



Lessons from a life in HEALTH PROMOTION in the Netherlands

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Good Morning

>30 yrs at the National Institute NIGZ

- From health education to health promotion
- Training, policy, advocacy
- International inspiration

- Board of Netherlands Public Health Federation

GREETINGS



Population: 16,491,461

Age structure:

<i>0-14 years:</i>	18%
<i>15-64 years:</i>	67.8%
<i>65 years and over:</i>	14.2%

Population: 5,439,448

Age structure:

<i>0-14 years:</i>	16.7%
<i>15-64 years:</i>	71.3%
<i>65 years and over:</i>	12%

(July 2006 est.)



The Dutch Public Health Federation

The role of the Dutch PH Federation

- To advocate for equity in health
- Bring people together
- To stimulate professionalism
 - Adequate research
 - Use of available knowledge
 - Up to date competencies and skills
- To stimulate a new generation of leaders
- To learn from international exchanges

A short history

- 1962 First Health Education report
 - Government does not want a new profession!!
- 1973 First training courses
- 1980 Several University faculties
- 1980 National institute NIGZ
- 1986 First policy paper
- 1998 Research program financed
- 2004 about 1500 Health Promotion specialists

A slow, but steady growth in capacity

The recent developments

- RCT and EVIDENCE BASED.....
- No funding for unscientific work
- 10 years experience with reviews:
 - Few adequate data
 - Few helpful conclusions
 - What now
- Availability doesn't guarantee use

How to get useful evidence

1. WHAT

information do we need

to do a quality job in health promotion?

