

1- Jes Lunde

Today's program and welcome



Representatives from Rotterdam City Council Committee visit Aalborg Municipality

Introduktion by Alderman Jes
Lunde



**Aalborg
Kommune**

Today's program

9.00 Welcome and overview of Aalborg Municipality.

9.30 Introduction to the Danish Health care System

10.00 Identification of issues and target groups

10.20 stretch your legs- short brake

10.30 From data to action

11.30 joint discussion

12.00 Lunch and walk

13.00 Culture as a "cure"

14.00 North Urban Art studio – try it yourself

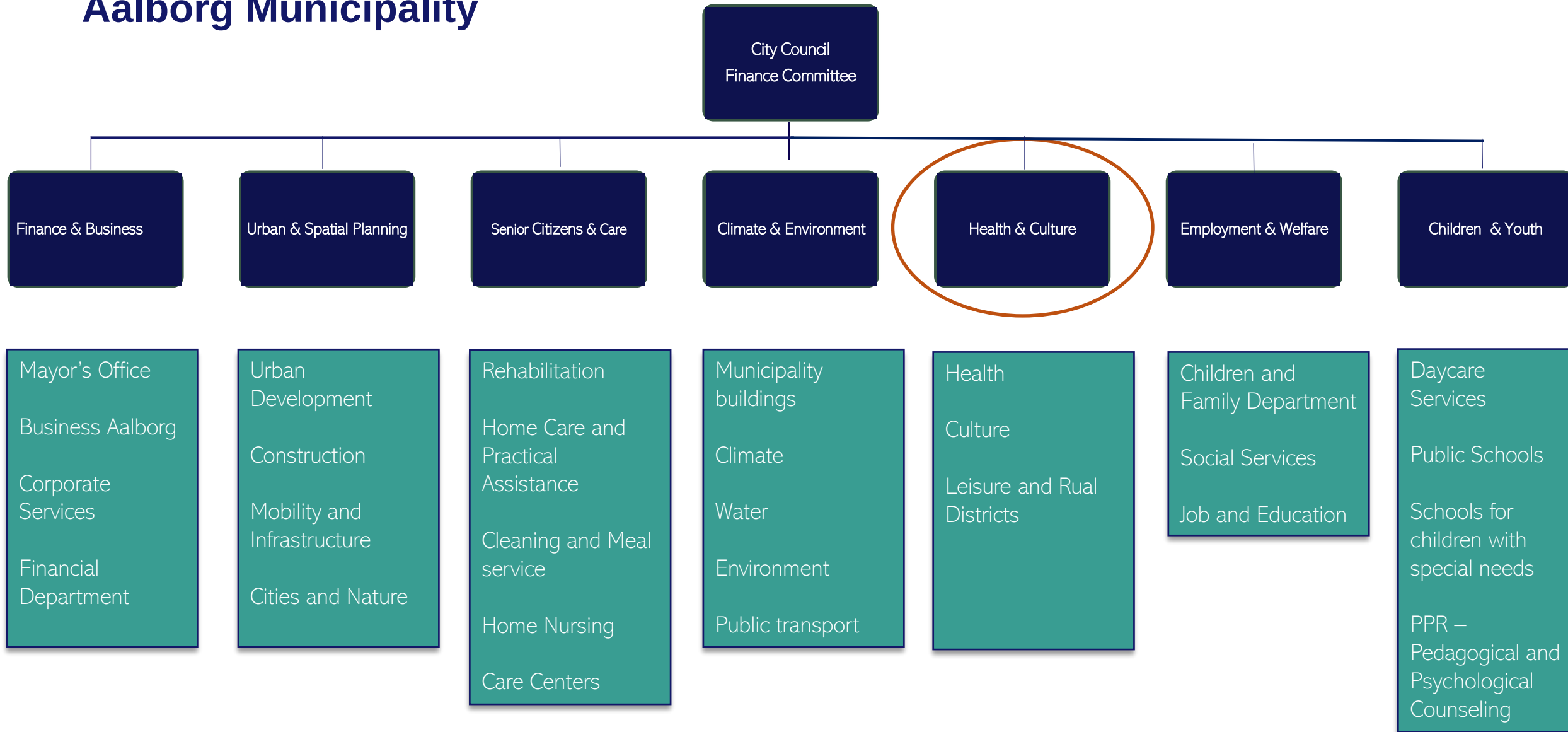
15.30 Coffee and conclusions

Aalborg Municipality

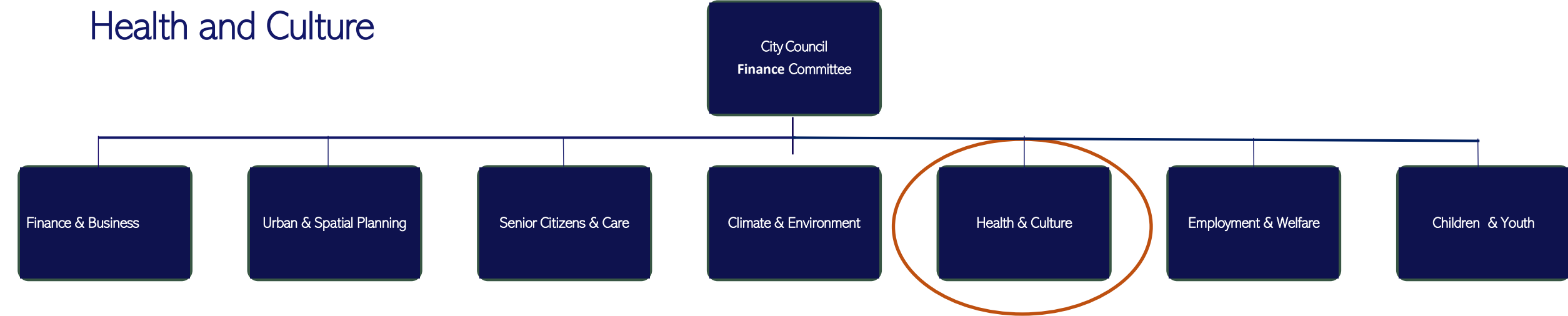
- 223,000 inhabitants – population growth (around 1%)
- 3rd largest municipality (98 in total)
- An attractive city for students – with more than 40,000 students
- The Municipality employs 18,000 people – the largest workplace in the region
- Visionary business strategy
- Denmark's leading conference city
- An international airport – 1.5 million travelers annually (2023)



Aalborg Municipality



Committee for Health and Culture



Alderman
Jes Lunde (B)



Vice Alderman
Torben Froberg
Poulsen (V)



Jane Østergaard
(F)



Vibeke Merete
Gamst (C)



Evald Lange (A)



Rikke Pedersen
(C)



Rosalina Svane
Schmidt (Ø)

In the administration, we have three departments: Culture, Health, and Leisure and Rural Districts.

Culture

The Culture Department
Aalborg Libraries
Aalborg City Archives
KORMA
Kunsthal Nord
Trekanten Cultural Center

Health

Health Strategy Secretariat
Aalborg Health Center and
Rehabilitation
Center for Health Promotion
Public Health Nursing
Dental Care
Center for Mental Health
Center for Applied Municipal
Health Research

Leisure and Rural Districts

Public Education and Projects
Rural Districts
Aalborg Sports Park
Elite Sports Aalborg

The prime focus

In Health and Culture, we focus on creating synergy between health, leisure, rural areas, and culture

The aim is to provide the citizens of Aalborg Municipality with the opportunity to live a good, healthy, and meaningful life.



We achieve this by developing integrated solutions with a focus on presence and quality.



We invite citizens and partners to engage as collaborators in dialogue and the development of solutions, and we strive to ensure that working with Health and Culture is uncomplicated—even when dealing with complex matters like **Mental health**.



2 -Theo Coskun

Præsentation

City Council of the Municipality of Rotterdam

Committee on Care, Welfare, Culture and Sport

- Godmorgen / God eftermiddag alle sammen
- Tak for at have os her!
- Vi håber at vende tilbage til Rotterdam med en masse viden og indsigt

Theo Coskun, committee chairman
Mark Jongsma, First advisor to committee

18 September 2024



City Council of the Municipality of Rotterdam

- Represents all citizens of Rotterdam
- Highest administrative body of the municipality
- 45 council members
- Directly elected for 4 years



Committees

Governance

- Committee on Governance, Organisation, Finance and Public Safety
- Committee on Audit of the Accounts

Urban and economic development

- Committee on Transportation, Port, Economy and Climate
- Committee on Housing, Building and Environment
 - Sub-committee on development plans

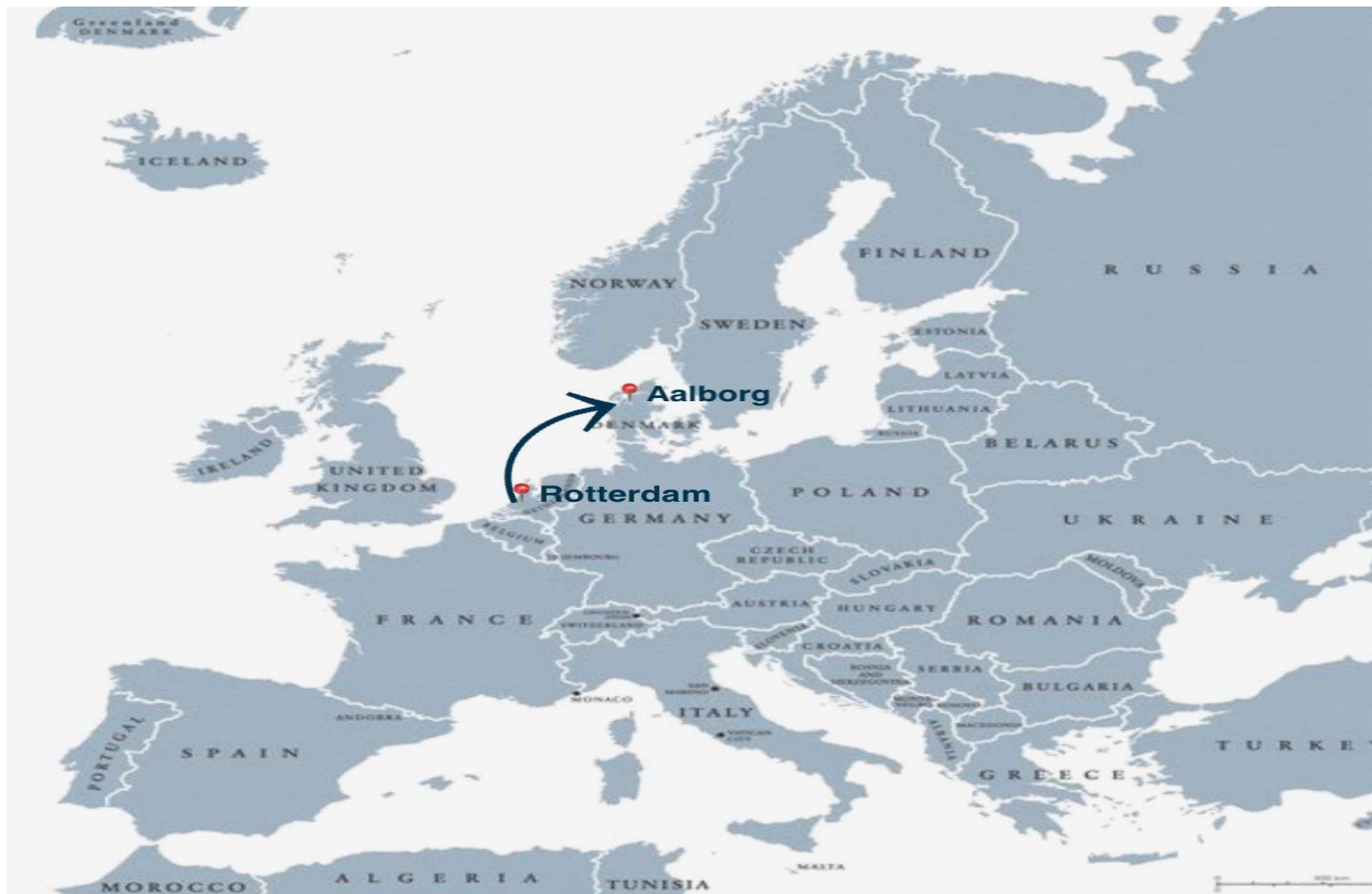
Social

- **Committee on Care, Welfare, Culture and Sport.**
- Committee on Employment, Debt and Poverty Reduction, Social Bias, Education and National Program New Perspective on Rotterdam-South
 - Sub-committee on the Organisation of Public Education









