From community health weeks to a scalable infrastructure for equitable prevention

Bart Baselmans, PhD, 27-10-2026

Amsterdam & Leiden

Western Netherlands



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COFFEESHOP
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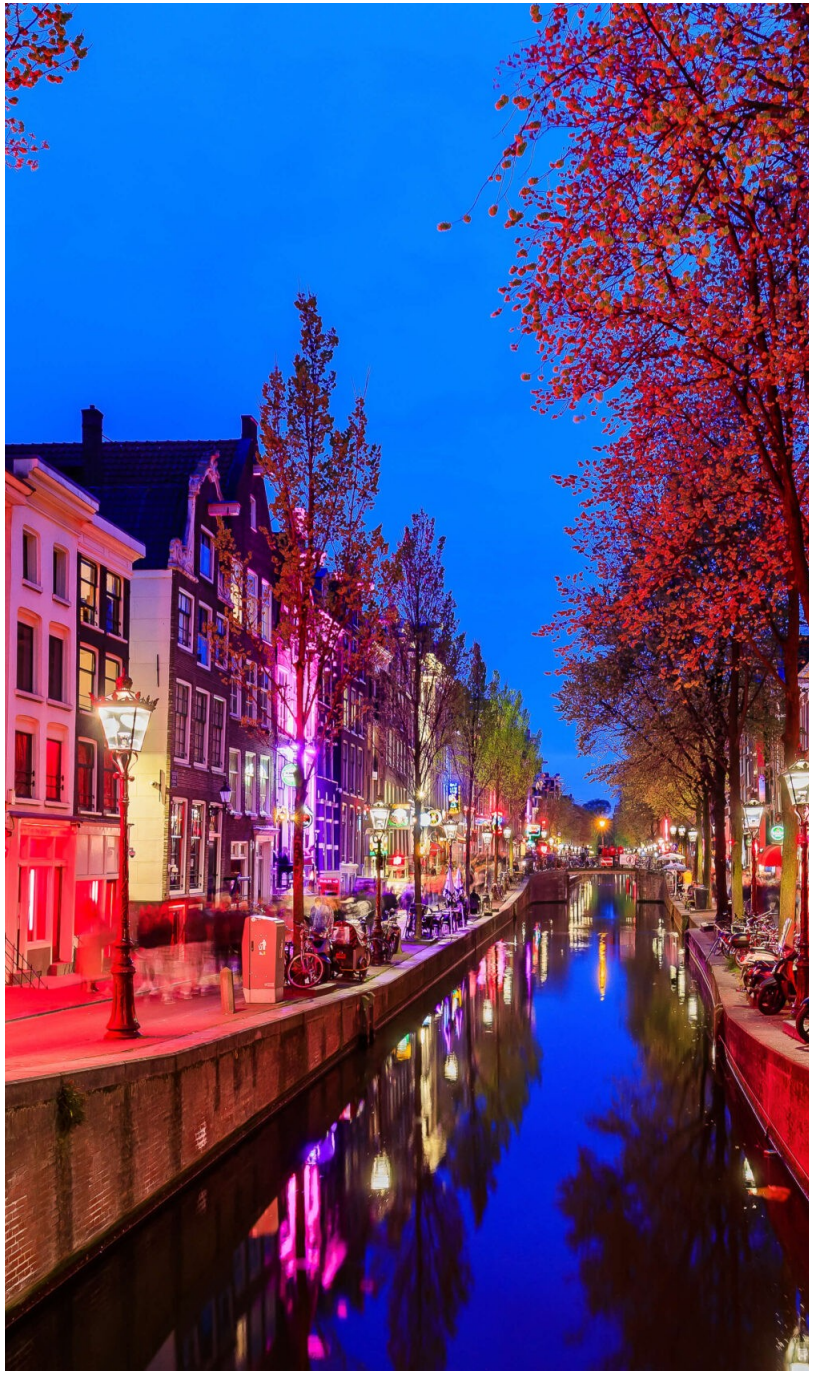


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The other side of Amsterdam

Poverty and health inequalities in a prosperous

News

Hundreds of Amsterdam residents on waiting list for food aid: Red Cross doubles support in the Netherlands

In Amsterdam alone, 700 people are on the waiting list for food aid from the Red Cross. With more people living below the poverty line and no end in sight to high food prices, the aid organisation wants to double its food assistance.

New figures show growing health gap between Amsterdam neighborhoods: healthy life expectancy differs by up to 15 years

The health gap in the city is growing. Between the richest and poorest neighborhoods, the difference in healthy life expectancy has now widened to as much as 15 years, according to new figures from O&S (Amsterdam's research department). Poverty, debt, chronic stress and physically demanding jobs are taking their toll.

Het Parool

Plus News

New poverty figures: Amsterdam has the highest poverty rate, now overtaking Rotterdam

Amsterdam has the highest proportion of people living in poverty. The city thus takes over this dubious distinction from Rotterdam, according to the latest poverty figures from Statistics Netherlands (CBS), the Netherlands Institute for Social Research (SCP) and Nibud.



What drives these inequalities?

