Tackling health inequalities in The Hague: a process evaluation of a municipal programme to improve health in deprived neighbourhoods

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General Introduction
1.1 Health inequalities

Over the past three decades, health inequalities have emerged as an important theme in public health policy in the Netherlands and abroad (1;2). In this thesis, inequalities in health refer to the systematic differences in health between different socio-economic groups within a society. These differences are not simply a dichotomy – at all levels of socio-economic status (SES), health and illness follow a social gradient: the lower the socio-economic position, the worse the health (3).

In 1985 health inequalities was one of the ‘Health for All’ objectives formulated by the WHO European region. By the year 2000, the actual differences in health status between groups within countries was to be reduced by 25%, by improving the health of disadvantaged groups (4). The aim of tackling health inequalities was restated in the Health 21 strategy for the European region which stated that the gap in life-expectancy between socio-economic groups should be reduced by at least 25% by the year 2020 (5). Up until this year, however, health inequalities between socio-economic groups have not decreased either in the Netherlands or in many other European countries (6).

Moreover, health inequalities in the Netherlands are persistent. Nowadays, people with the lowest socio-economic status live six to seven years less and spend 16 to 19 years longer in poor health compared to those from the highest socio-economic group (7). People from lower socio-economic groups report more health problems, including diabetes mellitus, depressive disorders, asthma/COPD and back complaints (8). They also report a poorer perceived general health (8). The inequalities are mainly caused by a higher exposure of lower socio-economic groups to a wide range of unfavourable material, psychosocial and behavioural risk factors (6).

1.2 Health inequalities in The Hague

The differences in health expectancies in the city of The Hague are among the highest reported in the Netherlands. The Hague is the third largest city in the Netherlands with 450,000 residents of whom 150,000 live in the so-called ‘deprived neighbourhoods’. These deprived neighbourhoods are characterised by a high percentage of immigrants, low incomes and high unemployment rates (see figure 1.1).

In accordance with the national trend, roughly ten years ago The Hague’s health monitor showed that morbidity is related to the socio-economic status of neighbourhoods. The mortality rates in the deprived areas are much higher than in the more prosperous neighbourhoods. These inequalities in health are confirmed by the 2002 health monitor. It is in this year that health inequalities first become a specific focal part of the local government coalition agreement. A sum of 1.9 million Euros is made available for the period 2003 to 2006 for the purpose of tackling health inequalities. Subsequently, a programme for tackling health inequalities (PTHI) which aimed at improving the health of the residents in deprived neighbourhoods, is initiated. PTHI becomes the responsibility of the aldermen of welfare, public health and emancipation.
1.3 The programme for tackling health inequalities (PTHI): a brief overview

PTHI is run by the Department of Education, Culture and Welfare (OCW). A project leader is appointed for the daily management of the programme and is employed by the Department of Community Care and Public Health. In addition, there is also a project coordinator working in the Municipal Health Services (GGD) department for health promotion. The task of this coordinator is to establish the programme firmly in the target neighbourhoods. The intrinsic steering and progress monitoring falls under the responsibility of a steering committee, with the director of Public Health as the acting chairman. This steering committee is made up of policymakers (and managers) working in the field of health promotion, public health, and the major cities policy (GSB). As well as the services at local authority level, a local organization for the promotion of health and welfare services – Stichting ter Ondersteuning van de Gezondheidszorg en Maatschappelijke Dienstverlening in Den Haag, hereafter STIOM – also plays a role in the development of the programme.

