Amsterdamse Aanpak Gezond Gewicht (Amsterdam Healthy Weight Approach): likely to succeed?

A search for the valuable elements:

By NJi, VU University Amsterdam and Cuprifère Consult
The Netherlands Youth Institute, the VU University Amsterdam and Cuprifère Consult have written this report at the request of:

The City of Amsterdam (amsterdam.nl/zoblijvenwijgezond)

**Authors**

Marije van Koperen, Martijn van Wietmarschen, Jaap Seidell and Rutger Hageraats

**Netherlands Youth Institute**

Catharijnesingel 47
Postbox 19221
3501 DE Utrecht
Telephone (030) 230 63 44
Website www.nji.nl
E-mail info@nji.nl
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Management summary

Excessive weight and obesity among children and adults are still on the rise worldwide. This is also the case in the city of Amsterdam. This is why the city took up the fight against excessive weight and obesity in 2012: The Amsterdam Healthy Weight Approach (AAGG). This is an integrated city-wide approach focused on the prevention and reversal of excessive weight and obesity in children. An important factor in this is the long-term, coherent commitment to making children's physical and social environment more healthy and encouraging healthier behaviour and a healthy lifestyle among children.

This report describes a search for the valuable elements of the integrated approach towards excessive weight and obesity among children, carried out by the VU University Amsterdam, the Netherlands Youth Institute and Cuprifère Consult on behalf of the City of Amsterdam. The study was carried out at the AAGG in the second half of 2017.

Valuable elements are elements which are considered as important from various sources for the setting up and implementation of the integrated approach as a whole, and not for specific interventions within this approach, and which are assumed to make a contribution to the achievement of positive results (the effectiveness of the approach). Various sources were used to define the elements such as interviews with people involved in the AAGG, both practitioners and academics, a study of documents and a study of literature.

The valuable elements of the AAGG which were found are discussed in detail in this report. The study ultimately led to the ‘Yardstick for valuable elements in the integrated approach towards excessive weight among children’. This yardstick is a result of the study which was not anticipated in advance. The yardstick:

- provides insight into the - interrelated - summary valuable elements for the implementation of the integrated approach towards excessive weight and obesity;
- is usable in daily practice; and
- provides a framework for optimising such an approach.

In our opinion (the researchers and supervisors of VUMC and NJI), the yardstick is not only useful in the case of excessive weight and obesity, but also for other subjects, certainly if these can be regarded as wicked problems\(^1\) [1] such as loneliness and smoking.

What, then, is this yardstick? The yardstick consists of seven main elements, namely the programmatic approach; leadership; intervention development and implementation; integral cooperation; the learning approach; long-term vision aimed at lasting change; and communication and marketing (see Table 1).

This report describes the working method that led to the yardstick being established and explains and stipulates the specific valuable elements.

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\(^1\) In the case of a wicked problem, it is unclear what the problem is that needs to be solved. Characteristics of wicked problems are, among others: (a) it is unclear when exactly the problem has been resolved; (b) countless solutions are possible, but it is unclear which (combination) is the most effective; (c) it is difficult to test the solution to the problem in advance; (d) the problem is so intertwined in society that a solution may translate into a new problem; (e) the problem can be interpreted in several ways, allowing for multiple solutions.
<table>
<thead>
<tr>
<th>Valuable elements</th>
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<tbody>
<tr>
<td><strong>1. Programmatic approach</strong></td>
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<tr>
<td>- Theoretical underpinning of programme (components)</td>
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<tr>
<td>- Systematic approach</td>
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<tr>
<td>- Participation of the (final) target group in planning and implementation</td>
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<tr>
<td>- Clearly specify several target groups</td>
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<tr>
<td>- Working according to standards and guidelines of the programmatic approach</td>
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<tr>
<td>- Community-wide and cross-sectoral</td>
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<tr>
<td><strong>2. Leadership</strong></td>
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<tr>
<td>- Political-administrative basis</td>
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<tr>
<td>- The integrated approach is an explicit priority of policy</td>
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<tr>
<td>- Coordination of programme components and the whole</td>
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<tr>
<td>- Central and local leadership (administrative, official and executive)</td>
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<tr>
<td>- Commitment to transformational leadership including change strategy</td>
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<tr>
<td>- Deployment of employees with the right skills, expertise and knowledge</td>
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<tr>
<td>- Stimulating the commitment of employees, aimed at intrinsic motivation</td>
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<td><strong>3. Intervention development and implementation</strong></td>
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<tr>
<td>Preference for proven effective interventions, but:</td>
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<tr>
<td>- interventions must fit in with the context (area-based work)</td>
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<tr>
<td>- Interventions are aimed at reducing SEGV²</td>
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<td>- interventions are consistent with national and regional policies</td>
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<td>- interventions are in line with existing methods and strategies.</td>
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<tr>
<td>- the use of a mix of different strategies at different levels, settings and focused on nutrition, exercise and sleep (preferably scientifically based)</td>
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<td><strong>4. Integral cooperation</strong></td>
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<td>Integral and transparent cooperation with public and private local stakeholders, with:</td>
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<tr>
<td>- common goal/interest: insight into the added value of cooperation</td>
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<td>- clear cooperation agreements on roles and responsibilities</td>
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<tr>
<td>- direction and coordination arranged at different levels</td>
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<td>- investment in common language, work processes and working conditions</td>
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<tr>
<td><strong>5. The learning approach</strong></td>
</tr>
<tr>
<td>- Use of knowledge (scientific, practical and experience)</td>
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<tr>
<td>- Monitoring determinants and health outcomes</td>
</tr>
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<td>- Systematic reflection on outcomes (critical reflection)</td>
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<td>- Structured evaluation plan</td>
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<tr>
<td>- Evaluation and monitoring of processes and impacts</td>
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<td>- Adapting interventions on the basis of evaluation and identified changes in the system;</td>
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<td>Use of actions for improvement</td>
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<td>- Evaluation aimed at recognising the contribution of an integrated approach to long-term objectives</td>
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<td><strong>6. Long-term vision aimed at lasting change</strong></td>
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<tr>
<td>- Multi-annual plan with a mission of &gt;20 years</td>
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<td>- Solid administrative and policy base</td>
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<tr>
<td>- Those involved are encouraged to take ownership</td>
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² Sociaal-economische gezondheidsverschillen (socio-economic health inequalities)
- Continuing changes in the environment support the desired behaviour
- Focus on health in all policies\(^3\)
- Budget earmarked for the integrated approach
- Sufficient staff capacity
- Securing in good time

<table>
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<th>7. Communication and marketing</th>
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<tr>
<td>- Setting a standard</td>
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<tr>
<td>- Obtaining a sense of urgency</td>
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<tr>
<td>- Sending an unambiguous positive message and increasing its reach</td>
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<td>- Limiting marketing of unhealthy foods and beverages aimed at children</td>
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<tr>
<td>- Deployment of behavioural insights to connect means of communication to the perception of target groups</td>
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<td>- Use of the socio-ecological model (single issue)</td>
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\(^3\) HiAP = Health in all Policies - Health is reflected in all municipal policies.
1 Introduction

1.1 Causes

Excessive weight and obesity among children and adults are still on the rise worldwide, with serious consequences for physical and mental health. Unfortunately the treatment of this has not always been successful. Several studies have shown that a preventive approach is not only possible and sensible, but that it is also cost-effective [2-4]. Prevention then consists of informing the child about healthy and unhealthy behaviour and organising the immediate environment of the child in such a way that it is easier for the child and his or her parents to make a healthy choice.

In Amsterdam, about 1 in every 5 children is overweight. More than 2,000 children even suffer from morbid obesity. That’s why the city of Amsterdam has taken the lead in the fight, with the mission: ‘by 2033, all Amsterdam children will be at a healthy weight’. The Amsterdam Healthy Weight Approach (AAGG) is a city-wide integrated approach aimed at preventing and reversing excessive weight and obesity in children through a long-term and coherent focus on making children's physical and social environment healthier and on healthier behaviour and a healthier lifestyle for children. The approach started in 2012 and the implementation will run in phases until 2033. At the time of this study, the multi-annual programme 2015-2018 was implemented and the new multi-annual programme 2018-2021 was developed and adopted administratively.

The AAGG’s starting point is a vision of public health in which the healthy weight of children through healthy behaviour is a matter of collective responsibility. This is not something that can be taken for granted; there are also visions where healthy behaviour is primarily or exclusively a matter of individual responsibility and where the autonomy of the individual is central. In such a vision, the government does not or hardly interferes with the choices that citizens make in their private lives. In Amsterdam, this collective responsibility is interpreted in a broad sense. This not only means that different sectors of local government are partly responsible for policies aimed at health-promoting and health-protecting measures and activities, but also that other public organisations (e.g. care and education), the private sector (e.g. entrepreneurs who produce or sell food) and the citizens themselves play an important role.

Although it is too early to speak of the success of the AAGG, the figures are already promising. The outcome monitor has shown that prevalence of excess weight and obesity is decreasing [5]. The percentage of overweight children between the ages of 2 and 18 in Amsterdam fell from 21 to 18.5 percent between 2012 and 2015/16. In absolute numbers, this represents a decrease of about 2,500 children, from 27,000 to 24,500. Among the very low socio-economic groups, a significant decrease in the obesity percentage - from 7.9% to 6.2% - was seen in the period 2012-2015/16 [5, 6]. However, due to the scale, the complexity of factors linked to excessive weight and the diversity of interventions within AAGG, it is not possible to demonstrate a scientifically based causal link with the AAGG.

