



The nature of evidence for “healthy planning”

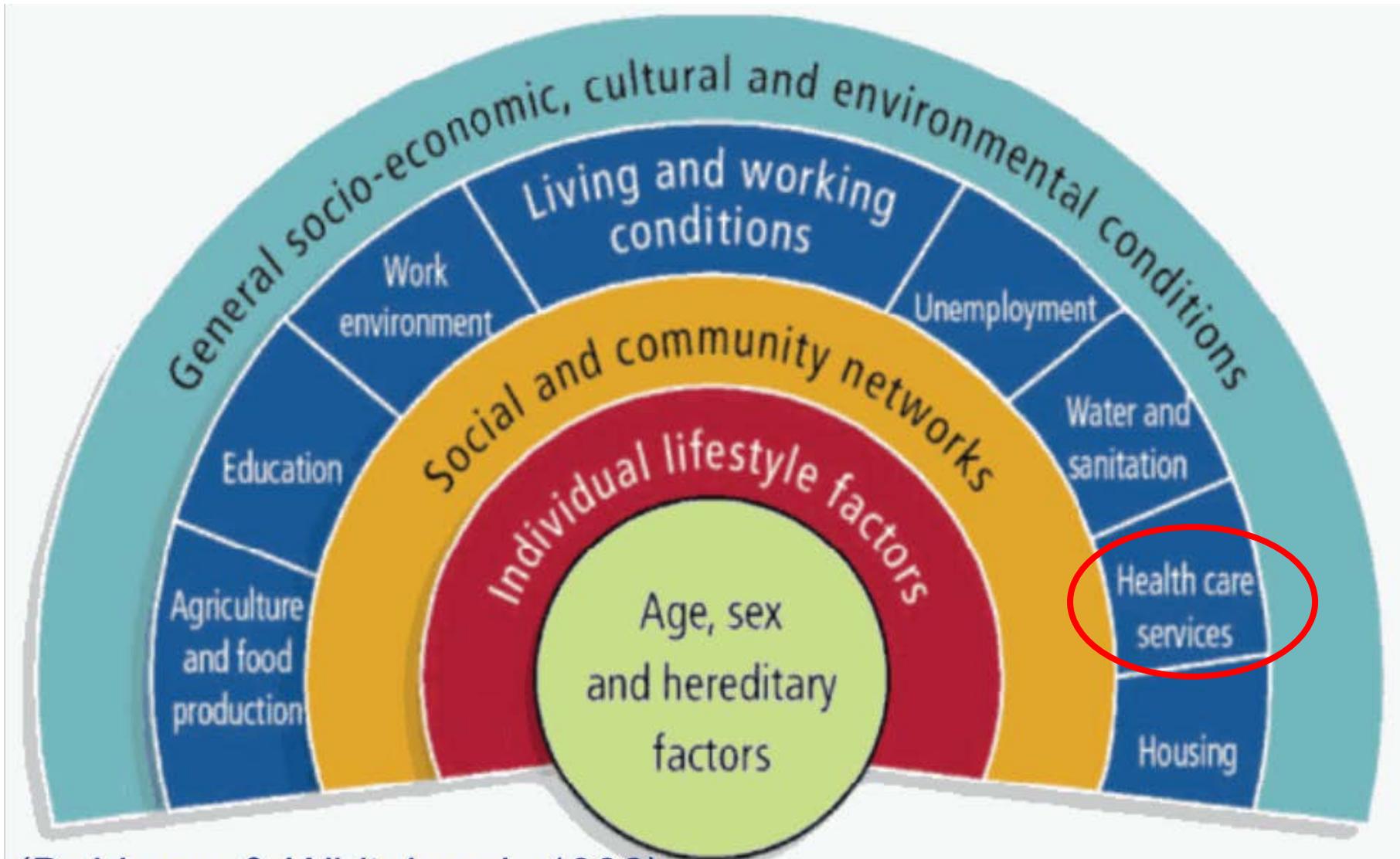
A strategic approach to evidence-based planning

