td>
</tr>
<tr>
<td>• Professionals in healthcare and welfare are making more efforts for healthy and active lifestyles of patients and clients.</td>
<td>Recording agreements in subsidy decisions and the purchase and evaluation of agreements with partners.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health protection: Healthy and safe in the city</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The quality and organisation of health protection (infectious disease control, medical environmental health and hygiene care) is at a high level</td>
<td>IGZ report and regular certification report.</td>
</tr>
<tr>
<td>• Crisis response is in place (GROP and GHOR)</td>
<td>HKZ and ISO certification.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambition E-public health and Innovation</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More people in Rotterdam have access to e-health and home technology and make use thereof.</td>
<td>Recording agreements in subsidy and purchase decisions and the evaluation thereof.</td>
</tr>
</tbody>
</table>

60. For young people, the Dutch Standard for Healthy Exercise indicates: an hour of moderately intensive exercise, daily. For adults: moderately intensive exercise at least five days a week, for at least 30 minutes a day (www.volksgezondheidenzorg.info).
61. Young people in practical training and special education, and the first two levels of the Regional Training Centres.
62. GGD Rampenplangroep (GROP) (Disaster Relief Plan).
63. The Director of Public Health is responsible for medical assistance in accidents and disasters (GHOR).
8.2 Steering on knowledge

For many years, the municipality has been focusing on the gathering and development of knowledge about health and promotion of health in the city, together with the Erasmus University and Rotterdam universities of applied science. In order to gain a better idea of what is going on, what works, and how we can apply this knowledge to our policies.

Erasmus University is currently conducting two major studies for Rotterdam: Generation R, the long-term research into the development of children’s health in Rotterdam. And the ERGO study (Erasmus Rotterdam Gezondheids Onderzoek (Erasmus Rotterdam Health Research)), the long-term population study that follows more than 15,000 people in the Rotterdam district of Ommoord, aged 45 and older.

In the coming period, the municipality is investigating the possibilities of unlocking more objective health data for public reporting.

We are also focusing on tracking and displaying trends in indicators and themes, relevant to health in Rotterdam. And, together with partners and the municipal research department, we are committed to research activities, in addition to the monitors.

- **Segmentation/social marketing research.** This allows the municipality to customise its policies and apply its resources in such a manner that interventions are in line with the varying motivation and incentives within the target groups. As a result, the municipal commitment is effective and efficient.
- **Research into (cost) effectiveness of nudges by the Rotterdam Centre for Health Promotion, so that we can apply small changes in people’s environment to achieve a maximum result.**
- **Advanced research, such as research into collaborati- on with the Ministry of Health on differences in health perception between poorly-qualified and highly-qualified people in Rotterdam. Or into increasing the number of people from risk groups reached for infectious disease control.**
- **The development and evaluation of tools ‘and instru- ments for (early) detection.**
- **Linking open data from the physical and social domains, making it possible to provide on-line graphical information for policy and to inform citizens, for instance.**
- **Drafting and implementing a research agenda for CEPHR, the Rotterdam academic collaborative centre of the municipality and Erasmus University, and the national academic workshops for Medical Environmental Science and Crisis Management.**
- **Internships and graduation programmes are organised together with the Rotterdam knowledge institutions. In doing so, there is special attention to the ROC colleges.**

**Examples in research period 2016-2020**

<table>
<thead>
<tr>
<th>Infectious disease control</th>
<th>Antibiotic resistance: research into the identification of particularly resistant microorganisms (BRMO) among the population and the development of measures to control them.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research into how people of non-Dutch migrant background can best be encouraged to get tested for HIV and Hepatitis B and C. And how healthcare providers can be supported in the identification and referral of virus carriers.</td>
</tr>
<tr>
<td></td>
<td>Research into interventions in the area of sexual health and STDs, such as digital lessons on sexual health for college students, reducing re-infections with chlamydia by promoting treatment of the sexual partner through innovative methods.</td>
</tr>
<tr>
<td></td>
<td>Research into the spread and control of outbreaks of food-borne infections such as hepatitis A and norovirus in healthcare institutions.</td>
</tr>
<tr>
<td>New research</td>
<td>Sex under the age of 25 by Soa Aids Nederland for Rotterdam, among others. Research is underway in 2016, publication in 2017.</td>
</tr>
<tr>
<td>Advanced research</td>
<td>Concept Mapping: research into the perception of health in poorly-qualified and highly-qualified groups of people in collaboration with the Ministry of Health.</td>
</tr>
<tr>
<td>(Cost) effectiveness</td>
<td>Experimental research into the application of the nudge ‘health coin’ in the “Gezond010” health app by the Rotterdam Centre for Health Promotion.</td>
</tr>
</tbody>
</table>
Chapter 9
Finance

Existing resources are used for implementation of the memorandum. Where possible and if necessary, the deployment of these budgets are re-prioritised. This primarily concerns:

- budgets for implementation of the Public Health Act (Wpg) and the Childcare Act (WKO);
- funds from the decentralisation benefits from Gezond in de Stad (Healthy in the City) (GIDS) within the Public healthcare and Sports & Recreation budgetary products.