Several aspects are related to the ambition, the ideal image in 2033. Many different parties are involved in and responsible for setting up and implementing the approach and the various interventions. The ultimate success of AAGG therefore depends on the results and efforts of all these interventions. In addition, there are factors in society that the Amsterdam Approach cannot influence, but which also influence the effectiveness. For example, national campaigns, role model behaviour on social media or certain trends among young people. These contextual factors make a programme such as AAGG vulnerable, because they are not (often) controllable.
By studying how the integrated approach works in Amsterdam and clarifying the elements of the approach that contribute to achieving results, valuable information can be obtained for other municipalities that want to strengthen their approach to excessive weight and obesity. The City of Amsterdam is therefore happy to share the insights gained with other municipalities within and outside the Netherlands, so that more children, and therefore future adults, can benefit from this. To this end, it is important to focus on the valuable elements of the integrated approach to obesity in Amsterdam.

1.2 Purpose and question

The aim of this study was to gain insight into the valuable elements of the integrated approach to excessive weight, which do in combination seem to contribute to a downward trend in the number of overweight and obese children in the city of Amsterdam. The initial question of this study was therefore: What are the valuable elements of the integrated approach to excessive weight, and in particular the AAGG?

1.3 Guide

Chapter 2 describes the method. The results of this study are presented in chapter 3. In section 3.1, the term ‘active element’ within the public health sector is explained on the basis of scientific literature. Section 3.2 provides an overview of valuable elements from the literature within the integrated approach to obesity. In the following section (3.3) the data from the interviews and documents of the AAGG are presented. Chapter 4 contains a summary, in which literature and AAGG are placed next to each other and result in the yardstick of promising elements. In chapter 5 we report on the discussion that has taken place on this subject, after which we end with the conclusion of this study in chapter 6. The first appendix contains an overview of the documents used by the AAGG and the second an overview of those involved and interviewed. Abbreviations and jargon are explained in footnotes and in Appendix 3. Sources are included in the reference list, references to which are indicated in the current text by numbers in square brackets.
2 Method

This study was carried out between July and December 2017. In order to obtain a picture of the valuable elements of the AAGG, various research methods were chosen. Concepts of this report were discussed with the members of the support group on 4 December 2017 and 15 January 2018, namely Prof. dr. ir. J. Seidell (VUMC), drs. R. Hageraats (director NJI), Prof. dr. A. Verhoeff (UvA and GGD), drs. K. den Hertog (deputy programme manager AAGG), and drs. H. Rombouts (programme manager AAGG).

In order to determine the valuable elements of the AAGG, a descriptive study was carried out on the basis of various complementary data sources. The data originate from scientific literature on the integrated approach to obesity (we call this the 'evidence'), from professors involved in AAGG (the 'eminence') and from employees of the City of Amsterdam and the GGD Amsterdam involved in the central organisation of AAGG ('eminence' and 'practice'). The client has made suggestions for eminence and practice.

Literature has been collected in various ways: First, Google was used to search the internet for literature on valuable elements. Search terms were 'valuable elements', 'working principles' and 'best principles' in combination with 'health promotion', 'integrated approach', 'systems approach'. References to the literature found provided additional literature (snowball method).

Using terms such as 'integral approach', 'integrated approach', 'health in all policies', 'systems approach', 'district approach', 'community' combined with 'overweight' and 'obesity', literature was found on the effect of the integral (district or community) approach to excessive weight. Again, a snowball method was used to find additional literature. Interviewees have also provided literature.

The literature on 'valuable elements' provided an initial overview of the elements within the integrated approach to obesity that had to be sought. Literature on 'the integrated approach to obesity' provided an overview of the valuable elements of importance in tackling obesity at district or municipal level. This information was merged into an interview guide for the semi-structured eminence and practice interviews. Eleven interviews were conducted (N of eminence = 3); N of practice = 8), of which one interviewee was interviewed twice (see Appendix 2). The interviewees were key figures from the programme team of the AAGG, the municipality, the Municipal Health Service (GGD) and knowledge institutions. The interviews were conducted by two researchers and lasted an average of one hour. All interviews were recorded but not transcribed. Summaries were made of the interviews which were submitted to the interviewees for adjustments and additions.

Insight into the AAGG was also gained by collecting various internal and external documents describing the AAGG (Appendix 1) and analysing these. There are also data on promising elements of the AAGG collected through notes of informal discussions with employees at the AAGG in neighbourhoods where a survey was conducted earlier this year (see also Appendix 2). All data have been merged and an overview has been drawn up of the valuable elements of the AAGG.
3 Results

3.1 What are valuable elements?

Valuable elements of individual behavioural change interventions have already been described many times [7]. In the Netherlands, various databases are available which give an overview of individual behavioural changing interventions in public health with their potential effectiveness, such as

- Healthy and Active Living Intervention Database. This database is a joint initiative of the KCS (Sports Knowledge Centre) and the RIVM (Healthy Life Centre) in collaboration with the Trimbos Institute. It contains more than 1,800 interventions, spread over many lifestyle themes [8];
- Database Effective Youth Interventions also divided into lifestyle themes;
- Web portal of the Netherlands Centre for Youth Health.

The disadvantage of these interventions is that the underlying theory of the interventions is often not very well described, which reduces the transferability. The emphasis is more on the methodology of the research into the effectiveness of the intervention than on the description of the intervention itself and the role of contextual and conditional elements. Another limitation of these databases is that complex interventions, such as the integrated approach to obesity, are lacking [9]. In the descriptions of the interventions, there is no insight into 'strategic and contextual factors that influence a successful broad implementation, scope and participation, and ultimately the achievement of effects at population level (public health and social impact)'. [9]. An overview or knowledge system of elements that contribute to increasing the effectiveness of the complex integrated approach to obesity (such as AAGG) is therefore highly desirable [9].

Other names for valuable elements are 'active principles', 'active ingredients', 'active factors' or 'core elements', 'leading principles' or 'essential components'. They all refer to a part of an intervention that has a proven (or theoretical) effect and that should not be missing when the intervention is applied elsewhere [10]. An overview of such important elements is very useful (because it avoids having to reinvent the wheel over and over again) for the implementation and execution of an integrated, complex intervention, also in new situations and under other preconditions, depending on the assumed validity of the underlying theory.

In her exploratory research, Wartna [11] gives the following description of valuable elements of interventions: "Valuable elements are elements of an intervention that ensure that specific intervention has the desired effect. Valuable elements are linked to the objectives of the intervention, must be appropriate for the target group and must contribute to the proper implementation of the intervention. A (good) combination of valuable elements makes the intervention effective. Both the content-related elements arising from the theory/research/literature as well as the practical elements/implementation aspects that are related to the context of an intervention are important" [11]. This description makes it clear that no single active element always works; it's about the combination of elements and the 'right' execution. This description of valuable elements is different from that of Movisie. This actually gives two descriptions, general active factors which, regardless of the target group and the specific method/intervention, promote the effectiveness and specific active factors, which are connected with a specific method or intervention, or with the specific target group [12]. This breakdown is actually too limited for a broad integrated approach, which, after all, consists of several interventions and various (intermediate) target groups. However, thinking from the point of view of the objective and question of this research in which it is important to interpret valuable elements of the integrated approach to obesity that can also be used in other places, we could at
least say that we are looking for the general valuable elements and not such specific ones.

A completely different definition of elements that contribute to the effectiveness of an intervention is given by Kok et al. [13]. They speak about core and proximal elements. These elements are difficult to distinguish but in general the core elements involve the underlying theory of the intervention, the associated artefacts (components/activities) and the information about the intervention. The proximal elements are parts of the intervention that occur mainly in the local context [13].

The disadvantage of the core elements of Kok et al. is that the theory (or action plan) of an intervention is often not well described, which reduces the transferability of the intervention. Information about the intervention means the data about the target group, the theory, the expected outcomes and the best implementation method. These proximal elements include the characteristics of the target group, the specific competencies of the professionals, the financing of the Municipal Health Centres (GGDs), the planning, the local networks and the supporting (local) government. These elements often determine the effectiveness as much as the core elements. Kok et al. therefore place the emphasis not only on ‘what works’ but also on ‘what works, for whom, under what circumstances’ [13]. They stress that effective principles can also be formulated for the context in which the intervention takes action. These elements also help to fully describe an intervention. The proximal elements belong to a certain context, or in the case of an integrated approach, to a certain municipality. However, these can be adjusted to a greater or lesser extent and on the basis of urgency. Think of adding budget, training professionals, and steering towards networking. For an integrated approach, the valuable elements of the context are more important than the valuable elements of the intervention itself [9]. In this way, the valuable elements of the context also determine the quality of the core elements. The breakdown of Kok et al. also makes it clear that in order to gain insight into the valuable elements of the integrated approach, a description of the approach that is as complete as possible is supportive. However, even with this breakdown it is difficult to cover the integrated approach as it consists of several interventions, target groups and contexts.

One of the first Dutch-language descriptions of essential elements in the implementation of health-promoting interventions was provided by Saan and De Haes in their Frame of Reference for Health Promotion [14]. In this comprehensive logical model they show which elements are important in the design and implementation of health promotion. These are both organisational and implementation factors, as well as factors based on known behaviour changing and health-promoting theories. In line with the Framework for Reference on Health Promotion, Hekkink et al. [15] have described ten indicators that are essential for the quality of health promotion, namely: systematic working, the use of a mix of methods and strategies, use of available data, leadership, expertise of the project team, contribution of the target group, administrative support, multiple partners involved, ownership and continuity. These indicators seem to coincide more closely with the generally valuable elements of Movisie.

In 2012, Meijer and Storm were commissioned by RIVM to draw up an overview of twelve relevant integral policy elements for the integrated approach. These elements, derived from theory and practice, were subdivided into administrative, organisational and content-related elements [16]. Administrative elements included administrative and political support, cooperation with municipal sectors, cooperation with public/private parties and social marketing. Organisational elements mentioned in the overview were the naming of a problem owner and the provision of manpower, a shared vision and culture of integral working, anchoring integral health policy in the organisation and the use of knowledge and method. Content elements were the formulation of concrete health objectives (in memorandums), the connection to municipal themes, the connection of policy with
Thus, there are many possible classifications of factors of an intervention or approach that contribute to the efficacy or effectiveness of the approach. The interpretation of these elements can best be done by describing them well within the context so that insights about the specific elements can be deployed elsewhere. Valuable elements in this study are elements that potentially contribute to the effectiveness, whereby the confirmation of different sources confirms the expected efficacy of a certain element. These valuable elements should contribute to the proper implementation of the intervention and not be mutually exclusive. This involves both practical and organisational elements, as well as content-related elements from the literature.

