



rijksuniversiteit
groningen

A Policy Brief as the Tool to Anchor positive health in Municipal Health Policy

Fé Brautigam (S3581608)
Maud van Eijden (S3686124)
Elisabeth Hagenauw (S3621642)
Silke Vogel (S3633829)
Minor: More Healthy Years
Challenge: GGD Friesland

Table of contents

Introduction	4
Structure	4
Methods and Methodology	5
Discovery Phase	6
Context of the challenge	6
What is positive health	7
Important Stakeholders	8
Implementation	9
Cooperation	10
Community	10
Unexpected findings	11
Conclusions of the Discovery Phase	13
Define Phase	14
Ideate Phase	Fout! Bladwijzer niet gedefinieerd.
<i>Events</i>	17
<i>Community Centres</i>	17
<i>District Teams</i>	18
<i>Protocol</i>	18
Prototype and Test Phase	19
Design of the Prototype	19
Testing	21
Improving the prototype	21
Action plan	22
Further research	22
Content policy brief	23
Implementation policy brief	23
Conclusions	25
Acknowledgements	27
References	28
Appendices	29
Appendix A: Interview with the institute of positive health	29
Appendix B: interview with municipality the Fryske Marren	32
Appendix C: interview with Professor Tokuko and Doctor Yamada	35
Appendix D: interview with a GP educator	37
Appendix E: interview with a GP / zorgplein Lemmer	41

Appendix F: Map, operable elements municipal health policies	45
Appendix F: Stakeholder analysis	45
Appendix G: Persona's and Customer journeys	47
Appendix H: Policy instruments research	50

Introduction

In 2040 one fourth of the Dutch population will be over the age of 65, according to the population prognosis of 2021-2070¹. In a country where we are inevitably addicted to health care, this will become a major problem. The aging population will put a rising pressure on our health care system, in which one fourth of the population will have to become a care provider to be able to provide the same quality of care. The healthcare system has to change in order to avoid this untenable situation in the future, the GGD Friesland considers positive health as the solution. The concept of positive health creates a more holistic approach to health. The challenge posed by the GGD Friesland is '*How can we support municipalities and organizations in developing the concept of positive health into a policy instrument, giving them concrete tools to shape the concept of positive health and anchor it in their policies?*'.

Municipalities are responsible for the health of its residents. However, municipalities usually delegate this task to the GGD. The GGD Friesland is an organization that protects, monitors and improves public health in the Netherlands. There are a total of 25 GGD's that create a national network. The GGD Friesland's conduct a couple of statutory tasks, stated in the public health law (wpg). In addition, the GGD's perform additional tasks concerning local health policy. The GGD's advice municipalities based on expertise, data and information about public health and a healthy living environment.

In this challenge the GGD Friesland asked our help to support municipalities and organizations in the process of implementing positive health. In order to come up with a suitable solution, we worked with the design-thinking process for the last couple of months. This process consists of four phases: Discovery, Define, Ideate and Prototype / Test. This report is structured in the same way.

Structure

The discovery phase was designed for analyzing and dissecting the problem. By conducting many interviews and doing extensive desk research, we have obtained a lot of useful information for our research. These new insights helped us to choose a research direction and an end-user in the Define Phase. In the Ideate Phase, we brainstormed about possible solutions to our defined problem. In addition, we analyzed the benefits and drawbacks of the possible solutions. Subsequently, we selected a solution during the Ideate Phase that is the most effective, yet feasible, solution for our challenge. During the last phase, we tested our idea and designed a prototype. By following the phases of the double diamond design thinking process, we created a policy brief. The policy brief can be used by the GGD Friesland to support municipalities and organizations during the process of implementing Positive health into their policies. In this report, we explain how we came to this conclusion and how the policy brief can help our client with their challenge.

¹ CBS. Prognose: bevolkingsgroei trekt weer aan

Methods and Methodology

The concept of positive health has been explored by looking at the information that is already available with desk research. Existing data such as articles, websites, the app & questionnaire (reviews), and reports have been consulted. Everything that is found that might be useful has been noted down in order to hopefully help find a solution for the challenge. During the interview with iPH (appendix A) some very useful sources of information were obtained that could be used for the desk research. This method has mainly been used for exploring positive health and what the role of stakeholders like municipalities and organizations could be.

Field research has been the priority and most used method for data gathering. The concept of positive health was becoming more popular and there was already information available on the concept that we could obtain with desk research. However, information about the implementation of the model and other concrete examples were still missing. Therefore it was key that as much primary data as possible was gathered to explore the topic in depth. The field research mostly consisted of interviews with the stakeholders, which include the client, iPH, GPs, patients, and municipalities. Those stakeholders were important in order to find out more about positive health, the implementation and finding out problem causing factors. By interviewing those stakeholders there was interaction, making it easier to find out what they want and what should be done about the problem. Interviewing also has given a lot of detailed data that was helpful for the process. In order to make sure the data is reliable, several techniques like asking open ended questions and focusing on not guiding the interviewees in any way have been applied.

Discovery Phase

In this first phase, the Discovery Phase, we have been exploring our challenge. We have done desk- and field research to gather as much information as possible that we could use in further stages of this project. Our client, the GGD Friesland, provided the following challenge: *How can we support municipalities and organizations in developing the concept of positive health into a policy instrument, giving them concrete tools to shape the concept of positive health and anchor it in their policies?*

In order to get a better understanding of this problem, we asked ourselves questions at the beginning of this research. We wondered what positive health is and what does it mean to people? Why is positive health the solution according to the GGD Friesland? As we got a little bit wiser on the thought behind the challenge and the meaning, we started to question what are the relevant stakeholders and how are they involved? What can municipalities and organizations do? Afterwards, we looked at the practical side of the challenge without trying to already come up with solutions, just looking for some possibilities. This led to questions about what kind of policy instruments are desirable and what are the possibilities? These research questions have guided us through the investigation. We have divided our results and answers to those questions into different main findings. Those findings include Implementation, Cooperation, Community and Policy instruments, which will later be elaborated upon.

Context of the challenge

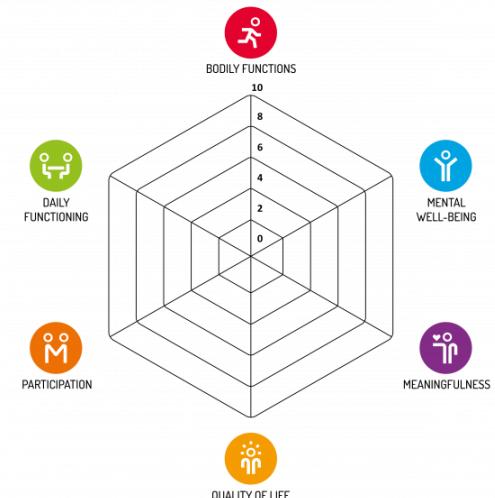
The first thing that stands out in this challenge is that it implies two different problems. Firstly, the underlying problem, the aging population which causes the pressure on the healthcare system to rise. Secondly, the implementation of positive health in municipalities, regarding positive health as the solution to the underlying problem of the ageing population. This is implied due to the fact that the GGD Friesland already asks how to anchor positive health into their policies in the challenge. Therefore we decided to look into the underlying problem and the context of the problem first, before going straight to the solution of positive health as stated in the challenge. After that we started researching positive health, followed by a stakeholder analysis, then the main findings and finally the unexpected findings.

In the upcoming years it is most likely for the birth rate to drop and more people will reach an older age, which causes the ageing population to rise. Additionally, several diseases are also much more common among elderly, such as diabetes mellitus, depression, anxiety, and social isolation². Instead of having to increase the number of people working in health care, the number of patients should be reduced and we should focus more on prevention. According to the GGD Friesland, this can be achieved by using positive health. Positive health causes people to become healthier and thus reduces the amount of patients that are in need of care. At first, we questioned this assumption and looked into alternative options. Along the way we encountered that positive health might actually be a good solution if we did more in depth research on it. We also kept in mind that our final prototype must be in line with the challenge that our client posed to us and so we decided to let go of the underlying problem and started looking forward.

What is positive health

Positive health does not have one single definition, it is used interchangeably for both a concept and a method in order to give a better understanding of someone's health. It regards the patient's wellbeing as a whole, rather than merely taking into account the patient's illness. Positive health was first introduced in 2012 by former general practitioner (GP) and researcher Machteld Huber. Huber identified six dimensions relevant for applying positive health as a method. There are six dimensions, shown in figure one³, in what is called the spider web, namely:

- Bodily functions
- Mental well-being
- Meaningfulness
- Quality of life
- Participation
- Daily functioning



These six dimensions are meant to give people a broader view on health. The idea behind the spiderweb and positive health is that people can reflect on their own health. Health does not only concern their physical wellbeing, but it also takes mental, social and

² Toukan, Z. (2019). The ageing population. *Innovait*, 12(5), 239–242.
<https://doi.org/10.1177/1755738019829505> <https://journals-sagepub-com.proxy-ub.rug.nl/doi/pdf/10.1177/1755738019829505>

³ iPH, <https://wwwIPH.nl/assets/uploads/2021/06/Spinnenweb-Engels-2-600x600-c-default.png>

emotional aspects into account as these are equally important. People have to answer 42 questions, whereafter their scores on each dimension are displayed in the spiderweb. Although there are 'grades' attached to each dimension, it is a normative tool and differs per person and per snapshot. It is a conversation tool rather than a measuring instrument. By answering the questions and seeing their scores, people create a better understanding of their own health and are more aware of the areas they can improve. It helps them reflect on their health in a way they would normally not consider or think about. This holistic approach to health makes people more conscious about themselves and feel in charge of their own well-being.

Today, positive health is mainly used by general practitioners, but some companies are also using it to improve the health of their employees. Some of these practical examples of implementation show that positive health can significantly reduce the number of hospital admissions and improve the overall health of the patient. This allows people to have more healthy years.

One of those examples is Peter Jung, a general practitioner from Limburg, who asked a health insurer for 20 minutes instead of 10 minutes per consultation. This health insurer offered an adjusted funding model, a payment per patient instead of per consultation. The GP promised a drop in costs for the insurer, because of reduced referrals to secondary health care. This initiative was a little too successful as the hospital almost threatened to go bankrupt⁴. On top of that, the study Lemmen et al., which focuses on professionals in primary care, stated that positive health significantly contributed to the overall satisfaction rate of the health care workers⁵.

