Building a healthy future
An invitation to the city

Public Health Policy 2015 - 2018
Building a healthy future

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How it all began

This is the City of Utrecht’s Public Health Policy 2015-2018, which is based on the coalition agreement ‘Together We Are Utrecht’. But ‘Together We Are Utrecht’ isn’t just the title of the coalition agreement, it also indicates the way in which citizens, partners and the city authority can contribute to the city’s further development. The Public Health Policy 2015 -2018 is intended as an invitation to you, the citizens. We are inviting you to take the initiative, work together and promote healthy lifestyles and housing in our city.

Background
The coalition agreement ‘Together We Are Utrecht’ has three key themes: ‘Together We Are Utrecht’, ‘Building A Healthy Future’ and ‘Working At Work’. The public health policy is based on the coalition agreement ‘Together We Are Utrecht’ and the framework for ‘Building A Healthy Future’. In it the link is made between physical, social and economic issues which provide opportunities to promote healthier lifestyles and housing in Utrecht. Furthermore, the Dutch Public Health Act asks local authorities to adopt a municipal public health policy once every four years. With this framework we are meeting this requirement.

The process
The Utrecht Public Health Monitor 2014, published in February 2014, provides an up-to-date picture of the health of Utrecht residents and factors that can determine good health. The presentation has been used in discussions on the health status of the city’s residents and current health trends. Based on these discussions, recommendations were made and wishes expressed. Then numerous interviews were conducted to find out what everyone can contribute to this process. This led to a meeting with the city’s partners (September 2014). Those attending this meeting were asked to rate the importance of the items on the agenda and what they could each do to contribute. This in turn formed the basis for the initial draft of the public health policy.

Having assessed a number of options and actively canvassed opinions, we have produced the framework that you are now reading. We anticipate that its content will be recognized and acknowledged and that the engagement that we have observed around these themes will translate into inspiring and innovative cooperation towards building a healthy future.

What next?
This document is an invitation to the city to take the initiative and seek to cooperate in promoting healthy lifestyles and housing in our city. All portfolios of the city authority will contribute to this goal and the health of Utrecht’s citizens will feature in the various programmes and activities undertaken within the city. Within the Public Health portfolio, activities will be undertaken every year to monitor, protect and promote the health of Utrecht residents (see Appendix). Health protection tasks designed to control infectious diseases, tuberculosis and STDs and technical hygiene measures at events have been assigned to the Utrecht Municipal Health Authority (GGD) via the Common Rules on Public Health. Medical assistance in major accidents and disasters (GHOR) will be provided by Utrecht Safety Region under the Common Rules on Utrecht Safety Region. The City of Utrecht (Public Health) provides on-call services.
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City Commissioner Victor Everhardt
What is Utrecht aiming to achieve?

What are the pivotal public or societal values? Who are the key contributors and what can one expect from the city authority? These are the questions that we have asked ourselves when formulating the new Public Health Policy. We find that policy based on adding public value fits in well with our ‘Together We Are Utrecht’ ambition. This is a new approach for us as a city authority.

In this respect we are a learning organization and we are using both in-house and external expertise to further develop this approach, in cooperation with you, and to transform it into a method of accountability. Our approach is based on three questions. These will be revisited later when we consider the key elements.
Utrecht, a city where residents are healthy and resilient.

This value means that residents feel healthy, are healthy and stay healthy. They are able to enjoy the nice things in life and cope with setbacks. We aim to reinforce this value with the Utrecht Public Health Policy 2015-2018. It is a challenging aspiration and extends beyond the period of the policy.

Under the 3 key elements ‘Healthy City’, ‘Healthy Neighbourhood’ and ‘Healthy Start’ we have formulated sub-elements, which we have derived from our many conversations with residents, community organizations, the corporate sector and experts. Society is changing continuously and so too are its values. We remain alert to new initiatives, e.g. via the contacts that we have in our day-to-day work and the organized city dialogues that are being conducted on numerous topics.

Utrecht is a city full of dynamism and engagement. The people of Utrecht, organizations and public authorities are contributing to a healthy city on a daily basis. There are numerous residents’ networks and associations, community and industry organizations and knowledge centres in the city. Some of them are organized around a particular topic, while others are area or setting-oriented (neighbourhood, district, city, school, region, national or international). Some are independent, self-funded initiatives, others are ‘co-productions’, while others still are initiated by or on behalf of the government. New networks and forms of collaboration are emerging.

So what is the role of the City of Utrecht? As a city authority, we have a social responsibility and statutory tasks associated with public health. We fulfil these tasks. Where possible, we seek alliances and establish contacts with and between partners and networks in the conviction that this fosters social adhesion. We leave room for initiatives that add value and initiatives that challenge the city authority in its public duties, and also leave room for residents to discharge their own responsibilities. Because Together We Are Utrecht.

With this document we are inviting the city’s stakeholders to help create healthier lifestyles and housing conditions in a sustainable and healthy city.
And we are inviting them to help make Utrecht a city whose residents are resilient, where we enjoy living and working together and where everybody is ‘worth the effort’. In summary, this is an invitation to take the initiative, seek cooperation and add to the societal value that a healthy city embodies.

Below we explain what you can expect the City of Utrecht to do in order to realize its ambition. In other words, what value are we, as a city authority, adding?

Our strategy is broken down into three key elements:
These three key elements – Healthy City, Healthy District and Healthy Start – are informed by the following basic principles, which provide a platform for innovation and improvement within our policy.

**Basic principles**

- **We adopt a broad and positive approach to health**
- **We are committed to preventing problems and helping people to lead 'normal lives'**
- **We are committed to reducing health inequalities**
- **We want everybody to be able to live in dignity**
- **We are improving the Public Health Monitor**
Building a healthy future

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We adopt a broad and positive approach to health

In Utrecht we use the concept of ‘positive health’ as the basis for health promotion. We believe people have an inherent strength and view health both as a goal in itself and as a tool for achieving other, related goals – for example social engagement and self-development. We aim to promote resilience, so that people can bounce back independently after suffering a setback. Even though each individual is responsible for his or her own health, the city government has a duty to monitor, safeguard and promote the health of Utrecht’s residents. This is particularly relevant in situations that require expertise on health risks or health protection factors. The city government wants the people of Utrecht to be capable of reducing their own health risks or increasing the protective factors. In cases where residents are unable (as yet) to do this for themselves, this is a task for the city government.