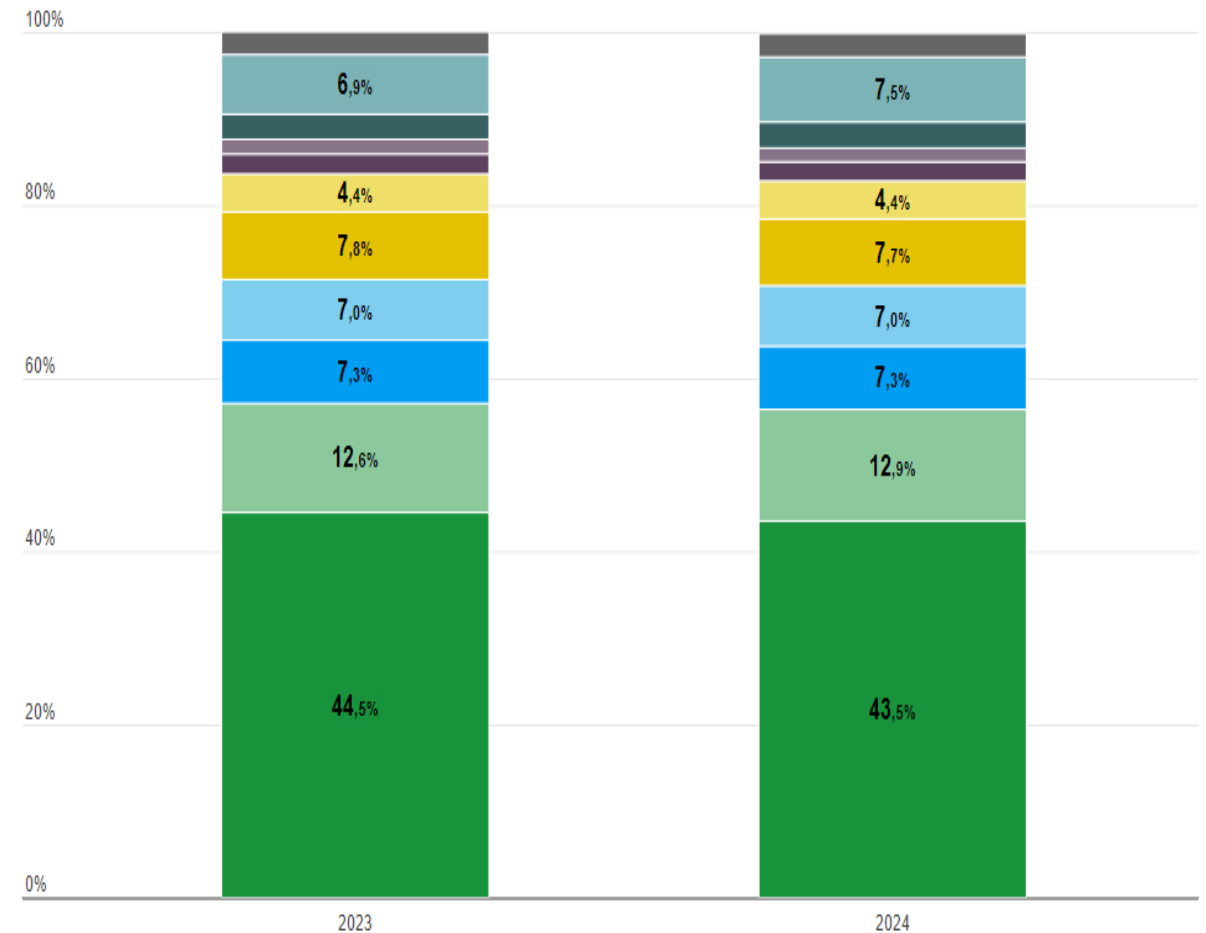
Rotterdam, the city: facts & figures

2024:

- 670.435 residents (still growing)
- 176 nationalities
- Relatively young population (44% up to 39 years), but getting older
- 7.023 Danish people in the Netherlands of which 610 in Rotterdam (2022)
- Europe's largest port
- Modern, high-rise city (291.224 houses)



Bevolking naar herkomst - Rotterdam, %



● Nederland ● Europa (excl NL, incl Rusland) ● Buiten Europa: Turkije ● Buiten Europa: Marokko ● Buiten Europa: Suriname
● Buiten Europa: Nederlandse Cariben ● Buiten Europa: Kaapverdië ● Buiten Europa: Indonesië ● Overig: Afrika ● Overig: Azië ● Overig: Amerika en Oceanië





Dansk Sømandskirke

In 1970, the first and only Danish Seamen's Church opened in the Netherlands. The new building, which was made possible by a national collection in Denmark, is located at Coolhaven in Rotterdam.



Maersk

The biggest container shipping company in Rotterdam is Danish



20th of September



Thank you for listening



3- Torben Kjeldgaard

Introduction to the Danish Tree-Part Healthcare System



Introduction to the Danish Three-Part Healthcare System

V/Head of the Health Department, Torben Kjeldgaard



**Aalborg
Kommune**

Health Care Management



**INDENRIGS- OG
SUNDHEDSMINISTERIET**

The Ministry of Health



SUNDHEDSSTYRELSEN

The Danish Health Authorities



REGIONS/HOSPITALS



MUNICIPALITIES



GENERAL PRACTITIONERS

The tree-part Health care system



REGIONS/HOSPITALS



MUNICIPALITIES



GENERAL PRACTITIONERS

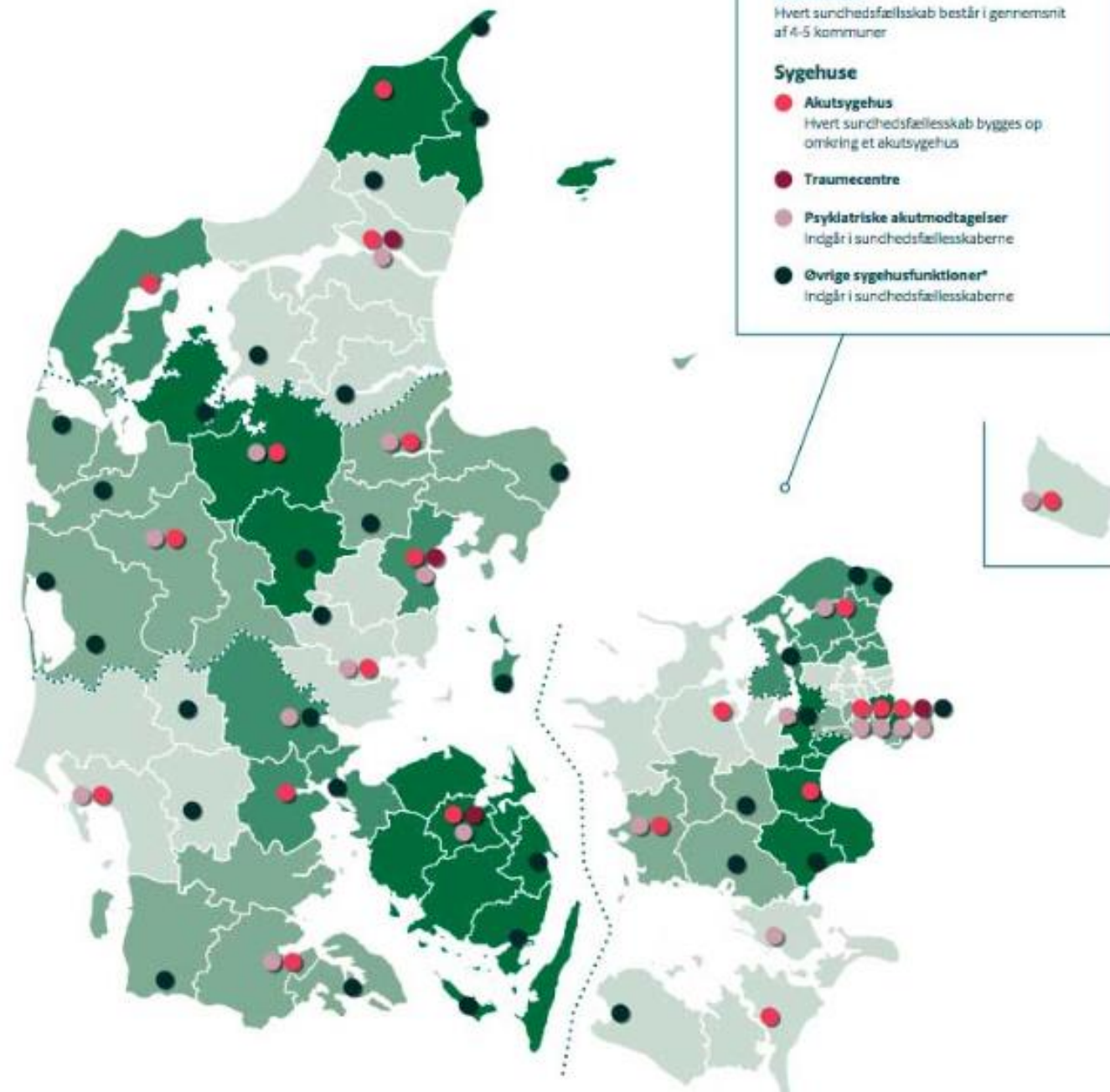
The Role of the Regions

Five regions

- Elective hospitals – Planned Surgery and treatment
- Emergency hospitals
- Specialized hospitals – advanced treatment
- Highly specialized hospitals
- Psychiatry