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Outline

1. Problem analysis
2. An action study:
 - The provincial Aspect policy on health in North Brabant
3. Method: Responsive evaluation
4. Results: Perceptions and interactions
 - Agendasetting: what does not work
 - What does work?
 - Conditions
5. Conclusion: A strategic approach to Healthy Planning

Healthy Planning: part of Health in All Policies



(Dahlgren & Whitehead, 1992)

MINISTRY
HEALTHCARE

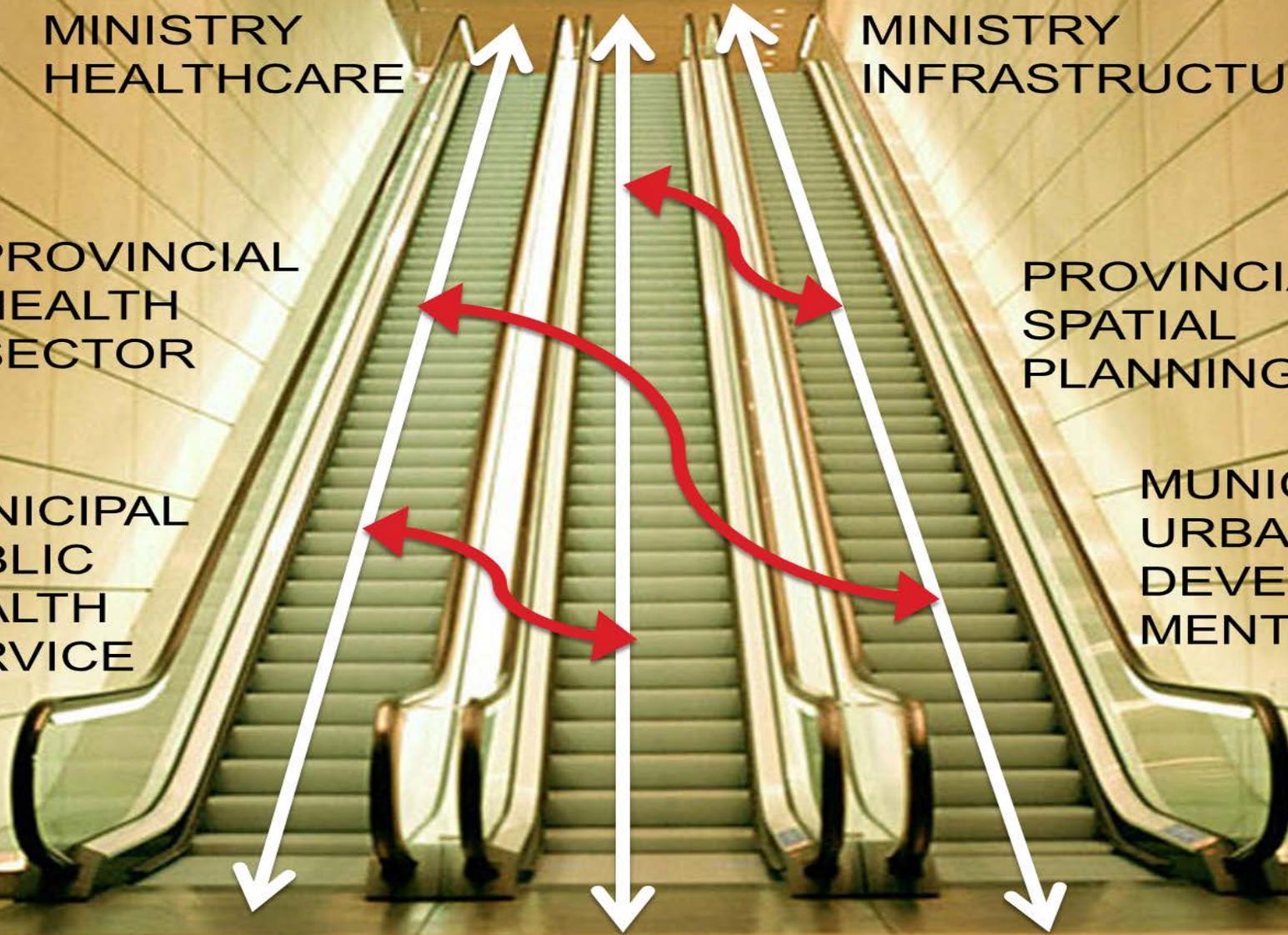
MINISTRY
INFRASTRUCTURE

PROVINCIAL
HEALTH
SECTOR

PROVINCIAL
SPATIAL
PLANNING

MUNICIPAL
PUBLIC
HEALTH
SERVICE

MUNICIPAL
URBAN
DEVELOP
MENT



Problem analysis: uniform HiAP strategy vs. pluriform practice

- HiAP does not (yet) lead to sustainable change at scale
- Generic models lead to different outcomes (Wismar et al 2013)
- EU HiAP not beyond articulation and agenda status (Koivusalo, 2010)
- Ambitions curtailed within health sector (Bekker, 2007; Steenbakkens, 2012)
- Political and implementation factors underanalysed (Bekker et al, 2004; Wismar et al 2013; De Leeuw et al, 2011)

What defines implementation practice (Hill and Hupe, 2003)?

- Disturbance because multiple stakeholders are affected
- Support temporary & requires maintenance

How to circumvent sectoral boundaries?

An action study

- Govt funded research 'Instruments for Integrated Action' (ZonMw funded, 2012-2014)

Questions:

1. How is support among stakeholders for integrated action on health being built and maintained in policy practice?
 2. How to develop a method (or systematic approach) for monitoring and evaluation sensitive to:
 - Stakeholder perceptions and experiences, and
 - capricious and unpredictable course of events?
- Collaborative case study: provincial 'aspect policy' on health

The province of North-Brabant



Provincial policy orientation

urban policies



health promotion



health protection



rural policies

Method: responsive evaluation

(Stake, 1973,2010; Abma, 2004, 2005, 2006)

