Bachelor thesis

Who cares?

Preventive healthcare in Dutch municipalities

Hugo Koetsveld

Management, Society and Technology
University of Twente, Enschede

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ABSTRACT

Municipalities play a big role in preventive healthcare towards citizens, as they are given the obligation by law to take care of multiple tasks in this domain. The importance of preventive healthcare is also growing, as the government stresses the idea of self-sustainability and a healthy lifestyle. However, there are differences in the degree to which municipalities take action on this topic. In this research, the effects of political orientation, problem severity and the availability of network partners on these differences were studied. Policy documents from eight municipalities were collected and researched and each municipality was awarded a score. The results showed that political orientation of the municipality did not have any effects. The variable 'availability of network partners' only played a role in local, small-scaled partnerships. The biggest effect was problem severity: when there is a high degree of smoking, alcohol abuse or overweight, municipalities are more inclined to draft policy and create implementation programs.

1. INTRODUCTION

Dutch municipalities play a big role when it comes to preventive healthcare. The national government has given them, by law, the task to adopt new preventive healthcare policy every four years (Wet Publieke Gezondheid, 2008). In this piece of policy, specific priorities stated by the national government should be addressed and worked out, but municipalities can also decide to add extra focus on specific issues in the domain of preventive healthcare. Because municipalities have the freedom to set their own goals and methods, differences between municipalities can occur. Some might stick to the bare minimum tasks, while others make an extra effort to put additional focus in their preventive healthcare policy. There can also be difference between the goals set in the policy documents and the actual execution of the measures. In this age, where there is a growing concern about the lifestyle of people and more focus on preventing people from getting sick, instead of waiting before they are being diagnosed, it is interesting to find out what the differences between municipalities are and how they can be explained.

Three possibilities for the explanation of these differences are: political orientation, problem severity and availability of network partners. Research shows that there are differences between the attitudes of left- and right-wing governments on a lot of domains, including healthcare (Van Dalen & Swank, 1996). Left-wing governments tend to give a higher priority towards healthcare, compared to right-wing governments. Also, it is expected that the perceived problem severity plays a role in the degree to which municipalities take action. Media, focusing events and interest groups contribute to the creation of policy and when a problem is severe, they will be more inclined to put pressure on politicians and civil servants to take action (Sato, 2003; Cook et al., 1983 and Birkland, 1998). A third explanation could be the availability of network partners, as they play a large role in policy making (Hoeijmakers et al., 2007). However, these possible explaining factors are not researched a lot on the specific domain of local preventive healthcare. Since health promotion and prevent people from getting sick is getting more important in this age, obtaining more knowledge is needed.

In this bachelor thesis, the research question is:

Which factors explain the degree to which Dutch municipalities take action on local preventive healthcare?

It is an explanatory question, for the goal is to find causal relationships between the independent variables 'political orientation', 'problem severity' and 'availability of network partners' and the dependent variable 'taking action on local preventive healthcare'. The research question can be refined in the following sub-questions:

To what degree do Dutch municipalities take action on preventive healthcare?

What are differences in Dutch municipalities concerning the factors political orientation, problem severity and availability of network partners?

What are the causal relationships between those factors and the degree to which Dutch municipalities take action on preventive healthcare?

2. CONCEPTS AND THEORETICAL BACKGROUND

There are several possibilities for some underlying theories that could explain the relationship between some variables and the level of government intervention in the domain of preventive healthcare. The dependent variable (taking action) will be conceptualized as the degree to which municipalities developed policy and also act when it comes to preventive healthcare. Since preventive healthcare is very broad, this research is narrowed down to policy against smoking, drinking alcohol and obesity. These are also priorities of the national government (Ministry of Health, Welfare and Sport, 2015).

The first independent variable in this research is the political orientation of the municipality. This variable is conceptualized by looking at the composition of the municipal councils and the boards of mayor and aldermen. The inclusion of this variable is based on the hypothesis that left-wing parties are more inclined to adopt intervention policies in general, because of their ideology. Left wing parties are in general more in favour of a big, intervening government compared to right wing parties. This is backed by an article of Van Dalen and Swank. They found that left-wing governments are more inclined to spend money on healthcare, compared to right-wing governments (Van Dalen & Swank, 1996). A meta-analysis article is written by Imbeau, Pétry and Lamari (2001). They report findings of differences in the studies they researched. However, lots of those differences are not statistically significant and sometimes even contradicting. There is lots of debate among scholars on the effect of the left-right scale on policy outcomes. Some say that the problems and challenges are so similar in different regions and countries, that the policy outcomes are comparable regardless of the political orientation of the government. Others do report differences but the final conclusion of the meta-analysis of Imbeau, Pétry and Lamari is that more research is needed. It is worth to take a closer look at this field of research, to find out if there is more adequate data to find on the topic of left-right politics and government intervention on preventive healthcare. Also: the media landscape has changed drastically since the 1990's, so the way the media influence policy making, has also changed a lot.

Another possible variable that could explain government intervention is the perceived severity of the problem. This variable is conceptualized as the number of people that drink alcohol, smoke or are obese, as relative to the whole population in a municipality. Differences in problem severity between municipalities can occur because of a different division in socioeconomic status. Research shows a strong relationship between a lower socioeconomic status and a higher degree of health risk

behaviour (Adler et al., 1994). The hypothesis is: if the problem of smoking, drinking and obesity is perceived as severe, the government will take more action. In this domain, agenda-setting theories play a role. In the field of preventive healthcare, an applicable article is about influence and agenda-setting role of mass media on Japanese health policy making (Sato, 2003). In this article, it is stated that mass media played a big role in activating and mobilizing administrative agencies. So consequent publications and debate in mass media can lead to more policy, because the problem (in this case: smoking) is perceived bigger and more important. Another research focuses on the relationship between media, agenda-setting and policy as well (Cook et al., 1983). The conclusion in this article is that the policy is not highly influenced by the opinions of the public, but more because of cooperation between investigative journalists and policy makers. Other studies investigate certain focusing events could play a role in the agenda setting, because interest groups are organized and influence policy makers (Birkland, 1998). The question is: did the severity of the problem really increase, or did just a higher attention in media and public lead to a higher activity in policy making? Concluding: although severity of a problem is not the same as agenda-setting, there is overlap between those two. Especially public perception and agenda-setting are connected.