The annual budget for statutory tasks is €17.6 million. Public Health Service basic tasks, including the overseeing of childcare, is carried out by the municipality (Public Health Service), which implements the common scheme for Public Health Service in Rotterdam-Rijnmond. Youth healthcare is the responsibility of Stichting CJG Rijnmond. Due to the statutory nature of these tasks, the possibilities for reprioritisation of these resources are minimal.

Here are more opportunities for reprioritisation in the spending of decentralisation benefits from Gezond in de Stad (Healthy in the City) (GIDS), which amount to €2 million per year. The deployment of GIDS funding for the post-2017 period has been reassessed according to the four strategic lines of action, on which municipal efforts will be focused in the coming years. The distribution of GIDS funds is as follows:

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Budget for the statutory tasks of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget for statutory tasks (in € million)</strong></td>
<td>Budget product</td>
</tr>
<tr>
<td>Public Health Service basic tasks (Wpg)</td>
<td>Public healthcare</td>
</tr>
<tr>
<td>Youth Healthcare (Wpg)</td>
<td>Youth care</td>
</tr>
<tr>
<td>Supervised childcare (Wmo)</td>
<td>Public healthcare</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Table 4 Distribution of GIDS funds per line of action

<table>
<thead>
<tr>
<th>Line of action</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health in your own hands</td>
<td>850.000</td>
<td>850.000</td>
<td>850.000</td>
</tr>
<tr>
<td>2. Prevention prominent in care, welfare and youth policy</td>
<td>850.000</td>
<td>850.000</td>
<td>850.000</td>
</tr>
<tr>
<td>3. Healthy and safe in the city</td>
<td>150.000</td>
<td>150.000</td>
<td>150.000</td>
</tr>
<tr>
<td>4. E-public health and innovation</td>
<td>150.000</td>
<td>150.000</td>
<td>150.000</td>
</tr>
<tr>
<td><strong>Total budget</strong></td>
<td>2.000.000</td>
<td>2.000.000</td>
<td>2.000.000</td>
</tr>
</tbody>
</table>

It should be noted that the continuation of GIDS funds for the post-2017 period, has not yet been guaranteed by the government.

The deployment of GIDS funds should be seen as a boosting budget, which encourages cooperation with and among partners to forge new partnerships, which collectively take responsibility for the health of Rotterdam, by innovating and investing in achieving health benefits. This boosting budget encourages citizens to take their own responsibility. Finally, the approach of this memorandum is to make health and prevention an integral part of various policy areas, such as youth, welfare and healthcare, sports, participation, spatial planning and urban management, and collaboration with the cluster economy. There is potential to achieve greater health benefits with targeted measures in these policy areas, within the existing budgetary framework of the relevant budget programmes given in the Spring Memorandum 2016-2020 for Culture, sports and recreation, Public Health and Healthcare, Social Support and Urban planning. Examples include the joint approach with the "Lekker Fit!" programme, the "Come on outside!" vision and the Traffic/bicycle plan. It also involves smart connections with other parties in the city, who are subject to different funding streams. Healthcare providers, for example.
Rotterdam: a healthy city
Public Health Memorandum 2016 - 2020

Literature


• El Fakiri, F, J Bouwman. De gezondheid van ouderen migranten in de vier grote steden Factsheet Gezondheidsmonitor G4, GGD Amsterdam i.s.m. GGD Haaglanden, GGD Rotterdam-Rijnmond en Gemeente Utrecht/ Volksgezondheid, 2015


• Gezondheidsmonitor Volwassenen GGD’en, CBS en RIVM, 2012. RIVM, Bilthoven, 12 maart 2014

• Gezondheidsmonitor jeugd 2015 GGD’en en RIVM


• Hulsegge, G. Cardiovascular risk factors over the life course, Universiteit van Utrecht, 2016

• Kamerbrief over Landelijke nota gezondheidsbeleid 2016 - 2019, Ministerie van VWS, Den Haag, 4 december 2015.


• Vooronderzoek laaggeletterdheid in Stadsregio Rotterdam. CINOP ‘s Hertogenbosch, 2006

Annexes

Annex 1 Interfaces with municipal memorandums and programmes.