The notion of using health as a tool has numerous direct relationships with other domains. For example, health influences people’s ability to function at work or in a sporting context. Conversely, a person’s living environment, security of income and the fact that they have a daily routine all have an effect on their health. With this broad and positive approach to health we aim to promote a society where the focus is placed on what is possible and not on people’s limitations or problems. The breadth of our approach enables us to recognize the contribution that we, as a city authority, make through our programmes to the prerequisites for ensuring good public health in Utrecht and a healthy city. Crossover effects may enable us to achieve greater improvements and innovations. Thus our health expertise is enhanced and this input features more explicitly in our administrative decision-making.

1 This concept was developed by physician/researcher Machteld Huber. See http://dx.doi.org/10.1136/bmj.d4163
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We are committed to preventing problems and helping people to lead 'normal lives'

We prevent problems by focussing on giving children a healthy start. Having a safe, healthy upbringing impacts on a child’s development and personal growth later in life. As they say, what’s learned in the cradle lasts till the grave. We also prevent problems by focusing on health promotion, e.g. by creating a healthy social environment and fostering healthy lifestyles and ‘health literacy’. If things should go awry or problems arise, the people of Utrecht can be sure of getting appropriate basic medical and/or social care.

Where possible, health professionals – including community team members, GPs and child health professionals – normalise the situation and help to resolve problems. The priority is that people should remain as independent as possible and continue to be socially engaged and lead normal lives for as long as possible. The City of Utrecht and the health insurers both firmly believe there should be close cooperation between GPs, community health nurses and community teams in order to prevent people from ‘falling between the cracks’. Collaborative agreements to this effect are enshrined in the Healthy Utrecht Covenant.
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We are committed to reducing health inequalities

According to the Utrecht Public Health Monitor, which was published in early 2014, the health of Utrecht residents is generally good.

However this does not apply to everybody. Within the city there are groups of people who suffer major health inequalities. Clearly a person’s socio-economic and socio-cultural status, including their education, play a role. Those with the greatest health inequalities frequently face an accumulation of problems in such areas as health, making ends meet and housing. They usually lead an isolated life. In geographical terms this is manifested in health disparities between districts and neighbourhoods within the city. It also affects the burden placed on individual residents and the burden on different neighbourhoods.

In addition to active engagement from the people of Utrecht themselves, this problem also requires input from many other partners. Then we can continue to build on the experiences gained from the successful Healthy District strategy. This includes a broad, cohesive, individualized approach in collaboration with the people of Utrecht and local partners such as neighbourhood supermarkets, sports clubs, schools, community child health doctors, GPs, community teams, housing associations, etc. We invest in young people in order to give them a firm foundation for a healthy life.

Together with the people of Utrecht and other partners, we are endeavouring to break the trend and prevent the health inequalities from increasing. Here we are tapping into the national government’s ‘Healthy in...’ incentive programme. This strategy is based on local models, literature and research. One of these models is the Overvecht Healthy Neighbourhood Scheme.
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We want everybody to be able to live in dignity
We want to enable all residents, young and old, to live in dignity. Everybody is ‘worth the effort’. We are alert to signals from the city or from professionals about health risks or the lack of health protection factors in specific groups.

If the people of Utrecht are unable (perhaps temporarily) to cope independently, we offer local support to help them lead a ‘normal life’. The community teams have a key role to play here. They support people who have several complex issues or problems, e.g. in relation to care, making ends meet, housing, isolation, etc. They can also refer them to a day care centre or, if necessary, provide additional care.

Facilitation of access to the job market, provision of income support, assistance with debt management and housing and homeless services are also arranged via the community teams. In the case of people who avoid care, have problems with domestic hygiene or struggle with serious addiction problems we offer a helping hand into mainstream care (e.g. the GP). We do this through such channels as regional support services, sheltered housing, etc. The Youth and Family community teams also have additional responsibilities in relation to developmental and parenting issues, guidance and even, in some cases, minor adolescent mental health care problems.
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The city authority monitors the quality of residential life, safety, health and other issues in the city via the Utrecht Monitor. More specifically geared to health is the Utrecht Public Health Monitor (VMU), which provides an overview of (and insight into) the health status of Utrecht residents, contributory factors and trends over time. We do this by pooling information from health surveys, research and everyday practice and by monitoring trends over time.

The Utrecht Public Health Monitor is being improved and developed into an up-to-date, transparent and accessible knowledge tool. We encourage the use of information within the care and healthcare professions, community teams and related policy areas and add information obtained from other partners to our own. We engage in dialogue with the people of Utrecht and public/private partners in order to jointly identify the relevant information and find potential avenues for specific healthcare improvements. Then we consider which partners are needed in order to deliver these improvements.

These partners are encouraged to take action. If the city authority has a role to play, we take the necessary steps. Efforts are being made to ensure that the Monitor is a source of up-to-date information about the health status of Utrecht residents which can also be accessed by other parties. The aim here is to share and link knowledge and information, while being mindful of the requirements of the Dutch Personal Data Protection Act (WBP). Open data will also be made available, so that others can also use this data for analyses.

We firmly believe that the activities undertaken to improve health should be supported by research. This will ensure that interventions can, where necessary, be modified by the initiator or contractor in order to make them as effective as possible. 

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Healthy City

What is the societal value of a healthy city?
This is an attractive prospect for Utrecht and for present and future residents of the city. The Healthy City is always a ‘work in progress’. It is an enticing prospect and an invitation to the community to apply itself to the task.

Utrecht is successfully combining its status as a large city with health promotion, wishes to continue this process and wants all its residents to be able to benefit. Many parties are involved.

Utrecht, a city where people live and work in good health – where everybody is ‘worth the effort’ and gets a chance to play their part.

First and foremost this means the residents, but it also includes the corporate sector, all manner of community organizations and, of course, the city government. Each of these players is necessary and makes a contribution according to their particular role or responsibility. This might take the form of voluntary work in a sports club, parent initiatives in schools, et cetera. Cooperation between the city and the city authority takes various forms. For example, initiatives by Utrecht residents are encouraged and, if necessary, facilitated and supported via the Initiative Fund. Economic activity is stimulated and the city authority has established a Local Economic Fund for this very purpose. In addition, an ambitious plan for a switch to sustainable energy is being implemented in partnership with Utrecht residents.