- ■ ■ ■ ■ Sundhedsfællesskaberne
- Grænser mellem sundhedsforvaltninger



The Role of the Municipalities

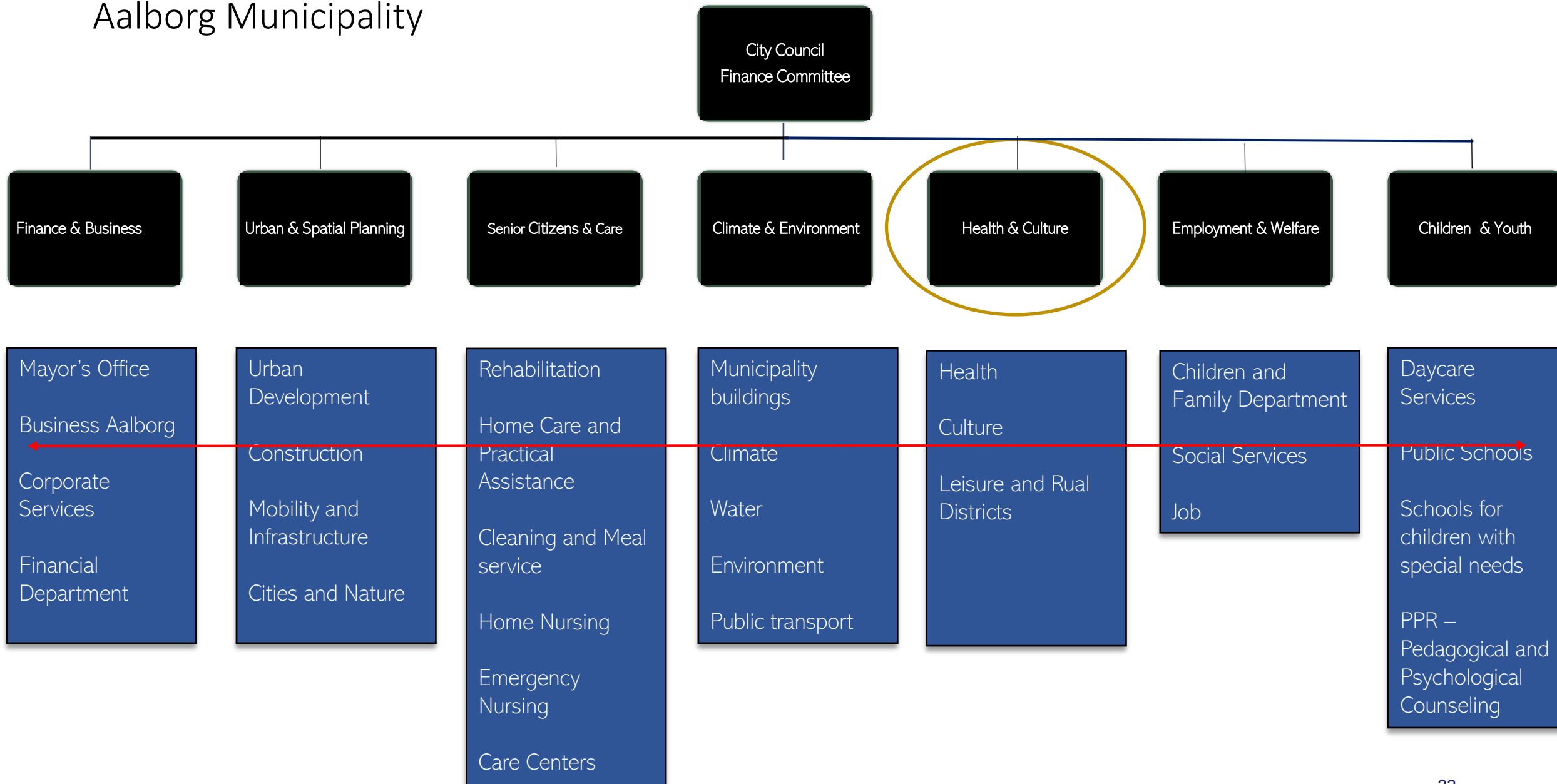
98 Municipalities - primary welfare

Health department

- Prevention and health promotion – Diet, smoking Alcohol, Exercise
- Elderly care
- Home nursing care
- Emergency nursing
- Rehabilitation and training
- Health services – Children, youth
- Public dentalcare for children and young (0-21 years)



Aalborg Municipality



The Role of the General Practitioners (GP's)

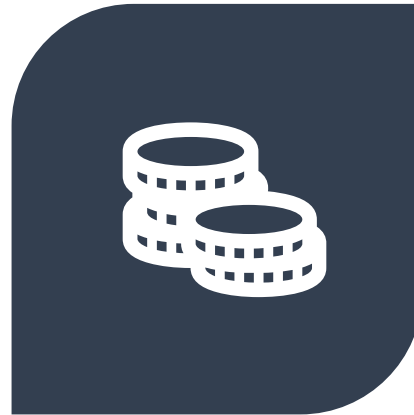
- Primary healthcare – Gatekeepers in the healthcare system
- Referral system
- Prevention and health advice
- Collaboration with Municipalities and hospitals



Financing



TAXES



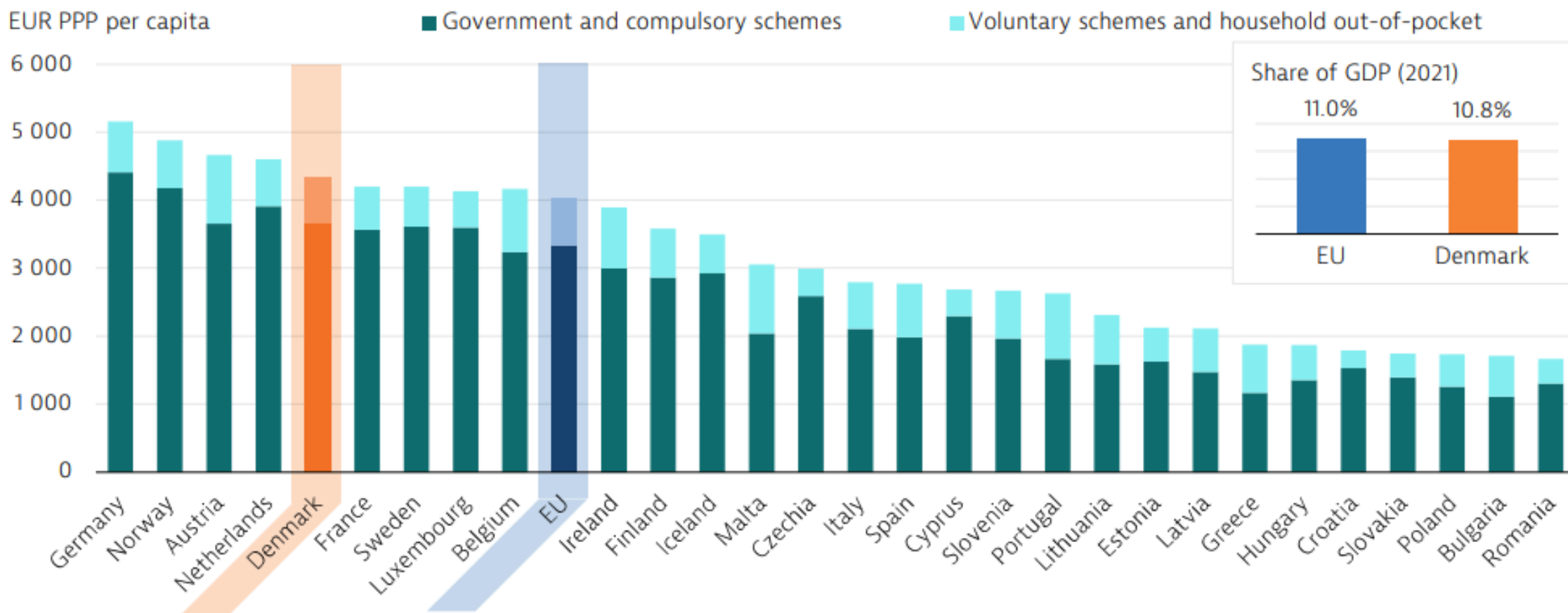
BLOCK GRANTS



CO –FINANCING FROM
THE MUNICIPALITIES

Spending...

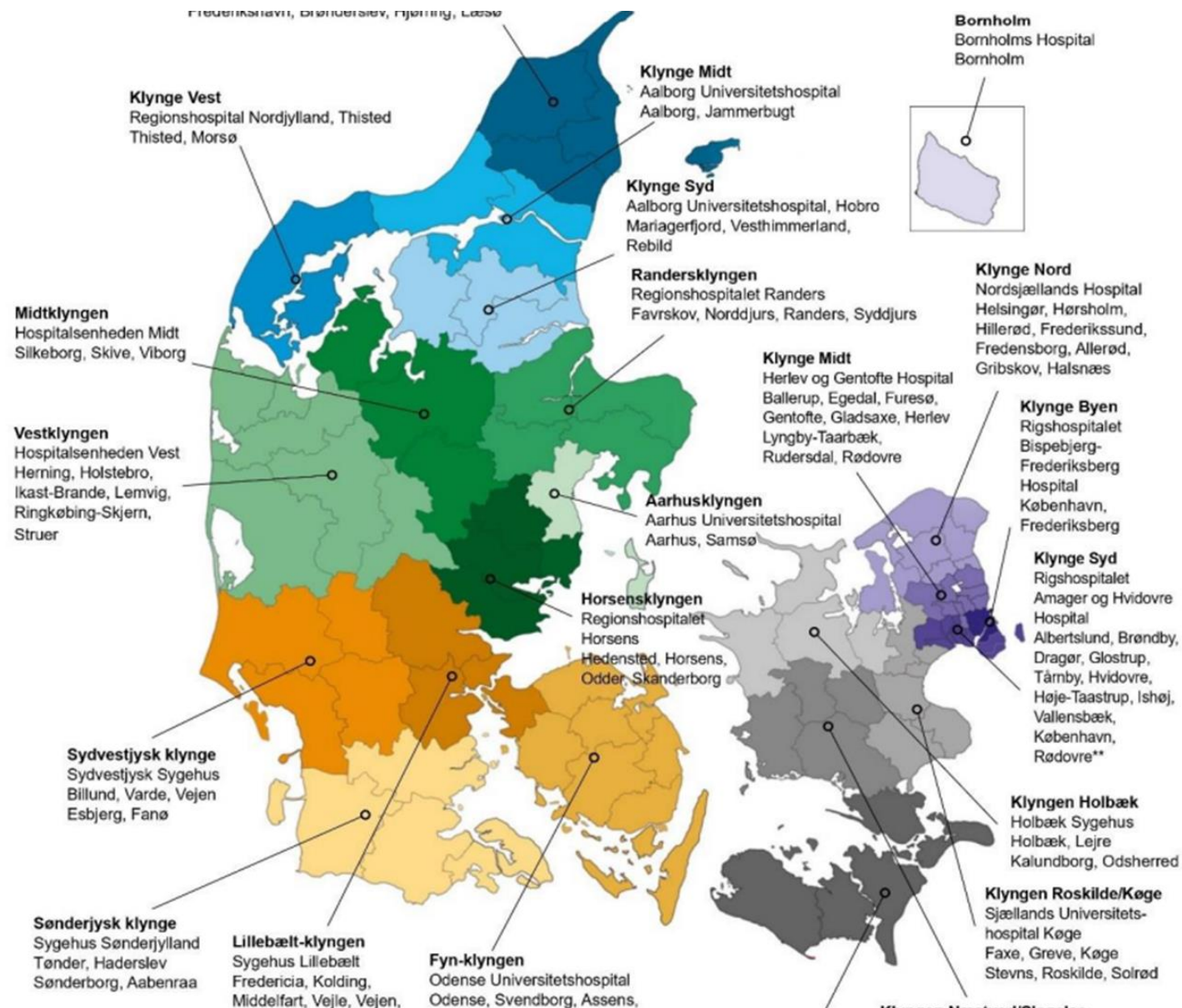
Figure 9. Health spending per person in Denmark is relatively high



Note: The EU average is weighted.