There are several sectors within the municipality which contribute directly or indirectly to public health, in addition to the Public Health, Welfare and Healthcare directorate.

Table 5 Summary of public health framework policy document and programmes

<table>
<thead>
<tr>
<th>Sector</th>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Directorate</td>
<td>Safety programme 2014 – 2018</td>
</tr>
<tr>
<td></td>
<td>Stok achter de deur Programma Jeugdverlies en Jeugdcriminaliteit 2015-2018</td>
</tr>
<tr>
<td>City Management</td>
<td>Strategic principles of sports facilities memorandum 2013-2016. Comprehensive vision</td>
</tr>
<tr>
<td></td>
<td>Kom op naar buiten, spelen, sporten, bewegen en ontmoeten, in development</td>
</tr>
<tr>
<td>Rotterdam Department of Social Development</td>
<td>Programma Rotterdam op Gezond gewicht: een 'Lekker Fit'!te basis voor alle Rotterdammers, met actieprogramma's Lekker Fit! (youth) Gezond Gewicht (adults).</td>
</tr>
<tr>
<td></td>
<td>Sport beweegt Rotterdam, Sports memorandum 2017-2020</td>
</tr>
<tr>
<td></td>
<td>Rotterdam groot Policy framework for Youth, 2015-2020, with the programmes:</td>
</tr>
<tr>
<td></td>
<td>• Stild Start, action programme, 2016-2020</td>
</tr>
<tr>
<td></td>
<td>• Drugs &amp; Alcohol II, action programme</td>
</tr>
<tr>
<td></td>
<td>• Promising districts (Youth)</td>
</tr>
<tr>
<td></td>
<td>• Young people at risk</td>
</tr>
<tr>
<td></td>
<td>• Transformation of Youth Assistance</td>
</tr>
<tr>
<td></td>
<td>• Kernis (soc), Rotterdam education policy 2015-2018</td>
</tr>
<tr>
<td></td>
<td>• Youngsters get to work 2015-2018, Rotterdam action programme against youth unemployment</td>
</tr>
<tr>
<td></td>
<td>• Wmo framework 2015 “Rotterdammers voor elkaar”</td>
</tr>
<tr>
<td></td>
<td>• Nieuwe Rotterdams Welzijn framework note 2016-2019</td>
</tr>
<tr>
<td></td>
<td>• There for each other, action programmes aimed at combating loneliness</td>
</tr>
<tr>
<td></td>
<td>• Langer Thuis, action programme</td>
</tr>
<tr>
<td></td>
<td>• Langer Thuis, action programme, comprehensive approach to domestic violence and child abuse.</td>
</tr>
<tr>
<td></td>
<td>Doorontwikkeling Welzijn, Zorg en Jeugdhulp 2018 (working title)</td>
</tr>
<tr>
<td></td>
<td>Eerder Thuis (Home Sooner) Action Programme, Public Mental Healthcare (O)GOZ 2015 – 2018</td>
</tr>
<tr>
<td></td>
<td>Debt services Rotterdam 2016-2019: Samen werken aan financiële zelfredzaamheid</td>
</tr>
<tr>
<td></td>
<td>Het Nieuwe Rotterdams Jeugdstelsel Beleidsplan 2015-2019 (Youth System Policy Plan)</td>
</tr>
<tr>
<td></td>
<td>Plan van Aanpak Frisse Schulen</td>
</tr>
<tr>
<td></td>
<td>Educational accommodation; het Integraal Huisvestingsplan 2015-2019</td>
</tr>
<tr>
<td></td>
<td>Policy framework 2015-2019 Met Taal verso je elkaar</td>
</tr>
<tr>
<td>Work and Income</td>
<td>De Tegenprestatie (in collaboration with MO, target group long-term unemployed)</td>
</tr>
<tr>
<td></td>
<td>Memorandum Common approach to exercise, health and work, WM in collaboration with S&amp;C and PGWZ.</td>
</tr>
<tr>
<td>Urban development</td>
<td>Mobility agenda 2015-2018</td>
</tr>
<tr>
<td></td>
<td>• Fietser heeft voorrang. Rotterdam Bicycle plan 2015-2018</td>
</tr>
<tr>
<td></td>
<td>• Parking plan</td>
</tr>
<tr>
<td></td>
<td>• Traffic safety</td>
</tr>
<tr>
<td></td>
<td>• Traffic circulation plan</td>
</tr>
<tr>
<td></td>
<td>Sustainable Programme</td>
</tr>
<tr>
<td></td>
<td>• Green, healthy and future-proof city</td>
</tr>
<tr>
<td></td>
<td>• Cleaner air, lower energy bills, more jobs</td>
</tr>
<tr>
<td></td>
<td>• Cleaner energy at a lower cost</td>
</tr>
<tr>
<td></td>
<td>• Innovative and strong economy</td>
</tr>
<tr>
<td></td>
<td>Operation perspective outdoor playing area-standard</td>
</tr>
<tr>
<td></td>
<td>Schone lucht, voor een aantrekkelijk en gezond Rotterdam 2015-2018 Directional memorandum</td>
</tr>
<tr>
<td>Perspective</td>
<td>Trend report Toekomstverkenning Sociaal Domein</td>
</tr>
<tr>
<td></td>
<td>Agenda Rotterdam. Maakstad van de 21ste eeuw</td>
</tr>
<tr>
<td></td>
<td>Rotterdam's contribution to the national City Agenda</td>
</tr>
</tbody>
</table>
Annex 2 Legal framework for Public Health memorandum

