

Hoe veranker je preventieve aanpak van leefstijl gerelateerde aandoeningen in praktijk en beleid?

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- Tilburg



Successes of Prevention last 40 years

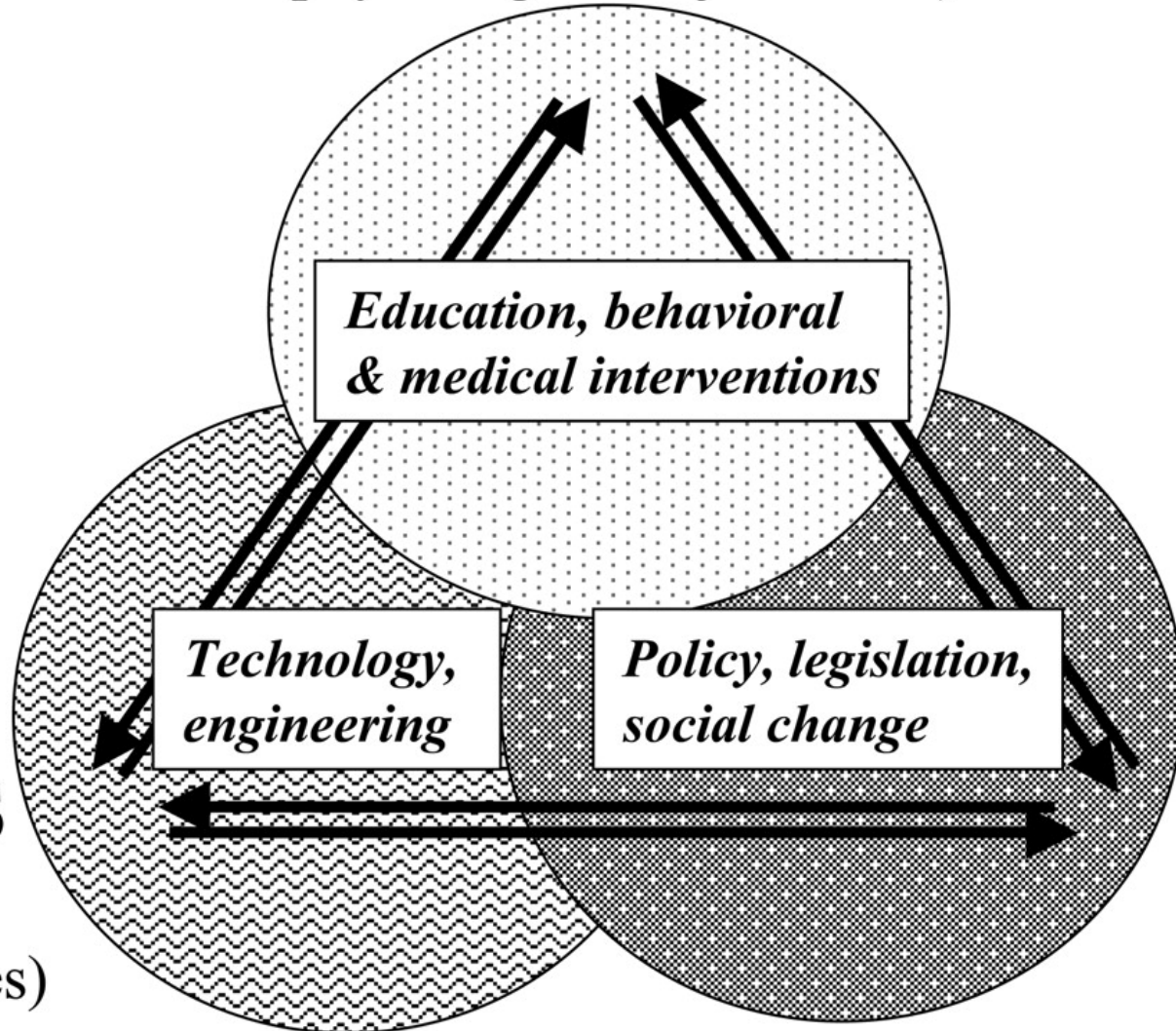
- * Tobacco control
- * Screening of high blood pressure,
- * Lowering of high cholesterol (statins)
- * Vaccination program (children, influenza)
- * Prevention of injury in work place, prevention of work related diseases
- * Reformulation of food: removal of trans fatty acids
- * Traffic safety (seat belts, air bags)
- * Screening of breast cancer and cervical cancer
- * Prevention of rhesus disease
- * Screening heel prick
- * Screening in youth health care
- * Cariës prevention
- * Burning wounds, drowning, poisoning
- * Aids prevention
- * Screening of Downsyndroom



