Planning for Healthy Urban Environments

The translation of health ambitions into planning interventions.

Master's thesis

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Abstract

Around the world the number of people living in cities is growing. There is a growing interest into how the built environment and the design of public spaces affects people's physical and mental health. The two fields of urban planning and public health are more coming together and researchers try to bridge the gap between the fields. An integrated planning approach is needed to contribute to health-promoting spatial planning. However this integration is in an early stage and needs better understanding. This research contributes to this by studying how ambitions for a healthy city can be translated into spatial interventions in the neighbourhood. The research question is: "How are health ambitions translated into urban planning interventions in the neighbourhood?" Two case studies in the city of Groningen are used: Selwerd and De Indische Buurt/De Hoogte. Both neighbourhoods will be regenerated in the upcoming years and various projects are used to improve the levels of health and wellbeing of residents. Interviews with stakeholders and experts provide insights into this integration process. According to them intersectoral partnerships help to overcome the differences in practices and objectives between professionals in public health and urban planning. Through collaborations stakeholders are able to develop a common ground and engage in each other's fields which stimulates integration. Professionals also addressed the need for both quantitative and qualitative data regarding the health and well-being of residents in the neighbourhood. Both are needed in order to understand and use the available information in a meaningful way for the development of health-improving interventions. Professionals also explained how the involvement of residents in the renewal programme for their neighbourhood helps to translate health ambitions into effective interventions that are embedded in the neighbourhood. Lastly, according to stakeholders from both renewal programs in Groningen there is great support for health ambitions. Because the ambitions exceed professionals' individual objectives and ambitions, this encourages them to collaborate within the renewal programme. Having health as a central theme might stimulate the integration process between public health and urban planning.

Keywords

Healthy cities – Public health – Urban planning – Integration – Neighbourhood renewal

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Chapter 1 - Introduction

1.1 Need for healthy urban environments

As urban areas around the world are growing and the amount of people living in cities continuously grows, it is important to create innovative and thoughtful city designs (Putnam & Quinn, 2006). Living in the city has become the standard for more of the world's population and cities have become more important worldwide (Galea & Vlahov, 2005). Urban areas face many different challenges like large populations with health concerns, violence, transportation and mobility issues as well as the influence of the built environment. These issues show the complexity of health and cities (Glouberman et al., 2006).

Glouberman et al. (2006) conclude that within the complexity of cities, health should be improved by making numerous small-scale interventions whereby the effective ones should be selected. Because of the adaptive and changing character of cities, approaches should constantly be modified. Vlahov & Galea (2002) state that it is important to look at the role of the urban environment in shaping health and disease. An understanding of the urban factors that, positively or negatively, influence health contributes to the development of interventions and measures for healthy living.

Aspects that determine urban health can be summarized as features of the social environment, the physical environment and health and social services provision (Vlahov & Galea, 2002). According to one literature study, it can be concluded that there is a strong and complex relationship between people's health and the built environment they live in (City Futures Research Centre, 2011). There is a growing interest into how the built environment and the design of public spaces affects people's physical and mental health. Vlahov and Galea (2002) conclude that this aspect needs further investigation.

1.2 Two fields: urban planning and public health

The fields of urban planning and urban health are both rooted in the 19th century's crowded cities. During the industrial revolution, poor people lived in houses lacking light, ventilation and sanitation facilities. In the cities, there were often epidemics and infectious diseases (Perdue, 2005). There were concerns about the health of citizen's which led to planning focussed on improving health (Boarnet & Takahashi, 2005). Physical improvements, such as the building of water systems and the creation of parks and recreation spaces, contributed to public health (Perdue, 2005). After that, for a long period of time the link between the built environment and health has been unnoticed by planners and specialists. However, recently the two fields are more coming together again and researchers try to bridge the gap between the fields (Boarnet & Takahashi, 2005). While in the 19th century the focus was on infectious diseases, health concerns are now shifted to chronic diseases, injuries and crime. These issues are mainly related to physical activity, air quality and life-styles (Perdue, 2005). So public health concerns nowadays are about chronic and noncommunicable diseases. This also means that the role of health departments is changing. While health agencies used to be mainly responsible for traditional public health functions, they now need to develop and implement responsive agendas and action plans focussed on chronic disease prevention and control activities (Bassett et al., 2005).

The integration of public health and urban planning is a 'conspicuous' topic within recent literature. Policymakers and governments are often aiming for an integrated planning approach to contribute to health-promoting spatial planning. But horizontal integrated planning, which means that different disciplines are working together, is difficult to define and implement (Lowe et al., 2017). Boarnet & Takahashi (2005) found that planners do not incorporate health as an outcome and that researchers in urban health do not make linkages to urban planning. Planners recognize the importance of urban planning to health, however they do not incorporate this in

their jobs and have other priorities (Barton in Crawford et al., 2010). Also Hofstad (2011) found that public health is a challenge for the established planning practice. He saw that planners acknowledged public health as a current topic but they did not provide clear indicators or practices (Hofstad, 2011). So although there is a need for professionals in public health and urban planning to work together, this integration is in an early stage and needs a better understanding and exploration.

1.3 Problem definition

This research aims to contribute to this discussion about public health and urban planning by looking how aims for healthy cities are translated into planning interventions on a neighbourhood level. This important integration process can be better understood through this research which focusses on how ambitions to improve health can lead to real spatial interventions in the neighbourhood. The following research question is central:

"How are health ambitions translated into urban planning interventions in the neighbourhood?"

Case studies in the city of Groningen are used to get a better understanding of this issue. The municipality of Groningen aims to create a healthy city. Its policy called Healthy Ageing Vision addresses the need for a healthy social and physical environment, with tasks for social, spatial and economic fields ([2]Gemeente Groningen, 2018). This policy is used within the municipalities plan for neighbourhood revitalization. In upcoming years four neighbourhoods in the city will undergo improvements which should lead to higher levels of health and wellbeing.
Selwerd is one of these neighbourhoods. Plans for neighbourhood regeneration in Selwerd are focussed on creating what is called a 'Man Made Blue Zone'. Selwerd serves as a living lab for this new approach for neighbourhood revitalization. Many different stakeholders collaborate to develop plans and projects that enhance the levels of health and wellbeing of citizens of the neighbourhood. Therefor this neighbourhood is used as a case study within this research.
The neighbourhoods Indische Buurt/De Hoogte will be studied as another case. These neighbourhoods will also undergo revitalization with the aim to create better health. This use of another case study provides the opportunity to make a comparison, which provides more insights on the issue of public health and urban planning.

The main research question will be answered based through use of the following sub questions:

1. In what way can health ambitions be integrated within the field of urban planning?
2. What are the health ambitions for Selwerd and De Indische Buurt/De Hoogte in Groningen?
3. How are health ambitions translated into planning interventions in Selwerd and De Indische Buurt/De Hoogte?
4. What are good practices and what are challenges within the translation of health ambitions into planning interventions?

The process of integration as well as the outcomes regarding neighbourhood interventions are being studied from the perspective of professionals and practitioners in the fields of urban planning and public health. Rather than for example citizens, these professionals and practitioners deal with the municipality's policy within their day to day working tasks. They have this focus on health within their intervention plans for neighbourhood revitalization. The perspective of health and planning professionals really considers the translation of health ambitions into interventions.

1.4 Reading guide

The next chapter, chapter two, provides a theoretical framework which forms the base for this research. Chapter three describes the methodology that is used to answer the research questions. In chapter four the results of the data collection are presented, after which chapter five provides a conclusion. In chapter six is a reflection is given on the research process as well as some recommendations for further research.

Chapter 2 - Theoretical framework

2.1 Defining health, urban health and the neighbourhood

It is understood that the context in which people live matters (Galea & Vlahov, 2005). The quality of the urban environment is of importance for people's health (Barton et al., 2009). Social, physical, political and policy environments are shaping population health. Because cities and city life have become more and more important, it is crucial to understand this relationship between the urban context and public health (Galea & Vlahov, 2005). The theoretical framework of this chapter provides an answer to the first sub questions, which is 'In what way can health ambitions be integrated within the field of urban planning?' First, some definitions will be given.

Health

With the term *health*, besides physical health also mental, social, economic, political and spiritual health of citizens are meant (Kenzer, 2000). However, this research will not incorporate all these aspects of health. Its focus is on physical, social, economic and mental health, for these are seen as relevant within neighbourhood interventions. Social, economic and mental, or psychological wellbeing are at the heart of the plans for neighbourhood revitalization in both case studies used in this research.

Health is not only a state wherein diseases or disabilities are absent, but health should rather be seen as a state of complete physical, mental and social well-being (WHO, 1986). Health can also be seen as a resource when it refers to social and personal resources and physical capabilities which are available in everyday life. This enables individuals or groups of people to realize aspirations, satisfy needs and cope with the environment (WHO, 1986).
Another term used in this research is *public health*, which can be understood as the discipline that aims to meet basic human needs as well as to create health-promoting environments (Semenza, 2005).

Urban health

This research is about urban neighbourhoods and health. Therefor the concept of *urban health* should also be clarified. Urban health can be understood as the study of health of urban populations. This includes the description of the populations' health as a whole and as subgroups. Further, it refers to the understanding of the determinants of health in urban areas. The study of urban health contributes to the understanding of public health in cities and it explores ways for improving public health (Galea & Vlahov, 2005).

Galea and Vlahov (2005) saw that personal characteristics, time, spatial groupings and place characteristics all influence urban health. These characteristics of urban areas are interwoven and therefor can and must not be studied apart from each other. Some urban characteristics contribute to health, while others are associated with poor health. A broad perspective on the complicated interrelationships between them is needed (Galea & Vlahov, 2005). As Glouberman et al. (2006) stated, the combination of urban areas and their health issues is something that makes cities complex.

Neighbourhood

For this research analyses healthy planning interventions on the neighbourhood level, it should be clear what is understood as a neighbourhood. Galster defined the neighbourhood as "(…) the bundle of spatially based attributes associated with clusters of residences, sometimes in conjunction with other land uses" (Galster 2001, p2112). This bundle of spatially based attributes include structural characteristics, infrastructure, demographic characteristics, class status characteristics of residents, tax/public service package characteristics as well as environmental, proximity and political characteristics. Also social-interactive and sentimental characteristics are

part of the neighbourhood. All these concrete or abstract features contribute to what Galster (2001) called the degree to which neighbourhood is present at a location. This means that the type and the existence of a neighbourhood depend on the location.

This definition shows that the neighbourhood is a complex entity. This is relevant for this research because two different neighbourhood are used as case studies. The process of integration of public health and urban planning, as well as the specific interventions, might be very different between the neighbourhoods. The process of translating health ambitions into planning interventions is likely to be dependent on the characteristics of each neighbourhood.

2.2 Influence on urban health: social and physical environment and services

Although many people are living in towns and cities, these places can be unhealthy to live in. There are issues of traffic, pollution, noise, violence, social issues and increased rates of diseases, injuries and addictions. Also a growing population, race and ethnicity, vulnerable groups, socioeconomic status, income inequality, poverty, disasters, access to healthcare and health and social service networks are factors affecting health in urban areas (Vlahov & Galea, 2002). So this is a really wide range of different characteristics. To give an overview, all these factors can be categorized in three overarching categories of theories and mechanisms including the social environment, the physical environment and availability of and access to health and social services (Vlahov & Galea, 2002; Galea & Vlahov, 2005).

The first category is the *social environment*. An example of this factor is what Semenza (2005) found in his study on a specific intervention in Portland, Oregon. Community organizing in urban neighbourhoods appears to be of great value for healthy environments. Residents can really revitalize their neighbourhood and its built environment (Semenza, 2005). Involvement in community organization and initiatives to physically and socially improve the neighbourhood can create a sense of community, social connectedness and participation which contribute to people's health. The initiative resulted in an improvement of the social environment.

Also the *physical environment* influences people's health. This includes the built environment, urban infrastructure, air and water quality, pollution and green spaces or parks. Also climate, urban structures' vulnerability to natural or human made disasters, hazardous waste landfills and noise exposure are part of the physical environment (Galea & Vlahov, 2005). One example is how green space influences public health. Maas et al. (2005) found that the percentage of green space in someone's living environment is positively associated with the perceived general health. Greener spaces within reach of one to three kilometres from people's homes provides higher rates of self-perceived health among residents than in less green areas (Maas et al., 2005).

The last category is *health care and social services*, which serve as a buffer between health and urban stressors. These salutary resources are often more available in urban areas than in non-urban areas (Galea & Vlahov, 2005). Important here is that socio-economic status determines people's opportunities to use health resources within the city. Within the city, there can be disparities and inequality between persons (Galea & Vlahov, 2005). However, this influence might be really dependent on the context. In a country with a high welfare standard, for example in the Netherlands, access to health care and social services might be of high quality for most inhabitants, while in other countries this might not be the case.

Semenza (2005) also mentioned several aspects of cities that can affect public health. How a neighbourhood is designed can really influence people's health: some neighbourhoods stimulate physical activity, social interaction, community involvement and physical and mental health benefits. According to Semenza (2005) cities are places where a range of diverse activities like art and economic activities can happen which contributes to the human experience. Besides this, also

collective amenities are likely to become available in urban areas. Here lies a great potential for cities, for these are all urban aspects which can promote and benefit public health.

To summarize this, a large range of urban characteristics influence public health. The social and physical environment as well as people´s access to health care and social services influence their health. Such insights also provide a base for interventions aiming to improve health. And as Semenza (2005) stated, cities have a great potential to implement these interventions and thereby improve urban health. The next paragraph explains how a global movement to create healthy cities works and how this contributes to higher levels of health.

2.3 Efforts to improve urban health

The study of urban health contributes to an understanding of the relationship between the city and public health. It also explores the ways to improve people's health and it guides local and global interventions aiming to improve public health. Clinical, planning and policy work can help to improve health of people living in cities (Galea & Vlahov, 2005). Changing individual or small group behaviours is not sufficient to promote urban health (Barton et al., 2009). A fundamental, social, economic and environmental change is needed. Urban planning can have influence on health in systematic ways (Barton et al., 2009).

Some programmes and projects are great examples of efforts to improve urban health. The WHO Healthy Cities projects is a global movement and one of the main projects that aims at developing healthy urban environments. This is explained in the following.

A global movement: the WHO Healthy Cities project

There is growing consensus that broad and proactive approaches are needed to promote health and quality of life. This forms the basis for the World Health Organization Healthy Cities project (Lawrence, 2005). The Healthy Cities project focusses on the connection between urban living conditions and health (Kenzer, 2000) and aims at the development of healthy public policies (Khosh-Chashm, 1995). Health and well-being concerns all sectors, and should therefore be high on the social, economic and political agenda of city governments (Healthy Cities, 2018). This global movement engages local governments in the development of healthy cities. It is a process of political and institutional change, capacity-building and partnerships to work on plans and projects (Healthy Cities, 2018). Almost one hundred cities around the world are member of the WHO European Healthy Cities Network, and more than fourteen hundred cities and towns are member of one of the 30 national Healthy Cities networks across the European Region (Healthy Cities, 2018).

According to the Healthy Cities project, this health can be improved by approaching the physical environment as well as social and economic determinants of health (Lawrence, 2005). These different aspects can be broadly interpreted and addressed by looking at people's everyday lives in all situations at the personal and city level (Kenzer, 2000; Lawrence, 2005). Equity and social inequalities in health are the key factors in urban areas that need to be addressed, with focus on specific groups and vulnerable groups concentrated in geographical areas within cities (Lawrence, 2005). Emphasis is also on participatory governance and on the different social, economic and environmental determinants of health (Healthy Cities, 2018). The Healthy Cities concept covers technical aspects and representational aspects. Technical aspects are for example the mobilization of resources and the formulation of plans. Representational aspects include for example non-governmental participation and more transparent local authorities (Kenzer, 2000).

The World Health Organization uses eleven main principles to describe the Healthy Cities project (Lawrence, 2005). These are the following:

1. The meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people.
2. A clean, safe physical environment of high quality, including housing quality.
3. An ecosystem that is stable now and sustainable in the long term.
4. A diverse, vital and innovative economy.
5. A strong, mutually supportive and non-exploitive community.
6. A high degree of participation and control by the public over the decisions affecting their lives, health, and well-being.
7. The encouragement of connectedness with the past, with the cultural and biological heritage of city-dwellers and with other groups and individuals.
8. Access to a wide variety of experiences and resources with the chance for a wide variety of contact, interaction and communications.
9. A form that is compatible with and enhances the preceding characteristics.
10. An optimum level of appropriate public health and sick care services accessible to all.
11. High health status (high levels of positive health and low levels of disease).

Comprehensive and systematic policy and planning for health

The Healthy Cities project is not only about quantifiable and measurable outcomes of population health. The project is focussed especially on the long-term goals of the integration of health on the policy agenda, strong partnerships between public and private sectors to promote health and the use of a participative approach when implementing projects (Lawrence, 2005).
Lawrence (2005) states that the WHO Healthy Cities project contributes to the understanding of heathy cities. It also provides clear examples of good practices within the design of healthy cities. In addition to the WHO principles mentioned above, Lawrence (2005) gives some prerequisites in order to effectively apply them. First, when designing healthy cities, there is need for proactive policies and programmes that promote health in the long term. How health systems are designed influences the levels of health. Because the (institutional) design of health systems affect the level of health, good working health systems and policies should complement remedial measures. Second, scientists, professionals, policymakers, decision makers and community representatives should collaborate to come with intersectoral strategies and plans. According to Lawrence, actors should work together on all levels of governance. Third, these intersectoral partnerships should define goals and priorities and allocate the resources within the city in a way all agree with. All partners must share these definitions and the desired outcomes. The last prerequisite is that information about health and well-being of the cities populations is monitored in a database (Lawrence, 2005).

