Local health prevention policies in the Netherlands: Explaining policy activity

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Abstract

Research on local health prevention policy in the Netherlands is rather limited. This qualitative research aims to reduce this gap by identifying how problem severity, political orientation and the availability of potential partners explain health prevention policy activity. The first hypothesis expects municipalities with a higher problem severity to have a higher health prevention policy activity. The second hypothesis expects that more left-oriented municipalities have a higher health prevention policy acitivity. The third hypothesis expects municipalities with a higher availability of potential partners to have a higher health prevention policy activity. Via a comparative case study with a cross-sectional design, an analysis was conducted on policy (related) documents of 8 municipalities. Based on the results all 3 hypotheses were rejected. The results indicate that municipalities with problems in multiple health categories have a lower health prevention policy activity than municipalities with problems in a single health category. Further, it turns out that right-oriented municipalities tend to be more active in the field of health prevention policy than left-oriented municipalities. The availability of potential partners within a municipality however, does not prove to explain the activity of municipalities in the field of health prevention policy.

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Introduction

This section elaborates on the topic of the research, the research question, and the societal and scientific relevance of the research.

Research topic

Within public health care, prevention and promotion have taken an increasing role of importance. Attention of public policy makers is shifting from curing towards preventing to cut the growing costs of health care (Nationaal Preventiekkoord, 2018). As of 2003, municipalities in the Netherlands are obliged with the task of developing a local health policy document in which prevention plays a central role (Wet Publieke Gezondheid [Wpg], 2008). Although municipalities are assigned with the task of developing preventive health policies for a considerable number of years, there is not much information to be found about the state of preventive health policies on the local level. Health prevention policy has received attention within the academic world, however not on the full width of the field. Most research focusses on the role of scientific evidence and the intervention mapping process in the context of decision-making. Additionally, there is a lack of research with an explicit focus on the local level in combination with health prevention policies.

Based on the above, it can be stated that there is a need to clarify to which extent Dutch municipalities actually develop preventive health policies and, if this is the case, in how far they are put into practice. Building upon this, it can be researched why some municipalities are more actively developing and implementing health prevention policies than others.

Research question

The aim of this research is to get an overview to which extent municipalities are actively developing health prevention policies and finding out what factors explain how actively municipalities are developing health prevention policies. How actively municipalities are developing health prevention policies will in this research be approached as 'health prevention policy activity' (HPPA) which will hold the position of dependent variable. Based on existing research, three independent variables were chosen to examine if they explain the level of health prevention policy activity. These are availability of potential partners, political orientation, and problem severity. Further elaborations on the variables included in this research will follow in the theory chapter.

Dutch municipalities are concerned with preventive health care in the context of public-, youth-, elderly- and infectious disease care (Wpg, 2008). The choice was made not to investigate prevention policies in all the health care fields, but to narrow the focus of the research down to spearheads in the field of public preventive health care aimed at adults. These are smoking, overweight and problematic alcohol consumption. This choice was made as these spearheads are the main causes of disease burden in The Netherlands (Nationaal Preventieakkoord, 2018). When combining all of the above, the following explanatory research question about local health prevention policies arises: "*How do availability of potential partners, political orientation and problem severity explain the level of health prevention policy activity of Dutch municipalities?* This is a general research question which can only be answered after being divided into the following sub questions:

1. *What are the characteristics of Dutch municipalities in terms of availability of potential partners, political orientation, and problem severity?*
2. *What are the characteristics of Dutch municipalities and their health prevention policies in terms of health prevention policy activity?*
3. *How do availability of potential partners, political orientation and problem severity explain the level of health prevention policy activity of Dutch municipalities?*

The first question is descriptive and characterizes Dutch local governments on the independent variables. Question two is descriptive as well and characterizes Dutch local governments on the dependent variable. The third question is explanatory and tries to find out if and how the independent variables explain the dependent variable.

Societal and scientific relevance

In 2015 the number of tasks of Dutch municipalities has grown in the context of decentralizations. It is expected that municipalities encounter problems regarding the execution of all the various tasks (Vermeulen, 2015). In practice there may be situations in which health policies are developed but not (completely) implemented. Providing preventive health care is a legal responsibility of municipalities under the Public Health Act (2008). Therefore, it is important to clarify in how far local governments prioritize health prevention policies and take action to develop these policies. This is in the interest of the public. In terms of scientific relevance this research contributes to the knowledge of health prevention polices by researching what factors may or may not be of influence on the development and implementation of local health prevention policies. Although this research focusses explicitly on the Dutch situation, the results can potentially be of relevance for other settings too.

Theory

To conduct the research successfully, further clarifications of the legal framework and the core concepts of this research are required. Firstly, an illustration of the legal framework in the context of health prevention is provided. Subsequently, conceptualisations of the core concepts are given in combination with theories and results from existing (grey) literature that serve as an underlying basis for this research.

Legal framework

As of 2002, Dutch municipalities are obliged to develop a local health policy. First in the Public Health Collective Prevention Act (WCPV) and as of 2008 in the Public Health Act (Wpg, 2008). The development of Dutch health policy is guided by a 'prevention cycle' which is laid down in the Public Health Act (Wpg, 2008). An important step in this cycle is the development of a national health policy for a period of four years, created by National Government. In this policy National Government sets priorities in the field of public healthcare. Subsequently, municipalities follow National Government by creating local health policy. This local health policy should be developed within two years after the publication of the national health policy.

Further, municipalities are expected to contribute to the development, execution, and adjustment of prevention programs in the context of public healthcare. Besides this, prevention should be provided in the fields of youth health care, elderly health care and infectious disease control care. In the local health policy, municipalities are expected to include the goals, actions, and results to be accomplished in the fields of health care mentioned above. When developing local health policy, municipalities are obliged to at least take the national priorities in consideration (Wpg, 2008). The latter implies that there is a certain degree of freedom for a municipality regarding the points of focus of the local prevention policy. This degree of freedom matters as epidemiological situations differ between municipalities and tailored local health policies are required.

Conceptualisation

Health Prevention Policy Activity

The conceptualization of Health Prevention Policy Activity in this research is considerably broad. It comprises all the activity of a municipal government that is connected to health prevention policy.

Activity in this context is used as described by the Lexicon Dictionary: “A thing that a person or group does or has done” (Lexico, 2020). This means, that HPPA comprises everything that a municipality does in the context of health prevention policy. This does not mean that it is restricted to the activity connected to the development of policy. It also comprises the activity that is connected to the implementation of policy. If a certain municipality has more health prevention policies than another municipality, then the first municipality is more actively developing health prevention policies and thus has a higher HPPA. It is not only about official activity, e.g. in local politics, but also about activity from the civil service that develops and implements policy. In short, the purpose of using HPPA as the dependent variable is to gain insights in how much municipalities are doing in the field of health prevention policy.

Problem severity

In the scope of this study, problem severity is conceptualized as how big problems on the local level are for which policy can be made. This is expressed in the relative numbers of inhabitants of a municipality that smoke, are overweight or are problematic alcohol consumers. The above-mentioned behaviours are the main causes of disease burden in the Netherlands (volksgezondheidenzorg.info, 2020). This in combination with the classification of National Government of these behaviours as being spearheads for health policy, makes clear that it cannot be denied that these behaviours are a problem. However, on the local level there may be significant differences between municipalities, which could influence the degree of priority for the problem per municipality.