3.2 What are the valuable elements of the integrated approach to obesity?

Prevention of excessive weight is aimed at preventing people becoming overweight, promoting normal weight among people who are too heavy and maintaining the weight of people who have lost weight. An integrated approach to obesity consists of this prevention combined with a component on individual prevention and possible care: reducing excessive weight and obesity in children. This broad approach consists of a combination of interventions aimed at the environment, legislation and enforcement, information and education, and identification, advice and support from the health care sector [17].

Despite the fact that work to prevent excessive weight and obesity has been taking place for decades, the integrated approach is still in its infancy. After all, there is no single fixed pattern for the integrated approach. The distinctive feature of the integrated approach is that it adjusts itself (adaptively) to a context, to preconditions, to specific target groups and to the wishes and possibilities of the parties involved. Moreover, these contextual factors sometimes change during the implementation of the approach [18]. This makes randomised research difficult, if not impossible, which limits the determination of effectiveness, with the result that such programmes are rarely described or published [18, 19]. Nevertheless, there is a global consensus on the importance of this multi-sectoral integrated preventive approach, which identifies and addresses all the drivers in a coherent manner [2, 18, 20-24].

For an integrated approach, various activities are therefore undertaken in the neighbourhood, as well as in the care and home situation, but the approach also focuses on changes within other sectors such as sport, spatial planning and sustainability [21, 24]. It also implies that changes are needed at the executive and policy level, at the level of government and at the level of both public and private enterprises [25]. Obviously, these interventions must be in line with already existing strategies and supporting government policy is needed at national and provincial level [21].

Preventive activities in neighbourhoods are mainly aimed at children, as it is easier to learn healthy behaviour than to unlearn unhealthy behaviour. In order to avoid widening health inequalities, interventions should focus on those target groups where health inequalities are greatest [21]. As already mentioned, an integrated approach focuses not only on the individual, but also on improving the environmental conditions. This applies to up-stream factors such as the presence of a healthy diet [25] or an outdoor space that invites people to be physically active, but also to midstream factors in which activities are implemented that motivate the individual to make changes in nutrition and physical activity (information, early warning and referral in care, exercise policy in schools) [21, 24,
In order to adapt these environmental conditions, cooperation with other sectors is essential, such as spatial planning (sufficiently challenging playgrounds, safe cycle paths, bicycle racks instead of parking spaces), economic affairs (retail policy, cooperation with entrepreneurs), employment, participation & income (a sports pass for people on low incomes) and education (number of hours of gym and outdoor games per week, snack and treat policy) [21, 22]. Healthy school policies and a changing standard will also support families in healthy behaviour [22].

It is clear that a promising integrated approach requires intensive collaboration with many different public and private organisations. In order to achieve an integrated intersectoral cooperation, various valuable elements can be distinguished that relate to organisational conditions. Intersectoral cooperation seems to benefit from a project leader from outside the public health sector, seems to be better achieved when broad health themes are involved (i.e. the involvement of all health themes) and when the policy strategy is more integrated (such as 'health in all policies') [27]. An effective organisation of an integrated approach is capable of putting the common interest above one’s own interests, and has clear cooperation agreements on the form and deployment of people and resources, work processes and final responsibility [28]. The direction and coordination are regulated at various levels: children and families, cooperation, joint management, and the role of government and financiers in directing these activities. Investments are made in the development of a common language, concrete work processes and good working conditions for professionals [28]. Research by Van der Kleij [29] shows that stimulating the effectiveness of professionals and linking new interventions and methodologies to existing work processes is important for the involvement of professionals and thus for the successful implementation of the integrated approach.

Collaboration with organisations involved in the food industry is necessary in order to make healthy food available4. Although influencing production is a national matter, a municipality can draw up provisions for public outdoor areas with regard to unhealthy food (promoting healthy products in SMEs, banning children's marketing, restricting permits for mobile snack outlets in the vicinity of schools) [17] or restricting the supply of unhealthy food to schools and sports clubs [22, 25]. When private organisations are involved in the preventive approach to excessive weight and obesity, clear and transparent agreements are necessary to counteract conflicts and conflicts of interest [21].

Another important element in the integrated approach is research and evaluation. This starts in the analysis phase with gathering information in order to fully map out the problems and gain insight into contextual factors [21]. These insights are guiding principles for the programme objectives. During the implementation phase, obesity and behavioural and environmental determinants will have to be monitored regularly in order to monitor progress and interpret interim results [21]. A special feature of the evaluation of the integrated approach is that it must take into account the current reality of a constantly changing context and an adaptive approach. The question that needs to be asked is not whether the integrated approach works (based on - impossible - randomised research) but whether and how the approach contributes to changing the entire system [18]. This calls for a trial and error approach in which processes are monitored over a longer period of time (not only the effects on health and behaviour) and can be adjusted on the basis of the results of this monitoring [18]. This trial-and-error approach or improvement cycle is therefore characterised by continuous evaluation of the effectiveness of the approach and systematic reflection on the results with the partners involved. This involves monitoring or measuring the outcomes of policy or action in order to be able to reflect on those outcomes; and the use of measurement results to adjust policy or action and thus contribute to the further development of the knowledge base ('body of knowledge') [30]. Such an approach

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4 See, among other things, the final report 'Public Health - Future Outlook 2014' by the National Institute for Public Health and the Environment (RIVM) and the Cabinet memorandum 'Healthy Food, from start to finish' from 2010.
should lead to improvement actions and to learning professionals, learning organisations and a learning system [30]. An evaluation plan specifying the many indicators, the various measurements and the data collection methods is indispensable [21].

The global growth in excessive weight and obesity has not happened in a few years. It has been built up over many decades which saw organisational structures, policy, politics and the social norm and culture slowly change. The approach to it will therefore have to be a long-term one, which is why it needs to be sustainable. The aim must be to gain the support of the entire municipality and to change the social norm [21, 22]. It is clear that all this will require a budget which is largely sufficient at a given moment.

Leadership is important when dealing with difficult issues - or wicked problems [31] in English [32]. Leadership then means the need to bring people together, both to understand 'the problem' properly, and to work with others to make progress. In order to make progress in addressing the wicked problems, it is important for the leader to be transparent in intentions, in the process to be followed and in the goals to be set. This leadership changes as understanding of the problem increases and new work processes become familiar.

In addition to leadership, coordination is also of great importance in an integrated community-wide approach [21]. This involves making roles and responsibilities explicit and having goals that are widely supported. Moreover, it is recommended that the decision-making process for the integrated approach should be systematic, evidence-based and stakeholder-informed [21], in which professional insight plays an important role and in which feelings of ownership and self-determination of executive professionals are the key to success [31]. Last but not least, it is of great importance that the approach to excessive weight and obesity is given priority within the administration and policy, and that there is broad political support [33, 34].

The use of socio-ecological models is recommended for the prevention of obesity [18, 24, 35]. These models help to determine the extent of the specific health problem and to make determinants visible in different settings and policy areas. When using these models in a systemic approach, it is important that the focus is on one kind of behaviour, i.e. a 'single issue approach' [35].

### 3.3 What are the valuable elements of the Amsterdam Healthy Weight Approach?

Before the start of the AAGG in 2012, there were already various initiatives aimed at stimulating healthy weight. In 2002, the JUMP-in programme was launched at four primary schools as a result of a collaboration between the Municipal Health Service (GGD), the Sports Department and the VU University Amsterdam. In this programme, primary school children were encouraged to exercise more through a mix of interventions. In 2006 there were already 60 JUMP-in schools [36] and in 2017 there are more than 125 primary schools that implement JUMP-in. In the selected schools, the average BMI of the children is higher than the national average. In recent years, the programme has focused not only on physical activity but also on encouraging the intake of healthy food. JUMP-in is now an important part of the AAGG. Parents will also be encouraged to become involved in new JUMP-in style programme, and schools will be supported in achieving the goals of the national Healthy School programme. JUMP-in puts a healthy lifestyle in and around the school permanently on the agenda and ensures sufficient physical education and outdoor play. In addition, JUMP-in has an important role in detecting excessive weight by means of extra weighing and measuring in group 4, carried out by the youth health care service (JGZ).

In 2011, a pilot of the national approach Youth at a Healthy Weight (JOGG) was launched in two
neighbourhoods in Amsterdam. The goal of JOGG was to increase the number of children with a healthy weight by 5 percent by 2016. Not only an ambitious objective, as would later turn out to be the case, but also one that is difficult to attribute to an approach that uses a broad mix of strategies. JOGG Amsterdam as a whole was merged into the AAGG in 2012. The pillars of JOGG (and before that the European project EPODE) were the starting points for the project leadership of the Amsterdam pilot areas in Slotervaart. AAGG has further specified these pillars and attached tasks, obligations and results to them.

These first initiatives have been important to the current working method of the AAGG. Both JOGG and JUMP-in have provided lessons for the current organisational structure and working method of AAGG, but have also helped to create awareness of the importance of overweight prevention and a sense of responsibility. In addition work no longer took place according to the issues of the day and was instead result-oriented, which freed up more support structures that made the work easier. The importance of structure within a complex approach is also seen in JUMP-in, which has grown into a municipality-wide structured programme in which responsibilities for AAGG, GGD, schools, sports, care, etc. are concretely and clearly laid down on the basis of the long-term mission. The following sections provide an overview of the valuable elements of the current AAGG.