Together with other specific issues and goals, the Healthy Cities project addresses the importance of healthy urban planning: "Integrating health considerations into urban planning processes, programmes and projects and establishing the necessary capacity and political and institutional commitment to achieve this goal. Especially emphasizing master planning, transport accessibility and neighbourhood planning" (WHO, 2009). This shows that also within this global movement a health-integrated planning approach is needed to achieve healthy urban cities and neighbourhoods. This research elaborates on this need for a health-integrated approach.

2.4 Integration of urban planning and public health

Thus far in this chapter it has become apparent that the urban environment influences people's health and that urban planning and projects are used to promote healthy urban living with the WHO Healthy Cities projects as a major example. This seems to be a fruitful approach, for health motivates and helps to cut across the different interests of different stakeholders (Barton et al., 2009) which contributes to integration of the fields. Different sectors across all levels of government are needed in order to improve health in cities (Lowe et al., 2017). Within academic

literature, there is theoretical debate about this integration of the fields of urban planning and public health. Creating healthy cities asks for political support from various governmental agencies to be involved in trans-disciplinary integration and community involvement (Semenza, 2005).

As already mentioned, urban planning and public health are coming together again and researchers try to bridge the gap between the fields (Boarnet & Takahashi, 2005). According to Barton et al. (2009), this process could result in a health-integrated planning system. Their research evaluates the practices, projects and results of cities involved in the WHO Healthy Urban Planning programme. It is concluded that this programme, especially its focus on health, motivates and stimulates to address new issues within urban planning. For example problems of health inequalities and social exclusion. In some northern European municipalities interagency cooperation enhances the focus on health within planning policies. Here, health is integrated into decision-making processes.

Integration of urban planning and health

Focussing on policy-making, two types of integration can be identified (Holden, 2012). Vertical integration means that different organizations and levels of governments within the same sector or domain become integrated. The focus here is on hierarchy and authority. Horizontal integration means the integration of different sectors or domains on the same governmental level. Keywords are then coordination, negotiation and partnerships (Holden, 2012). In this research, both forms of integration are considered.

Barriers for integration

Barton et al. (2009) found that within the cities they studied there is a problem of vertical departments within governments, which interferes collaboration. This is in line with what Hofstad (2011) found in his study on municipalities in Norway who took part in the Health in Planning project. Norway has a long tradition of urban planning focussed on public health. But healthy urban planning has not been reached yet. The municipalities show that the two fields of urban planning and public health have become more integrated with more interaction between them. For example, both fields contributed to each other's agendas. However, there were no deep changes in the institutionalized practices. Planners did acknowledge the importance of public health for planning, but they did not develop methods or practices to use this insight. Knowledge was not really transferred and there was little interaction between planners and professionals in public health. Health issues were difficult to implement in planning practices because they did not fit with traditional planning themes (Hofstad, 2011).

So separated departments within governments as well as traditional planning practices form some barriers for a health-integrated planning approach. What factors then stimulate this integration process?

Principles enabling a health-integrated planning system

Most cities Barton et al. (2009) studied agree that a health-integrated planning system improves the quality of planning policies because they become more responsive to the needs of the community. This also increases the support for these policies. Based on evaluations of the progress of different cities aiming to become healthy cities, five key principles are mentioned for the development of ideal health-integrated planning systems. Collaboration between governmental departments and agencies should be stimulated, but this must be accepted and supported within politics. Also, health should be put central within all plan making, resulting in health integrated in environmental, social and economic domains. A fourth principle is that citizens and stakeholders really need to be involved in the policy process. Further, health ambitions should be translated into several planning concepts including quality-of-life monitoring, health impact assessment, strategic sustainability assessment and urban potential

studies. This makes a health-integrated planning system more explicit and workable (Barton et al., 2009). Elements of this last principle are also mentioned by Lowe et al. (2017). Within the policymaking process, there should be made use of joint budgeting, health impact assessment and effective implementation and evaluation processes.

In line with this, according to Hofstad (2011) the first step to integration of health into urban planning might be that planners and public health coordinators develop a common ground and engage in each other's arenas. Also according to Lowe et al. (2017) well-resourced inter-sectoral governance structures, in the form of networking and collaboration, enables the bridging between domains of health and urban planning within bureaucratic or political environments. This contributes to a context that stimulates integration. If urban interventions become successful is dependent on political commitment and leadership leading to institutional changes (Semenza, 2005).
Not only within governments, but also within academic research fields, collaborations and linkages between departments must be accepted and supported. As Boarnet & Takahashi (2005) argue, researchers from both fields should include health outcomes and objects of planning practices within the same studies (Boarnet & Takahashi, 2005).

For successful interventions, health departments can take a coordinating role to encourage collaboration and cooperation. Seen from the health agencies perspective, they need to engage a diverse set of organizations including community-based organizations, non-profit organizations, health care providers, faith-based organizations, businesses, unions, media and different governmental levels (Bassett et al., 2005). Health departments can take a leading role in this, because, at least in the context of the USA, they are often used to building coalitions and work with communities (Bassett et al., 2005).
When focussing on policies themselves, their content should support social determinants of health (Lowe et al., 2017). Policy contents should also be aligned across sectors and should include detailed plans for implementations and evaluation.
All these measures enable the development of a health-integrated planning system.

2.5 Translating health ambitions into planning interventions

The purpose of this research is to contribute to this field of study by evaluating current processes of integration of public health and urban planning. In other words, evaluating the translation of health ambitions into planning interventions provides insights into how this works, what works well and what can be learned.

In the following parts, first it is explained how effectiveness of a plan or project could be understood and measured. The concepts of performance and conformance provide a good framework for analysing the effectiveness of health and planning integration. These concepts help to understand to what extent actors really translate health ambitions into planning practice. However, this measurement of effectiveness is not the main focus within this research. This research is mainly focussed on the integration process itself rather than measuring the outcomes. Therefore, after the explanation of the concepts of performance and conformance, more attention is given to important context variables and their influence on the effectiveness of the integration process.

Measuring effectiveness: performance and conformance

So before looking into the context variables influencing the integration process, first the question is how the effectiveness of a plan or project can be understood and measured. A useful perspective on such a question is provided by Van Doren et al. (2013). Based on planning theory literature, they use a framework to describe the gradual levels of influence a plan can have. Planning theory has often considered how a plan affects decisions and material reality in the following phases. This effectiveness can then be measured using the criteria of performance and conformance. Aardema

(2002) combined these criteria of conformance and performance to evaluate the impact of a plan. Van Doren et al. (2013) used this basic framework to make a more specific one for evaluating the substantive effectiveness of strategic environmental assessment. The framework is shown in Figure 1 below.

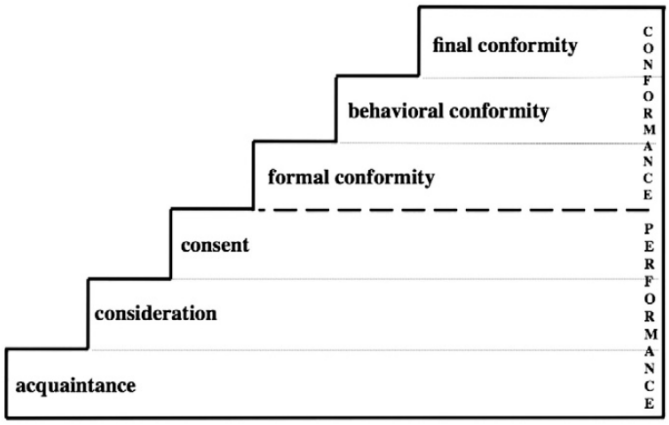

Figure 1. The scale of impact of a particular plan, based on the criteria performance and conformance (Van Doren et al., 2013 (based on Aardema, 2002; Herweijer et al., 1990; Mastop and Faludi, 1997; Faludi, 2000)).

The first criterion is performance, which is concerned with the whole decision-making process in planning. The focus is on the influence of the plan in these processes, as well as on the behaviour of different actors involved (Mastop and Faludi, 1997 in Van Doren et al., 2013). As shown in figure 1 above, performance is divided into three stages (Herweijer et al, 1990 in Van Doren et al., 2013). The first is acquaintance, which means that decision makers are aware of the plan and its content and vision. The second stage is consideration, which shows that actors use the information of the plan as a frame of reference within decision-making. The third stage is consent, which means that decision-makers acknowledge the plan and use the information in their problem definitions, visions or solutions. So these first three levels of performance reflect the level of integration of a plan into the planning and decision-making process.

Conformance is the second criterion for effectiveness, which measures to what extent the intentions and the outcomes of a plan correspond (Alexander and Faludi, 1989 in Van Doren et al., 2013). Conformity is a concept derived from a conventional evaluation approach to see if plans are followed and implemented and if there are the desired effects (Alexander and Faludi, 1989). Conformance within planning processes is about the decision-making outcomes. So while performance only concerns integration in the planning process, conformance reflect the integration based on concrete outcomes. Conformance can also be divided in three stages (Mastop and Faludi, 1997 in Van Doren et al., 2013). The first is formal conformity, which means that policy statements are used by lower levels of government to make policies, plans or projects. The second is behavioural conformity, which means that actors on these lower governmental levels behave according to declared intentions and implement these decisions. The third type is final conformity, which shows the effects of the intentions and decisions in material reality.

The success of a plan's integration is based on both criteria. Performance and conformance are two conditions that proof a plan or policy to be positive. So the effectiveness and impact of a plan, project or programme can be expressed through these six stages ascending from the lowest level of performance to the highest level of conformance. The plan's impact can be described from being in the lowest level of performance, which is acquaintance, to the highest level of conformance, which is final conformity, or somewhere in between.

Variables influencing effectiveness of integration

After this perspective on measuring the effectiveness of public health and urban planning integration itself, the focus is now on the different context variables that influence this effectiveness.

Variable 1: Information

The first variable that influences integration of health and urban planning is information. This includes the information that stakeholders have about public health and urban planning in general as well as specific information and data about the city and its population. The variable also includes information about best practices regarding translating health ambitions into planning intervention. This measure refers to the understanding of health concepts by different stakeholders. It is about different models, rationalities and tools that these stakeholders have. It also includes accessible statistical material on health indicators and health impact assessments about health consequences of decisions (Hofstad, 2011). Information about health and well-being of the population in a city should be monitored in a database (Lawrence, 2005).

When stakeholders do not share the same knowledge base, joint working as well as the use of data on broader health determinants might improve that situation through sufficient knowledge (Carmichael et al., 2012). The knowledge gap between health and planning professionals, consisting of different policy objectives, institutional structures and organizational practices, forms a barrier to integration efforts. It is found that within planning decisions and proposals often only physical environmental determinants of health are considered. The social environment and other determinants are less recognized. This seems to reflect the lack of engagement and collaboration between health and planning professionals with both having their own knowledge, cultures, language and priorities (Carmichael et al., 2013). Therefore professional education, development and training programmes might contribute to integration and multidisciplinary collaboration (Kidd, 2007).

Chapman (in Crawford et al., 2010) argues that planning cannot only have impact on health through improving existing processes and proposals. There should also be evidence of real improvements of health caused by planning decisions. A clear link between planning interventions and health outcomes stimulates the integration of public health and urban planning, for example through the health sector becoming responsible for improving the environment to enhance positive health outcomes. However, in some cases spatial planners seem to have weak knowledge of possibilities to influence health determinants (NICE, 2011 in Carmichael et al., 2013). Therefor it is important to also have experimentation and best practice as a source of information (Hofstad, 2011). In the case of Norway, this measured the experiences of municipalities participating in the national project aiming to strengthen the public health focus within urban planning. Methods, solutions, innovations, master plans and action plans about planning processes would be used as a source of inspiration for other municipalities while enhancing the overall focus on health within urban planning. Chapman (in Crawford et al., 2010) stated that an understanding of what works is missing in planning practice. So next to systematic knowledge and information about concepts and data, quantitative and qualitative assessments of effects of planning decisions on public health are needed to analyse the contribution of planning to improving urban health.

An example of a best practice is what Barton (in Crawford et al., 2010) found out about Freiburg, Germany, which "*provided an enviable quality of life*" (p100). Barton argues that the success of this city is based on good political and technical leaders who really knew the city and its citizens. He also saw a consistent planning approach which created strategic and local decisions that reinforced each other. The local government had authority through which policies could be made and investments could be done decisively and effectively. The government also actively invested and developed areas of the city to benefit the whole community. This best practice shows the

commitment and seriousness of Freiburg's government resulting in plans and decisions contributing to the good of all including citizens' health and well-being.
This example of a best practice is useful for stakeholders to know, because it shows what strategies and methods might work well. More important, knowledge about experimentation and best practices influences the actors' efforts to translate health ambitions into planning interventions, and therefore they influence the effectiveness of integration.

To summarize this, information is an important variable influencing the integration of health and urban planning. It is important for stakeholders to have sufficient knowledge about health and planning concepts and to be informed about important data from the city or neighbourhood they deal with. Also information about policy objectives and organizational practices from both fields should also be shared to enable collaboration and integration. Evaluations and information about best practices are also needed for stakeholders to be able to contribute healthy urban planning. The quality of information that different stakeholders have influences the effectiveness of integration between health and planning. Information provides stakeholders with a base for understanding what is going on, what is needed and what the outcomes of interventions might be.

Variable 2: Partnerships
Partnerships reflect the collaborations and joint working of different stakeholders in both fields of urban planning and public health. This second variable consists of different forms of partnerships: internal and intersectoral partnerships.
The first type of partnerships is internal partnerships, which means the mainstreaming of health vertically. Actors work together on all levels of governance within the same sector or department (Lawrence, 2005; Holden, 2012). Health ambitions are adapted by stakeholders in the whole planning hierarchy and they collaborate and form partnerships across these different levels. This leads to a vertically consistent planning process (Hofstad, 2011).
The second type, intersectoral partnerships, considers collaborations between different sectors or departments. This means that health is promoted in other social sectors through urban planning processes to promote health in the wider society (Hofstad, 2011). Hofstad also called this process the mainstreaming of health horizontally, for this mechanism contributes to integration of public health into other sectors or departments.

Established 'silo approaches' within governmental departments and funding mechanisms hinders this policy integration and the development of partnerships (Chapman in Crawford et al., 2010). So when health is not incorporated horizontally across departments or sectors, integration of health and planning might be less effective.

Related to the first variable of information, the stakeholders from different sectors and departments need to have sufficient knowledge about each other's fields. A lack of understanding of different roles of organizations might result in the lack of engagement between health and planning professionals (Colin Buchanan, 2010 in Carmichael et al., 2013). Carmichael et al. (2013) found that partnerships are hindered by different cultures, structures and priorities of organizations, which creates a vicious circle of lack of understanding and trust. However, some of their case studies also showed that when partnerships were created, the shared visions and joint working was perceived as positive. So the extent to which health and planning professionals engage in each other's fields influences the partnerships and collaborations emerging from this.

Therefore, a comprehensive approach with a focus on health in design and decision making is needed. Effective integration needs the development of local strategic partnerships and agreements aiming to improve public health with planning coordinating these collaborations. Joint appointments between health authorities and local authorities can break down the 'silos' and stimulate integration, which can be done through jointly appointing an individual or an organization with both health and planning responsibilities (Carmichael et al., 2013). Important is that all partners share the same definitions and desired outcomes when developing these

partnerships. They should all agree with the goals, priorities and resource allocations (Lawrence, 2005).

Scientists, professionals, policymakers, decision makers and community representatives should work together and develop intersectoral strategies and plans (Lawrence, 2005). Next to these stakeholders also citizens need to be involved in the policy process (Barton et al., 2009). Within academic research fields departments should collaborate and have linkages. Researchers should study health and urban planning at the same time (Boarnet & Takahashi, 2005).
All these partnerships, internal and intersectoral, have influence on the integration of public health and urban planning. Good collaborations based on health ambitions contribute to the effectiveness of this integration process.

Variable 3: Political support and commitment
The third variable consists of political support and commitment. It has been argued that health should be central within all plan making, which results in integration of health in environmental, social and economic domains (Barton et al., 2005). But the extent to which integration of health and planning is supported at the political level influences the effectiveness of integration. Proactive policies and programmes promoting health in the long term are needed when developing healthy cities (Lawrence, 2005). Political support is necessary for spatial planning and public health to be taken at the heart of government. This means that politics should accept and support the collaborations between governmental departments and agencies (Barton et al., 2009). It depends on this level of support to what extent spatial planning activities and objectives are incorporated within governance. Further, this support and commitment determine how institutions, resources, structures and responsibilities contribute to health and planning. For example, the constitution of the local council might determine how much funding is spend on health projects. Overall, the commitment and engagement of politicians is important, for it influences the willingness of organizations to cooperate as well as the prioritisation within planning and decision-making (Kidd, 2007).

Political and professional commitment at a local level concerning health and well-being is seen as critical for effective integration. It is even concluded that, at least in cases in England, the level of integration of health and planning is not really dependent on the planning system, but mainly on leadership, commitment and knowledge of the stakeholders (Carmichael et al., 2013).

So the available resources, such as funding, skills and knowledge, as well as management including institutions, responsibilities and political and professional commitment, influence the effectiveness of the integration process between public health and urban planning.

Variable 4: Timing of the process
Another variable that influences the integration of health and planning is the timing of the process. This variable is about the moment stakeholders have started to consider both health and planning into the process of plan and decision-making. Late timing of considering health aspects in the planning process forms a barrier for the integration process. In contrast, using assessments and evaluations considering health aspects within the same cycle as planning and decision making facilitates inclusion of health issues within planning (Carmichael et al., 2012). This means that incorporating health authorities in an early stage of the planning process provides opportunities for influencing and changing plans to make them more benefiting to health (Carmichael et al., 2013).