Cromwell, Peacock, and Mitton (2015) in their research on health care decision making concluded that health care decisions are based on criteria that are also related to health needs of populations. It is a very general finding, but it will however be applied to the situation of this research. Despite being marked as spearheads, it is expected that municipalities still assess the severity of the specific diseases or health problems within their working area. Based on the above-mentioned theory, the following hypothesis was formulated: *Municipalities with a higher problem severity will have a higher health prevention policy activity.*

Political orientation

In the light of this research, political orientation stands for the composition of the municipal Council and the board of Mayor and Aldermen in terms of political parties based on a left-right distribution. Independent local parties are not included in this research as their ideological position is hard to determine on a left-right scale. Besides from that, unlike national parties, independent local parties have clear and distinctive opinions about issues on the local level (Boogers & Voerman, 2010). In the scope of this research, the proportion of left-wing parties is of importance. Literature about the influence of political orientation on the activeness of policy development and implementation in the context of local health care is very limited. In general, it is expected that left oriented parties are more inclined to government intervention than parties on the right side of the political spectrum. Existing research was consulted to find out more on this topic.

Imbeau, Pétry & Lamari (2001) assessed the relationship between the composition of government on a left-right scale and policy outputs. Although significant but small differences were found, no decent conclusion could be drawn on the relationship. The overall conclusion was that more research is needed (Imbeau et al., 2001). Bjørnskov & Potrafke (2011) on the other hand, found that political ideology was of influence on the economic freedom in Canadian provinces. Left-wing governments were more tended to regulate the economy and thus stood for more intervention than right-wing governments (Bjørnskov & Potrafke, 2011). Finally, Dijk (2001) conducted a research on Dutch local

health policy. One finding was that the higher the percentage of left-wing parties in the local Council was, the higher the number of developed policies would be. This finding applied for health care in general.

When looking at the studies mentioned above, the results of Dijk's research (2001) will be used as a basis for considering the local council in this research. This choice was made because the setting in which the research was conducted is very similar to the setting in this research and therefore highly applicable. Additionally, Dijk's research also focuses on local health policies and not at policies in general, which is more in line with this research. The decision to additionally consider the board of Mayor and Aldermen is based on more general results from Canada, where left-wing governments were inclined to intervention (Bjørnskov & Potrafke, 2011). These results are however based on the provincial level, but for practical purposes it will be applied to the local level in this research. Based on the 2 theories above, the following hypothesis was formulated: *Municipalities that are politically more left-oriented will have a higher health prevention policy activity.*

Availability of potential partners

As Lewis (2009) states, partnerships are a very popular form of governance nowadays. To be more detailed, he uses the concept of partnerships as "formalised networks to manage interorganisational relationships" (Lewis, 2009). Whereas partnerships in today's shape were not imaginable fifty years ago, it can now be seen that various layers of government, including municipalities, collaborate with different organizations in the context of policy development and implementation. Availability of potential partners in this research is conceptualized as the extent to which organizations are present within the municipality that can potentially be of added value for preventive health policy. The added value of potential partners lies in the fact that they possess useful resources that can be used in the development or implementation of health prevention policies.

Nowadays, health related policies are usually developed through an integral approach (volksgezondheidenzorg.info, 2020), in which the physical and social environments of people are also considered. Therefore, it makes sense that municipalities collaborate with other organizations. This because the broadness of domains to be included has grown, and municipalities do not have enough resources to develop tailored policies. External organizations, including universities, hospitals, health care organizations, health insurers and health institutes can therefore be helpful in designing and implementing health policies. These types of health care organisations have been determined based on exploratory research by reading various existing health policies. Among a considerable number of public decision-making processes focussed on the priority setting of health care, partnerships are an above average used criterion by governments (Cromwell, Peacock, & Mitton, 2015. Therefore, the following theory was formulated: *Municipalities with a higher availability of potential partners will have a higher health prevention policy activity.*

Methodology

This chapter elaborates on the research design, operationalisation, data collection, case selection and data analysis of this research.

Research design

The main research question of this research is explanatory and tried to find out if the availability of potential partners, political orientation and problem severity explain the level of health prevention policy activity. This was done via a comparative case study with a cross-sectional design. A consequence of this is that data was collected at a specific moment in time and from different samples. The population of this research comprises all the municipalities of the Netherlands. As it was not

feasible to study all municipalities, the Achterhoek region was selected, which lies in the working area of the Municipal Health Services Noord- en Oost-Gelderland. As there are three independent variables in the research question, the choice was made to collect data on 8 different municipalities. This to maximize the variation on the independent variables between the cases and thus have the best possible representation of municipalities. Every student in this bachelor circle did analyse 4 own selected cases and 4 cases from fellow students. The cases selected in this research are all located in the Achterhoek region, whereas those from other students are located in other regions. This research mainly focuses on the Council period 2014-2018. In some cases, policy documents were used that were developed in this Council period, however with a validity that lies beyond 2018.

Operationalization

In order to assure that the content validity of this research is kept as high possible, the concepts as described in the theory part are translated into measurable concepts below.

Health prevention policy activity

For the measurement of the level of health prevention policy activity, five indicators have been used. The first one is the presence of discussions about health prevention activities in central health policy documents as well as follow up documents of the central policy. The focus here lies on alcohol consumption, overweight and smoking among adults. The second indicator is the specificness of health policy documents. This includes if goals are clearly formulated, if health risk analyses are conducted as well as if prevention programs are described in detail. Via the second indicator it can be found if municipalities only intend to meet the legal requirements or if they are willing to develop prevention policy more actively and thus more specific. The third indicator focusses on the presence of discussions about health prevention activities in municipal Council and board documents. This can be council questions, advices, council decisions, council proposals etc. Every document that is related to the development or implementation of health policy is included.

The fourth indicator focusses on the presence of health prevention activities in the annual budgets. In financial documents like annual budgets, program budgets and financial statements it is tried to find exact amount for health policies. Even more interesting is when budgets per specific program are allocated. If budgets are allocated, it is subsequently interesting to see how high budgets are, as this gives insights regarding the extent to which municipalities prioritize health policy. The fifth and last indicator focusses on implementation programs. The more specific and detailed, the more valuable for this research. Implementation or action plans can be for the local health policy in general as well as per program that is designed. In case that a municipality has clear and detailed plans for action, this is an indicator that it has been more actively developing health policy, as well as that convincing intentions are present to implement programs.

Every indicator will be assigned a value ranging from 1 to 5 full points on an ordinal scale, where 1 equals poor, 2 equals bad, 3 equals average, 4 equals good and 5 equals excellent. For every case, the overall score is determined by the mean of the 5 indicators. In doing this, the size of the concerning municipalities is taken in consideration. This has been discussed and agreed upon with the other students of this bachelor circle, who use the same rating system and values.

Problem severity

This variable is based on the relative number of inhabitants of a municipality that smoke, are overweight or are problematic alcohol consumers. Values are compared to the national averages and categorized. This is done for every separate indicator. If the values of smokers, problematic alcohol consumers and overweight lie above the national average, the problem severity is considered as ‘high’.

If the value lies under the national average it is categorized as ‘low’. For the case selection, only the categories ‘low’ and high’ were used. However, in a later stadium of the research, more insights were gained, and the choice was made to create more detailed categories as presented in table 1.

Table 1. Problem severity categories

Category	**Percentual deviation from national average**
Low	Smaller than or equal to -10%
Under average	Greater than -10% and smaller than or equal to -5%
Average	Between -5% and 5%
Above average	Greater than or equal to 5% and smaller than 10%
High	Greater than or equal to 10%

Political orientation

An indicator for the political orientation of the municipal Council as well as the board of Mayor and Aldermen, is the number of seats of national left-wing parties within the Council and the board. The classification of national parties as left-wing or right-wing is based on data from the Comparative Manifesto Project (Volkens et al., 2019). The total number of left-wing seats is expressed in a percentage. Subsequently, the Councils and boards can be classified as left-wing, centre, or right-wing. If values of the Council and the board both lie above 50%, the municipality is classified as left-wing. If the values both lie under 50%, the municipality is classified as right-wing. If both values are exactly 50%, the classification is centre. In cases were the Council value lies under but close to 50% and the board value lies above 50%, the municipality is classified as left-wing. This also applies the other way around for right-wing municipalities.