Source: OECD Health Statistics 2023 (data refer to 2021, except Malta (2020)).

Regional and Cluster management



The Health Structure Commission – today

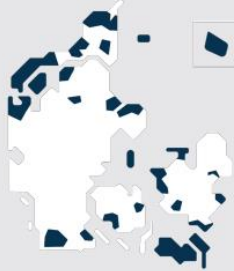
Usammenhængende patientforløb



Ubalance mellem det primære og sekundære sundhedsvæsen



Geografisk og social ulighed i sundhed



- Changes in the disease landscape – aging population with multiple chronic diseases
- geographical and social inequality - Rural areas many with many elderly people, relatively lower income and education = more health challenges combined with shortage of healthcare professionals - especially general practitioners outside the big cities
- Increasing expectations of the healthcare system
- Fragmented patient pathways and responsibility
- Imbalance between primary and secondary healthcare

Differences between us?

- **Organization and Structure:** In *Denmark*, the healthcare system is divided into five regions responsible for hospitals and specialized treatment, while the 98 municipalities handle prevention, rehabilitation, and home care. In the *Netherlands*, the healthcare system is more centralized, and municipalities have less responsibility for healthcare services. Instead, there is a system of private health insurance that all citizens must have.
- **Financing:** In *Denmark*, the healthcare system is mainly funded through taxes, and healthcare services are free at the point of use. In the *Netherlands*, citizens pay for health insurance, and there is a mix of public and private healthcare providers.
- **Collaboration between Sectors:** In *Denmark*, there is close cooperation between regions, municipalities, and general practice, organized in health clusters round emergency hospitals. In the *Netherlands*, the collaboration between different healthcare providers is often more fragmented, with a greater focus on competition among providers.
- **Patient's Role:** In *Denmark*, there is a strong focus on patient involvement and coherent patient pathways, especially for elderly and chronically ill patients. In the *Netherlands*, patients have more freedom to choose their healthcare providers, which can also lead to more complex and fragmented pathways.

4- Torben Kjeldgaard

Identification og Issues and Targetgroups

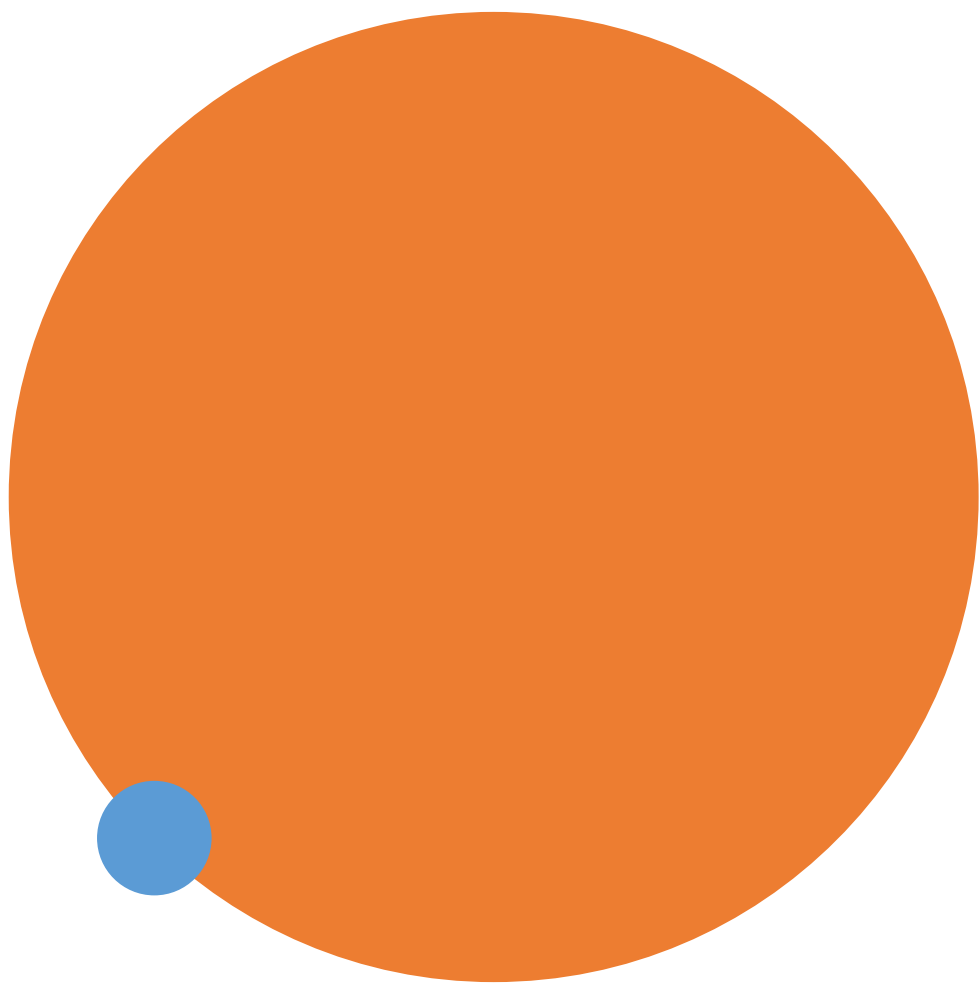
The Health Profile

Aim

To support policy makers in providing initiatives to improve public health at all levels.

At the national level more than 180.000 people have filled out the questionnaire with questions about:

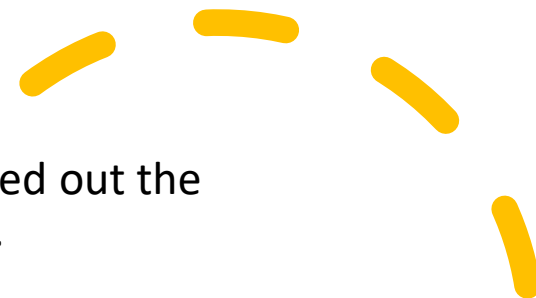
- Health in general
- Physical and mental well-being
- Stress
- Social relations
- Health behavior, Smoking, Alcohol, Physical activity and Diet
- Diseases and Health problems
- Etc .



In Aalborg almost 4.000 people have filled out the questionnaire within total 85 questions.

The focus is primarily on:

- Social inequality in health
- Mental health
- Citizens with several chronic diseases





How do we use data?

- Making a health policy for the municipality
- To support policy makers in providing initiatives within health promotion and prevention

Examples:

- 
- Reinforced efforts in selected social housing areas
 - Center for Mental Health
- 
- 
- 

Example 1:

Reinforced efforts in selected social housing areas

Result from Healthprofile 2013



	Denmark	Aalborg Kommune	Aalborg Øst	Grønlands-kvarteret	Løvvangen
Daily smoking	17,0	14,4	32,7	24,8	31,4
Inactivity	16,4	15,8	24,3	18,6	37,3
Weight (BMI>29,9)	14,1	14,2	32,4	24,3	15,3
Bad mental health	10,7	10,8	33,8	22,4	14,7
Not good self-rated health	14,8	13,4	28,8	26,7	20,9
High stress level	21,3	19,8	34,8	31,8	22,0
Bad sleep quality	11,0	10,1	33,8	23,3	19,1

Reinforced efforts in selected social housing areas

Focus areas will include:

- Health consultations, screening, and referral to other services
- Smoking cessation programs
- Physical activity utilizing the facilities in the local area
- Collaboration with local actors
- Collaboration with other municipal employees in the area
- Conducting and participating in relevant courses, lectures, etc.

Key words for the effort are ***proactive recruitment*** and ***services customized to the people in the particular area***. Special focus on residents with psychological/mental issues, young people from 16 years old who are transitioning to adulthood, and vulnerable men.



Example 2:

Center for Mental Health



Mental Health



19,5 %

**Population 16+ with
poor mental health**

35.750

People in Aalborg
Kommune



Stress



30,9 %

**Population 16+ with
high score on stress
scale**

56.650

People ind Aalborg
Kommune

Center for Mental Health



Open and Calm –
Prevention of stress,
anxiety and depression



Mental health in
secondary education



Culture on prescription



Knowledge center
function

5- Anders og co

From data to action

Introduction to collaboration from data to action

Anders Kallestrup Mortensen
Matias Gjerløv Hartmann
Maria Qvistgaard
Katrine Helenius



Outline

1. Introduction to the collaboration with youth education
2. Presentation of the collaboration model - From data to actions
3. Healthy Youth's efforts and services to youth education