PTHI is targeted at six deprived neighbourhoods in order to improve the health of residents who are socio-economically deprived. In order to develop the programme, a neighbourhood approach is employed. Because deprivation is concentrated in certain neighbourhoods, these neighbourhoods are considered to be a “gateway” for initiating activities. Neighbourhood based programmes are thought to be popular among policy-makers because they: (1) are assumed to be an efficient means of targeting the most deprived individuals, (2) provide a context for involving local people in identifying local problems and delivering solutions (10).
In general three working principles are ascribed to the neighbourhood approach; intersectoral collaboration, professional integration and community participation. The policymakers in The Hague intend to develop the programme along these working principles. In 2002 at the start of the programme, several meetings are organised with local healthcare professionals and local residents in each of the targeted neighbourhoods. During these meetings, epidemiological data on the five most prevalent health problems (i.e., cardiovascular disease, lung cancer, accidents at home, psychosocial problems, behavioural and development problems with children) in the neighbourhoods are shared with the local professionals. The top five health problems initiate the debate on whether these health problems are recognised, what their main causes are, and how they might be remedied. The interactive dialogue results in the specification of the overall objective into four themes: physical activity and healthy nutrition, pedagogical support, information on and access to health care and strengthening primary care. These four themes are adopted and become the stated programme objectives.

Furthermore, to address the four themes, three lines of action are formulated; healthy lifestyle, healthy environment and improved quality of primary health care. Therefore, on each of the four themes, interventions should encourage healthy behaviour at individual level, should improve the environment in which people live, and should improve primary care supply with the services that residents of the neighbourhood actually need.

1.4 Aim of the evaluation study

Worldwide many comprehensive programmes have been developed to tackle health inequalities, including neighbourhood programmes. The “health action zones” in the United Kingdom are an exemplary initiative set up as a catalyst to bring stakeholders and communities together in a working partnership aimed at improving health in disadvantaged areas (11). Although a growing body of experimental studies has been evaluating these initiatives, most of these studies have shown only marginal effects. This has led many people to conclude that there is little knowledge on what “works” in comprehensive programmes to reduce health inequalities (12). Generating such knowledge requires the formidable decoding of the “black box” of these complex programmes and studying the mechanisms through which these programmes influence population health.

This thesis concerns an evaluation study of such a complex programme; the neighbourhood based programme for tackling health inequalities in The Hague. The general aim of this research is twofold. The first aim of the study is to assist policymakers by gathering information and generating findings they can use to shape the programme. The second aim of the study is to gain insight into the developmental process of the programme in The Hague (PThI), producing valid knowledge (that can be generalised) that contributes to the international debate on tackling health inequalities.
This thesis focuses on this second aim and reports the results of the developmental process of the programme. Although many parts of this programme are still going on in the city, the present report focuses on its initial phase (2003-2006).

1.5 Research questions

As mentioned previously, the main goal of this thesis is to gain insight into the developmental process of the programme for tackling health inequalities in The Hague. For this purpose, the developmental process of the programme is explored through a process evaluation. The working principles that are formulated by the policy-makers are linked to three separate social systems. Intersectoral collaboration is to be expected within the local authority. Professional integration is to be expected within the local health system. Finally, participation addresses the third system: that of the local residents. These three social systems for the basis of this research. For evaluating PTHI, the main aim is to explore which processes are dominant in these systems during the development of the programme. In addition to the exploration of the three social systems, we discuss the scientific consequences of our collaborative design.

The following research questions are formulated:
1. What is the shared conceptualisation of the programme and its goals by the researchers and policymakers?
2. How does the programme mobilise political priority within the local authority?
3. How does the programme mobilise the local health system;
   a. In general during implementation of the programme?
   b. With a specific activity called ‘the micro grant financing scheme’?
4. How does the programme mobilise the residents through an exercise referral scheme?
5. How do the researchers unite the two diverging goals of the research (assisting the programme while producing scientific knowledge)?

1.6 Design of the evaluation study

To reveal the development process of the health programme in its real-life context, a single-case study is adopted. For four years, the process (in which the city of The Hague unrolled the programme) is studied using a developmental approach. A developmental approach is employed in order to focus on processes and aims for helping providers to improve in the short term. A developmental approach has a pragmatic development aim, a flexible approach to choosing methods but with a preference for qualitative techniques and is non-experimental. Concepts and theories are often built up inductively out of the data which the evaluators

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1 The local authority refers to the authority at city level while the other two social system ‘local health system’ and the ‘local residents’ refer to another geographical entity; the neighbourhoods.
gathers. Although there are many different types of developmental evaluations, we use the ‘active evaluation’ in which evaluators do not wait until the end of the evaluation to feed back results (13).

