The topic is as urgent as ever!
Many children in Amsterdam are too heavy. In the Netherlands, 12% of ten-year-olds are overweight. In Amsterdam, one in four to five young people is overweight, in other words: some 30,000 children. Being overweight has serious consequences for people's physical and psychosocial health. Anyone who is far too heavy as a child has an increased risk of development problems and runs a major risk of suffering lifelong health problems. Poor children in Amsterdam whose parents have limited education and a low income are heavier than others in Amsterdam with highly-educated parents and a higher income. There are enormous differences between ethnic groups. Because of these risk factors (limited education, low income and ethnicity), the problem of being overweight and obese is unequally distributed throughout the city and its population: the problem is substantially greater in the areas of Nieuw-West, West, Noord and Zuidoost than in Centrum and Zuid. Heavy children often live near each other in particular neighbourhoods and therefore often go to the same schools. Every child who grows up in this city deserves to enjoy a healthy childhood and future, regardless of their start in life. This is the reason why the municipality started its Amsterdamse Aanpak Gezond Gewicht (Amsterdam Healthy Weight Programme) in 2013.

Amsterdam takes control: Amsterdam Healthy Weight Programme
The municipality of Amsterdam accepts its responsibility for tackling this huge, complex social problem by adopting a firm, long-term approach aimed at achieving a healthier weight for more children in Amsterdam. By taking this approach, Amsterdam will actively support children and their parents and address them directly. We are convinced that healthy behaviour ought to be the normal situation for children in Amsterdam. That means that we are not only urging parents, but also professionals and organisations that work with children or have close dealings with them to accept responsibility too. Ultimately, neglecting morbid obesity in children is nothing short of child abuse. Children who suffer morbid obesity, or are heading rapidly in that direction, will find that the government is on their side. Schools have the responsibility to act on the basis of their own professionalism; for that reason, our guiding principle is 'trust first, accountability later'. This means we will keep our finger on the pulse: we will call schools to account if things are not going well. Needless to say, all schools in Amsterdam must become healthy schools; they can get help in this through the schools programme Jump-In. We will put it in place with a specific target: Jump-in supports all the primary schools in Amsterdam, but especially those where children's average BMI is higher than the average for the Netherlands.

Everyone is needed
The key to tackling overweight and obesity is to change people's behaviour: for the long-term, structurally, sustainably and forever. Children themselves and their parents or carers must start living more healthily and want to do so too. But they cannot do it alone. That is why Amsterdam is going all out to create the right conditions. But even that is not enough. To help our children to make sustainable healthy choices, everyone who is involved with children is needed. For the project to combat overweight and obesity to be really effective, nothing less

Summary of programme plan
[This is the summary of the programme plan for 2013-2014 and of the current programme plan 2015-2018]

Mission: A Healthy Weight for All Children in Amsterdam in 2033
Vision: Healthy weight is a collective responsibility & a healthy choice is the easy choice
Strategy: Healthier behaviour in a healthier environment
than a paradigm shift is needed: healthy behaviour, healthy food, healthy exercise and enough sleep will then become automatic.

Time and patience
Exactly because sustainable changes in behaviour in children, parents and society as a whole are needed, time and patience is required to achieve these goals: it is an endurance race. We will put on a spurt during that endurance race and run 5000 metres first. The generation born in 2013 symbolises the endurance race: they are the first generation that will personally experience the effects of our battle every moment of their childhood and teenage years. The way their weight develops will then be the benchmark against which we can measure whether or not the battle is being fought successfully.