Introduction to the collaboration with youth education

Anders Kallestrup
Mortensen



The Danish education system





**Aalborg City
Gymnasium**



Aalborg Handelsskole

**AALBORG
TEKNISKE
GYMNASIUM**



**HF&VUC
NORD**



**NORDJYLLANDS
Landbrugsskole**
Lundbæk

SØSU **NORD**
UDDANNELSE I LIVSKVALITET



TECHCOLLEGE

FGU **AALBORG**

AMU  **Nordjylland**

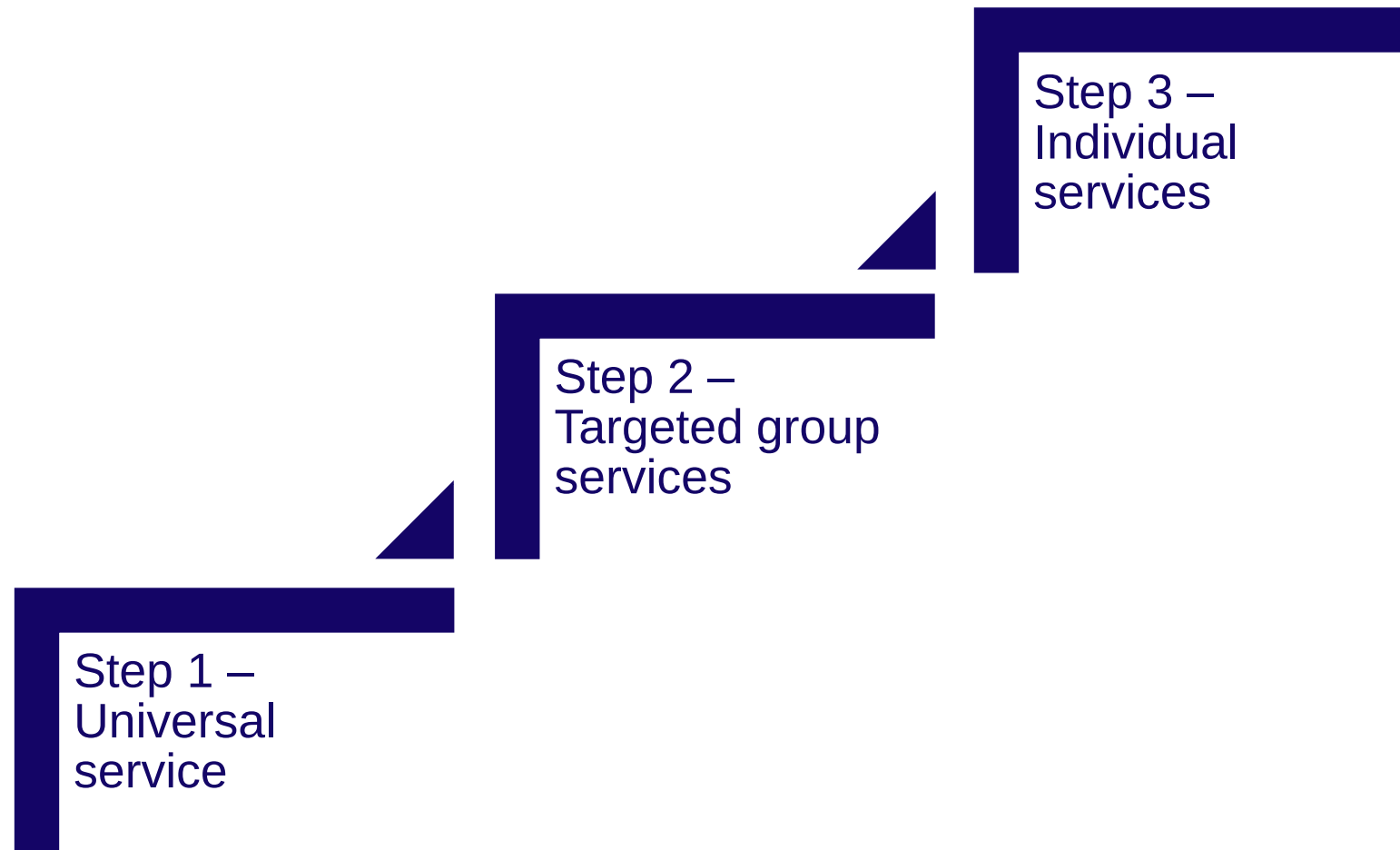


**Nørresundby
Gymnasium & HF**

The partnership consists of 4 elements



Health services – Stepped Care Model



Presentation of the collaboration model - from data to actions

Matias Gjerløv Hartmann



Youth profile survey

- Online survey – every second year
- Primary school - mandatory
- Youth education – invited to survey

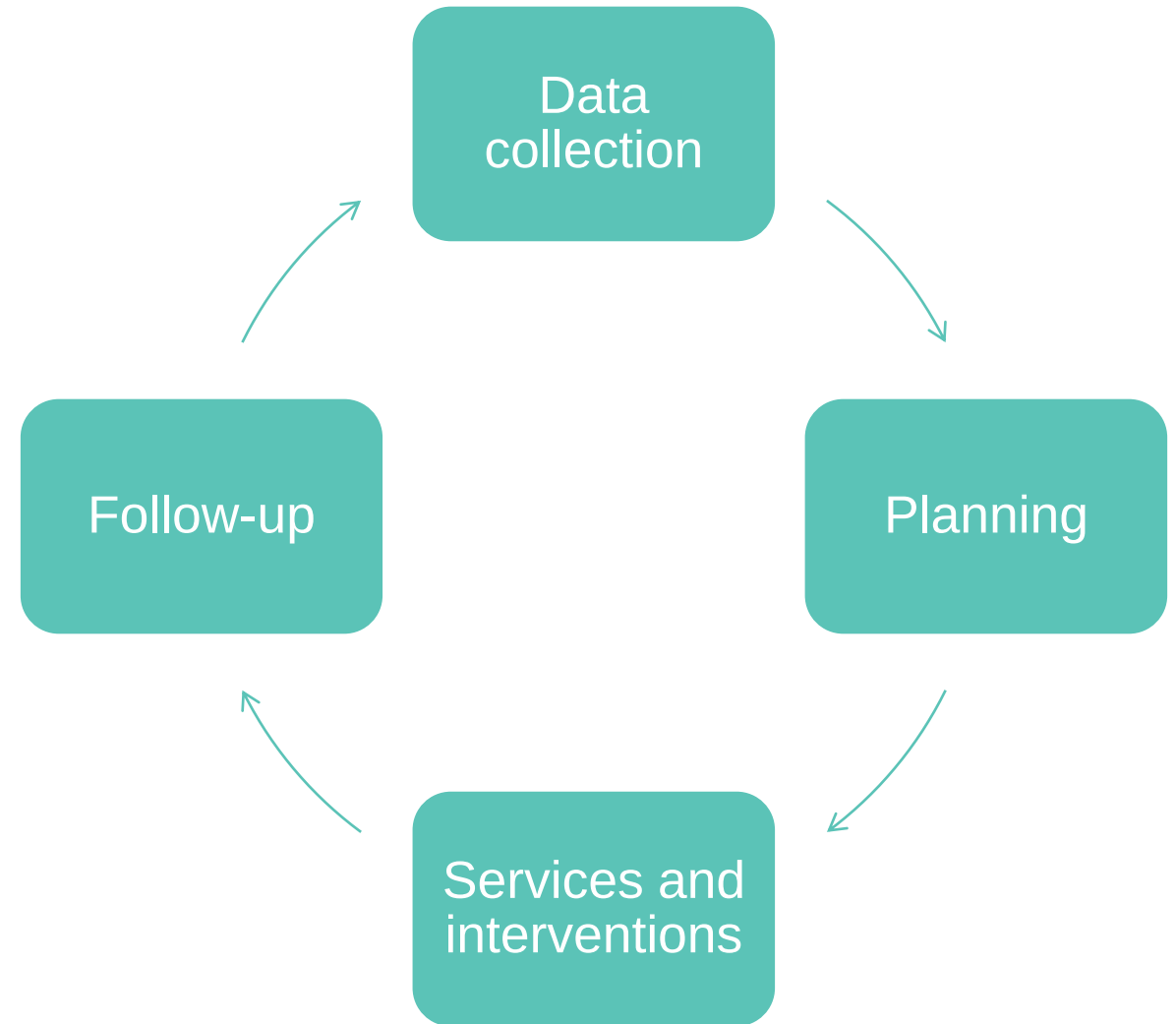
Ungelivet i Aalborg Kommune X-Skole



Trivsel og mental sundhed -mobning



Youth profile and model for cooperation



From data to actions - target groups

- Meeting with management from youth education
- Conference
- School Board
- Parents
- Data presented in the SSP Structure
- Teens



Fælles om ungelivet

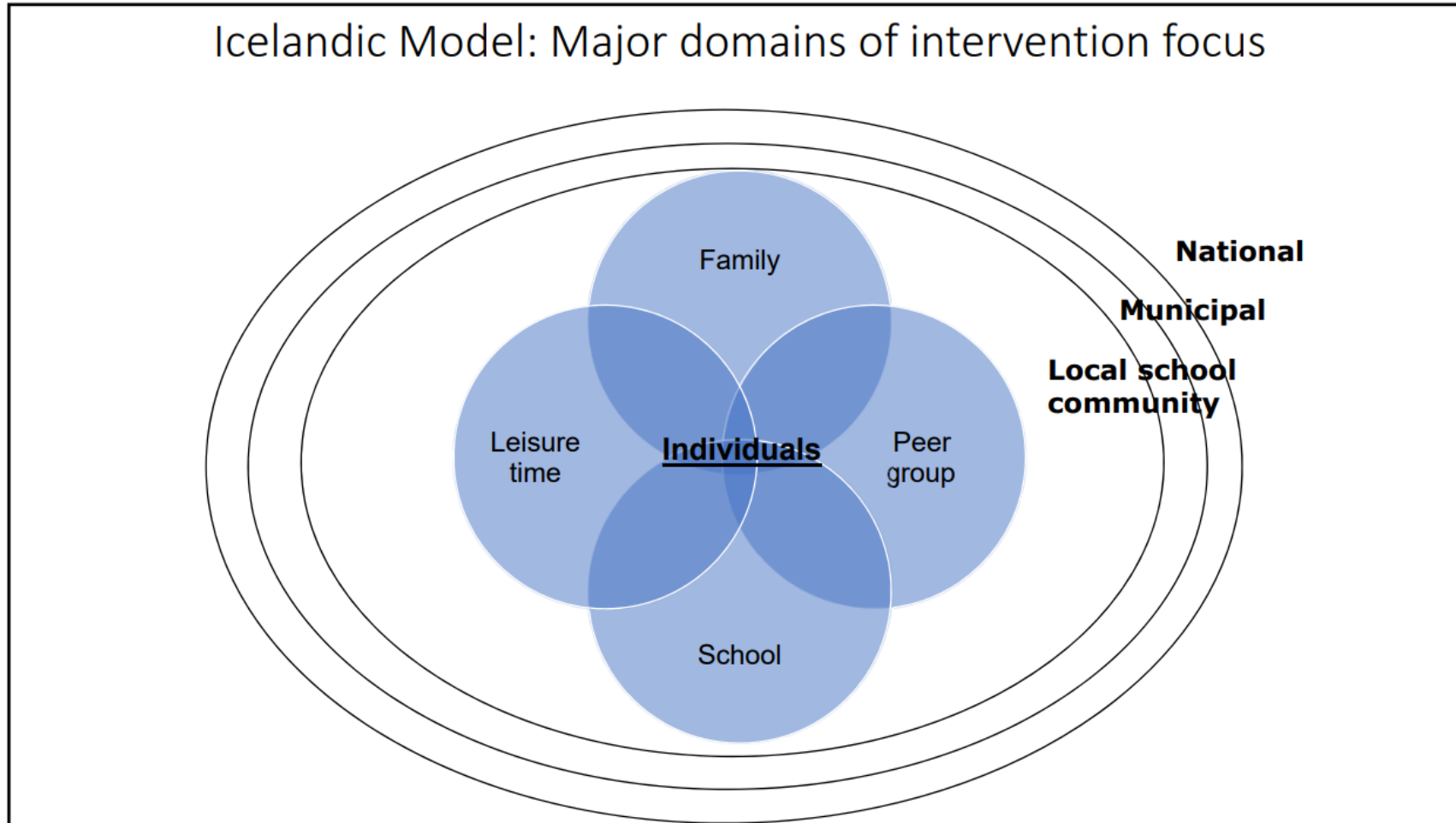


SUNDHEDSSTYRELSEN



TrygFonden

The Icelandic Prevention Model



Sund Ung

Maria Qvistgaard
Katrine Helenius



**Aalborg
Kommune**

What and who is Sund ung?