Underlying factor	Contribution to health inequalities	Sources
Income and financial security	Resources to afford healthy food, adequate housing and daily essentials.	Moor et al. (2017) O&S Amsterdam (2025)
Education and opportunities	Opportunities for employment, income and access to resources throughout life.	IHME–CHAIN (2024) O&S Amsterdam (2024)
Working conditions	Physical workload and limited control over working conditions.	Meisters et al. (2026) Health & Place
Housing and neighbourhoods	Exposure to health risks, opportunities to be active and access to social support.	Moor et al. (2017) Meisters et al. (2026)

When inequalities become chronic

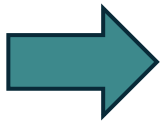
LIVING CONDITIONS

Financial insecurity

Limited educational opportunities

Demanding working conditions

Poor housing and neighbourhood conditions



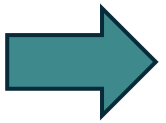
EVERYDAY PRESSURES

Worry about paying for essentials

Fewer options for secure employment

High demands and little control

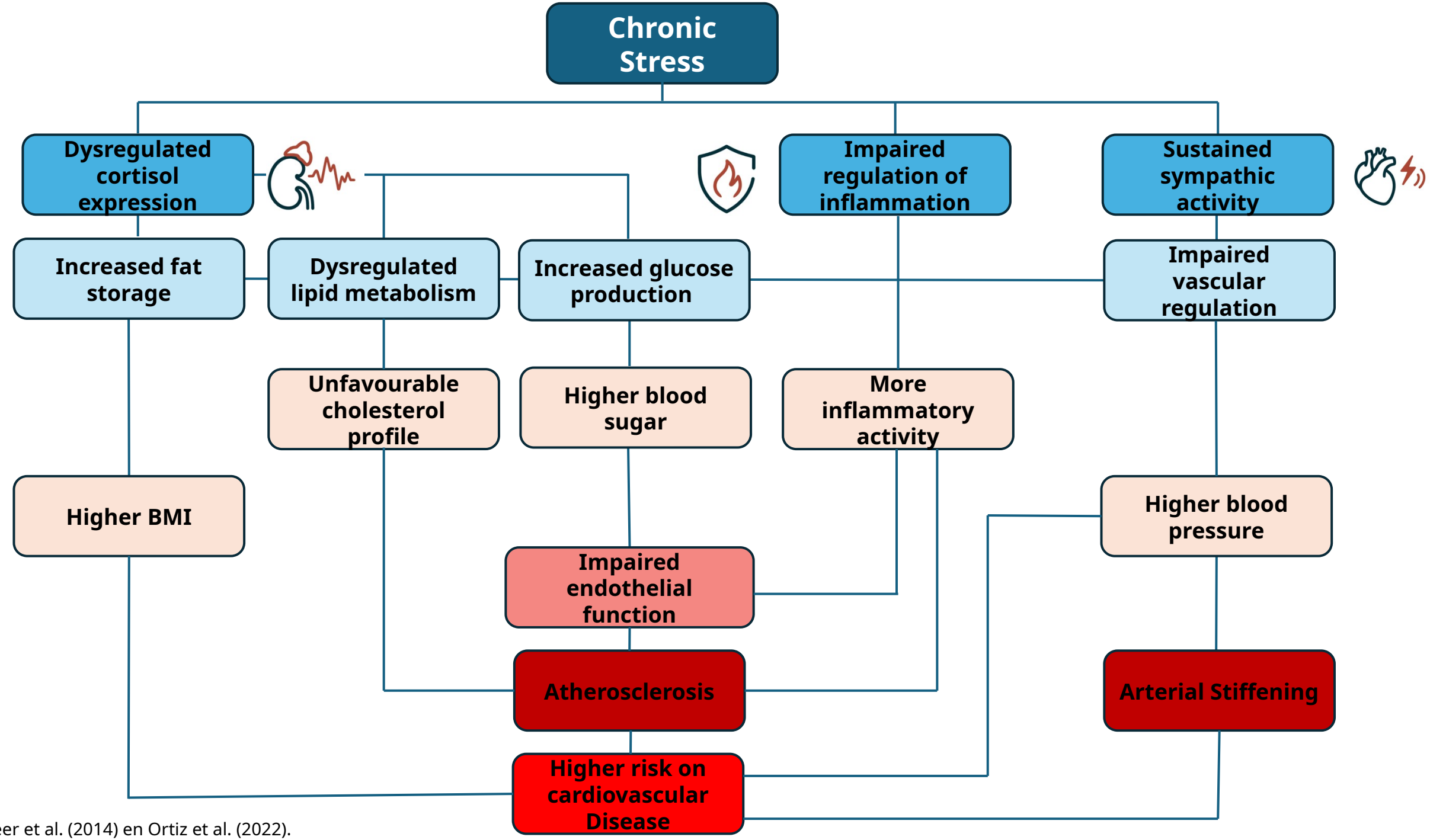
Ongoing problems that are difficult to resolve



Chronic stress

When pressures persist and resources to cope are limited

Crielaard et al., Understanding the impact of exposure to adverse socioeconomic conditions on chronic stress from a complexity science



Geer et al. (2014) en Ortiz et al. (2022).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Cardiovascular disease hits disadvantaged neighbourhoods much harder: 'We keep mopping while the tap is running'


