

Health-enhancing physical activity (HEPA) Policy Audit Tool (PAT)

[The Netherlands]

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covering situation until October 2010

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Overview of the HEPA PAT

This tool is divided into four sections:

- Section A** aims to capture an overview of the *government structure* and *history* of physical activity policy in your country;
- Section B** is concerned with the *content* of relevant policy and the *development* process of identified HEPA policy;
- Section C** is focused on the experience of *implementation* of the HEPA policy;
- Section D** presents a short summary of the *process undertaken* to complete the HEPA Policy Audit Tool and who was involved in the process

SECTION A – Background information and context

1. Please provide an overview of the ***institutional structure*** in your country. Provide enough detail to assist the reader in understanding the government / organisational system in your country and where physical activity policy and action has previously been addressed. Include details of whether your country has a centralised or federal structure, as well as which level of government is responsible for health, physical activity, sports and recreation.

National level

On a governmental or national level the Ministry of Health, Welfare and Sport (VWS) is responsible for sport, physical activity and health policy, initiation of and delivery of framework for action plans/programs guidelines and subsidies; also linkages with other ministries (and sectors) concerning physical activity promotion is one of their tasks.

On a national level we have two private/NGO's that support provincial and local sports and p.a. promotion:

1. NOC*NSF (National Sports Federation): organization of (specific) sport associations and local sport clubs. They also implement non-specific sport programs like the Olympic plan and National campaign 'Netherlands sporting country'.
2. NISB (Netherlands Institute for Sport and Physical Activity): its mission is to promote sport and p.a. in order to improve health, participation and other social values. It is an institute involved in knowledge and innovation, and implementation of programs and interventions, for example sports for all, sport and health and education, social inclusion of migrant youth through sport, campaign '30 minutes moving' etc. NISB executes monitoring and evaluation of programs/projects but is not implementing scientific research. NISB is an important player in implementation of government policy.

Provincial level

Provincial government makes policy which concerns the provincial area but transcends the interest of single municipalities. This may result in support to improve the sports and physical infrastructure, environment, promotion both within the province as well as within individual or a group of municipalities, depending on policy. In general provincial policy follows in main lines national policy.

Each province has a provincial sports organization (ngo) that offers support to municipalities and local sports organizations in the implementation of sports and physical activity

programs, projects and activities.

Local level

Municipal authorities are responsible for local sport and recreation, infrastructural activities, relation with other relevant sectors (health, education, youth etc.)

In the Netherlands there is a decentralized system of government. National government provides for policy and the framework for sports and p.a. , though municipalities decide themselves to what extent they follow national policy and provide for and support sports infrastructure, programs, activities etc. There is no law that obliges municipalities to undertake action in this field. Though, municipalities tend to follow national policy and guidelines, where possible and applicable. Local sports and p.a. activities get and find their financial means through many ways: through national programs and projects, provincial government, local government, NGO-projects, private funds/sponsorships etc.

An example of decentralized governance is implementation of cycling policy. Before 2000 the government made a lot of directives and decisions about cycling (infrastructure). Nowadays its role is more at distance and facilitating, and less directive, with the same level of funding. This changing role has been well accepted by the Dutch cycling world, being convinced that local authorities and organizations are well capable to implement cycling policy.

On local level there are institutions like GGD (municipal health authorities), schools, private and non-for-profit sport clubs etc. that are involved in promoting and implementing sport and p.a. activities. In the Netherlands a large network of sports clubs exists: about 25.000 clubs with more than 4 million members.

In addition to VWS, other ministries involved in PA include:

- Ministry of Housing, Spatial Planning and the Environment, (VROM))
- Ministry of Housing, Communities and Integration (WWI, a recent 'connecting' or 'project' ministry, not sure that it will be continued by the upcoming Cabinet))
- Ministry of Social affairs and Employment (SZW)
- Ministry of transport, public works and water management, (VenW))
- Ministry of Agriculture, Nature and Fishery, (LNV) – responsible for Nature, recreation, green spaces
- Ministry of Education, Culture and Science (OCW))
- (ministry of Youth and Family, also a connecting, project ministry; important theme is overweight in children).

Note: after recent elections, a new cabinet has been installed in October 2010 in the Netherlands, whereby various ministries and thus sectors have been put together and changed names. These names have not yet been incorporated in this document. The new ministries are Infrastructure and Environment (formerly VROM and VenW) and Economic Affairs, Agriculture and Innovation (formerly LNV and Economic Affairs (EZ)). The temporary project ministries (WWI and Family and Youth) have not been continued. These topics are taken up by other ministries.]

2. a. Please provide details (title, publication date, issuing body) of the **key policy documents** in your country which outline the government's (and where applicable nongovernmental organizations' (NGO)) intention and/or strategy to increase national levels of physical activity. Include in this section current documents and key past documents, preferably structured by sector (including health, sport, transport and environment, as applicable). Please provide any web-links to policy documents which can be downloaded and specify if the full or summary version of documents are available in English.

In addition, please indicate which documents are considered to be the most important ones for guiding current physical activity actions in your country, and explain the links or relationships between the listed documents, where they exist. Also mention if a

policy document includes or is accompanied by an action plan on how to implement the policy. However please provide the specific details on actions plans in question 8.

Sectors

1. Sports and physical activity (Ministry of Health Welfare and Sport (VWS))

The policy on physical activity promotion in the Netherlands is the responsibility of the Sports division within the Ministry of Health Welfare and Sport. Since 1996 the attention for the social values of sport, as health, is growing. Also collaboration with the Public Health division of the Ministry with respect to the prevention of obesity and related illnesses has become more intensive since the early years of 2000 .

Interest in and attention for sports, physical activity and health are laid down in policy documents of the nineties and early 2000: What sport sets in motion, 1996 and Sport Exercise and health 2001) (no pdf's found anymore on website of ministry).

Recent relevant policy documents on physical activity are the following:

1.1) Policy paper to the Parliament '**Time for Sport**', 2005 (also English translation), that outlines plans for sport policy up till 2010. The government wants to invest in a sport society and outlines the choices that will be made to this end in this policy document. During this period major investments will be made in sports; totaling nearly € 100 million annually from 2006 onwards. The paper focuses on 3 main issues:

- healthy through sport
- participation through sport
- top-class sport

The further development and implementation of the policy plan has been carried out in consultation with relevant partners in the sports sector.

http://english.minvws.nl/includes/dl/openbestand.asp?File=/images/time-for-sport---excercise-participate-perform3_tcm20-108198.pdf

1.2) Policy implementation paper to the Parliament '**Together for Sport**', 2006 (only Dutch) outlines implementation strategy of the policy paper Time for Sport, for the years 2006-2010. http://sport.old.cda.nl/Portals/568/docs/samen-voor-sport_tcm19-98759.pdf

For further details refer to Question 8.

The Netherlands Institute for sport and physical activity has an important role in the implementation of the policy mentioned under 1 and 2 (health and participation).

1.3) Letter to the Parliament '**The power of Sport**', 2008 (also English translation)

<http://english.minvws.nl/en/reports/ds/2008/the-power-of-sport.asp>

In this letter is stated how government further intends to continue the implementation of the policy papers Time for Sport (2005) and Together for Sport (2006) and how budgets will be allocated, over the period of 2008-2012.

