The Development of Blue Zones in the Netherlands

Using Positive Health on the journey to a happier and healthier Netherlands

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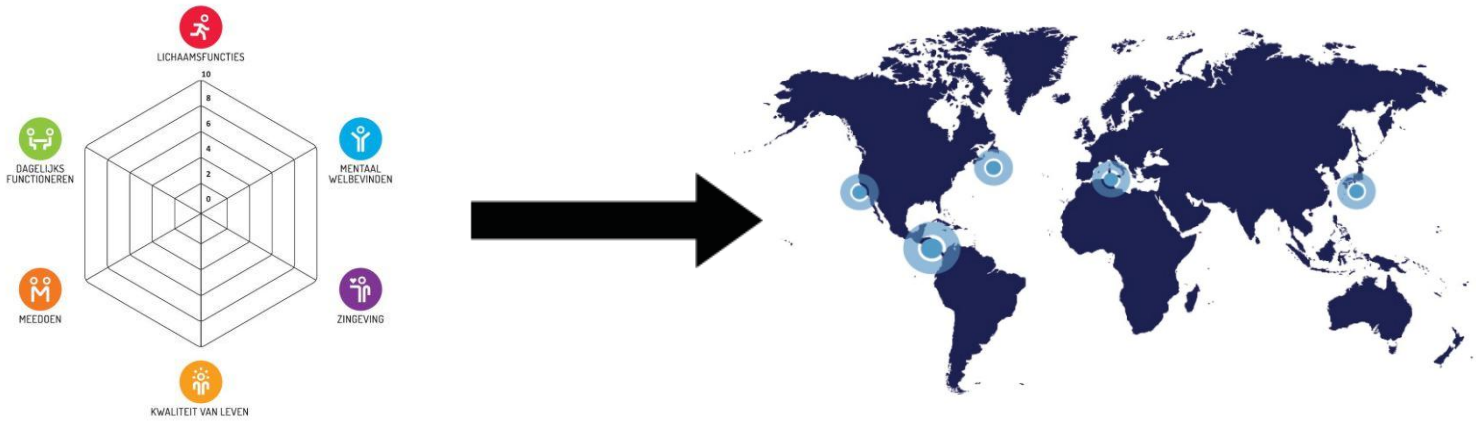

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Summary

Because the healthcare expenditures keep increasing, some researchers suggested that there is need for a new concept for the Dutch healthcare. As a result, the concept of Positive Health has arisen which sees health as the ability to adapt and to self-manage. The improved health status and reduced hospitalizations due to the use of self-management in the treatment process contributes to the reduction of healthcare expenditures. Places where healthcare expenditures are already low, are the Blue Zones. People who live in these places, grow extremely old feeling healthy and happy without a comparable degree of presence of chronic diseases. The Netherlands is not yet a Blue Zone at this moment because it does not meet all the characteristics. This research has investigated the influence that Positive Health can have on the development of Blue Zones in the Netherlands. This research used both literature studies and an online survey. The results of the literature study showed that the characteristics of Positive Health and Blue Zones are so similar that they will strengthen each other in effect. By assessing health on all six dimensions, the necessary lifestyle changes can be made which can ensure that the Netherlands meet the characteristics of a Blue Zone. Beside this the literature study also showed that Positive Health can indeed decrease the healthcare costs. By using the new concept and new discussion instrument the focus on prevention will increase. Due to the increased attention to prevention, fewer illnesses will ultimately arise which cause that fewer treatments are needed and therefore the healthcare costs and expenditures will decrease. The results of the survey showed that 73,3 percent of the Dutch population support the philosophy of Positive Health and would also like to be treated according to this concept. 53,4 percent of the participants believes Positive Health will make a positive contribution to the development of Blue Zones in the Netherlands. Based on the information above, it can be concluded that Positive Health can contribute to the development of Blue Zones. Due to the high level of unfamiliarity among the Dutch population on both subjects, it is important that good information is given. To provide sufficient information, various parties need to work well together, such as the government and the various medical specialists. People need to be aware of what they can do themselves to grow old in a happier and healthier state. In addition, follow-up research is needed so that the implementation of the ideas and the development of blue zones can be examined.

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1. Introduction

In recent years, Dutch society and healthcare have changed so much that the definition of the World Health Organisation (WHO) for health is no longer considered appropriate (Callahan (1973), Saracci (1997)). The WHO definition of health reads: 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2006). Some people no longer consider this appropriate due to the rise of the presence of chronic diseases. People who have a chronic disease could never be called healthy again based on this definition, making it seem as if they could offer little added value to society. Continuing care to reach a state of complete well-being leads to medicalization.

Huber, et al. (2011) suggests there is need for a new definition, which has led to the concept of Positive Health. Positive Health sees health in a more dynamic way than the WHO namely, 'health, as the ability to adapt and to self-manage' (Huber, 2011). Loriq et al., showed that self-management by patients with chronic diseases improves the health status and lower the hospitalizations of these patients (Loriq, 1999). The new health concept would counteract the medicalization based on the result found by Loriq et al. Positive health uses a conversation tool which should help people to evaluate their health by the following six dimensions: bodily functions, mental functions, spiritual dimension, quality of life, social participation and daily functioning (Huber, 2016). The conversation tool helps medical specialists to start a talk about more than only the physical complaints. Evaluating these factors cause that there is not only attention for the disease, but also for the aspects where no problems are noticeable. There are two main reasons which have led to the creation of this new concept.

The first reason is that people are getting older. Although this is a positive development, it also means an increase in the prevalence of many chronic diseases. These diseases require extensive care which is expensive. The Dutch healthcare spent the largest amount of the money on curative care, i.e. hospitals and general practitioners. The expenditure on long-term care of the elderly and the disabled people is now a relatively small proportion, however it is the fastest growing expenditure (Van der Horst, 2011). 96 percent of the Dutch budget for healthcare went to cure and care in 2013 and 4 percent to prevention (Huber, 2016). In the future, society will keep ageing and consequently there will undoubtedly be an increase in healthcare needs (Meerding, 1998).

The second reason is that the Dutch healthcare continues to improve. The techniques develop and improve and at the same time new techniques become available which make more diseases treatable. Although it is a positive development that the quality of the Dutch healthcare is improving, most of these developments cause higher expenses. The major problem of the increasing costs is that it requires solidarity between the Dutch population. Young people will have to pay a larger amount for the old and wealthy people will have to pay a larger amount for less privileged people (Van der Horst, 2011).

It might seem that rising costs are unavoidable. This is not the case, however. Scattered around the world there are so-called Blue Zones, where people grow old feeling healthy and happy. The problem of increasing chronic illnesses when people grow older is not present here. Blue Zones are 'rather limited and homogenous geographical areas where the population shares the same lifestyle and environment and its longevity has been proved to be exceptionally high' (Poulain, et al. 2013). The corresponding factors that play a role in the high healthy life expectancy in these places are: having natural physical activity, having purpose in life, taking one's time to reduce stress, following the 80 percent full rule when eating, eating vegetable, drinking 1-2 glasses wine per day, belonging to a community, investing in loved

ones, and maintaining social networks (Buettner, 2016). Research has shown that a Blue Zone does not always have to originate spontaneously, but that they can also be made as with the North Karelia Project. By making adjustment to the lifestyles of the inhabitants, reduced rates of cardiovascular disease and improved health and well-being among the entire population were created. With the cooperation of various national and local authorities, experts, community organizations and the help of the population themselves, the necessary lifestyle changes could be realized (Puska, 1985).