Living environment plays a role in cardiovascular disease risk
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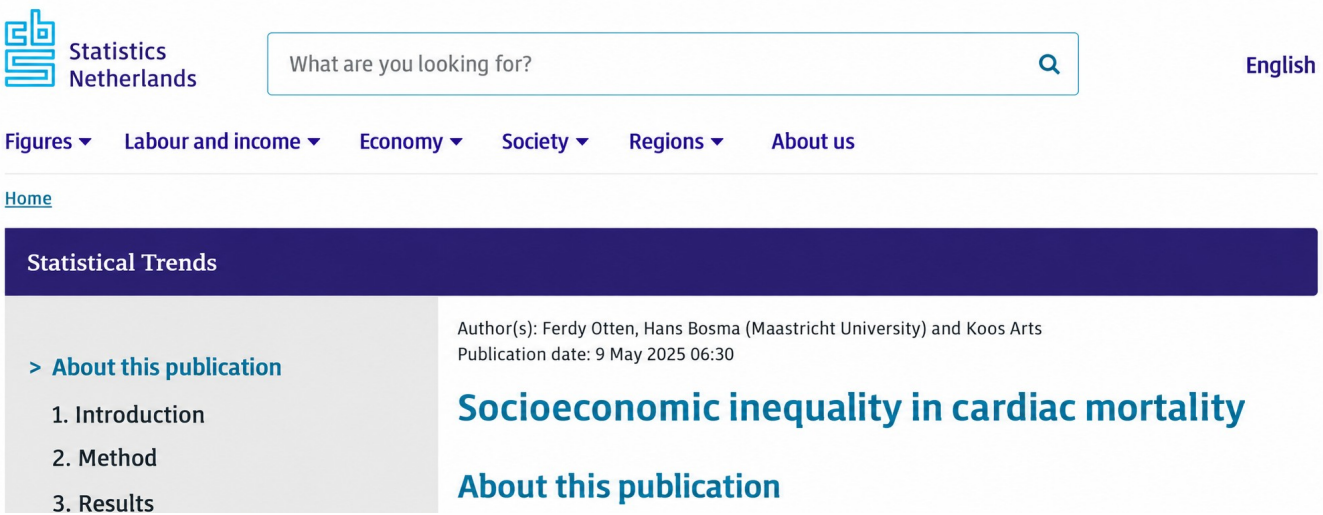
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Publication date: 9 May 2025 06:30
