

NETHERLANDS

PREVALENCE (%) OF ADULTS MEETING THE RECOMMENDED PHYSICAL ACTIVITY LEVELS, 2014

%	ADULTS (18+ YEARS)	
MALES	NNGB	58.7
	FITNORM	26.5
	COMBINED	61.5
FEMALES	NNGB	58.2
	FITNORM	22.6
	COMBINED	59.9
BOTH SEXES	NNGB	58.5
	FITNORM	24.5
	COMBINED	60.7

Total population: 16 900 726

Median age: 42.0 years

Life expectancy at birth males: 79.5 years

Life expectancy at birth females: 83.2 years

GDP per capita: €35 900

GDP spent on health: 12.1% (2011) (1)

Foto Peter Finger 2012



Monitoring and surveillance

Physical activity in adults

Physical activity is monitored as part of the Dutch Health Interview Survey (HIS), which is carried out by Statistics Netherlands. The format for the current questionnaire was adopted in 2001. From 2014, this data collection has become part of a larger monitoring system (the Lifestyle Monitor), coordinated by the National Institute for Public Health and the Environment (2).

Data on physical activity are collected both annually (prevalence and trends) and bi-annually (sedentary behaviour, strength and membership of sports clubs). Aspects of physical activity measured include frequency and duration of activity across different domains (leisure, transport, work, household), cycling and walking habits, and sedentary behaviour in different age and socioeconomic groups. Intensity of physical activity is not explicitly incorporated in the survey, but is included in the syntax used to calculate adherence to physical activity guidelines.

Currently in the Netherlands three age-specific sets of physical activity guidelines are in place: the Dutch physical activity guidelines (*Nederlandse Norm Gezond Bewegen* (NNGB))¹, the Fitnorm² and the combined guideline.³ The NNGB was established in 1998; and it was based on consensus of national experts and international publications and addresses young people, adults and older adults (3). The Fitnorm was based on the 1998 ACSM position stand (4), and the combined guideline combines the NNGB and the Fitnorm guidelines.

The Health Council of the Netherlands is planning to reconsider the content of the physical activity guidelines in light of international and scientific developments. Newly formulated guidelines that are more in line with WHO's *Global Recommendations on Physical Activity for Health* (2010) (5) can soon be expected.

The latest Dutch HIS from 2014 reports the percentage of adults adhering to the various physical activity guidelines in the country, with disaggregated data for adults and older adults (see Table 1) (6). According to the combined results, 60.7% of adults (aged 18+ years) meet the physical activity recommendations for health (as outlined in the combined guideline), with more males (61.5%) likely to be physically active than females (59.9%).

¹ Young people (under 18 years) should carry out 1 hour daily of moderate- to vigorous-intensity physical activity (MVPA), with moderate defined as 5.0–7.9 metabolic equivalents (METs) and vigorous defined as ≥ 8.0 METs, and activity at least twice per week aimed at improving or maintaining physical fitness (strength, agility and coordination). Adults (aged 18–54 years) should carry out at least 30 minutes of MVPA (with moderate defined as 4.0–6.4 METs and vigorous defined as ≥ 6.5 METs) on a minimum of 5 days per week. Older adults (aged 55 years or older) should carry out at least 30 minutes of MVPA (with moderate defined as 3.0–4.9 METs and vigorous defined as ≥ 5.0 METs) on a minimum of 5 days per week. For inactive people, with or without limitations, any additional amount of any type of exercise is considered useful, regardless of intensity, duration and frequency.

² This recommends vigorous-intensity physical activity for at least 20 minutes on a minimum of 3 days per week. As a result of the age-specific definition in the NNGB, the Fitnorm is also age specific, with vigorous activity defined as ≥ 8.0 METs, ≥ 6.5 METs and ≥ 5.0 METs for each of the age groups, respectively.

³ This combined guideline is defined as when 1 person adheres to 1 or both of the 2 other guidelines, and is therefore also age specific.

Table 1. Prevalence (%) of adults meeting the recommended physical activity levels, 2014

%		ADULTS (18+ YEARS)	ADULTS (18-54 YEARS)	OLDER ADULTS (55+ YEARS)
MALES	NNGB	58.7	50.2	73.5
	FITNORM	26.5	15.7	45.3
	COMBINED	61.5	53.2	75.8
FEMALES	NNGB	58.2	51.5	68.6
	FITNORM	22.6	8.6	44.4
	COMBINED	59.9	52.7	71.1
BOTH SEXES	NNGB	58.5	50.8	71.0
	FITNORM	24.5	12.1	44.8
	COMBINED	60.7	53.0	73.3

Source: HIS, 2014 (6).

The WHO Global Health Observatory (GHO) 2010 estimates for Dutch adults (aged 18+ years) (7) show that 82.1% meet the WHO recommended physical activity levels, with more males (84.0%) active than females (80.3%).