Availability of potential partnerships

The indicator for availability of partnerships is based on the presence of universities, hospitals, health care organization, health insurers and health institutes that are located within a municipality. Based on the number of these types of organisations, a municipality is categorized as ‘low’ or ‘high’ in terms of availability of potential partners. If the number is 1 or 2, the categorization is low. If the number is 3 or higher, the categorization is high.

Data collection

Data was collected via desk research and is quantitative as well as qualitative. For the variables availability of potential partners and problem severity, the data are mere numbers. For availability of partnerships, assessments of different types of organizations that are located in municipalities have been made. This was done by searching on the internet for organizations that match the criteria. Data for problem severity was collected from a data bank from volksgezondheidenzorg.info., which is part of the Dutch institute of Public Health and the Environment. The databank contains epidemiological data of municipalities and regions as a whole from the year 2016. The datasets are freely accessible through the internet. For the variable political orientation classifications of political parties on the left-right political spectrum were required. Within Comparative Manifesto Project (Volkens et al., 2019) information was found about the classification of political parties on a left-right scale. For health prevention policy activity data was collected from websites of the municipalities. In some cases, data was found on the main municipal website, but mostly on separate databank websites from the municipal councils.

Case selection

The sample of this comparative case study is relatively small. Hence, the choice was made to maximize variety on the independent variables for every case. To reach this, 8 cases needed to be selected as there are 3 variables with 2 values each. When taking the size of a bachelor thesis in consideration, the supervisor and students concluded that this was not achievable. Therefore, a construction was made in which every student selects 4 cases that can also be used by the other students. This was possible as all the students used the same variables and indicators. A scheme was developed that specifies what type of cases had to be selected by every student. For this research 4 cases were selected from the Achterhoek region where the availability of potential partners was kept constant on the value 'low' and with maximum variation on political orientation and problem severity. From the other two students a total of 4 cases was received with the value 'high' on availability of potential partners and with maximum variation on political orientation and problem severity. In table 1 an overview of the selected cases is provided.

Table 2. Selected cases

	Problem severity – high		**Problem severity – low**	
	Potential partners – high	**Potential partners – low**	**Potential partners – high**	**Potential partners - low**
Political orientation – left	Tilburg	Oude IJsselstreek	Arnhem	Bronckhorst
Political orientation – right	Rotterdam	Aalten	Wageningen	Oost Gelre

Data analysis

The data analysis was conducted in two phases. In the first phase, values of the independent variables were provided with short elaborations. These values were already determined in the case selection progress. Subsequently, for every case a content analysis of the collected documents was executed. Based on the content analyses, overall scores of the dependent variables of all cases could be determined. From this point, all the values of the independent variables and the dependent variable were known and categorized if necessary. In the second phase the results were provided. This was done in the form of tables to gain a clear overview of the values of the different independent variables across from the dependent variable. Via a results comparison, the three hypotheses of the independent variables were tested step by step.

Analysis

In the first part of this section, an analysis of the four selected cases from the Achterhoek is conducted. First, characteristics of every case will be presented. This concerns a short description of every municipality as well as the values of the independent variables problem severity, political orientation, and availability of potential partnerships. Secondly, content analyses of gathered documents will be conducted for the dependent variable health prevention policy activity. In the second part of this section, a results comparison is provided.

Aalten

Characteristics

Aalten is a small rural municipality in the region of the Achterhoek. It consists of four core villages and several smaller villages. In 2017 the municipality had approximately 27.000 inhabitants (Gemeente Aalten [GA], n.d.). When analysing Aalten on the problem severity variable, it appears that on the three spearheads the municipality shows negative values. In comparison to the national average, there are more excessive or heavy drinkers, more people with overweight and more smokers. From Aalten's population 20% is classified as a heavy or excessive drinker, whereas the national average is 16,9%. Overweight lies at 53% whereas the national average is 50,5%. On the point of smoking the value is 19%, where the national average is slightly lower with 18,7% (Volksgezondheidenzorg.info, 2018). From the above it can be derived that on the points of drinking and overweight there are clear deviations from the national average.

In municipal politics it can be observed that independent local parties play an important role with a total of 9 out of 21 seats in the local Council. From the rest of the seats, which consist of national parties, only 8% counts for left-wing parties. The board of Mayor and Aldermen consists of 5 seats, from which 4 seats are occupied by national parties. These national parties are classified as right-wing parties, which means that left-wing parties are not included in the board of Mayor and Aldermen. This together indicates that based on the national parties in the local Council and board of Mayor and Aldermen, the municipality of Aalten is politically more right-wing oriented. When focussing on the availability of potential partnerships, it can be classified as low in Aalten. As it is a rural municipality, there are no hospitals, universities, health care organizations or insurers located within the municipal borders.

Health policy documents

In 2014, the municipal council of Aalten agreed on their local health policy Local health policy gemeente Aalten 2014-2017 (GA, 2014b). A first striking point is that the exact date on which the Council agreed on their policy, is June 10, 2014. This is approximately three years after the publication of the national health policy document from the Minister of Health, Welfare and Sports (2011). As described in the legal framework, municipalities should have their local health policies developed within two years after the publication of the national health policy document (Wpg 2008). This means that Aalten was too late with determining its local health policy according to the legal requirements. In the policy, it is emphasized that it clearly connects to the national health policy, where smoking, overweight and problematic alcohol consumption are part of the spearheads (GA, 2014b). Further, an overview of the previous health policy document of 2009-2013 is given, outlining the national and local spearheads of that period. Subsequently, a list of projects that were designed and implemented in the 2009-2013 period is presented. The most important message of the new policy is that it more than ever puts the emphasis on one's own power and own responsibility in the context of health (GA, 2014b).

When looking at the spearheads smoking, overweight and problematic alcohol consumption, two health promotion programs designed for adults can be found in the activities of the 2014-2017 period. In the context of overweight, a promotion project focussing on diabetes type 2 called 'SLIMMER diabetes 2 voorkomen' will be set up. In the context of alcohol consumption, a prevention- and enforcement plan for a time span of four years will be determined (GA, 2014b). Worth mentioning here is that municipalities are obliged to design and determine such a plan parallel with their local health policy under the Licensing and Catering Act (1967). It becomes clear that a health policy

document is present and prevention programs are brought forward. A downside is that the policy was developed too late. This together results in an assigned score of 3 points.

Health policy specificness

In the document Lokaal Gezondheidsbeleid gemeente Aalten 2014-2017, the main goal is the minimal preservation and/or achieving more health gains. Policy frameworks are provided, based on the main goal, the legal duties, the health risks of the inhabitants and the health factors that the municipality can influence. Prevention and promotion programs from the previous term are walked by and where possible evaluated (GA, 2014b). Subsequently, an analysis of health risks is given based on epidemiological data. Based on this health risk analysis and national spearheads, health promoting programs are designed. For "SLIMMER diabetes 2 voorkomen" and the alcohol prevention and enforcement plan, it is stated based on what they are written. The SLIMMER program is based on the national trend of a growing number of people getting diabetes type 2. The program focusses on nutrition and exercise. The GP has a leading role in the program that has a duration of one year. Participants will follow a nutritional and exercising program from dieticians, physiotherapist, and other specialists (GA, 2014b). The alcohol plan needs to be written based on a legal obligation and should bring municipalities in the situation of connecting the policy field of public health with that of public order and safety. Based on the very detailed approach in the 2014-2017 policy, without any shortcomings, a score of 5 points has been assigned.