Statutory tasks

1 Public Health Act

The Public Health Act regulates the organisation of public healthcare, the control of infectious diseases and the isolation of people/means of transport that may pose international health threats. The law also regulates healthcare for young and older persons. Since 2008, the Public Health Act has replaced the Infectious Diseases Act, the Public Health Collective Prevention Act and the Quarantine Act.

In 2010, the COA signed an agreement with Public Health GHOR Netherlands for the implementation of PGA tasks in the centres for asylum seekers in the Netherlands. The package of tasks is based on the relevant components from the Wpg (such as IZB, S&S, GB). In mid-2016, Rotterdam opened a temporary refugee center (AZC Rotterdam). Additional shelters (AVO) will be erected in Krimpenerwaard and Nissewaard. With the arrival of asylum seekers - and subsequent status holders - in Rotterdam, a new target group will enter the picture, with its own specific characteristics and (possible) health issues. From the viewpoint of prevention, early detection of potential health problems should already start during the period of initial application for asylum. Like all people of Rotterdam, asylum seekers and status holders will receive the support they need.

The four pillars of the Public Health Service

Pillar 1: monitoring, identifying, advising

Executive tasks such as health protection, infectious disease control, STD control, tuberculosis control, environmental health and technical hygiene care.

Pillar 2: public health with incidents, disasters and crises

One Wpg task, which municipalities can opt to carry out independently or with a Public Health Service, is the Youth Healthcare (YHC).

Those decisions on which the Public Health Service advises, form part of, among others, the local public health memorandum (Article 13, 2).

The council shall draw up a memorandum of municipal health policy once every four years, in which the Municipal Executive shall at least indicate:

- the communal objectives for implementation of the tasks given in Articles 2, 5, 5a and 6 (Article 2: epidemiology, monitoring health of aspects, health promotion, environmental health, technical hygiene care, psycho-social disaster relief, prenatal education); Article 5: YHC; Article 5a: older persons health; Article 6: infectious diseases).

- the actions taken in a covered period, in order to realise these objectives;
- the results that the municipality wants to achieve in that period;
- how the Municipal Executive implements the obligation referred to in Article 16 (Article 16: seek advice from the public health service on decisions that may have important consequences for public healthcare).

1.2 Implementation tasks of health protection

There are three specific Public Health Service tasks in the second pillar “Implementation tasks for public health protection”:

- infectious disease control (IZB), including:
  - control of tuberculosis (TB)
  - control of sexually transmitted diseases (STDs)
- technical hygiene care (THZ)
- medical environmental studies (MMK)

1.2.1 Infectious disease control

Within public healthcare, infectious disease control is both the responsibility of the municipalities and of the central government. The municipalities ensure the implementation of infectious disease control, including taking general preventive measures in this area and detecting the source and contact with reports of infectious diseases (Wpg Article 6, 1st section). This involves a variety of health risks. Examples from the recent past are swine flu, SARS, MERS and Ebola. And new risks are constantly emerging, such as the recent Zika virus. The international character of infectious disease control is the reason that the statutory tasks are set out in accordance with the International Health Regulations (IHR). Depending on the severity and extent of the disease, the responsibility of the approach lies with identification and notification.

1.2.2 Technical hygiene care (including monitoring)

The Wpg (Article 2.2 f) forms the basis for the activities in the field of technical hygiene care. Article 8 of the Regulation on public health (2008) assigned the implementation of sanitary inspections of ships, to the municipalities (Ship Sanitation Certification). The Public Health Services implement this regulation.

Ships undertaking international voyages must have a valid hygiene certificate.