Variable 5: Scope of health projects
When measuring the effectiveness of integrating health and planning, it is important to look at the scope of the projects and how they relate to the situation. Or, when health ambitions are integrated within urban planning practices, it is useful to evaluate the connection between the

situation and the ambitions to change this situation. Inclusiveness and comprehensiveness of the planning process influence the effectiveness of the projects. The main question is: do the planned interventions fit with the neighbourhood's situation?

The research by Carmichael et al. (2012) focussed on different methods of impact assessment, which seem to be tools for incorporating health in planning decisions and interventions. One variable that influences the effectiveness of integration of health into urban spatial planning is the appraisal process. This appraisal or evaluation process itself is characterized by its inclusiveness, comprehensiveness, timeliness and the policy process. The impact assessment's scope, content and timing influence its effectiveness in integrating health considerations into urban planning.

When not looking at impact assessments in particular, but rather at the idea of integrating health and urban planning in general, these aspects are also important. Barriers for integration might be inadequate processes, late timing of considering health aspects in the planning process and poor quality and range of evidence and methods. High quality knowledge and evidence, transparency and multi-disciplinarity facilitates integration (Carmichael et al., 2012).
So this variable considers to what extent and in what way it is attempted to integrate health and planning.

Variable 6: Instruments
To develop a health-integrated planning system it is important that health ambitions are translated in several panning instruments. Examples of instruments to make this translation of ambitions into planning practices are quality-of-life monitoring, health impact assessment, strategic sustainability assessment, urban potential studies, joint budgeting and effective implementation and evaluation processes. This strengthens the integration of health and planning, because these instruments make it practical, explicit and workable (Barton et al., 2009; Lowe et al., 2017).

2.6 Conclusion

To sum up, six context variables are found that influence the effectiveness of integration of public health and urban planning. Information, partnerships, political support and commitment, timing of the process, scope of health projects and instruments all influence how health ambitions are translated into planning interventions in the neighbourhood. First, information about health and planning concepts, information about health and well-being of the neighbourhood's population and information about real health improvements and best practices are important for stakeholders to contribute to healthy urban planning. Information is also important within the second variable consisting of internal and intersectoral partnerships. Shared knowledge and information, as well as shared objectives and practices stimulates both types of partnerships. Within the same sector as well as between different sectors, stakeholders need to have sufficient knowledge about both fields of urban planning and public health. So sufficient information and partnerships are both needed for effective integration of health and planning. However, this also needs political commitment of stakeholders to translate health ambitions into interventions. And the fourth context variable explains that the moment political commitment and support starts also influences its effectiveness. Support for health ambitions in an early stage of the planning process stimulates the development of health-benefiting projects. The fifth variable explains that it is also important that those planned projects fit with the neighbourhood's situation and needs. So besides the planning process also the scope of the projects determines if health ambitions are effectively translated into interventions. The last variable explains that this process happens more effectively when practical and workable planning instruments are used to translate health ambitions.

These six variables have influence on planning interventions' degree of performance and conformance to health ambitions. So they determine the effectiveness of interventions based on

health ambitions. The conceptual model in Figure 2 provides an overview of the integration process between public health and urban planning including the concepts of performance, conformance and the six variables.

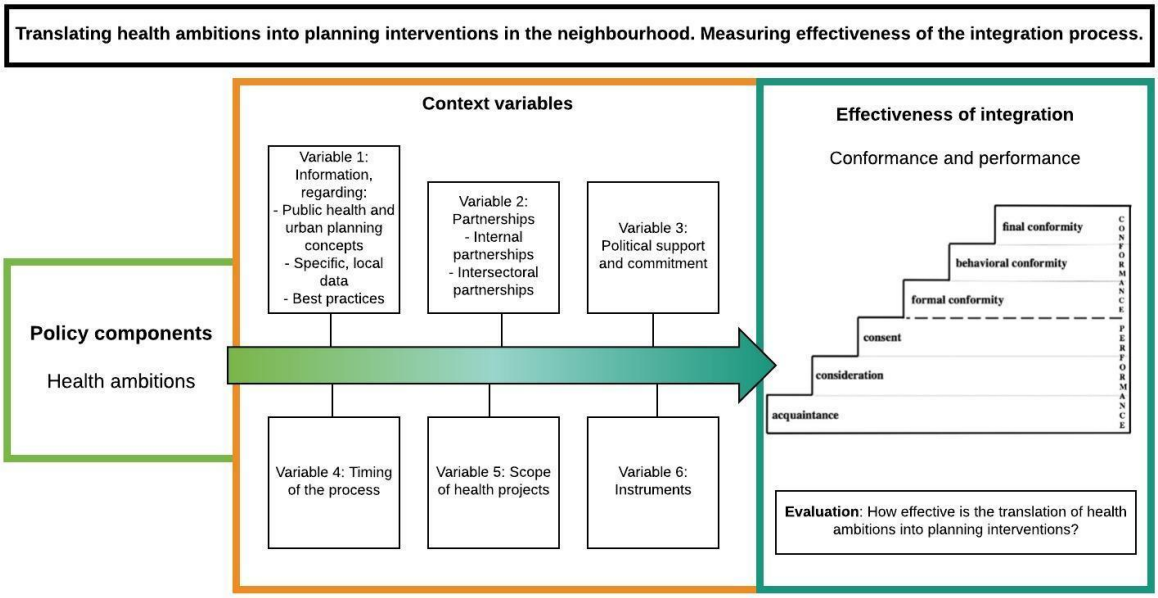

Figure 2. Conceptual model.

The model in Figure 2 above provides an overview to the concepts and theories explained in paragraph 2.5. It includes three aspects. The first part of the model, on the left, shows the policy components, which for this research reflect health ambitions. The second part in the middle, explains the six variables that influence the effectiveness of the integration process. These variables influence the level of performance and conformance. The third part on the right side shows how effectiveness of the integration process of public health and urban planning can be understood and measured.

To come back to the focus of this research, the main question is: "How are health ambitions translated into urban planning interventions in the neighbourhood?" Thus far an answer is given to the first sub question which is about the way that health ambitions can be integrated within the field of urban planning. In the next chapter about methodology it will be described how the other three sub questions are going to be answered with use of two case studies in Groningen. Then this research focusses on what the health ambitions are for these specific neighbourhoods, how these are translated into planning interventions and what good practices or challenges are. The conceptual model described above serves as a framework for the data collection methods as well as the analysis. The six context variables of effective integration form the basis for the interview questions as well as for the codes within the data collection and analysis process.

Chapter 3 - Methodology

3.1 Research aims

This research aims to get an understanding of the process of integration between urban planning and public health. It contributes to bridging the gap between these two disciplines. To do this, its focus is on the translation of health ambitions into local planning interventions in the neighbourhood and on the factors that influence this process. The research' scope is bound to the perspective of professionals and practitioners in both fields of urban planning and public health. From this perspective the process of integration is studied.

3.2 Research design

For this research, a case study is used to understand the translation of health ambitions into urban planning interventions in a neighbourhood. This case study determines the unit of analysis, the data collection methods and techniques and the data analysis techniques (Yin, 2003). In the following, first it will be explained why this research has the form of a case study. After this, the research methods and techniques will be explained.

3.3 Case study

The research question of this study is: "How are health ambitions translated into urban planning interventions in the neighbourhood?". This is a 'how' question, which according to Yin (2003) is explanatory and might be answered through the use of a case study. This question must be answered by looking at operational links through time (Yin, 2003). For this research, both the process as well as the physical aspects of the planning interventions, based on health ambitions, are the focus of study. Therefore, a case study is considered to be an appropriate research method.

Through a case study, the mechanisms and patterns that are being mentioned in the academic literature can be explained (Rice, 2010). A case study helps to get a better understanding of underlying ideas (Rice, 2010) behind the translation of health ambitions in planning interventions in neighbourhoods. More specifically, a case study can be used to examine a contemporary set of events while the investigator has little control over the situation (Yin, 2003). A case study includes direct observations of the contemporary events as well as interviews with persons involved in those events. So, a wide variety of sources can be used, including documents, artifacts, interviews and observations (Yin, 2003).

A case study is used because it includes contextual conditions that are important for the research topic. That is important because these contextual factors are not always clearly divided from the specific research events. The translation of health ambitions into urban planning practices is based on several contextual factors like lower levels of health and developments towards a healthy urban environment within policies or academic literature. This is where the six variables influencing the effectiveness of the integration process come into play. These form the contextual variables that determine how translation of health ambitions into planning interventions happens.

3.4 Units of analysis

Yin (2003) describes a case as being determined by its spatial boundary, theoretical scope and timeframe. In this research, the focus is on the translation of health ambitions into planning interventions in the neighbourhood. This definition of the research question determines the definition of the unit of analysis (Yin, 2003). The process as well as the physical interventions that are being studied are on neighbourhood level, which makes it a logical step to choose the neighbourhood as the unit of analysis.

Groningen: policy for a healthy city

The municipality has developed a policy which aims to make the city of Groningen a healthy city ([1]Gemeente Groningen, 2018). There are a few reasons for this. Developments of an ageing population and more people with chronic diseases results in a higher demand on health care services in Groningen. Life expectancy of people living in Groningen is lower than the Dutch average numbers: the average life expectancy is 81,5 years, while in Groningen the life expectancy number is 80,6 years (Volksgezondheidenzorg.info, 2018). Also, there are large differences in levels of health between citizens within Groningen ([1]Gemeente Groningen, 2018). Another reason to put health high on the policy agenda is the shift to a more positive perspective on health, which means that, instead of only preventing negative health outcomes, health is now more seen as something people can actively control and contribute to. Further, health is important for the city of Groningen within its economic growth and the higher pressure on the physical environment. So according to the municipality of Groningen, health is important within all policy areas and programmes, including social, spatial and economic fields. Health is being described by the municipality as not only dependent on physical and psychological wellbeing, but as more dependent on prevention, resilience, responsibility and self-help. This is also described as the concept of 'positive health' ([1]Gemeente Groningen, 2018).

The Healthy Ageing Vision of the municipality of Groningen serves as the basis for this policy for a healthy city. Six principles are central within this vision, which are called the 'G6 for a Healthy Living-environment' (G6 voor een Gezonde Leefomgeving). These include active citizenship, accessible green spaces, active relaxation, healthy mobility, healthy building and healthy nutrition. These principles guide actions contributing to health within social, physical and economic domains ([2]Gemeente Groningen, 2018). The policy is used within the plans for neighbourhood renewal in four different neighbourhoods in Groningen. These neighbourhoods are assigned as places that are most in need of improved liveability and quality of living. Since the beginning of the year 2018 meetings with various stakeholders are taking place to make analyses of the neighbourhoods, define the goals and set up a programme (KAW, 2018). For this research two of the neighbourhoods are studied as case studies. These cases are explained in the following.

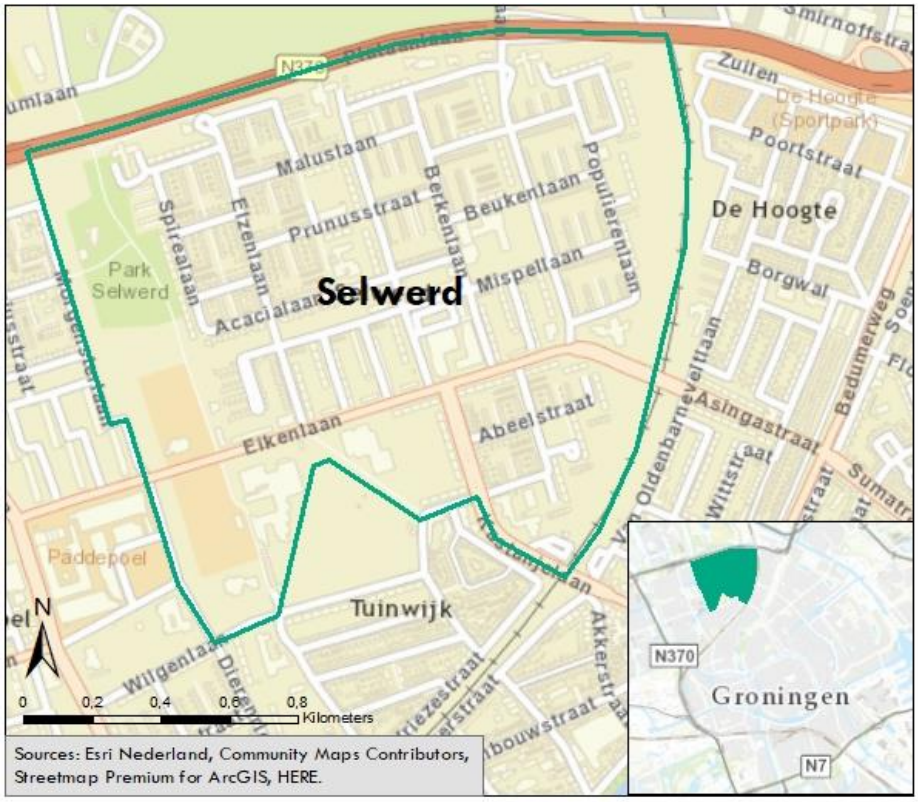

Figure 3. Map of Selwerd.

Case 1: Selwerd

Selwerd, see the map in figure 3 above, is one of the neighbourhoods which will be renewed in the upcoming years. Selwerd is one of the neighbourhoods that lags behind other neighbourhoods because of more vulnerable inhabitants and lower levels of health. The neighbourhood deals with poverty, unemployment, loneliness, lower levels of wellbeing, an outdated housing stock, high demand on health care services and less social cohesion (KAW, 2018). One of the names that was used for this renewal programme is Man Made Blue Zone Selwerd, which refers to the concept of Blue Zones. These Blue Zones are places on earth where people appear to be healthier and happier and reach a higher age. The environment and the lifestyles within those Blue Zones provide for healthier living conditions. Selwerd can be seen as an experiment of the translation of health ambitions into local planning interventions to improve the neighbourhood. Many different stakeholders collaborate within an integrative approach, covering both the fields of urban planning and public health. This makes Selwerd an important case of study within this research.

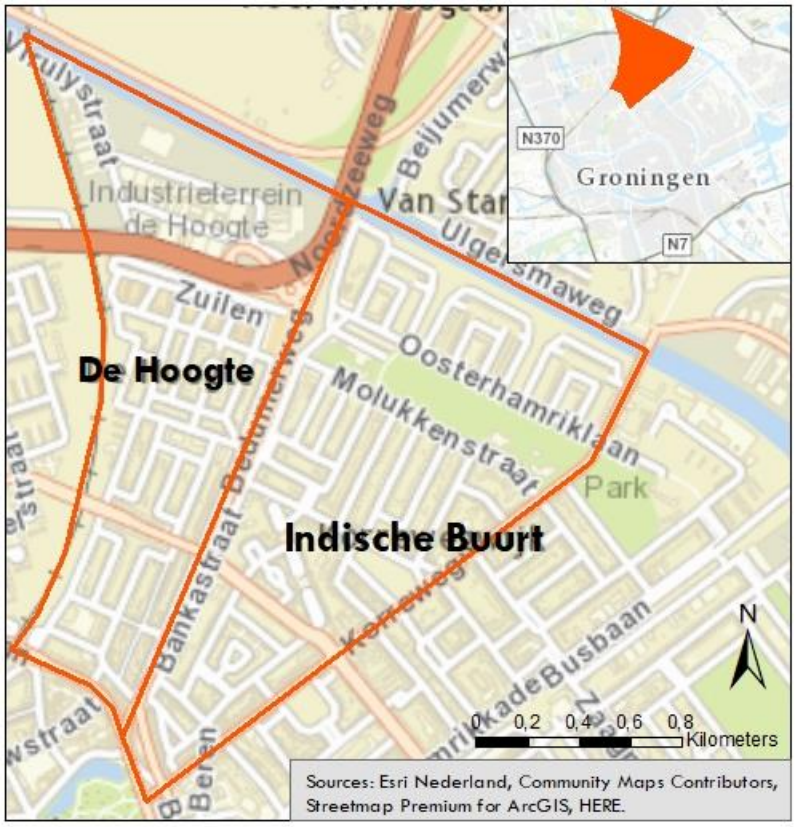

Figure 4. Map of De Indische Buurt/De Hoogte.

Case 2: De Indische Buurt/De Hoogte

In order to make a comparison, De Indische Buurt/De Hoogte are chosen as another case in Groningen. Figure 4 above provides a map of these neighbourhoods. Also in these neighbourhoods the social and economic environment is of less quality than the average in Groningen ([Anon.], 2018). In an analysis of the neighbourhood it is found that there is a high level of nuisance and residents are not really engaged with the community. There are problems regarding jobs and incomes and youth and education: there is a relatively high number of jobless residents and there is a high number of children raised within low income households. Further, houses and living environments are of just moderate quality. Neighbourhood regeneration is needed to improve the physical as well as the social quality. The municipality has the ambition to reduce poverty and stimulate participation, which improves the health of the residents. In line with this is the ambition to make a plan to house the large concentration of vulnerable residents in the neighbourhoods. Another ambition is to reduce the barring function of the Bedumerweg crossing

the neighbourhoods De Indische Buurt and De Hoogte. This is to improve the spatial quality and the potential of the neighbourhoods. Within this neighbourhood renewal the municipality tries to find opportunities to combine interventions ([Anon.], 2018).