Living in a Blue Zone has a beneficial effect on the health of the population and expenditures on healthcare. The Netherlands has not yet been able to develop such advantageous places. The missing information from earlier studies is how these Blue Zones studies can be translated and applied in the Netherlands. It is remarkable that these extreme healthy places are not yet developed in the Netherlands because it is known that innovations are needed to counteract rising healthcare demand and healthcare expenses (Blanson Henkemans, et al. 2010).

This research investigates what can contribute to create Blue Zones in the Netherlands. The influence of Positive Health is a key factor here. The reason that the influence of Positive Health will be used is because there is a great similarity between the characteristics for Positive Health and Blue Zones which causes it to be expected to strengthen each other in the effect. The great similarity between the two concepts is the focus on lifestyle. Where Positive Health requires certain lifestyle changes to score well on the six dimensions, the characteristics of Blue Zones require certain lifestyle changes before a place can be called a Blue Zone. Because the characteristics of Blue Zones are very similar to the dimensions of Positive Health, it is expected that if people adjust their lifestyle to score better on the six dimensions, they will also immediately take the right steps to be able to meet the characteristics of Blue Zones. This study will be conducted based on the following research question: Which influence can Positive Health have on developing Blue Zones in the Netherlands?

2. Methods

2.1 Research design

The research that was conducted here is a combination of a qualitative and quantitative study. The reason for choosing a combination is that there were several types of results to be achieved. To answer the research question, specific information was required in the form of comparative values (quantitative) and general information (qualitative). The quantitative research provided numerical insight and answered the questions that could be expressed in terms of quantity. This type of research was used for the practical part, namely the survey. The qualitative research helped to gather detailed information about the subject. The detailed information was necessary for the literature review section of this thesis. To get an answer on the research question both literature research and practical research were carried out. The most important aspects of the literature study were to describe the structure of the current Dutch healthcare and to check if the characteristics of both Positive Health and Blue Zones are applicable in the Netherlands. It is important to first describe the current healthcare system by looking at what changes are needed to be able to work according to the ideas of Positive Health. By discussing the good and bad sides of the current healthcare system, it can be checked whether Positive Health would be an improvement or not. In addition, it is important to see whether the characteristics can be implemented in the Netherlands. It is possible that the Netherlands has certain defects which cause that this implementation is not possible. If this turns out to be the case, then the Netherlands would never be able to become a Blue Zone.

The aim of the survey was to find out what the attitude and knowledge of people to this new development is. Where do they see obstacles, and do they think these obstacles can be removed so that it is possible to develop Blue Zones in the Netherlands? It is important to check what the knowledge about these subjects is, because then there can be specified how much information needs to be provided. Beside that it is important to know the attitude of the Dutch population against both subjects because when it turns out that the Dutch population is not open to it, the innovations in healthcare and government will not be effective. This survey was distributed under medical specialists as well under general Dutch population. The reason that medical specialists have also been chosen separately is because they are ultimately the people who will have to work with these new concepts in healthcare. It is therefore important to know how they assess the chances of success. The medical specialists are achieved through the database of Institute for Positive Health. The database was used by distributing via LinkedIn page of Institute for Positive Health but also by using participant lists of lectures and presentations. It was expected that in this way about 1/4 of the total number of participants will be reached, i.e. around 60 persons. The general Dutch population was achieved through the internet. Both email and social media were used for this purpose. The survey went online on October 27th. Since that time there is waited for reactions from the people themselves, no reminding emails were sent out.

2.2. Research population

The research population of this study consisted of the Dutch population. The people who could participate in this study were people which are 16 years and older. People under the age of 16 are not included in this survey because they cannot yet decide independently about their medical treatment. Because you can decide independently from the age of sixteen, these people are therefore also able to express their preference for any treatment according to the Positive Health approach. Important for this study was that the research population was spread across the Netherlands. The survey was distributed online, which facilitates the distribution through the Netherlands. The survey asked for the province where the participants live, so that at the end it could be checked whether this spreading took place or not. All provinces needed to be involved to get a good idea of what the Dutch population thinks about the concepts Positive Health and Blue Zone. It was not clear beforehand whether there were any differences between the provinces, but in this way, it could become clear whether more information was required in one province than in the other. The minimum number of people to be reached through the survey was 250. Assuming a population size of 17 million the number of participants is calculated based on a 90% confidence level. With this amount, the pilot is big enough to translate the results into the Dutch population. For the selection of the research population, there was no attention paid to the knowledge about both concepts. However, the survey asked about the degree of familiarity, which made it possible to distinguish the groups.

2.3 Data-analyses

2.3.1 Structure survey

The survey which was used for the practical part of the results consisted of 4 sections (see paragraph 7.1). The first section consisted of questions from which the personal characteristics should be made clear. In this section was asked for gender, age, highest completed education and place of residence. This information is important to know so that at the end there could be made comparisons between the different groups. After the general questions the questions about Positive Health followed. First the knowledge about this concept was tested after which more information on the subject was given, so that the attitude and knowledge of the Dutch population against this concept could became clear. In addition

to questions about Positive Health, in section 3 questions about Blue Zones were asked. The main purpose of these questions was to find out why people think that the Netherlands is not yet a Blue Zone and why it might not be possible. It is important to know the opinion of the Dutch population against both subjects, because although the Netherlands may be suitable for becoming a blue zone, if the Dutch population is not behind it, interventions will not have the desired effect. In the last part of section 3 there were some questions about the influence of Positive Health on developing Blue Zones in the Netherlands. These questions were asked to get insight in the answers the Dutch population would give on the research question. The last section consisted of questions to evaluate the survey.

2.3.2. Statistical analysis

The results of the survey were analyzed with statistic program 'Statistical Package for the Social Sciences' (SPSS). By the program SPSS the following steps were followed to get the desired results: Analyze, descriptive statistics, frequencies. In the next steps the information was chose from which the pie charts needed to be made. Under the bottom charts the different kind of charts could be found which could be made with this function in SPSS. Under the option frequencies, also the bottom statistics could be found. By calculating mean and standard deviation it could be analyzed what for example the average age of the participants was. The information from which it is important to analyze the general distributions, were the information about age, gender, place of residence and knowledge about both Positive Health and Blue Zones. Beside the general distributions, it was also important to analyze if there was a difference between the investigated groups. The differences between the groups were analyzed with the statistical Chi-square test. By looking at the significance of the test, statements could be made about the comparisons. The comparisons which were made were those between gender and knowledge about both Positive Health and Blue Zones. Beside this, there have been made comparisons between the knowledge about both subjects and whether working in healthcare. The results of the survey found out if the distribution in the Netherlands and between the different ages has been successful. The Chi-square test could be used in SPSS by following these steps: Analyze, descriptive statistics, crosstabs. Under the bottom statistics the Chi-square test can be selected.