We want to give greater prominence to the social significance of health for the city in the period ahead and take this into consideration in our decision-making. Health already occupies a firm place in the municipal programmes. This can be further reinforced by increasing the connectivity between municipal programmes, by establishing new links with community initiatives and by strengthening existing links. New projects and alliances are emerging.

If we anticipate that value will be added to the Healthy City concept, we shall stimulate alliances that enable us to continue along this path and join forces with these partners in seeking funding possibilities.
What can you expect from the city authority?
The City’s Programme Budget Outline demonstrates the different programmes and domains in which the city authority is actively involved. Through all these activities we, as a city authority, are also promoting healthy lifestyles and housing in the city. The Public Health programme is one of the more specifically healthorientied elements.

Health, in turn, also contributes to the more sector-specific objectives. For example, healthy students feel fitter and happier, perform better at school and are less likely to drop out. They can develop their talents, and the converse also applies. This reciprocal relationship offers opportunities for improved outcomes. We see opportunities for further synergies and improvements.
Examples of what we are currently doing through the different health programmes and the Healthy City initiative are:

- Organization and quality of the residential and social environment: e.g. improved air quality
- Spatial development and layout of the city
- The (healthy) accessibility of the city
- Green, clean and safe public spaces which also make attractive meeting places
- The link between housing and care and the affordability of housing
- Dutch Social Support Act (WMO):
  - Social engagement according to individual ability, facilities that encourage people to meet and self-reliance, basic care and, where necessary, additional care and support
  - The role of education in developing talent and the achievement of basic competence (the so-called ‘start qualification’)
- Promotion of safe and healthy youth development
- Sport and exercise
- Participation in cultural life in the city and surrounding districts – work or other involvement in the community and assistance with financial problems that interfere with this (and their prevention)
- Public Health: Healthy districts that reduce health inequalities, Child Health Services (JGZ), health expertise (lifestyle interventions, living environment, diet) and health advice in connection with spatial and accessibility planning, prevention, care and sustained recovery of vulnerable people of Utrecht, monitoring health status.

More information about what the city authority is doing in this area can be found [www.utrecht.nl/city-of-utrecht/]
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Scope for improvement or innovation
There are many ways in which the City of Utrecht is promoting healthy lifestyles and housing in our city. We see scope for improvement and innovation by being attentive to existing networks or alliances and, where appropriate, intervening. By flagging up new developments both within society and within the municipal organization and seeking further synergies and improvements the city authority can help to create a healthy city.

This will be a city where people live and work in good health – where everybody is ‘worth the effort’ and can become socially engaged. Inter-related topics that encroach on people’s lives are then addressed. Improving people’s health requires a targeted approach from various stakeholders and is a dynamic and ongoing process. 💢

Healthy City

- Health and spatial development
- Health and social development
- Promoting health via healthy, sustainable, local food
- Restoring healthy lifestyles and healthy behaviours
- Health and economic development
- Human dignity and the safety net
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Health and spatial development
The fact that the population of Utrecht is increasing rapidly presents both major problems and opportunities. We view this growth as an opportunity to further improve the quality of life in our city, which is generally good, by committing ourselves to healthy and sustainable urban development.

For many years Utrecht has been investing in cycling facilities, sustainable energy production and green space. This makes the healthy choices attractive. A platform for Healthy Urban Living can play a role in the way in which inner-city development is managed, so that Utrecht remains a compact city where you can reach any destination by bike and the countryside and recreational areas around the city remain accessible. We use every opportunity that public spaces provide for exercise, play, meeting people and enjoyment of nature and ensure there is a separation between recreational areas and traffic.

We encourage the initiators of building projects to come up with creative solutions that help to maximize positive effects on the health of Utrecht residents.

In doing so we give consideration to a number of elements that are conducive to a healthy (future) living environment: sustainable use of energy, preparation for climate change, soil, water and air quality and reduction of noise pollution.
The creation of sufficient quiet places in the city contributes to a healthy environment. We creatively seek solutions that will help to improve air quality. Emphasis on both cycling and pedestrians promotes clean mobility and encourages people to meet up in public spaces and take healthy exercise. Sustainable, healthy urban development requires a broad, integrated approach with scope for administrative choices.

The new Dutch Environment Act will provide a significant tool with which to achieve these goals. Pending the introduction of the Environment Act in 2018, Utrecht is experimenting with an environmental indicator for sustainable redevelopment, a method for developing a sustainable agenda for action in spatial planning projects in consultation with all stakeholders, and incorporating this into an environmental vision.

We are aware that spatial planning and health needs can sometimes diverge and have differing implications. This calls for a transparent explanation of each particular situation so that a careful administrative evaluation can take place. We are strengthening our health expertise at all stages of spatial development.
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Health and social development
The continued development of the Social Support Act, Youth Act and Participation Act gives the city authority far greater responsibilities.

In consultation with all partners we have been working on the Utrecht model of care and support. The aim of the ‘Social Engagement According To Individual Ability’ scheme is to boost the self-reliance of Utrecht residents who are unable (perhaps temporarily) to cope independently and to spend the money that is available for supporting and assisting these residents as efficiently and effectively as possible. We do this by tapping into people’s inherent abilities.

This has required a change of mindset and behaviour throughout society. Together with organisations and institutions within the city, we are working on an integrated strategy so that the right support can be offered to those who need it.

With the implementation of the Youth Act the emphasis is being placed on boosting the basic coping ability of children and families. We want to forge stronger links between those domains that promote the health, safety and talents of children and young people as they grow up. This might include the child health services, appropriate education, youth work, the ‘safety approach’ and restorative well-being.
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The new vision and methodologies must also lead to a reduction in costs. As a city authority, it is our responsibility to implement the Participation Act in Utrecht. The three action pillars of municipal policy in this sphere are: boosting commercial activity and entrepreneurship; helping people find a job (making work pay); and successful education.

Utrecht is committed to boosting self-reliance and self-management among the city’s residents. This is achieved in various ways and the people of Utrecht are invited, encouraged and, where necessary, supported by professionals such as healthcare workers, community child health doctors and youth health care nurses, community team members, ‘community connectors’, personal trainers, primary-care professionals, community health nurses and other health and care personnel. We also see inspiring new examples of self-reliance in the city involving professionals and residents. We will assist in the expansion and further rollout of such initiatives at district level. One example is ‘Together in the City’, the social network for (and run by) senior citizens. As a result the Samen Hoograven (‘Hoograven Together’) initiative is being replicated in several districts.