3.3.1 Active element 1: Programmatic approach

The AAGG is a municipality-wide programme. The programme integrates activities of municipal responsibilities and tasks in the fields of (public) health, welfare, care, education, sport, youth, poverty policy, neighbourhood work, economic affairs and spatial planning and activities of various relevant organisations from outside the municipal organisation. All parties involved make their contribution to the stated mission: by 2033, all Amsterdam children will be at a healthy weight.

The assignment for this programme in 2012 came from three directors of municipal services (director of the Municipal Health Service (GGD), director of the Social Development Department (DMO) and director of the Executive Service) and from the alderman for Care and Welfare. Highlighting the seriousness and urgency of the problem by means of 'facts & figures' played an essential role in obtaining commitment from the Municipal Executive and the support of the entire Municipal Council for tackling this wicked problem. Partly as a result of this, the AAGG has now been given a central place in Amsterdam's health policy. In its motions, the municipal council endorses the seriousness and extent of the problem and, like the municipal executive, sees this as a responsibility for the municipal authorities (from: City of Amsterdam, AAGG policy and implementation programme 2013-2014).

According to the respondents, the choice of a city-wide approach also led to burden sharing. In the first year, no budget was allocated to the AAGG, but the commitment to programme management was provided 'free of charge' by the then Social Development Department (DMO). The director of DMO was the official client until 2015. Directors of all municipal departments were instructed to support the programme manager with personnel and resources where they considered this relevant. Since 2014, more than 5 million per year has been available for AAGG, of which 2.5 million is paid by the municipality and the rest by the State. By Dutch standards, this is a high amount for a municipal approach to the prevention of excessive weight in children. However, allocation of additional resources was not necessary to start the programme and to help it get going. Municipal responsibility for this was important. Current managers now indicate that having one’s own substantial budget is very helpful, if not essential, in order to subsequently achieve the necessary mass and speed in the implementation of the long-term vision.

Following on from the interdepartmental responsibility referred to above, the first programme plan was written by officials from the departments of Social Development, Sport, Employment, Participation & Income and the Municipal Health Service (GGD). The main advantage of this programmatic approach is that it systematically steers the coherence of the whole.
Systematic approach
The programme has had an initiation phase of more than a year. During this phase, an analysis was carried out concerning the excessive weight of Amsterdam children, interested organisations and networks were identified, critical questions were asked about current work processes and regulations and it became clear which changes were necessary at the level of the individual and in the social and physical environment.

In order to be able to carry out the administrative assignment, the programme manager took a critical look at what does and does not work in the organisation of prevention and care and what should be changed in the existing structures. On the basis of this extensive analysis, programme targets were set and efforts discussed. All this was laid down in a so-called Goals Efforts Network (DIN) (see also Van der Tak and Wijnen, 2017 [37]) in the multi-annual programme 2013-2014, which was adopted by the Municipal Executive with the support of the entire City Council.

The main points of attention in integrated care for children who are (seriously) overweight emerged by first carrying out a network analysis and then a problem analysis in the neighbourhoods. By entering into a dialogue with the identified stakeholders, problems and issues became clear. This systematic approach has also led to the problems identified being recognised by all partners.

Clusters
In order to increase AAGG’s control and hence its feasibility, the approach has been divided into clusters. In 2017 these are: The first 1000 days approach’, ‘School approach’, ‘Young people’, ‘Neighbourhood approach’, ‘Healthy environment’, ‘Unhealthy poverty’, ‘Overweight and obese children’, ‘Excellent professionals’, ‘Learning approach’, and 'Communication and influencing behaviour'.

The programme is divided into clusters with their own responsibility and cluster management. Objectives are set annually, both for the programme as a whole and for the clusters, in line with the programme objectives and the mission. These targets and the related efforts shall be set out each year in the annual implementation plan. This also describes control agreements with regard to the organisation of the programme, risk management, monitoring and evaluation, the planning, the implementation monitor, monitoring of progress and the quality of implementation. A new multi-annual programme is written every four years. The programmatic approach is used for several projects within the city of Amsterdam.

The clusters may change in the course of the programme, depending on the results achieved and/or social developments. The clusters are complementary in their efforts. Coordination between the clusters is essential for programme coherence and to maintain a common direction in achieving the objectives set, implementing the planned efforts and being able to make timely adjustments. The programme manager is responsible for this.

Target groups
The administration of Amsterdam has explicitly made the choice that the AAGG focuses on the prevention and reversal of excessive weight and obesity of children under the age of 19 in Amsterdam, and not on overweight adults. This is seen by many respondents as a very sensible choice, because everyone wants the best for the children. Moreover, unlike adults, children cannot be held responsible and accountable for their lifestyle and behaviour, whether or not they are healthy. It is generally assumed that this is the reason why the support base for the approach is large, both among the professionals and among the residents of Amsterdam. However, in order to be as effective
and efficient as possible, the AAGG does distinguish between different target groups. After all, different groups of people require different approaches. The AAGG's priority target groups are therefore:

- children from 9 months to 2.5 years old and their parents
- children 2.5-12 years old
- young people aged 12 years and over from at-risk groups
- children with (morbid) obesity.

Professionals
Children and their parents are primarily reached through the efforts of professionals working in the child's environment. These professionals play an important role in encouraging parents and children to make healthy choices and showing healthy behaviour in a sustainable way. Through the cluster 'Excellent Professionals', the competences of these professionals are strengthened so that they can work more effectively with the parents and children. Thanks to these (additional) training courses, the professionals also send out a matching message. And so, in addition to the final target group of children, other target groups are also identified in the integrated approach to obesity in Amsterdam. Target groups for which changes in thinking and acting are necessary for the benefit of a healthy environment for children and which must also be reached with the right messages. Think for example of entrepreneurs like shopkeepers and restaurant owners to stimulate a healthier purchasing behaviour, or school teams that require support for JUMP-in, or more specific target groups such as migrant women or families in poverty.

Participation of the target group
An important part of the AAGG is the neighbourhood approach. Neighbourhood managers make connections between the urban programme and the neighbourhood. Connecting to the energy in the neighbourhood, especially that of the residents involved, is the most important ingredient in the neighbourhood approach that the neighbourhood manager is dealing with. But the neighbourhood manager also involves local authorities, self-organisations, sports clubs, schools, professionals and entrepreneurs in identifying problems and developing and implementing subsequent interventions.

The urban organisation has a budget available for local initiatives from these groups. Local initiatives are thus stimulated, which stimulates the involvement of residents and helps residents to make their own living environment healthy and to take responsibility for it.

Goals
The aim of the AAGG is to promote a healthy lifestyle for children in terms of nutrition, exercise and sleeping, and a healthier environment - in both a physical and a social sense - in which to grow up. According to the respondents, this makes people feel involved more quickly, and it is more clear to all those involved who does what and why. The AAGG mission referred to above has been divided into three different ER objectives:

- in 2018, all Amsterdam children from 0 to 5 years old at a healthy weight;
- in 2023 all Amsterdam children from 0 to 10 years old at a healthy weight; and
- by 2033, all Amsterdam children will be at a healthy weight.

These ER targets have been translated into concrete targets and results for each programme period. Reports are provided retrospectively on the achievement of these objectives and results. More concrete results are recorded annually from the clusters of the programme, which is reported on at www.aagg.nl (output / implementation monitor) and in the annual reports.

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5 An ER target indicates in 'ER' terms what social effect must be achieved: bettER, lowER, highER etc.
6 See www.amsterdam.nl/zoblijvenwijgezond (programme information) and https://assets.amsterdam.nl/publish/pages/531358/zoblijvenwijgezond_-_terugblik_2012-2017_-_deel_2.pdf
3.3.2 Active element 2: Leadership and coordination

Leadership is about stimulating, motivating and inspiring people to get them involved in change and to promote their performance. Leaders within the AAGG are critical and want to improve continuously; they are action-oriented. They ask themselves ‘do we achieve the goals we have set?’ and why will or will we not succeed. They are focused on changing the system, society, not on the status quo and not just on institutions and existing partnerships. Within the AAGG several leaders can be defined at different levels: administrative, official and executive.

Administrative leadership
The alderman for Care and Welfare was mentioned by almost all respondents as being very important for the design, implementation and continuation of the approach. Despite the fact that preventive activities relating to public health form part of the remit of the Municipal Health Service (GGD), the alderman for Care ensured that the AAGG was positioned as a city-wide programme from the DMO. This made it possible to involve other municipal sectors more quickly and the achievement of the objectives set became a task for the entire municipal organisation rather than just for the health sector. The alderman has always been an important ambassador of the AAGG. He stood for a society in which children could grow up healthy and in which residents are encouraged to make healthy choices. He often used the media to spread his message to Amsterdammers and spoke out clearly against policy decisions within and outside the municipal organisation that are not in line with the objectives and vision of the AAGG.

Official leadership
The official leadership is provided by a programme manager. The way in which the leadership is exercised is in line with the phase which the programme is in. At the start of the integrated approach to obesity in Amsterdam, it was very helpful that the choice was made not to select the programme manager on the basis of substantive expertise (e.g. health domain) but on the basis of broad municipal experience in processes and with the development of programmes and global knowledge of the relevant other municipal domains. In an integrated, broad approach such as AAGG, it was necessary to know how and when the alderman could best be deployed, who was responsible for what in other sectors, what decisions had to be taken at what time and by whom, how financial processes were conducted, how support and budget could be obtained for new plans, and so on. A programme manager who knows the municipal process inside out and knows the pathways is very important for this.

Respondents mention the following competencies of a programme manager in such an integrated approach: has a clear vision, works purposefully, dares to call existing work processes into question, stimulates the involvement of professionals inside and outside the organisation, can facilitate others to do their work or take the lead in keeping things going. Short lines of communication with the alderman, both formal and informal, are also essential.