1.4) Excellence at Every Level (2009)

In 2009 NOC*NSF (National Sports Federation), in collaboration with other sport partners, presented **the Olympic Plan 2028** (OP2028) to the government. Aim of OP2028 is to improve sports for all and (top) sport level in the Netherlands. To have the Olympic Games in the Netherlands in 2028 is seen as a possible result of this plan. The Dutch government has described its reaction on this Olympic Plan in the document Excellence at Every Level (2009), in which it acknowledges the importance of sport. In this document the ambitions of government that are emphasized are:

- The Netherlands has Talent
- The Netherlands: Participation
- The Netherlands: Fit and Healthy
- The map of the Netherlands
- The Netherlands in the Spotlight

- Olympic Games 2028

In this statement the government declares to further examine the possibility to support the Olympic ambition, but no concrete goals (in numbers) are set yet. This will be worked out in the course of 2010-2011.

<http://english.minvws.nl/en/themes/sports/>

The next governmental policy paper on physical activity and sport is expected in the course of 2011.

The national action plan sports and physical activity continues till 2014. Even when new policy papers/letters are written and approved this plan continues to be implemented. Excellence at Every Level is a reaction specifically on the Olympic ambition of NOC*NSF (with other partners).

2. Health (Public Health Division of Ministry of Health Welfare and Sport (VWS))

2.1) Policy paper *Opting for a healthy life, Public Health policy in the Netherlands 2007-2010, 2006*

The public health policy document, *Opting for a healthy life* lays down the broad outlines of the public health policy for the period from 2007 to 2010. The title deliberately puts the emphasis on the ability to choose. Not only can an individual choose between a healthy and an unhealthy lifestyle, but – more than ever before – healthcare workers can also put more emphasis on promoting the healthy option to their clients. In this policy document the State also chooses: to focus prevention policy for the coming four years on five priorities and to put the emphasis on healthy living. Overweight (diet and p.a.) is one of the 5 spearheads. Aims: number of adults with overweight does not increase, number of youth with overweight reduces. Focus of governmental support is on development of local policy, strategies and networks. The implementation of this policy does not include funding for sport and p.a.

http://www.rivm.nl/vtv/object_binary/o4495_Prevention%20policy%20document.pdf

2.2) *Being Healthy and Staying Healthy: A Vision of Health and Prevention, 2007*

In order to address pressing public health problems and to enable preventive care to make a full contribution to society and to the sustainability of the care system, it will be necessary to adjust existing policies and to define a direction for new policies. In this context, the Ministry of VWS is concentrating on four themes: 1. Nurture and innovation; 2. Coherent and integrated health policy; 3. Integration of preventive care into the mainstream health care system; 4. The administrative setting: integration, cooperation and modernization.

Development of the four policy themes and the two central themes of this vision will be consistent with the following common principles: Parallelism of interests; Effectiveness as a basic criterion; The healthy option as easy – or only – option; Innovative communication; Learning from other countries and sectors; Young people at the centre of preventive care policy. The government calls on all its partners in preventive care with parallel interests – those within the health sector and especially those in other sectors – to play their part in the realisation of this agenda for the reform and reinforcement of our preventive care policy.

<http://www.rijksoverheid.nl/documenten-en-publicaties/publicaties-pb51/being-healthy-and-staying-healthy.html>

A new public health policy document is underway and is expected in the course of 2011. This policy will last for 4 years according to the Public Health Act. Most probably overweight (and thus attention for p.a.) will remain a priority. It is also expected that there will be a linkage with the Olympic Plan OP 2028.

2.3) *Law public healthcare* (Wet publieke gezondheidszorg, 2008, (Wpg)) is a law about the organization of general public health and prevention of diseases of groups at risk at municipal level. The law implements the international health regulation (WHO, 2005). Municipalities

(local government) and local health authorities have the responsibility to implement this law (Wpg).

2.4) Memorandum on Obesity; ***Out of Balance: the Burden of Obesity, 2009.***

Though a lot of activities to fight overweight are taking place in the Netherlands, in view of figures about prevalence of overweight they are insufficient. This document outlines the various measures designed to assist the parties in their efforts to prevent overweight and the memorandum also closely examines the manner in which overweight and obesity can be tackled in the domain of public health and by the ministry for youth and families.

<http://english.minvws.nl/en/themes/prevention/>

In the papers from the public health division, mentioned above (nr 1,2 and 3 and 4) , the importance of sport and p.a. is emphasized, but there is no separate funding for sport.

2.5) ***Health Insurance Law***

In the Netherlands there is a distinction between public and individual health care. Public health care is directed, among other things, at collective prevention, for example vaccinations. The implementation of public health care takes place at municipal level by the municipal health authorities. Individual health care is subdivided in 'cure' and 'care'. The payment of cure is regulated by the Healthcare insurance law, a basic insurance, which is obliged for all Dutch habitants. Without a health insurance one has no right to receive cure! At this moment there is little (or no) attention for prevention in the Healthcare insurance law. This means that when overweight persons want to follow a p.a. program, they have to pay themselves the costs. It is not (yet) insured by the healthcare insurance. Healthcare insurance organizations spend a little part of their budget to prevention. They may sponsor prevention projects or activities. For instance they may contribute to the costs of participation in a p.a. program for an overweight person in order to prevent overweight or diseases. Though recent developments indicate possible chances for the near future. By 1-1-2011 a program to support people to stop smoking is incorporated in the Healthcare insurance law. Moreover, the government is planning to integrate the 'combined lifestyle intervention' (Beweegkuur, see under sport division of this chapter and question 11) in the Health care insurance law by 1-1-2012. The 'combined lifestyle intervention' combines a physical activity, nutrition and behavioural changing aspects in one programme and is indicated for people who are overweight to prevent chronic disorders such as diabetes. Besides the basic insurance it is possible to take (buy) an additional insurance. In the additional insurance some health promoting interventions are offered by the insurers. The 'care' contain especially the long-term care for the elderly and disabled, there is no specific attention to prevention in this.

3) Welfare (Welfare division of Ministry of Health Welfare and Sport (VWS))

This department subsidizes for a major part the program/action plan 'Participation in sports for migrant youth'.

Law Social Support. (Wet maatschappelijke ondersteuning (Wmo)): The new law provides a juridical basis for municipalities to arrange special support for vulnerable groups to enable them to participate in society. The law is referred to as the participation law. It is an open law as well, giving municipalities the opportunity to select own goals and results, based on local situation. For example one may choose to offer physical activity programs for elderly in order to enable them to stay longer independently. Reality is though that many of the municipalities choose other ways instead of sports programs to reach the goal of making people participate in society. A recent survey shows that for coming 4 years an increasing number of Dutch municipalities intend to use sport and p.a. programs to stimulate participation. In this law no percentages or obligations are mentioned referring to level of p.a. or amount of people to be reached, that should be reached by the municipalities.

4) Education

In **2008 the Ministries of VWS and Ministry of Education culture and Science (OCW)** joined forces in a framework policy document on Sport, Physical Activity and Education. Highlights are:

- strengthening professionals and volunteers
- development of and support for effective interventions
- adapted offer of sport by sport clubs (fitting to educational sector)
- focus on high risk groups (in terms of inactiveness)
- innovation in building of facilities and playgrounds and empowering co-operation
- enhancing the conditions for sport and top talents in educational setting

An important instrument to realize above priorities is to employ professionals who have a specific task in linking sport clubs, their volunteers and activities with schools and their activities for pupils. Government makes the employment of such professionals possible by providing structural financial means to municipalities for education and sports (co-funding).