The Security Regions Act (WVR) states that a security region must prepare a risk profile. Policy choices are made and a policy plan is drawn up on the basis of this profile. This plan can vary by region, but in every region, the risk of a “disease wave” is indicated as one of the most likely. To be prepared for this, all regions establish an infection control plan, in which they seek the expertise of the Public Health Services in infectious disease control and technical hygiene care.

During events, the municipality asks GHOR (and other agencies, such as the police) for advice. If aspects other than the standard requirements play a role, the municipality advice request should be forwarded to the Public Health Services via the GHOR. Another nationwide technical hygiene care-task is monitoring the hygiene conditions of licensing for tattoo and piercing studios. This monitoring task has been specifically assigned to the Public Health Services in the tattooing and piercing Commodities Act, not in the Wpg. In the context of supervision and enforcement of the city of Rotterdam, the Public Health Services supervises the hygiene in sex establishments.
1.2.3 Medical environmental studies

Promoting environmental healthcare is legally defined in the Wvp (Article 2, section 2). The Public Health Decree has established the following tasks (Article 2, 3rd section):

• identifying undesireable situations;
• advising the general public about risks, including expert health advice on dangerous substances, especially during disasters or threats of disasters;
• answering questions from the general public and providing information;
• conducting research.

1.3 Public health in incidents, disasters and crisis

Under the Wpg / Security Regions Act (Wvr). The Director of Public Health (DPG) is director of the Public Health Service and responsible for management of the GHOR. The DPG therefore has a responsibility in both the health domain and in the security domain.

The Municipal Executive has a legal task in disaster relief and crisis management. This is described in the Wpg and the Security Regions Act (Wvr). The Wpg (Act and Decree) says the following about the role of the Public Health Service during crises:

• “promoting psycho-social disaster relief” (Article 2, Wpg). There is no statutory basis for psycho-social support in (minor) incidents, but the Public Health Service does have a coordination for emergency assistance, due to its responsibility for public health. This is the case when the regular healthcare is compromised or is likely to be compromised, and due to collective prevention. Based on its public service mission, the Public Health Service also advises and assists local authorities in dealing with civil unrest and (the risk of) disturbance of public order and safety;
• the Public Health Decree states (Article 2, section 1) that the municipality is responsible for acquiring insight into the health of those affected by crisis, by conducting its own research;
• preparation for the control of infectious diseases in which there is a serious risk to public health (Articles 6-10 Wpg);
• the safety board, in agreement with the general management of the Public Health Service, establishes that part of the crisis plan, which covers the areas of public health and medical assistance (Article 8.3 Wpg);
• the Public Health Decree (Article 2, section 3) states that the municipality should advise the population on risks, including expert health advice on hazardous substances, in particular in crisis or threat of crisis.

In addition, the responsibilities of the Public Health Service and the GHOR are described in the Security Regions Act:

• the Public Health Service is obliged, under Article 33, section 1 of the Wvr, to take the necessary measures in view of its role within medical assistance and the subsequent preparation thereof;
• the Public Health Service is obliged, under Article 33, section 2 of the Wvr, to make written agreements with the GHOR on the commitment in carrying out its tasks and preparing for them, in compliance with the requirements set out in Article 5.1 of the Security Regions Act;
• article 32, section 1 of the Wvc states: “The organisation established by the Medical Assistance Organisation in the Region, is responsible for the coordination, management and control of medical assistance and for advising governments and other organisations in the field of medical assistance.”

GHOR is part of the Safety region organisation in Rotterdam.

1.4 Youth healthcare

Youth Healthcare is legally enshrined in Article 5 of the Wpg, which states that the municipalities are responsible for the implementation of Youth Healthcare. The tasks to be carried out by Youth Healthcare, are very roughly indicated; they are further elaborated in the Public Health Decree. This elaboration is known as the basic package, and describes in more detail what Youth Healthcare should offer and what subjects should at least be addressed during a contact moment. The municipality determines whether the mental healthcare is carried out by the Public Health Service or another provider.

Youth Healthcare implements the National Immunisation Program (NIP). In 2013, the Minister of Health decided to change the method of NIP funding, through statutory anchoring of the NIP in the programme of the Public Health Act. This will probably take effect in 2018. In Rotterdam, implementation of Youth Healthcare is the responsibility of the CJOs Rijnmond.

1.5 Health promotion and lifestyle

The municipality has the task of contributing to planning, implementation and coordination of prevention programmes, including programmes for health promotion (Article 2.2.d in Wpg). The Public Health Decree explains in greater detail what said task will at least comprise, namely: maintaining a structure for cooperation between institutions which perform tasks in the field of health promotion (Article 2.2). The Wpg also stipulates that national policy should be created and that a national support structure should be maintained.