In addition, several respondents indicated that the integrated approach actually consists of various successive processes. Each process requires a different leadership style. At the start of the AAGG it was important to get a clear picture of the problem, to examine existing work processes and solutions and to question them critically before jointly devising the right strategy. This period is defined as a period of disruption. The phase that followed was one of consolidation. Accepting new rules and work processes, working in a result-oriented and goal-oriented way, gaining confidence in the new approach, new roles and responsibilities, stimulating exploratory investigative ways of working aimed at a learning approach and thus finding new grounds for solving problems. According to one
respondent, the necessary form of leadership for an integrated approach is 'transformational leadership'.

**Leadership in execution**

The programme manager has gathered a programme team around him with people from the line organisations of various services. These officials chose to contribute to the prevention of excessive weight in children. This has led to a team of passionate people with a lot of positive energy. Both large and small successes are celebrated and widely shared and communicated, which in turn affects the much vaunted broad support for the approach. In addition, AAGG employees experience freedom of thought and action - within the multi-year frameworks set by the administration - which means that they are enterprising and quickly seek cooperation.

_‘The AAGG employees are social entrepreneurs, they dare, they are go-getters’._

As mentioned above, the neighbourhood approach is implemented in the 'toughest' districts of Amsterdam. In these neighbourhoods, the local managers are crucial for connecting the various parties in the neighbourhoods and for identifying challenges and opportunities. This attitude and competence help to connect with informal and/or e.g. religious leaders and other key figures from different ethnic groups. They often have a better understanding of what is going on in a community, have authority and are better able to reach the target group at different times.

The AAGG cluster Excellent Professionals trains professionals, semi-professionals and volunteers to contribute to tackling excessive weight and obesity. The training is adapted to the level and prior knowledge of the group. Thanks to these training courses, professionals know what the healthy (basic) message is, and they convey one and the same message. They know - and acknowledge - their own role, set a good example and know what to do when it comes to identifying, referring and possibly guiding children (and overweight and obese parents).

The appointment of Overweight Focus Officers to the Parent and Child team⁷ and to the Samen DOEN teams⁸ was an important step to help these teams put into practice the skills they had learned in the training sessions of the cluster Excellent Professionals.

**Obtaining support**

Support is an important condition for the success of new policies, programmes and projects. It is about reaching out to all parties at all levels. From directors (aldermen), heads of department to implementation. Changes go with small steps, as both officials directly involved in the AAGG and professionals in the neighbourhoods realise all too well. But they do not only want healthy children, but especially healthy parents who will take care of the next healthy generation.

In order to put issues on the agenda and ensure an integrated approach, administrative support is required for cooperation between policy areas and it is important to invest in the longer term. At AAGG, this support has arisen within the municipal organisation, within the councillors and outside the municipal organisation. The alderman played a crucial role in this. He has ensured commitment and

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⁷ In the Parents and Children's Team (OKT), youth health care works intensively with other parent and child advisers and youth psychologists. In addition, the OKT works together with midwives, maternity care and general practitioners. In this way, parents and children can get the right help and support quickly and close to home if necessary. Each neighbourhood in Amsterdam has its own OKT.

⁸ Samen DOEN is organised by the City of Amsterdam and healthcare institutions and consists of 22 teams in the city, with expert professionals from various organisations. The employees know the neighbourhood well. A Samen DOEN team supports residents who experience many different problems and who don't come out well themselves. The resident and any family members or housemates will have one permanent contact person. Together they discuss the request for help.
visibility. As a result, it has become a programme that transcends the boundaries of an integrated sector and enjoys broad public support, with full political-administrative commitment at all levels in Amsterdam.

The enthusiasm for the programme among the alderman, the programme management and the AAGG employees is striking and is mentioned several times in interviews and is evident from the notes of researchers. This enthusiasm and passion for making progress in stimulating healthy behaviour underpins obtaining support both within and outside the municipal organisation.

3.3.3 Active element 3: Intervention development and implementation

Interventions aimed at catching up with socio-economic health differences (SEGV)
The focus of AAGG is on eleven neighbourhoods in five districts where the problem of obesity is greatest; these are also neighbourhoods where a relatively large number of people are at a disadvantage in terms of poverty, education and participation. Within the AAGG the toughest districts and the toughest schools have priority. Because of this focus on catching up with the socio-economic health differences (SEGV), the budget actually benefits those children who need it most.

Interventions are in line with the target group and the context
In principle, proven effective interventions are deployed within the AAGG. That is the starting point. However: There are not so many of them, and the question is whether the evidence-based interventions that exist also work in the metropolitan context of Amsterdam. That is why AAGG’s other starting point is that ‘sitting on the hands’ is not an option. In the approach, the importance of practice-based and context-based interventions is on a par with evidence-based interventions. In which the question ‘does it not benefit but does it do harm’ is always asked and in which the aim is always to have the practice-based and context-based interventions proven. In other words, to achieve practice-based evidence and context-based evidence. New interventions and efforts are being developed through an extensive analysis of the prevalence of excessive weight in children and a determinant study. Not only individual determinants are taken into account, but also environmental determinants. New interventions are in line with the findings of these analyses, with new insights from practice and findings from scientific research and monitoring. In addition, programme management gives space to try out interventions in practice together with target groups and intermediaries and to adjust them by means of evaluations. Wherever possible, scientific research is in place to determine the effectiveness of these measures.

Population of broad policy and neighbourhood approach
Some of the interventions of the AAGG are carried out across the city, while others are very specific to the focus areas. For example, JUMP-in is being rolled out to all schools where the average BMI of the children is above the national average, regardless of which neighbourhood the school is located in and this has occurred at more than 110 schools so far. Changes to the implementation of the JGZ will also be made throughout the city.

3.3.4 Active element 4: Integral cooperation

Such a large and comprehensive programme requires cooperation, according to the information provided by respondents. Not only within the municipal organisation at different levels and across sectors, but also beyond; in the initiative phase as well as in the implementation phase and the evaluation phase. Both the municipality and the districts work together with professionals and umbrella organisations from various sectors such as education, care, sports and welfare, but also with local private companies. Depending on the complexity or expertise required, the municipality or the local professional takes control of intervention development, implementation or evaluation. AAGG
stimulates local initiatives and guarantees outside the municipal organisation.

'Obesity is too big a problem for one professional or for one department. Everyone is needed for it'.

Integral cooperation within the municipal organisation

Other sectors within the municipality have focused on stimulating physical activity and healthy nutrition. For example, the urban programme De Bewegende Stad (The Moving City) focuses on changes in the physical environment in such a way that they encourage movement. But the Municipal Structural Concept, the Mobility Implementation Agenda, the Sports Plan, the Sport Accommodation Plan, the Green Agenda, the Amsterdam School Playgrounds Impulse, the Age Friendly City Plan and the Public Space Vision Document also set objectives for designing the physical environment in such a way that the use of slow transport becomes a matter of course and that active exercise is stimulated. The city tries to get inactive youth moving by means of the Action Plan for Inactive Youngsters. This is done by means of individual interventions, but also by looking at the context of the neighbourhoods where the inactive children live.

'...the vision and objectives are in the capillaries of practice and policy...'

A number of parts of the AAGG's programme have since been secured in other policy areas to such an extent that no further action is required. For example, goals relating to the design of the physical environment - in such a way that it stimulates a healthy lifestyle (exercise) for the child - are embedded in the programme The Moving City of the RVE9 Space and Sustainability. The same applies to the new Sports Vision 2025 The Sporting City. With a 'spatial sports standard' still to be drawn up, this sports vision focuses attention on the importance of a healthy city.

Each district provides a link between the urban programme and the local district dynamics. Each district council has appointed a neighbourhood manager who informs colleagues, residents and partners in the focus district about the AAGG and inspires them to contribute to it on the basis of their own role. The neighbourhood manager also monitors all efforts in the focus area as an integral whole.

Integral cooperation outside the municipal organisation

A good example of cooperation between the municipality and organisations outside the municipal organisations is the Healthy Weight Programme. In this, the municipality, the Zilveren Kruis healthcare insurer and twenty umbrella organisations in the field of welfare, care, civil society and sport have made agreements together on behalf of integrated care for children who are overweight. The programme translates national care standards and guidelines for children with unhealthy weight into the Amsterdam context. The partners aim for a comprehensive chain of identification, support and care, in which children who are (seriously) overweight remain in the picture. This makes it possible to offer them long-term support. For each district, cooperation agreements are concluded with relevant partners. A flow chart has been drawn up for the professionals (education, youth protection, central care provider, general practitioner, paediatrician, Samen Doen support organisation) to be unambiguous in identifying and diagnosing the child who is overweight, coordinating the roles and

9 RVE = Resultaatverantwoordelijke eenheid (unit responsible for results). The City of Amsterdam consists of four clusters: Social & Security, Space & Economy, Services & Information and Supporting Management. Each cluster consists of a number of units responsible for results (RVEs). These units work together with partners in the city to achieve results in a specific field.
responsibilities of the professionals and the ultimate approach.

Other initiatives in which integrated cooperation is essential include:
- encouraging a healthy food environment by informing entrepreneurs about the importance of healthy food and the possibilities in their company for encouraging this among customers;
- collaboration with scientific partners such as the VU University Amsterdam, the AMC and the hospital in Den Bosch in intervention development and research into obesity prevention in children.

### 3.3.5 Active element 5: The learning approach

The mission of 'the learning approach' is to put science into practice, to stimulate relevant practice-oriented scientific research and to utilise scientific knowledge and scientific eminence for testing and inspiring the programme as a whole and for individual interventions and activities. From the start of the programme, the learning approach has been an essential part of programme development and has been embedded in the fixed way of working. The learning approach is not only interwoven in the DNA of the programme, but is also important for the AAGG by focusing on learning and doing what is good.