(Name of the policy document on Sport, Physical Activity and Education: **Beleidskader Sport Bewegen en Onderwijs was published in 2008**)

<http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2008/10/14/beleidskader-sport-bewegen-en-onderwijs.html> (in Dutch)

The **amount of hours for physical education at schools** is partly arranged by law

Primary education: there is no obligation. In general schools organize 2 hrs per week (per class)

Secondary school: schools are obliged to take up 2 hrs physical education per week per class. A recent development is that a number of schools arrange extra sports classes/curriculum, both to make the school attractive (profiling) both because of health reasons of their pupils.

Higher education: no obligation and thus few institutions arrange specific hours for physical education. There may exist sports facilities but it is your own choice to practice sports. First steps are taken to take up again p.e. hours in the curriculum. Funds are allocated for this, noted down in the policy document on Sport, Physical Activity and Education.

The **advice to government (Rijpstra 2004)**, advocating for 3 hrs p.e. per week for all pupils till 16 year, has been accepted by the parliament, but has not yet been put into practice.

5) Health at the workplace

The government (**Ministry of Social affairs and Employment (SZW)**) sets target regulations for the degree to which employees should be protected, where it concerns health and safety at work . The target regulations are laid down in the Working Conditions Act, the Working Conditions Decree and the Working Conditions Regulation. Employees and employers then have to agree on how to achieve these targets on healthy and safe working conditions. In July 2009 the program Participation and Health have been launched, which offers opportunities to implement the BRAVO approach (promotion of p.a., non-smoking, little drinking and safety at the workplace). Up till now explicit attention for p.a. is lacking. Attention for stimulation on p.a. at the workplace is initiated and funded by the **Ministry of Health Welfare and Sport** through the **National Action Plan Sports and Physical Activity (NASB)** (see under question 8).

6) Environment and health

Ministry of Housing, Spatial Planning and the Environment (VROM): this ministry is responsible for amongst others infrastructure, environment, urbanity.

Nationale aanpak gezondheid en milieu 2008-2012 (National Plan Environment and Health)

Living in a healthy and safe environment is necessary for good health. In this plan is stated what government does to reduce or limit negative health consequences of environmental effect. In the national Plan Environment and Health (2008) the priorities of the government in this area are mentioned. Both ministry of VROM as well as VWS are responsible for this plan. This plan links with the 4-year action plan Environment and health of the EU.

One of the priority areas is Youth, environment and health. There is collaboration with ministries of related sectors like education, transport and nature. What government aims at in this field is stated in the action program Health and Environment; Youth, Environment and Health. The aim of the program is to create a child friendly living environment, that protects and supports the development and health of children. Also an environment that invites children to be physical activity. Therefore the action plan is directed on aspects of the physical living environment of the youth that influences their health and development, amongst which physical (in)activity. Issues mentioned are policy on space for children to play, research into physical environment and effects on physical inactivity.

National Plan Environment and Health, Youth, environment and health:

<http://www.rijksoverheid.nl/onderwerpen/milieu-en-gezondheid/documenten-en-publicaties/publicaties-pb51/actieprogramma-gezondheid-en-milieu-jeugd-milieu-en-gezondheid.html> (only in Dutch)

National Plan Environment and Health : <http://www.rijksoverheid.nl/onderwerpen/milieu-en-gezondheid/documenten-en-publicaties/kamerstukken/2008/04/09/nationale-aanpak-milieu-en-gezondheid-2008-2012-kamerbrief.html> (in Dutch and not available in English)

Issues concerning the green environment and health are taken up by the **Ministry of Agriculture, Nature and Food quality (LNV)**.

The document Green and the City (www.groenendestad.nl , in Dutch) emphasizes:

- importance of green environment for health
- importance of play grounds for children

In the policy document is described that a vital city needs vital green. Therefore funding is made available in 2009 (till 2012) to stimulate green spaces for 40 low socio-economic neighborhoods in 18 cities in the Netherlands.

7) Spatial Planning and Mobility

The **Mobility policy document (September 2004)**, covers the period to 2020) is a joined publication from both **Ministry of VROM and Ministry of Transport Public Works and Water Management (VenW)**.

http://www.irfnet.ch/files-upload/knowledges/Netherlands_MobilityPolicy.pdf

The **Mobility Policy Document** elaborates the **Spatial Planning Policy document**.

The Spatial Planning Policy Document outlines the spatial planning strategy for achieving a strong economy, a safe society, a good living environment and an attractive country. The interrelationship between space, transport and the economy is to be strengthened at every level (municipal, regional and national). The Mobility Policy Document works these starting points out in greater detail:

- promotion of bicycle use as means of active transport
- providing knowledge to decentralized governments
- reduction of cycle theft
- reduction of victims of traffic accidents
- contribution to realization of connecting national cycling path network
- innovation in the cycling industry and trade

8) Cycling

Bicycle Master Plan project (The Dutch Bicycle Master Plan, 1999

<http://www.fietsberaad.nl/index.cfm?lang=nl§ion=Kennisbank&mode=detail&repository=The+Dutch+Bicycle+Master+Plan>), **Ministry of Transport, Public Works and Water Management (VenW)**),

By the end of 2008 a member of parliament introduced a discussion/opinion paper on promotion and facilitation of cycling in the Netherlands (Initiatiefnota Atsma 2008: Fietsen in Nederland... een tandje erbij. Voorstellen voor actief fietsbeleid in Nederland, 2009), with 45 recommendations for governmental support for implementation of cycling policy. The recommendations vary from low taxes on parking places for bicycles, improvement of cycling roads to financial support for cyclists.

<http://www.fietsberaad.nl/index.cfm?lang=nl&repository=Fietsen+in+Nederland%E2%80%A6+een+tandje+erbij> (Dutch). This paper, which was also supported by and connects interests of various sectors and ministries, as health, sports, environment, mobility and infrastructure, resulted in a reaction, a policy letter, from the Ministry of transport, Public Works and Water management (VenW) (letter from the minister VenW 2010, in Dutch). In this reaction most of the recommendations are supported by the ministry (as well as other ministries) and translated into actions to stimulate more people to cycle (more) and to create good provisions for that. Cycling is seen as an easy, safe and cheap means of transport, with extra focus on stimulation of bicycle use to get to work. (Cycling in the Netherlands, 2009 <http://www.fietsberaad.nl/index.cfm?lang=nl§ion=Kennisbank&mode=detail&repository=Cycling+in+the+Netherlands>).

Another result is that 3 ministries (VWS, VenW and VROM) decided to support the cycling campaign **Heel Nederland Fietst** (The whole of the Netherlands is cycling), a cycling promotion campaign executed by NISB and the Cycling Federation.

9) Walking

The '**Agenda for a living countryside: multi-year program for a living countryside' (2007-2013)** forms the basis for support to provincial and local government to plan for multi-functional use of the country site. This policy document is a co-production of ministries VenW, VROM, LNV and OCW.

Provinces get a strong directive role in implementation of national policy concerning planning of the use of the country site.

http://www.minlnv.nl/portal/page?_pageid=116,1640360&_dad=portal&_schema=PORTAL&_file_id=13790

Within the framework of this policy investment has been made available (Investment Budget Countryside (ILG)) for provinces to make plans.

<http://www.vitaalplatteland.nu/beleidsdossiers/investeringsbudget-landelijk-gebied.html>

(Dutch)

This has led to the development of a **Multi-year Program Walking Structure 2007-2013** by the provinces. Both national and provincial government contribute on a 50/50 basis to 3 main themes: infrastructural improvements, reconstruction of routes, management of walking networks and promotion of walking.