Those examples show that positive health could offer a great solution to numerous problems and that it is extremely effective. However, how come that positive health is still not widely used or well known? It is useful to take a look at all the parties involved while keeping that question in mind

Important Stakeholders

Since there are so many parties involved in our challenges, it is hard to narrow our most important stakeholders down. Citizens, GPs, organizations and municipalities are all stakeholders that are

⁴ Appendix D: Interview with a GP educator

⁵ Lemmen, C. H. C., Yaron, G., Gifford, R., & Spreeuwenberg, M. D. (2021). Positive health and the happy professional: a qualitative case study. *Bmc Family Practice*, 22(1), 159–159. <https://doi.org/10.1186/s12875-021-01509-6>
<https://bmcfampract.biomedcentral.com/track/pdf/10.1186/s12875-021-01509-6.pdf>

considered during this challenge and are affected by the problem. The full stakeholder analysis can be found in Appendix F, the most significant stakeholders at this point in time are discussed in depth below.

First of all, the municipalities. Municipalities could be the bridge between the GGD Friesland and other organisations. During an interview with municipality 'De Fryske Marren' it came to our attention that municipalities can help spread awareness about positive health, especially among health workers and specialists. Municipalities could make use of teams that visit certain neighbourhoods in most need and introduce the concept of positive health. With the use of 'neighbourhood plans' special attention could be given to neighbourhoods with people who need more help. This can vary from financially struggling neighbourhoods to lower educated neighbourhoods. Those people can benefit the most from the advantages that positive health has to offer and should be prioritized as it will show most results in the short term.

Another important stakeholder in this challenge is the medical domain. Healthcare organisations could not only provide benefits for their patients, but also for themselves. This leads to less patients being referred to the second line because by using positive health, GP's can detect the issues and the source of those issues in earlier stages. This can spare the healthcare sector a lot of time and money. Besides positive health being directly beneficial for healthcare organisations, GP's are also the first health related contact point people go to. GP's are the direct bridge between the citizens and the second line of our health care system.

Implementation

During the interviews with the different stakeholders it has become clear that most organisations and municipalities are enthusiastic about working with positive health, but are not sure how to implement it. A number of those stakeholders have already started to use the concept of positive health into their organisation. However, they are struggling to fully incorporate it. It is crucial that they are provided with guidance when this occurs as this increases the effectiveness of the roll out of positive health.

Since positive health is not yet a very well-known concept, organisations struggle to take it to the next level and incorporate it into their policies. When organisations get to know positive health, they become excited. However, when they try to implement it, they seem to have problems with

conveying the message to their employees and putting it through. The expectation that it would not be that hard to integrate positive health, because of the various successful examples. The lack of knowledge about positive health and the best way to go about with integrating it causes the road of integration and implementation to be easier said than done. There is no clear process that organizations can follow. Iph only provides a course, which is really expensive and apparently not effective. Additionally, without the backing of employees, who are mostly unaware of the concept, it is hard to raise more awareness for positive health.

Cooperation

This problem regarding implementing positive health, as described above, is experienced this way by different stakeholders. It has become clear that different sorts of organizations struggle with different things, which is a pity as they could be sharing their experiences and helping each other. Right now there is little cooperation between the different stakeholders and this is a missed opportunity. Working together could be just what they need in order to solve the struggles with implementation. Also by working together they have better chances of spreading the word and with that make positive health more well known. If more people know about positive health, and the organizations that want to implement it start working together, the outcome would be much more effective and efficient.

Community

Problems that we are currently struggling with in the Netherlands include loneliness, depression and burn-out. Which are very big issues, and also affect our health to a great extent. A study shows a great difference between stress rates of first year university students in Okinawa and Germany, respectively 5.7% and 26.3%⁶. As a conclusion, in certain countries certain diseases such as depression simply do not occur or to a much smaller extent. During our interview with Dr. Yamada, a medical doctor from Okinawa, we were told that in Okinawa people suffer much less from loneliness in general, this is probably because the community is much closer. For example, they have a house where people with dementia live, this is on the same road as a primary school so children easily come into contact with people with dementia. Furthermore, in this house many

⁶ Paul Ratanasiripong, Takashi China, Shiho Toyama, "Mental Health and Well-Being of University Students in Okinawa", Education Research International, vol. 2018, Article ID 4231836, 7 pages, 2018.
<https://doi.org/10.1155/2018/4231836>

activities are organized for the whole community, which ensures that elderly still feel part of the community⁷.

Unexpected findings

We came across a similar concept, like positive health, that is well-known internationally. In 1998, Ryff and Singer already introduced a new way of looking at health. This concept consists of four core elements:

- Leading a Life of Purpose
- Quality Connections to Others
- Positive Self-Regard and Mastery
- Perception of Negative Events as Paths to Meaning and Purpose

Ryff and Singer consider negative events as a possibility for deeper meaning and purpose in life, rather than having a negative impact on your life. Furthermore, the negative can be transformed into personal development⁸. This positive approach to health has a lot of similarities with Machteld Huber's way of thinking about health, but was developed about ten years earlier. Internationally the concept of Ryff and Singer is referred to more than the concept of Machteld Huber. This might give an indication of how successful positive health could be if it was more well known.

Another unexpected finding was the role of our client. Towards the end of this Discovery Phase we noticed that our client is actually one of the key stakeholders in this matter. The GGD Friesland could be a connecting party and guide other stakeholders in this process. Therefore we decided to take the GGD Friesland into consideration when exploring our options of end-users during the Define Phase.

Our society is rapidly changing, therefore some questions might need to be added or adapted in order to make the questionnaire up-to-date. Especially with the cultural developments and growing diversity. It is important to incorporate this into the model as well to make sure people feel included and understood, which correlates with the sense of community that was discussed

⁷ Appendix C

⁸ MACIK-FREY, M., QUICK, J. C., & COOPER, C. L. (2009). Authentic leadership as a pathway to positive health. *Journal of Organizational Behavior*, 30(3), 453–458. <http://www.jstor.org/stable/41683842>

earlier. The Institute of positive health is currently looking into the possibilities to add cultural and intimacy related questions and dimensions⁹.

The last unexpected finding was that people were unfamiliar with the concept of positive health. In our direct environment there is no one who had already heard of positive health until we told them. In the medical world people are more familiar with the concept but besides the medical world only very few people have ever heard of positive health. This is unfortunate because when we tell people about positive health, all the responses were exclusively positive.

⁹ Appendix A: interview with the institute of positive health

Conclusions of the Discovery Phase

In this Discovery Phase, the aim was to assess and explore the problem the GGD Friesland is currently facing. The problem concerns the ageing population causing an overburdened healthcare system in the near future. Positive health is considered the solution to this problem. Since positive health uses six different dimensions to look at a person's health, from bodily functioning to meaningfulness and daily functioning, it creates a more holistic approach to health. This holistic approach causes a changed perspective on health and is proven to cause a reduction in the amount of the referrals to the hospital.

During the research it has come to our attention that there are three overlapping outcomes. The first one being the struggle with implementation. There are multiple organizations, municipalities and institutions that are interested in working with positive health, however, they are having a hard time integrating it in their policies. It is relatively new, it is difficult to start the implementation and positive health is not well-known yet amongst the Dutch population.

This brings us to the second overlap, which is a lack of cooperation. The link between those different organizations is missing and could be essential in order to make positive health work. When the organizations, municipalities and institutions start working together and share their experiences and struggles with one another, they could learn from each other. Right now there is little cooperation between them, which has a negative effect on the implementation process.

The last overlap was a sense of community. People are looking for a feeling of belonging and inclusion. More and more people, especially elderly, can experience a strong sense of loneliness, which negatively impacts their well-being. Positive health can contribute to solving this by letting people reflect on their health and make them feel part of something.

If we were to find a solution to those main recurring problems, positive health could offer a solution to much more than just the rising pressure on the healthcare system due to an ageing population.

Define Phase

After the Discovery Phase we started to define the problem, based on our conclusions of the conducted research. In this Define Phase we have used all the information that we have gathered thus far to narrow down our main findings. Those main findings were then used together with personas and customer journeys to define the actual problem that we are trying to solve in the following phases.

One of the main findings was that the GGD Friesland, our client, is also a possible end-user. First of all, the GGD Friesland was seeking assistance for a problem of their own. After our findings it is only logical that the solution to the problem the GGD Friesland is experiencing, is concerning them. Thereby, it has become clear that the GGD Friesland can be a link between the different parties involved, which is a position that can offer multiple possibilities. The GGD Friesland is in contact with all the stakeholders, meaning they are the connecting factor. Together this has shown that the GGD Friesland could be an ideal end-user for our challenge.

In order to further define the problem and get a better understanding of our end-user we have created different personas and accompanying customer journeys (the full personas and customer journeys can be found under Appendix G). We included personas of our possible end-users. The first example is a citizen of Friesland. Citizens of Friesland have been considered end-users from the beginning of the Discovery Phase. Another example is a company owner who maybe wants to implement positive health but is struggling to do so. The final example is an example similar to our client, the GGD Friesland. We have chosen to portray these possible end-users in order to see what difficulties they would encounter with regards to the problem.



Patricia, a 49 year old hairdresser, is currently not thinking a lot about her health. She knows that her physical health is not optimal but she has no motivation to exercise regularly or watch her diet because she is fine with that. However, she does feel down and unwell but does not know why. Patricia is not aware that positive health exists but if she knew about Positive Health, she would be interested to try it out and fill in the spiderweb. A need for Patricia would be more awareness of Positive Health so that she knows about it and can try if it works for her.

Richard, a 56 year old retail company owner, is very interested in living a healthy lifestyle. He also wants to offer his employees opportunities



regarding a healthy lifestyle and thinks Positive Health might create this environment on the work floor. He is well-informed about positive health but struggles to incorporate it into his company policy. Richard is very busy with a new important client and chooses to put the implementation of positive health on hold for now until he has more time. A need for Richard would be a concrete plan that he can follow in order to implement positive health that is clear, straight forward and efficient.