Municipal Council and board documents

One of the documents that is part of the development process of the local health policy 2014-2017 is the proposal from the board of Mayor and Aldermen to the municipal Council. It is described that the policy was created in consultation and cooperation with the municipal health services. Further, short descriptions are given about the different chapters and their contents. Especially the financial consequences receive extra attention. The board of Mayor and Aldermen elaborates on the fact that the implementation of the policy cannot start within the available budget, as health promotion programs are not included. Therefore, the board asks the Council for an additional contribution of € 18.000. It is underscored that as soon as the extra financial resources are available, programs will immediately be implemented. On the last page, the Council agrees with the proposal of the board.

The second document in the development process of the local health policy 2014-2017 consists of Council questions from the Progressive Party to the board of Mayor and Aldermen. Only questions and corresponding answers of relevance for the Preventive Health Policy Activity variable will be picked out. The first question is about how fast the policy will be implemented after being determined. The board answers that preparatory steps have already been taken in the context of implementation, and that activities will start as of July 2014. A second relevant question asks whether evaluation of activities can take place before the end of the term, for example after two of the four years. This to make adjustments if necessary. The board answers that it is possible to set up a mid-term report after two years.

The third relevant document consists of questions and advice from the Wmo-council to the board of Mayor and Aldermen about the local health policy 2014-2017. The Wmo-council is occupied with the Social Support Act (Wmo, 2015). The one and only relevant question is whether general practitioners have already been contacted in the context of the 'SLIMMER' program. The board answers that the SLIMMER project has already been started in the city of Doetinchem and that it is financed by the health insurer Menzis. There is an intention so start this project together with municipalities located in the Achterhoek region. Conversations with health insurers will be started and GP's will be involved in

the SLIMMER project. From the official municipal page Aalten Actueel it can derived that the SLIMMER program started as of January 1, 2016. Since mostly documents were found that can be indicated as formalities with a superficial character, a score of 3 points has been assigned.

Annual budget

In the annual budgets from the 2015-2018 period, it can in every of the 5 documents be observed that in the chapter 'People and Society' the local health policy should be implemented. Although explicit numbers have not been mentioned in the annual budgets, it has become clear in the agreement that the Council will reserve € 18.000 every year for 3 years to finance preventive and promotional activities. Further, no specifications of amounts were mentioned. As there is a specific amount allocated for the health policy, however without further in-depth specifications, a score of 3 points has been assigned.

Implementation

In the local health policy 2014-2017 document, short descriptions of action are given. For the SLIMMER program, the action plan is that the eight municipalities from the Achterhoek region will assess whether the program can be set up in a region-wide manner. If this is not possible, the plan is to launch the SLIMMER project in 2014/2015 within the municipality of Aalten. To finance the project, the board of Mayor and Aldermen asks the Council for a yearly contribution of € 10.000. In the context of the Alcohol prevention and enforcement plan, action comprises the development of the plan. Activities originating from this plan will be picked up in the upcoming years. Together it becomes clear that action plans are provided, however not always with much detail. Therefore, the assigned score on this indicator is 3 points.

Overall score

Aalten has developed a very clear and specific health policy document. It is however remarkable, that on the rest of the indicators the scores are mostly average. An impression has been created that the policy has not received the same amount of attention after the development as it received before. The overall score of Aalten has been determined at 3,4 points.

Bronckhorst

Characteristics

Bronckhorst is a municipality located in the Achterhoek region consisting of 44 cores ranging from hamlets to villages. In area, it is one of the bigger municipalities of the Netherlands. In 2018 the municipality had 36.205 inhabitants (Gemeente Bronckhorst [GB], 2020). The village Bronkhorst officially has city rights, which makes it the smallest 'city' of the Netherlands. When analysing the municipality of Bronckhorst on the problem severity variable, several observations stand out. Firstly, 21% of the people from 19 years and older is an excessive or heavy drinker, which is higher than the national average of 16,9%. In the field of overweight the municipality also scores significantly higher than the national average, with 55% of the inhabitants being classified as being overweight. This is almost 5% higher than the national average of 50,5%. In contrast to the previous points, the value of smokers lies at 16% which is lower than the national average of 18,7% (volksgezondheidenzorg.info, 2018). In short it can be said that the municipality scores clearly higher on drinking and overweight than the national averages, whereas the proportion of smokers lies considerably lower than the national average.

In the municipal Council of Bronckhorst, the representation of local parties is limited. Only the party Gemeente Belangen has 4 seats out of the total of 25. From the rest of the 21 seats, 38% is classified as left-wing. The board of Mayor and Aldermen consists of 5 seats. It is noticeable that there is

majority of left-wing parties in the board with 60% of the seats. Although the left-wing parties do not have a majority in the municipal Council, their voices will be strengthened through their solid positioning in the board of Mayor and Aldermen. As the selection process for the four cases of the Achterhoek region aimed at having a low score on the availability of potential partnerships, it is a matter of course that in Bronckhorst this has a low value. As it is not an urban municipality this results in the absence of hospitals, universities, health care organizations or insurance companies.

Health policy documents

Bronckhorst has integrated its health policy in an overarching document called 'Policy plan Social Domain 2015-2018' (GB, 2014). In the introduction the choice for this structure is substantiated with the argument that policy choices for certain programs touch upon policy choices of other programs. Therefore, the choice was made to use an integral approach of policy to be made within the social domain (GB, 2014). The Public Health Act (Wpg, 2008) and the corresponding health policy is explicitly mentioned here. What plays a central role within this policy, is the emphasis that is put on the own responsibility of inhabitants. People are responsible for how they live their lives and which choices they make. The municipality informs and supports people were this is deemed necessary, for the people to still be able to make their own choices (GB, 2014). One chapter of the Policy plan Social Domain 2015-2018 elaborates on prevention and early signalling. The Alcohol Prevention and Enforcement plan is brought forward directly. Municipalities are obligated to develop this plan under the Licensing and Catering Act (WCPV, 1967). Further, there is a section that focusses on the stimulation of a healthy lifestyle of inhabitants. A first spearhead is the alcohol consumption among young people. In this context the Alcohol Prevention and Enforcement plan is written, which also partly applies to adults. The second spearhead is overweight. Here problems have been brought to light and ideas for policy are formulated. Since a separate chapter is devoted to prevention and the formulation of programs and intentions with a clear direction, a score of 3 points has been assigned.

Health policy specificness

Within the Policy plan Social Domain 2015-2018, it is stated that "Inhabitants feel healthy and self-reliant" (GB, 2014). In the section about stimulation of a healthy lifestyle of inhabitants a short description of general prevention is given. The municipality makes use of national and regional campaigns about lifestyle and health that are launched in the media. The first spearhead pointed out is about the use of alcohol. It is also expressed, similarly as with the case of Aalten, that the alcohol policy focusses mainly on youth. Therefore, no further elaborations about this program will be made. The second spearhead is about tackling overweight. Based on an analysis of epidemiological data, it was ascertained that 53% of Bronckhorst's inhabitants are overweight, although almost halve of this group meets the so-called exercise standards. It is pointed out that overweight often is a combination of factors. The municipality aims at finding the causes of overweight among the inhabitants of Bronckhorst. Therefore, the choice was made to do research on this topic in 2015. Based on the results of this research potential intervention can be designed. In addition to this it is emphasized that besides from informing people, the municipality also wants to use instruments to literally make the people exercise. Programs aimed at adults are not explicitly determined within his document. Later in this case analysis these will however come to light. Altogether, it could be observed that goals, health risk analyses and directions for policy action are provided. In addition to that, in the financial documents clear programs are developed. Therefore, a score of 4 points is given.