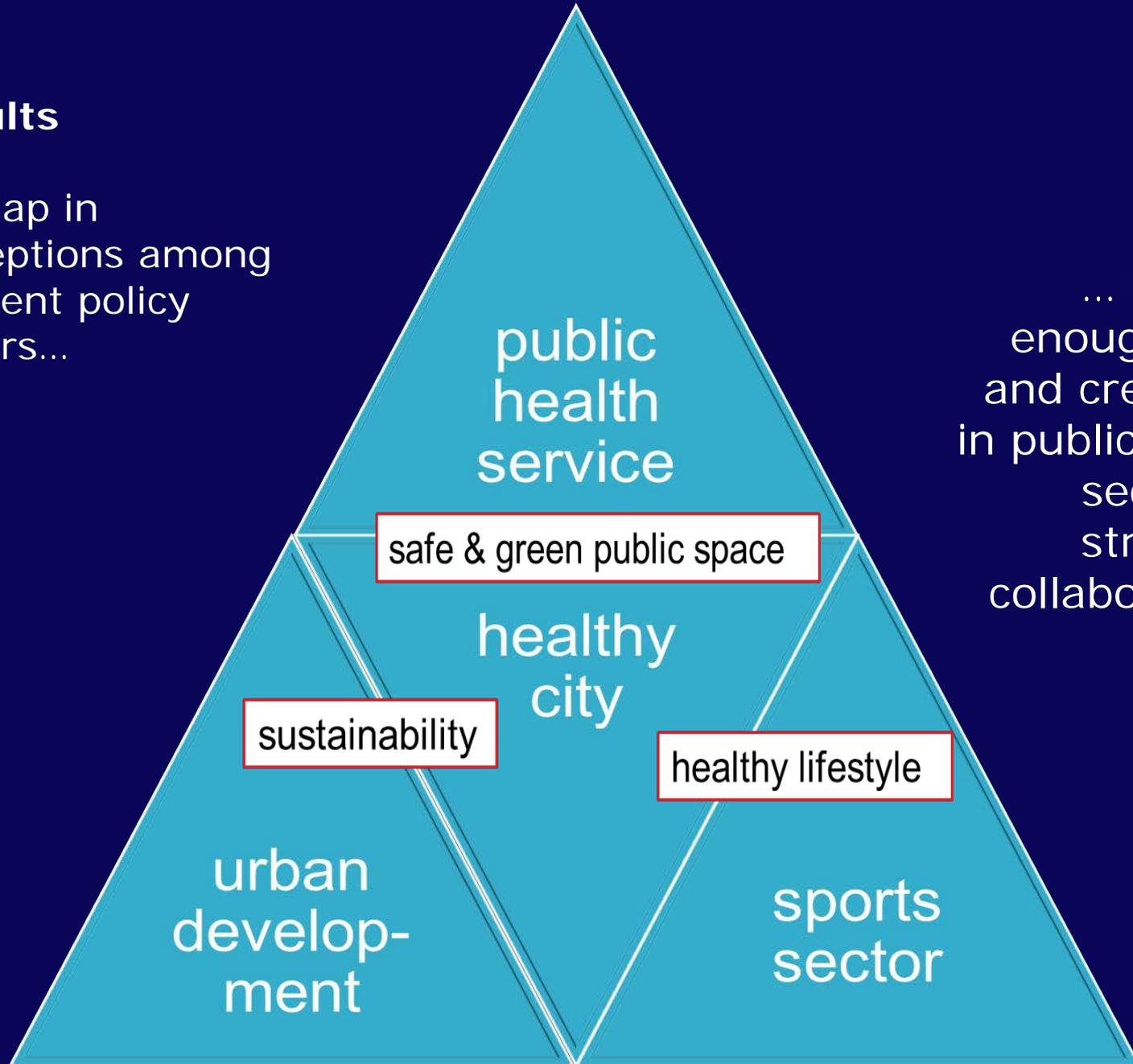
- informational needs, expectations and capacities for generating, processing, and using knowledge effectively
- 'Double loop': evaluation of content AND capability
- Additional to facts and figures, RE asks for stories, experiences
- Identifying issues and concerns, postponing assessment and consensus
- Purpose: create mutual understanding, credibility and trust