Municipalities are involved in implementation of walking policy, and involved in management and development of walking routes.

10) Urban renewal, neighborhood upgrading and social cohesion

(Ministry VROM and Ministry of Housing communities and integration (WWI)).

In 2007 the action plan for upgrading 40 (deprived) neighborhoods in 18 municipalities in the Netherlands was launched, in order to improve the physical, health and socio-economic

situation of the habitants.

<http://www.kei-centrum.nl/websites/kei/files/KEI2003/documentatie/Actieplan-Krachtwijken-2007.pdf> (dutch).

A number of neighborhoods face specific problems that hampers a successful upgrading. So 7 experiments have been started with the focus on one specific problem. Within the experiments experiences with innovative methods are created. Those experiences and gained knowledge about successful approaches will be applied later on in other cities/neighborhoods. Within the Healthy Neighborhood Experiment, that started in 9 cities in 2008, sports and physical activity is seen as an important issue to improve health within the neighborhoods of those 9 cities.

<http://www.rijksoverheid.nl/onderwerpen/aandachtswijken/experimenten-in-aandachtswijken/gezonde-wijk>

(in Dutch)

Within the framework of reaching social cohesion, this ministry co-funded the program Participation of migrant youth in sports (see also under A.2), together with ministry of VWS. This Program has shown to be very successful as youth membership has substantially increased.

2. b. Please also outline any international documents which may have guided the development of physical activity policy in your country, if applicable.

- Council of Europe: guidelines for policy developments on several aspects (e.g. sports for all)
- EU: developments on European sports policies
- EU white paper on Sport and following the EU guidelines on p.a. and health
- IMPALA guidelines (guidelines for physical environment and infrastructure related to p.a. promotion)

In general EU and WHO guidelines are always taken into account where it concerns health and p.a. policy and issues (as well as other sectors).]

SECTION B – Content and development of national policy

3. During the **development** of the policies/action plans mentioned in question 2 was a **consultative process** used involving relevant stakeholders? If yes, please list the organizations that have been involved in the development of the policies, and briefly comment on their role and any challenges to engaging other agencies in the development of policy related to physical activity in your country (if known).

Ministry of Health Welfare and Sport Sports division

The actual policy documents are in a row from 1996 onwards (What sport sets in motion, 1996 and Sport Exercise and health 2001). Then was shown that physical activity was below standards for over 75% of the population. The consultation process for that document was limited to a small number of the most relevant stakeholders like NOC*NSF, NISB and the VNG (Union of local authorities).

The policy document Sport, exercise and Health (2001) covered most health aspects of sports (e.g. injuries, doping) including physical activity in wider scope. That memorandum has been based upon extensive consultations: sports organisations, municipalities, universities, organisations in public health and sports health care.

- Sports organisation were involved for more than one reason (for the positive aspects and for the prevention of side-effects). The role of the sports organisations and their umbrella organisation was some times 'claiming' the monopoly of exercise, which actually is not the

- case: only about 5% of all physical activity in the population is related with sports;
- Local Public Health organisations were involved for their connecting role in youth health care. A bit complicating is that many aspects of public health is the responsibility of the municipalities and there is no legal obligation to promote sports and or an active life style.

An important facilitating element was the positive economic evaluation (report University of Amsterdam) of physical activity (lower yearly health care costs and the lower sick leave costs amongst people with active lifestyle despite extra costs from sports injuries).

For the recent documents (Time for Sport, 2005) several discussion sessions were organized (sports organisations, local public health, other government departments) and many partners participated in policy making . For the goal setting a special report was written by TNO and RIVM (2005, Eng summary,

Cost-effectiveness and health gains when achieving policy ambitions for physical activity and overweight - Scientific basis for National Action Plan for Sport and Physical activity
<http://www.rivm.nl/bibliotheek/rapporten/260701001.html>

The memorandum Together for Sport (2006) has been launched as an implement document during a specially organised event for multiple stakeholders.

The Olympic Plan 2028 (2009) is a combined effort and plan by sportsorganisations, government, local authorities, private companies and the media. Many stakeholders have been involved and shall be involved in the future planning and implementation.

In the formulation and implementation process of the cycling policy various stakeholders take part:

- NISB,
- Cycling association
- Netherlands Cycling Union
- And several others

In general: in all implementation programmes (topsport, sports for all, education etc.) there are many cross-links with other sectors like health, schools, youth, active transport, infrastructure, healthy cities, special target groups like youth, elderly people, people with disabilities, and certain migrant-groups in the large cities (f.e. non-western migrant girls and women).

4. In the documents introduced in question 2, are there indications of *integration* of physical activity with other related sectors (e.g. with health such as links to obesity strategies, with transport such as links to walking and cycling agendas)? Please provide details and examples.

There is collaboration with the implementation of the policy on obesity and the policy on diabetes. However there is no complete integration. For the prevention of obesity a covenant has been made up between the government and non-governmental partners (food industry, sports, fitness etc).

http://www.convenantgezondgewicht.nl/convenant_gezond_gewicht/koepelconvenant

The relevant government funded organisations, Netherlands Institute for Sport and Exercise and The Netherlands Nutrition Centre are working together more closely in several public health campaigns.

An important project is 'BeweegKuur', a combined life style intervention (physical activity and healthy eating habits) meant for people with diabetes type 2 and people with overweight and (other) health risks. The aim is to implement this intervention in the social health care insurance by 2011, so it will be free and feasible for people in lower income situation.

<http://www.rijksoverheid.nl/ministeries/vws/documenten-en-publicaties/kamerstukken/2010/05/17/voortgangsbrief-programmatische-aanpak-van-chronische-ziekten.html> (in Dutch)

More recent is the more intensive collaboration with the ministry of Transport and the ministry of Spatial Planning and Environment in promoting bicycle use. Although the length of cycling lanes and cycling paths is substantial in the Netherlands, extra investments for safe crossings with road and railways will be done. Special 'high speed' suburban cycling tracks are being created. A initiative of the Lower House to promote the use of bicycles in a very wide range (i.e. including cycling sports events) is being answered by the government. The collaboration with the transport sector is not only important for PA (the contribution of cycling to the total amount of PA in the Netherlands is 7%, which is more than the contribution of the whole sports sector: 5%) but also to prevent traffic congestion in urban and suburban areas. For the prevention of local air pollution cycling is important as well.

Special attention is being paid to the further collaboration between schools (primary education) and after-school activities and the sports organizations, sport clubs on local level. In the Netherlands these are separate sectors which are being stimulated to combine their efforts in the promotion of sport and physical activities. Therefore a platform has been launched in which both VWS and OCW participates. This is also part of the policy paper on Sport, Physical Activity and Education.

Thanks to the development and implementation of the cycling campaign there is integration of health, environment and mobility sectors. This campaign receives mixed funding from the ministries VWS, VenW and VROM.

There is also collaboration between WWI and VWS in the program Participation of migrant youth in sports.]

5. a) Does your country have ***national recommendations on physical activity levels?*** National recommendations refer to consensus statements on how much activity is required for health benefits. If your country has established recommendations, please state who issued them and what is the recommended level of physical activity. Please also specify any variation in the recommendations on physical activity levels for different population subgroups, for example for children or older adults. Please also state in which document and year these recommendations were announced.
- b) Please state if the national government has endorsed these recommendations, or if recommendations by another nationally recognized body or international institution have been officially adopted.
- c) If your country has no recommendations on physical activity, please state if there are any plans to develop them. If recommendations on physical activity have been issued at sub-national level (e.g. in case of countries with a federal structure), please state so.