Hosts

(biology, behavior, attitudes
physiological adjustments)

**Agent = energy
imbalance**



Vectors

(energy density,
portion size, machines)

Environments

(physical, economic,
policy, sociocultural)

Earlier success

- * Control of infectious diseases (vaccination, safe drinking water, waste disposal, anti biotics, ...)
- * Fluoridation of drinking water
- * Iodine in salt
- * ...

Definition Policy

Key elements

- * Action
 - * Means
 - * Time
 - * Purpose
 - * (Authority)
-
- * However: not value free (normative), no claim for solutions

Public policy (Eyler et al.)

- * Laws, regulatory measures, courses of action and funding priorities concerning a given topic (public health) by a governmental entity or its representatives.

McLeroy 1998



Social model of health



The Determinants of Health (1992) Dahlgren and Whitehead

Complexity of PH problems

- * Require broad, multi faceted solutions
- * Affecting both individual and environment
 - * Example of salt in composed food products
 - * Other examples?
- * More PH problems in lower SEP groups



The Determinants of Health (1992) Dahlgren and Whitehead

Wicked Problems

Every problem is unique

Problems are never completely solved

There is no clear problem definition

Can take a *long* time to evaluate solutions

Are multi-causal multi-scalar & interconnected

Solutions are not right/wrong, but better/worse

Multiple stakeholders with conflicting agendas

Every solution ramifies throughout the system

Every wicked problem is connected to others

Straddle organizational & disciplinary boundaries

Understanding systems



A bicycle is a system made up of **many separate parts**



No single part operates the system **alone**



The bicycle can only be ridden when **all parts work together**

The function of the system is different from **the sum of the parts**

Whole systems approach

Traditional

Silo working

Generalising

Individual,
isolated activities

Linear causes
and effects

Top down control

Systems

Integrated/
the whole system

Tailored to context:
what matters here?

Looking at how systems
work as a whole

Dynamic feedback loops

LA holding the ring,
stakeholders are partners

Systems ingredients

- Definition of a local whole systems approach
- Simple and complex systems

- Local context

- Shared vision and aligned actions
- Prioritisation of actions

- Dynamic approach
- Feedback loops
- Unintended consequences

- Leadership at all levels

Systems behaviours

Health inequity is persistent

- * A bad start in health has long term effects
 - * Overweight, psycho-social development
- * Less access to information services and assets
- * Greater risk of exposure
 - * Housing, crime, social pressure
- * Less control over living conditions
 - * Finances
- * Health care system does not contribute to equity
 - * Health literacy



Health in all policies recognizes

- * Risk factors of major diseases are modified by measures that are often managed *by other gov't sectors* and other actors in society (e.g. food sector, infrastructure, housing).
- * Broader societal health determinants (education, employment and the environment) influence the *distribution of risk factors* among the population, thereby resulting in *health inequalities*.
- * So
 - * Shift the emphasis slightly from individual lifestyles and single diseases to societal factors that shape our *living environments*.

Advantages of policy...

... above individual actions

- * Can affect both environment and health (behavior)
- * Can provide cues/opportunities for behavior change (also unconscious behavior, habits)
- * Can alter social norms (smoking, active travel)
- * Large populations
- * More sustainable