2 Childcare Act

Overseeing childcare is not covered by the Wpg, but is rather the largest statutory oversight role of the Public Health Service. The responsibility lies with the Ministry of Social Affairs. Both the quality requirements to be met by childcare organisations, and the rights and duties of the supervisory authority, are described in the Childcare Act and in present regulations (decrees, regulations, and policies). The Childcare Act (Article 1.62) indicates that all childcare facilities (day care centres, after-school care, kindergartens and child-minding agencies) must be inspected at least once annually by a Public Health Service supervisor. Exceptions to this are host parents, of whom at least 5% must be visited randomly each year.

Another area related to the oversight of childcare and also performed by childcare supervisors, is the oversight of privately funded youth accommodation. Since 2014, this is performed by nine supervisors of seven municipal health services, including that of Rotterdam. This oversight was recently (February 2016) stipulated by the Youth Accommodation Act. The oversight focuses on general administration, security, quality, personnel and educational policies.

3 Burial and Cremation Act

The municipal approach to post mortem examination is based on the Burial and Cremation Act. In Rotterdam, this task is performed by a private company.

4 Environmental Code (introduction expected in 2019)

The Environmental Code, which is likely to enter into force by 2019, establishes that, with changes in the physical environment, the affect on the health (negatively and positively) should be included as a key decision factor. The new Environmental Code and - partly related - changes around (citizen) participation, call for a different policy and a different working method for communities in respect of health and physical living environment.
Annex 3 Life expectancy

Table 6 Life expectancy at birth in 2008 - 2012 in Rotterdam, in years

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>83</td>
<td>82</td>
<td>81.5</td>
</tr>
<tr>
<td>2010</td>
<td>81</td>
<td>80</td>
<td>80.5</td>
</tr>
<tr>
<td>2012</td>
<td>80</td>
<td>79</td>
<td>79.5</td>
</tr>
</tbody>
</table>

Source: Gezondheidsatlas Rotterdam-Rijnmond

Table 7 Life expectancy at birth in G4 cities and the Netherlands 2009 - 2012, in years

<table>
<thead>
<tr>
<th>City</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utrecht</td>
<td>81.5</td>
<td>81</td>
<td>80.5</td>
</tr>
<tr>
<td>The Hague</td>
<td>80.5</td>
<td>80</td>
<td>79.5</td>
</tr>
<tr>
<td>Amsterdam</td>
<td>79.5</td>
<td>79</td>
<td>78.5</td>
</tr>
<tr>
<td>Rotterdam</td>
<td>78.5</td>
<td>78</td>
<td>77</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>77</td>
<td>77</td>
<td>76</td>
</tr>
</tbody>
</table>

Source: RIVM periode 2009-2012 www.volksgezondheidenzorg.info

Table 8 Healthy life expectancy at birth in the Netherlands and Rotterdam, 2012, in years

<table>
<thead>
<tr>
<th>City</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Netherlands</td>
<td>65</td>
<td>64</td>
<td>63</td>
</tr>
<tr>
<td>Rotterdam</td>
<td>62</td>
<td>61</td>
<td>60</td>
</tr>
</tbody>
</table>

Source: landelijk: CBS statline september 2014, Rotterdam: Gezondheidsatlas Rotterdam-Rijnmond
Annex 4 Self-direction and other health scores

Table 9 Self-direction in Rotterdam and the Rotterdam areas in 2014 and 2016 as a % (15 years and older)

<table>
<thead>
<tr>
<th>Area</th>
<th>Linear (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Centre</td>
<td>25%</td>
</tr>
<tr>
<td>Delfshaven</td>
<td>20%</td>
</tr>
<tr>
<td>Overschie</td>
<td>15%</td>
</tr>
<tr>
<td>Noord</td>
<td>10%</td>
</tr>
<tr>
<td>Hillegersberg-Schiebroek</td>
<td>5%</td>
</tr>
<tr>
<td>Pan-Antwerpdam</td>
<td>0%</td>
</tr>
<tr>
<td>Waterland</td>
<td>6.8</td>
</tr>
<tr>
<td>Oost</td>
<td>6.2</td>
</tr>
<tr>
<td>West</td>
<td>6.2</td>
</tr>
<tr>
<td>Feijenoord</td>
<td>5.4</td>
</tr>
<tr>
<td>IJsselmonde</td>
<td>6.5</td>
</tr>
<tr>
<td>Pernis</td>
<td>7.0</td>
</tr>
<tr>
<td>Charlois</td>
<td>6.6</td>
</tr>
<tr>
<td>Hoogvliet</td>
<td>6.5</td>
</tr>
<tr>
<td>Hoek van Holland</td>
<td>7.0</td>
</tr>
<tr>
<td>Rozenburg</td>
<td>5.9</td>
</tr>
<tr>
<td>Rotterdam</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Source: Wijkprofiel 2016 (District Profile 2016)