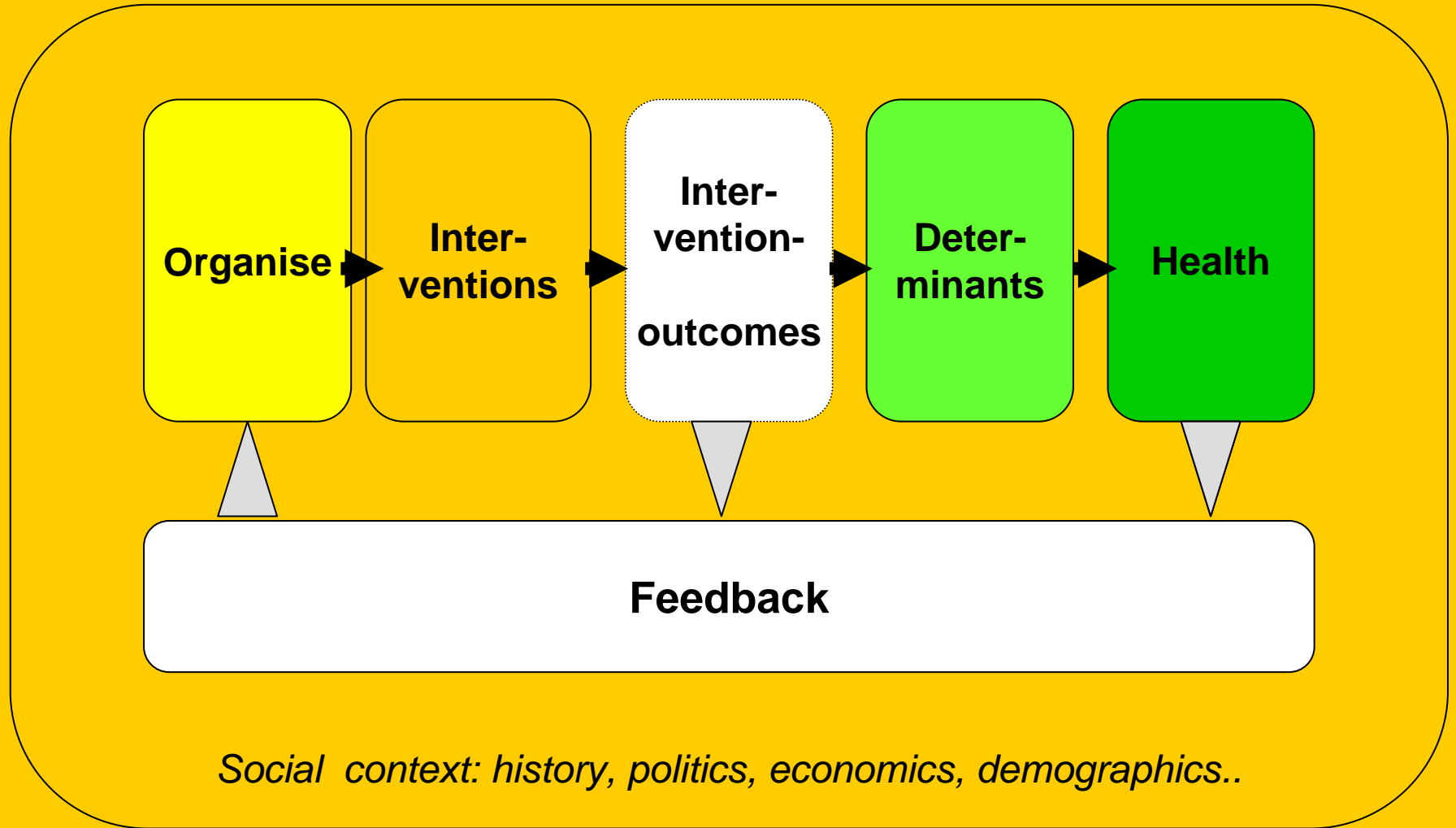
2. HOW

to do adequate research