The availability of network partners is conceptualized as the number of institutions present in the municipality that are involved in preventive healthcare. These can be hospitals, health insurance companies or knowledge institutions. Research shows that policy networks are an important part and influence decision making (Hoeijmakers et al., 2007). So it can be expected that this variable plays a role in the actions that are being taken by municipalities. The hypothesis is that a higher availability of network partners will lead to a higher amount of policy programs at municipalities.

3. RESEARCH DESIGN

The research was a multiple case study, using a cross-sectional research design. Using this design, a limited number of cases were researched intensively. Since the main goal was to find explaining factors for the degree to which municipalities take action in preventive healthcare, it was important to be able to compare different cases to each other. This research design enabled to analyse the selected cases on a deep level and compare the data of the different municipalities. One potential threat to this type of research design is its inability to take a chronological time order into account. But since all municipalities have the same policy cycle on preventive healthcare because of national requirements, it is no problem that the analysis takes place at one certain moment in time. Also, the aim of the research was not to look for differences over time, but for differences between the cases at the same moment. Another potential threat is the limited possibilities for generalizability, because of the low number of cases. This issue was taken into account during the phase of case selection, by selecting diverse cases that show variance on the selected independent variables. By selecting eight cases for the comparison, many combinations of values for the independent variables could be analysed, contributing to the generalizability.

4. CASE SELECTION AND SAMPLING

The population that was studied is municipalities in The Netherlands. Four cases from one administrative region, Gelderland-Midden were selected, since the geographical and regional governance factor was not researched. This administrative region has also adopted a regional health policy document, which forms the basis for the municipal health prevention programs (Veiligheids- en Gezondheidsregio Gelderland-Midden, 2016). The case selection strategy was the *diverse case*

method. This method is especially useful when looking for maximum variance along the independent variables (Seawright & Gerring, 2008). The cases that were selected are municipalities that show clear variance on the variables 'political orientation', 'severity of problems' and 'availability of network partners'. The relatively limited number of cases offered the possibility to apply a thorough qualitative research on them. The advantage of the diverse case method is that differences along the variables will be likely to be found compared to other selection methods. The selection of the actual municipalities took place at the beginning of the research phase, when the independent variables on the potential cases were applied.

In order to strengthen the results and improve the validity and generalizability, the findings were exchanged with fellow students who studied other cases but applied the same variables on them. Also, agreements were made about the measurement and coding of the variables, in order to improve the intercoder reliability. In this way, it was possible to analyse the results on eight different cases. Although these cases came from another researcher, they were very much comparable, because the research design and methods were alike. In this way, it was made sure that the 'imported' cases could be compared to the cases of this research.

In the table is shown which municipalities were selected. Written in bold are the municipalities that were selected in this research, written in italics are the cases that were imported from my colleague researchers. Note that the figure below shows an ideal attribution of variables to the cases. The practical situation showed that the characteristics of municipalities on these variables are sometimes more diffuse than shown in this table.

	Problem severity high		Problem severity low	
	Network high	Network low	Network high	Network low
Left political orientation	*Tilburg*	**Doesburg**	**Arnhem**	*Bronckhorst*
Right political orientation	*Rotterdam*	**Barneveld**	**Wageningen**	*Oost Gelre*

Figure 1: table of selected cases

Doesburg was selected, because it is politically left-orientated and a very small municipality with no available network partners. But most of all, it has a remarkably high percentage of overweight people. Barneveld was mostly selected because of its right-conservative political orientation. Arnhem is a big city and meets all the requirements of the variables. Wageningen is, contrary to the ideally attributed table, left-orientated. The reason to include it, is the surprisingly healthy population: an overweight and smoking population far below the Dutch average. Next to that, it has a university within its municipal borders that specializes in food and health.

A further specification of every case will be given in the chapter "analyses".

5. OPERATIONALIZATION OF THE MAIN CONCEPTS AND DATA COLLECTION METHODS

The dependent variable (the degree to which municipalities take action on preventive healthcare) was operationalized by analysing the available and relevant policy documents, political decision-making and action taking by civil servants. The value will be determined by using five indicators:

1. *The presence of health policy documents*: is there a local health policy document adopted by the municipality, as required by the law, or is it otherwise integrated in other policy documents?
2. *Specificness of health policy documents*: the degree to which the goals and actions are clearly defined and measurable.
3. *Presence of council/board documents*: the degree to which the municipal council or the board of mayor and aldermen are active on the topic of preventive healthcare.
4. *Presence of health documents in annual budgets and reports*: the degree to which preventive healthcare is mentioned in the annual budget and report, which are the leading documents for all policies in every domain.
5. *Implementation programs*: the degree to which policies on preventive healthcare are actually implemented.

Every indicator will be discussed and appointed a value between 1 and 5, with a 1 for a full absence of that indicator and a 5 for a perfect execution of the indicator. When calculating the total grade, all five indicators will have the same weighing, since determining the difference between influence of each indicator on the dependent variable is arbitrary.

As mentioned before, the concept of 'preventive healthcare' was limited to prevention against smoking, drinking and obesity. The variable 'political orientation' was operationalized by analysing the party affiliations of members of the council and board of mayor and aldermen and placed the different parties on a left-right scale. 'Problem severity' was operationalized by analysing demographic information: what are the percentages of the population that drink problematically, smoke and are obese. The population that drinks problematically is the sum of excessive drinkers (a consumption per week of 21 or more glasses for a man, fourteen or more for a woman) and heavy drinkers (at least once a week a consumption of six glasses for a man, four for a woman). The operationalization of 'availability of network partners' was done by analysing the number of applicable institutions that are present within the municipal borders. Applicable institutions are hospitals and other providers of healthcare, health insurance companies and knowledge institutions.

As data collection method, the instrument of document analysis was used. All kinds of different documents that are available in the selected municipalities on the topic of preventive healthcare were collected. The focus was on the issues of drinking, smoking and obesity. The agenda of every municipal council meeting and every meeting of the council commissions of social affairs from 2015 onwards was searched for applicable policy documents on preventive healthcare and lifestyle. In addition, every motion, amendment and written question about preventive healthcare was added to the dataset. Yearly budgets and reports were analysed. Implementation programs were researched, also for partnerships with third parties. In some cases, the council clerk or a civil servant were asked to send additional information. After that, the data was categorized and analysed to make it possible to compare the different datasets from the different municipalities.