The learning approach therefore also means that things can fail. It is a process in which something is tried, evaluated and then optimised or stopped. By seeking solutions in this way for identified problems in implementation, organisations or networks for example, professionals are given freedom of action within the agreed frameworks (for example, from the long-term plan) and space is provided for creativity. In contrast to the rigid scientific planning framework that is more often used within health promotion, the learning approach takes more account of changing preconditions and context and daily practice needs.

From the outset, there was an awareness that it was difficult to measure the effectiveness of the approach on the basis of health or behavioural determinants. After all, this is not a simple project, but a programmatic policy throughout the municipality with numerous activities and strategies. Monitoring and evaluation aimed at improving the quality of the implementation of the integrated approach as a whole and its components and processes. A final judgement on the impact of the policy cannot be made until 2033.

There are two monitors that review AAGG’s progress:

1. The outcome monitor: The Epidemiology, Health Promotion and Care (EGZ) department of the Municipal Health Service (GGD) regularly monitors the health and healthy behaviour (nutrition and physical activity) of the inhabitants of Amsterdam by means of the outcome monitor. This monitor shows how healthy the weight and behaviour of children in Amsterdam is for each age group, SES group, origin and area. It is being assessed whether the situation has improved, deteriorated or remained the same as in 2012, the year before AAGG started.

2. The Healthy Weight Performance Monitor: This monitor follows the progress of all the efforts of the Approach to Healthy Weight programme. The performance monitor is intended to be accountable to the administration and is available online to any interested party. Monitoring is important because it provides insight into the progress made by AAGG on the basis of reliable and up-to-date data, so that efforts that are lagging behind in terms of expected results can be adjusted in good time. In addition, the results of the implementation monitor provide input to keep the Approach to Healthy Weight on the political agenda and demonstrable successes and progress are motivating for partners and target group.

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10 SES: socio-economic status
Results and surveys of the AAGG are transparent and can be followed for every Amsterdam citizen via the websites Zoblijvenwijgezond.nl (the site of AAGG) and GezondheidinBeeld.nl. The latter contains all the data from the various monitoring studies conducted by GGD Amsterdam that provide insight into the health, welfare and lifestyle of the Amsterdammers.

Cooperation between the GGD and AAGG with various knowledge institutions in Amsterdam (UvA, AMC, VUMC, the VU and the HvA) offers many opportunities to carry out additional research and to increase insight into the integrated approach to obesity. This collaboration has resulted in the research institute 'Sarphati Amsterdam research for healthy living', in which these parties work on innovative interdisciplinary research for the effective and sustainable prevention of diseases of affluence such as (severe) obesity, diabetes and cardiovascular diseases. For example, a cohort has been set up to provide data on the coming decades and a longitudinal study on the impact of the JUMP-in programme has been launched.

Smaller studies will also be initiated on the basis of participation in the G4 consultations concerning excessive weight and the close contacts with JOGG. Several studies are in progress, both pilot studies for new interventions and evaluation studies into parts of the Amsterdam Approach, and various literature reviews and impact measurements are being carried out.

Data from evaluation, research and monitoring are used as a reflection tool for programme management. On the basis of the Outcome Monitor, the Implementation Monitor and the results of additional studies or practical insights, the various programme components (the clusters) draw up implementation programmes on an annual basis. Every two years it is examined whether AAGG is on the right track, whether things can or should be done better or otherwise, and whether it is desirable to tighten up and/or adjust.

### 3.3.6 Active element 6: Long-term vision aimed at lasting change

The AAGG emphasises the implementation of activities aimed at lasting changes in the city. The programme will try to secure these changes in society and in the responsible organisations. An important precondition for such a sustainable approach is the explicit policy on the prevention of obesity and the political support for it. In addition, the choice of the so-called 'dot on the horizon', the mission or the long-term programme objective seems essential for the long-term approach. The mission was widely communicated by the City of Amsterdam to both organisations and residents. This means that the alderman has thus 'governed' over his term of office and that AAGG has not become a 'quick scoring' project. The fact that changes are not only expected from the individual, but certainly even more from the social and physical environment, also makes it a long haul because changes in the environment cannot be realised overnight.

In addition, the AAGG is a standard-setting approach; this task has been explicitly entrusted to AAGG by the municipal authorities. Daring to set standards means that the board believes that it is or should be *normal* in Amsterdam for children to grow up healthy, it is *normal* for them to have a healthy lifestyle, it is *normal* for the growing environment of children to be healthy, it is *not normal* for unhealthy products to be promoted specifically to children (children's marketing for unhealthy products) and it is also *not normal* for sweets and soft drinks to be sold at secondary schools. And being a standard means that the municipality has a view about this (even if the municipality does not itself deal with it, for example in the case of the content of sugar, salt or fat in food) and actively
promotes this view. These normative messages are then passed on to the target group by the organisations and professionals involved, making healthy choices more self-evident. The Excellent Professionals cluster and the Communication cluster broadly express what healthy behaviour and healthy lifestyle mean in the form of fifteen healthy behaviours. It goes without saying that the AAGG fully complies with the guidelines of the Nutrition Centre in this respect.

Changes are also being made in organisations, to improve the identification and referral of children who are overweight for example; changes in the environment, such as a healthy food environment at school; limiting the marketing of unhealthy foods in public areas; restrictions on sponsorship of sporting events by the food industry.

Another aspect that is being worked on within AAGG is the stimulation of community ownership. This is done by financing initiatives from the neighbourhoods or local organisations. A separate budget has been made available for this purpose, which initiators can apply for. This makes them involved in the approach.
3.3.7 Active element 7: Communication and marketing

The health of the children of Amsterdam is a joint responsibility of parents and professionals in the city. Where the healthy choice has to become the normal choice.

Use of the socio-ecological model
After the initiation phase, in which an insight was gained into the complexity of the problem, the Rainbow Model was compiled with the help of internal and external stakeholders (Figure 1). This appealing model shows all those involved and the target group that obesity is not only about less eating and more physical activity, but that more elements in society are involved in this. This model has helped with thorough understanding of the objective for all the different sectors. Politicians, professionals and civil servants all know what to do and what to do to contribute to the achievement of the objectives.

![Figure 1: Rainbow Model of the AAGG from multi-annual plan 2 (2015-2018)](image)

The Rainbow Model of the AAGG is based on the socio-ecological model of Dahlgren and Whitehead [38]. The model shows the clusters of the central organisation and the various settings in which the AAGG operates. The model is used in the communication about the approach in order to show the necessary integrity and to offer points of contact for potential partners.

Communication and marketing
Communication is one of the most important elements of the AAGG. AAGG has its own corporate identity. Communication is aimed at both the different target groups and the intermediaries, and where possible the message is based on behavioural insights. Right from the start, AAGG has communicated the aim of the approach in a broad sense, first of all under the name 'all children at a healthy weight', but since 2016 the motto 'that is how we stay healthy' has been used, and the connotation with 'weight' has deliberately been lost.

Much use is made of graphics and simple language in both printed communication and on social media. The aim is to achieve congruence (clarity) of the message, both in the image and in the text. This applies both to the means of communication used by the central organisation to inform the organisations involved about the programme or for all the inhabitants of Amsterdam, and also to the means of communication to support the professionals in the neighbourhoods in getting the message...
across. Think of a poster with various drinks visualised and the amount of sugar in it, the water point recognition points, leaflets for young mothers, and the overview of fifteen healthy behaviours to start the conversation and to convey the message. As a result everyone knows the messages. For examples of communication materials, see Figures 2-5.

Wherever possible, the messages are specifically focused on the target groups. Behavioural insights are used for communication. This is comparable to social marketing. This actually means that specific communication material is made for each target group that fits in with the world of experience of that group.
Because of the strong communication strategy, many people know the programme and/or the activities and interventions that take place within the framework of the programme and there is a clear link with the goal, HERE is what we are aiming for! That is quite unique. It has not been presented as a project in the communication either, but it has become a mission carried by many. Where relevant, research results are also communicated to partners, residents and the press in a targeted manner. This seems an important aspect to maintain goodwill for the programme and to keep professionals involved.

In 2016 the alderman ensured that the City of Amsterdam joined the Stop Unhealthy Food Marketing to Kids Coalition. The City of Amsterdam wants to ensure that unhealthy food is no longer advertised at children's sports events. Municipal sports halls and swimming pools are also becoming children's marketing-proof by removing advertisements specifically aimed at children. The aim is to have all sports events for children free of child marketing by 2020 at the latest.
4 Summary

On the basis of the literature, a good overview of the valuable elements of the integrated approach to obesity has already been obtained in section 3.2. Through follow-up research within the Amsterdam Healthy Weight Approach (AAGG), we see that this programme ‘ticks’ all the valuable elements described in the literature. This practical translation of the adaptive, complex system approach into a deliverable programme provides an even better overview of these important elements.

With the AAGG, the City of Amsterdam is committed to an integrated approach to excessive weight and obesity in children. Meanwhile, the programme has been running for almost five years and the first tentative changes in behaviour and prevalence of excessive weight in children are visible. However, it is difficult to attribute these changes to the AAGG. Nevertheless, there are valuable elements to be distilled that determine to a large extent whether the integrated approach will show results in the long term.

The first active element of an integrated approach to child obesity is the programmatic approach, including organisational preconditions. AAGG has been set up and implemented as a municipality-wide programme, working in accordance with previously defined standards and guidelines of the City of Amsterdam’s programmatic approach [37]. A careful analysis of the scale of the problem and the drivers has been carried out. In accordance with the literature on the integrated approach to obesity, a clear target group has been selected and interventions take place in several settings and on several levels [14, 21, 22, 24, 31, 33]. The programme manager working for the municipality has a cross-sectoral mandate and has employees from the various municipal services and departments in her team. In this way, the municipality clearly shows that it is the problem owner and is responsible for directing the approach. This has also previously been described by Meijer and Storm [16] as an important administrative element for integral health policy (IGB), although the programmatic approach as such with the mandate of the programme manager is not mentioned so specifically anywhere.