[The Netherlands policy ('Time for Sport', 2005) promotes the international recommendations on (the amount of) physical activity for health:

Netherlands Norm for Healthy physical activity (NNGB)

- Adults: minimum 30 minutes moderate intensity activity per day, at least 5 days a week
- Youth: 60 minutes moderate intensity activity, each day of the week
- Elderly: 30 minutes moderate intensity activity per day, at least 5 days a week

Fit norm (based on ACSM):

- 3 times a week 20 minutes vigorous intensity physical activity

Combinorm

Combination of the NNGB and fit norm: compliance to either NNGB or Fit norm is enough.]

6. Does your country have any clear ***national goals (targets) and performance indicators*** for population prevalence of physical activity for a specific time period i.e. a statement of what level of population change in physical activity is desired across a timeframe?

If yes, please provide details and specify in which policy document(s) these goals are stated. Please start with the most specific and measurable targets, followed by a listing or summary statement of any more general targets and goals for physical activity related behaviours.

[Time for Sport (2005): health through sport

- By 2010 65% (2004 60%) of the adult population in the Netherlands will meet the international exercise standard
- The percentage of the adult population that does not exercise adequately on any day of the week on average will have dropped from 8% to 7% by 2010
- The number of companies that focus on sport and exercise during or after working hours (14%) must increase to 25% by 2010

After intermediate measurement of percentages of the Dutch population that reach the recommendations, new goals are set in the policy letter Power of sport (2008): objectives are based on results from the past 2 years:

- in 2012, at least 70% of adults (18+) do the recommended amount of exercise (2005 63%)
- in 2012, at least 50% of young people (aged 4-17) do the recommended amount of exercise (2005 40%)
- in 2012, no more than 5% of adults in the Netherlands are inactive (2005; 6%)]

7. Does your country have any other related ***goals and performance indicators*** formulated in the policy document(s)? For example, there may be goals for health professionals to screen more patients for physical activity, or for a reduction in car trips. If so, please give examples and indicate the time period for the desired change, if available.

[1) **Goals and performance indicators mentioned in the policy document Time for sport (2005):**

a) health through sports: goals related to top sport health

- By 2008, sports medicine will occupy a position in its own right within the occupational and educational structure of health care
- By 2008, no more than four regional centres will provide preventive sport-related medical supervision for elite athletes
- By 2010, the likelihood of an injury per 1000 hours of sport will drop by 10% from 1.0 to 0.9 injuries
- In the project 'beweegkuur' targets are: 600 professionals are educated to practise the beweegkuur, 236.000 people will participate in courses aimed at improving diet and p.a. performance.

b) participation through sports:

- By 2010, 90 % of all schools will enable every pupil to practise sport every day during and outside school hours
- the number of youths (12-17 years old) that meet the exercise standard will increase from 35% in 2004 to 40% by 2010
- by 2010, the disparity in sports participation among youths from immigrant backgrounds will have disappeared and 500 sports clubs and sports schools will work together to provide additional supervision, while 50 will focus on care programmes for immigrant youths
- by 2010 the quality mark for modern sports clubs will have been introduced in 25% of clubs
- 10 branches of sport where refereeing is important, 90% of matches played in league competitions will be controlled by referees qualified for this purpose by 2010

2) In 2008 the Ministries of VWS and OCW joined forces in a framework **policy document on Sport, Physical Activity and Education**. In this policy framework the goal that has been stipulated in “de Kracht van Sport” (the power of sports) is underpinned:

- In 2012 the percentage of youth (4-17 yrs) reaching the PA norms is at least 50% (2005: 40%)
- 5 projects, carried out by national organisations on the field of sport, PA and education, are financed by this policy framework. In these 5 projects concrete goals and targets have been worked out.

An impuls to local sport and P.A. work is given through the **Impuls Sports for all** (regulation combined functions/ profession) in 2011 a total number of 2500 professionals should be working on a local level to increase youth participation in sport, PA and culture. The main aim is to make links between the sport and PA sector and the educational sector.

3) In the **National Plan Environment and Health** (see question 2) is indicated that there should be 75m² green space per household, and 3% of habitation area should be playground for children.

4) **Green and the City**: In order to stimulate green areas around cities the government has made funds available of 750 millions € for the period 2007-2013 to realize 16.000 ha recreation green near to big cities.

More general goals/intentions:

In 2009 the Dutch government adopted her position on the Olympic ambition, stated in Excellence at all levels: In this statement the government declared her support for the Olympic ambition, but no concrete goals (in numbers) are set. This will be worked out in the course of 2010. The ambitions that are emphasized are:

- participation in sport
- participation through sport
- strengthening sport infrastructures
- healthy lifestyle promotion
- challenging environment

There are no concrete goals yet.

National government stimulates and supports provisions and infrastructure for walking and cycling but concrete goals or targets are hard to find. Most of the responsibility in this field is given to municipalities.]

The next few questions explore the contents of physical activity related action plans and whether your country has a detailed plan of what will be implemented and who has responsibility.

8. Do the relevant documents (as listed in question 2) have any related **action plan(s)** which outline an implementation strategy? This might ideally outline: specific actions and timelines; assignment of responsibilities; an indication about available resources; indicators and milestones.
If yes, please provide a brief description (or if there is too much, please summarize the main groups of actions).

Policy implementation paper to the Parliament '**Together for Sport**', 2006 (only Dutch)(see question 2) outlines implementation strategy of the policy paper Time for Sport, for the years 2006-2010.

http://sport.old.cda.nl/Portals/568/docs/samen-voor-sport_tcm19-98759.pdf

The strategy consists of various programs:

- related to physical activity and health: National Action Plan Sport and Physical activity (2008-2014), Beweegkuur (2007-2012)
- related to sports and participation: Alliance School and sports, Participation of migrant youth in sports, BOS program (Neighbourhood, Education and Sport)
- development of new sports opportunities

Two important program/projects on p.a. and health are:

- '**BeweegKuur**'(2007-2012),, a combined life style intervention (promotion of physical activity and healthy eating habits) meant for people with diabetes type 2 and people with overweight and (other) health risks. 100.000's of people are targeted the coming years (see for more details question 11).

- **National Action Plan Sports and Physical Activity (NASB)(2008-2014)**: this action plan is targeting people who are not sufficiently active compared to the norm of physical activity (see question 5). The NASB provides support to municipalities to implement sport and p.a. interventions, especially those that have been proven to be effective or successful. Also NASB stimulates connection and collaboration between sport and public health on local level. In order to reach its goals the program provides for extra financial means for 100 out of 400 municipalities. Municipalities are selected based on, amongst others, the number of habitants with a low socio-economic position. NASB provides also for other support like information, workshops and training, on how to set up a local action plan, and how to implement specific interventions. Also municipalities that don't receive extra financial means, can participate in this. These two major projects are also mentioned further in this template.

For the first time, VWS has made funding available in 2010 for the Program Physical Activity Friendly Neighbourhoods, which shows growing interest and importance of physical environment for p.a. promotion. This funding has been made available through NASB (so it's part of NASB).

The implementation strategy of NASB can be described as follows:

The target group of the country's physical activity policy are people who are not physically active at all or who get too little physical activity. Those people can be found in different settings: school, health care, local communities/neighbourhoods, sports, workplace.