Physical activity in children and adolescents

Monitoring and surveillance of physical activity in adolescents in the Netherlands is also carried out through the HIS. According to the combined results of the 2014 HIS (6), 28.2% of adolescents (aged 12–17 years) meet the recommended physical activity levels, with more boys being physically active (32.3%) than girls (23.8%) (see Table 2).

Previously, the country used the Injuries and Physical Activity in the Netherlands survey (OBiN) (8) to measure adherence to the various physical activity guidelines. Based on the OBiN survey carried out in 2013, 38.1% of children and adolescents aged 4–17 years reached the recommendation according to the NNGB; 15.9% of them did so according to Fitnorm; and 45.1% according to the combined guideline. Data collection for this age group will be carried out within the HIS in the future, rather than within the OBiN survey.

Table 2. Prevalence (%) of adolescents meeting the recommended physical activity levels, 2014

%	ADOLESCENTS (12-17 YEARS)	
	MALES	NNGB
FITNORM		1.8
COMBINED		32.3
FEMALES	NNGB	23.0
	FITNORM	2.2
	COMBINED	23.8
BOTH SEXES	NNGB	27.4
	FITNORM	2.0
	COMBINED	28.2

Source: HIS, 2014 (6).

The WHO GHO 2010 estimates for Dutch adolescents (aged 11–17 years) show that 18.9% meet the recommended physical activity levels, with 22.2% of boys and 15.7% of girls active at the recommended level.

Types of physical activity and modes of transport

The Netherlands has carried out a national travel survey since in 1999, with the latest data being from 2014, albeit with slightly different methodologies used over time. The current survey and methodology has been in place since 2010, and the data are analysed by Statistics Netherlands (9). The latest data indicate that, on average, the Dutch population spends 9.82 minutes per person per day walking (or 0.86 km) for all travel purposes (commuting, shopping, leisure, work). The time/km spent per day cycling for all travel purposes is 13.29 minutes (or 2.79 km) per person per day (10).

Policy response

Major policy documents adopted by government bodies

The Netherlands has adopted a national programme entitled "Sports and physical activity close to home" (*Sport en Bewegen in de Buurt*) (see Box 1) (11). This is an initiative of the Ministry of Health, Welfare and Sports, working together with the Ministry of Education, Culture and Science and local government and nongovernmental actors (municipalities, sports clubs). The aim of the programme is to ensure that opportunities exist and to secure facilities

for sports and physical activity in the close vicinity of people's homes. The programme recognizes that deployment of government resources will be necessary to make the transition to a sporting society in which everyone can choose an active and healthy lifestyle. For this reason, the Dutch Government committed itself to invest, together with local authorities and the sports sector, in more opportunities and staffing support for sports and exercise.

Box 1. Reaching target groups

As part of the "Sports and physical activity close to home" initiative (11), grants are available, intended for use by sports clubs, fitness centres and other sports providers, to set up activity programmes for sedentary or low-participation groups. The main requirement is that they work together with local neighbourhood partners, such as schools, care institutions, child-care centres and the business community. The projects must be aimed at 1 of 3 target groups: sedentary people, overweight children or youth in low-income neighbourhoods.

To support the municipalities in the task of creating and maintaining adequate sports and physical activity opportunities for residents of all ages, the Ministry of Health, Welfare and Sports is investing in the expansion and wider use of the role of community sports coaches. These individuals are employed in both the sports (or physical activity) sector and at least one other sector. They are given the specific task of organizing opportunities for sports and physical activity, by increasing the connection between sectors.

The Netherlands has also adopted an educational agenda for sports, physical activity and healthy lifestyles in and around schools (*Onderwijsagenda Sport, Bewegen en Gezonde Leefstijl in en rondom de school*) (12). This is another initiative of the Ministry of Health, Welfare and Sports, in collaboration with the Ministry of Education, Culture and Science, local government and nongovernmental actors (municipalities, sports clubs). The scope of the agenda covers primary education, secondary education, (secondary) special education and vocational education, and it aims to use educational settings to promote sports and exercise, with a view to leveraging mutual benefits. The agenda states that physical activity can make an important contribution to the physical, social and cognitive development and health of children and youth, and this in turn can lead to better school performance. The agenda serves two main purposes:

- to shape the specific content of the curriculum in relation to sports and exercise, outlining the organizational, budgetary and planning needs, as well as monitoring progress; and
- to explore the division of roles and action across the various ministries involved, with sector-specific objectives and activities.

Coordinating mechanisms involving nongovernmental bodies

The Netherlands does not have a national health-enhancing physical activity (HEPA) coordinating mechanism. However, 2 examples exist of how physical activity can be addressed by engaging with nongovernmental bodies. "Healthy In" (*Gezond In*) is an initiative that brings together government ministries, local municipalities and both government and nongovernmental organizations (13). Funded by the Ministry of Health, Welfare and Sports, it is led by Pharos, an expert centre on health inequalities, and is a nationwide initiative operating through local governments. An online platform has been established so that municipalities can access and share information and tools on how to address inequalities at the local level, with physical activity one of the topics addressed.