12 multi policy group interviews

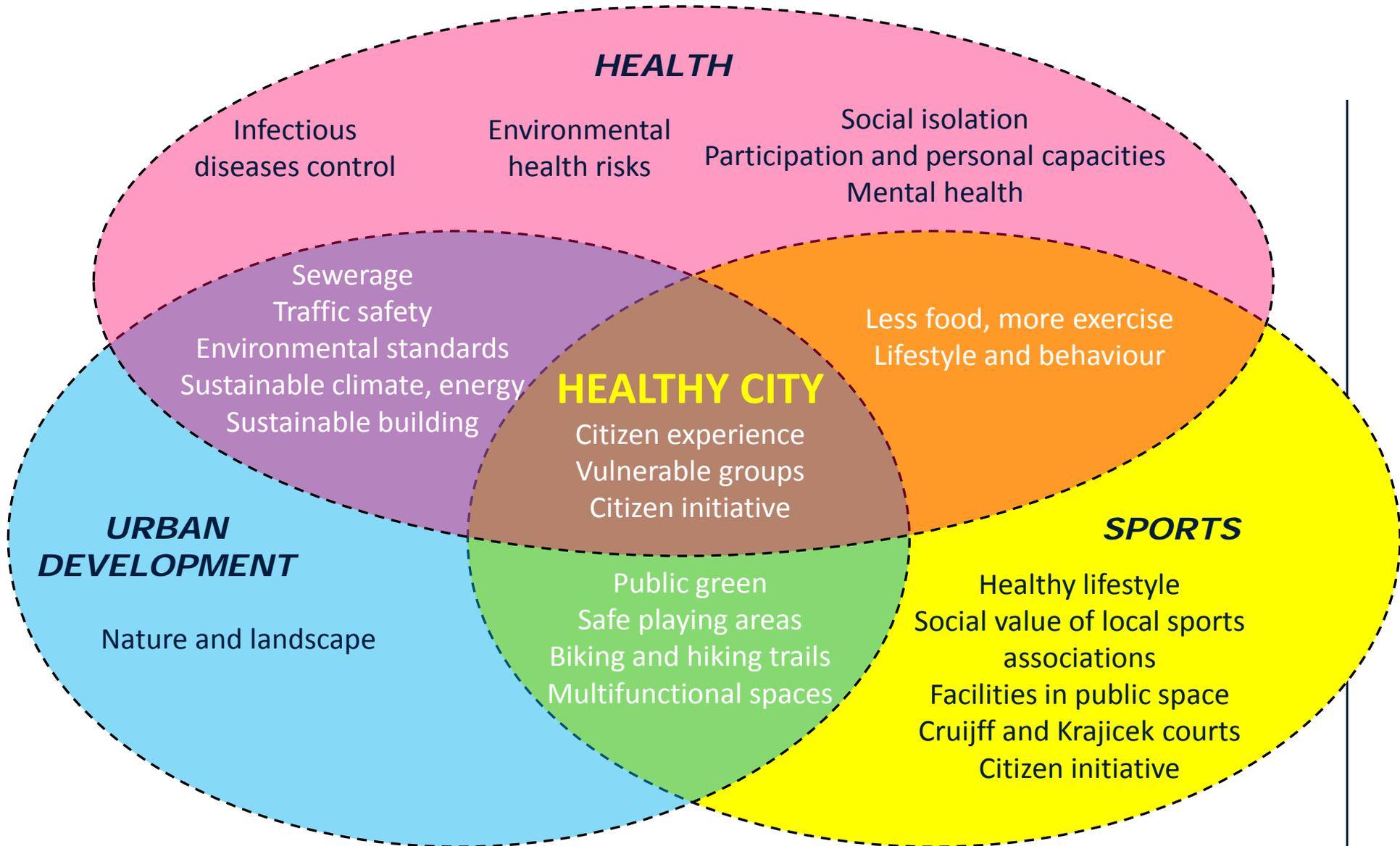


Results

Overlap in perceptions among different policy sectors...



... but not enough trust and credibility in public health sector for structural collaborations



Agendasetting and sustainable change in cross-cutting themes: what does not work?

- 'Activist' approach
- Relying on moral superiority of health over other topics
- Relying (exclusively) on scientific facts
- Technical reports without opportunities for deliberation:
'Who takes up the role of political entrepreneur for health?'
- Being too prescriptive: Driving out any choice of alternatives

What does work?

- External agendasetting strategies:
 - Authoritative community leaders
 - Scientific authorities (note: ≠ relying on facts)
 - Economic leaders displaying corporate social responsibility
- Positive labeling
- Visible pet pilots alongside ('politically unattractive') longterm investments
- Creating room for citizen or community initiative

Under conditions of:

- Variation in opportunities for community initiative with regard to:
 - big cities and rural communities;
 - type of economic activities, commitment and labour force;
 - organisational capabilities;
 - Intramunicipal tensions and dilemmas
- A flexible mindset in governmental policy officers:
 - serviceable attitude (and aptitude)
 - Long term focus
 - Awareness of fundamental interdependencies
 - Being satisfied with what is reasonably attainable in small steps
 - Understanding and acting with informal rules of political game

A strategic approach to healthy planning =

- ... about fundamentally understanding and acting with planning practices, vocabularies, and stakeholders implementing and coproducing impacts

- ... embedding scientific evidence on health impacts in fertile ground
 1. organising professional 'Socratic' dialogue
 2. exploring issues and concerns
 3. Exploring experiences in what works and what doesn't
 4. Feeding back results and lessons learned
 5. Adapting and revising what does not work
 6. Institutionalise this procedure of 'recursive learning'

Thank you for your attention!

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