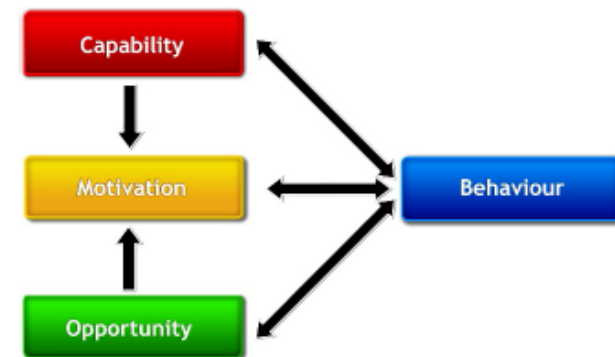
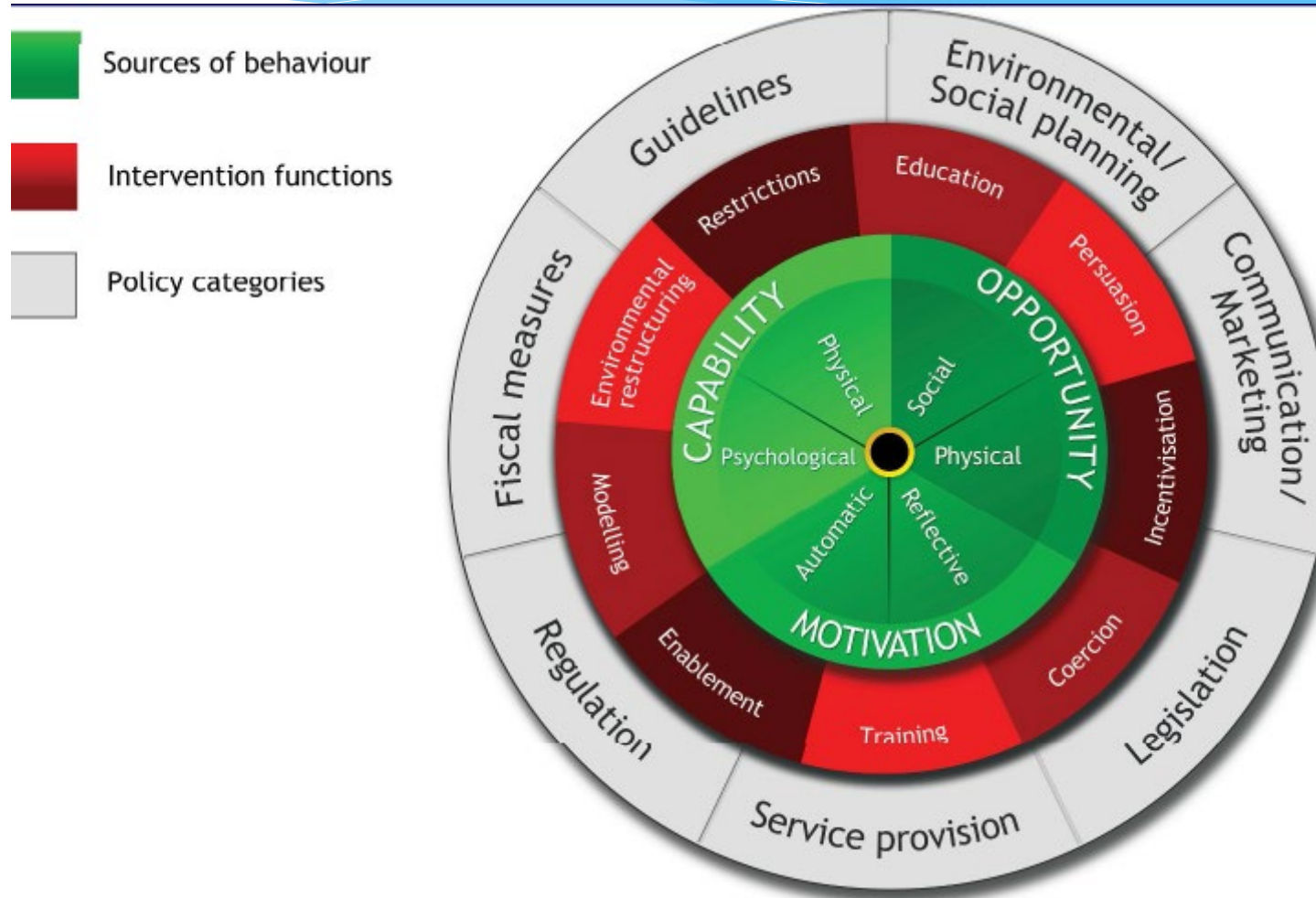