Socioeconomic inequality in cardiac mortality
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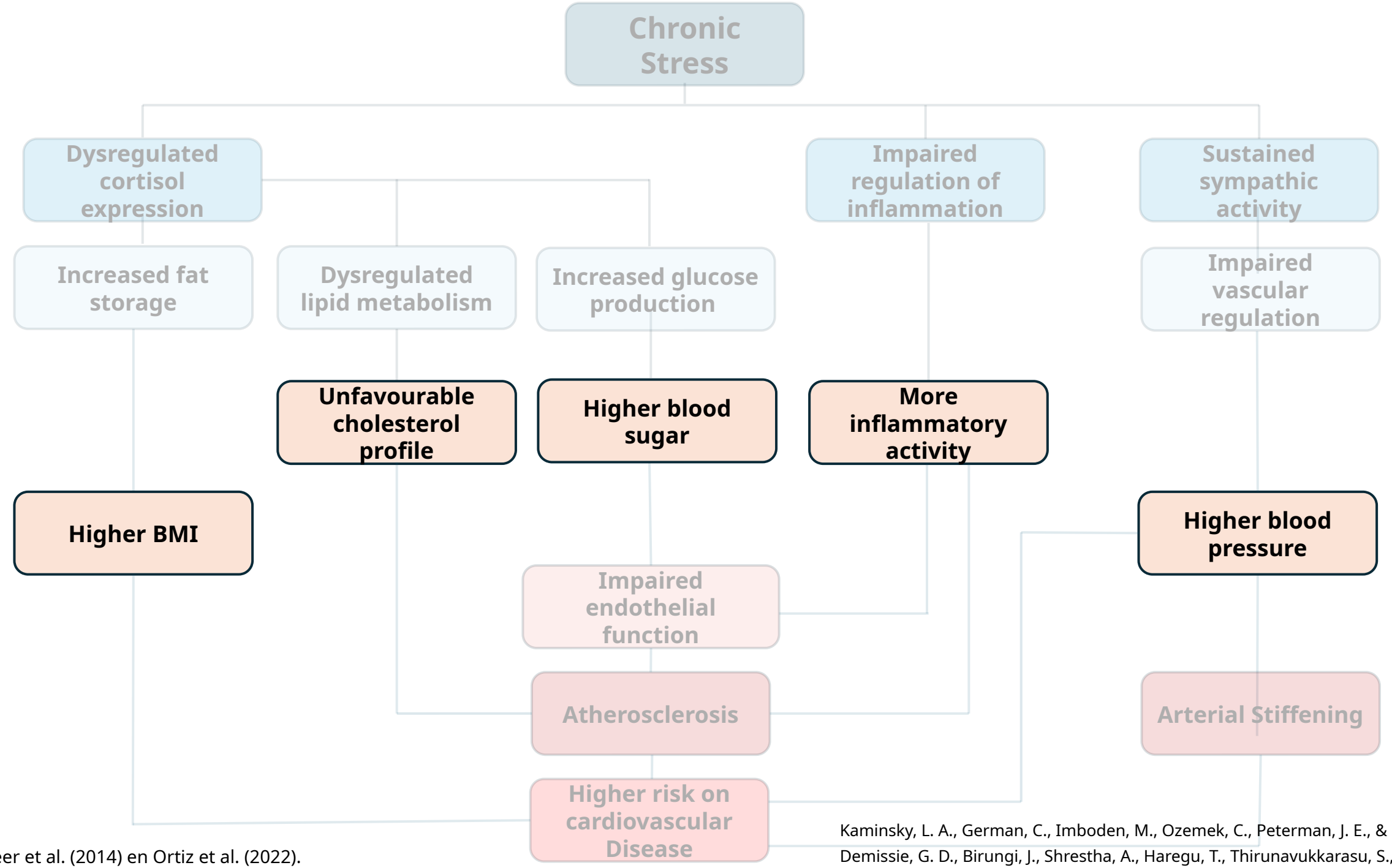
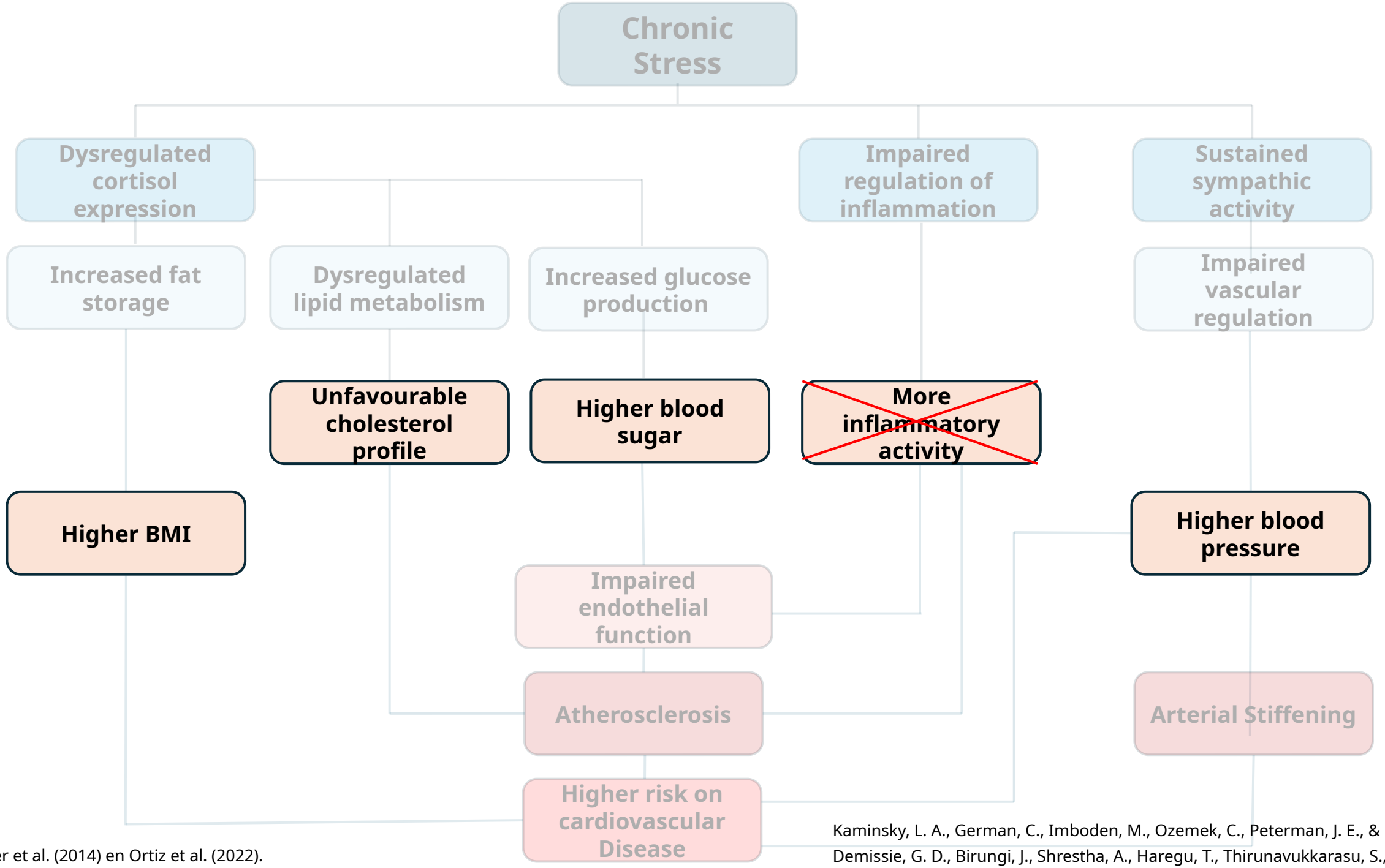