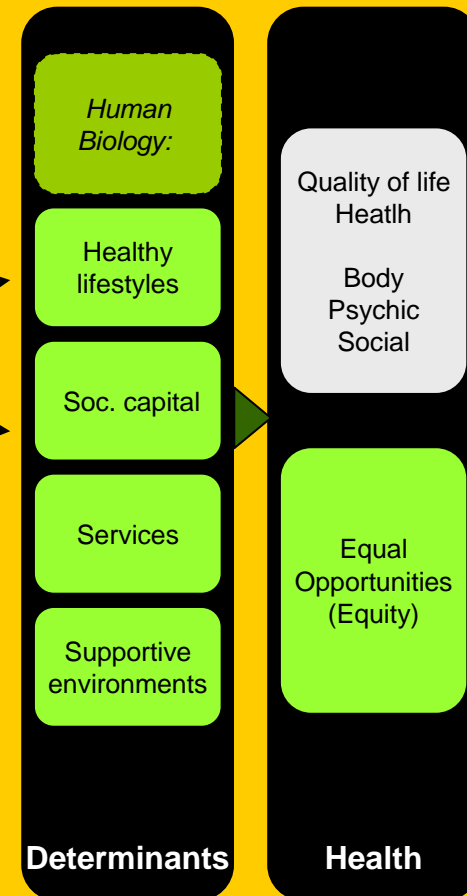
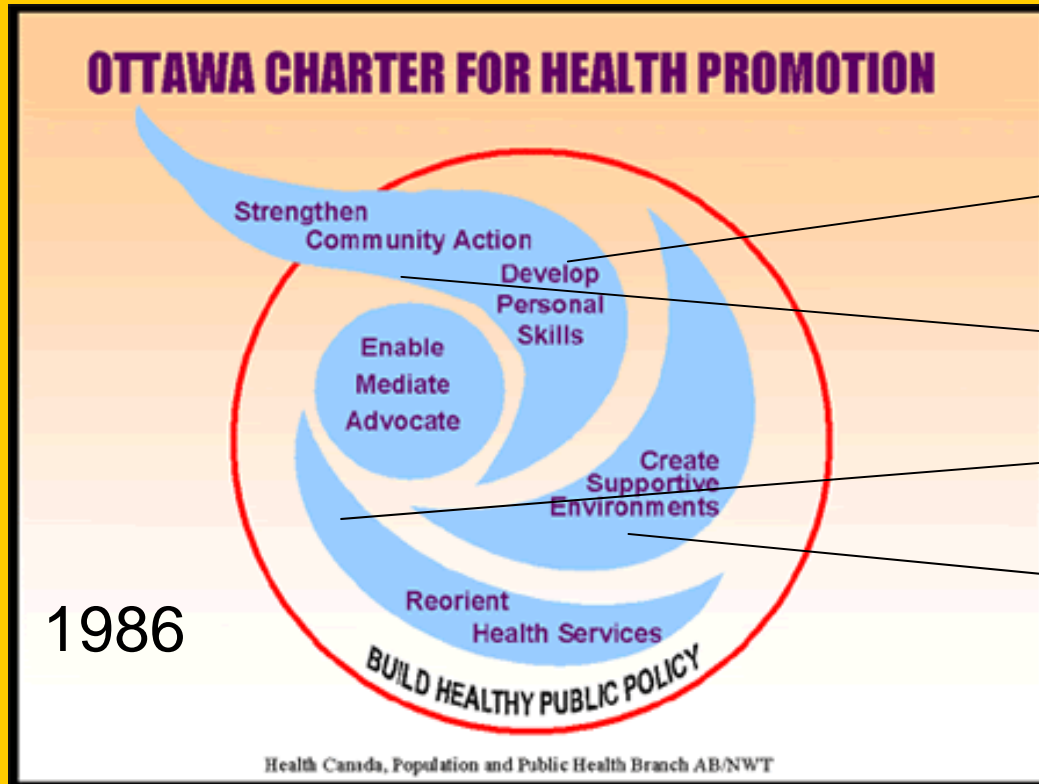
3. HOW