2.3.3 Research method for literature review section

To find results for the literature review section the search engines Google Scholar and PubMed have been used. The reason for choosing these search engines is because in this way only scientific articles would be shown. Because Blue Zones are not yet a widely investigated subject, the book by Dan Buettner 'Blue Zones' has been used for the basic information on this subject. In addition, the published literature from the Institute for Positive Health and articles in which the Institute was discussed were also used next to the search engines. To find the required information on the internet the following keywords were used: Positive health, Blue Zone, Machteld Huber, Dutch Healthcare, characteristics Positive Health, cost effectiveness analysis, Prevention, Health Promotion, Health system, International comparison, expenditures Dutch Healthcare, characteristics Blue Zone, Innovation Dutch Healthcare, budget share prevention, healthcare insurances Netherlands, financing Dutch Healthcare. Since it concerns many results per search term, there is filtered by reading the summary and conclusion. Another way to filter the sources was based on the year of publication and on the basis of whether it was a review or whether it was the original article.

3. Results

3.1 Literature review

3.1.1 Structure of current Dutch Healthcare

This section discusses the current structure of the Dutch Healthcare. It is important to look at the good and weak aspects of the current structure to see if the adjustments which are necessary to follow the philosophy of Positive Health, will be improvements.

3.1.1.1 Healthcare divisions

At this moment the Dutch Healthcare is divided into the following sections: preventive care, comprehensive care, specialized care and highly specialized care. The professionals of the comprehensive care are broadly educated, and this care take place without hospitalization. There is no referral needed to make use of it. The specialized care is executed by professionals with expertise on subfields and the highly specialized care includes the academic centers of clinical excellence. In the current healthcare, the general practitioner is the gatekeeper. Everyone, except for emergencies, must first go to the general practitioner before being referred to a specialist. This approach protects patients from medicalization and unnecessary treatment. Medicalization means that everything is placed in a medical daylight. As a result, people get into a medical circuit that is not only beneficial. The people which are in a medical circuit always expect a medical solution. However, this is not always possible which cause that some people will get disappointed. A lot of people get unnecessary examination which are not always without risks. By filtering at the gate, the medicalization should be prevented. General practitioners refer over 150 people per 1000 registered patients to a medical specialist each year (Braspenning, 2004).

The healthcare with the aim to investigate and treat someone is called cure. Hospitals and a part of the comprehensive care are part of this sector. The healthcare with the aim to provide long-term care, prevent limitations and complications of the disease and support the retaining of a good quality of life, is called care. Due to a high standard of life and improved techniques and care, we can live longer. However, these extra years are not always without complications. It became clear that in healthcare the demand for care increased sharply both in the healthcare institutions and through organizations outside (Kroneman, et al. 2016) (Burgt, 2006).

3.1.1.2 Insurance and financing

In 2006 the Health Insurance Act was put into operation in the Netherlands. Under this law, everyone who legally lives or works in the Netherlands is required to take out health insurance. The care that you must insure with the insurer is the care in the basic package. The national government determines what is in the basic package. The care in the basic package is medically necessary care that everyone is entitled to. Health insurers decide for themselves what is included in additional insurance policies (Ministerie van Volksgezondheid, Welzijn en Sport, 2016).

The payments of the basic packet are covered by all insured people together. Besides financing from the government, there are two major financing streams: on the one hand, every insured person from 18 years pays a nominal premium to his or her health insurer. Besides that, every person of age 18 and older has a mandatory ‘own risk’ of €385.- (2016). The own risk serves its purpose for increasing the cost awareness among the citizens (Ministerie van Volksgezondheid, Welzijn en Sport, 2016).

At this moment, the biggest expenditure post of the Dutch healthcare is the cure side. The priority of the Dutch healthcare was to cure. Because people grow older and develop long-term health problems, there

is a larger demand for care. Not only care for recovery but also care for a better quality of life. Despite this, the emphasis is still on cure instead of dealing with disease and disease prevention (Kroneman, et al., 2016) (Burgt, 2006)

3.1.1.3 Prevention

Prevention can be divided in four subdivisions, namely universal prevention, selective prevention, indicated prevention and healthcare-associated prevention. Prevention is called universal when it is meant for the whole community. When it is only meant for groups at risk it is called selective prevention. Indicated prevention is for people with high risk or for people who already show the first early symptoms. When the disease already developed and there is treatment needed, healthcare-associated prevention ensures that something won't get worse. Prevention in view of lifestyle changes is called Universal Prevention. This is the kind of prevention which get too less attention at this moment, but which has a prior role in the concept of Positive Health (GezondNL, 2010).

Prevention has a positive impact on multiple levels. On individual level it pays off because it increases welfare and well-being. For employers it impacts labor productivity. For providers it frees up valuable capacity. For the payers it reduces aggregate costs and for the government it reduces public healthcare spend & increase productivity.

When more attention will be paid on the preventive side the healthcare costs can be lowered. Not everyone agrees on this, because prevention also cost money and people get older which is why they state that the costs will only be pushed forward. Nevertheless, research showed that unhealthy lifestyle accounts for 10,2 % of the Netherlands healthcare costs. Every euro which will be spent on stopping smoking gains between the 0,70 and 2,80 net. Stopping heavy drinking gains between 0,60 and 2,80 euro and stopping physical inactivity gains between 0,30 and 1,30-euro net. Due to the aging Dutch population, the healthcare costs increase by 1% per year (PricewaterhouseCoopers, 2010). It cannot be prevented that people get older, but when the lifestyle will be adjusted, any chronic diseases such as diabetes can be prevented.

As mentioned above, prevention can lower the healthcare costs. But how can Positive Health contribute? Because positive health does not only look at the physical symptoms, but also considers the other dimensions, it is possible to find out what a person's lifestyle is. In this way, it can sooner become clear how the complaints have arisen and with the help of lifestyle adjustments it can be prevented that certain complaints will occur again or lead to worse complaints or even illnesses.

3.1.2 Applicability characteristics Positive Health & Blue Zones

3.1.2.1 Blue Zones

Scattered around the world there are so-called Blue Zones where people grow old feeling healthy and happy. The problem of increasing chronic illnesses as you grow older is not present here. The similar lifestyles of the inhabitants of these places play a critical role in maintaining their good health (Pes, 2016). The places which met the criteria to be a Blue Zone are: Barbagia region of Sardinia, Ikaria (Greece), Nicoya Peninsula (Costa Rica), Loma Linda (California) and Okinawa (Japan). In this section the characteristics will be discussed which make that the people in the so-called Blue Zones grow old while they feel healthy and happy. After this there will be made a comparison between the characteristics of Blue Zones and Positive Health.

After Dan Buettner did research in the spontaneously formed Blue Zones, it was concluded that nine characteristics are important (Buettner, 2016).

- The first one is that people need to have sufficient natural movement. It is not important that physically heavy sports are practiced, the most important thing is that everyone keeps moving.
- The second important characteristic is that people should have a purpose in life. There should be something for which a person stands up in the morning. Having a purpose in life is worth up to seven years of extra life expectancy.
- The third characteristic is that the world's longest-lived people take their time to down shift stress. It is not the case that people in Blue Zones don't experience stress. Every major age-related disease is associated with chronic inflammation which is caused by stress. The reason that the longest-lived people do not experience any problems with this and the Dutch population does is that Dutch people do not take their time to shed that stress. Each Blue Zone has their own way to downshift the stress, but the comparison is that they all take the necessary time for it.
- The 80% full rule is the next important characteristic. The idea is that people eat until their stomachs are 80 percent full. In this way it can be prevented that people overeat and thereby gain weight.
- Another characteristic about food is that the meals should be based on vegetable food. The dietary patterns of centenarians show that meat is eaten on average five times per month.
- Another similarity between the centenarians in the different Blue Zones is that the most of them are moderate and regularly drinkers, and drink 1-2 glasses per day.
- Belonging to a faith-based community is an important characteristic which will add 4-14 years of life expectancy.
- Beside the faith-based community it is important to belong to social circles that support healthy behavior. Research has shown that smoking behavior, but also happiness, is contagious. The residents of Blue Zones have formed social networks that have improved their health behavior.
- The last characteristic is that successful centenarians in the Blue Zones put their families first. By committing to a life partner, they add up to 3 years of life expectancy.