The Youth Sports Fund is another initiative, funded by the private sector and donations, aiming to ensure that children of low socioeconomic status have opportunities to participate in sports (14). In 2014, the Youth Sports Fund reached 38 574 children. Throughout the Netherlands, 21 urban and 11 provincial funds exist (figure correct as at 1 January 2014) that have signed a franchise agreement with the Youth Sports Fund. Currently, over 200 municipalities are engaged in this initiative.

Table 3 presents a summary of the key measures in place to monitor and address physical activity in the Netherlands.

Table 3. Summary of key physical activity initiatives in the Netherlands

HEALTH	SPORTS	EDUCATION	TRANSPORT	MONITORING	GUIDELINES
Counselling on physical activity as part of primary health care services	Existence of a national Sports for All policy(ies)	Mandatory physical activity in primary and secondary schools	National or subnational schemes promoting active travel to school and/or workplace	Physical activity included in the national health monitoring system or separate routine survey	Existence of a national recommendation on physical activity
NO ^a	YES ^b	YES ^c	NO ^d	YES	YES ^a

Notes. ^a Physical activity and health forms part of the curriculum for health professionals. The Dutch College of General Practitioners has a number of guidelines (NHG-standaarden) on various medical issues (15). Physical activity counselling is mentioned in several of these guidelines, often recommended as a first-line intervention strategy. The Royal Dutch Society for Physical Therapy (KNGF) also has a set of guidelines available concerning physical activity interventions (16).

^b The Dutch national policy documents are not exclusively Sports for All-focused; however, they do cover the issue, among others.

^c In the Netherlands, schools are obliged to offer physical education (PE), but the schools themselves are responsible for deciding the number of hours and (to a large extent the content) of the PE lessons. Traditionally, PE is more firmly rooted in secondary education than primary, but the Ministry of Education, Culture and Science and the Primary Education Council have created an action plan aiming for at least 2, if not 3 hours of PE to be included in primary education by the year 2017 (17).

^d No formal scheme exists to promote active transport to schools and/or the workplace. However, financial incentives apply to fitness classes, gym membership and bike purchases, which may encourage physical activity.

Additional information on action in key areas

Schools

In the Netherlands, schools are obliged to provide PE. The number of hours of PE in primary schools is decided upon by schools themselves. In 2013, pupils in the first 2 years in primary schools received an average of 144 minutes of PE per week; for pupils in years 3–8 of primary school, the figure was 87 minutes per week (18). Recently, the Ministry of Education, Culture and Science and the Primary Education Council presented their action plan in which they aim for at least 2, but preferably 3 hours of PE in primary education by the year 2017 (17).

Secondary schools are required to incorporate PE into the curriculum for every year group and to spread these lessons throughout the school year, spending as much time on PE as necessary to comply with content-specific demands of the curriculum.⁴ The curriculum aims to ensure quality, intensity and variety through different forms of physical activity. In 2014, students in the first year of secondary school received an average of 150 minutes per week of PE lessons, while students in the fourth year received 97 minutes per week (19).

⁴ No minimum requirement exists in terms of the number of hours, but guidance suggests 2–2.5 hours per week (50-minute lessons, across 40 school weeks).

Financial incentives

A work-related scheme allows employers in the Netherlands to provide some tax-free benefits to their employees, such as travel allowances, study costs and lunches (20), if the total value is less than 1.5% of salary costs. The arrangement is not exclusively aimed at promoting physical activity, but it does provide some opportunities to do so. This provides employers with the possibility to offer employees fitness classes or the opportunity to buy a bicycle (for commuting purposes) at a reduced rate (tax free).

Participation in international networks

The Netherlands participates in a number of international networks, and is represented in the European Network for the Promotion of Health-enhancing Physical Activity (HEPA Europe) by the Netherlands Institute for Sports and Physical Activity (among others). The National Institute for Public Health and the Environment has been appointed as the HEPA national focal point.

Successful approaches

Disability sports

The policy programme *Active without Boundaries (Grenzeloos Actief)* aims to make sports and physical activity available to all disabled individuals (22). The programme has four sections: (1) collaboration at the local level; (2) supporting those who provide the opportunities for sports and physical activity; (3) facts and figures (monitoring and dissemination of information); and (4) ensuring this population group is represented within the policy programme "Sports and physical activity close to home" (see Box 1) (11).

Recognition system for interventions (23)

The aim of this system is to improve the quality of interventions that are used in physical activity and sports, health promotion, youth health care, youth welfare, educational developmental stimulation, and in social care settings. It is intended to provide insight into the quality, feasibility and effectiveness of various interventions; to create upward pressure in terms of quality development; to accumulate and exchange knowledge about effective principles; and to harmonize recognition systems from various areas across the Netherlands. Results from the recognition system can be found in an online intervention database (24).

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