



GGD Amsterdam

Public Health in an Urbanizing Century: challenges for public health in Amsterdam

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Content

- Urban health: what is special?
- The city we are today: how is Amsterdam dealing with diversity?



Challenges for public urban health relate to:

- The natural and built environment
 - Social and economic development
 - Urban governance
 - **Populations characteristics**
 - Health services and health emergency management
 - Food safety
-
- Huge differences in challenges between urban areas in developing and developed countries!



Urban health; what makes it special?

- Population characteristics:
 - Diversity within the urban populations with respect to socio economic status, culture, ethnicity, socio-economic status, sexual orientation,
 - Overrepresentation of specific vulnerable groups like homeless people, drug addicts, chronic psychiatric patients,



The city we are today: Amsterdam



Amsterdam: city of migration

- At present: almost 50% of foreign decent of more then 170 different countries

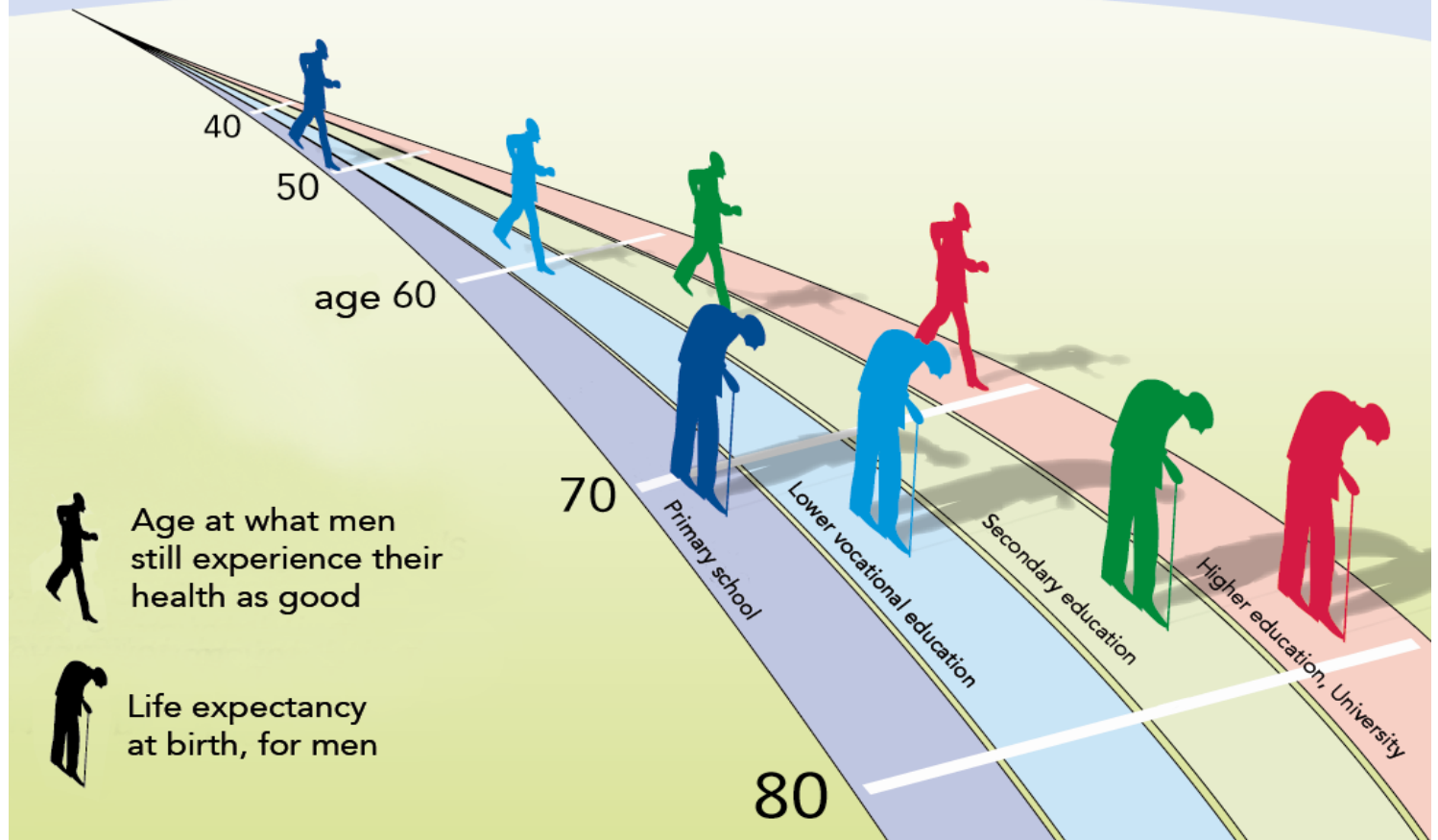
- Main groups:
 - Turkeys 5% (58% first generation)
 - Moroccan 8% (54% first generation)
 - Surinamese 9% (60% first generation)