Geer et al. (2014) en Ortiz et al. (2022).

Kaminsky, L. A., German, C., Imboden, M., Ozemek, C., Peterman, J. E., & Brubaker, P. H. (202
Demissie, G. D., Birungi, J., Shrestha, A., Haregu, T., Thirunavukkarasu, S., & Oldenburg, B. (2



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The start of a prevention community programme

Our guiding principles

- It has to be recurrent (at least 4 times a year)
- Reach out to residents, not the other way around
- Trusted and familiar places
- Together with local care practitioners
- Students should be involved

Most importantly

- **Measurements are NOT the end goal!**
- Follow-up conversations
  - Social workers
  - Lifestyle coaches
  - Pharmacists (Medication adherence)
  - Psychologist

HARTstikke GEZONDWEEK

Hartstichting

LOA Foundation

CoE Urban Vitality | Hogeschool van Amsterdam





Blood pressure



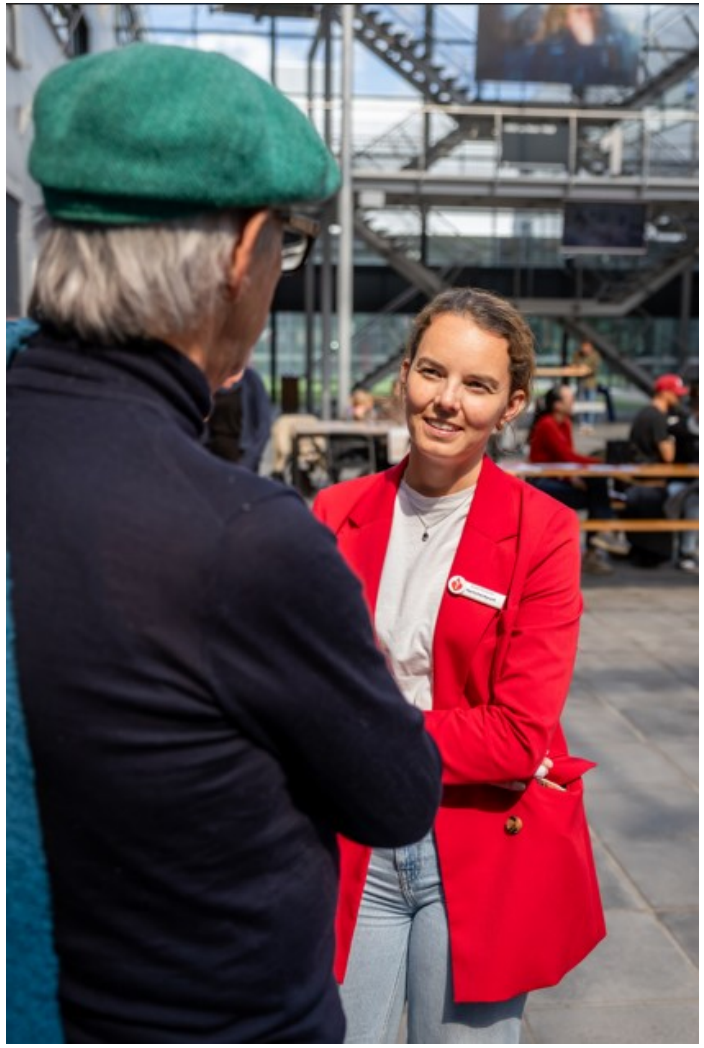
Cholesterol



Blood sugar

Point of care testing in more detail

For the first two years, we were a service programme (nope, not a research programme…)



Wiek



Rosalie Neuvel



Barbara Bijlstra

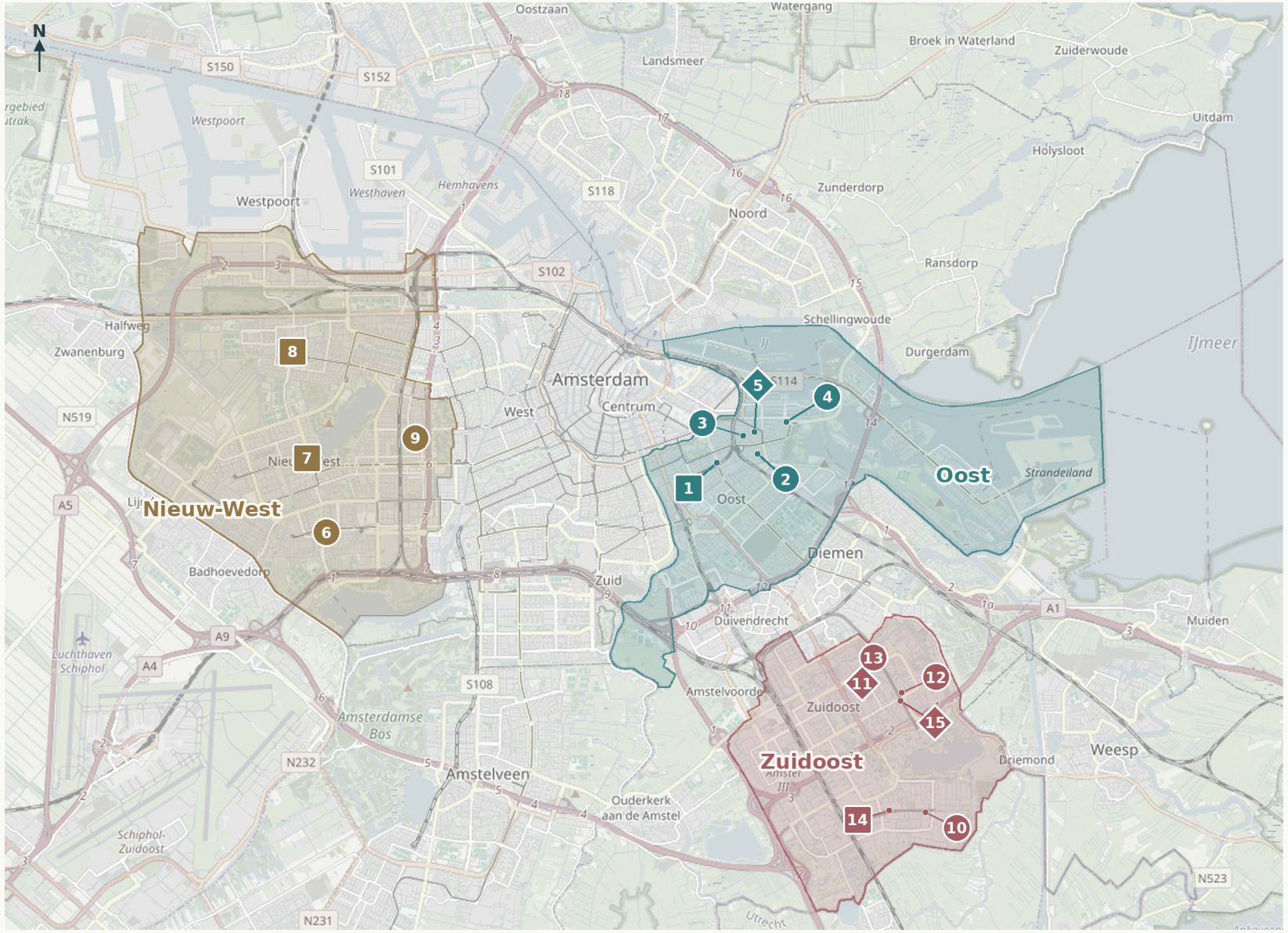


Melanie



Inge

HARTstikke Gezond locations (last three editions 2026)