Melvin, a 34 year old strategic advisor, works at the GGD Friesland and was asked to look into positive health. He had never heard of positive health before but he saw that it has a lot of potential. Melvin does notice that positive health is progressing very slowly and that it is not widely used. Later on he is approached by a few stakeholders that are willing to work with positive health but struggle and are unable to implement it successfully. Melvin is trying to figure out why this is the case and if there is a solution to this problem. A need for Melvin would be a better understanding of the problem around implementation of positive health and a fitting solution to go with it.

Reviewing the personas of the possible end-users has given better insights into the actual problem and with that who the actual end-user is. It has become clear that the main problem right now regards the struggle to implement positive health. This results in a subproblem, being the lack of knowledge about positive health in general. Different stakeholders, e.g. companies, municipalities, hospitals, struggle to incorporate positive health into their policies. They then fail to carry through properly and have different priorities, which affects the widespread knowledge about positive health and causes low familiarity. This inspired the following question that will help us during the next phase:

How might we create a tool for the GGD Friesland that they can use to help other parties with the implementation of positive health and with that create more awareness?

This has also led us to picking our client, GGD Friesland, as our end user. We are creating a solution for the GGD Friesland, meaning that they are going to be using our prototype. We believe

that they can be a link between the many other stakeholders. The GGD Friesland can guide other organizations during the implementation of positive health.

Ideate Phase

The goal of the Ideate Phase is to come up with an impactful, yet feasible solution to the problem, whilst keeping in mind the needs of the client and the other stakeholders. The information gathered in our field and desk research during the Discovery Phase helped us to create a better understanding of all of the most important aspects of our challenge. The overarching problem for all the stakeholders seemed to be time, money and communication. The motivation to implement positive health is certainly not the problem. Whilst keeping in mind these important core elements and the needs of our stakeholders, we came up with the following possible solutions. Furthermore, we explain the benefits and the drawbacks of our ideas.

Events

An event would be an informative and interactive way of spreading awareness about positive health. The program of the event contains interesting readings and workshops about positive health, for instance a reading from a neuropsychologist about the importance of social contact for your daily functioning. The PH-event should be affordable, preferably even free of costs if possible, to make sure every citizen feels included and is financially able to join. At this local event youth and elderly can meet in a non formal setting, which will create a stronger sense of community. Professor Tokuko really emphasised the importance of a strong sense of community¹⁰. After a cost-benefit analysis this solution would be rejected, due to the high costs and the unreliable benefits of such an event. The event is voluntary and it relies entirely on the intrinsic motivation of the citizens.

Community Centres

During one of the sprint days we created a prototype that we were able to test with our classmates. We created a community centre with a botanical garden attached to it. In this community centre, citizens are able to take part in mindfulness activities and talk to professionals about their mental wellbeing. In addition, there is a coffee corner where local residents could catch up and meet one another. Outside, in the garden, the citizens can participate in bootcamps to enhance their physical wellbeing as well. This idea faces similar disadvantages as our first idea, after a cost-benefit analysis this idea would be rejected. Setting up a community centre like this would take a lot of time and would cost a lot of money. Furthermore, the citizens can not be forced to participate

¹⁰ Appendix C. Interview with professor Tokuko

in the activities such a community centre would organize. Therefore, the benefits are unreliable and do not weigh up to the costs.

District Teams

During the Discovery Phase, we often heard about the lack of communication between healthcare workers within the district. Connecting all the different health professionals would enhance the quality of care in the district. The GP of Zorgplein Lemmer emphasised the importance of communication and cooperation between the health care workers in the district¹¹. Facilitating training for district teams would be a great way to implement the positive health mindset throughout the district. This solution could be effective and it is something municipalities are possibly able to implement. The downside is that these trainings are high in costs and we were unsure about the willingness of municipalities to fund such an expensive training. Therefore, we wanted to create a more concrete solution that would be more accessible for every municipality.

Protocol

Ultimately, we came up with the idea of creating something more policy related. In the challenge the GGD Friesland puts more emphasis on the policy side of the implementation. Furthermore, the advisory role of the GGD is usually more policy based rather than organizing events for instance. By creating a policy based end product, we create the most effective end product for our client. During the interviews we conducted in the Discovery Phase, we saw a clear need for communication in the district. By mapping out the needs of all caregivers in the municipality, a clear view of the district can be established.

¹¹ Appendix E: interview Zorgplein Lemmer

Prototype and Test Phase

The aim of the Prototype and Test Phase was to develop a prototype that would help the GGD Friesland in supporting municipalities and organisations to develop positive health and integrate it into their policies.

During this phase, we discovered that the prototype should be policy-based. As policy is something that lies within the capabilities of the GGD Friesland, also they can give unsolicited advice to municipalities. When we started looking at the municipal health policies, we saw big differences in its structure between municipalities where positive health already works well and municipalities where positive health is really still in its infancy. In the municipalities where it is still in its infancy, you see that positive health is a very isolated chapter within the policy. In comparison to the municipalities where it does work, the health policy is entirely based on positive health.

The formation of this prototype is based on the need to give the broadened image of health that positive health offers, a structural place in various levels of the healthcare system. After discussing several options, like events and community centres, and consulting these options with the client, the decision was made to write a policy brief. A prototype in the form of a policy letter suits us as a research team and the GGD as both the end user and client because it is a policy-oriented and professional document that the GGD can go into the province with. A policy brief is a concise summary of a problem, containing different opportunities to tackle the current problem whereafter a set of recommendations is given on how to address the problem. The policy brief is intended to inform and assist the GGD Friesland in supporting the municipalities with the process of integrating positive health in their policies.

This prototype will contribute to the implementation of positive health into municipal policies. In this way, more concrete action points can be linked to Positive Health, in order to use positive health in society and more awareness of the subject can be created. As the GGD Friesland is the end-user of this challenge, this prototype should offer the GGD Friesland suggestions on how they can support organizations and municipalities in integrating positive health in their policies.

Design of the Prototype

The design of this prototype is based on a comparison between several municipal health policies of municipalities where Positive Health is already a running component in the healthcare system,

and municipal health policies of municipalities in Friesland where this is not yet the case. Overall, the National Health Policy is used for guidance as this policy is also the guiding document for the municipalities themselves. The National Health Policy is a document composed by the government in cooperation with a representation of several municipalities to offer guidance for the formation of local policy. In the National Health Policy, the common vision on health is published, in which Positive Health is recognized as one, followed by the four main health issues the focus must lie on for the following years. These health issues stem from the various issues addressed in the 'Preventie Akkoord' (prevention agreement).

In the municipalities of Zoetermeer, Roermond and Hillegom is Positive Health a running component in their policies. Interviews revealed that these municipalities needed to be explored because they were well ahead in implementing positive health. Also, the policy plans of these municipalities had a clear and similar structure to national health policy. This can be exemplified with the municipality of Zoetermeer where an overview of the current health situation in the municipality is provided, followed by the four health issues. The four health issues are similarly structured as national health policy and each issue is concluded with a set of ambitions with linked targeted solutions that both observe the health vision. In the health policy of the municipality of Fryske Marren, where they are struggling with implementing Positive Health, Positive Health seemed to be a stand-alone element of local policy.

The next step was designing the prototype itself. After restating the problem, several possible solutions are proposed and recommendations are made. The prototype contains two types of action points of which one is policy based and the other is more practice based. The policy based recommendations include action points like rewriting or adjusting local policy, or setting up different ambitions for policy writing with regard to the next period (2024-2028). This would allow them to take a systematically different approach to policy writing in order for positive health to be completely woven into the policy. The practice based recommendations are appointing ambassadors, organizing seminars on positive health between experts and citizens, and advising schools to start working with the "Healthy School Approach.". Finally, another practice based recommendation would be 'mapping'. This recommendation advises the GGD and municipalities to map what knowledge and initiatives lie where in order to have a better overview of each other and promote the effectiveness of collaboration.

Testing

During the Test Phase we tested our prototype, the policy brief, with the client. The client was immediately very enthusiastic. He indicated that there is definitely a need for a concise product as policy officials do not have time to read through a hundred-page document. He would also like to see in the policy brief that the recommendations are very much of a practical nature. For example, the use of an ambassador to get it closer to the citizens, because positive health does not yet affect citizens very much. While that is exactly what our client would like to see.

Additionally, we also have tested our prototype during a presentation for GGD Friesland employees. Also here we received very positive feedback, they recognized the problem of positive health being a separate chapter within the municipal health policy. Something else that was very surprising during this presentation was the fact that the GGD Friesland employees thought that positive health is already very well known among all citizens. While in our research we found out that very few people have ever heard of positive health at all. Therefore, we came to the conclusion that awareness is also a very important topic to incorporate into our policy brief.

Now that we have tested our policy brief with our client, GGD Friesland employees and with our mentors we can proceed in improving the prototype.

Improving the prototype

During the testing phase, we received feedback that our final product should not be too long-winded, otherwise it will not be read. Also, the recommendations should be very practical in nature so that they actually reach the citizens. As well as, raising awareness which should get more priority. During the process we came up with a set of recommendations, which we are going to use in our policy brief.

The first recommendation is policy-based, namely rewriting municipal health policies, because at the moment you can see big differences in the health policies of municipalities where positive health is working well compared to municipalities where positive health is not yet well established. The health policy should be fully based on positive health so that it is woven into the policy and not just an informative chapter. This is something we already discovered during the design of the prototype, but was really confirmed after testing the prototype with the various parties.

The other recommendations are more practice-based. For example, we came up with the idea of using ambassadors. This will work well to give positive health a wider network and raise awareness about the topic. Also, by appointing ambassadors, especially when these ambassadors stand close to the citizens, the threshold to get acquainted with positive health becomes smaller.

A third practical development could be the creation of a platform where professionals can find each other. To share knowledge about positive health and create initiatives. Furthermore, you could organize interactive meetings between citizens and professionals, in order to raise awareness among citizens. This, in turn, can be a rollout of the platform and the ideas that are shared and the initiatives that are built. Additionally, another thing municipalities can do to create more awareness among citizens is to start a campaign via local and/or social media. By frequently highlighting a topic such as positive health in the media, it normalises the subject and it will gradually be woven into everyday life.

As last, the GGD Friesland could also give advice to schools via the 'Gezonde school-aanpak'¹². This is a way of helping students in the future to make better lifestyle choices and to include their environment in this.

Action plan

The action plan is meant to indicate what still should be done but where we did not have the time for during our research, i.e. what still needs to be done in the future to achieve further realisation.