Most of the data were qualitative, like policy documents, evaluations and minutes. Some other data, especially in order to define the independent variables, were quantitative data. Examples are demographic data on the number of people that smoke, drink or are overweight, as well as the political representation in each municipality.

6. ANALYSES

In this chapter, the research data will be presented, analysed and explained. Firstly, the four municipalities that were selected in this research will be extensively discussed. For every municipality, the general characteristics will be provided. Also, the independent variables 'political orientation', 'problem severity' and 'availability of network partners' will be discussed.

A conclusion will be provided for every municipality. After the analyses of the four municipalities, the four other cases from another researcher will be added and conclusions on the research questions can be drawn.

ARNHEM

The municipality of Arnhem is situated on the banks of the Rhine river and has a population of about 160.000 inhabitants (CBS, 2019), which makes it the highest populated municipality in the safety and health region Gelderland-Midden. Compared to the national average, the population of Arnhem is slightly healthier when looking at the indicators of this research. 25% of the population smokes, while the national average is 24% (RIVM, 2020a), 10% is a heavy or excessive drinker (nationwide 17,3%) (RIVM, 2020b), 43% is overweight and 14% of the Arnhem population deals with obesity, which is positive compared to the nationwide overweight population of 49,1% (RIVM, 2020c). But the trend is that the number of overweight people is increasing, which is also signalled in the most recent local health policy document, Arnhem Gezond en Fit (translated: Arnhem Healthy and Fit) (Gemeente Arnhem, 2020a).

After the elections of 2014, left-wing parties obtained 49% of the municipal council seats, compared to 23% for right-wing parties (Kiesraad, 2020). A centre-left College of Mayor and Aldermen was formed, consisting of a coalition of D66 (social-liberal), SP (socialist), PvdA (social democrats) and CDA (Christian democrats). After the local elections of 2018, a broad coalition of GroenLinks (green left), PvdA, D66 and VVD (liberals) was formed (Gemeente Arnhem, 2020b).

Within the municipal borders of Arnhem, multiple possible network partners are present. The headquarters of health insurance company VGZ is situated in the city centre. There is also a big top clinical hospital called Rijnstate. A university of applied sciences (HAN) is also situated in Arnhem.

PRESENCE OF HEALTH POLICY DOCUMENTS

The policy on preventive healthcare was integrated in a broader vision document on the social domain in 2015, by a decision of the municipal council. In the accompanying letter, the board of mayor and aldermen writes that "promoting healthy behaviour" remains one of the spearheads of the policy, including the approach to reduce alcohol use among minors (Gemeente Arnhem, 2015). However, a further analysis of the policy documents on the social domain leads to the conclusion that it does not contain these priorities. The biggest part is about social support for those in need because of sickness or age and youth care for children who need special assistance during their

upbringing. However important, this does not include the many people without a specific demand for care (Gemeente Arnhem, 2014). Self-sustainability is an important goal of the documents, but the practical implication for improving and promoting lifestyle and health is not described.

In 2020, a new local health policy document was sent to the municipal council. This document contains clear goals and methods on promoting sports and a healthy lifestyle and measures against alcohol consumption, overweight, obesity and smoking. However interesting and very applicable, the choice was made not to include this document in this research, to improve the comparability between the cases.

Score: 3/5. The local health policy is present and was consciously integrated in the broader vision on the social domain, but drowns as it is stuck between other aspects of healthcare and social support. However, a new, specific policy is about to be adopted by the council.

SPECIFICNESS OF HEALTH POLICY DOCUMENTS

The documents on the social domain cover many topics, like geographical division, tender and the organisation of the social services. Those aspects are specific, but don't particularly cover the area of lifestyle and preventive healthcare. Prevention is mentioned several times, as a way to avoid expensive and intensive provision of care. But in these documents no goals, programs or policy indicators are mentioned. Information on the implementation of preventive health policies is not given. A broad vision on self-sustainability, own strength and collaboration with schools and other social institutions is provided, but not specified.

Score: 2/5.

PRESENCE OF COUNCIL/BOARD DOCUMENTS

An analysis of the municipal council meetings and documents shows that the council was involved in preventive healthcare multiple times. During the debate on the multiyear budget 2018-2021, multiple parties expressed that health is one of the most important topics that should be addressed in the budgeting documents. This is acknowledged in the definitive document: "*In general, the council asks to pay attention to the health of the civilians, by promoting a healthier lifestyle, healthier food, fighting (childhood) obesity and exercise by sporting."* (Gemeente Arnhem, 2017). In 2017, the labour party (PvdA) asked oral questions about the selling of drugs in schools. In 2018, the Liberal Democrats (D66) wrote a letter to the board of mayor and aldermen about smoke-free playgrounds and sporting facilities. The board replied that they are talking to sport clubs to implement a smoke-free terrain. Playgrounds and sporting facilities that are owned by the municipality will also become smoking-free (Gemeente Arnhem, 2018a). A few months later, the Socialist Party (SP) asked for attention to health differences between people from lower and people from higher social classes. The board replied that they make efforts to promote a healthy lifestyle among the youth, and extra attention would be payed to low social-economic neighbourhoods (Gemeente Arnhem, 2018b). In 2020, the board of mayor and aldermen sent a letter to the council about the smoke-free generation pact. In this letter, multiple actions that are taken are mentioned and explained (Gemeente Arnhem, 2020c).

Score: 4/5. The council expressed that health is an important issue, when it was asked to provide priorities for the multiyear budget document. It also asked questions and sent letters multiple times,

asking for a bigger effort on the fight against smoking, drinking or drugs. There is oral and written correspondence between the council and the board.

PRESENCE OF HEALTH POLICIES IN ANNUAL BUDGETS

In every annual budget, there is attention paid to goals and efforts to improve the health situation of the inhabitants. Also in the corresponding annual report, information is given about what is actually done in the previous year. The goals are stated quite clearly, with outcome indicators attached. For example, in the 2017 budget, it is stated that the ambition of Arnhem is aimed to reduce health inequalities, promote a healthy lifestyle and healthy behaviour. The attached outcome indicators are not measurable. (Gemeente Arnhem, 2016). In the annual report of 2017, the actions that have been taken are specified extensively, although the effects are not mentioned. (Gemeente Arnhem, 2018c). However, in the report 'The State of the City', trends and developments on, among others, health promotion are presented, for example on childhood overweight and obesity (Gemeente Arnhem, 2018d).