OOST

1. **OBA Linnaeus**
   Linnaeusstraat 44
2. **Activiteitencentrum Vonk**
   Ambonplein 63
3. **De Meevaart**
   Balistraat 48A
4. **Flevopoort**
   Kramatplantsoen 101
5. **Elthetokerk**
   Javastraat 118A

NIEUW-WEST

6. **Buurthuis België**
   Hageland 117–119
7. **OBA Osdorp**
   Osdorpplein 16
8. **OBA Geuzenveld**
   Albardakade 3
9. **Ru Paré**
   Chris Lebeaustraat 4

ZUIDOOST

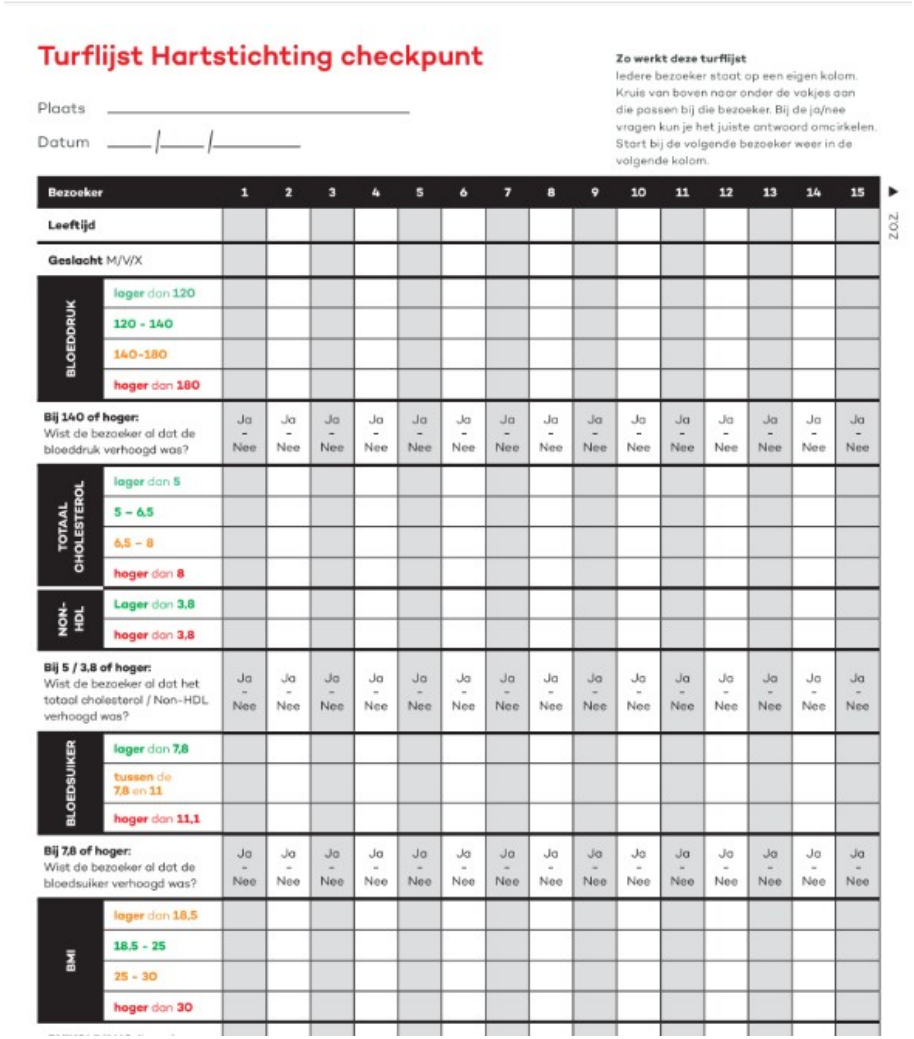
10. **Buurthuis Gein**
    Wisseloord 83
11. **De Nieuwe Stad**
    Luthuliplein 11
12. **Bonte Kraai**
    Kraaiennest 68
13. **NoLIMIT**
    Geldershoofd 80
14. **OBA Reigersbos**
    Rossumplein 1
15. **Taibah-moskee**
    Kraaiennest 125

From a community service program to a research program

Paper checklists are:

- Easy to use
- Relatively quick
- But provide limited information





Turflijst Hartstichting checkpunt

Plaats _____

Datum ____/____/_____

Zo werkt deze turflijst
Iedere bezoeker staat op een eigen kolom. Kruis van boven naar onder de vakjes aan die passen bij die bezoeker. Bij de ja/nee vragen kun je het juiste antwoord omcirkelen. Start bij de volgende bezoeker weer in de volgende kolom.

Bezoeker		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Leeftijd																
Geslacht M/V/X																
BLOEDDRUK	lager dan 120															
	120 - 140															
	140-180															
	hoger dan 180															
Bij 140 of hoger: Wist de bezoeker al dat de bloeddruk verhoogd was?		Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee
TOTAAL CHOLESTEROL	lager dan 5															
	5 – 6,5															
	6,5 – 8															
	hoger dan 8															
NON-HDL	Lager dan 3,8															
	hoger dan 3,8															
Bij 5 / 3,8 of hoger: Wist de bezoeker al dat het totaal cholesterol / Non-HDL verhoogd was?		Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee
BLOEDSUIKER	lager dan 7,8															
	tussen de 7,8 en 11															
	hoger dan 11,1															
Bij 7,8 of hoger: Wist de bezoeker al dat de bloedsuiker verhoogd was?		Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee	Ja - Nee
BMI	lager dan 18,5															
	18,5 - 25															
	25 - 30															
	hoger dan 30															

2.0.2

From counting activities to understanding impact

- Paper checklists mainly allow you to count what happens.