To achieve implementation of physical activity policy, it is necessary to work with different organisations and different levels. The Netherlands Institute for Sport and Physical (NISB) activity has got an important role in the coordination of implementation of the NASB. The strategy of NISB is a multi layer approach.

1. The target group itself: it is important to know what their knowledge, behaviour and attitude is towards physical activity. Through focus group conversations with the target group it is

possible to learn and understand more about the needs and wishes of the target group. In this way, the target group is participating in the making a realistic plan.

2. Another important group is the group of professionals who are working with the target group. Professionals are being trained so that delegation of knowledge takes place. Training is organised by different institutes with specific knowledge on physical activity.

3. Successful interventions are promoted and are being supported to get implemented nationally.

Local and regional meetings are organised to disseminate best practices.

4. Agenda setting is necessary to involve local governments. National policy has to become local policy as well. The campaign 30 minutes of movement every day is meant for agenda setting, but also for increase of consciousness,

Apart from the NASB there is also the Olympic Plan 2028 (2009-), which aims at making the Netherlands a sportive and physical active country (see under question 2).

In general all the policy documents contain a certain kind of action plan. Examples are:

- 1) NASB (see above in this question 8)
- 2) policy framework for sport, p.a. and education:
 - combination functions (local authorities)
 - school sport
 - etc.
- 3) action plan on promoting 'sport and physical activities friendly neighbourhoods (NISB)

9. Looking across the relevant physical activity policy documents in your country, please indicate which settings, if any, are identified for the delivery of the physical activity action plans. Please tick all that apply.

Kindergarten	<input checked="" type="checkbox"/>	Sport and leisure	<input checked="" type="checkbox"/>
Primary schools	<input checked="" type="checkbox"/>	Transport	<input checked="" type="checkbox"/>
High schools	<input checked="" type="checkbox"/>	Tourism	<input type="checkbox"/>
Colleges/universities	<input type="checkbox"/>	Environment	<input checked="" type="checkbox"/>
Primary health care	<input checked="" type="checkbox"/>	Urban design and planning	<input checked="" type="checkbox"/>
Clinical health care (e.g. hospitals)	<input type="checkbox"/>	Other (please specify)	
Workplace	<input checked="" type="checkbox"/>		
Senior/ older adult services	<input checked="" type="checkbox"/>		

10. Which population groups are targeted by specific actions or activities stated in the policy/action plans? Please tick all that apply.

Early years	<input checked="" type="checkbox"/>	Sedentary/ the most inactive	<input checked="" type="checkbox"/>
Children / Young people	<input checked="" type="checkbox"/>	People from low socio-economic groups	<input checked="" type="checkbox"/>
Older adults	<input checked="" type="checkbox"/>	Families	<input type="checkbox"/>
Workforce / employees	<input checked="" type="checkbox"/>	Indigenous people	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	General population	<input checked="" type="checkbox"/>
People with disabilities	<input checked="" type="checkbox"/>	Other (please specify)	
Clinical populations/ chronic disease patients	<input checked="" type="checkbox"/>		

11. To illustrate the approaches being used to promote physical activity in your country, please provide up to 3 examples of interventions included in your policy/action plans which reflect the diversity of the plans across different population groups and settings. Please link your examples to the relevant documents as listed in question 2.

- **Communities on the move:** this is a principle based intervention which is aimed at promoting and stimulates an active lifestyle among specific groups with low socio-economic background. It targets e.g. elderly, youth with low education level, migrant groups, people with chronic diseases. The principles are:
 - Use social relations and networks of the target group (communities) as entrance for (daily) p.a. activities
 - Stimulate as much as possible active participation of the target group in planning, organisation and implementation (choice of activities) and monitoring and evaluation of programs on active lifestyle
 - Focus on joy in practising p.a.
 - Attention for the group process

The intervention Communities on the Move is one of the promising and successful interventions that are promoted (with extra financial support) within the framework of National Action Plan Sports and Physical Activity.

- **Physical activity promotion through primary health care (Beweegkuur)**

Commissioned by the Dutch Ministry of Health, Welfare and Sports (VWS), sports division, a lifestyle programme called '*BeweegKuur*' ('A Course of Exercise') is being developed (2007-2012) by NISB in cooperation with Dutch umbrella and patient organisations. The *BeweegKuur* is a combined lifestyle intervention tailored to the individual needs of patients either with health problems or with a high risk of developing health problems. At present the *BeweegKuur* is available for people with type 2 diabetes mellitus and those that have a high risk of developing it, and for people who are overweight or suffer from obesity.

The *BeweegKuur* starts and ends at the local doctor's (General Practitioner) practice and focuses on three principles: improving physical activity, changing dietary habits, and maintaining the change in behaviour. The GP practice is responsible for the inclusion of the patient, their coaching and supervision and their referral to paramedic and/or local exercise coaches or a sports physician. The ultimate aim of the 12-month intervention is to ease transfer to local exercise facilities¹.

- **Meedoen: sport participation of migrant youth**

'Meedoen' (Dutch word for 'join') is a program that promotes sport to reach educational and societal goals. It instigates cooperation between municipalities, sport organizations and sport clubs. Sport organizations are supported to develop a strategy/intervention that motivates youth to become a member of a sport club. Municipalities subsequently link the sport clubs to primary and secondary schools. Hereby, municipalities and sport organizations collaborate in making sport widely available and interesting for youth. NISB is the national coordinator of the program and supports municipalities, sport organizations and sport clubs in executing the program.

'Meedoen' aims at:

- Stimulating sport participation of migrant youth;
- Stimulating sport clubs in using sport for integration, educational and societal goals.

¹ Helminck J, Meis J, Weerdt I de, Vries N de, Visser F, Kremers S: Development and implementation of a lifestyle intervention to promote physical activity and healthy diet in the Dutch general practice setting: The *BeweegKuur*. In progress

In 2009, 500 sport clubs participated in 'Meedoen'. They recruited 20.400 new youth members from which approximately half had a migrant background.]

12. Please comment on how well you think the interventions outlined in the policy documents(s) (question 2) and/or action plan(s) (question 8) reflect current **scientific knowledge on effective interventions**. When working on this question, you may be interested in discussing how well evidence is informing practice.

In general all interventions reflect scientific knowledge, as far as it is available. During the development of interventions, organizations like government and NISB work together with relevant scientific organisations like universities and other research institutes:

- Mulier Institute is an independent national sports research institute that also provides scientific backgrounds.
- the National Institute for Public Health and the Environment (RIVM Centre for Healthy Living) & the Netherlands Youth Institute (NJI) provide systematic and uniform assessment systems for health promotion interventions, which contribute to better quality assurance and control in health promotion practice. interventions on physical activity promotion have been assessed and approved, either evidence and/or theoretical based effective, by these institutes.

NIVEL – the Netherlands Institute for Health Services Research - is the national institute for health services research in the Netherlands. Its domain is applied and applicable health services research. NIVEL has a dual mission: scientific and societal. The National Action plan sports and physical activity includes several strategies. One of these strategies is promoting effective physical activity & sport interventions to be implemented in the local (governmental) setting. These interventions are reviewed every year on their local feasibility and effectiveness on exercise by NIVEL. Recommendations on (lack of) effectiveness or feasibility are reported back to the owners of the interventions to stimulate further development.]

13. Are there recommendations of how **agencies/ institutions/ stakeholders** should be **working together** to deliver the policy / action plan(s)? This can be through partnerships and/or alliances and within or between sectors.