A collaborative research strategy is employed to evaluate the programme in The Hague. This strategy is defined as a deliberate set of interactions and processes specifically designed to bring together those who study societal problems and issues (researchers) with those who act on or are within the boundaries of those societal problems and issues (policy-makers, practitioners and individuals) (14). Collaborative research, as a long-lasting partnership of researchers and policy-makers, is assumed by many to result in better interpretation and use of research findings and to produce policy-relevant knowledge (14-19). To that end, the research process is embedded in the specific social or organisational context in which the policy-makers are active (14).

Data collection takes place during 2003 to 2006. The main research methods used for the process evaluation: (1) recurrent in-depth interviews with the programme officials, professionals and residents, (2) document analyses of municipal documents and neighbourhood projects, (3) observations of meetings of the steering group and neighbourhood health panels and (4) questionnaires (see table 1.1).

Table 1.1: Overview of study topics and main research methods.

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<td>In depth interviews members of the steering group (n=20)</td>
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<td>In depth interviews professionals and project managers (n=14)</td>
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<td>Document analyses of municipal documents</td>
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<td>Observations steering group</td>
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<td>Documents of municipal political search system</td>
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<td>Interviews participants (n=40)</td>
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<td>Questionnaire participants intervention (n=650)</td>
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1.7 Outline of the thesis

Following this introduction, chapter 2 presents the conceptual framework we developed in order to come to a shared conceptualisation of researchers and policymakers. This framework guided the process of formulating the research questions. Chapters 3 to 6 are dedicated to the three social systems addressed by the evaluation. Firstly in chapter 3, we explore the generation of political priority for tackling health inequalities within the local authority. In chapter 4, we present how the programme mobilises the local health system during the implementation of the programme. Chapter 5 continues discussing the mobilisation of the local health system by exploring the contribution of a micro grant financing scheme that was taken up by the programme. Chapter 6 focuses on the mobilisation of residents by focusing on the results of one of the main interventions called ‘Exercise on Prescription’. Since the programme aims at reaching the most deprived residents, special attention is paid to the type of individual reached. To reflect on our collaborative approach in evaluating The Hague’s programme, in chapter 7 we explore the dilemmas encountered by researchers in assuring scientific rigour while maintaining policy-relevance. Finally, chapter 8 summarises the main findings of this research, discusses the methodological considerations, and reflects on the lessons learned for comprehensive programmes for tackling health inequalities on a local level. Table 1.2 gives an overview of the chapters in this thesis and shows the topics covered in each chapter.

Table 1.2 Overview of the topics and chapters of this thesis

<table>
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<tr>
<th>Chapter</th>
<th>Title</th>
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<td>A neighbourhood-based approach for reducing health inequalities in The Hague: the conceptual framework.</td>
<td>What is the shared conceptualisation of the programme and its goals by the researchers and policy-makers?</td>
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<td>Generating political priority in order to tackle health disparities: a case study in the Dutch city of The Hague.</td>
<td>How does the programme mobilise political priority?</td>
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<td>4</td>
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<td>How does the programme mobilise the local health system with a specific activity called ‘the micro grant financing scheme’?</td>
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<td>6</td>
<td>Which factors engage people in deprived neighbourhoods to participate in exercise referral schemes?</td>
<td>How does the programme mobilise the residents through an Exercise Referral Scheme?</td>
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<td>7</td>
<td>Collaborative research as seen through the eyes of researchers: lessons from the evaluation of a local public health programme.</td>
<td>How do the researchers unite the two diverging goals of the research (assisting the programme while producing scientific knowledge)?</td>
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Reference List


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