- Characterized by low level of education (first generation) and low socio-economic status



People with higher levels of education live longer and healthier

Health experience and life expectancy per level of education





Determinants of health by level of education, 2007 (Source: Statistics Netherlands (CBS))

- Primary school
- Lower vocational education
- Secondary education
- Higher education, University

High blood pressure Overweight Obesity Heavy alcohol consumption Smoking Playing sports



Health indicators

split by problem neighbourhoods and other neighbourhoods in Amsterdam

Problem neighbourhoods

Other neighbourhoods

Tobacco, alcohol



smoking		29%	26%
excessive alcohol consumption		10%	15%
heavy alcohol consumption		12%	17%

Overweight, diet, exercise



overweight		45%	38%
of which are obese		14%	9%
does not exercise enough		47%	35%
diabetes		7%	4%
complies with fruit and vegetable standard		15%	17%

Psychological problems



serious loneliness		13%	8%
depression and anxiety complaints		10%	6%



Cultural diversity and health disparities, challenges for public health

Differences in morbidity between different migrant populations

- Physical health (e.g. diabetes)
- Mental health (e.g. depression, psychosis)

Many different migrant groups.

If it comes to health promotion: different determinants related to morbidity among migrant populations?



Bottlenecks & challenges for health promotion

- Differences in background of determinants of health and 'healthy lifestyle'.
- Differences in perception of 'illness and health'
- Diversity policy of the (local) government
 - In general no policies for specific groups within the population.
 - Necessary for health promotion and health care & cure?
- Generic interventions in (public) health!



How to be tackled?

- **Adaptation of health promotion interventions:**
 - Interventions developed for or adopted to a well described subgroup of the total population, taking into account specific characteristics for all individuals of this subgroup.
- Not only for different migrant groups, but also for other subgroups within the urban populations.



Adaptation at four levels:

- Different aims for (lifestyle) interventions for different subpopulations.
 - Depending on the situation of the subpopulation
- Different determinants of (health) behavior
 - In case of differences in determinants
- Different channels to reach subpopulations
 - E.g. 'ethnic' specific channels
- Differences in executing the interventions
 - E.g. 'language'.



Adaptation at four levels:

- Thus: knowledge should be available at all levels to determine whether adaptation is necessary.
- Time (and money) consuming, but inevitable.
- Some examples.....
 - Smoking
 - Physical activity
 - Sexual health



If it comes to health care ..

- Knowledge of the Dutch Health Care system among all subpopulations in society
- Knowledge about differences in health, perception of illness and health in the subpopulations among all professionals in health care.



If it comes to health care ..

- Knowledge of the Dutch Health Care system among all subpopulations in society
- **Education.**
- Knowledge about differences in health, perception of illness and health in the subpopulations among all professionals in health care.
- **Part of training.**



Cultural diversity and health disparities in the urban population of Amsterdam

- Consequences for health promotion:
 - Health promotion programs, taking into account cultural and social diversity
 - Health promotion programs, developed in close cooperation with the target groups, communities

- Consequences for health care
 - Improving access to and quality of health care for migrants



Cultural diversity and health disparities in the urban population of Amsterdam

- Consequences for local health policy:
 - Take into account cultural and social disparities in local health policy plans
- In conflict with policy of integration?
 - E.g., in the Netherlands, everyone has to learn Dutch; it is politically incorrect to serve migrants (including first generation older migrants!) in their own language.
 - Separate health care facilities for different groups within the population?
- However, the experience of health and sickness is strongly related with culture & language



Thank you for your attention.