Municipal Council and board documents

It is known that a limited number of documents belonging to this category is present. However, there was no access to the concerning documents. The municipality was contacted but unfortunately it took too long to receive the documents. Therefore, this is indicator is categorized as 'missing data' and is excluded from the analysis and comparative results.

Annual budget

Within the budgetary cycles from 2016 to 2018, a lot of information was found. This concerns financial statements, interim reports, and program budgets. In 2016, the local health policy appeared in two documents. The first is the mid-term report. Here the project aimed at overweight called 'Volwassenen op gezond gewicht' receives considerable attention. This is a program that aims to stimulate people towards a healthy lifestyle and reduce overweight. This is mainly done via campaigns, but there is also a possibility for participants to be supported by professionals to live a healthier lifestyle. In the second document, the 2016 financial statements, it becomes clear that for the program to which 'Volwassenen op gezond gewicht' belongs, a total of approximately € 1.8 million was spent, whereas € 4.13 million was reserved. It is not mentioned what the exact amount of the overweight project is.

In 2017 the local health policy and the overweight program are mentioned in three documents. In this year, the documents follow the same structure as in 2016. In the program budget, action plans for the overweight program are presented. For the general program 'Vital inhabitants and society, a total of approximately € 3 million is reserved. In the second mid-term report it is shortly mentioned that the name of the overweight program has been changed to "Lekker Bezig!". Further, there was no attention for this program in the document. In the financial statements, the progress and activities of the 'Lekker Bezig' program are presented. A short elaboration is given on the overall program in which Lekker Bezig is included. Costs were lower than expected and for Lekker Bezig a subsidy of € 199.000 was received. Like in the previous two years, the 2018 documents follow a similar structure. Progress and activities of Lekker Bezig are provided in the program budget. The budget for the general program is determined at € 2.819.000. The first and second mid-term reports give short updates on the Lekker Bezig project. There are no financial mutations mentioned. In the financial statements, again updates and results are provided. As the health policy and the specific overweight program receive a lot of attention in the financial documents, both financially and in content, a score of 4 has been assigned.

Implementation

The financial documents provide clear plans for actions as well as short evaluations. In the first mid-term report of 2016 attention is given to local health policy. To reach the main goal of healthy feeling and self-reliant inhabitants a scheme is provided. Under the category of policy commitment, the point 'stimulate inhabitants to work on a healthy lifestyle' is formulated. The result to be reached for this policy commitment, are that insights should be gained about the causes of overweight via a research, as well as points for departure for the next phase. This next phase comprises the 'Volwassenen op gezond gewicht' program. In cooperation with universities and the municipal health services a suitable approach should be developed. In 2016 the first results of the research will be accessible, and interventions can be designed. In addition, a small risk analysis for the overweight program is provided. Based on a potential lack of human resources and support from inhabitants and professionals, the research on overweight might not be conducted. Solutions for this are the hiring of external personnel and to decide with higher education institutions. In the financial statements a progress update is provided. The name of the overweight project has been changed to "Lekker Bezig" and the research on overweight has meanwhile been completed. Problems and solutions are pointed out, and the first pilot project has started.

In 2017 the program budget expresses that based on the first pilot year, Lekker Bezig will be launched in a second village. Besides from that, in the financial statements a short evaluation is provided, and it is made clear that preparations for the second have been launched. In the 2018 program budget it is stated that there a clear insights gained about overweight within the municipality. The goal of the municipality is to eventually implement the Lekker Bezig program in the whole municipality. The second mid-term report of 2018 announces that Lekker Bezig will start in the second village called Hengelo. Further, the choice was made to extend the duration of the program from 2018 to 2019. In the 2018 financial statements an overview is given of what has happened in that year. The most important point mentioned is that the municipal health services monitor the project, and that intervention evaluations will be made. All in all, it becomes clear that the project has established itself in a decent manner. Therefore, a score of 4 points has been assigned.

Overall score

Bronckhorst has created a policy plan in the field of the social domain in which it integrated its local health policy. Health prevention is clearly included in this policy plan that is written in a very detailed way. On the indicators of the annual budget and implementation programs the municipality has very decent scores. However, there are no documents to be found from political processes or advisory boards. There are indications that the documents are present but unfortunately they were not accessible. A result of this is that this indicator is excluded from the analysis to not influence the overall score. The overall score of Bronckhorst has been determined at 3,75 points.

Oost Gelre

Characteristics

Oost Gelre is a municipality that consists of two main cores and 6 smaller villages. In 2018 the number of inhabitants was 29.688 (Gemeente Oost Gelre [GOG], 2020). Just as with the other cases from the Achterhoek, it is a rural municipality where the population density is relatively low. When looking at the indicators of the problem severity variable, it is remarkable that on overweight and smoking Oost Gelre scores under the national averages. In terms of people being overweight the value is 50%, which is very close to but lower than the national average of 50.5%. In Oost Gelre there are less smokers than in an average Dutch municipality. The percentage of smokers lies at 17% which is lower than the national average of 18.7%. In contrast to the smokers and people being overweight, there are extremely more excessive or heavy drinkers in the municipality compared to the national average. The value of inhabitants being classified a heavy or excessive drinker lies at 29%, which is approximately 12% higher than the national average of 16.9% (volksgezondheidenzorg.info, 2018). As with the other municipalities, Oost Gelre is a typical rural municipality where the presence of potential network partners located within the municipality is minimal.

Health policy documents

Oost Gelre's health is very diverse and consists of 3 documents. In all these documents health prevention and promotion play an important role. The three documents are the 'Spearheads note 2017-2018' (GOG, 2016f), 'Public Health Policy Frameworks 2017-2020' (GOG, 2017b) and the 'Local Prevention Program 2018-2022' (GOG, 2018b). Although the end date of the three policies lies beyond the council period of 2014-2018, the choice was made to include the documents in this analysis. This choice is based on the fact that they were all designed and agreed upon by the municipal Council of Oost Gelre that was active in the 2014-2018 term. As stated before, the focus of this research lies on the 2014-2018 Council period.

The municipal Council agreed on the Spearheads Note 2017-2018 in 2016. The document should be seen as an overarching document for the different fields in the social domain. As policies in these different fields must be made, Oost Gelre made the choice to express the different spearheads in this document to develop an integral approach for the social domain. It is stressed that the municipality wants to focus on prevention and a positive health in the full width of the social domain. (GOG, 2020). Programs are not mentioned yet. The second document is the Public Health Policy Frameworks 2017-2020. This document is created on a regional basis by the municipalities from the Achterhoek and officially counts as the health policy that must be developed every four years. However, like the title says, the document does not go into details and pays attention to especially the policy frameworks and starting points for policy. Therefore, no specific programs are mentioned. It is however stated that a regional prevention program will follow soon, in which room for local interpretation is present. This is a reference to the third document, the Local Prevention Program 2018-2022. Among programs for adults that focus on overweight, smoking or alcohol consumption, several programs are explicitly mentioned. This concerns the alcohol campaign IkPas and the lifestyle intervention SLIMMER. Oost Gelre has 3 health policy documents that are very well connected to each other. Besides from that it is indicated what the prevention programs are. Because of these observations, a score of 5 points has been assigned.