- Digital data can help you understand why it happens, from whom, and whether your community program works
  - Combine measurements with relevant context to develop and test patterns and decision rules
  - Record data more consistently
  - Better understand differences between groups
  - Follow participants over time

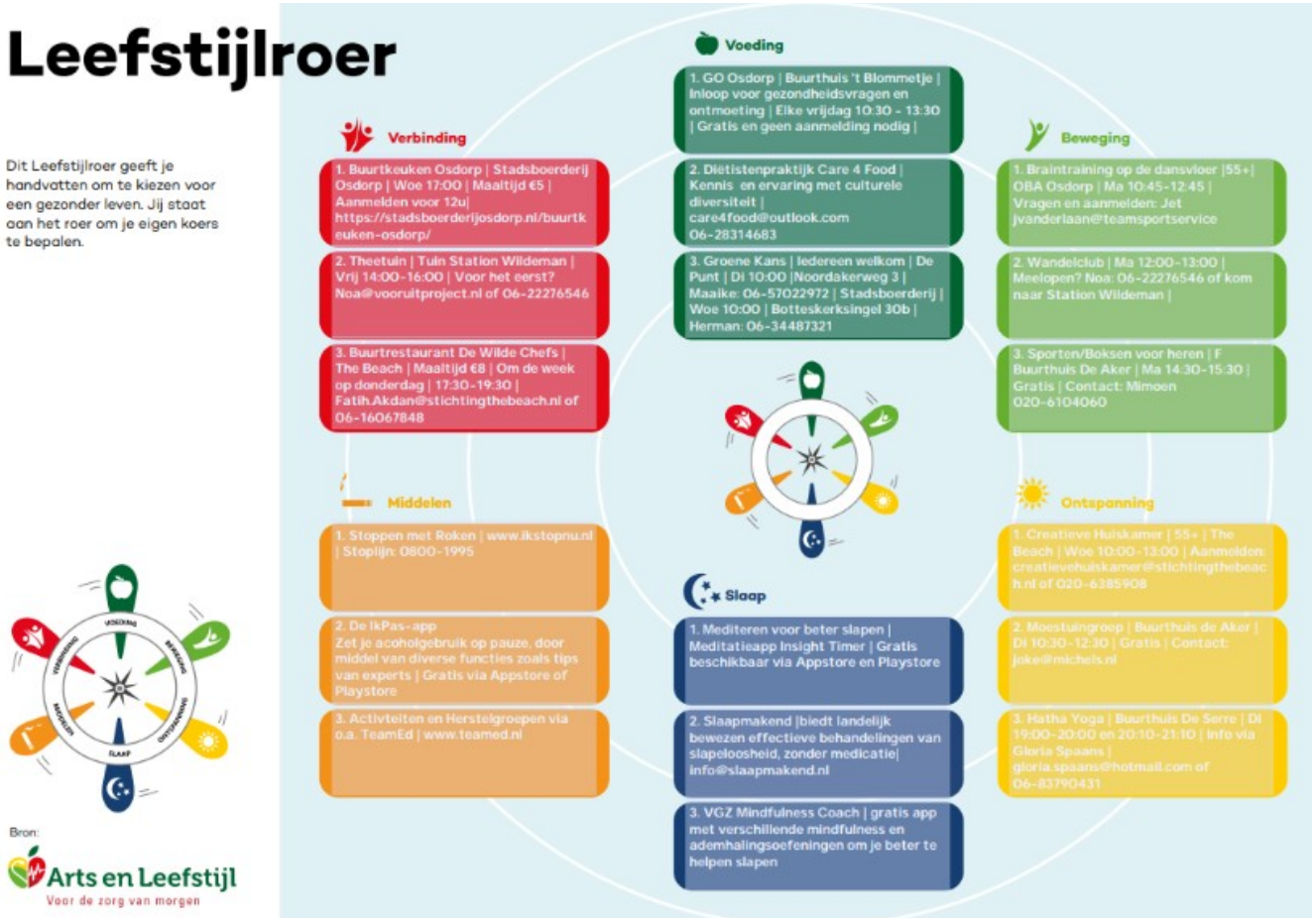




IMDI research grant

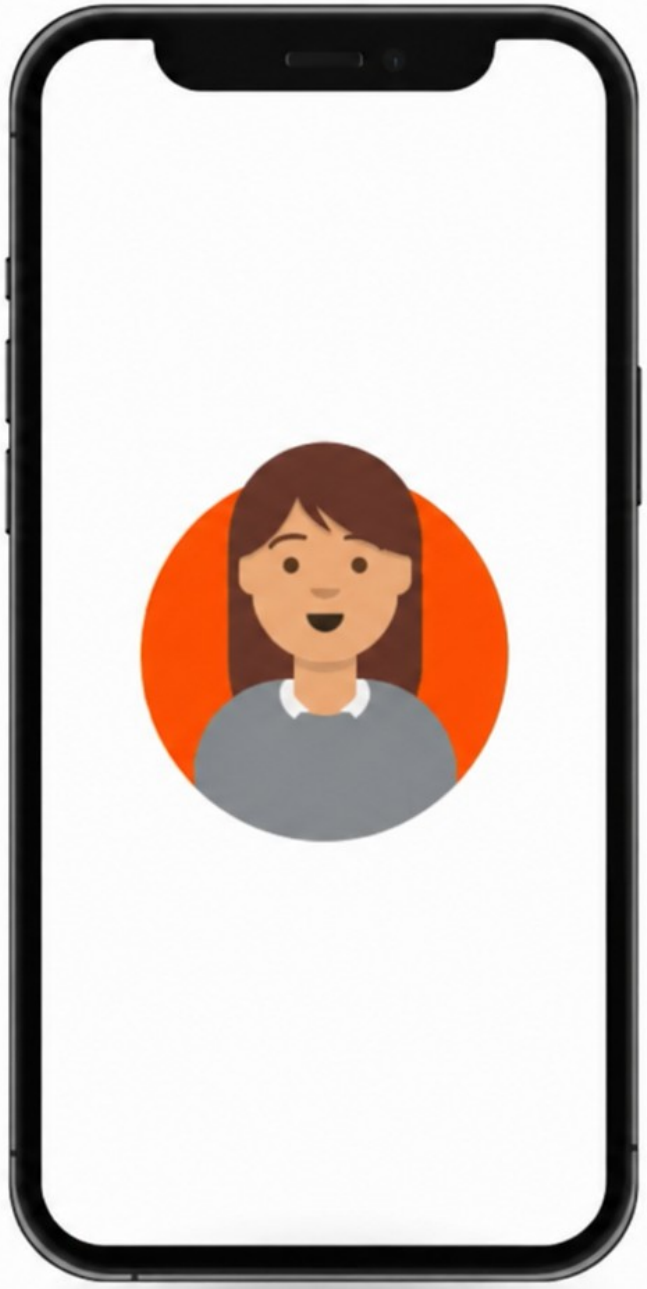
Collaboration between NWO, ZonMW and SIA