3.5 Data collection framework and techniques

This case study copes with the situation of many variables which are not all included in the research focus. Therefore, data from multiple sources of evidence need to be combined through the use of triangulation (Yin, 2003). Also, within case studies a wide variety of sources can be used including direct observations and interviews with those involved. Therefore, a literature study, (policy) document analysis and interviews with stakeholders provide data for this research. These techniques are explained below.

Literature study

The first method that is used for this research is a literature study. The theoretical framework of chapter two is the result of this data collection technique. It provides an answer to the first sub question 'How can health ambitions be integrated within the field of urban planning?' Concepts that are studied and explained in this framework are the relationship between urban planning and public health, the integration process, barriers and enablers for this process and concepts related to the measurement of the integrations' effectiveness.

Policy document analysis

Along with the study of academic literature about integration of planning and public health, information about policies and projects reflecting health ambitions regarding the two cases is retrieved from reading policy papers, other documents and websites. This answers the second sub question 'What are the health ambitions for Selwerd and De Indische Buurt/De Hoogte?' Table 1 below provides an overview of the documents that are used for this research. It should be mentioned that for the case of De Indische Buurt/De Hoogte only one policy document was found. However this document provides already provides an overview of the health ambitions. With use of the computer software ATLAS.ti these documents were read and coded with mainly inductive codes.

Table 1. List of (policy) documents.

Case: Selwerd		
Name of the document:	**Reason for use:**	**Content:**
Koersdocument Wijkvernieuwing Selwerd. Sunny Selwerd. (KAW, 2018)	The document describes the current situation regarding the renewal programme in Selwerd. It forms the base for multiannual programme which has to be developed.	This document contains an analysis of the neighbourhood, ambitions and goals of the renewal programme and how it is approached and organised.
Bijlage 2. Uitvoeringsprogrammema 2017 e.v. (Gemeente Groningen, 2017)	This document provides information about the renewal programme.	It provides information about the renewal programme Man Made Blue Zone Selwerd and different partners involved.
Wijkanalyses. Bijlage rapport 'Kwetsbare wijken in beeld'. ([1]Platform31, 2017)	This document provides detailed information about Selwerd and the renewal programme.	This neighbourhood analysis includes information about the current situation in Selwerd, the renewal programme and the related challenges. It also contains some references and names of stakeholders participating in a focus group discussion.

Werken aan vitale wijken. ([2]Platform31, 2017)	This document provides information about the renewal programme in Selwerd.	This magazine includes information about the health ambitions for Selwerd, the action plan and investments.
Case: De Indische Buurt/De Hoogte		
Koersdocument Wijkvernieuwing De Indische Buurt & De Hoogte. Aanpakken, doorbreken en volhouden. ([Anon.], 2018)	The document describes the current situation regarding the renewal programme in De Indische Buurt/De Hoogte. It forms the base for multiannual programme which has to be developed.	This document contains an analysis of the neighbourhoods, ambitions and goals of the renewal programme and how it is approached and organised.
Both cases:		
Groningen Gezond. Gezondheidsbeleid Gemeente Groningen 2018-2021 ([1]Gemeente Groningen, 2018)	This document describes the health ambitions formulated by the municipality and how these ambitions are translated into specific projects.	The policy document describes the current situation, the municipality's ambitions, the policy's content, action plans, results, how the municipality communicates with stakeholders and the finances of the programme.
Healthy Ageing Visie. De G6 voor een gezonde stad Groningen. ([2]Gemeente Groningen, 2018)	It describes the health ambitions for Groningen, as well as how these are going to be brought into practice.	This documents includes information about the Healthy Ageing Vision to create a healthy city and it explains why a healthy city is important for the community. It also explains the six principles for a healthy city, the goals, results, preconditions, indicators, organization, communication and finances.

Interviews with stakeholders

The third data collection method consists of interviews with stakeholders. Empirical data is gathered trough in-depth interviews with stakeholders involved in the process of realization of health ambitions. This provides insights into how these health ambitions are translated into planning interventions in Selwerd and De Indische Buurt/De Hoogte, which is the third sub question. This provides information about neighbourhood interventions as well as insights into the process of neighbourhood regeneration with a focus on health. One of the aims of this research is to find out what good practices or challenges are within the process of translating health ambitions into planning interventions, which corresponds with the fourth sub question. The interviews provide insights into what is needed for integration according to the stakeholders experiencing this process. In the case of Selwerd 5 interviews were held. In the case of De Indische Buurt/De Hoogte 6 interviews were held. In addition to these, also 2 interviews were held with experts who were not really related to one of the cases. Table 2 and 3 below provide an overview of the stakeholders and experts that participated in the interviews.

Table 2. Overview of stakeholders that were interviewed.

Selwerd	Concern strategy advisor and programme manager Healthy Ageing at the municipality of Groningen
	Neighbourhood coordinator at the housing corporation Nijestee
	Project manager neighbourhood renewal Selwerd at KAW
	Communication officer at the community enterprise Wijkbedrijf Selwerd
	Chairman of community group Wijkplatform Selwerd
Indische Buurt/ De Hoogte	Programme manager of the area-specific working approach at the municipality of Groningen
	Neighbourhood project manager at the municipality of Groningen
	Manager of the social district team WIJ-Korrewegwijk
	Project manager neighbourhood renewal De Indische Buurt/De Hoogte at Rizoem
	Founding member of the citizens' corporation GoeieBuurt
	Secretary and treasurer of community group Wijkoverleg Korrewegwijk

Table 3. Overview of experts that were interviewed.

Expert 1	Professor by special appointment in Architecture, Urbanism and Health at the University of Groningen
Expert 2	Policy advisor at the department of social development at the municipality of Groningen

The interviews were held during the period starting at the end of May 2018 until the start of July 2018. Most interviews were held at the location of the stakeholder's working place, while the two interviews with members of the community groups in both cases took place at their home. The interviews were recorded with use of an audio recording device. The duration of the interviews varied from 41 minutes to 78 minutes.

3.6 Research design validity

The theoretical framework of chapter two also serves here as a guide through the process of data collection and analysis (Yin, 2003). This is also related to one of the criteria for judging the quality of research designs given by Yin (2003), namely construct validity. This test is about defining correct and operational measures for the concepts that are being studied. A choice should be made about which specific types of changes are being studied. In this research, concepts from theory about health ambitions and urban planning interventions serve as a framework for the data collection techniques of (policy) document analysis and interviews. Theoretical concepts and explanations will be used to formulate interview questions and in the codes used within the analysis. The selected variables reflect theoretical concepts which contributes to the research design validity.

Variables and indicators

The theoretical concepts that are used within data collection will be described here. Variables derived from academic literature are used to study the integration of public health and urban planning in the cases in Groningen. In Table 4 below the definitions and indicators of the variables derived from literature are explained. This table will be used as a data analysis framework. It also helps to set up interview questions to make them correspond with the different measures.

Table 4. Variables and indicators for measuring integration of public health and urban planning.

Variable 1: Information
Definition: This variable includes three things: information about planning and health concepts, information and data about a specific city or neighbourhood and its population, and information about best practices.
Indicator: Information is indicated by stakeholders' access to and use of the three types of information. Use of information is indicated by models, tools, statistics and solutions/best practices as well as languages, policy objectives and priorities.
How to measure? Information can be measured by analysing (policy) documents of different stakeholders. Which concepts, what data and which practices do they use, and what objectives to they have? Do they use examples from other municipalities or cities? Do they provide knowledge about their own best practices? With interviews stakeholders can be asked more in detail how they use these forms of information.
Variable 2: Partnerships
Definition: Partnerships reflect the collaborations and joint working of different stakeholders in both fields of urban planning and public health. It includes internal and intersectoral partnerships.
Indicator: Internal partnerships are indicated by collaborations between different levels within the same sector or department. Intersectoral partnerships are indicated by collaborations between different sectors and departments. Considering partnerships, integration means that different stakeholders use the same health and planning concepts and work together on the same health ambitions.
How to measure? Both types of partnerships can be measured using a network analysis or an organogram. This provides an overview of the connections and collaborations between stakeholders. To do this, also (policy) document analysis as well as interviews are needed. The document analysis provides insights into the types and numbers of partnerships, whereas interviews provide insights into the stakeholders' perceptions of these collaboration.
Variable 3: Political support and commitment
Definition: The level of political support and commitment to public health and urban planning influences the effectiveness of plans, projects and interventions.
Indicator: Support and commitment are indicated by the stakeholders' statements, their involvement in projects, their (personal) willingness to collaborate and the available supporting resources such as funding.
How to measure? The level of support and commitment can be measured through (policy) document analysis, which provides information about the government's objectives and stakeholders' engagement and involvement. (Policy) document analysis provides insights into the organizations' commitment to integrating health and planning. Stakeholder interviews also provide more insights into the stakeholder's commitment and personal motives to health ambitions. Stakeholder interviews will provide insights into personal commitment to health and planning as well as perceptions on available resources to that support the integration process. So together the (policy) document analysis and stakeholder interviews provide insights into stakeholders' motivation and commitment as well as into the availability of supporting resources such as funding.

Variable 4: Timing of the process
Definition: This variable is about the moment stakeholders have started to consider both health and planning into the process of plan and decision-making. Health ambitions can be incorporated at different stages of the planning cycle, which influences the effectiveness of integration.
Indicator: When health aspects are considered in a late phase of the planning process, this indicates less effective integration. When they are incorporated from the beginning of the planning process, this is likely to indicate a higher level of integration.
How to measure? The timing of the process can be measured by looking at planning schemes and time tables of health and planning projects. Also the development of the plans and projects can be analysed to see if, when and how health ambitions are incorporated. This can be done through (policy) document analysis. A time table can be made to provide an overview of the different stages. Interviews with stakeholders provide more in-depth information on the timing of the process from the stakeholder's perspective.
Variable 5: Scope of health projects
Definition: This variable considers the scope of both health ambitions and projects which can then be related to the real situation.
Indicator: The scope of health projects is indicated by their comprehensiveness and inclusiveness. This scope can be compared to statistics and other information about a city of a neighbourhood, for this provides insights into how a project relates to the neighbourhood's situation and its needs regarding renewal.
How to measure? The scope of the health ambitions and projects can be measured using (policy) documents, such as the municipality's documents about neighbourhood renewal in the two cases, called 'Koersdocument Wijkvernieuwing'. These documents provide information about the current situation and its problems as well as objectives for the renewal programme. Health ambitions and planned interventions can be compared with this current situation, which provides an answer to the question: do the planned interventions fit with the neighbourhood's situation? A table can be made to look for each health ambition or intervention how it relates to the situation. This provides an overview of evaluating the scope of the projects.
Variable 6: Instruments
Definition: This variable considers if and how practical planning instruments are used to translate health ambitions into planning interventions.
Indicator: This is indicated by stakeholders' use of instruments such as health impact assessment, joint budgeting or evaluation processes.
How to measure? Through (policy) document analysis it becomes clear what instruments are used by stakeholders. However it is not likely that all methods and instruments are explained within those documents. Therefor interviews with stakeholders provides more insights into the specific planning methods they use.

Interview questions

The context variables of Table 3 above are used for the interview questions. Questions are made for each variable. The questions regarding the different variables contribute to the understanding of the performance and conformance of the integration process of public health and urban planning. However, this research tries to get insights into the integration process from different perspectives. Interviews are held with multiple stakeholders with different backgrounds in public

health and urban planning. These stakeholders are involved in one of the two cases Selwerd or De Indische Buurt/De Hoogte. Because of their different backgrounds, interests and responsibilities the questions will be tailor-made to each stakeholder. It is important that the participant understands the questions and is able to answer them. Specific questions that fit with the stakeholder's position will provide an understanding of how the integration process works. Most questions were created for this research, however some of the questions are based on interview questions set up by other authors. In Appendix 1 the interview guide can be found that was used for the stakeholder interviews.

The interviews with the two experts were both based on a different set of questions. These questions were related to each other, however they were adjusted to the specific expertise and position that both experts have. Appendix 2 shows the interview guide that was used to interview the first expert, namely the professor working at the University of Groningen. Appendix 3 includes the interview guide that was used to interview the second expert, namely the policy advisor at the department of social development at the municipality of Groningen.

3.6 Data analysis

The data analysis is based on the theoretical framework of chapter two, including the conceptual model. The interviews with stakeholders have been recorded and transcribed. With use of the qualitative data analysis software ATLAS.ti these transcripts are coded. Both deductive as well as inductive codes are used for the analysis, which means that the codes that are used were both derived from the theoretical framework of chapter two as well as from the transcripts themselves. The data analysis and the results of this case study research contribute to the domain of planning interventions on the neighbourhood level. They also contribute to the theoretical debate about the integration of the two fields of urban planning and public health. This shows the external validity of this case study, which means that findings from the study can be generalized within those domains (Yin, 2003). This case study relies on analytical generalization whereby results are generalized to broader theory. This support for the theory is strengthened through the use of multiple cases, which follows the replication logic as explained by Yin (2003).

Coding

Table 3 with context variables already provides some deductive codes. However, because of the exploratory character of the research, inductive codes are used based on the stakeholders' responses. An analysis has been carried out for both cases separately, which provides a detailed overview of findings for each case, while after this a comparison can be made between the cases. Also the two experts interviews have been analysed separately because these provide findings that are independent of the cases. Appendix 6 provides two tables that show which codes have been used for both cases as well as for the expert interviews. Most code groups are deductively derived from the theoretical framework, while many codes within those groups are inductively created. During the analysis phase, within the Atlas.ti software transcripts were read and codes were assigned to parts of the participants sentences. Often multiple codes were assigned to a quotation. For the document analysis mainly inductive codes were used to find what the health ambitions are regarding the two cases.

To give an example of the coding, multiple codes were assigned to the following quotation by the manager of the social district team in De Indische Buurt/De Hoogte: "(…) since last year we are involved in several partnerships and sometimes they overlap. We talk about various topics, such as poverty, safety, neighbourhood development. However now there might be a need for a fixed group that involves residents to work within this neighbourhood. Otherwise organizations like us are still talking about residents instead of involving them." To this quotation the following codes were assigned: 'residents' involvement', 'willingness to collaborate' and 'working methods', all within the code group 'instruments'. This sentence shows that collaboration is very much used as

an instrument within the renewal programme. However at the same time involving residents is really important and should be done more regularly.
To give another example, Appendix 7 shows one page of a coded transcript which provides another example of the coding process. After all transcripts were read and coded, code reports were used to find and describe the results of the analysis.

3.6 Ethics

In order to protect the rights of the stakeholders and organizations involved in this research as well as to maintain public trust, it is important to behave ethically during this research project. Ethical behaviour also contributes to the continuation of socially and environmentally valuable work (Hay, 2010). First of all, the interviews that were held have been made anonymous to safeguard the privacy of the participants. Second, the participants were explicitly asked if they would agree if the interview would be recorded using the audio recorder. A consent form has been used to record their agreement about the anonymity of the interview and the use of the audio recorder. The form can be found in Appendix 4. All participants signed this consent form. Most participants indicated they would like to receive the final report of this research, which is why the result of this research will be shared with them. This contributes to having a positive relationship with the stakeholders at different organizations. It also enables the researcher to return something to those who were involved in this research, something which might be of value for them as well.

Chapter 4 - Results

In this chapter the results from both the document analysis and interviews are described. First, the document analysis provides insights into what the health ambitions are for Selwerd and De Indische Buurt/De Hoogte in Groningen. Looking back at the conceptual model of figure 2, these health ambitions form the policy components that provide the basis for the integration process.
After this, the results of the interviews with stakeholders and experts provide some insights into their experiences regarding a health-integrated planning approach. This is related to the middle part of the conceptual model reflecting the context variables that influence the integration process.

4.1 Document analysis

Policy components: Health ambitions

The municipality of Groningen has translated its health policy into two main health ambitions for the city as a whole. First, in 2030 there should be an increased number of years of life living in health for citizens of Groningen. Second, the inequalities in health between citizens and neighbourhoods should then be decreased. So the aim for 2030 is to have a city where people of all age-groups can live a healthy life. This contributes to the development of a city wherein younger citizens as well as elderly participate according to their ability, live an independent life and enjoy a high quality of life ([1]Gemeente Groningen, 2018). In order to realise these health ambitions, an integral approach is needed wherein a wide range of stakeholders together with citizens collaborate ([2]Gemeente Groningen, 2018).

Selwerd

The main health ambition for Selwerd is to improve the health and wellbeing of residents living in the neighbourhood ([1]Gemeente Groningen, 2018; [2]Platform31, 2017). All projects and partnerships should contribute to the health and wellbeing of residents. The renewal programme covers all different aspects of health and wellbeing. It is important for residents to be healthy as well as to have an income, a house, social contacts, connection with the neighbourhood and to be able to participate (KAW, 2018). This ambition is based on the Blue Zone concept created by Buettner (2016) which shows how people living at six specific places around the world live a significantly longer and healthier life. The renewal programme was named 'Man Made Blue Zone Selwerd' which expresses this ambition to create a neighbourhood with healthy residents.
A second health ambition is to have an integral approach, for both physical and social aspects are considered within the renewal programme (KAW, 2018). This is important, for example because there seems to be a connection between lacking physical quality of the housing stock in Selwerd and the growing number of social issues ([1]Platform31, 2017). During the renewal programme Selwerd serves as a living lab which enables stakeholders to find out how a health-integrated planning approach works (Gemeente Groningen, 2017).
The municipality and the housing corporations have set their ambition to have a liveable neighbourhood with healthy residents as well as a good quality housing stock (KAW, 2018). The third health ambition is to involve residents within the renewal programme. Residents should support the renewal programme, for example because they have to approve with the renewal of houses.