In 2017, extra money was received from the national government to spend on health promotion. An extra amount of 500.000 euros was spent on sporting and lifestyle programs for children and adolescents (Gemeente Arnhem, 2018c).

Score: 4/5. There is quite extensive attention to the ambition and goals in the yearly budgets, but not always specified how they are to be achieved. Annual reports pay attention to the results sufficiently, but achievements are not always specified. Extra money on health promotion was received and spent accordingly.

IMPLEMENTATION PROGRAMS

In the many documents that are reviewed, a lot of information is provided on implementation programs and partnerships. Multiple initiatives have been implemented that focus primarily on children, adolescents and elderly. The project 'JOGG' (Youth on a healthy weight) is a nationwide program that has also been implemented in Arnhem that focuses on sports and healthy food. Another project, 'Go!', has more or less the same goals and is developed in cooperation with the Arnhem-based hospital Rijnstate (Gemeente Arnhem, 2020). According to the documents, the municipality of Arnhem puts a lot of effort in creating partnerships with social coaches, schools, sport clubs, welfare organisations and healthcare providers. For example: educational programs on the dangers of smoking and drugs have been offered at primary schools (Gemeente Arnhem, 2020).

Motions and discussion points in the municipal council have also been transformed to policy, like smoke-free sporting terrains (Gemeente Arnhem, 2020). A motion that was filed by a local party Arnhem Centraal, demands the creating of policy to improve sports activity among elderly, which is currently in progress (Gemeente Arnhem, 2019).

Score: 5/5. Arnhem has implemented multiple intensive programs and makes a lot of effort to create collaborations with partners in the city.

CONCLUSION ARNHEM

The mean of the scores of the 5 indicators is 3,6. Relatively low scores were awarded to the documentation of the general local health policy. Integrated in the social domain policy, only little attention is paid to the obligatory preventive healthcare policy. In there, it is also hard to find specific measures and programs that are implemented. However, a new and specific health policy document is recently drafted and is much clearer. The higher scores were awarded to the presence of health policy in the annual budgets, in debates and letters of the municipal council and in actual implementation programs. The council has shown multiple times that (aspects of) preventive healthcare are an important issue, by filing motions, letters and questions. In the annual budgets and reports, actions that have been taken on health promotion are mentioned quite extensively as well. In analysing many documents, it becomes clear that there are multiple programs implemented on preventive healthcare and the adoption of a healthier lifestyle. Collaboration with partners in the city is an important factor. The municipality looks for cooperation with partners in education, sports, neighbourhoods and the social domain. The hospital Rijnstate also plays a role in the program 'Go!'. The conclusion can be drawn that, despite the lack of clarity in health policy documents, a lot of attention is given to implementation programs and other measures to improve the health of the Arnhem population, with an extra focus on minors.

DOESBURG

Doesburg is a small municipality that consists of an old city situated on the banks of the IJssel river. Only about 11.000 people live within the municipal borders (CBS, 2019). A striking characteristic of Doesburg is the relative high number of overweight residents. 60% of the population is overweight and 19% is obese (nationwide 49% respectively 14%) (RIVM, 2020c). An explanation could be found in the relatively high number of people belonging to a lower socioeconomic status, as stated in a local health report 2017, called "Gezondheid in Beeld" (GGD Gelderland-Midden, 2017). The percentage smokers (22%) is slightly under the national average (RIVM, 2020a). Alcohol consumption is low compared to the Dutch average: 11% of the Doesburg population is a heavy or excessive drinker (compared to 17% nationwide) (RIVM, 2020b).

In the 2014 municipal elections, left-wing parties obtained six out of the fifteen municipal council seats, while right-wing parties got four seats (Kiesraad, 2020), so Doesburg can be described as a centre-left municipality. In 2014, the board of mayor and aldermen consisted of a local party, labour (PvdA), Christian-democrats (CDA) and the liberals (VVD). Since 2018, the same broad coalition exists but without the CDA party (Gemeente Doesburg, 2020).

Since Doesburg is a very small municipality, no possible network partners are located within its municipal borders. For medical or educational institutions, Doesburg is mostly dependent on Arnhem or Zutphen.

PRESENCE OF HEALTH POLICY DOCUMENTS

Doesburg adopted a new vision on preventive health policy in 2017. In contrast to Arnhem, it is a separate document, describing the goals and measures for the next years and also draws the connections with other policy programs in the social domain. The main goals have been imported from the regional health policy document. They are: 'positive health', reducing socioeconomic health

differences, promoting participation of chronically ill people and the availability of a safety net for extra vulnerable people. (Gemeente Doesburg. 2017a). In the document, it is described what activities have already been implemented and what the priorities for the next years are.

Next to this document, also a separate policy document called 'Playing, sporting and meeting' is adopted in 2018, focusing on playing and sporting in the public space (Gemeente, 2018a). As a follow-up of the vision document on preventive healthcare, a policy document on drugs and alcohol prevention was adopted in 2019, describing measures that are being taken to reduce drug and alcohol abuse among teenagers (Gemeente Doesburg, 2019). Apart from policy documents, there are also multiple evaluations and monitoring documents available. Examples are: Health monitor 2017 (GGD Gelderland-Midden, 2017), Youth health report (GGD Gelderland-Midden, 2019) and evaluations on sports activity (Doesburg Beweegt, 2017b; Doesburg Beweegt, 2019b).

Score: 5/5. Doesburg has a separate preventive health policy document, derivatives on specific issues, and reports and evaluations on multiple aspects of preventive healthcare.

SPECIFICNESS OF HEALTH POLICY DOCUMENTS

The activities and policies are presented quite clearly in the vision on preventive healthcare. A lot of attention is spent to programs that are already implemented, but there is also a chapter dedicated to new goals and proposed policy programs. In there, specific proposals and actions are mentioned and explained. For example, it is clearly listed what the municipality wants to do to prevent alcohol and drug use among teenagers, by offering information programs to children and their parents, specific actions during events and repressive measures in collaboration with the police. The same applies to sporting and healthy food: a smarter communication with the target group, by connecting with schools and more attention to the sporting programs 'B-fit' and 'LIJV' (Gemeente Doesburg, 2017a). But not everything is worked out and the goals are not measurable. The specificness improves with the introduction of specific policy documents on playing and sporting in the public space and prevention from alcohol and drugs. In there, goals are specified, the financial consequences are mentioned and, in the case of the policy on prevention from alcohol and drugs, a specified planning is provided.