Initiatives from the community are welcomed. We wish to motivate residents and organisations and, if necessary, act as a facilitator – at least temporarily. We may initially also need to encourage people to take the initiative. Healthy people are more inclined to take part and, conversely, participation is good for people’s health.

Financial problems frequently go hand in hand with health problems, especially mental health problems. This underlines the importance of Working At Work, local labour market policy, participation policy and the new anti-poverty strategy for people’s health and employability.

For the elderly and people with a disability to live longer at home requires watchfulness on the part of the individuals concerned, immediate family and neighbours, who call the community team if this arrangement is simply not working.
Cooperation between community teams and GPs is a necessary prerequisite in basic care if these people of Utrecht are to be offered targeted support. Where necessary, the community health nurse is involved or else use is made of municipal services that enable people to live at home for as long as possible. Should there be a genuine problem, there is the possibility of independent living support and sheltered housing. Where necessary, care may be provided under the Health Insurance Act and the Long-Term Care Act.

A similar transformation is taking place in the Youth Health Care programme, where the community teams form the interface between everyday parenting and the more specialized youth care services. Here there is close cooperation with primary care, the youth healthcare services and, for example, education services, the youth work services and the community safety partners.

When people live at home for a longer period of time, consideration also needs to be given to the link between housing and care. Access to suitable accommodation without losing one’s social network is an understandable wish. This is taken into consideration in our policy. At the same time we know that this is difficult to achieve in rented social housing. In the new model of housing distribution a system is being sought which grants priority to people with disabilities. Such a system will put this group in a better position and they will have a greater chance of suitable housing. However we are still talking about distributing a scarce resource. The intention is to have an adequate supply of housing in each area, so that people have the opportunity to continue living in their own neighbourhood. In addition an urgency clause has been included in the Housing Regulations for the social housing sector with regard to informal care.

People are living at home independently for a longer period of time. In the case of people who require a lot of care and are unable to organize this for themselves, the health risks are greater. The sort of people we have in mind here are the elderly (especially migrants), people with a mild intellectual disability and people living alone with dementia. We also know that loneliness and the lack of meaningful contacts are health risk factors. We are mindful of health risks among at-risk groups (new and old) and will proactively alert the relevant partners – such as the police, housing associations and care organizations – to these risks. It is the responsibility of all of the city’s stakeholders to assist and be on the lookout for potential risks to the health of Utrecht residents.

The virtual social environment (i.e. social media) is becoming ever more important. On the one hand it provides opportunities and possibilities for contact, new networks and for obtaining information and support. However, there is also a downside to social media. New problems are emerging, such as cyberbullying, safety, privacy and accessibility. We want to assess the positive and negative impact of social media on health and whether we, the city authority, can play a role in reducing any health risks and if so, what that role might be.
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Promoting health via healthy, sustainable, local food

Utrecht has an international profile as a city of local, healthy and sustainable food. One of many inspiring examples of this phenomenon are those people of Utrecht who are setting up neighbourhood vegetable gardens where residents can engage in community gardening, such as the Food For Good initiative. The Utrecht hotel and catering industry is also increasingly discovering the value of local produce, which is promoted by the Lekker Utregs (“Tasty Utrecht”) foundation. Special sites have been established in the city where markets are periodically held to sell this local produce.

The city authority welcomes these developments and has assumed a facilitating and proactive role. In recent years ‘brownfield’ land has been made available for neighbourhood vegetable gardens from the Land Management portfolio. Within the Public Health portfolio we are encouraging people to make healthy food choices. Diet and exercise are vital ingredients for a healthy life. Wherever possible, we encourage sustainable purchasing, sustainable consumption and prevention of food waste. This policy is founded on our Food Strategy 2012, which we are improving and further expanding. Where possible, the city authority links new initiatives to existing alliances and events aimed at boosting the production and use of local food.

Examples of the networks behind this movement are such alliances as the national City Network on Urban Agriculture, the Green Deal, efforts to reduce waste at all Academic Medical Centres and, in this connection, the creation of a Food Court on the Uithof campus, along with events such as the Future Food meeting in the Botanical Gardens, public open days and harvest festivals. Participation in the European Food Smart Cities for Development project is reinforcing the brand values of the Utrecht urban region: “inspiring” and “welcoming”. The best practices of other cities and European cooperation are providing impetus for local Utrecht partnerships. Through this European project we are supporting and promoting the social movement around sustainable, healthy, local food in the city.
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**Restoring healthy lifestyles and healthy behaviours**

Good health is an important foundation for being able to engage with others at school and in the community. A healthy living environment stimulates and supports healthy behaviour. We want to make the living environment attractive for cyclists and pedestrians. The pedestrian is being given more and more space. As well as short footpaths longer walks are also available, which are also interesting and safe for joggers. This is our way of helping to ensure that the healthy choice is also the attractive one. Adequate exercise, proper, regular meals, work/school and relaxation are, after all, an important foundation for good health.

In the Public Health sphere we are keener than ever to adopt a more coordinated approach to the different lifestyle themes in cocreation with the people of Utrecht and we shall also increasingly be doing this in conjunction with schools, sport, the family, neighbourhoods, etc. In addition we are taking advantage of natural life stages to draw attention to the importance of a healthy lifestyle, e.g. contact with young parents. The role of the Child Health Services is being strengthened in this regard. Opportunities such as the start of the Tour de France in Utrecht or new alliances (e.g. the Utrecht Economic Board and Utrecht Care for the Elderly Network) will be utilized.

We find it important to establish closer links between informal outdoor activities and organized sport (partly in order to make optimal use of facilities).

Alongside the current lifestyle themes we shall in the period ahead also be endeavouring to combat tobacco and cannabis use among young people and other possibly harmful trends. The new approach to health places the emphasis on people's resilience and vitality. This approach will form the basis of our work on healthy lifestyle and behaviour.

Adequate health literacy is also needed. In this respect it is important that the people of Utrecht should have access to information, be able to understand this information and use it in making their choices. We shall be investigating how such disadvantages as problems with the Dutch language and inadequate computer skills can be overcome. 

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Health and economic development

Utrecht has a large medical, care and life science cluster. Within the so-called Economic Board Utrecht (EBU) we are working to expand the Health Hub, in which alliances of employers, research and educational institutions, industry associations and companies cooperate in the development of new products and services and in the smart application of technology.