to make sure that the available evidence is used and useful.

1. WHAT: Health promotion framework: to organise interventions for health

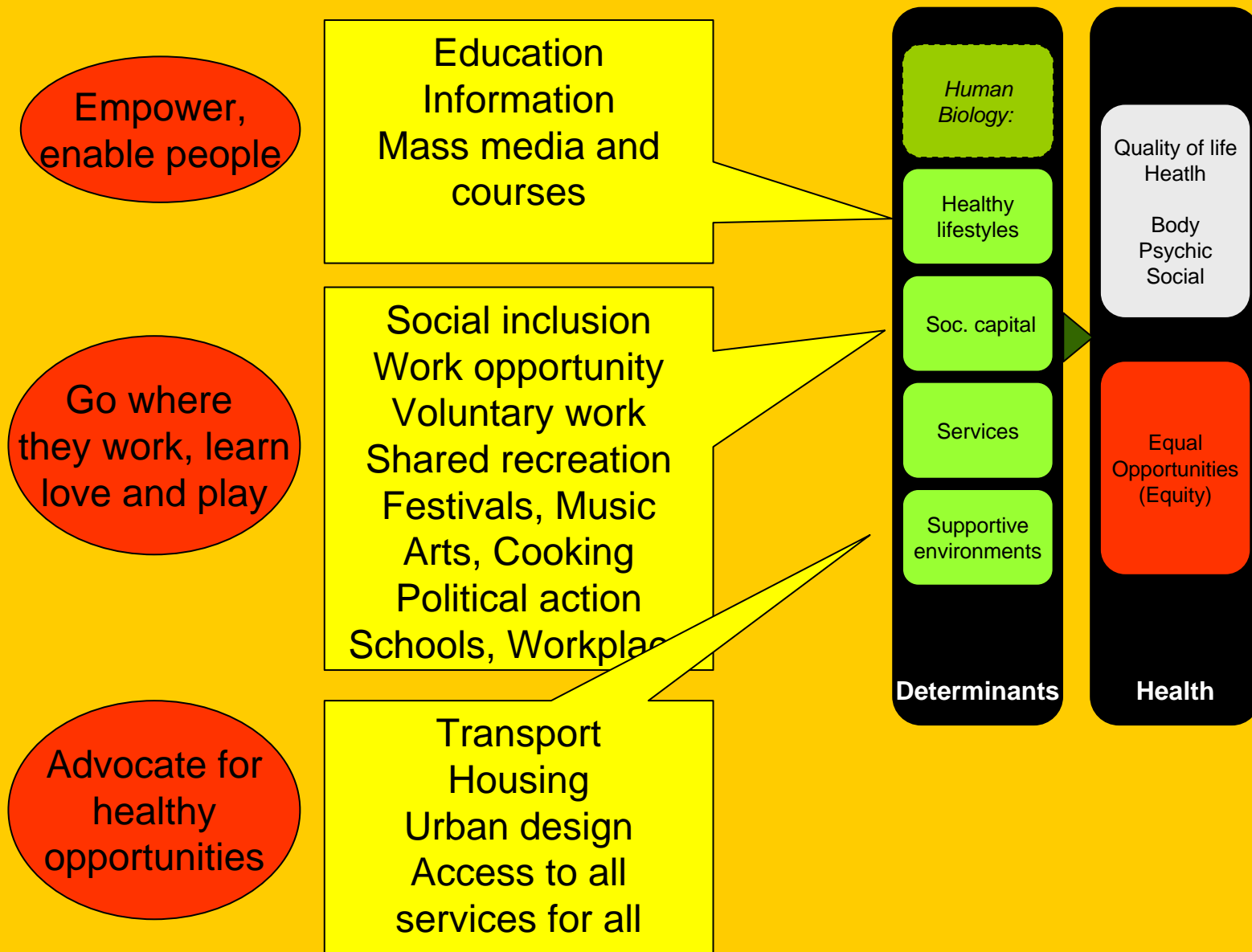


Health promotion framework

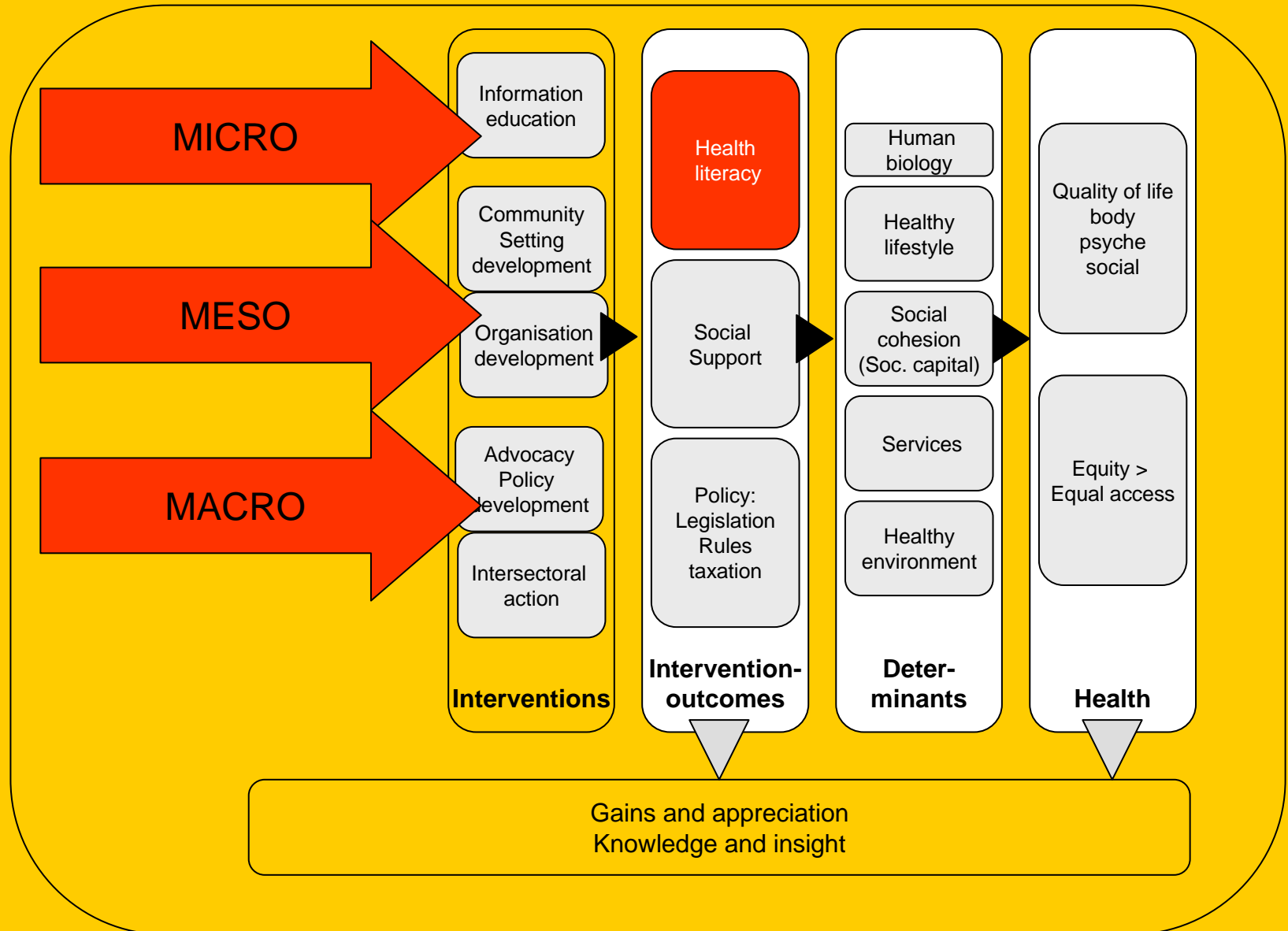


We just reinvented Ottawa