Further research

At the moment, more research is needed into which practical effect proves to be the most effective. In other words, which of our recommendations is most effective in order to really reduce the pressure on the healthcare system and increase awareness of Positive Health.

In addition, more research should be done on how we can give this broad and holistic idea of health a structural place within the health system. When looking at the six dimensions of positive

¹² <https://www.gezondeschool.nl/primair-onderwijs/aan-de-slag-met-gezonde-school>

health, you see, for example, that the National Policy Document on Health would like to focus on more research into how the mental condition of young people can be improved. Which in turn ties in nicely with for example the dimension of mental well-being or participation. From the test phase, it also appeared that municipalities would like more research and guidance on how to deal with positive health in conjunction with the prevention agreement.

As last, it is useful to continue with mapping the knowledge that exists in the area of positive health. When there is an overview of what knowledge is where, and which initiatives are running well in the different places and why, this information can be used to improve the running elements of positive health in the different policies. It would also contribute to the future success of municipalities that are not yet far along in developing and integrating positive health. Mapping out knowledge and existing initiatives around Positive Health will make it easier for municipalities to learn from and support each other in implementing Positive Health to release the burden of the healthcare system.

Content policy brief

At this point, all the recommendations we provide still have to be tested. Most of the recommendations are also on the agenda of municipalities like Roermond or Zoetermeer, thus when you continue the mapping of knowledge and initiatives you can easily see if they are working well in these areas.

Also, when the GGD starts using the policy brief it will most likely receive more feedback from all the different stakeholders. This iterative process helps to constantly improve the policy brief, whereby you will eventually end up with a product that is suitable for many different stakeholders.

Implementation policy brief

In order to fully implement our prototype, the GGD must first fully agree with the content and our recommendations. Then the policy letter will have to be printed so that it can be easily taken along and shown to the stakeholders. Furthermore, the GGD employees who go to the stakeholders with the policy brief should be instructed about what a policy letter is exactly, what it says and how they can communicate it properly towards the stakeholders. However, the policy brief is a fitting end-product as it is a professional advisory document which cannot only be used by the

GGD, the GGD can also distribute the brief towards municipalities and third parties in order to be and stay on the same page

Conclusions

Looking back at the exact challenge from the GGD Friesland: 'How can we support municipalities and organizations in developing the concept of positive health into a policy instrument, giving them concrete tools to shape the concept of positive health and anchor it in their policies?'.

The first phase, the Discovery Phase, was intended to explore the challenge and gather all necessary information about the challenge. The most important finding from this phase was that the GGD is an important stakeholder and we have to take them into account while defining our end-user. The GGD is also very willing to work with positive health, just like its stakeholders. Everyone who knows about Positive Health is very enthusiastic, only they struggle with the implementation so far. So the question in this phase remains: How can positive health be implemented most effectively. Furthermore, what we saw was that there was still too little cooperation between all the different stakeholders. We were able to state this mainly based on our field research.

After the Discovery Phase, we entered the Define Phase, which meant specifying the main findings from the discovery phase. From this phase we were able to conclude that the GGD Friesland is going to be the best suitable end-user, as they are in contact with all the different stakeholders. They are the spider in the web and the most central stakeholder. Also, because their role can be very active when needed. However, the problem for the GGD remains when a stakeholder reaches out for advice to the GGD that they do not have a concrete product to offer. The GGD does not yet know how to help other stakeholders better implement Positive Health.

The Ideate Phase was meant to come up with an impactful, yet feasible solution to the problem, whilst keeping in mind the needs of the client and the other stakeholders. In the Ideate Phase, we came up with several solutions as we were allowed to zoom out again. Our conclusion from this phase, was that we had to make a policy-based prototype. As this lies within the capabilities of our end-user. Therefore, we came up with a policy brief.

The final phase of the challenges was about designing and testing the final prototype. During the Prototype and Testing Phase we really went for the policy brief. After a period of testing with the client, GGD employees, and our mentors and improving we received a lot of positive feedback about the idea of a policy brief. This allowed us to continue writing our policy brief and take care

of the content. We took the suggestions made by our client into account while writing our policy brief. Lastly, after a first draft of the policy brief was proposed to our mentors, we decided to follow their advice to divide our recommendations into policy based and practice based recommendations.

The GGD was struggling with supporting municipalities and organisations in implementing positive health into the healthcare system, which is why they asked for our assistance. Our main conclusion of the problem posed by the GGD Friesland is mainly based on the rewriting and restructuring of municipal health policies. Wherafter, it will no longer remain an isolated chapter within the rest of the policy, also concrete action points must be added. The second major conclusion we draw from our research is about creating awareness of positive health, since very few people actually know about Positive Health. We hope that our solution really helps the GGD with their further implementation of Positive Health.

Acknowledgements

We are really enthusiastic about the positive feedback we received from our client and we look forward to seeing their future developments with our project. We want to thank our mentors for all their feedback and their guidance through the course of this project.

We also want to thank the GGD Friesland for the interesting challenge and the great collaboration over the last couple of months. We hope we have provided the right tools for the GGD Friesland to support municipalities and organizations in the process of integrating positive health into their policies.

Finally, we want to thank all the other parties involved in the process of finding a solution to this challenge.

References

1. Aan de slag met Gezonde School | Gezonde School. (n.d.). www.gezondestschool.nl. Retrieved 4 February 2022, from <https://www.gezondestschool.nl/primair-onderwijs/aan-de-slag-met-gezonde-school>
2. Centraal Bureau voor de Statistiek. (2021, December 16). Prognose: bevolkingsgroei trekt weer aan. Retrieved 4 February 2022, from <https://www.cbs.nl/nl-nl/nieuws/2021/50/prognose-bevolkingsgroei-trekt-weer-aan>
3. Lemmen, C. H. C., Yaron, G., Gifford, R., & Spreeuwenberg, M. D. (2021). Positive Health and the happy professional: a qualitative case study. *BMC Family Practice*, 22(1). <https://doi.org/10.1186/s12875-021-01509-6>
4. Macik-Frey, M., Campell Quick, J., & Cooper, C. L. (2009, April). *Authentic leadership as a pathway to positive health* on JSTOR. Www.Jstor.Org. Retrieved 4 February 2022, from <https://www.jstor.org/stable/41683842>
5. Positieve gezondheid - Institute for Positive Health (iPH). (2022, January 18). Institute for Positive Health. Retrieved 4 February 2022, from <https://www.iph.nl/>
6. Ratanasiripong, P., China, T., & Toyama, S. (2018, December 3). *Mental Health and Well-Being of University Students in Okinawa*. Www.Hidawi.Com. Retrieved 4 February 2022, from <https://www.hindawi.com/journals/edri/2018/4231836/>
7. Toukan, Z. (2019). The ageing population. *InnovAiT: Education and Inspiration for General Practice*, 12(5), 239–242. <https://doi.org/10.1177/1755738019829505>

Appendices

Appendix A: Interview with the institute of positive health

Algemene vragen

Wat verstaan jullie als bedrijf over het algemeen onder positieve gezondheid?

- Bredere kijk op gezondheid, 6 dimensies → aan de hand van data van onderzoek (2011)
- 6 dimensies, onder de dimensies zijn aspecten
- Uitwerking van de 6 dimensies en niet de definitie!!!
- Bijdragen aan het vermogen van mensen om met fysieke en mentale dingen om te gaan
- Gezondheidsvisie en een methode → GEEN definitie
- WHO → afwezigheid van ziekte, PH kijkt veel breder, gezondheid is geen statisch gegeven
- Dynamische benadering → betekenisvol leven
- Spinnenweb incl 42 vragen, zitten cijfers aan verbonden maar is niet normatief (verschilt per persoon en is een momentopname)
- Geen meetinstrument maar een gespreksinstrument
- Specialisten moeten vragen stellen maar de antwoorden moeten komen vanuit de patiënt, geen aannames → intrinsieke motivatie, geen ongevraagde adviezen

Wat betekent positieve gezondheid voor jou persoonlijk?

- Bewust van het feit dat als je geen fysieke ongemakken hebt dat er nog andere factoren zijn die je gezondheid beïnvloeden
- Alles is gezondheid → samenvoegen → onrust → mentaal onrustig
- Eigen grenzen goed kunnen aangeven
- Bewustwording van je eigen gezondheid → hoe voel ik me eigenlijk
- Geeft mijn huidige leven voldoende betekenis → zingeving → voldaan gevoel → hoe functioneer ik
- Basismodule volgen, het is geen trucje, het is een andere manier van denken
- Ik ben er elke dag mee bezig, zit elke dag op mn netvlies, ik zie de hele dag spinnenwebben voorbij komen → Stilstaan bij mezelf

Wat doet iPH allemaal? Kunt u een aantal voorbeelden noemen?

- De jongere studenten zien dat er een andere zorg benadering nodig is
- G van gezondheid ipv Z van ziekte en zorg
- Ambassadeur GGZ, mentale gezondheid → integreren PH bij GGZ

- Huisarts verbonden → voert elke dag PH uit in haar bedrijf
- Speciale spinnenwebben voor kinderen → handelingsperspectieven → tips vanuit Uni Leiden → interviews met basisschoolkinderen om scenario's te verkrijgen → tips voor en door kinderen
- Abonneren op nieuwsbrief!! En Linkedin!
- Fase 2 → lesmateriaal ontwikkelen → vanaf de basisschool
- Gezondheid is niet alleen maar ziekte → andere maatschappij → preventie

Welke afdelingen kent iPH? Welke is het belangrijkste? Op welke afdeling werken jullie zelf?

- Hele kleine organisatie
- Geen afdelingen
- Experts op verschillende gebieden, huisartsen, animatie over het spinnenweb, projectleiders, etc.
- Ik ben bij van alles betrokken → spin in het web
- Meer losse personen ipv afdelingen

Wat is jullie hoofddoel?

- Van Nederland een grote Blue Zone willen maken (Missie)

Huidige situatie

Waar ligt momenteel jullie focus?