Health care professionals and research and educational institutions in the Utrecht region are eager to discover how the new technologies can improve the well-being of Utrecht residents and the functioning of the healthcare sector. This requires broad-based cooperation, e.g. with research and educational institutions, health insurers, health care professionals and the corporate sector. As developments are proceeding apace, we need to remain alert to new developments that may provide health benefits. These may either be technological developments or something entirely different, such as the importance of community-based culture and our cultural heritage. These too are essential to the well-being of the city’s residents.
Unfortunately there are always people who do not take advantage of mainstream care because they are either unable or no longer willing to do so. As a city authority, we seek to ensure that these people too get the help and support that they need in order to be able to lead a ‘normal life’. Over the past few years this has applied to the homeless, people from Central and Eastern European countries and undocumented individuals. Care managers deliver assertive outreach care and, if necessary, channel these individuals into mainstream medical or basic social care.

As well as providing these people with access to the requisite medical care, we also look into whether they have infectious diseases that require treatment. Besides improving health, the safety net also helps to restore the dignity of the individuals concerned and to reduce potential social problems caused by this group, thereby promoting community safety. We endeavour to improve these people’s access to mainstream care. These individuals often have problems in several aspects of their lives. These issues are addressed by the community teams, who examine the overall problems and, if necessary, provide case management or additional care.

Thanks to our expertise in Public Mental Health Services (OGGZ) and the problems surrounding addiction therapy and our close contacts with partners in the care process, we have an advisory role in fast-tracking people into care, accessing night shelters, and social care and sheltered housing accommodation. At the same time we have learned how to reach out to these people and ask them about their needs and possibilities. We keep a watchful eye on risk groups and highrisk situations.

Our focus is on specific groups that are exposed to greater health risks. For example, we arrange clinic sessions where sex workers can consult a doctor. In addition, their attention is actively drawn to the possibility of finding a route out of prostitution and the support that they would then receive. We use the phrase ‘human dignity’ to underline our basic premise that everybody is ‘worth the effort’. Our wish is therefore that all residents should be given the possibility of leading a life of dignity.
**Healthy District**

- Switching from a Healthy District strategy to a Healthy Neighbourhood strategy
- Healthy living
- Healthy living environment

**Healthy District**

**What is the societal value of the Healthy District?**

This is an enticing prospect for every resident. We realize that it is impossible for everybody to always be (or feel) healthy. Life expectancy in good health varies from individual to individual – as is reflected in the Monitor figures for the city as whole and the different districts.

Our aim with the Healthy Neighbourhood strategy is to address health inequalities wherever they occur. And where these inequalities are growing, we will seek to reverse the trend.

People in Utrecht live and work healthily at district and neighbourhood level, in schools and at home.
Healthy District

Switching from a Healthy District strategy to a Healthy Neighbourhood strategy

Healthy living

Healthy living environment

Our work to create healthy districts in Utrecht involves a large number of partners. First and foremost the residents do this themselves, e.g. by maintaining the greenery in the district, helping out in schools, organizing walking clubs or cooking healthy, or by keeping a watchful eye on a neighbour. Community organizations (including housing associations, health and care professionals, health insurance companies and the city authority) also help to keep districts and neighbourhoods healthy. Each of them is needed and makes a contribution according to their particular role or responsibility. Schools, for example, are becoming increasingly aware of the positive impact they can have on their students’ fitness by modifying the school environment. Healthy schools are being promoted by the Primary (PO) and Secondary Education (VO) Boards. The ‘peaceful’ approach, as adopted in the ‘Peaceful Neighbourhood’ and ‘Peaceful School’ initiatives, helps to promote a healthy living environment by focusing on good manners and a sense of community.

With the Healthy In The City Incentive programme (GIDS) national government is encouraging measures to combat health inequalities at the local level in cooperation with local partners. Utrecht is receiving a budget for the period from 2015-2017, expertise from knowledge centres and can share knowledge via a website.

The Healthy District strategy is an integrated, area-oriented approach which works in a targeted manner to reduce health inequalities by ‘increasing community participation’, ‘teaching a healthy lifestyle’, ‘creating a healthy living environment’ and ‘ensuring the accessibility of care and support’. As far as the last-named element in this list is concerned, those people of Utrecht who are unable to cope independently have access to direct assistance and support as a result of the introduction of basic social care (community teams) and basic medical care (GP and nurse practitioners), which is increasingly organized at district level, and personal care from the community health nurse. Together with the child health services, the community teams, community health nurses and GP/nurse practitioners form a robust and well-organized basic care infrastructure for the residents of Utrecht.
Building a healthy future

Healthy District

- Switching from a Healthy District strategy to a Healthy Neighbourhood strategy
- Healthy living
- Healthy living environment

What can you expect from the city authority?
Below are some examples of various health and Healthy District programmes that illustrate the City’s commitment to this initiative:

- In the district action programme we identify what the key municipal issue in each district is. This key issue is derived from the ‘district ambition’ in the district concerned. This in turn is formulated for a number of years in consultation with residents, entrepreneurs and ‘district partners’. It also indicates what steps residents and entrepreneurs will take themselves. Each district action programme specifies three key themes. These differ from district to district and range from increasing job opportunities to measures for combating road accidents and investment in the quality of public spaces.

- Greater emphasis on ‘social performance’: With this subsidy scheme the city authority has created extra capacity for drop-in care and assisted in the development of social networks within the city. Under the banner ‘Together in the City’ the city authority is funding social networks of senior citizens in all districts, as exemplified in the ‘Hoograven Together’ initiative. Various organisations in the district are working together, with engagement from volunteers and neighbourhood residents, in order to provide a low-threshold service for senior citizens. Elderly residents are, in turn, also providing a service, in that they are meeting one another and thus expanding their social networks.

- The child health services and the Youth and Family community teams operate in every district. All children are offered the National Immunization Programme. The child health services are available to answer questions on healthy parenting and child development, as well as having a role in health promotion. Where necessary they make referrals and through their efforts they also aim to prevent or reduce the need to access services.

- Continued development of the ‘Utrecht model’ for the social domain. Residents who are unable to cope independently can turn to the community team for support with various aspects of their lives.

- Reform of the anti-poverty strategy: The Healthy District approach is involved in the reform of the anti-poverty strategy, in which health will occupy an important place.