Table 10 Health and disease among persons 19 years or older in the G4 and the Netherlands (%)

<table>
<thead>
<tr>
<th></th>
<th>Rotterdam</th>
<th>Amsterdam</th>
<th>The Hague</th>
<th>Utrecht</th>
<th>The Netherlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived health (very good or good)</td>
<td>70.9</td>
<td>74.9</td>
<td>72.5</td>
<td>77.6</td>
<td>76.5</td>
</tr>
<tr>
<td>At least 1 chronic condition (under treatment of family doctor or specialist) in the past 12 months</td>
<td>44.2</td>
<td>42.0</td>
<td>43.9</td>
<td>39.9</td>
<td>45.8</td>
</tr>
<tr>
<td>At least 2 chronic conditions (are/are not under treatment of family doctor or specialist) in the past 12 months</td>
<td>31.2</td>
<td>32.0</td>
<td>32.8</td>
<td>28.9</td>
<td>32.2</td>
</tr>
<tr>
<td>Diabetes (under treatment of family doctor or specialist) in the past 12 months</td>
<td>6.8</td>
<td>6.2</td>
<td>6.5</td>
<td>5.7</td>
<td>5.9</td>
</tr>
<tr>
<td>Asthma or COPD (under treatment of family doctor or specialist) in the past 12 months</td>
<td>6.2</td>
<td>5.4</td>
<td>7.0</td>
<td>6.6</td>
<td>5.9</td>
</tr>
<tr>
<td>Overweight BMI &gt;= 25</td>
<td>49.1</td>
<td>39.7</td>
<td>48.5</td>
<td>38.4</td>
<td>48.3</td>
</tr>
<tr>
<td>Obesity BMI &gt;= 30</td>
<td>14.8</td>
<td>11.3</td>
<td>14.1</td>
<td>10.4</td>
<td>12.7</td>
</tr>
<tr>
<td>Moderate and high risk of depression or anxiety</td>
<td>48.6</td>
<td>46.4</td>
<td>48.8</td>
<td>39.8</td>
<td>39.8</td>
</tr>
</tbody>
</table>

Source: Tabellenboek G4 Gezondheidsmonitor 2012, herdenkisversie december 2014
Table 11 Health and disease among young people in Rotterdam and the Netherlands (%)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rotterdam</th>
<th>The Netherlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived health (very good, good), 0 to 11 years (2014)</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>Perceived health (very good, good), 13 to 16 years (2015)</td>
<td>89</td>
<td>88</td>
</tr>
<tr>
<td>At least one disease or condition, 0 to 11 years (2014)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>At least 1 disease or condition, 13 to 16 years (2015)</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Asthma or bronchitis, 0 to 11 years (2014)</td>
<td>6.8</td>
<td></td>
</tr>
<tr>
<td>Asthma or bronchitis, 13 to 16 years (2015)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Diabetes, 0 to 11 years (2014)</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Diabetes, 13 to 16 years (2015)</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>(moderate) Overweight, 4 to 11 years (2014)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>(moderate) Overweight 13 to 16 years (2015)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Increased risk of psycho-social problems among 3rd year Sec. Ed pupils (2013/2014)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Increased risk of psycho-social problems, 4 to 11 years (2014)</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>


Annex 5 Health determinants

Table 12 Overview of health determinants for Rotterdam and other major cities (G4), 19 years and older as a %

<table>
<thead>
<tr>
<th>Definers of health</th>
<th>Indicator</th>
<th>Rotterdam</th>
<th>Amsterdam</th>
<th>The Hague</th>
<th>Utrecht</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socio-economic status</td>
<td>Indicator</td>
<td>Rotterdam</td>
<td>Amsterdam</td>
<td>The Hague</td>
<td>Utrecht</td>
</tr>
<tr>
<td>Share highly-qualified people (HBO, WO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share employed (people with paid job)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households under low income limit (income &lt; 110% of social minimum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard to make ends meet (NNGB)</td>
<td></td>
<td>34.2</td>
<td>32.7</td>
<td>33</td>
<td>28.9</td>
</tr>
<tr>
<td>Lifestyle (moderate)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td>26.7</td>
<td>28.4</td>
<td>28.2</td>
<td>23.7</td>
</tr>
<tr>
<td>Overweight (%)</td>
<td></td>
<td>49.1</td>
<td>39.7</td>
<td>48.5</td>
<td>38.4</td>
</tr>
<tr>
<td>Morbid obesity (BMI &gt;= 30)</td>
<td></td>
<td>14.8</td>
<td>11.3</td>
<td>14</td>
<td>10.4</td>
</tr>
<tr>
<td>Exercise (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% that meet the NNGB</td>
<td></td>
<td>54.1</td>
<td>63.7</td>
<td>59.3</td>
<td>60</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Excessive alcohol consumption</td>
<td>6.9</td>
<td>10.8</td>
<td>7.4</td>
<td>8.8</td>
</tr>
<tr>
<td>Social living environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loneliness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security perception (satisfied with neighbourhood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical living environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air quality % inhabitants that live on a busy road or highway/ exposure to soot/EC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-direction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessibility of healthcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