3.1.2.2 Positive Health

The concept Positive Health is based on six dimensions, namely bodily functions, mental functions, spiritual dimension, quality of life, social participation and daily functioning. For each dimension there will be searched for a comparison with the characteristics of being a Blue Zone. By making these comparisons it should be found out if the concept Positive Health can contribute by developing Blue Zones in the Netherlands.

- The first dimension is bodily functions. Bodily functions are one of the dimensions which get the most attention nowadays. It is important that this dimension still retains full attention because complaints caused by a disease may not suddenly be ignored. The difference between Positive Health and the regular healthcare program is that more attention will now be paid to the origin of the complaints. By looking at, for example, the degree of physical movement and the dietary pattern, possible adjustments can be made that meet the characteristics of the Blue Zones.
- The second dimension is the mental functioning. A negative mental state can reinforce complaints, to speed up the recovery process, it may be useful to look at the cause of the negative mental state. Based on the mental state it can also be estimated how good a person his

self-management is. Loriq et al., showed that self-management by patients with chronic diseases improves the health status and lower the hospitalizations of these patients (Loriq, 1999).

- The third dimension is the spiritual dimension. What is central here is how meaningful a patient rates his life. This dimension shows great similarity with the Blue Zone characteristic life purpose.
- Quality of life is the fourth dimension. Important parts of this dimension are the extent to which someone is satisfied with life and experiences happiness. Here too, having a life purpose plays a role.
- The next dimension is social participation. As clearly reflected in the characteristics of the Blue Zones, it is very important to create a social network and put family first. This dimension of Positive Health also shows the importance of having social contacts and meaningful relationships.
- The last dimension of Positive Health is about daily functioning. Are there sufficient health skills and working capacity present? This dimension has multiple common ground with the characteristics of Blue zones, namely knowledge about dietary pattern to prevent health issues. For the same reason it has also common ground with having enough natural movement.

3.1.2.3 Comparison Blue Zones and Positive Health

Besides looking at the basic characteristics of both Positive Health and Blue zones it is also important to look at what has been researched before in the literature and what helps to make comparisons between the two concepts. As mentioned earlier, a certain diet is a similarity between the different blue zones on the world. One of the Blue Zones which follows a specific dietary is Okinawa (Japan). This traditional diet is based on root vegetables, green and yellow vegetables, soybean-based foods, and medicinal plants. Just like the Mediterranean diet, this diet is also associated with reduced risk for cardiovascular disease, among other age-associated diseases. The healthy fat intake is likely one mechanism for reducing inflammation, optimizing cholesterol and other risk factors. Beside this, the lower caloric density of plant-rich diets results in lower caloric intake with concomitant high intake of phytonutrients and antioxidants. Other shared features include low glycemic load, less inflammation and oxidative stress and potential modulation of aging-related biological pathways. The effect of this, is that it reduces risk for chronic age-associated diseases and promote healthy aging and longevity (Willcox, 2014). When using Positive Health for a patient who comes to consult with heart complaints, it is possible to look directly at any dietary advice based on the Blue Zone diet so that further complications can be prevented. The consultation will still be held by the same doctor, the difference is only the type of conversation that will be held.

Another research showed that people which have regular social ties experience significantly less cognitive decline when it is compared with those who are lonely or isolated. The explanation for this is that socialization contributes to brain reserve, which is the ability of the brain to function adequately despite physiological evidence of damage. Multiple literature suggest that healthy social relationships contribute to positive health outcomes. Elements of the positive health outcomes are cognitive functioning (Rowe and Kahn, 1998) (Crooks et al., 2008). Using the instrument of Positive health there is a way to look further than just the physical complaints. In this way, the characteristics of Blue Zones can be met with the help of Positive Health.

Research has shown that physical movement has a positive impact on the health status. There is a linear relation between physical activity and health status. A further increase in physical activity will lead to additional improvements in health status. The greatest improvements in health status are seen when people who are least fit become physically active. It is important that the health promotion programs target people of all ages, because the risk of chronic disease starts in childhood and grows with age. By

using the instrument of Positive Health, again there can be held an extensive consultation to find out what causes the physical complaints. In this way, it is possible to look at the extent to which the characteristics of Blue Zones are met based on the six dimensions to see if improvements are possible here (Warburton, et al., 2006).

3.1.2.4 Comparison Blue Zones & Positive Health with current Dutch healthcare

In addition to comparing the characteristics with each other, it is also important that the characteristics are compared with current Dutch healthcare. Now most characteristics are treated in a medical procedure. However, now there must be several medical specialists involved so that each specialism can question its own 'dimension'. Attention is paid to bodily functioning during a 'normal' consultation hour. It is not usual that during a consultation about knee complaints attention is also paid to how the patient assesses his quality of life at that moment and whether he or she still has a life goal. Even before discussing mental functioning, a referral to, for example, a psychologist would first be necessary. It is not the intention that the different specialisms will no longer exist. The idea is that by using the more extensive discussion instrument, it will be possible to find out more quickly what is going on in a patient's life in addition to the physical complaints. A good cooperation between the specialisms is needed to be able to help the patient on all dimensions as quickly as possible.

When looking at the applicability of the characteristics of Blue Zones in the Netherlands, it is especially important that enough information is available for the Dutch population. They must know the importance of healthy eating, sufficient physical activity and having social contacts. The society must also undergo some adjustments. For example, it appears that the Netherlands experiences the greatest workload compared to other European countries (Schaufeli, et al., 2001). This creates a large amount of stress, making it important that there are also enough moments to be able to reduce this stress again. In terms of diet, there are also still a lot of adjustments to be made before the Netherlands can meet the characteristics of the Blue Zones. For example, 9 out of 10 Dutch people eat too little fruit and vegetables and 30% of the food intake is based on animal food. This dietary pattern leads to health loss (Ministerie van Volksgezondheid, Welzijn en Sport, 2016).

3.2 Practical results

In this section the results of the survey will be analysed. First the general distributions will be discussed, after which the comparisons between the groups will be analysed.