Becoming Sund Ung



High school and jobcenter for youth



The health nurse system in Denmark



Individual health talks, groups and teaching



Events



Conversations about



Exercise



Food



Caffeine



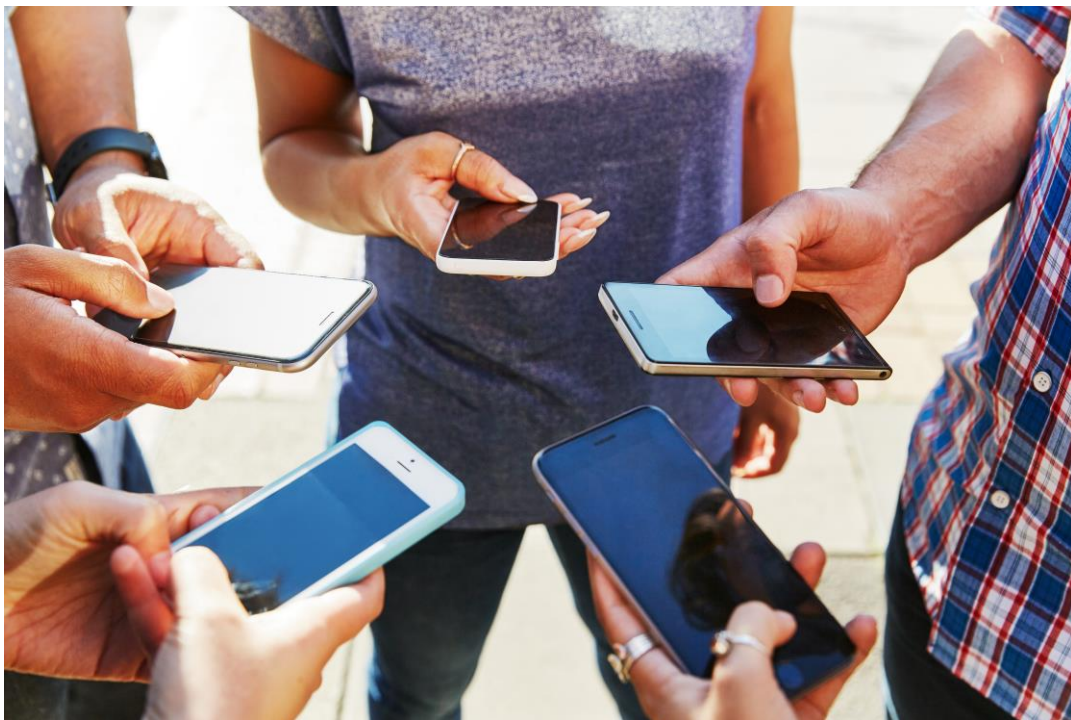
Sleep



Friends and relationship



Screen



Gambling



Abuse (emotional)



Nicotine



Health



Drugs





**Aalborg
Kommune**

7- Wilma Jansen

Youth Care in Rotterdam

Youth care in Rotterdam *system, trends and developments*

Aalborg, september 2024

Wilma Jansen PhD, knowledge broker and senior researcher, city of Rotterdam

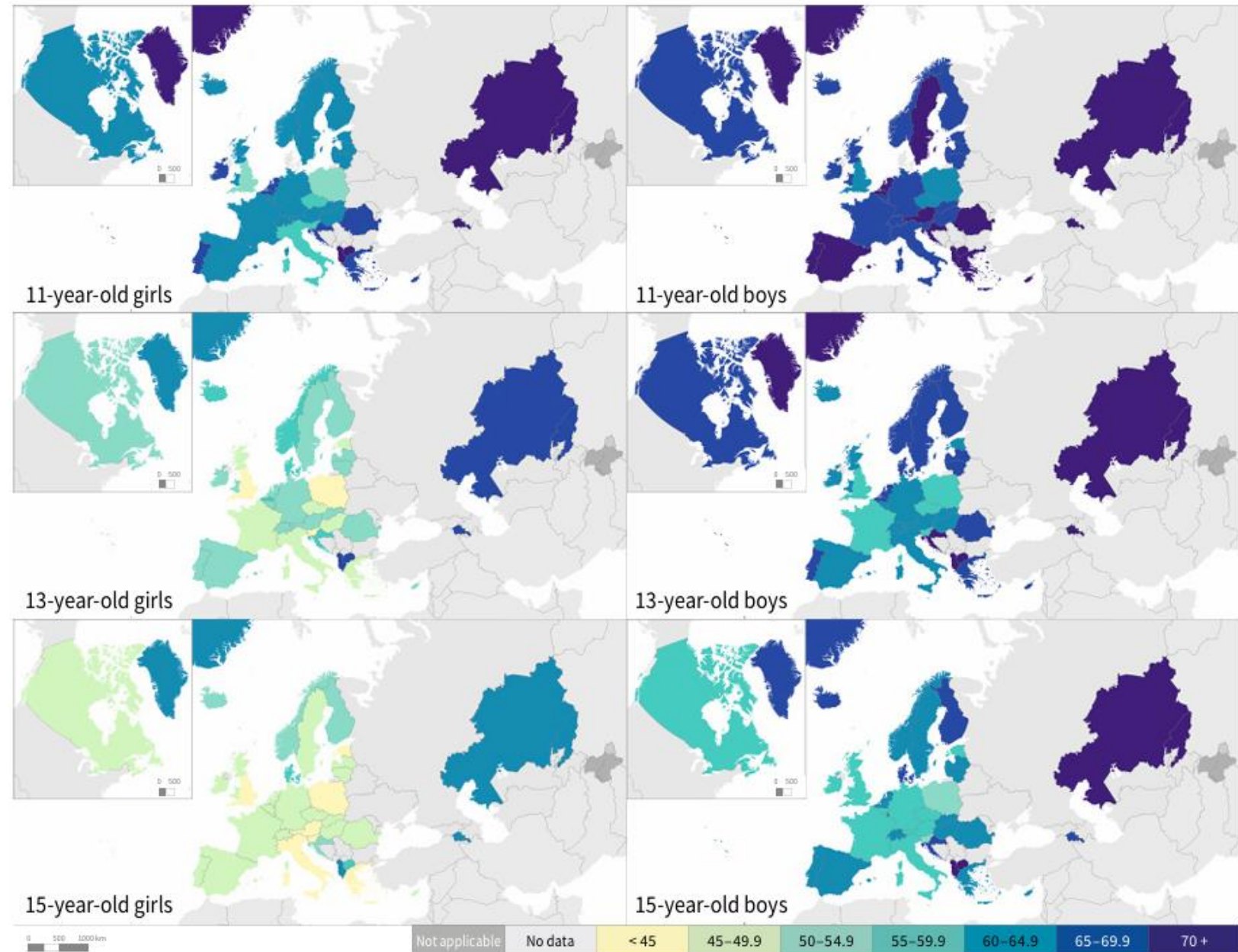


Gemeente
Rotterdam



System, trends and developments in Netherlands

Mental well being in youth (HBSC studies)



System change in 2015



Municipalities are responsible for:

Public health act:

Preventive
youth health
care

Preventive
interventions

Youth act:

Youth
care

Youth care?