- Gezondheid
- Samen met een andere organisatie, andere CHO, ander materiaal → Alles Is Gezondheid
- Weinig geld
- Met Corona te veel ingezet op het ziek zijn ipv wat je zelf kan doen
- Inhoudelijk bezig met het congres van 11 nov
- 10 jaar Health and ... (39:20)
- Evaluatiewijze
- Natuur en gezondheid (Lisanne voor Alles is Gezondheid) → natuur op recept → Tips voor patiënten

Hebben jullie concurrentie of zijn er gelijksoortige initiatieven? Zo ja, wie zijn dit?

- Er zijn altijd mensen die zich er niet in kunnen vinden
- Verschillende modellen als het gaat om gezondheid → verschillende gezondheidsconcepten
- ICF model → botst met positive health model
- ICF en PG

- Er zijn altijd mensen die niet willen werken met een (nieuw) concept
- De meeste die echt de gedachtegang leren kennen worden echt gelukkiger en zijn enthousiast om hiermee te werken
- In organisaties is er altijd weerstand
- Begin met groepje ambassadeurs → verspreid als een olievlek → workshops en lezingen kunnen goed helpen

Toekomst

Wat kunnen volgens u verbeterpunten zijn voor positieve gezondheid?

- Academie → verder professionaliseren
 - Trainingen geven
 - Workshops
- Meer groei
- Werknemers niet perse nodig als het digitaal goed is ingericht en geregeld
- Pilot → lessen uit trekken → verwerken in de trainingen
- Inhoudelijk → 2 vragen toevoegen aan de lijst over sexualiteit en intimiteit
- Veel meer onderzoek → meetinstrument → 17 items van de 42 volgen een gevalideerd meetinstrument (in de kern is het een gespreksinstrument!!) → voor artsen
- Hoe gaat dat meten

Zijn er tekortkomingen aan het model

- Cultuur zit er nu niet in
- Engels → internationaal → IJsland en Japan → Arabische versie komt eraan
- Internationale tak van iPH

Waar zien jullie iPH over 5 of 10 jaar?

- Ik hoop dat het dan al wat meer een vaste plek heeft gekregen
- Meerderheid ervan heeft gehoord en er ook iets mee doet
- Focus op de medewerkers zelf → mooi om te zien
- We zijn allemaal veel meer dan een werknemer
- Ook in onderwijs groter en meer bewustwording en dit ook meer naar patiënten toe brengen → minder medicatie → ik kan zelf ook veel doen
- De norm op verschillende terreinen
- Eerder de regel dan de uitzondering

Afronding interview

Wat moet er nog besproken worden voordat we het interview afronden?

- Roermond + Zoeterheide ?? → beleid
- Leidsche Rijn → KernGezond → soort buurthuis ook → workshops en trainingen
- Tips:
 - Betrek meerdere partijen
 - Ook vanuit GGD Friesland
 - In een later stadium meedenken

Appendix B: interview with municipality the Fryske Marren

Algemene informatie over het project en PH

Wat is het doel van het huidige project?

- Positieve gezondheid beter verspreiden, met naame onder de professionals. 2 jaar geleden ook soortgelijk project.

Hoe is het project tot stand gekomen?

- Huisarts niet altijd antwoord op de vraag van de patiënt kunnen geven; iets anders nodig dan een specialist/medicatie → sociale domein.

Wat betekent positieve gezondheid voor jullie

- De tool is het spinnenweb
- Ik vul het zelf wel eens in
- Visueel krijgen waar je meer aandacht aan moet besteden
- Even stilstaan → hoe gaat het nu echt met je, waar haakt het
- Op een andere manier het gesprek aangaan.
- Voor de frieske marren betekent het naar de eigen kracht van inwoners gaan.
- Ook gezonde wijk → naar groepen inwoners, niet individueel, in gesprek gaan. Vragen stellen maar wel met de handen op de rug. Wijken met lager opgeleide/veel huurhuizen is meer winst te behalen, mensen komen daar vaker binnen bij bijvoorbeeld GGD Friesland. Dus eerst meer aan de slag bij de armere wijken, met wijkteam, buurtagenda opstellen, individuele vragen en maatwerk daarin.
- Wat heb je nodig om morgen te beginnen als vraag stellen aan burgers; wat kun je zelf al doen en wat heb je nodig van een ander.

Hoe lang duurt het project?

- Tot en met december subsidie, werken met een 2 tal trainingen (ouderen en jeugd). Op de achtergrond wat meer; ggd/gemeente
- Nu is het een project, maar voor de gemeente is het meer een uitgangspunt dus dit is in die zin niet gelimiteerd tot december.

Waar lopen jullie tegenaan?

- Met meer partijen willen samenwerken in de wijken. Nog niet tegen dingen aangelopen want net begonnen.
- Ook samenwerken met andere initiatieven die al lopen, van burgers onderling.

Wat is de huidige ‘status’ van het project? Hoe ver zijn jullie nu met het project?

- We krijgen positieve reacties terug van de burgers. Mensen wisten waarschijnlijk niet op voorhand dat dit bestond.

- Uitdaging ligt vooral bij de professionals zelf om het in de praktijk te doen, ook omdat ze vroeger op een hele andere manier werkten.
- Invlechten van PG in je organisatie/werk is lastig.
- Met de handen op de rug vinden zorgverleners lastig omdat je al heel erg in je hoofd hebt hoe je iemand anders kan helpen.
- Ook op directieniveau moet je hiervoor kiezen.

Welke rol speelt PG nu bij gemeenten en organisaties

- Veel nemen het op in het beleid, 'we vinden het een mooie manier van werken'
- Rol van in de praktijk mag wel groter worden
- Staat nog wel echt in de kinderschoenen; praktijk is echt lastig
- Limburg zie je nu meer dat het geland is omdat ze al zoveel jaren bezig zijn. Hieraan leer je dat het gewoon tijd kost, je moet het vuurtje brandend houden. Vergt jaren om goed te implementeren.

Hoe zien jullie het in de toekomst voor je

- staat al in het beleid, dus gaat meer om de uitvoering.
- PG is een concept/gedachtegoed/geen definitie, want in ontwikkeling, je hebt tools om er concreet mee aan de slag te gaan. Toch moet je hiermee oppassen; je moet faciliteren dat er tijd voor komt/trainingen voor zijn. Huisartsen geven ook aan, hij redt het niet in 10 min met PG gesprek, hij wil een dubbel consult per patient om succesvol PG te kunnen implementeren.
- Zorgbelang is een organisatie die echt voor de inwoner staan. Die willen misschien PG cursussen aan de inwoners aanbieden. Hoe krijgen we het bij alle inwoners.

Klaus → burgercompetenties ontwikkeld → als burger zijn we zometeen zelf aan zet, we krijgen nu zaken aangeboden maar in de toekomst moeten we het zelf doen. Welke competenties heb je in de toekomst nodig om jezelf staande te houden, hier hebben ze de domeinen van PG meegenomen.

Tips:

- Ga met gemeenten in gesprek die PG nog niet in hun beleid hebben.
- Tijd en geld investeren, dit maakt het lastig
- Gewoon maar doen en er mee aan de slag gaan als organisatie; niet wachten tot de gemeente met een aanbod komt
- Ambassadeurs creeeren
- Olievlek verspreidt zich nu door lemmen
- Dus enerzijds kun je faciliteren met middelen en tijd maar anderzijds ook iemand anders die het gewoon maar oppakt. Maakt niet uit vanwaar deze persoon komt of dat iemand uit de gemeente/uit de zorg.

Appendix C: interview with Professor Tokuko and Doctor Yamada

The concept of Positive health

What is your experience with the concept of positive health?

- When I got to know the concept, it was the last year of my stay in Okinawa
- positive health consists of 6 dimensions
- Physical functioning = important, people do their best to keep moving
- Mindset in Okinawa = positive and optimistic
- Meaning of life = very specific to Okinawa, a lot of traditions remained
 - Elsewhere in Japan some traditions are not preserved because everything is becoming more modern
 - In Okinawa the festivals and dances etc. are preserved, all ages are contributing, young and old
- Social participations = a lot of festivals in Okinawa, all people gather for the same goal, bond is really strong, family and friends, people from the neighbourhoods come together
 - Family constructions are interesting
 - People live with their grandparents → more chance to be social
 - Strong bonds with nephews and nieces, easy to come together for events
 - socialized community

Is positive health a well-known concept in Japan?

- Macro level not well known
- Micro level it is known
- Amongst some private clinics and doctors do know the concept
- Someone I know uses the spiderweb
- Used with kids with physical and mental disabilities → how to make them happier
- Efficient, financially as well
- 1 book translated in Japanese about positive health

positive health put into practice

Are there any initiatives in Japan regarding positive health? → Do you have any examples?

- Only personal activity
- In Japan there is no institution like IPH
- One of my colleagues is introducing positive health into his clinic
 - He is translating all the questions from the questionnaire

Are there solutions that positive health can offer in your opinion? If yes, what could those solutions be?

- Health now is something passive, everyone is depending on others, specialists like doctors etc.
- PH enables them to think about their own health more
- They confess more feelings and struggles about their health

- Problems can be solved faster without medical expense
- There is no actual results yet from positive health
- I believe it connects
- Number of GPs in Japan is much lower than in the Netherlands for example
 - On the countryside there are only a few doctors, in the cities there are too many doctors
 - Patients can change doctor so easily, it makes the documenting harder
 - No trust, it is hard to confess struggles and problems
 - People go to doctors and hospitals very quickly and easily to get medicine
 - Medicine is easily prescribed → western medicine

Could you see positive health as a solution for the increasing pressure on healthcare because of an ageing population? Why/why not?

- Ageing is not only physical problem, it can also change your financial and mental status
- If you lost your family/wife/children, you can feel lonely
- Complicated problems regarding health → can be solved with more dynamic perspectives
- Specialists can only take care of patients bodies, they cure diseases and injuries
- Some patients feel pain because they are lonely or poor etc. there is more background and positive health can reveal these 'secrets'
- There are plenty of people with mental illnesses → one of the highest suicide number of all countries (young and old)
- At school, bullying is a big problem
- Workload is high → get burnout easily, if they quit, they lose income and are also stressed
- Feeling poor → feeling depressed

Do you have any recommendations about what organisations and municipalities can do

- More microlevel
 - Organise some volunteer events
 - Dementia
 - Nursing homes can feel like jail, same routine everyday
 - Staff doesn't care if they enjoy
 - Raise awareness
 - Local events, with food or small items

Blue zones

How did Okinawa become a blue zone? Is positive health also used here?