As stated in the method, the survey was distributed via the internet and via the database of the Institute for Positive Health. This resulted in 165 respondents. 77,6 percent of this respondents were woman and 22,4 percent were men. This correspondents to 128 women and 37 men. Of the people who completed the survey, 71 people lived in North Holland, 19 in South Holland, 14 in Gelderland, 22 in Utrecht, 8 in Limburg, 2 in Groningen, 5 in Zealand, 8 in North Brabant, 3 in Friesland, 2 in Flevoland, 6 in Overijssel and 5 in Drenthe. Even though there is a clear difference in the number of participants per province, every province has been reached. The age groups were also well distributed among the number of participants. The only group which is left behind in the number of responses is the 65+ group. The cause can be found in the fact that the survey is only distributed online, and that this is the group that generally

Age * Gender Crosstabulation

Count

		Gender		
		man	woman	Total
Age	16-25	8	22	30
	26-35	6	20	26
	36-46	5	23	28
	46-55	8	39	47
	56-65	6	21	27
	65+	4	3	7
Total		37	128	165

Table 1. Distribution age

Educationlevel * Gender Crosstabulation

Count

		Gender		
		man	woman	Total
Educationlevel	primary school	1	0	1
	VMBO	1	0	1
	HAVO	2	14	16
	VWO	1	3	4
	MBO	4	16	20
	HBO	12	56	68
	University	13	38	51
	other	3	1	4
Total		37	128	165

Table 2. Distribution education level

has the least to do with this. The number of participants in the higher professional education group were greatest. In general, more people who have already completed a post-secondary school education have completed the survey. Only 22 participants had a high school education or primary education as the highest level of education. What is remarkable about the participants is that most of them are working in healthcare or at least must deal with Dutch healthcare in daily life. For the men, this applied in 55,9 percent of the cases. 80 percent of female participants deals with Dutch healthcare daily. The distribution of the number of people who have to do with the Dutch healthcare and the number of people who do not is respectively, 74,8 and 25,2 percent.

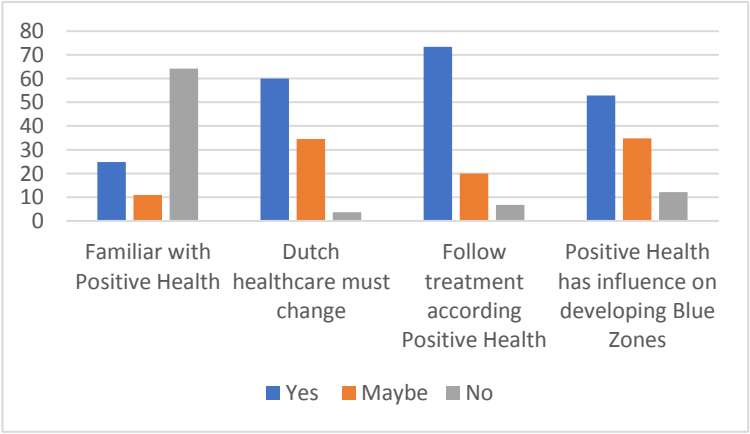
Place of residence * Gender Crosstabulation

Count

		Gender		
		man	woman	Total
Place of residence	NH	15	56	71
	ZH	2	17	19
	Gelderland	2	12	14
	Utrecht	7	15	22
	Limburg	1	7	8
	Groningen	0	2	2
	Zealand	1	4	5
	Noord-Brabant	2	6	8
	Friesland	1	2	3
	Flevoland	1	1	2
	overijssel	2	4	6
	Drenthe	3	2	5
Total		37	128	165

Table 3. Distribution place of residence

When looking at the number of people which is familiar with the concept Positive Health before completing the survey, there can be seen that 34,5 percent is familiar with the concept, 24,2 percent have heard of it and 41,2 percent is not familiar with the concept. The degree of awareness about Blue Zones is divided as follows: 24,8 percent is familiar with the concept; 10,9 percent have ever heard of it and 64,2 percent is not familiar with the concept. If looking at the opinion of participants about whether they think that the Dutch Healthcare should change, then the following is shown: 60 percent thinks that the Dutch healthcare should change, and they think that Positive Health is the good alternative. 34,5 percent thinks that the Dutch healthcare should change but don't know if Positive Health is the good alternative. 3,6 percent thinks that the Dutch healthcare shouldn't change. Even though many participants indicate that Positive Health is not a good alternative or are not sure that it will be a good alternative, the results of the survey show that 73,3 percent of the participants would follow a treatment according to the philosophy of Positive Health. 20 percent is not sure if they would choose for this treatment and 6,7 percent won't follow a treatment according to this philosophy. 87,3 percent of the participants thought that the Netherlands is not a Blue Zone. However, the results of the survey also show that just 18,8% of the participant thinks that it is likely that the Netherlands will become one. When looking at the factors where the Netherlands is missing the most to be able to meet the characteristics of the Blue Zones, it appears that the participants think that this is mainly due to too much stress and an unhealthy eating pattern. The participants are more positive about the influence that Positive Health has on the development of Blue Zones in the Netherlands. 52,9 percent thinks that Positive Health will contribute to the development of Blue Zones in the Netherlands. Some important explanation of participants for the contribution of Positive Health is that Positive Health also seems to pay attention to other factors that are important to feel healthy that correspond to elements seen in blue zones. People who think that it will not contribute give the following explanation: 'there are a number of blue zones because the populations there live together in a way and give their lives meaning which promotes togetherness and interconnection. You cannot organize that from healthcare'. Another reason is that some people think that the Dutch population will not be open to Positive Health since it is another way of thinking.



Graph 1. Results survey

In addition to general distributions, comparisons have also been made. The chi-square test is used to make the right connections. First, it is analyzed whether there was a difference between knowledge about the concepts Positive Health and Blue Zones and gender. The significance of the comparison between gender and the knowledge about Positive health is 0,330. The significance of the comparison between gender and the knowledge about Blue Zones is 0,106. There can speak about a significant difference between gender and the knowledge about the subjects when the significance value is lower than 0,05. Based on this information, therefore, no significant difference can be found between the sexes for both the knowledge about Positive Health and the knowledge about Blue Zones. That no significant difference is found means that it cannot be said that one sex has more knowledge about the subjects than the other sex. Beside this comparison there is also made a comparison between the knowledge about Positive Health and Blue Zones and the role that healthcare plays in daily life or working area. With a significance of 0,00 the Chi-Square test shows that there is a connection between the knowledge about Positive Health and the role the Dutch healthcare plays in daily life. This was already expected because IPH is busy spreading the concept among medical specialists with the help of training. This connection is not visible between the knowledge about Blue Zones and the role the Dutch healthcare plays in daily life. The chi-square test gave a value of 0,209.

4. Conclusion

Based on the results there can be made some conclusions. First, in the result section of this thesis it became clear that the Dutch healthcare system has a clear structure and that in the Netherlands high-quality care is available for everyone. In addition, it also became clear that expenditures on healthcare continues to rise and that this is mainly due to care rather than cure. Prevention is still a small expenditure, but this is an item that in the future can ensure that healthcare costs will decrease. The introduction of Positive Health can ensure that many parts of prevention are included in the conversation with the specialist. By looking at more than the disease itself, it is possible to look at the patient's lifestyle and see whether health gain can be achieved there. Make use of the new concept Positive Health can help to stop medicalization.

Another conclusion is that the characteristics of Positive Health and Blue Zones are indeed comparable. By using the instrument of Positive Health there will be more attention for the lifestyle of the patients. By making the necessary adjustments, the lifestyles of the inhabitants of the current Blue Zones can be copied. This should lead to a happier and healthier Netherlands. Positive Health be a method in this way to ultimately come to the result of being a Blue Zone. The big difference is that Positive Health is important in the individual area and Blue Zone in the local area. It is therefore important that everyone in a certain environment adjusts their lifestyle so that the characteristics of the Blue Zone can be met so that ultimately that place can be called a Blue Zone. The results showed that awareness of both subjects is still limited among the Dutch population. It is important that the knowledge grows so that people are aware of what lifestyle changes are needed to become a Blue Zone.