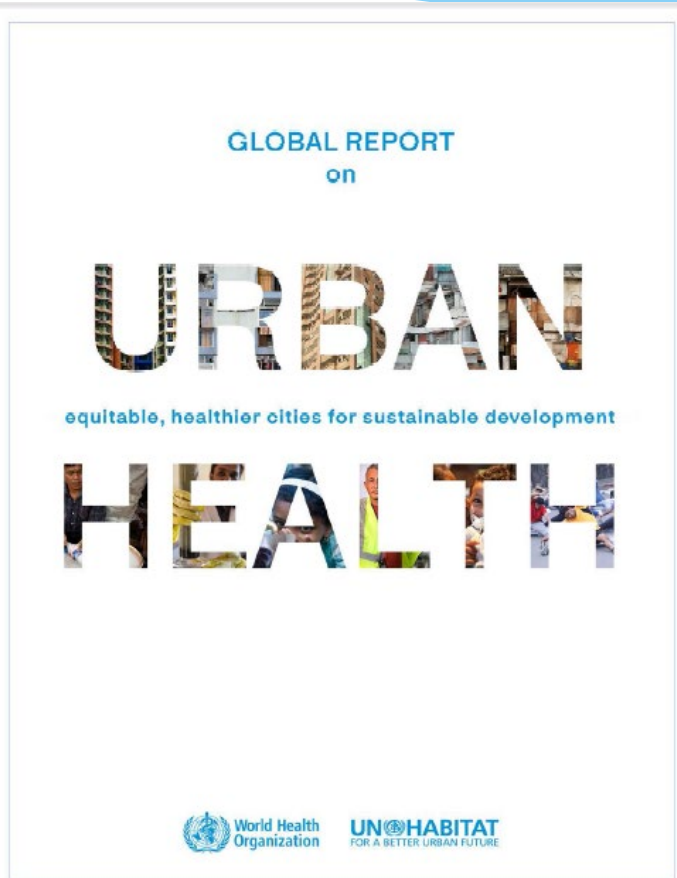
Figure 1 The COM-B system - a framework for understanding behaviour.

Behavior change wheel



The behaviour change wheel: A new method for characterising and designing behaviour change interventions
Michie et al.

A vision for healthier cities



Potential of urban planning on health

Health protection

- * Quality of Housing
- * Urban transport (healthier, safer and more sustainable).
- * Safety and urban violence
- * Quality of Food
- * Clean air, water and land