2018 – the 5000 metre mission: a healthy weight for all 0-5 year olds in Amsterdam
2023 – the half marathon mission: a healthy weight for all 0-10 year olds in Amsterdam
2033 – the marathon mission: a healthy weight for all young people in Amsterdam

What is our aim for 2015-2018?
We want to achieve the 5000-metre mission in the current municipal term of office: a healthy weight for all 0-5 year olds in Amsterdam. To do this:
1. Amsterdam must demonstrably become a more healthily organised city
2. The heaviest neighbourhoods must become lighter; there must be a significant reduction in the number of children who are overweight and obese in the five neighbourhoods where the programme starts and where we have put in extra effort
3. The neighbourhood approach must be extended to cover five other ‘too heavy’ neighbourhoods
4. There must be fewer primary schools where more than 25% of pupils are overweight or obese
5. All children who are obese or morbidly obese must be given appropriate care
6. There must be no attrition in the chain: the right type of care at the right time
7. There must be a demand-driven service package, with scope for responsibility and empowerment of the people themselves
8. The BMI of 0-5 year olds in Amsterdam must not deviate negatively from the national average by more than 5%
9. The number of children classified as having a ‘healthy weight’ must be greater than in 2013

Who is within our sights for 2015-2018?
In theory, all children in Amsterdam under the age of 19 and their parents/carers form the target group for Amsterdam Healthy Weight Approach. We want to be as effective and productive as possible, which is why we are making distinctions between target groups: different groups require a different approach.

Priority groups in the projects in Amsterdam to promote a healthy weight:
- children aged under 9 months old up to 2.5 years old and their parents
- children who are between 2.5 and 12 years old
- young people aged 12 and older in risk groups
- children who are obese or morbidly obese

Besides this fairly general classification of priorities, we also want to do the following in the first three target groups: those who run the most risk will be dealt with first (the risk factors that stand out most are low socio-economic status, limited education and non-Western ethnicity). We will make our efforts as specific and therefore as productive as possible by establishing the best possible links with the target group in question. Because health or ill health and a healthy or unhealthy weight are not distributed equally throughout the city and children with the greatest risk of becoming overweight or obese often live in the same neighbourhoods and go to the same schools, we will continue to give preference to targeting our efforts and resources on the heaviest neighbourhoods and the heaviest schools. These target groups will be reached by deploying professionals.
What can we do in Amsterdam?
The first question authorities ask themselves when they initiate a project of this nature is where does (or might) its influence start and where does it end? Or in other words: what is the range of its actions and what is the municipality of Amsterdam’s sphere of influence? The ‘Rainbow Model’ described by Dahlgren and Whitehead (1991) helps to provide answers to these questions. The model is also important when it comes to designing an effective approach; not only how and where the municipality can have an influence, but also how its health policy can be more effective. This health policy model underlines the importance of the breadth of an approach such as that taken in the projects in Amsterdam to promote a healthy weight. Which factors influence the development of a healthy or unhealthy weight in individual and groups of children, and at which level, can be identified by means of the policy rainbow model.

Rainbow Model, Dahlgren & Whitehead (1991)
What are we going to do in 2015-2018?

The Amsterdam Healthy Weight Programme will take steps to 1) influence individual lifestyle factors by means of professionals, 2) influence children’s immediate social and physical environments and 3) influence relevant living and working conditions. Often a combination of levels will be used. Roughly speaking, the municipality’s efforts will concentrate on the orange, yellow and green rings in the Rainbow Model. We will focus our efforts less on the outer ring: the system factors and meta factors such as macro-economic influences and social and ethical paradigms. These are also more difficult to influence, directly or otherwise. For reasons of manageability and therefore practicality, the programme has been organised in clusters of integrated efforts. The clusters do not exist in isolation, do not exclude each other, can overlap and are complementary. Most of the clusters focus on prevention; the cluster ‘efforts to combat overweight and obesity in children’ primarily focuses on curative care.

Efforts in the period 2015-2018:

[Prevention]
1. The first 1000-days approach
2. Schools approach
3. Neighbourhood approach
   - Community approach
4. Healthy environment approach
   - Healthily constructed city
   - Healthy food environment

[Cure]
5. Efforts to combat overweight and obesity in children
   - Implementation of Healthy Weight PACT
   - More and better care programmes
   - Action plan to combat morbid obesity in children

[Facilitating, secondary]
6. Learning approach
   - Excellent professionals
7. Digital facilities
8. Communication