Score: 4/5. Combined with derivative policy documents, the preventive health policy in Doesburg is in general specific and detailed, but there are differences in style and level of detail between the different documents and policy fields.

PRESENCE OF COUNCIL/BOARD DOCUMENTS

The municipal council is involved on preventive healthcare and a healthier lifestyle multiple times per year. It approved the different preventive health policy documents and it also discusses multiple evaluations of several programs. Compared to other municipalities that were researched, the municipal council spends a lot of attention to evaluations and reports on the domain of sports, drug and alcohol abuse and the wellbeing of the youth. These documents are being discussed in commission meetings of the council. For example: evaluations of the sporting program 'Doesburg exercises' has been discussed three times, in 2016, 2017 and 2019 (Doesburg Beweegt, 2016; Doesburg Beweegt, 2017; Doesburg Beweegt, 2019).

Score: 4/5. A total number of eight evaluations and three reports in the domain of preventive healthcare were identified in the timespan 2014-2019. The municipal council does not file motions or written questions, but spends much time on debates on policy documents, evaluations and reports.

PRESENCE OF HEALTH POLICIES IN ANNUAL BUDGETS

The differences between the period 2016-2018 and from 2019 onwards are big. In the annual budgets and reports of 2016, 2017 and 2018, only very little attention was paid to preventive healthcare. In 2018, one of the goals was: 'we want to connect our preventive services to the new tasks in the social domain'. A list of activities is written down, but the only activity on prevention from smoking, alcohol and obesity is: 'Sporting for young and old, investing in sport coaches and healthy food.' (Gemeente Doesburg, 2017b). However, in 2019 a big improvement was made. Two goals are mentioned: 'Optimal use of preventive youth policies' and 'promoting a healthy lifestyle'. Also the number of actions that are being taken is expanded and actions and programs are specified. The budget per subject is mentioned and the development of the budgets over four years is presented. (Gemeente Doesburg, 2018b).

Score: 3/5. Although the presence of preventive healthcare in the annual budgets 2016, 2017 and 2018 was poor, in 2019 much more attention was paid to this topic.

IMPLEMENTATION PROGRAMS

Especially on sports, Doesburg has a lot of programs. There are multiple neighbourhood sport coaches, who act as the connection between the municipal organisation, sport clubs and a number of target groups, like children, elderly and disabled people. They also organise activities and provide information (Doesburg Beweegt, 2019). Also on alcohol and drugs prevention, multiple initiatives have been implemented. There are meetings in the youth centre, activities during events and preventive programs aimed at teenagers and elderly that are prone to addiction (Gemeente Doesburg, 2019). Because of the small size of the municipality, these programs are mostly small-scale and specific. Most collaborations are with local partners like sport clubs and schools, no cooperation with hospitals, knowledge institutions or health insurance companies was identified.

Score: 4/5. Small-scaled, but many programs have been implemented.

CONCLUSION DOESBURG

The mean of the scores is 3,8. When analysing the documents, it becomes clear that Doesburg is aware of the problems with overweight and obesity and also acts on it. Most of the implementation programs are aimed to promote a healthier lifestyle and more exercise. Extra attention is paid to the youth, as there are also multiple initiatives to reduce drinking and using drugs among teenagers, next to the sport initiatives. The municipal council is frequently notified about the progress in the different programs. Because of the small size of the city, the programs are small-scaled. No collaborations with national or regional institutions were identified. But it can be concluded that Doesburg takes considerable action on preventive healthcare.

WAGENINGEN

Wageningen is a city situated on the banks of the Rhine river, counting about 39.000 inhabitants (CBS, 2019). Although Wageningen is not one of the bigger cities in The Netherlands, a university is situated within its borders. The Wageningen University focuses mainly on agricultural and food-related studies. The headquarters of health insurance company Menzis is also located in the municipality.

Wageningen has a relatively healthy population. Only 35% is overweight (RIVM, 2020c) and 15% of the inhabitants smokes (2020a). The exception is alcohol: 22% is a heavy or excessive drinker, compared to the national average of 17% (RIVM, 2020b). An explanation of this divergent indicator could lie in the fact that Wageningen, because of its university, contains a large student population.

In the 2014 municipal elections, left-wing parties won ten of the 25 seats, against five seats for right-wing parties. Ten seats went to a local party and a party in the centre of the political spectrum (Kiesraad, 2020). So the municipal council of Wageningen can be described as centre-left. A coalition of the Greens, Liberal Democrats and a local party was formed (Gemeente Wageningen, 2014). After the elections of 2018, the local party was replaced by labour and a Christian party (Gemeente Wageningen, 2018a).

PRESENCE OF HEALTH POLICY DOCUMENTS

Like Arnhem, Wageningen has integrated its obligatory preventive health policy in a broader vision document on the social domain. This document, called “Samen Wageningen” (Together Wageningen), is the foundation for the work in home care, youth care and social participation. However, preventive healthcare and health promotion is almost fully absent. The document mentions that municipalities have legally binding tasks, like health promotion and health monitoring. But it also states that “the activities will be determined in 2017” (Gemeente Wageningen, 2016a). An analysis of agendas of the council and council commissions show no indication that those activities have indeed been discussed and/or implemented.

The only other document that belongs partly to the domain of preventive healthcare is the policy document on sports, called “Wageningen sports!”. It is drafted in 2012 and covers a lot of aspects of sporting withing the municipality (Gemeente Wageningen, 2012).

Score: 2/5. Very few policy documents on preventive healthcare available. Shortly mentioned in the general local health policy, but no follow-up documents found.

SPECIFICNESS OF HEALTH POLICY DOCUMENTS

The few passages on preventive healthcare, are not very specific. The only formulated goal on this topic is: “inhabitants with a lower socioeconomic status live longer and live longer in a healthy state compared to the current situation” (Gemeente Wageningen, 2016a). But no programs or actions are mentioned. One of the key words in the document is ‘positive health’, but it is not clear how this has to be achieved.