Health policy specificness

The Spearheads Note 2017-2018 starts with pointing out that prevention does pay off. It should be used in the earliest possible stages to bring down the demand of health care. As a result of this, the first chapter of the document completely focusses on strengthening and expanding prevention activities. Spearheads in the field of prevention are named. Within the focus of this research, the spearhead of relevance is about alcohol prevention. Based on epidemiological data the conclusion is made that alcohol consumption among adults and elderly people is far too high. Soon, after new epidemiological data will be released, the intention is to design preventive activities. Besides from pointing out new spearheads, an evaluation of the health policy 2013-2016 is provided. As described before, the Public Health Policy Frameworks 2017-2020 document mainly elaborates on the policy frameworks and starting points for policy. The urgency and the legal obligation to develop local health policy are clearly brought forward in the beginning of the document. The main goal of the policy is "promoting and protecting the health of the inhabitants and especially that of vulnerable groups" (GOG, 2017). An epidemiological analysis of the population of the Achterhoek region is provided together with an analysis of health care expenditures. Besides from that, interviews were held with 40 parties from the social domain to find out what goes well and what could be improved. Based on these interviews a list of recommendations is developed, which is of great value for the development of the upcoming regional prevention program.

Instead of waiting for a regional prevention program to be developed and adopted by the different municipalities from the Achterhoek, Oost Gelre decided to already develop its own Local Prevention Program 2018-2022. It should be seen as a forerunner of the regional version of the document (GOG, 2018), however with local accents. The policy frameworks and starting points brought forward in the Public Health Policy Framework 2017-2020 are used within the Local Prevention Program 2018-2022. This also applies for the spearheads mentioned in the Spearheads note 2017-2018. The same goal that was stated before is used in the prevention program. Within the document, a clear structure is present. There are 5 central themes which receive careful attention. Per theme, three points are checked. These are the statistics, directions, and actions. Per theme, an appendix is added to the document which provides even more specific information. Before the document goes further to these appendices, a

financial part is included. Oost Gelre decided to allocate an amount of € 212.000 per year for a period of three years for the activities to be developed in the prevention program.

Among the prevention themes, two are relevant for this research. This are the fields of drugs use and healthy aging. In the first theme alcohol consumption plays a central role. A description of the problem is given, as well as a description of what is happening already. It becomes clear that the municipality already participates in the national alcohol campaign IkPas. The goal of the campaign is to stop drinking alcohol for 30 to 40 days. A working group has also started to inform people about alcohol consumption. This is also where Oost Gelre want to go: creating consciousness about alcohol consumption. Goals in terms of drops in percentages of alcohol consumers are brought forward. Plans for programs are formulated too. Informing the people, the use of professionals, national campaigns and special working groups who provide 'care paths' will be used to reach the desired goals (GOG, 2018). The same structure is followed in the healthy aging theme where overweight is pointed out as a spearhead for adults. It becomes clear that exercising activities are already organised for elderly people. The sporting and exercising supplies should however be extended, and the lifestyle intervention SLIMMER will be started. The goal of this program is to push back diabetes among elderly people through a network of professionals that provides help to participants (GOG, 2018). Oost Gelre shows to be very active in the field of health prevention. The policy documents are very well structured and detailed. Goals are set, health risk analyses are made, problems are brought forward, programs are designed, and evaluations are made. Based on this completeness and specificness 5 points have been assigned.

Municipal Council and board documents

Several documents that provide extra information about the three health policies from Oost Gelre can be found. The first documents belong to the Spearheads note 2017-2018. The Council proposal in fact highlights the main points from the policy and does not contain striking information. What might be interesting is that the board of Mayor and Aldermen stresses that the new direction should be that prevention should be used in an integral within the social domain. The Council decision document does not contain information except from the decision to agree. The Wmo-council in its advice asks whether the numbers on alcohol consumption can be interpreted differently. The board of Mayor and Aldermen answers that the choice was made to not focus to deep into this data, as new data will be revealed very soon which will then be used for preventive activities.

For the Public Health Policy Frameworks 2017-2020 it can be observed that the board of Mayor and Aldermen stresses that this is the document that municipalities are obliged to develop according to law. Besides from that it is pointed out that an evaluation will take place in 2020. The Council decision document in which is stated that the council agrees does not contain further information. The advice of the Wmo-council about the policy did not have any substantive points about health prevention. For the Prevention Program 2018-2022, the Council proposal clearly brings forward what the contents and goals of the policy are. Further it is stated that the implementation of the program will directly start if the Council agrees. Besides from that, it is explained that an amount of € 212.000 will be allocated to the program every year. Also important is the intention to evaluate the policy in 2022. In the advice document from the Wmo-council, a question about the distribution of the budget is formulated. The board of Mayor and Aldermen answers with a clear table that exactly shows which amount goes to which project. For drugs use (alcohol) € 15.000 is reserved, whereas for diabetes prevention (overweight) € 20.000 is reserved. The documents analysed are mainly formalities and do not go into more detailed issues. Documents from the political process, e.g. Council questions are not present. Therefore, the score on this indicator has been determined at 3 points.

Annual budget

As from Oost Gelre only health policies from the 2017-2018 period are part of this analysis, the choice was made to let financial or budgetary documents from before this period out of the analysis. In the 2017 program budget, the stimulation of a healthy lifestyle is mentioned. This should be done via local exercising programs that already exist as well as via regional programs. However, specific budgets are not provided. The 2017 financial statements follow the same structure. Several programs have been active in this year, however not about the themes alcohol, overweight or smoking in the context of prevention. The spearheads note from 2017 was not mentioned in the 2017 documents. In contrast, the 2018 program budget provides a lot more information about the field of prevention and its programs. The action plans for programs of the prevention plan and other programs are given and the budget of € 212.000 is allocated. The 2018 financial statements give an overview of programs implemented in that year. Here the IkPas alcohol campaign and the diabetes program SLIMMER are mentioned. Exacts amounts could not be found. Altogether, the 2017 financial documents are very superficial and do not go into details. The 2018 financial documents however elaborate on health policy in a more detailed way. Based on the irregularity a score of 3 points is assigned.

Implementation

In the Local Prevention Program 2018-2022 Oost Gelre has clearly formulated what the plans for action are. Per theme that is under attention, a point with the text "What are we going to do?" can be found. Further in the document an appendix is devoted to every theme with even more detailed plans for action. In these plans it is written in a clear way what the problem is, what the goals are, what is already happening and what should be done. Besides from that, a clear overview is given of indicators to be used and which parties will be involved in creating and implementing a program. Even though many aspects in the context of implementation are brought forward, it could have been more detailed. Therefore, a score of 4 points is assigned.

Overall score

With a total score of 4 points, Oost Gelre has the highest score of the 4 municipalities from the Achterhoek region. Multiple health policy documents have been developed and are very specific. The total score could even be higher if financial documents would go more in depth, which also applies for municipal board and council documents which are to a certain extent superficial.

Oude IJsselstreek

Characteristics

Oude IJsselstreek is a municipality that consists of 14 villages and hamlets. In 2019 the number of inhabitants was approximately 39.520 (Gemeente Oude IJsselstreek [GOI], 2020). It is a rural municipality that has a rich history in the iron industry. Regarding the health characteristics there are mostly values that are higher than the national averages. For the problem severity variable, the characteristics of drinking, overweight and smoking will be analysed. In Oude IJsselstreek, 20% of the inhabitants is classified as an excessive or heavy drinker. This is much higher than the national average of 16,9%. The value of people classified as being overweight lies at 59%, which is an extreme deviation of almost 10% from the national average of 50,5%. In the field of smoking, there is value that lies under the national the national average. 17% of Oude IJsselstreek's inhabitants are smokers, which is significantly lower than the national average of 18,7% (volksgezondheidenzorg.info, 2018).

In the municipal Council of Oude IJsselstreek there is one local political party to be found. This party has 9 seats from the total of 25, which is a considerable amount. From the rest of the seats divided

under national parties, 8 are occupied by left-wing parties and 8 by right-wing parties. From this it can be derived that from the national party seats, 50% counts for the parties classified as left-wing. The same applies for the board of Mayor and Aldermen which consists of 4 seats in total. 2 are occupied by the local party, and 2 by national parties. From these 2, both the left-wing and right-wing parties have one seat. This means that from the seats occupied by national parties within the board of Mayor and Aldermen 50% belongs to left-wing parties.