On national level

The related laws (cross government department) are about the social care tasks of the municipalities (WMO) and the law on Public Health (WPG (ministry of VWS), but there is not an explicit reference tot sports and/or PA.

In the afore mentioned policy documents recommendations were made concerning collaboration. Important instruments in the implementation are two financial impulses (subsidies) from the state to the local authorities:

- Community Schools, Sport and Culture (about 2500 combined jobs)
- National Action Plan Sport and PA

For former a coordinating platform has been installed, for the latter an extensive coordination and supporting task has been commissioned to NISB. The sports umbrella NOC*NSF is coordinating the PA-projects within the sports sector. All with financial support from the government.

The collaboration between public health campaigns (e.g. PA and food, PA and sports injuries) is being coordinated by ZonMw; the Netherlands organisation for health research and development

National Action Plan Sports and Physical Activity (NASB)

Concerning the implementation of the NASB:

Working together does not only take place at national but also regional and local levels:

National Level

NISB Works on national level together with the National Nutritional Centre (Voedingscentrum), National Institute for health promotion (NIGZ), Institute for Consumer Affairs and Safety (Consument & veiligheid) enz.

Regional level

NISB Works together with 12 regional sports organisations in 2 different ways:

- on development of interventions, methods and instruments
- on implementation of interventions, methods and instruments

Usually NISB formulates an assignment (on a contract basis) for the regional sports institutes.

Regional sports organisations are being stimulated to work together with municipal health authorities (GGD'en) and regional care and welfare organisations. NISB facilitates the meetings between those organisations.

On local level different sections of the local government are working more and more together to reach common targets (for instance more healthy people, better physical environment, more facilities and possibilities for physical activity, but there is still a lot of work to do at this level.

Prevention of overweight:

In its prevention policy memorandum entitled "Living Healthy Longer 2004-2007", the policy paper that preceded ' Being Healthy and Staying Healthy: A Vision of Health and Prevention, 2007' (see question 2) the Dutch Cabinet has set itself the goal of stopping the increasing incidence of overweight in the Netherlands and reversing the trend among children. The Minister of Health, Welfare and Sport has taken the first step towards tackling the problem together with partners in the community. To formalize these efforts, the parties signed the Covenant on Overweight and Obesity on January 27, 2005 (see question 4).

In general most policy documents contain recommendations about partnerships or alliances between sectors. That is certainly the case with the policy documents about sport (VWS) and the framework for sport, p.a. and education. Sometimes certain tasks in implementation are concretely handed over to specific stakeholders like NOC*NSF or NISB.]

14. Does your country have a specific plan for the **evaluation** of the policy implementation?
If yes, please provide a brief overview of the extent of the evaluation activities and identify who is responsible for coordinating and/or undertaking the evaluation.

The evaluation of the National Action plan sports and physical activity is broadly divided in 2:
1) the outcome evaluation of the action plans of local governments
2) the evaluation of the coordination of implementation

The first evaluation is conducted by an independent research institute (SGBO). They look at the local policies and development of local actions on physical activity.

The second evaluation is a combination of methods, and overviewed by NISB. This evaluation consists of process evaluations with stakeholders, evaluation and use of communication materials and websites. Important in the second evaluation is also a yearly monitor (digital questionnaire), which is sent to stakeholders and professionals working in the field of sports and physical activity.

In general: there is not one way of evaluating processes, results and effects of policy implementation. Sometime there are specific guidelines for evaluation, sometimes independent organisations are being asked for evaluation of the more extended programs or projects.]

15. a. Does your country have an established **surveillance or health monitoring system**, which includes suitable population-based measures of physical activity?
If so, for how many years has this surveillance system been in place, who coordinates the system, which target groups are surveyed, which indicators are monitored, and how often? Is this conducted and reported on a regular basis?

Yes we have a health monitoring system, implemented by the health sector.

TNO Quality of Life (institute for applied sciences) measures, since 2000, every year the rate of p.a. and p.a. behaviour in general of the Dutch population. Every two years a report is published with the results. This survey is called **National Survey on Injuries and Physical Activity in the Netherlands (IPAN)**. The IPAN is a continuous survey amongst a yearly representative sample of 10,000 Dutch inhabitants (4 years and older) on injuries and physical activity. Target groups are youth (4-11 year, 12-17 years), adults, elderly, employees, chronically diseased. The aim of the IPAN is to provide incidence and prevalence data on injuries and data on physical activity to monitor and evaluate health policy on physical activity and sports. Data on physical activity refer to the Dutch health norms, activity patterns, determinants of physical activity, and familiarity with national campaigns on the subject

Ownership is held by the Ministry of Health, Welfare and Sports. Several national organizations are involved to analyze data and to guard the quality of data.

General statistics (number of sportsclubs, facilities etc) are monitored by CBS (Central Office for Statistics), since 2000, yearly. Also participation in sport and (daily) physical activity is measured: frequency, duration and intensity. Target groups are aged from 12+: with specifications on age (5 categories), education, income, family composition.

Difference amongst IPAN and CBS is that IPAN is more focussed and provides more details on physical activity and CBS on sports.

The National Institute for Public Health and the Environment (RIVM) implements every 4 years a broad health surveillance, amongst which physical activity, with the aim of predicting future development of health in the Netherlands. Target groups are: 2-4, 4-12, 12-19 years and adults.

The Netherlands are divided in regions. Each of the regions has its health authorities, that monitors health of the population in their region. The data collected by municipal health authorities are integrated in the national surveillance by RIVM.]

15. b. Please comment on the extent to which the national surveillance system in your country provides policy-relevant data and is therefore useful for assessing progress towards national goals (if stated in question 6) and the effectiveness of national policy and implementation.

[In the past especially data about sport for people with disabilities, migrants and low socio-economic groups attracted political attention and subsequent policy measures.]

15. c. Please comment on how well you think surveillance data has helped progress the agenda on physical activity in your country.

[]

16. What evidence is there of current **political commitment** to the physical activity agenda and the development and/or implementation of national policies and action plans? Examples of political commitment might include: the inclusion of physical activity in official speeches; political discussions about physical activity promotion in parliament; visible engagement by politicians in HEPA related events; personal participation in HEPA.

[Although is not a top priority of the State policy, there is substantial political commitment for physical activity:

- In all recent relevant documents PA has been mentioned. In the sport policy documents PA is one of the key issues.
- The budgets to promote PA have been risen in recent years.
- A very extensive budget is being spent to the preparation of the combined life style intervention **Beweeegkuur** (PA and healthy nutrition promotion).
- The Minister and State Secretary are promoting sports and PA in speeches and video's.

The (state) policy on sports and PA is now under review (2010) to be reported to the Parliament in 2011.

Result is an increased awareness in other sectors (like health, youth, education, environment) for the importance of sport and p.a., for the promotion of an active and healthy life-style.]

17. Is the funding for the delivery and implementation of interventions listed in the policy / action plan(s)? If yes, please provide details of the level of funding commitment, any increases/ decreases, and from what sources (if available).					
Government funding (in millions of euro) by the Ministry of Health, Welfare and Sport					
	2005	2006	2007	2008	2009
Healthy through sport and exercise	4,6	6,6	8,6	17,4	23,2
Participation through sport	37,6	71,3	68,9	70,3	77,2
Government funding by the Ministry of Education, Culture and Science					
	2005	2006	2007	2008	2009
Participation through sport				9,4	7,8
Not included is the government funding on PE-teachers, Sports education and Sports facilities (i.e. swimming pools, sporting fields, gyms).]					