- Facilities ranging from schools, libraries and play and sports facilities to parks and children’s farms are available in each district.
Personal trainers are working in each district and are familiar with all the locally available sports and exercise options and help to promote new initiatives of this kind.

A concerted effort is also made to stimulate local activities. For example, the Local Economic Fund (established by the city authority) is supporting initiatives in which the domains of living and working can be combined.

Scope for improvement and innovation

There are many ways in which the city authority is helping to improve the health of its residents and create a healthy city. We see scope for improvement and innovation by tapping into new developments in society and also by seeking further synergies within the municipal organisation. We will make specific reference to a number of these themes. This is, however, a dynamic and ongoing process which will continue when this policy comes to an end.
Switching from a Healthy District strategy to a Healthy Neighbourhood strategy

We shall continue to develop the Healthy District strategy, placing the focus more at neighbourhood level.

It is evident from the Public Health Monitor 2014 that in addition to those districts that already receive extra attention there are also a number of other neighbourhoods in Utrecht with health inequalities and intractable social problems. After contacting residents and partners actively involved in the neighbourhood concerned, we produce ‘neighbourhood sketches’. These are primarily of a qualitative nature and shed light on the issues and opportunities that arise at neighbourhood level. In consultation with the people of Utrecht and partners we formulate recommendations based on the neighbourhood sketches. Stakeholder meetings are organized to look at what the recommendations mean for everybody’s commitment and responsibility. We are alert to initiatives from residents and other stakeholders. The key issue is each individual’s organizational capacities and day-to-day commitment.

If necessary we shall facilitate this process temporarily. We rely more than previously on the low-threshold entry criteria, knowledge and commitment of the child health services. The contacts that the child health services establish with Utrecht residents themselves and the professionals immediately around them are an important early warning system at individual level and provide information on the health of the different groups of children. Needless to say, the network within which we operate is made up of the Youth and Family community teams, the Social community teams, the community health nurse and the GPs. It is often possible to prevent escalation with limited assistance. These contacts also shed light on the wishes of Utrecht residents and whether they have already taken steps to fulfil their own needs and wishes – or are willing to do so. The information received can be used to shed light on groupings and to predict potential volumes of requests for help.
Healthy District

- Switching from a Healthy District strategy to a Healthy Neighbourhood strategy
- Healthy living
- Healthy living environment

Healthy living

We are alert to initiatives that help to make the healthy choice an attractive one (‘nudging’) and, where possible, we encourage successful initiatives to scale up to the next level. Through events and other activities we invite the people of Utrecht to embrace a healthier lifestyle. We plan to address the different lifestyle themes in a more coordinated manner and in relation to such factors as the school, sport, the family or the neighbourhood.

Resilience is the common thread running through all the different interventions. In seeking solutions we respond to initiatives or questions raised by residents themselves. We also make use of natural life stages to draw attention to healthy lifestyles. The role of the Child Health Services is being reinforced. Opportunities such as the start of the Tour de France in Utrecht or (new) alliances (the Economic Board Utrecht, Utrecht Elderly Care Network) are being exploited.
Healthy District

- Switching from a Healthy District strategy to a Healthy Neighbourhood strategy
- Healthy living
- Healthy living environment

Alongside the current lifestyle themes such as “Young people at a Healthy Weight” and “Alcohol and Drug Prevention”, we shall also be focusing attention in the period ahead on resilience and vitality in the Healthy Living campaign. In addition to alcohol, we are also specifically addressing tobacco and cannabis use among young people and other possibly harmful trends. We shall be even more flexible in our response to input from clinicians and on the lookout for potential avenues of cooperation.

Adequate health literacy is a necessary prerequisite for a healthy life. It is then important that the people of Utrecht should have access to information and be capable of understanding that information and using it to make healthy choices. For people who have problems with the Dutch language or do not possess adequate computer skills we are investigating how these disadvantages can be overcome. There are numerous places in Utrecht where people can meet, with libraries now being used even more than in the past. We find it important to establish closer links between organized sport and other informal outdoor activities. It is becoming increasingly common for the design of public spaces to be determined in consultation with Utrecht residents. Key considerations in these discussions are play, meeting places, recreation and exercise. As the quality of outdoor spaces increases, they are becoming more and more attractive to Utrecht residents.

Primary schools are increasingly finding that they too can do more to promote health. At the request of these schools we are providing health profiles, which are explained to the teaching staff so that schools are better able to choose which measures will be most beneficial to the health of their students.

There is a direct correlation between health and unemployment and between health and poverty. If you are not healthy, it is more difficult to find work. Conversely, having a job has a positive effect on your health and well-being. Thus health problems have an impact on the job market and the job market contributes to residents’ health. Healthy people are more socially engaged. Equally, whether or not one can get by financially affects a person’s health and well-being. Living in poverty adversely affects your health and worsens social isolation. It is then extremely important to have a good network in the district. We are taking the Healthy District strategy into consideration in our reform of the anti-poverty strategy, in which health has a key role. We are exploring potential positive influences on the local job market and the district economy in relation to health.
Healthy District

- Switching from a Healthy District strategy to a Healthy Neighbourhood strategy
- Healthy living
- Healthy living environment

Healthy living environment

When designing public spaces and urban developments at area level we aim for healthy and sustainable development. We are on the lookout for initiatives that help to make the healthy choice seem attractive (e.g. by ‘nudging’). By involving health and living-environment experts in spatial and area development teams we are also able to introduce health into the decision framework at operational level. In areas where development has already begun, this process is being optimized. In each case we consider what lessons we can learn for future urban development.
Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

Healthy Start

What is the societal value of a Healthy Start?
This is our wish for every child that is born in Utrecht and grows up here. We want to offer each child opportunities to fully develop and thrive. We invest in providing children and parents with the basic skills that they will need. We firmly believe that a solid foundation makes it easier to cope with setbacks and will prevent or reduce problems in the future. Thus a healthy start can assist in addressing health inequalities.

In Utrecht we all help to bring up the children on a daily basis. Parents/carers have the primary responsibility for their children’s upbringing.

Family members, such as grandparents, also do their bit, as do people in the neighbourhood or district. Others who play a part in giving children a healthy start are teaching staff, sports trainers and coaches, healthcare professionals, staff at toddlers playgroups or day nurseries and all kinds of volunteers. Every adult Utrechter serves as a role model for young people. ‘It takes a village to raise a child.’