Health policy documents

In the 2014-2018 period the municipal Council of Oude IJsselstreek has developed several documents related to or focussing on health policy. It can be observed that health policy is integrated into a broader social domain document. In this case this is the 'Policy Plan Social Domain (GOI, 2014d), which was published in September 2014. Connected to this document is the 'Execution Plan Social Domain' (GOI, 2014e). Further, there is the regional document 'Public Health Policy Frameworks 2017-2020' which could also be found in Oost Gelre. In addition, a follow up plan for the first social domain policy plan was developed in 2017 called Policy Plan Social Domain 2.0. An execution plan belonging to this policy plan could not be found. In the various documents some prevention programs are mentioned but not very specifically. As the diversity of health policy documents is high and programs are mentioned, a score of 3 is assigned.

Health policy specificness

When focussing on prevention, the Policy Plan Social Domain 1.0 and 2.0 do not differ very much from each other. The first leading principle of the 1.0 version is that prevention is better than cure. This point can be found in the 2.0 version too. It is stressed that inhabitants more than ever are responsible for their own behaviour and lifestyle (GOI, 2014d). In both the versions elaborations can be found on different social themes. Prevention falls under the theme 'Living healthy, exercising, and relaxing. There are two goals in this theme that are relevant in terms of prevention. The first is that inhabitants have a healthy lifestyle through a healthy diet and enough exercise. The second is that inhabitants should be aware of harmful lifestyles like the use of alcohol or drugs, smoking, unhealthy food and adapt their behaviours according to this awareness. Concrete points of action or programs are not present in the policy plan 1.0 and 2.0. In the execution document on the other hand, there is more said about programs. Action plans are present under the theme healthy living, exercising and relaxing. In the field of health promotion there are three specific programs mentioned that are relevant. They all focus on overweight and exercising. The first program is 'Beweegwijs' and is still in development. The second program is 'Bewegen op recept' and has already started. The third and last program that it still being developed is called 'Wijkgerichte gezondheidsbevordering'. Within the three documents there is however not more specific information provided about the programs. Just as in the previous case, the regional document Public Health Policy Frameworks 2017-2020 brings forward policy frameworks and starting points for action which are integrated into the Policy Plan Social Domain 2.0. Based on the diversity in combination with a lack of more specification, a score of 3 is assigned.

Municipal Council and board documents

The number of documents from the municipal board of Mayor and Aldermen and Council that were found is very limited. The council proposal document for the Policy Plan Social Domain 1.0 as well as the council decision document were found but have no striking content. Further, one memo about the Public Health Policy Frameworks 2017-2020 was found but here the same applies as for the previous documents. Because of the lack of depth and the missing of political documents a score of 2 was assigned.

Annual budget

The program budgets from 2014 to 2017 all pay attention to health prevention. This is however not very extensive. The program budgets from the years 2014 to 2016 are almost identical, all putting forward that activities will focus on decreasing overweight and alcohol consumption whereas exercising needs to increase. Besides from that, the urgency for the stimulation of a healthy lifestyle can frequently be found. However, no specific prevention programs were mentioned until here. In contrast to the previous documents, the 2017 program budget is more detailed. Several programs are mentioned that focus on a healthy lifestyle and exercising, as well as on the national spearheads. Specific amounts for the health policy or prevention programs are not given. In the financial statements of the 2014-2018 activities in the field of health prevention are brought forward. It becomes clear that in this period the diabetes project SLIMMER was implemented. Besides from that, so called neighbourhood sport coaches were active to stimulate people to exercise. In the financial statements it was not specified what amounts were allocated to the different programs. As only a small number of all the documents elaborates in detail on health prevention programs, a score of 3 points is assigned.

Implementation

In the policy documents clear implementation plans or action plans are not provided except from mentioning where action needs to focus on. In the execution document however, more detailed information is given. Names of programs are provided and in which phase they are. In the program budgets and financial statements, it is written what should be done and what was actually done. Action plans per program are present but fall short in providing more details. Therefore, a score of 3 points is assigned for this indicator.

Overall score

In its entirety, Oude Ijsselstreek's has low scores on all indicators. It looks like not more effort has been invested into the policy than necessary to meet the legal obligations. The overall score results in a mean of 2,8.

Comparative results

Results of the analysis are provided in this section. With that, the first 2 sub questions regarding the characteristics of Dutch municipalities have been answered. In the next step, a comparison of the results is given to test the 3 hypotheses. Per hypothesis the findings are brought forward. Important to mention in this stage, is that the cases from fellow students are included in the comparison. This concerns the cases of Arnhem, Rotterdam, Tilburg and Wageningen. Results are provided in the form of tables to get a clear overview. In every table cases are ordered from the lowest value to the highest value in terms of health prevention policy activity.

Hypothesis 1: Municipalities with a higher problem severity will have a higher health prevention policy activity.

Results of the problem severity variable and HPPA are presented in table 3. When looking at the alcohol indicator in relation to HPPA, it is striking that Arnhem and Rotterdam have a low problem severity in combination with relatively high scores on HPPA. This is not in line with the hypothesis as all other cases except from Oost Gelre and Bronckhorst have a high problem severity and lower scores than Arnhem and Rotterdam. When comparing the cases on overweight in relation to HPPA, only 2 cases with an above average or high problem severity can be found. This are Oude IJsselstreek with a HPPA of 2,80 and Bronckhorst with a HPPA of 3,75. The positioning of these 2 cases in the table are however not in line with the expectations. Above Oude IJsselstreek Aalten and Arnhem can be found

with higher HPPA scores and average and low problem severities. After that comes Bronckhorst which is over scored on HPPA by Oost Gelre and Rotterdam that both have an average problem severity. There is no pattern to found and the results look very mixed.

Table 3. Results problem severity (alcohol, overweight, smoking) and HPPA

Municipality	**Alcohol**	**Overweight**	**Smoking**	**HPPA**
Wageningen	High	Low*	Above average	2,20
Tilburg	High*	Average	High*	2,60
Oude IJsselstreek	High*	High*	Under average	2,80
Aalten	High*	Average	Average	3,40
Arnhem	Low*	Low*	Above average	3,60
Bronckhorst	High	Above average	Low*	3,75
Oost Gelre	High	Average	Under average*	4,00
Rotterdam	Low	Average	High*	4,60

** case selected on this indicator*

In the field of smoking, the problem severities of the cases vary from low to high, where 4 cases are classified as high or above average and 3 cases as low or under average. Rotterdam has the highest HPPA and a high problem severity which is in line with the expectations. Oost Gelre, however, has the second highest HPPA score with 4 points and an under average problem severity which is contradictory to the hypothesis. Besides from that, it is noticeable that Tilburg and Wageningen have the lowest HPPA scores with 2,60 and 2,20 points whereas they have a problem severity of high and above average. This is contradictory as well because the hypothesis expects results to be exact the other way around. Besides from comparing the indicators separately, it is also interesting to see the total image of a municipality and compare the cases based on their problem severity as a whole. Rotterdam, Arnhem, Oost Gelre and Aalten have in common to only have an above average or high problem severity on 1 indicator. Bronckhorst, Oude IJsselstreek, Tilburg and Wageningen on the other hand, have this on 2 of the indicators. The first group, however, has the 3 highest HPPA scores, whereas the second group has the 3 lowest HPPA scores. If Arnhem and Bronckhorst as seen as outliers, a pattern arises in which municipalities that have an above average or high problem severity on 2 indicators, are less actively developing and implementing health prevention policy.