De Indische Buurt/De Hoogte

Although they are both in the same renewal programme, De Indische Buurt and De Hoogte are two distinct neighbourhoods with different issues. Ambitions are given for each neighbourhood separately. For the Indische Buurt the ambition is to reduce the number of low income households to 15% (which is now 23,8%) and to improve the energy label of social housing. Residents should feel more connected to each other and to their neighbourhood. They should also feel more positive about the physical quality of the neighbourhood and they are stimulated to exercise.

The ambition for De Hoogte is to reduce the number of low income households to 20% (which is now 34,5%). An improved housing stock should enable a variety of household types to live in the neighbourhood. Green areas should be well maintained. Also, residents should feel more connected with their neighbourhood ([Anon.], 2018).
For both neighbourhoods attention is given to reducing poverty and stimulating participation to improve the health of residents. There is also the ambition to make a plan to house the large concentration of vulnerable residents in the neighbourhoods. Another ambition is to reduce the barrier function of the Bedumerweg crossing the two neighbourhoods to improve the spatial quality and the potential of the neighbourhoods.

4.2 Stakeholder interviews: Selwerd

Information

Stakeholders mentioned several specific types of information they need for developing a healthier neighbourhood in Selwerd. This includes the quality of green areas, housing quality, population composition, household types, incomes, benefits, perceptions of loneliness or safety, information about people's mental state and health insurances. The chairman of the community group in Selwerd explained that it is useful to make comparisons with other neighbourhoods. This could be done for example using the neighbourhood compasses which were created by the municipality of Groningen as an instrument to display the situation in each neighbourhood in the city (Onderzoek en Statistiek Groningen, 2017). The communication officer at the community enterprise mentioned that while statistical information and figures are important, communications with other stakeholders might provide even more valuable information about the neighbourhood.

Another important thing is what the project manager explained about stakeholders' knowledge of both public health and urban planning issues. The project group tries to appoint a neighbourhood director who should be able to connect social goals to physical interventions. Such key actors need to connect both the social and physical perspectives and issues.

The main thing that became apparent is that most stakeholders state that the different organizations already have really much information about all the topics mentioned above. The project manager explained that there is so much information available, that there is a danger of losing sight of what specific information is important and useful. Stakeholders need to find their way within this large amount of information and they need to be motivated to actively collect the information needed. The concern strategy advisor and programme manager Healthy Ageing at the municipality of Groningen tries to find better ways for sharing the existing knowledge that different organization have. The information at the municipality, the municipal health services, the academic hospital and the knowledge institutions should be collected and maintained in such a way that it stimulates city development.
So while there is much information available, stakeholders have to collaborate to find the information they need.

Stakeholders use and learn from examples of best practices and information about other projects in other cities or neighbourhoods. Some mentioned that on a national level Groningen is seen a leading city regarding the development of a healthy city. The concern strategy advisor and programme manager Healthy Ageing at the municipality of Groningen mentioned that she had to give many presentations about the policies and projects in Groningen. This shows that Groningen serves other cities through sharing some of its best practices. According to stakeholders it is important to use best practices as examples within the renewal programme.

However, according to the communication officer at the community enterprise there is little use of examples of other neighbourhood renewal programmes. Although there are some examples of other community enterprises, more examples of larger renewal programmes would be useful.

This is also what the project manager meant when he said that although there is a lot of information available, it is difficult to find what neighbourhood development programmes really are effective. There is much experience and information regarding good practices, but at this moment this is not easily accessible for stakeholders. According to the project manager best practices are important information, but an accessible knowledge platform regarding neighbourhood renewal would encourage stakeholders to share their experience.

Partnerships

Collaborations and partnerships are a very important topic within the neighbourhood renewal programme in Selwerd. For example, the concern strategy advisor and programme manager Healthy Ageing stressed that the structural collaboration between the municipality and the knowledge institutions has really contributed to the developments within the city regarding the Healthy Ageing vision. Short lines of communication stimulated these structural collaborations. These and other collaborations can be seen in an overview in figure 5 below.

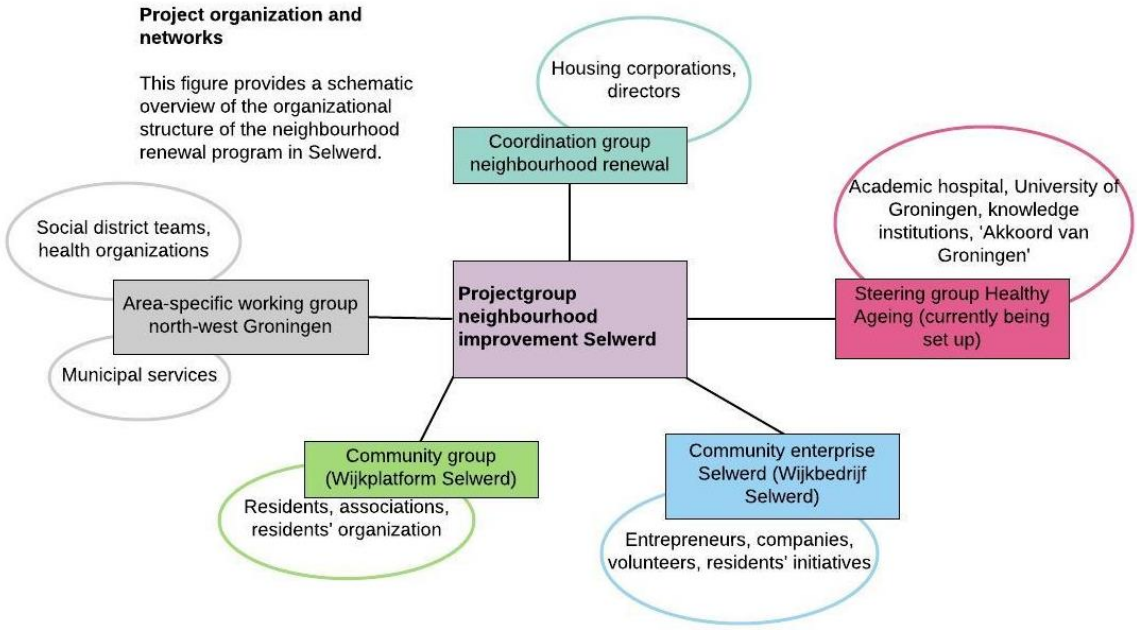

Figure 5. Stakeholder overview Selwerd (KAW, 2018).

There are some difficulties regarding the cultural differences and differences in interests between organizations. One perception is that stakeholders still focus on themes and issues that belong to their own field of expertise and knowledge. The project manager mentioned that stakeholders are not involved in as many intersectoral partnerships as they should be. He thinks that organizations such as the municipality or housing corporations still work from their own perspective and interests. According to him the approach on the neighbourhood renewal programme is less integral as is aimed for. Organizations need to change from their old structures into a new integral structure wherein both social and physical issues are incorporated. Also other stakeholders acknowledge that organizations and authorities work from their own pillar and do not collaborate as much as desired.

At the same time stakeholders have the perception that intersectoral partnerships and multidisciplinary teams are starting to develop. Stakeholders start to look beyond their disciplines and policy areas. To give an example of this development, the chairman of the community group was positive about how the housing corporation asked other organizations to think along about how they should communicate with residents about the renewal or renovation of their house. So communication actors at the housing corporation collaborated with other communication experts

in the neighbourhood to develop a strategy to inform and guide residents about their housing situation.

As the stakeholder overview in figure 5 shows, the community group and the community enterprise are both largely dependent on volunteers. Also some stakeholders stated that participation of residents is crucial for renewal projects to be effective in the long term. Nevertheless the chairman of the community group addressed the vulnerability of having projects that are run mainly through the work of volunteers. Volunteers might quit the project at any moment. She thinks that there should be at least one paid worker covering the projects in order to guarantee continuity.

Both the concern strategy advisor as well as the neighbourhood coordinator at the housing corporation emphasise the importance of communicating, explaining and finding connections between organizations´ ideas and interests. With good communication stakeholders are likely to understand each other which enables them to maintain partnerships. Also within Selwerd it is considered that these collaborations between different organizations are valuable, but that all stakeholders have to learn how to do this, how to use each other's knowledge and to understand each other's position.

Although these collaborations need improvement, stakeholders are quite positive as well about this process. For example, the neighbourhood coordinator at the housing corporation mentioned that although stakeholders have different perspectives and perceptions, they all have the intention to do the right thing and to do what is best for the residents of Selwerd. Another positive note was given by the project manager, who mentioned that although this collaboration need improvement, the four neighbourhood renewal projects in the city of Groningen serve as good cases for finding out how this works. The case of Selwerd can lead to a better understanding of a more integrative approach on neighbourhood renewal.

Political support and commitment

Stakeholders are convinced that there is a high level of political support and commitment to the development of Selwerd as a healthy neighbourhood. The communication officer at the community enterprise mentioned that the ambitions of local organizations correspond with the work of the aldermen who are involved in the project. Also according to the chairman of the community group it is clear that there is political support and that multiple policy officials are concerned with Selwerd as a healthy neighbourhood. According to the concern strategy advisor and programme manager Healthy Ageing at the municipality of Groningen the topic of health relates to each portfolio, which is why there is such a high level of political support. She also stated that the development of Groningen as a healthy city would not have been at this point without this high level of political support.

The communication officer at the community enterprise mentioned a concrete form of political support that his organization receives. Through the community enterprise's involvement in the working group, which involves all communication professionals from the project office, the municipality and the housing corporations, he is able to use their in-house printing capabilities. This is a practical form of support that helps the smaller community enterprise to execute their projects.

Stakeholders are convinced that other stakeholders involved in the renewal programme are as well willing to improve health. Stakeholders at the municipality, the housing corporation as well as those working within the neighbourhood all state that organizations are committed to the renewal project and that they want to achieve what is best for Selwerd.

However, all these stakeholders have different perspectives, backgrounds and interests. As the chairman of the community group explained, it is about connecting all these perspectives together

to make it work well. According to the project manager of the renewal project partnerships and collaborations mainly exist on the neighbourhood level. One thing that might improve the political support is that also on the political level aldermen with their different portfolios discuss their ambitions and priorities regarding the health ambitions. These discussion and collaboration should happen between stakeholders as well as between aldermen who are involved. In the case of Selwerd since a few months a monthly meeting is held regarding the situation in Selwerd. In this meeting all three aldermen who are involved in the renewal programme for Selwerd are present, leading to more interaction between stakeholders and aldermen.

Timing of the process

The concern strategy advisor and programme manager mentioned two things that suggest that there might be a specific moment for health to become an important issue within a neighbourhood renewal project. The first one is the moment when health in general becomes an important issue within society. Today health is an important theme on the political agenda on the local level, but also on a national and international level. The concern strategy advisor explained how some years ago her colleagues in health issues also tried to put health on the agenda, however it appeared it was not the right moment for this to have impact. Second, residents of a neighbourhood need to support health ambitions. Residents need to become motivated themselves to improve their health situations. Their willingness to improve health is crucial for having health as a focal point within the renewal programme.

Most stakeholders state that health issues should be considered from the beginning of the renewal programme of a neighbourhood. According to the chairman of the community group in Selwerd health should always be kept in mind when working on neighbourhood projects, because within each project there might be a possibility to incorporate health aspects.
As the communication officers at the community enterprise mentioned, health is a focal point from the start of the renewal programme in Selwerd as is shown in the project´s initial name 'Man Made Blue Zone Selwerd'.

Some stakeholders expressed their wish to start working on concrete projects and to put plans into practice. There is a pitfall of having too many meetings and negotiations with no concrete projects. As the project manager stated, meetings should not become central within the collaborations. Stakeholders need to take action in order to stay motivated. He also mentioned that Selwerd already had a long period of plan making, which increases the need for realization of the projects. The project group is in the phase of taking concrete actions while having less meetings. And the implementation of interventions might also set the ball rolling leading to new partnerships and new ideas.

To stimulate the incorporation of health issues within renewal projects, all different stakeholders should express their concerns about health at an early stage. The project manager explained that nowadays ambitions to improve health are expressed by municipalities or housing corporations who mainly have social purposes. According to him a more overall awareness among professionals and experts about issues and problems regarding health and wellbeing would benefit the process of improving health.

Scope of health projects

Some stakeholders explained their questions and concerns regarding the renewal projects for Selwerd. The neighbourhood coordinator at the housing corporation mentioned that the housing renovation and renewal project is likely to cause much transition in the neighbourhood population. In some parts of Selwerd social houses are going to be renewed which means that some residents have to move to another house which is probably in another part of the city. It is unclear if a changed population composition will be beneficial for Selwerd. So because of the

renewal projects the neighbourhood changes not only physically but also socially and this raises questions about the effects of this process.

The chairman of the community group mentioned another issue regarding the content of the health projects. According to her there are multiple individual projects, while these project might be more effective when projects are connected to each other. Other stakeholders explained how they already try to make connections between different projects to improve the renewal process. For example, in Selwerd two separate ponds will be connected to each other and stakeholders try to find opportunities for doing other interventions in the same area. This also enables residents to come up with new ideas for their neighbourhood which can be incorporated within the larger plan for physical restructuring.

The chairman of the community group further mentioned that it is important to have projects that fit with the needs of the target group. This target group is often the group of residents that is difficult to reach. This might mean that small and doable projects with quick results in a small part of the neighbourhood would be more useful.

According to some stakeholders, measuring the effectiveness of the health projects is something quite difficult. The chairman of the community group expects it to be difficult to measure the projects´ real contribution to health of residents. She explained how very small moments can have large effect on people´s wellbeing, for example when elderly people are brought to the supermarket to do their groceries themselves. Such a small action can have large impact on someone´s wellbeing and health, which shows that it depends on each specific project whether it improves people's level of health or not.
The neighbourhood coordinator at the housing corporation explained that the neighbourhood compass might be used to evaluate the results. If differences are being noticed between the different compasses, this might lead to new questions about how the situation has changed and what issues caused this change. Next to these compasses, the programme manager mentioned that the project group tries to identify indicators for measuring the effectiveness of the interventions. This measurement tool might be valuable for other renewal projects as well.

The evaluation process of health projects might improve when different research projects are coming together within one research group. According to the chairman of the community group there are many small research projects studying the renewal programme of Selwerd. At the same time there is a large research project at the university. If these individual projects would be combined, this would provide researchers with more information while it would benefit the neighbourhood as well.

Instruments
What really stood during the interviews is stakeholders' focus on the involvement of residents within the renewal programme for Selwerd. The concern strategy advisor and programme manager Healthy Ageing at the municipality of Groningen stated that it is now the turn of residents to decide what they want for their neighbourhood. According to the project manager, residents should be involved within the process because as soon as the renewal programme has finished professional stakeholders are likely to leave the neighbourhood.

However, as the neighbourhood coordinator at the housing corporation mentioned, residents are only able to actively participate from a certain level of wellbeing. Some residents first need to get out of unemployment and overcome their situation of poverty to be able to live a meaningful life and to participate within their neighbourhood. So the extent to which residents can be involved depends on their willingness as well as their capabilities.
This is in line with what the neighbourhood coordinator at the housing corporation described about working on a small scale when involving residents in the project. Residents should be asked to participate within their own street or their residential block with only limited options for them

to choose from. So, regarding the housing renovation and renewal, a limited amount of possibilities as well as the involvement of residents into their own local environment stimulates them to participate. She also explained how personal contact among residents as well as with the housing corporation might improve the health situation among residents. The housing corporation organizes events and meetings to get into contact with the residents and to encourage contact between residents. Peoples' mental health might improve through having connections with others, communicate with others and to have a feeling of belonging to the neighbourhood.

Stakeholders mentioned two things that might improve the instruments used within the renewal programme. The community officer at the community enterprise thinks it is difficult to maintain an overview of all the projects as well as ideas for new projects. A systematic way of collecting all the ideas would help to connect future ideas for the neighbourhood with projects that are already taking place. Another idea is what the project manager described as a better distribution of money. He thinks that stakeholders should make better considerations about which interventions are most effective and where they should invest their money in. A better overview of stakeholders' expenses in combination with an overview of effective interventions might lead to more effective neighbourhood projects.

To conclude

Most stakeholders emphasized the importance of an integral planning approach within the process of neighbourhood renewal. They recognize that health as a theme is related to other issues such as having a perspective for the future and living in poverty. As the chairman of the community group explains, one of the main goals within the integration process is to connect social issues to physical projects. According to the concern strategy advisor and programme manager at the municipality of Groningen two groups of stakeholders, from both physical and social sectors, need to come together. These stakeholders have different cultures and different jargon, which is why they often do not understand each other.

This is the role of the project manager, as he explained how he tries to connect plans and projects regarding physical, social, economic and also health aspects. He states that the integral working approach starts to develop, but that it needs time. He also perceives differences between sectors within the neighbourhood renewal programme.

Stakeholders are aware about this need to develop an integral working approach: each organization needs to get reorganized. The project manager explained that this development fits with today's society. He mentioned that economic recession, stress- and burnout-problems make people think about what is really important in life. That is why within city development projects and also within village development health and wellbeing have become the main themes. The neighbourhood renewal programme shows today's larger development of reorganization and reflection.

4.3 Stakeholder interviews: De Indische Buurt/De Hoogte

Information

According to the stakeholders, quantitative as well as qualitative data are needed for having sufficient information about De Indische Buurt/De Hoogte. Stakeholders often mentioned the neighbourhood monitor and the neighbourhood compass which are developed at the municipality's research department. These documents, created annually, provide information about the neighbourhood's development regarding aspects of safety, social aspects, youth, poverty, unemployment benefits and information about the housing stock. This last one, information about the housing stock is needed because the neighbourhood renewal project includes the renovation or rebuilding of many houses.