Utrecht, a city where children grow up healthy and safe with the opportunity to fully develop and thrive.

[Image of a woman and a child]
Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

What can you expect from the city authority?
The city authority is committed to increasing the self-reliance of parents/guardians and children. The basic rationale is that child-rearing – like life in general – is always associated with questions and minor problems which people can usually solve themselves or with support from family and friends.

The support is commensurate with the family’s needs and the coping ability of the children and the parents themselves.
Building a healthy future

Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

Below are some examples of various health and Healthy Start programmes that illustrate the city authority’s commitment to this initiative:

- The Child Health Services (JGZ) monitor the development of all children from birth to 18 years of age. By implementing the National Immunization Programme we help to prevent infectious diseases. At individual level, parents can put their questions to the JGZ and receive advice on healthy child development. Where necessary and time allows, the JGZ will refer them to other care services, but its aim is also to prevent or reduce the need for care. The capacity of the Utrecht JGZ to help parents deal with everyday parenting issues has been strengthened.

- We discharge our responsibilities under the Youth Act via the Youth Health Care programme. This involves a cohesive strategy consisting of three pathways: everyday parenting, basic care via the community teams and additional care.

- Education provides the platform for a child’s development and personal growth. Every student deserves the education that encourages him or her to develop and exploit their talents to the full.

- Inspection of child-care facilities
- Active sports clubs, low-threshold sports activities within the district and introductory sport sessions during and after school.
- Healthy sexual development (partly provided in cooperation with Utrecht region Municipal Health Authority)
- We design public spaces in such a way that they encourage play and exercise.

- Maintenance of such facilities as schools, libraries, parks, sports facilities, play areas and children’s farms.
- We try to give early warnings and invest when young people cause a nuisance, threaten to drift into crime or commit misdemeanours.
- We facilitate the Healthy Schools programme and promote the ‘Peaceful School’ and ‘Peaceful District’ initiatives. The affiliated organizations seek to teach children good manners and community skills.

Scope for improvement and innovation

There are many ways in which the city authority is helping to improve the health of its residents and create a healthy city. We see scope for improvement and innovation by tapping into new developments in society and also by seeking further synergies within the municipal organization. Specific reference will be made to a number of these themes. This is, however, a dynamic and ongoing process which will not stop when this policy comes to an end.
Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

Focus on young children (-9 months to 6 years)
The Healthy Start initiative is given priority in the case of young children (up to 6 years) and their parents (starting from pregnancy). This is when the foundation is laid for healthy child development. We are also especially watchful with children who are growing up in a vulnerable situation. We are aware that chronic illness in one of the parents, psychological problems within the family or concerns about making ends meet also cause psychological strain in the children, which is an obstacle to healthy development. Health literacy (the ability to obtain, understand and use information) is a prerequisite for making healthy choices. If necessary, we help to increase this literacy among children and their parents. The child health services make parents aware of what they themselves can do to foster the development of their young child’s talents and direct children with (or at risk of) a developmental impairment towards pre-school education. This gives children the opportunity to become better prepared for participation at school.
Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

The role of child health services in the healthy neighbourhood strategy

The Child Health Services (JGZ) are increasing their contribution to the healthy district and neighbourhood strategy. Not only are the JGZ district offices natural and low-threshold access points for parents, but these professionals are also logical partners in the healthy district strategy and they have a wealth of theoretical and practical knowledge.

Data analyzed at collective level also provide information at group level. Through their contacts with the children and parents JGZ staff are able to recognize developmental problems in the children at an early stage. These may be the result of poverty in the family, ‘messy’ divorces or psychiatric or addiction problems in the parents.

By acting jointly with the parents and the community and cooperating within the network of formal and informal partners within the neighbourhood (e.g. school or pre-school, health and care professionals, community teams and sports and well-being organizations) we help to give children a healthy start, support their development and increase parental self-reliance.
Healthy Start

- Focus on young children (-9 months to 6 years)
- Child health services in the healthy neighbourhood strategy
- Lifestyle and health literacy

Lifestyle and health literacy
We are developing innovative approaches to the improvement of lifestyle and health literacy among children and young people. We are working in a more integrated and context-oriented way (neighbourhood, family, school) and also making greater efforts to draw on existing initiatives. Themes addressed include healthy weight, mental fitness, safety, sexual health and alcohol, substance and tobacco use, and we are utilizing specific programmes, such as Young People at a Healthy Weight (Dutch acronym: JOGG), and providing low-level parenting support. We cooperate with partners such as the Youth and Family neighbourhood teams, pre-schools, day nurseries, primary schools, secondary schools and provide appropriate education with a view to developing talent and promoting the cognitive and psychological development of children and young people.

Primary schools are increasingly finding that they too can do more to promote health. At the request of these schools we are providing health profiles, which are explained to the teaching staff so that schools are better able to choose which measures will be most beneficial to the health of their students.
Building a healthy future

What next?

Invitation to the city
We are inviting you to take the initiative, seek cooperation and, individually or with others, help promote healthy living and lifestyles in our city. The aim is to make Utrecht a city where residents are healthy and resilient, where we enjoy living and working with one another and where everybody is ‘worth the effort’. We are extending this invitation to you now and will do so again in the years ahead. We shall do this at various times, at district level and through sectoral policy. What we have in mind here are the ‘Agenda For Initiative’, residents evenings, city dialogues, district discussions, etc.

Implementation: ‘What can you expect from the city authority?’
This public health policy has been sketched out in broad terms. Major changes have been instigated both in terms of physical development and city planning and in the social domain (three ‘decentralizations’). The responsibility and authority of the City of Utrecht in the physical and social domains have changed. Our aim with ‘Building A Healthy Future’ is to join up these initiatives and to embrace them as an opportunity to make Utrecht even more attractive as a city.

Because various programmes are beneficial to health, and public health, in its turn, contributes to other policy objectives, implementation is taking place within the different portfolios. These activities are combined in the Programme Budget Outline and the annual reports. The implementation activities from the Public Health portfolio have been included as Appendix 1.

Only through a broad-based alliance, in which the city authority forms part of a network of public and private partners, can we successfully build a healthy future. This will require sufficient support for our ambitions and goals for the city, district and neighbourhood. It will also require scope for coordination and cooperation. As the city authority is one of the partners in this process, no detailed or inflexible implementation programmes are available in advance.