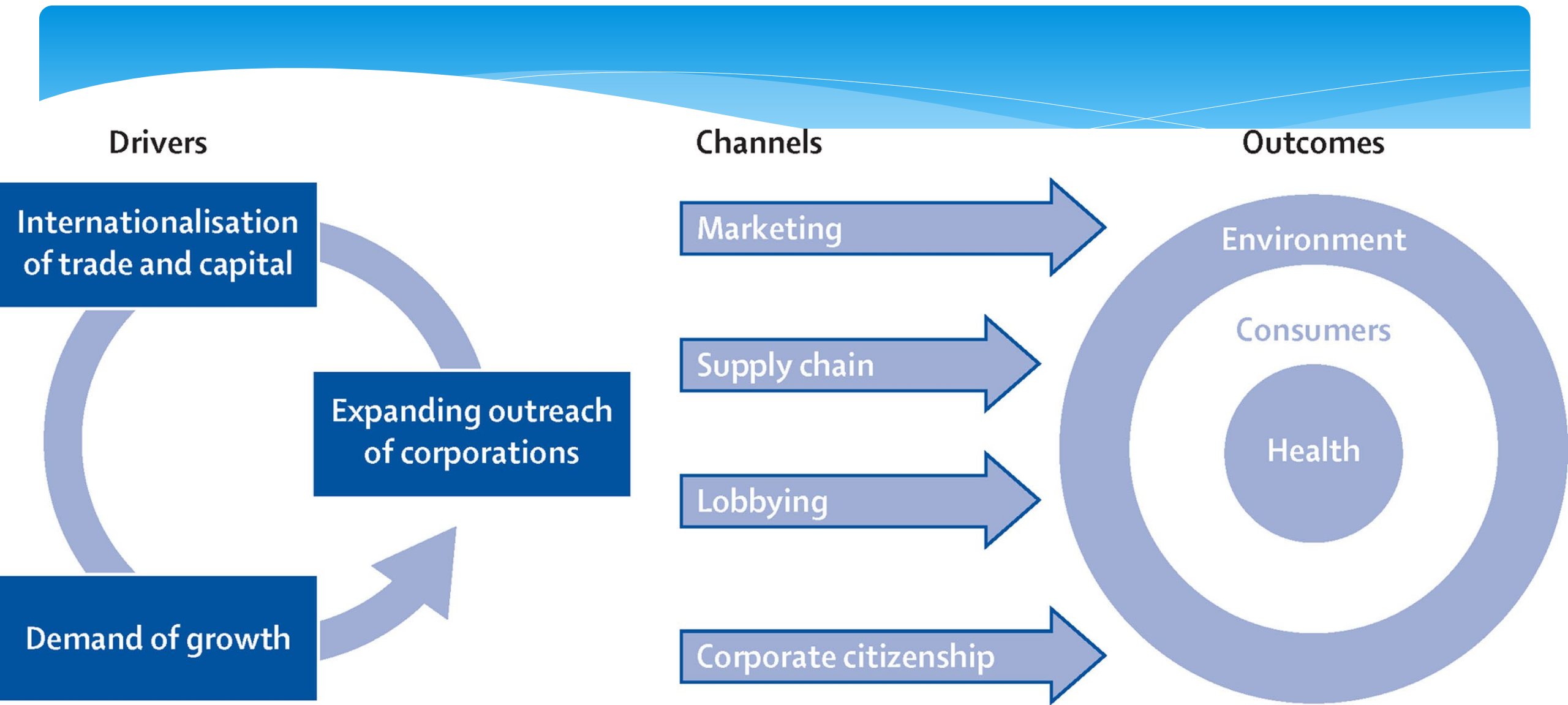
Health promotion

- * Design that enables healthy behavior

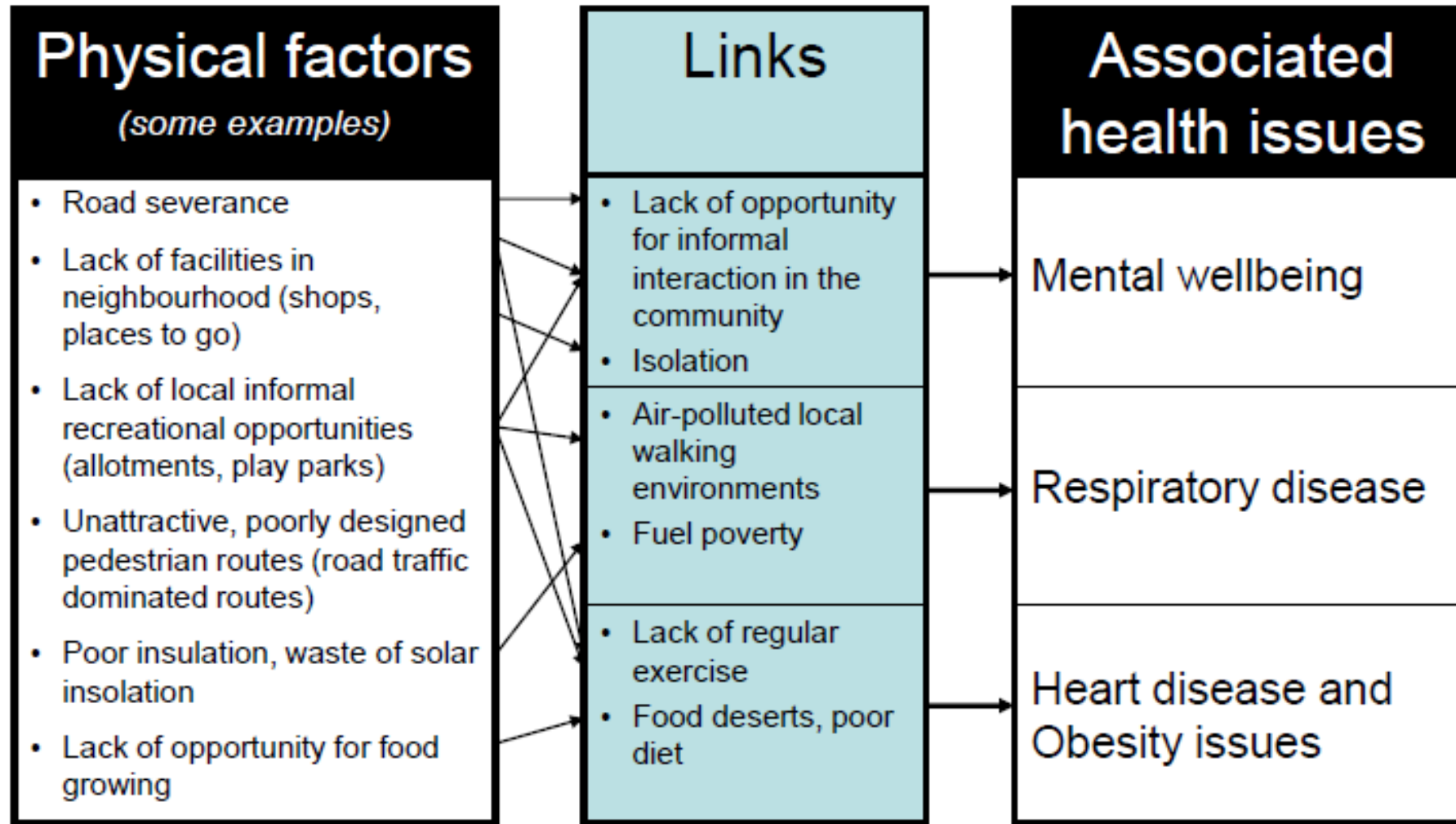
Reduce inequality

Approach

- * multisectoral and sustainable.



How does Urban Planning affect health?