Health promotion framework



Use multilevel interventions



To organise: required conditions

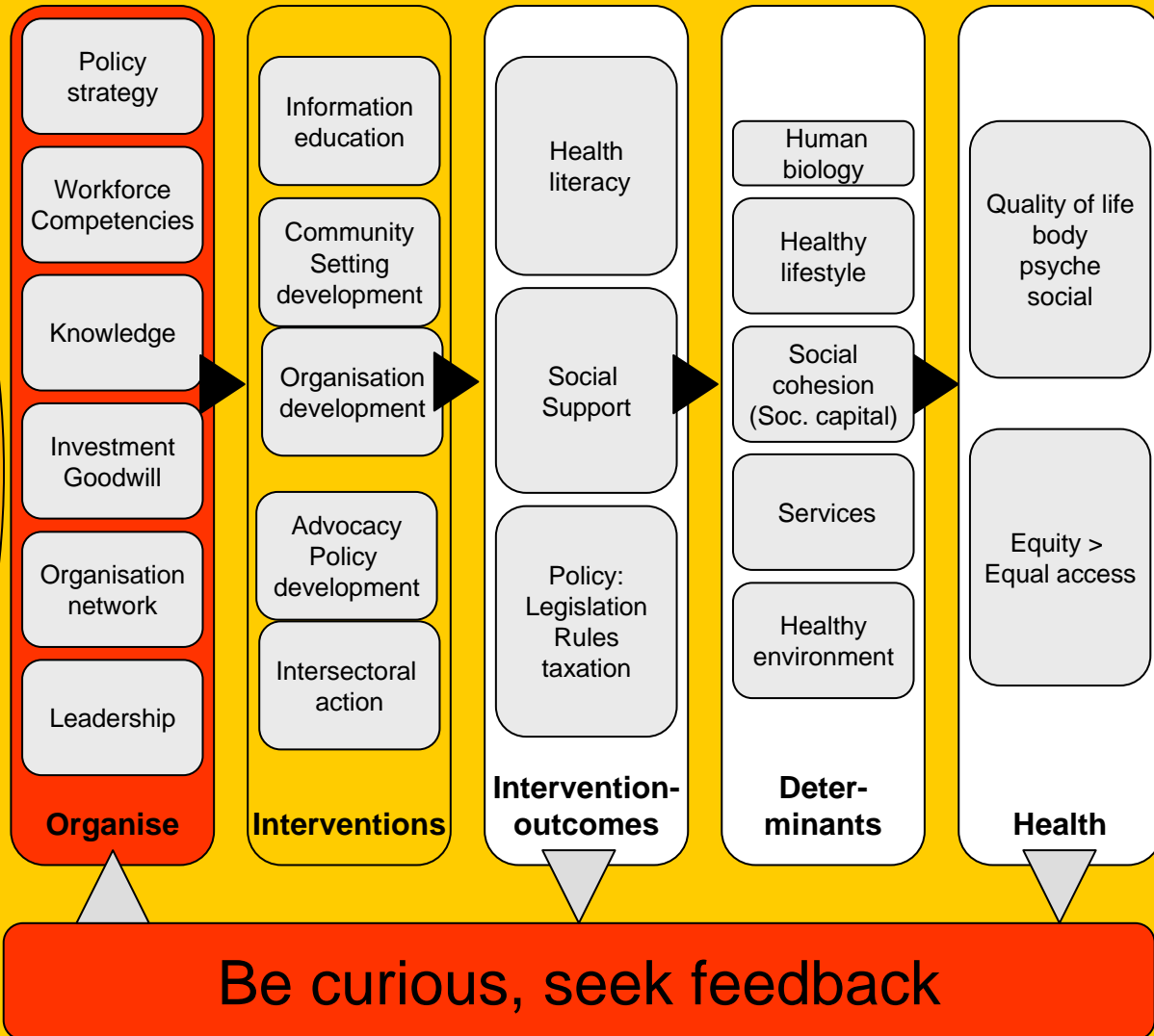
CHANCES & RISKS

societal context

history front page trends

demografy

economy culture political



So: two sets of “determinants”

DETERMINANTS OF EFFECT