Based on the results of the survey, it can be concluded that people are positive about both concepts. Due to unfamiliarity, there are still many question marks. It is therefore important that information ensures that people really start seeing the importance and possibilities instead of seeing it as a fantasy. The Dutch population also sees how Positive Health can contribute to the development of Blue Zones. This is beneficial because many Dutch people told they would like to be treated according to the principles of Positive Health. When they follow this treatment method, they are also willing to make the necessary

lifestyle changes, which ensures that there is a step towards a healthier and happier Netherlands, in other words, towards being a Blue Zone.

The research question of this thesis was: can Positive Health have an influence on developing Blue Zones in the Netherlands? The literature review showed the similarity between the characteristics of Positive Health and Blue Zones. By looking at more than the physical complaints, there can be made steps towards lifestyle adjustments which are necessary to be a Blue Zone. The results of the survey showed that the participants are willing to follow a treatment following the philosophy of Positive Health. Beside this they also see the great impact Positive Health can have on the development of Blue Zones in the Netherlands. Because of an insufficient number of participants there cannot be spoken on behalf of the entire Dutch population, but from the view of the participants, it can be said that they stand behind this health movement. A focus point is to create more awareness about both subject. Based on the results from the literature review and practical results it can be concluded that Positive Health can have a positive contribution to the development of Blue Zones. The influence it has is mainly by making use of the different dimensions in the healthcare system, so that it is possible to find out more quickly about a person's habits. This ensures that the necessary lifestyle adjustments can be made which are necessary to correspond to the characteristics of Blue Zones. By using Positive Health, a happier and healthier Netherlands can be developed, resulting in the development of Blue Zones. The similarity between both characteristics will speed up this development.

5. Discussion

Based on the survey results, some possibilities for improvement became clear. The first thing that could clearly be seen in the results is that most of the participants were female. The explanation for the fact that more women than men have participated can be found in the fact that a large part of the participants work / or have to do with the Dutch healthcare in daily life. In general women are strongly overrepresented in medical and caring professions. Even though men generally have participated less in the survey, it can also be seen that of the number of participants working in care, the majority is female. The reason that it is mainly people who have to do with the Dutch healthcare can have two reasons. It may be because these people are more interested in the subject and therefore fill in the questionnaire more quickly, or it may be because the survey has ended up more with these people due to contacts within the Institute for Positive Health. The fact that it mainly concerns people in the healthcare sector may also have affected the results. First, their knowledge about the subject may already be beyond the general Dutch population. It is also possible that they adjust their opinion too much to their working position instead of looking at the concepts as a patient.

Another aspect where improvement is needed is that the 65+ group has not been reached enough. This is a problem because they are the group that generally require the most care because of the increasing presence of chronic diseases. It is important to know what the opinion of this group is against the concepts Positive Health and Blue Zones. Do they see possibilities how they can be old without the presence of chronic diseases and in a happier and healthier (mental) state? An explanation for the fact that this group is under presented can be that the survey is spread online. In general, the 65+ group are the people who make the least use of it. Another explanation can be that most of the participant are working in the Dutch healthcare sector. Above the age of 65, not many people will still be working.

As the results showed, there were only 165 participants in the end. The target number of participants was 250. This was needed to meet the 90% confidence level. The consequence of this lower number is that not enough people have now participated to be able to translate the results to the entire Dutch population. The interpretation of the results are therefore only assumptions. The results represent the opinion of the participants, but it cannot be said with certainty whether these results are representative of the opinion of the rest of the Dutch population. There are multiple possible reasons for the fact that the target of participating people is not met. One of the reasons can be that the survey is spread online. There were just a limited number of databases which could be used. Another reason can be that enough people have been reached but that lack of interest in the subject or available time has meant that not enough people participated. The opinions of people who have not completed the survey will never be known. As a result, it can never be completely clear whether the survey was of the right length and had sufficient content. The people who completed the survey were generally positive about the design and content of the survey, but it remains unknown how many people stopped halfway through the survey.

Because a large part of the medical specialists is reached via Institute for Positive Health, it is possible that there is bias. Because these people are already in the database of the company, they are generally more familiar with the subject and probably also more positive about the concepts. Because not everyone starts at the same level of knowledge, the outcome can be distorted. The survey does ask for the familiarity which makes it possible to make a distinction based on this. However, the expectation that the medical specialists in the database of Institute for Positive Health are more enthusiastic about the subject is not questioned and this can still lead to non-representative results. In this study, no separate survey or link was used for medical specialists from the Institute for Positive Health database. This cause that no distinction can be made between these medical specialists and the medical specialists who have been reached in a different way. As a result, there is only the expectation that the specialists from the database are more familiar with and are more enthusiastic about the concepts, but this cannot be confirmed based on the results.

As mentioned in the introduction, research has shown that Blue Zones can not only arise spontaneously but can also be developed. This research did not pay attention to the feasibility but only looked at the possibilities that the Netherlands offers for development. This mainly concerns the applicability of the characteristics. Now that it appears that Positive Health can have an influence on the development of Blue Zones in the Netherlands and that the participants are also willing to support this development; the development of Blue Zones in the Netherlands seems to be more realistic. It is, however, important to look at other developed Blue Zones so that steps can be taken towards the implementation in the Netherlands. In the North-Karelia project, it became clear that with the cooperation of various national and local authorities, experts, community organizations and the help of the population, the necessary lifestyle changes were realized so that health gains were achieved, and the characteristics of Blue Zones were met. When Positive Health is used for the development of Blue Zones in the Netherlands, the first collaboration between organizations (namely medical specialists) and citizens takes place. Important to take part in this type of prevention projects is that the possible profit will only become clear later. Here too, only the costs were visible first. In this project, a collaboration between universities and other institutions took place for funding, which meant that the budget could be kept as low as possible. Reducing the costs for treatment of cardiovascular diseases had to ultimately lead to profit in the North Karelia project. The savings that ultimately resulted in the revenues included reduced stroke cases and reduced pensions for people with disability due to cardiovascular disease. This involves amounts of around 6 million dollars. A budget of 1.75 million dollars was made available for this project (Puska, 1985).

Besides, it is important to make clear that Positive Health is not the only method which is needed to develop Blue Zones in the Netherlands. Positive Health will make its most important contribution in healthcare because it can provide the necessary lifestyle changes. To increase the knowledge among the population, different organizations need to work together. The government also has an important role in increasing the knowledge because the government can set up the necessary national information campaigns.

It is difficult to compare the results of this study with previous studies. No comparable studies have been conducted which looked at the influence of Positive Health on the development of Blue Zones in the Netherlands. To make the results more reliable, it is therefore important that similar researches will be carried out in the future. This so that the results can be placed in a broader context. There are already studies that indeed confirm that lifestyle has a big influence and that Blue Zones are feasible as discussed earlier in this study, but the combination that has been investigated in this research has not been investigated before.