- Technology for sustainable healthcare
- Focuses on technology that makes care more person-centred, appropriate and feasible to deliver
- Starts with needs identified in practice by residents, professionals and others
- Aims to improve the quality of care and support care processes



Connecting residents to the right care and support

- Local services and activities are highly fragmented.
- Even healthcare professionals often lack a clear overview of what is available.
- This makes it difficult to match residents' needs with the right support.
- We use visual conversation aids, to help bridge this gap.
- These are organised around six themes.

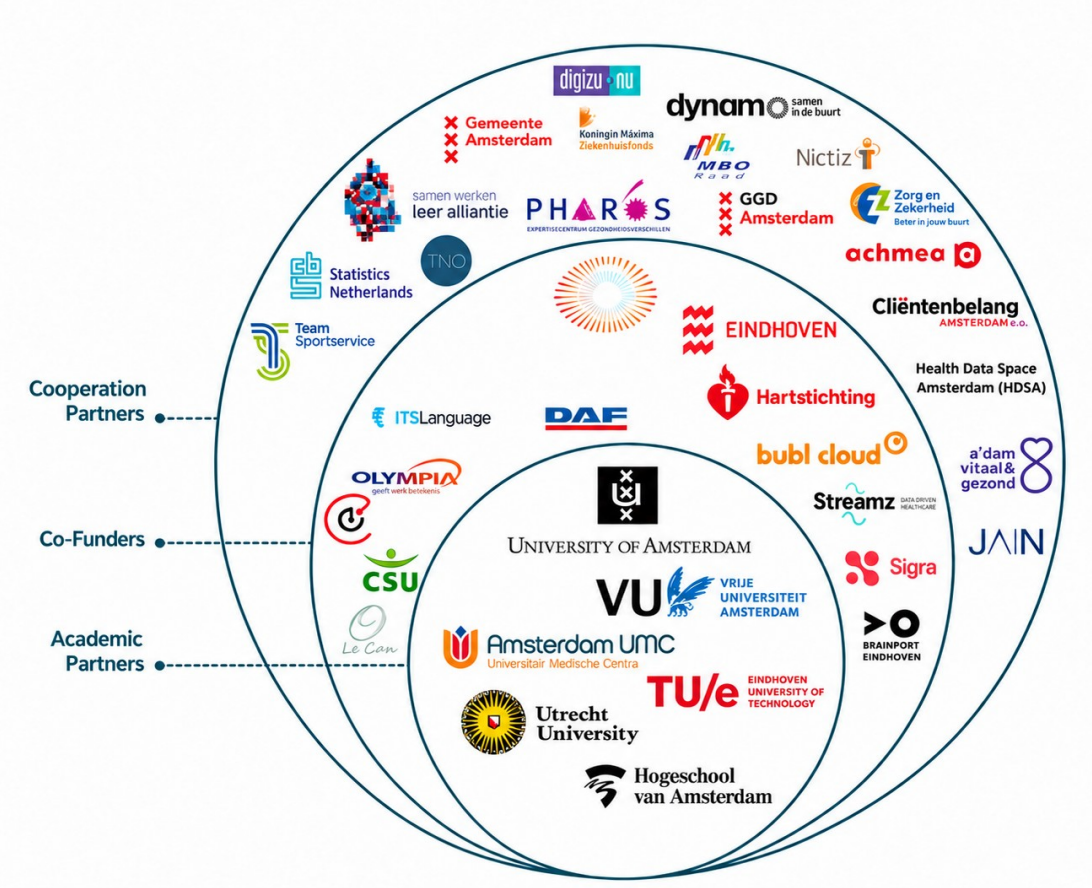


Digital Matchbot

- Collaboration with Eindhoven Engine and TU/e
- An interactive map of local services helps care professionals match support to residents’ needs
- A digital assistant that supports, rather than replaces, personal conversations
- Culturally sensitive and privacy-friendly

What’s on the horizon?

- Alongside the IMDI grant (started last week), our consortium has secured €3.5 million through the NWO KIC programme (Start January 2027)
- A focus on systemic change to give prevention a stronger role in healthcare
- Strengthening the evidence base for community-based prevention
- Connecting community initiatives, home monitoring and healthcare
- Studying what works, for whom, and how to sustain and scale it



All nice…
but

Bit
scary



Community, Research AND educational platform