- Good health
- Food
 - We don't have fries or oliebollen
 - Pork or fish or tofu and veggies and seaweed and low salt
 - Good vitamins and proteins

- Active working
 - Farming and fishing are popular occupations, regardless of the age
 - People 80+ are still farming from 8-17
- Traditions, local small events, a lot of socializing
- Stress free mindset
- Situations have changed
 - These situations apply to 80+ people
 - Younger people are now applying different lifestyles
 - During occupations a lot of western influences were introduced
 - McDonald's is now there
 - People use cars more instead of walking
 - Stressful lifestyle → more working with laptop
 - Bigger cities in Okinawa family constructions have changed, family is separated → not living with parents/grandparents anymore
 - Consequence → lifespan is dropping, it was one of the highest, now it is one of the lowest
 - Men love drinking, a lot of drinking
 - Women are smoking more
 - Western lifestyle is adopted more and more

Do you think the Netherlands could be a blue zone one day?

- There is potential
- Bikes
 - Good keeping exercise
- Fresh veggies and fruits at supermarkets
- A lot of vegetarian options
- People are independent → if loneliness is confessed more they can help each other
- Drinking should be less especially amongst students, should follow good amount with drinking, smoking and weed

How could positive health contribute to this?

- Machteld Huber
- Dutch culture and mindset
- It can be accepted easily by Dutch people → independent mindset
- Japanese people would be more confused
- Who is using it? Doctors or other stakeholders
- More people should get trained to spread positive health

Do you use positive health yourself in daily life?

- I don't make my own spiderweb
- But I do think about my quality of life and whether I am happy

Appendix D: interview with a GP educator

Het concept

Hoe zou positieve gezondheid huisartsen intern kunnen helpen?

- Intern ook de werkdruk ook minder.
- Praktijk ondersteuner (poh): die kan dit concept goed gebruiken, die krijgt mensen met psychische problemen. Houdt zich ook bezig met chronische ziekte (copd, astma, diabetes, hart- en vaatziekten) hoe kan ik zo gelukkig mogelijk leven met zo'n ziekte. Door dit spinnenweb kan je bekijken hoe je zo goed mogelijk leven met iemand lijdt onder deze ziektes.
- Huisarts verwijst je door naar de poh, die kan je uiteindelijk door verwijzen naar andere zorgverlener als de poh het niet kan oplossen. Intake duurt 60 min en consult 40 min, tijd om het spinnenweb in te vullen.

Hoe zou positieve gezondheid huisartsen extern kunnen helpen? → met patiënten

- Terecht komen bij de dieperliggende vragen. Helpen goed gesprek voeren. Misschien wel minder werk druk, de patiënten die telkens komen meteen de oplossing vinden.

Implementatie

Is het concept van positieve gezondheid al helemaal opgenomen in jullie curriculum?

- Het staat in onze visie, en het wordt door een aantal huisartsen al gebruikt
- 1 huisartsenpraktijk (het spectrum in Meppel) heeft het geïmplementeerd

Wat kan er gedaan worden wanneer er patiënten zijn die niet openstaan voor het concept van positieve gezondheid?

- Bepaalde bevolkingsgroepen willen veel meer medicatie, wordt meer medicatie voorgescreven -> als je een pil krijgt is het goed mentaliteit, praten is geen goede zorg. Lastiger publiek voor positieve gezondheid.
- Huisarts moet goede gespreksvaardigheden bezitten.

Wat zijn de mogelijkheden met betrekking tot het spinnenweb?

- Een oplossing: huisarts young tegen zorgverzekeraar gezegd je moet mij extra geld geven voor langere consulten -> meer tijd voor de patient. 20 min in plaats van 10 min zou wenselijk zijn, maar dan is er te weinig tijd voor. Dan zou je eigenlijk nog een huisarts in loondienst nemen. Huisarts young heeft extra geld gekregen om 20 min te kunnen nemen met elke patient, want zo bespaart hij de zorgverzekeraar geld bij het doorverwijzen naar het ziekenhuis. Dan kon de zorgverzekeraar aan het eind van het jaar controleren.
- Te succesvol in Limburg daarom gestopt. Het ziekenhuis ging daardoor bijna failliet. -> hoeven wij geen rekening mee te houden :)
- Limburg: Hans jong...?
- Deventer ook een initiatief meer tijd voor de patiënt

Wat zouden alternatieven kunnen zijn om het spinnenweb te hanteren zonder 42 vragen te moeten invullen tijdens een consult?

- Wat zou kunnen is het meegeven aan de patiënt. Foldertje meegeven naar huis en dan over een week een nieuwe afspraak
- Positieve gezondheid is booming. In de visie bij huisartsopleiding UMCG staat het er al in, veel gebruikte methodiek
- Huisartsenpraktijk het spectrum in meppel: doen heel veel met positieve gezondheid
- Extreem voorbeeld: gamma in meppel gekocht, allemaal hulpverleners in hun gebouw gezet. Iedereen met een paars stipje op de deur doet iets met mentale gezondheid, net zoals de kleur op het spinnenweb
- Vragen niet alleen voor de huisarts of de psycholoog maar meer dan dat
- Wordt veel gebruikt maar wel nog lastig, maar ze geloven wel in het concept
- Top 50 mensen die contact hebben met de huisarts, wat hebben zij precies. Allemaal mensen die iets psychosomatisch hebben, iets fysieks maar eigenlijk mentaal
- Alle hulpverleners zouden moeten samenwerken om dit te laten werken

Waar is de GGD Friesland verantwoordelijk voor?

- Preventieve zorg, misschien niet helemaal bij de huisarts
- Positieve gezondheid mooi instrument voor preventie; daar kunnen de GGD Friesland en de huisarts elkaar wel in vinden
- Heel veel aandacht op het moment voor preventie, taak van de ggd maar misschien moeten we dat veel meer samen gaan doen (met meerdere zorgverleners)

Waar het interessant is is het samenwerken in de wijk. Basis en daar de positieve gezondheid aan koppelen. Selectieve preventie

- Structuur bedenken waardoor alle zorgverleners kunnen samenwerken
- Met die structuur projecten doen
- Waar je wieg staat bepaalt hoe oud je wordt
- Positieve gezondheid goede tool voor samenwerkende wijken

Preventie:

- Universele preventie: richt zich op de gezonde bevolking (of delen daarvan). Bevordert en beschermt actief de gezondheid van (delen van) de bevolking.
- Selectieve preventie: Richt zich op bevolkingsgroepen met een verhoogd risico op een ziekte. Voorkomt dat mensen met één of meerdere risicofactoren daadwerkelijk de ziekte krijgen.
- Geïndiceerde preventie: richt zich op een individu met beginnende klachten. Voorkomt dat beginnende klachten verergeren tot een aandoening.
- Zorggerelateerd preventie: richt zich op een individu met een gezondheidsprobleem. Voorkomt dat de ziekte leidt tot (verdere) complicaties, beperkingen, een lagere kwaliteit van leven of sterfte.

In de opleiding ook al opgenomen.

- Les in consultvoering, informatie over hoe je positieve gezondheid kan toepassen
- Zit het al in de opleiding van POH GGZ en POH somatiek??

Ander alternatief voor het spinnenweb? In plaats van de vragenlijst?

Ideeën over het implementeren van positieve gezondheid in huisartsenpraktijken?

- Struikelblok: TIJD / kom ik er aan toe??
- Simpele oplossing: langere consulten
- Het vinden en geloven is essentieel
 - verschillende soorten huisartsen, jonge huisartsen hebben er vaak wat meer mee dan oudere huisartsen
 - jongere huisartsen vinden preventieve zorg veel interessanter
 - traditionele / oudere huisartsen staan hier minder voor open

Appendix E: interview with a GP / zorgplein Lemmer

Over haarzelf: Weinig aan het dokteren > besturen; voorzitter friese huisartsen vereniging Bewust gekozen besturen te combineren met werkzaam blijven in de praktijk> kan mooie vertaalslag maken om van de tafel naar de praktijk te komen
Vak plus team; ggz met verslavingszorg; verpleegzorg, fysiotherapie, twee huisartsen > hoe nog op een betere manier gaan samenwerken > positieve gezondheid omarmt; iph training omarmt > mensen worden er heel enthousiast van omdat er op alle gebieden betrekking heeft en als gezamenlijke visie kan nemen
> denkt dat dit het model is dat gaat blijven; dit concept gaat wijd verspreidt worden
Buiten dat het zorgplein is getraind; vervolg project de wijk in; geriatrie betrokken en op dit moment ook het netwerk jeugd aan het trainen (jeugdverpleegkundige, scholen directrice etc etc.)

Positieve gezondheid het concept

Julie werken bij Zorgplein Lemmer vanuit het concept positieve gezondheid, op welke manier doen jullie dit?

Heeft u concrete voorbeelden?

- We vragen mensen het spinnenweb in te vullen en dan vervolgafspraak om het andere gesprek te voeren
- Niet elke patiënt met PG; verstukte enkel oid gewoon medisch model
 - Voornamelijk terugkerende patiënten waarbij het gevoel is dat er meer is
 - Mooie aan het model is dat het op zoek gaat naar iemand intrinsieke motivatie

Waar loopt u tegen aan?

- Dit model gebruiken kost tijd (min half uur), voorbereiding kost tijd, vaak meerdere gesprekken volgen
 - Binnen huisartsen is dus tijd de belangrijkste beperking
 - Sommige HA werken met 10 min, sommigen moeten 'productie draaien' om te blijven bestaan
- In de wijk; als je wijkverpleegkundigen neemt; vinden het fantastisch maar zitten aan een druk schema (productie draaien)
 - Wijkteams; voor intake moeten ze al een vragenlijst bij langs lopen, als we dan ook nog pG lijst moeten doen hebben ze de tijd er niet voor
 - Ook veel gehoord 'we hebben al andere vragenlijsten'
- Wat zal helpen; meer tijd en afspreken dat iedereen in het werkveld het gaat gebruiken

Ziet u in de toekomst hier dan ook verandering in?

- Het grote vraagstuk in de zorg; het adagium dat alle partijen moeten gaan samenwerken;
 - Zorg die vanuit het ziekenhuis naar de eerste lijn terug moet etc.
 - Er zijn budgettaire kaders; dat hebben huisartsen, gemeenten en thuiszorg etc etc.