At the same time, the municipality makes ample manpower available, both within the municipal organisation and within the neighbourhoods, to shape and give colour to the integrated approach. One of the clusters pays explicit attention to the training of professionals, an important element in the implementation of the integrated approach as also found by Van der Kleij et al. [29]. After the analysis phase, a Goals Efforts Network (DIN) was created for the entire programme. A multi-year programme plan is written every four years, an implementation plan is drawn up every two years and every year the clusters make result agreements which are monitored quarterly in a public implementation monitor (www.aagg.nl) and describe their efforts for that year. The setting of objectives and agreements on results is an important aspect in order to work systematically, to stimulate responsibility for results and to obtain and maintain a joint vision [14, 16, 21]. Other organisational preconditions that have been identified within AAGG as promising for an integrated approach to the problem of excessive weight among children are: the level of the budget, the enthusiasm of the officials and professionals involved in the neighbourhoods, and the specification of several target groups.

Secondly, as recommended in the literature, leadership is an important active element in the design and implementation of the AAGG. In accordance with scientific advice [14, 33, 39], political-administrative support is essential for the design and implementation of the integrated approach, as is the explicit prioritisation of the integrated approach in the policy [21, 31, 33, 40]. Both have succeeded thanks to a motivated and committed alderman and driven and persistent programme managers from outside the public health sector with vision. The importance of these ‘non-sectoral'
programme managers has also been mentioned by Harting et al. [27]. The approach started with the mandate of the alderman for Care and Welfare. This alderman also secured support for the mission of the approach among the other aldermen, as well as among the directors of various services at an official level. This has ensured that the approach has been embraced in almost all services and that performance targets have been set in line with the AAGG’s mission. The coordination of the complex programme will be carried out in clusters and through an urban and a neighbourhood part of the approach. Thanks to strict programme management that works purposefully, with quarterly and result-oriented agreements at cluster level and a long-term vision in a normative framework, Amsterdam has found a way to steer all initiatives needed to combat child obesity [21, 33, 40]. The use of employees with the right competences, expertise and knowledge is also important according to the international literature. Programme management encourages employees of the programme organisation to work in a goal- and result-oriented way, but also to adapt parts of the programme as a result of unforeseen changes in the context or specific needs of partners and target groups, in addition to a systematic approach based on theory and careful analysis, sometimes on the basis of ad hoc incentives. Programme management stimulates the entrepreneurial character of the AAGG. This leadership style is in line with transformational leadership.

Thirdly, the AAGG deploys a combination of mutually reinforcing and well-founded interventions. This is in line with the scientific knowledge of the ‘systems approach’ [18, 24], is one of the substantive IGB elements of Meijer and Storm [16] and is also mentioned by the WHO as an important part of the integrated approach to obesity. This is particularly true if the interventions, as is the case for AAGG, are also aimed at reducing socio-economic health differences (SEGV) [21]. The interventions fit in with the context and try to bring about changes at the level of the individual, as well as changes in the social and physical environment in such a way that healthy eating, exercising and sleeping behaviour become the norm. The interventions are developed on the basis of the characteristics of the target group, the environment, available resources and preconditions and are where possible already proven to be effective. Interventions are monitored as closely as possible so they can be optimised or cancelled. The interventions are carried out in different settings and at different levels. AAGG has incorporated the various intervention strategies and settings in which intervention is required into an appealing model, the Rainbow Model. It is important to use the interventions in the toughest neighbourhoods and schools first of all, and to choose a limited number of healthy behaviours. In the case of AAGG: more sleep, healthy food and more exercise. The AAGG brings interventions into line with national and regional policy, but also with existing methods and strategies in the municipality and the neighbourhoods themselves. Existing energy will not be destroyed. Not only does the WHO confirm the importance of this connection [21], but other publications confirm this as well [22].

The fourth active element mentioned is the integral collaboration. The importance of cooperation with various municipal services as well as with public and private parties is an important element in the integrated approach to obesity [16, 18, 21, 33, 39-41]. By setting up AAGG throughout the municipality, cooperation with other municipal services is easier and the goals are quickly adopted. The DIN has been produced in cooperation with other municipal services and organisations. At the administrative, official and executive levels in the JGZ, in the neighbourhoods and in schools, several leaders have stood up who feel responsible for the implementation and management of programme components. At the official level, cooperation agreements are made with the JGZ, fellow services and departments from other fields. As a result, many very different policy initiatives have developed within the municipality. Additional pressure on local professionals as a result of new initiatives by AAGG is carefully monitored and, if necessary, additionally financed. Through the programmatic approach and the DIN, work processes are more concrete, which is in line with the insights of Ungar et al. in youth care [28].
Cooperation agreements have also been made with national parties, such as health insurers. At the executive level, the local managers coordinate cooperation with local implementing parties and intervention owners, establish contacts with key figures and reach agreements on results.

The fifth active element is quite unique for the integrated approach to obesity: the **learning approach**. For years a way has been sought to prove that large, complex, integrated approaches to obesity work and to ensure that the approach is transferable to other locations. AAGG has relinquished this extreme burden of proof to some extent and has focused on the use of evaluation to optimise the programme as a whole and to optimise interventions separately for the benefit of its own population. The theoretical foundation of a ‘systems approach’ is probably not yet cast in concrete worldwide, but it does have a lot of support in the scientific world and the alternatives (individual behavioural recommendations or single interventions) have minimal results in the long term [21, 25, 42, 43]. The use of the two monitoring systems on the one hand provides sufficient data to identify a possible trend in due course (monitoring of outcomes and determinants) and on the other hand provides data for evidence-based and practice-based work. The evaluations help with critical reflection, and AAGG continually asks itself ‘do we do what is good and do we do what we do well?’.

Based on the evaluations, interventions are adapted or new interventions are developed. The learning approach is therefore a process in which knowledge and interests from different angles come together so that an approach can be created experimentally. The solution strategy is, so to speak, being gathered together [31, 32]. Other solution strategies for a wicked problem are also used within AAGG, such as knowing which values and standards there are in society with regard to the problem, knowing how norms and values can be influenced (paradigm shifts and/or ideological changes), knowing which principles of action, guidelines and rules are being worked on so that a solution can be found or these methods of working can be adapted. Within AAGG this is reflected in the communication of the programme. But it is also important in the search for a solution strategy that all registers should be open and that the starting point should not be the existing organisation and culture, but that the starting point should be change [31], and that is what an integrated approach actually advocates and how the AAGG operates.

The sixth active element that is in line with the scientific literature [16, 21, 33] and to which the AAGG also devotes a great deal of attention is the importance of **the long-term vision and the commitment to permanent change**. For local residents and local organisations, a budget is available for new initiatives. This makes them involved in the approach. Assurance is provided by continuously involving local organisations and organisations and professionals in other policy areas in the development and/or implementation and evaluation of interventions. A number of parts of the AAGG’s programme have since been secured in other policy areas to such an extent that no further action is required. As recommended, other policy areas are also used to promote permanent changes in the physical environment [21, 22, 24, 25]. Of importance to sustainability, but not found as such in scientific literature, is the mission of the approach that, with more than twenty years, a generation long, has emerged as a ‘dot on the horizon’. Not many programmes with health objectives in the Netherlands look so far ahead. This choice gives direction to the different goals or intermediate steps and result agreements necessary to achieve this long-term programme objective. It also helps to keep partners and stakeholders focused on the approach itself, and to allocate budget annually for the approach.

The seventh active element is the use of **communication and marketing**. As a result, a **high degree of urgency** has been created. Not only at the political and administrative level, but also among local public and private organisations and among residents. This is due to the target-oriented approach with a matching positive message from trained professionals, the thorough use of various
means of communication, including appealing visual material that fits in with the various target groups and intermediaries. But the tenacity of the programme managers and the project managers of the clusters, the neighbourhood managers and the alderman for Care and Welfare also played an important role by constantly repeating how important it is to combat child obesity. In accordance with international advice for the prevention of excessive weight in children [21, 25], the City of Amsterdam has joined the alliance Stop Child Marketing and is committed to limiting the marketing of unhealthy food and beverages aimed at children. In using the socio-ecological model, the Rainbow Model, Amsterdam has also acted on scientific advice to use it only for the prevention of obesity and not for other lifestyle problems [35].

The yardstick with valuable elements of the integrated approach to obesity in children has been drawn up on the basis of the evidence, eminence and practice (see Table 1).
Table 1. Yardstick with valuable elements for the integrated approach to obesity in children

1. Programmatic approach
   - Theoretical underpinning of programme (components)
   - Systematic approach
   - Participation of the (final) target group in planning and implementation
   - Clearly specify several target groups
   - Targeted working according to standards and guidelines of the programmatic approach
   - Community-wide and cross-sectoral

2. Leadership
   - Political-administrative basis
   - The integrated approach is an explicit priority of policy
   - Coordination of programme components and the whole
   - Central and local leadership (administrative, official and executive)
   - Commitment to transformational leadership (including change strategy)
   - Deployment of employees with the right skills, expertise and knowledge
   - Stimulating the commitment of employees, aimed at intrinsic motivation

3. Intervention development and implementation
   Preference for proven effective interventions, but:
   - interventions must fit in with the context (area-based work)
   - interventions are aimed at reducing the size of SEGV¹⁰
   - interventions are consistent with national and regional policies
   - interventions are in line with existing methods and strategies.
   - the use of a mix of different strategies at different levels, settings and focused on nutrition, exercise and sleep (preferably scientifically based)

4. Integral cooperation
   Integral and transparent cooperation with public and private local stakeholders, with:
   - common goal/interest: insight into the added value of cooperation
   - clear cooperation agreements on roles and responsibilities
   - direction and coordination arranged at different levels
   - investment in common language, work processes and working conditions