6. Recommendations

There are multiple reasons why further research is needed. Starting with the weaker aspects of this research. It is important that there will be a follow up study which have a minimum number of 250 participants. This so that real conclusions can be drawn for the entire Dutch population. Beside this it is important that the follow-up study will have a correct distribution between men and women and that the 65+ group will be well represented. It would also be interesting to have a fairer distribution of working / not working in the care so that the possible differences can be identified even more clearly. In this research there was no attention paid to the difference in social economic status. For a follow-up study it would be interesting to take this into account. Another recommendation for further research is to include the results and experiences of medical specialists who already used Positive Health. In addition, the experiences of patients who were already treated following the approach of Positive Health can be included in a follow-up study. To gain a better understanding of the role that Positive Health really plays in the development of Blue Zones in the Netherlands, it is important that there is a good check on whether the lifestyle changes that are recommended are implemented. This prevents accidental results from being linked to lifestyle changes that have not even been made. It is important that in a follow-up study the degree of health and happiness is controlled so that it can be found whether the Dutch population is still willing to participate in this new development.

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8. Reflection

When I look back on my bachelor internship I consider it as a very educational and interesting period. Through working internally at Institute for Positive Health I got a good impression of what is going on within this company. It was interesting to see what the day-to-day tasks of the employees are and what agreements are made with external parties. In addition, I have also been able to make use of the available facilities. Examples of the available facilities were: first publications of new developments, being able to attend lectures, presentations and a symposium on the developments of Positive Health and the impact it has on Dutch healthcare. Both from the VU and from the Institute for Positive Health I have had very good guidance during my internship. There was always the possibility to ask questions and all supervisors had enough time to plan meetings and responded quickly to my e-mails. The first learning goal that I had prepared in advance was to set up the reference list correctly and to use the right sources for it. In the beginning I had difficulty finding the information I was looking for but by getting skills in using the right search terms, I ended up with the desired information. I have further developed this skill by trying a lot of different terms and also by looking at what keywords were mentioned in the published articles. Another learning objective was that I wanted to learn how to correctly use the problems I experienced during my research to further assist my research. I was lucky that I did not encounter any major setbacks during my internship. On the other hand, this is also a pity because I did not learn how to deal with such problems. Because of this, this learning goal was not achieved. My last learning objective was that I wanted to learn how to put my results on paper. The most important thing I learned here is that there is a lot more information coming in, for example through the questionnaire than you ultimately wants to process. By always keeping the research question in mind, I managed to make a good selection and to include only those results that could contribute to an answer to my research question. An important learning moment during my thesis was making a time schedule. During my entire internship period, this has provided guidance so that I have become increasingly aware of the importance of making a realistic time schedule. The scientific writing course helped me at the beginning of my internship to gain more insight into what is expected in the field of English language and scientific writing. By practicing writing and getting feedback, I was able to further develop my skills in the field of scientific writing.

9. Attachments

9.1 Enquête

Onderweg naar
een gezonder Nederland
Beste deelnemer,

Mijn naam is Maud Jansen en voor mijn bachelorscriptie voor de studie Gezondheidswetenschappen doe ik onderzoek naar hoe wij met elkaar Nederland gezonder en gelukkiger kunnen maken. Twee hoofdbegrippen in mijn onderzoek zijn Positieve Gezondheid en Blauwe Zones. Weet u niet wat deze begrippen inhouden? Zoek het vooral niet op, want later in deze enquête zal het allemaal duidelijk worden. De enquête zal starten met een aantal algemene vragen, waarna uw kennis en mening tegenover de begrippen Positieve Gezondheid en Blauwe Zones getoetst zullen worden. Tenslotte zullen er een paar korte evaluerende vragen gesteld worden die mij kunnen helpen bij het verbeteren van mijn onderzoek.

Alvast heel erg bedankt voor uw tijd en medewerking.
Mocht u nog vragen hebben, dan ben ik bereikbaar via het volgende e-mailadres: maudbtjansen@gmail.com.

PS Mocht u op een mobiele telefoon werken dan is de enquête het gemakkelijkste in te vullen wanneer u uw mobiele telefoon horizontaal draait.

*Vereist

Persoonsgegevens

1. Geslacht *
   Markeer slechts één ovaal.
   - ◯ Man
   - ◯ Vrouw

2. Leeftijd *
   Markeer slechts één ovaal.
   - ◯ <16 jaar
   - ◯ 16-25 jaar
   - ◯ 26-35 jaar
   - ◯ 36-45 jaar
   - ◯ 46-55 jaar

56-65 jaar

Ouder dan 65 jaar

3. Wat is uw hoogst afgeronde opleiding? * Markeer slechts één ovaal.

- Geen opleiding afgerond
- Lagere school/basisonderwijs
- VMBO
- HAVO
- VWO
- MBO
- HBO _____

Universiteit

Anders:

4. Woonplaats *

Markeer slechts één ovaal.

- Noord-Holland
- Zuid-Holland
- Zeeland
- Noord-Brabant
- Limburg
- Utrecht
- Gelderland
- Flevoland
- Overijssel

Friesland

Drenthe

Groningen

5. Speelt de gezondheidszorg een rol bij uw werk en/of opleiding? * Markeer slechts één ovaal.

Ja

Nee

Anders: _____

5. Positieve Gezondheid

In deze sectie zullen vragen gesteld worden die uw kennis van en mening over Positieve Gezondheid zullen toetsen.

6. Bent u bekend met de term Positieve Gezondheid? * Markeer slechts één ovaal.

Ja, ik weet wat het is.

Ja, ik heb er wel eens van gehoord.

Nee

7 Beschrijf kort wat u denkt dat de term Positieve Gezondheid inhoudt? *

_____

_____

_____

_____

_____

Video Positieve Gezondheid

http://youtube.com/watch?v=eNIVJptxJu0 In bovenstaande video zal het begrip Positieve Gezondheid toegelicht worden. Let op: het is belangrijk dat u dit filmpje bekijkt voordat u verder gaat met de rest van de enquête.

8. Hoe staat u tegenover de veranderende benadering van de definitie van gezondheid? * Markeer slechts één ovaal.

Ik vind dat de Nederlandse gezondheidszorg op deze manier zou moeten veranderen.

Ik vind dat de Nederlandse gezondheidszorg zou moeten veranderen, maar ik weet niet of dit de manier is.

Ik vind de Nederlandse gezondheidszorg zoals hij nu is goed en deze hoeft niet veranderen.

9. Waarom heeft u bovenstaande keuze gemaakt? *

6. Dit is Positieve Gezondheid

Met het nieuwe gezondheidsconcept wordt gezondheid gezien als het vermogen je aan te passen en een eigen regie te voeren, in het licht van de fysieke, emotionele en sociale uitdagingen van het leven. Na onderzoek is gebleken dat er 6 aspecten een belangrijke rol spelen bij de bepaling of iemand gezond is. Deze nieuwe benadering aan de hand van de zes aspecten heeft de naam Positieve Gezondheid gekregen. De factoren die een rol spelen zijn de volgende:

1. Lichaamsfuncties - Belangrijk hierbij is of je je gezond voelt, klachten en/of pijn hebt, goed slaapt, eetlust en conditie hebt en of je genoeg beweegt.

2. Mentaal welbevinden - Het gaat hierbij om de mate van vermogen om te onthouden, concentreren, communiceren, jezelf te accepteren, vrolijk te zijn, aanpassen en omgaan met veranderingen en gevoel van controle te hebben.

3. Zingeving - Belangrijk om dit te kunnen bepalen zijn de volgende factoren: levenslust, idealen willen bereiken, vertrouwen hebben, accepteren, dankbaarheid en blijven leren.