Stakeholders mentioned the importance of having more indicative information in addition to statistics. Useful information might be for example people's perceived safety or their participation in the neighbourhood. These aspects of liveability are already included within the neighbourhood

compass. The member of the citizens' corporation also mentioned that it is important to know if residents of the neighbourhood are aware about health, what their definition of health is and to what extent they are willing to improve health. This qualitative data is needed, however is can be difficult to obtain.

When available, quantitative and qualitative data still need to be interpreted. According to the secretary of the local community group, it is really difficult for him to understand and use the information that is available. The community group is being invited to meetings regarding projects in the neighbourhood, however he is not able to interpret the information and quantitative data in such a way that he can contribute to the discussion. For example within a large infrastructural project in the neighbourhood he as a layperson is not really able to provide useful feedback or ideas. This is an important result, because involvement of residents is often mentioned as one of the central working methods within the renewal programme.

Both stakeholders who work at the municipality were very positive about the use of best practices and examples regarding interventions that promote a healthy living environment. According to them the municipality, like other municipalities in the Netherlands, is often looking at practices in other cities. Also on city level policymakers and project managers try to see what projects are carried out in the different neighbourhoods. Projects that seem to work well can be applied to De Indische Buurt/De Hoogte when they are adjusted to the neighbourhood's context. However, the project manager mentioned that he wants to make use of existing knowledge more often, especially regarding citizens' participation within neighbourhood renewal programmes.

Partnerships

Important is what the member of the citizens' corporation mentioned about health and collaboration. Health as a topic is related to other issues such as poverty and housing. In order to be able to improve health, collaboration and joint projects are needed among stakeholders from different sectors. An overview that was given in the document for the neighbourhood renewal programme shows which organizations are involved within partnerships and projects. This overview can be seen in figure 6 below.

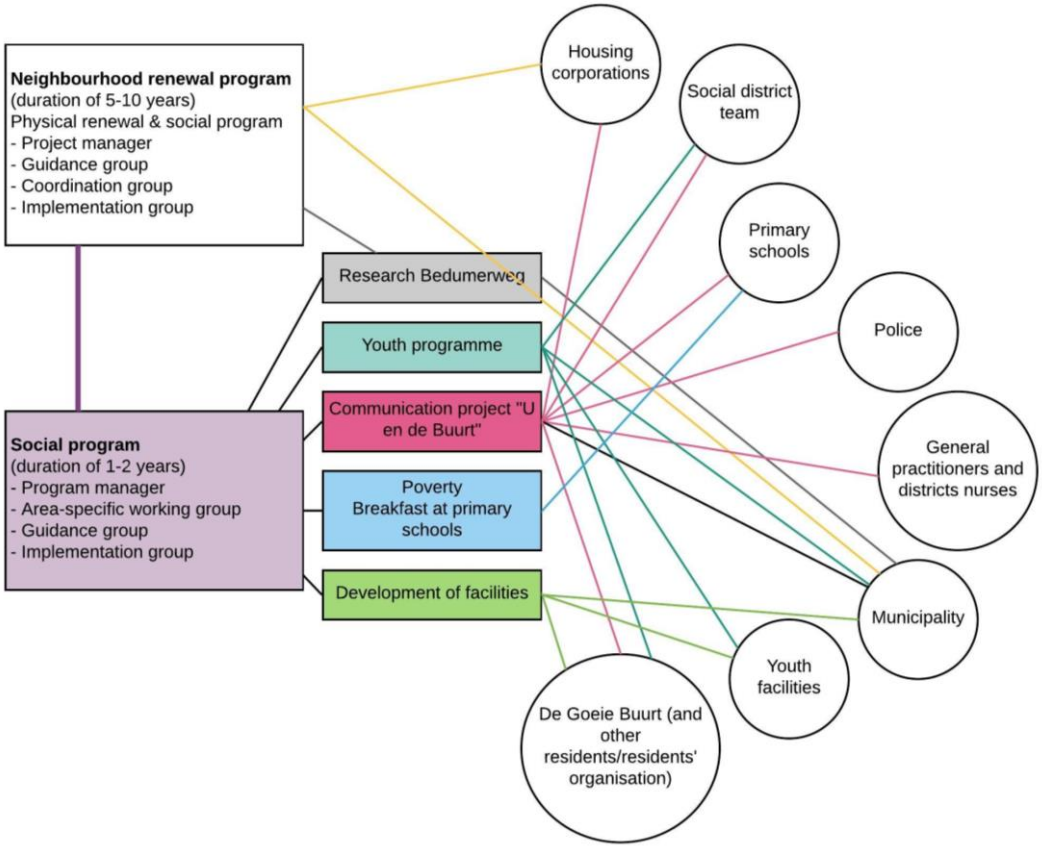

Figure 6. Stakeholder overview De Indische Buurt/De Hoogte ([Anon.], 2018).

Stakeholders really stress the importance of collaboration and partnerships within the neighbourhood renewal project. To collaborate and to share knowledge seems to be more important for stakeholders than to have all the right information themselves. Quantitative and qualitative data is needed, however it is more important that stakeholders know where to find each other and that they share their knowledge. Further, according to the project manager combining information and data of several stakeholders leads to more effective projects.

While stakeholders become more involved in these intersectoral partnerships, at the same time this development is difficult. These collaborations require a whole different approach and a change in organizations, which takes time. This is also why some stakeholders think there is still too much pillarization within organizations. Although there is growing cooperation and more attention is given to social issues, stakeholders are still working from within their own sectors.

One suggestion for stimulating partnerships among stakeholders is to have a platform for sharing projects. The neighbourhood project manager mentioned that it is often difficult to find each other when all the different projects within the city are on their own. Connections between projects enables the involved stakeholders to collaborate and share their experiences. Another suggestion was given by the manager of the social district team to have a more permanent partnership that includes these stakeholders as well as the residents. This permanent collaboration might be more benefitting for the neighbourhood than temporary collaborations.

Another thing that might need improvement is the collaboration with local residents, mainly through the community group. The secretary of the community group mentioned that he did not consider the existing contacts with organizations as real collaboration. He also explained the somewhat complicated relationship between the volunteers at the community group and the paid workers at organizations such as the social district team or the municipality. Volunteers and paid workers have different working methods and time schedules as well as different capabilities and

resources which might make it difficult for them to collaborate. The secretary mentioned that sometimes those paid workers want to work on the projects themselves because they have the knowledge and skills to do so. This might demotivate volunteers to be involved within the renewal projects. Because organizations such as the municipality and the social district team really aim to develop good partnerships with residents, these issues might need some attention.

Political support and commitment

Stakeholders recognize there are major ambitions for improving health in the neighbourhood. They experience a high level of political support for health-improving projects, which can be seen for example in the aldermen's engagement with the neighbourhoods and citizens. It is perceived that most actors have interest in creating a healthier neighbourhood. There is awareness that better health creates a more attractive neighbourhood in general. This is important, for stakeholders need to be enthusiastic and passionate about a healthy city.

However, also critical notes were given about this political support. Although there are high ambitions, within the political context it still comes to making considerations, setting priorities and allocating money. One stakeholder thought that the local government has too little influence on the neighbourhood renewal project. It should have more influence on the process of renovation and renewal of the housing stock, which today is only up to the housing corporations. Although the municipality is willing to invest money in health projects, this is not sufficient enough.

What is needed is a more fundamental change and a more consistent approach to health ambitions. Improving health within a neighbourhood is a development that requires multiple years. However the political strategy changes every four years which might stimulate having a focus on short-term outcomes. A more long-term approach on creating a healthy neighbourhood enables actors to participate in this process while it also generates more effective results. Within the political context there should be a more pro-active attitude that really reflects the municipality's health ambitions. Along with this, investments should be done more into preventive health measures instead of reactive healthcare because this assures results in the long term.

Timing of the process

According to the stakeholders, health should be integrated within the neighbourhood renewal programme from the beginning of the process. They all agree that health is important from the start of the project for which they mention several reasons. Health is always important from the beginning, for example in the life of a child. In line with this, health is one of the primary needs humans have. So within neighbourhood developments these issues should be central.

Another reason that was given is that attention should be given to residents' perception and definition of health. Residents are needed to determine what is considered as health and what is needed to reach a higher level of health. Those residents need to be involved from the beginning of the renewal programme, otherwise the renewal programme would be less fruitful and effective. In the case of De Indische Buurt/De Hoogte, stakeholders think health ambitions are considered and incorporated from the start of the renewal programme.

Scope of health projects

Stakeholders really focus on the interaction with and participation of residents. At this stage of the neighbourhood renewal programme this collaboration with residents seems to be a more important issue than the question of what the concrete projects are going to be like.

Stakeholders address the gap between residents and the municipality and other organizations. They try to find out which projects are needed that fit with both the municipality's aims as well as with the residents' needs.

The member of the citizens' corporation mentioned that this organization wants to have a dialogue with residents about health issues to find out how they think about health. The organization does not want to take a stand and impose other residents with one perspective on health. This is in line with what the programme manager meant when he said that the municipality tries to have an ongoing dialogue to make connections between the policy objectives and what residents think is needed for their neighbourhood.

The manager of the social district team explained that all stakeholders together try to find out how to interact with residents and how to involve them. According to the neighbourhood project manager it can be difficult to know when residents' can be involved and to what extent they are able to participate, and at the same time to know when the municipality should take a decision. However the project manager seems to have a clearer plan regarding the residents' involvement. His plan is to involve residents after the plans have become more concrete and when money is set aside for the projects. For some projects it might not be useful to involve residents.

Regarding the scope of health projects, stakeholders often do not recognize health as a specific separate theme, but rather as a topic associated with other themes within neighbourhood regeneration. Neighbourhood renewal is a large and ongoing project that includes several themes including health. The renewal programme is likely to be comprehensive with projects related to various topics.

Some stakeholders mentioned that overall little attention is given to how the renewal projects can be evaluated within 5 or 10 years after the programme started. They made a few suggestions how this could be done. It might be possible to develop a new neighbourhood monitor in 10 or 20 years to compare with today's monitor. This then shows how death rates, healthcare costs, poverty, unemployment and education levels have increased or decreased. Also an assessment criteria might be developed during the renewal programme to evaluate if the goals have been reached. Another idea is to continue the dialogue with the residents and to evaluate how their neighbourhood has changed.

Instruments

Stakeholders often mentioned the municipality's area-specific working approach through which an integrative programme is developed that suits the specific neighbourhood. They addressed the changing role of the government and the increased participation of citizens. The municipality's vision is to stimulate residents' self-reliance and stakeholders try to find their way within this approach. They try support the neighbourhood through involving residents and making them feel responsible for their neighbourhood. This asks for a cultural change within organizations and a different approach towards residents.

This cultural change is reflected in the area-specific working approach as well as in the instrument of co-creation between organizations and residents. This instrument helps to make residents feel responsible for their neighbourhood and for the projects. It was mentioned that earlier renewal programmes for De Indische Buurt/De Hoogte lacked this co-creation which resulted in often just temporary interventions that stopped when project developers left the neighbourhood after the programme. Co-creation is needed to make sure projects are embedded within the neighbourhood.

Although stakeholders see this as a positive development towards a more integral approach, the manager of the social district team also stressed that this is not seen within the political context where actors are not really used to start the conversation with citizens.

Also seen from a resident's perspective, it can be quite difficult to participate within the neighbourhood renewal programme. According to the secretary of the community group it is difficult to understand the problems in the neighbourhood and to know what interventions might

improve the situations. As was already explained, from his own experience he cannot really contribute to discussions about issues regarding the neighbourhood. Another thing he mentioned is that it is difficult for the community group to be really representative of the neighbourhood. Residents can complain about their neighbourhood, but they are not willing to participate within the community group. The secretary explained the difficulty of finding volunteers to participate in the organization, which makes it difficult to represent the interests of residents. This hinders the community group, as well as the municipality and other organizations who are really willing to involve residents in the renewal programme.

Related to the instruments of area-specific working method and co-creation is what the programme manager at the municipality described as making connections between several projects, initiatives and activities. This means that stakeholders try to connect new ideas to other projects or objectives, which makes projects more effective and efficient. For example, the project manager is looking for opportunities to connect physical interventions with social developments in the neighbourhood such as a vegetable garden that contributes to healthier lifestyles of residents. Such an integrative approach might result in more creative and dynamic plan making.

To conclude

What became apparent during the interviews with stakeholders involved in the renewal programme for De Indische Buurt/De Hoogte, is that health itself has an integral character because it is related to physical, social, economic and cultural issues. Health ambitions therefore ask for an integral working approach. The municipality of Groningen has started to use an area-specific working method. At the same time there is growing attention to participation of residents of the neighbourhood. Together with this, stakeholders perceive a shift towards an integral planning process. They recognize the need for a more integral approach to neighbourhood renewal with ambitions for improving health. According to them, various actors now realise they have to work together within the same neighbourhood instead of working along separate tracks.

According to the manager of the social district team this integral approach really needs further development. According to the project manager of the renewal programme, the municipality's domains of social, physical and economic issues together with the housing corporations are four sectors that are already integrated, however they often do not recognize this. These four sectors have their own ambitions and projects for the neighbourhood, while they should find their common goal and work together. Integration between organizations is needed with stakeholders being aware of their common goals.

4.3 Expert interviews

Information

According to the Professor by special appointment in Architecture, Urbanism and Health at the University of Groningen, three types of information are needed when developing a healthy city. The first type is public health data, however this information is often difficult to get access to because of privacy issues or commercial interests. Secondly, actors should know about the neighbourhood's historic development and design, which provides insights into the current situation within the neighbourhood. Thirdly, stakeholders need to know how the neighbourhood is used by its residents. Information about facilities in the neighbourhood as well as about people's behaviour and their mode of travelling provide useful information.

However, as the policy advisor at the municipality of Groningen stated, quantitative data might provide a good basis for collecting qualitative information about the neighbourhood and its residents. Having a conversation with residents about their experiences is an important addition to data about for example their education level or the age composition within the neighbourhood. Although there is a lot of data available, stakeholders need to be able to interpret it in a meaningful way which often asks for a qualitative approach. The policy advisor also mentioned that the

municipality does not really need more information, but rather should try to get a good oversight of all these data in relation to the neighbourhood.

According to both experts best practices are really important to use within a neighbourhood renewal programme. As the professor stated, benchmarking and best practices have always been used within urban planning and architecture. The policy advisor at the municipality explained that stakeholders can exchange experiences at different levels. She mentioned how on the governmental level the municipality of Groningen and the municipality of Utrecht exchange information about incorporating health within all policies. On the neighbourhood level stakeholders can exchange their experiences about their projects within the neighbourhood. Both experts also mentioned that best practices cannot be reproduced at any location. Rather the idea behind a best practice can be used within other interventions in other neighbourhood. Best practices need to be adjusted to the neighbourhood's characteristics.

Partnerships

According to the professor in architecture, urbanism and health, the problem regarding the integration process is that public health and urban planning are really different disciplines. Both have their own perspectives, working methods and vocabularies which makes it difficult for them to understand each other and collaborate. This can be seen for example in the large government agencies in European cities where the organizational structure consists of large different departments. Internal partnerships are part of the problem behind the lack of integration between public health and urban planning. Stakeholders can easily collaborate with others within their own field. However the key is to develop collaborations and partnerships with other stakeholders as well.

Such partnerships might evolve when these different stakeholders have to work together within one project. As the professor explained, this stimulates public health actors to incorporate the qualitative approach urban planners have, while urban planners become aware of the more quantitative approach that is used within the public health sector. Most important is that they should be able to communicate with each other. This project-based working method might as well benefit the involvement of residents within the renewal programme. Residents might contribute more easily to one specific project with a project group.

A health-integrated planning approach requires intersectoral partnerships among stakeholders. Residents play a key role as well within the renewal programme for their neighbourhood, however public health actors and urban planners are needed for their expertise. Partnerships among those groups require good translation of concepts, ideas and strategies.

Political support and commitment

According to the policy advisor at the municipality, there is great political support for the health ambitions and the renewal projects in Groningen. The established policy in a way provides the base for the renewal programme, because through this policy the city council commissioned the civil servants to improve health within the city. She explained that health as a theme has become more important for the municipality, for the organization has become responsible for health-related issues such as the Social Support Act and youth care. Besides this, the municipality therefore also has a financial interest in stimulating health and wellbeing. According to her, next to the municipality also other organizations are willing to contribute to better health. These organizations often include health indirectly within their projects.

Health is high on the municipality's agenda and there is great support towards a more integral working approach. As the policy advisor at the municipality explained, this development really shows the changing role of the government. It requires reorganization, because this new integral approach goes beyond the individual interests of all different governmental departments.

Timing of the process

According to the professor in architecture, urbanism and health, it is important to incorporate health aspects from the beginning of the planning process. He mentioned how in the 1930's healthcare commissions were used wherein both doctors and architects were present. According to him we need to have such connections between health and planning again to make sure that health is considered from the start of projects.

The policy advisor at the municipality stated as well that health should be considered from the start of the planning process regarding neighbourhood interventions. Health can be seen as a guiding principle that forms the basis for each plan or project. The improvement of health is the reason behind the municipality's interventions.

According to the professor, sometimes the attention for public health and urban planning diminishes, however at this moment it has become an important trend. He mentioned how the Healthy Cities project of the World Health Organization shows that there is great attention for the development of healthy living environments. Although many cities aim to become a healthy city, the interventions are often not sufficiently based on research and evaluations. A more health-integrated approach towards these interventions might increase their effectiveness.

While the focus on creating healthy cities has become a trend recently, the policy advisor at the municipality explained how she already started working on an integral health policy since the year 2000. For almost twenty years the department of health tried to get attention for health but this did not result in concrete interventions. Today health has become a more important issue on the social agenda and it seems to be the right moment for health issues to be incorporated within other sectors within the municipality. Within other organizations it has become more common to contribute to a healthy city as well.