Score: 2/5.

PRESENCE OF COUNCIL/BOARD DOCUMENTS

After analysing all council and commission meetings from 2015 onward, the conclusion can be drawn that, apart from broader debates on the social domain, the council did not discuss (parts of) preventive healthcare. No written questions, motions or amendments on this topic were filed.

Score: 1/5.

PRESENCE OF HEALTH POLICIES IN ANNUAL BUDGETS

Preventive healthcare is mentioned in the annual budgets and reports, but split in two chapters. Preventive healthcare falls under program 6: social support and lifestyle can be found in program 9: sports and culture. In program 6 of the budget of 2016 and 2018, one of the goals is the reduction of harmful consumption of alcohol. It is however not specified how these goals will be achieved. In chapter 9 of the annual budgets of 2016, 2017 and 2018, much more attention is paid to a healthier lifestyle. The goals are: young people, adults and elderly have exercised and sported more, as well as obese people. The goals are measurable (although identical in all three years), and subgoals and actions are specified. For this goal, almost 3 million euros is available (Gemeente Wageningen, 2015; Gemeente Wageningen, 2016b; Gemeente Wageningen, 2017a). In the annual reports, it is clearly and extensively specified what actions and programs have been executed. Also, numbers from health reports are mentioned to illustrate results (Gemeente Wageningen, 2017b; Gemeente Wageningen, 2018b; Gemeente Wageningen, 2019).

In contrast to the very extensive reporting on sports and exercise, reducing alcohol abuse is mentioned less and reducing smoking is fully absent in the annual reports.

Score: 4/5. Extensive and clear passages about sporting, but policy on smoking is absent.

IMPLEMENTATION PROGRAMS

In the documents, not many implementation programs have been identified. Like many other Dutch municipalities, Wageningen has committed to the national ‘JOGG’-program (Youth on a Healthy Weight), which focuses on exercise and healthy food. It is a collaboration between the municipality and partners like schools and sport clubs (Gemeente Wageningen, 2019). A regional program on reducing alcohol consumption among teenagers, called ‘FrisValley’, is a small-scaled initiative and implemented in several municipalities in the Food Valley region. This program consists of smaller programs aimed at teenagers, sport clubs and parents (Gemeente Wageningen, 2019). Despite the presence of a university that specialises in health and food science, no collaborations or shared programs were identified.

Score: 2/5. There are a few implementation programs, based on national or regional initiatives, but they seem small-scaled.

CONCLUSION WAGENINGEN

The mean of the scores of all indicators is 2,2. From the four municipalities that were included in the analysis, Wageningen takes least action on preventive healthcare. The local health policy document spends very few lines on smoking, drinking and overweight/obesity. Annual reports show that quite some effort is made in the domain of sporting and exercise, but broader policies and programs on

preventive healthcare seem absent. The municipal council also does not show a lot of initiative on this topic. An explanation of this lack of action could be the relatively very healthy population in Wageningen, which could reduce the urge of intervening and taking action. The number of smokers and overweight people lies far below the nationwide average. The presence of a top ranked university in food sciences within the municipal borders does not seem to sort any effect: there is no indication of collaborations between the municipality and students or scholars on the topic of health improvement.

BARNEVELD

Barneveld is a municipality in the western part of Gelderland, counting almost 58.000 residents (CBS, 2019). The municipality has a large surface with a lot of agricultural activity. It is located in an area that is also known as the 'Bible belt': compared to the national average, a relatively high percentage of the population has a conservative Christian background (CBS, 2015). This strongly affects the representation in the municipal council: a conservative-Christian party is the biggest party in the council, obtaining 8 out of 31 seats in the local elections of 2014 and 2018. Right-wing parties scored 22 seats in 2014, against only six for left-wing parties (Kiesraad, 2020). In 2014, the board of mayor and aldermen consisted of three Christian parties (SGP, ChristenUnie and CDA) and the liberals (VVD) (Gemeente Barneveld, 2014a). So the political orientation of Barneveld can be described as right.

Barneveld is a relatively healthy municipality, compared to the national average. 12% of the population is an excessive or heavy drinker (17% nationwide) (RIVM, 2020b) and 15% smokes (24% nationwide) (RIVM, 2020a). It scores average on the indicator 'overweight and obesity': 48% is overweight and 15% is obese (compared to 49 respectively 14% nationwide) (RIVM, 2020c).

Barneveld has no potential network partners like hospitals, knowledge institutions or health insurance companies within its municipal borders.

PRESENCE OF HEALTH POLICY DOCUMENTS

Barneveld has adopted its most recent health policy document in 2017. The document covers national policy and spearheads, regional collaboration in the health and safety region Gelderland-Midden, draws an image of the challenges and priorities in the years 2017-2020 and states 25 'policy intentions' in the domain of preventive healthcare (Gemeente Barneveld, 2017a).

Apart from this document, there are also two policy documents on alcohol prevention. One document is about reducing alcohol in traffic (Gemeente Barneveld, 2018a), the other one is aimed more general at prevention and enforcement for the years 2014 and 2015 (Gemeente Barneveld, 2014b). On the domain of sports, there is the policy plan on sports and exercise, describing plans and measures to improve the health of the population of Barneveld by increasing the number of people that exercise (Gemeente Barneveld, 2016a).

Score: 4/5. There is a separate local preventive healthcare policy, as well as policy programs on sports and alcohol.

SPECIFINESS OF HEALTH POLICY DOCUMENTS

The local preventive health policy document is quite specific. The 25 policy intentions sum up what the municipality plans to do for the duration of the document. Examples of policy intentions are: 'stimulating prevention by encouraging sporting and exercising', 'changing a bad lifestyle among elderly' and 'reducing health differences on the basis of socioeconomic status' (Gemeente Barneveld, 2017a). Some of the policy intentions are very specific, like the implementation of a certain program, while others are a bit more vague and general. But nevertheless, the document clearly shows what topics the municipality want to focus on. Also in the documents on sports promotion and alcohol prevention, the goals are stated and measures are presented and explained (Gemeente Barneveld, 2014b; Gemeente Barneveld, 2016a).

Score: 4/5. The goals are clearly presented; the actions and suggested policy programs are often mentioned, but not always.