Section C – Implementation of the physical activity policy/action plan

This section aims to capture details on the experiences of actually implementing physical activity policies and actions. The “reality” can be very different from the “theory” and it is of interest to learn about the process and impact that national policy has had in terms of what is actually underway to promote physical activity in your country.

18. a. Is there a designated government department, nongovernment group or individual providing overall stewardship (i.e. a combination of leadership, coordination and advocacy with other sectors) for HEPA promotion in your country? Does their role include stewardship of the implementation of the policy and/or action plan(s)? If yes, please describe their role.	
[There is not <i>one</i> organisation in the Netherlands, we have the culture that relevant stakeholders work together and, depending on the topic, some are more ‘in the lead’. For example for top sport NOC*NSF, for sport for all NISB and local authorities.]	
18	b. If responsibility for the leadership and coordination of the action plan implementation has been delegated outside of government, what is the role of government (if any), and what level of government support is evident towards the implementation of the action plans in your country?
[The role of government is: - development of policy plans - subsidies (f.e. NISB) for implementation - national/international coordination]	

19. Please outline the extent to which the national level policy documents and leadership (if present) guides the implementation of policy and other physical activity promotion actions at a sub-national or local level. When working on this question, you may be interested in discussing whether there is synergy and coherence between these levels of implementation and action.

[There is good and close cooperation both on political and professional level between national and local level and between government and non-governmental organisations (like sports organizations) There are several 'platforms'/alliances for different themes; there is regular contact and coordination on political level and stakeholders work together on programs like NASB and Olympic Plan 2028 (see question 2). Planning, building and maintenance of facilities is almost exclusively the domain of the local authorities.]

20. Please identify who provides leadership and coordination of physical activity related activities at the sub-national and local level?

[Communities receive financial resources from the National Sport and Physical Activity Plan (NASB) to implement at local level promising interventions to encourage inactive people to move. The interventions are accessible and focus on target groups which are generally inactive. To support municipalities in implementing the NASB local, regional advisers are deployed and the most promising interventions. The strength of the NASB that pass interventions at local level and be used according to the local situation but as far as possible based on promising elements.

Concerning the organisation of sport and sport activities on local level the sport clubs play the most important role.]

21. Please provide brief details on up to three examples of interventions which have been successfully implemented following the development of the policy and action plan. Please also give 3 examples of any less successful interventions, as these often provide important lessons.

Successful interventions

1. [Lokaal actief (Local active): local action plan to promote physical activity and health. Each municipality, that participates, has its own plan.]

2. [Program participation of migrant youth in sports (see question 11)]

3. Beweegkriebels: course to train professionals of kindergartens (day care) to integrate physical activity in the daily activities of children from 0-4 years.

It is not clear which interventions are less successful, though in general some remarks can be made:

Less successful interventions

1. [In general changes within organisations, professionals and target groups go slowly and need to be introduced step by step]

2. Intersectoral collaboration, especially with sector spatial planning, is not easy

3.

22. Is there any evaluation of physical activity interventions at the sub-national and/or local level? Please give a general overview of the role of evidence and evaluation of practice undertaken in your country in relation to HEPA promotion.

[The evaluation of de National Action plan sports and physical activity is broadly divided in 2:
1) the outcome evaluation of the action plans of local governments:

Thus far, 2 times. One evaluation on t=0, baseline. And one evaluations on t=1 (first year of National Action plan in first 41 local governments).

2) the evaluation of the coordination of implementation:

Two times, first results over 2008, second results over 2009.

Effects of local sports and physical activity interventions are not registered on a national level.]

23. Does your country have a national level **communication or mass media strategy** aimed at raising awareness and promoting the benefits of physical activity? Please provide details of the communication activities (if any).

National Campaign 30 minutes moving

The campaign 30 minutes moving, organized by NISB, has as main focus to spread the message to the general public about 30 minutes p.a. per day, specifically daily physical activity. This campaign has several actions like: climbing stairs week, a bus 'what to eat and how to move' which drives around, a website for consumers and other.

Within this campaign there are several sub campaigns targeting specific groups like:

- Double 30: directed on secondary school children
- Vital Kids: directed on primary school children
- Elderly
- Local campaigns: directed on municipalities
- Specific actions

NISB executes a number of other campaigns together with partners:

- the cycling campaign 'Heel Nederland fietst' (the whole of Netherland is cycling). This campaign is implemented together with the national cycling association, for a period of 3 years, starting in 2009. Three ministries, Public Health, Welfare and Sports, Spatial planning and environment, and transport, support this campaign.
- Campaign for children 0-4 years and their parents: a collaboration between NISB and Nutritional Centre
- Campaign Prevention of falling for Elderly
- Campaign directed on people with Diabetes

The general strategy of the campaigns is that mass media is combined with local campaigns. Professionals and local organizations are stimulated and supported to organize local campaigns in which various interventions are used and local sports and p.a. infrastructure and programs are re-enforced.]

24. In your country are the physical activity interventions linked together by the use of any common **branding/ logo/ slogan**? Examples of this in other countries include "Agita Sao Paulo" and "Find 30". If yes, please describe.

[In the Netherlands the slogan is ' 30 minutes moving'

]

25. Does your country have any **network or communication system linking and/or supporting professionals** who have an interest in physical activity and/or are working on the promotion of physical activity or related areas?
If yes, please describe, providing a web-link and contact person, if available.

[All organisations have their websites with information for professionals and/or consumers.
There is not an official network for professionals working in p.a. promotion.]

The above questions have sought information to capture both the “what” and the “how” of your country’s policy development and implementation around physical activity.

What do you think are the 2 to 3 examples of greatest progress and also what you think have been the 2 to 3 biggest challenges faced by your country in commencing or continuing a national level approach to the promotion of HEPA.

26.a. Please list up to three examples of an area or issue where the greatest progress has been made in your country in recent years.

1. [Health and physical activity]
2. [physical activity and education]
3. [participation of migrant youth in sport]

26.b. Please list up to three areas or issues that remain as more difficult challenges to address.

1. [relation with spatial planning]
2. [intersectoral collaboration]
3. [low socio-economic groups]

27. Please use this space to provide any further details which you were not able to provide in other sections of the tool.

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Section D – A summary of how the HEPA PAT was completed

It will be of interest to those who read this audit of HEPA policy to know how this review was undertaken and who was involved in the process. Please outline in brief the process used. This should include details of who initiated the process, who led the process, who was involved and how they were identified or selected as well as the timelines of the consultation process. In addition, please include details of consultation steps that were undertaken and a list of individuals and organisations that were contacted and from whom feedback were received.

Overview of process and timelines

Steps taken on the country level:

- 1) consultation with a few colleagues of NISB in order to identify organisations/persons who can play a role in providing information
- 2) consultation with ministry of VWS for all questions (policy, implementation, processes and evaluation) that relate to the sector sports and p.a. and connections with other sectors
- 3) Internal consultation of colleagues who are involved in programs and projects in which sports and p.a. are related to other sectors, like health, welfare, cycling, environment.
- 4) Consultation of documents and other ministries and organisations in case additional information was needed (this was at stake in most of the cases)

Besides this there was regular contact with the other participating countries and the leaders of this international project. Contact was realised by email, a number of telephone conferences and one meeting in the Netherlands.

In the case of the Netherlands there was not an installed writing group, but just one project leader who was given time to realise the task of gathering information and writing it up. The fact that no one else had really time to have an active role (it was an extra task for others), the process of gathering information and writing it down took quiet some time.

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