Youth mental
health care,
ambulatory and
residential

Parenting and
youth support,
foster care,
residential care

Care for youth
with intellectual
disabilities

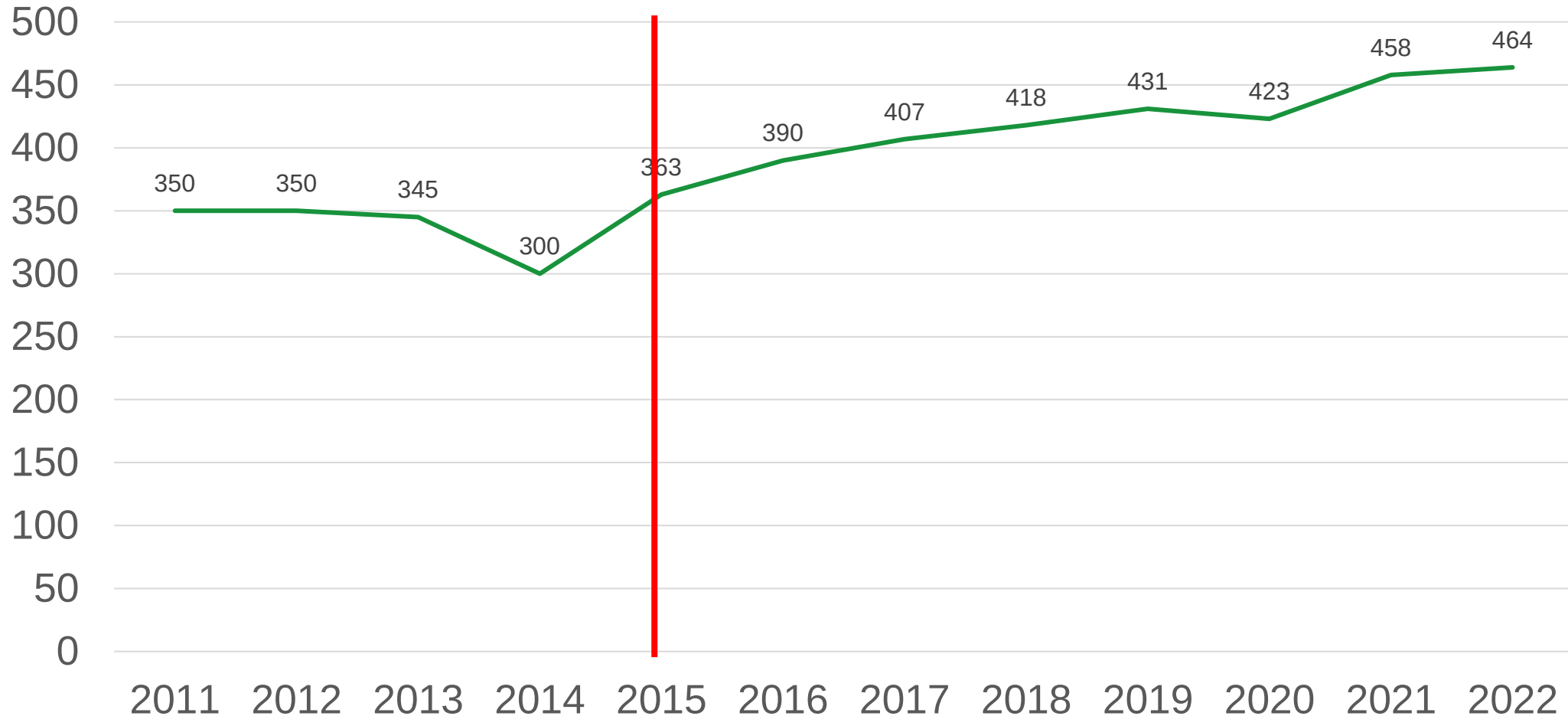
Youth protection
and probation

Increase in use of youth care in Netherlands in last decades

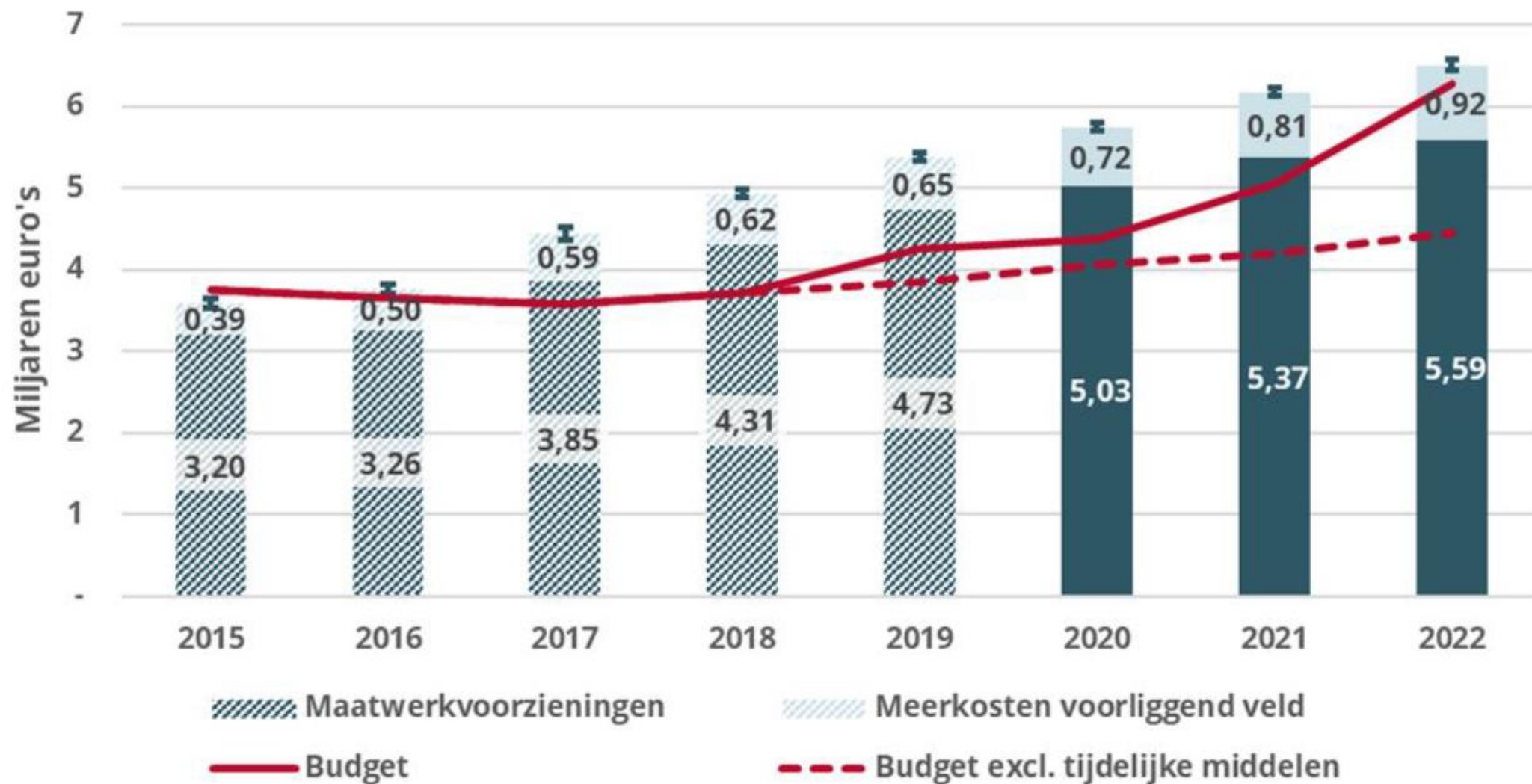


	2000	2009
Parenting and youth support services	40.000	90.000
Youth mental health services	140.000	280.000

Number of youth receiving youth care since 2011



Development of costs and budgets





System, trends and developments in Rotterdam

Youth care svstem in Rotterdam



Jeugdhulp netwerk rondom het gezin

De gemeente wil dat ieder kind kansrijk, veilig en gezond opgroeit. Vanuit welzijn, preventie en jeugdhulp werken wij hieraan. Jeugdhulp biedt ondersteuning aan Rotterdamse jeugd en gezinnen in een kwetsbare situatie. De ondersteuning wordt zo dicht mogelijk in de omgeving van het gezin georganiseerd.

Toeleiders tot hulpzorg



Wijkteam



Jeugdarts



Huisarts



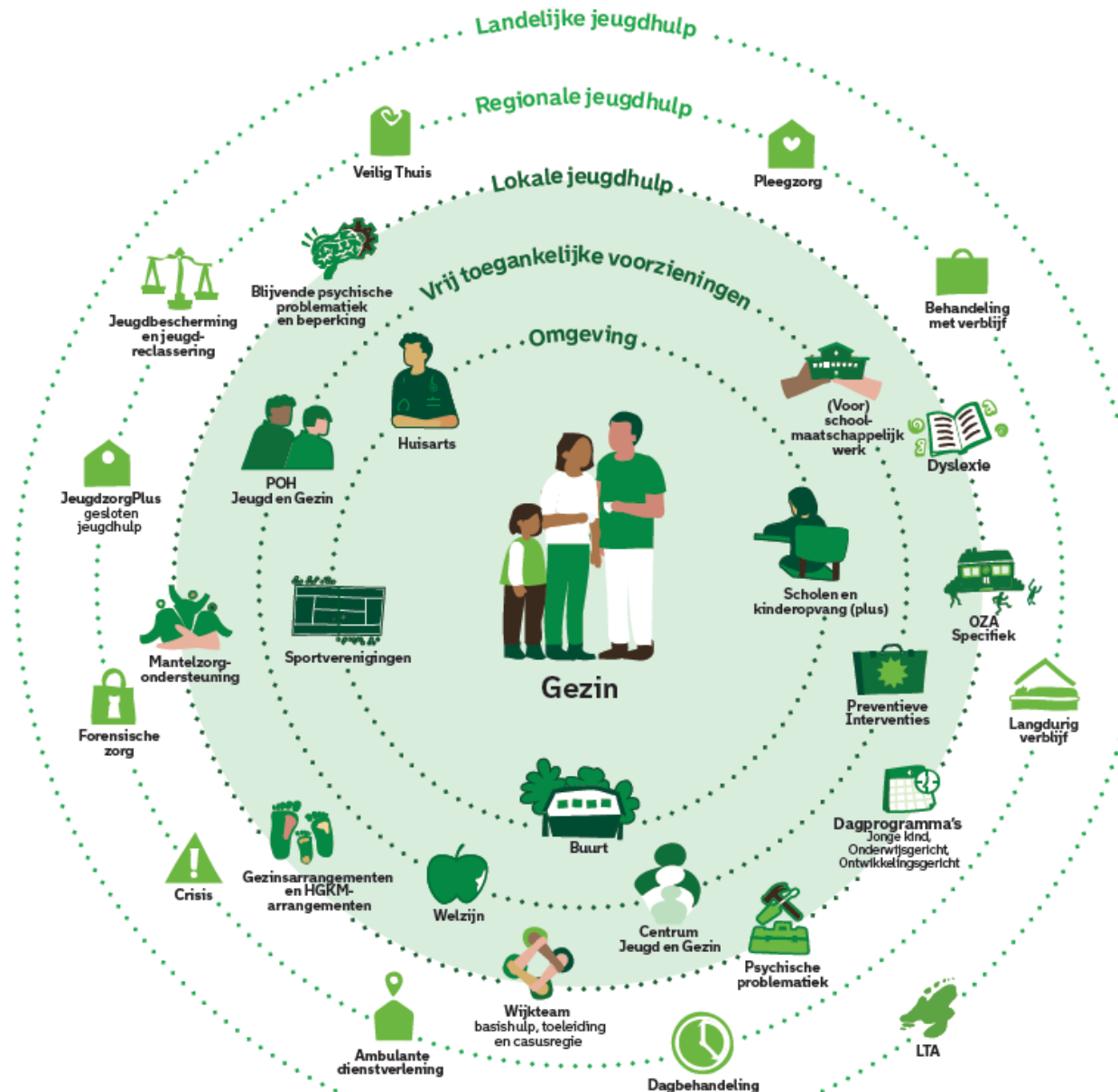
Medisch verwijzer



Gecertificeerde Instellingen



Rechter

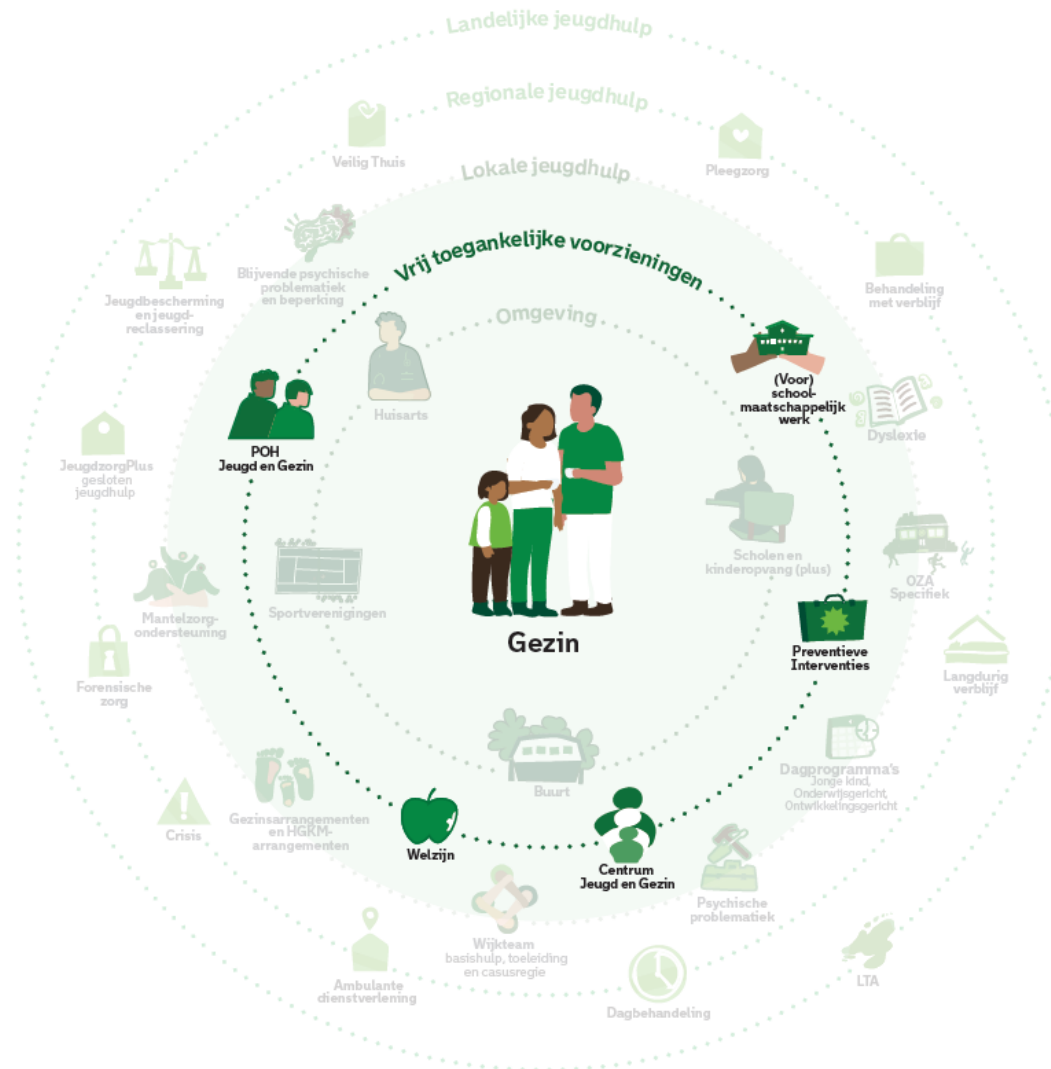


Prevention and well-fare services



Freely accesible services:

- Preventive interventions
- School social workers
- Child and youth social workers (like streetcorner coaches)
- Youth and family health centres
- Practice nurses at GP

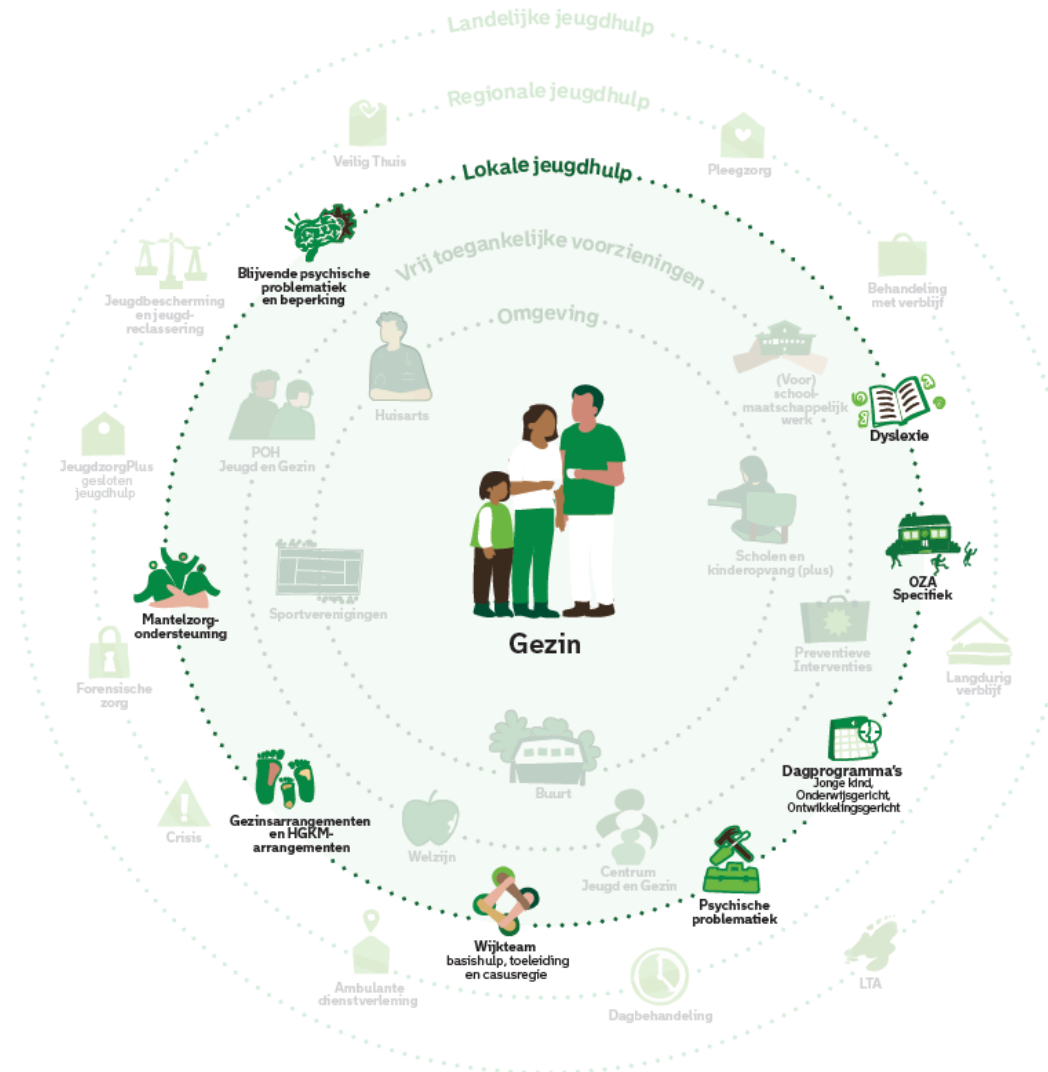


Local youth care & Neighbourhood support teams



Locally provided care and support:

- Neighbourhood support teams
- Care and support programs at school
- day programs
- Family support programs
- Basic youth mental health care services
- Support for informal caregivers

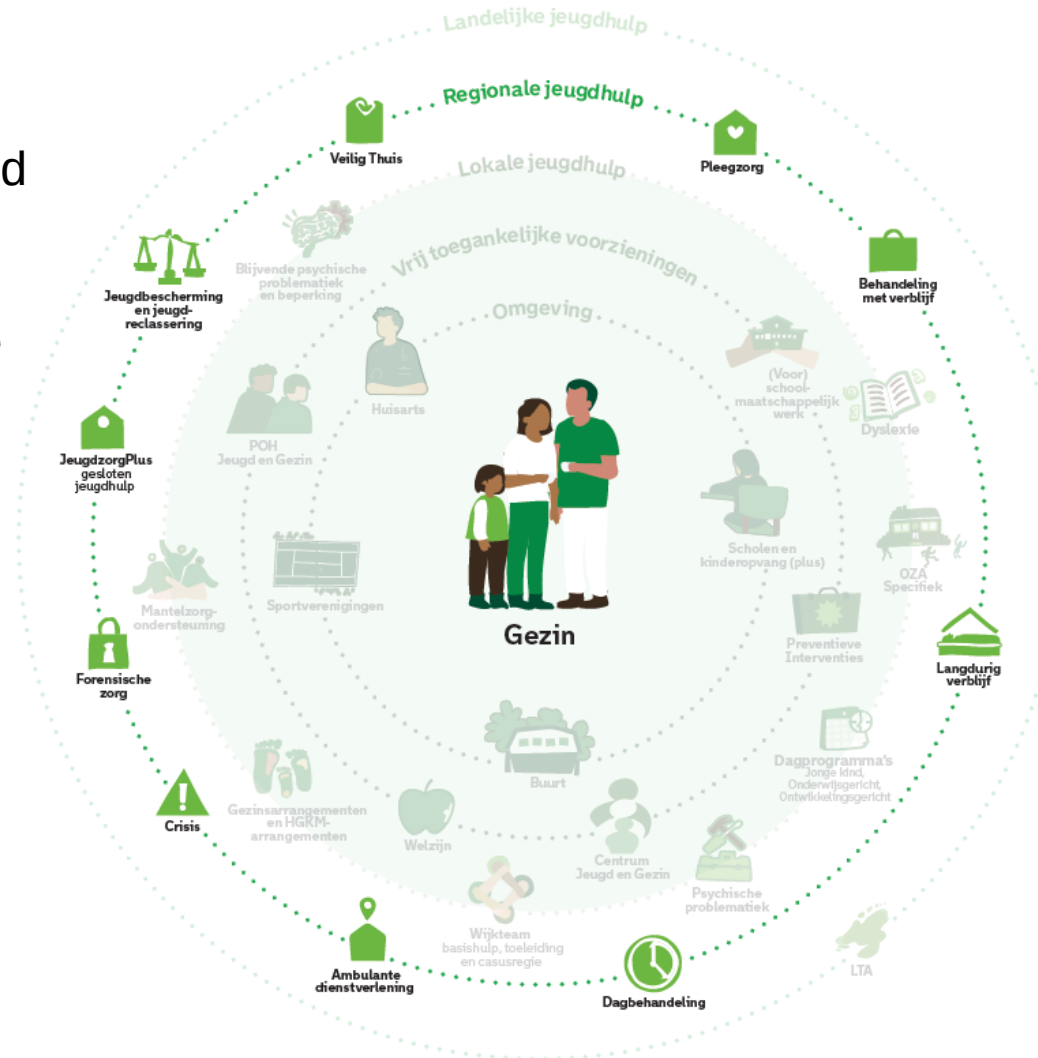


Specialized Youth care & Youth protection/probation



Regionally procured specialized youth care:

- Specialized ambulatory care
- Daycare
- Foster care
- Residential care
- Emergency care
- Youth protection
- Youth probation
- Forensic care
- Closed juvenile care



Percentage of 0-18 year olds receiving youth care (2022)



Type of youth care	% in Netherlands	% in Rotterdam
Total youth care	13.4%	9.4%
▶ of which in local teams	▶ 15%	▶ 27%
Out of home care	1.3%	1.5%
Youth protection	1.2%	1.5%
Youth probation (12-22 years)	0.3%	0.7%

Challenges for Rotterdam



Deal with growing/high demand for youth care

Deal with growing/high costs for youth care

Deal with shortages in labor force

Optimize provision of youth care (good access, proper care)

Improve youth protection chain

Thank you for your attention



ANY
QUESTIONS
?



Reserve dia's

The diagram illustrates the Dutch education system, showing the progression from primary education to university. It is divided into two main sections: **Compulsory education** (Full-time) and **Part-time**.

Compulsory education (Full-time):

- Primary education:** Starts at **Age 4** and continues until **Age 12**. It includes **Primary education** and **Special primary education**.
- Lower secondary education:** Continues from primary education until **Age 12**.

Part-time:

- Senior secondary education:** Includes **Pre-university education**, **Senior general secondary education**, **Pre-vocational secondary education**, and **Senior secondary vocational education**.
- Vocational training programme:** Includes **Pre-vocational secondary education**, **vocational training programme**, and **Special secondary schools**.
- Higher education:** Includes **Pre-university education**, **higher professional education**, and **university**.

The diagram shows the flow of education from primary to university, with arrows indicating the progression. The **Compulsory education** section is marked with a vertical double-headed arrow, and the **Part-time** section is marked with a vertical double-headed arrow. The **Education** label is on the right side of the diagram.

Aims of the Youth Act



Activate, restore,
strengthen own
capacities to solve
problems

De-medicalize,
normalize by
improving parenting
practices

Prevention, early
detection and
support at affordable
price

Timely tailored
integral care

Strengthen
professional
decision making,
decreasing
procedures