PRESENCE OF COUNCIL/BOARD DOCUMENTS

In general, the municipal council does not discuss issues in preventive healthcare so often, apart from when policy documents have to be adopted. However, one motion and two letters with written questions were filed in the period 2015-2020. The motion, filed by the ChristenUnie, demanded the board to draft a vision document on campaigns and policies about prevention from issues like alcohol, drugs and gaming addiction. In the consideration section, the motion declared that "there are multiple problems in which the youth plays an important role and in which it is exposed to risks" (Gemeente Barneveld, 2019a). One letter with written questions was sent by the VVD and asked for the possibilities of an administrative agreement with sport clubs, to which the board of mayor and aldermen answered that they were working on it (Gemeente Barneveld, 2019b). Another letter was sent by CDA, SGP and ChristenUnie and contained a diverse array of questions about preventive healthcare, for example: can an overview be provided on what the municipality does and why are some measures (not) taken? (Gemeente Barneveld, 2020a).

The board of mayor and aldermen sent multiple letters to the council. One was a reaction on the earlier motion of the ChristenUnie, another one was about agreements with organisations of events about alcohol prevention and a third one was about setting up a sports fund (Gemeente Barneveld, 2020b; Gemeente Barneveld, 2019c; Gemeente Barneveld, 2017b)

Score: 3/5. The council does not have debates about preventive healthcare too often, but multiple letters and a motion have been filed.

PRESENCE OF HEALTH POLICIES IN ANNUAL BUDGETS

Preventive healthcare does not get a lot of attention in the annual budgets. For example, in the budget of 2017, the only topic that is mentioned under the tab 'public health and prevention' is prevention from child abuse. The promotion of sporting is also briefly mentioned, but very shortly (Gemeente Barneveld, 2016b). In the budget of 2019, more attention is paid to preventive healthcare and prevention from alcohol and drugs, and the promotion of exercise is mentioned as a priority (Gemeente Barneveld, 2018b).

In the annual reports, there is little attention to the activities that have been performed on the domain of preventive healthcare. In the report of 2018, it is briefly mentioned that a new program

against alcohol in traffic is adopted (Gemeente Barneveld, 2019d). Also no relevant outcome indicators are presented in every annual report.

Score: 2/5. Poor reporting in both annual budgets and annual reports.

IMPLEMENTATION PROGRAMS

In the letter of the board of mayor and aldermen, that was sent after the motion on prevention was filed, a clear image is painted on what programs and initiatives have been taken in the domain of preventive healthcare. There is a general campaign to raise awareness of the dangers of alcohol and drugs and a program, customized to schools. There are also programs on prevention from childhood obesity and programs on promotion of sports and exercise (Gemeente Barneveld, 2020b). A remarkable fact is that the 'Center for Youth and Family' (CJG), an organisation that focuses on helping parents with the upbringing of their children, plays a big role in many programs. This is in contrast to the other three municipalities that were reviewed in this research. The initiative to implement a program to reduce alcohol abuse in traffic is taken by the Barneveld youth council. The youth council asked the municipal council to act on this topic. Later, a policy program was indeed adopted (Gemeente Barneveld, 2018a).

Also in the local preventive health policy document, multiple programs and corresponding partners are mentioned. Especially on childhood obesity, a diverse array of organisations is involved, to ensure an integral approach. Hospital 'Gelderse Vallei', CJG, local care providers and sport clubs work together. The coordination lies at the CJG (Gemeente Barneveld, 2017a).

In general, information on implementation programs in Barneveld is hard to find and not very broadly communicated in documents on preventive healthcare.

Score: 3/5. There are some programs, but they are mainly focused on children. There is little to find on preventive healthcare aimed at adults and elderly.

CONCLUSION BARNEVELD

Mean of the scores: 3,2. Barneveld does have a separate health policy document. In there, but also in other documents, it becomes clear that the municipality takes preventive healthcare seriously. However, the approach is somewhat different compared to other municipalities. Barneveld focuses mainly on children and teenagers and less on adults and elderly people. There are strong ties with programs on the upbringing of children. Although it is not specified, an explanation could lie in the fact that Barneveld is a municipality with a strong Christian profile, in which family values are important.

COMPARISON OF EIGHT CASES

After the analysis of the four cases of this research, four other cases from fellow students were added: Rotterdam, Tilburg, Bronckhorst and Oost Gelre. The scores and characteristics of all cases are presented in the table below.

Score	Municipality	Political orientation	Problem severity	Network partners
4,6	Rotterdam	Right	Alcohol: low Smoking: high Overweight: average	High
4,0	Oost Gelre	Right	Alcohol: high Smoking: under average Overweight: average	Low
3,8	Doesburg	Centre-left	Alcohol: low Smoking: under average Overweight: high	Low
3,6	Arnhem	Centre-left	Alcohol: low Smoking: above average Overweight: low	High
3,4	Tilburg	Left	Alcohol: high Smoking: high Overweight: average	High
3,2	Bronckhorst	Right	Alcohol: high Smoking: low Overweight: above average	Low
3,2	Barneveld	Right	Alcohol: low Smoking: low Overweight: average	Low
2,2	Wageningen	Centre-left	Alcohol: high Smoking: low Overweight: low	High

Figure 2: Scoring table of eight cases.

The sub-questions will now be answered, before answering the main research question.

TO WHAT DEGREE DO DUTCH MUNICIPALITIES TAKE ACTION ON PREVENTIVE HEALTHCARE?

After analysing the cases, it has become clear that there are clear differences between municipalities on the domain of preventive healthcare. Because providing preventive healthcare is a legal obligation, all municipalities do take action, but the level of intensity differs. Big cities tend to have a

more professional approach, with big programs and a lot of funding, because their budget is much higher and the target groups much bigger. This does not mean that they take more action than smaller municipalities. Smaller municipalities choose a more personal, small-scaled approach.

All researched municipalities aim to connect preventive healthcare to youth care and other parts of the social domain. They see prevention as a way to prevent people from getting diseases or health problems. The goal is two-sided: it is the concern for the well-being of the population, but also the financial revenue when the demand for care lowers. Some municipalities tend to show more attention to the social domain and do not or barely mention preventive healthcare explicitly, like Wageningen, while other municipalities have many documents and programs that focus specifically on health promotion and preventive healthcare, like Arnhem. Municipalities with many separate policy documents, also seem to have more implementation programs.