Table 4. Results problem severity (alcohol, overweight, smoking) and HPPA with prevention programs marked with line

Municipality	**Alcohol**	**Overweight**	**Smoking**	**HPPA**
Wageningen	High	Low	Above average	2,20
Tilburg	High	Average	High	2,60
Oude IJsselstreek	High	High	Under average	2,80
Aalten	High	Average	Average	3,40
Arnhem	Low	Low	Above average	3,60
Bronckhorst	High	Above average	Low	3,75
Oost Gelre	High	Average	Under average	4,00
Rotterdam	Low	Average	High	4,60

Lastly, there is the possibility of focussing on the prevention programs that have been designed. In table 4 the indicators for which policy have been designed are marked with a diagonal line. All

municipalities except for Wageningen and Arnhem have designed health policies. It stands out that they all did this for 2 indicators except for Oude IJsselstreek that only has 1 health policy. Except from the smoking policy of Rotterdam, all policies have been designed in the field of overweight and alcohol consumption. It is also noticeable that all the policies that were designed do focus on indicators with average, above average and high problem severities. This implies that municipalities develop prevention policies to maintain or improve the situation as it is. It is however also the case that some municipalities have designed 2 policies, where 1 focusses on a high problem severity indicator and the other on an average problem severity indicator, whereas the third indicator is high.

If Arnhem and Wageningen are seen as outliers, it can on the results of this study be based that almost all municipalities do have health prevention programs which subsequently focus on the higher problematic points. This would imply that problem severity does affect the presence of health prevention programs, but not more than that. Further, on the separate indicators, as well as on the indicators as a whole, the results are extremely contradictory and not in line with the expectations. Therefore hypothesis 1 is rejected.

Hypothesis 2: Municipalities that are politically more left-oriented will have a higher health prevention policy activity.

Results of the political orientation and HPPA of all cases are provided in table 4. Several particularities stand out immediately. Oost Gelre and Rotterdam have the highest scores on HPPA with 4,00 and 4,60 points. Their political orientation however is right, which is the other way around

than expected. Such a contradictory result also applies for the cases of Wageningen and Tilburg, which are both politically left oriented but with HPPA scores of 2,20 and 2,60. With a slightly higher HPPA score of 2,80 Oude IJsselstreek stands above Wageningen and Tilburg. Oude IJsselstreek has a centric political orientation. When comparing this to Wageningen and Tilburg it is not in line that these municipalities have lower HPPA scores with left political orientations. Above Oude IJsselstreek 5 municipalities can be found with a higher HPPA from which 3 are right oriented. As this are more right oriented than left oriented cases, it cannot be denied that this is not line with the hypothesis. Based on the results a pattern arises that jumps from right to left all the time as the HPPA rises.

Table 5. Results political orientation and HPPA

Municipality	**Political orientation**	**HPPA**
Wageningen	Left	2,20
Tilburg	Left	2,60
Oude IJsselstreek	Centre	2,80
Aalten	Right	3,40
Arnhem	Left	3,60
Bronckhorst	Left	3,75
Oost Gelre	Right	4,00
Rotterdam	Right	4,60

As described above, the findings in terms of political orientation are not in line with the hypothesis. The 2 cases with the highest HPPA's are right oriented, whereas the 2 cases with the lowest HPPA's are left oriented. If Aalten would have a slightly higher HPPA than the 3 cases with the highest HPPA scores would belong to all the right oriented cases. Based on the irregularity and contradictory results when looking at the extremes (lowest and highest HPPA's), hypothesis 2 is rejected.

Hypothesis 3: Municipalities with a higher availability of potential partners will have a higher health prevention policy activity.

The results of the availability of potential partners and HPPA are provided in table 6. It stands out that Wageningen and Rotterdam both have a high availability of potential partners and at the same time the lowest and the highest HPPA scores. Besides from that, after Wageningen Tilburg can be found with the second lowest HPPA of 2,60 and also a high availability of potential partners. This means that the 2 lowest HPPA scores cases both have a high availability of potential partners. This is not in line and contradicting with the expectations. It is also noticeable that Oude IJsselstreek and Aalten stand relatively central in the middle of the table, with HPPA scores of around 3 and all with a low availability of partners. It can be observed in table 6 that there is no meaningful pattern because the cases have values that are not in line and sometimes contradicting with the hypothesis. The results now show a pattern where the availability constantly jumps from high to low if and back if ordered according to the HPPA from low to high. Therefore, hypothesis 3 is rejected.

Table 6. Results availability of potential partners and HPPA

Municipality	**Availability potential partners**	**HPPA**
Wageningen	High	2,20
Tilburg	High	2,60
Oude IJsselstreek	Low	2,80
Aalten	Low	3,40
Arnhem	High	3,60
Bronckhorst	Low	3,75
Oost Gelre	Low	4,00
Rotterdam	High	4,60

All 3 hypothesis have been rejected based on the presented results. It is striking to see that to a considerable extent the results are the other way around than the hypotheses state. For problem severity it can be seen that municipalities with 2 above average or high indicators, the HPPA is lower than the municipalities that only have 1 above average or high indicator. A possible explanation for this could be that municipalities with multiple health problems experience problems in creating an overview of the situation to develop and implement health prevention policies. It could be seen that municipalities do make policy, but that it is often the case that 1 field with a high problem severity is left out. Further, it could be that municipalities do not have the resources to tackle multiple problems at once. For the municipalities with only 1 problem, an explanation for the high HPPA could be that there is motivation to maintain or even improve the situation as it is. For political orientation there is a pattern in which most of the right-wing municipalities have a higher HPPA than the left-wing or centre municipalities. An explanation for this could be that in municipal politics the political orientation does have less effect than in national politics. It is however interesting to know why there is a pattern in which right-wing municipalities are more active in the field of health prevention policy. For the availability of potential partners, it has become clear that results are irregular and without a certain pattern. An explanation for this could be that it is not decisive whether potential partners are located within the municipality, but that the regional or provincial level is of influence. This because in the case of Bronckhorst it came to light that the municipality has developed health prevention programs in collaboration with Wageningen University, which is located in the same province.

Conclusion

This research aimed to identify how problem severity, political orientation and availability of potential partners explain how active Dutch municipalities are in the field of health prevention policy. It was expected that a higher severity of problems would result in more active municipalities. The results however proved this to be wrong. Dutch municipalities tend to be less active if health problems are present in multiple categories. This has however no influence on the development of health prevention programs, as these are in general present in all municipalities. Further, the results show that to a considerable extent right-wing municipalities are more active in the field of health prevention than left-wing municipalities. This is the exact opposite of the expectations. The availability of potential partners on the local level has not proved to explain how active municipalities are, what resulted in the third hypothesis to be rejected. In this field a recommendation for further research is if the availability of potential partners on the regional or provincial level is of influence on how active municipalities are regarding the development and implementation of health prevention activities.

As research on this topic is considerably limited, more general theories were used that do not specifically apply to the field of health prevention in combination with the local level. Further, it turned out that it is not always easy to gather specific documents from municipalities. This because databanks may not be complete and contact with municipalities can sometimes be slow. It is hard to determine whether this comparative case study provides a reflection of the whole population, as the sample is relatively small. Further, it is the case that via the cross-sectional design data was collected in a specific moment of time. What should be noted however, is that variation between the different cases has always been kept as high as possible and that case studies render the possibility to analyse cases in more detail. As this research is based on a small number of cases and data from a specific moment in time, a recommendation for further research is to analyse a greater number of municipalities through a longitudinal research design. Although this research is relatively small, it adds knowledge to the limited amount of theory on local health prevention policy and provides a basis for further research to gain more knowledge about this topic.

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