¹¹ Sociaal-economische gezondheidsverschillen (socio-economic health inequalities)
5. The learning approach
- Use of knowledge (scientific, practical and experience)
- Monitoring determinants and health outcomes
- Systematic reflection on outcomes (critical reflection)
- Structured evaluation plan
- Evaluation and monitoring of processes and impacts
- Adapting interventions on the basis of evaluation and identified changes in the system; Use of actions for improvement
- Evaluation aimed at recognising the contribution of an integrated approach to long-term objectives

6. Long-term vision aimed at lasting change
- Multi-annual plan with a mission of >20 years
- Solid administrative and policy base
- Those involved are encouraged to take ownership
- Continuing changes in the environment support the desired behaviour
- Health awareness in all policies (HiaP)¹¹
- Budget earmarked for the integrated approach
- Sufficient staff capacity
- Securing in good time

7. Communication and marketing
- Setting a standard
- Obtaining a sense of urgency
- Sending an unambiguous positive message and increasing its reach
- Limiting marketing of unhealthy foods and beverages aimed at children
- Deployment of behavioural insights to connect means of communication to the perception of target groups
- Use of socio-ecological mode (single issue)

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¹¹ HiaP = Health in all Policies - Health is reflected in all municipal policies.
5 Discussion

In recent years, many studies of the integrated approach have been carried out both at home and abroad. Due to the time span in which this study was carried out, it was not possible to carry out an exhaustive literature review. The study was led by a number of recent international reviews of the approach to obesity and publications by the WHO. Although these documents provide a good overview of the interpretation of the approach to obesity, it is possible that very recent insights from scientific research have not been taken into account.

In addition, the question arises as to what extent the promising elements elsewhere are equally promising or extremely promising. For example, when these are used in other municipalities, at other locations in Amsterdam or in other problems in society that also require an integrated, multi-sector approach, such as the themes of smoking, loneliness and depression. In the case of the approach to obesity within the City of Amsterdam, the use of a disruptive management style has proved to be functional in order to look at the problem in a new way, with a broader view than the health domain, and subsequently to develop a broad solution. This does not mean that it is necessary to do so elsewhere.

Table 1 shows which elements of the integrated approach to child obesity have the potential to contribute to the long-term effectiveness of the approach. However, we have not actually proven the effectiveness of any of the elements named with this study. However, due to the use of the various sources, efficacy and the contribution to effectiveness are very plausible, certainly due to the assumed and necessary cumulative effect of the various elements. In addition, this report is not a process evaluation. It does not indicate whether the different elements are executed completely and correctly. It does, however, show that there are elements that are important in achieving the desired results and that require attention in the continuation of the approach. These are the elements that can be further elaborated and scientifically substantiated and that can be monitored in the coming years in order to keep the approach progressive.

Respondents were either themselves intensively involved in the programme, or involved in research into (parts of) the programme as scientists. It was not possible to interview people who were less involved because they indicated that they had too little substantive knowledge and understanding of the AAGG to judge this. This may have coloured the information collected. It also means that if more time was set aside for interviewing other stakeholders, more critical stakeholders in the municipality, public and private organisations involved and local professionals, other or more promising elements might emerge. It is therefore advisable to present the results (this report) to (critical) eminence that is not directly involved in the approach, and to (critical) professionals in the field, so that these critical noises and potentially obstructing elements come to the fore and, where possible, adjust the approach accordingly.

In addition, due to the fact that the AAGG is so established in the municipal policy and administrative organisation, it is advisable to question management experts and change managers. These could provide even more insight into the working methods of many municipalities in the design and implementation of the integrated approach, and the embedding of such a new comprehensive programme in current administrative and policy forms. Follow-up research can focus on the use of the yardstick in other municipalities and in other health problems that also need to be viewed from a broad and integral perspective because of the complexity of the specific problem, such as loneliness and depression.
6 Conclusion

With this study the aim of the NJi and the VU/Cuprière was to gain insight into the promising elements of the integrated approach to obesity by studying the Amsterdam Healthy Weight Approach (AAGG) in more detail. By making use of theoretical and practical insights and knowledge, an overview has been created of elements that, in combination with each other, seem to make an important contribution to a downward trend in the number of overweight and obese children in the City of Amsterdam.

The valuable elements of the integrated approach to obesity are a programmatic approach, the development of various interventions that fit in with the context and policy, integrated cooperation within the municipal organisation and between public and private parties, a learning approach, leadership and coordination at various levels and the deployment of competent, enthusiastic employees and professionals, having a long-term vision and commitment to permanent changes and ample deployment of communication and marketing to send out a clear message, increase the scope and increase the sense of urgency.

The valuable elements have been combined in the 'yardstick valuable elements integrated approach to excessive weight in children'. The term 'yardstick' has been deliberately chosen. The City of Amsterdam can use this yardstick to assess the AAGG and to see whether, over time, these elements are still being used and/or whether the ratio between various generally active factors is still sufficiently balanced. In addition, the yardstick can also help other municipalities that want to start up or improve an integrated approach to obesity. It is possible to see whether attention has been paid to each individual element. The elements can also help in setting up integrated approaches to other major social and health themes that play a role in the municipality, such as smoking, depression and loneliness.

Please note that all these elements will only work if they are used for a long period of time to solve the problem identified. The yardstick is not intended for programmes with a short mandate or short lead time. It is also important to realise that the yardstick is a single entity. Working on success, making progress in terms of mission and vision of an approach only works if attention is paid to all these elements. The so-called ‘cherry picking’ (we do and don’t do this element) because of a lack of budget or expertise does not work.
References


Appendix 1

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• City of Amsterdam, *Report JOGG Nieuw-West: the approach to obesity in the Staalmanplein and Delflandplein districts 2011-2013*

• Written input (unpublished, unplaced, unknown authors) of the clusters of AAGG with a look back at 2017 and a look ahead to 2018 with results and new goals. Received November 2017 via deputy programme manager AAGG

• Amsterdam Healthy Weight Approach by the City of Amsterdam and the ’s-Hertogenbosch Municipal Laboratory Chain Approach, *Chain Approach for Overweight and Obese Children, 2017* (designer is Vilans)

• City of Amsterdam, *State of healthy weight and lifestyle of Amsterdam children: outcome monitor Amsterdam Healthy Weight Approach 2017*

• City of Amsterdam, *The sprint is complete, now persevere with the marathon: implementation plan 2017 Amsterdam Healthy Weight Approach.*

Appendix 2

Overview of project group and interviewees

Project group:
Marije van Koperen (VU University Amsterdam/Cuprifère Consult)
Martijn van Wietmarschen (NJI)
Marloes Driedonks (NJI)
Jaap Seidell (VU University Amsterdam)
Sophia Friends (NJI)
Rutger Hageraats (NJI)

Interviewees:
Karen den Hertog (City of Amsterdam)
Henriëtte Rombouts (City of Amsterdam)
Arnoud Verhoeff (GGD)
Paul van Velden (GGD)
Marianne van der Velden (GGD)
Marcel van de Wal (GGD)
Marijke Andeweg (City of Amsterdam)
Prof. dr. ir. Jaap Seidell (VU University Amsterdam)
Prof. dr. Karien Stronks (AMC/University of Amsterdam)
Prof. dr. Corinna Hawkes (City University of London)

Previous AAGG interviewees (summaries 2017 Y. van Osch):
Karen den Hertog, cluster manager for healthcare
Daphne Wind, central care provider Bos en Lommer district
Joanna Kruzycka, neighbourhood programme manager East
Oscar Hulscher, neighbourhood manager Amsterdam south east
Jennifer Vreeken, Jump-in-adviser
Zedgar Veldhuiizen, sports agent Amsterdam Southeast
Madeline van Riemsdijk, cluster manager Excellent Professionals
Mark Vlaar, neighbourhood manager Amsterdam north
Antoinette Landzaat, advisor on behavioural insights Communication cluster
Linda Leijdekker, 'First 1000 days approach' employee
Elvira Vreeswijk, team leader New tasks Space and Sustainability of the urban cluster Space and Economy
Appendix 3

Glossary

AAGG  Amsterdamse Aanpak Gezond Gewicht (Amsterdam Healthy Weight Approach)
AMC  Amsterdams Medisch Centrum (Amsterdam Medical Centre)
BMI  Body Mass Index
DIN  Doelen Inspanningen Netwerk (Goals Efforts Network)
DMO  Dienst Maatschappelijke Ontwikkeling van de gemeente Amsterdam (Social Development Department of the City of Amsterdam)
EGZ  Afdeling Epidemiologie, Gezondheidsbevordering en Zorg van de GGD (Department of Epidemiology, Health Promotion and Care of the Municipal Health Service)
EPODE  Ensemble Prévenons l'Obésité des Enfants
G4  The four largest municipalities in the Netherlands: Amsterdam, Rotterdam, Utrecht and The Hague
GGD  Gemeentelijke Gezondheidsdienst (Municipal Health Service)
HvA  Amsterdam University of Applied Sciences
IGB  Integraal Gezondheids Beleid (Integral Health Policy)
JGZ  Jeugdgezondheidszorg (Youth Health Care)
JOGG  Jongeren op Gezond Gewicht (Young people at a healthy weight)
JUMP  Sport and exercise programme in primary schools
KCS  Kenniscentrum Sport (Sports Knowledge Centre)
MKB  Midden- en kleinbedrijf (small and medium-sized enterprises)
NJi  Nederlands Jeugdinstituut (Netherlands Youth Institute)
RVE  Resultaatverantwoordelijke eenheid (unit responsible for results)
RIVM  Rijksinstituut Volksgezondheid en Milieu (National Institute of Public Health and the Environment)
SEGV  Sociaal-economische gezondheidsverschillen (socio-economic health inequalities)
SES  Socio-economic status
UvA  University of Amsterdam
VU  VU University Amsterdam
VUMC  Vrije Universiteit Medisch Centrum (Free University Medical Centre)
WHO  World Health Organisation