= CAPACITY

- Policy
- (Wo)menpower
- Methods
- Knowledge
- Investment
- Org. /Networking
- Leadership

DETERMINANTS OF HEALTH

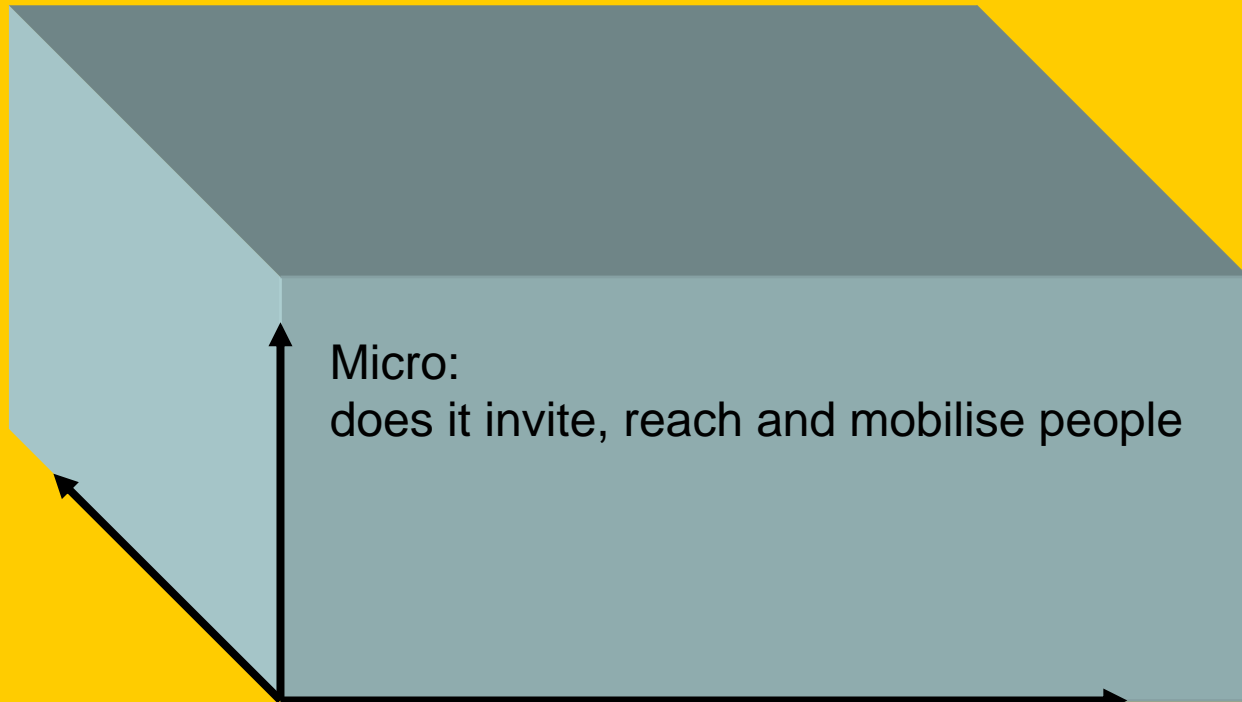
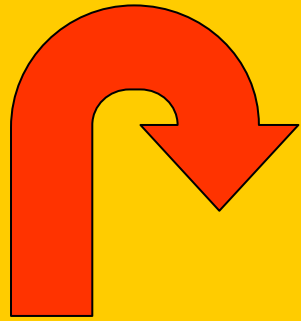
- Personal
- Social
- Structural
 - Services
 - Environment
 - (context)

