

People

Target population living lab:

- Whole neighbourhood of Leidsche Rijn, but specific interventions are focused on subpopulations. Sometimes neighbouring neighbourhoods are included as well (Vleuten, De Meern).
- Most interventions/projects are related to general practitioners (huisartsen), targeting vulnerable people who often visit the GP. Vulnerable (low SES ao) youth/youngsters are sometimes focus, but still underexposed.
- Leidsche Rijn is a **typical ‘Vinex’ completely newly-build neighbourhood**, and it’s still expanding enormously (+89% growth the coming 10 years, population = 38.859 01-01-2019).
- **Demographics**
 - Its population consists mainly of dual earning (mostly 2 parent) households with children.
 - Significantly large amount of the population is aged 35-54 (and 25-34 in LR Centrum) (compared to the rest of Utrecht).
 - Many youths, less students. Relatively less elderly.
 - Relatively more ethnically diverse than in the rest of Utrecht.
 - Relatively many divorces.
 - Relatively higher SES than average in Utrecht. Within LR sub-neighbourhoods differences related to income and % people looking for a job.
- **Social cohesion:** like average in Utrecht (score 5,8, related to 6,0 in Utrecht).
- **Loneliness** is a big issue (bit more than average in Utrecht): 26% of the inhabitants of LR doesn’t have somebody to talk to about personal problems. Health issues often go along with loneliness. Based on qualitative data from the LL, groups that mostly face loneliness: elderly, singles, youths. Some sub-neighborhoods (buurten) have bigger loneliness issues.

Activities

As most inhabitants are young families with children, they visit places/activities like:

- School
- Sport (clubs, facilities)
- Playgrounds
- Supermarkets/shops

There is **lack of facilities for youths/youngsters**. Many adolescents are bored, which results in ‘hanging outside’ and (small) criminal activities/nuisance. Other youngsters are often inside.

Leidsche Rijn **didn’t prepare** enough for the population growing up.

Context

Physical context

- Lots of green and space
- Challenges: infringement (increase of houses at the same space) and strong population growth (50 new GP subscriptions per week due to GP data), how to deal with conditions/basic facilities?

Social context

- Challenges related to population growth: cohesion, loneliness, people looking for a job.

Institutional context

- Strong network of health care/medical professionals.
- Strong resident participation: many people take part in ‘bewonersplatform In de kern Gezond!’ (mostly higher educated, white, chronically ill)

Technology

Sport/physical activity: het Lint (facility in the public space where you can run for X km’s, including time/distance measuring).

(Urban)Sport/gaming elements in public space: especially interesting for youths/youngsters.

Lots of opportunities to do more with technology within living lab, in collaboration with Academische Werkplaats Fysiotherapie.

General characteristics

- Focused on (preventive) health (care) sector.
- Many projects/interventions are related to general practitioners (huisartsen). Central focus is often: loneliness and self-reliance (zelfredzaamheid).
- For these projects and for research purposes from a preventive health/epidemiological perspective it is better to focus on a large neighbourhood (the more data for trend analysis, the better).

Examples of projects/interventions (see: <https://www.modelwijkleidscherijn.nl/>)

- o Pijler 1- Vraagarticulatie: Van Wijkdata naar Wijk doen, Coschap in de wijk, Wijkproject ‘indekerngezond’, Leidsdche Rijn maken we samen
- o Pijler 2 – R&D /Evaluation: Min Dokter (digital platform for online GP visits)
- o Pijler 3 – Matching & Implementatie: multidisciplinaire scholing ‘voer het andere gesprek’, Diabetes Challenge, Leefstijlprogramma Julius gezond, Om U Proactieve Integrale Ouderen-zorg

Institutional context:

- o LL Leidsche Rijn is initiated by UMU Utrecht/Julius Gezondheidscentrum. LL is physically located at the Julius Centrum (just flex working spaces). However, last year the Julius Gezondheidscentrum changed management, and is now less connected to the management of the UMC Utrecht. The current management is not aware of hosting an academic living lab (and ‘academische werkplaats’) within its health care center.
- o LL Leidsche Rijn intensively collaborates with GP’s, first line health care, physiotherapists. Not yet with sport/PA professionals, only indirectly via physiotherapists. LL Leidsche Rijn is open to explore these collaborations, via Vital@2040.