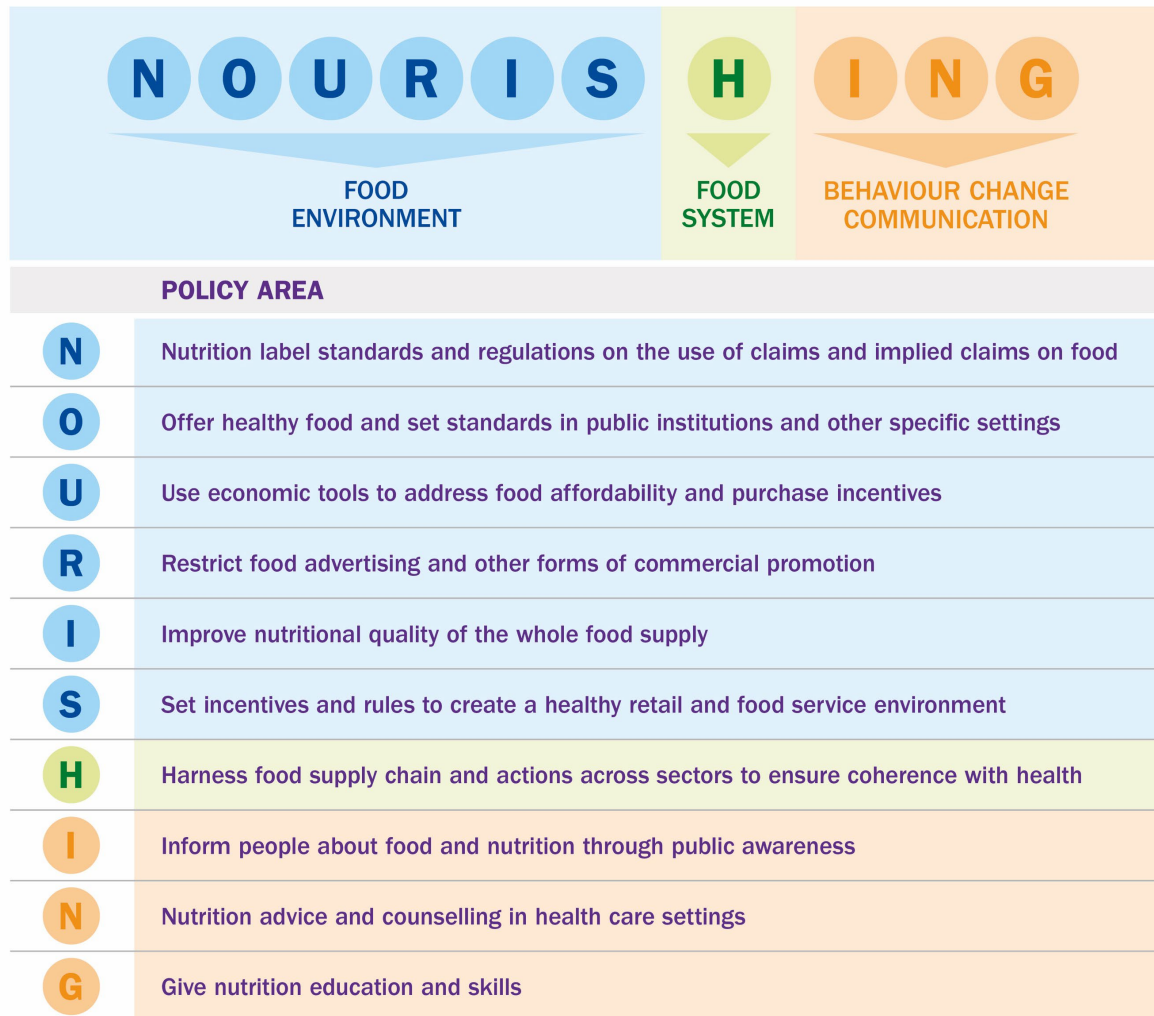
Impact of interventions

- * **General:**
 - * Not much research investigating the impact van HiAP on health or on health inequity.
- * **But:**
 - * What works for general populations usually works for people with low SEP
- * **However:**
 - * With regarding to closing the gap
 - * Groups with high SEP benefit more from
 - * Have more access and compliance in healht communication
 - * Groups with low SEP benefit more
 - * Price measures

Action needed across all sectors of society



Our NOURISHING framework



Policy makers



Civil society organisations



Researchers

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Domain		Policy area	Examples of potential policy actions
Food environment	N	Nutrition label standards and regulations on the use of claims and implied claims on foods	eg, nutrient lists on food packages; clearly visible “interpretive” and calorie labels; menu, shelf labels; rules on nutrient and health claims
	O	Offer healthy foods and set standards in public institutions and other specific settings	eg, fruit and vegetable programmes; standards in education, work, health facilities; award schemes; choice architecture
	U	Use economic tools to address food affordability and purchase incentives	eg, targeted subsidies; price promotions at point of sale; unit pricing; health-related food taxes
	R	Restrict food advertising and other forms of commercial promotion	eg, restrict advertising to children that promotes unhealthy diets in all forms of media; sales promotions; packaging; sponsorship
	I	Improve the nutritional quality of the whole food supply	eg, reformulation to reduce salt and fats; elimination of trans fats; reduce energy density of processed foods; portion size limits
	S	Set incentives and rules to create a healthy retail and food service environment	eg, incentives for shops to locate in underserved areas; planning restrictions on food outlets; in-store promotions
Food system	H	Harness the food supply chain and actions across sectors to ensure coherence with health	eg, supply-chain incentives for production; public procurement through “short” chains; health-in-all policies; governance structures for multi-sectoral engagement
Behaviour-change communication	I	Inform people about food and nutrition through public awareness	eg, education about food-based dietary guidelines, mass media, social marketing; community and public information campaigns
	N	Nutrition advice and counselling in health-care settings	eg, nutrition advice for at-risk individuals; telephone advice and support; clinical guidelines for health professionals on effective interventions for nutrition
	G	Give nutrition education and skills	eg, nutrition, cooking/food production skills on education curricula; workplace health schemes; health literacy programmes

Conclusions

- Adequate policies to address chronic noncommunicable diseases:
 - Adopt a systems approach
 - Include health in all policies
 - Address upstream drivers of poor health
 - Take a life-course approach
 - Target health inequalities