Scope of health projects

The professor in architecture, urbanism and health explained how throughout history health played a key role within urban planning. Health issues were often the motive for urban planning interventions, for example within the development of public housing and sewage systems within cities. While at that time material interventions were most important, nowadays the focus is more on psychological issues and the lifestyles of citizens. According to the professor, daily life patterns of residents should therefore be central within the development of healthy neighbourhoods. This means that the focus on health projects should be on the walkability of facilities, the quality of green areas, the presence of food outlets, urban farming, sporting facilities as well as the sustainability of the neighbourhood.

The policy advisor at the municipality explained why it is important for stakeholders to have a broad view on health issues. Health as a theme is based on many different factors, including social and physical factors. The municipality's area-specific working method asks for an integrated approach, because issues within an area are not divided into different domains. Solving issues within a neighbourhood asks for a broad view and an integrated approach. According to the policy advisor there is a shift towards social issues providing the basis for physical interventions, which shows this integral approach. Within the municipality actors keep up with their area of expertise, while at the same time they are involved in multidisciplinary teams.

From the municipality's perspective, health and integration are both important themes within the organization. However, she mentioned that the municipality is still figuring out how this integral working approach works and what is needed. The organization has not yet the right structure for this approach, for example considering the responsibilities regarding money. She explained that on the neighbourhood level there is a connection between physical and social aspects, while this is not the case within the municipality's organizational structure.

According to both experts the involvement of residents is very important to create interventions that meet the needs of those residents living in the neighbourhood. As the policy advisor explained during the plan-making process there are multiple moments of communication with residents. This enables residents to be involved in the renewal programme, to give their opinion and to come up with ideas. Because of this the planned interventions are expected to reflect residents' needs and expectations.

The professor explained the importance of evaluating the interventions to know what the effects are. He mentioned that within the public health sector it is common to measure the effectiveness of interventions, while within urban planning the focus is more on creating attractive places. So within the renewal programme, stakeholders can make a comparison based on figures from the initial situation and the final situation.

Instruments

Both experts emphasize the need for the involvement of residents. Residents experience the neighbourhood on a daily basis and form the basis of a neighbourhood. They are able to address issues that professionals would not notice. As the policy advisor at the municipality explained the involvement of residents is not about only doing the projects that residents come up with. Sometimes the municipality has to set the agenda regarding important issues. The most important thing then is to communicate well with residents about these projects and to involve them in the process. This is also related to the changing role of the government. Within the civil society citizens are asked to think for themselves and to see their own capabilities. This means that the municipality has to recognize residents' capabilities and their ability to solving issues in the neighbourhood.

As the professor in architecture, urbanism and health mentioned, stakeholders should be aware about their task to enable residents to participate. Residents should understand the ideas of stakeholders to be able to give their opinion and to come with their own ideas. Otherwise stakeholders would not get responses from the neighbourhood.
This means that it is important to work on a very small scale when involving residents. According to the policy advisor residents should be involved on an individual street level and should be asked to think about their house and their street, because that is the level at which they feel concerned with.

Chapter 5 - Conclusion

The two disciplines of urban planning and public health both started to develop when crowded cities in the 19th century became unhealthy places to live in. This is when interventions were planned to improve public health in cities (Bournet & Takahashi, 2005). After this for a long period of time this strong relationship between urban planning and public health became unnoticed. Only recently the integration between the two fields start to get attention again. However, it is difficult to reach a health-integrated planning approach because of large differences between the two disciplines. The question raises what is needed for this integration or, in other words, how ambitions for a healthy city can be translated into planning interventions.

Planning for healthy urban environments is the main theme in this research. The central question is: 'How are health ambitions translated into urban planning interventions in the neighbourhood?' The aim of this research is to have a better understanding of the process of integration between the two fields of urban planning and public health. A literature study provided a basis for the two case studies regarding the neighbourhood renewal programmes for Selwerd and De Indische Buurt/De Hoogte. A document analysis provided an understanding of the health ambitions regarding these two neighbourhoods. Interviews with stakeholders and experts gave insights into the process of translating health ambitions into planning interventions.

5.1 Intersectoral partnerships

Based on both the literature and the two case studies, it can be concluded that there is a knowledge gap between health and planning professionals. Integration between the two fields is hindered by different policy objectives, institutional structures and organizational practices (Carmichael et al., 2013). Stakeholders explained how different organizations have different interests and perspectives regarding the neighbourhood renewal project. What really stood out during this research is the need for intersectoral partnerships. According to Hofstad (2011) urban planners and professionals in public health need to develop a common ground and they should engage in each other's arenas. Public health actors and urban planners need to work together on a project base while having a shared vision. Through collaborations and networks organizations are able to overcome the differences among them. Stakeholders emphasized the importance of having intersectoral partnerships among scientists, professionals, policymakers, decision makers as well as community representatives. Stakeholders themselves do not need to have all knowledge themselves, but rather they need to find each other, collaborate and share knowledge.

5.2 Prioritising health

A second conclusion of this research is that it is important to have health as the central theme within plan making regarding environmental, social and economic domains (Barton et al., 2005). Health as a theme motivates stakeholders and ambitions to improve health exceed stakeholders' own different interests (Barton et al., 2009). According to stakeholders from both renewal programmes in Groningen there is a high level of support for the development of a healthy city. The aldermen from the municipality of Groningen show their commitment and support through their engagement with the residents, which is important for this stimulates the prioritisation of health within planning and decision-making (Kidd, 2007). Other organizations are motivated as well to improve the health of residents, which might be even more important than support at the governmental level (Carmichael et al., 2013).
So in order to translate health ambitions into planning interventions in the neighbourhood, health could be prioritised from the beginning of all planning and decision-making. This requires a consistent approach to health with a focus on long-term health outcomes (Lawrence, 2005) which is something that might improve the health-integrated planning process in the case of De Indische Buurt/De Hoogte.

5.3 Integration between physical and social health issues

Within urban planning there is often only attention is given to physical determinants of health while social determinants are important as well (Carmichael et al., 2013). To translate health ambitions into planning interventions in the neighbourhood, it is important to make connections between social and physical issues. During this research it became clear that health as a theme is related to many other issues, for example poverty. The third conclusion of this research is that the ambition to improve health requires an integrative approach wherein both physical and social issues are considered.

5.4 Residents' participation

A health-integrated planning approach requires the involvement of many different stakeholders including citizens (Barton et al., 2009). Although the literature used for this research mainly focussed on the role of stakeholders within the integration process, during the two case studies the participation of residents appeared to be an important topic. Based on the document analysis and the interviews with stakeholders and experts it can be concluded that residents are needed to address the issues within the neighbourhood as well as to develop renewal projects that fit with the neighbourhood. Residents' participation helps to develop projects that are embedded in the neighbourhood which means that projects continue even after the renewal programme is over. This helps to realize long-term health ambitions.

The fourth conclusion of this research is that the involvement of residents within the planning process stimulates the translation of health ambitions into planning interventions in the neighbourhood. At the same time stakeholders need to enable residents to participate, because it might be a difficult task for them to really understand health issues and to think about solutions.

5.5 Quantitative and qualitative data

Within the development of healthy cities, there is a need for systematic knowledge and data regarding health and well-being (Lawrence, 2005). During this research it became clear that there is a lot of information available for stakeholders to use, however this data needs to be interpreted and used in a meaningful and effective way. Therefore a fifth conclusion is that next to quantitative data about citizens' health, qualitative information is needed as well. Stakeholders addressed the importance of having information about residents' perception of the neighbourhood as well as their awareness about health issues. Engaging in conversation with residents about their experiences regarding the neighbourhood as well as health issues is an important addition to quantitative data.

5.6 Best practices

Furthermore, stakeholders need to have information about experiments and best practices regarding planning projects to improve health (Hofstad, 2011). This need for evidence of real health improvements caused by planning interventions (Chapman in Crawford et al., 2010) is recognized among stakeholders involved in the renewal projects in Groningen. They already collaborate and share their experiences, however some of them mentioned they do not have sufficient knowledge about the possibilities for improving health aspects. At the same time stakeholders recognize that examples and best practices cannot be copied directly to Selwerd or De Indische Buurt/De Hoogte. They are aware about the neighbourhood's complexity which determines what interventions are needed.

5.7 Translating health ambitions into planning interventions

To sum up, health ambitions can be translated into urban planning interventions in the neighbourhood. This research has shown that intersectoral partnerships and collaborations are really needed for this. Within this process of integrating public health and urban planning, health should be put central within all plan and decision making. Because health issues are often linked to social and physical issues, a consistent approach is needed to urban planning. To come with the

right interventions, stakeholders need quantitative as well as qualitative information about a neighbourhood and its residents. At the same time knowledge of best practices is needed to come with projects that really improve public health. Above all, the participation of residents within the planning process is crucial for defining health ambitions and to develop planning interventions that fit with the neighbourhood.

The integration process between the two fields of public health and urban planning requires a new planning approach that goes beyond traditional planning practices. A health-integrated planning approach requires co-creation and participation of citizens, for this stimulates the development of effective interventions that are embedded in the neighbourhood. It also requires project-based collaborations between organizations and stakeholders, because these partnerships help bridging the gap between public health and urban planning. After all, within a health-integrated planning approach the focus should be on long-term goals because results regarding the improvement of health might become visible only after a long period of time.

Both the academic literature and the two case studies used in this research show that the development of a health-integrated planning approach is in an early stage. Public health actors and urban planner need to develop new relationships and have to find out how these new collaborations work. They also need to figure out how to deal with the large amount of information and to use this information in a meaningful way. Overall, organizations have to reorganize in order to be able to develop this new integrative approach on public health and urban planning. Although still in an early stage, the need for this health-integrated planning approach is largely recognized among stakeholders. The integral working approach that is needed to improve health starts to develop and stakeholders are willing to contribute to this development.

Chapter 6 - Discussion

6.1 Reflection

This research has provided some interesting insights into to process of integration between the two disciplines of public health and urban planning. The theoretical framework of chapter two provided a sufficient basis for the data collection and analysis. The process of collecting data through a document analysis as well as through conducting interviews went well. Stakeholders were willing to participate and they were often very positive about the subject of this research. They often expressed their interest in this research which really motivated me while writing my thesis.

The six context variables that were used within this research provided a sufficient basis for data collection and analysis. They covered all results that were found during the document analysis and the process of conducting interviews. There were not any results or issues that did not fit with one of these six variables.

One difficulty was to set up interview questions for the stakeholder interviews. It was difficult to translate theoretical concepts into questions that were understandable to all stakeholders. However, although some participants needed some more explanation of the questions, most stakeholders did understand the questions very well. Another difficulty was the comprehensive set of context variables that was used during the phase of data collection. Each context variable really contributed to the results of this research, however sometimes it was hard to focus on the most important issues. Therefor during some interviews it was somewhat difficult to concentrate on the main topics.
In retrospect making the interviews anonymous was neither necessary nor practical. Within this research it was inevitable to describe the participants' position within an organization. While writing this report, stakeholders had to be informed about this because they were only asked to agree with anonymous results.

The outcomes of this research appear convincing to me. Each interview provided new results and a different perspective on the neighbourhood renewal programme. However some topics continuously recurred, which convinced me that these were the most important themes regarding the integration process. These insights are important within the academic study on planning for healthy urban environments, while at the same time they can be used by stakeholders involved in the development of healthy cities.

6.2 Further research

In this research the integration process between public health and urban planning was being studied from the perspective of professionals and practitioners. This provided useful insights into the translation of health ambitions into planning interventions. It appeared that also residents play a key role within the renewal program for their neighbourhood. Therefor one suggestion for further research is to study the process of developing healthy neighbourhoods from a residents' perspective. This would provide an understanding of what residents think about health ambitions, what is needed to improve health within their neighbourhood and how they think about participating within the renewal program. This contributes to the development of a health-integrated planning approach.
This research has focussed on the integration process itself rather than measuring the outcomes. The two neighbourhood renewal projects that were studied in this research were in the starting phase. It would be interesting to evaluate these projects in a few years' time and to see how effectively health ambitions have been translated into planning interventions in Selwerd and De Indische Buurt/De Hoogte. The concepts of conformance and performance would provide a great tool for this (Van Doren et al., 2013). A second recommendation for further research is to evaluate the effectiveness of the integration process.

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Appendix 1: Interview guide – stakeholders

Interview guide onderzoek 'gezondheid en wijkvernieuwing'
Participant: …
Datum: …

Introductie
Hartelijk dank voor uw medewerking in dit onderzoek. Dit onderzoek gaat over de relatie tussen de leefomgeving en de gezondheid van mensen. Ik onderzoek hoe binnen de ruimtelijke planning rekening wordt gehouden met ambities voor een betere gezondheid. Mijn hoofdvraag is 'hoe vertalen gezondheidsambities zich daadwerkelijk in projecten in de leefomgeving?' Hiervoor kijk ik naar twee wijkvernieuwingswijken in de stad Groningen: Selwerd en De Indische Buurt/De Hoogte. Met dit interview probeer ik te achterhalen hoe verschillende partijen omgaan met de ambities voor een gezonde stad. Ik probeer vooral te vinden welke aanpak nodig is om gezondheidsambities te gebruiken binnen wijkvernieuwing.

Deelname aan het onderzoek is vrijwillig. U kunt het op elk moment beslissen dat u wilt stoppen. Ook kunt u het aangeven wanneer u een vraag niet wil beantwoorden. Hier hoeft u geen reden voor te geven. Alle gegevens zullen anoniem verwerkt worden.

Het gesprek kan ongeveer een uur duren. Het wordt opgenomen met een audio-recorder, zodat ik mijn aandacht goed bij het gesprek kan houden. Er wordt vertrouwelijk met uw gegevens omgegaan: ik verwijder al uw persoonlijke gegevens zoals uw naam.

Introductievragen
Zou u uzelf eerst willen voorstellen en kunt u iets vertellen over uw positie binnen de organisatie?
En wat is uw rol binnen het wijkvernieuwingsproject in de wijk Selwerd of De Indische Buurt/De Hoogte?

Kunt u iets vertellen over ambities die er zijn met betrekking tot wijkvernieuwing in de wijk Selwerd of De Indische Buurt/De Hoogte? Beïnvloeden deze de wijkvernieuwing? Hoe? (Dus maken ze verschil? Bepalen ze wat er precies aan wijkvernieuwing gedaan wordt?)

1. Informatie

	Wat voor informatie heeft uw organisatie nodig om te kunnen werken aan wijkvernieuwingsprojecten?
Gezondheid en wijkinterventies	Wat vindt u van de beschikbaarheid van informatie over gezondheidskwesties in de wijk? En in hoeverre is dit voldoende om projecten te kunnen uitvoeren om de gezondheid te verbeteren in de wijk? Hoe komt u aan zulke informatie? In hoeverre vindt u het belangrijk dat organisaties kennis hebben van gezondheid? In hoeverre vindt u het belangrijk dat organisaties kennis hebben van wijkvernieuwing? In hoeverre kan dit de samenwerking tussen verschillende partijen bevorderen? Hoe wordt uw organisatie geïnformeerd over ambities voor een gezonde wijk? In hoeverre heeft de organisatie de vrijheid om dat zelf vorm te geven?
Voorbeeld-projecten	In hoeverre bent u op de hoogte van projecten in andere wijken (of steden) die tot doel hebben de gezondheid te verbeteren? Gebruikt u deze als voorbeelden? Kunt u een voorbeeld geven van een project in uw eigen wijk die helpt de gezondheid de verbeteren?

2. Samenwerkingen

	Bent u betrokken in samenwerkingsverbanden voor de wijkvernieuwing in de wijk Selwerd en De Indische Buurt/De Hoogte? Kunt u die beschrijven? Gemeente: Heeft u samenwerkingsverbanden met organisaties in de wijk? (Kunt u daar een voorbeeld van geven?) Organisaties: Heeft u samenwerkingsverbanden met de gemeente? (Kunt u daar een voorbeeld van geven?)

Interne samenwerkingen	Organisaties: Op welke thema´s en doelen richt uw organisatie zich? Werkt u als organisatie ook samen met partijen/organisaties die dezelfde thema's en doelen hebben? Gemeente: In hoeverre houden mensen binnen de organisatie zich vooral bezig met één thema of specialisme? In hoeverre wordt er door hen samengewerkt met andere partijen die dezelfde kennis hebben?
Intersectorale samenwerkingen	In hoeverre wordt er binnen uw organisatie samengewerkt vanuit verschillende thema's? Werkt uw organisatie ook samen met andere organisaties die andere doelen of thema's hebben?

3. Politieke steun en toewijding
Hoe denkt u over de politieke steun voor gezondheidsambities en over de uitwerking daarvan in wijkvernieuwingsprojecten? Wat zou u daar anders aan willen zien?

In hoeverre denkt u dat verschillende partijen (zoals gemeente en organisaties) bereid zijn om te werken aan een gezondere wijk?
Wat is uw ervaring daarmee? Wat zou u daar anders aan willen zien?

In hoeverre wordt het werken aan een gezonde wijk gestimuleerd vanuit de gemeente? (Denk aan subsidies en beschikbaarheid van informatie.)
In hoeverre wordt er hierbij onderscheid gemaakt tussen de wijken en/of beleidsthema's?

4. Timing
Het beleid van de gemeente om de stad gezonder te maken (2017) lijkt al wat ouder te zijn dan de plannen voor wijkvernieuwing (2018).
Vanaf wanneer is het volgens u belangrijk dat gezondheid aandacht krijgt wanneer een wijk vernieuwd wordt?
Vanaf wanneer wordt er rekening gehouden met gezondheid in het proces van wijkvernieuwing voor de wijk Selwerd en De Indische Buurt/De Hoogte?
In hoeverre is dit van invloed op de projecten in de wijk?