All municipalities have policies on sports and exercise. This is logical, because sport clubs are also largely dependent on municipalities. So policy must be drafted on accommodation, funding and accessibility. Many municipalities combine this with health promotion and encourage people, especially children to join a sport club. Also on alcohol abuse, most municipalities have policies drafted. Not only because municipalities want to encourage their inhabitants to live healthier, but also because of the frequent problems with alcohol and public order and road safety. On smoking, less policy programs have been identified. Most programs that exist are information campaigns, focused on teenagers, in combination with alcohol and drugs.

WHAT ARE THE DIFFERENCES BETWEEN DUTCH MUNICIPALITIES CONCERNING THE FACTORS POLITICAL ORIENTATION, PROBLEM SEVERITY AND AVAILABILITY OF NETWORK PARTNERS?

Although every local election is influenced by national trends, there is a variety of election results in each municipality. Also in this research, clear differences were found. The municipal council of Barneveld has a strong Christian-conservative profile, while a big part of the council of Wageningen is very progressive. In this research, a big difference in political orientation was found, contributing to a higher degree of this factor to the comparability between the cases. On the other hand, because there are more parties in the council in comparison to earlier times, there are less seats per party available, resulting in the need for multiple parties to form a coalition. This means that the boards of mayor and aldermen consist of a relatively large number of parties, which can dilute a strong left or right orientation.

There appears to be little correlation between smoking, drinking and overweight. In many researched municipalities, one of those factors stood out negatively, while the problem severity other two could be average or low. For example Doesburg: the number of smokers and heavy/excessive drinkers is below average, but the percentage of overweight people was very high compared to the national average. In Rotterdam, the percentage of smokers is very high, but the number of excessive and heavy drinkers is low compared to the nationwide average.

WHAT ARE THE CAUSAL RELATIONSHIPS BETWEEN THOSE FACTORS AND THE DEGREE TO WHICH DUTCH MUNICIPALITIES TAKE ACTION ON PREVENTIVE HEALTHCARE?

POLITICAL ORIENTATION

No relationship between political orientation and the degree to which municipalities take action on preventive healthcare was found. The hypothesis was that left-wing parties are more inclined to intervene and pay more attention to healthcare, but this is not confirmed. There is no pattern visible in the scoring table (figure 2). This matches with the findings on activities in the municipal councils. All kinds of political parties filed motions and written questions on preventive healthcare, from left to right. An explanation could be that preventive healthcare is not a highly politicized topic.

PROBLEM SEVERITY

There is a strong relationship found between problem severity and municipalities taking action. Many policy documents explain why a policy program is needed. In many programs, an observation was made that there was a problematic situation, or a negative trend. The municipality of Doesburg, for example, mentions multiple times that the number of overweight people is much higher than average and because of that, a policy program is needed. In Arnhem, the municipality observed that the number of overweight children was increasing, which was an incentive to create more policies on childhood obesity. But the numbers don't have to be above average for a municipality to react. Many policy documents start with the observation that a certain percentage of people is unhealthy, and that is used as a cause why a policy program is implemented.

Wageningen, the municipality that has the healthiest population of the researched cases, takes by far the least action on the domain of preventive healthcare. It is however not specified in documents that the good health is a reason why less action is taken.

There are many health reports that focus especially on the health of children. Because of those reports, municipalities possess recent and in-depth information on the health situation of their youngest inhabitants. This information as a basis for new policy documents. It is clear that there is a lot of attention to preventive healthcare for children (especially on exercising and reducing overweight) and teenagers (especially on alcohol and drugs).

AVAILABILITY OF NETWORK PARTNERS

After analysing the documents, it is clear that municipalities rely for a large part on local partners like schools, sport clubs and care providers. Much of the implementation programs are in cooperation with multiple partners within the municipality. However, there is no real difference found between municipalities on this factor. Health insurance companies contribute financially to many projects and programs, especially health insurance companies that are prominently present in a region, but the presence of a health insurance company within the municipal borders does not seem to make any difference. The same applies to knowledge institutions: the university of applied sciences in Arnhem and the Wageningen University did not seem to contribute substantially to the drafting and/or implementation of policies. There is the possibility that theses and smaller projects are executed within the municipality, but no evidence for this was found in the documents. Based on the analysis of documents, it can be concluded that a strong cooperation with local actors is much more important for the succeeding of policy, because municipalities rely heavily on them during when implementing policy programs.

7. CONCLUSION

The main research question was: which factors explain the degree to which Dutch municipalities take action on local preventive healthcare? After an analysis of four cases, supplemented with four other cases from fellow students, the conclusion can be drawn that of the three tested variables, only 'problem severity' is clearly related to the degree to which municipalities take action on preventive healthcare. A lot of policy documents pay attention to the trends in and numbers on the health situation of the population and they form the basis for extra accents in policy programs, or even new programs because of a raised awareness. Evidence for a relationship between political orientation and taking action of municipalities, or the availability of big network partners and municipalities that take action, was not found. However, the network of local stakeholders in the domain of preventive healthcare is very important for many implementation programs.

This research has helped to gain a better understanding of why some municipalities take more action than others. While people can benefit from a higher life expectancy, the government tends to look more and more to quality instead of quantity. The aim is to let people benefit from a healthier lifestyle and at the same time to save money, that can be spent on a healthcare system that is getting more expensive every year. It is helpful to know that a higher degree of action is reached, when problems on the health of the population come to the surface. Policy makers, politicians and civilians can profit from this knowledge, as it is an indication of how the chances of implementation of policy can be influenced.

One of the limitations of this research was the fact that only document analysis was used as a data collection method. Although it was very useful to look objectively to the documents that were found and provided, a bit more context, for example via conducting interviews would have been helpful to get a deeper understanding on what factors play a role.

Other possible explanations, apart from the three variables 'political orientation', 'problem severity' and 'availability of network partners' were not in the scope of this research. In follow-up research, there could be more focus on the role of civil servants, as they are highly specialised and are involved in the drafting of many policy documents. In that case, conducting interviews would be needed, which was no part of this research. Another interesting aspect to conduct further research on, is the dynamics of local networks in the domain of preventive healthcare. As municipalities are so dependent on the cooperation of, for example, schools, sport clubs and care providers, it is worth to take a closer look at the effect of the degree of cooperation on the quality of the policy outcomes.

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