New monitoring technique
The innovative approach that is being adopted with regard to societal value calls for a different form of monitoring. Not everything that counts can be counted. Besides monitoring a number of indicators in the traditional manner, we will also engage in horizontal accounting, together with more qualitative analyses. In this qualitative layer we will include what the city authority and its collaborators have contributed to the intended effects. We will do this from the perspective of the end-user and/or the partners in the network. A proposal to this effect will be made in the Programme Budget Outline 2016.

We are contemplating setting up a review committee to assess our work in relation to comparable cities.

Data that is not traceable to identifiable persons will be shared with partners if it could add value to the healthy city and, for example, support the work on healthy neighbourhoods and districts. Furthermore, the results from the Utrecht Public Health Monitor will be made more widely available and shared in the form of open data, based on the rationale that: ‘knowledge sharing is strength’.

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Appendix

Contributions to Building A Healthy Future from the Public Health portfolio

What can you expect from the Public Health portfolio?
The City of Utrecht carries out the tasks that can be expected of an administrative authority. In this appendix we look at the contribution that is made from the Public Health portfolio. We view health both as an end in itself and as a means to that end.
A close eye is kept on the people of Utrecht’s health and steps are taken to monitor, protect and promote their health, so that residents can feel, be and stay healthy. Where the health inequalities are greatest, we seek to determine what might help to improve health.

Important factors here are Education, Employment and Income, a healthy and safe living environment and prompt medical care and support. That is why we also contribute from Public Health to other portfolios within the City of Utrecht. In keeping with the motto ‘Together We Are Utrecht’, cooperation with residents, social organizations, the corporate sector and experts is taken for granted. Wherever possible, initiatives are promoted that support the chosen policy direction and fall within the required parameters. This is how we shall build a healthy future together. ▶▶
Building a healthy future

Appendix

Contributions to Building A Healthy Future from the Public Health portfolio

Healthy City
- Health expertise: Having an overview of (and insight into) the health of Utrecht residents and flagging up trends. Advising on ways to reduce health inequalities.
- Undertaking supportive action and practical research in relation to activities that improve the health of Utrecht residents. Conducting the health survey. Consulting sources and making them accessible. Publishing the Utrecht Public Health Monitor and making datasets available to others.
- Human dignity: Providing tools for early identification of situations that may require intervention (city of human rights).
- Providing access to necessary medical care and flagging up any ‘pinch points’ within the healthcare facilities concerned via the Director of Public Health.
- Intervening in domestic hygiene problems.
- Health expertise is brought to bear in the Transport, Physical (Spatial) Development and Green Space portfolios, as a result of which air, soil and water quality will improve in the years to come.
- Health expertise is being brought to bear in specific development areas such as Station Area Phase Two, the Merwede Zone, the former Ministry of Defence site, etc and is helping to create a healthy living environment:
- Flagging up health risks and/or new risk groups, exploring the background to the problems identified and, if necessary, bringing them to the attention of the responsible partners.

Improvement or innovation
- Health expertise: Further development of the Public Health Monitor into an up-to-date, transparent and accessible knowledge tool.
- Boosting expertise on health advice in connection with spatial development.
- Developing health expertise on social media, taking into account the positive (e.g. contact) and negative (e.g. cyberbullying) aspects.
- Human dignity: Developing an operational definition of ‘human dignity’, together with MO and the University of Humanistic Studies.
- Promoting sustainable, healthy, local food
- Encouraging self-management and, where possible, utilizing and increasing health literacy.
- Redoubling efforts to promote healthy lifestyle and behaviour (weight, diet, alcohol, tobacco, cannabis) as part of an integrated, context-oriented Healthy Living campaign.

Flagging up and exploring new developments that are beneficial to health and actively integrating them with the activities of both public and private partners in Utrecht.
Building a healthy future

Appendix

Contributions to Building A Healthy Future from the Public Health portfolio

Healthy District

Continuation of the Healthy District strategy – an integrated, area-oriented strategy aimed at addressing health inequalities along four pathways: social participation; teaching about healthy lifestyles; creating a healthy living environment and ensuring accessible care; and supporting social participation.

Improvement or innovation

- Development of the healthy neighbourhood strategy. Setting up a neighbourhood study with eight ‘neighbourhood sketches’. Together with the districts and colleagues from other portfolios stakeholder meetings are being organized. This will lead to an area agenda for reducing health inequalities. Trends in health behaviour will be actively monitored through research.

- Where it is possible to reduce health inequalities by promoting a healthy lifestyle, Public Health, in consultation with residents, will intervene in a facilitating role. The aim is to achieve a sustainable improvement in lifestyles. Utrecht residents have a guiding role.

- Improving health advice in spatial planning projects via the area teams with a view to protecting and promoting the health of Utrecht residents.

- Bringing health expertise to bear in antipoverty policy with the aim of boosting participation and increasing people’s ability to make ends meet.

- Bringing health expertise to bear in well-being, culture and sport and thereby helping to create an attractive environment in Utrecht for relaxation and exercise.
Building a healthy future

Appendix

Contributions to Building A Healthy Future from the Public Health portfolio

Healthy Start
- Implementation of the national immunization programme
- Monitoring and screening and, if necessary, referral for support or medical and youth care
- Insight into groupings where work on prevention is more likely to succeed
- Carrying out preventive health research
- Advice on everyday parenting and healthy and safe upbringing
- Getting children into primary and pre-primary education
- Performing inspections at childcare centres, where necessary initiating an enforcement procedure

Versterking of vernieuwing
- Renewed focus on lifestyle and health literacy in the Healthy Living campaign
- Support with everyday parenting issues
- Focus on young children and children growing up in vulnerable situations
- Active role of child healthcare professionals in the Healthy Neighbourhood strategy

Incorporation in the 2016 Public Health programme budget
The new municipal Public Health Policy 2015-2018 is an invitation to the city’s residents, social organizations and experts to join forces with us under the banner of ‘Together We Are Utrecht’. It is therefore appropriate that we are working with a single goal – “Utrecht, a city where residents are healthy and resilient” - and a single key indicator, namely the “percentage of residents with outstanding, very good or good health”. We will achieve this goal by focusing on the three key elements mentioned earlier: Healthy City, Healthy District and Healthy Start.
Our efforts to achieve this goal are being funded with an overall budget. This budget of approximately €22 million (€25m expenditure and €3m income) falls within the current framework. The most up-to-date overview will follow in the Programme Budget Outline 2016.
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