4. Kwaliteit van Leven - Genieten, gelukkig zijn, lekker in je vel zitten, balans hebben, je veilig voelen, een fijn woongebied en rondkomen met je geld zijn hierbij belangrijke factoren.

5. Meedoen - Leg je sociale contacten, word je serieus genomen, doe je veel leuke dingen, voel je steun van anderen, hoor je erbij, doe je genoeg zinvolle dingen en heb je interesse in de maatschappij zijn vragen die je jezelf hierbij moet stellen.

6. Dagelijks functioneren - Hierbij is het belangrijk dat je jezelf de volgende factoren afvraagt, zorg je goed voor jezelf, ken je je grenzen, heb je kennis van gezondheid, kun je omgaan met tijd en geld, ben je in staat om te werken en kun je om hulp vragen.

10. In welke mate vindt u dat de volgende factoren een belangrijke rol zouden moeten spelen in de gezondheidszorg? * Vink alle toepasselijke opties aan.

	Helemaal niet	Niet	Neutraal	Enigszins	Volledig
Lichaamsfuncties					
Mentaal welbevinden					
Zingeving					
Kwaliteit van leven					
Meedoen					
Dagelijks functioneren					

11. Mist u een factor bij het nieuwe concept?
(indien ja graag toelichten) *

12. Niemand wil natuurlijk ziek worden, maar mocht u onverhoopt in een situatie van ziekte terechtkomen, zou u dan behandeld willen worden volgens de principes van Positieve Gezondheid? *
Markeer slechts één ovaal.

- Ja
- Nee
- Misschien

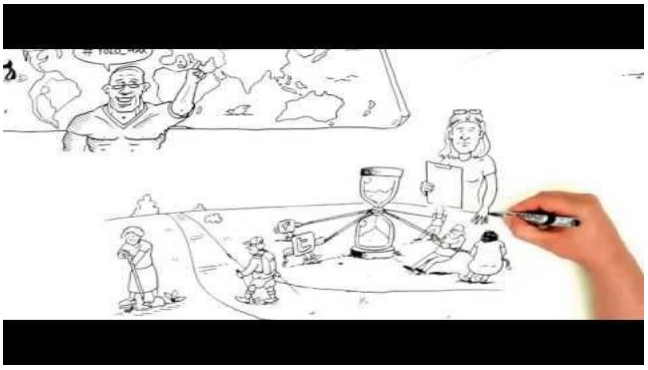
Blauwe Zone

In deze sectie zullen vragen gesteld worden die uw kennis en mening over Blauwe Zones zullen toetsen.

13. Weet u wat een Blauwe Zone is? * Markeer slechts één ovaal.

- Ja, ik weet wat het is.
- Ja, ik heb er wel eens van gehoord.
- Nee

Hoe word je een Blauwe Zone?



http://youtube.com/watch?v=OuUxTBRc9PE 14 Kunt u (aan de hand van het bovenstaande filmpje) kort beschrijven wat een Blauwe Zone is? *

15. Denkt u dat Nederland een Blauwe Zone is? *

Een Blauwe Zone is een plaats in de wereld waar hoge percentages van de bevolking een verbluffend lange levensduur hebben. De bewoners zijn in staat hun gezondheid en vitaliteit te behouden tot ze ouder dan tachtig, negentig of zelfs honderd zijn. Markeer slechts één ovaal.

- Ja
- Nee

Ik weet het niet

7. Nederland is geen Blauwe Zone

Zoals uit bovenstaand filmpje blijkt, is Nederland (nog) geen Blauwe Zone. Om een Blauwe Zone te kunnen zijn, spelen de volgende factoren een belangrijke rol: beweeg natuurlijk, heb een levensdoel, ervaar zo min mogelijk stress, eet niet meer dan tot je 80% vol zit, baseer je eetpatroon op plantaardig voedsel, drink 1-2 glazen rode wijn per dag, sluit je aan bij een geloof, investeer in geliefden, creëer een sociaal gunstig netwerk.

16. Op welk onderdeel denkt u dat Nederland het meeste mist om een Blauwe Zone te kunnen zijn? (Meerdere antwoorden mogelijk) * Vink alle toepasselijke opties aan.

- [ ] Beweeg natuurlijk
- [ ] Heb een levensdoel
- [ ] Ervaar zo min mogelijk stress
- [ ] Eet niet meer dan tot je 80% vol zit
- [ ] Baseer je eetpatroon op plantaardig voedsel
- [ ] Drink 1-2 glazen rode wijn per dag
- [ ] Sluit je aan bij een geloof

Investeer in geliefden

Creëer een sociaal gunstig netwerk

17. Kunt u kort toelichten waarom u juist denkt dat uw bovenstaande keuze nog de meeste aandacht nodig heeft? *

_____

_____

_____

_____

_____

18 Hoe waarschijnlijk ziet u de mogelijkheid dat Nederland een Blauwe Zone wordt? * Vink alle toepasselijke opties aan.

	Heel onwaarschijnlijk	Onwaarschijnlijk	Neutraal	Waarschijnlijk	Heel waarschijnlijk
Nederland een Blauwe zone	☐	☐	☐	☐	☐

19. Wat zal de grootste blokkade zijn voor de ontwikkeling van een Blauwe Zone in Nederland? *
Markeer slechts één ovaal.

- ◯ Gezondheidszorg
- ◯ Bevolking
- ◯ Overheid
- ◯ Anders: _____

20. Kunt u kort toelichten waarom u denkt dat juist de bovenstaande groep een blokkade zal vormen? *

_____

_____

_____

_____

_____

21. In welke mate denkt u dat het gedachtegoed van Positieve Gezondheid zal bijdragen aan de ontwikkeling van Blauwe Zones in Nederland? * Markeer slechts één ovaal.

	1	2	3	4	5	
Helemaal geen bijdrage	◯	◯	◯	◯	◯	Volledige bijdrage

22. Kunt u uw bovenstaande antwoord kort toelichten? *

23. Wat is volgens u een reden waarom Positieve Gezondheid en Blauwe Zones een goede combinatie zouden zijn? *

24 Wat is volgens u een reden waarom Positieve Gezondheid en Blauwe Zones GEEN goede combinatie zouden zijn? *

1. Evaluatie

In deze sectie zullen een paar korte vragen gesteld worden die mij kunnen helpen bij het verbeteren van mijn onderzoek

25. Na het invullen van deze enquête ben ik bekend met de termen Positieve Gezondheid en Blauwe Zones * Markeer slechts één ovaal.

	1	2	3	4	5	
Helemaal niet bekend	◯	◯	◯	◯	◯	Volledig bekend

26. Het is belangrijk dat deze enquête afgenomen wordt Markeer slechts één ovaal.

	1	2	3	4	5	
Helemaal oneens	◯	◯	◯	◯	◯	Helemaal mee eens

27. Wat vond u van de lengte van deze enquête? * Markeer slechts één ovaal.

	1	2	3	4	5	
Te kort	◯	◯	◯	◯	◯	Te lang

28. Wat vond u van de moeilijkheidsgraad van deze enquête? * Markeer slechts één ovaal.

	1	2	3	4	5	
Te makkelijk	◯	◯	◯	◯	◯	Te moeilijk

29. Heeft u nog opmerkingen en/of tips voor het verbeteren van mijn onderzoek?

Hartelijk bedankt voor het invullen van deze enquête!