65. 19-65 year old’s, source: Gezondheidsatlas Rotterdam-Rijnmond 2012.
68. Green = positive significantly different from the G4.
69. Black = negative significantly different from the G4.
Annex 6 Elaboration of objectives

Elaboration of objectives memorandum 2016-2020

Table 13 Elaboration of objectives

<table>
<thead>
<tr>
<th>Elaboration of the main objective</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2020, the healthy life expectancy in Rotterdam will have increased versus the 2012 figures. This increase must also be reflected in vulnerable groups.</td>
<td>Health monitor (youth and adults), RIVM/CBS</td>
</tr>
<tr>
<td>• Rotterdam achieves the objectives on the spearheads to reduce smoking, gain a healthy weight, enough exercise, less (excessive) alcohol consumption, reduce diabetes, depression, improve air quality and reduce onset hearing loss.</td>
<td></td>
</tr>
</tbody>
</table>

In the following objectives, Rotterdam follows the spearheads of the nationwide Public Health memorandum:

**Fewer smokers**
In 2020, there will be fewer smokers in Rotterdam versus the estimate in 2015 (youth) and 2012 (adults).

**Healthy weight**
Rotterdam residents will have a healthier weight by 2020, versus the estimate in 2012.

**Enough exercise**
According to the Dutch standard for Healthy Exercise, more Rotterdam residents will exercise in 2020, versus the estimate in 2012.

**Less alcohol consumption**
• Decrease in the consumption of alcohol and drugs among students versus 2013.
• Decrease alcohol and drug consumption among risk groups youth and within risk settings 74 versus 2013.

**Reducing diabetes type II**
By 2020, the proportion of people with diabetes will remain stable versus the estimate in 2012, taking into account the ageing of the population.

**Better socio-emotional health and less depression**
• In 2020, more young people will have better socio-emotional health versus 2015.
• The increase in the proportion of people in Rotterdam with a depression will have levelled out by 2020.

**Better air quality**
In 2020, exposure to elemental carbon (soot) and nitrogen dioxide (NO2) in the air will have decreased versus the 2014 figures.

**Less onset hearing loss**
In 2020, we will have fewer young people and young adults with (onset) hearing loss versus the 2015 figures.

**Health in your own hands**
More Rotterdam residents are making healthy choices.

**Prevention prominent in healthcare, welfare and youth policy**
For the people of Rotterdam, there are more preventative options available in contracted healthcare and welfare services.

**Professionals in healthcare and welfare are making more efforts for healthy and active lifestyle of patients and clients.**

---

73. Blijf helder- Programma Drugs & Alcohol II
74. Young people in practical training and special education, and the first two levels of the Regional Training Centres.
75. Koersnota Schone lucht, voor een aantrekkelijk en gezond Rotterdam 2015-2018 (Directional memorandum on clean air).
### Health protection: Healthy and Safe in the city

<table>
<thead>
<tr>
<th>Description</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>The quality and organisation of health protection (infectious disease control, medical environmental health and hygiene care) is at a high level.</td>
<td>IGZ-report and regular certification report</td>
</tr>
<tr>
<td>Crisis response is in place (GROP and GHOR).</td>
<td>HKZ and ISO certification</td>
</tr>
</tbody>
</table>

### Ambition e-public health and innovation

<table>
<thead>
<tr>
<th>Description</th>
<th>Measuring instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>More people in Rotterdam have access to e-health and home technology and make use thereof.</td>
<td>Subsidy decisions, procurement and evaluation thereof, evaluation agreements with partners</td>
</tr>
</tbody>
</table>
Colophon

The 2016-2020 Public Health memorandum “Rotterdam: a healthy city” was published by the municipality of Rotterdam, cluster Social Development, Directorate of Public Health, Welfare & Healthcare

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