The framework as Audit tool to stimulate quality in HP

- What health
- How about equity
- A variety of determinants
- So a variety of interventions MMM
- Is the capacity adequate?

- Do people participate now and next time?
- Is your project a building blocks?

So: Projects as building blocks

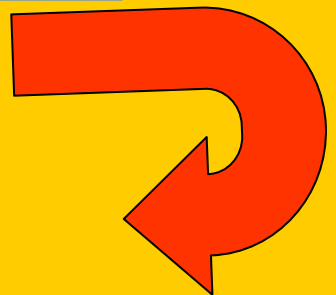


Meso:
does it create
partnerships:

Do people enjoy
the collaboration
for health

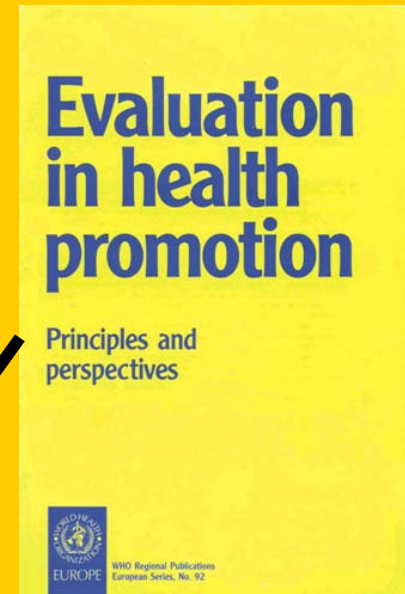
Micro:
does it invite, reach and mobilise people