- Ontbreekt soms financiering als het werk bijvoorbeeld onderverdeeld zou moeten worden

Hoe lang gebruikt u het al?

- Inmiddels een jaar of 3 4

Wat verstaan jullie onder positieve gezondheid?

- Toch op een andere manier kijken naar patiënten; heel erg aansluiten bij waar iemands behoefte ligt; mensen aanspreken op hun veerkracht en opzoek gaan naar waar hun motivatie ligt om op zoek te gaan of aan te passen

Welke oplossingen kan positieve gezondheid bieden volgens jullie?

- Veel onnodige zorg wordt voorkomen; geleverde zorg beter aansluiten bij wat de patiënt wilt; voorkomen onnodige medicalisering

Zijn er tekortkomingen aan positieve gezondheid en het werken met positieve gezondheid? Zo ja, welke?

- Gemerkt dat het een ongoing leerproces is; ook bij jezelf
- Eerste reactie op machteld 'ja dat doe ik allang'
 - Zorgverleners zijn afgericht in 'u vraagt wij draaien'
 - Afleren bij dit concept; met de handen op de rug; steeds terug om de ander aan het werk te zetten
 - Afleren is lastig; ook te merken dat sommige Huisartsen het niet willen gebruiken; moet bij je passen en je moet er de feeling voor hebben; niet iedereen zal het gaan omarmen maar wel veel enthousiasme

Patiënten die geen behoefte hebben aan positieve gezondheid?

- Wat je mensen vraagt is zelfreflectie; invullen van spinnenweb is een moment van zelfreflectie en er zijn mensen die nog nooit zo naar zichzelf gekeken hebben en daar ook helemaal niet van gediend zijn; het is confronterend
 - Merkt u in de praktijk ook dat men medicatie willen en daardoor stroef reageren?
 - Nee denk het niet want het is een ander gesprek; je gaat het gesprek niet gelijk voeren je kondigd hem aan; wanneer patiënten blijven terugkeren in het moment dat het PG gesprek komt
 - Wat kan er gedaan worden met patiënten die niet willen?
 - Niet trekken aan een dood paard; medische model blijven volgen

Samenwerking

Hoe zien jullie de rol van de GGD Friesland bij het implementeren van positieve gezondheid?

- Ja er is wel een rol voor de GGD Friesland; vooral de partij die op preventie zit; preventieprojecten mislukken omdat mensen niet gemotiveerd zijn; bij PG ga je op zoek naar waar men wel gemotiveerd voor zijn

- Voorbeeld van de schuld sanering en stress etc met roken en drinken etc; PG kijken naar waar ligt prioriteit en waar is intrinsieke motivatie voor aanwezig
 - Als iemand op een van de vlakken succesvol is geweest geeft ook weer
 - Geen lukraak stoppen met roken programma's etc; PG ultieme preventie want je gaat kijken wat iemand wel wil en kan
- Gelooft heel erg in netwerktrainingen; trainingen iph basiscursus; leren werken met PG
 - Op het moment dat je dat in een netwerk doet dat weet je elkaar daar ook beter in te vinden; makkelijker met doorverwijzen
 - Implementeren in bestaande netwerken

Wat zou de gemeente voor rol kunnen spelen bij de implementatie of de verdere verspreiding van positieve gezondheid? → Fryske Marren

- Gemeente moet zorgen dat sociale wijkteams de training mogen volgen; en ruimte en tijd krijgen om in het netwerk te kunnen opereren

Zijn er andere partijen waarmee jullie samenwerken of zouden willen samenwerken met betrekking tot positieve gezondheid?

- Wijkverpleegkundigen, 'welzijn'; meeste gemeenten hebben welzijn uitbesteed aan een welzijnspartij; vaak en PG vraag een vraag in het welzijnsdomein

Policy tools moeten gaan bedenken? Wat zijn goede ?

- Dat is niet aan de GGD Friesland; langere consulten
 - Ggd kan netwerkvorming faciliteren
 - Buurhuizen is meer gemeenten en welzijn
 - Er zijn voorbeelden waar dagbesteding heel erg naar PG is ingericht; ipv verzadigd brei of biljart clubje is; zijn dit huizen waar het heel erg gaat om participatie; komen ze niet omdat ze oud zijn maar iets te brengen hebben
 - Bv oude ballerina; geeft nog steeds dansworkshops nu voor ouderen
 - Meedoelen ; er toe doen; is belangrijk voor mensen > moet maatschappij meer oppakken; hoe houd je ouderen actief en betrokken

Conclusie

Hoe denkt u dat het zorgsysteem gaat veranderen in de toekomst?

- Veel meer integraal gewerkt gaan worden; op regio niveau meer samenwerken; zorg gaat verschuiven; tekorten aan personeel (die ook schrikbaar gaan toenemen) > meer werken met de helft van de beschikbare mankracht

Kan positieve gezondheid hier een belangrijke rol in spelen? Hoe?

Zijn er verder nog onderwerpen die niet aan bod zijn gekomen, maar die u nog wel graag besproken wil hebben?

- Ga op zoek in den landen; is veel geschreven over implementatie; ga daar op orienteren
- In friesland staat het nog in kinderschoenen; veel HA praktijken getraind; maar is voor friesland nog relatief braakliggend terrein

Welzijnsteams; wat verstaan we eronder en waar hebben jullie contact met

- In Lemmer 'de keer' daar zijn een aantal vaste medewerkers; buurtwerkers; beweegcoaches > aantal professionals maar ook veel vrijwilligers
 - Welzijnsdomein is ook gedeeltelijk vrijwillig; juist de vragen die geen professionaliteit binnen de gemeente eisen maar wel ... die kunnen zich melden bij het welzijnsdomein;
 - - dagbesteding of vrijwilligerswerk valt hieronder

Fryske marren interview weten best weinig over wat wie weet;

- Zelfs binnen de gemeenten weten ze het van elkaar niet; dat is ook een punt van verbetering
- Bijna elke zorgpartij heeft PG binnen de beleids muren staan maar er gebeurt nog niet veel

Appendix F: Stakeholder analysis

Municipalities		
De Fryske Marren - Jolanda de Jong - Gerbrich Seinstra	Email/teams meeting	Interview done - 21/10
Municipality of Roermond	Email/teams meeting	To be scheduled
Municipality of Zoetermeer	Email/teams meeting	To be scheduled
Other Friese municipality	Email/teams meeting	To be scheduled
Healthcare workers		
GGD Friesland - Klaus Boonstra - Marijke Teeuw	Email/teams meeting	Monthly online meetings
Zorgplein Lemmer - GP and director, Karin Groeneveld	Email/teams meeting	Meeting done - 15/11
GP Training/Education - Trainer, coach and consultant in primary care, Ger Plat	Email/teams meeting	Meeting done - 3/11
Academic and other research institutions		
University of Maastricht	Email/teams meeting/physical meeting	To be scheduled
Waseda University - Prof. Tokuko Munesue	Email/teams meeting	Meeting done - 3/11
Leiden University - Dr. Yamada	Email/teams meeting	Meeting done - 3/11
iPH - Lisanne Kiestra - Junior Advisor	Email/teams meeting	Meeting done - 19/10
Others		
Community centre	Email/teams meeting/physical meeting	To be scheduled
Citizens/patients	Survey?	To be scheduled
Local initiatives positive	Email/teams meeting/physical meeting	To be scheduled

health		
--------	--	--



Patricia

Gender: Female

Age: 49

Education: MBO, Kappersopleiding

Occupation: Hairdresser

Hobbies: Shopping/meeting with friends

Economic status: Lower middle income

QUOTES

"Good hair speaks louder than words"

"I need a break and some me-time"

PERSONALITY/ATTITUDE

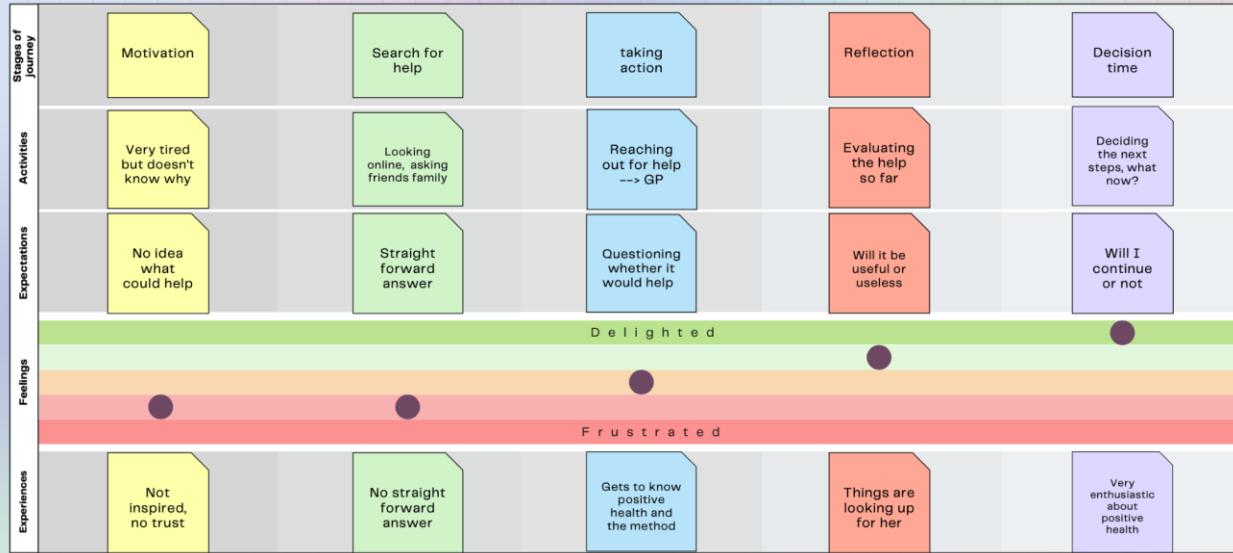
- Sensitive
- Caring
- Lazy
- Introvert

BEHAVIOUR

- She makes long days at work and is very tired when she comes home
- She often forgets to take time to care for herself

GOALS

- To have her own hairdressing salon
- To do an additional cosmetic education to be able to have a combined hairdressing and beauty salon