5. Inhoud van de wijkvernieuwing
Wijken hebben verschillende kenmerken en behoeften met betrekking tot verbeteringen van gezondheid.
Organisatie: Welke partijen zijn betrokken bij het maken van plannen voor de wijkvernieuwing?
Krijgt de organisatie inhoudelijke richtlijnen voor de wijkvernieuwing van de gemeente passend bij haar gezondheidsbeleid?
Gemeente: Welke partijen zijn betrokken bij het maken van plannen voor de wijkvernieuwing?
Geeft de gemeente inhoudelijke richtlijnen aan organisaties?

In hoeverre denkt u dat de wijkvernieuwingsprojecten, of de plannen daarvoor, aansluiten bij de behoeften in de wijk?
In hoeverre sluiten de projecten aan bij het doel van een gezonde stad (zoals het doel om de gezondheidsverschillen tussen inwoners van Groningen te verminderen)?
Hoe wordt over 5 of 10 jaar bekeken of de doelen daadwerkelijk zijn bereikt?

6. Instrumenten
Kunt u vertellen hoe u precies te werk gaat om projecten op te zetten voor een gezondere wijk?
Wat voor concrete middelen en/of methoden gebruikt u hiervoor? Wat mist er of welke middelen zouden dit bevorderen?

Afsluitende vragen
Wat is volgens u het belangrijkste om een gezonde wijk te kunnen creëren?
Heeft u nog een vraag, of is er nog iets dat u wil toevoegen?

Appendix 2: Interview guide – Expert 1
Professor by special appointment in Architecture, Urbanism and Health at the University of Groningen

Hartelijk dank voor uw medewerking in dit onderzoek. Mijn naam is Andrea de Vries en ik doe een afstudeeronderzoek voor de master Sociale Planologie.
In mijn onderzoek kijk ik hoe gezondheid en ruimtelijke planning samengaan. In de literatuur vond ik dat integratie van beide terreinen vaak nagestreefd wordt, maar dat dit vaak lastig te bereiken is. Om dit te onderzoeken kijk ik hoe ambities om de gezondheid van mensen te verbeteren vertaald worden in ruimtelijke interventies. Daarbij gebruik ik twee case studies in Groningen (Selwerd en De Indische Buurt/De Hoogte) waar wijkvernieuwing plaatsvindt met als basis het gezondheidsbeleid van de Gemeente Groningen. Met interviews probeer ik te achterhalen hoe verschillende betrokken partijen omgaan met de ambities voor een gezonde stad en wat nodig is voor integratie van gezondheid en planning.

Introductie
U bent bijzonder hoogleraar Ruimte en Gezondheid aan de universiteit in Groningen. Ook werkt u aan de universiteit in Delft en u bent het hoofd van het Expertise Center Architecture, Urbanism & Health. Ik zag dat u tijdens de conferentie op 3 april ook presentaties had gegeven en de slides hiervan heb ik gezien. Wat ik zo zie, eigenlijk al heel lang zijn mensen bezig om de leefomgeving te veranderen om de gezondheid te verbeteren. De omgeving heeft grote invloed op de gezondheid van mensen. Mijn scriptieonderwerp sluit aan bij uw vakgebied en daarom leek het mij interessant om u hier wat over te vragen.
Zou u eerst zelf nog wat over uw onderzoeksgebied willen vertellen?
Waar houdt u zich vooral bezig?

Integratie
In hoeverre wordt er vandaag de dag in ruimtelijke planning rekening gehouden met gezondheid van mensen? En andersom, dus in hoeverre is er binnen de gezondheidssector aandacht voor de ruimtelijke omgeving?
Zijn er volgens u bepaalde 'trends' of ontwikkelingen hierin te zien?

Hoe belangrijk is integratie van gezondheid en planning volgens u?
Wat is volgens u nodig voor integratie van ruimtelijke planning en gezondheid? Hoe kunnen beide 'groepen' elkaar vinden en elkaar aanvullen?

Zelf heb ik vanuit de literatuur een aantal thema's gehaald die belangrijk zijn voor deze integratie.

1. Informatie
Wat voor informatie is er nodig om te kunnen werken aan een gezonde omgeving? (Informatie over gezondheid van mensen? Welke interventies helpen?)

In hoeverre is het volgens u belangrijk dat verschillende partijen (betrokken bij interventies om gezondheid te verbeteren) kennis hebben van zowel gezondheid als ruimtelijke planning?

In hoeverre is het belangrijk dat succesvolle projecten gebruikt worden als voorbeeld? In hoeverre wordt kennis gedeeld wat betreft het verbeteren van de gezondheid in relatie met de omgeving?

2. Samenwerkingen
In hoeverre zijn samenwerkingen tussen verschillende betrokken partijen belangrijk?

In hoeverre denkt u dat er vooral wordt samengewerkt met elkaar in hetzelfde vakgebied (gezondheid of planning)? – interne samenwerkingen
In hoeverre is het belangrijk dat mensen vanuit verschillende vakgebieden (gezondheid & planning) met elkaar samenwerken? – intersectorale samenwerkingen
Bewonersparticipatie is steeds belangrijker geworden en ook binnen wijkvernieuwing is dit te zien. Hoe belangrijk is het betrekken van bewoners volgens u in het verbeteren van gezondheid?

3. Politieke steun en toewijding
In hoeverre is het belangrijk dat er politieke steun/'wil' is om ambities voor een gezonde stad daadwerkelijk te vertalen in projecten?
Welke praktische vormen van steun zijn daarbij belangrijk volgens u? Bijvoorbeeld subsidies of het verstrekken van informatie?

4. **Timing**
Wanneer is het volgens u belangrijk dat gezondheid aandacht krijgt in ruimtelijke interventies (zoals wijkvernieuwing)?
In hoeverre is dit van invloed op de projecten?
Hoe beïnvloedt dit de integratie?

5. Inhoud van de wijkvernieuwing
Wat is nodig om ruimtelijke interventies, zoals wijkvernieuwingsprojecten, te laten aansluiten bij de behoeften van de stad/wijk en haar bewoners?
Hoe kan bekeken worden in hoeverre ruimtelijke projecten daadwerkelijk de gezondheid hebben verbeterd?

6. Instrumenten
Welke concrete middelen of methoden zijn volgens u belangrijk als het gaat om het verbeteren van de gezondheid in een wijk of stad?

Wijkvernieuwing – Selwerd & De Indische Buurt/De Hoogte
In Groningen heeft de gemeente sinds 2017 het gezondheidsbeleid om van Groningen een 'Gezonde Stad' te maken. Dit beleid geldt ook als leidraad in de wijkvernieuwingen die gaan plaatsvinden in de komende 10 jaar. Voor mijn onderzoek kijk ik naar 2 van deze wijken.
Weet u ook iets van deze of andere projecten om gezondere wijken te maken?
Wat is volgens u nodig om een wijk te vernieuwen met het doel de gezondheid te verbeteren?

In deze specifieke wijken zijn de problemen vaak gerelateerd aan de leefstijl van bewoners. Gezond zijn betekent dan niet alleen lichamelijk gezond, maar vooral ook gezonde keuzes kunnen maken.
Wat zijn volgens u de belangrijkste 'problemen' of 'thema's' die met wijkvernieuwing aangepakt kunnen worden?

Afsluiting
Wat is volgens u het belangrijkste als het gaat om het verbeteren van de menselijke gezondheid door wijkvernieuwingsprojecten?

Wilt u nog iets toevoegen aan het gesprek? Heeft u nog vragen of opmerkingen?

Appendix 3: Interview guide – Expert 2

Policy advisor at the department of social development at the municipality of Groningen

Zou u eerst nog iets willen vertellen over uw werkgebied? Wat is uw positie binnen de gemeente?
Heeft u een bepaalde rol binnen een van de wijkvernieuwingsprojecten in Selwerd of in De Indische Buurt/De Hoogte?

Hoe belangrijk is de integratie van gezondheid en ruimtelijke planning (wijkvernieuwing) volgens u?
Wat is hiervoor nodig? Hoe kunnen beide groepen/vakgebieden elkaar vinden en aanvullen?

1. Informatie
Wat voor informatie is nodig om gezondheid in een wijk te verbeteren?
Is zulke informatie voldoende beschikbaar? Hoe kan dit verbeterd worden?

In hoeverre is het belangrijke dat alle verschillende partijen in de wijkvernieuwing kennis hebben van zowel gezondheid als ruimtelijke planning (wijkvernieuwing)?

In hoeverre bent u op de hoogte van projecten in andere wijken of steden die ook tot doel hebben de gezondheid te verbeteren? Worden die gebruikt als voorbeelden?

2. Samenwerkingen
Bent u betrokken in samenwerkingsverbanden voor de wijkvernieuwingsprojecten?
Hoe verlopen die samenwerkingen? Bent u daar tevreden over?

Er zijn eigenlijk 2 soorten samenwerking: interne en intersectorale.
Herkent u zulke verschillende samenwerkingen? In hoeverre houden organisaties zich bezig met hun eigen vakgebied? En in hoeverre wordt er intersectoraal samengewerkt?

3. Politieke steun en toewijding
Hoe denkt u over de politieke steun voor het verbeteren van de gezondheid met de wijkvernieuwingsprojecten?
In hoeverre denkt u dat verschillende partijen, ook los van de gemeente, bereid om te werken aan een gezondere wijk?
Zou u hier iets anders aan willen zien?

4. Timing
Wanneer is het volgens u belangrijk dat gezondheid aandacht krijgt in de wijkvernieuwing?
Hoe is dit voor Selwerd en De Indische Buurt/ de Hoogte?

5. Inhoud van de wijkvernieuwing
In hoeverre denkt u dat de wijkvernieuwingsprojecten, of de plannen, dat die aansluiten bij de behoeften in de wijk?
Hoe kan over 5 of 10 jaar bekeken worden of de projecten daadwerkelijk de gezondheid hebben verbeterd?

6. Instrumenten
Welke middelen of methoden zijn belangrijk als het gaat om het verbeteren van de gezondheid in een wijk?

Afsluiting
Wat is volgens u het belangrijkste als het gaat om het verbeteren van de menselijke gezondheid door wijkvernieuwingsprojecten? Heeft u nog een vraag of wilt u nog iets toevoegen aan het gesprek?

Appendix 4: Consent form

Toestemmingsformulier voor het onderzoek 'gezondheid en wijkvernieuwing'

Dit onderzoek gaat over de relatie tussen de leefomgeving en de gezondheid van mensen. Ik onderzoek hoe binnen de ruimtelijke planning rekening wordt gehouden met ambities voor een betere gezondheid. Mijn hoofdvraag is 'hoe vertalen gezondheidsambities zich daadwerkelijk in projecten in de leefomgeving?' Hiervoor kijk ik naar twee wijkvernieuwingswijken in de stad Groningen: Selwerd en De Indische Buurt/De Hoogte. Met dit interview probeer ik te achterhalen hoe verschillende partijen omgaan met de ambities voor een gezonde stad.

Deelname aan het onderzoek is vrijwillig. U kunt het op elk moment beslissen dat u wilt stoppen. Ook kunt u het aangeven wanneer u een vraag niet wil beantwoorden. Hier hoeft u geen reden voor te geven. Alle gegevens zullen anoniem verwerkt worden.

Het gesprek kan ongeveer een uur duren. Het wordt opgenomen met een audio-recorder, zodat ik mijn aandacht goed bij het gesprek kan houden. Er wordt vertrouwelijk met uw gegevens omgegaan: ik verwijder al uw persoonlijke gegevens zoals uw naam. Ik zal het gesprek gebruiken voor mijn afstudeeronderzoek.

Met het ondertekenen van dit formulier gaat u geen verplichtingen aan. Het formulier is alleen om te bevestigen dat u geheel vrijwillig deelneemt aan dit onderzoek.

Mocht u nog vragen hebben, dan kunt u mij een e-mail sturen:
a.d.de.vries.3@student.rug.nl

Hartelijk dank voor uw deelname.

In te vullen door de deelnemer:

Ik vind het goed om aan dit onderzoek mee te doen.

E-mail: ……..

Naam deelnemer: ……

Datum: …….. Handtekening deelnemer: ……..

In te vullen door de uitvoerende onderzoeker:

Ik verklaar hierbij dat ik de deelnemer heb geïnformeerd over het genoemde onderzoek.

Naam onderzoeker: Andrea de Vries

Datum: …….. Handtekening onderzoeker: ……..

Appendix 5: Transcripts

Transcripts are available on request from the researcher. Please contact via e-mail at andreavries@live.nl.

Appendix 6: Table overview of codes used within the analysis

Stakeholder interviews

Code group	Codes
Information	Best practices Information Information about Selwerd Information about De Indische Buurt/De Hoogte Information sharing Public health concepts Specific local data Accessibility of data Urban planning concepts Much information / need for searching specifically
Partnerships	Collaboration Finding each other Improvement collaboration Internal partnerships Intersectoral partnerships Pillarization Connecting role
Political support and commitment	Improvement political support Interests No subsidies for health projects Political support and commitment Subsidies Willingness to improve health
Timing of the process	Timing of the process
Scope of health projects	Awareness about health Content of the projects Evaluation of the projects Physical health Poverty Social health Sustainability
Instruments	Citizens' initiative Communication Create monitoring instrument Area-specific working method Just start working on the projects Improvements instruments Incentives Initiative Changing society / changing role of the government Connecting projects Money Residents' involvement Working methods
Integration	Integration Integration between different subjects/topics Integration between organizations Integration between physical and social Integration between public health and urban planning

Most important things for creating a healthy city	Giving attention to both physical and social issues Children Contact with residents Contact among stakeholders Integration between stakeholders Reaching the target group Sustainable development Willingness to change

Expert interviews

Code group	**Codes**
Information	Best practices Much information already available Information Information needs interpretation Quantitative as well as qualitative information needed (statistics as well as conversations)
Partnerships	Stimulate integration between disciplines Intersectoral collaborations
Political support and commitment	Other organizations often support health indirectly Changing role of the municipality Financial interest in healthier residents Municipal organization Political support Subsidies
Timing of the process	Timing of the process
Scope of health projects	Daily life patterns Evaluation Measurability of effects Fit with resident's needs
Instruments	Connect with existing working methods Important methods Residents and experts Broad view Keeping up with own expertise, while collaborating with others within a project Area-specific approach Conversation with residents Joint vision and ambition Include health from the beginning of the planning process Knowledge sharing Working on a low level such as the street Civil society Set issues on the agenda Bottom-up asks for an integral approach Making connections between different research projects
Integration	Attention to integration for a longer period of time Keeping up with own expertise, while collaborating with others within a project Health serves as a framework Health as an important social issue Health as an important motive within urban planning Health is related to other issues

	Health-improving/health-promoting Healthy Cities is a trend The problem of integration Integration is an important theme nowadays Relation between urban planning and health Social issues leading to physical interventions Two different disciplines Bottom-up asks for an integral approach Connection between physical and social is apparent on the neighbourhood level, while less apparent in day-to-day work Connecting social and physical issues

Appendix 7: Example of a coded transcript

Passage I: P: Ja, ja. Alleen iedere keer geldt wel, en dat geld bij ieder project, het vraagt bij de projectleider of bij het projectteam vraagt het om mensen die zelf er echt op gefocust zijn en gedreven zijn in informatie sprokkelen, ophalen. En daar valt of staat het mee. En de ene die zal zeggen van ja het minder makkelijk toegankelijk en de ander zegt van nou makkelijk want als ik iets vraag bij de gemeente en ik weet degene te vinden, hop krijg ik een hele bak data. Dat is mijn ervaring. I: Ja precies, het is meer hoe je het zoekt. P: En ik denk dat… het punt zit hem niet in de toegankelijkheid van de data, het zit hem meer in dat het zo'n bak aan data is, dat iedereen het allemaal hartstikke interessant vindt en een beetje, als je niet oppast, een beetje de weg kwijtraakt in de enorme bak aan data en iedereen daar enthousiast over is, en vervolgens niet meer weet wat ze ermee moeten. En dat geldt zeker met dit soort projecten, integrale projecten, dat voor je het weet raak je elkaar helemaal de weg kwijt en heb je honderden mensen die erbij betrokken zijn. En dat, je moet het aan de ene kant wat laten gaan, want het is niet een routinematig project, maar je hebt juist ook weer af en toe even die aansturing nodig, dat het even strak wordt aangestuurd om weer verder te komen. Passage II: P: Ja en dat je daar gewoon een kennisplatform, die zijn er wel, zijn allerlei platformen, maar echt op het gebied van wijkontwikkeling he, en hoe je dat doet, vind ik nog teveel versnipperd die info. I: Ja. En het is wel heel belangrijk om van elkaar de kennis… P: Ja en dan zie je de meerwaarde van zo'n wijkvernieuwingsproject hier in Groningen ook in. Het want Beijum heeft gezondheid en welbevinden er nu ook ingezet. Dat ik denk van nou laat dat nu maar ontstaan, laat dat maar bij elkaar komen, van goh wat zijn jullie van plan op dat gebied, en welke projecten hebben jullie op het oog. En volg elkaar daarin.	**Code group:** Information **Codes:** - Information - Accessibility of data **Code group:** Information **Codes:** - Information - Accessibility of data - Much information / need for searching specifically **Code groups:** - Information - Instruments - Integration **Codes:** - Best practices - Improvement instruments - Integration **Code groups:** - Information - Instruments **Codes:** - Best practices - Improvement instruments