Macro: does it mobilise power, money, goodwill



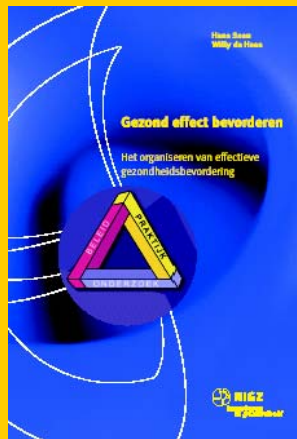
CAPACITY BUILDING

2. HOW to do adequate research



Models
ideas
advice

many
sources

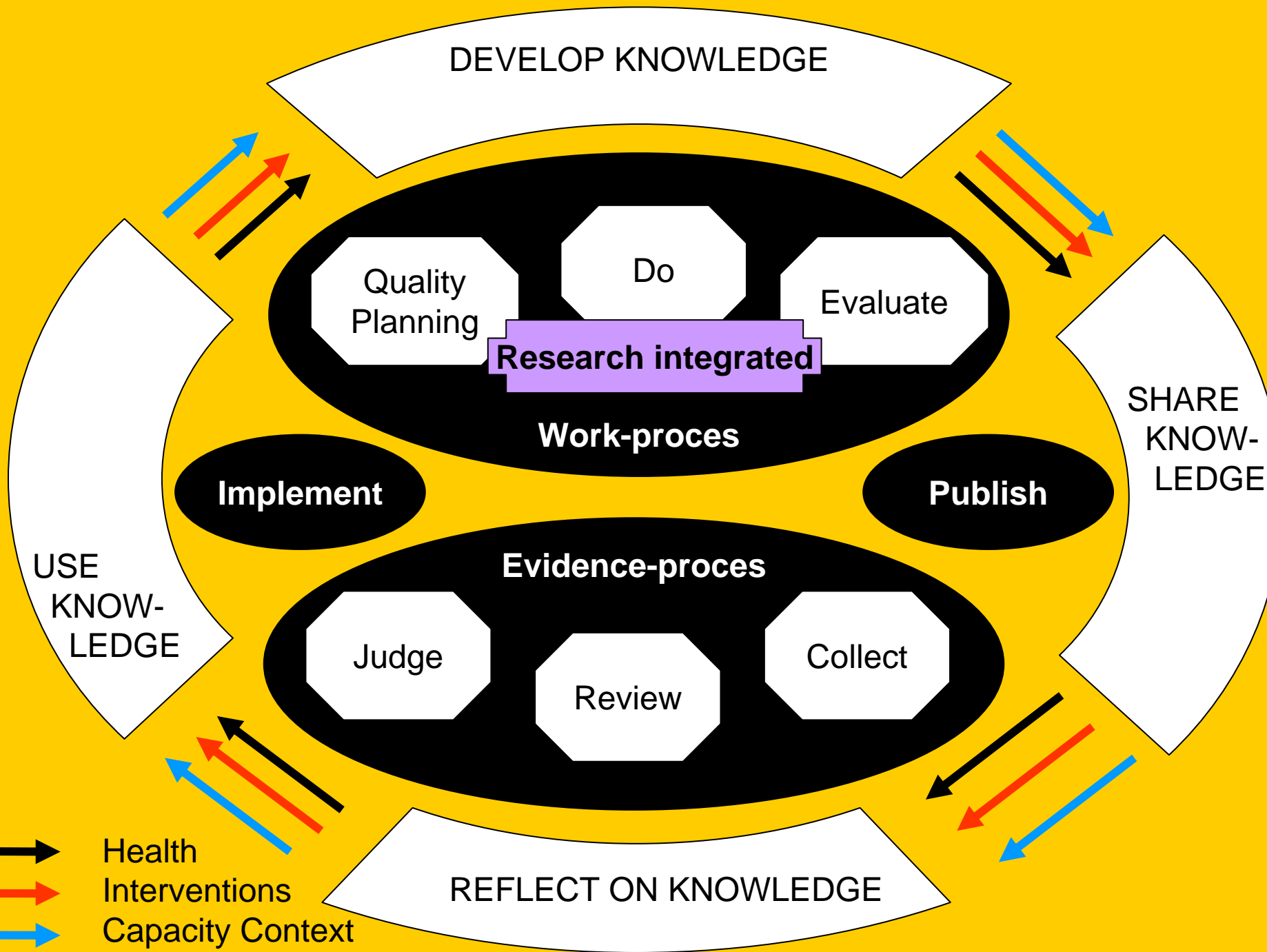


University
textbook

Quality
standard

3. How to make evidence useful

- Not enough reflection and evaluation
- Not enough shared
- Only few reviews
 - of 3000 studies we rejected 2990.....
- That are hard to use
- And not easy to find for every professional without a central point .



A good project

- 4 national conferences 1400 participants
- Free participation
- Free book 1499
- Free placemat, a good mistake
- Visits to all institutes and universities
- For follow up the money before the plan

What we learned about Health Promotion

- Epidemiology is one-sided, we lack data on capacity and interventions
- Too optimistic about micro interventions
- To combine MMM takes time
- We need realistic expectations
- To build capacity: a gradual increase of power, investment and professionalism



I wish you all a healthy job
and hope to be back again
(and in the opera)

Thank you