**Patricia**

Melvin

Gender: Male**Age:** 34**Education:** VWO, BSc Health Sciences**Occupation:** Strategic Advisor GGD**Hobbies:** Reading/cooking**Economic status:** High income**PERSONALITY/ATTITUDE**

- Positive
- Perfectionist
- Listener
- Disciplined

GOALS

- To be more active and improve his fitness
- To read 100 books in five years time, 20 books per year

QUOTES

"If you look at it from a different perspective, you might just have your answer right there"

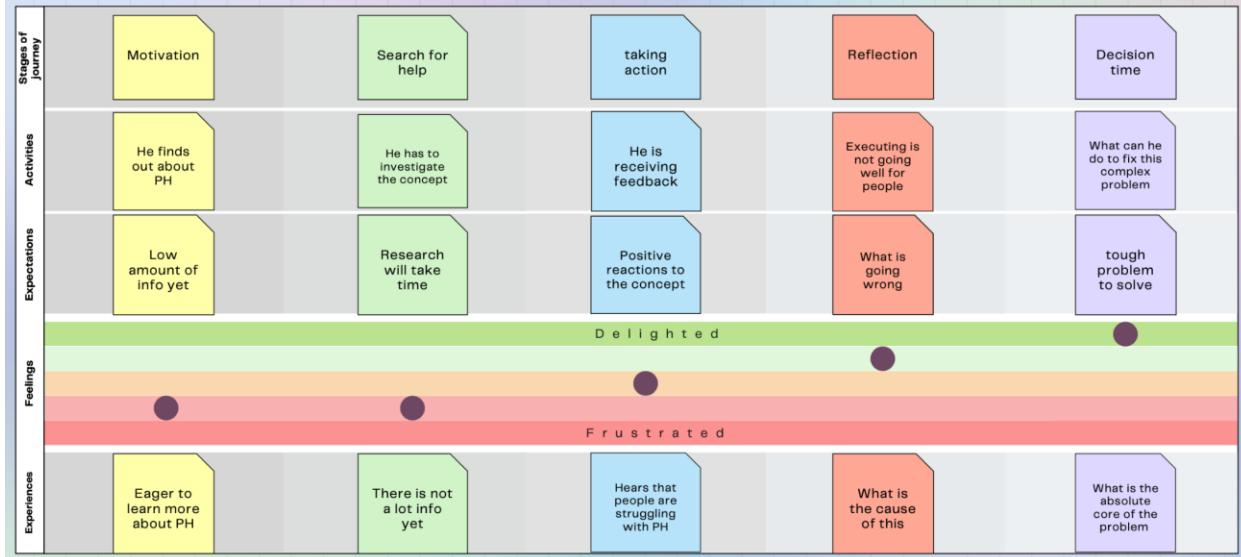
"Tonight I will be trying that fettuccini from my new cookbook"

BEHAVIOUR

- He goes shopping at small and local stores for fresh produce and new books to support smaller businesses
- He rather reads a book before going to bed instead of going out



Melvin



Richard

Gender: Male

Age: 56

Education: HBO, Creative Business

Occupation: Retail company owner

Hobbies: Fitness/traveling

Economic status: Very high income

QUOTES

"I would really like to travel to Japan but I currently have a lot of work to do so I will have to postpone that trip"

PERSONALITY/ATTITUDE

- Active
- Extravert
- Impatient
- Creative

BEHAVIOUR

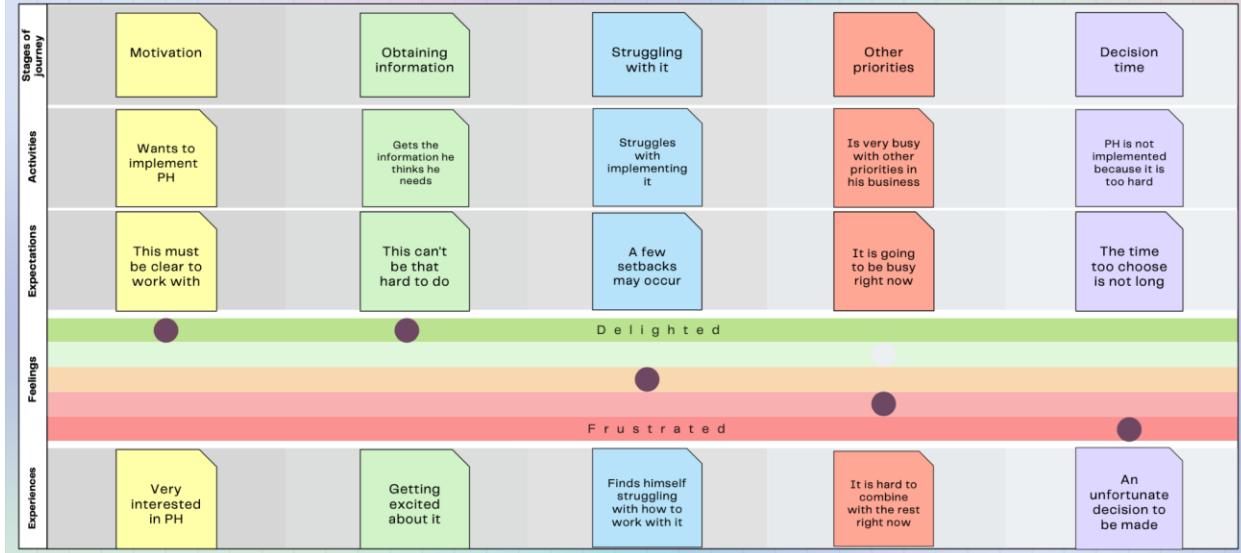
- He is never sick so he rarely sees a doctor or a hospital
- Workaholic, makes less time for himself and his hobbies

GOALS

- To make more time for his private life so that he has time to travel instead of working all the time
- To create a good healthy workspace for his employees



Richard



Appendix H: Policy instruments research

This challenge asks for how 'positive health' can be shaped into a policy instrument to be able to anchor it into policies and thus overcome these problems. But what are effective strategies to integrate 'positive health' into our healthcare system? Which policy instruments are suited for the different strategies and what is the role of the GGD Friesland in this process?

Policy instruments refer the means of government intervention in society in order to solve problems or accomplish goals and the behavioral assumption underlying a policy instrument lays out that it attempts to get people to do things they might otherwise not have done¹³. Throughout the years, the approaches to policy instruments have evolved. Starting with the classical approach, claiming that the selection and application of policy instruments is mainly motivated by a specific instrument and its effects considering goal-attainment, moving on with the instrument-context approach where the development of a theory of policy instruments also matters in terms of selecting the proper policy instrument, and ending with the contextual approach where instruments are seen as one of the many variables in policy implementation¹⁴. As policy instruments thus are the tools laying out the policies aiming to achieve objectives and overcome different problems, the choice of policy instruments are motivated by a set of coexistent ideas that are negotiated before the policy is formulated, taking the theory of policy instruments and the context in which the policy instrument should function into account¹⁵.

Policy instruments can come in various shapes and sizes. Van Nispen identified three different strands of policy instruments. The first strand consists of the regulatory instruments such as regulations, orders, prohibitions, licenses and permits¹⁶. These are the more law-like set of policy instruments, believing to establish rights with the prescription of rules¹⁷. The second strand contains the more financial means, including both positive, grants and subsidies, as well as negative, taxes and charges, means¹⁸. The last strand of policy instruments includes the more communicative tools aiming to grow the knowledge of other parties involved, such as a recommendation¹⁹.

Furthermore, it is important to look at the possibilities for the GGD Friesland. The question remains on which level the GGD Friesland is capable of making effective change policy-wise and how this accordingly can be shaped as a policy instrument? The GGD Friesland is an

¹³ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 1. from https://www.researchgate.net/publication/254762042_Policy_Instruments

¹⁴ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 2. from https://www.researchgate.net/publication/254762042_Policy_Instruments

¹⁵ Braun, Dietmar & Etienne, Julien. (2005). Policy Ideas and Health Policy Instruments: The Governance of Primary Care in Switzerland. 1. From https://www.researchgate.net/publication/251961985_Policy_Ideas_and_Health_Policy_Instruments_The_Governance_of_Primary_Care_in_Switzerland

¹⁶ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 5. from https://www.researchgate.net/publication/254762042_Policy_Instruments

¹⁷ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 5. from https://www.researchgate.net/publication/254762042_Policy_Instruments

¹⁸ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 5. from https://www.researchgate.net/publication/254762042_Policy_Instruments

¹⁹ Van Nispen, Frans. (2011). Policy Instruments. New England Journal of Medicine - N ENGL J MED. 6. from https://www.researchgate.net/publication/254762042_Policy_Instruments

administrative body within the meaning of the General Administrative Law Act (AwB) and different tasks concerning the Public Health Act (Wpg) have been assigned to the GGD Friesland²⁰. These tasks can contain public health monitoring, signaling, and advisory services as well as disease control, hygiene care, addiction care, or mental health care²¹. Although the GGD Friesland's capabilities are far-reaching, a policy instrument from the third strand of instruments is desirable. The second strand, containing the economical instruments, is not suitable for the GGD Friesland as it is simply not fitted for the objectives of the possible future policy and, even though the GGD Friesland is considered as an administrative body, making effective regulatory instruments have to be done at a higher level of governance.

Lastly, as mentioned, a policy instrument from the communicative strand is desired. This can, for example, take shape in the form of a recommendation of a singular GGD Friesland stating the effectiveness of positive health as well as a combined recommendation of multiple GGD Friesland's. In this recommendation, the GGD Friesland should provide an explanation of the pressing problem, why positive health can offer a solution to this problem and why implementing positive health at a higher policy level would be effective.

²⁰ Staatscourant van het Koninkrijk der Nederlanden. (2020, 20 juli). Staatscourant 2020, 39427 | Overheid.nl > Officiële bekendmakingen. Overheid.nl. Geraadpleegd op 15 november 2021, van <https://zoek.officielebekendmakingen.nl/stctr-2020-39427.html>

²¹ Staatscourant van het Koninkrijk der Nederlanden. (2020, 20 juli). Staatscourant 2020, 39427 | Overheid.nl > Officiële bekendmakingen. Overheid.nl. Geraadpleegd op 15 november 2021, van <https://zoek.officielebekendmakingen.nl/stctr-2020-39427.html>